

Subject:	NHS Trust Development Authority Self Certification return for March
Prepared by:	Peter Mellor, Director of Corporate Affairs
Sponsored by:	Peter Mellor, Director of Corporate Affairs
Presented by:	Peter Mellor, Director of Corporate Affairs
Purpose of paper	For the Board to consider the return to the NHS Trust Development Authority
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<ul style="list-style-type: none"> • Board statement 10 remains negative, due to: <ul style="list-style-type: none"> ○ Issues around delivery of A&E
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	Members are asked to consider the draft self certification submission, and accept or amend.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	The Self Certification will be submitted to the NHS Trust Development Authority on 30 April.
Consideration of legal issues (including Equality Impact Assessment)?	Considered and none apparent.
Consideration of Public and Patient Involvement and Communications Implications?	Not applicable.

Links to Portsmouth Hospitals NHS Trust Board Assurance Framework/Corporate Risk Register	
Strategic Aim	All
BAF/Corporate Risk Register Reference	BAF 04-1415 BAF 17-1415 TRR 15-1415 TRR 17-1415
Risk Description	04-1415 Repeated and prolonged overcrowding within ED results in poor patient experience, compromised safety and impacts on staff wellbeing. 17-1415 Current and future workforce demand is outstripping

	<p>supply.</p> <p>15-1415 Repeated and prolonged overcrowding within ED results in poor patient experience, compromised safety and impacts on staff wellbeing</p> <p>17-1415 At times of high capacity decisions are made to move patients out of their specialty foot print for the provision of their care</p>
CQC Reference	N/A

Committees/Meetings at which paper has been approved:
None

Trust Development Authority - Monthly Self-Certification Requirements

March 2015

Board statements

For each statement, the Board is asked to confirm that:

	For Clinical Quality, that	Response	Comment	Timetable to achieve Compliance
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight regime (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	YES		
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	YES		
3.	The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.	YES		
For Finance, that				
4.	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	YES		
For Governance, that				
5	The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.	YES		

6	All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner	YES		
7	The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	YES		
8	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	YES		
9	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	YES		

			<p>admitted standard and incomplete standard. The risk is elevated due to adverse impact of cancellations and reduced elective admissions associated with unscheduled care pressures. An internal activity recovery plan has commenced, utilising weekend working and independent sector providers for T&O. Further focus on treatment of backlog patients for April as per DOH guidance, however, recovery further compromised by patients at 13-18 weeks waits tipping into backlog and further on day of surgery cancellations. Focus now on reduction of non admitted backlog.</p> <p>RISK</p> <p>Cancer 62 day first definitive treatment – there is a risk to achievement of the standard due to capacity constraints within Colorectal and Urology. An action plan is in place for Urology and additional clinical capacity is in place which will enable the speciality to deliver a sustainable compliant service. Colorectal clinical engagement and capacity remain high risk, options to improve short-term capacity and longer term sustainability are being worked through but are not in place.</p> <p>RISK</p> <p>Risk relating to the recruitment to the workforce needed to deliver the annual operating plan due to national shortage of Registered nurses and medical workforce. Mitigation actions in place and being monitored.</p>	
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	YES		
12	The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.	YES		

13	The board is satisfied that all executive and Non-Executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.	YES		
14	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.	YES		

	Compliance with monitor license requirements for NHS Trusts: License Condition	Compliance	Comment
1	Condition G4 – Fit and proper persons as governors and Directors	YES	
2	Condition G5 - Having regard to Monitor guidance	YES	
3	Condition G7 – Registration with the Care Quality Commission	YES	
4	Condition G8 – Patient Eligibility and selection criteria	YES	
5	Condition P1 - Recording of information	YES	
6	Condition P2 - Provision of information	YES	
7	Condition P3 - Assurance report on submissions to monitor	YES	
8	Condition P4 - Compliance with the National Tariff	YES	
9	Condition P5 - Constructive engagement concerning local tariff indicators	YES	
10	Condition C1 - The right of patients to make choices	YES	
11	Condition C2 - Competition oversight	YES	
12	Condition IC1 – Provision of integrated care	YES	

Chief Executive

Chair

Date:

Date of submission to TDA Website