

Subject:	NHS Trust Development Authority Self Certification return for January 2016
Prepared by: Sponsored by: Presented by:	Peter Mellor, Director of Corporate Affairs Peter Mellor, Director of Corporate Affairs 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>	
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 4 March 2016.
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.

	<p>17-1415 Current and future workforce demand is outstripping 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

January 2016

Board statements

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

	For Clinical Quality, that	Response	Comment	Timetable to achieve Compliance	Complete by
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	Dependent on the availability of cash support as originally indicated and per the updated position contained within the ITFF support application submitted on 11 December 2015. This application is being heard on 19 th February.		

	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			

10	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all commissioned targets going forward.	<p>NO</p> <p>RISK</p>	<p>The Trust is currently failing this standard. Performance was 75.05% against the 95% standard. (December 2015 (78.3%). A variable attendance pattern has continued with higher clinical acuity seen in January, particularly respiratory cases.</p> <p>Simple discharge performance is running at 110% however with complex discharge performance at 81%. MFFD patients averaging 194 per day the daily bed gap between admissions and discharges continues.</p> <p>Additional winter funded beds and escalation beds remain in use but have not mitigate fully the impact on performance of risk to patient safety</p> <p>The Phase 1 Improvement Plan has delivered sustainable improvements in safety.</p> <p>The Phase 2 Improvement Plan aims to improve responsiveness through sustainable delivery of the 95% standard. The forecast is that the 4 hour standard improves to 90% by the end of Q1 and this standard is maintained through Q2.</p> <p>This will be achieved through 5 High Impact Changes:</p> <ol style="list-style-type: none"> 1. Reducing avoidable breaches 	<p>80% end March 2016</p>	
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		<p style="text-align: center;">RISK</p>	<ol style="list-style-type: none"> 2. Delivering agreed professional standards 3. Frailty Intervention Team 4. Medical model, with take relocated to the AMU and ambulatory care ring-fenced 5. Improving flow with continuing focus on achieving discharge standards and targets <p>Key risks and mitigation are set out in the Phase 2 Plan. The risk remains of high number of medically fit for discharge patients in the MOPRS, Medicine and MSK beds.</p> <p>Frailty and Intervention Team have increased their capacity and capability from 11th Jan.</p> <p>Proposed Medical Take /Short Stay Model agreed. Phase roll out from 22nd February 2016</p> <p>Continued increase in capacity and capability undertaking baseline assessments at the hospital front door aiming to increase number of admissions avoided.</p> <p>Progress recruitment and rollout of agreed Discharge to Assess Model.</p>		
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		<p style="text-align: center;">RISK</p>	<p>RTT. Admitted and Non Admitted standards were abolished at the end of June 2015. Incomplete standard remains. There is risk of failure to achieve delivery of RTT incomplete standard at speciality levels.. An internal activity recovery plan has commenced to mitigate this risk, utilising weekend working and establishing extra outpatient capacity in key specialities, along with validation of all waiting lists. Urgent care pressures continue to result in increased theatre cancellations. This is being addressed as part of the Trusts winter plan. Remedial Action Plans are being developed in response to issue of Contract Performance Notices from the CCG. Financial risks are associated with failure to deliver key actions and resulting non investment of fines and penalties.</p> <p>Day of Surgery Non- clinical cancellations – 28 day rebook standard – the Trust have failed the zero tolerance standard for each quarter. As a result, the CCG have issued a Contract Performance Notice and a Remedial Action Plan is being developed. A standard operational policy is in place to support this. Urgent care pressures continue to increase the risk of daily elective cancellations, although the SOP should assist to mitigate the risk of breach of the 28 day standard.</p>		
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			<p>There is a financial risk to the Trust as once the patient is treated outside of the 28 day standard, income is not received for that procedure.</p> <p>Cancer 62 day first definitive treatment – there is a risk to achievement of the standard primarily due to capacity constraints within Urology and increased demand.. An action plan is in place for Urology and additional clinical capacity is in place which will support the speciality to deliver a sustainable compliant service.</p> <p>An overall improvement plan to support delivery and sustainability of the 62 day FDT has been submitted to the TDA and the detailed plan has been approved by the Cancer Steering Group. The CCG and Cancer Network have now agreed full assurance from the plan.</p> <p>Remedial action plans are being developed as a result of issue of Contract Performance Notices from the CCG. Financial risks are associated with failure to deliver key actions and resulting non-investment of fines and penalties.</p> <p>Risk in relation to Cancer 2WW breast symptomatic standard – the standard failed to deliver in quarter 1 as a result the CCG have issued a Contract Performance Notice.</p>		
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			<p>With short and longer term action plans in place, the standard has been delivered since June 2015. The standard has been included in the above RAP with associated financial risks as above.</p> <p>Risk in relation to Cancer 31 day subsequent surgery standard – the standard failed to deliver for quarter 1. As a result, the CCG have issued a Contract Performance Notice. With improved capacity and access to Robotic Surgery for Urology, the standard has achieved since July 2015. The standard has been included in the above RAP with associated financial risks as above.</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,	YES			

	monitoring and managing performance and risks, and ensuring management capacity and capability.				
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