# **Trusts - Quarterly Governance Assessment**

This document is completed for all the functions of the Trust. Please indicate your answer to each question by ticking the box on the right hand side. Please add details in the comments field below if requested or if the response is **False** to any statement.

The Chair and Chief Executive on behalf of the Board are required to confirm that:				
1) Boa	rd composition and processes	True	False	
a)	There have been no external or internal audit reports that raise issues of compliance within the last quarter.			
b)	There have been no clinical governance concerns raised by the CQC during the last quarter against any of the services the organisation provides.			
c)	The Board currently has no vacancies for:			
	I. non-executives			
	II. Executives			
d)	The Trust has met the deadline for all returns required by the SHA, Department of Health and other regulators.			
e)	There is an organisation development programme in place, which includes developing talent and leadership and continuous development of staff. This will include signing up to local Learning and Development Agreements.			
Comm	ents: In relation to 1e			
	ust has not yet signed up to a local Learning and Development agreement. The Trust is committed to le lous development of staff and this is demonstrated from the following:	eadersh	ip and	
A Boar	d Development Programmme			
Two Di	rectors sponsored to apply for the 2010/11 aspiring CEO development programme			
Clinica	Leadership and Managerial Development through Kings Fund courses			
A clinic	ian and manager in the process of applying for the Aspiring Directors Course			
Two nu	irses in the process of applying for the Aspiring Director of Nursing Programme			
Succes	sful bid for a Darzi Fellow who is now undertaking a project to increase involvement in management by	junior o	doctors	
Board	promotion and monitoring of staff appraisal and PDP development for all staff			
The de	velopment of a talent management strategy			
2) Con	npliance with statutory duties			
a)	The Trust has schemes and action plans in place to ensure that it complies with its statutory duties under equality legislation.	$\boxtimes$		
b)	The Trust has up to date HR information disclosing the diversity of the organisation's direct workforce.			
c)	All services are compliant with the requirements under the European Working Time Directive.		$\boxtimes$	
d)	The organisation has an approved Board Risk Assurance Framework in place.			
e)	The Board Risk Assurance Framework has been formally considered by the Board during a meeting within the last quarter.			
	ents: In relation to 1b - the Trust does collate this information. Please could you advise to whom the Treed to 'disclose' this information?	rust is		

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In relation to 1c:					
The Trust applied for and was granted 18 month derrogations for Paediatrics, Obs and Gynae and ITU anaesthetics.  Although each rota is compliant due to national recruitment difficulties there is a shortage of juniors for these specialities.  Recruitment for each specialty continues on a rolling programme as once the posts are filled the Trust will be EWTD compliant.					
3) Annual Health Check					
The Board received a formal report in the past quarter detailing the current and predicted CQC Quality of Services score.					
b) What is the Trusts stated position against the Care Quality Commissions Quality of Services and Use of Resources at the end of the quarter?	n/a				
Quality of Services:					
Use of Resources:					
4) Productivity					
a) The Trust productivity rating has improved during the last quarter:					
A&E attendances have remained within planned activity forecast within the last quarter					
II. the number of new Outpatients seen have remained within planned activity forecast.	$\boxtimes$				
b) The organisation can demonstrate that it is focussed on improving the productivity of its clinical workforce and can demonstrate that it has processes in place to show value for money.					
Comments: Please advise how 4a I and II demonstrate that the Trust's productivity rating has improved?					
In relation to 4a,I the Trusts ED attendances are higher than plan especially in relation to minor type patients, both children and adults. The Trust is continuing with its 'Right Care Right Place' Programme as a way of redirecting patients to Primary Care, however overall ED attendances have grown in the quarter.					
In relation to 4b - the Trust has a £9m CIP the delivery of which is dependant on increased productivity. The Trust is focussing on reducing length of stay and has closed a 20 bedded ward as a result of this in quarter 1. Other productivity schemes relate to increased day case to in-patient ratios and reduced OP DNAs, reduced follow up to new OP ratios.					
5) Clinical governance and performance management					
a) The organisation has been compliant with all CQC Core Standards during the last quarter.	$\boxtimes$				
b) The Trust has effective processes in place to address any clinical governance issues that have occurred in the last quarter that could impact on Core Standards.					
c) No services have been issued within an improvement notice by the CQC in the last quarter. Please give detail below of any improvement notices.					
d) No services have been issued with performance notices by other regulators.					
e) The Trust has met the SHA SUI reporting requirements in the last quarter.	$\square$				
f) The Trust has had no incidents of 'Never Events' within the last quarter.	$\square$				
g) The Board has received a report on patient safety incidents taken from the STEIS reporting system,					
including themes and lessons learnt, in the last quarter.  h) The organisation has a clear strategy in place for improving clinical quality around patient safety,					
clinical effectiveness and patient experience that sets specific, measurable and challenging goals.					
<ul> <li>i) The Board has received a report on clinical quality, including lessons learnt, in the last quarter.</li> <li>j) The Board has a corporate framework in place for the management and accountability of data</li> </ul>					
J) The Board has a corporate framework in place for the management and accountability of data					

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k)	quality.  The Board has received a report on patient complaints, including themes and lessons learnt, in the last quarter.			
	<b>ents</b> : In relation to 1g, Patient safety incident reports are received by the Audit Committee - on which a the Chairman sit. The Audit Committee reports to Trust Board following each meeting.	II of the NEDs		
In relation to 1h, the Trust is implementing the Patient Safety First Campaign and the Executive Directors are undertaking monthly visible leadership visits to clinical areas to assess staff's understanding of the risk management process for assessing and reporting risks. This campaign is being lead by the Medical Director and reports through the Clinical Governance Committee to the Audit Committee and then through to Trust Board.				
In relati	ion to 1k, the Audit Committe receives this report.			
6) Eme	ergency preparedness			
a)	The organisation has a robust Business Continuity Plan in place.			
b)	There is a named Director in post responsible for:			
	I. emergency planning	$\square$		
	II. Flu.	$\square$		
c)	The organisation has a workforce plan to cover Flu.			
<b>Comments</b> : In relation to 6a and 6c, the Trust has a business continuity plan which it is updating at present to reflect the guidance in relation to swine flu. The business continuity plan update and the development of the worforce plan are on target for completion within the NHS London planning timeframe				
7) Safe	eguarding children			
a)	The Board has completed an urgent review of arrangements for Safeguarding children as set out in July 2009 letter from David Nicholson. If no, please specify below when the review will be completed.			
b)	There have been no Serious Case reviews during the last quarter.			
c)	The Trust has a Board Level Director with responsibility for Safeguarding Children.	$\square$		
d)	The following safeguarding professionals are in post:			
	I. Named Nurse	$\boxtimes$ $\square$		
	II. Named Doctor			
	W. N. Christian	$\boxtimes$		
	III. Named Midwife			
	IV. Named professional (LAS only)			
Comm				
	IV. Named professional (LAS only)			
In relati	IV. Named professional (LAS only)  ents: In relation to 7a, the Board will be receiving the report on the review outcome in September 2009			
In relati	IV. Named professional (LAS only)  ents: In relation to 7a, the Board will be receiving the report on the review outcome in September 2009 ion to 1b the Trust took part in the following Serious Case reviews in Q1:			
In relati Chlidre Childre	IV. Named professional (LAS only)  ents: In relation to 7a, the Board will be receiving the report on the review outcome in September 2009 ion to 1b the Trust took part in the following Serious Case reviews in Q1: en B, C and D (Haringey)			

b) Provider and Commissioner financial quarterly projections reconcile.

**Comments**: The Trust has an excellent relationship with NHS Islington who are our host PCT. However the Trust is in discussion with NHS Haringey as obtaining payment for over-performance within a reasonable timeframe is a continuing problem. As at 5<sup>th</sup> August 2009, 08/09 invoices and April invoices remain unpaid.

The Trust has received a communication from NHS Haringey which states that it is not accepted that over-performance will continue at April levels. Signed SLAs do not include any allowance for population growth and assume that demand management and the ISTC will deliver lower levels of activity. The Trust has included a target of £11m for over-performance in 2009/10 across all PCTs and is based upon trends and the Trust's assessment of the effectiveness of PCT strategies. The first quarter has confirmed that the Trust has achieved its target for over-performance although the majority can be attributed to NHS Haringey. At this stage the Trust has no reason to assume that activity will not be similar to the internal target for this year.

There have been no material disputes that affect the Trust's first quarter performance.

### 9) Patient and staff involvement

a)	The Trust has conducted local surveys of patients and the population in the last quarter. If yes, please give details together with the numbers of respondents. If no, please give details of your future plans.	
b)	The Trust has a plan in place to address the areas of weakness identified in the Inpatient Survey. Please give details below of how you will monitor progress.	
c)	The Trust has a staff engagement policy in place.	

**Comments**: In relation to 9b the Trust Board has approved the Trust's Patient Experience Strategy which outlines the actions that will be taken to monitor and improve patient experience. the Trust Board receives progress report. The Trust has implemented an internal electronic patient feedback system and 817 patients used the system to feedback on their experience. This number is expected to grow in subsequent quarters.

In relation to 9c, the Trust does not plan to develop a staff engagement policy. It does however do the following in relation to working relations:

Monthly meetings with the Joint Consultative Committee with Executive Director attendance and wide union engagement.

A partnership agreement with the unions

A Trust Employment Promise ratified at Board level

The Trust came 6<sup>th</sup> in a random assessment of 30 Trusts nationally for doctor engagement

The Trust successfully bid for a Darzi Fellow who has Board support to work on improving relations with junior doctors.

The Trusts holds an annual staff awards program to recognise staff acheivement

The Trust has four elected Staff Governors who represent staff on the Trust's Council of Governors chaired by the Chairman

The Trust has a low turnover rate in comparison to other London Trusts and holds long service award ceremonies

Please advise whether NHS London finds this sufficent in lieu of a staff engagement policy?

#### 10) Other issues

Any other actual or potential issues not addressed in the questions above?

#### Comments:

Please note and respond to the queries for NHS London included in the responses of some of the sections above

David Sloman the current Cheif Executive will leave the Trust on 11 Sept and will be replaced on 14 Sept by Mr Rob Larkman. Ms Deborah Wheeler, the Trust's Director of Nursing, will be acting as interim CEO.

The Provider Landscape review in the Sector is causing increasing levels of anxiety amongst key constituents and the Trust is engaged in the active communications and stakeholder engagement to manage this.

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Signed on behalf of the Board				
Chief Executive and Accountable Officer	Chair			
Please see attached document with electronic signature for Deborah Wheeler. Electronic signature could not be cut and pasted into this text box.	This request for submission of the quarterly governance assessment arrived after the Chairman went on leave. The submission and the new Provider Regime has been discussed with the Chairman whilst he is on leave.			
Deborah Wheeler, Acting CEO and Director of Nursing on behalf of David Sloman who is on leave  14 August 2009	To maintain excellent Corporate Governance standards the Chairman is not prepared to sign the submission on behalf of the Trust Board at this time. The Chairman is concerned about the timing of the assessment during the holiday season and the very short timeframe for signing off such an important Corporate Governance return. He takes this return very seriously and does not believe that it should be signed without any discussion at the Trust Board.			
	The Chairman will review the changes to the Provider Regeime and the submission and discuss both at the Trust Board in September and will ratify the content of the Quarterly Governance Assessment at that time. This will then be forwarded to NHS London.			
	The Chairman understands that the Trusts Governance Assessment is dependant on the timely submission of this report and is happy for this to be submitted given the above caveats.			
	14 August 2009			
Trust name: Whittington Hospital NHS Trust				