

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 the response is **NO** to any statement. If the response is **NO** please also include in the comments field a timeline for compliance.

The Chair and Chief Executive on behalf of the Board are required to confirm that:	
1) Board composition and processes	YES NO
<p>a) There have been no external or internal audit reports that raise issues of compliance within the last quarter.</p> <p>b) The Board currently has no vacancies for:</p> <p style="padding-left: 20px;">I. non-executives</p> <p style="padding-left: 20px;">II. Executives</p> <p>c) The Trust has met the deadline for all returns required by the SHA, Department of Health and other regulators.</p> <p>d) 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.</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>
<p>Comments:</p> <p>In relation to 1d - The Trust will review the LDA from the SHA once received, with a view to signing.</p> <p>The Trust is committed to leadership and continuous development of staff and this is demonstrated from the following:</p> <p>A Board Development Programme</p> <p>Directors and other senior staff sponsored to apply for the 2010/11 aspiring CEO and directors development programme</p> <p>Clinical Leadership and Managerial Development through locally developed Kings Fund courses</p> <p>Successful bid for a Darzi Fellow who is now undertaking a project to increase involvement in management by junior doctors</p> <p>Board promotion and monitoring of staff appraisal and PDP development for all staff</p> <p>The development of a talent management strategy</p>	
2) Compliance with statutory duties	YES NO
<p>a) The Trust has schemes and action plans in place to ensure that it complies with its statutory duties under equality legislation.</p> <p>b) The Trust has up to date HR information disclosing the diversity of the organisation's direct workforce.</p> <p>c) All services are compliant with the requirements under the European Working Time Directive.</p> <p>d) The Board Risk Assurance Framework has been formally considered and approved by the Board during the last quarter.</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>
<p>Comments:</p> <p><i>In relation to 1c:</i></p> <p><i>The Trust applied for and was granted 18 month derogations (from August 2009) 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</i></p>	

Trusts – Quarterly Governance Assessment

EWTD compliant

3) External assessment

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| a) There have been no clinical governance concerns raised by the CQC during the last quarter against any of the services the organisation provides. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| b) The Board received a formal report in the past quarter detailing the current and predicted CQC Quality of Services score. | <input type="checkbox"/> <input checked="" type="checkbox"/> |
| c) The Board received a formal report in the past quarter on the DH Performance Framework. | <input checked="" type="checkbox"/> <input type="checkbox"/> |

Comments: *In relation to 3b - The Board received a report in Q1. The final 2008/09 results will be discussed at Trust Board seminar on Oct 21st and the predicted 2009/10 scores will be presented to Trust Board in November 2009*

4) Commissioner – Provider relations

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| a) The Board received information in the past quarter detailing current and trend data on A&E and new outpatient attendances. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| c) The Trust has robust and constructive relationships with all its providers, sector commissioners and Sector Acute Commissioning Unit. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| d) Provider and Commissioner financial quarterly projections reconcile. | <input type="checkbox"/> <input checked="" type="checkbox"/> |

Comments:

In relation to 4c -

The Trust has an excellent relationship with NHS Islington who are our host PCT. The Trust continues to have discussions with NHS Haringey and has commenced discussions with NHS Barnet to obtain payment for over-performance within a reasonable timeframe as this continues to be a significant problem. As at 14 October the Trust has outstanding invoices with Haringey for May, June and July totalling £1.4m and and for the same period for Barnet to the value of £0.3m. This is impacting on the Trust's ability to pay its suppliers and the Trust is not achieving a satisfactory prompt payment performance.

In relation to 4d - The Trust has provided PCTs and the SHA with activity projections and as at M6 the Trust remains on plan. The Trust does not yet know the detail of the PCT activity forecast, however the PCTs are expressing affordability concerns.

5) Clinical governance and performance management

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| a) The organisation has been compliant with all CQC Core Standards during the last quarter. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| d) No services have been issued with performance notices by other regulators. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| e) The Trust has met the SHA SUI reporting requirements in the last quarter. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| f) The Trust has had no incidents of 'Never Events' within the last quarter. | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| 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. | <input type="checkbox"/> <input checked="" type="checkbox"/> |

Trusts – Quarterly Governance Assessment

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) The Board has received a report on clinical quality, including lessons learnt, in the last quarter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) The Board has a corporate framework in place for the management and accountability of data quality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k) The Board has received a report on patient complaints, including themes and lessons learnt, in the last quarter.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

In relation to 5g - Patient safety incident reports are received by the Audit Committee - on which all of the NEDs except the Chairman sit. The Audit Committee reports to Trust Board following each meeting.

In relation to 5k, the Audit Committee receives this report. The Audit Committee reports to the Trust Board following each meeting.

6) Emergency preparedness

a) The organisation has a robust Business Continuity Plan in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) There is a named Director in post responsible for:		
I. emergency planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Flu.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) The organisation has a workforce plan to cover Flu.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

7) Safeguarding children

a) The Board has completed an urgent review of arrangements for Safeguarding children as set out in July 2009 letter from David Nicholson and published a corresponding declaration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) The Board conducted a formal review of safeguarding arrangements in the last quarter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) There have been no Serious Case reviews during the last quarter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) The Trust has a Board Level Director with responsibility for Safeguarding Children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) The following safeguarding professionals are in post:		
I. Named Nurse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Named Doctor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. Named Midwife	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

8) Patient and staff involvement

a) The Trust has conducted local surveys of patients and the population in the last quarter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) The Trust has a plan in place to address the areas of weakness identified in the Inpatient Survey.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Trusts – Quarterly Governance Assessment

<p>c) The Trust has a staff engagement policy in place.</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p>
<p>Comments: In relation to 8c - A partnership agreement has been finalised with staff representatives, and will be signed in November 2009. A staff engagement policy is the next agreement to be worked on in partnership.</p> <p>There are already many examples of staff engagement at the Trust such as development with staff of the Human Resources Strategy, the Whittington Employment Promise as well as the development of different ways of working.</p>	
<p>9) Business Strategy & Procurement</p>	
<p>a) The Trust has developed, with Board approval, a business strategy and business case for any material dis/investment of services and/or related assets [and in accordance with DH and NHS London requirements.</p> <p>b) Where material service changes are planned:</p> <p> I. There has been formal engagement with Commissioners to assess the impact and to resolve any issues.</p> <p> II. There has been an assessment of the implications for the Trusts own services and of the financial implications and risks.</p> <p> III. The Trust has complied with national policies and guidelines, prevailing best practice and governance arrangements.</p> <p>c) All contracts with annual values over levels prescribed by OJEC have been signed off by all parties.</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>
<p>Comments: In relation to 9 a - The Whittington's stroke service was not designated as part of the HfL review and as such the Trust will no longer be a recognised provider of stroke and TIA services from 1 April 2010. The Trust is working through its decommissioning of this service and is in communication with the PCTs, other acute providers within the network and the Cardiac and Stroke Clinical Network. The Trust Board have discussed the implications of the HfL stroke review and will receive the decommissioning plan at its November meeting.</p> <p>A risk assessment of the Trust's ability to continue to provide stroke up to 1 April, based upon specialist staff availability as the other units commence recruitment, is ongoing. The Trust is consulting with all materially affected staff and applying TUPE rules.</p>	
<p>10) Financial Governance</p>	
<p>a) The Board has developed and agreed a formal action plan to achieve an improvement in financial standing of at least one level in the ALE rating score, or maintain its standing if the maximum score has already been attained.</p> <p>b) The Board, or its designated Finance Sub-Committee, and Executive team are fully engaged in monitoring the delivery of the planned improvements to ALE rating scores.</p> <p>c) The Trust has a plan to improve all Better Care Better Value indicators and the Board has monitored progress since the last quarter.</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> <input type="checkbox"/></p>
<p>Comments:</p>	
<p>11) Financial Management and Forecasting</p>	
<p>a) The CIP has been monitored and risk-reviewed by the Board and the planned value for the quarter has been achieved or, if not achieved, there is a remedial plan in place.</p> <p>b) Where there are material changes in contracted volumes in the quarter, the trust has engaged in formal communication with the associated Sector Acute Commissioning organisation / PCT to agree</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p>

Trusts – Quarterly Governance Assessment

<p>relevant PCT activity levels and financial implications and to resolve any issues.</p> <p>c) There is no expectation of significant additional working capital loan or temporary PDC requirements over and above plan.</p>	<input checked="" type="checkbox"/> <input type="checkbox"/>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------

Comments: In relation to 11b - activity overperformance has been reported through the normal channels to the PCTs and any disputes raised have been dealt with. Payment is still outstanding see section 4c above.

NHS Haringey has expressed concern at the levels of overperformance regarding affordability and wish to discuss capping of payments for PbR work. To date there has been limited progress on this issue and the Trust has provided its forecast to the PCT and shared its underlying assumptions, which to date actual activity and planned activity is virtually identical from the Trust's perspective.

12) Other issues

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

Comments: Rob Larkman commenced as the Chief Executive for the Trust on 14 September 2009

Signed on behalf of the Board

Chief Executive and Accountable Officer	Chair
<p>Please see attached document with electronic signature for Rob Larkman. Electronic signature could not be cut and pasted into this text box.</p> <p>15 October 2009</p>	<p>This submission of the quarterly governance assessment falls outside of Trust Board meeting schedule. The changes to the information required and the submission of the assessment has been discussed with the Chairman. 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 that the Trust Board have not discussed the new information requirements required for this 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.</p> <p>The submission and the changes to the information requirement will be discussed at the Trust Board in November and the Trust will ratify the content of the Quarterly Governance Assessment at that time. This will then be forwarded to NHS London.</p> <p>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.</p> <p>15 October 2009</p>

Trust name: The Whittington Hospital NHS Trust