

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.

Trust name: The Whittington Hospital NHS Trust	
The Chair and Chief Executive on behalf of the Board are required to confirm that:	
1) Board composition and processes	YES NO
a) There have been no external or internal audit reports that raise issues of compliance within the last quarter.	<input checked="" type="checkbox"/> <input type="checkbox"/>
b) The Board currently has no vacancies for:	<input checked="" type="checkbox"/> <input type="checkbox"/>
I. non-executives	<input checked="" type="checkbox"/> <input type="checkbox"/>
II. Executives	<input checked="" type="checkbox"/> <input type="checkbox"/>
c) The Trust has met the deadline for all returns required by the SHA, Department of Health and other regulators.	<input checked="" type="checkbox"/> <input type="checkbox"/>
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.	<input type="checkbox"/> <input checked="" type="checkbox"/>
Comments:	
In relation to 1bii – our Director of Nursing leaves on 4 Jan 2010 at which point the role will be taken on by another Director here on an interim basis whilst substantive recruitment takes place.	
In relation to 1d – The Trust has an OD programme. The Trust is currently reviewing the LDA from the SHA received on 29/12/09, with a view to signing.	
2) Compliance 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.	<input checked="" type="checkbox"/> <input type="checkbox"/>
b) The Trust has up to date HR information disclosing the diversity of the organisation's direct workforce.	<input checked="" type="checkbox"/> <input type="checkbox"/>
c) All services are compliant with the requirements under the European Working Time Directive.	<input checked="" type="checkbox"/> <input type="checkbox"/>
d) The Board Risk Assurance Framework has been formally considered and approved by the Board during the last quarter.	<input checked="" type="checkbox"/> <input type="checkbox"/>
Comments:	
In relation to 2c:	
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 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 checked="" type="checkbox"/> <input 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 3a – the CQC conducted an unannounced hygiene inspection. The report of the visit concluded: “On inspection, we found no evidence that the Trust has breached the regulation to protect patients, workers and others from the risks of acquiring a healthcare – associated infection”

The report made two recommendations:
 “The trust should ensure it uses effective arrangements for the decontamination of patient equipment and these should be detailed in appropriate policies”.

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 4d -

The Trust has an excellent relationship with NHS Islington who are our co-ordinating commissioner, and with most other PCTs.

NHS Haringey is expressing affordability concerns despite the clear expectation of over-performance by both parties at the beginning of the year. The Trust continues to have issues regarding non-payment of over-performance invoices by NHS Haringey, despite there being no outstanding validation queries. As at 31st December the Trust has outstanding invoices with Haringey for August, September and October totalling £1.5m. This is impacting on the Trust's ability to pay its suppliers and the Trust is not achieving satisfactory prompt payment performance. The Trust has provided PCTs and the SHA with activity projections and Month 7 freeze data shows that Trust activity remains in line with plan.

The Trust was notified in early Jan 2010 that NHS Haringey has a dispute with the Whittington and this has progressed to arbitration.

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"/> |

Trusts – Quarterly Governance Assessment

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 checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input 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"/> |
| c) The Trust has a staff engagement policy in place. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments A staff engagement policy has been agreed in partnership with staff representatives and ratified by the Trust Board

9) Business Strategy & Procurement

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) Where material service changes are planned: | | |
| I. There has been formal engagement with Commissioners to assess the impact and to resolve any issues. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| II. There has been an assessment of the implications for the Trusts own services and of the financial implications and risks. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| III. The Trust has complied with national policies and guidelines, prevailing best practice and governance arrangements. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) All contracts with annual values over levels prescribed by OJEC have been signed off by all parties. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 January meeting.

10) Financial Governance

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) The Trust has a plan to improve all Better Care Better Value indicators and the Board has monitored progress since the last quarter. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Comments:

11) Financial Management and Forecasting

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

--	--	--

Trusts – Quarterly Governance Assessment

relevant PCT activity levels and financial implications and to resolve any issues.

- c) There is no expectation of significant additional working capital loan or temporary PDC requirements over and above plan.

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 propose a cap on payments - this would be unaffordable for the Trust and jeopardise our break-even duty - activity income levels are almost exactly in line with our annual plan and agreement to this proposal would amount to suspension of PbR. The limited progress made in negotiations has resulted in the commencement of arbitration. The Trust has provided its forecast to NHS Haringey and shared its underlying assumptions, demonstrating under-commissioning from the PCTs.

12) Other issues

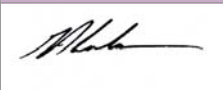
Any other actual or potential issues not addressed in the questions above?

Comments:

Signed on behalf of the Board

Chief Executive and Accountable Officer

Chair



Rob Larkman
14 January 2010

Joe Liddane
14 January 2010

Date: 14 January 2010