

Trusts - Quarterly Governance Assessment

This document should be 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:

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: | | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | <input type="text"/> | |
| 2) Compliance with statutory duties | YES | NO |
| 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: | <input type="text" value="In relation to 2c: The trust applied for and was granted an 18 month derogation from August 2009 for paediatrics, obstetrics and gynaecology, and ITU anaesthetics."/> | |
| 3) External assessment | YES | NO |
| 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: | <input type="text"/> | |
| 4) Commissioner – Provider relations | YES | NO |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Comments: | <input type="text"/> | |

| 5) Clinical governance and performance management | | YES | NO |
|---|--|-------------------------------------|----|
| 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 notice | <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 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: | <div style="border: 1px solid black; padding: 5px;"> <p>In relation to 5g, patient safety incident reports are received by the Audit Committee, on which all NEDs sit except the chairman of the trust. In relation to 5k, the Audit Committee receives this report. The Audit Committee reports to the Trust Board after each meeting.</p> </div> | | |
| 6) Emergency preparedness | | YES | NO |
| 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: | <div style="border: 1px solid black; height: 60px;"></div> | | |
| 7) Safeguarding children | | YES | NO |
| 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: | <div style="border: 1px solid black; height: 60px;"></div> | | |
| 8) Patient and staff involvement | | YES | NO |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Comments: | <div style="border: 1px solid black; padding: 5px;"> <p>In relation to 8c, a partnership agreement has been signed and approved with staff representatives. Staff engagement through focus groups commenced in January 2010. A staff engagement policy will be worked on in partnership.</p> </div> | | |

9) Business Strategy & Procurement

YES

NO

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

Comments:

10) Financial Governance

YES

NO

- 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.
- 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.
- c) The Trust has a plan to improve all Better Care Better Value indicators and the Board has monitored progress since the last quarter.

Comments:

11) Financial Management and Forecasting

YES

NO

- 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.
- 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 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:

12) Other issues

YES

NO

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

Comments:

Signed on behalf of the Board**Chief Executive:**

Chair:

Date: