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 r	name: The Whittington Hospital NHS Trust				
The Chair and Chief Executive on behalf of the Board are required to confirm that:					
1) Boar	d composition and processes	YES NO			
a)	There have been no external or internal audit reports that raise issues of compliance within the last quarter.]		
b)	The Board currently has no vacancies for:]		
	I. non-executives]		
	II. Executives]		
c)	The Trust has met the deadline for all returns required by the SHA, Department of Health and other				
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.				
2) Com	pliance with statutory duties The Trust has schemes and action plans in place to ensure that it complies with its statutory duties]		
a)	under equality legislation.				
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.				
d)	The Board Risk Assurance Framework has been formally considered and approved by the Board during the last quarter.				
Comments: 2d) The Trust Board received and approved the BAF in March 2010. An action plan following an audit review was discussed at the Audit Committee in July 2010 and will go with the updated BAF to the Trust Board on 28 th July.					
3) Exte	rnal 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.]		
b)	The Board received a formal report in the past quarter detailing the current and predicted CQC Quality of Services score.]		
c)	The Board received a formal report in the past quarter on the DH Performance Framework.]		
Comm	ents: 3c) A comprehensive performance report in the form of a dashboard goes to every Board meeti	ng.			

4) Com	nmissioner – Provider relations					
a)	The Board received information in the past quarter detailing current and trend data on A&E and new outpatient attendances.					
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.					
c)	The Trust has robust and constructive relationships with all its providers, sector commissioners and Sector Acute Commissioning Unit.					
d)	Provider and Commissioner financial quarterly projections reconcile.					
Comments: 4d) Whilst there is an ongoing dialogue on activity levels and monthly performance, NHS Haringey has an expectation that the Trust will reduce the price of its Out-patient services by 25%. This matter has not been agreed by the Trust at this point and the financial impact of Polysystem development upon the Trust is being evaluated. NHS Haringey has said that it cannot afford any over-performance on its SLA and to date there has not been any material over-performance on the Haringey SLA. Other SLAs are showing degrees of over-performance and in the case of NHS Islington, the signed SLA makes reference to the first £1.1m being settled promptly as the original assumptions were not mutually agreed.						
5) Clini	cal 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.					
f)	The Trust has had no incidents of 'Never Events' within the last quarter.					
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.	\boxtimes				
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.					
i)	The Board has received a report on clinical quality, including lessons learnt, in the last quarter.					
j)	The Board has a corporate framework in place for the management and accountability of data quality.					
k)	The Board has received a report on patient complaints, including themes and lessons learnt, in the last quarter.					
Comme	ents: 5e) See 1c) above re STEIS reports.					
	port on complaints was received by the Clinical Governance Committee in May 2010 and the Audit Co 10. The format is being redesigned and will go to the Trust Board in September 2010.	nmittee	in			
6) Eme	rgency preparedness					
a)	The organisation has a robust Business Continuity Plan in place.	\boxtimes				
b)	There is a named Director in post responsible for:					
	I. emergency planning					
	II. Flu.					
c)	The organisation has a workforce plan to cover Flu.					

	ents:	
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 and published a corresponding declaration.	
b)	The Board conducted a formal review of safeguarding arrangements in the last quarter.	
c)	There have been no Serious Case reviews during the last quarter.	
d)	The Trust has a Board Level Director with responsibility for Safeguarding Children.	
e)	The following safeguarding professionals are in post:	
	I. Named Nurse	
	II. Named Doctor	
	III. Named Midwife	
	nents: 7b) The Board reviews all live safeguarding issues at every meeting. e new SCR in May 2010 relating to a child from Waltham Forest who was born at the Whittington.	
	ent and staff involvement	
a)		
b)	The Trust has a plan in place to address the areas of weakness identified in the Inpatient Survey.	
c)	The Trust has a staff engagement policy in place.	
Comm	ents:	
9) Bus	iness 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.	
	Where material service changes are planned:	
b)	Which matches convice changes are planned.	
b)	There has been formal engagement with Commissioners to assess the impact and to resolve any issues.	
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b)	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.	

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		1210		
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.			
Commo	ents:			
11) Fin	ancial 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.			
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: 11b) Activity overperformance has been reported through the normal channels to the PCTs and any disputes raised have been dealt with. Some payment is still outstanding				
12) Other issues				
Any other actual or potential issues not addressed in the questions above?				
Comments:				
Signed on behalf of the Board				
Chief E	xecutive and Accountable Officer Chair			
Milly Kiddee.				
Date: 1	5 th July 2010			