

Quarterly Governance Assessment 2010-11: Sources of Assurance

Ref:	Narrative	Source of assurance	Lead Officer
1. Board composition and processes			
1a	There have been no external or internal audit reports that raise issues of compliance within the last quarter	Audit Committee	Corporate Secretary
1b	The Board currently has no vacancies for I. Non executives II. Executives		Director of HR
1c	The Trust has met the deadline for all returns required by the SHA, Department of Health and other regulators.	Absence of warning letters	Director of P & P
1d	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	OD Strategy Particular programmes LDAs	Director of HR
2. Compliance with statutory duties			
2a	The Trust has schemes and action plans in place to ensure that it complies with its statutory duties under equality legislation	Single Equality Scheme Action plan Equality Impact Assessment procedure	Director of HR
2b	The Trust has up to date HR information disclosing the diversity of the organisation's direct workforce	ESR procedure	Director of HR
2c	All services are compliant with the requirements under the European Working Time Directive	EWTD returns	Director of HR
2d	The Board Risk Assurance Framework has been formally considered and approved by the Board during the last quarter	Board papers and minutes	Corporate Secretary
3. External assessment			
3a	There have been no clinical governance concerns raised by the CQC during the last quarter against any of the services the organisation provides	Absence of communication	CEO
3b	The Board received a formal report in the past quarter detailing the current and predicted CQC Quality of Services score	n/a	
3c	The Board received a formal report in the past quarter on the DH Performance Framework	Dashboard report	Director of P&P
4. Commissioner-Provider relations			
4a	The Board received information in the past quarter detailing current and trend data on A&E and new outpatient attendances	Dashboard report – Strategy domain	Director of P&P
4b	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	Dashboard report – access and targets, workforce and productivity CIP report in Finance Report	Director of Operations Director of HR Director of Finance

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4c	The Trust has robust and constructive relationships with all its providers, sector commissioners and Sector Acute Commissioning Unit	Due diligence report District Audit Annual letter SLA sign off, support for IBP, FT application	Director of Finance Director of P & P
4d	Provider and Commissioner financial quarterly projections reconcile	Minutes of SLA monitoring meetings	Director of Finance
5. Clinical governance and performance management			
5a	The organisation has been compliant with all CQC Core Standards during the last quarter	Dashboard report QRPR HMB reports	Director of Nursing and CD
5b	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	Reports to Clinical Governance Committee	Medical Director Director of Nursing and CD
5c	No services have been issued within an improvement notice by the CQC in the last quarter. Please give detail below of any improvement notices	Absence of improvement notice	CEO
5d	No services have been issued with performance notices by other regulators	Absence of performance notices	CEO
5e	The Trust has met the SHA SUI reporting requirements in the last quarter	Absence of warning letters	CEO
5f	The Trust has had no incidents of 'Never Events' within the last quarter	Dashboard report	Medical Director
5g	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	Report to Clinical Governance Steering Committee	Director of Nursing and CD
5h	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	Patient Safety strategy and action plan Patient Experience Steering group reports Dashboard report Patient survey actions plans	Medical Director Director of Nursing and CD
5i	The Board has received a report on clinical quality, including lessons learnt, in the last quarter	Dashboard report – clinical quality Quality account updates SUI reports	Medical Director
5j	The Board has a corporate framework in place for the management and accountability of data quality	Information Governance Toolkit Reports to IG Steering Group Board reports	IM&T consultant Assistant Director IM&T

Ref:	Narrative	Source of assurance	Lead Officer
5k	The Board has received a report on patient complaints, including themes and lessons learnt in the last quarter	Report to Clinical Governance Committee, Audit Committee, exception report to Board	Director of Nursing and CD
6. Emergency preparedness			
6a	The organisation has a robust Business Continuity Plan in place	Up-to-date Business Continuity Plan	Director of P & P
6b	There is a named Director in post responsible for I. emergency planning II. Flu	HEPA assessment Job descriptions	CEO
6c	The organisation has a workforce plan to cover Flu	HMB paper	Director of Operations
7. Safeguarding children			
7a	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	Child Protection Annual Report Declaration	Director of Nursing and CD
7b	The Board conducted a formal review of safeguarding arrangements in the last quarter	SUI/SCR reports	Director of Nursing and CD
7c	There have been no Serious Case reviews during the last quarter	SUI/SCR reports	Director of Nursing and CD
7d	The Trust has a Board Level Director with responsibility for Safeguarding Children	Child Protection Annual Report Job description	CEO
7e	The following safeguarding professionals are in post: I. Named Nurse II. Named Doctor III. Named Midwife	Child Protection Annual Report Job descriptions	Director of Nursing and CD
8. Patient and staff involvement			
8a	The Trust has conducted local surveys of patients and the population in the last quarter	Dashboard reports – patient experience	Director of Primary Care
8b	The Trust has a plan in place to address the area of weakness identified in the Inpatient Survey	IP survey action plan	Director of Primary Care
8c	The Trust has a staff engagement policy in place	Staff Engagement strategy Minutes of Partnership meeting	Director of HR
9. Business Strategy & Procurement			
9a	The Trust has develop, 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	IBP Business cases for capital investment BPG process	Director of P&P

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9b	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	ICO Programme Board IBP	CEO Director of P&P
.c	All contracts with annual values over levels prescribed by OJEC have been signed off by all parties	Application of procurement procedures Contracts register Register of sealings	Director of Facilities Corporate Secretary
10. Financial Governance			
10a	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	ALE action plan	Director of Finance
10b	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	EC reports and minutes	Director of Finance
10c	The Trust has a plan to improve all Better Care Better Value indicators and the Board has monitored progress since the last quarter	Finance Report to board Dashboard	Director of Finance Director of Nursing and CD
11. Financial Management and Forecasting			
11a	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	Finance Report to board Dashboard report	Director of Finance
11b	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	Correspondence Notes of SLA monitoring meetings	Director of Finance
11c	There is no expectation of significant additional working capital loan or temporary PDC requirements over and above plan	Advice from Director of Finance External Audit Due diligence exercise	Director of Finance
12. Other issues			
Any other actual or potential issues not addressed in the questions above			

Susan Sorensen
Corporate Secretary
October 2010