Whittington Health MHS

www.whittington.nhs.uk

The Whittington Hospital NHS Trust Magdala Avenue London N19 5NF

## Whittington Health Trust Board

7<sup>th</sup> May 2014

Title:		NHS Trust Development Authority (TDA) – Self-Certification					
Agenda item:		14	/088		Paper		7
Action requested:		For approval					
Executive Summary:		The NHS TDA has published their Accountability Framework for NHS Trust Boards which details a clear set of rules and principles under which NHS Trusts should all operate. Within the framework, the NHS TDA describes their monthly self-certification process, which is based on compliance to a number of the conditions within Monitor's Provider Licence and a set of Board Statements.					
Summary of recommendations:		Under the new NHS TDA process, a self certification submission is required for April 2014. Therefore the Board is asked to retrospectively sign-off the return for March 2014, which was submitted to the TDA on 29 April 2014 and agree the same status for the April 2014 return. The Trust Board is also asked to discuss and agree any reporting issues in anticipation of the April 2014 and future returns.					
Fit with WH strategy:		n/a – regulatory requirement.					
Reference to related / other documents:		Self-Certification is monthly.					
Reference to areas of risk and corporate risks on the Board Assurance Framework:							
Date paper completed:		29 April 2014					
Author name and title: Sim		on Wombwell erim CFO		Director name and title:		Simon Pleydell, Chief Executive	
Date paper - seen by EC	Ass	ality Impact essment plete?	n/a	Quality Impact Assessment complete?	n/a	Financial Impact Assessme complete?	n/a nt



## NHS TRUST DEVELOPMENT **AUTHORITY**



## OVERSIGHT: Monthly self-certification requirements - Compliance Monitor Monthly Data.

## **CONTACT INFORMATION:**

## 

Full Telephone Number:

Tel Extension:

## SELF-CERTIFICATION DETAILS:

## 

Select the Month

April January February

## COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



- 1. Condition G4 Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
- 2. Condition G5 Having regard to monitor Guidance.
- 3. Condition G7 Registration with the Care Quality Commission.
- 4. Condition G8 Patient eligibility and selection criteria.
- **5. Condition P1** Recording of information.
- **6. Condition P2** Provision of information.
- 7. Condition P3 Assurance report on submissions to Monitor.
- 8. Condition P4 Compliance with the National Tariff.
- 9. Condition P5 Constructive engagement concerning local tariff modifications.
- **10.** Condition C1 The right of patients to make choices.
- 11. Condition C2 Competition oversight.
- **12.** Condition IC1 Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: <u>The new NHS Provider Licence</u>

# COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



Comment where non-compliant or at risk of non-compliance

**1. Condition G4** Fit and proper persons as Governors and Directors.

**2. Condition G5** Having regard to monitor Guidance.

#### **3. Condition G7** Registration with the Care Quality Commission.

**4. Condition G8** Patient eligibility and selection criteria. Timescale for compliance:

Timescale for compliance:

Timescale for compliance

Comment where non-compliant or at risk of non-compliance

Timescale for compliance:

Comment where non-compliant or at risk of non-compliance

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at risk of non-compliance

Timescale for compliance:

5. Condition P1 Recording of information.

6. Condition P2 Provision of information.

**7. Condition P3** Assurance report on submissions to Monitor.

**8. Condition P4** Compliance with the National Tariff.

**9. Condition P5** Constructive engagement concerning local tariff modifications.

Comment where non-compliant or at risk of non-compliance

Timescale for compliance:

Timescale for compliance:

**10. Condition C1** The right of patients to make choices.

**11. Condition C2** Competition oversight.

**12. Condition IC1** Provision of integrated care.

## NHS TRUST DEVELOPMENT AUTHORITY



## OVERSIGHT: Monthly self-certification requirements - Board Statements Monthly Data.

## **CONTACT INFORMATION:**

## 

Enter Your Name:

Enter Your Email Address

Full Telephone Number:

Tel Extension:

## SELF-CERTIFICATION DETAILS:

## 

Select Your Trust:

Submission Date:Reporting Ver:Select the MonthAprilMayJuneJulyAugustSeptemberOctoberNovemberDecemberJanuaryFebruaryMarch



#### CLINICAL QUALITY FINANCE GOVERNANCE

The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

## **BOARD STATEMENTS:**



#### For CLINICAL QUALITY, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

**1. CLINICAL QUALITY** Indicate compliance.

Timescale for compliance:

RESPONSE:

Comment where noncompliant or at risk of noncompliance



#### For CLINICAL QUALITY, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

**2. CLINICAL QUALITY** Indicate compliance.

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance

## **BOARD STATEMENTS:**



#### For CLINICAL QUALITY, that

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

#### **3. CLINICAL QUALITY** Indicate compliance.

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance



#### For FINANCE, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

4. FINANCE

Indicate compliance.

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance

## **BOARD STATEMENTS:**



#### For GOVERNANCE, that

5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

5. GOVERNANCE

Indicate compliance.

Timescale for compliance

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance



6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

#### 6. GOVERNANCE

Indicate compliance.

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance

### **BOARD STATEMENTS:**



#### For GOVERNANCE, that

7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

7. GOVERNANCE

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance



8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

#### 8. GOVERNANCE

Indicate compliance.

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of non compliance

### **BOARD STATEMENTS:**



#### For GOVERNANCE, that

9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (<u>www.hm-treasury.gov.uk</u>).

#### 9. GOVERNANCE

Indicate compliance.

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance



10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

**10. GOVERNANCE** 

Indicate compliance.

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance

## **BOARD STATEMENTS:**



#### For GOVERNANCE, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

**11. GOVERNANCE** 

Timescale for compliance

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance



12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

#### **12. GOVERNANCE**

Indicate compliance.

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance

## **BOARD STATEMENTS:**



#### For GOVERNANCE, that

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

**13. GOVERNANCE** 

Indicate compliance

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of noncompliance



14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

14. GOVERNANCE

Timescale for compliance:

**RESPONSE**:

Comment where noncompliant or at risk of non compliance