

# NHS TRUST DEVELOPMENT AUTHORITY

## BOARD STATEMENTS:

### 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.

### Yorkshire Ambulance Service NHS Trust

Reporting Month: August 2013

Submission Date: 24.09.2013

| For <b>CLINICAL QUALITY</b> , that  | YES/NO |
|---|--------|
| 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. | YES    |
| The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.<br><br>The Trust has been informed that following an unannounced inspection by the CQC in July 2013 that there will be / are minor concerns against Outcome 9 – management of medicines and Outcome 14 - Supporting workers.   | YES    |
| 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.   | YES    |
| <b>For FINANCE</b> , that   |        |
| 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.   | YES    |
| <b>For GOVERNANCE</b> , that  |        |
| 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.   | YES    |
| 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.  | YES    |
| 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.   | YES    |
| 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.  | YES    |
| 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 ( <a href="http://www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a> )  | YES    |

|   |            |
|---|------------|
| <b>For GOVERNANCE, that</b>   |            |
| 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.   | <b>YES</b> |
| 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.   | <b>YES</b> |
| The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.   | <b>YES</b> |
| 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. | <b>YES</b> |
| 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       | <b>YES</b> |
| 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.  | <b>YES</b> |

Approved by:

On behalf of the Trust

Board acting in the capacity of:

Date: