

NHS TDA Accountability Framework - Board Statements

For CLINICAL QUALITY, that	YES/NO	Evidence
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.	Yes	Trust Board & Committee Structure incl independent Audit Committee Board Assurance Framework (BAF) & Corporate Risk Register (CRR) (reported to Trust Board 3 x per annum) Significant Incidents & Lessons Learned Report (reported to Trust Board 2 x per annum) Annual Report & Accounts Board Memorandum on Quality Governance Compliance Framework 2013/14 Standing Orders/Standing Financial Instructions Integrated Business Plan (IBP): 2013/14 - 2018/19 Clinical Quality Strategy: Delivering Excellent Services 2012-15 Quality Governance Action Plan (incorporating CQC report / action plan from July 2013 inspection)
2 The board is satisfied that plans in place are sufficient to ensure on-going compliance with the Care Quality Commission's registration requirements. The Trust has been informed that following an unannounced inspection by the CQC in July 2013 that there are minor concerns against Outcome 9 – management of medicines and Outcome 14 - Supporting workers.	Yes	Quality & Risk Profiles reported in the Integrated Performance Report Infection Prevention & Control audits (IPR and mid year report to Quality Committee) Stakeholder Engagement & Communications Policy Duty of Candour/Being Open Policy Complaints & Raising Concerns Policy Integrated Inspection process and schedules: incorporates all aspects of the CQC standards. All stations and standby points are scheduled for yearly inspections with dates agreed with the Locality Managers who accompany the Standards & Compliance Directorate managers on the inspections. Inspections led by band 6 and 7 members of the risk and safety team.
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.	Yes	Professional Registration and Membership Policy including GMC, NMC, HCPC including automatic referral and/or Trust checks for disqualifications
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.	Yes	Integrated Performance Report Finance & Investment Committee Minutes F&IC report to Trust Board Audit Committee paper (June 2013): Going Concern
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.	Yes	Board Development Meeting - detailed presentation, April 2014: 'The Accountability Framework for NHS Trust Boards' Integrated Delivery Meetings with NTDA held monthly; reported to Quality Committee Board Strategic Workshop - detailed presentation, August 2009: 'NHS Constitution' Quality Committee, Feb 2014: progress update on evidence of assurance: 'NHS Constitution - Updated March 2013' Quality Committee, February 2014: to receive detailed evidence of assurance: 'NHS Constitution - Updated March 2013'
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.	Yes	NHSLA level 1 achieved October 2012 Risk and Assurance Group Minutes Board Assurance Framework reported to each Quality Committee Trust Board review Corporate Risk Register and BAF 3 x per year IPR Audit Committee Action Logs / Minutes

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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.	Yes	Board Memorandum on Quality Governance Risk and Assurance Group monthly meetings BAF to each Quality Committee Trust Board review CRR and BAF three times per year CRR and BAF reports at Committee meetings
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.	Yes	IPR Audit Committee Action Logs / Minutes DF&P Mid year review to Trust Board, September 2013 & annually thereafter Performance Review Meetings
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 (www.hm-treasury.gov.uk)	Yes	Trust Board & Committee Structure incl independent Audit Committee 2012/13 Annual Governance Statement in place, approved at Public Trust Board in May 2013
10	The Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.	Yes	Five year IBP Annual Business Plan Performance Review Meetings DF&P Mid Year Review to Trust Board in Sept 2013 Integrated Delivery (oversight) meetings NTDA
11	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes	The Trust has achieved level 2 against the Information Governance (IG) toolkit. There are robust action plans in place led by the IG Manager to ensure compliance is maintained. IG reports to QC Internal Audit Review of Information Governance Internal Audit of IG Toolkit
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.	Yes	Board Development Plan Register of Interests maintained, reported to Audit Committee twice annually Register of Interests received by Trust Board at least annually (usually March) Executive Director of People and Engagement appointed September 2013 Executive Medical Director appointed October 2013 Executive Director of Operations appointed December 2013 NED designate appointed October 2013
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	Yes	Appointments process Director PDRs and PDPs NED appraisals undertaken by Chairman NED Individual Development Plans Board Development Plan
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.	Yes	Transformation Programme Management Board (resources targeted to key developments) Clinical Leadership Framework Performance Review Meetings DF&P Mid Year Review to Trust Board in Sept 2013 & annually thereafter Directorate and Department Operating Plans Trust Committee structures / ToRs Transformation Programme Management Group Leadership Development Programme Trust Executive Group Senior Management Group