

# 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 including independent Audit Committee Trust Board Review of Effectiveness, June 2014 - facilitated by Internal Audit benchmarked against the 4 domains of the 'Well-led framework for governance reviews: guidance for NHS foundation trusts' (Monitor, 2014) - will inform Board Development Plan, for submission to TDA by 30 September 2014 Committees' Review of Effectiveness - facilitated by Internal Audit for each of Audit Committee, Jan 2014; Quality Committee, April 2014; and Finance & Investment Committee, April 2014 Board Assurance Framework & CRR (reported to Trust Board 3 x per annum) Significant Incidents & Lessons Learned Report (reported to Trust Board 2 x per annum) Annual Report, Annual Accounts & Disclosure Statements, Quality Account, Annual Governance Statement Board Memorandum on Quality Governance, External Audit Report For Those Charged with Governance Risk Assessment Framework 2014/15 published Aug 2013 updated April 2014
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	NHS TDA Accountability Framework 2014/15 Standing Orders/Standing Financial Instructions Integrated Business Plan: 2014/15 - 2018/19 Clinical Quality Strategy: Delivering Excellent Services 2012-15 Quality Governance Action Plan (incorporating CQC report / action plan from July 2013 inspection and NHS TDA Quality Visit September 2013). Outcome 9 - compliance confirmed by CQC; Outcome 14 current position under review Quality & Risk Profiles reported in the Integrated Performance Report Infection Prevention & Control audits (IPR and mid year report to Quality Committee) Stakeholder Engagement & Communications Strategy Duty of Candour/Being Open Policy Complaints & Raising Concerns Policy
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	Annual Organisational Audit (Doctors' Revalidation) approved by Trust Board, July 2014 Professional Registration and Membership Policy including GMC, NMC, HCPC including automatic referral and/or Trust checks for disqualifications policy in place. Professional Registration and Membership (Doctors, Nurses, Paramedics, Accountants & HR professionals) are monitored by HR, with automatic notification by the relevant professional body of renewal requirements for individual members of staff. Non-conformities are reported to the member of staff's Line Manager by HR; clinicians removed from patient facing duties; and the HR risk register updated as appropriate. The Quality Committee receives assurance of the Trust's Risk Register processes, feeding through the Committee Chair to Board. Professional registration and Membership investigation and disciplinary matters are reported to the Incident Review Group, reporting to Quality Committee and then to Board (as above) where appropriate.
<b>For FINANCE, that</b>		
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	IPR Finance & Investment Committee Minutes F&IC report to Trust Board Going Concern - papers to Audit Committee March 2014 & June 2014
<b>For GOVERNANCE, that</b>		
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 NHS TDA held monthly; reported to Quality Committee Quality Committee, April 2014: approved evidence of assurance of compliance with: 'NHS Constitution - Updated March 2013' and agreed to an annual review going forward. Trust Board, May 2014 assurance of evidence of compliance with the 'NHS Constitution - Updated March 2013' Evidence of compliance with: 'NHS Constitution - Updated March 2013' - published on YAS website - <a href="http://www.yas.nhs.uk/Publications/docs/2014-15/Paper%206.5%20-%20Review%20of%20NHS%20Constitution%20-%20APP%20A%20%26%20B.docx">http://www.yas.nhs.uk/Publications/docs/2014-15/Paper%206.5%20-%20Review%20of%20NHS%20Constitution%20-%20APP%20A%20%26%20B.docx</a>
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	See 10. and 11.

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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 SMG Terms of Reference reviewed/approved, April 2014 to ensure workplan aligns with key risks to delivery of strategic objectives; SMG reports to TEG
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 ( <a href="http://www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a> )	Yes	Trust Board & Committee Structure incl independent Audit Committee 2013/14 Annual Governance Statement in place, approved by the extraordinary Board meeting in June 2014
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 Two-year Operating plan Performance Review Meetings DF&P Mid Year Review to Trust Board in Sept 2013 Integrated Delivery meetings with NHS TDA
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 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 (IA) Review of Information Governance IA 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; reported to Trust Board annually. Executive Director of People and Engagement appointed Sep 2013 Executive Medical Director appointed Oct 2013 Executive Director of Operations appointed Dec 2013 NED designate appointed Oct 2013 Trust Chairman second term of office approved by Trust Board in January 2014; Deputy CEO appointed, April 2014
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 ED Individual Development Plans Professional Registration and Membership Policy 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 Leadership Development Programme Trust Executive Group Senior Management Group