## 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: June 2015 Submission Date: 28 July 2015

| For CLINICAL QUALITY, 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.  A full CQC inspection took place 13-16 January 2015. The Trust received the draft CQC report in May 2015 and submitted a response in regard to factual accuracy by the deadline of 3 June 2015 and is awaiting the revised report.  | 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    |
| For FINANCE, 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    |
| For GOVERNANCE, 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.  Performance in 2015-16 YTD is off trajectory. The recovery seen in previous months has slowed. A recovery plan is   | Risk   |
| in place with additional tactical options being brought on line. The approach will be shared with commissioners.  |        |

|   |                |             | Actual Red         | Actual Red      |  |      |
|---|----------------|-------------|--------------------|-----------------|--|------|
| 2015-16   | Red 1          | Red 2       | 1                  | 2               |  |      |
| Apr   | 74.8%          | 72.6%       | 74.8%              | 72.6%           | 1  |      |
| May   | 74.7%          | 72.6%       | 73.6%              | 73.5%           | ]  |      |
| Jun   | 74.2%          | 72.1%       | 69.4%              | 70.4%           |  |      |
| Jul   | 77.2%          | 75.0%       |                    |                 |  |      |
| Aug   | 77.9%          | 75.7%       |                    |                 |  |      |
| Sep   | 76.8%          | 74.6%       |                    |                 |  |      |
| Oct   | 77.7%          |             |                    |                 |  |      |
| Nov   | 78.7%          | 76.5%       |                    |                 |  |      |
| Dec   | 74.4%          | 72.3%       |                    |                 |  |      |
| Jan   | 78.7%          | 76.5%       |                    |                 |  |      |
| Feb   | 77.1%          | 74.9%       |                    |                 |  |      |
| Mar   | 79.0%          | 76.8%       |                    |                 |  |      |
| Year end  | 76.8%          | 74.6%       |                    |                 |  |      |
|   |                |             |                    |                 | compliant with the risk  |      |
|   |                |             |                    |                 | pport the Statement pursuant to  | YES  |
| the most up to d  |                |             | n HM Treasury      | (www.hm-trea    | asury.gov.uk)  |      |
| For GOVERNAL  | NCE, tha       | t           |                    |                 |  |      |
|   |                |             |                    |                 |  |      |
| The Board is sat  | tisfied tha    | at plans ir | n place are suf    | ficient to ensu | re 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.  |                |             |                    |                 |  |      |
|   |                |             |                    |                 |  | Risk |
|   |                |             |                    |                 | s months has slowed. A recovery plan is will be shared with commissioners. |      |
| in place with additio   | iliai laciicai | options be  | ing brought on iin | e. The approach | will be shared with confinissioners.                                       |      |
| The trust has ac  | hieved a       | minimum     | n of Level 2 ne    | rformance ag    | ainst the requirements of the  |      |
| The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.                 |                |             |                    |                 |  | YES  |
| miorridaeri Cov   | omanoo         | i oonaa.    |                    |                 |  |      |
| The board will e  | nsure tha      | t the trus  | t will at all time | es operate effe | ectively. This includes maintaining  |      |
|   |                |             |                    |                 | iflicts of interest in the board of  | VEC  |
|   |                |             |                    |                 | place to fill any vacancies.   | YES  |
| ·   |                | •           | ·                  | •               |  |      |
| The board is sat  | isfied tha     | t all exec  | cutive and non-    | executive dire  | ectors have the appropriate  |      |
| qualifications, ex  | xperience      | and skil    | ls to discharge    | their function  | s effectively, including setting   |      |
| strategy, monitoring and managing performance and risks, and ensuring management capacity   |                |             |                    |                 |  | YES  |
| and capability  |                |             |                    |                 |  |      |
|   |                |             |                    |                 |  |      |
|   |                |             | •                  | •               | acity, 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  |
| adequate to deli  | ver the a      | nnuai op    | erating plan.      |                 |  |      |
|   |                |             |                    |                 |  |      |

Approved by:

On behalf of the Trust Board acting in the capacity of:

Date: