

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 (BDP). Trust Development priorities submitted to TDA on 30 September 2014. BDP kept under review monthly by Chairman, CEO, Trust Secretary. 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 March 2015 NHS TDA Accountability Framework 2015/16 Standing Orders/Standing Financial Instructions Integrated Business Plan: 2014/15 - 2018/19 Clinical Quality Strategy: Delivering Excellent Services 2015-2018 Quality Governance Action Plan (incorporating CQC report / action plan from July 2013 inspection and NHS TDA Quality Visit September 2013). CQC unannounced visit w/c 21 April 2014, Outcome 9 compliance confirmed and CQC website updated accordingly. Actions relating to outcome 14 completed and confirmed to CQC in August 2014. A full CQC inspection took place 13-16 January 2015. Trust received draft CQC report in May 2015 and submitted response in regard to factual accuracy by the deadline of 3 June 2015. The Quality Summit was held on 18 August 2015 and the final CQC report was published on 21 August 2015. The Trust has finalised an Action plan to address the issues raised and improvements required. This has been presented to Quality Committee on 10 September 2015 and has been submitted to CQC on 15 September 2015. The action plan is on the Trust Board meeting in public agenda for 29 September 2015. 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 2015 (Board approval July 2015) 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.
2 The board is satisfied that plans in place are sufficient to ensure on-going compliance with the Care Quality Commission's registration requirements.	Yes	Annual Organisational Audit (Doctors' Revalidation) approved by Trust Board, July 2015 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.
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 2015 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.
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	IPR Finance & Investment Committee Minutes F&I report to Trust Board Going Concern - papers to Audit Committee June 2015
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'; Board Members updated August 2015 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'. NHS Constitution Consultation (closed 8 April 2015) - awaiting publication prior to annual review. Updated NHS Constitution published (July 2015); reviewed by TEG (August 2015); to Quality Committee (Nov 2015). Evidence of compliance with: 'NHS Constitution - Updated March 2013' - published on YAS website - http://www.yas.nhs.uk/Publications/docs/2014-15/Paper%206.5%20-%20Review%20of%20NHS%20Constitution%20-%20APP%20A%20%26%20B.docx
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 IPR
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.	Risk	Audit Committee Action Logs / Minutes DF&P Mid year review to Trust Board, September 2014 and November 2015. Performance Review Meetings TMG Terms of Reference reviewed/approved, April 2014 to ensure workplan aligns with key risks to delivery of strategic objectives; TMG reports to TEG. Performance against the 8 minute Red target is currently below the required trajectory and therefore the Trust has put in place a two-stage quality monitoring arrangement to review delayed responses over a specific threshold. This approach and outcomes of the review process is reported weekly to the Trust Executive Group, which in turn provides regular reports to the Trust Board. CCG commissioned Good Governance Institute review of YAS's performance turnaround plan. The report has now been received and has been considered at a Board Development Meeting on 16 December 2014. A Board to Board meeting with Commissioners was held on 28 January 2015. A second stage GGI review has been commissioned by CCGs.
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 2014/15 Annual Governance Statement in place, approved by the extraordinary Board meeting in June 2015
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.	Risk	Five year IBP One - year Operating plan Performance Review Meetings DF&P Mid Year Review to Trust Board in Sept 2014 and November 2015. Integrated Delivery meetings with NHS TDA. Performance in 2015-16 YTD is off trajectory. A recovery plan is in place with additional resource being brought in via private providers and an external recruitment of technicians. A revised trajectory taking account of the current YTD position and the addition of private providers and a potentially improved establishment is being produced and shared with commissioners and 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 May 2015. Chief Executive appointed May 2015. Interim Executive Director of Finance and Performance appointed August 2015 Executive Director of People and Engagement undertaking Deputy Chief Executive role in interim. NED designate appointed July 2015. Trust Chairman second term of office approved by Trust Board in January 2014. Executive Director resigned; term of office ends 4 June 2015. Current NED (Designate) approved by TDA to full NED appointment, effective 4 June 2015.
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 2014 & November 2015 Directorate and Department Operating Plans Trust Committee structures / ToRs Leadership Development Programme Trust Executive Group Trust Management Group