

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: October 2015

Submission Date: 25 November 2015

| For CLINICAL QUALITY, that | YES/NO/ Risk |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 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. <i>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. 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 the improvements required. This has been submitted to the CQC on 15 September 2015. The report and action plan were presented to Quality Committee on 10 September 2015 and to the Trust Board on 29 September 2015.</i> | 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 plan & below trajectory due to continuing resource challenges although showing improvement in October. The recovery plan seeks additional resource via private providers and enhanced focus on external recruitment (including that of technicians). The revised trajectory takes account of the current YTD position and the addition of private providers and a forecast improved establishment has been produced and shared with commissioners and TDA. Further actions to maximise resource hours are being reviewed in respect of minimising all except clinical training and improving management of sickness absence. In recent months Red demand has increased whilst overall call demand remains YTD below plan.

| 2015-16 | Plan 2015/16 by month | | Revised 2015/16 Trajectory by month | | Actual 2015/16 by month | |
|----------|-----------------------|-------|-------------------------------------|-------|-------------------------|---------|
| | Red 1 | Red 2 | Red 1 | Red 2 | Red 1 | Red 2 |
| Apr | 74.8% | 72.6% | | | 74.8% | 72.6% |
| May | 74.7% | 72.6% | | | 73.6% | 73.5% |
| Jun | 74.2% | 72.1% | | | 69.4% | 70.4% |
| Jul | 77.2% | 75.0% | | | 70.8% | 70.1% |
| Aug | 77.9% | 75.7% | | | 68.7% | 70.0% |
| Sep | 76.8% | 74.6% | 71.0% | 71.2% | 70.1% | 70.4% |
| Oct | 77.7% | 75.4% | 73.6% | 74.6% | *73.7% | 72.5% |
| Nov | 78.7% | 76.5% | 75.0% | 75.2% | **72.9% | **73.5% |
| Dec | 74.4% | 72.3% | 68.1% | 68.7% | | |
| Jan | 78.7% | 76.5% | 75.7% | 76.7% | | |
| Feb | 77.1% | 74.9% | 74.6% | 75.2% | | |
| Mar | 79.0% | 76.8% | 75.2% | 75.6% | | |
| Year end | 76.8% | 74.6% | 72.6% | 72.9% | | |

RISK

* In October 2015 (65 of 24,854) Red 2 Calls were coded as Red 1 in error due to an inter-facility transfer EOC Coding Issue. The corrected October figure for Red 1 is thus 73.7% vs the 74.7% previously indicated in TDA weekly reporting packs. There is a minimal change to Red 2 moving to 72.52% (72.5%) from 72.45% (72.5%). This was discovered belatedly however through standard QA validations procedures and a root cause analysis is being undertaken. The outcome will be reported relevant stakeholders including the Trust Board and relevant Management Committees.

**The November figure is as at 15/11/2015.

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

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.

As described above performance in 2015-16 YTD is off plan/trajectory. The revised trajectory takes account of the current YTD position and the addition of private providers and a forecast improved establishment has been produced and shared with commissioners and TDA. Further actions to maximise resource hours have been undertaken.

Risk

The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

YES

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

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| | |
| 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 |
| 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 |

Approved by:

On behalf of the Trust

Board acting in the capacity of:

Date