

APPENDIX 1 – NHS TDA SELF-CERTIFICATION STATEMENTS

Board Statement	NCUHT Compliance	Assurance/Actions Required for Compliance
FOR QUALITY THAT:		
<p>1. The Board is satisfied that, to the best of its knowledge and using its processes and having regard to the TDA’s oversight mode; (supported by the Care Quality Commission information its own information on serious incidents, patterns of complaint, and including any further metrics it chooses to adopt), the Trust has, and will keep in place, effective arrangements for the purposes of monitoring quality of healthcare provided to its patients.</p>		<p>The Trust governance structures and processes including Board subcommittees provide assurance to the Board that there is regard to the TDA oversight model.</p>
<p>2. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commissions’ registration requirements.</p>		<p>Through regular governance forums and the Chief Inspector of Hospitals (CIOH) action plan the Board is assured that there is regular monitoring of compliance. The CIOH action plan is refreshed regularly Primary area of concern is recruitment and retention of staff and in particular nursing and medical workforce, Regular performance reports are in place led by accountable directors.</p>
<p>3. The Board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the Trust meet the relevant registration and revalidation requirements.</p>		<p>Robust processes for checking and validation of registration and revalidation are in place. These are reflected in the Trust recruitment policy .</p>
FOR FINANCE THAT:		
<p>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.</p>		<p>The Trust has submitted a deficit plan for 2014/15. Trust remains a going concern as defined by accounting standards in force</p>
FOR GOVERNANCE THAT:		
<p>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.</p>		<p>There are robust monitoring arrangements in place linked to the NHS Constitution Core Standards and the Trust is committed to showing regard for the NHS constitution to uphold the patient’s rights</p>

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		<p>detailed within this core document.</p> <p>Attainment against standards is below expected levels for Accident and Emergency Referral to Treatment Time Cancer 2 week and 62 day Diagnostics</p>
<p>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.</p>		<p>Our key risks continue to relate to</p> <p>Finance Harm free care 4 hour standard 18 weeks Cancer Diagnostics Infection control (MRSA and C Diff)</p> <p>A review of the TDA Assurance Framework is underway and this will be linked to these self-certification requirements</p>
<p>BOARD STATEMENTS:</p>		
<p>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.</p>		<p>As part of future planning the Trust has set out a Clinical Strategy for the future. External assurance is being sought in relation to key aspects of this strategy.</p>
<p>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.</p>		<p>FIP scrutinises performance against core clinical indicators and financial position on a monthly basis</p> <p>Audit committee provides assurance that key</p>

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		<p>elements of risk are assessed and that mitigating actions are implemented As noted above the clinical strategy is now detailed and independent scrutiny of this will continue to be provided by Clinical Senate and Royal College reviews.</p>
<p>9. An Annual Governance Statement is in place and the Trust is compliant with the risk management and assurance framework requirement that support the Statement pursuant to the most up to date guidance from HM Treasury.</p>		<p>In place</p>
<p>10. 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.</p>		<p>The Board is aware that the following standards were not met for 2014/15:- Referral to Treatment 4 hour standard Diagnostics Cancer Cancelled Operations (28 day standard)</p> <p>Action plans are in place to address these areas of non-compliance and the Trust Development Authority lead a robust monthly review of recovery plans.</p> <p>Financial sustainability and governance is monitored via sub-committee of the Board and there is an additional monthly review led by the TDA.</p>
<p>11. The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.</p>		<p>This target is measured regularly and reported to the Trust IM and T committee. Risk to delivery is escalated via this committee to</p>

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		individual leads and Executive Directors
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.		A register of Interest is maintained. The Trust has 1 Non Executive vacancy at present
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.		A robust recruitment process is in place and this assesses candidates for ability to undertake the roles at Board level. Executive and Non executive appointments process is supported by the TDA. Independent support for Board development is in place as is support from Rust Development Authority
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 to deliver the annual operating plan.		Development programme in place and support continues to be provided to the Trust from Buddy (Northumbria FT) and the Trust Development Authority