

To:	Trust Board
From:	Mark Brassington, Chief Operating Officer
Date:	2 nd February 2016
Healthcare standard	All

Title:	Trust Development Authority (TDA) Monthly Self-Certification Requirements										
Author/Responsible Director:	Katherine Hensby, Planning & Performance Manager										
Purpose of the Report:	Presenting the December submission of the Trust Development Authority (TDA) Monthly Self-Certification Requirements										
The Report is provided to the Board for:	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Information</td> <td style="width: 10%; text-align: center;">✓</td> <td style="width: 33%;">Assurance</td> <td style="width: 10%; text-align: center;">✓</td> </tr> <tr> <td>Approval/sign off</td> <td></td> <td></td> <td></td> </tr> </table>			Information	✓	Assurance	✓	Approval/sign off			
Information	✓	Assurance	✓								
Approval/sign off											
Summary/Key Points:	The December self-certification requirement has reported non-compliance in two areas around key target delivery and a risk in one area around Finance.										
Recommendations:	The Board is asked to note the statements for information.										
Strategic Risk Register	Performance KPIs year to date See report										
Resource Implications (eg Financial, HR)											
Assurance Implications The declaration is a key element of the assurance process											
Patient and Public Involvement (PPI) Implications											
Equality Impact											
Information exempt from Disclosure											
Requirement for further review?	The January TDA monthly self-certification requirements will be presented at the March Board meeting.										

Trust Development Authority (TDA) Monthly Self-Certification Requirements Board Statements

INTRODUCTION

This monthly report and supporting risk rating has been revised in accordance with Monitor's "Risk Assessment Framework – Updated August 2015". It therefore provides a revised risk rating in accordance with the updated framework score.

The key changes that came into effect are:

- Only reporting performance against RTT incompletes
- Indicators now all carry a weighting of 1 where previously some indicators (Cancer 31 day first, cancer two week wait and breast symptomatic and compliance with learning disability access) carried a weighting of 0.5.

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.

For CLINICAL QUALITY, that

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.

ULHT compliance. YES

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

ULHT compliance. YES

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.

ULHT compliance. YES

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.

ULHT compliance. RISK

Timescale for compliance: Originally: 31/03/15; Revised: 31/03/2016

RESPONSE:

United Lincolnshire Hospitals NHS Trust - Annual Accounts 2014-15 and Planning Submission 2015-16

Financial Position

In 2014-15 the Trust reported a £15.2 million deficit and its plan for 2015-16 is a deficit of £40.3million. The forecast outturn at month 9 is a deficit of £57.8m and as such the Trust will not deliver the statutory break even duty. The accounts have been prepared and approved on the basis that the Trust is a going concern. In light of the current year projections a Going Concern paper was considered by the Audit Committee in December and will be considered by the Trust Board in February.

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.

ULHT compliance. NO

Timescale for compliance: Originally: 31/03/15; Revised: 31/12/15

RESPONSE: See details in section 10.

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.

ULHT compliance. YES

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.

ULHT compliance. YES

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.

ULHT compliance. YES

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

ULHT compliance. YES

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.

ULHT compliance. NO

Timescale for compliance: Originally: 31/03/15; Revised: 31/12/15

RESPONSE: In December, the Trust failed the following targets:

A&E 4 hour wait

1 National Cancer standards (November) (62 day urgent referral to treatment)

RTT performance against the 92% Incomplete Standard was achieved at Trust level with a December performance of 92.40%.

A&E

Lincoln:

Underperformance Exception Report

Attendances in December were 5896 with an average daily attendance of 190 patients. Admissions through A&E in December were 1,462 (24.80%)

High level performance review:

- 89.1% year to date (-1.8% compared to same YTD period last year)
- 55,026 year to date A&E attendances (-0.6% compared to same YTD period last year)
- A&E admissions +1.9% (compared to same YTD period last year)
- GP admissions +3.4% (compared to same YTD period last year)
-

A&E performance against the 95% standard in December is set in the context of continually high numbers of admissions and reliance on the use of escalation beds to manage front-door pressures. The Trust has continued its work programme to reduce non-elective length of stay through:

- Improved compliance with senior review before midday
- Standardising 'Plan for every Patient' board rounds with examples of good practice in Carlton Coleby, Lincoln and 6th floor Pilgrim.
- Ensuring the Operations Centre is aware by 3pm of discharges for the following day so they can ensure timely completion and arrangement of eDD's, transport and pharmacy requirements.

Actions taken to achieve the standard

A series of initiatives regarding flow are in progress with monitoring occurring weekly via the Constitutional Standards Board.

Pilgrim:

Underperformance Exception Report

Attendances in December were 4511 with an average daily attendance of 145 patients. Admissions through A&E in December were 1430 (31.7%)

Pilgrim site did not meet the 4 hour performance target during December with month end performance at 84.64% which is an improvement of 8.6% against November performance of 76.03%. YTD performance has risen by 0.21% to 82.89%.

The hospital's bed occupancy was 97.6% in December, with Ambulatory Emergency Care (AEC) remaining closed for 3 weeks in December, which was a huge achievement. The closure of this

department overnight as an escalation area, enabled the clinicians to actively manage patients that presented as ambulatory patients within the Accident and Emergency department, by being able to 'pull' specific patients to this ambulatory area for treatment; subsequently allowing the pressure to be relieved within A&E.

Actions taken to achieve the standard

The A&E recovery plan continues to be monitored on a weekly basis and all actions are on track. The plan is monitored by the Director of Operations and Deputy Director for the site following Prince 2 Project principals.

Cancer

E – Event (one-off), **TE** – Themed Event (more than one occurrence)

62 day urgent referral to treatment

5 breaches more than tolerance, with a mixture of lack of capacity, complex pathways, delays due to referral between trusts, patient choice and patient fitness **TE**. This remains the most challenging of the cancer standards due to multiple issues along the entire cancer pathway. These have been identified in the Cancer Improvement Plan. The key actions include: completing a demand and capacity review for the entire pathway; improving the diagnostic pathway; increasing the radiology support to MDTs. December and January are forecast to narrowly underperform due to issues of clinical complexity, patient choice, diagnostic capacity and patient fitness.

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

ULHT compliance. YES

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.

ULHT compliance. YES

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.

ULHT compliance. YES

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.

ULHT compliance. YES

Trust Development Authority (TDA) Monthly Self-Certification Requirements Compliance Monitor

Condition G4: Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)

ULHT compliance. YES

Condition G5: Having regard to monitor guidance

ULHT compliance. YES

Condition G6: Registration with the Care Quality Commission

ULHT compliance. YES

Condition G8: Patient eligibility and selection criteria

ULHT compliance. YES

Condition P1: Recording of information

ULHT compliance. YES

Condition P2: Provision of information

ULHT compliance. YES

Condition P3: Assurance report on submissions to Monitor

ULHT compliance. YES

Condition P4: Compliance with the National Tariff

ULHT compliance. YES

Condition P5: Construction engagement concerning local tariff modifications

ULHT compliance. YES

Condition C1: The right of patients to make choices

ULHT compliance. YES

Condition C2: Competition oversight

ULHT compliance. YES

Condition IC1: Provision of integrated care

ULHT compliance. YES