

<b>To:</b>	Trust Board
<b>From:</b>	Mark Brassington, Chief Operating Officer
<b>Date:</b>	1 <sup>st</sup> March 2016
<b>Healthcare standard</b>	All

<b>Title:</b>	Trust Development Authority (TDA) Monthly Self-Certification Requirements										
<b>Author/Responsible Director:</b>	Katherine Hensby, Planning & Performance Manager										
<b>Purpose of the Report:</b>	Presenting the December submission of the Trust Development Authority (TDA) Monthly Self-Certification Requirements										
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Information</td> <td style="width: 10%; text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="width: 50%; padding: 5px;">Assurance</td> <td style="width: 10%; text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Approval/sign off</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;"></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>			Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval/sign off	<input type="checkbox"/>		<input type="checkbox"/>
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<b>Summary/Key Points:</b>	The March self-certification requirement has reported non-compliance in two areas around key target delivery and a risk in one area around Finance.										
<b>Recommendations:</b>	The Board is asked to note the statements for information. The Board is asked to note the TDA requirement to cease monthly submissions of self-certification reports.										
<b>Strategic Risk Register</b>	<b>Performance KPIs year to date</b> See report										
<b>Resource Implications (eg Financial, HR)</b>											
<b>Assurance Implications</b> The declaration is a key element of the assurance process											
<b>Patient and Public Involvement (PPI) Implications</b>											
<b>Equality Impact</b>											
<b>Information exempt from Disclosure</b>											
<b>Requirement for further review?</b> The February TDA monthly self-certification requirements will cease due to TDA advice.											

# 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.

The TDA have advised that monthly self-certification declarations will not be required and therefore it is proposed that this monthly report will cease.

### **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 10 is a deficit of £55.3m 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 Trust Board in February with the view that the 2015/16 financial statements will be produced on a 'going concern' basis.

**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 January, the Trust failed the following targets:

A&E 4 hour wait

2 National Cancer standards (December) (31 day subsequent treatment – drug, 62 day urgent referral to treatment)

RTT performance against the 92% Incomplete Standard was achieved at Trust level with a January performance of 92.48%.

## **A&E**

Lincoln:

Underperformance Exception Report

Attendances in January were 6,133 with an average daily attendance of 198 patients. Admissions through A&E in January were 1,551 (25.29%)

High level performance review

- 88.95% year to date (-1.38% compared to same YTD period last year)
- 61,161 year to date A&E attendances (+1% compared to same YTD period last year)
- A&E admissions +0.32% (compared to same YTD period last year)
- GP admissions -1.02% (compared to same YTD period last year)

The key issues impacting the Lincoln site's performance are:

- Staffing – despite increasing attendances in A&E, typically around 200 per day, we have had to reduce beds due to lack of staffing and a high agency usage reducing skill mix. In turn this leads to reduced flow.
- Paediatrics staffing issues are particularly acute leading to bed closures which can leave paediatric patients in A&E.
- A&E runs with 7 consultant posts. Of these only three are substantive, the others are NHS Locum and registrars acting up etc. As a result some of these can be slow at making clinical decisions and we have seen a small increase in breaches due to delays in decision making.
- Heightened demand resulting in reliance on escalation beds required from October. Lincoln has had 21 escalation beds in its core bed stock and up to 15 further beds opened in areas such as Ambulatory Care and Surgical Admissions Lounge. Due to staffing we have reduced 8 more beds on Dixon Ward and have been working to close escalation beds where possible.

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 January were 4,611 with an average daily attendance of 148 patients. Admissions through A&E in January were 1,405 (30.47%)

High level performance review

- 81.89% year to date (-9.86% compared to same YTD period last year)
- 46,112 year to date A&E attendances (+1.01% compared to same YTD period last year)
- A&E admissions +0.59% (compared to same YTD period last year)
- GP admissions +1.30% (compared to same YTD period last year)

Aside from general heightened demand over the winter months, the key issues impacting the site's performance are:

- Increased pressure resulting in a bed occupancy of 98.6% and reliance on AEC remaining open for the majority of the month;
- Continued issues with delayed transfers of care/medically fit for discharge patients which averaged approximately 28 external delays and 8 internal delays;
- A number of delays due to waits for NSL transport which continues to be escalated via the commissioning route;
- Vacancy of the A&E Navigator post which has the potential to navigate up to 30% of patients away from 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.

Grantham:

Underperformance Exception Report

Attendances in January were 2,623 with an average daily attendance of 85 patients. Admissions through A&E in January were 302 (11.51%)

High level performance review

- 94.76% year to date (-0.6% compared to same YTD period last year)
- 27,023 year to date A&E attendances (-0.99% compared to same YTD period last year)
- A&E admissions +1.04% (compared to same YTD period last year)
- GP admissions +/-0% (compared to same YTD period last year)

Grantham narrative will be included by exception (i.e. for months under the 95% standard). Aside from general heightened demand over the winter months, the key issues impacting the site's performance are:

- Delayed transfer of care – which is especially an issue at the Grantham site. There can be up to 29 patients who are medically fit for discharge (10-18 on average per day);
- Sickness of A&E Band 7 leader (this is being addressed with a temporary secondment);
- Nursing vacancies (currently 4.51wte vacant);
- Receptionist vacancies (2.4wte vacant);
- Medical vacancies (4 junior doctor gaps and no substantive consultant) resulting in high usage of medical agency, resulting in lack of continuity of care;
- Heightened demand resulting in reliance on escalation beds required from December.

#### Actions taken to achieve the standard

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

#### **Cancer**

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

#### 31 day subsequent treatment - drug

All 5 breaches attributed to lack of capacity. This is considered a sustainable standard although January is forecast to underperform, February is above standard.

#### 62 day urgent referral to treatment

1 breach above tolerance. Breaches due to mixture of complex pathways, patient choice, lack of capacity, referrals between Trusts. 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. January is forecast to underperform and February 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**