

Trust Board Meeting: Wednesday 10 July 2013
2013.83

Title	NHS Trust Oversight Self-Certification Assurance Assessment
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Status	For information
History	Board papers of 5 July 2012, 6 September 2012, 1 November 2012, 9 January 2013, 12 February 2013 and 13 March 2013

Board Lead(s)	Mr Andrew Stevens, Director of Planning and Information			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	Since August 2012 the Trust has been making monthly submissions of the self-certification template completed by all applicant Foundation Trusts.
2	The majority of data sources for information included in the monthly self-certification return are subject to a data quality assessment that provides good assurance regarding the robustness of the information employed.
3	In addition the Board has been provided with good assurance to justify its sign-off of the majority of the Board Statements included.

NHS Trust Oversight Self-Certification

Introduction

1. Since August 2012 the Trust has been making monthly submissions of the self-certification template completed by all applicant Foundation Trusts. Until the end of March these were received by the SHA but will now be sent to the NHS Trust Development Agency (TDA) following the transfer of responsibility for the Foundation Trust application pipeline.
2. The self-certification template contains a summary of financial information and performance details contributing to the Financial Risk Rating and Governance Risk Rating respectively. In addition the return includes a selection of quality metrics as well as an assessment of various financial risk triggers and contractual issues on a monthly basis. Finally the submission includes the Trust's declarations against fifteen board statements.
3. This paper provides a summary of the sources of data that are employed in the completion of these submissions and the level of assurance that exists in relation to the quality of the data employed. In addition it includes an assessment of the assurance that has been provided to the board in relation to the board statements that are included in the template.

Data Sources

4. The majority of information contributing to the Quality and Governance Risk Rating components of the template is sourced from the Trust's Integrated Performance Report. The elements included in the report have all been subject to assessment regarding the level of assurance that can be given in relation to data quality and the results of this assessment are included in the report which regularly presented to the Board.
5. The data quality rating has two components. The first is a five point rating assessing the level and nature of assurance that is available in relation to a specific set of data.

Rating	Required Evidence
1	Standard operating procedures and data definitions are in place.
2	As 1 plus: Staff recording the data have been appropriately trained.
3	As 2 plus: The department/service has undertaken its own audit.
4	As 2 plus: A corporate audit has been undertaken.
5	As 2 plus: An independent audit has been undertaken (e.g. by the Trust's internal or external auditors).

6. The second component of the overall rating is a traffic-light rating to indicate the level of data quality found through any auditing/benchmarking.

Rating	Data Quality
Green	Satisfactory
Amber	Data can be relied upon but minor areas for improvement identified.
Red	Unsatisfactory/significant areas for improvement identified.

7. There are a number of items within the Quality Sheet of the self-certification return which do not currently comprise part of the Integrated Performance Report and have not therefore been formally subjected to this assessment.
8. It is anticipated that most of these missing items will be incorporated into the Integrated Performance Report when this is next revised.
9. The Trust's data quality arrangements were recently subject to an audit by the Trust's internal auditors. The result of the audit was "significant assurance".
10. Year to date financial figures contributing to the Financial Risk Rating are based on the latest month's current reported financial figures as are relevant components of the Financial Risk Triggers assessment (e.g. debtor and creditor days, capital expenditure). Forecast figures are based on the most recent version of the Long-Term Financial Model (LTFM).

Board Statement Assurance

11. The self-certification contains fifteen Board Assurance Statements with which the Trust is requested to confirm compliance.
12. Since the Trust commenced submission of the self-certification return in 2012 compliance has been declared with all fifteen of the statements with the exception of number twelve which relates to achievement of a minimum of Level 2 performance against the requirements of the Information Governance Toolkit. Non-compliance with this statement is due to the percentage of staff trained in Information Governance being below target. A significant drive to train staff has taken place in recent months but the percentage trained was 81.3% on 30 April against a target of 95%.
13. The statements are listed in the table overleaf which indicates the relevant evidence of compliance which exists and which has been presented to the Board.

1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the SOM's Oversight Regime (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.	<i>The Quality Governance Assurance Framework is received by both the Quality Committee and Trust Board and is supported by detailed content on Health Assure.</i>
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	<i>Monthly divisional reports to the Clinical Governance Committee include compliance with CQC standards. Any issues in relation to compliance are reported through to the Quality Committee and Trust Board on an exception basis. Relevant items are also included in monthly and quarterly Divisional Reviews, the outcomes of which are reported to the Finance and Performance Committee and hence the Trust Board.</i>
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.	<i>The Medical Revalidation Implementation Group reports to the Workforce Committee. In addition, the status of revalidation processes is included in an annual report to the Board by the Medical Director. This is also addressed at divisional level through Divisional Reviews.</i>
4	The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.	<i>Monthly Finance Report to either Finance and Performance Committee or Trust Board each month. Financial Risk Rating forecast also forms part of the FT self-certification return received by Trust Board.</i>
5	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	<i>Monthly Finance Report to either Finance and Performance Committee or Trust Board each month.</i>
6	The board will ensure that the trust at all times has regard to the NHS Constitution.	<i>Waiting time requirements under the Constitution are included in the Integrated Performance Report. Relevant items are also included in monthly and quarterly Divisional Reviews, the outcomes of which are reported to the Finance and Performance Committee.</i>
7	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in	<i>The Trust's Corporate Risk Register and Board Assurance Framework are received by the Trust Board.</i>

	place to address the issues – in a timely manner	<i>These are informed and supplemented by the appropriate risk registers at divisional and directorate level. The risk register process includes external reviews / audit reports as sources of risk. Relevant items are also included in Divisional Reviews.</i>
8	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	<i>The Trust's Corporate Risk Register and Board Assurance Framework are received by the Trust Board. These are informed and supplemented by the appropriate risk registers at divisional and directorate level. A horizon scanning process identifies potential and emerging risks.</i>
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	<i>Appropriate elements of the annual plan are incorporated into the Board Assurance Framework to allow Board level monitoring. The Annual Plan also incorporates a section on monitoring and regular reports go to the Board regarding delivery against milestones and measures within the corporate objectives.</i>
10	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).	<i>The Annual Governance Statement is received by the Audit Committee and Trust Board.</i>
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the Governance Risk Rating; and a commitment to comply with all commissioned targets going forward.	<i>The Board receives the Trust's Integrated Performance Report on a monthly basis, accompanied by supporting narrative regarding specific compliance issues. The Quality Governance Assurance Framework assessment provided an overview of governance arrangements in relation to performance. Divisional performance against targets is included in monthly and quarterly Divisional Reviews, the outcomes of which are reported to the Finance and Performance Committee and hence the Trust Board.</i>

12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	<i>The Board receives the Information Governance Annual Report. Divisional performance on Information Governance is addressed through performance reviews which are reported to the Finance and Performance Committee.</i>
13	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, and that any elections to the shadow board of governors are held in accordance with the election rules.	<i>Relevant items are included in the Board Assurance Framework. The register of interests is declared and reviewed annually.</i>
14	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.	<i>The Board Governance Assurance Framework assessment considered evidence to support Board experience, skills and development. A Board Development Plan was developed by KPMG and actions have been followed up with further update paper, most recently a Board Development Programme paper to the Board in March 2013.</i>
15	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.	<i>The new clinical management structure was introduced in November 2011 and an annual review was reported to the Board. The corporate structure was also reviewed as part of the formation of OUH via the ORH/NOC merger. Management capability is also assessed through monthly and quarterly Divisional Reviews.</i>

Conclusion

14. The majority of data sources for information included in the monthly self-certification return are subject to a data quality assessment that provides good assurance regarding the robustness of the information employed.
15. In addition the Board has been provided with assurance to justify its sign off of the majority of the Board Statements included.
16. The Board may wish to consider a brief formal assessment of the organisation's compliance with the NHS Constitution on an annual basis, perhaps as an element of the Annual Report.

Recommendations

17. The Board is asked to **note** the content of the paper.

Neil Scotchmer
Programme Manager
July 2013