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Summary Report – Trust Board Meeting (Part 1)	Date: 3rd May 2013
Report Title: SHA Oversight Return – Month 12, March 2013	
Agenda Item: 23	Enclosures: App 1 SHA Oversight Return
Sponsor: Chief Executive	Presenter: Company Secretary
Report Author: Business Support Manager	
Report discussed previously at:	Executive Team Meeting – 16th April 2013

Purpose of the Report and Action required		
This report presents the Month 12 March 2013 SHA Oversight return and self-certification to the Board for discussion and approval - prior to SHA submission on 6 th May 2013.	Approval	✓
	Discussion	✓
	Information	

Executive Summary of Key Issues
<ul style="list-style-type: none"> • The responsibility of the Board is to scrutinise and discuss the assurance of the Executive Team as provided in the returns and 15 Board statements (Appendix 1). • The returns relate to quality, performance and governance in March 2013. The 15 Board statements relate to compliance with each Board statement looking forward. • Following Executive Team consideration on 16th April 2013, 14 Board Statements are confirmed and compliant (i.e. yes). Board Statement 1 on arrangements for monitoring and continually improving the quality of services continues to be qualified (i.e. No), pending the implementation of a more robust ward to Board quality information system in April 2013. The Executive Team advises that it will remain qualified until the May return when the Executive Team will have evidence of the effectiveness of the Quality Information System. • In addition the report identifies the position on the March 2013 monthly returns and action being taken in response to red flags/ exceptions. The in month governance risk score is now 0.0 (green) following the removal of CQC warning notices in relation to the Lansdowne and Fromeside Units. • Further exceptions include: <ul style="list-style-type: none"> - the ongoing application of penalties - the target on sickness absence is not met - agency spend in month has escalated

Which Strategic Objective does this paper address	
A sustainable value for money business	Y
Excellent service user access and experience	Y
Excellent partnership working with other organisations	N
Effective engagement and improvement in staff satisfaction	Y

Link to Fit for the Future Implementation Plan

Medium Term Objective 12	Progression through the FT timeline
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All FFtF actions related to clinical quality, finance, service performance and governance.

Corporate Impact Assessment

Quality and Safety implications	The monthly SHA Oversight return contains performance, governance and quality information central to AWP's services.
Corporate Risk Register	The monthly SHA Oversight return contains performance, governance and quality information central to AWP's services.

Recommendations to other committees – n/a**Recommendation/Decision**

(i) The Board is recommended to **discuss** and **approve** the returns for the period of March 2013 (Month 12)

(ii) Noting that as a result of a No for Board Statement 1 has resulted in the signing of declaration 2 in the January, February and March Board meetings, the Board is recommended to **decide** on the nature of the Board self certification from the following options:

Declaration 1 - The Board is sufficiently assured in its ability to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements

or

Declaration 2 - At the current time, the board is yet to gain sufficient assurance to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.

1. Purpose and background

- 1.1. This paper brings forward the March 2013 oversight self certification for discussion and decision prior to submission to the SHA at month end. It is based on a range of standard monthly returns for the accountable period of March 2013 and 15 Board statements on compliance going forward - attached as Appendix 1.
- 1.2. This process is a requirement for aspirant FTs within the NTDA Single Operating Model (SOM) guidance. The Executive Team reviewed the Month 12 returns and Board statements at their meeting on 16th April 2013.

2. Board Statements

- 2.1. Each Board statement is allocated to an Executive lead and subject to peer review and consideration for an Executive Team view to be confirmed prior to Board submission.
- 2.2. The Executive Team view is that 14 of the Board statements can be confirmed on the basis of current evidence, actions, systems and processes – and related assurance. It has identified that it believes Board Statement 1 is subject to qualification. Board Statement 1 reads as follows:

“The Board is satisfied to the best of its knowledge and using its own processes and having had regard to the SOM’s oversight regime (supported by the CQC’s information, its own information on serious incidents, patterns of complaints, and including any further metrics that it chose 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.”

- 2.3. The Board has affirmed that the absence of a Ward to Board quality information system means that its monitoring and continual improvement of quality is not sufficiently robust. Consequently a ‘No’ to statement 1 was part of the Trust certification in January, February and March 2013. The Quality Information System is now in place. To support the Board to evidence the effectiveness of the implementation of the system, the Executive Team recommends an unqualified return in May 2013. Therefore, in April 2013, a qualified return is recommended.

3. Submission Returns

- 3.1. **Quality** - it has been agreed that use of agency for clinical (but not medical) staff will cease from June 2013 to address agency spend. Detailed planning is underway to deliver this transition. It is being led by the Executive Director of Operations in liaison with the Locality Clinical Directors.
- 3.2. The Trust sickness level has again increased slightly in month and continues to be above target on sickness absence. The Interim Director of HR advises that proactive management of short and long term sickness continues with monthly reporting of related management information. This matter is under review by the Employee Strategy and Engagement Committee.
- 3.3. Venous Thromboembolism (VTE) screening has fallen slightly but remains at 98%.
- 3.4. **Financial Risk Rating** - this return continues to show a financial risk rating (FRR) of 4 and a green flag through March 2013.

- 3.5. Financial Risk Triggers** – the two red ratings from February’s return relating to capital expenditure being less than 75% of plan for the year to date and failure to identify 2 years of detailed CIP schemes have both been lifted in March 2013. These red ratings along with that related to an interim Director of Finance have been resolved, and will show for the last time in this month of the quarter (Quarter 4, 2012/13).
- 3.6. Governance Risk Ratings** – the in month governance risk score is now 0.0 (green) with no red ratings following the removal of CQC warning notices in relation to Lansdowne and Fromeside Units. This is the last month that the quarterly data summary (Quarter 4 2012/13) will show a governance risk score of 4.0.
- 3.7. Contractual Data Triggers** – year end contractual penalties of £292k were incurred specific to Swindon, Wiltshire and B&NES but were not imposed. They would anyway have been recharged for reinvestment for improvement of the services which incurred the penalties. Penalties relating to Bristol, North Somerset and South Gloucestershire are indemnified through the Heads of Terms and are therefore notional.

This has been subject to Board consideration and detailed discussion at recent Finance and Planning Board Committees.

- 3.8. TFA Milestones** - this part of the return is not currently active or populated pending changes in the TDA assessment framework.

4. Recommendation

- 4.1.** The Board is recommended to **discuss** and **approve** the returns for the period of March 2013 (Month 12) and **decide** on the nature of the Board self certification from:

Declaration 1 - The Board is sufficiently assured in its ability to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements
or

Declaration 2 - At the current time, the board is yet to gain sufficient assurance to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.