

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>30<sup>th</sup> November 2015</b>
<b>Board Sponsor:</b>	<b>Chief Executive</b>
<b>Paper Author:</b>	<b>Director of Corporate Affairs</b>
<b>Subject:</b>	<b>TDA Self-Certification</b>

### **Executive Summary**

The Trust is required to provide a monthly self-certification to the NHS Trust Development Authority (TDA) with regard to:

- Monitor Licensing Requirements
- Trust Board Statements

The Trust is judged to be compliant with the Monitor Licensing Requirements.

The second part of the self-certification contains a number of Trust Board Statements.

Subject to approval by the Board, the Trust will report in September, non-compliance with three of the Board statements: two concern compliance with CQC standards, and the third, performance against the access standards including Accident and Emergency, RTT and cancer standards.

<b>Links to corporate objectives</b>	Non-compliance with the Board statements above relates to two of the corporate objectives <b><i>excellent outcomes; and great experience</i></b>
<b>Identified risks and risk management actions</b>	The risks to compliance with CQC <i>Essential Quality and Safety Standards</i> are addressed through the CQC action plan. The risks to performance are addressed through the recovery trajectories and associated action plans and reported in the performance dashboard.
<b>Report history</b>	A monthly report on TDA self-certification is made to the Board

### **Action required by the Board**

The Board is asked to approve the November declaration

## **Report to the Board of Directors, 30<sup>th</sup> November 2015 TDA Self-Certification**

### **1. Introduction**

The Trust is required to provide the following monthly self-certifications to the NHS Trust Development Authority (TDA):

- Monitor Licensing Requirements
- Trust Board Statements

### **2. Monitor Licensing Requirements**

The Monitor licence includes conditions grouped into the following sections comprising: general conditions; pricing, choice and competition; integrated care; continuity of services; NHS Foundation Trust conditions.

For the purposes of the TDA self-certification, the following 11 conditions apply:

1. Condition G4 – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. Condition G7 – Registration with the Care Quality Commission.
3. Condition G8 – Patient eligibility and selection criteria.
4. Condition P1 – Recording of information.
5. Condition P2 – Provision of information.
6. Condition P3 – Assurance report on submissions to Monitor.
7. Condition P4 – Compliance with the National Tariff.
8. Condition P5 – Constructive engagement concerning local tariff modifications.
9. Condition C1 – The right of patients to make choices.
10. Condition C2 – Competition oversight.
11. Condition IC1 – Provision of integrated care.

The Trust is asked to certify whether it is compliant, non-compliant, or at risk of non-compliance for each of the conditions. The Trust is judged to be compliant with the conditions above.

### **3. Trust Board Statements**

The second part of the self-certification contains a number of Board Statements. The Trust is judged to be non-compliant for the following statements:

#### **1. Clinical Quality**

*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 (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*

Non-compliance is based on the outcome of the Chief Inspector of Hospitals Inspection, which judged non-compliance with the CQC outcome (assessing and monitoring the quality of service provision – outcome 16) relevant to the statement above. The timeline for compliance is aligned with the action plan which has been submitted to CQC.

#### **2. Clinical Quality**

*The board is satisfied that plans in place are sufficient to ensure on-going compliance with the Care Quality Commission's registration requirements.*

Non-compliance is based on the outcome of Chief Inspector of Hospitals Inspection in May 2014 which judged non-compliance with outcomes 1, 4, 6, 10, 11, 13, 14 and 16; together with the outcome of the focused inspection of Urgent and Emergency Services in June 2015. The timeline for compliance is aligned with the action plan which has been submitted to CQC.

#### **10. Governance**

*The board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the relevant TDA quality and governance indicators and a commitment to comply with known targets going forwards.*

Non-compliance is related to performance against the four hour Accident and Emergency standard, RTT and cancer standards.

**Dominic Ford**  
**Director of Corporate Affairs**  
**November 2015**