

SELF-CERTIFICATION RETURNS
Organisation Name:
Surrey and Sussex Healthcare NHS Trust
Monitoring Period:
March 2013
NHS Trust Over-sight self certification template

**Returns to Surinder.bajwa@southeastcoast.nhs.uk
by the last working day of each month**

GOVERNANCE RISK RATINGS

Surrey and Sussex Healthcare NHS Trust

Insert YES, NO or N/A (as appropriate)

Refresh GRR for New Quarter

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Board Action
						Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
			Referral information	50%									
			Treatment activity information	50%									
	1b	Data completeness, community services: (may be introduced later)	Patient identifier information	50%	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
			Patients dying at home / care home	50%	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
1c	Data completeness: identifiers MHMDS		97%	0.5	N/a	N/a	N/a	N/a	N/a	N/a			
1c	Data completeness: outcomes for patients on CPA		50%	0.5	N/a	N/a	N/a	N/a	N/a	N/a			
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	No	Yes	Yes	Yes	Yes	Yes	Yes	
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	No	No	Yes	Yes	Yes	Yes	Yes	
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	No	No	Yes	Yes	Yes	Yes	Yes	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising:	Surgery	94%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
			Anti cancer drug treatments	98%									
			Radiotherapy	94%									
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	No	Yes	No	No	No	No	No	Compliance with the 62 day target has been an issue due to patients from the referring organisation being sent late in the pathway. Work is ongoing with partners to resolve the issue.
			From NHS Cancer Screening Service referral	90%									
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	Yes	No	Yes	Yes	Yes	Yes	Yes	
			for symptomatic breast patients (cancer not initially suspected)	93%									
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	No	No	Yes	Yes	Yes	No	Yes	
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within days of discharge	95%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
Having formal review within 12 months			95%										
3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams		95%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
3j	Category A call –emergency response within 8 minutes	Red 1	80%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
		Red 2	75%		N/a	N/a	N/a	N/a	N/a	N/a	N/a		
3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
Safety	4a	Clostridium Difficile	Is the Trust below the YTD ceiling	42	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	The Trust continues to be below the YTD ceiling which is in line with the plan.
			Is the Trust below the de minimus	12		Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	4b	MRSA	Is the Trust below the YTD ceiling	3	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
			Is the Trust below the de minimus	6		Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	CQC Registration												
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No	No	No	No	
B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	No	No	No	No	No		
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No	No	No	No		
TOTAL						5.0	3.5	1.0	1.0	1.0	2.0	1.0	
						R	AR	AG	AG	AG	AR	AG	

GREEN	= Score less than 1
AMBER/GREEN	= Score greater than or equal to 1, but less than 2
AMBER / RED	= Score greater than or equal to 2, but less than 4
RED	= Score greater than or equal to 4

FINANCIAL RISK TRIGGERS

Surrey and Sussex Healthcare NHS Trust

Insert "Yes" / "No" Assessment for the Month

Refresh Triggers for New Quarter

	Criteria	Historic Data			Current Data				Board Action
		Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	No	No	No	No	See comments on FRR page
2	Quarterly self-certification by trust that the normalised financial risk rating (FRR) may be less than 3 in the next 12 months	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
3	Working capital facility (WCF) agreement includes default clause	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
4	Debtors > 90 days past due account for more than 5% of total debtor balances	No	No	Yes	Yes	Yes	Yes	Yes	
5	Creditors > 90 days past due account for more than 5% of total creditor balances	Yes	Yes	Yes	Yes	Yes	No	Yes	
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No	No	No	No	
7	Interim Finance Director in place over more than one quarter end	No	No	No	No	No	No	No	
8	Quarter end cash balance <10 days of operating expenses	Yes	No	No	No	No	Yes	Yes	
9	Capital expenditure < 75% of plan for the year to date	No	No	No	Yes	Yes	Yes	Yes	due to slippage on theatre project
10	Yet to identify two years of detailed CIP schemes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Initial scoped savings for two years in the IBP

FINANCIAL RISK RATING

Surrey and Sussex Healthcare NHS Trust

			Risk Ratings					Insert the Score (1-5) Achieved for each Criteria Per Month				
Criteria	Indicator	Weight	5	4	3	2	1	Reported Position		Normalised Position*		
								Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2	2	1	1	As below
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	3	3	1	1	Non recur normalise
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	3	1	1	
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	2	1	1	
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3	3	3	
Weighted Average		100%						2.6	2.6	1.5	1.5	
Overriding rules								3	3	1	1	
Overall rating								3	3	1	1	

Overriding Rules :

Max Rating	Rule				
3	Plan not submitted on time	No			
3	Plan not submitted complete and correct	No			
2	PDC dividend not paid in full	No			
2	Unplanned breach of the PBC	No			
2	One Financial Criterion at "1"				
3	One Financial Criterion at "2"		3	3	
1	Two Financial Criteria at "1"				1 1
2	Two Financial Criteria at "2"				

* Trust should detail the normalising adjustments made to calculate this rating within the comments box.

QUALITY

Information to inform the discussion meeting

Surrey and Sussex Healthcare NHS Trust

Insert Performance in Month

Refresh Data for new Month

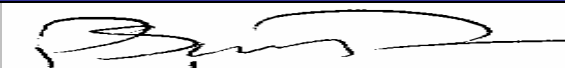
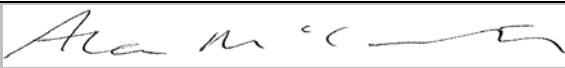
Criteria	Unit	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Board Action	
1	SHMI - latest data	Score			93.3			94.2			94.6		93.3		Data reported quarterly by the NHS Information Centre	
2	Venous Thromboembolism (VTE) Screening	%	90.80%	91.20%	90.60%	90.30%	92.10%	92.50%	91.20%	90.50%	92%	90.00%	91.00%	93%	94%	
3a	Elective MRSA Screening	%	104%	104%	100%	100%	100%	98%	94%	94%	99%	95%	96%	97%	100%	
3b	Non Elective MRSA Screening	%	100%	100%	80%	80%	80%	93.50%	99.50%	99.00%	98.70%	98.36%	92.00%	98%	99%	
4	Single Sex Accommodation Breaches	Number	6	25	21	17	8	0	0	0	0	0	1	0	0	
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	12	16	16	17	20	18	20	24	20	20	18	21	25	Due to unplanned absences & increases in non-elective demand the Trust was not able to maintain the objective of closing more cases than it opens in month, whilst aiming to get back to a normal level of open cases. The Trust has developed an updated action plan to be shared with the CCG at the next CQPM. Of the cases recorded 2 are the historic cases that have been monitored using this system.
6	"Never Events" occurring in month	Number	0	0	0	0	0	0	0	0	0	0	0	0	1	Male pt scheduled for minor elective procedure had a different non-indicated minor procedure performed. Full RCA and after action review showed human error as cause despite WHO checklist being performed. Small action points emerged from investigation and have been actioned. Full feedback with team, specialty and patient have all taken place.
7	CQC Conditions or Warning Notices	Number	0	0	0	0	0	0	0	0	0	0	0	0	0	
8	Open Central Alert System (CAS) Alerts	Number	26	22	18	14	13	10	10	8	11	12	9	11	9	
9	RED rated areas on your maternity dashboard?	Number				4	5	5	6	10	5	5	3	5	2	These areas relate to normal delivery rate and induction of labour rate
10	Falls resulting in severe injury or death	Number	1	1	2	1	1	0	1	0	0	1	1	3	0	Falls prevention team have raised their profile and developing a new falls strategy.
11	Grade 3 or 4 pressure ulcers	Number	3	0	0	0	0	1	1	0	1	0	0	1	0	
12	100% compliance with WHO surgical checklist	Y/N			99.50%			99.50%		100%	99%	91%	98%	97%	100%	
13	Formal complaints received	Number	50	48	49	57	46	35	24	27	28	31	27	42	50	The Trust has identified and is monitoring the increase in complaints received in February and March. Initial indications highlight a link to increased non elective demand that has occurred in recent weeks and may be linked to increased public awareness from the publication of the Francis report.
14	Agency as a % of Employee Benefit Expenditure	%	6.80%	8.10%	5.70%	5.70%	6.50%	5.80%	5.04%	4.96%	6.60%	7.05%	7.10%	7.10%	7.30%	
15	Sickness absence rate	%	4.60%	4.30%	4.14%	4.27%	3.50%	3.75%	3.86%	3.53%	4.51%	4.48%	4.52%	4.59%	3.97%	
16	Consultants which, at their last appraisal, had fully completed their previous years PDP	%							80%	80%	100%	100%	100%	100%	100%	Some PDPs are continuous and ongoing throughout the year. All consultants have a completed appraisal and are all engaged in fulfilling their PDPs.

Board Statements

Surrey and Sussex Healthcare NHS Trust

March 2013

For each statement, the Board is asked to confirm the following:


	For CLINICAL QUALITY, that:	Response	
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.	Yes	
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	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.	Yes	
	For FINANCE, that:	Response	
4	The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.	No	
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.	Yes	
	For GOVERNANCE, that:	Response	
6	The board will ensure that the trust at all times has regard to the NHS Constitution.	Yes	
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 place to address the issues – in a timely manner	Yes	
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.	Yes	
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.	Yes	
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).	Yes	
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.	Yes	
12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes	
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.	Yes	
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.	Yes	
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.	Yes	
	Signed on behalf of the Trust:	Print name	Date
CEO		Paul Simpson	30/04/2013
Chair		Alan McCarthy	30/04/2013

NHS Trust Governance Declarations : 2012/13 In-Year Reporting

Name of Organisation:	Surrey and Sussex Healthcare NHS Trust	Period:	March 2013
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Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance, in addition to providing comment with regard to any contractual issues and compliance w

K		Score / RAG rating*
Governance Risk Rating (RAG as per SOM guidance),		AG
Normalised YTD Financial Risk Rating (Assign number as per SOM guidance)		1

* Please type in R, AR, AG or G and assign a number for the FRR

Governance Declarations

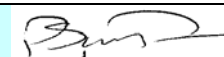
Declaration 1 or declaration 2 reflects whether the Board believes the Trust is currently performing at a level compatible with FT authorisation.

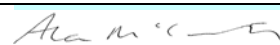
Supporting detail is required where compliance cannot be confirmed.

Please complete sign one of the two declarations below. If you sign declaration 2, provide supporting detail using the form below. Signature may be either hand written or electronic, you are required to print your name.

Governance 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.

Signed by:		Print Name:	Paul Simpson
on behalf of the Trust Board	Acting in capacity as:	Deputy Chief Executive Officer	

Signed by:		Print Name:	Alan McCarthy
on behalf of the Trust Board	Acting in capacity as:	Chariman	

Governance 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.

Signed by :		Print Name :	
on behalf of the Trust Board	Acting in capacity as:		

Signed by :		Print Name :	
on behalf of the Trust Board	Acting in capacity as:		

If Declaration 2 has been signed:

For each target/standard, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

Target/Standard:	4. The trust will maintain a FRR ≥ 3 over the next 12 months.
The Issue :	Normalised financial YTD risk rating - 1 due to non recurrent support
Action :	Part of the agreed plan

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

CONTRACTUAL DATA

Surrey and Sussex Healthcare NHS Trust

Information to inform the discussion meeting

Insert "Yes" / "No" Assessment for the Month

Refresh Data for new Quarter

Criteria	Historic Data			Current Data				Board Action
	Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
1 Are the prior year contracts* closed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
2 Are all current year contracts* agreed and signed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
3 Has the Trust received income support outside of the NHS standard contract e.g. transformational support?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	The contract includes non-recurrent support
4 Are both the NHS Trust and commissioner fulfilling the terms of the contract?	No	No	No	No	No	No	No	
5 Are there any disputes over the terms of the contract?	No	No	No	No	No	No	No	
6 Might the dispute require third party intervention or arbitration?	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
7 Are the parties already in arbitration?	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
8 Have any performance notices been issued?	No	No	No	No	No	No	No	Performance notices are no longer part of the contract in the same way. Contract queries have been received.
9 Have any penalties been applied?	No	No	No	No	No	No	No	

*All contracts which represent more than 25% of the Trust's operating revenue.