

|   |  |     |
|---|--|-----|
| <b>TRUST BOARD IN PUBLIC</b>  | <b>Date: 28<sup>th</sup> March 2013</b>                      |     |
|   | <b>Agenda Item: 5.1</b>                                      |     |
| <b>REPORT TITLE:</b>  | <b>Single Operating Model (SOM) Self-Certification</b>       |     |
| <b>EXECUTIVE SPONSOR:</b>   | Gillian Francis-Musanu<br>Director of Corporate Affairs      |     |
| <b>REPORT AUTHOR:</b>   | Gillian Francis-Musanu<br>Director of Corporate Affairs      |     |
| <b>REPORT DISCUSSED PREVIOUSLY:</b><br>(name of sub-committee/group & date)   | Data submitted has been discussed at performance meetings    |     |
| <b>Purpose of the Report and Action Required:</b>   |  | (√) |
| The SOM is a monthly self-certification submission required for all NHS Trusts by the South of England SHA, currently responsible for overseeing the performance and progress of the Trusts Foundation Trust Application. This responsibility will transfer to the NHS Trust Development Authority as it becomes fully operational.   | <b>Approval</b>  |     |
|   | <b>Discussion</b>  |     |
|   | <b>Information/Assurance</b>                                 | √   |
| <b>Summary: (Key Issues)</b>  |  |     |
| <p>The report details the Trust's self-certification which relates to the Trusts performance for the end of December 2012 &amp; January 2013 and details changes to the current template for the following metrics:</p> <ul style="list-style-type: none"> <li>• Progress against the TFA (Tripartite Formal Agreement) milestones</li> <li>• Governance Declarations signed by the Chairman and Chief Executive</li> <li>• Governance risk ratings calculated using Effectiveness, Patient Experience, Quality &amp; Safety performance indicators</li> <li>• Financial risk ratings</li> <li>• Financial risk triggers</li> <li>• Detailed quality indicators</li> <li>• Board statements relating to clinical quality, finance and governance</li> </ul> |  |     |
| <b>Relationship to Trust Corporate Objectives &amp; Assurance Framework:</b>  |  |     |
| This report is linked to achievement of all Trust corporate objectives and the Assurance Framework.   |  |     |
| <b>Corporate Impact Assessment:</b>   |  |     |
| <b>Legal and regulatory implications</b>  | N/A  |     |
| <b>Financial implications</b>   | As outlined in the financial risk ratings and risk triggers. |     |
| <b>Patient Experience/Engagement</b>  | The quality indicators are linked to patient experience.     |     |
| <b>Risk &amp; Performance Management</b>  | These are highlighted throughout the report.                 |     |
| <b>NHS Constitution/Equality &amp; Diversity/Communication</b>  | N/A  |     |
| <b>Attachments:</b> SOM spread sheets for December 2012 and January 2013  |  |     |

## TRUST BOARD REPORT – 28<sup>th</sup> March 2013

### SINGLE OPERATING MODEL

#### 1. Introduction

The Single Operating Model (SOM) is a monthly self-certification submission required for all NHS Trusts by the South of England SHA, currently responsible for overseeing the performance and progress of the Trusts Foundation Trust Application. This responsibility will transfer to the NHS Trust Development Authority from 1<sup>st</sup> April 2013.

#### 2. Changes to the SOM Template

The Board will note that from January 2013 the SOM template has been updated and the Trust is now required to report on reworded and additional metrics as follows:

##### 2.1 Board Governance Declarations

Key areas for RAG rating have decreased from three to two (removal of contractual position)

The Board is asked to sign one of two reworded declarations:

- Declaration 1 – The Board is now asked to be sufficiently assured to declare conformity with all of the clinical quality, finance and governance elements of the board statements
- Declaration 2 – the board is yet to gain sufficient assurance to declare conformity on the above with a requirement for further explanation of each individual issue

If declaration 2 is signed then the board is required to state the reasons for being unable to sign the declaration and explain what steps are being taken to resolve the issues.

##### 2.2 Board Statements

Changes to the wording on:

- 1 - removal of reference to SHA provider management regime,
- 6 - inclusion of “compliance” with the NHS Constitution (rather than having due regard)
- 11 - inclusion of “commissioned” targets (rather than known targets)
- 13 – inclusion of “any elections to the shadow board of governors are held in accordance with the election rules”

##### 2.3 Financial Risk Triggers

- New metric – 10. – identification of detailed CIP schemes

## 2.4 Governance Risk Ratings

Changes to wording on following metrics:

- Patient Experience -2a – 2c - relating to aggregate data from point of referral for RTT waiting times
- Quality: 3e – includes arrival/admission/transfer for A&E targets
- Safety – 4a & 4b – includes a year to date and de minimus for C-diff & MRSA

## 2.5 Contractual Data

- New metric -3 – has the Trust received income support outside of the NHS standard contract

## 2.6 TFA Progress

- Now 40 possible milestones (awaiting agreed milestones) with new description of Board Action rather than just comments on milestones.

## 3. Conclusion

From 1<sup>st</sup> April 2013 the TDA will take over the SOM process and review meetings.

The Board is asked to note the changes to the SOM self-certification return and the SOM returns submitted in December 2012 and January 2013.

Gillian Francis-Musanu  
Director of Corporate Affairs  
**March 2013**

[END]

|   |
|---|
| <b>SELF-CERTIFICATION RETURNS</b>                       |
|   |
| <b>Organisation Name:</b>                               |
| <b>Surrey and Sussex Healthcare NHS Trust</b>           |
| <b>Monitoring Period:</b>                               |
| <b>December 2012</b>                                    |
| <b>NHS Trust Over-sight self certification template</b> |

**Returns to [Surinder.bajwa@southeastcoast.nhs.uk](mailto:Surinder.bajwa@southeastcoast.nhs.uk)  
by the last working day of each month**

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

|                              |   |                |                      |
|------------------------------|---|----------------|----------------------|
| <b>Name of Organisation:</b> | <b>Surrey and Sussex Healthcare NHS Trust</b> | <b>Period:</b> | <b>December 2012</b> |
|------------------------------|---|----------------|----------------------|

### 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 with CQC essential standards:

| Key Area for rating / comment by Provider                                       | Score / RAG rating* |
|---|---------------------|
| <b>Governance Risk Rating</b> (RAG as per SOM guidance)                         | AG                  |
| <b>Normalised YTD Financial Risk Rating</b> (Assign number as per SOM guidance) | 1                   |


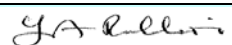
\* Please type in R, AR, AG or G and assign a number for the FRR

### 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.

|  |   |                         |                |
|--|---|-------------------------|----------------|
| <b>Governance declaration 1</b>  |   |                         |                |
| The Board is sufficiently assured in its ability to declare conformity with <b>all</b> of the Clinical Quality, Finance and Governance elements of the Board Statements. |   |                         |                |
| Signed by:   |  | Print Name:             | Michael Wilson |
| on behalf of the Trust Board   | Acting in capacity as:  | Chief Executive Officer |                |
| Signed by:   |  | Print Name:             | Yvette Robbins |
| on behalf of the Trust Board   | Acting in capacity as:  | Deputy Chairman         |                |

|   |                        |              |  |
|---|------------------------|--------------|--|
| <b>Governance declaration 2</b>   |                        |              |  |
| 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.

|                         |  |
|-------------------------|--|
| <b>Target/Standard:</b> | <b>4. The trust will maintain a FRR ≥ 3 over the next 12 months.</b> |
| <b>The Issue :</b>      | <b>Financial Risk Rating</b>   |
| <b>Action :</b>         | <b>Non-recurrent support as previously reported</b>                  |

|                         |  |
|-------------------------|--|
| <b>Target/Standard:</b> |  |
| <b>The Issue :</b>      |  |
| <b>Action :</b>         |  |

|                         |  |
|-------------------------|--|
| <b>Target/Standard:</b> |  |
| <b>The Issue :</b>      |  |
| <b>Action :</b>         |  |

|                         |  |
|-------------------------|--|
| <b>Target/Standard:</b> |  |
| <b>The Issue :</b>      |  |
| <b>Action :</b>         |  |


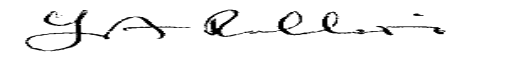
|                         |  |
|-------------------------|--|
| <b>Target/Standard:</b> |  |
| <b>The Issue :</b>      |  |
| <b>Action :</b>         |  |

# Board Statements

## Surrey and Sussex Healthcare NHS Trust

December 2012

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 ( <a href="http://www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a> ).  | 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                            |   | Michael Wilson                   | 31/01/2013 |
| Chair                          |   | Yvette Robbins (Deputy Chairman) | 31/01/2013 |

# QUALITY

Information to inform the discussion meeting

|   |
|---|
| <b>Surrey and Sussex Healthcare NHS Trust</b> |
| <b>Insert Performance in Month</b>            |

Refresh Data for new Month

| Criteria | Unit   | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Board Action  |
|----------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|
| 1        | SHMI - latest data   | Score  |        |        |        |        |        |        |        |        | 94.6   |        |        | Data reported quarterly by the NHS Information Centre   |
| 2        | Venous Thromboembolism (VTE) Screening   | %      |        |        |        |        |        |        |        |        | 91.50% | 90.00% | 90.89  |   |
| 3a       | Elective MRSA Screening  | %      |        |        |        |        |        |        |        |        | 99%    | 95%    | 96%    | Reduction in recording compliance. Action is in place to improve data capture by Feb 2013         |
| 3b       | Non Elective MRSA Screening  | %      |        |        |        |        |        |        |        |        | 98.70% | 98.36% | 92%    | Reduction in recording compliance. Action is in place to improve data capture by Feb 2013         |
| 4        | Single Sex Accommodation Breaches  | Number |        |        |        |        |        |        |        |        | 0      | 0      | 0      |   |
| 5        | Open Serious Incidents Requiring Investigation (SIRI)                                    | Number |        |        |        |        |        |        |        |        | 20     | 20     | 18     | Of these only 6 are "old" SIs due for closure and 12 are "new" opened within the last few months. |
| 6        | "Never Events" occurring in month  | Number |        |        |        |        |        |        |        |        | 0      | 0      | 0      |   |
| 7        | CQC Conditions or Warning Notices  | Number |        |        |        |        |        |        |        |        | 0      | 0      | 0      |   |
| 8        | Open Central Alert System (CAS) Alerts   | Number |        |        |        |        |        |        |        |        | 11     | 12     | 9      |   |
| 9        | RED rated areas on your maternity dashboard?   | Number |        |        |        |        |        |        |        |        | 5      | 5      | 3      |   |
| 10       | Falls resulting in severe injury or death  | Number |        |        |        |        |        |        |        |        | 0      | 1      | 1      |   |
| 11       | Grade 3 or 4 pressure ulcers   | Number |        |        |        |        |        |        |        |        | 1      | 0      | 0      |   |
| 12       | 100% compliance with WHO surgical checklist  | Y/N    |        |        |        |        |        |        |        |        | 99%    | 91%    | 100%   |   |
| 13       | Formal complaints received   | Number |        |        |        |        |        |        |        |        | 28     | 31     | 27     |   |
| 14       | Agency as a % of Employee Benefit Expenditure  | %      |        |        |        |        |        |        |        |        | 6.60%  | 7.05%  | 7.00%  |   |
| 15       | Sickness absence rate  | %      |        |        |        |        |        |        |        |        | 4.50%  | 4.48%  | 4.52%  |   |
| 16       | Consultants which, at their last appraisal, had fully completed their previous years PDP | %      |        |        |        |        |        |        |        |        | 100%   | 100%   | 100%   |   |

# 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 | 4   | 4                | 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   | 3                | 1                    | 1                |                     |
| Liquidity               | Liquid ratio days            | 25%         | 60           | 25 | 15   | 10 | <10 | 3   | 3                | 3                    | 3                |                     |
| <b>Weighted Average</b> |                              | <b>100%</b> |              |    |      |    |     | <b>2.7</b>  | <b>2.9</b>       | <b>1.5</b>           | <b>1.5</b>       |                     |
| Overriding rules        |                              |             |              |    |      |    |     | 3   | 3                | 1                    | 1                |                     |
| <b>Overall rating</b>   |                              |             |              |    |      |    |     | <b>3</b>  | <b>3</b>         | <b>1</b>             | <b>1</b>         |                     |

### 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.



# 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 Mar-12 | Qtr to Jun-12 | Qtr to Sep-12 | Oct-12       | Nov-12 | Dec-12 | Qtr to Dec-12 |   |
| 1  | Unplanned decrease in EBITDA margin in two consecutive quarters  |               |               |               | 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    |               |   |
| 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   |               |               |               | Yes          | Yes    | Yes    |               |   |
| 5  | Creditors > 90 days past due account for more than 5% of total creditor balances   |               |               |               | Yes          | Yes    | Yes    |               |   |
| 6  | Two or more changes in Finance Director in a twelve month period   |               |               |               | No           | No     | No     |               |   |
| 7  | Interim Finance Director in place over more than one quarter end   |               |               |               | No           | No     | No     |               |   |
| 8  | Quarter end cash balance <10 days of operating expenses  |               |               |               | Yes          | Yes    | No     |               |   |
| 9  | Capital expenditure < 75% of plan for the year to date   |               |               |               | No           | No     | No     |               |   |
| 10 | Yet to identify two years of detailed CIP schemes  |               |               |               | Yes          | Yes    | Yes    |               | Initial scoped savings for two years in the IBP |

**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-<br>old | Weight-<br>ing | Historic Data |               |               |            | Current Data |            |               |   | Board Action |
|------------------------------------|--|---|---|----------------|----------------|---------------|---------------|---------------|------------|--------------|------------|---------------|---|--------------|
|                                    |  |   |   |                |                | Qtr to Mar-12 | Qtr to Jun-12 | Qtr to Sep-12 | Oct-12     | Nov-12       | Dec-12     | Qtr to Dec-12 |   |              |
| Effectiveness                      | 1a   | Data completeness: Community services comprising:   | Referral to treatment information   | 50%            | 1.0            |               |               |               | 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        |               |   |              |
| Patients dying at home / care home |  |   | 50%   |                |                |               | N/a           | N/a           | N/a        | N/a          |            |               |   |              |
| 1c                                 | Data completeness: identifiers MHMDS   |   | 97%   | 0.5            |                |               |               | 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        |               |   |              |
| Patient Experience                 | 2a   | From point of referral to treatment in aggregate (RTT) – admitted   | Maximum time of 18 weeks  | 90%            | 1.0            |               |               |               | Yes        | Yes          | Yes        | Yes           |   |              |
|                                    | 2b   | From point of referral to treatment in aggregate (RTT) – non-admitted   | Maximum time of 18 weeks  | 95%            | 1.0            |               |               |               | 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            |               |               |               | 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           |   |              |
| Quality                            | 3a   | All cancers: 31-day wait for second or subsequent treatment, comprising:  | Surgery   | 94%            | 1.0            |               |               |               | 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         | 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           |   |              |
|                                    | 3d   | Cancer: 2 week wait from referral to date first seen, comprising:   | all urgent referrals for symptomatic breast patients (cancer not initially suspected) | 93%            | 0.5            |               |               |               | Yes        | Yes          | Yes        | Yes           |   |              |
|                                    |  |   |   | 93%            |                |               |               |               |            |              |            |               |   |              |
|                                    | 3e   | A&E: From arrival to admission/transfer/discharge   | Maximum waiting time of four hours  | 95%            | 1.0            |               |               |               | Yes        | Yes          | No         | Yes           | Underperformance in Dec due to winter pressures, novovirus and ward closures. This has been discussed with external partners and agreed target of over 90% achieved.                    |              |
|                                    | 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           |   |              |
|                                    |  |   | 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           |   |              |
|                                    | 3h   | Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams                                  |   | 95%            | 1.0            |               |               |               | 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        |               |   |              |
| 3j                                 | Category A call – emergency response within 8 minutes  | Red 1   | 80%   | 0.5            |                |               |               | N/a           | N/a        | N/a          | N/a        |               |   |              |
|                                    |  | Red 2   | 75%   | 0.5            |                |               |               | 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        |               |   |              |
| Safety                             | 4a   | Clostridium Difficile   | Is the Trust below the YTD ceiling  | 42             | 1.0            |               |               |               | 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           |   |              |
|                                    | 4b   | MRSA  | Is the Trust below the YTD ceiling  | 3              | 1.0            |               |               |               | Yes        | Yes          | Yes        | Yes           |   |              |
|                                    |  |   | Is the Trust below the de minimus   | 6              |                |               |               |               | Yes        | Yes          | Yes        | Yes           |   |              |
|                                    | <b>CQC Registration</b>  |   |   |                |                |               |               |               |            |              |            |               |   |              |
|                                    | A  | Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients                                     |   | 0              | 2.0            |               |               |               | No         | No           | No         | No            |   |              |
| B                                  | Non-Compliance with CQC Essential Standards resulting in Enforcement Action  |   | 0   | 4.0            |                |               |               | 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         |               |   |              |
| <b>TOTAL</b>                       |  |   |   |                |                | <b>0.0</b>    | <b>0.0</b>    | <b>0.0</b>    | <b>1.0</b> | <b>1.0</b>   | <b>2.0</b> | <b>1.0</b>    |   |              |
|                                    |  |   |   |                |                | G             | G             | G             | AG         | AG           | AR         | AG            |   |              |

**RAG RATING :**

- 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

**Overriding Rules - Nature and Duration of Override at SHA's Discretion**

|      |                              |   |  |  |  |    |    |    |  |
|------|------------------------------|---|--|--|--|----|----|----|--|
| i)   | Meeting the MRSA Objective   | Greater than six cases in the year to date, and breaches the cumulative year-to-date trajectory for three successive quarters   |  |  |  | No | No | No |  |
| ii)  | Meeting the C-Diff Objective | Greater than 12 cases in the year to date, and either:  |  |  |  | No | No | No |  |
|      |                              | Breaches the cumulative year-to-date trajectory for three successive quarters<br>Reports important or significant outbreaks of C.difficile, as defined by the Health Protection Agency. |  |  |  |    |    |    |  |
| iii) | RTT Waiting Times            | Breaches:   |  |  |  |    |    |    |  |
|      |                              | The admitted patients 18 weeks waiting time measure for a third successive quarter  |  |  |  | No | No | No |  |
|      |                              | The non-admitted patients 18 weeks waiting time measure for a third successive quarter  |  |  |  |    |    |    |  |
|      |                              | The incomplete pathway 18 weeks waiting time measure for a third successive quarter   |  |  |  |    |    |    |  |

**GOVERNANCE RISK RATINGS**

| Surrey and Sussex Healthcare NHS Trust |                                      |  |              |            |            |            |            |            |
|--|--------------------------------------|--|--------------|------------|------------|------------|------------|------------|
| Insert YES, NO or N/A (as appropriate) |                                      |  |              |            |            |            |            |            |
| Historic Data                          |                                      |  | Current Data |            |            |            |            |            |
| iv)                                    | A&E Clinical Quality Indicator       | Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.   |              |            |            | No         | No         | No         |
| v)                                     | Cancer Wait Times                    | Breaches either:<br>the 31-day cancer waiting time target for a third successive quarter<br>the 62-day cancer waiting time target for a third successive quarter   |              |            |            | Yes        | Yes        | Yes        |
| vi)                                    | Ambulance Response Times             | Breaches either:<br>the category A 8-minute response time target for a third successive quarter<br>the category A 19-minute response time target for a third successive quarter<br>either Red 1 or Red 2 targets for a third successive quarter                      |              |            |            | N/a        | N/a        | N/a        |
| vii)                                   | Community Services data completeness | Fails to maintain the threshold for data completeness for:<br>referral to treatment information for a third successive quarter;<br>service referral information for a third successive quarter, or;<br>treatment activity information for a third successive quarter |              |            |            | N/a        | N/a        | N/a        |
| viii)                                  | Any other Indicator weighted 1.0     | Breaches the indicator for three successive quarters.  |              |            |            |            |            |            |
| <b>Adjusted Governance Risk Rating</b> |                                      |  | <b>0.0</b>   | <b>0.0</b> | <b>0.0</b> | <b>4.0</b> | <b>4.0</b> | <b>4.0</b> |
|  |                                      |  | G            | G          | G          | R          | R          | R          |
|  |                                      |  |              |            |            |            |            | AG         |

Refresh GRR for New Quarter

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

|       |                                      |  |
|-------|--------------------------------------|--|
| iv)   | A&E Clinical Quality Indicator       | Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.   |
| v)    | Cancer Wait Times                    | Breaches either:<br>the 31-day cancer waiting time target for a third successive quarter<br>the 62-day cancer waiting time target for a third successive quarter   |
| vi)   | Ambulance Response Times             | Breaches either:<br>the category A 8-minute response time target for a third successive quarter<br>the category A 19-minute response time target for a third successive quarter<br>either Red 1 or Red 2 targets for a third successive quarter                      |
| vii)  | Community Services data completeness | Fails to maintain the threshold for data completeness for:<br>referral to treatment information for a third successive quarter;<br>service referral information for a third successive quarter, or;<br>treatment activity information for a third successive quarter |
| viii) | Any other Indicator weighted 1.0     | Breaches the indicator for three successive quarters.  |

As reported above for Dec 2012.

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.

## 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 Mar-12 | Qtr to Jun-12 | Qtr to Sep-12 | Oct-12       | Nov-12 | Dec-12 | Qtr to Dec-12 |  |
| 1 Are the prior year contracts* closed?   |               |               |               | Yes          | Yes    | Yes    |               |  |
| 2 Are all current year contracts* agreed and signed?  |               |               |               | Yes          | Yes    | Yes    |               |  |
| 3 Has the Trust received income support outside of the NHS standard contract e.g. transformational support? |               |               |               | Yes          | Yes    | Yes    |               | The contract includes non-recurrent support  |
| 4 Are both the NHS Trust and commissioner fulfilling the terms of the contract?                             |               |               |               | Yes          | Yes    | Yes    |               |  |
| 5 Are there any disputes over the terms of the contract?  |               |               |               | No           | No     | No     |               |  |
| 6 Might the dispute require third party intervention or arbitration?  |               |               |               | No           | No     | No     |               |  |
| 7 Are the parties already in arbitration?   |               |               |               | No           | No     | No     |               |  |
| 8 Have any performance notices been issued?   |               |               |               | 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     |               |  |

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

**TFA Progress**

Mar-13

Surrey and Sussex Healthcare NHS Trust

Select the Performance from the drop-down list

| TFA Milestone (All including those delivered) |                           | Milestone Date | Due or Delivered Milestones | Future Milestones | Board Action |
|---|---------------------------|----------------|-----------------------------|-------------------|--------------|
| 1   | No new milestones agreed. |                |                             |                   |              |
| 2   |                           |                |                             |                   |              |
| 3   |                           |                |                             |                   |              |
| 4   |                           |                |                             |                   |              |
| 5   |                           |                |                             |                   |              |
| 6   |                           |                |                             |                   |              |
| 7   |                           |                |                             |                   |              |
| 8   |                           |                |                             |                   |              |
| 9   |                           |                |                             |                   |              |
| 10  |                           |                |                             |                   |              |
| 11  |                           |                |                             |                   |              |
| 12  |                           |                |                             |                   |              |
| 13  |                           |                |                             |                   |              |
| 14  |                           |                |                             |                   |              |
| 15  |                           |                |                             |                   |              |
| 16  |                           |                |                             |                   |              |
| 17  |                           |                |                             |                   |              |
| 18  |                           |                |                             |                   |              |
| 19  |                           |                |                             |                   |              |
| 20  |                           |                |                             |                   |              |
| 21  |                           |                |                             |                   |              |
| 22  |                           |                |                             |                   |              |
| 23  |                           |                |                             |                   |              |
| 24  |                           |                |                             |                   |              |
| 25  |                           |                |                             |                   |              |
| 26  |                           |                |                             |                   |              |
| 27  |                           |                |                             |                   |              |
| 28  |                           |                |                             |                   |              |
| 29  |                           |                |                             |                   |              |
| 30  |                           |                |                             |                   |              |
| 31  |                           |                |                             |                   |              |
| 32  |                           |                |                             |                   |              |
| 33  |                           |                |                             |                   |              |
| 34  |                           |                |                             |                   |              |
| 35  |                           |                |                             |                   |              |
| 36  |                           |                |                             |                   |              |
| 37  |                           |                |                             |                   |              |
| 38  |                           |                |                             |                   |              |
| 39  |                           |                |                             |                   |              |
| 40  |                           |                |                             |                   |              |

|   |
|---|
| <b>SELF-CERTIFICATION RETURNS</b>                       |
|   |
| <b>Organisation Name:</b>                               |
| <b>Surrey and Sussex Healthcare NHS Trust</b>           |
| <b>Monitoring Period:</b>                               |
| <b>January 2013</b>                                     |
| <b>NHS Trust Over-sight self certification template</b> |

**Returns to [Surinder.bajwa@southeastcoast.nhs.uk](mailto:Surinder.bajwa@southeastcoast.nhs.uk)  
by the last working day of each month**

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

|                              |   |                |                     |
|------------------------------|---|----------------|---------------------|
| <b>Name of Organisation:</b> | <b>Surrey and Sussex Healthcare NHS Trust</b> | <b>Period:</b> | <b>January 2013</b> |
|------------------------------|---|----------------|---------------------|

### 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 with CQC essential standards:

| Key Area for rating / comment by Provider                                       | Score / RAG rating* |
|---|---------------------|
| <b>Governance Risk Rating</b> (RAG as per SOM guidance)                         | AG                  |
| <b>Normalised YTD Financial Risk Rating</b> (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 <b>all</b> of the Clinical Quality, Finance and Governance elements of the Board Statements. |  |
| Signed by:   | Print Name: Michael Wilson                     |
| on behalf of the Trust Board   | Acting in capacity as: 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.

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

|                         |   |
|-------------------------|---|
| <b>Target/Standard:</b> |   |
| <b>The Issue :</b>      | <b>Trust is at the YTD celing for MRSA - 3 cases. Additional case was a contaminated sample</b> |
| <b>Action :</b>         | <b>Infection control prevention plans continue to be in place.</b>                              |

|                         |  |
|-------------------------|--|
| <b>Target/Standard:</b> |  |
| <b>The Issue :</b>      |  |
| <b>Action :</b>         |  |

|                         |  |
|-------------------------|--|
| <b>Target/Standard:</b> |  |
| <b>The Issue :</b>      |  |
| <b>Action :</b>         |  |


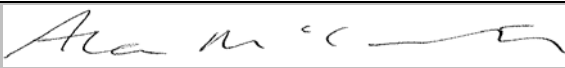
|                         |  |
|-------------------------|--|
| <b>Target/Standard:</b> |  |
| <b>The Issue :</b>      |  |
| <b>Action :</b>         |  |

# Board Statements

## Surrey and Sussex Healthcare NHS Trust

January 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 ( <a href="http://www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a> ).  | 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                            |   | Michael Wilson | 28/02/2013 |
| Chair                          |   | Alan McCarthy  | 28/02/2013 |



# QUALITY

Information to inform the discussion meeting

## Surrey and Sussex Healthcare NHS Trust

Refresh Data for new Month

Insert Performance in Month

| Criteria |  | Unit   | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-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%    |  |
| 3a       | Elective MRSA Screening  | %      | 104%   | 104%   | 100%   | 100%   | 100%   | 98%    | 94%    | 94%    | 99%    | 95%    | 96%    | 94%    | Reduction in recording compliance. Action is in place to improve data capture by Feb 2013  |
| 3b       | Non Elective MRSA Screening  | %      | 100%   | 100%   | 80%    | 80%    | 80%    | 93.50% | 99.50% | 99.00% | 98.70% | 98.36% | 92.00% | 92%    | Reduction in recording compliance. Action is in place to improve data capture by Feb 2013  |
| 4        | Single Sex Accommodation Breaches  | Number | 6      | 25     | 21     | 17     | 8      | 0      | 0      | 0      | 0      | 0      | 0      | 7      | Due to temporary staff unaware of policy in discharge lounge not taking appropriate measures. Action is in place to avoid reoccurrence             |
| 5        | Open Serious Incidents Requiring Investigation (SIRI)                                    | Number | 12     | 16     | 16     | 17     | 20     | 18     | 20     | 24     | 20     | 20     | 18     | 17     | Of these 5 are "old" cases and 12 are "new" having been opened in the last couple of months.   |
| 6        | "Never Events" occurring in month  | Number | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |  |
| 7        | CQC Conditions or Warning Notices  | Number | 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      | 9      |  |
| 9        | RED rated areas on your maternity dashboard?   | Number |        |        |        | 4      | 5      | 5      | 6      | 10     | 5      | 5      | 3      | 3      |  |
| 10       | Falls resulting in severe injury or death  | Number | 1      | 1      | 2      | 1      | 1      | 0      | 1      | 0      | 0      | 1      | 1      | 4      | 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      | 0      |  |
| 12       | 100% compliance with WHO surgical checklist  | Y/N    |        |        | 99.50% |        |        | 99.50% |        | 100%   | 99%    | 91%    | 100%   | 97%    |  |
| 13       | Formal complaints received   | Number | 50     | 48     | 49     | 57     | 46     | 35     | 24     | 27     | 28     | 31     | 27     | 38     | Increase due to winter capacity challenges.  |
| 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%  | 7.00%  | 7.10%  |  |
| 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%  |  |
| 16       | Consultants which, at their last appraisal, had fully completed their previous years PDP | %      |        |        |        |        |        |        | 80%    | 80%    | 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. |

# 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 | 4   | 4                | 1                    | 1                | Non recur normalise |
| Financial efficiency    | Net return after financing % | 20%         | >3           | 2  | -0.5 | -5 | <-5 | 3   | 3                | 2                    | 1                |                     |
|                         | I&E surplus margin %         | 20%         | 3            | 2  | 1    | -2 | <-2 | 2   | 3                | 1                    | 1                |                     |
| Liquidity               | Liquid ratio days            | 25%         | 60           | 25 | 15   | 10 | <10 | 3   | 3                | 3                    | 3                |                     |
| <b>Weighted Average</b> |                              | <b>100%</b> |              |    |      |    |     | <b>2.7</b>  | <b>2.9</b>       | <b>1.7</b>           | <b>1.5</b>       |                     |
| Overriding rules        |                              |             |              |    |      |    |     | 3   | 3                | 1                    | 1                |                     |
| <b>Overall rating</b>   |                              |             |              |    |      |    |     | <b>3</b>  | <b>3</b>         | <b>1</b>             | <b>1</b>         |                     |

### 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 | 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.

# 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           |        |        |               | 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          |        |        |               |  |
| 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          |        |        |               |  |
| 5  | Creditors > 90 days past due account for more than 5% of total creditor balances   | Yes           | Yes           | Yes           | Yes          |        |        |               |  |
| 6  | Two or more changes in Finance Director in a twelve month period   | No            | No            | No            | No           |        |        |               |  |
| 7  | Interim Finance Director in place over more than one quarter end   | No            | No            | No            | No           |        |        |               |  |
| 8  | Quarter end cash balance <10 days of operating expenses  | Yes           | No            | No            | No           |        |        |               |  |
| 9  | Capital expenditure < 75% of plan for the year to date   | No            | No            | No            | Yes          |        |        |               | 74.5% of plan, mainly due to slippage on theatre project |
| 10 | Yet to identify two years of detailed CIP schemes  | Yes           | Yes           | Yes           | Yes          |        |        |               | Initial scoped savings for two years in the IBP          |

**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-<br>old | Weight-<br>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%            | 1.0            | N/a           | N/a           | N/a           | N/a          | N/a        | N/a        | N/a          | N/a   |   |
| Patients dying at home / care home |  |   | 50%   |                |                |               |               |               |              |            |            |              |   |   |
| 1c                                 | Data completeness: identifiers MHMDS   |   | 97%   | 0.5            | N/a            | 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        | 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          |            |            |              |   |   |
|                                    | 2b   | From point of referral to treatment in aggregate (RTT) – non-admitted   | Maximum time of 18 weeks  | 95%            | 1.0            | No            | No            | 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          |            |            |              |   |   |
|                                    | 2d   | Certification against compliance with requirements regarding access to healthcare for people with a learning disability |   | N/A            | 0.5            | 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          |            |            |              |   |   |
|                                    |  |   | 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           |            |            |              |   | 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          |            |            |              |   |   |
|                                    | 3d   | Cancer: 2 week wait from referral to date first seen, comprising:   | all urgent referrals for symptomatic breast patients (cancer not initially suspected) | 93%            | 0.5            | Yes           | No            | Yes           | Yes          |            |            |              |   |   |
|                                    |  |   |   | 93%            |                |               |               |               |              |            |            |              |   |   |
|                                    | 3e   | A&E: From arrival to admission/transfer/discharge   | Maximum waiting time of four hours  | 95%            | 1.0            | No            | No            | Yes           | Yes          |            |            |              |   | Underperformance in Dec due to winter pressures, novovirus and ward closures. This has been discussed with external partners and agreed target of over 90% achieved.                    |
|                                    | 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          | 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          | 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        | 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        | 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        | N/a          |   |   |
|                                    |  | Red 2   | 75%   | 0.5            |                |               |               |               |              |            |            |              |   |   |
| 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        | N/a          |   |   |
| Safety                             | 4a   | Clostridium Difficile   | Is the Trust below the YTD ceiling  | 42             | 1.0            | 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          |            |            |              |   |   |
|                                    | 4b   | MRSA  | Is the Trust below the YTD ceiling  | 3              | 1.0            | Yes           | Yes           | Yes           | No           |            |            |              |   |   |
|                                    |  |   | Is the Trust below the de minimus   | 6              |                | Yes           | Yes           | Yes           | Yes          |            |            |              |   |   |
|                                    | <b>CQC Registration</b>  |   |   |                |                |               |               |               |              |            |            |              |   |   |
|                                    | A  | Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients                                     |   | 0              | 2.0            | No            | No            | No            | No           |            |            |              |   |   |
| B                                  | Non-Compliance with CQC Essential Standards resulting in Enforcement Action  |   | 0   | 4.0            | 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            |              |            |            |              |   |   |
| <b>TOTAL</b>                       |  |   |   |                |                | <b>5.0</b>    | <b>3.5</b>    | <b>1.0</b>    | <b>#####</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b>   |   |   |
|                                    |  |   |   |                |                | R             | AR            | AG            | #####        | G          | G          | G            |   |   |

**RAG RATING :**

- 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

| Overriding Rules - Nature and Duration of Override at SHA's Discretion |  |
|--|--|
| i) Meeting the MRSA Objective  | Greater than six cases in the year to date, and breaches the cumulative year-to-date trajectory for three successive quarters  |
| ii) Meeting the C-Diff Objective                                       | Greater than 12 cases in the year to date, and either:<br>Breaches the cumulative year-to-date trajectory for three successive quarters<br>Reports important or significant outbreaks of C.difficile, as defined by the Health Protection Agency.                                |
| iii) RTT Waiting Times   | Breaches:<br>The admitted patients 18 weeks waiting time measure for a third successive quarter<br>The non-admitted patients 18 weeks waiting time measure for a third successive quarter<br>The incomplete pathway 18 weeks waiting time measure for a third successive quarter |

| Qtr to Jun 12 | Qtr to Sep-12 | Qtr to Dec-12 | Jan-13 | Feb-13 | Mar-13 | Qtr to Mar-13 |
|---------------|---------------|---------------|--------|--------|--------|---------------|
| No            | No            | No            | No     |        |        |               |
| Yes           | No            | No            | No     |        |        |               |
| Yes           | Yes           | No            | No     |        |        |               |

**GOVERNANCE RISK RATINGS**

| Surrey and Sussex Healthcare NHS Trust    |  |            |              |            |             |            |            |            |
|---|--|------------|--------------|------------|-------------|------------|------------|------------|
| Insert YES, NO or N/A (as appropriate)    |  |            |              |            |             |            |            |            |
| Historic Data                             |  |            | Current Data |            |             |            |            |            |
| iv) A&E Clinical Quality Indicator        | Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.   | Yes        | Yes          | No         | No          |            |            |            |
| v) Cancer Wait Times                      | Breaches either:<br>the 31-day cancer waiting time target for a third successive quarter<br>the 62-day cancer waiting time target for a third successive quarter   | No         | No           | Yes        | Yes         |            |            |            |
| vi) Ambulance Response Times              | Breaches either:<br>the category A 8-minute response time target for a third successive quarter<br>the category A 19-minute response time target for a third successive quarter<br>either Red 1 or Red 2 targets for a third successive quarter                      | N/a        | N/a          | N/a        | N/a         | N/a        | N/a        |            |
| vii) Community Services data completeness | Fails to maintain the threshold for data completeness for:<br>referral to treatment information for a third successive quarter;<br>service referral information for a third successive quarter, or;<br>treatment activity information for a third successive quarter | N/a        | N/a          | N/a        | N/a         | N/a        | N/a        |            |
| viii) Any other Indicator weighted 1.0    | Breaches the indicator for three successive quarters.  |            |              |            |             |            |            |            |
| <b>Adjusted Governance Risk Rating</b>    |  | <b>5.0</b> | <b>4.0</b>   | <b>4.0</b> | <b>####</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |
|   |  | R          | R            | R          | #####       | G          | G          | G          |

Refresh GRR for New Quarter

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

|   |  |
|---|--|
| iv) A&E Clinical Quality Indicator        | Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.   |
| v) Cancer Wait Times                      | Breaches either:<br>the 31-day cancer waiting time target for a third successive quarter<br>the 62-day cancer waiting time target for a third successive quarter   |
| vi) Ambulance Response Times              | Breaches either:<br>the category A 8-minute response time target for a third successive quarter<br>the category A 19-minute response time target for a third successive quarter<br>either Red 1 or Red 2 targets for a third successive quarter                      |
| vii) Community Services data completeness | Fails to maintain the threshold for data completeness for:<br>referral to treatment information for a third successive quarter;<br>service referral information for a third successive quarter, or;<br>treatment activity information for a third successive quarter |
| viii) Any other Indicator weighted 1.0    | Breaches the indicator for three successive quarters.  |

|   |
|---|
| As reported above for Dec 2012.   |
| 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. |
|   |
|   |

## 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          |        |        |               |  |
| 2 Are all current year contracts* agreed and signed?  | 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          |        |        |               | The contract includes non-recurrent support  |
| 4 Are both the NHS Trust and commissioner fulfilling the terms of the contract?                             | No            | No            | No            | No           |        |        |               |  |
| 5 Are there any disputes over the terms of the contract?  | No            | No            | No            | No           |        |        |               |  |
| 6 Might the dispute require third party intervention or arbitration?  | N/a           | N/a           | N/a           | N/a          |        |        |               |  |
| 7 Are the parties already in arbitration?   | N/a           | N/a           | N/a           | N/a          |        |        |               |  |
| 8 Have any performance notices been issued?   | 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           |        |        |               |  |

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

**TFA Progress**

Mar-13

Surrey and Sussex Healthcare NHS Trust

Select the Performance from the drop-down list

| TFA Milestone (All including those delivered) |                           | Milestone Date | Due or Delivered Milestones | Future Milestones | Board Action |
|---|---------------------------|----------------|-----------------------------|-------------------|--------------|
| 1   | No new milestones agreed. |                |                             |                   |              |
| 2   |                           |                |                             |                   |              |
| 3   |                           |                |                             |                   |              |
| 4   |                           |                |                             |                   |              |
| 5   |                           |                |                             |                   |              |
| 6   |                           |                |                             |                   |              |
| 7   |                           |                |                             |                   |              |
| 8   |                           |                |                             |                   |              |
| 9   |                           |                |                             |                   |              |
| 10  |                           |                |                             |                   |              |
| 11  |                           |                |                             |                   |              |
| 12  |                           |                |                             |                   |              |
| 13  |                           |                |                             |                   |              |
| 14  |                           |                |                             |                   |              |
| 15  |                           |                |                             |                   |              |
| 16  |                           |                |                             |                   |              |
| 17  |                           |                |                             |                   |              |
| 18  |                           |                |                             |                   |              |
| 19  |                           |                |                             |                   |              |
| 20  |                           |                |                             |                   |              |
| 21  |                           |                |                             |                   |              |
| 22  |                           |                |                             |                   |              |
| 23  |                           |                |                             |                   |              |
| 24  |                           |                |                             |                   |              |
| 25  |                           |                |                             |                   |              |
| 26  |                           |                |                             |                   |              |
| 27  |                           |                |                             |                   |              |
| 28  |                           |                |                             |                   |              |
| 29  |                           |                |                             |                   |              |
| 30  |                           |                |                             |                   |              |
| 31  |                           |                |                             |                   |              |
| 32  |                           |                |                             |                   |              |
| 33  |                           |                |                             |                   |              |
| 34  |                           |                |                             |                   |              |
| 35  |                           |                |                             |                   |              |
| 36  |                           |                |                             |                   |              |
| 37  |                           |                |                             |                   |              |
| 38  |                           |                |                             |                   |              |
| 39  |                           |                |                             |                   |              |
| 40  |                           |                |                             |                   |              |