

TRUST BOARD IN PUBLIC	Date: 29th November 2012	
	Agenda Item: 5.3	
REPORT TITLE:	Single Operating Model (SOM) Self-Certification	
EXECUTIVE SPONSOR:	Gillian Francis-Musanu Director of Corporate Affairs	
REPORT AUTHOR:	Gillian Francis-Musanu Director of Corporate Affairs	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Data submitted has been discussed at performance meetings	
Purpose of the Report and Action Required:		(√)
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.	Approval	
	Discussion	
	Information/Assurance	√
Summary: (Key Issues)		
<p>The report details the Trust's self-certification which relates to the Trusts performance for the end of August & September 2012 and details the following:</p> <ul style="list-style-type: none"> • Progress against the TFA (Tripartite Formal Agreement) milestones • Governance Declarations signed by the Chairman and Chief Executive • Governance risk ratings calculated using Effectiveness, Patient Experience, Quality & Safety performance indicators • Financial risk ratings • Financial risk triggers • Detailed quality indicators • Board statements relating to clinical quality, finance and governance 		
Relationship to Trust Corporate Objectives & Assurance Framework:		
This report is linked to achievement of all Trust corporate objectives and the Assurance Framework.		
Corporate Impact Assessment:		
Legal and regulatory implications	N/A	
Financial implications	As outlined in the financial risk ratings and risk triggers.	
Patient Experience/Engagement	The quality indicators are linked to patient experience.	
Risk & Performance Management	These are highlighted throughout the report.	
NHS Constitution/Equality & Diversity/Communication	N/A	
Attachments:		
SOM spread sheets for August and September 2012.		

SELF-CERTIFICATION RETURNS
Organisation Name:
Surrey and Sussex Healthcare NHS Trust
Monitoring Period:
August 2012
NHS Trust oversight self certification template

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

TFA Progress

Aug-12

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	Comments where milestones are not delivered or where a risk to delivery has been identified
1	Service Performance - maintain 18 weeks 90% and 95% and ED performance				This milestone is ongoing and reported monthly through the Integrated Performance and Quality Report
2	Service Performance - Trust performing against national provider framework (includes quality indicators)	Sep-12			This milestone is ongoing and reported monthly through the Integrated Performance and Quality Report
3	Financial Performance and Planning - contract gap resolution	Jun-12	Fully achieved in time		This has been resolved. The South of England SHA have been notified and have agreed with the resolution.
4	Finance plan in line with FIMS (control total) incl FRR				Reported monthly and achieved
5	Update report on assumptions	Sep-12			LTFM submitted to SHA on 26/09/12 which include assumptions. Meetings to be held with SHA to discuss.
6	1st draft LTFM	Oct-12			On target to send first draft of LTFM by 18/10/12
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16	Evidence commissioner sign up to IBP and LTFM	Oct-12			Due to be achieved by 18/10/2012

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

Name of Organisation:	Surrey and Sussex Healthcare NHS Trust	Period:	August 2012
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Organisational risk rating

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

Key Area for rating / comment by Provider	Score / RAG rating*
Governance Risk Rating (RAG as per SOM guidance)	G
Financial Risk Rating (Assign number as per SOM guidance)	2
Contractual Position (RAG as per SOM guidance)	G

* Please type in R, A or G

Governance Declarations

NHS Trusts must ensure that plans in place are sufficient to ensure compliance in relation to all national targets and including ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections, CQC Essential standards and declare any contractual issues.

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 satisfied that plans in place are sufficient to ensure continuing compliance with all existing targets (after the application of thresholds), and with all known targets going forward. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections (including the Hygiene Code) and CQC Essential standards. The board also confirms that there are no material contractual disputes.	
Signed by:	Print Name: Michael Wilson
on behalf of the Trust Board	Acting in capacity as: Chief Executive
Signed by:	Print Name: Alan McCarthy
on behalf of the Trust Board	Acting in capacity as: Chairman

Governance declaration 2	
For one or some of the following declarations Governance, Finance, Service Provision, Quality and Safety, CQC essential standards or the Code of Practice for the Prevention and Control of Healthcare Associated Infections the Board cannot make Declaration 1 and has provided relevant details below.	
The board is suggesting that at the current time there is insufficient assurance available to ensure continuing compliance with all existing targets (after the application of thresholds) and/or that it may have material contractual disputes.	
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:

Please identify which targets have led to the Board being unable to sign declaration 1. For each area such as Governance, Finance, Contractual, CQC Essential Standards, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

Target/Standard:	
The Issue :	
Action :	
Target/Standard:	
The Issue :	
Action :	

GOVERNANCE RISK RATINGS

Surrey and Sussex Healthcare NHS Trust

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)
See separate rule for A&E

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

Area	Ref	Indicator	Sub Sections	Thresh-old	Weight-ing	Historic Data		Current Data				Comments where target not achieved		
						Qtr to Dec 11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12		Qtr to Sep-12	
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	Yes	
			Referral information	50%										
			Treatment activity information	50%										
	1b	Data completeness: Patients dying at home / care home												Yes
1c	Data completeness: identifiers MHMDS		99%	0.5									Yes	
1c	Data completeness: outcomes for patients on CPA		50%	0.5									Yes	
Patient Experience	2a	RTT waiting times – admitted	Maximum time of 18 weeks	90%	1.0		No	Yes	Yes	Yes			Yes	
	2b	RTT waiting times – non-admitted	Maximum time of 18 weeks	95%	1.0		No	No	Yes	Yes			Yes	
	2c	RTT waiting times – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0		No	No	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	N/a		Yes	
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising either:	Surgery	94%	1.0		Yes	Yes	Yes	Yes			Yes	
			Anti cancer drug treatments	98%										
			Radiotherapy	94%										
	3b	All cancers: 62-day wait for first treatment, comprising either:	From urgent GP RTT	85%	1.0		No	Yes	No	No			No	Q1 data now validated giving a green rating. For Q2 delivered GP element but failed to achieve screening element.
	From consultant screening service referral	90%												
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5		Yes	Yes	Yes	Yes			Yes	July data validated since last submission which now shows green.
	3d	Cancer: 2 week wait from referral to date first seen, comprising either:	all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	0.5		Yes	No	Yes	Yes			Yes	
			93%											
	3e	A&E: Total time in A&E	Maximum waiting time of four hours	95%	1.0		No	No	Yes	Yes			Yes	On trajectory for full Q2 compliance.
	3f	Care Programme Approach (CPA) patients, comprising either:	Receiving F/U contact within 7 days of discharge	95%	1.0		N/a	N/a	N/a	N/a	N/a		Yes	
			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		Yes	
	3h	Admissions to inpatients services had access to crisis resolution home treatment teams		90%	1.0		N/a	N/a	N/a	N/a	N/a		Yes	
3i	Meeting commitment to serve new psychosis cases by early intervention teams	95th percentile	Contract with PCT	0.5		N/a	N/a	N/a	N/a	N/a		Yes		
3j	Category A call –emergency response within 8 minutes	Red 1	80%	1.0		N/a	N/a	N/a	N/a	N/a		Yes		
		Red 2	75%											
3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0		N/a	N/a	N/a	N/a	N/a		Yes		
Safety	4a	Clostridium Difficile	Are you below the ceiling for you monthly trajectory	Contract with PCT	1.0	No	No	Yes	Yes	Yes		Yes		
	4b	MRSA	Are you below the ceiling for you monthly trajectory	Contract with PCT	1.0	No	No	No	Yes	Yes		Yes		
	CQC Registration													
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No	No			No	
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	No	No	No			No	
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0		No	No	No	No			No		
TOTAL						2.0	7.0	4.5	1.0	1.0	0.0	1.0		

RAG RATING :

- GREEN** = Score of 1 or under
- AMBER/GREEN** = Score between 1 and 1.9
- AMBER / RED** = Score between 2 and 3.9
- RED** = Score of 4 or above

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 either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective		Yes	Yes	No						
ii)	Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective Reports important or significant outbreaks of C. difficile, as defined by the Health Protection Agency.		Yes	No	No						
iii)	RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for third successive quarter		Yes	Yes	No						
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						
v)	Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter		No	No	No						
vi)	Ambulance Response Times	Breaches either: the category A 8-minute response time target for a third successive quarter the category A 19-minute response time target 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: referral to treatment information for a third successive quarter; service referral information for a third successive quarter, or; treatment activity information for a third successive quarter		N/a	N/a	N/a						
viii)	Any Indicator weighted 1.0	Breaches the indicator for three successive quarters.		Yes	Yes	No						
Number of Overrides Triggered						0.0	5.0	4.0	0.0	0.0	0.0	0.0

FINANCIAL RISK RATING

Surrey and Sussex Healthcare NHS Trust

Insert the Score (1-5) Achieved for each Criteria Per Month

Criteria	Indicator	Weight	Risk Ratings					Reported Position		Normalised Position*		Comments where target not achieved
			5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
			5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	4.5	4.5	1	1	Non recurrent support deducted leaves Trust with normalised deficit.
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	100	100	100	100	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3.5	3.5	3.5	3.5	
	I&E surplus margin %	20%	3	2	1	-2	<-2	1.4	1.4	1.4	1.4	
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	1	1	1	1	Liquid ratio is actually minus 19 days
Weighted Average		100%						12.4	12.4	11.5	11.5	
Overriding rules								2	2	1	1	
Overall rating								2	2	1	1	

Overriding Rules :

Max Rating	Rule				
3	Plan not submitted on time	No			
3	Plan not submitted complete and correct	No			
2	PDC dividend not paid in full	No			
2	One Financial Criterion at "1"		2	2	
3	One Financial Criterion at "2"		3	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

	Criteria	Historic Data			Current Data				Comments where risks are triggered
		Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	No	No		No	
2	Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	Yes	Yes	Yes	Yes	Yes		Yes	See comments on FRR page
3	Working capital facility (WCF) agreement includes default clause								
4	Debtors > 90 days past due account for more than 5% of total debtor balances	No	No	No	No	No		No	
5	Creditors > 90 days past due account for more than 5% of total creditor balances	Yes	Yes	Yes	Yes	Yes		Yes	Trust cash flow is restricted by liquidity and BPPC targets not being met
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No	No		No	
7	Interim Finance Director in place over more than one quarter end	No	No	No	No	No		No	
8	Quarter end cash balance <10 days of operating expenses	No	Yes	No	No	No		No	
9	Capital expenditure < 75% of plan for the year to date	No	No	No	No	No		No	

CONTRACTUAL DATA

Surrey and Sussex Healthcare NHS Trust

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

Criteria	Historic Data			Current Data				Comments where reds are triggered
	Qtr to Dec-11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12	Qtr to Sep-12	
Are the prior year contracts* closed?	Yes	Yes	Yes	Yes	Yes		Yes	
Are all current year contracts* agreed and signed?	Yes	Yes	Yes	Yes	Yes		Yes	
Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes	Yes		Yes	
Are there any disputes over the terms of the contract?	No	No	No	No	No		No	
Might the dispute require SHA intervention or arbitration?	N/a	N/a	N/a	N/a	N/a		No	
Are the parties already in arbitration?	N/a	N/a	N/a	N/a	N/a		No	
Have any performance notices been issued?	No	No	No	No	No		No	Performance notices are no longer part of the Contract in the same way - contract queries have been received
Have any penalties been applied?	No	No	No	No	No		No	

QUALITY

Surrey and Sussex Healthcare NHS Trust

Insert Performance in Month



Criteria	Unit	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Comments on Performance in Month	
1	SHMI - latest data	Ratio			96.2			94.6			93.3			94.2		
2	Venous Thromboembolism (VTE) Screening	%	68.70%	75.20%	83.20%	86.10%	90.40%	92.30%	90.80%	91.20%	90.60%	90.30%	92.10%	92.50%	91.20%	
3a	Elective MRSA Screening	%	100%	100%	101%	101%	101%	104%	104%	104%	100%	100%	100%			
3b	Non Elective MRSA Screening	%	100%	100%	100%	100%	100%	100%	100%	80%	80%	80%				Calculating our screening compliance rate is effected by recent changes to computer systems. To be resolved Oct/Nov. Local audits would suggest compliance to be in the high 90's
4	Single Sex Accommodation Breaches	Number	3	11	36	25	23	17	6	25	21	17	8	0	0	
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	11	12	12	13	13	11	12	16	16	17	20	18	20	Open at end of month
6	"Never Events" in month	Number	0	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	0	
8	Open Central Alert System (CAS) Alerts	Number	12	21	24	26	28	20	26	22	18	14	13	10	10	Open at end of month. Including Medical Device Alerts, DH Estates and Facilities Alerts, National Patient Safety Alerts, Nice NPSA Alerts, NHA Estates
9	RED rated areas on your maternity dashboard?	Number										4	5	5	6	August data relates to 6 sections: SVD, normal deliveries, operative vaginal delivery, C-section, neo-natal morbidity, 2 SUIs
10	Falls resulting in severe injury or death	Number	1	1	1	1	1	1	1	1	2	1	1	0	1	
11	Grade 3 or 4 pressure ulcers	Number	0	0	1	0	1	3	3	0	0	0	0	1	1	
12	100% compliance with WHO surgical checklist	Y/N		80%		83.80%					99.5%			99.5%		System to be put in place to monitor monthly
13	Formal complaints received	Number	47	42	39	43	28	49	50	48	49	57	46	35	24	
14	Agency as a % of Employee Benefit Expenditure	%	6.10%	6.10%	6.10%	6.00%	6.30%	6.00%	6.80%	8.10%	5.70%	5.70%	6.50%	5.80%	5.04%	
15	Sickness absence rate	%						3.80%	4.60%	4.30%	4.14%	4.27%	3.50%	3.75%	3.86%	
16	Consultants which, at their last appraisal, had fully completed their previous years PDP	%													80%	Process is only just being put in place to gather data. Approximately 80% of PDPs are completed (August 2012)

Board Statements

Surrey and Sussex Healthcare NHS Trust

August 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 SHA's Provider Management 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	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 remains at all times compliant with 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 it occurring 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 operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes	
10	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes	
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR; and a commitment to comply with all known targets going forwards.	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.	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 operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes	
Signed on behalf of the Trust:		Print name	Date
CEO		Michael Wilson	28/09/2012
Chair		Alan McCarthy	28/09/2012

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

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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 satisfied that plans in place are sufficient to ensure continuing compliance with all existing targets (after the application of thresholds), and with all known targets going forward. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections (including the Hygiene Code) and CQC Essential standards. The board also confirms that there are no material contractual disputes.	
Signed by:	Print Name: Michael Wilson
on behalf of the Trust Board	Acting in capacity as: Chief Executive
Signed by:	Print Name: Alan McCarthy
on behalf of the Trust Board	Acting in capacity as: Chairman

Governance declaration 2	
For one or some of the following declarations Governance, Finance, Service Provision, Quality and Safety, CQC essential standards or the Code of Practice for the Prevention and Control of Healthcare Associated Infections the Board cannot make Declaration 1 and has provided relevant details below.	
The board is suggesting that at the current time there is insufficient assurance available to ensure continuing compliance with all existing targets (after the application of thresholds) and/or that it may have material contractual disputes.	
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:

Please identify which targets have led to the Board being unable to sign declaration 1. For each area such as Governance, Finance, Contractual, CQC Essential Standards, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

Target/Standard:	
The Issue :	
Action :	
Target/Standard:	
The Issue :	
Action :	

GOVERNANCE RISK RATINGS

Surrey and Sussex Healthcare NHS Trust

Insert YES (target met in month), NO (not met in month) or N/A (as appropriate)
See separate rule for A&E

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

Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data		Current Data				Comments where target not achieved	
						Qtr to Dec 11	Qtr to Mar-12	Qtr to Jun-12	Jul 12	Aug-12	Sep-12		Qtr to Sep-12
Effectiveness	1a	Data completeness: Community services comprising:	Referral to treatment information	50%	1.0		N/a	N/a	N/a	N/a	N/a	Yes	
			Referral information	50%									
			Treatment activity information	50%									
	1b	Data completeness: Patients dying at home / care home				N/a	N/a	N/a	N/a	N/a	N/a	Yes	
1c	Data completeness: identifiers MHMDS		99%	0.5		N/a	N/a	N/a	N/a	N/a	Yes		
1c	Data completeness: outcomes for patients on CPA		50%	0.5		N/a	N/a	N/a	N/a	N/a	Yes		
Patient Experience	2a	RTT waiting times – admitted	Maximum time of 18 weeks	90%	1.0		No	Yes	Yes	Yes	Yes	Yes	
	2b	RTT waiting times – non-admitted	Maximum time of 18 weeks	95%	1.0		No	No	Yes	Yes	Yes	Yes	
	2c	RTT waiting times – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0		No	No	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	N/a	Yes	
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising either:	Surgery	94%	1.0		Yes	Yes	Yes	Yes	Yes	Yes	
			Anti cancer drug treatments	98%									
			Radiotherapy	94%									
	3b	All cancers: 62-day wait for first treatment, comprising either:	From urgent GP RTT	85%	1.0		No	Yes	No	No	Yes	No	Q1 data now validated giving a green rating. For Q2 delivered GP element but failed to achieve screening element.
	From consultant screening service referral	90%											
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5		Yes	Yes	Yes	Yes	Yes	Yes	July data validated since last submission which now shows green.
	3d	Cancer: 2 week wait from referral to date first seen, comprising either:	all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	0.5		Yes	No	Yes	Yes	No	No	Due to a fire at Crawley the clinic could not be rescheduled within the two week timeframe
			93%										
	3e	A&E: Total time in A&E	Maximum waiting time of four hours	95%	1.0		No	No	Yes	Yes	Yes	Yes	On trajectory for full Q2 compliance.
	3f	Care Programme Approach (CPA) patients, comprising either:	Receiving F/U contact within 7 days of discharge	95%	1.0		N/a	N/a	N/a	N/a	N/a	Yes	
			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	Yes	
	3h	Admissions to inpatients services had access to crisis resolution home treatment teams		90%	1.0		N/a	N/a	N/a	N/a	N/a	Yes	
3i	Meeting commitment to serve new psychosis cases by early intervention teams	95th percentile	Contract with PCT	0.5		N/a	N/a	N/a	N/a	N/a	Yes		
3j	Category A call –emergency response within 8 minutes	Red 1	80%	1.0		N/a	N/a	N/a	N/a	N/a	Yes		
		Red 2	75%										
3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0		N/a	N/a	N/a	N/a	N/a	Yes		
Safety	4a	Clostridium Difficile	Are you below the ceiling for you monthly trajectory	Contract with PCT	1.0		No	No	Yes	Yes	Yes	Yes	
	4b	MRSA	Are you below the ceiling for you monthly trajectory	Contract with PCT	1.0		No	No	No	Yes	Yes	Yes	
	CQC Registration												
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0		No	No	No	No	No	No	
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0		No	No	No	No	No	No	
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0		No	No	No	No	No	No		
TOTAL						2.0	7.0	4.5	1.0	1.0	0.5	1.5	

RAG RATING :

GREEN	= Score of 1 or under
AMBER/GREEN	= Score between 1 and 1.9
AMBER / RED	= Score between 2 and 3.9
RED	= Score of 4 or above

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 either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective	Yes	Yes	No	No	No	No	
ii)	Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Breaches its full year objective Reports important or significant outbreaks of C. difficile, as defined by the Health Protection Agency.	Yes	No	No	No	No	No	
iii)	RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for third successive quarter	Yes	Yes	No	No	No	No	
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	No	No	
v)	Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter	No	No	No	Yes	Yes		
vi)	Ambulance Response Times	Breaches either: the category A 8-minute response time target for a third successive quarter the category A 19-minute response time target 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: referral to treatment information for a third successive quarter; service referral information for a third successive quarter, or; treatment activity information for a third successive quarter	N/a	N/a	N/a				
viii)	Any Indicator weighted 1.0	Breaches the indicator for three successive quarters.	Yes	Yes	No				
Number of Overrides Triggered			0.0	5.0	4.0	0.0	1.0	1.0	0.0

FINANCIAL RISK RATING

Surrey and Sussex Healthcare NHS Trust

Insert the Score (1-5) Achieved for each Criteria Per Month

Criteria	Indicator	Weight	Risk Ratings					Reported Position		Normalised Position*		Comments where target not achieved
			5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2	3	1	1	Non recurrent support deducted leaves Trust with normalised deficit.
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	3	4	1	1	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	3	1	1	
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	2	1	1	
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3	2	2	Liquid ratio is actually minus 19 days
Weighted Average		100%						2.6	2.9	1.3	1.3	
Overriding rules								3		1	1	
Overall rating								3	3	1	1	

Overriding Rules :

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

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

QUALITY

Surrey and Sussex Healthcare NHS Trust

Insert Performance in Month



Criteria	Unit	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Comments on Performance in Month	
1	SHMI - latest data	Ratio			96.2			94.6			93.3			94.2			
2	Venous Thromboembolism (VTE) Screening	%	68.70%	75.20%	83.20%	86.10%	90.40%	92.30%	90.80%	91.20%	90.60%	90.30%	92.10%	92.50%	91.20%	90.50%	
3a	Elective MRSA Screening	%	100%	100%	101%	101%	101%	104%	104%	104%	100%	100%	100%	98%	94%	94%	Duplicate screens have been excluded making metrics clinically relevant
3b	Non Elective MRSA Screening	%	100%	100%	100%	100%	100%	100%	100%	80%	80%	80%	93.50%	99.50%	99.00%		
4	Single Sex Accommodation Breaches	Number	3	11	36	25	23	17	6	25	21	17	8	0	0	0	
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	11	12	12	13	13	11	12	16	16	17	20	18	20	24	Open at end of month. A process is now in place to close outstanding Sis.
6	"Never Events" in month	Number	0	0	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	0	0	
8	Open Central Alert System (CAS) Alerts	Number	12	21	24	26	28	20	26	22	18	14	13	10	10	8	Open at end of month. Including Medical Device Alerts, DH Estates and Facilities Alerts, National Patient Safety Alerts, Nice NPSA Alerts, NHA Estates
9	RED rated areas on your maternity dashboard?	Number										4	5	5	6	10	Sept data relates mainly to increase in C-section. Action has been taken including audit and joint investigation with CCGs.
10	Falls resulting in severe injury or death	Number	1	1	1	1	1	1	1	1	2	1	1	0	1	0	
11	Grade 3 or 4 pressure ulcers	Number	0	0	1	0	1	3	3	0	0	0	0	1	1	0	
12	100% compliance with WHO surgical checklist	Y/N		80%		83.80%					99.5%			99.5%		100%	System now in place to monitor monthly
13	Formal complaints received	Number	47	42	39	43	28	49	50	48	49	57	46	35	24	27	
14	Agency as a % of Employee Benefit Expenditure	%	6.10%	6.10%	6.10%	6.00%	6.30%	6.00%	6.80%	8.10%	5.70%	5.70%	6.50%	5.80%	5.04%	4.96%	
15	Sickness absence rate	%						3.80%	4.60%	4.30%	4.14%	4.27%	3.50%	3.75%	3.86%	3.53%	
16	Consultants which, at their last appraisal, had fully completed their previous years PDP	%													80%	80%	Process now in place to gather data.

Board Statements

Surrey and Sussex Healthcare NHS Trust

September 12

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 SHA's Provider Management 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	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 remains at all times compliant with 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 it occurring 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 operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes	
10	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes	
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the relevant GRR; and a commitment to comply with all known targets going forwards.	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.	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 operating plan; and the management structure in place is adequate to deliver the annual operating plan.	Yes	
Signed on behalf of the Trust:		Print name	Date
CEO		Michael Wilson	30/10/2012
Chair		Alan McCarthy	30/10/2012