

SELF-CERTIFICATION RETURNS
Organisation Name:
The Shrewsbury and Telford Hospital NHS Trust
Monitoring Period:
Mar 2012
NHS Midlands & East Provider Management Regime 2011/12

**Returns to
provider.development@westmidlands.nhs.uk by
the last working day of each month**

NHS Trust Governance Declarations : 2011/12 In-Year Reporting

Name of Organisation:	The Shrewsbury and Telford Hospital NHS Trust	Period:	Mar 2012
------------------------------	--	----------------	-----------------

Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance as per the 2011/12 Provider Management Regime, 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 NHS Midlands and East PMR guidance)	R
Financial Risk Rating (Assign number as per NHS Midlands and East PMR guidance)	A
Contractual Position (RAG as per NHS Midlands and East PMR guidance)	G

* Please type in R, A or G

Governance Declarations

NHS Midlands and East organisations, subject to the Provider Management Regime, 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:	John Davies	Print Name:	
on behalf of the Trust Board	Acting in capacity as:	Chairman	
Signed by:	Adam Cairns	Print Name:	
on behalf of the Trust Board	Acting in capacity as:	Chief Executive	

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 :	

ACUTE GOVERNANCE RISK RATINGS 2011/12

The Shrewsbury and Telford Hospital NHS Trust

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

Ref	Area	Indicator	Sub Sections	Thresh- old	Weight- ing	April 2011	May 2011	Jun 2011	July 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Comments where target not achieved in month?	
1	Safety	Clostridium Difficile	Are you below the ceiling for your monthly trajectory	Contract with PCT	1.0									Yes	YES	Yes	Yes		
2	Safety	MRSA	Are you below the ceiling for your monthly trajectory	Contract with PCT	1.0									Yes	YES	No	Yes		
3	Quality	All cancers: 31-day wait for second or subsequent treatment, comprising either:	Surgery	94%	1.0									NO	NO	No	No	31 day second or subsequent treatment - surgery failed (91.67% against a target of 94%) Ytd remains green. 31 day second or subsequent treatment - chemotherapy failed (97.89% against a target of 98%) Ytd remains green	
			Anti cancer drug treatments	98%															
			Radiotherapy	94%															
4	Quality	All cancers: 62-day wait for first treatment, comprising either:	From urgent GP RTT	85%	1.0									YES	YES	No	Yes		
From consultant screening service referral	90%																		
5a	Patient Experience	RTT waiting times – admitted	95th percentile	23 wks	1.0									NO	NO	No	No	SaTH 95th Percentile for admitted patients was 27.44 weeks in March	
5b	Patient Experience	RTT waiting times – non-admitted	95th percentile	18.3 wks	1.0									NO	NO	No	Yes	SaTH 95th Percentile for non admitted patients was 17.90 weeks in March	
6	Quality	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5									YES	YES	Yes	Yes		
7	Quality	Cancer: 2 week wait from referral to date first seen, comprising either:	all cancers	93%	0.5									YES	YES	Yes	Yes		
			for symptomatic breast patients (cancer not initially suspected)	93%															
8a	Quality	A&E: Total time in A&E	Total time in A&E (95%)	≤ 4 hrs	1.0									YES	No	No	No	91.77% in February and 94.30% YTD based on submitted Sitreps data	
8b	Quality	A&E: NB Please record the areas not being met in the comments sheet	Total time in A&E (95th percentile)	≤4 hrs	No weighting														SaTH 95th percentile for Initial Assessment time was 35 minutes in March (Based on unvalidated Mede Data)
			Time to initial assessment (95th percentile)	≤15 mins															
			Time to treatment decision (median)	≤60 mins															
			Unplanned re-attendance rate	≤5%															
		Left without being seen	≤5%																
17	Patient experience	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5									NO	NO	No	No	No Update Provided	
CQC Registration																			
A	Safety	CQC Registration	Are there any compliance conditions on registration outstanding	0	1.0									NO	NO	No	No	Confirmed by Chief Compliance Officer	
B	Safety	CQC Registration	Are there any restrictive compliance conditions on registration outstanding	0	2.0									NO	NO	No	No	Confirmed by Chief Compliance Officer	
C	Safety	Moderate CQC concerns regarding the safety of healthcare provision		0	1.0									YES	YES	Yes	Yes	Confirmed by Chief Compliance Officer At RSH, the CQC had a minor concern in relation to assessments, care plans and risk assessments (Outcome 4). They reported that these were not individualised or comprehensive which could impact on people's needs not being met safely and effectively. At PRH the CQC had moderate concerns with Outcome 4 (care and welfare of people who use services) and minor concerns with Outcome 1 (respecting and involving people who use services); Outcome 5 (meeting nutritional needs); Outcome 7 (safeguarding people who use services); Outcome 13 (staffing)	
D	Safety	Major CQC concerns regarding the safety of healthcare provision		0	2.0									NO	NO	No	No	Confirmed by Chief Compliance Officer	
E	Safety	Formal CQC Regulatory Action resulting in Compliance Action		0	2.0									NO	NO	No	No	Confirmed by Chief Compliance Officer	
F	Safety	Formal CQC Regulatory Action resulting in Enforcement Action		0	4.0									NO	NO	No	No	Confirmed by Chief Compliance Officer	
G	Safety	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	Confirmed by Chief Compliance Officer	
TOTAL						0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.5	5.5	7.5	4.5		

FINANCIAL RISK RATING 2011/12

The Shrewsbury and Telford Hospital NHS Trust

			Risk Ratings					Insert the Score (1-5) Achieved for each Criteria Per Month												Comments on Performance in Month	
Criteria	Indicator	Weight	5	4	3	2	1	Annual Plan 2011/12	Apr 2011	May 2011	June 2011	Jul 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012		Mar 2012
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	3	1	1	2	2	2	2	2	2	3	3	3	2	
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	5	1	1	3	3	4	4	5	4	5	5	5	5	
Financial efficiency	Return on assets %	20%	6	5	3	-2	<-2	3	2	2	2	2	2	2	2	2	3	3	3	3	
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	1	1	1	2	2	2	2	2	2	2	2	2	
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	2	1	2	2	2	2	2	2	2	3	2	2	2	
Average	Weighted Average	100%						2.8	1.2	1.5	1.9	2.1	2.2	2.2	2.3	2.2	3.0	2.8	2.8	2.5	
Overriding rules	Overriding rules																				
Overall rating	Final Overall rating							2.8	1.2	1.5	1.9	2.1	2.2	2.2	2.3	2.2	3.0	2.8	2.8	2.5	

Overriding Rules :

Max Rating	Rule
3	Plan not submitted on time
3	Plan not submitted complete and correct
2	PDC dividend not paid in full
2	One Financial Criterion at "1"
3	One Financial Criterion at "2"
1	Two Financial Criteria at "1"
2	Two Financial Criteria at "2"

FINANCIAL RISK TRIGGERS 2011/12

The Shrewsbury and Telford Hospital NHS Trust

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

Criteria	Apr 2011	May 2011	June 2011	Jul 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Comments on Performance in Month
1 Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	No	No	No	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	No	No	No	No	No	No	No	No	No	No	No	No	
3 FRR 2 for any one quarter	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
4 Working capital facility (WCF) agreement includes default clause	No	No	No	No	No	No	No	No	No	No	No	No	No WCF required to be in place at this point
5 Debtors > 90 days past due account for more than 5% of total debtor balances	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
6 Creditors > 90 days past due account for more than 5% of total creditor balances	Yes	No	No	No	No	No	No	No	No	No	No	No	
7 Two or more changes in Finance Director in a twelve month period	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	
8 Interim Finance Director in place over more than one quarter end	No	No	No	No	No	No	No	No	No	No	No	No	
9 Quarter end cash balance <10 days of operating expenses	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
10 Capital expenditure < 75% of plan for the year to date	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	
TOTAL	5	5	5	5	5	5	5	5	4	4	4	3	

NB Scoring: An answer of "YES" = 1.0

RAG RATING :

GREEN = Score between 0 and 1

AMBER = Score between 2 and 4

RED = Score over 5

QUALITY

The Shrewsbury and Telford Hospital NHS Trust

Insert Performance in Month

Criteria	Unit	Apr 2011	May 2011	June 2011	Jul 2011	Aug 2011	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Comments on Performance in Month
1 SHMI - latest data	Ratio									93.4	89.5	86.7	90.0	March number relates to January performance as this is the most recent data available (i.e. 2 months in arrears)
2 Venous Thromboembolism (VTE) Screening	%									91.4	91.5	91.58%	91.89%	March data unvalidated at time of submitting report
3a Elective MRSA Screening	%									TBC	TBC	87.8	91.24	Data taken from the MRSA Screening Compliance report
3b Non Elective MRSA Screening	%									95.85	94.83	95.63	96.29	Data taken from the MRSA Screening Compliance report
4 Single Sex Accommodation Breaches	Number									0	0	0	0	
5 Open Serious Incidents Requiring Investigation (SIRI)	Number									57	70	92	101	Information provided by the Patient Safety Team Manager - Relates to all SIs, 34 new SIs reported in March, 67 awaiting closure by the PCT or SHA
6 "Never Events" in month	Number									2	0	2	2	Wrong intraocular lens implanted
7 CQC Conditions or Warning Notices	Number									No	No	No	No	Confirmed by Chief Compliance Officer
8 Open Central Alert System (CAS) Alerts	Number									12	10	14	16	16 open CAS issues on the SaTH system, 4 past completion deadline. Number accessed from the CAS report on the Corporate projects drive.
9 RED rated areas on your maternity dashboard?	Number									Yes	Yes	Yes	Yes	Red flags on the March locally agreed maternity dashboard for - Number of bookings with a gestation of less than 12 weeks 6 days (Patients aged <20) and Access to same midwife throughout pregnancy
10 Falls resulting in severe injury or death	Number									2	11	1	1	1 RIDDOR reportable fall was logged in March
11 Grade 3 or 4 pressure ulcers	Number									1	4	3	2	2 Grade 3 Trust acquired Pressure Ulcers were reported during March 2012
12 100% compliance with WHO surgical checklist	Y/N									NO	NO	95.80%	99.60%	Confirmed by Clinical Governance Manager, based upon March ongoing audit programme (256 of 257 patients audited met requirements)
13 Formal complaints received	Number									40	84	54	62	
14 Agency and bank spend as a % of turnover	%									5.71%	6.70%	6.70%	6.20%	
15 Sickness absence rate	%									4.90%	4.50%	4.50%	4.35%	March number relates to November performance as this is the most recent data available (i.e. 4 months in arrears)

Board Statements

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), its NHS 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.	✓

If the Trust Board is unable to make the above statement, the Board must:

2	Be satisfied that, to the best of its knowledge and using its own processes (supported by CQC information and including any further metrics it chooses to adopt), its 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.	
3	Be satisfied that, to the best of its knowledge and using its own processes, plans in place are sufficient to ensure ongoing compliance with the CQC's registration requirements	
4	Certify it is satisfied that processes and procedures are in place to ensure that all medical practitioners providing care on behalf of the NHS foundation trust have met the relevant registration and revalidation requirements.	
5	Be satisfied that the Trust is embedding patient experience into the service design, improvement and delivery cycle.	

For SERVICE PERFORMANCE, that:		Response
6	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds), and compliance with all targets due to come into effect during 2011/12.	✓

For RISK MANAGEMENT PROCESSES, that:		Response
7	Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action plans in place to address the issues in a timely manner	✓

8	All recommendations to the board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned	✓
---	---	---

9	The necessary planning, performance management and risk management processes are in place to deliver the annual plan	✓
---	--	---

10	A Statement of Internal Control ("SIC") is in place, and the trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to the most up to date guidance from HM Treasury (see http://www.hm-treasury.gov.uk)	✓
----	---	---

11	The trust has achieved a minimum of Level 2 performance against the key requirements of the Department of Health's Information Governance Toolkit	✓
----	---	---

For COMPLIANCE WITH THE NHS CONSTITUTION, that:		Response
12	The Board is assured that the trust will, at all times, have regard to the NHS constitution	✓

For BOARD, ROLES, STRUCTURES AND CAPACITY, that:		Response
13	The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the Board	✓

14	The Board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability	✓
----	--	---

15	The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills	✓
----	---	---

16	The management team have the capability and experience necessary to deliver the annual plan	✓
----	---	---

17	The management structure in place is adequate to deliver the annual plan objectives for the next three years.	✓
----	---	---

	Signed on behalf of the Trust:	Print name	Date
CEO	Adam Cairns	Adam Cairns	30/03/2012
Chair	John Davies	John Davies	30/03/2012