

SELF-CERTIFICATION RETURNS
Organisation Name:
Oxford University Hospitals NHS Trust
Monitoring Period:
December 2012
NHS Trust Over-sight self certification template

Returns by the last working day of each month to:

Emma-Jane.Robinson@southcentral.nhs.uk

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

Name of Organisation:	Oxford University Hospitals NHS Trust	Period:	December 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)	AG
Normalised YTD Financial Risk Rating (Assign number as per SOM guidance)	3

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

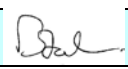

Governance Declarations

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

Governance declaration 1	
The Board is sufficiently assured in its ability to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.	
Signed by: _____	Print Name: _____
on behalf of the Trust Board	Acting in capacity as: _____
Signed by: _____	Print Name: _____
on behalf of the Trust Board	Acting in capacity as: _____

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: Prof Edward Baker
on behalf of the Trust Board	Acting in capacity as: Medical Director / Deputy Chief Executive
Signed by : _____ 	Print Name: Dame Fiona Caldicott
on behalf of the Trust Board	Acting in capacity as: Chairman

If Declaration 2 has been signed:

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



Target/Standard:	12. Achieved a minimum of Level 2 of the IG Toolkit.
The Issue :	Trust remains at level 1 as it has not achieved 95% of staff trained in Information Governance.
Action :	Drive on statutory and mandatory training will help to improve the IG training numbers.
Target/Standard:	
The Issue :	
Action :	
Target/Standard:	
The Issue :	
Action :	
Target/Standard:	
The Issue :	
Action :	

Board Statements

Oxford University Hospitals 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.	Yes
5	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	Yes
For GOVERNANCE, that:		Response
6	The board will ensure that the trust at all times has regard to the NHS Constitution.	Yes
7	All current key risks have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues – in a timely manner	Yes
8	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	Yes
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes
10	An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).	Yes
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the Governance Risk Rating; and a commitment to comply with all commissioned targets going forward.	Yes
12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	No
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:		Date
CEO		31/01/2013
Chair		31/01/2013

Note re 12 For 2012/13 the Trust remains at level 1 since it is only able to achieve level 1 in IGT/112 (Training) as we have not achieved 95% of staff trained in Information Governance (IG). We anticipate that the Trust's drive on statutory and mandatory training will help to improve the IG training numbers. IGT/324 (Pseudonymisation) is now at level 3 as this is no longer reliant on achieving level 2 on IGT/112 (Training).

QUALITY

Oxford University Hospitals NHS Trust

Information to inform discussion meeting

Insert Performance in 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	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	The latest rolling 12 month average released in January for July 2011 to June 2012 has improved to 0.96.
2	Venous Thromboembolism (VTE) Screening	%	83.51	85.91	88.78	90.69	91.37	91.58	91.7	91.98	92.08	93.19	93.28	92.33	
3a	Elective MRSA Screening	%	66.15	63.28	63.06	63.87	67.55	64.9	64.19	64.5	61.7	63.33	64.34	64.11	
3b	Non Elective MRSA Screening	%	54.2	57.33	54.45	54.52	54.49	55.62	53.26	53.62	52.7	53.53	67.82	65.85	
4	Single Sex Accommodation Breaches	Number	26	0	0	0	0	0	0	0	0	8	0	0	Two patients requiring treatment in the Horton EAU in Oct were cared for in bays with patients of the opposite sex.
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	5	5	1	6	5	2	6	1	2	3	5	1	
6	"Never Events" occurring in month	Number	1	0	1	0	0	0	1	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	7	10	10	14	12	17	16	23	27	28	6	3	Figures are total alerts open at month end for Medical Devices Agency, National Patient Safety Agency and Estates & Facilities Alerts.
9	RED rated areas on your maternity dashboard?	Number	-	-	-	1	1	1	0	0	1	1	1	1	Red flags in Nov and Dec are for induction of labour (above <25% target). Figure was 26.5% in Dec.
10	Falls resulting in severe injury or death	Number	5	4	2	0	3	3	0	1	0	1	0	1	
11	Grade 3 or 4 pressure ulcers	Number	8	2	4	5	0	1	3	2	3	5	3	2	Figures are for hospital-acquired pressure ulcers.
12	100% compliance with WHO surgical checklist	Y/N	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	
13	Formal complaints received	Number	101	102	97	73	92	68	74	60	66	66	64	58	
14	Agency as a % of Employee Benefit Expenditure	%	2.97	3.3	3.89	3.1	3.86	3.35	3.58	3.61	4.27	3.24	4.39	4.13	Agency spend in April - December 2012 was 3.73% of Employee Benefit Expenditure.
15	Sickness absence rate	%	3.69	3.62	3.13	3.1	3.08	2.86	3.08	2.92	2.83	3.25	3.32	3.24	Year-to-date figure at Month 9 is 3.08%.
16	Consultants which, at their last appraisal, had fully completed their previous years PDP	%			84.9	84.9	84.9	84.9	84.9	84.9	84.9	84.9	84.9	84.9	Appraisal period runs from October to March. Percentage shows appraisals completed in year for the substantive and honorary consultant body with whom OUH has a prescribed connection for revalidation purposes.

FINANCIAL RISK RATING

Oxford University Hospitals NHS Trust

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

Criteria	Indicator	Weight	Risk Ratings					Reported Position		Normalised Position*		Board Action
			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	3	3	3	3	
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	5	5	5	5	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	3	3	3	
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	2	2	2	Planned surplus for the year is less than 1%, therefore this scores a 2.
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	2	3	2	IBP assumes a DH loan to deliver an FRR of 3 at year end but this is not currently included in the forecast.
Weighted Average		100%						3.0	2.8	3.0	2.8	
Overriding rules									3		3	
Overall rating								3	3	3	3	

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 PBC	No			
2	One Financial Criterion at "1"				
3	One Financial Criterion at "2"			3	3
1	Two Financial Criteria at "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

Oxford University Hospitals NHS Trust

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

	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	No	No	No	No	
2	Quarterly self-certification by trust that the normalised financial risk rating (FRR) may be less than 3 in the next 12 months	Yes	No	No	No	No	No	No	
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	Yes	Yes	Yes	Yes	Accounts receivable (including private patients) outstanding over 90 days are 15% of total in December (a reduction from 18% in November).
5	Creditors > 90 days past due account for more than 5% of total creditor balances	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Accounts payable outstanding over 90 days are 25% of total in December (an increase from 15% in November).
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No	No	No	No	
7	Interim Finance Director in place over more than one quarter end	No	No	No	No	No	No	No	
8	Quarter end cash balance <10 days of operating expenses	No	No	No	No	No	No	No	
9	Capital expenditure < 75% of plan for the year to date	No	No	No	No	No	No	No	
10	Yet to identify two years of detailed CIP schemes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Detailed CIP plans have been identified for 2013/14. Plans for 2014/15 will be completed by 28 February 2013.

GOVERNANCE RISK RATINGS

Oxford University Hospitals NHS Trust

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

						Insert YES, NO or N/A (as appropriate)								
Area	Ref	Indicator	Sub Sections	Threshold	Weighting	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	N/a	N/a	N/a		
			Referral information	50%										
			Treatment activity information	50%										
	1b	Data completeness, community services: (may be introduced later)	Patient identifier information	50%		N/a	N/a	N/a	N/a	N/a	N/a	N/a		
			Patients dying at home / care home	50%		N/a	N/a	N/a	N/a	N/a	N/a			
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	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Returns based on historical data from Oct 2011 sourced from OXPAS for former ORH sites from Oct 2011 due to data quality issues within Cerner Millennium.	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	No	No	No	No	No	Yes	No		
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising:	Surgey	94%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	December position is based on internally validated data uncorrected for shared breaches.	
			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	Yes	Yes	No	Yes	Yes	Yes	Yes	December position is based on internally validated data uncorrected for shared breaches.	
		From NHS Cancer Screening Service referral	90%											
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	December position is based on internally validated data uncorrected for shared breaches.	
	3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals	93%	0.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	December position is based on internally validated data uncorrected for shared breaches.	
			for symptomatic breast patients (cancer not initially suspected)	93%										
	3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0		No	Yes	Yes	Yes	No	Yes	Performance under target for Dec at 94.58% but delivered for the quarter at 95.86%.	
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge	95%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
			Having formal review within 12 months	95%										
	3g	Minimising mental health delayed transfers of care		≤7.5%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
	3h	Admissions to inpatients services had access to Crisis Resolution/Home Treatment Teams		95%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a			
3j	Category A call – emergency response within 8 minutes	Red 1	80%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a			
		Red 2	75%	0.5	N/a	N/a	N/a	N/a	N/a	N/a	N/a			
3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a			
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	12	1.0	No	No	No	No	No	No	No	65 cases of C Diff YTD against a ceiling of 67 with 8 cases in December.	
			Is the Trust below the YTD ceiling	88		Yes	No	Yes	Yes	Yes	Yes	Yes		
	4b	MRSA	Is the Trust below the de minimus	6	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	One case of MRSA in December and 3 for YTD against a trajectory of 4.	
			Is the Trust below the YTD ceiling	7		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
		CQC Registration												
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No	No	No	No		
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	No	No	No	No	No	No		
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No	No	No	No			
TOTAL						0.5	2.5	1.5	0.5	0.5	1.0	0.5		

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	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 Reports important or significant outbreaks of C.difficile, as defined by the Health Protection Agency.	No	No	No	No	No	No	No					
iii) RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter	No	No	No	No	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												
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	Yes	No	No	No	No	No	For Qtr to Jun-12: 2 failures during a 12 month period (Qtr to Dec-10, Qtr to Mar-11) and a failure in following 9 months (Qtr to Jun-12)				
v) Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter	No	No	No	No	No	No	No					
	the 62-day cancer waiting time target for a third successive quarter												
vi) Ambulance Response Times	Breaches: the category A 8-minute response time target for a third successive quarter	N/a	N/a	N/a	N/a	N/a	N/a	N/a					
	the category A 19-minute response time target for a third successive quarter												
	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: referral to treatment information for a third successive quarter;	N/a	N/a	N/a	N/a	N/a	N/a	N/a					
	service referral information for a third successive quarter, or: treatment activity information for a third successive quarter												
viii) Any other Indicator weighted 1.0	Breaches the indicator for three successive quarters.	No	No	No	No	No	No	No					
Adjusted Governance Risk Rating						0.5	4.0	1.5	0.5	0.5	1.0	0.5	

CONTRACTUAL DATA

Oxford University Hospitals NHS Trust

Information to inform discussion meeting

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

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	Yes	Yes	Yes	Yes	
2	Are all current year contracts* agreed and signed?	No	Yes	Yes	Yes	Yes	Yes	Yes	
3	Has the Trust received income support outside of the NHS standard contract e.g. transformational support?	No	No	No	No	No	No	No	
4	Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
5	Are there any disputes over the terms of the contract?	No	No	No	No	No	No	No	
6	Might the dispute require third party intervention or arbitration?	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
7	Are the parties already in arbitration?	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
8	Have any performance notices been issued?	No	No	No	No	No	No	No	
9	Have any penalties been applied?	No	No	No	No	No	Yes	Yes	Penalties applied in December relate predominantly to underperformance against the admitted patients RTT standard for a small number of specialties.

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

TFA Progress

Feb-13

Oxford University Hospitals NHS Trust

Select the Performance from the drop-down list

TFA Milestone (All including those delivered)		Milestone Date	Performance	Board Action
1	Integration of NOC and creation of OUH	Nov-11	Fully achieved in time	
2	Submission of Draft 1 IBP, LTFM, update on Board development and Quality Action Plan	Dec-11	Fully achieved in time	
3	Submit sHDD material to SHA	Jan-12	Fully achieved in time	
4	Quality Peer Review by SHA	Apr-12	Fully achieved in time	
5	Submission of Draft 2 IBP, LTFM, draft consultation documents and update on sHDD actions	May-12	Fully achieved in time	
6	SHA to approve consultation	Jun-12	Fully achieved in time	
7	Public consultation	Jun-12	Fully achieved in time	
8	2012/13 Performance & Financial Review	Jul-12	Fully achieved in time	
9	Independent HDD Phase 1	Jul-12	Fully achieved in time	
10	2012/13 Performance & Finance Review	Oct-12	Fully achieved in time	
11	Submission of Draft 3 IBP, LTFM, outcome of consultation, legal confirmation of constitution, letter of support from commissioners	Nov-12	Fully achieved in time	
12	Board-to-Board with SHA approves application	Nov-12	Not fully achieved	Board-to-Board took place on 20 December at SHA request.
13	Independent HDD Phase 2	Dec-12	Fully achieved in time	Completed in October 2012.
14	SHA forwards application to DH	Jan-13	Not fully achieved	SHA agreed in September 2012 to submission to DH 1 February. Superseded by TDA involvement, with submission of information to TDA 1 March.
15				
16				