

SELF-CERTIFICATION RETURNS
Organisation Name:
Oxford University Hospitals NHS Trust
Monitoring Period:
September 2013
NHS Trust Over-sight self certification template

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

Name of Organisation:	Oxford University Hospitals NHS Trust	Period:	September 2013
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Organisational risk rating

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

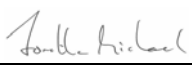

* Please type in R, AR, AG or G and assign a number for the FRR

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 <u>all</u> of the Clinical Quality, Finance and Governance elements of the Board Statements.	
Signed by: 	Print Name: Sir Jonathan Michael FRCP
on behalf of the Trust Board	Acting in capacity as: Chief Executive
Signed by: 	Print Name: Dame Fiona Caldicott
on behalf of the Trust Board	Acting in capacity as: Chairman

Governance declaration 2	
At the current time, the board is yet to gain sufficient assurance to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.	
Signed by :	Print Name:
on behalf of the Trust Board	Acting in capacity as:
Signed by :	Print Name:
on behalf of the Trust Board	Acting in capacity as:

If Declaration 2 has been signed:

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

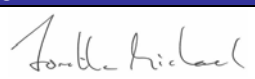

Target/Standard:	
The Issue :	
Action :	
Target/Standard:	
The Issue :	
Action :	
Target/Standard:	
The Issue :	
Action :	
Target/Standard:	
The Issue :	
Action :	

Board Statements

Oxford University Hospitals NHS Trust

Sep-13

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.	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:		Date
CEO		Sir Jonathan Michael FRCP 29/10/2013
Chair		Dame Fiona Caldicott 31/10/2013

QUALITY

Information to inform discussion meeting

Oxford University Hospitals NHS Trust

Insert Performance in Month

Criteria	Unit	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Board Action
1	SHMI - latest data	Score	96.5	96.5	96.5	96.1	96.1	96.1	96.1	96.1	95.6	95.6	95.6	The latest rolling 12 month average released in July for January-December 2012 improved to 95.61.
2	Venous Thromboembolism (VTE) Screening	%	93.19	93.28	92.33	93.32	93.41	93.11	94.24	95.6	97.06	95.44	95.29	95.16
3a	Elective MRSA Screening	%	63.33	64.34	64.11	63.2	62.87	65.39	83.3	82.64	85.4	83.51	83.16	81.92
3b	Non Elective MRSA Screening	%	53.53	67.82	65.85	66.29	66.67	63.17	64.5	64.3	57.87	60.18	57.75	49.94
4	Single Sex Accommodation Breaches	Number	8	0	0	5	0	0	0	0	0	0	0	0
5	Open Serious Incidents Requiring Investigation (SIRI)	Number	3	5	1	4	4	3	3	9	1	5	4	7
6	"Never Events" occurring in month	Number	0	0	0	1	0	0	0	0	0	1	0	1
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	28	6	3	4	8	13	8	2	7	8	6	5
9	RED rated areas on your maternity dashboard?	Number	1	1	1	0	1	1	0	0	0	1	1	0
10	Falls resulting in severe injury or death	Number	1	0	1	0	0	0	4	3	4	3	5	2
11	Grade 3 or 4 pressure ulcers	Number	5	3	2	1	3	6	5	2	1	4	3	5
12	100% compliance with WHO surgical checklist	Y/N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
13	Formal complaints received	Number	66	64	58	88	68	85	78	66	80	74	71	84
14	Agency as a % of Employee Benefit Expenditure	%	3.24	4.39	4.13	3.27	3.76	5.83	3.41	4.41	3.95	5.62	5.8	3.67
15	Sickness absence rate	%	3.25	3.32	3.24	3.56	3.51	2.97	3.3	3.2	3.1	3.1	2.8	3.22
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	93.2	93.2	93.2	93.2	93.2	93.2

Appraisal period runs from October to March. Percentage shows appraisals completed in year for medical staff with whom OUH has a prescribed connection for revalidation purposes. A small proportion of these will be non-consultant medical staff.