

SELF-CERTIFICATION RETURNS
Organisation Name:
West Hertfordshire Hospitals Trust
Monitoring Period:
October 2012
NHS Trust Over-sight self certification template

TFA Progress

Oct-12

West Hertfordshire Hospitals Trust

Select the Performance from the drop-down list

	TFA Milestone (All including those delivered)	Milestone Date	Performance	Comments where milestones are not delivered or where a risk to delivery has been identified
1				
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NHS Trust Governance Declarations : 2012/13 In-Year Reporting

Name of Organisation:	West Hertfordshire Hospitals Trust	Period:	October 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)	Amber/Red
Financial Risk Rating (Assign number as per SOM guidance)	G
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:
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	
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	Thomas Hanahoe
Acting in capacity as:	Chairman
Signed by :	Print Name :
on behalf of the Trust Board	Natalie Forrest
Acting in capacity as:	Interim Chief Executive

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:	Code of Practice for the Prevention and Control of Healthcare Associated Infections (including the Hygiene Code)
The Issue:	The Trust's services are acknowledged to be safe, but due to the requirements of building technical notes for the physical environment, the Trust cannot achieve full compliance
Action:	<p>Purchase and installation of new endoscopy decontamination units at Watford and Hemel. The Hemel Endoscopy scheme is now complete and operational.</p> <p>A P21+ partner has been appointed to develop and deliver the Watford scheme ready for completion before end of 2012/13 and contracts have been signed. Construction works are now on site. A compliant service is expected to go live in early 2013.</p> <p>The Trust signed contracts with the NW London collaboration and their provider of TSSU services on 14th May 2012. Precise timelines for a transition to the compliant unit are being finalised, but it is anticipated this will happen in early 2013.</p>
Target/Standard:	From point of referral to treatment in aggregate (RTT) - admitted
The Issue:	The target for 18 weeks RTT for admitted patients is 90% across all specialties. During October the Trust's performance slipped to 88.6%
Action:	The Trust has a remedial action plan submitted to NHS Hertfordshire which has implemented a combination of evening and weekend clinics and theatre lists combined with outsourcing to the local private sector in order to pull under-achieving specialties back on track. An external review of systems and processes has also been completed with additional actions being implemented to reduce delays in the referral pathway.
Target/Standard:	A&E: From arrival to admission/transfer/discharge
The Issue:	The standard requires that 95% of attendances are admitted, transferred or discharged within four hours of arrival. During September the Trust slipped below this standard to 94.2%.
Action:	<p>Daily analysis of all breaches from the previous day and drawing of lessons which are shared within the Trust. Appointment of senior discharge nurse to address the significant numbers of delayed discharges where the cause is a lack of available non-acute beds. The discharge nurse works with partners across the health economy to reduce delays for these patient groups.</p> <p>Work taking place across the Trust investigating all delays in the ward areas and improving efficiencies in all these areas.</p> <p>Additional capacity to come on stream in early January 2013</p>
Target/Standard:	Clostridium Difficile: Are you below the ceiling for your monthly trajectory?
The Issue:	In October there were a further eight cases bringing the total CDiff count for the year to 30, against an annual ceiling of 33. Once again the RCA's have not suggested any persistent nor significant failures of practice but the Trust acknowledges that it needs to improve in certain areas. The RCA's have highlighted a high prevalence of a particularly virulent strain - 027 - and this is subject of further investigation. The very significant pressures in the acute service do not help.
Action:	<p>The issue has been discussed extensively with the PCT, the Director of Public Health and across the Trust. A detailed action plan has been shared extensively within the Trust. A formal meeting took place on 31st October chaired by the Director of Public Health and involving the HPA. A detailed action plan has been shared extensively with external bodies. A Sterinis cleaning programme is part of the plan and is expected to be completed in AAU in mid-November. The Trust has also reiterated the following good practice:</p> <ul style="list-style-type: none"> - Appropriate use of broad spectrum antibiotics - Reduction where at all possible in the use of PPI's - Ensuring ownership of testing - Ensuring good clinical engagement - Reintroduction of prescribing supplemental Probiotics to high risk patients on antibiotics - Direct and unambiguous communication of the above to doctors, including new junior doctors <p>These principles have been reinforced with subsequent correspondence and monitored at the bi-weekly healthcare infection meetings and monthly infection control meetings. A further meeting with HPA, Director of Public Health and PCT is to be set up for mid-December.</p>

GOVERNANCE RISK RATINGS

West Hertfordshire Hospitals 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 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								
			Referral information	50%									
			Treatment activity information	50%									
	1b	Data completeness, community services: (may be introduced later)	Patient identifier information Patients dying at home / care home	50% 50%									
1c	Data completeness: identifiers MHMDS		97%	0.5									
1c	Data completeness: outcomes for patients on CPA		50%	0.5									
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	No	No			No	The Trust performance slipped to 88.6% in October
	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	
	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	
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	Yes	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			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	Yes	Yes			Yes	
			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	
	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	No	No	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	No			No	The Trust performance slipped to 94.2% in October
	3f	Care Programme Approach (CPA) patients, comprising:	Receiving follow-up contact within 7 days of discharge	95%	1.0								
			Having formal review within 12 months	95%									
3g	Minimising mental health delayed transfers of care		57.5%	1.0									
3h	Admissions to inpatient services had access to Crisis Resolution/Home Treatment teams		95%	1.0									
3i	Meeting commitment to serve new psychosis cases by early intervention teams		95%	0.5									
3j	Category A call – emergency response within 8 minutes		75%	1.0									
3k	Category A call – ambulance vehicle arrives within 19 minutes		95%	1.0									
Safety	4a	Clostridium Difficile	Are you below the ceiling for your monthly trajectory	Enter contractual ceiling	1.0	No	No	No	No			No	The Trust had eight CDiff infections in October
	4b	MRSA	Are you below the ceiling for your monthly trajectory	Enter contractual ceiling	1.0	Yes	Yes	No	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	
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	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						2.5	2.5	4.0	3.0	0.0	0.0	3.0	

- 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										
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	Yes					Yes	
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 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.										
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										
vi)	Ambulance Response Times	Breaches either: the category A 9-minute response time target for a third successive quarter the category A 19-minute response time target 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, service referral information for a third successive quarter, or, treatment activity information for a third successive quarter										
viii)	Any Indicator weighted 1.0	Breaches the indicator for three successive quarters.										
Number of Overrides Triggered						0.0	0.0	1.0	1.0	0.0	0.0	1.0

FINANCIAL RISK RATING

West Hertfordshire Hospitals 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	3	3	3	3			
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	3	5	3	5			
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	4	3	4			
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	3	2	3			
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	4	4	4	4			
Weighted Average		100%						3.1	3.7	3.1	3.7			
Overriding rules														
Overall rating								3	4	3	4			

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"				
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

West Hertfordshire Hospitals Trust

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

	Criteria	Historic Data			Current Data				Comments where risks are triggered
		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	
2	Quarterly self-certification by trust that the financial risk rating (FRR) may be less than 3 in the next 12 months	No	No	Yes	No			No	
3	Working capital facility (WCF) agreement includes default clause								
4	Debtors > 90 days past due account for more than 5% of total debtor balances	Yes	No	No	No			No	
5	Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No			No	
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No			No	
7	Interim Finance Director in place over more than one quarter end	No	No	No	No			No	
8	Quarter end cash balance <10 days of operating expenses	No	No	No	No			No	
9	Capital expenditure < 75% of plan for the year to date	No	No	No	No			No	

CONTRACTUAL DATA

West Hertfordshire Hospitals Trust

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

Criteria	Historic Data			Current Data				Comments where reds are triggered
	Qtr to Mar-12	Qtr to Jun-12	Qtr to Sep-12	Oct-12	Nov-12	Dec-12	Qtr to Dec-12	
Are the prior year contracts* closed?	Yes	Yes	Yes	Yes			Yes	
Are all current year contracts* agreed and signed?	Yes	Yes	Yes	Yes			Yes	
Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes			Yes	
Are there any disputes over the terms of the contract?	No	No	No	No			No	
Might the dispute require SHA intervention or arbitration?	No	No	No	No			No	
Are the parties already in arbitration?	No	No	No	No			No	
Have any performance notices been issued?	No	No	No	No			No	
Have any penalties been applied?	No	No	No	No			No	

QUALITY

West Hertfordshire Hospitals Trust

Insert Performance in Month

Criteria	Unit	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Comments on Performance in Month
1 SHMI - latest data	Ratio	71 109	80 109	76 103	75 103	72 103	75 106	63 106	84 106	70.0	57.0	83.0	66.0	SHMI - Figures are for month only HSMR MEQO Rebased: Provisional Q2 is 104
2 Venous Thromboembolism (VTE) Screening	%	97	97.6	98.3	98.3	98.4	98.4	97.4	98.2	96.4	97.6	97	91	Latest month figure provisional. Earlier months updated
3a Elective MRSA Screening	%	99.4	98.7	98.8	98.5	99.4	98.4	98.6	98.7	98.5	98.9	98.6	98.7	
3b Non Elective MRSA Screening	%	91.2	92	93.8	91.7	92.7	93.1	94.1	92.8	93.6	94.6	94.8	93.6	
4 Single Sex Accommodation Breaches	Number	0	0	0	0	0	0	0	0	0	0	0	0	
5 Open Serious Incidents Requiring Investigation (SIRI)	Number	35	34	38	38	35	31	32	31	28	29	39	26	
6 "Never Events" 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	1	0	0	0	0	0	0	0	0	0	0	0	
9 RED rated areas on your maternity dashboard?	Number	1	2	4	6	1	6	4	5	7	8	4	7	Bookings, c-section, midwife vacancy/agency spend, appraisals, ed + training, ITU admissions
10 Falls resulting in severe injury or death	Number	0	0	0	0	0	0	0	1	0	0	0	0	
11 Grade 3 or 4 pressure ulcers	Number	2	6	6	2	2	0	4	4	4	4	7	3	Avoidable ulcers. Recent months: RCAs in progress.
12 100% compliance with WHO surgical checklist	Y/N	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
13 Formal complaints received	Number	36	28	45	34	48	42	47	36	36	38	44	39	Current month: Provisional. Earlier months updated
14 Agency as a % of Employee Benefit Expenditure	%	5	4	4.1	3.9	7.7	3.7	4	3.5	4.7	4.2	5	6.5	
15 Sickness absence rate	%	3.5	4.2	4.1	4.1	3.9	4.1	3.9	4.1	4.2	4.2	4.2	4.2	
16 Consultants which, at their last appraisal, had fully completed their previous years PDP	%												100%	A single appraisal during Oct 2012

Board Statements

West Hertfordshire Hospitals Trust

October 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 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 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.	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.	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		Natalie Forrest	
Chair		Thomas Hanahoe	