

Report to Trust Board

Date: 29 September 2010

Agenda item no 8.1

Title: **Monthly Board Self-Certification Return**

Author: Alan Warren, Director of Finance & Performance

Responsible Director: Alan Warren, Director of Finance & Performance

Purpose: ~~Strategy~~/ Decision / Ratification/ Assurance/Information
Delete as appropriate

Action required:

1. Review the reported performance for July and August 2010
2. Ratify the submissions made at the end of August 2010 including Declaration 2 of the Governance Declaration that applied at that time
3. Agree, for the reasons set out in the report, that Declaration 1 be signed in respect of August performance and submit to the Strategic Health Authority by 30 September 2010
4. Note that the SHA's upward reporting of the Trust's performance modifies the submissions made by the Trust and that the SHA's template differs from that used by Monitor with authorised foundation trusts

Executive Summary:

The attached Governance Declarations and Financial and Governance Risk Rating returns detail performance against the SHA's indicator set for both July and August 2010. In the absence of a Board meeting in August, the July indicators were signed off by the Executive and submitted to the SHA. The Board is asked to ratify this action.

The Financial Risk Rating for July was 3, an Amber rating, which also applied to the 2 additional Monitor 'early warning' indicators to alert organisations to potential material financial risk in the future.

The Trust reported breaches in July 2010 against 3 of the non-financial ratings. These were in respect of MRSA bacteraemias, where the Trust's second infection in 2010/11 occurred in July, screening of elective patients for MRSA colonisation and the 12 month rolling HSMR being above 100. The overall score for these 3 breaches was 2.5, which is an Amber Red rating on the scoring framework. As a result, Declaration 2 (of the

Declaration statement effective in August) was signed by the Interim Chief Executive.

The SHA had however agreed to round up the Trust's MRSA screening performance from 99.7% to 100% (only 2 elective patients were found not to have been screened in July). The SHA also does not report upwards the performance against the HSMR indicator as this is an East of England rather than Monitor/DH target and Monitor has specific rules in the 2010/11 Compliance Framework concerning Foundation Trusts with very low MRSA targets.

'Where an NHS foundation trust has an annual MRSA objective of 6 cases or less (the de minimis limit), the MRSA objective will not apply for the purpose of Monitor's Compliance Framework provided that the trust does not exceed the de minimis limit.'

Therefore, the SHA's upward reporting view of the Trust's performance in July was that there were no breaches to report and the Trust's performance was Green.

In respect of August's performance, the Financial Risk Ratings again show a score of 3, which is acceptable and there are 3 additional financial risks identified against Monitor's early warning indicators, which also give an Amber rating.

The August Governance Risk Ratings return record breaches against 2 indicators: MRSA elective screening; and HSMR. The MRSA screening position is still being validated and the score could improve. The rolling 12-month HSMR value reported on the QIE website continues to be for the year ended March 2010 and is therefore somewhat out-of-date. The impact of the two breaches is an overall score of 1.5, which is an Amber Green rating. However, for upward reporting purposes it should be noted that the HSMR position is excluded, reducing the score to 0.5 which is Green for the purpose of Monitor's assessment.

Given the positive improvements associated with elective (and non-elective) MRSA screening in the past few months and the CQUIN associated with reducing mortality in the hospital it is not proposed that further specific actions are needed to address these issues. This is relevant given that the SHA has revised the Declaration statement to be signed from this month onwards. The new Declaration statement removes references to the former Standards for Better Health requirements, introduces references to the CQC Essential standards and amends the wording of Declaration 2. Declaration 2 should be signed where the Board believes that there is '**insufficient assurance available**' to ensure compliance. The previous references to targets or standards not being met have been removed. As the plans in place in the Trust are designed to deliver the required levels of performance and there is evidence of improvements being made it is recommended that Declaration 1 now be signed.

As previously reported to the Board, there is however another difference between the Governance Risk Ratings used by Monitor with authorised foundation trusts and the template produced by the SHA for use with NHS trusts in the East of England. Monitor requires FT Boards to self-certify annually their compliance with the CQC indicator derived from 'Healthcare for All' about access to services by people with a learning disability. The Trust has an action plan in place to address the six criteria measured by the CQC indicator but does not yet achieve compliance in all of them. If this breach was included in place of the HSMR indicator it would result in the overall August score being

1, an Amber Green rating and also acceptable for the purpose of Monitor's assessment.

The Trust has received a Performance Notice from NHS Bedfordshire in respect of the deterioration in A&E 4-hour wait performance in August, which at 96.9% was lower than the 98% target contained in the SLA, although above the revised 95% national standard introduced in June 2010. The pressure on A&E wait times has continued in September and the performance in the current month will also be lower than 98%.

Relevant CQC standard/ NHS Constitution pledge	Pledge 6 We will spend tax payers' money carefully. Essential standard 14 Assessing and monitoring the quality of service provision
Link to strategy/plans	Good financial performance, delivery of high quality services and management of risk are elements of the Trust's Integrated Business Plan and objectives for the year.
Impact assessment:	
- quality	Governance risk ratings indicate quality through measurement of service performance
- financial/business	Financial risk ratings demonstrate monthly financial performance and risks to achieving plan
- equality/diversity	N/A
- risk	The ratings templates and Board declaration provide evidence of risk being managed
- legal/statutory	SHA requires monthly returns as part of Provider Management regime
- sustainability	N/A
Previous consultation / decision / discussion	Quarterly returns made in 2007/08; monthly submission made in 2008/09 and 2009/10; monthly monitoring continuing in 2010/11

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