

Governance Declarations

2010/11



East of England

Strategic leadership for your local NHS

Name of Organisation: Bedford Hospital NHS Trust
Date: June 2010

**Organisational risk rating**

Each organisation is required to calculate their risk score and RAG rate their current performance as per the 2009/10 Provider Management Regime, in addition to providing comment with regard to any contractual issues and performance against projected CQC targets:

Key Area for rating / comment by Provider	Score / RAG rating
Governance Risk Rating (RAG as per East of England Provider Management Regime guidance)	Amber Green
Financial Risk Rating (Assign number as per East of England PMR guidance)	3
Contractual Position (RAG as per East of England PMR guidance)	Amber
2010/11 Quality Rating (RAG as per East of England PMR guidance based on in year forecast)	Green

**Governance Declarations**

EofE Organisations subject to the Provider Management Regime must ensure that plans in place are sufficient to ensure compliance in relation to all national targets including ongoing compliance with the *Code of Practice for the Prevention and Control of Healthcare Associated Infections* and declare any contractual issues and highlight any material changes to the 2010/11 CQC forecast. **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.

<p><b>Governance declaration 1</b></p> <p>The board is satisfied that plans in place <b>are sufficient</b> 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 <i>Code of Practice for the Prevention and Control of Healthcare Associated Infections</i> (including the Hygiene Code). The board also confirms that there are no material contractual disputes and that it is on track to deliver the projected CQC rating.</p> <p>(Signed by)</p> <p>(Please Print Name)</p> <p>on behalf of the Trust Board</p> <p>Acting in capacity as</p> <p>Date:</p>
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**Governance declaration 2**

For one or some of the following declarations Governance, Finance, Service Provision, Quality and Safety 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, or targets or standards are not met**, to ensure continuing compliance with all existing targets (after the application of thresholds), and with all known targets going forward. The board also confirms that there are no material contractual disputes and that it is on track to deliver the projected CQC rating.

(Signed by) \_\_\_\_\_

(Please Print Name) RAY RANKMORE

on behalf of the Trust Board

Acting in capacity as Chairman

Date: 28 July 2010

**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, Service Provision or CQC rating forecast (including relevant national targets) Where the board is declaring insufficient assurance against targets** 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 / Core Standard:**

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**The Issue**

This should include a description of the issue that has arisen, identifying the area(s) to which it applies. There must also be an assessment of the consequences of the issue including the magnitude (e.g. performance levels achieved or estimated) and the timeframe in which it will come into effect or if it has already done so, when it occurred

## Governance Ratings

- MRSA screening of elective patients – the target is 100% of eligible patients being screened and in June the Trust reported 90.5% of eligible elective patients had been screened.
- Rolling 12 months' HSMR – the target is to have an HSMR below 100; QIE data for Q4 2009/10 (the latest published data) records the hospital's 12 months' rolling HSMR as 100.5.

**Proposed Actions**

Summarise the proposed actions that will be put in place to address the issue as well as the process that will be applied in reviewing the effectiveness of these actions as appropriate to the circumstances of the issue. Attach a work plan that details the time lines of these actions

## Governance Ratings

- MRSA screening – the Director of Nursing and Patient Services is managing an action plan to achieve compliance against this target. Weekly monitoring of performance in July 2010 indicates that the required improvement is being delivered.
- Rolling 12 months' HSMR – as part of the agreed CQUIN framework for 2010/11 the Medical Director is overseeing plans to achieve year-on-year improvements in mortality that should also be reflected in the HSMR

**Next Steps:**

A list of the third parties the trust has and intends to notify of the issue as well as a proposal of the support required from NHS EofE (if any)

## Governance Ratings

- MRSA screening and HSMR – NHS Bedfordshire via Quarterly Quality Review meetings