
# PAPER

BOD 57/2012

(Agenda Item: 11)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**25 April 2012**

**In-Year Submission to Monitor – Quarter 4 2011/12 Report**

**& Overview of 2012/13 Compliance Framework**

**For Approval**

**Executive Summary**

Under the Compliance Framework, the Trust is required to provide in-year reports on a quarterly basis. These submissions include quarterly financials, year to date financials and self certification that all targets have been met, and, if necessary, exception/update reports.

Monitor’s philosophy is to reduce progressively its regulatory intensity as its confidence increases that boards have demonstrated the competence to be self-governing, and do so effectively, efficiently and economically.

This report sets out what should be reported on and includes the proposed submission for Quarter 4. The submission date is 30 April 2012.

This report also provides an overview of the recently published *Compliance Framework* for 2012/13, setting out the targets and indicators for the year ahead.

**Recommendation**

The Board is asked to note what the Trust should report to Monitor as part of the quarterly in-year submission.

The Board is asked to comment on and approve the Quarter 4 submission to Monitor

The Board is asked to note what the publication of the 2012/13 Compliance Framework and take note of the targets and indicators.

**Author and Title:** Justinian Habner, Trust Secretary

**Lead Executive Director:** Mike McEnaney, Director of Finance

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. **2011/12 Quarterly Monitoring**

Monitor will review actual quarterly performance against the annual plan. In cases where there is any material variance, trusts must provide a commentary explaining the reasons for the variance and the actions proposed to address.

Monitor requires trusts to self-certify that following targets have been met1:

* Clostridium Difficile – meeting the Clostridium Difficile Objective
* Care Programme Approach (CPA) patients:
* receiving follow-up contact within seven days of

discharge

* having formal review within 12 months
* Minimising delayed transfers of care
* Admissions to inpatients services had access to crisis

resolution home treatment teams

* Meeting commitment to serve new psychosis cases by early

intervention teams

* Data completeness: identifiers
* Data completeness: outcomes
* Compliance with requirements regarding access to healthcare for people with a learning disability

No evidence is required but any qualified self-certification will require an exception report.

The Trust is expected to provide reports for risks to compliance with the Authorisation by exception. These should include risks to compliance of the following (NB. This list is not exhaustive. Please consult the Framework for the full list)1:

Finance

* Unplanned significant reductions in income or significant increases in costs.
* Requirement for working capital in breach of PBL limits.
* Failure to comply with NHS Foundation Trust Annual Reporting Manual.
* Discussions with external auditors which may lead to a qualified audit report.
* Major investments that could affect the financial risk rating or which may result in an investment adjustment.

Governance

* Events suggesting material issues with governance processes and structures:
	+ Removal of director(s) for abuse of office
	+ Significant non-contractual disputes with an NHS body
	+ Failure to meet healthcare targets.
* Risk of failure to maintain registration with the CQC or application or removal of the conditions on registration.
* Patient safety issues which may impact the Authorisation.
* Proposals to vary mandatory services or dispose of assets.
* Reporting of breaches in information governance.

Other risks

* Enforcement notices from other bodies implying potential or actual significant breach of any other requirement in the Authorisation (e.g. fire author notices).

***Other required reports***

The Trust also has to provide reports on1:

* Election results
* Changes to Board of Directors and Members’ Council

1Source Compliance Framework 31 March 2011

1. **Submissions for Quarter 4**

Monitor issued to the Trust the template to be completed as part of the in-year reporting. As required in the past three quarters, there are three declarations:

* Governance – work is still occurring to determine which Declaration should be signed (see below for further information) and an oral update will be provided at the Board meeting.
* Finance – the Director of Finance will provide an oral update and refer to the Finance Report to support Declaration 1 being signed.
* Quality – Director of Nursing and Clinical Standards will provide an oral update to support Declaration 1 being signed.

In terms of the targets and indicators (which under-pin the Governance Declaration), the Executive Board on 10 April and the Extended Executive Board on 17 April discussed the proposed submission and confirmed that all targets had been met; however, it was noted that further evidence was required to declare compliance against the Learning Disability target. Work is occurring to address the lack of evidence and an oral update on the position will be provided at the Board meeting.

***CNST Level***

As reported to Board in September 2011, Trust had requested that Monitor approve an investment adjustment in relation to the acquisition of CHO which took effect as of April 2011.  As a consequence of the acquisition, the Trust’s CNST level was downgraded from Level 1 to Level 0. In these situations the *Compliance Framework* allows for a Governance risk rating adjustment to be applied providing the Trust can provide an action plan to return to level 1 and has an NHSLA assessment date booked.  Monitor’s Compliance Board Committee considered the Trust’s request and had agreed that the adjustment should be applied for Q1 and the next three consecutive quarters.

The NHSLA assessment took place on 27 and 28 March 2012, and the Trust was awarded a CNST Level 1 rating. Monitor will be informed accordingly so that this adjustment can be removed.

1. **Compliance Framework 2012/13**

On 30 March 2012, Monitor published the updated *Compliance Framework* for 2012/13 (a full copy of this Framework is available from the Trust Secretary upon request). The updated Framework includes the following:-

* changes to Board Statements to streamline and simplify the certifications and reduce the overall number;
* refining Monitor’s approach to determining Financial Risk Ratings;
* revising how Monitor incorporates Care Quality Commission judgments in Governance Risk Ratings; and
* including relevant priorities from the *Operating Framework for the NHS 2012/13* (published on 24 November 2011).

The *Compliance Framework* for 2012/13 applies from 1 April 2012 and forms the basis on which annual plan submissions and subsequent in-year reports should be made.

The *Compliance Framework* will apply until the commencement of Monitor’s new licensing regime in 2013 (when the Authorisation regime ceases to apply) which is set out in the Health and Social Care Act 2012.

The Executive Board will consider the 2012/13 *Compliance Framework* on 24 April 2012 with a view to analysing the Trust’s forecasted performance against the targets and indicators. An oral report on this discussion will be provided at the Board meeting.

The 2012/13 targets and indicators are set out in the table below:

***2012/13 Targets and Indicators***

|  |  |  |  |
| --- | --- | --- | --- |
| **Area**  | **Indicator**  | **Threshold**  | **Weighting**  |
| Safety  | Clostridium (C.) difficile – meeting the C. difficile objective **(1)** | 0  | 1.0  |
| Safety  | Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia – meeting the MRSA objective  | 0  | 1.0  |
| Patient Experience  | Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted **(2)** | 90%  | 1.0  |
| Patient Experience  | Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted **(2)** | 95%  | 1.0  |
| Patient Experience  | Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway **(2)** | 92%  | 1.0  |
| Quality  | A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge **(3)** | 95%  | 1.0  |
| Effectiveness  | Data completeness: community services, comprising: Referral to treatment information Referral information Treatment activity information *The inclusion of further data items may be introduced later in 2012/13, comprising:* *Patient identifier information* *Patients dying at home/care home*  | 50% 50% 50% *50%* *50%*  | 1.0  |
| Quality | Care Programme Approach (CPA) patients, comprising:

|  |
| --- |
| receiving follow-up contact within seven days of discharge  |
| having formal review within 12 months  |

 | 95%95% | 1.0 |
| Quality  | Minimising mental health delayed transfers of care **(4)** | ≤7.5%  | 1.0  |
| Quality  | Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams  | 95%  | 1.0  |
| Quality  | Meeting commitment to serve new psychosis cases by early intervention teams | 95%  | 0.5  |
| Effectiveness  | Data completeness: identifiers  | 97%  | 0.5  |
| Effectiveness  | Data completeness: outcomes for patients on CPA  | 50%  | 0.5  |
| Patient experience  | Certification against compliance with requirements regarding access to healthcare for people with a learning disability **(18)**  | N/A  | 0.5  |

**Key:**

1. – to be confirmed if this applies to the Trust
2. – to be confirmed if this applies to the Trust
3. – applies to the Trust by virtue of Minor Injury Units
4. – Delayed transfers of care attributable to social care services are now included

**Recommendation**

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