

# PAPER

BOD 105/2012

(Agenda Item: 12)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**25 July 2012**

**In-Year Submission to Monitor – Quarter 1 2012/13 Report**

**For Approval**

**Executive Summary**

Under the Compliance Framework 2012/13, 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. Exception / update reports should be provided where necessary.

Section 1 of this report set out the 2012/13 monitoring requirements for FTs, including information on the quarterly submissions

Section 2 of this report sets out the Trust’s proposed Q1 submission to Monitor. The submission date is 31 July 2012.

**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 1 submission to Monitor.

As part of the Quarter 1 submission, the Board is asked to confirm the following statements:-

* The Board anticipates that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.
* The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and a commitment to comply with all known targets going forwards.

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**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. **2012/13 Monitoring Requirements**

Under the Compliance Framework 2012/13, FTs are required to make the following in-year submissions:-

* Quarterly financials.
* Year-to-date financials.
* Statement from the board certifying compliance with two specific board statements.
* Exception reports at any time on relevant issue arises.
* Results of Governor elections.
* Reports on any changes in the Board of Directors or Members’ Council.

***Quarterly Submissions***

On a quarterly basis, Monitor issues templates which set out what FTs should report on, including board statements, financial information, and performance against targets and indicators.

1. *Board statements:*

FTs are required to confirm the following board statements (no supporting details are required unless compliance cannot be confirmed).

* For finance that: “The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.”
* For governance that: “The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and a commitment to comply with all known targets going forwards.”

1. *Non-exhaustive list of items requiring exception reporting:*

FTs must provide reports for risks to compliance with the Authorisation (including in relation to all the items on the following non-exhaustive list). These reports are required only by exception.

Finance

* Unplanned significant reduction(s) in income or significant increase(s) in costs.
* Requirement for working capital in breach of Prudential Borrowing Limits.
* Failure to comply with the *NHS Foundation Trust Annual Reporting Manual*.
* Discussions with external auditors which may lead to a qualified audit report.

Governance

* Events suggesting material issues with governance processes and structures, e.g.:
  + Removal of director(s) for abuse of office.
  + Significant non-contractual dispute with an NHS body.
  + Relevant third party investigations e.g. fraud, any relevant CQC reviews, investigations or studies.
* Risk of failure to maintain plans to ensure ongoing compliance with the CQC’s registration requirements.

Mandatory services

* Proposals to vary mandatory service provision or dispose of assets.
* Loss of accreditation of a mandatory service.

In addition

* Explanations for qualified or missing certifications for any item from list above.
* Breach of any Authorisation requirement.

1. *Targets and Indictors:*

FTs (which provide mental health / community health) must self-certify that following targets have been met:

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| --- |
| * Clostridium (C.) difficile – meeting the C. difficile objective |
| * Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia – meeting the MRSA objective |
| * Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted patients |
| * Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted patients |
| * Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway |
| * A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge |
| * Data completeness: community services, comprising:   + Referral to treatment information   + Referral information   + Treatment activity information   *NB - The inclusion of further data items may be introduced later in 2012/13, comprising:*   * *Patient identifier information* * *End of life patients deaths at home information completeness* |
| * Care Programme Approach (CPA) patients, comprising:  |  | | --- | | * + receiving follow-up contact within seven days of discharge | | * + having formal review within 12 months | |
| * Minimising mental health 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, MH: identifiers |
| * Data completeness, MH: outcomes for patients on CPA |

Declarations:

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| --- |
| * Compliance with requirements regarding access to healthcare for people with a learning disability |
| * Risk of, or actual, failure to deliver mandatory services |
| * CQC compliance action outstanding (as at 30 Jun 2012) |
| * CQC enforcement action within last 12 months (up to 30 Jun 2012) |
| * CQC enforcement notice currently in effect (as at 30 Jun 2012) |
| * Minor CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Jun 2012) |
| * Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 30 Jun 2012) |
| * Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements |
| * Trust unable to declare ongoing compliance with minimum standards of CQC registration |
| * Has the Trust has been inspected by CQC (in the quarter ending 30 Jun 2012) |
| * If so, did the CQC inspection find non compliance with 1 or more essential standards |

Please consult the Compliance Framework 2012/13 published by Monitor on 30 March 2012 for more detail on required submissions.

1. **Proposed Submissions for Quarter 1**

On 10 July 2012, Monitor issued to the Trust the template to be completed for the Q1 in-year report. The Extended Executive Board discussed the proposed submission at its meeting on 17 July 2012.

On the Board statements, it is proposed that the response for Q1 is as follows:-

* The Board anticipates that the Trust will continue to maintain a financial risk rating of at least 3 over the next 12 months – CONFIRMED
* The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and a commitment to comply with all known targets going forwards – CONFIRMED

*Financial Risk Rating:*

The information to support this statement is set out in the Finance Report presented to each Board meeting. The Director of Finance will provide an overview on this item at the Board meeting and will explain what financial matters will be reported to Monitor in Q1.

*Targets and Indicators:*

The information to support this statement is set out in the Quality and Performance Report, and Quality and Safety Report presented to each Board meeting. The Director of Finance, and Director of Nursing and Clinical Standards will provide an overview on this item at the Board meeting.

Currently, all targets and indicators have been met.

In terms of the target relating to *C.diff*, the Trust has been advised by Monitor to declare that it has met this target for Q1 but provide further information on the current issues. At a meeting held on 3 July 2012 attended by the Chief Executive, Director of Finance, Director of Nursing and Clinical Standards, Trust Secretary, Interim Deputy Director of Finance, and the Trust’s Relationship Manager at Monitor, the regulator was informed of the Trust’s current position against this target. In addition, the issues with the commissioner set target were explained as well as the steps the Trust was taking to tackle *C.diff*. Importantly, Monitor was informed of the growing body of evidence considered by the Trust’s Executive Board which suggested that not all instances of *C.diff* could be attributed to hospitals. Monitor explained that the target should be declared as not being met if the year-end target was missed.

1. **Recommendation**

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