

# PAPER

BOD 111/2015

(Agenda Item: 17)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**29 July 2015**

**In-Year Submission to Monitor – Quarter 1 2015/16 Report**

**For Approval**

**Executive Summary**

Under the Risk Assessment Framework 2015/16, 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.

As reported to Board in October 2013, the Risk Assessment Framework replaced the *Compliance Framework* from 1 October 2013. Following consultation in late 2014, Monitor introduced a number of updates to the Risk Assessment Framework including: the introduction of new nationally mandated mental health access measures as governance proxies from April 2016 (reporting to commence from late 2015/16); an additional trigger for when financial risk may be investigated; changing the name of quality governance indicators to organizational health indicators; including specific exception reporting requirements for providers of high secure services; and clarifying that Monitor may stress-test providers’ strategic and operational plans. A full copy of the current Framework may be found here:-

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/421204/RAF_update_revmar15.pdf>

Section 1 of this report sets out the 2015/16 monitoring requirements for FTs, including information on the quarterly submissions.

Section 2 of this report sets out the Trust’s proposed Quarter 1 submission to Monitor. The submission date is 31 July 2015.

**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 consider the following statements:

* the Board anticipates that the Trust will continue to maintain a Continuity of Service 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) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known existing targets going forwards; and
* the Board confirms that there are no matters arising in Q1 requiring an exception report to Monitor which have not already been reported.

**Author and Title:** Hannah Smith, Assistant 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. **2015/16 Monitoring Requirements**

Under the Risk Assessment Framework 2015/16 FTs are required to make in-year submissions as set out below:-



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.

Pages 17-24 of the Risk Assessment Framework set out the elements of the in-year submission and what Boards need to take account of; further detail is set out in the Appendices. Elements of the submission include:

1. *Board statements:*

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

* the Board anticipates that the Trust will continue to maintain a Continuity of Service 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) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known existing targets going forwards; and
* the Board confirms that there are no matters arising in Q1 requiring an exception report to Monitor which have not already been reported.

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

|  |  |
| --- | --- |
| Continuity of Service | * Unplanned significant reductions in income or significant increases in costs * Discussions with external auditors which may lead to a qualified audit report * Future transactions potentially affecting the Continuity of Service risk rating * Risk of a failure to maintain registration with the CQC for Commissioner Requested Services (CRS) * Loss of accreditation of a CRS * Proposals to vary CRS provision or dispose of assets, including:   + cessation or suspension of CRS   + variation of asset protection processes * Proposed disposals of CRS-related assets |
| Financial governance | * Requirements for additional working capital facilities * Failure to comply with the statutory reporting guidance * Adverse report from internal auditors * Significant third party investigations or reports that suggest potential material issues with governance * Care Quality Commission inspections and their outcomes * Performance penalties to commissioners |
| Governance | * Third party investigations or reports that could suggest material issues with financial, operational, clinical service quality or other aspects of the trust’s activities that could indicate material issues with governance * CQC responsive or planned inspections and the outcomes/findings * Changes in Chair, Senior Independent Director or Executive Director * Any never events[[1]](#footnote-1) * Any patient suicide, homicide or absconsion (mental health trusts only) * Non-compliance with safety and security directions and outcomes of safety and security audits (providers of high secure mental health services only) * Other serious incidents or patient safety issues which may impact compliance with the licence (e.g. serious incidents, complaints) |
| Other risks | * Enforcement notices or other sanctions from other bodies implying potential or actual significant breach of a licence condition * Patient group concerns * Concerns from whistleblowers or complaints * Any significant reputational issues, for example any adverse national press attention |

Monitor in the Risk Assessment Framework recognises that there are many third parties (including other regulators, auditors, medical Royal Colleges, training establishments and coroners) that comment on and review aspects of an FT’s performance. Monitor does not require FTs to submit each and every report that includes commentary or observation on their performance but does require FTs to inform Monitor of reports where they could reasonably be regarded as raising potential concerns over a FT’s current or potential compliance with licence conditions, in particular the FT governance condition (please refer to Appendix F in the Risk Assessment Framework for the detail). The scope of the governance condition reflects Monitor’s long-standing expectations regarding effective governance, evidenced in published guidance and regulatory action.

In addition, FTs that provide high secure mental health services are required to report non-compliance with the Secretary of State safety and security directions, any significant issues relating to safety and security audits and serious incidents in line with their serious incident and reporting policy.

1. *Targets and Indictors:*

Appendix A of the Risk Assessment Framework sets out the targets and indicators that FTs must report on:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREA** | **INDICATOR** | **THRES-HOLD** | **WEIGHT-ING** | **MONITORING PERIOD** |
| 1 | Maximum time of 18 weeks from point of referral to treatment in aggregate – admitted | 90% | 1.0 | Quarterly |
| 2 | Maximum time of 18 weeks from point of referral to treatment in aggregate – non-admitted | 95% | 1.0 | Quarterly |
| 3 | Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway | 92% | 1.0 | Quarterly |
| 4 | A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge | 95% | 1.0 | Quarterly |
| 5 | All cancers: 62-day wait for first treatment from:  urgent GP referral for suspected cancer  NHS Cancer Screening Service referral | 85%  90% | 1.0 | Quarterly |
| 6 | All cancers: 31-day wait for second or subsequent treatment, comprising:  surgery  anti-cancer drug treatments  radiotherapy | 94%  98%  94% | 1.0 | Quarterly |
| 7 | All cancers: 31-day wait from diagnosis to first treatment | 96% | 1.0 | Quarterly |
| 8 | Cancer: two week wait from referral to date first seen, comprising:  all urgent referrals (cancer suspected)  for symptomatic breast patients (cancer not initially suspected) | 93%  93% | 1.0 | Quarterly |
| 9 | 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 | Quarterly |
| 10 | Admissions to inpatients services had access to Crisis Resolution/Home Treatment teams | 95% | 1.0 | Quarterly |
| 11 | Meeting commitment to serve new psychosis cases by early intervention teams | 95% | 1.0 | Quarterly |
| 12 | Category A call – emergency response within 8 minutes, comprising:  Red 1 calls  Red 2 calls | 75%  75% | 1.0  1.0 | Quarterly |
| 13 | Category A call – ambulance vehicle arrives within 19 minutes | 95% | 1.0 | Quarterly |
| 14 | Early Intervention in Psychosis: people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral | 50% | 1.0 | Quarterly |
| 15 | Improving access to psychological therapies (IAPT):  people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral  people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral | 75%  95% | 1.0  1.0 | Quarterly |
| 16 | Clostridium (C.) difficile – meeting the C. difficile objective | de minimis applies | 1.0 | Quarterly |
| 17 | Minimising mental health delayed transfers of care | ≤7.5% | 1.0 | Quarterly |
| 18 | Mental health data completeness: identifiers | 97% | 1.0 | Quarterly |
| 19 | Mental health data completeness: outcomes for patients on CPA | 50% | 1.0 | Quarterly |
| 20 | Certification against compliance with requirements regarding access to health care for people with a learning disability | N/A | 1.0 | Quarterly |
| 21 | Data completeness: community services, comprising:  referral to treatment information  referral information  treatment activity information | 50%  50%  50% | 1.0 | Quarterly |

Please consult the Risk Assessment Framework 2015/16 for more detail on required submissions.

1. **Proposed Submissions for Quarter 1**

At the end of June 2015, Monitor issued to the Trust the template to be completed for the Quarter 1 in-year report. The Executive discussed the submission on 27 July 2015.

On the Board statements, it is proposed that the response for Quarter 1 is as follows:

* The Board anticipates that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months – NOT CONFIRMED
* 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 Appendix A of the Risk Assessment Framework; and a commitment to comply with all known existing targets going forwards –CONFIRMED
* The Board confirms that there are no matters arising in Q1 requiring an exception report to Monitor which have not already been reported – CONFIRMED

*Continuity of Service 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 of this item at the Board meeting and will explain what financial matters will be reported to Monitor in Quarter 1.

The Director of Finance will explain that although the Trust has a CoSRR of 3 as at the end of Q1, the forecast for the end of Q4 remains a CoSRR of 2 hence the first statement of maintaining a 3 for the next 12 months cannot be confirmed. Every effort is being made to improve upon the forecast but at this stage it is not anticipated that a CoSRR of 3 will be attainable.

*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 the Acting Deputy Director of Nursing and Clinical Standards will provide an overview on this item at the Board meeting.

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1. **Recommendation**

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1. Never events should always be reported to Monitor at the same time as to commissioners – even if they will later be deemed not to be classified as never events [↑](#footnote-ref-1)