

# PAPER

BOD 128/2014

(Agenda Item: 16)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**24 October 2014**

**In-Year Submission to Monitor – Quarter 2 2014/15 Report**

**For Approval**

**Executive Summary**

Under the Risk Assessment Framework 2014/15, 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. In April 2014, following consultation, Monitor updated Appendix C only of the Framework, which relates to NHS foundation trust transactions. A full copy of the current Framework may be found here:-

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299929/RAF_Update_AppC_1April14.pdf>

Section 1 of this report sets out the 2014/15 monitoring requirements for FTs, including information on the quarterly submissions.

Section 2 of this report sets out the Trust’s proposed Quarter 2 submission to Monitor. The submission date is 31 October 2014.

**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 2 submission to Monitor.

As part of the Quarter 2 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.

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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. **2014/15 Monitoring Requirements**

Under the Risk Assessment Framework 2014/15 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 17-22 of the Risk Assessment Framework set out the elements of the in-year submission and what Board’s 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.

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



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 | Clostridium (C.) difficile – meeting the C. difficile objective | DM\* | 1.0 | Quarterly |
| 16 | Minimising mental health delayed transfers of care | ≤7.5% | 1.0 | Quarterly |
| 17 | Mental health data completeness: identifiers | 97% | 1.0 | Quarterly |
| 18 | Mental health data completeness: outcomes for patients on CPA | 50% | 1.0 | Quarterly |
| 19 | Certification against compliance with requirements regarding access to health care for people with a learning disability | N/A | 1.0 | Quarterly |
| 20 | 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 2014/15 originally published by Monitor in August 2013 with Appendix C updated in April 2014 for more detail on required submissions.

1. **Proposed Submissions for Quarter 1**

In October 2014, Monitor issued to the Trust the update template to be completed for the Quarter 1 in-year report. The Executive meeting discussed the submission on 6 October 2014.

On the Board statements, it is proposed that the response for Quarter 2 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 – 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

*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 on this item at the Board meeting and will explain what financial matters will be reported to Monitor in Quarter 2.

*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.

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1. **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 2 submission to Monitor.

As part of the Quarter 2 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.