

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Meeting Date: 29 April 2015

Title and Author of Paper: Quarterly Report to Monitor (Risk Assessment Framework), Lisa Quinn Executive Director of Performance & Assurance

Paper for Debate, Decision or Information: Information

Key Points to Note:

1. This is the Quarter 4 2014/15 submission of the Risk Assessment Framework.
2. NTW is declaring a governance rating of GREEN (no issues identified) and for finance a Continuity of Services rating of 3.
3. The exception reports regarding serious incidents and reputational issues for Q4 are included at **Appendix 2**.
4. As part of the quarterly submission, the Board is asked to declare that it confirms that it is anticipated that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months. The completion of the Northgate land sale in December increased the Trust's liquidity rating up to a 4. The Trust's Operational Plan for 15/16, anticipates that the Trust will maintain a Liquidity rating of 4 and that the Trust's Continuity of Services rating will be a 3 for the next 12 months (till Q415/16). **Therefore, the Board can confirm the Finance declaration this quarter.**

Outcome required:

To approve the Quarter 4 returns - to be submitted to Monitor by 30 April 2015.
To determine the items (as listed in Appendix 2) that should be reported to the Monitor Regional Manager.

BOARD OF DIRECTORS 29 April 2015

Quarterly Report to Monitor (Risk Assessment Framework)

PURPOSE

To present to the Board of Directors the Quarter 4 in-year monitoring return and declarations prior to submission to Monitor by the 30th April 2015.

BACKGROUND

From 1st October 2013 the Risk Assessment Framework has replaced the Compliance Framework as Monitor's approach to overseeing foundation trusts.

Monitor provided all Trusts with a new governance rating in October 2013 – NTW was given the rating of GREEN (no issues identified) and this has been maintained since that time.

For the Continuity of Service financial rating the Trust is a 3 at Q4.

A summary of the Trust ratings since the start of financial year 2011/12 are set out below:

	Q1&Q2 11-12	Q3&Q4 11-12	Q1,2,3 &4 12-13	Q1,2,3 &4 13-14	Q1&Q2 14-15	Q3 14-15	Q4 14-15
Continuity of Services Rating	5	5	5	3	3	4	3
Governance Risk Rating	Amber/ Red	Green	Green	Green	Green	Green	Green

BOARD CHANGES

It is a requirement to complete the below information as part of the Monitor return each quarter:

	Q4 2014/15
Total number of Executive posts on the Board (voting)	6
Number of posts currently vacant	0
Number of posts currently filled by interim appointments	0
Number of resignations in quarter	0
Number of appointments in quarter	0

QUARTERLY SUBMISSION

The procedure for preparing the quarterly submission to Monitor is set out in **Appendix 1**.

In accordance with the revised guidance for quarterly submissions published in 2013/14 the declarations are as follows:

For finance, that:

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

Board Response – Confirmed

For governance, that:

The Board is satisfied that plans in place are sufficient to ensure: on-going compliance with all targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework; and a commitment to comply with all known targets going forward

Board Response – Confirmed

Otherwise

The Board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework page 17 Diagram 8 and page 63) which have not already been reported

Board Response – Confirmed

Signed on behalf of the Board of Directors

Signature

A handwritten signature in black ink, appearing to read 'J. Lawler', written in a cursive style.

Capacity: Chief Executive

Date: 29th April 2015

In the event that the foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response explaining the reasons for the absence of a full certification and the action it proposes to take to address it.

This may include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.

Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the foundation trust.

The proposed explanation for the non-declaration is:-

The Trust is providing full certification this quarter.

Board Changes & Elections

Report on any changes to the Board of Directors: There has been one change to the Board of Directors during Quarter 4. Neil Hemming was appointed as Non-Executive Director from 1 January 2015.

Report on any changes to the Council of Governors: There has been one change to the Council of Governors during Quarter 4:

Leavers

Name	Type	Date of Change	Reason
Dianne Graham	Public – North Tyneside	11 March 2015	Stepped down

Targets & Indicators

The following table provides the proposed submission in relation to Quarter 4 performance against targets and indicators:

Declaration of risks against healthcare targets and indicators for 2014-15 by Northumberland, Tyne & Wear

These targets and indicators are set out in the Risk Assessment Framework

Definitions can be found in Appendix A of the Risk Assessment Framework

NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.

Key:

must complete
may need to complete

Target or Indicator (per Risk Assessment Framework)	Quarter 1 Actual			Quarter 2 Actual			Quarter 3 Actual			Quarter 4 Actual				
	Threshold or target YTD	Scoring under Risk Assessment Framework	Risk declared at Annual Plan	Scoring under Risk Assessment Framework	Performance	Achieved/Not Met	Scoring under Risk Assessment Framework	Performance	Achieved/Not Met	Scoring under Risk Assessment Framework	Performance	Achieved/Not Met	Any comments or explanations	Scoring under Risk Assessment Framework
Referral to treatment time, 18 weeks in aggregate, admitted patients	90%	1.0	No		0.0%	Not relevant		0.0%	Not relevant		0.0%	Not relevant		
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	95%	1.0	No		100.0%	Achieved		99.7%	Achieved		100.0%	Achieved		
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	1.0	No	0	99.4%	Achieved	0	100.0%	Achieved	0	100.0%	Achieved		0
A&E Clinical Quality- Total Time in A&E under 4 hours	95%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	85%	1.0	No		0.0%	Not relevant		0.0%	Not relevant		0.0%	Not relevant		
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	90%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation					0.0%			0.0%			0.0%			
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation					0.0%			0.0%			0.0%			
Cancer 31 day wait for second or subsequent treatment - surgery	94%	1.0	No		0.0%	Not relevant		0.0%	Not relevant		0.0%	Not relevant		
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	1.0	No		0.0%	Not relevant		0.0%	Not relevant		0.0%	Not relevant		
Cancer 31 day wait for second or subsequent treatment - radiotherapy	94%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
Cancer 31 day wait from diagnosis to first treatment	96%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
Cancer 2 week (all cancers)	93%	1.0	No		0.0%	Not relevant		0.0%	Not relevant		0.0%	Not relevant		
Cancer 2 week (breast symptoms)	93%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
Care Programme Approach (CPA) follow up within 7 days of discharge	95%	1.0	No		98.2%	Achieved		95.6%	Achieved		97.8%	Achieved		
Care Programme Approach (CPA) formal review within 12 months	95%	1.0	No	0	97.5%	Achieved	0	95.5%	Achieved	0	95.8%	Achieved		0
Admissions had access to crisis resolution / home treatment teams	95%	1.0	No	0	100.0%	Achieved	0	100.0%	Achieved	0	99.8%	Achieved		0
Meeting commitment to see new psychosis cases by early intervention teams	95%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 1 Calls	75%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
Ambulance Category A 8 Minute Response Time - Red 2 Calls	75%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
Ambulance Category A 19 Minute Transportation Time	95%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
C.Diff due to lapses in care	1.0		No	0	0	Achieved	0	0	Achieved	0	0	Achieved		0
Total C.Diff YTD (including cases deemed not to be due to lapse in care and cases under review)				0	0		0	0		0	0			0
C.Diff cases under review				0	0		0	0		0	0			0
Minimising MH delayed transfers of care	<=7.5%	1.0	No	0	3.1%	Achieved	0	2.7%	Achieved	0	3.0%	Achieved		0
Data completeness, MH identifiers	97%	1.0	No	0	99.8%	Achieved	0	99.8%	Achieved	0	99.8%	Achieved		0
Data completeness, MH outcomes	50%	1.0	No	0	92.5%	Achieved	0	92.2%	Achieved	0	91.7%	Achieved		0
Compliance with requirements regarding access to healthcare for people with a learning disability	NA	1.0	No	0	0.0%	Achieved	0	0.0%	Achieved	0	0.0%	Achieved		0
Community care - referral to treatment information completeness	50%	1.0	No		0.0%	Not relevant		0.0%	Not relevant		0.0%	Not relevant		
Community care - referral information completeness	50%	1.0	No		0.0%	Not relevant		0.0%	Not relevant		0.0%	Not relevant		
Community care - activity information completeness	50%	1.0	No	0	0.0%	Not relevant	0	0.0%	Not relevant	0	0.0%	Not relevant		0
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A		No			No			No			No		
COC compliance action outstanding (as at time of submission)	N/A		No			No			No			No		
COC enforcement action within last 12 months (as at time of submission)	N/A		No			No			No			No		
COC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No			No			No			No		
Moderate COC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No			No			No			No		
Major COC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No			No			No			No		
Trust unable to declare ongoing compliance with minimum standards of COC registration	N/A		No			No			No			No		
Results left to complete				0			0			0				0
Total Score				0			0			0				0

Finance Returns

Compliance Framework Financial Risk Rating

The full returns have been prepared in line with the Monitor requirements. Figures within the returns are consistent with those within the Finance Report considered on the agenda under Performance.

The table below shows the 'Continuity of Services' risk rating.

This quarter, the Trust is able to confirm the Finance Declaration, which states that it is anticipated that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months. The completion of the Northgate land sale in December increased the Trust's liquidity rating up to a 4. The Trust's Operational Plan for 15/16, anticipates that the Trust will maintain a Liquidity rating of 4 and the Trust's Continuity of Services rating will be a 3 for the next 12 months (till Q4 15/16).

Risk Assessment Framework 'Continuity of Services' Financial Risk Rating

	Plan YTD to 31-Mar-15	Actual YTD to 31-Mar-15	2015/16			
			Plan Year to 30-Jun-15	Plan Year to 30-Sept-15	Plan Year to 30-Dec-15	Plan Year to 31-Mar 16
	£ m	£ m	£ m	£ m	£ m	£ m
Liquidity Days (50%)						
Working Capital Balance (cash for liquidity purposes)						
+ Total current assets (+)	35.407	43.226	37.983	35.649	34.405	33.057
+ Total current liabilities (-)	(29.236)	(33.218)	(29.668)	(28.818)	(28.268)	(27.688)
- Inventories (+)	0.450	0.312	0.425	0.425	0.425	0.425
- Non-current assets held for sale (+)	0.000	1.645	0.000	0.000	0.000	0.000
Total Working Capital Balance	5.721	8.051	7.890	6.405	5.712	4.944
<i>multiplied by 360</i>	<i>2,059.560</i>	<i>2,898.360</i>	<i>710.078</i>	<i>1,152.990</i>	<i>1,542.308</i>	<i>1,779.840</i>
Annual Operating Expenses						
Operating expenses within EBITDA	284.668	282.231	71.308	142.615	213.923	285.230
Total Annual Operating Expenses	284.668	282.231	71.308	142.615	213.923	285.230
Liquidity Days Ratio						
= <i>Working Capital Balance * 360</i>	7.2	10.3	10.0	8.1	7.2	6.2
Liquidity Risk Rating	4	4	4	4	4	4
Capital Service Capacity (50%)						
Revenue Available for Debt Service						
+ Surplus / (Deficit) after tax	1.151	(31.554)	0.500	1.000	1.500	2.000
- Impairments/losses (-) or reversals (+) on PFI	0.000	(38.372)	0.000	0.000	0.000	0.000
- Impairments/losses (-) or reversals (+) on non PFI	0.000	0.000	0.000	0.000	0.000	0.000
- Restructuring costs (-)	0.000	0.000	0.000	0.000	0.000	0.000
- PDC expense (-)	(1.813)	(1.031)	(0.128)	(0.257)	(0.385)	(0.513)
- Depreciation & Amortisation (-)	(5.670)	(5.851)	(1.557)	(3.114)	(4.671)	(6.228)
- Total interest expense incl Other Finance Costs (-)	(5.853)	(5.568)	(1.491)	(2.982)	(4.472)	(5.963)
- Gain (+) / Loss (-) on asset disposals	0.000	1.426	0.000	0.000	0.000	0.000
- Donations & Grants of PPE or intangibles	0.000	0.000	0.000	0.000	0.000	0.000
Total Revenue Available for Debt Service	14.487	17.842	3.676	7.352	11.028	14.704
Capital Servicing Costs						
+ PDC dividend expense	1.813	1.031	0.128	0.257	0.385	0.513
+ Interest expense on commercial & non-commercial borrowing	1.437	1.216	0.358	0.717	1.075	1.433
+ Interest expense on PFIs & finance leases	3.100	3.040	0.730	1.460	2.190	2.920
+ Other finance costs & non-operating PFI costs (e.g. contingent rent)	1.316	1.312	0.403	0.805	1.208	1.610
+ Loan repayments	4.470	4.470	0.852	2.295	3.147	4.670
+ Capital element of PFI & other finance lease payments	1.035	1.037	0.391	0.783	1.174	1.565
Total Capital Servicing Costs	13.171	12.106	2.862	6.316	9.178	12.711
Capital Service Capacity Ratio						
= <i>Revenue Available for Debt Service</i>	1.10	1.47	1.28	1.16	1.20	1.16
Capital Service Capacity Risk Rating	1	2	2	1	1	1
Continuity of Services Risk Rating	3	3	3	3	3	3

The Trust scored a 3 at Quarter 4. The forecast is a 3 for the four quarters of 15/16.

RECOMMENDATIONS

The Board of Directors are asked:

- to approve the proposed Quarter 4 submission to Monitor
- to agree the items detailed in Appendix 2 be forwarded to our Monitor Regional Manager

Lisa Quinn
Executive Director of Performance & Assurance
April 2015

Procedure for preparing in-year submissions

In preparing in-year submissions the following reviews will be undertaken:

Reporting Area	Lead	Information to be reviewed	Responsible Committee & Management Forum
Finance			
Finance Worksheets	Executive Director of Finance	Finance Reports	Board, FIBD & CDT
Finance Declaration			
Governance			
Targets and Indicators	Executive Director of Performance & Assurance	Integrated Performance & Assurance Report	Board, Q&P & CDT
Governance Declaration	Executive Director of Finance	Relevant Audit Reports	AC & SMT
	Board Secretary	Minutes of relevant Board/committee meetings	Board & Sub Committees
		Quality Governance Framework	
Elections	Board Secretary	Any results of elections held in the period	Board
Changes to the Board of Directors and Council of Governors	Board Secretary	Register of Board of Directors and Council of Governors	Board
Exception reporting	Executive Directors	Any exception reports made during the period	Board & Sub Committees

Exception reports Q4 2014/15Any Never Events

There have been no never events reported as per the DH guidance document.

Any patient suicide, homicide or absconsion (MH Trusts only)

The following table gives a brief breakdown serious incidents classed as unexpected deaths and any significant absconsion classed as serious (all other Awols / absconds are reported as patient safety incidents on a weekly basis to the NRLS). It should be noted that the vast majority of the following unexpected death incidents are still waiting a coroner's verdict.

Incident Date	Incident Number	Department	Cause 1	Outcome Type
06/01/2015	179485	South Tyneside Adult Community Treatment Team	DE01 Unexpected Death	Conclusion Pending
08/01/2015	179393	Addictions Service NCL N Tyneside	DE01 Unexpected Death	Conclusion Pending
13/01/2015	180032	Gateshead Adult Community Treatment Team	DE01 Unexpected Death	Conclusion Pending
17/01/2015	180427	Addictions Service NCL N Tyneside	DE01 Unexpected Death	Conclusion Pending
23/01/2015	180648	South Tyneside Adult Community Treatment Team	DE01 Unexpected Death	Conclusion Pending
23/01/2015	180656	Sld Crisis Response & Home Treatment	DE01 Unexpected Death	Conclusion Pending
29/01/2015	181614	Newcastle West Adult CMHT	DE01 Unexpected Death	Conclusion Pending
04/02/2015	181768	Assertive Outreach GHD	DE01 Unexpected Death	Conclusion Pending
07/02/2015	182196	Sunderland Adult Community Treatment Team	DE18 Unexpected Death Local AAR	Conclusion Pending
13/02/2015	182926	North Tyneside West Adult CMHT	DE01 Unexpected Death	Conclusion Pending
14/02/2015	182627	Addictions Service Blyth Valley	DE18 Unexpected Death Local AAR	Conclusion Pending
19/02/2015	183376	Blyth Adult CMHT	DE01 Unexpected Death	Conclusion Pending
23/02/2015	184559	Addictions Service NCL N Tyneside	DE18 Unexpected Death Local AAR	Conclusion Pending
25/02/2015	185192	Greenacres - Ashington CMHT	DE18 Unexpected Death Local AAR	Conclusion Pending
14/03/2015	185629	Addictions Service NCL Day Services	DE18 Unexpected Death Local AAR	Conclusion Pending
16/03/2015	185942	Addictions Service Central & Rural NLD	DE18 Unexpected Death Local AAR	Conclusion Pending
16/03/2015	186304	Sunderland Adult Community Treatment Team	DE01 Unexpected Death	Conclusion Pending
17/03/2015	185978	Gateshead Adult Community Treatment Team	DE01 Unexpected Death	Conclusion Pending
19/03/2015	186485	Self Harm & Liaison Service NLD	DE18 Unexpected Death Local AAR	Conclusion Pending
24/03/2015	186567	North Tyneside West Adult CMHT	DE01 Unexpected Death	Conclusion Pending
25/03/2015	186799	North Tyneside East Adult CMHT	DE01 Unexpected Death	Conclusion Pending
26/03/2015	186898	Blyth Adult CMHT	DE01 Unexpected Death	Conclusion Pending

Adverse national press attention Q4 2014/15

Date	Publication	Headline	Content
30 March 2015	The Times Pg2 The Times (Ireland) Pg 2	'Creaking' mental health care keeps children waiting years. (This article also appeared on the website)	Article which follows an FOI from the paper about the treatment of children with mental health illnesses and the length of time it is taking for them to get this help and the distance they may have to travel. There is a comment from the Trust's Gary O'Hare.