

To:	Trust Board										
From:	Stephen Ward, Director of Corporate & Legal Affairs										
Date:	28 August 2014										
CQC regulation:	N/A										
Title:	NHS Trust oversight self certification										
Author/Responsible Director: Stephen Ward, Director of Corporate & Legal Affairs Helen Stokes, Senior Trust Administrator											
Purpose of the Report: At the beginning of April 2013, the NHS Trust Development Authority (NTDA) published a single set of systems, policies and processes governing all aspects of its interactions with NHS trusts in the form of ' <i>Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards</i> '. In accordance with the Accountability Framework, the Trust is required to complete two self certifications in relation to the Foundation Trust application process. Copies of the self certifications submitted in July 2014 (June 2014 position) are attached as Appendices A and B.											
The Report is provided to the Board for:											
<table border="1"> <tr> <td>Decision</td> <td>X</td> </tr> <tr> <td>Assurance</td> <td></td> </tr> </table>		Decision	X	Assurance		<table border="1"> <tr> <td>Discussion</td> <td>X</td> </tr> <tr> <td>Endorsement</td> <td></td> </tr> </table>		Discussion	X	Endorsement	
Decision	X										
Assurance											
Discussion	X										
Endorsement											
Summary / Key Points:											
<ul style="list-style-type: none"> Subject to discussion at the August 2014 Trust Board meeting on matters relating to operational and financial performance, it is proposed that the self certifications against Monitor Licensing Requirements (Appendix A) and Trust Board Statements (Appendix B) be updated following the Trust Board meeting to reflect the July 2014 position and submitted to the NHS Trust Development Authority accordingly 											
Recommendations:											
The Trust Board is asked to provide the Director of Corporate and Legal Affairs with the delegated authority to agree a form of words with the Chief Executive in respect of this month's submission, with the self certifications then to be updated following the Trust Board meeting and submitted to the NHS Trust Development Authority accordingly.											
Previously considered at another corporate UHL Committee? No											
Strategic Risk Register: No		Performance KPIs year to date: N/A									
Resource Implications (eg Financial, HR): No											
Assurance Implications: Yes											
Patient and Public Involvement (PPI) Implications: No											
Stakeholder Engagement Implications: No											
Equality Impact: considered and no impact											
Information exempt from Disclosure: None											
Requirement for further review? All future Trust oversight self certifications will be presented to the Trust Board for approval											

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OVERSIGHT: Monthly self-certification requirements - Compliance Monitor
Monthly Data.

CONTACT INFORMATION:



Enter Your Name:* John Adler
Enter Your Email Address* john.adler@uhl-tr.nhs.uk
Full Telephone Number:* 01162588940 Tel Extension: 8940

SELF-CERTIFICATION DETAILS:



Select Your Trust:* University Hospitals Of Leicester NHS Trust
Submission Date:* 31/07/2014 Reporting Year:* 2014/15

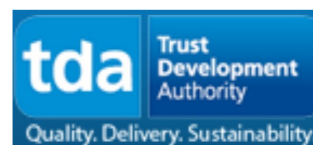
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Select the Month*

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| <input type="radio"/> July | <input type="radio"/> August | <input type="radio"/> September |
| <input type="radio"/> October | <input type="radio"/> November | <input type="radio"/> December |
| <input type="radio"/> January | <input type="radio"/> February | <input type="radio"/> March |

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



- 1. Condition G4** – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
- 2. Condition G5** – Having regard to monitor Guidance.
- 3. Condition G7** – Registration with the Care Quality Commission.
- 4. Condition G8** – Patient eligibility and selection criteria.
- 5. Condition P1** – Recording of information.
- 6. Condition P2** – Provision of information.
- 7. Condition P3** – Assurance report on submissions to Monitor.
- 8. Condition P4** – Compliance with the National Tariff.
- 9. Condition P5** – Constructive engagement concerning local tariff modifications.
- 10. Condition C1** – The right of patients to make choices.
- 11. Condition C2** – Competition oversight.
- 12. Condition IC1** – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence: [The new NHS Provider Licence](#)

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COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



Comment where non-compliant or at risk of non-compliance

1. Condition G4 Yes
Fit and proper persons as
Governors and Directors.*

2. Condition G5 Yes
Having regard to monitor
Guidance.*

3. Condition G7 Yes
Registration with the Care
Quality Commission.*

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Comment where non-compliant or at risk of non-compliance

4. Condition G8
Patient eligibility and selection criteria.*

Yes

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Comment where non-compliant or at risk of non-compliance

5. Condition P1
Recording of information.* Yes

6. Condition P2
Provision of information.* Yes

7. Condition P3
Assurance report on submissions to Monitor.* Yes

8. Condition P4
Compliance with the National Tariff.* Yes

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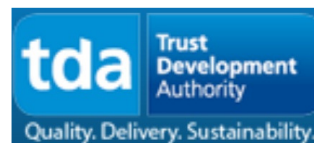
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Comment where non-compliant or
at risk of non-compliance

9. Condition P5

Constructive engagement
concerning local tariff
modifications.*

Yes

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Comment where non-compliant or at risk of non-compliance

10. Condition C1
The right of patients to make choices.*

Yes

11. Condition C2
Competition oversight.*

Yes

12. Condition IC1
Provision of integrated care.*

Yes

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OVERSIGHT: Monthly self-certification requirements - Board Statements Monthly Data.

CONTACT INFORMATION:



Enter Your Name:* John Adler

Enter Your Email Address* john.adler@uhl-tr.nhs.uk

Full Telephone Number:* 0116 2588940 Tel Extension: 8940

SELF-CERTIFICATION DETAILS:



Select Your Trust:* University Hospitals Of Leicester NHS Trust

Submission Date:* 31/07/2014 Reporting Year: 2014/15

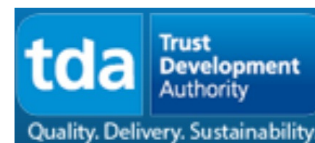
Select the Month* April May June
 July August September
 October November December
 January February March

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BOARD STATEMENTS:



CLINICAL QUALITY
FINANCE
GOVERNANCE

The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope.

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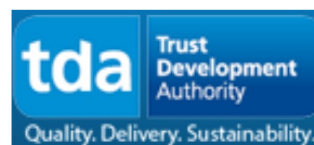
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BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

1. The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

1. CLINICAL QUALITY Yes

Indicate compliance.*

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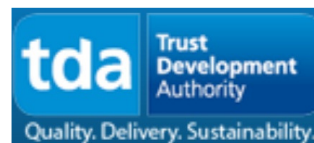
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BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

2. CLINICAL QUALITY Yes

Indicate compliance.*

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BOARD STATEMENTS:



For **CLINICAL QUALITY**, that

3. The board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.

3. CLINICAL QUALITY

Indicate compliance. *

Yes

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BOARD STATEMENTS:



For **FINANCE**, that

4. The board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.

4. FINANCE

Indicate compliance. *

Yes

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BOARD STATEMENTS:



For **GOVERNANCE**, that

5. The board will ensure that the trust remains at all times compliant with the NTDA accountability framework and shows regard to the NHS Constitution at all times.

5. GOVERNANCE
Indicate compliance.*

Yes

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BOARD STATEMENTS:



For **GOVERNANCE**, that

6. All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.

6. GOVERNANCE

Indicate compliance.*

Risk

Timescale for compliance:* 31/03/2015

RESPONSE:

UHL is currently non compliant with the ED 4-hour wait target. The Trust is working towards sustainable compliance with the ED target.

Comment where non-compliant or at risk of non-compliance*

UHL continues to experience high numbers of emergency admissions and until such time as the LLR health economy is able to respond to the required increase in discharges, UHL will continue to experience significant day to day capacity issues.

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BOARD STATEMENTS:



For **GOVERNANCE**, that

7. The board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.

7. GOVERNANCE

Indicate compliance.*

Yes

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BOARD STATEMENTS:



For **GOVERNANCE**, that

8. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.

8. GOVERNANCE

Indicate compliance.*

Yes

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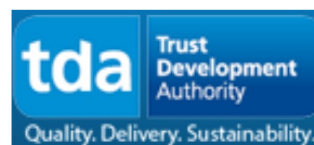
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BOARD STATEMENTS:



For **GOVERNANCE**, that

9. An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (www.hm-treasury.gov.uk).

9. GOVERNANCE

Indicate compliance.*

Yes

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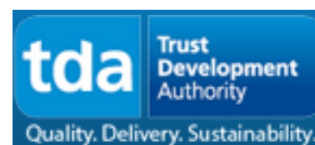
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BOARD STATEMENTS:



For GOVERNANCE, that

10. The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.

10. GOVERNANCE

Indicate compliance.*

No

Timescale for compliance:*

31/03/2015

RESPONSE:

Comment where non-compliant or at risk of non-compliance*

UHL is currently non compliant with the ED 4-hour wait target and the Referral to Treatment (RTT) admitted and non-admitted targets. UHL has not met the 2 week wait targets for all cancers and symptomatic breast patients due to a large increase in referrals in April 2014 (circa 20% increase).

Tumour group level action plans are being developed to return cancer performance to compliant levels by the end of Quarter 2 of 2014-15.

The Trust is working towards sustainable compliance with the ED target. An Emergency Care Improvement Hub has been established, which brings together partners from across health and social care. An RTT recovery plan has been agreed with Commissioners.

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BOARD STATEMENTS:



For **GOVERNANCE**, that

11. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.

11. GOVERNANCE

Indicate compliance.*

Yes

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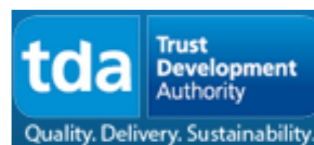
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BOARD STATEMENTS:



For **GOVERNANCE**, that

12. The board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.

12. GOVERNANCE
Indicate compliance.*

Yes

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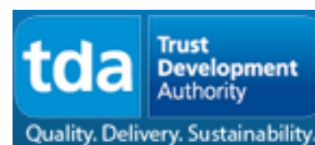
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BOARD STATEMENTS:



For **GOVERNANCE**, that

13. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.

13. GOVERNANCE Yes

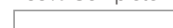
Indicate compliance.*

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BOARD STATEMENTS:



For **GOVERNANCE**, that

14. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.

14. GOVERNANCE
Indicate compliance.*

Yes

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