

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**Trust Board Bulletin – 8 January 2015**

The following reports are attached to this Bulletin as items for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **NHS Trust Over-Sight Self Certification return for the period ended 30 November 2014 (as submitted to the NTDA by 31 December 2014)** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 1**, and
- **Quarterly update on Trust sealings** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 2**.

**It is intended that these papers will not be discussed at the formal Trust Board meeting on 8 January 2015, unless members wish to raise specific points on the reports.**

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

## **Trust Board Bulletin 8 January 2015 – Paper 1**

### **NHS Trust Oversight Self-Certification**

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 December 2014 (November 2014 position) are attached as Appendices A and B.

Stephen Ward  
Director of Corporate and Legal Affairs

# NHS TRUST DEVELOPMENT AUTHORITY



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

## CONTACT INFORMATION:



Enter Your Name: \*

Enter Your Email Address \*

Full Telephone Number: \*

Tel Extension:

## SELF-CERTIFICATION DETAILS:



Select Your Trust: \*

University Hospitals Of Leicester NHS Trust

Submission Date: \*



Reporting  
Year: \*

2014/15

Page 1 of 7

[Report Abuse](#) | [Terms of Use](#)

Powered by [Adobe FormsCentral](#)

# NHS TRUST DEVELOPMENT AUTHORITY



Select the Month \*

April

May

June

July

August

September

October

November

December

January

February

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](#)



# NHS TRUST DEVELOPMENT AUTHORITY



## 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. \*



# NHS TRUST DEVELOPMENT AUTHORITY



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

**4. Condition G8**  
Patient eligibility and selection criteria. \*

Yes



# NHS TRUST DEVELOPMENT AUTHORITY



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

**5. Condition P1** Yes  
Recording of information. \*

**6. Condition P2** Yes  
Provision of information. \*

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

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



# NHS TRUST DEVELOPMENT AUTHORITY



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

**9. Condition P5**  
Constructive engagement concerning local tariff modifications. ■

Yes





# NHS TRUST DEVELOPMENT AUTHORITY



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

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

**11. Condition C2** Yes  
Competition oversight. \*

**12. Condition IC1** Yes  
Provision of integrated care. \*

# NHS TRUST DEVELOPMENT AUTHORITY



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

## CONTACT INFORMATION:



Enter Your Name: \*

Enter Your Email Address \*

Full Telephone Number: \*

Tel Extension:

## SELF-CERTIFICATION DETAILS:



Select Your Trust: \*

University Hospitals Of Leicester NHS Trust

Submission Date: \*



Reporting Year: \*

2014/15

Select the Month \*

- |         |          |           |
|---------|----------|-----------|
| April   | May      | June      |
| July    | August   | September |
| October | November | December  |
| January | February | March     |

# NHS TRUST DEVELOPMENT AUTHORITY



## BOARD STATEMENTS:



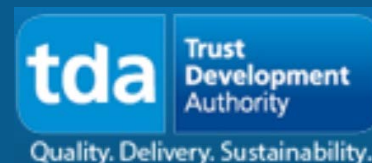
CLINICAL QUALITY  
FINANCE  
GOVERNANCE

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.



# NHS TRUST DEVELOPMENT AUTHORITY



## 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. \*



# NHS TRUST DEVELOPMENT AUTHORITY



## 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. \*

Page 4 of 16

22% Complete



# NHS TRUST DEVELOPMENT AUTHORITY



## 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**      Yes  
Indicate compliance.

Page 5 of 16

28% Complete



# NHS TRUST DEVELOPMENT AUTHORITY



## 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

Page 6 of 16

34% Complete



# NHS TRUST DEVELOPMENT AUTHORITY



## 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

Page 7 of 16

40% Complete





# NHS TRUST DEVELOPMENT AUTHORITY



## 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. \*

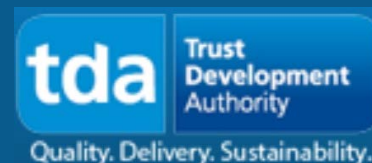
Yes

Page 8 of 16

46% Complete



# NHS TRUST DEVELOPMENT AUTHORITY



## 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

Page 9 of 16

52% Complete



# NHS TRUST DEVELOPMENT AUTHORITY



## 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

Page 10 of 16

58% Complete



# NHS TRUST DEVELOPMENT AUTHORITY



## 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](http://www.hm-treasury.gov.uk)).

**9. GOVERNANCE**  
Indicate compliance. \*

Yes

Page 11 of 16

64% Complete



# NHS TRUST DEVELOPMENT AUTHORITY



## 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. \*

Risk

Timescale for compliance: \*



RESPONSE:

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



# NHS TRUST DEVELOPMENT AUTHORITY



## 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

Page 13 of 16

76% Complete



# NHS TRUST DEVELOPMENT AUTHORITY



## 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

Page 14 of 16

82% Complete



# NHS TRUST DEVELOPMENT AUTHORITY



## 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**  
Indicate compliance. \*

Yes

Page 15 of 16

88% Complete





# NHS TRUST DEVELOPMENT AUTHORITY



## 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

Page 16 of 16

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO:** TRUST BOARD  
**DATE:** 8 JANUARY 2015  
**REPORT BY:** DIRECTOR OF CORPORATE AND LEGAL AFFAIRS  
**SUBJECT:** SEALING OF DOCUMENTS

---

1. The Trust's Standing Orders (Standing Order 12) set out the approved arrangements for custody of the Trust's seal and the sealing of documents.
2. Appended to this report is a table setting out details of the Trust sealings for the 2014-15 financial year to date (by quarter).
3. The Trust Board is invited to receive and note this information.
4. Reports on Trust sealings will continue to be submitted to the Trust Board on a quarterly basis.

Stephen Ward  
**Director of Corporate and Legal Affairs**

**List of Trust Sealings for Quarter 3, 2014/15**

**There were no Trust sealings for Quarter 3.**