

Trust Board Paper S

To:	Trust Board		
From:	Stephen Ward, Director of Corporate & Legal Affairs		
Date:	25 th July 2013		
CQC regulation:	N/A		
Title:	NHS trust oversight self certification		
Author/Responsible Director: Helen Harrison, FT Programme Manager / Stephen Ward, Director of Corporate & Legal Affairs			
Purpose of the Report:			
<p>The Board will be aware that 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>'.</p> <p>In line with this new Accountability Framework, the Trust is required to complete a number of self certifications in relation to the Foundation Trust application process. The self-certification process consists of three forms:</p> <ul style="list-style-type: none"> • Monitor Licensing Requirements • Trust Board Statements • Progress Towards FT Status <p>Copies of the Trust's <i>Monitor Licensing Requirements</i> and <i>Trust Board Statements</i> self certification for April 2013 (submitted to the NTDA on the 17th May 2013) were reviewed and approved at the May 2013 Trust Board.</p> <p>On 11th June 2013, the Trust was again asked to complete the <i>Monitor Licensing Requirements</i> and <i>Trust Board Statements</i> self certification forms with a submission due date of 17th June 2013. These were submitted to the NTDA on the 17th June 2013 and subsequently reviewed and approved at the June 2013 Trust Board.</p> <p>The NTDA have advised that from July 2013 onwards, these self certification submissions will be due on the last working day of each month. A template for self certification against Progress Towards FT Status is still awaited.</p> <p>Draft copies of the Trust's <i>Monitor Licensing Requirements</i> and the <i>Trust Board Statements</i> self certification for June 2013 are attached as Appendix A and B.</p> <p>The NTDA have also requested that on an interim basis, the Trust continue to complete and submit the Governance Risk Rating, Financial Risk Rating, quality and contractual data elements of part two of the Single Operating Model (SOM) published by the Department of Health in August 2012. A draft copy of these returns is attached as Appendix C.</p>			
The Report is provided to the Board for:			
Decision		X	Discussion
Assurance			Endorsement
Summary / Key Points:			
Appendix A:-			
<ul style="list-style-type: none"> • Rationale to support the Trust's declarations of compliance against Monitor's Provider License requirements is under development and will be presented at a future Trust Board meeting 			
Appendix B:-			

- A revised plan and trajectory for sustained compliance with the ED target is being prepared in conjunction with commissioners and will be submitted to NHS England and the NTDA by the end of July. The New Chief Operating Officer is re-appraising the RTT position and a speciality specific action plan will be submitted to commissioners by 8 August 2013.
- In relation to Board Statement 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); at its monthly meetings, the Executive Performance Board oversees the implementation of actions by management responding to Internal Audit's recommendations; on behalf of the Trust Board, the Audit Committee reviews the implementation of such actions at each of its meetings

Appendix C:-

- The A&E 4 hour target was not met for June 2013
- The 18 week wait referral to treatment (admitted) target was not met for June 2013
- Actions to address the non achievement of these performance targets are summarised in separate exception reports to the Board
- The Governance Risk Rating for June 2013 is: **Amber / Red**
- The Financial Risk Rating for June 2013 is: **2**

Recommendations:

The Trust Board is:

- Invited to **seek assurance** from executive colleagues in relation to the actions being taken to address areas of non achievement against the service delivery and financial and contractual performance targets within the trust oversight self certification for June 2013
- Asked to **approve** the Monitor Licensing Requirements and Trust Board Statements self certifications for June 2013 (attached as Appendix A and Appendix B)
- Asked to **approve** UHL's June SOM trust over-sight self certification submission (attached as Appendix C)

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: None

Information exempt from Disclosure: None

Requirement for further review? All future trust oversight self certifications will be presented to the Trust Board for approval

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board
DATE: 25th July 2013
REPORT FROM: Stephen Ward, Director of Corporate & Legal Affairs
SUBJECT: NHS trust oversight self certification

1) Introduction

The Board will be aware that 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 '*Delivering High Quality Care for Patients: The Accountability Framework for NHS Trust Boards*'.

In line with this new Accountability Framework, the Trust is required to complete a number of self certifications in relation to the Foundation Trust application process. The self-certification process consists of three forms:

- Monitor Licensing Requirements
- Trust Board Statements
- Progress Towards FT Status

The *Monitor Licensing Requirements* and *Trust Board Statements* self certification forms were published by the NTDA on 9th May 2013 with a submission due date of 17th May 2013. These were submitted to the NTDA on 17th May 2013 and subsequently reviewed and approved at the May 2013 Trust Board

On 11th June 2013, the Trust was again asked to complete the *Monitor Licensing Requirements* and *Trust Board Statements* self certification forms with a submission due date of 17th June 2013. These were submitted to the NTDA on the 17th June 2013 and subsequently reviewed and approved at the June 2013 Trust Board.

The NTDA have advised that from July 2013 onwards, these self certification submissions will be due on the last working day of each month. A template for self certification against Progress Towards FT Status is still awaited.

Draft copies of the Trust's *Monitor Licensing Requirements* and the *Trust Board Statements* self certification for June 2013 are attached as Appendix A and B.

The NTDA have also requested that on an interim basis, the Trust continue to complete and submit the Governance Risk Rating, Financial Risk Rating, quality and contractual data elements of part two of the Single Operating Model (SOM) published by the Department of Health in August 2012. A draft copy of these returns is attached as Appendix C.

2) Key points to note

Appendix A:-

- Rationale to support the Trust's declarations of compliance against Monitor's Provider License requirements is under development and will be presented at a future Trust Board meeting

Appendix B:-

- A revised plan and trajectory for sustained compliance with the ED target is being prepared in conjunction with commissioners and will be submitted to NHS England and the NTDA by the end of July. The New Chief Operating Officer is re-appraising the RTT position and a speciality specific action plan will be submitted to commissioners by 8 August 2013.
- In relation to Board Statement 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); at its monthly meetings, the Executive Performance Board oversees the implementation of actions by management responding to Internal Audit's recommendations; on behalf of the Trust Board, the Audit Committee reviews the implementation of such actions at each of its meetings

Appendix C:-

- The A&E 4 hour target was not met for June 2013
- The 18 week wait referral to treatment (admitted) target was not met for June 2013
- Actions to address the non achievement of these performance targets are summarised in separate exception reports to the Board
- The Governance Risk Rating for June 2013 is: **Amber / Red**
- The Financial Risk Rating for June 2013 is: **2**

3) Recommendations

The Trust Board is:

- Invited to **seek assurance** from executive colleagues in relation to the actions being taken to address areas of non achievement against the service delivery and financial and contractual performance targets within the trust oversight self certification for June 2013
- Asked to **approve** the Monitor Licensing Requirements and Trust Board Statements self certifications for June 2013 (attached as Appendix A and Appendix B)
- Asked to **approve** UHL's June SOM trust over-sight self certification submission (attached as Appendix C)

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:

Submission Date: Reporting Year:

Select the Month

<input type="radio"/> April	<input type="radio"/> May	<input checked="" type="radio"/> June
<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](#)

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:



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

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

Yes

Timescale for compliance:

2. Condition G5
Having regard to monitor Guidance.

Yes

Timescale for compliance:

3. Condition G7
Registration with the Care Quality Commission.

Yes

Timescale for compliance:

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

4. Condition G8
Patient eligibility and selection criteria.

Yes

Timescale for compliance:

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

5. Condition P1
Recording of information.

Yes

Timescale for compliance:

6. Condition P2
Provision of information.

Yes

Timescale for compliance:

7. Condition P3
Assurance report on submissions to Monitor.

Yes

Timescale for compliance:

8. Condition P4
Compliance with the National Tariff.

Yes

Timescale for compliance:

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

9. Condition P5
Constructive engagement concerning local tariff modifications.

Yes

Timescale for compliance:

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

10. Condition C1

The right of patients to make choices.

Yes

Timescale for compliance:

11. Condition C2

Competition oversight.

Yes

Timescale for compliance:

12. Condition IC1

Provision of integrated care.

Yes

Timescale for compliance:

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:

Submission Date: Reporting Year:

Select the Month

<input type="radio"/> April	<input type="radio"/> May	<input checked="" type="radio"/> June
<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

BOARD STATEMENTS:



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.

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**

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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

Indicate compliance.

Yes

Timescale for compliance:

RESPONSE:

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

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

Timescale for compliance:

RESPONSE:

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

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

Yes

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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

Yes

Indicate compliance.

Timescale for compliance:

RESPONSE:

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

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

Timescale for compliance:

RESPONSE:

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

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

Timescale for compliance:

RESPONSE:

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

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

Timescale for compliance:

RESPONSE:

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

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

Timescale for compliance:

RESPONSE:

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

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:

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 target.

A revised plan and trajectory for sustained compliance with the ED target is being prepared in conjunction with commissioners and will be submitted to NHS England and the NTDA by the end of July. The New Chief Operating Officer is re-appraising the RTT position and a speciality specific action plan will be submitted to commissioners by 8 August 2013.

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

Timescale for compliance:

RESPONSE:

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

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

Timescale for compliance:

RESPONSE:

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

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

Timescale for compliance:

RESPONSE:

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

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

Timescale for compliance:

RESPONSE:

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

SELF-CERTIFICATION RETURNS
Organisation Name:
UNIVERSITY HOSPITALS OF LEICESTER
Monitoring Period:
June 2013
NHS Trust Over-sight self certification template

**Returns to TDA.MidlandsEast@nhs.net by the last
working day of each month**

FINANCIAL RISK RATING

UNIVERSITY HOSPITALS OF LEICESTER

Insert the Score (1-5) Achieved for each Criteria Per Month

Criteria	Indicator	Weight	Risk Ratings					Reported Position		Normalised Position*		Board Action
			5	4	3	2	1	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	2	3	2	3	
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	1	4	1	4	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	5	3	5	
	I&E surplus margin %	20%	3	2	1	-2	<-2	1	2	1	2	
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3	3	3	
Weighted Average		100%						2.2	3.3	2.2	3.3	
Overriding rules								2		2		
Overall rating								2	3	2	3	

Overriding Rules :

Max Rating	Rule				
3	Plan not submitted on time	No			
3	Plan not submitted complete and correct	No			
2	PDC dividend not paid in full	No			
2	Unplanned breach of PBC	No			
2	One Financial Criterion at "1"		2		2
3	One Financial Criterion at "2"				
1	Two Financial Criteria at "1"				
2	Two Financial Criteria at "2"		2		2

* Trust should detail the normalising adjustments made to calculate this rating within the comments box.

GOVERNANCE RISK RATINGS

UNIVERSITY HOSPITALS OF LEICESTER

See 'Notes' for further detail of each of the below indicators

						Insert YES, NO or N/A (as appropriate)								
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Board Action	
						Qtr to Sep-12	Qtr to Dec-12	Qtr to Mar-13	Apr-13	May-13	Jun-13	Qtr to Jun-13		
Patient Experience	2a	From point of referral to treatment in aggregate (RTT) – admitted	Maximum time of 18 weeks	90%	1.0	Yes	Yes	Yes	No	Yes	No	No	Contract query raised by CCG's. Actions to address the non achievement of this performance targets are summarised in a separate exception report to the Board	
	2b	From point of referral to treatment in aggregate (RTT) – non-admitted	Maximum time of 18 weeks	95%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
	2c	From point of referral to treatment in aggregate (RTT) – patients on an incomplete pathway	Maximum time of 18 weeks	92%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
	2d	Certification against compliance with requirements regarding access to healthcare for people with a learning disability		N/A	0.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising :	Surgery	94%	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Detailed action plan at tumour site submitted to CCG's
			Anti cancer drug treatments	98%										
			Radiotherapy	94%										
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer	85%	1.0	Yes	Yes	No	No	No	Yes	No		
			From NHS Cancer Screening Service referral	90%										
3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
3d	Cancer: 2 week wait from referral to date first seen, comprising:	all urgent referrals for symptomatic breast patients (cancer not initially suspected)	93%	0.5	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes		
			93%											
3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	Yes	No	No	No	No	No	No	No	Joint Emergency Care action plan submitted to NHS England. Actions to address the non achievement of this performance targets are summarised in a separate exception report to the Board	
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	12	1.0	N/a	N/a	N/a	N/a	N/a	N/a	N/a		
			Is the Trust below the YTD ceiling	Enter contractual ceiling		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
	4b	MRSA	Is the Trust below the de minimus	6	1.0	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
			Is the Trust below the YTD ceiling	Enter contractual ceiling		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
	CQC Registration													
	A	Non-Compliance with CQC Essential Standards resulting in a Major Impact on Patients		0	2.0	No	No	No	No	No	No	No	No	
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	Yes	Yes	No	No	No	No	No	No	
C	NHS Litigation Authority – Failure to maintain, or certify a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements		0	2.0	No	No	No	No	No	No	No	No		
TOTAL						4.0	5.5	2.0	3.0	2.0	2.0	3.0		
						R	R	AR	AR	AR	AR	AR		

RAG RATING :
GREEN = Score less than 1
AMBER/GREEN = Score greater than or equal to 1, but less than 2
AMBER / RED = Score greater than or equal to 2, but less than 4
RED = Score greater than or equal to 4

GOVERNANCE RISK RATINGS

UNIVERSITY HOSPITALS OF LEICESTER

Insert YES, NO or N/A (as appropriate)

See 'Notes' for further detail of each of the below indicators

Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Board Action
						Qtr to Sep-12	Qtr to Dec-12	Qtr to Mar-13	Apr-13	May-13	Jun-13	Qtr to Jun-13	
Overriding Rules - Nature and Duration of Override at SHA's Discretion													
i)		Meeting the MRSA Objective	Greater than six cases in the year to date, and breaches the cumulative year-to-date trajectory for three successive quarters			No	No	No	No	No			
ii)		Meeting the C-Diff Objective	Greater than 12 cases in the year to date, and either: Breaches the cumulative year-to-date trajectory for three successive quarters Reports important or significant outbreaks of C.difficile, as defined by the Health Protection Agency.			No	No	No	No	No			
iii)		RTT Waiting Times	Breaches: The admitted patients 18 weeks waiting time measure for a third successive quarter The non-admitted patients 18 weeks waiting time measure for a third successive quarter The incomplete pathway 18 weeks waiting time measure for a third successive quarter			No	No	No	No	No			
iv)		A&E Clinical Quality Indicator	Fails to meet the A&E target twice in any two quarters over a 12-month period and fails the indicator in a quarter during the subsequent nine-month period or the full year.			Yes	Yes	Yes	Yes	Yes			
v)		Cancer Wait Times	Breaches either: the 31-day cancer waiting time target for a third successive quarter the 62-day cancer waiting time target for a third successive quarter			No	No	No	No	No			
viii)		Any other Indicator weighted 1.0	Breaches the indicator for three successive quarters.			No	No	No	No	No			
Adjusted Governance Risk Rating						4.0	5.5	4.0	4.0	4.0	2.0	3.0	
						R	R	R	R	R	AR	AR	

CONTRACTUAL DATA

**UNIVERSITY HOSPITALS OF
LEICESTER**

Information to inform discussion meeting

Insert "Yes" / "No" Assessment for the Month

Criteria	Historic Data			Current Data				Board Action
	Qtr to Sep-12	Qtr to Dec-12	Qtr to Mar-13	Apr-13	May-13	Jun-13	Qtr to Jun-13	
1 Are the prior year contracts* closed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
2 Are all current year contracts* agreed and signed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
3 Has the Trust received income support outside of the NHS standard contract e.g. transformational support?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
4 Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
5 Are there any disputes over the terms of the contract?	No	No	No	No	No	No	No	
6 Might the dispute require third party intervention or arbitration?	N/a	N/a	N/a	No	No	No	No	
7 Are the parties already in arbitration?	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
8 Have any performance notices been issued?	No	Yes	Yes	Yes	Yes	Yes	Yes	Escalation notices in relation to ED 4 hour performance and cancer 62 day performance remain in force. Actions to address the non achievement of these performance targets are summarised in separate exception reports to the Board
9 Have any penalties been applied?	No	Yes	Yes	Yes	No	No	No	

*All contracts which represent more than 25% of the Trust's operating revenue.