

Agenda Item: Trust Board Paper P

TRUST BOARD - 22 December 2014

NHS Trust Oversight Self-Certification

DIRECTOR:	Stephen Ward – Director of Corporate and Legal Affairs		
AUTHOR:	Kate Rayns – Acting Senior Trust Administrator		
DATE:	22 December 2014		
PURPOSE:	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 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 November 2014 (October 2014 position) are attached as Appendices A and B. Subject to discussion at the December 2014 Trust Board meeting on matters relating to operational and financial performance, and review of the month 8 quality and performance exception reports, the Trust Board is recommended to authorise the Director of Corporate and Legal Affairs to finalise and submit the return to the NHS Trust Development Authority in consultation with the Chief Executive.		
PREVIOUSLY CONSIDERED BY:	N/A		
Objective(s) to which issue relates *	 X 1. Safe, high quality, patient-centred healthcare X 2. An effective, joined up emergency care system X 3. Responsive services which people choose to use (secondary, specialised and tertiary care) 4. Integrated care in partnership with others (secondary, specialised and tertiary care) 5. Enhanced reputation in research, innovation and clinical education X 6. Delivering services through a caring, professional, passionate and valued workforce X 7. A clinically and financially sustainable NHS Foundation Trust 8. Enabled by excellent IM&T 		
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	None		
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	Not applicable		

Organisational Risk Register/ Board Assurance Framework *	Organisational Risk Register	Board Assurance Framework	Not Featured
ACTION REQUIRED *			
For decision X	For assurance	For information	

We treat people how we would like to be treated
 We do what we say we are going to do
 We focus on what matters most
 We are one team and we are best when we work together
 We are passionate and creative in our work

^{*} tick applicable box



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

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Select the Month*

April October January May November February

June December March

COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR **NHS TRUSTS:**



- Condition G4 Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
- Condition G5 Having regard to monitor Guidance.
- **Condition G7** Registration with the Care Quality Commission.
- **Condition G8** Patient eligibility and selection criteria.
- **Condition P1** Recording of information.
- Condition P2 Provision of information.
- Condition P3 Assurance report on submissions to Monitor.
- Condition P4 Compliance with the National Tariff. 8.
- **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
Fit and proper persons as
Governors and Directors.*

2. Condition G5
Having regard to monitor
Guidance.*

Yes

Yes

3. Condition G7
Registration with the Care

Yes

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

4. Condition G8Patient 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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Comment where non-compliant or at risk of non-compliance

Condition P5
 Constructive engagement concerning local tariff modifications. *

Yes

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73% Complete

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

10. Condition C1The 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: *

Enter Your Email Address*

Full Telephone Number: *

Tel Extension:

SELF-CERTIFICATION DETAILS:

Select Your Trust: * University Hospitals Of Leicester NHS Trust

Submission Date: *

Reporting

2014/15

Year: *

Select the Month*

April July October January

May August November February June September December 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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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. *

Yes

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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 Indicate compliance.*

Yes

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22% Complete

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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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28% Complete

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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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34% Complete

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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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40% Complete

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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.*

Yes

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46% Complete

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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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52% Complete

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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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58% Complete

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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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64% Complete

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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

Risk

Indicate compliance.*



RESPONSE:

Comment where non-

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70% Complete

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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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76% Complete

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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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82% Complete

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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** Indicate compliance.*

Yes

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88% Complete

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BOARD STATEMENTS:







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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