

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**Trust Board Bulletin – 2 July 2015**

The following report is attached to this Bulletin as an item for noting, and is 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 April 2015 (as submitted to the NTDA on 29 May 2015) –** Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 1.**

**It is intended that this paper will not be discussed at the formal Trust Board meeting on 2 July 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.

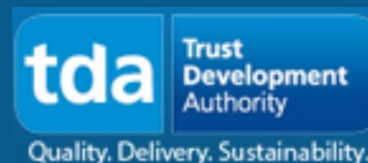
## **Trust Board Bulletin 4 June 2015 – Paper 1**

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

In accordance with the Accountability Framework, the Trust is required to complete self certifications in relation to the Foundation Trust application process. A copy of the performance self-certification submitted in May 2015 (April 2015 position) is attached.

Stephen Ward  
Director of Corporate and Legal Affairs

# 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: \*

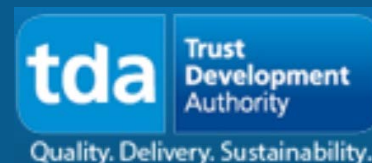
2015/16

Select the Month \*

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

NB: The next report produced will be for **January 2014/15**

# 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. \*

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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.



# 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

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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

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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



# 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

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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

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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** Yes  
Indicate compliance. \*

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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



# 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

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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

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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

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