UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

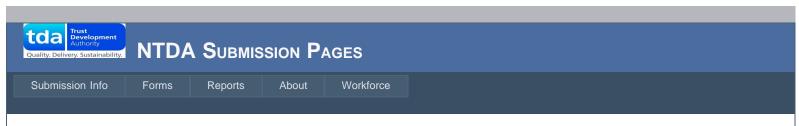
<u>Trust Board Bulletin – 5 November 2015</u>

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 31 August 2015 (as submitted to the NTDA on 30 September 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 5 November 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.



OVERSIGHT: MONTHLY SELF-CERTIFICATION REQUIREMENTS - BOARD STATEMENTS MONTHLY DATA.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST RWE John Adler john.adler@uhl-tr.nhs.uk

SELF CERTIFICATION DETAILS:

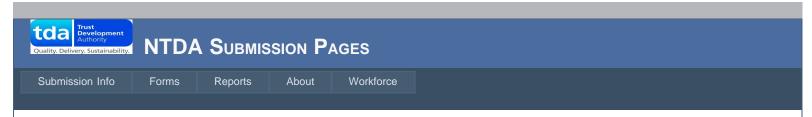
Submission Date:

Reporting Year: 2015/16

Select the Month:







OVERSIGHT: MONTHLY SELF-CERTIFICATION REQUIREMENTS - BOARD STATEMENTS MONTHLY DATA.

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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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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.

Compliant?

Yes







For **CLINICAL QUALITY**, that

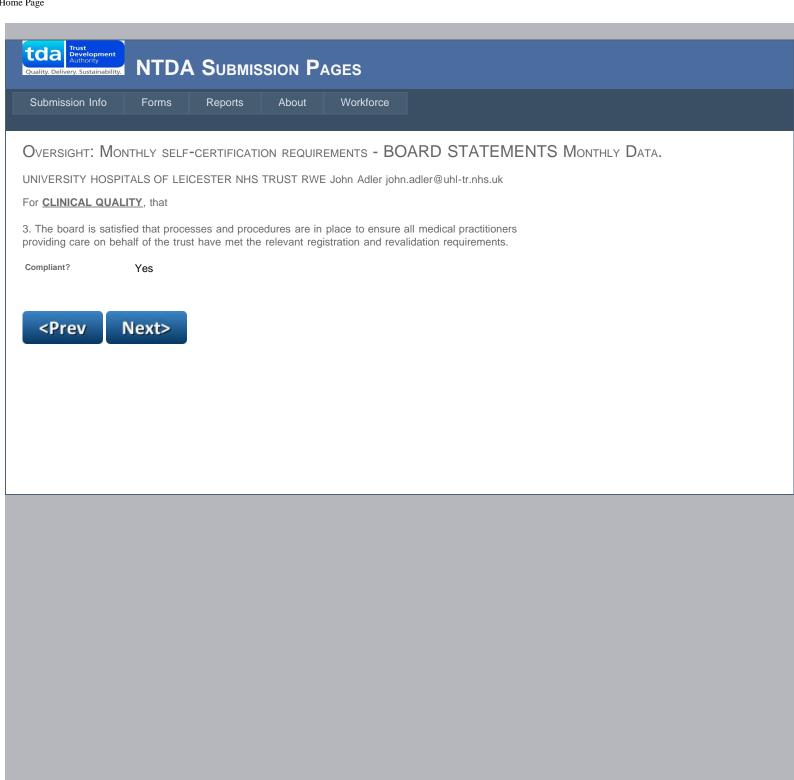
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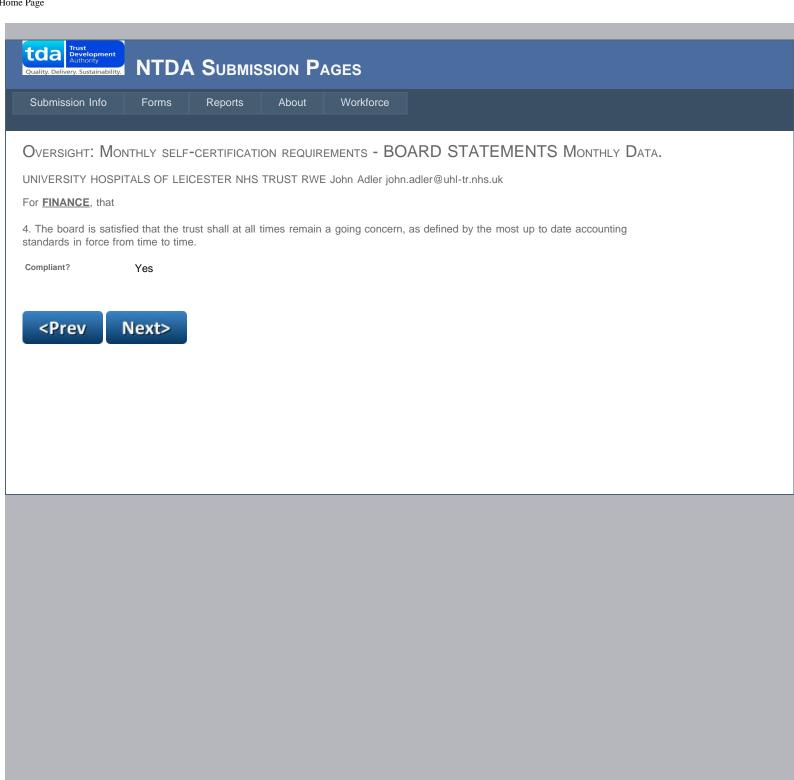
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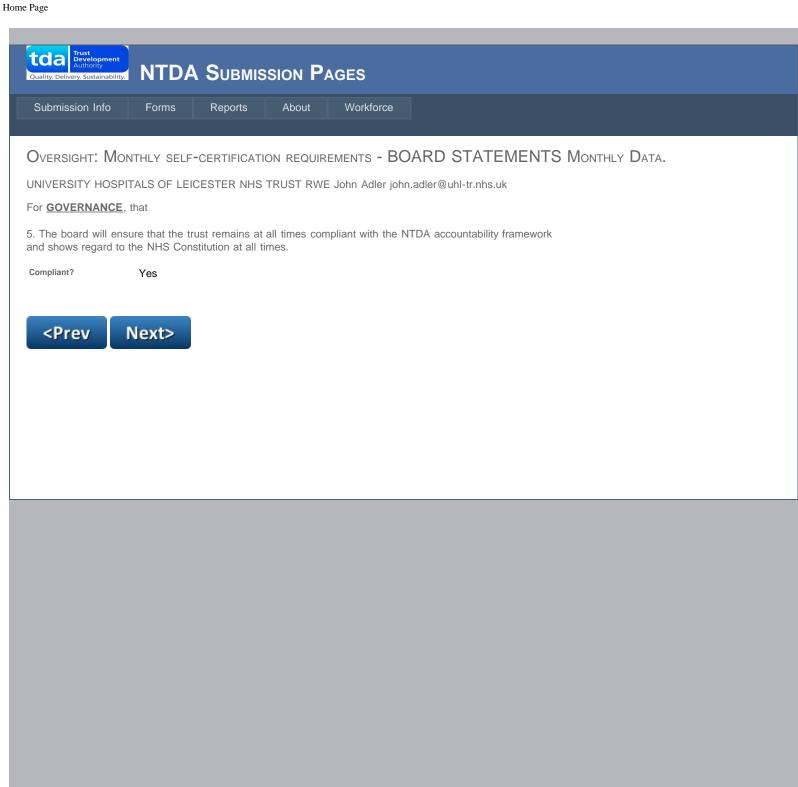
2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

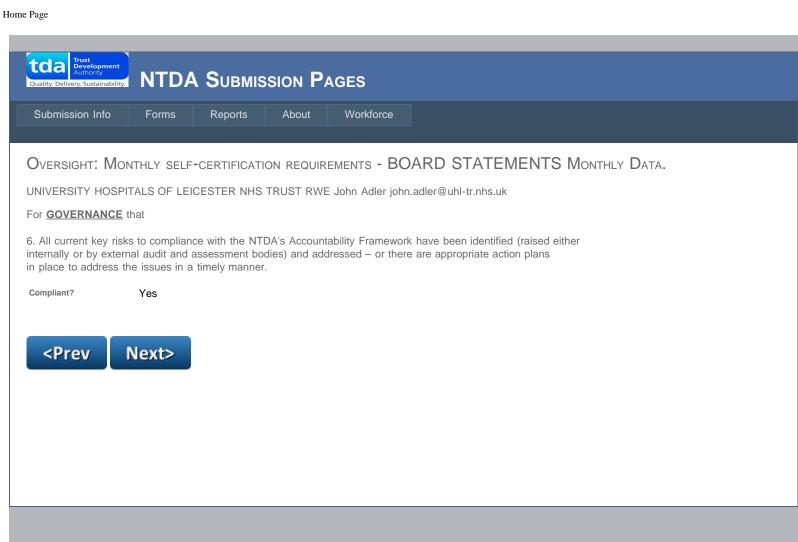
Timescale for compilance:

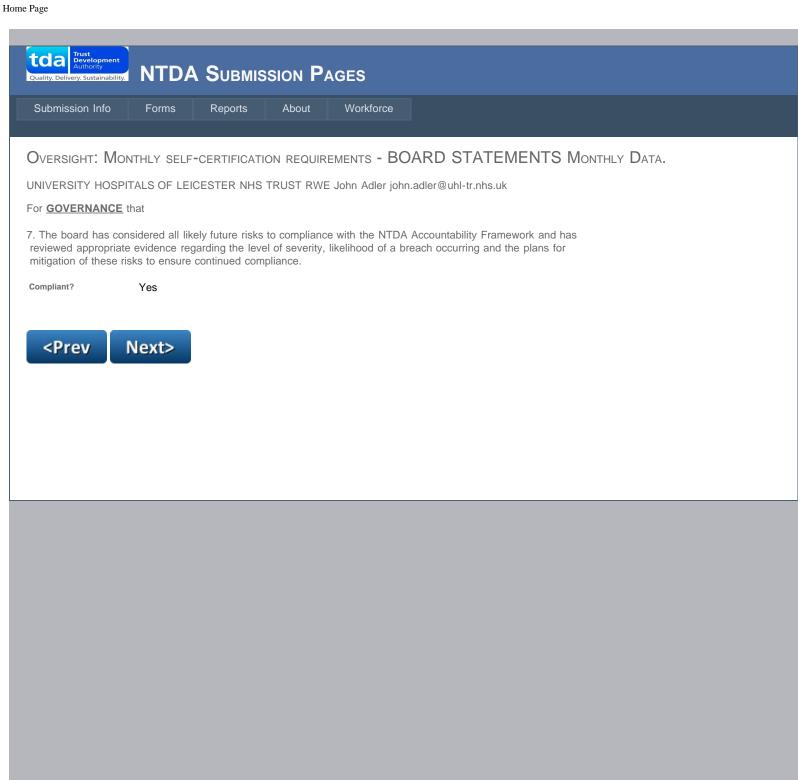
Response: Comment where non-compliant or at risk of non-compliance. If N/A please explain why it is Not Applicable to your Trust.

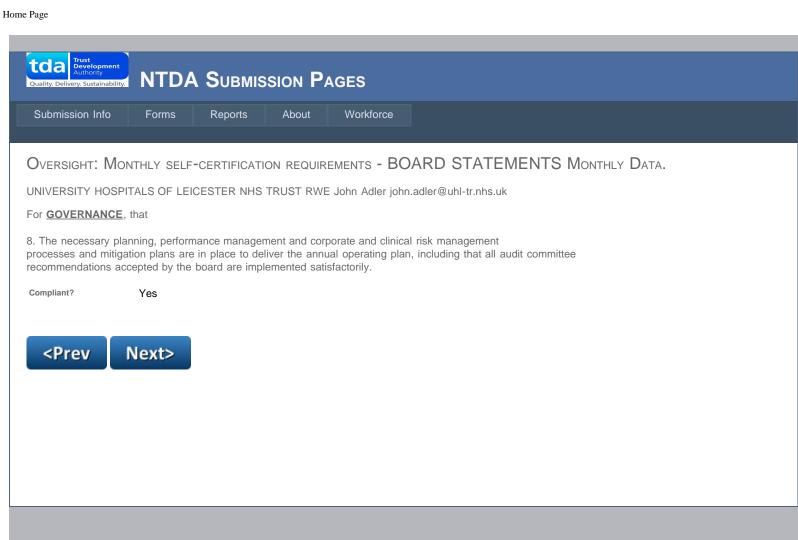


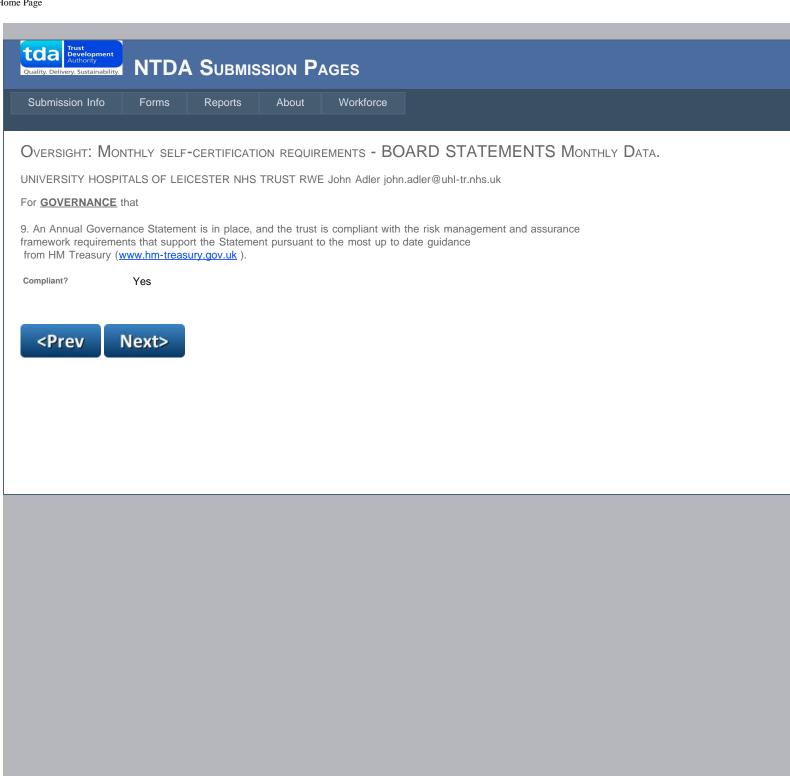














OVERSIGHT: MONTHLY SELF-CERTIFICATION REQUIREMENTS - BOARD STATEMENTS MONTHLY DATA.

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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.

Compliant? Risk Timescale for compliance: Comment where non-compliant or at risk of non-compliance. If N/A please explain why it is Not Response: Applicable to your Trust.

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