

TRUST BOARD – 27 November 2014

NHS Trust Oversight Self-Certification

DIRECTOR:	Stephen Ward – Director of Corporate and Legal Affairs
AUTHOR:	Kate Rayns – Acting Senior Trust Administrator
DATE:	27 November 2014
PURPOSE:	<p>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 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 October 2014 (September 2014 position) are attached as Appendices A and B.</p> <p>Subject to discussion at the November 2014 Trust Board meeting on matters relating to operational and financial performance, and review of the month 7 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</p>
PREVIOUSLY CONSIDERED BY:	N/A
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input checked="" type="checkbox"/> 2. An effective, joined up emergency care system <input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input type="checkbox"/> 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 *	<input type="checkbox"/> Organisational Risk Register	<input checked="" type="checkbox"/> Board Assurance Framework	<input type="checkbox"/> Not Featured
ACTION REQUIRED * For decision <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> For information <input type="checkbox"/>			

- ♦ 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

NHS TRUST DEVELOPMENT AUTHORITY



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


CONTACT INFORMATION:



Enter Your Name:* John Adler
Enter Your Email Address* john.adler@uhl-tr.nhs.uk
Full Telephone Number:* 01162588940 Tel Extension: 8940

SELF-CERTIFICATION DETAILS:



Select Your Trust:* University Hospitals Of Leicester NHS Trust
Submission Date:* 31/10/2014  Reporting Year:* 2014/15

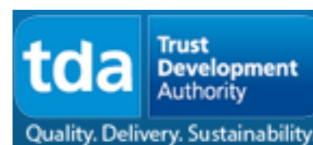
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Page 1 of 7

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Select the Month*

- | | | |
|-------------------------------|--------------------------------|---------------------------------|
| <input type="radio"/> April | <input type="radio"/> May | <input 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](#)

Prev

Next

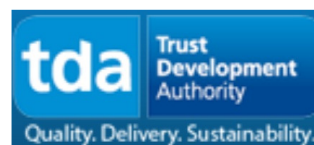
Page 2 of 7

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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 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.*

Prev

Next

Page 3 of 7

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

4. Condition G8
Patient eligibility and selection criteria.*

Yes

Prev

Next

Page 4 of 7

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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

Prev

Next

Page 5 of 7

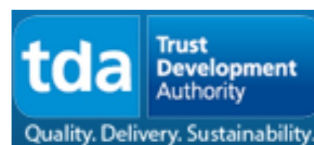
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Comment where non-compliant or at risk of non-compliance

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

Yes

[Prev](#) [Next](#) Page 6 of 7

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

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

11. Condition C2
Competition oversight.* Yes

12. Condition IC1
Provision of integrated care.* Yes

Prev

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Page 7 of 7

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

CONTACT INFORMATION:



Enter Your Name:* John Adler


Enter Your Email Address* john.adler@uhl-tr.nhs.uk

Full Telephone Number:* 01162588940 Tel Extension: 8940

SELF-CERTIFICATION DETAILS:



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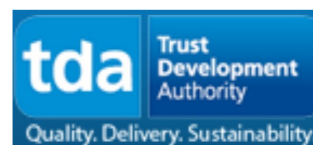
Select the Month* April May June
 July August September
 October November December
 January February March

Page 1 of 16

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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.

Prev

Next

Page 2 of 16

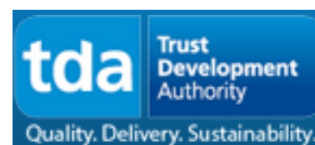
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NHS TRUST DEVELOPMENT AUTHORITY



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**

Indicate compliance.*

Yes

Prev

Next

Page 3 of 16

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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 Yes

Indicate compliance.*

Prev

Next

Page 4 of 16

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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

Prev

Next

Page 5 of 16

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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

Prev

Next

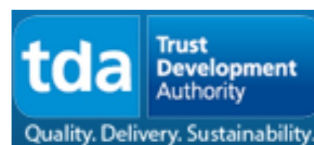
Page 6 of 16

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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.*

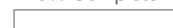
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Prev

Next

Page 7 of 16

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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

Prev

Next

Page 8 of 16

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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

Prev

Next

Page 9 of 16

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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

Prev

Next

Page 10 of 16

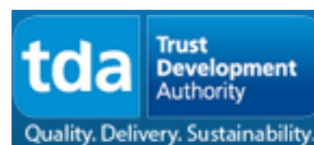
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BOARD STATEMENTS:



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

Prev

Next

Page 11 of 16

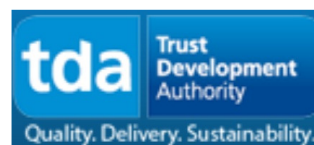
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BOARD STATEMENTS:



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
Indicate compliance.*

Risk

Timescale for compliance.*

RESPONSE:

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

The 30 October 2014 UHL NHS Trust Board received reports identifying the causes of underperformance on the following indicators, and endorsed the remedial actions being taken to achieve compliance. The individual anticipated compliance dates submitted to the Trust Board are shown against relevant indicators:-

- MRSA bacteraemia;
- ED 4-hour waits;
- RTT waiting times (admitted) (November 2014);
- RTT waiting times (non-admitted) (October 2014);
- RTT 52 weeks+ waits (November 2014);
- 6-week diagnostic test waiting times (November 2014);
- Cancer-2-week waits (December 2014);
- Cancer-31-day wait for second or subsequent treatment (surgery) (December 2014);
- Cancer-62-day wait for first treatment (December 2014);
- DTOCs

[Prev](#)

[Next](#)

Page 12 of 16

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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

[Prev](#)

[Next](#)

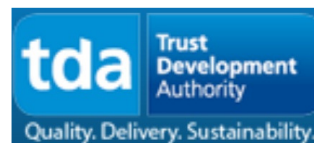
Page 13 of 16

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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

Prev

Next

Page 14 of 16

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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 Yes

Indicate compliance.*

Prev

Next

Page 15 of 16

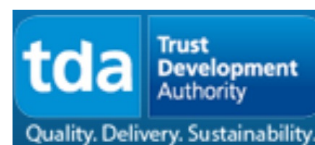
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BOARD STATEMENTS:



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

Prev

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Page 16 of 16

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