

Trust Board Paper Y

To:	Trust Board						
From:	Stephen Ward, Director of Corporate & Legal Affairs						
Date:	28 March 2013						
CQC regulation:	All applicable						
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: In August 2012, the Department of Health (DoH) launched part two of the Single Operating Model (SOM) for strategic health authority (SHA) clusters, focusing on SHA oversight of NHS trusts in the foundation trust application pipeline. This paper presents UHL's February trust over-sight self certification - attached as Appendix A							
The Report is provided to the Board for:							
<table border="1"> <tr> <td>Decision</td> <td>X</td> </tr> </table>		Decision	X	<table border="1"> <tr> <td>Discussion</td> <td></td> </tr> </table>		Discussion	
Decision	X						
Discussion							
<table border="1"> <tr> <td>Assurance</td> <td></td> </tr> </table>		Assurance		<table border="1"> <tr> <td>Endorsement</td> <td></td> </tr> </table>		Endorsement	
Assurance							
Endorsement							
Summary / Key Points:							
<ul style="list-style-type: none"> February 2013 achievement against the cancer targets has been predicted. Early indications are that the target for cancer 62 week wait will not be met for February 2013 The A&E 4 hour target was not met for February 2013 Actions to address the non achievement of these performance targets are summarised in separate exception reports to the Board January and February 2013 data for mortality is unavailable February 2013 data for pressure ulcers is unavailable The Governance Risk Rating for February 2013 is: Amber / Green The Financial Risk Rating for February 2013 is: 3 There are no changes to the Trust's self assessment against the Board Statements 							
Recommendations:							
The Trust Board is:							
<ul style="list-style-type: none"> 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 within the trust oversight self certification for March 2013 Asked to approve UHL's March's trust over-sight self certification submission 							
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 assessments will be presented to the Trust Board for approval

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board
DATE: 28th March 2013
REPORT FROM: Stephen Ward, Director of Corporate & Legal Affairs
SUBJECT: NHS trust oversight self certification

1) Introduction

In August 2012, the Department of Health (DoH) launched part two of the Single Operating Model (SOM) for strategic health authority (SHA) clusters, focusing on SHA oversight of NHS trusts in the foundation trust application pipeline.

This paper presents UHL's March's trust over-sight self certification - attached as Appendix A

2) Key points to note

- February 2013 achievement against the cancer targets has been predicted. Early indications are that the target for cancer 62 week wait will not be met for February 2013
- The A&E 4 hour target was not met for February 2013
- Actions to address the non achievement of these performance targets are summarised in separate exception reports to the Board
- January and February 2013 data for mortality is unavailable
- February 2013 data for pressure ulcers is unavailable
- The Governance Risk Rating for February 2013 is: **Amber / Green**
- The Financial Risk Rating for February 2013 is: **3**
- There are no changes to the Trust's self assessment against the Board Statements

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 within the trust oversight self certification for March 2013
- Asked to **approve** UHL's March's trust over-sight self certification submission

SELF-CERTIFICATION RETURNS
Organisation Name:
University Hospitals of Leicester
Monitoring Period:
February 2013
NHS Trust Over-sight self certification template

Returns to emsha.providerdevelopments.nhs.net
by the last working day of each month

NHS Trust Governance Declarations : 2012/13 In-Year Reporting

Name of Organisation:	University Hospitals of Leicester	Period:	February 2013
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Organisational risk rating

Each organisation is required to calculate their risk score and RAG rate their current performance, in addition to providing comment with regard to any contractual issues and compliance with CQC essential standards:

Key Area for rating / comment by Provider	Score / RAG rating*
Governance Risk Rating (RAG as per SOM guidance)	AR
Normalised YTD Financial Risk Rating (Assign number as per SOM guidance)	3

* Please type in R, AR, AG or G and assign a number for the FRR

Governance Declarations

Declaration 1 or declaration 2 reflects whether the Board believes the Trust is currently performing at a level compatible with FT authorisation.

Supporting detail is required where compliance cannot be confirmed.

Please complete sign **one** of the two declarations below. If you sign declaration 2, provide supporting detail using the form below. Signature may be either hand written or electronic, you are required to print your name.

Governance declaration 1			
The Board is sufficiently assured in its ability to declare conformity with <u>all</u> of the Clinical Quality, Finance and Governance elements of the Board Statements.			
Signed by:		Print Name:	
on behalf of the Trust Board	Acting in capacity as:		
Signed by:		Print Name:	
on behalf of the Trust Board	Acting in capacity as:		

Governance declaration 2			
At the current time, the board is yet to gain sufficient assurance to declare conformity with all of the Clinical Quality, Finance and Governance elements of the Board Statements.			
Signed by :		Print Name :	John Adler
on behalf of the Trust Board	Acting in capacity as:	Chief Executive	
Signed by :		Print Name :	Martin Hindle
on behalf of the Trust Board	Acting in capacity as:	Chairman	

If Declaration 2 has been signed:

For each target/standard, where the board is declaring insufficient assurance please state the reason for being unable to sign the declaration, and explain briefly what steps are being taken to resolve the issue. Please provide an appropriate level of detail.

Target/Standard:	4. The trust will maintain a FRR ≥ 3 over the next 12 months.
The Issue :	There is a risk within the next 12 months that the Trust may have a FRR below 3
Action :	Actions are summarised on the FRR worksheet

Target/Standard:	11. Plans in place to ensure ongoing compliance with all existing targets.
The Issue :	The Trust is non-compliant against the A&E 4 hr and cancer 62 day wait targets
Action :	Actions are summarised on the GRR worksheet

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Target/Standard:	
The Issue :	
Action :	

Board Statements

University Hospitals of Leicester

February 2013

For each statement, the Board is asked to confirm the following:

For CLINICAL QUALITY, that:		Response
1	The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the SOM's Oversight Regime (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.	Yes
2	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.	Yes
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.	Yes
For FINANCE, that:		Response
4	The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.	No
5	The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.	Yes
For GOVERNANCE, that:		Response
6	The board will ensure that the trust at all times has regard to the NHS Constitution.	Yes
7	All current key risks 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	Yes
8	The board has considered all likely future risks and has reviewed appropriate evidence regarding the level of severity, likelihood of occurrence and the plans for mitigation of these risks.	Yes
9	The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.	Yes
10	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).	Yes
11	The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in the Governance Risk Rating; and a commitment to comply with all commissioned targets going forward.	No
12	The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.	Yes
13	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, and that any elections to the shadow board of governors are held in accordance with the election rules.	Yes
14	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.	Yes
15	The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.	Yes
Signed on behalf of the Trust:		Date
CEO		John Adler
Chair		Martin Hindle

FINANCIAL RISK RATING

University Hospitals of Leicester

Criteria	Indicator	Weight	Risk Ratings					Insert the Score (1-5) Achieved for each Criteria Per Month				Board Action
			5	4	3	2	1	Reported Position		Normalised Position*		
			Year to Date	Forecast Outturn	Year to Date	Forecast Outturn	Year to Date	Forecast Outturn				
Underlying performance	EBITDA margin %	25%	11	9	5	1	<1	3	3	3	3	
Achievement of plan	EBITDA achieved %	10%	100	85	70	50	<50	4	4	3	4	
Financial efficiency	Net return after financing %	20%	>3	2	-0.5	-5	<-5	3	3	3	3	
	I&E surplus margin %	20%	3	2	1	-2	<-2	2	2	2	2	The implementation of the financial recovery plan over the remaining months of the 2012/13 financial year will improve the financial efficiency metric, though the year end target surplus will only secure a FRR of 2 against this metric
Liquidity	Liquid ratio days	25%	60	25	15	10	<10	3	3	3	3	
Weighted Average		100%						2.9	2.9	2.8	2.9	
Overriding rules												
Overall rating								3	3	3	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 the PBC	No			
2	One Financial Criterion at "1"				
3	One Financial Criterion at "2"				
1	Two Financial Criteria at "1"				
2	Two Financial Criteria at "2"				

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

FINANCIAL RISK TRIGGERS

University Hospitals of Leicester

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

Refresh Triggers for New Quarter

	Criteria	Historic Data			Current Data				Board Action
		Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
1	Unplanned decrease in EBITDA margin in two consecutive quarters	No	No	No	No	No		No	
2	Quarterly self-certification by trust that the normalised financial risk rating (FRR) may be less than 3 in the next 12 months	Yes	Yes	Yes	Yes	Yes		Yes	The implementation of the financial recovery plan over the remaining months of the 2012/13 financial year will improve the FRR rating. This improvement will be maintained via delivery against the 2013/14 financial plan profile
3	Working capital facility (WCF) agreement includes default clause	N/a	N/a	N/a	N/a	N/a	N/a	N/a	
4	Debtors > 90 days past due account for more than 5% of total debtor balances	No	No	Yes	Yes	Yes		Yes	Our total level of debt over 90 days is approximately 12% of total debtor balances. Our debtors levels have been relatively low for the past 18 months and we do not perceive there to be a risk with our aged debt profile
5	Creditors > 90 days past due account for more than 5% of total creditor balances	No	No	No	No	No		No	
6	Two or more changes in Finance Director in a twelve month period	No	No	No	No	No		No	
7	Interim Finance Director in place over more than one quarter end	No	No	No	No	No		No	
8	Quarter end cash balance <10 days of operating expenses	No	No	No	No	No		No	
9	Capital expenditure < 75% of plan for the year to date	No	No	No	No	Yes		No	The capital expenditure is slightly below 75% of plan for the year to date, reflecting the forecast year end slippage on the capital plan of approx £7.8m.
10	Yet to identify two years of detailed CIP schemes	No	No	No	No	No		No	

GOVERNANCE RISK RATINGS

University Hospitals of Leicester														
Insert YES, NO or N/A (as appropriate)														
Refresh GRR for New Quarter														
Area	Ref	Indicator	Sub Sections	Thresh- old	Weight- ing	Historic Data			Current Data				Board Action	
						Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-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	Yes	Yes		Yes		
	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		
	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		
	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		
Quality	3a	All cancers: 31-day wait for second or subsequent treatment, comprising:	Surgery	94%	1.0	Yes	Yes	Yes	Yes	Yes		Yes		
			Anti cancer drug treatments	98%										
			Radiotherapy	94%										
	3b	All cancers: 62-day wait for first treatment:	From urgent GP referral for suspected cancer From NHS Cancer Screening Service referral	85% 90%	1.0	No	Yes	Yes	No	No		Yes	Actions to address the non achievement of this performance targets is summarised in a separate exception report to the Board	
	3c	All Cancers: 31-day wait from diagnosis to first treatment		96%	0.5	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% 93%	0.5	Yes	Yes	No	No	Yes		Yes			
3e	A&E: From arrival to admission/transfer/discharge	Maximum waiting time of four hours	95%	1.0	No	Yes	No	No	No		No	Actions to address the non achievement of this performance targets is summarised in a separate exception report to the Board		
Safety	4a	Clostridium Difficile	Is the Trust below the de minimus	12	1.0	Yes	Yes	Yes	Yes	Yes		Yes		
			Is the Trust below the YTD ceiling	Enter contractual ceiling										
	4b	MRSA	Is the Trust below the de minimus	6	1.0	Yes	Yes	Yes	Yes	Yes		Yes		
			Is the Trust below the YTD ceiling	Enter contractual ceiling										
	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		
	B	Non-Compliance with CQC Essential Standards resulting in Enforcement Action		0	4.0	No	Yes	Yes	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			
TOTAL						2.0	4.0	5.5	2.5	2.0	0.0	1.0		
						AR	R	R	AR	AR	G	AG		

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)

Refresh GRR for New Quarter

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

Historic Data Current Data

Overriding Rules - Nature and Duration of Override at SHA's Discretion			Historic Data		Current Data				
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	No	No	No	No	No		
		The non-admitted patients 18 weeks waiting time measure for a third successive quarter	No	No	No	No	No		
		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	No	No	No	No	No		
		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		
			4.0	4.0	5.5	4.0	4.0	0.0	1.0
Adjusted Governance Risk Rating			R	R	R	R	R	G	AG

CONTRACTUAL DATA

University Hospitals of Leicester

Information to inform the discussion meeting

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

Refresh Data for new Quarter

Criteria	Historic Data			Current Data				Board Action
	Qtr to Jun-12	Qtr to Sep-12	Qtr to Dec-12	Jan-13	Feb-13	Mar-13	Qtr to Mar-13	
1 Are the prior year contracts* closed?	Yes	Yes	Yes	Yes	Yes		Yes	
2 Are all current year contracts* agreed and signed?	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	
4 Are both the NHS Trust and commissioner fulfilling the terms of the contract?	Yes	Yes	Yes	Yes	Yes		Yes	
5 Are there any disputes over the terms of the contract?	No	No	No	No	No		No	
6 Might the dispute require third party intervention or arbitration?	N/a	N/a	N/a	N/a	N/a		N/a	
7 Are the parties already in arbitration?	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	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	Yes		Yes	The application of contractual penalties will be mitigated via the delivery of the agreed action plans around the A&E 4 hour target, the 62 Day cancer target, and any of the RTT targets

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

TFA Progress

Mar-13

University Hospitals of Leicester

Select the Performance from the drop-down list

TFA Milestone (All including those delivered)	Milestone Date	Due or Delivered Milestones	Future Milestones	Board Action
1 Engagement with stakeholders on principles underpinning LLR Reconfiguration Programme (April - August 2012)	Jul-12	Fully achieved in time		
2 Development of LLR Clinical Strategy and Site and Service Reconfiguration Proposals	Sep-12	Not fully achieved		LLR wide economic modelling will be completed by 31st March 2013. A proposal setting out areas for collaborative working on care pathways, with key milestones, structures and governance arrangements will be presented to the BCT Board on the 18th April 2013.
3 Complete financial assessment of target health system model	Jul-12	Not fully achieved		Economic modelling will be completed by 31st March 2013.
4 Achievement of 2012/13 financial plan	Jun-12	Not fully achieved		At the end of February 2013, the Trust reported a £1.1m deficit which is £1.1m adverse to the planned deficit of £21k. A financial recovery paper and plan was submitted to and approved by the Trust Board in October 2012 to ensure delivery of the year end £46k surplus. The actions within the recovery plan are being implemented to ensure delivery of year end target. The Trust has secured an offer from the CCGs regarding the year end settlement.
5 Complete Quality Governance Framework and Board Governance Assurance Framework self assessments	Jun-12	Fully achieved but late		Self assessments against the QGF and BGAF completed
6 Confirm specific LLR reconfiguration priorities over a 3 year time horizon	Jul-12	Not fully achieved		LLR wide economic modelling will be completed by 31st March 2013. A proposal setting out areas of collaborative Better Care Together work on care pathways, with key milestones, structures and governance arrangements will be presented to the BCT Board on the 18th April 2013.
7 Draft pre-consultation Business Case considered by Trust Boards	Sep-12	Not fully achieved		The economic modelling and April 2013 BCT Board discussion will determine whether preconsultation business cases are required.
8 Pre-consultation Business Case and timelines for LLR service reconfigurations finalised	Oct-12	Not fully achieved		As detailed in milestone 7.
9 UHL Clinical Strategy developed and preferred options costed	Oct-12	Not fully achieved		The service developments underpinning the Trust's Clinical Strategy will be costed as further iterations of the IBP/LTFM are developed.
10 Submit early draft IBP / LTFM to the SHA	Oct-12	Fully achieved in time		
11 Third party review of self assessment against the Quality Governance Framework and Board Governance Assurance Framework	Oct-12	Fully achieved but late		Third party reviews have been completed.
12 Formal consultation on LLR Reconfiguration Proposals	Dec-12	Not fully achieved		Plans for statutory consultation where required under the BCT will determine the economic modelling and collaborative care pathway work. More definitive details will be available following the 18th April BCT Board meeting.
13 SHA Board and Committee Observations	Oct-12	Fully achieved in time		
14 Submit FT Application documents (including a draft IBP/LTFM) to the SHA.	Dec-12	Fully achieved in time		
15 Readiness review meeting held	Dec-12	Fully achieved in time		
16 HDD1 Review underway	Jan-13	Fully achieved in time		
17 Public consultation on FT Application	May-13		On track to deliver	
18 HDD2 Review	May-13		On track to deliver	
19 Final submission of FT Documentation to inform SHA sign off of FT application	Jul-13		On track to deliver	
20 SHA / trust Board to Board	Jul-13		On track to deliver	
21 Submit FT Application to the DoH	Aug-13		On track to deliver	
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