



University  
Hospital  
Association



# University Hospital Status

The voice for  
better healthcare

# A powerful collective force for change



## **University hospitals**

It is recognised that identifying an NHS provider as having a university hospital status denotes it as an important national research and education resource and helps it to recruit and retain the best staff.

This document sets out the circumstances under which it would be appropriate for an NHS provider to consider including the word “university” in its name and how to do so. It also sets out how NHS trusts can apply to be identified as having a “significant teaching commitment” but without the word ‘university’ in their titles.

## Purpose and value of the University Hospital Association

The University Hospital Association (UHA) seeks to offer peer support to Executive Board Directors of large, complex university hospitals. Such Trusts also work collaboratively to support smaller organisations and share expertise. In the emerging Integrated Care System (ICS) landscape members will work through Provider Collaboratives to disseminate the importance of research, innovation and the education of the current and future workforce. Members will bring their skills to ICSs' for the benefit of patients and populations.

In an ever-changing healthcare landscape, UHA members share a common commitment to the three founding principles of the NHS:

1. High quality, holistic and evidence-based care for all patients
2. A significant investment in research for patient benefit throughout their organisations
3. A focus on the educational development and training of the current and future workforce

For the successful delivery of this mission members agree to create:

- A permissive, questioning and flexible culture without unnecessary bureaucratic burdens
- A focus on the needs of all staff and students as well as patients
- A vision for the health of the wider community and the need to address the social determinants of health
- Links with academia to co-develop strategies to address patient needs at local, national and global levels
- Coherent and efficient information sharing processes between organisations together with the sharing of best practice

Members will proactively seek to influence policy developments which create an environment where such a culture will flourish. The heterogeneity of systems, populations and approaches will be used to identify potential local and national priorities which will be communicated effectively to policy makers.

## Identifying as a university hospital trust

UHA represents university hospital trusts' unique interests in partnership with other national bodies.

### NHS Trusts

Legislation requires that the Secretary of State for Health approves any amendments to an NHS trust's Establishment Order, including a change to the name to include the protected term "university". In reaching this decision, he or she will first seek advice from Department of Health and Social Care officials, who require that any application to change the name of an NHS trust has the prior explicit, written support of NHS E and I, the NHS trust in question and the local university with a medical and/or dental school.

In addition, it has been agreed between the Department of Health and Social Care and the University Hospital Association (UHA) that any NHS trust seeking to include the word "university" in its title will be required to have applied for UHA membership and for UHA to have agreed that the required criteria for membership have been met. The most current membership criteria (developed in conjunction with the Medical Schools Council and agreed with the Department of Health and Social Care) are at Annex A.

UHA is the key leadership body across the UK promoting the tripartite interests of university hospitals: service, teaching and research. It represents university hospital trusts' unique interests in partnership with other national bodies.

### NHS Foundation Trusts

NHS foundation trusts are not required to seek external approval of the proposed name changes (other than agreement for the use of the protected term 'university'). To effect a name change, a foundation trust needs to make an amendment to its constitution, for which the foundation trust would require the approval of more than half of the members of both the foundation trust's council of governors and its board of directors voting in favour of the change (section 37(1) of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012). Foundation trusts are required to adhere to NHS England's NHS identity guidelines and should discuss any proposed name change with NHS E & I.

When consideration is being given to including the word "university" in its name, given the commitments and responsibilities this entails, it is recommended that foundation trusts apply the same standards that are applied to NHS trusts. This means that a foundation trust should only consider including the word "university" in its title if it has applied for and meets the criteria for membership of UHA as set out in Annex A.

## Having a significant teaching commitment

### NHS Trusts

The National Health Service Act 2006 states that the first NHS trust order made in relation to an NHS trust must specify that “where the NHS trust has a significant teaching commitment, a provision to secure the inclusion in the non-executive directors....a person from a university with a medical or dental school should be specified in the order”. If an NHS trust supports medical or dental training or research, it can apply to the Department of Health and Social Care for an amendment to its Establishment Order to recognise this status.

There is no definition of what constitutes a “significant teaching commitment” and an NHS trust seeking to include the word Teaching – but NOT the word University in its title is **not required to meet the full requirements of UHA membership** to be considered to have a “significant teaching commitment”. However, in developing its advice to ministers on whether the designation should be granted, Department of Health and Social Care officials look to written support from the associated medical and/or dental school confirming that the trust meets the key principles contained in Annex A.

If an NHS trust’s Establishment Order is duly amended, it will be required to include among its non-executive directors one from the associated medical and / or dental school.

If an NHS trust has a significant teaching commitment in other clinical professions, the parties involved may wish to enter into a similar arrangement to foster partnership working at board level. It will not be possible, however, for this to be formally designated in the trust’s Establishment Order.

### NHS Foundation Trusts

There is no equivalent legal provision for a foundation trust to be designated as having a “significant teaching commitment” specifically. If any of a foundation trust’s hospitals have a formal relationship with a medical or dental school provided by a university, at least one member of the council of governors must be appointed by that university. The foundation trust may choose a representative of that university or any other institution with which it works in partnership as a non-executive director (NHS Act 2006).

At least one member of the hospital’s council of governors must be appointed by the university.

## Annex A

- ① In terms of research:
  - a. The Trust shall have in place with the University a Memorandum of Understanding on Joint Working for Effective Research Governance; it will actively investigate joint Research Offices to foster more efficient working;
  - b. The Trust shall demonstrate that it is working collaboratively with the university to develop an agreed joint research strategy;
  - c. There shall be evidence of significant research activity within the Trust, much of which will involve collaboration with university staff. This will include:
    - i. A core number of university clinical academics. There must be a **minimum of 6% of the consultant workforce with substantive contracts of employment with the university** with a medical or dental school which provides a non- executive director to the Trust Board. These individuals must have an honorary contract with the Trust in question.
    - ii. The research output to be REF returnable;
    - iii. For Trusts in England, an average Research Capability Funding allocation of at least £200k average p.a. over the previous two years. Details of RCF allocations are provided [here](#).
- ② The Faculty and University Hospital shall maintain strategic links and a close working relationship, which shall include:
  1. University representation on the Trust's Local Awards Committee for considering nominations for Clinical Excellence Awards;
  2. University representation on the Trust's Advisory Appointments Committees for Consultant posts;
  3. Board membership of a non-Executive Director from the Faculty;
  4. The Trust's Chief Executive attending formal meetings with the Faculty Dean's Advisory Committee.
- ③ The Trust shall provide for the University practice placements for undergraduate medical students and for students from at least one other healthcare profession (*dentistry, nursing, or one or more of the allied health professions*).
- ④ **The Trust shall provide for undergraduate students appropriate library facilities, IT facilities with Internet access, and teaching facilities. There may be integrated provision for postgraduate and undergraduate education.**
- ⑤ **The Trust shall have a Lead Placement Contact approved by the Faculty of Medicine, to be responsible for undergraduate education, for each of the professions for which it provides placements.**

- ⑥ **The Trust must be able to demonstrate to the University that it promotes a culture of excellence in medical education and provides high quality clinical training. This will require evidence of the following:**
- a. Flexibility:
    - i. Flexibility in light of any changing needs of the University in respect of undergraduate education;
  - b. Appropriate human resources:
    - i. Ability on part of Trust staff to deliver the curriculum and assessments determined by the university;
    - ii. Provision by Trust staff of appropriate student supervision as agreed with the University. This may involve staff from a range of professions and grades;
    - iii. The participation by core Trust teaching staff in appropriate training;
  - c. A collaborative working partnership:
    - i. The availability of Trust staff to provide teaching and supervision and to respond to student queries and problems in a timely manner;
    - ii. Collaboration between Trust staff and University staff, for example, regarding curriculum development and ED&I arrangements;
    - iii. Full cooperation by Trust staff in monitoring and evaluating the quality of education provision, and in facilitating student evaluation;
    - iv. The readiness of Trust staff to respond to feedback from students and the Faculty;
    - v. Evidence of action by trust on quality assurance measures;
  - d. Resources:
    - i. Provision of appropriate support staff, equipment and accommodation for Lead Placement Contracts;
    - ii. Provision for students of access to lockers and appropriate facilities;
  - e. For Trusts in England, evidence of compliance with:
    - i. HEE's Education Contract and the schedule on the Tri-Partite Agreement.



Woburn House  
Tavistock Square  
London, WC1H 9HD

**Telephone** +44 (0)20 7419 5494  
**Email** [admin@universityhospitals.org.uk](mailto:admin@universityhospitals.org.uk)  
**Website** [universityhospitals.org.uk](http://universityhospitals.org.uk)