

NHS Provider License Self-Certification

Approved by the Trust Board on 6 April 2018

Assessment of compliance with required declarations

Ref.	Declaration	Supporting Evidence	Response
General and Continuity of Service Conditions (G6)			
1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	<ul style="list-style-type: none"> Annual Governance Statement. 	Confirmed
Corporate Governance Statement (FT4)			
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	<ul style="list-style-type: none"> Annual Governance Statement. CQC well-led assessment of 'good'. 	Confirmed
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	<ul style="list-style-type: none"> Ongoing review of NHSI Bulletins by DoCB. Annual Governance Statement. Regular meetings with NHSI colleagues. 	Confirmed
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	<ul style="list-style-type: none"> Committee Terms of Reference. Committee forward work programmes. Committee reports to the Trust Board. Trust Management Executive. Care Groups and Service Lines. 	Confirmed
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board	<ul style="list-style-type: none"> Annual Business Plan. Integrated Performance Report. Board Assurance Framework. Risk Management Framework. Data quality reviews undertaken by internal and external auditors. Data quality arrangements reviewed by the Audit Committee. 	Confirmed

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	<p>and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery.</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>		
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board’s planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<ul style="list-style-type: none"> • Integrated Performance Report. • Board Assurance Framework has regard to risks reported through DATIX. • Board Development Plan in place with monthly Board Development Sessions. • Independent Chair of Patient Experience Committee who reports to the Safety & Quality Committee. • Patient stories presented to the Trust Board. • Leadership walkrounds. • ‘Ask Ann’ framework to raise anonymous concerns and queries. • Freedom to Speak Up Guardian in post. • Management capacity reviewed and included in Board Assurance Framework. 	Confirmed
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<ul style="list-style-type: none"> • Board Constitution. • CQC well-led assessment of ‘Good’. 	Confirmed

Additional information

Explanation for any non-confirmed areas	Risk and mitigations
Not applicable – all areas assessed as ‘confirmed’.	The most significant risk to maintaining effective corporate governance arrangements relates to the scale of the performance and financial challenge facing the Trust. This is, however, mitigated by the fact that we have a strong and stable senior leadership team which is committed to developing and maintaining an open and transparent culture.