

REPORT TO:	JOINT MEETING OF IAGC, QC AND FPC
DATE:	23 MAY 2017
SUBJECT:	SELF-CERTIFICATION OF PROVIDER LICENCE PROVISIONS
BOARD SPONSOR:	TRUST SECRETARY
PAPER AUTHOR:	TRUST SECRETARY
PURPOSE:	APPROVAL
APPENDICES	APPENDIX 1: PROVIDER LICENCE COMPLIANCE APPENDIX 2: SELF-CERTIFICATION

BACKGROUND AND EXECUTIVE SUMMARY

The Trust must undertake an annual review of compliance with its Provider Licence. An Internal Audit was undertaken in September 2015 to provide assurance on the process and to give the Trust guidance on the evidence required to meet the self-certification. This audit suggests that there are good processes in place and the Trust is striving for best practice in its methodology. The recommendations from the audit are being implemented and evidence is being added to 4Action.

The Board and its Committees have reviewed the Provider Licence through April and May 2017 and the outcome of these discussions has influenced the self-declaration.

The Board must make a Statutory Declaration against its' compliance by 31 May 2017 for G6 and CoS7 and in addition compliance with the FT4 governance conditions must be submitted by the 30 June 2017. This used to be by way of an upload to the NHSI Portal but going forward the requirement is for the Board to discuss and agree their declarations, which must be publically available, with NHSI undertaking audits of selected trusts to confirm compliance with this requirement.

Appendix 1 shows the Provider Licence conditions and the Trust's position on each of those. Where the texts reads "in breach" this reflects the current undertakings with NHS Improvement (NHSI). Board members will remember that we are currently working with NHSI to have some of these lifted, unfortunately we have not resolved this yet. As this is a self-declaration the Board is able to "confirm" if members believe the systems are now in place and the evidence for each of these is set out in Appendix 1.

The following summarises the outcome of the self-assessment:

G6	Provider Licence - Systems for compliance with licence conditions and related obligations	Confirmed
CoS7	Availability of Resources	Confirmed
FT4(2)	The Licensee shall apply 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.	Confirmed
FT4(3)	Have regard to such guidance on good corporate governance as may be issued by NHSI from time to time	Confirmed
FT4(4)	<ul style="list-style-type: none"> • The Trust has established and implemented effective board and committee structures • The Trust has established and implemented a system that has clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees • The Trust has established and implemented clear 	Confirmed

	reporting lines and accountabilities throughout the organisation.	
FT4(5)	<p>The Trust has established and effectively implement systems and/or processes to ensure compliance with</p> <ul style="list-style-type: none"> • Duty to operate efficiently, economically and effectively; • Timely and effective scrutiny and oversight by the Board of the Trust's operations • compliance with health care standards • Effective financial decision making, management and control; • obtain and disseminate accurate, comprehensive, timely and up to date information; • identify and manage material risks to compliance with the Conditions of its Licence; • Generating and monitoring and delivery of business plans; and • Compliance with all applicable legislation 	<p>Not confirmed</p> <p>Confirmed</p> <p>Confirmed</p> <p>Not confirmed</p> <p>Confirmed</p> <p>Not confirmed</p> <p>Confirmed</p> <p>Confirmed</p>

Members are asked to approve the self-certification attached as Appendix 2

In addition to the Licence Conditions, the Board must make a declaration about the training provided to Governors.

“The Board is satisfied that during the year 2016/17 the Licensee has provided the necessary training to its Governors, as required under s151(5) Health and Social Care Act 2012, to ensure they are equipped with the skills and knowledge they need to undertake their role”.

The Council of Governors undertook an effectiveness survey during 2016/17 and two questions were asked to allow the Board to “confirm” this requirement was met:

- the Trust provides sufficient support to the Governors to enable them to effectively discharge their role; and
- I have sufficient skills, knowledge and experience to make an effective contribution as a Governor.

No Governor indicated disagreement with either of these statements. However, the Chairman and Trust Secretary will be agreeing a number of training options for 2017/18.

IDENTIFIED RISKS AND MANAGEMENT ACTIONS:	None
LINKS TO STRATEGIC OBJECTIVES:	<p>Patients: Help all patients take control of their own health.</p> <p>People: Identify, recruit, educate and develop talented staff.</p> <p>Provision: Provide the services people need and do it well.</p> <p>Partnership: Work with other people and other organisations to give patients the best care.</p>
LINKS TO STRATEGIC OR CORPORATE RISK REGISTER	This links to SRR1 in terms of meeting our regulatory requirements
RESOURCE IMPLICATIONS:	None
COMMITTEES WHO HAVE CONSIDERED THIS REPORT	All Board Committees.

PRIVACY IMPACT ASSESSMENT:*No***EQUALITY IMPACT ASSESSMENT:***No***RECOMMENDATIONS AND ACTION REQUIRED:****The Board is asked to:**

- Approve the recommended self-declaration responses.