

Summary	Details	Assurance	4. Oversight Board / Committee
C1 Provider Licence - The right of patients to make choices	Subsequent to a person becoming a patient of the Licensee and for as long as they remain such a patient, the Licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, they are notified of that choice and told where information about that choice can be found. Information and advice about patient choice made available by the Licensee shall not unfairly favour one provider over another and shall be presented in a manner that assists patients in making well informed choices. In the conduct of any NHS activities, the Licensee shall not offer or give gifts, benefits in kind, or pecuniary or other advantages to clinicians, other health professionals, Commissioners or their administrative or other staff as inducements to refer patients or commission services.	Current assurance: * Patient Access Policy * Conflicts of Interest policy (requires clinicians to declare their outside interests)	Finance and Performance Committee
C2 Provider Licence - Competition and Oversight	The Licensee shall not enter into any agreement or other arrangement or engage in activities which have the object or which have (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of NHS care.	Current Evidence: * The Strategic Development Team are aware of the need to involve NHSI / Competition and Markets Authority in transactions that may have the effect of preventing, restricting or distorting competition.	Finance and Performance Committee
COS1 Provider Licence - Continuing provision of Commissioner Requested Services	The Licensee shall not cease to provide, or materially alter the specification, any Commissioner Requested Service other than with the agreement in writing of all Commissioners to which the Licensee is required by a contractual or other legally enforceable obligation to provide the service as a Commissioner Requested Service.	Current Assurance: * Evidenced through signed contract and contract meetings during the year.	Finance and Performance Committee

COS2 Provider Licence - Restriction on the disposal of assets	The Licensee shall establish and maintain an asset register which lists every relevant asset used by the Licensee for the provision of Commissioner Requested Services. The Licensee shall not dispose of, or relinquish control over, any relevant asset except with the consent in writing of NHSI.	Current Assurance: * Standing Financial Instructions include provisions related to sale of assets used in CRS	Finance and Performance Committee
---	---	--	-----------------------------------

<p>COS3 Provider Licence - Standards of Corporate governance and financial management.</p>	<p>The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as suitable for a provider of the Commissioner Requested Services provided by the Licensee, and providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.</p>	<p>BREACHED:                  Current Assurance:                  * The Trust commissioned a well-led review in April 2016 and this concluded in July 2016. This showed significant improvement with seven of the well-led questions rated as “Amber-Green” (as opposed to 4 in the 2015 review) and three “Amber – Red. Grant Thornton also noted that the rationale behind the remaining “amber-reds” was due to the need to further embed the work around risk management and continuous learning, the culture change programme and the governance structure.</p> <p>*This improvement was supported by the Care Quality Commission in their reports published on 21 December 2016.</p> <p>*Internal and External Audit opinions</p> <p>* Programme Support Office in place to support the cost improvement programmes;</p> <p>*Financial Governance Review in 2015 - all actions completed</p>	<p>Finance and Performance Committee</p>
--	---	--	--

<p>COS4 Provider Licence - Undertaking from the ultimate controller</p>	<p>The Licensee shall procure from each company or person the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking, in favour of the Licensee, that the ultimate controller will refrain from any action which would be likely to cause the Licensee to be in contravention of any of its obligations. Equally, the ultimate controller will give to the Licensee, all such information in its possession or control as may be necessary to enable the Licensee to comply fully with its obligations under this Licence to provide information to NHSI</p>	<p>The Trust does not have any Ultimate Controllers - the definition of this is shown below for reference: An 'ultimate controller' is any body that could instruct the licensee to carry out particular actions. In practice, the ultimate controller would usually be the parent company of a subsidiary company.</p>	<p>Finance and Performance Committee</p>
<p>COS5 Provider Licence - Risk Pool Levy</p>	<p>The Licensee shall pay to NHSI any sums required to be paid in consequence of any requirement imposed on providers by the dates by which they are required to be paid. This condition future proofs the ability of NHSI to impose such an undertaking although there is no current requirement in this regard.</p>	<p>As specified in the outcome - there is no current requirement.</p>	<p>Finance and Performance Committee</p>
<p>COS6 Provider Licence - Co-operation in the event of financial distress</p>	<p>If NHSI gives notice that it is concerned about the ability of the Licensee to carry on as a going concern, the Licensee shall provide such information as NHSI may direct to Commissioners and others as NHSI may direct, allow such persons as NHSI may appoint to enter premises owned or controlled by the Licensee and co-operate with such persons as NHSI may appoint to assist in the management of the Licensee's affairs, business and property.</p>	<p>Current Assurance: * the Trust has good relationships with NHSI and would co-operate with any request. Trust is in Financial Special Measure and is working with NHSI and Mark Hackett.</p>	<p>Finance and Performance Committee</p>

<p>COS7 Provider Licence - Availability of Resources</p>	<p>The Licensee shall act to secure that it has, or has access to, the Required Resources. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee. The Licensee, not later than two months from the end of each Financial Year, shall submit to NHSI a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate.</p> <p>The Licensee shall inform NHSI immediately if the Directors of the Licensee become aware of any circumstance that causes them to no longer have the reasonable expectation referred to in the most recent certificate.</p>	<p>Current Assurance:</p> <p>* Certificate submitted to NHSI with operational plan in December 2016.</p>	<p>Finance and Performance Committee</p>
<p>FT1 provider Licence - Information to update the register of NHS FTs</p>	<p>The Licensee shall ensure that NHSI has available to it written and electronic copies of the following documents:</p> <p>a) the current version of Licensee's constitution; b) the Licensee's most recently published annual accounts and any report of the auditor on them; and c) the Licensee's most recently published annual report.</p> <p>Additionally for that purpose the Licensee shall provide to NHSI written and electronic copies of any document establishing or amending its constitution within 28 days of being adopted.</p>	<p>Current Assurance:</p> <p>* The Trust Secretariat has processes in place to ensure that the Trust's Constitution, Annual Report and Accounts and any other returns are made within the agreed timescales; * Routine information requests are copied to the Trust Secretary and the Assistant Trust Secretary to ensure filings are made on time.</p>	<p>Integrated Audit and Governance Committee</p>
<p>FT2 Provider Licence - Payment to NHSI in respect of registration and related costs</p>	<p>Should NHSI determine that the Licensee must pay to NHSI a fee in respect of NHSI's exercise of its functions the Licensee shall pay that fee to NHSI within 28 days of the fee being notified.</p>	<p>Currently there are no plans for NHSI to charge the licensee</p>	<p>Integrated Audit and Governance Committee</p>

FT3 Provider Licence - Provision of Information to Advisory Panel	The Licensee shall comply with any request for information or advice made of it.	Current assurance: *No requests made *NHSI are set to disband the Panels and there has been little use from Governors across the country.	Integrated Audit and Governance Committee
FT4 Provider Licence - NHS Foundation Trust Governance Arrangements	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.	This is the overall statement that the Trust needs to comply with but it is broken down into segments and those segments have been reviewed for compliance.	Board of Directors
FT4.2 Corporate Governance Systems	The Board is satisfied that the Trust 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.	Current assurance: * Externally run Well-led review - July 2016 and delivery of recommendations; * Head of Internal Audit Opinion	Integrated Audit and Governance Committee
FT4.3 Implementation of Guidance	Have regard to such guidance on good corporate governance as may be issued by NHSI from time to time	Current assurance: * The Trust Secretariat reviews guidance coming out of NHSI and best practice from across various industries to ensure the Board is briefed accordingly.	Integrated Audit and Governance Committee
FT4.4a Governance Structure	The Trust has established and implemented effective board and committee structures	Current Assurance: * Well-led review in July 2016 confirmed the Board and committee structures were in place; * Annually each Committee reviews its effectiveness and terms of reference - the Nominations Committee reviews the output.	Integrated Audit and Governance Committee

<p>FT4.4b Clarity on Responsibilities for Board and its Committees</p>	<p>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</p>	<p>Current Assurance:                  * Governance structure chart in place                  * Clear terms of reference reviewed annually                  * Board and Committee effectiveness reviews (annually on self-assessment; externally every 3 years)                  * New guidelines in place on reporting / style for staff</p>	<p>Integrated Audit and Governance Committee</p>
<p>FT4.4c Clear reporting lines and accountabilities throughout its organisation</p>	<p>The Trust has established and implemented clear reporting lines and accountabilities throughout the organisation.</p>	<p>BREACHED                  Current Assurance:                  * Well-led review in July 2016 provided positive assurance on the reporting lines and accountabilities;                  * Governance structure is documented and reviewed annually                  * Terms of reference are clear and reviewed annually as part of the committee effectiveness reviews.</p>	<p>Integrated Audit and Governance Committee</p>

<p>FT4.5a Duty to operate efficiently, economically and effectively</p>	<p>The Trust has established and effectively implement systems and/or processes to ensure compliance with the it's duty to operate efficiently, economically and effectively.</p>	<p>BREACHED:                  Current Assurance:                  * Programme Support Office in place to support the management of cost improvement plans                  * CIPs for 2017/18 on track to start delivery from 1 April 2017                  * Internal Audit undertake value for money audits                  * NHSI support through Mark Hackett to bring challenge around efficiencies                  * Vacancy Control Panel in place                  * Agency Control in place                  * Challenge through governance structure (Executive Performance Reviews, Management Board, Finance and Performance Committee and Board)                  * Governors adding challenge through holding NEDs to account</p>	<p>Integrated Audit and Governance Committee</p>
---	---	---	--



<p>FT4.5b Timely and effective scrutiny and oversight by the Board of the Trust's operations</p>	<p>The Trust has establish and effectively implemented systems and/or processes to ensure timely and effective scrutiny and oversight by the Board of the Trust's operations.</p>	<p>BREACHED                  Current assurance:                  * Integrated Performance Report (IPR) was introduced from June 2016 and draws together the key indicators t monitor the Trusts performance in all domains;                  * The IPR is used throughout the Trust to ensure timely and effective oversight;                  * Executive Performance Reviews allow for scrutiny by the Executive Team with any concerns escalated to management Board;                  * Board and Board Committee receive the relevant sections of the IPR;                  * The meetings are scheduled to allow Divisions and Executive to validate the data before scrutiny.</p>	<p>Integrated Audit and Governance Committee</p>
--	---	--	--

<p>FT4.5c compliance with health care standards</p>	<p>The Trust has established and effectively implemented systems and / or processes to ensure compliance with health care standards binding on the Trust 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.</p>	<p>Breached: Current Assurance: * CQC Reports in September 2016 and removal from Special Measures; * Integrated Improvement Plan - the Trust has had an Improvement Plan in place throughout the year but following its Quality Summit in January 2017 has been developing a plan that pulls the key improvement plans under one umbrella (quality, emergency care, finance) and this will be presented to the Board in April 2017.</p>	<p>Quality Committee</p>
<p>FT4.5d Effective financial decision-making, management and control</p>	<p>The Trust has established and effectively implemented system / processes to ensure effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Trust's ability to continue as a going concern).</p>	<p>BREACHED Current Assurance: * Well-led governance review (July 2016) / Financial governance review (July 2015) recommendations in place to support financial governance; * Finance and Performance Committee oversees the monitoring of the financials against plan; * Business Plan policy in place and followed - where appropriate a system of prioritisation is used to assess the competing investment decisions; * reduction of deficit for 2016/17 on 2015/16 * robust governance in relation to cost improvement plans.</p>	<p>Finance and Performance Committee</p>

<p>FT4.5e obtain and disseminate accurate, comprehensive, timely and up to date information</p>	<p>The Trust has established and effectively implemented systems and or processes to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making.</p>	<p>BREACHED                  Current Assurance:                  * The Trust’s new Integrated Performance Report was launched in June 2016 with the April 2016 data and has been developing throughout the year provide all levels of the Trust with accurate and comprehensive information.                   *The Executive Performance Reviews are planned 3-4 working days after the monthly information is available and this allows the timely review, monitoring and challenge to the Divisional Management Teams.                   * Data Quality Audit undertaken by KPMG in 2015                  * Information Assurance Board in place to monitor the validity, completeness and accuracy of patient data, reports into Management Board;                  * Data Quality Audit undertaken by RSM in April 2017</p>	<p>Integrated Audit and Governance Committee</p>
---	---	--	--

<p>FT4.5f identify and manage material risks to compliance with the Conditions of its Licence</p>	<p>The Trust has established and effectively implemented systems and / or processes 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>BREACHED                  Current Assurance:                  * Risk Management Policy in place / reviewed annually                  * Annual Board workshop on risk and risk appetite                  * Monthly reviews of risk at Board Committees and Executive Risk Group                  * Relevant training across the Trust                  * Well-Led Review identified good risk management processes that required further embedding (July 16)                  * CQC report identified improvement relating to risk management (Sept 16)</p>	<p>Integrated Audit and Governance Committee</p>
---	---	---	--

<p>FT4.5g Generating and monitoring and delivery of business plans</p>	<p>The Trust has established and effectively embedded systems and / or processes 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>Current Assurance:                  * The Trust Annual Plan is developed involving all key stakeholders following the principles of its' licence and subsequent guidance issued by external regulators. The Plan is approved at Board level following detailed review by the Finance &amp; Performance committee, Council of Governors and Management Board.</p> <p>*Through its Performance Management Framework, the Trust monitors performance against plan every month through: Executive Performance Reviews (Division specific); Management Board; Finance &amp; Performance committee (thorough review of the Trust Corporate Performance Report and Balanced Scorecard).</p>	<p>Integrated Audit and Governance Committee</p>
<p>FT4.5h compliance with all applicable</p>	<p>The Trust has effectively established systems and / or</p>	<p>Current Assurance</p>	<p>Integrated Audit and</p>

FT4.6a Board Capability	The systems and/or processes referred to in 4.5 should include but not be restricted to systems and/or processes to ensure: That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided	Current Assurance: * Board skills mix is reviewed on an annual basis or when recruitment is required; * Nominations Committee maintains oversight of the succession planning at Board and Divisional level; * a Board Development Programme is in place that looks forward 12 months, this is a living document; * Chief Executive is appraised by the Chairman against his annual objectives; * Executive Directors are appraised on an annual basis in line with Trust processes; * The Council of Governors, led by the Senior Independent Director, appraises the Chairman and feeds into the Non-Executive Directors appraisal process	Integrated Audit and Governance Committee
-------------------------	---	---	---

<p>FT4.6b Planning and Decision-making processes (quality of care)</p>	<p>The Board is satisfied that the systems and/or processes referred to in 4.5 should include but not be restricted to systems and/or processes to ensure that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations.</p>	<p>Current Assurance:</p> <ul style="list-style-type: none"> <li>* The Chief Nurse and Medical Director oversee and sign off the Quality Impact Assessment for each CIP ahead of implementation, there is a process in place to review these if CIPs change;</li> <li>* The Integrated Performance report brings together quality, safety, activity, performance and finance to enable the Board and its Committees to look at the Trust's activities in an integrated way;</li> <li>* At Executive level the Strategic Investment Group and Management Board review all business cases and consider quality of care in all cases.</li> <li>* The Standing Financial Instructions set out the delegated limits for Executive sign-off and where applicable Finance and Performance Committee and Board.</li> </ul>	<p>Quality Committee</p>
--	--	--	--------------------------

<p>FT4.6c Collection of accurate, comprehensive, timely and up to date information</p>	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure the collection of accurate, comprehensive, timely and up to date information on quality of care</p>	<p>BREACHED: Current assurance * Information Assurance Board meets monthly to consider the accuracy and validity of the patient data, reports into Management Board * Integrated Performance Report contains a "star" rating to show the strength of the data assurance, this was noted as good practice in the July 2016 well-led review report * Process of validation is in place through the Information Team, Divisions and Executive Directors.</p>	<p>Quality Committee</p>
<p>FT4.6e Engagement on quality of care with patient, staff and other stakeholders</p>	<p>The Board is satisfied that the systems and/or processes referred to in 4.5 should include but not be restricted to systems and/or processes to ensure that the Trust, 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.</p>	<p>BREACHED: Current Assurance: * Communications and Engagement Strategy approved by the Board December 2016 * Revised structure in Comms with a new Patient and Public Engagement lead * Programme of Board 2 Boards and 1:1s with CCG and other providers * STP work - East Kent Delivery Board ensures good engagement on patient pathways and longer term solutions</p>	<p>Quality Committee</p>



<p>FT4.6f Accountability for quality care</p>	<p>That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>BREACHED</p> <p>Current assurance:</p> <ul style="list-style-type: none"> <li>* The Board approved the Trust’s three year Quality Improvement Strategy in April 2015. This had been developed through engagement with the staff. To ensure continued engagement and ownership the annual priorities for 2017/18 are being developed through the staff-led Quality and Innovation Hubs (Feb 17).</li> <li>*The Quality Committee also receives information and acts on themes from patient complaints and from the Friends and Family Test. (monthly)</li> <li>*The Trust will be sending a survey out to its key stakeholders to seek their views on the level of care it gives and how well it engages. (Mar 17)</li> <li>* There is a clear route for any member of staff to escalate and resolve quality issues, through their governance boards to Quality Committee and ultimately to the Board. The Raising Concerns Policy provides additional assurance to the Board that issues are being raised.</li> <li>* In line with National requirements the Trust has in place three Freedom to Speak up Guardians and a Guardian of Safe Working.</li> </ul>	<p>Quality Committee</p>
---	---	---	--------------------------

<p>FT4.7 Capability of Workforce (from Ward to Board)</p>	<p>The Board is satisfied that there are systems to ensure that the Trust 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>	<p>BREACHED Current assurance: * People Strategy in place with approved implementation plan; * Succession plan in place - monitored through Nominations Committee; * Board development plan in place and training identified to support delivery of the annual priorities; * Leadership and Development programme approved (phase 1) by NHSI; * Focus on hard to recruit / different models * Nurse staffing data reviewed monthly at Quality Committee; * Ward establishment reviews presented to Strategic Workforce Committee</p>	<p>Strategic Workforce Committee</p>
<p>G1 Provider Licence - Provision of Information</p>	<p>This condition refers to the need for licensees to provide NHSI with information and documents, in such manner that the Regulator requires.</p>	<p>Current Assurance: * The Trust Secretariat and Finance Team / Information Team support the submission of information to NHSI in a timely manner.</p>	<p>Finance and Performance Committee</p>
<p>G2 Provider Licence - Publication of Information</p>	<p>The Licensee shall comply with any direction from NHSI to publish information about health care services provided for the purposes of the NHS</p>	<p>Current assurance: * Information Team publish / provide information as set out by NHSI</p>	<p>Finance and Performance Committee</p>

G3 Provider Licence Payment of Fees to NHSI	This condition gives NHSI the ability to charge fees and obliges licence holders to pay fees to Monitor if requested in respect of the Regulator exercising its functions. Although no plans to adopt this are currently in place, this condition future proofs such a requirement.	Currently no fees are charged.	Finance and Performance Committee
G4 Provider Licence - Fit and Proper Persons Test	This licence condition prevents licensees from allowing unfit persons to become or continue as governors or directors, except with the approval in writing of NHSI. An unfit person is deemed to be an individual who has been adjudged bankrupt; or who within the preceding five years has been convicted and a sentence of imprisonment (whether suspended or not) for a period of not less than three months was imposed on them; or who is subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.	Current assurance: * CQC inspection in September 2016 checked the records and found the Trust compliant; * Chair of Nominations Committee undertook an audit of Trust records during 2016/17	Strategic Workforce Committee
G5 Provider Licence - NHSI Guidance	General Condition 5 requires that the Licensee at all times has regard to guidance issued by NHSI. Where the Licensee decides not follow NHSI's guidance it shall inform NHSI of the reasons for that decision.	Current Assurance: * Executive Directors and Trust Secretary receive the briefings from NHSI and action taken to address the guidance.	Integrated Audit and Governance Committee

<p>G6 Provider Licence - Systems for compliance with licence conditions and related obligations</p>	<p>This condition requires the Licensee to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements.</p> <p>The Licensee must ensure the establishment and implementation of processes and systems to identify risks and guard against their occurrence. The Licensee shall also regularly review those processes and systems to ensure they have been implemented and are effective. Not later than two months from the end of each financial year, the Licensee shall prepare and submit to NHSI a certificate to the effect that following a review of these systems and processes its Directors are, or are not, satisfied that within the last full financial year, it took such precautions as were necessary to comply with this Condition. The Licensee shall publish the certificate within one month of its submission to Monitor in such manner as is likely to bring it to the attention of parties reasonably expected to have an interest.</p>	<p>Current Assurance:</p> <ul style="list-style-type: none"> <li>* Process around sign-off of self-assessment on Provider Licence (through Committees / Board) annually</li> <li>* Annual Governance Statement - annually</li> <li>* Corporate Governance Statement - annually in Annual Report</li> <li>* Risk Management processes</li> </ul>	<p>Integrated Audit and Governance Committee</p>
<p>G7 Provider Licence - Registration with the Care Quality Commission</p>	<p>This condition requires Licensees to be registered at all times with the CQC. The Licensee shall notify NHSI promptly of any application to the CQC for the cancellation of its registration, or the cancellation by the CQC of its registration.</p>	<p>The Trust is registered with the CQC. <a href="http://www.cqc.org.uk/provider/RVV/registration-info">http://www.cqc.org.uk/provider/RVV/registration-info</a></p> <p>The Trust has 4 Requirement Notices and is responding to them through the Integrated Improvement Plan and the Improvement Plan Delivery Board has oversight on this from an Executive perspective.</p>	<p>Quality Committee</p>

G8 Provider Licence - Patient eligibility and selection criteria	General Condition 8 requires that Licensees set transparent eligibility and selection criteria, apply those criteria in a transparent way and publish those criteria in such a manner as will make them readily accessible by any persons who could reasonably be regarded as likely to have an interest in them.	Current Assurance: * Patient Access Policy * Resources for staff to understand patient access are on the Trusts intranet.	Finance and Performance Committee
G9 Provider Licence - Application of IC1 Provider licence - Provision of P1 Provider Licence - Recording of Information	The Conditions in Section 5 shall apply whenever the Licensee shall not do anything that reasonably would From the time of publication by NHSI of Approved Reporting Currencies the Licensee shall maintain records of its costs and of other relevant information in accordance with those Currencies by allocating all costs expended by the Licensee in providing health care services for the purposes of the NHS within that Currency. Such cost allocation methodology and procedures should adhere to the information as set out in the Approved Guidance.	Current Assurance: This licence condition was fully reviewed against the Current Assurance: * The Trust takes part in the annual reference costing process - paper to Finance and Performance Committee in March 2017	Finance and Performance Committee Finance and Performance Committee
P2 Provider Licence - Provision of Information	The Licensee shall provide NHSI with such information and documents as NHSI may require for the purpose of performing its pricing functions. The Licensee shall take all reasonable steps to ensure that the information is accurate and complete.	Current Assurance * The Corporate Planning & Performance Lead Accountant provides information on an annual basis - received by Finance and Performance Committee in March 2017	Finance and Performance Committee
P3 Provider Licence - Assurance Report on NHSI Submissions	If required the Licensee shall submit to NHSI an assurance report relating to its costing submission. Such a report shall meet the requirements if it is prepared by an approved auditor, it expresses a view on whether the submission is based on cost records which complies with guidance and provides a true and fair assessment of the information it contains.	Current Assurance: * Costing report to Finance and Performance Committee in March 2017	Finance and Performance Committee

<p>P4 Provider Licence - Compliance with National Tariff</p>	<p>Except as approved in writing by NHSI, the Licensee shall comply with the rules and apply the methods concerning charging for the provision of health care services for the purposes of the NHS contained in the national tariff published by NHSI.</p>	<p>Current assurance:                  * Trust has agreed a payment by results contract in line with the tariff published by NHSI.</p>	<p>Finance and Performance Committee</p>
<p>P5 Provider Licence - Constructive engagement concerning local tariff modifications</p>	<p>The Licensee shall engage constructively with Commissioners, with a view to reaching agreement in any case in which it is of the view that the price payable for the provision of a service for the purposes of the NHS in certain circumstances or areas should be the price determined in accordance with the national tariff for that service subject to modifications.</p>	<p>Current assurance:                  * financial and operating plan in place / monitored through the Finance and Performance Committee;                  * Payment by results contract agreed with Commissioners</p>	<p>Finance and Performance Committee</p>