

TRUST SELF-CERTIFICATION AGAINST PROVIDER LICENCE 2016/17

Ref	Condition	Evidence / Progress	Suggested declaration
G6	Provider Licence - Systems for compliance with licence conditions and related obligations	<p>Current Assurance:</p> <ul style="list-style-type: none"> • Process around sign-off of self-assessment on Provider Licence (through Committees / Board) annually • Annual Governance Statement – annually • Corporate Governance Statement - annually in Annual Report • Risk Management processes 	Confirmed
CoS7	Availability of Resources	The Board considered the availability of resources when signing off the Operational Plan. Within that plan the risks were discussed and mitigation in place. In addition the Board has taken the work of the External Auditors on the accounts into consideration when "confirming" this licence condition.	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.	<p>Current assurance:</p> <ul style="list-style-type: none"> • Externally run Well-led review - July 2016 and delivery of recommendations; • Head of Internal Audit Opinion 	Confirmed
FT4(3)	Have regard to such guidance on good corporate governance as may be issued by NHSI from time to time	The Chief Executive, Director of Finance and Trust Secretary review and disseminate the guidance from NHSI	Confirmed
FT4(4)	<p>a) The Trust has established and implemented effective board and committee structures</p> <p>b) 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>c) The Trust has established and</p>	<p>Current Assurance:</p> <ul style="list-style-type: none"> • 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. • Governance chart / structure in place. 	Confirmed

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	implemented clear 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"> a) Duty to operate efficiently, economically and effectively; b) Timely and effective scrutiny and oversight by the Board of the Trust's operations c) compliance with health care standards d) Effective financial decision making, management and control; e) obtain and disseminate accurate, comprehensive, timely and up to date information; f) identify and manage material risks to compliance with the Conditions of its Licence; g) Generating and monitoring and delivery of business plans; and h) Compliance with all applicable legislation 	<p>The recommendations made in the financial governance review in July 2015 have been delivered.</p> <p>Due to the Trust's challenging financial position during 2016/17, additional control measures have been put in place and include setting up the Agency Control Group and holding regular and divisional challenge turnaround meetings. In addition the executive performance reviews, the main forum for performance management of the divisions, were strengthened to ensure consistent agendas and regular attendance by the executive team.</p> <p>The Board has an annual plan of its business which includes a number of standing items that include a detailed review of the standards and financial statements.</p> <p>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.</p>	<ul style="list-style-type: none"> a) Not confirmed b) Confirmed c) Confirmed d) Not confirmed e) Confirmed f) Not confirmed g) Confirmed h) Confirmed

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		<p>During 2016/17 the Trust has worked through the Improvement Plan developed following the July 2015 CQC visit and more latterly it was updated following the September 2016 visit. The Trust has a number of other plans, including improvements to its Emergency Department performance and financial recovery and in order to ensure these are managed in an integrated way a new “Integrated Improvement Plan” will be presented to the Board in April 2017. The Integrated Plan will be discussed with partners at the Single Oversight Meetings with NHSI to address any system wide challenges.</p> <p>The Board held another workshop focussed on strategic risk in November 2016. A number of risks were identified for further work. In addition the risk appetite was reviewed and it was agreed to review this twice a year to ensure it was embedded.</p> <p>The Risk Manager joined in May 2016 and has been instrumental in rolling out the 4Risk system, raising awareness and ensuring training is provided across the Trust.</p>	
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