

Provider Licence Statement – Self Assessment April 2018

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Agenda Item No: 11.1

Trust Board Report

Meeting Date:	Monday 30 th April 2018		
Title:	Provider Licence Statement – Self Assessment		
Executive Summary:	<p>NHS Foundation Trusts are required to operate under license which contain a number of conditions. NHS Improvement have decided that 2 of the conditions should equally apply to NHS Trusts and for 2018/19 have asked Trust Boards to self-assess their compliance against the conditions.</p> <p>This report covers one condition and a further report will be considered at the June Trust Board.</p>		
Action Requested:	The Board is asked to note the requirement for self-assessment against licence standards and approve the self-assessment declaration that the Trust is compliant with condition C6(3).		
For the attention of the Board			
Assure	This report confirms the Trust Self-assessment of Compliance against the required Condition C6 (3).		
Advise			
Alert			
Author + Contact Details:	<table border="0"> <tr> <td>Kevin Stringer Chief Financial Officer Tel 01902 695954 kevin.stringer@nhs.net</td> <td>Keith Wilshere Company Secretary Tel 307999 x4294 keith.wilshere1@nhs.net</td> </tr> </table>	Kevin Stringer Chief Financial Officer Tel 01902 695954 kevin.stringer@nhs.net	Keith Wilshere Company Secretary Tel 307999 x4294 keith.wilshere1@nhs.net
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Links to Trust Strategic Objectives	<p>3. To have an effective and well integrated local health and care system that operates efficiently</p> <p>5. Maintain financial health – Appropriate investment to patient services</p>		
Resource Implications:	None		
CQC Domains	Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.		
Equality and Diversity Impact	There are no impacts on Equality and Diversity.		
Risks: BAF/ TRR	The report does not identify any new or changed risks.		
Risk: Appetite			
Public or Private:	Public Board		
References	NHS Improvement Licence Self-assessment requirement		
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny 		

Report Details

1	<p>The Trust is required to self-certify that it is compliant with conditions G6(3) and FT4(8) which are FT provider licence requirements which NHS Improvement have declared are applicable to NHS Trusts.</p> <p>Condition C6(3) is required to be signed off by 31st May and is detailed for Board consideration below.</p> <p>Condition FT4(8) is related to certify compliance with Governance standards and objectives and is due for sign off by 30 June 2018.</p>
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NHS Provider License Conditions – Compliance Statement 2017/18

General Condition 6 – Systems for compliance with licence conditions and related obligations – Sign off Due 31 st May 17	Lead/s to respond	Trust position statement	Risks and gaps	Evidence/ Comment
<p>Condition G6 –</p> <p>1. The Licensee shall take all reasonable precautions against the risk of failure to comply with:</p> <p>(a) the Conditions of this Licence,</p> <p>(b) any requirements imposed on it under the NHS Acts, and</p> <p>(c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.</p>	<p>a, b, c) CEO/ Finance Director/ Board Secretary</p>	<p>The Trust has had no conditions imposed upon it preventing it from discharging its statutory responsibilities.</p> <p>The NHS Constitution is considered against each report/paper presented the Board and its sub committees.</p> <p>Each subcommittee monitors compliance against contractual requirements and provides assurance to the Board with identification of risk and mitigation.</p>		<ul style="list-style-type: none"> • BAF • Trust Risk Register
<p>2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:</p> <p>(a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and</p> <p>(b) regular review of whether those processes and systems have been implemented and of their effectiveness.</p>	<p>a, b) Finance Director</p>	<p>a) The Trust Board approved a financial plan at its March Board meeting agreeing to the NHS Improvement control total of £16.2m surplus for 2018/19.</p> <p>Financial risks to the plan have been identified along with mitigation plans and these have been highlighted in the Trust’s Board Assurance Framework and risk register. The Trust’s Finance and Performance Committee will monitor the key risks to the financial plan ensuring all appropriate action is taken to deliver the 18/19 financial position.</p>	<p>The BAF contains 3 financially related risk (SR 8,9,10) which are monitored and managed though the F&P Committee and reported to Trust Board</p>	<ul style="list-style-type: none"> • BAF/TRR • Minutes of F&P • Escalation reports to Board monthly

	<p>a) Chief Nurse, Head of Governance and Legal</p>	<p>a) The Trust has a well-established framework for governance to inform the Trust Board of operational and strategic risks as well as to provide assurance on business performance and compliance. The framework sets in place a high level committee and management structure, below the Trust Board, for the delivery of assured governance. Sub Trust Board assurance committees are constituted to ensure the delegated operation of effective risk management systems, processes and outcomes. These committees inform and assure the Trust Board through the functioning and reporting of sub-groups and specialist working groups defined in their terms of reference.</p> <p>b) An Internal Audit report on Divisional Governance concluded that the governance arrangements from Directorate to Trust Board level have been well designed and, from the evidence gathered, are working in an effective manner and assurances are received throughout the whole structure.</p> <p>During 2016-2017 the Trust also underwent an independent review of governance by Deloitte. As part of the review the Trust Board and its Committees were observed, and Directors and senior staff were interviewed. The report was largely positive, but identified recommendations for improvement that</p>	<p>Recommendations from Deloitte Governance Review are complete.</p>	<ul style="list-style-type: none"> • Risk Management Assurance Strategy • Risk Management Assurance Strategy Trust Audit 2016 • Risk Management Policy internally reviewed. • Internal Audit Reports on Governance, BAF etc. • Completion of internal audit recommendations • Report to Board June 2017 and January 2018 on progress and completion against Deloitte Governance review actions.
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		<p>have now been included in an action plan which has now been completed.</p> <p>The Trust has recently been reviewed by the CQC which includes a review against the well led domain and no significant concerns were immediately raised with management. The Trust awaits the draft report and rating which is expected in May 2018.</p>		
<p>3. Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to Monitor a certificate to the effect that, following a review for the purpose of paragraph 2(b) the Directors of the Licensee are or are not satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with this Condition.</p>	<p>Board Secretary</p> <p>CEO, Finance Director</p>	<p>A report was presented to the Trust Board in May 2017 demonstrating how the Trust has taken all precautions necessary to comply with the license, NHS Acts and NHS Constitution along with required governance arrangements. A full compliance document followed in June 2017 and a further update and assurance of continued compliance in January 2018.</p> <p>The Trust Board is satisfied it can declare full compliance.</p>		<ul style="list-style-type: none"> • Agenda for Board meeting for approval.
<p>4. The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to Monitor in such manner as is likely to bring it to the attention of such persons who reasonably can be expected to have an interest in it.</p>	<p>Board Secretary</p> <p>Communications manager</p>	<p>To complete final certification and sign off.</p> <p>Completed Self-certification template will be published on RWT internet site 30 June 2018 post Board approval.</p>		