NHS Improvement Provider Licence Declarations 2018/2019 (Licence conditions G6, FT4 and T)



At its meeting on the 28 May 2019 the Board of Directors made the following declarations in relation to Provider Licence Conditions G06, FT4 and Training of Governors.

Condition	Statement	Declaration
G06	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are 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 the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution, and the Licensee continues to meet the criteria for holding a licence.	Confirmed for 2018/19
FT4(2)	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.	Confirmed for 2018/19
FT4(3)	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed for 2018/19
FT4(4)	The Board is satisfied that the Trust 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 c) Clear reporting lines and accountabilities throughout its organisation	a), b) and c) confirmed for 2018/19

FT4(5)	The Board is satisfied that the Trust 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 and Committee decision-making f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence 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 h) To ensure compliance with all applicable legal requirements	a) Not confirmed for 2018/19 External Audit opinion on Value for Money highlighted continuing licence conditions re finances, financial performance during the year showing a deficit position, and CQC inspection results. b) confirmed for 2018/19 c) Not confirmed for 2018/19 CQC inspection results 'requires improvement. Action plans immediately implemented to improve areas highlighted, with regular monitoring. d) Confirmed for 2018/19, but legacy, outstanding financial planning enforcement undertakings given to NHS Improvement (Monitor) have not yet been removed by regulator e) Confirmed for 2018/19 f) Confirmed for 2018/19, but Head of Internal Audit Opinion for 2018/19 stated that 'for the areas reviewed during the year, Trust has Limited Assurance over the effectiveness of risk management, control and governance processes in place.' g) Confirmed for 2018/19 h) Confirmed for 2018/19
FT4(6)	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: a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; c) The collection of accurate, comprehensive, timely and up to date information on quality of care d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into	a), b), c), d), e) confirmed for 2018/19
	account as appropriate views and information from these sources f) 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	f) Not confirmed for 2018/19: CQC inspections found inadequate leadership and escalation systems in urgent and emergency care services in September 2018. Immediate action taken to improve the position, with ongoing monitoring
FT4(7)	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.	Confirmed for 2018/19
Governor Training	The Board is satisfied that during the financial year most recently ended the Trust has provided	

the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed for 2018/19

Signed, for and on behalf of the Board of Directors.

Louise Barnett, Chief Executive Martin Havenhand, Chairman

28 MAY 2019