

Board of Directors: 10.5.18
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Self-certification of the NHS Provider Licence

Presented by:	Professor Clive Kay, Chief Executive	Author:	Tanya Claridge, Director of Governance and Corporate Affairs
Previously considered by:	Integrated Governance and Risk Committee Council of Governors		

Key points	Purpose:
1. NHS Foundation Trusts are required to self-certify annually whether or not they have complied with the conditions of the NHS provider licence have the required resources available if providing commissioner requested services, and have complied with governance requirements.	To discuss and note
2. The Board of Directors is asked to review the content and completeness of the assurance associated with the self certification of our compliance with the NHS Provider Licence	To note and gain assurance
3. The Board of Directors is asked to note that the requirement for the self-certification has been shared with the Council of Governors as required within the Licensing process and that the assurance related to each condition has been shared with the Council of Governors	To discuss and note

Executive Summary:
<p>NHS Foundation Trusts are required to self-certify annually whether or not they have complied with the conditions of the NHS provider licence have the required resources available if providing commissioner requested services, and have complied with governance requirements. In addition, NHS Improvement requires the Trust to make a number of governance declarations which are certified by the Board of Directors. NHS Improvement do not require any formal submission however will carry out spot checks to ensure that Boards have self-assessed and published details of their self-assessment,</p> <p>The views of the Governors should be sought in relation to the process of self certification and assurance in relation to compliance with the conditions of the Licence.</p> <p>This paper has been written to provide a portfolio of the evidence to enable the Trust Board of Directors to consider approving the self –certification that the Trust meets the conditions of its Licence and identifies potential areas of risk proportionately and appropriately. It sets out statements that Trust Board is required to make provide assurance to support the self-certification against the conditions related to Governance. From the assurance provided, the Trust Board of Directors is required to certify that they are satisfied with the risks and mitigating actions against each area of the required areas within the Corporate Governance Statement.</p> <p>In addition it sets out a statement that the Trust Board of Directors is required to make provide</p>

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assurance to support the self-certification against the condition related to availability of resources. From the assurance provided, the Trust Board of Directors is required to certify that they are satisfied with any risks and mitigating action described.

Finally it provides a narrative to assure that the Foundation Trust's Governors have received enough training and guidance to carry out their roles as required in Section 151(5) of the Health and Social Care Act 2012.

Financial implications:

Yes – Income, Expenditure & Capital

Regulatory relevance:

NHS Improvement:	Risk Assessment Framework
	Quality Governance Framework
	Code of Governance
	Annual Reporting Manual

Equality Impact / Implications:	Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	If yes, what is the mitigation against this?

Other:	CQC fundamental standards
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Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

Self certification of the NHS Provider Licence

1. Background

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NHS Foundation Trusts are required to self-certify annually whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.

In addition, NHS Improvement requires the Trust to make a number of governance declarations which are certified by the Board of Directors. These relate to the following conditions of the licence:

1. **Condition GS6(3)** Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution. The Foundation Trust is specifically required to publish the declaration for this condition.
2. **Condition FT4(8)** Providers must certify compliance with required governance standards and objectives.
3. **Section 151(5) of the Health and Social Care Act 2012 Training of Governors** Providers must review whether their governors have received enough training and guidance to carry out their roles. It is up to providers how they do this.
4. **Conditions to support continuity of service (CoS7):** allows NHS Improvement to assess whether there is a risk to services and to set out how services will be protected if a provider gets into financial difficulty

NHS Improvement do not require any formal submission however will carry out spot checks to ensure that Boards have self-assessed and published details of their self-assessment

2. Assurance

The provider licence is split into six sections, which apply to different types of providers:

1. General conditions (G): general requirements applying to all licensed providers.
2. Obligations about pricing (F): obliges providers to record pricing information, check data for accuracy and, where required, charge commissioners in line with tariff. Applies to all licensed providers who provide services covered by national tariff.
3. Obligations around choice and competition (C): obliges providers to help patients make the right choice of provider, where appropriate, and prohibits anti-competitive behaviour where against patients' interests. This applies to all licensed providers.
4. Obligations to enable integrated care (IC): enables the provision of integrated services and applies to all licensed providers.
5. Conditions to support continuity of service (CoS): allows NHS Improvement to assess whether there is a risk to services and to set out how services will be protected if a provider gets into financial difficulty. Applies to providers of commissioner requested services (CRS) only.
6. Governance licence conditions for Foundation Trusts (FT): provides obligations for Foundation Trusts around appropriate standards of governance. These conditions apply to Foundation Trusts only.

The attached paper (appendix 1: NHS provider licence conditions) has been written to provide a portfolio of the evidence to enable the Trust Board of Directors to consider approving the self – certification that the Trust meets the conditions of its Licence and identifies potential areas of risk proportionately and appropriately.

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The attached paper (appendix 2: Compliance Statement) sets out statements that Trust Board is required to make provide assurance to support the self-certification against the conditions related to Governance. From the assurance provided, the Trust Board of Directors is required to certify that they are satisfied with the risks and mitigating actions against each area of the required areas within the Corporate Governance Statement.

The attached paper (appendix 3: Availability of Resources) sets out a statement that the Trust Board of Directors is required to make provide assurance to support the self-certification against the condition related to availability of resources. From the assurance provided, the Trust Board of Directors is required to certify that they are satisfied with any risks and mitigating action described.

The attached paper (appendix 4: Governors Training) provides assurance that the Foundation Trust's Governors have received enough training and guidance to carry out their roles as required in Section 151(5) of the Health and Social Care Act 2012.

5. Declarations required

Condition GS6(3) Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.

From the assurance provided the Trust Board of Directors is required to certify that it "is satisfied that, during the financial year most recently ended, it has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution."

Condition FT4(8) Providers must certify compliance with required governance standards and objectives

From the assurance provided the Trust Board of Directors is required to certify that it "is satisfied that, during the financial year most recently ended, that the Foundation Trust is compliant with relevant governance standards."

Conditions to support continuity of service (CoS7)

From the assurance provided the Trust Board of Directors is required to certify that it is satisfied that, during the financial year most recently ended, the Trust has acted in a way that secures access to the resources needed to operate Commissioner Requested Services.

Section 151(5) of the Health and Social Care Act 2012 Training of Governors

From the assurance provided the Trust Board is required to certify that it "is satisfied that, during the financial year most recently ended, the Trust has provided necessary training to its governors, as required by 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."

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Appendix 1 Provider Licence Conditions and associated assurance/sources of evidence

Licence Condition	Definition ¹	Executive Lead	Response	Evidence
General Condition 1: Provision of Information	This condition contains an obligation for all licensees to provide NHS I with any information we require for our licensing functions.	Chief Executive	The Trust complies with this condition as required. There are three established contacts with NHS Improvement – Chief Executive, Director of Finance and Director of Governance and Operations. All information requested by NHS Improvement is supplied in a timely manner in the format requested.	Quarterly review meetings
General Condition 2: Publication of information	This licence condition obliges licensees to publish such information as NHS I may require	Director of Governance and Corporate Affairs	The Trust complies with this condition as required. Information is published as required in accordance with the Code of Governance and the Annual Reporting Manual.	Self-assessment against Code of Governance Annual Report Quality Account
General Condition 3: Payment of fees to NHS I	The Act gives NHS I the ability to charge fees and this condition obliges licence holders to pay fees to NHS I if requested.	Director of Finance	The Trust will comply with this condition as required.	
General Condition 4: Fit and proper persons	This licence condition prevents licensees from allowing unfit persons to become or continue as governors or directors (or those performing similar or equivalent functions).	Director of Human Resources	The Foundation Trust is compliant with this condition. It has robust pre-employment and employment processes in place to ensure that Executive and Non-Executive Directors meet the requirements of the FPPR regulations both on appointment and then annually in terms of reviewing the ongoing fitness of Directors. This is documented in an assurance process. Whilst the FPPR regulations do not apply to governors the appointment process includes a self-declaration, DBS check and internet searches to provide assurance as to their suitability.	CQC 'Well led' inspection (February 2018) Deloitte Well led re-review (December 2017)
General Condition 5: NHS I guidance	This licence condition requires licensees to have regard to any guidance that NHS I issues.	Chief Executive	The Trust is compliant with this condition. Guidance is studied in detail by the relevant Executive Director and a lead assigned that is relevant to the subject matter	Self-assessment against Code of Governance Compliance with Annual Reporting Manual.
General Condition 6: Systems	This licence condition requires providers	See Appendix 2. Annual declaration made. There is a specific agenda item on the Board of Directors agenda		

¹ The New NHS Provider Licence 14 February 2013

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Licence Condition	Definition ¹	Executive Lead	Response	Evidence
for compliance with licence conditions and related obligations	to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements.	relating to any exception reporting required to NHS Improvement.		
General Condition 7: Registration with the Care Quality Commission	This licence condition requires providers to be registered with the CQC (if required to do so by law) and to notify us if their registration is cancelled.	Director of Governance and Corporate Affairs	The Trust is compliant with this condition. The Trust is fully registered with the CQC. All sites are registered.	CQC Registration document
General Condition 8: Patient eligibility and selection criteria	This condition requires licence holders to set transparent eligibility and selection criteria for patients and to apply these in a transparent manner.	Chief Operating Officer	<p>The Trust is compliant with this condition. Patient access and treatment is provided in line with national 18 week RTT standards, cancer waiting time standards and diagnostic waiting time standard.</p> <p>The ERS directory of services provides patients with easily accessible information by specialty on:</p> <ul style="list-style-type: none"> • Choice of hospital • Choice of Site • Wait times for appointment • Waiting time in relation to 18 week RTT 	Elective Care access policy 2017. NHS E-referral service – Directory of services.
General Condition 9: Application of Section 5 (Continuity of Services)	This condition applies to all licence holders. It sets out the conditions under which a service will be designated as a Commissioner Requested Service. If a licensee provides any Commissioner Requested Services, all the Continuity of Services Conditions apply to the licence holder.	Chief Operating Officer	<p>The Trust is compliant with this condition and agrees its commissioner requested services on an annual basis.</p> <p>The 2017/19 contract Schedule 2 Part D reflects the list of goods and services Bradford Teaching Hospitals NHS Foundation Trust must provide in accordance with their terms of authorisation:</p>	The 2017/19 contract Schedule 2 Part D
Pricing Condition 1: Recording of information	Under this licence condition, NHS I may oblige licensees to record information, particularly information about their costs, in line with guidance to be published by NHS I	Director of Finance	The Trust is compliant with this condition and produces cost information in relation to both the annual reference cost submission & the annual education and training cost submission (in line with the nationally prescribed costing methodology) and the annual accounts submission (in line with national guidelines)	Reference Cost Submission Annual Accounts Submission
Pricing Condition 2: Provision of information	Having recorded the information in line with Pricing condition 1 above, licensees	Director of Finance	The Trust is compliant with this condition - See Pricing condition 1 – particularly in relation to	Reference Cost Submission

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Licence Condition	Definition ¹	Executive Lead	Response	Evidence
	can then be required to submit this information to NHS I.		reference cost submission	
Pricing Condition 3: Assurance report on submissions to NHS I	When collecting information for price setting, it will be important that the information submitted is accurate. This condition allows NHS I to oblige licensees to submit an assurance report confirming that the information they have provided is accurate.	Director of Finance	The Trust is compliant with this condition - Bradford Teaching Hospitals NHS Foundation Trust's costing methodology aligns to nationally prescribed costing guidance	Reference Cost Submission National Audit of Reference Cost Submissions
Pricing Condition 4: Compliance with the National Tariff	The Health and Social Care Act 2012 requires commissioners to pay providers a price which complies with, or is determined in accordance with, the National Tariff for NHS health care services. This licence condition imposes a similar obligation on licensees, i.e. the obligation to charge for NHS health care services in line with the National Tariff.	Director of Finance	The Trust is compliant with this condition – and quantifies the charges levied for activity undertaken using the HRG4+ grouper for services that attract a national tariff.	Annual contract agreement (price & volume) Monthly Contract Management Statements Internal Audit of Contract Income (PbR)
Pricing Condition 5: Constructive engagement concerning local tariff modifications	The Act allows for local modifications to prices. This licence condition requires licence holders to engage constructively with commissioners, and to try to reach agreement locally, before applying to NHS I for a modification	Director of Finance	The Trust is compliant with this condition - Local Tariffs and alternative payment mechanisms are developed and agreed with Commissioners for other services. BTHFT has not requested a modification to National Tariff prices. Local variations are in line with National Guidelines.	Annual contract agreement (price & volume)
Choice and Competition Condition 1: Patient choice	This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have a choice of provider. This condition applies wherever patients have a choice of provider under the NHS Constitution, or where a choice has been conferred locally by commissioners.	Chief Operating Officer	The Trust is compliant with this condition. The ERS directory of services provides patients with easily accessible information by specialty on: <ul style="list-style-type: none"> Choice of hospital Choice of Site Wait times for appointment Waiting time in relation to 18 week RTT 	ERS directory of services
Choice and Competition Condition 2: Competition oversight	This condition prevents providers from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting	Director of Strategy and Integration	The Trust is compliant with this condition and is bound by EU law (as transcribed into UK law) on competitive practice. Requirements on the Trust on these matters are set in the Trust documents	Minutes of Board of Director meetings. Minutes of EMT Meetings Minutes of Audit Committee

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Licence Condition	Definition ¹	Executive Lead	Response	Evidence
	competition to the extent that it is against the interests of health care users. It also prohibits licensees from engaging in other conduct which has the effect of preventing, restricting or distorting competition to the extent that it is against the interests of health care users.		<p>“Reservation of Powers to the Board and Scheme of Delegation” and “Standing Financial Instructions”.</p> <p>These documents cover instances where the Trust is bidding to provide commissioned services and where we are offering contracts to the market.</p>	Internal Audit Reports
The Integrated Care Condition	The Integrated Care Condition is a broadly defined prohibition: the licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care. It also includes a patient interest test. The patient interest test means that the obligations only apply to the extent that they are in the interests of people who use health care services.	Director of Strategy and Integration	<p>The Trust is compliant with this condition and plays a full part in the development of integrated care systems across Bradford and wider West Yorkshire. Specific examples in Bradford include the development of the Integrated Diabetes Service, Out of Hospital Care Programme and the work undertaken with social care to develop out intermediate care hub. Both of these programmes of work are managed via the Bradford Provider Alliance – a formal alliance of the Trust, Bradford MDC, the Bradford Care Alliance (a social enterprise of 64 of Bradford's 67 GP practices) and Bradford District Care NHS Foundation Trust.</p> <p>In addition to this, the Trust is working on a wider West Yorkshire basis with the West Yorkshire and Harrogate Integrated Care System and the West Yorkshire Association of Acute Trusts (WYAAT) on a wide range of work programmes.</p>	Clinical Strategy Annual Plan Board Assurance Framework and Risk Register Minutes of WYAAT meetings Minutes of WY&H Integrated Care System meetings Minutes of Bradford Provider Alliance Integrated Management Board Meetings Minutes of Board Partnerships Committee
Continuity of Services Condition 1: Continuing provision of Commissioner Requested Services	This condition prevents licensees from ceasing to provide Commissioner Requested Services, or from changing the way in which they provide Commissioner Requested Services, without the agreement of relevant commissioners.	Chief Operating Officer	The Trust is compliant with this condition.	
Continuity of Services Condition 2: Restriction on the disposal of assets	This licence condition ensures that licensees keep an up-to-date register of relevant assets used in the provision of Commissioner disposal of assets	Director of Finance	The Trust is compliant with this condition. There is a policy in place for the disposal of assets	Asset Register Internal Audit Reports Trust Policy

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Licence Condition	Definition ¹	Executive Lead	Response	Evidence
	Requested Services. It also creates a requirement for licensees to obtain NHS I's consent before disposing of these assets when NHS I is concerned about the ability of the licensee to carry on as a going concern.			
Continuity of Services Condition 3: NHS I risk rating	This condition requires licensees to have due regard to adequate standards of corporate governance and financial management.	Director of Governance and Corporate Affairs/ Director of Finance	The Trust is compliant with this condition. It has a clearly defined corporate and financial governance structure supported by an established risk escalation framework.	Internal and External Audit Reports Board Assurance Framework and Risk Register Annual Report and Accounts and Quality Account Annual Governance Statement Self-Assessment against Code of Governance Standing Financial Instructions Scheme of Delegation Financial Policies & Procedures Budgetary Control Framework
Continuity of Services Condition 4: Undertaking from the ultimate controller	This condition requires licensees to put in place a legally enforceable agreement with their 'ultimate controller' to stop ultimate controllers from taking any action that would cause licensees to breach the licence conditions. This condition specifies who is considered to be an ultimate controller.	Not applicable		
Continuity of Services Condition 5: Risk pool levy	This licence condition obliges licensees to contribute, if required, towards the funding of the "risk pool" - this is like an insurance mechanism to pay for vital services if a provider fails.	Director of Finance	The regulatory Risk Pool Levy has not come into effect to date. The Trust currently contributes to the NHS Litigation Authority risk pool for clinical negligence, property expenses and public liability schemes.	
Continuity of Services Condition 6: Cooperation in the event of financial stress	This licence condition applies when a licensee fails a test of sound finances, and obliges the licensee to cooperate with NHS I in these circumstances.	Director of Finance	The Trust is not in financial special measures, but would cooperate fully with NHSI should this ever be the case.	
Continuity of Services Condition 7: Availability of	This condition requires licensees to act in a way that secures access to the	The Trust is compliant with this condition – and has agreements/contracts in place with Commissioners to continue to provide services. See Appendix 3.		

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Licence Condition	Definition ¹	Executive Lead	Response	Evidence
resources	resources needed to operate Commissioner Requested Services.			

Appendix 2 Corporate Compliance Statement (Conditions G6 and FT4)

Condition G6 Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.				
Condition	Accountable Executive	Statement	Risk	Evidence
1. The Licensee shall take all reasonable precautions against the risk of failure to comply with: (a) the Conditions of this Licence, (b) any requirements imposed on it under the NHS Acts, and (c) The requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.	(a) Chief Executive (b) Director of Finance (c) Director of Governance and Corporate Affairs	The Foundation Trust is compliant with this condition. It has no conditions imposed upon it preventing it from discharging its statutory responsibilities		Board Assurance Framework Corporate Risk Register

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Condition G6 Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.				
Condition	Accountable Executive	Statement	Risk	Evidence
2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) Regular review of whether those processes and systems have been implemented and of their effectiveness.	(a)/(b) Director of Governance and Corporate Affairs (a)/(b) Director of Finance	The Foundation Trust is compliant with this condition. It has an established system, including a risk escalation framework to identify risks (including financial risks) and their mitigation. The Foundation Trust uses a variety of mechanisms to test the effectiveness of the governance system , including Internal Audit, assurance reviews, gap analysis and root cause analysis when issues are identified	A recent Internal Audit report highlighted concerns in relation to Divisional Governance and identification and management of risk related to local clinical audit. This is subject to a corporately monitored action plan	Risk Management Strategy Annual Governance Statement Quality Account Internal investigations related to process issues Internal Audit
3. Not later than two months from the end of each Financial Year, the Licensee shall prepare and submit to NHS Improvement Board Secretary 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.	Chief Executive	The Foundation Trust is compliant with this condition. This report, presented to the Trust Board in May 2018 demonstrates how the Trust has taken all precautions necessary to comply with the license, NHS Acts and NHS Constitution along with required governance arrangements.		Board Agenda and Minutes
4. The Licensee shall publish each certificate submitted for the purpose of this Condition within one month of its submission to NHS I 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.	Chief Executive	The Foundation Trust is compliant with this condition. The final certification and sign off will be undertaken as required Completed Self-certification template will be published on the Foundation Trust internet site on the 30 June 2018.		

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Condition FT4(8) Providers must certify compliance with required governance standards and objectives				
Condition	Accountable Executive	Statement	Risk	Evidence
1. This condition shall apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.	Chief Executive	Bradford Teaching Hospitals NHS Foundation Trust is a Foundation Trust and therefore this condition applies		
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.	Director of Governance and Corporate Affairs	The Foundation Trust is compliant with this condition. An Office of Governance and Corporate Affairs was established in 2015. The Office has clear objectives to support the consistent and systematic approach to high quality Governance throughout the Foundation Trust.		Office of Governance and Corporate Affairs Objectives Risk management strategy Internal Audit reports Annual Governance Statement
3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall: (a) have regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time; and (b) Comply with the following paragraphs of this Condition.	Director of Governance and Corporate Affairs	The Foundation Trust is compliant with this condition. It uses a range of mechanisms to receive, consider and assure itself in relation to the 'Well Led' Standards described by the Care Quality Commission and any guidance issued by NHS Improvement in relation to good governance.		Board Minutes Board Committee Minutes
4. The Licensee shall establish and implement: (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; and	Director of Governance and Corporate Affairs	The Foundation Trust is compliant with this condition. It has established and is embedding effective Board and Committee Structures which meet the requirements of its Constitution and uses a range of mechanisms to assure their effectiveness including Internal Audit, external 'well led' reviews and internal assurance work in terms of the conduct of	There is a risk in relation to the divisional management of and assurance associated with clinical audit. An action plan is in place to address this. The risk is not significant.	Deloitte Well Led Review Internal Audit Reports Terms of Reference, Agendas, Papers and Minutes of Board, Committees and Sub Committees Internal assurance review

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Condition FT4(8) Providers must certify compliance with required governance standards and objectives				
Condition	Accountable Executive	Statement	Risk	Evidence
(c) Clear reporting lines and accountabilities throughout its organisation.		committees. The Audit and Assurance Committee provides assurance and challenge across the governance portfolio of the organisation. Terms of reference for the Board of Directors, its Committees and their Sub-Committees are reviewed regularly to ensure alignment with the Foundation Trust's Strategic Objectives. The Risk Management Strategy describes accountabilities and reporting lines throughout the organisation. The Foundation Trust commissioned a review of the outcome and progress associated with the Deloitte review (2016-17) during 2017-18. Progress was made against all recommendations, and assurance relating to the completion of a number of actions was identified.		reports Board Assurance Framework Divisional Quality and Safety System and outputs Constitution Code of Governance Register of Interests Election process for Council of Governors Annual Governance Statement
5. The Licensee shall establish and effectively implement 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	(a) Director of Finance/Chief Operating Officer (b) Director of	(a) The Foundation Trust is compliant with this condition. The Foundation Trust has a range of co-ordinated systems and processes that are clearly described within its operational and governance infrastructure that ensures that it operates efficiently, effectively and economically. As part of its annual audit, the Trust's external auditor was satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources in 2017/18 (b) The Foundation Trust is compliant with this		Board of Directors, Board Committees and their Sub Committees, Terms of Reference, Agendas. Papers and minutes Internal assurance review reports Board Assurance Framework Divisional Quality and Safety System and outputs ProgRESS reports CQC compliance reports

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Condition FT4(8) Providers must certify compliance with required governance standards and objectives
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Condition FT4(8) Providers must certify compliance with required governance standards and objectives				
Condition	Accountable Executive	Statement	Risk	Evidence
		<p>enquiry using a newly procured electronic system, from ward to Board</p> <p>-Assurance reviews of national alerts, the effectiveness of actions following serious incidents and complaints, compliance with national guidance and national audit outcomes</p> <p>The Trust uses the NHS Standard contract for all material contracts with commissioners to ensure a consistent approach to contracting. Where possible all sub contracts and provider to provider agreements now utilise the non-mandatory NHS Standard Sub-Contract template. All contracts are subject to internal and external audit where required and actions all completed. The requirements placed upon providers to meet the NHS Operating Framework are all detailed within the standard contract.</p>		

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Appendix 3: Continuity of Services Condition 7: Availability of resources

Condition CoS 7 Availability of resources				
Condition	Accountable Executive	Statement	Risk	Evidence
This condition requires licensees to act in a way that secures access to the resources needed to operate Commissioner Requested Services.	Director of Finance	The Foundation Trust is compliant with this condition. The Foundation Trust has sound processes and systems in place to ensure it has the resources necessary to deliver its services.		Internal audit reports Annual Report and Accounts and Quality Account

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Appendix 4:
Section 151(5) of the Health and Social Care Act 2012 – The training of Governors

Section 151(5) of the Health and Social Care Act 2012 – The training of Governors				
Condition	Accountable Executive	Statement	Risk	Evidence
The training of Governors	Director of Governance and Corporate Affairs	<p>The Foundation Trust is compliant with Section 151(5) of the Health and Social Care Act 2012.</p> <p>Training, learning and development opportunities are available to Governors throughout the year.</p> <p>A comprehensive Governor induction programme is in place for new Governors</p> <p>All Governors have access to the external courses programme delivered by Governwell (the National Training Programme for Governors) which is routinely publicised amongst Governors.</p> <p>All Governors have access to local training and development sessions.</p> <p>Internally delivered learning and development sessions: Discrete sessions are developed and delivered in response to the collective and individual needs of Governors – under our Foundation Trust's internal 'Getting to know you programme'. Attendance records are</p>		<p>Induction: a comprehensive Induction Pack is used to support Governor Induction</p> <p>Local training and development sessions. Governwell: Information is circulated to Governors and reports of training activity</p> <p>In year this has included: Two sessions delivered by West Yorkshire and Harrogate District Partnership with a focus on STPs and 'Development of effective Engagement with Patients and the Public'. Have documentation between Governors, Trust and Third parties on file.</p> <p>Internally delivered learning and development sessions: Attendance records are kept within the Corporate Governance team. Sessions delivered in 2017/18 include:</p> <ul style="list-style-type: none"> • 'Recruitment and Appointments' • 'Equality and Diversity' in support of NED recruitment • (Understanding) the Electronic Patient Record (EPR) • The Role of the External Auditor (and Governor requirements regarding selection of Indicator for Audit) • Understanding Quality Report Indicators (to support the Governors in their requirement to select an indicator for Audit from the Quality Report.)

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Section 151(5) of the Health and Social Care Act 2012 – The training of Governors				
Condition	Accountable Executive	Statement	Risk	Evidence
		<p>kept within the Corporate Governance team. Sessions delivered in 2017/18 include:</p> <ul style="list-style-type: none"> • 'Recruitment and Appointments' • 'Equality and Diversity' in support of NED recruitment • (Understanding) the Electronic Patient Record (EPR) • The Role of the External Auditor (and Governor requirements regarding selection of Indicator for Audit) • Understanding Quality Report Indicators (to support the Governors in their requirement to select an indicator for Audit from the Quality Report.) • FT engagement and development around Environmental strategies with local stakeholders. <p>Sharing of best practice: signposting to key publications, initiatives and developments - to support Governors understanding of the national and local health economy are routinely provided and signposted to Governors through the 'Chair's Bulletin' communication.</p>		<ul style="list-style-type: none"> • FT engagement and development around Environmental strategies with local stakeholders. <p>Back copies of all Chair's Bulletin are available within the Corporate Governance team archive.</p>