

## Appendix 2 (Annex 1) Condition G6

<b>Condition G6 Providers must certify that their Board has taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution.</b>				
<b>Condition</b>	<b>Accountable Executive</b>	<b>Statement</b>	<b>Risk</b>	<b>Evidence</b>
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) Chief Executive	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 Strategic Risk Register
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) Chief Executive  (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		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 2019 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	Chief Executive	The Foundation Trust is compliant with this condition. The final certification and sign		

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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.		off will be undertaken as required Completed Self-certification template will be published on the Foundation Trust internet site on the 30 June 2019.		

Appendix 2 (Annex 2) Condition FT4 (8)

<b>Condition FT4(8) Providers must certify compliance with required governance standards and objectives</b>				
<b>Condition</b>	<b>Accountable Executive</b>	<b>Statement</b>	<b>Risk</b>	<b>Evidence</b>
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.	Chief Executive	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.	Chief Executive	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 (c) Clear reporting lines and accountabilities throughout its	Chief Executive	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 committees. The Audit and Assurance Committee provides		Deloitte Well Led Review Internal Audit Reports Terms of Reference, Agendas, Papers and Minutes of Board, Committees and Sub Committees Internal assurance review reports Board Assurance

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organisation.		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 received a rating of 'good' for the CQC 'well led' domain following an inspection in February 2018.		Framework Divisional Quality and Safety System and outputs Constitution Code of Governance Register of Interests Election process for Council of Governors Annual Governance Statement CQC inspection outcome
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 Care Quality Commission, NHS England and statutory regulators of health care professions;	(a) Director of Finance/Chief Operating Officer          (b) Chief Executive	(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 2018/19  (b) The Foundation Trust is compliant with this condition. The Board of Directors receives a comprehensive suite of information in a timely fashion that enables it to oversee and scrutinise operations. The information is provided in a dashboard format, using SPC charts to provide		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 Assurance and learning reports Contract documentation. Audit logs for contract tracking. Minutes of contract meetings (internal and

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	(c) Chief Executive	<p>contemporaneous performance oversight. This is supplemented by a range of scheduled and by exception papers and presentations. Assurance reports are received from all Board Committees alongside Quality, Finance and Performance reports.</p> <p>(c) The Foundation Trust is compliant with this condition. The Trust was (and continues to be) registered with the Care Quality Commission (CQC) with no conditions. The Trust was subject to an inspection by the CQC in January and February 2018. The Trust received an overall 'requires improvement' rating, with a rating of 'good' for the overall well led domain.</p> <p>The Trust uses different methods to understand and evidence its compliance with health care standards, including</p> <ul style="list-style-type: none"> <li>-ProgRESS (Programmed Review of Effectiveness, Safety, and Sensitivity) which explores compliance with a range of regulatory standards.</li> <li>-Self-assessment against the CQC's fundamental standards and key lines of enquiry using a newly procured electronic system, from ward to Board</li> <li>-Assurance reviews of national alerts, the effectiveness of actions following serious incidents and complaints, compliance with national guidance and national audit</li> </ul>	<p>The Trust received a fixed penalty notice relating to a Breach in Duty of Candour which occurred in 2016 from the CQC during Quarter 3 2018/19. This does not affect the licencing conditions for 208/19</p>	external).

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		<p>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>		