

BTHFT Self-certification - NHS Provider Licence Conditions 2022				
Licence Condition	Summary Definition	Executive Lead	Response 2021/22	Evidence 2021/22 (where required)
General Conditions				
G1 – 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 Chief Operating Officer. All information requested by NHS Improvement is supplied in a timely manner in the format requested.	
G2 – Publication of information	This licence condition obliges licensees to publish such information as NHS I may require	Chief Executive	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 FT Code of Governance; Annual Report; Quality Account.
G3 – Payment of fees to Monitor	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.	Annual Accounts
G4 – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	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/Director of Strategy and Integration	<p>The Trust complies 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.</p> <p>With regard to Governors, whilst the FPPR regulations do not apply to governors, the appointment process includes a self-declaration, DBS checks and, internet searches to provide assurance as to their suitability as fit and proper persons within the bounds of the Trust's Constitution. The completed DBS check is required before a Governor is confirmed in post and formally joins the Council of Governors.</p>	<p>Pre-employment checks for new recruits and self-declarations and associated checks for existing directors. Trust Employment Checks Policy and Procedure updated March 2022 and approved in April 2022, with reference to updated NHS Employment Check Standards.</p> <p>An electronic copy of the completed Governor nomination form and the DBS check is retained on file.</p>
G5 – Monitor 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 relevant to the subject matter. Discussion and approval at Executive Team Meeting/Board where required.	Self-assessment against Code of Governance, compliance with the Annual Reporting Manual, routine review and compliance with all directives issued by NHSI. ETM / Board meeting papers.

G6 – Systems for compliance with licence conditions and related obligations	This licence condition requires providers to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements.			<i>Refer to lines below for requirements 1, 2, 3 and 4.</i>
G6 (1)	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 Trust complies with this condition. It has no conditions imposed upon it preventing it from discharging its statutory responsibilities.	Board Assurance Framework and High Level Risk Registers
G6 (2)	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 Strategy and Integration (a)/(b) Director of Finance	The Trust complies 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, Board Assurance Framework, Annual Governance Statement, Quality Account, Internal Investigations, Internal Audit Reports

G6 (3)	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 Trust will comply with this condition. This report, presented to the Trust Board in May 2022, will demonstrate how the Trust has taken all precautions necessary to comply with the license, NHS Acts and NHS Constitution along with required governance arrangements.	Agenda and Minutes from open and closed Board meetings and Academy and Committee meetings.
G6 (4)	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 Trust will comply with this condition. Following approval by the Board, the required declarations to be published on the Trust's website prior to 30 June 2022.	Declaration to be published on the Trust's website prior to 30 June 2022.
G7 – 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.	Chief Executive	The Trust complies with this condition. The Trust is fully registered with the CQC. All sites are registered.	CQC registration document.

G8 – Patient eligibility and selection criteria	<p>The Licensee shall:</p> <ul style="list-style-type: none"> a. set transparent eligibility and selection criteria, b. apply those criteria in a transparent way to persons who, having a choice of persons from whom to receive health care services for the purposes of the NHS, choose to receive them from the Licensee, and c. publish those criteria in such a manner as will make them readily accessible by any persons who could reasonably be regarded as likely to have an interest in them. 	Chief Operating Officer	<p>The Trust complies with this condition. The ERS directory of services provides patients with easily accessible information by speciality 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 <p>Patient access and treatment is provided in line with national 18 week RTT standards, cancer waiting time standards and diagnostic waiting time standards. During 2021/22 the Trust has used guidelines from the national college of surgeons to clinically review and prioritise access for surgical procedures; patients have been kept informed throughout this process. From March 2022 the Trust's waiting time information has also been published in the MyPlannedCare app.</p>	<ul style="list-style-type: none"> • Elective Care access policy • NHS ERS Directory of services • Clinical prioritisation guidelines for surgical procedures during COVID-19 • MyPlannedCare app
G9 – Application of Section 5 (Continuity of Services)	<p>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.</p>	Chief Operating Officer	<p>The Trust complies with this condition and agrees its Commissioner Requested Services on an annual basis. The 2019/20 contract Schedule 2 Part D reflects the list of goods and services the Trust must provide in accordance with their terms of authorisation, this list remained in place for 2021/22.</p>	

Pricing Condition				
P1 - Recording of information	If required in writing by Monitor, and only in relation to periods from the date of that requirement, the Licensee shall: a. obtain, record and maintain sufficient information about the costs which it expends in the course of providing services for the purposes of the NHS and other relevant information, and b. establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information, as are necessary to enable it to comply with the following paragraphs of this Condition.	Director of Finance	The Trust complies with this condition and produces cost information in relation to both the annual National Cost Collection submission (in line with the nationally prescribed costing methodology) and the annual accounts submission.	National Cost Collection submission for 20/21 (submitted in 21/22) in line with national deadlines), Annual Accounts Submission 20/21, Internal Audit report on PLICS – ‘High Assurance’
P2 - Provision of information	Having recorded the information in line with Pricing condition 1 above, licensees can then be required to submit this information to NHS I.	Director of Finance	The Trust complies with this condition. See Pricing Condition 1 - Particularly in relation to National Cost Collection Submission.	National Cost Collection submission for 20/21 (submitted in 21/22 in line with national deadlines), Internal Audit report on PLICS – ‘High Assurance’
P3 - Assurance report on submissions to NHSI	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 complies with this condition. BTHFT's costing methodology aligns to nationally prescribed costing guidance and standards.	National Cost Collection submission for 20/21 (submitted in 21/22 in line with national deadlines), Internal Audit report on PLICS – ‘High Assurance’

P4 - 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	NHSE/I suspended the normal PbR funding regime for 2021/22. Providers have not been funded on a PbR basis based on the national tariff. BTHFT has complied with the stipulations of the NHS funding regime during the period of the COVID-19 pandemic.	Annual Accounts, Annual contract agreements with CCGs and NHSE Commissioning bodies. Internal Audits, NHSE/I funding letters, cash receipts from NHSE/I, monthly PFR finance returns to NHSE/I.
P5 - 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	NHSE/I suspended the normal PbR funding regime for 2021/22. Providers have not been funded on a PbR basis based on the national tariff. BTHFT has complied with the stipulations of the NHS funding regime during the period of the COVID-19 pandemic.	Annual contract and funding agreements with CCGs and NHSE Commissioning bodies, NHSE/I funding letters, cash receipts from NHSE/I, monthly PFR finance returns to NHSE/I.
Choice and Competition				
C1 - The right of patients to make choices	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 complies with this condition. The ERS directory of services provides patients with easily accessible information by speciality 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 The My Planned Care Digital Platform gives people waiting for a hospital appointment, operation or treatment direct access to service specific wait-time information and support.	<ul style="list-style-type: none"> • ERS Directory of services • MyPlannedCare app

C2 - Competition oversight	This condition prevents providers from entering into or maintaining agreements that have the object or effect of preventing, restricting or distorting 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.	Director of Strategy and Integration	The Trust complies 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 "Reservation of Powers to the Board and Scheme of Delegation" and "Standing Financial Instructions". These documents cover instances where the Trust is bidding to provide commissioned services and where we are offering contracts to the market.	Internal Audit Reports; Minutes of Board meetings, Executive Management Team meetings and, Audit Committee meetings. Standing Financial Instructions, Scheme of delegation, Procurement rules and regulations.
Integrated Care Condition				
IC1 - Provision of integrated care	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	The Trust complies with this condition and plays a full part in the development of integrated care systems across Bradford and West Yorkshire, including: <ul style="list-style-type: none"> • ICS System Leadership Exec Group; System Oversight & Assurance Group; Partnership Board • Bradford & Districts Health & Wellbeing Board • Bradford Districts & Craven Executive Group which oversees the Bradford Health & Care Partnerships Board (programme board for place-based integrated care) • Integrated Management Board (IMB) of Bradford Provider Alliance • WYAAT Programme Exec (CEOs); Committee in Common; Exec Directors' groups. 	Clinical Service Strategy 2017 - 2022, Board Assurance Framework and Risk Register, Minutes of WYAAT / WY&H ICS meetings, Strategic Partnering Agreement, Act as One Programmes.

Continuity of Services Condition				
CoS1 - 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 complies with this condition. No changes to provision were made during 2021/22 outside of those agreed in response to COVID-19 following national and local commissioner agreements.	
CoS2 - 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 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.	Director of Finance	The Trust complies with this condition.	Asset Register. The Trust has not disposed of any applicable assets in year.
CoS3 - Standards of corporate governance and financial management	This condition requires licensees to have due regard to adequate standards of corporate governance and financial management.	Chief Executive/ Director of Finance	The Trust complies with this condition. It has a clearly defined corporate and financial governance structure supported by an established risk escalation framework.	Risk Register, Annual Report and Accounts 2021/22 and Quality Account, Annual Governance Statement, Self-Assessment against Code of Governance, Standing Financial Instructions, Scheme of Delegation, Financial Policies and Procedures, Budgetary Control Framework.

CoS4 - 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.	N/A		
CoS5 - Risk pool levy	This licence condition obliges licensees to contribute, if required, towards the funding of the "risk pool" - akin to 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.	
CoS6 - 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	
CoS7 - Availability of resources	This condition requires licensees to act in a way that secures access to the resources needed to operate Commissioner Requested Services.	Director of Finance	<p>The Trust complies with this condition and has agreements/contracts in place with Commissioners to continue to provide services.</p> <p>NHSE/I suspended the normal financial framework throughout 2021/22, with providers funded on a block arrangement with specific allocations to cover Covid costs. BTHFT has complied with the stipulations of the NHS funding regime during the pandemic.</p>	<p>Contracts and SLAs in place under business as usual circumstances.</p> <p>NHSE/I published funding arrangements during the COVID-19 pandemic.</p>

CoS7 (3)	3. The Licensee, not later than two months from the end of each Financial Year, shall submit to Monitor a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the three forms, (a), (b) or (c)	Director of Finance	The Trust will comply with this condition. In previous years the Trust has been required to complete a template to declare which of the following statements is 'confirmed' and which are not confirmed and submit the formally signed template to NHSI. Since March 2019, the requirement is no longer mandatory however a copy of the template previously provided by NHSI is available for the declarations to be made by Board. NHSI advise that these are not required to be returned to NHS Improvement "unless requested to do so". NHS Improvement will retain the option each year of contacting a select number of foundation trusts to "ask for evidence that they have self-certified, either by providing the completed or relevant board minutes and papers recording "sign-off". The veracity of the statement that the Board will be asked to confirm in May 2022 is evidenced from and within a range of documents.	Internal Audit Reports, Annual Report and Accounts 2021/22, Quality Account 2021/22, A statement regarding self-certification will be added to the Trust website by 31 May 2022.
NHS Foundation Trusts Conditions				
FT1 - Information to update the register of NHS foundation trusts	Monitor has written and electronic copies of: a) the Licensee's current constitution; b) the Licensee's most recent published audited accounts; c) the Licensee's most recently published annual report. Monitor has any document requested for the purpose of section 39 of the 2006 Act.	Chief Executive	The Trust complies with this condition. Annual Accounts, Annual Report, and Auditors opinion are submitted to NHSI annually in accordance with requirements. The Trust has systems in place to identify and respond to routine and ad-hoc requests. Formal articulation of this Condition, therefore, does not present any issues for the Trust.	Annual Report and Accounts 2021/22, BTHFT Constitution
FT2 - Payment to Monitor in respect of registration and related costs	NHS foundation trusts are to pay to Monitor any fees due in respect of section 39 and 39A of the 2006 Act.	Chief Executive	The Trust has systems in place to identify and respond to routine and ad-hoc requests. Formal articulation of this Condition, therefore, does not present any issues for the Trust.	
FT3 - Provision of information to advisory panel	The Licensee shall comply with any request for information or advice made of it under Section 39A (5) of the 2006 Act.	Chief Executive	The 'panel for advising governors' has been stood down by NHSI. As such this condition is no longer applicable.	

FT4 - NHS foundation trust governance arrangements - <i>see below</i>				
FT4 (2)	The Board is satisfied that the Licensee 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.	Chief Executive	The Trust complies with this condition. An Associate Director of Corporate Governance/Board Secretary was appointed in 2020 who reports to the Director of Strategy & Integration as the lead Executive for corporate governance. The Associate Director is responsible for ensuring that the Trust has robust corporate governance arrangements in place. The Trust established a new academy governance model in the latter half of 2020/21, which was informed by an independent review undertaken by governance specialists. In September 2021 the structure was revised. The Regulation and Assurance Committee was stood down and the Chair roles for the Academies were assigned to the Non-Executive Directors.	Job Description for Associate Director of Corporate Governance/Board Secretary, Risk management strategy, Internal Audit reports, Annual Governance Statement, self-assessment against FT Code of Governance. Open Board meeting papers.
FT4 (3)	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Chief Executive	The Trust complies 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.	Minutes of the Academy meetings, Committee meetings and, Open and Closed Board.
FT4 (4)	The Board is satisfied that the Licensee has established and 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; and (c) Clear reporting lines and accountabilities throughout its organisation.	Chief Executive	The Trust complies with this condition. Following a review of governance arrangements in 2020/21 the Trust has implemented an academy governance model which was developed with the support of external governance specialists. In September 2021 the Board reviewed its arrangements and made adjustments in standing down the Regulation and Assurance Committee, and the appointment of Non-Executive Director Chairs of the Academies. The Trust uses a range of mechanisms to assure the effectiveness of its governance arrangements including Internal Audit, external 'well led' reviews and internal assurance work in terms of the conduct of academies and committees. The Audit Committee provides assurance and challenge across the governance portfolio of the organisation. Terms of reference for the Board of Directors, its Committees, Academies and their Sub-Groups are reviewed at least annually to ensure alignment with the Foundation Trust's Strategic Objectives. The Risk Management Strategy describes accountabilities and reporting lines throughout the organisation. The	CQC Well Led Review, NHS I Review of 'Use of Resources', Internal Audit Reports, Committee/Academy Terms of Reference, Agendas, Papers and Minutes of Board, Committees, and Academies, Internal assurance review reports, Board Assurance Framework, Constitution, Code of Governance, Register of Interests, Annual Governance Statement, CQC inspection outcome.

			Foundation Trust received a rating of 'good' for the CQC 'well led' domain following an inspection in November 2019.	
FT4 (5)	<p>The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(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;</p> <p>(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);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to</p>	<p>(a) Director of Finance/Chief Operating Officer</p> <p>(b) Chief Executive</p> <p>(c) Chief Executive</p>	<p>(a) The Trust complies 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, it is expected that the Trust's external auditor will be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources in 2021/22.</p> <p>(b) The Trust complies with this condition. The Board of Directors and its Academies receive a comprehensive suite of information in a timely fashion that enables Directors to oversee and scrutinise operations. The information is provided in a dashboard format, using SPC charts to provide contemporaneous performance oversight. This is supplemented by a range of scheduled and by exception papers and presentations. Assurance reports are provided by Academies to the Board.</p> <p>(c) The 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 December 2019 and received an overall 'Good' rating with a 'requires improvement' for Maternity.</p> <p>The Trust uses different methods to understand and evidence its compliance with health care standards, and, following a pause due to Covid, has now re-instated regular meetings to oversee the Trust's ambition to be an outstanding provider of healthcare.</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</p>	<p>Annual Report and Accounts 2021/22, Auditors Annual Report including Value for Money Arrangements, Annual Governance Statement, integrated dashboards, CQC inspection report, SFIs, scheme of delegation, budgetary control framework, Internal Audit reports, ISA260, Risk Management Strategy, Board papers and minutes, Annual audit reports, Governance structure, Board Assurance Framework.</p>

	<p>manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(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; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>		<p>Framework are all detailed within the standard contract. The Trust has complied with the national interim NHS governance / contractual regime during the COVID-19 pandemic.</p> <p>(d) Financial decision making, management and control is governed through the SFIs, scheme of delegation and budgetary control framework. The Trust has a Finance & Performance Academy whose responsibilities include oversight of financial risks and management. The Academy reports to the Board. The Audit Committee is responsible for monitoring the integrity of the financial statements of the Trust and any formal announcements relating to its financial performance. The Committee ensures that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided. The Committee reviews the Annual Report and Financial Statements before submission to the Board of Directors.</p> <p>(e) The Trust has systems and processes in place for the collection, recording, analysis and reporting of data. Robust controls are in place to continually evaluate data and ensure it remains accurate, valid, reliable, timely, relevant and complete on use. These controls are visible via a Trust-wide Data Quality Framework. The Trust has a range of governance mechanisms to ensure that data generated, collected and used, both internally and externally, is subject to an appropriate level of scrutiny, validation procedures and assurance processes. This includes; data quality 'kite marking' of all Board dashboard indicators, service sign off processes for mandatory reports, regular audits and an annual rolling improvement plan, monitored through a Data Governance Board.</p> <p>(f) The Trust has a clear risk management and escalation framework in place. High level risks are overseen by the Executive Management Team, Academies, and Board.</p> <p>(g) Financial and operational plans are developed in line with national planning guidance and are approved through the Board of Directors.</p> <p>(h) The Board of Directors is responsible for ensuring that the Trust complies with its statutory obligations.</p>	
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FT4 (6)	<p>The Board is satisfied that the systems and/or processes referred to in paragraph FT4(5) (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating</p>	Director of Strategy and Integration	<p>The Trust complies with this condition. Recruitment and development processes ensure an appropriate capability across the Board. The Board Assurance Framework displays timely information collated to capture quality of care across the Trust. The Quality and Patient Safety Academy, which is responsible to the Board has oversight of the quality governance arrangements within the Trust. The Academy provides assurance to the Board and Audit Committee and escalates issues where required. The Academy also ensures that opportunities for learning and improvement are identified and shared across the Trust as appropriate. Every Care Group, and in turn each component specialty, has a Quality and Safety Meeting where key individuals come together to discuss quality and safety issues as part of a standard agenda, ensuring the sharing of transferable lessons from incidents, complaints and claims and reviewing the risks being managed at both Clinical Business Unit and Specialty level, identifying the effectiveness of controls in place and ensuring appropriate application of the risk escalation framework.</p>	<p>Quality and Patient Safety Academy Minutes, Board minutes and papers, Board Assurance Framework, work plans.</p>
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	them to the Board where appropriate.			
FT4 (7)	The Board is satisfied that there are systems to ensure that the Licensee 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.	Chief Executive	The Trust complies with this condition. The Board regularly reviews requirements with regard to the skills and knowledge required to ensure the satisfaction of this requirement. As does the Council of Governors with regard to the appointments of the Chairperson and Non-Executive Directors. People arrangements within the Trust are overseen by the People Academy which reports to the Board.	Chair, Non-Executive, Executive and Director Job roles and person specifications. Implementation of the People Plan. Terms of reference, papers and minutes from the People Academy.

FT4 (8)	<p>8. The Licensee shall submit to Monitor within three months of the end of each financial year:</p> <p>a. A corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and</p> <p>b. If required in writing by Monitor, a statement from its auditors either:</p> <p>i. Confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or</p> <p>ii. Setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.</p>	Director of Strategy and Integration	<p>It is expected that the Trust will be compliant with this condition. NHSI now no longer require the submission of a completed self-certification template to NHS I. The Trust is now required to publish a self-certification with regard to this condition by 30 June 2022.</p>	<p>The self-certification with regard to this condition will be published by the end of June 2022.</p>
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