

Licence Condition	Status	Commentary
Condition G6 – Systems for compliance with licence conditions and related obligations 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. 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.	Not confirmed	Following the CQC inspection, the Trust was rated as inadequate and placed in special measures.

Licence Condition	Status	Commentary including Risks and Mitigations
FT4 – Corporate Governance Statement - Specific requirements below:		
1. 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.	Confirmed.	<u>No material risks/mitigations identified.</u> The Trust's Annual Governance Statement with the Head of Internal Audit Opinion (Reasonable assurance) provides assurance on the Trust's system of control and assurance framework.
2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed.	<u>No material risks/mitigations identified.</u> Arrangements are in place for the Trust to receive guidance and there are established links with NHS Providers and the Good Governance Institute.
3. The Board is satisfied that the Licensee has established and implements: (a) Effective board and	Confirmed	<u>Risks/mitigations identified:</u> Organisational Development and support for senior managers being developed.

<p>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</p>		<p>The Deloitte review concluded that the Trust's committee structure is generally in line with good practice and identified some areas of good practice as well as some areas for 'refinement'. In relation to Health Care Groups some areas for improvement were identified. An action plan to address the improvements has been developed and presented to Board.</p>
<p>4. 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; (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</p>	<p>Confirmed.</p>	<p><u>Risks/mitigations identified:</u> The Trust's External Auditors recognised progress made by the Trust in controlling costs and the emerging strategy for the future of the Trust, however noted the Trust's financial position is still a significant annual and cumulative deficit with no plans to return to annual financial balance. On this basis an adverse value for money conclusion was issued on the Trust's arrangements as at 31 March 2017.</p> <p>a) Annual reports and accounts process and External Audit Opinion. Scrutiny by Performance and Finance Committee.</p> <p>b) Integrated Performance Report and Accountability Framework</p> <p>c) Quality and Safety Committee reviews compliance, Quality 1st Board established alongside a Quality Improvement team to ensure compliance with health care standards and to drive quality improvements.</p> <p>d)) Annual reports and accounts process and External Audit Opinion.</p> <p>e) Integrated Performance Report and Accountability Framework</p> <p>f) Board Assurance Framework,</p>

<p>(including but not restricted to 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>Significant Risk register and aligned risk registers (supported by a risk management strategy and policy) used to identify and manage risks.</p> <p>g) Pathways and Partnerships team and Capital Planning Group with oversight by EMB, Performance and Finance Committee and Board.</p> <p>h) Legal Services team, Compliance manager and review by Internal/External Audit with reporting to Audit Committee and Board.</p>
<p>5. 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:</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</p>	<p>Confirmed.</p>	<p><u>No material risks identified.</u></p> <p>Well Led Framework review in progress. Plans in place during 2017/18 to further develop the Trust strategy, quality improvement programme and patient as well as staff engagement structures.</p> <p>Information included within</p> <ul style="list-style-type: none"> • Integrated Performance Report • Workforce Reports • Finance Reports • Quality Reports

including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.		
6. 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.		<p><u>Risks/Mitigations identified:</u></p> <p>Nurse staffing remains one of the Trust's top risks and is reflected on Health Group Risk registers, SRR and the BAF.</p> <p>Nursing and Midwifery Staffing levels reviewed monthly (QSC/Workforce Committee and Trust Board).</p> <p>Trust wide workforce monitored by the Workforce Committee.</p> <p>Non-Executive Director recruitment underway.</p>