

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. Confirmed OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. Confirmed

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.


Statement of main factors taken into account in making the above declaration

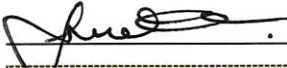
In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The Board of Directors is assured through the following documents and processes:

- The Trust continues to operate on a going concern basis, and has not, nor, does it intend to apply to the Secretary of State for the dissolution of the Foundation Trust;
- An operating plan has been produced for 2022/23;
- Financial arrangements are in place for 2022/23;
- Board to ensure delivery of service transformation and quality and efficiency improvement schemes without an adverse impact on services;
- The Trust has an approved Capital programme for 2022/21;
- The Trust achieved its capital and revenue targets for 2021/22 and expects to have the resources to deliver services for the following 12 months.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature 
 Name: Kevin McNamara
 Capacity: Chief Executive
 Date: 09/05/22

Signature 
 Name: Simon Wade
 Capacity: Director of Finance & Strategy
 Date: 11/5/22

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one


Corporate Governance Statement

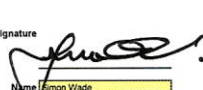
Response

Risks and Mitigating actions

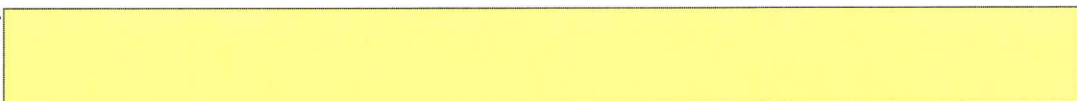
<p>1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p>Confirmed</p>	<p>Risk around the amount of guidance published and ability to meet all requirements. The Trust responds to guidance issued by NHSE. Each Executive Director has a responsibility to review guidance relating to their area of responsibility and bringing any matter to the attention of other Directors and Board (and to Board Committee). A weekly Healthcare Bulletin is included in Weekly Executive papers with links to relevant guidance. A compendium of guidance has been developed in response to COVID. This is reviewed through the i Respond Team to ensure all guidance has a lead and is being considered and implemented as necessary.</p>
<p>2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>Confirmed</p>	<p>Assurance and any potential for gaps in compliance with licence conditions are reported via a schedule to the Quality & Governance Committee on an annual basis. Furthermore that Committee considers compliance with the NHS Code of Governance, monitoring actions to address any potential gaps. Furthermore regular Board meeting cycle with 12 meetings per year along with Board Seminars for strategy and development work. A detailed planner enables new business and guidance to be brought to the attention of the Board in a timely manner. The CEO Board Report also references any new guidance relevance to Trust Board.</p>
<p>3 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.</p>	<p>Confirmed</p>	<p>Each year the Board undertakes a review of the Committee structure and of the effectiveness of Committees. This was completed in January 2021 and those Committees agreed that they remained effective, with only minor modification to Terms of Reference. The membership of Committee is refreshed annually and this was completed in April 2022. Each Division within the organisation has its own governance structure, and the Divisions report into the Executive Committee. In addition there are Executive Performance Review Meetings where Divisional Managers are held to account for their divisional performance. In 2021/22, the Scheme of Delegation was reviewed to ensure that it is effective and meets the needs of the Trust.</p>
<p>4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.</p>	<p>Confirmed</p>	<p>No risk identified around systems and processes. Annual Governance Statement and Annual Report evidencing compliance with regulatory requirements. Regular Board and sub committee meetings undertaking reviews of planned work including oversight of performance and financial information, corporate risks and the Board Assurance Framework. Robust external and internal audit processes have confirmed there are no material concerns on key internal controls and processes.</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: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the 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 (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 them to the Board where appropriate.</p>	<p>Confirmed</p>	<p>Quality issues are standing items on Board agendas along with reports to the Quality & Governance Committee, which meets monthly. The Quality & Governance Committee has regular oversight of all quality issues. The Quality & Governance Committee also receives a wide variety of reports from an established governance framework on an exception basis. There is a governor working group for Patient Quality and a number of patient engagement groups which interact with stakeholders and received feedback from a number of sources. A Quality Report is produced annually with quality priorities agreed with input from stakeholders.</p>
<p>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>	<p>Confirmed</p>	<p>Risk around insufficient staffing levels. However, the Trust utilises bank, locum and agency staff to ensure sufficient personnel are in place. Also the Trust continues to roll out a recruitment and retention plan. Regular Board and Committee reporting on the Trust's establishment along with recruitment and retention initiatives to ensure safe levels of staffing. The Remuneration Committee meets to consider succession planning, Executive Director recruitment, development and training. The Joint Nominations Committee meets to consider succession planning and the recruitment of NEDs recruitment, development and training.</p>

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature 
Name Kevin McNamara

Signature 
Name Simon Wade

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

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Certification on training of governors (FTs only)

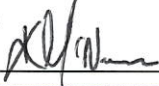
The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.


Training of Governors

- 1 The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature 
Name Kevin McNamara
Capacity Chief Executive
Date

Signature 
Name Simon Wade
Capacity Director of Finance & Strategy
Date

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

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