Executive Summary

NHS Foundation Trusts are required to make the following declarations to Monitor:

- Systems for compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence (Declarations 1 and 2 appendix 1);
- Corporate Governance Statement - in accordance with the Risk Assessment Framework – (Declaration 3 - appendix 2);
- Certification on AHSCs and governance - in accordance with Appendix E of the Risk Assessment Framework – (Declaration 4 – not applicable to C&I)
- Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act – (Declaration 5 - Appendix 3)

The Board is reminded that the required declaration in relation to availability of resources – in accordance with Continuity of Services condition 7 of the NHS provider licence, was made as part of the Monitor Annual Plan submission in early May.

The Board is asked to consider each of the remaining declarations in turn to decide whether or not to confirm compliance against each of the required certifications.

Recommendation to the Board

The Board of Directors is requested to:

- review the assurance provided to enable the Board to positively confirm against each of the declarations.
Trust Strategic Priorities Supported by this Paper:

**Excellence**
- Continually improve the quality and safety of service delivery, service user experience and improving outcomes.
- Delivering the highest level of quality and financial performance.

**Innovation**
- Rapidly adopt best practice and maintain a culture of innovation in service development.

**Risk Implications**
Failure to certify compliance will result in further enquiries and investigations by Monitor

**Legal and Compliance Implications**
The Trust is required to comply with its Licence conditions.

**Finance Implications**
None identified with this report

**Single Equalities Impact Assessment**
N/A

**Requirement of External Assessor**
Compliance with Monitor requirements as set out in the Risk Assessment Framework.
### Declarations required by General condition 6 and Continuity of Services 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 license conditions**

1. Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are 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 the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.  

   **Assurance commentary for Board consideration**

   A full assurance report on the Trust Provider Licence is provided to the Board of Directors in support of a positive declaration ([Appendix 4](#)).

   **Confirmed**

   AND

2. The Board declares that the Licensee continues to meet the criteria for holding a licence.

   **Confirmed**
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.

<table>
<thead>
<tr>
<th>Corporate Governance Statement</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1</strong> The Board is satisfied that the Trust 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.</td>
<td><strong>Confirmed</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Corporate Governance Statement</th>
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</thead>
<tbody>
<tr>
<td><strong>4.2</strong> The Board has regard to such guidance on good corporate governance as may be issued by Monitor from time to time.</td>
<td><strong>Confirmed</strong></td>
</tr>
</tbody>
</table>
### 4.3 The Board is satisfied that the Trust implements:

- **Effective Board and committee structures;**
- **Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and**
- **Clear reporting lines and accountabilities throughout its organisation.**

**Confirmed**

**Assurance commentary for Board consideration**

The Board regularly reviews its committee structures and reporting lines and sets out the powers reserved to the Board and the scheme of delegation in a published document. The clinical leadership and managerial reporting lines and accountabilities are clearly set out through the corporate and operational/divisional structures. The Board has approved a suite of documents which sets out the Trust’s corporate governance framework and manual, and publishes its Board Committee Handbook annually.

### 4.4 The Board is satisfied that the Trust 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. |

**Confirmed**

**Assurance commentary for Board consideration**

Quarterly Integrated Performance Reporting; Positive financial performance, declarations and Annual Accounts; External Audit Annual Governance Report and Internal Audit reviews and Head of Internal Audit Opinion. Quality Account; Performance Framework; Board Committee scrutiny; Clinical Leadership model; Board and Committee forward plans etc.

**Risks and mitigating actions**

There is a risk of non-compliance with CQC essential standards from time to time in some services. This is mitigated by a standing Quality Review Group (QRG)/Clinical Governance Committee and a programme of internally led inspections using the CQC methodology (Quality Assurance Framework). Where concerns about standards are identified, rapid improvement action plans and interventions are implemented and monitored by the QRG.
### 4.5
The Board is satisfied that the systems and/or processes referred to in this paragraph 4.5 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 Trust, 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 Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

**Assurance commentary for Board consideration**
Annual Board evaluation/review days, appraisals and development plans; Board Committee Scrutiny; Integrated Performance Reports; Quality Account; Service User Experience at Board meetings; Board member service visits; Clinical Governance systems and Quality Review Group and Quality Committee. There is also a NED ‘Service User/Carer Champion’ who is a member of the Quality Committee.

### 4.6
The Board is satisfied that there are systems to ensure that the Trust 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.

**Confirmed**
Annual Board Evaluation, appraisals and development plans; Workforce strategies; Nursing establishment/skill mix reports to the Board; Organisational Learning and Development plans etc. Review of Board director skills mapping by the respective Nominations’ Committees.

**Risks and mitigating actions**
The Board and respective Nominations’ Committees have identified an issue in relation to Board Diversity and are actively addressing this issue.
Signed on behalf of the Board of Directors, and having regard to the views of the Governors

Signature

Signature

Name

Name

The Board are unable make one of more of the above confirmations and accordingly declare:
### Certification on AHSCs and governance and training of governors

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

<table>
<thead>
<tr>
<th>Certification on AHSCs and governance</th>
<th>Response</th>
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<tbody>
<tr>
<td>For NHS foundation trusts:</td>
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<tr>
<td>• that are part of a major Joint Venture or Academic Health Science Centre (AHSC); or</td>
<td></td>
</tr>
<tr>
<td>• whose Boards are considering entering into either a major Joint Venture or an AHSC.</td>
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</table>

The Board is satisfied it has or continues to:

- ensure that the partnership will not inhibit the trust from remaining at all times compliant with the conditions of its licence;
- have appropriate governance structures in place to maintain the decision making autonomy of the trust;
- conduct an appropriate level of due diligence relating to the partners when required;
- consider implications of the partnership on the trust’s financial risk rating having taken full account of any contingent liabilities arising and reasonable downside sensitivities;
- consider implications of the partnership on the Trust’s governance processes;
- conduct appropriate inquiry about the nature of services provided by the partnership, especially clinical, research and education services, and consider reputational risk;
- comply with any consultation requirements;
- have in place the organisational and management capacity to deliver the benefits of the partnership;
- involve senior clinicians at appropriate levels in the decision-making process and receive assurance from them that there are no material concerns in relation to the partnership, including consideration of any re-configuration of clinical, research or education services;
- address any relevant legal and regulatory issues (including any relevant to staff, intellectual property and compliance of the partners with their own regulatory and legal framework);
• ensure appropriate commercial risks are reviewed;
• maintain the register of interests and no residual material conflicts identified; and
• engage the governors of the trust in the development of plans and give them an opportunity to express a view on these plans.

6 Training of Governors

The Board is satisfied that during the financial year most recently ended the Trust 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.

Assurance commentary for Board consideration

The Trust has signed up to the Governwell training Program provided by the FTN which offers a range of modules for governors covering all aspects of their role and statutory duties. The Trust also provides all governors with a detailed induction and governor handbook, provides internal seminars and visits to trust services and inclusion in service inspections such as PLACE and mock CQC Inspections all of which provide training and supervision.

A governor skills and training audit has also been carried out in 2013/14 and will be repeated in 2015/16.

C&I has also partnered with UCLH to run joint training events
Signed on behalf of the Board of Directors, and having regard to the views of the Governors

Signature  

Name  
Capacity [job title here]  
Date  

Signature  

Name  
Capacity [job title here]  
Date
## Compliance with the Monitor Provider Licence Conditions
### SECTION 1: GENERAL CONDITIONS

<table>
<thead>
<tr>
<th>Licence Condition:</th>
<th>Explanation:</th>
<th>Board Assurance:</th>
<th>Lead Director(s):</th>
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</thead>
<tbody>
<tr>
<td>G1. Provision of information</td>
<td>This condition requires licensees to provide Monitor with any information they may require for licencing functions.</td>
<td>C&amp;I has robust data collection and validation processes and has a good track record of producing and submitting large amounts of accurate, complete and timely information to regulators and other third parties to meet specific requirements.</td>
<td>Wendy Wallace, Claire Johnston, Kevin Monteith (Trust Company Secretary)</td>
</tr>
<tr>
<td>G2. Publication of information</td>
<td>This condition contains an obligation for all licensees to publish such information as Monitor may require, in a manner that is made accessible to the public.</td>
<td>C&amp;I is committed to operating in an open and transparent manner and is working to strengthen and develop this aspect of the Trust's governance as a corporate priority. The Board meets in public and will continue to undertake the vast majority of Trust business in public meetings; agendas, minutes and associated papers are published on our website. C&amp;I's website contains a variety of information and referral point details providing advice to the public and referrers who may require further information about services. Copies of the Trust's Annual Report and Accounts and Quality Account are published on the website and the Trust operates a publication scheme.</td>
<td>Wendy Wallace, Kevin Monteith (Trust Company Secretary)</td>
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</table>
| G3 | Payment of fees to Monitor | The Health & Social Care Act 2012 ("The Act") gives Monitor the ability to charge fees and this condition obliges licence holders to pay fees to Monitor if requested. | No decision has yet been made by Monitor to charge fees. However, the obligation to pay fees is a condition and will be accounted for within the Trust’s financial planning. C&I pays fees to other parties such as the Care Quality Commission and the NHS Litigation Authority. | David Wragg  
Director of Finance |
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<thead>
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<tr>
<td>G4. Fit and proper persons</td>
<td>This condition prevents licensees from allowing unfit persons to become or continue as Governors or Directors (or those performing similar or equivalent functions).</td>
<td>KPMG carried out an internal audit of Trust compliance with this licence condition in 2013 as part of a review of the Trust's regulatory compliance. All employment contracts contain a clause concerning possible termination in the event of gross misconduct. The Trust disciplinary policy defines misconduct. The Trust operates a rolling programme of Disclosure &amp; Barring Service (DBS) checks for front line staff and for staff with access to sensitive information. The Board of Directors are subject to DBS checks on appointment and every 3 years thereafter. The Board of Directors sign a Code of Conduct that identifies expected standards of behaviour. This was revised in 2015 to incorporate clear references to the new FPP regulation. The constitution contains relevant clauses for governors and directors about eligibility, disqualification and removal. Governors sign a code of conduct on appointment and are subject to DBS checks on election/appointment and every 3 years thereafter. This required is formalised in the Trust constitution. Directors and Governors are required to sign an annual declaration that they remain a FPP.</td>
<td>Wendy Wallace, Leisha Fullick, Kevin Monteith (Trust Company Secretary)</td>
</tr>
<tr>
<td>Licence Condition:</td>
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<td>G5  Monitor guidance</td>
<td>This condition requires licensees to <strong>have regard to</strong> any guidance that Monitor issues.</td>
<td>The Trust has had regard to Monitor guidance through submission of required annual and quarterly declarations, self-certifications and exception reporting as set out in the Risk Assessment Framework and previous Compliance Frameworks. The Board has consistently had regard to the Code of Governance for Foundation Trusts and has complied with all other guidance documents such as the Risk Evaluation for Investment Decisions (REID), Annual Reporting and Forward Planning requirements.</td>
<td><strong>Wendy Wallace</strong>  <strong>David Wragg</strong>  <strong>Kevin Monteith</strong>  (Trust Company Secretary)</td>
</tr>
<tr>
<td>G6. Systems for compliance with licence conditions and related obligations</td>
<td>This requires providers to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements.</td>
<td>C&amp;I has an approved Risk Management Strategy and approach to identifying, managing and escalating risk. The Audit &amp; Risk Committee monitors risks across the organisation The Board Assurance Framework. Internal Audit of Regulatory Compliance in September 2013 and subsequent programmes of internal audit.</td>
<td><strong>Wendy Wallace</strong>  <strong>Claire Johnston</strong>  <strong>Kevin Monteith</strong>  (Trust Company Secretary)</td>
</tr>
<tr>
<td>G7. Registration with the Care Quality Commission</td>
<td>This licence condition requires providers to be registered with the Care Quality Commission and to notify Monitor if registration is cancelled.</td>
<td>The Trust has full registration of all services with the CQC. The Trust has never received an enforcement notice.</td>
<td><strong>Claire Johnston</strong></td>
</tr>
<tr>
<td>Licence Condition:</td>
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<tr>
<td>G8. Patient eligibility and selection criteria</td>
<td>This condition requires licence holders to set transparent eligibility and selection criteria for patients and to apply these in a transparent manner.</td>
<td>C&amp;I publishes descriptions of the services it provides and who the services are for on the Trust website. Eligibility is defined through commissioners’ contracts. Some of the services provided are covered by the Mental Health Act. Assurance is gained through the assessment stages to ensure that the appropriate services are provided.</td>
<td>Paul Calaminus</td>
</tr>
<tr>
<td>Licence Condition:</td>
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<td>Board Assurance:</td>
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</table>
| G9. Application of Section 5 (Continuity of Services) | This condition applies to all licensees. It sets out the conditions under which a service will be designated as a Commissioner Requested Service. Licensees are required to notify Monitor at least 28 days prior to the expiry of a contractual obligation if no renewal or extension has been agreed. Licensees are required to continue to provide the service on expiry of the contract until Monitor issues a direction to continue service provision for a specified period or is advised otherwise. Services shall cease to be Commissioner Requested Services (CRS) if:  
  - commissioners agree in writing that there is no longer a service need and the regulator has issued a determination in writing that the service is no longer a CRS;  
  - three years have elapsed since the 1 April 2013 or one year has elapsed since the commencement of the license, whichever is the latter; or  
  - the contract to provide a service has expired and the direction notice issued by Monitor specifying a further period of provision has expired. 
Licencees are required under this Condition, to notify Monitor of any changes in the description and quantity of services which they are under contractual or legal obligation to provide. | Similar to the previous Mandatory Services, Commissioner Requested Services continue to be set within the contracts agreed with commissioners. 
The Trust has strong working relationships with its commissioning partners within the local health economy. 
The Board has a director responsible for leading on contract negotiations, integrated care and stakeholder engagement. 
The Trust has a strong track record of delivering service transformation, efficiency and quality improvement to meet the needs of the local population. | Paul Calaminus, Colin Plant |
## SECTION 2: PRICING

<table>
<thead>
<tr>
<th>Licence Condition:</th>
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</thead>
<tbody>
<tr>
<td>P1. Recording of information</td>
<td>Under this condition, Monitor may oblige licensees to record information, particularly information about their costs, in line with guidance to be published by Monitor.</td>
<td>The Trust notes this condition. The Trust records all of its information about costs in line with current Monitor guidance and intends to comply fully with any new guidance.</td>
<td>David Wragg</td>
</tr>
<tr>
<td>P2. Provision of information</td>
<td>Having recorded the information in line with Pricing condition 1 above, licensees can then be required to submit this information to Monitor.</td>
<td>The Trust notes this condition. The Trust intends to comply fully with any new requirements to submit information to Monitor.</td>
<td>David Wragg</td>
</tr>
<tr>
<td>P3. Assurance report on submissions to Monitor</td>
<td>When collecting information for price setting, it will be important that the submitted information is accurate. This condition allows Monitor to oblige licensees to submit an assurance report confirming that the information that they have provided is accurate.</td>
<td>The Audit &amp; Risk Committee receives and monitors all Internal Audit reports including specific reports on pricing. The Trust has also had a satisfactory report on costing assurance produced by Capita.</td>
<td>David Wragg</td>
</tr>
<tr>
<td>P4. Compliance with the national tariff</td>
<td>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.</td>
<td>There is at present no national tariff for mental health. Guidance on mental health pricing obliges the Trust to price at cluster level, which it plans to do. In 2015/16 the Trust will follow London guidance which is consistent with the recommended mental health services payment system.</td>
<td>David Wragg</td>
</tr>
<tr>
<td>P5. Constructive engagement concerning local tariff modifications</td>
<td>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 Monitor for a modification.</td>
<td>There is at present no national tariff for mental health. Guidance on mental health pricing obliges the Trust to price at cluster level, which it plans to do. In 2015/16 the Trust will follow London guidance which is consistent with the recommended mental health services payment system.</td>
<td>David Wragg</td>
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### SECTION 3: CHOICE AND COMPETITION

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<tbody>
<tr>
<td>C1. Patient Choice</td>
<td>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 under the NHS Constitution, or where a choice has been conferred locally by commissioners.</td>
<td>The Trust has now complied with The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) Regulations 2013 amended the 2012 Regulations; removing - with effect from 1 April 2014 - mental health service exemptions from certain of the obligations that previously existed in relation to choice. The Trust has also complied with the following two NHS England guidance documents: 1. Interim Guidance; Implementing patients' rights to choose any clinically appropriate provider of mental health services. May 2014. 2. Choice in mental health care. December 2014.</td>
<td>Paul Calaminus</td>
</tr>
<tr>
<td>C2. Competition Oversight</td>
<td>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 that has the effect of preventing, restricting or distorting</td>
<td>All licensed provider organisations will be treated as 'undertakings' under the terms of the Competition Act 1998. This means that all licensed providers will be deemed to be organisations engaging in an 'economic activity' for which the provisions of the Competition Act will apply. Licensed providers therefore need to comply with the Competition Act. The Board and Executive Management team has</td>
<td>Colin Plant</td>
</tr>
<tr>
<td>competition to the extent that it is against the interests of health care users.</td>
<td>access to expert legal advice to ensure compliance with this condition.</td>
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</tbody>
</table>
### SECTION 4: INTEGRATED CARE

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>IC1. Enable the provision of integrated care</td>
<td>The licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care</td>
<td>C&amp;I is an active participant in the local health economy and is working in partnership with commissioners to take forward models of integrated care. The Trust has a strong track record of working on integrated care pathways with other providers such as adult social care; learning disabilities and acute providers.</td>
<td>Colin Plant Paul Calaminus</td>
</tr>
</tbody>
</table>

### SECTION 5: CONTINUITY OF SERVICES

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>CoS1. Continuing provision of Commissioner Requested Services</td>
<td>This condition prevents licensees from ceasing to provide Commissioner Requested Services, or from changing the way in which they provides Commissioner Requested Services, without the agreement of relevant commissioners.</td>
<td>As for condition G9</td>
<td>Paul Calaminus</td>
</tr>
<tr>
<td>CoS 2. Restriction on the disposal of assets</td>
<td>This licence condition ensures that licensees keep an up to date register of relevant assets used in the provision of Commissioner Requested Services. It also creates a requirement for licensees to obtain Monitor’s consent before disposing of these assets when Monitor is concerned about the ability of the licensee to carry on as a going concern.</td>
<td>The Finance Department maintains a capital asset register for all depreciable assets valued at over £5,000 on purchase, or group assets valued individually over £1,000, and when grouped together functionally, valued at more than £5,000. The Estates Department maintains a property and property leases register and the Contracts Department a register of contracts (including non-estates leases).</td>
<td>David Wragg</td>
</tr>
<tr>
<td>Licence Condition:</td>
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<tr>
<td>CoS 3. Standards of Corporate Governance and Financial Management</td>
<td>This condition requires licensees to have due regard to adequate standards of corporate governance and financial management. The Risk Assessment Framework will be utilised by Monitor to determine compliance.</td>
<td>The Trust has a corporate Governance manual containing a suite of governance documents including: - An overarching corporate governance framework; - Standing Financial Instructions; and - Reservation of Powers to the Board and Delegation of Powers. Governance and Financial reports to Board meetings and Board sub-committees confirming details of the Trust’s governance and financial management and information which supports the Governance and Continuity of Services risk rating declarations.</td>
<td>Wendy Wallace David Wragg Kevin Monteith (Trust Company Secretary)</td>
</tr>
<tr>
<td>CoS 4. Undertaking from the ultimate controller</td>
<td>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 license conditions. This is best described as a ‘parent/subsidiary company’ arrangement. If no such controlling arrangements exist then this condition would not apply. Should a controlling arrangement come into being, the ultimate controller will be required to put in place arrangements to protect the assets and services within 7 days. Governors, Directors and Trustees of Charities are not regarded by Monitor as ‘Ultimate Controllers’.</td>
<td>The Trust is a Public Benefit Corporation and neither operates or is governed by an Ultimate Controller arrangement so this licence condition would not apply.</td>
<td>Not applicable</td>
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<tr>
<td>Licence Condition:</td>
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<tr>
<td>CoS 5. Risk Pool Levy</td>
<td>This licence condition obliges licensees to contribute, if required, towards the funding of the ‘risk pool’ – this is like an assurance mechanism to pay for vital services if a provider fails.</td>
<td>The regulatory Risk Pool Levy will not come into effect until after 2015. The Trust currently contributes to the NHS Litigation Authority risk pool for clinical negligence, property expenses and public liability schemes.</td>
<td>David Wragg</td>
</tr>
<tr>
<td>CoS 6. Cooperation in the event of financial stress</td>
<td>This licence condition applies when a licensee fails a test of sound finances, and obliges the licensee to cooperate with Monitor and any of its appointed persons in these circumstances in order to protect services for patients.</td>
<td>Monitor financial declaration reports are received and approved by the Board each quarter and financial performance is also monitored by the Finance and Estates Committee. The Trust has a strong Continuity of Service risk rating of 4. The Trust has a track record of co-operating with external bodies and regulators.</td>
<td>David Wragg</td>
</tr>
<tr>
<td>CoS 7. Availability of Resources</td>
<td>This licence condition requires licensees to act in a way that secures access to the resources needed to operate Commissioner Requested Services.</td>
<td>As with the provision of Mandatory Services, the Trust has well established services in place and currently provides all of the Commissioner Requested Services to a high standard. The Trust has forward plans and agreements in place with commissioners that meet this condition.</td>
<td>Paul Calaminus</td>
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### SECTION 6: NHS FOUNDATION TRUST CONDITIONS

<table>
<thead>
<tr>
<th>Licence Condition:</th>
<th>Explanation:</th>
<th>Board assurance:</th>
<th>Lead Director(s):</th>
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| FT1. Information to update the register of NHS Foundation Trusts. | This licence condition ensures that NHS Foundation Trusts provide required documentation to Monitor. NHS Foundation Trust Licensees are required to provide Monitor with:  
• a current Constitution;  
• the most recently published Annual Accounts and Auditor’s report;  
• the most recently published Annual Report; and  
• a covering statement for submitted documents. | The Trust has a track record of compliance with this condition.  
The Board and the Executive Management Team has an agreed business planning cycle that ensures all key documents are prepared and approved by the Board.  
The Audit and Risk Committee monitors the preparation and submission of the Trust Annual Accounts, Auditors Report and the Annual Report. | Wendy Wallace  
Kevin Monteith  
(Trust Company Secretary) |
| FT2. Payment to Monitor in respect of registration and related costs. | If Monitor moves to funding by collecting fees, they may use this licence condition to charge additional fees to NHS Foundation Trusts to recover the costs of registration. | Monitor will consult further before introducing such a fee. See G3 above. | David Wragg |
| FT3. Provision of information to advisory panel. | The Act gives Monitor the ability to establish an advisory panel that will consider questions brought by governors. This licence condition requires NHS Foundation Trusts to provide the information requested by an advisory panel. | A question can only be referred to the advisory panel if more than half the Governors support the referral. Such information has not been sought by Monitor to date.  
The Trust is committed to conducting its business in an open and transparent manner, therefore provision of such information would not present any additional risks. | Wendy Wallace  
Kevin Monteith  
(Trust Company Secretary) |
FT4.

This condition will enable Monitor to continue oversight of governance of NHS Foundation Trusts. In summary, licensees are required to:

- have systems and processes and standards of good corporate governance;
- have regard for the guidance published by Monitor;
- have effective Board Committee Structures
- have clear accountabilities and reporting lines throughout the organisation and maintain appropriate capacity and capability of the Board;
- comply with healthcare standards;
- have effective financial management, control and decision making; and
- maintain accurate information.

See CoS 3 above

The Board undertakes an annual review of:

- Board effectiveness;
- Strategic/Principal objectives and risks to delivery (Board Assurance Framework – February);
- Board committee and sub-group structure, their terms of reference and performance against these; and
- Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers.

Other forms of assurance include:

- Good CQC review of Well Led Domain;
- Green governance rating;
- Strong CoS risk rating of 4;
- Managerial and professional lines of accountability and clinical leadership;
- Annual Governance Statement;
- Audit and Risk Committee scrutiny;
- Internal and External Audit including two reviews in 2013 on the Trust's compliance with Regulatory Requirements and Trust Governance;
- Integrated Performance reports received by the Board each quarter;
- Annual appraisals and development plans;
- On-going Governor training and development plans;
- Clinical and Quality Strategy with robust framework for quality governance and monitoring;
- Performance Management Framework;
- Annual Report and Quality Account;
- Board sub-committees;
- Dashboards/balanced scorecards and robust patient information monitoring and experience systems (Meridian); and
- Strategies and policies kept under regular review.

Wendy Wallace
Kevin Monteith
(Trust Company Secretary)