

Tameside and Glossop Integrated Care NHS Foundation Trust

Provider Licence conditions declarations, May 2019

Declaration	Recommendation	Positives	Negatives
GC6			
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.	NO	Evidence (IA) of compliance with NHS Act compliance The Trust has regard to the NHS Constitution in discharging its functions No other possible breaches of the Provider Licences have been identified.	Enforcement Undertakings are currently in force
Continuity of Services 7			
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.	N/A	Financial plan has been indicated as acceptable by NHS Improvement (subject to confirmation) Indication that DoH will be continuing the supply of necessary loan finance. Efficiency plans have been put in place for almost all of the savings required	The Trust is dependent on the provision of DoH loan finance in order to continue in operation. The agreed financial plan indicates a £5.9m loss in the 2019-2020 year. The financial plan is predicated on delivery of a substantial efficiency saving in full.
OR 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.	YES		
OR 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.	N/A		
FT4- Foundation Trust Governance			
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.	YES	Assurance from Internal Audit reviews of control systems Review of Bd/ Committee governance by IA	Enforcement undertaking are in force
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	YES	Trust has regard to the <i>Code of Governance</i> and to the <i>Well-Led</i> guidance	
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.	YES	Committee structure reviewed and revised during the year. Review of Committee systems by IA Internal Audit assurances on effectiveness of control systems. Clear reporting lines in place to Executive Directors	
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.	NO	Internal Audit assurance on the effectiveness of control systems. 'Good' rating from the CQC Business planning completed within the timescale and expected to be acceptable to NHS I Internal and external audit assurance on the reliability of data (EA assurance in Quality report reviews) Board systematically reviews performance information at each meeting; Committees review in detail No significant legal breaches identified in the year	The extant Enforcement Undertakings are predicated on breach of paragraphs (a), (d) and (f). [Breach declaration unavoidable]
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.	YES	Qualified and experienced individuals at Exec Director level Quality of Care issues regularly reviewed by Board and Committees. Planning decisions subject to quality review sign-off Regular reporting of data to Board and Committees (and EMT) Internal and external assurance on robustness of data collection systems. Detailed quality review work at Quality and Governance Committee. <i>Freedom 2 Speak Up</i> process, including access to NED	
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.	YES	Agreed reporting structure leading to Board Workforce Committee formed Effective <i>Freedom 2 Speak Up</i> process and reporting	Recruitment challenges in some specialist areas (national challenges)

Skills and Experience of Governors

Bd outline

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.	YES	Delivery of informal seminars Ability to attend national training events, knowledge required and available paid for by Trust. Defined programme of training events in the year.
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