

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST
DEPARTMENT OF PLANNING AND BUSINESS DEVELOPMENT
BOARD OF DIRECTORS
MAY 2017
PERFORMANCE REPORT

INTRODUCTION

Please find enclosed the Performance Report for April 2017 which updates Directors on performance against key national targets. The content of the report for 2017/18 has been agreed by the Finance and Performance Committee.

EXECUTIVE SUMMARY

Performance – NHS Improvement (NHSI) Operational Performance Indicators

The Trust's position in relation to NHSI's operational performance indicators is as follows:

A&E 4 hour target

Performance for April was only marginally below the 95% target at 94.76% with a 5% increase in attendances compared to April 2016. We exceeded our STF trajectory of 89.2% however we are still waiting for confirmation that this has been agreed by NHSI. £2.771m of STF funding is linked to A&E performance this year and discussions will take place with operational teams to ensure there are robust plans in place to meet the trajectory.

The national performance for March was 90%. We remain in the upper middle 25% of Trusts nationally.

Referral to Treatment Time (RTT)

Performance remains above target at 94.3%. Due to the precautions taken as a result of the cyberattack on the NHS, external data has not been available. The final submitted position therefore may change.

At specialty level only T&O, Oral Surgery and Thoracic Medicine remain under target. Recovery plans are in place for all specialties.

National performance for March was below the standard at 90.3% and we are ranked 20th nationally.

Cancer targets (2 week, 31 and 62 day waits)

Due to cancer reporting timescales being 1 month behind, the performance report includes March's confirmed position. The Trust met all cancer waiting time standards with the exception of cancer 62 day waits from GP referral (81.73%) and consultant upgrade (84.62%). As previously highlighted, there are a small number of potential 31 day subsequent breaches for Urology in April, mainly due to surgical capacity.

National performance against the 62 day standard remains below target at 82.9% and this is the first month since April 2016 where the Trust has been marginally below the national performance.

Diagnostics

Performance for March remains above the 1% target at 3.04% of patients waiting over 6 weeks for their diagnostic test. This has improved from February and is ahead of the trajectory agreed with NHSI (3.21% for April). Achieving full recovery in July as per trajectory remains a risk due to ongoing pressure across a number of areas.

National performance for March was 1.1% and 74 providers did not hit the standard (including independent sector).

90% time on a stroke unit

Internal performance monitoring for quarter 4 indicated that the 80% target had not been achieved. This has been looked into further in line with expected performance reported as part of the national Stroke audit (SSNAP). Our internal calculations using SSNAP data indicate that Q4 will be achieved however this will not be published until around June.

FINANCIAL IMPLICATIONS

For March, there are minimal local penalties to be applied relating to cancelled operations 28 day breaches. We are also awaiting confirmation on the numbers of ambulance diverts and deflections during March.

RECOMMENDATIONS

Directors are asked to accept this report.



Alison King
Head of Performance and Information Management

Performance Report

April 2017

City Hospitals Sunderland Performance Scorecard

The Performance Report / Corporate Dashboard utilises a visual management approach to the Trust's monthly Performance, covering NHS Improvement Single Oversight Framework metrics as well as national performance measures from the NHS Standard Contract 2017/18 and 'NHS Operational Planning and Contracting Guidance 2017 to 2019'.

Indicator	Director Lead	Target	2016/17		2017/18				12-month trend	Page	
			Actual	Month ¹	Qtr 1	Qtr 2	Qtr 3	Qtr 4			YTD
Operational Performance Measures - NHSI SOF: These metrics are used by NHS Improvement and form one of the five themes from the Single Oversight Framework, which is used to assess our operational performance. This will influence our segmentation and level of support. They also form part of the 2017/18 NHS Standard Contract.											
A&E - % seen in 4hrs	Sean Fenwick	≥95%	92.97%	94.76%	94.76%				94.76%		4
RTT - % incompletes waiting <18 wks	Sean Fenwick	≥92%	94.00%	94.29%	94.29%				94.29%		5
Cancer waits - % 62 days	Sean Fenwick	≥85%		81.73%							6
% Diagnostic tests ≥6 wks	Sean Fenwick	<1%	2.14%	3.04%	3.04%				3.04%		7
National Operational Standards: These are national targets that the NHS must achieve, mostly falling under the domain of quality, which are linked to delivery of the NHS Constitution. They also form part of the 2017/18 NHS Standard Contract.											
Cancelled operations 28 day breaches	Sean Fenwick	0	34	7	7				7		N/A
Cancer waits - % 2ww	Sean Fenwick	≥93%		97.62%							8
Cancer waits - % 31 days	Sean Fenwick	≥96%		97.60%							9
Cancer waits - % 31 days for subsequent treatment - surgery	Sean Fenwick	≥94%		96.55%							9
Cancer waits - % 31 days for subsequent treatment - drugs	Sean Fenwick	≥98%		100.00%							9
Cancer waits - % 62 days from screening programme	Sean Fenwick	≥90%		100.00%							6
Cancer waits - % 62 days from consultant upgrade	Sean Fenwick	≥85%		84.62%							6
National Quality Requirements: These also form part of the 2017/18 NHS Standard Contract. In addition there are a number of zero tolerance indicators that are reported by exception, including Mixed Sex Accommodation breaches, A&E 12-hour trolley waits and urgent operations cancelled for the second time											
RTT - No. incompletes waiting 52+ weeks	Sean Fenwick	0	0	0	0				0		N/A
A&E / ambulance handovers - no. 30-60 minutes	Sean Fenwick	0	1349	127	127				127		4
A&E / ambulance handovers - no. >60 minutes	Sean Fenwick	0	381	19	19				19		4
% VTE risk assessments	Ian Martin	≥95%	98.49%	98.69%	98.69%				98.69%		N/A

1. Performance is one month behind normal reporting for all Cancer indicators (March 2017)

City Hospitals Sunderland Performance Report Overview

This page explains the general layout of the indicator pages that form the bulk of the report

Key:

- Actual performance
- Target, operational standard, threshold or trajectory
- Sustainability & transformation fund (STF) trajectory
- Benchmark (National, Regional or Peer Group)
- Comparative performance for the previous year
- Performance achieving the relevant target
- Performance not achieving the relevant target

Page title representing a key performance indicator or a

Cancer 2 Week Waits

Indicator group

Operational Standards

Indicator information, including a brief description, the name of the Director lead and consequence of failure

1. Number of urgent GP referrals for suspected cancer
 2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
 3. % patients seen within two weeks of an urgent GP referral for suspected cancer
- Director Lead: Sean Fenwick
Consequence of failure: Timely access to treatment, patient experience, clinical outcomes & financial sanction
Potential financial sanction if standard not achieved = £200 per breach

2WW performance has remained stable in March at 95.5%, which continues to perform above target. At tumour site level, all areas achieved the target this month. March's performance demonstrated that all tumour groups are performing about the same or better than the equivalent national benchmarking position. The financial sanction is expected to be target at 95.4%. Referral volumes were higher than usual in March, with significantly more referrals compared to average within Lung, Lower GI and Urological tumour groups. Indicative 2WW performance for April is slightly below target.

Narrative highlighting recent performance and corrective actions, where applicable

Cancer 2 Week Wait Referral Volumes By Tumour Group

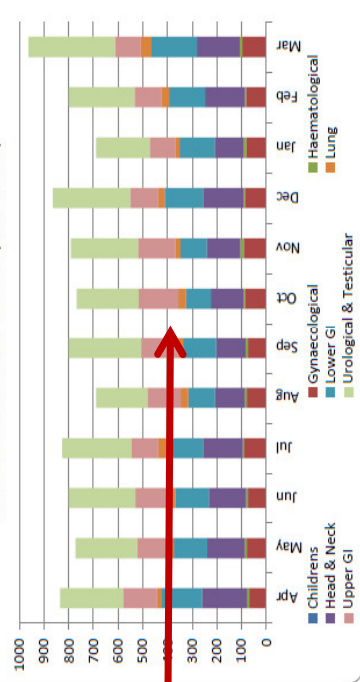
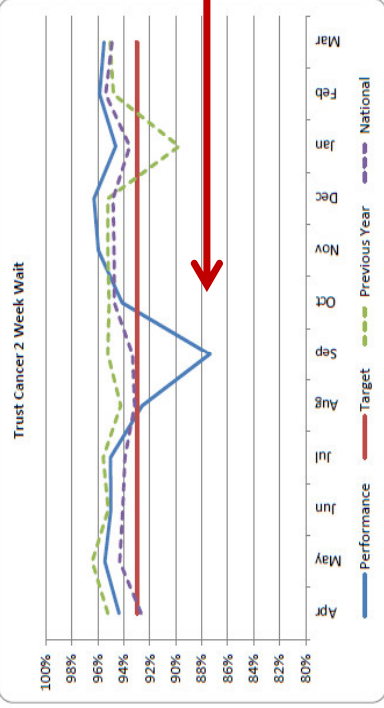


Chart or table relevant to the indicator(s), often displaying Directorate level performance or other supporting information

Referrals for Suspected Cancer - March 2016*	Volume	Total Breached	Performance	National Benchmark	YTD
Target			93%	93%	93%
Acute Leukaemia	0	0	100.00%	-	100.00%
Children's Cancer	1	0	100.00%	95.7%	100.00%
Gynaecological	97	1	98.97%	95.1%	97.78%
Haematological (excluding Acute Leukaemia)	10	0	100.00%	96.6%	99.06%
Head & Neck	173	10	94.22%	95.0%	96.25%
Lower Gastrointestinal	185	11	94.05%	94.3%	93.46%
Lung	44	2	95.45%	95.9%	95.56%
Testicular	15	0	100.00%	96.3%	97.90%
Upper Gastrointestinal	103	7	93.20%	92.4%	86.79%
Urological (excluding Testicular)	334	12	96.41%	95.0%	96.07%
Total	962	43	95.53%	94.9%	94.40%

Table showing current performance compared to target (where relevant)

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales



Trend chart displaying the performance over the past 12 months or year to date

Accident & Emergency

NHSI SOF Operational Performance, National Operational Standard & National Quality Requirements

1. % patients who spent 4 hours or less from arrival to admission, transfer or discharge
2. Ambulance handover delays between 15-30 minutes, 30-60 minutes & over 60 minutes

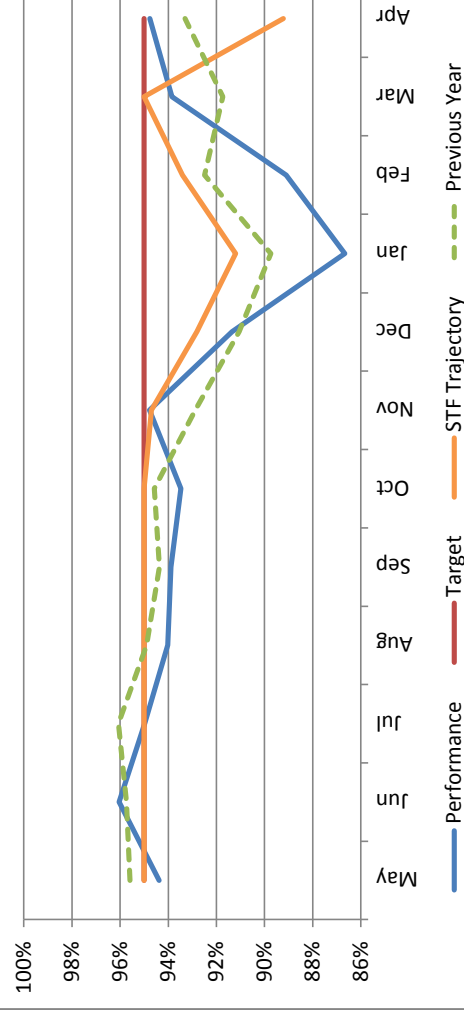
Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access, reputation & financial impact if the STF trajectory is not achieved, which equates to £139k per month during quarter 1

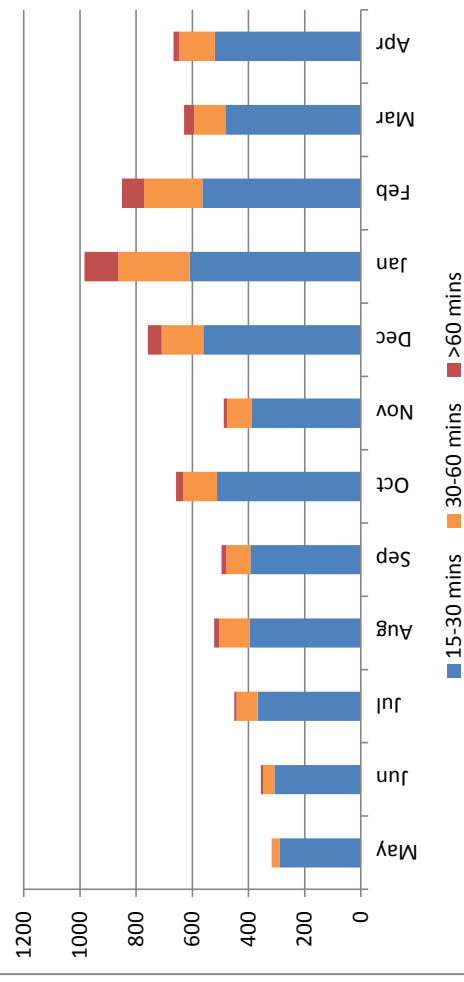
The total proportion of patients seen in A&E within 4 hours continued to improve during April to 94.76%. Operational pressures reduced in April; the Trust was at the lowest OPAL status throughout the month. Our performance for March remains in the upper middle 25% of trusts nationally.

There were 12,293 attendances this month, which is 5% higher than April 2016 (type 1 was up by 6%, type 2 was about the same and type 3 was up by 7%). In March only 1.8% of type 1 admissions waited over 4 hrs from decision to admit to admission compared to 11.9% nationally indicating positive flow through the hospital. There were 2,657 ambulance arrivals this month, which is slightly less than April 2016. This continues to represent the third highest volume of ambulance arrivals for any hospital across the North East. The number of handover delays were about the same as March however, there were more handover delays compared to April 2016.

A&E % Seen In 4 Hours



Ambulance Handover Delays



A&E Indicators - April 2017	Target	Month	YTD
A&E % seen in 4hrs - Trust Total	≥95%	94.76%	94.76%
A&E < 4 hrs - Type 1	≥95%	91.69%	91.69%
A&E < 4 hrs - Type 1 - High Acuity	≥95%	82.92%	82.92%
A&E < 4 hrs - Type 1 - Low Acuity	≥95%	91.18%	91.18%
A&E < 4 hrs - Type 1 - Paediatrics	≥95%	99.07%	99.07%
A&E < 4 hrs - Type 2 - SEI	≥95%	98.77%	98.77%
A&E < 4 hrs - Type 3 - Pallion walk in centre	≥95%	99.89%	99.89%
A&E Attendances - Trust Total		12,293	12,293
A&E Attendances - Type 1		7,374	7,374
A&E / ambulance handovers - no. 15-30 minutes	0	520	520
A&E / ambulance handovers - no. 30-60 minutes	0	127	127
A&E / ambulance handovers - no. >60 minutes	0	19	19

Referral to Treatment (RTT)

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients waiting on an incomplete RTT pathway at month end
2. Number of patients on an incomplete RTT pathway waiting 18 weeks or more
3. Percentage of patients waiting less than 18 weeks on incomplete pathways
4. National RTT Stress Test - % risk of failing the incomplete standard in next 6 months

Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access & reputation.

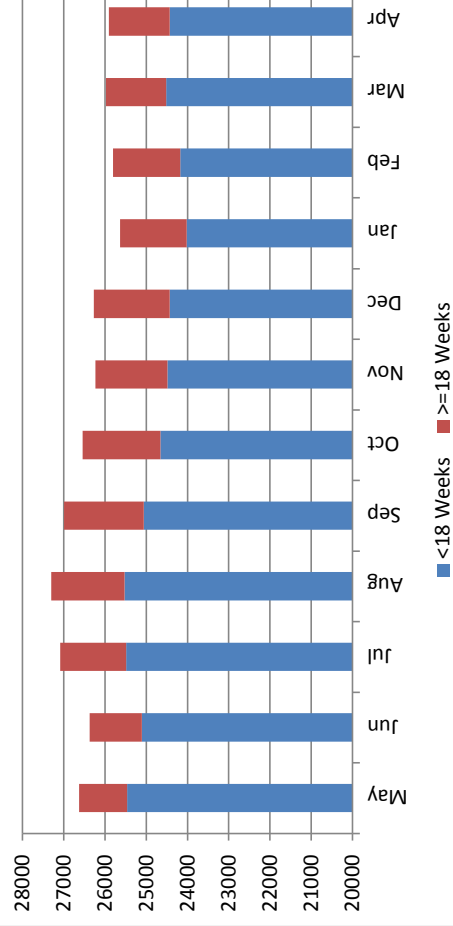
The finalised aggregate level performance for incomplete pathways at the end of April was above target at 94.3%, which is about the same as last month. The Trust remains above the national target of 92.0%. At speciality level Thoracic Medicine, Trauma & Orthopaedics (T&O) and Oral & Maxillo Facial Surgery (OMFS) failed to achieve the 92% target.

Thoracic Medicine has had ongoing capacity shortfall, which is now being partly resolved with the recruitment of a locum and additional consultant. This resource is expected to improve their position by June. The speciality's performance continues to be monitored closely.

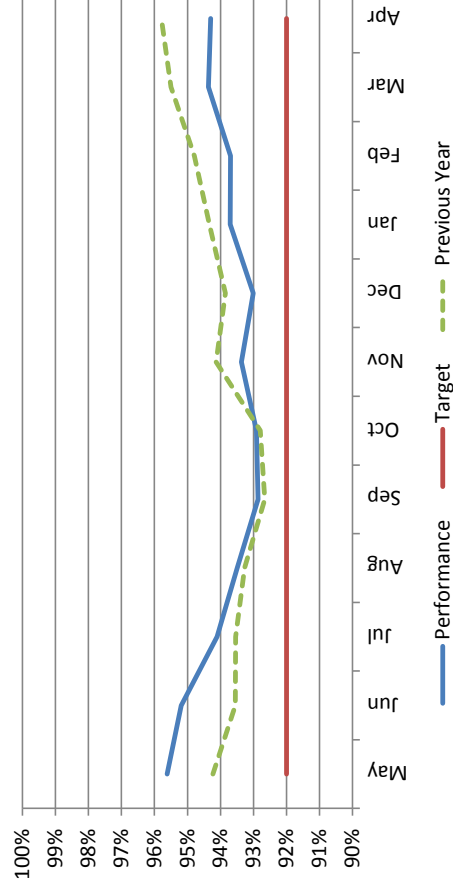
OMFS and T&O both remain in formal internal escalation. Both areas have recovery plans in place with recovery predicted in August. OMFS are currently ahead of plan but T&O remain behind plan due to a combination of factors; including pressure at subspecialty level with spine in particular. Recovery in line with plan is a risk.

The Trust's RTT stress test risk rating has reduced in March and is assessed as having a 11% chance of failing the RTT operational standard in the next 6 months. We are ranked 20th (best) nationally, an improvement of 4 places on the previous month.

Referral to Treatment - Incomplete Pathway Volumes



Referral to Treatment - % Waiting <18 Weeks On Incomplete Pathways



RTT Incompletes - April 2017			
Target	Volume	No. ≥18 Weeks	% <18 Weeks*
Cardiology	769	8	98.96%
Ear, Nose & Throat	2,823	126	95.54%
Gastroenterology	385	1	99.74%
General Surgery	1,709	92	94.62%
Geriatric Medicine	477	21	95.60%
Gynaecology	1,146	28	97.56%
Neurology	804	11	98.63%
Ophthalmology	3,865	34	99.12%
Oral & Maxillo Facial Surgery	1,950	214	89.03%
Rheumatology	510	20	96.08%
Thoracic Medicine	827	165	80.05%
Trauma & Orthopaedics	2,828	484	82.89%
Urology	2,789	213	92.36%
Other	5,020	61	98.78%
Trust Total	25,902	1,478	94.29%

*De minimis level >= 20 pathways in total

RTT Stress Test	Jan-17	Feb-17	Mar-17
% Risk of failure in next 6 months	15.46%	19.20%	11.46%
National rank (1st is best)	23/154	24/153	20/153

Cancer 62 Day Waits

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients receiving first definitive treatment for cancer following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
2. Number of patients receiving first definitive treatment for cancer 62 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
3. % patients receiving first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade
4. Number of patients receiving first definitive treatment for cancer 104 days or more following an urgent GP referral for suspected cancer / NHS Screening Service referral / consultant upgrade

Director Lead: Sean Fenwick

Consequence of failure: Timely access to treatment, patient experience & clinical outcomes.

62 day performance was below target, STF trajectory and the national average in March at 81.7%. Most of the tumour groups were above target this month, with Sarcoma (low volume), Lung and Urological falling below target. There were 18 breaches in total, of which the majority were attributable to complex pathway (9), diagnostic delays (2.5) and medical (2).

Patients who are approaching their breach date have reduced recently following an increase in March. Indicative performance for April is currently below the national target. Achievement of the STF trajectory and operational standard remains a risk going forwards.

Screening was above target at 100% however, consultant upgrade was below target at 84.6% in March. The breach was in the Lung tumour group. Additional capacity should be in place in Urology by autumn and an interim plan is being developed to increase theatre capacity.

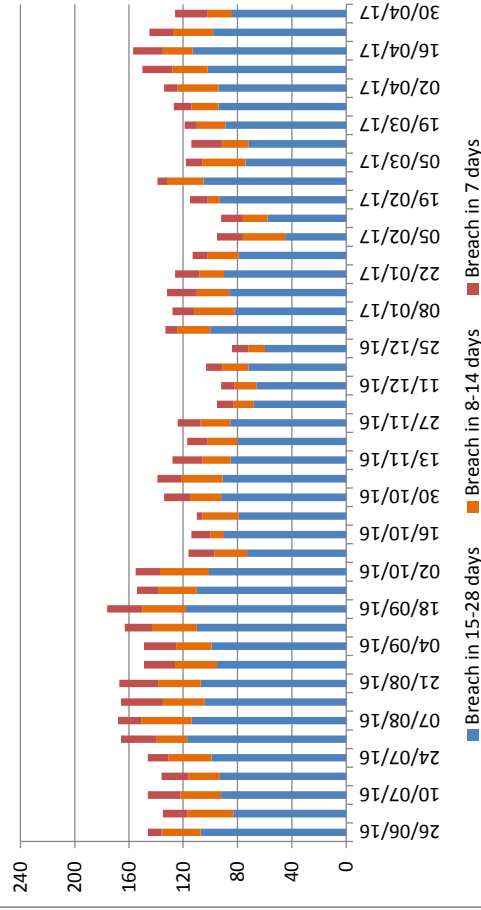
First Definitive Treatment - March 2017*	Volume	Total Breached	Performance	National Performance	YTD	Number ≥104 days
Target			85%	85%	85%	0
Breast	1.5	0.0	100.00%	95.8%	100.00%	0
Gynaecological	4.0	0.5	87.50%	80.2%	87.50%	0
Haematological (Excluding Acute Leukaemia)	4.0	0.0	100.00%	81.9%	89.77%	0
Head & Neck	7.5	0.5	93.33%	70.6%	87.66%	0
Lower Gastrointestinal	7.0	1.0	85.71%	72.7%	88.97%	0
Lung	8.5	3.5	58.82%	73.7%	73.53%	2
Other	1.0	0.0	100.00%	73.1%	85.71%	0
Sarcoma	1.0	0.5	50.00%	79.3%	76.19%	0
Skin	9.5	0.0	100.00%	97.2%	96.43%	0
Upper Gastrointestinal	4.5	0.0	100.00%	74.8%	79.25%	0
Urological (excluding Testicular)	50.0	12.0	76.00%	76.7%	82.17%	5
Total	98.5	18.0	81.73%	82.9%	84.01%	0

Non GP Referrals

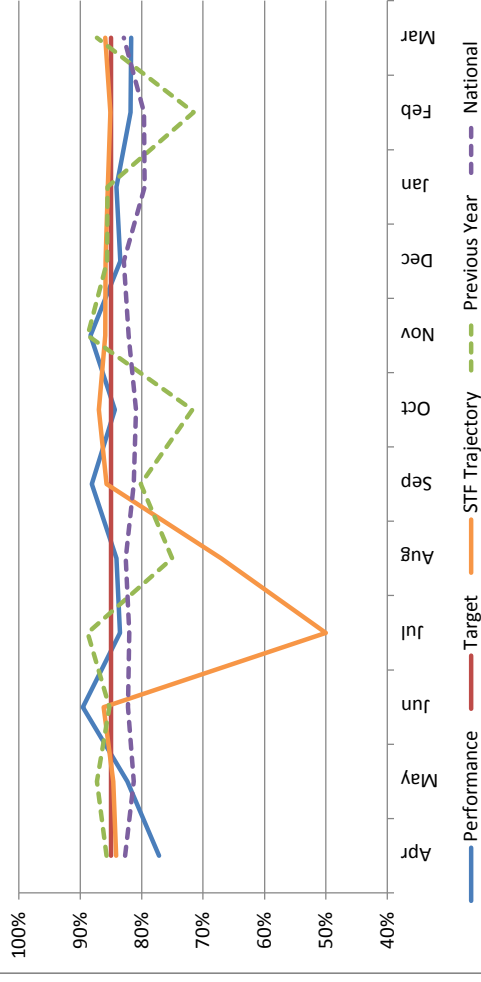
Screening (Target: 90%)	1.5	0.0	100.00%	92.8%	100.00%	0
Consultant Upgrade (Target: 85%)	6.5	1.0	84.62%	89.4%	88.07%	0

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

Cancer 62 Day - Volume Of Patients Approaching Breach Date



Trust Cancer 62 Day Wait



Diagnostics

NHSI SOF Operational Performance & National Operational Standard

1. Number of patients on the diagnostic waiting list at month end
2. Number of patients on the diagnostic waiting list at month end waiting 6 weeks or more
3. % patients waiting 6 weeks or more for a diagnostic test at month end
4. Number of diagnostic tests/procedures carried out in month

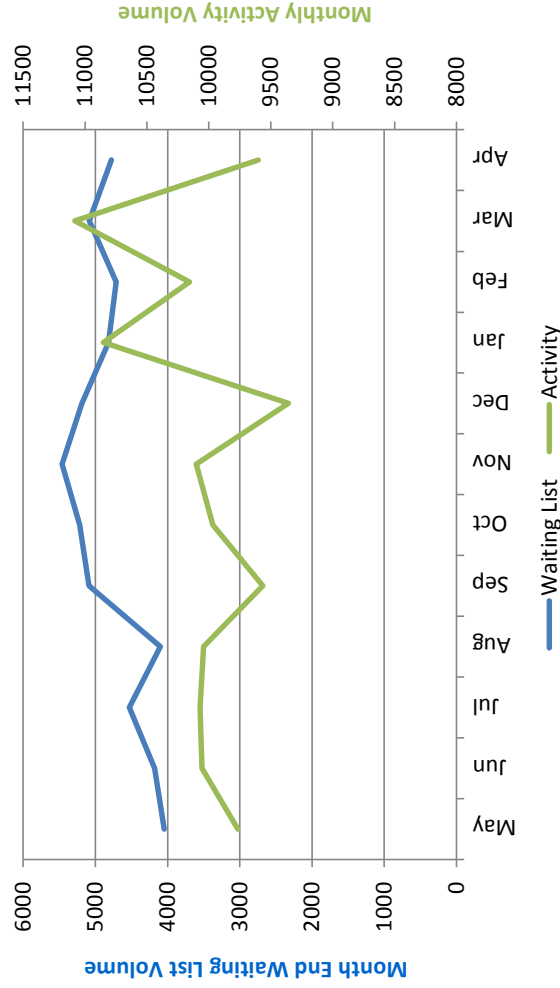
Director Lead: Sean Fenwick

Consequence of failure: Patient experience, quality, access & reputation

The proportion of patients waiting 6 weeks or more at the end of April has reduced to 3.0%; this is above the national operating standard of <1%, however below the NHSI recovery trajectory of 3.2%. Cardiology, Urodynamics, Colonoscopy and Cystoscopy exceeded the standard this month with the majority of the breaches being attributable to echo tests. However there were fewer echo breaches than March. As highlighted in March, there had been an increase in the waiting list for Urodynamics. This has resulted in breaches as a result of ongoing capacity issues for videocystometrography tests. The area is putting plans in place to address this issue. As a result full recovery in July is a risk.

The number of patients waiting at the end of the month decreased in April mainly due to reductions in Cardiology and Urodynamics. Activity also decreased in April. The main decreases were seen in Non-Obstetric Ultrasound, Audiology and Computed Tomography.

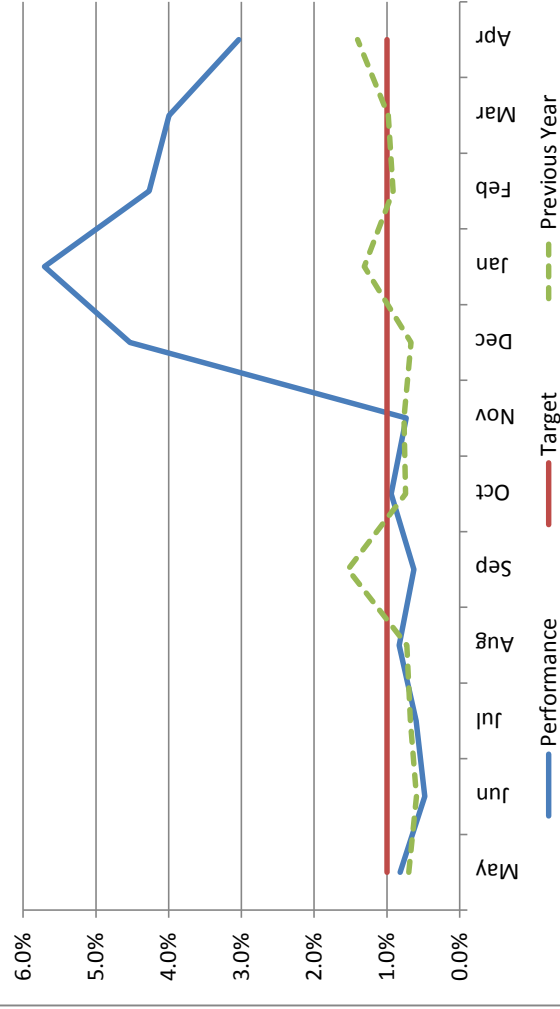
Trust Diagnostic Waiting List vs. Activity Volumes



Diagnostics - April 2017

Target	WL Volume	No. ≥6 weeks	%≥6 weeks	Activity
Imaging				
Magnetic Resonance Imaging	701	0	0.00%	1,391
Computed Tomography	549	1	0.18%	2,738
Non-obstetric ultrasound	1,068	0	0.00%	2,620
Barium Enema	29	0	0.00%	3
DEXA Scan	144	0	0.00%	206
Audiology - assessments	248	2	0.81%	867
Cardiology - echocardiography	841	112	13.32%	897
Neurophysiology - peripheral	169	0	0.00%	145
Respiratory physiology - sleep studies	98	0	0.00%	64
Urodynamics - pressures & flows	261	23	8.81%	10
Colonoscopy	121	2	1.65%	220
Flexi sigmoidoscopy	62	0	0.00%	62
Cystoscopy	302	4	1.32%	139
Gastroscopy	188	1	0.53%	240
Trust Total	4,777	145	3.04%	9,600

Trust Diagnostic % Waiting ≥6 weeks



Cancer 2 Week Waits

National Operational Standard

1. Number of urgent GP referrals for suspected cancer
 2. Number of patients seen after more than two weeks following an urgent GP referral for suspected cancer
 3. % patients seen within two weeks of an urgent GP referral for suspected cancer
- Director Lead: Sean Fenwick
Consequence of failure: Timely access to treatment, patient experience & clinical outcomes

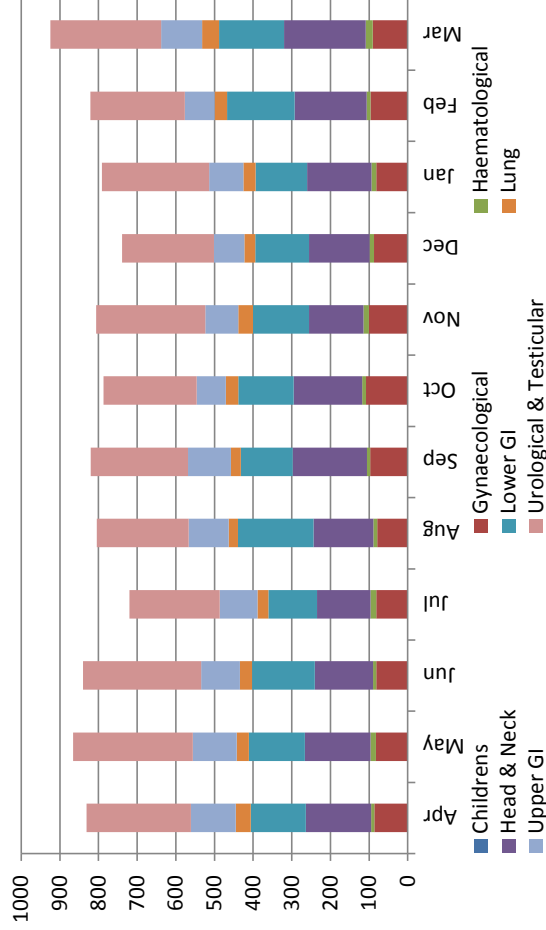
2WW performance was 97.6% in March, about the same as the previous month but better than March last year and the national average. At tumour site level, all areas achieved the target. March's performance demonstrated that all tumour groups performed about the same or better than the equivalent national performance position.

Referral volumes increased during March for Head & Neck, Lung and Urology. There have been more referrals compared to the average over the last 12 months across all areas. Indicative 2WW performance for April is above target.

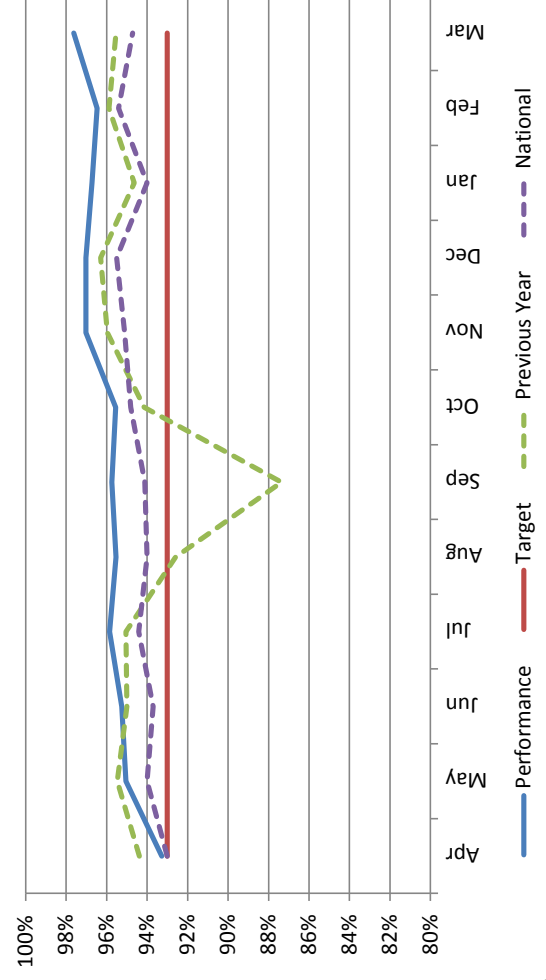
Referrals for Suspected Cancer - March 2017*		Volume	Total Breached	Performance	National Performance	YTD
Target				93%	93%	93%
Acute Leukaemia	1	0	0	100.00%	88.9%	100.00%
Breast	0	0	0	-	94.0%	100.00%
Children's Cancer	1	0	0	100.00%	95.9%	100.00%
Gynaecological	90	0	0	100.00%	96.3%	97.48%
Haematological (Excluding Acute Leukaemia)	18	0	0	100.00%	97.4%	98.55%
Head & Neck	211	5	5	97.63%	96.9%	95.51%
Lower Gastrointestinal	168	5	5	97.02%	93.3%	96.02%
Lung	44	0	0	100.00%	96.6%	97.93%
Other	0	0	0	-	93.5%	100.00%
Testicular	13	0	0	100.00%	98.5%	99.17%
Upper Gastrointestinal	106	2	2	98.11%	93.9%	92.02%
Urological (Excluding Testicular)	273	10	10	96.34%	96.1%	96.54%
Total	925	22	22	97.62%	94.7%	95.92%

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

Cancer 2 Week Wait Referral Volumes By Tumour Group



Trust Cancer 2 Week Wait



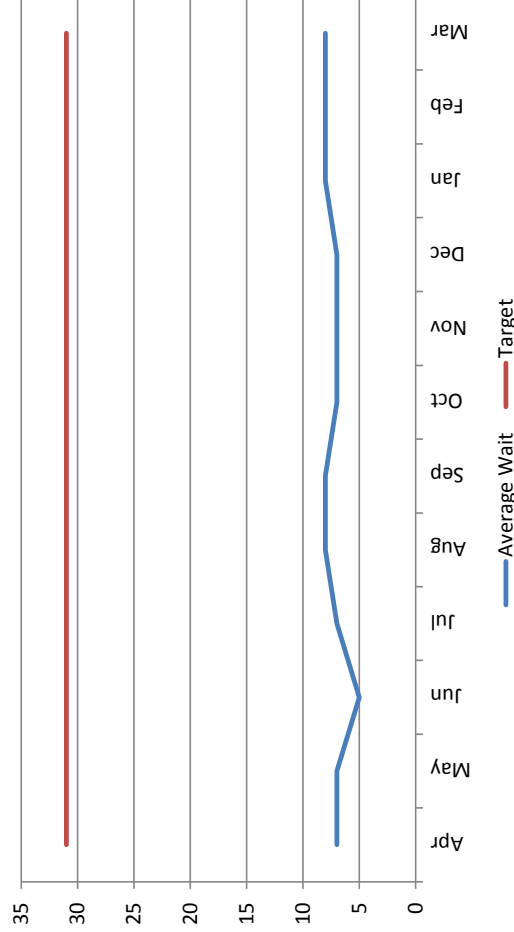
Cancer 31 Day Waits

National Operational Standard

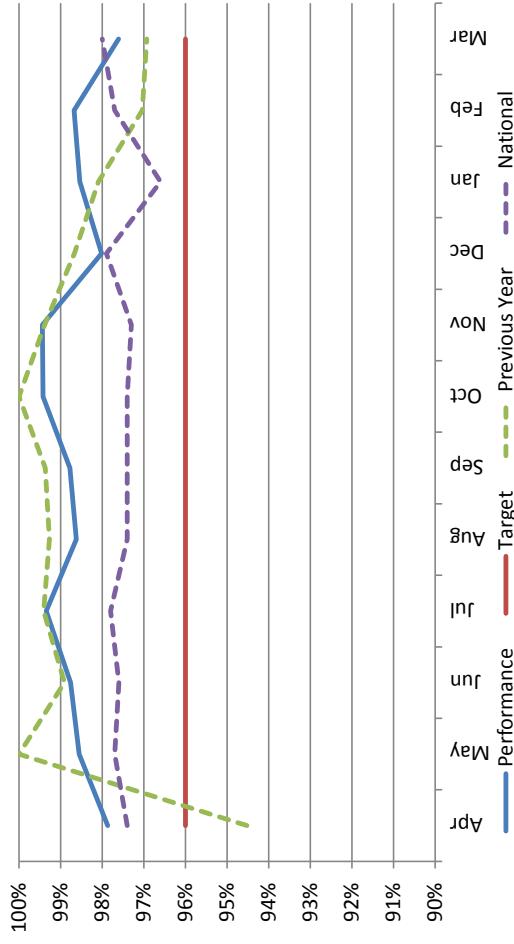
1. Number of patients receiving first definitive treatment following a cancer diagnosis
 2. Number of receiving first definitive treatment more than one month of a decision to treat following a cancer diagnosis
 3. % patients receiving first definitive treatment within one month of a decision to treat following a cancer diagnosis
 4. % patients receiving subsequent surgery or drug treatments for cancer within 31 days
- Director Lead: Sean Fenwick
Consequence of failure: Timely access to treatment, patient experience & clinical outcomes.

As previously highlighted, there were four 31 day breaches overall during March. Aggregate level performance was above target at 97.6%. All tumour groups achieved the target with the exception of the Urological tumour groups. Performance across all tumour groups, with the exception of Urology, was equal to or better than the equivalent national average. Average waits for treatment following a decision to treat was the same between February and March. Indicative performance for April is currently above target. The final performance for both subsequent surgical and drug treatments were above target for March at 96.6% and 100% respectively.

Cancer 31 Day Average Wait



Trust Cancer 31 Day Wait



First Definitive Treatment - March 2017*	Volume	Total Breached	Performance	National Performance	YTD
Target			96%	96%	96%
Breast	5	0	100.00%	99.1%	100.00%
Gynaecological	2	0	100.00%	96.8%	100.00%
Haematological	16	0	100.00%	99.7%	100.00%
Head & Neck	11	0	100.00%	93.4%	99.12%
Lower Gastrointestinal	10	0	100.00%	98.5%	100.00%
Lung	18	0	100.00%	98.7%	100.00%
Other	3	0	100.00%	99.7%	100.00%
Sarcoma	0	0	-	98.1%	100.00%
Skin	14	0	100.00%	97.9%	96.33%
Upper Gastrointestinal	7	0	100.00%	98.8%	100.00%
Urological	81	4	95.06%	96.5%	97.75%
Total	167	4	97.60%	98.0%	98.66%

Subsequent Treatments

Surgery (Target: 94%)	29	1	96.55%	95.8%	98.36%
Drug (Target: 98%)	97	0	100.00%	80.1%	99.90%

*Please note that reporting of official cancer waiting times fall 1 month behind normal reporting timescales

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

MAY 2017

ANNUAL ACCOUNTS & REPORT 2016/17

1. INTRODUCTION

The Annual Accounts and Report have been presented to the Audit Committee on the 17 May 2017. Previously the Annual Report has been sent to all Directors and comments included in the final report.

The Annual Report and Accounts are required to be submitted to NHS Improvement (NHSI) by the 31 May 2017.

2. AUDIT COMMITTEE REVIEW

The Audit Committee reviewed:

- **2016/17 Annual Accounts** – draft accounts were received. The Committee considered the feedback from Internal and External Auditors.
- **2016/17 Annual Report including the Quality Report** – the report (version 23) was considered by the Committee. Updates were provided and the Committee considered the feedback from the External Auditors.

Subsequent adjustments/amendments were highlighted and the Committee discussed in detail the issues around these required amendments.

The Audit Committee approved the Annual Accounts and Report with these amendments and confirmed they should be submitted by the deadline.

3. RECOMMENDATIONS

The Board of Directors is asked to note the submission of the Annual Accounts and Report.



Julia Pattison
Director of Finance

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

DEPARTMENT OF CORPORATE AFFAIRS

BOARD OF DIRECTORS

MAY 2017

SELF CERTIFICATION DECLARATION

Background

Directors will be aware that in previous years we have been required as part of the Annual Planning process to submit a number of Board declarations to support the process.

NHS Improvement have this year changed their process and as a consequence organisations are not required to submit provider licence self certification declarations. From July NHS Improvement will select some organisations to ask for evidence that they have self certified.

We are required to self-certify the following after the year end:

Condition G6: Systems for Compliance for Licence Conditions

Condition G6(2) requires the Trust to have a process and system that:

- Identify risks to compliance; and
- Take reasonable mitigating actions to prevent those risks and a failure to comply from occurring.

The Condition G6 statement regarding systems for compliance with the Licence is:

“Following a review for the purpose of paragraph 2(b) of Licence Condition G6, the Directors of the Licence are satisfied, as the case may be that, in the financial year most recently ended the Licence took all such precautions as were necessary in order to comply with the conditions of the Licence, any requirement imposed on it under the NHS Acts and have had regard to the NHS Constitution.”

Condition CoS7(3) – Availability of Resources

Condition CoS7(3) requires the Trust to confirm whether it will have the resources available over the next financial year to provide designated services.

The availability of resources statement as required by Condition of the Licence is:

“After making enquiries, the Director of the Licence have a reasonable explanation that the Licence 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”.

Condition FT4 – NHS Foundation Trust Governance Arrangements

NHS Trusts must review whether their:

- Governance systems achieve the objectives set out in the Licence condition; and
- Governors have received enough training and guidance to carry out their duties.

The Corporate Governance statement regarding systems for compliance with NHS Foundation Trust governance arrangements are attached.

Recommendations

Directors are asked to confirm:

- The Trust continues to meet the criteria for holding a Licence to ensure compliance with Condition G6 of the Provider Licence;
- The Board has a reasonable expectation the Trust will have the required resources available to it for the coming year in line with condition CoS7 of the Provider Licence;
- To approve the corporate governance statement and confirm that the Board has sufficient arrangements in place for compliance with NHS Foundation Trust governance arrangements;
- Sufficient arrangements have been in place to ensure Governors are equipped with the skills and knowledge to undertake their role; and
- Delegation of authority to Julia Pattison, Director of Finance, to sign the necessary declarations in the absence of Mr Bremner.



CAROL HARRIES
Director of Corporate Affairs & Legal/
Trust Secretary