

Hull University Teaching Hospitals NHS Trust

Trust Board

Thursday 18 June 2020

Title:	NHS Improvement Self-Assessments 2019-20
Responsible Director:	Carla Ramsay – Director of Corporate Affairs
Author:	Carla Ramsay – Director of Corporate Affairs

Purpose:	The purpose of this report is to present two self-assessments required by NHS Improvement and supporting evidence to the Trust Board for review and approval	
BAF Risk:	N/A	
Strategic Goals:	Honest, caring and accountable culture	✓
	Valued, skilled and sufficient staff	
	High quality care	
	Great clinical services	
	Partnership and integrated services	
	Research and Innovation	
	Financial sustainability	
Summary of Key Issues:	<p>Each year, The Trust Board is required to provide two self-assessment declarations covering 2019-20; this is a requirement from NHS Improvement and mirrors the self-assessment process and standards that applied previously to NHS Foundation Trusts. With the merger of NHS regulators, these self-assessments apply the same requirements across the acute provider sector. These require Trust Board review and approval.</p> <p>The Board is able to declare compliance against all requirements in these two self-assessments, which cover corporate governance and assurance processes within the organisation.</p>	
Recommendation:	The Trust Board is asked to approve the two attached self-assessments covering 2019-20.	

Hull University Teaching Hospitals NHS Trust

NHS Improvement Self-Assessments 2019-20

1. Purpose of this report

The purpose of the report is to present two self-certification templates and an assessment of supporting evidence to enable the Trust to self-certify against NHS improvement requirements that have just been brought in for year-end 2018/19.

2. Background

Monitor, when it was the regulator of NHS Foundation Trusts, put in place a self-assessment process against the Monitor licence conditions. Although NHS trusts are exempt from needing the provider licence, directions from the Secretary of State require the NHS Improvement to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.

As stated by NHS Improvement:

[The Trust is subject to] the Single Oversight Framework, which bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Condition G6 and Condition FT4) and must self-certify under these licence provisions.

All Trusts are required to complete two self-certifications and have these confirmed by their Trust Boards. Both are being completed and presented to the Board today. There may be a spot-check audit completed by NHS Improvement during the financial year. The Trust is also required to publish one of the self-certification declarations, however for openness and transparency, the Trust has always published both and will do the same this year.

3. Self-Assessments Requirements

The Trust needs to self-certify the following after the financial year-end that:

- The provider has taken all precautions necessary to comply with the [Monitor] licence, NHS Acts and NHS Constitution (Condition G6(3))
- The provider has complied with required governance arrangements (Condition FT4(8))

The template declarations are included at Appendix 2 and Appendix 3.

The Director of Corporate Affairs has reviewed these requirements and the Trust's evidence against these and recommends that the Trust Board is able to self-certify as meeting the requirements of both self-certifications.

3.1 Condition G6

- The provider has taken all precautions necessary to comply with the [Monitor] licence, NHS Acts and NHS Constitution (Condition G6(3))

NHS licence

Attached at Appendix 1 is a review of the Trust's position against the Monitor provider licence. Some of these requirements are specific to NHS Foundation Trusts and reference the previous Monitor regime; where this is the case, the spirit and equivalent requirements in non-Foundation Trusts have been applied in the Trust's evidence.

The Trust meets all the requirements of the licence.

NHS Acts

For all its NHS services, the Trust has in place the NHS Standard Contract. This requires the Trust to act in accordance with relevant NHS Acts in the delivery of its services. These safeguard the public to receive NHS services free of charge at the point of delivery (except for charges agreed by Parliament, such as NHS prescription charges) and also require the

Trust to act in accordance with relevant legislation (safeguarding, mental capacity act requirements, mental health act requirements, etc) and be subject to NHS regulatory requirements, including CQC registration requirements. These requirements are embedded in the daily delivery of the Trust.

Through delivery of services via the NHS Standard Contract, the Trust is compliant with relevant NHS Acts. The Trust is not currently under notice by its commissioners or regulators of any significant breach of contractual requirements relating to a specific NHS act.

NHS Constitution

The Trust is required to have regard of the NHS Constitution in the delivery of NHS services. This is designed to ensure equity of service access to all patients, and that providers must strive to deliver high quality services and provide value for money to the taxpayer. The Trust is able to demonstrate it has regard of the NHS Constitution and that it is continually working to further improve quality and efficiency.

The NHS Constitution consists of two rights and a number of pledges around NHS care. The Trust has published its performance data with every set of Board papers during 2019/20 against these rights and pledges and the Board holds the Trust to account during the year on delivery.

More broadly, the Trust is expected to report against the Single Oversight Framework, which includes the NHS Constitution rights and pledges. The Trust Board receives this information each meeting through the Integrated Performance Report, which includes all Single Oversight Framework data requirements, and the Trust's year-to-date performance in all areas. A more detailed exception report is received and explored in more depth each month at the Performance and Finance Committee.

As reported to the Board and Performance and Finance Committee, the Single Oversight Framework data 2019-20 show that Trust has not consistently met some of the waiting time standards that are included as rights to NHS patients in the NHS Constitution, specifically the 18-weeks Referral to Treatment standard, the ED four-hour standard, the diagnostic waiting times standard and the cancer 31- and 62 day standards.. The reasons for this have been detailed during Trust Board and Performance and Finance Committee meetings during the year.

The requirement is that the Trust has *taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))*

Whilst the Trust has not met the full suite of Constitutional targets, the Trust has complied with this requirement to take all precautions necessary: it has built its reporting framework around giving visibility of all NHS Constitution requirements and the broader suite of Single Oversight Framework requirements to the Trust Board to provide an accurate and honest account of meeting its requirements and obligations, and has enacted this throughout the year.

Condition FT4

- The provider has complied with required governance arrangements (Condition FT4(8))

Condition FT4 is a more detailed governance self-certification for NHS Trusts. The attached appendix self-certification confirms that the Trust can confirm it meets all standards, with supporting information included, for Trust Board review and confirmation.

4. RECOMMENDATION

The Trust Board is recommended to review and approve the self-certification for GC6 and FT4 and to approve publication of the same by 30 June 2020

Carla Ramsay

Director of Corporate Affairs
June 2020

Appendix 1 - Actions to ensure compliance with the Monitor licence

Condition	Action	Evidence	Completed	Party responsible
G1 provision of information	Monitor will request information from time to time which must be accurate, complete and not misleading.	All requests for documents and information submitted as required to regulators – e.g. evidence to CQC, information to support NHS Improvement discussions	Per request	Executive Team
G2 publication of information	As directed by Monitor the Trust must publish information	The Trust has published all required information on its website: <ul style="list-style-type: none"> • Trust Board papers • Annual Reports • Quality Accounts • Modern Slavery Statement • Eliminating Mixed Sex Accommodation Statement • Safer Staffing • Public Sector Equality Duty, Workforce Race Equality Standard and Workforce Disability Equality Standard • Gender Pay Gap data • Publication Scheme • CQC rating and link to report • Freedom of Information Request guidance 	Per requirement	Director of Corporate Affairs
G3 payment of fees	Trust must pay Monitor fee as required within 28 days of it becoming payable	Trust not required to pay a Monitor fee as it is not an NHS Foundation Trust however the Trust has paid all relevant fees as an acute Trust: CQC fees, NHS Litigation Authority contributions, registration costs with external agencies	Per invoice	Chief Nurse Director of Corporate Affairs

Condition	Action	Evidence	Completed	Party responsible
G4 Fit and proper person	All those with the title of Director or equivalent shall complete the fit and proper person test and a register will be kept. This includes the Governors. This will be updated on an annual basis as part of the year end process.	Fit and Proper Persons Test updated and presented to the Trust Board May 2019 – no issues raised As a non-FT, the Trust does not have any Governors	May 2019	Director of Corporate Affairs / Trust Board
G4 Fit and proper person	Term to be added to all Directors' employment contracts to state that a Director will have their employment as a Director summary terminated in the event of not being able to satisfy the fit and proper person test. This should be extended to those considered to be equivalent to a director, but not using the title.	Clause included in the updated Very Senior Manager contracts, agreed by the Remuneration Committee in April 2016; contract applicable to the most senior tier of trust management (not just Executive Directors)	April 2016	Director of Workforce and Organisational Development
G5 Monitor guidance	When Monitor releases guidance, the Trust is required to comply with that guidance or explain why it cannot comply. On the release of guidance a review will be undertaken and if there are any areas where the Trust cannot comply they will be reported to the Board. Where necessary a statement will be sent from the Board to Monitor to explain why the Trust is not complying with the guidance.	The Trust has applied this to NHS Improvement guidance and, before this, to Trust Development Authority guidance No issues raised with compliance to date; most recent changes have been use of the Single Oversight Framework, which form the basis of the Trust's Integrated Performance Report, reviewed and published at each Trust Board meeting, and used on a monthly basis by Performance and Finance Committee	As per any new guidance	Director of Corporate Affairs / Trust Board

Condition	Action	Evidence	Completed	Party responsible
G6 System for compliance	<p>The Trust is required to take reasonable precautions against the risk of failure to complying with the licence and the conditions imposed under the NHS acts and required to have regard to the NHS Constitution</p> <p>No later than 2 months from the end of the financial year, the Trust must prepare and submit to Monitor a certificate to the effect that the Trust during the previous financial year has complied with the conditions in the licence.</p> <p>Trust must publish each certificate within 1 month of submission to Monitor in such a manner as would bring to the attention of anyone who may be interested.</p>	<p>The Trust's Annual Governance Statement identifies risks to compliance with the NHS Contracts it has in place and to NHS Constitution rights</p> <p>The Trust will complete and publish its annual report including annual financial statements by end June 2020</p>	May 2019	Director of Corporate Affairs
G7 Registration with the CQC	Trust must at all times be registered with the CQC	The Trust has remained registered with the CQC at all times	In place	Chief Medical Officer
G7 Registration with the CQC	Trust to advise Monitor if the Trust does not maintain the CQC registration - the Trust must notify Monitor within 7 days	Not applicable – Trust has retained registration		
G8 Patient eligibility and selection criteria	<p>Set transparent eligibility and selection criteria and apply those criteria in a transparent way to persons who, having a choice of person from whom to receive health care services.</p> <p>Publish the criteria in such a manner as will make them accessible to those that are interested.</p>	The Trust has the standard NHS Contract in place for all NHS services; patient choice arrangements are managed via local commissioners. The Trust provides a service to all patients referred under the NHS Contracts in place with commissioners. The Trust makes appointments available via Choose and Book at the point of choice and referral.	In place	<p>Director of Corporate Affairs</p> <p>Chief Operating Officer</p>

Condition	Action	Evidence	Completed	Party responsible
G9 Application of Continuity of Services	Condition applies whenever the trust is subject to a contractual or other legally enforceable obligation to provide a service which is a Commissioner Requested Service	The Trust has Commissioner Requested Services included in contracts with local commissioners	In place	Chief Financial Officer
G9 Application of Continuity of Services	The Trust shall give Monitor not less than 28 days' notice of the expiry of any contractual obligation pursuant to which it is required to provide a Commissioner Requested Service to which no extension or renewal has been agreed.	The Trust would inform NHS Improvement if this were enacted – no such action taken for 19-20 contracts	If required	Chief Financial Officer
G9 Application of Continuity of Services	The Trust shall make available free of charge to any person a statement in writing setting out the description and quality of service which it is under a contractual or other legally enforceable obligation to provide as a Commissioner Requested Service (CRS).	The Trust publishes bi-monthly such statements through its Trust Board papers, and also through publications such as the Quality Accounts, all of which are available free of charge on line. The Trust has in place the NHS Standard Contract, including description of service and quality standards, in place for all NHS services provided	In place	Director of Corporate Affairs / Trust Board
G9 Application of Continuity of Services	Within 28 days of a change to the description or quantity of services which the Trust is under a contractual obligation to provide as Commissioner Requested Services, the Trust shall provide to Monitor in writing a notice setting out the description and quantity of all services it is obliged to provide as CRS.	The Trust would inform NHS Improvement if this were enacted	In place	Chief Financial Officer

Condition	Action	Evidence	Completed	Party responsible
P1 Recording of information	<p>If required by Monitor the trust shall obtain, record and maintain sufficient information about the cost which it expends in the course of providing services for the purpose of the NHS and other relevant information.</p> <p>The Trust will establish, maintain and apply such systems and methods for the obtaining, recording and maintaining of such information about those costs and other relevant information.</p>	<p>The Trust publishes its accounts annually, which are subject to audit. The Trust can provide more detailed information on expenditure on request (and has done, for example, for commissioners).</p> <p>The Trust has in place relevant systems to upload and provide information to NHS Digital, used by commissioners and regulators.</p>	In place	Chief Financial Officer
P1 Recording of information	The Trust is required to use the cost allocation methodology and procedures relating to other relevant information set out in the Approved Guidance.	The Trust is compliant with relevant guidance, for example, application of PbR and new HRG+ requirements	In place	Chief Financial Officer
P1 Recording of information	If the Trust sub contracts to the extent allowed by Monitor the Trust shall ensure the sub-contractors obtains, records and maintains information about the costs which it expends in the course of providing services as a sub-contractor, and establishes, maintains and applies systems and methods for the obtaining, recording and maintaining of information. The sub-contractor will supply that information to Monitor as required within a timely manner.	The Trust has relevant processes in place for the sub-contracting it undertakes (i.e. using elective capacity in the private sector). The Trust, as a non-FT, does not submit this information to Monitor or NHS Improvement but provides information as required	In place	Chief Operating Officer Chief Financial Officer
P1 Recording of information	The Trust will keep the information for not less than six years	All relevant Trust information available for more than six years – the Trust applies NHS Records Management Guidance to document and information retention	In place	Director of Corporate Affairs
P2 Provision of information	As G1 The Trust will supply Monitor with information as required.	Will do as and when required	In place	Chief Financial Officer

Condition	Action	Evidence	Completed	Party responsible
P3 Assurance report on submissions to Monitor	If Monitor requires the Trust to provide an assurance report in relation to a submission of information under P2 or by a third party. An Assurance Report must be completed by a person approved by Monitor or qualified to act as an auditor.	Will do as and when required	In place	Chief Financial Officer
P4 Compliance with the National Tariff	The Trust shall only provide healthcare services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by Monitor.	The Trust's contract management arrangements in place with local and specialised commissioners and the Trust's audited accounts confirm this is in place	In place	Chief Financial Officer
P5 Constructive engagement concerning local tariff modifications	The Trust is required to engage constructively with Commissioners, with a view to reaching agreement as provided in section 124 of 2012 Act (around price).	In place – local tariff agreed as part of NHS contracts in place	In place	Chief Financial Officer
C1 The right of patients to make choices	The Trust shall ensure that at every point where a patient has a choice under the NHS Constitution or a choice of provider conferred locally by commissioners, the patient is notified of that choice and told where they can find that information. The information provided must not be misleading. The information cannot prejudice any patient. Note: The Trust is strictly prevented from offering or giving gifts, benefits in kind or pecuniary or other advantage to clinicians, other health professionals, Commissioners or their administrative or other staff as inducement to refer patients to commissioned services.	Choice is primarily lead by commissioners and choice is offered at the point of referral – the Trust is in receipt of the referrals after choice has been made The Trust includes information on the NHS Constitution on its website and information on choice in information provided to patients following receipt of referral also. The Trust's Access Policy includes information of enactment of choice.	In place	Chief Operating Officer

Condition	Action	Evidence	Completed	Party responsible
C2 Competition oversight	The Trust shall not enter into any agreement or arrangement that prevents or distort competition in the provision of healthcare.	No such arrangements in place; NHS Standard Contract in place for all NHS services		Trust Board
IC1 Provision of Integrated Care	<p>The Trust shall not do anything that would be regarded as against the interests of people who use healthcare services.</p> <p>The Trust shall aim to achieve the objectives as follows:</p> <ul style="list-style-type: none"> - Improving the quality of health care services <ul style="list-style-type: none"> - Reduce inequalities between persons with respect to their ability to access services and the outcomes achieved for them. 	<p>The Trust has in place a Quality Improvement Plan to make specific improvements in services across the Trust</p> <p>The Trust complies with the Public Sector Equality Duty in respect of access to services</p>	In place	<p>Chief Medical Officer</p> <p>Chief Operating Officer</p>
CoS1 Continuing provision of Commissioner Requested Services	<p>The Trust is not allowed to materially alter the specification or means of provision of any CRS services except:</p> <ul style="list-style-type: none"> • By agreement in writing from the Commissioner • If required to do so by, or in accordance with its terms of authorisation. 	NHS Standard Contract in place, including clauses as to how amendments to the contract are made in agreement with commissioners	In place	Chief Financial Officer
CoS2 Restriction on the disposal of assets	<p>Keep an asset register up to date which shall list every relevant asset used by the Trust.</p> <p>The Trust shall not dispose of or relinquish control over any relevant asset except with consent of Monitor.</p> <p>The Trust will supply Monitor with a copy of the register if requested.</p>	<p>[Assets taken as Estates in this context]</p> <p>The Trust would inform commissioners and NHS Improvement if any action on estates were being taken that would prevent the continuation of an NHS services</p>	In place	Chief Financial Officer

Condition	Action	Evidence	Completed	Party responsible
CoS3 Standards of corporate governance and financial management	Trust is required at all times to maintain, adopt and apply systems and standards of corporate governance and of risk management which reasonably would be regarded as: Suitable for a provider of the CRS provided by the Trust Providing reasonable safeguards against the risk of the Trust being able to carry on as a going concern	<p>Audit Committee and Trust Board have oversight of governance.</p> <p>Audit Committee and Trust Board signed off preparation of accounts on a going concern basis</p> <p>Trust Board has oversight and sign-off of Annual Governance Statement, confirming adequate governance arrangements are in place</p> <p>Head of Internal Audit Opinion gave a positive assurance opinion for 19-20 year-end position</p>	April 2020	Chief Executive
CoS3 Standards of corporate governance and financial management	The Trust shall have regard to: Guidance from Monitor Trust rating using risk rating methodology Desirability of that rating being not less than the level regarded by Monitor as acceptable	The Trust has regard for NHS Improvement requirements and publishes its risk rating based on this methodology with each set of Trust Board papers, including explanatory notes	Bi-monthly	Chief Financial Officer
CoS4 Undertaking from the ultimate controller	The Trust shall procure from each company or other person which the trust knows or reasonably ought to know is at any time its ultimate controller	Not applicable		

Condition	Action	Evidence	Completed	Party responsible
CoS5 Risk pool levy	The Trust shall pay to Monitor any sums required to be paid in consequence of any requirement imposed on providers, including sums payable by way of levy imposed and any interest payable. If no date given then within 28 days	Will be managed in line with the NHS standard contract, if applicable		Chief Financial Officer
CoS6 co-operation in the event of financial stress	<p>If Monitor gives notice in writing to the Trust that it is concerned about the ability of the Trust to carry on as a going concern,</p> <p>The Trust shall: Provide information as Monitor my director to commissioners and to such other persons as Monitor may direct Allow such persons as Monitor may appoint to enter premises Cooperate with such persons</p>	<p>Such information exists and can be provided to NHS Improvement if such a concern was raised</p> <p>The Trust has a requirement under the NHS Standard contract to allow commissioners and regulators access to the Trust if significant concerns were formally raised</p>	<p>April 2020</p> <p>In place</p>	<p>Chief Financial Officer</p> <p>Chief Executive</p>
CoS7 Availability of resources	<p>The Trust will at all times act in a manner calculated to secure the required resources</p> <p>Trust not later than 2 months after the year end shall submit to Monitor a certificate as to the availability of the required resources for the period of 12 months commencing on the date of the certificated using one of the following statements:</p> <p>After making enquires 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.</p>	<p>Going concern review submitted and accepted by the Audit Committee April 2020</p> <p>Draft annual accounts shared with Audit Committee members in April 2020 and audited accounts shared June 2020</p> <p>On track for review and acceptance by Trust Board members by 25 June 2020 deadline</p> <p>Annual report includes annual governance statement, including use of resources and anticipated risks to service delivery and resources</p>	June 2020	Chief Executive / Trust Board

	<p>or</p> <p>after making enquires 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) and distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in the certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide CRS.</p> <p>or</p> <p>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.</p> <p>The Trust shall submit to Monitor with that certificate a statement of the main factors which the Director of the Trust have taken into account in issuing that certificate.</p> <p>The certificate must be approved by a resolution of the BoD and signed by a Director the Trust pursuant to that resolution.</p> <p>Trust must tell Monitor immediately the Directors become aware of circumstances that cause them to no longer have the reasonable expectation referred</p>			
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Condition	Action	Evidence	Completed	Party responsible
FT1 Information to update the register of NHSFT	<p>Trust must supply to Monitor or make sure they are available to Monitor the following:</p> <p>Current version of the Constitution Most recent published accounts and auditor report on them Most recent annual report</p> <p>Amended Constitutions must be supplied within 28 days</p> <p>Comply with any Direction given by Monitor</p> <p>When submitting documents to Monitor Trust must provide a short written statement describing the document and specifying its electronic format and advising that the document is being sent for the purpose of updating the register.</p>	<p>No such equivalent exists for non-Foundation Trust</p> <p>The Trust publishes its annual report and accounts shortly after approval – this includes description of the Trust, its use of resources and audit opinion</p> <p>The Trust has published its key strategy documents</p> <p>The Trust publishes monthly performance, quality and financial information via Trust Board papers</p>	In place	Trust Board
FT2 Payment to Monitor	Not applicable – equivalent requirements noted and evidenced above			
FT3 provision of information to advisory panel	Trust must comply with any request from Monitor	The Trust complies with requests from regulators (NHS Improvement, CQC) as and when received	In place	Chief Executive

Condition	Action	Evidence	Completed	Party responsible
FT4 NHSFT governance arrangements	<p>Trust will apply the principles, systems and standards of good corporate governance</p> <p>The Trust will have regard to such guidance as Monitor may issue.</p> <p>Comply with the following conditions - Trust will establish and implement:</p> <ul style="list-style-type: none"> • An effective Board and committee structure • Clear responsibilities for its Boards and committees reporting to the Board and for staff reporting to the Board and those committees. • Have clear lines of accountabilities throughout the organisation <p>The Trust shall establish and effectively implement systems and processes to:</p> <ul style="list-style-type: none"> • Ensure compliance with the duty to operate efficiently, economically and effectively • For timely and effective scrutiny and oversight by the Board of the Trust's operations. • Ensure compliance with health care standards binding on the trust including but not restricted to standards specified by the SoS, the CQC and NHS Commissioning Board and statutory regulators of health care professionals • To identify and manage material risks to compliance. 	<p>The Trust's Annual Governance Statement and Annual Report set out the Trusts' governance structure, which includes a Board and committee structure that meets statutory and good governance requirements, clear reporting lines up to the Trust Board through Standing Orders, and a triumvirate system for Health Group management, with Executive oversight of Health Groups and corporate services</p> <p>The Trust has Standing Orders, Standing Financial Instructions and other relevant policies, such as the Business Interests policy and financial management policies</p> <p>The Trust meets regularly and has a supporting committee structure in place for the scrutiny and management of quality in services, performance and financial oversight and accountability</p> <p>The Trust has in place policies and processes for financial management, deployment and management of human resources, which are subject to scrutiny by the Trust's internal and external auditors</p>	In place	Chief Executive/ Trust Board

	<ul style="list-style-type: none"> • To generate and monitor delivery of business plans. • To ensure compliance with all applicable legal requirements • To obtain and disseminate accurate, comprehensive, timely and up to date info for BoD and Committee decision making • For effective financial decision-making, management and control <p>The Trust shall submit to Monitor within 3 months of the year end:</p> <ul style="list-style-type: none"> • A corporate governance statement by and on behalf of its Board confirming compliance with this condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this condition in the next financial year and any action it proposed to take to manage such risks. • If required by Monitor a statement from the External Auditors will be included. 	<p>The Trust updated its Risk Policy in April 2017 to include a more robust 'ward to board' process for the management or organisational risk</p> <p>The Trust has in place a process to generate and monitor business plans, whether these are the annual operational plan for the organisation, individual business cases for capital or revenue equipment, a rolling capital programme or Trust strategies.</p> <p>The Trust's monitoring of quality and finance includes compliance with legal and regulatory requirements</p> <p>The Board and Committee timings are set in advance to receive the most current data available</p> <p>The Trust will have completed and published its annual report, including its annual governance statement and assessment of risks for the coming financial year by the end of June 2020, and will publish this to be available to the public, stakeholders and regulators</p>		
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