

SELF ASSESSMENT OF COMPLIANCE WITH NHSE/I PROVIDER LICENCE CONDITIONS G6 and FT4 2020-2021

Licence Condition	Lead	Compliance C/NC	Statement of Compliance	Evidence of Assurance	Further Action
G6: Systems for Compliance with Licence Related Conditions and Related Obligations <i>Requires providers to take all reasonable precautions against the risk of failure to comply with the licence and other important requirements</i>					
1 a) the Conditions of this Licence, these being: i) the Trust must be registered with the Care Quality Commission (CQC); and ii) the directors of the Trust must meet the regulator's fit and proper persons' test.	CEO	Confirmed	The Trust is compliant with all conditions of this licence and routinely provides necessary assurances to the Audit Committee. i) The Trust has remained registered with the Care Quality Commission throughout 2020-21. ii) There is a robust Fit and Proper Persons Regulation Policy (FPPR) in place	CQC Registration Certificate ○ FPP checks are undertaken upon appointment and Board members are required to sign an annual declaration that they remain a FPP. ○ Quarterly FPP checks are conducted and reported bi-annually at Audit Committee. ○ DBS Certificates	N/A
1 b) any requirements imposed on it under the NHS Acts	CEO	Confirmed	There were no additional requirements imposed on the Trust under the NHS Acts during 2020-21.		N/A

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1 c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.	CEO	Confirmed	<p>The Trust continues to have regard to the provisions contained within the NHS Constitution through the formulation and adoption of Trust policies and procedures.</p> <ul style="list-style-type: none"> • The Trust's overall values and vision of high-quality care for all, is in line with the NHS Constitution. • The Trust's governance structure reflects the needs of the NHS Constitution and the rights and pledges of patients and staff. 	<ul style="list-style-type: none"> • Patient Experience Group • Trust's Statutory Instruments • Trust's Prime Policies • Trust's Governance Structure 	

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2. Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:					
2a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence.	CEO	Confirmed	<p>The Trust has an approved Risk Management Strategy and Policy which articulate a clear approach to identifying, managing, escalating, and mitigating risk.</p> <p>The Trust Board reviews the highest risks facing the organisation on quarterly basis, where required requests further action to be taken.</p> <p>The Trust has a robust Board Assurance Framework (BAF) which is reviewed on a quarterly basis by the Board. A complete review of the BAF was undertaken during 2020.</p>	<p>Risk Management Strategy and Policy.</p> <p>A monthly Risk and Compliance Group chaired by the CEO and attended by Executive Team and senior managers, monitors and reviews risk movements and approves any new risks.</p> <p>External assurance provided by Internal and External Audit Committee Reports on regulatory compliance.</p>	N/A

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2b) regular review of whether those processes and systems have been implemented and of their effectiveness.	CEO	Confirmed	<p>The Audit Committee receives assurance of the effectiveness of the system of internal control.</p> <p>The Trust has in place an incident management process which incorporates root cause analysis and lessons learnt. There are mechanisms in place to ensure that lessons from any incidents are cascaded throughout the organisation.</p>	<ul style="list-style-type: none"> ○ The Chief Accounting Officer's Annual Governance Statement considers the effectiveness and implementation of the Trust's processes and systems each year. ○ In addition to this the Audit Committee oversees the delivery of the Programme of Internal Audit which focuses on any areas of the control system where independent assurance is required. ○ The Board and its Committees undertake a review of their performance and effectiveness on an annual basis and identifies areas for improvement. 	N/A

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NHSFT4: Foundation Trust Governance Enables NHSI to continue oversight of governance of NHS Foundation Trusts	ADCG	Confirmed	<p>Whilst not a Foundation Trust, Southport and Ormskirk NHS Trust is compliant with this condition and has sound governance processes in place. The reviews of these arrangements are a core part of the internal audit annual work programme.</p> <p>In summary, the Trust can confirm that it has:</p> <ul style="list-style-type: none"> • systems and processes and standards of good corporate governance. • regard for the guidance published by NHSE/I. • effective Board and Committee Structures. • 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. 	<p>Mandatory reports are submitted to NHSI as required and self-certifications completed as prescribed.</p> <p>NHSE/I's Involvement in recruitment of NEDs and Executives.</p> <p>NHSE/I Self-certification Reports with documentary evidence of certifications completed as prescribed.</p> <p>The Board undertakes reviews of:</p> <ul style="list-style-type: none"> • Board effectiveness. • Strategic objectives and risks to delivery through the BAF, Corporate Risk Register. • Committee terms of reference • Standing Financial Instructions and the Scheme of Reservation and Delegation. 	N/A