

Trust Board Paper D

To:	Trust Board
From:	CHIEF EXECUTIVE
Date:	2 February 2012
CQC regulation:	ALL

Title:	MONTHLY UPDATE REPORT – FEBRUARY 2011		
Author/Responsible Director: Chief Executive			
Purpose of the Report: To update the Trust Board on topical issues.			
The Report is provided to the Board for:			
	Decision	<input type="checkbox"/>	Discussion
	Assurance	<input checked="" type="checkbox"/>	Endorsement
Summary / Key Points:			
<ul style="list-style-type: none"> • Health and Social Care Bill • Delivering Sustainable Cost Improvement Programmes • NHS Future Forum – 2nd Phase Report • Building the NHS Trust Development Authority • NHS Midlands and East Provider Management Regime 			
Recommendations:			
The Trust Board is invited to receive and note this report.			
Strategic Risk Register		Performance KPIs year to date	
N/A		N/A	
Resource Implications (eg Financial, HR)			
N/A			
Assurance Implications			
The report aims to assure the Trust Board on a number of topical issues.			
Patient and Public Involvement (PPI) Implications			
N/A			
Equality Impact			
N/A			
Information exempt from Disclosure			
N/A			
Requirement for further review ? Monthly report to each Trust Board meeting.			

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 2 FEBRUARY 2012

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – FEBRUARY 2012

1. KEY ISSUES

1.1 The key issues to highlight to the Board this month are as follows:

- the Trust's approach to meeting its Referral to Treatment (RTT) targets : this is picked up in the Chief Operating Officer/Chief Nurse's report featuring elsewhere on the agenda;
- the continuing underlying improvement in our emergency care performance as a result of the 'Right place, right time' initiative, notwithstanding some recent performance variability;
- the Trust's financial position as at Month 9 : the extensive actions in hand to achieve the Trust's year end targets are set out in further detail in the report by the Director of Finance and Procurement featuring elsewhere on this agenda; and
- the introduction of a Provider Management Regime (PMR) by NHS Midlands and East (paragraph 6 below also refers).

2. HEALTH AND SOCIAL CARE BILL

2.1 The Health and Social Care Bill is now going through the final stages before anticipated Royal Assent in Spring 2012. Stages left in the Parliamentary process are:-

- Report stage (provisionally, Wednesday, 8th February 2012);
- Third reading in the House of Lords;
- consideration of amendments (House of Commons and House of Lords);
- Royal Assent.

2.2 The Trust Board will be briefed on further developments in the passage of the Bill as appropriate.

3. DELIVERING SUSTAINABLE COST IMPROVEMENT PROGRAMMES

- 3.1 On 19th January 2012, Monitor and the Audit Commission jointly published a guide called “Delivering Sustainable Cost Improvement Programmes”. The report is for Executive and Non-Executive Directors, Finance staff and all those with a responsibility for delivering cost improvement programmes (CIPs). It aims to equip staff at all levels with the knowledge and ability to ask challenging questions about aspects of the CIP process and to review their approach against the good practice identified.
- 3.2 Copies of the publication have been distributed widely within the Trusts management ranks, and separately, copies are being made available to the Chairman and Non-Executive Directors.

4. NHS FUTURE FORUM – 2ND PHASE REPORT

- 4.1 On 10th January 2012, the NHS Future Forum submitted its 2nd phase report to the Secretary of State for Health covering Integration, Education and Training, Information and the NHS’ Role in Public Health.
- 4.2 The Government’s response, published on the same day, accepted all of the Forum’s recommendations. Also published on 10th January 2012 was “Liberating the NHS : Developing the Healthcare Workforce”, which details how the Department of Health is responding to the Forum’s recommendations on Education and Training.

5. BUILDING THE NHS TRUST DEVELOPMENT AUTHORITY

- 5.1 On 5th January 2012, the Department of Health published the above-mentioned document setting out the role and aims of this new organisation, its personnel and operating model.
- 5.2 As part of managing the transition to an all FT – landscape, the NHS Trust Development Authority (NTDA) will be established as a Special Health Authority. It will provide governance and accountability for NHS Trusts in England and delivery of the FT pipeline.
- 5.3 Its key responsibilities will be:-
- supporting NHS Trusts to become FTs (currently 112 organisations);
 - performance management of NHS Trusts currently undertaken by SHAs;
 - responsibility for appointment of Chairs and Non-Executive Directors of NHS Trusts and trustees of certain NHS bodies.
- 5.4 It will be legally established by June 2012 and fully operational by April 2013. It will be accountable to the Department of Health and Ministers through a senior Department of Health sponsor and will have powers delegated to it by

the Secretary of State.

- 5.5 The establishment will be led by Sir Peter Carr, Chair of the former North East SHA. Ian Dalton will be the Senior Responsible Officer at the Department of Health, in addition to his role as Chief Executive of the North of England SHA Cluster. He will be supported by Matthew Kershaw, currently Director of Provider Delivery. Once fully established, the NTDA will have a Chair, five Non-Executive Directors and six Executive Directors.
- 5.6 SHAs will remain accountable until April 2013 when NTDA takes on full functions. The NTDA will be subject to a review of its need to remain in existence after 2016.

6. NHS MIDLANDS AND EAST PROVIDER MANAGEMENT REGIME

- 6.1 On 24th January 2012, the Trust received formal notification from NHS Midlands and East of its decision to adopt a Provider Management Regime (PMR) approach to oversight of NHS Trusts across the cluster.
- 6.2 The document attached as an appendix to this report sets out the approach and, as required by the SHA, is shared with the whole Trust Board.
- 6.3 The PMR approach is to be run in shadow form in the East and West Midlands between January and April 2012.
- 6.4 The PMR is being considered formally by the Executive Team at its meeting on the 31st January 2012 and the Chief Executive will update the Board further on this subject at its meeting on 2nd February 2012.

7. RECOMMENDATIONS

- 7.1 The Trust Board is invited to receive and note this report.

Malcolm Lowe-Lauri
Chief Executive

27th January 2012

NHS Midlands and East

Provider Management Regime

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1. Introduction

In December 2011 the NHS Midlands and East Provider Development Committee, a sub-committee of the SHA Cluster Board, agreed to adopt a Provider Management Regime (PMR) approach to oversight of NHS Trusts across the cluster. This document sets out the approach and should be shared with the whole Trust Board.

The approach is based on the Monitor Compliance Framework and puts the onus on Trust Boards to demonstrate self awareness in providing assurance, to submit accurate self certification, to be clear on plans to address issues in a timely manner and holds Trust Boards to account for the delivery of their commitments.

The regime uses many of the disciplines and approaches seen in the Monitor Compliance Framework including the use of governance and financial risk ratings, the submission of an Annual Plan, the ability to earn autonomy, or to be escalated, in response to the risk ratings and assurance provided.

The regime differs from the Monitor approach in a number of ways including the requirements to submit quality data each month and the use of a contractual risk rating. It also differs in terms of reflecting the SHA's duty to manage service and financial planning and performance rather than to simply regulate, with the consequence that it is wider in scope and includes the discretion to intervene at an earlier stage.

The regime also differs from the Monitor approach in that there will also be a strong focus on the delivery of tri-partite formal agreements and progress towards a successful Foundation Trust application. The Provider Management Regime meetings will be used to monitor progress against the agreed timeline in the tri-partite formal agreements and to review progress with action plans linked to making a credible Foundation Trust application such as those that follow a Due Diligence review, the Board Governance Assurance Framework review or the Quality Governance Framework review.

Interaction under the Provider Management Regime will mainly come through a regular monthly meeting between representatives from various SHA directorates and the Trust Executive Team. This enables the SHA and Trust to discuss the full range of issues, including quality, finance, governance, commissioner relations and the Foundation Trust application, in a single forum.

The PMR approach will be run in shadow form in the East and West Midlands between January and April 2012. After this shadow period the risk ratings and any escalation actions will be reported in public to the SHA Cluster Board.

The use of self certification, risk ratings, a greater focus on Board assurance and the use of Board statements will prepare NHS Trusts for the Foundation Trust assessment process with Monitor and in the longer term to operate successfully as a Foundation Trust.

An updated Provider Management Regime will be issued following the publication of the 2012/13 Monitor Compliance Framework to ensure on-going consistency with Monitor. There may also be changes following the publication by the DH of a single national operating model for NHS Trust oversight.

2. The Approach

The NHS Midlands and East Provider Management Regime aims to ensure that NHS Trusts provide high quality and safe care that ensures a positive experience for patients, are financially viable, govern themselves effectively and deliver the services and standards they are commissioned to provide.

The regime aims to promote a transparent, risk based approach to managing and developing NHS Trusts.

The Provider Management Regime requires all NHS Trusts to develop and submit an Annual Plan before the start of the financial year.

All NHS Trusts will be required to submit to NHS Midlands and East, regular self certifications which will be reviewed and discussed in the Provider Management Regime meetings. The self certified risk ratings will be reported and discussed at the SHA Provider Development Committee and reported in public to the SHA Board.

The frequency of Provider Management Regime meetings and the submission of self certifications will be determined by the level of risk identified within the organisation. The level of risk will be assessed by the Provider Development Committee, who will consider the risk of NHS Trusts not meeting their performance and financial duties, delivering their Annual Plans and progressing their Foundation Trust applications. The Provider Development Committee will also consider the timeliness and accuracy of previous forecasts, self certification, assurance and the track record of delivering effective Board agreed action plans.

The Provider Management Regime rewards effective self governance with autonomy, conversely, consistently poor performance can lead to escalation or intervention by NHS Midlands and East.

The Provider Management Regime does not replace the FIMS planning and monitoring process which will continue on a monthly basis for all NHS Trusts.

3. Key Principles

The Provider Management Regime is based on the principle that NHS Trusts must govern themselves effectively.

The Board has the primary responsibility for compliance with legal duties, the delivery of safe, effective, high quality care, the delivery of financial plans and the effective management of risk. The Board needs to work effectively with their commissioners and deliver contracted standards and targets.

Effective governance is a common characteristic of successful organisations and is the key underpinning test of a successful Foundation Trust application.

Key principles of the Provider Management Regime (PMR)

Self regulation	The PMR is based on the principle that NHS Trust Boards are responsible for ensuring that the Trust has effective governance systems, processes for gaining and providing accurate assurance, for ensuring that the Trust meets their statutory obligations and triggers to identify and escalate high risk issues.
Self awareness	NHS Trust Boards are expected to demonstrate strong self awareness through the delivery of accurate self certification and self assessment.
Proportionality	The PMR will operate a risk based approach to management with the intensity of monitoring and intervention adjusted in line with the identified level of risk.
Transparency	The PMR provides a transparent method of risk assessment that is understood by all parties.
Openness	NHS Trusts and the SHA should disclose and discuss issues promptly and candidly.
Minimal duplication of regulation	If other bodies have a lead role NHS Midlands and East will intervene only as a matter of last resort. The SHA will work closely with other regulators to share information.
Minimal information requirements	Information requests will be kept to a minimum and will normally be based on the information that we would expect an NHS Trust Board to use to effectively run their organisation.

These principles will all be important in mounting a successful Foundation Trust application and operating successfully as a Foundation Trust.

4. Annual Plan

All NHS Trusts are expected to submit a full Board approved Annual Plan to NHS Midlands and East by 31 March of each year, as part of the Provider Management Regime.

The Annual Plan should link to the first year of a longer term Business Plan. The Annual Plan will focus on planned developments and risks for the year ahead. The Annual Plan should bring together clear joined up detail and narrative on risks, activity, finance, workforce, quality and strategy. The Annual Plan should be aligned with the plans of commissioners and with regional and national priorities.

Contents of the Annual Plan

- Commentary on the previous year and the delivery of plans
- Strategy and service developments
- Alignment to commissioner plans
- Key risks
- Improving quality and safety
- Delivering contractual and national targets and standards
- Activity assumptions
- Financial plans
- Workforce plans
- Sustainability
- Delivering a successful Foundation Trust application
- Declarations and self certifications

NHS Midlands and East will provide a template and guidance for the Annual Plan.

The Annual Plan must be signed off on behalf of the NHS Trust Board by the Chair and Chief Executive.

The Annual Plan will be reviewed by staff in relevant directorates at NHS Midlands and East and a review meeting will be held to provide feedback and to clarify alignment and expectations for the year ahead.

There will be a parallel process to provide financial planning information via the FIMS process. NHS Trust Boards need to ensure that the final FIMS planning submission made in March and the Annual Plan submitted at the end of March are aligned.

Again, while having value in itself, the production of an Annual Plan will also be good preparation for assessment of a Foundation Trust application and for operating successfully as a Foundation Trust. All aspirant Foundation Trusts will be expected to have a full integrated operational plan that links to the first year of their longer term Business Plan. Foundation Trusts are required to produce an Annual Plan and submit it to Monitor.

5. Regular Self Certification

All NHS Trusts are required to regularly self certify governance, financial and contractual risk ratings as part of the Provider Management Regime. NHS Trusts will also be required to submit a template of quality information and provide an accurate self assessment against a series of Board statements drawn from the Monitor Compliance Framework and used in the Foundation Trust assessment process.

The Provider Development Committee will decide the frequency of reporting based on an assessment of the level of risk within the organisation.

The standard timing for the submission of self certification declarations from NHS Trusts will be on or before the last working day of each month. For NHS Trusts that earn autonomy this could move to the last working day of each quarter. In the case of escalated NHS Trusts there may be a requirement to receive self certification or other information on a more frequent basis, e.g. weekly.

The Provider Development Committee expects that all declarations and self certification will have been robustly discussed and approved by the Trust Board with the discussion minuted.

The self certification submissions should be signed off on behalf of the Trust Board by the Chair and Chief Executive (or nominated deputies).

Where an issue of non-compliance is identified the Trust should submit the relevant Board approved action plan to rectify the issue. In line with the principle of avoiding duplication this would normally be the same level of detail that has been presented to the Board to provide them with assurance that an issue can be rectified. An action plan would normally include a clear timeline, accountable leads and resource requirements. The action plan should allow the Trust Board and the SHA to monitor progress and delivery. It is for NHS Trust Boards to agree robust action plans. The SHA Provider Development team will normally focus monitoring on delivery against the broad assurance provided by the Board. In exceptional circumstances, where a responsive action plan is deemed to be weak or inappropriate, the SHA may require different actions to be delivered but this would be seen as an intervention linked to a weak or inappropriate action plan and an indicator of poor governance.

Self certification should be submitted on time and in full. Late or incomplete self certification will automatically be over-ridden to a red governance risk rating whatever the reason for the delay.

5.1 Governance risk rating

The governance risk rating is based on key indicators of service performance delivery and the view of external regulators linked to quality (the CQC and the NHS Litigation Authority).

In calculating the governance risk rating NHS Midlands and East will use the same scoring criteria as Monitor. A template will be provided to support accurate calculation of the score and rating. The template will also enable Trust Boards and the SHA to monitor the longer term trend on ratings with the returns building month on month.

Failure to deliver a key standard or target in-month will result in the application of the relevant weighting. The imposition by the CQC of moderate or major concerns, compliance or enforcement actions, will generate negative weightings. The failure to maintain NHSLA level one, or have in place an appropriate alternative, will also attract a penalty weighting.

The overall weighting score then translates in to an overall governance risk rating.

Score	Governance risk rating
0 to 0.9	Green
1.0 to 1.9	Amber green
2.0 to 3.9	Amber red
4.0 or more	Red

The governance risk rating is an indicator and is not designed to cover all potential governance, service performance or quality risk. In line with the approach taken by Monitor, NHS Midlands and East will use discretion to decide on the nature and duration of any over-ride of the governance risk rating.

The governance risk rating will provide an important indicator to inform the over-sight role of the SHA with regard to NHS Trusts. The use of the governance risk rating will also support the preparation of credible Foundation Trust applications. The governance risk rating is used by the SHA, DH and Monitor as part of the assessment process. It is important that NHS Trust Boards understand, on an on-going and long term basis, their position against the governance risk rating. The use of the governance risk rating will also prepare NHS Trusts to operate successfully as Foundation Trusts.

5.2 Financial risk rating

The financial risk rating is based on the same indicators of financial health and delivery as those used by Monitor.

The four key drivers of the financial risk rating are achievement of plan, underlying financial performance in terms of EBITDA, financial efficiency in terms of use of assets and I&E surplus margin net of dividend, and liquidity in terms of net current assets.

A template will be provided to support accurate calculation of the score and rating. The template will also enable Trust Boards and the SHA to monitor the longer term trend on ratings with the returns building month on month.

The financial risk rating scores each indicator against a set of standard values and combines the indicator scores on a weighted average basis to give an overall financial risk rating. Finally, the financial risk rating applies some over-riding rules.

NHS Trusts will not have a working capital facility until they achieve Foundation Trust status but should assume one for the purposes of calculating the financial risk ratings.

The financial risk rating will provide an important indicator to inform the over-sight role of the SHA with regard to NHS Trusts. The use of the financial risk rating will also support the preparation of credible Foundation Trust applications. The financial risk rating is used by the SHA, DH and Monitor as part of the assessment process. It is important that NHS Trusts understand, on an on-going and long term basis, their position against the financial risk rating. The use of the financial risk rating will also prepare NHS Trusts to operate successfully as Foundation Trusts.

5.3 Financial risk indicators

NHS Trusts will also need to return a self assessment against the financial risk indicators used by Monitor. These indicators do not form part of the calculation of the financial risk ratings but can indicate to the Trust Board and the SHA potential future financial weakness. A template will be provided. The template will also enable Trust Boards and the SHA to monitor the longer term trend on financial risk indicators with the returns building month on month.

5.4 Contractual risk rating

Unlike Monitor, NHS Midlands and East also use a contractual risk rating. The contractual risk rating and broader commissioner relations and alignment will be discussed at the regular Provider Management Regime meetings between the NHS Trust and the SHA.

A template will be provided for the contractual risk rating.

Contractual position	Contractual risk rating
All key contracts are agreed and signed. Both the NHS Trust and commissioner are fulfilling the terms of the contract. There are no disputes or performance notices in place.	Green
The NHS Trust and commissioner are in dispute over the terms of the contract. Performance notices have been issued by one or both parties.	Amber
One or more key contract is not signed by the start of the period covered by the contract. There is a dispute over the terms of the contract which might, or will, necessitate SHA intervention or arbitration. The parties are already in arbitration.	Red

5.5 Quality return

Unlike Monitor the Provider Management Regime requires NHS Trusts to return a quality dashboard providing contemporary quality related information. The dashboard is not risk rated but the indicators will be used as the basis for the quality discussion at the Provider Management Regime meetings between the NHS Trust and the SHA.

The Provider Development Committee will escalate NHS Trusts that have significant and/or persistent quality or safety concerns, are perceived as having higher risks in terms of quality and safety and/or poor governance processes linked to issues of quality. This could include an escalation meeting led by the SHA Medical Director and Chief Nurse with their Trust counterparts.

6. Board statements

As part of the Provider Management Regime, NHS Trusts are required to self assess themselves against a series of Board statements. These statements are drawn from the Monitor Compliance Framework. The statements will provide an ongoing indicator of the position of the Trust in a range of critical areas and the ability of the Trust to accurately self assess.

NHS Trusts will be required to self assess themselves on a monthly basis against these statements and provide evidence of how they have gained assurance during the Foundation Trust assessment process. Ongoing self assessment against the statements should be useful preparation for the Foundation Trust assessment process.

NHS Trust Boards should ensure that they have sufficient assurance before providing positive assurance to the Board statements. In areas in which the Trust Board cannot give assurance the Trust Board should explain the actions and timescale they have agreed to be able to provide positive assurance.

A template containing the statements will be provided.

7. Tri-partite Formal Agreements

Each NHS Trust has signed a tri-partite formal agreement with the DH and SHA which sets out risks, milestones and a timeline for their Foundation Trust application to be presented to the DH.

As part of the self certification return to the SHA the NHS Trust Board should outline progress with the milestones and actions contained in the tri-partite formal agreement.

Milestones that should have been delivered, or are now due, should be rated as either green – fully achieved or red – not fully achieved, by the due date. There is no amber rating.

Future milestones should be rated as green – on track, amber – there is a risk of non delivery by the agreed timescale, or red – will not be delivered on time.

The return of milestone ratings will provide insight into progress but also the ability of a Trust Board to accurately self assess. Progress against the tri-partite agreement and other key steps in the Foundation Trust process will be discussed at the regular Provider Management Regime meetings.

8. Provider Management Regime meetings

The standard approach within the Provider Management Regime is to meet with the NHS Trust Executive team on a monthly basis. The frequency of meetings may vary in line with the perceived risks and the earning of autonomy or the need for escalation.

NHS Midlands and East will endeavour to field a consistent team month to month. The Provider Management Regime meeting will be the key regular formal interaction between the SHA and the Trust. The SHA will normally field staff from Provider Development, Quality and Finance to discuss the broad range of issues and risks at a Trust via one formal interaction rather than multiple single topic meetings.

It is normally left to the NHS Trust to decide who it fields at these meetings. The expectation is that the SHA will meet with members of the Trust Executive and that the team fielded by the Trust will be able to discuss the issues set out on the agenda for the meeting on behalf of the Trust and agree to take actions. If there are problems in terms of the ability to discuss and answer issues raised at the meeting or a lack of senior engagement then the SHA may specify attendees. This should not be necessary.

An action log will be produced by the SHA following each meeting with a lead and timeframe for delivery of agreed actions.

A typical Provider Management Regime meeting agenda might cover:

- Actions from the previous meeting
- Governance risk rating
- Quality
- Financial risk rating, CIP delivery and FIMS
- Contractual risk rating
- Delivery of Annual Plan
- Progress with Foundation Trust application in particular TFA progress

9. Earned Autonomy

Providers can earn autonomy by consistently demonstrating low risk against the governance, financial and contractual risk ratings and strong delivery in terms of improving and sustaining quality and safety.

The Provider Development Committee will decide whether to agree to greater autonomy for an NHS Trust on a case-by-case basis but the decision will be informed by the following principles:

Three consecutive months of green risk ratings for all indicators, no significant quality concerns and good progress with the Foundation Trust timeline would lead to consideration of a move to quarterly self certification and Provider Management Regime meetings. In the past some NHS Trusts have earned autonomy but have decided to continue to meet with the SHA on a monthly basis.

To move to six monthly monitoring, a Trust would need four consecutive quarters of green ratings for all indicators, no significant quality concerns and demonstrate that they are making good progress with the Foundation Trust timeline.

The Provider Management Regime does not replace the FIMS planning and monitoring process which will continue on a monthly basis for all NHS Trusts, even those that have earned autonomy under the Provider Management Regime.

10. Escalation

NHS Trust Boards have the main responsibility for assessing risk and resolving failure. The Annual Plan and self certification processes should assist Boards to address problems before they become serious.

Where appropriate the SHA will provide support to NHS Trusts to resolve issues before, or instead of, escalation or intervention.

In determining whether to escalate a Trust or intervene the SHA will make a judgement based on the scale of the issues, the risk ratings, any relevant Board assurance or early flagging of issues, whether there are credible plans to resolve the issues identified and the track record of the Trust in terms of delivering plans to resolve issues and sustain an improved position.

Issues that lead to escalation or intervention will be judged on a case by case basis but the following list provides some potential examples:

- Red risk ratings
- Quality or safety concerns
- Lack of progress in developing a credible FT application in particular failure to achieve TFA milestones
- CQC concerns
- Financial instability
- Failure to meet key national and/or contractual standards
- Breach of legislation
- Issues of system alignment
- Concerns linked to governance and/or the capability of Board members

Escalatory action will need to respond to the particular issues but could include:

- Formal letter from the Provider Development Committee, Director of Provider Development, SHA Chief Executive or SHA Chair
- Executive Director led escalation meeting
- Chair and CEO led escalation meeting
- Board to Board meeting

In more extreme circumstances the SHA may deem it necessary to intervene to resolve one or more issues. Intervention will need to respond to the particular issues but could include:

- Formal warning or formal instruction
- The requirement to undertake a third party review
- Placing an SHA appointee at the Trust to act as an advisor
- Withdrawing the Trust from the Foundation Trust process

11. Reporting to the Provider Development Committee and SHA Cluster Board

The detailed SHA Board review of the over-sight of NHS Trusts and the progress of each Foundation Trust application will be undertaken by the NHS Midlands and East Provider Development Committee.

The Provider Development Committee will be chaired by a Non Executive Director from the SHA Board and include other Non Executives and relevant Executive Directors from the SHA Board.

The Provider Development Committee will receive details of the risk ratings self certified by each NHS Trust, progress against the agreed Foundation Trust timeline and any other relevant information. The Committee will receive information taken from FIMS returns on the monthly financial position, CIP delivery, any variance from the agreed FIMS plan and the expected year end position.

The Committee will decide on the appropriate actions in response to this information and on any escalation or increase in autonomy.

The Chair of the Provider Development Committee will present a summary of the risk ratings, the discussions held and actions agreed to the public SHA Board. Reporting will be open and specific.

12. Self Certification Templates

Example templates are attached as appendix one. Trust specific templates will be circulated by the SHA.