

**REPORT TO THE TRUST BOARD - PUBLIC**  
**14 SEPTEMBER 2017**

<b>Title</b>	Self-certification statement
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<b>Accountable Executive Director</b>	Mason Fitzgerald, Director of Corporate Affairs

**Purpose of the Report:**

The Board is asked to confirm the self-certification.

**Summary of Key Issues:**

The attached is a mandatory form required by NHS Improvement (NHSI). Unlike previous years, this does not need to be sent to NHSI but must be published by the Trust, for example on its website. NHSI will carry out selective audits to test compliance.

It is recommended that the Board submit the return with all entries marked compliant, with the relevant explanations shown on the return, for licence conditions FT4, G6 and CoS7.

With regard to governor training it is recommended that the board submit a 'compliant' return that confirms that governors are equipped with the skills and knowledge they need to carry out their role. The rationale for this recommendation includes:

- Governors receive induction on their appointment. Induction sessions are run every year following the elections and all Governors are invited to attend.
- New Governors meet with the Chair and Trust Secretary as part of their induction, and to assess their development needs.
- Governors receive presentations at Council meetings on topics/areas where they identify development needs.
- NHS Providers (through their GovernWell) provide a variety of governor training courses to which all governors are invited

**Committees/Meetings where this item has been considered:**

Date	Committee/Meeting
	N/A

**Implications:**

Equality Analysis	This report has no direct impact on equalities
Risk and Assurance	This is a self-certification statement that the Board has effective systems and controls in place to ensure the Trust meets the requirements of its licence and provides safe care.
Service User/Carer/Staff	As above
Financial	As above
Quality	As above

## Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

### 1 Corporate Governance Statement

	Response	Risks and Mitigating actions
1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	The Trust has in place effective corporate governance systems and controls. The Board gains assurances through regular scrutiny of their effectiveness through its committees and particularly the Audit Committee. A detailed explanation about the Trust's corporate governance systems is set out in the Annual Governance Statement and in other parts of the Annual Report.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	The Board is briefed as guidance becomes available.
3 The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	The Board has an effective governance structure in place which is reviewed annually alongside the terms of reference of committees which set out roles and responsibilities. Job descriptions and other key governance documents such as the Standing Financial Instructions set out in detail the accountabilities across the Trust.
4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:  (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	Points 1, 2 and 3 above apply.  The Trust was awarded an 'outstanding' rating at the recent CQC inspection in June 2016.  The Board committees have a programme of deep dives scrutinising risks and mitigations within their areas of responsibility.  Financial performance is discussed at each Board meeting. In addition, the Board has established a Finance Business and Investment Committee which meets bi-monthly to review financial performance, contracts, the capital programme, etc. The Board also dedicates time to strategy, including financial strategy at its Board Development meetings. The Trust has an overall risk rating 2 at the end of June.  In relation to point (f), (g) and (h), the Trust has a Board Assurance Framework and Corporate Risk Register which sets out the high level risks facing the organisation and the ways these are being mitigated.

- 5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:
- (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;
  - (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;
  - (c) The collection of accurate, comprehensive, timely and up to date information on quality of care;
  - (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
  - (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
  - (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

<b>Confirmed</b>	<p>The Board has overview of the quality and safety of care provided across the Trust. Detailed reports are discussed at each Board meeting. The Board also receives presentations at each meeting on Quality Improvement initiatives and patient stories.</p> <p>The Board has a programme of visits in place to hear directly from services and service users and carers.</p> <p>The Board's Quality Assurance Committee provides overview and scrutiny of quality and safety within each directorate and across the Trust, reporting to the Board on assurances gained and gaps. The Committee meets bi-monthly. The Committee reviews clinical risks at each meeting.</p> <p>Details of the work of the Quality Assurance Committee and the Trust-wide quality and safety arrangements are included in the Trust's Annual Report, particularly within the Quality Report.</p>
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- 6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

<b>Confirmed</b>	Currently there are no vacant posts on the Board. The Board and the Council consider succession planning annually.
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Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

**Signature**

**Signature**

**Name**

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 Navina Evans,  
 Chief Executive

**Name**

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 Mason Fitzgerald,  
 Director of Corporate Affairs