

## Trust Board Self Certification 2022/23

### 1. Introduction

NHS foundation trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence. The annual self-certification provides assurance that NHS providers are compliant with the conditions of their licence. On an annual basis, the licence requires NHS providers to self-certify as to whether they have:

- Complied with governance arrangements (condition FT4);
- Effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G6);
- The required resources available if providing commissioner requested services (CRS) (condition CoS7).
- Provided governors with sufficient training and guidance to carry out their roles.

The Trust is not required to submit the self-certification to NHS Improvement but the Board is required to sign off the certificates and publish the outcome of the self-certification exercise.

The Trust intends to make positive confirmations on all declarations. The rationale for compliance is set out below. Further information can be found in the detailed evidence matrices held by the Associate Director for Corporate Governance.

### 2. Condition FT4 - Declaration

- (1) The Board is satisfied that the Licensee (the Trust) 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.

**Summary rationale for rating:** The Trust has in place, a scheme of delegation, standing orders, and a set of standing financial instructions. It has all statutory governance requirements in place and is subject to internal and external audit on the robustness of its arrangements. The Trust was subject to a CQC Well-led inspection in 2019 and is rated as “Good” overall including “Good” for well-led.

**Rating: Confirmed**

- (2) The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

**Summary rationale for rating:** The Board receives advice on compliance with existing guidance and information on new guidance issued by regulators, in reports from the executive directors and the Corporate Governance Team.

**Rating: Confirmed**

- (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.

**Summary rationale for rating:** The Board has an established and comprehensive Board sub-committee structure which has assurance links with the operational governance structure through executive-led groups and EMT. This ensures a structure which allows Board-to-Ward-to-Board reporting.

All sub-committees are supported by terms of reference which are regularly reviewed and approved by the Board. The Annual Governance Statement, contained within the Annual Report, sets out the governance arrangement to manage risk. Executive director responsibilities are set out in job descriptions. There is a comprehensive system of appraisal and objective setting with reports for executive directors reported to the Remuneration Committee and reports relating to non-executive directors' being made to the Council of Governors.

**Rating: Confirmed**

- (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.

**Summary rationale for rating:** The Trust has sufficient skills and capacity at Board level to undertake financial-decision making, oversight of quality, management of the organisation and systems of internal control. The self-certification provides evidence of the Board's review and assessment of its "going concern" status. The Annual

Governance Statement identifies that the Board is well sighted on the issues and the Board Assurance Framework provides assurance on key strategic risks.

**Rating: Confirmed**

- (5) The Board is satisfied that the systems and/or processes (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.

**Summary rationale for rating: (a)** The Board has a mix of clinical, quality, professional, financial, operational and performance expertise to provide leadership across the organisation and to take account of all Board accountabilities in relation to quality.

**Summary rationale for rating: (b)** The Board receives regular information via the Chief Operating Officer's Report which includes information from the Performance Report. Sections of the Performance Report are also scrutinised by Board sub-committees. There is a financial report to each Board meeting which is also scrutinised at Board sub-committee level.

**Summary rationale for rating: (c)** There are specific reports to the Board and its sub-committees providing timely and accurate data on quality of care, using a variety of sources, **(d)** which enable the Board to take an accurate and timely account of quality of care. There are other reports throughout the year which provide more comprehensive oversight of quality.

**Summary rationale for rating: (e & f)** The Board concerns itself with the quality of care at each Board meeting including starting the substantive agenda with a 'Sharing Stories' session talking about service users and staff experiences. The Board and its committees receive intelligence on staff and service user experience through a number of routes during the year, including the annual staff survey, service user and carer involvement information, reports on the work of the Patient and Carer Experience

Team, progress against the Service User Engagement and Involvement Strategy, and information on complaints and serious incident reporting.

**Rating: Confirmed**

- (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.

**Summary rationale for rating:** The Trust has systems in place to ensure that staff employed at every level are appropriately qualified for their role. The Board and its committees receive data on staffing figures regularly and the impact of staffing issues on delivery of its services. The Trust's People Plan looks at the short-term and long-term needs of the Trust.

**Rating: Confirmed**

### **3. Condition G6 - Declaration**

The Board is satisfied that the Trust has processes and systems that:

- a. identify risks to compliance with the licence, NHS acts and the NHS Constitution
- b. guard against those risks occurring.

**Summary rationale for rating:** For the purposes of licence condition G6, the Board is satisfied that the Trust took all such precautions as were necessary in order to comply with the conditions of the licence, the NHS acts and NHS Constitution. The Corporate Governance function monitors compliance, and will report to the Board via the Chief Executive should there be issues of non-compliance.

**Rating: Confirmed**

### **4. Condition 7 (Continuity of Services)- Declaration**

After making enquiries 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.

**Summary rationale for rating:** Having reviewed the financial statements The Board and its sub-committees including the Audit Committee, are satisfied that the Trust has the required resources for the period of 12 months, taking all factors into account.

**Rating: Confirmed**

### **5. Training of governors**

The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

**Summary rationale for rating:** We provide a training and induction programme that runs through the year on all key aspects of the governors' role. During 2022/23 we had in place systems to provide the following: induction training for all new governors; individual meetings between the Chair and governors to determine any specific needs; action plan to incorporate the needs of governors into the forward plan for the Council of Governors; workshop sessions on Council of Governors' days covering information about our services; service visits with non-executive directors; Board to Board meeting between the Council of Governors and the Board of Directors; and training provided by NHS Providers.

Governors receive the public Board papers and are invited to attend meetings and be informed of the Trust's business. Governors are also invited to attend sub-committee meetings to observe the work of the committees.

**Rating: Confirmed**