

## **NHS Improvement Year-end Self-Certification 2021-22**

### **Condition G6**

Condition G6(2) requires NHS foundation trusts to have processes and systems that:

- identify risks to compliance
- take reasonable mitigating actions to prevent those risks and a failure to comply from occurring

Providers must annually review whether these processes and systems are effective must publish their G6 self-certification within one month following the deadline for sign-off (as set out in Condition G6(4)).

#### **Proposed declaration:**

**The Board declares that the Licensee continues to meet the criteria for holding a licence (Condition G6)**

*This declaration is supported by evidence as outlined in the Trust's Annual Governance Statement, Board Assurance Framework and through the work of the Board Assurance Committees in ensuring management of risks and ongoing compliance. This has been supported through a number of internal audit reports carried out in year which provided significant assurance of our governance processes and positive the CQC 'Good' rating from the 2020 Well Led inspection.*

### **2. Continuation of Services Condition 7**

Commissioner requested services (CRS) are services commissioners consider should continue to be provided locally even if a provider is at risk of failing financially and which will be subject to regulation by NHSI. Providers can be designated as providing CRS because:

- there is no alternative provider close enough
- removing the services would increase health inequalities
- removing the services would make other related services unviable.

*Primary evidence is contained in the Going Concern assessment which has been considered by the Audit and Risk Committee. This assessment is based solely on the anticipated future provision of our services in the public sector in line with current guidance. This decision will be reviewed each year in order to ensure that accounts are prepared on an appropriate basis given prevailing circumstances at the time. The Trust's financial management arrangements, overseen by Finance and Performance Committee. This is described in full along with mitigating actions in the 2021/22 Board Assurance Framework.*

### **Proposed Declaration:**

**The Board declares that the licensee has 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.**

### **3. Condition FT4 Declaration**

NHS foundation trusts must self-certify under Condition FT4 (8) whether the governance systems achieve the objectives set out in the licence condition.

*The Trust has flexed its governance structures to maintain a well-led organisation with robust governance in the context of wholly unprecedented challenges presented by COVID-19. There has been regular updates to the Board on the on-going management of corporate governance within the Trust, the principles of which were approved by the Board in April 2020 and in light of NHSEI's 'Reducing burden and releasing capacity to manage the COVID-19 pandemic' letters. The Trust has effective Board and committee structures, reporting lines and performance and risk management systems. See attached Corporate Governance Statement for further information against each item.*

### **Proposed declaration:**

**The Board confirms that it complies with all elements of the Corporate Governance Statement (condition FT4)**

### **4. Certification on Training of governors**

Providers must review whether their governors have received enough training and guidance to carry out their roles.

*Despite the COVID-19 pandemic governor training has been carried out throughout the year; sessions were held digitally. All new governors attend a bespoke induction and all governors were encouraged to attend the training and development sessions, areas for development included finance (led by a Trust Director); the Integrated Performance Report and engagement. Governors were also encouraged to attend virtual GovernWell sessions organised by NHS Providers, and the NHS Providers conference which gave governors the opportunity to network with governors from other Trusts and to share good practice.*

### **Proposed declaration:**

**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.**

## Corporate Governance Statement – 2021/22

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.	
Response	<b>Confirmed</b>
<p>Risks and Mitigating actions</p> <p>The Trust has been required to flex its governance structures but has following national guidance and best practise. The robustness of these processes are set out in the Annual Report and Annual Governance Statement. The Trust received a 'Good' rating in the CQC Well Led inspection in 2020. Board Committees continue to review effectiveness with year-end reviews undertaken by each Committee during February/March 2022 for onwards scrutiny and oversight by the Audit and Risk Committee and then Trust Board.</p>	
2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	
Response	<b>Confirmed</b>
<p>Risks and Mitigating actions</p> <p>The Trust has continued to embed good practice developed through self-assessment the NHSI and CQC well-led framework. The Trust had several areas of positive feedback on corporate governance elements of well-led following the CQC comprehensive inspection report received. The Trust has followed NHSEI's guidance as set out in the 'Reducing burden and releasing capacity to manage the COVID-19 pandemic' letters.</p>	
<p>3. The Board is satisfied that the Licensee has established and implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	
Response	<b>Confirmed</b>
<p>Risks and Mitigating actions</p> <p>The Trust corporate governance framework has been implemented successfully in terms of Board and Board Committee responsibilities, delegation and escalation. There is a process for review of all Board Committees to reflect on their effectiveness.</p>	
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.

Response	<b>Confirmed</b>
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**Risks and Mitigating actions**

The Board, via its Committees where relevant, oversees the Trust duties as listed. Items are escalated to the Trust Board from Committees to ensure key risks are addressed.

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.	
Response	<b>Confirmed</b>
<p><b>Risks and Mitigating actions</b></p> <p>Quality Leadership is overseen by the Trust Board and assurance on quality of care is provided through the Quality and Safeguarding Committee. Issues and risks are escalated to the Board as required. While working under Level 4 emergency procedures some compliance has been impacted by the pandemic response but essential quality and safety has been managed through the Incident Management Team, Executive Directors and the Quality and Safeguarding Committee. Quality is led on the Trust Board jointly by the Medical Director and Director of Nursing and Patient Experience. We have continued to review and improve our integrated performance report to Trust Board to ensure robust oversight of operational performance, workforce, financial and quality issues.</p>	
<p>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.</p>	
Response	<b>Confirmed</b>
<p><b>Risks and Mitigating actions</b></p> <p>The Remuneration and Appointments Committee consider the composition of the Board to ensure that this is appropriate in terms of skill mix and qualifications. The Fit and Proper Persons Test Policy has been fully implemented and is embedded. Wider workforce issues are considered by the People and Culture Committee with risks and issues escalated to the Board as required and routinely through assurance summaries.</p>	