

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST  
SELF-CERTIFICATION 2018/19

Report Ref	Summary	Details	Management Response	Declaration
FT1	FT1 provider Licence - Information to update the register of NHS FTs	The Licensee shall ensure that NHSI has available to it written and electronic copies of the following documents: a) the current version of Licensee's constitution; b) the Licensee's most recently published annual accounts and any report of the auditor on them; and c) the Licensee's most recently published annual report.	Current Assurance: * The Trust Secretariat has processes in place to ensure that the Trust's Constitution, Annual Report and Accounts and any other returns are made within the agreed timescales; * Routine information requests are copied to the Trust Secretary and the Assistant Trust Secretary to ensure filings are made on time.	CONFIRMED
FT2	FT2 Provider Licence - Payment to NHSI in respect of registration and related costs	Should NHSI determine that the Licensee must pay to NHSI a fee in respect of NHSI's exercise of its functions the Licensee shall pay that fee to NHSI within 28 days of the fee being notified.	Currently there are no plans for NHSI to charge the licensee	CONFIRMED
FT3	FT3 Provider Licence - Provision of Information to Advisory Panel	The Licensee shall comply with any request for information or advice made of it.	Current assurance: *No requests made *NHSI are set to disband the Panels and there has been little use from Governors across the country.	CONFIRMED
FT4	FT4.2 Corporate Governance Systems	The Board is satisfied that 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.	Current assurance: * Externally run Well-led review - July 2016 and delivery of recommendations; * Head of Internal Audit Opinion * Annual effectiveness reviews for all Board committees in 2017/18 have identified some minor changes required to work programmes and visibility of the work undertaken in committees * the Trust Secretary undertakes a review of compliance with the NHSFT Code of Governance with no concerns raised for 2017/18; * Externally supported well-led review is planned for 2018/19	CONFIRMED
FT4	FT4.3 Implementation of Guidance	Have regard to such guidance on good corporate governance as may be issued by NHSI from time to time	Current assurance: * The Trust Secretariat reviews guidance coming out of NHSI and best practice from across various industries to ensure the Board is briefed accordingly.	CONFIRMED
FT4	FT4.4a Governance Structure	The Trust has established and implemented effective board and committee structures	Current Assurance: * Well-led review in July 2016 confirmed the Board and committee structures were in place; * Annually each Committee reviews its effectiveness and terms of reference - the Nominations Committee reviews the output. * Externally facilitated well-led review planned for 2018/19.	CONFIRMED
FT4	FT4.4b Clarity on Responsibilities for Board and its Committees	The Trust has established and implemented a system that has clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees	Current Assurance: * Governance structure chart in place * Clear terms of reference reviewed annually * Board and Committee effectiveness reviews (annually on self-assessment; externally every 3 years) * New guidelines in place on reporting / style for staff - this needs to be reinforced * externally facilitated well-led governance review planned for 2018/19	CONFIRMED

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FT4	FT4.4c Clear reporting lines and accountabilities throughout its organisation	The Trust has established and implemented clear reporting lines and accountabilities throughout the organisation.	<p>BREACHED</p> <p>Current Assurance:</p> <ul style="list-style-type: none"> <li>* Well-led review in July 2016 provided positive assurance on the reporting lines and accountabilities;</li> <li>* Governance structure is documented and reviewed annually</li> <li>* Terms of reference are clear and reviewed annually as part of the committee effectiveness reviews</li> <li>* NHSFT Code of Governance complied with - reviewed annually as part of the Annual Report process;</li> <li>* Externally facilitated well-led review is planned for 2018/19</li> </ul>	CONFIRMED
FT4	FT4.5a Duty to operate efficiently, economically and effectively	The Trust has established and effectively implement systems and/or processes to ensure compliance with the it's duty to operate efficiently, economically and effectively.	<p>BREACHED:</p> <p>Current Assurance:</p> <ul style="list-style-type: none"> <li>* Programme Support Office in place to support the management of cost improvement plans</li> <li>* CIPs for 2017/18 on track to deliver</li> <li>* Internal Audit undertake value for money audits</li> <li>* NHSI support through Mark Hackett to bring challenge around efficiencies</li> <li>* Vacancy Control Panel in place</li> <li>* Agency Control in place</li> <li>* Challenge through governance structure (Executive Performance Reviews, Management Board, Finance and Performance Committee and Board)</li> <li>* £22m 2018/19 CIPs identified with £16.1m "green". Work on-going to have the 2018/19 programme in place before 1 April 2018</li> <li>* Governors adding challenge through holding NEDs to account</li> </ul>	NOT CONFIRMED
FT4	FT4.5b Timely and effective scrutiny and oversight by the Board of the Trust's operations	The Trust has establish and effectively implemented systems and/or processes to ensure timely and effective scrutiny and oversight by the Board of the Trust's operations.	<p>BREACHED</p> <p>Current assurance:</p> <ul style="list-style-type: none"> <li>* Integrated Performance Report (IPR) was introduced from June 2016 and draws together the key indicators to monitor the Trusts performance in all domains - the report is under constant review and the Board and its Committees suggest changes on a regular basis to provide the information they require;</li> <li>* The IPR is used throughout the Trust to ensure timely and effective oversight;</li> <li>* Executive Performance Reviews allow for scrutiny by the Executive Team with any concerns escalated to management Board;</li> <li>* Board and Board Committee receive the relevant sections of the IPR;</li> <li>* The meetings are scheduled to allow Divisions and Executive to validate the data before scrutiny.</li> </ul>	CONFIRMED

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FT4	FT4.5c compliance with health care standards	The Trust has established and effectively implemented systems and / or processes to ensure compliance with health care standards binding on the Trust 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.	Breached: Current Assurance: * CQC Reports in September 2016 and removal from Special Measures; * Integrated Improvement Plan - the Trust has had an Improvement Plan in place throughout the year. This is monitored through the Improvement Plan Delivery Board which reports into the Transformation Board and in to the Board of Directors. * CQC Engagement visit to ED in February 2018 did not highlight any immediate concerns (Quality Committee received an update in March 2018) *CQC Insight Report - governance has been agreed as through the Divisions, to the Executive Performance Reviews and through to Quality Committee. The monthly summary outlines any areas of concern and the actions being taken to address them.	CONFIRMED
FT4	FT4.5d Effective financial decision-making, management and control	The Trust has established and effectively implemented system / processes to ensure effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Trust's ability to continue as a going concern).	BREACHED Current Assurance: * Well-led governance review (July 2016) / Financial governance review (July 2015) recommendations in place to support financial governance; * Finance and Performance Committee oversees the monitoring of the financials against plan; * Business Plan policy in place and followed - where appropriate a system of prioritisation is used to assess the competing investment decisions; * reduction of deficit for 2017/18 on 2016/17 * robust governance in relation to cost improvement plans which has supported delivery of the plans for 2017/18.	NOT CONFIRMED
FT4	FT4.5e obtain and disseminate accurate, comprehensive, timely and up to date information	The Trust has established and effectively implemented systems and or processes to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making.	BREACHED Current Assurance: * The Trust's new Integrated Performance Report was launched in June 2016 with the April 2016 data. This is now presented with a comprehensive front sheet that sets out actions being taken to address any performance issues. The Board and Board Committees continue to provide feedback to help improve the IPR.  *The Executive Performance Reviews are planned 3-4 working days after the monthly information is available and this allows the timely review, monitoring and challenge to the Divisional Management Teams. Any trust-wide performance challenges are escalated to Management Board.  * Information Assurance Board in place to monitor the validity, completeness and accuracy of patient data, reports into Management Board; * Data Quality Audit undertaken by RSM in April 2017 * Data quality audit on RTT being reported to IAGC in April 2018	CONFIRMED

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FT4	FT4.5f identify and manage material risks to compliance with the Conditions of its Licence	The Trust has established and effectively implemented systems and / or processes to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence	<p>BREACHED</p> <p>Current Assurance:</p> <ul style="list-style-type: none"> <li>* Risk Management Strategy and Policy in place / reviewed annually in December</li> <li>* Annual Board workshop on risk and risk appetite</li> <li>* Monthly reviews of risk at Board Committees and Executive Risk Group</li> <li>* Relevant training across the Trust</li> <li>* Well-Led Review identified good risk management processes that required further embedding (July 16)</li> <li>* CQC report identified improvement relating to risk management (Sept 16)</li> <li>* Risk behaviours approved by the Board in December 2017 to be rolled out across the Trust during 2018/19</li> <li>* Risk maturity matrix reviewed by IAGC and actions agreed to drive the continual improvement.</li> </ul>	CONFIRMED
FT4	FT4.5g Generating and monitoring and delivery of business plans	The Trust has established and effectively embedded systems and / or processes 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.	<p>Current Assurance:</p> <ul style="list-style-type: none"> <li>* The Trust Annual Plan is developed involving all key stakeholders following the principles of its' licence and subsequent guidance issued by external regulators. The Plan is approved at Board level following detailed review by the Finance &amp; Performance committee, Council of Governors and Management Board.</li> <li>*Through its Performance Management Framework, the Trust monitors performance against plan every month through: Executive Performance Reviews (Division specific); Management Board; Finance &amp; Performance committee (thorough review of the Trust IPR).</li> </ul>	CONFIRMED
FT4	FT4.5h compliance with all applicable legal requirements	The Trust has effectively established systems and / or processes to ensure compliance with all applicable legal requirements	<p>Current Assurance</p> <ul style="list-style-type: none"> <li>* Annual review of legal compliance held by Trust Secretary</li> </ul>	CONFIRMED