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| <b>REPORT TO:</b>     | <b>PART II / CLOSED MEETING OF THE BOARD OF DIRECTORS</b> |
| <b>DATE:</b>          | <b>8 JUNE 2018</b>  |
| <b>SUBJECT:</b>       | <b>SELF-CERTIFICATION OF PROVIDER LICENCE PROVISIONS</b>  |
| <b>BOARD SPONSOR:</b> | <b>TRUST SECRETARY</b>                                    |
| <b>PAPER AUTHOR:</b>  | <b>TRUST SECRETARY</b>                                    |
| <b>PURPOSE:</b>       | <b>APPROVAL</b>   |
| <b>APPENDICES</b>     | <b>APPENDIX 1: SELF-CERTIFICATION</b>                     |

**BACKGROUND AND EXECUTIVE SUMMARY**

The Board must make a Statutory Declaration the FT4 governance conditions of its Provider Licence by the 30 June 2018. This used to be by way of an upload to the NHSI Portal but going forward the requirement is for the Board to discuss and agree their declarations, which must be publically available, with NHSI undertaking audits of selected trusts to confirm compliance with this requirement.

The Integrated Audit and Governance Committee reviewed the Provider Licence in full and the self-certification at Appendix 1 reflects their recommendation. Where the texts reads “in breach” this reflects the current undertakings with NHS Improvement (NHSI). As this is a self-declaration the Board is able to “confirm” if members believe the systems are now in place and the evidence for each of these is set out in Appendix 1.

The following summarises the outcome of the self-assessment which reflects non-conformance against the conditions breached in relation to Financial Special Measures:

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| FT4(2) | The Licensee shall apply 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  |
| FT4(3) | Have regard to such guidance on good corporate governance as may be issued by NHSI from time to time   | Confirmed  |
| FT4(4) | <ul style="list-style-type: none"> <li>• The Trust has established and implemented effective board and committee structures</li> <li>• 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</li> <li>• The Trust has established and implemented clear reporting lines and accountabilities throughout the organisation.</li> </ul>   | Confirmed  |
| FT4(5) | The Trust has established and effectively implement systems and/or processes to ensure compliance with <ul style="list-style-type: none"> <li>• Duty to operate efficiently, economically and effectively;</li> <li>• Timely and effective scrutiny and oversight by the Board of the Trust's operations</li> <li>• compliance with health care standards</li> <li>• Effective financial decision making, management and control;</li> <li>• obtain and disseminate accurate, comprehensive, timely and up to date information;</li> </ul> | Not confirmed<br>Confirmed<br>Confirmed<br>Not confirmed<br>Confirmed<br>Confirmed |

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|  | <ul style="list-style-type: none"> <li>• identify and manage material risks to compliance with the Conditions of its Licence;</li> <li>• Generating and monitoring and delivery of business plans; and</li> <li>• Compliance with all applicable legislation</li> </ul> | <p>Confirmed</p> <p>Confirmed</p> |
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Members are asked to approve the self-certification attached as Appendix 1

In addition to the Licence Conditions, the Board must make a declaration about the training provided to Governors.

“The Board is satisfied that during the year 2017/18 the Licensee has provided the necessary training to its Governors, as required under s151(5) Health and Social Care Act 2012 (the Act), to ensure they are equipped with the skills and knowledge they need to undertake their role”.

The Council of Governors reviewed the self-certification in its session in May 2018 and was presented with an overview of the training and development provided during 2017/18 and accepted that this met the requirements under the Act.

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| <b>IDENTIFIED RISKS AND MANAGEMENT ACTIONS:</b>      | None   |  |
| <b>LINKS TO STRATEGIC OBJECTIVES:</b>                | <p><b>Patients:</b> Help all patients take control of their own health.</p> <p><b>People:</b> Identify, recruit, educate and develop talented staff.</p> <p><b>Provision:</b> Provide the services people need and do it well.</p> <p><b>Partnership:</b> Work with other people and other organisations to give patients the best care.</p> |  |
| <b>LINKS TO STRATEGIC OR CORPORATE RISK REGISTER</b> | This links to SRR1 in terms of meeting our regulatory requirements   |  |
| <b>RESOURCE IMPLICATIONS:</b>                        | None   |  |
| <b>COMMITTEES WHO HAVE CONSIDERED THIS REPORT</b>    | All Board Committees.  |  |
| <b>PRIVACY IMPACT ASSESSMENT:</b><br><i>No</i>       | <b>EQUALITY IMPACT ASSESSMENT:</b><br><i>No</i>  |  |

**RECOMMENDATIONS AND ACTION REQUIRED:**

The Board is asked to:

- Approve the recommended self-declaration responses.