

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.  
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

## Self-Certification Template - Condition FT4

East Kent Hospitals University NHS Foundation Trust

*Insert name of  
organisation*



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

*Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)*  
*Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)*

These self-certifications are set out in this template.

### **How to use this template**

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

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


Corporate Governance Statement

Response Risks and Mitigating actions

<p>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.</p>	<p>Confirmed</p>	<p>The Trust has commissioned an externally facilitated well-led review. us to start in May 2019, this will provide assurance on the systems in place and identify any areas of improvement.</p>	<p>REF1</p>
<p>2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>Confirmed</p>	<p>The Trust Secretary reviews the guidance coming from the health regulators along with other best practice and brings this to the Board as appropriate.</p>	<p>REF1</p>
<p>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.</p>	<p>Not confirmed</p>	<p>The Board is satisfied that it meets 3(a) and 3 (b), risks have been highlighted regarding reporting lines and accountabilities throughout the Trust. Recent changes to the organisational structure should support improvements to this along with a comprehensive training programme. The Trust has also commissioned an externally facilitated Well-Led review, due to commence in May 2019, and will welcome recommendations to further improve this.</p>	<p>REF1</p>
<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.</p>	<p>Not confirmed</p>	<p>The Board is satisfied that it meets 4(g) and 4 (h) but risks have been highlighted in respect of 4(a) to 4(f). Actions for 4(a), 4 (b), 4(c), 4(f) A number of mitigations are in place along with some actions in progress. The revised Care Group Governance (at Care Group level) ensures adequate focus on quality, safety, performance and finance. The new reporting packs require refinement and this is an iterative process. The addition of a Regulatory Compliance Committee will give greater oversight to the Board on its legal, statutory and regulatory requirements. Actions for 4(d), 4(f) The business planning process for 2019/20 has been strengthened to ensure a robust review of plans for the year with the view of ensuring Care Group plans are aligned with the organisational strategy / annual plan. Actions for 4(e) The Board is currently reviewing the timing of its Board and Committee meetings to ensure information is provided that supports decision making. The first report outlining the proposed changes was received at the Board in April 2019.</p>	<p>REF1</p>
<p>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.</p>	<p>Not confirmed</p>	<p>The Board is satisfied that it meets 5(a) and 5 (b) but risks have been highlighted in respect of 5(c) to 5(f) Actions for 5(c) The Information Assurance Board meets monthly to consider the accuracy and validity of the patient data, reports into Clinical Executive Management Group. The Integrated Performance Report contains a 'star' rating to show the strength of the data assurance, this was noted as good practice in the July 2016 well-led review report. Actions for 5(d) The Board receives Chair reports from each Board Committee to highlight the discussions, decisions and actions taken as a result of the information. The timing of Board meetings was changed but this has resulted in late papers so will be reviewed for 2019/20 along with a well-led governance review recommendations. Actions for 5(e) Schedule of visits for Executives', non-executives' and governors provides opportunities to feed back on quality of care and staff views. Use of Friends &amp; Family Test, complaints, concerns and NHS Choices feedback reported to Quality Committee quarterly in terms of themes and learning and high level metrics are within the Integrated Performance Report. The Quality Committee has requested a review of the current report it receives on complaints to ensure it provides adequate information to ensure it is well sighted on these matters. Actions for 5(f) The new reporting structure for the Care Groups has been in place for 4 months and this has provided a greater oversight by the Quality Committee in terms of escalation of issues. These are raised to Board level through the Quality Committee Chair report as appropriate. The reporting will be reviewed over the next 6 months once it has had time to embed.</p>	<p>Please Respond</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>	<p>Not confirmed</p>	<p>The Board has commissioned a capability and capacity review of the Board, this will commence in May 2019. The Strategic Workforce Committee will focus on the development and implementation of a workforce strategy that identifies new solutions to fill hard to recruit posts, this includes use of Associate Nurse Practitioners and other new roles. This work has already commenced and is showing positive results. As mentioned above the change to organisational structure, moving to a clinically-led approach, will also support this work.</p>	<p>REF1</p>

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 Stephen Smith

Name Susan Acott

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

<p>A The Trust has given a number of undertakings to NHS Improvement and is currently putting in place the required work to demonstrate compliance with the NHS FT provisions of its licence. This will be supported by a well-led review which will commence on 1 May 2019.</p>	<p>OK</p>
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Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

- 1 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.

Confirmed OK

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 Stephen Smith

Name Susan Acott

Capacity Chairman

Capacity Chief Executive

Date 09 May 2019

Date 09 May 2019

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

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