



Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
27 June 2019

AGENDA ITEM	17.1	
TITLE OF PAPER	NHSI Self Certification 2019/20	
Confidential	YES/NO	
Suitable for public access	YES/NO	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED		
<u>STRATEGIC OBJECTIVE(S):</u>		
Quality Of Care	<input checked="" type="checkbox"/>	✓
People	<input checked="" type="checkbox"/>	✓
Modern Healthcare	<input checked="" type="checkbox"/>	✓
Digital	<input checked="" type="checkbox"/>	✓
Collaborate	<input checked="" type="checkbox"/>	✓
EXECUTIVE SUMMARY		
	<p>As part of the Annual Plan Review process 2019/20 the board must sign off on self-certification. We are required to submit two self-certification documents; and this is the second of the certifications, the Corporate Governance Statement.</p> <p>It is no longer a requirement to submit the templates to NHS Improvement; however the Trust may be contacted and asked to provide evidence of self-certification. Evidence will be sought in either of two ways; by submitting the templates to NHS Improvement or by providing the Board minutes and papers recording sign-off.</p>	
RECOMMENDATION:	Agree the certifications.	

SPECIFIC ISSUES CHECKLIST:	
Quality and safety	
Patient impact	
Employee	
Other stakeholder	
Equality & diversity	None known
Finance	
Legal	The Health and Social Care Act 2012 requires the Trust to submit its Annual Plan to the regulator.
Link to Board Assurance Framework Principle Risk	Submission of the Annual Plan and associated certifications is a fundamental principle of the Trust's Licence. The Board needs to be confident that the certifications are accurate and underpinned by robust evidence.
AUTHOR	Liz Davies, Acting Company Secretary
PRESENTED BY	Suzanne Rankin, Chief Executive
DATE	19 June 2019
BOARD ACTION	Approve

NHS Improvement self-certification 2019/20

1 Introduction

As an authorised Foundation Trust the Board needs to be confident that robust arrangements are in place to ensure:

- 1) Compliance with the NHS Improvement Licence; and
- 2) Compliance with the requirements of NHS Improvement's *Single Oversight Framework*.

2 2019/20 Certifications

As part of the Annual Planning process for 2019/20 the Trust is required to submit the following certifications to NHS Improvement by 30 June:

- Corporate Governance Statement;
- Joint Ventures and Academic Health Science Centre; and
- Training of Governors.

Certifications against the 'Licence General Condition 6 (systems for compliance with Licence conditions)' were approved by the Board in May.

3 30 June certifications

3.1 Corporate Governance Statement

The Trust is required to certify against six statements. Appendix 1 provides these statements and the risk and mitigation actions against each of these.

3.2 Joint Ventures and Academic Health Science Centre

This certification is not applicable to the Trust.

3.3 Training of Governors

The Board must certify that during the year it has provided the necessary training to its Governors as required by s151(5) of the Health and Social Care Act.

Regular dialogue is maintained with Governors on the types of briefing and information sessions required. In 2018/19 this has included sessions on Business Planning, Sustainability and Transformation Plans, and Quality Account.

In November 2018 the Trust organised an in-depth induction day covering information on Foundation Trust governance arrangements and its core business.

4 Recommendation

The Board is recommended to approve the proposed self-certifications

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Appendix I - Corporate Governance Statement:

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Statement	Risks and mitigating actions
<p>1. 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.</p>	<p>Risk: Failure to adhere to accepted standards of corporate governance and/or best practice.</p> <p>Mitigating actions:</p> <p>Compliance with NHS Foundation Trust Code of Governance: Compliance against all aspects presented to Audit & Risk Committee in May 2019.</p> <p>The Trust's Standing Orders require that a register of director's governors' interest is in place and kept up to date.</p> <p>There are no material conflicts of interest in the Board.</p> <p>All governors elections and by elections held in accordance with model election rules.</p>
<p>2. The Board has regard to such guidance on good corporate governance as may be issued by NHSI from time to time.</p>	<p>Risk: Non-compliance with NHS Foundation Trust Code of Governance and other governance guidance issued by the regulator.</p> <p>Mitigating actions:</p> <p>Compliance with NHS Improvement's (NHSI) Single Oversight Framework</p>
<p>3. The Board is satisfied that the Trust 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>	<p>Risk: Ineffective Board and Committee structures in place which are not reviewed and updated. Unclear reporting lines.</p> <p>Mitigating actions:</p> <p>The Trust has eight sub-board committees (Audit & Risk, Modern Healthcare, Quality of Care (QCC), Strategic Change, Nominations, Remuneration, Charitable Funds and People). All are chaired by a Non-Executive Director (NED) with more than one NED in attendance. The Trust Executive Committee is not a formal sub-committee of the Board but its membership contains the Executive Directors, Divisional Directors, Associate Directors, Divisional Chief Nurses, Chief Pharmacist and the Chief of Patient Safety, and is chaired by the Chief Executive.</p>

	<p>Terms of Reference are in place for all Board and other committees and groups within the Trust which are reviewed on an annual basis. The Scheme of Delegation, Standing Financial Instructions is due for review in October 2019 and the Standing Orders were reviewed and approved in May 2019. Approved Committee minutes are presented to the Board.</p> <p>Annual Governance Statement in place which identifies areas of potential risk and mitigating actions.</p>
<p>4. The Board is satisfied that the Trust effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(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;</p> <p>(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);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to</p>	<p>Risk: Lack of systems to assess compliance with Licensing requirements.</p> <p>Mitigating actions:</p> <p>Monthly Modern Healthcare Committee review of Trust financial performance and position.</p> <p>May 2019 certification against Licence condition 6 (General Conditions) approved by Board.</p> <p>The Trust's Risk Management Strategy outlines the building blocks for managing risk and the way in which our risk profile will be incorporated in the Corporate Risk Register. Oversight of the Corporate Risk Register is undertaken by the Trust Executive Committee which is chaired by the Chief Executive and submitted to Trust Board via the Audit and Risk Committee for scrutiny and assurance purposes.</p> <p>The Board Assurance Framework (BAF) is a standing item on Committee agendas and provides a means of assuring that the Trust will achieve its strategic vision and mission and is overseen by the Audit & Risk Committee.</p> <p>Datix risk management system in place.</p> <p>Targeted internal audit reviews overseen by the Audit & Risk Committee.</p> <p>The CQC fully inspected both Ashford Hospital and St Peter's Hospital in June and July 2018 and the Trust's overall CQC rating is unchanged and remains as 'good'. The trust has no conditions from the CQC upon its registration.</p> <p>The Trust received three "Requirement Notices" and a full response was provided to the CQC to confirm that the urgent regulatory requirements had been addressed and an improvement action plan is actively being progressed to address the areas identified for improvement.</p> <p>The Trust has a process for the completion of in-year and annual returns to NHS Improvement.</p>

<p>compliance with the Conditions of its Licence;</p> <p>(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</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	<p>Data is compiled from source records and validated where applicable by specialists from Finance and Information, Business Development, and Corporate Quality. Regular assessment against the CQC framework is via the Regulations Gap Analysis and the Domains in Clinical Practice Audit. The External Agencies report to QCC summarises key external assessments and the action plan status.</p> <p>Contracts for services agreed with both NHS England and clinical commissioning groups.</p> <p>Quarterly report to Board on progress against Strategic Objectives.</p> <p>Counter Fraud specialist appointed - report to the Audit & Risk Committee.</p>
<p>5. The Board is satisfied that the systems and/or processes referred to in paragraph 4 should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as</p>	<p>Risk: Lack of capability to provide effective organisational leadership on the quality of care provided.</p> <p>Mitigating actions:</p> <p>The Trust has a Medical Director (MD) and Chief Nurse (CN) on the Board. Both are appropriately professionally qualified and accountable to their professional body.</p> <p>The NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity. Collectively, the NED component of the Board is suitably qualified to discharge its functions.</p> <p>The Balanced Scorecard, Performance and Quality Reports provide timely and up to date information on relevant metrics and indicators of good quality of care.</p> <p>The Board is actively engaged in the quality of care provided. The Quality of Care Committee (QCC) is chaired by a NED with attendance from three other NEDs. Membership of the Committee includes the Chief Executive, Medical Director, Chief Nurse, Chief Operating Officer, Director of Strategy & Sustainability alongside the Chief of Patient Safety, Chief Pharmacist and Associate Director of Quality.</p> <p>The Quality Governance Committee, Risk Scrutiny Committee and Patient Experience Monitoring Group report into QCC.</p> <p>The Governors Patient Experience Group is attended by the Chief of Patient Safety, Associate Director of Quality and Head of Patient Experience and Involvement.</p>

<p>appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Trust 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>Leadership and board walkabouts are both undertaken.</p>
<p>6. The Board is satisfied that there are systems to ensure that the Trust 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>Risk: Appointment of inexperienced board directors and senior staff and insufficient staff to comply with conditions of licence.</p> <p>Mitigating actions:</p> <p>The Medical Director, Chief Nurse and Director of Finance and Information are all appropriately professionally qualified and accountable to their professional body.</p> <p>The interview panels for Executive and Non-Executive Director appointments include external assessors. All appointments are subject to the necessary checks of qualification, professional registration (where applicable), references and induction arrangements.</p> <p>Collective & individual skill-sets reviewed as part of board development.</p> <p>Appraisals including Personal Development Plans (PDPs) for Executive Directors are carried out by the Chief Executive, and in the case of the Chief Executive, by the Chairman and are reviewed by the Remuneration Committee.</p> <p>The appraisals of Non-Executive Directors are conducted by the Chairman, and in the case of the Chairman, by the Senior Independent Director, and endorsed by the Governors Remuneration and Appraisal Committee and reported to the Council of Governors.</p> <p>NEDs have been appointed by the Council of Governors – recommended by the Governors’ Nominations and Appointments Committee which is Chaired by the Chairman of the Trust. Prior to appointments/re-appointments the Committee will have reviewed the skills mix of the Board to ensure there is an appropriate mix. All Non-Executive Directors are recruited in accordance with the Non-Executive Director Recruitment and Selection Policy.</p>

	<p>Board training and development provided by way of regular 'masterclass' sessions and a Board Away Day. NEDs attend relevant external courses and networking sessions.</p>
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Nursing levels on wards reported to Board in accordance with 'safer staffing' requirements.