

## NHS England Self-Certification for NHS Foundation Trusts 2023

### Declarations required by General Condition 6 (GC6) and Continuity of Services 7 (CoS7) of the NHS Provider Licence

Statement	Lead	Commentary
<p>1 &amp; 2    <b>General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)</b></p> <p>Conditions G6(2): NHS providers must have processes and systems that:</p> <ul style="list-style-type: none"> <li>a) identify risks to compliance with the licence, NHS acts and the NHS Constitution</li> <li>b) guard against those risks occurring</li> </ul> <p>Providers must complete a self-certification after reviewing whether their processes and systems were implemented in the previous financial year and were effective (condition G6(3)).</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	<p>Confirmed</p>
<p>3    <b>Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)</b></p> <p>(a) After making enquiries the Directors of the Licensee have 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.</p>		
<p>(b) After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	<p><b>Confirmed</b></p> <p>Matters to draw to the attention of NHSI:</p> <p><i>The Trust Board is assured that it will have the necessary Required Resources assuming it is able to deliver the underlying budgeted performance and hence will have access to the incremental ERF monies available. However, should performance deteriorate then it is assumed action will be taken, including a re-</i></p>

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	<p>attention to the following factors (as described in the text box in section 3 below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.</p>		<p><i>phasing of the capital programme, to mitigate the adverse impact on available resources.</i></p> <p>Evidence:</p> <ul style="list-style-type: none"> <li>i. <u>Management resources:</u> <i>Executive roles all held by substantive appointments during 2021/22 and currently (May 2023). Appointments in place for all Non-Exec roles Workforce plan prepared as part of NHSI annual plan, based on budget built specialty by specialty</i></li> <li>ii. <u>Financial resources and financial facilities:</u> <i>2022/23 Financial forecast delivered. HFMA Financial Sustainability checklist self-assessment completed by CFO and independently verified by Internal Audit as part of national benchmarking exercise of financial controls and effectiveness</i></li> <li>iii. <u>Personnel:</u> <i>Workforce plan prepared as part of NHSI annual plan, based on budget built specialty by specialty</i></li> <li>iv. <u>Physical and other assets including rights, licences and consents relating to their use</u> <i>Principal facilities used by the Trust are owned by the Trust. Lease / licence agreements in place for the other facilities</i></li> <li>v. <u>Working capital</u> <i>Downside cash forecast for 2023/24 and associated mitigating actions prepared and reviewed by Audit and Risk Committee as part of the 2022/23 accounts preparation and review. The Trust Board has set a plan which requires cash holdings to stay above £18m.</i></li> </ul>
<i>Cont'd</i>	<p>(c) In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	

Corporate Governance Statement (FTs and NHS trusts)

**1 – Corporate Governance**

Statement		Lead	Commentary
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.	Caroline Lynch, Trust Secretary	Governance arrangements follow best practice and are reviewed against the NHSI Code of Governance and other guidance. The system of governance is subject to review by internal and external audit on an annual basis.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Caroline Lynch, Trust Secretary	The Audit & Risk Committee receives an update at every meeting from internal or external auditors which includes NHSI advice issued. The Chief Executive's report to the Board also covers national reports, advice and topics.
3	<p><b>The Board is satisfied that the Licensee has established and implements:</b></p> <p>(a) Effective board and committee structures;</p>	Caroline Lynch, Trust Secretary	(a) A Board and Committee structure is in place and terms of reference for each of the committees is reviewed on an annual basis and submitted to the Board for approval.
	(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and		(b) Terms of reference are set for all committees. Matters reserved for the Board, as well as its role in general have been agreed. All directors reporting to the Board have responsibilities set out in job descriptions.
	(c) Clear reporting lines and accountabilities throughout its organisation.		(c) Organisational charts are in place for all corporate and care group directorates which set out reporting lines and accountabilities.
4	<b>The Board is satisfied that the Licensee has established and effectively implements systems</b>		a) The Trust's internal control mechanisms and reporting

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<p><b>and/or processes:</b></p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p>	<p>Nicky Lloyd, Chief Finance Officer</p>	<p>regime to NHS Improvement ensure that this is closely monitored. The Trust is subject to internal and external audit which also monitors performance in this area. Actions to improve compliance identified in previous years have been implemented. Consequently, the External Auditors are in the process of completing their work in the year-end report compliance with regards to this matter.</p> <p>The Trust received a rating of 'good', in its Use of Resources report from NHS Improvement, carried out during 2019/20.</p>
<p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p>	<p>Eamonn Sullivan, Chief Nursing Officer / Dom Hardy, Chief Operating Officer</p>	<p>b) The Trust Board receives a monthly Integrated Performance Report. This is in addition to specific exception reports on operational issues.</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>Eamonn Sullivan, Chief Nursing Officer</p>	<p>c) The Trust has a governance structure linking the Board, key committees charged with responsibility for oversight of operations (the Quality Committee, Finance &amp; Investment Committee, Audit &amp; Risk Committee and Workforce Committee, Restructuring Oversight Committee), through to the Executive Structure (the Executive, the Executive Management Committee and the Quality Assurance and Learning Committee, Executive performance meetings with Care Group Clinical Governance and performance meetings). There are clearly defined reporting lines and accountabilities between the Board, its Committees and the Executive Management Team within the overall governance structures of the Trust.</p>
<p><i>Cont'd</i></p> <p>(d) For effective financial decision-making, management</p>	<p>Nicky Lloyd,</p>	<p>d) The Trust's Standard Financial Instructions, Business Case Policy annual planning process (including quarterly forecasting)</p>

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and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);	Chief Finance Officer	and cash management processes ensure the ability of the Trust to continue as a going concern.  In addition, a specific paper to confirm going concern is provided to the Audit & Risk Committee and Board as part of adopting the year end accounts.
(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;	Nicky Lloyd, Chief Finance Officer	e) A monthly Integrated Board Performance Report including quality, access, operational performance, staffing information, exception reports and a Chief Finance Officer report is produced for Board which outlines performance at Board level. Prior to the Board, performance is monitored through a monthly performance meeting with the Executive team and care groups. However, the Trust acknowledges that improvements are needed to assure itself as to data quality and has instigated a programmatic approach to doing this which has been routinely monitored by the Audit and Risk Committee of the Board.
(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;	Eamonn Sullivan, Chief Nursing Officer	f) The Trust identifies key risks through the Board Assurance Framework and the Corporate Risk Register. This identifies any risk to compliance with the conditions of the license. The Operational Plan sets out key risks.
(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	Nicky Lloyd, Chief Finance Officer	g) The Board monitors delivery against financial plans through its Finance & Investment Committee and through the Board with particular focus on those areas identified of greatest risk. In addition, the Trust undertakes a quarterly forecast as part of our quarterly financial process to assess delivery against Business Plans supported by monthly performance reviews of Care Groups and Corporate Departments.  Several iterations of the annual financial plan have been submitted in line with national timetables. The latest submission was made on 4 <sup>th</sup> May 2023, for a deficit plan of £10.052m.
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(h) To ensure compliance with all applicable legal	Eamonn Sullivan,	h) Legal obligations on the Trust are brought to the attention of

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	requirements.	Chief Nursing Officer Directors.
5	<p><b>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:</b></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>Caroline Lynch, Trust Secretary</p> <p>Eamonn Sullivan, Chief Nursing Officer / Will Orr, Chief Medical Officer</p> <p>Eamonn Sullivan, Chief Nursing Officer</p> <p>Eamonn Sullivan, Chief Nursing Officer</p> <p>a) The Nominations and Remuneration Committee has responsibility for overseeing the competence and capability of the management team. On an individual basis, the Trust has an appraisal system.</p> <p>b) The Board of Directors' leadership of the Operational and Strategic Planning processes includes a focus on quality strategy and plans. The Board Quality Committee regularly monitors delivery of the Quality Strategy and Quality priorities.</p> <p>c) Quality information is produced by Informatics prior to analysis by the Care Groups, Committees and by the Executive. This is triangulated through a collective meeting with all three care groups and the Executive to discuss quality, finance and workforce performance.</p> <p>d) A monthly Integrated Board Performance Report including quality, access, operational performance and staffing information and a Finance report is produced for Board which outlines performance at Board level and includes KPIs and scorecard. Metrics are at granular level by theme and by month with a commentary. Prior to the Board, performance is monitored through a monthly performance meeting with the Executive Team and Care Groups to discuss finance, quality performance and workforce to discuss quality performance. Ward to Board has been developed and the Trust has a ward</p>
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		<p>accreditation scheme. Exception reports are published for consideration of the Board.</p> <p>e) The Trust drives engagement with key stakeholders through the patient experience committees. Appropriate channels are in place including: Patient Leadership Programme, Patient Standing Conferences, Patient Groups, local and national surveys, Friends &amp; Family Test, PALS, patient stories reported to Board and to our Commissioners. Regular meetings are in place with local Healthwatch. A stakeholder engagement plan ensures all interested parties are actively involved in the identification and selection of the Trust's quality priorities.</p> <p>f) At Board level, the Chief Medical Officer and Chief Nursing Officer have joint responsibility for quality issues to the Board, including assurance on quality governance. The monthly Integrated Performance Report identifies and escalates key quality performance issues to the Board. Within the organisation, an incident reporting system is in place, with a structure for the escalation of incidents to speciality Care Group Clinical Governance meetings, the Quality Assurance and Learning Committee and to the Executive and Board Quality Committee.</p>
6	Don Fairley, Chief People Officer	<p>The Trust Board is compliant with the NHS Improvement Code of Governance in respect of appropriate numbers of Non Executives/Executives.</p> <p>The Trust is working to improve workforce planning capability to ensure it has optimal staffing moving forward. Regular skill mix reviews take place and adjustments made where required. The Trust also ensures that robust pre-employment checks on all new staff are carried out.</p>

## 2 – Training of Governors

Statement		Lead	Commentary
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.	Caroline Lynch, Trust Secretary	A comprehensive induction session is provided for all new governors and for existing governors to refresh their knowledge. A Governor Training and Development Programme for 2022-24 has been developed. The Chair and Trust Secretary meet with governors on a monthly video call. As part of this additional presenters are invited to provide updates to governors. All governors are also given the opportunity to attend NHS Providers days and Governwell programmes where relevant.