

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 June 2017

Title and Author of Paper:

Board Self Certification to NHS Improvement

Anna Foster, Deputy Director of Commissioning & Quality Assurance

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Decision

Key Points to Note:

To maintain the NHS Provider Licence, NHS Foundation Trusts are required by NHS Improvement to self-certify on an annual basis the following declarations:

- Training of Governors – the Trust must review whether governors have received enough training and guidance to carry out their roles
- Condition FT4(8) – the Trust has complied with required governance standards and objectives.

This paper provides evidence to support compliance with the requirements of these declarations.

It is recommended that the Board declares compliance with each of the above declarations.

Risks Highlighted: BAF considered

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: None

Outcome Required / Recommendations: Agreed Board declaration published by 30th June 2017

Link to Policies and Strategies: 2017-19 Planning Guidance and standard contract, integrated governance arrangements, Operational Plan 2017-18, NHS Improvement provider licence requirements

NHS FOUNDATION TRUST SELF CERTIFICATION REQUIREMENTS

BACKGROUND

To maintain the NHS Provider Licence, NHS Foundation Trusts are required by NHS Improvement to self-certify on an annual basis the following declarations:

- Training of Governors – the Trust must review whether governors have received enough training and guidance to carry out their roles
- Condition FT4(8) – the Trust has complied with required governance standards and objectives.

The aim of the self-certification is for Trust Boards to carry out assurance that they are in compliance with these requirements. and have taken into account the views of governors. There is no set assurance process prescribed by NHS Improvement, however a suggested template has been provided to facilitate Board sign off.

To comply with the timescales for self-certification prescribed by NHS Improvement, the Board must sign off the declarations no later than 30 June 2017 and ensure that the declaration re condition FT4(8) is published on the Trust website.

NHS Improvement will be conducting an audit of selected Trusts from July 2017 to ask for evidence of self-certification.

This paper provides evidence to support compliance with the requirements of these declarations.

It is recommended that the Board declares compliance with each of the above declarations.

Condition FT4 Corporate Governance Statement

Providers must certify compliance with required Foundation Trust governance standards and objectives which would be reasonable regarded as appropriate for a supplier of healthcare services to the NHS – please see Appendix 3 for the detailed licence conditions.

The Trust is required to agree a corporate governance statement, by and on behalf of the Board, confirming compliance with this condition as at the date of the statement, and anticipated compliance for the next financial year, specifying any identified risks to compliance and any actions proposed to manage such risks. Note that in previous years this declaration was also required to be submitted to NHS Improvement (and previously, Monitor), however this requirement has been removed for 2017.

The Board is required to respond either “confirmed” or “not confirmed”, and report risks and mitigating actions, for each of the following statements:

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.*
2. *The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time*
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.*
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.*
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.*
6. *The Board is satisfied that there are systems in place 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 this Licence*

It is recommended that the Board respond "confirmed" to each of the above statements, evidence to support this position is provided in Appendix 1 and the proposed declaration statement is provided in Appendix 4.

Training of Governors 2016/17

The Certificate requires the Board to confirm that “it is satisfied that during the financial year most recently ended (2016/17), the Trust has provided the necessary training to its Governors, as required in section 151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.”

In completing the Certificate the Board is required to have regard to the views of the Governors.

The Trust’s Council of Governors includes both elected and appointed governors. The Trust values their role and is committed to ensuring they are equipped with the skills and knowledge they need to undertake their role through the provision of appropriate training and development. The following evidence is provided to support the Board of Directors completion of the Certificate relating to the Training of Governors in 2016/17:

This includes:

- An induction programme for newly appointed Governors;
- Individual meetings with the Chair on appointment to identify their areas of particular interest and existing skills, and on-going one to one meetings with the Chair as required;
- The provision of Trust induction and a Governor Resource Pack, including and referencing general and Trust information, e.g. the Trust Constitution, the Code of Governance and statutory duties as well as NTW Council of Governors information, e.g. Council of Governors’ committees’ and groups’ terms of reference, and Board of Directors’ information.
- Council of Governors’ engagement sessions on pertinent issues, e.g. CQC comprehensive inspection, devolution, NTW strategy, the Five Year Forward View for Mental Health, Sustainability & Transformation Plans,
- Joint meetings of the Council of Governors and Board of Directors including specific issues, e.g. Subsidiary Company, Accountable Care Organisation, Strategic/Operational Plan
- Presentations and facilitated discussions at the Council of Governor Meetings on specific subjects, for example Deciding Together, CQC inspection outcome, Staff Survey follow up, Operational Structure proposals, Quality Account & Quality Priorities
- Involvement in Council of Governors’ Committees and Working Groups enabling them to gain specific skills and knowledge, these include the Nominations Committee, Quality Group and the Membership and Communications Group.

- All Trust Committees have representative Governors attending as observers linking back to the Governors meeting to improve the flow of information and providing assurance.
- Attendance at key Trust Events, e.g. staff excellence awards, Annual Members Meeting to learn more about the Trust.
- Visits to wards and departments, enabling them to get acquainted with the Trust's services and staff, building up their knowledge base.(includes PLACE visits and CQC mock inspections);
- Providing management briefings outside the Council of Governors meetings as required, e.g. media interest;
- Providing external information and guidance, e.g. from the CQC, Foundation Trust Network etc.

The Council of Governors meetings for 2016/17 were as follows:

- 10th May 2016;
- 15th September 2016;
- 10th November 2016
- 7th March 2017.

A joint meeting of the Council of Governors and Board of Directors was held on the 13th December 2016.

The Council of Governor' Engagement Sessions for 2016/17 were as follows:

- 14th April 2016;
- 14th June 2016;
- 11th October 2016;
- 2nd February 2017;

The Steering Group has the opportunity to discuss and agree the Agendas for both formal meetings and Engagement Sessions, and all Governors are invited to suggest topics for future development opportunities.

The above evidence was presented to the Council of Governors at its meeting on the 9th May 2017 and the Council of Governors have had the opportunity to comment on and accept the evidence provided. **It is recommended that the Board confirms the statement as described in Appendix 2.**

Recommendation

The Board of Directors is asked to review the information provided in this paper. It is recommended that the Board agree the declarations as proposed in Appendices 2 and 4 ie:

- All requirements in relation to Governors training are confirmed
- All requirements in relation to NHS provider licence condition are confirmed

Lisa Quinn
Executive Director of Commissioning and Quality Assurance
June 2017

Condition FT4(8) – the Trust has complied with required governance standards and objectives.

| Required governance standards and objectives: | NTW Evidence: |
|--|---|
| <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>The Trust’s governance arrangements take into account the Integrated Governance Handbook (DOH 2006). A high level review of governance arrangements is periodically undertaken by the Board of Directors, the most recent taking place in 2016.</p> <p>The Terms of Reference for the Board, its Committees and the Corporate Decisions Team are reviewed on an annual basis. The Annual Governance Statement 2016/17 has been reviewed, approved and audited in line with NHS Improvement requirements.</p> <p>The Board of Directors undertake an annual self-assessment of compliance with Monitor’s Code of Governance. The Trust meets the key principles of the NHS Foundation Trust Code of Compliance which are leadership, effectiveness, accountability, director remuneration & relations with stakeholders – detailed evidence to support this assessment were provided to The Trust Board in June 2016 and remains relevant.</p> <p>A number of Standing Committees of the Board, chaired by non-Executive Directors, support governance within the Trust:</p> <ul style="list-style-type: none"> • Audit Committee; • Remuneration Committee; • Mental Health Legislation Committee; • Quality and Performance Committee; • Resource and Business Assurance Committee. <p>The Board Assurance Framework and Corporate Risk Register was the subject of a significant review during 2016/17 with a redesigned format, incorporating recommendations from the Independent Review of Governance against the Well Led Framework. A refreshed Risk Management Strategy was approved by the Trust Board in May 2017 and now incorporates risk appetite statements.</p> <p>The Trust was rated as “outstanding” in relation to the “Well Led” key question by the Care Quality Commission in September 2016.</p> |

| Required governance standards and objectives: | NTW Evidence: |
|--|---|
| <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>Specific examples of where the Board of Directors has regard to good corporate governance as recommended or required by NHS Improvement include the following:</p> <ul style="list-style-type: none"> • Maintenance and review of Assurance Framework and Corporate Risk Register; • Completion of the Quality Governance Framework, with evidence to support each statement, on a quarterly basis for review by the Quality and Performance Committee; • The Board reviewing the Trust’s self-assessment against the requirements of NHS Improvement’s Single Oversight Framework on a monthly basis • Collation and review of evidence relating to the Annual Plan Review Board Statements to inform the Board’s decision relating to their declarations; • Development of the annual Quality Account and Quality Priorities, in consultation with stakeholders, and the publication of the Quality Account; • The Independent Review of Governance against the Well Led Framework (no areas of significant concern identified) and associated Action Plan; • The compilation of this self-assessment to inform the Board’s decision relating to their confirmation in respect of: • Compliance with the governance condition at the date of the statement; and • Forward compliance with the governance condition for the current financial year, specifying (i) any risks to compliance and (ii) any actions proposed to manage some risks. |

| Required governance standards and objectives: | NTW Evidence: |
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| <p>3. The Board is satisfied that the Licensee has established and 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>The Trust is headed by an effective and experienced Board of Directors which is collectively responsible for the performance of the Trust. As evidenced in Board minutes, Board Development Sessions, Committee minutes, the Quarterly Quality Governance Framework Assessment, Strategic Planning Self-Assessment, the Independent Review of Governance against the Well Led Framework and the CQC well led rating of “outstanding” and overall Trust rating of “outstanding”, the Board provides effective leadership, constructive challenge and helps develop proposals on strategy.</p> <p>The Trust’s governance arrangements ensure a clear division of responsibilities between the chairing of the Board of Directors and the Council of Governors, and the executive responsibility for the running of the Trust’s affairs. The Council of Governors hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.</p> <p>A number of Standing Committees of the Board support governance within the Trust as described in section 1 above. The Standing Committees ensure effective governance for the major operational and strategic processes and systems of the Trust, and also provide assurance that risk is effectively managed. The Board and each Standing Committee self-assess performance against their Terms of Reference annually.</p> <p>The Audit Committee reviewed the Annual Governance Statement 2016/17 and confirmed that it was consistent with the Committee’s view on the organisation’s system of internal control with a view to recommending the draft Statement to the Board of Directors. The Board of Directors approved the Annual Governance Statement at its meeting in May 2017, following a review by the Trust’s External Auditors, as a part of the statutory audit.</p> <p>The Board of Directors also undertake an annual self-assessment of compliance with Monitor’s Code of Governance.</p> |

| Required governance standards and objectives: | NTW Evidence: |
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| <p>4. The Board is satisfied that the Licensee has established and 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 compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to</p> | <p>The Trust has systems and processes in place through the Trust's Governance and Performance Management/Reporting arrangements to ensure ongoing compliance with the Trust's licence conditions and related obligations.</p> <p>The Commissioning & Quality Assurance Report, which is reviewed regularly by the Board of Directors, highlights Trust and Group/Directorate Performance across a range of quality metrics and also acts as a reference document to the Board of Directors, describing the full range of quality assurance requirements. This includes self-assessment against the NHS Improvement Single Oversight Framework requirements and the Trust has consistently maintained a satisfactory level of financial performance as evidenced by monthly submissions to NHS Improvement.</p> <p>The annual review of Terms of Reference process ensures that the Trust has effective processes in place to identify risks and potential issues including those relating to compliance with the Trust's duty to comply with its Licence and puts in place action plans to address these. Delivery of action plans are monitored and progress reported to sub Committees of the Board of Directors and Board of Director</p> <p>The Board of Directors also review a comprehensive range of reports relating to quality, clinical, patient and staff issues including emerging themes, action plans, progress against action plans being monitored and reported upon.</p> <p>An Accountability Framework is in place and includes quarterly Accountability Framework Meetings, providing an opportunity for Operational Groups/Directorates present to the Executive Directors their contribution and delivery of the Trust's strategy and operational performance (historic and forward plan).The Executive Directors are able to confirm and challenge the work of the Groups/Directorates.</p> <p>The Board has an Assurance Framework and Corporate Risk Register. The Board of Directors approve the quarterly report to NHS Improvement which includes a review of risks in terms of governance, quality and finance. The Trust's Quality and Performance Sub Committee and Corporate Decisions Team reviews the Corporate Risk Register and Assurance Framework as well as top Group/Directorate risks regularly.</p> <p>The risk register is supported and fed by quality issues captured in the Group/Directorate registers. Each Group/Directorate has their own Risk Register, which are reviewed by the Group Quality and Performance Groups. The Corporate Decisions Team and Trust Quality and Performance Committee receive the Group/Directorate top risks and there is a risk escalation process in place. The Board of Directors receive minutes from the standing/sub committees of the Board including the Audit Committee and Quality and Performance Committee and the Chairs of the Committee highlight to the Board of Directors any specific issues arising.</p> <p>The Annual Governance Statement includes the Trust's principal risks and key controls, as reported in the Board Assurance Framework and Corporate Risk Register.</p> |

| Required governance standards and objectives: | NTW Evidence: |
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| <p>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>The Trust's Risk Management Strategy was reviewed in 2017.</p> <p>The Trust met the required standard of level 2 across all key standards in the Information Governance Tool Kit (submission March 2017).</p> <p>The Trust agreed all but one of its main contracts for 2017-19 by December 2016.</p> <p>The Trust's Annual Plan/Operational Plan, including Long Term Financial Model, has been reviewed and accepted by NHS Improvement.</p> <p>In March 2017 the Audit Committee recommended that the Trust should be considered as a going concern and that the year-end accounts should be prepared on that basis.</p> <p>The Trust holds Level 1 accreditation with the National Health Service Litigation Authority.</p> <p>The Audit Committee reviewed the Annual Governance Statement 2016/17 and confirmed that it was consistent with the Committee's view on the organisation's system of internal control with a view to recommending the draft Statement to the Board of Directors. The Board of Directors approved the Annual Governance Statement at its meeting in May 2017, following a review by the Trust's External Auditors, as a part of the statutory audit.</p> <p>The Trust has systems and processes in place through the Trust's Governance and Performance Management/Reporting arrangements to ensure ongoing compliance with healthcare standards. The Board of Directors responsibilities include ensuring the quality and safety of healthcare services, education, training and research and applying principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS bodies together with ensuring compliance with the Trust's Licence, its constitution, mandatory guidance issued by NHS Improvement, relevant statutory requirements and contractual obligations.</p> <p>The Standing Committees of the Board of Directors ensure effective governance for the major operational and strategic processes and systems of the Trust, and also provide assurance that risk, including that relating to non-compliance with healthcare standards is effectively managed.</p> <p>The annual review of Board & Standing Committees Terms of Reference ensures that the Trust has effective processes in place to identify risks and potential issues including those relating to compliance with healthcare standards including those standards specified by the Secretary of State, the Care Quality Commission, NHS England, commissioners and statutory regulators of health care professionals.</p> |

| Required governance standards and objectives: | NTW Evidence: |
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| | <p>The Corporate Decisions Team is responsible for the management of the achievement of the Trust's objectives agreed with the Board of Directors. The Team is also responsible for operational management, through the Trust's Executive Directors and the delivery of the Trusts objectives and national standards and for managing the risks associated with the delivery of these objectives through the Trust's risk and control framework.</p> <p>The Trust wide CQC Quality Compliance Group has a broad membership from clinical and corporate Groups and Directorates with responsibility for the ongoing preparation, monitoring and review of actions linked to Fundamental Standards. This Group informs the Corporate Decisions Team of performance against agreed action plans formulated following CQC comprehensive inspections.</p> <p>The Board of Directors receive and review minutes and papers from the Board sub Committees, the Council of Governors, Overview and Scrutiny Committees and local Safeguarding Committees. These include regular reports in relation to SIs, Complaints and Safeguarding. This enables the Board of Directors to assess, understand and identify lessons learnt, addressing any current or future risks to quality and non-compliance with healthcare standards.</p> <p>There are clear lines of responsibilities throughout the organisation for effective financial decision making, management and control through the Board of Directors, the Audit Committee, the Resource and Business Assurance Committee and the Corporate Decisions Team.</p> <p>The Trust has a comprehensive set of Policies, Procedures and Practice Guidance Notes relating to effective financial decision making, management and control supported by effective processes to ensure they are kept up to date. The Trust's financial decision making, management and control is the subject of scrutiny through the Internal and External Audit process. The results of all audits are reported to the Corporate Decisions Team including progress on agreed action plans and the sign off of action plans.</p> <p>The Audit Committee prepare annually a Going Concern Report and in March 2017 the Audit Committee agreed to recommend to the Board of Directors that the Trust should be considered as a going concern and the year-end accounts should be prepared on that basis.</p> <p>The standing Agendas for Board of Director meetings, Corporate Decisions Team meetings and Standing Committees of the Board together with the support arrangements (relating to the issue of papers and production of minutes) are structured to ensure that there is a systematic and timely dissemination of accurate, comprehensive, timely and up to date information for Board and Committee decision making.</p> |

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| Required governance standards and objectives: | NTW Evidence: |
| | <p>The Board of Directors receive and review the Commissioning & Quality Assurance Report, safety reports and other specific reports and updates on performance, clinical, quality and patient issues, strategy, partnerships, staff issues and regulatory issues. The Board of Directors also receives and reviews minutes and papers from the Standing Committees, the Council of Governors, Overview and Scrutiny Committees and local Safeguarding Committees. The Chairs of the Standing Committees highlight to the Board of Directors any specific issues arising.</p> <p>The Trust has an Annual Planning and Business Cycle in place and, as a part of this, the Board of Directors review progress on the delivery and development of its Strategic/Operational Plans at Board Development Sessions. The Board approved the 2017-2021 Strategy in early 2017.</p> <p>The systems and processes described above also ensure ongoing compliance with legal requirements.</p> <p>Robust governance arrangements have been implemented in relation to NHS Solutions.</p> <p>As part of the Annual Planning process 2017/18 the Board reviewed in May 2017 evidence relating to the systems in place to ensure compliance with its licence conditions and related conditions and agreed to confirm to NHS Improvement that:</p> <ul style="list-style-type: none"> -In the financial year most recently ended all such precautions were taken in order to comply with the Trust's provider licence, any requirements imposed on it under the NHS Acts and have also had regard to the NHS Constitution; AND -The Board declares that the Trust continues to meet the criteria for holding the licence. |

| Required governance standards and objectives: | NTW Evidence: |
|---|--|
| <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:</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 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</p> <p>(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>The completed quarterly Quality Governance Framework provides the Board with assurance regarding quality governance.</p> <p>The completed quarterly Quality Governance Framework is presented to and reviewed by the Quality and Performance Committee, the Quarter 4 2016/17 Framework was reviewed by the Quality and Performance Committee at its meeting in March 2017, and included evidence that;</p> <ul style="list-style-type: none"> • the Board has the necessary leadership, skills and knowledge to ensure delivery of the quality agenda. • How quality drives the Trust's strategy; • That there are clear roles and accountabilities in relation to quality governance; • That there are clearly defined, well understood processes for escalating and resolving issues and managing performance; • That appropriate quality information is analysed and challenged; • That the Board is assured of the robustness of the quality information; • That quality information is being used effectively. • That the Board actively engages patients, staff and other key stakeholders on quality. |

| Required governance standards and objectives: | NTW Evidence: |
|--|---|
| <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>A formal, rigorous and transparent procedure is followed for the appointment of new Directors to the Board. The Council of Governors has established a Nominations Committee and its membership and terms of reference are prescribed by the Trust's Constitution. Its role is to make recommendations to the full Council of Governors on the appointment of the Chair and Non-Executive Directors together with the associated remuneration, allowances and other terms and conditions.</p> <p>When considering the appointment of Non-Executive Directors the Council of Governors take into account the views of the Board of Directors on the qualifications, skills and experienced required for each position - this was demonstrated in 2016/17 via the recruitment of new Non-Executive Directors. The Trust has a planned programme in place with regard to the review/reappointment of those Non-Executive Directors whose term of office is up for review.</p> <p>All Directors receive appropriate induction on joining the Board of Directors and the Board participates in an annual Board Development Programme. Robust processes are in place for the annual appraisal of the Board of Directors. The Chair leads the Non-Executive Directors in their appraisals and the Chief Executive for the Executive Directors. The Chief Executive is appraised by the Chair. The Senior Independent Director leads on the Chair's appraisal.</p> <p>A restructure of operational services is currently underway incorporating robust processes.</p> <p>There are robust arrangements in place in relation to workforce planning, recruitment, staff appraisals and disciplinary processes.</p> |

Statement in relation to Governors Training

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.

2 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 John Lawlor

Name Alexis Cleveland

Capacity Chief Executive

Capacity Acting Chair

Date 24.6.2017

Date 24.6.2017

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

A/n/a

Condition FT4 – NHS foundation trust governance arrangements

1. This condition shall apply if the Licensee is an NHS foundation trust, without prejudice to the generality of the other conditions in this Licence.
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.
3. Without prejudice to the generality of paragraph 2 and to the generality of General Condition 5, the Licensee shall:
 - (a) have regard to such guidance on good corporate governance as may be issued by Monitor from time to time; and
 - (b) comply with the following paragraphs of this Condition.
4. The Licensee shall establish and implement:
 - (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.
5. The Licensee shall establish and effectively implement 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.

6. The systems and/or processes referred to in paragraph 5 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's organisation including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.
7. The Licensee shall ensure the existence and effective operation of systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licensee's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.
8. The Licensee shall submit to Monitor within three months of the end of each financial year:
 - (a) a corporate governance statement by and on behalf of its Board confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks; and
 - (b) if required in writing by Monitor, a statement from its auditors either:
 - (i) confirming that, in their view, after making reasonable enquiries, the Licensee has taken all the actions set out in its corporate governance statement applicable to the past financial year, or
 - (ii) setting out the areas where, in their view, after making reasonable enquiries, the Licensee has failed to take the actions set out in its corporate governance statement applicable to the past financial year.

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

1 Corporate Governance Statement

| | Response | Risks and Mitigating actions |
|---|-----------|----------------------------------|
| 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. | Confirmed | see evidence provided separately |
| 2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time | Confirmed | see evidence provided separately |
| 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. | Confirmed | see evidence provided separately |
| 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 | Confirmed | see evidence provided separately |
| 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. | Confirmed | see evidence provided separately |
| 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. | Confirmed | see evidence provided separately |

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature *John Lawlor*

Signature *Alexis Cleveland*

Name John Lawlor

Name Alexis Cleveland