

Self-certification of compliance with Provider Licence Condition FT4 for FY2022/23

The board approved this self-certification at its meeting on 7 June 2023:

Statement	Response and detail of 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> <ul style="list-style-type: none"> ▪ Compliance with the NHS Foundation Trust Code of Governance is regularly assessed and reported, both to the Audit Committee and within the annual report. ▪ The Trust’s Standing Orders require that a register of director’s and governors’ interest is in place and kept up to date (held by the Director of Corporate Affairs who has accountability for its maintenance). ▪ There are no material conflicts of interest in the Board. ▪ All governors’ elections and by-elections are held in accordance with election rules. ▪ Systems and controls assurances are obtained via the Audit Committee. ▪ An independent review of leadership and governance using the well-led framework was completed during FY2021/22 with no material concerns having been highlighted. An action plan was developed to ensure that good practice and other recommendations are implemented and embedded within the organisation ▪ The most recent CQC inspection report (published February 2020) rates the foundation trust as “good” in all areas, including well-led ▪ The most recent Use of Resources inspection undertaken by NHS Improvement rated the foundation trust as “good” ▪ More complete explanations about systems of corporate governance are set out in the annual governance statement and the foundation trust’s annual report.

	<ul style="list-style-type: none"> ▪ The Director of Corporate Affairs maintains an overview of corporate governance developments within the NHS and across wider sectors, and good practice is shared through established regional and national Company Secretaries Networks ▪ The Audit Committee receives regular updates on good practice from the internal and external auditors.
<p>2. The Board has regard to such guidance on good corporate governance as may be issued by NHS England from time to time</p>	<p>Confirmed</p> <ul style="list-style-type: none"> ▪ Compliance with NHS Foundation Trust Code of Governance is assessed each year as part of the annual reporting process. We are aware that this has been superseded by the Code of Governance for NHS Provider Trusts with effect from 1 April 2023, and a gap analysis has been prepared for presentation to Audit Committee in September 2023. ▪ Any guidance requirements are routinely assessed and implemented as necessary - overview of guidance provided by auditors in updates received at each Audit Committee meeting. Assurance and advice is provided as required by the Audit Committee.
<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>Confirmed</p> <ul style="list-style-type: none"> ▪ Board committees established with clear lines of reporting, and recently reviewed ▪ Terms of reference in place for Board and all other committees and groups within the Trust which are regularly reviewed and updated where necessary. These set out the remit of each type of meeting, membership, attendance by others, quorum requirements and reporting responsibilities. ▪ Chairs report to the board to report assurance and escalate concerns in line with reporting structure. ▪ Clear delegation of actions to committees. ▪ Annual Governance Statement in place which identifies areas of potential risk and mitigating actions. ▪ Scheme of Delegation and robust Standing Financial Instructions in place

<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>To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the CQC, 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 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>Confirmed</p> <ul style="list-style-type: none"> ▪ Risk Management Strategy in place and high assurance around risk management controls confirmed in an internal audit during FY2022/23 ▪ Board Assurance Framework used extensively at each committee and board meeting ▪ Datix risk management system in place ▪ Use of internal and external audit services to investigate any areas of concern ▪ Royal College reviews undertaken where appropriate or necessary. ▪ Contracts for services agreed with clinical commissioning groups. ▪ Finance and Performance Committee considers detailed financial performance report at each meeting ▪ Performance report considered at each Board meeting. Detailed performance discussed at quarterly divisional performance reviews. ▪ Comprehensive agendas for Board meetings circulated to directors in advance of each meeting ▪ Cost Improvement Plans in place which are risk assessed for quality ▪ Standing Financial Instructions and Standing Orders in place ▪ Counter Fraud specialist reports to the Audit Committee ▪ In relation to point (f) and (g), the Trust’s annual report and operational plan have set out a number of high-level risks facing the Trust and ways in which these are being mitigated. ▪ Points as set out in 1), 2) and 3) above apply.
---	--

<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>Confirmed</p> <ul style="list-style-type: none"> ▪ The Medical Director and the Chief Nurse are both appropriately professionally qualified and accountable to their professional body (in addition to the Trust). ▪ NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, commerce and governance ▪ Collectively, the NED component of the Board is suitably qualified to discharge its functions. ▪ Quarterly Safe, Effective Care (SEC) report presented to Quality & Safety Committee and commissioners and shared with the Board. ▪ Quality and Safety Committee – chaired by a NED – terms of reference include reporting from Divisional Quality Executive Groups, Safeguarding Groups and IPC. ▪ Clinical Audits – the Trust participates in national audits and also local audits. Audit reports are submitted to relevant committees or groups. ▪ Learning from national reports with comparative reports undertaken and action plans devised and implemented. ▪ National reports and benchmarking e.g. NICE guidelines and patient safety alerts. ▪ Monthly leadership safety walk rounds undertaken by Executive directors, Non- Executive Directors and Governors. ▪ Processes in place to escalate and resolve issues - Risk and Environmental Management Group (REMG) ▪ The executive team is supported by a cadre of appropriately-qualified and capable deputies, and succession planning was discussed by the Remuneration Committee in May 2023
---	---

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

- The Medical Director, Chief Nurse and Chief Finance Officer are all appropriately professionally qualified and accountable to their professional body (in addition to the Trust).
- All Executive Directors' performance and competencies are reviewed through annual appraisals.
- Collective & individual skill sets reviewed as part of board development
- Chair receives an annual performance appraisal from the Senior Independent Director
- NEDs receive an annual performance appraisal from the Chairman who advises the governors
- NEDs have been appointed by the Council of Governors as advised by the governors' Nominations and Remunerations Committee
- 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.
- Once in post, each NED undergoes an internal induction to facilitate an understanding of the Trust, its operations and strategic direction.
- Thereafter, on-going training to develop existing and new skills relevant to the NED role is undertaken by attendance at external conferences and workshops as required.
- NED progress is monitored by the Chair via one to one meetings including a formal annual appraisal session at which achievements against objectives for the preceding year are evaluated and new goals for the forthcoming year and a personal development plan are established.
- This is supplemented by a number of Board away days throughout the year to discuss strategy and policy as well as developing the knowledge and skills of the Board on specific issues.
- Divisions are led by experienced and capable teams consisting of a Divisional Director of Operations, Divisional Medical Director and Head of Nursing.