

BOARD MEETING

28 June 2018

Paper Title:	Annual Self-certification Statements for 2017/18
Section:	Public
Lead Director:	Liz Romaniak, Interim Chief Executive
Paper Author:	Paul Hogg, Director of Corporate Affairs
Agenda Item:	14
Presented For:	Approval
Paper Category:	Governance & Compliance

Executive Summary:

The Board is asked to consider and approve the second of two Annual Plan self-certification statements required by NHS Improvement.

The Board is asked to self-certify (through approval of the return at Appendix 2):

- that the Board has complied with required governance arrangements (Licence Condition FT4 (8)).

Recommendations:

That the Board:

- Considers and self-certifies each statement and if unable to do so, agree what supporting commentary it wishes to submit.

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):					
Audit Committee		Quality & Safety Committee		Remuneration Committee	Finance, Business & Investment Committee
Executive Management Team	x	Directors		Chair of Committee Meetings	Mental Health Legislation Committee
Council of Governors*	x				

*in part

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
Consolidation of Market Share : being great in our patch	x
Manage the impacts of the whole system of reduced health and social care funding: working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services	x
Secure Funding for new or expanded services	x

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
Safe: People who use our services are protected from abuse and avoidable harm	x
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	x
Responsive: Services are organised to meet the needs of people who use our services	x
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	x
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	x
NHSI Single Oversight Framework	x

Equality Impact Assessment :
Not applicable.

Freedom of Information:
<p>Publication Under Freedom of Information Act</p> <p>This paper has been made available under the Freedom of Information Act.</p>

Annual Self-certification Statements for 2017/18

1. Background and Context

1.1 NHS Improvement oversees NHS Foundation Trusts' (FTs) compliance with their licence conditions and collects information to assess compliance through annual and quarterly monitoring. Guidance issued in April 2018 requires FTs to self-certify whether or not they have:

- complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution);
- the required resources available if providing commissioner requested services; and
- complied with governance requirements.

2. Project/Proposal

2.1 FTs are required to submit two self-certification statements. The first submission, due by 31 May 2018, was approved at the May Board meeting. The second submission, due by 30 June 2018, requires FTs to certify that the Trust is compliant with the required governance standards and objectives (Licence Condition FT4(8)). This involves two self-certifications that:

- demonstrate effective Board and Committee structures, reporting lines and performance and risk management systems; and
- demonstrate Governors have received enough training and guidance to carry out their roles.

Governance systems

2.2 At its May meeting, the Board approved a number of key corporate governance documents setting out its performance during 2017/18 and the challenges for 2018/19 through the Annual Report and Accounts, Quality Report and Annual Governance Statement. The Board continues to comply well against all national performance indicators set by NHS Improvement and has a segmentation rating of 2.

2.3 Following the CQC inspection, the Trust received an overall rating of 'Requires Improvement'. The Board has put in place robust arrangements to manage the follow-up actions emerging from the CQC report, including establishing an Improving Quality Programme Board. It has also undertaken its own review of effectiveness which resulting in the approval of a number of recommendations and is now planning for an external review against the well-led framework during 2018/19. Appendix 1 provides a summary of the self-certification and mitigating actions.

2.4 Board is asked, in particular, to consider section 3 and whether the assessment of 'confirmed' relating to 'effective Board and committee structures' feels accurate, given that it was felt necessary to commission an independent review, into the effectiveness of the

Mental Health Legislation Committee, following the CQC report. The findings of that review have now been considered by the Board.

Training of Governors

2.5 In relation to Governor training, the Board of Directors recognises that Governors must be regularly appraised about the key issues affecting the Trust in order to carry out their duties effectively. The Council of Governors has, over the last year, been provided with a number of different training opportunities to ensure they are equipped with the skills and knowledge they need to undertake their statutory role. This will continue during 2018/19 and there has been a first session of induction training for newly elected Governors on 27 April 2018. A summary of other training that has taken place recently was shared with the Council of Governors at its meeting on 10 May 2018 and is listed below:

- the Trust has an established programme of 'bite-size' training that occurs before Council of Governors meetings. Items are discussed and selected by the Governors themselves and during the last year training has been provided on the following:
 - update on the mental wellbeing strategy (11 May 2017);
 - agile working (19 July 2017); and
 - health and social care work relating to Bradford University (8 February 2018).
- the Chair continues to hold 'Open House' meetings, where he briefs Governors about the work of the Board, the issues that have been recently discussed and any other important issues concerning the wider context of the Trust. A member of the Executive is present at each meeting and these discussions provide useful awareness training for Governors;
- as part of the Governors' work programme, there have been a number of discussion items at Council of Governors meetings that have provided an opportunity to become more familiar with key strategic issues. These have included reports on:
 - The Trust's Operational Plan (May 2017);
 - Progress on the Mortality Review work (May 2017); and
 - Developing the role of the Council of Governors (Governor-led discussion paper (February 2018)).

2.6 NHS Improvement advises that there is no set process for assurance or to demonstrate how any of these conditions have been met; it is up to individual Boards to decide how they wish to evidence this when making the self-certification statements and clearly understand whether or not they can confirm compliance. To assist the Board in the self-certification process, as mentioned above, a summary of the related Licence conditions and commentary have been included at Appendix 1. NHS Improvement has provided FTs with a template, with which is included at Appendix 2.

3. Risk Issues Identified

3.1 The following risks are highlighted:

Risk	Likelihood High/Medium/Low	Implication	Mitigation
The Board fails to submit the required templates to NHS Improvement before the deadline.	Low	Increased regulatory scrutiny and damage to reputation.	Board papers in May and June 2018.
The Board cannot provide sufficient evidence in support of its declaration, if selected to do so by NHS Improvement.	Low	Increased regulatory scrutiny.	Board papers in May and June 2018. Other governance-related documents such as the Annual Report, Quality Report, Committee papers and quarterly returns.

4. Communication and Involvement

4.1 The Council of Governors was apprised of the self-certification deadlines at the Council of Governors meeting on 10 May. The Trust is required to publish this self-certification by 30 June 2018.

5. Monitoring and review

5.1 NHS Improvement has indicated that it will conduct spot audits and select certain FTs to demonstrate that the self-certification process has been carried out, including request for signed templates and other documentary evidence (e.g. signed Board minutes). Spot audits are expected to commence in July 2018.