

NHS Improvement Self-Certification

NHS Foundation Trusts are required to self-certify compliance in the following three areas:

- **Condition G6**

The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution

- **Condition FT4**

The provider has complied with required governance arrangements

- **Condition CoS7**

If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service.

The G6 and CoS7 were approved by the Board of Directors on 1 May 2018.

FT4 was also approved by the Board as part of the submission to NHSI for the merger transaction in May 2018.

Any queries to be directed to the Trust Secretariat on 01332 786260

Corporate Governance Statement (FT4 Declaration)

Corporate Governance Statement	Response	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>Confirmed</p>	<p>No specific risks identified relating to this statement. The Trust will continuously develop, maintain and review its corporate governance systems policies and practices to ensure it upholds the principles of good governance and complies with its statutory and regulatory responsibilities.</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>Confirmed</p>	<p>No specific risks identified relating to this statement. The Director of Corporate Affairs will keep abreast of changes in both legislation and NHSI guidance relating to Corporate Governance and advises the Board.</p>
<p>3. The Board is satisfied that the Trust has established and implements:</p> <ul style="list-style-type: none"> (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. 	<p>Confirmed</p>	<p>No specific risks indented related to this statement. The Committee structure is in line with good practise. The Board will undertake an annual review of the Terms of Reference of its Committees. See 5 below. Each sub-committee will conduct an annual self-assessment check which is reported to the Trust Board.</p>
<p>4. The Board is satisfied that the Trust has established and effectively implements systems and/or processes:</p> <ul style="list-style-type: none"> (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); 	<p>Confirmed</p>	<p>No specific risks identified relating to this statement. The Head of Internal Audit Opinion and Annual Governance Statement confirm assurance of the Trust's systems of internal control. The Trust will continue to strengthen its systems and processes by continuously reviewing its risk management and Board Assurance Framework arrangements.</p> <p>Other examples of systems and controls associated with this statement include: a well-functioning Audit Committee; internal and external audit arrangements; Board forward work plan incorporating performance management and assurance arrangements. This is supported by an appropriate subcommittee structure. DTHFT as the acquiring organisation already has a</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>Performance Assurance Framework that describes accountability throughout the organisation; a clear governance and accountability structure to support achievement of its cost improvement programme, supported by a programme management office. Risks to compliance with each of these statements will be identified through the Trust's risk management arrangements, and appropriately managed and/or escalated for further action.</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 appropriate views and information from these sources; and</p> <p>(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>Confirmed</p>	<p>No specific risks identified relating to this statement. Deloitte undertook a Board Capability Review in 2017 which identified no material concerns in relation to the effectiveness of the Board. Strong governance arrangements were noted for risk management. Workplans are in place for each committee to ensure full review of reports prior to them being considered at Trust Board. The Risk Register will continue to be seen monthly at Risk and Compliance Committee as well as Trust Operational Group and bi monthly by the assurance committees before being reported to Public Trust Board.</p> <p>An integrated performance report will be seen monthly by the TOG as well as bi Monthly by the Public Trust Board. All Business plans will continue to be seen by the TOG before they are submitted to the Finance and Investment Committee for approval.</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>Confirmed</p>	<p>See 5 above.</p>

Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select "not confirmed" if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

<p>1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.</p>	<p>Confirmed</p>	<p>OK</p>
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3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

<p>3a 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</p>	<p></p>	<p>Please Respond</p>
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OR

<p>3b 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 attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.</p>	<p>Confirmed</p>	<p>Please fill details in cell E22</p>
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OR

<p>3c 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></p>	<p>Please Respond</p>
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Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Authorisation of and access to capital loan funding no later than June 2018 to support increased bed capacity required to deliver the expected levels of patient care and deliver the Trusts 2018/19 Revenue Plan.

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

<p>Signature </p>	<p>Signature </p>
<p>Name: John Rivers</p>	<p>Name: Gavin Boyle</p>
<p>Capacity: Chairman</p>	<p>Capacity: Chief Executive</p>
<p>Date: 01.05.2018</p>	<p>Date: 01.05.2018</p>

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

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