

Agenda Item 3.v

Report to:	Board of Directors	Date: 04 April 2024
Report of:	Associate Director of Corporate Governance	
Report Title:	Annual Board Self-Certifications	
Principal Objective/ Strategy:	GOVERNANCE	
Board Assurance Framework Entries:	Not Applicable	
Regulatory Requirement:	Licence requirements	
Equality Considerations:	None believed to apply	
Key Risks:	Failure to comply with Regulator, Licence and other governance requirements	
For:	Consider and Approve each Statement and if unable to do so, agree what additional supporting commentary the Board wishes to add for the Annual self-certifications for consideration and approval.	

1 Purpose

- 1.1 To provide the Trust Board with the draft the Annual self-certifications for consideration and approval.

2 Background

- 2.1 Under NHSE's new licence arrangements, in effect from 01 April 2023, there is no longer a requirement in 2024/25 to publish these Annual Self-Certifications or submit them to NHSE. It is left up to ICBs to consider if/how they want to monitor licence compliance. Boards are however, advised to continue self-certifying their compliance with their NHS provider licence while new guidelines are being awaited.

3 Introduction

- 3.1 NHS foundation trusts, under the previous arrangements, were required to self-certify whether or not they had 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), had the required resources available if providing commissioner requested services, and had complied with other governance requirements.
- 3.2 The aim of self-certification is for providers to carry out assurance that they are in compliance with the conditions of their licence.

Recommendation

The Board is requested to consider and approve:

Appendix 1

- i. NHSI self-certification template for “Corporate Governance Statement”

Appendix 2

- ii. Annual self-certification of Licence compliance (General Condition 6);
- iii. That the provider has a reasonable expectation that required resources will be available to deliver the designated commissioner requested services (Condition CoS7(3)).

Appendix 3

- iv. The Annual self-certification on Governor training.

and if unable to do so, agree any additional supporting commentary the Board wishes to obtain or add.

NHSI self-certification template for “Corporate Governance Statement” - due for Board approval

The Board is required to respond “Confirmed” or not “Confirmed” to the following statements, setting out any risks and mitigating actions planned for each one

4	Corporate Governance Statement	Response	Risks and mitigating actions (including where Board is able to respond “Confirmed”)
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.	Confirmed	
2	The Board has regard to such guidance on good corporate governance as may be issued by NHSI from time to time	Confirmed	
3	The Board is satisfied that the Trust 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	Board and Committee effectiveness considered in our self-assessment process and a positive assessment of Committee performance for 2023/24. Executive and Non-Executive Director have agreed portfolios and performance review processes are in place. There are clear reporting lines and accountabilities in place across the organisation.
4	The Board is satisfied that the Trust 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;	Confirmed	Quality, performance and financial systems and processes are in place that allow for timely reporting and review through Committee and Board; and that deliver compliance with the duties, standards and legal requirements placed on the Trust.

	<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>		
5	<p>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>	Confirmed	Where we have recommendations for improvement identified through feedback from our staff and patients, external and internal audits, or our programmes of quality improvement, we develop and agree action plans with identified leads to ensure that remedial measures are put in place. Actions plans are monitored through the relevant Trust Committees with escalation to the Board where required.
6	<p>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>	Confirmed	

Signed on behalf of the board of directors, and having regard to the views of the governors

Name Dr Jag Ahluwalia

Capacity Chairman

Date

Name Eilish Midlane

Capacity Chief Executive

Date

Appendix 2

NHSI self-certification template for General Condition 6 and Continuity of Services 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 and 2	General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)	
	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.	Confirmed
3	Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)	
	Either	
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 certificate.	Confirmed
	Or	
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.	Not Confirmed
	Or	
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.	Not confirmed

	Statement of main factors taken into account in making the above declaration	
	<p>In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:</p> <p>The going concern assessment has been prepared in the context of known internal and external factors that exist at the time of writing.</p> <p>Royal Papworth Hospital NHS Foundation Trust’s Board of Directors has carefully considered the principle of ‘Going Concern’, after making enquiries, and considering the uncertainties that are described in the accounts, the Directors have a reasonable expectation that the Trust will have access to adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.</p>	

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

Name

Name

Capacity

Capacity

Date

Date

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.
[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]
The Board is able to confirm the declaration under G6

NHSI self-certification template for “Training of Governors” - due for Board approval

The Board is required to respond “Confirmed” or not “Confirmed” to the following statements. Explanatory information should be provided where required.

2	Training of Governors	
	The Board is satisfied that during the financial year most recently ended the Trust 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

Signed on behalf of the board of directors, and having regard to the views of the governors

Name

Name

Capacity

Capacity

Date

Date

Governor Training 2023/24 – evidence to support Board of Directors annual self-certification

Council of Governors	Board to Council presentations are undertaken at each meeting.
Audit Committee	2 Governors attend meetings and contribute to discussions. Supports appointment and review of External Auditors.
Quality & Risk Committee	2 Governors attend meetings as observers. They have been invited to raise questions through the Chair of the meeting.
Performance Committee	2 Governors attend meetings as observers. They have been invited to raise questions through the Chair of the meeting.
Patient and Public Involvement Committee	Governor Committee assists with review of Quality Accounts priorities and supports learning on Trust quality agenda and outcomes during the year.
Annual Members' Meeting	Held virtually and attended by Governors and Trust members. Supports learning/update on Trust activities. Supports meeting members, Executive Directors and Non-executive Directors.