



**Ashford and St. Peter's Hospitals**  
NHS Foundation Trust

**TRUST BOARD**  
**28 July 2022**

<b>AGENDA ITEM</b>	18.3	
<b>TITLE OF PAPER</b>	NHSI Self Certifications	
Confidential	<b>NO</b>	
Suitable for public access	<b>YES</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED</b>		
<b><u>STRATEGIC OBJECTIVE(S):</u></b>		
<b>Quality Of Care</b>	<input checked="" type="checkbox"/>	✓
<b>People</b>	<input checked="" type="checkbox"/>	✓
<b>Modern Healthcare</b>	<input checked="" type="checkbox"/>	✓
<b>Digital</b>	<input checked="" type="checkbox"/>	✓
<b>Collaborate</b>	<input checked="" type="checkbox"/>	✓
<b>EXECUTIVE SUMMARY</b>		
	<p>As part of the Annual Plan Review process 2021/22 the Board must sign off on self-certification. We are required to submit two self-certification documents; and this is the second of the certifications, the Corporate Governance Statement.</p> <p>It is no longer a requirement to submit the templates to NHS Improvement; however the Trust may be contacted and asked to provide evidence of self-certification. Evidence will be sought in either of two ways; by submitting the templates to NHS Improvement or by providing the Board minutes and papers recording sign-off.</p>	
<b>RECOMMENDATION:</b>	Agree the certifications.	

<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety	
Patient impact	
Employee	
Other stakeholder	
Equality & diversity	None known
Finance	
Legal	The Health and Social Care Act 2012 requires the Trust to submit its Annual Plan to the regulator.
Link to Board Assurance Framework Principle Risk	Submission of the Annual Plan and associated certifications is a fundamental principle of the Trust's Licence. The Board needs to be confident that the certifications are accurate and underpinned by robust evidence.
<b>AUTHOR</b>	Liz Davies, Corporate Affairs Manager/Board Secretary
<b>PRESENTED BY</b>	Paul Doyle, Director of Operational Finance
<b>DATE</b>	19 July 2022
<b>BOARD ACTION</b>	Approve

## **NHS Improvement self-certification 2021/22**

### **1 Introduction**

As an authorised Foundation Trust the Board needs to be confident that robust arrangements are in place to ensure:

- 1) Compliance with the NHS Improvement Licence; and
- 2) Compliance with the requirements of the *NHS System Oversight Framework*.

### **2 2021/22 Certifications**

As part of the Annual Planning process for 2022/23 the Trust is required to sign off on self-certification.

- Corporate Governance Statement;
- Joint Ventures and Academic Health Science Centre; and
- Training of Governors.

Certifications against the 'Licence General Condition 6 (systems for compliance with Licence conditions)' were approved by the Board in May.

### **3 30 July certifications**

#### **3.1 Corporate Governance Statement**

The Trust is required to certify against six statements. Appendix 1 provides these statements and the risk and mitigation actions against each of these.

#### **3.2 Joint Ventures and Academic Health Science Centre**

This certification is not applicable to the Trust.

#### **3.3 Training of Governors**

The Board must certify that during the year it has provided the necessary training to its Governors as required by s151(5) of the Health and Social Care Act.

The Trust held Council of Governor elections in 2021 and all new Governors undertook a day's induction and training session in November 2021 and were encouraged to attend the NHS Providers Governwell study day with the majority undertaking this session during 2021/22.

The Chairman and Chief Executive continued to update Governors regularly on Trust business and the challenges it faced, especially in light of the pandemic and its recovery plans. Regular formal meetings were held with the Non-Executive Directors to ensure the Governors met their duty of holding the non-executive directors to account for the performance of the Board. Governors were also encouraged to attend Trust Board meetings to see the Non-Executive Directors in action and a Business Planning session also took place.

### **4 Recommendation**

The Board is recommended to approve the proposed self-certifications

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**Appendix I - Corporate Governance Statement:**

## Appendix I - Corporate Governance Statement:

Statement	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><b>Risk: Failure to adhere to accepted standards of corporate governance and/or best practice.</b></p> <p><b>Mitigating actions:</b></p> <p>Compliance with NHS Foundation Trust Code of Governance: Compliance against all aspects were reviewed at the Audit &amp; Risk Committee as part of the draft Annual Report &amp; Accounts review in June 2021, and is next due for review prior to and at the Audit &amp; Risk Committee on 8 September 2022 as part of approval process of the 21/22 annual Report and Accounts.</p> <p>The Trust's Standing Orders require that a register of director's governors' interest is in place and kept up to date.</p> <p>There are no material conflicts of interest in the Board.</p> <p>All governors elections and by elections held in accordance with model election rules.</p>
<p>2. The Board has regard to such guidance on good corporate governance as may be issued by NHSE/I from time to time.</p>	<p><b>Risk: Non-compliance with NHS Foundation Trust Code of Governance and other governance guidance issued by the regulator.</b></p> <p><b>Mitigating actions:</b></p> <p>Compliance with NHS System Oversight Framework for 2021/22</p>
<p>3. The Board is satisfied that the Trust 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</p>	<p><b>Risk: Ineffective Board and Committee structures in place which are not reviewed and updated. Unclear reporting lines.</b></p> <p><b>Mitigating actions:</b></p> <p>The Trust has eight sub-board committees (Audit &amp; Risk, Modern Healthcare, Quality of Care, Strategic Change, Nominations, Remuneration, Charitable Funds and People). All are chaired by a Non-Executive Director (NED) with more than one NED in attendance. The Trust Executive Committee is not a formal sub-committee of the Board but its membership contains the Executive Directors, Divisional Directors, Associate Directors of Operations, Divisional Chief Nurses, Chief Pharmacist and the Chief of</p>

<p>accountabilities throughout its organisation.</p>	<p>Patient Safety, and is chaired by the Chief Operating Officer.</p> <p>Terms of Reference are in place for all Board and other committees and groups within the Trust which are reviewed on an annual basis. The Scheme of Delegation, Standing Financial Instructions was reviewed as scheduled by the Audit &amp; Risk Committee in June 2021 and was approved by Trust Board in December 2021. The Standing Orders were reviewed and approved in May 2022. Approved Committee minutes are presented to the Board.</p> <p>Annual Governance Statement in place which identified areas of potential risk and mitigating actions.</p>
<p>4. The Board is satisfied that the Trust 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><b>Risk: Lack of systems to assess compliance with Licensing requirements.</b></p> <p><b>Mitigating actions:</b></p> <p>Monthly Modern Healthcare Committee review of Trust financial performance and position.</p> <p>May 2022 certification against Licence condition 6 (General Conditions) approved by Board.</p> <p>The Trust's Risk Management Strategy outlines the building blocks for managing risk and the way in which our risk profile will be incorporated in the Corporate Risk Register. Oversight of the Corporate Risk Register is undertaken by the Trust Executive Committee which is chaired by the Chief Operating Officer and submitted to Trust Board via the Audit and Risk Committee for scrutiny and assurance purposes.</p> <p>The Board Assurance Framework (BAF) is a standing item on Board sub-committee agendas and provides a means of assuring that the Trust will achieve its strategic vision and mission and is overseen by the Audit &amp; Risk Committee with a summative report to each Public Board.</p> <p>Datix risk management system in place.</p> <p>Targeted internal audit reviews overseen by the Audit &amp; Risk Committee and all internal audit report and recommendations are considered and monitored at each board sub-committee.</p> <p>The CQC conducted a three-day unannounced inspection in November 2021. A multi-professional team of seven inspectors, with expertise in surgery, pharmacy, operating department practices, and nursing undertook a focused inspection of the Safe and Well led Domains in Medicine and Surgery on both the Ashford and St. Peter's hospital sites. The Inspection Report was published on 27 January 2022; the</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>overall rating for the Trust remained unchanged at 'good' and detailed many good areas of practice.</p> <p>The trust has no conditions from the CQC upon its registration.</p> <p>The Chief Nurse chairs the Trust's CQC Oversight Committee which actively monitors the Trust's action plan and areas identified for improvement.</p> <p>The Trust has a process for the completion of in-year and annual returns to NHS Improvement. Data is compiled from source records and validated where applicable by specialists from Finance and Information, Business Development, and Corporate Quality. Regular assessment against the CQC framework is via the Regulations Gap Analysis and the Domains in Clinical Practice Audit. The External Agencies report to QCC summarises key external assessments and the action plan status.</p> <p>Contracts for services agreed with both NHS England and clinical commissioning groups.</p> <p>Counter Fraud specialist appointed - reports to the Audit &amp; Risk Committee.</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</p>	<p><b>Risk: Lack of capability to provide effective organisational leadership on the quality of care provided.</b></p> <p><b>Mitigating actions:</b></p> <p>The Trust has a Medical Director (MD) and Chief Nurse (CN) on the Board. Both are appropriately professionally qualified and accountable to their professional body.</p> <p>The 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.</p> <p>The Chief Executive's Summative Report, Performance and Quality Reports provide timely and up to date information on relevant metrics and indicators of good quality of care.</p> <p>The Board is actively engaged in the quality of care provided. The Quality of Care Committee (QCC) is chaired by a NED with attendance from three other NEDs. Membership of the Committee includes the Chief Executive, Medical Director, Chief Nurse, Chief Operating Officer, Director of Strategy &amp; Sustainability alongside the Chief of Patient Safety, Chief Pharmacist and Associate Director of Quality.</p>

<p>quality of care;  (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  (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>The Quality Governance Committee, Risk Scrutiny Committee and Patient Experience Monitoring Group report into QCC.</p> <p>The Governors Patient Experience Group is attended by the Chief of Patient Safety, Associate Director of Quality and Head of Patient Experience and Involvement.</p> <p>Leadership and board walkabouts are both undertaken; albeit these have been affected during this period in the management of Covid and infection prevention control measures.</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><b>Risk: Appointment of inexperienced board directors and senior staff and insufficient staff to comply with conditions of licence.</b></p> <p><b>Mitigating actions:</b></p> <p>The Medical Director, Chief Nurse and Director of Finance and Information are all appropriately professionally qualified and accountable to their professional body.</p> <p>All Executive and Non-Executive Director appointments are subject to the necessary checks of qualification, professional registration (where applicable), references and induction arrangements.</p> <p>Collective &amp; individual skill-sets reviewed as part of board development.</p> <p>Appraisals including Personal Development Plans (PDPs) for Executive Directors are carried out by the Chief Executive, and in the case of the Chief Executive, by the Chairman and are reviewed by the Remuneration Committee.</p> <p>The appraisals of Non-Executive Directors are conducted by the Chairman, and in the case of the Chairman, by the Senior Independent Director, and endorsed by the Governors Remuneration and Appraisal Committee and reported to the Council of Governors.</p> <p>NEDs have been appointed by the Council of Governors – recommended by the Governors’</p>

Nominations and Appointments Committee which is Chaired by the Chairman of the Trust. Prior to appointments/re-appointments the Committee will have reviewed the skills mix of the Board to ensure there is an appropriate mix. All Non-Executive Directors are recruited in accordance with the Non-Executive Director Recruitment and Selection Policy.

Board training and development provided by way of regular 'masterclass' sessions and a Board Away Day. NEDs attend relevant external courses and networking sessions.

Nursing levels on wards reported to Board in accordance with 'safer staffing' requirements.