



Self-Certification Template

FT Name:

NHS Foundation Trusts are required to make the following declarations to NHS Improvement:

- 1 & 2 *Systems for compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence*
- 3 *Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence*
- 4 *Corporate Governance Statement - in accordance with the Risk Assessment Framework*
- 5 *Certification on AHSCs and governance - in accordance with Appendix E of the Risk Assessment Framework*
- 6 *Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act*

Declarations 1 and 2 above are set out in a separate template, which is required to be returned to NHS Improvement by 31 May 2016.

Declaration 3 is included in the APR 2015/16 Final Financial Template, which is required to be returned to NHS Improvement per communications on final operational plan submissions.

Declarations 4, 5 and 6 above are set out in this template, which is required to be returned to NHS Improvement by 30 June 2016.

Templates should be returned via the Trust portal, marked as a Trust Return with the activity type set to Annual Plan Review.

How to use this template

- 1) Copy this file to your Local Network or Computer.
- 2) Select the name of your organisation from the drop-down box at the top of this worksheet.
- 3) In the Corporate Governance Statement and Other Certifications worksheets, enter responses and information into the yellow data-entry cells as appropriate.
- 4) Once the data has been entered, add signatures to the document, as described below.
- 5) Use the Save File button at the top of this worksheet to save the file to your Network or Computer - note that the name of the saved file is set automatically - please do not change this name.
- 6) Copy the saved file to your outbox in your NHS Improvement Portal.

Notes: *NHS Improvement will accept either:*

- 1) *electronic signatures inserted into this worksheet (save signature file locally and use 'Insert - Picture' from the toolbar/ribbon to do this) or*
- 2) *hand written signatures on a paper printout of this declaration posted to NHS Improvement to arrive by the submission deadline.*

In the event that an NHS foundation trust is unable to fully self certify, it should NOT select 'Confirmed' in the relevant box. It must provide commentary (using the section provided at the end of this declaration) explaining the reasons for the absence of a full self certification and the action it proposes to take to address it.

Worksheet "Corporate Governance Statement"

Corporate Governance Statement

The Board are 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
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	The CQC reinspection in July 2015 highlighted some action needing to be taken to address some shortfall against the standards required to be met to deliver its regulatory activities. This work continues to be monitored by both the Quality & Safety Committee and the Trust Board.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	There are no risks identified to compliance with this statement.
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	The new divisional structure introduced during Autumn 2015 continues to be embedded to ensure that accountability is further clarified.
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; (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); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and NHS Improvement 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 (h) To ensure compliance with all applicable legal requirements.	Confirmed	During the year, some weakness in control around financial and operational process were identified. The Trust established a Finance & Performance Committee to strengthen oversight and provide assurance to the Board on the measures being taken to address deterioration in financial and activity performance. A rectification plan was requested by and submitted to Monitor which was accepted. During 2016/17, the actions from the plan are being developed into a more holistic approach to improving the Patient Journey and delivering efficiencies within the organisation. The Trust has accepted a challenging control total for 2016/17. The risks to the delivery of this were outlined as part of the submission of the Operating Plan on 11 April.
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: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on 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.	Confirmed	Some of the processes in place to effectively escalate risk remain embryonic at present and are evolving. The new risk management policy is due to be launched in summer 2016 which will clarify how risks should be managed and escalated. The Trust is planning to conclude its review against the Well Led Framework in 2017, which may highlight some areas of practice which require strengthening.
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.	Confirmed	There remains a challenge to the organisation with the recruitment of Paediatric nurses for the Trust, however recruitment plans continue to be developed. The Trust is also tasked with reducing its reliance on medical and nursing temporary staffing expenditure in line with the cap on agency spend issued by Monitor during 2015/16. The Trust is currently recruiting into consultant vacancies and has a plan to increase the number of

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

Signature 

Signature 

Name Yve Buckland

Name Jo Chambers

The board are unable make one of more of the above confirmations and accordingly declare:

A

B

C

Worksheet "Other declarations"

Certification on AHSCs and governance and training of governors

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

5 Certification on AHSCs and governance

Response

For NHS foundation trusts:
 • that are part of a major Joint Venture or Academic Health Science Centre (AHSC); or
 • whose Boards are considering entering into either a major Joint Venture or an AHSC.

The Board is satisfied it has or continues to:

- ensure that the partnership will not inhibit the trust from remaining at all times compliant with the conditions of its licence;
- have appropriate governance structures in place to maintain the decision making autonomy of the trust;
- conduct an appropriate level of due diligence relating to the partners when required;
- consider implications of the partnership on the trust's financial risk rating having taken full account of any contingent liabilities arising and reasonable downside sensitivities;
- consider implications of the partnership on the trust's governance processes;
- conduct appropriate inquiry about the nature of services provided by the partnership, especially clinical, research and education services, and consider reputational risk;
- comply with any consultation requirements;
- have in place the organisational and management capacity to deliver the benefits of the partnership;
- involve senior clinicians at appropriate levels in the decision-making process and receive assurance from them that there are no material concerns in relation to the partnership, including consideration of any re-configuration of clinical, research or education services;
- address any relevant legal and regulatory issues (including any relevant to staff, intellectual property and compliance of the partners with their own regulatory and legal framework);
- ensure appropriate commercial risks are reviewed;
- maintain the register of interests and no residual material conflicts identified; and
- engage the governors of the trust in the development of plans and give them an opportunity to express a view on these plans.

Confirmed

6 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

Signature



Signature



Name: Yve Buckland

Name: Jo Chambers

Capacity: Chairman

Capacity: Chief Executive

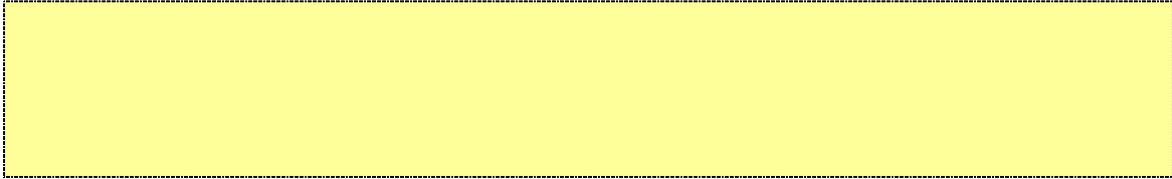
Date: 28 June 2016

Date: 28 June 2016

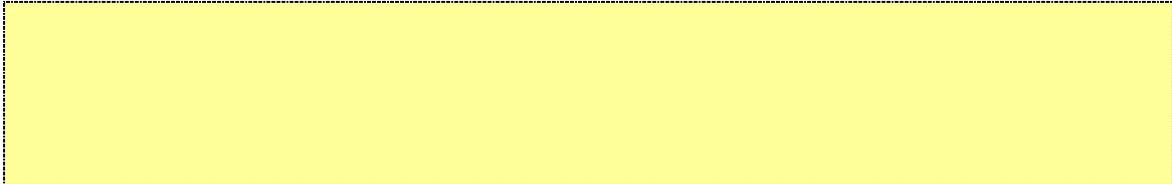
Where boards are unable to self-certify, they should make an alternative declaration by amending the self-certification as necessary, and including any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance

The Board are unable make one of more of the confirmations on the preceding page and accordingly declare:

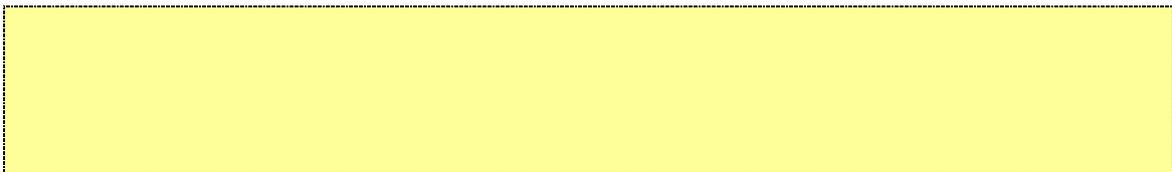
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