

SELF-CERTIFICATION 2020-21

| THHFT Board Meeting - Public | |
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| Date of the meeting: 06 July 2021 | ITEM: 15 |
| Purpose of the Report/Paper: | |
| To provide the Board with evidence to support the Trust self-certification process for 2020-21. | |
| For: | |
| Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/> | |
| Executive summary: | |
| NHS Foundation Trusts are required to self-certify whether or not they have: | |
| (1) 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) General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts); | |
| (2) The required resources available if providing commissioner requested services (CRS) Continuity of services condition 7 - Availability of Resources (FTs designated CRS only); - this is not applicable to THHT | |
| By 31 May 2021 | |
| and | |
| (3) Complied with governance requirements. Condition 4 - Corporate Governance Statement (FTs and NHS Trusts) | |
| By 30 June 2020 | |
| The Chief Executive and Director of Finance signed off Condition 6 following discussion with the Chairman and the Lead Governor by 31 May 2021 and the supporting detail was provided to the Board for information. | |
| Information to support the assessment against the Corporate Governance statement – Condition 4 was presented to the Board for approval on 28 th June. Approval was requested to give delegated authority to the Chairman and Chief Executive to sign the certificate by 30 June 2021. | |
| Sponsor (Executive Lead): | Patricia Wright, Chief Executive |
| Author: | Patricia Wright, Chief Executive |

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| | Pooja Sharma – Assistant Trust Secretary |
| Author contact details: | Patricia.Wright1@nhs.net |
| Risk implications – Link to Board Assurance Framework or Corporate Risk Register: | All |
| Legal/Regulatory/Finance/Quality & Safety/HR/E&D/Engagement/Communications/Reputation or Sustainability implications: | All |
| Link to Relevant CQC Domain: | |
| Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input type="checkbox"/> | |
| Link to relevant Corporate Objectives/strategic aims: | All |
| Document previously considered by: | N/A |
| Recommendations: | |
| The Board is asked to note the signed License Condition 6 and License Condition 4. | |

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)

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.

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.

N/A

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.

N/A

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.

N/A

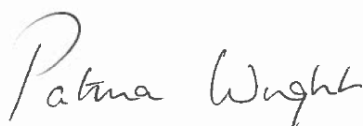
Statement of main factors taken into account in making the above declaration

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

General Condition 6 – During 2020-21, the Trust was served two notices under Section 31 and Section 29a of the Health and Social Care Act 2008. The Trust responded to the conditions in the notices, putting in place a closely monitored action plan to respond to the issues identified including regular reporting to the CQC. The Trust was re-inspected on 19 May 2021 and received positive feedback on progress with addressing the issues identified and is awaiting confirmation of next steps.

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

Signature



Name Patricia Wright

Capacity Chief Executive

Date 31 May 2021

Signature



Name Jon Bell

Capacity Chief Financial Officer

Date 31 May 2021

Corporate Governance Statement (FTs and NHS Trusts)

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 internal audit report 20-21 confirmed: "There is robust governance structure in place which works well, including the scope, forward agenda and sequencing of meetings, and is in line with the sector. Governance administration for Board and all Sub-Committees in operation; clear agendas, timely paper distribution, action logs which are RAG rated and reviewed at each meeting, minutes are recorded and approved and cover page for all papers. The Executive Team has been getting progressively stronger with every appointment and all Directors are demonstrating strong grip on the current situation within the Trust. There are strong NEDs in place with high level of relevant experience that provide good challenge and follow through and were able to develop a strong working arrangement with the Trust during the pandemic e.g. through twice-weekly meetings with each other and EDs".

2 The Board has regard to such guidance on good corporate governance as may be issued by NHSI from time to time

Confirmed

Changes in guidance on corporate governance are brought to the attention of the Audit and Risk Committee which can then advise on actions to ensure compliance.

Risk: A partial external governance review was completed in 2019/20. The new developmental framework recommends that a full governance review is undertaken every 3-5 years.

Action: The Trust will consider commissioning an external governance review in the latter part of 2021/22

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

See section 1 above

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;

Confirmed

During 2019-20 the Trust made improvements across the five domains following the 2018 CQC inspection. A specific CQC action plan which covered a number of domains across core services was approved and monitored via an Improvement Board, Chaired by the Chief Executive. The Trust was due to be re-inspected in the spring of 2020, but

- (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 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
- (h) To ensure compliance with all applicable legal requirements.

this was delayed due to the Covid-19 pandemic.

In August and September 2020 the Trust received unannounced inspections from the CQC and HSE in relation to concerns about adequacy of systems for the management of Infection, prevention and control. The CQC imposed licence conditions under sections 29a and 31 of the Health and Care Act and NHSEI required the Trust Board to take specific actions including receiving advice from a Specialist Adviser, strengthening the Executive team through partnering with the Chelsea and Westminster NHS FT.

Risk: The Trust does not improve its performance, or respond in a timely manner to the licence conditions.

Action: a senior team from Chelsea and Westminster FT has provided support to the trust over the last 9 months. The leadership team has been strengthened by the appointment of a substantive CEO and DOF and the secondment of a Medical Director and Director of Nursing from Chelsea and Westminster FT until March 2022.

Immediate actions were implemented to respond to the CQC/HSE concerns and regularly reported to the CQC. A programme for improving quality and safety has been put in place comprising of Ward Accreditation and Clinical Service Reviews. These strands of work support the delivery of the recovery programme in the form of a series of internal

inspections to identify areas for improvement for which there is an action plan. The Board receives regular reports on progress

The Trust was re-inspected on 19 May 2021 and received positive feedback on progress with addressing the issues identified and is awaiting confirmation of next steps.

Risk: Non-delivery of the Financial Recovery programme impacting on the sustainability of the Trust and on the approval of the outline Business Case for the Hospital Redevelopment Programme.

Action:

- A Programme Board chaired by the Chief Executive has been established to review the performance of the Trust's Financial Programme.
- Weekly divisional reviews of performance and Transformation Improvement Plan (TIP) delivery chaired jointly by the Chief Operating Officer (COO) and Chief Finance Officer (CFO).
- The Board Finance and Performance Committee provides assurance on the robustness of the Trust's financial reported position, delivery of its TIP programme and its longer-term clinical sustainability programme.

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| | <ul style="list-style-type: none"> • Annual accounts audit opinion and ISO 260 report to ARC. • Annual internal audit cycle confirmed by Board Assurance Framework (BAF). • Monthly reporting to NHS Improvement and system partners via its System Oversight Meetings. <p>Risk: To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making</p> <p>Action: The Integrated quality and performance report has been extensively reviewed to ensure that the Trust Board and its committees receive, timely, comprehensive and accurate information that allows the monitoring of compliance with controls, standards of practice etc. and can be used to triangulate information to provide early identification of deteriorating performance. This report will be refined and developed over the next 6-12 months.</p> |
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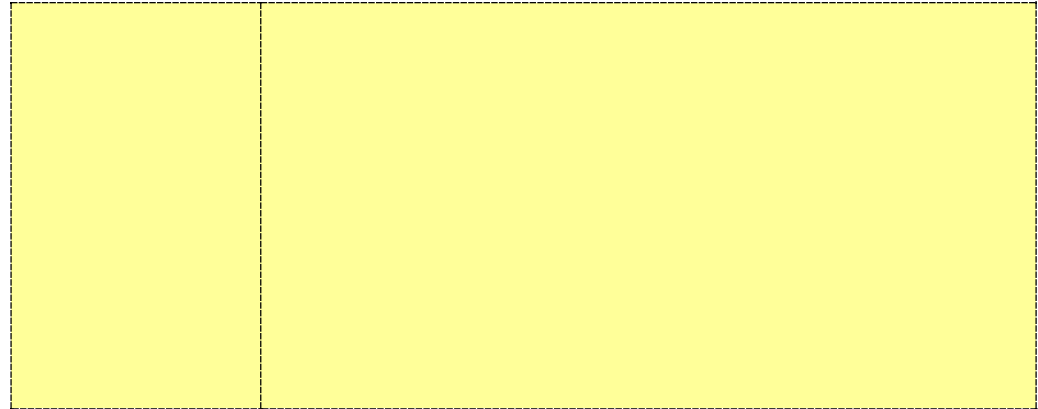
5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:

(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;

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| Confirmed | Refer to section 1 and section 4 |
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(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.



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.

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| Confirmed | No Risk identified. Appropriate processes are in place and the Board and its sub-committees receive regular information to confirm compliance with this requirement |
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Signed on behalf of the board of directors, and having regard to the views of the governors

Signature

Patma Wright

Signature

Angela Le Mare

Name Patricia Wright

Name Amyas Morse

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

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B

C