

## BOARD OF DIRECTORS PART ONE

<b>Agenda Item</b>	<b>P1-079-18</b>	<b>Date</b>	<b>23<sup>rd</sup> May 2018</b>																					
<b>Subject /title</b>	<b>NHS Improvement Governance Statements: APR Review</b>																							
<b>Author</b>	<b>Andrea Leather, Head of Corporate Governance</b>																							
<b>Responsible Director</b>	<b>Ann Farrar, Interim Chief Executive</b>																							
<b>Executive summary and key issues for discussion</b>																								
<p>The Trust is required to make annual self-certifications after the financial year end as required under the NHS Provider Licence, Single Operating Framework and the Health and Social Care Act 2012. The aim of the self-certification is for the Trust to carry out assurance that they are in compliance with the conditions, this process is an element of annual planning process.</p> <p>The deadlines for uploading the completed self-certifications to the Trust's portal are 31st May and 30th June 2018.</p> <p>The required statements are:</p> <ul style="list-style-type: none"> <li>• Certification regarding systems for compliance with licence – as required by general condition G6 of the provider licence</li> <li>• Availability of resources – as required by Continuity of Service* condition CoS 7 of the provider licence.</li> <li>• Corporate Governance Statement– as required by condition FT4 of the provider licence.</li> <li>• Training of governors statement – as required by s. 151(5) of the 2012 act.</li> </ul> <p>*Single Overview Framework terminology changed to Finance &amp; Use of Resources.</p>																								
<b>Finance &amp; Use of Resources</b>																								
<p>The Board approved the Trusts Financial Plan for 2018/19 which included the following summary of the anticipated Finance &amp; Use of Resources risk rating for 2018/19, also provided for comparison are the ratings for 2017/18:</p>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #92d050;"> <th>Metric</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>Capital Service Cover</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Liquidity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>I&amp;E Margin</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Delivery of Control Total</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>Agency cap compliance</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td><b>Overall Weighted Average Rating</b></td> <td style="text-align: center;"><b>1</b></td> <td style="text-align: center;"><b>1</b></td> </tr> </tbody> </table>				Metric	2017/18	2018/19	Capital Service Cover	1	2	Liquidity	1	1	I&E Margin	1	1	Delivery of Control Total	1	1	Agency cap compliance	1	1	<b>Overall Weighted Average Rating</b>	<b>1</b>	<b>1</b>
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<p>The draft statements have been reviewed by the Governance &amp; Compliance Committee and would recommend approval by the Trust Board.</p>																								
<b>Strategic context and background papers (if relevant)</b>																								
Single Oversight Framework and Trust Licence																								
<b>Recommended Resolution</b>																								
The Board of Directors approves the annual self-certifications:																								

- Certification regarding systems for compliance with licence – as required by general condition G6 of the provider licence
- Availability of resources – as required by Continuity of Service\* condition CoS 7 of the provider licence.
- Corporate Governance statement – as required by condition FT4 of the provider licence.
- Training of governors statement – as required by s. 151(5) of the 2012 act.

### Risk and assurance

### Link to CQC Regulations

Regulation 17: good governance

### Resource Implications

### Key communication points (internal and external)

### Freedom of Information Status

FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.

#### Application Exemptions:

- **Prejudice to effective conduct of public affairs**
- **Personal Information**
- **Info provided in confidence**
- **Commercial interests**
- **Info intended for future publication**

Please tick the appropriate box below:

✓

**A. This document is for full publication**

**B. This document includes FOI exempt information**

**C. This whole document is exempt under FOI**

IMPORTANT:

If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.

Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.

### Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		✓
Disability		✓
Sex (gender)		✓
Race		✓
Sexual Orientation		✓
Gender reassignment		✓
Religion / Belief		✓
Pregnancy and maternity		✓
Civil Partnership and Marriage		✓

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

### Next steps

### Appendices

### Strategic Objectives supported by this report

Improving Quality	✓	Maintaining financial sustainability	✓
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	
Research		Generating Intelligence	

### Link to the NHS Constitution

Patients		Staff	
Access to health care	✓	<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	✓	<i>Being heard:</i> <ul style="list-style-type: none"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

This template may be used by NHS foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS provider licence.  
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

## **Self-Certification Template - Conditions G6 and CoS7**

### **The Clatterbridge Cancer Centre NHS Foundation Trust**



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

*Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence*

*Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)*

These self-certifications are set out in this template.

#### **How to use this template**

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

**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)**

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

OK

**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

Please fill details in cell E22

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.

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.

**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:

Based on the financial projects which underpin the Trusts strategic objectives and normal operational business which are contained in the Trust's Business Plan, considered and approved by the Board in March 2018

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

**Signature**

**Signature**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

Capacity [job title here]

Capacity [job title here]

Date

Date

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

A

This template may be used by NHS foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS provider licence.  
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

## **Self-Certification Template - Condition FT4**

### **The Clatterbridge Cancer Centre NHS Foundation Trust**



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

*Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)*  
*Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)*

These self-certifications are set out in this template.

#### **How to use this template**

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

**Worksheet "FT4 declaration"**

**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*

1 Corporate Governance Statement	Response	Risks and Mitigating actions	
1 The Board is satisfied that the Licensee 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	[including where the Board is able to respond 'Confirmed']	Please complete Risks and Mitigating actions
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed	[including where the Board is able to respond 'Confirmed']	Please complete Risks and Mitigating actions
3 The Board is satisfied that the Licensee has established and 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	[including where the Board is able to respond 'Confirmed']	Please complete Risks and Mitigating actions
4 The Board is satisfied that the Licensee has established and 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 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.	Confirmed	[including where the Board is able to respond 'Confirmed']	Please complete Risks and Mitigating actions
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 Licensee, 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 Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	[including where the Board is able to respond 'Confirmed']	Please complete Risks and Mitigating actions
6 The Board is satisfied that there are systems to ensure that the Licensee 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	[including where the Board is able to respond 'Confirmed']	Please complete Risks and Mitigating actions

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

Signature

Signature

Name

Name

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A

Please Respond

# Worksheet "Training of governors"

## Certification on training of governors (FTs only)

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

### 2 Training of Governors

- 1 The Board is satisfied that during the financial year most recently ended the Licensee 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 OK

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

Signature

Signature

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

Capacity:

Capacity:

Date:

Date:

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A:

A large yellow rectangular area with a dashed border, intended for providing explanatory information. The area is currently empty, suggesting that the information has not yet been entered or is redacted.

**Board Statements:**

*The board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each*

The Board has produced its Annual Governance Statement which will be presented to the Trust Board in May 2018 for approval. As part of the AGS the Board will be requested to report that it has in place clear systems and processes to ensure that it is able assure itself of the validity of its Corporate Governance Statement.

The AGS specified the following areas where the Board can gain assurance in signing that it can state 'confirmed'.

Corporate Governance Statement	Proposed statement	Board Assurance	Risks & Mitigations
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	<p>Review and implementation of all NHS Improvement and other applicable guidance.</p> <p>The Well-led Framework Governance Review was undertaken by Deloitte in 2016. A further external review of the governance structures was completed in 2017. The review identified a number of areas to improve governance including the new structures which were introduced with effect from October 2017 with a mid year review planned for 2018.</p> <p>In preparation for the Well-led element of the CQC inspection Executive leads have been identified for each of the Key Lines of Enquiry (KLOEs). Progress against these are monitored at a bi-weekly meeting.</p>	<b>AGS</b> – risk and control framework section (page 2)
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	<p>Review and implementation of all NHS Improvement and other applicable guidance.</p> <p>Evidence can be seen in Committee reports to the Board and the relevant MIAA assurance reports.</p>	<b>AGS</b> – review of effectiveness (page 12)
<p>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 accountabilities throughout its organisation.</p>	Confirmed	<p>Regular review of the Board and its committee structures and their terms of reference to ensure they are effective. This was further underpinned with the governance review undertaken during 2017.</p> <p>Review of the Trust's Corporate Governance Manual to reflect the new governance structure and the Trust Subsidiary companies / Joint venture.</p> <p>New Governance structure implemented in October 2017.</p>	<b>AGS</b> – page 6, starting The Board has in place.....

<p>The Board is satisfied that the Trust effectively implements systems and/or processes:</p> <ul style="list-style-type: none"> <li>(a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively;</li> <li>(b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations;</li> <li>(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;</li> <li>(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);</li> <li>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</li> <li>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</li> <li>(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</li> <li>(h) To ensure compliance with all applicable legal requirements.</li> </ul>	<p>Confirmed</p>	<p>Effective scrutiny and oversight of all operations and compliance with healthcare standards and statutory regulation.</p> <p>Quarterly Board review of Board Assurance Framework containing high risks within the Trust’s risk register.</p> <p>Regular review of the Trust’s delivery of its business plans.</p> <p>The Trust reviews all applicable legal requirements. In addition to ensuring legal compliance with the Trusts processes key aspects of legislative change are reviewed at the Board or in a Board Development session.</p>	<p><b>AGS</b> – risk and control framework (pages 3 and 6)</p> <p><b>AGS</b> – risk and control framework (pages 4 and 6)</p>
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<p>The Board is satisfied:</p> <ul style="list-style-type: none"> <li>a) that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</li> <li>b) that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</li> <li>c) the collection of accurate, comprehensive, timely and up to date information on quality of care;</li> <li>d) that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</li> <li>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</li> <li>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.</li> </ul>	<p>Confirmed</p>	<p>Regular review of the Board and its committee structures and their terms of reference to ensure they are effective. This was further underpinned with the governance review undertaken during 2017.</p> <p>Terms of Reference, cycles of business introduced for Board, Committees and Sub-Committees.</p> <p>The Trust has in place policies, plans (strategies) and standards to ensure the provision of high quality care. These documents are subject to regular review and audit to ensure compliance with the standards set.</p> <p>Evidence can be seen in the quarterly Quality Committee Report and Integrated Performance Report to the Board which include the key metrics which form the content of the annual Quality Accounts and provides information on progress with the Quality Strategy.</p>	<p><b>AGS</b> – (pages 4 and 6)</p> <p><b>AGS</b> – (page 1)</p> <p><b>AGS</b> – (page 10)</p>
<p><b>Training for Governors</b></p>			
<p>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.</p>	<p>Confirmed</p>	<p>During the year the development needs of Governors are reviewed to ensure that they are able to fulfil their responsibilities.</p> <p>The Governor induction is a joint programme with other local Trust and provides Governors with an overview of the role of a Governor, introduction to FT's and the role of the Board of Directors. In addition to this a session which focuses on CCC's processes and systems.</p> <p>Governors have also had the opportunity to attend events held by the North West Governors Forum, NHS Providers and</p>	

		Mersey Internal Audit Agency (MIAA) covering a variety of subjects.	
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