



Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	23 May 2019	
Agenda Item:	P1/089/19	
Title:	NHS Improvement Self-Certification	
Report prepared by:	Angela Wendzicha, Associate Director of Corporate Governance	
Executive Lead:	Liz Bishop, Chief Executive	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Audit Committee
Date & Decision:	23 May 2019

Purpose of the Paper/Key Points for Discussion:	<p>The annual self-certification provides assurance that NHS Providers are compliant with the conditions of their NHS Provider Licence. Compliance is regularly monitored through the Single Oversight Framework, but on an annual basis, the Licence requires the Trust to Self-Certify as to whether we have:</p> <ul style="list-style-type: none"> a) Effective systems to ensure compliance with the conditions of the NHS Provider Licence b) Complied with governance arrangements (Condition FT4) and NHS Legislation and the duty to have regard to the NHS Constitution (Condition G6) c) Have the required resources available if providing Commissioner Requested Services (CRS) (Condition CoS7)
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Action Required:	Discuss	
	Approve	X
	For Information/Noting	

Next steps required	<p>Subject to approval of the above, the next steps are:</p> <ul style="list-style-type: none"> • Condition G6 confirmed by 31 May 2019 – published no later than 30 June 2019 • Condition CoS7 by 31 May 2019 • Condition FT4 by 30 June 2019
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally	X	Collaborative system leadership to deliver better patient care	X
Retain and develop outstanding staff	X	Be enterprising	X
Invest in research & innovation to deliver excellent patient care in the future	X	Maintain excellent quality, operational and financial performance	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	√
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	√
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	√
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	√
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	√
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	√
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	√
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	√
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	√
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	√

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

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

This template may be used by 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

Insert name of organisation



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.

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 licence 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:

The Trust has made this declaration based on the financial reporting to Board and submissions to NHSI supported by External Audit in 2018/19.

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

Aislin Hastings

Name

Dr Liz Bishop

Capacity

Vice Chair

Capacity

Chief Executive

Date

23 May 2019

Date

23 May 2019

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

This template may be used by 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

*Insert name of
organisation*



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.

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

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	The Annual Governance Statement provides assurance on the strength of Internal control regarding risk processes and effectiveness. An internal audit annual plan is agreed and overseen by the Audit Committee with follow up reviews being carried out to check compliance with internal audit recommendations.	REF1
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Any risk of non-compliance is mitigated via the Associate Director of Corporate Governance introducing and managing the oversight of new guidance issued by NHS Improvement.	REF1
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	The Board recognises that a clear reporting structure is necessary from floor to Board. A review around the committee structure has been carried out resulting in a revised, strengthened committee reporting structure in place in shadow form from March 2019. The Quality Committee remains the main mechanism for providing assurance that systems and processes exist for continuous improvement for safe and effective services. The Finance and Business Development Committee was reconstituted as the Performance Committee and provides assurance concerning the development and delivery of the Trust's Business Plan in addition to undertaking a strategic advisory role in ensuring the Trust develops an appropriate long-term strategy and financial plan. The Audit Committee remains unchanged in so far as it independently monitors and reviews processes relating to governance and risk. Each committee has Terms of Reference which clearly articulate the purpose, scope, responsibilities, reporting lines and delegated authority from the Board. The Board receives a monthly report from each Chair (NED) of the sub-committees of the Board thus ensuring matters of concern are escalated appropriately.	REF1
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	The Committee structure provides assurance to the Board that the Trust is operating effectively which in turn mitigates any risk that the Trust's systems are not adequate. The Quality Committee receives reports relating to the quality and safety of our services and provides scrutiny and oversight of a range of metrics relating to quality, safety and patient experience. The Trust has developed a Quality Report for 2018/19 which highlights quality improvements made during the reporting period in addition to outlining the quality priorities for 2019/20. The Trust has in place Standing Financial Instructions in addition to a Scheme of Delegation that determines the framework for financial decision making, management and control. The Performance Committee and Board receive reports on financial decision-making and future planning. Systems of internal control are subject to regular audit and the Audit Committee provides additional oversight and challenge on all aspects of performance. The Trust has a Risk Strategy in place and the Board Assurance Framework in addition to the Corporate Risk Register provide the framework through which high level risks are considered. The Board and associated sub-committees receive the Board Assurance Framework on a quarterly basis. The Trust has an annual work plan in place for the Board to ensure the Trust meets all applicable legal requirements.	REF1
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	The Board is considered to be balanced in skill and appropriate. During the year there has been a number of changes within the composition of the Board with the appointment of a Chair, Chief Executive, Director of Nursing, Director of Finance, Director of Workforce and Organisational Development in addition to a new Non-Executive Director and Associate Director. The Board is satisfied that even though there was the risk of adequate continuity in senior leadership, any risks are mitigated and the current membership allows it to function effectively. External assurance is sought on the Quality Report in addition to the receipt of high level reporting to the Board ensures up to date information relating to quality of care is received. Joint Executive, Non-Executive and Governor walk-about have been carried out providing opportunity for all to engage with patients and staff. A refreshed Integrated Performance report is provided monthly to Board in addition to sub-committee NED Chair reports ensure a sound process for escalation of issues where necessary.	REF1
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	The Board contains appropriately qualified Medical Director, Director of Nursing and Finance Director. Annual appraisals are carried out on all Non-Executive Directors and reported to the Nominations Committee. In addition, the Board receives reports relating to workforce issues.	REF1

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 Alison Hastings

Name Dr Liz Bishop

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

A Not Applicable

OK

Worksheet "Training of governors"

Financial Year to which self-certification relates

Please Respond

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.

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 The Trust has confirmed insofar as new Governors have been provided with a detailed induction programme which sets out the skills required and the actions required to fulfil their roles. Refresher training will be provided to all Governors in 2019/20.