

Self-Certification Template - Condition FT4 **Southend University Hospital NHS Foundation Trust**



Foundation Trusts and NHS trusts are required to make the following declarations 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 Declarations 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

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.

Response	Risks and Mitigating actions
Confirmed	The Board has approved and operates a system which aims to ensure that it operates according to standards of good corporate governance.

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	The Board and the Audit Committee are informed of and reviews guidance provided by NHS Improvement as and when they are issued.
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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	The Board has an effective committee structure, with clear responsibilities for reporting and clear lines of accountability throughout the organisation.
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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.

Not confirmed	In April 2013 and June 2014, the Trust was determined by Monitor (now NHS) to be in actual or suspected breach of its licence in respect of performance targets (A&E 4 hour and RTT) and governance. In March 2016 the Trust was found to be in breach of its licence in respect of its financial performance and pricing. The Trust remains in breach of its licence with regards to the above. However, the Trust has successfully undergone two independent reviews by Deloitte LLP in the summer of 2014 and December 2015 following which all actions have been implemented. Other actions in place are: Regular scrutiny by the Board on financial and operational performance which meets no less than quarterly. Regular scrutiny by the finance and resources committee, which has delegated authority from the Board to oversee financial matters on a bi-monthly basis and provides a high level of challenge on the overall financial position and the financial statements. The quality assurance committee meets every two months and provides oversight of all quality and patient safety matters, including compliance with the CQC Fundamental Standards and conditions of registration. The Board Assurance Framework (BAF) is regularly reviewed by the Board and BAF risks have been allocated to committees for more detailed oversight. The Trust has an annual plan and agreed financial control total which is approved by the Board of Directors and submitted to NHS Improvement.
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Please complete both Risks and Mitigating actions & Explanatory Information

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	In December 2016, the Boards of Directors of the three acute trusts in mid and south Essex agreed to enter into a collaborative governance framework in order to enable them to work more closely together. A single leadership team (forming a joint executive group) was established and with effect from 1 February 2017, the appointees became the executive members of each of the Trust Boards. These arrangements are in the form of secondments from the postholders' substantive roles and will be reviewed by the three Trust Boards before 31 March 2018. With effect from 1 February 2017, site leadership teams were also established for each of the three trusts, headed by a managing director. Whilst the joint executives take a group-wide strategic view, the site leadership teams ensures that the leadership in each trust and the focus on its own unique challenges and opportunities is not compromised. All executive director positions are filled substantively, with no interims currently in post. There are no vacancies amongst the non-executive directors. Quality Impact Assessments are carried out for major changes to ensure that quality implications are factored into decision making.
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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	There are risks in not being able to fill key clinical posts and efforts are being made to recruit, including overseas recruitment initiatives, incentives to increase the number of appropriately qualified Trust staff to the bank to mitigate the need for obtaining external agency support etc.
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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 
 Name Clare Panniker

Signature 
 Name Alan Ibbias

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

A The Board has considered the Trust's current financial position, future financial plans and associated risks and, after making appropriate enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. Although the Trust recorded a deficit in the year, and is projecting a deficit in the year ahead, it has achieved its control total in 2016/17 and has robust plans in place to achieve the agreed control total in 2017/18. A revenue support loan facility has been agreed from the Department of Health (DoH) to provide access to sufficient operating cash for the foreseeable future.

OK

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: Clare Panniker

Name: Alan Tobias

Capacity: Chief Executive

Capacity: Chairman

Date: 16.06.2017

Date: 16.06.2017

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.