

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**

Sussex Community 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.

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 Board is confident the mechanisms investigated as part of the CQC inspection of the Trust in October 2017, which included a well-led assessment and delivered a Good rating, are still enforced and valid for the effective corporate governance of the Trust. The Trust's overall CQC rating was also Good with some areas Outstanding. This confidence is supported by the 2019 external Well Led Review conducted by EY which found that the governance of the organisation enabled effective oversight of the strategy and delivery of healthcare. The review's recommendations for improvement the key themes of workforce, corporate and area reporting, communication and engagement, and leadership, were collated into a single action plan overseen by the Executive Committee on behalf of the 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	The Board is confident that there are no risks to the Trust's corporate governance arrangements and structures and that there are systems in place that enable it to keep abreast of new guidance and/or regulatory requirements as issued from time to time.
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 development programme which commenced in March 2018 continued during 2019/20. As part of this, the Board reviewed its own effectiveness and the effectiveness of its committee structure to improve strategic oversight, development and risk management of the Trust's main aims. In July 2019, it also introduced a new Resources Committee to replace the Finance and Investment Committee as well as increasing the frequency of the meetings of its Quality Improvement Committee. All Committees have clear Terms of Reference setting out responsibilities and reporting lines. Executive governance arrangements are also supported by a formal meetings structure, with all groups properly constituted and with clear accountabilities extending across the Trust's Area structure.
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 Board has considered where it can draw assurance against these Licence criteria as part of the self-certification process. A full list of such sources of assurance/evidence is contained in the Board report accompanying the self-certification statements.
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 has considered where it can draw assurance against these Licence criteria as part of the self-certification process. A full list of such sources of assurance/evidence is contained in the Board report accompanying the self-certification statements. The Board also takes assurance from the external 2019 Well-Led review which found that the Trust had an experienced leadership team, with a balance of skills to lead the organisation as well as a clear Quality Strategy and detailed oversight of both clinical governance and risk.  The Trust's performance management framework was recognised as informed and insightful and further actions identified to improve reporting have been taken forward through an action plan overseen by the Executive Committee, as have improvements in communications with staff on workforce and their working environment and digital solutions to support staff.
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 is a risk in terms of recruiting sufficient numbers of suitably qualified clinical staff. This is reflected in the Risk Register and is part of the Workforce Strategy.

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 Siobhan Meila

Name Peter Horn

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

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Certification on training of governors (FTs only)

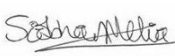
The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

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 | Siobhan Melia

Name | Peter Horn

Capacity | Chief Executive

Capacity | Chair

Date | 21 May 2020

Date | 21 May 2020

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

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