

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 **North Tees and Hartlepool 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)

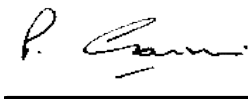
The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

Corporate Governance Statement	Response	Risks and Mitigating actions
<p>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.</p>	<p>Confirmed</p>	<p>The Board of Directors certifies on-going compliance with the governance condition, via the Corporate Governance Statement, using performance against governance indicators, financial performance, exception reports and third party information to test the certification. The Board of Directors effectively planned and assessed risks for 2019/20, with the risk of underachievement against the 62 day referral to treatment cancer standards anticipated by the Board of Directors and acknowledged in the returns to NHS Improvement via the Annual Operating Plan. The Trust has recognised the consistent delivery of cancer standards continues to present a risk and as such has declared this within the Annual Plan for 2020/21.</p> <p>The risk of financial delivery is on-going, this was declared in 2019/20 and has been declared within the 2020/21 Annual Plan, however with the Trust working closely, alongside NHSI representatives, to ensure continued delivery of robust financial plans. The delivery of these plans will continue to be given appropriate scrutiny and oversight by the Board. The original plan currently contained risk associated with delivery of CIP, and the plan is aligned with commissioner assumptions; however, it does include identified system risk. CCGs have agreed to provide a contract baseline which is commensurate with the trading position which would be expected under National Tariff arrangements. This baseline is unaffordable to the commissioner and the wider system. In order to address the system affordability gap, the Trust and the Commissioner have agreed to work collaboratively to address these financial pressures and will work closely to identify system solutions that will enable both provider and commissioner to meet their financial obligations for 2020/21. This demonstrates the commitment of the Trust to work collaboratively within the Integrated Care Partnership and support the wider system returning to financial balance.</p> <p>In contractual terms, the contract baseline is overlaid with a system risk sharing agreement. This agreement ensures both parties play an equal part in returning the wider health economy to financial balance whilst limiting the exposure of each organisation to a financial risk of £3m (£6m across the system). This plan has been subsequently suspended following the COVID-19 pandemic with a national interim financial arrangement in place.</p> <p>The Board of Directors gains assurance from a number of sources and assurance mechanisms as follows: Internal and external audit plans which cover a full range of audits; Annual Governance Statement; Head of Internal Audit Opinion; Integrated performance report to the Board of Directors covering quality, performance, workforce and finance; Board Assurance Framework reported quarterly to the Board of Directors' Risk Management Strategy.</p>
<p>2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>Confirmed</p>	<p>There are no risks identified with this statement, the Trust has due regard to guidance when issued by NHS Improvement.</p>
<p>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.</p>	<p>Confirmed</p>	<p>The Trust has a robust governance structure with locally agreed committee structures under the Board of Directors which are over and above those required in statute. This ensures that members of the Board are more closely involved in the governance of the organisation and are closer to assurance on the quality of services (clinical and non-clinical). Each committee has terms of reference which clearly articulate the purpose, responsibilities, accountabilities, reporting lines and delegated authority they have been given by the Board to carry out work on its behalf. Minutes of the individual sub-committees are reviewed within the Board of Directors meeting. The Board agenda focuses on the key areas of quality, strategy, performance and governance; reports, along with minutes of committee meetings are presented on a regular basis. The terms of reference are reviewed on a regular basis to ensure effectiveness and this will continue in 2020/21.</p> <p>Significant work has been undertaken during 2019/20, which will continue in 2020/21, in order to create the capacity, capability and leadership required to fulfil the future ambitions with the introduction of a new Care Group Operating Model, with robust support from corporate services and functions. This new way of working will make the Trust sustainable and an enabler to drive the vision, deliver the strategy and the Long Term Plan.</p> <p>A number of documents outline the accountabilities, responsibilities and reporting lines including: Well led external review CQC Inspection reports The Trust's Constitution Standing Financial Instructions Scheme of Delegation Sub-Committee terms of reference</p>
<p>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.</p>	<p>Confirmed</p>	<p>During the year the Trust has further strengthened its governance in respect to financial decision-making in order to support the management, grip and control of expenditure, this will continue in 2020/21. The Trust was placed into segment 3 within the Single Oversight Framework risk assessment in 2018, with enforcement actions in place aligned to the Trust's financial deficit position. The Trust remains in segmentation 3, however has made significant inroads into reducing the overall financial deficit and the subsequent removal of the financial enforcement undertakings. In 2019/20 the Trust reported a £0.6m surplus which was £0.6m ahead of ahead of the year end control total. The operational delivery of financial commitments is overseen by the dedicated Executive Financial and Performance Management Group (EPPMG) on a monthly basis, with appropriate scrutiny and challenge across the individual Care Groups / Directorates.</p> <p>The Board has timely and effective oversight receiving monthly/quarterly reports via the Corporate Dashboard and reporting framework which was reviewed and redesigned in 2018 to adopt an integrated approach across Compliance, Quality, Workforce and Finance, reflecting the NHS Single Oversight Framework, Lord Carter Model Hospital review, contract metrics, and internal reporting requirements, together with key objectives. Due consideration is given to both positive and negative variances and progress against monthly, annual and in year improvement targets. Additional commentary is provided within the reports against key metrics, providing month on month trend analysis.</p> <p>The Board is also provided with sufficient information in respect to the Single Oversight Framework and the Trust position in relation to segmentation and use of resources. The Trust has a robust Risk Management process in place, which is supported through a standardised Board Assurance Framework, with each Corporate risk monitored through the individual Board sub committees and the overall Trust governance structure. The Board and its sub-committees receive timely information in accordance with its scheduled cycle of business and will scrutinise performance. Performance is also reported to the Council of Governors and Governors are provided with an opportunity of holding the Non-Executive directors to account for the performance of the Board.</p> <p>Following a Care Quality Commission (CQC) inspection in November 2017, the Trust received an overall rating of 'Good' across all elements (previously rated as 'Requires Improvement'). The Trust is now progressing to an 'Outstanding' rating and there is a strong focus on continuous learning and quality improvement at all levels throughout the organisation. Internally the focus is on 'Excellence as our Standard'. The trust proactively supports a culture of innovation and improvement with a number of initiatives being driven from the frontline staff.</p> <p>An independent external Well Led review was undertaken by the Good Governance Institute and reported to the Board in October 2018. The review concluded that the organisation is a well-led Trust, with Executive Directors complemented by a number of experienced Non- Executive Directors who work well as a team. There are effective governance arrangements and a satisfactory system of internal control in place, both of which are fit for purpose and operating effectively. The review observed cohesive leadership from the Chief Executive and Chair, and a professionally run Board with high potential. There was evidence of the Trusts investment in leadership and the strong Board-level visibility and access across the Trust.</p> <p>The review highlighted a positive and patient centred culture, which was well embedded throughout the organisation and at Board level, with clear vision and values. There was strong recognition of the unified, patient focussed, governance and leadership embedded within the organisation. As part of the review ten recommendations based on findings against the key lines of enquiry was identified, with the Board agreeing actions to be taken forward in order to address these. A Board development programme took place in May 2019 to review and address all recommendations.</p> <p>The Trust has a robust Business Planning cycle in place, which supports the development and delivery of Directorate Business Plans, and in year service delivery. The Business Planning process has been reviewed by internal audit and received 'Good Assurance'. Operational delivery of business plans is monitored through the Care Group Director's meetings in-year, with appropriate oversight and scrutiny by the Chief Operating Officer and the Director of Planning and Performance. Financial performance delivery is monitored through the EPPMG, as outlined above. Governance of compliance with Licence conditions is managed through the Board of Directors and Council of Governors, with assurance provided through the reporting structure outlined above.</p> <p>Evidence to support this statement include: Well led external review Constitutional documents Internal Audit plans, reports and opinion Risk Management Processes Board and Sub-Committee meetings cycle Safer staffing reports Financial performance reports to the Board and Sub-Committees Performance monitoring process and review by the Care Groups Annual Report, Quality Report, Annual Accounts and Annual Governance Statement Leadership Walkarounds</p>
<p>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.</p>	<p>Confirmed</p>	<p>The Trust has continued to review and focus its attention on the management of strategic risks, which is supported by the Risk Management Strategy and Board Assurance Framework, which drives the Board's agenda. Board sub-committees and other high-level groups who have defined responsibilities and accountabilities for risk management are in place for the escalation of risks from the front line, through governance channels, to the Board of Directors. Overall decisions in relation to prioritisation of corporate risk issues and resource allocation are taken by the Board of Directors, with delegation of decisions relating to specific risks to sub-committees or the Executive Team as appropriate.</p> <p>This features highly in the planning round to deliver the Annual Operating Plan and the Board of Directors ability to self-certify. In 2019/20 the Board of Directors further reviewed the strategic direction in line with the North East and North Cumbria Integrated Care System objectives and the alignment of operational delivery. This included a refresh, reframe and development of the Corporate Strategy to ensure it is fit for the future and incorporates system wide integration and financial delivery, reflecting all external influences accordingly.</p> <p>The Board of Directors has a range of skills, experience, maturity and expertise to deliver the key objectives. The appointment of a Chief Operating Officer, voting member of the Board, was made in November 2019 along with the introduction of Associate Non-Executive Director posts to provide additional leadership capacity and capability in support of the evolving and challenging agenda. In April 2019 a new operating model was introduced, with Care Groups replacing the traditional acute services model providing a new and innovative approach to pathway delivery outside the historical specialty level management. This has provided the opportunity to review how services are delivered through collaborative working both internally and across the community with local authority partners. This is supported by three executive team members taking on the role of 'Locality Director' for the local authority areas served by the Trust, with a focus on delivering the strategic objectives, partnership opportunities and place based planning.</p> <p>Where capacity is a risk an infrastructure of support has been considered and agreed. The Board of Directors has a track record of making intelligent decisions and tackling risks to clinical, operational and financial stability in a proactive and timely manner. The Well Led principles have been reassessed throughout the Trust and key areas of development supported to fit the strategic agenda.</p>

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	<p>A number of changes took place during 2019/20 in the need to support the challenging and changing environment in which the Trust is operating, with consideration given to the senior level structure going forward to ensure the organisation has the necessary capacity and capability to deliver whilst also ensuring continuity and stability of service provision. The most significant was the development of a Care Group structure and implementation of a new operating model, which reflects the direction of travel and acknowledges a radical shift away from a traditional acute hospital model in its ambition and responsibilities. Changes implemented included the:</p> <ul style="list-style-type: none"> • Appointment to the role of Chief Operating Officer with effect 4 November 2020; • Introduction of 3 new Care Groups, led by a Care Group Director and supported by a Care Group Clinical Lead; • Interim Director of Planning and Performance appointed to the post substantively from 1 April 2019; • A further 3-year term agreed for the Medical Director from 1 June 2019. • Chief Information and Technology Officer (CITO) continued for a further 12 months in the role of Chief Digital Officer (CDO) for the Integrated Care System (ICS) for the North East and North Cumbria region, whilst maintaining his CITO role within the Trust. <p>Appointments to a number of posts were through internal organisational change processes, so have the benefits of maintaining significant organisational knowledge and familiarity. This has meant a broad knowledge, experience and intelligence has been retained and transition has been easier to initiate in practice. The Chief Operating Officer was an external appointment, which provides opportunity for new insight and perspective to be brought into practice, whilst recognising and learning from experience and expertise gained from the wider health sector.</p> <p>To ensure capacity, capability and continuity of service provision, the Board of Directors and Executive Team have been supported in 2019/20 by a robust programme of development, which will continue into 2020/21. The Board recognises the benefits of development and taking the time to debate and discuss the impact of governance, legislative matters and future challenges, from both a national, system-wide and local perspective.</p> <p>At Non-Executive level the term of office of a number of postholders came up for review in 2019/20. The tenure of the Chairman and two Non-Executive Directors were extended for a further term of 1 year. In addition, the Council of Governors agreed the creation of three Associate Non-Executive Director roles, who would be non-voting members of the Board and would support the wider healthcare developments, creating capacity and succession planning, ensuring a period for shadowing and transition. Appointment to these posts were made from 1 July 2019.</p>
			<p>The Trust ensures that on appointment and thereafter on an annual basis it undertakes assessment of continued fitness for the role by completion of the fit and proper person test and declaration. This applies to Non-Executive and Executive Directors, as well as other senior staff. In addition, for senior staff that require registration with a professional body, this information is checked on an annual basis to ensure on-going validation.</p> <p>There remains a challenge to the organisation with the recruitment of staff to some specialities, however recruitment plans continue to be developed in order to address any gaps and discussions are continuing are taking place across the Integrated Care System and Integrated Care Partnership in looking at collaboration and network approaches.</p>

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: Paul Garvin

Signature



Name: Julie Gillon

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



Name: Paul Garvin

Capacity: Chairman

Date: 31 May 2020

Signature



Name: Julie Gillon

Capacity: Chief Executive

Date: 31 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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