

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 **Surrey and Borders Partnership 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	
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	
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	Risks - Partnership Arrangements - enhanced Board oversight and review of expanding and maturing partnerships underpinning service delivery (CFHS LLP, CPP LLP, Mindsight Surrey and Tier 4 CAMHS) and Frimley Health & Care ICS and Surrey Heartlands ICP. Reviewed and agreed April 2018.
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	Risks: Staffing (including leadership) - priority workforce plans including NHSI Retention programme. Risks - Scale of change & transformation required - focused annual plan priority projects to support delivery and practice change needed, and revision to governance arrangements to help monitor and manage pipeline and competing demands. Children's services - completion of joint commissioned reviews and in principle agreement for investment to meet the demand for services in a sustainable way.
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	Risks: Data reporting - waiting lists - DART reporting now in place to develop systematic reporting to support practice. Experience - waiting lists: Children and Young People's - interim plan agreed with commissioners May 2018; reviews commissioned to confirm sustainable service models for Mindsight and Development Paediatrics; other services - recovery plans need to be developed where long waits are confirmed. Information for decision making - development of enhanced quality, risk and safety reporting (e.g. through QI approach- use of SPC charts) including review of local quality indicators to ensure they are measurable (in the same way as national indicators), implementation of internal governance review recommendations, and further improvement in the quality of our electronic record keeping.
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	Risks: Long term absence of Chief Executive - Acting arrangements in place with Acting Chief Executive and Acting Chief Nurse. Kept under review by Remuneration Committee.

Please complete Risks and Mitigating actions

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Please complete Risks and Mitigating actions

Please complete Risks and Mitigating actions

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 Dr Ian McPherson

Name Jonathan Warren

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

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.

Not 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

Jonathan Warren

Signature

Ian McPherson

Name: Jonathan Warren

Name: Ian McPherson

Capacity: Acting Chief Executive

Capacity: Chair

Date: 29.06.2018

Date: 29.06.18

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 Our Governor Development Programme was coproduced with Governors in our last Council. We have offered and delivered at least one session and in most cases two sessions of each core skills modules and also 1:1 walkaround training for those Governors who were unable to make the sessions. We have also delivered the two annual planning workshops, the service overview and 'NHS Providers' Effective Questioning training. Most Governors have taken up these offers but not all. 1:1s with the Chair have also been offered to all Governors although most have not taken this up. However our Governor Development Programme currently includes equality awareness training which we have not yet offered to our Governors in their 1st Term of Office and our training records have not been fully updated to reflect and fully evidence delivery. We will be conducting our planned survey of Council effectiveness with our Governors in Autumn 2018 and will include within this an evaluation of the effectiveness of the programme as we have in previous years. Feedback will inform any revisions to our programme going forward.