

TRUST BOARD IN PUBLIC		Date: 25 TH May 2017	
		Agenda Item:	
REPORT TITLE:		Board Self-Certification for NHS Trusts – Provider Licence	
EXECUTIVE SPONSOR:		Gillian Francis-Musanu Director of Corporate Affairs	
REPORT AUTHOR (s):		Gillian Francis-Musanu Director of Corporate Affairs	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		Executive Committee 17.05.17	
Action Required:			
Approval (√)	Discussion (√)	Assurance (√)	
Purpose of Report:			
To seek board approval to confirm compliance with the requirements of the NHS Self-Certification for the Provider Licence.			
Summary of key issues			
<p>For the first time NHS trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements.</p> <p>The aim of self-certification is for providers to carry out assurance that they are in compliance with the conditions.</p> <p>From July, NHSI will contact a select number of NHS trusts to ask for evidence that they have self-certified.</p> <p>Although not an NHS Foundation Trust, all NHS Trusts are required to self-certify against the NHS Provider Licence.</p> <p>The attached assessment (Appendix A) confirms our compliance with the relevant requirements of the NHS Provider Licence.</p>			
Recommendation:			
The Board is review and confirm compliance with the NHS Self Certification for the NHS Provider Licence.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
<p>SO1: Safe – Deliver safe, high quality care <i>and improving</i> services which pursue perfection and be in the top 25% of our peers</p> <p>SO2: Effective – As a teaching hospital, deliver effective and improving sustainable clinical services within the local health economy</p> <p>SO3: Caring – Work <i>with compassion</i> in partnership with patients, staff, families, carers</p>			

and community partners	
SO4: Responsive – To continue to be the secondary care provider of choice for the people of our community	
SO5: Well led - To be a high quality employer of choice and deliver financial and clinical sustainability around a patient centred, clinically led leadership model	
Corporate Impact Assessment:	
Legal and regulatory impact	Completion of the self-certification is now a regulatory requirement
Financial impact	Financial impact and due regard to the tariff is a requirement
Patient Experience/Engagement	Patient choice and provision of information is a requirement
Risk & Performance Management	Management of risks and strong performance management are also requirements
NHS Constitution/Equality & Diversity/Communication	Having due regard to the NHS Constitution is also a requirement
Attachments:	
Appendix A – SaSH Declarations for the NHS Provider License	
Appendix B – Self Certification documentation template	
Appendix C – Self Certification documentation template	

**REPORT TO TRUST BOARD IN PUBLIC 25TH MAY 2017
SELF CERTIFICATION STATEMENTS FOR NHS PROVIDER LICENCE**

1. Introduction

NHS trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements. The self-certification requirement set out in CoS7(3) does not apply to NHS trusts.

This is the first year NHS trusts must self-certify. Although NHS trusts are exempt from needing the provider licence, directions from the Secretary of State require the NHS Improvement to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate.

The Single Oversight Framework (SOF) bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Condition G6 and Condition FT (4) and must self-certify under these licence provisions.

2. What is required?

Providers need to self-certify the following after the financial year-end:

NHS provider licence condition
The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
The provider has complied with required governance arrangements (Condition FT4(8))

The aim of self-certification is for providers to carry out assurance that they are in compliance with the conditions.

From July, NHSI will contact a select number of NHS trusts to ask for evidence that they have self-certified.

3. Condition G6

Condition G6 (2) requires NHS trusts to have processes and systems that:

- a. identify risks to compliance
- b. take reasonable mitigating actions to prevent those risks and a failure to comply from occurring.

Providers must annually review whether these processes and systems are effective and must publish their G6 self-certification within one month following the deadline for sign-off (as set out in Condition G6 (4)).

Providers should choose ‘confirmed’ or ‘not confirmed’ as appropriate for the declaration. Providers choosing ‘not confirmed’ should explain why using in the free text box provided in the template.

4. Condition FT4

NHS trusts must self-certify under Condition FT4 (8).

Although not Foundation Trusts, NHS Provider Trusts should review whether their governance systems achieve the objectives set out in the licence condition. The standards set out in FT4 are similar to the standards of governance set out in the NHSI general objective.

There is no set approach to these standards and objectives but we expect any compliant approach to involve effective board and committee structures, reporting lines and performance and risk management systems.

5. Sign off

The board must sign off on self-certification.

6. Deadlines

Boards must sign off on self-certification no later than:

- a. G6/CoS7: 31 May 2017
- b. FT4: 30 June 2017.

7. Audits

From July, NHS Improvement will contact a select number of NHS trusts and foundation trusts to ask for evidence that they have self-certified. This can either be through providing the templates if they have used them, or by providing relevant Board minutes and papers recording sign-off.

8. NHS Improvement - NHS Trusts Self-Certification Recommendation

Following review and discussion, the Executive Committee is asked to support the proposed declaration as follows:

8.1 Condition G6

Not later than two months from the end of the Financial Year (by 31st May 2017), the CMFT Board of Directors ('the Licensee') is required to self-certificate to the effect that it "Confirms" or "Does not confirm" that it had well established and effective processes and systems to identify risks and guard against their occurrence in 2016/17, and, that these are still in place and their implementation and effectiveness is regularly reviewed going forward.

Based on the evidence highlighted in Appendix A, **it is recommended to the Board that the Self-Certification is formally signed-off as "Confirmed"**.

8.2 Condition FT4

The Board of Directors is required to self-certificate “Confirmed” or “Not confirmed” (by 30th June 2017) to a number of governance-related statements and set-out any risks and mitigating actions planned for each one within the NHSI self-declaration template.

Appendix A identifies evidence against each statement to support the declaration against Condition FT4.

Based on the evidence highlighted in Appendix A; **it is recommend to the Board that the ‘Condition FT4 is formally signed off as “Confirmed”.**

All Self-Certifications will be made public on the Trust’s website within one month of the highlighted self-certification deadlines.

Gillian Francis-Musanu
Director of Corporate Affairs & Company Secretary
May 2017