



Trust Board 31 May 2022

Annual Self-Certification with NHS Provider Licence

Purpose of the report

The annual self-certification provides assurance to NHSE/I that NHS providers are compliant with the conditions of their NHS provider licence. On an annual basis, the licence requires NHS providers to self-certify that they have:

- a. effective systems to ensure compliance with the conditions of the NHS provider licence, NHS legislation and the duty to have regard to the NHS Constitution (condition G6);
- b. complied with governance arrangements (condition FT4); and
- c. for NHS foundation trusts only, the required resources available if providing commissioner requested services (CRS) (condition CoS7).

Whilst non-FT trusts are not required to hold a provider licence, directions from the Secretary of State require NHSE/I to ensure that NHS trusts comply with conditions equivalent to those in the licence as it deems appropriate. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions.

Analysis of the issue

A template is provided to assist with recording of each of the self-certifications, this provides a useful tool to quickly illustrate compliance. It is not mandatory to complete, and it is not necessary to submit to NHSE/I unless the Trust is requested to do so. Each template has been completed for record keeping purposes, and in case the Trust is subject to NHSE/I request (see Appendix A and B).

NHSE/I's self-certification requirements and deadlines are set out in the table below;

Condition	Description	National Deadline
Condition G6 (3)	The provider has taken all precautions to comply with the licence, NHS acts and NHS Constitution.	31 May 2022
Condition G6 (4)	Publication of condition G6 (3) self-certification.	30 th June 2022
Condition FT4(8)	The provider has complied with required governance arrangements.	30 th June 2022

Proposal

Condition G6

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

- identify risks to compliance with the licence, NHS acts and the NHS Constitution
- guard against those risks occurring.

Providers must complete a self-certification after reviewing whether their processes and systems were implemented in the previous financial year and were effective (condition G6(3)).

Providers must publish their self-certification by 30 June (condition G6(4)).

A self-certification has been completed using the recommended template (provided in Appendix A) which confirms that processes and systems were implemented in the previous financial year and were effective (condition G6(3)).

On the basis that LPT is compliant with its provider licence, is not subject to any imposed requirements under the NHS Acts, has regard to the NHS Constitution in delivering NHS services and has received positive assurance on its processes and systems from internal auditors, it is reasonable for the Trust to confirm it is compliance with Condition G6(3) in its self-certification this year.

Providers must publish their self-certification by 30 June (condition G6(4)). This assurance report will be presented to the public Trust Board on 31 May 2022 and will be available on the Trust's website within the Board paper pack.

Condition FT4

Condition FT4 is about systems and processes for good governance. NHS providers must make a corporate governance statement under condition FT4(8) as to current and future compliance with condition FT4 (see Appendix B).

Evidence of Compliance

The compliance declarations above have been made on a range of evidence listed in Appendix C.

Decision Required

- To confirm the Trust's compliance with Condition G6(3) for 2021/22
- To declare compliance with the self-certifications in respect of Condition FT4 for 2021/22

Appendix A: Condition G6

Excerpt from worksheet G6 (General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts))

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

LPT's Financial strategy and annual financial plan set out details of resource requirements and efficiencies approved by the Board of Directors; the accounts have been prepared on a Going Concern basis. Risk to the trusts priorities and the compliance requirements of the CQC and SOF are considered by the Board of Directors in the ORR and monthly Performance Report. A robust governance structure is in place as part of the system of internal control that maintains oversight and provides the Board with assurance.

Appendix B: Condition FT4

Excerpts from 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

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 Trust has well developed systems of corporate and financial governance as evidenced by its Annual Governance Statement, Head of Internal Audit Opinion, internal and external audit reports, robust financial planning and regular review of risks by the Executive, the Board and its Committees. The Trust's Well Led provider rating improved from 'inadequate' to 'requires improvement' as reported in the Quality Commission (CQC) inspection report published in October 2021.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	NHS Improvement bulletins and any other guidance requirements are routinely reviewed and their implications identified before implementation. From the beginning of the COVID-19 pandemic, the Trust introduced a range of additional management and control processes including the establishment of an Incident Coordination Centre (Gold Command) in line with national guidance. These governance processes and arrangements helped LPT to respond effectively to the pandemic and were all approved by the Board. This is evidenced in the Annual Governance Statement.
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	Confirmed	The Board has a well developed committee structure with approved Terms of Reference which clearly state responsibilities, reporting arrangements and accountability. Level 1 committees contain cross-board membership and attendance is routinely monitored. Following each level 1 committee meeting, the Board receives a standardised highlight report to confirm assurance and highlight matters of concern; these also feed into the Strategic Executive Board.
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	A. LPT has sound systems of governance in place which are underpinned by programmes of internal, external and clinical audit. All statutory audits and reporting requirements are fulfilled. B. A monthly performance report is produced, and is scrutinised alternately by the Quality Assurance Committee and the Finance & Performance Committee one month, and the Trust Board the next. These also feed into the Strategic Executive Board. C. Detailed Board approved financial plans are in place and Internal Audit has provided significant assurance (2021/22) that LPT is delivering a sound system of financial control. The Standing Financial Instructions govern financial decision making and financial performance is scrutinised by the Finance & Performance Committee. The 2021/22 accounts have been prepared on an on-going concern basis. D. The Board and its committees work to pre-agreed work plans and are serviced by the Corporate Affairs Team which assists with agenda setting, paper circulation, minute taking, record keeping and action follow-up. Directors take responsibility for ensuring that accurate, comprehensive and up-to-date information is presented for consideration. LPT uses flash reporting to brief the Board of Directors on time-sensitive matters that occur between formal meetings; this was used frequently during 2021/22 to ensure that the Board remained up to date during the pandemic. E. A well established and well embedded Organisational Risk Register (ORR) identifies key strategic risks. It is presented to each Board meeting and is reviewed at the Strategic Executive Board once a month; risks are also subject to detailed review and scrutiny by the committees. During 2021/22 the ORR was refreshed, and incorporated tolerance levels to support the consistent application of board determined risk appetite. F. The Trust's Step Up To Great strategic plan was refreshed for 2021/22 and was endorsed by the Board at its October 2021 confidential meeting. G. The Trust's regularly seeks advice from its lawyers on legal compliance.

<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:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(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</p> <p>(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>A. Robust appraisal and performance review arrangements are in place at Board level (and throughout the organisation) and portfolios are regularly reviewed and refreshed. As part of the transition into a Group Model arrangement with Northamptonshire Healthcare NHS Foundation Trust, senior leadership capacity and support remains in place with a number of joint Directors to support the Executive Team.</p> <p>B. The Quality Assurance Committee, on behalf of the Board of Directors, receives assurance on issues of patient safety and quality of care, patient experience and patient outcomes, and promotes the involvement of service users, carers and the public. In addition, quality summits or thematic reviews of any indicators or areas of concern are commissioned by and shared with the Quality Assurance Committee as they arise.</p> <p>C. LPT is embedding a revised quality governance framework. The Quality Forum and Quality Assurance Committee receives relevant information and metrics relating to quality performance much of which is enshrined in the Quality Account.</p> <p>D/E. A patient story or service overview is regularly presented at the start of each Board Meeting; during the COVID-19 pandemic, this has been done virtually where possible during 2021/22. For this reason service visits for Board members (which allow for triangulation of information) were also restricted. The Board receives a range quality related reports, including reports on Serious Incidents, PALS, complaints, compliments, CQC regulatory compliance as well as regular reports from the Director of Nursing, Allied Health Professionals & Quality, and the Medical Director.</p> <p>F. There is clear accountability for quality of care throughout the Trust and systems of governance allow for appropriate escalation to Board of Directors. The Quality Forum meets regularly and reports to the Board's Quality Assurance Committee to provide assurance that the Trust is delivering safe, caring, responsive, effective and well-led services and to scrutinise and discuss clinical quality issues, particularly relating to best practice and national guidance. The Quality Forum's role includes the assessment of risks, patient safety and quality and ensuring that plans are developed and monitored to manage or mitigate the risks, escalating risks to the Quality Assurance Committee as appropriate for further consideration.</p>
<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.</p>	<p>Confirmed</p>	<p>The composition of the Board of Directors is regularly reviewed to ensure there is sufficient capacity, capability and the requisite skills and experience to deliver the Trust's objectives and plans and to provide effective leadership at an organisational and system level.</p>

Appendix C: Evidence of compliance

In making the above declarations, the following additional assurance can be provided to the Board;

- The Trust has Standing Orders, Standing Financial Instructions, and a Scheme of Delegation, which together describe how the Board of Directors discharge their duties through the Trust's governance structure;
- A risk management strategy which sets the standards for staff regarding the management and responsibility for risk throughout the Trust, describes the Trust's risk appetite and defines the framework and structure for risk management in LPT. This was updated during the year and approved at the December 2021 Audit and Assurance Committee.
- There is an Organisational Risk Register (ORR) and subsidiary risk registers (i.e risk assessment, counter fraud, local and directorate risk registers). The Audit and Assurance Committee, Quality Assurance Committee and Finance & Performance Committee have consistently provided a high (green) assurance rating to the Trust Board over the management of risk via the highlight reports.
- A risk based Internal Audit programme has been delivered that includes audits of risk management and governance arrangements. The 2021/22 audit 'Corporate Governance and Strategic Risk Management – Trust Board and level 1 Committee Arrangements' (2122/LPT09) was issued in March 2022 and gave significant assurance, and no recommendations were made. The audit included the following summary *"Overall, we confirmed that there is a clear governance structure in place linking the Trust Board to its level 1 committees, and appropriate assurance requirements are in place...Our review found arrangements to be clear and well documented"*.
- The interim Head of Internal Audit Opinion providing significant assurance on all three elements; outturn, follow up rate and strategic risk management.
- Self-assessment of performance against the CQC's 'well-led' domain.
- An Annual Governance Statement which reflects the Trust's governance structures and internal control arrangements.

Governance Table

For Board and Board Committees:	Trust Board 31 May 2022	
Paper sponsored by:	Chris Oakes, Director of Governance and Risk	
Paper authored by:	Kate Dyer, Deputy Director of Governance and Risk	
Date submitted:	23 May 2022	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	None	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	NA	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Annual	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	Yes
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	NA
Is the decision required consistent with LPT's risk appetite:	NA	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	None	