

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**

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*Insert name of  
organisation*



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 Trust is satisfied that the corporate governance systems it has in place are appropriate and where further improvement can be made that there is a clear plan for such improvements to be made. In 2020/21 the Trust established its Board Governance and Assurance Framework which provides a clear approach to corporate governance. This has been supplemented by a robust programme of work relating to governance improvements including annual effectiveness review of the Board and its sub-committees, re-design and implementation of the governance sub-groups and clear escalation approaches for issues and risks to the committees and Board. There is a risk identified relating to well led - the leadership component of governance - due to instability, capacity and capability at leadership level throughout the organisation. Additionally, a risk identified relates to measuring effectively - utilisation of data to support governance oversight. Mitigation includes development of the long term improvement plan with key programmes of work including measurement, capacity and capability; additional regulatory support and temporary capacity to support improvements, and the increase in permanent capacity of the governance team. #REF!
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 Trust considers all such guidance from NHS Improvement and implements this accordingly. There are no risks identified with this statement, the Trust has due regard to guidance when issued by NHS Improvement. The governance team horizon scan and ensure oversight of any regulatory and/or governance changes to ensure ongoing compliance. #REF!
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 Trust confirms that there is a robust governance structure in place. Over the financial year the Committees have been significantly strengthened with positive impact outlined by the annual effectiveness review undertaken in March 2021, along with the establishment of the Board Governance and Assurance Framework which outlines clearly the structures, reporting lines and accountability. Key area of focus into 2021/22 relates to the utilisation of Key Performance Indicators to measure effectiveness and provide assurance or areas requiring focus. Mitigation in this area includes the current review and refinement of the committee metrics, and the development of the committee assurance reports. Long term, the improvement plan theme of measuring effectiveness will be a critical factor in sustainable mitigation #REF!
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 Trust is satisfied that effective systems and processes are in place having due regard for the requirement to deliver against targets and other regulatory requirements. The Trust's governance processes support the aim of the Trust operating efficiently, economically and effectively as possible. Clear strategic goals and objectives are in place to support appropriate decision making in regard to efficient and effective operations. The Board Governance and Assurance Framework and scheme of delegation details clear oversight processes to ensure compliance with the applicable health care standards, evidenced via the Quality Governance Committee, Performance and Finance Committee and Compliance and Risk Group. This has been further strengthened in-year through the implementation of the Improvement Plan, focussing upon continuous improvements in line with the core requirements and Key Lines of Enquiry. Monthly financial performance monitoring is undertaken via the Board and its Performance and Finance Committee. Material risks are outlined within the BAF (strategic risks) and risk reports to each of the committees on the principal risks with the potential to impact upon achievement of our strategic goals. Assurance is then provided from each of the committees to the Audit Committee for overall risk management and assurance oversight. The Integrated Performance Report and the full suite of routine reports to the Board and its sub Committees enable the Board to identify and respond to exceptions, issues and risks in a timely manner. Risks identified in year relate to: the certainty around NHS financial planning to support budget setting secondary to the pandemic; the need to strengthen the use of data to measure effectiveness and gain assurance; and the well led aspects of governance as per CQC inspection. Mitigation of these elements are via the monthly financial monitoring and reporting, metrics review and long term improvement plan for measuring effectiveness, and the CQC improvement plan and leadership development in place. There has been risks identified relating to both Health and Safety (HSE) compliance in relation to covid worksafe and Equality and Diversity (EHRC) relation to staff safety. Both have in place a robust #REF!
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	Effective leadership relating to quality of Care is driven through the Medical Director and Interim Director of Nursing and Clinical Quality, with increased deputy director leadership and capacity underpinning this at Sub Committee level. Board and Committees receive reports with considerations of the quality of care incorporated, and this is further demonstrated by integrated reports to Performance and Finance Committee and Quality Governance Committee relating to operational delivery and quality of care. The Board and Committee schedules incorporate information on quality of care. An area of risk identified for the Board is the quality and utilisation of meaningful metrics and data to give clarity of focus, across all areas. This has been partly addressed to date through the establishment of committee metrics and escalation triggers to the Board for each Committee, which were implemented for the full year via meaningful committee dashboards. There is a longer piece of work commissioned to develop a meaningful integrated Board Report and the more effective utilisation of data to drive assurance. Engagement with stakeholders does occur across the organisation, and engagement leads at Executive and Non-Executive level have been established for each of our STP areas to enhance collaboration and consideration of emerging issues. Healthwatch presides on the Quality Governance Committee and the Oversight and Assurance Group to provide consistent patient and public feedback. #REF!
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	The Trust is satisfied that there is a robust process in place to ensure compliance with the Fit and Proper Person test. The Trust ensures that following appointment on an annual basis it undertakes assessment of continued fitness for the role by completion of a 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. The Board recruitment process is supported by NHSI and there has been significant focus on improving stability at Trust Board level. Remuneration Committee has become better developed with positive outcomes on the effectiveness review this year. Substantive appointments had been made with success however there has been some resignations which means a further period of recruitment to critical Board-level posts; as such there is a current level of instability that is being managed by the Trust and NHS Improvement. The Board development plan is in place but is iterative as a result of the needs of special measures, and the Executive Director's all have objectives set linked to the strategic objectives of the organisation. A recognised risk relates to capacity and capability across the organisation and mitigations currently include a number of interim additional roles, whilst the improvement plan theme of capacity and capability is addressed with the support of the Improvement Director #REF!

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

Name

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

A



Please Respond

**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.

Please Respond

**Signature**

\_\_\_\_\_

Name

Capacity  [job title here]

Date

**Signature**

\_\_\_\_\_

Name

Capacity  [job title here]

Date

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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