

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

Nottinghamshire Healthcare NHS Foundation Trust

*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

<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 has detailed in its Annual Governance Statement the mechanisms and controls in place to ensure good governance including our constitution, standing orders, risk management processes, and an effective committee structure. Compliance with the FT Code of Governance is assessed at the Audit Committee.</p>	<p>REF1</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>The Board is satisfied that guidance on methods of good corporate governance is appropriate up to date and implemented.</p>	<p>REF1</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 Board committees are established with clear terms of reference and lines of reporting. These are reviewed regularly (at least annually) for effectiveness and efficiency and updated when necessary. The terms of reference establish the purpose and authority of each committee, their membership, attendance, quorum requirements and reporting responsibilities.</p>	<p>REF1</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>The Board has established and implemented systems and processes through the Trust's governance and performance management arrangements to ensure ongoing compliance with the Trust's licence and related obligations including: - Risk Management Strategy - Board Assurance Framework and Risk Registers - Lixises Risk Management System - Accountability Frameworks - Annual Review of committee terms of reference - Integrated Performance Reporting framework covering the range of finance and quality assurance requirements including those prescribed in the Single Oversight Framework. - Quality Committee has oversight of compliance with fundamental quality standards - Finance and Performance Committee reviews the detailed financial and operational performance reports regularly - Comprehensive, forward planned agendas are in place for the Board and its Committees and are circulated with papers well in advance of each meeting - Cost Improvement Plans in place which are risk assessed for quality impacts - Standing Financial Instructions and Standing Orders in place - Annual Governance Statement - Utilisation of internal and external auditors to provide assurance.</p>	<p>REF1</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 Medical Director and the Director of Nursing are both appropriately professionally qualified and accountable to their professional body – in addition to the Trust. Non-Executive Directors (NEDs) individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, commerce, governance, research and organisational development. Collectively, the NED component of the Board is suitably qualified to discharge its functions. The Quality Committee is chaired by a NED and receives and considers numerous reports including the Quality Dashboard and specific reports and updates on performance, clinical quality and patient safety issues as well as updates on the Trust Quality Improvement Programme. The Board of Directors receives and reviews summary reports from its committees and the Council of Governors, and considered any specific issues that arise. The Board also received a monthly environmental scan from the Chief Executive which provides updates on work across the health and social care system, local, regionally and nationally, and assesses impact on the Trust. The Board of Directors receives monthly directorate specific patient & staff voice reports. The Trust has a strategic planning process and business cycle in place, and as part of this the Board reviews progress and delivery of objectives and plans.</p>	<p>REF1</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>All Directors, NEDs and staff's performance and competencies are reviewed at least annually as part of the Trust appraisal programme. Reports are presented annually to the Nomination and Remuneration Committees on the performance of Board members. All directors are required to make fit and proper persons declarations.</p>	<p>REF1</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  Signature 
Name Dean Fathers Name John Brown

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

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.

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 

Signature 

Name Dean Fathers

Name John Brewin

Capacity Chair

Capacity Chief Executive

Date 30 May 2019

Date 30 May 2019

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

A large yellow rectangular area with a dashed black border, occupying the majority of the page's width and height. It is positioned below the text 'Further explanatory information...' and to the right of the letter 'A'. This area is likely a placeholder for information that the Board has been unable to confirm.