

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

Great Western Hospitals 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.

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	Risk around the amount of guidance published and ability to meet all requirements. A register of statutory and compulsory guidance is maintained and regularly refreshed with leads identified and assurances sought on compliance with the guidance. No issues of concern have been flagged. A compendium of guidance has been developed in response to COVID. This is reviewed through the I Respond Team to ensure all guidance has a lead and is being considered and implemented as necessary
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Assurance and any potential for gaps in compliance with licence conditions are reported via a schedule to the Quality & Governance Committee on an annual basis. Furthermore that Committee considers compliance with the NHS Code of Governance, monitoring actions to address any potential gaps. Furthermore regular Board meeting cycle with 12 meetings per year along with Board Seminars for strategy and development work. A detailed planner enables new business and guidance to be brought to the attention of the Board in a timely manner.
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	Each year the Board undertakes a review of the Committee structure and of the effectiveness of Committees. This was completed in March 2020 and those Committees agreed that they remained effective, with only minor modification to Terms of Reference. The memberships of Committee is refreshed annually and this was completed in March 2020. Each Divisions within the organisation has its own governance structure, and the Divisions report into the Executive Committee. In addition there are Divisional Performance Review Meetings where Divisional Managers are held to account for their divisional performance. In 2020/21, the Scheme of Delegation was reviewed to ensure that it is effective and meets the needs of the Trust.
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	No risk identified around systems and processes. Annual Governance Statement and Annual Report evidencing compliance with regulatory requirements. Regular Board and sub committee meetings undertaking reviews of planned work including oversight of performance and financial information, corporate risks and the Board Assurance Framework. Robust external and internal audit processes have confirmed there are no material concerns on key internal controls and processes.
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	Quality issues are standing items on Board agendas along with reports to the Quality & Governance Committee, which meets monthly. The Quality & Governance Committee has regular oversight of all quality issues. The Quality & Governance Committee also receives a wide variety of reports from an established governance framework on an exception basis. There is a governor working group for Patient Quality and a number of patient engagement groups which interacts with stakeholders and received feedback from a number of sources. Although the requirement for a Quality Report has been suspended for 2020/21 Annual Report and Accounts work on the quality priorities for the Trust continues as part of the Trust's strategy. The Trust continued to strengthen its data quality in 2020 by implementing a BI tool and recruited an Associate Director of Business Intelligence.
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	Risk around insufficient staffing levels. However, the Trust utilises bank, locum and agency staff to ensure sufficient personnel are in place. Also the Trust continues to roll out a recruitment and retention plan. Regular Board and Committee reporting on the Trust's establishment along with recruitment and retention initiatives to ensure safe levels of staffing. The Remuneration Committee meets to consider succession planning, Executive Director recruitment, development and training. The Joint Nominations Committee meets to consider succession planning and the recruitment of NEDs recruitment, development and training.

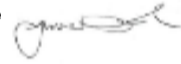
Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature



Name Kevin MacNamara

Signature



Name Simon Wade

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

Area

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

Name: Kevin McNamara

Capacity: Chief Executive

Date: 21 May 2021

Signature

Name: Simon Wade

Capacity: Director of Finance & Strategy

Date: 21 May 2021

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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