

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

<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>	<ul style="list-style-type: none"> <li>Compliance with NHS Foundation Trust Code of Governance (NHS Code of Governance for NHS Providers from 1 April 2023) is regularly assessed and reported, both to the Audit, Risk &amp; Assurance Committee and within the annual report.</li> <li>The Trust's Standing Orders require that a register of director's and governors' interest is in place and kept up to date (held by the Company Secretary who has accountability for its maintenance).</li> <li>There are no material conflicts of interest in the Board.</li> <li>All governors' elections and by-elections are held in accordance with election rules.</li> <li>Systems and controls assurances are obtained via the Audit, Risk &amp; Assurance Committee.</li> <li>An independent review of leadership and governance using the well-led framework is completed every 3-5 years.</li> <li>The most recent CQC inspection report (published June 2020) rates the foundation trust as "requires improvement" in two areas, and all other areas "good" including well-led.</li> <li>More complete explanations about systems of corporate governance are set out in the annual governance statement and the foundation trust's annual report.</li> <li>The Company Secretary maintains an overview of corporate governance developments within the NHS and across wider sectors, and good practice is shared through established regional and national Company Secretaries Networks.</li> </ul>
<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>	<ul style="list-style-type: none"> <li>Compliance with NHS Foundation Trust Code of Governance (NHS Code of Governance for NHS Providers from 1 April 2023) is assessed each year as part of the annual reporting process.</li> <li>Any guidance requirements are routinely assessed and implemented as necessary - overview of guidance provided by auditors in updates received at each Audit, Risk &amp; Assurance Committee meeting.</li> <li>Assurance and advice is provided as required by the Audit, Risk &amp; Assurance Committee.</li> </ul>
<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>	<ul style="list-style-type: none"> <li>Board committees established with clear lines of reporting, and recently reviewed</li> <li>Terms of reference in place for Board and all other committees and groups within the Trust which are regularly reviewed and updated where necessary. These set out the remit of each type of meeting, membership, attendance by others, quorum requirements and reporting responsibilities.</li> <li>Chairs report to the board to report assurance and escalate concerns in line with reporting structure.</li> <li>Clear delegation of actions to committees.</li> <li>Annual Governance Statement in place which identifies areas of potential risk and mitigating actions.</li> <li>Scheme of Delegation and robust Standing Financial Instructions in place</li> </ul>
<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 compliance with the Conditions of its Licence; (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>	<ul style="list-style-type: none"> <li>Risk Management Strategy in place and recently reviewed</li> <li>Board Assurance Framework used extensively at each committee and board meeting</li> <li>Six risk management system in place</li> <li>Use of internal and external audit services to investigate any areas of concern</li> <li>Contracts for services agreed with commissioners</li> <li>Finance, Infrastructure &amp; Digital Committee considers detailed financial performance report at each meeting</li> <li>Performance report considered at each Board meeting. Detailed performance discussed at monthly divisional performance reviews.</li> <li>Comprehensive agendas for Board meetings circulated to directors in advance of each meeting</li> <li>Cost Improvement Plans in place which are risk assessed for quality</li> <li>Standing Financial Instructions and Standing Orders in place</li> <li>Counter Fraud specialist reports to the Audit, Risk &amp; Assurance Committee</li> <li>In relation to point (f) and (g), the Trust's annual report and operational plan have set out a number of high-level risks facing the Trust and ways in which these are being mitigated.</li> <li>Points as set out in 1), 2) and 3) above apply.</li> </ul>
<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>	<ul style="list-style-type: none"> <li>The Chief Medical Officer and the Chief Nurse are both appropriately professionally qualified and accountable to their professional body (in addition to the Trust).</li> <li>NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, commerce and governance</li> <li>Collectively, the NED component of the Board is suitably qualified to discharge its functions.</li> <li>Quality reports presented to Quality &amp; Safety Committee and shared with the Board.</li> <li>Quality and Safety Committee, chaired by a NED with terms of reference which include reporting from Patient Safety Group, Safeguarding Groups and IPC.</li> <li>Clinical Audits – the Trust participates in national audits and also local audits. Audit reports are submitted to relevant committees or groups.</li> <li>Learning from national reports with comparative reports undertaken and action plans devised and implemented.</li> <li>National reports and benchmarking e.g. NICE guidelines and patient safety alerts.</li> <li>Monthly leadership safety walk rounds undertaken by Executive directors and Non- Executive Directors</li> <li>The executive team is supported by a cadre of appropriately-qualified and capable deputies</li> </ul>
<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>	<ul style="list-style-type: none"> <li>The Medical Director, Chief Nurse and Chief Financial Officer are all appropriately professionally qualified and accountable to their professional body (in addition to the Trust).</li> <li>Executive Directors' performance and competencies are reviewed through annual appraisals.</li> <li>Collective &amp; individual skill-sets reviewed as part of board succession planning</li> <li>The Trust Chair receives an annual performance appraisal from the Senior Independent Director</li> <li>NEDs receive an annual performance appraisal from the Trust Chair who advises the governors</li> <li>NEDs have been appointed/ re-appointed by the Council of Governors as advised by the governors' Nominations and Remunerations Committee</li> <li>NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, IT, commerce, governance, and OD. Collectively, the NED component of the Board is suitably qualified to discharge its functions</li> <li>Once post, each NED undergoes an internal induction to facilitate an understanding of the Trust, its operations and strategic direction</li> <li>Thereafter, on-going training to develop existing and new skills relevant to the NED role is undertaken by attendance at external conferences and workshops as required.</li> <li>NED progress is monitored by the Trust Chair at a formal annual appraisal session at which achievements against objectives for the preceding year are evaluated and new goals for the forthcoming year and a personal development plan are established.</li> <li>This is supplemented by a number of Board away days throughout the year to discuss strategy and policy as well as developing the knowledge and skills of the Board on specific issues.</li> <li>Divisions are led by experienced and capable teams consisting of a Divisional Director of Operations, Divisional Medical Director and Divisional Director of Nursing.</li> <li>Safer staffing levels on wards are reported to Board at each meeting and monitored</li> </ul>

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

Signature   
Name Simon Wade

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

Area for further explanatory information (currently blank).

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 K. McNamara

Signature [Handwritten Signature]

Name Kevin McNamara

Name Simon Wade

Capacity Chief Executive

Capacity Chief Financial Officer

Date 16.05.23

Date 18 May 2023

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 The Council of Governors considered and approved the training provided to Governors during 2022/23 (appendix 2) at its meeting on 8 February 2023.