This template may be used by NHS 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

## Worcestershire Acute Hospitals NHS 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.

**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*

| 1 | 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 remained in quality Special Measures throughout the year. In addition the Trust had the following conditions/warning notices in place:<br>• Section 31 Condition placed on registration (requirement to report 15 minute triage breaches and Harm Reviews) Emergency department, Worcestshire Royal | Please complete Risks and Mitigating actions |
| 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 Executive team regularly receive communications from NHSI. All guidance is regarded by the executive team and where appropriate escalated to the Board. The | Please complete Risks and Mitigating actions |
| 3 | The Board is satisfied that the Licensee has established and implements:<br>(a) Effective board and committee structures;<br>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and<br>(c) Clear reporting lines and accountabilities throughout its organisation. | Not confirmed | a&b. The Board Committees have met and reported to each Board meeting. All terms of reference have been revised and approved by the Board during the year. The relevant risks within the Board Assurance Framework is reviewed by each Committee bimonthly and changes approved by the Board at each meeting. The Audit and Assurance Committee reviews the processes for the management of the BAF. The Risk Management Strategy was approved by the Board in July 2017. | Please complete both Risks and Migitating actions & Explanatory Information |
| 4 | The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:<br><br>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;<br>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;<br>(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;<br>(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);<br>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;<br>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;<br>(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<br>(h) To ensure compliance with all applicable legal requirements. | Not confirmed | a&b. The Trust Leadership Group (TLG) meets fortnightly to manage the operational business of the Trust. Board Committees meet monthly (Finance and Performance, Quality Governance) and People and Culture meets bimonthly. Audit and Assurnace meets seven times a year. The Board meets bimonthly and has a forward plan for business. At each meeting reports are given on quality, financial performance and people management.<br><br>c. The Quality Governance Committee meets monthly and holds the executive directors to account for quality standards. The Finance and Performance Committee meets monthly and holds the executive directors to account for financial and performance standards.<br><br>d. The Finance and Performance Committee meets monthly to scrutinise the financial and operational performance and reports to each Board meeting. The financial recovery plan is reported to the F&P committee monthly. A turnaround director is in place. There was an agreed revised control total negotiated during the year in recognition of a deteriorating financial situation.<br><br>e. The Quality Governance Committee uses real time information via the SQuID system to inform the decision making process. The backlog in complaint response and serious incident review has decreased significantly throughout the year. The | Please complete both Risks and Migitating actions & Explanatory Information |
| 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:<br><br>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;<br>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;<br>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;<br>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;<br>(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<br>(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 | a. The Quality Governance Committee (QGC) oversees all aspects of quality within the trust. This meets monthly and escalates via a written report to each Board meeting. The Chief Nurse and Chief Medical Officer are responsible for quality of care at board level. A non-executive director has been identified to provide leadership with respect to learning from deaths.<br><br>b. Each business case developed has an associated quality impact assessment (QIA) using methodology as suggested by NHS Providers. The QIAs are signed off by the Chief Nurse and Chief Medical Officer and are reported to the QGC. Any QIAs not signed off are escalated to the QGC and then to Trust board.<br><br>d. QGC considers real time data via SQuID at each of its meetings. This is then reported to the Board via the written report from QGC. The Board considers an integrated performance report at each meeting.<br><br>e. The Board receives a patient story or equivalent at each Board meeting and approved the Quality Improvement Strategy and associated plans (including the Patient, Carer and Community Plan) at its March 2018 meeting. Patient representatives attend the QGC meeting and participate in ward visits. HealthWatch | Please complete Risks and Mitigating actions |
| 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 Board has one vacancy which is filled with an interim position. All Board members have undertaken the Fit and Proper Person Test. A self assessment against the well-led domain has been undertaken and an action plan is in place. The outcome of the Well-Led inspection undertaken by the CQC in February 2018 is | Please complete Risks and Mitigating actions |

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** Mark Yates **Name** Michelle McKay

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

A Please see individual statements above. Approved by the Trust Board May 2018

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