

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

Oxford Health 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 (F14 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.

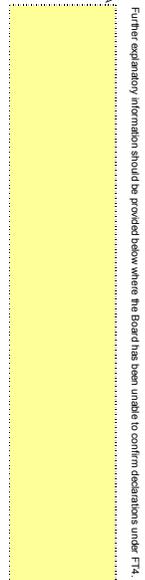
Corporate Governance Statement	Response	Risks and Mitigating actions
<p>1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which it reasonably would be expected to apply to a supplier of health care services to the NHS.</p>	<p>Confirmed</p>	<p>Risk: Governance framework and supporting structures not fit for purpose adversely affecting good corporate governance and decision making. Mitigation: Governance framework approved by Board to take account of CQC focus on domains; Trust's internal audit function which reports to the Audit Committee review and makes recommendations on the effectiveness of internal controls. Audit Committee also reviews the effectiveness of the Trust's internal audit function which reports to the Audit Committee review and makes recommendations on the effectiveness of internal controls. Information above responsibilities. Scheme of Delegation and Reservation of Powers to Board in place (latest date for review). Deal of AGS, advised by the External Auditor includes the work of the committees and members of Board committees or related to all members of Board. Board committees and reporting on completion of the structure and enhanced clinical governance processes for Annual Report. Board/Board Committee Reports when appropriate clearly regulatory and legal obligations (eg NHS's committee responsibilities, etc.)</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>Risk: Board members unaware of guidance in a timely manner affecting compliant status. Mitigation: Company Secretary 'horizon scans' and prepares monthly legislative/regulatory update to Board on such guidance from a set out sessions to NHS Improvement or 'mail postbox' against requirement. Company Secretary on NHS coordination for the Board to ensure that the Board is aware of any legislative/regulatory changes. Board assesses compliance with CQC of Provisions and other regulatory networks. Board assesses compliance with CQC of Governance as part of processes for Annual Report. Board/Board Committee Reports when appropriate clearly regulatory and legal obligations (eg NHS's committee responsibilities, etc.)</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/or staff reporting to the Board and those committees and staff; (c) Clear reporting lines and responsibilities throughout its organisation.</p>	<p>Confirmed</p>	<p>Risk: Governance framework and supporting structures not fit for purpose adversely affecting good corporate governance and accountability controls. Mitigation: Board reviews and approves annual reports, approved by Board from time to time, the depth and breadth of committees, workbooks and CQC fundamental standards domains providing opportunity for Board to scrutinise the work, and assess the effectiveness of the Committees and the overall structure and responsibilities of committees. Trust's internal audit function which reports to the Audit Committee review and makes recommendations on the effectiveness of internal controls. Information above responsibilities. Scheme of Delegation and Reservation of Powers to Board in place (latest date for review). Deal of AGS, advised by the External Auditor includes the work of the committees and members of Board committees or related to all members of Board. Board committees and reporting on completion of the structure and enhanced clinical governance processes for Annual Report. Board/Board Committee Reports when appropriate clearly regulatory and legal obligations (eg NHS's committee responsibilities, etc.)</p>
<p>4 The Board is satisfied that the Licensee has established and effectively implemented 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) For the timely and effective scrutiny and oversight by the Board of the Licensee's operations, as standards specified in the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulations 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 to Board and staff; (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 external assurance on such plans and their delivery; and (h) To ensure compliance with applicable legal requirements.</p>	<p>Confirmed</p>	<p>Risk: Failure to put effective processes, both corporate and clinical arrangements in place may lead to poor oversight at Board level of risks and challenges, strategic objectives not being established or structures not in place to achieve those objectives or appropriate structures and processes not in place to maintain the Trust's reputation and accountability to stakeholders. Mitigation: Board reviews and approves annual reports, approved by Board from time to time, the depth and breadth of committees, workbooks and CQC fundamental standards domains providing opportunity for Board to scrutinise the work, and assess the effectiveness of the Committees and the overall structure and responsibilities of committees. Trust's internal audit function which reports to the Audit Committee review and makes recommendations on the effectiveness of internal controls. Information above responsibilities. Scheme of Delegation and Reservation of Powers to Board in place (latest date for review). Deal of AGS, advised by the External Auditor includes the work of the committees and members of Board committees or related to all members of Board. Board committees and reporting on completion of the structure and enhanced clinical governance processes for Annual Report. Board/Board Committee Reports when appropriate clearly regulatory and legal obligations (eg NHS's committee responsibilities, etc.)</p>
<p>5 The Board is satisfied that the systems and/or processes referred to in paragraph 1 (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; (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 makes reasonable arrangements and information from these sources; and (f) That the Licensee has in place systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Confirmed</p>	<p>Risk: Board members not have sufficient capability or contacts to fulfil the quality of care, development, management and oversight of the Trust's operations. Mitigation: Board reviews and approves annual reports, approved by Board from time to time, the depth and breadth of committees, workbooks and CQC fundamental standards domains providing opportunity for Board to scrutinise the work, and assess the effectiveness of the Committees and the overall structure and responsibilities of committees. Trust's internal audit function which reports to the Audit Committee review and makes recommendations on the effectiveness of internal controls. Information above responsibilities. Scheme of Delegation and Reservation of Powers to Board in place (latest date for review). Deal of AGS, advised by the External Auditor includes the work of the committees and members of Board committees or related to all members of Board. Board committees and reporting on completion of the structure and enhanced clinical governance processes for Annual Report. Board/Board Committee Reports when appropriate clearly regulatory and legal obligations (eg NHS's committee responsibilities, etc.)</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>Risk: Failure to ensure patient and carer are involved in managing and leading on the care could lead to compromised patient and carer experience. Mitigation: Board reviews and approves annual reports, approved by Board from time to time, the depth and breadth of committees, workbooks and CQC fundamental standards domains providing opportunity for Board to scrutinise the work, and assess the effectiveness of the Committees and the overall structure and responsibilities of committees. Trust's internal audit function which reports to the Audit Committee review and makes recommendations on the effectiveness of internal controls. Information above responsibilities. Scheme of Delegation and Reservation of Powers to Board in place (latest date for review). Deal of AGS, advised by the External Auditor includes the work of the committees and members of Board committees or related to all members of Board. Board committees and reporting on completion of the structure and enhanced clinical governance processes for Annual Report. Board/Board Committee Reports when appropriate clearly regulatory and legal obligations (eg NHS's committee responsibilities, etc.)</p>

Signal 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 David Walker Name Stuart Bell

Further explanatory information should be provided below where the Board has been unable to confirm declarations under F14.



Worksheet "Training of governors"

Financial Year to which self-certification relates

2018/19

Please Respond

Certification on training of governors (FIs 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 s1(1)(g) 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 David Walker

Name Stuart Bell

Capacity Trust Chair

Capacity Chief Executive

Date 27 June 2019

Date 27 June 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

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