

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>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>3 The Board is satisfied that the Licensee has established and implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(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 decision making.</p> <p>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 reviews and makes recommendations on the effectiveness of internal controls. Audit Committee also reviews and makes recommendations on the effectiveness of committees. Trust's internal audit function which reports to the Audit Committee reviews and makes recommendations on the effectiveness of internal controls. Information above reports to the External Auditor includes the work of the committees and members of Board committees are called to all members of the Board. The Board Assurance Framework sets out all material risks to the Trust including strategic objectives which inherently includes compliance with the Conditions of its License.</p> <p>Risk: Board members unaware of guidance in a timely manner affecting compliant status.</p> <p>Mitigation: Company Secretary 'horizon scans' and prepares monthly legislative/regulatory update to Board on such guidance from a set out sessions to NHS staff and senior staff. Board members are also briefed on such guidance as part of processes for Annual Report and External Audit's review of auditable sections and opinion. Regular scrutiny annually of the Annual Governance Statement as part of the Annual Report (Audit Committee, External Auditors and Board). Trust's Well-Being and Governance Review 2017. Policy and ongoing oversight of delivery of action plan. (CQC Well-Being Review 2018 good outcome)</p>
<p>4 The Board is satisfied that the Licensee has established and effectively implemented systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(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;</p> <p>(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);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information to Board and staff;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its License;</p> <p>(g) To generate and monitor external assurance on such plans and their delivery; and</p> <p>(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.</p> <p>Mitigation: The Trust operates effectively, economically and efficiently and have roles in ensuring the Trust's financial decision-making, management and control and good governance status. The Trust has a Chief Operating Officer who regularly reports to Board on operational matters. In addition, the Trust's internal audit function which reports to the Audit Committee reviews the Board members' NHS's use of resources rating. Monitoring of financial performance and prospective views led to a number of recommendations set out when reports to the Executive Director of Finance, Director of Operations and the Board Assurance Framework sets out all material risks to the Trust including strategic objectives which inherently includes compliance with the Conditions of the License.</p> <p>Risk: Failure to meet quality standards for critical care will result in poorer outcomes for patients and poorer patient safety and some of the mitigating actions are as follows: models of care for every service with clear standards of care and standard operating procedures (SOPs); clinical and managerial leaders focusing on achieving status; day-to-day operational management products; effective team working and evidence of training for team based processes; ongoing staff survey; monthly non-patient feedback; patient feedback; improvement initiatives including productive wards, safer care programme, patient experience feedback, feedback and also real time feedback (FASIM) and/or direct staff and patient services.</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:</p> <p>(a) That there is sufficient capability at board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care provided;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account appropriate views and information from these sources; and</p> <p>(f) That the Licensee has appropriate systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>Confirmed</p>	<p>Risk: Executive Director in their capacity as Director or controls to Board the quality of care, delivery, management and patient safety. Executive Director reports to the Board and Director of Operations and reports to Board through the Audit Committee on same. Following 17/18 well-led review, increased capacity on Board (non-voting) and executive management team. The Director of Nursing and Clinical Strategies has lead responsibility for quality and reports to Board on these matters supported by the Director of Operations and the Director of Finance. The Board also has a succession planning responsibilities are clearly outlined in the Constitutionally led by the Company Secretary. Robust processes and diverse panel compositions for recruitment of NEDs and EDs.</p> <p>Risk: Failure to ensure timely, accurate and reliable data on quality is available may lead to lack of oversight of areas of poor performance.</p> <p>Mitigation: The Trust's internal audit function which reports to the Audit Committee reviews and makes recommendations on the management of information. The Board receive regular reports on operational performance and the Board scrutinises the reliability of data throughout. Work is progressing to improve the quality of data used for decision making. The Board also has a succession planning responsibilities are clearly outlined in the Constitutionally led by the Company Secretary. Robust processes and diverse panel compositions for recruitment of NEDs and EDs.</p> <p>Risk: Failure to ensure timely, accurate and reliable data on quality is available may lead to lack of oversight of areas of poor performance.</p> <p>Mitigation: The Trust's internal audit function which reports to the Audit Committee reviews and makes recommendations on the management of information. The Board receive regular reports on operational performance and the Board scrutinises the reliability of data throughout. Work is progressing to improve the quality of data used for decision making. The Board also has a succession planning responsibilities are clearly outlined in the Constitutionally led by the Company Secretary. Robust processes and diverse panel compositions for recruitment of NEDs and EDs.</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>Signature  Signature </p> <p>Name <u>David Walker</u> Name <u>Stuart Bell</u></p>	<p>Confirmed</p>	<p>Risk: Failure to ensure patients and carers are involved in managing and leading on their own care could lead to compromised patient safety and patient experience.</p> <p>Mitigation: The Trust's internal audit function which reports to the Audit Committee reviews and makes recommendations on the management of information. The Board receive regular reports on operational performance and the Board scrutinises the reliability of data throughout. Work is progressing to improve the quality of data used for decision making. The Board also has a succession planning responsibilities are clearly outlined in the Constitutionally led by the Company Secretary. Robust processes and diverse panel compositions for recruitment of NEDs and EDs.</p> <p>Risk: Failure to ensure timely, accurate and reliable data on quality is available may lead to lack of oversight of areas of poor performance.</p> <p>Mitigation: The Trust's internal audit function which reports to the Audit Committee reviews and makes recommendations on the management of information. The Board receive regular reports on operational performance and the Board scrutinises the reliability of data throughout. Work is progressing to improve the quality of data used for decision making. The Board also has a succession planning responsibilities are clearly outlined in the Constitutionally led by the Company Secretary. Robust processes and diverse panel compositions for recruitment of NEDs and EDs.</p>

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

Please Respond

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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