

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

Doncaster and Bassetlaw Teaching Hospitals 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 (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>	<p>The Trust monitors and reviews its systems and processes to ensure they comply with good governance. They were subject to internal audit and COC's inspections in 2018/19 and positive feedback was received.</p>	<p>REF1</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>New requirements are highlighted through national and regional networks and the Board is appraised through the CEO's report.</p>	<p>REF1</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 for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.</p>	<p>Confirmed</p>	<p>Revised Board and committee structures were implemented in June 2017 and audited in Q3 2016/17. The Board agreed a revised scheme of delegation, SFIs and standing orders in January 2019. Accountability structures for corporate and care group directorates are in place. Individual accountabilities are understood through job descriptions and contracts. The Trust were subject to a Committee Effective Review in 2018/19 and received positive feedback.</p>	<p>REF1</p>
<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 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.</p>	<p>Confirmed</p>	<p>The committee architecture gives assurance to the Board that the Trust is operating effectively. The committees scrutinise areas of performance around finance, operations, quality and workforce and escalate appropriately. Quality and Effectiveness Committee reviews a range of quality metrics and monitors progress against the COC action plan while other committees focus on patient safety and experience. Quality impact is monitored through Management Board and QCC. The Trust has developed its quality account for 2018/19 highlighting quality improvements made during the period and outlining priorities for 2019/20. The Trust has clear SFIs and a Delegation Scheme that determines the framework for financial decision-making, management and control. Systems of internal control are subject to regular audit and the Audit and Risk Committee has provided independent oversight and challenge. There are robust accountability systems in place to monitor effectiveness and efficiency schemes. The Board committee calendar ensures up-to-date information is provided to meetings for scrutiny and assurance. The Trust has a Risk Identification and Management Policy in place and the Board Assurance Framework and Corporate Risk Register provide the framework through which high-level risks are considered. The Board and committees receive the BAF and CRR on a frequent basis. The Trust has an annual planning process that ensures business plans are developed and supported. The governance, risk and control processes in place ensure the Trust remains compliant.</p>	<p>REF1</p>
<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>	<p>There is an effective objective setting and performance review process in place for board members, portfolios are reviewed on an annual basis and skills are refreshed and kept up to date through a range of development opportunities. There is a robust quality impact assessment process in place which is monitored by two senior clinicians from the Executive Team. A regular business intelligence report is brought to Board and a range of other quality metrics are reported through the board's committees. Board members are actively involved in quality initiatives including ward walkabouts and membership of operational committees. One non-executive has taken on responsibility as a Freedom to Speak Up Guardian. Clear escalation routes are in place to ensure matters are referred up to Board committees. Those board committees also have a standing item on each agenda allowing them to escalate to the Board.</p>	<p>REF1</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>The Trust has in place a formal and rigorous appointments process to the Board. Executive responsibilities and those within the care group structure are reviewed and refined on a regular basis. Key roles often include Board involvement at interview.</p>	<p>REF1</p>

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 Richard Parker - Chief Executive

Name Suzy Brain England - Chair

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

A Not applicable.

OK

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

Signature

Name Richard Parker

Name Suzy Brain England

Capacity Chief Executive

Capacity Chair of the Board

Date 21 May 2019

Date 21 May 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

A Not applicable

