

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**

The Robert Jones and Agnes Hunt Orthopaedic Hospital 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 has in place robust systems and processes of governance and assurance regarding their application is obtained via the Audit and Risk Committee and through comprehensive programme of audit</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>The Trust has in place a Board Governance Pack which outlines its governance arrangements. This is reviewed by the Board on a regular basis.</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>The Board's committee structure and responsibilities are outlined in the Board Governance Pack. The Audit and Risk Committee has oversight of the effectiveness and completeness of those committees meeting their terms of reference</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>a) External audit provide a Value for Money Opinion b) The Board committees receive integrated performance report (IPR) on a monthly basis with IPR exception reports considered at each Board meeting. c) The terms of reference and workplans for the Board and Board Committees ensure adequate oversight of compliance with all regulatory requirements with audit opinions obtained as required throughout the year d) The Trust has in place a regular programme of audit reviews which include scrutiny of its financial management. The Board considers its going concern status on an annual basis. e) All assurance committees have in place a clear remit and workplan and will utilise the following to inform business decisions: key performance indicators in IPRs reviewed and agreed annually, programme of data quality, programme of audits overseen by the Audit and Risk Committee, Board Assurance Framework, Operational plan, Corporate Objectives. f) The Trust meets regularly with NHS England with regard to quality, finance and operational performance, these meetings allow for early identification of any licence issues g) As set out above (f) h) The above outlined enables the Trust to comply with all applicable legal requirements and in the event of any uncertainty independent legal advice is available.</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>a) The Board is made up of individuals with suitable skill and expertise to provide leadership on all of its business, including quality of care. The skills and experience mix of the Board has been supplemented by Associate Non-Executive Directors. b) The Board receives quality information through the performance report and various detailed reports from management. The Trust has in place a Quality and Safety Committee and the Board receives a Chair's Report which highlights the topics discussed and any assurance gained. c) Quality of care data is captured as early as possible. The Trust's data quality processes are overseen by the Audit and Risk Committee. d) As outlined above (b) e) The Trust has in place several mechanisms for engaging with staff, patients and external stakeholders. The Trust uses Patient feedback as a key measure of monitoring the quality of care, this an important "health check" for the services we provide as well as promoting a strong culture of listening to patients to help improve services. The Trust offers many opportunities for patients and carers to give their feedback including Trust email, Twitter and Facebook, local and national patient feedback surveys, Friends and Family Test (FFT) survey, patient stories, patient forums, Trust Governor forums and comments received direct. All feedback is shared with the clinical areas and is responded to by the Communications Team or the Patient Advice and Liaison Service (PALS) Team. Staff are engaged via regular staff surveys (pulse checks) and a range of engagements fora. Engagement with stakeholders includes quality meetings with its commissioners and regulators. f) The Trust's Director of Nursing is the lead for Quality of Care with support from the Medical Director. There is a Quality and Safety Committee which is responsible for oversight of quality issues and escalating as required to the Board.</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 Board reviews its requirements and continues to develop plans for succession to Board and senior positions across the organisation</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   
Name Harry Turner

Signature   
Name Stacey Keegan

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

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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

Name Harry Turner

Capacity Chair

Date 01.06.2023

Signature

Name Stacey Keegan

Capacity Chief Executive Officer

Date 01.06.2023

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

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