

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

Blackpool 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.

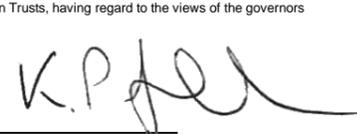
Corporate Governance Statement (FTs and NHS trusts)

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
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 Risks for all the sections of the Corporate Governance Statement are in relation to the outcome of the CQC inspections for the Well-Led domain and the Enforcement Action taken against the Trust in April 2019. The Board has a full complement of substantive members and the Trust has under the new Chief Executive and newly appointed Executive Directors in 2019/20 made significant improvements, especially in the second half of 2019/20 in order to strengthen the overall governance framework and control systems to ensure the delivery of sustained improvements across the organisational spectrum. The actions from the enforcement action and the CQC inspection are incorporated into a system-wide improvement plan that is regularly monitored. #REF!
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 Board receives and considers guidance on good corporate governance issued by the Regulator. The Trust has employed a Chartered Governance Professional in September 2019 to support the Board and to provide assurance on the effectiveness and robustness of the organisation's corporate governance framework. #REF!
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.	Confirmed	The Board has reviewed the Board Committees and introduced a Clinical Effectiveness Committee and a Performance and Operations Committee in 2019/20 and a subsequent review of the Board Committees was carried out in response to Covid-19 to ensure that the Board received the appropriate assurance whilst releasing capacity to fight the pandemic. The Trust is implementing a System Improvement Plan to address the NHSI enforcement undertakings letter and the CQC Report. The Board Committees, the Blackpool System Improvement Board and the Executive Directors are monitoring the delivery of the System Improvement Plan. #REF!
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.	Confirmed	The Trust's control framework can be evidenced as operating effectively in some areas and there is ongoing work to strengthen performance in the remaining areas, especially regarding the effectiveness of managing and implementing strategic change. Despite the Trust having received partial assurance from the Head of Internal Audit, the internal auditors and our various external stakeholders have noted that the Trust's refreshed Executive team has led substantial amounts of work during the year to respond to the findings of the CQC and address other performance issues within the Trust. Considerable improvement in the design of plans and monitoring systems to drive and secure change largely came into effect during the latter half of the year. These efforts have resulted in a number of revised processes being put in place. We are continuing to work on these to ensure that they are properly implemented and embedded into the day-to-day working of the organisation, so that they deliver sustained performance improvement in 2020/21 and in future years. #REF!
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.	Confirmed	As per the statement under section 4, the Board is satisfied that considerable improvement has been made in the designs of the improvement plans and monitoring system to drive and secure change and it receives regular updates and assurance about the continuing work to embed the new systems and to ensure delivery of sustained improvement. #REF!
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	All Executive posts are now filled on substantive basis and there are no NED vacancies on the Board. The Board has a good mix of skills. The Trust has approved the Compassionate Leadership Strategy and the HR&OD department support the succession planning and talent management programmes across the organisation. #REF!

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 Pearse Butler

Signature 
Name Kevin McGee

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

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Please Respond