

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**

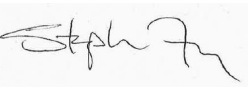

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

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 Head of Internal Audit Opinion for the 2020/21 year has increased to substantial assurance with minor improvements from limited assurance in 2019/20. Improvements to the control framework and risk management systems have been implemented during the year. Work is ongoing to refine and embed processes. The Board has a full complement of substantive members, with the exception of two Non-Executive Director vacancies which are currently in the process of being recruited to and the Trust has continued to make significant improvements in order to further 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 inspections 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 since 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	In response to COVID-19 the Trust had streamlined its Committee structures to release capacity and the revised Committee structure has been in place since June 2020. The Committees meet regularly and work against an annual workplan and report to the Board of Directors through bi-monthly reporting through the Committee Chairs providing assurance and updates on the Committees. The Committee effectiveness review is being carried out in quarter 1 and any resultant action will be monitored through the Board and Committees. The Trust continued to implement the System Improvement Plan and it has been monitored through the Board Committees, the Blackpool System Improvement Board and the Executive Directors. #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 based on the outcome of the Head of Internal Audit Opinion which was significant assurance with minor improvements. Work is ongoing in the areas requiring the improvements in order to strengthen performance, especially regarding the effectiveness of managing and embedding strategic change. Considerable improvement in the design of plans and monitoring systems to drive and secure change continued in 2020/21. These efforts have resulted in a number of revised processes being put in place and embedded as part of the control framework. We are continuing to work on the recommended minor improvements to ensure that they are properly implemented and embedded into the day-to-day working of the organisation, so that they continue to deliver sustained performance improvement in 2021/22 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 embed change and it receives regular updates and assurance about the continuing work to implement 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 two NED vacancies on the Board which are currently being recruited to with succession planning in place for all posts. The Board has a good mix of skills and has welcomed its newly appointed Chairman in post from 1 February 2021. The Trust applies the compassionate leadership ethos and the HR&OD department continued to 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  Signature   
 Name Steve Fogg 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