

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**

Warrington & Halton Teaching Hospitals NHS Foundation Trust



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	No material risks identified. Assurance include the Annual Report (declaration of compliance with the Code of Governance) and systems and controls assurances are obtained via the Audit Committee as described in the Annual Governance Statement (AGS). The Head of Internal Audit issued an overall opinion for 2023-24 of Substantial Assurance noting that there is a good system of internal control designed to meet the organisation's objectives. Effectiveness review of Board Committees are also undertaken.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS England from time to time	Confirmed	No material risks identified Key documents are highlighted/circulated to the Board through the Company Secretary. Legislative and regulatory changes are disseminated through membership of the NW FT Company Secretary Network and NHS Providers Company Secretary Network. The Board reviews/ discusses key guidance at Board meetings and/ or Board Development sessions.
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	No material risks identified Standing Committees are established with clear lines of reporting. Board approved Terms of Reference are in place clearly describing the Committee responsibilities, memberships and reporting arrangements. Along with the Committee Cycles of Business, the Terms of reference are updated annually to reflect the changing needs of the organisation. There are a wide range of additional controls in place including an approved Scheme of Reservation & Delegation (SoRD), Standing Financial Instructions (SFIs), Board member appraisal process and agreed Executive portfolios. Standardised Committee Chair Assurance Reports are in place to confirm assurance and escalate concerns in line with the reporting structure. Furthermore, an Annual Report from each Board Committee is received by the Board for assurance. The Board, via its Committee structure, has been advised that the Trust's designed systems of internal control have been effective, by the issuing of an overall opinion for 2023/24 of Substantial Assurance by the Head of Internal Audit.
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	Confirmed	No material risks identified There are a range of systems/and/or processes in place which evidence the Trust's ongoing compliance with the requirement. These include: Trust Board Meetings, presentation of the Integrated Performance Dashboard to each Board meeting which incorporates Quality, Performance and Sustainability, Committee Assurance Reports presented to the Board. The Trust's Board Assurance Framework is reviewed at each Board and specific, targeted updates are discussed in other Committees such as Quality Assurance Committee, Finance & Sustainability Committee, Strategic People Committee. Furthermore, the External and Internal Audit Annual opinion and Audit Annual Plan are approved by the Audit Committee. Going Concern Disclosure in the Annual Report
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	Confirmed	No material risks identified The Board had a full complement of Non-Executive and Executive Directors during 2023-24, all of whom received a robust performance and appraisal review. This included the Board members who have clinical, financial, managerial, strategic, communications and HR expertise. The Board includes clinical non-executive directors, a Medical Director and Chief Nurse who are accountable for assurance of and delivery of the quality agenda. Quality metrics are scrutinised at the Quality Assurance Committee and assurance provided to the Board via the Chair's Committee Assurance report. The Quality dashboard is reviewed at a number of levels before being presented for assurance to the subcommittee of the Board. Robust arrangements are in place for staff, patients and members of the public to raise concerns in relation to the quality of care including Freedom to Speak up, Guardian, PALS and Complaints. There are Friends and Family Test systems in place and the Trust has an active Council of Governors who regularly undertake observation visits, and engagement activities with a keen focus on quality of care. There is clear accountability for quality of care throughout the Trust allowing for appropriate escalation to the Board.
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	The Board is satisfied. During 2023-24, the Board had a full complement of Non-Executive and Executive Directors. The Executive Directors are all substantive appointments and have a range of skills, knowledge and experience. Non-Executive Directors and the Chair also have a variety of skills, knowledge and experience and are from a range of industries and background, including operational, financial and clinical experience. The Trust has a process for ensuring that Directors and Non-Executive Directors are fit and proper as required by the Fit and Proper Persons Requirements (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). There is an established Nominations & Remuneration Committee (NARC) for Executive Director appointments and remuneration. There are Executive Director Job and Person specifications in place.

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 McGuirk

Name Simon Constable

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

A n/a

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 Steve McGuirk

Name Simon Constable

Capacity Chair

Capacity Chief Executive

Date

Date

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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