

This template may be used by NHS 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

Stockport 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.

Worksheet "FT4 declaration"

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

1	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 Board continues to apply principles and standards of good corporate governance and developments during 2017/18 were informed by outcomes of both a CQC inspection and a Review of Undertakings carried out by NHS Improvement.	Please complete Risks and Mitigating actions
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 has robust systems in place to assess and respond to guidance issued by NHS Improvement.	Please complete Risks and Mitigating actions
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 adopts a continuous improvement approach to both Board and Committee arrangements with developments informed by best practice and outcomes of relevant reviews. The governance architecture for reporting to the Quality Committee was fundamentally reviewed and revised during 2017/18. In addition, Committee reporting to Board has been enhanced through a revised Key Issues Report format based on an Alert, Assure and Advise approach.	Please complete Risks and Mitigating actions
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 Board confirms that the Trust meets this requirement in the context of both continued application of an additional licence condition relating to achievement of the 4-hour A&E standard, further modified in December 2017 as a result of the Review of Undertakings, and a Requires Improvement outcome of the CQC inspection. The Trust's progress in mitigating associated risks is subject to regular review by NHS Improvement with formal monitoring through a monthly Quality Improvement Board involving regulatory and local system stakeholders. With regard to requirement 4d, the Board is fully aware of the Material Uncertainty relating to Going Concern applied in the ISA260 report following audit of the 2017/18 Financial Statements and is assured that plans are in place for a working capital facility, if required, to mitigate associated risk. The Board also acknowledges the auditor's qualified value for money conclusion in relation to breach of the A&E 4-hour standard. In addition, the Trust's financial performance is subject to monthly Enhanced Oversight from NHS Improvement. Any risks relating to general effectiveness of systems and processes will be tested during a CQC Well Led Review which we anticipate will be undertaken in Quarter 3 2018/19.	Please complete Risks and Mitigating actions
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	With regard to requirement 5c, the Board notes that the limited assurance report on the Annual Quality Report 2017/18 resulted in a qualified opinion on the Referral to Treatment incomplete mandated indicator. While improvements had been achieved during 2017/18, the qualified opinion was made on the basis of weaknesses in data management process and practice. Continued progress and improvement will be monitored by the Audit Committee. With regard to requirement 5f, practice and accountability for quality of care has been significantly enhanced through the implementation of a Board approved Quality Governance Framework and Quality Improvement Plan.	Please complete Risks and Mitigating actions
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	Robust recruitment and selection processes are in place for both Non-Executive Director and Executive Director positions. Risks associated with current Interim Chief Executive and Interim Director of Workforce will be mitigated through recruitment activity to secure substantive appointees.	Please complete Risks and Mitigating actions
Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors				
<p>Signature </p> <p>Name <u>Adrian Barton</u></p>		<p>Signature </p> <p>Name <u>Helen Thompson</u></p>		
Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.				
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Worksheet "Training of governors"

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.

2 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: Adrian Belton

Capacity: Chair

Date: 28 June 2018

Signature



Name: Helen Thomson

Capacity: Interim Chief Executive

Date: 28 June 2018

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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