

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 external governance review confirmed that the Trust has an appropriate governance structure in place to allow review of the key elements of performance and that the governance structures are closely aligned with those in place at the NHS providers used to benchmark the Trust against.	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 will continue to be informed of any guidance provided by NHS Improvement as and when issued, for review and application.	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	a) The Board will continue to monitor the effectiveness of its committee structure and b) Through annual review of their terms of reference ensure responsibilities are clear. c) The Board will continue to ensure clarity of reporting lines and accountabilities, when making executive appointments. During 2017/18, it re-defined the role of the director of HR & OD, making this an executive role.	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.	Not confirmed	a) The Board is satisfied that it has established and implements systems to ensure it is efficient and effective. The Trust delivered a robust cost improvement programme for 2017/18, meeting its control total. b) The Board is satisfied that it has established and implements effective systems to ensure timely and effective scrutiny of the Trust's operations. The external governance review confirmed that the arrangements in place allow for review of the key elements of performance at a Trust wide level. In addition, meetings of the Board and its committees were well chaired and had a good balance of forward and backward looking information as well as the majority of the agendas being used for scrutiny and agreeing actions rather than information being made available for noting. c) On the basis that the Trust rating by the CQC remains inadequate, the Board is not satisfied that it has established effective systems to ensure compliance with all healthcare standards. Through its quality improvement plan, the Board will continue to closely scrutinise the systems of internal control to ensure sustained progress is made. d) The Board is satisfied that it has established effective systems for effective financial decision-making, management and control. This is supported by the Trust delivering its financial plan for 2017/18. e) The Board is satisfied that it has established effective systems to obtain accurate and comprehensive information in most material aspects. For example, it has made a number of in-year improvements with the introduction of a new quality and safety report, a new workforce scorecard, health and safety report, and revision of the	Please complete both Risks and Mitigating actions & Explanatory Information
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	a) The Board is satisfied with its systems of ensuring sufficient capability at Board level to provide effective leadership. A number of appointments were made during 2017/18, which has strengthened the Board. b) The Board is satisfied that its decision-making processes takes account of quality of care considerations. For example, it oversaw improvements to the rigour of the quality impact assessment process, to include all changes to practice. c) & d) As set out in statement 4, the Board is satisfied with its collection of accurate and timely information. e) The Board is satisfied that the Trust actively engages on quality with its key stakeholders. The Board considers quality of care at each Board meeting including starting the substantive agenda with patient stories. A programme of quality assurance visits continued throughout 2017/18, based on the CQC key lines of enquiry, supported by internal and external stakeholders. In addition, some directors hold 'surgeries' to ensure views of staff are heard and the Board considers feedback through data relating to complaints, pulse surveys, the annual staff survey, and the friends and family test. f) The Board is satisfied that there is clear accountability for quality of care and for escalating issues. Revised executive portfolios has strengthened this accountability and the Board has a well-established system of escalation through its committees and via the executive management structure. The external governance review found that	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.	Not confirmed	The Board has systems in place to ensure personnel on the Board are sufficient in number and appropriately qualified. However, it acknowledges that there are some key support roles that are not filled substantively and there has been a recruitment and retention challenge at operational level, specifically within the EOC. This will be one of the key risks for 2018/19 and so will receive monthly focus and scrutiny from the Board.	Please complete both Risks and Mitigating actions & Explanatory Information

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature *Daren Mochie*
Name |Daren Mochie

Signature *Graham Colbert*
Name |Graham Colbert

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

A See above

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