

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 will commission an external governance review to be undertaken during Q2/3 of 2017/18 to test the governance structure, and in particular the way assurance is sought and risk is managed. The aim will be to independently validate some of the governance improvements made during the past 12 months and to identify weaknesses and/or areas for further 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 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 consider the clarity of reporting lines and accountabilities during each new appointment it proposes to make to its directors during 2017/18.	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's PMO with the support and scrutiny of NHSI has established a robust cost improvement programme for 2017/18 and, while challenging, the Board is confident in its delivery. b) the Board is satisfied that it has established and implements effective systems to ensure timely and effective scrutiny of the Trust's operations. During Q2 the Board will oversee improvement to the integrated performance report it receives at each meeting, and with support of the PMO review of the Unified Recovery Plan to align to the Trust's new strategic goals. c) 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 closely scrutinise areas of weakness, such as that identified through 2016/17, e.g. medicines management, patient care records, and clinical audit. d) The Board is satisfied that it has established effective systems for effective financial decision-making, management and control. During Q2 of 2017/18 a restructure of the finance department is planned to further strengthen the support provided through the organisation to ensure continued financial control. e) The Board is not satisfied that it has established effective systems to obtain accurate and comprehensive information. As referred to in b) the Board will be overseeing a review of the integrated performance report to ensure more accurate and timely information, supported through strengthened informatics capability. f) The Board is not satisfied with its risk management arrangements. It approved in Q4 of 2016/17 a new risk management strategy and will be closely scrutinising its implementation throughout 2017/18. g) The Board is satisfied that it has established effective systems to ensure timely development of business plans, which are reviewed and approved internally and externally. Its 2017/18 business planning cycle will ensure these systems continue to be effective. h) The Board is not satisfied that it has systems to ensure compliance with all legal requirements. As mentioned above, there are some healthcare (fundamental) standards we continue to fall below, which are required as part of the Health & Social Care Act. The Board has good visibility of these areas of weakness and will closely monitor the improvement trajectory throughout the year.	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.

Not confirmed

a) The Board is satisfied with its systems of ensuring sufficient capability at Board level to provide effective leadership. There is a robust succession plan in place for 2017/18 to ensure each post is filled on a substantive basis. b) The Board is satisfied the its decision-making processes takes account of quality of care considerations. c) & d) As set out in statement 4, the Board is not satisfied with its collection of accurate and timely information and is in the process of making improvements to its integrated performance report. 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 continues throughout 2017/18, based on the CQC key lines of enquiry, supported by internal and external stakeholders. In addition, directors hold 'surgeries' to ensure views of staff are heard and the Board considers feedback through data relating to complaints, 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

Please complete both Risks and Mitigating actions & Explanatory Information


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 is satisfied that it has systems in place to ensure personnel on the Board are sufficient in number and appropriately qualified. However, it acknowledges that in key roles at sub-board level there has and continues to be vacancies in key support roles. The Board will monitor this through 2017/18 to ensure clear and robust succession planning.

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 
Name Richard Foster

Signature 
Name Daren Mochrie

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

A Explanation is provided above OK