

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	As listed in following sections
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed	Internal review of governance processes took place in 2015/16, reviewed one year on Feb 2017. Approach to 3 year gov review to be agreed when outcome of recent
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	See above. Clear lines of accountability. Strong governance structure in place. TORs reviewed annually. Annual Governance Statement in place. Annual committee self assessments taking place.
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	<ul style="list-style-type: none"> Head of Internal Audit Opinion 2016-17 - substantial assurance. Board Assurance Framework 2016-17 - substantial assurance. Top risks discussed at least quarterly at Audit Committee and Board. Work underway to further strengthen strategic risks in the BAF going forward. SOF segment of 2 at the end of the financial year 2016-17. Currently 3 and expected to move to 2 by the end of the financial year. Operating Plan received and approved at Board. Finance reports received monthly at PPP and Board. Monthly submissions to NHSI includes detail to confirm ongoing compliance and quarterly governance commentaries for the SOF requirements. APR submissions. Strong business planning systems and processes in place with goals regularly monitored, tracked and reported to PPP and Board. Board involvement in development of Quality Accounts, Annual Report, Annual Governance Statement. Well Led Framework regular reviews throughout the year Annual Report, Annual Governance Statement and Quality Account received at Audit Committee and shared with all Board members for comment. A system of integrated reporting is being developed in 2016/17, milestones will be monitored in the quality reports received at the Clinical Governance Committee and Integrated Quality Committee and quarterly to Trust Board. Current rating of 'good' with the CQC (we have not yet received the outcome of the
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	Board recruitment this year, one new NED, two new Executive Directors DOF joined April 2017 Dir of Strategic Partnerships due to join 1st August 2017, and already attending meetings. Quality receives significant discussion at Board and in IQC. Regular detailed reporting received. Quality Account and Quality Goals widely consulted upon including with Governors. Quality Impact Assessments taking place. Will be new integrated reporting system in 2017/18. Continually increasing transparency on local data and on integration and system of integrated reporting is being developed in this financial year. Patient/service user story received at the start of every Board meeting
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	Nominations and Remuneration Committee of the Council of Governors appointed a new NED this year. Very strong field. Also participate in NED reviews, including 360. Rem Com overseas for Executives, all have had annual reviews including 360. CQC approved re-appointed of the Chair for a third term due to commence

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

Signature John Short Signature Sue Davis
 Name John Short, Chief Executive Name Sue Davis, Chair

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

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Please Respond

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

Signature

Name: John Short

Name: Sue Davis

Capacity: Chief Executive

Capacity: Chair

Date: 28 June 2017

Date: 28 June 2017

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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