


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	Trust Board has regard for good governance principles - it has adopted model Standing Orders. It has all statutory governance requirements in place and is subject to internal and external audit on the robustness of its arrangements
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 Trust Board reports at each meeting against the requirements of the Single Oversight Framework and takes account of new guidance
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 Trust has a well-established committee structure to support the Trust Board. There is a reporting process from Trust Board Committees to the Trust Board and 'ward to board' flows on quality and risk management. There is an established senior management tier, which reports up to Trust Board level.
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	See also self-certification for G6. The Trust has sufficient skills and capacity at Board level to undertake financial-decision making, management and control. The Trust Board receives timely information on the Trust's business operations and levels of performance across waiting times, finance and quality. Effective financial decision-making includes an annual position statement, scrutinised by the Trust's auditors, Audit Committee and Trust Board, on its going concern status. The Trust Board has a well-established Committee structure for more detailed review and scrutiny of financial reporting and other aspects of Trust performance. The Trust Board reviews and signs off the Trust strategies and annual operational plan. The Board Reporting Framework is structured around the Trust Board's legal requirements.
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	The Trust Board has mix of clinical, quality and performance expertise to provide leadership across the organisation and to take account of all Board accountabilities in relation to quality (a). The Trust Board receives data at each meeting, from the preceding month or two months, on finance, performance and quality, which is subject to more detailed scrutiny by Board Committees as well as the Trust Board (b). There are specific reports monthly providing timely and accurate data on quality of care, using a variety of sources (c), which enable the Board to take an accurate, timely and accurate account of quality of care, and other reports throughout the year, which provide more comprehensive oversight of quality (for example, the Guardian of Safe Working quarterly reports) (d). The Trust Board concerns itself with quality of care at each Trust Board meeting including starting the substantive agenda with patient stories, and through its committee structure; Trust Board members 'walk the floor' regularly and speak with staff and patients about their experiences. The Trust Board receives intelligence on staff and patient experience through a number of routes during the year - annual staff survey, quarterly staff barometer, monthly Friends and Family test, monthly Patient Experience reporting (e) and (f). There is a focus on strategic risk through the Board Assurance Framework.
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 Trust Board receives data on staffing figures regularly. The Trust reports at each meeting on nursing staff fill-rates and receives regular updates on the Trust's People Strategy. The Performance and Finance Committee review more detailed staffing informing including medical staffing.

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 Terry Moran CB, Chairman

Signature 
 Name Chris Long, Chief Executive

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

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