

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 has detailed in its Annual Governance Statement the mechanism and controls in place to ensure good governance including our constitution, standing orders, risk management processes, and an effective committee structure. Compliance with the Foundation Trust Code of Governance is assessed and	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 is satisfied that guidance on methods of good corporate governance is appropriately up to date and implemented.	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 committees are established with clear terms of reference and lines of reporting. These are reviewed regularly (at least annually) for effectiveness and efficiency and updated when necessary. The terms of reference set establish the remit of each type of meeting, membership, attendance, quorum requirements, and reporting responsibilities.	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 establishes and implements these systems through regular and comprehensive reviews in a number of areas, including <ul style="list-style-type: none"> • Risk Management Strategy • Board Assurance Framework • Datix risk management system • Use of internal and external audit service • Quality and safety Committee review compliance against the fundamental quality standards • Finance, Business and Investment Committee considers detailed financial performance report at each meeting • Monthly performance report considered by Board • Comprehensive agendas for Board meetings circulated to directors at before each meeting • Cost Improvement Plans in place which are risk assessed for quality • Standing Financial Instructions and Standing Orders in place • Completion of a comprehensive Annual Governance Statement 	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	The Medical Director and the Director of Nursing are both appropriately professionally qualified and accountable to their professional body (in addition to the Trust). NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including finance, commerce, governance and Organisational Development. Collectively, the NED component of the Board is suitably qualified to discharge its functions. Quality Committee – chaired by a NED – regularly receive and consider numerous and relevant reports, including pressure ulcers, infection prevention and control, quarterly falls reports, patient experience reports, mortality reports, and clinical audit reports. Clinical Audits – the Trust undertakes a robust annual clinical audit programme of work, in addition to participating in national audits and continual benchmarking. These reports are submitted to the relevant committees and groups. Audit reports are submitted to relevant committees or groups. National reports and benchmarking e.g NICE guidelines	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 All Executive Director, NEDs, and other staff performance and competencies are reviewed through a comprehensive appraisal process. All Directors and Governors are required to make fit and proper person declarations, and there is a robust recruitment strategy in place within the Trust.

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

Signature



Signature



Name Paul Bentley

Name David Griffiths

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

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Please Respond