

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	Information Governance: Risk Management: Outstanding (financial based) enforcement undertakings in place which mean NHS Improvement's Governance rating remains red. Data quality issues being addressed in action plan.	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 Trust has in place, qualified compliance personnel, and a substantive Company Secretary (Chartered), who act in an advisory capacity to the Board.	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	3a) Well Led review in 2017/18 will consider if structures could be more robust	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	4a) External Auditors' ISA 260 2016/17 Value for Money opinion: 'As a result of the matters noted, we have concluded that the Trust has not made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources for the year ended 31 March 2017.' 4c) CQC Re-inspection Sept 2016: 'Requires Improvement' for Well-led domain, retention of overall rating of 'Requires Improvement' + 3 requirement notices. 4d) Outstanding financial and strategic enforcement undertakings given to NHSI. External Auditor Accounts opinion: 'These conditions...indicate the existence of material uncertainty, which may cast significant doubt about the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Trust was unable to continue as a going concern.' 4e) External Auditors' opinion on the Quality Account in relation to selected performance indicators: 'As a result of our work, our limited assurance report in respect of the mandated performance indicators is qualified as follows: Basis for Disclaimer of Conclusion – Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.' 'Basis for Disclaimer of Conclusion – Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.' 10x 52 week wait breaches of the 18 week RTT standard reported to NHSI in March 2017	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	5a) Acting Chief Nurse in post 5b) CQC Re-inspection September 2016 – rating of 'Requires Improvement' for Well-led domain and retention of overall rating of 'Requires Improvement' + 3 requirement notices 5c & d) 10x 52 week wait breaches of the 18 week RTT standard reported to NHSI in March 2017. External Auditors' opinion on the Quality Account in relation to selected performance indicators: 'As a result of our work, our limited assurance report in respect of the mandated performance indicators is qualified as follows: Basis for Disclaimer of Conclusion – Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.' 'Basis for Disclaimer of Conclusion – Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.'	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	Nominations Committee considers the make up for the Board. Recruitment compliance processes in place for all new appointees both at Board and in the organisation. Compliance with professional standards is validated regularly.	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: Martin Havenhand

Name: Louise Barnett

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

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



Name: Martin Havenhand

Capacity: Chairman

Date: 27 June 2017

Signature



Name: Louise Barnett

Capacity: Chief Executive

Date: 27 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

A:

[Large empty yellow box for providing explanatory information]