Worksheet "FT4 declaration"

Financial Year to which self-certification relates

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

	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's corporate governance framework is set out within the Rules of Procedure, which is reviewed and approved by the Board. This is supported by a number of key policies, for example, Standing Orders, Scheme of Delegation, Standing Financial Instructions, Risk Management Policy and Standards of Business Conduct. Key risks are recorded on the organisation wide risk register in accordance with Trust policy and key strategic risks are reviewed and monitored by the Board and its Committees. During 2021/22, the Trust has continued to implement its strengthend Corporate Governance Structure, including further embedding the Executive Groups, reporting through to Committees, with alignment to the organisations strategic objectives.	OK
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	A process is in place to ensure that any guidance on good corporate governance issued by regulators, and other national arms lengh bodies, is considered by the Executive Directors. Each week, guidance is shared with relevant Executive and Operational Leads for consideration and action.	OK
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	As referred to above, the Rules of Procedure set out the Board and Committee structures, responsibilities and reporting lines, along with an independent review being undertaken in year, which led to subsequent changes which were approved by the Board. The Rules of Procedure includes business cycles for the Board and its Committees, which identifies the reporting required by Executive Directors. Each Committee of the Board provides an exception based highlight report, to the Board at each meeting which is presented by the Non-Executive Chair. These reports provide a 2 page summary of items to escalate, key actions, positive assurance and decisions made, along with a summary agenda and attendance matrix. This reporting arrangement has also continued in year, for executive groups reporting into Committees. Clear reporting lines and accountabilities are in place, and these form part of a number of Trust-wide policies and procedures, set out in (1) above.	OK
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	Although financial performance has improved, there remain major risks in relation to long waiting lists and backlogs associated with elective and cancer recovery, the need to demonstrate sustainable improvements in urgent care performance, an underlying deficit and system with a deficit, in addition to an outstanding Section 31 Notice.	OK

| 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 Chief Nurse and Medical Director jointly hold executive leadership for quality, both of whom are voting members of the Board. In addition, the 2025Vision sets out our key objectives, including the provision of safe, effective, caring and responsive services. This strategic objective is measured via a number of critical success factors covering CQC ratings, reductions in harm arising from falls and pressure ulcers, maintaining mortality rates, infection control measures and PLACE inspection performance.

We have a Quality Impact Assessment process in place which provides assurance that the quality of care is not compromised for any financial planning decisions taken.

The Annual Business Cycles for the Trust Board and the Quality Governance Committee provide a framework for reporting on all aspects of quality and this includes regular Patient Experience Reports and our Annual Quality Account, which demonstrate the mechanisms by which information from stakeholders and patients on the quality of our services, is taken into account. The Board has continued to enhance its processes for patient engagement through the scheduling of Patient Stories at each Public Board. | OK |
| 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** | An ongoing process is in place to ensure compliance with the Fit and Proper Persons Test, with work undertaken in year to review and strengthen the processes in place.

Appointments have been made in year to recruit to the positions of Non-Executive Director, and Medical Director. | 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 David Wakefield, Chairman   **Name** Tracy Bullock, Chief Executive

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

| A | Although financial performance has improved, there remain major risks in relation to long waiting lists, an underlying deficit and system with a deficit, in addition to an outstanding Section 31 notice. | OK |