

Worksheet "FT4 declaration"

Financial Year to which self-certification relates

2022/23

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	<p>The Trust has well developed systems of corporate and financial governance as evidenced by its Annual Governance Statement, Head of Internal Audit Opinion, internal and external audit reports, robust financial planning, and regular review of risks by the Executive, board sub-committees and the Board itself.</p> <p>The Trust has recently commissioned an external well led review which was positive about the Trust's corporate governance arrangements with recommendations for minor changes.</p>
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	<p>The Trust responds to guidance issued by NHSE. Submissions and information provided to NHSE are approved through relevant and appropriate authorisation processes. Recent examples are (1) the Trust's response to the Ockenden Report and the subsequent recommendations and (2) compliance with the guidance on external well-led reviews.</p>
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	<p>The Trust has a well developed committee structure with approved terms of reference and clearly defined responsibilities, reporting arrangements and accountability. Each board sub-committee provides verbal and written assurance reports to the Board which also escalates any matters of concern and actions to be taken.</p>
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	<p>The Trust has sound systems of governance in place which are underpinned by an internal audit programme, external audit, and clinical audit programme.</p> <p>A monthly performance report is reviewed at Trust Board and PPC and quality performance report is reviewed at Quality Committee bi-monthly. The Trust has systems and processes in place to ensure it complies with current compliance and reporting requirements. Quality Committee has a robust system of oversight to ensure compliance with healthcare standards which is underpinned by a strong, central quality governance function and sound divisional governance.</p> <p>The Trust has robust and comprehensive corporate and financial governance arrangements in place. Amendments to these processes due to the Covid-19 pandemic have been in line with DHSC guidance. Corporate and financial governance arrangements remain subject to internal audit. All audit plans are agreed by the Audit Committee and similarly all audit reports are received and reviewed at the Audit Committee. The Trust responds to guidance and requests from NHSE. Information provided is approved through the relevant and appropriate authorisation processes. The Trust's accounting systems and processes ensure appropriate recording of cost information.</p> <p>The Trust has in place the services of external firms providing, external and internal audit and counter-fraud assurance.</p>
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	<p>The Trust has robust appraisal and performance review arrangements throughout the organisation. The executive team are supported by several corporate directors and there are uniform senior leadership models within each division.</p> <p>The Quality Committee receives assurance on issues of patient safety and quality of care, patient experience and patient outcomes and promotes involvement of service users, carers and the public. In addition, quality summits or thematic reviews of any indicators or areas of concern are commissioned and reported to the Quality Committee as they arise. The committee also receives bi-monthly quality performance metrics which is linked to the Quality Account.</p> <p>The Board receive a patient focused story at each meeting and undertakes board visits each month. The Board receives a range of quality reports including reports on serious incidents, PALS, complaints and CQC regulatory compliance. There is clear accountability for quality of care throughout the Trust and systems of governance allow for appropriate escalation to the Board. Quality Committee receives assurance from a number of operational committees that the Trust is delivering safe, caring, responsive, effective, and well led services and scrutinises clinical quality issues, particularly related to best practice and national guidance. It monitors risks to patient safety and quality and ensures that plans are developed and monitored to manage or mitigate risks, escalating risks to the Board as appropriate.</p>
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	<p>The composition of the Board is reviewed on an ongoing basis by the Chair and CEO to ensure that there is sufficient capacity, capability and the requisite skills and experience to deliver the Trust's objectives and plans and to provide effective leadership at an organisation and system level.</p>

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

Signature

Sd

Name Phil Townsend

Name Matthew Coats

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

A Not required.

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