

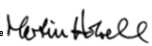
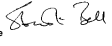
**Worksheet "FT4 declaration"**

**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	Risk: governance framework and supporting structures not fit for purpose. Mitigation: Governance framework approved by Board to take account of CQC focus on 5 domains. Trust's internal audit function which reports to the Audit Committee. <span style="color: red;">Please complete Risks and Mitigating actions</span>
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Risk: Information not presented to Board to enable it to consider issued guidance in a timely manner. Mitigation: Company Secretary 'horizon scans' and prepares. <span style="color: red;">Please complete Risks and Mitigating actions</span>
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	Risk: governance framework and supporting structures not fit for purpose. Annual Report approved by Board focusses on the depth and breadth of committee workplans providing opportunity for Board to scrutinise the work, and assess the effectiveness of the Committees and the overall structure and responsibilities of committees. Trust's internal audit function which reports to the Audit Committee. <span style="color: red;">Please complete Risks and Mitigating actions</span>
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	Risk: Failure to put effective governance (both corporate and clinical) arrangements in place may lead to: poor oversight at Board level of risks and challenges; strategic objectives not being established or structures not in place to achieve those objectives; or appropriate structures and processes not in place to maintain the Trust's reputation and accountability to its stakeholders. Mitigations: The governance framework includes both a Finance & Investment Committee and an Audit Committee which have roles in ensuring the Trust operates efficiently, economically and effectively and have roles in reviewing the Trust's financial decision-making, management and control; and going concern status. The Trust has a Chief Operating Officer who regularly reports to board on operational matters. In addition, the Trust's internal audit function which reports to the Audit Committee reviews and makes recommendations on the Trust's clinical and corporate governance regimes and information management systems. The External Auditor's Opinion comes out of work by the auditor to assess efficiency and value for money through effective use of resources. The Board monitors NHS's use of resources rating. The Company Secretary's office maintains work plans for Board, Council and committees which set out when reports / information are required allowing Executive Directors to plan accordingly. The Board Assurance Framework sets out all material risks to the Trust achieving its strategic objectives which inherently includes compliance with licence conditions, the BAF is. <span style="color: red;">Please complete Risks and Mitigating actions</span>
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	Risk: Board does not have sustained capability or expertise to lead the quality of care delivery in current climate. Mitigation: Chief Executive accountable for the Executive Director composition and performance, and reports to Board, through Remuneration Committee on same. Completed well-led review and increased capacity on Board (non-voting) and executive management team. The Director of Nursing and Clinical Standards has lead responsibility for quality and reports to Board on these matters supported by the Medical Director. The Chairman regularly reviews the whole Board composition to ensure the skill mix and experience is appropriate and balanced through the work of the Governor and NED Nominations and Remuneration Committees whose succession planning responsibilities are clearly outlined in ToR operationally led by the Company Secretary.  See above re risk and mitigation regarding governance frameworks. Risk: The failure to ensure timely, accurate and reliable data on quality is available may lead to lack of oversight of areas of poor care, failure to prioritise remedial actions appropriately and compromised decision-making. Mitigation: Dedicated Directorate, reporting to Executive Directors that have responsibility for. <span style="color: red;">Please complete Risks and Mitigating actions</span>
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	Risk: Trust does not have systems and processes to ensure Directors, managers, clinicians and staff are sufficient in number and qualifications. See previous section. The mitigation is that the Chairman regularly reviews the whole Board composition to ensure the skill mix and experience is appropriate and balanced with the. <span style="color: red;">Please complete Risks and Mitigating actions</span>

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 Howell, Trust Chair  
 Signature  Name Stuart Bell, Chief Executive

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

A 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 

Signature 

Name Martin Howell

Name Stuart Bell

Capacity Trust Chair

Capacity Chief Executive

Date 27 June 2018

Date 27 June 2018