

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	As evidenced in the Annual Governance Statement <i>Please complete Risks and Mitigating actions</i>
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Monthly board reporting cycle enables new business or guidance to be brought to the attention of the board in a timely manner. <i>Please complete Risks and Mitigating actions</i>
3	The Board is satisfied that the Licensee has established and implemented: (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	Annual review of the Constitution and recent review and changes to the Board sub-committee structures and reporting cycles, including the recent addition of a Finance Assurance Committee. Annual review of individual sub-committees terms of reference and over view by the board. <i>Please complete Risks and Mitigating actions</i>
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 Licensee; (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	1. External review conducted during 16/17 in accordance with the Well-Led framework for governance reviews which included governor input. 2. Annual Governance Statement, Quality report along with Annual Report documenting compliance with regulatory requirements. 3. Regular board and sub-committee meetings, undertaking reviews of planned work and including regular oversight of performance information, financial information and the corporate risk register. 4. Robust external and internal audit processes have confirmed no material concerns on key internal controls and processes. <i>Please complete Risks and Mitigating actions</i>
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	1. Quality issues are standing items on board agendas by way of monthly reporting on the Quality Improvement Plan and monthly reporting of QIRs. 2. The Quality Assurance Committee, a board sub-committee meets regularly for oversight on quality issues. 3. There is an established governance framework for a number of meetings which regularly report to the Quality committee. 4. There is a governor committee for patient involvement and experience and a number of other groups which engage with patients and stakeholders through surveys and other forms of feedback. 5. The annual Quality report is subject to external audit. <i>Please complete Risks and Mitigating actions</i>
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	Regular board and committee reporting on the organisation's establishment, recruitment and retention initiatives, staff levels of staffing and succession management and leadership training. The Performance and Remuneration committee meets regularly to consider succession planning, board renewal and <i>Please complete Risks and Mitigating actions</i>

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

Signature *Anshup Patel* Signature *Neil Davis*
 Name Name

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 Pradip Patel

Capacity Chairman

Date 04 May 2018

Signature



Name Neil Dardis

Capacity Chief Executive

Date 04 May 2018

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution. Confirmed OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. Confirmed Please fill details in cell E22

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services. Please Respond

OR

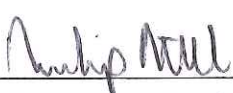
3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate. Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Financial Plan delivered a surplus of £26m. As at 31 March 2018, the Trust has a cash holding of £113m

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:
 Capacity:
 Date:

Signature 
 Name:
 Capacity:
 Date:

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

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