

Worksheet "FT4 declaration"

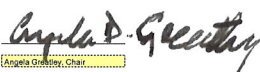
Corporate Governance Statement (FTs and NHS trusts)

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	GLCH Board considered a comprehensive paper on 30.05.18 and agreed to positively self-certify without reservation.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed	GLCH Board considered a comprehensive paper on 30.05.18 and agreed to positively self-certify without reservation.
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	GLCH Board considered a comprehensive paper on 30.05.18 and agreed to positively self-certify without reservation.
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: At the end of 2016/17 the Trust identified some significant issues in relation to business intelligence and performance analytics arrangements with a consequent impact on our ability to make all necessary reports to commissioners. During 2017/18 a program of work was put in place with a service rectification plan including bi weekly reporting to the executive team and monthly reports to Trust Board. This work is ongoing and hence there is still a residual risk. Actions: Completion of the programme of work to develop a data warehouse, improve the analytics function and strengthen data quality which will support the overall improvement in our reporting and use of data. The new data warehouse is scheduled to go live in Q1 2018/19.
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	GLCH Board considered a comprehensive paper on 30.05.18 and agreed to positively self-certify without reservation.
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	GLCH Board considered a comprehensive paper on 30.05.18 and agreed to positively self-certify without reservation.

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 Andrew Ridley, CEO

Signature 
Name Angela Greer, Chair

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

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