

## Worksheet "FT4 declaration"

Financial Year to which self-certification relates

2024/25

## 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 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, the Board and its Committees. Also, the Trust has an established Board Governance Assurance Framework which provides a robust approach to corporate governance and is reviewed and refreshed annually or as change requires. This is supplemented by a robust programme of work relating to governance improvements including the annual effectiveness review of the Board and its sub-committees.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	Guidance on governance is routinely reviewed and their implications identified before implementation; this has included a full review of the impact of the revised code of governance for NHS Providers.
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	Confirmed	The Trust can confirm that it has a clear governance structure in place. The Board and its sub-committees are aligned with Trust services to support decision-making and accountability. The Board Governance Assurance Framework outlines the Trust's governance structures, reporting lines and accountability, and undertakes regular review of this framework to ensure it aligns with best practice, and changes in the assurance structure. There are clear roles and responsibility for the Board and its sub-committees, aligned to the Board Assurance Framework and underpinned by workplans and terms of reference.
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	The Trust is satisfied that the Board Governance Assurance Framework and Scheme of Delegation provides appropriate oversight of the reporting, escalation and assurance mechanisms in place. Material risks to the ability to operate efficiently, effectively and economically are outlined in the BAF which is reviewed at each of the committees, and assurance/concerns are escalated via Audit Committee to the Board. The Integrated Performance Report and the full suite of routine reports to the Board and its sub-committees enable the Board to identify and respond to exceptions, issues and risks in a timely manner. There is monthly financial reporting via the Board and Finance and Sustainability Committee. The Trust also has in place a Quality Governance Committee, People Committee, Performance Committee, and Compliance and Risk Group to provide oversight and assurance in relation to the applicable healthcare standards and performance monitoring. As of March 2025, the Trust had exceeded the 85% target for mandatory training and delivered C2 performance of c43-min. An annual review is undertaken of the strategic risks and objectives. The Trust had two warning notices associated with the s29a warning notice closed in 2024/25. There remain three open actions from the original s29a warning notice. The CQC issued a further warning notice on 23/01/2025 and a section 64 warning notice on 27/01/2025 for failing to meet requirements relating to staff training, staffing levels, investigation of controlled drug incidents, call wait times, the culture of the service and acting on information from staff to develop and improve the service. In addition, the Trust received a notification of contravention from the Health and Safety Executive (HSE) on 02/04/2025, the concerns cited included the identification of risks and controls to prevent work-related stress, systems in place to enable managers to support staff, awareness of policies and procedures, and weaknesses in systems for the monitoring and review of work-related stress measures. The Trust continues to implement improvement plans which are monitored via the Rapid Quality Review Meeting.
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.	Not confirmed	Effective leadership relating to quality of care is driven through the Medical Director, Chief Paramedic (Allied Health Professional) and Director of Quality, and Chief of Clinical Operations, with increased deputy director leadership and capacity underpinning this at sub-committee level. There is a Board Development Plan and executive coaching in place for all members of the Board. An Executive Clinical Group comprising of senior managers provides timely oversight on clinical risks and quality of care at a senior level. Board and Committees receive reports with consideration of the quality of care incorporated, and this is further demonstrated by integrated reports to Performance Committee and Quality Governance Committee relating to operational delivery and quality of care. The Board and Committee schedules incorporate information on quality of care. Engagement with stakeholders occurs across the organisation, with engagement leads at Executive and Non-Executive level aligned to each ICB the Trust is currently associated with to enhance collaboration and consideration of emerging issues. Community Engagement Groups and engagement with Healthwatch provides consistent patient and public feedback. Completion of the three outstanding actions associated with the original s29a warning notice was forecast for 31/03/2025. Significant activity has been undertaken since the 2020 inspection to progress to a position in which the Trust has closed a number of the requirements, however, further assessment and action is required to address the most recent concerns from the CQC and HSE and to assess the impact of progress, with monitoring scheduled throughout 2025/26 to ensure assurance can be provided that the Trust meets its duty to operate efficiently, economically and effectively and operates within the healthcare standards.

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.

Not confirmed

The Trust is satisfied that there is a robust process in place to ensure compliance with the Fit and Proper Person test. The Trust ensures that following appointment and on an annual basis it undertakes assessment of continued fitness for the role by completion of a declaration. This applies to Non-Executive and Executive Directors, as well as other senior staff. In addition, for senior staff that require registration with a professional body, this information is checked on an annual basis to ensure on-going validation. The Board recruitment process is supported by NHS England. The Trust successfully appointed a new Chief Executive Officer who commenced in September 2024, improving stability, capacity and cabability at Trust Board level. Recruitment is underway for a Director of Governance, Director of Digital, Director of Finance and Chief of Clinical Operations. All Executive Directors have agreed objectives set, buddying arrangements and development plans. However, the Trust has reported an extended period of non-compliance with national ambulance targets, therefore assurance cannot be provided that the Trust is compliant with its licence conditions.

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 Mrunal Sisodia

Name Neill Moloney

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

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