

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 | No material risks identified. CQC inspection of the 'Well Led' Domain assessed as 'Outstanding'. |
| 2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time | Confirmed | No material risks identified. Assurance as above. |
| 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 | No material risks identified. The CQC reviewed the effectiveness of the Board of directors and its Committees as part of the 'Well Led' review, assessed as 'Outstanding'. There are a wide range of controls in place including the Scheme of Delegation and Standing Financial Instructions. There are clear terms of reference for all committees and we undertake an annual committee effectiveness review. All board members are subject to an annual appraisal (the NEDs and the CEO have appraisals led by the chairman, the chairman has an appraisal led by the senior independent NED and the executive directors have appraisals led by the chief executive). There is a clear organisational structure with clear reporting lines. |
| 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 | There are a range of systems and/or processes in place which evidence the Trust's on-going compliance. The trust holds monthly board of directors meetings and receives a monthly Integrated Performance Report structured to reflect performance against key indicators. The trust also holds monthly meetings of its assurance committees (Quality Assurance and Audit) in line with the trust's constitution. The board also receives and approves the Annual Plan and receives monthly updates from the Executive Director of Finance & Business Development. The Board Assurance Framework is discussed at each meeting of the board and the assurance committees and has received a green rating from our internal auditors. Further assurance is gained via the external audit opinion, Internal Audit annual plan (approved by the Audit Committee) and the risk & quality governance committee meetings. The clinical divisions feed into monthly management board meetings, attended by senior clinicians and managers, which in turn feeds into the board of directors. In regard to the Single Oversight Framework our finance and use of resources score has again been rated as 1. |
| 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 | No material risks identified. There are a range of systems and/or processes in place which evidence the Trust's on-going compliance with this requirement, including the composition of the board of directors (there are no vacancies on the board). The quality assurance committee reviews quality of care including approval of the annual clinical audit plan, learning from deaths, reports on patient safety and experience, health & safety and updates from the risk & quality governance committee. We were once again rated as Outstanding by the health regulator becoming the first specialist trust in the country to be given their highest accolade twice. Single Oversight Framework - we have again been rated as 1 for all of the five themes of: • Quality of care • Finance and use of resources • Operational performance • Strategic change • Leadership and improvement capability (well-led) |
| 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 | There are a range of controls in place to mitigate staffing risks. These include ward staffing reviews, e-rostering for all ward staff and a centralised bank for nursing posts. The board of directors receives a monthly safe staffing update via the integrated performance report. |

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: Christine Outram

Name: Roger Spencer

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

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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.

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 *Christine Outram*

Signature *Roger Spencer*

Name Christine Outram

Name Roger Spencer

Capacity Chairman

Capacity Chief Executive

Date 23rd May 2019

Date 23rd May 2019

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

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