

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

<p>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.</p>	<p>Confirmed</p>	<p>No significant risks identified. Detail in the Annual Governance Statement.</p>	<p>#REF!</p>
<p>2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>Confirmed</p>	<p>No significant risks identified. Horizon scanning, work of the Audit an Assurance Committee, and the Board business cycle allows new guidance to be brought to the attention of the Board and acted on in a timely manner.</p>	<p>#REF!</p>
<p>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.</p>	<p>Confirmed</p>	<p>No significant risks identified. Throughout 2018/19 the Trust has continued to refine its governance arrangements in line with The NHS Foundation Trust Code of Governance. 2018/19 saw further strengthening and maturing of the corporate governance arrangements, including the form and function of Board committee arrangements to ensure they are well placed to provide Board with the required levels of assurance. The Board's Standing Orders, Standing Financial Instructions and Scheme of Delegation were also revised to ensure fit for purpose governance arrangements, which support compliance with the NHS Foundation Trust Code of Governance and best practice as well as delivery of the Trust's Strategic objectives. Resulting changes provided further clarity on the responsibilities of directors and committees and reporting lines and accountabilities between the Board, its committees and the executive team, ensuring there were no gaps. Consequently, this resulted in improvements to the effectiveness of governance structures at the top of the organisation. Divisional Governance Review undertaken in Quarter 4 of 2018/19 provided moderate level of assurance and led to the identification of areas of improvement in divisional governance, which the Trust is working to address.</p>	<p>#REF!</p>
<p>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.</p>	<p>Confirmed</p>	<p>No significant risks identified. Annual Governance Statement, Annual Report and Quality Account document compliance with regulatory requirements. Internal and external audit confirmed no material concern with regard to controls and processes.</p>	<p>#REF!</p>
<p>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.</p>	<p>Confirmed</p>	<p>Board skills assessment completed. Quality is a standing item on the Board agenda, with the Quality and Performance Committee maintaining oversight of quality issues. Quality Governance Structure operated throughout 2018/19. Governors are involved in quality through Governors Quality and Performance Group. Quality Account is subject to external audit. Embedded approach to quality improvement acknowledged in the CQC inspection report received during 2018/19.</p>	<p>Please Respond</p>
<p>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.</p>	<p>Confirmed</p>	<p>No major risks identified. Fit and Proper Persons requirements are undertaken on the appointment of Board members. Regular Board and committee reporting on staffing, recruitment, retention, staff engagement, talent and leadership development in place. Regular Board Strategy and Development sessions in place. Regular meetings of the Remuneration Committee and Governors' Governance and Nominations Committee to address succession planning. Leadership capability recognised in the CQC Well-led inspection.</p>	<p>#REF!</p>

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 Peter Lachecki

Name Deborah Lee

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

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Please Respond

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

Signature

Name Peter Lachecki

Name Deborah Lee

Capacity Chair

Capacity Chief Executive Officer

Date 28 May 2019

Date 28 May 2019

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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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