

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

Risk that there is no overall system of governance, mitigated by Trust Governance Framework including Standing Orders, Standing Financial Instructions, and Scheme of Reservation and Delegation. Annual Governance Statement is audited by external and internal audit

2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

Confirmed

Risk that the governance arrangements are out of date and not fit for purpose, mitigated by annual review and update of Sos, SFIs and SoRD

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

Risk that there is an ineffective committee and board structure with accounting lines and accountabilities, mitigated by annual review of committee arrangements (in house) and periodic external review (Inext planned 2018), subject to comment and audit from internal or external auditors, Executive Directors have clear accountabilities which are set out on the intranet for all staff to see, arrangements for reportintg

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- 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 that required processes not in place, mitigated by a wide range of documents and processes including: 5 Year Strategy and Operational Plans, Financial Control Totals and CIP Programme, Integrated Performance Reporting and review at Committee and Board; appraisals and revalidation for staff; SOs, SFIs, SoRD in place and up to date; Internal and External auditors; LCFS and counter fraud arrangements; information and papers for board and committees with annually reviewed Terms of Reference and annual self assessment of committee effectiveness reported to Trust Board
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- 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

Risk that leadership and decision making processes are inadequate mitigated by recruitment and appointment processes to ensure the appropriate skills and experience in place at board and all levels, recruitment processes, annual appraisal and objective setting and annual review for all staff; quality of care has separate section on Board meeting agenda and is considered in all decision making of the Trusts including the use of Quality Impact Assessments overseen by Medical Director and Director of Nursing and Quality; monthly Integrated Performance Reports with Quality measures to Board and Quality dashboard considered in detail at monthly Quality Committee, Quality Committee Chair is a Board member; board members include those with a clinical background; Quality Account produced annually and audited, priorities selected by a wide consultation process; regulatory reviews and ongoing relationship management; Quality team in place

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

Risk that there are insufficient staff in number and qualifications at all levels, mitigated by Nurse, Doctor and other clinical professional roster systems, nurse staffing reported monthly to board in public, medical staffing considered at Board development session, staffing considered on an ongoing basis at bed meetings; revalidation for nurses and doctors; appraisals and objectives; training and development

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 Jules Preston

Signature



Name Martin Barkley