

FT4(8) - Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

Corporate Governance Statement

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*

Compliance - Yes

- The Trust Board has in place a Board Assurance Framework reviewed by the Board on a monthly basis and scrutinised by the Audit Committee and other Board Committees who have oversight of BAF risks as pertaining to their Terms of Reference.
- The Significant Risk Register is reviewed quarterly at Board and monthly at Board Committees and at the Executive Assurance Forum.
- The Trust Board has in place an annual forward work plan for both Board and Board Committees.
- By the end of the financial year the Trust has a sound system of internal control in place, which is designed to manage the key organisational objectives and minimise its exposure to risk. The Board is committed to continuous improvement and enhancement of the system of internal control.
- The establishment of the Executive Assurance Forum to seek on-going assurance that the Trust maintains robust systems of governance, risk management and internal control that enables clinical and managerial leaders to ensure safe, high quality, patient-centred care; has given added impetus to assuring the Trust has effective governance arrangements in place.

- An annual forward work plan for Board and Committees are in place.
- The Board recognises further work needs to be undertaken to embed systems and processes and to align its accountability arrangements with good practices.

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

Compliance - Yes

- Guidance issued by NHS Improvement is routed through the Trusts governance structure and discussed and actioned by the appropriate working groups, committees and brought to the Boards when it's warranted.

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.

Compliance - Yes

- The Board has confirmed compliance with these requirements in the Annual Governance Statement. There are effective Board and Committee structures in place with clear terms of reference.
- The Board is sighted on organisational, committee structures and governance arrangements including lines of accountability.

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***

Compliance - Yes

- The Board has received sufficient assurance to evidence that there are established and effective systems and processes to meet this requirement, underpinned by the Trust's Committee and assurance reporting; monthly review and challenge of the Integrated Performance Reports at both Board and Committees, Patient & Quality Report, the Board Assurance Framework and other reporting arrangements.
- Effective financial decision-making, management and control is overseen but the Trust Board's Finance, Performance & Investment Committee and CIP Board.
- The Trust recognises further work needs to be undertaken to embed risk escalation processes and the Single Oversight Framework.

- 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.***

Compliance - Yes

As above and in addition

- Board members have a wide range of skills and bring experience gained from NHS organisations and other public and private sector bodies. Their skills include accountancy, audit, education, management consultancy, legal and health knowledge. Due consideration is given to the composition of the Board in terms of the protected characteristic groups in the Equality Act 2010. Each member is appointed for his or her experience, business acumen and their relationship with the community.
- Non-Executive Directors are champions for nominated services.
- Full details of the governance arrangements are set out in the 2017/18 Annual Report.
- The Board reviews its portfolios and capabilities to meet the needs of the Trust.
- Executive Director's portfolios and performance are under the leadership of the Chief Executive.
- The Trust complies with all reporting requirements to NHS Improvement and to the Care Quality Commission.

- The Board receives performance reports at every meeting. The Clinical Quality & Patient Committee carries out more detailed scrutiny of quality matters and Finance, Performance & Investment Committee conducts Value Added Assurance (deep-dive) exercises on specified service areas.
- The Board has approved and closely monitored the performance against a CQC improvement plan following a 2016 inspection.
- The integrated performance report is reviewed on a monthly basis by both the Board and Committees, escalation of issues are taken to the Board for resolution.

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*

Compliance - Yes

- Please see Box 5
- All Board members comply with the Trust's Fit and Proper Person Test Policy including having the relevant experience and qualification to undertake their duties effectively.
- Non-Executive Directors voting rights outnumber the Executive Directors.
- The Trust has the right number of Non-Executive Directors to meet the needs of the Trust.

- There are six NHS standard pre condition Employment Checks that are required to be carried out before recruiting staff into positions (as follows):
 - Employment history
 - Identity
 - Professional registration & qualification
 - Criminal record
 - Right to work
 - Health assessment
- Pre-employment (NHS standard) checks are undertaken by the organisation in order to verify that an individual meets the preconditions of the role that they are applying for.
- The organisation treats all applicants fairly and is fully compliant with the NHS checking standards.