

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>None identified. Mitigating actions include: Annual review of corporate governance framework elements such as standing orders, standing financial instructions and scheme of delegation, board committees' effectiveness and terms of reference. The 2020/21 Head of Internal Audit Opinion was significant assurance with some improvement required. The 2020-21 internal audit review of Board assurance arrangements gave an assessment of significant assurance with some improvement required. An unqualified external audit opinion on the 2019/20 financial accounts and clean opinions with regard to use of resources; A quarterly review of the Board Assurance Framework and Corporate Risk Register. Integration of the BAF with key performance indicators linked to our strategic objectives; and</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>The Trust has regard to guidance through the submission of required annual and quarterly declarations, annual self-certifications and also when developing its annual operational and capital plans</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>Annual Governance Statement approved by Audit and Risk Committee in May 2021 and confirmation by KPMG that it adhered to guidance set out in the Department of Health & Social Care's Group Accounting Manual; Annual review of corporate governance framework elements such as standing orders, standing financial instructions and scheme of delegation, board committees' effectiveness and terms of reference; Board Committee Chairs' assurance reports to each subsequent Board meeting to escalate any areas of concern; Detailed corporate governance structure in place; and Audit Committee's annual self-assessment, in line with Audit Committee Handbook recommendations.</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>"Clean" internal audit opinion on use of resources and value for money assessment for 2020/21 accounts Internal and external audit annual plan – review of completed audits by Audit & Risk Committee Audit & Risk Committee's receipt of technical updates relating to the health sector from KPMG (external auditors) and other relevant briefings Regular meeting of Board of Directors and Board committees, enabling timely reporting and sharing of information Monthly performance reports to Board of Directors including performance against national and local targets, other regulatory requirements, workforce indicators, and patient and staff feedback Monthly Finance and capital reports to Board of Directors Board review of returns to NHS Improvement Board of Directors' review and approval of annual capital expenditure plans with updates provided on progress Updates to the Board on critical sign-off and future performance requirements from commissions Progress against delivery of Quality Account priorities is monitored by the Quality Assurance Committee Local anti-fraud arrangements in place with reports on progress against annual work-plan and any ad hoc anti-fraud work received by the Audit & Risk Committee</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>Executive job descriptions in place with clearly defined remit/responsibilities, linked to the Trust's strategic objectives Annual executive director appraisal process - including objective-setting and personal development planning Board of Directors development activities Fit and Proper Persons Declarations – Board of Directors' annual self-assessment completed by Director of Workforce Board members' register of declared interests Complaints Annual Report to Quality Governance Committee Annual Board reports on patient and staff survey outcomes and associated action plans Patient Experience strategy agreed by the Trust Board with progress reported to the Quality Committee</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>Pre-employment checks, Fit and Proper Persons self-assessments, annual performance appraisals and personal development plans, recommendations from Remuneration and Terms of Service Committee; Medical and nursing revalidation processes; Six monthly safe staffing report to the Board; HR policies and procedures reflect legislative and regulatory requirements and best practice</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 
Name Siobhan Harrington

Signature 
Name Julia Neuberger

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

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Please Respond