

Appendix 4 Corporate Governance Statement

It is recommended that the Board agrees that the Trust should CONFIRM each statement in its self-certification. A brief rationale is provided in italics.

1 The Board is satisfied that the Trust 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.

Management systems supporting effective corporate governance are in place. Systems and controls assurances are obtained via the Audit and Assurance Committee. Detailed explanations about corporate governance systems are set out in the annual governance statement and in the annual report

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

As this guidance becomes available, it is considered by the Integrated Governance and Risk Committee and/or the Audit and Assurance Committee as required.

3 "The Board is satisfied that the Trust 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"

A self-assessment of the Board, Committee and other governance arrangements was completed in Quarter 4 2018/19 and changes made to strengthen governance and assurance mechanisms, particularly in relation to the Board Committees. In addition an external review of Operational governance has been completed to enable an effective transition into a new organisational structure.

4 "The Board is satisfied that the Trust 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."

***The responses to requirements 1,2 and 3 apply to this requirement.
With regards to***

(c) The Trust has received a fixed penalty notice for a breach in Duty of Candour which occurred in 2016. This does not affect the declaration for 2018/19. The approach to the management of Duty of Candour has been significantly strengthened since the breach was reported by the Trust. In addition the Trust received an overall rating of 'requires improvement' following a CQC inspection in Quarter 4 2017/18. Its overall rating for the well led domain was 'good'. No regulatory action was taken.

(e) Issues with data quality experienced following the implementation of an electronic patient record (EPR) is well described in the Trust's Annual Report and Accounts and NHSI has been briefed about these.

In relation to point (f), (g) and (h), the Trust has a strategic risk register which sets out the high level risks facing the organisation and the ways in which these are being mitigated. "

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 Trust, 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 Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate"

The Board has an overview of the quality of care within the organisation through the use of an Integrated Dashboard. Detailed reports are received from management covering each quarter. The Board also receives patient stories at each meeting..

A Quality Committee provides overview and scrutiny of assurances associated with the quality of care on behalf the Board and the Board of Directors receives a report at each meeting. Details of the role of the Quality Committee and the broader arrangements for quality within the Trust can be found in the Trust's Annual Report and Accounts, particularly within the Quality Report.

A section of the strategic risk register (principal risk infrastructure) is dedicated to considering the risks to the quality of care provided

6 The Board is satisfied that there are systems to ensure that the Trust 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.

During 2018/19 all executive posts were occupied. The Trust's Chairman left in January 2019 and the Trust has an Acting Chairman in place until the newly appointed Chairman starts on the 1st May 2019. There was one Non-Executive Director vacancy (from November 2018). The Recruitment to this post was purposefully delayed to

enable the new Chairperson to support the recruitment process. Interviews for this post and another vacancy (from May 2019) will be held in early May 2019. Succession planning for the Board is in place.