

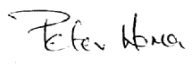

Worksheet "Corporate Governance Statement"

Corporate Governance Statement

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

4 Corporate Governance Statement	Response	Risks and mitigating actions
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.	Confirmed	The Board committee structures were revised and implemented in December to ensure continued focus on systems and processes. The Audit and Assurance Committee obtain assurance throughout the year with regard to the effectiveness of systems and processes.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	The Board responds to guidance in respect of good corporate governance through the board committee structure, ToR's and workplans
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.	Confirmed	Ongoing focus of the Board on its structures to ensure it can undertake its central role of strategic planning, risk management, performance and quality delivery of services oversight effectively
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.	Confirmed	As 1 - 3. The internal audit plan, agreed by the audit and assurance committee ensures focus on any risk areas to evidence compliance with the Trust's license. The revised Board Assurance Framework focuses on strategic risks for the Trust and is overseen, monitored and scrutinised by the Risk Committee which reports directly to Board.
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.	Confirmed	The Board has significant oversight of quality and safety of care within the trust receiving detailed management reports, hearing patient stories at each board and undertaking frequent walk rounds and Internal Assurance Visits. The Quality Committee undertake further detailed scrutiny of quality and safety of care.
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.	Confirmed	The Board reviews its requirement as vacancies arise and these are assessed by the Nominations and Remuneration Committee for Exec Directors and the Governor Nominations and Remuneration Committee for NEDs and the Chairman. This ensure the Board has the correct mix of skills to deliver the strategic objectives of the Trust, including assurance safe staffing levels throughout the organisation.

Signed on behalf of the board of directors, and having regard to the views of the governors

Signature 	Signature 
Name <input type="text" value="Peter Homa"/>	Name <input type="text" value="Louise Scull"/>

The board are unable make one of more of the above confirmations and accordingly declare:

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