

BOARD SELF-CERTIFICATION

Corporate Governance Statement	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>The Board is satisfied that it complies with the Corporate Governance Code. The Trust's corporate governance structure is designed to ensure appropriate oversight and scrutiny and to ensure good corporate governance practice is followed.</p> <p>Board meetings are held in Public every two months and there is the opportunity for members of the public to ask questions of the Board. The Board also meets in private every month (except in August and December) to discuss matters which are commercially sensitive and/or are of a confidential nature.</p> <p>Board meetings follow a formal agenda which includes Patient Safety and Experience and a range of Strategic and Operational items including; clinical governance, financial and non-financial performance, together with performance against quality indicators set by the Care Quality Commission (CQC), NHS Improvement and by the Executive. These include measures for infection control targets, patient access to treatment, waiting times, length of stay, complaints data and the results of the Friends and Family Test</p> <p>The Trust has also developed a new Board Assurance Framework (BAF), through which the Board is provided with a mechanism for satisfying itself that its responsibilities are being</p>

	<p>discharged effectively; and informs the Board where the delivery of principal objectives are at risk due to there being any gaps in control and/or assurance.</p>
<p>2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement (NHSI) from time to time</p>	<p>CONFIRMED:</p> <p>The Trust ensures that it adheres to the NHS Code of Governance and the Single Oversight Framework (issued by NHS Improvement).</p> <p>The Board takes account of the NHS Constitution in its decisions and actions, as they relate to patients, the public and staff. The Board of Directors is compliant with the principles, rights and pledges set out in the Constitution.</p>
<p>3. The Board is satisfied that the Licensee has established and implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the</p>	<p>CONFIRMED:</p> <p>The Board has robust committee structure which includes the following committees: Audit Committee, Finance and Investment Committee, Quality and Risk Committee,</p>

<p>Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.</p>	<p>Appointment and Remuneration Committee and the Charitable Funds Committee.</p> <p>All committees are properly constituted with clear terms of reference. There is a clear scheme of matters reserved for the Board's own decision making and those that it delegates to its committees.</p> <p>Each committee has an executive lead providing the link to the committee and the organisational structure within their executive remit.</p>
<p>4. The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(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;</p> <p>(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);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for</p>	<p>CONFIRMED:</p> <p>The Board of Directors develops the Trust's yearly objectives using the principles embedded within its Patient First Programme and has identified 'True North' objectives for the Trust. All objectives are quantifiable and measurable and performance is reviewed through an appropriate sub-committee such as the Audit Committee or Quality and Risk Committee as well as the Board.</p> <p>The Board also receives a monthly report from the Chief Financial Officer on financial performance. Financial performance is highlighted and reviewed at the Trust Executive Committee to ensure that all senior leaders have visibility on the position and the actions required. Financial performance is further scrutinised in detail at the Finance and Investment Committee. The Audit Committee has overall responsibility for scrutinising the Trust's compliance with its duty to operate efficiently, economically and effectively. The Trust's</p>

<p>Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(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</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	<p>compliance with healthcare standards including those set by the CQC, the NHS Commissioning board is scrutinised by the Quality and Risk Committee. Reports and minutes of the Audit Committee, Quality and Risk Committee and Finance and Investment Committee meetings are regularly presented to the Board.</p> <p>The risks to the Trust's ability to continue operating as a going concern are reviewed via the Board Assurance Framework which is scrutinised by the Quality and Risk Committee, Finance and Investment Committee, the Audit Committee and the Board itself.</p> <p>The Board is supported by the Company Secretariat function which ensures the preparation and dissemination of all Board and committee papers. The Company Secretariat, in conjunction with the executive team, also prepares forward plans setting out the work to be undertaken by the Board and each committee in each year.</p> <p>The secretariat provides an advisory service to the Board and its committees on the legal and compliance issues.</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:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p>	<p>CONFIRMED:</p> <p>All Executive Directors are appointed by the Board's Appointment and Remuneration Committee which is made up of the Board's Non-Executive Directors. The Committee is also responsible for reviewing the annual performance of the executive directors.</p>

<p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(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</p> <p>(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>All Board meetings have agenda items covering quality of care provided to patients which is routinely provided in comprehensive reports to the Board.</p> <p>The Board also receives the annual staff survey report which details the level of engagement with staff (among other things) and the Board develops action plans for following up the outcomes of the survey reports.</p> <p>The Trust is subject to regular review visits from CQC and reports from these visits generate action plans which are reviewed by the Board to ensure that the Trust continues to provide high quality care to patients.</p> <p>The Board's continuing focus on quality care is monitored through the Patient First Programme. This is the True North of the organisation – the one constant to which the Trust must always set out direction of travel in order to achieve its vision.</p> <p>The Patient First is a continuous process of improvement within existing processes and pathways that leads to measurable improvements for our patients and staff.</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>The Board's non-executive directors are appointed by NHSI and its executive directors are appointed by the Board's Appointment and Remuneration Committee (as stated above).</p>

SIGNED ON BEHALF OF THE BOARD OF DIRECTORS

NAME: MIKE VIGGERS



CAPACITY: TRUST CHAIRMAN

DATE: 31ST MAY 2018

NAME: MARIANNE GRIFFITHS



CAPACITY: CHIEF EXECUTIVE

DATE: 31ST MAY 2018