

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
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.	Confirmed	The Trust is satisfied that the corporate governance systems it has in place are appropriate and where further improvement can be made that there is a clear plan for such improvements. The Trust has an established Board Governance Assurance Framework which provides a robust approach to corporate governance and is reviewed and refreshed annually or as change requires. This is supplemented by a robust programme of work relating to governance improvements including annual effectiveness review of the Board and its sub-committees, re-structure and implementation of the governance sub-groups with clear escalation for issues and risks to committees and Board.
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 Trust considers all such guidance from NHS Improvement and implements this accordingly. There are no risks identified with this statement, the Trust has due regard to guidance when issued by NHS Improvement. The governance team horizon scan and ensure oversight of any regulatory and/or governance changes to ensure ongoing compliance.
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.	Confirmed	The Trust confirms that there is a robust governance structure in place. Over the financial year the Committees have been significantly strengthened and realigned, the Board Governance Assurance Framework outlines clearly the structures, reporting lines and accountability. Members of the Trust Board have undertaken an enhanced development programme in 2021/22 on their requirements with regards the Board and sub-committees and the progression to a unitary board. The process to establish Statistical Process Control (SPC) and enhanced reporting within the Integrated Performance Report (IPR) commenced in 2021/22 with greater assurance provided against each of the key performance indicators. Long term, the improvement plan and roll out of the IPR metrics at sub committee and group level will be key to providing assurance.
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.	Confirmed	The Trust is satisfied that effective systems and processes are in place having due regard for the requirement to deliver against targets and other regulatory requirements. The Trust's governance processes support the aim of the Trust operating efficiently, economically and effectively as possible. Clear strategic goals and objectives are in place to support appropriate decision making in regard to efficient and effective operations. The Board Governance Assurance Framework and scheme of delegation details clear oversight processes to ensure compliance with the applicable health care standards, evidenced via the Quality Governance Committee, Performance and Finance Committee and Compliance and Risk Group. Monthly financial performance monitoring is undertaken via the Board and its Performance and Finance Committee. Material risks are outlined within the BAF (strategic risks) and risk reports to each of the committees on the principal risks with the potential to impact upon achievement of our strategic goals. Assurance is then provided from each of the committees to the Audit Committee for overall risk management and assurance oversight. The Integrated Performance Report and the full suite of routine reports to the Board and its sub Committees enable the Board to identify and respond to exceptions, issues and risks in a timely manner. Risks identified in year relate to: the certainty around NHS financial planning to support budget setting; the need to strengthen the use of data to measure effectiveness and gain assurance; and the well led aspects of governance as per CQC inspection. Mitigation of these elements are via the monthly financial monitoring and reporting, metrics review and long term improvement plan for measuring effectiveness, and the CQC improvement plan and leadership development in place. There has been risks identified relating to Equality and Diversity (EHRC) and staff safety. Both have in place a robust action plan and oversight.

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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.

Not confirmed

Effective leadership relating to quality of care is driven through the Medical Director and Director of Nursing, with increased deputy director leadership and capacity underpinning this at Sub Committee level. An Executive Clinical Group has been established with senior representation. Board and Committees receive reports with considerations of the quality of care incorporated, and this is further demonstrated by integrated reports to Performance and Finance Committee and Quality Governance Committee relating to operational delivery and quality of care. The Board and Committee schedules incorporate information on quality of care. An area of risk identified for the Board is the quality and utilisation of meaningful metrics and data to give clarity of focus across all areas. This has been partly addressed to date through the establishment of SPC for the Integrated Performance Report. There is a longer piece of work to continue to develop the IPR for each level of reporting alongside the more effective utilisation of data to drive assurance and strategy. Engagement with stakeholders occurs across the organisation, with engagement leads at Executive and Non-Executive level realigned in year for each of the STP areas to enhance collaboration and consideration of emerging issues. Healthwatch attends the Quality Governance Committee and the Oversight and Assurance Group to provide consistent patient and public feedback. The Trust has in place a section 31 and a section 29a warning notice related to safeguarding, workforce processes, PAS, complaints and learning and the overarching Trust culture. Significant activity has been undertaken since the 2020 inspection to progress to a position in which the Trust is compliant with all requirements however further assessment is required by regulators to assess the impact of progress, with clear monitoring in place throughout 2022/23 to ensure assurance can be provided that the Trust meets its duty to operate efficiently, economically and effectively and operates within the healthcare standards.

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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.

Not confirmed

The Trust is satisfied that there is a robust process in place to ensure compliance with the Fit and Proper Person test. The Trust ensures that following appointment on an annual basis it undertakes assessment of continued fitness for the role by completion of a declaration. This applies to Non-Executive and Executive Directors, as well as other senior staff. In addition, for senior staff that require registration with a professional body, this information is checked on an annual basis to ensure on-going validation. The Board recruitment process is supported by NHSI and there has been significant focus on improving stability at Trust Board level with the appointment of five substantive executive directors in 2021/22. All executive directors have agreed objectives set, buddying arrangements and development plans. However, the Trust has reported an extended period of non-compliance with national ambulance targets therefore assurance cannot be provided that the Trust is compliant with its license conditions.

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Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature 

Signature 

Name

Name

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

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Please Respond