

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>There is a risk that the size and complexity of the organisation means there is a risk that good governance is not fully embedded in all divisions.</p> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> The Trust utilises its management and committee structures to ensure that good governance is embedded. This is complemented by the risk, performance and planning frameworks, which are overseen by the Senior Leadership Team. Guidance and advice is provided by the Trust Secretary
<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>There is a risk that guidance is not identified or implemented in a timely manner.</p> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> The Trust ensures that regular communications from NHSI, CQC and other key bodies are reviewed and acted upon. Internal and external audit consider application of good governance during their audit programmes.
<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>There is a risk that Committee Terms of Reference are not fit for purpose/aligned with up to dates guidance on effective governance.</p> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> Annual reviews of Committee Terms of Reference, with reference to relevant up to date guidance. Stakeholder analysis included as part of the review process to ensure all internal and external requirements are identified and included in the Terms of Reference.
<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>There is a risk that the Trust's internal control systems are not sufficiently robust to ensure compliance.</p> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> The systems and processes are regularly tested through the internal and external audit programmes, and the robust approach to risk management Stakeholder analysis included as part of the review process to ensure all internal and external requirements are identified and included in the Terms of Reference.
<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>There is a risk that the Trust's internal control systems are not sufficiently robust to ensure compliance.</p> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> The systems and processes are regularly tested through the internal and external audit programmes, and the robust approach to risk management
<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>There is a risk of unforeseen changes at Board level which may impact on the requirements.</p> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> There are deputies in post and succession plans for all Executive Directors The Board has appointed to all Non-Executive Directors roles and has created two Associate Non-Executive Director roles to support future succession planning.

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

Eugene Yafele

Name

Jayne Mee

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

A

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

- 1 The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed

OK

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 Eugene Yafele

Name Jayne Mee

Capacity Chief Executive Officer

Capacity Trust Chair

Date 27 May 2022

Date 27 May 2022

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A

