


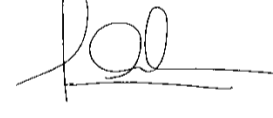
**Corporate Governance Statement (FTs and NHS trusts)**

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	Our compliance with the Foundation Trust Code of Governance has been reviewed and we have regular reviews of our corporate governance systems and board effectiveness. #REF!
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	We respond to guidance and information requests. #REF!
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	We regularly review our board and committee effectiveness. Papers were discussed and agreed at our board meeting in May 2021 #REF!
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	Board meetings focus on our the quality of our services, support and effectiveness of our workforce, and our financial performance. Our sub-committee structure aims to provide timely and effective scrutiny and oversight. We regularly review our structures and processes to ensure that adequate monitoring and assurance systems are in place. Our Board Assurance Framework highlights risks to the quality and delivery of our services and we have mitigation plans in place to address these risks. During 2021/22, we retained many of the governance and assurance approaches we had adopted in 2020/21 to enable us to continue to respond to the Covid-19 pandemic, whilst maintaining effective scrutiny. #REF!
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.	Confirmed	The Board has a strong focus on maintaining and monitoring quality, which is achieved through learning from experience, reviewing patient feedback, engaging with governors and members and regular visits to services through the board visit programme, and Improving Lives (peer review) programme. The trust was subject to one CQC inspection in 2021/22, and maintained a rating of 'good' in across all five domains, including the 'well-led' domain. Throughout 2021/22, the board received regular reports on progress against the three big priorities and building blocks as set out in Our Strategy 2021-24. #REF!
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.	Confirmed	The composition of the Board is reviewed every time there is a vacancy and this informs the recruitment process. The Board actively seeks board diversity. The Board and People Committee review staffing data including vacancies, turnover and skill mix. #REF!

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

Signature   
Name Andrew Trotter

Signature   
Name Ify Okocha

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

A  #REF!