

2019/20 Declaration required by General condition 6

Condition G6

Condition G6(2) requires NHS foundation trusts to have processes and systems that:

- identify risks to compliance
- take reasonable mitigating actions to prevent those risks and a failure to comply from occurring

Providers must annually review whether these processes and systems are effective must publish their G6 self-certification within one month following the deadline for sign-off (as set out in Condition G6(4)).

Declaration:

The Board declares that the Licensee continues to meet the criteria for holding a licence (Condition G6)

This declaration is supported by evidence as outlined in the Trust's Annual Governance Statement, Board Assurance Framework and through the work of the Board assurance Committees in ensuring management of risks and ongoing compliance. This has been supported through an internal audit carried out in year which provided significant assurance of our risk management processes and positive the CQC 'Good' rating from the 2020 Well Led inspection.

Corporate Governance Statement - 2019/20

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.	
Response	Confirmed
Risks and Mitigating actions The Trust has sustained and embedded governance improvements. These are set out in the Annual Report and Annual Governance Statement. The Trust received a 'Good' rating in the CQC Well Led inspection in 2020. Board Committees continue to review effectiveness with yearend reviews undertaken by each Committee during February/March 2020 for onwards scrutiny and oversight by the Audit and Risk Committee and then Trust Board.	
2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	
Response	Confirmed
Risks and Mitigating actions The Trust has continued to embed good practice developed through self-assessment the NHSI and CQC well-led framework. The Trust had several areas of positive feedback on corporate governance elements of well-led following the CQC comprehensive inspection report received.	
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.	
Response	Confirmed

Risks and Mitigating actions
 The Trust corporate governance framework has been implemented successfully in terms of Board and Board Committee responsibilities, delegation and escalation. There is a process for review of all Board Committees to reflect on their effectiveness.

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.

Response	Confirmed
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Risks and Mitigating actions
 The Board, via its Committees where relevant, oversees the Trust duties as listed. Items are escalated to the Trust Board from Committees to ensure key risks are addressed.

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.

Response	Confirmed
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Risks and Mitigating actions
 Quality Leadership is overseen by the Trust Board and assurance on quality of care is provided through the Quality and Safeguarding Committee. Issues and risks are escalated to the Board as required. We have continued to progress and complete actions arising following the CQC inspection in 2020. Quality is led on the Trust Board jointly by the Medical Director and Director of Nursing and Patient Experience. We have continued to

review and improve our integrated performance report to Trust Board to ensure robust oversight of operational performance, workforce, financial and quality issues.

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.

Response

Confirmed

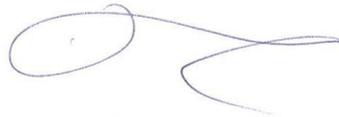
Risks and Mitigating actions

The Remuneration and Appointments Committee consider the composition of the Board to ensure that this is appropriate in terms of skill mix and qualifications. An additional Non-Executive post was recruited to in 2019/20. The Fit and proper persons test policy has been fully implemented and is embedded. Wider workforce issues are considered by the People and Culture Committee with risks and issues escalated to the Board as required and routinely through assurance summaries.

Signed on behalf of the Board of Directors



Caroline Maley
Trust Chair



Ifti Majid
Chief Executive