The Trust corporate governance framework has been implemented successfully in terms of Board and Board Committee governance. The Trust has continued to embed good practice developed through self-assessment and external independent assessment of the Board and its committees, and the Board considers the composition of the Board to ensure that this is appropriate in terms of diversity (including gender). The Trust Board has sustained and embedded governance improvements arising from the external independent well-led assessment conducted by CQC in 2018.

Quality Leadership is overseen by the Trust Board and assurance on quality of care is provided through the Quality Committee. The Board, via its Committees where relevant, oversees the Trust’s duties as listed. Items are escalated to the Trust Board from the Board and those committees; and clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to Board and those committees; and clear reporting lines and accountabilities throughout its organisation.

The Board is satisfied that the systems and processes referred to in paragraph 5 (above) should include but not be restricted to systems and/or processes to ensure:

(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 systems and/or processes for escalating and resolving quality issues including escalating them to the Board as appropriate;
(d) For effective financial decision-making, management and control (including but not restricted to systems and/or processes to ensure:
(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 the Licensee’s ability to continue as a going concern, including but not restricted to systems and/or processes to ensure:
(g) To identify and manage (including but not restricted to manage through forward plans) material risks to the Licensee’s ability to continue as a going concern, including but not restricted to systems and/or processes to ensure:
(h) To ensure compliance with all applicable legal requirements.

The Board is satisfied that the Licensee has established and effectively implements 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 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
(e) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes to ensure:

- Timely and effective arrangements for scrutiny and oversight of the Licensee’s operations;
- Systems and/or processes for escalating and resolving quality issues including escalating them to the Board as appropriate;
- The collection of accurate, comprehensive, timely and up to date information on quality of care for Board and Committee decision-making;
- Identification and management of quality risk to the Licensee’s ability to continue as a going concern; and
- Clear systems and processes for communication of quality issues and problems to the Licensee’s Board and those committees.

The Trust is satisfied that the Licensee has in place personnel on the Board, where appropriate.

The Board is satisfied that the Licensee has established and effectively implements systems and/or processes to ensure:

(a) That the Licensee, including its Board, actively engages with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and
(b) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes to ensure:

- Timely and effective arrangements for scrutiny and oversight of the Licensee’s operations;
- Systems and/or processes for escalating and resolving quality issues including escalating them to the Board as appropriate;
- The collection of accurate, comprehensive, timely and up to date information on quality of care for Board and Committee decision-making;
- Identification and management of quality risk to the Licensee’s ability to continue as a going concern; and
- Clear systems and processes for communication of quality issues and problems to the Licensee’s Board and those committees.

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 Board and those committees; and
(c) Clear reporting lines and accountabilities throughout its organisation.

The Board is satisfied that the Licensee has established systems and/or processes to ensure: 

(a) That there is sufficient capability at Board level to provide 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 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
(e) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes to ensure:

- Timely and effective arrangements for scrutiny and oversight of the Licensee’s operations;
- Systems and/or processes for escalating and resolving quality issues including escalating them to the Board as appropriate;
- The collection of accurate, comprehensive, timely and up to date information on quality of care for Board and Committee decision-making;
- Identification and management of quality risk to the Licensee’s ability to continue as a going concern; and
- Clear systems and processes for communication of quality issues and problems to the Licensee’s Board and those committees.

The Trust is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, where appropriate.

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 Board and those committees; and
(c) Clear reporting lines and accountabilities throughout its organisation.

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 Board and those committees; and
(c) Clear reporting lines and accountabilities throughout its organisation.

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 Board and those committees; and
(c) Clear reporting lines and accountabilities throughout its organisation.

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 Board and those committees; and
(c) Clear reporting lines and accountabilities throughout its organisation.

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

<table>
<thead>
<tr>
<th>Corporate Governance Statement</th>
<th>Response</th>
<th>Notes and Mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The Board has reported to the Governance Committee its good practice developed through self-assessment and external independent assessment of the Board and its committees.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The Board is satisfied that the Licensee has established and implements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Effective board and committee structures;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to Board and those committees; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Clear reporting lines and accountabilities throughout its organisation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The Board is satisfied that the Licensee has established and effectively implements systems and/or processes to ensure:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) That the Board’s planning and decision-making processes take timely and appropriate account of quality of care considerations;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes to ensure:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Timely and effective arrangements for scrutiny and oversight of the Licensee’s operations;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Systems and/or processes for escalating and resolving quality issues including escalating them to the Board as appropriate;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) The collection of accurate, comprehensive, timely and up to date information on quality of care for Board and Committee decision-making;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) Identification and management of quality risk to the Licensee’s ability to continue as a going concern; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(v) Clear systems and processes for communication of quality issues and problems to the Licensee’s Board and those committees.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The Board is satisfied that the Licensee has established and implements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Effective board and committee structures;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to Board and those committees; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Clear reporting lines and accountabilities throughout its organisation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed on behalf of the Board of Directors, led, in the case of Foundation Trusts, having regard to the views of the governors.

Signature

Name

[Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.]
Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" in 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.

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: Caroline Maley
Capacity: Trust Chair
Date: 07 May 2019

Signature

Name: Ifti Majid
Capacity: Chief Executive
Date: 07 May 2019

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.