

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

**1 Corporate Governance Statement**

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**

**Controls and Assurances**

<p><b>Confirmed</b></p>	<p>Risk is mitigated through the following mechanisms:</p> <ul style="list-style-type: none"> <li>• Statement of Internal Audit Assurance within the Annual Governance Statement (AGS)</li> <li>• Regular review of the Board Assurance Framework (BAF)</li> <li>• Regular review of Committee and Board Effectiveness</li> <li>• Register of Declarations of Interest</li> <li>• Freedom of Information responses</li> <li>• Risk Management processes and reporting</li> <li>• Board Development</li> <li>• Fit and Proper Persons</li> <li>• CQC rating of 'good' for well led</li> <li>• Overall CQC rating of 'Outstanding'</li> <li>• Internal, external and counter fraud work programme</li> <li>• Adherence to Standards of Business Conduct</li> </ul>
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2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

<p><b>Confirmed</b></p>	<p>Mitigation of Risk:</p> <ul style="list-style-type: none"> <li>• Overall CQC rating of 'Outstanding'</li> <li>• No regulatory concerns raised</li> </ul>
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- 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.

<b>Confirmed</b>	Risk is mitigated through: <ul style="list-style-type: none"><li>• A review of Board and Committee effectiveness undertaken including Committee Terms of Reference, frequency of meetings, membership of committees, ongoing Board development, sub group reporting arrangements</li><li>• Board Development Programme delivered and future programme co-produced</li><li>• Refreshed Leadership Academy</li></ul>
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- 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><b>Confirmed</b></p>	<p>Risk is mitigated through:</p> <ul style="list-style-type: none"> <li>• Financial balance</li> <li>• Finance and Resource Committee reporting to Board</li> <li>• CQC rating of 'outstanding'</li> <li>• Robust Performance Management Framework and performance improvement plans (IQPR)</li> <li>• Purchase order processes</li> <li>• Investment policy</li> <li>• Delegated authority limits</li> <li>• 1, 2 and 5 year business plans</li> <li>• CIP and QIA process</li> </ul>
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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.

<b>Confirmed</b>	Risk is mitigated through: <ul style="list-style-type: none"><li>• Executive Director leadership for quality by Director of Nursing and Quality and Medical Director</li><li>• Board developments topics in quality</li><li>• Board to team unannounced quality assurance visits (face to face stood down due to COVID)</li><li>• Announced quality assurance visits with CCG, service users / carers and Healthwatch</li><li>• Involvement of service user and carer council</li><li>• QIA on CIP</li><li>• Quality Account</li><li>• Quality Committee reports to Board</li><li>• Scrutiny of the Performance Management Framework at committee and Board</li><li>• Performance Improvement plans for metrics where target not achieved, including actions and trajectory for improvement</li><li>• Improving for Quality Report</li><li>• Quality priorities – Safe, Personalise, Accessible and Recovery Focussed (SPAR)</li><li>• Strategic objectives relate to quality measured through the BAF</li><li>• Overall CQC rating of 'Outstanding'</li></ul>
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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.

**Confirmed**

- Declaration of good character
- Fit and Proper Persons
- Declarations of Interest
- NHSEI led process re appointment of Chair and Non-Executive Directors
- DBS

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

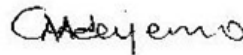
**Signature**



**Name**

David Rogers,  
Chairman

**Signature**



**Name**

Dr Buki Adeyemo  
Interim Chief  
Executive