

**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	Embedded Board and Committee structures; continuous effectiveness reviews; Board development programme; awarded 'good' rating by CQC overall and in the well-led domain following an inspection in September 2018 with some service areas rated 'outstanding'.  #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	As above; risk strategy reviewed; annual review of risk strategy as part of the Annual Governance Statement; Annual review of the BAF by the Audit Committee; regular review of the BAF and CRR at Board and operational level. The BAF is also reviewed regularly by the members of the Finance & Performance and Quality Committees (Sub-Committees of the Trust Board).  #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	As response under statement 1 and effective operational structures; Divisional accountability framework is in place; ODB acts as a senior operational decision body with delegated authority, annual self-assessment of the Committees' effectiveness and summary reporting and escalation of matters to the Trust Board. The Audit Committee receive minutes from the Finance & Performance and Quality Committees. With the onset of the Covid-19 pandemic the Corporate Governance structures were reviewed in order to continue receiving assurance whilst at the same time releasing capacity to fight the pandemic. The ICC has been established and meetings were initially held daily to ensure that all decisions and risks were appropriately logged and escalated.  #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	Oversight of each of the matters under this statement is overseen by the Trust Board and where appropriate delegated to the relevant risk and assurance committee. In instances where matters require escalation then the Board has the final oversight and decision making authority on further mitigation and residual risks; awarded 'Good' rating in the Value for Money (VFM) domain following inspection by the CQC in September 2018.  #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

Board composition reviewed as part of the Board development plan and concentrates on good governance and risk management. All Executive positions are held by full time employees of ELHT and the vacancies for NED positions are filled in a timely manner working with NHSI; the Quality Committee which is a subcommittee of the Board meets bi-monthly and receives reports from various risk committees in relation to patient care and quality of services and sends summary reports to the Board. The Trust received overall rating of 'Good' by the CQC following an inspection in September 2018 with some services rated 'Outstanding'.

#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

See response for statement 5 in relation to the Board composition; the Board members undertake an annual FPPT check and the Company Secretary reports annually to the Remuneration Committee on the outcome of the same. The appraisal process for all employees includes further personal and professional development, NEDs participate in personal development and this is recorded in their annual appraisals.

#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

Signature

Name

Name

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

A The Trust continues to monitor its risks and review the action plans where performance of the national standards requires improvement (e.g. 4 hour standard)

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