

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 have been adjusted to release capacity during the COVID-19 pandemic, however this has reversed to the usual meeting schedule during the 2021-22 financial year. Board development programme is ongoing. The Trust was awarded 'good' rating by CQC overall and in the well-led domain following an inspection in September 2018 with some service areas rated 'outstanding'. The Trust has had a recent CQC inspection in April 2022 and received positive informal feedback. The formal report will be published by the CQC in quarter 2.
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; the Board Assurance Framework and risk appetite reviewed by the Board; annual review of risks as part of the Annual Governance Statement; regular review of the BAF and Corporate Risk Register by the Audit Committee, Finance and Performance Committee and Quality Committee and the Board. The Annual Head of Internal Audit Opinion was Significant Assurance.
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	Same as the response under statement 1 and effective operational structures; Divisional accountability framework is under review; Senior Leadership Group acts as a senior operational decision body with delegated authority, annual self-assessment of the effectiveness of the Committees and escalation of matters to the Trust Board as appropriate. 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. This has reversed to the usual governance structures in the 2021-22 financial year.
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.

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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.

Confirmed

Board composition reviewed as part of the Board development plan and concentrates on good governance and risk management. All Executive (voting Director) positions are held by full time employees of ELHT apart from the Chief Executive and the Director of Service Development and Improvement. The substantive CEO recruitment will be carried out during August 2022, and following this, the recruitment for the substantive Director of Service Development and Improvement will commence. The Executive Director of Nursing is leaving the organisation is leaving the Trust on 15 July 2022 and the interim position will be filled in by the Director of Nursing and recruitment to the substantive post will be carried out in September 2022.

The vacancies for NED positions are filled in a timely manner working with NHSI; the Quality Committee which is a sub-committee of the Board meets 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'. The Trust has had a recent CQC inspection in April 2022 and received positive informal feedback. The formal report will be published by the CQC in quarter 2.

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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

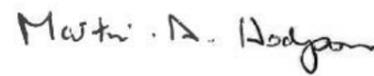
See response for statement 5 in relation to the Board composition; the Board members undertake an annual Fit and Proper Persons Test (FPPT) check and the Director of Corporate Governance/Company Secretary reports to the Remuneration Committee on the outcome of the same.

All Board Executive and Non-Executive Director positions are filled on a permanent basis, apart from the interim roles indicated in section 5 (above). There are a number of Associate Non-Executive Directors working with the Board. The HR department is supporting talent management and succession planning at all levels of the organisation.

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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.

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