

Supporting evidence for self-certification

| | Board Statement | Response | Risks and mitigating actions |
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| 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 | There is an ongoing focus on corporate governance including any guidance issued by NHS Improvement. The Audit Committee receives a Technical Report from its external auditors at each meeting, highlighting any significant issues that may impact on the health sector. The Trust conducts an annual review of the Code of Governance for Foundation Trusts as part of the Annual Report and Annual Governance Statement. The Board has not procured any external evaluation of its own effectiveness during the year but concluded the work of its own task and finish groups that began in 2016/17 to ensure more effective working arrangements at Board level, assurances between the Board and its Committees and a greater focus on strategic priorities. Board members have also completed an effectiveness review questionnaire which resulted in further actions being agreed at the Board meeting in May 2018. The Board has established an Improving Quality Programme Board to oversee the actions identified from the recent CQC inspection. |
| 2 | The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time | Confirmed | The Trust is cognisant of any guidance issued by NHS Improvement and also responds to consultation documents issued the regulator. The Trust has recently been accepted onto the NHS Improvement 'Moving to Good' programme. During the last 18 months, the Trust has been actively engaged in a series of pilot programmes supported by NHS Improvement and Quarterly meetings are held between NHS Improvement and Executive Directors. |
| 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 | There is an annual review by each Committee of its terms of reference and an annual report is submitted to Trust Board. The CQC inspection highlighted that governance structures were 'well-embedded, were familiar to staff at all levels working within the Trust and that Board Committees were well established'. However, a number of issues relating to MHA and MHCA compliance, overseen by the Mental Health Legislation Committee (MHLC) resulted in the Trust deciding to commission an independent review into the effectiveness of the MHLC. The subsequent report, whilst confirming the effectiveness of MHLC, made a number of recommendations to improve its effectiveness further and have been accepted. An implementation plan is already underway. |
| 4 | The Board is satisfied that the Licensee has established and | Confirmed | The Board has a range of measures to support this statement through |

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| <p>effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations;</p> <p>(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;</p> <p>(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);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(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</p> <p>(h) To ensure compliance with all applicable legal requirements.</p> | | <p>Board and Committee meetings and regular performance meetings with Business Units attended by Executive Directors and chaired by the Chief Executive. Key reports that are regularly received include:</p> <ul style="list-style-type: none"> • Integrated performance reports and exception reports • Corporate Risk Register • Board Assurance Framework • Committee performance dashboards • Transformation Programme reports • Board and Committee minutes, action logs and work programmes that are considered at every meeting • Quality Impact Assessment reports |
| <p>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:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board’s planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality</p> | <p>Confirmed</p> | <p>Whilst the overall rating of the recent CQC report was ‘requires improvement’ the report referenced that ‘the Board of Directors were committed, competent and capable in their roles and both Executive and Non-Executive Directors brought a range of skills and experience to the Trust’s senior management team’. There is strong evidence in the Annual Report and Quality that the Trust has a robust process for planning and decision making and actively engages with service users and carers. Governance structures are in place through the Board, its Committees, Business Units and local governance arrangements that take into account information relating to quality and performance. Board members supplement this by regular quality and safety walkabouts and other visits to services to triangulate information. The Board has in place an approved Quality Strategy (and is in the process of developing quality improvement methodologies to</p> |

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| | <p>of care;</p> <p>(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</p> <p>(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.</p> | | <p>supplement this), a set of Quality Goals (the number of which have reduced following consultation with staff and service users) and a robust process to quality impact assess any proposed changes to services, involving senior managers and clinicians. In addition, the Board holds an annual away to focus on its own leadership development and its contribution to wider strategic issues such as new models of care and whole system change. The Board has a programme of engagement with service users and carers, managed through the You and Your Care Strategic Reference Group. There is increased engagement with staff through quarterly briefings by Executives on key corporate issues, through the Trust's iCare programme and the Chief Executive's Blog / 'Talk to CEO' email account.</p> |
| 6 | <p>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.</p> | Confirmed | <p>The Board has a Workforce Strategy and annual workforce plan in place. Ongoing appraisals and professional revalidation processes are in place as well as a broad range of mandatory, statutory, vocational and professional training provided both in-house and via other organisations. These performance targets are discussed at Board and Committee meetings and following the recent CQC inspection report there is an increased focus on role-specific mandatory training compliance. The Board's Nomination's Committee considers succession planning arrangements for Board and senior management positions. The Board has been strengthened through recent appointments to the roles of Director of Informatics and Director of Corporate Affairs. Recruitment of a new Chief Executive was successfully completed in April 2018 and a 'Span of Control' review of senior operational structures will be completed during Quarter 2. Safer Staffing levels are reported 6-monthly to Trust Board.</p> |
| | Board Statement on training for Governors | Response | Risks and mitigating actions |
| | <p>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.</p> | Confirmed | <p>See information within Board paper itself.</p> |