

Corporate Governance Statement (FTs and NHS trusts)

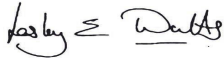
The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

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	There are no known risks to compliance with this licence condition.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	There are no known risks to compliance in this area.
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 are no known risks to compliance with this area.
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	As of March 2019, the principal risks affecting the attainment of the Trust's corporate objectives (including significant clinical risks, risks to FT licence condition four, in-year and future risks, how the risk will be managed and mitigated and how outcomes will be assessed) are as detailed below: Failure to successfully implement the new Electronic Patient Record (EPR) The implementation of the new EPR system is reliant upon; organisational engagement, supplier delivery on time and programme deliverables, which could have an impact upon patient administrative and clinical systems and data quality. There are mitigating and control factors in place, which is overseen by the Chief Operating Officer. There are clearly defined criteria to be met before the system is taken into live operation. A detailed plan is in place to provide pre and post-go live support including a familiarisation and training programme for staff, floor walkers to help end users adapt to the new system. This includes a set of Key Performance Indicators to track data quality and enable management action to address any emerging problems. The programme has external audit assurance. Growth in non-elective demand above plan The Trust is responsible for providing care to an ageing local patient population with non-elective activity levels increasing in excess of commissioning projections. In addition, there continues to be an increase in the presentation of complex patients with multiple comorbidities brought about by demographic changes. The Trust is working with local commissioners on admission avoidance and early supported discharge strategies to ensure the appropriate use of acute inpatient beds. The Trust is continuing to roll out ambulatory care services to redirect appropriate non-elective patients and has invested in its A&E departments on both sites to accommodate current and future demand growth. This risk will be monitored directly by the Board.
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.		The NHS Improvement risk assurance framework shows performance as within target. It should be noted that the external auditor has issued a qualified opinion in respect of the Trust's calculation of A&E performance measures. In addition, the risks identified in FT4(5) above all impact on quality, and remain: • Failure to successfully implement the new Electronic Patient Record (EPR) • Growth in non-elective demand above plan
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	Staffing capacity remains a managed risk.

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 Sir Thomas Hughes-Hallett

Signature 

Name Lesley Watts

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

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Chelsea and Westminster Hospital NHS Foundation Trust

Worksheet "Training of governors"

Financial Year to which self-certification relates

2018/19

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

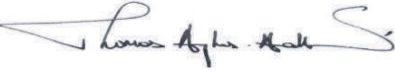
Training of Governors

- 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.

Confirmed

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

Signature

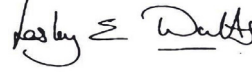


Name: Sir Thomas Hughes-Hallett

Capacity: Chairman

Date: 24.05.2019

Signature



Name: Lesley Watts

Capacity: Chief Executive Officer

Date: 24.05.2019

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

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