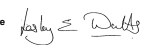



Corporate Governance Statement (FTs and NHS trusts)

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 committees 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 in 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	The Trust Board is supported by a committee structure: Quality Committee, People and OD Committee, Finance and Investment Committee, Audit and Risk Committee, and Nominations and Remuneration Committee. Each have an agreed Terms of Reference which set out the responsibilities of each Committee, and this structure monitors and provides assurance to the Board on the delivery of our objectives and other key priorities. These committees and Trust Board undergo an annual Review of Effectiveness. As of March 2022 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 risks will be managed and mitigated; and how outcomes will be assessed) are as detailed below. These are monitored by the Trust Board via the Board Assurance Framework. Each risk and mitigation plan is regularly monitored by a sub committee of 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.	Confirmed	Under the NHS Oversight Framework, which is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding', NHSI now segment providers based on the level of support each provider needs. Trusts are segmented according to the level of support each trust needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. As of March 2022, Chelsea and Westminster Hospital NHSFT has been placed into segment '1', meaning: 'Providers with maximum autonomy; no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance'. In addition, the risks identified in FT4(5) ultimately impact on quality, and remain as detailed above.
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	The Trust is led by a Board of Directors whose key responsibilities are to: provide leadership to the Trust within a framework of processes, procedures and controls which enable risk to be assessed and managed; ensure the Trust complies with its licence, its constitution, requirements set by NHSI, and relevant statutory and contractual obligations; set the Trust's vision, values and standards of conduct; set the Trust's strategic aims and ensure that the necessary human and financial resources are in place to deliver these; ensure the quality and safety of the healthcare services provided by the Trust; and ensure the Trust exercises its functions effectively, efficiently and economically. The Trust complies with the statutory requirements for Board composition, and all Non-Executive and Executive Directors have been appointed through a standard recruitment process, including completion of the statutory Fit and Proper Person assessment. The Trust underwent a Care Quality Commission (CQC) inspection in 2019/20 which included a full 'Well-led' review. This considered the capability and capacity of the Board and the Trust received a rating of 'outstanding' for this domain. As at 31 Mar 2022, the Board had six Non-Executive Directors (including the Chairman) and five Executive Directors (including the Chief Executive). The Board comprises 30% female and 70% male directors. The skills, expertise and experience of each Trust Board director as at the end of March 2022 are appropriate to meet the requirements of an NHS foundation Trust. The Trust is fully compliant with NHS Improvement (NHSI) safe staffing guidance. The Trust undertakes two-yearly acuity and dependency safe staffing audits, as well as undertaking and submitting monthly 'care hour per patient day' data and planned vs actual data which the Trust uses to monitor compliance with its workforce plan. This data is submitted to public Board monthly in the integrated Board report. Any changes to clinical staffing establishments are reviewed at quality impact assessment panels which are chaired by the Chief Nursing Officer and Chief Medical Officer, to identify any potential for adverse effects on the safety and quality of care. The Trust has an embedded Guardian of Safe Working process and named lead. The Board receives regular Guardian of Safe Working reports. This role is effective in managing immediate changes to medical staffing and also in informing the long-term workforce plan.

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 Lesley Watts

Signature 
Name Steve Gill

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

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.

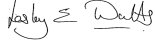
Training of Governors

- 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

OK

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 Lesley Watts

Name Steve Gill

Capacity Chief Executive Officer

Capacity Interim Chair

Date Tuesday, 21 June 2022

Date Tuesday, 21 June 2022