

Worksheet "CP1 declaration"

Corporate Governance Statement (NHS-controlled providers)

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

1 Corporate Governance Statement

Response

Risks and Mitigating actions

1 The Board or equivalent, 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

Wiltshire Health and Care LLP is currently carrying out a self-assessment against the NHSI well-led criteria to assess if there are areas where improvements can be made. This assessment is taking place currently, and has been shared in draft with the Board in June 2018.

2 The Board or equivalent, has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time

Confirmed

Newly issued guidance is made available to the Managing Director, and then reviewed by the Board Secretary to make an assessment of Wiltshire Health and Care LLP's position on compliance. Any gaps would be reported to the Board with an action plan.

- 3 The Board or equivalent, is satisfied that the Licensee has established and implements:
- (a) Effective board and committee, or equivalent, structures;
 - (b) Clear responsibilities for its Board (or equivalent), 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 and to the NHS body by which it is controlled.

Confirmed

The Board is satisfied that it has a satisfactory structure in place. However Wiltshire Health and Care LLP has recently reviewed the structure and composition of its Board committees and other committees to reflect, amongst other things, its increasing role in developing integration between partners. These changes are being pursued following Board approval.

4 The Board or equivalent, 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 (or equivalent) 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 (or equivalent) 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 Board receives a summary financial report each month, with exception reporting. However, financial reporting has been identified as an area in which improvements are required in order to strengthen oversight. This improvement is being pursued as part of the move, from 1 April, to a single ledger and development of reporting through that platform. The Board is aware of the progress and risks associated with these improvements.

5 The Board or equivalent, 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, or equivalent, to provide effective organisational leadership on the quality of care provided;
- (b) That the Board's planning and decision-making processes of the Board, or equivalent, 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, or equivalent, receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;
- (e) That the Licensee, including its Board, or equivalent, 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, or equivalent where appropriate.

Confirmed

A comprehensive quality dashboard is made available to the Board each month to aid scrutiny and oversight. The Board has identified that patient and public engagement is an area for further development. A Public and Patient Strategy is being developed, with an open forum/engagement day having taken place in June 2018 to test thinking. This is being led by one of our non-executive Board representatives.

6 The Board or equivalent, is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, or equivalent, 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

All Board members are assessed as being fit and proper persons on appointment and annually. Regular appraisals are carried out to review performance.

Signed on behalf of the Board of directors or equivalent

Signature *Carol Bode*

Signature

Name Carol Bode, Chair

Name

Further explanatory information should be provided below where the Board, or

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