



## Annual Self-Certification Condition NHS2: Corporate Governance Statement 2024/25

| Condition NHS2 – Corporate Governance Statement 2024/25   |   |                  |
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| Corporate Governance Statement  | Response; Current arrangements and evidence in place  | Status           |
| 1). The Board is satisfied that the BSMHFT 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.  | <ul style="list-style-type: none"> <li>Designed a Trust Board Assurance Framework with oversight from the Board and its committees.</li> <li>Internal Audit of BSMHFT's risk management arrangements confirmed reasonable assurance.</li> </ul>   | <b>Confirmed</b> |
| 2). The Board of Director has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.   | <ul style="list-style-type: none"> <li>Corporate governance guidance and directions issued by NHSE rigorously implemented with some like the guidance on the Fit and Proper Persons Test, the insightful Provider Board, the new NHS Oversight Framework 2025/26 etc identified for further discussions through Strategic Board Development Meetings.</li> </ul>  | <b>Confirmed</b> |
| 3). The Board of Directors of BSMHFT is satisfied that the Trust implements: - <ul style="list-style-type: none"> <li>3.1 Effective Board Committee structures;</li> <li>3.2 Clear responsibilities for its Board, for Committees reporting to the Board and for staff reporting to the Board of Directors and those Committees; and</li> <li>3.3 Clear reporting lines and accountabilities throughout its organisation compliance with the Conditions of its Licence;</li> <li>3.4 to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external</li> </ul> | <ul style="list-style-type: none"> <li>Board of Directors and approved committee structures in place.</li> <li>Corporate Governance documents (incorporating Standing Orders and Schemes of Reservation/Delegation of Powers).</li> <li>Board of Directors and Board Committees ToR updated and in place.</li> <li>Annual Board Committees self-assessment undertaken.</li> <li>Board of Directors routinely receives Chair's Assurance Reports `Triple A` Reports from Board Committees.</li> <li>Board Assurance Framework linked strategic goals and delivery of Trust's Strategy monitored by the Board.</li> </ul> | <b>Confirmed</b> |

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| assurance  |   |                         |
| <p><b>4).</b> The Board of Directors is satisfied that BSMHFT is effectively implements systems and/or processes:</p> <p><b>4.1</b> to ensure compliance with the Licence holder's duty to operate efficiently, economically and effectively;</p> <p><b>4.2</b> for timely and effective scrutiny and oversight by the Board of the Licence holder's operations;</p> <p><b>4.3</b> to ensure compliance with health care standards binding on the Licence holder 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; for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern);</p> <p><b>4.4</b> to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p><b>4.5</b> 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><b>4.6</b> 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;</p> <p><b>4.7</b> to ensure compliance with all applicable legal requirements compliance with the Conditions of</p> | <ul style="list-style-type: none"> <li>• Strong systems of financial and quality governance in place and statutory audits and reporting requirements regularly performed.</li> <li>• Performance dashboards, with divisional and corporate systems for appropriate escalation and review to ensure timely and effective scrutiny and oversight of all operations.</li> <li>• Effective systems and processes in place to ensure compliance with national and local healthcare standards - internal and external assurance systems in place.</li> <li>• Financial plan in place and approved by the Board of Directors.</li> <li>• Internal Audit Plan includes review of combined financial systems.</li> <li>• Contracts, service level agreements and leases under constant review.</li> <li>• Board of Directors and committee structures fully serviced. Accurate, comprehensive, up-to-date information available for Board of Directors and committees.</li> <li>• Board Assurance Framework/in place that identifies and ensures appropriate oversight of all principal risks. Trust high level operational risk register or Corporate Risk Register being developed at pace.</li> <li>• Effective business planning arrangements in place, embedded within the corporate governance arrangements of the organisation.</li> <li>• Applicable legal requirements, against principal objectives and activities of the organisation reviewed and managed appropriately as part of the Trust's corporate governance arrangements.</li> </ul> | <p><b>Confirmed</b></p> |

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| <p>its Licence;</p> <p><b>4.8</b> 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;</p> <p><b>4.9</b> to ensure compliance with all applicable legal requirements.</p>  |  |                         |
| <p><b>5.</b> The Board of Directors is satisfied:</p> <p><b>5.1</b> That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p><b>5.2</b> That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p><b>5.3</b> The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p><b>5.4</b> That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p><b>5.5</b> That BSMHFT 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><b>5.6</b> That there is clear accountability for quality of care throughout BSMHFT including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p> | <ul style="list-style-type: none"> <li>• Board of Directors capability and skills audit completed.</li> <li>• Board using some strategic development sessions in deepening its understanding some aspects of the Trust's core operations. e.g. Winter Planning.</li> <li>• Robust appraisal and performance review arrangements in place at Board level (and for staff across the organisation).</li> <li>• Organisation-wide leadership development arrangements in place delivered through L&amp;D.</li> <li>• Quality of care fully integrated within all planning and decision-making processes. Quality Impact Assessments are required for major programmes of change.</li> <li>• Integrated Performance Dashboards, QI Dashboards, patient experience, patient responsiveness reports, and quality of care initiatives provided routinely to Board. Outcome of clinical audits reported at QPES and reviewed via Audit Committee.</li> <li>• Quality governance arrangements underpinned by Quality Improvement Projects, IPR with clearly identified and agreed metrics and Quality Dashboard routinely reported to the Board and Board Committees.</li> <li>• performance against key quality indicators; standardised risk assessment, and robust arrangements for staff, patients, and members of the public to raise concerns with respect to the quality of care.</li> <li>• Assessment and Accreditation System in place across nursing and community services.</li> </ul> | <p><b>Confirmed</b></p> |

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|   | <ul style="list-style-type: none"> <li>• Active engagement between the Board of Directors and the Council of Governors (CoG)s. Directors especially NEDs attended CoG meetings. Membership and Public Engagement Strategy in place.</li> <li>• Clear accountability for quality of care throughout the Trust, strong systems for appropriate escalation to Board of Directors.</li> </ul>   |                  |
| 6. The Board of BSMHFT effectively implements systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licence holder's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of its provider licence. | <ul style="list-style-type: none"> <li>• BSMHFT Constitution sets out required numbers for Board members.</li> <li>• Established Remuneration &amp; Nomination Committees for non-Executive Director (NEDs) and the Council of Governors (CoG) with Terms of Reference and responsibilities clearly set out.</li> <li>• Code of Conduct in place for the Board of Directors and Governors.</li> <li>• Updated Fit and Proper Persons guidance in place the Board of Directors.</li> </ul> | <b>Confirmed</b> |

Signed on behalf of the Board of Directors:

Signature:

(signed copy available from the Corporate Governance office)

Name: Phil Gayle

Capacity: Chair

Date: 17 December 2025

Signature:

(signed copy available from the Corporate Governance office)

Name: Roisin Fallon-Williams

Capacity: Chief Executive Officer

Date: 17 December 2025