

Date:

Mr D Hoppe  
Assessment Director  
Monitor  
133-155 Waterloo Road  
London  
SE1 8UG

Dear David,

**Re: Board Statements**

The board is required to confirm the following:

1. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.
2. The board is satisfied that processes and procedures are in place to ensure all health care professionals providing care on behalf of the trust have met the relevant registration and revalidation requirements.
3. Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action plans in place to address the issues in a timely manner.
4. All recommendations to the board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned.
5. The necessary planning, performance management and risk management processes are in place to deliver the integrated business plan, including but not restricted to:
  - a. Obtaining and disseminating accurate, comprehensive, timely and up-to-date information for board committee decision-making;
  - b. The timely and effective scrutiny and oversight by the board of the trust's operations;
  - c. Effective financial decision making, management and control; and
  - d. Taking appropriate account of quality of care considerations.
6. An annual governance statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the statement pursuant to the most up-to-date guidance from HM Treasury.
7. The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing access and outcomes metrics (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and all known access and outcomes metrics going forwards
8. The trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.
9. The board has in place a register of interests, ensuring that there are no material conflicts of interest in the board of directors; that all board positions are filled, or plans are in place to ensure any board vacancies are filled.
10. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.
11. The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills.
12. The management team has the capability and experience necessary to deliver the integrated business plan.

13. The management structure in place is adequate to deliver the integrated business plan, including but not restricted to:
- a. Effective board and committee structures;
  - b. Clear responsibilities for the board, for the committees to the board and for staff reporting to the board and those committees; and
  - c. Clear reporting lines and accountabilities throughout its organisation.
14. The board has considered all likely future risks to compliance with the NHS provider licence and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach of conditions occurring and the plans for mitigations of these risks to ensure continued compliance.

Signed for and on behalf of the board:

Title: Christopher Smallwood  
Chairman

Date:

Trust: St George's Healthcare NHS Trust