

**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	
<p>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.</p>	Confirmed	<p>The Board's key corporate governance framework is set out within the Rules of Procedure. This is supported by a number of key policies, for example, Standing Orders, Scheme of Delegation, Standing Financial Instructions, Risk Management Policy and Standards of Business Conduct. Key risks are recorded on the organisation wide risk register in accordance with Trust policy and key strategic risks are reviewed and monitored by the Board and its Committees.</p> <p>Our framework sets out an annual process for reviews of Committee Effectiveness; the output of which inform any changes to Terms of Reference and Membership. Effectiveness Reviews for 2018/19 have been completed and reported to the Trust Board in May 2019, in addition to the revised Rules of Procedure.</p>	OK
<p>2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	Confirmed	<p>A process is in place to ensure that any guidance on good corporate governance issued by NHS Improvement is considered by the Executive Directors. Each week, guidance is shared with relevant Executive and Operational Leads for consideration and action.</p>	OK
<p>3 The Board is satisfied that the Licensee has established and implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	Confirmed	<p>As referred to above, the Rules of Procedure set out the Board and Committee structures, responsibilities and reporting lines.</p> <p>Our Internal Audit programme provides a mechanism by which the Board can gain assurance on the effectiveness of governance throughout the organisation. During 2018/19 the Trust has implemented a number of internal audit recommendations in relation to Divisional Governance in order to strengthen Divisional Governance arrangements, largely covering adherence to Divisional Rules of Procedure, review of divisional governance structures in order to reduce duplication and standardising performance reporting.</p>	OK
<p>4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(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;</p> <p>(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);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) 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>(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</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	Not confirmed	<p>The Trust Board have taken a decision that on the basis of having failed a number of targets, compliance cannot be confirmed, as the Trust failed to achieve a number of NHS constitutional targets including Referral to Treatment (RTT), A&amp;E 4 hour standard and 62 day cancer standard. The Trust has plans in place to improve performance against those targets during 2019/20.</p> <p>In addition, whilst progress has been made during 2018/19, the Trust continues to be in Financial Special Measures. The 18/19 plan required the Trust to deliver a deficit of £44.8 m and the Trust out turned at £63.07m. The External Audit Value for Money opinion for 2018/19 concluded with an adverse conclusion and in addition, the Trust continues to have a significant underlying deficit. Going forwards, the Board has approved a plan for 2019/20 which aims to deliver a break-even position and the Trust has also been able to confirm a control total.</p>	OK

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

The Chief Nurse and Medical Director jointly hold executive leadership for quality, both of whom are voting members of the Board. The Operational Plan for 2019/20 which was approved by the Board provides specific focus on plans for quality, underpinned by the Patient Care Improvement Programme and assured via the Care Excellence Framework. In addition, the 2025 Vision sets out our key objectives, including the provision of safe, effective, caring and responsive services. This strategic objective is measured via a number of critical success factors covering CQC ratings, reductions in harm arising from falls and pressure ulcers, maintaining mortality rates, infection control measures and PLACE inspection performance.

We have a robust Quality Impact Assessment process in place which provides assurance that the quality of care is not compromised for any financial planning decisions taken.

The Annual Business Cycles for the Trust Board and the Quality Assurance Committee provide a framework for reporting on all aspects of quality and this includes regular Patient Experience Reports and our Annual Quality Account, which demonstrate the mechanisms by which information from stakeholders and patients on the quality of our services, is taken into account. The Board has continued to enhance its processes for patient engagement through the scheduling of Patient Stories at each Public Board, in addition to undertaking NED ward visits.

OK

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

All Board members have been subject to a robust recruitment and selection process to ensure that they are suitably qualified both professionally and through experience. An ongoing process is in place to ensure compliance with the Fit and Proper Persons Test, with assurance provided to the Nominations and Remuneration Committee in May 2019.

Substantive appointments have been made to both the Chief Operating Officer and Chief Financial Officer posts. In addition vacant Non-Executive Director posts have been recruited to throughout the year, in addition to the appointment of a new Chief Executive.

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

Name: David Wakefield, Chairman

Signature

Name: Tracy Bullock, Chief Executive

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

A The Trust Board have taken a decision that on the basis of the narrative within section 5, compliance cannot be declared.

OK