

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	No material risks identified: The Trust's Annual Governance Statement with the Head of Internal Audit Opinion (Reasonable assurance) provides assurance on the Trust's system of control and assurance framework.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	No material risks identified: Arrangements are in place for the Trust to receive guidance and there are established links with NHS Providers and the Good Governance Institute.
3 The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee 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	No material risks identified: The Trust's Annual Governance Statement with the Head of Internal Audit Opinion (Reasonable assurance) provides assurance on the Trust's system of control and assurance framework. NHSI observed the Trust Board and Committees in 2018/19 and the Trust has self assessed compliance against the Well Led Framework. Reports following the CQC core services and Well Led inspection undertaken in March and April 2019 are awaited.
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	No material risks identified: a) Annual report and accounts process and External Audit Opinion reported to Audit Committee and Trust Board. Monthly monitoring and scrutiny by Performance and Finance Committee. Use of resources assessment undertaken by NHSI/CQC in April 2019 and report awaited. b) Integrated Performance Report and Accountability Framework c) Quality and Safety Committee reviews compliance, Quality 1st team supports compliance with CQC standards and quality improvements. d) Annual reports and accounts process and External Audit Opinion (unqualified opinion for 2018/19) e) Integrated Performance Report and Accountability Framework f) Board Assurance Framework, Significant Risk Register and aligned risk registers (supported by a Risk Management Strategy) in place to identify and manage risks. g) Annual Business planning processes (Operating Plan and budget sign off) in place with oversight by SMT, Performance and Finance Committee and Board. h) Legal Services team in place. Reviews by Internal/External Audit with reporting to Audit Committee and Board.

#REF!

#REF!

#REF!

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

No material risks identified:

Well Led Framework reviewed annually and CQC inspection under Well Led undertaken in April 2019 (report awaited).
Quality information is included in:
Monthly Integrated Performance Report to PAF, QSC and Trust Board
In line with the Committee's workplan, QSC receives reports on patient safety, quality and experience and the Committee reports to Board after each meeting.

#REF!

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

Risks/Mitigations identified: the registered nurse vacancy rate remains one of the Trust's top risks and is reflected in Health Care Group risk registers, SRR and the BAF. Nursing and Midwifery Staffing levels are reviewed monthly (QSC/Workforce Committee and Trust Board). Trust wide workforce monitored by the Workforce Committee.

#REF!

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

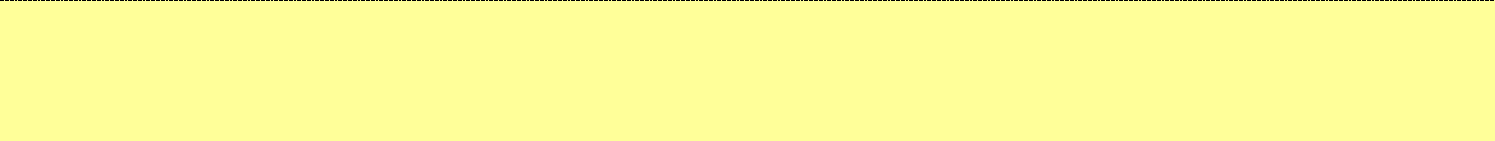
Signature 

Signatur 

Name Steve Clarke

Name Lance McCarthy

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

A 

Please Respond