



**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

1 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	As at 31 March 2017 the Trust was under enforcement action as per section 106 of the Health and Social Care Act. Enforcement undertakings agreed by the Trust and Monitor in February 2016 included the development of a Governance Improvement Action Plan (GIAP) which has been implemented in full and external assurance received.  Following a decision made by NHS Improvement the Trust was informed that the Trust had complied with all enforcement undertakings and a compliance certificate was issued on 24 May 2017.	Please complete Risks and Mitigating actions
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	The Trust has implemented a comprehensive GIAP during 2016/17 which has focussed on implementation of good governance practice	Please complete Risks and Mitigating actions
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	The Trust's Corporate Governance Framework has been reviewed in year and implemented successfully. There is a process for year end review of all Committees to reflect on effectiveness. An accountability framework has been developed and implemented.	Please complete Risks and Mitigating actions
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	The Board, via its Committees where relevant, oversees the Trust duties as listed. Items are escalated to the Trust Board from Committees to ensure key risks are addressed.	Please complete Risks and Mitigating actions
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	Quality leadership is overseen by the Board and assurance on quality of care is provided through the Quality Committee. Issues and risks are escalated to the Board as required. We have implemented an action plan following a comprehensive inspection in June 2016.	Please complete Risks and Mitigating actions
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	The Remuneration and Appointments Committee consider the composition of the Board to ensure that this is appropriate in terms of skill mix and qualifications. Fit and Proper Persons Test policy has been fully implemented and embedded. Wider workforce issues are considered by the People and Culture Committee with risks and issues escalated to the Board as required.	Please complete Risks and Mitigating actions

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

Signature  Signature   
 Name Ifti Majid Name Caroline Maley

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

A Please Respond

## Worksheet "Training of governors"

### Certification on training of governors (FTs only)

*The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.*

#### 2 Training of Governors

- 1 The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed

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: Ifti Majid

Capacity: Acting Chief Executive

Date: 28 June 2017

Signature \_\_\_\_\_

Name: Caroline Maley

Capacity: Acting Trust Chair

Date: 28 June 2017

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

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