

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 **General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)**

- 1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

3 **Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)**

EITHER:

- 3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

OR

- 3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Confirmed

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.



Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

CoS7 3b – The UK Treasury and Department of Health have issued guidance that the Trust Board can assume that the Trust will remain operational for the twelve months following the balance sheet date and that funding above the amounts agreed in the block funding arrangements, if required, would be available via Public Dividend Capital.

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 Sarah Tedford

Capacity Chief Executive

Date 24 June 2020

Signature

Name Amyas Morse

Capacity Chair

Date 24 June 2020

Corporate Governance Statement (FTs and NHS Trusts)

Responding and recovering from the COVID-19 pandemic.

The COVID-19 pandemic is the biggest threat to the health of the population in a generation, resulting in an expected not seen before demand for hospital critical and medical care. The Trust has and will continue to respond to the pandemic in line with national and local guidance and has effectively deployed its pandemic flu plan and internal incident procedures operating a gold, silver and bronze command and control structure. The Trust maintains a COVID-19 risk register to support the identification, escalation and mitigation of risk associated with the pandemic that is maintained by the silver control team and reviewed twice a week by the executive team. The Trust has also developed a COVID-19 Board Assurance Framework to provide onward assurance to the Board the extent to which the Trust is managing the risks associated with the COVID-19 pandemic.

As well as responding to the pandemic itself the Trust is closely monitoring all waiting lists and key quality and performance metrics to monitor and maintain patient safety and business as usual functions as far as reasonably practicable, to ensure that the Trust is able to monitor the impact on non-COVID patient care and re-commence planned work in a flexible and timely manner as capacity and quality parameters permit.

The Trust will continue to assess and mitigate the risks associated with the impact of the COVID-19 pandemic on its strategic objectives via the Boards Assurance Framework and Corporate Risk Register

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

4 Corporate Governance Statement

Response

Risks and mitigating actions

1 The Board is satisfied that the Trust 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

Risk: A partial external governance review was completed in 2019/20. The new developmental framework recommends that a full governance review is undertaken every 3-5 years.

Action: The Trust will consider commissioning an external governance review in the latter part of 2020/21 in liaison with our NHS England and NHS Improvement relationship manager.

2 The Board has regard to such guidance on good corporate governance as may be issued by NHSI from time to time

Confirmed

No Risk identified

- 3 The Board is satisfied that the Trust 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 Risk identified

- 4 The Board is satisfied that the Trust 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

Risk: Some weaknesses in the Trust arrangements for ensuring the quality of performance data have been highlighted by our external auditor, with reference to their work carried out on their work on the Quality report in 2018/2019 where errors were found with regard to the A&E 4 hour wait and 62 day cancer performance indicators.

Action: The required actions to improve data quality will be driven by the Data Quality Steering Group with assurance overseen by the Audit and Risk Committee.

An external organisation (MBI Health Group) has been commissioned to look into the operational processes and data quality of all the constitutional standards (Referral To Treat, Cancer and Diagnostics). MBI have conducted audits and implemented operational and technical changes where required. Standard Operating Procedures have been documented and approved by respective Programme Boards.

In 2019/20 the Trust Internal Auditors also undertook a review of access and activity data and presented findings to the April 2020 Audit and Risk Committee. The Trust will work through the recommendations from this audit and provide onward assurance via the Data

Quality Governance structure and the Audit and Risk Committee that the Trust has implemented the actions required to address recommendations.

The Governance structure around non-constitutional data quality standards is undergoing review by the Chief Information Officer and the Director of Finance to further strengthen data quality governance via a Data Quality Steering Group.

Risk: The Trust is at risk of not being able to comply with its licence in three areas: Improving our CQC rating, financial performance, and achieving the required level of performance against A&E targets.

Actions: The Trust has instituted a number of key actions to address the concerns raised as follows:

- CQC: Developed a holistic Hillingdon Improvement Plan (HIP). A programme for improving quality and safety has been put in place comprising of Ward Accreditation and Clinical Service Reviews. These strands of work support the delivery of the HIP in the form of a series of internal inspections to identify areas for improvement.
- Developed a deliverable financial plan to March 2021 which will include an understanding of the underlying financial position and detailed analysis of the causes of the underlying financial position; a well-developed Cost Improvement Programme and a link to workforce optimisation.
- The Trust has produced a plan for A&E

performance recovery ("the A&E Plan").

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 Trust, 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 Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.


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| Confirmed | No Risk identified |
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6 The Board is satisfied that there are systems to ensure that the Trust 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.

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| Confirmed | No Risk identified. |
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Signed on behalf of the board of directors, and having regard to the views of the governors

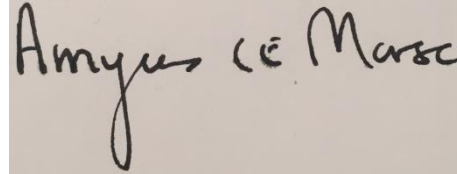
Signature



Name

Sarah Tedford

Signature

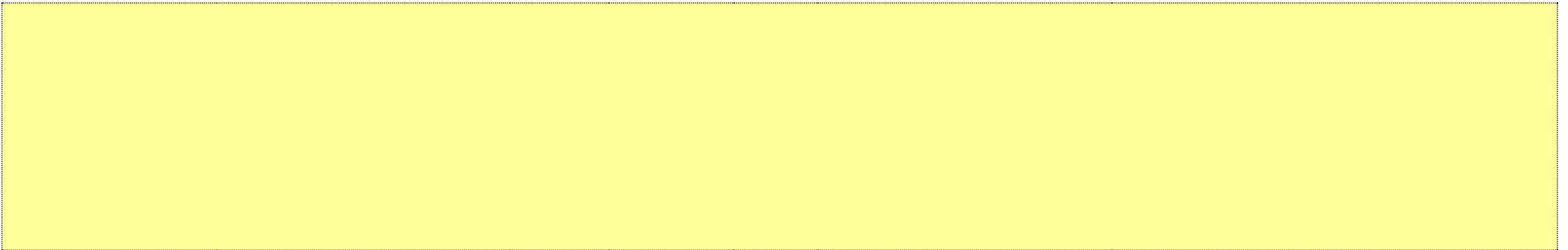


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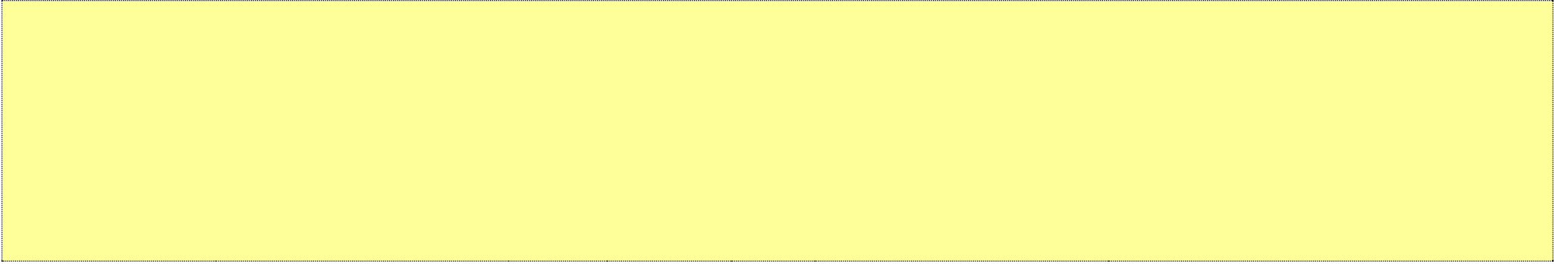
Amyas Morse

The board are unable make one of more of the above confirmations and accordingly declare:

A



B



C

