

Worksheet "Corporate Governance Statement"

Corporate Governance Statement

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	Corporate and clinical governance practice not fully integrated: Clinical audit plan aligned with Trust priorities (Quality A/cs). External Agency Recommendations Policy developed for implementation to ensure full Board line of sight: detailed review and subsequent comms roll out of SOs and SFLs: Scrutiny
2 The Board has regard to such guidance on good corporate governance as may be issued by Monitor from time to time	Confirmed	
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	Immaturity of new Board and its new committee structures: Roll out of Board development programme, early effectiveness assessment being commissioned to commence Q3, external facilitation: Performance management framework development
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	Immaturity of assurance framework risk: NED confirm and challenge ongoing programme and priority focus, Performance Management Framework and tools developed - next steps roll out, dissemination, implementation & monitoring. Developments with regard to Service Line management, monitoring and reporting to enhance decision making and timely action; Stakeholder mapping and engagement strategy in development in order to inform, influence and mature relationships across the health system (commissioning, provision, scrutiny) Financial sustainability risk: Robust challenge of going concern assumptions, tight liquidity control, continuing dialogue with CCG, Monitor and DH (PFI, Capex, liquidity); recurrent CIP priority and increasingly pay focused/top decile performance; focus on priority capital expenditure only+K19 in the short term; cost control support and sustainability, clinical summits (incl GPs) to align strategies and priorities for the benefit of whole system efficiencies/improvements
5 The Board is satisfied that the systems and/or processes referred to in paragraph 5 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.	Confirmed	Immaturity of understanding of the quality of data collected & presented to Board: Board Masterclass; appointment of business analysts; Data Quality Group and development of DQ strategy; Internal Audit focus; Newcastle buddying workstream; Director of Transformation to be appointed to deliver approved Integrated Improvement Strategy; Work of Governance Support Unit and performance team regarding triangulation of data and conversion to intelligence
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.	Confirmed	Insufficient capacity to deliver pace of recovery agenda required: Appointed Financial Advisor; recruitment plan for replacement CFO; Commissioning external support for delivery of rapid tactical and cost control plans; appointing Transformation Director. Escalation of recruitment to project management <i>refer to Business-related role of Programme Board/DLMC</i>

Signed on behalf of the board of directors, and having regard to the views of the governors

Signature	Signature
_____	_____
Name Sean Lyons, Chairman	Name Paul O'Connor, CEO

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

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