

Corporate Governance Statement - FT4 NHS Improvement 25.05.2022

1.	<p>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>	<p>The Board has the following governance arrangements in place to manage its corporate governance arrangements: -</p> <ul style="list-style-type: none"> - Board and Committee structure - Management and Directorate structure - Arrangements for assessing the Board's performance and effectiveness (including a Board Development Programme) - Quality governance arrangements - Compliance regimes to support regulatory requirements - eg for the Care Quality Commission and NHS Improvement - Clinical Audit Plan - Quality Improvement Programme - Internal Audit Annual Plan - Counter Fraud Programme - Risk and Control Framework - External Audit scrutiny and support - Information Governance arrangements - Standing Orders, Standing Financial Instructions and Scheme of Delegation <p>The Trust's governance arrangements have been supported by:</p> <ul style="list-style-type: none"> - Annual Operational Plan for 2020 - 2023. - The Board having a good balance of skills and experience: Executive Directors have defined portfolios of responsibilities and Non-Executive Directors have lead areas of focus linked to their areas of expertise and the requirements of the Trust. - Succession planning arrangements - the Trust is actively recruiting to Non-Executive Director positions during the financial year 2021/22. - Annual self-declaration from all Board members to a Code of Conduct, the Code of Governance and the Nolan principles. This is compliant with the Care Quality Commissions Regulation 5 – Fit and Proper Persons and support the annual declaration from the Board as against its full compliance with this regulation. - Committee Reporting Structure - which enables a focus on and scrutiny of quality and safety issues, workforce matters and financial planning and control. - Reporting and assurance sub-structure of ISU's with triumvirate leadership and clinically led - Board Assurance Framework and combined Risk Register which details the risk to the delivery of the Trust's strategic aims.
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		The robustness of the Trust's corporate governance arrangements is validated through the Care Quality Commission's rating of "good" (including an assessment against the Well Led Framework).
2.	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	The Trust responds to all relevant guidance issued by NHS Improvement through the actions of the CEO and the Executive Team. The Chief Executive's Report at every Board meeting also highlights any guidance issued by regulators.
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.	a. The Trust Board has approved Standing Orders, Standing Financial Instructions and a Scheme of Delegation. These are currently going through another set of reviews due to the plan to introduce a new Trust Management Group. There are Terms of Reference for each Committee of the Board and effectiveness is assessed annually and following every meeting. Each Committee has a forward plan and cycle of business. b. The Board has a well-established Committee structure that provides for effective review, scrutiny and decision making on the priority areas of the Board's business and a clear focus on and scrutiny of quality and safety issues, workforce matters and financial planning and control. This and an underpinning infrastructure of supporting management meetings enables the Board to discharge its responsibilities and duties effectively and efficiently. c. The composition of the Board is well balanced and has a broad range of skills and experience. Executive Directors have defined portfolios of responsibilities and Non-Executive Directors have lead areas of focus linked to their areas of expertise and the requirements of the Trust. There is a clear reporting and assurance structure within the Clinical Directorates which has a triumvirate leadership team led by a Clinical Director. Job descriptions define duties, responsibilities and accountabilities across the management team and throughout the organisation.
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;	a/b/c The Board ensures that the Trust meets necessary legislative requirements which include Care Quality Commission compliance. Various operational groups ensure that the Board of Directors is assured that the organisation, decisions and business of the trust is monitored effectively. The Trust's SMART transformation programme is testing new ways of delivering care that are more consistent and based upon clinical evidence; it is also looking at more efficient and effective ways of working through digital opportunities. The overarching aim is to make best use of our resources within the current constraints of growing demand and financial challenges. It is an ambitious programme that is driven to improve the care we provide, to enable our staff to spend more time with the people they are supporting and to increase our efficiency as a NHS organisation. The Board has a number of points of assurance which

	<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>	<p>include integrated performance reporting, financial performance, declarations and Annual Accounts, External Audit and Internal Audit reports and statements.</p> <p>d. Our Annual Governance Statement provides a positive statement that we consider ourselves to be a Going Concern. Financial decision making and management and control systems are set out in the Trust's Standing Financial Instructions and Scheme of Delegation. The Trust has a Finance, Performance and Digital Committee which scrutinises financial planning, control and review and approves investment opportunities in accordance with its delegated authority limits and undertakes a pre-Board review of investments in excess of that limit. The ISUs are held to account for their financial performance and cost improvement targets are set for all Units.</p> <p>e. The Board has an agreed governance reporting structure and sequence of meetings though the timing of these is being reviewed to enable timely consideration of relevant and up to date information to make decisions.</p> <p>f. Risks that may affect us in delivering our strategic aims and risk any associated compliance are set out in the Board Assurance Framework which is regularly updated through Executive Director and Committee review.</p> <p>g. The Trust has an annual planning process which is led by the Programme Management Office (PMO); the PMO also supports the delivery of and reporting on Trust Business Plans.</p> <p>h. A range of governance, risk and control processes are in place to ensure that the Trust remains compliant with its legal requirements.</p>
5	The Board is satisfied that the systems and/or processes referred	a. The Trust has three Executive Directors who have clinical backgrounds: The Chief Nurse, the Medical Director and the Chief Executive. In addition, we have in post, the Health and

<p>to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(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</p> <p>(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.</p>	<p>Care Strategy Director who is also the Director of Infection Control & Prevention and Consultant Physician in Acute Medicine. The Chief Finance Officer / Deputy Chief Executive is a qualified chartered accountant. A qualified chartered secretary and governance practitioner is in post, supporting the improvement of a range of governance processes and systems. In all, this provides excellent leadership and focus on the quality, safety and effectiveness of services. All Directors are set annual objectives and agree a development plan with the CEO; they are appraised at least annually. In all, this provides excellent leadership and focus on the quality, safety and effectiveness of services. All Directors are set annual objectives and agree a development plan with the CEO; they are appraised at least annually.</p> <p>b. The Trust has a Quality and Assurance Committee that meets every other month and provides assurance to the Board on matters of quality and safety; it is chaired by a Non-Executive Director. Agendas are informed by standing items, items taken from a forward plan and any topical matters, such as changes in legislation of policy. Governance meetings take place on a monthly basis at ISU level and their focus is on the quality and safety of the operational delivery of services; these meetings are led by the ISU operational director. The Chief Nurse and Medical Director work together on measures to improve patient safety and experience and clinical effectiveness. A comprehensive structure of management meetings looks at a range of specific aspects of quality and safety and are attended by a cross section of multi-professional staff and managers. The Quality and Assurance Committee and ISU Governance Groups consider a range of reports which relate to the quality and safety of Trust services, as well as reviewing relevant risks as detailed within the ISU risk registers.</p> <p>c/d. The overall reporting and assurance framework is based on a sequence of meetings which has recently been reviewed to ensure that the information being considered is timely and accurate. The Trust has a well-established informatics team which assists with performance reporting. Each of the Executive Directors has a defined portfolio of responsibilities which clarifies their accountabilities. There is framework for risk management and a means of escalating concerns about internal control to the Audit Committee. The Trust has significantly invested in its information and IT systems to support the availability of the most timely and accurate data.</p> <p>e. All members of the Board are actively engaged in quality and safety initiatives. As a matter of course, the Trust takes in to account the views of others through the feedback received from complaints, compliments, incident review, ongoing stakeholder meetings and discussions. One of the NEDs has been appointed as the NED link to the 'Freedom To Speak Up Guardian' for the Trust. Duty of Candour is a statutory duty that requires the Trust to be open and candid if someone is harmed when in our care. During the year we have continued to provide training for</p>
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		<p>staff about the ways in which we approach someone and apologise when things go wrong. We have provided education via resources on our internal web, information leaflets and regular meetings including our Senior Management and operational governance groups, Quality and Assurance Committee and our public Board meetings where reports are shared across our services to encourage learning.</p> <p>f. This is set out in the systems and processes described above. In addition to formal channels, such as the 'Freedom To Speak Up' service, the CEO and Chair operate an "open door" policy for staff or members of the public. In addition, managers make themselves readily available as a point of contact for concerns or for the speedy resolution of issues.</p>
6.	<p>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.</p>	<p>Executive Directors have defined portfolios of responsibilities. Non-Executive Directors have lead areas of focus linked to their areas of expertise and the requirements of the Trust. The Chief Executive considers the capacity of the Executive team on an ongoing basis. Regular 1:1 supervision sessions and weekly Executive meetings enable the CEO and the Executives to maintain a focus on delivery priorities. The Senior Leadership Team has been established supported by a Senior Management Team. The Clinical Directorates provide strong clinical and managerial leadership supporting the Executive Team in ensuring service delivery. There is an Annual self-declaration from all Board members to a Code of Conduct, the Code of Governance and the Nolan principles. This is compliant with the Care Quality Commissions Regulation 5 – Fit and Proper Persons and support the annual declaration from the Board as against its full compliance with this regulation.</p>