

Corporate Governance Statement – 2021/22

The Trust is required to complete its Corporate Governance self-assessment and make its associated statement by 30 June 2022. NHS Improvement will contact a select number of trusts/Foundation Trusts from July, to ask for evidence that they have self-certified. The Trust was selected and provided evidence of self-certification in 2018.

Background on the Trust's current position

The Trust is in breach of its NHS Provider Licence and agreed Section 106 undertakings with NHS Improvement accordingly, in January 2019, agreeing updated Undertakings with NHS Improvement in May 2021. The Trust has taken significant action to strengthen systems and processes for good governance as outlined in the respective sections of this document.

- The February 2022 CQC inspection report details significant improvement in the core services inspected and the Trust is now CQC 'Good' in three domains - Caring, Well-Led and Effective.
- In addition, the CQC recommendation to remove the Trust from the Recovery Support Programme, segment 4 of the NHS System Oversight Framework (previously Special Measures), was formally approved by NHS England and Improvement in April 2022.

The Board considers it is able to confirm compliance with the requirements of the Corporate Governance Statement. However, given the Undertakings remain in place at the time of writing, the Board considers it is required to report an 'unconfirmed' position against the specific statements referenced in the Undertakings.

At the time of writing, the Trust is in discussion with NHS Improvement on the revision and/or removal of the Undertakings to reflect the Trust's improved position.

Statement	Confirmed/ Not Confirmed	Commentary / risks and mitigating actions
<p>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.</p>	<p>Confirmed</p>	<p>Commentary, Risks and mitigating actions</p> <p>Evidence of the Trust’s application of principles, systems and standards of good governance includes:</p> <ul style="list-style-type: none"> • The Trust operates in accordance with the provisions of its Constitution and Standing Orders • The Trust’s Constitution remains in-line with NHSE/I’s (Monitor’s) Model Core Constitution and the law • The Trust operates in accordance with The NHS Foundation Trust Code of Governance (2014) and its compliance position is reflected in its Annual Report 2021/22 • The Trust has in place key corporate governance policies, including: <ul style="list-style-type: none"> ○ Anti-Fraud and Anti-Bribery Policy ○ Management of Conflicts of Interest (including Gifts, Hospitality and Sponsorship) ○ Working Together Strategy (Board and Governors) ○ Information Governance and Management policies • ‘Fit and Proper Person’ protocol and assurance is in place in respect of all Board members <p>The Trust maintained revised governance arrangements in response to the COVID-19 pandemic. The measures set out to maintain effective corporate governance arrangements, while adhering to national guidance and recognising the exceptional operational pressures being experienced by the Trust’s executive, clinical and operational teams.</p> <p>The Head of Internal Audit opinion for the period 1 April 2021 to 31 March 2022 is that based on the scope of reviews undertaken and the sample tests completed during the period, Significant Assurance with some improvement required can be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.</p> <p>The Trust is addressing all Internal Audit recommendations with progress monitored by the Audit Committee.</p> <p>Further work was undertaken in 2021/22 to further strengthen and embed the Trust’s governance structure which was approved by the Board in May 2021 and October 2021. (see 3 below).</p>

		<p>Following publication of the CQC report in February 2022, a review of the Trust Governance Structure has been undertaken as the Board looks to build on the progress made to ensure proper and effective oversight by and assurance to the Board, as it continues its well-led improvement journey from 'good' to 'outstanding'. Adjustments to the governance structure and the meeting frequency for the Board and its sub-committees come into effect from April 2022.</p>
<p>2. The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>Confirmed</p>	<p>Commentary, Risk and Mitigations</p> <p>The Trust has had regard to NHSE/I's (Monitor's) NHS Foundation Trust Code of Governance (2014) and its compliance position is reflected in its Annual Report 2021/22.</p> <p>The Board has had regard to all regulatory guidance, including that relating to:</p> <ul style="list-style-type: none"> • Operational Planning • Financial - revenue and capital • Annual self-assessment against the conditions of the NHS Provider Licence in support of the Board's annual declaration required by General Condition 6 of the NHS Provider Licence • Annual Corporate Governance Statement

<p>3. The Board is satisfied that the Trust implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	<p>Unconfirmed</p>	<p>Commentary, Risks and mitigations</p> <p>The Trust is in breach of its Provider Licence and at the time of writing, is working with NHS Improvement to review the Trust’s undertakings position for 2022/23 following the lifting of the Trust from NHS System Oversight Framework (SOF) segment 4 to SOF segment 3. Given the CQC ‘good’ rating for Well-Led, and the lifting of the Trust to SOF3, the Board considers it is able to confirm compliance with this requirement. However, given the Undertakings remain in place at the time of writing, the Board considers it is required to report an ‘unconfirmed’ position.</p> <p>The Trust has taken significant action to strengthen systems and processes for good governance which was recognised in the CQC rating the Trust as ‘good’ for Well-Led following its inspection in January 2022. The 2022 CQC report reflects how the organisation’s leadership has strengthened and matured over the past 2 years in conjunction with robust governance and assurance processes, supporting long-term improvement. Key well-led findings included:</p> <ul style="list-style-type: none"> • Leaders operated effective governance processes, throughout the Trust and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of services • Leaders and teams effectively managed performance, risks and issues; identifying actions to reduce risk including unexpected events • The Trust collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements <p>Actions taken to strengthen systems and processes for good governance over the year are outlined below:</p> <p>Work has been undertaken in 2021/22 to further strengthen and embed the Trust’s governance structure:</p> <ul style="list-style-type: none"> • The board sub-committees structure was embedded. Chair’s Assurance Reports from sub committees to Board have been provided throughout the year, presented in public for openness and transparency. • The operational arm of the governance structure was reviewed in April and September to further strengthen and streamline the executive groups and reporting fora, clarifying
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		<p>lines of accountability and reporting requirements through to Senior Leadership Team, Board Committees and to Board</p> <ul style="list-style-type: none"> • Following publication of the CQC report in February 2022, a review of the Trust Governance Structure has been undertaken as the Board looks to build on the progress made to ensure proper and effective oversight by and assurance to the Board, as it continues its well-led improvement journey from 'good' to 'outstanding'. Adjustments to the governance structure and the meeting frequency for the Board and its sub-committees came into effect from April 2022. The review included adjustments to all four quadrants of the governance structure – strategy/assurance, operational delivery, quality improvement and divisional & corporate governance. • Board sub-committees have reviewed their terms of reference and will be taking their respective annual reports on Committee activities in 2021/22 to the Board in June 2022. • There is annual sequencing of meetings, and forward plans to schedule business throughout the year have been reviewed. <p>The Trust commissioned an NHS Improvement well-led assessment in September 2021 to gain external assurance of the Trust's well-led progress and to support preparations for the well-led inspection.</p> <p>Further work will be undertaken in 2022/23 to:</p> <ul style="list-style-type: none"> • Embed the adjustments to the governance structure across the Board, sub-committees, executive groups and fora reporting into the operational and quality improvement quadrants of the governance structure • Review the effectiveness of the Trust's revised governance structure after six months of operation, in September/October 2022
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<p>4. The Board is satisfied that the Trust effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee’s duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations;</p>	<p>Unconfirmed</p>	<p>Commentary, Risk and Mitigations</p> <p>The Trust is in breach of its Provider Licence and at the time of writing, is working with NHS Improvement to review the Trust’s undertakings position for 2022/23 following the lifting of the Trust from NHS System Oversight Framework (SOF) segment 4 to SOF segment 3. Given the CQC ‘good’ rating for Well-Led, and the lifting of the Trust to SOF3, the Board considers it is able to confirm compliance with this requirement. However, given the Undertakings remain in place at the time of writing, the Board considers it is required to report an ‘unconfirmed’ position.</p> <p>Actions taken to strengthen systems and processes for good governance are outlined below:</p> <p>(a)The Trust has in place, systems to support compliance with the duty to operate efficiently, economically and effectively – these include:</p> <ul style="list-style-type: none"> • Standing Financial Instructions and Scheme of Delegation • Financial Management Policy Suite • Anti-Fraud and Anti-Bribery Policy • Management of Conflicts of Interest (including Gifts, Hospitality and Sponsorship) Policy • Executive management of Trust finance and activity plans • Regulatory reviews of National Cost Collection • Cost Improvement Programme (Quality Impact Assessed) • Service Line Reporting • Procurement Strategy • ‘Getting it Right First Time’ (GIRFT) reviews <p>Whilst the Trust remains in breach of its Provider Licence, the Trust has delivered its financial plans for 2020/21 and 2021/22 including the planned CIP programme.</p> <p>For 2022/23, the Trust has followed the national guidance for financial planning and contracting. A further and final planning submission is due on 20 June 2022.</p> <p>(b) The Trust’s Executive Team, Board and key non-executive director led monitoring/assurance board sub-committees meet on a regular, programmed basis to scrutinise and oversee the Trust’s operations. Additional oversight arrangements are commissioned where required.</p>
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<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>c) The Trust’s governance structure strengthened the systems in place to provide assurance to the Board in respect of the Trust’s compliance with a range of healthcare standards – these include in 2021/22: the Board’s Quality Committee and the Finance & Activity Committee (NED-led), the Quality Forum, the Clinical Governance Executive Group and the Assurance and Risk Executive Group.</p> <p>The Trust has an Integrated Quality Improvement Plan (IQIP) in place, covering strategic priorities, Licence Conditions reporting and CQC Must / Should actions – reporting internally to the Quality Forum, the Quality Committee and Trust Board, and externally to the Oversight and Assurance Group and the CQC.</p> <p>In April 2022 the CQC recommendation to remove the Trust from the Recovery Support Programme, segment 4 of the NHS System Oversight Framework (previously Special Measures), was formally approved by NHS England and Improvement.</p> <p>The IQIP is now evolving to become a Compliance Plan, incorporating the remaining ‘open’ Must and Should Do actions from the 2021/22 IQIP with the 13 new Must and Should Do actions from the latest CQC Report. The Compliance Plan will be aligned to all five Trust Quality Improvement Plans - Maternity, Ophthalmology, Radiology, Elective Recovery and Urgent and Emergency Care - with clear reporting through to the Trust Board.</p> <p>The Trust has embedded an effective quality improvement supporting governance structure, including a robust Evidence Assurance Group.</p> <p>The 2021/22 Month 12 position in respect of the delivery of the Trust’s Integrated Quality Improvement Plan (IQIP) is summarised as follows:</p> <ul style="list-style-type: none"> • The Trust completed 57 of the 83 actions (69%) by month 12 • 100% of Section and Warning Notice conditions have been approved and moved to ‘Business as Usual’ by the Trust • During 2021/22 the CQC removed 18 of the 22, section 31 conditions from the Trust’s Certificate of Registration and all 16 of the remaining 29A warning notice conditions spanning the services of Maternity, Diagnostic Imaging and Medicine.
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<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>d) The Trust has in place a NED-led Audit Committee and a Finance and Activity Committee and an Executive Director led Investment and Capital Planning Executive Group (now the Use of Resources Executive Group). There are effective systems and processes in place to identify ambitious Cost Improvement Plans (CIPs) (quality impact assessed) and to secure CIP delivery and budgetary control with Divisions and Departments. The Trust maintained a Cost Improvement Plan for 2021/22 despite the challenges presented by the COVID-19 pandemic and secured £6.3m savings at year end.</p> <p>The Board will consider its’ Going Concern’ position at its meeting in June 2022 as part of the 2021/22 annual report approval process.</p> <p>The Trust has met regulatory deadlines for the submission of iterations of its Operational Plans for 2022/23 with a further submission due on the 20 June 2022.</p>
<p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p>		<p>e) The Trust has systems in place to support the Board’s decision-making with comprehensive information.</p> <ul style="list-style-type: none"> • The Care Quality Commission (CQC) inspection, published February 2022, commented on our Information and Performance Management practices: <i>‘The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.’</i> • The Board maintained oversight of the Trust’s performance, reviewing the Integrated Performance Report at each of its monthly meetings held in public and overseeing progress to deliver year-two Strategic Objectives of the Trust’s five-year Corporate Strategy, scrutinising quarterly progress reports against key performance indicators. • As part of the improvements being undertaken to improve reporting and visibility, the Trust’s Integrated Performance Report (IPR) has been subject to significant redesign during Q4 of 2021/22 and is aligned to the new Trust Board and Committee processes planned for 2022/23. <p>Assurance on data quality is secured through internal audit.</p>
<p>(f) To identify and manage (including but not restricted to manage through forward plans)</p>		<p>f) The Trust has completed (June 2022) its annual self-assessment of compliance with NHS Provider Licence Conditions, in support of the Board’s declaration required by General Condition 6 of the NHS Provider Licence.</p>

<p>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>The Trust is in breach of its Provider Licence and agreed Section 106 undertakings with NHSI accordingly, in January 2019, and updated in May 2021. At the time of writing, the Trust is working with NHS Improvement to review the Trust’s undertakings position for 2022/23 following the lifting of the Trust from SOF4 to SOF3.</p> <p>(g/h) The 2022/23 Operational Plan iterations have been submitted to NHSE&I in line with the regulatory timetable.</p> <p>The Trust’s plans are monitored through performance review meetings at operational level – through to Executive, Committee and Board level.</p> <p>The Trust ensures its compliance with applicable legal requirements in a number of ways, including the portfolios of the Executive Team, Trust Secretary, Internal Medico-Legal Specialist, Health and Safety Officer, Anti-Fraud and Anti-Bribery policies / NHS Counter-Fraud Authority support and external legal support.</p> <p>The Trust is in breach of its Provider Licence. The Trust has had Oversight and Scrutiny Meetings (OSM) with NHSE/I in 2021/22, at which it has reported on progress in addressing its regulatory undertakings and key financial and governance targets. Being in Special Measures (Quality) the Trust has also been subject to regular Oversight and Assurance Group (OAG) meetings with its regulators, where progress in delivering the Integrated Quality Improvement Plan is reported and scrutinised.</p> <p>The CQC inspection report details significant improvement in the core services inspected and Well-Led ratings and confirms the CQC’s recommendation to remove the Trust from the Recovery Support Programme, segment 4 of the NHS System Oversight Framework (previously Special Measures). This recommendation was formally approved by NHS England and Improvement in April 2022, meaning that the Trust no longer requires ‘mandated intensive support’ from our Regulator and is no longer in special measures. As at the time of writing, the Trust is in discussion with NHS Improvement on the revision and/or removal of the undertakings to reflect the Trust’s improved position.</p>
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<p>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:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p>	<p>Unconfirmed</p>	<p>Commentary, Risk and Mitigations</p> <p>The Trust is in breach of its Provider Licence and at the time of writing, is working with NHS Improvement to review the Trust’s undertakings position for 2022/23 following the lifting of the Trust from NHS System Oversight Framework (SOF) segment 4 to SOF segment 3. Given the CQC ‘good’ rating for Well-Led, and the lifting of the Trust to SOF3, the Board considers it is able to confirm compliance with this requirement. However, given the Undertakings remain in place at the time of writing, the Board considers it is required to report an ‘unconfirmed’ position.</p> <p>Actions taken to strengthen systems and processes for good governance are outlined below:</p> <p>The CQC’s inspection of 2018 and the subsequent Independent Board Review – Nov 2018 and the CQC inspection 2019 made recommendations for enhanced capacity and capability at Board level. In 2019/20 the Trust introduced significant improvements which have continued to be consolidated in 2020/21 and 2021/22.</p> <p>(a) The Board’s succession planning seeks to ensure an appropriate skill mix on the Board, including effective organisational leadership on the quality of care.</p> <ul style="list-style-type: none"> As at 31 March 2022, the Board of Directors was made up of the Chairman, seven non-executive directors and six voting executive directors. The six voting executive board positions at 31 March 2022 were: The Chief Executive; the Deputy Chief Executive, the Director of Finance; the Medical Director, the Chief Nurse and the Chief Operating Officer. There were substantive appointments to all executive director positions following the commencement of the Chief Nurse and the Director of Patient Safety in their roles in May 2021. The Nomination & Remuneration Committee reviewed the balance, completeness and appropriateness of the Board and considered that the Board had in place the necessary balance of board skills, knowledge, experience and independence to discharge the Board’s respective duties and responsibilities effectively in accordance with the statutory requirements of an NHS Foundation Trust. Non-executive director skill mix includes directors with clinical, nursing, financial, digital, education and research, organisational development and commercial backgrounds.
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<p>(b) That the Board’s planning and decision-making processes take timely and appropriate account of quality of care considerations;</p>		<ul style="list-style-type: none"> • The Trust is compliant with the Code of Governance provision B.1.2., requiring at least half the Board of Directors, excluding the chairperson, to be non-executive directors determined by the Board to be independent • The Board has continued to implement our independently facilitated Board Development Programme recognising the importance of Board level relationships and communication for a cohesive, high-performing unitary board. Remote coaching has also taken place. • Following the announcement in January 2022 that the Trust Chairman would be leaving the Trust on 31 March 2022 to take on a new role, the Governors led a competitive process to appoint an Acting Chair for a period of up to 12 months from amongst the current Non-Executive Directors, to ensure the Trust maintains continuity of leadership whilst open recruitment processes are undertaken to appoint a substantive Chair. The Acting Chair was appointed by the Governors’ Council with effect from 1 April 2022, resulting in a short term non-executive director vacancy. The Trust Chairman led work with the Governors to appoint into this short term non-executive director vacancy, to ensure capacity and capability is maintained over this interim period. The non-executive director, commenced with the Board in this short term position on 1 April 2022. <p>(b) The Board’s strategic priorities and operational plan include the Trust’s quality of care priorities and plans. In June 2020 the Board approved its Corporate Strategy including six clear strategic objectives (SO), each with Executive Director leads and aligned to a Board sub-committee:</p> <p>Quality</p> <ul style="list-style-type: none"> • To consistently provide safe and compassionate care for our patients and their families – Chief Nurse (S01) – Quality Committee • Modernising our Hospital (Estate, digital infrastructure, and medical equipment) to support the delivery of optimal care – Director of Finance (S02) - F&A Committee <p>Engagement</p> <ul style="list-style-type: none"> • Strengthening staff engagement to create an open culture with trust at the centre – Deputy CEO (S03) - People Committee • Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability – Director of Strategy and Integration (S04) – F&A Committee
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<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 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</p>		<p>Healthy Lives</p> <ul style="list-style-type: none"> • Supporting our patients to improve health and clinical outcomes – Medical Director (S05) - Quality Committee • Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care – Director of HR (S06) – People Committee <p>Each of the overarching strategic objectives have a range of underpinning Key Performance Indicators (KPIs). Year two strategic priorities were agreed in April 2021 and there was robust Committee and Board level quarterly monitoring to ensure a clear mechanism for demonstrating progress against the agreed annual priorities for each area. In April 2022 the Board approved the annual priorities for 2022/23.</p> <p>All planning and business decisions take account of quality of care considerations e.g. Quality Impact Assessments on CIPs and Business Cases.</p> <p>(c/d) The Trust has a range of internal information systems to generate comprehensive, up to date and timely information on the quality of care.</p> <ul style="list-style-type: none"> • The Trust continues to use Statistical Process Control SPC methodology to improve and standardise its understanding of and response to performance information. The Integrated Performance Report has been further developed in the year and is presented to the Board and its Committees • The Quality Forum, Quality Committee and Board have received monthly Integrated Quality Improvement Programme (IQIP) reports throughout 2021/22. <p>(e) Actions that have taken place during the year include:</p> <ul style="list-style-type: none"> • Patient and/or staff story at the start of Board meetings held in public • Except during the peak of COVID surge activity the sub-board Committees received presentations from Divisional Leaderships Teams and corporate areas on their assurances, challenges and action plans • Non-Executive Director attendance at Governors’ Council meetings and Governor attendance at Board of Directors meetings • Attendance at Governor Committee meetings
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<p>(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.</p>		<p>(f) The Trust’s governance framework features explicit accountability through terms of reference, for the management and monitoring of quality of care through both the assurance, quality improvement and operational arms of the governance structure.</p> <p>The Chair’s Assurance Report mechanism enables chairs of committees, executive groups and fora to escalate issues to their ‘senior’ reporting body, up to committees and Board as necessary.</p> <p>The Trust has a Performance and Accountability Framework in place to support delivery of the Trust’s ambition to deliver safe, personalised and efficient care, through strengthening the Trust’s approach to performance management. Annual work plans formally capture the contribution that each Division will make to deliver the Trust’s corporate objectives and key targets including delivery of national standards and the Trust’s quality, financial and operational objectives.</p> <p>The Trust further strengthened Freedom to Speak Up arrangements in 2021/22, moving from 30 hours to 120 hours of support. There is now a Lead Freedom to Speak Up Guardian, who is supported by a second part-time staff Guardian and an independent Guardian which is enabling a more responsive, visible and resilient service. Speak Up referrals to the CQC have reduced significantly, as Speak Up referrals have increased internally – the sign of a healthier culture. Members of staff can contact the QEH whistleblowing line.</p>
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<p>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.</p>	<p>Confirmed</p>	<p>Commentary, Risk and Mitigations</p> <p>The NED cohort on the Board has been maintained at the maximum number, in accordance with the Trust’s constitution and further high calibre substantive executive directors have commenced in post. (see 5a above).</p> <p>The Board’s succession planning seeks to ensure an appropriate skill mix on the Board, including effective organisational leadership on the quality of care.</p> <p>The Trust:</p> <ul style="list-style-type: none"> • Has in place revalidation processes for nursing, midwifery and medical staff • Undertakes professional registration checks on employment, and ongoing once in post • Complies with standard NHS employment checks for both substantive and temporary staff members • Has in place medical job planning processes • Undertakes nursing skill mix reviews • Reviewed the establishment for registered midwives to meet Birthrate+ assessment standards
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<p>Training of Governors:</p> <p>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.</p>	<p>Confirmed</p>	<p>Commentary, Risk and Mitigations</p> <p>2021/22</p> <ul style="list-style-type: none"> • Induction sessions for new Governors were held in person by the Lead Governor, with support and input from the CEO, Deputy CEO and Foundation Trust Membership Officer • Informal Governor topic specific briefings and seminars were held throughout the year and co-ordinated by the Deputy CEO. Topics included: Revised IQIP, Estates Strategy, New Hospital and Multi-Phase Re-development, New Hospital update, Diagnostic and Assessment Centre & Digital Aspirant Funding, Acute Provider Collaboration plus an update, Clinical Strategy, The Case for Change. • Governor observers continue to attend the People, Quality, and the Finance and Activity Board sub-committees • Regular Lead Governor meetings with the Trust Chairman • Lead Governor and CEO catch up meetings • Regular Lead Governor and Deputy CEO updates • Comprehensive weekly communications briefings to Governors updating on QEH and system matters • Informal briefings for Governors led by Lead Governor • Staff Governor 1-2-1 introductory sessions with CEO and Chairman • There are Governor leads for key strategic subjects – including New Hospital, Freedom to Speak Up, Digital, Dementia, Cancer and Integrated Care System/Acute Provider Collaboration <p>Planned for 2022/23</p> <ul style="list-style-type: none"> • Externally facilitated Board and Governor joint development session (July 2022) • Development of a comprehensive training package for Governors with three clear priorities: <ol style="list-style-type: none"> 1. Core Skills: full day Induction and development course, which includes an overview of the structure of the NHS; the statutory role and responsibilities of Governors; an overview of NHS finance; the importance of quality in healthcare and key skills to hold the Board to account effectively. 2. NHS Provider Training: full day specialist course, ‘Effective Chairing for Governors’ 3. Regular in-house courses to be run by in-house subject matter experts, including on NHS finance and hospital governance arrangements
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