

Corporate Governance Statement – 2016/17

The Trust is required to complete its Corporate Governance self-assessment and make its associated statement by 30 June 2017. From July 2017, NHSi will contact a select number of trusts/FTs to ask for evidence that they have self-certified.

The Board is invited to consider and agree the responses set out against each of the Corporate Governance Statement elements in the table below.

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</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 NHSi's Model Core Constitution • The Trust has in place a suite of key Corporate Governance Policies, including: <ul style="list-style-type: none"> ➤ Anti-Fraud and Anti-Bribery Policy ➤ Management of Conflicts of Interest Policy ➤ Engagement Policy (Board and Governors) ➤ Information Governance and Management Policies • The 2016/17 Head of Internal Audit Opinion - 'The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective. The Trust is addressing all Internal Audit recommendations and progress is monitored by the Audit Committee • The Trust's key governance policies and systems, including the Codes of Conduct, incorporate the Nolan Principles.

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		<p>Risks and mitigating actions</p> <p>There is a risk of inconsistent compliance with Trust Policy. Systems have been developed to monitor and encourage compliance – e.g. revised Management of Conflicts of Interest Policy & supporting systems.</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</p> <p>The Trust has had regard to NHSi's Code of Governance and its compliance position is reflected in its Annual Report 2016/17.</p> <p>The Board has had regard to all NHSi guidance, including:</p> <ul style="list-style-type: none"> • Financial - revenue and capital • Executive, interim, agency and consultancy appointments • IR35
<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>Confirmed</p>	<p>Commentary</p> <p>The Board undertook a 'Well-Led' self-assessment in 2016/17</p> <ol style="list-style-type: none"> a. The Trust has a well-developed Board and Governors' Council committee structure in place – reviewed periodically b. Committees have clear terms of reference. The Board has reviewed its terms of reference and 'Schedule of Matters reserved to the Board' in 2016/17 c. Comprehensive Governance Structure in place – reviewed periodically. Divisional Hierarchy reviewed in 2016/17. <p>Risks and mitigating actions</p> <ol style="list-style-type: none"> a. 'Well-led' Framework self-assessment identifies that some sub-committees are less effective than others – 'Well-led' action plan in development with newly appointed Executive Team b/c. During 2016/17, there were a number of interim posts at executive-level and a

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		<p>continuity risk concerning reporting lines and accountabilities in some areas. From June 2017, the executive team is fully substantive, with the exception of the Acting DoF (fixed term contract for 13 months). CEO working with executive team to review and finalise exec. portfolios and accountabilities</p>
<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; (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</p>	<p>Confirmed</p>	<p>Commentary</p> <ul style="list-style-type: none"> a. The Trust has in place, systems to ensure compliance with the duty to operate efficiently, economically and effectively – these include: CIPs, SLR, Reference Costs audit work b. The Trust’s Executive Team, Board and key NED-led monitoring committees meet on a regular, programmed basis to scrutinise and oversee the Trust’s operations. Additional oversight arrangements are commissioned where required. c. The Trust has a range of systems in place to provide assurance to the Board in respect of the Trust’s compliance a range of healthcare standards – these include: Quality Committee (CQC), Risk Committee, Clinical Governance Committee (WHO and NICE), Mortality Surveillance Group, Clinical Audit, Safety Alerts response system, peer reviews, accreditation and regulatory reviews. Clinical Audit Process – received a green (substantial assurance) internal audit opinion in 2016/17. d. The Board confirmed the Trust's position as a ‘going concern’ for the forthcoming period. Internal Audit of Financial Systems – amber/green (reasonable assurance) The Trust has submitted its Business Plan for 2106/17 and 2017/18 in line with NHSi's timetable. e. The Trust has systems in place to support the Board’s decision making with accurate and comprehensive information. The key medium for the dissemination of this information to the Board is the Integrated Performance Report. f. The Trust has submitted its self-assessment of compliance with NHSi's Licence Conditions (In support of the Board declaration required by General Condition 6 of the NHS Provider Licence) 2016/17. g. APR/Business Plan submitted to NHSi in line with regulatory timetable. Trust’s plans monitored through performance review meetings at operational level – right through

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<p>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>to Executive, Board and committee-level</p> <p>h. 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 Protect support and external legal support</p> <p>Risks and Mitigations</p> <p>f. There is a risk that the Trust is not able to achieve financial stability in the short-medium term. The Trust delivered its revised forecast deficit (£18.3m) in 2016/17 but not its originally agreed control total (- £5.3m). The Trust has worked closely with NHSi and KPMG to secure independent support to identify further efficiencies for 17/18 – 18/19.</p> <p>The Trust is in breach of its provider licence. The Trust has had regular PRM meetings with NHSi in 2016/17, at which it has regularly reported on progress in meeting its S106 undertakings and key financial and governance targets.</p>
<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>(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</p>	<p>Confirmed</p>	<p>a. The Trust's voting Board is substantively appointed from June 2017 with the exception of the Acting DoF (fixed term contract for 13 months). The NED cohort includes a doctor with very senior experience in Public Health, a nurse (and CQC Inspector) and a professor with very senior experience in health education (Dean of the Faculty of Medicine and Health Sciences). The Board's succession planning seeks to ensure an appropriate skills mix on the Board, including effective organisational leadership on the quality of care. The Executive contingent on the Board includes both a nurse and a doctor.</p> <p>b. The Board's Strategic Proprieties and Business Plans include the Trust's quality of care priorities and plans.</p> <p>The Board has a Quality Strategy and Quality Priorities in place and delegates quality oversight, including the delivery of the Quality Strategy, to its Quality and Safety Committee.</p>

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<p>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.</p>		<p>The Trust's Cost Improvement Programme is Quality Impact Assessed.</p> <p>c. The Trust has a range of internal information systems to generate accurate, comprehensive, up to date and timely information on quality of care.</p> <p>The Trust has engaged Dr Foster to support its data assimilation activities. The Trust commissions periodic internal audits of the Trust's quality data collection systems.</p> <p>d. The Trust and its committees have comprehensive, integrated, up to date information on key quality performance metrics and serious incidents. The Trust has reviewed and revised its Integrated Performance Reporting in 2016/17 and will keep this under review in 2017/18 to ensure that the Board and committees continue to receive timely, accurate and meaningful performance information.</p> <p>e. All members of the Board undertake regular '15-steps' visits to clinical areas and the Trust has a Patient Experience Committee (Governors) and Patient Experience Steering Group in place. Both committees have Healthwatch representation. Regular Patient Stories are presented to the Board in public session.</p> <p>f. The Trust has a tested 'Chairs' Key Issues' reporting process in place, facilitating the communication of key information / risks / issues (for - assurance, alert, escalation, information, approval) to the Board or other committees.</p> <p>The Trust has a rigorous Risk Management process in place.</p> <p>The Trust's governance framework features explicit accountability through terms of reference, for the management and monitoring of quality of care at every hierarchical level (from Service Quality and Business Boards, through to the Quality and Safety Committee and Board).</p> <p>Risks and Mitigations</p> <p>a. The Trust has a new executive team in place. The Trust's executive team is substantive from June 2017 with the exception of the Acting DoF (fixed term contract for 13</p>

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		<p>months) and high calibre appointments have been made to both MD and DoN posts. The Executive team is undertaking a comprehensive programme of development work</p>
<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>The voting Board is currently substantive with the exception of the Acting DoF (fixed term contract for 13 months) and the NED contingent of the Board is complete, with a Vice-Chair and SID in place. A Director HR (fixed term) begins work at the Trust in July 2017.</p> <p>The Trust has commissioned additional interim and consultancy support in 2016/17 for key projects and executive director team vacancies.</p> <p>The Trust has made significant investment in clinical recruitment (including nurses and doctors) and has a programme of local, national and international recruitment ongoing.</p> <p>The Trust is also actively working to transform its workforce. This work is including:</p> <ul style="list-style-type: none"> • Shared posts • New ways of working • New roles – band 4 nurses and Physicians’ Associates • Back Office review <p>Where there are rota gaps, the Trust seeks to utilise bank and agency staff, within the regulatory and HM Treasury restrictions in place. The Trust’s key objective at all times is patient safety.</p> <p>Risks and Mitigations</p> <ul style="list-style-type: none"> • Executive director ‘churn’ in 2016/17. All vacancies covered with high calibre interim appointees and now appointed to substantively. A Director HR (fixed term) begins work at the Trust in July 2017. High-Potential staff retention / development and succession planning being put in place • IR35 – new rules’ adverse impact on some rotas. The Trust has ‘held the line’ on IR35 rules and has developed new bank and agency recruitment initiatives e.g. neutral vendor model • International nurse recruitment pipeline – much reduced (esp. in Europe). Trust

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		<p>continues to recruit locally, nationally and internationally – developing ‘grow your own’ arrangements and optimising relationships with universities re. student nurse training and retention</p> <ul style="list-style-type: none"> • Junior Doctor rota gaps likely from August 2017 due to revised rules for selecting rotation locations. Trust is developing ways to market the Trust in order to attract Junior Doctors and is optimising its relationship with Health Education East of England