

Corporate Governance Statement – 2019/20

The Trust is required to complete its Corporate Governance self-assessment and make its associated statement by 30 June 2020. NHSI will contact a select number of trusts/FTs from July, to ask for evidence that they have self-certified. The Trust was selected and provided evidence of self-certification in 2018.

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>Not 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 NHSI's (Monitor's) Model Core Constitution and the law • 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 Trust's key governance policies and systems, including the Codes of Conduct, incorporate the Nolan Principles • 'Fit and Proper Person' protocol and assurance in place in respect of all Board members <p>The Head of Internal Audit opinion for 2019/20 is as follows:</p> <p><i>"Our overall opinion for the period 1 April 2019 to 31 March 2020 is that based on the scope of reviews undertaken and the sample tests completed during the period, that Partial</i></p>

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		<p><i>assurance can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. The level of non-compliance in certain areas puts some system objectives at risk. The weaknesses identified which put system objectives at risk have resulted in high rated recommendations identified within the following partial assurance rated audit reports for Radiology, Clinical Audit, Emergency Department, Data Quality, Cyber Security and Emergency Preparedness Resilience and Response audits.'</i></p> <p>The Trust is addressing all Internal Audit recommendations and progress is monitored by the Audit Committee.</p> <p>There is a risk of inconsistent compliance with Trust Policy. Further work is planned for 2020/21 to relaunch the Trust's Management of Conflicts of Interest Policy and reporting procedures, in order to secure consistent compliance with policy.</p> <p>In 2019/20 the Board completed a comprehensive governance review and rolled out a revised governance structure, strengthening Board, Committee and Executive oversight (as referred to in statement 3 below). Further work will be undertaken in 2020/21 to embed improvements, particularly in strengthening executive level committees and divisions reporting into the governance structure, secure further improvements and commission a post-implementation review (against Well-Led criteria) to ensure that the corporate governance and departmental changes made are effective.</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 NHSI's (Monitor's) Code of Governance and its compliance position is reflected in its Annual Report 2019/20.</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 • Executive, interim, agency and consultancy appointments • Annual self-assessment against the conditions of the Provider Licence in support of the Board's annual declaration required by General Condition 6 of the NHS Provider Licence • Annual Corporate Governance Statement

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		<p>The Trust is in breach of its Provider Licence and agreed Section 106 undertakings with NHSI accordingly, in December 2018. The Trust is working to address the issues relating to the undertakings, including quality and operational Improvements and improved financial performance.</p> <p>The Trust has delivered its financial plan and control total for 2019/20.</p>
<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, Risks and mitigations</p> <p>In 2019/20, the Trust completed a comprehensive governance review and rolled out a revised governance structure, securing improved Board, Committee and Executive oversight.</p> <p>The review has also resulted in:</p> <ul style="list-style-type: none"> • Revised terms of reference for all key committees, groups and fora • Revised meeting sequencing and forward plans to clarify responsibilities of committees reporting to the Board, and staff reporting to the Board and its committees at executive and divisional/departmental levels • Clarified sources of the Board’s assurance • Reduced number of sub-committees, creating a more effective, more focused and less ‘burdensome’ governance and reporting structure <p>The Trust has in 2019/20, finalised the implementation of a comprehensive restructure, including:</p> <ul style="list-style-type: none"> • Rationalised executive portfolios • Improved patient safety leadership, including the management of risk, duty of candour and serious incidents • Divisional and departmental restructure • Further embedding of the Performance and Accountability Framework <p>Further work will be undertaken in 2020/21 to:</p> <ul style="list-style-type: none"> • Embed improvements particularly in strengthening executive level committees and divisions reporting into governance structure

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		<ul style="list-style-type: none"> • Secure further improvements e.g. Clinical Audit • Commission a post-implementation review (against Well-Led criteria) to ensure that the corporate governance and departmental changes made are effective <p>The Trust was an early regional designer and adopter of protocols to secure effective continuing governance arrangements during the COVID-19 pandemic restrictions.</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;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee’s operations;</p>	<p>Confirmed</p>	<p>Commentary, Risk and Mitigations</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 Suite • Regulatory reviews of Reference Costs • ‘Model Hospital’ toolkit • Cost Improvement Programme (Quality Impact Assessed) • Procurement Strategy (assimilating Lord Carter recommendations) • Financial/Operational Planning and reporting of plan delivery etc. <p>Whilst the Trust remains in breach of its Provider Licence, the Trust has delivered its financial plans for 2019/20 and has met its control total trajectory/milestones throughout the year.</p> <p>There is a risk concerning the Trust’s and the STP’s ability to agree a plan for 2020/21, which complies with its Financial Improvement Trajectory – N.B. As part of the Regulator’s response to COVID-19, the Annual Planning and the Financial Reporting Framework (FRF) were suspended in early 2020.</p> <p>(b) The Trust’s Executive Team, Board and key NED-led monitoring/assurance committees meet on a regular, programmed basis to scrutinise and oversee the Trust’s operations. Additional oversight arrangements are commissioned where required.</p> <p>The Trust was an early regional designer and adopter of protocols to secure effective continuing</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>(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>governance arrangements during the COVID-19 pandemic restrictions.</p> <p>(c) The Trust's revised governance structure has 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: the Quality Committee (NED-led), the Clinical Governance Executive Group and the Assurance and Risk Executive Group.</p> <p>The Trust is currently in Special Measures (Quality) and has an Integrated Quality Improvement Plan (IQIP) in place, covering strategic priorities, Licence Conditions reporting and CQC Must / Should actions – reporting internally to the Senior Leadership Team (Quality), the Trust Board and externally to the Oversight and Assurance Group and the CQC.</p> <p>The Trust has embedded an effective quality improvement supporting governance structure, including an Evidence Assurance Group and Conditions, Notices & Oversight Group.</p> <p>The Trust is on trajectory for the delivery of actions to address the concerns of the CQC. The 2019/20 Month 12 position in respect of the delivery of the Trust's IQIP is summarised as follows:</p> <ul style="list-style-type: none"> • 106 (51%) of actions, out of a total of 206, approved for closure • 61% of Section and Warning Notice conditions have been approved and moved to 'Business as Usual' by the Trust <p>(d) The Trust has in place a NED-led Finance and Activity Committee and an Investment and Innovation Executive Group. There are effective systems and processes in place to identify ambitious Cost Improvement Plans (CIPs) (quality impact assessed) and to secure CIPs delivery and budgetary control with Divisions and Departments. The Trust delivered its Cost Improvement Plans for 2019/20. The Trust's Internal Audit of the CIPs methodology secured Significant Assurance in 2019/20.</p> <p>The Board considered its 'Going Concern' position at its meeting on 27 May 2020 as part of the 2019/20 annual report approval process. The Board concluded that <i>'After consideration of risks and uncertainties the Board agreed that the use of the going concern basis is appropriate. There are no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.'</i></p> <p>The Trust has met regulatory deadlines for the submission of iterations of its Operational Plans</p>

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<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</p>		<p>for 2020/21. N.B. As part of the Regulator’s response to COVID-19, the Annual Planning and the Financial Reporting Framework (FRF) were suspended in early 2020.</p> <p>(e) The Trust has systems in place to support the Board’s decision-making with comprehensive information. The key medium for the dissemination of this information to the Board is the Integrated Performance Report, which has been further reviewed and improved in 2019/20.</p> <p>In 2019/20, the Trust has developed improved systems and processes for the collection and reporting of performance information, including that relating to CIPs and quality improvement, using Power BI capabilities for trend reporting etc. at all levels of the organisation and externally through the Trust’s reporting of delivery against its Integrated Quality Improvement Plan.</p> <p>In 2020/21 the Trust will be rolling out Statistical Process Control SPC methodology to improve and standardise its understanding of and response to performance information.</p> <p>Assurance on data quality is secured through internal audit.</p> <p>The Trust invested in technology in 2019/20 to improve its systems for the timely and effective scrutiny and oversight of the Trust’s operations at Board and Committee-level.</p> <p>(f) The Trust has completed (May 2020) its annual 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.</p> <p>The Trust is in breach of its Provider Licence and has agreed undertaking with NHSI accordingly.</p> <p>(g/h) The 2020/21 Operational Plan iterations were submitted to NHSE/I in line with the regulatory timetable. N.B. As part of the Regulator’s response to COVID-19, the Annual Planning and The Financial Reporting Framework (FRF) were suspended in early 2020.</p> <p>The Trust’s plans are monitored through performance review meetings at operational level – through to Executive, Committee and Board level.</p>

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<p>assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.</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 regular Oversight and Scrutiny Meetings (OSM) with NHSE/I in 2019/20, at which it has regularly reported on progress in addressing its regulatory undertakings and key financial and governance targets.</p> <p>The Trust is currently in Special Measures (Quality) and is therefore also subject to regular Oversight and Assurance Group (OAG) meetings with its regulators, where progress in delivering its Integrated Quality Improvement Plan is reported and scrutinised.</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>	Confirmed	<p>Commentary, Risk and Mitigations</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 & capability at Board level. In 2019/20 the Trust has introduced significant improvements. All recommendations of the independent review have been addressed.</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> <p>The NED cohort on the Board was strengthened in 2019 in accordance with the Trust's constitution, from five to seven and now includes directors with clinical, nursing, financial, digital, education, organisational development and commercial backgrounds.</p> <p>Further high calibre executive appointments have been made and the executive team is now complete and substantive (voting Board members). The Executive Team has been strengthened to address specific areas where there has been evidence that strong leadership and significant improvements are required. As a consequence, a Director of Patient Safety has been appointed and also a Director of Transformation.</p> <p>The Board has commissioned and commenced a comprehensive 12-month 'High Performing</p>

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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> <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>Board’ Development Programme. Face to face development activities were suspended due to the COVID-19 pandemic, although remote coaching is still taking place. The programme will restart when COVID-19 restrictions are lifted.</p> <p>b. The Board’s strategic priorities and operational plan include the Trust’s quality of care priorities and plans. The Board approved its revised Strategic Objectives in March 2020:</p> <p>QUALITY</p> <ul style="list-style-type: none"> • To provide consistently, safe and compassionate care for our patients and their families • To modernise our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care <p>ENGAGEMENT</p> <ul style="list-style-type: none"> • To strengthen staff engagement to create an open culture, with trust at its centre • To work with patients and system partners to improve patient pathways and ensure clinical and financial sustainability <p>HEALTHY LIVES</p> <ul style="list-style-type: none"> • To support our patients to improve health and clinical outcomes • To maximise opportunities for our staff to achieve their true potential so that we deliver outstanding care <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> <p>The Trust’s Integrated Performance Report (presented to the Board and its Committees) and related executive narrative reporting have been further streamlined in 2019/20.</p> <p>In 2019/20, the Trust has developed improved systems and processes for the collection and reporting of performance information, including that relating to CIPs and quality improvement, using Power BI capabilities for trend reporting etc. at all levels of the organisation and externally through the Trust’s reporting of delivery against its Integrated Quality Improvement Plan.</p>

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<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>(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>In 2020/21 the Trust will be rolling out Statistical Process Control SPC methodology to improve and standardise its understanding of and response to performance information.</p> <p>e. All members of the Board undertake periodic and programmed visits to clinical and non-clinical areas. The Trust has a Patient Experience Committee (Governors) and Patient Experience Forum in place. These groups will be reviewed and developed further in 2020/21 to ensure that the Trust hears and responds to the patient voice, effectively. The Patient Experience Committee has Healthwatch representation. Patient Stories are presented to the Board in public session.</p> <p>Governors' (as the representatives of the patients and the public) and staff views were taken into account in the development of the Trust's Corporate Strategy and Priorities.</p> <p>The Trust has plans for 2020/21 to improve and further enhance governor involvement and stakeholder engagement. The Deputy CEO is the executive lead for engagement. This appointment reflects the Trust's focus on effective engagement with patients, the public and staff.</p> <p>f. 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 the Divisions, through to the Quality Committee and the Board.</p> <p>The Trust has a Performance and Accountability Framework in place, which will be further embedded 2020/21, aligned with the revised Operational Structure and revised corporate and clinical governance structure.</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</p>	<p>Confirmed</p>	<p>Commentary, Risk and Mitigations</p> <p>The CQC's inspection of 2018 and the subsequent Independent Board Review, made recommendations for enhanced capacity & capability at Board level. In 2019/20 the Trust has introduced significant improvements. All recommendations of the independent review have been addressed.</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>

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with the conditions of its NHS provider licence.		<p>The NED cohort on the Board was strengthened in 2018/19 in accordance with the Trust’s constitution, from five to seven and now includes directors with clinical, nursing, financial, digital, education, organisational development and commercial backgrounds.</p> <p>Further high calibre executive appointments have been made and the executive team is now complete and substantive (voting Board members). The Executive Team has been strengthened to address specific areas where there has been evidence that strong leadership and significant improvements are required. As a consequence, a Director of Patient Safety, a Director of Transformation and a Deputy CEO, with executive lead for engagement have been appointed. The development of a substantive high calibre Executive Team has been acknowledged by the Trust’s improvement Director as a strong position, especially for a challenged Trust.</p> <p>The Board has commissioned and commenced a comprehensive 12-month ‘High Performing Board’ Development Programme. Face to face development activities were suspended due to the COVID-19 pandemic, although remote coaching continued. The programme will restart when COVID-19 restrictions are lifted.</p> <p>The Trust has in 2019/20 reviewed and developed the operational management / divisional structure. This work has been supported by the enhancement of the capacity of management teams and leaders across the organisation. Funding has been secured for a range of development activities e.g. for Divisional Leaders, colleagues at Band 7 and above, and for matrons. These programmes have been rolled out throughout 2019/20.</p> <p>The Trust has achieved significant success in attracting high calibre medical appointments in 2019/20. The Trust continues to work actively to transform its workforce and to recruit and retain high calibre appointees in a challenging recruitment environment. This work includes initiatives such as:</p> <ul style="list-style-type: none"> • Shared posts • Fellowships • Innovative clinical rotations • New ways of working • New roles – band 4 nurses and Physician Associates • High-Potential staff retention / development and succession planning being put in place • International nurse recruitment pipeline – N.B. following a highly successful international nurse

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		<p>recruitment campaign during 2019/20, this was impacted latterly by the COVID-19 position</p> <ul style="list-style-type: none"> • The Trust continuing to recruit locally and nationally – developing ‘grow your own’ arrangements and optimising relationships with universities and the local college re. student nurse training and retention • Recruitment agency relationships being optimised to secure appropriate levels of agency nurses and doctors • Trust developing ways to market the Trust’s offerings to attract Junior Doctors and optimising its relationship with Health Education, East of England <p>Workforce is one of the Trust’s Strategic Risks, expressed throughout 2019/20 as:</p> <p>There is a risk that the Trust may be unable to establish and maintain an appropriate workforce to support the delivery of its objectives, with failures associated with:</p> <ul style="list-style-type: none"> • Leadership • Engagement • Capacity • Capability <p>The risk is currently scored as a 12, which is a significantly improved position. Additional specific workforce risks associated with COVID-19 were also identified and addressed on a daily basis throughout the pandemic.</p>