

UHL GOVERNANCE FRAMEWORK

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Trust Board paper H

Executive Summary

Context

At its meeting on 7th September 2017, the Trust Board approved changes in Trust Board and Board Committee governance arrangements to strengthen the Board's focus on workforce issues; on ensuring accountability; and on achieving good clinical outcomes.

In taking these decisions, the Board agreed to request the Director of Corporate and Legal Affairs to update the Trust's Governance Framework and submit the revised version to the October meeting of the Board.

The Governance Framework (attached) seeks to codify and consolidate the Trust's governance arrangements.

Questions

1. Is the Trust Board content to approve the revised Governance Framework attached?

Recommendation

The Trust Board is asked to consider and approve the revised Governance Framework attached.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [September 2018 Trust Board]

6. Executive Summaries should not exceed **2 pages**. [My paper does comply]

7. Papers should not exceed **7 pages**. [My paper does not comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

GOVERNANCE FRAMEWORK

Stephen Ward

Director of Corporate and Legal Affairs

September 2017

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INTRODUCTION

- 1 Corporate governance is about leadership and is the system by which all Board-led organisations across the public and private sectors are directed and controlled, including NHS Trusts. It should provide ambitious, effective but prudent direction that can help to deliver success over time. It is the business of the Board and is separate from day to day operational management carried out by Executives and the management structure they head. Because corporate governance is 'what the Board does', it is the business and responsibility of every Director, Executive and Non-Executive alike.
- 2 Successful Boards, for the most part, lead successful organisations and organisational failure whether in the public or private sector, can invariably be traced back to ineffective Board leadership. The key to a successful Board is good governance: delivering effective strategies, ethical leadership, meaningful challenge and real accountability. In the NHS, high quality services cannot be delivered without earning and retaining the trust of the public, and it is good governance that establishes the principles on which trust is built. So, in short, good governance is indispensable.
- 3 This document describes the Trust's Governance Framework.
- 4 Through its governance arrangements, the Trust Board aims to:
 - ensure it meets its statutory obligations;
 - ensure the effective stewardship of public funds;
 - maximise the effectiveness of the organisation;
 - be a model of excellence in corporate governance by adopting the highest standards of business conduct.

NHS CONSTITUTION

- 5 The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieving, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.
- 6 All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.
- 7 University Hospitals of Leicester NHS Trust will adhere to the principles that guide the NHS, as set out in the NHS Constitution:-

- **The NHS provides a comprehensive service, available to all**

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

- **Access to NHS services is based on clinical need, not an individual's ability to pay**

NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

- **The NHS aspires to the highest standards of excellence and professionalism**

It provides high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.

- **The patient will be at the heart of everything the NHS does**

It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

- **The NHS works across organisational boundaries**

It works in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.

- **The NHS is committed to providing best value for taxpayers' money**

It is committed to providing the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

- **The NHS is accountable to the public, communities and patients that it serves**

The NHS is a national service funded through national taxation, and it is the government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

THE SEVEN PRINCIPLES OF PUBLIC LIFE (THE NOLAN PRINCIPLES)

8 The University Hospitals of Leicester NHS Trust Board subscribes to the NHS Code of Conduct and Code of Accountability and has adopted the Nolan Principles, 'The Seven Principles of Public Life, which are the basis of the ethical standards expected of public officer holders:

- **Selflessness**

Holders of public office should act solely in terms of the public interest.

- **Integrity**

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

- **Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

- **Accountability**

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

- **Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

- **Honesty**

Holders of public office should be truthful.

- **Leadership**

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

CODE OF CONDUCT: STANDARDS FOR NHS BOARDS AND CLINICAL COMMISSIONING GROUP GOVERNING BODIES IN THE NHS IN ENGLAND

- 9 Given the significant public profile and responsibility members of NHS Boards hold, the University Hospitals of Leicester NHS Trust Board recognises that it is vital that those appointed inspire and retain the confidence of the public, patients and NHS staff at all times. In consequence, the Trust Board has adopted the Code of Conduct: Standards for NHS Boards and Clinical Commissioning Group Governing Bodies in the NHS in England (Professional Standards Authority: November 2012).
- 10 The Standards emphasise the importance of Board members acting in the interests of patients, service users and the communities they serve, upholding the law and being fair and honest in all their dealings.
- 11 Specifically, the Standards cover:
 - personal behaviour;
 - technical competence, and
 - business practices.

LEGAL FRAMEWORK

Statutory Authorisation

- 12 UHL NHS Trust is a statutory body established on 1st November 1999 via Statutory Instrument 1999 No 2921 (the Establishment Order) under the National Health Service and Community Care Act 1990.
- 13 Under Section 5 (1) (a) of the National Health Service and Community Care Act 1990, the Trust was established to assume responsibility for the ownership, management of and the provision of goods and services for the purposes of the health service at the Leicester Royal Infirmary, Leicester General Hospital and Glenfield Hospital.
- 14 As a statutory body, the Trust has specified powers to contract in its own name and to act as a corporate trustee. In the latter role, it is accountable to the Charity Commission for those funds deemed to be charitable.

TRUST VALUES

- 15 The Trust Board of University Hospitals of Leicester has agreed a set of values and the expectation is that these values are reflected by the behaviours of all staff at all times:-
- 16 The values were created with the input of staff and they are in line with, and support, the NHS Constitution.
- 17 The Trust's values and associated behaviours are set out below.



Our Values



We treat people how we would like to be treated

- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued



We do what we say we are going to do

- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected.
- We make the time to care
- If we cannot do something, we will explain why



We focus on what matters most

- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best.
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly



We are passionate and creative in our work

- We encourage and value other people's ideas
- We seek inventive solutions to problems
- We recognise people's achievements and celebrate success



We are one team and we are best when we work together

- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively

One team **shared values**

TRUST BOARD

- 18 Schedule 5 of the NHS Act 2006 stipulates that NHS Trusts must have a Board of Directors (“the Trust Board”) consisting of Executive Directors and Non-Executive Directors.
- 19 The University Hospitals of Leicester NHS Trust Board comprises 13 voting members:
- a Chairman
 - 7 Non-Executive Directors
 - 5 Executive Directors.
- 20 The Chairman and Non-Executive Directors are appointed by the NHS Trust Development Authority (now known as ‘NHS Improvement’) for an initial period of up to four years. As a teaching hospital, one of the Non-Executive Directors is nominated by the University of Leicester.
- 21 The 5 Executive Directors are appointed by an appointments committee of the Trust Board. The Executive Directors are as follows:-
- Chief Executive
 - Chief Financial Officer
 - Chief Nurse
 - Chief Operating Officer (Deputy Chief Executive)
 - Medical Director.
- 22 The purpose of NHS Boards is to govern effectively, and in so doing build patient, public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence:-
- in the quality and safety of health services,
 - that resources are invested in a way that delivers optimal health outcomes,
 - in the accessibility and responsiveness of health services,
 - that patients and the public can help to shape health services to meet their needs,
 - that public money is spent in a way that is fair, efficient, effective and economic.
- 23 In summary, an NHS Board has the same role as any other unitary Board: setting strategic direction, supporting the work of the Executive; setting the culture of the organisation; and being accountable to stakeholders for outcomes delivered.

ROLES OF BOARD MEMBERS

- 24 All Board members share corporate responsibility for formulating strategy, ensuring accountability and shaping culture. They also share responsibility for ensuring that the Board operates as effectively as possible.
- 25 The Chair and Chief Executive have complementary roles in Board leadership. These are set out in more detail in the table at appendix 1, but it is helpful to identify the essence of these two roles, which are:
- the Chair leads the Board and ensures the effectiveness of the Board;
 - the Chief Executive leads the executive and the organisation.
- 26 However, there are also distinct roles for different members of the Board, and indeed there are distinct roles depending on the type of NHS organisation.
- 27 The table attached at appendix 1 summarises the roles of Board members (from 'The Healthy NHS Board 2013').

HOW THE TRUST BOARD CONDUCTS ITS BUSINESS

Trust Board Meetings

- 28 The Trust Board meets in public monthly and dates and times of the meetings are published via the Trust's website. The venues for meetings are rotated across our three hospital sites.
- 29 An agenda and papers for Board meetings are circulated at least three days in advance of the meeting and are published on the Trust's website.
- 30 The Trust Board also meets in private to deal with confidential business, typically consisting of personal information and/or information which is commercial in confidence.

Corporate Governance Policies

- 31 In line with statutory requirements and good practice, the Trust Board has adopted a suite of corporate governance policies which include:
- Standing Orders;
 - Standing Financial Instructions;
 - Scheme of delegation – which sets out matters reserved for consideration by the Board and the terms of reference of Committees established by the Board;
 - Policy on fraud
 - Managing conflicts of interest in the NHS.
- 32 The policies mentioned above are reviewed annually and proposed changes are recommended to the Board for approval.

Induction

- 33 On joining the Board, Non-Executive Directors are given background information describing the Trust and its activities. A full induction programme is arranged.

Board Development

- 34 Our Board recognises the importance of effectively gauging its own performance so that it can draw conclusions about its strengths and weaknesses, and take necessary steps to improve. The Board is keen to ensure that it is:
- operating at maximum efficiency and effectiveness;
 - adding value; and
 - providing a yardstick by which it can both measure its own effectiveness and prioritise its activities for the future.

- 35 The Board is committed to continuously reviewing its working practices, Board and Board committee reporting. This work helps us to:
- align the Board agenda to our priorities and the things that matter most;
 - stimulate more forward-looking and strategic conversations in the boardroom;
 - reduce duplication and size of the Board pack whilst increasing visibility and insight;
 - embed the tools, skills and capability to deliver high quality reports and executive summaries that meet the Board's information needs.

Board Thinking Days

- 36 Outside of its formal meetings, the Board holds development sessions ('Thinking Days') each month throughout the year.

Annual Objectives

- 37 The Chairman sets objectives for the Chief Executive and Non-Executive Directors for each financial year. In turn, the Chief Executive sets objectives for the Executive Directors and Corporate Directors in relation to the delivery of the Annual Plan. Performance against objectives is reviewed formally on an annual basis by the Chairman and Chief Executive, respectively.

Quality and Performance Report

- 38 The Chief Executive reports on key issues to each public Board meeting and a Quality and Performance Dashboard forms part of this report.

To ensure that the Board is aware to a sufficient degree of granularity of what is happening in the hospitals, a comprehensive quality and performance report is reviewed at each monthly meeting of the Board's People, Process and Performance Committee (PPP) and Quality and Outcomes Committee (QOC). This report is also published as part of our Trust Board papers.

- 39 The monthly report:
- is structured across several domains: 'safe'; 'caring'; 'well-led'; 'effective'; 'responsive'; and 'research';
 - includes information on our performance against the NHS Trust Development Authority (now 'NHS Improvement') Single Oversight Framework;
 - includes performance indicators rated red, amber or green;
 - is complemented by exception reports and commentaries from the accountable Executive Directors identifying key issues to the Board

and, where necessary, corrective actions to bring performance back on track.

Interactive governance

- 40 The formal Board performance management reporting framework is accompanied by a series of measures to achieve a more interactive style of governance, moving beyond paper reporting. Examples include:
- patient stories, which are presented in public at each Board meeting. These shine a light on individual experiences of care provided by our organisation and act as a catalyst for improvement; and
 - Board members carry out regular patient safety walkabouts.
- 41 These arrangements allow Board members to help model the Trust's values through direct engagement, as well as ensuring that Board members take back to the boardroom an enriched understanding of the lived reality for staff, public and patients.

Strategic objective and annual priorities

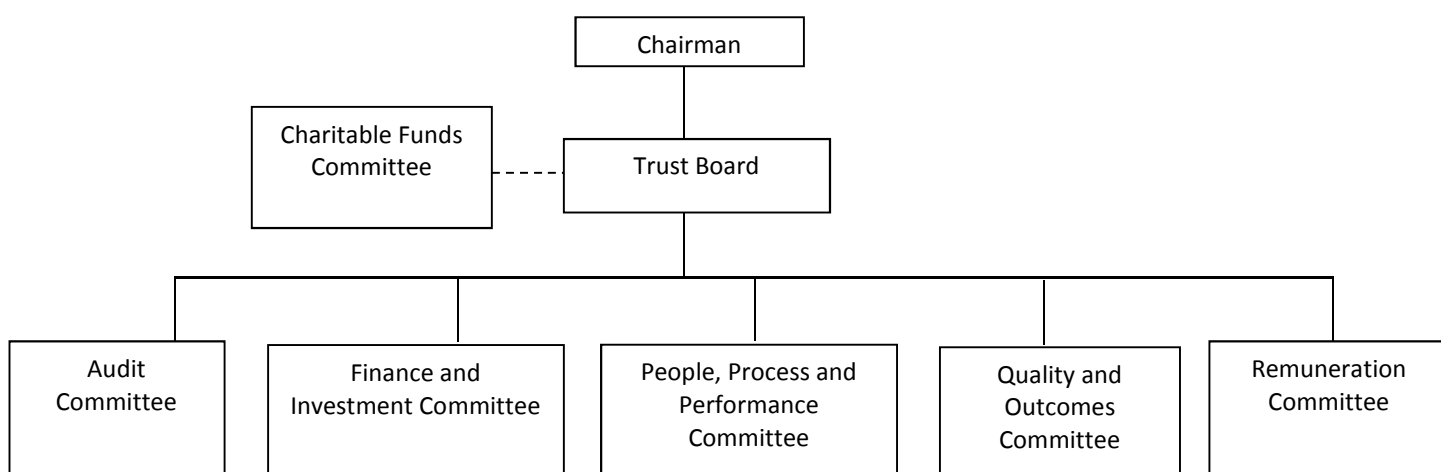
- 42 Each year, the Trust Board reviews its strategic objectives to confirm that they remain fit for purpose. Having regard to the agreed strategic objectives, the Trust Board also annually sets priorities for the ensuing financial year.
- 43 The Chief Executive and Executive Directors report to the Trust Board and its Committees on performance against the annual priorities, allowing the Board to gauge progress towards realisation of the organisation's strategic objectives.

TRUST BOARD COMMITTEE STRUCTURE

44 In order to enable accountability, Boards are required to establish Committees responsible for audit and remuneration. Current good practice also recommends a quality-focused Committee of the Board, and also a Committee which can provide the Board with assurance on financial and operational performance matters.

45 The Trust operates a well-established committee structure to strengthen its focus on quality governance, finance, people, performance and process matters, and risk management.

The structure has been designed to provide effective governance over, and challenge to patient care and other business activities. The committees carry out detailed work of assurance on behalf of the Trust Board. A diagram illustrating the Board committee structure is set out below.



46 All of the Board committees are chaired by a Non-Executive Director and comprise a mixture of both Non-Executive and Executive Directors within their memberships. The exceptions to this are the Audit Committee and the Remuneration Committee, which (in accordance with NHS guidance) comprise Non-Executive Directors exclusively. In line with good corporate governance, the Chairman of the Trust is not a member of the Audit Committee and does not normally attend its meetings.

47 The Audit Committee is established under powers delegated by the Trust Board with approved terms of reference that are aligned with the NHS Audit Committee Handbook. It discharges its responsibilities for scrutinising the risks and controls which affect all aspects of our organisation's business. The

Audit Committee receives reports at each of its meetings from the External Auditor, Internal Auditor and the Local Counter-Fraud Specialist, the latter providing the Committee with assurance on the organisation's work programme to deter fraud.

- 48 The Finance and Investment Committee meets monthly to oversee the effective management of the Trust's financial resources across a range of measures.
- 49 The Quality and Outcomes Committee also meets monthly and seeks assurances that there are effective arrangements in place for monitoring and continually improving the quality of healthcare provided to patients.
- 50 To strengthen the Board's focus on workforce issues, and on organisational systems and processes and performance management, from September 2017 a People, Process and Performance Committee is to meet monthly, reporting to the Board.
- 51 The minutes of each meeting of the Board committees are submitted to the next available Trust Board meeting for consideration. Recommendations made by the committees to the Trust Board are clearly identified on a cover sheet accompanying the submission of the minutes to the Board. The Chair of each committee personally presents a summary of the Committee's deliberations and minutes at the Board meeting, highlighting material issues arising from the work of the committee to the Board.
- 52 Each Board Committee has an agreed annual work programme.
- 53 The Trust has appointed Patient Partners as participating, non-voting members to the Finance and Investment Committee, People, Process and Performance Committee and Quality and Outcomes Committee (and Charitable Funds Committee) to contribute a different perspective to the deliberations of each group.

THE WORK OF THE EXECUTIVE TEAM IN SUPPORT OF THE TRUST BOARD

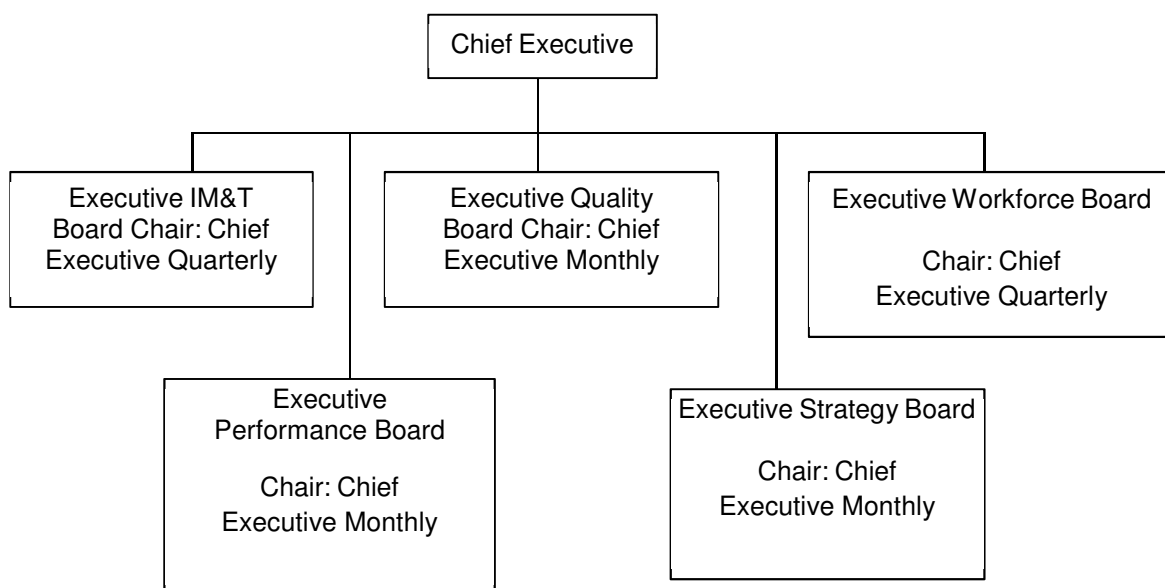
- 54 The Trust implemented a new Clinical Management Group (CMG structure in October 2013 which created seven units:
- a. CHUGGS (Cancer, Haematology, Urology, Gastroenterology and General Surgery)
 - b. CSI (Clinical Supporting & Imaging)
 - c. Acute Medicine / ED Specialist Medicine
 - d. ITAPS (Critical Care, Theatres, Anaesthesia, Pain and Sleep)
 - e. Musculoskeletal and Specialist Surgery
 - f. Renal, Respiratory and Cardiovascular
 - g. Women's and Children's
- A diagram illustrating the arrangements is attached at appendix 2
- 55 The decision to implement the CMG structure was to provide the following benefits:
- a. support an improved working scheme for Executive Team and service provision, with an improvement in management visibility and increased clinical engagement and quicker, and more effective, decision-making;
 - b. smaller management units to support improved operational grip and clearer management accountability; and
 - c. improved parity between the size of the units.
- 56 There is a set structure within each of the CMGs which consists of a Clinical Director, Head of Operations and Head of Nursing, along with deputies, as well as leads from Human Resources, Finance, Quality and Safety, Education and Research. Each of the CMGs is accountable to the Chief Operating Officer.
- 57 From October 2017, monthly meetings will be held with each CMG involving the Chief Operating Officer, Chief Financial Officer, Chief Nurse, Medical Director and Director of Workforce and Organisational Development.
- 58 The purpose of these meetings will be to scrutinise CMG performance in the round. Critical issues will be escalated to the ensuing Executive Board. The Chief Executive will join these meetings quarterly and otherwise as necessary.

59 In addition to the monthly meetings described above, CMG Clinical Directors form part of the Executive Board which meets weekly.

60 In order to ensure appropriate focus on key issues, each weekly meeting of the Executive Board has a different focus – on strategy; quality, and performance. In addition, on a quarterly basis the Executive Board focuses specifically on workforce and organisational development issues and on information management and technology issues, respectively.

61 The diagram below illustrates these arrangements:

62



63 A diagram illustrating the assurance and escalation arrangements in place at the Trust is attached at appendix 3.

64 Since the rise in profile of quality in the NHS in the aftermath of Mid Staffs and other significant failures, eg Morecambe Bay, there has been a focus on the connectivity of Trust Boards to achieve service delivery – the so called Ward to Board connection.

- 65 The 'disconnect' of Trust Boards from the reality of day to day operational delivery has often been quoted as one of the key reasons for the failure to address long-term inadequate performance.
- 66 The Trust's approach to performance management aims to provide an integrated and robust monitoring and management process from specialty level through to the Trust Board. It is designed to capture, report, monitor, communicate and predict Trust performance for a range of national, local, strategic quality and operational targets and indicators, which assist the Trust, Clinical Management Groups (CMG) and Corporate Directorates in their understanding and management of their performance.
- 67 Data presentation is designed to be fit for purpose, informative, and clear and simple to understand / interpret, with its use of performance assessment colours and symbols which draw attention to areas of potential risk. A Data Quality Forum aims to ensure the validity and robustness of data.
- 68 The structure of the various performance reports used to evaluate performance is consistent, irrespective of whether the reported data relates to corporate, CMG or specialty areas.
- 69 The content of the reports is continually reviewed and enhanced and is readily adaptable so that, as other targets or indicators develop or emerge, they can be readily incorporated.
- 70 The current approach has evolved over a number of years. During this time, it has incorporated many quality management and governance measures, as well as retaining more established measures aligned to areas such as activity, patient access and workforce management.

Identification of issues and concerns

- 71 The Trust has an open and learning culture encouraging monitoring and comments and concerns to be communicated relating to issues which may impact on quality. The Trust acknowledges that issues which may impact on quality may be identified both internally and externally, examples of which are indicated in table 1 below.

Table 1

Internal sources	External sources
Staff and management	Patients, relatives, carers and the public
Patient surveys and other forms of patient feedback	External audit
Clinical audit Specialty audit or review	Specialty audit or review Regulatory bodies, i.e. Care Quality Commission (CQC), Health and Safety Executive (HSE)
Risk register Trends identified through complaints, litigation, incidents and Patient Information and Liaison Service (PILS) reporting	Commissioners or NHS Improvement Self-assessment against national reporting standards / reports, e.g. NICE
Board walkabouts	National clinical benchmarking data
Compliance monitoring, e.g. Infection, Prevention and Control Audits	
Public interest disclosures – whistleblowing	
Exit questionnaires	

Reporting mechanisms

- 72 The Trust has a number of policies and systems which encourage staff and management at all levels to be involved in performance monitoring and to raise concerns about any issues which may result in possible threats to the quality of delivery of patient care.
- 73 Patients, carers and the public are encouraged to make comments and / or raise concerns both formally and informally via a variety of methods if issues arise.
- 74 NHS Improvement, commissioners, other healthcare providers and healthcare professionals have a range of means by which they can raise concerns about the Trust. The various methods by which the reporting of issues or concerns is possible are outlined in table 2 below.

Table 2

Internal mechanisms for reporting issues	External mechanisms for reporting issues
Line management processes	Patient Information and Liaison Service (PILS)
Serious incidents	Serious incidents
On-line incident reporting	Patient safety incidents reported via the NRLS
Whistleblowing Policy/Freedom to Speak Up Guardian	Complaints – both formal and informal
3636 Staff Concerns Reporting Line	Complaints and Parliamentary Health Service Ombudsmen
HR policies such as Grievance and Disciplinary	Litigation
Safeguarding policies (Children and Vulnerable Adults)	Healthwatch
Board Walkabouts	NHS Choices
Staff Surveys	Patient surveys
Corporate governance policies	Local Authority – Health Overview and Scrutiny Committees
Risk Management Policy and supporting risk management procedures	Clinical Quality Review meetings (commissioner-led)
Trade Union / Staff Side	CQUIN (Commissioning for Quality and Innovation)
Information Governance policies and processes	GP / other health professional concerns
Appraisals and Performance Development process	NHS Improvement Performance Review Meetings
Clinical Management Group/Corporate Directorate performance review processes	

75 In the event that a concern cannot be raised through the above routes and is deemed to be so urgent that the issue requires immediate escalation, then the matter can be brought to the attention of the Director responsible and if applicable recorded on the relevant risk register.

76 Of particular importance to note is the NHS Improvement Single Oversight Framework for NHS Trust Boards. This Framework sets out a clear set of rules under which the Trust is required to operate.

Regulatory bodies

- 77 The Trust exercises internal control through self-assessment, review, spot checks and triangulation. Much of the Trust's internal regulatory activity is risk based. The Trust is also subject to risk-based intervention from a number of regulatory bodies including e.g. the Care Quality Commission and NHS Improvement.
- 78 Reports about the Trust and its services by regulatory bodies, together with an action plan, are considered by the relevant Executive forum and, where necessary, matters are escalated to the appropriate Committees of the Trust Board. The process for managing external visits, accreditations and reviews is set out in the Trust's 'Policy for responding to external recommendations and requirements from external agency visits'.

Internal and external sources of assessment / assurance

- 79 Internal and external sources of assessment / assurance cover the range of the Trust's activities and include:

Table 3

Internal Sources of Assurance	External Sources of Assurance
Internal Audit (review of internal systems and processes)	External Audit Reports
Quality and Performance Report	Audit Commission (review of Quality Account)
Reports from committees	Commissioner Appreciative Enquiries
Serious incident monitoring	National Audits (e.g. Diabetes, Falls)
Performance review meetings	Independent Reviews (e.g. Parliamentary Health Service Ombudsman)
Board reports	Local Counter Fraud Service reports
Quality Account	Network reviews (e.g. QIPP)
Quality Impact Assessments and Equality Impact Assessments	NHS Resolution compliance
Staff survey results	NHS TDA (now NHS Improvement) Accountability Framework
Patient survey results	
Ward Performance System (criteria for wards on 'special support')	NHS Outcomes Framework
	CQC assessments
	National staff surveys and benchmarking
	Patient Choices

80 The Trust also commissions external reviews of its activities / services where the need for additional independent assessment / assurance is identified.

Commissioners and NHS improvement

81 In addition to the internal routes for raising concerns and risk, there are formal mechanisms by which the Trust's Commissioners and NHS Improvement can raise concerns. These include:

- Board to Board meetings
- CPM – Contract Performance Meeting (Commissioners)
- CQRG – Clinical Quality Review Group (Commissioners)
- GP concerns
- Serious Untoward Incident (SUI) process
- Patient Safety Incidents (PSI) reported via the NRLS (National Patient Safety Reporting and Learning System)
- Performance review Meetings – monthly meetings with NHS Improvement

Escalation process

82 Although professional judgement will always be employed when determining the types of issues to be brought to the attention of the Finance and Investment Committee, People, Process and Performance Committee, Quality and Outcomes Committee and Trust Board, the Trust recognises that this must be supported by a more systematic process of escalation. This assists with bringing the necessary focus to resolving operational and financial challenges and provides and emphasises objective performance measurement.

83 Consequently, the Trust has in place a series of trigger points or thresholds, linked to the finance, service and contractual performance measures which are used as the principal means against which the Trust's Clinical Management Groups are held to account by the Trust's Executive Directors. This use of a 'balanced scorecard' allows performance to be measured with regard to key performance indicators for quality, workforce, operational performance and financial delivery.

84 Ward performance is assessed having regard to the Trust's Ward performance System approved by the Trust Board on 31 October 2013. This system provides a basis for examining the performance of wards by tracking performance monthly against a series of clinical measures set out in a 'clinical measures scorecard'.

85 The data derived from the clinical measures dashboard is used by the Chief Nurse to inform the monthly 'Nursing and Midwifery Quality and Safe Staffing' report which is scrutinised at Executive-level by the Executive Quality Board and thereafter by the Quality and Outcomes Committee, on behalf of the Trust Board.

86 This report triangulates data and the professional judgement of the Chief Nurse and her senior management team to provide an overview of our patient areas identifying where quality and safety improvements are required and highlighting areas of high performance.

Performance Management

87 Where performance is within the identified thresholds, management of any adverse performance remains within the remit of the CMG Management Team. Where performance is adverse, the CMG is expected to prepare a time defined rectification plan to be reviewed at the CMG Performance Management meetings. In specific circumstances, the CMG can expect to receive targeted support from outside of the CMG. In the event that performance remains adverse, then the CMG may be designated as in need of 'special measures', in which case the CMG shall lose autonomy to act without Executive Director agreement.

88 Any CMG asked to produce a rectification plan may be requested to attend the Trust's Finance and Investment Committee, People, Process and Performance Committee or Quality and Outcomes Committee, where a review of the plan will be undertaken. If any group or body is tasked with addressing any adverse performance, a summary update on progress will be expected.

89 If a material or protracted variance from an agreed trajectory within a rectification plan manifests itself, it may also be escalated to the Chief Executive for further formal action. Escalation to the next level occurs in the month that thresholds are breached.

90 The principles within this document are equally applicable to the system of performance services review undertaken by CMGs when reviewing the performance of their portfolio of clinical services. In this respect the CMG is acting as a 'span of control'. The system of performance management at this level includes routines and reports including, but not limited to:

- CMG Boards to meet at least monthly with a standard agenda, minuted and action tracking where required;
- the agenda will include a minimum range of review areas such as Quality, Workforce, Activity, Finance and Risk;
- escalation triggers are expected to be as robust as those applicable to CMGs.

Response to concerns and incidents

- 91 In addition to the formalised and periodic processes which are described in this framework document, it is important that the Trust has the capability to respond to concerns or incidents in a timely fashion, particularly where they may represent a threat to patient safety or statutory compliance.
- 92 In this area the Trust operates according to two basic principles:
- all staff have a duty to raise concerns and report incidents
 - those in receipt for such concerns or reports have a duty to respond to them effectively so as to mitigate risk.
- 93 In practice, the response required varies considerably according to the nature of the concern. In some cases, immediate action may be required e.g. critical staffing shortages in a ward area. In other cases, and particularly with more complex or longstanding issues, the commissioning of a full report may be the appropriate response. However, the response must always be:
- timely
 - proportionate
 - comprehensive
 - inclusive
 - effective
- 94 The level of the organisation at which an issue should be addressed also varies considerably. The principle of subsidiarity is generally followed i.e. the lowest level consistent with providing an effective response. If one level finds that it cannot provide an effective response, it has a duty to escalate to the next level. However, escalation should not be used simply to pass on a problem.
- 95 In some situations, it will be appropriate to bring in external or independent support. This may be particularly necessary in situations of internal conflict or where the necessary expertise does not exist within the Trust. Decisions to commission external support will generally be taken at CMG Director or Executive Director level.

Monitoring of action plans and trackers

- 96 The Trust has developed a common action plan template. All action plans are developed in accordance with this model.
- 97 The Trust has processes in place to monitor actions arising from external reviews, internal audit reports and Serious Untoward Incidents.

THE RISK AND CONTROL FRAMEWORK

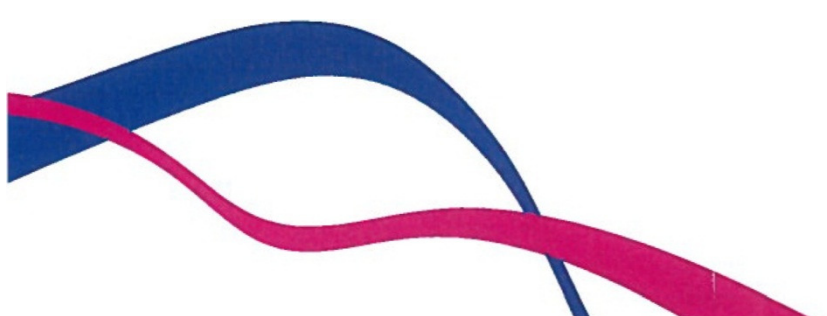
- 98 The Trust Board has approved a Risk Management Policy which describes an organisation-wide approach to risk management, supported by effective and efficient systems and processes. The Policy clearly describes the Trust's approach to risk management and the roles and responsibilities of the Trust Board, management and all staff.
- 99 All key strategic risks are documented in the Trust's Board Assurance Framework. Each strategic risk is assigned to an Executive Director as the risk owner and the Executive Team reviews the Framework on a monthly basis (via the relevant Executive Board) to identify and review the Trust's principal objectives, clinical, financial and generic. Key risks to the achievement of these objectives, the controls in place and assurance sources, along with any gaps in assurance, are identified and reviewed.
- 100 The Chief Executive highlights key issues in his monthly report to the public meeting of the Trust Board, appended to which are the Board Assurance Framework Dashboard and Organisational Risk Register Dashboard, respectively.
- 101 An integrated risk report is also submitted monthly to the Trust Board.
- 102 The Trust operates a risk management process which enables the identification and control of risks at both a strategic and operational level. Central to this is the Risk Assessment Policy which sets out details of the risk assessment methodology used across the Trust. This methodology enables suitable, trained and competent members of staff to identify and quantify risks in their respective area and to decide what action, if any, needs to be taken to reduce or eliminate risks. All risk assessments must be scored and recorded in line with the procedure set out in the Risk Assessment Policy. Completed risk assessments are held at Clinical Management Group and Corporate Directorate level and when they give rise to a significant residual risk must be linked to our risk register.
- 103 The Trust uses a common risk-scoring matrix to quantify and prioritise risks identified through the risk assessment procedure. It is based on the frequency or likelihood of the harm combined with the possible severity or impact of that harm. The arrangement determines at what level in the organisation a risk should be managed and who needs to be assured management arrangements are in place.

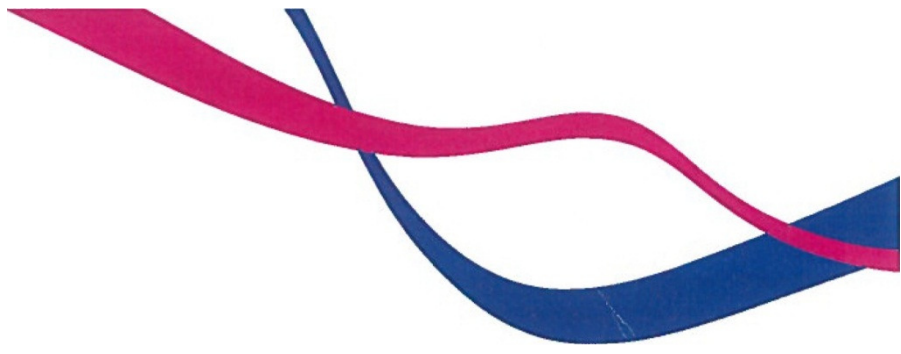
CONCLUSION

- 104 High quality, safe, sustainable healthcare depends on NHS Boards and organisations that are capable of building and maintaining mature, sophisticated partnerships across a complex, multi-faceted local health and social care economy.
- 105 The Trust Board will keep this Governance Framework under review as health reforms bring about changes in the organisational landscape.
- 106 The importance of robust, accountable, engaged and transparent governance has never been greater and, via this framework, the Trust Board aims to discharge its public accountability responsibilities in order to deliver 'Caring at its Best'.

	Chair	Chief Executive	Non-executive Director	Executive Director
Formulate Strategy	Ensures board develops vision, strategies and clear objectives to deliver organisational purpose	Leads strategy development process	Brings independence, external perspectives, skills, and challenge to strategy development	Takes lead role in developing strategic proposals - drawing on professional and clinical expertise (where relevant)
Ensure accountability	<p>Makes sure the board understands its own accountability for governing the organisation</p> <p>Ensures board committees that support accountability are properly constituted</p> <p>Holds CE to account for delivery of strategy</p> <p>Leads the board in being accountable to governors and leads the council in holding the board to account.</p>	<p>Leads the organisation in the delivery of strategy</p> <p>Establishes effective performance management arrangements and controls</p> <p>Acts as Accountable Officer</p>	<p>Holds the executive to account for the delivery of strategy</p> <p>Offers purposeful, constructive scrutiny and challenge</p> <p>Chairs or participates as member of key committees that support accountability</p> <p>Account individually and collectively to Governors for the effectiveness of the board.</p>	<p>Leads implementation of strategy within functional areas.</p> <p>Manages performance within their area and deals effectively with suboptimal outcomes</p>
Shape culture	<p>Provides visible leadership in developing a healthy culture for the organisation, and ensures that this is reflected and modelled in their own and in the board's behaviour and decision-making</p> <p>Board culture : Leads and supports a constructive dynamic within the board, enabling grounded debate with contributions from all directors</p>	<p>Provides visible leadership in developing a healthy culture for the organisation, and ensures that this is reflected in their own and the executive's behaviour and decision-making</p>	<p>Actively supports and promotes a healthy culture for the organisation and reflects this in their own behaviour</p> <p>Provides visible leadership in developing a healthy culture so that staff believe NEDs provide a safe point of access to the board for raising concerns</p>	<p>Actively supports and promotes a positive culture for the organisation and reflects this in their own behaviour. Nurtures good leadership at all levels, actively addressing problems impacting staff's ability to do a good job</p>

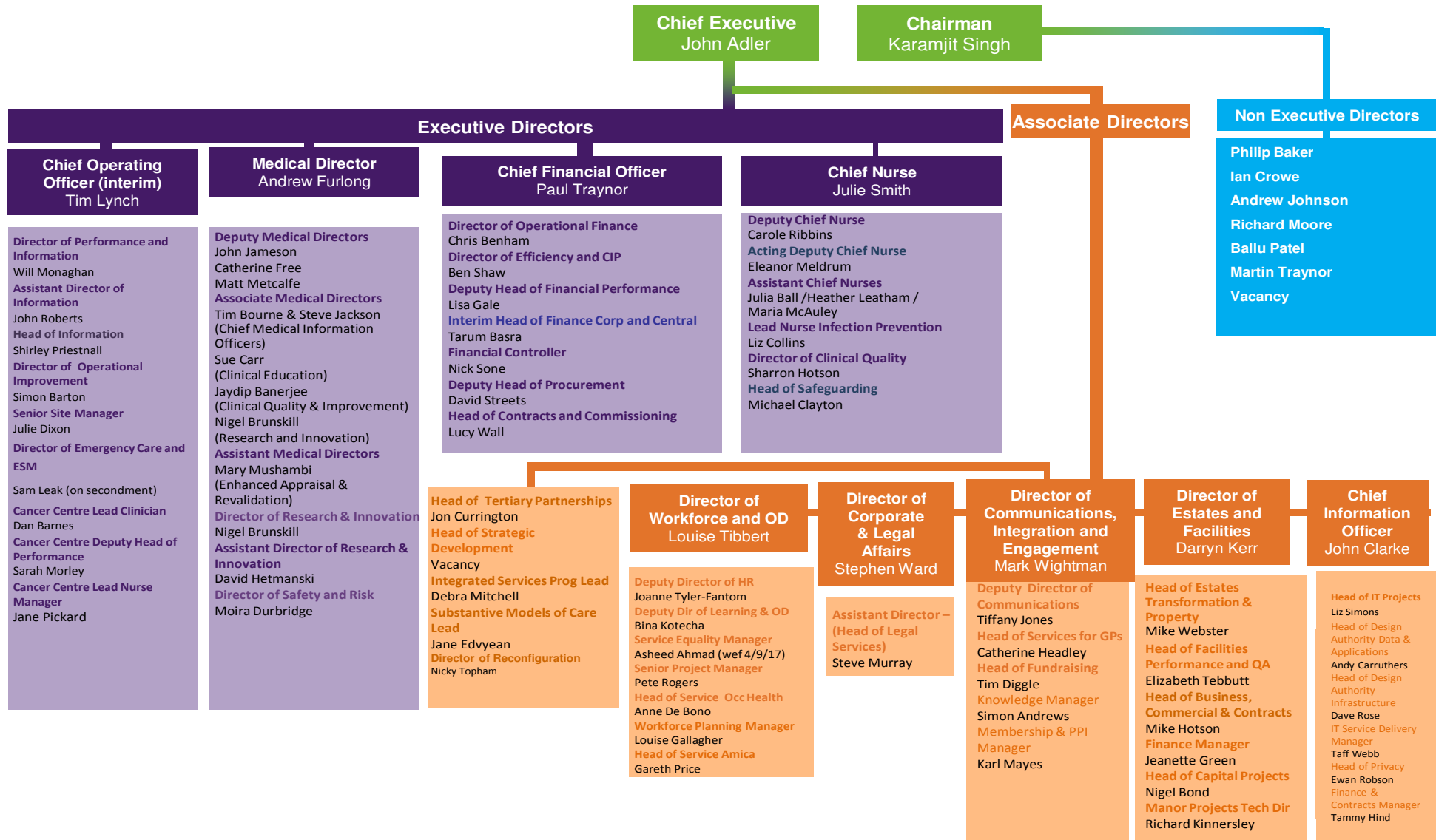
Table continues overleaf





	Chair	Chief Executive	Non-executive Director	Executive Director
Context	Ensures all board members are well briefed on external context	Ensures all board members are well briefed on external context	Mentors less experienced NEDs where relevant	
Intelligence	Ensures requirements for accurate, timely and clear information to board / directors (and governors for FTs) are clear to executive	Ensures provision of accurate, timely and clear information to board / directors (and governors for FTs)	Satisfies themselves of the integrity of financial and quality intelligence including getting out and about, observing and talking to patients and staff	Takes principal responsibility for providing accurate, timely and clear information to the board
Engagement	<p>Plays key role as an ambassador, and in building strong partnerships with:</p> <ul style="list-style-type: none"> • Patients and public • Members and governors (FT) • All staff • Key partners • Regulators 	<p>Plays key leadership role in effective communication and building strong partnerships with:</p> <ul style="list-style-type: none"> • Patients and public • Member and governors (FT) • All staff • Key partners • Regulators 	<p>Ensures board acts in best interests of patients and the public</p> <p>Senior independent director is available to members and governors if there are unresolved concerns (FTs)</p> <p>Shows commitment to supporting the work of the Council of Governors (FTs)</p>	<p>Leads on engagement with specific internal or external stakeholder groups</p> <p>Shows commitment to supporting the work of the Council of Governors (FTs)</p>

Management Structure University Hospitals of Leicester NHS Trust



UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**Appendix 3
COMMITTEE STRUCTURE**

