

Board of Directors - Private

9 June 2022

Paper title:	Annual Governance Compliance Statements	Agenda item 16
Presented by:	Paul Hogg, Director of Corporate Affairs	
Prepared by:	Paul Hogg, Director of Corporate Affairs	

Purpose of the report		
<p>This report is presented to the Board of Directors to provide assurance on the Trust's compliance with the Foundation Trust Code of Governance and Provider Licence requirements. It is in relation to the 2021/22 financial year, noting that the Trust has further developed and reviewed its corporate governance arrangements to address the ongoing COVID-19 pandemic.</p> <p>This report also covers the annual declaration of Fit and Proper Person Regulations (FPPR) for the Board of Directors and a statement about the independence of Non-Executive Directors.</p>	For approval	X
	For discussion	
	For information	

Executive summary
<p><u>Code of Governance</u></p> <p>The NHS Foundation Trust Code of Governance (the Code) is made up of several different provisions including elements which are on a 'comply or explain' basis. Each year, the Board is required to make a statement in the Annual Report that it has complied with the Code and explain any areas of non-compliance. The report sets out the process to support making this declaration and the areas of non-compliance with which are explained in the Annual Report 2021/22 (only one area is highlighted - that the Trust does not operate any performance related bonus scheme for Executive Directors (Section D.1.1)).</p>
<p><u>Provider Licence</u></p> <p>The Provider Licence requires the Board to self-certify annually their compliance with the conditions set out in the provider licence, and if a Trust provides commissioner requested services (which this Trust does) that they have the required resources available for the next 12 months. Additionally, section 151(5) of the Health and Social Care Act 2012 requires foundation trusts to ensure that their Governors are equipped with the skills and knowledge to undertake their role and to make a declaration in relation to this. The report sets out the declarations in more detail. This review exercise involved demonstrating effective Board and sub-committee structures, reporting lines and performance and risk management systems.</p>
<p><u>FPPR evidence and independence of NEDs</u></p> <p>The Board is asked to note the FPPR evidence in the paper which was presented to the Nominations Committee during the year and also the statement about the independence of NEDs.</p>

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below No	If yes please set out what action has been taken to address this in your paper
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Recommendation
<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> consider the information provided on compliance at the Trust with the Foundation Trust Code of Governance; and Provider Licence; note the annual declaration of Fit and Proper Person Regulations for the Board of Directors and a statement about the independence of Non-Executive Directors; support the self-declaration as part of the Trust's annual reporting requirements detailed at Appendices 1 and 3; and delegate authority to the Interim Chair and Chief Executive to sign the declaration forms detailed at Appendices 2 and 4.

Strategic vision				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
				X

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
				X

Relationship to the Board Assurance Framework (BAF)	N/A
Links to the Corporate Risk Register (CRR)	N/A
Compliance and regulatory implications	Foundation Trust Code of Governance Provider Licence

Annual Governance Compliance Statements

9 June 2022

Compliance with the Foundation Trust Code of Governance

The NHS Foundation Trust Code of Governance (the Code) is in the main a 'comply or explain' document. It is made up of several main principles, supporting principles and code provisions. Within the Code there are elements which are: statutory which must be complied with and are not within the comply or explain section; disclosures to be included in the annual report which are covered by the Annual Reporting Manual and their inclusion in the report is audited as part of the audit of the annual accounts to ensure compliance; information which must be on the website; and those that are on a 'comply or explain' basis. This report deals with the 'comply or explain' elements.

Review of Compliance

'Comply or explain' means that the Trust is expected to comply with the code principles or provide an explanation in the Annual Report as to why it has not been able to comply.

Declaration made in the Annual Report

Each year the Board is required to make a declaration in the Annual Report following Corporate Governance undertaking a review of compliance against code provisions. The self-assessment was undertaken against the requirements of the Code where it was found that the Trust continues to comply with the principles of the Code with the one exception as listed in the table below.

The Trust has applied the principle of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based upon the principles of the UK Corporate Governance Code issued in 2012. Areas of disclosure are covered in the Accountability Report section. The Trust is able to comply with the Code in all areas except the following:	Explanation
D.1.1: Performance-related elements of the remuneration of Executive Directors.	The Trust does not operate any performance-related bonus scheme for Executive Directors.

The Board should note that a revised draft Code was issued on 27 May 2022 by NHS England for consultation and further information can be found here: [NHS England » Draft Code of governance for NHS provider trusts](#). The closing date for comments on the Code is 8 July 2022.

In general, the provisions of the Code do not greatly differ from the current version since the Health and Care Act 2022 does not change the statutory role, responsibilities and liabilities of provider trust Boards. However, there are some themes underlying the key changes:

- Incorporation of requirements related to system working;
- Inclusion of the Board's role in assessing and monitoring the culture of the organisation, including the wellbeing of its workforce;
- Focus on addressing health inequalities, and on equality, diversity and inclusion among Board members but also training for those undertaking Director-level recruitment; and
- For Foundation Trusts, potentially greater involvement for NHS England in recruitment and appointment processes.

Fit and Proper Persons Regulations (FPPR) evidence and independence of NEDs

The Board's Nominations Committee has the responsibility to review the evidence to support its annual declaration for all Board members against the FPPRs. The Trust's assessment for the 2021/22 year for the fit and proper person requirements for Executive and Associate Directors, Chief Executive, Chair and Non-Executive Directors was presented to the Nominations Committee on 12 August 2021 which confirmed that all existing role holders met the FPPRs set out in Regulation 5, 2014, of the Health and Social Care Act 2008 (Regulations 2014). At subsequent meetings in February and March 2022, the Committee received confirmation in relation to the two new NED appointments and the two interim Director appointments.

In the 2021/22 Annual Report there is a statement that the NEDs on the Board of Directors have wide ranging expertise and experience from different sectors to support their role and that the Board has, throughout the year, demonstrated a clear balance in its membership through extensive debate and development. All NEDs are regarded as independent, evidenced through the Board's Register of Interests, Board and Committee minutes, and their individual annual appraisals.

Compliance with the Provider Licence and S151(5) of the Health and Social Care Act 2012 (Governor Development) Declarations Required Under the Provider Licence

Executive Summary

The Provider Licence requires Boards of NHS providers to self-certify annually compliance with the conditions of the provider licence, including compliance with the governance requirements and (if providing commissioner requested services) that they have the resources available to continue to provide those services. Guidance issued by NHS England can be found here: [Self-certification Guidance for NHS foundation trusts](#).

These declarations are made up of:

1. A statement that we have the systems for compliance with licence conditions and related obligations (Condition G6(3)) confirming that, following a review of processes

and systems in the financial year most recently ended, the Licensee took all such precautions to ensure compliance with the licence conditions.

2. Availability of required resources (Condition CoS7(3)) confirming that we have a reasonable expectation that required resources will be available to deliver the designated services in the next 12 months.
3. A corporate governance statement (Condition FT4(8)) confirming compliance with this Condition as at the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks.

Review of Compliance

To assist the Board in the self-certification process, a summary of the related Licence conditions and commentary have been included at Appendix 1. NHS Improvement had previously provided foundation trusts with an example template and this is attached at Appendix 2. The submission requires certification that the Trust is compliant with the required governance standards and objectives (Licence Condition FT4(8)), which involves demonstrating effective Board and Committee structures, reporting lines and performance and risk management systems.

There is no set process for assurance or to demonstrate how any of the above conditions have been met; it is up to individual Boards to decide how they wish to evidence this when making the self-certification statements and clearly understand whether or not they can confirm compliance. There is no requirement to submit the completed templates to the Regulator unless it is requested for audit purposes.

Declaration Required in Relation to S151(5) of the Health and Social Care Act 2012 (Governor Development)

In addition to the self-certifications required under the provider licence, S151(5) of the Health and Social Care Act 2012 requires foundation trusts to ensure Governors are equipped with the skills and knowledge to undertake their role. The Board is required to provide a statement which shows the level of compliance with this section of the act and will ask the Board to consider the following supportive statement (which is also included in the Accountability section of the 2021/22 Annual Report):

“The Chair of the Trust ensures that there are effective and robust training and development arrangements in place to develop Governors’ skills, knowledge and capabilities enabling them to be confident, effective, engaged and informed members of the Council. This is to ensure the Council as a body remains fit for purpose and is developed to deliver its responsibilities effectively.

During the year the Trust has hosted or provided Governors with access to a range of training and development opportunities with the purpose of enhancing their knowledge and understanding of the organisation. Governors undertake a comprehensive induction programme which is regularly reviewed and updated. Induction is mandatory for new Governors but is also made available as a refresher for more experienced Governors. New Governors are offered the opportunity to benefit from a buddying system whereby a named buddy will make contact with any new Governors, will meet them before their first Council

meeting, and will also sit with them during the meeting to support them and introduce them to their fellow Governors and the Board members.

During 2021/22 there have been various opportunities for providing support to Governors with their training and development including:

- NHS Providers GovernWell conferences and training sessions;
- attendance at West Yorkshire and Harrogate system training events facilitated by NHS Providers on the GovernWell programme;
- attendance at West Yorkshire and Harrogate Integrated Care System Governor and Non-Executive Director engagement events for Mental Health, Learning Disability and Autism providers;
- Open House engagement events;
- Staff Governor meetings with the Chair and the Chief Executive;
- Lead Governor and Deputy Lead Governor meetings with the Chair;
- ongoing opportunities to observe Board and Committee meetings as part of the Governor role, with many Governors highlighting how accessible they are delivered digitally; and
- a series of visits to the Trust's services to enable Governors to achieve an overview of the breadth and depth of the services the Trust provides and have an opportunity to witness the performance of the Non-Executive Directors.

The Trust has also kept Governors informed of training and development workshops and conferences hosted by other organisations and encouraged all to utilise these development opportunities. Governors are encouraged to share their experiences of events attended through written feedback circulated to the wider Council. Governors are also kept regularly informed through the monthly Governor newsletter with key information, details of regular meetings and other opportunities. Following feedback received from the Governors, the newsletter has been developed to encourage engagement and involvement.

The Council of Governors annual effectiveness review was not carried out during 2021/22 due to capacity issues relating to the pandemic, but a survey is being planned for Summer 2022, to be reported back to the Council of Governors at the September 2022 meeting”.

Recommendations

The Board is asked to:

- consider the information provided on compliance at the Trust with the Foundation Trust Code of Governance; and Provider Licence;
- notes the annual declaration of Fit and Proper Person Regulations for the Board of Directors and a statement about the independence of Non-Executive Directors;
- support the self-declaration as part of the Trust's annual reporting requirements detailed at Appendices 1 and 3; and
- delegate authority to the Interim Chair and Chief Executive to sign the declaration forms provided by NHS Improvement detailed at Appendices 2 and 4.

Appendix 1

Licence Conditions Self-Assessment

Licence condition	Compliance confirmed
Section 1 – General Conditions	
<p>G1: Provision of information ‘The Licensee shall furnish to [NHS Improvement (NHSI)] such information and documents, and shall prepare or procure and furnish to NHSI such reports, as NHSI may require for any of the purposes set out in section 96(2) of the 2012 Act’</p>	<p>The Trust complies with this condition as required. All information requested from NHSI is responded to in a timely manner in the format requested. Executive Directors also have regular relationship management meetings with NHSI staff to share informal information / intelligence.</p>
<p>G2: Publication of information ‘The Licensee shall comply with any direction from NHSI for any of the purposes set out in section 96(2) of the 2012 Act to publish information about health care services provided for the purposes of the NHS and as to the manner in which such information should be published.’</p>	<p>The Trust complies with this condition as required.</p> <p>The Trust publishes information as required in accordance with Monitor’s Code of Governance and the Annual Reporting Manual.</p>
<p>G3: Payment of fees to NHSI ‘The Licensee shall pay fees to NHSI in each financial year of such amount as NHSI.’</p>	<p>None required at present.</p>
<p>G4: Fit and proper persons ‘The Licensee shall ensure that no person who is an unfit person may become or continue as a Governor. The Licensee shall not appoint as a Director any person who is an unfit person.’</p>	<p>The Trust is compliant with this condition. Declarations have been made from Directors and Governors and are included in the 2021/22 Annual Report, with the Registers published on the Trust’s website. At the start of each meeting, individuals also have a chance to inform the Trust of any declarations in respect of agenda items, or of situations where the declarations have changed, following which the Register would be updated.</p>
<p>G5: Monitor guidance ‘The Licensee shall at all times have regard to guidance issued by NHSI.’</p>	<p>The Trust complies with this condition. NHSI guidance is reviewed upon publication by the relevant lead Director, and during the year has also included COVID-19 related guidance considered via Silver Command meetings.</p>

<p>G6: Systems for compliance with license conditions and related obligations 'Requires providers to take all reasonable precautions against the risk of failure to comply with the license and other important requirements'.</p>	<p>The Trust complies with this condition. Risk management systems are in place including a Board Assurance Framework (BAF) and Organisational Risk Register (ORR), both reviewed by the Board and supporting Board Committees. During the reporting period the format and reporting processes for the BAF and ORR were further refined.</p>
<p>G7: Registration with the Care Quality Commission 'The Licensee shall at all times be registered with the Care Quality Commission.'</p>	<p>The Trust complies with this condition. The Trust is registered without conditions with the CQC and this position is reviewed annually by the Board of Director (in May 2021). The Board has also during the year received updates on preparation for core and well-led inspections, receipt of the CQC inspection report and changes to the Trust's CQC Statement of Purpose. The Mental Health Legislation Committee has throughout the year received updates on MHA monitoring review visits by the CQC and the Quality and Safety Committees has twice received reports on progress against the CQC action plan and related developments.</p>
<p>G8: Patient eligibility and selection criteria 'Requires License holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.'</p>	<p>The Trust complies with this condition as part of the contracting of services with commissioners. Eligibility criteria is agreed at service level specifications.</p>
<p>G9: Application of Section 5 (Continuity of Services) 'This condition applies to all licence holders. It sets out the conditions under which a service will be designated as a Commissioner Requested Service. If a licensee provides any Commissioner Requested Services, all the Continuity of Services Conditions apply to the licence holder.'</p>	<p>The Trust complies with this condition and agrees its commissioner requested services as part of the annual contract negotiation process. It continues to deliver all commissioner requested services, including, where appropriate, implementing service business continuity plans during COVID-19. In line with national guidance to support the NHS through the pandemic, changes were made to the financial and contracting regime, which included additional funding to mitigate the costs of responding to the pandemic.</p>
<p>Section 2 - Pricing</p>	
<p>P1: Recording of information 'The Licensee shall obtain, record and maintain sufficient information about the</p>	<p>The Trust complies with this condition and its implementation is in line with Trust current financial procedures.</p>

costs which it expends in the course of providing services.'	
P2: Provision of information 'The Licensee shall furnish to NHSI such information and documents and shall prepare or procure and furnish to NHSI such reports, as NHSI may require for the purpose of performing its functions.'	The Trust would comply with this condition as the requirement arose.
P3: Assurance report on submissions to Monitor 'If required in writing by NHSI the Licensee shall, as soon as reasonably practicable, obtain and submit to NHSI an assurance report in relation....to costing.'	The Trust would comply with this condition as the requirement arose.
P4: Compliance engagement concerning local tariff modifications 'The Licensee shall only provide health care services for the purpose of the NHS at prices which comply with, or are determined in accordance with, the national tariff published by Monitor'	The Trust complies with this condition – national tariff or local tariff agreed with commissioners. The majority of the Trust's contracts are block contracts. Local tariffs are agreed for cost per case activity.
P5: Constructive engagement concerning local tariff modifications 'The Licensee shall engage constructively with Commissioners.'	The Trust complies with this condition – the Trust engages actively and constructively with its commissioners through regular meetings, submission of information and key performance indicators and formal contract negotiations.
Section 3 – Choice and competition	
C1: The right of patients to make choices 'The licensee shall ensure that at every point where that person has a choice of provider under the NHS Constitution or a choice of provider conferred locally by Commissioners, he or she is notified of that choice and told where information can be found.'	The Trust complies with this condition, where applicable to the Trust's services, and has service specifications and procedures which are compliant with this condition, where relevant.
C2: Competition oversight 'The licensee shall not enter into or maintain any agreement or other arrangement which has the object or which has (or would be likely to have) the effect of preventing, restricting or distorting competition in the provision of healthcare.'	No compliance issues identified.

Section 4 – Integrated Care	
<p>IC1: Provision of integrated care ‘The Licensee shall not do anything that reasonably would be regarded as against the interests of people who use healthcare services by being detrimental to enabling its provision of health care services for the purposes of the NHS to be integrated with the provision of such services.’</p>	<p>The Trust complies with this condition. This is part of the Trust’s strategy, <i>Better Lives, Together</i> and as such the Trust engages in significant partnership work both locally and at a wider system level, details of which are reported in the Trust’s Annual Report and Quality Report.</p>
Section 5 – Continuity of Services	
<p>COS1: Continuing provision of Commissioner Requested Services ‘The Licensee shall not cease to provide, or materially alter the specification or means of provision of, any Commissioner Requested Service except where permitted to do so in the contract.’</p>	<p>The Trust complies with this condition. See G9.</p>
<p>COS2: Restriction on the disposal of assets ‘The Licensee shall establish, maintain and keep up to date, an asset register’ to any proposal by the Licensee to dispose of, or relinquish control over, any relevant.’</p>	<p>The Trust complies with this condition – asset register maintained and would comply with the terms of the condition regarding asset disposal as required. The Trust reviews any possible disposals through its Finance, Business and Investment Committee.</p>
<p>COS3: Standards of corporate governance and financial management The Licensee shall at all times adopt and apply systems and standards of corporate governance and of financial management which reasonably would be regarded as: (a) suitable for a provider of the Commissioner Requested Services provided by the Licensee, and (b) providing reasonable safeguards against the risk of the Licensee being unable to carry on as a going concern.’</p>	<p>The Trust complies with this condition. Work undertaken during the year included reviewing and maintaining corporate governance practices following publication of national guidance relating to the pandemic.</p> <p>The Trust's 2021/22 Annual Report and Accounts (including its Annual Governance Statement and Going Concern disclosure) are being presented for approval at the Board of Directors meeting on 16 June 2022, following review by the Audit Committee on 15 June.</p>
<p>COS4: Undertaking from the ultimate controller ‘The Licensee shall procure from each company or other person which the Licensee knows or reasonably ought to know is at any time its ultimate controller, a legally enforceable undertaking in favour of the Licensee.’</p>	<p>Not applicable.</p>

<p>COS5: Risk pool levy ‘The Licensee shall pay to NHSI any sums required to be paid in consequence of any requirement imposed on providers... by way of any levy.’</p>	<p>The Trust would comply with this condition as the requirement arose.</p>
<p>COS6: Co-operation in the event of financial stress ‘The Licensee shall provide such information as NHSI may direct to Commissioners and to such other persons as NHSI may direct, allow such persons as NHSI may appoint to enter premises owned or controlled by the Licensee and to inspect the premises and anything on them, and co-operate with such persons as NHSI may appoint to assist in the management of the Licensee’s affairs, business and property.’</p>	<p>The Trust would comply with this condition as the requirement arose.</p>
<p>COS7 Availability of resources ‘The Licensee shall at all times act in a manner calculated to secure that it has or has access to the Required Resources.’</p>	<p>The Trust is compliant with this condition having reviewed the position regularly at the Finance, Business and Investment Committee and Trust Board. Significant work has continued during COVID-19 through command and control structures (Silver and Gold meetings) to ensure effective and efficient use of resources during the pandemic. External audit, through their draft report to the Audit Committee, have indicated an expected position for the Trust as a going concern, with the final position being presented to the Committee on 15 June 2022.</p>

Appendix 3

Corporate Governance Statement (Condition FT4)

	Board Statement	Response	Risks and mitigating actions
1	<p>The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p>Confirmed</p>	<p>The Trust has maintained its focus on governance developments and improvements, in preparation for its CQC well-led inspection, which resulted in a 'Good' rating in December 2021.</p> <p>A high level of assurance has been received from our internal auditors on a number of governance-related areas during the year including: Risk Management (receiving high assurance); and Key Performance Indicators; Board Assurance Framework; and Corporate Governance audits (all receiving significant assurance). Overall, the Trust received five high assurance and 24 significant assurance reports from internal audit with only one limited assurance report received.</p> <p>The Board has also held joint Committee meetings where there was an identified need to triangulate quality, workforce and finance-related issues. A joint FBIC and WEC meeting was held in September 2021 to ensure the continuance of the quality and safety of services provided whilst managing the financial sustainability programme (TWICs). A joint FBIC, WEC and Q&SC meeting took place in December 2021 to consider the implications of sickness absence levels on services during the pandemic.</p>

2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Confirmed	The Trust is cognisant of any guidance issued by NHS Improvement and also responds to consultation documents issued the regulator. The Trust holds meetings between NHS Improvement and Executive Directors to highlight any areas of concern.
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	The Board and its Committees have an annual programme of meetings and a work programme that reflect their terms and reference. Board sub-committees are well attended and during the year, Committee Chairs have met to triangulate issues of mutual interest. There is an annual review by each Committee of its terms of reference and an annual report is submitted to Trust Board. During the second year of COVID-19 a number of governance practices were continued to manage priorities, including the deferred issues log. The Board holds a Skills Matrix, led by the Chair, to support the review of Committee membership. With the retirement of two Committee Chairs and the recruitment of two new NEDs, changes were made to some Committee Chair roles to reflect new skills and experience. The Board has continued to receive AAA assurance reports from Committee Chairs at each public Board meeting and these are also shared at Council of Governors meetings.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (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	Confirmed	The Board has a range of measures to support this statement through Board and Committee meetings and regular performance meetings with Care Groups led by the Board Triumvirate (Medical Director, Director of Nursing, Professions and Care Standards and the Chief Operating Officer). Key reports that are regularly received include: <ul style="list-style-type: none"> • Integrated performance Reports and exception reports; • Organisational Risk Register and Board Assurance Framework; • Board and Committee performance dashboards;

	<p>and statutory regulators of health care professions;</p> <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>		<ul style="list-style-type: none"> • Board and Committee minutes, action logs and work programmes that are considered at every meeting; and • Daily and weekly 'report outs' on key quality and performance metrics utilising the Care Trust Way (QI approach). <p>Gold, Silver and Bronze meetings have continued to disseminate accurate, comprehensive, timely and up to date information to support COVID-19 decision making.</p>
5	<p>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 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>	Confirmed	<p>(a) the Board's Nominations Committee considers succession planning arrangements for Board and senior management positions.</p> <p>(b) the Trust adopted a command and control structure in line with national guidance to manage the challenges of COVID-19. This consisted of a series of Communication Cells to form a means of rapid escalation and oversight of quality and the operational business of the Trust. As the NHS response reduces, the Trust will incrementally stand down its Incident Control Structure and resume its previous governance arrangements.</p> <p>(c & d) the Audit Committee reviewed and approved a revised Performance Management Framework (2021-23) in May 2021 which outlined the Trust's performance management approach, systems, structures and supporting arrangements.</p>

	<p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>		<p>(e) the Trust has a participation and involvement strategy, <i>Your Voice Matters</i>, and has reviewed the involvement objectives at Quality and Safety Committee, recommending a refresh and extension of the strategy in the light of the pandemic. Further work is also planned in 2022/23 to review how the Trust uses its FFT data to support quality improvement.</p> <p>(f) the Trust adheres to its Standing Financial Instructions (SFIs) and Scheme of Delegation, reporting to the Audit Committee, and amended its SFIs during the year to address the challenges of the pandemic in line with national guidelines. The Trust has an electronic risk register approach that allows staff to escalate risks which are reported through Daily Lean Management, Care Group, Committee and Board level meetings.</p>
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	Confirmed	<p>The Trust has an approved Workforce Strategy in place. The Workforce and Equality Committee, provides oversight of workforce development, workforce performance and planning as well as the governance and monitoring of progress on the implementation of the Trust's People Development Strategy. Services are also developing local workforce plans aligning to and in collaboration with the Integrated Care System planning activity. There is an ongoing requirement that all NHS organisations present a six-monthly report to Trust Board regarding nursing and midwifery staffing. The reports in May and November 2021 included analysis of wider workforce plans to provide assurance that the standards required to deliver safe and effective care are being met.</p> <p>The Trust has seen some challenges in recruiting to certain areas and has continued to develop new roles to help mitigate the national shortage of clinical staff and provide career paths for staff in support roles. The Board and its Committees have held a number of discussions throughout the year about</p>

		workforce pressures, recognised by the risks recorded on the ORR. Ongoing appraisals and professional revalidation processes are in place as well as a broad range of mandatory, statutory, vocational and professional training provided both in-house and via other organisations. Workforce performance indicators are discussed at Board and Committee meetings; the turnover rate for 2021/22 was 13% against a target of 10% which is monitored at Board and the Finance, Business and Investment Committee.
	Board Statement on training for Governors	Response
	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.	Confirmed
		Risks and mitigating actions
		See information within the Board report on page 5 relating to Governor training.