

BOARD OF DIRECTORS MEETING

Agenda Item	P1/038/19	Date: 01 st March 2019			
Subject /title	Proposal for Governance				
Author	Angela Wendzicha, Associate Director of Corporate Governance				
Responsible Director	Sheila Lloyd, Director of Nursing & Quality				
Executive summary and key issues for discussion					
<p>The following paper illustrates the proposed changes to the Trust Governance Structure. The proposal has been put forward as a result of the review by the Executive team and receipt of the initial feedback from the Care Quality Commission Well Led Inspection in January 2019.</p> <p>The intention of the draft structure is to simplify and strengthen existing governance within the Trust.</p>					
Strategic context and background papers (if relevant)					
Recommended Resolution					
<p>The Board is asked to review and approve in principle the draft structure for shadow form during March 2019.</p>					
Risk and assurance					
Link to CQC Regulations					
Safe Well led Caring Effective Responsive					
Resource Implications					
Key communication points (internal and external)					
The consultation around the structure is ongoing Key messages will be communicated during March 2019					
Freedom of Information Status					
FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.	Please tick the appropriate box below: <table border="1" style="margin-left: 20px;"> <tr><td style="text-align: center;">x</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>		x		
x					

<p>Application Exemptions:</p> <ul style="list-style-type: none"> • Prejudice to effective conduct of public affairs • Personal Information • Info provided in confidence • Commercial interests • Info intended for future publication 	<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 10px;"></div> <p>A. This document is for full publication</p> <p>B. This document includes FOI exempt information</p> <p>C. This whole document is exempt under FOI</p> <p>IMPORTANT:</p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>
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Equality & Diversity impact assessment

Are there concerns that the policy/service could have an adverse impact because of:	Yes	No
Age		X
Disability		X
Sex (gender)		X
Race		X
Sexual Orientation		X
Gender reassignment		X
Religion / Belief		X
Pregnancy and maternity		x

If YES to one or more of the above please add further detail and identify if full impact assessment is required.

Next steps

Subject to Board approval, the draft structure will be implemented in shadow form during March 2019

Appendices

Strategic Objectives supported by this report

Improving Quality	x	Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	x
Research		Generating Intelligence	x

Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff	x

		support	
Quality of care and environment	x	<i>Being heard:</i>	x
Nationally approved treatments, drugs and programmes		<ul style="list-style-type: none"> • Involved and represented • Able to raise grievances • Able to make suggestions 	
Respect, consent and confidentiality		<ul style="list-style-type: none"> • Able to raise concerns and complaints 	
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	



The Clatterbridge
Cancer Centre
NHS Foundation Trust

Angela Wendzicha

Governance Proposal

February 2019

Introduction

The concept of governance within an organization relates to the systems, processes and behaviours which set the direction to ensure that strategic values, goals and objectives will be met. The effective running of the Trust is the responsibility of the Board with the management of the Trust being delegated to the Executive Directors.

In order for the above to be successful, a clear reporting structure is necessary from the ward to the Board in addition a clear feedback mechanism from Board to ward. This is achieved by a clear reporting structure.

In August 2017, the Trust carried out a review of the governance structure as a direct response to findings from a well-led review by Deloitte. The aforementioned review had alerted the Trust that the governance arrangements at the time may not be fit for a Trust that was going through significant organizational change. As a result, a revised governance structure was implemented as illustrated in Chart 1. Following changes within the Executive team, it became apparent that the governance structure was not fully implemented.

In December 2018, the Trust was involved in the routine, unannounced inspection carried out by the Care Quality Commission (CQC). Furthermore, the Well-Led element of the inspection was carried out during 15-17 January 2019. Initial feedback from the CQC, in particular in relation to how risks are managed and escalated throughout the Trust was that this process was not clear and there was an inconsistent view amongst staff of how escalation of risk is demonstrated in practice. The initial feedback was important for the Trust in determining that further clarity was required around governance arrangements.

The newly appointed Associate Director of Corporate Governance was tasked with reviewing and subsequently strengthening the existing governance structure.

Process for Review

The methodology (which is ongoing) for the review comprised:

1. Discussions with the Executive Team and subsequent 1:1's
2. Discussions with the Directorate Managers
3. Discussions with senior managers
4. Discussions with Clinical Directors

Proposal for change

It must be acknowledged that consultation remains ongoing within the Trust, however, in order to progress and subsequently embed a strengthened governance process within the Trust, the Board is asked to review the proposed draft governance structure as described in Chart 2 with the intention that the structure is implemented in shadow form during March with a final proposal paper to March Board.

The Quality Committee will remain as a mechanism for providing assurance that systems and processes exist for continuous improvement for safe and effective services. The current Finance and Business Development Committee will be renamed the Performance Committee and will provide assurance concerning the development and delivery of the Trust's Business Plan and undertake a strategic advisory role in ensuring that the Trust develops an appropriate long-term strategy and financial plan. The Audit Committee will remain unchanged insofar that it will continue to independently monitor and review process of governance and risk.

The proposal suggests that a new Trust Executive Group (TEG), chaired by the Chief Executive be established. This group will have a wide membership comprising Executive Directors, Clinical Directors, Directorate Managers, Matrons, senior leaders from IT, Pharmacy and Governance. The Trust Executive Group will provide a formal platform for the major decision making process regarding clinical and non-clinical operations whilst ensuring there is a modicum for clinical engagement. By definition, it will inform and support the Executive team in delivering the strategic objectives in addition to reviewing performance of the organization, agreeing actions where necessary.

In addition, the Risk Management Committee has been elevated to a higher committee and will be chaired by the Chief Executive; this will ensure that there is clarity in relation to risks and how they are managed, monitored and escalated.

Further detail is illustrated in Chart 3 in relation to reporting into the Quality Committee.

Terms of Reference

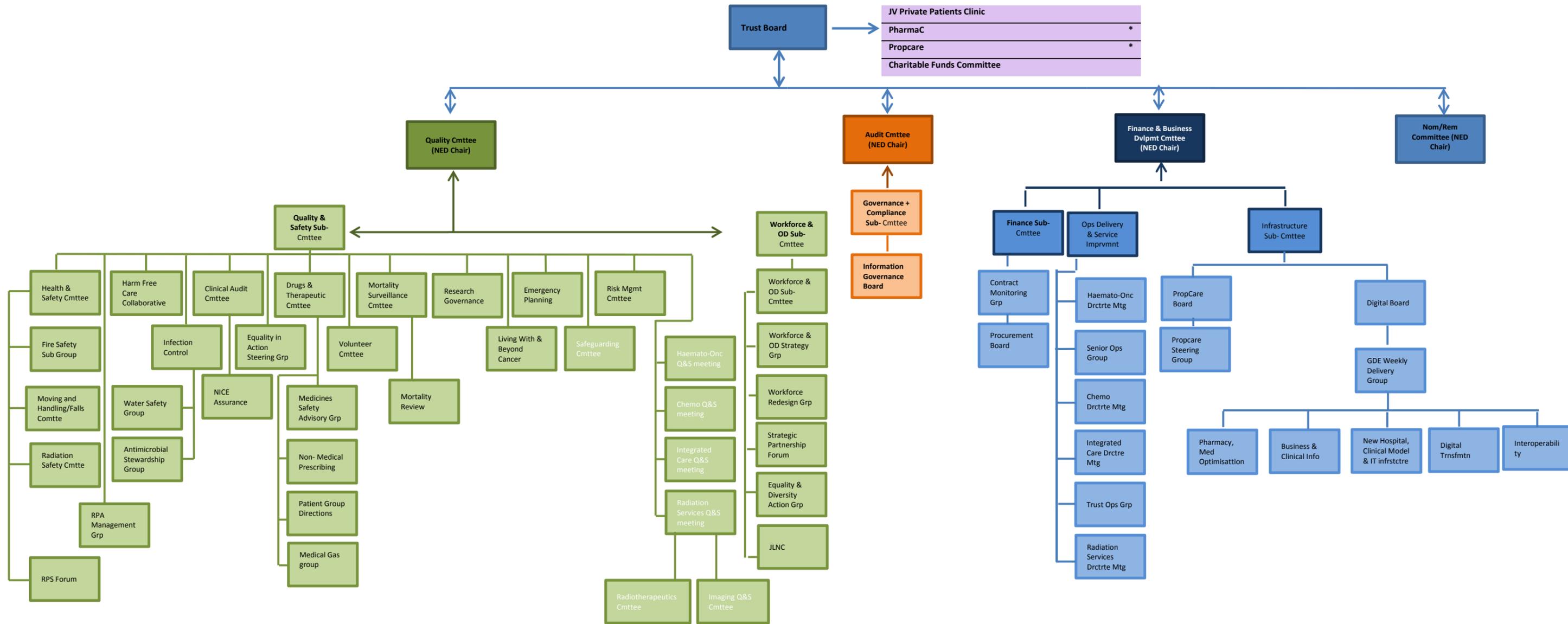
Terms of Reference will be drafted for the Trust Board. In addition, the existing Terms of Reference will be reviewed and strengthened to reflect the draft proposal. Draft Terms of Reference will be reviewed and approved by the relevant committees during March in readiness for final approval by the Trust Board on 27 March 2019.

Recommendation

The Trust Board is asked to approve the draft governance structure in principle with the recommendation that the revised structure is adopted in shadow form during March 2019 resulting in a final paper to Trust Board on 27 March 2019 for final approval.

Chart 1

Governance Structure (Effective from 2017)



*Reports on service performance to the Quality & Safety Committee.

Chart 2 – Version 2 February 2019/AW

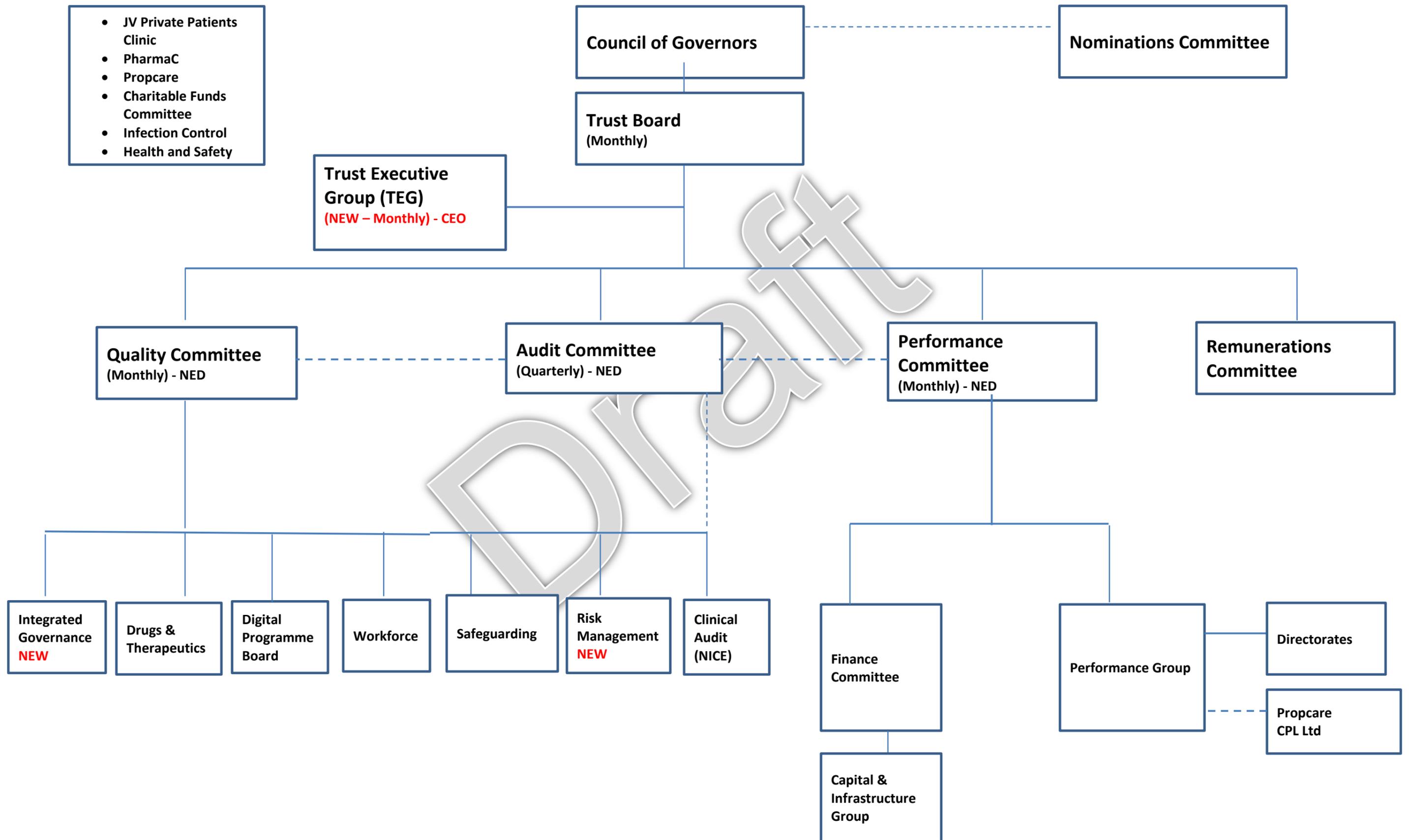


Chart 3 – Draft Version 2 February 2019/AW

