CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

TRUST GOVERNANCE POLICY
(formerly referenced as the CMFT Governance Strategy)
- UPDATED NOVEMBER 2015 -

	DOCUMENT CONTROL PAGE
Title	**Title:** **TRUST GOVERNANCE POLICY** **Version:** **5** **Reference Number:** **GOV1**
Supersedes	**Supersedes: Version 3** **Significant Changes:** Updated Vision; References to new Scrutiny Committees; references to new Executive Roles; Role of the Council of Governors; Updated Trust Board Committee Governance Structure (Sept 2015)
Originator or modifier	**Originated By:** FT Governance Team (originally called CMFT Governance Strategy) **Designation:** Trust Working Group **Modified by:** Alwyn Hughes **Designation:** Director of Corporate Services
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Review	**Review Date:** January 2019 **Responsibility of:** Alwyn Hughes, Director of Corporate Services
Date placed on the Intranet:	**Please enter your EqIA Registration Number here:** (original 358/11) **Refer to section 5: Equality, Diversity and Human Rights Impact Assessment**

1. Introduction

1.1. The Central Manchester University Hospitals NHS Foundation Trust believes that the role of the governing body is pivotal to the success of the Trust. We believe that an effective governing body is vital not only to provide legal accountability, but to make sure our organisation keeps working to its *vision and remains accountable to the community it serves.

> * ***Our vision is to be recognised internationally as leading healthcare; excelling in quality, safety, patient experience, research, innovation and teaching; dedicated to improving health and well-being for our diverse population.***

2. Purpose

2.1. The purpose of this document is to describe the governance arrangements by which the Board will lead the Central Manchester University Hospitals NHS Foundation Trust, and document the mechanisms by which the Board will ensure that the staff employed within the Trust are appropriately trained and supported to operate effectively and deliver the organisational objectives to ensure that the systems and policies in place are reviewed for fitness for purpose in minimising any gaps in assurance, through the Assurance Framework.

2.2. The Assurance Framework describes the organisational key strategic aims and key priorities, identifies potential risks to their achievement, and, gaps are identified where key controls and assurances are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gaps. The BAF gives the Board assurance as to the effectiveness of the Trust's management processes in relation to principal objectives, strategic goals and their key deliverables. It will be considered in conjunction with the Trust's Risk Register, which provides detail on operational risks and action plans to address these. This framework provides the structure against which the Board can fulfil its responsibilities and will be reviewed by the Trust Audit Committee and annually at a Board meeting.

2.3. Monitor, the Independent Regulator requires Chief Executives of NHS Foundation Trusts, as Accounting Officers, to sign an assurance statement, the Annual Governance Statement on behalf of the Board to assure 'stakeholders' on the robustness of internal financial controls. Stakeholders include patients, relatives and carers, the public and partner NHS organisations. This duty expands beyond financial assurance to the production of an Annual Governance Statement covering wider organisational controls, including risk management.

2.4. The 1999 Health Act and subsequent Acts (2006 and 2012) placed a statutory duty of quality upon NHS Trusts. Clinical governance is the framework by which the Trust fulfils this duty.

2.5. The Trust has developed integrated governance further to ensure that decision-making is informed by intelligent information covering the full range of corporate, financial, clinical and information governance. Integrated governance enables the Board of Directors to take a holistic view of the organisation and its capacity to meet its legal and statutory requirements and clinical, quality and financial objectives.

2.6. The Governance Policy and Assurance Framework aim to achieve convergence of the elements of governance.

3. Roles and Responsibilities

   3.1. The Board of Directors

      The Board is collectively responsible for the exercise of the powers and the performance of the Trust and:-

- Ensures that the Trust complies with its licence, constitution, mandatory guidance and contractual and statutory duties.

- Provides effective and proactive leadership of the Trust within a framework of processes, procedures and controls which enable risk to be assessed and managed.

- Sets the Trust's strategic aims, taking into consideration the views of the Council of Governors.

- Ensures the quality and safety of healthcare services, education and research delivered by the Trust, applying the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS bodies.

- Sets the Trust's vision, values and standards of conduct and ensures its obligations to its members, patients and other stakeholders are understood, communicated and met.

   3.2. The NHS Foundation Trust Code of Governance (the Code) was first published in 2006 and was revised in 2010 and 2014 by Monitor (the Independent Regulator). NHS Foundation Trusts are legal entities created in the form of public benefit corporations by the NHS Act 2006. The legislation constitutes Foundation Trusts with a new governance regime that is fundamentally different from NHS Trusts. NHS Foundation Trust Boards of Directors have more autonomy to make financial and strategic decisions. They also have a framework of local accountability through members and a Council of Governors which has replaced central control from the Secretary of State.

      The Code of Governance sets out a common overarching framework for the corporate governance of NHS Foundation Trusts and complements the statutory and regulatory objectives on them.

   3.3. In ensuring that the organisation consistently follows the principles of good governance applicable to NHS Foundation Trusts organisations, the Board has responsibility for:

- Ensuring compliance by the NHS Foundation Trust with its licence, its constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations.

- Establishing audit and remuneration committees as formal sub –committees of the Board (Code of Governance). The Audit Committee is the scrutineer of all other Board Committees and acts on delegated responsibility from the Board of Directors.

- Ensuring that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the organisation (Codes of Conduct and Governance).

- Establishing a Board sub-committee for overseeing quality (including Patient Safety, Clinical Effectiveness and Patient Experience) & performance scrutiny.

- Establishing a Board sub-committee for overseeing risk management.

- Establishing a Board sub-committee for financial scrutiny.

- Establishing a Board sub-committee for human resources scrutiny.

- Designating a senior clinician for ensuring systems are in place to support clinical quality (Health Service Circular 1999/65).

- Ensuring the Trust complies with the requirements of the Health and Safety at Work Act 1974 and related regulations.

- Ensuring the Trust meets its statutory duty to involve and consult patients and the public in service planning and operation and the development of proposals for changes (Section 11, Health and Social Care Act 2001 and subsequent Acts 2006, 2012).

- Ensuring there are Standing Orders and Standing Financial Instructions in place. (The Trust's Standing Orders and Standing Financial Instructions are posted on the Trust's Intranet.)

- Identifying the types of decisions reserved for the Board and adopting a scheme of delegation for other decisions. (Also available on the Trust's Intranet).

- Agreeing the vision, values, strategic aims, key priorities and targets of the Trust.

- As part of its regular review of the Assurance Framework, conducting a review of the effectiveness of the systems of internal control at least annually, including the robustness of the internal and independent assurance mechanisms.

- Ensuring the organisation is fit for purpose, i.e. that it has the capability and capacity to meet its priorities and deliver appropriate outcomes.

3.4. In fulfilling these responsibilities the Board:

- Implements the Governance Policy and Assurance Framework outlined in this document.

- Ensures the systems of internal and independent assurance on which it relies will allow it to submit the Annual Governance Statement with confidence.

- Identifies how individual Board members will participate in the Assurance Framework.

- Identifies the type and frequency of information it requires from its members, sub-committees and senior management.

- Utilises best practice and national governance standards and processes to ensure robust systems are in place and embedded in the day-to-day functions of the Trust, including those associated with the Clinical Negligence Scheme for Trusts (CNST) and Care Quality Commission Standards.

- Has established a formal process for monitoring the implementation of actions to address gaps in the Assurance Framework.

4. Role of the Trust Chairman

4.1. The role of the Trust Chair is to: -

- Lead the Board and Council of Governors, ensuring their effectiveness on all aspects of their roles and setting their agenda.

- Ensure the provision of accurate, timely and clear information to Board members and the Council of Governors..

- Ensure the Board of Directors and the Council of Governors work together effectively.

- Ensure effective communication with governors, staff, patients, the public and other stakeholders.

- Arrange regular evaluation of the performance of the Board, its sub - committees and individual directors.

- Promote a culture of openness and transparency at all levels throughout the organisation

- Facilitate the effective contribution of non executive directors and ensure constructive relationships between executive and non executive directors and between the Board of Directors and the Council of Governors.

5. Role of the Council of Governors

5.1. The role of the Council of Governors is to: -

- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors: Reviewing the performance of the Trust across patient safety, clinical effectiveness, patient experience, finance and productivity.

- Represent the interests of the members of the Foundation Trust as a whole and the interests of the public: Representing the views of patients, carers, volunteers, the public, stakeholders and staff to the Board of Directors and developing networks for engaging the wider community, including minority groups, in our activities, plans and services.

- Provide a steer on how the Trust can carry out its business to satisfy the needs of its members and the wider community.

- Act as guardians to ensure that the Trust operates in accordance with its purpose and authorisation and as 'trustees' for the welfare of the organisation.

- Advise on the longer term direction of the Trust so that the Board of Directors can develop effective policies

5.2 The Council of Governors should work closely with the Board of Directors and must be presented with, for consideration, the annual report and accounts and the annual plan at a general meeting.

5.3 The Council of Governors will be consulted on the development of forward plans for the Trust and any significant changes to the delivery of the Trust's business plan.

6. Role of the Non Executive Directors

6.1. Non executive directors have a particular responsibility for encouraging a cultural change that ensures full engagement of patients, staff and local communities. Their responsibilities cover:

- *Standing Orders and Standing Financial Instructions* - provide a regulatory business framework for the Trust in which to exercise its duties. All staff members are bound by them and should have easy access to a copy.

- *Strategy* - by constructively challenging and contributing to the development of strategy.

- *Performance* - through scrutiny of the performance of management in meeting agreed goals and priorities and monitoring of the reporting of performance.

- *Risk* - by satisfying themselves that financial and other information is accurate and that controls and systems of risk management are robust and defensible.

- *People* - by determining appropriate levels of remuneration of executive directors and having a prime role in appointing, and where necessary removing, senior management and in succession planning.

- *Accountability* - Non executive directors are appointed and held to account for the performance of the Trust (both collectively and individually) by the Governors. They have a responsibility for ensuring the Board acts in the best interests of the public and is fully accountable to the Governors and the public for the services provided by the Trust and for the public funds it uses.

7. Role of the Chief Executive

7.1. The Chief Executive helps to create the vision for the Board and the Trust to transform and improve services. The postholder is responsible for ensuring that the Board is empowered to govern the Trust and that the priorities it sets are accomplished through effective and properly controlled executive action.

7.2. The Chief Executive's roles and responsibilities cover; -

- Leadership - by helping to create the vision for the Board and the organisation to transform and improve services, with the skill to communicate this vision to others and the ability to empower them to deliver the Trust's agenda.

- Delivery planning - by ensuring that the Board has sufficient information to monitor the Trust's Annual/Forward Plan and other priorities and that they are based on realistic estimates of physical, workforce, financial capacity and patient and public involvement.

- Performance management - by ensuring that the Board's plans and priorities are implemented and that progress towards implementation is regularly reported to the Board using accurate systems of measurement and data management. By agreeing the objectives of the senior executive team and reviewing their performance.

- Governance - by ensuring that the systems on which the Board relies to govern the Trust are effective. This will enable the Chief Executive to sign the Annual Governance Statement on behalf of the Board, to state that the systems of governance, including financial governance and risk management, are properly controlled.

- Accountability - to the Board for meeting its objectives and, as Accounting Officer, to Monitor, the Independent Regulator for the performance of the Trust.

  As Accounting Officer the Chief Executive has responsibility for ensuring that the Trust meets all its statutory and legal requirements and adheres to guidance issued by Monitor in respect of governance. This responsibility encompasses the elements of financial control, organisational control, clinical governance, Health & Safety and risk management.

7.3. Whilst this overall responsibility is maintained, responsibilities for some aspects of governance have been delegated to executive directors as follows:

- Clinical Governance - Medical Director
- Financial Control – Executive Director of Finance
- Assessment of Operational Performance – Chief Operating Officer.

7.4. In order to fulfil his/her responsibilities for governance, the Chief Executive has agreed input into relevant committees with the committee chairs, and receives minutes of these committee meetings and, where not a member of the committee, has a process for meeting the committee chairs as required.

8. Role of the Executive Team

8.1. The executive team is accountable to the Chief Executive for key functions and for ensuring effective governance arrangements are in place in their individual areas of responsibility and in those key functions, supported by consistent evidence.

8.2. Collectively, the team is responsible for providing the systems, processes and evidence of governance.

8.3. The team is responsible for ensuring that the Board, as a whole, is kept appraised of progress, changes and any other issues affecting the Assurance Framework.

9. Role of the Deputy Chief Executive

9.1. The Deputy Chief Executive is accountable to the Chief Executive for supporting him/her in overseeing the work of the Trust whilst having an increased focus on the external change agenda across Greater Manchester, particularly in light of the emerging issues relating to integration and devolution.

9.2. The key responsibilities of the Deputy Chief Executive are outlined in the job description for the post

9.3. The Deputy Chief Executive will ensure that the Chief Executive and the Board are kept appraised of progress and any changes in requirements, drawing to their attention shortfalls or omissions which will/may impact adversely on the Board's ability to fulfil its governance responsibilities.

10. Role of the Medical Director

10.1. The Medical Director is accountable to the Chief Executive for the strategic development of:

- Patient Safety
- Clinical effectiveness
- Organisational controls – to meet national clinical standards, for example Care Quality Commission Standards.

10.2. The key responsibilities of the Medical Director are outlined in the post's job description.

10.3. The Medical Director ensures, on behalf of the Chief Executive, that the Trust has in place the systems and structure to meet its statutory and legal responsibilities relating to the Medical Director's area of accountability and that these are based on good practice and guidance from Monitor, the Department of Health, the GMC and other external advisory bodies.

10.4. The Medical Director will ensure that the Chief Executive and the Board are kept appraised of progress and any changes in requirements, drawing to their attention shortfalls or omissions which will/may impact adversely on the Board's ability to fulfil its governance responsibilities.

10.5. As part of the Trust's performance framework the Medical Director oversees the review/monitoring process covering divisional performance in clinical effectiveness and patient safety.

10.6. The Medical Director is the nominated Executive with responsibility for Safeguarding Adults & Children and is the Chair of the Trust Safeguarding Effectiveness Committee.

10.7. The Medical Director is the nominated Executive with responsibility for Human Tissue Act (HTA) compliance.

10.8. The Medical Director is the organisation's Caldicott Guardian

11. Role of the Chief Nurse

11.1. The Chief Nurse is accountable to the Chief Executive for the strategic development of Nursing and Midwifery.

11.2. The key responsibilities of the Chief Nurse are outlined in the job description for the post.

11.3. The Chief Nurse is the nominated Executive (Director of Infection Prevention and Control) with responsibility for Infection Control.

11.4. The Chief Nurse ensures, on behalf of the Chief Executive, that the Trust has in place the systems and structure to meet its statutory and legal responsibilities relating to the Chief Nurse area of accountability and that these are based on good practice and guidance from the Department of Health , regulators (Monitor, NMC etc), and, other external advisory bodies.

11.5. The Chief Nurse will ensure that the Chief Executive and the Board are kept appraised of progress and any changes in requirements, drawing to their attention shortfalls or omissions which will/may impact adversely on the Board's ability to fulfil its governance responsibilities.

12. Role of the Executive Director of Finance

12.1. The Executive Director of Finance is accountable to the Chief Executive for the strategic development and operational management of the Trust's financial control systems. The Executive Director of Finance is, with the Chief Executive, responsible for ensuring that the statutory accounts of the Trust are prepared in accordance with Monitor's and Treasury requirements.

12.2. The key responsibilities of the Executive Director of Finance are outlined in the job description for the post.

12.3. The Executive Director of Finance ensures that, on behalf of the Chief Executive, the Trust has in place systems and structures to meet its statutory and legal responsibilities relating to finance, financial management and financial controls. The Executive Director of Finance ensures the Trust has in place Standing Orders and Standing Financial Instructions, including a Reservation of Powers and Scheme of Delegation, which accord with the Monitor model and takes responsibility for the financial management aspect of internal controls.

12.4. As part of the Trust's performance framework the Executive Director of Finance, together with the Chief Operating Officer, oversees a 'contract' between the Board and each Clinical Division based on the financial objectives and targets agreed by the Board and maintains the review/monitoring process. The outcome of the review / monitoring process will contribute to the Board's Assurance Framework.

12.5. The Executive Director of Finance ensures the Board receives the relevant information/annual reports according to the Board's information schedule. The Executive Director of Finance will keep the Board appraised of any changes in requirements and draw to their attention shortfalls or omissions which will/may adversely impact on the Board's ability to fulfil its governance responsibilities.

12.6. The Executive Director of Finance ensures, on behalf of the Chief Executive, that the Trust has in place the systems and structure to meet its statutory and legal responsibilities relating to the Executive Director of Finance area of accountability and that these are based on good practice and guidance from Monitor, the Department of Health and other external advisory bodies.

12.7. The Executive Director of Finance is accountable to the Chief Executive for ensuring effective overall management of the Trust's contracting, clinical information and operational strategic planning functions.

12.8. The Executive Director of Finance is responsible for the provision of assurance to the Board that it is meeting the required standards set out in Monitor's Compliance Framework.

12.9. The Executive Director of Finance will be responsible for the implementation, management and development of the Trusts Informatics Strategy.

12.10. The Executive Director of Finance is the Senior Information Risk Owner (SIRO) who is responsible for ensuring organisational information risk is properly identified and managed and that appropriate assurance mechanisms exist.

13. Role of the Executive Director of Human and Corporate Resources

13.1. The Executive Director of Human and Corporate Resources is accountable to the Chief Executive for ensuring the Trust has in place systems of staff management which meet legal and statutory requirements and are based on best practice and guidance from Monitor and other external advisory bodies. Working closely with other directors, the Executive Director of Human and Corporate Resources maintains a system of monitoring the application of the Trust's Human Resources Strategy, policies and procedures and, on behalf of the Board, ensures it receives the relevant information/annual reports according to the Board's information schedule.

13.2. The key responsibilities of the Executive Director of Human and Corporate Resources are outlined in the job description for the post.

13.3. The Trust's Organisational and Development Department falls within the remit of the Executive Director of Human and Corporate Resources. As such, the Executive Director of Human and Corporate Resources works with relevant directors to ensure the system in place meets the educational needs of staff highlighted through the Trust's financial controls, organisational controls, risk management and clinical governance processes.

13.4. The Executive Director of Human and Corporate Resources will ensure that the Chief Executive and the Board are kept appraised of progress and any changes in requirements, drawing to their attention shortfalls or omissions which will/may impact adversely on the Board's ability to fulfil its governance responsibilities.

14. Role of the Chief Operating Officer

14.1. The Chief Operating Officer is accountable to the Chief Executive for ensuring that the Trust operates sound systems of operational performance ensuring the delivery of efficient and effective services across the Trust, working in conjunction with the Executive Director of Finance.

14.4. The key responsibilities of the Chief Operating Officer are outlined in the job description for the post.

14.2. The Chief Operating Officer must ensure that clinical services are delivered against plan, meeting all national targets, and within the available financial resources.

14.3. The Chief Operating Officer has responsibility for the following four key elements:

- Operational leadership of all Clinical Divisions and Directorates
- Performance management and delivery of all national and local targets
- Modernisation and Transformation of Trust clinical and business processes
- Business continuity management (including emergency planning).

14.5. The Chief Operating Officer will ensure that the Chief Executive and the Board are kept appraised of progress and any changes in requirements, drawing to their attention shortfalls or omissions which will/may impact adversely on the Board's ability to fulfil its governance responsibilities.

15. Role of the Executive Director of Strategy

15.1 The Executive Director of Strategy is accountable to the Chief Executive for all aspects of strategic planning and for providing a robust framework for the development of corporate and service strategy.

15.2 The key responsibilities of the Executive Director of Strategy are outlined in the job description for the post.

15.3 The Executive Director of Strategy oversees many of the Trusts major stakeholder relationships and works closely with Divisional Leadership Teams to ensure appropriate strategic positioning to deliver the Trust's vision.

15.4 As a member of the Greater Manchester Devolution Transition Team, the Executive Director of Strategy is closely involved in shaping the future governance arrangements linked to the Devolution agreement

15.5 The Executive Director of Strategy will ensure that the Chief Executive and the Board are kept appraised of progress and any changes in requirements, drawing to their attention shortfalls or omissions which will/may impact adversely on the Board's ability to fulfil its governance responsibilities.

16. Role of Clinical Heads of Division and Divisional Directors

16.1. Clinical Heads of Division (who are accountable to the CEO) and Divisional Directors (who are accountable to the CHoD & COO) are responsible for ensuring that, within their area of responsibility, staff are aware of, and comply with, the processes for assuring sound governance.

16.2. They will continue to develop local systems and structures to support the various governance strategies, policies and procedures and ensure these are monitored and audited.

16.3. As part of the Trust performance framework, the Clinical Heads of Division and Divisional Directors agree with the Chief Operating Officer, the Executive Director of Finance, the Chief Nurse and the Medical Director the objectives and targets for their service based on those agreed by the Board. These are cascaded through the service as part of the Trust's individual objective setting, appraisal and performance development processes and divisional performance reviews.

16.4. The Clinical Heads of Division and Divisional Directors ensure their services provide the required information to support the assurance process and draw to the attention of the appropriate Board Director areas of shortfall or omissions which will/may adversely impact on the Board's ability to fulfil its governance responsibilities and which impact upon the Assurance Framework.

16.5. The clinical Divisions and service Directorates and departments are supported and facilitated to meet their governance requirements by the various corporate departments.

16.6. They will ensure that the Chief Executive and the Board are kept appraised of progress and any changes in requirements, drawing to their attention shortfalls, or, omissions which will/may impact adversely on the Board's ability to fulfil its governance responsibilities.

17. Staff

17.1. This framework is aimed at achieving a holistic approach to governance, which engages all staff members.

17.2. All staff members employed by this Trust have a responsibility to perform their duties in accordance with the values, policies and procedures of the organisation, national good practice standards and to contribute to the achievement of the Trust's priorities and targets.

17.3. In the context of this framework all staff members are expected to fulfil their responsibilities as identified within all supporting strategies.

18. Trust Secretary

18.1. The Secretary's functions include:

- Acting as Secretary to the Council of Governors and the Board of Directors, and any committees
- Summoning and attending all members' meetings, meetings of the Council of Governors and the Board of Directors, and keeping the minutes of those meetings
- Keeping the register of members and other registers and books required by the constitution to be kept
- Having charge of the Foundation Trust's seal
- Publishing to members in an appropriate form information which they should have about the Foundation Trust's affairs
- Preparing and sending to Monitor and any other statutory body all returns which are required to be made
- Minutes of every members' meeting, of every meeting of the Council of Governors and of every meeting of the Board of Directors are to be kept. Minutes of meetings will be read at the next meeting and signed by the Chairman of that meeting. The signed minutes will be conclusive evidence of the events of the meeting.
- The Secretary is to be appointed and removed by the Board of Directors.

19. Organisational Framework

19.1. Core Governance Committees Structure

- The core committees integral to the governance framework for the Trust are identified in Appendix 1 (Updated January 2017 included in this version)

- The Committee Structure has been revised during 2015 to strengthen the assurance processes.

- The Chief Executive and relevant Director, on behalf of the Board, will ensure the structure is in place and each committee has complementary terms of reference which are reviewed annually as part of the assurance process.

- The terms of reference identify the reporting structure for the committee and its membership.

- A copy of the terms of reference of each committee will be held centrally by the Secretary to the Board, available to staff through the Trust intranet and, on request, be made available to partner organisations and the public.

19.2 Supporting Documents

This document provides the overarching framework for governance within the Trust. It is supported by the following documents

- Annual / Forward Plan
- Assurance Framework
- Responding to Recommendations and Requirements of External Agency Visits, Inspections and Accreditation Policy
- Being Open & Duty of Candour Policy
- Standing Orders (SOs) and Standing Financial Instructions (SFIs)
- Schemes of Decisions and Scheme of Delegation Policy
- Trust Wide Risk Management Policy & Strategy 2015 to 2018
- Health & Safety Policy Statement
- Trust Strategy for Prevention and Control of Healthcare Associated Infections
- Research and Development Strategy
- Learning, Development and Training Policy
- Clinical Audit Strategy & Policy
- Human Resources Strategy (2013-2016)

20. Monitoring of the Policy

The policy will be monitored by assessing whether the Board priorities have been met through measuring performance against the Board Assurance Framework (two of the Trust's six key strategic aims reviewed by the Audit Committee at each meeting). Further monitoring will take place through internal and external audit and by external accreditation. The production of an annual report will also ensure that the policy is monitored. The policy will also be communicated to the members and Governors of the Trust.

Board of Directors (Chair: Chairman)

Council of Governors (Chair: Chairman)

Annual Members Meeting (Chair: Chairman)

Trust Management Board (Chair: CEO)

Governor Performance Review Forum

Governor Remuneration and Nomination Committee

Governor Forward Planning Forum

Governor Groups (x4)

Chair
Chairman

Membership

35 Governor's
- 18 Public (elected)
- 7 Staff (elected)
- 10 Nominated From Partner Organisations

Secretariat
Corporate Services

Function

Governor Core Statutory Duties:

- Holding NEDs to account for the performance of the Board of Directors

- Representing the interest of Members of the FT and interest of the Public.

Central Manchester University Hospitals NHS Foundation Trust

Committee Structure
(January 2017)

Charitable Fundraising Board

Charitable Funds Committee

(4 x pa)

Chair
Chairman

Membership:

Non Executive Directors as Trustees

Executive Directors as Trustees

Chairman of Fundraising Board

In Attendance:

Deputy Chairman of Fundraising Board

Director of Operational Finance & Chief Accountant

Head of Charities

Secretariat:
Corporate Services

Monitoring of all charitable expenditure

Approval of charitable funding requests

Remuneration Committee

(ad hoc)

Chair
Chairman

Membership:

NEDs

In Attendance:

CEO

Exec Director of Human & Corporate Resources

Secretariat:
Corporate Services

Remuneration of Executives

Audit Committee

(2 months)

Chair
NED

Membership:

NEDs

Exec DoF / Director of Operational Finance

Other Executive Directors (open invitation

Internal & External Auditors

Chief Accountant

In Attendance:

Divisional & Corporate Reps (as required)

Secretariat:
Corporate Services

Audit Prog.

SOs, SFIs, BAF

Annual Report & Financial Statement

Internal Controls Policies & Proc.

Financial Systems & Info.

Finance Scrutiny Committee

(2 months)

Chair
Chairman

Membership:

NEDs (no.1, 2 & 3)

Exec Director of Finance (DoF)

Chief Operating Officer

Medical Director, or, Chief Nurse

Other NEDs and Executive Directors (open invitation)

In Attendance:

Divisional & Corporate Reps (as required)

Secretariat:
Corporate Services

Assurance on Trust financial plans

In depth exploration of emerging, or, identified financial risks

Review specific turnaround/ mitigation plans

Human Resources Scrutiny Committee

(2 months)

Chair
NED (no.1)

Membership:

NED (no.2)

Exec Director of Human & Corporate Resources

Chief Nurse

Other NEDs and Executive Directors (open invitation)

In Attendance:

Director of HR

Assoc Directors of OD&T and ED&I

Head of HR Gov & Quality

Director of Corporate Projects

Divisional & Corporate Reps (as required)

Secretariat:
Corporate Services

Monitoring of HR Core Performance Priorities

Staff Development

Education Strategy

Workforce Strategy

ED&I Strategy

Quality & Performance Scrutiny Committee

(2 months)

Chair
NED (no.1)

Membership:

NED (no.2)

Chief Nurse

Medical Director

Chief Operating Officer

Other NEDs and Executive Directors (open invitation)

In Attendance:

Directors of :
- Performance
- Transformation
- Nursing Adults
- Nursing Child'ns
- Clinical Effect.
- Clinical Gov.

Divisional & Corporate Reps (as required)

Secretariat:
Corporate Services

Patient Safety & Clinical Effect. Core Priorities

Patient Experience Core Priorities

Regulatory & Local Core Performance Indicators (e.g. RTT, Cancer, A&E)

Trust Risk Management Committee

(2 months)

Chair
CEO

Membership:

NEDs (open invitation)

Executive Directors

Director of Clinical Governance

Divisional Directors

Corporate Directors

In Attendance:

Internal Auditors (open invitation)

Secretariat:
Clin. Effectiveness

Trust Risk Management Strategy

Monitoring of Risk Register

Advise the Board on significant risks

Health & Safety

View separate sub-organisational Chart