

## GOVERNANCE ANNUAL REPORT 2005-06

### SUMMARY

#### 1. Introduction

- 1.1 The purpose of this report is to update the board regarding the activities undertaken in 2005-2006 to demonstrate that the Trust manages governance in an acceptable manner and to seek approval of plans for 2006/07. It does not cover areas of financial governance. This is dealt with via regular board reports and to Monitor, the independent regulator for Foundation Trusts.
- 1.2 The report is broken down into a number of distinct areas designed to cover the full range of both the corporate and clinical governance agendas. These areas are the governance framework (including clinical and corporate governance), risk management (including health & safety) and governance support unit (including clinical audit). Where sections overlap, this is indicated in the report. Appendices offer further information on each section.

#### 2. Key achievements in 2005/06

- 2.1 The following are a list of key achievements in the past year.
- Ongoing development of the assurance framework allowing for another full statement on internal control to be signed
  - Development of a Trustwide system to monitor and collate evidence against all core healthcare standards
  - Successful external accreditation under the Clinical Negligence Scheme for Trusts (CNST) at level 1 for acute services
  - Further development of the Trust risk register covering all areas of the Trust
  - Embedding of directorate governance groups in all areas
  - Continuing increase in the number of staff who attend risk management and incident investigation training
  - Implementation of the health & safety action plan
  - Compliance with National Patient Safety Agency alert notices
  - Uploading all patient safety incidents to the NPSA National Learning and Reporting System

- More robust and proactive dissemination of risk management information
- Embedding random note review into directorate audit work-streams
- Refocused work on priority national clinical audits to ensure that the Trust takes part in all nationally agreed clinical audits
- Development of National Institute for health and Clinical Excellence guidance tracking system
- Development of integrated care pathways with specific regard to the Single Assessment Process (SAP)
- Continued use of data capture and learning from cancer services audit
- Further development of user involvement monitoring systems

### **3. Development plans for 2006/07**

- 3.1 A number of plans and actions have been developed to further governance in the Trust in 2006/07. The board is asked to approve the health & safety action plan for 2006-07, which has already been approved by the health & safety committee.

### **4. Recommendation**

- 4.1 The board of directors is asked to receive this report, note the progress made to date and approve the plans set out to ensure that governance continues to be managed effectively in the current year.