INTEGRATED GOVERNANCE HANDBOOK

Developed by the Governance and Compliance Team
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1.0 Introduction

This interactive document is a tool which contains information to support the Board of Directors, Senior Managers and all staff to apply the Trust’s corporate governance arrangements in practice.

1.1 Integrated Governance

Integrated Governance provides an inclusive approach to the everyday functions within Lancashire Care NHS Foundation Trust. By recognising the key interdependencies of each separate governance domain, integrated governance brings together and highlights the importance of each of the distinct functions, such as clinical, financial and corporate governance; to provide a collective approach to achieving the Trusts strategic aims.

It sets out a standard system of operation which applies throughout the organisation.

1.2 Corporate Governance

Corporate governance is the means by which the Board of Directors lead and direct the Trust, so decision making is effective and that evidence based assurance can be provided against the execution of those decisions. As a Foundation Trust we are required to comply with Monitor’s Code of Governance 2014 which sets out best practice principles and processes to facilitate good governance, contribute to better organisational performance and provide safe, effective services for patients.

The internal Governance Framework of Lancashire Care NHS Foundation Trust was reviewed and re-structured during 2014/15 by the Governance and Compliance Team in collaboration with Networks and corporate services. The improved structure seeks to ensure our governance committees and sub-committees are able to perform effectively in clearly defined functions and roles, enabling clear information flow and accountability at appropriate levels.
1.3 Principles of undertaking governance review

The purpose of the governance review within Lancashire Care NHS Foundation Trust was to ensure that the Board of Directors have sufficient oversight in conducting their duties, and where applicable that delegated powers were applied appropriately. The review was undertaken with an aim to clarify the expectations in outputs from meetings, to ensure the avoidance of duplication and justify the added value of each meeting within the structure. The integrated governance structure has been the platform to develop a systemic approach to mapping assurance against key strategic and operational risks, identifying gaps or weaknesses in controls. This method inspires systems and process improvements in support of long term sustainability.

1.4 Principles of Good Governance

As a Foundation Trust, we are authorised through a Provider Licence issued by Monitor under the Health and Social Care Act 2012.

In leading Lancashire Care Foundation Trust, Directors must always be mindful of maintaining **Vision** of Lancashire Care Foundation Trust's **Strategy**, provide **Effective Leadership**, **Safeguard Resources** and ensure **Transparency** at all times.

In executing their duties, the Board of Directors individually apply management responsibility by identifying and analysing data to make recommendations. Based upon the evidence, Directors then assume their Governance role and make decisions, for which they are always accountable in unity.

Good Governance at Lancashire Care NHS Foundation Trust is supported by a clear structure, providing simplicity of reporting and escalation of information; encouraging evidence based assurance be provided at each stage within the hierarchy.

In 2012 Good Governance Handbook identified a series of principles necessary to facilitate good governance:

1) Entity
2) Accountability
3) Stakeholders
4) Governance and management
5) The board and constructive challenge
6) Delegation and reservation
7) Openness and transparency
8) Board supports
9) Knowing the organisation and the market
10) Competence

Good Governance underpins the basis of Lancashire Care Foundation Trust in delivering its strategic aims. Following the above principles and those within Monitor’s Code of Governance when implementing control across the Trust ensure that relevant, safe and effective services are delivered and maintained throughout the organisation.
1.5 Change controls process

The establishment of the corporate governance structure is the responsibility of the Board of Directors. Therefore, any changes to the structure must be reported through the formal change control process. This can be viewed by clicking here.

2.0 Decision Making: The Governance Structure

2.1 Role of the Board of Directors

Lancashire Care Foundation Trust has a Board of Directors, which exercises all the powers of the Trust on its behalf. The Board may delegate any of those powers to a committee of the Board or to an Executive Director. Arrangements for the reservation and delegation of powers are set out in the Trust’s Scheme of Delegation.

Lancashire Care NHS Foundation Trust’s Board of Directors is made up of twelve Directors comprising of six Executive Directors and six Non-Executive Directors, including the Chair.

Together, the Board of Directors provide active leadership within a framework of practical and effective controls which enables risk to be assessed and managed. The purpose of the Board of Directors is to govern the organisation effectively and ensure that the Trust is providing safe, high quality, patient-centred care. In applying their duties effectively, the wider public and other stakeholders gain confidence that their health and healthcare is in safe hands.

The key functions of the Board can be described as:

- To set the strategic direction, define objectives and agree plans
- To monitor performance, taking corrective action where appropriate
- To ensure financial health and sustainability
- To model and impose high standards of corporate and clinical governance
- To appoint, appraise and remunerate executives
- To work in partnership with external bodies and the local community

2.2 The Scheme of Delegation

The Trust’s Scheme of Delegation is made up of a suite of documents that define which functions the Trust Board performs and which of these are delegated to the Chief Executive, Executive Directors and operational Managers within the organisation. The authority to carry out the delegated responsibilities is documented within the suite of documents which include:

- Matters Reserved for the Board
- Matters Reserved for the Chief Executive
- Decision Rights Framework
- Standing Financial Instructions and Standard Operating Procedures
- Accountability Framework

The Scheme of Delegation shows only the ‘top level’ of delegation within the Trust however, there are subsets of the Scheme of Delegation at each management level for example there is a Board Scheme of Delegation, Chief Executive Scheme of Delegation, Executive Director Scheme of Delegation, Network/Clinical Director Scheme of
Delegation etc. These describe the ‘what’ and the ‘who’ of the responsibilities allocated to named officers of the Trust and is generally within a line management hierarchy.

(i) **Schedule of Matters Reserved to the Board**

Certain controls and decisions may only be undertaken by the Board in informal session; these are set out in the Schedule of Matters Reserved to the Board.

(ii) **Decision Rights Framework**

The Decision Rights Framework is established to clearly define the allocated responsibilities for making and approving decisions relating to Trust business. The framework ensures that adequate controls are in place for the authorisation of contacts and transactions. It defines the financial and other approval limits, such as quality, that apply to individuals and safeguards the assets of the Trust against loss, fraud and improper use.

In order to ensure a consistent approach to decision making, the document has recently been reviewed alongside the refreshed Standing Financial Instructions and Standard Operating Procedures. The Decision Rights Framework will continue to be reviewed where appropriate and any material changes to the document are subject to a formal change control process which is managed within the Governance and Compliance team.

(iii) **Standing Orders / Standing Financial Instructions**

Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by Lancashire Care NHS Foundation Trust. They are designed to ensure that LCFT’s financial transactions are carried out in accordance with the law and Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Decision Rights Framework (DRF).

Failure to comply with Standing Financial Instructions and Standing Orders can be regarded as a disciplinary matter that could result in dismissal.

All Members of the Board, and all Officers, have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Finance Officer as soon as possible. If for any reason these Standing Financial Instructions are not complied with, full details of significant non-compliance and any justification for the non-compliance shall be reported to the next formal meeting of the Audit Committee for determining or ratifying action.

(iv) **Case for Change guidance**

The decisions surrounding the formulation and approval of any Case for Change are a key element of the Decision Rights Framework. A Case for Change should be completed when any member of staff has a proposal for a project, business or service change which has not yet had formal approval. This applies even where it has been incorporated into their existing business plan and budget allocation as an outline project/scheme. A supporting flow diagram and Case for Change template to support the revised approach has been included at Appendix 2 of the Decision Rights Framework document.
2.3 Committees of the Board of Directors

The Board of Directors has established four Committees which are a permanent feature within the governance structure. The Board of Directors delegate some of its powers to these committees, as it deems appropriate. Each committee is responsible for exercising powers within specified sets of duties and these are outlined in the Scheme of Delegation. The committees are each made up of members of the board and include at least one independent Non-Executive director. Together with the Executive Management Team, they assist the Board in fulfilling its role.

The four committees are as follows:

Audit Committee
Nomination and Remuneration Committee
Quality Committee
Finance and Performance Committee

Each core committee has responsibility for overseeing the Trust’s activities within their terms of reference, including:

- Identifying risks and gaps in control and assurance.
- Seeking assurance that risks are being managed effectively.
- Recognising potential risks that could impact significantly on the Trust’s ability to deliver its Strategic Direction, and bringing this to the attention of the Board of Directors.

Audit Committee
The Audit Committee is a formal committee of the Board of Directors and has been established to critically review the adequacy of all risk and control related disclosure statements and receive evidence based assurances from executives and managers on the overall processes for governance, risk management and internal control.

Nomination/Remuneration Committee (Board of Directors)
The Nomination/Remuneration Committee is a formal committee of the Board of Directors with responsibility for identifying and nominating appropriate executive candidates to the Board of Directors, including setting the remuneration for those executives.

Quality Committee
The Quality Committee is established primarily as an assurance committee to provide assurances that the Quality Strategy is being effectively deployed throughout the organisation. This will incorporate measures of performance and compliance with national and local requirements. The Committee will support the development of a culture that promotes open and honest reporting of concerns.

In addition to the above, the Audit and Quality and Assurance Committees (together with the Executive Management Team) have specific responsibilities within the Trust’s Integrated Governance arrangements. The Audit Committee has principal responsibility for providing assurance to the Board on the implementation and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation’s activities (both
clinical and non-clinical), which supports the achievement of Lancashire Care NHS Foundation Trust’s strategic objectives.

The Audit Committee is also responsible for ensuring financial systems, policies and procedures are implemented which minimise financial risks and provide independent assurance, allowing the Chief Executive to confidently sign the Annual Governance Statement and the Annual Accounts. They review the work of other Committees and EMT to gain assurance on compliance with governance arrangements and ensure that there is an effective internal control function in place which provides independent assurance to the Board and the Chief Executive.

The Audit Committee is supported by the Local Counter Fraud Specialist, Internal and External Auditors. The committee use this independent input to rigorously assess all risk and disclosure statements for assurance prior to endorsement by the Board.

Finance & Performance Committee
The Finance and Performance committee maintains oversight of the Lancashire Care NHS Foundation Trust’s financial status. It monitors, advises, recommends and provides assurance to the Board of Directors that the financial strategy, financial policies and efficiency plans effectively support the organisational strategy. It is responsible for ensuring that all relevant financial information is made available to the Board of Directors to enable effective and informed decision making. The Committee will have oversight of the Trust’s performance management framework, and where required will focus on specific issues where the Trust’s performance is showing a deterioration or there are issues of concern.

Further information and templates for each meeting can be accessed by clicking on the relevant field in the Governance structure on page 13.
2.4 The Structure

The Chair is responsible for the overall conduct of the Trust. He appoints and reviews the performance of the Chief Executive and both the Chief Executive and the Chair appoint and review the performance of other Executive and Associate Directors. The Chair and Chief Executive have key roles in leading the external and public relationships of Lancashire Care NHS Foundation Trust, and in establishing the appropriate internal cultural environment.

The Chief Executive is the Accountable Officer to Parliament. She is responsible for ensuring that the organisation works effectively in accordance with national health policy, public service values and maintenance of financial control. The Chief Executive is also personally accountable for clinical and corporate governance. The Chief Executive is directly accountable to the Board for ensuring that its decisions are implemented.

The Non-Executive Directors provide support, advice and other specialist skills to the Trust and the Board. They are responsible for ensuring that the interests of the local community are represented, monitoring and ultimately holding to account the executive management of the organisation. Balancing risk against outcome, they must robustly challenge overly ambitious decisions proposed by resident Executive Directors.

The Executive and Associate Directors, led by the Chief Executive, are responsible for the overall management of the Trust. This includes the delivery of services, the management of staff and resources and the development of the Trust’s strategic direction. The Executive and Associate Directors have individual responsibilities providing leadership for specific areas of work.

Figure 1

Figure 1. Your statutory duties, A reference guide for NHS foundation trust governors. Published by Monitor August 2013
2.5 Council of Governors

The Council of Governors is responsible for holding the Non-Executive Directors of the Board to account for the performance of the Board of Directors as a whole. Foundation Trusts such as ourselves are accountable to our members and this is done via the Council of Governors. The CoG has a role to represent the views of the Trust's members and also our stakeholders including the wider public and partner organisations.

Staff at Lancashire Care automatically become Foundation Trust members when they are recruited and members of the public can sign up to become a Trust member by submitting a quick online form. Lancashire Care NHS Foundation Trust has around 14 000 members in total.

Public and Staff members can stand in elections to become a Governor with Elections taking place annually.

Membership and Governance Committee
The Membership and Governance Committee seek assurance on behalf of the Council of Governors that the membership of the Trust remains representative of the service users and public served by the Trust, and that the Membership Engagement Strategy is being effectively delivered by the Trust. The Committee also supports the effectiveness and governance of the Council of Governors, making recommendations to the Council of Governors where appropriate.

Patient Experience and Oversight Group
The Patient Experience and Oversight Group seek assurance on behalf of the Council of Governors that the duty to engage with the public is being met by the Trust. This includes collecting and considering the views service users and carers and learning from the patient experience with a view to continuously improving services.

Standards and Assurance Committee
The Standards and Assurance Committee seek assurance on behalf of the Council of Governors that appropriate standards of healthcare are being met by the Trust.

Nomination and Remuneration Committee (Council of Governors)
The Nomination and Remuneration Committee make recommendations for ratification to the Council of Governors, for the appointment, removal, remuneration, allowances and other terms of office of the Chairman and Non-Executive Directors of the Trust.

3.0 Meetings

All meetings within the Trust should be conducted in accordance with the Trusts expectations, as set out in the Meetings Standards of Operation. This can be accessed by clicking here.

In relation to the conduct of the Trust Board, the Board of Directors must send a copy of the agenda to the Council of Governors prior to a meeting taking place. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.

(i) Declaration of Interests
Opportunity should be given by the Chair, in accordance with the agenda of each meeting for any member to declare a conflict of interest. More details concerning Declarations of Interest can be found in the Standards of Business Conduct Procedure by clicking here.
3.1 Corporate Records Management

The Corporate Records Management (CRM) procedure sets out how to present, populate and store documents created in conjunction with all meetings. You can access the document here.

The procedure covers the following:

Creation
Storage
Naming Convention
File Referencing & Footers
Version Control & Version Referencing Procedure concerning Minor Changes and Major Changes
Taxonomy (Figures 2 & 3)

A suite of document templates from front covers to minutes are available as a toolkit for staff who provide meeting support for committees, senior management and other formal governance groups. Please access the Corporate Governance & Compliance Team Sharepoint page for the latest versions, or click on your meeting in the interactive structure on page 13.

3.2 Naming Convention

Corporate records should be created and stored in electronic format unless there is a requirement to hold a hard copy. They must be stored centrally on the Trust server and not on a local drive or personal desktop.

All documents that are created and stored in shared folders on the Trust server should be given a meaningful, unique file name which must comply with the naming convention set out in the CRM procedure.

Folders should be located within each directorate on the Trust server and be numerically ordered. Any sub-folders should numerically follow on and contain a further sub folder for each relevant year and month as appropriate.

Figure 2. Example of Folder Taxonomy

► (LCFT) Shared Drive (S:)
► Corporate Services
► Chairman & Company Secretary
► 1. Trust Board and Sub-Committees
► 1.0 Master Action Tracker
► 1.1 Trust Board
2010
2011
2012
2013
2014
► January
► February
► 2. Council of Governors
► 2.0 Council Meeting
► 2.1 Sub Committee Meetings

Figure 2. Taken from the Corporate Records Management Procedure LCFT.
3.3 Taxonomy

It is important that meeting folders are maintained in a tidy and consistent manner. When saving items within the folder, taxonomy is employed as per the following example;

1.1 Trust Board
   2014
   2015
   - January
   - February
   - Documents- Cycle of Business/Terms of Reference etc.
   - Templates- All meeting templates eg. agenda/ minutes etc.

The following folders will be present:
- For info- Containing apologies and other correspondence, venue bookings etc.

Followed by a list of agenda items- listed numerically by the item, for example;

- TB 01/15- Agenda
- TB 02/15- Paper 1
- TB 03/15- Paper 2
- Full meeting pack saved in PDF format

Figure 3

3.4 Circulation of papers within meetings

Any presentations given, or papers circulated within a meeting form a corporate record and an electronic version must be saved within the corresponding meeting date folder in line with the CRM procedure.
4.0 LCFT Governance Structure

Click on the buttons for further information and templates
### 4.1 Executive and Senior Management Structure

**Chair**  
Derek Brown

**Chief Executive**  
Heather Tierney-Moore

- **Executive Director of Governance and Compliance**  
  Diane Halsey

- **Chief Operating Officer**  
  Sue Moore

- **Director of Workforce**  
  Damian Gallagher

- **Director of Finance**  
  Bill Gregory

- **Director of Nursing**  
  Dee Roach

- **Medical Director**  
  Max Marshall

- **Non-Executive Director/Deputy Chair**  
  Peter Ballard

- **Non-Executive Director**  
  Louise Dickinson

- **Non-Executive Director**  
  Gwynne Furlong

- **Non-Executive Director**  
  David Curtis

- **Non-Executive Director**  
  Isla Wilson

**Network Director**  
- **Adult Community**  
  Emma Foster

- **Adult Mental Health**  
  Lisa Moorhouse

- **Children and Families**  
  Lynne Braley

- **Specialist Services**  
  Sue Tighe

- **Clinical Network Director**  
  Adult Community  
  Amanda Thornton

- **Clinical Network Director**  
  Adult Mental Health  
  Dr Leon LeRoux

- **Clinical Network Director**  
  Children and Families  
  Warren Larkin

- **Clinical Network Director**  
  Specialist Services  
  Jenny Shaw

**Chair**  
Derek Brown

**Non-Executive Director/Deputy Chair**  
Peter Ballard

**Non-Executive Director/Senior Independent Director**  
Naseem Malik

**Non-Executive Director**  
Louise Dickinson

**Non-Executive Director**  
Gwynne Furlong

**Non-Executive Director**  
David Curtis

**Non-Executive Director**  
Isla Wilson

**Clinical Network Director**  
Adult Community  
Amanda Thornton

**Clinical Network Director**  
Adult Mental Health  
Dr Leon LeRoux

**Clinical Network Director**  
Children and Families  
Warren Larkin

**Clinical Network Director**  
Specialist Services  
Jenny Shaw
5.0 Supporting Assurance and Internal Control

5.1 Effective flow of Information

Looking at the key structures within this document will allow you to visualise how information is contributed and managed throughout the organisation. In particular it will enable you to see how it applies within your own domain.

The Cycle of Business and lower committee/group will provide the input of each meeting, whilst the Terms of Reference will determine the expected outcome required from each committee or group. In supplying information to other committees or groups, understanding and providing firm assurance is paramount to ensuring that the information you gather, analyse and present answers the ‘so what’ question. What we have, or will achieve must be relevant and applicable to the Trust’s strategic priorities, and must be supported by evidence based assurance.
5.2 Assurance Mapping

The Assurance Framework is the ‘lens’ through which the Board of Directors examines the assurance necessary to discharge its duties. Board members need to question ‘How do we know what we know?’ An effective Assurance Framework will provide the answer.

Maintaining robust internal controls within the first lines of assurance safeguards against a reliance on external control delivered by auditors and other 3rd Party assurance providers later in the process. The levels at which assurance is provided is reflected in Figure 4 below.

![Figure 4: Three Lines of Assurance](image)

5.3 Risk Management

Lancashire Care NHS Foundation Trust has adopted a ‘managing by risk’ approach, shifting the culture to anticipating possible threat to delivering the Trust's strategic objectives and subsequently providing opportunity for early intervention. This process is supported by the Datix reporting system and each member of staff is responsible for identifying, recording and escalating risk as appropriate.
5.4 The Board Assurance Framework (BAF)

The BAF is far more than just a risk register. It is designed to provide evidence through the provision of assurance to the Board in achieving its vision and values. Providing a structure for the evidence to support the Annual Governance Statement it seeks sources of assurance from the within governance framework. It also serves to inform the Board on principal risks threatening the delivery of the objectives associated with the 6 strategic priorities.

The BAF Risk register is now fully integrated within the governance framework. This provides assurance at all stages of the reporting process and allows for early identification of gaps in the process. Providing reliable assurance within these reporting arrangements will deliver confidence to the Board of Directors that the systems and processes supporting delivery of the Trust’s objectives and management of risks are robust and the system of internal control is effective.
6.0 Definitions

Annual Cycle of Business
Is prepared in accordance with the terms of reference for each meeting. The cycle of business will help to map the business of the meeting across the year and inform the setting of the calendar of meetings.

Assurance
The ability to have confidence through the consistent provision of evidence that the Trust is compliant with the law, operating effectively, achieving desired outcomes and delivering on the strategic vision.

Positive Assurance
Achieving the desired outcome and providing evidence to support this.

Negative Assurance
Desired outcome is not achieved and evidence is available to indicate this. This has the potential to translate into a risk which is then managed through the risk register.

Mapping of Assurance
A process, providing a clear management and audit trail that links,
• principal objectives to principal risks
• principal risks to key controls
• key controls to assurances

Audit Committee
Provides advice and assurance in relation to the reliability and robustness of the Trust’s systems and processes for ensuring internal control. This includes seeking assurance about the reliability of financial, quality and risk control systems. The Committee maintains an appropriate relationship with the Trust’s auditors.

The Board Assurance Framework
The primary tool used by the Board of Directors to identify the risks to delivering the Trusts Strategic Objectives. It forms assurance for the control and management of such risk.

Board of Directors
The governing body of the Trust comprised of the Chair, Non-Executive Directors and the Executive Directors.

Business Conduct
Standards of behaviour expected when involved in commercial activity Standards of Business Conduct Policy

Caldicott
A set of principles outlining the way in which patient information is used in the NHS.

Caldicott Guardian
The Caldicott Guardian is the senior person responsible for protecting the confidentiality of patient information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information.
Clinical Governance
Clinical Governance is the system for continuously improving the quality and safety of services.

Committee
Means a committee established by the Trust Board.

Committee Members
Those formally appointed by the Board to sit on or to chair specific committee.

Compliance
The requirement to meet all the Trust policies and procedures which make sure that we comply with external regulations and the law.

Conflict of Interest
Any financial, professional or other interest relevant to the subject of the work or meeting in which you have been asked to participate in, or contribute towards. You should make the Declaration of Interest at the beginning of the meeting, or as soon as you are aware that you have an interest in the matter being discussed.

Constitution
The set of rules that define the operating principles for Lancashire Care NHS Foundation Trust. It defines the structure, principles, powers and duties of the trust.

Director
A person appointed as an Executive or Non-Executive Director of the Board in accordance with the Constitution and includes the Chair.

Executive Director
A member of the Board of Directors who holds an executive office of the Trust.

Effective Control
A control that is properly designed and systematically operated in order to deliver the intended objective.

External Audit
A periodic examination by an independent third party (the auditor), to ensure that records are properly maintained, accurate and comply with all standards, legal requirements and give a true and fair reflection of the Trust.

Framework
A system of rules, ideas or beliefs used to plan or decide something.

Gap in Assurance
Failure to gain sufficient evidence that policy, procedures, practices or organisational structures on which reliance is placed are operating effectively

Gap in Control
Failure to put in place sufficiently effective policies, procedures, practices or organisational structures to manage risks and achieve objectives.

Governance
Systems, processes and behaviours by which the Trust sets direction and assures itself that it will achieve the strategic values, goals and objectives.
Information Governance (IG)
Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

Interest
Involvement by an employee or a family member or associate in a business or secondary employment.

Internal Audit
An independent, objective assurance and consulting activity designed to add value to and improve Lancashire Care NHS Foundation Trust’s operations.

Internal Control
The ongoing policies, procedures, practices and organisational structures designed to provide reasonable assurance that objectives will be achieved and that undesired events will be prevented or detected and corrected.

Management
Objective setting and performance management.

Officer
An employee of the Trust.

Programme Management Office (PMO)
Is the office providing a central resource of support, tools, techniques and guidance in relation to the organisation’s key strategic priorities and transformation programmes.

Risk Appetite
The amount of risk that an organization is prepared to accept, tolerate or be exposed to at any point in time.

Risk Management
Ensuring processes are in place for the systematic identification, assessment and mitigation of quality, corporate and financial risks.

Risk Tolerance
The amount of uncertainty an organisation is prepared to accept in total and is communicated in terms of acceptable or unacceptable outcomes or as limited levels of risk.

Scheme of Delegation
The responsibilities and accountabilities that remain at the most senior (Board of Directors) level, and those that have been delegated to committees and to executives, together with the reporting arrangements that ensure governance oversight.

Senior Information Risk Owner (SIRO)
Individual responsible for providing assurance on compliance with Information Governance requirements.

Stakeholders
Individuals or organisations with a vested interest in the operations of the Trust.

Standing Operating Procedures (SOPs)
Descriptions of how activities are implemented.
Standing Orders
A comprehensive description of how Lancashire Care NHS Foundation Trust will conduct its business.

Standing Financial Instructions (SFIs)
The financial responsibilities, policies and procedures adopted by Lancashire Care NHS Foundation Trust.

Strategy
A compelling longer-term vision for the future, taking account of the external context in which the Trust is operating, underpinned by clear objectives that are reflected in an explicit statement of desired outcomes and key performance indicators.

Terms of Reference
Set out the powers and conditions for each meeting.

Trust
Lancashire Care NHS Foundation Trust.