

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS' MEETING

Meeting Date: 23 March 2016

Title and Author of Paper: Operational Plan 2016/17 – Board Declarations
Lisa Quinn, Executive Director of Commissioning and Quality Assurance

Paper for Debate, Decision or Information: Information: Decision

Key Points to Note:

- As a part of the submission to Monitor of the Trust's Operational Plan 2016/17, the Board is required to submit Declarations relating to the following:

Declaration 1 - Continuity of Services (Availability of Resources)

Declaration 2 - Requirement for interim and/or planned support

Declaration 3 - Any factors which may cast doubt on the Trust's ability to provide Commissioner Requested Services

- To facilitate the completion of the Declarations the attached report includes evidence to support the Board's decision regarding the Declarations.
- On the basis of the evidence provided it is recommended the Board declares:

Declaration 1 - Continuity of Services (Availability of Resources):

After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Declaration 2 - Requirement for interim and/or planned support:
The Trust has no interim or planned term support requirements.

Declaration 3 – There are no major factors which may cast doubt on ability to provide Commissioner Requested Services.

Declaration 4 – The Board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in the Operational Plan template.

Declaration 5 – The Board has submitted a final Operational Plan 2016/17 that meets the required financial control target for 2016/17 and the Board agrees to the conditions associated with the Sustainability and Transformation Fund.

Outcome required:

Approval of Board Declarations and submission to Monitor as a part of the Trust's Operational Plan 2016/17.

Northumberland, Tyne and Wear NHS Foundation Trust

Operational Plan 2016-2017 Board Declarations

1. Introduction

The Board of Directors are required to submit Declarations to Monitor, as a part of the final Operational Plan 2016/17, relating to the following:

Declaration 1- Continuity of Services (Availability of Resources)

Declaration 2-Requirement for interim and/or planned support

Declaration 3-Any factors which may cast doubt on the Trust's ability to provide Commissioner Requested Services
(linked to Going Concern)

Declaration 4-Confirmation that the Board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in the Operational Plan template.

Declaration 5-Control Total and Sustainability and Transformation Fund Allocation

In order to facilitate confirmation of each statement for internal use the following is included:

- External Assurance, as appropriate;
- Assurance from the Trust's 3 year Internal Audit Programme on relevant topics;
- The minute reference of relevant papers which have previously been through the Board of Directors for review/approval, Audit Committee (Going Concern Report) and Quality and Performance Committee (review of Board Assurance Framework and Corporate Risk Register) they are cross referenced rather than re-attached.

Due to the timing of the submission of the Operational Plan 2016/17 (11th April) key annual governance assurance processes have yet to occur, eg approval and audit of Annual Governance Statement and Annual Quality Account, assurances from 2014/15 have therefore been included in the evidence.

2. Recommended Board Declarations

Based upon the evidence provided in Appendix 1 and the approval of the Trust's final Operational Plan 2016/17 by the Board of Directors at its meeting in March 2016 it is recommended that the Board of Directors declare the following in respect of Declaration 1,2,3 and 5:

Declaration 1- Continuity of Services Condition 7-Availability of Resources

After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Declaration 2- Requirement for interim and/or planned support

The Trust forecasts no requirement for Department of Health interim support or planned support during the year ended 31st March 2017.

Declaration 3-Statement of main factors taken into account in making the above declaration

No significant factors have been identified which may cast doubt on the Trust's ability to provide Commissioner Requested Services.

Declaration 5- Control Total and Sustainability and Transformation Fund Allocation

The Board has submitted a final Operational Plan 2016/17 that meets the required financial control target for 2016/17 and the Board agrees to the conditions associated with the Sustainability and Transformation Fund.

Based upon the evidence provided in Appendix 2 and the approval of the Trust's final Operational Plan 2016/17 by the Board of Directors at its meeting in March 2016 it is recommended that the Board of Directors declare the following in respect of Declaration 4:

Declaration 4-Review of submitted data

The Board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in the Operational Plan template.

In signing all of the Declarations outlined above the Board is confirming that:

“To the best of its knowledge, using its own processes and having assessed against Monitor’s Risk Assessment Framework, the financial projections and other supporting material included in the completed Annual Plan Review Financial Template represent a true and fair view, are internally consistent with the operational and, where relevant, strategic commentaries, and are based on assumptions which the Board believes to be credible”.

APPENDIX 1

EVIDENCE TO SUPPORT DECLARATIONS 1, 2, 3 and 5

Overview of Evidence:

These Declarations link to the following:

The approval by the Board of Directors of the Trust's Operational Plan for 2015/16 and 5Year Strategic Plan 2014-2019 together with Monitor's review and feedback on the Plans;

The review and approval by the Board of Directors of the Trust's draft Operational Plan 2016/17 and final Operational Plan 2016/17, including the Finance Plans 2016/17 and the Budget for 2016/17;

The review and scrutiny of the Trust's Finance Plans 2016/17 and the Budget for 2016/17 by the Finance Infrastructure and Business Development Committee, a sub group of the Trust Board.

The Board of Directors acceptance of the allocated control total for 2016/17.

The Trust having in place effective Governance arrangements, Performance Management and Reporting structures, processes, policies and reporting arrangements support the delivery of its Strategic Objectives, 5 Year Strategic Plan, Operational Plan, Quality Priorities and contractual requirements, and ongoing compliance with the Trust's licence conditions and related obligations, as outlined in the Trust's Annual Governance Statement (2014/15);

The agreed standard reporting schedule for the Quality and Performance Committee which includes monthly reports, bi-monthly reports, routine reports (quarterly) six monthly reports, annual reports and those reports received for information ie sub group minutes.

The Board Assurance Framework and Corporate Risk Register and its review by the Quality and Performance Committee to ensure that the Board receives assurances that effective controls are in place to manage corporate risks.

Registration with the Care Quality Commission;

The Board being satisfied that the Trust shall at all times during 2016/17 remain a going concern, as defined by relevant accounting standards in force from time to time.

Internal and external audits, including the audit of the Trust's Annual Accounts (2014/15), Quality Account (2014/15) and Annual Governance Statement (2014/15);

The findings from the Independent review of the Trust's governance against the Well Led Framework (January 2016), with no areas of significant concern, and the agreed Action Plan.

The Trust's consistent maintenance of a level of performance as evidenced by the Quarterly submissions to Monitor 2015/16.

The detailed evidence to support the recommended Declarations:

The detailed evidence to support the recommended Declarations includes the following:

Link to the Board Assurance Framework and Corporate Risk Register

Structures and systems are in place to support the delivery of integrated risk management across the Trust and this includes a Risk Management Strategy approved by the Board. The Trust continually reviews its risk and control framework through its governance and operational structures.

The Trust has identified its major strategic risks, and these are monitored and maintained and managed through the Board of Directors Assurance Framework and Corporate Risk Register, supported by Group and directorate risk registers. The Board Assurance Framework and Corporate Risk Register has been the subject of a significant review during 2015 and the final Board Assurance Framework and Corporate Risk Register 2015-16 was presented to the Board in February 2016 and reflected the recommendations from the Independent review of the Trust's governance against the Well Led Framework (January 2016).

The Board Assurance Framework presented to the Board in February 2016 identified the Principal Risks, controls and mitigation and risk trajectory. The Principal Risks identified were as follows:

Key Risk SO1.1 –That we do not develop and correctly implement service model changes.

Key Risk SO1.2.-That we do not effectively engage the public, commissioners and other key stakeholders leading to opposition or significant delay in implementing our service strategy.

Key Risk SO2.1-That we have a significant loss of income through competition and choice, including the possibility of losing large services and localities.

Key Risk SO2.2-That we do not manage our financial resources effectively to ensure long term financial stability (including differential between income and inflation, impact of QIPP and the cost improvement programme).

Key Risk SO3.1-That we do not effectively manage significant workforce and organisational changes, including increasing staff productivity and staff engagement.

Key Risk SO3.3-That we are unable to recruit and retain staff in key posts.

Key Risk SO5.6-The risk that high quality, evidence-based and safe services will not be provided if there are difficulties in accessing services in a timely manner and that services are not sufficiently responsive to demands.

Key Risk SO5.9-That the scale of change and integration agenda across the NHS could affect the sustainability of services and the Trust financial position.

The Trust's Principal Risks are reviewed and updated through the Trust's governance structure.

The Trust's Annual Governance Statement sets out the organisations system of internal control which is designed to manage risk to a reasonable level rather than eliminate all risk of failure. The Annual Governance Statement is reviewed by the Audit Committee and also subject to review by the Trust's External Auditors.

External Assurance

External Assurance is provided on key aspects of the Trust's, planning, governance and reporting processes. This External Assurance includes recurring annual assurance processes, as a part of the Trust's Annual Business Cycle.

Strategic/Operational and Financial Plans

Monitor conduct an Annual Review process with the Board of Directors as a part of their assurance process.

The 5 Year Strategy 2014-2019 was approved by the Board of Directors at its meeting on the 25th June 2014.

The Trust submitted to Monitor the 5 Year Strategy 2014-2019 in June 2014. No significant issues were raised by Monitor with regard to the 5 Year Strategy 2014-2019 in their Annual Review 2014/15.

The Board of Directors reviewed and approved the Operational Plan for 2015/16 at its meeting on the 25th March 2015. No significant issues were raised by Monitor with regard to the Operational Plan 2015/16 in their Annual Review 2015/16.

The Board of Directors reviewed the draft Operational Plan for 2016/17 at its meeting on the 27th January 2016 and this was submitted to Monitor in February 2016.

The Board of Directors are to review the final Operational Plan for 2016/17, including the Finance Plans 2016/17 and the Budget for 2016/17, at its meeting on the 23rd March 2016 prior to submission to Monitor in April 2016.

Monitor have advised that they will be providing feedback on their review of the Trust's Operational Plan 2016/17 following submission.

Monitor's Risk Assessment Framework

The Board of Directors review and approve the Trust's Quarterly submissions to Monitor. These include certificates relating to Governance and Finance. The Trust has consistently maintained a high level of performance as evidenced by the Quarterly submissions to Monitor.

Annual Governance Statement

The Audit Committee reviewed the draft Annual Governance Statement 2014/15 at its meeting on the 22nd April 2015 and confirmed that it was consistent with the Committee's view on the organisation's system of internal control with a view to recommending the draft Statement to the Board of Directors.

The Board of Directors adopted the draft Annual Governance Statement 2014/15 at its meeting on the 29th April 2015. The Annual Governance Statement 2014/15 was subsequently reviewed by the Trust's External Auditors, as a part of the statutory audit and the Audit Committee recommended approval of the Statement to the Board of Directors. The Board of Directors approved the Annual Governance Statement 2014/15 at its meeting on the 27th May 2015.

The draft Annual Governance Statement 2015/16 will be reviewed by the Audit Committee in April 2016 prior to consideration by the Board at its meeting on the 27th April 2016.

The Annual Governance Statement will be subsequently reviewed by the Trust's External Auditors, as a part of the statutory audit.

Trust's Quality Report (Quality Account)

The Trust's External Auditors performed an independent assurance engagement in respect of the Trust's Quality Report (Quality Account) for the year ended the 31st March 2015 and certain performance indicators contained therein. The External Auditors confirmed that nothing had come to their attention that caused them to believe that the Quality Report had not been prepared in line with the guidance, was not consistent in all material affects with the sources specified in the guidance and the indicators in the Quality Report subject of limited assurance had not been reasonably stated in all material respects in accordance with the guidance. The Board of Directors approved the Quality Account 2014/15 at its meeting on the 27th May 2015.

The Trust's External Auditors will be performing an independent assurance engagement in respect of the Trust's Quality Report (Quality Account) for the year ended the 31st March 2016 and the final Quality Account 2015/16 will be presented to the Board of Directors for approval at its meeting on the 25th May 2016.

Going Concern/Annual Accounts

The Audit Committee agreed at its meeting on the 18th March 2015 to inform the Board that the Trust could be regarded as a going concern and the year-end account 2014/15 should be prepared on that basis. The Board of Directors approved the Annual Accounts 2013/14 and the signing of the Management Representation Letter at its meeting on the 27th May 2015.

The Trust's External Auditors audited the Trust's financial statements for the year ended 31st March 2015 and the Audited Annual Accounts 2014/15, including the Auditor's report were published in the Trust's Annual Report and Accounts 2014/15.

The Chair of the Audit Committee has reviewed the Going Concern Report (March 2016) and is to recommend to the Board at its meeting on the 23rd March 2016 that the year end accounts 2015/16 should be prepared on an ongoing concern basis.

Care Quality Commission Registration

The Trust is registered with the Care Quality Commission and has maintained full registration, with no non routine conditions, from the 1st April 2010.

Assurance from the Trust's Internal Audit Programme 2013/14–2015/16

The following audits associated with the aforementioned Board declarations provided significant assurance to the Board of Directors.

2013/14	
Audit Reference	Audit Topic
1314NTW11	Financial Management arrangements for National Institute for Health Research, Clinical Research Networks Funding
1314NTW12	Central Cashiers Function-St Nicholas Hospital
1314NTW14	PFI Contract monitoring Follow Up
1314NTW15	Management and monitoring arrangements for lease car scheme
1314NTW16	Processes for Prevention, Handling and Recovery of Salary Overpayments
1314NTW17	Patients' monies and belongings
1314NTW18	Independent Assurance of Trust compliance against its Terms of Authorisation
1314NTW20	Business Continuity Management-Follow Up of Management Actions
1314NTW25	Performance Indicators-Rolling Programme
1314NTW30	Monitor Declaration
1314NTW31	Monitoring compliance with Risk Management Policy
1314NTW37	Pay Expenditure
1314NTW41	Non Pay Expenditure-Central Procurement Function
1314NTW42	Asset Management
1314NTW43	Planning and Monitoring of Capital Expenditure
1314NTW48	Financial Ledger
1314NTW49	NHS Healthcare Agreements and Agreements for Non Healthcare and Diagnostic Services

1314NTW51	Financial Systems-Key Controls
1314NTW80	Local Proactive Fraud Report
1314NTW81	Local Proactive Fraud Report
1314NTW84	Award and monitoring arrangements for the Security Contract

2014/15	
Audit Reference	Audit Topic
1415NTW13	Cost Improvement Programme
1415NTW29	Hard Truths-Safer Staffing
1415NTW34	Performance Indicators-Rolling Programme
1415NTW36	NHS Healthcare Agreements and Agreements for Non Healthcare and Diagnostic Services
1415NTW 39	Financial Systems-Key Controls
1415NTW41	Patients Monies and Belongings Guidance
1415NTW43	Financial Ledger
1415NTW46	Pay Expenditure
1415NTW47	Non Pay Expenditure-Central Procurement Function
1415 NTW49	Compliance with responding to Tenders and Business Case process
1415NTW59	Non Payroll PAYE
1415NTW60	Patients Monies and Belongings
1415NTW61	Cashiers Function-Monkwearmouth Site
1415NTW76	Expenses Claims (Counter Fraud)

2015/16 (Reports received at 7th March 2016)	
Audit Reference	Audit Topic
1515NTW17	Business Continuity Planning
1516 NTW32	PFI contract monitoring
1516NTW36	Asset Management
1516NTW41	Financial Ledger
1516NTW42	Accounts Payable
1516NTW43	Accounts Receivable
1516NTW44	Bank and Treasury Management
1516NTW55	Performance Indicators-Rolling Programme Qtr 1
1516NTW56	Performance Indicators-Rolling Programme Qtr 2

Reviews/Decisions by Audit Committee (Going Concern Report), Quality and Performance Committee(review of Board Assurance Framework)and the Board of Directors.

Audit Committee Meeting 18th March 2015

Agenda Item 5(4) Going Concern (ISA +570)

Following discussion, the Audit Committee agreed to recommend to the Board that the Trust could be considered as a going concern and that the year end accounts should be prepared on that basis.

Audit Committee Meeting 16th March 2016

The Audit Committee on the 16th March 2016 was cancelled however the Chair of the Audit Committee has reviewed the Going Concern Report (March 2016) and is to recommend to the Board at its meeting on the 23rd March 2016 that the year end accounts 2015/16 should be prepared on an ongoing concern basis.

Quality and Performance Committee Meeting 17th February 2016 (Draft Minutes)

Agenda Item 28/16 Risk Registers

a) Board Assurance Framework and Corporate Risk Register

The Committee had received a copy of the reviewed Board Assurance Framework and Corporate Risk Register which had undergone a significant review since it was last presented to the Committee and all recommendations from the Well Led Review have been incorporated.

Quality and Performance Committee Meeting 20th January 2016

Agenda Item 11/16 Risk Registers

a) Board Assurance Framework and Corporate Risk Register

The Committee had received a copy of the Board Assurance Framework and Corporate Risk Register and noted that there were no significant changes except for the addition of recent internal audits completed. It was confirmed that any risks to strategic objectives with current scores of lower than 15 continue to be shown in the Corporate Risk Register and are no longer included in the Board Assurance Framework.

Quality and Performance Committee Meeting 21st October 2015

Agenda Item 139/15 Corporate Risk Register and Board Assurance Framework

The Committee had received a copy of the Board Assurance Framework and Corporate Risk Register and the rationale for the proposed change in format of the reports was explained and it was noted that over the last few months the Board Assurance Framework and Corporate Risk Register had been reviewed by the Executive Team and that these reports are being taken to the Board of Directors next week for discussion and to seek their approval for this new approach.

Quality and Performance Committee Meeting 20th May 2015

Agenda Item 77/15 Board Assurance Framework/Corporate Risk Registers

A copy of the Board Assurance Framework and Corporate Risk Register were received by Committee members and it was noted that there were no significant changes to note.

Board of Directors Public Meeting 24th February 2016 (Draft Minutes)

Minute Ref 23/16 Quality, clinical and patient issues

i) Safer Staffing-monthly report

The contents were noted by the Board.

Minute Ref 24/16 Performance and Assurance

i) Performance Report

The contents were noted by the Board, in particular that for Monitor's Risk Assessment Framework, NTW had a governance risk rating of "green" and a financial sustainability risk rating of "4".

ii) Quarterly Board Assurance Framework and Corporate Risk Register

The Board approved the documents subject to the aforementioned changes which were discussed.

iii) CQC Registration Update

The Board noted the contents.

Minute Ref 25/16 Strategy and Partnerships

i) Learning Disability Transformation Update

The contents were noted by the Board.

Minute Ref 26/16 Minutes/Papers for information

i) Remuneration Committee

ii) Council of Governor issues

iii) Safeguarding Annual Reports Summaries

The contents were noted by the Board.

Board of Directors Closed Meeting 24th February 2016 (Draft Minutes)

Minute Ref 19/16 Chair's Report

The Board approved the appointment of Martin Cocker as the Senior Independent Director until the position is reviewed in July, subject to comments from the Council of Governors.

Minute Ref 20/16 Quality, clinical and patient issues

i) Independent Investigation Update

The contents were noted by the Board.

ii) Surveillance of mortality in service users with learning disability: NTW response to the Learning Disabilities Mortality Review (LeDeR) Programme and the CIPLOD Inquiry, and the Mazars report into Southern Health

The contents were noted by the Board.

Minute Ref 21/16 Performance and Assurance

i) Deloitte Independent Review of Governance arrangements-Well Led Review of Governance-Update

The contents were noted by the Board.

Minute Ref 22/16 Strategy and Partnerships

i) Annual Plan/Strategy Update

The contents were noted by the Board.

Minute Ref 23/16 Workforce Issues

i) Employment Tribunal Update (by exception)

The update was noted by the Board.

ii) Junior Doctors' Contract Update

The update was noted by the Board.

Minute Ref 24/16 Board Committees' minutes/issues and Corporate Decisions Team minutes for noting and discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation

iv) Quality and Performance (Q and P)

- v) Strategy Committee
- vi) Charitable Funds Committee
- vii) Remuneration Committee summary document
The Board noted the Committee updates.
- viii) Corporate Decisions Team (CDT) minutes
The Board noted the Corporate Decisions Team minutes.

Board of Directors Public Meeting 27th January 2016

Minute Ref 08/16 Quality, clinical and patient issues

- i) Quarter 3-Quality and Safety Report

It was agreed that the format of future reports and reporting cycles would be considered and reported back to the Board.

- ii) Safer Staffing-monthly reports-November and December 2015

The contents were noted by the Board.

- iii) Quarter 3-Service User and Carer Experience Summary Report

The report was noted by the Board.

- iv) Annual Quality Account 2015/16 and Quality Priorities Setting 2016/17 update

The report was noted by the Board.

- v) Changes to the Serious Incident Process following publication of the Serious Incident Framework

The information was received and noted by the Board.

Minute Ref 09/16 Performance and Assurance

- i) Performance Report

The contents of the report were noted and in particular that for Monitor's Risk Assessment Framework, NTW had a governance risk rating of "green" and a financial sustainability risk rating of "4".

- ii) CQC Registration Reports

The contents were noted by the Board.

Minute Ref 10/16 Strategy and Partnerships

i) Trust Programme Board

The Board thanked Paul McEldon for his work with the Committee.

ii) Security Management Strategy

The paper was accepted by the Board.

Minute Ref 11/16 Workforce Issues

i) Workforce Directorate Quarterly Update

The report was noted by the Board.

ii) International Recruitment Update

The paper was noted by the Board.

Minute Ref 12/16 Regulatory Issues

i) NHS Protect National violence against staff survey

The report was noted by the Board.

ii) Quarter 3 Report to Monitor

The correct report to be circulated and available on the Trusts web site, the Trust currently being “green for Governance and the finance declaration for the Quarter is as a Going Concern.

Board of Directors Closed Meeting 27th January 2016

Minute Ref 7/16 Quality, clinical and patient issues

i) Independent Investigations Update

The report and action plans were noted by the Board.

ii) Serious Case Review and Domestic Homicide Reviews

A development session on Serious Incidents for Non Executive Directors was planned for the 28th January.

Minute Ref 8/16 Performance and Assurance

i) Update on St.Georges Park potential PFI development

The Board noted the report.

ii) Deloitte Independent Review of Governance-Well Led Review

Minute Ref 9/16 Strategy and Partnerships

i) Planning Guidance 2016/17 to 2020/21-Draft Operational Plan 2016/17

The Board agreed to submit the plan on the basis described. Delegated authority was given to the Chief Executive and Director of Finance to submit the final version provided any revisions made from the draft presented were not material.

Minute Ref 10/16 Workforce Issues

i) Employment Tribunal Update

The Board noted the update.

Minute Ref 11/16 Board Committees' minutes/issues and Corporate Decisions Team minutes for noting and discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

v) Strategy Committee

The Board noted the Committee updates.

vi) Corporate Decision Team (CDT) minutes

The Board noted the Corporate Decisions Team minutes.

Board of Directors Public Meeting 25th November 2015

Minute Ref 138/15 Quality, clinical and patient issues

i) Quality and Safety Report

The contents were noted by the Board.

ii) Safer Staffing Monthly Report

The contents were noted by the Board.

iii) Analysis of unexpected deaths

The contents were noted by the Board.

Minute Ref 139/15 Performance and Assurance

i) Performance Report

The contents of the report were noted and in particular that for Monitor's Risk Assessment Framework NTW had a governance risk rating of "green" and a financial sustainability risk rating of "4".

ii) CQC Registration Reports

The contents were noted by the Board.

iii) Annual Infection, Prevention and Control (IPC) and Emergency Preparedness, Resilience and Response (EPRR) Report

The contents were noted by the Board.

iv) Volunteers Annual Report

The contents were noted by the Board.

v) Controlled Drugs and Accountable Officer's Annual Report

The contents were noted by the Board in particular that the requirement of the regulations on the safe and secure management of controlled drugs were met during the year.

vi) Medicines Management Annual Report

The contents were noted by the Board.

vii) Board Assurance Framework

The contents were noted by the Board.

Minute Ref 140/15 Strategy and Partnerships

i) Deciding Together Consultation

The contents were noted by the Board.

ii) Proposal for Accountable Care Organisations

The contents were noted by the Board.

Minute Ref 141/15 Workforce Issues

i) Fit and Proper Person Test Update

The Board approved the CQC's Fit and Proper Person Test Procedure including the replacement of Dr. Damian Robinson with Anne Moore.

ii) Changes to Terms and Conditions

The Board noted the update on pay arrangements for 2015/16; redundancy provisions; Agenda for Change pay flexibilities, along with ongoing developments.

Minute Ref 142/15 Regulatory Issues

i) Review of Corporate Governance Documents

The contents were noted by the Board.

Board of Directors Closed Meeting 25th November 2015

Minute Ref 110/15 Quality, clinical and patient issues

i) Independent Investigations Update

The contents of the report were noted by the Board

Minute Ref 111/15 Strategy and Partnerships

i) Potential transfer of Social Care in Sunderland

The contents of the report were noted by the Board.

Minute Ref 112/15 Workforce Issues

i) Employment Tribunal Update

A verbal update was provided.

Minute Ref 113/15 Board Committee Minutes for Information/Discussion

i) Audit Committee

Audit of the implementation of the Violence Prevention Strategy and overarching Clinical Risk Management Strategy to be included in the Audit Plan for 2015/16.

ii) Finance Infrastructure and Business Development (FIBD)

The Chair summarised the Committee's recent coverage as including:

Capital availability;

Community structures and the affordability of options;

IMT initiatives;

CCG debtor issues relating to disputes;

Sign off from CCGs as assurance that Financial Delivery Plans do not adversely affect clinical risk.

iii) Mental Health Legislation (MHL)

The Chair summarised the Committee's recent coverage as including:

An update on case law relating to the detaining of patients;

"Red rated" training indicators.

iv) Quality and Performance (Q and P)

The Chair confirmed that the main issues had been discussed under the Agenda Item Quality, clinical and patient issues (Minute Ref 110/15).

The Board noted the Committee updates.

v) Corporate Decisions Team (CDT) minutes

The Board noted the Corporate Decisions Team minutes

Board of Directors Public Meeting 28th October 2015

Minute Ref 122/15 Freedom to Speak Up Guardian Update/Raising Concerns Update

The contents were noted by the Board.

Minute Ref 124/15 Quality, clinical and patient issues

i) Medical Education Self –Assessment Report and Quality Improvement Plan

The contents were noted by the Board

ii) Safer Staffing and in depth analysis

The contents were noted by the Board.

iii) Service User and Carer Experience

The Board noted the contents and that the information has been reported via a range of mechanisms including Friends and Family Test, Points of You, How's it Going and NHs Choices.

iv) Safeguarding and Public Protection Annual Report

The contents were noted by the Board.

Minute Ref 125/15 Performance and Assurance

i) Performance Report

The contents of the report were noted and in particular that for Monitor's Risk Assessment Framework, NTW had a governance rating of "green" and a financial sustainability rating of "4".

ii) Agency Staffing Diagnostic Self Assessment

The contents were noted by the Board.

iii) Infection Prevention and Control and Emergency Preparedness Resilience and Response (EPRR) Report

The contents were noted by the Board.

iv) Staff Friends and Family Report

The contents were noted by the Board.

v) Community Mental Health Survey Report

The contents were noted by the Board.

vi) Review of Terms of Reference for Trust Committees

a) Review of Mental Health Legislation Committee

The Board noted the contents of the paper.

b) Review of other Committees

The Board approved changes to the Terms of Reference of the Audit Committee, Remuneration Committee and Mental Health Legislation Committee.

The Board approved the disestablishment of the Trust Programmes Board.

The Board approved the mapping of CQC Key Lines of Enquiry.

Minute Ref 126/15 Workforce Issues

i) Transformation of Corporate Services

The contents were noted by the Board.

Minute Ref 127/15 Regulatory Issues

i) Quarterly Report to Monitor

The Board approved the submission of the report to Monitor.

Minute Ref 128/15 For Information

i) Council of Governors

There were no issues to highlight.

ii) Local Safeguarding Board Update

The Board received the Local Safeguarding Adults and Children's Board

Board of Directors Closed Meeting 28th October 2015

Minute Ref 97/15 Quality, clinical and patient issues

i) Serious Case Reviews

The contents were noted by the Board.

Minute Ref 98/15 Performance and Assurance

i) Board Assurance/Corporate Risk Register

The Board approved the proposed changes in approach and format of the Board Assurance Framework.

Minute Ref 99/15 Strategy and Partnerships

i) Newcastle/Gateshead Consultation Update (Deciding Together Case for Change)

The contents were noted by the Board.

ii) Strategy Development Update

The contents were noted by the Board.

iii) Potential transfer of social care in Sunderland

Verbal updated noted and more substantial information to be considered at the November Board meeting.

Minute Ref 100/15 Workforce Issues

i) Employment Tribunal Update

The Board noted the update.

Minute Ref 101/15 Board Committee Minutes for Information/Discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

There were no issues to be highlighted by the Board Committee Chairs

v) Corporate Decisions Team (CDT) minutes

The Board noted the Corporate Decisions Team minutes

Board of Directors Public Meeting 23rd September 2015

Minute Ref 108/15 Quality, clinical and patient issues

i) Safer Staffing Report

The contents were noted by the Board.

ii) Safer Staffing Skill Mix Review

The contents were noted by the Board.

iii) Medical Revalidation Annual Report 2015

Following discussion the Board approved the signing off of the Statement of Compliance confirming to the Higher Level Responsible Officer that the Trust, as a Designated Body, is in compliance with the regulations.

Minute Ref 109/15 Performance and Assurance

i) Performance Report

The contents of the report were noted and in particular that for Monitor's Risk Assessment Framework, NTW had a continuity of services (finance) risk rating of "4" and a governance risk rating of "green".

ii) Agency Staffing Diagnostic Self-Assessment

The contents were noted by the Board.

iii) Emergency Preparedness Resilience and Response (EPRR) Assessment re NHSE Core Standards and workplan

The Board approved the action plan to address the amber rated core standards and updated version of the Trust Pandemic Influenza Plan.

iv) Strategy Development Update

The Board approved the Terms of Reference of the Strategy Committee.

Minute Ref 110/15 Strategy and Partnerships including business development

i) Transformation Programme Update

The contents were noted by the Board

ii) Research and Development Annual Report 2014/15

The contents were noted by the Board.

Minute Ref 111/15 Workforce Issues

The Board noted the contents.

Minute Ref 112/15 Regulatory Issues

i) Trust Constitution Changes

The Board approved the changes to the Trust Constitution including the revised approach to describing the Council of Governors structure and its transitional arrangements.

ii) Stewardship of Charitable Funds from the Newcastle Healthcare Charity

The Board approved that a corporate trusteeship is established from 1st April 2016 to administer its charitable funds and that a Charitable Funds Committee will be established on approval of its reviewed terms of reference.

iii) Corporate Governance Review Update

The Board approved the ratings for the Governance review self assessment.

Minute Ref 113/15 For Information

i) Council of Governors

There were no issues to highlight.

Board of Directors Closed Meeting 23rd September 2015

Minute Ref 85/15 Quality, clinical and patient issues

i) Independent Investigation Update

The contents were noted by the Board

Minute Ref 86/15 Strategy and Partnerships

i) Newcastle/Gateshead Consultation Update

Update to be circulated to the Board at the appropriate time.

ii) Transforming Learning Disability Services update on North East and Cumbria Transformation Plan

The contents were noted by the Board.

Minute Ref 87/15 Workforce Issues

i) Employment Tribunal Updates (by exception)

The contents were noted by the Board.

Minute Ref 88/15 Board Committee Minutes for Information/Discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

- iii) Mental Health Legislation (MHL)
- iv) Quality and Performance (Q and P)

There were no issues to be highlighted by the Board Committee Chairs

- v) Corporate Decisions Team (CDT) minutes
- The Board noted the Corporate Decisions Team minutes

Board of Directors Public Meeting 22nd July 2015

Minute Ref 80/15 Quality, clinical and patient issues

- i) Safer Staffing Report
The contents were noted by the Board
- ii) Quality and Safety Report
The contents were noted by the Board

Minute Ref 81/15 Performance and Assurance

- i) Performance Report
The contents of the report were noted and in particular that for Monitor's Risk Assessment Framework NTW had a continuity of services (finance) risk rating of "4" and a governance risk rating of "green".
- ii) Staff Friends and Family Report
The contents were noted by the Board.

Minute Ref 82/15 Strategy and Partnerships including commercial and business development

- i) Transformation Programme Update
The contents were noted by the Board.

Minute Ref 83/15 Regulatory Issues

- i) Quarterly Report to Monitor
The Board approved the submission to Monitor for Quarter 1.

Board of Directors Closed Meeting 22nd July 2015

Minute Ref 73/15 Quality, clinical and patient issues

i) Serious Case Reviews

The contents were noted by the Board

Minute Ref 74/15 Performance and Assurance

i) Update on potential St.George's Park PFI development

The contents were noted by the Board

Minute Ref 75/15 Workforce Issues

i) Employment Tribunal Updates (by exception)

The contents were noted by the Board

Minute Ref 76/15 Board Committee Minutes for Information/Discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

There were no issues to be highlighted by the Board Committee Chairs

v) Corporate Decisions Team (CDT) minutes

The Board noted the Corporate Decisions Team minutes

Board of Directors Public Meeting 24th June 2015

Minute Ref 65/15 Quality, clinical and patient issues

i) Safer Staffing Report

The contents were noted by the Board.

ii) HENE Annual Deanery Monitoring Review Feedback

The contents of the report were noted by the Board.

iii) Analysis of Unexpected Deaths

The contents of the report were noted by the Board

iv) Reducing Harm from Tobacco

The contents of the report were noted by the Board

v) Trust visit arrangements

The contents of the report were noted by the Board

Minute Ref 66/15 Performance and Assurance

i) Performance Report

The contents of the report were noted and in particular that for the Monitor's Risk Assessment Framework, NTW had a continuity of services (finance) risk rating of "4" and a governance risk rating of "green".

ii) CQC Compliance/Registration Reports

The contents were noted by the Board.

Minute Ref 67/15 Strategy and partnerships including commercial and business development

i) GP Survey

The contents of the draft survey were noted by the Board.

ii) Workforce and Organisational Development Strategies

The contents were noted by the Board.

iii) Annual plan review-Board Certificates

The Board approved the signing of the certificates and its submission to Monitor.

Minute Ref 68/15 Workforce Issues

The contents were noted by the Board.

ii) Equality Delivery System and Workforce Race Equality Standard

The Board approved the ratings in the Equality Delivery System 2 and Workforce Race Equality Standard and their Associated action plans, and agreed to stand down the existing 2012-16 Equality Strategy to be replaced by yearly reporting to the Board on the Equality Delivery System and Workforce Equality Standards.

Minute Ref 69/15 Regulatory Issues

i) Loan support 2015/16 Capital Programme

Following a brief discussion, the Board approved the taking out of the loan and authorised the Deputy Chief Executive to execute and sign the Loan Agreement on its behalf.

Minute Ref 70/15 Minutes/papers for information

i) Council of Governors

There were no issues to consider.

Board of Directors Closed Meeting 24th June 2015

Minute Ref 62/15 Quality, clinical and patient issues

i) Independent Inquiries

The contents were noted by the Board.

Minute Ref 63/15 Workforce Issues

i) Employment Tribunal Updates (by exception)

As the Remuneration Committee had not been quorate at its meeting on the 17th June, the Board ratified support for the decision.

Minute Ref 64/15 Board Committees' minutes for information/discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

The Board noted the Committee updates.

v) Corporate Decisions Team minutes

The Board noted the Corporate Decisions Team minutes.

Board of Directors Public Meeting 27th May 2015

Minute Ref 65/15 Quality, clinical and patient issues

i) Safer Staffing

The contents were noted by the Board.

ii) Security Management Annual Report 2014/15

The contents were noted by the Board.

iii) Draft Annual Quality Account

The Board approved the Quality Account
iv) Code of Practice Implementation Progress Report
The contents were noted by the Board.

Minute Ref 66/15 Performance and Assurance

i) Performance Report

The contents of the report were noted by the Board.

ii) CQC Registration Reports

The contents of the report were noted by the Board.

iii) Learning from Saville Action Plan

Action Plan to be revised in relation to recommendation R 7-DBs checks.

Minute Ref 67/15 Strategy and partnerships including commercial and business development

i) New Models of Care

The contents were noted by the Board and would be considered at the Board's next Away Day on 30th July 2015.

ii) Transformation Programme Update

The contents were noted by the Board.

Minute Ref 68/15 Workforce Issues

i) Workforce Quarterly Update

The contents of the report were noted by the Board.

ii) Fit and Proper Person Test

The Board approved the proposal for the Fit and Proper Person Test.

Minute Ref 69/15 Regulatory Issues

i) Annual Accounts and Management Representation Letter

The Board approved the Annual Accounts and the signing of the Management Representation Letter.

ii) Interim Annual Audit Committee Statement

The Board noted the contents of the report.

iii) Annual Governance Statement

The Board approved the Annual Governance Statement

iv) Draft Annual Report

Subject to the above changes the Board approved the draft Annual Report.

v) Annual Plan Review

A. Board Certification-Corporate Governance Statement (Forward Looking)

The Board approved the Board Certification Corporate Governance Statement.

B. Board Certification-System for Compliance with provider licence

The Board approved the Board Certification Systems for Compliance with provider licence (Condition G6).

Minute Ref 70/15 Minutes/papers for information

i) Council of Governors

There were no issues to consider.

Board of Directors Closed Meeting 27th May 2015

Minute Ref 51/15 Quality,clinical and patient issues

i) Serious Case Reviews and Domestic Homicide Report

The contents were noted by the Board.

ii) Independent Inquiry (Patient E)

The Board discussed the contents of the report.

Minute Ref 52/15 Workforce Issues

i) Whistleblowing/raising concerns

The Board discussed the contents of the report.

Minute Ref 53/15 Board Committees' minutes for information/discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

v) Corporate Decisions Team

The Board noted the Committee updates.

Board of Directors Public Meeting 29th April 2015

Minute Ref 51/15 Quality, clinical and patient issues

i) Quality and Safety Report

The contents were noted by the Board.

ii) Safer Staffing Report

The contents were noted by the Board.

iii) Service User and Carer Experience

The summary of the Quarter 4 position of the Service User and Carer reports were duly noted by the Board.

Minute Ref 52/15 Performance and Assurance

i) Performance Report

The contents of the report were noted by the Board, including that the Trust had achieved all national requirements for 2014/15 and all governance requirements for the Monitor Risk Assessment Framework were also achieved for 2014/15.

ii) Infection Prevention and Control/Emergency Preparedness, Resilience and Response

The content of the report was noted by the Board.

iii) Staff Friends and Family

The Board noted the content of the report.

iv) Review of Terms of Reference for the Board and its Committees

The Board approved changes to the Terms of Reference for the Board and its Committees.

Minute Ref 53/15 Strategy and Partnerships including commercial and business development

i) Nursing Strategy Annual Report

The report was noted by the Board.

ii) Newcastle Gateshead Clinical Commissioning Group “Deciding Together2” Update

The Board noted the outcome of the pre engagement work in relation to the Newcastle Deciding Together consultation.

iii) Workforce Strategy/Organisational Development Strategy

The draft Workforce Strategy/Organisational Development Strategy were noted by the Board, the final versions of both strategies will be presented to the Board in June.

iv) Annual Plan Review 2015/16-Board Declarations

The Board approved the declaration and submission to Monitor as part of the Trusts Operational Plan 2015/16.

Minute Ref 54/15 Regulatory Issues

i) Quarterly Report to Monitor

The Board received and noted the content of the Quarterly Report and noted that the Trust will declare a Governance rating of green and a Continuity of Services rating of 3.

ii) Draft Annual Governance Statement

The Board of Directors agreed to adopt the draft Annual Governance Statement.

Minute Ref 55/15 Minutes/papers for information

i) Council of Governors' minutes

The content of the minutes was noted by the Board.

ii) Local Safeguard Update

The content of the minutes was noted by the Board.

Board of Directors Closed Meeting 29th April 2015

Minute Ref 39/15 Quality, clinical and patient issues

i) Independent Investigation Update

The contents were noted by the Board.

ii) Annual Quality Account

It was agreed that any final comments be forwarded to Anna Foster by 8 May 2015.

Minute Ref 40/15 Performance and Assurance

i) Outcome of 2015/16 Contracting Round

The update report was noted by the Board.

ii) Briefing on PFI Buyout

The update report was noted by the Board.

Minute Ref 41/15 Workforce Issues

i) Quarterly Employment Tribunals Update

The update report was noted by the Board.

Minute Ref 43/15 Board Committees' minutes for information/discussion

- i) Audit Committee
- ii) Finance Infrastructure and Business Development (FIBD)
- iii) Mental Health Legislation (MHL)
- iv) Quality and Performance (Q and P)

The Board noted the Committee minutes and Chairs' updates.

Board of Directors Public Meeting 25th March 2015

Minute Ref 37/15 Quality, clinical and patient issues

- i) Safer Staffing Report

The contents were noted by the Board.

Minute Ref 38/15 Performance and Assurance

- i) Performance Report

The contents of the report were noted and in particular for Monitor's Risk Assessment Framework, NTW had a continuity of services (finance) risk rating of "3" and a governance risk rating of "green".

Minute Ref 39/15 Strategy and Partnerships including commercial and business development

- i) Transformation Programme Update

The contents were noted by the Board.

- ii) Business Planning for 2015/16

- a) One Year Operational Plan

Following discussion, the Board approved the submission of the One Year Operational Plan to Monitor, subject to minor amendments to the financial details.

- b) Financial Strategy and Budgets

Following discussion, the Board approved the plans.

- iii) Business Case: Improving the Northumberland Dementia Pathway

Following discussion, the Board approved the Business Case.

Minute Ref 40/15 Workforce Issues

i) National Staff Survey Results

The contents were noted by the Board.

ii) Equality and Diversity Standard

The contents were noted by the Board.

iii) "Speak Easy" Events

The contents were noted by the Board.

Minute Ref 41/15 Council of Governors' issues for discussion (if any)

There were no issues to discuss.

Board of Directors Closed Meeting 25th March 2015

Minute Ref 28/15 Quality, clinical and patient issues

i) Serious Case Review and Domestic Homicide Review Update

The contents were noted by the Board.

Minute Ref 29/15 Workforce Issues

i) Employment Tribunals Update

The update report was noted by the Board.

Minute Ref 30/15 Any Other Business

i) Feedback from Board Away Day

The key actions were presented and the contents were noted by the Board.

Minute Ref 31/15 Board Committee Issues (if any)

i) Audit Committee

The Board approved that the year end accounts should be prepared on a going concern basis.

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

The Board noted the Board Committee minutes and Chairs' update.

APPENDIX 2

EVIDENCE TO SUPPORT DECLARATION 4

(The Board is satisfied that adequate governance measures are in place to ensure the accuracy of data entered in the Operational Plan template)

Overview of Evidence:

This Declaration links to the following:

The scrutiny and review of the Trust's draft Operational Plan 2016/17 and draft Budget 2016/17 and Financial Plans by the Corporate Decisions Team, which includes Executive Directors;

The scrutiny and review of the Trust's draft Operational Plan 2016/17 and final Operational Plan 2016/17 by the Board which includes Non Executive Directors;

The scrutiny and review of the Trust's Finance Plans 2016/17 and the Budget for 2016/17 by the Corporate Decisions Team, which includes Executive Directors;

The scrutiny and review of the Trust's Finance Plans 2016/17 and the Budget for 2016/17 by the Finance Infrastructure and Business Development Committee, a sub Committee of the Board, which includes Non Executive Directors and Executive Directors and the Board.

The Trust having in place effective Governance arrangements, Performance Management and Reporting structures, processes, policies and reporting arrangements support the delivery of its Strategic Objectives, 5 Year Strategic Plan, Operational Plan, Quality Priorities and contractual requirements, and ongoing compliance with the Trust's licence conditions and related obligations, as outlined in the Trust's Annual Governance Statement (2014/15);

The Board Assurance Framework and Corporate Risk Register and its review by the Quality and Performance Committee and the Board to ensure that the Board receives assurances that effective controls are in place to manage corporate risks.

The Trust's Data Quality Policy (NTW (0)26) establishes the Trust's commitment to:

- data quality, its approach to ensuring adherence to data quality standards and the maximisation around the accuracy, timeliness and quality of data recorded on the Trust's organisation computer systems and clinical documentation;
- identifies the roles and responsibilities of both the Trust and staff with regards to data quality;
- outlines principles, standards, legislation and measurement of good data quality;
- improve clinical and management decision making through the provision and development of effective information.

The Quality and Performance Committee, a sub group of the Board, provides assurance to the Board on the effective management of risk, safety, quality and performance across the Trust and continually reviews data quality. A Trust-wide Data Quality Improvement Plan 2015/16 was presented to the Quality and Performance Committee in March 2015. The Caldicott and Health Information Group provides a quarterly update to the Quality and Performance Committee.

Data quality is the subject of control processes within the Trust and to internal and external scrutiny. The Trust's Internal Audit Programme includes a rolling programme of audits against all performance and quality indicators which historically have confirmed significant assurance in relation to data quality.

The External Audit of the Trust's Annual Governance Statement (2014/15) confirmed the adequacy and effectiveness of the risk management, control and governance processes to support the Statement.

The findings from the Independent review of the Trust's governance against the Well Led Framework (January 2016), with no areas of significant concern, and the agreed Action Plan. In terms of the Measurement Domain (which includes the robustness of information) Deloitte's RAG rating following their review was consistent with the Trust's RAG rating ie Amber/Green.

The Trust meeting the required standard of Level 2 across all key standards in the Information Governance Toolkit.

The Trust's consistent maintenance of a level of performance as evidenced by the Quarterly submissions to Monitor 2015/16.

The detailed evidence to support the recommended Declaration:

The detailed evidence to support the recommended Declaration includes the following:

Link to the Board Assurance Framework and Corporate Risk Register

Structures and systems are in place to support the delivery of integrated risk management across the Trust and this includes a Risk Management Strategy approved by the Board. The Trust continually reviews its risk and control framework through its governance and operational structures.

The Trust has identified its major strategic risks, and these are monitored and maintained and managed through the Board of Directors Assurance Framework and Corporate Risk Register, supported by Group and directorate risk registers. The Board Assurance Framework and Corporate Risk Register has been the subject of a significant review during 2015 and the final Board Assurance Framework and Corporate Risk Register 2015-16 was presented to the Board in February 2016 and reflected the recommendations from the Independent review of the Trust's governance against the Well Led Framework (January 2016).

The Board Assurance Framework presented to the Board in February 2016 identified the Principal Risks, controls and mitigation and risk trajectory. The Principal Risks identified were as follows:

Key Risk SO1.1 –That we do not develop and correctly implement service model changes.

Key Risk SO1.2.-That we do not effectively engage the public, commissioners and other key stakeholders leading to opposition or significant delay in implementing our service strategy.

Key Risk SO2.1-That we have a significant loss of income through competition and choice, including the possibility of losing large services and localities.

Key Risk SO2.2-That we do not manage our financial resources effectively to ensure long term financial stability (including differential between income and inflation, impact of QIPP and the cost improvement programme).

Key Risk SO3.1-That we do not effectively manage significant workforce and organisational changes, including increasing staff productivity and staff engagement.

Key Risk SO3.3-That we are unable to recruit and retain staff in key posts.

Key Risk SO5.6-The risk that high quality, evidence-based and safe services will not be provided if there are difficulties in accessing services in a timely manner and that services are not sufficiently responsive to demands.

Key Risk SO5.9-That the scale of change and integration agenda across the NHS could affect the sustainability of services and the Trust financial position.

The Trust's Principal Risks are reviewed and updated through the Trust's governance structure. The Trust's Annual Governance Statement sets out the organisations system of internal control which is designed to manage risk to a reasonable level rather than eliminate all risk of failure. The Annual Governance Statement is reviewed by the Audit Committee and also subject to review by the Trust's External Auditors.

External Assurance

External Assurance is provided on key aspects of the Trust's, planning, governance and reporting processes. This External Assurance includes recurring annual assurance processes, as a part of the Trust's Annual Business Cycle.

Strategic/Operational and Financial Plans

Monitor conduct an Annual Review process with the Board of Directors as a part of their assurance process. The 5 Year Strategy 2014-2019 was approved by the Board of Directors at its meeting on the 25th June 2014. The Trust submitted to Monitor the 5 Year Strategy 2014-2019 in June 2014. No significant issues were raised by Monitor with regard to the 5 Year Strategy 2014-2019 in their Annual Review 2014/15.

The Board of Directors reviewed and approved the Operational Plan for 2015/16 at its meeting on the 25th March 2015. No significant issues were raised by Monitor with regard to the Operational Plan 2015/16 in their Annual Review 2015/16.

The Board of Directors reviewed the draft Operational Plan for 2016/17 at its meeting on the 27th January 2016 and this was submitted to Monitor in February 2016.

The Corporate Decisions Team, which includes Executive Directors, reviewed the Trust's draft Operational Plan 2016/17 at its meeting on the 18th January 2016. The Corporate Decisions Team, which includes Executive Directors, reviewed the Trust's Finance Plans 2016/17 and the Budget for 2016/17 at its meeting on the 14th March 2016.

The Finance Infrastructure and Business Development Committee, a sub committee of the Board which includes Non Executive Directors, reviewed and scrutinised of the Trust's Finance Plans 2016/17 and the Budget for 2016/17 at its meeting on the 16th March 2016.

The Board of Directors are to review the final Operational Plan for 2016/17, including the Finance Plans 2016/17 and the Budget for 2016/17, at its meeting on the 23rd March 2016 prior to submission to Monitor in April 2016.

Monitor's Risk Assessment Framework

The Board of Directors review and approve the Trust's Quarterly submissions to Monitor. These include certificates relating to Governance and Finance. The Trust has consistently maintained a high level of performance as evidenced by the Quarterly submissions to Monitor.

Annual Governance Statement

The Audit Committee reviewed the draft Annual Governance Statement 2014/15 at its meeting on the 22nd April 2015 and confirmed that it was consistent with the Committee's view on the organisation's system of internal control with a view to recommending the draft Statement to the Board of Directors.

The Board of Directors adopted the draft Annual Governance Statement 2014/15 at its meeting on the 29th April 2015. The Annual Governance Statement 2014/15 was subsequently reviewed by the Trust's External Auditors, as a part of the statutory audit and the Audit Committee recommended approval of the Statement to the Board of Directors. The Board of Directors approved the Annual Governance Statement 2014/15 at its meeting on the 27th May 2015.

The draft Annual Governance Statement 2015/16 will be reviewed by the Audit Committee in April 2016 prior to consideration by the Board at its meeting on the 27th April 2016.

The Annual Governance Statement will be subsequently reviewed by the Trust's External Auditors, as a part of the statutory audit.

Trust's Quality Report (Quality Account)

The Trust's External Auditors performed an independent assurance engagement in respect of the Trust's Quality Report (Quality Account) for the year ended the 31st March 2015 and certain performance indicators contained therein. The External Auditors confirmed that nothing had come to their attention that caused them to believe that the Quality Report had not been prepared in line with the guidance, was not consistent in all material affects with

the sources specified in the guidance and the indicators in the Quality Report subject of limited assurance had not been reasonably stated in all material respects in accordance with the guidance. The Board of Directors approved the Quality Account 2014/15 at its meeting on the 27th May 2015.

The Trust's External Auditors will be performing an independent assurance engagement in respect of the Trust's Quality Report (Quality Account) for the year ended the 31st March 2016 and the final Quality Account 2015/16 will be presented to the Board of Directors for approval at its meeting on the 25th May 2016.

Going Concern/Annual Accounts

The Audit Committee agreed at its meeting on the 18th March 2015 to inform the Board that the Trust could be regarded as a going concern and the year-end account 2014/15 should be prepared on that basis. The Board of Directors approved the Annual Accounts 2013/14 and the signing of the Management Representation Letter at its meeting on the 27th May 2015.

The Trust's External Auditors audited the Trust's financial statements for the year ended 31st March 2015 and the Audited Annual Accounts 2014/15, including the Auditor's report were published in the Trust's Annual Report and Accounts 2014/15.

The Chair of the Audit Committee has reviewed the Going Concern Report (March 2016) and is to recommend to the Board at its meeting on the 23rd March 2016 that the year end accounts 2015/16 should be prepared on an ongoing concern basis.

Care Quality Commission Registration

The Trust is registered with the Care Quality Commission and has maintained full registration, with no non routine conditions, from the 1st April 2010.

Assurance from the Trust's Internal Audit Programme 2013/14–2015/16

The following audits associated with the aforementioned Board declaration provided significant assurance to the Board of Directors.

2013/14	
Audit Reference	Audit Topic
1314NTW18	Independent assurance of Trust compliance against its terms of authorisation
1314NTW25	Performance Indicators-Rolling Programme of Testing against Dimensions of Data Quality
1314NTW30	Monitor Declaration
1314NTW31	Monitoring compliance with Risk Management Policy
1314NTW37	Data Quality
1314NTW51	Financial Systems Key Controls

2014/15	
Audit Reference	Audit Topic
1415NTW10	Care Quality Commission (CQC) Process for co-ordinating, receiving and reviewing evidence
1415NTW13	Cost Improvement Programme
1415NTW34	Performance Indicators-Rolling Programme of Testing against Dimensions of Data Quality
1415NTW39	Financial Systems-Key Controls
1415NTW46	Pay Expenditure
1415NTW57	Transforming Services

2015/16	
Audit Reference	Audit Topic
1516NTW11	Care Quality Commission (CQC) Process for co-ordinating, receiving and reviewing evidence
1516NTW13	Data Quality
1516NTW41	Financial Ledger
1516NTW42	Accounts Payable
1516NTW43	Accounts Receivable
1516NTW44	Bank and Treasury Management
1516NTW45	Review of process for initiating, recording, processing, calculating and reporting Reference Cost Data
1516NTW55	Performance Indicators-Rolling Programme of Testing against Dimensions of Data Quality Qtr 1
1516 NTW 56	Performance Indicators-Rolling Programme of Testing against Dimensions of Data Quality Qtr 2

Reviews/Decisions by Corporate Decisions Team, Quality and Performance Committee(review of the work of the Caldicott and Health Information Group) and the Board of Directors.

Corporate Decisions Team Meeting 16th March 2015

Minute Ref 42/15 Assurance and Governance

ii) Information Governance Toolkit Annual Declaration

The CDT received and noted the Trust's self assessed Information Governance Toolkit scores for the required annual declaration. The Trust's self assessment score as at March 2015 is 72% which remains satisfactory and attains the required Level 2 or above.

Quality and Performance Committee Meeting 18th March 2015

Minute Ref42/15 Clinical Outcome /Effectiveness

c) Data Quality Improvement Plan

The draft Data Quality Improvement Plan (2015/16) was received by members and Committee members were asked to approve the document.

Quality and Performance Committee Meeting 20th May 2015

Minute Ref 75/15 Clinical Outcome /Effectiveness

d) Caldicott, Health Informatics Group (Quarterly Update)

The Quarterly Update from the Caldicott, Health Informatics Group was received for information. There were no further comments to note.

Quality and Performance Committee Meeting 18th November 2015

Minute Ref 152/15 Clinical Outcome /Effectiveness

f) Caldicott, Health Informatics Group (Quarterly Update)

A copy of the Quarterly Update from the Caldicott, Health Informatics Group would be circulated to Committee members for information. There were no items to highlight to the Committee..

Quality and Performance Committee Meeting 17th February 2016

Minute Ref 27/16 Routine Updates

c) Caldicott, Health Informatics Group (Quarterly Update)

The Committee members received a copy of the Caldicott, Health Informatics Group Quarterly Update with the Agenda for information.

Corporate Decisions Team Meeting 18th January 2016

Minute Ref 07/16 Strategy and Partnerships

i) Draft Operational Plan 2016/17

CDT members were asked to send comments to Heather McVittie before Wednesday, 20th January 2016.

ii) Draft Budget 2016/17 and Financial Plans

Presentation to be circulated to CDT members.

Board of Directors Closed Meeting 27th January 2016

Minute Ref 9/16 Strategy and Partnerships

i) Planning Guidance 2016/17 to 2020/21-Draft Operational Plan 2016/17

The Board agreed to submit the plan on the basis described. Delegated authority was given to the Chief Executive and Director of Finance to submit the final version provided any revisions made from the draft presented were not material.

Corporate Decisions Team Meeting 14th March 2016

Agenda Item 6iv

Budget and Financial Plans-2016/17

Recommendation-CDT to approve the proposed Budget and Financial Plans 2016/17, including updated Financial Delivery Plan and Capital Programme.

Finance Infrastructure and Business Development Committee Meeting 16th March 2016

Agenda Item 5.2

Budget and Financial Plans-2016/17

Recommendation-FIBD to recommend to the Board approval of the proposed Budget and Financial Plans 2016/17, including updated Financial Delivery Plan and Capital Programme.