

NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 27 April 2016

Title and Author of Paper: Draft Annual Governance Statement 2015/16
John Lawlor, Chief Executive

Paper for Debate, Decision or Information: Debate / Decision

Key Points to Note:

The Annual Governance Statement is a mandatory requirement. It provides assurance that the Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives, and provides details of any significant internal control issues

The Statement must be signed off by the Chief Executive, as the accounting officer, on behalf of the Board of Directors. It is part of the annual report and accounts and subject to external audit scrutiny. The external auditor will report on inconsistencies between information in the Statement and his/her knowledge of the Trust and any failure to comply with Monitor requirements. Detailed guidance on the format and contents of the Statement is available in Monitor's NHS Foundation Trust Annual Reporting Manual.

The Head of Internal Audit provides an annual opinion to the accounting officer and the Audit Committee on the adequacy and effectiveness of the risk management, control and governance processes to support the Statement. The draft Opinion is considered at agenda item 3 (d).

The Audit Committee provides an annual report of its work which provides assurance relating to the signing of the Annual Governance Statement, i.e. to demonstrate that the Committee had performed sufficient review and debate during the year to be able to issue its recommendations to the Board on the Annual Statement of Governance and financial statements. The draft report is considered at agenda item 3 (c).

Once the draft Statement has been prepared, it is subject to the following process:

- 18th April – CDT for consideration and comments.
- 20th April – Audit Committee review along with the draft Head of Internal Audit Opinion and draft Audit Committee Annual report. The Audit Committee reviews the Statement to consider whether it is 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.
- 27th April – Board of Directors comments and adoption of the draft Statement.
- 18th May – Audit Committee review of the now audited Statement and final Head of Internal Audit Opinion and Audit Committee Annual Report with a view to recommending approval of the audited Statement to the Board of Directors.
- 25th May – Board of Directors approval of the final Statement.

As this paper was issued prior to being considered by Audit Committee, any comments received will be reported at the Board of Directors meeting.

Outcome required:

The Board is asked to review and support the draft Annual Governance Statement.

DRAFT ANNUAL GOVERNANCE STATEMENT 2015/16

V2

Blue-mandatory wording

Red-amendments/ additions to 2014/15 Statement

Green-To be confirmed/papers to go to Committees/things still to happen

IG incident info-Darren to update:

1 Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Northumberland, Tyne and Wear NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Northumberland, Tyne and Wear NHS Foundation Trust for the year ended 31 March 2016 and up to the date of approval of the annual report and accounts.

3 Capacity to handle risk

The **Executive Director of Commissioning and Quality Assurance** has overall lead responsibility for performance risk management within the Foundation Trust. While the Executive Director of **Commissioning and Quality Assurance** has a lead role in terms of reporting arrangements, all directors have responsibility for the effective management of risk within their own area of direct management responsibility, and corporate and joint responsibility for the management of risk across the organisation.

Structures and systems are in place to support the delivery of integrated risk management, across the organisation. A wide range of risk management training has continued to be provided throughout the Foundation Trust during the year. This includes providing training for all new staff as well as training specific to roles in areas of clinical and corporate risk. Delivery of training against planned targets is monitored by the Board of Directors, and managed

through the Trust Corporate Decisions Team and devolved management structures. The Foundation Trust has a Board of Directors approved Risk Management Strategy in place.

Committees of the Board of Directors are in place both to ensure effective governance for the major operational and strategic processes and systems of the Foundation Trust, and also to provide assurance that risk is effectively managed. Operations for the Foundation Trust are managed through an organisational structure, with operations divided into three Groups, and each has governance committees in place for quality and performance and operational management. Risk registers are maintained and reviewed by each Group and reviewed through the Foundation Trust-wide governance structures. The Quality and Performance Committee consider Group top risks and the Assurance Framework and Corporate Risk Register **regularly**. The Corporate Decisions Team also undertake this review from an operational perspective to ensure that risks are recorded effectively and consistently and that controls in place are appropriate to the level of risk. The Audit Committee considers the systems and processes in place to maintain and update the Assurance Framework, and considers the effectiveness and completeness of assurances that documented controls are in place and functioning effectively. The Mental Health Legislation Committee has delegated powers to ensure that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and to ensure compliance with associated codes of practice and recognised best practice.

4 The risk and control framework

The Foundation Trust continually reviews its risk and control framework through its governance and operational structures. It 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 Foundation Trust's principal risks and mechanisms to control them are identified through the Assurance Framework, which is reviewed by the Board of Directors **regularly**. These risks are reviewed and updated through the Foundation Trust's governance structure. Outcomes are reviewed through consideration of the Assurance Framework to assess for completeness of actions, review of the control mechanisms and on-going assessment and reviews of risk scores.

The principal risks are considered as those rated over 15 at a corporate level on the standard 5 by 5 risk assessment measure. **The Assurance Framework and Corporate Risk Register was the subject of a review during the latter part of 2015-16 to reflect best practice and the table below summarises those risks and the key controls, as reported to the Board in the Assurance Framework in February 2016.** All risks identified below are considered as in year and future risks

Reference	Risk	Key Controls
SO1.1	That we do not develop and correctly implement service model changes.	Integrated Governance Framework Programme and Project governance reporting arrangements Business Case and Tender Process Commissioner involvement and scrutiny Service User and Carer Network Reference Group
SO1.2	That we do not effectively engage commissioners and other key stakeholders leading to opposition or significant delay in implementing service strategy.	Integrated Governance Framework Stakeholder and partner matrix and reporting process on engagement and activity Business Case and Tender Process Communication Strategy Requirement re public and staff consultation
SO2.1	That we have a significant loss of income through competition and choice, including the possibility of losing large services and localities.	Integrated Governance Framework Financial Strategy Agreed contracts in place and framework for managing change Customer Relationship approach, including with Commissioners Marketing Strategy Business Case and Tender Process Horizon Scanning
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).	Integrated Governance Framework Financial Strategy (including Financial Delivery Plan) Standing Financial Instructions Decision Making Framework Financial and Operational Policies and Procedures Quality Goals and Quality Account
SO3.1	That we do not effectively manage significant workforce and organisational changes, including increasing staff productivity and staff engagement.	Workforce and OD Strategy. Integrated Governance Framework Performance review monitoring and reporting including KPIs Staff Survey and Friends and Family Feedback and Action Plans Communications Strategy Policy review process relating to systems to support the deployment of staff across services
SO3.3	That we are unable to recruit and retain staff in key posts.	Workforce and OD Strategy. Integrated Governance Framework Recruitment and Selection Policy HR Policies which support Health and Wellbeing, including Pay and Reward

		<p>Staff Survey and Friends and Family Feedback and Action Plans</p> <p>Communications Strategy</p> <p>Controls re use of Agency Staff.</p>
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.	<p>Integrated Governance Framework</p> <p>Performance review monitoring and reporting including compliance with standards, indicators, CQIN</p> <p>Operational and Clinical Policies and Procedures</p> <p>Agreed Service Specifications</p> <p>NICE Guidance</p> <p>Annual Quality Account</p>
SO5.9	That the scale of change and integration across the NHS could affect the sustainability of services and the Trusts financial position.	<p>Integrated Governance Framework</p> <p>Stakeholder and partner matrix and reporting processes</p> <p>Horizon scanning and intelligence</p> <p>Financial Strategy</p>

The governance structures supporting and underpinning this are the Quality and Performance Committee, Finance, Infrastructure and Business Development Committee, and Mental Health Legislation Committee. The Trust Programmes Board ,a time limited Committee, provided the Board with assurance regarding the Trust’s Programmes, established to deliver on the Trust’s transformation and development agenda.

The Trust’s governance structures are the subject of periodic review and in October 2015 the Board agreed that the Programmes Board should be disestablished on the 31st December 2015 with the elements of the Committee business being picked up through the Corporate Decisions Team. The Board also agreed to establish a new sub Group to support the Board, overseeing the development of the Trust’s new Integrated Business Plan (IBP)/Strategy and by providing a strategic forum for environmental and horizon scanning and a review of intelligence to inform and input into the IBP/Strategy and the Trust’s decision making.

Each of the committees is chaired by a Non-Executive Director and has Executive Director membership. The Quality and Performance Committee acts as the core risk management committee of the Foundation Trust Board of Directors, ensuring that there is a fully integrated approach to performance and risk management. This Committee provides oversight to the performance and assurance framework, Foundation Trust risk management arrangements for both clinical and non-clinical risk, and has full responsibility for overseeing the Foundation Trust’s performance against essential standards for quality and safety as part of this role. The Quality and Performance Committee reviews the top risks for each Group, and the Assurance Framework and Corporate Risk Register periodically. The Committee also considers all aspects of quality and performance, in terms of delivery of internal and

external standards of care and performance. The Finance, Infrastructure and Business Development Committee provides assurance that all matters relating to Finance, Estates, Information Management and Technology and Business and Commercial Development are effectively managed and governed.

The Research and Development Committee, a sub Committee of the Quality and Performance Committee, oversees the implementation and review of the Trust's Research and Development Strategy and ensures that the organisation's research governance responsibilities are met, including the cost effective use of research and development income.

Quality Governance arrangements are through the governance structures outlined above, ensuring there are arrangements in place from ward to Board. Review, monitoring and oversight of these arrangements takes place through the following, among others:

1. Trust Board
2. Quality and Performance Committee
3. Group Quality and Performance Committees
4. Corporate Decisions Team meetings

In 2010 the Trust supported Monitor in the development of a Quality Governance Framework. The Trust now reviews it's performance against Monitor's published Quality Governance Framework on a quarterly basis through the Quality and Performance Committee.

The Trust supports an open reporting culture and encourages its staff to report all incidents through its internal reporting system .The Trust's Incident Policy NTW(0)05 and supporting practice Guidance Notes provides the framework for staff for the reporting, management investigation and dissemination of lessons learnt. The Trust has adopted the principles of the National Patient Safety Agency's "Seven Steps to Patient Safety" and embedded them in day to day practice.

The Trust has a data quality improvement plan in place to ensure continuous improvement in performance information and has made continued advances in this area through 2015-16 with continued development of dashboard reporting from patient and staff level to Trust position. The Trust audit plan includes a rolling programme of audit against all performance and quality indicators.

Registration compliance is managed through the above quality governance structures and is supplemented by a Group Director being responsible for the oversight of all compliance assessments and management of on-going compliance through the Trust CQC Compliance Group. This Group reports into the Corporate Decisions Team. There is a central log of all evidence supporting registration requirements and a process in place through the governance arrangements highlighted above to learn from external assessments and improve our compliance. The CQC Compliance Group

undertakes regular reviews of compliance against the CQC Fundamental Standards including undertaking mock visits and identifying Improvement requirements.

This formal governance framework is supplemented by an on-going programme of visits **by Executive Directors and members of the Corporate Decisions Team**, which are reported through the Corporate Decisions Team, **as well as service visits by Non Executive Directors.**

The Foundation Trust is registered with the CQC and has maintained full registration, with no non-routine conditions, from 1st April 2010. The CQC has inspected all of the Trust registered locations. The Foundation Trust is fully compliant with the requirements of registration with the CQC.

The Trust recognises the significant organisational change that is required to meet the challenges of the external environment, the changing NHS and the requirement to improve the quality of our services with reducing resources. In response to this the Trust has developed its Transforming Services Programme. This programme is focussed on developing a new service model for the Trust, having implemented a new business model, which included seeking to put clinicians at the heart of the Foundation Trust decision making process. The Service Model Review, which was clinically led has developed a blueprint for the future development of the Foundation Trust services to meet our future challenges, and was presented to our Board of Directors in July 2011. The Board of Directors received an update on Trust Programmes from the Chair of the Trust Programmes Board every two months, up until the disestablishment of the Trust Programmes Board.

As described above the Trust has robust arrangements for governance across the Trust. Risks to compliance with the requirements of NHS Foundation Trust condition 4 (FT governance) are set out where appropriate within the Assurance Framework and Corporate Risk Register. The Board has reviewed its governance structures and the Board and its Committees undertake an annual self-assessment of effectiveness and annual review their terms of reference.

The Corporate Decisions Team is responsible for the co-ordination and operational management of the system of internal control and for the management of the achievement of the Foundation Trust's objectives agreed by the Board of Directors. Operational management, through the Foundation Trust's directors, is responsible for the delivery of Foundation Trust objectives and national standards and for managing the risks associated with the delivery of these objectives through the implementation of the Foundation Trust's risk and control framework. Governance groups have been in place across all areas throughout this accounting period, with each directorate, and then Group having in place an Operational Management Group, and a Quality and Performance Group. To fulfil this function the Corporate Decisions Team reviews the Assurance Framework and Corporate Risk Register, as well as reviewing Group top risks. It also receives and considers detailed reports on performance and risk management across the Foundation Trust. Summary

reports on the work of internal audit and the counter fraud team are also presented to the Corporate Decisions Team on a regular basis, with the emphasis on lessons learned and follow up actions required.

The Risk Management Strategy, the associated Risk Management Policy and the governance structure identified above have been developed in line with nationally identified good practice and assurance of this have previously been received through independent assessment of performance against standards assessed through the National Health Service Litigation Authority scheme, where the Foundation Trust had Level 1 compliance, with 100% delivery against all standards. The Assurance Framework and arrangements for governance were subjected to external review through the Foundation Trust application process, including review by Monitor, the Department of Health and independent auditors during 2009, and are subject to on-going review through Internal Audit.

The Trust undertook an external assessment of its governance arrangements using the Well Led Framework through 2015-16, supported by Deloitte, in line with Monitor's recommendations relating to foundation trusts. Deloitte provided feedback to the Board at a Board Development Session in December 2015 and the Board of Directors reviewed the final report, including the recommendations in January 2016.

The independent review confirmed that there were no material governance concerns.

Deloitte noted a number of areas of good practice particularly:

- High levels of clinical engagement in the transformation of services with senior clinicians developing pathways in support of the service model review;
- A clear focus on values and the culture of the Trust;
- Employment of a range of mechanisms to engage with internal and external stakeholders;
- The introduction of a variety of initiatives in relation to raising concerns, including the appointment of a Freedom to Speak Up Guardian;
- The use of staff and patient level dashboards to monitor performance.

Some areas for further work and opportunities for improvement were also highlighted, which the Board of Directors has acknowledged, and these are the subject of an Action Plan which is being progressed.

The Foundation Trust involves public stakeholders in identifying and managing risks to its strategic objectives in a number of ways. These include:

- Working with partners in health and social services in considering business and service change. The Foundation Trust has a framework for managing change to services agreed as part of its contracts with its main commissioners across the North East. The Foundation Trust also has good relationships with Overview and Scrutiny Committees, with an excellent record of obtaining agreement to significant service change.

- Active relationships with Healthwatch and user and carer groups, and works with these groups on the management of service risks.
- A **Deputy Director of Communications and Corporate Relations** reporting directly into the Chief Executive for sustaining effective relationships with the key public stakeholders.
- Active engagement with governors on strategic, service, and quality risks, including active engagement in the preparation of the Annual Plan, Quality Accounts and the setting of Quality Priorities.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that the organisation's obligations under equality, diversity and human rights are complied with. All policies implemented across the organisation have been subject to equality impact assessments.

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaption Reporting requirements are complied with.

5 Review of economy, efficiency and effectiveness of the use of resources

The Foundation Trust has a Financial Strategy, which is approved by the Board of Directors, and which was reviewed and approved by the Board of Directors in March 2013, updated in May 2013, and approved again as part of the Operational Plan in March 2014 and March 2015. The Financial Strategy has been considered by the Finance Infrastructure and Business Development Committee, and adopted by the Trust Board. The Financial Strategy as adopted in March 2013 supported the updated five year Integrated Business Plan, which was formally approved by the Board in September 2012, and identified clear plans for the longer term use of resources to meet the organisational objectives and the financial demands generated by the prevailing economic climate. **This Strategy was most recently updated as part of the submission of the 2016-17 Operational Plan, and now includes detailed plans for delivery of service and financial objectives to March 2017.** The financial position is reviewed on a monthly basis through the Finance Infrastructure and Business Development Committee, through the

Corporate Decisions Team and through the Board of Directors. The Financial Delivery Plan is reviewed on a monthly basis by the Finance Infrastructure and Business Development Committee, for both the deliverability and impact of the overall plan and individual schemes. The Trust Board receives an update on the Financial Delivery Plan at each meeting. On-going plans for financial delivery have been developed through **the Transforming Services Programme and Groups**, and reviewed through the Corporate Decisions Team and the Trust Board. An integrated approach has been taken to financial delivery with resources allocated in line with the Trust Service Development Strategy. Financial and Service Delivery Plans are integrally linked with Workforce Development Plans, which are in place for each Group. Each Group reviews its own performance on its contribution to the Trust Financial Delivery Plan at its monthly Operational Management Group. The Foundation Trust actively benchmarks its performance, through a range of local, consortium based and national groups.

Internal Audit provides regular review of financial procedures on a risk based approach, and the outcomes of these reviews are reported through the Audit Committee. The Internal Audit Plan for the year is approved on an annual basis by the Audit Committee, and the Plan is derived through the consideration of key controls and required assurances as laid out in the Trust Assurance Framework. **The Audit Committee have received significant assurance on all key financial systems through this process.**

6 Information Governance

The Foundation Trust also has effective arrangements in place for Information Governance with performance against the Information Governance Toolkit reported through the **Caldicott Health Informatics Group, Quality and Performance Committee** and the Corporate Decisions Team. The Foundation Trust has put in place a range of measures to manage risks to data security. **Version 13 of the Toolkit was released in May 2015 and has met the required standard of level 2 across all key standards in the Information Governance Toolkit.**(Final submission 31st March 2016)

Darren to update:

The Trust has had ?? incident during the current year classified at level 2 in the Governance Incident Reporting Tool. In this incident -----. This was reported to the Information Commissioner -----. In response -----.

7 Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

2015/16 is the 7th year of developing of Quality Accounts/Report for Northumberland, Tyne and Wear NHS Foundation Trust. The Trust has built on the extensive work undertaken to develop the Trust Integrated Business Plan and has drawn on the various guidance published in relation to Quality Accounts.

The Trust has drawn upon service user and carer feedback as well as the Council of Governors to inform the Quality Account/Report. We have also listened to partner feedback on areas for improvement and our response to these are incorporated in the 2015-16 Quality Account.

Whilst the national requirement is to set annual priorities the Trust has established 3 overarching Quality Goals which span the life of the Integrated Business Plan, ensuring our annual priorities enable us to continually improve upon the three elements of quality: Patient Safety, Clinical Effectiveness and Patient Experience as shown in the table below.

Goal	Description
Safety	Reduce incidents of harm to patients
Experience	Improve the way we relate to patients and carers
Effectiveness	Ensure the right services are in the right place at the right time for the right person

Our Quality Governance arrangements are set out in section 4 of the Annual Governance Statement. The Executive Director of Commissioning and Quality Assurance has overall responsibility to lead the production and development of the Quality Account/Report. A formal review process was established, the Quality Account/Report drafts were formally reviewed through the Trust governance arrangements (Corporate Decisions Team, Quality and Performance Committee, Audit Committee, Council of Governors and Board of Directors) as well as being shared with partners.

The Trust has put controls in place to ensure the accuracy of the data used in the Quality Account/Report. These controls include:

- Trust policies on quality reporting, key policies include:
 - NTW (O) 05 Incident Policy (including the management of Serious Untoward Incidents)
 - NTW (O) 07 Comments, Compliments and Complaints Policy
 - NTW(O)09 - Management of Records Policy
 - NTW(O)26 - Data Quality Policy
 - NTW(O)28 – Information Governance Policy
 - NTW(O)34 - 7 Day Follow Up
 - NTW(O)62 - Information Sharing Policy
- Systems and processes have been further improved across the Trust during 2015-16 with the continued expansion of the near real-time

dashboard reporting system, reporting quality indicators at every level in the Trust from patient/staff member to Trust level.

- The Trust has training programmes in place to ensure staff have the appropriate skills to record and report quality indicators. Key training includes:
 - Electronic Patient Record (RiO)
 - Trust Induction
 - Information Governance
- The Trust audit plan includes a rolling programme of audits on quality reporting systems and metrics.
- The Internal Audit Plan is fully aligned to the Trust's Corporate Risk Register and Assurance Framework, and integrates with the work of clinical audit where this can provide more appropriate assurance.
- In 2010 the Trust supported Monitor in the development of a Quality Governance Framework. The Quality and Performance Committee reviews performance against Monitor's published Quality Governance Framework on a quarterly basis.
- The Foundation Trust has a near real-time reporting system which connects all our business critical systems. The system presents information at varying levels enabling board to patient drill down. It is accessible by all Trust staff.

Through the engagement and governance arrangements outlined above the Trust has been able to ensure the Quality Account/Report provides a balanced view of the Organisation and appropriate controls are in place to ensure the accuracy of data.

8 Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, the counter fraud team, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Trust Board, the Audit Committee, and the Foundation Trust governance committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Performance and Assurance Framework provide me with evidence that the effectiveness of controls in place to manage the risks associated with achieving key organisational objectives have been systematically reviewed. Internally I receive assurance through the operation of a governance framework as described above, including the Trustwide Governance Structure, Group level governance structures, internal audit reviews and the Audit Committee.

My review is also informed by (i) On-going registration inspections and Mental Health Act reviews by the Care Quality Commission (ii) the National Health Service Litigation Authority, having achieved 100% at Level I for the Risk Management Standards for Mental Health and Learning Disability, (iii) External Audit, (iv) NHS England (v) Monitor's ongoing assessment of the Foundation Trust's performance, (vi) on-going review of performance and quality by our Commissioners and **vii) the external assessment of the Trust's governance arrangements using the Well Led Framework through 2015-16, supported by Deloitte.**

Throughout the year the Audit Committee has operated as the key standing Committee of the Trust Board with the responsibility for assuring the Board of Directors that effective processes and systems are in place across the organisation to ensure effective internal control, governance and risk management. The Audit Committee is made up of three Non-Executive Directors, and reports directly to the Board of Directors. The Committee achieves its duties through:

- Consideration of the systems and processes in place to maintain and update the Assurance Framework, and consideration of the effectiveness and completeness of assurances that documented controls are in place and functioning effectively.
- Scrutiny of the corporate governance documentation for the Foundation Trust.
- The agreement of external audit, internal audit and counter fraud plans and detailed scrutiny of progress reports. The Audit Committee pays particular attention to any aspects of limited assurance, any individual areas within reports where particular issues of risk have been highlighted by internal audit, and on follow up actions undertaken. Discussions take place with both sets of auditors and management as the basis for obtaining explanations and clarification.
- Receipt and detailed scrutiny of reports from the Foundation Trust's management concerning the governance and performance management of the organisation, where this is considered appropriate.
- Review of its own effectiveness against national best practice on an annual basis. The terms of reference for the committee were adopted in line with the requirements of the Audit Committee Handbook and Monitor's Code of Governance.

The Trust Board itself has a comprehensive system of performance reporting, which includes analysis against the full range of performance and compliance standards, **regular** review of the Assurance Framework and Corporate Risk Register , ongoing assessment of clinical risk through review of complaints, SUIs, incidents, and lessons learned. The Quality and Performance Committee receives a regular update on the performance of clinical audit. **The Board of Directors also considers periodically a review of unexpected deaths which includes a comparison with national data, when available.**

There are a number of processes and assurances that contribute towards the system of internal control as described above. These are subject to continuous review and assessment. The Assurance Framework encapsulates the work that has been undertaken throughout the year in ensuring that the Board of Directors has an appropriate and effective control environment. This has identified no significant gaps in control and where gaps in assurance have been identified, actions are in place to ensure that these gaps are addressed.

9 Conclusion

My review confirms that Northumberland Tyne and Wear NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. No significant internal control issues have been identified.

..... Chief Executive Officer
(on behalf of the Board)
.....