

Council of Governors General meeting (held in public)

06 November 2018, 14:30 to 16:00
Conference Rooms 1, 2 and 3, Walkergate
Park.

Agenda

1. Welcome and Introductions

Verbal
Ken Jarrold, Chair

2. Apologies for absence

Verbal
Ken Jarrold, Chair

3. Minutes for approval

Verbal
Ken Jarrold, Chair



3. Council of Governor Mins 11 September 2018 draft
WP.pdf (6 pages)

4. Matters arising not included on the agenda

Verbal
Ken Jarrold, Chair

5. Declarations of Interest

Verbal
Ken Jarrold, Chair



Business Items

6. Chair's Report

Verbal
Ken Jarrold, Chair

7. Chief Executive's Report

Information
John Lawlor, Chief Executive

-  7.1 VERSION 2 CE Report Oct 2018 FINAL.pdf (5 pages)
-  7.2 VERSION 2 Appendix 1. NHSE | Joint Planning Update Letter.pdf (5 pages)

8. **Governors' Questions**

Note: Questions relating to the agenda and papers may be asked at the meeting.

Verbal

Ken Jarrold, Chair

For issues not covered by this meeting, questions must be submitted at least 3 working days in advance by emailing corporateaffairs@ntw.nhs.uk

9. **Non-Executive Director re-appointment**

Verbal/Decision

Ken Jarrold/Margaret Adams,
Co-Chairs, Nominations Committee

10. **Lead Governor re-appointment**

Verbal/Discussion

Ken Jarrold/Margaret Adams,
Co-Chairs, Nominations Committee

11. **Council of Governors Elections**

Information






Ken Jarrold

Break if required

12. **External Audit Engagement letters and Specific Services Agreements**

Information

Ken Jarrold

-  12. External Audit Engagement letters and Specific Services Agreements.pdf (1 pages)
-  12.1 201819 NHS FT Engagement Letter (Audit) - NTW.pdf (2 pages)
-  12.2 201819 NHS FT SSA (Audit) - NTW group.pdf (9 pages)
-  12.3 201819 NHS FT Engagement Letter (QR) - NTW.pdf (2 pages)
-  12.4 201819 NHS FT SSA (QR) - NTW.pdf (5 pages)

Governor Feedback, including:

13. **Feedback from Governor Representatives on Board Committees**

- | | | |
|--------------|--|--|
| 13.1. | Feedback from Resource and Business Assurance Committee | Verbal
Victoria Bullerwell & Bob Waddell,
Governor Representatives |
| 13.2. | Feedback from Audit Committee | Verbal
Victoria Bullerwell, Governor
Representative |
| 13.3. | Feedback from Quality and Performance Committee | Verbal
Margaret Adams & Anne Carlile,
Governor Representatives |
| 13.4. | Feedback from Mental Health Legislation Committee | Verbal
Fiona Grant & Lucy Reynolds,
Governor Representatives |
| 14. | Feedback from Governors Working Groups and Committees | Verbal
Committee Representatives/
Working Group Chairs |
| 14.1. | Update from the Nominations Committee | Verbal
Ken Jarrold/ Margaret Adams, |
| 14.2. | Update from the Governors Steering Group | Verbal
Ken Jarrold |
| 14.3. | Update from the Governors Quality Group | Verbal
Margaret Adams, Chair |
| 14.4. | Update from the Audit Working Group | Verbal
Victoria Bullerwell |
| 15. | Feedback from External Events and Meetings | |
| 15.1. | Feedback from the Governor Advisory Committee | |


Verbal
Anne Carlile

Items for information (discussion by exception only)


16. Board of Directors Minutes:

Information
Ken Jarrold, Chair

16.1. 25 July 2018

 16.1. 25 July 2018 - Public Board of Directors minutes Approved.pdf (7 pages)

16.2. 26 September 2018

 16.2 26 September 2018 - Public Board of Directors Minutes approved.pdf (7 pages)

17. Any other business

Ken Jarrold, Chair

18. Date, time and venue of next meeting:

The next Council of Governors meeting held in public
Tuesday, 5 March 2019, 10 am to 12 noon. Walkergate Park, Benfield Road,
Newcastle, NE6 4QD.

Ken Jarrold, Chair

**Council of Governors Meeting (held in public)
Tuesday, 11 September 2018, 10.00 am – 12.00 pm
Conference Rooms, Walkergate Park, Newcastle**

DRAFT Minutes

Present:

Ken Jarrold	Chair
Margaret Adams	Public Governor, South Tyneside
Victoria Bullerwell	Staff Governor, Non-Clinical
Anne Carlile	Carer Governor, Adult Services
Alexis Cleveland	Non-Executive Director and Deputy Chair
Fiona Grant	Service User Governor, Adult Services (Lead Governor)
Cllr Margaret Hall	Local Authority Governor, North Tyneside
Cath Hepburn	Public Governor, North Tyneside
Diane Kirtley	Carer Governor, Neuro Disability Services
Cllr Felicity Mendelson	Local Authority Governor, Newcastle City Council
Annie Murphy	Community & Voluntary Services Governor
Denise Porter	Community & Voluntary Services Governor
Lisa Quinn	Executive Director of Commissioning and Quality Assurance
Bill Scott	Public Governor, Northumberland

In Attendance:

Jennifer Cribbes	Corporate Affairs Manager
John Lawlor	Chief Executive
Wendy Pinkney	Corporate Affairs Officer (notes)
Caroline Wild	Deputy Director, Communications and Corporate Relations

Public/Governor Support: Nil

Apologies:

Dr Les Boobis	Non-Executive Director
Colin Browne	Carer Governor, Older People's Services
James Duncan	Deputy Chief Executive/Executive Director of Finance
Cllr Audrey Huntley	Local Authority Governor, South Tyneside
Martin Cocker	Non-Executive Director
Lynne Shaw	Acting Executive Director of Workforce and Organisational Development
Cllr Veronica Jones	Local Authority Governor, Northumberland County Council
Prof Daniel Nettle	Newcastle University Governor
Gary O'Hare	Executive Director of Nursing and Operations
Lucy Reynolds	Service User Governor, Neurological Services
Bob Waddell	Staff Governor, Non Clinical
Jack Wilson	Service User Governor, Children and Young People's Services
Cheryl Wright	Public Governor, Gateshead

Item	Discussion
97/18	<p>Welcome and Introductions Ken Jarrold, Chair, welcomed everyone to the meeting, including new Community and Voluntary Sector Governor, Annie Murphy and a round of introductions followed.</p>
98/18	<p>Apologies for absence Apologies for absence were received as recorded above.</p>
99/18	<p>Council of Governors - Minutes for approval The minutes of the meeting of 17 May 2018 were approved as an accurate and true record, with no amendments required.</p>
100/18	<p>Matters arising not included on the agenda None.</p>
101/18	<p>Declarations of interest – None stated.</p>
102/18	<p>Chair’s Report Ken Jarrold spoke of the following:</p> <ul style="list-style-type: none"> • Democracy – Ken referred to his recent message in the Governors’ membership bulletin about the importance of democracy and good governance. He highlighted the need to identify strong governor candidates in the upcoming governor elections to compliment the present Council of Governors. • Visits – Ken advised that he had visited a number of services around the Trust and highlighted examples of good practice. • Retired Staff – Ken spoke of a recent meeting with 89 year old Dr Hamish McLelland, who had conveyed to him a very interesting Trust history.
103/18	<p>Chief Executive’s report</p> <p>Trust Updates:</p> <ul style="list-style-type: none"> • Annual Members’ meeting (AMM) John Lawlor commented on this year’s AMM, celebrating 70 years of the NHS and the welcome attendance of guest speaker, Ethel Armstrong. • Human Factors Training John outlined the reason for the training sessions and the ongoing work in relation to investigations. He further highlighted the importance of ensuring that the correct methodology is embedded through ongoing support and supervision. Margaret Adams requested a presentation to the Quality Group. Action: Dr Uri Torres to be approached to present at a future meeting. • Project Choice Graduation John advised that he had attended the graduation, involving 23 graduates who had completed the programme during the last academic year. This was in partnership with three other Trusts and two local authorities, resulting in a significant number securing employment or apprenticeships.

NTW had supported 15 placements. John explained it had helped to reduce stigma and allow a better understanding of autism/learning difficulties.

Regional Updates:

- **Northumberland Transformation Board**

John gave an update on the ongoing work in Northumberland, stating that NTW had participated fully in the review, with a subsequent workshop mutually agreeing two development priorities for consideration. A further workshop is scheduled for September prior to a formal approach to the regulators in October 2018.

- **Colloquium**

John outlined the 10th in a series of meetings unique to Newcastle, where issues surrounding examples of cases presented by medical and legal professionals involving children, young people and families, prompted interdisciplinary debate.

- **Integrated Care System (ICS) Mental Health Steering Group**

John stated he had attended the latest steering group meeting involving seven priority area working group sponsors. John had presented an update on governance arrangements and plans to progress the ICS footprint across the North East and North Cumbria. He added that both James Duncan and Rajesh Nadkarni were heavily involved in the process.

- **Care Environment Development and Reform (CEDAR) Programme Board**

John informed members that work is ongoing to take forward the CEDAR programme involving Adult in-patients in Newcastle and Gateshead, and Newcastle Older People's In-Patients Services. Due to delays, interim moves are being planned plus refurbishment of buildings. The capital bid has been approved with the next stage being national consideration.

National Updates:

- **How Good is the NHS?**

John spoke to the NHS report, highlighting strengths and weaknesses identified through analysis. Issues around physical health have been identified, as well as other factors such as housing, employment and education.

- **National Pay Awards**

John explained that there had been a big reaction from staff, with issues being raised involving lower grade staff and subsequent difficulties.

Discussion ensued around Agenda for Change (A4C) pay scales, funding and the impact on our subsidiary company, NTW Solutions.

John confirmed that the Board had honoured the award for the subsidiary company for this year. John added that there was automatic payment to everyone on ESR, including NTW Solutions staff, but confirmation had not been received that the additional monies will be recovered.

104/18	<p>Governors' Questions No Governors' questions were received.</p>
105/18	<p>Cumbria Update Lisa Quinn provided a verbal update and advised that NTW has been asked to support Cumbria Partnership NHS Foundation Trust (CPFT) in relation to determining the future of mental health and learning disabilities services in Cumbria</p> <p>Lisa advised that due diligence work was being carried out relating to proposals for either strategic relationships to be formed or a transfer of some services to NTW.</p> <p>Discussion ensued around population size, public consultations and workforce arrangements.</p> <p>John Lawlor stated that Gary O'Hare, Executive Director of Nursing and Operations, has been working part-time with Cumbria partnerships to build a good relationship with frontline staff, and arrangements are in place to cover Gary's NTW work.</p> <p>Lisa advised that a further update in relation to the final proposal will be given at the Council of Governors' November or December meeting.</p>
106/18	<p>Governor Elections Ken Jarrold stated that at the Nominations Committee held on 16 August, the vacant positions for the upcoming Governor Elections were reviewed and actions were assigned to determine current governors' intentions to re-stand, and also to encourage governors to support promotion of the vacancies to Trust members in their constituencies.</p>
107/18	<p>Lead Governor Appointment Caroline Wild spoke to her paper, advising that nominations to the role must be received by 11 October. Discussion ensued around appointing a Deputy Lead Governor and it was agreed that the present Lead Governor had sufficient support mechanisms in place via chairs of the sub groups.</p>
108/18	<p>Terms of Reference for Governor Groups</p> <p>Audit Working Group Accepted with no amendments.</p> <p>Quality Group It was noted that Item 4. in Key Responsibilities should read, 'The Group will maintain a relationship with the Trust Quality and Performance Committee (Q&P) via attendance at the Q&P Committee.'</p> <p>Action: The Terms of Reference of both groups were approved.</p>
109/18	<p>Extension of External Audit Contract and proposal for a new External Audit Tender Process</p> <p>Caroline Wild spoke to the enclosed report that proposed the extension of Mazars' contract for a further 12 months until 1 June 2019. It was advised that</p>

	<p>the governors working group would be undertaking an external audit tender process with a view to a new contract being awarded from 1 June 2019.</p> <p>Action: Agreed.</p> <p>The Council was further advised that Martin Cocker, the Trust's Audit Committee Chair, will be leaving his post on 31 December 2018.</p>
110/18	<p>Governor Feedback, including:</p> <p>a) Feedback from Governor representatives on Board Committees:</p> <ul style="list-style-type: none"> • RBAC – Victoria Bullerwell reported that the accounts had been reviewed with positive feedback received. • Audit Committee –Victoria Bullerwell reported no concerns were raised. • Q&P Committee - Margaret Adams and Anne Carlile reported there had been an excellent presentation on Talk First. <p>The Governor Representatives further thanked Ken Jarrold for changing the existing process in relation to committee papers and granting permission to enable Governor representatives to receive a full set of papers prior to attending a Sub-Committee of the Board.</p> <p>Mental Health Legislation – Fiona Grant reported that both the Chair and Non-Executive Director (NED) were very confident in their challenges around legal issues. It was also felt that the group prompts ideas for presentations to other groups.</p> <p>b) Committee and Working Groups Update, Working Group Chairs:</p> <ul style="list-style-type: none"> • Nominations Committee – Ken Jarrold and Margaret Adams reported the committee had discussed: <ul style="list-style-type: none"> - Governor elections - The appointment and re-appointment of two NEDs: <ul style="list-style-type: none"> (i) To replace Martin Cocker who is also chair of the Audit Committee (ii) To review Peter Studd's decision to stand again. (iii) Questions had been invited and it was recommended to proceed with the recruitment process in the next few weeks. • Quality Group – Margaret Adams reported on two presentations at the 23 August meeting from ReCoCo and Associate Directors of Trust CBUs. • Audit Working Group – No meeting held. • Steering Group – Ken Jarrold reported re. Governor elections above and agenda setting for 2019. <p>(iv) Feedback from Events/Meetings:</p> <ul style="list-style-type: none"> • Pharmacy Visit – Governors reported that this visit was excellent with Deidre the pharmacist robot being very well received. • Mental Health Panel Member Training – Two governors had expressed an interest but subsequently decided they could not meet the commitment. The panel is now complete. • NHS Providers – Effective Questioning and Challenge Training – Two governors were booked on the event held in Newcastle. Anne

	<p>Carlile had attended and felt it was very beneficial for governors, although acknowledged the expense to the Trust, for governors to attend.</p> <ul style="list-style-type: none"> • Governor Advisory Committee – Anne Carlile reported that she was one of the 8 out of 58 nominations who were successful and thanked the Council of Governors for their support in the process. The Lead Governor Network group also includes Fiona Grant. John Lawlor is also involved at a national level and commented on Anne’s recent excellent blog in NHS Providers news.
111/18	<p>Board of Directors Meeting Minutes</p> <p>The Council of Governors noted the Board minutes of: 25 April 2018 23 May 2018 27 June 2018</p>
112/18	<p>Any other business</p> <ol style="list-style-type: none"> a) Caroline Wild advised of receipt of a Freedom of Information letter containing three questions relating to the Council of Governors. Caroline stated that a reply had been sent via the Trust’s Freedom of Information Group and circulated copies to the meeting. b) John Lawlor notified the Council of possible media attention surrounding a death in Sunderland of a 62 year old female with the alleged 19 year old male perpetrator being known to Services. c) Ken Jarrold stated that it was Caroline’s last meeting and thanked her on behalf of the governors for all her hard work and commitment, and wished her all the best in her future role at Newcastle upon Tyne Hospitals NHS Foundation Trust.
113/18	<p>Close</p> <p>There being no further business to discuss, the Chair declared the meeting closed.</p>
<p>Dates, times and venues of next meetings:</p> <p>Council of Governors Engagement Session – Thursday, 11 October 2018 (2.00 – 4.00 pm) Conference Rooms, Walkergate Park</p> <p>Council of Governors Quality Sub-Group – Thursday, 25 October 2018 (9.30 am – 12.00 pm) Conference Room 1, Walkergate Park</p> <p>Council of Governors Meeting (held in Public) - Tuesday, 6 November 2018 (2.00 – 4.00 pm) Conference Rooms, Walkergate Park</p> <p>Council of Governors and Board of Directors joint meeting – Tuesday, 4 December 2018 (12.00 – 3.00 pm) Keswick House, St Nicholas’ Hospital</p>	

Northumberland, Tyne and Wear NHS Foundation Trust

Council of Governors Meeting

Meeting Date: 6 November 2018

Title and Author of Paper: Chief Executive's Report
John Lawlor, Chief Executive

Paper for Debate, Decision or Information: Information

Key Points to Note:

Trust update

1. Seasonal Flu vaccination uptake
2. Staff Survey
3. Senior Operations Team

Regional update

4. Clinical Waste Contract issues
5. ICS across North Cumbria and the North east (NCNE)

National update

6. NHS Providers Annual Conference and Exhibition 2018
7. NHSI and NHSE Joint Guidance on approach to planning
8. Department of Health and Social Care Planning Guidance for Brexit

Outcome required: For information

Chief Executive's Report

Trust updates

1. Seasonal flu vaccination uptake

The seasonal flu campaign commenced on the 1st October following a 1 week delay due to late delivery of the vaccines.

Currently as of 16/10/2018 26% of front line staff have been vaccinated either by attending one of the many clinics held around the Trust sites or by a peer vaccinator. Further clinics are now being held in the flu trailer, operational from 09.30am -3.30pm covering most Trust sites. There are 227 qualified staff including pharmacists who are trained as peer vaccinators in both inpatient and community services to provide vaccination to all staff.

2. Staff Survey

The staff survey commenced on 18 September 2018 and is being co-ordinated by Quality Health as we enter into the final year of a three year contract with them. A mixed method of delivery is again being adopted with staff in the north locality receiving paper copies along with inpatient areas in central and south localities. Estates and Facilities staff in NTW Solutions will also receive paper copies. All other staff will receive their survey via e-mail. The survey will run until 30 November 2018 at which time Quality Health will conduct a draw of all staff who have completed their survey for the chance to win £1,000. A verbal update on the current response rate will be provided at Trust Board.

3. Senior Operations Team

You will already be aware that Gary O'Hare is working across both NTW in his role of Executive Director of Nursing and Chief Operating Officer, and Cumbria Partnership FT as the Executive Director for Mental Health and Learning Disabilities.

Gary is currently spending two and a half days in each organisation and has put the following cover arrangements when he is not in the trust. Russell Patten, Deputy Chief Operating Officer will be covering his operational portfolio and Anne Moore has taken on the role of Deputy Director of Nursing and will be covering his Safer Care and Nursing portfolio. These arrangements are likely to be in place at least until the end of March 2019.

As well as these changes Jackie Jollands will be leaving her post as Group Nurse Director, North Locality to take on the important role of leading the CAMHS trailblazer work and provide senior support into managing down our Children and Young Peoples services waiting times.

With Jackie moving out of post Gary has taken the opportunity to review the Locality Groups composition and has agreed with Vida Morris, Group Nurse Director, South Locality that she will move to the North Locality. These changes will take effect from Monday the 5th of November 2018.

The Trust is currently in the process of recruiting to what will be the vacant Group Nurse Director for the South Locality.

Regional updates

4. Clinical Waste Contract issues

Around a month ago the Trust was informed of concerns regarding our clinical waste contractor Healthcare Environmental Services (HES). The concern was raised by the Environment Agency and at the time the company were working outside their permit for the storage of clinical waste on five out of six of their sites. As HES have been contracted to provide NHS clinical waste collections across the whole of the North East and Cumbria, NHS England and NHS Improvement had some concern regarding business continuity. As a result each Trust was asked to develop business continuity plans for the storage and handling of clinical waste.

The impact on NTW is far less than in acute services where the volume of clinical waste is huge in comparison; however NTW have developed a continuity plan that would allow us to increase the storage capacity for clinical waste should it be required. In addition to this the Trust are sending daily situation reports to NHS England and NHS Improvement who have set up a dedicated logistics team to help with any concerns.

5. ICS across North Cumbria and the North East (NCNE)

Work continues across the region to prepare for the development of an Integrated Care System (ICS) with the intention to move into 'shadow form' from April 2019. This follows support from NHS England for six STP areas across England to become part of an aspirant ICS programme.

System leaders across NCNE have been provided with an 11 week bespoke consultancy support (commissioned nationally from PwC) to aid system leaders to present a credible proposal to NHS England and NHS Improvement. This support is taking the form of facilitated workshops on issues such as population health management; primary care; and working with local authorities. These have been designed to help develop an operating model for the proposed ICS, which will then be set out in a report for the consideration of Trust Boards and CCG Governing Bodies in the New Year.

The pre-existing STP work streams continue to progress, with NTW senior staff heavily involved in a number of these, most particularly the mental health work stream; the learning disabilities workstream; as well as the enabling work streams covering workforce, digital technology and capital and estates.

National updates

6. NHS Providers Annual Conference and Exhibition 2018

On 9/10 October 2018 the NHS Providers Annual Conference took place in Manchester. Russell Patton (Deputy Chief Operating Officer) and Lynne Shaw (Acting Executive Director of Workforce and OD) attended on behalf of the Trust. The conference focussed on change and how we use innovation to drive transformation in the NHS. There were many examples of large and small scale changes and some of the breakout sessions were excellent and showcased diverse developments in all provider settings. There was extensive opportunity to network and connections were made with a number of individuals where it was thought their expertise could be of benefit to the future work in the Trust.

Amongst a wide range of speakers, there was a keynote address from Simon Stevens, NHS England's Chief Executive who outlined what the key priorities should be for the health and care system over the next decade. He outlined his vision for the future and what reforms and changes would be needed to accompany the additional funding and where this should be targeted to achieve the maximum impact.

There was also a keynote conversation with the Matt Hancock, Secretary of State for Health and Social Care who had pre-recorded an interview due to a prior commitment. In the interview he outlined how he sees his role, his priorities for the provider sector and how he thinks the NHS will need to transform.

The conference also coincided with World Mental Health Day and mental health was a major focus of discussions through the two days.

7. NHSI and NHSE Joint Guidance on Approach to Planning

NHSI and NHSE have issued guidance on expectation for operational and strategic planning for 2019/20 and beyond. It is expected that 2019/20 will be a transitional year with organisations submitting one year plans by April 2019, with systems submitting five year strategic plans by summer 2019. The guidance signals the end of provider control totals with a long term expectation that organisations will be required to breakeven.

It is expected that control totals will continue to operate in 2019/20 but be subject to a phased reduction. This will be associated with a reduction in Provider Sustainability Funding which will be increasingly moved into baselines. We will need to await the detail of this in planning guidance to be issued in November/December. This will also impact on the way organisations are assessed for use of resources-no details on this are yet available. The shift to system planning will be challenging, and again we will need to see the detailed guidance to understand on what basis such planning will be undertaken.

The Board are asked to note the contents and timescales in the attached letter (Appendix 1). Our outline approach to this will be presented to the November Board, with a full approach presented to the January Board.

8. Department of Health and Social Care Planning Guidance for Brexit

The Department of Health and Social Care has started to issue guidance on planning for a no-deal Brexit. Recent Guidance has included a technical notice on recognition of professional qualifications, which highlights that in a no deal Brexit, the Mutual Recognition of Professional Qualifications (MRPQ) Directive will no longer apply to the UK.

The Government will develop a new recognition procedure for EEA professionals which will differ from existing arrangements (for example, automatic recognition and temporary access to regulated activities on the basis of a declaration will no longer be applicable). The government will work with the devolved nations and the regulatory bodies to ensure a UK-wide system of recognition. The notice sets out that:

- EEA professionals (including UK nationals holding EEA qualifications) who are already established and have received a recognition decision in the UK, will not be affected and their existing recognition decision will remain valid.
- EEA professionals (including UK nationals holding EEA qualifications) who have not started an application for a recognition decision in the UK before exit will be subject to future arrangements, which will be published before exit day.

- EEA professionals (including UK nationals holding EEA qualifications) who have applied for a recognition decision and are awaiting a decision on exit day will, as far as possible, be able to conclude their applications in line with the provisions of the MRPQ Directive.

The second area of guidance concerns the EU Settlement Scheme pilot: applicant eligibility. A new phase of the EU Settlement Scheme pilot will open on 1 November 2018 and will run until 21 December 2018. Those working in the health and social care sectors are eligible to take part, if they are either a resident EU citizen or a non-EU citizen family member of an EU citizen with a biometric residence card.

The Secretary of State has also written to all Trust Chief Executives to advise of the requirements to ensure continuity of supply of goods and services in the event of a no deal Brexit. A pack of materials has been received by each Trust's Head of Procurement, including a self-assessment methodology to use to identify contracts that may be impacted by EU exit.

The letter asks for the appointment of a board-linked Senior Responsible Officer to oversee this work and a summary of contracts deemed highly impacted, with mitigating activities, by 30 November. The pack also includes a list of categories and suppliers that are being managed by DHSC, such as the supply of medicines. James Duncan will be the Senior Responsible Officer for this work.



To:
CCG AO
Trust CE

CC:
NHS Improvement and England Regional Directors
NHS Improvement and England Regional Finance Directors

**NHS Improvement
and NHS England**
Wellington House
133-155 Waterloo Road
London SE1 8UG

020 3747 0000

www.england.nhs.uk

www.improvement.nhs.uk

Publications Gateway Reference 08559

16 October 2018

Approach to planning

The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4% - and so we now have enough certainty to develop credible long term plans. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018.

To secure the best outcomes from this investment, we are overhauling the policy framework for the service. For example, we are conducting a clinically-led review of standards, developing a new financial architecture and a more effective approach to workforce and physical capacity planning. This will equip us to develop plans that also:

- improve productivity and efficiency;
- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

This letter outlines the approach we will take to operational and strategic planning to ensure organisations can make the necessary preparations for implementing the NHS Long Term Plan.

Collectively, we must also deliver safe, high quality care and sector wide financial balance this year. Pre-planning work for 2019/20 is vitally important, but cannot distract from operational and financial delivery in 2018/19.

Planning timetable

We have attached an outline timetable for operational and strategic planning; at a high-level. During the first half of 2019-20 we will expect all Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to develop and agree their strategic plan for improving quality, achieving sustainable balance and delivering the Long Term Plan. This will give you and your teams sufficient time to consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement; and to engage with patients, the public and local stakeholders before finalising your strategic plans.

Nonetheless, it is a challenging task. We are asking you to tell us, within a set of parameters that we will outline with your help, how you will run your local NHS system using the resources available to you. It will be extremely important that you develop your plans with the proper engagement of all parts of your local systems and that they provide robust and credible solutions for the challenges you will face in caring for your local populations over the next five years. Individual organisations will submit one-year operational plans for 2019/20, which will also be aggregated by STPs and accompanied by a local system operational plan narrative. Organisations, and their boards / governing bodies, will need to ensure that plans are stretching but deliverable and will need to collaborate with local partners to develop well-thought-out risk mitigation strategies. These will also create the year 1 baseline for the system strategic plans, helping forge a strong link between strategic and operational planning. We will also be publishing 5-year commissioner allocations in December 2018, giving systems a high degree of financial certainty on which to plan.

We are currently developing the tools and materials that organisations will need to respond to this, and the timetable sets out when these will be available.

Payment reform

A revised financial framework for the NHS will be set out in the Long Term Plan, with detail in the planning guidance which we will publish in early December 2018. A number of principles underpinning the financial architecture have been agreed to date, and we wanted to take this opportunity to share these with you.

Last week we published a document on [‘NHS payment system reform proposals’](#) which sets out the options we are considering for the 2019/20 National Tariff.

In particular, we are seeking your engagement on proposals to move to a blended payment approach for urgent and emergency care from 2019/20. The revised approach will remove, on a cost neutral basis, two national variations to the tariff: the marginal rate for emergency tariff and the emergency readmissions rule, which will not form part of the new payment model. The document will also ask for your views on other areas, including price relativities, proposed changes to the Market Forces Factor and a proposed approach to resourcing of centralised procurement. As in

previous years, these proposals would change the natural 'default' payment models; local systems can of course continue to evolve their own payment systems faster, by local agreement.

We believe that individual control totals are no longer the best way to manage provider finances. Our medium-term aim is to return to a position where breaking even is the norm for all organisations. This will negate the need for individual control totals and, in turn, will allow us to phase out the provider and commissioner sustainability funds; instead, these funds will be rolled into baseline resources. We intend to begin this process in 2019/20.

However, we will not be able to move completely away from current mechanisms until we can be confident that local systems will deliver financial balance. Therefore, 2019/20 will form a transitional year, in which we will set one year, rebased, control totals. These will be communicated alongside the planning guidance and will take into account the impact of distributional effects from any policy changes agreed post engagement in areas such as price relativities, the Market Forces Factor and national variations to the tariff.

In addition to this, we will start the process of transferring significant resources from the provider sustainability fund into urgent and emergency care prices. The planning guidance will include further details on the provider and commissioner sustainability funds for 2019/20.

Incentives and Sanctions

From 1 April 2019, the current CQUIN scheme will be significantly reduced in value with an offsetting increase in core prices. It will also be simplified, focussing on a small number of indicators aligned to key policy objectives drawn from the emerging Long Term Plan.

The approach to quality premium for 2019/20 is also under review to ensure that it aligns to our strategic priorities; further details will be available in the December 2018 planning guidance.

Alignment of commissioner and provider plans

You have made significant progress this year in improving alignment between commissioner and provider plans in terms of both finance and activity. This has reduced the level of misalignment risk across the NHS. We will need you to do even more in 2019/20 to ensure that plans and contracts within their local systems are both realistic and fully aligned between commissioner and provider; and our new combined regional teams will help you with this. We would urge you to begin thinking through how best to achieve this, particularly in the context of the proposed move to blended payment model for urgent and emergency care.

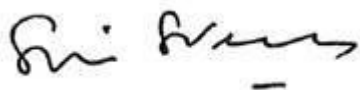
Good governance

We are asking all local systems and organisations to respond to the information set out in this letter with a shared, open-book approach to planning. We expect boards and governing bodies to oversee the development of financial and operational plans, against which they will hold themselves to account for delivery, and which will be a key element of NHS England's and NHS Improvement's performance oversight. Early engagement with board and governing bodies is critical, and we would ask you to ensure that board / governing body timetables allow adequate time for review and sign-off to meet the overall timetable.

The planning guidance, with confirmation of the detailed expectations, will follow in December 2018. In the meantime, commissioners and providers should work together during the autumn on aligned, profiled demand and capacity planning. Please focus, with your local partners, on making rapid progress on detailed, quality impact-assessed efficiency plans. These early actions are essential building blocks for robust planning, and to gauge progress we will be asking for an initial plan submission in mid-January that will be focussed on activity and efficiency (CIP / QIPP) planning with headlines collected for other areas.

Thank you in advance for your work on this.

Yours sincerely



Simon Stevens
Chief Executive
NHS England



Ian Dalton
Chief Executive
NHS Improvement

Annex

Outline timetable for planning	Date
NHS Long Term Plan published	Late November / early December 2018
Publication of 2019/20 operational planning guidance including the revised financial framework	Early December 2018
Operational planning	
Publication of <ul style="list-style-type: none"> • CCG allocations for 5 years • Near final 2019/20 prices • Technical guidance and templates • 2019/20 standard contract consultation and dispute resolution guidance • 2019/20 CQUIN guidance • Control totals for 2019/20 	Mid December 2018
2019/20 Initial plan submission – activity and efficiency focussed with headlines in other areas	14 January 2019
2019/20 National Tariff section 118 consultation starts	17 January 2019
Draft 2019/20 organisation operating plans	12 February 2019
Aggregate system 2019/20 operating plan submissions and system operational plan narrative	19 February 2019
2019/20 NHS standard contract published	22 February 2019
2019/20 contract / plan alignment submission	5 March 2019
2019/20 national tariff published	11 March 2019
Deadline for 2019/20 contract signature	21 March 2019
Organisation Board / Governing body approval of 2019/20 budgets	By 29 March
Final 2019/20 organisation operating plan submission	4 April 2019
Aggregated 2019/20 system operating plan submissions and system operational plan narrative	11 April 2019
Strategic planning	
Capital funding announcements	Spending Review 2019
Systems to submit 5-year plans signed off by all organisations	Summer 2019

Northumberland, Tyne and Wear NHS Foundation Trust
Council of Governors Meeting

Meeting Date: Tuesday, 6 November 2018

Title and Author of Paper:

Extension of External Audit Contract – Mazars LLP

Martin Cocker, Audit Committee Chair and Victoria Bullerwell, Governor Representative.

Paper for Debate, Decision or Information: Information

Why is this paper coming to the Council of Governors?

Appointing External Auditors is a duty of the Council of Governors. The Council of Governors, at its meeting held on 11 September 2018, approved the re-appointment of the current Trust auditors, Mazars LLP, for a further 12 months to end on 1st June 2019.

Enclosed are the engagement letters and specific service agreements in respect of the work they will conduct as external auditors of the Trust and the work they will conduct to provide limited assurance on the Trust's Quality Report.

Council of Governors
Northumberland, Tyne & Wear NHS Foundation
Trust
St Nicholas Hospital
Jubilee Road
Gosforth
Newcastle upon Tyne
NE3 3XT

Our ref
Direct line +44 (0)191 383 6300
Email gareth.davies@mazars.co.uk

3 October 2018

Dear Sir/Madam

Engagement Pack

This letter is to thank Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) for using Mazars LLP as its external auditor and to briefly explain the content of this letter and its enclosures (together the “engagement pack”). The engagement pack sets out the scope of the services we will perform for the Trust as well as the terms upon which the services are performed.

Service agreements

In order to provide the level of service you require it is important that we set out the work we are to perform, our respective rights, obligations and responsibilities as well as the information and support we need from you.

These details will vary depending on the type of work we are undertaking on your behalf and we have set these out in the enclosures to this letter.

In the future, when we undertake any additional work for you, we will issue another specific service agreement to cover that additional work which should be read in conjunction with the engagement pack as a whole.

Limiting liability

We would draw your attention to the liability section of the enclosure entitled “specific service agreement” which sets out, where applicable, our limitation of liability in relation to the services.

General terms and conditions of business

Although we offer a range of services that vary in detail, our relationship with you and the work we undertake are governed by the same general terms and conditions. These are detailed in the enclosure entitled “general terms and conditions of business”. This forms part of and should be read in conjunction with the Engagement Pack as a whole.

Mazars LLP – Salvus House –Aykley Heads - Durham – DH1 5TS
Tel: +44 (0) 191 383 6300 – Fax: +44 (0) 191 383 6350 – www.mazars.co.uk

Mazars LLP is the UK firm of Mazars, an integrated international advisory and accountancy organisation. Mazars LLP is a limited liability partnership registered in England and Wales with registered number OC308299 and with its registered office at Tower Bridge House, St Katharine’s Way, London E1W 1DD.

Registered by the Institute of Chartered Accountants in England and Wales to carry out audit work.



Your service team

The following people are responsible for providing you with the service you require and can be contacted to deal with any questions or queries that you may have.

Name	Department/Title	Contact details (direct line & email)
Gareth Davies	Public Interest Entities/Partner	0191 383 6300 gareth.davies@mazars.co.uk
Campbell Dearden	Public Interest Entities/Manager	0191 383 6304 Campbell.dearden@mazars.co.uk
Elaine Hall	Public Interest Entities/Assistant Manager	0191 383 6300 or elaine.hall@mazars.co.uk

If you have any complaint about any aspect of our service that cannot be resolved to your satisfaction by this team, then you should bring the matter to the attention of the person named below.

Name	Department/Title	Contact details (direct line& email)
Jac Berry	Partner/Head of Quality	020 7063 4171 jac.berry@mazars.co.uk

Acceptance

If there is anything in the engagement pack with which you do not agree or wish to discuss, please do not hesitate to contact us. Otherwise, please could you sign and return to us one copy of the enclosure entitled "specific service agreement" to indicate your acceptance of its terms.

If you ask us to commence the provision of the services or allow us to continue to provide services after the delivery of this letter without your having objected to the terms contained in the engagement pack, then we shall be entitled to treat you as having accepted the terms contained in the engagement pack from the date upon which we began to provide the services.

We look forward to working with you and to a successful partnership.

Yours sincerely

**Gareth Davies (Partner)**

For and on behalf of Mazars LLP

Encs

Specific Service Agreement: Northumberland, Tyne and Wear NHS Foundation Trust (and Group) - External Audit

Description

Perform the audit of Northumberland, Tyne and Wear NHS Foundation Trust (the Trust) and Northumberland, Tyne and Wear NHS Foundation Trust Group (the Group) for the year ended 31 March 2019. Our audit will be conducted in accordance with the National Audit Office (NAO) Code of Audit Practice, which requires compliance with International Standards on Auditing (UK) (ISAs (UK)).

The financial statements are to be prepared in accordance with applicable law and International Financial Reporting Standards as adopted by the European Union, as interpreted and adapted by the Government Financial Reporting Manual (FRoM) as contained in the Department of Health and Social Care Group Accounting Manual (GAM), and the Accounts Direction issued under section 25(2) of Schedule 7 of the National Health Service Act 2006. The Annual Report is to be prepared in accordance with NHS Improvement's Annual Reporting Manual (ARM).

The terms of the Engagement are subject to our General Terms and Conditions of Business and our Engagement Letter, copies of which are enclosed (together the "**Engagement Pack**").

The attached Appendix forms part of and should be read in conjunction with this Specific Service Agreement.

The objective and scope of the audit

Our audit will be conducted in accordance with ISAs (UK) issued by the Financial Reporting Council (FRC). As part of an audit in accordance with ISAs (UK), we exercise professional judgement and maintain professional scepticism. These standards require that we comply with ethical requirements and plan and perform our audit to obtain reasonable, rather than absolute, assurance about whether the financial statements are free from material misstatement. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

We are also required to conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's/Group's ability to continue as a going concern. If we conclude a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained to cover twelve months from the date of signing the financial statements. However, future events or conditions may cause the Trust/Group to cease to continue as a going concern.

Because of the inherent limitations of an audit, together with the inherent limitation of internal control, there is an unavoidable risk that some material misstatements may not be detected, even though the audit is properly planned in accordance with ISAs (UK).

We may also provide the Trust/Group with advice where appropriate, on other matters that come to our attention during the audit, for example comments on deficiencies in the accounting records and suggestions for addressing them; errors identified in the accounting records or financial statements and suggestions for correcting them; advice on the accounting policies in use and on the application of current and proposed accounting standards; and providing other advice that is a by-product of the audit, as permitted by the Ethical Standards for Auditors issued by the FRC, with which we comply.

As part of our normal audit procedures, we may request you to provide written confirmation of oral

representations which we have received from you during the course of the audit on matters having a material effect on the financial statements. In connection with representations and the supply of information to us generally, we draw your attention to paragraph 2 of Schedule 10 of the 2006 Act under which it is an offence for a director or officer of the Trust without reasonable excuse to fail to give us such information and explanation as we think necessary for the purposes of our functions.

In order to assist us with the examination of the Trust's and Group's financial statements, we shall require sight of all documents or statements, including the directors' report, which are due to be issued with the financial statements. We are also entitled to attend all meetings of the Trust/Group and to receive notice of all such meetings.

The responsibility for the safeguarding of the Trust's/Group's assets and the prevention and detection of irregularities, fraud, error and non-compliance with law or regulations rests with the Directors. However, we shall try to plan our audit so that we have a reasonable expectation of detecting material misstatements in the financial statements or accounting records (including those resulting from irregularities, fraud, error or non-compliance with law or regulations) but our examination should not be relied upon to disclose all such material irregularities, fraud or errors or instances of non-compliance which may exist.

Once we have issued our report we have no further direct responsibility in relation to the financial statements for that financial period. However, we expect that you will inform us of any material event occurring between the date of our report and when your accounts are laid before Parliament which may affect the financial statements.

Should we agree to vary the scope of our work once this letter has been signed by you, we will issue a supplemental Specific Service Agreement clarifying the nature and extent of any agreed variations. In the absence of such a supplemental Specific Service Agreement, the terms set out herein shall apply.

We reserve the right to discuss and agree with you changes to the scope of our work should they become necessary following a change in legislation or circumstances.

Responsibilities of the Trust/Group, its directors and auditors

The Trust/Group and its directors are responsible for maintaining proper accounting records and preparing and approving financial statements which give a true and fair view and comply with the requirements of the NHS Act 2006 and any accounts directions issued under it. The directors are also responsible for making available to us, as and when required, all the Trust's/Group's accounting records and all other records and related information, including minutes of all Trust/Group Board and committee meetings. The directors must take all reasonable steps to make themselves aware of any relevant audit information and ensure we, as auditors, are aware of this information. We shall also be entitled to require from the Trust/Group staff such information and explanations as we think necessary for the performance of our duties.

Our audit will be conducted on the basis that management and where appropriate those charged with governance acknowledge and understand they have responsibility:

- for the preparation and fair presentation of the financial statements in accordance with the Directions made under paragraph 25(2) of Schedule 7 of the 2006 Act by NHS Improvement with the approval of Treasury, including selecting suitable accounting policies and then applying them consistently, making judgements and estimates that are reasonable and prudent, and preparing the financial statements on the going concern basis unless it is inappropriate to presume that the Trust/Group will continue to operate;
- for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- for preparing an annual report for each financial year complying in form and content with NHS Improvement's ARM;

- for undertaking its functions effectively, efficiently and economically; and
- to provide us with:
 - i. access to all information of which management is aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;
 - ii. additional information that we may request from management for the purpose of the audit;
 - iii. unrestricted access to persons within the Trust/Group from whom we determine it necessary to obtain timely audit evidence; and
 - iv. draft financial statements and any accompanying other information in time to allow us to complete the audit in accordance with the proposed timetable

We have a responsibility to report to the members whether in our opinion:

- the financial statements give a true and fair view of the state of the Trust's/Group's affairs for the year and whether they comply with the Directions made by NHS Improvement with the approval of Treasury under paragraph 25(2) of Schedule 7 to the 2006 Act; and
- proper practices have been observed in the compilation of the accounts.

We are also required to report on the following other matters:

- whether other information published together with the audited financial statements is consistent with the financial statements; and
- where required, whether the part of the remuneration and staff report to be audited has been properly prepared in accordance with the relevant accounting and reporting framework.

Other information published together with the audited financial statements covers material that the Trust/Group chooses or is required to provide alongside its financial statements. For example, the annual governance statement, a strategic report, a directors' report or an annual report or equivalent.

In arriving at our opinion we will consider the following matters and the implications for our report in respect of any matter which we are not satisfied whether:

- proper accounting records have been kept by the Trust/Group;
- the Trust's/Group's financial statements are in agreement with the accounting records; and
- we have been provided with all the information and explanations which we consider necessary for the purpose of our audit.

We are required under ISAs (UK) to include in our report the following information:

- a description of the most significant assessed risks of material misstatement (whether or not due to fraud), a summary of the auditor's response to those risks and where relevant, key observations arising with respect to those risks;
- an explanation of how we applied the concept of materiality in planning and performing our audit including disclosing the materiality threshold we used for the financial statements as a whole; and
- an overview of the scope of our audit, including an explanation of how the scope addressed each Key Audit Matter relating to one of the most significant risks of material misstatement disclosed and was influenced by our application of materiality.

Our report is made solely to the Council of Governors of the Trust, as a body, in accordance with 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work will be undertaken so that we might state to the Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, the audit report, or for the opinions we will form. The audit of the

financial statements does not relieve you of your responsibilities.

We have a professional responsibility to report if the financial statements do not comply in any material respect with applicable accounting standards, unless in our opinion the non-compliance is justified in the circumstances. In determining whether or not the departure is justified we consider:

- whether the departure is required in order for the financial statements to give a true and fair view; and
- whether adequate disclosure has been made concerning the departure.

Our professional responsibilities also include:

- including in our report a description of the directors' responsibilities for the financial statements where the financial statements or accompanying information does not include such a description;
- considering whether other information in documents containing audited financial statements is consistent with those financial statements; and
- considering whether other financial and non-financial information in documents containing audited financial statements is materially correct and materially consistent with the knowledge acquired by us in the course of performing audit.

We refer you to the relevant FRC bulletin on auditors' reports for the expected form and content of our auditor's reports. The form and content of our report may need to be amended in the light of our findings.

If you are uncertain about the significance of any matters which may affect this engagement it is important you bring them to our attention.

You agree that we can approach third parties as may be appropriate for information that we consider necessary to deal with the engagement.

Trust consolidation reports

The Trust is responsible for the preparation and submission of Trust consolidation reports (known as 'FTC' forms) in accordance with the ARM and GAM.

We are responsible for reporting whether the Trust consolidation reports are consistent with the audited financial statements of the Trust/Group. In reviewing the Trust consolidation reports we plan and perform our work to have a reasonable expectation of detecting information that contradicts information contained in the audited financial statements. We do not plan or perform our work to verify any information contained in the Trust consolidation reports that is not reported in the annual financial statements.

Whole of government accounts (WGA)

We are required to provide the Comptroller and Auditor General such information and explanations as they may reasonably require for the purposes of the audit of the WGA.

We shall undertake such procedures as specified by the NAO in group audit instructions issued to us and provide such report and such other information to the NAO as required by those instructions.

Scope of our audit: economy, efficiency, and effectiveness

In undertaking our work in respect of this objective we are not required to comply with auditing standards but will instead comply with the specific provisions of the Code of Audit Practice. We will undertake our work in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources in line with the requirements of the Code of Audit Practice and with regard to guidance issued by the NAO in the form of Auditor Guidance Notes. We will report by exception should we not be able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness.

Audit responsibilities in respect of the Annual Governance Statement (AGS)

We will review the AGS in accordance with the requirements of the Code of Audit Practice, and relevant guidance issued by the NAO.

Auditor's reports

We shall issue a report on the financial statements that contains:

- an opinion in the format specified in ISA 700 'The Auditor's Report on the Financial Statements', tailored appropriately for NHS Foundation Trusts; and
- a certificate of completion of the audit.

NHS Improvement has determined that compliance with the NHS Foundation Trust Code of Governance constitutes compliance with the UK Corporate Governance Code. As a result, as external auditors we are required to comply with the additional reporting requirements outlined in ISA 700 (revised).

The auditor's report will therefore include:

- a description of the assessed risks of material misstatement that we identified and which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team; and
- an explanation of how we applied the concept of materiality in planning and performing the audit. This includes the materiality level that has been applied to the financial statements as a whole. An overview of the scope of the audit, including an explanation of how the scope addressed the risks of material misstatement. In addition we also need to report by exception, in the auditor's report, on aspects of the UK Corporate Governance Code.

In particular we are required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable and whether the annual report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed.

Reporting in the public interest

Under paragraph 3 of Schedule 10 of the 2006 Act, we must consider whether, in the public interest, to report any matter arising either immediately or at the conclusion of our audit.

In preparing a report in the public interest we will, except in exceptional circumstances, allow individuals to answer any criticism that we propose to make, including via provision of copies of draft reports to the individuals concerned.

We will advise NHS Improvement in advance of any proposed report in the public interest.

Save in exceptional circumstances we will seek to reach agreement with directors on the circumstances giving rise to a report in the public interest. Save in exceptional circumstances we will send a copy of a report in the public interest to those charged with governance and to the Trust's governors.

Reporting to NHS Improvement

Under paragraph 6 of Schedule 10 to the 2006 Act, if we have reason to believe that the Trust or a director or officer of the Trust is about to make, or has made, a decision which involves or would involve the incurring of expenditure which is unlawful or is about to take, or has taken a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency, we must refer the matter at once to NHS Improvement.

In so far as is consistent with the proper exercise of our powers and where we consider it appropriate, we will give the Trust or individual concerned an opportunity to respond to the matters that give cause for concern.

Work on behalf of NHS Improvement

NHS Improvement may require us to undertake work on its behalf at the Trust. In this situation, a tripartite agreement between NHS Improvement, us and the NHS Foundation Trust will be agreed. This agreement, which will include details of the subsequent work and reporting arrangements, will be in accordance with the principles established in the guidance issued by the Institute of Chartered Accountants in England and Wales (ICAEW) in Audit 05/03: Reporting to Regulators of Regulated Entities.

Access

We have the right of access at all reasonable times to every document relating to the Trust which appears to us necessary for the purposes of our functions under Chapter 5 of Part 2 of the 2006 Act.

We shall have a right of access to the chair of the Audit Committee, the right to ask the chair to convene a meeting of the committee if necessary, and the right to attend audit committee meetings where relevant business is to be discussed.

Agreed fee

Our fee for the Services is £36,000 (plus VAT). Our stated fee has been calculated on the basis of the time that we have reasonably calculated will be required to provide the Services by our partners and staff, and on the levels of skill and responsibility involved. However should circumstances arise during the course of the audit which materially increase the time and resources required to complete the Services we shall be entitled to increase our stated fee accordingly. The circumstances that may result in the fee having to be increased are stated in the attached Appendix.

We will discuss such circumstances with you in order that they may be resolved in a timely manner and in order to agree in good faith a revised fee.

Our fees are due on the presentation of a fee note with late settlement of bills resulting in interest charges. We will invoice our fee in eight equal instalments of £4,500 (plus VAT) between November 2017 and June 2018.

We reserve the right to terminate our engagement and cease to act if the payment of our account is unduly delayed. However, it is not our intention to use these rights in any way which is unfair or unreasonable.

A change in auditor may incur additional costs for us in dealing with the requests of the newly appointed auditors. Such costs cannot be estimated in advance and will be based on the time and the hourly rates of the individuals involved. We reserve the right to pass these costs onto you and will advise you of any costs arising in this regard as soon as we become aware of such circumstances.

Planned time frame

We plan to commence our work on the financial statements in October 2018.

We plan to have finished our work on the financial statements in May 2019 to allow the Trust to meet required submission deadlines (subject to communicated delays). Our Annual Audit Letter to the Trust will be prepared in June 2019 and presented to the Annual Members Meeting in July 2019.

Communications to those charged with governance

ISA 260 (UK) "Communication of Audit Matters with Those Charged with Governance" requires auditors to communicate to those charged with governance matters of governance interest that come to the attention of the auditor during the audit process.

In making our risk assessments, we consider internal control relevant to the entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the financial statements that we have identified during the audit.

ISA 260 (UK) defines 'those charged with governance' as 'the person(s) or organisation(s) with responsibility for overseeing the strategic direction of the entity and obligations related to the accountability of the entity'. For Northumberland, Tyne and Wear NHS Foundation Trust and the Group, we have agreed that the appropriate addressee of communications from the auditor to those charged with governance is the Board of Directors.

Independence

We have policies and procedures in place which are designed to ensure that we carry out our work with integrity, objectivity and independence.

We have not identified and perceived threats to our objectivity or independence in carrying out your audit.

If at any time you have concerns or questions about our integrity, objectivity or independence please discuss these with the engagement partner.

If this does not deal with your concern to your satisfaction, please contact our Ethics Partner, Greg Hall at Tower Bridge House, St Katharine's Way, London E1W 1DD.

Distribution of annual reports

You are entitled to distribute the full annual reports, including our audit report, to such extent necessary to fulfil your statutory obligation without our prior permission.

No additional information should be included in the Annual Report that we have not seen.

Electronic publication and communication of financial statements and auditor's report

As auditors we acknowledge that the Trust may wish to publish its financial statements and the auditor's report on its website or distribute them by electronic means such as e-mail.

As directors you recognise responsibility for ensuring that any such publication properly presents the financial information and audit report. You also agree to advise us as your auditors of an intended electronic publication or communication before it occurs.

As directors you also recognise your responsibility to set up appropriate controls to prevent or detect quickly changes to the electronically published information. We are not responsible for reviewing these controls nor for keeping the information under review after it is first published. You acknowledge that it is your responsibility for the maintenance and integrity of electronically published information, and we accept no responsibility for changes made to any audited information after it is first posted.

You acknowledge that if we are not satisfied with the presentation of the audited financial statements and audit report, we have the right to request the presentation to be amended and we have the right to withhold consent to the electronic publication of our report or the financial statements if they are to be published in an inappropriate manner.

Where the financial statements are published electronically you consent to adding the following paragraph into the statement of directors' responsibilities within the financial statements: "The directors are responsible for the maintenance and integrity of the company's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions".

Retention of records

Whilst certain documents may legally belong to you, we intend to destroy correspondence and other papers that we store which are more than seven years old, other than documents which we consider to be of continuing significance. You must tell us if you require retention of a particular document.

Acceptance

You agree that you have fully considered the provisions of this section and all the other provisions of these terms including the General Terms and Conditions of Business attached and that they are reasonable in the light of all the factors relating to the engagement.

This agreement will continue indefinitely unless terminated in writing by either party. Any costs outstanding will be payable on presentation of our fee note.

I confirm my agreement, on behalf of Northumberland, Tyne and Wear NHS Foundation Trust (and Group), to this Engagement Pack and the enclosed Terms and Conditions of Business.

Signed:

Name:

Authorised for and on behalf of Northumberland, Tyne and Wear NHS Foundation Trust (and Group).

Date:

Northumberland, Tyne and Wear
10/22/2018 11:19:12

Appendix – Circumstances affecting time frame and agreed fee

Circumstances may arise during the engagement that may significantly increase the time and resources required to complete the Services. As a result, additional fees may be necessary. Such circumstances include but are not limited to the following:

1. Changes to the timing of the provision of the Services at your request. Timing for the audit will be agreed with you prior to its start. Changes to the timing of the Services usually require reassignment of members of staff and may involve us in significant unanticipated costs.
2. Complete audit schedules (a) are not provided by you on the date requested and/or (b) are not mathematically correct and/or (c) are not in agreement with the appropriate accounting records. We will provide you with a separate listing of required schedules and deadlines prior to the start of the audit.
3. Electronic files in a format to be agreed between us and containing the information requested by us is not provided by you on the date requested for our use in performing file interrogation. We will provide you with a separate listing of the required files and the dates the files are needed.
4. The quality of draft financial statements provided are such that the review time is increased from that which would reasonably be expected or more than two drafts requiring review are provided as a consequence of late changes, omissions or processing errors by you.
5. There is an insufficient or inadequate internal control environment or systems documentation, or weaknesses in the internal control structure which leads to the need for additional audit procedures to be performed.
6. Significant new issues or changes arise during the course of the audit as follows:
 - a. Significant new accounting issues that require an unusual amount of time to resolve.
 - b. Significant changes in accounting policies or practices from those used in prior years.
 - c. Significant changes or transactions that occur prior to the issuance of our reports.
 - d. Significant changes in your accounting personnel, their responsibilities, or their availability.
 - e. Significant changes in auditing requirements set by professional and regulatory bodies.
7. Deterioration in the quality of the accounting records during the current-year engagement in comparison with the prior-year engagement.
8. Failure to provide a trial balance in financial-statement format, which references to supporting detailed working papers (by general ledger account number). Failure by you to post all entries to the trial balance prior to our receiving it. Failure by you to prepare draft financial statements that agree with the trial balance and are internally referenced to supporting documentation (for notes and cash flow statements).
9. A significant level of proposed audit adjustments are identified during our audit
10. Changes in audit scope caused by events that are beyond our control.

Northumberland, Tyne and Wear
10/22/2018 11:19:12

Council of Governors
Northumberland, Tyne & Wear NHS Foundation Trust
St Nicholas Hospital
Jubilee Road
Gosforth
Newcastle upon Tyne
NE3 3XT

Our ref
Direct line +44 (0)191 383 6300
gareth.davies@mazars.co.uk
Email 3 October 2018

Dear Sir/Madam

Engagement Pack

This letter is to thank Northumberland, Tyne & Wear NHS Foundation Trust (the Trust) for using Mazars LLP to provide the limited assurance work on its Quality Report and to briefly explain the content of this letter and its enclosures (together the “engagement pack”). The engagement pack sets out the scope of the services we will perform for the Trust as well as the terms upon which the services are performed.

Service agreements

In order to provide the level of service you require it is important that we set out the work we are to perform, our respective rights, obligations and responsibilities as well as the information and support we need from you.

These details will vary depending on the type of work we are undertaking on your behalf and we have set these out in the enclosures to this letter.

In the future, when we undertake any additional work for you, we will issue another specific service agreement to cover that additional work which should be read in conjunction with the engagement pack as a whole.

Limiting liability

We would draw your attention to the liability section of the enclosure entitled “specific service agreement” which sets out, where applicable, our limitation of liability in relation to the services.

General terms and conditions of business

Although we offer a range of services that vary in detail, our relationship with you and the work we undertake are governed by the same general terms and conditions. These are detailed in the enclosure entitled “general terms and conditions of business”. This forms part of and should be read in conjunction with the Engagement Pack as a whole.

Mazars LLP – Salvus House –Aykley Heads - Durham – DH1 5TS
Tel: +44 (0) 191 383 6300 – Fax: +44 (0) 191 383 6350 – www.mazars.co.uk

Mazars LLP is the UK firm of Mazars, an integrated international advisory and accountancy organisation. Mazars LLP is a limited liability partnership registered in England and Wales with registered number OC308299 and with its registered office at Tower Bridge House, St Katharine’s Way, London E1W 1DD.

Registered by the Institute of Chartered Accountants in England and Wales to carry out audit work.



Your service team

The following people are responsible for providing you with the service you require and can be contacted to deal with any questions or queries that you may have.

Name	Department/Title	Contact details (direct line & email)
Gareth Davies	Public Interest Entities/Partner	0191 383 6300 gareth.davies@mazars.co.uk
Campbell Dearden	Public Interest Entities/Manager	0191 383 6304 Campbell.dearden@mazars.co.uk
Elaine Hall	Public Interest Entities/Assistant Manager	0191 383 6300 or elaine.hall@mazars.co.uk

If you have any complaint about any aspect of our service that cannot be resolved to your satisfaction by this team, then you should bring the matter to the attention of the person named below.

Name	Department/Title	Contact details (direct line& email)
Jac Berry	Partner/Head of Quality	020 7063 4171 jac.berry@mazars.co.uk

Acceptance

If there is anything in the engagement pack with which you do not agree or wish to discuss, please do not hesitate to contact us. Otherwise, please could you sign and return to us one copy of the enclosure entitled "specific service agreement" to indicate your acceptance of its terms.

If you ask us to commence the provision of the services or allow us to continue to provide services after the delivery of this letter without your having objected to the terms contained in the engagement pack, then we shall be entitled to treat you as having accepted the terms contained in the engagement pack from the date upon which we began to provide the services.

We look forward to working with you and to a successful partnership.

Yours sincerely



Gareth Davies (Partner)

For and on behalf of Mazars LLP

Encs

Specific service agreement: Northumberland, Tyne and Wear NHS Foundation Trust- External Assurance on the Quality Report

Description

Perform the external assurance review of Northumberland, Tyne and Wear NHS Foundation Trust's (the Trust) Quality Report for the year ended 31 March 2019.

We will complete the limited assurance procedures specifically required in the relevant guidance issued by NHS Improvement.

The terms of the engagement are subject to our General Terms and Conditions of Business and our Engagement Letter, copies of which are enclosed (together the "**Engagement Pack**").

Scope of our work

We will complete the limited assurance procedures set out in the guidance issued by NHS Improvement. This includes:

- reviewing the content of the quality report against the requirements set out in the NHS foundation trust '*Annual Reporting Manual*' 2018/19, supported by the quality accounts requirements in NHS Improvement's '*Detailed Requirements for Quality Reports*';
- reviewing the content of the quality report for consistency against the other information sources detailed in the guidance issued by NHS Improvement;
- providing a signed limited assurance report in the quality report on whether anything has come to our attention that leads us to believe that the quality report has not been prepared in line with the requirements set out in the NHS foundation trust '*Annual Reporting Manual*' 2018/19 and accompanying guidance and/or is not consistent with the other information sources detailed in the guidance issued by NHS Improvement;
- undertake substantive sample testing on two mandated performance indicators and one locally selected indicator (to include, but not necessarily be limited to, an evaluation of the key processes and controls for managing and reporting the indicators and sample testing of the data used to calculate the indicator back to supporting documentation);
- providing a signed limited assurance report in the quality report on whether there is evidence to suggest that the two mandated indicators have not been reasonably stated in all material respects in accordance with the NHS foundation trust '*Annual Reporting Manual*' 2018/19 and supporting guidance; and
- providing a report to the Trust's Council of Governors and board of directors (the governors' report) of our findings and recommendations for improvements on the content of the quality report, the mandated indicators and the locally selected indicator.

Our work will be based primarily on internal management information and will be carried out on the assumption that information provided to us by the management of the Trust is reliable and, in all material respects, accurate and complete. We will not subject the information contained in our reports and letters to checking or verification procedures except to the extent expressly stated. This is normal practice when carrying out such limited scope procedures, but contrasts significantly with, for example, an audit. Even audit work provides no guarantee that fraud will be detected. You will therefore understand that the procedures performed are not designed to and are not likely to reveal fraud or misrepresentation by the management of the Trust. Accordingly we cannot accept

responsibility for detecting fraud (whether by management or by external parties) or misrepresentation by the management of the Trust.

If we were to perform additional procedures or if we were to perform an audit or additional limited review, other matters might come to our attention that would be reported to you.

Should we agree to vary the scope of our work once this letter has been signed by you, we will issue a supplemental Specific Service Agreement clarifying the nature and extent of any agreed variations. In the absence of such a supplemental Specific Service Agreement, the terms set out herein shall apply.

We reserve the right to discuss and agree with you changes to the scope of our work should they become necessary following a change in legislation.

Use of our advice

Our advice will be provided in writing and addressed to you. You may only rely upon it for the purposes for which it has been prepared and we hereby exclude all liability (if any) to you for any losses arising from or in connection with your use of our advice for any other purpose. It may not be reproduced in whole or in part or distributed to any third party without our prior written consent (save that copies of our advice may be provided to your legal advisers if necessary solely in connection with the Services but then only on the basis that we will have no duty or liability to them).

Advice and reports in draft form should not be relied upon nor distributed to any other party under any circumstances.

We will have no responsibility to update any advice, report or other product of the Services for events which take place after it is issued to you in final form, nor to review on an ongoing basis any such advice, reports or products to ensure that it remains relevant for your purposes unless we have specifically agreed this in writing with you.

Neither our advice nor any of the services provided pursuant to the engagement are intended, either expressly or by implication, to confer any benefit on any third party and the liability of Mazars LLP to any third party is expressly disclaimed.

Agreed fee

Our fee for the Services is £6,000 (plus VAT).

Our fees are mainly calculated on the basis of the time spent on your affairs by our partners and staff, and on the levels of skill and responsibility involved.

Should factors beyond our control lead to significant increases in our costs and the time needed to complete the engagement our fees will increase accordingly.

Our fees are due on the presentation of a fee note with late settlement of bills resulting in interest charges.

We will invoice our fee in eight equal instalments of £750 (plus VAT) between November 2017 and June 2018. We reserve the right to terminate our engagement and cease to act if the payment of our account is unduly delayed. However, it is not our intention to use these rights in any way which is unfair or unreasonable.

Planned time frame

The dates of commencement and completion of this assignment will be mutually agreed with you. Our work will depend upon receiving without undue delay full co-operation from relevant management contacts at the Trust and their disclosure to us of all relevant records and related information (including certain representations) we may need for the purpose of our work.

Respective responsibilities

The limited assurance procedures will be performed solely for the Trust's purposes. If the scope and procedures do not meet your requirements, please tell us so that we can discuss a different scope or additional or alternative procedures. You should understand that there is no guarantee that these procedures will result in the identification of all matters which may be of interest to you.

Upon completion of the procedures we will provide you with a report of our findings (the governors' report), solely for your information. We will also issue a Limited Assurance Report in the form set out in guidance issued by NHS Improvement.

Our report is not to be used for any other purpose or disclosed to any other person without our consent. We consent to the report being released to provided that acknowledges in writing that we owe no duty of care to and we will not be liable to for any reliance it chooses to place on the report.

If you are uncertain about the significance of any matters which may affect this engagement it is important you bring them to our attention.

You agree that we can approach third parties as may be appropriate for information that we consider necessary to deal with the engagement.

Audit work

Our audit work on the financial statements of the Trust is carried out in accordance with our statutory obligations and is subject to a separate engagement terms. Our audit report is intended for the sole benefit of the Council of Governors, as a body, to whom it is addressed, to enable them to exercise their rights. Our audit of the Trust company's financial statements are not planned or conducted to address or reflect matters in which anyone other than the Council of Governors, as a body, may be interested.

We do not and will not, by virtue of this report or otherwise, assume any responsibility whether in contract, negligence or otherwise in relation to our audit of the Trust's financial statements; we and our employees shall have no liability whether in contract, negligence or otherwise to (if applicable), or to any other third parties in relation to our audit of the Trust's financial statements.

Disclaimer

Our Report is prepared solely for the confidential use of the Trust's Council of Governors, and solely for the purpose of providing External assurance on the Trust's 2018/19 Quality Report. It may not be relied upon by any other party for any other purpose whatsoever. Our Report must not be recited or referred to in whole or in part in any other document. Our Report must not be made available, copied or recited to any other party without our express written permission. Mazars LLP neither owes nor accepts any duty to any other party and

shall not be liable for any loss, damage or expense of whatsoever nature which is caused by their reliance on our Report.

Liability

Mazars LLP will perform the engagement with reasonable skill and care and acknowledges that it will be liable to you for losses, damages, costs or expenses (the "Losses") caused by its negligence, breach of the terms of the Engagement Pack (which are enclosed with this Specific Service Agreement) and incorporated herein, subject to the following provisions:

1. Nothing in this Engagement Pack shall exclude, restrict or prevent a claim being brought in respect of:
 - a. Losses finally judicially determined to arise primarily from the fraud or bad faith of Mazars LLP; or
 - b. any other liability which cannot be lawfully limited or excluded.
2. To the fullest extent permitted by law, Mazars LLP will not be liable if such Losses are due to the provision by you or any third party of false, inaccurate, misleading or incomplete information or documentation.
3. The aggregate liability whether in contract, tort (including negligence) or otherwise of Mazars LLP, or any party to which Mazars LLP sub-contracts work in relation to the engagement, for any Losses whatsoever and howsoever caused arising from or in any way connected with this engagement shall not exceed £500,000 (including interest). You and Mazars LLP agree that this represents our joint judgement of the extent to which it is reasonable for us to bear liability in connection with this engagement. You and Mazars LLP agree that this maximum amount is reasonable in view of, amongst other things, the scope of the Services and the risks we assume in carrying out the Services compared to the fees we receive.
4. Where there is more than one Client the limit of liability specified in paragraph 3 above will have to be allocated between them. It is agreed that such allocation will be entirely a matter for them and that they are under no obligation to inform us of the allocation provided always that if (for whatever reason) no such allocation is agreed, no Client shall dispute the validity, enforceability or operation of the limit of liability on the grounds that no such allocation was agreed.
5. Subject to the limitation of our liability at paragraph 3 above, where Losses are suffered by you for which Mazars LLP would otherwise be jointly and severally liable with any third party or third parties, the extent to which such Losses shall be recoverable by you from Mazars LLP, as opposed to the third party, shall be limited so as to be in proportion to Mazars LLP's contribution to the overall fault for such Losses, as agreed between the parties, or in the absence of agreement, as finally determined by the English Courts.
6. Unless and to the extent that they have been finally and judicially determined (including by the conclusion of any appeal) to have been caused by the fraud, wilful default or negligence of Mazars LLP, you will indemnify on demand and hold harmless Mazars LLP against all actions, claims or proceedings brought by third parties for any losses, damages, costs and expenses whatsoever and howsoever arising from or in any way connected with this engagement.

7. For the purposes of this agreement, the “Mazars LLP Parties”, “we”, “our” and “us” is defined as Mazars LLP, its members, directors, staff and agents, and in all cases any successors and assignees.
8. No-one (including the Mazars LLP Parties) other than Mazars LLP, shall be taken to owe or to have assumed any duty of care or legal responsibility to you or any other person and you will not bring any action against any such parties in connection with this engagement unless in relation to their own fraud, dishonesty or illegality.
9. The Mazars LLP Parties and any sub contractor may (individually or collectively) in their own right enforce the provisions of this agreement which refer to the Mazars LLP Parties and/or any sub contractor.
10. Mazars LLP or any sub-contractor shall not be liable for any loss of use, contracts, data, goodwill, revenues or profits (whether or not deemed to constitute direct Losses) or any consequential, special, indirect, incidental, punitive or exemplary loss, damage, or expense relating to the engagement.

Retention of records

Whilst certain documents may legally belong to you, we intend to destroy correspondence and other papers that we store which are more than seven years old, other than documents which we consider to be of continuing significance. You must tell us if you require retention of a particular document.

Acceptance

You agree that you have fully considered the provisions of this section and all the other provisions of these terms including the General Terms and Conditions of Business attached and that they are reasonable in the light of all the factors relating to the engagement.

This agreement will continue indefinitely unless terminated in writing by either party. Any costs outstanding will be payable on presentation of our fee note.

I confirm my agreement, on behalf of Northumberland, Tyne and Wear NHS Foundation Trust, to this Engagement Pack and the enclosed Terms and Conditions of Business.

Signed:

Name:

Authorised for and on behalf of Northumberland, Tyne and Wear NHS Foundation Trust.

Date:

Board of Directors Meeting (PUBLIC)

25 July 2018, 14:00 to 16:00

Kiff Kaff, St George's Park, Morpeth, NE61 2NU

Attendees

Board members

Les Boobis (Non-Executive Director) , Alexis Cleveland (Non-Executive Director) , Martin Cocker (Non-Executive Director) , James Duncan (Executive Director of Finance and Deputy Chief Executive) , Miriam Harte (Non-Executive Director) , Ken Jarrold (Chair) , John Lawlor (Chief Executive) , Rajesh Nadkarni (Executive Medical Director) , Gary O'Hare (Executive Director of Nursing and Chief Operating Officer) , Lynne Shaw (Acting Executive Director of Workforce and Organisational Development) , Peter Studd (Non-Executive Director) , Ruth Thompson (Non-Executive Director)

In attendance

Anna Foster (Deputy Director of Commissioning and Quality Assurance) , Damian Robinson (Group Medical Director, Patient Safety) , Chris Rowlands (Equality and Diversity Lead) , Jennifer Cribbes (Corporate Affairs Manager) , Anne Moore (Group Nurse Director, Safer Care) , Sunil Nodiyal (Consultant Psychiatrist) , Eilish Gilvarry (Deputy Medical Director)

Meeting minutes

1. Service User/Carer Experience

Information

2. Apologies

Information

Ken Jarrold opened the meeting and welcomed those in attendance.

Chair

Apologies were received from Lisa Quinn, Executive Director of Commissioning and Quality Assurance. Anna Foster, Deputy Director of Commissioning and Quality Assurance was in attendance to deputise for Lisa.

3. Declarations of Interest

Information

Item 8 - NHS Pay Award and Item 11 - Business Case: Provision of Outpatient Dispensing Services by NTW Solutions Limited

Chair

Peter Studd, Non-Executive Director and James Duncan, Deputy Chief Executive/Executive Director of Finance, declared an interest in relation to agenda items 8 and 11 due to being members of the NTW Solutions Board.

Item 10 - Business Case: Cumbria

Gary O'Hare, Executive Director of Nursing/Chief Operating Officer, declared an interest in relation to item 10. Gary advised that from Monday 23 July 2018 he was working 2.5 days per week at Cumbria Partnership NHS Foundation Trust as Executive Director for Mental Health and Learning Disability Services.

4. Minutes of the previous meeting: Wednesday 27 June 2018

Decision

The Board agreed that the minutes of the 27 June 2018 were a true and accurate record of the meeting.

Chair

 2 - Draft Minutes 27 June 2018.pdf

5. Action list and matters arising not included on the agenda

Discussion

Action (9) 23.05.18

Chair

James Duncan provided an update on the outcome of discussions relating to Payroll costs. James advised that savings had been made against the payroll costs (transaction/per person). However, the number of staff, and therefore the number of transactions had increased which has almost negated the saving.

 5 - Action List.pdf

6. Chair's Remarks

Information
Chair

Ken Jarrold had nothing additional to update the Board with.

7. Chief Executive's Report

Information
Chief Executive

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates.

John provided further detail in relation to the Trust's Annual Members' Meeting, Human Factors training, Project Choice graduation, Northumberland Transformation Board, Integrated Care System Mental Health Steering Group and the National pay award.

In relation to the Integrated Care System Mental Health Steering Group, James Duncan advised that a workshop will be held on the 30 October 2018 to showcase the work that have been progressed across the seven areas of focus.

Gary O'Hare informed the Board that formal approval had been received from the NMC to allow NTW Academy to run a nursing degree programme. Gary further highlighted that NTW is the first Trust in the Country to deliver nurse degree level training.

Anna Foster advised that the results of the recent CQC inspection are due to be published imminently. Anna advised that the detailed report would contain areas for improvement as well as areas of outstanding practice.

James Duncan provided an update on the work of the CEDAR Board. James advised that the capital bid for Integrated Secure Services and Delivering Together had been prioritised by the Integrated Care System Leads and work had now commenced on the detailed plan and design.

The Board received and noted the contents of the Chief Executive's report.

 7 - CE Report July 2018.pdf

Quality, Clinical and Patient Issues

8. Flu Plan 2018-19


Decision
Executive Director Of
Nursing/Chief Operating
Officer

Anne Moore presented the Seasonal flu vaccination plan 2018/19 to the Board for approval. Anne referred to the plan and explained the key points, including, the lessons learned event in March, the challenging CQUIN target for 2018/19, vaccination of staff, carers and patients and the intensive communications campaign.

Discussion took place regarding the number of staff that are required to be vaccinated to achieve the 2018/19 CQUIN target, the vaccination of staff employed by partner organisations who work on NTW premises, the reasons staff opt out of receiving the vaccine and the potential for using an opt-out form.

In response to a question raised by Les Boobis regarding the effectiveness of the vaccines, Anne advised she would ensure that the quadrivalent vaccine is offered to inpatients and staff.

The Board approved the Seasonal flu vaccination plan 2018/19

 8 - Flu Plan 2018-19 VERSION 2.pdf

9. Guardian Report on Safe Working Hours (Q1)

Discussion
Executive Medical Director

Rajesh Nadkarni spoke to the enclosed report to update the Board on safe working hours of Junior Doctors, April to June 2018. Rajesh referred to page 5 of the report and provided detail in relation to a fine during the last quarter which was the result of a Junior Doctor having insufficient rest between shifts.

The Board received the Guardian Report on Safe Working Hours for the quarter 1 period.

 9 - Quarterly Report on Safe Working Hours (Apr to Jun 2018).pdf

10. Medical Revalidation submission

Sunil Nodiyal, Consultant Psychiatrist and Eilish Gilvarry, Deputy Medical Director spoke to the enclosed report to provide the Board with an update on the Trust's current compliance with GMC medical revalidation. Eilish advised that it had been a very successful year in terms of compliance with only one appraisal being non-compliant which was subsequently completed within two weeks.







The Board was made aware that the first five year cycle of revalidation had ended and a new cycle commenced in January 2018. As a consequence of this, the Trust is now working to further develop CPD for doctors, improve the quality of appraisals and improve support for overseas doctors.

Eilish thanked her team for their work in relation to GMC revalidation.

In response to a question raised by Les Boobis regarding those who had 'reasonable excuses', Eilish explained that maternity leave is an example of a 'reasonable excuse' as doctors are not at work to gather evidence. Eilish further explained that the one individual, detailed in the report, who had failed to engage with the process has now fully engaged.

John Lawlor and Rajesh Nadkarni thanked Eilish and her team for their work in relation to GMC revalidation.

The Board approved the sign off of the statement of compliance for the higher level responsible officer for NTW and St Oswald's Hospice.

-  10 - 1. Medical Revalidation Submission.pdf
-  10 - 2. Medical Revalidation Annual Board Report NTW.pdf
-  10 - 3. Revalidation Report - ST OSWALD'S HOSPICE.pdf
-  10 - 4. NHSE Board Report Template.pdf
-  10 - 5. Statement of Compliance St Oswalds.pdf
-  10 - 6. Statement of Compliance NTW 2018.pdf

11. Smoke Free update

Damian Robinson spoke to the enclosed Smoke Free report to update the Board on actions undertaken during the last year to strengthen the support offered to service users to reduce harm from smoking.

Damian provided further detail in relation to the Trust's Internal Auditor's audit of the implementation of the trust-wide smoke free policy, the relaunch of the smoke free group, the independent external evaluation on the implementation of smoke free and the use of e-cigarettes.

In response to a question raised by Peter Studd relating to the fire risk associated with smoking, Damian advised that there are few incidents in the Trust that are directly related to the act of smoking itself. However, most fires are set deliberately using lighters. Gary O'Hare advised that a business case would be presented to Board in the coming months in relation to the purchase of metal detectors that can detect lighters.

In response to a question raised by John Lawlor, Damian advised that the decision regarding the use of e-cigarettes would be concluded soon as he is currently working through the logistics and risk assessing the potential products.

The Board received and noted the Smoke Free update.

-  11 - Smoke Free Update VERSION 2.pdf

12. Safer Care Report (Q1)

Damian Robinson spoke to the enclosed report to update the Board on safety related activity for the period April to June 2018. Damian highlighted two new additions to the report which were the safety thermometer and safeguarding and public protection sections. Damian further advised that information could be added from the new Learning and Improvement Group meeting that would provide information in relation to changes in practice.

Ruth Thompson explained that the Quality and Performance committee had received a report from a Coroner who commended the safety processes in the Trust.

Ken Jarrold advised that he was impressed at how the Trust had integrated all aspects of safer care into one team.

The Board received and noted the contents of the Safer Care Report for quarter 1.

-  12 - Q1 Safer Care Report (including Learning From Deaths) Board of Director...pdf

Discussion

Executive Director Of
Nursing/Chief Operating
Officer

Discussion

Executive Director Of
Nursing/Chief Operating
Officer

13. Safer Staffing Levels (Q1) Including 6 monthly skill mix review.

Gary O'Hare spoke to the report to provide the Board with an update in relation to safer staffing compliance for quarter 1. This included the ratio of qualified to unqualified staff, exceptions and the six monthly skill mix review of current staff.

Gary highlighted page 6 of the report that provided detail on the very successful recruitment campaign, led by Anne Moore that resulted in approximately 60 - 70 students being offered posts who will join the Trust as newly qualified staff nurses in the Autumn

The Board received and noted the contents of the Safer Staffing Levels report for the quarter 1 period.

 13 - Safer Staffing Q1 - Six Month Skill Mix Review.pdf

Discussion
Executive Director Of
Nursing/Chief Operating
Officer

14. Visit Feedback Themes

Gary O'Hare presented the report to update the Board on visits that have been reported as having been undertaken by Senior Managers during the last quarter and the issues raised.

In response to a question raised by Les Boobis, Gary advised that some of the comments in relation to 'space' are from NTW staff working within another Trust's estate and is, therefore, more difficult to resolve.

A discussion took place in relation to remote working, digital dictation, issues experienced by staff who work remotely and ongoing plans to make improvements.

The Board received and noted the content of the Visit Feedback Themes report for the quarter 1 period.

 14. Feedback from Service Visits (6 month report - Jan to Jun 2018).pdf


Discussion
Executive Director Of
Nursing/Chief Operating
Officer

15. Service User and Carer Experience (Q1)

Anna Foster spoke to the enclosed report to update the Board on the service user and carer experience feedback received for quarter 1. Anna advised that there had been a slight decrease in the Friends and Family Test score which was 88% for quarter 1 compared to 89% in the previous quarter. Anna advised that this score was broadly in line with the national average. Anna further highlighted that the scores in the report had been presented by Clinical Business Unit for the first time.

In response to a question raised by Les Boobis in relation to the spider chart on page 5 of the report, Anna advised that the chart would be corrected.

The Board received and noted the Service User and Carer Experience report for quarter 1.

 15 - Service User and Carer Report Q1.pdf

Discussion
Deputy Director Of
Commissioning And Quality
Assurance

16. Integrated Commissioning and Quality Assurance Report (Q1, Month 3)

Anna Foster spoke to the report to update the Board in relation to the Trust's position against the Single Oversight Framework (SOF). It was confirmed that the Trust was on track to meet all CQUINs and quality priorities.

James Duncan provided an update on the Trust's financial position detailed within the report and confirmed that the Trust is broadly on track with the 2018/19 financial plan.

Les Boobis commented on the positive reduction in relation to the use of agency and locum staff.

John Lawlor advised that the Trust is particularly focused on improving two main issues which are waiting times and staff sickness. Ruth Thompson expressed the importance of communicating well with individuals on waiting lists as on many occasions those dissatisfied have experienced a lack of communication. Gary O'Hare advised that the Groups had already been working on improving communications with those on waiting lists at a recent away day. Gary offered to share the presentation slides with Board members.

The Board received and noted the Integrated Commissioning and Quality Assurance Report.

 16 - Commissioning Quality Assurance Report 18-19 month 3.pdf

Discussion
Deputy Director Of
Commissioning And Quality
Assurance

17. Board Assurance Framework and Corporate Risk Register

Anna Foster spoke to the Board Assurance Framework and Corporate Risk register and advised that there has been a decrease in the overall number of risks held on the register from 12 to 10. Anna further advised that work was ongoing to review the risk appetite descriptions and develop a risk appetite table which will be presented to the Board in September 2018.

John Lawlor requested that risks in relation to the Cumbria business case be added to the register.

Alexis Cleveland advised that the new information included in the report that shows where risks have exceeded the risk appetite was very useful.

The Board received and noted the Board Assurance Framework and Corporate Risk Register.

 17 - 1.Board Of Directors Trust Risk Management Report July 2018.pdf

 17 - 2. Q2 BAF CRR 2018 - 2019.pdf

Discussion

Deputy Director Of
Commissioning And Quality
Assurance

Strategy and Partnerships

18. Delivering Transforming Care in CYPS: Closure of the Riding ward

Ken Jarrold referred to previous discussions held that morning in relation to delivering transforming care in children and young peoples services and subsequently the closure of the riding Ward at Ferndene. Ken asked the Board if they were content to approve the Business Case.

The Board approved the closure of the Riding Ward at Ferndene to support the delivery of transforming care in children and young people's services.

 18 - Transforming Care and New Models of Care Summary Business Case - Public .._ VERSION 2.pdf

Decision

Executive Director Of
Nursing/ Chief Operating
Officer

19. Provision of Outpatient Dispensing Services by NTW Solutions Limited.

Ken Jarrold referred to previous discussions held that morning and at a previous Board meeting in relation to transferring the provision of outpatient services to NTW Solutions Ltd and asked the Board if they approve the business case.

Alexis Cleveland noted the assurances that had been provided by Tim Donaldson, Chief Pharmacist and Controlled Drugs Accountable Officer in relation to the quality of the service that will be delivered by NTW Solutions.

The Board approved the business case to transfer the provision of outpatient dispensing services to NTW Solutions Limited.

 19 - Business Case - Provision of Outpatient Dispensing Services by NTW Solutions Limited.pdf

Decision

Executive Medical Director

Workforce

20. Staff Friends and Family Report

Lynne Shaw spoke to the enclosed report to update the Board on the quarter one results of the Staff Friends and Family Survey. Lynne highlighted that the Trust remains above the national average in relation to the proportion of staff recommending NTW to friends and family as a place to work and results had increased in the quarter from 70% to 72%.

Lynne referred to the thematic analysis of free text comments on page 11 of the report and advised that the greatest feedback from staff was in relation to staffing levels.

Lynne brought the Board's attention to the last three pages that included actions taken in response to comments made during the previous quarter.

Ruth Thompson and Peter Studd expressed concerns in relation to the comment regarding individuals getting cut off when ringing the Crisis Team. Ken Jarrold requested that the issue is explored and a further update provided to the Board.

James Duncan referred to the results for the Deputy Chief Executive group of staff and explained that organisations hosted by NTW are included, such as AuditOne and NTW Solutions. James explained that many staff score 'not applicable' and it is difficult to understand if individuals are completing the survey about NTW as some staff may not necessarily see NTW as being their employer. James explained that work was ongoing to understand the scores further in the Deputy Chief Executive group.

Discussion

Acting Executive Director Of
Workforce And
Organisational Development

The Board received and noted the Staff Friends and Family Report for quarter 1.

 20 - Staff Friends and Family Test Qtr1 (2018-19) V1 2018.pdf

21. Equality and Diversity WRES update

Chris Rowlands spoke to the enclosed report to provide an update in relation to the Trust's position against the Workforce Race Equality Standard and Equality Delivery System which are both requirements of the NHS standard contract.

Chris provided further information in relation to BME statistics for recruitment, experience of discipline and grievance, disclosure of protected characteristic information and statutory and mandatory training.

Ken Jarrold referred to pages 6 and 7 of the report and expressed concerns in relation to the number of individuals with BME backgrounds in senior grades.

Chris further referred to the report and the Trust actions identified in the WRES submission. Lynne Shaw advised that a new Equality and Diversity Strategy for 2018-2022 is currently in development which will support the actions. Lynne confirmed that the strategy will be presented to the Board in the coming months.

John Lawlor advised that there is a local group made up of senior members of NHS Trusts and partner organisations who are working (across the North East and Cumbria) on improving equality and diversity issues.

Ken Jarrold asked if the data had been shared with the Trust's BAME group. Chris confirmed that the data had been shared. However, the BAME Group is not very well attended.

The Board received and noted the update.


 21 - EDS2 WRES Trust Board Report July 2018.pdf

Regulatory

22. NHS Improvement Single Oversight Framework (Q1)

Anna Foster referred to the enclosed report that provides an update in relation to the Trust's position against the Single Oversight Framework in quarter 1.

The Board received and noted the Trust's quarter 1 position.

 22 - NHS Improvement Single Oversight Framework (Q1).pdf

Minutes/Papers for Information

23. Committee updates

Quality and Performance Committee

Ruth Thompson advised that Anne Carlile, Trust Governor and Governor Representative on the Quality and Performance Committee had been successfully elected to the national NHS Providers, Governor Advisory Committee.

Mental Health Legislation Committee

Ruth Thomson extended an offer to all Non Executive Directors to undertake training to become Mental Health Legislation Panel members.

Audit Committee

Martin Cocker advised that there was nothing significant to update from the last meeting of the Audit Committee.

Resource and Business Assurance Committee

Peter Studd advised that there was nothing significant to update from the last meeting of the Resource and Business Assurance Committee.

24. Council of Governors' Issues

Ken Jarrold provided a verbal update in relation to the ongoing one to one meetings with Trust Governors. Ken advised that he had met with most Governors and therefore the meetings had nearly concluded. Ken reinforced that he was very impressed with the skills and wealth of knowledge that NTW Governors have.

Ken further advised that work was commencing on the Governor election process.

Discussion

Acting Executive Director Of
Workforce And
Organisational Development

Discussion

Deputy Director Of
Commissioning And Quality
Assurance

Information

Non-Executive Directors

Information

Chair

The Board received the Chair's update on Council of Governor issues.

25. Any other Business

Chair

There was no further business to note for this meeting.

26. Questions from the Public

Discussion

There were no questions raised from members of the public in attendance.

Chair

Date, time and place of next meeting:

27. Wednesday, 26 September 2018, 1:30 to 3:30pm, St Nicholas Hospital, Gosforth, NE3 3XT.

Information

Chair

Board of Directors Meeting (PUBLIC)

26 September 2018, 13:30 to 15:30

Board Room, St Nicholas Hospital, Gosforth, NE3 3XT

Attendees

Board members

Les Boobis (Non-Executive Director) , Martin Cocker (Non-Executive Director) , James Duncan (Executive Director of Finance and Deputy Chief Executive) , Miriam Harte (Non-Executive Director) , Ken Jarrold (Chair) , John Lawlor (Chief Executive) , Rajesh Nadkarni (Executive Medical Director) , Gary O'Hare (Executive Director of Workforce and Organisational Development) , Lisa Quinn (Deputy Director of Commissioning and Quality Assurance) , Lynne Shaw (Acting Executive Director of Workforce and Organisational Development) , Peter Studd (Non-Executive Director) , Ruth Thompson (Non-Executive Director)

In attendance

Caroline Wild (Board Secretary) , Sarah Southern (CQC) , Dr Bruce Owen (Consultant Psychiatrist) , Claire Andre (Police Liaison lead) , Simon Douglas (Joint Director of Research, Innovation and Clinical Effectiveness) , Ron Weddle (Deputy Director, Positive and Safe) , Rod Bowles (Head of Positive and Safe) , 2 members of the public

Meeting minutes

1. Service User/Carer Experience

Information

Unfortunately the planned service user representative was not able to attend the meeting.

2. Apologies

Information

Apologies were recieved from Alexis Cleveland, Non Executive Director.

Chair

3. Declarations of Interest

Information

Peter Studd declared that his son is now employed by NHS Digital.

Gary O'Hare reported that he is also an Executive Director, Cumbria Partnerships NHS Foundation Trust.

Both items have been added to the Trust register.


Chair

4. Minutes of the previous meeting: Wednesday 25 July 2018

Decision

On Page 1 (Actions from the previous meeting) it was confirmed that savings had been made against the number of payslips issued)

With the amendment above, the Board accepted the minutes of the previous meeting as a true record.

 4 - Minutes 25 July 2018 Board (PUBLIC).pdf

Chair

5. Action list and matters arising not included on the agenda

Discussion

It was noted that an update on feedback in relation to the Crisis Team phone lines should be added to the action checklist.

 5 - Action List.pdf

Chair

6. Chair's Remarks

Information
Chair

Ken welcomed attendees to the meeting. Ken noted that Ruth Thompson had announced her resignation from the position of Non-Executive Director and will leave the Trust in December 2018. Ken further reminded the Board that Martin Cocker would also be leaving at this time as his term of office had come to an end.

Ken reported continuing positive visits to services and confirming that he had been inducted into the Newcastle Recovery College ReCoCo.


The Board noted the Chairs remarks


7. Chief Executive's Report


Information
Chief Executive

John Lawlor presented his report, adding a recent update on discussions regarding the Intergrated Care Systems in the North east and North Cumbria.

The Board noted the report.

 7 - CE Report Sept2018 FINAL.pdf

 7.1 - Appendix 1. Q1 Perfoamce of the NHS Provider sector.pdf

 7.2 - Appendix 2 - NHS Providers briefing draft ICP contract.pdf

Quality, Clinical and Patient Issues

8. Safer Care Annual Report

Discussion
Executive Director Of
Nursing/ Chief Operating
Officer


Damian Robinson presented the report. Noting that this was the first Safer Care Annual Report since the directorate was brought together.

Gary O'Hare commented on the development of the learning and improvement group and noted that the next meeting will be a trustwide meeting, held by skype to encourage all services to engage in the conversation.

Ruth confirmed that the report had been warmly received by the Q and P Committee, Les supported this view and also asked about prioritising some of the developments so that progress could be managed more clearly. Damian agreed to look at this.

Ken commented that he welcomed the approach of the Safer Care directorate and very much welcomed the reported activity.

The Board noted the report.

 8 - Safer Care Annual Report July 2018.pdf

9. Infection Prevention and Control Annual Report

Discussion
Executive Director Of
Nursing/ Chief Operating
Officer

Damian Robinson presented the report which is a statutory requirement. He noted that it was a positive report and outlined the key elements.

Ken thanked Damian for the report. He noted the excellent tissue viability service which was highlighted recently in the safer care bulletin. He also noted that Governors are very involved in the PLACE visits and appreciated this opportunity.

John commented on the new national requirements for flu vaccinations.

The Board noted the report.

 9 - IPC Annual Report 2017-18 v6 (2).pdf

10. Safeguarding Annual Report

Gary O'Hare presented the report highlighting the key achievements of the team. He noted the developments in relation to domestic abuse and coercive control and the engagement with local adult and children's Safeguarding Boards.

Gary noted the increase in reported concerns which reflected the greater awareness of safeguarding issues across services. He highlighted the case reviews process which are undertaken by the team.

Martin asked about the larger increase in reports related to patient on patient concerns. Gary confirmed that this varies through the year, and can relate to a limited number of specific complex individuals. Gary confirmed that there were several places for review and learning in the organisation.

Gary also confirmed that Group Nurse and Group Medical Directors also attend each of the 12 local Safeguarding Boards (Adults and children).

Ruth confirmed the Q and P committee had considered the report and commended Jan and Claire Andre for the work they had undertaken with local partners to support the organisation.

The Board noted the report

 10 - Safeguarding Annual Report 2017-18.pdf

Discussion
Executive Director Of
Nursing/ Chief Operating
Officer

11. Positive and Safe Annual Report

The Chair welcomed Ron Weddle and Rod Bowles who presented the report.

Ron outlined the role of the team and background to the approach to reducing restrictive interventions.

Rod provided some detail on the planned shared conference with TEWV trust which will showcase positive practice. He also outlined the 'sleepwell' project which is underway to improve the quality of sleep for patients staying on an inpatient ward.

Finally Ron highlighted the importance of effective debrief for reducing further restrictive interventions and this has been implemented on all wards, as well as outlining the ongoing national data and bench marking work in partnership with the CQC and also with the Royal College of Psychiatrists.

Martin noted that one individual accounted for multiple restraints and asked how this care package would be reviewed. Ron explained that prevention is always the priority, and noted the particular difficulties with patients with organic issues and those who may display significant self harm.


James commended the team on their very positive work and report, Lisa echoed this and noted the visibility of positive and safe work in ward visits.

Gary noted that this project was initially a two year project which has now come to an end, and he will be returning to Board with a paper to consider extending the project.

John asked for assurance in relation to the 'sleepwell' project and ensuring that overnight observations were not overlooked. Rod confirmed that safety was at the forefront of the project, but a more bespoke approach to overnight observations could have positive advantages.

Ken commented that it was a welcome presentation with positive outcomes for both service users and staff.

The Board noted the report.

 11 - Positive and Safe Care annual report 2017-18 final.pdf

Discussion
Executive Director Of
Nursing/ Chief Operating
Officer

12. Research and Development Annual Report

Simon Douglas presented the report and presentation.

John updated on recent developments with the Applied Research Collaboration across the North East and Cumbria which NTW will host. John will circulate the summary of the bid to Board members for further information.


Rajesh commented on the changing culture of innovation in the Trust. He also commented on the successful major bids which had been achieved and the focus that Newcastle University have placed on mental health research and noted the appointment of McAlister Williams as Professor of Psychiatry at Newcastle University.

Martin noted the financial improvements and asked about the costs of the research activity undertaken. James commented that back fill arrangements were in place but that as the capacity to support research increases it is hoped that this will be built into staffing establishments more routinely.

Ken commented on the positive approach to research in the Trust and in the NHS.

The Board received the report.

 12 - RD Annual Report 201718 for Board FINAL.pdf

 Simon Douglas R&D report Sept Board.pdf

Discussion
Executive Medical Director


13. Annual Dean's Quality Meeting

Bruce Owen presented the report, noting that further information will be provided next month.

The Board received the report.

 13.1 - ADQM.pdf

 13.2 - ADQM Summary (ADQM Agenda and actions arising).pdf

 13.3 - NTW 2018 HEE NE QReport FINAL.pdf

Discussion
Executive Medical Director

14. Integrated Commissioning and Quality Assurance Report (Month 5)

Lisa Quinn presented the report, noting the improvements in performance compared to the same month last year, with the only exception being sickness rates. Lynne commented that a quality focus will consider this issue in October at the Quality and Performance meeting and that a number of options are being considered. Ruth noted that the approach for the Quality and Performance meeting would be very much in the context of wellbeing and supporting staff, and also asked that the data sources be considered to ensure they were correct.


Peter commented that sickness was also considered at the NTW Solutions Board and a lack of consistency had been found in relation to basic processes such as return to work interviews. Gary confirmed that Cumbria Partnerships Trust reported much lower sickness rates of around 4%.

Lisa finally noted an improvement in Service User and Carer feedback, bringing it to the highest level in 2 years.

James presented the finance section of the report, confirming that we are ahead of plan, but noting that the second half will be more challenging.

John echoed these comments about the challenges of the second half of the financial year. In relation to the Northumberland Recovery Plan, John commented about one service which was causing a challenge to agree a plan to move forward. John also noted the challenges in relation to waiting times which were set out in the report.

The Board received the report.

 14 - BoD Monthly Commissioning Quality Assurance Report Month 5.pdf

Discussion
Executive Director Of
Commissioning And Quality
Assurance

15. Committees Terms of Reference Annual Review and Committees Annual Review of Performance

Lisa Quinn presented the report for approval. She requested that the Terms of Reference for the CEDAR Board be deferred until October so that some amendments could be made.

The Board approved the report, subject to minor amendments above.

 15 - Board Sub Committee ToR Annual Review 2018.pdf


Decision
Executive Director Of
Commissioning And Quality
Assurance

16. CQC Focused Inspection Reports

Lisa presented the report noting that the reported visits were undertaken in April 2017, however the CQC were not in a position to publish them due to ongoing investigations by other parties.

Gary O'Hare provided an update on the associated police investigation and confirmed that no action would be taken by the police against any members of NTW staff. Staff who were involved had been on non clinical duties during the investigation were being supported to return to their clinical duties.

The Board received the report.

 16.1 - Board CQC Focussed Inspection Reports.pdf

Discussion

Executive Director Of
Commissioning And Quality
Assurance

17. CQC Action Plans 2018

Lisa Quinn presented the paper, which outlines the actions to be taken following the recent CQC comprehensive inspection.

Peter asked about the nurse call systems and the expected cost. Lisa confirmed that the costing process had been undertaken and clinical areas were being prioritised.

The report was recieved by the Board .

 17 - BoD - CQC Action Plans 2018.pdf

Discussion

Executive Director Of
Commissioning And Quality
Assurance

Workforce

18. Workforce Directorate Quarterly update

Lynne Shaw presented the report. She highlighted the agreement of 5 key priorities for organisational development; the removal of the tier 2 visa cap; the NHS Graduate training scheme and the NHSI Direct support retention programme.

Miriam asked about exit interviews. Lynne confirmed that this was an area of current focus and the next Quality and Performance report would include an update and information relating to 'stay' interviews.

Peter asked about the new junior doctors' contract review. Rajesh commented that this was being led by the BMA. John commented that the expectations of junior doctors in relation to unsocial hours and flexible working was something the Trust would need to work closely on with our doctors in training.

The Board recieved the report.

 18 - Quarterly Workforce Report - Sept 2018.pdf

Discussion

Acting Executive Director Of
Workforce And
Organisational Development

Minutes/Papers for Information

19. Committee updates

There were no updates from committees, as they had not met during August.

Information

Non-Executive Directors

20. Council of Governors' Issues

Ken updated the Board on issues relating to the Council of Governors. In particular he mentioned three issues - the upcoming elections which are about to commence; an increase in attendance by Local Authority Governors and that his relationship with the governing body as a whole is positive.

The Board noted the update.

Information

Chair

21. Any other Business

Martin Cocker noted that it was the Board Secretaries final meeting prior to moving to Newcastle Upon Tyne Hospitals NHS Foundation Trust. He thanked Caroline for her support to the Board, and also to the Audit Committee over the last 2.5 years. the Board warmly endorsed Martin's comments.

Chair

22. Questions from the Public

The were no questions from members of the public

Discussion

Chair

Date, time and place of next meeting:

23. Wednesday, 24 October 2018, 1:30 pm to 3:30 pm, Conference Room 1 & 2, Ferndene, Prudhoe, NE42 5PB

Information

Chair

