Board of Directors Meeting (PUBLIC)

22 May 2019, 13:30 to 15:30
Board Room, St Nicholas Hospital, Gosforth,
NE3 3XT

Agenda

1.   **Service User/Carer Experience**

Information

2.   **Apologies**

Information

Chair

3.   **Declarations of Interest**

Information

Chair

4.   **Minutes of the previous meeting: Wednesday 24 April 2019**

Decision

Chair

📄   4. BOD Draft minutes 24 April 2019.pdf   (7 pages)

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

Discussion

Chair

📄   5. BoD Meeting held in public Action List.pdf   (1 pages)

6.   **Chair's Remarks**

Information

Chair

7.   **Chief Executive's Report**

Information

Chief Executive

📄   7.1 CE Report May 2019 DRAFT.pdf   (5 pages)

Quality, Clinical and Patient Issues

8.   State of the North East 2018: Public Mental Health and Wellbeing

Group Medical Director, Safer Care

9.   Commissioning and Quality Assurance Report (Month 1)

Discussion

Executive Director of Commissioning and Quality Assurance

10.   Committees Terms of Reference

Decision

Executive Director of Commissioning and Quality Assurance

11.   Safer Staffing Levels (Quarter 4)

Discussion

Executive Director of Nursing and Chief Operating Officer

Workforce

12.   Workforce Directorate Quarterly update

Discussion

Acting Executive Director of Workforce and Organisational

📄   12. Quarterly Workforce Report - May 2019.pdf   (8 pages)

13.   Freedom to Speak Up (6mth update)

Discussion

Acting Executive Director of
Workforce and Organisational

📄   13. Board report Whistleblowing and Raising Concerns
Update - Nov18 - March.pdf   (5 pages)

Regulatory

14.   Annual Security Management Report

Discussion

Executive Director of Nursing and
Chief Operating Officer

📄   14. Security Management Annual Report - Board of
Directors v2 Final-22 May 2....pdf   (17 pages)

15.   Board Self Certification to NHS Improvement (Condition FT4(8))

Decision

Executive Director of
Commisssioning and Quality

📄   15.1 BoD - FT4 - Corporate Governance Statement -
Self Declaration.pdf   (15 pages)

📄   15.2 FT4 Self cert for signing.pdf   (4 pages)

16.   Provider License Self-Certification Annual Board Statement - Training of Governors

Decision

Deputy Director Communications
and Corporate Affairs

📄   16. Provider License Self-Cerr CoG training 2018-19.pdf   (4 pages)

17.   Board Self-Certifications G6(8) CoS7(3)

Decision

Executive Director of
Commisssioning and Quality

📄   17.1 BoD - G6 and CoS7 - Compliance with Licence
Declaration - May 2019 v2.pdf   (15 pages)

📄   17.2 G6 Self Cert for signing.pdf   (2 pages)

18. **Contract update**

Discussion

Executive Director of
Commisssioning and Quality

📄 18. Contracts Update 2019-20.pdf   (4 pages)

19. **Quality Account Approval**

Decision

Deputy Director of Commissioing
and Quality Assurance

Minutes/Papers for Information

20. **Committee updates**

Information

Non-Executive Directors

21. **Council of Governors' Issues**

Information

Chair

22. **Any other Business**

Chair

23. **Questions from the Public**

Discussion

Chair

Date, time and place of next meeting:

24. **Wednesday, 3 July 2019, 1:30 pm to 3:30 pm, Kiff Kaff,
St Georges Park, Morpeth, Northumberland, NE61
2NU.**

Information

Chair

Board of Directors Meeting (PUBLIC)

24 April 2019, 13:30 to 15:30
Conference Room 1 & 2, Ferndene, Prudhoe, NE42 5PB

Attendees

Ken Jarrold (Chair) , John Lawlor (Chief Executive) , David Arthur (Non-Executive Director) , Les Boobis (Non-Executive Director) ,
Alexis Cleveland (Non-Executive Director) , James Duncan (Executive Director of Finance and Deputy Chief Executive) ,
Rajesh Nadkarni (Executive Medical Director) , Gary O'Hare (Executive Director of Nursing and Chief Operating Officer) ,
Lisa Quinn (Executive Director of Commissioning and Quality Assurance) , Michael Robinson (Non-Executive Director) ,
Lynne Shaw (Acting Executive Director of Workforce and Organisational Development) , Peter Studd (Non-Executive Director)

In attendance

Debbie Henderson (Deputy Director Communications and Corporate Affairs) , Jennifer Cribbes (Corporate Affairs Manager)

Meeting minutes

1. Service User/Carer Experience

Presentation

Ken Jarrold opened the meeting and welcomed those in attendance.

A special welcome was extended to Russell Bowman, Trust Governor for Neuro-Disability Services who was in attendance to share his personal experience as a Service User.

The Board thanked Russell for attending and sharing his powerful and insightful story.

2. Apologies

Verbal/Information
Chair

There were no apologies for this meeting.

3. Declarations of Interest

Verbal/Information
Chair

There were no conflicts of interest declared for this meeting.

4. Minutes of the previous meeting: Wednesday 27 March 2019

Decision
Chair

The Board agreed that the minutes of the 27 March 2019 were a true and accurate record of the meeting.

📄 4. BoD meeting in public April minutes.pdf

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

Discussion
Chair

Action 26.09.18 (5) Crisis Team phone lines
Gary O'Hare provided an update in relation to the position will the Crisis Team phone lines. It was explained that work would be completed alongside NTW Innovations to ensure that the Trust obtains the correct telephone and back up system. It was agreed that the action would be deferred until July to allow the work to be completed.

Action 26.01.19 (14) Visit feedback themes report
Gary O'Hare advised that Anthony Deery had developed a new report which had been included at item 15 of this agenda.

📄 5. BoD Meeting held in public Action List.pdf

6. Chair's Remarks

Ken Jarrold provided a verbal update and referred to the recent Council of Governors meeting which hosted a visit from East London NHS Foundation Trust. Ken thanked Governors Margaret Adams and Anne Carlile who visited East London NHS Foundation Trust and developed a relationship with their Corporate Governance and People Participation Team. Ken explained that it was a very special meeting and made reference to the East London People Participation Team in which he commended them on their work. Ken explained that we could take learning from the East London Team to develop and improve NTW.

Ken advised that he had visited the Kinnersley inpatient rehabilitation service based at St Georges Park and was very impressed at the services it provides. Ken recommended that Non-Executive Directors visit the service in the near future.

The Board received and noted the Chair's Remarks.

7. Chief Executive's Report

John Lawlor spoke to the enclosed Chief Executive's report to provide the Board with Trust, Regional and National updates. John provided further details in relation to the transfer of North Cumbria Mental Health and Learning Disability Services to NTW, ongoing work to support the development of Mental Health services in Bengaluru, the Integrated Care System which included the position in relation to Provider Sustainability Funding.

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

📄 7. CE Report April 2019 DRAFT.pdf

Quality, Clinical and Patient Issues

8. NTW Zero Suicide Plan

Dr. Uri Torres spoke to the enclosed report and presentation to update the Board in relation to the Trust's Zero Suicide plan. Detail was provided in relation to the National Suicide Prevention Strategy workplan, the Regional picture, the NCISH 10 Steps to Safer Services and NCISH Toolkit, Expected outcomes from our Zero Suicide Plan, Innovations, Risks, System Challenges and Evaluation of effectiveness.

Gary O'Hare thanked Dr Torres for her presentation and questioned if the Trust had links to the relevant Local Authorities. It was explained that NTW had developed some good relationship based on the expertise that we can offer.

Discussion took place in relation to the variances between Middlesborough and South Tyneside.

Damian Robinson explained that the Trust had been developing relationships and working well with Public Health. Damian referred to a recent meeting with Local Authorities that was hosted by NTW.

The Board received and noted the NTW Zero Suicide Plan.

📄 8. NTW Zero Suicide Plan.pdf
📄 8.1 NTW Zero Suicide Plan for Inpatient Services (002).pdf
📄 8.2 TRUST BOARD PRESENTATION ZERO SUICIDE PLAN.pdf

9. Service User and Carer experience (Quarter 4)

Lisa Quinn spoke to the enclosed report to update the Board on the service user and carer experience feedback received for quarter 4. Lisa explained that there had been a slight decline in the quarter. However, there had been an improving trend month on month.

Discussion took place regarding the variation of results between localities. Gary O'Hare advised that he would raise the variation at the Business Delivery Group meeting.

The Board received and noted the Service User and Carer Experience report for quarter 4.

📄 9. BoD Service User and Carer Experience Report Q4 201819.pdf

10. Guardian of safe working hours

Rajesh Nadkarni spoke to the enclosed report to update the Board on safe working hours of Junior Doctors, January to March 2019. Further detail was provided in relation to the junior doctor contracts, exception reports received for the period and agency locum bookings.

Rajesh highlighted that the Trust now has an additional 22 trainees employed directly by NTW who are working as Trust Grade Doctors and Teaching Fellows.

Rajesh advised that the Trust was working on a bid to obtain funds that had been allocated by Matt Hancock, Secretary of State as part of the BMA Fatigue and Facilities charter.

In response to a question raised by Ken Jarrold in relation the Emergency Rotas having been implemented on one occasion during the period in comparison to it being implemented 23 times during the last period, Rajesh explained it was a result of the 22 trainees directly employed by NTW as they have provided cover.

🗎 10.1. Guardian of Safe Working HoursTrust Board Q 1 Report April 2019.pdf
🗎 10.2 Q1 Jan to Mar 19 Final Report.pdf

11. Board Assurance Framework and Corporate Risk Register (Quarter 4)

Lisa Quinn spoke to the Board Assurance Framework and Corporate Risk register and referred to the April Board Development meeting where changes had been proposed. Lisa explained the changes which included a risk being de-escalated from the Board Assurance Framework to Executive Level, changes to the risk description for the Board Assurance Framework risk and changes to the risk appetite statements.

Lisa explained that the changes had been reviewed at the Board sub-committees.

The Board received and approved the changes to the Board Assurance Framework and Corporate Risk Register.

🗎 11. Board BAF CRR Annual Review - Progress Report April 19 - amended following CDTR.pdf

12. Commissioning and Quality Assurance Report (Month 12)

Lisa Quinn spoke to the Commissioning and Quality Assurance report to update the Board in relation to the Trust's position against the Single Oversight Framework (SOF).

Lisa highlighted that the number of adults waiting more than 18 weeks to access non-specialised services had increased in month 12 from 49 to 57. However, there had been a decrease in those waiting over 18 weeks for access to children's community services.

James Duncan spoke to the finance section of the report and confirmed that the Trust has a year to date surplus which is ahead of plan. James further explained that since the report was written, the Trust had received an additional £1.7m incentive funding.

John Lawlor highlighted the Trust's staff sickness position and noted that there had been a 0.5% reduction in sickness absence.

In response to a question raised by Les Boobis, Lisa explained that the consolidated end of year information is included in the Trust's Quality Account.

The Board recieved and noted the Commissioning and Quality Assurance Report for month 12.

🗎 12. BoD Monthly Commissioning Quality Assurance Report - Month 12.pdf

13. Safer Care Report (Quarter 4)

Damian Robinson spoke to the enclosed report to update the Board on safety related activity for the period January to March 2019.

Damian referred to the report that showed a slight increase in the overall number of incidents reported in the quarter in comparison to the previous quarter. It was explained that all incidents were low-level concerns.

Damian explained that there had been a reduction in the number of complaints received during the year in comparison to 2017-18. However, a thematic review conducted showed an increase in the number of complaints received in relation to staff communication. It was explained that the results of the thematic review had been shared with the business units to support improvement.

In response to a question raised by Alexis Cleveland, Damian explained how complaints are categorised.

Les Boobis referred to the increase in employer liability claims and questioned if they had been occurring in a specific area in the Trust. Lynne Shaw clarified that they had not occurred in a specific area.

Discussion took place relating to the TalkFirst initiative, its importance, and impact.

The Board received and noted the contents of the Safer Care Report for Quarter 4.

🗎 13. Q4 Safer Care Report (including Learning From Deaths) - Final.pdf

14. Analysis of Natural and Unnatural deaths

Damian Robinson spoke to the enclosed report to update the Board in relation to the analysis conducted on Natural and Unnatural deaths. Damian explained that the analysis had been conducted on deaths recorded in the NTW SafeGuard system for the eight financial years 2010/11 to 2017/18.

It was explained that the suicide rate was slightly below the median value across England. However, there had been an increase in relation to deaths within addiction services.

In response to a question raised by Peter Studd, Damian explained that the decrease in inpatient deaths could be a consequence of the removal of ligature points.

Les Boobis questioned the number of deaths pending conclusion. Damian explained that the Trust is awaiting the coroner's decision.

James Duncan referred to the reduction of deaths occurring within three months of discharge from hospital and noted the improvement that the Trust was now achieving a follow up with those discharged within 3-4 days.

The Board recived and noted the Analysis of Natural and Unnatural deaths report.

🗎 14.1 Analysis of natural and unnatural deaths 2010-11 to 2017-18 (Front Sheet....pdf
🗎 14.2 Analysis of natural and unnatural deaths 2010-11 to 2017-18 (Board paper....pdf

15. Visit Feedback Themes (Quarter 4)

Gary O'Hare presented the report to update the Board on visits that had been undertaken by senior leaders during the last quarter and the issues raised.

Gary referred to the new format and structure of the report which is now presented by themes.

The Board noted that the report had improved.

The Board received and noted the Vist Feedback Themes report for the Quarter 4 period.

🗎 15. Visit Update - Q4.pdf

Workforce

16. Staff Friends and Family Report (Quarter 4)

Discussion
Acting Executive Director Of
Workforce And
Organisational Development

Lynne Shaw spoke to the enclosed report to update the Board on the quarter 4 results of the Staff Friends and Family Survey. Lynne explained that there had been a slight decrease in responses during the quarter. However, there had been no change in the number of positive responses received for both questions. The key themes were explained to relate to staffing levels and waiting times.

Alexis Cleveland commented that it was reassuring that the identified themes were the issues that the Sub Committees of the Board concentrate on improving.

The Board received and noted the Staff Friends and Family Report for quarter 4.

16. Staff Friends and Family Test Qtr4 (2018-19) V1.1 2019.pdf

Strategy and Partnerships

17. CEDAR Project

Decision
James Duncan, Deputy Chief
Executive/ Executive Director
Of Finance

17.1. - Updated Strategic Outline Case

James Duncan spoke to the updated CEDAR Strategic Outline Case and reminded the Board that the Strategic Outline Case had been approved at the October Board meeting and submitted to NHSI at the end of November.

It was explained that the Trust had been requested to update the Strategic Outline Case to include further information and clarify the proposal.

Peter Studd referred to page 40 of the report that shows the Non-Executive Director as the Senior Responsible Officer. Peter raised the need for this to be amended as the Executive Director is the Senior Responsible Officer. James explained that this was an error and agreed to amend the report.

Subject to the change agreed, the Board recieved and approved the updated CEDAR Strategic Outline Case.

17.1.1 CEDAR SOC Cover Sheet.pdf
17.1.2 CEDAR SOC (NTW) (180419) (TB).pdf

17.2. - Approval of Interim Funding

James Duncan spoke to the enclosed CEDAR approval of interim funding report that set out the expenditure needed to complete the business cases and the enabling works at Northgate Hospital.

James provided detail in relation to the associated risks and explained that the CEDAR Board would be meeting the next day to consider the report.

Ken Jarrold commended the scheme stating its importance in terms of service provision.

The Board approved the request for interim funding as set out within the report. It was agreed that the Board would be consulted should the CEDAR Board suggest any amendments at their meeting.

17.2.1 CEDAR board paper.pdf
17.2.2 Cashflow Summary SRM-NTW 11-4-19 rev A.pdf

18. Integrated Care System Update

Verbal/Information
Chief Executive

John Lawlor provided a verbal update on the Integrated Care System plans applicable to NTW. John explained that the focus had moved towards Integrated Care Partnerships (ICP) in which NTW was a member of two (North and Central). It was explained that James Duncan is the NTW Executive working with the North ICP and Lisa Quinn is the NTW Executive working with the Central ICP.

The Board received and noted the Integrated Care System update.

Regulatory

19. Quarterly Report to NHS I & submissions

Lisa Quinn referred to the enclosed report to highlight to the Board the information submitted to external regulators for the quarter 4 period.

In response to a question raised by Alexis Cleveland and Les Boobis in relation to Capital Service Capacity, James Duncan explained that the debt in relation to the Ferndene site would be paid off in the next year which will improve the position.

The Board received and noted the Trust's quarter 3 position.

📄 19. BoD Quarterly Report on NHS Improvement (Single Oversight Framework) Q4 2018-19.pdf

Discussion
Executive Director Of
Commisssioning And Quality
Assurance

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20. CQC Must Do Action Plans

Lisa Quinn spoke to the enclosed reports up update the Board on the CQC Must Do Action Plan Quarter 4 position. Lisa explained that a number of actions had been completed since the last inspection which had been progressing well. It was explained that Clinical Audits would be conducted to understand the impact of the improvements made.

In response to a question raised by Alexis Cleveland, Lisa explained that the CQC would inspect those areas again as part of their regular inspection cycle.

The Board recieved and noted the CQC Must Do Action Plans update for the Quarter 4 period.

Discussion
Executive Director Of
Commisssioning And Quality
Assurance

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21. Contract update

Lisa Quinn provided a verbal update on the progress of the Contract update. Lisa confirmed that the documentation would be presented to the Board meeting in May.

The Board recieved and noted the Contract update.

Verbal/Information
Executive Director Of
Commisssioning And Quality
Assurance

Minutes/Papers for Information

22. Committee updates

Alexis Cleveland, Chair of the Quality and Performance Committee explained that there had been a lot of requests from staff to attend the Committee as an observer.

Ken Jarrold supported staff attending the Committee for their development and to gain an understanding of Governance.

Discussion took place relating to developing a waiting list or using Skype facilities.

There was nothing significant to note from other Committee meetings.

The Board received and noted the update from Committees.

Verbal/Information
Non-Executive Directors

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23. Council of Governors' Issues

Ken Jarrold referred to the recent Governors meeting which hosted a visit from East London Foundation Trust. Ken invited Governors to comment on the meeting. Bob Waddell, Staff Governor, commented that it had been a very good meeting and that we could take learning from the East London Team to develop and improve NTW.

Ken Jarrold thanked the Governors present for attending the Board meeting.

Verbal/Information
Chair

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24. Any other Business

There was no further business to note for this meeting.

Chair

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25. Questions from the Public

There were no questions from members of the public in attendance at this meeting.

Discussion
Chair

Date, time and place of next meeting:

26. Wednesday, 22 May 2019, 1:30 pm to 3:30 pm, St Nicholas Hospital, Jubilee Road, Gosforth.

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Information
Chair

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Action Sheet as at May 2019

Item No.	Subject	Action	By Whom	By When	Update/Comments
Actions outstanding					
26.09.18 (5)	Crisis Team phone lines	The Board to receive an update in relation to the Crisis Team phone lines	Gary O'Hare	03.07.19	Update to be provided at the July meeting.
24.04.19 (17.1)	CEDAR Strategic Outline Business Case	Amendment, Senior Responsible Officer – Executive Director	James Duncan	22.05.19	
24.10.18 (19)	Board Assurance	The Board to receive an assurance map for agenda items that require formal approval.	Board Secretary	22/05/19	To be submitted to the May Board meeting alongside the annual review of Terms of Reference
27.03.19	Staff Survey Results	Provide an update to a future Board development session/away day on the actions/next steps to address areas for improvement	Lynne Shaw	22/05/19	Update to be provided at the May Board development session
Completed actions					
23.01.19 (14)	Visit feedback themes report	Review the format of the Visit feedback themes report.	Anthony Deery	24/04/19	Complete 24.04.19

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date:	22 May 2019

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 updates

1. Update on North Cumbria Services Transfer
2. Quality Accounts
3. Contract Update
4. Investors in People

Regional updates

5. ICS Mental Health Workstream Regional Workshop
6. Danshell/Cygnet
7. Newcastle Health and Care - System Leadership Development Programme

National updates

8. Capital Funding 2019/20
9. Launch of Productivity Metrics for Mental Health Community Services
10. Future of GDE Programme
11. Primary Care Networks
12. NHS Providers Briefing

Outcome required: For information

Chief Executive's Report

22 May 2019

Trust updates

1. **Update on North Cumbria Services Transfer**
   The transfer of services for North Cumbria is progressing well. Since our last Board of Directors meeting we have:

   - Received the staff TUPE list from Cumbria Partnerships NHSFT.
   - Initiated the recruitment to vacant posts from the current Cumbrian workforce.
   - Started to develop the Business Transfer Agreement with Cumbria Partnerships NHSFT.

   Contract negotiations continue with both North Cumbria CCG and Morecombe Bay CCG. By the time of the next Board meeting we hope to have concluded the majority of the workforce recruitment and developed the draft Business Transfer Agreement for the Board to review.

2. **Quality Accounts**
   At our Board of Directors meeting in May we will be approving the 2018-19 Quality Account. There has been extensive engagement within the Trust and with stakeholders in developing the Quality Account.

   On the 11th April we had our stakeholder launch event which was attended by service users, carers, Governors, Healthwatch, Non Executives, CCG and Local Authority representatives. This was also complemented by attending Northumberland, Newcastle and Gateshead Overview and Scrutiny Committees and a North Cumbria, Northumberland, Tyne and Wear Clinical Commissioning Group event to present the Trust Quality Account.

3. **Contract Update**
   The Board of Directors will receive the May meeting an update on 2019-20 contract negotiations. The Trust has now signed contracts with all its local Clinical Commissioning Groups and NHS England for Specialised Services. There has been a greater level of growth this year for Mental Health Services through the application of the Mental Health Investment Standard. A full update is provided within the papers.

4. **Investors in People**
   The Trust is being assessed as part of the three yearly re-accreditation process for IIP during the week commencing 16 September 2019. Two assessors will be in attendance for the week across the main Trust sites and will meet around 200 staff individually or in small groups. This will be the first time the Trust will be assessed against the new framework which reviews the effectiveness of leadership and management practices in the organisation.

   There are nine indicators grouped around the enablers (leading, supporting and improving) with the organisation's ambition at its centre. We will then receive a report to confirm that the Trust is either at "Developed" level or "Not met the Standard". Work is currently underway to ensure a wide variety of staff at all levels are available to meet the assessors.

1

Regional updates

5. **ICS Mental Health Workstream Regional Workshop**
   The third regional work shop event took place on the 9th May 2019 to review progress and align the developing delivery plans with the outcomes described in the NHS Long Term Plan (NHS 2019). The event was well attended with representation from healthcare providers, local authorities, service users and partners from across the region.

   The morning session provided an update on the North East and North Cumbria ICS position with a focus on the NHS Long-Term Plan and the role of mental health. This was followed by a panel discussion addressing the wider aspects of the emerging regional implementation arrangements.

   The discussion panel comprised the seven priority area working group leads who provided updates on the progress that has occurred to date. The afternoon session engaged partners in the narrative that will inform the development of the mental health aspects of the ICS strategy.

   The overall feedback was extremely positive and a follow up event is planned for autumn 2019.

6. **Dansell/Cygnet**
   Whorlton Hall is a secure learning disability unit run by Danshell/ Cygnet group in Barnard Castle, Co Durham. An investigation into the Hall has raised some concerns about the care being provided there. There has already been some media coverage mainly through the Independent newspaper.

   The Trust have been working collaboratively with TEWV and the responsible CCG commissioners to ensure that the necessary care and support to the service users is in place. Three men originally from the NTW patch have moved into Tyne Unit on the Northgate site. A further verbal update will be provide at the Board meeting.

7. **Newcastle Health and Care - System Leadership Development Programme**
   System partners across Newcastle have agreed to jointly fund, develop and run a system leadership programme, to enable clinical and operational leaders from across the Newcastle system to learn and develop together. This is intended to give leaders the chance to understand the opportunities for integration, learn from each other and develop networks for improvement.

   Cross organisational teams will also work together on system wide projects to further enhance knowledge and understanding and enhance the process of cultural and behavioural change that is needed to develop a truly system wide approach. A number of NTW staff are participating and the opening of the programme was held on 14th May, at which Accountable Officers across the Newcastle system presented their thoughts and aspirations for future system development. The opening session was well received by participants and further updates will be provided to the Board as this develops.

2

National updates

8. **Capital Funding 2019/20**

   Julian Kelly, Chief Finance Officer for NHSI/E wrote to all provider Chief Executives and Finance Directors on 7th May, highlighting provider plans that had been submitted in April substantially overcommitted the national NHS capital funding allocation for 2019/20. He has asked all providers to review their capital plans and particularly to consider all expectations of capital commitments where there is a reliance on external funding that has not already been agreed. He requested a re-submission of plans by 15th May, with the expressed request that providers reduce their capital spending projections wherever this is practicable. He has also asked that these plans are reviewed through their respective ICS or STP.

   The Trust has reviewed its capital plan for the year and has submitted its plan with no alterations. The plan for the year represents a relatively small total of just over £12m, of which around £7m is already committed to CEDAR and associated schemes and just under £3m is committed to IT projects. (Just over £1m of this funded through the GDE programme). The remainder of the programme is committed to minor schemes. A meeting has been arranged for 24th May for re-submitted plans to be considered at an ICS level and NTW's Deputy Chief Executive will be part of the review panel.

9. **Launch of Productivity Metrics for Mental Health Community Services**

   Following the ongoing work of the Carter Review team, which the Trust has supported, an initial set of productivity metrics has been published to help organisations to assess the productivity of community mental health teams. While it is early days and the initial information will raise more questions than it resolves, the Trust supports the approach to greater transparency and welcomes opportunities for benchmarking to support improvement work.

   The initial published metrics are average cost per substantive clinical FTE; patients per clinical FTE; and percentage of clinical contact time. Once this initial information has been analysed, a further update will be provided to the Board.

10. **Future of Global Digital Exemplar (GDE) Programme**

    It has been reported in the press that the GDE Programme may not be further rolled out across the NHS as previously reported and that the scheme may be closed down. Our current understanding is that the existing GDE programme will be completed, with those exemplar trusts and fast followers already identified completing their work and shared learning to enable the spread of best practice across the NHS. As official guidance is issued, the Board will be updated accordingly.

11. **Primary Care Networks**

    CCGs have submitted proposals for the establishment of Primary Care Networks in line with this year's planning guidance. Primary Care Networks are intended to bring together GP Practices and associated support and care provided to populations of 30-50,000. Each network has proposed its configurations and arrangements for management including clinical leadership.

    This is a significant development and NTW will work closely with the developing networks alongside system partners. It is proposed that this is the subject of a future Board Development Session for the Board to fully consider its implications and the

3

role that NTW should play. Proposals submitted by CCGs will be subject to scrutiny and review by Regional NHSE/I teams before authorisation planned for June.

12. NHS Providers Briefing

NHS Providers have published two useful briefings this month considering the development of integrated care systems *(Appendix 1)* and the continuing role of Boards as the NHS develops new models of delivery *(Appendix 2).* As usual they are thoughtful and helpful pieces and they are attached for consideration by Board members.

4

WHAT THE LONG TERM PLAN MEANS FOR SYSTEM WORKING

The long term plan, published in January 2019, set out ambitions for ensuring the NHS is sustainable and efficient, with the consolidation of system working at its core.

This briefing is a part of a series of updates from NHS Providers on the progress of sustainable transformation partnerships (STPs) and integrated care systems (ICSs), and the implementation of the long term plan.

We hope this will support trust board directors, their line reports and foundation trust governors to make sense of the rapidly evolving national policy direction with regard to system working.

This briefing addresses the commitments set out in the plan and analyses what they mean for providers within a system context under six key themes: the future of system working, legislative change, governance and accountability, regulation, finances and population health and integration.

We hope this briefing will support trust board directors, their line reports and foundation trust governors to make sense of the rapidly evolving national policy direction with regard to system working.

Key points

- As expected, the long term plan consolidates the national policy direction since the *Five year forward view* in placing considerable onus on system working as the key driver of change and improvement in the NHS. The opportunity to support collaboration and develop more integrated services is welcome, and we look forward to working with providers and their partners and the national bodies to make the long term plan a reality.

- However, the plan raises a number of new questions about how this vision can best be implemented and how local systems will be supported to deliver meaningful five-year plans. We hope that the national implementation framework due in spring 2019 will address some of these questions.

- The plan includes a commitment for ICSs to cover the whole country by April 2021. Given that progress in moving to a model of system working will be vastly different from place to place, this deadline is ambitious. If the ICS 'brand' is to remain meaningful, all systems will require tailored support and investment on their journey to developing new, collaborative relationships.

- The long term plan makes clear the expectation that every ICS has a partnership board with a non-executive chair, held to account for system-wide goals and performance measures. These proposals raise unanswered questions about governance and accountability within a system context, where responsibilities and accountabilities remain held at organisational levels.

- Given the key roles that public health and social care play in effective health and care systems, it is unfortunate that the long term plan had to be published in the absence of the green papers expected on these topics. Securing sufficient funding for public health, social care, capital spending and education and training remains fundamental to the successful delivery of the plan.

- The new integrated care provider (ICP) contract would offer one means to successfully integrate primary, community, acute and mental health care while also allowing trusts to influence population health. However, this remains one vehicle among many different partnership options for commissioners, trusts and their partners and it is vital that local areas are not pushed into any one arrangement.

- Integration and population health management is likely to be easier to achieve in areas where good relationships already exist but more challenging in areas where this is not the case.

- While the proposals for legislative change included in the plan rightly identify a number of the challenges which local partners are experiencing as they seek to implement system working, in our view, legislative change may not be the most appropriate means to remove these barriers to change.

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Context

ICSs are the most recent national initiative to deliver joined-up care, preceded on a smaller scale by the vanguard programme announced in the *Five year forward view* and then by accountable care systems (ACSs) and STPs, a development from the original sustainability and transformation plans. Crucially, systems have no statutory basis in their own right and rest on the willingness of their component organisations – trusts, clinical commissioning groups (CCGs), local authorities, primary care and the community and voluntary sector – to work together to plan how to improve health and care.

The *2018/19 planning guidance*[1] suggested that all STPs would become ICSs over time and the long term plan subsequently set out a deadline of April 2021. Although further guidance has yet to be issued, STPs and ICSs are importantly expected to submit five-year operational plans for approval by Autumn 2019.[2]

Forty-four areas of England were originally identified as the geographical footprints for STPs. Following the merger of three STPs in the north east, we now understand there are 42 STPs, 14 of which have already been confirmed as ICSs.

Progress in developing ICSs varies from place to place. Trusts are under pressure from regulators to focus on improving their own performance as well as responding to the challenges of transformation in an extremely tight financial climate. Timescales for developing meaningful system level plans are tight and a key concern. In addition, issues with public and local political engagement and in engaging key partners such as local authorities in system working, persist in many areas.

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1   https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19
2   https://www.england.nhs.uk/operational-planning-and-contracting

NHS PROVIDERS **Briefing**

Future of system working

The long term plan confirms system working as the paradigm through which patient centred, integrated care will be delivered. The increased focus on collaboration and the opportunity to develop services is welcome, but the plan raises a number of questions about how this new direction will be implemented. The national implementation framework, setting out the detail of how the vision of the plan will be implemented will hopefully address these questions. We now expect NHS England/Improvement to publish the implementation framework, and an accompanying timetable in May or June 2019.

The plan sets out an aspiration for ICSs to cover the country by April 2021 – an ambitious deadline, particularly for areas that have only recently started working together as a system partnership. These areas have the longest journey ahead of them. Trusts which are facing performance issues will particularly need flexibility from the regulators to balance system responsibilities with requirements to improve organisational finance and performance.

The plan recognises this, helpfully acknowledging that local systems are in different states of readiness and those who are most challenged will need to be supported through a peer support programme with help from colleagues in more developed systems. Flexibility and clear guidance will also be required from the national bodies to support local systems in their transition. It would be helpful to clearly define the role of an ICS, including the criteria that need to be satisfied to achieve ICS status.

Commissioning

The plan also states that commissioning organisations will become streamlined and strategic, with 'typically' one CCG per ICS. This is the first time the end point for CCG consolidation (through mergers, joint workforces and shared accountable officers) has been set out so explicitly in a national policy document. The ongoing consolidation of CCGs creates both challenges and opportunities for providers. NHS Providers welcomes the more strategic role this will allow CCGs to play and the potential for providers to take on some activities previously undertaken by CCGs. However, in some local systems, changes to commissioning structures will mean disruption and the need to quickly build new relationships. Providers will also wish to ensure they have a full seat at the system partnership board, if the partnership board is hosted by the local CCG.

Partnerships with primary care

The plan introduced primary care networks (PCNs), to be set up across the country by 30 June 2019, as a new means for primary care colleagues to organise at scale to cover populations of 30-50,000, and to ensure primary care is represented at the partnership board' of any ICS/STP.

We are conscious that many trusts already have successful partnerships in place with primary care which operate in a wide variety of different forms of vertical integration including direct ownership of GP practices, joint ventures and looser partnership structures.

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Primary care colleagues in many areas are also organising at scale in different ways, including GP federations (usually covering a larger population than 30-50,000, often in different parts of the country) and existing networks. The development of PCNs will therefore vary across the country, dependent on local relationships and existing arrangements.

Primary care is a fundamental partner in system working so we welcome the move to support primary care colleagues to organise at scale and to engage in debates about system working. Local systems will however need to be allowed considerable flexibility to develop PCNs which support existing relationships. We would strongly urge all partners to engage in open and transparent discussions to support the development of PCNs without destabilising existing services in the short term.

Social care and public health

Although the long term plan helpfully sets out the role of the NHS in supporting a preventative approach, and in delivering a range of early intervention services, the delivery of the plan (and of ICSs) depends on the wider context of health and social care in England. Without the publication of the government's social care and prevention green papers, and clarity about the funding settlements for these key services, uncertainty about delivery and implementation will remain.

Population health and integration

The shift of focus away from hospital care and into the community in the plan represents a significant shift in how the NHS interacts with the population it services. The plan states that commissioners will make shared decisions with providers about population health from 2019, using a number of new tools that aim to better manage health events and reduce hospital admissions. Ultimately, the plan says, providers will be required to contribute to system wide goals on population health. As providers take on greater responsibility for population health management they are likely to need support to build their analytical capacity and capability.

Integration and population health management is likely to be easier to achieve in areas where good relationships already exist, and more challenging in areas where this is not the case. There have already been a number of challenges between local government and existing ICSs, with some council representatives pulling out of ICSs due to issues with process and governance. This could continue to be an issue in areas where functional, collegiate relationships do not exist between the NHS and local government.

The plan's renewed focus on integration and population health depends on a foundation of strong relationships between providers, commissioners, local government, community, primary and secondary care and others. The plan proposes a new duty to collaborate' within the proposals for legislative change, as one means to address this, but the role of local government mustn't be underplayed. The relationship between providers and local government to work together to deliver population health strategies that work at system level is critical.

5

Legislative change

The plan sets out the NHS England/Improvement view that current policy direction towards collaboration and integration within local systems can "generally" be achieved within the current statutory framework, but "legislative change would support more rapid progress". The plan included an overview of barriers to collaborative working which NHS England/Improvement would like to address via legislative change. NHS England/Improvement have published an engagement document, *Implementing the NHS long term plan: proposals for possible change to legislation*,[3] setting out their top level proposals for change.

However, when considering any proposal to change existing legislation, the current political environment must also be considered and currently, there are a number of difficulties facing any amendment to NHS legislation. There is the practical issue of Brexit dominating the parliamentary timetable for some time to come. There is the political sensitivity for the Conservative government in bringing forward health legislation after the Lansley reforms. There is also the tension between wishing to avoid further upheaval for the frontline, even while current structures may be presenting unnecessary barriers. The Labour Party has also committed to revoking the 2012 Act which could mean that any piecemeal changes that are made now could be eclipsed by a revocation of the entire act if the Labour Party were to be elected. These factors and others confirm the political landscape against which these proposals will be debated and considered, is complex.

NHS Providers is currently engaging with members and the national bodies to discuss the suggested legislative proposals. The combined effect of the proposals seems to represent a move toward greater collaboration between health and care organisations within local systems, as well as renewed focus on population health management. However, whilst we broadly welcome a number of the proposals, we are concerned that there are two potential negative impacts:

- The proposals do not only enable more effective, rapid, and consistent integration. There is also a danger that they increase the strength of the NHS arm's-length bodies ('the centre') at the expense of the autonomy of local health care delivery organisations. They give the national NHS bodies significantly increased powers of direction without an attendant increase in accountability.
- In some cases, the proposals appear to cut across the central principle and importance of the accountability of trust boards, creating a lack of clarity which adds to the considerable risk present in moving the power to make decisions further away from the point of service delivery. National bodies can never have the appropriate level of information or local knowledge to make decisions at a local level. The principle of subsidiarity is tried, tested and successful, but we are concerned that these proposals would move the NHS in the opposite direction.

Health legislation is complex and often controversial. Where legislative change is the appropriate route, further consideration is needed as to how to avoid unintended

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3   https://www.engage.england.nhs.uk/survey/nhs-long-term-plan-legislation

consequences. This will be particularly important since any individual changes on particular issues need to work within the continuing wider legal framework and maintain its clarity and consistency.

You can find a more detailed analysis of each proposal in NHS England/Improvement's engagement document, *Implementing the NHS long term plan: proposals for possible change to legislation*, in our *On the day briefing*.[4]

Governance and accountability

The plan sets out further expectations in regard to the governance arrangements which could underpin system working across England by 2021. The plan states that:

- Every ICS will have:
  - a partnership board (including commissioners, trusts, primary care networks, local authorities, the voluntary and community sector and other partners)
  - a non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive directors.
- All providers within an ICS will be required to contribute to ICS goals and performance, backed up by:
  - potential new licence conditions (subject to consultation) supporting NHS providers to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health
  - longer-term NHS contracts with all providers that include clear requirements to collaborate in support of system objectives.
- NHS Improvement will have a new fast-track approach to assessing proposed merger transactions involving trusts that have been accredited as 'group' leaders.
- ICSs will have an opportunity to earn greater authority as they develop and perform.

We welcome a locally-led approach to system change but the proposals in the plan raise questions about governance and accountability. As we set out in the section on legislative change above, the plan does not propose to establish ICSs or other system leadership groupings as statutory bodies. They are not bodies corporate and have no powers to make decisions. Rather, they rely on the delegated authority of each member, or on committees in common to make their own individual decisions. This means that partnership boards, the decision-making board of an ICS, cannot make binding majority decisions and responsibility continues to rest with their component organisations – trusts, CCGs and local authorities.

It is therefore still unclear how ICSs will be held to account, and how they in turn will be expected to hold partners to account, particularly given the proposal within the plan to introduce system-wide goals and performance measures. There is also a lack of clarity on

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4   https://nhsproviders.org/resource-library/briefings/briefing-proposals-for-possible-changes-to-legislation

how ICSs and health wellbeing boards (HWBs), especially as providers are not consistently included in HWBs, could work together and this will also vary across the country dependent on local relationships.

While there is flexibility in the current legislation to allow for collaboration between local partners, the move to system working has led to the creation of complex structures. This complexity, with the additional draw on directors' time, brings with it different types of risk for trust boards, and their partners, to manage.

NHS England's move to appoint non-executive chairs to systems is a positive in acknowledging the need for independence and challenge at the system level. However, we are concerned that new system-level, independent chairs will face a series of challenges given their roles lack a statutory underpinning and therefore clear lines of accountability.

NHS Providers would also suggest that an independent chair is not an adequate substitute for a unitary board made up of executive and independent non-executive directors (NEDs). The strength of unitary boards, with NEDs forming a majority, is that they can practice proper corporate governance with strategy implementation and risk management being subject to rigorous challenge from directors with an independent perspective. The implicit, if rarely used, powers of NEDs to exert a veto gives constructive challenge real teeth. All of this means that the existing independence, expertise and challenge exerted by NEDs is missing at system level.

Emerging leadership arrangements at system level still leave trust boards, and other partners, accountable for the decisions they are party to, whether they agree with them or not. This leaves boards liable should things go wrong at system level even though the board itself may not be responsible for any oversight or error.

Regulation and oversight

The changes set out in the plan suggest that the regulatory frameworks will be realigned to support system working, with providers being held accountable to agreed system wide objectives and goals, in addition to existing organisation-level accountabilities. The plan states that:

- NHS England/Improvement will work more closely with other regulatory bodies to set clear and consistent system-wide expectations and commits to keeping assurance and oversight proportionate.
- ICSs will agree system-wide objectives with the relevant NHS England/Improvement regional directors, who have responsibility for oversight of health care in their regions, and be accountable for their performance against these objectives – this will be a combination of national and local priorities for care quality and health outcomes, reductions in inequalities, implementation of integrated care models and improvements in financial and operational performance. ICSs will then have the opportunity to earn greater authority as they develop and perform.

- A new ICS accountability and performance framework will consolidate existing accountability arrangements and will provide a consistent and comparable set of performance measures, including the new 'integration index'.
- Care Quality Commission (CQC) intends to place greater emphasis on system-wide quality in its regulatory activity so that providers are held to account for their activity to improve quality across a local area.

It is logical that the regulatory framework should adapt as systems develop. However, there is a great deal of variability between local areas on their journey to becoming an ICS so there needs to be flexibility in the application of regulation and oversight during this transition.

Oversight at a collective system level is important because the consequence of contributing to a system-level plan may be that some individual organisations are disadvantaged or advantaged. The potential risks and gains need to be shared appropriately across organisations and monitored at a system level. Trusts which are facing performance issues will particularly need flexibility from the regulators to balance system responsibilities with requirements to improve organisational finance and performance.

As ICSs are not statutory bodies, it remains the case that any regulatory intervention or enforcement action can only be taken at individual organisation level. It is crucial that system oversight does not add an extra layer of performance management or burden, and that trusts and their local partners are not subject to multiple judgements or 'double jeopardy'.

It is also crucial that the national bodies and regulators agree a shared view of quality across a system and are aligned and coordinated in how they assess quality and offer support to local areas. There is much that the national bodies can learn from the CQC's programme of local system reviews – for example, some providers have noted that a benefit of the system reviews is the focus on improvement, as opposed to performance management or pleasing the regulator, because the CQC can't take regulatory action against systems. Successful development of collective responsibility will depend in part on the relationships and trust developed between trusts, CCGs and the new regional directors. It is essential that there are clear lines of responsibility, accountability and decision making but this clarity seems unlikely given the transitional nature of current and proposed governance structures and legislation.

Finances

There are a number of proposed changes within the plan that support the transition to integrated care by incentivising system-based working. These include a shift from activity based payments to population based payments and, as part of the move toward system control totals, further reforms will give STPs and ICSs greater control over their resources. There is still a lot of important detail to work through with regard to these policies to strike an appropriate, and workable, balance between provider boards' autonomy and the need to contribute, financially to the sustainability of a broader system. The plan also assumes that system working will deliver savings which may well not be the case.

9

The plan confirms that five-year indicated funding allocations will be made for commissioners to support local plans to implement system working. This will offer greater financial certainty for STPs and ICSs and help with medium-term planning. However, the capital settlement and workforce strategy will be required before meaningful plans can be made. Further questions also remain over how capital allocations get to where they are most needed, and what relationships are needed between STP/ICS boards and provider boards to ensure effective capital prioritisation and allocation.

The plan says that every ICS will have longer term NHS contracts with all providers that include clear requirements to collaborate in support of system objectives. There will be greater certainty following the award of a long term contract, less time will be lost to the annual contracting round and more collaborative working will therefore be enabled within each ICS. This is based on an assumption that partners will be able to collaborate within an ICS and the ability of a system to forecast accurately and plan adequately for multiple years into the future. The move away from the annual contracting round and associated administrative burdens is welcome, as is the greater certainty a longer-term contract offers. However, it will be important to build flexibility into these contracts to allow systems to adapt if initial plans do not work or forecasts prove to be incorrect.

A new integrated care provider (ICP) contract will be made available from 2019. It is expected that ICP contracts will be held by public statutory providers rather than private providers. This would allow for the integration of primary and secondary care, offering the potential to successfully integrate primary, community, acute and mental health care while also allowing trusts to influence population health for the first time. There is a need here to engage local GPs and build strong relationships with commissioners and other local trusts as necessary. The difficulties presented by the GP contract, procurement laws and partnership working have meant it has taken longer to establish the ICP contract than initially expected. A single long term population health contract has the potential to fundamentally change the role of providers in a local system but it is vital that areas are not pushed into these arrangements before they are ready: getting the relationships right and developing cooperation between partners will enable the ICP contract to succeed – not the other way around.

Finally, the plan suggests the probable conclusion of the Better Care Fund (BCF). The fund is currently being reviewed, with the review to conclude this year in 2019. The National Audit Office has said the BCF is too complex and there is a lack of clarity on the return on investment it gives. The review of the BCF offers an opportunity to review the administrative burden it creates. Over £3bn of the BCF is spent on non-social care services, with the majority going to community care, so the rules governing this fund are very important to trusts. The increasing integration between health and social care must continue, but the BCF is too onerous and built on the flawed premise that taking £1 out of the health budget and spending it on social care will generate £1 of added value for the NHS. There are also concerns over NHS funding being used for core council services. What is most desperately needed is a sustainable solution to social care funding.

Unanswered questions

Is the April 2021 deadline for ICSs to cover all of England too ambitious?

Providers will need to understand the criteria (as yet unpublished) for ICS status to understand the true impact of the 2021 deadline.

However, given that progress made to move to a model of system working will be vastly different from place to place, this deadline seems to us to be extremely ambitious. Some of the most advanced ICSs have been working on their transformation for many years and have had considerable time to develop critical relationships and address other issues. Yet in other areas, relationships between key partners do not exist and other issues may influence their ability to progress to an ICS, such as a lack of funding, lack of capital, workforce issues, the need to focus on recovering organisational or financial performance and more. All systems will require tailored support and investment to achieve ICS status by 2021 or beyond. It is vital that this support offer is designed collaboratively with those who it is designed to support.

What is the definition of an ICS and what criteria need to be satisfied for a health care system to progress to becoming an ICS?

The NHS England website begins its definition of ICSs with an introduction to STPs. It suggests that an ICS is a type of 'even closer' collaboration, going on to say that in an ICS "NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve."

This definition is very broad and places emphasis on the relationships within an ICS as a method to execute its mission of improving population health, but doesn't delve any further the legal, financial or regulatory complexities of integration.

In order for these complexities to be addressed, and in order for providers to make further progress, further clarity from NHS England/Improvement is required on the criteria to achieve ICS status by April 2021. These criteria should be co-created with local frontline leaders.

What functions should an ICS adopt?

Broadly, ICSs are a helpful forum for agreeing shared priorities and undertaking population health analysis. ICSs have the potential to share resource more effectively across a patch, so it may be that devolving workforce planning to an ICS could be effective. However, there are some functions that it may be difficult for an ICS to adopt due to conflicts of interest between partners, and in some cases, the geographical footprint of the ICS. The NHS has always operated on a series of footprints best suited to population need and the requirements to deliver services to different population sizes – for example, ambulance trusts

11

and specialised services cover a number of STPs, whereas primary and community care are often more neighbourhood focused. It should be recognised that ICSs are a meaningful vehicle for collaboration and the provision of integrated, patient centre care and won't always be the correct vehicle to deliver all government or arm's-length body policy initiatives. It is therefore important for national and local NHS leaders to agree what functions should be delivered at each of neighbourhood, place, system, regional and national level.

Should there be an assurance process to assess whether STPs are ready to become ICSs and take more collective responsibility on behalf of the component organisations within their partnership? If so, what should that process comprise?

It is our view that peer review and self assessment should be an important component of the journey to becoming an ICS. This shouldn't be a regulatory process but rather an iterative set of discussions between the STP and all local partners, and colleagues in the national bodies. This process needs collaborative design between national and local leaders.

How should the national bodies' oversight role develop with regard to local systems?

The role of oversight from the national bodies with regard to local systems is still developing. The current legal framework applies to individual organisations, but we understand the direction of travel is to develop oversight mechanisms at a system level. These levels of oversight will need to complement each other, rather than implicate providers within multiple levels of scrutiny. CQC is not calling for powers to inspect and rate systems, but rather supporting systems to deliver on their objectives.

What forms of support should be put in place to support all systems to develop?

All systems will need support to develop into ICSs. This support should include technical analysis, for example, to assist with the analysis of population needs, the building of new infrastructure for the partnership, and crucially, on relationship building. NHS England/ Improvement have outlined their plans to create a development offer to support systems to undertake the required organisational development to deliver the plan, including assessing population health management maturity, creating a national learning network for health and care professionals and delivering an accelerator programme that provides support to a small number of STPs. We welcome this support and emphasise that all systems will require support to develop and that this support will need to be flexibly tailored to meet the needs of individual STPs.

12

How will ICSs work with providers that cross more than one STP/ICS or geographical footprint?

The STP or ICS isn't an appropriate delivery mechanism for all policy initiatives, especially those which may not align with patient flow. Horizontal integration is more likely to take place across one or more STP or ICS footprints, or indeed between trusts in different STP and ICS footprints. In our view, it would be helpful for the national bodies to acknowledge these nuances more clearly.

How can we ensure key partners such as local government and primary care remain engaged in ICSs?

The success of STPs and ICSs will hinge on the ability of local partners including providers, local government and primary care, to work together. Both primary care and local government are central to the delivery of integrated care, but there is tension in some areas about the 'top down' nature of NHS policy and appropriate inclusion in its development. Many systems have adopted a local brand for system working which is more appealing to local partners and the public.

13

Conclusion

The plan offers a positive vision of what the NHS could look like in the future and, in doing so, addresses a number of existing problems within the current system. NHS Providers welcomes this direction of travel, but acknowledges that a vast amount of work is needed before the benefits of such a vision will be consistently realised.

In our view, ICSs play a helpful role as a forum for local partners to agree shared vision and priorities, and to discuss how to make best use of their collective resource for patient benefit. However, the role of an ICS should not automatically become the default mechanism to deliver national policy initiatives.

The April 2021 deadline is ambitious for providers to transition to ICS status, especially in challenged areas where functional and collegiate relationships do not exist and are perhaps hampered by a culture of competition or long-standing historic differences. NHS England/ Improvement have outlined their plans to create a development offer to support systems to undertake the required organisational development to deliver the plan, which we welcome. It is vital this is developed collaboratively between national and local leaders.

The question of governance and a lack of statutory framework that would underpin the vision outlined in the long term plan remains unanswered. The proposed legislative changes go some way to support more effective, rapid and consistent integration, but there is a danger they reduce local autonomy, and cut across the central principle and importance of accountability of unitary trust boards.

For the aspirations outlined in the long term plan to be realised, it is essential that providers, and their partners are fully engaged in co creating emerging guidance and frameworks – and that the upcoming implementation guidance address some of these questions, providing a supportive atmosphere for providers to progress this work and supporting a constructive central/local partnership between the frontline and the national bodies. NHS Providers looks forward to working with NHS England/Improvement colleagues to support this approach.

Your feedback on this briefing and the development of our wider offer is very welcome – to share your learning so far or offer feedback on our approach, please contact kacey.cogle@nhsproviders.org

For more information:
www.nhsproviders.org/what-the-ltp-means-for-system-working

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14

NHS PROVIDERS **Briefing**

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WE STILL NEED TO TALK ABOUT BOARDS

Introduction

In the summer of 2015 we published our paper *We need to talk about boards*, in the context of the *Five year forward view* and the debate that ensued about legal and organisational forms. Much has changed since then, with publication of the NHS long term plan and the drive towards system working, with its emphasis on collaboration rather than competition.

However, even in the context set out above, individual organisations remain important. They are the only bodies corporate within systems with the legal powers to make decisions and are legally accountable for the outcomes of that decision making. Their directors are answerable to the board even when making decisions under delegated powers and all board members are liable for the ensuing outcomes. For providers, this means the board, which embodies the organisation, remains the legitimate unit of decision making. So while system working is likely to impact on the way in which boards work, it has made board oversight more important than ever.

The policy emphasis on collaboration over competition makes legislation to revise NHS structures and ways of working more likely at some point in the future. When this is brought forward, whatever the shape of the resulting organisations, it is vital that board leadership should be at its heart. This revised version of our 2015 paper sets out our rationale for board leadership now and in the future.

The evolution of board-led organisations

It is worth reminding ourselves of the history of boards. Why do we have board-led organisations and what are they there to do? The duties of directors in England are set out in legislation based on common law duties, but it is important to note that the role of boards of directors has also changed incrementally, both in the UK and internationally.

The 1992 Cadbury report[1] set out the classic definition of corporate governance that is still quoted in the UK corporate governance code today:

"Corporate governance is the system by which companies are directed and controlled. Boards of directors are responsible for the governance of their companies. The shareholders' role in governance is to appoint the directors and the auditors and to satisfy themselves that an appropriate governance structure is in place.

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1 Report of the committee on the financial aspects of corporate governance 1 December 1992
   http://www.ecgi.org/codes/documents/cadbury.pdf

1

The responsibilities of the board include setting the company's strategic aims, providing the leadership to put them into effect, supervising the management of the business and reporting to shareholders on their stewardship. The board's actions are subject to laws, regulations and the shareholders in general meeting."

Subsequent reports built upon the Cadbury report, setting out matters including:

● remuneration of directors

● the requirement for companies to be led by boards of directors

● the need to *apply* the principles of corporate governance rather than *comply* with the systems of risk management and internal control.

One of the most significant steps was provided by the Higgs report[2] in 2003, written in the wake of the collapse of Enron and WorldCom. Both these cases provided overwhelming evidence that, left to their own devices and without proper supervision, executive directors do not always work in the best interests of a company's owners, or indeed its customers. It would be tempting to think of the examples of Enron and WorldCom collapses as extreme cases of company's led by rogue directors. However, the near collapse of the banking sector five years later dispensed with any notion that corporate failures could be solely attributed to the actions of a few individuals and further exemplified the need for strong non-executive input into the oversight of the work of executive directors.

The Financial Reporting Council (FRC) took forward the good practice described in the Higgs report in its *Guidance on board effectiveness*. There, it recognised: "Flawed decisions can be made with the best of intentions, with competent individuals believing passionately that they are making a sound judgment, when they are not". The need for boards to challenge the executive and for key risks to be considered and dealt with as part of the decision-making process could not be clearer.

Higgs acknowledged that there will never be a perfect system, a lesson that the NHS would do well to take into account. Higgs said: "Enterprise creates prosperity but involves risk. No system of governance can or should fully protect companies and investors from their own mistakes. We can, however, reasonably hope that boardroom sins of commission or omission – whether strategy, performance or oversight – are minimised".

The insightful Walker Review of corporate governance of UK banking industry[3] looked in some detail at whether the unitary board comprised of executive and non-executive directors (NEDs) remained the best model for the banking sector. The review considered whether the European model of a supervisory board overseeing the executive board might not work better in an industry where non-executive oversight had been found to be seriously lacking. Walker concluded that the unitary board, which encourages proximity and interaction between executive and NEDs remained the best model.

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2   Review of the role and effectiveness of non-executive directors, January 2003
    http://www.ecgi.org/codes/documents/higgsreport.pdf

3   A review of corporate governance in UK banks and other financial industry entities, November 2009
    http://webarchive.nationalarchives.gov.uk/+/http:/www.hm-treasury.gov.uk/d/walker_review_261109.pdf

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He identified the crucial importance of behaviour and the interaction between directors and stakeholders in achieving sound corporate leadership and direction:

"Improvement in corporate governance will require behavioural change in an array of closely related areas in which prescribed standards and processes play a necessary but insufficient part. Board conformity with laid down procedures such as those for enhanced risk oversight will not alone provide better corporate governance overall if the chairman is weak, if the composition and dynamic of the board is inadequate and if there is unsatisfactory or no engagement with major owners. The behavioural changes that may be needed are unlikely to be fostered by regulatory fiat, which in any event risks provoking unintended consequences. Behavioural improvement is more likely to be achieved through clearer identification of best practice and more effective but, in most areas, non-statutory routes to implementation so that boards and their major owners feel 'ownership' of good corporate governance."

What is true of the banking sector is equally true of the NHS. It is the calibre of boards and the behaviour of board members that are the determinants of effective leadership. Procedures and processes are necessary but insufficient in this respect, with regulatory injunction most likely not producing the required outcomes from organisations. The 2018 iteration of the UK corporate governance code[4] came into force at the beginning of 2019.[5] The code draws on several reviews and consultations, including an inquiry by the business, energy and industrial strategy select committee which had once again stressed the role of non-executive directors: *"We are in no doubt about the vital role that NEDs have in company governance and are concerned about the impact of what we heard were ever increasing burdens on their ability to perform their role effectively, particularly if they serve on several boards".*[6]

The essence of the latest code is to reaffirm that organisations need effective well-led unitary boards to succeed, but it also stresses the need to engage with stakeholders (including staff) in a meaningful way and emphasises the need for boards to work to promote a positive organisational culture and to look to maintain the long-term success of the organisation.

Boards and NHS provider organisations

The delivery of high-quality healthcare involves uncertainty of outcome – that is, risk. Though we must accept that board governance is not infallible, unitary boards are well placed to deal with risk because they can ensure that risk is properly controlled as part of the decision-making process, they bring together NEDs and executives in a way that maximises the potential for constructive but rigorous challenge, and they facilitate the application of good practice rather than promoting unthinking compliance.

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4   UK Corporate Governance Code, Financial Reporting Council, April 2014
     https://www.frc.org.uk/Our-Work/Publications/Corporate-Governance/UK-Corporate-Governance-Code-2014.pdf

5   The new code took account of the findings of the Walker Review, as well as a call for evidence in 2010 and consultations in 2012 and 2014. The latest version of the code resulted from work conducted by the FRC on corporate culture, a government green paper and a report from the BEIS Select Committee Inquiry.

6   BEIS Select Committee Inquiry, April 2017
     https://publications.parliament.uk/pa/cm201617/cmselect/cmbeis/702/70202.htm

3

The relevant code for NHS provider organisations is Monitor's NHS foundation trust code of governance.[7] In common with the UK code,[8] it recognises the singular role of boards of directors in providing coherent leadership and direction and sets out the same role for boards of NHS organisations as that of their private sector counterparts. They stand for the best interests of the 'owners' of the organisation: the public.

One of the less controversial aspects of the Health and Social Care Act 2012 was to codify for the first time the role of foundation trust boards of directors: "The general duty of the board of directors, and of each director individually, is to act with a view to promoting the success of the corporation so as to maximise the benefits for the members of the corporation as a whole and for the public".[9] There is a read across from Paragraph 1 of Section 172 of the Companies Act 2006.[10] The way in which NHS provider boards exercise this duty, once again like their private sector counterparts, is through corporate governance – a methodology put into action, not a set of rules, procedures or committee structures.

It is worth reiterating that corporate governance is what boards of directors do: setting the strategy of their organisation, supervising the work of the executive, setting and exemplifying corporate culture and being accountable to stakeholders. Research by Professor Andrew Kakabadse of Henley Business School – covering the public, private and third sectors in 14 countries – stresses need for boards to be driven by evidence rather than attempting to duplicate what they have done previously when they engage with their key stakeholders: "Good leaders create value and deliver success through evidence-led stakeholder engagement. They build the commitment and passion which delivers value through real evidence rather than neat consultant-generated strategies, or distant dreams. In these successful organisations, evidence is not an aberration, but the result of hard work, persistence and structure."[11] Implicit in this is the need to understand local conditions and build solid evidence based on knowing the organisation and those it serves – something that cannot be done remotely.

Constructive challenge
The role of the NHS board in fostering a positive organisational culture

The role of boards in setting and nurturing a positive organisational culture is now rightly recognised as being of central importance. Culture, or 'how we do things here',

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7   The NHS foundation trust Code of Governance
     https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance

8   The current FT Code was based on an earlier iteration of the UK Corporate Governance Code and is in the process of being
     revised in line the 2018 iteration of the UK Code, but taking account of system working and the need for the code to cover
     NHS trusts as well as foundation trusts.

9   Section 18A, National Health Service Act 2006 as amended by the Health and Social Care Act 2012
     http://www.legislation.gov.uk/ukpga/2012/7/section/152/enacted

10   https://www.legislation.gov.uk/ukpga/2006/46/section/172

11   NHS Staff Management and Health Service Quality,
     https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215454/dh_129658.pdf

4

is not something that can be imposed remotely from the centre or be the subject of regulatory diktat. West et al[12] identified the strongest predictor of mortality rates in acute trusts is "the percentage of staff working in well structured teams that have clear objectives, that meet regularly to review their performance and how it could be improved, and whose members work closely and effectively together". Fostering a culture where teamwork, appraisal and problem-sharing and solving are part and parcel of the way of working can only happen in a climate in which trust and candour are the norm. This is only possible where there is close interaction between an organisation's leaders and those they lead.

Trust and candour are essential if people are to speak up about problems as they arise so that they can be dealt with rather than hidden or ignored. Good boards depend on this to help them identify problems and address them. Mary Dixon-Woods, professor of medical sociology at Leicester University, describes this as 'problem-sensing behaviour'. She expresses concern that the demands of regulators and central organisations, rather than facilitating positive behaviour, might actually inhibit the delivery of quality healthcare: "If the provider system remains too focused on servicing external accountability demands and protecting providers' own reputations, they may be disincentivised to find bad news. This can easily divert providers from problem-sensing behaviour – looking for bad news (including fugitive knowledge) and instead incentivising 'comfort-seeking'."[13]

Boards are able to do what the centre and regulators cannot conceivably do from an outside perspective because they can harness high-quality information from multiple sources, triangulate and obtain assurance based on sufficient evidence. The regulatory frameworks, by way of contrast, often look to performance management as a proxy for governance. Performance management at best produces compliance, however, prioritising compliance can skew priorities away from what is necessary to deliver for patients and towards what is necessary to keep the regulator onside. It also makes whatever is measured important, rather than measuring what is important.

So, if performance is prioritised, where does that leave those aspects of quality that are best described using softer information?

A key role for boards of directors in delivering quality services is to put in place processes to control risk (or uncertainty of outcome), and to seek and obtain assurance (that is, confidence backed by sufficient evidence). Boards look for solid evidence that the outcomes they seek are being achieved and, perhaps most importantly, they look to identify gaps in controls and take action to ensure those gaps are treated effectively. They do this by:

● knowing their organisation and how it operates, tailoring risk management processes to local circumstances, overseeing the work of and challenging the executive to ensure that what is presented as evidence is not taken at face value and that the full range of explanations for outcomes is explored

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12 NHS Staff Management and Health Service Quality
    https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215454/dh_129658.pdf

13 Regulatory complexity – a challenge for the provider system
    http://www.nhsproviders.org/blogs/mary-dixon-woods-blog/regulatory-complexity-a-challenge-for-the-provider-system/#sthash.RxuK8QON.dpuf

5

- testing this through triangulation – testing what they have heard against what they see within the organisation and what they hear when they speak to staff and those who use services

- seeking to verify what they believe they know about their organisation through deep dives, audit, peer review and external reviews, among other methodologies, so that they can improve the quality of assurance they receive.

It is this, the quality of assurance, not performance data, periodic inspection or proxies for governance that is likely to speak most loudly on the quality of services. It is axiomatic that board assurance requires local boards of directors.

The nature of NHS trust and foundation trust non-executives has changed radically over the last decade. The foundation trust and NHS trust board is now a place for non-executives who bring significant business and other skills to the table. It is a place for a real independent perspective made on behalf of the public and populated by people who can inject real challenge into board debate so that executive directors are really held to account. It is therefore no coincidence that there has been a real change in the way NEDs are regarded, in what is asked of them, and in the support and development opportunities available to them. A good board is the first line of accountability and regulation, and the one most likely to be effective in dealing with problems before they become a real issue, rather than insisting things are put right after the event.

NHS provider boards and system working

There have been suggestions that NHS provider boards need to rely more on delegations and committees in common so that decisions can be made at a system level. There are clear advantages to system working and the appropriate use of delegation in order to reach system-wide decisions with the minimum of bureaucracy. However, clinical commissioning group (CCG) governing bodies and provider boards remain the legal units of decision making within the NHS at local levels, partnered closely by local authorities. This means trust boards remain the unit of decision making within the NHS provider sector, accountable for quality outcomes for patients and it is a key duty of the board to properly supervise the work of the executive.

Learning from where service delivery has gone tragically wrong, including at Mid Staffordshire from 2005 to 2009 and Morecambe Bay in 2010, its clear that one of the key determinants of failure was that executive directors were not properly challenged, supervised and held to account by their board. Strong boards are rarely a problem. Conversely, weak boards can lead to disaster.

Systems are not bodies corporate and do not have any legal standing. They cannot be board led and they cannot use the same method of corporate governance as is used by boards. System working strengthens the role of executives and, unless care is taken, likely diminishes the role of NEDs. Leaders in systems have attempted to tackle this issue in a number of ways. These have included the appointment of independent system chairs

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and of scrutiny groups of NEDs, CCG lay members and councillors. These moves are welcome, not least because they can facilitate objective approaches to discussions on difficult issues. However, these groupings are of individuals with very different duties, accountabilities and legal standing, and the fact that they meet together does not confer on them any statutory powers to act as a counterbalance to executives.

If challenge and proper supervision of the executive is to take place at system level and risk is to be properly managed, we will need to have unitary boards at system level. That in turn will require primary legislation, which – in this respect at least – is unlikely to be forthcoming in the short term. In the absence of such bodies, we must rely on reference back to existing local boards of directors so that system risks are properly challenged, managed and assured.

Bringing together different parts of the NHS should present the opportunity to build on what is best about corporate governance in the NHS. That means opting for best practice rather than looking for a common denominator. When considering best practice, the Myners report[14] for the Co-op group echoed the findings reviews from Cadbury onwards on the strengths of the unitary board. We believe that what is true of the private and co-operative sectors is also true of the NHS, that the retention of the unitary board is essential to best practice in corporate governance.

NHS provider boards and accountability

It is not possible to talk about boards without also addressing accountability. The UK corporate governance code addresses the accountability of boards to their shareholders, the owners of their businesses, rather than accountability to whatever their industry regulator might be. Who then is the 'owner' of a foundation trust or NHS trust?

Clearly the state has a stake. Healthcare services are funded centrally and the government has a legitimate claim to be part owner, an 'institutional shareholder' for the NHS. However, this is equally true of the people who use and receive NHS services and the local communities made up of people who at one time or another will have recourse to use their services. Trusts also need to be answerable to the general public for the stewardship of the service – that they use their resources prudently and what they pass on to the next generation of leaders and service users is fit for purpose.

This cannot be done as part of some monolithic bureaucracy. Good accountability needs a strong local dimension, not just because it the 'right thing to do', but also because the local perspective can differ greatly from the perspective of the regulators or that of central NHS organisations. Those who work in the sector are well aware of the fact that if patient and service user engagement is to be meaningful there is a need to move beyond the accumulation of data and to listen to the authentic voice of those who use services. The same argument applies to the voice of staff and to the public in a trust's catchment area more generally.

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14   https://assets.ctfassets.net/5ywmq66472jr/3DA9s4bHUAguMmY688cAQW/b04a23c45c971098d9735c0ba7fc4159/Report_
of_the_Independent_Governance_Review.pdf

7

8

NHS foundation trusts are required by law to have councils of governors elected by their members – their staff, patients, service users and carers and the public. Councils of governors have a number of important statutory duties,[15] not least of which is to hold the NEDs of the foundation trust to account for the performance of the board. System working makes the role of councils of governors more challenging as a legitimate route to public accountability. Not all trusts are foundation trusts with councils of governors. Councils have no standing outside their own trusts and can only work together on an informal basis. There is also a significant question as to how councils can be both party to an informal decision-making process at system level while holding their boards to account for these same decisions at local level.

The long term plan is silent on the future of groups representing the interests of patients and the public, such as councils of governors. This leaves scope for a sector-wide debate of how best to bring local accountability to systems.

Conclusion

There is no legal form, structure or system that can completely inoculate organisations against failure, whether at local or system level. This is because they are led by people and, as in any industry, success is contingent on the cumulative behaviour of individuals. However, good corporate governance provides a vehicle for the provision of sound leadership, clear direction and dynamic accountability.

All available evidence suggests long term success is unlikely in the extreme in organisations where good governance is lacking. The unitary board model provides a better prospect of good governance than any other model of leadership and direction. It provides a forum to set and model positive values and behaviours. The duty on non-executive and executive directors alike to challenge means that strategy is thoroughly tested and vetted. It provides a mechanism by which executive directors can be supervised effectively and be challenged on the results they deliver and it provides a key line of defence in the successful management of risk.

Strong board leadership with sound local accountability need to be key components of system working and the future evolution of systems. That either means leaving accountability in local organisations as it is now, or developing a more radical vision of how health and care can be delivered and placing system working itself on a firmer, board-led, footing.

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15   https://www.gov.uk/government/publications/nhs-foundation-trust-governors-your-legal-obligations

For more information:
www.nhsproviders.org/we-still-need-to-talk-about-boards

Suggested citation:
NHS Providers (May 2019),
We still need to talk about boards.

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www.nhsproviders.org

NHSProviders

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 22 May 2019

Title and Author of Paper:
State of the North East 2018: Public Mental health and Wellbeing
Dr D Robinson, GMD Safer Care

Executive Lead: Dr Rajesh Nadkarni

Paper for Debate, Decision or Information: Information

Key Points to Note:
- This report provides the Board with a summary of the key observations in the recent publication of Public Health England "State of the North East 2018: Public Mental Health and Wellbeing" published in February 2019.
- NTW has a close working relationship with PHE North East and has worked on a number of projects to reduce inequality in healthy for service users. This includes regional projects on reducing smoking rates and managing weight and physical activity.

Risks Highlighted to Board :
Health inequalities experience by people with severe mental illness in the North East

Does this affect any Board Assurance Framework/Corporate Risks?
Please state **Yes** or **No No**
If Yes please outline

Equal Opportunities, Legal and Other Implications:
None

Outcome Required:
Acknowledge receipt

Link to Policies and Strategies:

Report summary for Trust Board

State of the North East 2018: Public Mental Health and Wellbeing

Background

- This report provides the Board with a summary of the key observations in the recent publication of Public Health England "State of the North East 2018: Public Mental Health and Wellbeing" published in February 2019. The full report is available at:-
  https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779473/state_of_the_north_east_2018_public_mental_health_and_wellbeing.pdf

- Protecting and improving mental health is as important as protecting and improving physical health. The 2 outcomes are strongly related. This report examines the current intelligence about mental health in the North East of England, looking at the prevalence of illness throughout the life course, risk factors, vulnerable groups that may benefit from targeted prevention interventions, and premature mortality rates related to mental ill-health.
- NTW has a close working relationship with PHE North East and has worked on a number of projects to reduce inequality in healthy for service users. This includes regional projects on reducing smoking rates and managing weight and physical activity. The Trust is an approved training location for Public Health registrars.

Summary.

- Poor mental health is a huge burden on individuals, families and communities in our region, both in the quality of their lives and the devastating early deaths of too many people. This includes around 250 deaths from suicide in the North East each year, but a further 1,500 deaths of people with serious mental illness who die prematurely from other causes. Improving public mental health is not only the right thing to do, it also make economic sense. A recent report from Public Health England shows that for every £1 spent on identified prevention activities, the returns are often double that.

Workplace wellbeing programme	Workplace stress prevention	Collaborative care for physical health problems	Debt and welfare service	Adults: Suicide prevention programme	Older people: tackling loneliness through volunteering and social activities
Every £ invested results in an estimated saving to society of:					
£2.37 over 1 year	£2.00 over 2 years	£1.52 over 2 years	£2.60 over 5 years	£2.93 over 10 years	£1.26 over 5 years

p1

- The North East has a range of assets to support good mental health, including good health services, high levels of social cohesion, and green environments with relatively low air pollution. The new Access to Healthy Assets and Hazards (AHAH) index is produced by the Consumer data research centre and has 3 domains: access to retail services; access to health services; and physical environment. A low AHAH score represents access to more assets and the North East performs better than all other regions in England

Area	Count	Value		95% Lower CI	95% Upper CI
England	11,590,179	21.2		-	-
London region	4,790,536	55.2		-	-
East Midlands region	1,347,629	28.8		-	-
Yorkshire and the Humber...	1,194,364	22.2		-	-
East of England region	961,325	15.8		-	-
West Midlands region	842,653	14.7		-	-
North West region	1,017,178	14.2		-	-
South East region	929,798	10.4		-	-
South West region	412,391	7.5		-	-
North East region	94,305	3.6		-	-

Source: AHAH index data is provided by Consumer Data Research Centre (CDRC: https://data.cdrc.ac.uk/dataset/access-to-healthy-assets-and-hazards-ahah) and created by the Geographic Data Science Lab (GDSL: https://geographicdatascience.com/project/access-to-healthy-assets-and-hazards/). Population values are LSOA population mid year estimates 2015 from the Office for National Statistics: (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates. Aggregation of LSOAs to local authorities used lookups from Office for National Statistics (2011). 2011 Census: boundary data (England and Wales). UK Data Service. SN:5819 UKBORDERS: Digitised Boundary Data, 1840- and Postcode Directories, 1980-. http://discover.ukdataservice.ac.uk/catalogue/?sn=5819&type=Data catalogue, Retrieved from http://census.ukdataservice.ac.uk/get-data/boundary-data.aspx.

- The region has lower levels of homelessness than other parts of England, children have good levels of school readiness and most young people are in education, employment or training. Carers in this region are more likely to report that they have sufficient social contact than in any other region of the country. People living in the region who experience mental health problems are more likely than others in England to have stable and appropriate accommodation, and to be employed.

- Both children and adults in the North East have similar levels of wellbeing to the rest of the country. However, there are challenges unique to the North East.

- The mental health of pregnant women and new mothers has not been well measured and recorded to date but with estimates of 10-20% experiencing mental health problems, this is an area that requires further investigation and action. Poor maternal or paternal mental health will give children the unhealthiest start in life.

- Educational attainment in the North East is comparatively low and there are very high numbers of vulnerable children: 92 in every 10,000 children in the region are in care; 31 in every 10,000 are in care as a result of neglect or abuse; a quarter of all children in the North East live in poverty; and an estimated 10% young people must be a focus for support if we are to improve their life chances.

- Among adults, the North East has higher levels of mental health problems in the region, more substance misuse (particularly alcohol) and high levels of self-harm. While the suicide rate has remained relatively static in recent years, and all areas in the North East are implementing their suicide prevention plans, premature mortality from all causes for people with a mental illness remains extremely high

p2

in all of our local areas. A more integrated approach to population health, tackling the determinants of poor physical and mental health, is required.

Perinatal mental health

- Of the 28,214 maternities in the North East (one maternity can result in the birth of more than one baby), an estimated:
    - 4,165 mothers experienced adjustment disorders and distress in the perinatal period
    - 835 experienced post-traumatic stress disorder
    - 2,775 experienced mild to moderate depressive illness and anxiety
    - 835 experienced severe depressive illness
    - 60 experienced chronic severe mental illness
    - 60 would experience postpartum psychosis

Children and young people's mental health and wellbeing

- Compared to the overall population, the North East has a smaller population aged under 18 (20%) than England (21%) (15).
- It is estimated that around 9.2% of 5-16 year olds in England have a mental health disorder, with the prevalence in the North East predicted to be slightly higher at 10.0%.
- Locally, rates of mental health disorder are higher than England in Sunderland and South Tyneside, and similar in all other areas.
- Wellbeing of 15 years old (measured by WEMWBS) in the North East is the same as in England as a whole
- All of the local authorities in the North East have a higher proportion of children in care than in England.
- Young people who are not in education, employment or training are at a greater risk of a range of negative outcomes, including depression
- The proportion of young people aged 16-18 who are not currently in education, employment or training in the North East in 2016 was significantly lower than the England average.

Adult mental health and wellbeing

- 80% of the adult population in the North East had high life satisfaction scores in 2016/2017, up from 75.4% in 2011/2012. (Annual Population Survey)
- However, when compared with England, more people in the North East had low life satisfaction scores. There was a significantly higher proportion of people in North Tyneside who recorded low life satisfaction scores
- There are some indications of poorer wellbeing in the North East, (low satisfaction scores and feeling that life is worthwhile) and there are some areas that have wellbeing scores that are significantly worse than England. However there are no areas which score particularly badly on all wellbeing indicators and no sign of long-term deteriorating trends.

- Mental health problems are more commonly found in areas of deprivation and the North East has a relatively high proportion of these areas. Compared with England as a whole, both Northumberland and North Tyneside are less deprived but Middlesbrough and Hartlepool have some of the most substantial concentrations of deprivation in England.
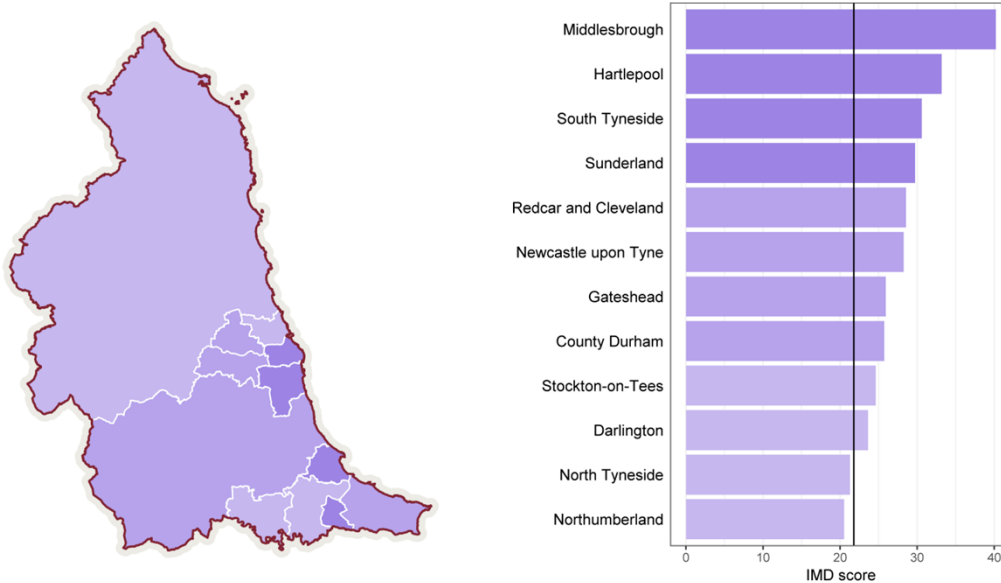
- Work is strongly related to mental health. The North East has significantly higher levels of long-term Job Seeker Allowance claimants than England though people in contact with mental health services are more likely to be employed.
- Family homelessness is less common in the North East than in England
- The prevalence of depression diagnosed and recorded by general practitioners in England is 9.1%. In the North East, the prevalence of diagnosed depression is 10.0% with lower rates in Hartlepool, Middlesbrough and Newcastle – this could reflect undiagnosed depression, however.
- The recorded prevalence of severe mental illness in English general practices is 0.92%, with the North East slightly higher at 0.94%.

Mental health and wellbeing of older people

- Older adults are at increased risk of dementia: there are an average of 3 recorded cases of dementia per 10,000 population aged 0-65 in England, compared with 433 per 10,000 of all over 65s (20). For the North East, the figures are even higher: 4 per 10,000 under 65s and 463 per 10,000 of over 65s.
- The North East has emergency hospital admission rates for people with dementia that are significantly higher than those for England, and significantly higher mortality rates from dementia
- Most areas have a recorded dementia prevalence for the 65+ age group that is significantly higher than England, with only Northumberland having a significantly lower prevalence

p4

Substance misuse

- At present, there are no direct indicators of co-morbid substance misuse and mental health issues. Public Health England's mental health intelligence network shows data on smoking, alcohol misuse and drug use alongside mental health prevalences in its "Co-occurring substance misuse and mental health issue" profiles.
- The profiles show that the North East has:
    - a high percentage of adults with alcohol dependence (1.72% compared with 1.39% for England)
    - a high admission rate to hospital for mental and behavioural disorders due to alcohol
    - a high adult smoking rate (16.2% compared with 14.9% for England – though it is worth noting that the absolute and relative gap with England has narrowed in recent years)
    - a high smoking prevalence rate for adults with serious mental illness (41.8% compared with 40.5% for England)
    - a high estimated prevalence of opiate and/or crack cocaine use (10.4% compared with 8.6% for England

Suicide and self-harm.

- Around 250 people die from suicide in the North East every year.
- In 2016, there were 4,941 deaths recorded as suicide in England and Wales, while in the same year, the Samaritans took more than 770,000 calls from people who expressed suicidal feelings.
- Men, divorced people and those living in less well-off areas are at greater risk of suicide. Suicide risk is particularly high among people with serious mental illness during psychiatric admission and shortly after discharge
- The suicide rate in England is falling but the trend in the North East in less clear
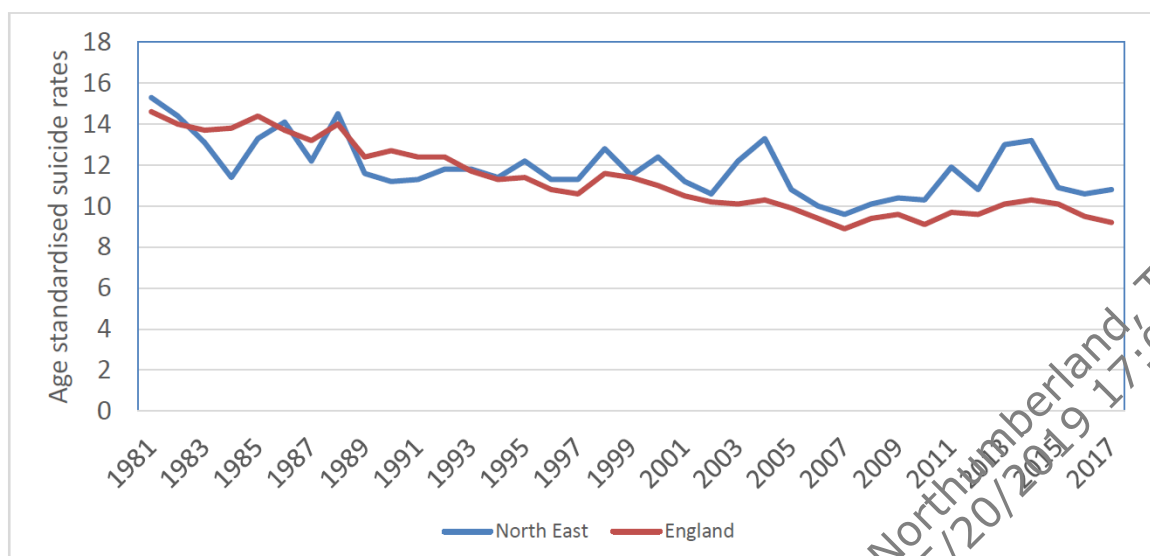
Source: Office for National Statistics.

- 0.5% of people who self-harm subsequently die by suicide, 49 times greater than the probability of suicide in the general population. The North East has relatively high rates of emergency hospital admissions for self-harm.
- NTW is a member of the ICS zero suicide ambition steering group and the ICP steering group and has developed a Trust zero suicide plan (presented to the Board in April 2019)

Premature mortality from other causes.

- For every 100 deaths in the general population, there are 370 deaths among people with serious mental illness.
- People with SMI die 15-20 years earlier and the main conditions responsible for these early deaths are liver disease, respiratory disease, cardiovascular disease and cancer.
- People with a serious mental illness had a much higher premature mortality rate in all North East local authorities than across England as a whole and was particularly high in Newcastle, South Tyneside, County Durham and Teesside.
- Regional approaches such as the mental health Trusts going smoke free are in line with recommendations to improve the physical health of adults with a mental health condition and should have an impact on the causes of some of these early deaths.

Summary of projects to reduce premature mortality within NTW.

- NTW has worked with PHE North East over Reducing Harm from Smoking and weight management (A Weight Off Your Mind)
- Achievements within the Weight Off Your Mind project
    - Providing healthy food and drink for all service users, staff and visitors
    - Development of nutritional pathways
    - Ensuring dietary advice is accessible to all and available in a variety of formats, including easy read
    - Working with the dedicated physical activity clinical champions funded by PHE as part of their work on "Everybody Active Everyday Framework"
    - Promoting opportunities for our staff to engage in physical activity
    - Ensuring that the Trust has a sound understanding of the cardiovascular risks that impact on service users and ensure these are systematically recorded and reflected in care planning
    - Ensuring that service users identified as meeting the Lester Tool triggers are referred into the agreed pathways
    - Providing accessible information and guidance for staff, patients and carers on the impact of medication on weight gain
    - Work with local authorities to map existing community based weight management and physical activity services; ensuring information about these services are available across the Trust
    - Reducing consumption of high calorie/fat or sugary foods available for C&YP by increasing the availability of healthy food/snacks
    - AWOYM website developed
    - Closing the Gap sessions for EIP Service Users
    - AWOYM Building Active communities event

- o Plans for guided walks around three Trust sites
- Achievements within Reducing Harm from Smoking project
  - o Trust achieved smoke free status from October 2016
  - o Independent external evaluation undertaken by FUSE/Tees University
  - o Clinical in-patient staff trained in L1 brief interventions
  - o Additional staff trained to L2 smoking cessation
  - o Compliance with CQUIN relating to smoking and smoking cessation
  - o Roll out of smoking cessation into CMHTs in Central locality through work with local authority services
  - o Bespoke smoking cessation and respiratory pathway developed in addiction services in Newcastle
  - o Roll out of extension of e-cigarettes use to provide starter packs on admission and permissive use in buildings
  - o Introduction of tobacco and smoking materials as prohibited items to create an in-patent environment free from smoking cues

Dr D Robinson
GMD Safer Care

May 2019

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date:	22nd May 2019

Title and Author of Paper: Integrated Commissioning & Quality Assurance Report (Month 1 April 2019) – Anna Foster, Deputy Director of Commissioning & Quality Assurance

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information & Discussion

Key Points to Note:

1. This report provides an update of Commissioning & Quality Assurance issues as at 30th April 2019.

2. The number of people waiting more than 18 weeks to access services has decreased this month in non-specialised adult services. Within children's community services there has been an increase in those waiting over 18 weeks.

3. The number of follow up contacts conducted within 72 hours of discharge is reported at 89.1% for April 2019. This is a CQUIN requirement in 19/20, the target is 80% by Quarter 3.

4. There have been six Mental Health Act reviewer visits received since the last report relating to Ashby ward, Collingwood Court, Warkworth, Beadnell, Roker and Marsden. There were actions which had been resolved along with some remaining as unresolved from previous visits relating to involvement in care plans, blanket restrictions and activities.

5. There were one hundred and four inappropriate out of area bed days reported in April 2019 against a quarterly target of 144 days.

6. The provisional sickness absence figure for April 2019 is 5.23%.

Risks Highlighted:	waiting times

Does this affect any Board Assurance Framework/Corporate Risks: Yes

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information and discussion

Link to Policies and Strategies: NHS Improvement – Single Oversight Framework, 2017/18 NHS Standard Contract, 2017-19 Planning Guidance and standard contract, 2017-18 Accountability Framework

Executive Summary:

1   The Trust remains assigned to segment 1 by NHS Improvement as assessed against the Single Oversight Framework (SOF).

2   There have been six Mental Health Act reviewer visits received since the last report relating to Ashby ward, Collingwood Court, Warkworth, Beadnell, Roker and Marsden. There were actions which had been resolved along with some remaining as unresolved from previous visits relating to involvement in care plans, blanket restrictions and activities.

3   There have been no Commissioner Quality Assurance visits this month.

4   NHS England and local CCG's did not meet all the contract requirements for month 1. The areas of underperformance continue to relate to CPA metrics, seven day follow up and in Sunderland IAPT numbers entering treatment.

5   All of the CQUIN scheme requirements have been internally forecast at month 1 to be achieved during the quarter.

7. The number of people waiting more than 18 weeks to access services has decreased this month in non-specialised adult services from 57 to 55. Within children's community services there has been an increase in those waiting over 18 weeks

8. Training rates have continued to see most courses above the required standard. There are three courses more than 5% below the required standard which are Clinical Risk Training (77.4% was 77.5%), MHA Combined Training (79.3% was 78.1% last month) and PMVA Basic Training (79.9% was 79.4% last month).

9. Reported appraisal rates have achieved the Trust standard this month and are reported at 85% Trustwide.

10. When comparing the March 2019 provisional figure (5.38%) to the April 2019 provisional figure (5.23%), the in month sickness has improved by 0.15%, however the confirmed March 2019 in month figure is 5.2% which is a decrease of 0.72% on the previously reported figure. The 12 month rolling average sickness rate has decreased to 5.79% in the month.

11. At Month 1 the Trust has a deficit of £1.2m which is in line with plan. The Trust's finance and use of resources score is currently 3 and the forecast year-end rating is a 2.

Other issues to note:

- The NHS Improvement model hospital has now gone live with metrics in Corporate Services for Digital, Data and Technology, these metrics show indicators relating to digital maturity, data quality uptake of digital technology and coding. There is also a new compartment in people (Doctors) showing metrics for headcount, FTE's, cost, job plans, programmed activity sessions and clinical care. The Trust has no notifications for the new metrics.

- The Sunderland IAPT service moving to recovery rate was 51.0% for the month which is above standard.

- The numbers entering treatment for Sunderland IAPT service has not been achieved in month 1. The reported number in April who have entered treatment in the month is 472 against a target of 779 (Quarter 1 19/20 target is 2338 overall).

- The number of follow up contacts conducted within 7 days of discharge has increased in the month and is reported at 97.7%.

- The number of follow up contacts conducted within 72 hours of discharge is reported at 89.1% for April 2019.

- There were one hundred and four inappropriate out of area bed days reported in April 2019 against a quarterly target of 144 days.

- The service user and carer FFT recommend score has increased to 89% this month which is in line with the national average.

- There has been a marginal increase in the number of clusters undertaken at review in April 2019, this measure is above the 85% standard.

Commissioning and Quality Assurance Summary Dashboard – April 2019

Regulatory	**Single Oversight Framework**				
	1	The Trust's assigned shadow segment under the Single Oversight Framework remains assigned as segment "1" (maximum autonomy).		Use of Resources Score:	**3**
	CQC				
	Overall Rating	Number of "Must Dos"	There have been six Mental Health Act reviewer visits received since the last report relating to Ashby ward, Collingwood Court, Warkworth, Beadnell, Roker and Marsden. There were actions which had been resolved along with some remaining as unresolved from previous visits relating to involvement in care plans, blanket restrictions and activities		
	Outstanding	3			

Contract

Contract Summary: Percentage of Quality Standards achieved in the month:

NHS England	Northumberland CCG	North Tyneside CCG	Newcastle / Gateshead CCG	South Tyneside CCG	Sunderland CCG	Durham, Darlington & Tees CCGs	Cumbria CCG
94%	90%	90%	90%	90%	93%	38%	75%

NHS England and all local CCG's did not achieve the contract requirements during month 1. The areas of underperformance continue to relate to CPA metrics, seven day follow up and in Sunderland IAPT numbers entering treatment
There have been no Commissioner quality visits during the month.
The Specialised Mental Health data submission quality score has decreased to 90.2% at the last submission and work is ongoing to improve this further

CQUIN - Quarter 1 internal forecast assessment RAG rating:

Staff Flu Vaccinations	Alcohol and Tobacco Brief Advice	72 hour Follow Up Post Discharge	Improving Data Quality Reporting/ Interventions	Use of specific Anxiety Disorder measures within IAPT	Healthy Weight in Secure Services	CAMHS Tier 4 Staff Training Needs	Local Neuro-rehabilitation Inpatient Training

All of the CQUIN scheme requirements have been internally forecast to be achieved at Quarter 1

Internal

Accountability Framework

North Locality Care Group Score: April 2019		Central Locality Care Group Score: April 2019		South Locality Care Group Score: April 2019	
4	The group is below standard in relation to CPP metrics	4	The group is below standard in relation to a number of internal requirements	4	The group is below standard in relation to a number of internal requirements

Quality Priorities: Quarter 1 internal forecast assessment RAG rating

Improving the inpatient experience	Improve Waiting times for referrals to multidisciplinary teams	Equality, Diversity and Inclusion	Evaluating the impact of staff sickness on Quality

The number of people waiting more than 18 weeks to access services has decreased in the month for non-specialised adult services. The number of young people waiting to access children's community services have seen an increase in month 1. There are continuing pressures on waiting times across the organisation, particularly within community services for children and young people. Each locality group have developed action plans which continue to be monitored via the Business Delivery Group and the Executive Management Team.

Workforce

Statutory & Essential Training:

Number of courses Standard Achieved Trustwide:	Number of courses <5% below standard Trustwide:	Number of courses Standard not achieved (>5% below standard):
15	1	3

Information Governance (93.4%) is within 5% of the required standard, MHA combined training (79.3%), and Clinical risk training (77.4%) and PMVA basic training (79.9%) remain at more than 5% below the standard.

Appraisals:

Appraisal rates have increased to 85.0% in April 19 (was 84.8% last month).

Sickness Absence:

NTW Sickness (Rolling 12 months) April 2016 to date
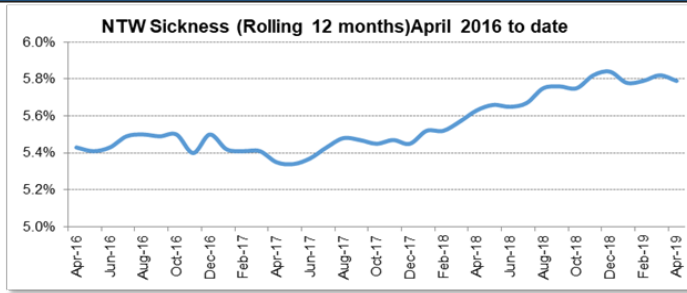
The provisional "in month" sickness absence rate is above the 5% target at 5.23% for April 2019

The rolling 12 month sickness average has decreased to 5.79% in the month

NTW Sickness (in month) 2016/17 to 2019/20
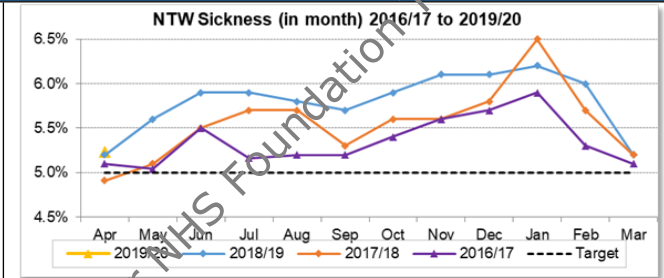
Finance

At Month 1, the Trust has a deficit of £1.2m which is in line with plan and which is mainly due to a payment in April to top of the scale Agenda for Change staff for which income has not yet been received. The forecast surplus is £2.6m which includes £2.6m of Provider Sustainability Funding (PSF) which is in line with the control total.

Agency spend is £0.6m which is £0.1m below the trajectory of our NHSI allocated agency ceiling of £7.9m but slightly above Trust planned spend. The Trust's finance and use of resources score is currently a 3 and the forecast year-end risk rating is a 2.

Financial Performance Dashboard

NTW Income & Expenditure

	YTD Plan £m	YTD Actual £m	YTD Variance £m
Income	26.8	26.8	0.0
Pay	(22.7)	(22.9)	0.2
Non Pay	(5.3)	(5.1)	(0.2)
Surplus/(Deficit)	**(1.2)**	**(1.2)**	**0.0**

Control Totals

	YTD Plan £m	YTD Actual £m	YTD Variance £m
North	1.7	1.4	0.3
Central	1.4	1.5	(0.1)
South	2.3	2.3	0.0
Central	(6.6)	(6.4)	(0.2)
Surplus/(Deficit)	**(1.2)**	**(1.2)**	**0.0**

Key Indicators	Current	Plan Yr-End
Risk Rating	3	2
Agency Spend	£0.6m	£6.2m
FDP Delivery	£0.7m	£10.4m
Cash	£27.0m	£18.4m
Capital Spend	£0.5m	£12.4m

Agency Spend
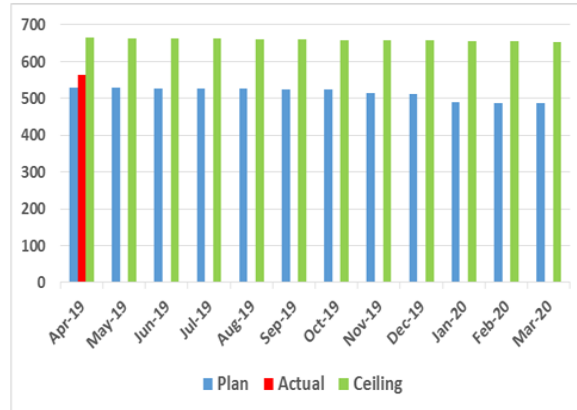
Bank Spend
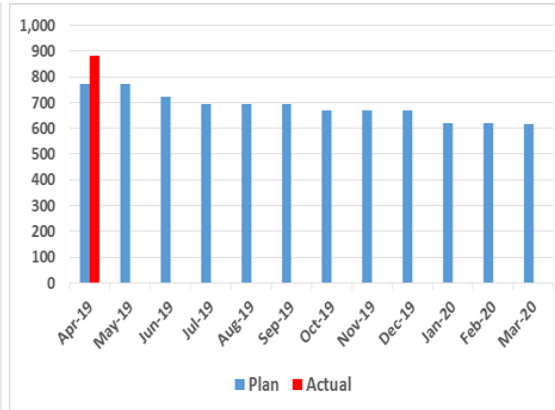
Key Issues/Risks

- Surplus/Deficit - £1.2m deficit at Mth1 which is in line with plan following the AfC Top of Scale payments in April for which income has not yet been received.
- Control Total – The Trust is forecasting delivery of its £2.6m Control Total.
- Risk Rating – The Use of Resources rating is a 3 at Mth1 & the forecast year-end rating is a 2.
- Pay costs are £0.2m above plan at Mth1. Monthly pay spend needs to reduce if the Trust is to meet its control total.
- Budgets have been re-set for 2019/20 based on normalised out-turn from 2018/19.
- Agency Spend – Agency ceiling is £7.9m and Trust planned spend is £6.2m in 19/20. Spend at Mth1 is £0.6m which is slightly above plan and £0.1m below the ceiling trajectory.
- Financial Delivery Plan - Savings of £0.7m have been achieved at Mth1 which is in line with plan.
- Cash – £27.0m at Mth1 which is £5.4m above plan.
- Capital Spend - £0.5m at Mth1 which is £0.4m below plan.

Reporting to NHSI – Number of Agency shifts and number of shifts that breach the agency cap

	01/04/2019		08/04/2019		15/04/2019		22/04/2019		29/04/2019	
Medical	85	15	79	15	79	15	82	21	89	21
Qual Nursing	60	5	61	5	49	5	49	5	54	5
Unq Nursing	552		427		504		437		403	
A&C	90		79		75		84		67	
	787	20	646	20	707	20	652	26	613	26

In April the Trust reported an average of 22 price cap breaches (17 medical and 5 qualified nursing). In April 3 medics were paid over the price cap.

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 22 May 2019	
Title and Author of Paper: Board of Directors and Sub Committees Terms of Reference Annual Review 2019 Debbie Henderson, Deputy Director of Communications and Corporate Affairs	
Executive Lead: Lisa Quinn, Executive Director of Commissioning and Quality Assurance	
Paper for Debate, Decision or Information: Decision	
Key Points to Note: • The Board of Directors Terms of Reference was last reviewed at the September 2018 Board meeting. • The Subcommittee Terms of Reference were last reviewed at the September 2018 Board meeting. • All subcommittees have completed a self-assessment against their Terms of Reference which is available if requested. • All Terms of Reference have been reviewed by the respective committee or chair and are attached for approval.	
Risks Highlighted to Board : No additional risks.	
Does this affect any Board Assurance Framework/Corporate Risks? Please state **Yes** or **No:** Yes If Yes please outline Assurance in relation to Corporate Governance.	
Equal Opportunities, Legal and Other Implications: None	
Outcome Required: Approval of the Terms of Reference for the Board of Directors and Sub Committees.	
Link to Policies and Strategies: Corporate Governance and Annual Governance Statement	

1

Board Sub Committees Terms of Reference

1. Overview

The Trust Board and its subcommittees undertake on an annual basis a review of performance against their terms of reference and review terms of reference to ensure they capture all relevant business. The terms of reference were all reviewed in September 2018 and on that basis, there have been only minor changes made to terms of reference following this annual review.

There have been significant amendments made to the Terms of Reference of the CEDAR Programme Board. This follows the Programme Board's first year in operation and the Terms of Reference have been amended to ensure further clarity regarding it's roles, responsibilities and delegated authority.

The Terms of Reference for the Board of Directors meeting and subcommittees are attached for approval following their annual review.

Appendix	Committee	Change Since last approval
1	Board of Directors	Minor amendments to format and layout, sub-groups, timing/ frequency and reference to meetings held in public
2	Resource and Business Assurance Committee	None
3	Quality and Performance Committee	Minor changes in relation to wording from 'safety, quality and performance' to *'safety, effectiveness and experience'*
4	Mental Health Legislation Committee	Minor amendments in relation to the inclusion of: NTW Academy rep as an attendee; reference to the annual review of the ToR; and deputies to be accepted under quorum
5	Audit Committee	Minor amendments included: changes from NHS Protect to NHS Counter Fraud Authority
6	Remuneration Committee	Minor amendments to timing and frequency of meetings

2

7	CEDAR Programme Board	Major amendments to clarify specific delegated responsibilities and membership
8	Corporate Decisions Team	To be reviewed at October meeting.
9	Charitable Funds Committee	To be reviewed at October meeting

2. Recommendation

The Board are asked to:

- Approve the attached Terms of Reference

Debbie Henderson
Deputy Director of Communications and Corporate Affairs
May 2019

3

Board of Directors
Terms of Reference

Committee Name:	Board of Directors
Committee Type:	N/A
Timing & Frequency:	Board meetings will be held monthly in public. Closed Board meetings will be held monthly to discuss matters to be excluded from discussion in public in line with the Trusts Constitution.
Committee Secretary:	Deputy Director of Corporate Affairs and Communications
Reporting Arrangements:	N/A

Membership	
Chair:	Chairman
Deputy Chair:	Vice-Chair
Members:	Chairman Chief Executive All other Non-Executive Directors (including the Vice-Chair) All Executive Directors of the Board
In Attendance:	Deputy Director of Corporate Affairs and Communications (Company Secretary) ***NB:** Other Trust representatives may attend meetings of the Board by invitation.*
Quorum:	Five members to include a minimum of two Executive Directors and a minimum of three Non-Executive Directors
Deputies:	The Trust Vice-Chair to deputise for Trust Chair. Deputies are permitted to deputise for Executive Directors for discussion only. Deputies have no voting rights. No deputies are permitted for Non-Executive Directors.

Purpose
The Board of Directors is collectively responsible for the exercise of powers and the performance of the NHS Foundation Trust *(the Trust)* and for the effective discharge of the Board's statutory duties. The general duty of the Board and of each director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for members of the Trust as a whole and for the public. Its role is to provide entrepreneurial leadership of the Trust within a framework of prudent and effective controls, which enables risk to be assessed and managed.

4

Governance, rules and behaviours

Collective responsibility/decision making, arbitrated by the Chairman i.e. all members of the Board have joint responsibility for every decision of the Board regardless of their individual skills or status. This does not impact on the particular responsibilities of the Chief Executive Officer as the Accounting Officer. In addition all directors must take decisions objectively and in the best interests of the Trust and avoid conflicts of interest.

- As part of their role as members of a unitary Board, all directors have a responsibility to constructively challenge during Board discussions and help develop proposals on priorities, risk, mitigation, values, standards and strategy. In particular NEDS should scrutinise (i.e. assess and assure themselves of) the performance of the Executive Management Team in meeting agreed goals and objects, receive adequate information and monitor the reporting performance, satisfying themselves as to the integrity of financial, clinical and other information, and make sure the financial and clinical quality controls, and systems of risk management and governance are robust and implemented.
- Compliance with the Trusts Standing Orders and Monitor's Code of Governance will be maintained.
- Agenda timings may be prioritised to accommodate outside speakers and non-members.
- All members are expected to attend-absenteeism is an exception.
- All members will support the Chair to ensure meetings will start and end on time.
- Members should refrain from using mobiles phones during the meeting.

Scope

The Board of Directors is responsible for:

- Ensuring the quality and safety of healthcare services, education, training and research delivered by the Foundation Trust and applying the principles and standards of clinical governance set out by the Department of Health, NHS Improvement/NHS England, the Care Quality Commission and other relevant NHS bodies.
- Setting the Trust's strategy, vision, values and standards of conduct and ensure that its obligations to its members, patients and other stakeholders are understood, clearly communicated and met. In developing and articulating a clear vision for the Trust, it should be a formally agreed statement of the Trust's purpose and intended outcome which can be used as a basis for the Trust's overall strategy, planning and other decisions.
- Ensuring compliance by the Trust with its licence, its constitution, mandatory guidance by Monitor, relevant statutory requirements and contractual obligations.
- Setting the Trusts strategic aims at least annually, taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place for the Trust to meet its priorities and objectives and then periodically reviewing progress and management performance.
- Ensuring that the Trust exercises its functions effectively, efficiently and economically.

5

Authority
Decision making in line with the authority outlined in these terms of reference and the Trusts' Standing Financial Instructions and Standing Orders.

Deliverables
Leadership

- Clear vision and strategy (implement and communicate)
- Excellent employer (Workforce Strategy, implementation and operation)
- Effective Board and Committee structures, clear lines of reporting and accountability (implement)

Culture, Ethics and Integrity

- Set values (including widely communicating and adherence)
- Promote a patient centred culture of openness, transparency and candour
- Maintain high standards of corporate governance and personal integrity in the conduct of business
- Application of appropriate ethical standards
- Establish appeals panel as required by employment policies
- Adherence of directors and staff to codes of conduct

Strategy

- Set and ensure delivery of the Trust's strategic vision, aims and objectives
- Monitor and review management performance to ensure objectives are met
- Oversee the delivery of planned services and achievement of objectives
- Develop, maintain and ensure delivery of the Trust's Annual Business Plan, having due regard to the views of the Council of Governors
- Have regard to, and implement where necessary, national policies and strategies

Quality

- Responsibilities for ensuring internal controls are in place for clinical effectiveness, patient safety and experience
- Intolerance of poor standards and foster a culture which puts the patients first
- Engage with stakeholders, including staff and service users, on quality issues and ensure appropriate escalation and dealing with issues
- Responsible for the publication of the Trust's Annual Quality Account

Finance

- Ensure the Trust operates effectively, efficiently, economically
- Ensure continuing financial viability
- Ensure resources are properly managed and financial responsibilities are delivered
- Review performance identifying opportunities for improvement
- Responsible for the publication of the Trust's Annual Report and Annual Accounts |

6

Governance and Compliance

- Ensuring comprehensive governance arrangements are in place by complying with principles, standards and systems of corporate governance having regard to NHS Regulatory guidance and codes of conduct, accountability and openness
- Ensure compliance with all requirements of the Trust's Provider Licence conditions
- Ensure compliance with the Trust's Constitution, and review the Constitution on a regular basis
- Formulate, implement and review the Trust's Standing Orders, Standing Financial Instructions, and Schedule of Matters Reserved for Decision by the Board
- Ensure compliance with the requirements of the NHS Act, Health and Social Care Act, Mental Health Act and other legislative requirements
- Required returns and disclosures made to the regulators
- Ensure effective systems are in place for the appropriate appointment and evaluation arrangements for senior positions

Risk Management

- Ensure an effective system of integrated governance, risk management and internal control across all clinical and corporate activities
- Determine and agree the Trust's Risk Appetite and review on a regular basis
- Develop, monitor and review the Trusts Board Assurance Framework and manage the risks to the achievement of the Trusts strategic objectives
- Oversee and monitor the implementation of the Trusts Risk Management Policy

Communication and Involvement

- Responsible for developing and maintaining effective communication channels between the Board, Trust Governors, Trust members, members of staff and the local community based on openness and transparency
- Responsible for ensuring effective communication with key stakeholders
- Ensure the Council of Governors are equipped with skills and knowledge needed to undertake their role
- Ensure effective dissemination of information on service strategies and plans
- Ensure effective strategies, systems and processes are in place for staff, service users and carer and stakeholder involvement in development of care plans, review of quality of services and development of new services

Sub Groups

The following Committees will report to the Board via submission of minutes of meetings supported by verbal updates from the Chair:

- Audit Committee (statutory committee)
- Remuneration Committee (statutory committee)
- Quality and Performance Committee (standing committee)
- Mental Health Legislation Committee (standing committee)
- Resource and Business Assurance Committee (standing committee)
- CEDAR Programme Board (standing committee)
- Corporate Decisions Team (standing committee)

Due to the confidential and sensitive nature of information concerning members of the Board of Directors, the Board shall receive a verbal summary of the Remuneration Committee meeting rather than committee minutes.

Current Review: April 2019
Date of Previous Board approval: September 2018

8

Sub-Committee of the Board of Directors
Terms of Reference

Committee Name:	Resource and Business Assurance Committee
Committee Type:	Standing sub-committee of Trust Board
Timing & Frequency:	Quarterly, Wednesday of week prior to Board of Directors meeting.
Personal Assistant to Committee:	PA to Director of Finance/Deputy Chief Executive
Reporting Arrangements:	Minutes and Report from Chair to Board of Directors

Membership	
Chair: **Deputy Chair:** **Members:**	Non-Executive Non-Executive 4 Executive Directors - Deputy Chief Executive/Director of Finance Executive Director of Nursing and Chief Operating Officer Executive Director of Workforce and Organisational Development Executive Director Commissioning and Quality Assurance The Executive Medical Director will attend as required
In Attendance:	Group Triumvirate Director Representation (3) Deputy Director of Finance and Business Development Managing Director, NTW Solutions Ltd Director of Informatics Head of Income and Contracted Services 1 Governor PA to Committee
Quorum:	Chair or Deputy Chair 2 Executive Directors
Deputies:	Deputies required for all members and those in attendance

Purpose:
Provide assurance to the Board that:
- The Trust has effective systems and processes in place to secure economy, efficiency and effectiveness in respect of all resources, supporting the delivery of the Trust's Strategy and Operational Plans.
- There is a clear understanding of current and emerging risk to that delivery and that strategic risk in relation to the effective and efficient use of resources

9

and the long term sustainability of the Trust and its services are being managed.

-
- **Scope:**
- Oversee the assurance delivery against the Trust's financial targets, including the Financial Delivery Plan and the impact of in year delivery on key financial strategic risk.
- Oversee and assure arrangements for quality impact assessments (pre and post implementation) in respect of the Financial Delivery Plans and Business Developments which ensure the impact of initiatives on quality are monitored on an ongoing basis with mitigating actions taken when necessary.
- Oversee arrangements for financial reporting, cash management, internal control and business planning to ensure that they comply with statutory, legal and compliance requirements and that they are developing towards best practice. Ensure that that there is a clear understanding of current and emerging risks and that actions are in place to maintain and continually improve the organisation's position as a high performing Trust for the use of resources.
- Oversee and assure the Trust's delivery of the Capital Programme in the light of service development plans, risk and quality issues, and in line with the Trust's Strategy and Operational Plans and the management of strategic risks.
- Oversee and assure arrangements for managing contractual relationships with Commissioners of services and ensure that there is a clear understanding of current and emerging risks.
- Oversee and assure delivery against specific aspects of the Trust's Workforce Strategy/performance standards ensuring that the Trust has the workforce resources and capacity to deliver the Trust's Strategy and Operational Plans eg workforce planning, recruitment and retention, organisational development, education, training and equality and diversity. Ensure that there is a clear understanding of current and emerging risks.
- Oversee and assure arrangements relating to effective risk evaluation in decision making, and to oversee the development of significant investment and development proposals on behalf of the Board of Directors, including major projects, business case development, commercial partnerships and tenders. Also to receive assurance on effective financial modelling for major tenders, effective project implementation and post project evaluation.
- Oversee and assure arrangements relating to the review the Trust's Marketing Strategy and ensure that the strategy is in line with overall strategic and operational priorities and addresses emerging and strategic market risks.
- To receive assurance that proper arrangements are in place for the procurement of goods and services and that there is a clear understanding of current and emerging risks.
- To receive assurance that proper arrangements are in place for the management of the Trust's estate and that the infrastructure, maintenance and developmental programme supports the Trust's Strategy, Operational Plans and legal and statutory obligations. Ensure that there is a clear understanding of current and emerging risks.
- To receive assurance that proper arrangements are in place for the management of the Trust's Information Technology and Infrastructure, maintenance and development programme ensuring it supports the Trust's

10

Strategy and Operational Plans, including delivery of improvement and efficiency objectives, and the fulfilment of legal and statutory obligations. Ensure that there is a clear understanding of current and emerging risks. ☐ To receive assurance that cash investment decisions are made in line with the Treasury Management Policy, and to review changes to this Policy, where appropriate.

- To receive assurance that appropriate arrangements are in place for insurance against loss across all Trust activities.
- To receive assurance that appropriate arrangements are in place to ensure the delivery of effective services by key workforce strategic partners ie Capsticks and Team Prevent.
- Receive for assurance purposes routine reports from all standing sub groups and any other relevant reports/action plans in relation to current issues.
- Contribute to the maintenance of the Trust's Corporate Risk Register and Board Assurance Framework by ensuring that the risks that the Resource and Business Assurance Committee are responsible for are appropriately identified and effective controls are in place and that strategic risk in relation to the effective and efficient resources, and the long term sustainability of the Trust and its services are being managed.
- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
  - Review the management of the Corporate Risk Register and the Groups top risks;
  - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks;
  - Report to the Board of Directors on any significant risk management and assurance issues.

Authority: To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Committee's scope across the organisation.

Deliverables:
Assurance to the Board that:
- Effective systems and processes are in place to deliver the Trust's Financial Strategy and targets (including the Trust's capital resources) and that there is a clear understanding of current and emerging risk to that delivery.
- Effective systems and processes are in place in respect of quality impact assessments (pre and post implementation) in respect of the Financial Delivery Plans and Business Developments.
- Effective systems and processes are in place to ensure the Trust's delivery against specific aspects of the Trust's Workforce Strategy/performance standards ensuring that the Trust has the workforce resources and capacity to deliver the Trust's Strategy and Operational Plans and that there is a clear understanding of current and emerging risk to that delivery.
- Effective systems and processes are in place to ensure that legislative, mandated (eg CQC,CQIN) and best practice workforce, organisational

11

development, education, training and equality and diversity related outcomes are being delivered.

- Effective services are delivered by key workforce strategic partners ie Capsticks and Team Prevent.
- Effective systems and processes are in place to manage commercial activity and business development, in line with the Trust's Strategy, Operational Plans, Trust policies and Monitor requirements, including major projects, business case development, tendering and post project evaluation arrangements and that there is a clear understanding of current and emerging risks.
- Effective systems and processes are in place for managing contractual relationships with Commissioners of services and that there is a clear understanding of current and emerging risks.
- Effective systems and processes are in place for the procurement of goods and services and that there is a clear understanding of current and emerging risks.
- That Estates and Information Technology infrastructure, systems and processes are designed, delivered and maintained to support the delivery of the Trust's Strategy and Operational Plans and that there is a clear understanding of current and emerging risks.
- The risks, that the Resource and Business Assurance Committee are responsible for, are appropriately identified and effective controls are in place and that strategic risk in relation to the effective and efficient resources, and the long term sustainability of the Trust and its services are being managed.

Sub Groups:
Project Boards Links to CDT, Operational Groups and Integrated Business Development Group

Current Review date: April 2019
Date of Previous Committee Review: April 2018
Date of Previous Board approval: September 2018

12

Sub-Committee of the Board of Directors
Terms of Reference

Committee Name: Quality and Performance Committee (Q&P)

Committee Type: Standing sub-committee of Board of Directors

Timing & Frequency: Six times a year, Wednesday of week prior to Board of Directors meeting

Personal Assistant to Committee: Regulation/Performance Compliance Officer

Reporting Arrangements: Minutes and Report from Chair to Board of Directors

Membership:	
Chair:	Non-Executive
Deputy Chair:	Non-Executive
Members:	4 Executive Directors-
	Executive Director of Nursing and Operations
	Executive Medical Director
	Executive Director Commissioning and Quality Assurance
	Executive Director of Workforce and Organisational Development
In Attendance:	Group Triumvirate Director Representation (3)
	Group Nurse Director, Safer Care
	2 named Officers-
	Deputy Director of Commissioning and Quality Assurance
	Chief Pharmacist/Controlled Drugs Accountable Officer
	Director of Research, Innovation and Clinical Effectiveness
	1 Governor
	PA to Committee
Quorum:	Chair or Deputy Chair
	2 Executive Directors
Deputies:	Deputies Required for all members

Purpose:
Provide assurance to the Board that:
- The Trust has effective systems and processes in place for the management of risks pertaining to their area of focus, safety quality and performance across the Trust.
- The Trust has an effective Assurance/Performance Framework.
- The Trust complies with the law, best practice, governance and regulatory standards which are within the Committee's scope.

13

Scope:
- Oversee and assure the successful implementation of key quality and performance strategies, programmes of work and systems.
- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
  - Review the management of the Corporate Risk Register and the Groups top risks;
  - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks;
  - Report to the Board of Directors on any significant risk management and assurance issues.
- Gain assurance that the Trust's action plans in relation to compliance and legislative frameworks, which are within the scope of the Committee, are robust, completed and signed off.
- Oversee and assure the implementation of NICE Guidance and other nationally agreed guidance as the main basis for prioritising Clinical Effectiveness.
- Monitor through its various sub groups the Trust's continued compliance with the CQC's Fundamental Standards.
- Monitor compliance against the Coroners Amended Rules 2008, in particular to the amendment to Regulation 28, whereby the Trust will respond within 56 days.
- Gain assurance from each of the Operational Groups that they have effective systems and processes in place to ensure standards of care, compliance with relevant standards, quality, risk and assurance arrangements.
- Monitor through a review of periodic thematic reports, themes and trends relating to quality issues including Serious Incidents, Incidents, Near Misses and Complaints gaining assurance regarding lessons learnt and changes in practice/service improvement.
- Gain assurance that information from patient and carer experience is informing service improvement.
- Gain assurance that information from staff experience is informing service improvement.
- Gain assurance through periodic exception reports from the Committee's Sub Groups, as to their effectiveness in delivering their Terms of Reference.
- Gain assurance through annual reports on specific areas, which are within the scope of the Committee, on compliance with best practice, national standards and legislative frameworks e.g. Controlled Drugs report from the Accountable Officer, Information Governance, Caldicott etc.
- Gain assurance regarding the effectiveness of the systems and processes relating to Clinical Audit and Board Assurance Framework audits.
- Receive routine updates from the Council of Governors Quality Group to ensure the Committee has links to relevant service user/carer and Governor forums.

14

Authority:
To act on behalf of the Board to receive assurances that effective arrangements are in place to manage those areas within the Committee's scope across the organisation.

Deliverables:
Assurance to the Board re:
- The successful implementation of key quality and performance strategies, programmes of work and systems.
- That there is an effective risk management system operating across the Trust including Group Risk Registers, a Corporate Risk Register and Board Assurance Framework which provides assurances to the Board that effective controls are in place to manage corporate risks.
- The Trust's action plans in relation to compliance and legislative frameworks are robust and completed/signed off, with the exception of areas covered by the Resource and Business Advisory Committee and Mental Health Legislation Committee.
- The implementation of NICE Guidance and other nationally agreed guidance are the main basis for prioritising Clinical Effectiveness.
- The Trust's continued compliance with the CQC's Fundamental Standards.
- Compliance against the Coroners Amended Rules 2008.
- Standards of care, compliance with relevant standards and quality and risk arrangements in each Operational Group.
- That information from patient and carer experience, including themes and trends, is informing service improvement.
- That information from staff experience, including themes and trends, is informing service improvement.
- The operation of all standing sub groups and delivery of any relevant reports/action plans in relation to current issues.
- The management and use of Controlled Drugs within the Trust and across the local prescribing interface with the statutory Local Intelligence Network.
- The Committee has links to relevant service user/carer and Governor Forums.
- Effective systems and processes are in place with regard to clinical audits and Board Assurance Framework audits including robust processes to ensure recommendations and action plans are completed.
- The risks, that the Quality and Performance Committee are responsible for, are appropriately identified and effective controls are in place.

Sub Groups:
Health, Safety and Security, Positive and Safe, Emergency Preparedness, Resilience and Response, Caldicott and Health Informatics, Medicines Optimisation, Clinical Effectiveness, Research and Development, Safeguarding and Public Protection, Physical Health and Wellbeing, Infection, Prevention and Control, Patient and Carer Experience and Group Quality Standards.
Also links with Council of Governors Quality Group, CQC Compliance Group and Quality and Risk Management Sub Groups of CDT.

Current Review Date: March 2019
Date of Previous Committee Review: March 2018
Date of Previous Board Approval: September 2018

15

Sub-Committee of the Board of Directors
Terms of Reference

Committee Name: Mental Health Legislation Committee	
Committee Type: Standing sub-committee of Board of Directors	
Timing & Frequency: Quarterly, Wednesday of week prior to Board of Directors meeting	
Personal Assistant to Committee: PA Directorate	
Reporting Arrangements: Minutes and Report from Chair to Board of Directors	
Review of Terms of Reference: The Terms of Reference will be reviewed annually by the Committee prior to approval by the Trust Board	

Membership:

Chair:
Deputy Chair:
Members:
	Non-Executive
	Non-Executive
	3 Executive Directors-
	      Executive Medical Director
	      Executive Director of Nursing and Chief Operating Officer
	      Executive Director Commissioning and Quality Assurance

In Attendance:	3 Locality Care Group Director Representation
	      1 from North
	      1 from Central
	      1 from South
	Executive Medical Director responsible for the Mental Health Act
	Non-Medical Responsible Clinician
	Heads of Mental Health Act
	CYPS Representative
	2 Governors
	NTW Training Academy Representative
	PA to Committee

Quorum:	Chair or Deputy Chair and 2 Executive Directors (Named deputies for Executive Directors will be accepted)
Deputies:	Deputies required for all members

Purpose:
Provide assurance to the Board that:
- There are systems, structures and processes in place to support the operation of Mental Health Legislation within inpatient and community settings, and to

16

ensure compliance with associated code of practice and recognised best practice.
- The Trust has in place and uses appropriate policies and procedures in relation to Mental Health Legislation and to facilitate the publication and guidance of the legislation to all relevant staff, service users, carers and managers.
- Hospital Managers and appropriate staff groups receive guidance, education and training in order to understand and be aware of the impact and implications of all new relevant mental health and associated legislation.

Scope:
- Ensure the formulation of Mental Health Act Legislation Steering Group and receive quarterly assurance reports on the Mental Health Legislation Steering Group's activities in relation to activities.
- Keep under review annually the Trusts "Delegation of Statutory Functions under the Mental Health Act 1983" policy including the Schedule of Delegation appended to that policy.
- Receive and review the Mental Health Act Activity Report.
- Receive assurance from the Mental Health Legislation Steering Group that the Trust is compliant with legislative frameworks and that there are robust processes in place to implement change as necessary in relation to Mental Health legislation and report on ongoing and new training needs.
- Receive the results in relation to the monitoring of policies linked to the Mental Health Act and Mental Capacity Act legislation and monitor any associated action plans.
- Consider and recommend the Annual Audit Plan in relation to Mental Health Legislation.
- Receive assurance that new law guidance and best practice is disseminated and actioned appropriately.
- Each Subcommittee of the Board of Directors takes on the following role for Risks pertaining to their area of focus:
  - Review the management of the Corporate Risk Register and the Groups top risks;
  - Review the Board Assurance Framework to ensure that the Board of Directors receive assurances that effective controls are in place to manage corporate risks;
  - Report to the Board of Directors on any significant risk management and assurance issues.

Authority:
To act on behalf of the Board to receive assurances that effective arrangements are in place with regard to those areas within the Committee's scope across the organisation.

Deliverables:
Assurance to the Board re:
- The effective implementation of Mental Health Legislation within inpatient and community settings and compliance with associated Codes of Practice.

17

- The necessary policies and procedures in relation to mental health legislation are in place, updated and reviewed in line with legislative changes.

- The Trust's "Delegation of Statutory Functions under the Mental Health Act 1983" policy including the Schedule of Delegation appended to that policy, is reviewed annually.

- The Trust's compliance with requirements of the Mental Health Act and Mental Capacity Act Codes of Practice in respect of the intelligent mental health legislation and activity and monitoring reports.

- The Trust's compliance with legislative frameworks and that robust processes are in place to implement change as necessary in relation to Mental Health Legislation and reporting on ongoing and new training needs.

- Effective systems and processes are in place in respect of the monitoring of policies linked to the Mental Health Act and Mental Capacity Act legislation including robust processes to ensure recommendations and action plans are completed.

- Effective systems and processes are in place in respect of the dissemination and auctioning of new law guidance and best practice.

- The risks that the Mental Health Legislation Committee is responsible for are appropriately identified and effective controls are in place.

Recommend the Annual Audit Plan in relation to Mental Health Legislation to the Audit Committee.

Sub Groups:
Mental Health Act Legislation Steering Group
Any other task and finish sub groups

Current Review Date: April 2019
Date of Previous Committee Review: July 2018
Date of Previous Board Approval: September 2018

18

Sub-Committee of the Board of Directors
Terms of Reference

Committee Name:	Audit Committee
Committee Type:	Statutory committee of the Board of Directors
Timing & Frequency:	The committee will meet a minimum of five times per year, but may meet more frequently at the discretion of the Chair.
Committee Secretary:	Deputy Director of Corporate Affairs and Communications
Reporting Arrangements:	The committee will report to the Board of Directors via submission of minutes and an Annual Report in April each year.

Membership	
Chair:	Non-Executive Director
Deputy Chair:	Non-Executive Director
Members:	Three Non-Executive Directors (including the Chair and Vice-Chair)
In Attendance:	Deputy Chief Executive/Executive Director of Finance Executive Director of Commissioning and Quality Assurance Deputy Director of Corporate Affairs and Communications (Company Secretary) Director of Finance/Deputy Managing Director for NTW Solutions Ltd Internal Auditors (AuditOne) Local Counter Fraud Services External Auditors Governor representative *Executive Directors and other Trust representatives will be expected to attend meetings at the request of the Chair* *The Chief Executive should also attend when discussing the draft Annual Governance Statement and the Annual Report and Accounts*
Quorum:	Two members
Deputies:	Deputies are permitted to deputise for those in attendance No deputies are permitted for Non-Executive Directors

Purpose
To provide assurance to the Board of Directors that effective internal control arrangements are in place for the Trust and its subsidiary companies. The Committee also provides a form of independent scrutiny upon the executive arm of the Board of

19

Directors. The Accountable Officer and Executive Directors are responsible for establishing and maintaining processes for governance. The committee independently monitors, reviews and reports to the Board of Directors on the process of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.

Governance, rules and behaviours

The committee is authorised by the Board of Directors:

- To investigate any activity within its Terms of Reference
- To obtain outside legal or other independent professional advice and secure attendance of outsiders with relevant experience and expertise it considers necessary
- Ensure that the Head of Internal Audit, representatives of External Audit and Counter Fraud specialists have a right of access to the Chair of the committee
- Ensure compliance with Monitor's Code of Governance and NHS Audit Committee Handbook

Scope

Integrated Governance, Risk Management and Internal Control

Oversee the risk management system and obtain assurances that there is an effective system operating across the Trust. Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the Trust and Subsidiary Companies that supports the achievement of the organisations objectives. In particular the committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (i.e., the Annual Governance Statement), together with any accompanying Head of Internal Audit opinion, External Audit opinion or other appropriate independent assurances, prior to submission to the Board of Directors
- The underlying assurance processes that indicates the degree of achievement of the organisation's objectives and the effectiveness of the management of principal risks.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certification
- The policies and procedures for all work related to fraud as required by NHS Protect
- The work of Internal Audit, External Audit, local Counter Fraud Specialists and other assurance functions. It will also seek reports and assurances from directors and managers as appropriate
- The development, monitoring and review of the Trust's Board Assurance Framework
- The committees relationships with other key Committees to ensure triangulation of issues relating to risk management and clinical and quality issues

Internal Audit

Ensuring an effective Internal Audit function that meets the Public Sector Internal Audit Standards and provides independent assurance to the Audit Committee, Chief Executive and Board of Directors. This will be achieved by:

- Consideration of the provision of the Internal Audit function and the costs involved

20

- Review and approval of the Internal Audit Plan, ensuring that this is consistent with the audit needs of the organisation as identified in the Board Assurance Framework
- Consideration of the major findings of Internal Audit work and ensuring co-ordination between the Internal and External Auditors
- Ensuring that the function is adequately resourced and has appropriate standing within the organisation
- Monitoring the effectiveness of internal audit and carrying out an annual review.

Counter Fraud

Ensuring adequate arrangements are in place for countering fraud and reviewing the outcomes of counter fraud work. This will be achieved by:

- Consideration of the provision of the counter fraud function and the costs involved
- Review and approval of the counter fraud strategy, annual work plan and the three year risk based local proactive work plan
- Consideration of the major findings of counter fraud proactive work, review of progress against plans and the annual report on arrangements
- Ensuring that the function is adequately resourced and has appropriate standing within the organisation
- Monitoring the effectiveness of the counter fraud function and carrying out an annual review, taking into account the outcome of the NHS Protect quality assessment of arrangements

External Audit

The Committee shall review and monitor the External Auditor's independence and objectivity and the effectiveness of the audit process. In particular review the work and findings of the external auditors and consider the implications and management responses to their work. This will be achieved by:

- Discussion and agreement with the External Auditors, before the audit commences, of the nature and scope of the audit as set out in the annual plan
- Discussion with the External Auditors of their evaluation of audit risks and assessment of the Trust and impact on the audit fee
- Reviewing all reports, including the reports to those charged with governance arrangements, including the annual management letter before submission to the Board of Directors and any work undertaken outside the annual audit plan, together with the appropriateness of management responses
- Supporting the Council of Governors with their duty to appoint, re-appoint and remove the External Auditors as stipulated by Monitor's Code of Governance
- Develop and implement a policy, with Council of Governors approval, that sets out the engagement of the External Auditors suppling non-audit services. This must be aligned to relevant ethical guidance regarding the provision of non-audit services by the External Audit firm

Other Assurance Functions

Review the findings of other significant assurance functions, both internal and external to the organisation, and consider governance implications. These will include, but will not be limited to:

21

- Reviews by the Department of Health Arm's Length Bodies or regulators/inspectors (e.g. CQC, NHSLA, etc.) and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc)
- Review the work of other committees within the Trust at its Subsidiary Companies, whose work can provide relevant assurance to the Audit Committee's own areas of responsibility. In particular, this will include the committee with the remit for clinical governance, risk management and quality
- In reviewing the work of the aforementioned committees, and issues around clinical risk management, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function

Management

Request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control. Request specific reports from individual functions within the organisation.

Financial Reporting

Monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance. The committee should also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board of Directors.

Review the Trust's internal financial controls and review the Annual Report and financial statements before submission to the Board of Directors, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies, practices and estimation techniques
- Unadjusted miss-statements in the financial statements
- Significant judgements in preparation for financial statements
- Letter of representation
- Explanation for significant variances

Quality Accounts

Review the draft Quality Accounts before submission to the Board of Directors for approval, specifically commenting on:

- Compliance with the requirements of the NHS Reporting Manual
- The findings and conclusion of limited assurance report from the External Auditor
- The content of the Governors' report to Monitor and the Council of Governors
- Supporting controls e.g. data quality, if appropriate

Whistle blowing

The committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or

22

safety matters and ensure that such concerns are investigated proportionately and independently.

The Audit Committee Annual Report should describe how the committee has fulfilled its delegated responsibilities outlined in its Terms of Reference, and a summary following a review of its own effectiveness. It will also provide details of any significant issues that the committee considered in relation to the financial statements, key risks and how they were addressed along with other responsibilities specified in Monitor's Code of Governance.

Monitoring

The Committee will review its performance annually against its Terms of Reference and will report on the outcomes in its annual report to the Board.

Authority

The Committee independently reviews subjects within its Terms of Reference, primarily by receiving reports from the external auditor, internal auditor, local counter fraud specialist, management and any other appropriate assurances.

Deliverables

Assurance to the Board re:

Integrated Governance, Risk Management and Internal Control
The establishment and maintenance of an effective system of integrated governance, risk management and internal control across the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisations objectives.

Internal Audit
An effective Internal Audit function that meets the Public Sector Internal Audit Standards and provides independent assurance to the Audit Committee, Chief Executive and Board of Directors.

Counter Fraud
That the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work.

External Audit
External Auditor's independence and objectivity and the effectiveness of the audit process.

Other Assurance Functions
The findings of other significant assurance functions, both internal and external to the organisation and the implications for the governance of the organisation are considered. That the work of other Committees within the organisation provide relevant assurance to the Audit Committee's own areas of responsibility. The clinical audit functions effectiveness in terms of providing assurance regarding issues around clinical risk management.

23

Management
The overall arrangements for governance, risk management and internal control, having regard to evidence and assurances provided by directors and managers and specific reports from individual functions within the organisation (e.g. clinical audit).

Financial Reporting
The integrity of financial statements, systems for financial reporting, internal financial controls, the Annual Report and financial statements, including the wording of the Annual Governance Statement.

Annual Report and Accounts (including the Quality Account)
The draft Annual Report and Accounts (including the Quality Account) before submission to the Board of Directors for approval.

Whistle blowing
Effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and subsequent investigations.

Reporting
An Annual Report will be presented to the Board of Directors on its work in support of the Annual Governance Statement.

Sub Groups

There are no sub-groups of the Audit Committee

Current Review Date: April 2019
Date of Previous Committee Review: May 2018
Date of Previous Board Approval: September 2018

24

Remuneration Committee
Terms of Reference

Committee Name:	Remuneration Committee
Committee Type:	Statutory Sub Committee of the Trust Board
Timing & Frequency:	A minimum of one meeting to be held per year, however, meetings can be held more frequently as required by the Chair
Committee Secretary:	Deputy Director of Corporate Affairs and Communications
Reporting Arrangements:	Due to the confidential and sensitive nature of information concerning members of the Board of Directors, the Board shall receive a verbal summary of the committee meeting (rather than committee minutes).

Membership

Chair:	Trust Chair
Deputy Chair:	Trust Vice-Chair
Members:	All Non-Executive Directors
In Attendance:	Deputy Director of Corporate Affairs and Communications Chief Executive (advisory capacity only) Executive Director of Workforce and OD (advisory capacity only) *NB: The Chief Executive and other Executive Directors shall not be in attendance when their own remuneration, terms and conditions are discussed but may, at the discretion of the Committee attend to discuss the terms of other staff.*
Quorum:	Four members
Deputies:	The Trust Vice-Chair to deputise for Trust Chair but no deputies are permitted for Non-Executive Directors.

Purpose

To decide and review the remuneration, terms and conditions of office of the Foundation Trust's Executive Directors and comply with the requirements of NHS Improvement/ Monitor's Code of Governance and any other statutory requirements.

Governance, rules and behaviours

- Collective responsibility/decision making arbitrated by the Chair.
- Compliance with the Foundation Trust's Standing Orders (where applicable) and NHS Improvement/Monitor's Code of Governance
- All members are expected to attend - absenteeism is an exception

25

- Meetings can only be cancelled by the Chair

Scope

To decide and review the remuneration, terms and conditions of office of the Foundation Trust's Executive Directors and comply with the requirements of Monitor's Code of Governance and any other statutory requirements.

To review the arrangements for local pay Band 8C and above in accordance with national arrangements for such members of staff where appropriate.

To decide and review the terms and conditions of office for the Directors of NTW Solutions.

Authority

Decision making in line with the delegated authority outlined in these terms of reference.

Deliverables

Decide upon, after taking appropriate advice and considering benchmarking data, appropriate remuneration and terms of service for the Chief Executive, Executive Directors employed by the Trust and Directors of NTW Solutions including:

- All aspects of salary (including any performance related elements/bonuses),
- Provisions for other benefits including pensions and cars;
- Arrangements for termination of employment and other contractual terms.

In addition, the Remuneration Committee will review the arrangements for local pay Band 8C and above in accordance with national arrangements for such members of staff where appropriate.

Ensure that remuneration and terms of service of Executive Directors takes into account their individual contribution to the Trust, having proper regard to the Trusts circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate.

Advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of national guidance.

Receive a report on the outcomes of the appraisals for the Executive Directors from the Chief Executive.

Ensure compliance with Monitor's Code of Governance by taking the lead on behalf of the Board of Directors on:

- The Board of Directors shall not agree to a full time Executive Director taking one or more Non-Executive directorship of an NHS Foundation Trust or any

26

other organisation of comparable size and complexity, nor the chairmanship of such an organisation.

- The Remuneration Committee should not agree to an Executive Director member of the Board leaving the employment of an NHS Foundation Trust, except in accordance with the Terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the Board first having completed and approved a full risk assessment.

Ensure compliance with Monitor's Code of Governance relating to the appointment of Executive Directors and the appointment and removal of the Chief Executive.

- The Chairman and other Non-Executive Directors and (except in the case of the appointment of a Chief Executive) the Chief Executive, are responsible for deciding the appointment of Executive Directors, i.e. all Executive Directors should be appointed by a committee of the Chief Executive, Chairman and Non-Executive Directors.

- It is for the Non-Executive Directors (including the Chairman) to appoint and remove the Chief Executive. The appointment of a Chief Executive requires the approval of the Council of Governors.

- The roles of the Chairman and Chief Executive must not be undertaken by the same individual.

Ensure compliance with the requirements of "NHs Employers: Guidance for employers within the NHS on the process for making severance payments".

- Prior to receiving agreement to make a special severance payment from Monitor and before presenting a paper to the HM Treasury for approval, the Trust must follow the steps outlined in the guidance and be satisfied that termination of the employees employment, together with making a severance payment, is in the best interests of the employer and represents value for money. The Remuneration Committee should consider the proposal which should contain a Business Case for the severance payment.

- The Remuneration Committee's role is to:

  o Satisfy itself that it has the relevant information before it, to make a decision.
  o Conscientiously discuss and assess the merits of the case.
  o Consider the payment or payment range being proposed and address whether it is appropriate taking into account the issues set out under initial considerations. The Committee should only approve such sum or range which it considers value for money, the best use of public funds and in the public interest.
  o Keep a written record summarising its decision (remembering that such a document could potentially be subject to public scrutiny in various ways, for example by the Public Accounts Committee.

27

Sub Groups
No Sub Groups
Links to other sub-committees/forums
Reports directly to the Board of Directors
Current Review Date: April 2019 **Date of Previous Committee Review: June 2018** **Date of Previous Board Approval: September 2018**

28

Sub-Committee of the Board of Directors
Terms of Reference

Meeting Name:	CEDAR Programme Board
Meeting Type:	Standing sub-committee of the Board of Directors (decision-making delegation)
Timing and frequency:	Monthly, Third Thursday of every month
Committee Secretary:	Chief Executive's Office/CEDAR Project Team
Reporting arrangements:	Reports to the Board of Directors

Membership:	
Chair:	Non-Executive Director
Deputy Chair:	Deputy CEO and Executive Director of Finance (CEDAR Programme Senior Responsible Officer (SRO))
Members:	Executive Director of Nursing & Chief Operating Officer Executive Director Commissioning & Quality Assurance Deputy Chief Operating Officer Director Central Group Triumvirate CEDAR Programme Director CEDAR Clinical Director CEDAR Programme Manager Director of Estates and Facilities - NTW Solutions Ltd Deputy Director of Finance Head of Capital Development and Planning Senior Capital Projects Officer Deputy Director of Corporate Affairs and Communications Deputy Director of Workforce and Organisational Development NHS England Lead Commissioner CCG Lead, Newcastle and Gateshead CCG Lead, Northumberland Staff Side Leads Chair or Deputy Chair 2 x Group representatives 2 x CEDAR Programme Team Representatives Deputies permitted for all members when appropriate

29

Purpose:

1. To represent wider-ownership and maintain co-operation and co-ordination between Programme partners and other stakeholders.

2. To agree the Strategic Direction and purpose of the Programme

3. To agree Programme controls and processes, including systems and procedures to   manage and mitigate Programme risks.

4. To ensure that the Programme Team has sufficient and appropriate resources to carry out its functions.

5. To agree internal and external communication plans.

6. To ensure the Programme achieves its objectives in terms of timescales and cost.

7. Carrying out Programme related decision-making responsibilities on behalf of the Trust's   Board of Directors.

8. To ensure timely delivery of agreed outcomes.

The Programme Board and Senior Responsible Officer are required to establish at the outset of each process stage the resources required to enable the Programme to progress.

The Programme Board and its Senior Responsible Officer are required to approve the scope, budget and timetable for Programme stages.

Status:

The Trust Board of Directors has established the CEDAR Programme Board in compliance with powers set-out in the Act 2006 as amended by the Health and Social Care Act 2012, to act as a decision-making sub-Committee.

Scheme of Delegation:

The purpose of this Scheme of Delegation is to set-out the Trust Board of Directors delegated authority to the Programme Board; leading to the approval of business and planning documents to support decision-making processes, and ultimately the decision to invest in new facilities.

The scope and detail of delegated authority will be revised following full business case approval, to add specific value-thresholds and procedures concerning variations to scope, design, construction, equipping, and commissioning of new facilities post full business case approval. At that stage actions will be governed by

30

variation/change procedures or other clauses included in legally binding procurement agreements.

Delegated Authority

The Scheme has three levels of authority:

1. Programme Director
2. Programme Board
3. Trust Board of Directors

Authority to Act

The following statements assume adherence at all times to the Trust's Standing Financial Orders and Procedures:

Level 1: Programme Director
Day-to-day management of the Programme Team; including external advisors and consultants. Preparation of formal instructions, statements, reports and business cases. Market testing, assessment and preparation of recommendations, the appointment of specialist consultants to the Programme. Preparation of all procurement documentation and procedures.

Expenditure on items outside of agreed budget up to £100,000 without reference to Level 2 but to be subsequently reported to level 2. Expenditure on items up to £500,000 within agreed delegated budget agreed at level 2. Unlimited authority to sign off on milestones payments to contractors within agreed contractual arrangements agreed through level 2. Requirement to report and account for all expenditure through programme board

Level 2: Programme Board
Sets and monitors Programme strategic objectives and operational direction, actions and timescales in line with whole-Trust key objective and business direction established by the Board of Directors. Scrutinises and approves formal reports and business cases before referral, with recommendations to accept, revise or reject to the Board of Directors. Approval of specialist Programme advisor and consultant appointment procedures.

Allocation of budget within limits delegated by Trust Board to individual programme elements. Variation of budget across programme.

Level 3: Trust Board of Directors
The ultimate investment authority. Accepts and considers reports and recommendations from the Programme Board. Ratification of process-critical reports, business cases and decisions, eg: outline and full Business Cases Defines delegated authority to act to the Chief Executive, Deputy CEO/Executive Director of Finance (acting as Senior Responsible Officer) and Programme Director during final contractor negotiations and post Full Business Case approval. Expenditure limited only to that stated in Standing Financial Instructions.

Programme Scope:

31

The Trust's Board of Directors has identified three major capital developments as strategic priorities for the organisation over the next five years. This Programme Board is established to provide leadership, supervision, and scrutiny to ensure the successful delivery of these interdependent objectives:

1.   The development of a single integrated secure services centre of excellence
2.   The re-provision of Newcastle and Gateshead Adult Inpatient Services
3.   The re-provision of Adolescent Medium Secure Inpatient Services

All three developments are linked to wider national and regional care model initiatives:

1.   NHSE New Care Models for Adult Secure Services and Transforming Care
2.   Newcastle and Gateshead Delivering Together Programme
3.   NHSE National Adolescent Medium Secure Services review

All three objectives depend on the efficient use of the Trust's current estate on the Northgate Hospital site in Morpeth and the St Nicholas Hospital site in Gosforth. They are also intrinsically linked to the Trust's long-term sustainability and financial delivery plans and are imperative in the long term sustainability of the Trust's national and regional specialist services. The developments support the delivery of the Mental Health Five Year Forward view by enabling the repatriation of service users receiving specialised forensic services in out of area placements. Finally the developments ensure the long term delivery of mental health in-patient services in line with the outcome of the Newcastle and Gateshead Deciding Together Consultation.

In order to ensure the Trust's long term sustainability as a leading national secure services provider there is an identified need to move away from the current model whereby facilities for mental health and learning disability secure services are spread across two sites. The new integrated single site model would involve the transfer of nationally commissioned secure service beds from the St Nicholas Hospital site to existing and new purpose built facilities on the Northgate Hospital site. This would enable site rationalisation, improved service productivity, a greater critical mass of clinical expertise and expansion to enable repatriation in line with national strategy and the MH 5YFV.

The transfer of secure beds from St Nicholas Hospital as outlined above would then allow for the refurbishment of the vacated buildings in order to re-provide adult acute admission facilities from two acute hospital sites in Gateshead and Newcastle, both of which have insurmountable environmental issues and risks that make the long term use of those sites unviable. This would allow these services to be delivered in line with the outcomes of the public consultation, deliver site rationalisation, bring together a critical mass of clinical expertise and deliver financial efficiencies.

The overall programme will significantly improve the quality of inpatient environments in line with national standards across a number of service lines which include nationally and locally commissioned services. Improvements to

32

these facilities will significantly reduce identified environmental risks associated with current buildings, some of which are no longer fit for purpose.

The single integrated secure site model will ensure the long term sustainability of the Trust's nationally commissioned services whilst offering greater flexibility across the secure pathway which will help mitigate any fluctuation in service demand. The space offered on the Northgate site will offer an environment which is much more therapeutically conducive to medium and long term secure care. From a quality perspective it will enable repatriation from out of area and inappropriate private sector placements, meeting national strategy aims, improving quality, delivering efficiencies and returning funding within the NHS.

The re-development of facilities on the St Nicholas Hospital site will allow the transfer of adult acute care beds from the current inadequate sites into facilities that are more in line with the standards offered in other facilities across the region and which will improve:

- Patient safety
- Privacy and Dignity
- Access to therapeutic outdoor space
- Access to internal therapeutic activity space

The transfer of all adult acute admission inpatient services to the St Nicholas Hospital site will achieve the ambitions set out in the Newcastle and Gateshead "Delivering Together" public consultation and engagement process.

This scheme will enable site rationalisation, support implementation of the Mental Health 5 Year Forward View, Transforming Care for People with Learning Disabilities, and the national forensic care strategy.

Authority

To act as a decision-making sub-committee of the Board of Directors.

Deliverables

Successful delivery of Programme agreed objectives and outputs.

The delivery of the highest standard of care facilities achievable within the resource limits identified and agreed by the Trust Board of Directors; creating healing environments to support a wide range of treatment strategies that stimulate recovery or stabilisation by:

- Making the best use of all available resources, implementing affordable, sustainable solutions, including where appropriate disposal and acquisition of land assets;
- Optimising patient, carer and staff experiences in the built form and surrounding environment;

33

- Achieving full compliance with national guidance and standards concerning the built form;
- Supporting and enhancing integrated patient pathways that align to wider care model developments and commissioning intentions.

The CEDAR Programme Board will support the development of proposals and the submission of business cases for services identified in the Programme scope; by supporting and guiding its Core Programme Group, it's Design Team and Operational Teams in planning, commissioning and delivering the outputs of the Trust's stated strategic goals.

Sub-Groups

- Core Programme Team
- Other specific programme specific sub-groups will be formed as and when, in response to programme needs and timescales.

Current Review Date: April 2019
Date of Previous Programme Board Review: May 2018
Date of Previous Board Approval: September 2018

34

Board Report

Meeting Date:	22nd May 2019

Title and Author of Paper: Safer Staffing Quarter 4 Report
Anne Moore, Group Nurse Director Safer Care Directorate

Executive Lead: Gary O'Hare, Executive Director of Nursing and Chief Operating Officer

Paper for Debate, Decision or Information: Information

Key Points to Note:

This report includes the exception data and analysis of all wards against Trust agreed Safer Staffing levels for Quarter 4.

As work in relation to Safer Staffing progresses Trustwide, including both Carter initiatives and progress of actions via the Trustwide Strategic Staffing Group, more information is available to facilitate a broader narrative regarding any areas out with the tolerance levels. Information is circulated to each ward on acuity levels and also 'care hours per patient day'. Both of these emerging data sources are now also used to inform the narrative within the Safer Staffing Report.

Since the last Trust Board Report in January 2019, workforce plans and skill mix have continued to be reviewed and are subject to close monitoring and scrutiny, taking into account demographic profiles, investment, service developments and transformation. Most importantly within inpatient areas across the Trust changes in clinical need influence safe staffing levels on a daily basis across the Trust.

Risks Highlighted to Committee: None

Does this affect any Board Assurance Framework/Corporate Risks?: No

Equal Opportunities, Legal and Other Implications: N/A

Outcome Required: The Board of Directors are to note the content of the report.

Link to Policies and Strategies:
Safer Staffing
Carter 90 day Rapid Improvement Review

BACKGROUND

All NHS Trusts are required to publish information about the number of Registered Nurses and Non-Registered Health Support Workers on duty per shift on their inpatient wards.

This initiative followed the "Francis Report" which called for more openness and transparency in the health service and is in accordance with guidance issued by NHS England and the Care Quality Commission.

Full details are reported to public meetings of our Board of Directors and made accessible to the public via NHS Choices and NTW websites. The Trust is also required to display information to service users and visitors in our wards that shows the planned and actual staffing available on each shift.

1.   Purpose of this report

The purpose of the report is to provide assurance on the current position across all inpatient wards within NTW in accordance with the National Quality Board (NQB) Safer Staffing requirements.

Detailed internal oversight and scrutiny is in place to ensure safer staffing levels are in place and appropriate action is taken where necessary.

This report is an exception report that highlights wards that are either 10% + under or 20% + over planned staffing levels. The exception reporting is via a RAG rating that identifies the following categories:

- red for any ward under 90%
- white for within range
- green for wards over 120%

2.   Data Limitations – Staff redeployment between wards

In line with Carter recommendations, to ensure efficient use of resources, inpatient services on specific sites work collaboratively via 'Daily Huddle' meetings to utilise the available staffing resource fully. However the report does not capture short term temporary resource movement as the TAeR system cannot be adjusted for any movement less than one week duration.

3.   Reporting Process

The report is produced by the Safer Care Directorate on behalf of the Trust Board, Business Delivery Group and Collective Business Units. Information is retrieved via the Time and Attendance system (TAeR) and is supplied to NHSE via the Unify Report.

To help to improve the narrative around exception reporting, acuity levels and dependency information is now being captured via a return from each locality/CBU.

NTW has adopted a robust application of the guidance including:

- An agreed methodology is in place incorporating both the electronic and paper rostering systems to gather the staffing information in a systematic manner

- A RAG system is in place to alert Group Nurse Directors of any wards that have deviated from the agreed staffing level

- Ward Managers report on a daily basis any significant variance to their planned staffing levels including changes to acuity and dependency

2

- An escalation process is in place for both in hours and out of hours including on-call mechanisms

- The information is collated to support analysis of ward staffing

- A Clinical Nurse Manager oversees the process and escalates as required to service and director leads

- Safer staffing is discussed and monitored at ward/service group and key Trustwide meetings.

The Care Quality Commission (CQC) will seek compliance with all the actions as part of their inspection regime and NHS Improvement will act where the CQC identifies any deficiencies in staffing levels in Foundation Trusts.

From April 2018 NHSI has begun to measure Care Hours Per Patient Day which is a unit of measurement to record and report deployment of staff working in inpatient wards. It is a benchmarking metric and is made up of registered and support workers/HCA's hours

## 4.	Safer Staffing Exceptions

The tables below relate to wards that show staffing levels which are either higher or lower than the planned staffing. As part of the ongoing scrutiny process, each month wards from each CBU that appear in the exceptions tables are highlighted which enables us to provide a more detailed narrative and feedback from wards on the rationale for the variance.

The wards that remain under 90% for their registered nurse staffing either have vacancies which are currently being recruited to or there are also some wards in which vacancies have been filled with newly qualified staff. These new staff have commenced with the Trust in March 2019. It is envisaged that this will result in further improvement to the registered nurse staffing percentages in Quarter 1.

As part of the 'Carter' work staff are moved between wards dependent on clinical need for all spans of duty this is not reflected in the figures. The figures also do not reflect staff that are on restricted duties, pregnant or where recommendation from Team Prevent suggests adjustments for individual staff members, where these matters result in the staffing levels needing to be increased.

QUARTER 4 UPDATE

South Locality Care Group
The South Locality Care Group has 20 wards

Ward	Registered days	Unregistered days	Registered nights	Unregistered nights
Aldervale	88.32%	189.87%	107.46%	159.38%
Beadnell	108.41%	61.39%	107.55%	194.54%
Beckfield	102.19%	144.38%	103.06%	130.09%
Bridgewell	128.30%	167.32%	105.49%	125.56%
Brooke House	90.22%	115.53%	110.59%	87.91%
Cleadon	128.93%	130.52%	106.62%	273.39%
Clearbrook	93.07%	217.75%	105.80%	149.98%
Longview	80.95%	180.88%	116.53%	117.21%
Marsden	138.72%	155.55%	116.16%	144.26%
Mowbray	112.13%	89.59%	104.96%	106.93%
Gibside	78.19%	125.45%	103.84%	112.92%
Roker	114.95%	89.00%	103.56%	127.73%
Rose Lodge	89.95%	224.38%	52.45%	247.61%
Shoredrift	95.05%	121.52%	111.99%	113.46%

3

Springrise	84.47%	161.47%	144.18%	116.86%
Walkergate Ward 1	213.23%	138.34%	109.74%	243.84%
Walkergate Ward 2	84.45%	94.04%	106.67%	167.34%
Walkergate Ward 3	100.84%	68.81%	105.60%	148.22%
Walkergate Ward 4	82.04%	88.58%	98.31%	172.73%
Ward 31a	125.33%	63.19%	100.91%	107.82%

Within the South Locality there are six wards that were under 90% within the quarter for registered staff, which this is an improvement from the previous quarter. The wards which are under the 90% for unregistered staff are either due to a temporary reduction in bed occupancy or from the redeployment of staff to assist other wards to ensure that the patients receive safe care. Wards that are over 120% of unregistered staff reflect the increased levels of observations and acuity.

The variances on additional qualified on nights are in relation to preceptorship nurses who are still requiring completion of their six month preceptorship period before they can fulfil the role nurse in charge, therefore they continue to need the support of a qualified nurse. This was predicted due to the recruitment of newly qualified nurses who commenced with the Trust in January 2019.

In addition leadership on night duty is being strengthened by the use of a Band 6 working alongside the Night Coordinator to support the site.

Rose Lodge
The changes to Night Staff establishment will be reflected in the Safe Staffing levels from April 2019. This has been fully tested and agreed that reduction of 2 to 1 qualified staff on night duty is safe. If additional support is required this can be planned either through additional support be sought via Bank/Flexi pool/other wards or from the Night co-ordinator The unqualified staffing is over planned levels due to continued high clinical activity/acuity that require an increase in observation and engagement levels.

Walkergate Park
Wards 2 and 4 at Walkergate Park continued, through this quarter, to have qualified staffing levels that are below planned staffing, however, they are improved from the previous quarter and all wards at Walkergate Park work together to ensure that the staffing remains safe across the site. Ward 4 has been working with reduced occupancy and the establishments altered accordingly to reflect this reduced occupancy. On a daily basis the Clinical Nurse Managers work with the Managers to ensure that the staffing is appropriate for the number of beds in use.

North Locality Care Group
The North Locality Care Group has 15 wards

Ward	Registered days	Unregistered days	Registered nights	Unregistered nights
Alnmouth	108.38%	121.99%	111.13%	109.82%
Ashby	151.30%	213.20%	122.96%	179.73%
Bluebell Court	85.86%	105.02%	104.11%	123.16%
Embleton	128.21%	159.57%	129.93%	161.41%
Fraser House	104.29%	124.79%	108.21%	177.87%
Hauxley	79.13%	102.65%	100.00%	104.84%
Kinnersley	112.44%	143.52%	104.56%	124.38%
Lennox	147.87%	208.99%	119.05%	178.78%
Mitford	188.21%	170.74%	158.38%	152.01%
Newton	131.51%	160.54%	108.57%	79.78%
Redburn YPU	93.94%	118.58%	94.28%	128.48%
Stephenson House	134.78%	115.45%	109.76%	110.60%
The Riding	55.78%	41.39%	144.96%	53.90%

4

Ward				
Warkworth	108.55%	143.47%	112.83%	134.80%
Woodhorn	141.16%	246.59%	99.88%	139.23%

Within North Locality there are three wards that were under 90% within Quarter 4, this is an improvement from five wards in Quarter 3.

The wards who have had more than 120% unregistered staffing are due to an increase in the acuity, increased observations and escort to acute hospitals. Stephenson and Ashby have complex individual care packages which require an increased ratio of patient to staff support.

The wards within North Locality have a higher admission and discharge rate than the other two localities. This means that there is high demand on staff resource due to the acute nature of individual presentation on admission. This includes the safe management of seclusion, increased levels of observations due to risk of harm to self or others, and often frequent reassurance to other patients on the ward, particularly at times of incident.

Older people's wards in the North Locality require high levels of nursing support to enable the needs of those who require increased levels of assistance with personal care as well as increased observation due to risk of falls and/or other physical frailties. Safeguarding measures may include increased observations to protect patients from risk of patient to patient harm.

Where patients require acute intervention or regular attendance for follow up Physical Health related care needs, nursing escorts are required to accompany the patient to Acute Hospital for the duration of their appointment or their stay. This is required to support the patient and reduce risk, this impacts on the total resource available for any span of duty

Hauxley
The ward is below the planned staffing numbers for qualified staff and over the planned staffing for unqualified staff. This is due to a number of reasons including a reduction in bed occupancy and the piloting of alternative staffing levels. More information will be provided on completion of the Pilot work.

The Riding
The ward is operating below staffing levels as they have been working towards closure of the ward and currently only have one patient.

Embleton
The ward is working above its planned staffing levels due the increase in eyesight observation.   The Ward have now recruited into their qualified vacancies

Central Locality Care Group
Central Locality Care Group have 17 wards

Ward	Registered days	Unregistered days	Registered nights	Unregistered nights
Aidan	73.20%	151.48%	100.37%	166.64%
Akenside	86.81%	98.38%	103.44%	106.40%
Bede	68.33%	112.26%	98.29%	105.96%
Castleside	111.10%	113.97%	103.91%	118.83%
Collingwood Court	96.10%	155.46%	109.50%	155.51%
Cuthbert	74.71%	90.18%	101.24%	105.83%
Elm House	90.61%	80.97%	103.38%	160.30%
Fellside	84.18%	213.17%	109.16%	213.17%
KDU Cheviot	84.25%	117.45%	111.22%	112.99%
KDU Lindisfarne	97.58%	162.01%	130.47%	261.65%

5

KDU Wansbeck	93.63%	150.55%	105.24%	161.62%
Lamesley	115.00%	122.78%	112.96%	105.66%
Lowry	109.64%	147.20%	108.77%	148.20%
Oswin	73.55%	122.94%	118.38%	118.86%
Tweed Unit	88.93%	117.90%	103.30%	139.99%
Tyne Unit	94.51%	99.59%	112.79%	105.87%
Willow View	101.31%	134.62%	103.45%	71.20%

Wards who are over the 120% for unregistered staff are for similar reasons to the North Locality Care Group: acuity, observations and escort to acute hospitals. Also staff who are on non-clinical duties or restricted duties are counted in the staffing but the wards are providing additional staff support backfilling these, to ensure that the patients can receive the optimum care they need

Bamburgh Clinic
Oswin, Aidan and Cuthbert will see an improvement on Quarter 3 as a number of vacancies have been appointed into from the nurses due to qualify in March 2019.

Aidan, Bede Cuthbert and Oswin are currently reviewing their Safer Staffing figures and are working in close collaboration with each other to ensure that all of the Bamburgh Clinic wards remain staffed appropriately.

Cuthbert have two qualified nurses on maternity leave who have returned January and April 2019 respectively. These two wards have fluctuating bed occupancy due to patients in transition in their pathway, therefore staffing levels reflect this and may result in staff being allocated to support other wards at times of reduced occupancy.

Fellside
Fellside have two qualified nurses currently on maternity leave and unfilled vacancies and are being supported by qualified staff from the adjacent Lamesley Ward in the Tranwell Unit.

Akenside
Akenside Ward work in close collaboration with Castleside Ward to ensure that both wards have the appropriate staffing levels for the number of patients on the ward and levels of acuity.

5.   Strategic Staffing Group
The Strategic Staffing Group meet monthly to discuss the key issues for the delivery of safe, sustainable and productive staffing. All Locality Care Groups are represented and regular review of bank and agency use across the Trust as a whole are key elements of the discussions. The group is looking at all the data currently gathered with regards to staffing so that they are not viewed in isolation, this data is triangulated and utilised as combined tools to aid in the safer staffing of the wards. This has resulted in a more detailed narrative for the monthly reports to CDT-Q and Trust Q&P

6.   Nursing Bank and Agency Usage
The Trust continues to monitor weekly nursing bank and agency usage at service level and monthly via the Strategic Staffing Group. Performance continues to show a reduction in agency usage

7.   Conclusion
This report aims to provide the Trust Board with assurance in relation to Safer Staffing

AM/May 2019

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 22 May 2019

Title and Author of Paper: Workforce Quarterly Update – Michelle Evans, Acting Deputy Director of Workforce and OD

Executive Lead: Lynne Shaw

Paper for Debate, Decision or Information: Information

Key Points to Note:

WORKFORCE STRATEGIC AIMS:	
We will develop a representative workforce which delivers excellence in patient care, is recovery focussed and champions the patient at the centre of everything we do	✓
We will embed our values, improve levels of staff engagement, create positive staff experiences and improve involvement in local decision-making	
We will lead and support staff to deliver high quality, safe care for all	
We will help staff to keep healthy, maximising wellbeing and prioritising absence management	✓
We will educate and equip staff with the necessary knowledge and skills to do their job	✓
We will be a progressive employer of choice with appropriate pay and reward strategies	✓

The Workforce Directorate quarterly report outlines some of the key work and developments across the Trust. The report supports the six key aims of the Workforce Strategy which was ratified by the Trust Board in summer 2015 and refreshed in March 2017.

This paper includes updates on:

1. Brexit
2. BAME recruitment event
3. Workplace Hate Crime Champions
4. WDES
5. Supporting Reservists and Veterans
6. Wellbeing and Health Campaigns
7. National Apprenticeship Week
8. New Pay progression System
9. Shared Parental leave
10. Child Bereavement leave

In Other News:

    Employment Tribunal Update
    Apprentice levy transfer
    Termination Payments
    Pension Changes

Risks Highlighted: N/A

Does this affect any Board Assurance Framework/Corporate Risks?
Please state Yes or No   No

Equal Opportunities, Legal and Other Implications: Various aspects of Employment Law

Outcome Required: Information Only

Link to Policies and Strategies: Workforce Strategy

Workforce Quarterly Report

Strategic Aim 1

1. Brexit

On 4 April 2019 the Secretary of State wrote to all health and care staff to offer support and reassurance regarding their role within the NHS and care system. The letter reiterated the government's unwavering commitment and support to EU staff who make an invaluable contribution across the UK. It reassured those who wish to stay in the UK (if they arrive on or before the day we leave the EU) that they will have broadly the same rights and benefits they currently enjoy. This commitment stands whether the UK leaves the EU with or without a deal.

The Trust continues to support members of staff from the EU and regular contact is maintained with staff as developments occur.

2. BAME Recruitment Event

Six NHS organisations in the North East joined forced on 27 April 2019 to hold a recruitment event designed to attract black, Asian and minority ethnic people to work for the NHS and help overcome barriers to accessing employment for people from different ethnic backgrounds.

Gateshead Health NHS Foundation Trust, Newcastle upon Tyne Hospitals NHS Foundation Trust, NHS Leadership Academy North East, North East Ambulance Service NHS Foundation Trust, Northumberland Tyne and Wear NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust took part in the event held at the New Education Centre, Royal Victoria Infirmary.

The day offered:
- the chance to meet representatives from each organisation,
- an outline of NHS employee benefits,
- an introduction to job roles in the NHS,
- interview skills and application processes, and
- job matching.

Around 400 prospective employees attended the event which was a huge success. Feedback was fantastic both from those attending the event and from representatives of the six organisations. Individuals who showed an interest in working for the Trust are being contacted as a follow up to encourage them to apply for posts.

3. Workplace Hate Crime Champions

The Workplace Hate Crime Champions scheme has been set up by Northumbria Police as an ideal way of involving local organisations in raising awareness of hate crime, the support that is available to victims and ensuring organisations have a dedicated internal contact should they wish to obtain advice and information on the subject. The Equality and Diversity Lead is meeting with Janine Turnbull from Northumbria Police in May to discuss how the Trust can become involved.

1

The role of the champions will be to:-

- act as the main point of contact within the Trust for colleagues who may want to discuss a hate crime or obtain advice.
- receive regular updates of what is being done to tackle hate crime in the area.
- receive key messages from local authorities and Northumbria Police regarding hate crime and share relevant information across the Trust.
- signpost colleagues to advice and support services.
- ensure that hate crime information (posters and leaflets) are displayed and available within the organisation.

A short training session will then be developed with the nominated workplace champions which will focus on Hate Crime Awareness.

4. Workforce Disability Equality Standard

The NHS Workforce Disability Equality Standard (WDES) came into force on 1 April 2019 and is a set of specific measures (metrics) that will enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information will then be used by organisations to develop a local action plan and enable them to demonstrate progress against the indicators of disability equality.

A number of publications have been released that will support the implementation and understanding of the requirements of the standard. A timetable for implementation has also been released:

Date	Action
April – May 2019	NHS Trusts and Foundation Trusts review their datasets and declaration rates.
May – June 2019	NHS England will publish the WDES online reporting form on their website and will send NHS Trusts and Foundation Trusts a pre-populated WDES Spreadsheet.
June – 1 August 2019	NHS Trusts and Foundation Trusts: • Complete the pre-populated WDES spreadsheet and submit data to NHS England via the Strategic Data Collection Service. • Complete and submit the WDES online reporting form.
1 August – 30 September 2019	NHS Trusts and Foundation Trusts publish the WDES Metrics and action plan on their websites.

Trust actions to date:

- WDES requirements presented to Disabled Staff Network, Mental Health Steering Group and Staff Side.
- WDES Staff Survey metrics have been downloaded from the National Staff Survey Website and presented to the above groups

2

- This month the Trust will receive the prepopulated template via the Strategic Data Collection Service. Upon receipt we will analyse the data from the metrics and start to develop a WDES action plan.

The deadline for the submission of the data is 1 August 2019 and the publication of the action plan will follow on 30 September 2019.

5. Supporting Reservists and Veterans

Members of the workforce team and operational managers have been reviewing the current approach to supporting reservists and military veterans.

The Trust is supporting the 'Step into Health' programme which offers an access route into employment and other career development opportunities within the NHS to members of the Armed Forces community. The programme recognises the transferable skills and cultural values that Armed Forces personnel have developed, and how these skills and values are compatible with working in the NHS.

The key focus of 'Step into Health' is to look at how the Trust attracts, engages, retains and innovates. We have recently engaged with wider regional forums and other local Trusts and are looking to become more involved in resettlement events and supporting job placements.

The Trust has also made a commitment to all employees who are members of the Reserve Forces who have to train regularly and have a possibility of being mobilised. With the introduction of the NTW (HR) 25 Reserve Forces and Mobilisation Policy, the Trust has committed to granting additional paid leave to support reservists and cadet instructors with essential training and development of skills.

Strategic Aim 4

6. Health and Wellbeing Campaigns

Health and Wellbeing Café – January 2019

The South Community CBU held a health and well-being café at Monkwearmouth Hospital. The purpose of this was to engage with members of staff in relation to health and well-being initiatives that are available within the Trust and to give a well-deserved time out to the teams to focus on their own health and well-being. The event was staged over three rooms, each with their own itineraries covering the following areas: mindfulness taster sessions; healthy eating; kicking the sugar habit; yoga sessions; mindfulness colouring; knitting (and nattering); hand massage; mini health checks.

Team Prevent, Care First and the Health and Well-being team all attended to advise what services can be offered to support staff and answer any questions they may have.

The event was a great success and received positive feedback.

3

World Cancer Day - February 2019

This campaign was promoted across seven Trust sites. Colleagues from Northumberland CCG, Newcastle upon Tyne Hospitals, Health-works Newcastle and Sunderland GP Alliance worked in partnership with the Trust and were in attendance during the day.

A range of information was shared covering the current top six cancers: Lung, Cervical, Breast, Prostate, Testicular and Bowel. Props and promotional information on the stands were utilised and found to be very effective including "Tar in a Jar" which showed how much tar is taken into the lungs when smoking 10 to 20 cigarettes per day over a 12 month period.

Leaflets and other information were shared along with information on how to access smoking cessation programmes across the North East. Staff were alarmed to see how much tar is taken in when smoking and surprised at the financial gains to be had when an individual stops smoking.

Artificial breasts were used to show staff how to look for lumps and bumps, and the team shared information about breast cancer and how to access services. Discussions were undertaken about the decline in females attending screening for cervical and breast cancer and the importance of attendance was reiterated. A model of the human Colon and Testicles also supported conversations about Colon and Testicular cancers.

Over 40's Health Checks – March 2019

Sessions were held over a two day period at St Nicholas Hospital in conjunction with Newcastle Foundation and Health-works Newcastle. The health check is designed to assess risk of heart attack, stroke and diabetes. It involves simple questions around lifestyle and checks on blood pressure and cholesterol level. 18 staff members took the opportunity to have the health check. Some staff gave post event feedback and told us that they are making small changes to their lifestyles such as reduction in salt intake; eating less red meat; increasing levels of activity; introducing more good fats into their diet.

The team are working on organising over 40's Health Checks in North and South localities.

Pedometer Challenge – May 2019

NTW's fourth Pedometer Challenge is underway – (following on from the highly successful events in **2013**, **2015** and **2017**). The challenge coincides with National Walking month and Mental Health Awareness week. Around 60 teams have signed up to the challenge which commenced on 6 May through to 2 June 2019.

4

Strategic Aim 5

7. National Apprenticeship Week 4-8 March 2019

To celebrate National Apprenticeship week the Apprenticeship and Career Developments Team at NTW spent time promoting apprenticeships as a way of securing a great career in the NHS. During the week a number of the Trust current and former apprentices spent time speaking with young people in local schools which received fantastic feedback. One of the current Trust apprentices was given responsibility for coordinating the team's social media activities for the week and this highlighted many of the successes that the Trust has had with apprenticeships.

Apprentices and managers took part in various tasks and challenges such as a presentation where candidates could be assessed on communication, engagement and how people dealt with challenging situations. A chair rotation exercise enabled the apprentices and admin managers to get to know more about each other and discuss the services, roles, ambitions, career opportunities, expected behaviours and progression in more depth. The afternoon consisted of an MBTI session which gave the learners a feel for all the different ways of learning and processing activities or tasks.

The days were both fun and informative and allowed everyone to get to know each other. A number of apprentices have secured permanent posts in the Trust via this process and we anticipate completing more of these sessions throughout the year.

Strategic Aim 6

8. New Pay progression system

The new pay progression system came into effect on 1 April 2019 for new starters or those promoted to a new role on or after this date. The Trust is in the process of reviewing the Appraisal policy and process to ensure the requirements of the system are met for staff progressing from April 2020 onwards. It is acknowledged that a considerable amount of engagement and training will be required as this is a cultural shift for both managers and staff across the Trust.

9. Shared Parental Leave

Shared parental leave is currently available in the NHS but unlike maternity and adoption pay was only historically paid at statutory levels. However, from 1 April 2019 shared parental pay will be enhanced to the same levels as occupational maternity / adoption pay.

5

10. Child Bereavement Leave

The NHS has agreed to be an early adopter of the new legislation due to come into force from April 2020. As of 1 April 2019 parents of children under 18 will be given 2 weeks bereavement leave if they sadly lose a child under 18 years old. This provision also applies to those who care for a child in a guardian role e.g. Grandparents who are responsible for a child.

In other news:

Employment Tribunal Updates

The government's 'Good work plan', published in December 2018, made a commitment to increase the penalties for employers that repeatedly breach their employment law obligations. Tribunals currently have the power to impose a £5,000 'aggravated breach' penalty on employers losing cases, and from 6 April 2019, the maximum limit on these penalties will rise to £20,000.

In addition Tribunal compensation limits increase from 6 April 2019.

Apprentice Levy Transfer

The amount of apprenticeship levy that can be transferred is set to rise from 10 to 25 per cent in April 2019. The Trust is ensuring it can utilise as much of the levy as possible.

Termination payments

The government has recently announced that public sector pay-offs are to be capped at £95,000 following controversy over six-figure payouts. The Treasury has launched a consultation on how the cap should be introduced. The document confirmed that NHS, UK Civil Service, police force, local government and schools are all within the scope of the legislation and will be included in the first round of the cap's implementation. According to the Treasury, more than 1,600 highly-paid public sector workers received payments of more than £100,000 each in 2016-17 when they left their roles, with a total cost of £198m. Meanwhile, trusts and foundation trusts spent £46.7m on severance payments in 2017-18, up from £43.4m the year before.

Pension Changes

The employer contribution rate has increased from 14.3 per cent to 20.6 per cent (20.68 per cent including the 0.08 per cent scheme administration levy) from 1 April 2019. The government is providing additional funding for the NHS to cover this cost increase.

Michelle Evans

Acting Deputy Director of Workforce and OD

6

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date:	22 May 2019

Title and Author of Paper: Whistleblowing/Raising Concerns Update – Michelle Evans, Acting Deputy Director of Workforce and OD

Executive Lead: Lynne Shaw

Paper for Debate, Decision or Information: Information

Key Points to Note:

The paper outlines the whistleblowing/concerns raised and logged by the central Workforce team between October 2018 and March 2019.

- 7 cases reported – all categorised as raising a concern

In addition, a further 12 cases have been raised with the Freedom to Speak Up Guardian during the same period.

The overall figure for the 6 months ending 31 March 2019 has decreased from 23 in the previous report.

The main theme of raising concerns is linked to staff attitudes. In some instances this has resulted in disciplinary action whilst others have resulted in a development plan.

The Freedom to Speak up Guardian has recently increased his hours to 2 days protected time. In addition, a further 16 FTSU Champions have been trained.

Risks Highlighted to Board:
No current risks highlighted.

Does this affect any Board Assurance Framework/Corporate Risks?
Please state Yes or No   NO
If Yes please outline

Equal Opportunities, Legal and Other Implications:

Various employment legislation.

Outcome Required: Information

Link to Policies and Strategies:
Trust strategy, strategic ambition six – 'A Great Place to Work'
Workforce strategy
Raising Concerns policy

Whistleblowing/Raising Concerns Update

October 2018 – March 2019

<u>Purpose</u>

The purpose of this paper is to provide Trust Board with a summary of whistleblowing cases/concerns raised over the period October 2018 – March 2019.

<u>Background</u>

The paper aims to give an overview of cases reported centrally to the Workforce team as requested by the Trust's Raising Concerns Policy. Concerns raised with the Freedom to Speak Up Guardian are also included. Additional concerns are raised and dealt with at an informal, local level by operational managers.

Not all matters raised become subject to formal investigation under Raising Concerns or Grievance policies, an approach which was welcomed by Sir Robert Francis in his Freedom to Speak up Review.

It should be noted that the Trust has had for a number of years a clear, defined process for recording cases that fall under the scope of a policy such as whistleblowing (raising concerns), disciplinary or grievance, however, there are a number of concerns raised which do not meet the Disclosure Act's definition of whistleblowing. For these cases the workforce directorate has developed a separate recording category called "raising concerns" for reporting purposes.

<u>Concerns Raised</u>

This report serves to provide information on all concerns raised between 1 October 2018 and 31 March 2019. The concerns have emerged from different routes. It is anticipated that a greater number of concerns will continue to have been raised over the same period of time but have not been of a significant nature and therefore dealt with locally at ward/department level. This is to be encouraged but also balanced against a wider desire to understand better any themes or trends. The main theme of concerns within this report is attitude of staff towards each other. The Trust is committed to demonstrating the Trust values and as such ensures all concerns regarding attitudes are looked into and dealt with as appropriate. In some cases this may mean disciplinary investigation and in other less serious cases there may be a need for development of staff.

During the period identified 19 issues have been raised in total centrally and with the FTSU Guardian and these have been categorised as "concerns". This is a reduction from 23 within the previous period.

There are 7 cases still open from this period all of which are those being overseen by the FTSU Guardian. The majority of these cases have had local actions undertaken to resolve the issue but the Guardian has chosen to monitor the outcome of the local actions. A review of all cases logged has been undertaken and there appears that there are no trends in terms of reported concerns in specific locality/corporate area or staff group.

Of the cases raised centrally, 4 of the 7 were anonymous in nature.

The number of cases raised remains to be of an average number for a Trust of this size.

The FTSU Guardian has now been allocated 2 days per week to dedicate to working on FTSU activity including supporting staff and raising the profile of the role. In addition to this the Trust

has recent trained 16 Freedom to Speak Up Champions as part of the drive to encourage open and honest conversations and raise concerns where they feel appropriate.

Michelle Evans
Acting Deputy Director Workforce and OD

Summary of Concerns Raised centrally 1 October 2018 – 31 March 2019

Status	Date Concern received by Trust	Summary of concern	Type	Executive Directorate	Outcome
Completed	15/10/2018	Staff attitude towards colleagues	Raising Concern	NTWS	Fact find resulted in disciplinary investigation action
Completed	24/10/2018	Manager attitude towards team and culture within team	Raising Concern	Central Locality Care Group	Fact find unable to identify evidence undertaken OD interventions with team
Completed	07/11/2018	Team culture and attitudes towards colleagues	Raising Concerns	Central Locality Care Group	Development work with the team
Completed	12/01/2019	Team culture and attitudes towards colleagues	Raising Concerns	South Locality Care Group	Fact find resulted in disciplinary investigation
Completed	25/01/2019	Staff attitudes towards patients	Raising Concerns	Central Locality Care Group	Fact find undertaken resulting in development work with whole team
Completed	25/01/2019	Inappropriate behaviour towards colleague	Raising Concerns	North Locality Care Group	Formal disciplinary investigation undertaken
Completed	07/03/2018	Staff sleeping on Duty and smoking on Trust Grounds	Raising Concerns	North Locality Care Group	Fact find resulted in disciplinary investigation

Freedom to Speak Up Guardian's cases - 1 October 2018 – 31 March 2019

Status	Date Submitted	Summary of Concern	Type	Directorate	Outcome
Completed	02/10/18	Staff attitudes regarding religious needs surrounding bereavement	Raising Concerns	Inpatient Central CBU	A chaplain addressed it as a training issue with the ward
Open	12/10/18	Issue raised about application of grievance procedure linked to attitudes and behaviours	Raising Concerns	Corporate Services	HR process ongoing
Open	19/10/18	Poor communication by a senior manager	Raising Concerns	Corporate Services	Fact-find ongoing
Open	26/10/18	Alleged victimisation during an investigation	Raising Concerns	Corporate Services	Reviewing report for to establish objectivity maintained
Open	29/11/18	Inadequate application of stress risk assessment	Raising Concerns	Community South CBU	The person raising the concern was offered guidance as to how to respond. Outcome of Stress Risk Assessment being monitored
Completed	05/12/18	Poor supervisory behaviour	Raising Concerns	Corporate Services	Further training was offered, but the supervisor has now left the Trust
Completed	11/01/19	Employee claimed was suffering detriment for refusing to follow management instruction	Raising Concerns	Inpatient South CBU	Support offered by a reinforcement of the Trust's policy
Open	17/01/19	Concern over number of medics available in particular area	Raising Concerns	Community North CBU	Letter sent by Consultants raising concerns
Open	15/02/19	Concern about integrity of an investigation	Raising Concerns	Inpatient North CBU	Preliminary investigation report has been provided. Fact find ongoing
Completed	21/02/19	Concern about management of workers who have physical health problems	Raising Concerns	NTW Solutions.	Conversation held with supervisor regarding the needs of the duties, balanced with reasonable adjustments
Completed	25/02/19	Concern raised regarding welfare of a member of staff	Raising Concerns	Inpatient North CBU	Advised of appropriate action and support available
Open	Various dates Feb-Mar 2019	Concerns expressed about management of particular worker group	Raising Concerns	Inpatient South CBU	Being explored at Director level

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: Wednesday 22nd May 2019

Title and Author of Paper:
   Security Management – Annual Report 2018 / 2019
   Tony Gray - Head of Safety , Security and Resilience
   Craig Newby – Deputy Head of Safety , Security and Resilience

Executive Lead: Gary O'Hare – Executive Director of Nursing and Chief Operating Officer

Paper for Debate, Decision or Information: Information

Key Points to Note:
- 11th annual report on Security Management arrangements in place within the Trust.
- This report integrates Lone Working, Physical Assaults on Staff and Security Management, into one report, having previously been presented in separate reports.
- Information in relation to new NHS England / NHS Improvement Violence Reduction Standards
- 10 year anniversary of lone working system and launch of new on-line portal
- Review of Security Management Technology Plans included
- Look forward to the year ahead.

Risks Highlighted to Board :   None to report.

Does this affect any Board Assurance Framework/Corporate Risks?
Please state Yes or No - No

Equal Opportunities, Legal and Other Implications:

Outcome Required: Minuted by Board of Directors

Link to Policies and Strategies: Security Management Strategy / Security Management Policy – NTW (O)21 and supporting Practice Guidance Notes

1

Security Management Annual Report
April 2018 – March 2019

Caring | Discovering | Growing | **Together**

2

Index

3

Introduction

Northumberland, Tyne & Wear NHS Trust is committed to the delivery of an environment for those who use or work in the Trust that is properly secure so that the highest possible standard of clinical care can be made available to patients. Security affects everyone who works within the NHS. The security of staff, patients, carers and assets is a priority of the Board within the development and delivery of health services.

All of those working within the Trust also have a responsibility to be aware of these issues and to assist in preventing security related incidents or losses. Reductions in losses and incidents relating to violence, theft or damage will lead to more resources being freed up for the delivery of patient care and contribute to creating and maintaining an environment where all staff, patients and visitors feel safe and secure.

The purpose of this report is to provide information and assurance of the controls currently in place to create a pro-security culture across the Trust, as well as informing of the work currently being carried out across the organisation to improve security arrangements.

This is the 11th Security Management Annual Report for Northumberland Tyne & Wear NHS Foundation Trust.

Background

Security Management in the NHS has been the sole responsibility of each NHS organisation, with the demise of NHS Protect, arrangements for Security Management have been overseen by Boards of Directors and the specifically the resources available are with the agreement of the Board lead for Security. Within Northumberland, Tyne & Wear NHS Foundation Trust, this responsibility is discharged to the Executive Director of Nursing and Chief Operating Officer (within Trust policy the term Security Management Director is still used to describe the responsibilities of this role).

There is also still a requirement to comply with the National Security Management Standards in line with the NHS Standard Contract, acknowledging that there is no national oversight of this.

It is also acknowledged that NHS England / NHS Improvement have been reviewing the Security Management arrangements without the existence of any national body.

There are still external organisations such as the Health & Safety Executive that will still have a legal responsibility to oversee and enforce any staff safety issues that are passed to them about the Trust, and the Care Quality Commission would have a view of our safe staffing information as a regulated activity as well as an security concerns that impacted on patient care.

Security Management Director (SMD) and Local Security Management Specialist (LSMS) nominations

The roles of the SMD and LSMS were previously defined in law to carry out the following functions:-

The Executive Director of Nursing and Chief Operating Officer in their capacity as the Trust's Security Management Director shall assume responsibility on behalf of the Board of Directors for all aspects of Security Management within the Trust. They will ensure that all management arrangements are in place to ensure compliance with the Trust's policy arrangements and supporting Practice Guidance Notes which covers the following areas:-

- Closed Circuit Television
- Lone Working
- Counter Terrorism Response (including bomb threats)
- Working in Partnership with the Police
- Trust Search Dog
- Hospital Lockdown
- Nuisance and Malicious Calls
- Support to the Positive and Safe Team in respect of Violence Reduction

In order to maintain and improve the safety and security systems within the Trust, the Security Management Director has deemed it appropriate to maintain the Trust's Local Security Management Specialists, as part of the central Safer Care Team.

The two individuals are the authors of this report, and have a greater portfolio than security management which covers the following areas:-

- Emergency Preparedness, Resilience and Response
- Security Management (Including Lone Working System)
- Health & Safety Management
- Incident System Management
- Policy Administration and Management
- Central Alert System
- Safer Care Website / Bulletin / Information and Management

Current Position and Review of the Year

It is important that the organisation is still sighted on the activity relating to Safety & Security now more than ever before.

The following is a review of the work carried out over the last year.

The LSMS function regularly undertake security based risk assessments on behalf of the organisation. These assessments cover a range of subjects including:

- Targeted risks to Trust staff and support for lone working situations
- Security of premises
- Protecting property and assets
- Security preparedness and resilience
- Use of weapons / Use of illicit substances

The results of security risk assessments and associated recommendations are shared with key stakeholders. Security risk assessments are carried out both reactively and pro-actively

5

and Clinical Environmental Risk Assessments include aspects of security management when they are carried out on in-patient wards.

The Clinical Environmental Risk Assessment process is completed annually for each in-patient ward, acknowledging this is where 3 out of every 4 incidents occur. There were over 50 assessments carried out in the last 12 months.

The assessment process also considers safety and security of the following areas:-

- CCTV
- Staff Attack Systems
- Door Access
- Asset Security
- Building Security
- Abscond Risk
- Substance Misuse / concealment / supply etc.
- Nurse Call Systems

Working with Others

The Trust security management arrangements have operated under the umbrella of a memorandum of understanding with the National Police Chiefs Council (Previously ACPO), NHS Protect and the Crown Prosecution Service. This helps the Trust to work proactively with partner agencies to ensure, where possible, we protect staff, patients, premises, property and assets.

The Trust has a number of key stakeholders and is determined to ensure important information is shared, where possible, and deter those who may be minded to breach security – using publicity to raise awareness of the likely consequences, both personally and to the NHS.

As the regional Security arrangements ceased in 2017, it was agreed that the Regional Security Management Meeting would be retained, as this was a useful forum for sharing knowledge and learning across all the Security Managers in healthcare organisations across Cumbria and the North East. These meetings have taken place over the last year and been well attended, with the Trust hosting and chairing them on a rotational basis.

Clinical Police Liaison Lead

The Clinical Police Liaison Lead, continues to work closely with a network of officers from Northumbria Police and forces nationally, and continues to be part of Her Majesty Inspectorate of Constabulary, Fire & Rescue services (HMICFRS) expert reference group looking at how mental health can form part of the Police inspections and what should be seen as good practice. There has been continued interest in the Clinical Police Liaison Lead function from other areas nationally, as the role is now seen as a key element of excelling with partnership working. Due to uniqueness of the role and knowledge base it has also led to the role becoming involved in assisting Northumbria Police Professional Standards Department (PSD), and the Independent Office of Police Complaint's (IPOC) to work on their processes. Helping them to develop further around their dealing of those that are vulnerable and mentally unwell, as their current systems are not always supportive of this group.

Alongside Steve Baker an Inspector (Northumbria Police Force Mental Health Lead), have both presented at a number of national forums around the partnership work in the North East and the role in NTW.

6

Respond Multi Agency training has continued to be provided across the North East area throughout the last year, and plans are being reviewed for 2019 / 20.

Security Incidents

With the demise of NHS Protect and the closure of the national Security Management Incident Reporting System, the national view of aggression / violence on staff and other security related matters ceased, however we continue to report security incidents within the Trust, and this forms part of the monthly and quarterly Safer Care reporting activity, that is received throughout the organisation and externally to Commissioners as part of our contracts.

The Clinical Business Units report the highest number of security incidents, and the majority of these are aggression and violence on in-patient wards. Even with noted reductions, aggression and violence has consistently accounted for about 30% of the Trust's incident activity over the life of the Trust. The following gives a breakdown of the activity. All this activity is considered and actioned when it occurs and reported to clinical groups on a weekly or monthly basis to consider corrective action.

Again it is acknowledged that currently the Trust can now only compare its activity with its own reporting culture given the demise of national systems reporting on this.

The tables in Appendix 1 gives a breakdown of the types of security incidents the Trust experiences. From these tables there can be seen over the last 3 years the Trust recorded 1,734, 1,999 and 2,267 incidents respectively of a security nature, which shows an increasing picture as we have developed our transparent security culture over the years.

Some of this increase is naturally related to the increase of detection of substances on in-patient wards by the Trust's Search handler and dog.

In 2017 we also started to receive intelligence in the form of incidents from our out of hours security personnel, who identified security breaches as they went about their patrols, these had previously been unreported.

Preventing significant security incidents or breaches from occurring, or minimising the risk of them occurring by learning from operational experience about previous incidents, using technology and sharing best practice is a key element of the LSMS role, and they are notified of every security incident that occurs anywhere in the Trust as soon as it is reported.

Where appropriate, security risks are included on the Department and Trust Risk Registers to enable security risks to be managed in accordance with the Trust's Risk Management Strategy.

Our contract with external Security Contractor is under constant review, and their support For a security provision on all main hospital sites as well as comprehensive CCTV monitoring brings a significant level of safety to staff and patients out of hours.

Our CCTV systems benefit from routine 6 monthly maintenance inspections, which forms part of a comprehensive maintenance contract. All of the Trusts CCTV systems comply with the Information Commissioners CCTV Code of Practice. As part of this, the CCTV contractor provide 24 hour, 365 day cover to access and burn off images to support Police investigations, allegations of staff abuse or other security related activity. The costs

7

associated from this activity come from a central budget which is overseen by the Head of Safety and Security to give an update to the Security Management Director on the costs associated with this contract.

**Lone Working – Celebrating a 10 year relationship of keeping NHS staff safe**

This interactive link will take you to an external Case Study produced in partnership with Reliance Protect.
Press CTRL on keyboard and click to follow link.

Health care workers have long been identified as a high risk group when considering lone working. Issues identified in high profile incidents emphasise the scale of the risk faced by mental health care staff on a daily basis.

Lone Workers also face particular problems when it comes to assaults, such as verbal abuse or harassment. Very often, these assaults take place in one to one situations with no other evidence available to support taking action against alleged offenders. This can result in the reluctance by Lone Workers to report incidents that occur, leading to a feeling that nothing can be done to protect them or deal with the problems they face. Lone workers, by the nature of their work, can feel isolated or unsupported, simply by the very fact that they do not work in an environment surrounded by their colleagues or others.

The Trust has had in place a robust contract and system of work to protect its lone workers using the identicom lone working solution.
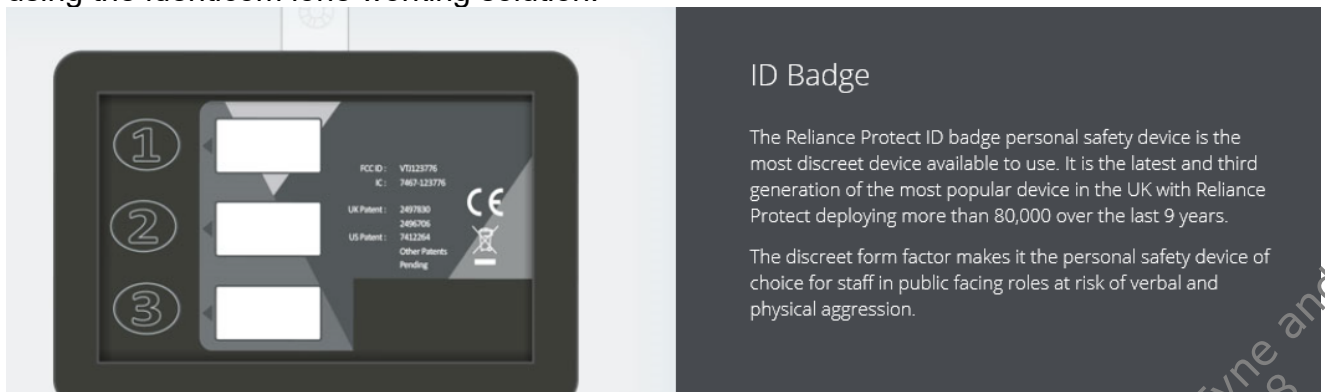
The system comes in the form of an ID badge holder and all staff receive full training, the system was originally commissioned as part of a centrally funded Department of Health initiative in 2009, and the Trust has continued to use and develop the system since its inception. In 2009, the Trust rolled out over 400 devices to its community staff, and as community services have developed at the end of 2018 / 2019 we have over 2,100 active devices. We have built a strong relationship with Reliance Protect.

It is acknowledged that as one of the biggest users of this system nationally, there will always be opportunities for improvement of usage, and the Safety Team in partnership with clinical groups have worked through the year with the national supplier, to improve

8

effectiveness. This included several meetings and a visit to the national alarm receiving centre in Pontefract, to understand when the alerts occur how they are responded to and why it is important that the right information is available.

Over the last year there have been a number of genuine red alerts, which have been dealt with in an effective and safe manner. In some of these cases the police were required and as a result a response was provided allowing the incident to be managed by the police rather than the member of staff.

The Safety Team continue to provide managers across the Trust with up to date usage information, which allows them, in turn, to ensure devices are used effectively by the lone workers they manage.

Traditionally the usage of the system has previously been measured by the activation of amber alerts, however with changes to technology and the full roll out of GPS enabled devices, the Trust has worked in partnership with Reliance in the creation of a live portal so usage can be seen through a live integrated web based system.

Northumberland, Tyne & Wear NHS Foundation Trust was the first NHS organisation in the country to adopt the system, which has been in place since December 2018, and live monitoring of devices is now carried out by the Lone Working Team within the Trust.

Screenshots of the new portal are below and by July 2019 we will have access to up to the minute performance information. It is hoped that in future this can be integrated into the Trust dashboards, so there can be direct comparison to other information to improve quality and safety of care.

Within the system you can view devices, by individuals, teams and specific user groups, as the Trust has supported development of the system , there is also a section for a cost centre for a device, this is the unique number that would be used to align to Trust Dashboards in future. The system allows individuals to perform their E-learning training and any refresher training required.

9
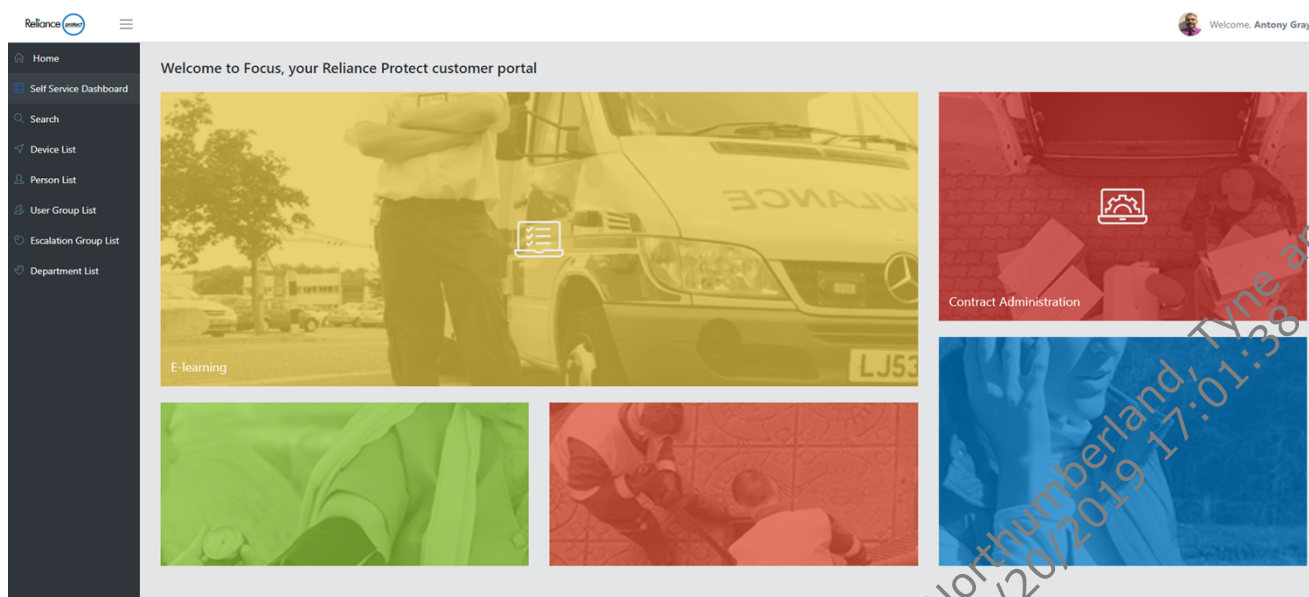
Each individual activated device can be viewed for usage as below, and it is live updated to within minutes to a device activation.
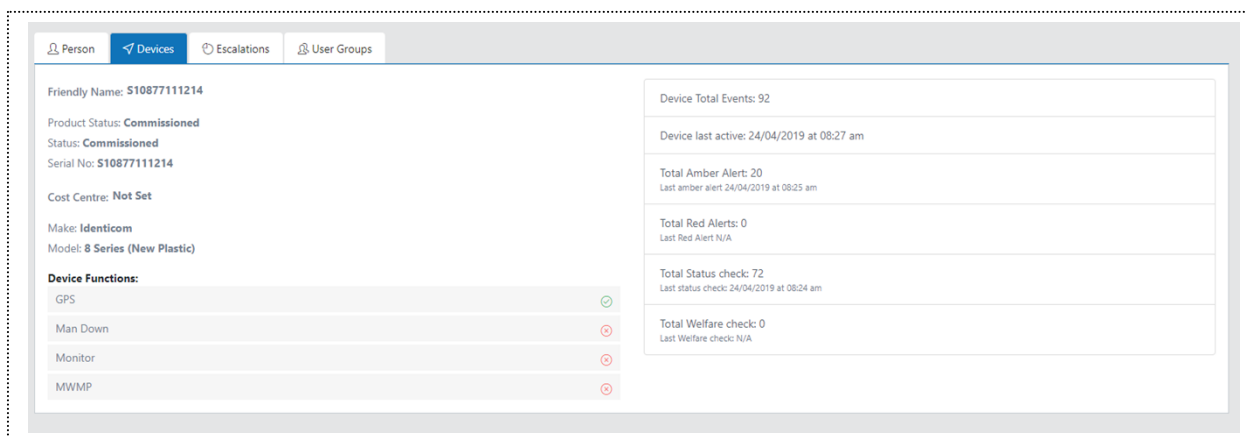
More information in relation to one of most important staff safety systems will be available in the Board development day in July 2019, including updates on the planned roll out of the system to North Cumbria Mental Health and Learning Disability Services from June 2019.

Tackling Illicit Drug Use

The use of illicit drugs and new psychoactive substances (NPS formerly known as legal highs) continues to be a problem in some inpatient setting. A number of serious incidents have occurred relating directly to consumption of illicit substances both on the ward and following an episode of leave, media reports and national research have continued to highlight the problem the North East is facing. The Trust isn't an outlier in this , and the Trust is currently working in partnership with Tees , Esk and Wear Valley NHS Foundation Trust The Trust to share learning. We have continued to jointly sharing our Search Dog and Handler across both organisations and working closely with respective Police Forces that cover the geographical locations, to identify trends and report activity , sharing intelligence of vehicles that come onto Hospital sites and known sellers of illicit substances. We will be supporting a full business case for a further Dog Handler and Search dog in 2019, once we have conducted an assessment of need for North Cumbria Mental Health Services.

Reducing the impact of Violence and Aggression

The prevalence of violence and aggression in mental health / learning disability is far higher than any other healthcare provision.

The organisation is fully sighted on the pre-cursors to aggression and violence within the Trust , and the detailed report relating to our Positive and Safe Strategy detailing our implementation of our Talk 1st initiative will be available to the Board in June 2019. We continue to report on the related activity every quarter through the Safer Care Report.

In respect to aggression and violence to staff the local incident activity still complies with the national definitions of physical and non-physical assault as below.

The definitions of physical assault have not changed.
The Trust will always continue to report all physical and non-physical assaults. The definitions are:-
Physical Assault *– The intentional application of force to the person of another, without lawful justification resulting in physical injury or personal discomfort.*

10

Non-Physical Assault *– The use of inappropriate words or behaviour causing distress and / or constituting harassment.*

From a historical context the previous NHS Protect figures for physical assaults have been archived and as such there is no longer a requirement to report into a national system and as such the true national figure is no longer known. However due to an influx of Freedom of Information Requests that have continued throughout 2018/19, NHS England - Head of Operational Security, has commenced work on a set of Violence Reduction Standards. The Trust is one of 8 organisations who are working on the pilot standards and this has resulted in a visit to the Trust by NHS England to get further insight into the work we do to pro-actively reduce the impact of aggression and violence within the Trust. There has also been a significant amount of media attention in relation to levels of increasing violence for front line healthcare workers.

NHS Protect – Published Figures
The table below gives a comparison of the last five years of published figures.

	2011/ 12	2012/13	2013/14	2014/15	2015/16
Type of Trust	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults
Ambulance	1,630	1,397	1,868	1,861	2,300
Acute	15,536	16,475	17,900	19,167	20,018
Primary Care	1,540	0	1,731	1,616	2,130
MH & LD	**41,038**	**43,699**	**47,184**	**45,220**	**46,107**
Total	59,744	61,571	68,683	67,864	70,555

Reported Physical Assaults Within the organisation.

The nationally published figures were always adjusted based on an audit carried out every year by NHS Protect, irrespective of whether the organisation was audited or not, which frequently resulted in a downgrade of the number of assaults publicly reported. The below table gives the actual number of physical assaults recorded in the Trust's Risk Management System for each of the financial years. More information on Aggression and Violence is included in the table at Appendix 1.

	2011/12	2012/ 13	2013/ 14	2014/15	2015/16	2016/17	2017/18	2018/19
Trust	Total Assaults	Total Assaults	Total Assaults	Total Assaults	Total Assaults	Total Assaults	Total Assaults	Total Assaults
Northumberland, Tyne & Wear NHS Foundation Trust	2,321	3,278	3,277	3,595	3,715	3,825	3,781	3,105

In the year 2018 / 2019 the Trust witnessed a 2nd reduction in the number of reported physical assaults on staff, since it started to report on the information in 2006. It is also the most significant reduction over since the Trust was formed, and this is in direct contrast to the fact the incident reporting continues to increase year of year. Whilst the reduction of incident activity is welcomed, the Safer Care Team, continue to work in partnership with the Positive and Safe Team to understand the individuals who account for a significant number of the assaults, and support clinical teams with the appropriate information and access to timely reports to update and improve care planning to reduce and mitigate the activity where it can be. More detailed analysis will be included in the Positive and Safe Annual report.

Future Activity

The nature of incident activity that is safety and security related continues to change due to continuous learning, but also due to operational changes.

As we review the last year and look forward to the year ahead, the following is a review of the plans made last year and the current position at year end.

Metal Detection

Whilst the business case supported the implementation of this system, operationally it became clear that the task of roll out was far more complex, that just deployment of a device to each individual ward and plugging it in. In discussion with clinicians, this will be a major project that will need multi-disciplinary team involvement and a change to a number of Trust policies, and the Trust will also need to be minded to any restrictive practice issues these systems may inadvertently create. To this end we will review this project and create a task and finish group, following the acquisition of North Cumbria Mental Health Services in October 2019

12

Closed Circuit Television

Throughout the year, the Trust's Security Specialists supported by NTW Solutions have reviewed the CCTV systems in place within the Trust and created a project plan , which integrates with all minor works, as well as any security assessments carried out, for both in-patient and community services. This is supported by a specification and set of security principles for deployment of every system in future. The complexities of this task is the fact that systems (as with all technology are rapidly changing) and some of the Trust systems are now over 20 years old. It is expected that with the acquisition of North Cumbria Mental Health Services, and the minimum standard that all clinical services both In-patient (accepting each ward has on average 30 cameras) and Community Premises will be covered by CCTV systems , the Trust will have 3,000 cameras covering our services. It is also expected that the review of these cameras through networked solutions would be viewable anywhere. The ultimate plan is to have the systems on a single platform to make use by clinicians streamlined, with a single sign on system, to allow users to access critical safety information for review or care and treatment or escalation as evidence into Safeguarding and Criminal process the same as we disclose clinical information from a patient's record. It is likely that this project will span a number of years and develop over time with the improvements to clinical environments such as the CEDAR programme.
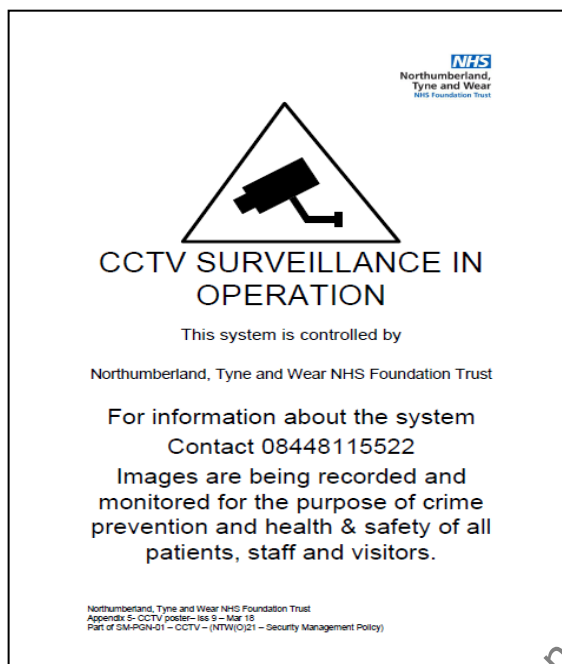
CCTV SURVEILLANCE IN OPERATION

This system is controlled by

Northumberland, Tyne and Wear NHS Foundation Trust

For information about the system
Contact 08448115522
Images are being recorded and monitored for the purpose of crime prevention and health & safety of all patients, staff and visitors.

Northumberland, Tyne and Wear NHS Foundation Trust
Appendix 5- CCTV poster– Iss 9 – Mar 18
Part of SM-PGN-01 – CCTV – (NTW(O)21 – Security Management Policy)

13

Body Worn Video Cameras

Body worn video cameras (BWVC) are increasingly being worn in society from front line policing to Local Authority / NHS staff / Security staff and doormen etc, and have recently been deployed in Mental Health organisations. The first pilot in the Trust has been completed and the evaluation is underway. The 2nd pilot is due to start in May / June, and The Trust is also in discussion with North East Ambulance Service, who are piloting BWVC as part of an NHS England nationally funded pilot. The results of the pilots will inform a future business case and implementation plan, this will also expand into North Cumbria Mental Health Services as part of acquisition.
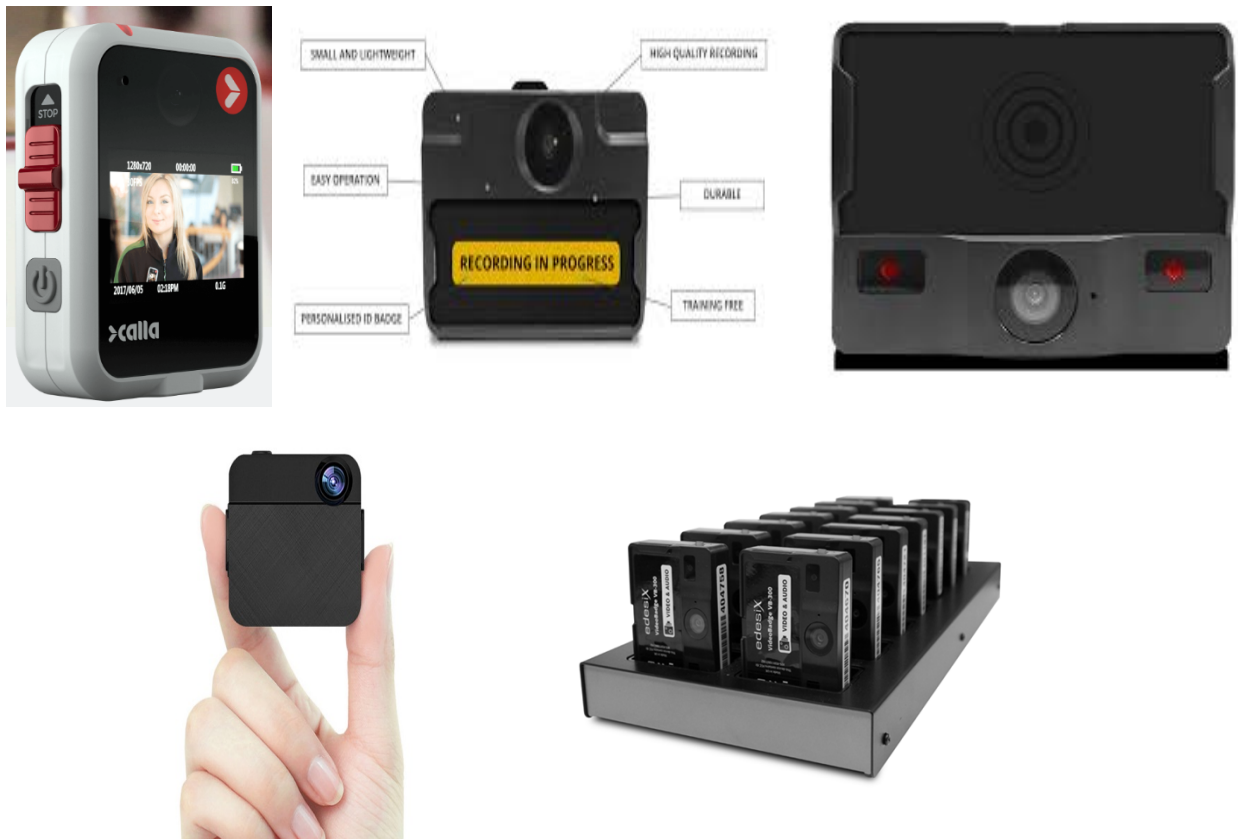
NHS England / NHS Improvement – Violence Reduction Standards.

The NHS violence reduction strategy was launched in October 2018 and includes measures to better protect staff and prosecute offenders more easily. This followed the most recent NHS staff survey which showed that more than 15% of NHS employees have experienced violence from patients, their relatives or the public in the last 12 months – the highest figure for 5 years.

£2m has been earmarked by the government especially for programmes to reduce violence, bullying and harassment against NHS staff, and Trusts around the country are introducing body cameras as a tool to help achieve this.

14

To this end a new set of Violence Reduction Standards is being drafted, and a small number of Trusts including Northumberland, Tyne & Wear NHS Foundation Trust are piloting the standards prior to their full release later in 2019. The Head of Safety , Security and Resilience has been involved in this project since November 2018 and is the link to all security professionals across the North East and Cumbria, feeding back views and decisions being made. It is likely compliance against these standards will be subject to scrutiny by local commissioners as part of NHS Contracts, as well as nationally by NHS England / NHS Improvement and as part of regulated activities by the Care Quality Commission.

Report Conclusion

The Trust continues to work to mitigate the security risks faced both internal / external to the organisation. As the organisation continues its journey of development, and the NHS as a whole goes through major transformational change, it is acknowledged that safety and security remains paramount and on the highest level of all agendas throughout the Trust.

In short, security needs to be considered by all levels of staff from the Board to the ward and the understanding at each level of the organisation for the parts to play to continue to improve the quality and safety of care that is delivered within the resources we have available.

Throughout 2018 / 19 the Safer Care Directorate has gone through an organisational change in line with required Trust efficiencies and coupled with the first full year of corporate responsibility for Emergency Preparedness, Resilience and Response, we have faced significant challenges of time and resource, however the team has successfully managed a number of new initiatives and continues the journey of improvement. As we celebrate 10 years of keeping staff safe with robust lone working systems that protect over 2,000 staff (one third of the workforce), we now start to plan for the future as a bigger , more widespread organisation , where protection of staff and patients , using integrated , networked and remotely accessed technology will become more important than ever before. The significant strength of integration of Operational Service and the Safer Care Functions of the Trust under the direction of the Executive Director of Nursing and Chief Operating Officer will be enhanced over the next year as we acquire North Cumbria Mental Health Services, and plans are already being put in place to roll out a number of safety and security systems in advance of 1st October 2019, to expedite improvements to the population of North Cumbria.

Security Incidents April 2015 – March 2019

Cause 1	2015-16	2016-17	2017-18	2018-19
S01 Theft Of Staff Property At Work	4	4	4	6
S02 Theft Of Patient Property	9	15	9	19
S03 Theft Of Hospital Property	5	17	22	19
S04 Theft Of Hospital Property - Data/Hardware	3	3	6	4
S05 Theft Of Non Hospital Property	4	6	3	3
S06 Damage Of Personal Property At Work	17	14	23	26
S07 Damage To Hospital Property - Patient	316	421	335	377
S08 Damage To Hospital Property - Accidental	20	13	18	20
S09 Damage To Hospital Property - Other	22	36	44	44
S10 Trespass On Hospital Property	4	4	4	8
S11 Audit Differences - General Goods/stock	0	1	0	0
S13 Audit Differences - Money	0	0	1	4
S14 Security - Building Not Secured	37	52	129	197
S15 Security - Intruder Alarms Triggered	4	31	90	77
S16 Barricade Situation	2	5	5	9
S17 Alleged Theft	10	7	6	17
S18 Attempted Theft	4	2	5	7
S19 Security - Other	157	198	289	226
S20 Loss - Other	76	117	145	112
S21 Attempted Break-In	2	1	5	4
S22 Actual Break-In	1	2	7	3
S23 Weapon Discovered/Found	47	51	41	60
S24 Illicit Drugs Discovered/Found	92	118	90	154
S25 Failure Of Staff Attack Alarm - Operational	37	44	28	96
S26 Suspicious Behaviour	16	20	39	34
S27 Nuisance / Mallicious Phone Calls	7	14	26	18
S28 Loss Of Dept / Ward Keys	31	32	29	43
S29 Presumed NPS / Illegal Highs	24	3	2	8
S30 Illicit Drug Use	64	118	105	168
S31 Attempted Vandalism	66	223	67	111
S32 Locked Doors Due To Clinical Activity	45	32	193	140
S33 Room Searched For Contraband	70	87	132	169
S34 Contraband Seized	88	69	112	160
S35 Damage To Property Of Others	5	9	11	6
S36 Secure Unit Security Breach	34	24	28	26
S37 Failure Of Lone Worker Device	1	5	8	8
S38 Damage To Patients Property	8	14	18	16
S39 Alarm Sounded No Response	1	7	7	7
S40 Positive Drug Screening	23	41	26	16
S41 Suspicion Of Illicit Drug Dealing	19	22	43	58
S43 Loss Or Theft Of Lone Working Device	0	1	5	18
S44 Keys Left Insecure	4	4	3	3
S45 Anti-Social Behaviour	2	14	6	13
S47 Failure Of Staff Attack Alarm - Testing	24	13	2	2
S48 Theft Of Patient Money	3	2	5	5
S49 Theft Of Staff Money	5	1	1	2
S50 Theft Of Trust Money	3	0	1	1
S51 Theft Of Visitor Money	0	1	0	0
S52 Failure Of Lone Worker Procedure	0	1	0	0
S53 Transport Of Patient	21	35	48	70
S54 136 Suite Issue	6	1	1	0
S55 Lone Worker Issue	9	11	12	9
S56 Nuisance / Malicious Communication	3	8	23	29
S57 ERB Unavailable	1	3	0	0
S58 Lack Of Response	13	6	7	0
S59 Secure Transport Issues	3	1	0	47
S61 Bomb Threat	0	3	1	0
S62 CCTV Failure/Issues	0	0	1	12
S64 Loss Of ID Badge	0	0	0	37
Totals	1472	1987	2271	2728

16

Cause 1	2015-16	2016-17	2017-18	2018-19
V01 Physical Assault Of Staff By Patient	3709	3822	3778	3102
V02 Physical Assault Of Visitor/Gen.Pub. By Patient	135	131	111	128
V03 Physical Assault Of Patient By Patient	716	785	691	550
V04 Threatening Behaviour By Patient To Staff	1047	1193	842	872
V05 Threatening Behaviour By Patient To Pat	452	381	387	480
V06 Threatening Behaviour By Patient To General Public	60	78	90	137
V07 Physical Assault Of Staff By General Public	4	3	3	3
V08 Physical Assault Of Patient By Public	19	18	22	31
V09 Physical Assault Of General Public By General Public	2	3	1	8
V10 Threatening Behaviour By Gen. Pub. To Staff	28	48	49	39
V11 Threatening Behaviour Of Public To Patient	7	17	8	8
V12 Threatening Behaviour Of Gen. Pub. To Gen. Pub.	3	3	6	2
V16 Threatening Behaviour By Staff To Staff	0	0	1	2
V17 Threatening Behaviour By Staff To Patient	1	0	0	0
V19 Racial Abuse By Patient To Patient	19	30	20	22
V20 Racial Abuse By Patient To Staff	72	132	106	148
V21 Allegation Of Racial Abuse By Staff To Patient	2	0	0	0
V22 Sexual Assault By Patient To Patient	1	0	0	0
V23 Sexual Assault By Patient To Staff	2	12	42	86
V25 Allegation-Sexual Assault Of Patient By Staff	1	0	0	0
V26 Allegation-Sexual Assault Of Patient By Other	0	2	0	0
V30 Verbal Abuse Of Staff By Patient	411	727	630	611
V31 Verbal Abuse Of Staff By Gen. Pub	40	42	43	34
V32 Sexual Assault By Patient To Other	1	0	2	3
V33 Allegation Of Sexual Assault By Patient On Oth	0	1	2	0
V34 Alleged Physical Assault By Patient To Other	8	25	10	23
V35 Patient Planned Intervention	709	672	659	655
V36 Aggressive Behaviour To Staff	1728	2137	4039	3785
V37 Threat To Kill Staff	82	118	115	94
V38 Threatening Behaviour With Weapon To Staff	27	59	46	70
V39 Aggressive Behaviour To Others	3055	1582	1505	1729
V40 Threat To Kill To Others	57	64	61	68
V41 Threatening Behaviour With Weapon To Others	32	46	27	45
V42 Verbal Abuse Of Staff - Non Targeted	108	147	94	103
V43 Verbal Abuse Patient To Patient	22	61	50	59
Totals	12560	12339	13440	12897

17

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 22nd May 2019

Title and Author of Paper:
Board Self Certification to NHS Improvement (Condition FT4(8))
Julie Robson, Corporate and Quality Governance Manager

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Decision

Key Points to Note:

To maintain the NHS Provider Licence, NHS Foundation Trusts are required by NHS Improvement to self-certify on an annual basis the following declaration:-

- Condition FT4(8) – the Trust has complied with required governance standards and objectives.

This paper provides evidence to support compliance with the requirements of the declaration.

It is recommended that the Board declares compliance with the above declaration.

Risks Highlighted to Board :   BAF Considered

Does this affect any Board Assurance Framework/Corporate Risks?
No

Equal Opportunities, Legal and Other Implications: None

Outcome Required: Agreed Board declaration to be published by 30th June 2019.

Link to Policies and Strategies: Operational Planning and standard contract guidance, integrated governance arrangements, NHS Improvement provider licence requirements

NHS Foundation Trust Self Certification Requirements

Background

To maintain the NHS Provider Licence, NHS Foundation Trusts are required by NHS Improvement to self-certify on an annual basis the following declaration:-

- Condition FT4(8) – the Trust has complied with required governance standards and objectives.

The aim of the self-certification is for Trust Boards to carry out assessment that they are in compliance with the relevant requirements. There is no set approach to meeting these standards and objectives but we expect any compliant approach to involve effective board and committee structures, reporting lines and performance and risk management systems.

To comply with the timescales for self-certification prescribed by NHS Improvement the Board must sign off the declarations no later than 30 June 2019 and ensure that the declaration in relation to condition FT4(8) is published on the Trust website.

The Trust are not required to return the completed self-certifications or templates to NHS Improvement unless requested to do so.

NHS Improvement will retain the option each year of contacting a select number of NHS trusts and foundation trusts to ask for evidence that they have self-certified, either by providing the completed or relevant board minutes and papers recording sign-off.

This paper provides evidence to support compliance with the requirements of the declaration.

It is recommended that the Board declares compliance with the above declaration.

1

Condition FT4 Corporate Governance Statement

Providers must certify compliance with required Foundation Trust Governance Standards and Objectives which would be reasonably regarded as appropriate for a supplier of healthcare services to the NHS.

The Trust is required to agree a corporate governance statement, by and on behalf of the Board, confirming compliance with this condition as at the date of the statement, and anticipated compliance for the next financial year, specifying any identified risks to compliance and any actions proposed to manage such risks. This declaration must be published on the Trusts website.

The Board is required to respond either "confirmed" or "not confirmed", and report risks and mitigating actions, for each of the following statements:-

1. *The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.*

2. *The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.*

3. *The Board is satisfied that the Licensee has established and implements:*
   - *Effective Board and committee structures;*
   - *Clear responsibilities for its Board, for committees reporting to the Board, and for staff reporting to the Board and those committees;*
   - *Clear reporting lines and accountabilities throughout its organisation.*

4. *The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:*
   - *To ensure compliance with the Licensees duty to operate efficiently, economically and effectively;*
   - *For timely and effective scrutiny and oversight by the Board of the Licensees operations;*
   - *To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;*
   - *For effective financial decision making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensees ability to continue as a going concern);*
   - *To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision making;*
   - *To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;*
   - *To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal, and where appropriate, external, assurance on such plans and their delivery; and*

2

- *To ensure compliance with all applicable legal requirements.*

5. *The Board is satisfied that the systems and/or processes referred to in 4 (above) should include, but not be restricted to systems and/or processes to ensure:*
   - *That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;*
   - *That the Board's planning and decision making processes take timely and appropriate account of quality of care considerations;*
   - *The collection of accurate, comprehensive, timely and up to date information on quality of care;*
   - *That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;*
   - *That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders, and takes into account as appropriate views and information from these sources; and*
   - *That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.*

6. *The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of its NHS Provider Licence.*

It is recommended that the Board respond "confirmed" to each of the above statements.

Evidence to support this position is provided in appendix 1.

3

No.	Required Governance Standards and Objectives	NTW Evidence
1.	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	The Trust's governance arrangements take into account the Integrated Governance Handbook (DOH 2006). A self-assessment of the Trust's leadership and governance arrangements was undertaken in January 2019 and an internal audit provided substantial assurance in relation to this self-assessment. This process will be undertaken on an annual basis. A number of Standing Committees of the Board, chaired by non-Executive Directors, support governance within the Trust: • Audit Committee; • Remuneration Committee; • Mental Health Legislation Committee; • Quality and Performance Committee; • Resource and Business Assurance Committee. The Terms of Reference for the Board, its Committees and the Corporate Decisions Team are reviewed on an annual basis. The Annual Governance Statement 2018/19 has been reviewed, approved and audited in line with NHS Improvement requirements. The Trust was rated as "outstanding" in relation to the "Well Led" key question by the Care Quality Commission following a core service with well led inspection in May 2018. The Head of Internal Audit Opinion for year ending 31st March 2019 is "from my review of your systems of internal control and reports issued to date, my overall opinion is that good assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives."
2.	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time.	Specific examples of where the Board of Directors has regard to good corporate governance as recommended or required by NHS Improvement include the following: • Maintenance and review of Assurance Framework and Corporate Risk Register. Quarterly Board Assurance Framework reports are received by Trust Board with an

4

No.	Required Governance Standards and Objectives	NTW Evidence
		annual review of the Board Assurance Framework and Risk Appetite taking place at Board Development sessions.
		• Following a self-assessment of the Trust's leadership and governance arrangements against the CQC well led framework and subsequent internal audit providing substantial assurance an action plan has been developed to address the issues raised with updates to be taken at Trust Board twice yearly.
		• The Board receive updates against the requirements of NHS Improvement's Single Oversight Framework on a monthly basis through the Commissioning and Quality Assurance monthly report. The Trust Board also receives on a quarterly basis an NHS Improvement summary report.
		• Development of the annual Quality Account and Quality Priorities in consultation with stakeholders, and the publication of the Quality Account;
		• The compilation of this self-assessment to inform the Board's decision relating to their confirmation in respect of:
		- Compliance with the governance condition at the date of the statement; and
		- Forward compliance with the governance condition for the current financial year, specifying (i) any risks to compliance and (ii) any actions proposed to manage some risks.
3.	The Board is satisfied that the Licensee has established and implements: - Effective Board and committee structures; - Clear responsibilities for its Board, for committees reporting to the Board, and for staff reporting to the Board and those committees; - Clear reporting lines and accountabilities throughout its organisation.	The Trust is headed by an effective and experienced Board of Directors which is collectively responsible for the performance of the Trust. As evidenced in Board minutes, Board Development Sessions, Committee minutes, Strategic Planning Self-Assessment, the self-assessment of leadership and governance and the substantial assurance given by internal audit and the CQC well led rating of "outstanding" and overall Trust rating of "outstanding", the Board provides effective leadership, constructive challenge and helps develop proposals on strategy. The Trust's governance arrangements ensure a clear division of responsibilities between the chairing of the Board of Directors and the Council of Governors, and the executive responsibility for the running of the Trust's affairs. The Council of Governors hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors.

5

No.	Required Governance Standards and Objectives	NTW Evidence
		A number of Standing Committees of the Board support governance within the Trust as described in section 1 above. The Standing Committees ensure effective governance for the major operational and strategic processes and systems of the Trust, and also provide assurance that risk is effectively managed. The Board and each Standing Committee self-assess performance against their Terms of Reference annually. The Audit Committee reviewed the Annual Governance Statement 2018/19 and confirmed that it was consistent with the Committee's view on the organisation's system of internal control with a view to recommending the draft Statement to the Board of Directors. The Board of Directors approved the Annual Governance Statement at its meeting in May 2019, following a review by the Trust's External Auditors, as a part of the statutory audit.
4.	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: - To ensure compliance with the Licensees duty to operate efficiently, economically and effectively; - For timely and effective scrutiny and oversight by the Board of the Licensees operations; - To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; - For effective financial decision making, management and control (including but not restricted to appropriate systems and/or processes to ensure the	The Trust has systems and processes in place through the Trust's Governance and Performance Management/Reporting arrangements to ensure ongoing compliance with the Trust's licence conditions and related obligations. The Commissioning & Quality Assurance Report, which is reviewed at each meeting by the Board of Directors, highlights Trust and Group/Directorate Performance across a range of quality metrics and also acts as a reference document to the Board of Directors, describing the full range of quality assurance requirements. This includes self-assessment against the NHS Improvement Single Oversight Framework requirements and the Trust has consistently maintained a satisfactory level of financial performance as evidenced by monthly submissions to NHS Improvement. The annual review of Terms of Reference process ensures that the Trust has effective processes in place to identify risks and potential issues including those relating to compliance with the Trust's duty to comply with its Licence and puts in place action plans to address these. Delivery of action plans are monitored and progress reported to sub Committees of the Trust Board and the Board of Directors. The Board of Directors also review a comprehensive range of reports relating to quality, clinical, patient and staff issues including emerging themes, action plans, progress against action plans being monitored and reported upon.

6

7/15

126/163

No.	Required Governance Standards and Objectives	NTW Evidence
	Licensees ability to continue as a going concern); - To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision making; - To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; - To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal, and where appropriate, external, assurance on such plans and their delivery; and - To ensure compliance with all applicable legal requirements.	An Accountability Framework is in place and includes quarterly Accountability Framework Meetings, providing an opportunity for Operational Groups/Directorates to present to the Executive Directors their contribution and delivery of the Trust's strategy and operational performance (historic and forward plan). The Executive Directors are able to confirm and challenge the work of the Groups/Directorates. The Board has an Assurance Framework and Corporate Risk Register which is taken at Board on a quarterly basis. Structures and systems are in place to support the delivery of integrated risk management, across the organisation. The Foundation Trust has a Board of Directors approved Risk Management Strategy in place. Committees of the Board of Directors are in place both to ensure effective governance for the major operational and strategic processes and systems of the Foundation Trust, and also to provide assurance that risk is effectively managed. Operations for the Foundation Trust are managed through an organisational structure, with operations divided into three Groups (each of which has four clinical business units), and each has governance structures in place for quality and performance and operational management. Risk registers are maintained and reviewed by each Group and reviewed through Trust-wide governance structures. The Committees of the Board of Directors are required to consider the risks pertaining to their areas of responsibility by reviewing the management of Corporate and Group risks; reviewing Board Assurance Framework to ensure that effective controls are in place to manage corporate risks and to report any significant risk management and assurance issues to the Board of Directors. The Corporate Decisions Team and its Risk Management Sub-Group also undertake this review from an operational perspective to ensure that risks are recorded effectively and consistently and that controls in place are appropriate to the level of risk.

7

No.	Required Governance Standards and Objectives	NTW Evidence
		The Audit Committee considers the systems and processes in place to maintain and update the Assurance Framework, it considers the effectiveness and completeness of assurances and that documented controls are in place and functioning effectively.
		The Mental Health Legislation Committee has delegated powers to ensure that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and to ensure compliance with associated codes of practice and recognised best practice.
		The Quality and Performance Committee has responsibility for overseeing the Foundation Trust's performance against all aspects of quality and performance, clinical audit and research.
		The risk register is supported and fed by quality issues captured in the Group registers. Each Group has their own Risk Register, which are reviewed by the Group Quality Standards Meetings. The Corporate Decisions Team Risk sub group receives the Group risks and there is a risk escalation process in place.
		The Board of Directors receive minutes from the standing/sub committees of the Board and the Chairs of the Committees highlight to the Board of Directors any specific issues arising.
		The Annual Governance Statement includes the Trust's principal risks and key controls, as reported in the Board Assurance Framework and Corporate Risk Register.
		The Trust's Risk Management Strategy 2017 – 2022 was approved by the Trust Board in May 2017.
		Data Security and Protection (DSP) Toolkit. In April 2018, the Data Security and Protection (DSP) Toolkit replaced the Information Governance (IG) Toolkit as the standard for data security for healthcare organisations and their partners. Compliance with the DSP Toolkit requires organisations to demonstrate that they are implementing the ten data security standards recommended by the National Data Guardian Review (Review of Data Security, Consent and Opt-Outs) in July 2016. Northumberland Tyne & Wear NHS Foundation Trust

8

No.	Required Governance Standards and Objectives	NTW Evidence
		submitted its year end position for 2018/2019 on the 29th March 2019 declaring 100/100 assertions met with an Improvement Plan in relation to one assertion.
		The Trust has agreed all of its main contracts for 2019-20.
		The Trust's Operational Plan has been reviewed and accepted by NHS Improvement
		In April 2019 the Audit Committee recommended that the Trust should be considered as a going concern and that the year-end accounts should be prepared on that basis.
		The Audit Committee reviewed the Annual Governance Statement 2018/19 and confirmed that it was consistent with the Committee's view on the organisation's system of internal control with a view to recommending the draft Statement to the Board of Directors. The Board of Directors approved the Annual Governance Statement at its meeting in May 2019, following a review by the Trust's External Auditors, as a part of the statutory audit.
		The Trust has systems and processes in place through the Trust's Governance and Performance Management/Reporting arrangements to ensure ongoing compliance with healthcare standards. The Board of Directors responsibilities include ensuring the quality and safety of healthcare services, education, training and research and applying principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission and other relevant NHS bodies together with ensuring compliance with the Trust's Licence, its constitution, mandatory guidance issued by NHS Improvement, relevant statutory requirements and contractual obligations.
		The Standing Committees of the Board of Directors ensure effective governance for the major operational and strategic processes and systems of the Trust, and also provide assurance that risk, including that relating to non-compliance with healthcare standards is effectively managed.
		The annual review of Board & Standing Committees Terms of Reference ensures that the Trust has effective processes in place to identify risks and potential issues including those relating to compliance with healthcare standards including those standards specified by the

9

No.	Required Governance Standards and Objectives	NTW Evidence
		Secretary of State, the Care Quality Commission, NHS England, commissioners and statutory regulators of health care professionals.

The Corporate Decisions Team is responsible for the management of the achievement of the Trust's objectives agreed with the Board of Directors. The Team is also responsible for operational management, through the Trust's Executive Directors and the delivery of the Trusts objectives and national standards and for managing the risks associated with the delivery of these objectives through the Trust's risk and control framework.

The Trust wide CQC Quality Compliance Group has a broad membership from operational and corporate Groups and Directorates it has responsibility for the ongoing preparation, monitoring and review of actions linked to Fundamental Standards. This Group informs the Corporate Decisions Team of performance against agreed action plans formulated following CQC comprehensive inspections.

The Board of Directors receive and review minutes and papers from the Board sub Committees, the Council of Governors, Overview and Scrutiny Committees and local Safeguarding Committees. The Board of Directors receives a quarterly safer care report which includes (the quarter 4 report includes annual reviews):-
Incident Reporting and Management
- Serious Incidents
- Learning From Deaths
- Incident Reporting
- Positive and Safe Care
- Central Alert System – exception report
- Safeguarding and Public Protection
- Infection Prevention, Control and Medical Devices/Clinical Equipment
- Harm Free Care (Safety Thermometer)
- Updates from Trustwide Learning and Improvement Group

Complaints Reporting and Management
- Complaints Received |

10

No.	Required Governance Standards and Objectives	NTW Evidence
		• Complaints Relating to Deaths • Public Health Service Ombudsman Claims Reporting • Claims Received This enables the Board of Directors to assess, understand and identify lessons learnt, addressing any current or future risks to quality and non-compliance with healthcare standards. The Trust has a comprehensive set of Policies, Procedures and Practice Guidance Notes relating to effective financial decision making, management and control supported by effective processes to ensure they are kept up to date. The Trust's financial decision making, management and control is the subject of scrutiny through the Internal and External Audit process. Audits which provide a limited level of assurance are reporting through the Executive Directors Meeting. The standing Agendas for Board of Director meetings, Corporate Decisions Team meetings and Standing Committees of the Board of Directors together with the support arrangements (relating to the issue of papers and production of minutes) are structured to ensure that there is a systematic and timely dissemination of accurate, comprehensive, timely and up to date information for Board of Directors and Committee decision making. The Board of Directors receive and review the Commissioning & Quality Assurance Report, safety reports and other specific reports and updates on performance, clinical, quality and patient issues, strategy, partnerships, staff issues and regulatory issues. The Board of Directors also receives and reviews minutes and papers from the Standing Committees, the Council of Governors, Overview and Scrutiny Committees and local Safeguarding Committees. The Chairs of the Standing Committees highlight to the Board of Directors any specific issues arising.

11

No.	Required Governance Standards and Objectives	NTW Evidence
		The Trust has an Annual Planning and Business Cycle in place and, as a part of this, the Board of Directors review progress on the delivery and development of its Strategic/Operational Plans.
		The systems and processes described above also ensure ongoing compliance with legal requirements.
		The Board reviewed in May 2019 evidence relating to the systems in place to ensure compliance with its licence conditions and related conditions and agreed to confirm to NHS Improvement that: In the financial year 2018-2019 all such precautions were taken in order to comply with the Trust's provider licence, any requirements imposed on it under the NHS Acts and have also had regard to the NHS Constitution; The Board declares that the Trust continues to meet the criteria for holding the licence.
5.	The Board is satisfied that the systems and/or processes referred to in 4 (above) should include, but not be restricted to systems and/or processes to ensure: - That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; - That the Board's planning and decision making processes take timely and appropriate account of quality of care considerations; - The collection of accurate, comprehensive, timely and up to date information on quality of care; - That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;	The Trust undertook a self-assessment of leadership and governance using the CQC's well led framework during December 2018 - January 2019 which indicated compliance with each of the key questions. An internal audit was undertaken to review the self-assessment providing substantial assurance. The completed quarterly self-assessment was presented to Board of Directors in January 2019, and included evidence that; • The Board has the necessary leadership, skills and knowledge to ensure delivery of the quality agenda. • How quality drives the Trust's strategy; • That there are clear roles and accountabilities in relation to quality governance; • That there are clearly defined, well understood processes for escalating and resolving issues and managing performance; • That appropriate quality information is analysed and challenged; • That the Board is assured of the robustness of the quality information; • That quality information is being used effectively. • That the Board actively engages patients, staff and other key stakeholders on quality.

12

No.	Required Governance Standards and Objectives	NTW Evidence
	- That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders, and takes into account as appropriate views and information from these sources; and - That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	An action plan has been produced to address the areas for consideration this will be monitored through Trusts Governance Structures on a twice yearly basis.
6.	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of its NHS Provider Licence.	A formal, rigorous and transparent procedure is followed for the appointment of new Directors to the Board. The Council of Governors has established a Nominations Committee and its membership and terms of reference are prescribed by the Trust's Constitution. Its role is to make recommendations to the full Council of Governors on the appointment of the Chair and Non-Executive Directors together with the associated remuneration, allowances and other terms and conditions. When considering the appointment of Non-Executive Directors the Council of Governors take into account the views of the Board of Directors on the qualifications, skills and experienced required for each position - this was demonstrated in 2018 - 2019 via the recruitment of a two new Non-Executive Directors. The Trust has a planned programme in place with regard to the review/reappointment of those Non-Executive Directors whose term of office is up for review. All Directors receive appropriate induction on joining the Board of Directors and the Board participates in an annual Board Development Programme. Robust processes are in place for the annual appraisal of the Board of Directors. The Chair leads the Non-Executive Directors in their appraisals and the Chief Executive for the

13

No.	Required Governance Standards and Objectives	NTW Evidence
		Executive Directors. The Chief Executive is appraised by the Chair. The Senior Independent Director leads on the Chair's appraisal.

The Trust undertakes on an annual basis a fit and proper persons test review.

There are robust arrangements in place in relation to workforce planning, recruitment, staff appraisals and disciplinary processes. |

14

Self-Certification Template - Condition FT4

Northumberland, Tyne and Wear NHS Foundation Trust

Insert name of organisation

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template
1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

	Corporate Governance Statement	**Response**	**Risks and Mitigating actions**	
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.		[including where the Board is able to respond 'Confirmed']	Please Respond
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time		[including where the Board is able to respond 'Confirmed']	Please Respond
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.		[including where the Board is able to respond 'Confirmed']	Please Respond
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		[including where the Board is able to respond 'Confirmed']	Please Respond
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.		[including where the Board is able to respond 'Confirmed']	Please Respond
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.		[including where the Board is able to respond 'Confirmed']	Please Respond

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature   **Signature**

_____   _____

Name Ken Jarrold   **Name** John Lawlor

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A	Please Respond

Financial Year to which self-certification relates

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

1   The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		Signature	
Name		**Name**	
Capacity	[job title here]	**Capacity**	[job title here]
Date		**Date**	

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A
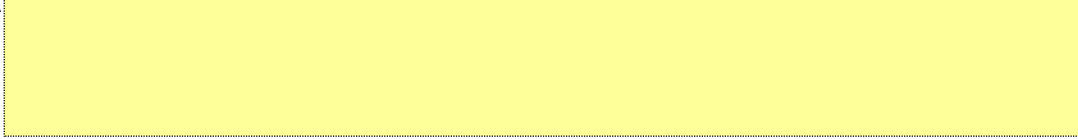
Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting

Meeting Date: 22 May 2019

Title and Author of Paper:

Provider License Self-Certification FT4(8)
Annual Board Statement - Training of Governors

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Decision

Key Points to Note:

The Board of Directors is required to sign a Board Statement, having regard to the views of the Governors, confirming that during the financial year recently ended (2018/19) the Trust has provided the necessary training to its Governors to ensure they are equipped with the skills and knowledge they need to undertake their role. The statement has to be submitted by the end of June.

The paper attached summarises the evidence to support the completion of the Statement by the Board of Directors.

The Council of Governors, at their meeting on the 14 May 2019 confirmed that they are happy to recommend to the Board of Directors, completion of the Board Statement confirming that the Trust provided the necessary training to its Governors during 2018/19.

Risks Highlighted: BAF considered

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: None

Outcome Required / Recommendations: Agreed Board declaration published by 30th June 2018

Link to Policies and Strategies: Planning Guidance and standard contract, integrated governance arrangements, Operational Plan, NHS Improvement provider licence requirements

Training of Governors Statement

The Board is satisfied that during the financial year most recently ended (2018/19) the Trust has provided the necessary training to its Governors, as required in section 151 (5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Evidence:

The Trust's Council of Governors includes both elected and appointed governors. The Trust values their role and is committed to ensuring they are equipped with the skills and knowledge they need to undertake their role through the provision of appropriate training and development.

This includes:

- An induction programme for newly appointed Governors;

- Individual meetings with the Chair, on appointment to identify their areas of particular interest and existing skills, and on-going one to one meetings with the Chair;

- The provision of a Governor Handbook, including (i) general and Trust information and signposting to other resources, e.g. the Trust Constitution, Monitor's Code of Governance, etc, (ii) Council of Governors role and signposting to other information, e.g. Monitor's reference guide on governors' statutory duties, Council of Governors' committees' and groups' terms of reference, and (iii) Board of Directors' information, e.g. Board terms of reference, Trust governance arrangements, etc. The handbook is issued to governors on induction and involves an overview of the contents;

- Council of Governors' engagement sessions on specific / pertinent issues, were held during 2018/19 and focused of the following topics

  o Long Term Plan and Planning Guidance,
  o NTW North Cumbria Services Proposal,
  o Integrated Care System proposals,
  o Trust Innovation and Valued Care in Mental Health,
  o Staff Wellbeing and Staff Survey results,
  o Trust Strategy update and;
  o Mental Health Legislation.

- Presentations and facilitated discussions at the Council of Governor Meetings on specific subjects, these included
  o Quality Priorities
  o Quality Account
  o NTW North Cumbria Services Proposal,
  o Annual Plan and Finance update
  o Research and Development
  o Appointment of Auditors

1

- o Joint STP Arrangements in Cumbria and the North East
- o NTW Solutions update

- Involvement in Council of Governors' Committees and Working Groups enabling them to gain specific skills and knowledge, these include the Nominations Committee and Quality Sub-Group;

- All Trust committees have representative Governors attending as observers, linking back to the Governors meeting to improve the flow of information and providing assurance;

- Attendance at key Trust Events, e.g. 'Valuing Excellence' staff awards, Annual Members Meeting to learn more about the Trust;

- Visits to wards and departments, conducting Patient-led assessments of the care environment (PLACE)

- Governor Representatives visited EAST London Foundation Trust (ELFT) to gain an understanding of their people participation team and governor involvement. This was followed up with ELFT presenting and sharing their journey at a NTW Council of Governors Engagement Meeting.

- Providing management briefings out with Council of Governors meetings, e.g. weekly communications briefing to keep governors up to date with Trust activity, opportunities for training, media interest; development and involvement where appropriate.

- Governors have attended NHS Providers Governor Workshops.

- Providing external information and guidance, e.g. from the CQC, foundation trust network etc.

The Council of Governors meetings for 2018/19 were as follows:
- 17 May 2018
- 11 September 2018
- 6 November 2018
- 5 March 2019

The Council of Governor' Engagement Sessions for 2018/19 were as follows:
- 5 April 2018
- 14 June 2018
- 11 October 2018
- 7 February 2019

The steering group has the opportunity to discuss and agree the agendas for both formal meetings and engagement sessions, and all governors are invited to suggest topics for future development opportunities.

Signed on behalf of the Board of Directors, and having regard to the views of the Governors.

2

Signature   Signature

Name   Name

Capacity   Capacity

Date   Date

3

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors

Meeting Date: 22nd May 2019

Title and Author of Paper: Board Self Certification to NHS Improvement Julie Robson, Corporate and Quality Governance Manager

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Decision

Key Points to Note: To maintain the NHS Provider Licence, NHS Foundation Trusts are required by NHS Improvement to self-certify the following two declarations by 31 May 2019: • Condition G6(3) – the Trust has complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), • Condition CoS7(3) – the Trust has the required resources available to provide services if providing commissioner requested services. **It is recommended that the Board declare compliance with the above statements, and this paper provides the evidence to support this recommendation.**

Risks Highlighted: BAF considered
Does this affect any Board Assurance Framework/Corporate Risks: No
Equal Opportunities, Legal and Other Implications: None
Outcome Required / Recommendations: Submission of declaration to NHS improvement by 31st May 2019
Link to Policies and Strategies: Planning Guidance and standard contract, integrated governance arrangements, Operational Plan

1

NHS FOUNDATION TRUST SELF CERTIFICATION REQUIREMENTS

BACKGROUND

To maintain the NHS Provider Licence, NHS Foundation Trusts are required by NHS Improvement to self-certify on an annual basis the following two declarations:

- Condition G6(3) – the Trust has complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution),

- Condition CoS7(3) – the Trust has the required resources available to provide services if providing commissioner requested services.

The aim of the self-certification is for Trust Boards to carry out assurance that they are in compliance with these conditions, and have taken into account the views of governors. There is no set assurance process prescribed by NHS Improvement, however suggested templates have been provided to facilitate Board sign off.

To comply with the timescales for self-certification prescribed by NHS Improvement, the Board must sign off the declarations no later than 31 May 2019.

NHS Improvement will be conducting an audit of selected Trusts to ask for evidence of self-certification.

2

General Condition G6 – Systems for Compliance with Licence Conditions

The Board is asked to respond "confirmed" or "not confirmed" to the following statement:

> "Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution."

It is recommended that the Board <u>confirms</u> the above statement, due to the following evidence:

1. **External assurance:**
   - No concerns raised by NHS Improvement
   - CQC registration and "Outstanding" overall and well-led ratings
   - Assurance from External Auditors in relation to:
     - Annual Governance Statements
     - Quality Accounts
     - Annual Accounts

2. **Assurance from the Trust's Internal Audit programme on relevant topics:**

The Head of Internal Audit Opinion for year ending 31st March 2019 is "From my review of your systems of internal control and reports issued to date, my overall opinion is that good assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives."

The following audits have been received during 2018/2019 (this is reflective of the Head of Internal Audit Opinion report taken at Audit Committee 15th May 2019).

Audit area	Assurance			
	Substantial	**Good**	**Reasonable**	**Limited**
Core Coverage				
Well-Led Governance Review				
Network Continuous Server Operational Management Testing				
Risk Management and Board Assurance Framework	Draft[1]			
Complaints	Draft[2]			
Incident Management (excludes SIs)				

3

Audit area	Assurance			
	Substantial	Good	Reasonable	Limited
TRA[1] General Data Protection Regulation				
TRA[1] Penetration Test				
Key Financial Controls for: • Reporting & Budgetary Control • Financial Accounting/General Ledger • Accounts Payable • Accounts Receivable • Bank and Treasury Management • Pay Expenditure		Draft[1]		
Health and Safety		Draft[1]		
Performance Management and Reporting		Draft[1]		
Procurement		Draft[2]		
Recruitment			Draft[1]	
Time, Attendance and eRostering (TAeR) – Monitoring Framework			Draft[2]	
Data Security & Protection (DSP) Toolkit	At the time of our review (January to March 2019) we found that 12 out of a sample of 25 requirements could be evidenced and substantiated. AuditOne acknowledges that the difference identified may be due to the timing of the audit and that Northumberland, Tyne & Wear NHS Foundation Trust has until 31st March 2019 to upload the relevant evidence to meet their mandatory requirements. We consider therefore that sufficient time is still available to address the requirements of the DSP in this respect.			
Additional Assurance Coverage				
Medical Revalidation				
Fire Safety				
Waste Management				
Central Patients Monies and Belongings				
Cashiering Services				
Off Payroll Payments				
NHS Improvement Single Oversight Framework - Finance and Use of Resources				
NIHR Funding				
Charitable Funds				

4

Audit area	Assurance			
	Substantial	Good	Reasonable	Limited
Monitoring of Occupational Health Contract	Draft[2]			
Premises Assurance Model		▓		
Mortality Reporting		▓		
Mental Health Act – Patient Rights		▓		
Key Performance Indicator – Patient Associated Food Waste		▓		
TRA IAPTUS General IT Controls		▓		
TRA TRAC System				▓
Medicines Management Expenditure Reporting (Advisory audit)	Draft[1] - Pharmacy and Finance requires their FP10 prescribing cost information to be aligned with minimal differences. This is to promote transparency in reporting and allow detailed prescribing information to be provided to budget holders. Thereby, facilitating greater control and cost savings from medicine prescribing. An advisory review was requested to investigate the process of reporting FP10 medicine expenditure. A key issue noted was that Pharmacy is reliant on medical or team secretaries notifying them of staff changes and there is no process in place ross the Trust to ensure this is happening (e.g. for staff changing role / teams or leaving).			
Domestic Homicide Review (Advisory audit)	Audit was to provide assurance that there is a systematic approach for tracking and reporting the status of the corrective actions to successful closure and implementation including an assessment of how the Trust evaluates the effectiveness of the corrective action by assessing improvements in operations. A number of recommendations were made to support the Trust to get to a better place on this process.			
NIHR LCRN minimum Financial Controls	The NIHR LCRN Minimum Financial Control includes 27 potential minimum controls which could be applicable to a Partner organisation, dependent upon the arrangements for submissions to the national finance toolkit. As the Trust does not make payments from the LCRN funding allocation e.g. to GPs nor do they utilise the funding for commercial contract research, only 21 of the minimum controls apply. The audit identified 3 findings relating to aspects of non-compliance on the 21 minimum controls applicable, mainly concerning the lack of standard operating procedures.			

5

3. **Relevant papers presented to the Board of Directors (a copy of the Trust Governance Structure is attached as appendix 1)**

   a. **Quality, Clinical and Patient Issues**

   Monthly Reporting
Commissioning and Quality Assurance Report

   Quarterly Reporting
Service Visit Feedback – Themes
Service User and Carer Experience Report
Safer Care Report
Safer Staffing Levels
Guardian of Safe Working

   Six Monthly Reporting
Safe Working Hours
Six Monthly Skill Mix Review
Safeguarding Board Updates (Adults and Children)
Learning and Improving from Activity (6 monthly report)
Infection, Prevention and Control Report
Emergency Planning and Resilience Report

   Annual Reporting
Safeguarding and Public Protection Annual Report
Fire Response
Safer Care Annual Report
Positive and Safe Annual Report
Seasonal Flu Vaccination Plan
Flu Assurance Report
Pharmacy and Medicines Optimisation Report
Controlled Drugs Accountable Officer Annual Report
Community Mental Health Survey
First Tier Tribunal Report
Infection, Prevention and Control Annual Report and Plan
Emergency Planning and Resilience Assurance Annual Report
Security Management Annual Report
Safer Staffing Annual Report
Research and Development Annual Report
No Waste Report
Quality Priorities
Contract Outcomes and Commissioning Developments

   Closed Board
Serious Case Reviews, Safeguarding Adult Reviews etc
Independent Inquiries
MHL Committee Panel Members Annual Report

6

b. **Workforce Issues**
Quarterly Reporting
Workforce Directorate Quarterly Update
Staff Friends and Family report

Six Monthly
Whistle Blowing/Raising Concerns (including Freedom to Speak up Guardian Update)

Annual Reporting
Fit and Proper Persons Test Update
EDS 2/WRES Updates
Freedom to Speak up Self-assessment
National Staff Survey Results
Medical Revalidation Annual Report
Annual Deanery Monitoring Report
Equality and Diversity Strategy
Gender Pay Gap

Closed Board
Employment Tribunal Update
Sickness Absence Update

c. **Regulatory**
Quarterly Reporting
Quarterly NHSI Report
Board Assurance Framework and Corporate Risk Register
CQC Action Plans

Annual Reporting
Operational Plan and approval of budgets
Self-Assessment of Leadership and Governance (using CQC Well Led Framework) and internal audit providing substantial assurance
Review of Board and Committee Terms of Reference
Board Self Certifications to NHS Improvement
Annual Accounts and Management Rep Letter
Annual Report
Annual Quality Account
Annual Audit Committee Report
Annual Governance Statement
NHS Improvement Agency Expenditure Board of Directors Self Certification Checklist
Charity Committee Annual Report and Accounts
Independent Review of the Mental Health Act

Closed Board
Operational Plans and Budgets
Financial Report

7

d. Strategy and Partnerships
Reports received as required
CEDAR Programme Updates
Gateshead Health and Care Partnership Update
Delivering Transforming Care in CYPS
NHS Long Term Plan
All Together Better Alliance Executive
Applied Research Collaborative
2018 Education and Training self-assessment report
Cumbria Updates
Citizen Tyne and Wear MH Commission
Psychological Services Strategy Review
Nursing Strategy 2019 – 2024
Cyber Security

Closed Board
Delivering Transforming Care in CYPS – Closure of LD Beds
Cumbria Business Case

e. Trust Board Development Sessions/Away Days

Over the past twelve months the following development sessions/Away Days have taken place with the Trust Board.

Date	Subject
25 April 2018	Cyber Security Board Assurance Framework and Risk Appetite Review
23 May 2018	Medical Recruitment Interview Training Integrated Care System
26 June 2018 (Away Day)	NHS Reform Securing the Future of the NHS Update on Integrated Care Systems Update on Trust 5 Year Strategy Focus on Locality Working
27 June 2018	Prevent Awareness Cumbria Update
25 July 2018	Physical Health and Wellbeing
Sept 2018	
23 October 2018 (Away Day)	Mid-Year Review (including creating capacity to care) Cumbria and North East Integrated Care System Cumbria Update
24 October 2018	Safeguarding Adults and Children (Refresher Training)
28 November 2018	Fire Training Cumbria Update
23 January 2019	Visit to Cadabams

8

Date	Subject
	Brexit Preparation
26 February 2019 (Away Day)	CEDAR Programme Update Creating Capacity to Care Presentation NHS Long Term Plan and Aspirant Integrated Care System
27 February 2019	CQC 'Must Do' Action Plans Cyber Security Update
27 March 2019	NTW Solutions Update Board Assurance Framework and Risk Appetite Review Accessing Brexit Information

4. **Relevant papers presented to Trust Board standing committees for consideration:**

a. **Quality & Performance Committee**
   Each Meeting
   - Safer Staffing Exception Report
   - Commissioning and Quality Assurance Report
   - Sub Group/Quality Standard Group Minutes and Exception Report from Chair to highlight any concerns/risks/mitigations/timescales
     - Quality Standard Groups x3
     - Caldicott and Health Informatics Group
     - Clinical Effectiveness Committee
     - Emergency Preparedness, Resilience and Response Group
     - Health, Safety and Security Group
     - Infection, Prevention and Control Committee
     - Learning and Improvement Practice Group
     - Medicines Management Committee
     - Service user and Carer Involvement and Experience Group
     - Physical Health and Wellbeing Group
     - Positive and Safe Group
     - Council of Governors Quality Group
     - Research and Development Group
     - Safeguarding and Public Protection Group

   Quarterly Reporting
   - Risk Management Highlight Report
   - Safer Care Report
   - Service User and Carer Experience
   - Patient and Clinician Reported Outcome Measures
   - Guardian of Safe Working Hours Report

   Three Time Annually
   - Medicines Management

   Six Monthly
   - North Locality Care Group Quality & Performance Report

- Central Locality Care Group Quality & Performance Report
- South Locality Care Group Quality & Performance Report
- Safer Staffing Skill Mix Review Report
- Controlled Drugs-Management and Use
- CQC Compliance and Inspection reports
- Workforce Report
- Clinical Audit
- NICE Guidance
- Development of Quality Account and Quality Priorities

Annual Reporting
- Senior Information and Risk Officer/Caldicott Report
- Safer Care (includes Director Infection Prevention and Control, Safeguarding and Public Protection)
- Director Emergency Preparedness, Resilience and Response
- Annual Security Management Report
- Positive and Safe Annual Report
- Capsticks Year End Report
- Research and Development
- Eliminating Mixed Sex Accommodation
- Committee annual assessment of effectiveness and review of terms of reference

Quality Focus Sessions – at each meeting there is a quality focus presentation, over the past year the following sessions have taken place:-
- Learning from themes from risk registers
- Staff wellbeing and sickness management
- Carter Review Outcomes and Actions
- Waiting Times
- Community CYPS Waiting Times Quality Impact

10

b. Resource & Business Assurance Committee

Each Meeting
- Finance and Business Development - financial position, risks, efficiency plans, capital spend and asset sales, strategic partnerships and tenders
- Income and Commissioning Report - commissioning and income risks
- Capital programme report - report on risks only - project board highlight reports for information – risks to be highlighted in report
- Workforce and OD - strategy and risks, recruitment and retention, management capacity, skills and knowledge, employment
- Informatics Report
- Sub Group minutes
  - Capital project boards
  - Integrated Business Development Group
  - Sustainability, Waste and Transport Group

Quarterly Reporting
- Risk exception report

Six monthly
- Utility and Cost Report

Annual Reporting
- Budget Setting Process
- Operational/Annual Plan
- Estates Return Information Collection (ERIC)
- Premises Assurance Model (PAM)
- Sustainability
- Insurance
- Review of Terms of Reference
- Assessment of Committee

c. Mental Health Legislation Committee

Each Meeting
- Panel Member update
- Workforce Report
- Mental Health Legislation Steering Group Report
- Mental Health Legislation Steering Group minutes
- Mental Health Legislation Activity Report – which includes inpatient activity, new sections, Mental Health Tribunals, Hospital Manager hearings, DoLS, Monitoring of mental health act local forms for detained and CTO patients and monitoring of the mental health act
- MHL Related Policy Report
- Monitoring the Mental Health Act – Locality updates
- CQC MHA Reviewer Visit Reports
- Law and Practice – New Reports/Guidance

11

Quarterly Reporting
- Risk exception reporting

Annual Reporting
- Panel Member Annual Report
- Review of ToR MHLC
- Review of Performance against ToR
- Review of Delegation of Statutory Functions

d. Audit Committee

- Quality Account Preparation 18/19 and Quality Priority setting 19/20
- Quality Account 18/19
- Annual Accounts 18/19
- Annual Governance Statement 18/19
- External Audit review of annual documentation listed above
- Head of Internal Audit Opinion
- A progress update is received from Internal Audit at each meeting
- Board Assurance Framework and Corporate Risk Register is received quarterly.
- Going Concern Report
- Review of Terms of Reference for Audit Committee is undertaken on an annual basis
- Review of Performance against Terms of Reference is undertaken on an annual basis

5. The Risk Management Strategy 2017 – 2022 was approved by Trust Board in May 2017, the Board Assurance Framework and Corporate Risk Register is reviewed on a quarterly basis by Audit Committee and received by Trust Board quarterly.

6. Comprehensive evidence has also been provided to the Trust Board in previous years and there has not been any material events in 2018/19 that have impacted upon the Trust's ability to state compliance with the above requirements.

Continuity of Services Condition 7 – Availability of Resources (Commissioner Requested Services only)

The Board is asked to respond "confirmed" to one of the following three options:
Either (*recommended*):

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

Or:

> "After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services."

Or:

> "In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate."

Note that "required resources to continue to provide commissioner requested services" covers management, financial and staff resources, plus facilities and physical assets.

It is recommended that the Board confirms the first statement above (*After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate*) due to the following evidence**:**
  a) Board approval of the 2019-20 budget and operational plans in March 2019
  b) External assurance from external auditors in relation to annual accounts, financial systems and processes as shown above
  c) Assurance from the Trust's internal audit programme in relation to financial systems and processes as shown above
  d) Safer Staffing updates presented regularly to the Trust Board
  e) Other relevant papers presented to the Trust Board as shown above
  f) Relevant papers presented to the Resource & Business Assurance Committee shown above
  g) There has not been any material events in 2018/19 that have impacted upon the Trust's ability to state compliance with the above requirements.

13

The Board is required to provide a statement of the main factors taken into account when making this declaration. **It is recommended that the evidence shown above be provided to NHS Improvement to meet this purpose.**

Governors' views

It is a requirement that Trust Boards should take the views of Governors into account when agreeing the declarations included within this report. Much of the evidence presented above has been presented to Governors throughout 2016-17 through formal Council of Governors meetings, through engagement sessions and through other Governor meetings such as the Governors Quality Group. Governors have also attended (as observers) Trust Board and standing committees, and also participated in PLACE visits and other visits to Trust services. Through all of these measures, Governors have considered the evidence provided therefore **it is recommended that the Board declare that the above decisions have been made with regard to the views of the Governors.**

14

Trust Governance Structure

Key:
- Trust Board Assurance Groups
- Trust Operational Management Groups
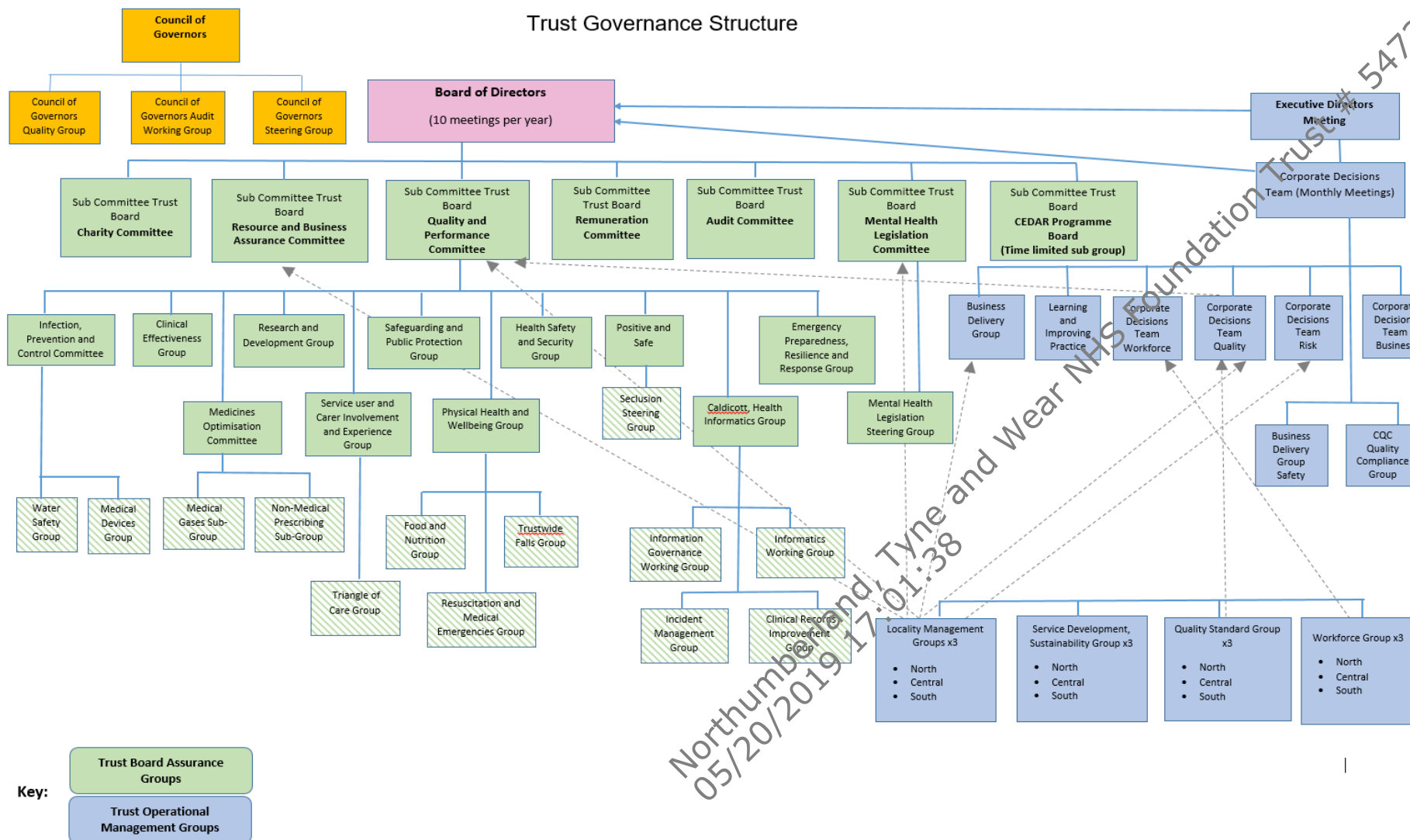
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15

Self-Certification Template - Conditions G6 and CoS7

Northumberland, Tyne and Wear NHS Foundation Trust   *Insert name of organisation*

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template
1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Financial Year to which self-certification relates   `2018-2019`

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2   General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1   Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.   **Confirmed**

OK

3   Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a   After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.   **Confirmed**

Please fill details in cell E22

OR

3b   After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OR

3c   In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

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

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

due to the following evidence:
a) Board approval of the 2019-20 budget and operational plans in March 2019
b) External assurance from external auditors in relation to annual accounts, financial systems and processes as shown above
c) Assurance from the Trust's internal audit programme in relation to financial systems and processes as shown above
d) Safer Staffing updates presented regularly to the Trust Board
e) Other relevant papers presented to the Trust Board as shown above
f) Relevant papers presented to the Resource & Business Assurance Committee shown above
g) There has not been any material events in 2018/19 that have impacted upon the Trust's ability to state compliance with the above requirements

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name Ken Jarrold   **Name** John Lawlor

Capacity Chair   **Capacity** Chief Executive

Date 22 May 2019   **Date** 22 May 2019

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Northumberland, Tyne and Wear NHS Foundation Trust
Board of Directors Meeting

Meeting Date: 22nd May 2019

Title and Author of Paper: Contracts 2019-20 Update

Executive Lead: Lisa Quinn, Executive Director of Commissioning & Quality Assurance

Paper for Debate, Decision or Information: Information & Debate

Key Points to Note:

The enclosed paper provides an update on 2019-20 contract negotiations outcome.

In 2019-20 Clinical Commissioning Groups (CCG) were asked to demonstrate how they have applied the Mental Health Investment Standard at a provider level. The paper highlights the additional investments NTW has received in relation to the Mental Health 5 Year Forward View (MH5YFV) and the Mental Health Investment Standard (MHIS).

At the time of writing this report NTW have agreed and signed all local CCG and NHSE contracts.

Risks Highlighted:
Contract penalties as a consequence of not meeting contract standards and timescales.

Does this affect any Board Assurance Framework/Corporate Risks: No

Equal Opportunities, Legal and Other Implications: none

Outcome Required / Recommendations: for information only

Link to Policies and Strategies: 2019-20 Planning Guidance and standard contract

BOARD OF DIRECTORS

22nd May 2019

2019-20 Contracts Update

PURPOSE

To provide an update on the outcome of the 2019-20 contract negotiations.

INTRODUCTION

The planning guidance for 2019-20 was issued on the 21st December 2018, with further guidance and an update in January 2019. For 2019-20 NHS England issued a new standard contract to be used by all NHS providers.

All commissioners have applied 3.8% uplift, 1.2% efficiency (including 0.1% national procurement levy) and 2.5% CQUIN (with 1.25% being subject to quality improvement measures).

Two specific discussions have taken place this year focusing on Mental Health and national policy:

The Mental Health Investment Standard (MHIS) was previously known as Parity of Esteem (PoE) and is the requirement for Clinical Commissioning Groups (CCGs) to increase investment in Mental Health (MH) services above their overall increase in allocation each year. In 2019-20 CCGs were expected to increase MH expenditure 0.7% above their overall allocation increase.

Implementing the Mental Health Forward View (MH5YFV) was published in July 2016. The refreshed planning guidance for 2019-20 did explicitly reference the need to deliver the MH5YFV, increase investment on core mental health services and prepare for the long term plan.

Commissioning for Quality and Innovation (CQUIN) initiatives were mandated national for the second year.

Specific CCG adjustments are shown below:

Page 2

NEWCASTLE GATESHEAD CCG

We have a signed contract for £66.1m, which includes the following significant adjustments:

- Implementation of the second year of rebasing across CCGs.
- Transforming Care bed reductions and community increase.
- Lead provider arrangements for Children and Young Peoples Services.
- Local commissioning of Community Perinatal Services.
- Investment into core mental health services associated with 'Delivering Together'.
- Investment into Early Intervention in Psychosis Services (EIP).

Including inflationary rises, the Trust has received an additional £4.4m on the 2018-19 contract, equating to a 7% increase.

NORTH TYNESIDE CCG

We have a signed contract for £20.8m, which includes the following significant adjustments:

- Implementation of the second year of rebasing across CCGs.
- Transforming Care bed reductions.
- Local commissioning of Community Perinatal Services.
- Investment into core mental health services.

Including inflationary rises, the Trust has received an additional £1.1m on the 2018-19 contract, equating to a 6% increase.

SOUTH TYNESIDE CCG

We have a signed contract for £23.0m, which includes the following significant adjustments:

- Implementation of the second year of rebasing across CCGs.
- Transforming Care bed adjustment/increase and increase on community services.
- Local commissioning of Community Perinatal Services.
- Local commissioning of Psychiatric Liaison Services.

Including inflationary rises, the Trust has received an additional £1.5m on the 2018-19 contract, equating to a 7% increase.

SUNDERLAND CCG

We have a signed contract for £51.7m, which includes the following significant adjustments:

- Implementation of the second year of rebasing across CCGs.
- Investment in IAPT Services.
- Local commissioning of Community Perinatal Services.
- Investment in CYPS.
- Investment in Autism.

Including inflationary rises, the Trust has received an additional £2.6m on the 2018-19 contract, equating to a 5% increase.

NORTHUMBERLAND CCG

We have a signed contract for £43.2m, which includes the following significant adjustments:

- Implementation of the second year of rebasing across CCGs.
- Transforming Care bed reductions.
- Local commissioning of Community Perinatal Services.
- Investment into core mental health services.
- Investment in Crisis Services.
- Investment in ADHD Services.
- Implementation of the 2018-19 Northumberland Recovery Plan

Including inflationary rises, the Trust has received an additional £10k on the 2018-19 contract, equating to a 0% increase. This was due to the impact of rebasing as previously Northumberland CCG was commissioning more activity than it was using.

NHSE Specialised Services

We have a signed contract for £54.5m, which includes the following significant adjustments:

- Increase in Medium Secure Mental Health beds.
- Increase in Low Secure Mental Health beds.
- Implementation of the New Care Model for Children and Young People following the closure of the Riding.
- Transforming Care bed reductions in the Adult Secure pathway.

RECOMMENDATIONS

That the Board of Directors note the information included within this report.

Lisa Quinn
Executive Director of Commissioning & Quality Assurance
15th May 2019