

Meeting of the Council of Governors held in Public
On
Thursday 28 January 2021 at 15:30 – 17:15
Via Microsoft Teams
AGENDA

		LEAD	ACTION	ENC	TIME	
A	COUNCIL BUSINESS				15:30	
A1	Welcome and Apologies for absence	SBE	Note	Verbal		
A2	Declaration of Governors' Interests <i>Members of the Council of Governors and others present are reminded that they are required to declare any pecuniary or other interests which they have in relation to any business under consideration at the meeting and to withdraw at the appropriate time. Such a declaration may be made under this item or at such time when the interest becomes known.</i>	SBE	Note	A2		
A3	Actions from previous meetings <i>There were no outstanding actions from the meeting held on 11 November 2020.</i>	SBE	Note	-		
B	GOVERNOR APPROVALS					
	<i>None</i>					
C	REPORTS ON ACTIVITY, PERFORMANCE AND ASSURANCE				15:35	
C	Presentation					
	C1.1	Richard Parker – Chief Executives Report	RP	Note	Present	10
	C1.2	Suzy Brain England – Chair's Report	SBE	Note	Present	10
	C1.3	Hazel Brand – Lead Governor Update	HB	Note	Present	5
	C1.4	Neil Rhodes – Finance and Performance	NR	Note	Present	5
	C1.5	Pat Drake – Quality and Effectiveness	PD	Note	Present	5
	C1.6	Sheena McDonnell – People	SM	Note	Present	5

	C1.7	Governor Questions (30mins)	Gov	Q&A	Verbal	30
D	ITEMS TO NOTE These will be taken as read and noted, unless queries are raised with the Chair prior to the meeting					16:45
D1	Appointment of External Auditors Process and Timeline		JS	Note	D1	10
D2	Minutes of Council of Governors held on 11 November 2020		SBE	Approve	D2	5
E	QUESTIONS FROM MEMBERS OF THE PUBLIC					17:00
E1	Questions from members or the public previously submitted prior to meeting. <i>NB. If questions are not answered at the meeting about the business discussed, then a coordinated response will be circulated to all governors post meeting.</i>		SBE	Q&A	Verbal	10
F	INFORMATION ITEMS					17:10
F1	Any Other Business (to be agreed with the Chair before the meeting)		Gov	Note	Verbal	5
F2	Items for escalation to the Board of Directors		SBE	Approve	Verbal	
F3	Governor Board/Meeting Questions Database		FD	Note	F3	
	Date and time of next meeting: Date: 29 April 2021 Time: TBC Venue: Via Microsoft Teams Video Conferencing		SBE	Note	Verbal	
G	MEETING CLOSE					17:15



Suzy Brain England, OBE
Chair of the Board

Register of Governors' Interests as 15 January 2021

The current details of Governors' Interests held by the Trust are as set out below.

Governors are requested to note the contents of the register – for confirmation at each Council Meeting, and to declare any amendments as appropriate in order to keep the register up to date.

Peter Abell – Public Governor – Bassetlaw

Member of The Labour Party
Member of Community Union

Dennis Atkin – Public Governor – Doncaster

Director/Owner of The Ridge Employability College Ltd

Mike Addenbrooke, Public Governor

Parish Councillor, Braithwell with Micklebring Parish Council

Ann-Louise Bayley, Public Governor

Unite Union, Secretary
Delegate, North East Region of UNITE Union to the National Forum Board
Doncaster Trades Council
South Yorkshire TUC
Yorkshire Humberside and N.E TUC
Stand Up To Racism – Chair
Affiliated to the Labour Party
Member of YWT

Philip Beavers, Public Governor

Retired Judge – The Family Court
Supplemental Magistrate (past Chairman of the Doncaster Bench)
Independent Person under the Localism Act 2011 for Doncaster MBC and Rotherham MBC, regarding Standards in Public Life
Member of the High Sheriff's Advisory Committee for South Yorkshire
Independent Person under the Local Authorities (Standing Orders) (England) (Amendment) Regulations 2015 for Doncaster MBC and Rotherham MBC. relating to designated Senior Officers of the Authorities.
PCC Secretary, St. Mary's Parish church, Tickhill.

Hazel Brand, Public Governor

Member, Bassetlaw DC
Parish Councillor, Misterton
School Governor, Misterton Primary School
Member, Citizens' Panel, South Yorkshire & Bassetlaw ICS

Linda Espey, Public Governor

Daughter is a Chief Allied Health Professional for DBTH and RDaSH

Dr David Goodhead, Public Governor

Son is a Senior Pharmacist for DBTH

Member of Doncaster Rotary Club

Chair of a Regional DOHSC Mental Health Panel.

Expert Advisor Nationally on NHS Complaints (excluding any comments on alleged negligence in DBTH)

Jackie Hammerton – Public Governor – Rest of England

Employed by the University of Lincoln

Geoffrey Johnson, Public Governor

Doncaster Metropolitan Borough Council – Carers Strategic Oversight Group

Involvement with Patient Participation Network

Bev Marshall, Public Governor

Member, Labour Party

Member, Yorkshire Ambulance Service NHS Trust

Susan McCreadie, Public Governor

Community Representative on Fred and Anne Green Legacy Advisory Committee

Director of Captain Cooks Haven Ltd

Dr Victoria McGregor-Riley, Partner Governor

Deputy Chief Officer, Director of Strategy, NHS Bassetlaw CCG

Trustee for Bassetlaw CAB

Husband is Orthopaedic Consultant at Sheffield Teaching Hospitals

Lynne Schuller – Public Governor – Bassetlaw

District Councillor, Bassetlaw District Council; Harworth Ward

Town Councillor, Harworth Town Council

Member of Labour Party

Susan Shaw, Partner Governor

Member of Health and Wellbeing Board (Nottinghamshire County Council)

District Counsellor Bassetlaw D.C

Member – Labour Party

Chair of a Charity in Bassetlaw called **Focus on young people in Bassetlaw**

Mary Spencer – Public Governor – Bassetlaw

Member of Citizens Panel – South Yorkshire and Bassetlaw ICS

Elected Parish Councillor for Walkeringham Parish Council

Lay Chair of SYB ICS Cancer Alliance Communication and Engagement Steering Group

Member of SYB ICS Cancer Alliance Advisory Board

Clive Tattley, Partner Governor

Member, Worksop Rotary Club

The following Governors have stated that they have no relevant interests to declare:

Dr Mark Bright – Public Governor – Doncaster

Kay Brown, Staff Governor

Duncan Carratt, Staff Governor – Non Clinical

Tina Harrison – Partner Governor – Doncaster College and University Centre

Phil Holmes – Partner Governor- Doncaster Metropolitan Borough Council

Anthony Fitzgerald, Partner Governor

Sophie Gilhooly – Staff Governor – Other Healthcare

Maria Jackson-James – Public Governor – Rest of England

Alexis Johnson, Partner Governor

Lynne Logan – Public Governor – Doncaster

Steve Marsh, Public Governor

Ainsley McDonnell, Partner Governor

Sally Munro – Staff Governor – Nursing and Midwifery

David Northwood, Public Governor

Vivek Panikkar, Staff Governor

Jo Posnett – Partner Governor – Sheffield Hallam University

Pauline Riley, Public Governor

Mandy Tyrrell, Staff Governor

Fiona Dunn – Company Secretary

**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Title	Retender of Audit Services		
Report to	Council of Governors	Date	28th January 2020
Author	Jon Sargeant - Director of Finance		
Purpose		Tick one as appropriate	
	Decision		
	Assurance	X	
	Information		

Executive summary containing key messages and issues

Current best practice recommends a three-to-five-year period of appointment for External Audit Services. Our regulator, NHS Improvement, recommends that Foundation Trusts undertake a market-testing exercise to appoint an auditor at least once every five years. This paper outlines proposals to achieve this.

The current contract has reached the end of its term (3 years + 2 x 1 year optional extensions). For practical purposes re-tendering means that the existing contract between the Trust and Ernst & Young for external audit services will come to an end on 31st October 2021, with a new contract (and potentially new provider) to commence from 1st November 2021.

Ernst & Young will externally audit the annual accounts, quality accounts, charity accounts and Wholly Owned Subsidiary accounts relating to the 2020/2021 financial year.

The Council of Governors have the ultimate oversight over the external auditor tendering process. However, the Trust's internal audit contract requires re-tendering in a similar timescale. As it involves a number of potential suppliers who would be suitable for both contracts, it is proposed that the process for both to be conducted at the same time, including the same evaluation panel for both.

This paper proposes the outline process to re-tender and appoint, roles and responsibilities of those involved, and a timeframe to re-tender and award the contracts.

Council of Governors must:

- take oversight of the External Auditor appointment process; and
- Agree with the Risk and Audit Committee the selection criteria for appointing, re-appointing and removing external auditors.

Key questions posed by the report



Is the process of retendering for audit services suitable?
How this report contributes to the delivery of the strategic objectives
To ensure that the Trust is appropriately governed
How this report impacts on current risks or highlights new risks
N/A
Recommendation(s) and next steps
The Council of Governors is asked to: <ul style="list-style-type: none">• Note the requirement to re-tender and outline process, roles and Governor responsibilities• Note the process to agree auditor selection panel membership to achieve the required timeline

RE-TENDER OF AUDIT SERVICES

1. BACKGROUND

NHS Foundation Trusts should appoint an external auditor for a period of time that allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. Current best practice recommends a three-to-five-year period of appointment and our regulator, NHS Improvement, recommends that Foundation Trusts undertake a market-testing exercise for the appointment of an auditor at least once every five years.

The current contract has reached the end of its term (3 years + 2 x 1 year optional extensions).

This is also the case for the Trust's internal audit provider.

In the interests of transparency, the current External and Internal Audit providers have been alerted that the Trust expects to conduct such market-testing in line with the timescales within this paper.

2. CURRENT POSITION

For external audit, the existing contract between the Trust and Ernst & Young will come to an end on 31st October 2021, subject to the appointment of a new (or re-appointment of the same) external auditor.

Ernst & Young will externally audit the annual accounts, quality accounts, charity accounts and Wholly Owned Subsidiary accounts relating to the 2020/21 financial year.

The Trust therefore now needs to plan to re-tender external audit services effective from 1st November 2021; for the full 2021/22 annual accounts. The tender will cover the provision of external audit services, covering the audit of the Trust's financial statements, quality accounts and the annual accounts for the charity and Wholly Owned Subsidiary.

The current internal audit contract expires on 31st May 2021 and it is proposed that the contract is extended so that it is co-terminus to the external audit contract, which will allow the process to run in parallel much more efficiently.

3. PROCESS AND SPECIFICATION

The draft specification for external audit can be found in **Appendix A**. The draft specification for internal audit can be found in **Appendix B** and **C**. To achieve the proposed timeline (section 6 below) a completed specification will be presented to Risk & Audit Committee on 25th March 2021 and Council of Governors members in 29th April 2021.

The lead time to re-tender is approximately six months. However, the detailed pre-engagement process starts earlier to accommodate Risk & Audit Committee and Council of Governors engagement, to ensure their agreement with the proposed process and to establish the Selection Panel.

The Risk & Audit Committee and Council of Governors will need to be mindful of any potential elections when appointing to the selection panel.

The process of internal and external audit tendering will be run at the same time, under the same framework and using the same evaluation panel. There are numerous benefits for this, including:

- Making more efficient use of staff time
- Ensuring potential suppliers are able to tender for both contracts easily, particularly during a busy time of year for external auditors
- Utilising the additional skills within Council of Governors members for the internal audit tendering process
- Ensuring the possibility of the same supplier being first choice for both tenders, is managed appropriately

4. ROLES AND RESPONSIBILITIES OF THE COUNCIL OF GOVERNORS

The National Health Service Act 2006 states that the Council of Governors must take the lead in agreeing with the Risk & Audit Committee the criteria for appointing, re-appointing and removing external auditors. The Governors chosen for the selection panel must have the relevant skills and knowledge to choose the right external auditor and monitor their performance.

If required, the relevant finance and procurement staff will also provide training to the members of the selection panel.

Governor Selection Panel Person Specification

To be considered for the selection panel (working group), the Governor person specification should reflect the following essential requirements:

- Accountant or have/had significant experience within the finance field
- Auditor or have/had significant experience within the auditing field
- Understanding of the role of the external auditor within the NHS
- Understanding of procurement and tendering processes
- Understanding of the evaluation and scoring procurement processes

The Risk & Audit Committee should make recommendations to the Council of Governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.

While the Council of Governors is supported by the Risk & Audit Committee in running the process to appoint the external auditor, the Council of Governors has ultimate oversight of the appointment process.

In appointing and monitoring the External Auditor, the Council of Governors should ensure that the audit firm and audit engagement leader have an established and demonstrable standing within the healthcare sector and are able to show a high level of experience and expertise.

Selection Panel Membership

Selection Panel members will be agreed by the Risk & Audit Committee who will request that the Council of Governors appoint up to three governors to join the panel. It is important that those Governors can commit appropriate time including preparations and a full day to interview prospective auditors (bidder presentations). This will be in addition to any training hours that may also be required.

As a minimum, the selection panel must include the following members:

- Governors (minimum two, although it is recommended that there should be three)
- Procurement lead
- Finance lead
- Director of Finance
- Risk & Audit Committee Chair

'GovernWell' have also published a guide to governors in their role of appointing the External Audit provider. Please refer to **Appendix D**.

5. TENDER FRAMEWORK

North of England Commercial Procurement Collaborative (NOECPC) already have a full procured framework established, 'Internal and External Audit Services' for the appointment of both external and internal auditors, for which the Trust has access to.

This means that a national NHS framework procurement exercise has already taken place and that formal 'full' tendering is not required. 'Calling off' from these pre-procured frameworks will save time and cost.

This framework has been selected as it has a number of regional internal audit providers, as well as the major audit firms, including the current internal and external audit providers.

The providers on this framework are as follows:

360 Assurance	Audit Yorkshire	BDO LLP
CW Audit Services	Deloitte LLP	Ernst & Young LLP
Gateway Assure Ltd	Grant Thornton LLP	KPMG LLP
Mazars LLP	RSM	TIAA Ltd

6. PROCESS AND DRAFT TIMETABLE

A detailed draft timetable has been developed working back from the contract award date of July 2021. This will ensure sufficient time for the pre-tender, tendering and selection processes and fitting within current dates for future Risk & Audit Committee and Council of Governor meetings. The detailed timetable will be presented to the Council of Governors at the meeting on the 28th January 2021.

Key dates for both the **Council of Governors** and the **Selection Panel** are set out below to support planning and discussion about key impacts for Governors.

Key Dates – Full Council of Governors

Date	Process
28 January 2021	Briefing on process, role of the Governor, person specification, draft timetable and presentation
8 February 2021	Expression of interest from Governors (if required) - to be submitted to COG Chair and Audit Committee Chair
29 April 2021	Update on progress, review amendments to the draft specification, confirmation of the selection panel members and agree final timetable
1 July 2021	Final approval by COG - presentation by selection panel

Key Dates – For 3 Governors Appointed to the Selection Panel

10 February 2021	Appoint Selection Panel (working group)
26 February 2021	Training to be provided to Governors of the selection panel (if needed)
5 March 2021	Selection panel commence work on reviewing draft specification (making any necessary amendments)
24 March 2021	Selection panel must inform Head of Procurement and Finance Lead, if there are any amendments to the dates within the draft specification.
29 April 2021	Verbal update on progress from Governors in the selection panel to Council of Governors
14 June 2021	Bidder Presentations - all selection panel members must be available to attend
14 June 2021	Evaluation meeting with selection panel - panel to receive supplies analysis for all submissions from the bidders
14 June 2021	Complete evaluation by selection panel
1 July 2021	Final approval by COG - presentation by selection panel

Key dates – Procurement timetable

1 April 2021	Publish Call for Competition under NOECPC Framework
14 May 2021	ITT closes for provider submissions
17 May 2021	Individual Desktop Evaluation of ITT responses
7 June 2021	Consensus meeting to agree scores and shortlist for presentation
14 June 2021	Provider presentations (If required)
14 June 2021	Evaluation panel consensus meeting and final decision on winning provider

21 June 2021	Notify successful / unsuccessful providers via letter, debrief unsuccessful providers
21 June 2021	10 day standstill period starts
1 July 2021	10 day standstill period finishes
1 November 2021	New contract commences

As the potential bidders are likely to be busy doing NHS external audits in March-May, the timetable aims to take this into account.

7. INTERACTION WITH INTERNAL AUDIT TENDER

The Trust's Internal Audit contract is due to expire in May 2021 and it is envisioned that a number of potential suppliers will tender for both services. As the same supplier cannot provide both services, it is felt appropriate that if the same supplier wins both tenders, they will fulfil either the internal or external audit contract a decision of which will depend on the strength of the competition and second place supplier, once a decision has been made the second placed supplier for the other audit contract will become the preferred candidate.

For the tendering exercise for both contracts to dovetail appropriately, it is felt that a 4 month extension to the internal audit contract would be appropriate, so that they would be co-terminus going forward, making the process easier.

For clarity, the appointment of external auditors is a Council of Governors decision, whereas the appointment of internal auditors is a Management decision.

Invitation to Tender Documentation
For
External (Statutory) Audit Services

Ref: **XX**

XX XXXX 2021

ITT FOR: Provision of External (Statutory) Services on behalf of Doncaster & Bassetlaw Hospitals NHS Foundation Trust “**The Authority**”

Our ITT Ref: **XX**

Period of Contract: 01/10/2021 to 30/09/2024 with the option to extend for 2 x 12 months

FRAMEWORK North of England Commercial Procurement Collaborative – Internal and External Audit Services – Lot 1

ITT RETURN DATE: **XX**

The Authority is inviting tenders utilising the NOECPC framework. Your tender response shall be subject to the Conditions of Contract within the NOECPC framework.

The following documents are enclosed:

This ITT document		
Schedule 1	Specification	For completion via the e-tendering portal
Schedule 2	Pricing Schedule(s)	For completion and return via the e-tendering portal
Schedule 3	Conditions of Tender	
Appendix A	Appendix A Call-off Terms and Conditions for Provision of Services	For bidder reference
Appendix B	Framework Specification	For bidder reference
Appendix C	Form of Tender	For completion and signature and return via the e-tendering portal
Appendix D	The Trust’s latest Financial Statement	For bidder reference
Appendix E	A copy of our annual plan submitted to NHS Improvement	For bidder reference
Appendix F	A copy of the latest Financial Statements for the Charitable Trust	For bidder reference
Appendix G	A copy of the latest Financial Statements for the Wholly Owned Subsidiary	For bidder reference
Appendix H	A copy of the Internal Audit plan for 2020/21	For bidder reference
Appendix I	A copy of the Risk & Audit Committee Timetable for 2020/21	For bidder reference
Appendix J	A copy of the final ISA260 from the	For bidder reference

	audit of the 2019/20 Trust accounts	
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Offers are requested for the supply of the above.

The Authority is using the Due North/ProContract portal to conduct the procurement process. This can be accessed at <https://www.supplying2nhs.com> and all communications (including submission of tenders) should be carried out via the portal.

Yours Faithfully

Richard Somerset

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust

FURTHER COMPETITION ITT

1. Introduction to the Procurement

1.1 Please find below further competition details for the provision of External (Statutory) Audit Services and relates to the award of a Contract to a sole supplier.

1.2 This further competition is being conducted under the terms and conditions of the North of England Commercial Procurement Collaborative (NOECPC) framework under Internal and External Audit Services - Lot 1 External audit and its corresponding terms and conditions.

1.3 Questions relating to this procurement should be addressed via the messaging system within the e-tendering portal utilised by The Authority within the timescales indicated in this ITT.

1.4 Please ensure, unless otherwise stated, that you respond by the date indicated, within the relevant section of the e-tendering portal – **only respond with attachments where specifically requested.**

2. Introduction to the Trust

2.1 Who we are and what we do

As well as being an acute NHS Foundation Trust, hosting one of the busiest emergency services in the county, we are also one of only five teaching hospitals in the Yorkshire region, working closely with the University of Sheffield and Sheffield Hallam University. As a Trust, we also maintain strong links with Health Education England (HEE), our local clinical commissioning groups in both Doncaster and Bassetlaw, as well as our regional partners in South Yorkshire and Bassetlaw.

We are fully licensed by NHS Improvement and fully-registered (without conditions) by the Care Quality Commission (CQC) to provide the following regulated activities and healthcare services:

- Treatment of disease, disorder or injury
- Nursing care
- Surgical procedures
- Maternity and midwifery services
- Diagnostic and screening procedures
- Family planning
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

We provide the full-range of local hospital services, some community services (including family planning and audiology) and some specialist tertiary services including vascular surgery. We serve a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas and run three hospitals:

Doncaster Royal Infirmary (DRI)

DRI is a large acute hospital with over 500 beds, a 24-hour Emergency Department (ED) and trauma unit status. In addition to the full range of district general hospital care, it also provides some specialist services. It has inpatient, day case and outpatient facilities.

Bassetlaw Hospital (BH) in Worksop

BH is an acute hospital with over 170 beds, a 24-hour Emergency Department (ED) and the full range of district general hospital services, including a breast care unit. The site has inpatient, day case and outpatient facilities.

Montagu Hospital in Mexborough

Montagu is a small, non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Minor Injuries Unit, open 9am to 9pm. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics. Montagu is the site of our Rehabilitation Centre, Clinical Simulation Centre and the base for the Abdominal Aortic Aneurysm screening programme.

Additionally, we are registered to provide outpatient and other health services at Retford Hospital, including clinical therapies and medical imaging. Our site at the Sandringham Road Clinic, in Doncaster town centre, offers audiology and breast screening services. We also provide some services in community settings across South Yorkshire and Bassetlaw.

Doncaster and Bassetlaw Hospitals (pre-2017) was one of the first 10 NHS trusts in the country to be awarded 'Foundation Trust' status in 2004. This granted the organisation more freedom to act than a traditional NHS trust, although we are still closely regulated and must comply with the same strict quality measures as a non-foundation trust.

2.2 Vision, mission and values:

Vision

To be the safest trust in England, outstanding in all that we do.

Mission

As an Acute Teaching Hospitals Foundation Trust, and a leading partner in health and social care across South Yorkshire and Bassetlaw, we will work with our patients, partners and the public to maintain and improve the delivery of high quality integrated care.

Values

Our values show WE CARE:

- **We** always put the patient first.
- **Everyone** counts – we treat each other with courtesy, honesty, respect and dignity.
- **Committed** to quality and continuously improving patient experience.
- **Always** caring and compassionate.
- **Responsible** and accountable for our actions – taking pride in our work.
- **Encouraging** and valuing our diverse staff and rewarding ability and innovation.

Strategic Objectives

- **Patients:** Work with patients to continue to develop accessible, high quality and responsive services.
- **People:** As a Teaching Hospital, we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.
- **Performance:** We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.
- **Partners:** We will increase partnership working to benefit people and communities.
- **Prevention:** Support the development of enhanced community based services, prevention and self-care.

- Quality Improvement: Working together using methods, tools, data measurement, curiosity and an open mind set to make improvements in healthcare.

2.3 The Trust consolidates 2 additional legal entities within its Group accounts. Doncaster & Bassetlaw Charitable Funds enhances the NHS provision provided to patients and staff, and Doncaster & Bassetlaw Healthcare Services Limited is a Wholly Owned Subsidiary which was formed in September 2019 and provides outpatient dispensing services at DRI. Both entities are included within the ITT.

2.4 Further information on the Trust can be obtained from <http://www.dbth.nhs.uk/>

3. Basis of Exercise

3.1 The intention of this Invitation to Tender (ITT) is to enable The Authority to identify the Most Economically Advantageous Tenderer for External (Statutory) Audit Services. This document is designed to include all relevant details and information to enable your considered response to be submitted via the e-tendering portal **no later than 13:00 on X**

4. TUPE

4.1 Whilst it is envisaged that TUPE does not apply in relation to this contract Tenderers are advised to form their own view on whether TUPE applies, obtaining their own legal advice as necessary.

5. Invitation to Tender

5.1 The Authority invites competitively tendered offers in accordance with the attached Tender Documents.

5.2 The Authority does not bind itself to accept the lowest or any offer and reserves the right to accept an offer either in whole or in part, each item being for this purpose treated as offered separately.

5.3 Bidders are advised to read this Invitation to Tender and all supporting documentation very carefully to ensure they are familiar with the nature and extent of the obligations to be accepted by them if their Tender is successful.

5.4 The Authority will not be liable for any bid costs, expenditure, work or effort incurred by a Bidder in proceeding with or participating in this procurement, including if the procurement process is terminated or amended by the Authority.

5.5 Should a Bidder be in any doubt as to the interpretation of any or all parts of the ITT document, questions can be raised using the e-tendering portal.

5.6 Tender submissions including the Price Schedule are to be made using the e-tendering portal. It is the sole responsibility of the Bidder to ensure their offer is received in due time and at the stated point of receipt.

5.7 Tenders received after the due date cannot be accepted.

5.8 The closing date for the return of Tenders is **X** at 13:00 and Tenders must be submitted to the Trust via the e-tendering portal.

6. Specification of Services Required

6.1 The Trust requires the provision of External (Statutory) Audit Services to the specification and scope as outlined in the framework.

Attachments included with this further competition document include a copy of the following:

- The Trust's latest Financial Statement (Appendix D)
- A copy of our annual plan submitted to NHS Improvement (Appendix E)
- A copy of the latest Financial Statements for the Charitable Trust (Appendix F)
- A copy of the latest Financial Statements for the Wholly Owned Subsidiary (Appendix G)
- A copy of the Internal Audit plan for 2020/21 (Appendix H)
- A copy of the Risk & Audit Committee Timetable for 2020/21 (Appendix I)
- A copy of the final ISA260 from the audit of the 2020/21 accounts (Appendix J)

For information purposes our Internal Auditors are KPMG.

7. Duration

7.1 The appointment is to be for a three year period, effective from 1st October 2016, with the option to extend for a further two x 12 months.

8. Procurement Timetable

8.1 The Trusts current procurement timetable is anticipated to be as follows:

Event	Date
ITT issued	1/4/2021
Deadline for the receipt of clarification questions	24/3/2021
Target date for responses to clarification questions	TBC
Deadline for receipt of Tenders	TBC
Evaluation of Tenders	17/5/2021 to 7/6/2021
Shortlist invited to Present	7/6/2021
Presentation to Panel	14/6/2021
Notification of contract award decision	21/6/2021
Contract Commencement	1/10/2021

8.2 The Trust may, at its own absolute discretion extend the closing dates and times specified above without request. Any extension granted will apply to all Bidders.

9. Process

9.1 It is intended to award the contract on the basis of the Most Economically Advantageous Tender (MEAT).

9.2 The evaluation of the Most Economically Advantageous Tender (MEAT) is determined by the criteria, and weightings, shown below.

9.3 Applicants who fail to complete the required tender documentation in full, or to provide any of the documents requested, may have their applications rejected and may not be considered further.

9.4 The Authority is not bound to accept the lowest, or any, offer.

10. Award Criteria

10.1 Evaluation Criteria:

Evaluation criteria	Weighting
Minimum Requirements	Pass/Fail

Evaluation criteria	Weighting
Pricing	30%
Quality	70%
Total	100%

Of the 70% quality the following weightings will be applied:

Quality Breakdown	Weighting
Technical Ability	30%
Relevant Experience	35%
Key Performance Measures	20%
Implementation/Contract Delivery	5%
Management of Team	5%
Client Relationship	5%
Total	100%

Criteria – Scored Questions: technical and quality evaluation

The technical evaluation will be scored in accordance with the table below:

Grade label	Grade	Definition of Grade
Unacceptable	0	The proposal completely fails to meet required standard or does not provide an answer
Weak	1	The proposal significantly fails to meet the standards required, contains significant shortcomings or its inconsistent with other aspects of the Tender

Satisfactory	2	The proposal meets the required standard in most material respects, but is lacking or inconsistent in others
Good	3	The proposal meets the required standard in all material respects
Excellent	4	The proposal meets the required standard in all material respects and exceeds some or all of the major requirements

11. Price Evaluation

11.1 The maximum mark available for price will be 30%.

Tender prices will be scored on a comparative basis, with the lowest compliant Tender receiving 100% of the available marks (30%) following weighting. All other Tenders will be compared against that lowest Tender using the formula:

- $(A / B) \times 100$
- A = price of lowest compliant Tender
- B = price of the Tender being scored

If it appears that any Tender may be abnormally low then the Trust may ask the Bidder to explain its price or costs. If following the Bidder's explanations the Trust is not satisfied with the Bidder's account for the low level of price or cost in the Tender, the Trust may treat the Tender as non-compliant and reject it.

11.2 Bidders are required to complete the price schedule – Schedule 2. The price schedule should be uploaded in the e-tendering portal where indicated.

11.3 Costs will be evaluated using the Price Schedule provided. All prices to be quoted in GBP and to be exclusive of V.A.T.

12. Administrative arrangements

12.1 Full and correctly structured responses must be submitted, using the e-tendering portal, by the deadline for receipt of Tender Submissions.

12.2 Quality requirements and administrative details proposed must be adhered to. Compliance will form part of the evaluation / selection process.

12.3 The evaluation will be based on the criteria outlined in this ITT.

12.4 Bidders should note that whilst all attempts have been taken to ensure accurate and correct technical and functional terminology are used in the preparation of this document, there is an absolute obligation on the Bidder to query any ambiguity, whether actual or potential, in the use of technical or functional terms used in this document.

12.5 The Trust undertakes that in the event of discovering and agreeing any such ambiguity to circulate clarification to all Bidders.

12.6 Whilst all reasonable endeavours have been made to accurately describe the requirements, Bidders should form their own conclusions about the methods and resources needed to meet them.

12.7 It is intended that specified personnel may be contacted should Bidders require any further clarification or information about this document.

12.8 All contacts will be treated formally and any information given that is relevant to other Bidders will be passed to them.

12.9 Requests for clarification or further information must be made through the e-tendering portal.

Schedule 1 – Specification

1. Embedded below is a copy of the Specification requirements for the further competition. The maximum word count for each response is 500 words, unless stated.

<p>Minimum Requirements of the Audit Service:</p>
<p>1. The auditor will be required to meet all requirements, including but not limited to, the accounting and reporting requirements as set out in the Comptroller and Auditor General’s Code of Audit Practice which applies for 2020-21 audits and beyond – The Audit Office Code of Audit Practice (the code), the NHS Foundation Trust Code of Governance (updated July 2014), the NHS Foundation Trust Annual Reporting Manual and the National Health Service Act 2006 as amended.</p> <p>The service also needs to be provided in accordance with the APB Ethical Standard 5 (Revised) – copy can be accessed via https://www.frc.org.uk/auditors/audit-assurance/standards-and-guidance/current-ethical-standards</p> <p>Copies of the Code, the NHS Code of Governance and the NHS Financial Reporting Manual can be accessed from: Code of Audit Practise - https://www.nao.org.uk/code-audit-practice/ NHS Foundation Trust Code of Governance - https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance NHS Foundation Trust Annual Reporting Manual - https://www.england.nhs.uk/financial-accounting-and-reporting/nhs-foundation-trust-annual-reporting-manual/</p> <p>Copies of the National Health Service Act 2006 as amended http://www.legislation.gov.uk/ukpga/2006/41/contents It is the auditor’s responsibility to ensure they access each update and adhere to the requirements of each subsequent publication.</p>
<p><i>Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.</i></p>
<p>2. The auditor, (unless otherwise stated in the Code), will be required to comply with International Statements on Auditing (UK and Ireland) (ISAs (UK&I)) www.frc.org.uk/Our-Work/Codes-Standards.aspx currently in force, and as may be amended from time to time, and have regard to any relevant Practice Notes (PNs) and other guidance and advice issued by the <u>Audit & Assurance Council</u> http://www.frc.org.uk/About-the-FRC/FRC-structure/Audit-and-Assurance-Council.aspx</p>
<p>Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.</p>

<p>3. The auditor will be required to provide a full audit service to determine whether the statutory financial statements of Foundation Trust present a true and fair view.</p>
<p>Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.</p>
<p>4. The auditor will be required to review the annual report for any misstatements or material inconsistencies with the financial statements.</p>
<p>Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.</p>
<p>5. The auditor will be required to review the Annual Governance Statement for the completeness of disclosures in meeting the relevant requirements and identify any inconsistencies between the disclosures and the information that they are aware of from their work on the financial statements and other work.</p>
<p>Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.</p>
<p>6. The auditor will be required to provide the statutory financial external audit of the charitable funds and be satisfied that the accounts comply with the relevant requirements of the Charity Commission, and are appropriately consolidated into the Trust's accounts.</p>
<p>Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.</p>
<p>7. The auditor will be required to provide the statutory financial external audit of the wholly owned subsidiary and be satisfied that the accounts comply with the relevant requirements of Companies Act 2006, and are appropriately consolidated into the Trust's accounts.</p>
<p>Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.</p>
<p>8. The auditor will be required to provide independent assurance to confirm that the Quality Accounts of the Trust have (i) complied with the Quality Account regulations and any other relevant regulations and legislation. (ii) been prepared in accordance with the guidance issued by NHS England and (iii) are fairly stated.</p>

Bidder Response - **Confirm this requirement is understood and confirm your guarantee to conform to this requirement.**

9. The auditor will be required to issue an annual audit letter to provide a clear, readily understandable commentary on the results of the auditor's work and highlight any issues that the auditor wishes to draw to the attention of the Trust's Audit and Risk Committee.

Bidder Response - **Confirm this requirement is understood and confirm your guarantee to conform to this requirement.**

10. The auditor will be required to keep up to date with changes in the work of the Care Quality Commission, NHS Improvement and other regulatory bodies to determine if these will have any impact on Member Organisations responsibilities.

Bidder Response - **Confirm this requirement is understood and confirm your guarantee to conform to this requirement.**

11. The auditor will be required to review the work of Internal Audit and liaise to ensure all areas of risk are covered appropriately and avoiding any unnecessary overlapping of work.

Bidder Response - **Confirm this requirement is understood and confirm your guarantee to conform to this requirement.**

12. The auditor will be required to ensure that staff allocated to the audit are appropriately qualified, skilled and competent.

Bidder Response - **Confirm this requirement is understood and confirm your guarantee to conform to this requirement.**

13. The auditor will be required to provide professional advice regarding changes to accounting practice and principles as advised by the appropriate accounting and regulatory bodies. Please include details of how you maintain and update this knowledge.

Bidder Response - **Confirm this requirement is understood and confirm your guarantee to conform to this requirement.**

14. The auditor must comply with the general principles set out in the National Audit Office Code of Audit Practice (the code) especially in regards to professional standards and guidance, integrity, independence, objectivity and confidentiality.
Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.
15. The auditor must ensure that they and their staff comply with paragraph section 8 of Schedule 10 of the 2006 Act as amended, which restricts the disclosure of information received or obtained during the audit.
Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.
16. The auditor will be required to ensure that they discharge their duties in line with the responsibilities and duties as set out in the National Audit Office Code of Audit Practice (the code).
Bidder Response - Confirm this requirement is understood and confirm your guarantee to conform to this requirement.

Technical Ability: 35% Weighting (Question weightings detailed in the blue boxes)

17. Please provide a summary of the External Audit Service you will provide to the Trust. In particular how will your service be tailored to reflect the Trust.

25% - Summary of service
<i>Bidders must write their response in this box</i>

18. Please outline your proposed processes for controlling, monitoring and reviewing audit work – to give assurance that the audit work itself is sound and conforms to relevant professional standards.

20% - Quality control
<i>Bidders must write their response in this box</i>

20% - Quality control

19. Please outline the processes that you will employ to raise issues of concern, resolve accounting and reporting issues, and the steps that you would take to ensure client satisfaction.

20% - Raise concerns & resolve issues

Bidders must write their response in this box

20. Please list the number of days anticipated as part of the annual fee along with the skill mix, job titles & CV's.

20% - Days and skill mix

Bidders must write their response in this box

21. Please describe why your organisation believes that it is particularly well placed to provide the external audit service to this Trust. The response should specifically include knowledge of the local health economy within Doncaster and Bassetlaw.

15% - Competitive Advantage

Bidders must write their response in this box.

Experience: 30% weighting (Question weightings detailed in the blue boxes)

22. Describe your organisations experience of providing External Audit services within NHS Acute Foundation Trusts:

50% - NHS Acute FT Experience

Bidders must write their response in this box

50% - NHS Acute FT Experience

23. Describe your organisations experience of providing External Audit services within an NHS setting outside of an Acute Trust:

20% - NHS Experience – Outside Acute

Bidders must write their response in this box

24. How will you ensure the Trust has a continuity of service in relation to staff provided and describe how you ensure staff are appropriately trained and kept up to date with relevant changes.

30% - Continuity

Bidders must write their response in this box

Key Performance Measures: 20% weighting (Question weightings detailed in the blue boxes)

25. Please describe how you will liaise and work with the Trust's Finance team and other internal stakeholders:

20% - Internal Stakeholders

Bidders must write their response in this box

26. Please describe how you will liaise and work with the Trust's Internal Audit service:

20%– Internal Audit

Bidders must write their response in this box

20%– Internal Audit

27. Please describe how you will liaise and work with the Chair and Members of the Audit & Risk Committee

25%– Chair of the ANCR & Members
<i>Bidders must write their response in this box</i>

28. Please describe how you will liaise with other related entities eg Trustees of the Charitable Funds, NHS Improvement, etc.

10% - Charity Trustees
<i>Bidders must write their response in this box</i>

29. Please describe how you will liaise with governors

25% - Governors
<i>Bidders must write their response in this box</i>

Implementation/Contract Delivery: 5% weighting (Question weightings detailed in the blue boxes)

30. Please describe the implementation process and provide a chart outlining Milestones, Milestone Start and completion dates, and suppliers & Trust responsibilities to cover the tasks involved in implementation with timescales (ideally with a start date of 1st October 2021):

50% – Implementation
<i>Bidders must write their response in this box</i>

31. Please describe what additional information will be required from the Trust to commence the service:

Not Scored - Additional Information
<i>Bidders must write their response in this box</i>

Not Scored - Additional Information

32. Please describe how the contract will be managed to ensure the audit is conducted in a professional and accurate manner and reports provide value to the Trust:

50% - Professional Manner

Bidders must write their response in this box

Management of Team: 5% weighting (Question weightings detailed in the blue boxes)

33. How do you manage the audit team to ensure Audit team members are providing a quality service?

50% Weighting - Team Management

Bidders must write their response in this box

34. How do you ensure the Trust constantly has a team with the correct skill mix to deliver an excellent service?

50% - Team Skill Mix

Bidders must write their response in this box

Client Relationship: 5% weighting (Question weightings detailed in the blue boxes)

35. Please describe how your work will provide added value to the Trust over and above the assurance inherent in any external audit service:

50% - Added Value

Bidders must write their response in this box

36. Please describe in what instances you would look to recover additional costs incurred from the Trust over and above the agreed fees.

50% - Additional Costs

Bidders must write their response in this box

Schedule 2 – Price Schedule

1. Please complete and upload Schedule 2 - Price Schedule via the e-tendering portal.
2. All prices shall be in GBP and exclusive of VAT.

The Price Schedule should be in the following format:

Day Rate (ex VAT)

Grade	Year 1	Year 2	Year 3
Partner/Director			
Audit Manager			
Senior Auditor			
Audit Assistant			
Trainee			
Specialist Staff			
Other (please detail)			

Proposed Days

Grade	Year 1	Year 2	Year 3
Partner/Director			
Audit Manager			
Senior Auditor			
Audit Assistant			
Trainee			
Specialist Staff			
Other (please detail)			

Cost (Daily rate x Days)

Grade	Year 1	Year 2	Year 3
Partner/Director			
Audit Manager			
Senior Auditor			
Audit Assistant			
Trainee			
Specialist Staff			
Other (please detail)			

CONDITIONS OF TENDER (Including Appendix A)

1. Conditions of Contract

- 1.1 All tenders received by the Trust's shall be deemed to have been made under the NOECPC Internal and External Audit Lot 1- External audit.
- 1.2 Any contract resulting from this tender will be made under the Conditions specified within this further competition.

2. Information and Confidentiality

- 2.1 Information that is supplied to Bidders as part of the procurement exercise is supplied in good faith. However, Bidders must satisfy themselves as to the accuracy of such information and no responsibility is accepted for any loss or damage of whatever kind or howsoever caused arising from the use by the Bidders of such information, unless such information has been supplied fraudulently by the Trust.
- 2.2 All information supplied to Bidders by the Trust in connection with this procurement exercise shall be regarded as confidential. By submitting an offer the Bidder agrees to be bound by the obligation to preserve the confidentiality of all such information.
- 2.3 This invitation and its accompanying documents shall remain the property of the Trust and must be returned on demand.
- 2.4 Any notice to a Bidder required under these Conditions to be given in writing, shall be deemed to be duly served at the time of actual delivery if delivered at, or at the time of delivery in ordinary course of post if posted in a prepaid envelope addressed to the Bidder by name, to the Bidder's last known place of abode or business or, in the case of a company, the registered office of the company.
- 2.5 Estimated quantities, where inserted in the Invitation to Tender document, shall indicate only the probable requirements for the period referred to and the Trust shall not be bound to order such quantities.

3. Freedom of Information Act 2000

- 3.1 The Freedom of Information Act 2000 (FOIA) applies to the Trust.
- 3.2 Bidders should be aware of the Trusts obligations and responsibilities under the FOIA to disclose, on request, recorded information held by them. Information provided by Bidders in connection with this procurement exercise, or with any Framework Agreement that may be awarded as a result of this exercise, may therefore have to be disclosed by the Trust in response to such a request, unless the Trust decides that one of the statutory exemptions under the FOIA applies. The Trust may also include certain information in the publication scheme which it maintains under the FOIA.
- 3.3 In certain circumstances, and in accordance with the Code of Practice issued under section 45 of the FOIA, or the Environmental Information Regulations 2004, the Trust may consider it appropriate to ask Bidders for their views as to the release of any information before a decision on how to respond to a request is made. In dealing with requests for information under the FOIA, the Trust must comply with a strict timetable and the Trust would, therefore, expect a timely response to any such consultation within five working days.

- 3.4 If Bidders provide any information to the Trust in connection with this procurement exercise, or with any Framework Agreement that may be awarded as a result of this exercise, which is confidential in nature and which a Bidder wishes to be held in confidence, then Bidders must clearly identify in their offer documentation the information to which Bidders consider a duty of confidentiality applies. Bidders must give a clear indication which material is to be considered confidential and why it is considered to be so, along with the time period for which it will remain confidential in nature. The use of blanket protective markings such as “commercial in confidence” will no longer be appropriate. In addition, marking any material as “confidential” or equivalent should not be taken to mean that Trust accept any duty of confidentiality by virtue of such marking. Please note that even where a Bidder has indicated that information is confidential, the Trust may be required to disclose it under the FOIA if a request is received.
- 3.5 The Trust cannot accept that trivial information or information which by its very nature cannot be regarded as confidential should be subject to any obligation of confidence.
- 3.6 In certain circumstances where information has not been provided in confidence, the Trust may still wish to consult with Bidders about the application of any other exemption such as that relating to disclosure that will prejudice the commercial interests of any party.
- 3.7 The decision as to which information will be disclosed is reserved to the Trust in question, notwithstanding any consultation with the Bidder.

4. Prices

- 4.1 Prices must be stated in the Price Schedule and must remain open for acceptance until 90 days from the closing date for the receipt of Tenders. Prices must be quoted in GBP, and excluding VAT.
- 4.2 Prices must be firm (i.e. not subject to increase) for the duration of the contract subject only to the variation provisions contained in the framework documents.

5. Tender Documentation and Submission

- 4.1 Tenders must be for the supply of the whole of the services upon the Terms and Conditions of the NOECPC Internal and External audit – Lot 1 External Audit. Tenders for part or parts only of the services or for different standards or frequencies of services or made subject to alternative terms or conditions may be rejected.
- 4.2 Tenders must comprise and be uploaded via the e-tendering:
- 4.2.1 Schedule 1 – Specification with supplier responses
 - 4.2.2 Schedule 2 - Price Schedule
 - 4.2.3 Appendix C - Form of Tender
- 4.3 The Tender must be completed in full. Any Tender may be rejected which:
- 4.3.1 contains gaps, omissions or obvious errors; or
 - 4.3.2 contains amendments which have not been initialled by the authorised signatory; or
 - 4.3.3 is received after the closing time.

5 Contract Monitoring

5.1 The Trust is committed to helping improve the efficiency of contracted suppliers through sharing information on performance measurement. The criteria for measuring performance shall be agreed with the supplier and formally documented. It is possible that measurement criteria will develop during the term of the contract - this will also be documented following agreement with the supplier.

6 Canvassing

6.1 Any Bidder who directly or indirectly canvasses any employee of the Trust concerning the award of the contract is likely to be disqualified.

APPENDIX B – FRAMEWORK SPECIFICATION



RM3745-MCF-Frame
work-Specification2.pr

APPENDIX C - FORM OF TENDER

**DECLARATIONS BY THE BIDDER (TO BE SIGNED AND RETURNED BY THE BIDDER)
FORM OF TENDER, NON-COLLUSION, CONFLICTS OF INTEREST AND ANTI-
CANVASSING**

DECLARATIONS

TO: DONCASTER & BASSETLAW HOSPITALS NHS FOUNDATION TRUST

PROPOSAL TO PROVIDE EXTERNAL (STATUTORY) AUDIT SERVICES

REFERENCE NUMBER: XX

Form of Tender

We have examined the Invitation to Tender ("ITT") dated 25/07/16 and all accompanying annexes, schedules and documents. This Tender is made subject to the terms of the ITT, including but not limited to the instructions to Bidders.

We declare that to the best of our knowledge the answers submitted are correct.

We tender against the requirements, and offer to enter into an Agreement with the Authority comprising the following:

- the NHS Terms and Conditions and any supplementary Terms and Conditions provided with the ITT
- our response to the Specification Schedule 1 of the ITT
- our response to the Price Schedule 2 of the ITT.

Accordingly, this Tender is a contractual offer capable of acceptance by the Authority. If the Authority accepts this Tender, we will execute any agreement that the Authority produces to record in one place the offer and acceptance.

We undertake to keep the Tender open for acceptance by the Authority for a period of ninety days (90) from the deadline for receipt of Tenders.

We understand that you are not bound to accept the lowest priced, or any, Tender.

Non-collusive tendering

In recognition of the principle that the essence of tendering is that the Authority, shall receive bona fide competitive Tenders from all those tendering, we certify that this Tender is a bona fide Tender that is intended to be competitive.

We have not fixed or adjusted the amount of this Tender under, or in accordance with, any agreement or arrangement with any other person.

We have not done, and we undertake that, we will not do at any time before the hour specified for the return of the Tender any of the following acts:

- communicate to a person other than the Authority the amount or approximate amount of the proposed Tender (except where the disclosure, in confidence, of the approximate amount of the Tender was essential to obtain insurance premium quotations required for the preparation of the Tender);
- agree with any person that they shall refrain from tendering or as to the amount of any Tender to be submitted; and
- offer to pay or give any sum of money or valuable consideration directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to any other Tender any act or thing of the sort described above.

Conflicts of interest

We acknowledge that we are responsible for ensuring that no conflicts of interest exist between us (and our advisers) and the Authority.

So far as any possible conflict of interest has arisen, we have notified the Authority promptly in writing of that potential conflict of interest and have taken any steps agreed with the Authority to avoid the conflict.

We acknowledge that if we fail to comply with this requirement, we may be disqualified from the procurement at the discretion of the Authority.

Anti-canvassing confirmation

We have not canvassed or solicited any member, officer or employee of the Authority, in connection with the proposed contract award and to the best of our knowledge and belief nor has any person employed by us or acting on our behalf done any such act.

We further undertake that we will not in the future canvass or solicit any member, officer or employee of the Authority, in connection with the proposed Agreement and that no person employed by us or acting on our behalf will do any such act.

Name of person duly authorised to sign tenders:

Date:

Name:

in the capacity of:

duly authorised to sign tenders for and on behalf of:

.....

By completing this Form of Tender and submitting your Tender you have agreed that the statements in this Form of Tender are correct and that you have complied, and will continue to comply, with the Authority's policies on non-collusion, conflicts of interest and anti-canvassing.



Invitation to tender for Internal Audit Services

Ref: **XXX**

Deadline for receipt of Tenders to be received: **XX** at 13:00

PART A: INFORMATION AND DETAILS

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1 INTRODUCTION

- 4.3 The Doncaster and Bassetlaw Teaching Hospitals NHS FT (the "**Customer**") is issuing this Invitation to Tender ("**ITT**") in connection with the competitive procurement of an Internal Audit Service. This document contains important information about the procurement process and the contract that the Customer intends to award.
- 4.3 The North of England Commercial Procurement Collaborative (NOECPC) Framework will be used. Framework Schedule 4 will be used for Terms and Conditions.
- 4.3 This ITT Section A contains further information about the procurement process.
- 4.3 ITT Section B contains the questions that Bidders must complete. Each Bidder's response ("**Tender**") should be detailed enough to allow the Customer to make an informed award decision.
- 4.3 All tenders must be returned no later than the deadline for receipt of tender specified on the front cover of this ITT.
- 4.3 The Customer is using the Due North/ProContract portal to conduct the procurement process. This can be accessed at <https://www.supplying2nhs.com>. All communications (including submission of tenders) should be carried out via the portal.

Contents of the ITT

- 4.3 This ITT document consists of:

Section A – Instructions and information	
1	Introduction and background
2	Tender timetable
3	Instructions to Bidders
4	Tender evaluation methodology and criteria
Annex A1	NOECPC Terms and Conditions
Section B – Tender Schedules (to be returned by Bidders)	
Annex B1	Eligibility questions and responses
Annex B2	Specification
Annex B3	Tender response document
Annex B4	Pricing schedule
Annex B5	Confidential and commercially sensitive information
Annex B6	Administrative instructions
Annex B7	Form of Tender

2 BACKGROUND

2.1 Who we are and what we do

As well as being an acute NHS Foundation Trust, hosting one of the busiest emergency services in the county, we are also one of only five teaching hospitals in the Yorkshire region, working closely with the University of Sheffield and Sheffield Hallam University. As a Trust, we also maintain strong links with Health Education England (HEE), our local clinical commissioning groups in both Doncaster and Bassetlaw, as well as our regional partners in South Yorkshire and Bassetlaw.

We are fully licensed by NHS Improvement and fully-registered (without conditions) by the Care Quality Commission (CQC) to provide the following regulated activities and healthcare services:

- Treatment of disease, disorder or injury
- Nursing care
- Surgical procedures
- Maternity and midwifery services
- Diagnostic and screening procedures
- Family planning
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.

We provide the full-range of local hospital services, some community services (including family planning and audiology) and some specialist tertiary services including vascular surgery. We serve a population of more than 420,000 across South Yorkshire, North Nottinghamshire and the surrounding areas and run three hospitals:

Doncaster Royal Infirmary (DRI)

DRI is a large acute hospital with over 500 beds, a 24-hour Emergency Department (ED) and trauma unit status. In addition to the full range of district general hospital care, it also provides some specialist services. It has inpatient, day case and outpatient facilities.

Bassetlaw Hospital (BH) in Worksop

BH is an acute hospital with over 170 beds, a 24-hour Emergency Department (ED) and the full range of district general hospital services, including a breast care unit. The site has inpatient, day case and outpatient facilities.

Montagu Hospital in Mexborough

Montagu is a small, non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led Minor Injuries Unit, open 9am to 9pm. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics. Montagu is the site of our Rehabilitation Centre, Clinical Simulation Centre and the base for the Abdominal Aortic Aneurysm screening programme.

Additionally, we are registered to provide outpatient and other health services at Retford Hospital, including clinical therapies and medical imaging. Our site at the Sandringham Road Clinic, in Doncaster town centre, offers audiology and breast screening services. We also provide some services in community settings across South Yorkshire and Bassetlaw.

Doncaster and Bassetlaw Hospitals (pre-2017) was one of the first 10 NHS trusts in the country to be awarded 'Foundation Trust' status in 2004. This granted the organisation more freedom to act than a traditional NHS trust, although we are still closely regulated and must comply with the same strict quality measures as a non-foundation trust.

4.3 Vision, mission and values:

Vision

To be the safest trust in England, outstanding in all that we do.

Mission

As an Acute Teaching Hospitals Foundation Trust, and a leading partner in health and social care across South Yorkshire and Bassetlaw, we will work with our patients, partners and the public to maintain and improve the delivery of high quality integrated care.

Values

Our values show WE CARE:

- **We** always put the patient first.
- Everyone counts – we treat each other with courtesy, honesty, respect and dignity.
- Committed to quality and continuously improving patient experience.
- Always caring and compassionate.
- Responsible and accountable for our actions – taking pride in our work.
- Encouraging and valuing our diverse staff and rewarding ability and innovation.

Strategic Objectives

- **Patients:** Work with patients to continue to develop accessible, high quality and responsive services.
- **People:** As a Teaching Hospital, we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.
- **Performance:** We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.
- **Partners:** We will increase partnership working to benefit people and communities.
- **Prevention:** Support the development of enhanced community based services, prevention and self-care.
- **Quality Improvement:** Working together using methods, tools, data measurement, curiosity and an open mind set to make improvements in healthcare.

- 4.3 The Trust consolidates 2 additional legal entities within its Group accounts. Doncaster & Bassetlaw Charitable Funds enhances the NHS provision provided to patients and staff, and Doncaster & Bassetlaw Healthcare Services Limited is a Wholly Owned Subsidiary which was formed in September 2019 and provides outpatient dispensing services at DRI.

Further information on the Trust can be obtained from <http://www.dbth.nhs.uk/> Full details of the Customer's requirements are set out in the Specification in Annex B2.

3 PURPOSE AND SCOPE OF THIS ITT

This ITT:

- 3.1 invites Bidders to submit their Tenders in accordance with the instructions set out in the remainder of this ITT;
- 3.2 sets out the overall timetable and process for the procurement;
- 3.3 provides Bidders with sufficient information to enable them to submit a compliant Tender;
- 3.4 sets out the award criteria and tender evaluation model that will be used to evaluation the Tenders; and
- 3.5 explains the administrative arrangements for the receipt of Tenders.

4 QUESTIONS ABOUT THIS ITT

You may submit, by no later than **X** any queries that you have relating to this ITT. Please submit such queries via the portal.

Any specific queries should clearly reference the appropriate paragraph in the ITT documentation and, to the extent possible, should be aggregated rather than sent individually. The Customer may decline to answer queries received after the above deadline.

Answers to the questions received by the Customer will be circulated to all Bidders via the portal. Answers will not reveal the identity of the individual Bidder that asked a particular question. The Customer may decide not to disclose answers, or parts of answers, which would reveal confidential or commercially sensitive information in relation to a particular Bidder.

4 TENDER TIMETABLE

Key dates

4.1 The procurement will follow a clear, structured and transparent process to ensure a fair and level playing field so that all Bidders are treated equally.

4.2 The key dates for this procurement are currently anticipated to be as follows:

Event	Date
ITT issued	1/4/2021
Deadline for the receipt of clarification questions	24/3/2021
Target date for responses to clarification questions	TBC
Deadline for receipt of Tenders	TBC
Evaluation of Tenders	17/5/2021 to 7/6/2021
Shortlist invited to Present	7/6/2021
Presentation to Panel	14/6/2021
Notification of contract award decision	21/6/2021
Contract Commencement	1/10/2021

4.3 Whilst the Customer does not intend to depart from the timetable, it reserves the right to do so at any stage.

Deadline for receipt of Tenders

4.4 Bidders must submit their Tenders in the manner prescribed in section 3 below no later than the date and time specified on the front cover of this ITT.

4.5 Any Tender received after the deadline or by any other method other than via the portal may not be considered. The Customer may in its discretion extend the deadline and in such circumstances the Customer will notify all Bidders of any change.

Clarification Meetings

4.6 Following the assessment of the tender proposals, the Customer may invite Bidders to a clarification meeting. If required this will take place between receipt of tenders and announcement of successful tender. It is anticipated that Bidders will be provided with at least two (2) days' notice if a meeting is to be required. The Customer typically will only require meetings with what it considers are the best three tender responses. In exceptional circumstances, all Bidders will be requested to attend a meeting.

4.7 Bidders must ensure that key personnel attend. Those key personnel directly involved in performing the contract will be expected to.

4.8 The purpose of the meeting is to gain a greater understanding of proposals and will take the form of a short presentation by the Bidder followed by a question and answer session. Topics for discussion for the presentation will be issued no later than 2 days before the presentation.

4.9 Bidders can either accept or decline a request for such a meeting. However, it is in the interests of the Bidder to attend and provide additional confidence in its proposals to the Customer.

4.10 Although not scored on a separate basis, the session will be used to confirm the technical / quality score assessments of the tender evaluation. As such, scores achieved during the written tender evaluation may be adjusted (up or down) and the consolidated score of a Bidder amended.

Contract award

4.11 Contract award is subject to the formal approval process of the Customer. Until all necessary approvals are obtained and the standstill period completed, no contract(s) will be entered into.

4.12 Once the Customer has reached a decision in respect of a contract award, it will notify all Bidders of that decision and provide for a standstill period in accordance with the Public Contracts Regulations 2006 before entering into any contract(s).

5 INSTRUCTIONS TO BIDDERS

Formalities for submission of Tender

- 5.1 Bidders must submit their Tenders by completing the Annexes to Section A and Section B of the ITT. Completed Tenders must be submitted using [the electronic tendering portal - <https://www.supplying2nhs.com>]. Bidders should ensure that they allow plenty of time to upload the tender response, particularly where there are large documents. If Bidders have any problems with [the electronic tendering portal], they should contact the helpdesk on 01670 597137 or email: support@due-north.com. As noted above, any Tender received after the deadline may not be considered.
- 5.2 The maximum file size for document uploads is 1024 megabytes. You should split your Tender into small enough file sizes to upload. There is no combined file size limit to your response. Note: the Customer does not guarantee that you will be able to upload files up to the maximum size, particularly at busy times: For this reason it is recommended that Bidders should ensure files are well below the maximum stated and allow plenty of time to upload, so they have enough time to resolve any technical difficulties before the deadline.
- 5.3 Bidders must adhere to the following standard requirements when submitting their Tenders:
- 5.3 Do not embed documents within other documents. Instead provide separate electronic copies of the documents, clearly labelled and referenced if necessary.
 - 5.3 The Tender must be in English and drafted in accordance with the drafting guidance set out in this ITT.
 - 5.3 Each Tender must be uniquely named or referenced.
 - 5.3 The Tender must be fully cross-referenced and include a table of contents.
 - 5.3 List of all supporting material.
 - 5.3 Electronic copies of the Tender shall be in relevant Microsoft Office Package, eg. Word or Excel.
- 5.4 Where a word count limit is specified, Bidders should state how many words their response contains. The Customer reserves the right not to consider any part of a response exceeding the word limit. Words included within diagrams or other graphic representations will count towards the word limit.
- 5.5 The Tender must be clear, concise and complete. The Customer reserves the right to mark Bidders down or exclude them from the procurement if their Tenders are ambiguous or lack clarity. Bidders should submit only such information as is necessary to respond effectively to this ITT. Unless specifically requested, do not include extraneous presentation materials.
- 5.6 Tenders will be evaluated on the basis of information submitted by the deadline.
- 5.7 The Tender must be signed by a duly authorised representative of the Bidder.

Modification and withdrawal of Tenders

- 5.8 No Tender may be modified after the deadline for receipt of tenders.
- 5.9 Tenders may be withdrawn at any time before the deadline for receipt of tenders. Revised Tenders may be submitted up until the deadline for receipt of tenders, [provided such intention is notified to the Customer using the [portal]].

Terms and conditions

- 5.10 The Contract will include the NOECPC terms and conditions set out in Annex A1. It is vital that the Bidder reviews these carefully, and takes account of all information such as TUPE, key performance indicators and insurance requirements and that the Tender fully takes account of these. By submitting a Tender, Bidders are agreeing to be bound by the terms of this ITT and the terms and conditions without further negotiation or amendment.

Consortia and subcontractors

- 5.11 If the Bidder is a consortium or will rely on sub-contractors to deliver the contract, it must explain in its Tender precisely which entities will be the supplier.
- 5.12 For the purposes of this ITT, the following terms apply:
- 5.12 *Consortium arrangement* - Groups of companies come together specifically for the purpose of bidding for appointment as the supplier and envisage that they will establish a special purpose vehicle as the prime contracting party with the Customer.
 - 5.12 *Subcontracting arrangement* - Groups of companies come together specifically for the purpose of bidding for appointment as the supplier, but envisage that one of their number will be the supplier, the remaining members of that group will be subcontractors to the supplier.
- 5.13 If the Bidder intends to sub-contract any material parts of the contract, it must explain which parts will be sub-contracted, who the sub-contractors is, confirmation the sub-contractor has agreed terms of supply and what contractual commitment it has from the sub-contractor to deliver.

Warnings and disclaimers

- 5.14 While the information contained in this ITT is believed to be correct at the time of issue, neither the Customer, its advisors, nor any other awarding authorities will accept any liability for its accuracy, adequacy or completeness, nor will any express or implied warranty be given. This exclusion extends to liability in relation to any statement, opinion or conclusion contained in or any omission from, this ITT (including its appendices) and in respect of any other written or oral communication transmitted (or otherwise made available) to any Bidder. This exclusion does not extend to any fraudulent misrepresentation made by or on behalf of the Customer.
- 5.15 If a Bidder proposes to enter into a contract with the Customer, it must rely on its own enquiries and on the terms and conditions set out in the contract(s) (as and when finally executed), subject to the limitations and restrictions specified in it.
- 5.16 Neither the issue of this ITT, nor any of the information presented in it, should be regarded as a commitment or representation on the part of the Customer (or any other person) to enter into a contractual arrangement.

Freedom of Information Act 2000 and Environmental Information Regulations 2004

- 5.17 As a public body, the Customer is subject to, and must comply, with the, Freedom of Information Act 2000 ("**FOIA**") and the Environmental Information Regulations 2004 ("**EIR**"). The Customer may therefore be required to disclose information submitted by the Bidder.
- 5.18 In respect of any information submitted by a Bidder that it considers to be confidential or commercially sensitive the Bidder should:
- 5.18 clearly identify such information as confidential or commercially sensitive;
 - 5.18 explain its reasons why disclosure of such information would be likely to prejudice or would cause actual prejudice to its commercial interests; and

5.18 provide a reasoned estimate of the period of time during which the Bidder believes that such information will remain commercially sensitive.

5.19 This information must be listed in Schedule 3 to Section B of this ITT, with a statement of which exemptions are relevant under FOIA and/or EIA.

5.20 Where a Bidder identifies information as commercially sensitive, the Customer will take those views into account. Bidders should note, however, that, even where information is identified as commercially sensitive, the Customer may be required to disclose such information in accordance with the FOIA or the EIR. Accordingly, the Customer cannot guarantee that it will withhold information marked 'confidential', 'commercially sensitive' or otherwise exempt.

Publicity

5.21 No publicity regarding the services or the award of any contract will be permitted unless and until the Customer has given express written consent to the relevant communication. For example, no statements may be made to the media regarding the nature of any Tender, its contents or any proposals relating to it without the prior written consent of the Customer.

Bidder conduct and conflicts of interest

5.22 Any attempt by Bidders or their advisors to influence the contract award process in any way may result in the Bidder being disqualified. Specifically, Bidders shall not directly or indirectly at any time:

5.22 devise or amend the content of their Tender in accordance with any agreement or arrangement with any other person, other than in good faith with a person who is a proposed partner, supplier, consortium member or provider of finance;

5.22 enter into any agreement or arrangement with any other person as to the form or content of any other tender, or offer to pay any sum of money or valuable consideration to any person to effect changes to the form or content of any other tender;

5.22 enter into any agreement or arrangement with any other person that has the effect of prohibiting or excluding that person from submitting a tender;

5.22 canvass the Customer or any employees or agents of the Customer in relation to this procurement; and/or

5.22 attempt to obtain information from any of the employees or agents of the Customer or their advisors concerning another bidder or tender (except for debrief information requests made through the portal).

5.23 Bidders are responsible for ensuring that no conflicts of interest exist between the Bidder and its advisors, and the Customer and its advisors. Bidders should notify the Customer promptly of any possible conflict and the proposed steps that the Bidder believes can be taken to avoid the conflict. Any Bidder who fails to comply with these requirements may be excluded from the procurement at the discretion of the Customer.

Customer's rights

5.24 Subject to its obligations to act in a transparent, proportionate and non-discriminatory manner, the Customer reserves the right to:

5.24 waive or change the requirements of this ITT from time to time;

5.24 seek clarification or documents in respect of a Bidder's submission;

- 5.24 disqualify any Bidder that does not submit a compliant Tender in accordance with the instructions in this ITT;
- 5.24 disqualify any Bidder that is guilty of serious misrepresentation in relation to its Tender, expression of interest, the PQQ or the tender process;
- 5.24 withdraw this ITT at any time, or to re-invite Tenders on the same or any alternative basis;
- 5.24 exclude any Bidder who no longer passes the PQQ selection criteria;
- 5.24 choose not to award any contract as a result of the current procurement process; and
- 5.24 make whatever changes it sees fit to the timetable, structure or content of the procurement process.

Bid costs

- 5.25 The Customer will not be liable for any bid costs, expenditure, work or effort incurred by a Bidder in proceeding with or participating in this procurement, including if the procurement process is terminated or amended by the Customer.

Language

- 5.26 Tenders, all documents and all correspondence relating to the tender must be written in English.

Transparency

- 5.27 In accordance with the Government's policy on transparency, Bidders should be aware that the Customer intends to make the ITT and any subsequent contract publicly available, by publishing it on the Government portal: Contracts Finder.

Governing Law and Jurisdiction

- 5.28 This ITT and any dispute concerning it (including non-contractual disputes or claims) shall be governed by English law and subject to the jurisdiction of the English Courts

6 TENDER EVALUATION METHODOLOGY AND CRITERIA

Overview

- 6.1 This section of the ITT sets out the criteria that the Customer will use to evaluate Tenders.
- 6.2 Bidders are required to submit a Tender strictly in accordance with the requirements set out in this ITT, to ensure the Customer has the correct information to make the evaluation. If a Tender is equivocal or unclear, the Customer may deduct marks when scoring it, or it may treat the Tender as non-compliant and reject it.
- 6.3 The Customer will award the contract to the Tender that scores the highest marks, applying the methodology below. Scoring will be carried out as follows:
 - 6.3 The Customer will mark [Annex B2 (Draft Specification) and] Annex B3 (Annex of tender questions and responses) ("**Scored Questions**").
- 6.4 It will mark the Scored Questions as described in paragraphs 4.8 to 4.14

Criteria – Eligibility Questions

6.5 The Customer will score Eligibility Questions on the following basis:

PQQ Form	Selection criteria
Form A: Organisation and Contact Details	For information only
Form B: Technical and Professional Ability	Pass or Fail

6.6 To score a "pass" for Forms D and E, the Tender must adequately address all key points and include adequate supporting evidence / examples / information. It must give a reasonable degree of confidence that the Bidder has the capability, resource and experience to properly perform the contract.

6.7 Where a Bidder scores a "fail" for any question, the Customer will treat the Tender as non-compliant and it will not award a mark for the Scored Questions.

Criteria – Scored Questions

6.8 Where specified, a minimum pass threshold applies to the evaluation criteria. The Customer shall reject any Tender which does not meet the relevant Threshold in respect of one or more criteria.

Evaluation criteria	Weighting
Pricing	30%
Quality	70%
Total	100%

Of the 70% quality the following weightings will be applied:

Quality Breakdown	Weighting
Technical Ability	35%
Relevant Experience	30%
Key Performance Indicators	20%
Implementation/Contract Delivery	5%
Management of Team	5%
Client Relationship	5%
Total	100%

Criteria – Scored Questions: pricing evaluation

6.9 Tender prices will be scored on a comparative basis, with the lowest compliant Tender (excluding any Tenders that the Customer rejects as being abnormally low or non-compliant) receiving 100% of the available marks 30% following weighting). All other tenders will be compared against that lowest tender using the formula:

$$(A / B) \times 100$$

A = price of lowest compliant tender

B = price of the Tender being scored

6.10 If it appears to the Customer that any Tender may be abnormally low then the Customer may ask the Bidder to explain its price or costs. If following the Bidder's explanations the Customer is not satisfied with the Bidder's account for the low level of price or cost in the Tender, the Customer may treat the Tender as non-compliant and reject it.

Criteria – Scored Questions: technical and quality evaluation

6.11 The technical evaluation will be scored in accordance with the table below:

Grade label	Grade	Definition of Grade
Unacceptable	0	The proposal completely fails to meet required standard or does not provide an answer
Weak	1	The proposal significantly fails to meet the standards required, contains significant shortcomings or its inconsistent with other aspects of the Tender
Satisfactory	2	The proposal meets the required standard in most material respects, but is lacking or inconsistent in others
Good	3	The proposal meets the required standard in all material respects
Excellent	4	The proposal meets the required standard in all material respects and exceeds some or all of the major requirements

6.12 If a Bidder submits a variant bid, this will be treated as a second Tender. The Customer will score it using the methodology described above.

6.13 The successful Tender will be selected on the basis of the highest mark, regardless of whether it is a variant bid or a fully compliant bid.

ANNEX A1

TERMS AND CONDITIONS

The Customer intends to enter into a contract with the successful Bidder on the NOECPC terms and conditions.



Invitation to tender for Internal Audit Services

Ref: DBH/CORP/AS/2016/17/269

Deadline for receipt of Tenders to be received: X at 13:00

PART B: TENDER SCHEDULES

TO BE COMPLETED AND RETURNED BY BIDDERS

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ANNEX B1

ELIGIBILITY QUESTIONS AND RESPONSES

Form A: Organisation and Contact Details

Full name of organisation tendering (or of organisation acting as lead contact where a consortium bid is being submitted)		
Organisation Details		
Registered office address	Company or charity registration number	
	VAT registration number	
	Name of immediate parent company	
	Name of ultimate parent company	
Type of organisation	(i) a public limited company.	
	(ii) a limited company	
	(iii) a limited liability partnership	
	(iii) other partnership	
	(iv) sole trader	
	(v) other (please specify)	
Contact Details		
Contact details for enquiries about this PQQ		
Name		
Address		
Post Code		
Country		
Phone		
Mobile		

Email		
Consortia and Sub-Contracting	Your organisation is bidding to provide the services required itself	
	Your organisation is bidding in the role of Prime Supplier and intends to use third parties to provide some services	
	The Supplier is a consortium	
<p>If your answer is (b) or (c) please indicate in a separate annex (by inserting the relevant company/organisation name) the composition of the supply chain, indicating which member of the supply chain (which may include the Supplier solely or together with other providers) will be responsible for the elements of the requirement.</p>		
<p>Please also indicate what measures you have in place to ensure the supply chain will supply you to enable you to meet your obligations to the Customer.</p>		
<p>Please provide full details of any of your proprietors, directors, partners or associates or their relatives who are or have been employed by the Customer.</p> <p>Bidders are responsible for ensuring that no conflicts of interest exist between the Bidder and its advisers, and the Customer and its advisors. Any Bidder who fails to comply with this requirement may be disqualified from the procurement at the discretion of the Customer. Bidders should notify the Customer promptly of any possible conflict and the proposed steps that the bidder believes can be taken to avoid the conflict.</p>		

Questions 1.1 and 1.2 for completion by Non-UK Businesses only		
1.1	<p>Registration with professional body:</p> <p>Is your business registered with the appropriate trade or professional register(s) in the EU member state where it is established (as set out in Annexes IX A-C of Directive 2004/18/EC) under the conditions laid down by that member state).</p>	
1.2	<p>Is it a legal requirement in the State where you are established for you to be licensed or a member of a relevant organisation in order to provide the requirement in this procurement? If yes, please provide details of what is required and confirm that you have complied with this.</p>	

Form B – Technical and Professional Ability (Pass/Fail)

Where the Supplier is a special purpose vehicle and not intending to be the main provider of the goods or services, the information requested should be provided in respect of the principal intended provider of the goods or services. (In this case, please state the name of the principal intended provider)

3	Experience and Contract Examples			
	<p>Please provide details of up to three contracts from either or both the public and private sector, that are relevant to the Customer's requirement. Contracts for the supply of goods or services should have been performed during the past <u>three</u> years. (The customer contact should be prepared to speak to the Trust to confirm the accuracy of the information provided below if we wish to contact them).</p> <p>Note: The Customer may seek to verify the accuracy of the information you provide below.</p>			
		Contract 1	Contract 2	Contract 3
3.1	Customer Organisation (name):			
3.2	Customer contact name, phone number and email			
3.3	Contract start date			
	Contract completion date			
	Contract Value			
3.4	Brief description of contract (max 150 words) including evidence as to your technical capability in this market.			
If you cannot provide at least one example, please briefly explain why (100 words max)				
3.5	<p>Please confirm your ability to meet the requirements in the specification:</p> <p>5. Compliance with Legal Requirements and NHS Directives</p>			

ANNEX B2

SPECIFICATION

This Specification will be inserted into the Contract.

SPECIFICATION

Doncaster & Bassetlaw Hospital NHS Foundation Trust (DBH) has a requirement to procure an Internal Audit Service.

The contract length will be three years with the potential of extending for a further two years (3 + 1 + 1).

1. Introduction

- 1.1 The Customer requires a comprehensive and efficient Internal Audit Service which will assist the Customer to meet its role and responsibilities, whilst maintaining the necessary level of professional independence.
- 1.2 The Supplier must ensure that it can meet the mandatory standards for NHS Internal Audit, as set out in the NHS Internal Audit Manual, The Public Sector Internal Audit Standards (PSIAS) and in subsequent amendments.
- 1.3 The Customer wishes to agree a Strategic Internal Audit Plan covering the next three financial years from **November 2021 to November 2024**. The Contract will be for a period of **three years**, with the option to extend for up to a further two years.

2. Content of Audit Programme

- 2.1 The audit programme carried out in any one financial year should contain all the following elements:
 - i) **Internal control system (Financial / Operational / Clinical and Others)**
To assess the quality of controls, test the degree of compliance with controls and evaluate, where necessary, the effect of non-compliance and the accuracy of information derived from the system.
 - ii) **Computer audit**
To assess the quality of application and installation controls in the context of the systems currently in use, and those being developed.
 - iii) **Value for money**
To seek potential for improved economy, efficiency or effectiveness in the systems currently in use, and those being developed.
 - iv) **Fraud and corruption**
To identify the potential for fraud and corruption, this should be investigated and reported on as necessary.
 - v) **Management information**
To evaluate the quality and usefulness of management information and the use to which it is put.
 - vi) **Security of assets and data**

To establish the level of security over assets and sensitive or confidential data (including patient-related data).

vii) **Compliance with legislation, policy and guidance**

To assess the degree of compliance with Acts, Regulations, Circulars and with national NHS and local policies and standards and relevant clinical accreditations, guidelines and standards.

viii) **Contractual arrangements**

The extent to which the Customer's interests are protected by legal and other agreements.

- 2.2 The Customer will look to the Internal Auditors for review, help and advice in meeting its requirements around Corporate Governance. The review of the Customer's internal control system should support the controls assurance statement to be included in the Customer's Annual Report and Accounts.
- 2.3 The Customer's basic financial systems should be reviewed each year. Minor financial systems will be reviewed on a cyclical basis. The frequency and depth of review of each system will be determined and by the risks associated with that system. This will form the basis on which the three-year Strategic and the annual Operational Audit Plans will be drawn up.
- 2.4 When the Customer is implementing new systems, it would look to Internal Audit for assurance that correct controls and procedures had been followed, and that the new system had been properly "implemented".
- 2.5 The majority of the Customer's systems are computerised, using personal computers (PCs) linked via a local network and, in some cases, NHS Net. Some of the software used is unique to the National Health Service. Internal Auditors shall arrange for suitably qualified and experienced computer auditors to support this area of review.
- 2.6 Clinical Governance Audits:
- 2.6.1 The Provider should have the technical ability to understand Clinical Risk
- 2.6.2 The Provider should have the technical ability and gravitas to challenge clinicians as appropriate
- 2.6.3 The provider should be able to demonstrate experience of having audited clinical risks and controls

3. Audit Planning

- 3.1 The Internal Auditors shall prepare a rolling three-year Strategic Audit Plan. The Internal Auditors shall arrange to consult with the Executive Team as part of the preparation on the Audit Plan. The draft Strategic Audit Plan should be submitted to the Customer's Director of Finance / the Customer's Chair of Audit and Risk Committee (ARC) for discussion and agreement no later than **two months** prior to the start of each financial year. The Strategic Audit Plan shall identify the systems to be reviewed, the planned depth of coverage and the resources to be allocated both in terms of time and in terms of the qualifications and experience of the staff undertaking the Audit Assignments.
- 3.2 The Supplier shall also at the same time prepare an annual Operational Audit Plan, to be submitted to the Customer's Director of Finance / Chair of ARC, for discussion and agreement. The annual Operational Audit Plan should conform to the outline of the three-year Strategic Audit Plan, whilst providing more detailed information on scheduled Audit Assignments and explaining any proposed variations from the original audit strategy.

3.3 Following agreement with the Customer's Director of Finance and Chair of ARC, both the three-year Strategic Audit Plan and the annual Operational Audit Plan will be presented to the Customer's Risk & Audit Committee for formal approval prior to the start of the relevant financial year.

4. Performance of the Audit Assignments

4.1 All Audit Assignments shall be performed using the systems audit approval whereby systems are documented, evaluated and tested, making use of statistical techniques and risk and materiality assessments. Permanent records shall be prepared by the Supplier to evidence each of these stages and these shall be available for inspection by the Customer's Director of Finance and Chair of ARC as required. Any deviation from this approach shall be formally agreed in advance with the Customer's Director of Finance.

4.2 The Supplier shall undertake sample testing of financial systems to provide the level of assurance commensurate with the financial risk assessed and ensure the records are sufficiently detailed to allow the External Auditors to re-perform the tests as required.

4.3 The Supplier shall undertake such reviews and checks as necessary to ensure the Customer's assets are adequately safeguarded against loss through theft, fire or abuse and verify the existence of such assets as part of the annual Audit Programme.

4.4 Due consideration shall be given to risk and materiality when planning Audit Assignments. At the end of each assignment, or programme of work as agreed with the Customer's Director of Finance, a formal evaluation of the quality of the system shall be made.

4.5 The dates when systems are to be reviewed shall be agreed in advance in writing with the Customer's Director of Finance to prevent disruption of the Customer's working patterns.

4.6 The Supplier shall notify the Customer's Director of Finance in advance in writing of any changes to previously agreed timetables.

5. Compliance with Legal Requirements and NHS Directives

5.1 When undertaking assignments the Supplier shall review the Customer's systems to ensure that they comply with guidance and directives as issued by the National Health Service Executive, the Department of Health and the Customer's Standing Orders and Standing Financial Instructions and procedures in addition to legal requirements.

5.2 The Standing Orders, Standing Financial Instructions and Fraud & Corruption Response Plan of the Customer shall also be reviewed to ensure completeness and accuracy and lack of conflict with such guidelines and directives as may be issued by the Department of Health and legal requirements.

6. Management of Audit Staff

6.1 The Supplier shall assign staff with the appropriate qualifications and skills to undertake the Internal Audit process. All planning and reporting processes shall be performed by a CCAB qualified accountant or MIAA qualified Auditor or similar with at least three years' post qualification experience, preferably in the public sector.

6.2 The Supplier shall ensure that an appropriate staff-mix ratio of qualified staff to unqualified/trainee audit staff is maintained throughout the duration of the Contract Period.

6.3 The Supplier shall ensure that all audit staff rigorously maintain standards to be expected from members of the profession and that they have special regard to any guidelines issued by the Auditing Practices Board of the CCAB.

6.4 The Supplier shall ensure that junior audit staff are adequately supervised and provided with suitable training and development opportunities before they engage in assignments on site.

7. Reporting

7.1 The Supplier shall be responsible for concluding each audit assignment up to and including the publication of a formal Audit Report with agreed recommendations and an action plan.

7.1.1 The Supplier shall submit a draft Audit Report to the Appropriate Manager prior to publication to allow for Manager Comment.

7.1.2 The Supplier shall publish Appropriate Manager comment in the body of the audit report.

7.1.3 The Supplier shall submit a formal Audit Report to the Appropriate Manager, the Customer's Director of Finance and members of the ARC within two months of an investigation being completed. .

7.2 The Customer shall be responsible for any follow-up actions necessary to ensure compliance with the Audit Report's recommendations.

7.3 The implementation or otherwise of the follow-up actions taken should be reviewed by the Supplier three months after the approval of the Audit Report (or as otherwise agreed with the Customer's Director of Finance), and reported back to the Customer's Director of Finance

7.4 On an on-going basis, the Customer shall maintain a log of outstanding follow-up actions and present this on a quarterly basis at the ARC meetings.

7.5 All Audit Reports shall provide a balanced view of the systems under review, clearly identify any weaknesses observed and provide sufficient detailed evidence to support conclusions.

7.6 The Supplier shall bring to the Customer's attention in the Audit Report any inefficient use of resources observed during assignments.

7.7 Where serious error or fraud is suspected it must be brought to the immediate attention of the Customer's Director of Finance and the Trusts appointed Counter Fraud Service and not delayed until the Audit Report is issued. Where the Supplier believes it is inappropriate to bring certain issues to the attention of the Customer's Director of Finance, the Supplier's investigations and conclusions shall be notified to the Chief Executive (CE), the Trusts appointed Counter Fraud Specialist and to the Chair of the ARC of the Customer, or in their absence to the Chair of the Customer.

7.8 All high-risk issues and any significant issues which could result in a no assurance opinion identified during the course of Internal Audit work will be brought to the immediate attention of the Director of Finance, and other senior officers as appropriate.

8. Formal Reporting Arrangements

8.1 In addition to the Audit Reports relating to specific assignments the Supplier shall provide the following information as a minimum:

- i) Monthly reports to the Customer's Director of Finance detailing progress of work carried out against the agreed annual Operational Audit Plan.
- ii) Quarterly reports to the Customer's Risk & Audit Committee detailing progress of work carried out against the agreed annual Operational Audit Plan and including executive summaries of all Audit Reports.

- iii) An Annual Audit Report to the Customer summarising the previous year's activity.
- iv) A Head of Internal Audit Opinion Statement in line with Department of Health reporting timeframes.

8.2 The form and content of these reports shall be jointly agreed in advance between the Supplier, the Customer's Directors of and the Chair of the Customer's Audit and Risk Committee.

8.3 The Supplier shall report to the Customer's Director of Finance in normal circumstances. However, under the provisions of the Customer's Standing Financial Instructions, the Head of the Internal Audit service has a right of direct access to all Risk & Audit Committee members, the Chair and the Chief Executive of the Customer.

9. Review of Quality of Internal Audit Service

9.1 The performance of the Supplier will be assessed by reference to the Key Performance Indicators agreed.

9.2 The Supplier shall submit written reports quarterly for discussion with the Customer's Director of Finance and Chair of ARC describing the performance of the Internal Audit service against the Key Performance Indicators, highlighting potential problems and suggesting improvements.

9.3 The Customer will, in addition, make an annual assessment of the quality of the Internal Audit service and report the outcome to the Supplier.

9.4 If the Supplier does not provide the Services in accordance with the Contract and, in particular, the Service Specification or at the times specified in the Contract, the Customer may, in part or whole, action the provisions of Clause 8 in the Framework Schedule 4 of the Contract.

10. Liaison with External Auditors

10.1 The Supplier shall ensure that its staff is fully aware of the importance of co-operation with the Customer's External Auditors, and that the staff provides all possible assistance in order that the External Auditors may place sufficient reliance on internal audit documents and records to avoid unnecessary duplication of work.

11. Provision of Ad Hoc Services

11.1 Such Services which may be required from time to time, but which lie outside the work detailed in the Supplier's annual Operational Audit Plan shall be referred to as "Ad Hoc Services" and charged for separately.

11.2 In all cases, the provision of Ad Hoc Services shall be discussed in advance between the Supplier and the Director of Finance in order to establish the number and level of staff and the number of audit days required.

11.3 Ad Hoc Services shall be charged for in accordance with the daily rate for such work, as detailed in the Offer Schedules.

Key Performance Indicators

The performance on Internal Audit Services will be assessed using the following Key Performance Indicators:

1. Quality Assurance

- Compliance with mandatory audit standards and professional standards prescribed by the main accountancy bodies and the Institute of Internal Auditors (IIA).
- The extent to which the External Auditors may place sufficient reliance on work undertaken by Internal Audit to avoid the unnecessary overlapping of work.
- Commitment to training and development of audit staff.
- Use of the latest techniques in audit work, e.g. statistical sampling, use of IT, etc.
- Audit work will be undertaken in compliance with the requirements of Public Sector Internal Audit Standards (PSIAS)

2. Achievement of Planned Audit-Day Targets

- Audit-day targets for individual Audit Assignments will not be exceeded by more than 5% without the express approval of the Customer's Director of Finance.
- The total approved audit-days in the annual Operational Audit Plan and three-year Strategic Audit Plan will not be exceeded.

3. Reporting Arrangements

- Clarity of style, avoidance of jargon and concise explanation of the issues are required in all Audit Reports.
- Quality of Audit Reports - the information provided should be relevant, practical and timely.
- Proper consultation / liaison with managers should take place in the preparation and following-up of all Audit Reports.

4. Recommendations

- The extent to which the Audit Report recommendations are accepted by the Customer as relevant and realistic to put into practice.
- The extent to which recommendations are successfully implemented and improve efficiency / yield savings to the Customer.
- The extent to which audit staff follow-up the implementation of the above recommendations.
- Audit follow-up work will be completed in line with agreed timeframes.

5. Staffing

- All staff assigned to the tasks deemed necessary for the provision of the Services have been selected with due regard being paid to their qualifications, experience and technical ability.
- Appropriate staff are made available for the purpose of discussions and meetings with service line managers relevant to the work carried out.
- Service Managers do not have to spend undue time explaining background to Internal Auditors.
- As far as possible and reasonable, a consistent team will be provided.

6. Supervision

- All audit work is properly controlled, monitored and reviewed by audit management.

7. Audit Protocol

- Proper conduct of Audit Assignments.
- Regular communications and effective interaction with managers.

- Professionalism demonstrated on Audit Assignments.

8. Response Times

- All general enquiries and requests for assistance shall receive a response within two working days.
- Audit staff shall, as far as is practicable, respond immediately to emergencies such as major frauds or losses etc, and in all cases within 24 hours.

9. Liaison with External Auditors

- The Supplier shall ensure that its staff is fully aware of the importance of co-operation with the Customer's External Auditors, and that the staff provides all possible assistance in order that the External Auditors may place sufficient reliance on internal audit documents and records to avoid unnecessary duplication of work.

10. Provision of Ad Hoc Services

- Such Services which may be required from time to time, but which lie outside the work detailed in the Supplier's annual Operational Audit Plan shall be referred to as "Ad Hoc Services" and charged for separately.
- In all cases, the provision of Ad Hoc Services shall be discussed in advance between the Supplier and the Director of Finance in order to establish the number and level of staff and the number of audit days required.
- Ad Hoc Services shall be charged for in accordance with the daily rate for such work, as detailed in the Offer Schedules.

Specification – Part 1: General

ANNEX B3

TENDER RESPONSE DOCUMENT

Note to Bidders: Your response to this Annex B3 will be included in Appendix 1 (Specification and Tender Response Document) of the Contract. As such, it will form part of your contractual obligations to the Customer if you are awarded a contract.

Bidders should respond in the boxes below (500 word maximum unless stated).

Technical Ability: 35% Weighting (Question weightings detailed in the blue boxes)

1. Please provide a summary of the Internal Audit Service you will provide to the Trust. Please individually address the Financial audit , Clinical audit and Operational audit aspects of the service you will provide :

25% - Summary of service
<i>Bidders must write their response in this box</i>

2. Please describe how you will meet the requirements of the audit plan described in the Specification and detail any additions you would recommend to the plan:

25% - Audit Plan Requirements
<i>Bidders must write their response in this box</i>

3. Please describe how you will meet the requirements to develop the three year strategic audit plan:

5% - 3 year Audit Plan
<i>Bidders must write their response in this box</i>

4. Please describe how you will meet the requirements to develop an annual operational plan:

5% - Annual Operational Plan
<i>Bidders must write their response in this box</i>

5. Please list the number of days provided annually as part of the fee along with the skill mix and job titles.

40% - Days and skill mix

Bidders must write the number of days in this box. A table showing the skill mix can be attached as Q5

Experience: 30% weighting (Question weightings detailed in the blue boxes)

6. Describe your experience of providing Internal Audit services within NHS Acute Trusts:

40% - NHS Acute Experience

Bidders must write their response in this box

7. Describe your experience of providing Internal Audit services within an NHS setting outside of an Acute Trust:

20% - NHS Experience – Outside Acute

Bidders must write their response in this box

8. Please provide CV's of qualified staff who would be assigned to this contract demonstrating experience and skill mix.

25% - CV

Please attach naming supplier_Q8_1

9. Please describe your policies on the continuity of staff and staff training:

15% - Continuity

Bidders must write their response in this box

Key Performance Indicators: 20% weighting (Question weightings detailed in the blue boxes)

10. Please describe how you will meet all Key Performance Indicators described in the specification:

60% - Meeting KPI's

Bidders must write their response in this box

11. Please recommend any additional/improved KPI's to the Trust

20%– Additional KPI's

Bidders must write their response in this box

12. What added value services would you bring to the Trust as part of the fee:

20%– Added Value

Bidders must write their response in this box

Implementation/Contract Delivery: 5% weighting (Question weightings detailed in the blue boxes)

13. Please describe the implementation process and provide a chart outlining Milestone/Deliverables/Duration (working days)/Milestone Start date and delivered date/Customer Responsibilities the tasks involved in implementation with timescales (ideally with a start date of 1st May 2016:

50% - Implementation

Bidders must write their response in this box & attach chart named Supplier_Q13_1

14. Please describe what information will be required from the Trust to commence the service:

5% – Go live information

Bidders must write their response in this box

15. Please describe how the contract will be managed to ensure audits are conducted in a professional and accurate manner and reports provide value to the Trust:

30% - Contract Delivery

Bidders must write their response in this box

16. Please describe how you will work effectively with the external auditors:

15% - External Audit

Bidders must write their response in this box

Management of Team: 5% weighting (Question weightings detailed in the blue boxes)

17. How do you manage the audit team to ensure Audit team members are providing a quality service?

50% Weighting - Team Management

Bidders must write their response in this box

18. How do you ensure the Trust constantly has a team with the correct skill mix to deliver an excellent service? Please individually address the Financial audit , Clinical audit and Operational audit aspects of the service you will provide :

50% - Team Skill Mix

Bidders must write their response in this box

Client Relationship: 5% weighting (Question weightings detailed in the blue boxes)

19. Please describe how you will work with the Senior Contract Manager within the Trust:

50% - Relationship

Bidders must write their response in this box

20. Please describe how you will ensure any issues/discrepancies are escalated within the Trust as per the specification

50% - Escalation

Bidders must write their response in this box

ANNEX B4
PRICING SCHEDULE

1 GENERAL INSTRUCTIONS

- 1.1 All pricing should be in pound sterling (£GBP).
- 1.2 Costs should be quoted exclusive of VAT. Please confirm this in your pricing schedule, and indicate if the project will attract VAT and at what rate.
- 1.3 All travel and expenses should be included (as per the framework Terms and Conditions)
- 1.4 Please note the prices quoted by your organisation shall be fixed for the lifetime of the contract (3 years). Any proposed alterations to the pricing schedule, must be agreed by both parties prior to commencement.

2 PRICING MODEL AND CONNECTED QUESTIONS

- 2.1 Please complete the following cost model. Please give information on your overall approach to the following:
 - 2.1.1 how charges will be calculated for each element of the services; and
 - 2.1.2 the proposed payment profile over time.
- 2.2 Please breakdown your price by completing the tables below. This should include your total charges for all of the services. **Please provide a separate breakdown of the staff grades and number of days included in the cost.**

Internal Audit Service	Number of Days	cost (£)	
Internal Audit Service		£	Per Annum
Additional Days Requested		£	Per Day*

*For information – is not part of the 30% score

- 2.3 Please advise any additional costings that are not included in the pricing model box above. Please note that all travel and expenses should be included in the rates.

Additional costings
<i>Bidders must write their response in this box(if applicable)</i>

ANNEX B5

CONFIDENTIAL AND COMMERCIALY SENSITIVE INFORMATION

1 INFORMATION SUPPLIED BY THE CUSTOMER

1.1 All the information that the Customer supplies as part of this contract may be regarded as Confidential Information as defined in Schedule 4 of the Framework.

2 INFORMATION THAT THE BIDDER CONSIDERS TO BE EXEMPT FROM DISCLOSURE

2.1 The Bidder considers that the type of information listed below is exempt from disclosure under the Freedom of Information Act 2000 ("**FOIA**") and/or the Environmental Information Regulations 2004 ("**EIR**") for the reasons given below.

Information considered exempt from disclosure (include page/paragraph reference)	Reason for FOIA/EIR exemption	Period exemption is sought

ANNEX B6

ADMINISTRATIVE INSTRUCTIONS

Note to Bidders: Please complete this Annex. If you are awarded a contract, the details you provide here will be copied into Appendix 1 of the Contract (Key Provisions).

1 CONTRACT MANAGERS

1.1 For the Supplier, the Contract Manager at the commencement of the Contract will be as follows:

Name	[Insert name]
Contact details	[Insert address, e-mail address]
Role	[Insert details]

2 NOTICES

2.1 Any served on the Supplier under the Contract are to be delivered to:

Name	[Insert name]
Address	[Insert address]
Role	[Insert details]

3 MANAGEMENT LEVELS FOR DISPUTE RESOLUTION

3.1 The management levels at which a dispute will be dealt with are as follows:

Level	Supplier representative
1	[Contract manager]
[2]	[Insert role]
[3]	

ANNEX B7

FORM OF TENDER

DECLARATIONS BY THE BIDDER (TO BE SIGNED AND RETURNED BY THE BIDDER)

FORM OF TENDER, NON-COLLUSION, CONFLICTS OF INTEREST AND ANTI-CANVASSING

DECLARATIONS

TO: Doncaster and Bassetlaw Hospitals NHS Foundation Trust

PROPOSAL FOR THE PROVISION OF: Internal Audit Services

REFERENCE NUMBER: XX

Form of Tender

We have examined the invitation to tender ("ITT") dated XX and all accompanying annexes and schedules. This tender is made subject to the terms of the ITT, including but not limited to the instructions to bidders.

We declare that to the best of our knowledge the answers submitted in response to the Eligibility Questions (Annex B1 of the ITT) are correct.

We tender against the requirements, and offer to enter into a contract with the Customer comprising the following:

- the NOECPC terms and conditions;
- the Specification (Annex B2 of the ITT) ([including our response to the Specification]);
- our responses to the Tender Questions and Responses schedule (Annex B3 of the ITT); and
- our response to the Pricing Schedule (Annex B4 of the ITT).

Accordingly, this Tender is a contractual offer capable of acceptance by the Customer. If the Customer accepts this Tender, we will execute any agreement that the Customer produces to record in one place the offer and acceptance.

We undertake to keep the tender open for acceptance by the Customer for a period of ninety (90) days from the deadline for receipt of tenders.

We understand that you are not bound to accept the lowest price, or any, tender.

Non-collusive tendering

In recognition of the principle that the essence of tendering is that the Customer, shall receive bona fide competitive tenders from all those tendering, we certify that this tender is a bona fide tender that is intended to be competitive.

We have not fixed or adjusted the amount of this tender under, or in accordance with, any agreement or arrangement with any other person.

We have not done, and we undertake that, we will not do at any time before the hour specified for the return of the tender any of the following acts:

- communicate to a person other than the Customer the amount or approximate amount of the proposed tender (except where the disclosure, in confidence, of the approximate amount of the tender was essential to obtain insurance premium quotations required for the preparation of the tender);
- agree with any person that they shall refrain from tendering or as to the amount of any tender to be submitted; and
- offer to pay or give any sum of money or valuable consideration directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to any other tender any act or thing of the sort described above.

Conflicts of interest

We acknowledge that we are responsible for ensuring that no conflicts of interest exist between us (and our advisers) and the Customer.

So far as any possible conflict of interest has arisen, we have notified the Customer promptly in writing of that potential conflict of interest and have taken any steps agreed with the Customer to avoid the conflict.

We acknowledge that if we fail to comply with this requirement, we may be disqualified from the procurement at the discretion of the Customer.

Anti-canvassing confirmation

We have not canvassed or solicited any member, officer or employee of the Customer, in connection with the proposed contract award and that to the best of our knowledge and belief nor has any person employed by us or acting on our behalf has done any such act.

We further undertake that we will not in the future canvass or solicit any member, officer or employee of the Customer, in connection with the proposed contract and that no person employed by us or acting on our behalf will do any such act.

Name of person duly authorised to sign tenders:

Date:

Name:

in the capacity of:

duly authorised to sign tenders for and on behalf of:

.....

By completing this Declaration and submitting your tender you have agreed that the statements in this Form of Tender are correct and that you have, and will continue to, comply with the Customer's policies on non-collusion, conflicts of interest and anti-canvassing.



QUALITY LEARNING AND SUPPORT FOR NHS GOVERNORS

GOVERNWELL

THE ANNUAL REPORT
AND ACCOUNTS
A GUIDE FOR GOVERNORS

January 2020

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BACKGROUND

The annual report, the annual accounts and the auditor's report on the accounts are important documents for foundation trusts (FTs). They provide accurate and comprehensive information on the trust's performance, business model and strategy to their members, patients, commissioners, taxpayers and other stakeholders. Governors are important users of these documents as they have been elected or appointed to represent these groups and have a statutory responsibility to hold the non-executive directors to account for the performance of the board of directors.

When these documents are published, they are compiled in a single document known as the annual report and accounts.

GLOSSARY AND ACRONYMS

Accounting officer	The person responsible for keeping proper accounting records, preparing the annual accounts for the FT, looking after FT's assets and for maintaining a sound system of internal control. In an FT, this is the chief executive.
Annual accounts	Documents prepared by the FT, showing its financial performance and financial position for the previous financial year.
Annual governance statement	A statement about the governance arrangements and internal controls the FT has in place to manage risk.
Annual report	A document produced by the FT that summarises its performance during the year and provides background information about its performance, business model and governance arrangements.
Asset	Something the FT owns, such as a building, equipment, cash or consumables.
Audit certificate	A certificate by the independent auditor that they have completed the audit in accordance with legal requirements.
Audit committee	A committee of the board of directors with responsibility for reviewing the integrity of the FT's financial statements and monitoring its performance, probity and accountability.
Audit opinion	The auditor's opinion of whether the FT's accounts show a true and fair view of its financial position. If the auditors are satisfied with the accounts, they will give an unqualified opinion.
External auditor	The independent auditor who reviews the accounts and issues a professional opinion on whether the accounts present a true and fair view. They are appointed by the governors.
Financial statements	Another term for the annual accounts.
FRAB	Financial reporting advisory board.
Going concern	An expectation that the FT will continue to operate for at least 12 months from the date of the accounts.
IFRS	International financial reporting standards.
Laid before parliament	Required by law to be reported in the proceedings of a parliamentary session.
Liability	Something the FT owes, for example a loan or an unpaid bill.
Reserves	An increase in overall value of the organisation since it was created.
Taxpayers' Equity	The total value of the FT, representing what the taxpayer has invested in it.
True and fair	A faithful and accurate account of what has happened.

WHEN ARE THE ANNUAL REPORT AND ACCOUNTS PRODUCED?

The annual reporting calendar runs from April to September. The calendar below is based on the reporting cycle for the 2018/19 annual report and accounts.

31 March	The year-end for all foundation trusts.
April	Foundation trusts prepare their annual accounts and annual report.
24 April	Deadline for sending draft annual accounts to NHS Improvement.
May	The external auditors carry out an audit of the accounts.
Late May	The audit committee reviews a draft of the annual report and accounts. The external auditor produces a report and their draft audit opinion.
Late May	The board of directors approves the annual report and accounts. The chief executive, as accounting officer, can then sign and date the statement of financial position and annual report as evidence of board approval. The accounting officer also signs the foreword to the accounts, the annual governance statement and the remuneration report.
29 May	Deadline for sending the audited accounts, the final text of the annual report and the report of the auditor to NHS Improvement.
25 June	Deadline for the receipt of the annual report and accounts to be laid before Parliament. Once laid before parliament, the annual reports and accounts cannot be changed.
Late June to early July	Foundation trusts' annual report and accounts are presented to the house of commons in a parliamentary session over a number of days and weeks.
19 July	Foundation trusts submit their final full annual report including full statutory accounts to NHS Improvement. These are then uploaded to the NHS provider directory on their website.
After the accounts have been laid before Parliament	The annual report and accounts and the report of the auditor are presented to the council of governors at a general meeting. Usually, this takes place at the annual members' meeting.

WHAT ARE THE LEGAL AND GOVERNANCE REQUIREMENTS?

Every FT is required to produce an annual report and accounts and make copies available to members of the public free of charge. NHS Improvement, the independent regulator of foundation trusts, provides guidance on the form and content of the annual report and accounts in the NHS foundation trust annual reporting manual (ARM). The annual report and accounts are produced and audited in the weeks following the year-end, which for all foundation trusts, is 31 March. The completed document is sent to NHS Improvement, along with the auditor's report on them. All FTs' annual report and accounts have to be laid before parliament before the summer recess and cannot be shared with the public until then.

The foundation trust

The legal requirements for foundation trusts in relation to its accounts are:

- 1** to keep proper accounts and proper records as directed by the regulator with the approval of the secretary of state
- 2** to prepare annual accounts as directed by the regulator with the approval of the secretary of state
- 3** to comply with any directions given by the regulator with the approval of the secretary of state as to the methods and principles according to which the accounts are to be prepared and the content and form the accounts.

NHS Improvement

The regulator, NHS Improvement, issues instructions to FTs about what needs to go into the annual report and accounts and the accounting standards it needs to follow in the ARM. This is updated annually and also gives a timetable for the production of the document.

NHS Improvement's instructions are aimed to ensure that the accounts present a true and fair view, which is a fundamental principle when preparing accounts, meaning that they give a faithful record of its transactions. This means that the accounts must comply with international financial reporting standards (IFRS) and the advice of the financial reporting advisory board (FRAB). This is to ensure that all foundation trusts are following the same rules and applying them consistently.

The accounting officer

The responsibility for keeping proper accounting records and preparing the annual accounts is delegated to the accounting officer, who in the FT is the chief executive. The accounting officer is responsible for spending public finances wisely, looking after the FT's assets and maintaining a sound system of internal control. These duties are stated explicitly in two of the disclosure statements that go into the annual accounts - the annual governance statement and the statement of accounting officer's responsibilities - both of which have to be signed by the chief executive.

The external audit and the role of the independent auditor

The external auditor's responsibilities are to satisfy themselves that the FT has:

- prepared its accounts properly
- made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The auditor must review the annual report to assess whether the information in it is consistent with the financial statements. The audit must be conducted in accordance with the National Audit Office's code of audit practice and legal requirements.

The audit committee

The audit committee reviews the annual report and accounts on behalf of the board of directors. To do this, they will look at the FT's accounting policies and practices and the reports of the internal auditors in their reviews of the financial reporting and financial management systems during the year. The external auditor reports the findings of their audit of the figures in the financial statements and the narrative being reported in the annual report to the audit committee just before the annual report and accounts are finalised for the board of directors to approve.

Although the external auditor reports to the audit committee, their primary responsibility is to the council of governors. It is important for governors and non-executive directors to understand the work that the external auditor has carried out on the annual report and accounts to help them in their duties to hold the board to account.

The board of directors

The board of directors must approve the annual report and accounts. When it does so, it is confirming that it is satisfied that the annual report and accounts give a fair, balanced and understandable assessment of the FT's position and prospects and of how it, as a board, has discharged its duty to promote the success of the foundation trust so as to maximise the benefits for its members and the public as a whole.

When approving the performance report in the annual report, directors are confirming that they agree with what is being reported about the strategic objectives, business plan, key risks and issues and context in which the FT operates. When approving the accounts, board members are saying that the financial management of the FT is operating effectively and that what is being reported is consistent with the information the board has seen over the previous year.

Laying before parliament

When complete, foundation trusts are required by law to lay a copy of the annual report and accounts with the report of the auditor on them, before parliament. As public benefit corporations, FTs are a type of statutory body whose annual report and accounts are classified as an act paper. This means that a full set of accounts, along with the annual report and the report of the auditor, must be sent as one document in hard copy to the parliamentary clerk by a strict deadline, usually at the end of June. It is then reported to the house of commons in a parliamentary session between that date and the parliamentary recess at the end of July. FTs cannot publish their annual report and accounts until this has taken place.

The council of governors

It's a legal requirement for the FT to present the annual accounts, the annual report and the report of the auditor on them to a general meeting of the council of governors. This happens at their annual members' meeting (sometimes called annual general meeting), which takes place after the annual report and accounts have been laid before parliament.

Trusts that merge or are taken over

FTs that merge or are taken over by another FT part-way through the year are still required to produce an annual report and accounts. The annual report and accounts will cover only the part of the year that they existed – sometimes this can be as little as one month – but the timetable is the same as if they had existed for a full year. In other words, from April to June in the following year.

Things to look out for in the annual report and accounts of FTs that have ceased to exist during the year include the following:

- They will still have a going concern statement and the report will be prepared on a going concern basis as the services provided by the FT during the period of the accounts will continue to be provided in the foreseeable future by the FT that has taken it over, using the assets as acquired by that FT.
- The signatures on the performance report, the directors' report, the statement of accounting officer responsibilities and the financial statements may not necessarily be the signatures of the chief executive and officers in place during the period covered by the annual report and accounts. The accounting officer signing these statements will be the chief executive of the successor organisation, who is expected to take steps to ensure they are able to obtain the necessary assurances to enable them to make the required disclosures.
- The independent auditor's report is to the council of governors of the new organisation as that is the council that was in place at the time the report was produced.
- The annual report will not include a quality report but instead should include a statement on the assurances it is giving to its successor organisation on the quality of its services.
- The annual report and accounts will be presented at a general meeting of the successor organisation alongside the successor organisation's annual report and accounts.

WHAT GOES INTO THE ANNUAL REPORT AND ACCOUNTS AND WHY?

The main objective of the annual report is to report on what the FT has done and is doing in order to meet its objectives and to demonstrate that it is adding value to its members, patients, public and other stakeholders. It provides context for the financial statements and information on corporate governance arrangements. It comprises three reports, as follows:

- Performance report
- Accountability report
- Quality report

The objective of the accounts is to present the FT's financial position, performance and development in accordance with International Financial Reporting Standards (IFRS). By using the same standards, the accounts for all FTs are consistent and comparable. This section usually comes after the annual report and also includes the report of the external auditor and their opinion on the accounts.

The annual report

Principles and purpose

The purpose of the annual report is to provide stakeholders with relevant information that is useful for assessing management's stewardship. FTs differ enormously in the way they structure and present their annual reports. The headings below reflect the NHS foundation trust ARM guidance on what must go into the annual reports, but individual FTs do not necessarily present their information in that order or under those specific headings.

Performance report

The performance report is intended to inform readers of the annual report and accounts and help them to assess how directors have performed their duty to promote the success of the FT. It provides information about the FT's objectives and strategies and the principal risks that it faces. It must also provide a fair, balanced and understandable analysis of the FT's performance. There are two sections to the performance report – an overview, which provides a short summary of the FT's purpose, objectives, key risks and performance and a performance analysis, which provides a more detailed narrative on how the FT measures its performance, what its key performance indicators are and a long-term trend analysis where appropriate.

Overview of performance

The overview is a short summary that provides the user with sufficient information to understand the FT's purpose, its key risks and how it has performed during the year. It includes a history of the FT, a description of how it is organised, its strategies and objectives and a summary of performance. The overview must include a statement on whether the financial statements have been prepared on a going concern basis and the reasons for this decision.

Performance analysis

The performance analysis provides more detail on the FT's performance, including information on its key performance measures and how they are checked. It includes information about environmental matters and the impact of the FT's business on the environment, along with information about social, community, anti-bribery and human rights issues, including information about any trust policies and the effectiveness of those policies. This section also includes information on any important events after the end of the financial year affecting the FT. If the FT has any overseas operations, it must provide details in this section.

Overseas operations

Moorfields Hospital NHS Foundation Trust has overseas operations in the Middle East in the United Arab Emirates.

These were referred to in their annual report and accounts for 2018/19 both in the overview of performance as part of the chief executive's statement, with more details being provided in the Performance Analysis section on its activities in Dubai and Abu Dhabi.

This section gave a narrative analysis of its investment in facilities and equipment, contractual arrangements, service developments, research activities and partnerships, along with some key performance indicators for this segment of their business.

Having overseas operations also affects the financial statements, requiring a note in the accounts on foreign exchange and how the exchange rate affects the statement of financial position.

Accountability report

The accountability report is made up of a number of disclosures confirming compliance with expected standards relating to the accounting records, legal and regulatory responsibilities and overall governance arrangements. It is made up of a number of individual reports, as detailed below.

Directors' report

This section contains the names of individuals who at any time during the financial year were directors of the FT, along with other disclosures that are not part of the performance report, such as compliance with the better payment practice code to pay invoices within 30 days, an overview of arrangements to ensure that services are well-led and information on developments and improvements in patient care and stakeholder relations. This section also includes a statement by the directors that they have disclosed all relevant audit information to the auditors and have taken all the steps that they ought to have taken to ensure they have met their duties as directors to exercise reasonable care, skill and diligence.

Remuneration report

This section discloses information about all individuals in senior positions having authority or responsibility for directing or controlling the major activities of the FT. They will include all members of the board, including non-executive directors and advisory board members. Details of salaries and fees, taxable benefits, bonuses, pension-related benefits and benefits for loss of office are shown. As this is personal information, the FT must inform those individuals in advance of this and advise them that they can object to disclosure under Article 21 of the General Data Protection Regulation (GDPR). If they do object, the fact that certain disclosures have been left out should be disclosed.

This section also gives details of the number of meetings, membership and attendance at the remuneration committee of the board, details of any internal or external advisors to the committee, an explanation of the remuneration policy for senior managers, information on duration of contracts, notice periods and termination payments.

This part of the annual report also includes information about governors and directors' expenses. Where one or more senior managers are paid more than £150,000 (the threshold in 2018/19), there should be an explanation in this section of the report on the steps the FT has taken to satisfy itself that this remuneration is reasonable.

Staff report

The staff report provides information on staff costs, staff numbers, statistics on gender, sickness absence data and policies relating to staff with disabilities, staff consultations, staff engagement and countering fraud and corruption.

This section includes performance information on health and safety and occupational health, staff survey results and statistics relating to officers who were engaged on off-payroll arrangements. This term is used for officers who are contractors rather than employees and is applicable for both self-employed contractors and those who are employed through an agency.

FTs are also required to disclose statistics relating to time spent on trade union work in this section.

FT code of governance disclosures

This section provides information about the FT's compliance with the FT code of governance (FT code), which is guidance produced by NHS Improvement stating best practice advice on corporate governance.

There is a lot of detail in the FT code that requires disclosure in the annual report, some of which will have been included in some of the other sections, like the performance report and the directors' report. Other parts of the FT code only need to be mentioned if the FT doesn't comply. This requirement is known as comply or explain, which means that if an FT hasn't complied with a code provision, it must explain the reasons why.

CASE STUDY

FT code of governance – disclosure and comply or explain

Many FTs that are affiliated to a medical school provided by a university have a non-executive director position on the board of directors that is a representative of that institution. The FT code of governance requires a disclosure statement to be made identifying each non-executive director it considers to be independent, with reasons where necessary and a comply or explain statement that at least half the board, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.

Both Moorfields NHS Foundation Trust and Cambridge University Hospitals NHS Foundation Trust have a non-executive director representing the medical school that they are affiliated with but have taken a different view of whether that individual is independent, resulting in a different type of disclosure in their 2018/19 annual reports.

Moorfields considered that their appointment did not meet independence requirements and that therefore their board did not comprise of a majority of independent directors. Their comply or explain statement discloses this and explains that 'if the independence of their individual might come into conflict with the matter being discussed, that this would be managed in line with the Moorfields constitution, trust policy and good practice guidance for addressing conflicts of interest'.

The statement made by Cambridge University Hospitals, on the other hand, is a disclosure statement only as 'the board of directors has determined that all of the non-executive directors are independent in character and judgement. This includes the appointed representative of University of Cambridge'. In other words, by considering the medical school representative to be independent, it has the required majority of independent directors on the board and therefore complies with the code. In both cases, the statement made has been open and transparent about the potential for an actual or perceived conflict of interest and although by considering their medical school representative to be independent, Cambridge University Hospitals did not need to comply or explain, their statement presents their position directly and succinctly.

The section on FT governance disclosures is particularly relevant to the governors as it describes the overall governance arrangements and how the FT complies with best practice. It also contains information on the council of governors and its members, including the name of the lead governor, attendance at meetings and how the council has discharged its duties to engage with members and the public over the FT's forward plan. Included in the disclosure requirements is a statement by the board of directors on the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the FT, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.

The board of directors is expected to monitor how representative the FT's membership is and the level and effectiveness of member engagement and report on this in the annual report. This is usually placed in the FT code of governance section but as information on staff membership duplicates some of the reporting requirements of the staff report, some elements can be found there.

CASE STUDY

Reporting on how representative the membership is

FTs are expected to monitor how representative their membership is and to report on this in the annual report.

In its 2018/19 annual report, East Suffolk and North Essex NHS Foundation Trust reported on the age profile of its members in its public constituencies and the demographic groups to which they belonged, and compared it with the population as a whole. It also published a map showing where the membership was predominantly located.

There was also a separate report on staff members in its staff report, which compared the FT's staff membership and its public membership, categorised by age, ethnicity and gender.

If the governors have exercised their power to require one or more directors to attend a governors' meeting for the purpose of obtaining information about the FT's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the FT's or directors' performance), this must be disclosed in this section of the report.

Unless reported elsewhere (e.g. in the directors' report) details of the process for performance evaluation of the board, its committees and directors, including the FT chair, need to be given here, along with details of any external facilitator that may have been used to conduct that evaluation.

NHS oversight framework

The oversight framework is the name given to the way NHS Improvement oversees NHS trusts and FTs to identify whether they need additional support. The framework reviews NHS organisations across five themes: quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability. Trusts are then categorised according to whether they are strong organisations requiring very little support (segment 1 – maximum autonomy), needing support in very few areas (segment 2 – targeted support), requiring significant support but not in special measures (segment 3 – mandated support) or have very complex support needs (segment 4 – special measures).

In this section of the report, FTs must disclose the segment that NHS Improvement has placed it in. If NHS Improvement has found the FT to be in breach or suspected breach of its licence, this should be disclosed in this section, with an explanation of the proposed actions to remedy this.

Statement of accounting officer responsibilities

The FT's accounting officer is the chief executive and this statement explains his responsibility for keeping proper accounting records, preparing the financial statements, including the duty to comply with the accounting standards issued by NHS Improvement.

Annual governance statement

This statement goes into the accounts after the statement of accounting officer responsibilities and before the financial statements, and is a narrative statement explaining how the accounting officer discharges his responsibility to maintain a sound system of internal control and what those governance structures look like. It describes the risk, governance and control framework and how the board gives leadership to the risk management process and how its quality governance arrangements work. It explains how the FT identifies, assesses and manages its principal risks and summarises what they are at the time the report is written. It also explains how the board, audit committee, other board committees charged with governance responsibilities work and declares any significant internal control issues affecting the FT.

Other voluntary disclosures

FTs are encouraged to include other disclosures at their own discretion on equality reporting and the Modern Slavery Act 2015. These can be presented on their own or as part of one of the other sections of the annual report.

Quality report

This section provides information about the quality of care provided by the FT and contains a statement on quality from the chief executive of the FT, priorities for improvement and statements of assurance from the board, other information relevant to quality and statements from commissioners, local health watch organisations and overview and scrutiny committees.

The quality report will also include a limited assurance report from the external auditors on the content of the report. This will report on whether anything has come to their attention that leads them to believe that the content of the quality report does not meet NHS Improvement's standards and/or is not consistent with other information sources.

Financial statements (the accounts)

Principles and purpose

The accounts are the financial statements of the FT and their purpose is to show the FT's financial position and performance during the past financial year.

Main financial statements and notes

The FT must produce four statements: a statement of comprehensive income, statement of financial position, statement of changes in equity, statement of cash flows, along with notes to the accounts which provide more detail on the entries in the financial statements and the accounting rules that it followed when preparing them. These are described in more detail below:

Statement of comprehensive income

This records the FT's income and expenditure for the year together with any other gains and losses. It includes cash and non-cash items. Those other recognised gains and losses are those that the FT has made but not yet realised, for example, if the value of assets has increased but the assets have not been sold so there is no cash profit.

Statement of financial position

This statement provides a snapshot of the FT's financial position at the end of the financial year and is sometimes referred to as a balance sheet. The top half shows the FT's total net assets (assets minus liabilities). The bottom half shows the taxpayer's investment in the FT and must equal the top half.

Assets are made up of non-current assets and current assets. Non-current assets are those that the FT expects to keep for more than one year and includes property, equipment and intangible assets, such as licences and patents. Current assets are those that the FT expects to keep for less than one year and includes stocks of consumable items, money owed to it by its debtors and cash.

Liabilities are made up of current liabilities and non-current liabilities. Liabilities that are due in less than a year's time are current liabilities and include things such as money owned by the FT for supplies and services it has purchased, overdrafts and amounts due on loans, finance leases or private finance initiative contracts. Non-current liabilities are those which are due in over a year's time and include long-term borrowings and provisions.

Taxpayers' equity has to match the total net assets shown in the top half of the balance sheet. It is made up of public dividend capital, which represents the net assets of the FT when it was first established as a NHS trust. The rest of it is usually made up of reserves, such as the income and expenditure reserve, which is the surplus or deficit it has accumulated since it was established as a NHS trust. Another reserve is the revaluation reserve, which represents a net increase in the value of property, plant or equipment over its historic cost.

Statement of changes in equity

The taxpayers' equity is the total value of the FT and represents the taxpayers' investment in it. This statement gives a breakdown of how the taxpayer's investment in the FT changed over the year. The value of the taxpayer's equity is made up of what the reserve was originally when the NHS trust was established, with adjustments for any surpluses or losses. Other things that can make the taxpayers' equity go up or down include, among other things, any gains or losses from having land and buildings revalued, any gains or losses from selling property and any share of income from associated companies or joint ventures that the FT is a part of.

Statement of cash flows

This statement shows the movement of cash flowing in and out of the FT during the financial year. Not everything that is reported in the statement of financial position involves cash (e.g. when a property is revalued or equipment is written off) and not every cash transaction is reported in the statement of financial position (e.g. if a payment is made in advance). This statement explains how much cash is held in the FT's bank accounts at the end of the year and whether that has gone up or down.

Notes to the financial statements

The notes explain the accounting rules that the FT has followed when preparing its accounts and provide more detailed information on the assumptions underlying the entries in the financial statements.

The accounting policies will be based on IFRS and guidance from NHS Improvement in the annual reporting manual. The notes to the financial statements provide analysis and breakdown of certain types of transactions and entries.

Independent auditor's report

The external auditor is appointed by the council of governors. The independent auditor's report is addressed to the governors and explains the scope of their audit and gives an opinion on whether the financial statements give a true and fair view of the FT and have been prepared according to the standards set by NHS Improvement. The auditors also state in their report whether the information in the performance review and directors' report is consistent with the financial statements and whether there is anything in the annual governance statement that is inconsistent with what they know about the FT. These statements produce the audit opinion and will be qualified if the auditors have any concerns about the accuracy of the accounts and the way they have been prepared.

Along with the audit opinion, the external auditor must certify that they have completed the audit in accordance with the National Audit Office's code of audit practice and legal requirements. This is known as the audit certificate and will also be qualified if the audit opinion is qualified. It may also be qualified for other reasons, for example when concluding whether the FT has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and has prepared its quality report in accordance with NHS Improvement guidance.

CASE STUDY

Trusts in special measures

Trusts that have been placed in special measures present the external auditor with a dilemma, as the code of audit practice requires the auditor to be satisfied that proper arrangements have been made for securing economy, efficiency and effectiveness in their use of resources.

Where a CQC inspection has rated the FT as inadequate, the auditor considers this to be compelling evidence of weaknesses in arrangements for planning and deploying resources to provide a good quality of service. In these cases, the auditors are almost certain to report an adverse conclusion to this aspect of their audit and will give a qualified conclusion in the independent auditor's report to the council of governors.

WHAT SHOULD GOVERNORS LOOK FOR IN THE ANNUAL REPORT AND ACCOUNTS?

To be able to hold the non-executive directors to account for the performance of the board, governors need to be informed about the overall performance of the FT, which is reported in the annual report and accounts, along with details of the strategy and business model that the board has agreed for the FT.

Section of the report	Principles and purpose	Component parts	What governors need to look for
<p>Annual report:</p> <p>Performance report</p>	<p>The purpose of the performance report is to provide stakeholders with relevant information about the strategy, activities and performance of the Trust.</p> <p>This is useful for assessing management's stewardship and whether the interests of members and the public have been served.</p>	<p>Performance report</p>	<p>This section gives context and background to the FT, reports on performance, as well as an overview of its strategy, objectives and risks to those objectives. This is where you will find details of environmental and sustainability initiatives and how the FT deals with social, community, anti-bribery and human rights issues.</p> <p>The strategic part of the performance report should be familiar to governors from the annual plan and from the FT's engagement with them over forward plans.</p> <p>The important thing for governors is that this section should have nothing in it that is surprising and that they are reading about for the first time.</p> <p>This section will highlight any potential areas for governor involvement in the year ahead e.g. Significant transactions, mergers, acquisitions, separations, dissolutions and increases in non-NHS income. Governors will need to ensure that their business calendar for the year ahead has made arrangements for these matters.</p> <p>It is in this section that directors will report that the FT is a going concern.</p>

Section of the report	Principles and purpose	Component parts	What governors need to look for
<p>Annual report:</p> <p>Accountability report</p>	<p>The accountability report is where the FT explains how it complies with the law and regulatory standards and gives an open and transparent account of how it is run.</p>	<p>Directors' report</p>	<p>This section contains information about members of the board of directors, which will be of interest to governors when forming a view about the board's performance.</p> <p>Information of particular interest will include the skills and background of board members, their other commitments, potential or actual conflicts of interest and their attendance record at board and committee meetings. Governors should direct any concerns regarding the information in this section to the FT chair or the senior independent director.</p>
		<p>Remuneration report</p>	<p>This section provides information about the cost of the board of directors. Details of directors' remuneration are provided in this section, along with details of any performance incentives, termination payments and costs of advisors to the board.</p> <p>Governors are responsible for chair and NED remuneration and the board's remuneration committee is responsible for chief executive and executive director remuneration. If governors have concerns about the costs of the board, they may want to ask members of the remuneration committee for an explanation.</p> <p>Governors will be able to see their own expenses in this section, as well as those of the directors.</p>
		<p>Staff report</p>	<p>This section provides an analysis of staff costs and numbers. Information on sickness absence is provided here, along with staff time spent on trade union duties, expenditure on consultancy and off-payroll engagements and exit packages. Specific disclosures are required relating to policies for the employment of disabled persons.</p> <p>This section provides a commentary and summary of the FT's performance against the national NHS staff survey, including action plans to address areas of concern, future priorities and targets.</p> <p>This is of particular relevance to staff members of the FT. If the FT is reporting a deteriorating position or a position which is significantly worse than the national average, governors may want to ask the non-executive directors to explain the board's plans to address this.</p>

Section of the report	Principles and purpose	Component parts	What governors need to look for
<p>Annual report:</p> <p>Accountability report (continued)</p>		<p>FT code of governance disclosures</p> <p>NHSI oversight framework</p>	<p>This section describes overall governance arrangements in the FT and how the FT complies with best practice in the FT code.</p> <p>Disclosures relating to governance arrangements which not covered elsewhere in the annual report must be included here. This will include information about the council of governors and its membership, attendance at meetings, how the board engages with governors and members to understand their views and membership engagement in general. If governors have exercised their power to require one or more directors to attend a governors' meeting to discuss performance, this needs to be disclosed here.</p> <p>This section will also include information on how representative the FT's membership is of the population that the trust serves. If there is a particular group of the population that the Council feel may be unrepresented, it should use this information to help inform the FT's membership strategy and consider the actions the FT needs to take to remedy this.</p> <p>If not included elsewhere, this section will explain how the board has evaluated its performance and that of its directors along with details of any external evaluator they may have used. Given that governors have a responsibility to hold the NEDs to account for the performance of the board, this disclosure will be of particular interest.</p> <p>The principle of comply or explain means that the FT must explain if it does not comply with the FT code.</p> <p>The board of directors is responsible for governance and is free to depart from the FT code if it has good reason to. If the governors have concerns about the areas of non-compliance and are not satisfied with the explanation, they may want to discuss it further with the FT chair.</p> <p>This section provides commentary and disclosure on the FT's ratings against the NHS Improvement's oversight framework. If the trust is in breach or suspected breach of its licence, this must be disclosed in this section.</p> <p>Governors of FTs that are in special measures or in breach of their licences need to be assured that there are actions being taken by the board of directors to address the underlying issues and that this is a topic under regular discussion by the council of governors.</p>

Section of the report	Principles and purpose	Component parts	What governors need to look for
Annual report: Accountability report (continued)		Statement of accounting officer responsibilities	This is a disclosure statement that requires the chief executive, as accounting officer to explain their responsibility for preparing the financial statements and follow the instructions given by the regulators in that regard.
		Annual governance statement	<p>Along with the NHS FT code of governance disclosure (see above), the annual governance statement will be of most interest to the governors as it contains a lot of information about how the board of directors fulfils its governance responsibilities, which is an important aspect of the performance of the board.</p> <p>This statement provides background information about the risk, control and governance framework in the FT, the responsibilities of board committees, what the board considers to be the principal strategic risks affecting the FT and significant control issues which the board is concerned about.</p> <p>If governors have any questions about governance arrangements and board performance, they should raise them with the FT chair and NEDs.</p>
Quality report	The quality report is a detailed report on the quality of care and is intended to improve public accountability for the quality of care.	Quality report Limited assurance report from the external auditors	<p>This section provides detailed information about the quality of care provided by the FT, its priorities for improvement, the results of reports from the Care Quality Commission (CQC), staff and patient surveys and complaints.</p> <p>If the FT is reporting negative feedback, a deteriorating position in its quality performance indicators or performance which is not in line with its plans, governors may want to ask the non-executive directors to explain how the board is planning to deal with this.</p>

Section of the report	Principles and purpose	Component parts	What governors need to look for
The accounts	The accounts are the financial statements of the Foundation Trust and their purpose is to show the FT's financial position and performance during the past financial year.	Main financial statements: <ul style="list-style-type: none"> ● Statement of comprehensive income ● Statement of financial position ● Statement of changes in taxpayers equity ● Statement of cash flows 	<p>These statements summarise the FT's financial performance for the past year. If the FT is reporting a deteriorating position or performance which is not in line with its plans, governors may want to ask the non-executive directors for an explanation.</p> <p>In the statement of comprehensive income, governors will be able to see how much of the FT's income is from non-NHS sources and whether it is close to needing a vote from the governors to increase its percentage.</p> <p>If governors have any concerns about this part of the report, they should direct them to the chair of the audit committee and/or external auditor.</p>
		Notes to the accounts	<p>Although the technical information about accounting rules is likely to be of limited interest to governors, the notes also contain a more detailed analysis and breakdown of certain types of transaction.</p> <p>Of interest to governors will be, among other things, income from non-NHS sources and any costs of an exceptional nature.</p>
Independent auditor's report	This is where the external auditor gives an opinion on the financial statements and the annual report.	<ul style="list-style-type: none"> ● Scope of the audit ● Opinion on the financial statements ● Opinion on other matters prescribed by the code of audit practice ● Matters on which they are required to report by exception ● Audit certificate 	<p>This report is addressed to the council of governors and will have been reported to them at the end of the external audit.</p> <p>Governors need to pay particular attention to any part of the report that is qualified as that means the auditors have concerns about aspects of the annual report and accounts. Other details governors need to look out for include matters reported by exception and any report in the public interest.</p>

SOURCES

Code of Audit Practice (National Audit Office)
The NHS Foundation Trust Code of Governance
NHS Foundation Trust Annual Reporting Manual
NHS Foundation Trust Accounting Officer memorandum
Your Statutory Duties: a reference guide for NHS foundation trust governors
National Health Service Act 2006
Health and Social Care Act 2012

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.



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January 2020

COUNCIL OF GOVERNORS

Minutes of the meeting of the Public Session of the Council of Governors
Held on Wednesday 11 November 2020 14:30hrs
Via Microsoft Teams Videoconferencing

Present:

Chair	Suzy Brain England – Chair		
Public Governors	Peter Abell	Linda Espey	Steve Marsh
Via Starleaf	Dennis Atkin	David Goodhead	David Northwood
	Mike Addenbrooke	Jackie Hammerton	Pauline Riley
	Philip Beavers	Maria Jackson James	Lynne Schuller
	Hazel Brand (Lead Governor)	Lynne Logan	Mary Spencer
	Mark Bright	Beverley Marshall	
Staff Governors	Kay Brown	Sophie Gilhooly	
	Duncan Carratt	Vivek Panikkar	
Partner Governors	Rob Coleman	Alexis Johnson	Susan Shaw
	Tina Harrison	Ainsley Macdonnell	Clive Tattley

In attendance:

Board Members	Richard Parker OBE – Chief Executive
	Jon Sargeant – Director of Finance
	Pat Drake, Non-Executive Director and Senior Independent Director
	Sheena McDonnell – Non-Executive Director
	Neil Rhodes – Non-Executive Director
	Kath Smart – Non-Executive Director
	Emma Shaheen – Head of Communications and Engagement
	Kirsty Edmondson Jones – Director of Estates and Facilities
	Ken Anderson – Acting Chief Information Officer
	Mark Bailey – Non Executive Director
	Fiona Dunn - Company Secretary

In attendance:	Dan Spiller – Ernst Young, External Audit
	Rosalyn Wilson – Corporate Governance Officer (Minutes)

Apologies:

Governor Apologies	Anthony Fitzgerald	Phil Holmes
	Geoffrey Johnson	Victoria McGregor Riley

Board Member Apologies	Karen Barnard - Director of People and Organisational Development
	David Purdue – Deputy Chief Executive and Director of NM&AHP

Rebecca Joyce – Chief Operating Officer
Dr Tim Noble – Medical Director

ACTION

CC11/11/A1 Welcome and Apologies for Absence (Verbal)

Suzy Brain England, Chair to the Board welcomed all to the meeting and advised that Dan Spiller from Ernst Young would be providing an update on the Annual Audit Letter and would take questions from Governor on the paper.

CC11/11/A2 Declaration of Governors' Interests (Enclosure A2)

Lynne Schuller advised that one of her declarations was missing and has now been added for future meetings.

The Council:

- ***Noted and confirmed the Declaration of Governors' Interests.***

CC11/11/A3 Actions from previous meetings (Enclosure A3)

There were no outstanding actions on the Public Council of Governors action log.

CC11/11/B1 Annual Audit Letter 2019/2020 to the Council of Governors (Enclosure B1)

Dan Spiller from Ernst Young provided an update on the report. The ISA260 positive conclusion had not changed since presenting at the year end audit and Risk Committee (ARC) on 4 June 2020 and confirmed that this was the final report from EY for 2019/20.

It was advised that the purpose of this annual audit letter was to communicate to the Council of Governors the key issues arising from the external audit work which should be considered and then brought to the attention of the Trust.

Suzy thanked Dan Spiller for the update and asked the Council of Governors for questions.

Bev Marshall advised that as a Public Governor observer on the Audit and Risk Committee he has seen the work completed over the last 12 months and is assured with the progress the Trust is making and the audits are a good contribution to the Trust.

Mark Bright commented that the Trust had reported a good year from the outcome of the report.

Dan Spiller responded that the external auditors were not concerned with the changes into the threshold and the miss interpretation of data from the Department of Health and Social Care.

Peter Abell asked that the Trust provides on behalf of the council of governors a congratulatory letter to the Finance Team for their hard work to maintain growth in the Trust.

Suzy Brain England asked the Governors if there were any more questions. No further questions and the Council were asked to receive the report.

Dan Spiller thanked Jon Sargeant and the Finance team for the open working relationship which had enabled the audit work to be continued throughout COVID-19.

Kath Smart advised that as the Chair of the Audit and Risk Committee the external audit was a good positive outcome.

Richard Parker asked that the minutes record the positive comments and the thanks to the Finance team.

The Council:

- ***Received the Annual Audit.***

CC11/11/C1 Reports on Activity, Performance and Assurance Presentation (Enclosure C1)

The Council of Governors were presented updates on the Trust performance since the last meeting and the key points were noted from each presenter; the Non-Executive Directors updates.

Richard Parker, Chief Executive

Verbal update of the current COVID-19 data as of 11am 11 November 2020

- Current Covid-19 patients: **212**
- Total Covid-19 patients in Intensive Care: **18**
- Total Covid-19 discharges: **872**
- Total number of patients who have died: **381**
- Total number of patients who have been cared for: **1,467**

The Trust October activity was noted.

- By mid-October the Trust had the 3rd highest bed occupancy in the country. 98.6%.
- Testing capacity is being focused on in the following areas, Emergency, Cancer and Urgent Services.
- Daily review meetings stepped back up, plus four times a day operational meetings.
- Maternity Services returning to Bassetlaw on 2 November.

- New COVID-19 diagnostic equipment on Trust sites.
- Flu vaccination programme for all staff.
- Road side parking restrictions relaxed again with DMBC.
- Ward areas being provided sandwich bags.
- All staff to have a wellbeing risk assessment.

Suzy Brain England, Chair to the Board

- Key message to staff, visitors and communities – Hands, Face, Space.
- The Trust is recruiting two Associate Non-Executive Directors in line with the Trust People Plan.
- Welcoming new Governors to meetings and the new digital normal.
- Thanked the local communities for supporting the Trust.
- Big thank you to all DBTH staff for unswerving dedication.

Hazel Brand, Lead Governor

- Welcome to new and re-elected Governors to their first full Council of Governors.
- Update on the Governwell conference.
- Training and development sessions update.
- Trust Board Office reviewing the Governor Observers on committees.
- Update on how Governors can help in wave two.

Neil Rhodes, Non-Executive Director, Deputy Chair to the Board and Chair Finance and Performance

- Update on performance challenges and what is discussed to support the delivery of KPIs including 52 week breaches and RTT.
- Focus on embedding new ways of working including Out Patient Clinics, drive through testing and diagnostics.
- Four hour A&E wait performance improving.
- Work required on ambulance delays.
- Internal Audit given significant assurance on the recent audit COVID Financial Controls and systems.

Pat Drake, Non-Executive Director, Chair Quality and Effectiveness

- Observed the Clinical Governance Committee and Patient Experience and Engagement Committee
- Attended in capacity of Non-Executive Director two QI events within the maternity team.

- Clinical Specialities Division presented and update on Governance to the Quality and Effectiveness Committee (QEC).
- Recent Complaints deep dive and further update and review to QEC in February 2021.
- Stabilisation and Recovery on the QEC agenda as a standing agenda items for every meeting.
- Changes within the Senior Leadership team within the Director of Nursing structure and a warm welcome to Abigail Trainer, Deputy Chief Nurse.
- Focus on Patient Safety Learning, Mortality Governance and Safer Staffing.
- Learning Disabilities strategy will be reviewed at QEC along with the other Mental Health Strategies.
- Although the People Committee has been formed, workforce assurance will still be presented to QEC.
- ReSPECT and End of Life Care will be presented at QEC at the end of November.
- Research and effectiveness will continue to come to QEC.

Kath Smart, Non-Executive Director, Chair Audit and Risk Committee

- Cyber Security presented to Audit and risk Committee (ARC) in October and update given on the work plan for 2020/21.
- The Internal Audit programme had re-commenced for Quarter 2.
- Counter Fraud prevention and detection assurance is ongoing with update given on the work done within the remit of the Local Security Management Specialist.
- Health and Safety have realigned their reporting for the ARC committee for more consistency in data.
- Declarations of Interests was discussed and will be addressed by the Medical Director.
- Four internal audit reports presented and representative teams moving forward with the outcomes.
- Council of Governors will be required to appoint the External Auditors during 2021.

Sheena McDonnell, Non-Executive Director, Chair People Committee

- Now the Chair of the new People committee that will focus on, People Plan, Staff Survey, Absence and Freedom to Speak up FTSU.
- Ongoing work with FTSU to support staff within areas that have raised concern.

- Promote the positive work being done with the Health and wellbeing committees and Equality and Diversity.
- New Equality and Diversity Lead starting in the Trust end of November.
- Fred and Ann Green will be chaired by Mark Bailey at the next meeting.
- Trust has appointed a new Fundraiser.
- Fred and Ann Green will link in with the Charitable Funds Committee.
- Fred and Ann Green have sponsored a star that will be illuminated at Mexborough Montague throughout December and also made a donation to the Memorial Gardens.

Suzy Brain England asked the Council of Governors for questions.

No questions raised.

The Council of Governors:

- ***Noted the update on the Trust activity and performance.***

CC11/11/D1 Minutes of Council of Governors held on 24 September 2020 (Enclosure D1)

No changes to note.

The Council of Governors

- ***Noted the minutes as a true copy.***

CC11/11/D2 Minutes of the Annual Members Meeting held on 24 September 2020 (Enclosure D2)

No changes to note.

The Council of Governors

- ***Noted the minutes as a true copy.***

CC11/11/D3 Chair & NED Objective Setting and Appraisal Process (Enclosure D3)

The Council of Governors were asked to approve the paper.

The Governors approved the paper presented.

The Council of Governors

- ***Approved the Chair and NED Objective setting and appraisal process.***

CC11/11/E1 Questions from members or the Public (verbal)

There were no questions submitted by the public for today's meeting.

CC11/11/F1 Any Other Business (Verbal)

DBTH Governor Showcase Video

Fiona Dunn advised the Council of Governors about the work that had been undertaken and the reason behind the making of the showcase video. Governors were sent the link to watch the video.

CC11/11/F2 Items for escalation to the Board of Directors (Verbal)

There were no items raised for the Board of Directors.

CC11/11/F3 Date and time of next meeting:

Date – 28 January 2021

Time – 15:00

Venue – Microsoft Teams - Videoconferencing

CC11/11/G Meeting Closed 17:00

Governor Questions and Answers



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Reference	Meeting Source	Date of Meeting	Question	Answer	Who Answered?	Date sent to CoG
P20/05/13i	Board of Directors	19/05/2020	Can the Board confirm that every patient leaving hospital would be tested for COVID-19 before they go out into the community, and that every elderly patient leaving care, who would be tested, would not go to a care home with COVID-19 on the premises, if they were negative? How would that be administered and who would oversee the process?	The Trust follows the PHE guidance on swabbing patients. We swab all patients on admission and if negative, again between day 5 and 7. We then re-swab all positive patients at day 14. We have worked with public health to ensure pathways to care homes were safe. We were also supporting a number of care homes with IPC training and review of practices.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/05/13ii	Board of Directors	19/05/2020	How were supplies of PPE in reserve now? As last week there were two days' supply of the equipment, and when can the Board be confident they can begin to start routine procedures?	There were daily updates on PPE availability reported to the Silver Cell (pandemic control centre) every day including the weekend. We also undertake daily stocktakes in all the clinical areas. There were National shortages of PPE at different times of different stock but currently our levels were sufficient. We would plan to commence elective work when directed from the National bodies.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/05/13iii	Board of Directors	19/05/2020	What was currently happening for cancer patients, who were waiting for in-hospital treatment? When were they going to start getting it routinely and do we know the numbers that were put on hold for chemotherapy, etc.?	<p>During Covid19, all suspected cancer pathway work the 2week-wait clinics and medical imaging (where appropriate) continued, but only emergency and urgent operations continued. Most cancer patients fall into the urgent category. For some specialties such as gynaecology, many cancer patients were brought forward and treated whilst the Trust was preparing for Covid19 and before elective operating was scaled down significantly. This enabled the focus on the most urgent patients during the peak of the Covid19 outbreak to keep all patients safe. Only emergency endoscopic procedures proceeded during Covid19 as they were aerosol generating procedures. All cancer tumour groups review the referrals coming in and the patients held on waiting list to ensure we were seeing the most clinically urgent patients and to keep a regular check on the patients waiting. Site specific teams have adopted national guidance and there were local standard operating procedures on how to manage patients in accordance with risk stratification. For example, CNS teams have maintained contact with patients to ensure their well-being was regularly monitored and risks managed. There were information reports which help our clinical teams manage the deferred patients.</p> <p>In terms of inpatient chemotherapy on Ward 18 this had not been affected by Covid19. Patients requiring day case haematology procedures on Chatsfield have been assessed and in some cases chemotherapy regimens adjusted by clinicians in line with risk assessments and national guidance on management during Covid19.</p> <p>The Trust was increasing the volume of routine outpatient work it does and currently planning this with divisions. Additional urgent endoscopy work was planned for early June. We were also planning how we scale up routine diagnostic and surgical work. There was some emerging evidence regarding increased mortality risk if COVID was contracted pre or post operatively. Hence we don't have a clear date for increased routine operating but were working hard to develop safe and consistent plans internally and with partners.</p>	Rebecca Joyce, Chief Operating Officer	28/01/2021
P20/05/13iv	Board of Directors	19/05/2020	With the lower than average attendance at ED, was it possible to say how many absences were for serious illnesses and how many for what might be termed inappropriate attendances (including weekend drinkers the worse for wear, etc.)?	The patients attending ED were generally via ambulances for patients who require to attend. There was an overall reduction in patients attending and we have taken part in a number of campaigns to encourage people primarily, with heart, stroke, gastro conditions and children to attend if they have an urgent need.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/05/13v	Board of Directors	19/05/2020	In the return to normal, was there a timetable for re-instating services at their original location, e.g. maternity services back to Bassetlaw Hospital? Might some of the 'emergency' changes become permanent?	We were currently undertaking reviews of the decisions we made as a result of Covid19 and when it was feasible to return to the previous way of working. A decision like moving maternity services cannot be just made permanent and would require public consultation by the CCG.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/06/13i	Board of Directors	16/06/2020	With reference to the Integrated Quality & Performance Report, which asks Is the Trust providing a quality service for the patients? and the COVID-19 update... If an operation has been delayed due to the current crisis, how does the patient get advice if they feel that their problem has worsened? Should, as a matter of course, the Trust be giving advice and updates to people whose procedures have been delayed?	When a patient is listed for a procedure, it doesn't detract from the primary care support to admission or pre-operative assessment, and therefore if the condition changes or worsened, the first port of call for a patient would be their primary care physician. All services remain as normal. The Trust does not offer advice or guidance on the procedures that have been delayed. Dr T J Noble added that patients do frequently contact the Consultant Secretaries and advice is always given if asked for.	Richard Parker, Chief Executive Officer	28/01/2021

P20/07/13	Board of Directors	21/07/2020	Could the NEDs most closely involved with monitoring this data [waiting list, RTT targets, and diagnostics performance] assure governors that, coming out of the worst of the COVID pandemic, every effort is being made to improve on these figures and over what time period? Every one of these figures represents a patient.	No Trusts would reach the national performance standards for waiting lists for some time and added that the same process for recording these figures would not likely continue. It was important that Governors understood that the size of the waiting list was affected because during the pandemic there were very minimal referrals to the Trust, resulting in a spike in referrals since the end of lockdown. This would be the same for other performance measures such as 4-hour access and diagnostics. It was reiterated that patients would be seen in the order of emergency care followed by clinically urgent care, in which cancer care sits, followed by the date of referral. The Chair advised that assurance would be provided to Governors through the presentations delivered at the Council of Governors meeting to take place on 23 July 2020.	Richard Parker, Chief Executive Officer	28/01/2021
P20/09/13i	Board of Directors	15/09/2020	Share Race Equality Code (item B1) with governors and great to hear that governors can be part of an early adopter, if the Board decides to pursue this.	It was agreed that a presentation would be arranged for Governors to receive the information on the Race Equality Code.		28/01/2021
P20/09/13ii	Board of Directors	15/09/2020	Comment from a governor, who had been impressed with all the training and online communication; I've also been impressed with communications out to the public. She would like to see more communication about how we were getting through waiting lists now, similar style to the numbers used for COVID patients. I think it would instil confidence to the public, particularly on Facebook.	This was noted.		28/01/2021
P20/09/13iii	Board of Directors	15/09/2020	Richard and Jon have commented on Pathology, and it's in the ICS report. In the media Test & Trace had been called a shambles, and there were reports of insufficient supplies of the necessary reagent to carry out the tests. What was the situation for patients from Doncaster and Bassetlaw? Can they get a test if required?	The Chief Executive advised that the testing described in the media was lighthouse testing in which members of the public can receive a test off site, following a telephone call to a central organiser. It had been identified as problematic due to structure and support being diverted to other areas that required it. The NHS lab provision for testing had performed well throughout the pandemic with significant increases in capacity and the CEO and BOD formally record our thanks to the staff involved.	Richard Parker, Chief Executive Officer	28/01/2021
P20/09/13iv	Board of Directors	15/09/2020	Becky had given some figures on the return to normal – could these figures be included in the minutes or sent to governors? Against various measures in the Performance Exception Report, performance was below expected targets – for obvious reasons. How do these performance levels compare with other FTs? In other words, these were national issues and DBTH patients were not unduly disadvantaged.	It was confirmed that the performance figures were included within the Integrate Quality and Performance Report to Board on a monthly basis.		28/01/2021
P20/09/13v	Board of Directors	15/09/2020	Very clear paper and accompanying slides on the NHS People Plan but could this be a topic of a briefings for governors at some point. Also on the role of the Medical Examiner?	It was agreed that a presentation would be arranged for Governors to receive the information on the NHS People Plan.		28/01/2021
P20/09/13vi	Board of Directors	15/09/2020	People Sub-committee – there was no mention of having a governor (or 2) as observers, although the Chair and I had discussed this in our online meeting last week. Can we have confirmation that governors would be involved?	It was noted that there would be Governor representation at the People Committee.		28/01/2021
P20/09/13vii	Board of Directors	15/09/2020	Was there an upper limit on the number of Associate NEDs?	It was noted that there would 2 positions recruited to.		28/01/2021
P20/10/13i	Board of Directors	23/10/2020	Does the Board expect that patients would be updated as to when their treatment would be planned to commence? And would there be monitoring in place and reports available?	The Chief Operating Officer advised that all patients whose treatment was delayed were contacted initially via text, and would receive further communications regarding their care. The Trust would continue to work with the Primary Care Network to jointly review some patients care plans. The monitoring of patients was done so via the Ethical Framework Committee as part of its recovery efforts and checks were undertaken on patients regularly to see how they are. Performance data was reported as part of the Integrated Quality and Performance Report each month.	Rebecca Joyce, Chief Operating Officer	28/01/2021

P20/10/13ii	Board of Directors	23/10/2020	There was a perception that the Trust was not doing as much working from home, where possible, as in other Trust's in South Yorkshire and wondered what the Trust Policy on this was? And following the report regarding NHS workers requiring time to recharge their batteries, what additional measures would be implemented?	<p>The Director of People and Organisational Development advised that colleagues had been asked to return to site to ensure that there remained a team connection, however as South Yorkshire had moved into Tier 3 regulations, a focus had been taken on the 'work from home' guidance, but would include that there must be regular presence on site where required to support front line services. Working from home was encouraged where colleagues can appropriately fulfil their role.</p> <p>It was advised that colleagues were encouraged to take annual leave to recharge, but that the offer for staff to carry over their annual leave was an option, as some colleagues were reluctant to take time off as they were unable to take holidays away from home. Wellbeing conversations formed part of the line manager's role to ensure that all colleagues were well.</p> <p>The Chief Executive noted that not all colleagues have the opportunity to undertake their role away from site and therefore the primary responsibility was to ensure that they were supported to do their roles. The 'work from home' guidance would take effect but noted that there was a 24/7 requirement for additional administration and support functions.</p>	Karen Barnard, Director of People and Organisational Development and Richard Parker, Chief Executive Officer	28/01/2021
P20/10/13iv	Board of Directors	23/10/2020	Is there any correlation with the patients currently being treated at DBTH, ie age, location, places they have visited etc?	Hazel suggested to the governor that this is a question for public health, ie DMBC. The Free Press ran an interview with Dr Rupert Suckling, which answered these points.	Hazel Brand, Lead Governor	28/01/2021
P20/11/H3i	Board of Directors	17/11/2020	Was the Trust learning anything form these serious incidents and falls?	Hazel Brand noted that this had been extensively covered in the Director of NMAHPs report.	Hazel Brand, Lead Governor	28/01/2021
P20/11/H3ii	Board of Directors	17/11/2020	Super surge plan – had anything been done on development of intermediate care to facilitate timely discharge?	The Director of NMAHPs advised that the Strategy and Transformation Team had undertaken some work with Partners to look at intermediate care steps and what the requirements were for the future. The Trust would take over the work that the CCGs commenced several years ago to look at outcomes measures which was a positive step. The outcomes would be measured based on value added in terms of patient pathways. This work would continue and anticipate that the outputs would be finalised by April 2021.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/11/H3iii	Board of Directors	17/11/2020	Was there anything that might identify why a 1/3 of the medical wards have a RAG rating of amber or red?	It was unknown what this specific question was in reference to and would be picked up outside of the meeting to provide an accurate response. Post meeting note: The statement related to the Skin Integrity Assessment as part of the IQAT, the reason for 6 wards not being green was due to lack of audits during the period. This was primarily due to the activity on the ward areas due to Covid19. Additional support had been identified for these areas.	David Purdue, Deputy Director of NMAHPs	28/01/2021
P20/12/H3(i)	Board of Directors	15/12/2020	Would the Quality and Effectiveness Committee review videoconference and consultations in maternity services?	The Chief Nurse advised that those plans had been implemented.	David Purdue, Chief Nurse and Deputy CEO	28/01/2021
GQ1	General Question	03/12/2020	What is the guidance regarding a COVID-19 ward and our general wards in relation to whether it was safe to take home the patients clothes to wash, with the risk of COVID-19.	Any laundry for a patient on the ward should be placed in a red water-soluble laundry bags on the ward. These can then be placed directly in the washing machine. Otherwise, they should be placed in a sealed plastic bag and left untouched for a minimum of 72 hours and then opened and placed directly into the washing machine. Relatives should always practice good handwashing techniques as well at all times when handling these bags.	Stacey Nutt, Depurt Dirctor of Nursing (Patient Experience)	28/01/2021
GB/21/01/07/1	eObservation Update	07/01/2021	Can you tell us what the e-Observation roll-out programme looks like?	I refer you to the first 2 slides. February will see the whol eo surgery go live (excluding Trauma and Orthopaedics). T&O next, then more difgtally complex areas (need IT integration of systems) will be Paediatrics and Maternity. But no timescales yet.	Dr Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services	28/01/2021
GB/21/01/07/2	eObservation Update	07/01/2021	Is e-obs written from scratch, in house, or based on an off-the-peg system?	The system has a framework which is based on the national Early Warning Score (V2) for actions like when observations should be done and who is expected to respond. But there are many aspects that are customisable by us - especially the handover section - where much other data is entered. IN addition we have requested that Nervecentre change names of aspects of the system so as not to be clinically misleading. So in summary - some fixed aspects - but very customisable.	Dr Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services	28/01/2021
GB/21/01/07/3	eObservation Update	07/01/2021	I believe that there are other almost hidden benefits in eObs that it allows for de briefs across the trust allow for an intuitive, supportive employer	The massive amount of data contained can give really valuable insights - only limited by our curiosity and imagination.	Dr Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services	28/01/2021

GB/21/01/07/4	eObservation Update	07/01/2021	Can you tell me what the business intelligence package is that they've used?	The system I've used is Microsoft Power BI	Dr Lee Cutler, Consultant Nurse / Lead Nurse Critical Care Services	28/01/2021
GB/21/01/12/1	Maternity Update	12/01/2021	Statistically women are at greater risk of further abuse from a perpetrator during in pregnancy or post pregnancy when an abuser may also fixate on new borne infant during the mother's period of lactation. Having read the slides there is no reference made to this issue or indeed any mention in passing. Would it be appropriate to raise this by of a question at the end of the presentation or is dealt with in other presentations? I would also like some clarification on domestic abuse awareness training being offered and accessed by the Maternity Services across DBTH?	Guidance has been issued to healthcare professionals on domestic abuse during virtual working. Midwives receive annual safeguarding training. Due to current Covid19 restrictions, there is more opportunity for midwives to ask the questions without partners present.	Lois Mellor, Director of Midwifery	28/01/2021
GB/21/01/12/2	Maternity Update	12/01/2021	Any male midwives?	Yes one, who is now one of our bereavement midwives	Lois Mellor, Director of Midwifery	28/01/2021
GB/21/01/12/3	Maternity Update	12/01/2021	Am I right in thinking that midwifery training would be a 4 year course? and that a nurse changing to midwifery would have do complete an extra year of training?	Midwifery direct entry 3 year course. Conversion from nurse to midwife 18 months course (now very limited universities offer), only other option is to do 3 year course. There are very few of us that are dual trained now (nurse & midwife).	Lois Mellor, Director of Midwifery	28/01/2021
GB/21/01/12/4	Maternity Update	12/01/2021	Interesting the reduction in the attrition has there been an improvement which can be shown through the staff survey.	We are still waiting for this years but last year there was a significant improvement in the staff survey from the previous year	Lois Mellor, Director of Midwifery	28/01/2021