

**NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS MEETING**

**Meeting Date:** 29 April 2015

**Title and Author of Paper:** Annual Plan Review 2015-2016 - Board Declarations (Declaration of Sustainability, Availability of Resources and Interim and/or Planned Support)

Lisa Quinn, Executive Director of Performance and Assurance

**Paper for Debate, Decision or Information:** Decision

**Key Points to Note:**

- As a part of the submission to Monitor of the Trust's Operational Plan 2015/16 the Board are required to submit Declarations relating to the following:
  - A Declaration of Sustainability
  - A Declaration relating to the availability of resources
  - A Declaration relating to interim and/or planned term support requirements, if required.
- To facilitate the completion of the Declarations the attached report includes evidence to support the Board's decision regarding the Declarations.
- On the basis of the evidence provided it is recommended the Board declares:
  - Sustainability-On the basis of the plans set out in the Operational Plan 2015/16, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years time.
  - Availability of Resources- After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.
  - Interim and or planned term support requirements-The Trust has no interim and or planned term support requirements.

**Outcome required:**

.Approval of Board Declarations and submission to Monitor as a part of the Trust's Operational Plan 2015/16.

# Northumberland, Tyne and Wear NHS Foundation Trust

## Annual Plan Review 2015-2016 Board Declarations

### 1. Introduction

The Board of Directors are required to submit a Declaration to Monitor relating to the following:

1. Declaration of Sustainability;
2. Continuity of Services Condition 7-Availability of Resources Statement;
3. Declaration of interim and/or planned term support requirements (If required).

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

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

## **2. The Board Declarations**

### **(i). Declaration of sustainability**

**The Board declares that, on the basis of the plans as set out in this document (The Operational Plan 2015/16 ), the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years time.**

### **(ii). Continuity of Services Condition 7-Availability of Resources**

**EITHER:**

**(iiA)-**

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

**OR**

**(iiB)-**

**After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking account particular (but without limitation)any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.**

**OR**

**(iiiC)-**

**In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.**

### **3.Overview of Evidence:**

These Declarations link to the following:

The approval by the Board of Directors of the Trust's Operational Plan 2014-2017 and 5 Year Strategic Plan 2014-2019 together with Monitor's review and feedback on those plans;

The review and approval by the Board of Directors of the Trust's 1 Year Operational Plan 2015-2016, the Finance Plans 2015-2016 and the Budget for 2015-2016.

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

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

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

Registration with the Care Quality Commission;

The Board being satisfied that the Trust shall at all times during 2015/16 remain a going concern, as defined by relevant accounting standards in force from time to time.

Internal and external audits including the audit of the Trust's Annual Accounts, Quality Account and Annual Governance Statement;

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

#### **4.Recommended Declarations**

On the basis of the evidence cited below it is recommended that the Board of Directors declare:

##### **Declaration of sustainability**

**The Board declares that, on the basis of the plans as set out in (this document) the Operational Plan 2015/16 , the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years time.**

##### **Continuity of Services Condition 7-Availability of Resources**

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

##### **Interim and or planned term support requirements**

**The Trust has no interim and/or planned term support requirements.**

## **5. The detailed evidence to support the recommended Declarations**

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

### **Link to the Board Assurance Framework and Corporate Risk Register**

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

The Trust has identified its major strategic risks, and these are monitored and maintained and managed through the Board of Directors Assurance Framework and Corporate Risk Register, supported by Group and directorate risk registers. The principal risks identified as at April 2015 are shown below. The Assurance Framework and Corporate Risk Register also identifies the mitigating key controls, gaps in control and assurance and how we manage these.

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

Key Risk SO1.2.-That we do not effectively engage commissioners and other key stakeholders leading to opposition or significant delay in implementing service model review changes and other major planned service changes.

Key Risk SO1.5-That we do not effectively develop and manage the capital development programme, including generating capital and controlling expenditure, in order to deliver first class environments.

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

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

Key Risk SO2.3-That the implementation of PbR for mental health impacts on the Trust's financial stability.

Key Risk SO2.5-That the impact of personal health budgets has an adverse impact on long term financial stability.

Key Risk SO2.6-That we do not follow financial procedures and processes.

Key Risk SO2.7-That we do not meet compliance and performance standards and/or misreport on these through data quality errors.

Key Risk SO2.8-That we do not meet significant statutory and legal requirements.

Key Risk SO2.9-That we enter into unsound or ineffective business partnership arrangements, leading to possible income loss, reputation risk, and patient safety risk.

Key Risk SO2.10-That we do not effectively monitor and review progress in implementing the IBP and supporting strategies.

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

Key Risk SO3.2-That we do not sufficiently develop the capability of management and clinical teams to deliver change, including embedding leadership skills across the Trust.

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

Key Risk SO3.4-That staff have a lack of key skills and knowledge, including a low uptake of statutory and mandatory training.

Key Risk SO3.5- That staff do not comply with employment legislation and follow Trust Hr policies and management guidance.

Key Risk SO4.1-That we do not deliver effective Trust wide communication and involve our staff.

Key Risk SO4.2-That we do not effectively communicate with and involve service users and carers.

Key Risk SO4.3-That we do not effectively communicate and involve our Council of Governors and Foundation Trust members.

Key Risk SO4.4-That we do not effectively communicate with and consult the public and their representatives on service changes, resulting in opposition/delay/judicial review.

Key Risk SO5.1-That there are risks to the safety of service users and others if the key components to support good patient safety governance are not embedded across the Trust.

Key Risk SO5.2-That there are risks to the safety of service users and others if we do not have safe and supportive clinical environments.

Key Risk SO5.3-That there are risks to the safety of service users and others if the key components to support good care co-ordination are not embedded across the Trust.

Key Risk SO5.4-That there are risks to the safety of service users and others if the key components to support good Safeguarding and MAPPA arrangements are not embedded across the Trust.

Key Risk SO5.5- That there are risks to the safety of service users and others if clinical policies and procedures are not accessible, clear and understandable, with effective processes in place to ensure that they are implemented.

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

Key Risk SO5.7-The risk that high quality, evidence based and safe services will not be provided if we do not have robust clinical effectiveness processes in place, including the implementation of NICE guidance.

Key Risk SO5.8-That there are adverse impacts on clinical care due to potential future changes in clinical pathways through changes in the commissioning of services.

Key Risk SO5.9-That the impact of the financial climate on individuals and partner organisations increase demands on the Trust's services, affecting the delivery of high quality and safe services.

Key Risk SO5.10-That we do not have effective governance arrangements in place to maintain safe services whilst implementing the Transforming Services Programme.

Key Risk SO6.1-That we are unable to implement real time, integrated clinical and management information for teams, reducing effective decision making.

Key Risk SO6.3-That we do not further develop integrated information systems across partner organisations.

Key Risk SO6.4-That staff do not follow Information Governance, Caldicott and IMT policies and procedures.

Key Risk SO7.1-By not maintaining and developing effective relationships and partnerships with key stakeholders at strategic levels, we do not progress social inclusion.

The Trust's principal risks are reviewed and updated through the Trust's governance structure.

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

### **External Assurance**

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

### **Strategic/Operational and Financial Plans**

The Trust's Annual Plan/Operational Plan, including Long Term Financial Model is reviewed by Monitor. The Board of Directors reviewed and approved the Operational Plan for 2014-2017 at its meeting on the 26<sup>th</sup> March 2014. The 5 Year Strategy 2014-2019 was approved by the Board of Directors at its meeting on the 25<sup>th</sup> June 2014.

The Trust submitted to Monitor in 2014 an Operational Plan for 2014-2017 and 5 Year Strategy 2014-2019. Monitor conduct an Annual Review process with the Board of Directors as a part of their assurance process. No significant issues were raised by Monitor in their Annual Review 2014/15.

The Board of Directors reviewed and approved the Operational Plan for 2015-2016, the Finance Plans 2015-2016 and the Budget for 2015-16 at its meeting on the 25th March 2015.



Monitor have advised that they will be providing feedback on their review of the Trust's Operational Plan 2015/2016 following submission.

#### Monitor's Risk Assessment Framework

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

#### Annual Governance Statement

The Audit Committee reviewed the Annual Governance Statement 2013/14 at its meeting on the 23<sup>rd</sup> April 2014 and confirmed that it was consistent with the Committee's view on the organisation's system of internal control with a view to recommending the draft Statement to the Board of Directors.

The Board of Directors adopted the draft Annual Governance Statement at its meeting on the 30<sup>th</sup> April 2014. The Annual Governance Statement was subsequently reviewed by the Trust's External Auditors, as a part of the statutory audit and the Audit Committee recommended approval of the Statement to the Board of Directors. The Board of Directors approved the Annual Governance Statement at its meeting on the 28<sup>th</sup> May 2014.

#### Trust's Quality Report (Quality Account)

The Trust's External Auditors performed an independent assurance engagement in respect of the Trust's Quality Report (Quality Account) for the year ended the 31<sup>st</sup> March 2014 and certain performance indicators contained therein. The External Auditors confirmed that nothing had come to their attention that caused them to believe that the Quality Report had not been prepared in line with the guidance, was not consistent in all material affects with the sources specified in the guidance and the indicators in the Quality Report subject of limited assurance had not been reasonably stated in all material respects in accordance with the guidance. The Board of Directors approved the Quality Account 2013/14 at its meeting on the 28<sup>th</sup> May 2014.

### Going Concern/Annual Accounts

The Audit Committee agreed at its meeting on the 19<sup>th</sup> March 2014 to inform the Board that the Trust could be regarded as a going concern and the year-end account 2013/14 should be prepared on that basis. The Board of Directors approved the Annual Accounts 2013/14 and the signing of the Management Representation Letter at its meeting on the 28<sup>th</sup> May 2014.

The Trust's External Auditors audited the Trust's financial statements for the year ended 31<sup>st</sup> March 2014 and the Audited Annual Accounts 2013/14, including the Auditor's report were published in the Trust's Annual Report and Accounts 2013/14.

The Audit Committee agreed at its meeting on the 18<sup>th</sup> March 2015 to inform the Board that the Trust could be regarded as a going concern and the year-end account 2014/15 should be prepared on that basis. The Board of Directors agreed at their meeting on the 25<sup>th</sup> March 2015 that the year end accounts should be prepared on an ongoing concern basis.

### Care Quality Commission Registration

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

### **Assurance from the Trust's Internal Audit Programme 2012/13–2014/15**

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

<b>2012/13</b>	
<b>Audit Reference</b>	<b>Audit Topic</b>
<b>1213NTW01</b>	<b>Risk Management</b>
<b>1213NTW07</b>	<b>Non pay expenditure-Central Procurement Function</b>
<b>1213NTW31</b>	<b>Purchase Cards</b>
<b>1213NTW35</b>	<b>Performance Management</b>
<b>1213NTW44</b>	<b>NHS Agreements and Agreements for Non Healthcare and Diagnostic Services</b>
<b>1213NTW45</b>	<b>Financial Reporting and Budgetary Control</b>
<b>1213NTW46</b>	<b>Financial Ledger</b>
<b>1213NTW47</b>	<b>Treasury and Bank Account Management</b>
<b>1213NTW48</b>	<b>Accounts receivable</b>
<b>1213NTW49</b>	<b>Accounts Payable</b>
<b>1213NTW50</b>	<b>Pay Expenditure</b>
<b>1213NTW82</b>	<b>Local Counterfraud Pro-active Exercise: Compliance with Hospital Travel Cost Scheme Procedure</b>

<b>2013/14</b>	
<b>Audit Reference</b>	<b>Audit Topic</b>
<b>1314NTW11</b>	<b>Financial Management arrangements for National Institute for Health Research, Clinical Research Networks Funding</b>
<b>1314NTW12</b>	<b>Central Cashiers Function-St Nicholas Hospital</b>
<b>1314NTW14</b>	<b>PFI Contract monitoring Follow Up</b>
<b>1314NTW15</b>	<b>Management and monitoring arrangements for lease car scheme</b>
<b>1314NTW16</b>	<b>Processes for Prevention, Handling and Recovery of Salary Overpayments</b>
<b>1314NTW17</b>	<b>Patients' monies and belongings</b>
<b>1314NTW18</b>	<b>Independent Assurance of Trust compliance against its Terms of Authorisation</b>
<b>1314NTW20</b>	<b>Business Continuity Management-Follow Up of Management Actions</b>
<b>1314NTW30</b>	<b>Monitor Declaration</b>
<b>1314NTW31</b>	<b>Monitoring compliance with Risk Management Policy</b>
<b>1314NTW41</b>	<b>Non Pay Expenditure-Central Procurement Function</b>
<b>1314NTW42</b>	<b>Asset Management</b>
<b>1314NTW48</b>	<b>Financial Ledger</b>
<b>1314NTW49</b>	<b>NHS Healthcare Agreements and Agreements for Non Healthcare and Diagnostic Services</b>
<b>1314NTW80</b>	<b>Local Proactive Fraud Report</b>

<b>2014/15 (Received as at March 2015)</b>	
<b>Audit Reference</b>	<b>Audit Topic</b>
<b>3086</b>	<b>Fraud referral involving Time and Attendance and eRostering-no fraud implications.</b>
<b>1415NTW13</b>	<b>Cost Improvement Programme</b>
<b>1415NTW29</b>	<b>Hard Truths-Safer Staffing</b>
<b>1415NTW34</b>	<b>Performance Indicators-Rolling Programme</b>
<b>1415NTW36</b>	<b>NHS Healthcare Agreements and Agreements for Non Healthcare and Diagnostic Services</b>
<b>1415NTW76</b>	<b>Expenses Claims (Counter Fraud)</b>
<b>1415NTW41</b>	<b>Patients Monies and Belongings Guidance</b>

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

**Audit Committee Meeting 18 March 2015 (Draft Minutes)**

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

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

**Board of Directors Public Meeting 25 March 2015 (Draft Minutes)**

Minute Ref 37/15 Quality, clinical and patient issues

i) Safer Staffing Report

The contents were noted by the Board.

Minute Ref 38/15 Performance and assurance

i) Performance Report

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

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

i) Transformation Programme Update

The contents were noted by the Board.

ii) Business Planning for 2015/16

a) One Year Operational Plan

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

b) Financial Strategy and Budgets

Following discussion, the Board approved the plans.

iii) Business Case: Improving the Northumberland Dementia Pathway

Following discussion, the Board approved the Business Case.

Minute Ref 40/15 Workforce Issues

i) National Staff Survey Results

The contents were noted by the Board.

ii) Equality and Diversity Standard

The contents were noted by the Board.

iii) "Speak Easy" Events

The contents of the report were noted by the Board.

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

There were no issues to discuss.

**Board of Directors Closed Meeting 25 March 2015 (Draft Minutes)**

Minute Ref 28/15 Quality, clinical and patient issues

i) Serious Case Reviews

The contents of the report were noted.

Minute Ref 29/15 Workforce Issues

i) Employment Tribunals update (by exception)

The contents of the report were noted.

Minute Ref 31/15 Board Committees

i) Audit Committee

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

ii) Finance Infrastructure and Business Development

There was nothing specific to highlight.

iii) Mental Health Legislation

The Board to receive a presentation on the revised Code of Practice, published in January 2015, at a forthcoming development session.

iv) Quality and Performance

The Committee had noted how difficult the environment is becoming for staff as illustrated by three recent incidents involving radicalisation or bomb making.

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

## **Board of Directors Public Meeting 25 February 2015**

Minute Ref 23/15 Quality, clinical and patient issues

i) Safer Staffing Report

The contents of the report were noted.

Minute Ref 24/15 Performance and Assurance

i) Performance Report

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

ii) CQC Registration Reports

Following discussion the Board approved the submission for the removal of Cherry Knowle site from the Trust's registration.

Minute Ref 25/15 Strategy and partnerships including commercial and business development

i) Violence Prevention Strategy

The Board approved the Strategy.

ii) Clinical Risk Management Strategy

The Board approved the Strategy.

iii) Draft High Level 1 Year Operational Plan, 2015/16 February Submission

Following discussion, the Board approved the High Level One Year Operational Plan 2015/16 to be submitted to Monitor.

Minute Ref 26/15 Workforce issues

i) National Staff Survey Results

The contents of the report were noted by the Board.

Minute Ref 27/15 Regulatory

i) Loan Approval: Support to NTW's 2014/15 Capital Programme

The Board approved the Loan from the Independent Trust Finance Facility and the proposed delegated authority.



Minute Ref Minutes/reports for information

i) Council of Governors' issues for discussion (if any)

John Lawlor reminded the Board that the Council of Governors meeting on the 10<sup>th</sup> March included a session on the role of the Non Executive Director.

### **Board of Directors Closed Meeting 25 February 2015**

Minute Ref 17/15 Quality, clinical and patient issues

i) Independent Investigation update

The contents were noted by the Board.

Minute Ref 18/15 Workforce issues

The Board agreed the approach of a “without prejudice” confidential meeting with a view to settlement.

Minute Ref 19/16 Any Other Business

ii) Board Skills Set

There was a full discussion on the qualifications, skills and experience required for each Non-Executive Director vacancy to the Nominations Committee.

### **Quality and Performance Committee Meeting 18 February 2015**

Minute Ref 28/15 Corporate Risk Register and Board Assurance Framework

Copies of the Corporate Risk Register and Board Assurance Framework were received by committee members with the agenda and the content of the paper was discussed with the Committee.

### **Board of Directors Public Meeting 28 January 2015**

Minute Ref 8/15 Quality, clinical and patient issues:

i) Quality and Safety Report

The contents of the report were noted and in particular the reduction in the number of serious incidents, the identification of themes, adverse incidents where incidents with harm are decreasing, the Sign up to Safety initiative and safety of transformation.

ii) Safer Staffing Report

The contents of the report were noted.

iii) Safer Staffing Skill Mix Review

The contents of the report were noted.

iv) Quarterly Service User and Carer Experience

The contents were noted by the Board in particular the various sources of information.

v) Annual Quality Account

The contents of the report were noted.

Minute Ref 9/15 Performance and Assurance

i) Performance Report

The report for the position to 31<sup>st</sup> December 2014 and the finance dashboard were presented. The contents of the report were noted and in particular that for Monitor's Risk Assessment Framework, the Trust had a continuity of services (finance) risk rating of "4" and a governance risk rating of "green".

ii) Update on Well Led Framework for Governance Reviews

The report included an update on the draft initial desk top assessment, associated actions and an outline of a specification to be the basis of a tender document for the appointment of independent external reviewers. The contents were noted by the Board.

iii) Reference Costs

The report included the contributing factors to the Trusts reference costs being the second highest in England. The contents were noted by the Board.

Minute Ref 10/15 Strategy and Partnerships including Commercial and Business Development

i) Transformation Programme Update

The contents were noted by the Board.

ii) Strategic Planning Update 2015/16

The contents were noted by the Board

iii) Older Peoples Functional Inpatient Services move from Rosewood to Mill Cottage

The Board approved the Business Case.

Minute Ref 11/15 Workforce Issues

i) Management of Sickness and Absence

The Board noted ongoing initiatives and that monitoring of sickness levels will continue through the monthly performance report.

Minute Ref 12/15 Regulatory

i) Quarterly Report to Monitor

The Board approved the submission to Monitor for Quarter 4.

ii) National Violence against Staff Survey

The contents were noted by the Board.

iii) Approval of Loan for new Autism Unit at Northgate & Prudhoe NHS Trust The Board approved the loan and the proposed delegated authority.

Minute Ref 13/15 Minutes/reports for information:

i) Council of Governors' minutes

ii) Local Safeguarding Update reports

The Board noted the contents

### **Board of Directors Closed Meeting 28 January 2015**

Minute Ref 6/15 Quality, clinical and patient issues

i) Serious Case Review and Domestic Homicide Update

The contents were noted by the Board.

Minute Ref 7/15 Strategy and Partnerships including Commercial and Business Development

i) Draft Operational Plan including NHS Planning Guidance

The Board noted the contents of the report and that the 3 page high level draft Operational Plan based on the full year 1 year Operational Plan would be brought back to the Board in February for approval.

ii) Communications discussion document

The Board noted the contents of the report.

Minute Ref 8/15 Workforce Issues

i) Employment Tribunal Update

The Board noted the contents of the report.

Minute Ref 9/15 Any Other Business

i) Board Skill Set

Regarding future Non Executive Director vacancies it was noted that a search adviser would be appointed in February with a view to advertising in March.

Minute Ref 10/16 Board Committee Minutes

i) Audit Committee

The Chair of the Audit Committee highlighted issues from the September 2014 meeting.

ii) Finance Infrastructure and Business Development Committee

The Chair of the Finance Infrastructure and Business Development Committee highlighted issues from the last meeting.

iii) Mental Health Legislation

The Trust Chair, on behalf of the Committee Chair highlighted the work the Committee was currently involved in.

iv) Quality and Performance

The Chair of the Quality and Performance Committee highlighted issues identified through the Quality and Safety report.

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

**Board of Directors Public Meeting 26<sup>th</sup> November 2014**

Minute Ref 119/14 Quality, clinical and patient issues

i) Safer Staffing Report

The contents were noted by the Board

ii) Mental Health Crisis Concordat

The contents were noted by the Board

Minute Ref 200/14 Performance and Assurance

i) Performance Report

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

ii) CQC Registration Reports

The contents were noted by the Board.

iii) Medicines Management Annual Report 2013/14

The report focused on developments in Medicines Management within the Trust during 2013/14.

The contents were noted by the Board.

iv) Controlled Drugs Accountable Officer's Annual Report 2013/14

The report focused on developments in the management of controlled drugs during 2013/14.

The contents were noted by the Board.

v) Emergency Preparedness, Resilience and Response Assurance against NHS England Core Standards

The contents were noted by the Board

vi) Update on Well Led Framework for Governance Reviews-guidance for NHS Foundation Trusts

The contents were noted by the Board

Minute Ref 201/14 Strategy and Partnerships including Commercial and Business Development

i) Transformation Programme Update

The contents were noted by the Board

ii) "Deciding Together, developing a new vision for mental health services-Public Consultation"

The contents were noted by the Board

iii) Business Case for the proposed closure of the Willows

Following discussion, the Board approved the Business Case and the submission of the associated forms to the CQC, as considered at agenda item 200/14 (ii)

Minute Ref 202/14 Workforce Issues

i) Care Quality Commission's Fit and Proper Person Test

The contents were noted by the Board

ii) Strategy for Managing Sickness Absence

### **Board of Directors Closed Meeting 26<sup>th</sup> November 2014**

Minute Ref 99/14 Quality, clinical and patient issues

i) Serious Case Review and Domestic Homicide Review Update

The contents were noted by the Board

Minute Ref 100/14 Workforce Issues

i) Employment Tribunal update including Equal Pay update

Following consideration of the updated position, the Board agreed a series of actions.

### **Board of Directors Public Meeting 22<sup>nd</sup> October 2014**

Minute Ref 105/14 Quality, clinical and patient issues

i) Safer Staffing Report

The contents were noted by the Board

ii) Service User and Carer Experience

The contents were noted by the Board and in particular the various sources of information.

iii) Safeguarding and Public Protection Annual Report

The contents were noted by the Board

Minute Ref 106/14 Performance and Assurance

i) Performance Report

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

ii) CQC Registration Reports

The contents were noted by the Board

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

The contents were noted by the Board

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

The contents were noted by the Board

The Board agreed that the report should be made available to the public by placing it on the Trust internet.

v) Staff Friends and Family Test

The contents were noted by the Board

vi) Well Led Framework for Governance Reviews-guidance for NHS Foundation Trusts

The Board agreed the approach and timescale to the governance review subject to the potential of reducing timescales following the outcome of the self assessment and discussions with Monitor.

Minute Ref 107/14 Strategy and Partnerships including Commercial and Business Development

i) "Deciding Together, developing a new vision for mental health services-Public Consultation"

The contents were noted by the Board

ii) Annual Research Report 2013/14

The contents were noted by the Board in particular that the Trust has been ranked as the third most research active mental health and learning disability Trust in England.

iii) Proposed closure of Willows

The contents were noted by the Board.

Minute Ref 108/14 Regulatory

i) Quarterly Report to Monitor

The Board approved the submission to Monitor for Quarter 2.

Minute Ref 109/14 Minutes/reports for information

i) Council of Governors' minutes

The Board noted the contents

### **Board of Directors Closed Meeting 22<sup>nd</sup> October 2014**

Minute Ref 88/14 Quality, clinical and patient issues

i) Independent Investigation Report

The contents were noted by the Board

Minute Ref 89/14 Workforce Issues

i) Employment Tribunal Update

The contents were noted by the Board

Minute Ref 90/14 Strategy and Partnerships including Commercial and Business Development

i) Deciding Together, developing a new vision for mental health services-Public Consultation

The contents were noted by the Board

Minute Ref 91/14 Board Committee Minutes

i) Audit Committee

The Chair confirmed that there were no issues to be drawn to the attention of the Board.

ii) Finance Infrastructure and Business Development

The Chair highlighted an issue relating to energy consumption.

iii) Mental Health Legislation

The Chair highlighted two issues that had been considered by the Committee.

iv) Quality and Performance

The Chair advised that there had been a particular focus on the number of falls reports, the disproportionate amount of self harm and violence within Specialist Services, Clinical Reported Outcome Measurements and Patient Reported Outcome Measures.

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

#### **Quality and Performance Committee Meeting 15 October 2014**

Minute Ref 127/14 Board Assurance Framework and Corporate Risk Register

Copies of the Board Assurance Framework and Corporate Risk Register were received by committee members with the agenda. Jennifer Illingworth is to review this with Executive Leads.

#### **Board of Directors Public Meeting 24<sup>th</sup> September 2014**

Minute Ref 91/14 Quality, clinical and patient issues

i) Quality and Safety Report

The contents were noted by the Board

ii) Safer Staffing Report

The contents were noted by the Board

iii) Analysis of Unexpected Deaths

The contents were noted by the Board

iv) Francis Inquiry Action Plan Update

The contents were noted by the Board



Minute Ref 92/14 Performance and Assurance

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

ii) CQC Registration Reports

Following discussion, the Board formally approved the closure of the Grange and the submission of forms to the CQC.

iii) Community Mental Health Survey

The Board noted the contents of the report.

Minute Ref 93/14 Strategy and Partnerships including Commercial and Business Development

i) Transformation Programme Update

The contents were noted by the Board

Minute Ref 94/14 Regulatory

i) Review of Trust Constitution

The Board approved the proposed changes to the Trust Constitution subject to the aforementioned additional entry.

ii) Board Approvals

a) Write off limits

The Board noted that the review had taken place and agreed that the current limits should be retained.

b) Audit Committee's Terms of Reference

The Board approved the proposed changes to the Audit Committee's terms of reference.

Minute Ref 95/14 Minutes/reports for information

i) Annual Audit Committee Report 2013/14

ii) Local Safeguarding Update Reports

iii) Health and Wellbeing Boards Update

iv) Overview and Scrutiny Committees Update

The Board noted the reports.

### **Board of Directors Closed Meeting 24<sup>th</sup> September 2014**

Minute Ref 78/14 Quality, clinical and patient issues

i) Serious Case Reviews and Domestic Homicide Reviews

The contents were noted by the Board

Minute Ref 79/14 Staff issues

i) Employment Tribunal Update

The Board noted the contents of the reports

ii) Response to the Medical Staff Committee letter dated 3<sup>rd</sup> September 2014

The contents were noted by the Board

### **Board of Directors Public Meeting 23<sup>rd</sup> July 2014**

Minute Ref 77/14 Quality, clinical and patient issues

i) Service User and Carer Experience

The contents were noted by the Board.

ii) Safer Staffing Report

The contents were noted by the Board.

iii) Annual Deanery Monitoring Review

The Board noted the contents.

iv) Medical Revalidation Annual Board Report

The Board agreed to sign off a statement of compliance.

Minute Ref 78/14 Performance and Assurance

i) Performance Report

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

ii) Monitor's Well Led Framework for Governance Reviews: Guidance for NHS Foundation Trusts

Following discussion, the Board delegated authority to Lisa Quinn to organise and to agree the timing with the Chair, Chief Executive and Executive Directors, but no longer than within the next 12 months.

iii) Staff Friends and Family Report

The contents were noted by the Board, including that a Senior Management Team development session had been arranged for 4 August to take an in depth look at the results.

Minute Ref 79/14 Strategy and Partnerships including Commercial and Business Development

i) Eating Disorder Briefing

The contents were noted by the Board.

ii) Hebron Business Case

Following discussion, the Board approved the Business Case.

Minute Ref 80/14 Regulatory

i) Review of Corporate Governance Documentation

-Standing Financial Instructions;

-Schedule of Matters Reserved for Decision by the Board;

-Decision Making Framework

The Board agreed the proposed changes to the Corporate Governance document, subject to the aforementioned change.

ii) Quarterly Report to Monitor

The Board approved the submission to Monitor for Quarter 1.

Minute Ref 81/14 Minutes/reports for information

i) Local Safeguarding Children's Board update report

ii) Local Safeguarding Adults Board update report

The Board noted the reports.

### **Board of Directors Confirm and Challenge Session 23<sup>rd</sup> July 2014**

The focus of the session was on reviewing the Clinical Group's month 1-3 performance for clinical, quality, workforce, training and financial issues.

### **Board of Directors Closed Meeting 23<sup>rd</sup> July 2014**

Minute Ref 69/14 Staff issues

i) Employment Tribunal Update

Following consideration of the updated position, the Board agreed a series of actions:

ii) Approach to reasonable adjustments

The contents were noted by the Board.

Minute Ref 70/14 Board Committee Minutes

i) Audit Committee

The Chair confirmed that there were no issues to be drawn to the attention of the Board.

ii) Finance Infrastructure and Business Development

The Chair highlighted that the Finance Report had improved in clarity and the agenda had been re-ordered to ensure sufficient time was spent on Business Cases.

iii) Mental Health Legislation

The Chair highlighted the intention to go back to monthly meetings, focusing every alternative meeting on the impact of the Mental Health Code of Practice to be introduced from April 2015.

iv) Quality and Performance

The Chair advised that there had been consideration out-with the meeting on the subject matter for agenda. There had also been discussions with the Chair of the Audit Committee on the streamlining of the process for reviewing clinical audits required as assurance for the Board Assurance Framework.

The Board noted the Board Committee minutes and updates from the Chairs.

### **Board of Directors Public Meeting 25<sup>th</sup> June 2014**

Minute Ref 64/14 Quality, clinical and patient issues

i) Security Annual Report

The contents were noted by the Board

ii) Hard Truths Report

The contents were noted by the Board

Minute Ref 65/14 Performance and Assurance

i) Performance Report

The contents were noted by the Board. The forecast for the continuity of services risk rating was “3” for the end of the quarter, which is higher than the planned rating of “2”.

Minute Ref 66/14 Strategy and Partnerships including Commercial and Business Development

i) Strategic 5 Year Plan

The Board approved the Strategic 5 Year Plan.

ii) Principal Community Pathways (PCP) Consultation Response and Implementation

The Board approved implementation of Principal Community Pathways.

iii) Friends and Family Update

The contents were noted by the Board

Minute Ref 67/14 Minutes/reports for information

i) Council of Governor Minutes

The Board noted the minutes

### **Board of Directors Closed Meeting 25<sup>th</sup> June 2014**

Minute Ref 53/14 Quality, clinical and patient issues

i) Serious Case Reviews

During discussion the Board agreed that:

- There should be a development session on the work the Trust does in this area.
- A general media strategy should be brought to a future Board by the Communications Department.

Minute Ref 54/14 Staff Issues

i) Employment Tribunal Update

The Board noted the contents of the paper and agreed a series of actions.

Minute Ref 55/14 Strategy and Partnerships including Commercial and Business Development

i) Eating Disorder Service Legal Advice (Legally Privileged)

The contents were noted by the Board.

### **Quality and Performance Committee Meeting 18 June 2014**

Minute Ref 80/14 Board Assurance Framework and Corporate Risk Register

Copies of the Board Assurance Framework and Corporate Risk Register were received by committee members for information. Lisa Quinn provided the Committee with an update in relation to these items and it was noted that there is no significant change to the update received at the end of the financial year. In relation to gaps in assurance it was confirmed that these are taken through the Audit Committee.

### **Board of Directors Public Meeting 28<sup>th</sup> May 2014**

Minute Ref 64/14 Quality, clinical and patient issues

i) Quarterly Quality and Safety Report

The contents were noted by the Board.

ii) Hard Truths: The Journey to putting patients first-staffing update

The Board:

- Noted that the first 6 month report would be received at the June Board with monthly reports thereafter.
- Approved the upload of information on 9 June, with any issues being reported back by exception.
- Agreed to receive a report on the additional costs associated with providing the information.
- Agreed to arrange a Board development session on the subject, eg how staffing levels are managed, how gaps are filled, professional judgement etc.
- 

Minute Ref 51/14 Performance and Assurance

i) Performance Report

The contents of the report were noted and in particular that for the Monitor's Risk Assessment Framework the Trust had a continuity of service (finance) rating of "4" and a governance risk rating of "green", both of which were in line with the plan.

a) CQC Registration Form

Following discussion, the Board approved the application for submission to the CQC.

ii) Absence Management Update

The Board agreed that the Absence Management update should be received on a quarterly basis.

Minute Ref 52/14 Strategy and Partnerships including Commercial and Business Development

i) Trust Programme Board

The Board noted the contents and that progress against each programme deliverable is broadly on track.

ii) Business Cases:

North of Tyne Male High Dependency Unit

Realignment of Learning Disability (LD) Assessment and Treatment Services North of Tyne

Redesign of Stepped Care Services South of Tyne - Move On/Relapse Prevention Services

Redesign of Stepped Care Services North of Tyne - Move On/Relapse Prevention Services

Rationalisation of the Newcastle Dementia Pathway

Rationalisation of the Sunderland and South Tyneside Dementia Pathway

Consolidating Psychiatric Intensive Care Services (PICU) - Interim Scheme

Improving the Provision of Older People's Functional Inpatient Services South of Tyne

Improving the Adult Acute Mental Health In-Patient Pathway South of Tyne

Following full discussion, the Board approved each of the Business Cases in line with the recommendations from the FIBD Committee

iii) Bank Tender

The Board approved Lloyds as the Trusts commercial banker

iv) Draft Annual Plan Statement and Corporate Governance Statements

Following discussion, the Board approved the recommended declarations

Minute Ref 53/14 Regulatory

i) Annual Accounts and Management Representation Letter

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

ii) Interim Annual Audit Committee Report

The report provided assurance relating to the Board approval of the Annual Governance Statement.

The Board noted the contents of the report.

iii) Annual Governance Statement

The Board approved the Annual Governance Statement.

iv) Annual Quality Account

The Board approved:

- The Quality Account 2013/14.
- The Statement of Directors Responsibilities in respect of the 2013/14 Quality Report and the 2013/14 performance indicators included in the Quality Report.

Minute Ref 54/14 Minutes/reports for information

- i) Local Safeguarding Children's Board update report
- ii) Local Safeguarding Adult's Board update report

The Board noted the reports.

### **Board of Directors Closed Meeting 28<sup>th</sup> May 2014**

Minute Ref 43/14 Staff Issues

- i) Employment Tribunal Update

The contents were noted by the Board and the Board agreed a series of actions.

Minute Ref 44/14 Strategy and Partnerships including Commercial and Business Development

- i) 5 Year Strategic Plan

The contents were noted by the Board.(There was a full discussion on the issues at a Board Development Session held in the afternoon.)

Minute Ref 45/14 Regulatory

- i) Annual Report

The Board approved the Annual Report.

Minute Ref 46/14 Any Other Business

- i) Sale of Northgate

The Board delegated authority to James Duncan to sign off the documentation relating to the sale of Northgate.

### **Board of Directors Public Meeting 30<sup>th</sup> April 2014**

Minute Ref 36/14 Quality, clinical and patient issues

- i) Analysis of unexpected deaths

The contents were noted by the Board

- ii) Service User and Carer Experience

The contents were noted by the Board

- iii) Annual Quality account update

The contents were noted by the Board



Minute Ref 37/14 Performance and Assurance

i) Performance Report

The contents of the report were noted and in particular that for the Monitor's Risk Assessment Framework the Trust had a continuity of service (finance) rating of "3" and a governance risk rating of "green", both of which were in line with the plan.

ii) Review of Terms of Reference for the Board, its Committees and the Senior Management Team

The Board approved changes to the Terms of Reference for the Board, its Committees and the Senior Management Team.

Minute Ref 38/14 Strategy and Partnerships including Commercial and Business Development

i) Clinical Effectiveness Strategy

The Board approved the Clinical Effectiveness Strategy.

Minute Ref 39/14 Regulatory

i) Quarterly Report to Monitor

The Board approved the submission to Monitor for Quarter 4.

ii) Annual Governance Statement

The Board adopted the draft Statement.

Minute Ref 40/14 Minutes/reports for information

i) Council of Governors minutes

The Board noted the draft minutes.

**Board of Directors Closed Meeting 30<sup>th</sup> April 2014**

Minute Ref 33/14 Quality, clinical and patient issues

i) Serious Case Reviews

Both reports were noted by the Board.

Minute Ref 34/14 Staff Issues

i) Employment Tribunal Update

The contents were noted by the Board and the Board agreed a series of actions.

Minute Ref 35/14 Strategy and Partnerships including Commercial and Business Development

i) Annual Plan

a) Draft Corporate Governance Statement

b) Draft Annual Plan Board Statements

It was agreed that comments should be emailed to Lisa Quinn prior to formal consideration and approval at the May Board.

ii) Richardson Eating Disorders

The Board approved to proceed with consultation to transition from out-patient, partial and in-patient models to an Intensive Day Unit.

#### **Quality and Performance Committee Meeting 23 April 2014**

Minute Ref 60/14 Board Assurance Framework and Corporate Risk Register

A copy of the Board Assurance Framework and Corporate Risk Register were received by Committee members with the Agenda. Jennifer Illingworth discussed the key points.

#### **Board of Directors Open Meeting 26<sup>th</sup> March 2014**

Minute Ref 22/14 Quality, clinical and patient issues

i) Quality and Safety Report

The contents were noted by the Board.

Minute Ref 23/14 Performance and Assurance

i) Performance Report

The contents of the report were noted and in particular that for the Monitor's Risk Assessment Framework the Trust had a continuity of service (finance) rating of "3" and a governance risk rating of "green", both of which were in line with the plan.

ii) CQC Essential Standards-Medicines Management (Outcome 9), Themes and Opportunities Update

The contents of the report were noted by the Board.

Minute Ref 24/14 Staff Issues

i) National Staff Survey Results

The contents of the report were noted by the Board.

Minute Ref 25/14 Strategy and Partnerships including Commercial and Business Development

i) Trust Programme Update

The Board noted the contents of the update.

ii) Approval of Annual Plan-3 Year Operational Plan 2014-2017

The Board approved the document and agreed delegated authority to the Deputy Chief Executive for minor adjustments.

iii) Nursing Strategy

The Board approved the Nursing Strategy

Minute Ref 26/14 Minutes/reports for information

i) Annual Audit Committee Report

The Chair of the Committee confirmed that the report for 2013/14 would be considered at the September Board and an interim report for 2013/14 providing assurances related to the Annual Governance Statement would be brought to the May Board.

ii) Local Safeguard Update Boards

The Board noted the minutes.

### **Board of Directors Closed Meeting 26 March 2014**

Minute Ref 23/14 Performance and Assurance:

i) Quality and Performance Framework

The Board noted the framework.

ii) Draft Strategic Planning Self-Assessment

The Board noted the draft document and asked for the final document to be brought back to a future Board.

Minute Ref 25/14 Strategy and partnerships including commercial and business development:

i) Finance Plans 2014/15-2016/17 and Budget 2014/15

Following full discussion, the Board approved i) the 2014/15 budget, ii) the 2014/15 investment in transformation, iii) the 2014/15 to 2016/17 finance plans, and iv) the 2013/14 to 2017/18 capital programme.

**Audit Committee Meeting 19 March 2014**

Agenda Item 8 Going Concern

The Audit Committee agreed to inform the Board that the Trust could be regarded as a going concern and that the year-end accounts should be prepared on that basis.