

**NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS**

**Meeting Date:** 27 May 2015

**Title and Author of Paper:**

Annual Plan Review- Board Certification-Systems for compliance with provider licence (Condition G6)

Lisa Quinn Executive Director Performance and Assurance

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

Decision

**Key Points to Note:**

- As a part of the Annual Planning process the Board of Directors are required to submit a certificate to Monitor confirming that the Trust has systems in place to comply with its licence conditions and related conditions. Monitor guidance advises that these should include:
  - The establishment and implementation of processes and systems to identify risks and guard against their occurrence: and
  - Regular review of whether those processes and systems have been implemented and of their effectiveness.
- This paper outlines the elements of the provider licence conditions and evidence to support the Board of Directors completion of the Statement.

**Outcome required:**

Submission of the Statement to Monitor

**Annual Plan Review  
Board Certification-  
Systems for compliance with provider licence  
(Condition G6)**

## 1. Background

As a part of the Annual Planning process the Board of Directors are required to submit a certificate to Monitor confirming:

**That the Directors are satisfied, as the case may be that, in the Financial Year most recently ended (2014/15), all such precautions were taken in order to comply with the conditions of the Trust’s provider licence, any requirements imposed on it under the NHS Acts and have also had regard to the NHS Constitution**

**AND**

**The Board declares that the Trust continues to meet the criteria for holding the licence.**

This paper outlines the licence conditions and evidence to support the Board of Directors completion of the certificate.

## 2. The NHS Provider Licence

The Health and Social Care Act 2012 made changes to the way NHS service providers were regulated and gave Monitor new duties and powers. These changes included the introduction of a Monitor licence for providers of NHS services. Licences were issued to NHS foundation trusts with effect from April 2013 and foundation trust Boards are now required to certify annually that they have systems in place to ensure compliance with the licence.

Table 1 below gives an overview of the sections of the licence

**Table 1: The sections of Monitor’s standard licence conditions**

Section	What the section covers
General Conditions	The General Conditions apply to all providers and impose certain conditions, such as that Directors must be “fit and proper” and providers must respond to information requests from Monitor
Licence conditions setting obligations about pricing	The pricing conditions oblige providers, for example to record information that Monitor needs to set prices, check that the data is accurate and, where required, charge commissioners in accordance with the National Tariff document.

Licence conditions setting obligations around choice and competition	These conditions oblige providers to help patients to make the right choice of provider, where appropriate, and to prohibit anti-competitive behaviour where it is against the interests of patients.
Licence condition to enable integrated care	The Integrated Care Condition enables the provision of integrated services by obliging providers not to do anything detrimental to enabling integrated care, where this is in the interests of patients.
Licence conditions that support continuity of services	These conditions apply to providers of Commissioner Requested Services- services whose absence would have a significant negative impact on the local population. They allow Monitor to assess whether there is a risk to services, and they set out how the services will be protected if a provider gets into financial difficulties.
Governance licence conditions for foundation trusts	These conditions only apply to foundation trusts and impose obligations around appropriate standards of governance.

Table 2 below gives an overview of the General Conditions of the licence

**Table 2: The General Conditions of Monitor’s standard licence conditions**

Condition		What the Condition covers
G1	Provision of information	The licensee is required to provide Monitor with any information or reports it may require and to take reasonable steps to ensure it is accurate.
G2	Publication of information	The licensee is required to publish information about healthcare services provided for the purposes of the NHS which Monitor directs.
G3	Payment of fees to Monitor	The licensee is required to pay fees to Monitor, as required.
G4	Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)	The licensee is required to ensure that no person or unfit person may become or continue as a Governor. The licensee shall not appoint as a Director any person who is an unfit person, except with the approval of Monitor.
G5	Monitor Guidance	The licensee is required to have regard to guidance issued by Monitor.

G6	Systems for compliance with licence conditions and related obligations	The licensee is required to take all reasonable precautions against risk of failure to comply with: -The conditions of the licence; -Any requirement imposed on it under the NHS Act, and -the NHS Constitution in providing healthcare services for the purpose of the NHS.
G7	Registration with the Care Quality Commission	The licensee shall at all times be registered with the Care Quality Commission.
G8	Patient eligibility and selection criteria	The licensee shall: -set transparent eligibility criteria; -apply the criteria in a transparent way to those having choice; -publish the criteria so it is accessible.
G9	Application of Section 5 (Continuity of Services)	The licensee is under an obligation to provide to provide Commissioner Requested Services. The licensee shall give Monitor not less than 28 days notice of the expiry of a contract for Commissioner Requested Services. to a Commissioner for which no extension or renewal has been agreed.

### **3. General Condition G6-Systems for compliance with licence conditions and related obligations**

In terms of the steps to be taken by a licensee to have systems in place to comply with the licence conditions and related conditions Monitor guidance advises that these should include:

- The establishment and implementation of processes and systems to identify risks and guard against their occurrence: and
- Regular review of whether those processes and systems have been implemented and of their effectiveness.

### **4. The supporting evidence**

In order to facilitate confirmation of the two certificates/statements outlined in Section 1 the following evidence 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 and its standing committees for review/approval, they are cross referenced rather than re-attached.

Historical evidence is included to demonstrate consistent delivery of the two certificates/statements where appropriate.

## **5. Recommendation**

It is recommended that the Board of Directors declare:

**That the Directors are satisfied, as the case may be that, in the Financial Year most recently ended (2014/15), all such precautions were taken in order to comply with the conditions of the Trust's provider licence, any requirements imposed on it under the NHS Acts and have also had regard to the NHS Constitution**

**AND**

**The Board declares that the Trust continues to meet the criteria for holding the licence.**

**Lisa Quinn  
Executive Director Performance and Assurance  
May 20**

# **Northumberland, Tyne and Wear NHS Foundation Trust**

## **Annual Plan Review 2015-2016 Systems for compliance with provider licence (Condition G6)**

### **Evidence to support Board Declarations**

This licence conditions requires providers to take all reasonable precautions against the risk of failure to comply with the licence, any requirements imposed on it under the NHS Acts and the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS. and other important requirements.

These precautions include:

- The establishment and implementation of processes and systems to identify risks and guard against their occurrence and
- Regular review of whether those processes and systems have been implemented and of their effectiveness.

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

The Trust has structures and systems in place to support the delivery of integrated risk management (including risks associated with compliance with its Licence) across the Trust and this includes a Risk Management Strategy approved by the Board in 2012. The Trust continually reviews its risk and control framework through its governance and operational structures.

Committees of the Board of Directors are in place both to ensure effective governance for the major operational and strategic processes and systems of the Foundation Trust, and also to provide assurance that risk is effectively managed. Operations for the Foundation Trust are managed through an organisational structure, with operations divided into three Groups, and each has governance committees in place for quality and performance and operational management. Risk registers are maintained and reviewed by each Group and reviewed through the Foundation Trust-wide governance structures. The Quality and Performance

Committee consider Group and Directorate top risks and the Assurance Framework and Corporate Risk Register every two months. The Corporate Decisions Team also undertake this review from an operational perspective to ensure that risks are recorded effectively and consistently and that controls in place are appropriate to the level of risk. The Audit Committee considers the systems and processes in place to maintain and update the Assurance Framework, and considers the effectiveness and completeness of assurances that documented controls are in place and functioning effectively. The Mental Health Legislation Committee has delegated powers to ensure that there are systems, structures and processes in place to support the operation of mental health legislation, within both inpatient and community settings and to ensure compliance with associated codes of practice and recognised best practice.

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 Annual Governance Statement sets out the organisations system of internal control which is designed to manage risk to a reasonable level ((including those risks associated with compliance with its Licence) 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 supporting Licence Condition G6**

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 in July 2015.

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.

Monitor approved the PRIDE Business Case in 2012/13.

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.

The Trust holds Level 1 accreditation with the National Health Service Litigation Authority.

### **Assurance from the Trusts External Auditors supporting Licence Condition G6**

#### **Annual Governance Statement 2013/14**

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.

#### **Quality Account 2013/14**

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 aspects 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.

### **Annual Accounts 2013/14**

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.

### **Annual Governance Statement 2014/15**

The Board of Directors reviewed the draft Annual Governance Statement 2014/15 at its meeting on the 29<sup>th</sup> April 2015, as a part of the routine annual review process. The draft Annual Governance Statement 2014/15 is scheduled to be reviewed by the Audit Committee and the Trust's External Auditors in May 2015 following which the final Statement will be presented to the Board of Directors for approval at its meeting on the 27<sup>th</sup> May 2015.

### **Quality Account 2014/15**

The Board of Directors reviewed the draft Quality Account 2014/15 at its meeting on the 29<sup>th</sup> April 2015.

### **Annual Accounts 2014/15**

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 its meeting on the 25<sup>th</sup> March 2015 that the year end accounts should be prepared on an ongoing concern basis.

## **Other Evidence supporting Licence Condition G6**

The Trust's governance arrangements take into account the Integrated Governance Handbook (DOH 2006). A high level review of governance arrangements was undertaken by the Board of Directors in November 2011. Interim iterative improvements were made and they were subject to final amendments and ratification in May 2012. The Trust's Clinical Governance arrangements were also reviewed and strengthened in January 2013 to ensure their robustness in the context of the Trust's overarching integrated governance arrangements. The Board of Directors approved changes to the Terms of Reference for the Board, its Committees and the former Senior Management Team at its meeting in April 2014.

In December 2014 the Senior Management Team approved changes to the Terms of Reference and membership for the Senior Management Team and renamed the Team the Corporate Decisions Team.

The Board of Directors reviewed and approved changes to the Terms of Reference for the Board and its Committees in April 2015, as a part of the routine annual review process.

The Trust has an integrated performance reporting structure, which mirrors the key reporting requirements of the "Intelligent Mental Health Board" and is therefore aligned to the Trust's strategic objectives.

The Trust has developed the use of Dashboards with a clear set of Key Performance Indicators reflecting not only national targets, but local targets linked to the Trust's strategic and annual objectives balanced across clinical, operational, financial and staff dimensions. This ensures that the Trust's strategy, objectives and targets are linked to ensure delivery, with strengthened accountability for performance using key metrics.

In addition to providing a robust analysis of new and existing quality and performance targets and the risk register, the report provides evidence links for the Trust's compliance to CQC registration requirements and supports Board assurance in its annual Monitor self-declaration process.

The Trust's Integrated Performance and Assurance Report is reviewed regularly by the Board of Directors, as a part of the Integrated Performance Report and highlights Trust and Group/Directorate Performance across a range of quality metrics, including any risks, and also acts as a reference document to the Board of Directors, describing the quality indicators in full.

The Board of Directors receive and review specific reports and updates on performance and assurance, clinical, quality and patient issues, strategy and partnerships, staff issues and regulatory issues these reports highlight risks to non compliance to standards and action plans are agreed and reviewed to ensure compliance.

The Board of Directors receive and review minutes and papers from the Board sub Committees, the Council of Governors, Overview and Scrutiny Committees and local Safeguarding Committees. These include regular reports in relation to SUIs, Complaints and

Safeguarding. This enables the Board of Directors to assess, understand and identify lessons learnt, addressing any current or future risks to quality and non compliance with healthcare standards.

The Trust piloted Monitor's Quality Governance Framework and populates the Framework quarterly, providing evidence against the ten components of the framework structured around the areas of good practice set out within the Framework. The completed quarterly Quality Governance Framework is presented to and reviewed by the Quality and Performance Committee on a quarterly basis and provides the Board with assurance regarding quality governance.

A Trust wide CQC Quality Compliance Group was established in August 2011 with a broad membership from clinical and corporate Groups and Directorates with responsibility for the ongoing preparation, monitoring and review of actions linked to the CQC Essential Standards. This Group keeps the Corporate Decisions Team informed of performance against agreed action plans formulated following each CQC inspection.

The Trust completed a draft Strategic Planning Self Assessment in March 2014 which was reviewed by the Board of Directors at its meeting on the 26<sup>th</sup> March 2014. Evidence to support the Self Assessment confirmed:

- The Trust has put in place a structured strategic planning process to guarantee that the Board and Executive Team regularly spend time discussing strategic issues at the correct point in the Trust calendar;
- The Trust have detailed delivery plans for each of its strategic initiatives that lay out milestones, resource requirements, dependencies and risk mitigation;
- Strategic plans are reviewed and updated yearly to keep them relevant.

The draft Strategic Planning Self Assessment in March 2014 identified some areas for improvement but they are not significant in terms of risk.

In preparation for an external Governance Review (as recommended by Monitor) an initial desk top self assessment was carried out in November 2014, using Monitor's Well-led Board Self Assessment Framework, and Emerging Actions have been identified in respect of areas identified for improvement. These areas for improvement are being actioned but they are not significant in terms of risk.

The Trust's Information Governance Assessment Report overall score, as at March 2015, is 72% which attains the required level 2 or above for each control.

The Board reviewed the requirements in terms of the Fit and Proper Person Test at its meeting in November 2014 and agreed a programme of initial actions with the aim of ensuring compliance with the requirements. An update is to be provided to the Board in May 2015.

In terms of patient choice the Trust agrees with Commissioners specifications in respect of the services provided which outlines clearly the scope of the service provision. Each service provided by the Trust has clear referral and admission criteria which are publicised through the service information booklets and the Trust's Service Directory which is available on the Trust internet.

The Trust conducts appropriate levels of consultation and involvement of key stakeholders (including patients) in line with the legal obligations all NHS organisations have to consult and involve patients, carers and the public whenever new services are developed and in the ongoing delivery of those services. NHS organisations also have a specific responsibility to involve and consult Health Scrutiny Committees whenever there is a substantial development or variation in a service.

In terms of the Trust's approach to competition the Trust's 5 Year Strategy 2014-2019, approved by the Board in June 2014, identifies opportunities for growth from an assessment of market need (based on self-assessment of the policy environment, demographic factors, commissioner intent), relative business strengths (SWOT), together with the PESTEL and competitor analysis for each Group, supplemented by information from the Laing and Buisson database. Additionally Porter's Five Forces was used to determine how the Trust should respond to the threats in the competitive environment. The Strategy identified a number of opportunities for the development of a range of existing services and new services with the aim of achieving growth, including through geographical expansion.

The Trust has robust processes in place in terms of horizon scanning the assessment of opportunities and potential partnerships. These processes are outlined in the Trust's Practice Guidance Note IP-PGN-02 Responding to Tenders. Through the application of the above processes, including the Memorandum of Understanding agreements, the Trust seeks to ensure that the Trust does not enter into inappropriate agreements with partners which are not in the interests of the Trust, its position in the market or patients. The Finance Infrastructure and Business Development Committee (FIBD), a sub group of the Trust Board is responsible for gaining assurance that effective arrangements are in place across the Trust to manage commercial activity and business development in line with Trust policies and national guidance.

The key theme in the Trust's 5 Year Strategy 2014-2019 (approved by the Board in June 2014) and Operational Plan 2015/16 (approved by the Board in March 2015) is the transformation of services. The Transformation of Services Programme includes transforming how the Trust delivers community based services alongside our partners in care, to provide integrated care pathways to meet the needs of service users, with a focus on early intervention, prevention, recovery and maintenance and support of people who

need the Trust's services within their own communities. The provision of integrated care is therefore central to the Trust's Transformation of Services Programme.

The Trust agreed all of its main contracts by April 2015 and robust arrangements are in place, through the contractual agreements, regarding the service of notice and transfer of management responsibility for any Commissioner Requested Services ie those services which would have a significant negative impact on the local population.

**Assurance from the Trust's Internal Audit Programme 2012/13–2014/15 supporting Licence Condition G6**

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>1213 NTW09</b>	<b>Care Quality Commission process for co-ordinating, receiving and reviewing evidence</b>
<b>1213NTW14</b>	<b>High level review of policy monitoring arrangements for Integrated Emergency Management</b>
<b>1213NTW35</b>	<b>Performance Management –Performance Indicators</b>

<b>2013/14</b>	
<b>Audit Reference</b>	<b>Audit Topic</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>1314NTW25</b>	<b>Performance Indicators-Rolling Programme of Testing</b>
<b>1314NTW30</b>	<b>Monitor Declaration</b>

<b>2014/15 (Received as at March 2015)</b>	
<b>Audit Reference</b>	<b>Audit Topic</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>

**Reviews/Decisions by Board of Directors, Audit Committee (Going Concern Report) and the Quality and Performance Committee(review of Board Assurance Framework) supporting Licence Condition G6**

**Board of Directors Public Meeting 29 April 2015 (Draft Minutes)**

Minute Ref 51/15 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) Service User and Carer Experience

The Quarter 4 position was duly noted by the Board.

Minute Ref 52/15 Performance and Assurance

i) Performance Report

The contents of the report were noted by the Board.

ii) Infection Prevention and Control/Emergency Preparedness, Resilience and Response

The content of the report was noted by the Board.

iii) Staff Friends and Family

The Board noted the content of the report,

iv) Review of Terms of Reference for the Board and its Committees.

The Board approved the changes pending the governance review, as part of Monitor's revised Code of Governance requirements

Minute Ref 53/15 Strategy and partnerships including commercial and business development

i) Nursing Strategy Annual Report

The report was noted by the Board.

ii) Newcastle and Gateshead Clinical Commissioning Group "Deciding Together2" update

The Board noted the outcome of the pre engagement work in relation to the Newcastle Gateshead Deciding Together consultation.

iii) Workforce Strategy/Organisational Development Strategy

The draft Workforce Strategy and draft Organisational Development Strategy were noted by the Board. The final version of both strategies will be presented to the Board in June.

iv) Annual Plan Review 2015/15-Board Declarations

The Board approved the declarations and submission to Monitor as part of the Trusts Operational Plan 2015/16.

Minute Ref 54/15 Regulatory Issues

i) Quarterly Report to Monitor

The Board received and noted the content of the Quarterly report and confirmed that the Trust will declare a Governance rating of Green and a Continuity of Services rating of 3.

ii) Draft Annual Governance Statement

The Board of Directors agreed to adopt the draft Annual Governance Statement.

Minute Ref 55/15 Minutes/papers for information

i) Council of Governors minutes

The contents of the minutes was noted by the Board.

li) Local Safeguarding Update

The contents of the minutes was noted by the Board.

### **Board of Directors Closed Meeting 29 April 2015 (Draft Minutes)**

Minute Ref 39/15 Quality, clinical and patient issues

i) Independent Investigation Update

The contents were noted by the Board.

ii) Annual Quality Account

It was agreed that any final comments would be forwarded to Anna Foster by the 8<sup>th</sup> May 2015.

Minute Ref 40/15 Performance and Assurance

i) Outcome of 2015/16 Contracting Round

The contents were noted by the Board.

ii) Briefing on PFI Buyout

The contents were noted by the Board and an update will be provided to the Board of Directors in due course.

Minute Ref 43/15 Board Committees' minutes for information/discussion

i) Audit Committee

The Chair of the Audit Committee confirmed that the Annual Governance Statement had been approved by the Audit Committee. Also the Head of Internal Audit Report had provided "significant assurance. This will be presented to the Board of Directors in May.

ii) Finance Infrastructure and Business Development

The Chair of the Committee confirmed that the picture at year end was as predicted and congratulated the team on another well informed and efficient year.

iii) Mental Health Legislation

The Chair confirmed that there was nothing specific to highlight.

iv) Quality and Performance

There was no update available this month

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

#### **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**

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**

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.