

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 May 2016

Title and Author of Paper: Annual Plan Review 2016/17-Board Certification-
Systems for compliance with provider licence (Condition G6)
Heather McVittie, Head of Planning Governance and Assurance

Executive Lead: Lisa Quinn, Executive Director Commissioning and Quality
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.
- It is recommended that the Board declare:
That the Directors are satisfied, as the case may be that, in the Financial Year most recently ended (2015/16), 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.

Risks Highlighted to Board :None

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

Equal Opportunities, Legal and Other Implications: None

Outcome Required:
Submission of declaration to Monitor by the 31st May 2016

Link to Policies and Strategies:
Integrated Governance Arrangements

**Annual Plan Review 2016/17
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 four of its standing committees*1 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.

*1 Audit Committee, Quality and Performance Committee, Finance Infrastructure and Business Development Committee and Mental Health Legislation Committee

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 (2015/16), 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 Commissioning and Quality Assurance
19 May 2016**

Northumberland, Tyne and Wear NHS Foundation Trust

Annual Plan Review 2016/17 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 Board Assurance Framework and Corporate Risk Register regularly. 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 Board 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 Foundation Trust's principal risks and mechanisms to control them are identified through the Assurance Framework, which is reviewed by the Board of Directors regularly. These risks are reviewed and updated through the Foundation Trust's governance structure. Outcomes are reviewed through consideration of the Assurance Framework to assess for completeness of actions, review of the control mechanisms and on-going assessment and reviews of risk scores.

The principal risks are considered as those rated over 15 at a corporate level on the standard 5 by 5 risk assessment measure. The Assurance Framework and Corporate Risk Register was the subject of a review during the latter part of 2015-16 to reflect best practice and the list below summarises the Trust's principal risks, as reported to the Board in the Assurance Framework in February 2016. The Trust's principal risks identified below are considered as in year and future risks

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 strategy.

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

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

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 SO5.9-That the scale of change and integration across the NHs could affect the sustainability of services and the Trust's financial position.

The Trust's Internal Auditors reviewed the process for populating and reporting on the Board Assurance Framework as a part of the 2015/16 Internal Audit Programme and confirmed significant assurance with no issues of note.

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 Financial Plans, are reviewed by Monitor. The Board of Directors reviewed and approved the 5 Year Strategy 2014-2019 at its meeting on the 25th June 2014. 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 review of the 5 Year Strategy 2014-2019.

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.

No significant issues were raised by Monitor in their review of the Trust's Operational Plan 2015/2016 in July 2015.

The Board of Directors reviewed and approved the Operational Plan for 2016-2017 at its meeting on the 23rd March 2016. Monitor have advised that they will be providing feedback on their review of the Trusts Operational Plan 2016/17 in July 2016.

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.

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

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

The Trust's Patient Information Centre holds the Information Accreditation Standard.

Assurance from the Trust's External Auditors supporting Licence Condition G6

Annual Governance Statement 2014/15

The Audit Committee reviewed the draft Annual Governance Statement 2014/15 at its meeting on the 22nd April 2015 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 2014/15 at its meeting on the 29th April 2015. The Annual Governance Statement 2014/15 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 2014/15 at its meeting on the 27th May 2015.

Quality Account 2014/15

The Board of Directors reviewed the draft Quality Account 2014/15 at its meeting on the 29th April 2015. 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 31st March 2015 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 2014/15 at its meeting on the 27th May 2015.

Annual Accounts 2014/15

The Audit Committee agreed at its meeting on the 18th 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 25th March 2015 that the year end accounts should be prepared on an ongoing concern basis. The Board of Directors approved the Annual Accounts 2014/15, the signing of the Management Representation Letter and the draft Annual Report at its meeting on the

27th May 2015. The Trust's External Auditors audited the Trust's financial statements for the year ended 31st March 2015 and the Audited Annual Accounts 2014/15, including the Auditor's report were published in the Trust's Annual Report and Accounts 2014/15.

Annual Governance Statement 2015/16

The Board of Directors reviewed the draft Annual Governance Statement 2015/16 at its meeting on the 27th April 2016, as a part of the routine annual review process, and subject to the addition of information relating to information governance incidents reported agreed to adopt the draft Annual Governance Statement.

Quality Account 2015/16

The Board of Directors received an update on the Quality Account 2015/16 at its meeting on the 27th April 2016. The Trust's External Auditors will be performing an independent assurance engagement in respect of the Trust's Quality Report (Quality Account) for the year ended the 31st March 2016 and the final Quality Account 2015/16 will be presented to the Board of Directors for approval at its meeting on the 25th May 2016.

Annual Accounts 2015/16

The Audit Committee agreed at its meeting on the 20th April 2016 to inform the Board that the Trust could be regarded as a going concern and the year-end account 2015/16 should be prepared on that 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, October 2015 and April 2016, 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's External Governance Review using the Well Led Framework was carried out by Deloitte in October/November 2015 and Deloitte presented their findings to the Board at a Board Workshop on the 10th December 2015. Their final report was reviewed by the Board in January 2016 including their assessment of the Trust's ratings across each of the ten theme areas (including comparison with other Trusts), their key recommendations and how this work is being progressed. No areas of significant concern were identified. An Action Plan has been agreed and the Board received an update on progress at its meeting in April 2016.

The Trust has put in place a range of measures to manage risks to data security. Version 13 of the Toolkit was released in May 2015 and the Trust has met the required standard of level 2 across all key standards in the Information Governance Toolkit with an overall score of 74%. The evidence to support the Trust's self assessment was reviewed by Internal Audit who confirmed a level of significant assurance with one issue of note. The Trust has a data quality improvement plan in place and aspects of data/data quality are the subject of a rolling programme of internal audits.

The Board reviewed the requirements in terms of the Fit and Proper Person Test at its meeting in November 2014 and approved the proposal relating to the Fit and Proper Person Test at its meeting 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 Business Change Guidance. 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.

Key themes in the Trust's 5 Year Strategy 2014-2019 (approved by the Board in June 2014) and Operational Plan for 2015/16 (approved by the Board in March 2015) and Operational Plan 2016/17 (approved by the Board in March 2016) include the transformation of services and the development of integrated models of care which are designed around the whole needs of our local populations. 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 2016 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 2013/14–2015/16 supporting Licence Condition G6

Internal Audits and Clinical Audits which provided significant assurance to the Board of Directors in respect of the Trust's Principal Risks aligned to the Trust's Strategic Objectives are shown in the Quarter 1 Board Assurance Framework and Corporate Risk Register (Appendix 1), which was reviewed by the Board of Directors at its meeting on the 27th April 2016.

Highlighted below are the Internal Audits which provided significant assurance relating to; Compliance with the Trust's Terms of Authorisation, Business Continuity, Performance Indicators/Data Quality, Monitor Declarations and the Board Assurance Framework from the Internal Audit Programme 2013/14-2015/16.

2013/14	
Audit Reference	Audit Topic
1314NTW18	Independent Assurance of Trust compliance against its Terms of Authorisation
1314NTW20	Business Continuity Management-Follow up of Management Actions
1314NTW25	Performance Indicators-Rolling Programme of Testing
1314NTW30	Monitor Declaration

2014/15	
Audit Reference	Audit Topic
1415NTW24	Emergency Preparedness
1415NTW34	Performance Indicators-Rolling Programme of testing against dimensions of data quality
1415NTW53	Independent Assurance of Information Governance Return

2015/16	
Audit Reference	Audit Topic
1516NTW02	Process for Populating and Reporting on the Trust's Assurance Framework
1516NTW27	Business Continuity Planning
1516NTW55	Performance Indicators-Rolling Programme of testing against dimensions of data quality-Quarter 1
1516NTW56	Performance Indicators-Rolling Programme of testing against dimensions of data quality-Quarter 2

Reviews/Decisions by Audit Committee supporting Licence Condition G6:

Effective Internal Control Arrangements

Going Concern

Board Assurance Framework

CQC Registration

Annual Governance Statement

Annual Accounts

Quality Account

Audit Committee Effectiveness

Audit Committee Meeting 18th March 2015

Agenda Item 3(1) Board Assurance Framework and Corporate Risk Register (by exception)

No issues to report by exception. The Board Assurance Framework and Corporate Risk Register documents continue to be reviewed by the Corporate Decisions Team and the Quality and Performance Committee.

Agenda Item 3(2) Issues(s) from Monitor and CQC Visits (by exception)

Quarterly call from Monitor continue with no concerns expressed. The CQC is in daily contact and the Trust does not feature in the CQCs programme of work.

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.

Audit Committee Meeting 22nd April 2015

Agenda Item 3(1) Board Assurance Framework and Corporate Risk Register (by exception)

No issues to report by exception. The Board Assurance Framework and Corporate Risk Register documents continue to be reviewed by the Corporate Decisions Team and the Quality and Performance Committee however there will be changes to the Corporate Risk Register from 2015/16 with the introduction of the new Mental Health Act Code of Practice from the 1st April 2015.

Agenda Item 3(2) Issues(s) from Monitor and CQC Visits (by exception)

No significant issues to report relating to Monitor and CQC visits.

Agenda Item 3(5) Draft Annual Governance Statement

The Audit Committee agreed to recommend that the Board adopts the draft Statement, subject to the amendments discussed, which will be highlighted to the Board verbally.

Agenda Item 4 Draft Quality Account

The latest version had been circulated to partners and the final Quality Account would be received at the next Audit Committee.

Audit Committee Meeting 20th May 2015

Agenda Item 3(1) Board Assurance Framework and Corporate Risk Register (by exception)

There were no specific issues to report and it was confirmed that these documents continue to be reviewed and managed at Group level.

Agenda Item 3(2) Issues(s) from Monitor and CQC Visits (by exception)

No significant issues to report relating to Monitor and CQC visits.

Agenda Item 5(1) Quality Accounts

Verbal update provided on the final version that had been considered by External Audit. The Quality Accounts would be considered for approval at the May Trust Board meeting.

Agenda Item 5(2) External assurance on the Trusts Quality Accounts

The External Auditor confirmed that there were no issues identified to report to the Committee. The Audit Committee agreed to inform the Board that the Committee had reviewed the External Auditor's report.

Agenda Item 5(3) Annual Governance Statement 2014/15

The Committee agreed to recommend approval of the Annual Governance Statement to the Board.

Agenda Item 5(4) Annual Accounts 2014/15

The Committee agreed to recommend approval of the Annual Accounts to the Board subject to the resolution of the aforementioned queries and that the Board sign the Management Representation Letter.

Agenda Item 5(5) Annual Report 2014/15

The Committee agreed to recommend approval to the Board on the parts of the Annual Report subject to External Audit.

Audit Committee Meeting 16th September 2015

Agenda Item 3(1) Board Assurance Framework and Corporate Risk Register (by exception)

It was noted that meetings were to be held with each Executive Director to review their areas within the Board Assurance Framework along with three sessions arranged with the full Board in October. The refreshed document will then be considered by the Quality and Performance Committee and the Board of Directors.

Agenda Item 3(2) Issues(s) from Monitor and CQC Visits (by exception)

An update on the 5 CQC mental health legislation visits was provided. The Mental Health Legislation Committee has considered the issues raised and they will be further considered by the CQC Compliance Group.

Audit Committee Meeting 18th November 2015

Agenda Item 3 Review of Board Assurance Framework and Corporate Risk Register

It was confirmed that the documents had been the subject of a comprehensive review by Executive Directors during September 2015 and approved by the Board in October 2015. The contents were noted by the Audit Committee.

Agenda Item 4 Issues(s) from Monitor and CQC Visits (by exception)

It was confirmed that the date for the commencement of the CQC inspection is still not known but is not likely to be before March. A request for information relating to social and residential homes had been received which is usually a precursor for an unplanned visit.

Agenda Item 11 Audit Committee Self Assessment of Effectiveness

The Audit Committee approved its self assessment of effectiveness.

Audit Committee Meeting 17th February 2016

Agenda Item 3(1) Board Assurance Framework and Corporate Risk Register (by exception)

The Chair of the Committee confirmed that he had seen, as a new member of the Quality and Performance Committee, the latest version of the Board Assurance Framework and Corporate Risk Register, prior to approval at the February Board.

It was confirmed that the proposed changes including the new format are much more appropriate and readable and it was a very good piece of work.

Agenda Item 3(2) Issues(s) from Monitor and CQC Visits (by exception)

It was confirmed that the CQC mock inspection is due to start on the 29th February 2016.

Audit Committee Meeting 16th March 2016

The Audit Committee on the 16th March 2016 was cancelled however the Chair of the Audit Committee has reviewed the Going Concern Report (March 2016) and is to recommend to the Board at its meeting on the 23rd March 2016 that the year end accounts 2015/16 should be prepared on an ongoing concern basis.

Audit Committee Meeting 20th April 2016 (Draft)

Agenda Item 3(1) Board Assurance Framework and Corporate Risk Register (by exception)

The Chair confirmed that these had been thoroughly considered by the Quality and Performance Committee which preceded the Audit Committee.

Agenda Item 3(2) Issues(s) from Monitor and CQC Visits (by exception)

The Committee noted the update provided on the up and coming CQC inspection and information request.

Agenda Item 3(3) Draft Annual Audit Committee Report and Annual Assessment

The Chair presented the Annual Audit Committee report which will become part of the Annual Accounts and confirmed that this would be updated for any issues which arise and he would discuss this with other Committee members.

It was noted that the annual assessment of the Committee was to be deferred this year as the other Non Executive Directors on the Committee are new to the Committee however he would ask members of the Committee to familiarise themselves with the assessment forms and assess progress throughout the year in real time.

Agenda Item 3(3) Draft Head of Internal Audit Opinion

The Chair confirmed that this was a draft report which would come to the Committee again in May but further work was unlikely to cause a significant change.

Agenda Item 3(6) Draft Annual Governance Statement

The Chief Executive presented the report and answered questions from Committee members.

Agenda Item 4(6) Draft Quality Account issues (by exception)

It was confirmed that the first draft of the Quality Account was available and had been sent to partners for the statutory consultation. Comments were welcome by the 13th May.

Agenda Item 5(4) Going Concern

The Director of Finance/Deputy Chief Executive presented the paper and highlighted one change regarding the Trust's surplus. Having considered the paper it was agreed that the financial reports should be prepared on the basis that the Trust is a going concern.

Reviews/Decisions by the Quality and Performance Committee supporting Licence Condition G6:

Effective management of risk,safety quality and performance
Board Assurance Framework/Corporate and Group Risk Registers
CQC Registration
Performance Report
Monitor Quarterly Submissions
Data Quality Improvement Plan
Quality Account
Quality Governance Framework
Quality and Performance Committee Effectiveness

Quality and Performance Committee Meeting 18th March 2015

Agenda Item 42/15 c) Data Quality Improvement Plan

The Plan was received by members and it was noted that the Trust has recurrent internal audits which look at data quality and what and how the Trust reports and the internal audits undertaken over the last few years have provided significant assurance.

Agenda Item 43/15 External Performance Monitoring

a) Care Quality Commission

The Committee received for information a paper summarising changes to CQC guidance in relation to regulating,monitoring and inspecting services.

Agenda Item 45/15 Group Risk Registers

Copies of the Group Risk Register which had been reviewed by CDT were received by the Committee. The new risk added from the Planned Care Group related to the duplication of medication as some incidents had occurred within the memory services and appeared to be in relation to shared care arrangements, however there was no risk to service users as a result of these incidents.

Quality and Performance Committee Meeting 22nd April 2015

Agenda Item 56/15 External Performance Monitoring

a) Care Quality Commission

The Committee received a copy of the Compliance and Registration Update and there were no further comments to note.

b) Performance Report-Month 12

The Performance Report-Month 12 was received by the Committee and key points were highlighted. It was confirmed that the Monitor Governance rating was green and Finance rating 3.

c) Monitor Quarter 4 Submission

The Monitor Quarter 4 Submission was received by the Committee and it was noted that an exception report was included which would be taken to the Board in April for sign off. It was noted that the Trust had remained green for governance since Quarter 3 2011 which was an excellent achievement.

Agenda Item 57/15 Routine Updates

Quality Account 2014-2015

The draft Quality Account 2014-2015 was circulated to Committee. Committee members to forward comments to Anna Foster by Friday 8th May 2015.

Agenda Item 58/15 Board Assurance Framework/Corporate Risk Registers

It was noted that this would be considered at the May meeting due to changes in reporting to the Corporate Decisions Team.

Quality and Performance Committee Meeting 20th May 2015

Agenda Item 43/15 External Performance Monitoring

a) Care Quality Commission-Compliance and Registration Update

The Committee received a copy of the Compliance and Registration Update and there were no further comments to note.

c) Quality Account 2014-2015

The report was presented to the Committee for information and included comments that have been received by the Trust's partners, it was noted that these have all been positive statements.

d) Quality Governance Framework Quarter 4 Update

A copy of the Quality Governance Framework Quarter 4 Update was received by Committee members and there were no further comments to note.

Agenda Item 77/15 Board Assurance Framework/Corporate Risk Registers

A copy of the Board Assurance Framework and Corporate Risk Register were received by Committee members and it was noted that there were no significant changes to note.

Agenda Item 78/15 Group Risk Registers

The Committee received a copy of the Group Risk Registers and the paper highlighted the changes to the Registers. The issue relating to locked doors had been added as a risk to the Inpatient Services Group Register, this is being seen as a blanket restriction by the CQC in Mental Health Act Reviewer Reports. It was noted that this is being looked at with the aim of identifying a solution.

Quality and Performance Committee Meeting 17th June 2015

Agenda Item 93/15 External Performance Monitoring

a) Care Quality Commission-Compliance and Registration Update

The Committee received a copy of the Compliance and Registration Update and noted that the Trust has submitted the Mental Health Provider Profile information to the CQC as requested. Some anomalies were identified in the Service Directory on the Trusts intranet/internet and it was agreed that these would be addressed.

b) Intelligent Monitoring Report

The Trust's Intelligent Monitoring Report had been published by the CQC on their web site, the Trust being given a risk rating of 4 which is the lowest rating. It was agreed that guidance in relation to the Intelligent Monitoring Report and incidents would be looked at.

Quality and Performance Committee Meeting 15th July 2015

Agenda Item 105/15 External Performance Monitoring

a) Care Quality Commission-Compliance and Registration Update and Intelligent Monitoring Benchmarking Report

The Committee received a copy of the Compliance and Registration Update and noted that a meeting had been held with local CQC inspectors and quarterly meetings are to be held in future.

The Committee received a copy of the Intelligent Monitoring Benchmarking Report (June 2015) and the background to the report was discussed, including themes and risks. It was noted that a Board Development Session was to be held jointly with TEWV to share common themes and actions and that in terms of areas of risk identified in the report these were being looked at in more detail, as a part of the preparation for the CQC compliance visit.

b) Performance Report-Month 3

The Performance Report-Month 3 was received by the Committee and key points were highlighted. It was confirmed that the Monitor Governance rating was green and Continuity of Services rating 4.

c) Monitor Quarter 1 Submission

The Monitor Quarter 1 Submission was received by the Committee and it was noted that this would be taken to the Board in July for sign off.

A revised risk assessment framework is to be produced before the next quarter submission is due.

Agenda Item 106/15 Routine Updates

Quality Governance Framework Quarter 1 Submission

The Committee received a copy of the Quality Governance Framework Quarter 1 Submission and it was confirmed that the Trust had been a part of the national pilot on the use of the Framework and had continued to use it as a part of the Trust's assurance processes.

Quality and Performance Committee Meeting 16th September 2015

Agenda Item 123/15 External Performance Monitoring

a) Care Quality Commission-Compliance and Registration Update

Next report to be presented to Committee in October.

Quality and Performance Committee Meeting 21st October 2015

Agenda Item 134/15 External Performance Monitoring

a) Care Quality Commission Compliance and Registration Update

The Committee received a copy of the Compliance and Registration Update and discussed the contents.

b) Performance Report-Month 6

The Performance Report-Month 6 was received by the Committee and key points were highlighted and discussed.

c) Monitor Quarter 2 Submission

The Monitor Quarter 2 Submission was received by the Committee and it was noted that this would be taken to the Board in October for sign off. The Trust's Governance rating is green and Financial Sustainability risk rating is 4.

Agenda Item 135/15 Routine Updates

d) Quality Governance Framework Quarter 2 Submission

A copy of the Quality Governance Framework Quarter 2 Update was received by Committee members and the Committee approved the Action Plan.

Agenda Item 139/15 Corporate Risk Register and Board Assurance Framework

The Committee had received a copy of the Board Assurance Framework and Corporate Risk Register and the rationale for the proposed change in format of the reports was explained and it was noted that over the last few months the Board Assurance Framework and Corporate Risk Register had been reviewed by the Executive Team and that these reports are being taken to the Board of Directors next week for discussion and to seek their approval for this new approach.

Quality and Performance Committee Meeting 18th November 2015

Agenda Item 153/15 External Performance Monitoring

a) CQC Registration Update

The Committee received a copy of the Compliance and Registration Update and discussed the contents. It was noted that a request for information had been received by Easterfield Court and that this is usually a precursor to a visit from the CQC although notification of a visit has not been received.

c) Quality Account 2015/16 preparation and Quality Priorities setting 2016/17

The report was considered by the Committee and it was noted that the process for agreeing next years Quality Priorities had commenced with a number of engagement opportunities scheduled.

Quality and Performance Committee Meeting 20th January 2016

Agenda Item 07/16 External Performance Monitoring

a) Care Quality Commission-Compliance/Registration Update

The Committee received a copy of the Compliance and Registration Update and it was noted that since the report was produced the Trust had received formal notification of a CQC compliance inspection on the 31st May 2016 for two weeks. A CQC Inspection Steering Group and associated sub groups had been established to prepare for the visit.

The latest draft of the Intelligence Monitoring Report had been received and it was noted that there are seven indicators that have been identified as areas of risk and these are currently being checked for accuracy.

b) Performance Report-Month 9

The Performance Report-Month 9 was received by the Committee and key points were highlighted.

c) Monitor Quarter 3 Submission

The Monitor Quarter 3 Submission was received by the Committee and it was noted that this would be taken to the Board in January for sign off. It was noted that access and waiting time standards for mental health were introduced in 2015/16. Reporting IAPT access standards commenced in quarter 3 with the reporting of EIP standards due to commence in quarter 4.

Agenda Item 08/16 Routine Updates

b) Quality Account 2015/16 update and Quality Priorities for 2016/17

The Committee received a copy of the Quality Account progress report for 2015/16. The Quality Account is to be finalised in May 2016 and planning is underway to identify the 2016/17 Quality Priorities.

d) Quality Governance Framework Quarter 3 Submission

The Committee received a copy of the Quality Governance Framework Quarter 3 Submission with evidence against the ten components of the Framework. It was noted that Deloitte carried out the Trusts External Governance Review in October/November 2015 and their findings had been presented at a Board workshop in December 2015. The final report is to be submitted to the Board of Directors in January 2016 following which an action plan will be developed and agreed.

Agenda Item 11/16 Risk Registers

a) Board Assurance Framework and Corporate Risk Register

The Committee had received a copy of the Board Assurance Framework and Corporate Risk Register and noted that there were no significant changes except for the addition of recent internal audits completed. It was confirmed that any risks to strategic objectives with current scores of lower than 15 continue to be shown in the Corporate Risk Register and are no longer included in the Board Assurance Framework.

b) Group Risk Registers

A copy of the Group Risk Registers was circulated to the Committee and it was confirmed that the Board Assurance Framework/Corporate Risk Register and Group Risk Register will be presented to the Quality and Performance Committee on an alternating bi monthly basis.

Quality and Performance Committee Meeting 17th February 2016

Agenda Item 23/16 External Performance Monitoring

a) Care Quality Commission-Compliance/Registration Update

The Committee received a copy of the Compliance and Registration Update and it was noted that information requests had been received from the CQC in preparation for their compliance inspection on the 31st May 2016.

The latest version of the Intelligent Monitoring Report is due to be published by the CQC on the 25th February and the Trust has provided comments on the draft.

Agenda Item 28/16 Risk Registers

a) Board Assurance Framework and Corporate Risk Register

The Committee had received a copy of the reviewed Board Assurance Framework and Corporate Risk Register which had undergone a significant review since it was last presented to the Committee and all recommendations from the Well Led Review have been incorporated.

b) Group Risk Registers

The Committee received a copy of the Group Risk Registers and it was noted that recommendations from Deloitte's Well Led Review would be incorporated in future reports.

Quality and Performance Committee Meeting 16th March 2016

Agenda Item 37/16 Chairs Business

Review of Performance against Terms of Reference

The Committee received a copy of the Review of Performance document for the Quality and Performance Committee following discussion members approved the assessment however as Terms of Reference for all Committees are being discussed at the Board at the end of March it was agreed that the Terms of Reference would be discussed by the Committee in April.

Agenda Item 39/16 External Performance Monitoring

a) Care Quality Commission-Compliance/Registration Update

The Committee received a copy of the Compliance and Registration Update and it was noted that work is ongoing to prepare for the CQC comprehensive inspection, a second provider information request has been received and an external mock visit took place in early March.

It was confirmed that the latest version of the Intelligent Monitoring Report had been published and a number of risks were identified, one of which was an elevated risk. Further analysis was to be undertaken in relation to the number of complaints that were partially upheld/upheld by the Parliamentary Ombudsman.

Agenda Item 42/16 Routine Updates

b) Quality Account and Quality Priorities Update

The Committee received an update on the Quality Account for 2015/16 and Quality Priorities for 2016/17.

Quality and Performance Committee Meeting 20th April 2016 (Draft Minutes)

Agenda Item 52/16 Chairs Business

Review of Performance against Terms of Reference

Revised draft Terms of Reference were considered. It was noted that in order to provide additional assurance to the Board Les Boobis (Non Executive Director) will attend the monthly Inpatient and Specialist Quality and Performance Group Committees and Martin Cocker (Non Executive Director) will attend the Community Services Group Quality and Performance Group meeting.

Agenda Item 54/16 External Performance Monitoring

a) Care Quality Commission-Compliance/Registration Update

The Committee received a copy of the Compliance and Registration Update and it was noted that work is ongoing to prepare for the CQC comprehensive inspection, a second provider information request has been submitted to the CQC and an external mock visit took place in early March.

It was noted that the Trust was still awaiting the CQC report relating to Stephenson following their visit in January.

b) Performance Report-Quarter 4

The Performance Report-Quarter 4 was received by the Committee and key points were highlighted. The Trusts Monitor Governance rating remains green and the Financial Sustainability Risk Rating remains 4 as at the 31st March 2016.

c) Monitor Quarter 4 Submission

The Monitor Quarter 4 Submission was received by the Committee and it was noted that this would be taken to the Board in April for sign off.

Agenda Item 55/16 Routine Updates

bi) Quality Account 2015/16 Update

The Committee received an update on the Quality Account for 2015/16 and it was noted the first draft had been circulated and comments received would be included in further drafts.

b ii) Draft Data Quality Plan 2016/17

The Committee approved the Data Quality Plan 2016/17.

d) Quality Governance Framework Quarter 4 Submission

The Committee received a copy of the Quality Governance Framework Quarter 4 Submission with evidence against the ten components of the Framework. AS previously reported Deloitte carried out the Trusts External Governance Review in October/November 2015 and have presented their findings and recommendations to the Board. There were no significant issues to note in Quarter 4.

Agenda Item 58/16 Risk Registers

The Committee received an updated copy of the Board Assurance Framework and Corporate Risk Register and noted that the format of the documents had been revised in the light of the comments received from Internal Audit.

Reviews/Decisions by the Finance Infrastructure and Business Development Committee supporting Licence Condition G6:

Financial Performance and Targets

Commercial Activity and Business Development

Contractual Arrangements with Commissioners

Estates and Information Technology Infrastructure Systems and Processes

Business Planning

Effectiveness of the Finance Infrastructure and Business Development Committee

Finance Infrastructure and Business Development Committee Meeting 18th March 2015

Agenda Item 31/15 Financial Reporting

1) Finance Report

The Month 11 Finance Report was presented and discussed. The year to date risk rating is 3 with a forecast year end risk rating of 3.

The Chair asked that it be noted that the reports received by the Committee this year have been very clear and easily understood.

2) Budget and Financial Plan 2015/16 and 2016/17

A paper outlining the budget review procedure was presented and the proposed income and expenditure budget for 2015/16.

The assumptions, pressures, performance management and the development of a framework for accountability was highlighted.

Agenda Item 32/15 Commissioning Issues

The month 11 Commissioning paper was presented and discussed and it was noted that negotiations on contracts were ongoing.

Agenda Item 35/15 Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity.

Agenda Item 36/15 Governance

1) Operational Plan

The final draft high level 1 Year Operational Plan was circulated for information and is to be presented to the Board in March.

Finance Infrastructure and Business Development Committee Meeting 22nd April 2015

Agenda Item 31/15 Financial Reporting

1) Finance Report

The draft Month 12 Finance Report was presented and discussed. The year to date risk rating is a 3.

Agenda Item 45/15 Commissioning Issues

The month 12 Commissioning paper was presented to the Committee. An update was provided on the position of contracts with CCGs.

Agenda Item 46/15 Informatics Report

The quarterly Informatics Report was presented providing an update on Informatics projects and developments.

Agenda Item 47/15 Capital Programme Update

The bi monthly update on the capital programme was shared with the Committee and the paper outlined a number of challenges and potential risks.

Agenda Item 48/15 Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity.

Agenda Item 49/15 Governance

1) Quarterly Report to Monitor

The Quarter 4 submission of the Risk Assessment Framework to Monitor was shared and the Committee confirmed there were no concerns to raise from the information provided.

Finance Infrastructure and Business Development Committee Meeting 20th May 2015

Agenda Item 57/15 Financial Reporting

1) Finance Report

The draft Month 1 Finance Report was presented and discussed. The year to date risk rating is a 3 and the forecast year end risk rating is also 3. It was noted that there were a number of risks identified to 2016/17, especially around the Financial Delivery Plan.

2) Financial Stocktake

A paper was presented providing an overall stock take of the financial position for the year, and included clarity of the financial deliverables and risks and accountability for delivery. The paper had been fully discussed at the Corporate Decisions Team.

Agenda Item 58/15 Commissioning Issues

The new format for the Commissioning Issues report for month 1 was discussed which provided an overview of income, position on SLAs etc split into localities. An update was provided on the position relating to signed contracts with CCGs and the risks.

Agenda Item 61/15 Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity.

Finance Infrastructure and Business Development Committee Meeting 17th June 2015

Agenda Item 57/15 Financial Reporting

1) Finance Report

The draft Month 2 Finance Report was presented and discussed. The year to date risk rating is a 4 and the forecast year end risk rating is 3.

Risks requiring management were discussed and it was noted that risks are being reviewed and managed by the Corporate Decisions Team meetings and reported to the Board as required.

2) Loan Approval

A paper outlining the requirement for a loan to support this years capital programme was presented for information. The Committee noted the contents of the document and recommended it for consideration by the Trust Board of Directors.

Agenda Item 71/15 Commissioning Issues

The month 2 Commissioning paper was presented to the Committee and it was confirmed that there was very little change since month 1.

Agenda Item 73/15

2)Capital Programme Update

The bi monthly update on the capital programme was shared with the Committee and potential capacity issues within the Capital Team was highlighted depending on timing issues.

3) Risk Alert

The Director of Estates and Facilities advised the meeting of a potential risk for the Trust in respect of construction costs and availability of contractors. The proposal to continue with the current P21+ contractor whilst sourcing another contractor was agreed with the caveat that the new provider would need to demonstrate commitment to the Trusts programme of works.

Agenda Item 74/15 Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity. The implications of losing the Northumberland IAPT tender was discussed.

Agenda Item 75/15 Governance

1.Monitor –Risk Assessment Framework

Monitor had opened a consultation on proposed changes to the Risk Assessment Framework which will strengthen Monitor's regulatory regime.

The proposals will see the Trusts current risk rating drop to a 2.The Committee were asked to note the information and forward any comments on the consultation for inclusion in the Trust's response.

Finance Infrastructure and Business Development Committee Meeting 15th July 2015

Agenda Item 83/15 Financial Reporting

1) Finance Report

The Month 3 Finance Report was presented and discussed. The year to date risk rating is a 4 and the forecast year end risk rating is 3.

2) Reference Cost Submission

A paper outlining the reference cost submission for 2014/15 was presented to the Committee.

3) Private Finance Review

A verbal update was provided on the work that has been done to look at options to minimise existing PFI costs.

4) Energy Report

The bi-annual energy report was presented to the Committee for information.

Agenda Item 84/15 Commissioning Issues

The month 3 Commissioning paper was presented to the Committee. The increase in Aged Debt was highlighted, this being mainly related to NHS England 14/15 contract variances. It was confirmed that work was progressing on signing the Durham and Tees contract.

Agenda Item 85/15 Informatics

1) Informatics Report

The quarterly Informatics Report was presented providing an update on Informatics projects and developments.

2) Informatics Capital Programme Update

A paper on the planned expenditure against capital allocation was presented for information.

Agenda Item 87/15 Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity.

Agenda Item 75/15 Governance

1. Monitor –Quarterly Report to Monitor-Risk Assessment Framework

The Quarter 1 2015/16 submission was presented to the Committee for information and it was noted that this would be presented to the Trust Board of Directors prior to submission to Monitor by the 31st July.

Finance Infrastructure and Business Development Committee Meeting 16th September 2015

Agenda Item 96/15 Financial Reporting

1) Finance Report

The Month 5 Finance Report was presented and discussed. The year to date risk rating is a 4 and the forecast year end risk rating is now a 4.

Agenda Item 97/15 Commissioning Issues

The month 5 Commissioning paper was presented to the Committee. It was noted that work was ongoing to develop a report which would show the Trust's Financial Delivery Programme/efficiencies by CCG.

Agenda Item 99/15

3) Capital Programme Update

The update on the capital programme was shared with the Committee and it was noted that the Capital Programme was fully committed for the next two years and any new proposals would require prioritisation above schemes already in the pipeline as well as funding.

4) Capital Works-Post Project Evaluation

A brief post project evaluation for four completed capital projects was reviewed. The Committee requested that additional end user information is included in future evaluation reports.

Agenda Item 100/15 Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity.

Finance Infrastructure and Business Development Committee Meeting 21st October 2015

Agenda Item 96/15 Financial Reporting

1) Finance Report

The Month 6 Finance Report was presented and discussed. The year to date risk rating is a 4 and the forecast year end risk rating is also a 4. An updated Risk Assessment Framework had been issued by Monitor in August which includes a new financial risk rating called the Financial Sustainability Risk Rating. The key financial risks facing the Trust and expected mitigations were discussed, the Trust's key risks which need to be managed are currently forecast to be offset by expected underspends.

A paper would be brought to the Committee in November on the proposed Financial Delivery Plan for 2016/17.

2) Budget Setting

A paper outlining the budget setting exercise for 2016/17 was presented to the Committee.

Agenda Item 110/15 Commissioning Issues

The month 6 Commissioning paper was presented to the Committee. It was noted that some of the debt reported in the update had now been settled. North Tyneside CCG remain in financial distress but all contracts are being honoured.

Agenda Item 111/15 Informatics

1) Informatics Report

The quarterly Informatics Report was presented providing an update on Informatics projects and developments. Work is ongoing on the next iteration of the Trusts Informatics Strategy.

Agenda Item 113/15 Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity.

Agenda Item 114/15 Governance

1. Monitor –Quarterly Report to Monitor (Quarter 2)

The Quarter 2 2015/16 submission was presented to the Committee for information, in advance of submission to the Trust Board.

The paper, including that the Board should confirm that the Trust will maintain a risk rating of at least 3 for the next 12 months was recommended for submission to the Board.

Finance Infrastructure and Business Development Committee Meeting 18th November 2015

Agenda Item 122/15 Financial Reporting

1) Finance Report

The Month 7 Finance Report was presented and discussed. The Trust remains at a year to date risk rating of 4 with the forecast year end risk also a 4. Meetings to look at 2016/17 and future year plans have commenced and it was noted that work is being done to ensure quality impact is being considered when plans are identified. It was noted that Financial Delivery Plans are reported to CCGS as part of the quarterly returns and focusing on the quality impact would not only inform the Trust but help inform that return.

Agenda Item 123/15 Commissioning Issues

The month 7 Commissioning paper was presented to the Committee. It was noted that the debt position has improved but an issue with West Hampshire CCG will require escalation. The impact of payment by CCGs which is advised by GP registration remains a concern. The Committee was updated on difficulties in moving patients through the pathway and the impact on patient care where Trusts are not paying for care.

Agenda Item 125/15 Capital Programme Update

3) Capital Programme

The progress of the capital programme was shared with the Committee for information. The Programme remains fully committed in 2015/16 and 2016/17 and any new proposal would require prioritisation above schemes already in the Programme. The need for an integrated understanding of both capital and revenue requirements was discussed and a forum to look at the overarching picture would benefit the process.

126/15 Commercial Development

1) Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity.

2) Business Case Update

An update on the Business Cases presented to and approved by the Corporate Decision Team was made and the contents of the paper noted.

Finance Infrastructure and Business Development Committee Meeting 20th January 2016

Agenda Item 03/16 Chairs Business

The Chair confirmed that organisational risks for this Committee are to be identified and a report made to the next meeting of the Committee. There is a need to have a co-ordinated approach across all Committees and it was noted that there may be a change in content of future agendas. It was agreed that at the end of each meeting a highlight would be done of issues to raise at Trust Board level.

Agenda Item 04/16 Financial Reporting

1) Finance Report

The Month 9 Finance Report was presented and discussed. The Trust remains at a year to date risk rating of 4 with the forecast year end risk also a 4. The Committee discussed the risks and service pressures and monitoring arrangements to progress these issues.

2) Reference Cost Results 2014/15

The results of the Reference Cost benchmarking process was presented and it was noted that overall the Trusts headline reference cost is the fourth highest in England and reference costs are high across the majority of the services included in the submission. Discussion took place round the contributing factors to our high reference costs across mainstream services and how our higher bed occupancy days per 100K population impacts on the results.

3) Education and Training Reference Cost Results 2014/15

The Education and Training Reference Cost Results were outlined to the Committee with the Trust having higher than average on costs. Work is planned to ensure there is a full understanding of the figures and to undertake some comparative work against other Mental Health Trust costs.

4) Financial Planning 2016/17

A presentation was given regarding Monitor's expectations for the Trust for 2016/17 and it was noted that the Trust had to achieve a control total of £4.7m for the year 2016/17 as its contribution to the financial break even for the NHS. It was noted that this would need full discussion at Trust Board level to ensure a comprehensive understanding of the position and implications.

5) PFI Update-St.George's Park Review

An update on the work being done to develop a Business Case to go to the Treasury was given.

Agenda Item 05/16 Commissioning Issues

The month 9 Commissioning paper was presented to the Committee and discussed.

Agenda Item 07/16 Capital Programme Update

3) Capital Programme

The progress of the capital programme was shared with the Committee for information. Two emerging risks to the Capital Programme were discussed.

4) Post Project Evaluation-Sunderland North Community Services

An update was provided on the Post Project Evaluation-Sunderland North Community Services. This was the first project designed on the PCP model principle and a lot of the lessons learnt from this project have informed future schemes and allowed a community setting design methodology to be developed.

Agenda Item 08/16 Commercial Development

1) Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity. Work was being done to identify opportunities for income generation for the Trust and these are being explored.

Agenda Item 09/16 Governance

The Quarterly report to Monitor (Risk Assessment Framework)-Quarter 3 was presented for information. The Committee were asked to consider the financial element of this report.

Finance Infrastructure and Business Development Committee Meeting 17th February 2016

Agenda Item 11/16 Cost of CQC Visit

The revenue implications for the CQC visit were anticipated as being high. Additional staff were being brought in to cover the visit to allow staff to be released from wards which will have cost implications. The potential cost to the Trust could be £1m. Pre and post capital and revenue implications of the expected CQC visit to be highlighted to the Board.

Agenda Item 17/16 Financial Reporting

1) Finance Report

The Month 10 Finance Report was shared with the Committee and discussed. The Trust remains at year to date risk rating of 4 with the forecast year end risk also a 4. The Committee discussed the forecast risk to delivery of the Financial Delivery Plan and the discussions with Monitor regarding the Agency spend and achieving the April target. An update was provided on international recruitment and the nurse recruitment programme which aimed to address the use of Agency staff.

2) Annual Plan

The draft Annual Plan had been submitted on the 8th February and the final Plan will be submitted on the 11th April. It was noted that it is anticipated that there will be some challenge to the contents due to the level of capital expenditure. The work required on the Plan before final submission was discussed.

Agenda Item 18/16 Commissioning Issues

The month 10 Commissioning paper was presented to the Committee and discussed including the worsening income position and the introduction by Monitor of the contract negotiation tracker. The Committee asked that in future reports debts over £100K are identified as a separate line in the report.

Agenda Item 21/16 Commercial Development

1) Service and Commercial Development Update

An update on the work of the Commercial and Marketing Team was discussed including tenders and funding bids, risks and opportunities and marketing activity. It was agreed that the approximate income of contracts would be shown in future reports. It was noted that the Business Case process is currently being reviewed and it was agreed that the proposal would be shared with the Non Executive members of the Committee. It was noted that the Business Development Group would provide assurance that all processes are being adhered to and regular reports would be made to this Committee by that Group. It was agreed that the Committee needed full assurance that operational, reputational and financial risks are being considered for all Business Cases and opportunities.

Finance Infrastructure and Business Development Committee Meeting 16th March 2016

Agenda Item 30/16 Financial Reporting

1) Finance Report

The Month 11 Finance Report was shared with the Committee and discussed. The Trust remains at year to date risk rating of 4 with the forecast year end risk also a 4. It was noted that key risks are being managed and these will be offset by expected underspends. Discussions took place around capital availability the concern that monies would not be available for the next financial year. It was agreed that this risk would be highlighted to the Board.

Feedback from Monitor on the draft Annual Plan including the capital plan was expected via a telephone call booked for this week.

2) Budget and Financial Plans 2016/17

A paper outlining income and expenditure budgets for 2016/17 was shared for information. This paper had been fully discussed and developed at Group operational level, submitted to CDT for comments and would be shared with the Trust Board later this month. The Integrated Business Development Group has been tasked with monitoring and prioritising changes to the Capital Programme.

Agenda Item 31/16 Commissioning Issues

The month 11 Commissioning paper was presented to the Committee and discussed. An increase in OATs performance was reported and an update on the contract negotiation position provided including the work being done to get contracts in place. It was noted that the outcome of commissioning negotiations may impact on Group control targets.

Agenda Item 33/16 Capital Programme Update

2) Capital Programme Update

The bi monthly update was provided and it was confirmed that projects are continuing to progress in line with the Programme and there is a continuing challenge regarding the capacity to deliver the small schemes coming on line. It was agreed that the format of the paper would be reviewed to provide a more assurance focus and the paper would be developed over the forthcoming months to reflect this.

Agenda Item 34/16 Commercial Development

1) Service and Commercial Development Update

The Commercial and Marketing update was presented to the Committee including updates on the outcome of tenders.

Finance Infrastructure and Business Development Committee Meeting 16th April 2016 (Draft)

Agenda Item 30/16 Financial Reporting

1) Finance Report

The Month 12 Finance Report was shared with the Committee and discussed. The new Financial Sustainability Risk Rating at year end is a 4 (Green). The Surplus is lower than forecast. Risks and service pressures were discussed. It was noted that there are no reserves for the forthcoming year and all budgets and plans will need careful management. Full and frank discussions took place around the real danger to the capital allocation and the potential implications for the Trust if full monies are not released. The risks associated with the availability/capital restrictions to be flagged to the Board.

Agenda Item 44/16 Commissioning Issues

The month 12 Commissioning paper was presented to the Committee and discussed. Overall income had broken even due to over activity of Affective Disorders, the OATS budget remains the same.

Agenda Item 45/16 Informatics

The quarterly informatics report was presented for information.

Agenda Item 47/16 Commercial Development

1) Service and Commercial Development Update

The Commercial and Marketing update was presented to the Committee and it was confirmed that there was little change from the previous month reported. It was noted that local authorities are now looking at a collaborative approach to the provision of services rather than tendering out right and that this is a good opportunity to get a commitment to improve services.

2) Business Case-Community Accommodation

The Community Accommodation Business Case was presented for information.

Agenda Item 48/16 Governance

1) Terms of Reference-Resource and Business Assurance Committee

The Terms of Reference had been circulated for comment. This would replace FIBD. The meeting would be quarterly and have a risk based focus. Minor changes to deliverables were requested, these would be amended and recirculated for confirmation.

2) Terms of Reference-Integrated Business Development Group

The Terms of Reference for the Integrated Business Development Group were received for information. It was agreed that the risks raised at this meeting would need to be escalated to the Resource and Business Assurance Committee for assurance purposes.

3) Quarter 4 report to Monitor

The report was received for information.

Reviews/Decisions by Mental Health Legislation Committee supporting Licence Condition G6:

Compliance with Mental Health Legislation and associated Code of Practice/Best Practice Training for staff and Hospital Managers Mental Health Legislation Committee Effectiveness

Mental Health Legislation Committee 18th March 2015

Agenda Item 22/15 Group Actions Update

The Committee reviewed progress made in respect of the individual actions included on the Committee's Action Log and where appropriate agreed that actions were complete or the outstanding actions to be progressed.

Agenda Item 23/15 Chair's Business

The Chair reported that a meeting had been arranged with the Medical Director to discuss the need to ensure that legislation is being complied with and to review the Committee attendance.

Agenda Item 24/15 Committee Business

5.1 New Code of Practice

The Medical Director had prepared a paper to go to the Trust Board in April recommending that a Project Team be set up to aid the implementation of the new Code of Practice. Progress to be a standard monthly agenda item.

5.3 Review of Performance against Terms of Reference

The document has been amended as agreed by the Committee.

Agenda Item 25/15 Quality Performance and Assurance

6.1 Deprivation of Liberty Standards-Supreme Court Decision

An update was provided and it was confirmed that a more concise monthly report will capture any concerns regarding clinical practice and how the workload is changing.

It was agreed that the Medical Director would update the Committee in April.

6.2 CQC Monitoring the Mental Health Act 2013/14

It was agreed that the Chair and Medical Director would meet to review governance arrangements for Mental Health Legislation and address the Committee's assurance role.

Agenda Item 26/15 Sub Group Routine Reporting
7.1 MHA/MCA Multi Agency Group-minutes 09/02/15
7.2 Panel Member's Forum-minutes 06/03/15

Mental Health Legislation Committee 22nd April 2015

Agenda Item 30/15 Group Actions Update

The Committee reviewed progress made in respect of the individual actions included on the Committee's Action Log and where appropriate agreed that actions were complete or the outstanding actions to be progressed.

Agenda Item 32/15 Committee Business

5.1 New Code of Practice

The Medical Director confirmed that the Implementation Team has the agreement from the Executives to proceed and that membership of the Team will be finalised in May. The Chair expressed concern that the Team was not up and running.

The Committee agreed that a risk register would be helpful to support the work of the Implementation Team and discussed the risks one being of unlawful detentions and the importance of keeping the patient in mind.

The Chair asked that the presentation given to the Committee on the new Code should be given to the Board and it was confirmed that presentation to the Board was to be held on the 29th May.

Agenda Item 33/15 Quality Performance and Assurance

6.1 Deprivation of Liberty Safeguards-Supreme Court Decision

The Medical Director confirmed that ,as far as he has been made aware,good compliance with the Supreme Court Decision has been shown on the SitRep monthly reports and indications are that other than those patients that are consenting to their admission and treatment in hospital the majority of patients in the Trust are either detained under the Mental Health Act or the Deprivation of Liberty Safeguards.

6.2 Incidents/Claims/Complaints/Legal Challenges

A report was presented highlighting 5 medical recommendations over the last 2 months that have been deemed as insufficient following medical scrutiny.The continuing work around medical scrutiny,the provision of training, a check list for ward staff and raising awareness to AMHPs were discussed.

The Committee noted a complaint from a relative who was unhappy with a patient's section and it was agreed that further information concerning the complaint would be provided to the Committee in May.

6.3 Mental Health Legislation/Hearing Activity Report

The Committee were advised that there were no lapses under Section 5(2). It was agreed that the use of section 4 in the Sunderland area would be checked and the Committee advised in May.

The Committee noted that the Tribunal Service were issuing directions to address its concern around the receipt of late reports, albeit a relatively low number. It was agreed that the current situation regarding the letter to the Tribunal on behalf of the Chief Executive would be established.

Agenda Item 34/15 Sub Group Reporting

7.1 MHA/MCA Multi Agency Group-minutes 09/03/15

Agenda Item 35/15 Training

8.1 Workforce Report

The Chair raised concern as to the lack of narrative, it appears that training is well behind expectations and it is impossible to calibrate the risk this could present. It was confirmed that the report would include in future some context and narrative and that the level of training had progressed with the percentages averaging 80% and that this will increase from May onwards.

It was agreed that a high level training plan from the Implementation Team would be presented to the Committee in June.

8.2 Panel Members Training Report

The Committee was advised that all panel members were now 100% compliant with training needs.

Agenda Item 37/15 Items received for Information

10.1 Mental Health Legislation related Policy Report

The new Code of Practice will have a huge influence on Trust Policies. It was agreed that the issue be taken to the Implementation Team with the aim of the policy lists being merged and gaps identified.

Mental Health Legislation Committee 20th May 2015

Agenda Item 41/15 Group Actions Update

The Committee reviewed progress made in respect of the individual actions included on the Committee's Action Log and where appropriate agreed that actions were complete or the outstanding actions to be progressed.

Agenda Item 42/15 Presentation- Changes in relation to the use of Section 136

A presentation was provided on the structure of the Police Liaison Group, Governance and Committee structure. It was noted that the Senior Regional Police and Partners Group had been called into a review after reports that the group was not productive and they have since agreed a more positive approach. The Committee were advised that since Street Triage was introduced in South of Tyne there has been a significant decrease in the use of section 136.

Agenda Item 45/15 Quality Performance and Assurance

6.1 New Code of Practice/CQC Monitoring of the MHA 2013/14-Report from the Implementation Team

It was confirmed that the Team is now up and running and has a Plan and that the Team is on target to have identified all changes that will affect Trust Policies etc by October.

It was agreed that the Risk Register would be shared with the Committee at the next meeting.

6.2 Deprivation of Liberty Safeguards-Supreme Court Decision

An update report was provided and work is ongoing on the analysis of the increased workload.

6.3 Mental Health Legislation/Hearing Activity Report

The use of section 4 in Sunderland had occurred four times in January and February, all of these had occurred after 11pm and before 9am. It was noted that the local authority Lead AMHP had confirmed that there were some difficulties in getting a second doctor in Sunderland.

It was agreed that the impact of 7 day working on the use of section 4 would be explored.

6.4 CQC Reviewer Visits Summary Report

The report was provided to the Committee for information. The report included themes and it was agreed that it would be helpful to include the responses to the themes included in the report.

6.5 PHR/Patient Questionnaire Report

The Committee agreed that limited assurance audit reports should be brought to the next meeting. An update is also to be provided to the Committee regarding progress with IT for the Consent to Treatment for CTO patients dashboards.

6.6 Panel Member Observations Report

One panel member had confirmed that they were impressed with staff on the Tranwell Unit regarding their commitment and time for the patients.

Agenda Item 46/15 Sub Group Reporting
7.1 MHA/MCA Multi Agency Group-minutes 13/04/15

Agenda Item 47/15 Training
An update was provided on training.

Mental Health Legislation Committee 16th September 2015

Agenda Item 51/15 Group Actions Update

The Committee reviewed progress made in respect of the individual actions included on the Committee's Action Log and where appropriate agreed that actions were complete or the outstanding actions to be progressed.

Agenda Item 52/15 Chair's Business

The Chair confirmed that a discussion had taken place in relation to the Committee, its current function and what its function would be in the future. In future the Committee would be held on a quarterly basis and that duties would be discharged through a Mental Health Act Steering Group. The new arrangements would begin in November 2015.

Agenda Item 54/15 Quality Performance and Assurance

6.1 New Code of Practice/CQC Monitoring of the MHA 2013/14-Report from the Implementation Team

An update report from the Implementation Team was received and discussed including the review of policies, the Groups Work Plan, Governance Arrangements, the Risk Register, circulation of the Code and Touch screens.

The difficulties in implementing the Code of Practice was discussed, primarily around staff changing their existing practices and the requirement for recording information. Training and measuring staff competencies were being explored.

6.2 Deprivation of Liberty Safeguards Update

The Committee was updated on the Mental Capacity Act and the DoLS implementation.

6.3 Mental Health Legislation/Hearing Activity Report

An update was provided and it was highlighted that the use of section 136 had dramatically reduced and the use of other sections had levelled off.

6.4 Incidents/Claims/Complaints/Legal Challenges (Quarter 1 2015/16)

12 new incidents had been reported during April-June 2015 and the nature of the incidents were explained and discussed including a more robust model for medical scrutiny.

It was noted that the Scrutiny Practice Guidance Note is out for consultation and when implemented should increase the quality of medical recommendations.

6.5 CQC MHA Reviewer Visits Summary Report (Quarter 1 April-June 2015)

The report identified the recurring themes arising from CQC visits and it was agreed that this topic would be raised with the CQC Compliance Group on the 18th September. The Chair suggested it would be beneficial to look at “pinch points” and why the same issues were reoccurring and to identify barriers and how those are addressed.

6.6 Mental Health Legislation Limited Assurance Audit Report

The Mental Health Act-Patients Rights Final Audit Report was presented to the Committee. It was agreed that the Responsible Officers had been allocated to the Actions in the report and that those Officers should be aware of the allocation. A process was also required for managing the high risk areas in order to provide assurance to the Committee.

The involvement of Board Committee Chairs in the discussions regarding the Trust’s future Audit Planning process was discussed and the Chair advised that it should be clear on where the priorities are and that audits should be based on those priorities.

Agenda Item 55/15 Sub Group Reporting

7.1 MHA/MCA Multi Agency Group-minutes 11/05/15,08/06/15 and 13/07/15

7.2 Panel Members Forum Minutes 12/06/15

Agenda Item 56/15 Training

8.1 Workforce Report

An update report on the uptake of training was provided and discussed.

Agenda Item 57/15 Items received for Information

9.1 Mental Health Legislation related Policy Report

A list of relevant policies was presented to the Committee.

9.2 Mental Capacity and Deprivation of Liberty-A Consultation Paper

It was noted that this was a national consultation and it would sit with the Code of Practice Implementation Team to respond.

Mental Health Legislation Committee 18th November 2015

Agenda Item 59/15 Presentation by Gillian Weatherill Beachcroft LLP

The presentation highlighted rapidly changing law in respect of patients who may be subject to a provision of the Mental Health Act and also deprived of their liberty in the community, advising how the Trust should consider how the First Tier Tribunal may approach Community Treatment Orders, Conditional Discharges and Deprivation of Liberty, in the future and the potential consequences for Trust operations.

Agenda Item 62/15 Group Actions Update

The Committee reviewed progress made in respect of the individual actions included on the Committee's Action Log and where appropriate agreed that actions were complete or the outstanding actions to be progressed.

Agenda Item 63/15 Chair's Business

4.1 Governance review of Terms of Reference and Committee/Group Structures relating to Mental Health Legislation

The Chair outlined a report setting out proposed Mental Health Legislation Governance arrangements which had been approved by the Board of Directors at their meeting in October.

The Mental Health Legislation Committee would meet quarterly with assurance being provided by a newly formed Mental Health Legislation Steering Group. The effectiveness sub groups within the Quality and Performance Committee governance arrangements would be considering Mental Health Legislation issues. Assurance would mean "everything that needs to be done is being done". The Code of Practice Implementation Group will be transforming into the Mental Health Act Steering Group and in order to provide further assurance to the Committee would present a report to Group Business Meeting on a monthly basis. Nominations were requested for the Committee and it was confirmed that members should fully understand the responsibilities of the Committee and members.

Agenda Item 65/15 Quality Performance and Assurance

6.1 New Code of Practice/CQC Monitoring of the MHA 2013/14-Report from the Implementation Team

An update report from the Implementation Team was received and aspects of the High Level Plan were discussed.. The Chair recognised that a fantastic amount of work had been carried out and that a systematic approach had been implemented however there were still a number of areas to be addressed, such as training and duties of Hospital Managers.

It was noted that a quarterly report would be produced which would identify themes and trends, As an assurance tool, this monitoring report would identify deficits and areas of concern. The Chair asked that a monitoring tool for the Committee also be developed.

6.3 Deprivation of Liberty Safeguards-A Consultation Paper (update)

It was confirmed that the Trust had commented on this, with support from Beachcroft.

6.4 Incidents/Claims/Complaints/Legal Challenges (Quarter 2 2015/16)

The incidents, claims and complaints reported during July-September 2015 were highlighted and the process for picking up learning points/lessons learnt and closing the loop discussed.

It was agreed that the current processes would be clarified through the Group Business Meeting.

6.5 Limited Assurance Audits

It was confirmed that this issue had been raised at the Community Effective Sub Group and following that meeting, a Task and Finish Group had been established to deal with outstanding issues. The Chair requested follow up information be submitted to the Committee in January in respect of limited assurance audits relating to patients rights and separately to CTOs. The Chair also asked that it be established whether there were any other audits which should be brought to the attention of the Committee it was agreed that this would be raised at the Code of Practice Implementation Group.

6.6 Panel Members Update, including training

An update on the Panel Members was provided including activity and training. It was agreed that an updated Panel Members Report would be presented to the Committee in March 2016.

Agenda Item 67/15 Training

8.1 Workforce Report

The Committee discussed the report and it was agreed that a summary sheet would be included in future reports incorporating a narrative to encompass all relevant and necessary information, the issue of section 12,2 training is also to be investigated to avoid duplication.

Agenda Item 68/15 Items received for information

9.1 Mental Health Legislation related Policy Report

The report was brought to the attention of the Committee.

9.2 Uses of the MHA Annual Statistics 2014/15

The Trust statistics against national statistics were reviewed. It was noted that detentions were generally up. The report was accepted.

Mental Health Legislation Committee 4th February 2016

Agenda Item 03/16 Group Actions Update

The Committee reviewed progress made in respect of the individual actions included on the Committee's Action Log and where appropriate agreed that actions were complete or the outstanding actions to be progressed.

Agenda Item 05/16 Committee Business

5.1 Mental Health Legislation Committee-Assurance against Key Outputs

The Chair highlighted the revised Mental Health Legislation Committee Terms of Reference and scheduled quarterly meetings. The Committee considered in turn the key outputs of the Committee. It was agreed that the key outputs of the Committee would be reviewed regularly in order to test its effectiveness and that the Mental Health Legislation Steering Group would be critical in providing the Committee with assurance and would itself review the key outputs. It was also agreed that the Committee's Agenda be aligned to mirror the key outputs on the Terms of Reference.

5.2 Formation of Mental Health Legislation Steering Group

The Mental Health Legislation Steering Group Terms of Reference were presented to the Committee. The Committee accepted the Terms of Reference.

5.3 Code of Practice Implementation Group Report

The Code of Practice Implementation Group Report was presented and the Chair sought assurance that all outstanding pieces of work would be completed by the 31st March 2016. An update was provided.

5.4 Mental Health Act Scheme of Delegation

It was agreed that the Scheme of Delegation would be presented to the Board.

Agenda Item 06/16 Mental Health Legislation Activity and Monitoring

6.1 Mental Health Legislation Activity and Monitoring Report-Quarter 3 (October, November, December 2015)

The Committee were advised that the report was "work in progress" and that further development of the report was planned. Members of the Committee commented on the draft and suggested amendments and the inclusion of additional information which were agreed.

The Chair asked that the Activity and Monitoring Report be examined again in April.

6.2 Mental Health Act related incidents-process

An updated version of the Mental Health Act related incident process was explained to the Committee. It was agreed that a “lessons learned” flowchart would be circulated to the Committee. It was agreed that an escalation process would also be incorporated into the Mental Health related incidents process.

6.3 CQC Activity Report

A summary of the issues arising at CQC visits and the actions that were subsequently taken were discussed including the common themes.

Agenda Item 07/16 Mental Health Legislation related Policy Report

The Committee discussed the report.

Agenda Item 08/16 Mental Health Legislation Audits

8.1 Patients rights (update on action plan)

8.2 Consent to Treatment for CTO patients (update on action plan)

A report was presented to the Committee in relation to Patients rights and Consent to Treatment for CTO patients as both of these audits had received limited assurance and therefore there would be a requirement to re-audit. The Committee discussed aspects of the action plans and the assurances the Committee had in relation to practices and offered support on how those assurances could be presented.

The Committee agreed to revisit this in April.

Agenda Item 09/16 Training

9.1 Workforce Report

The Committee discussed aspects of the Workforce Report and the need for staff to receive training in a timely manner.

It was agreed that the Trust training Lead would be invited to the Mental Health Legislation Committee on a six monthly update.

Agenda Item 10/16 Law and Practice-New Reports/Guidance

10.1 CQC Monitoring the Mental Health Act 2014/15

The report was noted and that the Mental Health Legislation Steering Group would be involved in taking this forward.

10.2 CQC Monitoring the Deprivation of Liberty Safeguards 2014/15

The report was presented to the Committee and issues around training were discussed together with the Verification of a Death Policy to include notification to the Coroner if a patient is subject to DoLs authorisation and the issues if this happens out of hours.

It was agreed that the process relating to the aforementioned would be investigated.

10.3 DoH Guidance: Response to Supreme Court Judgement/Deprivation of Liberty Safeguards

The report was presented including the proposed actions.

10.4 DoH response to Law Commission’s consultation on Mental Capacity and Deprivation of Liberty

The report was presented to the Committee for information.

Agenda Item 11/16 Any Other Business

It was reported that the eBNF process had been amended following recommendations by the CQC. Certificates that needed to be rewritten had been identified and the individual Responsible Clinicians informed of the new requirement.

Mental Health Legislation Committee 20th April 2016 (Draft)

Agenda Item 16/16 Group Actions Update

The Committee reviewed progress made in respect of the individual actions included on the Committee's Action Log and where appropriate agreed that actions were complete or the outstanding actions to be progressed.

Agenda Item 17/16 Chair's Business

The Vice Chair confirmed that he was unsure of the timescale for the Chairs return but she had indicated that she would like to remain as nominated Chair.

Agenda Item 18/16 Committee Business

6.1 Mental Health Legislation Committee Terms of Reference and Performance against Terms of Reference

The Performance against Terms of Reference was presented to the Committee for review.

Amendments to the Performance against Terms of Reference Questionnaire and Terms of Reference were agreed to reflect the Committee's discussions.

6.2 Mental Health Legislation Committee Membership Schedule

The Mental Health Legislation Committee Membership Schedule was reviewed and amendments agreed.

Agenda Item 19/16 Mental Health Legislation Steering Group Reports

7.1 Mental Health Legislation Group Report

The report was presented to the Committee and it was noted that future reports would act as a "cover sheet" of business and would also include minutes of the Mental Health Legislation Steering Group.

7.2 Mental Health Legislation Activity and Monitoring Report (Quarter 4)

The report was discussed and it was agreed that the issue regarding the use of T2/T3 and the Certificate Requirements will be added to the agenda of the Mental Health Legislation Steering Group to explore and formulate a process to aid clinicians.

It was agreed that an exception report would be presented to the next Mental Health Legislation Committee regarding DoLS Authorisations.

7.3 CQC Activity Report

It was noted that the key themes included in the report presented are being addressed. It was agreed that narrative would be provided regarding outstanding items associated with Mental Health Act Commission Visit Actions.

7.4 Mental Health Legislation Policy Report

The report was accepted by the Committee.

Agenda Item 20/16 Mental Health Legislation Audits

8.1 Patients rights (update on action plan)

8.2 Consent to Treatment for CTO patients (update on action plan)

It was noted that two limited assurance audits have taken place (2014 and 2015), whilst most of the items in the Action Plan are complete some issues are outstanding. It was agreed that monitoring information should be brought to the Steering Group to determine if improvements have been made and can be presented to the Committee for assurance.

Agenda Item 21/16 Training

9.1 Workforce Report

It was noted that there are significant numbers of staff failing to attend training and over 200 against the current revised Code of Practice training. Arrangements to address this were confirmed.

Agenda Item 22/16 Law and Practice-New Reports/Guidance

10.1 Policing and Crime Bill 2015/16

The main changes proposed to the Mental Health Act from the Policing and Crime Bill were outlined. This would be discussed further by the Steering Group if it were to become law.

Reviews/Decisions by Board of Directors supporting Licence Condition G6:

Ensure the quality and safety of healthcare services

Ensure compliance with the Trust's Licence, Constitution, mandatory guidance by Monitor, relevant statutory requirements and contractual obligations

Ensure financial and human resources are in place

Setting the Trust's vision, values, standards of conduct and strategic aims

Ensure the Trust exercises its functions effectively, efficiently and economically

Board of Directors Public Meeting 25th 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 for 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 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 25th March 2015

Minute Ref 28/15 Quality, clinical and patient issues

i) Serious Case Review and Domestic Homicide Review Update

The contents were noted by the Board.

Minute Ref 29/15 Workforce Issues

i) Employment Tribunals Update

The update report was noted by the Board.

Minute Ref 30/15 Any Other Business

i) Feedback from Board Away Day

The key actions were presented and the contents were noted by the Board.

Minute Ref 31/15 Board Committee Issues (if any)

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 (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

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

Board of Directors Public Meeting 29th April 2015

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 summary of the Quarter 4 position of the Service User and Carer reports were 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, including that the Trust had achieved all national requirements for 2014/15 and all governance requirements for the Monitor Risk Assessment Framework were also achieved for 2014/15.

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 changes to the Terms of Reference for the Board and its Committees.

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 Gateshead Clinical Commissioning Group “Deciding Together2” Update

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

iii) Workforce Strategy/Organisational Development Strategy

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

iv) Annual Plan Review 2015/16-Board Declarations

The Board approved the declaration 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 noted 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 content of the minutes was noted by the Board.

ii) Local Safeguard Update

The content of the minutes was noted by the Board.

Board of Directors Closed Meeting 29th April 2015

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 be forwarded to Anna Foster by 8 May 2015.

Minute Ref 40/15 Performance and Assurance

i) Outcome of 2015/16 Contracting Round

The update report was noted by the Board.

ii) Briefing on PFI Buyout

The update report was noted by the Board.

Minute Ref 41/15 Workforce Issues

i) Quarterly Employment Tribunals Update

The update report was noted by the Board.

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

- i) Audit Committee
- ii) Finance Infrastructure and Business Development (FIBD)
- iii) Mental Health Legislation (MHL)
- iv) Quality and Performance (Q and P)

The Board noted the Committee minutes and Chairs' updates.

Board of Directors Public Meeting 27th May 2015

Minute Ref 65/15 Quality, clinical and patient issues

- i) Safer Staffing

The contents were noted by the Board.

- ii) Security Management Annual Report 2014/15

The contents were noted by the Board.

- iii) Draft Annual Quality Account

The Board approved the Quality Account

- iv) Code of Practice Implementation Progress Report

The contents were noted by the Board.

Minute Ref 66/15 Performance and Assurance

- i) Performance Report

The contents of the report were noted by the Board.

- ii) CQC Registration Reports

The contents of the report were noted by the Board.

- iii) Learning from Saville Action Plan

Action Plan to be revised in relation to recommendation R 7-DBs checks.

Minute Ref 67/15 Strategy and partnerships including commercial and business development

- i) New Models of Care

The contents were noted by the Board and would be considered at the Board's next Away Day on 30th July 2015.

ii) Transformation Programme Update
The contents were noted by the Board.

Minute Ref 68/15 Workforce Issues

i) Workforce Quarterly Update

The contents of the report were noted by the Board.

ii) Fit and Proper Person Test

The Board approved the proposal for the Fit and Proper Person Test.

Minute Ref 69/15 Regulatory Issues

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 Statement

The Board noted the contents of the report.

iii) Annual Governance Statement

The Board approved the Annual Governance Statement

iv) Draft Annual Report

Subject to the above changes the Board approved the draft Annual Report.

v) Annual Plan Review

A. Board Certification-Corporate Governance Statement (Forward Looking)

The Board approved the Board Certification Corporate Governance Statement.

B. Board Certification-System for Compliance with provider licence

The Board approved the Board Certification Systems for Compliance with provider licence (Condition G6).

Minute Ref 70/15 Minutes/papers for information

i) Council of Governors

There were no issues to consider.

Board of Directors Closed Meeting 27th May 2015

Minute Ref 51/15 Quality, clinical and patient issues

i) Serious Case Reviews and Domestic Homicide Report

The contents were noted by the Board.

ii) Independent Inquiry (Patient E)

The Board discussed the contents of the report.

Minute Ref 52/15 Workforce Issues

i) Whistleblowing/raising concerns

The Board discussed the contents of the report.

Minute Ref 53/15 Board Committees' minutes for information/discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

v) Corporate Decisions Team

The Board noted the Committee updates.

Board of Directors Public Meeting 24th June 2015

Minute Ref 65/15 Quality, clinical and patient issues

i) Safer Staffing Report

The contents were noted by the Board.

ii) HENE Annual Deanery Monitoring Review Feedback

The contents of the report were noted by the Board.

iii) Analysis of Unexpected Deaths

The contents of the report were noted by the Board

iv) Reducing Harm from Tobacco

The contents of the report were noted by the Board

v) Trust visit arrangements

The contents of the report were noted by the Board

Minute Ref 66/15 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 "4" and a governance risk rating of "green".

ii) CQC Compliance/Registration Reports

The contents were noted by the Board.

Minute Ref 67/15 Strategy and partnerships including commercial and business development

i) GP Survey

The contents of the draft survey were noted by the Board.

ii) Workforce and Organisational Development Strategies

The contents were noted by the Board.

iii) Annual plan review-Board Certificates

The Board approved the signing of the certificates and its submission to Monitor.

Minute Ref 68/15 Workforce Issues

The contents were noted by the Board.

ii) Equality Delivery System and Workforce Race Equality Standard

The Board approved the ratings in the Equality Delivery System 2 and Workforce Race Equality Standard and their Associated action plans, and agreed to stand down the existing 2012-16 Equality Strategy to be replaced by yearly reporting to the Board on the Equality Delivery System and Workforce Equality Standards.

Minute Ref 69/15 Regulatory Issues

i) Loan support 2015/16 Capital Programme

Following a brief discussion, the Board approved the taking out of the loan and authorised the Deputy Chief Executive to execute and sign the Loan Agreement on its behalf.

Minute Ref 70/15 Minutes/papers for information

i) Council of Governors

There were no issues to consider.

Board of Directors Closed Meeting 24th June 2015

Minute Ref 62/15 Quality, clinical and patient issues

i) Independent Inquiries

The contents were noted by the Board.

Minute Ref 63/15 Workforce Issues

i) Employment Tribunal Updates (by exception)

As the Remuneration Committee had not been quorate at its meeting on the 17th June, the Board ratified support for the decision.

Minute Ref 64/15 Board Committees' minutes for information/discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

The Board noted the Committee updates.

v) Corporate Decisions Team minutes

The Board noted the Corporate Decisions Team minutes.

Board of Directors Public Meeting 22nd July 2015

Minute Ref 80/15 Quality, clinical and patient issues

i) Safer Staffing Report

The contents were noted by the Board

ii) Quality and Safety Report

The contents were noted by the Board

Minute Ref 81/15 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) Staff Friends and Family Report

The contents were noted by the Board.

Minute Ref 82/15 Strategy and Partnerships including commercial and business development

i) Transformation Programme Update

The contents were noted by the Board.

Minute Ref 83/15 Regulatory Issues

i) Quarterly Report to Monitor

The Board approved the submission to Monitor for Quarter 1.

Board of Directors Closed Meeting 22nd July 2015

Minute Ref 73/15 Quality, clinical and patient issues

i) Serious Case Reviews

The contents were noted by the Board

Minute Ref 74/15 Performance and Assurance

i) Update on potential St. George's Park PFI development

The contents were noted by the Board

Minute Ref 75/15 Workforce Issues

i) Employment Tribunal Updates (by exception)

The contents were noted by the Board

Minute Ref 76/15 Board Committee Minutes for Information/Discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

There were no issues to be highlighted by the Board Committee Chairs

v) Corporate Decisions Team (CDT) minutes

The Board noted the Corporate Decisions Team minutes

Board of Directors Public Meeting 23rd September 2015

Minute Ref 108/15 Quality, clinical and patient issues

i) Safer Staffing Report

The contents were noted by the Board.

ii) Safer Staffing Skill Mix Review

The contents were noted by the Board.

iii) Medical Revalidation Annual Report 2015

Following discussion the Board approved the signing off of the Statement of Compliance confirming to the Higher Level Responsible Officer that the Trust, as a Designated Body, is in compliance with the regulations.

Minute Ref 109/15 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) Agency Staffing Diagnostic Self-Assessment

The contents were noted by the Board.

iii) Emergency Preparedness Resilience and Response (EPRR) Assessment re NHSE Core Standards and workplan

The Board approved the action plan to address the amber rated core standards and updated version of the Trust Pandemic Influenza Plan.

iv) Strategy Development Update

The Board approved the Terms of Reference of the Strategy Committee.

Minute Ref 110/15 Strategy and Partnerships including business development

i) Transformation Programme Update

The contents were noted by the Board

ii) Research and Development Annual Report 2014/15

The contents were noted by the Board.

Minute Ref 111/15 Workforce Issues

The Board noted the contents.

Minute Ref 112/15 Regulatory Issues

i) Trust Constitution Changes

The Board approved the changes to the Trust Constitution including the revised approach to describing the Council of Governors structure and its transitional arrangements.

ii) Stewardship of Charitable Funds from the Newcastle Healthcare Charity

The Board approved that a corporate trusteeship is established from 1st April 2016 to administer its charitable funds and that a Charitable Funds Committee will be established on approval of its reviewed terms of reference.

iii) Corporate Governance Review Update

The Board approved the ratings for the Governance review self assessment.

Minute Ref 113/15 For Information

i) Council of Governors

There were no issues to highlight.

Board of Directors Closed Meeting 23rd September 2015

Minute Ref 85/15 Quality, clinical and patient issues

i) Independent Investigation Update

The contents were noted by the Board

Minute Ref 86/15 Strategy and Partnerships

i) Newcastle/Gateshead Consultation Update

Update to be circulated to the Board at the appropriate time.

ii) Transforming Learning Disability Services update on North East and Cumbria Transformation Plan

The contents were noted by the Board.

Minute Ref 87/15 Workforce Issues

i) Employment Tribunal Updates (by exception)

The contents were noted by the Board.

Minute Ref 88/15 Board Committee Minutes for Information/Discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

There were no issues to be highlighted by the Board Committee Chairs

v) Corporate Decisions Team (CDT) minutes

The Board noted the Corporate Decisions Team minutes

Board of Directors Public Meeting 28th October 2015

Minute Ref 122/15 Freedom to Speak Up Guardian Update/Raising Concerns Update

The contents were noted by the Board.

Minute Ref 124/15 Quality, clinical and patient issues

i) Medical Education Self –Assessment Report and Quality Improvement Plan

The contents were noted by the Board

ii) Safer Staffing and in depth analysis

The contents were noted by the Board.

iii) Service User and Carer Experience

The Board noted the contents and that the information has been reported via a range of mechanisms including Friends and Family Test, Points of You, How's it Going and NHs Choices.

iv) Safeguarding and Public Protection Annual Report

The contents were noted by the Board.

Minute Ref 125/15 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 governance rating of "green" and a financial sustainability rating of "4".

ii) Agency Staffing Diagnostic Self Assessment

The contents were noted by the Board.

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

The contents were noted by the Board.

iv) Staff Friends and Family Report

The contents were noted by the Board.

v) Community Mental Health Survey Report

The contents were noted by the Board.

vi) Review of Terms of Reference for Trust Committees

a) Review of Mental Health Legislation Committee

The Board noted the contents of the paper.

b) Review of other Committees

The Board approved changes to the Terms of Reference of the Audit Committee, Remuneration Committee and Mental Health Legislation Committee.

The Board approved the disestablishment of the Trust Programmes Board.

The Board approved the mapping of CQC Key Lines of Enquiry.

Minute Ref 126/15 Workforce Issues

i) Transformation of Corporate Services

The contents were noted by the Board.

Minute Ref 127/15 Regulatory Issues

i) Quarterly Report to Monitor

The Board approved the submission of the report to Monitor.

Minute Ref 128/15 For Information

i) Council of Governors

There were no issues to highlight.

ii) Local Safeguarding Board Update

The Board received the Local Safeguarding Adults and Children's Board

Board of Directors Closed Meeting 28th October 2015

Minute Ref 97/15 Quality, clinical and patient issues

i) Serious Case Reviews

The contents were noted by the Board.

Minute Ref 98/15 Performance and Assurance

i) Board Assurance/Corporate Risk Register

The Board approved the proposed changes in approach and format of the Board Assurance Framework.

Minute Ref 99/15 Strategy and Partnerships

i) Newcastle/Gateshead Consultation Update (Deciding Together Case for Change)

The contents were noted by the Board.

ii) Strategy Development Update

The contents were noted by the Board.

iii) Potential transfer of social care in Sunderland

Verbal updated noted and more substantial information to be considered at the November Board meeting.

Minute Ref 100/15 Workforce Issues

i) Employment Tribunal Update

The Board noted the update.

Minute Ref 101/15 Board Committee Minutes for Information/Discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

There were no issues to be highlighted by the Board Committee Chairs

v) Corporate Decisions Team (CDT) minutes

The Board noted the Corporate Decisions Team minutes

Board of Directors Public Meeting 25th November 2015

Minute Ref 138/15 Quality, clinical and patient issues

i) Quality and Safety Report

The contents were noted by the Board.

ii) Safer Staffing Monthly Report

The contents were noted by the Board.

iii) Analysis of unexpected deaths

The contents were noted by the Board.

Minute Ref 139/15 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 governance risk rating of "green" and a financial sustainability risk rating of "4".

ii) CQC Registration Reports

The contents were noted by the Board.

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

The contents were noted by the Board.

iv) Volunteers Annual Report

The contents were noted by the Board.

v) Controlled Drugs and Accountable Officer's Annual Report

The contents were noted by the Board in particular that the requirement of the regulations on the safe and secure management of controlled drugs were met during the year.

vi) Medicines Management Annual Report

The contents were noted by the Board.

vii) Board Assurance Framework

The contents were noted by the Board.

Minute Ref 140/15 Strategy and Partnerships

i) Deciding Together Consultation

The contents were noted by the Board.

ii) Proposal for Accountable Care Organisations

The contents were noted by the Board.

Minute Ref 141/15 Workforce Issues

i) Fit and Proper Person Test Update

The Board approved the CQC's Fit and Proper Person Test Procedure including the replacement of Dr.Damian Robinson with Anne Moore.

ii) Changes to Terms and Conditions

The Board noted the update on pay arrangements for 2015/16; redundancy provisions; Agenda for Change pay flexibilities, along with ongoing developments.

Minute Ref 142/15 Regulatory Issues

i) Review of Corporate Governance Documents

The contents were noted by the Board.

Board of Directors Closed Meeting 25th November 2015

Minute Ref 110/15 Quality, clinical and patient issues

i) Independent Investigations Update

The contents of the report were noted by the Board

Minute Ref 111/15 Strategy and Partnerships

i) Potential transfer of Social Care in Sunderland

The contents of the report were noted by the Board.

Minute Ref 112/15 Workforce Issues

i) Employment Tribunal Update

A verbal update was provided.

Minute Ref 113/15 Board Committee Minutes for Information/Discussion

i) Audit Committee

Audit of the implementation of the Violence Prevention Strategy and overarching Clinical Risk Management Strategy to be included in the Audit Plan for 2015/16.

ii) Finance Infrastructure and Business Development (FIBD)

The Chair summarised the Committee's recent coverage as including:

Capital availability;

Community structures and the affordability of options;

IMT initiatives;

CCG debtor issues relating to disputes;

Sign off from CCGs as assurance that Financial Delivery Plans do not adversely affect clinical risk.

iii) Mental Health Legislation (MHL)

The Chair summarised the Committee's recent coverage as including:

An update on case law relating to the detaining of patients;

"Red rated" training indicators.

iv) Quality and Performance (Q and P)

The Chair confirmed that the main issues had been discussed under the Agenda Item Quality, clinical and patient issues (Minute Ref 110/15).

The Board noted the Committee updates.

v) Corporate Decisions Team (CDT) minutes

The Board noted the Corporate Decisions Team minutes

Board of Directors Public Meeting 27th January 2016

Minute Ref 08/16 Quality, clinical and patient issues

i) Quarter 3-Quality and Safety Report

It was agreed that the format of future reports and reporting cycles would be considered and reported back to the Board.

ii) Safer Staffing-monthly reports-November and December 2015

The contents were noted by the Board.

iii) Quarter 3-Service User and Carer Experience Summary Report

The report was noted by the Board.

iv) Annual Quality Account 2015/16 and Quality Priorities Setting 2016/17 update

The report was noted by the Board.

v) Changes to the Serious Incident Process following publication of the Serious Incident Framework

The information was received and noted by the Board.

Minute Ref 09/16 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 governance risk rating of "green" and a financial sustainability risk rating of "4".

ii) CQC Registration Reports

The contents were noted by the Board.

Minute Ref 10/16 Strategy and Partnerships

i) Trust Programme Board

The Board thanked Paul McEldon for his work with the Committee.

ii) Security Management Strategy

The paper was accepted by the Board.

Minute Ref 11/16 Workforce Issues

i) Workforce Directorate Quarterly Update

The report was noted by the Board.

ii) International Recruitment Update

The paper was noted by the Board.

Minute Ref 12/16 Regulatory Issues

i) NHS Protect National violence against staff survey

The report was noted by the Board.

ii) Quarter 3 Report to Monitor

The correct report to be circulated and available on the Trusts web site, the Trust currently being “green for Governance and the finance declaration for the Quarter is as a Going Concern.

Board of Directors Closed Meeting 27th January 2016

Minute Ref 7/16 Quality, clinical and patient issues

i) Independent Investigations Update

The report and action plans were noted by the Board.

ii) Serious Case Review and Domestic Homicide Reviews

A development session on Serious Incidents for Non Executive Directors was planned for the 28th January.

Minute Ref 8/16 Performance and Assurance

i) Update on St.George’s Park potential PFI development

The Board noted the report.

ii) Deloitte Independent Review of Governance-Well Led Review

The Board reviewed the report and agreed that the work plan would be presented to the Board in February.

Minute Ref 9/16 Strategy and Partnerships

i) Planning Guidance 2016/17 to 2020/21-Draft Operational Plan 2016/17

The Board agreed to submit the plan on the basis described. Delegated authority was given to the Chief Executive and Director of Finance to submit the final version provided any revisions made from the draft presented were not material.

Minute Ref 10/16 Workforce Issues

i) Employment Tribunal Update

The Board noted the update.

Minute Ref 11/16 Board Committees' minutes/issues and Corporate Decisions Team minutes for noting and discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation (MHL)

iv) Quality and Performance (Q and P)

v) Strategy Committee

The Board noted the Committee updates.

vi) Corporate Decision Team (CDT) minutes

The Board noted the Corporate Decisions Team minutes.

Board of Directors Public Meeting 24th February 2016

Minute Ref 23/16 Quality, clinical and patient issues

i) Safer Staffing-monthly report

The contents were noted by the Board.

Minute Ref 24/16 Performance and Assurance

i) Performance Report

The contents were noted by the Board, in particular that for Monitor's Risk Assessment Framework, NTW had a governance risk rating of "green" and a financial sustainability risk rating of "4".

ii) Quarterly Board Assurance Framework and Corporate Risk Register

The Board approved the documents subject to the changes which were discussed.

iii) CQC Registration Update

The Board noted the contents.

Minute Ref 25/16 Strategy and Partnerships

i) Learning Disability Transformation Update

The contents were noted by the Board.

Minute Ref 26/16 Minutes/Papers for information

i) Remuneration Committee

ii) Council of Governor issues

iii) Safeguarding Annual Reports Summaries

The contents were noted by the Board.

Board of Directors Closed Meeting 24th February 2016

Minute Ref 19/16 Chair's Report

The Board approved the appointment of Martin Cocker as the Senior Independent Director until the position is reviewed in July, subject to comments from the Council of Governors.

Minute Ref 20/16 Quality, clinical and patient issues

i) Independent Investigation Update

The contents were noted by the Board.

ii) Surveillance of mortality in service users with learning disability: NTW response to the Learning Disabilities Mortality Review (LeDeR) Programme and the CIPLOD Inquiry, and the Mazars report into Southern Health

The contents were noted by the Board.

Minute Ref 21/16 Performance and Assurance

i) Deloitte Independent Review of Governance arrangements-Well Led Review of Governance-Update

The contents were noted by the Board.

Minute Ref 22/16 Strategy and Partnerships

i) Annual Plan/Strategy Update

The contents were noted by the Board.

Minute Ref 23/16 Workforce Issues

i) Employment Tribunal Update (by exception)

The update was noted by the Board.

ii) Junior Doctors' Contract Update

The update was noted by the Board.

Minute Ref 24/16 Board Committees' minutes/issues and Corporate Decisions Team minutes for noting and discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development (FIBD)

iii) Mental Health Legislation

iv) Quality and Performance (Q and P)

v) Strategy Committee

vi) Charitable Funds Committee

vii) Remuneration Committee summary document

The Board noted the Committee updates.

viii) Corporate Decisions Team (CDT)minutes

The Board noted the Corporate Decisions Team minutes.

Board of Directors Public Meeting 23rd March 2016

Minute Ref 36/16 Quality, clinical and patient issues

i) Safer Staffing-monthly report

The Board noted the report and asked the Director of Nursing and Operations to consider an appropriate future reporting schedule.

ii) Safer Staffing-Six Month Skill Mix Review

The report was received and noted by the Board.

iii) Quality Account 2015/16

The Board of Directors approved the proposals relating to the Quality Priorities 2016/17.

Minute Ref 37/16 Performance and Assurance

i) Performance Report (Month 11)

The contents were noted by the Board, in particular that for Monitor's Risk Assessment Framework, the Trust had a governance risk rating of "green" and a financial sustainability risk rating of 4.

ii) Moving forward "Fit for the Future", a new, more enabling Accountability Framework

The Board received and noted the report.

iii) CQC Registration Update

The Board noted the contents of the report.

iv) Charitable Funds Committee Terms of Reference

Following discussion, the Terms of Reference were approved subject to the agreed changes discussed.

Minute Ref 38/16 Strategy and Partnerships

i) Accountable Care Organisation for North Tyneside

The Board of Directors agreed to support the work as the ACO moves into shadow form.

ii) Budget Setting 2016/17

The Board noted the Budget and Financial Plans as presented.

iii) Operational Plan 2016/17-Board Declarations

The Board approved the declarations to Monitor as part of the Operational Plan 2016/17.

Minute Ref 39/16 Workforce

i) National 2015 Staff Survey Results

The Board noted the report and supported the focus on themes arising from the Staff Survey at the next round of Speak Easy Events.

Board of Directors Closed Meeting 23rd March 2016

Minute Ref 33/16 Quality, clinical and patient issues

i) Serious Case Reviews

The Board noted the update.

Minute Ref 34/16 Strategy and Partnerships

i) Potential Transfer of Sunderland Local Authority Learning Disability and Mental Health Services

The Board noted the paper.

ii) An Accountable Care Organisation for North Tyneside

Following discussion it was agreed unanimously to sign up to the Memorandum of Understanding for the ACO in shadow form in North Tyneside. Decisions on NTW involvement in other ACOs would also need to be considered by the Board of Directors.

Minute Ref 35/16 Workforce issues

i) Employment Tribunal Update

There were no exceptions to report.

ii) Junior Doctors' Contract Update

The update was noted.

Minute Ref 36/16 Regulatory

i) Operational Plan

The Board noted the Operational Plan and delegated authority for final revisions to the Chief Executive and Deputy Chief Executive and Executive Director of Finance.

Minute Ref 37/16 Board Committee Minutes, issues and Corporate Decisions Team Minutes

The update was noted.

Board of Directors Public Meeting 27th April 2016 (Draft)

Minute Ref 49/16 Quality, clinical and patient issues

i) Visit Feedback Themes-Annual Report

The Annual Report was noted by the Board.

i) Visit Feedback Themes-Quarterly Report

The Board noted the report.

iii) Quarter 4 Quality and Safety Report

The new reporting cycle was presented to the Board.

iv) Service User and Carer Experience Quarter 4 Update

The report was noted by the Board.

v) Quality Account Update

The Board approved the 2015/16 Quality Account.

vi) Interim analysis of six years of unexpected unnatural deaths report (2010-2015)

The report was noted by the Board.

Minute Ref 50/16 Performance and Assurance

i) Performance Report

The contents of the Month 12 Performance Report and Finance Dashboard were noted by the Board, in particular that for Monitor's Risk Assessment Framework the Trust had a Governance Risk Rating of "Green" and a Financial Sustainability Risk Rating of 4.

ii) Quarter 1 Board Assurance Framework and Corporate Risk Register

The Quarter 1 Board Assurance Framework and Corporate Risk Register was noted by the Board.

iii) Quarter 4 Staff and Friends and Family Test

The report was noted by the Board.

iv) Six monthly Infection, Prevention and Control Report

The summary of the six monthly update was noted by the Board.

v) Board and Committees' Terms of Reference

The Board approved the Terms of Reference for the Resource and Business Assurance Committee, the Quality and Performance Committee and the Strategy Working Group. The Board also approved the format for Terms of Reference and new cover sheet for the Board Committees and Board.

Minute Ref 51/16 Strategy and Partnerships

i) Operational Plan

The Board approved the submission of the Operational Plan 2016/17 to Monitor.

ii) Contracting Update

The Board noted the update on contract negotiations and approved the closure of Belsay and re-provision into Rose Lodge.

iii) Deciding Together: Feedback from the Public Consultation

The update was noted by the Board.

iv) Well Led Action Plan

The report was received and noted by the Board.

Minute Ref 52/16 Workforce

i) Quarter 4 Workforce Directorate Update

The report was noted by the Board.

ii) Junior Doctors' Contract

The report was noted by the Board. The Guardian of Safe Working is expected to be in post by July.

Minute Ref 53/16 Regulatory

i) Quarterly Report to Monitor

The contents of the report were noted by the Board, in particular the declaration of a Governance rating of “Green” and a Finance Sustainability Rating of 4. The Board approved the submission of the report to Monitor.

ii) Draft Annual Governance Statement

Subject to the addition of information relating to information governance incidents reported the Board agreed to adopt the draft Annual Governance Statement.

iii) Decisions Reserved to the Board

Subject to an amendment relating to the Board agreeing the permanent closure of a ward the Board approved the content of the report.

Minute Ref 54/16 Minutes/Papers for information

i) Council of Governors

There were no specific issues to highlight.

ii) Local Safeguarding Boards Update

The reports were noted by the Board.

Board of Directors Closed Meeting 27th April 2016 (Draft)

Minute Ref /16 Quality, clinical and patient issues

i) Independent Investigation Update

The Board received the report.

Minute Ref /16 Strategy and Partnerships

i) Deciding Together

The Board discussed the update position.

Minute Ref /16 Workforce Issues

i) Employment Tribunal Update (by exception)

The Board noted the report.

Minute Ref /16 Board Committees' minutes/issues and Corporate Decisions Team minutes for noting and discussion

i) Audit Committee

ii) Finance Infrastructure and Business Development Committee

iii) Mental Health Legislation Committee

iv) Quality and Performance Committee

v) Strategy Working Group

vii) Corporate Decisions Team

The updates were noted.