

Trust Board Minutes

Meeting on 28th March 2019
The Main Place, Old station Way, Coleford. GL16 8RH
14:00 Hours – 16:00 Hours

Board Members	
Ingrid Barker	Chair (Voting Member)
Paul Roberts	Joint Chief Executive Officer (Voting Member)- JCEO
Nick Relph	Non-Executive Director (Voting Member)
Nicola Strother Smith	Non-Executive Director (Voting Member)
Graham Russell	Non-Executive Director (Voting Member)
Jan Marriott	Non-Executive Director (Voting Member)
Sandra Betney	Director of Finance/Deputy Chief Executive (Voting Member)
Susan Field	Director of Nursing (Voting Member)
Dr Amjad Uppal	Medical Director
David Smith	Executive Director for Transition
Neil Savage	Joint Director of Human Resources & Organisational Development
In attendance	
Gillian Steels	Trust Secretary
Louise Moss	Deputy Trust Secretary
Sian Thomas	Deputy Chief Operating Officer
Matt Beach	MacMillan Next Steps service – for item 3
Mark Lambert	Head of Communication
Member of the public	
Chris Stock	Service User – for item 3

Ref	Minute
1/0319	<p>Apologies and Quoracy</p> <p>The following apologies were noted: Richard Cryer - Non-Executive Director and Candace Plouffe – Chief Operating Officer. Dr Amjad Uppal – Medical Director was welcomed to his first meeting. Sian Thomas – Deputy Chief Operating Officer was also welcomed.</p> <p>It was confirmed that the meeting was quorate.</p>
2/0319	<p>Declarations of Interest</p> <p>Declarations of Interest previously declared were noted. The Chair highlighted her ongoing declaration as Joint Chair of ²gether NHS Foundation Trust and GCS. The Chief Executive highlighted his ongoing declaration as Joint Chief Executive of ²gether NHS Foundation Trust and GCS. The Joint Director of Human Resources & Organisational Development highlighted his declaration as Director of both GCS and the ²gether NHS Foundation Trust.</p>

	<p>The Joint Medical Director highlighted his declaration as Director of both GCS and the 2gether NHS Foundation Trust. Nick Relph, Non-Executive Director highlighted his role as Chair of the Integrated Care System.</p>
<p>3/0319</p> <p>Service User Story – Macmillan Next Steps Service</p> <p>Matt Beach, Macmillan Next Steps Service Manager outlined the role of the service, advising it had been running for three years and that reviews indicated it was leading to improved outcomes for patients. He advised that it focused on cancers in 3 sites (breast, co-rectal and prostate). There were approximately 1500 individuals with these conditions in a year and the service targeted to see 50% of these to support their post treatment recovery. He confirmed there was capacity to support more.</p> <p>He introduced Chris Stock to provide his perspective on the service based on his experience. Chris advised that the service had helped him and his family, and highlighted the breadth of the service. He outlined his diagnosis and the impact of the cancer which had changed his lifestyle from active with walking and camping to feeling down, constantly tired and finding it hard to walk. Overall his treatment had been fantastic but there had been some wrinkles. He had recovered well, but there had been blips where he had worried about “having thing done to” and not being in control which had made him feel unsettled and uncertain. Macmillan had spoken to him at the hospital about the service and the option to attend a “take control workshop”. He had initially felt uncertain about whether this was “his thing” and when he arrived the fact that the attendees were mainly older men and women did make him further hesitate. However, he did attend and found it a very positive experience. He welcomed the style of the event – health professionals attending and using common English and not jargon and the chance to talk to others in a similar position. It was an empowering session with the focus on the individuals attending as individuals who could help to control what was happening to them.</p> <p>He attended “Active Everyday sessions” – which he found brilliant for the way they helped individuals to understand how different types of exercise effected the body and which types were best suited to each individual. He stressed the benefit of personal explanations on how to do the exercises – for example pelvic floor- rather than earlier in his diagnosis when he had been given a book. He considered the programme had tangible outcomes - improving his physical and mental recovery but also intangible ones – such as a safe environment to talk and an opportunity to have a male confidant which provided reassurance and support.</p> <p>The programme had provided signposting to other services, helped him feel less alone, given him a more rounded perspective and helped him to understand where he was on the recovery spectrum. He considered it had empowered him to talk about his recovery and reduced his demands on primary care – he had only seen his GP once post treatment.</p> <p>Board members thanked Chris for sharing his story and asked if there were further things which could be done, for example how to market the workshops so that those who were reluctant to attend would be more attracted. Chris reflected that it was important that those who attended had the right attitude towards participation to get the most out of it, and that individuals needed to be encouraged to understand the benefits. The need for wider visibility of the service through publications so that individuals were aware of it at an earlier stage in their diagnosis was suggested. It was suggested that use of social media be increased and this would be considered by the Head of Communication.</p> <p>Nicola Strother Smith queried whether the service was able to support transgender individuals and this was confirmed.</p>	<p>Head of Communication</p>

	<p>The Director of Nursing queried how services could have been improved. Chris commented on the benefit of upstreaming key messages, for example the benefit of getting fit pre-surgery which he considered would have had both a physical and psychological impact.</p> <p>Chris commented that the service had also helped his wife, providing her with more information, providing reassurance and by providing him with additional support mechanisms. This process had been helped through the use of the Health Needs Assessment form which had supported helpful dialogue which had provided structure and signposting.</p> <p>The Chair thanked Chris for sharing his story and for highlighting the strengths of the service and ways it could be further enriched.</p> <p>The Head of Communications agreed to consider ways to increase visibility of the service on the website and social media. The challenge of making material sufficiently prominent at GP surgeries, where there was lots of other information was recognised. It was confirmed there had been joint work done with the acute hospital to support upstreaming of information, but agreed more needed to be done.</p>
4/0319	<p>Minutes of the Meetings Held on 31st January 2019.</p> <p>The Minutes were APPROVED as a true record.</p>
5/0319	<p>Matters Arising (Action Log)</p> <p>The Action log was noted, it was confirmed that issues detailed were completed or on track.</p>
6/0319	<p>Questions from the public</p> <p>No written questions had been received.</p>
7/0319	<p>Board Assurance Framework</p> <p>The Board considered the Board Assurance Framework (BAF) which provided an overview of the strategic risks that have the potential to impact on the achievement of the Trust's vision and strategic objectives.</p> <p>It was confirmed the BAF has been updated to reflect latest activities. The Board reflected on the review which had been undertaken by the March Audit and Risk Assurance Committee which had proposed that an additional risk be added which reflected potential pressures on the system which could impact on the Trust's resilience, and also building in recognition that the operating environment is currently subject to significant flux and uncertainty which the Trust needs to keep under review and mitigate as far as possible. It was noted this potential risk and the proposed mitigations had been added to the register as a new risk 16, under risks to Strategic Objective 5.</p> <p>Proposed Risk 16 "There is a risk that system pressures have an unplanned effect on the organisation's ability to ensure ongoing sustainability."</p> <p>The Board considered the proposed risk and current proposed score of 8 recognising the Trust's current resilience and its plans to merge with 2gether to provide a greater voice in system debate. It was agreed this risk should be added to the register and confirmed that this risk needs to be kept under ongoing and regular review.</p>

	<p>It was noted that the highest current score risk on the Board Assurance Framework remains Strategic Risk 5 – recruitment and retention of colleagues, and that this is also one of 2gether NHS Foundation Trust's highest scoring risks, recognising the importance of this risk and the challenging national backdrop. It was noted that there continues to be ongoing work across the Integrated Care System to improve recruitment and retention within the system.</p> <p>It was noted that the Audit and Risk Assurance Committee will further review the Board Assurance Framework at its next routine meeting in May, and that the Board would continue to consider the Board Assurance Framework regularly at its meetings.</p> <p>The Board APPROVED the addition of the proposed risk from the Audit and Risk Assurance Committee and NOTED the Board Assurance Framework, including the current risk position and actions being progressed.</p>
8/0319	<p>Chair's Report</p> <p>The Board noted that recognising the Strategic Intent work and the Chair's joint role across of Gloucestershire Care Services and 2gether, the report format reflected the breadth of her activities across both Trusts. The report included an update on the Strategic Intent, Board Development, National and Regional Meetings, Work with Partners, Work with our communities and engagement with Trust colleagues</p> <p>It was noted the Report also provided an overview of Gloucestershire Care Services Non-Executive Director (NED) activity.</p> <p>The Chair highlighted particularly her visit to Cashes Green ward in Stroud to see the refurbishment work and her visit to the Vale Hospital to see the new Stroke Rehabilitation Unit. She commented positively on feedback from service users and colleagues on these improvements and thanked the Leagues of Friends for their generous help and support with these changes.</p> <p>Nicola Strother Smith commented on her attendance at the Gloucestershire Apprenticeship Awards on the 8th March 2019, where Gloucestershire Care Services had been shortlisted for two awards. She recognised the positive use of apprenticeships within the Trust.</p> <p>The Board NOTED the Report.</p>
9/0319	<p>Chief Executive and Executive Team Report</p> <p>It was noted that recognising the Strategic Intent work and the Chief Executive's role with Gloucestershire Care Services and 2gether that the report reflected the breadth of my activity across both Trusts. The report highlighted the Chief Executive's engagement with services, progress on the Strategic Intent (including the updated merger timeline), Partnership working, an update on the Values development for the proposed merged Trust, changes to Safeguarding Children Arrangements, an update on Children's Services Partnership working – highlighting ongoing significant challenges within the county, national developments and EU Exit resilience update.</p> <p>The JCEO also updated that the NHSE/I integration plans were continuing and that information on the directors appointed was now available on their website.</p> <p>The JCEO highlighted the Values work programme which remained ongoing. This was proving an invaluable way to engage colleagues and service users in the development of</p>

Executives	<p>values for the proposed merged organisation. It was noted that this was an internal programme which built on the externally led work from November. The link between this work and leadership and diversity was recognised. It was noted that a values statement development would be the next stage. The Director of Transition commented positively on the impact of the involvement of Experts by Experience in the programme. It was confirmed that the sessions provided a mechanism for colleagues to raise queries or concerns over the merger and these to be responded to either on the day or later through being built into Frequently Asked Questions (FAQ) material. It was suggested all questions should be captured within the sessions to see if they should be built into the FAQ.</p>
JCEO	<p>Jan Marriott, Non-Executive Director queried whether the Safeguarding changes would be an improvement. The Director of Nursing advised that they would be a helpful change, providing shared accountability. She recognised potential risks during the transition. The publication of serious case reviews was noted. It was confirmed that Adult Safeguarding processes were not changing.</p> <p>It was suggested that more information on the Integrated Care System contract be brought to a future meeting within the CEO Report.</p> <p>It was noted that Gail Pasquell had successfully gained an older person scholarship following support from the Trust.</p> <p>It was noted the Report also provided an overview of Gloucestershire Care Services operational service activity.</p> <p>Nicola Strother Smith, Non-Executive Director, queried the radiology position. She commented on the limited availability in Cirencester and was advised that service users tended to go to Swindon. It was confirmed 7day cover was still in place across the county.</p> <p>Graham Russell, Non-Executive Director, queried when the Board would consider the Forest of Dean further it was confirmed this would be progressed through the year. It was noted that specification information was awaited from Gloucestershire Clinical Commissioning Group. It was confirmed there would be public engagement on the design. It was confirmed that the Locality Reference Group was continuing and that Richard Cryer, Non-Executive Director and GCS colleagues attended.</p> <p>Nick Relph, Non-Executive Director, noted the continued increase in individuals attending Accident and Emergency services and the need to understand the attitudes and drivers for this. Sian Thomas, Deputy Chief Operating Officer, confirmed she was part of the group looking at this.</p> <p>The Board NOTED the Report.</p>
10/0319	<p>Business Plan</p> <p>The Director of Finance introduced the report which had been provided. She confirmed that the Business Plan sat below the Operating plan and that the report was made up of two parts:</p> <ul style="list-style-type: none"> • Part 1 – Annual Report for 2018/19 • Part 2 – Business Plan for 2019/20 <p>She confirmed the Business Planning approach highlighting that the business plan has been developed in context with the Trust's main priorities and the key deliverables for the One Gloucestershire Integrated Care System Plan for 2019/20. It was confirmed the business</p>

Resources Committee

plan will be aligned to the system wide '5 Year Plan' when agreed.

She advised that the business plan is developed in conjunction with the Operating Plan and incorporates Workforce Planning, Budget Setting and Contract Management processes. It was noted the Trust's internal planning timescales have been aligned to support this annual planning cycle which brings together the operational managers, HR and financial leads to ensure the capacity, capability and affordability is planned appropriately to deliver the objectives.

Annual Report 2018/19

It was noted the first year of the business plan milestones have now been completed and teams have produced their year-end self-assessment forecasts. The Board noted the progress against the themes:

	Red	Amber	Green	Total
Co-design	0	4	44	48
Experience	0	17	26	43
Quality	0	17	81	98
Sustainability	0	47	96	143
Total	0	85	247	332

The Board was pleased with the progress achieved. It was confirmed this was monitored on a quarterly basis by the Executive. It was agreed it would be helpful in future for this also to be considered by the Resources Committee.

Business Plan 2019/20

The Director of Finance confirmed the process used to develop the 2019/20 plan. The business planning process had been refined for 2019/20 to build on the key learning and feedback from the first year. This included formal alignment with budget setting and workforce planning timescales to ensure business plans are a true reflection of the impacts and innovations driving efficiency.

It was noted that the business plans for 2019/20 are 12 month plans but are expected to be refreshed in-year at an agreed time during the merger process with 2gether NHS Foundation Trust. It was confirmed Executive Directors set their key priorities for the business plan throughout December/January informed by the local and national planning guidance. Team plans were finalised in February/March. The Board was advised that at the start of the process, the business planning objectives were ranked by the level of importance to ensure the appropriate level of resources needed to achieve the objectives can be are planned to deliver the most important objectives first. It was confirmed that there was more integrated workforce planning within the process.

The Board considered the Risks to the achievement of the Plan. It was noted the key risks to delivering the Business Plan had been identified as follows:

- impact on the corporate capacity to deliver the business plan.
- Impact of the planned Merger with 2gether NHS Foundation Trust in-year.
- Impact of the NHS Long Term Plan.

It was confirmed that colleagues were engaged with the plans and that this year objectives were SMARTer. It was confirmed each Executive Director had been engaged in the

	<p>process.</p> <p>Nicola Strother Smith queried where estates utilisation would be considered. The Director of Finance advised this was in the Estates Transition workstream for the merger, informed by the due diligence work and the Carter Report work.</p> <p>Jan Marriott, Non-Executive Director, commented that it would be interesting to see how this fitted with the Integrated Care System Plan.</p> <p>Sue Mead, Non-Executive Director, queried how the quality priorities were connected with the business plan. The Director of Nursing confirmed they were connected and noted the role of the Performance and Clinical Effectiveness (PaCE) team in monitoring them. Sue Mead requested that in future it would be helpful if the connection was more transparent.</p> <p>The Board NOTED the contents of the report and AGREED the business planning objectives.</p>
11/0319	<p>Budget</p> <p>The Director of Finance highlighted the key aspects of the budget setting process for 2019/20, these included the links with the NHSI planning, contracting and business planning processes and set out risks and opportunities within the financial targets that have been set for each service and directorate.</p> <p>It was noted that a budget bridge was attached showing the year-on-year budget changes. It was confirmed the budgets proposed formed the basis of the Operational Plan which will be submitted in April to NHS Improvement, subject to approval by the Board.</p> <p>The Board considered the detail set out relating to Cost Improvement Planning. It was noted that the full detail of some plans continued to be developed, and noted that any slippage of Cost Improvement Plans would be taken forward through non-recurrent Cost Improvement Plans. The vacancy factor position was noted. It was noted that pension costs were not expected to be a risk during 2019/20 but could be a risk during 2020/21. The ongoing Minor Injury and Illness Unit cost pressure was noted. It was confirmed that there was on going work to reduce agency costs. The potential risk relating to VAT rule changes was noted. It was confirmed that the Cost Improvement Plan approach and risks had been reviewed by the Resources Committee. The use of Quality Equality Impact Assessments had been discussed and the approach was set out for the Board to provide assurance. Graham Russell recognised that the environment was tough and that the Cost Improvement Plan for 2019/20 was challenging. This concern was endorsed by the Board.</p> <p>It was noted that the contract negotiation with the Gloucestershire Clinical Commissioning Group was not yet complete, but it was confirmed there were not expected to be any significant changes.</p> <p>The Board:</p> <ol style="list-style-type: none"> NOTED the budget-setting process and linkages within business planning and CIP development processes. NOTED the level of budget holder sign off to date. NOTED the risks within the financial targets. APPROVED the budget totals, including capital. NOTED that the budget delivers the control total agreed in the February

	board, subject to delivery of £5.3m CIP
12/0319	<p>One Gloucestershire – Integrated Care System Update.</p> <p>The Board considered the report which provided an update on Gloucestershire Integrated Care System. The report provided an insight into reorganising & supporting pathways, supporting places & communities and supporting employees' wellbeing.</p> <p>This report provided focus in the main programme areas;</p> <ul style="list-style-type: none"> • Enabling Active Communities; • Reducing Clinical Variation; • One Place, One Budget, One System • Clinical Programme Groups. • Enabler Programmes. <p>The report also provided a focus on the Gloucestershire's Mental Health Trailblazer Programme, Quality and also on the NHS Long Term Plan (LTP).</p> <p>It was noted that work on the wide One Place programme continued.</p> <p>The Board NOTED the report and the progress that has been made.</p>
16/0319	<p>Quality and Performance Committee Report.</p> <p>The report provided assurance to the Trust Board that the Quality and Performance Committee continues to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board.</p> <p>The report confirms decisions made by the Committee at its meeting on 28th February 2019, which were in line with the Trust's Scheme of Delegation and; highlights some discussion points that require Board attention. Of particular note:</p> <ul style="list-style-type: none"> • The Trust's Medical Revalidation Report (2018-19). • Closure of the Trust's Care Quality Commission (CQC) Quality Improvement Plan. • Progress with the (2019-20) Quality Priorities • Progress with EU exit activities <p>Nicola Strother Smith, Chair of the Quality and Performance Committee, updated that actions from the Board Service User Stories and Quality Visits were now going to the Committee to ensure actions were closed off.</p> <p>The Board considered the proposed Quality Priorities and supported work to ensure appropriate measures were put in place to ensure they could be effectively monitored. It was noted that the performance team had been involved in the Quality Priority workshop to ensure that measures for 2019/20 could be measured. The JCEO commented on the need to ensure the measures enabled meaningful quality improvement to be measured and the Trust to be effectively held to account. He was pleased to note the progress being made to ensure this. It was confirmed patient safety incidents were one of the aspects used to inform the setting of the quality priorities. It was noted the CQC action plan had been closed and activity moved into business as usual, remaining actions related to Personal Development Review completion and Mandatory Training compliance which were being monitored in the Resources Committee.</p>

	<p>The Trust's achievement of 77% flu vaccination level was welcomed, and the challenge of meeting 80% during 2019/20 recognised. Nicola Strother Smith highlighted the pilot vaccination of care home staff which was progressing well.</p> <p>It was noted that the Quality Account for 2018/19 was currently being compiled, and that the draft would be considered by the Quality and Performance Committee in April.</p> <p>The Board NOTED the contents of the Quality and Performance Committee Report.</p>
<p>13/0319</p> <p>Quality and Performance Committee</p> <p>Director of Nursing</p>	<p>Quality and Performance Report – Month 11.</p> <p>The Board considered the report which provided an overview of the Trust's Quality and Performance activities as at January 2019. It also highlighted achievements made and outlined how the Trust is responding to those areas where improvements are either continuing or need to improve further.</p> <p>It was noted that due to data quality issues the wheelchair data was not incorporated in the dashboard. It had been agreed the data would be moved into SystemOne to increase reliability. Nicola Strother Smith, Non-Executive Director, queried the timeline for this and was advised it should be in place by the end of Quarter One, with reporting available by Quarter Three. It was agreed the Quality and Performance Committee would be kept updated on this.</p> <p>Jan Marriott, Non-Executive Director, queried why there were breaches of the 4hour target in the Minor Injury and Illness Units. The Deputy Chief Operating Officer advised this was set out in the Executive summary and confirmed that the Trust was still achieving the target 99% of the time.</p> <p>Jan Marriott commented on the positive Friends and Family Test feedback and was pleased volumes were increasing after changes to the systems. It was noted that a paper-based system had been reverted to.</p> <p>Sue Mead, Non-Executive Director, queried whether expected guidance on avoidable and unavoidable pressure ulcers was now available. The Director of Nursing advised that the latest guidance was not to split in this way. The Trust had continued to use until the end of the year to provide consistency but would use the new criteria in future. It was recognised that this remained a difficult issue across the extended healthcare system, with the importance of domiciliary care being appropriately engaged. It was confirmed that awareness raising across the health system, including primary care and domiciliary care was ongoing. Sue Mead queried whether the reference to acquired pressure ulcers should be reflected within the Quality Account and the Director of Nursing agreed to reflect on this. The JCEO proposed that benchmarks be used if available. The importance of using improvement trajectories for monitoring was stressed. The importance of being able to clearly differentiate between patient safety and quality improvement issues was stressed. The need to ensure quality monitoring in the merged trust supported transformation, and allowed the Board to clearly measure improvement and identify concerns was emphasised by Graham Russell, Non-Executive Director.</p> <p>The Deputy Chief Operating Officer highlighted the positive work in supporting resilience which she had presented to the last Quality and Performance Committee.</p> <p>It was confirmed the Trust met all 18-week referral to treat targets</p>

	The Board NOTED the February 2019 Quality and Performance report.
17/0319	<p>Resources Committee Report.</p> <p>The Report provided assurance to the Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources, including on behalf of the Board. It confirmed:</p> <ul style="list-style-type: none"> • Decisions made by the Committee in line with the Trust's Scheme of Delegation. • Progress made against the Trust's operating plan (including finance, workforce, estates and business development). • The key risks and issues identified by the Committee and the actions taken to mitigate these risks. <p>Graham Russell, Chair of the Resources Committee highlighted the encouraging latest staff survey feedback and the positive trends indicated. He highlighted the positives outlined, including the quality of appraisals, safety culture and engagement and the actions planned. The Joint Director of HR and OD advised that the Staff Survey feedback had been discussed at the March Senior Leadership Network and confirmed that actions would be taken forward at a local level, which had worked effectively the previous year. It was confirmed that a number of areas were being considered jointly with ²gether NHS Foundation Trust.</p> <p>Trust Secretary</p> <p>It was noted that the Gender Gap data was to be published for 17/18. It was noted this information had been considered by the Workforce Committee last year. For completeness it was agreed it would be emailed to all Board members.</p> <p>The Board NOTED the update from the Committee</p>
14/0319	<p>Finance Report – Month 11.</p> <p>The Board noted the overview of the Trust's financial position for Month 11 of 2018/19, and a reminder of the control total for 2019/20.</p> <ul style="list-style-type: none"> ○ The Trust financial context for 2018/19 was summarised as. Revised Control Total surplus is £3.078m including £2.020m of Provider Sustainability Funding (PSF). ○ Capital spend plan is £5.315m of in-year CRL allocation, plus £75k of multi-year CRL allocation for the Forest of Dean hospital. Total £5.390m. ○ Cost Improvement Plan (CIP) target is £5.3m ○ Agency spending cap is £2.232m ○ Income potential Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) are £1.9m and £3.9m respectively <p>M11 year to date performance was noted as:</p> <ul style="list-style-type: none"> ○ Year to date surplus, including PSF, is on plan at £2.5m. ○ Capital spend to date is £2.2m. ○ Cash at the end of Month 11 is £13.3m compared to plan of £11.4 m. ○ YTD agency spend is £1.5m compared to a plan figure of £2.0m <p>It was confirmed Single Operating Framework indicators are green.</p> <p>It was noted that the 2019/20 control target had been set by NHSI at £630k surplus, plus £1,626k PSF funding. Total surplus £2,256k. It was noted that Budgets for 2019/20 were</p>

	<p>covered in a separate report. The Director of Finance confirmed that the Trust expected to meet its Capital Resource Limit.</p> <p>The committee NOTED the content of the report and the risks set out.</p>
15/0319	<p>Annual Cost Improvement Plan (CIP) Report</p> <p>The Director of Finance advised this paper provided an Annual Review of the Cost Improvement Plan calculation, devolution, reporting and delivery process for 2018/19 to enable the Board to gain confirmation on what had been achieved and assurance on the approach. The Board agreed it showed good practice and were pleased to see the confirmation of the Quality Equality Improvement Assessment process. It was confirmed that the Resources Committee considered progress towards the Cost Improvement Plans regularly. It was agreed it was a helpful paper to see alongside the budget setting paper.</p> <p>The Board:</p> <ol style="list-style-type: none"> NOTED the CIP process. NOTED the level of under-delivery carried into the 2019/20 financial year.
18/0319	<p>Charitable Funds Committee</p> <p>The report provided assurance to the Board that the Charitable Funds Committee is discharging its responsibility for oversight of the Trust's Charitable Funds in line with the NHS and Charity Commission Guidelines.</p> <p>It confirmed:</p> <ul style="list-style-type: none"> Decisions made by the Committee in line with the Trust's Scheme of Delegation. Progress made against the Trust's Charitable activities The key risks and issues identified by the Committee and the actions taken to mitigate these risks. <p>The Board NOTED the Charitable Funds Committee report and NOTED the Annual Report and Accounts for 2017/18 had been submitted.</p>
19/0319	<p>Audit and Risk Assurance Committee Report</p> <p>The report provided assurance to the Board that the Audit and Risk Assurance Committee is discharging its responsibility for oversight of the Trust's independent and objective review of its financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.</p> <p>It confirmed:</p> <ul style="list-style-type: none"> Decisions made by the Committee in line with the Trust's Scheme of Delegation. Progress made against the Trust's audit and risk assurance activities The key risks and issues identified by the Committee and the actions taken to mitigate these risks. <p>It was noted that the Committee had considered the due diligence relating to the merger in detail at its February meeting and that no significant issues had been identified. Actions requiring to be taken forward would be actioned by the Transition Workstream. The Committee had been updated on EU Exit resilience activity and noted External Audit work for 2018/19 plans were in process.</p>

	<p>It was confirmed that no issues of concern had been highlighted by Internal or External Audit.</p> <p>The Board NOTED the Audit and Risk Assurance Committee report.</p>
20/0319	<p>License Requirements</p> <p>It was noted that as required from 2017 NHS trusts are required to self-certify that they can meet the obligations set out in the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009 and the Health and Social Care Act 2012, and to have regard to the NHS Constitution) and that they have complied with governance requirements. Last year was the second year that NHS trusts self-certified and the Trust complied as required. Although NHS trusts are exempt from needing the provider licence, they are required to comply with conditions equivalent to the licence that NHS Improvement has deemed appropriate.</p> <p>It was noted that the Single Oversight Framework (SOF) bases its oversight on the NHS provider licence. NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including Conditions G6 and FT4) and must self-certify under these licence provisions. There are two submissions. The first self-certification relates to GC6 and is required for submission at the end of May. The second submission (FT4) is required at the end of June 2019.</p> <p>FT4 Corporate Governance</p> <p>The Trust is also required to state that we have complied with required governance arrangements (Condition FT4 (8)). This requires us to review whether our governance systems achieve the objectives set out in the licence condition (although we are not covered by a license, the standards set out in FT4 are similar to the standards of governance set out in the TDA general objective.)</p> <p>NHSI expect any compliant approach to include:</p> <ul style="list-style-type: none"> • effective board and committee structures, • reporting lines and performance and risk management systems. • well-led framework for governance reviews (April 2015) • Single Oversight Framework (September 2016). <p>It was noted we are required to confirm by 30th June 2019 that:</p> <ul style="list-style-type: none"> • The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS. • The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time • The Board is satisfied that it has established and implements: <ul style="list-style-type: none"> (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation. <p>The Board is satisfied that it has established and effectively implements systems and/or processes:</p> <ul style="list-style-type: none"> (a) To ensure compliance with its duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the

	<p>organisations operations;</p> <p>It was confirmed the evidence review undertaken for the last two years is now being reviewed by the Executive. As the next Board is in June it is proposed that the Board delegate approval of the Self-certification confirmation to the Audit and Risk Assurance Committee to meet the required deadline.</p> <p>The Board:</p> <p>(i) NOTED the report, the requirement and endorsed the approach.</p> <p>(ii) APPROVED the delegation to the Audit and Risk Assurance Committee of approval of the annual self-certification in accordance with the requirements of the provider licence in line with the process set in place in 2017 (which have not been amended).</p>
21/0319	<p>Forward Planner Review.</p> <p>The Board considered and NOTED the forward agenda planner.</p>
22/0319	<p>Any Other Business.</p> <p>There was no other business.</p> <p>The meeting closed at 16.10pm</p>
	<p>Date of Next Meeting in Public</p> <p>It was agreed that the next meeting of the Board be held on 06th June 2019</p>