# AGENDA

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<th>No.</th>
<th>Item</th>
<th>Led By</th>
<th>Outcome</th>
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<td>1.</td>
<td>Welcome and Apologies</td>
<td>Chair</td>
<td>To note apologies received</td>
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<td>Apologies received from:</td>
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<td>2.</td>
<td>Minutes of previous Board meeting held on 27th April 2017</td>
<td>Chair</td>
<td>For agreement</td>
<td>Item 2 - Minutes</td>
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<td>3.</td>
<td>Action Log</td>
<td>Company Secretary</td>
<td>To note actions arising</td>
<td>Item 3 – Action Log</td>
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<td>4.</td>
<td>Declaration of Interest with regard to the Agenda</td>
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<td>To provide clarification of interest</td>
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<td>5.</td>
<td>Questions from Members of the Public relating to any other agenda item</td>
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<td>To respond to questions raised and to approve the formal procedure</td>
<td>Verbal</td>
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<td>6.</td>
<td>Board Sub-Committees – Issues for escalation</td>
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<td>To note</td>
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<td>Performance Report</td>
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<td>Cyber Security Incident Update</td>
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<td>7.</td>
<td>Board Sub Committees Annual Report</td>
<td>Chairs of the Committees</td>
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<tr>
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<td>8.</td>
<td>Annual Accounts</td>
<td>Director of Finance, Strategy and Support Services</td>
<td>To approve the Trust’s annual financial accounts</td>
<td>This document is unable to be published or made available publically until it has been laid before parliament</td>
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<td>9.</td>
<td>Annual Quality Accounts</td>
<td>Director of Quality and Nursing</td>
<td>To approve the Trust’s Annual Quality Accounts</td>
<td>This document is unable to be published or made available publically until it has been laid before parliament</td>
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<td>10.</td>
<td>Charitable Funds Accounts</td>
<td>Director of Finance, Strategy and Support Services</td>
<td>To approve the Trust’s Charitable Funds Accounts</td>
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<td>11.</td>
<td>Annual Report including Annual Governance Statement</td>
<td>Company Secretary</td>
<td>To approve the Trust’s Annual Report</td>
<td>This document is unable to be published or made available publically until it has been laid before parliament</td>
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<td>12.</td>
<td>NHS Improvement – Annual Declarations G6 Declaration and Condition CoS7</td>
<td>Company Secretary</td>
<td>For approval</td>
<td>Item 12 – Declarations</td>
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<td>- G6 - Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence</td>
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<td>- CoS7 - Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence</td>
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<td>13.</td>
<td>WNE Cumbria Progress Report</td>
<td>Chief</td>
<td>For information</td>
<td>Verbal</td>
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<td>Executive</td>
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<td>14.</td>
<td>Bay Health and Care Partners Progress Report</td>
<td>Chief Executive</td>
<td>For information</td>
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<td>15.</td>
<td>Questions from Members of the Public relating to any Agenda item</td>
<td>Chair</td>
<td>To respond to questions raised by the public</td>
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<td>16.</td>
<td>Any Other Business</td>
<td>Chair</td>
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Circulation

Chair & Non Executive Directors:
Mr Mike Taylor, Chair
Ms Jane Fretwell, Non Executive Director (Audit Committee Chair)
Ms Heike Horsburgh, Non Executive Director (Vice Chair)
Ms Helen Bingley, Non Executive Director
Mr Alan Moore, Non Executive Director (Finance, Investment & Performance Committee Chair)
Mr Brian Hetherington, Non Executive Director
Ms Jill Stannard, Non Executive Director (Senior Independent Director, Quality & Safety Committee Chair)

Executive Directors:
Ms Claire Molloy, Chief Executive
Dr Andrew Brittlebank, Medical Director
Mrs Joanna Forster Adams, Director of Operations
Dr John Howarth, Director of Service Improvement
Ms Lynn Marsland, Director of Workforce & Organisational Development
Ms Clare Parker, Director of Quality and Nursing
Mr Michael Smillie, Director of Finance, Strategy and Support Services

Governors Council
Mrs Jane Smith, Lead Governor

In Attendance:
Mr Daniel Scheffer, Associate Director for Corporate Governance/Company Secretary
UNCONFIRMED MINUTES OF THE BOARD OF DIRECTORS MEETING HELD
1.30PM, THURSDAY 27TH APRIL 2017, BOARD ROOM, VOREDA

Present:
Mr Mike Taylor, Chair
Ms Helen Bingley, Non-Executive Director
Dr Andrew Brittlebank, Medical Director (Agenda Items 4-11)
Mrs Joanna Forster Adams, Director of Operations
Ms Jane Fretwell, Non-Executive Director
Mr Brian Hetherington, Non-Executive Director
Ms Heike Horsburgh, Non-Executive Director
Dr John Howarth, Director of Service Improvement
Mrs Joanna Forster Adams, Director of Operations
Mr Brian Hetherington, Non-Executive Director
Ms Heike Horsburgh, Non-Executive Director
Dr John Howarth, Director of Service Improvement
Ms Joanna Forster Adams, Director of Operations

In Attendance:
Ms Jane Fretwell, Non-Executive Director
Mr Brian Hetherington, Non-Executive Director
Ms Heike Horsburgh, Non-Executive Director
Dr John Howarth, Director of Service Improvement

Apologies:
None received

Actions | Agenda item | Action by
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1. Welcome and Apologies | | |
No apologies were received | | |
2. Patient Story | | |
Ms Parker presented the patient story. Dave Wheatcroft gave members a brief background to the Autism assessment service. He explained that Autism is a condition which effects social communication and relationships. Autism causes patients to have different needs and different points of time. He explained that the Cumbria Autism Service was originally commissioned for 40 referrals a year but quickly exceeded this amounts and it now sees around 400 patients a year. He noted that around 1.6% of the population of Cumbria have some form of Autism. Dave explained that around 80% of patients receive a diagnosis with an
age range of between 18-74. Dave also discussed the need for transition services between Children and Adult services as Autism is a lifelong condition.

Michael then described the process he went through to be diagnosed with Autism. He then noted that he did not wait a long time for appointments which included self-assessment and a screening questionnaire both of which were informative and relatively quick to complete. He noted that the service was fantastic with up to five sessions post diagnostic support. Dave then explained that the service develops a personal profile for the patient to assist with adjustments patients may need in employment. This is preventative as it then places less stress on other points of the system.

Michael then explained that physical health can suffer as patients aren’t as proactive and can’t communicate their frustration. He explained that the service was effortless but subtle adjustments could be made including being pro-active and offering other services without feeling like a burden. Dave then gave the example of establishing links with Mental Health Services and First Step.

Michael then explained what a difference the diagnosis had made. He explained that in January he began a course in working with patients on the autistic spectrum. This is assisting with connecting with people and he praised the professional support he is receiving during this course. He also explained that he is due to feature in the News and Star and on Radio Cumbria about living with autism, which is something that would never have previously featured in his life. He explained that diagnosis is only part of the journey but can be seen as a passport to services.

Mr Taylor asked if the course he is undertaking would ultimately lead towards working with patients with Autism. He explained that he would like to contribute towards differing attitudes to patients with Autism. Ms Bingley asked if he had achieved this in 5 sessions and whether the service would be involved in the Integrated Care Communities. Dave explained that the service only offer five sessions but each patient responds differently, but this is likely in the future to reduce to three sessions which is causing anxiety amongst the service. Dave also explained that the Autism service is a small countywide service so is likely to be outside of the Integrated Care Communities and likely to form the same model as Learning Disabilities.

Dr Howarth informed the Board of the current awareness programme in Millom which is aiding community understanding about Autism and noted the need to build on this work.
Members discussed the current service which is commissioned and noted the need to provide a service which is from diagnosis through to treatment. The Board noted that further negotiations with commissioners are needed.

Ms Stannard thanked Michael for speaking so well and noted that there could be an opportunity to use video blogs or crib sheets to inform about autism. Members were informed that there is a self-help group that patients are involved in.

The Board thanked the patient for sharing his story.

3. Staff Story

Mrs Forster Adams introduced Helen Farren who will explain her dual role within the Trust.

Helen explained that an opportunity arose last year to develop further services for children and young people with life limiting, life threatening and palliative conditions. This involved a shared vision to improve the offer at Jigsaw and provide a dedicated children’s community nursing service to meet the growing needs of children and young adults and a partnership agreement was agreed. Helen explained that before the partnership agreement there were only a small number of nurses which caused capacity issues which then resulted in some visits to children needing to be rearranged on a regular basis. As a result of this partnership these families are no longer experiencing re-arranged or cancelled visits.

Helen described her Lead Nurse role which is to manage both Jigsaw Children’s Hospice and a team of children’s community nurses specifically for children with complex health care needs. Helen explained that partnership working between Jigsaw and community staff has increased clinical competencies within Jigsaw and joint training is now routinely undertaken. She explained that information sharing has increased which enables timely support for families at time of crisis or illness. Confidence has grown with the staff at Jigsaw in being able to support children/young adults and their families and the service has grown as a result. Referrals for children with increasing complex needs and technology dependency have increased since the partnership began along with requests for support for children at end of life from within the county and from tertiary centres outside of the county. Helen explained the need to work with palliative care children as young as possible and noted that the oldest person they work with is 27. She explained the ambition to create a hospital passport similar to Learning Disabilities services.
Helen informed the Board that Jigsaw had recently transferred their first patient for end of life care from a tertiary centre and that this was supported by the children’s community nursing staff. The child and their family were supported to manage care, control symptoms as well as make previous memories with extended family and friends at the place of their choice. The staff then supported the extended family following death with the child staying in the butterfly suite and the family in the family accommodation until they were ready to leave. Helen explained that this was only possible through partnership which enabled the upskilling of staff and therefore improving the choice to children/young people and their families.

Helen explained that the first year of the partnership has produced challenges along the way including the need to understand a new organisation and working across both NHS and a Third Sector provider.

Ms Stannard complimented Helen’s leadership and questioned whether Jigsaw had been involved in conversations about death cafes. Helen explained that Jigsaw is all about living but is involved in a positive culture change to have more open conversations about death. Mr Hetherington questioned whether Jigsaw was just Carlisle based. Helen informed members that they have patients from Carlisle, West Cumbria, South Cumbria and Lancaster and currently have 57 patients and 2 potential referrals.

Dr Howarth noted that this is a good example of strong partnerships which are better for the patient and noted that this could be the future of our Trust over a number of services.

4. Minutes of previous Board meeting held on 30th March 2017

The minutes of the meeting held on 30th March 2017 were accepted as an accurate record subject to the following amendments:

Page 3 – 4th Paragraph – Last Sentence – ‘Ms Stannard acknowledged that the Trust will need to overspend to ensure the Trust runs a safe and effective service’ should read ‘Ms Stannard acknowledged that the Trust may need to overspend to ensure safe and sustainable services’

Page 3 – 6th paragraph – ‘Members thanked operational and financial staff for their contribution to ongoing work’ should read ‘Members thanked operational and financial staff for their contribution to helping to achieve the financial control total.

5. Action Log
Mr Scheffer explained that there were 6 actions on the action log, 4 being proposed as being complete with a further action being completed after the papers were circulated. This was agreed by members.

The following update was given on the remaining action

2016-17 AP21 – The lack of nursing representative at the provider alliance group will be formally raised at the next Provider Alliance Group on 2\textsuperscript{nd} May.

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<th>6. Declaration of Interest with regards to the agenda</th>
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<td>There were no interests raised with regards to the agenda.</td>
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<th>6.1 Review of Declaration of Interest</th>
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<td>Mr Moore noted that he has now been appointed Non-Executive Director of the Ministry of Defence (Defence Safety Authority)</td>
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<td>Ms Smith presented the Q4 Governor’s Council Q4 (2016/17) Activity Report. She explained that the amendments to the Trust Constitution will be discussed as a separate agenda item.</td>
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<th>8. Summary of Board Decisions since the last meeting</th>
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<td>Mr Scheffer presented the summary of the decisions since the last public board meeting.</td>
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<td>It was agreed that the agreement for the Trust to join the LIFT scheme should be added to this report.</td>
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<th>9. Questions from members of the public relating to any agenda item</th>
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<td>Mr Newton (Public Governor, Furness) noted his interest in the patient story and also highlighted the recent publicity around Mental Health.</td>
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<th>10. Chairman’s Report</th>
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<td>Members noted the Chairman’s report.</td>
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<th>11. CEO’s Report</th>
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Ms Molloy presented her CEO’s report. She explained that the formal inspection of the Trust’s children’s services was undertaken by the Care Quality Commission (CQC) during January and that children’s services have now been rated good. Mrs Molloy thanked the Children and Families Care Group and the Clinical Governance Teams on behalf of the Board for their hard work.

Mrs Molloy discussed the temporary closure of beds at Alston and noted that the Trust is in the middle of agreeing how to take this forward with partners; however this has been delayed due to purdah because of local and national elections. Purdah is delaying the co-production work with the public by about 6 weeks but finalisation of the work behind the scenes is still taking place. It was emphasized that work with the public is difficult to do as it is linked heavily with the local authority.

Mrs Parker explained that the Chair of the children’s improvement Board and the chair of the Safeguarding Committee have included the Trust’s CQC report in ministerial report paper.

Mrs Molloy also noted the recent recognition awards which was linked to listening into action celebration event. Mrs Molloy congratulated the winners and nominees.

12. Finance, Investment and Performance Committee Chair’s Report

Mr Moore gave members an update from the Finance, Investment and Performance Committee which was held on Monday. The Committee reflected on the long journey and noted the better than expected year-end financial position, this reflects the great efforts undertaken by both operational and financial staff and this was reflected by the FIP Committee.

Mr Moore explained that the current deficit run rate is around £650k, however to meet the internal control total assumptions the deficit run rate needs to be around £250k for next year and £150k the year after. The Committee noted the huge challenge and acknowledged the challenge associated with the delivery of some efficiency schemes. The Board fully understood the challenge.

Mr Moore explained that the Committee had discussed the system challenge and noted the ambitious nature as there is no proper visibility of a meaningful plan at the System level; therefore the scale of the challenge is significant. Ms Bingley acknowledged the difficulty the Trust might face over the service provision element of the financial recovery plan as this might involve public consultation. Ms Bingley also noted the
| 2017/18 AP2 | concerns around internal capacity following the resignation of Mrs Forster Adams. Ms Horsburgh welcomed the Financial, Recovery and Transformation Group.  
Mr Hetherington acknowledged that there had been discussions about the challenges associated service delivery but was concerned about the lack of a plan at a system-wide level. Ms Molloy explained that some documents had been received by the Board prior to Mr Hetherington and Ms Bingley’s term of office. Ms Molloy agreed to send Mr Hetherington and Ms Bingley the documents the Board had already received prior to their terms of office.  
Mr Moore also noted the discussion that the Committee had on Equality Impact Assessments.  
Mr Smillie explained that he has previously never seen so much funding released two days before the end of the financial year, but warned that the Trust should not rely on funds like these coming available in future years. Mrs Forster Adams explained that there was no Performance Report available this month, but informed members that the Trust had achieved the STF fund trajectories. Mr Moore acknowledged that the FIP meeting on Monday was Mrs Forster Adams last meeting and that the Committee would miss her contribution. |
| CM | 12.1 Finance Report  
The Board noted the year-end financial report. |
| | 12.2 Workforce Report  
Mrs Marsland presented the workforce report. She explained that following on from discussions at the FIP Committee this report is likely to consist of different elements in the future and that she will consult with Mr Moore about the changes.  
The Board noted the current situation associated with the changes to IR35 tax legislation for locum and agency staff. Mrs Marsland explained that many locum staff have taken April as annual leave as a stand-off position in case the government climbs down like it did with National Insurance contributions for the self-employed. It was noted that some locums have requested additional travel expenses or overnight stays to compensate which has been declined by the Trust. The Board noted that some long standing locums in the Mental Health Care Group have agreed to work additional hours to cover vacant locum shifts.  
Ms Fretwell questioned whether there would be any additional cost to |
| 2017/18 AP3 | employers from IR35 legislation. She received confirmation that any additional cost would be taken by the agency and not by the Trust. Ms Fretwell requested that this be clarified by HB Retinue. Ms Fretwell queried if the Trust could incentivise HB Retinue to find lower cost permanent staff, which would cost the Trust but would be a one-off payment. Members acknowledged the clinical services would become unsustainable if locum/agency workers were not employed by the Trust. Mrs Marsland explained that HB Retinue only recruit to Locum vacancies and not permanent posts.

Members noted the link between sickness, vacancies and locum usage but queried the impact of the increase in vacancies and increase in sickness but reduction of temporary workforce by 50%. Members also questioned the impact of 60 members of staff leaving with less than one years’ service. Mrs Marsland agreed to investigate whether there was any quality impact.

Mr Hetherington questioned the rates charged by agencies for NHS workers compared to other sectors such as engineering. NHS is around 10-15% whereas engineering is around 3%-5%. Mrs Marsland confirmed that this was a common rate within the whole of the NHS due to the lack of suitably qualified workforce. Members noted the need for a cap to drive down costs in a consistent way across all organisations. Ms Fretwell agreed with Mr Hetherington noted the small margin associated with engineering agency workers and noted the need to tackle NHS agency workers nationally.

The Board requested clarification on the following comment: ‘The most common reason for leaving in the 12 months to March were on the grounds of voluntary resignation or retirement, many of which may have been due to restructuring’. Mrs Marsland agreed to clarify comment but also noted that there is no benchmark data to suggest whether the Trust has a high number of leavers. |
| 2017/18 AP4 | 13. Quality and Safety Committee Chair’s Report

Mrs Stannard presented the Quality and Safety Committee Chair’s reports. She explained that the Committee had discussed the Equality and Diversity strategy during March’s meeting and noted that there was a need for a lot more work including a training session for the Board which will take place as part of a Board Development session. It was agreed that a Board Development session will take place on Equality and Diversity. |
| 2017/18 AP5 | 13.1 Hard Truths |
Ms Parker presented the hard truths report and explained that some of the data looks different due to the relocation of patients from Ellerbeck Ward to 3b Whitehaven and then to Maryport and Cockermouth. She informed the Board that Ellerbeck Ward has reopened just before Easter and noted that the issues have been rectified within the Ward but some ongoing building issues remain. Mr Smillie explained that some of the issues have been resolved due to changing the methods of evacuation.

Members questioned the reasons behind the levels of staff sickness within community hospitals. Ms Parker agreed to clarify this but noted the possible impact of the public consultation around Community Hospitals.

Ms Parker explained that Alston Community Hospital inpatient beds were temporarily closed on 20th April due to ongoing recruitment issues. Ms Parker discussed the integration between ward and community services and explained that half of the beds are usually filled with people from Alston and half outside of Alston.

| 2017/18 AP6 | Ms Fretwell noted that the issue of job planning was discussed at the last Board of Directors meeting. Ms Stannard noted that job planning is due to be discussed at the Quality and Safety Committee. Ms Stannard requested clarification as to when a report on job planning would be received by the Quality and Safety Committee. |
| 14. Audit Committee Chair’s Report | CP |

| 2017/18 AP7 | Ms Molloy presented the first report from the Joint Group Board which is a Committee in common between CPFT and NCUH. Ms Molloy explained that the Joint Group Board agreed for formal proposals relating to IM&T, Estates and Facilities and Workforce to be considered at the meeting in May 2017. |
| 15. Joint Group Board (CPFT and NCUH) – Chair’s Report | AB |

Mrs Molloy explained that the initial draft of the Terms of Reference for the Joint Group Board were considered by the Joint Group Board and requested that the Board of Directors formally approve the Terms of Reference. Mrs Molloy also explained that the Group approved the memorandum of understanding which took into account amendments recommended by Board members following consideration at the Private Board of Directors meeting in March 2017.

The Board of Directors approved the terms of reference.
16. CQC Board Report

Mrs Parker presented the CQC Board report. She explained that the first report provides an update to the status of the action logs and an update on further re-inspection activity.

Mrs Parker informed members that the final report on Children’s Community Health Services was received on 21 April 2017. The report reflects the significant improvements that have been made across the Care Group with the overall ratings for services inspected increasing from ‘inadequate’ to ‘good’. All five key lines of enquiry were also rated as good.

Mrs Parker gave members an update on the recent inspection of HMP Haverigg, she explained that the healthcare services received a score of 3 (reasonably good) which was an improvement from the 2014 inspection where they were rated as 2 (not sufficiently good). Mrs Parker noted that the Trust is currently awaiting the draft report for the unannounced inspection which took place on the Adult Mental Health Acute Inpatient Units and Psychiatric Intensive Care Unit (PICU).

Members noted that it is unclear as to whether the whole trust would be re-inspected. Ms Stannard used the example of the improvements undertaken by Edenwood and it would be good to be able to reflect this in the Trust’s rating.

Mrs Parker explained that the second report includes details of the proposed framework of inspection that was published by the CQC but noted that the final framework has not been received yet. Mrs Parker explained that it is proposed that inspections will be more focussed on core services, where the CQC have the most concern or where quality is believed to have improved and will continue to look at the five KLOE.

It was noted that inspections will be:

- Approximately annually
- Unannounced based on at least one care service, for example CAMHS
- Announced based on full assessment of well-led
- Include specialist advisors and experts of experience

Mrs Parker explained that the intention is that once the CQC framework documentation is published an updated KLOE self-assessment template will be rolled out to staff. It was noted that the CQC are proposing a series of key themes that could be strengthened in the assessment framework. Mrs Parker explained that provider information requests will be requested on average annually and will not be as detailed as previous requests.
Mrs Parker discussed using experts within the Trust to help with the inspection process including peer reviews and the expertise of CQC inspectors employed within the Trust.

17. Complaints Annual Report

Mrs Parker presented the complaints annual report. She noted that there was a decrease of 1% of the number of complaints received and that 54% of formal complaints were responded to within 35 working days but a number of complaints were resolved outside of the formal process.

Ms Stannard informed members that this report had been received and discussed at the Quality and Safety Committee which noted the improvements but also the links with the quality strategy. Ms Stannard noted that the Quality and Safety Committee is picking up any themes within complaints, whether the timescales are within the national timescales and also requested more details on the complaint which was upheld by the parliamentary and health service ombudsman.

The development of the complaints dashboard was acknowledged. Members noted that this has enabled a consistent approach to the recording and handling of complaints which is of a great benefit to the Patient Experience Team and those who are using the complaints process.

Ms Smith queried the reasons behind the number of complaints being received reducing but the increasing number of complaints being open. Mrs Parker agreed to look into this and response to Mrs Smith outwith the meeting.

18. Annual Statement Relating to Governor Training and Development

Mr Scheffer presented the annual statement relating to governor training and development. He explained that at the time of writing this paper it was unclear if this requirement will be necessary going forward however clarification has since been received from NHS Improvement. This guidance issued from NHS Improvement (NHSI) is that the annual declaration still needs to be completed but not sent to NHSI, NHSI will audit a selection of Trusts.

Mr Scheffer noted that this paper was reviewed at the Governor’s Advisory Committee on the 20th April and supported the Board’s approval.
19. Progress Against Annual Plan and Strategic Objectives

Mr Smillie presented the paper and noted that the FIP Committee had discussed the Q4 progress against the milestones of the annual plan.

Mrs Forster Adams explained that Priority 9 – ‘Securing the future arrangements for Neurology service in line with national intentions for the commissioning of specialist services’ has been superseded and Priority 18 – ‘improving access times across paediatrics, audiology and speech and language therapy’ has been carried forward into next year’s priorities.

20. Quarterly Review of Board Assurance Framework

Mr Scheffer presented the quarterly review of the Board Assurance Framework. He explained that each strategic risk on the Board Assurance Framework has been reviewed by the Executive Directors and they have agreed to reset the inherent and residual risk scores for Risk I to reflect the strategic impacts of inability to deliver sustainable transformational change. Mr Scheffer informed members that the Quality and Safety and FIP Committee have both considered and agreed the proposed assurance levels at their meetings during April.

Mr Moore expressed concern that capacity was not an explicit risk. Mr Smillie explained that it is contained within Risk F, but Mr Moore noted that he thought it should be a separate risk.

21. Trust Sustainable Development Management Plan

Mr Smillie presented the Trust Sustainable Development Management plan. Members noted the difference within the water, gas and electricity usage graphs.

The Board agreed to receive this report but also acknowledged that it should find its place within other conflicting priorities.

22. Freedom of Information Act Annual Report

Mr Smillie presented the Freedom of Information Act annual report. The Board noted that the number of Freedom of Information Act requests is increasing year on year. Mr Smillie explained that this increase in workload is being managed through improved electronic processes and noted that the process is very well led.

Members noted that the increase in requests maybe due to general awareness of the Freedom of Information Act and also issues around
the public consultation.

The Board acknowledged that this was an excellent report from the team, including the achievements of the team which were noted on the last page of the report. Members also noted the differences between the Freedom of Information Act request and Subject Access Requests which may involve access to files which have been archived.

23. Amendments to the Trust Constitution

Mr Scheffer presented the report which provides the Board with recommendations to amend the Trust’s constitution following earlier consideration of issues by the Governor’s Advisory Committee which were approved by the Governor’s Council on 2nd February 2017. The proposed amendments are:

- Removal of NHS Cumbria Clinical Commissioning Group appointed Governor
- Inclusion of a Partnership Governor from Universities of Hospitals of Morecambe Bay NHS FT. This would replace the NHS Cumbria CCG appointed Governor
- Other administrative amendments to the Trust constitution.

Mr Scheffer explained that the requirement to include a NHS Cumbria Clinical Commissioning Group appointed Governor was removed following changes to legislation through the Health and Social Care Act 2012; the Trust had agreed to continue with this post. When making the recommendation to remove the position the Governor’s Advisory Committee also considered the attendance, input and value of the CCG contribution to the Governor’s Council.

Mr Scheffer explained that Universities Hospitals Morecambe Bay amended their own constitution in 2016 to include an appointed Governor position from CPFT’s Governor’s Council and therefore the Governor’s Council recommended the position of an appointed Governor for UHMB which would replace the NHS Cumbria CCG appointed Governor position.

Ms Smith explained that the Governors are continuing to work on Staff Governor representation and exit interviews from previous staff members suggest that they would rather be involved in clinical work. Ms Smith explained that this could be achieved through the Care Group Specialist Interest Group, however it was agreed that Governors should still represent their localities in order to avoid Governors having a single agenda.

Ms Smith explained that the Governor’s Advisory Committee on 20th
April discussed election proposals on whether vacancies in South Cumbria should be put on hold while the wider proposals in relation to the leadership arrangements for Community Services South are being considered. The Governor’s Advisory Committee agreed to recommend two options to the Governor’s Council on the 4th May:

- Hold back one public governor position in all localities for one year, subject to further consideration of changes to the Governor’s Council as part of the Trust Constitution review in the autumn.
- No Change – Advertise all vacancies

Board members also noted that the constitution should state that it is the Senior Independent Director’s responsibility for chair recruitment and not the Deputy Chair.

The Board approved the proposed amendments to the Trust Constitution.

### 24. Quarterly Register of Seal Report

The Board noted the quarterly register of seal report

### 25. Questions from Members of the Public Relating to any agenda item

Mr Newton (Public Governor) requested an explanation of the difference between a Lead Governor and a Head Governor. He also noted the recent training session he had on the Mental Health Act.

He also requested a date for the annual members meeting and was informed that this is being organised through the Membership and Communications Committee. He also queried transport arrangements for the annual members meeting. He was informed that this would be discussed as part of arrangements for the annual members meeting.

### 26. Any Other Business

Mr Taylor informed members that Ms Bingley is now to be chair of the Mental Health Act Managers meeting.

### Date and Time of next Board of Directors

25\textsuperscript{th} May 2017 – 1.30pm till 4pm Board Room, Voreda, Penrith

Signed: Chair
<table>
<thead>
<tr>
<th>Action No</th>
<th>Date of Board Directors</th>
<th>Issue to be addressed (why do we need an action?)</th>
<th>Action</th>
<th>Lead</th>
<th>Timescale</th>
<th>Update Report</th>
<th>Action Complete (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016/17 AP21</td>
<td>30/03/2017</td>
<td>The lack of nursing membership on the Provider Alliance Group</td>
<td>Mrs Molloy agreed to look into addressing this issue</td>
<td>CM</td>
<td>27/04/2017</td>
<td>April 2017 - Issue raised and CM will be formal raised at the next Provider Alliance Group on 2 May 2017</td>
<td>No</td>
</tr>
<tr>
<td>2017/18 AP1</td>
<td>27/04/2017</td>
<td>To ensure the summary of the Board decisions since the last meeting is up to date</td>
<td>It was agreed that the agreement for the Trust to join the LIFT scheme should be added to the summary of Board decisions since the last meeting</td>
<td>DS</td>
<td>25/05/2017</td>
<td>May 2017 - details added to the summary of Board decisions</td>
<td>Proposed Yes</td>
</tr>
<tr>
<td>2017/18 AP2</td>
<td>27/04/2017</td>
<td>To ensure all Board members have sight of relevant documents</td>
<td>Mrs Molloy agreed to send Mr Hetherington and Ms Bingley the documents around system level plans that the Board had already received prior to their terms of office</td>
<td>CM</td>
<td>25/05/2017</td>
<td>May 2017 - relevant documents shared with Mr Hetherington and Ms Bingley on 18/05/2017</td>
<td>Proposed Yes</td>
</tr>
<tr>
<td>2017/18 AP3</td>
<td>27/04/2017</td>
<td>Members questioned the impact of 60 members of staff leaving with less than one year's service</td>
<td>Mrs Marsland agreed to investigate whether there was an quality impact</td>
<td>LM</td>
<td>25/05/2017</td>
<td>May 2017 - Given that these staff have left from a variety of roles and teams, there is no definite evidence of impact on quality as the vacancies would have been re-advertised or skill mix considered to cover where required</td>
<td>Proposed Yes</td>
</tr>
<tr>
<td>AP4</td>
<td>27/04/2017</td>
<td>To receive clarification on the most common reason for leaving in the last 12 months.</td>
<td>The Board requested clarification on the following comment: 'The most common reason for leaving in the 12 months to March was on the grounds of voluntary resignation or retirement, many of which have been due to restructuring'. Mrs Marsland agreed to clarify the comment.</td>
<td>LM</td>
<td>25/05/2017</td>
<td>Proposed Yes</td>
<td></td>
</tr>
<tr>
<td>AP5</td>
<td>27/04/2017</td>
<td>To ensure the Board are aware of their responsibilities with regards to equality and diversity</td>
<td>It was agreed that a Board Development session will take place on equality and diversity</td>
<td>DS</td>
<td>25/05/2017</td>
<td>No</td>
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<tr>
<td>AP6</td>
<td>27/04/2017</td>
<td>Members questioned the reasons behind the levels of staff sickness within Community Hospitals.</td>
<td>Mrs Parker agreed to clarify this but noted the possible impact of the public consultation around Community Hospitals</td>
<td>CP</td>
<td>25/05/2017</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>AP7</td>
<td>27/04/2017</td>
<td>To ensure that job planning is discussed at the Quality and Safety Committee</td>
<td>Ms Stannard requested clarification as to when a report on job planning would be received by the Quality and Safety Committee</td>
<td>AB</td>
<td>25/05/2017</td>
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<tr>
<td>AP8</td>
<td>27/04/2017</td>
<td>To clarify the reasons behind the increasing number of complaints being open</td>
<td>Mrs Parker agreed to look into this and respond to Ms Smith outwith the meeting</td>
<td>CP</td>
<td>25/05/2017</td>
<td>Proposed Yes</td>
<td></td>
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<tr>
<td>AP9</td>
<td>27/04/2017</td>
<td>To ensure the constitution is correct regarding chair recruitment</td>
<td>Board members noted that the constitution should state that it is the senior independent directors responsibility for chair recruitment and not the deputy chair</td>
<td>DS</td>
<td>25/05/2017</td>
<td>Proposed Yes</td>
<td></td>
</tr>
</tbody>
</table>

May 2017 - Since the start of 2017 there have been significant changes in the Trust, for example 8 dental staff left due to compulsory redundancy and 8 retinal screeners were TUPEd to outside organisations. There may be a link between these changes and the numbers of voluntary resignations in affected services during the periods of consultation as this is an unsettling time for those involved, but this is not necessarily immediately evident when considering the ESR data. However it has been suggested anecdotally that a small number of staff have left where the restructure has been a contributing factor. The comment in the report was intended to reflect that the unusually high leavers' figures in March may have been attributable to restructuring which the above suggests, though it may not have been read that way. Additionally fixed-term contract staff may leave for reasons other than their contract expiring, which many do at the end of the financial year. For example another reason is given on the form even though the contract has ended, or the employee wished to secure permanent employment elsewhere.
Title: Quarter 4 Performance - Board Assurance Report

Presented by: Joanna Forster Adams, Executive Director of Operations

Prepared by: Natalie Karam, Head of Performance and Information

Date of meeting: 25/05/2017

Where else has this report been considered and when: TMG

The purpose of this report is (indicate with X):

<table>
<thead>
<tr>
<th>For assurance</th>
<th>For information</th>
<th>For decision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Supporting information

1. Purpose of the report – Include:
   - What question does this report seek to answer?
   - Outcomes as a result of consideration of the report at other forums (as applicable)

   The purpose of the report is to present the Trusts performance against NHS Improvements Single Oversight Framework (SOF) Operational metrics in quarter 4, and to summarise performance against key indicators across the Trusts balanced scorecard of Quality, People, Services and Efficiency, achievements, improvements and areas for concern.

   In addition the report includes a summary of performance against the 16/17 Business Plan, and CQUIN schemes, and presents the current Board Assurance Framework (BAF) ratings.

2. Executive Summary - Include:
   - Reference should be made to key issues, risks and benefits as applicable with confirmation of what is being undertaken to address/mitigate or deliver these. This should also confirm where details of this information can be found in the report.

Achievements

We have made significant progress in implementing the actions from our November 2015 Care Quality Commission Inspection. Re-inspections to our Learning Disabilities inpatient unit and in our Children’s community services has led to revised ratings of good for both Services (previously rated inadequate).
At the end of quarter 4 the Trust was able to report a £0.4 million over achievement against its financial control total of £4.5 million. Whilst the financial environment remains extremely challenging, this is a significant improvement against the forecasted position.

The Trust achieved its Sustainability and Transformation fund (STF) control total and performance trajectories for each quarter of the year, attaining (and in some areas over-performing) against all 4 agreed improvement trajectories.

**Improvement**

First Steps continue to implement their recovery actions and in quarter 4 achieved the 6 week referral indicator for the first time, a significant improvement against 15/16 performance. The extensive validation work carried out by the Mental Health group at the beginning of the year has ensured that performance against the gatekeeping and EIP standards have been maintained, following the migration to RIO in December. Despite concern about the sustainability of the Paediatric Audiology model, the Service has delivered the 99% standard in all 3 months of the quarter.

The Trust Services performed well against Referral to Treatment (RTT), despite continued fragility within these Services. A&E 4 hour waits were also achieved. Level 1 Mandatory training compliance continues to improve and was 86% at the end of the quarter.

**Areas of Concern**

Delivering our recovery plan (efficiency, right sizing of services, temporary workforce, reduction of overheads, discretionary spend) and income security through reward/risk sharing with partners remains a key risk for the new financial year.

At the end of Quarter 4 there was 519 staff that were out of compliance with their level 1 Adult Safeguarding training giving an overall figure of 81.9%. The number of staff who are out of date with Level 2 Safeguarding training is 698 which is an slight increase from Quarter 4 but at 75.7% falls well below the required expectation of the Trust. The Quality and Nursing directorate are working to establish and implement a viable recovery plan.

**Performance against SOF**

The Trust is monitored against the following Operational performance metrics, failure to meet one or more of the standards in more than 2 consecutive months will trigger an assessment by NHS Improvement of a trusts support needs.

As the Mental Health Care Group continues to embed RIO as their electronic patient record, work is underway to ensure patient records capture the requirements in the priority
metrics such as employment and accommodation status. The required standard of 85% by the end of 16/17 has not been met. Current performance is 53% of records updated.

3. Recommendations for action or details of actions being taken. These should be details in SMART format i.e. Specific, Measurable, Attainable, Realistic and Timely)

4. Decisions required from this meeting (Cross reference 'Purpose of the report' at 1 above)

The Committee is requested to:

Note the contents of the report

Alignment to Strategic Priorities *(indicate with X)*:

| Consistently delivering the highest possible quality of service we can achieve |
| Realising the full potential of everyone we work with and the talent of all our staff |
| Transforming our services to improve them for the people we serve |
Board Assurance Report

Happier | Healthier | Hopeful
From the 1st October 2016, the Monitor Risk Assessment process was replaced by the NHS Improvement Single Oversight Framework (SOF). The SOF is designed to enable segmentation of the provider sector to identify where providers may benefit from, or require, improvement support across a range of areas. The Trust has been placed in to Segment 2, which is defined as ‘providers offered targeted support’. The indicators within the Trusts balanced scorecard and operational performance reports have been re-profiled in line with these changes, specifically moving access standards from Quality to Services, and introducing the new financial metrics used by NHS Improvement.

**Achievements**
We have made significant progress in implementing the actions from our November 2015 Care Quality Commission Inspection. Re-inspections to our Learning Disability inpatient unit and in our Children’s community services has led to revised ratings of good for both Services (previously rated inadequate).
At the end of quarter 4 the Trust was able to report a £0.4 million over achievement against its financial control total of £4.5 million. Whilst the financial environment remains extremely challenging, this is a significant improvement against the forecasted position. The Trust achieved its Sustainability and Transformation fund (STF) control total and performance trajectories for each quarter of the year, attaining (and in some areas over-performing) against all 4 agreed improvement trajectories.

**Improvement**
First Steps continue to implement their recovery actions and in quarter 4 achieved the 6 week referral indicator for the first time, a significant improvement against 15/16 performance. The extensive validation work carried out by the Mental Health group at the beginning of the year has ensured that performance against the gatekeeping and EIP standards have been maintained, following the migration to RIO in December. Despite concern about the sustainability of the Paediatric Audiology model, the Service has delivered the 99% standard in all 3 months of the quarter.
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<table>
<thead>
<tr>
<th>Indicator</th>
<th>Standard</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSI Segmentation</td>
<td>&lt;=3</td>
<td>*</td>
</tr>
<tr>
<td>Admissions to inpatient services had access to crisis teams</td>
<td>&gt;=95%</td>
<td></td>
</tr>
<tr>
<td>MHSDS Demographics</td>
<td>&gt;=95%</td>
<td></td>
</tr>
<tr>
<td>MHSDS Priority Metrics</td>
<td>&gt;=85%</td>
<td></td>
</tr>
<tr>
<td>Referral to treatment for incomplete pathways</td>
<td>&lt;=18 wks for 92% of Patients</td>
<td></td>
</tr>
<tr>
<td>A&amp;E: Maximum waiting time of four hours in A&amp;E from arrival to admission</td>
<td>&gt;=95%</td>
<td></td>
</tr>
<tr>
<td>6 weeks referral to diagnostics</td>
<td>&gt;=99%</td>
<td></td>
</tr>
<tr>
<td>IAPT Recovery Rate</td>
<td>&gt;=50%</td>
<td></td>
</tr>
<tr>
<td>Improving access to psychological therapies (IAPT): People with common</td>
<td>&gt;=75%</td>
<td></td>
</tr>
<tr>
<td>Improving access to psychological therapies (IAPT): People with common</td>
<td>&gt;=95%</td>
<td></td>
</tr>
<tr>
<td>Early Intervention in Psychosis (EIP): People experiencing a first episode of</td>
<td>&gt;=50%</td>
<td></td>
</tr>
</tbody>
</table>

* Shadow Format until April 2017
## Trust Scorecard

### Board Assurance Report

**As at 31/3/2017**

### Balanced Scorecard

<table>
<thead>
<tr>
<th>Domain</th>
<th>Theme</th>
<th>No of KPI's</th>
<th>Scorecard</th>
<th>In Exception</th>
<th>In Development</th>
<th>Page</th>
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<tr>
<td>Safe</td>
<td>Patient Safety</td>
<td>20</td>
<td>12</td>
<td>1</td>
<td>7</td>
<td>3</td>
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<td></td>
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<td>Patient Experience</td>
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<td>Data Quality</td>
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<td>Information &amp; IT</td>
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</table>

### Key:
- **On Track**
- **Off Track**
- **No Tolerance**

### Trust

<table>
<thead>
<tr>
<th>Domain</th>
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<th>Services</th>
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<tr>
<td></td>
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<td>17</td>
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### Single Oversight Framework

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### Cumbria CCG

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<thead>
<tr>
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<th>People</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
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### Cumbria County Council

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### NHS Specialist Commissioning

<table>
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<tr>
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<th>Services</th>
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</thead>
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<td>0</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>
CQC

The Trust continues to fully engage with CQC and recent inspections of Children’s Services saw the ratings improve to good (previously inadequate) and the service line also has received a rating of good on all 5 domains. The overall action plan for the comprehensive inspection has now been signed off by Quality & Safety Committee. Any ongoing actions from subsequent inspections are monitored and monthly engagement meetings take place with the CQC.

SIRIs

The Trust met its target of 12 SIRIs in any quarter: this is a decrease from the previous Quarter 3 (22). The Trust is undertaking a whole system review of the SIRI process with an aim to improve the management of SIRIs in a centralised mechanism. Other work is 72 hour reports are completed to ensure that the most appropriate type of investigation takes place.

Safeguarding Training

All levels of safeguarding training have a minimum compliance of 85% and is monitored via the governance arrangements. Further work is taking place to ensure that monthly reviews of both levels of mandatory training occurs and that these are discussed at the committees where positive actions can be taken to improve compliance. Trajectories have been developed and will be monitored via the Performance Group to demonstrate improvement and identify any challenges which may prevent achievement of Trust targets.

Safeguarding Adults - Levels 1 and 2 (e-learning)

The revised content will be available via Core Skills Framework with an expected date of June 2017. These will be national packages in e-learning format but will not support any additional amendments to reflect the learning from local safeguarding adult reviews. At the end of Quarter 4 there were 519 staff who were out of compliance with their level 1 Adult Safeguarding training giving an overall figure of 81.9%. This would need an additional 166 staff to complete the e-learning to reach the required 85%. This training is delivered via e-learning and has been no reported downtime during office hours as any maintenance is during weekends or overnight and are communicated well in advance. The essential requirement to complete this course should be via care group governance arrangements.

Safeguarding Children for non-child focussed staff Level 2 (e-learning)

The number of staff who are out of data with Level 2 Safeguarding training is 698 which is an slight increase from Quarter 4 but at 75.7% falls well below the required expectation of the Trust. Again this needs to be progressed via care group governance structures to improve compliance with staff being encouraged via their management supervision to plan time to complete this essential training.

Level 3 Safeguarding children for child focussed staff (face to face)

Quarter 4 has seen minimal increase in compliance for the Level 3 Safeguarding Children training which at the end of March 2017 was 74.4%. As previously reported uptake of training continues to be poor despite communication from the Training Department urging those non-compliant staff to attend. Overall analysis shows that there are sufficient numbers of places being provided: failure to book and DNAs affect trajectories to map compliance and results in more sessions needing to be organised to gain overall compliance. Work continues with the Action Plan to attain the required compliance.

Staff Seasonal Flu Vaccine Programme

The county wide flu vaccination clinics resulted in more than 66.9% of front line staff receiving a flu vaccination which is recognised as being the best protection against the virus. The CQUIN target for 17/18 is 70% and an action plan has been developed to support the Trust in aiming to achieve its maximum payback.

Complaints

Work continues with the monitoring of patient experience via the Patient Experience Team using a range of sources. The complaints dashboard is an efficacious mechanism to highlight the current status of complaint handling. On the whole complaints meet the 35 day target but there are instances whereby this cannot be achieved due to the complexity of the complaint or staff availability to support the investigations. The delays in nominating Investigating Officers also impacts upon achievement of this target. This is reviewed on the complaints dashboard and a care group dashboard is under development to enable each care group to monitor their progress and position of each complaint. Services continue to share their positive feedback with the Patient Experience Team but this is not consistent throughout the Trust which does not allow a true picture of the number of compliments when patients go out of their way to thank teams.

The Trust received a total of 3218 completed questionnaires which evidenced that patients who had received treatment and care found staff kind and compassionate with a total for Q4 of 97.98% across all services. In total 1845 Family and Friends and the overall scoring is 96.26% were extremely or likely to recommend the service that they had received treatment or care from.

Manual Handling

The Team continue to monitor training compliance on a monthly basis and this is coupled with a review of incidents relating to manual handling. At the end of March 2017 compliance for patient handlers was 63.6% (85 staff were out of date with this training) which fell well below the required target of 80%. There were 43 clinical services and/or wards who had achieved this. Push emails are sent out on a monthly basis to ward managers and Quality & Safety Leads for areas of low compliance highlighting their current percentages. This is also reported quarterly to the Fire, Health Safety & Security Committee which meets quarterly. Key workers continue to attend for updates to ensure that they can update their colleagues in line with Trust policy. Manual handling compliance for objects exceeds the 80% requirement. During Quarter 4 the bespoke sessions have continued to be offered to wards and clinical services who are struggling to release staff to complete this training. An additional training room has been created in Penrith Hospital to enable trainees in Eden to gain compliance in this vital training. Some further data cleansing is required to ensure that this data is a true reflection as some key workers have not sent their training returns to the Training Department for upload.
**Executive Summary**

Mandatory Training compliance for Tier 1 continues to improve gradually with 86% of mandatory training courses completed at the end of March 2017, the highest rate within the year.

The compliance rate for appraisal at the end of Q4 remains below the 80% target but is expected to rise in Q1 2017-18 with the re-introduction of the appraisal window.

Sickness and absence rates have fallen in line with seasonal trends (4.34% April 2017) and remains below the average for North West NHS Trusts.

The cost of temporary workforce remains above the cost ceiling although there has been an overall decline in agency use throughout the year. There is continued reliance on agency workers within the medical and nursing workforce due to long term vacancies, however there is continued effort to recruit to vacant posts.

Operational Risks and Issues for Services:

Risk to achieving control total and potential additional impact from market changes e.g. IR35 due to over reliance on agency and locum staff.

Impact of lack of certainty from system change on recruitment.
Executive Summary

First Steps continue to implement their recovery actions and in quarter 4 achieved the 6 week referral indicator for the first time, a significant improvement against 15/16 performance. The extensive validation work carried out by the Mental Health group at the beginning of the year has ensured that performance against the gatekeeping and EIP standards have been maintained, following the migration to RIO in December. Despite concern about the sustainability of the Paediatric Audiology model, the Service has delivered the 99% standard in all 3 months of the quarter.

The Trust Services performed well against RTT, despite continued fragility within these Services. A&E 4 hour waits were also achieved. However, it should be noted that recruitment difficulties coupled with an increase in demand at the Westmorland General PCAS may impact A&E performance in 17/18.

The Trust achieved its Sustainability and Transformation fund (STF) control total and performance trajectories for the quarter.

The Mental Health Care Group continues to embed RIO as their electronic patient record, recovery has concentrated on the nationally reported indicators which have maintained their pre December position following validation. Focus is now concentrating on access standards, with a mixture of work to ensure timely access to data quality information and staff training. This is being addressed through the Care Groups newly established Performance and Clinical Systems groups.

Work is underway to ensure patient records capture the requirements in the priority metrics such as employment and accommodation status. The required standard of 85% by the end of 16/17 has not been met. Current performance is 53% of records updated.

In our Community Hospitals delayed transfers of care have remained significantly above target throughout the quarter. As a national outlier the Trust is part of system wide recovery plans supported by NHS Improvement and the national Emergency Care Improvement Programme. In quarter 1 of 17/18 Cockermouth hospital will pilot the use of RIO as a bed management system, designed to make the referral and patient flow process more efficient. The system will then be rolled out across all sites in quarter 2.

Retention of Locum medical cover in CAMHS South Cumbria contributed to a dip in performance against their routine access indicator in the quarter. The Care Group have been able to secure alternative cover to address the risk.
Executive Summary

The Trust has overachieved by £1.1m against its operating plan but this figure includes a number of non-recurrent transactions - without these, the Trust's operational deficit would be significantly worse.

The care group overspend has reduced to 2.4% of budget due to beneficial non-recurrent transactions. Community Services are within budget, whereas Specialist and Children's Services are overspent; Mental Health is significantly overspent.

The efficiency programme has over achieved by £0.2m, however this is mainly due to a non-recurrent event in June 2016. Of the £6.0m achieved £3.2m is recurrent savings whilst £2.8 is non-recurrent.

The trust received £1.3m distress funding in March 2017 in order to fund operations, it is forecast that the trust will draw down a further £0.5m in both May and June 2017.
### Business Plan | Board Assurance Report

<table>
<thead>
<tr>
<th>Ref</th>
<th>Priority Description</th>
<th>Q3 RAG Status</th>
<th>Q4 RAG Status</th>
<th>Notable Comments / Escalated Risks / Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Secure the future arrangements for Neurology services</td>
<td>[Red]</td>
<td>[Red]</td>
<td>A. Patients or service users do not receive high quality care because either safety, outcomes or experience are compromised now, or in the future, arising from the demands of managing multiple complex system-wide transformational programmes</td>
</tr>
<tr>
<td>18</td>
<td>Improve access times across paediatrics, audiology SLT</td>
<td>[Green]</td>
<td>[Green]</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Oversee and support system wide engagement and comms activity across strategic transformation programmes and within CPFT in line with our participation strategy</td>
<td>[Green]</td>
<td>[Green]</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Deliver estates solutions for services to support transformation</td>
<td>[Grey]</td>
<td>[Yellow]</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Roll-out of EPR into Childrens and Families and Mental Health care Group</td>
<td>[Yellow]</td>
<td>[Yellow]</td>
<td>A. Patients or service users do not receive high quality care because either safety, outcomes or experience are compromised now, or in the future, arising from the demands of managing multiple complex system-wide transformational programmes</td>
</tr>
<tr>
<td>Strategic risks</td>
<td>Lead Executive Director</td>
<td>Residual Risk Score (Apr 17)</td>
<td>Assurance strength (to be confirmed by Board of Directors on 27 April 2017)</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>A. Patients or service users do not receive high quality care because either safety, outcomes or experience are compromised now, or in the future, arising from the demands of managing multiple complex system-wide transformational programmes</td>
<td>Clare Parker, Interim Director of Quality &amp; Nursing</td>
<td>12</td>
<td>Significant Assurance</td>
<td></td>
</tr>
<tr>
<td>B. Unable to sustain the cultural change needed to improve the quality of care for all patients and service users</td>
<td>Claire Molloy, Chief Executive</td>
<td>16</td>
<td>Significant Assurance</td>
<td></td>
</tr>
<tr>
<td>C. High quality and sustainable care is compromised by inability to implement improvement strategies for hard and soft infrastructure (facilities, estate, applications, IT)</td>
<td>Michael Smillie, Director of Strategy &amp; Support Services</td>
<td>12</td>
<td>Significant Assurance</td>
<td></td>
</tr>
<tr>
<td>F. Unable to deliver and sustain leadership workforce capability and capacity improvements to deliver modernised and transformed services</td>
<td>Lynn Marsland, Director of Workforce &amp; Organisational Development</td>
<td>16</td>
<td>Limited Assurance</td>
<td></td>
</tr>
<tr>
<td>H. Inability to balance financial sustainability with maintaining high quality, safe services</td>
<td>Michael Smillie, Director of Strategy &amp; Support Services</td>
<td>20</td>
<td>Limited Assurance</td>
<td></td>
</tr>
<tr>
<td>I. Failure to effectively demonstrate system and organisational improvement, transformation and sustainability</td>
<td>John Howarth, Director of Service Improvement</td>
<td>20</td>
<td>Limited Assurance</td>
<td></td>
</tr>
<tr>
<td>J. Failure to influence the shape of future care models because CPFTY’s strengths and system leadership are not fully realised</td>
<td>Claire Molloy, Chief Executive</td>
<td>16</td>
<td>Limited Assurance</td>
<td></td>
</tr>
</tbody>
</table>
## Progress Update

<table>
<thead>
<tr>
<th>Goal reference (National CQUIN)</th>
<th>Indicator name</th>
<th>Provider type relevant for</th>
<th>Financial Value of Indicator</th>
<th>Q4 Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Contribution to the ongoing strategic planning work</td>
<td>MH &amp; Community</td>
<td>£525,000</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Demographic and non-demographic service pressures</td>
<td>MH &amp; Community</td>
<td>£700,000</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>CQC Inspection Implementation Plan Progress</td>
<td>MH &amp; Community</td>
<td>£525,000</td>
<td></td>
</tr>
<tr>
<td>Di</td>
<td>Community Hospital Countywide Length of Stay reduction</td>
<td>Community</td>
<td>£710,000</td>
<td></td>
</tr>
<tr>
<td>Dii</td>
<td>Acute Trust Length of Stay reduction</td>
<td>MH &amp; Community</td>
<td>£705,000</td>
<td></td>
</tr>
<tr>
<td>Diii</td>
<td>South Non Emergency Admission reduction to UHMB</td>
<td>MH &amp; Community</td>
<td>£335,000</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Increase uptake of diabetic eye screening for young people aged 18–45 years.</td>
<td>Specialist Services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Executive Summary

For 2016/17 the amount of Cumbria Clinical Commissioning Group CQUIN income available was £3.28m. The negotiated settlement for 2016/17 was £2.78 which represents 85% of the available total. The value of NHS England CQUIN available was £50k and this was all achieved subject to confirmation of the quarter 4 Diabetic Eye Screening scheme.
Report to: Board of Directors

Title: Annual report from Audit Committee

Presented by: Chair of Audit Committee

Prepared by: Felicity Wiseman, Corporate Governance Administrator

Date of meeting: 25 May 2017

Document date: 15 May 2017

The purpose of this report is (indicate with X):

For assurance x
For information
For decision

Supporting information

1. Purpose of the report – Include:
   - what question does this report seek to answer?
   - outcomes as a result of consideration of the report at other forums (as applicable)

This paper provides a summary of the activity of the Audit Committee during 2016/17 in fulfilment of its terms of reference.

2. Executive Summary - Include:
   - reference to key issues, risks and benefits as applicable and highlight where details of this information can be found in the report)

The attached paper provides a summary of the activity of the Audit Committee during 2016/17. The Committee has fulfilled its terms of reference and has considered items in accordance with its workplan throughout the year.

3. Recommendations for action or details of actions being taken (include priority and associated timescale for completion)

The Board of Directors are asked to note this annual update from the Committee and agree that it has fulfilled its delegated functions. Board members are asked to note that the content of this paper is based upon content within the annual report.

4. Decisions required from this meeting (Cross reference ‘Purpose of the report’ at 1 above)

As above.

Alignment to Strategic Goals (indicate with X):

Consistently delivering the highest possible quality of service we can achieve X
Realising the full potential of everyone we work with and the talent of all our staff X
Transforming our services to improve them for the people we serve X
Annual report from the Audit Committee 2016/17

Composition

The Audit Committee consists of Non-Executive Directors and was chaired by Ms Wanda Rossiter until 31 January 2017 and Jane Fretwell from 1 February 2017. Other members of the committee during the year were Dr Hilton Dixon, Heike Horsburgh, Jill Stannard and Brian Hetherington.

Meetings

This committee met on five occasions during 2016/17. The following table gives details of attendance by individual committee members at the meetings and includes details of attendance by Executive Directors.

Although not members of this committee, Executive Directors (or their nominated deputy) are invited to attend, particularly where specific risk discussions fall under the remit of that Director. For this the appropriate Executive Director attends for some or all of the meeting and this is shown in the table below. Furthermore, papers relating to Audit Committee meetings are issued to all Executive Directors and where they are not in attendance, they are able to provide input where appropriate. The Terms of Reference for this committee includes a requirement for the Chief Executive to attend at least one meeting during each reporting year. The Chief Executive attended the Audit Committee in July 2016 and met in May 2017 with the Chair of the Audit Committee and External Auditors to discuss the 2016/17 Annual Accounts, Quality Report and Annual Report.

Table: Meetings of the Audit Committee 1 April 2016 – 31 March 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Attendance - (total of 5 meetings held during 2016/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Committee members</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wanda Rossiter</td>
<td>Non-Executive Director - Chair</td>
<td>4/4</td>
</tr>
<tr>
<td>Dr Hilton Dixon</td>
<td>Non-Executive Director – Committee Member</td>
<td>1/4</td>
</tr>
<tr>
<td>Jane Fretwell</td>
<td>Non-Executive Director – Committee Member and Chair from 1 February 2017</td>
<td>5/5</td>
</tr>
<tr>
<td>Heike Horsburgh</td>
<td>Non-Executive Director - Committee Member</td>
<td>1/2</td>
</tr>
</tbody>
</table>
Role and responsibilities

The work of the Audit Committee is to:
Seek assurances as to the adequacy and effectiveness of internal control, corporate governance, and financial and non-financial reporting arrangements, to support the delivery of safe and quality services for patients. This includes oversight of external and internal audit; and functions relating to the annual statutory accounts, standing orders, standing financial instructions and standards of business conduct.

The key activities undertaken by the committee in fulfilling its responsibilities for the year are set out below.

Risk management and internal control

Key items considered were as follows.
Internal Audit
The committee approved the Internal Audit Plan and monitored its delivery throughout the year. The committee brought to the attention of the Board of Directors Internal Audit reports as follows:

- Discharge arrangements – Acute to CPFT Community Hospitals and the process variation in the north and south of the county
- Data validation in respect of locum staffing
- Consultant job planning

The committee ensured that Executive Directors were held to account for implementation of recommendations.

The role and structure of the internal audit function are detailed later in this report.

Raising Concerns
The committee reviewed and approved the Trust’s Raising Concerns policy and received the annual report on Raising Concerns.

CQC registration
The committee received assurance on the arrangements for ensuring compliance with CQC requirements and preparations for the re-inspection.

Governance statements and declarations process
The committee received assurance on the Trust’s governance statements and declarations process.

Litigation and claims management
The committee reviewed the management of litigation and claims.

Trust Annual Report
The committee reviewed the 2015/16 annual report and accounts and agreed to recommend to the Board that they be adopted.

Financial Reporting
During 2016/17, the committee considered key accounting issues and judgements relating to the accounts. The significant areas of judgement considered, in relation to the financial statements for the year ended 31 March 2017, were as follows:

- **Valuation of land and buildings** – During 2016/17, the Trust undertook an interim revaluation of its land and buildings based on professional advice. We considered and agreed the basis of this revaluation, including whether to value gross or net of VAT, and its disclosure in the financial statements.

- **Contingent assets and liabilities** – As disclosed in note 20 to the financial statements, the Trust has contingencies in respect of a dispute with its PFI provider and employers’ liability claims. We considered the available expert and legal advice and approved the accounting treatment of these matters.

- **Provisions** – The Trust has a number of provisions as set out in note 19 to the financial statements. We reviewed and accepted the judgements made by management in assessing provisions.

- **Going Concern** – We considered the financial position of the Trust and agreed that the accounts should be prepared on a going concern basis.

**Standing Orders and Standing Financial Instructions (SFIs)**

The committee reviewed activity and were satisfied that these were appropriately managed.

**Financial Recovery Plan**

The committee received assurance on the Trust’s financial recovery plan.

**Quality accounts**

The committee considered the integrity and accuracy of the 2015/16 accounts and agreed to recommend to the Board that they be adopted. We received updates throughout the year on the implementation of improvement actions.

**Data quality**

The committee considered plans to improve the quality of data underpinning key performance indicators, particularly those subject to external audit, and monitored the implementation of these plans. For further details see the Quality Report.

**Board Assurance Framework**

The committee monitored the review and subsequent development of the Board Assurance Framework towards an outcomes based approach.

**Risk management**
The committee reviewed the Trust’s arrangements for monitoring and managing risk. The Risk Management Strategy and policy were considered and we agreed to recommend to the Board that they be approved.

**Charitable trust funds**

The committee reviewed the annual accounts of the Charitable Trust Fund and agreed to recommend to the Corporate Trustee that they be approved. See note 26 to the financial statements. The committee considered the management of the Charitable Trust Fund and agreed on changes to improve and simplify the management of the funds.

**External audit**

The committee engaged with External Auditors (KPMG) throughout the year, with at least one representative from KPMG in attendance at all meetings held during 2016/17. We discussed and approved the scope of the audit and key risks with KPMG and agreed their fees for the audit.

The committee assessed the effectiveness of the external audit service. This was based on reporting by and communication with the External Auditor and the views of senior management. We concluded that we had no concerns.

KPMG had a contract for three years commencing with the 2012/13 audit, with the option to extend for a further two years. The value of the contract for 2016/17 is £54,000 including VAT.

The committee considered if non-audit work undertaken by the Trust’s External Auditor represented any conflict of interest. The Trust has a policy for appointment of External Auditors to undertake non-audit work approved by the Trust governors. The Trust sought confirmation that where KPMG staff were undertaking non-audit services, these staff were not involved in the external audit service. Non-audit services provided by the External Auditors during the year totalled £10,000 including VAT, which related to the assurance in respect of the Quality Report.

**Internal audit – role and structure**

Internal audit provides an independent, objective assurance and consulting activity designed to add value and improve the Trust’s operations. It assists the Trust to accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.
The Trust continues to obtain internal audit and counter fraud services from Audit One (formerly Audit North). Audit One is a not-for-profit provider of internal audit, information systems assurance and counter fraud services, to the public sector in the North of England. Their work is based on a risk based plan; agreed and overseen by the Trust’s Audit Committee. The committee receive summaries of all internal audit reports, including regular progress information on the status of agreed management actions arising from internal audit recommendations. All internal audit reports are provided to the Chair of the Audit Committee.

The Audit One Managing Director of Audit, as part of his requirements, provides the Trust’s Chief Executive with an annual Head of Audit opinion. This supports the Annual Governance Statement and is based upon all internal audit work undertaken during the year, and the arrangements for gaining assurance via the Board Assurance Framework. All internal audit work is undertaken in accordance with the requirements of the Public Sector Internal Audit Standards.
### Supporting information

1. **Purpose of the report – Include:**
   - what question does this report seek to answer?
   - outcomes as a result of consideration of the report at other forums (as applicable)

   This paper provides a summary of the activity of the Finance Investment & Performance Committee during 2016/17 in fulfilment of its terms of reference.

2. **Executive Summary - Include:**
   - reference to key issues, risks and benefits as applicable and highlight where details of this information can be found in the report

   The attached paper provides a summary of the activity of the Finance Investment and Performance Committee during 2016/17. The Committee has fulfilled its terms of reference and has considered items in accordance with its workplan throughout the year.

3. **Recommendations for action or details of actions being taken (include priority and associated timescale for completion)**

   The Board of Directors are asked to note this annual update from the Committee and agree that it has fulfilled its delegated functions.

4. **Decisions required from this meeting (Cross reference ‘Purpose of the report’ at 1 above)**

   As above.

### Alignment to Strategic Goals (indicate with X):

<table>
<thead>
<tr>
<th>Strategic Goal</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently delivering the highest possible quality of service we can achieve</td>
<td>X</td>
</tr>
<tr>
<td>Realising the full potential of everyone we work with and the talent of all our staff</td>
<td>X</td>
</tr>
<tr>
<td>Transforming our services to improve them for the people we serve</td>
<td>X</td>
</tr>
</tbody>
</table>
Annual report from the Finance Investment & Performance Committee 2016/17

Frequency and Attendance

In March 2016, the Board of Directors agreed the Committee should meet on a 6-weekly cycle, which was applied with effect April 2016. The committee met in accordance with that cycle throughout the year, with an additional meeting in November in order to prepare for the submission of the draft 2017/19 2-year plan. The Committee met on a total of nine occasions throughout the year.

The Committee was chaired by the designated Committee chair on 8 occasions and by another NED member of the Committee on one occasion. An attendance record is maintained which logs attendance by all committee members and other attendees throughout the year. The Chief Executive attended the FIP Committee in December 2016. The Committee was quorate at each meeting. Attendance can be found at Appendix A.

The 6-weekly meetings cycle was reviewed at a Board development session in April 2017 and was informed by feedback from the annual self-assessment review of committee effectiveness. The board agreed to revert to a monthly meetings cycle with effect from July 2017. The arrangements to revert to monthly meetings are currently underway.

Role and responsibilities

The Committee’s work plan was reviewed between April and June 2016 to reflect the change in meetings frequency. Regular agenda preparation meetings were introduced during the year to ensure the Committee maintains focus on live issues as well as items on its work plan. Those meetings involve the Committee Chair, the Director of Finance Strategy & Support Services as Executive management lead for the meeting, and a representative from the Corporate Governance team. An outcome of those meetings is that the structuring of the agenda was reframed to give focus to the recovery plan and risks to its delivery, system planning and risk share, as well as business as usual operational performance.

The Committee’s Terms of Reference and workplan were presented to the Audit Committee for review in March 2017. At the time of writing the terms of reference are under review to reflect changes to the Trust’s corporate governance meetings structure (changes to high and mid-level operational meetings) which take effect during Quarter 1 of 2017/18.

Fulfilment of Terms of Reference

The key activities undertaken by the committee in fulfilling its responsibilities during the year are set out below.

Performance Report

The Committee discussed and constructively challenged performance issues identified in the Governance and Accountability Framework Level 2 performance report on a quarterly basis, the Governance and Accountability Framework Level 1 every six months and the STF Performance Report at every meeting. This is in order to be assured that performance decision making and management processes comprise a cohesive and effective system consistent with Trust strategy. The Performance Report also identified other performance areas for oversight and scrutiny. Where performance in any area is not to the required standard, the Committee requested and oversaw effective remedial action.
Efficiency Schemes

The Committee asked for the Board to be informed of the final position from 2015/16, and then scrutinised the efficiency programme for 2016/17 throughout the year including the production and implementation of the efficiency schemes and cost improvement plans.

Financial Plans

The Committee discussed the Trust's five year plan including the assumptions contained therein. They made recommendations to the Board of Directors on the framing and content of the draft and final 2-year financial plan for 2017/19, including whether or not to accept the financial control totals for 2017/18 and 2018/19 set by NHSI. The Committee also reviewed the current and projected financial performance against the financial plan agreed by the Trust at each meeting. The Committee has a high level of assurance about processes but the ability to deliver continues to be a huge challenge whilst maintaining quality and safety standards. Currently the committee has limited assurance about likely outcomes.

Finance Report

The Committee received and constructively challenged the Finance Assurance Report at each meeting. This report provided assurance to the Committee around financial decision making and management processes. Both the financial report and financial plan reports provide assurance regarding current and forecast financial performance and compliance with financial performance standards as set out by regulators.

Reference Cost Methodology

The Committee approved the reference cost methodology on behalf of the Board.

Workforce Report

The Committee received the Workforce Report at each meeting and, based on these updates and supplementary updates for example on elements of mandatory training, reviewed and monitored that issues relating to workforce were being effectively managed. The committee continues to have limited assurance on some aspects of workforce management, such as addressing issues around agency staff controls and recruitment although it is recognised that these issues are affected by wider system issues and that the trust is actively working with system partners on addressing these issues. During the year the Committee requested further details in order to provide assurance on how these matters are being addressed at a system level, and also requested greater visibility of agency spend data. These have been incorporated into the Committee's work plan for 2017/18.

IM&T Strategy

The Committee received regular updates on the implementation of the IM&T Strategy and scrutinised and challenged proposed IM&T investment proposals.

Contracting Report

The Committee noted the current status with regards to contracting and scrutinised the development and implementation of the Trust's contractual regime.

Business Plan Milestones
In order to provide assurance to the Board against the achievement of the milestones set out in the Trust’s annual plan, the Committee received quarterly updates with regards to the 2016/17 milestones.

**Board Assurance Framework**

The Committee considered the Board Assurance Framework on a quarterly basis in order to provide recommendations to the Board.

**KPI Policy**

The Committee endorsed the Trust's KPI policy.

**Anti-Bribery Policy**

The Committee approved the anti-bribery policy.

**Treasury Management Policy**

The Committee approved the treasury management policy.

**Escalation / Reporting to the Board of Directors**

The Committee chair provided an update of discussions to the Board of Directors after each meeting. A meeting outcomes summary was provided to each public board of directors meeting and also to each meeting of the Council of Governors. Issues relating to the Trust’s financial position, status of CIP programme progress and achievement of financial control totals were escalated to the Board in July and September 2016.
## Appendix A – Attendance at meetings of the FIP Committee 1 April 2016 – 31 March 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Attendance - (total of 9 meetings held during 2016/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Executive Directors and Executive Directors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alan Moore</td>
<td>Non-Executive Director</td>
<td>8/9</td>
</tr>
<tr>
<td>Jane Fretwell</td>
<td>Non-Executive Director</td>
<td>8/8</td>
</tr>
<tr>
<td>Heike Horsburgh</td>
<td>Non-Executive Director</td>
<td>7/9</td>
</tr>
<tr>
<td>Michael Smillie</td>
<td>Director of Finance, Strategy and Support Services</td>
<td>7/9</td>
</tr>
<tr>
<td>Joanna Forster Adams</td>
<td>Director of Operations</td>
<td>4/9</td>
</tr>
<tr>
<td>Lynn Marsland</td>
<td>Director of Workforce and Organisational Development</td>
<td>6/9</td>
</tr>
<tr>
<td>Claire Molloy</td>
<td>Chief Executive Officer</td>
<td>1/1</td>
</tr>
<tr>
<td>Clare Parker</td>
<td>Interim Director of Quality and Nursing</td>
<td>1/1</td>
</tr>
<tr>
<td>Wanda Rossiter</td>
<td>Non-Executive Director</td>
<td>1/1</td>
</tr>
<tr>
<td>Mike Taylor</td>
<td>Chair</td>
<td>1/1</td>
</tr>
<tr>
<td>Helen Bingley</td>
<td>Non-Executive Director</td>
<td>2/2</td>
</tr>
<tr>
<td><strong>Other Attendees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Billinghurst</td>
<td>Deputy Director of Finance</td>
<td>9/9</td>
</tr>
<tr>
<td>Farouq Din</td>
<td>Interim Associate Director of E-Health and Head of Information</td>
<td>8/9</td>
</tr>
<tr>
<td>Daniel Scheffer</td>
<td>Associate Director for Corporate Governance/Company Secretary</td>
<td>4/9</td>
</tr>
<tr>
<td>Caroline Evans</td>
<td>Associate Director of Operations – Community North</td>
<td>1/1</td>
</tr>
<tr>
<td>Diane Teasdale</td>
<td>Head of Strategic Planning and Risk</td>
<td>9/9</td>
</tr>
<tr>
<td>Sharon Harper</td>
<td>Associate Director of Workforce</td>
<td>2/2</td>
</tr>
<tr>
<td>Paul Dobie</td>
<td>Business Manager – Mental Health</td>
<td>1/1</td>
</tr>
<tr>
<td>Tim Evans</td>
<td>Associate Director of Operations – Specialist</td>
<td>3/3</td>
</tr>
<tr>
<td>Laura Parkinson</td>
<td>Senior Programme Manager</td>
<td>1/1</td>
</tr>
<tr>
<td>Jane Smith</td>
<td>Associate Director of Development</td>
<td>1/1</td>
</tr>
<tr>
<td>Natalie Karam</td>
<td>Head of Performance</td>
<td>6/6</td>
</tr>
<tr>
<td>Pam Travers</td>
<td>Associate Director of Operations – Mental Health</td>
<td>1/1</td>
</tr>
<tr>
<td>John Leiper</td>
<td>Financial Reporting Manager</td>
<td>1/1</td>
</tr>
<tr>
<td>Suzanne Hamilton</td>
<td>Deputy Director of Workforce and Organisational Development</td>
<td>1/1</td>
</tr>
</tbody>
</table>
Report to: Board of Directors

Agenda reference: 7.3

Title: Annual report from Quality & Safety Committee

Presented by: Chair of Quality & Safety Committee

Prepared by: Diane Teasdale, Head of Strategic Planning & Risk
Jackie Stubbs, Corporate Governance Administrator

Date of meeting: 25 May 2017
Document date: 15 May 2017

Where else has this report been considered and when n/a

The purpose of this report is *(indicate with X)*:
- For assurance x
- For information
- For decision

### Supporting information

1. **Purpose of the report** – *Include*:
   - what question does this report seek to answer?
   - outcomes as a result of consideration of the report at other forums (as applicable)

This paper provides a summary of the activity of the Quality & Safety Committee during 2016/17 in fulfilment of its terms of reference.

2. **Executive Summary** - *Include*:
   - reference to key issues, risks and benefits as applicable and highlight where details of this information can be found in the report

The attached paper provides a summary of the activity of the Quality & Safety Committee during 2016/17. The Committee has fulfilled its terms of reference and has considered items in accordance with its workplan throughout the year.

3. **Recommendations for action or details of actions being taken (include priority and associated timescale for completion)**

The Board of Directors are asked to note this annual update from the Committee and agree that it has fulfilled its delegated functions.

4. **Decisions required from this meeting** (Cross reference ‘Purpose of the report’ at 1 above)
   As above.

### Alignment to Strategic Goals *(indicate with X)*:

<table>
<thead>
<tr>
<th>Goal</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistently delivering the highest possible quality of service we can achieve</td>
<td></td>
</tr>
<tr>
<td>Realising the full potential of everyone we work with and the talent of all our staff</td>
<td>X</td>
</tr>
<tr>
<td>Transforming our services to improve them for the people we serve</td>
<td>X</td>
</tr>
</tbody>
</table>
Annual report from the Quality & Safety Committee 2016/17

Frequency and Attendance

The meeting met monthly throughout the year in accordance with its terms of reference and met on a total of twelve occasions during 2016/17. The Committee was quorate at each meeting despite changes during the year affecting its membership, such as departure from the Trust of the Associate Medical Director for Quality. Note: the Associate Medical Director deputised in the absence of the Medical Director and the Deputy Director of Quality & Nursing deputised for the Director of Quality & Nursing when required. The table provided at Appendix A gives details of attendance by individual committee members at the meetings.

Roles and responsibilities

The Committee’s Terms of Reference and workplan were presented to the Audit Committee for review in March 2017. At the time of writing the terms of reference are under review to reflect changes in the Trust’s senior leadership as referred to above, and to the Trust’s corporate governance meetings structure (changes to high and mid-level operational meetings) which take effect during Quarter 1 of 2017/18.

Fulfilment of Terms of Reference

The key activities undertaken by the committee in fulfilling its responsibilities for the year are set out below.

Trust Wide Clinical Governance Group

The Committee received the annual Clinical Governance report and agreed significant assurance. It also received a formal annual clinical governance report from each Care Group. The Committee receives minutes of the monthly Trust Wide Clinical Governance Group for information and assurance.

Patient and Carer Experience & Involvement

The Committee received an annual report in June 2016 when limited assurance was agreed with a request for update in six months to focus more on patient experience and also to include community participation data. In January 2017 the Committee received an update and agreed significant assurance.

Patient Harm and Incident Reporting

The Committee received the annual report and agreed significant assurance.

Clinical Audit

The Committee agreed significant assurance on the effectiveness of clinical audit and impact on outcomes.

NICE Guidance

The Committee received significant assurance that processes were in place and the guidance was being used by each Care Group.
Board Assurance Framework

The committee monitored the review of significant risks to achievement of the Trust’s objectives on a quarterly basis. The Committee also noted the intent to move towards an outcomes-based assurance approach as part of development of the BAF.

SIRI Reports
The Committee received quarterly updates throughout the year and noted the intention to provide a series of workshops and process mapping between organisations in the south to improve system investigation and learning. The Committee agreed significant assurance. The Committee also scrutinised specific SIRI reports for assurance that actions had been addressed and lessons learned. The Committee challenged lessons learnt and asked for more evidence on several occasions but did not find it necessary to escalate to the Board.

Safeguarding
The Committee received the Safeguarding report and agreed to limited assurance whilst noting the progress that had been made during the year. Further updates will include progress against findings from an internal Audit report and CQC action plan.

Complaints
The Committee received significant assurance on the arrangements for reviewing complaints and noted that the report is also provided to the Board of Directors.

Whistleblowing/Raising Concerns Policy Review
The Committee received an annual report, which was given limited assurance in March 2017 pending approval of the Whistleblowing Policy, which the Committee ratified in April 2017.

Quality Outcomes Framework
The Committee received quarterly updates and agreed significant assurance on the 5 indicators.

Trend analysis of NED/Governor visits to services
The Committee received an annual report reviewing the outcome of the monthly Non-Executive Director/Governor visits to services. Reports of each visit were also provided to the Committee, as well as to the Governors’ Council. The Committee were pleased to see the issues addressed in the Care Group Annual Governance reports.

Review of Impact Assessments for the Trust’s 2 year business plan
The Committee reviewed the QIAs for the 2 year business plan and agreed to significant assurance whilst acknowledging that a large number of the proposals were red.

CQC Action Plan
The Committee received regular updates on the CQC Action Plan. The Committee challenged on a number of occasions the pace and evidence of implementation.

Continuous Service Improvement Report
The Committee agreed in November 2016 to remove this item from the workplan as this was an operational report which should be presented to TMG.

**Review of Committee Work plan and Terms of Reference**
The Committee agreed the revised work plan.

**Meeting Outcome Summary**
The Committee chair provided an update of discussions to the Board of Directors after each meeting. A meeting outcomes summary was provided to each public board of directors meeting and also to each meeting of the Council of Governors. The Committee did not refer any issues or risks to appropriate Board level Committees or Executive Management during 2016/17.

**Policies**
The Committee receive policies for review and approval including Handling Complaints, Concerns & Compliments Policy and the Whistleblowing Policy.
Appendix A – Attendance at meetings of the Quality & Safety Committee 1
April 2016 – 31 March 2017

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Attendance - (total of 12 meetings held during 2016/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jill Stannard</td>
<td>Non-Executive Director - Chair</td>
<td>11/12</td>
</tr>
<tr>
<td>Dr Hilton Dixon</td>
<td>Non-Executive Director</td>
<td>3/7</td>
</tr>
<tr>
<td>Heike Horsburgh</td>
<td>Non-Executive Director</td>
<td>6/9</td>
</tr>
<tr>
<td>Dr Andrew Brittlebank</td>
<td>Medical Director</td>
<td>5/12</td>
</tr>
<tr>
<td>Dr Claire Kenwood</td>
<td>Associate Medical Director</td>
<td>11/11</td>
</tr>
<tr>
<td>Joanna Forster Adams</td>
<td>Director of Operations</td>
<td>7/12</td>
</tr>
<tr>
<td>Prof John Howarth</td>
<td>Deputy Chief Executive/Director</td>
<td>5/12</td>
</tr>
<tr>
<td>Dr Sara Munro</td>
<td>Director of Quality &amp; Nursing</td>
<td>4/5</td>
</tr>
<tr>
<td>Clare Parker</td>
<td>Interim Director of Quality &amp; Nursing</td>
<td>6/8</td>
</tr>
<tr>
<td>Lynn Marsland</td>
<td>Director of Workforce and O/D</td>
<td>6/12</td>
</tr>
<tr>
<td>Brian Hetherington</td>
<td>Non-Executive Director</td>
<td>0/2</td>
</tr>
<tr>
<td>Helen Bingley</td>
<td>Non-Executive Director</td>
<td>3/3</td>
</tr>
</tbody>
</table>
Report to: Board of Directors

Agenda reference: 7.4

Title: Annual report from Charitable Funds Committee

Presented by: Chair of Charitable Funds Committee

Prepared by: Diane Teasdale, Head of Strategic Planning & Risk
Francesca Bee, Corporate Governance Administrator

Date of meeting: 25 May 2017  Document date: 15 May 2017

Where else has this report been considered and when: n/a

The purpose of this report is (indicate with X):

For assurance x
For information
For decision

Supporting information

1. Purpose of the report – Include:
   - what question does this report seek to answer?
   - outcomes as a result of consideration of the report at other forums (as applicable)

This paper provides a summary of the activity of the Charitable Funds Committee during 2016/17 in fulfilment of its terms of reference.

2. Executive Summary - Include:
   - reference to key issues, risks and benefits as applicable and highlight where details of this information can be found in the report

The attached paper provides a summary of the activity of the Charitable Funds Committee during 2016/17. The Committee has fulfilled its terms of reference and has considered items in accordance with its workplan throughout the year.

3. Recommendations for action or details of actions being taken (include priority and associated timescale for completion)

The Board of Directors are asked to note this annual update from the Committee and agree that it has fulfilled its delegated functions

4. Decisions required from this meeting (Cross reference ‘Purpose of the report’ at 1 above)
As above.

Alignment to Strategic Goals (indicate with X):

Consistently delivering the highest possible quality of service we can achieve X
Realising the full potential of everyone we work with and the talent of all our staff X
Transforming our services to improve them for the people we serve X
Annual report from the Charitable Funds Committee 2016/17

Frequency and Attendance

Following the annual review of Board effectiveness in March 2016, the Board of Directors agreed to establish the Charitable Funds Committee to focus solely on the management of charitable funds for which the Trust board are trustees.

The Sub-Committee was established in Quarter 1 of 2016/17 and meetings frequency set at quarterly for the first year. A total of four meetings were held during the year. Only two meetings were quorate due to non-availability of Executive Directors (the meeting quorum is for at least one Executive Director and one Non-Executive Director to be in attendance), however, deputies were in attendance and discussions at those meetings were still relevant and meaningful.

Roles and responsibilities

As a new Committee, the first couple of meetings focussed around establishing the Terms of Reference and work plan, which were approved by the Committee in July 2016. The Terms of reference were reviewed again in Quarter 3 in light of challenges at achieving quorum, when it was agreed that quorum would be achieved on the basis of any Executive Director being in attendance as opposed to a specific named Executive Director.

The Terms of reference and work plan were presented to the Audit Committee in March 2017 for formal review alongside terms of reference and work plans for all Board Sub-Committees. The Audit Committee considered there were suitable for the Committee to fulfil its functions.

Fulfilment of Terms of Reference

The key activities undertaken by the committee in fulfilling its responsibilities for the year are set out below.

Workplan

The Committee agreed the workplan

Internal Audit Report

The Committee received clarification that overdue Audit Recommendations are monitored through TMG and Audit and were assured that there is a named designated lead for each recommendation.

Current Charitable Funds Held by the Trust

The Committee noted the current financial position of the charitable funds held by the Trust
Review of the Charitable Funds Annual Accounts

The Committee agreed to recommend the Charitable Fund Annual Accounts to the Audit Committee.

Administration and Management of the Charitable Fund

The Committee had ongoing discussions throughout the year with Cumbria Community Foundation about the role the Foundation could have in the running of Cumbria Partnership Charitable Funds. The Committee agreed that a paper was to be presented to the Board of Directors to seek their approval (as corporate Trustee) to proceed with the transfer to Cumbria Community Foundation, subject to continuing discussion with Cumbria Community Foundation and the completion of all legal aspects. Discussions in this regard are ongoing and will take into consideration all options for the management of the fund including an appropriate evaluation of potential service providers.

Impact of Millom Decision

The Committee noted the impact of the Millom decision regarding the cashing in of investments.

Escalation of Risk / Issues

During the year the Committee did not formally escalate any risks or issues to the Board of Directors but did refer a proposal for the ongoing management of Charitable Funds to the Board for further consideration as outlined above.
Appendix A - Attendance record for Charitable Funds Committee 2016/17.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Attendance - (total of 4 meetings held during 2016/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Executive Directors and Executive Directors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heike Horsburgh</td>
<td>Non-Executive Director (Chair)</td>
<td>4/4</td>
</tr>
<tr>
<td>Jane Fretwell</td>
<td>Non-Executive Director</td>
<td>4/4</td>
</tr>
<tr>
<td>Hilton Dixon</td>
<td>Non-Executive Director</td>
<td>2/2</td>
</tr>
<tr>
<td>Andrew Brittlebank</td>
<td>Medical Director</td>
<td>1/1</td>
</tr>
<tr>
<td>Michael Smillie</td>
<td>Director of Finance, Strategy and Support Services</td>
<td>¼</td>
</tr>
<tr>
<td><strong>Other Attendees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Billinghurst</td>
<td>Deputy Director of Finance</td>
<td>4/4</td>
</tr>
<tr>
<td>Caroline Evans</td>
<td>Associate Director of Operations – Community North</td>
<td>2/2</td>
</tr>
<tr>
<td>Diane Teasdale</td>
<td>Head of Strategic Planning and Risk</td>
<td>4/4</td>
</tr>
<tr>
<td>Tony Bellingham</td>
<td>Head of Financial Services</td>
<td>3/4</td>
</tr>
</tbody>
</table>
The purpose of this report is (indicate with X):

For assurance
For information
For decision X

Supporting information

1. Purpose of the report – Include:
   • what question does this report seek to answer?
   • outcomes as a result of consideration of the report at other forums (as applicable)

The Trust is required to make annual self-certificate declarations relating to its compliance with NHSI Licence conditions. Declarations relating to Licence Conditions G6 and CoS7 are set out below. The Board of Directors must agree the self-certificate declarations for these conditions by no later than 31 May 2017.

2. Executive Summary - Include:
   • reference to key issues, risks and benefits as applicable and highlight where details of this information can be found in the report

In April 2017 we received confirmation from NHS Improvement (NHSI) on the self-certification arrangements relating to the year 2016/17 and 2017/18. The process has changed from previous years in that we are not required to submit provider licence self-certification declarations to NHSI but instead, from July 2017 they will undertake audits on selected providers to ensure the self-certification arrangements have been completed by trusts.

The self-certification declarations and supporting information to inform the Board’s decision on agreeing the declarations are provided below.

**Condition G6**

Condition G6(2) requires NHS foundation trusts to have processes and systems that (a) identify risks to compliance and (b) take reasonable mitigating actions to prevent those risks and a failure to comply from occurring. Under this Condition, NHSI requires providers to annually review whether their processes and systems for compliance are effective and for the Board to approve a self-certificate declaration by no later than 31 May 2017. The declaration must then must be published within one month of sign-off (by end June).

Risks to compliance with are monitored throughout the year as part of the Governance Assurance &
Accountability Framework (GAAF) reporting arrangements, and through detailed monitoring and reporting against the Single Oversight Framework, performance against financial plan, Board Assurance Framework, and through the activities of the Board and Board Sub-Committees. Through these arrangements, the Board of Directors has line of sight to any significant issues or risks to compliance which may be highlighted during the year and to the mitigations put in place to address identified risks.

Two options of either ‘confirmed’ or ‘not confirmed’ are available when making the G6 self-certification declaration which is set out below.

“Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution”.

The Board of Directors are recommended to make a ‘confirmed’ declaration for G6,

**Condition CoS7**
The Trust provides Commissioner Requested Services (CSR) and therefore must self-certify under Condition CoS7(3). The deadline for the Board of Directors to make the self-certification declaration is 31st May 2017. Three options are available when making this declaration, which are as follows:-

**EITHER**

3a) “After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.”

**OR**

3b) “After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.”

**OR**

3c) “In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate”.

A supplementary statement (free text) must be provided to accompany the declarations for CoS7 (irrespective of whether 3a, 3b or 3c is the chosen response). The statement must articulate the main factors which have been taken into account by the Board of Directors in making the declaration. The following text is proposed:-

The financial plan for 2017/18 is dependent upon whole “system” transformation programmes as well as internal CIP’s to achieve the control total. The Board is focussed on the risks within the 2017/18 plan, in particular those relating to the significant system benefits assumed therein. NHS Improvement continues to support the Trust to work closely with local stakeholders and partner organisations to mitigate the system based risks to the plan. The Trust was in receipt of £1.3m of revenue support loan from the Secretary of State during 2016/17 and the 2017/18 plan submitted to and accepted by NHS Improvement includes a requirement for additional revenue loan support.
On this basis, the Board of Directors is recommended to approve a ‘confirmed’ declaration for option 3a.

The declaration for G6 and CoS7 is provided at Appendix A.

<table>
<thead>
<tr>
<th>3. Recommendations for action or details of actions being taken (include priority and associated timescale for completion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board of Directors are recommended to make declarations as follows:-</td>
</tr>
<tr>
<td>G6</td>
</tr>
<tr>
<td>CoS7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Decisions required from this meeting (Cross reference ‘Purpose of the report’ at 1 above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>As above.</td>
</tr>
</tbody>
</table>

**Alignment to Strategic Goals (indicate with X):**

<table>
<thead>
<tr>
<th>Consistently delivering the highest possible quality of service we can achieve</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Realising the full potential of everyone we work with and the talent of all our staff</td>
<td>X</td>
</tr>
<tr>
<td>Transforming our services to improve them for the people we serve</td>
<td>X</td>
</tr>
</tbody>
</table>
APPENDIX A – SELF CERTIFICATE DECLARATION FOR LICENCE CONDITION G6 AND CoS7

Worksheet "G6 & CoS7"

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1. Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3 Continuity of Services condition 7 - Availability of Resources (FTs designated CRS only)

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this

ON

Confirmed

Please fill details in cell E22

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

OK

Please Respond

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

ON

Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

The financial plan for 2017/18 is dependent upon whole "system" transformation programmes as well as internal CPs to achieve the control total. The Board is focused on the risks within the 2017/18 plan, in particular those relating to the significant system benefits assumed therein. NHS Improvement continues to support the Trust to work closely with local stakeholders and partner organisations to mitigate the system based risks to the plan. The Trust is in receipt of £1.3m of revenue support loan from the Secretary of State during 2016/17 and the 2017/18 plan submitted to and accepted by NHS Improvement includes a requirement for additional revenue loan support.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Name: __________________________ Name: __________________________
Capacity: __________________________ Capacity: __________________________
Date: __________________________ Date: __________________________

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.