

Public Minutes of the Trust Board Meeting, Thursday 31 January 2019
Seminar Room 4, Learning and Research Centre, Southmead Hospital

Present:

Ms M Romaine	Chair	Ms A Young	Chief Executive
Mr R Mould	Non-Executive Director	Ms E Barker	Chief Operating Officer
Mr J Everitt	Non-Executive Director	Dr C Burton	Medical Director
Professor J Iredale	Non-Executive Director	Mr N Darvill	Director of Informatics
		Mrs C Phillips	Director of Finance
		Mrs J Fergusson	Director of People and Transformation
		Ms H Blanchard	Director of Nursing
		Mr S Wood	Director of Facilities

In Attendance:

Mr K Blake	Non-Executive-Director (Designate)	Ms L Storey	Interim Trust Secretary
Ms Gill Brook	Head of Patient Experience (for minute no. 19/01/2)	Mr M Pender	Deputy Trust Secretary
Mr S Lightbown	Director of Communications	Mr X Bell	Director of Corporate Governance & Trust Secretary (Designate)
		Ms D Baber and Ms R Sidgwick (for minute no. 19/01/2)	Arts Programme Managers

Apologies:

Ms K Hannam	Director of Partnerships
Ms J Meekings-Davis	Non-Executive Director
Mr T Gregory	Non-Executive Director

Observers: 5 members of staff / public attended.

Action

TBC/19/01/1 Welcome

The Chair welcomed everyone to the public meeting of the Board, particularly those members of staff who were observing. The Chair also welcomed Kelvin Blake, who had been appointed Non-Executive Director with effect from 1st February 2019, and Xavier Bell, who would shortly be taking up the post of Director of Governance & Trust Secretary, to their first meeting of the Trust Board.

TBC/19/01/2 Apologies For Absence and Welcome

The Board noted that apologies for absence had been received from Kate Hannam, Jaki Meekings-Davis and Tim Gregory.

TBC/19/01/3 Declarations of Interest

There were no declarations of interest.

TBC/19/01/4 Patient Story – Arts on Referral Programme

The Board received a story from a cancer patient from the Breast Care Centre, who had been referred by McMillan cancer support nursing team to the Trust's 'Arts on Referral' pilot programme in March 2018. The 'Arts on Referral' pilot programme was aimed at patients with chronic pain, cancer, or those who had recently been diagnosed with dementia, and was a six week programme of creative activities to which patients could be referred to by clinicians. The aim of the programme was to improve the quality of life of patients and help reduce the number of hospital readmissions, recurring visits to GPs and use of pharmaceuticals following hospital treatment.

Donna Baber and Ruth Sidgwick, Arts Programme Managers, accompanied the patient and asked her to reflect on her experience of the programme and how this had helped her recovery.

During the ensuing presentation the following points were highlighted:

- One of the key attractions of the 'Arts on Referral' programme was that the focus was not on the patient's illness, but on the activity they were undertaking. This meant participants did not feel the need to constantly talk about their treatment and was a welcome change from other forms of support available, where the focus was very much on a person's illness;
- Patients also often felt 'cast adrift' following a period on intensive treatment, and the 'Arts on Referral' programme gave participants something positive to focus on and reminded them that there were other aspects of their lives apart from their illness.
- The initial six week programme was followed by a monthly follow-on group which provided invaluable ongoing support to those participants who wished to continue with their artistic activities;
- The success criteria of the programme were reported, with significant improvements being reported in wellbeing being reported by participants on the programme.

Members of the Trust Board were then given the opportunity to ask the patient and the Arts Programme Managers specific questions about the Arts on Referral programme and the benefits it provided to individuals and the Trust as a whole. The innovative approach of the programme was welcomed, with it being noted that NBT was the only acute Trust in England to have such a programme.

After further discussion it was RESOLVED that the patient be thanked for sharing their experience of the Fresh Arts programme with the Trust Board.

- TBC/19/01/5 Minutes of the Public Trust Board Meeting Held on 29th November 2018**
- RESOLVED that the minutes of the public meeting held on 29th November 2018 be approved as a true and correct record of proceedings.**
- TBC/18/11/6 Action Log and Matters Arising from the Previous Meeting**
- The updates provided in the action log were considered and approved.
- RESOLVED that the updates to the Action Log be received and approved.**
- TBC/19/01/7 Chair's Business**
- The Chair provided an update on the following:
- A meeting of STP Chairs had recently taken place, and it was reported that the creation of a Partnership Board was still in the early stages of development. This was vital in creating an integrated health system for the Greater Bristol area;
 - The Chair had recently attended a 'Stepping Up' programme session, with over forty attendees representing a number of organisations from across Bristol. This had been a very positive event, and the Chair was encouraging the STP to become involved in this programme in order to improve diversity, particularly in respect of the non-Executive Directors of the STP's respective Trusts.
- RESOLVED that the Chair's verbal report be received and noted.**
- TBC/19/01/8 Chief Executive's Report**
- The Board considered the Chief Executive's report, which provided a summary of local and national issues impacting on the Trust. The Chief Executive highlighted the following:
- It was reported that Hayley Richards, Chief Executive of Avon and Wiltshire Mental Health Partnership NHS Trust, would be retiring shortly. On behalf of NBT Andrea Young thanked her for the strong leadership she had provided over the past three years.
 - The new approach to corporate branding, as detailed in the report, was welcomed;
 - An update on the Healthy Weston consultation process was provided to the Trust Board.
- RESOLVED that the Chief Executive's report be received and**

noted.

TBC/19/01/9 Care Quality Commission Compliance – Assurance Update

The Board considered a report which provided an update on the Trust's progress in delivering actions set out in the CQC inspection report from November 2017. It was reported that good progress had been made, with the majority of actions having now been closed. There were two 'must do' actions outstanding, both relating to the same issue, and these were being focussed on to ensure they were resolved prior to the next CCG inspection.

The Trust's position in respect of its preparedness for a CQC inspection was reported as being good, and there was ongoing CQC engagement with this. There was however much still to do, particularly as it was anticipated that the next CQC inspection would be a comprehensive one. It was noted that this report had been considered by the Quality & Risk Management Committee, and no specific concerns had been raised, although it was acknowledged that this was still a work in progress.

The Chair emphasised that the Trust needed to address the 'must dos' and 'should dos' as a matter of urgency to ensure it achieved a 'good' rating from the next CQC inspection.

It was noted that some of the indicators provided were based on data that was quite old, and in some areas it was known that the Trust's current position had improved. It was therefore requested that the Insight Data Report for the February meeting of the Trust Management Team should include an additional column to illustrate current performance where available. **HB**

After further discussion it was RESOLVED that the following be noted:

- **The closure of the majority of actions from the 2017 inspection, and that the final evidence was being obtained for the small number of outstanding actions;**
- **The self-assessment work in progress for the Well Led and Care Quality aspects of the inspection;**
- **The interdependencies of improved CQC inspection outcomes with the improvements in trust wide clinical governance within the Clinical Governance Improvement Programme;**
- **The latest Insight Monthly data and the potential concerns that might flag with the CQC, noting the overall net improvements in reported indicators.**

TBC/19/01/10 National Maternity Survey 2018

The Trust Board considered a report which provided a summary of the results of the National Maternity Survey 2018 for NBT. The report described what areas had improved and those which were

the focus for future improvement.

Rachel Fielding, Director of Midwifery, Head of Nursing Gynaecology & NICU, attended for this item and gave a presentation to the Committee which provided a comprehensive summary of the results of the survey and the implications for NBT.

It was reported that NBT was the second most improved organisation from those using Picker to run the survey, and was 18th out of 67 organisations using Picker. The areas that had seen the most improvement since the last survey included:

- Offered a choice of where to have baby;
- Given enough information about where to have baby;
- Had a telephone number for midwives;
- Had skin to skin contact with baby shortly after birth;
- Not left alone when worried.

During the ensuing discussion the Trust Board welcomed the impressive results of the survey, and the midwifery team was congratulated on its achievement. It was suggested that the way in which maternity patients were treated should be shared with the rest of the hospital as a model of good practice.

RESOLVED that:

- **The summary results from the National Maternity Survey 2018, and the significant improvement of on all aspects of care provided by the Trust, be noted.**
- **The focus for ongoing improvement of the service be noted; and**
- **The action plan from the survey and the ongoing monitoring arrangements for this be noted.**

TBC/19/01/11

National Cancer Patient Survey 2018

The Board considered a report which provided a summary of the 2017 National Cancer Patient Experience Survey for NBT, which had been published in August 2018. The report included a Trust action plan aimed at further improving the cancer patient experience at NBT in response to the survey results.

Carol Chapman, Lead Cancer Nurse, attended for this item and gave a presentation to the Committee which provided a comprehensive summary of the results of the survey and the implications for NBT. It was reported that NBT rated 8.7/10 for overall care, the same score as in 2016 and against a national average of 8.8. NBT was rated 51st out of 145 Trusts nationally, and scored within or above the expected range in 50 questions out of 51, similar to the results in 2016.

The Trust Board welcomed the positive results of the survey, which were particularly important for the Trust given it was the largest cancer surgical centre in the South West. The contribution of the Trust's research activity to the treatment of cancer patients was

also welcomed.

Members of the Board reflected on the patient story earlier in the meeting, and information on how patients' holistic needs were assessed, and how they were signposted on to support such as the Fresh Arts programme, was provided.

RESOLVED that:

- **The summary results and action plan for NBT from the National Cancer Patient Experience Survey 2017 be welcomed and noted;**
- **The areas of improvement from previous surveys and the focus for ongoing improvement within the Trust be noted and welcomed; and**
- **The governance arrangements for monitoring actions for improvement be noted.**

TBC/19/01/12 North Bristol NHS Trust Strategy Refresh

The Trust Board considered a report which provided an update on the refresh of the Trust's long term strategy 2016-2021. This refresh would provide an opportunity to provide clarity for the direction of the Trust in the years up to 2021 in light of the rapidly changing external environment.

The integral role of research in the strategy was welcomed, as was the wish to involve all levels of the organisation in ownership of the refreshed strategy.

RESOLVED that the approach and timeline for the development and approval of the refreshed strategy be endorsed.

TBC/19/01/13 Workforce Committee Assurance Report

The Board received the report from the meeting of the Workforce Committee held on 20th December 2018. In the absence of the Chair of the Committee, Rob Mould, Non-executive Director and member of the Workforce Committee, highlighted particular points of interest to the Board.

It was noted that a presentation on the progress of implementing Service Line Management at the Trust would be made to the private meeting of the Board in February.

RESOLVED that the Workforce Committee assurance report be received and noted.

TBC/19/01/14 Integrated Performance Report – December 2018

Andrea Young introduced the Integrated Performance Report for December 2018.

The Executive Directors summarised the contents of the sections of the IPR for which they were responsible, on which they were questioned by the Non-Executive Directors.

Evelyn Barker reported that the 12 Hour Trolley Wait figure stated

in the report was incorrect, and there were in fact no 12 hour trolley waits in December. It was requested that this be corrected and re-published on the Trust Website. **EB**

Non-Executive Directors raised the following issues:

- John Everitt commented that there needed to be a more tactical approach in respect of the performance data, with a focus on the national context and the areas where the Trust's performance was in the bottom quartile. This would enable resources to be concentrated on those areas where the Trust was an outlier.
- The Chair expressed concern regarding the two week waits performance, and questioned how long these patients were having to wait for an appointment. Evelyn Barker reported that this issue was largely due to patients choosing not to accept appointments within the two week window, and was therefore not something the Trust could control. The majority were however seen shortly after the two week period.
- In respect of Workforce, it was noted that NBT was the only Trust within the STP whose establishment was growing. This was likely to be related to activity. Jacolyn Fergusson provided an update on the overseas recruitment of nurses, and it was reported that 260 offers had been made, and that support for these nurses was being put in place. Particularly focus was being given to proving help in finding accommodation in Bristol, which due to the local housing market was challenging.

RESOLVED: That the IPR be noted.

TBC/19/01/15 Finance and Performance Committee Assurance Report

The Board received the report from the meeting of the Finance and Performance Committee held on 20th December 2018. Rob Mould, Non-executive Director and Chair of the Committee highlighted particular points of interest to the Board.

RESOLVED that the Finance & Performance Committee assurance report be received and noted.

TBC/19/01/16 Questions from the Public in Relation to Agenda Items

No questions were received from the public.

TBC/19/01/17 Date of Next Meeting

The next public meeting of the Board was scheduled to take place on 28th March 2019 at 10.00am, Southmead Hospital.

The meeting concluded at 12.10pm

Report To:	Trust Board Meeting in Public	Agenda Item:	5.0	
Date of Meeting:	28 March 2019			
Report Title:	Trust Board Action Chart			
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Purpose:	Approval/Decision	Review	To Receive for Assurance	To Receive for Information
			X	
Recommendation:	The Trust Board is asked to note the Trust Board action status.			
Report History:	Previously considered by the Trust Executive Team. The report is a standing agenda item.			
Next Steps:	The action chart will be updated following review at the Trust Board meeting and to include the new actions agreed during the course of the meeting.			

Executive Summary

The Trust Board action chart collates actions arising from the Trust Board meetings and enables monitoring to the point of closure.

Action chart summary:

Status	Number of Actions as at 22/03/2019
Blue (Completed and will be removed from chart for next iteration)	2
Green (Status updated and on track within timescale)	2
Amber (Status not updated/completed and/or the deadline passed.)	0
Red (Status not updated/completed and/or deadline passed by more than one month).	0

Strategic Theme/Corporate Objective Links	Links to all strategic themes.
Board Assurance Framework/Trust Risk Register Links	No specific links to the Board Assurance Framework.
Other Standard Reference	None noted.
Financial implications	None noted.
Other Resource Implications	None noted.
Legal Implications including Equality, Diversity and Inclusion Assessment	None noted.

Appendices:	None.
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PUBLIC BOARD ACTION CHART POST 31 JANUARY 2019 TRUST BOARD MEETING

Blue	Completed and will be removed from chart for next iteration. A = On current meeting agenda
Green	Status updated and on track within timescale.
Amber	Status not updated/completed and/or the deadline passed.
Red	Status not updated/completed and/or deadline passed by more than one month.

Minute Reference	Agenda Item	Agreed Action	Responsibility	Deadline for Completion of Action	Item for Future Board Meeting	Action Status	RAG
TBC/18/11/3	Patient Story Pressure Ulcer Prevention Quality Initiative	Back to Board at the end of 6 months.	Helen Blanchard Director of Nursing.	30/05/19	Yes. To 30/05/19	On track for delivery.	Green
TBC/18/11/15	Stepping Up Programme	Review progress against the messages given in the presentation.	Jacolyn Fergusson Director of People and Transformation	25/07/2019	Yes. To 25/07/2019.	On track for delivery.	Green
TBC/19/01/9	Care Quality Commission Compliance Report	Insight Data Report to February Trust Management Team to include additional column to illustrate current performance where available	Helen Blanchard Interim Director of Nursing	12/02/2019	No.	Report to February 2019 Trust Management Team included the additional column and was well received.	Blue
TBC/19/01/14	Integrated Performance Report	Incorrect 12 Hour Trolley Wait Figure to be corrected and revised report uploaded onto Board paper section of Trust Website	Evelyn Barker Chief Operating Officer	12/02/2018	No.	Completed.	Blue

Report To:	Trust Board Meeting	Agenda Item:	8.0	
Date of Meeting:	28 March 2019			
Report Title:	Chief Executive's Briefing			
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Andrea Young, Chief Executive			
Purpose:	Approval/Decision	Review	To Receive for Assurance	To Receive for Information
				X
Recommendation:	The Trust Board is asked to receive and note the content of the briefing.			
Report History:	The Chief Executive's briefing is a standing agenda item on all monthly Board agenda.			
Next Steps:	Next steps in relation to any of the issues highlighted in the Report are shown in the body of the report.			

Executive Summary
<p>The report sets out information on recent updates from our regulators, Brexit planning and other items of importance to the Board.</p>

Strategic Theme/Corporate Objective Links	Be one of the safest trusts in the UK Play our part in delivering a successful health and care system
Board Assurance Framework/Trust Risk Register Links	The potential impacts of Brexit are being monitored.
Other Standard Reference	N/A
Financial implications	None identified.
Other Resource Implications	No other resource implications associated with this report.
Legal Implications including Equality, Diversity and Inclusion Assessment	None noted.

Appendices:	None
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1. Purpose

To present for information an update on local and national issues impacting on the Trust.

2. Background

The Trust Board should receive a report from the Chief Executive to each meeting detailing important changes or issues in the external environment. This includes guidance and policy actions which have been received from the wider regulatory and policy system, quality and financial risks in the health economy.

3. Regulator Updates

Ian Dalton has announced that he is stepping down as chief executive of NHS Improvement (NHSI), with Simon Stevens, NHS England (NHSE) chief executive, to lead both organisations.

This reflects the Department of Health & Social Care intention to bring NHSE and NHSI closer together. The organisations already share number joint directors at national and local level and hold a number of joint board meetings.

NHSI and NHSE are prevented by law from having a single chair and chief executive, as NHSI must remain an independent regulator of providers. Mr Stevens will be the “leader” of NHSI, with a new NHSI chief operating officer being appointed who will report to Mr Stevens on most matters, but will report directly to the NHSI chair (Baroness Dido Harding) for regulatory purposes.

The timeframe for Mr Dalton’s departure from NHSI has not yet been communicated. The new chief operating officer post will be advertised shortly and Mr Dalton is expected to continue to work at NHSI during the handover period.

4. New clinically-led review of NHS access standards

Professor Stephen Powis, NHS National Medical Director, has published his [interim report](#) setting out proposals to update several of the existing performance standards set out in the NHS constitution. The report states that the new standards will:

- Introduce short waits for a far wider range of clinical services;
- Provide standards that help improve clinical quality and outcomes;
- Lock-in short waits for A&E and planned surgery;
- Help, rather than penalise, trusts who modernise care.

The proposals have been developed by some of the country’s leading clinicians and will be piloted and evaluated during 2019/20. Final proposals to be released in spring 2020, presumably in time to be included in the Standard NHS Contract for 2021.

5. **New NHS GP Contract five-year framework**

NHS England and the British Medical Association's General Practitioners Committee have agreed [a five-year GP \(General Medical Services\) contract framework from 2019/20](#). The new contract framework marks some of the biggest general practice contract changes in over a decade.

The contract introduces a range of changes aimed at addressing workforce pressures, supporting integration and joined up care, and facilitating efficient use of resources in general practice, as well as changes to the Quality Outcomes Framework (QOF) and the introduction of a new state-backed indemnity scheme. A key change involves the formation of Primary Care Networks (PCNs) formed of practices covering populations of 30,000-50,000 expected to work closely with integrated care systems (ICSs) as a formal basis for collaborating with other system partners including community services.

Of particular note is that the new contract proposes additional roles in primary care, including social prescribing link workers, physician associates, physiotherapists, paramedics and clinical pharmacists will all play an important role in joining up care pathways between services.

Work is well underway in BNSSG with the development of localities that operate at the 100-200,000 population. The function of the smaller PCNs is envisaged as providing primary care with resilience, local delivery and shared resource. Localities will remain in place to support planning and coordination across providers and the level of the STP will lead the strategic direction and development of our Integrated Care System. It is proposed that the PCNs will focus on the following network services:

- Structured Medications Review and Optimisation;
- Enhanced Health in Care Homes, to implement the vanguard model;
- Anticipatory Care requirements for high need patients typically experiencing several long term conditions
- Personalised Care
- Supporting Early Cancer Diagnosis;
- CVD Prevention and Diagnosis; and
- Tackling Neighbourhood Inequalities

Once implemented, this will represent a significant system change.

6. **Brexit**

The Trust continues to prepare for the impact of Brexit, including a potential disorderly Brexit, and has complied with all planning guidance issued by regulators to-date.

There are nine national work-streams, and the Trust is contributing data returns and input locally and nationally where required, including in relation to:

1. Medicines
2. Vaccines and other public health issues
3. Clinical trials, research and clinical networks
4. Medical devices and clinical consumables
5. Non-clinical consumables, goods and services
6. Blood and Transplant
7. Workforce
8. Reciprocal healthcare and overseas visitors
9. Data

The Trust has communicated with all its EU staff who might potentially be affected by Brexit, and has run group “Settled Status” application sessions as part of a pilot scheme to assist its EU staff to apply for Settled Status. The Trust offered to pay the £65 fee for its EU staff before it was announced that the fee would be scrapped.

Brexit Planning and oversight will continue to be maintained via the Emergency Planning, Resilience and Response team and through business continuity arrangements, with the Director of Finance acting as Senior Responsible Officer.

7. Consultant Appointments

The following consultant appointments have been made since the last update (15 January 2019):

Interview Date	Specialty	Appointee(s)
22 January 2019	Consultant T&O, Foot & Ankle	Mr Peter Robinson
5 February 2019	Consultant in Interventional Radiology	Dr Tarryn Carlsson
12 February 2019	Consultant in Penile Reconstruction	Mr Aditya Manjumath
19 February 2019	Consultant Stroke / Neurology	Mr Kanchan Sharma
26 February 2019	Consultant in Emergency Medicine	Drs Nicholas Adams / Eleanor Day / Emma Carver
5 March 2019	Consultant in Diabetes & Endocrinology	Dr Fleur Talbot

8. JAG Accreditation

Following submission of its most recent annual review, the endoscopy service at Southmead Hospital has had its JAG accreditation renewed by the Joint Advisory Group on GI Endoscopy.

JAG accreditation is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the criteria set out in the JAG standards. The accreditation aims to:

- stimulate continuous improvement in processes and patient outcomes;

- Overall you have told us that we're making great progress on our journey of improvement and that together we are making NBT a better place to work.
- However we know that we still have work to do to make NBT the best it can be.
- You've said that things have improved in all the areas you highlighted last year:
 - Workload and Resources – you told us that there has been a real improvement in the resources you need to do your job, the demands on your time, and your ability to make improvements. Our Perform programme has had a real positive impact on patient flow this year. However, you also said that we need to work making more time for patient care. So, we will keep working on embedding our Perform programme and focussing on care this year.
 - Health and Wellbeing – you told us that we are taking more positive action to support you through our award winning wellbeing programme. This is so important and so we will continue to focus on this and improve things further over the coming year.
 - Communication and engagement – you told us this is a better place to work, and you are more able to have your say, and you feel more valued. We will keep working to improve this further over the coming year.
 - Management development – you told us that the management of staff has improved in many ways this year. We have continued and expanded our management development programme. However, we also heard that you felt feedback from managers and the quality of appraisals needs could be better. We will continue to work on that this year and put in place more management development for frontline managers in particular.
- As well as these many improvements, we have some real areas of strength again this year: compared to other Trusts you are really proud of the standard of care we provide, and you feel safe from violence and harassment at work.
- One area of concern that you highlighted is that you feel less able to speak up about concerns such as violence and bullying. We will make this an area of focus for this year, as it is so important that you feel able to do so through your manager, Freedom to Speak Up Guardian, your Trade Union or any other route.

3.10 A corporate communications plan will be developed to share the results, celebrate success, and communicate the areas of focus for the coming year. These will be in place in time for the publication of results when the embargo is lifted on 26 February 2019.

3.11 The Committee was encouraged by the improvements made by the Trust, but it was also noted that other Trusts had improved to a greater extent and NBT had gone backwards in some areas. The annual nature of the staff survey in providing a

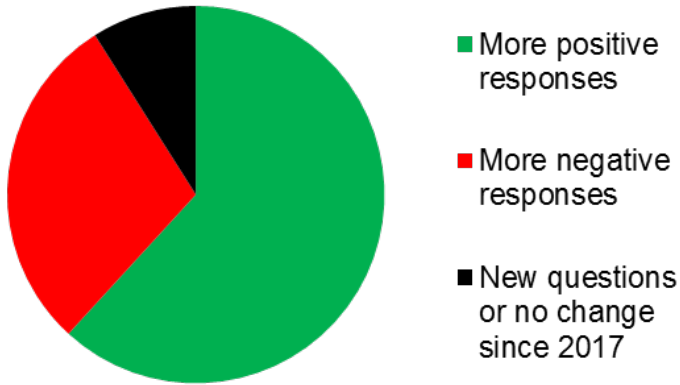
snapshot of a particular point in time was noted, and the need to act upon the results of the survey in a timely way was highlighted as a key issue. It was suggested that this should be the subject of further discussion at the Trust Board.

4. Other Key Assurances Received

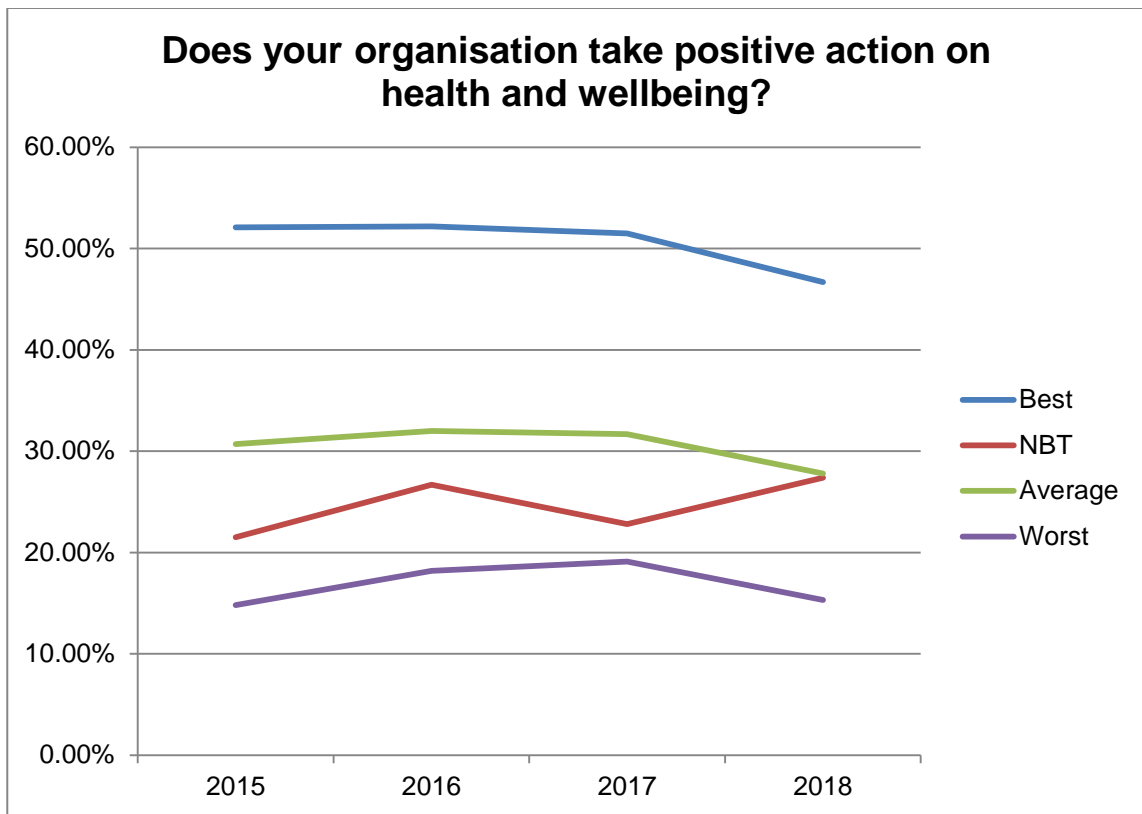
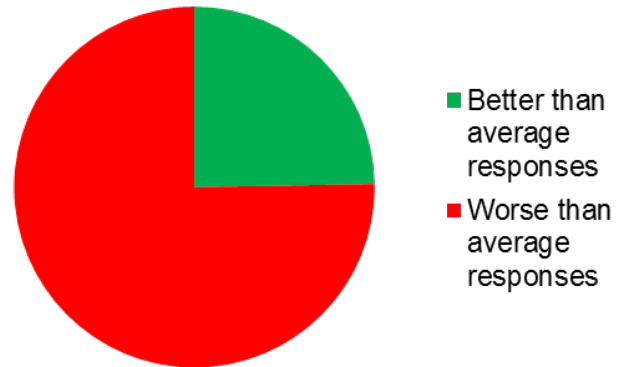
- 4.1 The People and Transformation risk register was reviewed and the key issues noted. The rising workforce cost, particularly in respect of agency staff, was discussed and it was queried where this risk sat on the risk register. It was confirmed that this risk was on the finance risk register considered by the Finance & Performance Committee. It was reported that work was ongoing on risk at a corporate level in order to develop a more comprehensive Trust risk register, which would help clarify where individual risks should sit. In the meantime, it was agreed that this risk should also appear on the People & Transformation risk register.
- 4.2 A detailed update on the programme of work being managed and governed by the Informatics programme department was reviewed. The size and complexity of the IM&T change programme, and the number of projects that were underway or in the pipeline was noted with some concern. It was felt that greater clarity and visibility at Board level in respect of the IM&T change programme would be helpful in getting a better perspective of the challenges ahead.
- 4.3 There was particular concern regarding the Enterprise Storage (SAN) project and the significant delays it had experienced. It was noted that fifty 2003 servers needed to be migrated onto the new Isilon Storage as a matter of urgency in order to comply with LHS cyber security standards. Since the meeting it had been confirmed that the Infrastructure team were re-planning when this work would be completed to mitigate vulnerabilities. A report on this matter will be submitted to the IM&T Committee on 27th March 2019, outlining the number of servers impacted and the plan going forward to move them to the new storage facility. This report will be shared with members of the Workforce Committee for their assurance.
- 4.4 The Committee considered the annual gender pay gap update, and noted that the gender pay gap at the Trust stood at 20.4%. The work to close the gender pay gap at the Trust was welcomed, and whilst it was noted that there was still a long term issue in respect of medical staff, the trends in other staff groups were encouraging. It was agreed that further work needed to be done to encourage more women to apply for clinical excellence awards.
- 4.5 The Committee received two internal audit reports, both of which were given an assurance level of 'partial assurance with improvement required':
- Data Security and Protection Toolkit: The Committee noted the progress against each recommendation and requested that an update on these be provided to the next meeting of the Workforce Committee.
 - Junior Doctors Rosters: The Committee was assured by the updates provided in respect of the report's recommendations, and agreed that a proper process for a new rostering system for Junior Doctors needed to be followed.

Appendix 1

Change since 2017



Comparison to other Trusts



Theme/Corporate Objective Links	<p>meet the demands of the future - Deliver the financial plan to achieve an improved year end deficit of £18.4m</p> <ul style="list-style-type: none"> • Play our part in delivering a successful health and care system - Contribute to the STP refresh and work with partners to agree plans to restore financial balance to the BNSSG health system • Create an exceptional workforce for the future - Improved scores achieved in the staff survey in the health and wellbeing categories, so that exceeding the average of all trusts • Be one of the safest trusts in the UK - Achieve an overall CQC rating of 'Good'
Board Assurance Framework/Trust Risk Register Links	<ul style="list-style-type: none"> • Risk of non-compliance with Brunel Building planning conditions
Other Standard Reference	<ul style="list-style-type: none"> • Compliance with the National Sustainability Strategy (2014-2020) • Compliance with the National Climate Change Adaptation Programme (2018-2023) • Compliance with Health Technical Memorandum 07-03 • Compliance with the NHS Long Term Plan
Financial implications	Costs associated with the delivery of the Travel Plan will be addressed within separate business cases going forward where these cannot be met through use of PCN monies and the Sustainable Travel budget.
Other Resource Implications	<p>The Sustainable Development Unit is resourced to manage the delivery of the Travel Plan (TP).</p> <p>Additional resources required for specific work programmes within the TP will be addressed within separate business cases going forward.</p>
Legal Implications including Equality, Diversity and Inclusion Assessment	<ul style="list-style-type: none"> • Compliance with legal obligations which include but are not limited to; Climate Change Act (2008), Environmental Protection Act (1990), Civil Contingencies Act (2004) and Public Services (Social value) Act 2012. • The TP has been prepared in consultation with a wide range of stakeholders both directly and via the Sustainable Development Steering Group (which comprises: staff, contractors, specialist advisors, stakeholders, patient panel, trade unions and local community interest groups). • The TP supports better health outcomes (for patients and staff) and improved patient access and experience through the encouragement of more sustainable and active travel methods.

Appendices:	<p>Appendix 1: Travel Plan 2019-23</p> <p>Appendix 2: Travel Plan Action Plan</p>
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3	Core Responsibilities	Supporting Travel Choices	A24	Encourage and provide facilities for multi-modal journeys such as bike racks for cars.	A24.1	Explore bike rack 'try before you buy' scheme and possible opportunities for discounted purchase.	1*		STC		11 Sustainable Cities and Communities	
					A24.2	Promote loan of Brompton bikes for people to try drive-cycle.	1*		STC			
3	Core Responsibilities		A25	Continue to provide information about cost savings and personal benefits or sustainable modes of commuting including personal travel planning advice and health benefits of active travel.	A25.1	Maintain intranet pages with correct information.	1*		STC		11 Sustainable Cities and Communities	
					A25.2	Attend new starters inductions	1*		STC			
					A25.3	Organise and hold engagement events at NBT sites	1*		STC	SDU		
					A25.4	Collaborate with NBT Health and Wellbeing Campaigns	1*		STC	NBT Health and Wellbeing Team		
					A25.5	Retain travel criteria in the Green Impact scheme	1*		Green Impact Co-ordinator	STC		
					A25.6	Retain widgets on Intranet and Internet pages to encourage uptake of PTPs; identifying the travel choices patients/visitors can make.	1*		STC	IM&T (internal) and Communications Team (external)		
3	Core Responsibilities	Delivery of Services	A26	Continue to use new technologies or innovations to minimise travel in the delivery of our services.	A26.1	Monitoring of available technology including its use in existing NHS settings.	2*		SDU		12 Responsible Consumption and Production	
					A26.2	Implementation of technology which minimises the need for travel.	3		SDU			
			A27	Continue 'supporting care closer to home', avoiding the need for travel to our services.	A27.1	Use infographics to explain Sustainable Models of Care of providing care closer to home.	1*		SDU		11 Sustainable Cities and Communities	
					A27.2	Monitor and record the use of Sustainability Impact Assessments in business cases in relation to the reduction in travel requirements.	1*		SDU			
1	Core Responsibilities	Travel Plan	A28	Continue to have a Green Travel Plan which is communicated clearly to staff, patients, users/clients, visitors, suppliers and local communities.	A28.1	Prepare 2019-2023 travel plan, consult and publicise.	1		SDU		11 Sustainable Cities and Communities	
					A28.2	Maintain progress against action plan and report back to Travel Strategy Group, Sustainable Development Steering Group and include in Sustainable Development Management Plan.	1*		SDU			
2	Procurement and Supply Chain	Environmental Impact Targets	A29	Monitor the environmental impacts (CO2e and air pollution) associated with our suppliers transport and logistics and are actively work with them to find ways to minimise their traffic burden.	A29.1	Identify 5 biggest suppliers and work with them to monitor mileage and impact.	2		SDU	BWPC	13 Climate Action	
2	Procurement and Supply Chain		A30	Set reduction targets for key contracts and ask tendering suppliers how they intend to reduce emissions from their associated delivery to sites.	A30.1	Contact all FM suppliers to request basic logistics information e.g. vehicles used, mileage, route planning etc.	1		FM Ops.	SDU		17 Partnerships for the Goals
					A30.2	Set reduction targets as and when contracts are renewed.	2*		SDU	FM Ops. and BWPC		
2	Procurement and Supply Chain		A31	Set and monitor KPI reductions for CO2e and NOx for delivery/logistics associated with goods and services (using HOTT).	A31.1	Report emissions identified from key contracts.	2*		SDU			17 Partnerships for the Goals
2	Procurement and Supply Chain	A32	We will assess which option is most sustainable when procuring our own pool cars, fleet vehicles and/or logistic and transport solutions (i.e. measuring the CO2e, PM2.5 impacts of each option/vehicle type).	A32.1	Use Sustainability Impact Assessments to determine the most sustainable option.	1*		All staff procuring vehicles	SDU		13 Climate Action	
3	Procurement and Supply Chain	Fleet, Pool Cars and Transport	A33	Introduce a minimum specification for procured vehicles (Euro 4 for Petrol and Euro 6 for Diesel).	A33.1	Introduce a specification for all leases, contracts and purchases which stipulates a minimum requirement for Euro 4 Petrol and Euro 6 Diesel.	2			BWPC	SDU	12 Responsible Consumption and Production
					A33.2	Check all Sustainability Impact Assessments in business cases for vehicle purchases to ensure the correct specification has been stated.	2		SDU			
1	Procurement and Supply Chain	Local Travel and Infrastructure	A34	Continue to collaborate closely with stakeholders to support local area improvements of travel services and infrastructure (including local authorities, public transport and taxi services, university and local businesses).	A34.1	Continue to attend external meetings with stakeholders and partners (i.e. North Bristol Sussum, local authorities and transport providers) and participate in local campaigns and surveys.	1*		SDU		11 Sustainable Cities and Communities	
2	Working with Staff, Patients and Communities	Monitoring	A35	Continue to monitor travel choices for visitors, patients, users and clients and promote active travel and the use of public transport.	A35.1	Collect travel data through Patient travel survey techniques.	1*		STC		Business Intelligence Team	11 Sustainable Cities and Communities
					A36	Continue to participate in an annual staff travel survey to measure shifts in modes of transport and make an action plan for reducing the environmental, social and financial impacts of travel.	A36.1	Promote and encourage participation in the annual TravelWest Travel to Work Survey.	1*		STC	
2	Working with Staff, Patients and Communities	A36		A36.2			Use Travel to Work Survey results as a base for Travel Plan and associated Action Plan.	2*		SDU		11 Sustainable Cities and Communities
				1	Working with Staff, Patients and Communities	A37	Continue to encourage staff with training and incentives to uptake and increase active travel (e.g. CycleScheme, bike loans and cycle mileage rates "competitive with driving rates").	A37.1	Provide access to a cycle to work scheme (bike purchase scheme) and loan bikes.	1*		SDU
A37.2	Adopt and promote a cycle mileage rate that is competitive with that for car drivers and considers longer distances achievable by electric bicycles.	3						PAYROLL	SDU			
1	Working with Staff, Patients and Communities		A38	Participate in national awareness days to encourage staff to walk and run for their commute and throughout their daily routines.	A38.1	Run events and participate in national awareness campaigns.	1*		STC			11 Sustainable Cities and Communities
					3	Working with Staff, Patients and Communities	A39	Allocate increased priority parking for car sharers as/when demand increases.	A39.1	Monitor levels of car share usage through car share parking permits and Travel to Work survey.	1*	
A39.2	Creation of car share bays in convenient locations across the Trust to incentivise car sharing.	3							Parking Services and SDU			
1	Working with Staff, Patients and Communities	Supporting Travel Choices	A40	Continue to provide information through TravelSmart, encouraging multi-modal travel options as flexible and expected ways to commute.	A40.1	Maintain TravelSmart inbox, responding to queries.	1*		STC			11 Sustainable Cities and Communities
					A40.2	Continue to provide a Brompton loan bike scheme for park/bus/train and ride.	1*		STC			
					A40.3	Investigate the option of providing a bicycle rack loan scheme for staff to try park and cycle.	2		STC			
					A41.1	Continue to offer personal travel plans.	1*		STC			
1	Working with Staff, Patients and Communities	A41	Continue to provide information to patients, users and clients on how to avoid using a car when accessing the Trusts sites.	A41.2	The Trust ensures information about travelling to site prioritises sustainable travel before car use. (e.g. site access leaflets, external website.)	1*			Communications Team	SDU	11 Sustainable Cities and Communities	
				A41.3	Ensuring the Trust sites have the necessary infrastructure to allow access using sustainable modes of transport.	1*		Sustainable Health and Capital Planning, Estates Maintenance and Bouygues	SDU			
				A41.4	Continue to lobby transport providers, local authorities and other external stakeholders for improvements to services and infrastructure which supports sustainable travel to our sites.	1*		SDU				
3	Working with Staff, Patients and Communities	A42	Establish a motorcycle buddy scheme for new riders; pairing experienced with less experienced riders.	A42.1	Canvas existing motorcyclists for interest in participating.	2*		STC			11 Sustainable Cities and Communities	
				A42.2	If interest is high enough, pair new riders with more experienced ones.	2*		STC				
1	Working with Staff, Patients and Communities	A43	Continue to discourage solo occupancy staff commute journeys.	A43.1	Continue to maintain the Travel to Work Zones (Parking Policy) to discourage unnecessary vehicle travel.	1*			Parking Services		11 Sustainable Cities and Communities	
				A43.2	Continue to provide the TravelSmart travel advice bureau service.	1*		STC				
1	Working with Staff, Patients and Communities	Collaborative Improvements	A44	Continue to work with partners and stakeholders to assist with improvement of local air quality (i.e. develop plans to reduce traffic impacts, support infrastructure for active travel and promote the use of public transport and active travel).	A44.1	Continue to attend external meetings (i.e. North Bristol Sussum, local authorities) and participate in local, regional and national campaigns and surveys.	1*		SDU		11 Sustainable Cities and Communities	

3	Working with Staff, Patients and Communities	Business Travel	A45	Continue to provide pool cars for business travel.	A45.1	Pool cars are provided and use is monitored and reported on at the end of the annum.	1*		SDU		11 Sustainable Cities and Communities
1	Working with Staff, Patients and Communities	Social Prescribing	A46	Increase the prescribing of walking and cycling as alternatives or to compliment other interventions.	A46.1	Clinicians are using the LWNB map and other materials to prescribe active travel to patients who would benefit	1*		All clinicians at the Trust	SDU	11 Sustainable Cities and Communities
					A46.2	Promote the use of LWNB maps with local health and wellbeing providers.	1*		SDU		
1	Working with Staff, Patients and Communities	Health and Wellbeing	A47	Continue to promote active travel as beneficial for health and wellbeing.	A47.1	Collaborate with NBT Health and Wellbeing in campaigns and events throughout the travel plan lifespan (Aiming for a minimum 1 event per annum).	1*		SDU	NBT Health and Wellbeing	17 Partnerships for the Goals

1. Purpose

To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Finance and Performance Committee meeting held on the 21st February 2019.

2. Background

The Finance and Performance Committee is a sub-committee of the Trust Board. It meets bi-monthly and reports to the Board after each meeting. The Committee was established to provide assurance to the Trust Board that there are robust and integrated systems in place overseeing the Trust's financed and performance and that they are in line with the organisation's objectives.

3. Key Assurances Received

3.1 The Committee reviewed the following sections of the draft Annual Operational Plan of which it had oversight:

- Activity and Capacity
- 2019/20 Financial Plan
- Cost Improvement Plan
- Capital Plan

Feedback was provided and it was noted that work continued in finalising the draft plan ahead of the final plan going to Trust Board for approval in at its March meeting.

3.2 The operational performance figures for January 2019 were considered. It was reported that A&E had been challenging in January, with performance at 78% against a trajectory of 80%. This pressure had continued into February, with an increase in activity meaning that performance for the month currently stood at around 70%. Bed occupancy was at an average of 97%.

3.3 The Month 10 Finance Report was received. It was noted that the THC PFI settlement and the Vinci settlement would deliver an anticipated £3.368m which would help the end of year position. It was also noted that the Trust was owed a significant amount by Welsh Authorities, and as a result there was a continuing focus on ensuring prior approval for treatment of Welsh patients was in place prior to treatment, and that the right authority was being invoiced. This was particularly important given the predicted growth in Welsh business at the Trust. The over-spend on pay was noted with concern, particularly given the Trust was not running at full establishment. It was confirmed that the issue was that the gap in the establishment was being filled by agency staff, and whilst these might be relatively small numbers they were often for highly paid positions.

3.4 The Committee received the 2018/19 CIP forecast, and the measures being taken to close the gap, particularly in respect of pay and coding, were noted. The plans for 2019/20 were also discussed.

3.5 The Committee received the Quarter 2 Service Line Report update, which in future would be conducted on a quarterly basis. During the discussion it was confirmed that there was a

benchmarking tool which all NBT's peer Trusts were subscribed to, which was being used to understand how NBT differed from its peers. This would form part of developing the service line reporting mechanism, and was an important part of the debate around financial sustainability.

4. Escalations to the Board

4.1 At the meeting on the 21th February 2019 the following business cases were recommended to the Trust Board for approval as they were beyond the delegated limits of the committee:

- Breast Service Transfer from Weston
- Conversion of Assisted Bathrooms Business Case
- Enabling Works – Network Replacement Project

These business cases were subsequently considered and approved at the Private Trust Board meeting on 28th February 2019.

4.2 The Committee considered the proposed changes to its terms of reference following the recent review of the Board and Committee structures undertaken by the Trust Chair. The terms of reference were endorsed subject to the following additional amendments were proposed:

- Given the Chief Executive did not routinely attend the Committee, it was suggested that the Chief Executive be removed from the membership list;
- In paragraph 4.1, it was suggested that 'or alternates' be added to the list of those post holders required to attend meetings of the Committee. It was suggested that the post of Director of Transformation be added to this list.

5. Identification of New Risk

5.1 No new risks were identified in the meeting.

6. Business Case Approvals

6.1 The following business cases were approved at the meeting:

- Pharmacy Stock Control Business Case
- Energy Solutions Strategic Outline Case

6.2 Members of the Committee expressed concern at the length and complexity of the business cases presented to the meeting, and questioned whether the level of detail provided was appropriate or necessary for a decision to be made at Finance & Performance Committee / Trust Board, where there should be an emphasis on strategic issues. The executive directors in attendance agreed to progress an action to ensure that business cases contained the appropriate level of detail for its intended audience.

7. Recommendations

The Board is recommended to receive and note the report for assurance.

Strategic Theme/Corporate Objective Links	Links to all strategic themes.																		
Board Assurance Framework/Trust Risk Register Links	None identified.																		
Other Standard Reference	Links to the CQC Well Led domain and key lines of enquiry.																		
Financial implications	<p>None within this report.</p> <table border="1"> <thead> <tr> <th>Revenue</th> <th>Total £'000</th> <th>Rec £'000</th> <th>Non Rec £'000</th> </tr> </thead> <tbody> <tr> <td>Income</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Expenditure</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Savings/benefits</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <tr> <td>Capital</td> <td></td> </tr> </table>	Revenue	Total £'000	Rec £'000	Non Rec £'000	Income				Expenditure				Savings/benefits				Capital	
Revenue	Total £'000	Rec £'000	Non Rec £'000																
Income																			
Expenditure																			
Savings/benefits																			
Capital																			
Other Resource Implications	No other resource implications associated with this report.																		
Legal Implications including Equality, Diversity and Inclusion Assessment	None identified.																		

Appendices:	N/A
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1. Purpose

To provide a highlight of the key assurances, escalations to the Board and identification of any new risks from the Audit Committee meeting held on the 11th February 2019.

2. Background

The Audit Committee is a sub-committee of the Trust Board. It meets five times a year and reports to the Board after each meeting. The Committee was established to receive assurance on the Trust's system of internal control by means of independent review of financial and corporate governance, risk management across the whole of the Trust's activities and compliance with law, guidance and regulations governing the NHS.

3. Key Assurances Received

- 3.1 The status of the annual internal audit plan was reviewed and it was noted that there were thirty unallocated days of audit time. Discussion had started with the executive team as to the best allocation of this time.
- 3.2 The Committee received the Counter Fraud progress report and the Fraud Risk Assessment as prepared by the Internal Auditor.
- 3.3 The following completed internal audit reports were received:
 - Junior Doctor Rotas – Assurance rating: partial assurance with improvement required. Concern was expressed that the new rostering system would not be in place until August 2019, and the Workforce Committee was asked to look at this point.
 - Data Security and Protection Toolkit - Assurance rating: partial assurance with improvement required. The challenge provided in the report was welcomed by the Committee, and an update on progress against the recommendations was requested for the April meeting.
- 3.4 A presentation was received from Mark Jetley on procurement / inventory management and the work of the Bristol & Weston NHS Purchasing Consortium.
- 3.5 The Committee received a report which provided a summary of the overall approach to managing the Clinical Audit programme, an update on delivery of the 2018/19 plan and the development of the 2019/20 plan. The Committee discussed the progress made so far in respect of the Clinical Audit Programme, asked that a further update on this matter, including a follow up on the recommendations, be submitted to the October meeting of the Committee.
- 3.6 The Long Term Financial Model parameters and assumptions were discussed by the Committee, and the ambition to look at the longer term financial position of the Trust was welcomed. The Internal and External Auditors were given the opportunity to comment, and it was noted that anything beyond two of three years in the future was very difficult to predict

with any certainty. The Committee was asked to provide any further feedback in advance of the full presentation to be made to the Trust Board at the end of February.

- 3.7 A report was received which provided an overview of the losses incurred and actions being taken by the Trust, and salary overpayments made and recovered, for the period to 31 December 2018. Members of the Committee felt that there was insufficient information provided in the report to allow them to write off the losses over £50k, and it was therefore agreed that these would be approved as part of the year end process between the meetings of the Audit Committee. Members also expressed concern regarding the value of debts written off for Welsh Authorities, and it was understood that this problem was not unique to NBT but an England wide issue.
- 3.8 The completed responses provided by members of the Committee to the Good Governance Institute's Audit Committee Maturity Matrix were reviewed as means of assessing the effectiveness of the committee. It was noted that there was currently no induction process for Audit Committee members, and it was suggested that the competencies of NEDs as set out in the Fit and Proper Person tests should drive the induction process.
- 3.9 The Committee received and noted the Trust's Register of Gifts and Hospitality for the period to January 2019. It was requested that in future greater detail be provided in the register, and that this would require the gifts and hospitality form completed by staff to be updated. The internal Auditor agreed to assist with guidance on this matter.
- 3.10 The Committee considered the external agencies matrix, which had been maintained by the Quality Team up until 2016. It was felt that this had been a useful document and should be resurrected. The Internal Auditor was asked to scope out the work necessary for this with the Quality Team and report back to the next meeting.

4. Escalations to the Board

- 4.1 There were no escalations to the Board.

5. Identification of New Risk

- 5.1 No new risks were identified in the meetings.

6. Recommendations

The Board is recommended to receive and note the report for assurance.

Report To:	Trust Board	Agenda Item:	15.0	
Date of Meeting:	28 March 2019			
Report Title:	Trust Board Annual Work-plan 2019/20			
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Purpose:	Approval/Decision	Review	To Receive for Assurance	To Receive for Information
	X	X		
Recommendation:	That the Trust Board reviews the annual work-plan and identifies and agrees any additional items or topics for inclusion.			
Report History:	A work-plan is prepared annually and presented to the Trust Board for review and approval.			
Next Steps:	This work-plan will form the basis for future Trust Board agenda.			

Executive Summary

In accordance with best practice and to facilitate forward planning of board meeting agenda, an annual work-plan for Trust Board has been prepared and is presented for review.

The work-plan incorporates items across key areas including quality, planning, strategy, operational performance, finance, people, IM&T and governance/assurance, and includes key annual reports and statutory returns. It should be noted that a number of items where board-level oversight is required have been delegated to key board committees, including learning from deaths and guardian of safe working reports. As such these items do not appear on this work-plan; however the board can be assured that they are reviewed at the relevant committees and will be carried forward onto 2019/20 committee work-plans.

While the work-plan includes all standard items of business required by law or regulation, the board may wish to identify additional items or topics for inclusion on

the work-plan in 2019/20, reflecting areas of specific interest or where board focus is felt to be necessary.

Throughout the year additional one-off items such as business cases and emerging national priorities will also be included on board agenda where appropriate.

Strategic Theme/Corporate Objective Links	<ul style="list-style-type: none"> • Board business links across all strategic themes
Board Assurance Framework/Trust Risk Register Links	<ul style="list-style-type: none"> • The board assurance framework is included on the work-plan, to ensure regular review by Trust Board
Other Standard Reference	N/A
Financial implications	No financial implications as a consequence of this report.
Other Resource Implications	No other resource implications as a result of this report.
Legal Implications including Equality, Diversity and Inclusion Assessment	No specific legal implications associated with this report.

Appendices:	Appendix 1 – Trust Board work-plan 2019/20.
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Trust Board Annual Cycle of Business 2019/20

	Private Only		Private Only		Private Only		Private Only		Private Only		Private Only	
	April	May	June	July	August	September	October	November	December	January	February	March
Opening Items	<ul style="list-style-type: none"> Opening items Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Patient Story Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Patient Story Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Patient Story Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Patient Story Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Patient Story Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Chair's Update Chief Executive's Report 	<ul style="list-style-type: none"> Opening items Patient Story Chair's Update Chief Executive's Report
Quality	<ul style="list-style-type: none"> Safer Staffing Report Draft Quality Accounts 	<ul style="list-style-type: none"> Final Quality Accounts Professionals under Investigation Report 		<ul style="list-style-type: none"> CQC Inpatient Survey Results Adult & Children Safeguarding Annual Reports 	<ul style="list-style-type: none"> Professionals under Investigation Report Medical Revalidation & Appraisal Annual Report 			<ul style="list-style-type: none"> Safer Staffing Report Complaints Annual Report Professionals under Investigation Report 			<ul style="list-style-type: none"> Professionals under Investigation Report 	<ul style="list-style-type: none"> Quality Account Priorities
Strategy, Planning & Finance	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases LTFM Update Contracting Update Sustainable Development Update 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases Corporate Objectives Update 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases LTFM Update Draft Strategy (Refresh) 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases Final Strategy (Refresh) 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases Corporate Objectives Update LTFM Update 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases Sustainable Development Plan 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases LTFM Update Strategy Delivery Update Annual EPRR Report 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases Corporate Objectives Update Capital Program Mid-year review 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases LTFM Update 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases Strategy Delivery Update 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases Draft Business Plan Corporate Objectives Update LTFM Update 	<ul style="list-style-type: none"> Finance & CIP update Loan Draw-down Business Cases Final Business Plan Contracting Update
People & IMT	<ul style="list-style-type: none"> Data Security & Protection Toolkit 	<ul style="list-style-type: none"> Freedom to Speak-Up Report Equality Delivery System Grading Report 			<ul style="list-style-type: none"> Equality, Diversity & Inclusion Update (WRES & WDES) 	<ul style="list-style-type: none"> Staff Survey Update 		<ul style="list-style-type: none"> Freedom to Speak-Up report 		<ul style="list-style-type: none"> Public Sector Equality Data 		<ul style="list-style-type: none"> Staff Survey Report Gender Pay Gap reporting
Operational Performance	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan Winter Plan Update 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan Winter Plan Update 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan 	<ul style="list-style-type: none"> Integrated Performance Report 4-hour Improvement Plan
Governance & Assurance	<ul style="list-style-type: none"> Committee Upward reports Draft Annual Report & Accounts Board Assurance Framework 	<ul style="list-style-type: none"> Committee Upward reports Final Annual Report & Accounts Provider License Self-Certification Board Development Plan 	<ul style="list-style-type: none"> Committee Upward reports 	<ul style="list-style-type: none"> Committee Upward reports Board Assurance Framework 	<ul style="list-style-type: none"> Committee Upward reports 	<ul style="list-style-type: none"> Committee Upward reports Health & Safety Annual Report 	<ul style="list-style-type: none"> Committee Upward reports Board Assurance Framework 	<ul style="list-style-type: none"> Committee Upward reports Annual Audit Letter Standing Orders, SFIs, Matters Reserved – annual review 	<ul style="list-style-type: none"> Committee Upward reports 	<ul style="list-style-type: none"> Committee Upward reports Board Assurance Framework 	<ul style="list-style-type: none"> Committee Upward reports 	<ul style="list-style-type: none"> Committee Upward reports Board annual work-plan Declarations of Interest
Closing Business	<ul style="list-style-type: none"> Any other business SEMINAR TOPIC 	<ul style="list-style-type: none"> Any other business 	<ul style="list-style-type: none"> Any other business SEMINAR TOPIC 	<ul style="list-style-type: none"> Any other business 	<ul style="list-style-type: none"> Any other business SEMINAR TOPIC 	<ul style="list-style-type: none"> Any other business 	<ul style="list-style-type: none"> Any other business SEMINAR TOPIC 	<ul style="list-style-type: none"> Any other business 	<ul style="list-style-type: none"> Any other business SEMINAR TOPIC 	<ul style="list-style-type: none"> Any other business 	<ul style="list-style-type: none"> Any other business SEMINAR TOPIC 	<ul style="list-style-type: none"> Any other business

9. Reporting

- 9.1 The Chair of the auditor panel must report to the Trust Board on how the auditor panel discharges its responsibilities.
- 9.2 The minutes of the panel's meetings must be formally recorded and submitted to the Trust Board by the panel's Chair. The Chair of the auditor panel must draw to the attention of the Trust Board any issues that require disclosure to the full Trust Board or which require executive action.

10. Administrative Support

- 10.1 The Committee will be supported administratively by the Corporate Office (Director of Corporate Governance/Trust Secretary and Deputy Trust Secretary) whose duties in this respect will include:
 - Provide timely notice of meetings.
 - Agreement of agendas with the Chair.
 - Preparation, collation and circulation of papers in good time.
 - Ensuring that those invited to the meeting attend.
 - Taking the minutes and helping the Chair to prepare reports to the Trust Board.
 - Keeping a record of matters arising and issues to be carried forward.
 - Advising the Committee on pertinent issues/areas of interest/policy developments.
 - Arranging meetings for the Chair.
 - Ensuring that panel members receive the development and training they need.
 - Providing appropriate support to the Chair and panel members.

12. Monitoring Effectiveness

- 12.1 The terms of reference will be reviewed on an annual basis.

Quality and Risk Management Committee Terms of Reference

Date Approved and Adopted	
Frequency Review	Annual
Next Review	March 2020
Terms of Reference Drafting	Trust Secretary
Review	Quality & Risk Management Committee
Approval and Adoption	Trust Board
Version Number	1.0

1. Constitution

- 1.1. The Trust Board hereby resolves to establish a Committee to be known as the Quality and Risk Management Committee.
- 1.2. The Committee is constituted as a standing committee of the Trust Board. Its constitution and terms of reference shall be as set out below; and will be subject to amendments approved by the Trust Board.

2. Authority

- 2.1. The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.
- 2.2. The Committee is authorised by the Board to make decisions within its terms of reference, including matters specifically referred to it by the Board.

3. Membership

- 3.1. The Committee shall comprise:
 - Three Non-Executive Directors one of whom will chair the Committee.
 - Director of Facilities
 - Director of Nursing and Quality
 - Medical Director
 - Director of People and Transformation
 - Chief Operating Officer
 - Director of IM&T
- 3.2. In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.

4. Attendance at Meetings

- 4.1. The following officers are required to attend all meetings but are not members:

- Incident reporting
- Risk management
- Medical records
- Clinical claims management

7.2. Quality Strategy and delivery of the quality agenda

7.2.1. The Committee shall maintain oversight of the business of the Quality Strategy Delivery Committee and any associated committee sub-structure through the receipt of regular update reports, and shall ensure that the Board is adequately assured in relation to the delivery of the Trust's quality strategy;

7.2.2. The Committee shall maintain oversight of the business of the Drugs and Therapeutics Committee, the Clinical Effectiveness & Audit Committee, the Patient Safety and Clinical Risk Committee and the Safeguarding Committee through the receipt of regular reports. This shall ensure that the Committee maintains oversight of:

- Management systems and structures to ensure that sufficient analysis of incidents, complaints, claims, clinical audits, service reviews etc. is undertaken to reflect, learn and make recommendations for required changes to improve quality of care provided to patients;
- Concerns raised by the Patient Safety & Clinical Risk Committee, in regard to issues of patient safety which require attention and resolution at Executive level;
- the quality work programme and the support required for quality improvement given by Quality & Patient Safety work streams, Clinical Audit, Learning and Development, and Information Management & Technology. This includes the quality improvements relating to national CQUINs.

7.3. Regulatory Compliance

7.3.1. The Committee shall assure itself that all regulatory requirements are complied with, with proven and demonstrable assurance, and immediate and effective action is taken where this is identified as deficient.

7.3.2. The Committee shall monitor and assure itself that it can with confidence, and evidence, assure the Trust Board, patients, public, and other stakeholders (e.g.: Care Quality Commission (CQC), NHS Improvement, Department of Health, commissioners) that the Trust is complying with its regulatory requirements and can evidence this. The Committee shall seek to embed the culture of compliance within the organisation, so that it happens as part of normal business, and not as a separate activity, contributing directly to a well-run organisation and the quality of patient care.

Remuneration and Nomination Committee Terms of Reference

Date Approved and Adopted	
Frequency Review	Annual
Next Review	January 2020
Terms of Reference Drafting	Trust Secretary
Review	Remuneration and Nominations Committee
Approval and Adoption	Trust Board
Version Number	1.1

1. Constitution

- 1.1. The Trust Board hereby resolves to establish a Committee to be known as the Remuneration and Nominations Committee (The Committee) in accordance with the requirements of the National Health Service Trusts (Membership and Procedure) Regulations 1990 (as amended) (“The Regulations”).
- 1.2. The Committee is constituted as a standing committee of the Trust Board. Its constitution and terms of reference shall be as set out below; and will be subject to amendments approved by the Trust Board.

2. Authority

- 2.1 The Committee is authorised to seek information it requires from any employee of the Trust. All members of staff are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain legal or other independent professional advice and to secure the attendance of advisors with such expertise that it considers necessary.
- 2.2 The Committee is authorised by the Board to make decisions within its terms of reference, including matters specifically referred to it by the Board.

3. Membership

- 3.1 The Committee shall comprise the Chair and all Non-Executive Directors.
- 3.2 The Committee will be chaired by a Non-Executive Director. The Committee Chair will not be the Chair of the Trust Board.
- 3.3 In the absence of the appointed Committee Chair, another Non-Executive Director will chair the meeting.

Report To:	Trust Board	Agenda Item:	17.0	
Date of Meeting:	28 March 2019			
Report Title:	Board Members' Declarations of Interest			
Report Author & Job Title	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Executive/Non-executive Sponsor (presenting)	Xavier Bell, Director of Corporate Governance & Trust Secretary			
Purpose:	Approval/Decision	Review	To Receive for Assurance	To Receive for Information
		X	X	
Recommendation:	The Trust Board is recommended to review and receive the report for assurance.			
Report History:	This report is an annual report to the board, and was last received in April 2018.			
Next Steps:	An updated list of declarations will be brought to the board in March/April 2020.			

Executive Summary

In accordance with the Trust's Standards of Business Conduct and the Standing Orders of the Board, all members of the Trust Board must declare any relevant and material interests on an annual basis. These declarations are noted in public and are published on the Trust's website. This reflects best practice in corporate governance, and shows the Trust's commitment to operating in an ethical and transparent manner, and the board's commitment to anti-bribery/corruption measures.

The declarations (including 'nil responses') set out in the appendix have been updated in February/March 2019.

