

Quality & Risk Assurance Committee Self-Assessment 22 January 2019

| Ref | Issue | Yes/No | Supporting evidence |
|---------------------------|---|--------|---|
| GENERAL GOVERNANCE | | | |
| 1. | Does the Committee have recent written terms of reference that define the Committee's role? | Yes | Reviewed at the January 2019 meeting |
| 2. | Have the terms of reference been adopted by the Board? | Yes | Adopted August 2018 and to be adopted March 2019. |
| 3. | Are the terms of reference reviewed annually to take into account recent good practice developments and the remit of other committees within the Trust? | Yes | Reviewed January 2018 and in January 2019. |
| 4. | Has the Committee established a plan for the conduct of its own work across the year? | Yes | Committee Forward Planner attached |
| 5. | Has the Committee been provided with sufficient membership, authority and resources to perform its role effectively? | Yes | See Committee membership section of Terms of Reference (ToR). The Committee considered the need for additional NED members. Agreed to recommend to that the Committee should have three nominated NEDs and that the quorum should include two NEDs. |
| 6. | Are changes to the Committee's current and future workload discussed and approved at Board level? | Yes | |
| 7. | Does the Committee report regularly to the Board? | Yes | Yes – Chair's report and Minutes reported to the Board. |

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| 8. | Are members, particularly those new to the Committee, provided with training? | Yes | Members have clinical knowledge and experience. Action: Committee to discuss if any training required. |
| 9. | Does the Board ensure that members have sufficient knowledge of the organisation to identify key risk areas and to challenge both line management on critical and sensitive matters? | Yes | Selection process for NEDs includes assessment of appropriate experience/skills and NEDs are appointed to contribute to through individual portfolios. The Board has established a regular learning together programme to ensure there is development of knowledge across a broad range of areas including BAF, safeguarding and whistleblowing. The NED Buddy programme builds on knowledge of the organisation. Clinical Directors & other staff invited to attend/present on particular areas. |
| 10. | Does at least one Committee member have a recent and relevant clinical/medical background? | Yes | See Committee membership section of ToR |
| 11. | Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the Board? | No | The Annual Quality Accounts & Report provide an overview of Committee activities and QI priorities and progress against the previous year's priorities. A separate report is not prepared for Board. |
| 12. | Does the Committee receive the right information to enable it to undertake its role? | Yes | See agendas and papers |
| 13. | Does the Committee have a mechanism to keep it aware of topical, legal and regulatory issues? | Yes | Reports from QRMG and Members |

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| 14. | Has the Committee reviewed whether the reports it receives from sub-groups and executives are timely and have the right format and content to ensure its responsibilities are discharged? | Yes | |
| 15. | Is the Committee's role in the review of the risk management policy and process clearly defined? | Yes | |
| 16. | Does the Committee annually review the relevant policies of the Trust? | Yes | Policies reviewed as required – this may not always be annual |
| 17. | Does the committee have sufficient capacity and information to maintain a clear oversight of quality improvement? | Yes | See membership and reports received |
| 18. | Are papers circulated in good time and are minutes received as soon as possible after the meetings? | Yes | |
| 19. | Does the Committee meet the appropriate number of times to deal with planned matters? | Yes | |
| 20. | Does the committee direct the work appropriately of and receive reports from its sub-groups? | Yes | |
| 21. | Has the Committee considered the costs that it incurs: and are the costs appropriate to the perceived risks and the benefits? | No | Action: Committee to consider |
| 22. | Does the Committee assess its own effectiveness periodically? | Yes | This assessment |

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| 23. | Does the Annual Report and Accounts of the Trust include a description of the Committee's establishment and activities? | Yes | Referenced in Annual Governance Statement. |
| TERMS OF REFERENCE | | | |
| 24. | Has the Committee ensured that all statutory elements of clinical governance are adhered to within the Trust? | Yes | |
| 25. | Has the Committee contributed to Trust-wide clinical and non-financial governance priorities? | Yes | |
| 26. | Has the Committee approved the Trust's Quality Account before submission to the Board? | Yes | |
| 27. | Has the Committee reviewed the terms of reference and membership of its reporting sub- committees and receive reports from them? | Yes | |
| 28. | Has the Committee considered matters referred to it by the Board? | Yes | Examples include KPI review; IHU pathway & QI project; issues arising from patient story re: frailty pathway. |
| 29. | Has the Committee considered matters referred to it by its sub- committees? | Yes | |
| 30. | Has the Committee received and approved the annual Clinical Audit Programme ensuring that it is approved by Board consistent with the audit needs of the Trust? | Yes | Not received by Board |

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| 31. | Has the Committee overseen the Trust's policies and procedures with respect to the use of clinical data and patient identifiable information to ensure that this is in accordance with all relevant legislation and guidance including the Caldicott Guidelines and the Data Protection Act 1998? | Yes | |
| 32. | Has the Committee made recommendations to the Audit Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within these Terms of Reference? | Yes | JR/RH action for Committee |
| 33. | Has the Committee reviewed and approved relevant policies and procedures? | Yes | |
| 34. | Has the Committee fostered links with patient representative groups and other stakeholders? | | Chair of PPI a Member Action: Committee to Discuss |
| 31. | Has the Committee overseen the Trust's policies and procedures with respect to the use of clinical data and patient identifiable information to ensure that this is in accordance with all relevant legislation and guidance including the Caldicott Guidelines and the Data Protection Act 1998? | Yes | |
| 32. | Has the Committee made recommendations to the Audit Committee concerning the annual programme of Internal Audit work, to the extent that it applies to matters within these Terms of Reference? | Yes | JR/RH action for Committee |
| 33. | Has the Committee reviewed and approved relevant policies and procedures? | Yes | |
| 34. | Has the Committee fostered links with patient representative groups and other stakeholders? | | Chair of PPI a Member Action: Committee to Discuss |

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| 35. | Has the Committee maintained an overview of responsibility for the following outcomes as described by the Care Quality Commission?: Outcome 1 – respecting and involving and Outcome 7 – safeguarding people. | Yes | |
| 36. | Has the Committee ensured that quality and risk standards are set and monitored? | Yes | |
| 37. | Has the Committee promoted within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care in accordance with the Trust's policy on reporting issues of concern and monitoring the implementation of that policy? | Yes | See QRMG papers and minutes |
| 38. | Has the Committee overseen the system within the Trust for obtaining and maintaining any licences relevant to clinical activity in the Trust? | | Action: Committee to Discuss |
| 39. | Has the Committee monitored the Trust's compliance with those licensing standards of the Care Quality Commission that are relevant to Committee's area of responsibility, in order to provide relevant assurance to the Board so that the Board may approve the Trust's annual Declaration of Compliance? | | Action: Committee to Discuss |
| 40. | Has the Committee ensured that risks to patients are minimised through the application of a comprehensive risk management strategy and system including, the Risk Management Strategy, BAF and Corporate Risk Register? | Yes | Risk Management Strategy and system in place. CRR and BAF reporting in place. Assurance system reviewed through the internal audit programme and rating of substantial assurance given. |
| 41. | Has the Committee agreed the annual patient experience goals and monitored progress? | | Action: Committee to confirm |

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| 42. | Has the Committee sought and received assurance that the Trust has reliable, real time, up-to-date information about what it is like being a patient experiencing care administered by the Trust, so as to identify areas for improvement and ensure that these improvements are effected? | Yes | Patient stories are received at Board each month along with feedback from patient surveys and FFT. Areas for improvement are identified and action put in place to address issues identified. |
| 43. | Has the Committee identified areas for improvement in respect of incident themes and complaint themes from the results of local surveys, national patient survey / PALS and ensure appropriate action is taken? | Yes | |
| 44. | Has the Committee sought and received assurance in respect of the efficient and effective use of resources through evidence- based clinical practice? | Yes | |

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Audit Committee – Committee Self-Assessment 23 January 2019 (Updated 14 March)

| Establishment, Composition, Organisation, Resources, Duties | | Strong | Adequate | Needs Improvement | Comments |
|---|--|--------|----------|-------------------|--|
| 1 | The audit committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with the Department of Health and Social Care guidance and have been approved by the Committee and the full Board of Directors. | X | | | ToR setting out scope & role of Committee approved by Committee 31/01/18 and Board 02/08/18. |
| 2 | The Board was active in its consideration of Audit Committee composition, including the designation or consideration of an "audit committee financial expert." (At least one committee member should have a financial background). | X | | | Membership includes qualified financial expert and experience audit committee NED as Chair |
| 3 | The Audit Committee's actions reflect independence from management, ethical behavior, adherence to good practice guidance and the best interests of the Trust and its stakeholders. | X | | | Action: Committee members feedback to evidence independence. |
| 4 | The Audit Committee reports to the Board of Directors (throughout the year and in its annual report) demonstrate compliance with its terms of reference and provides the Board of Directors with assurance on the effective operation of systems and procedures within the Trust. | X | | | Minutes and the Chair's report are reviewed by the Board after each meeting with key issues escalated. Annual Report & Accounts; Charity Annual Report and Accounts approved by Board. |

| Establishment, Composition, Organisation, Resources, Duties | | Yes | No | Comments |
|---|---|-----|----|--|
| 5 | Are the terms of reference reviewed annually to take into account governance developments (including integrated governance principles) and the remit of other Committees within the organisation? | X | | Terms of reference are reviewed annually. Committee reporting/planning processes provide oversight and links with other committees. |
| 6 | Are changes to the Committee's current and future workload discussed and approved at Board level? | X | | The Committee work plan taken to Board as a part of annual report. |
| 7 | Are Committee members independent of the management team? | X | | (Suggest that it might be useful to add session on independence and fiduciary responsibilities at a Board Learning together session) |

| Agenda Management, Oversight of the Financial Reporting Process, Compliance with the Law and Regulations governing the NHS and Internal Control | | Yes | No | Comments |
|---|---|-----|----|--|
| 8 | Is the Committee's role in the approval of the Annual Accounts clearly defined and complementary to the Board of Directors? | X | | Duties and delegated authority set out in ToR. |

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| 9 | Does the Board of Directors ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge both line management and auditors on critical and/or sensitive matters? | X | | <p>Selection process for NEDs includes assessment of appropriate experience/skills and NEDs are appointed to contribute to through individual portfolios. Financially qualified and experienced NEDs appointed to Audit Committee.</p> <p>The Board has established a regular learning together programme to ensure there is development of knowledge across a broad range of areas including BAF, safeguarding and whistleblowing.</p> <p>The NED Buddy programme builds on knowledge of the organisation.</p> |
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| Oversight of Audit Processes | | Strong | Adequate | Needs Improvement | Comments |
|------------------------------|---|--------|----------|-------------------|---|
| 10 | There is appropriate consideration of independent assurance reports (from a variety of sources), management response, and improvement actions. The Board of Directors is clearly sighted on the issues that arise which require action by the organisation. | | X | | The Committee receives assurance reports from internal audit (RSM) and external audit (KPMG). It receives reports from management teams and counter fraud services and is able to triangulate information provided to it. |

| Overall Evaluation | | Strong | Adequate | Needs Improvement | Comments |
|--------------------|---|--------|----------|-------------------|---|
| 11 | What is the overall assessment of the performance of the Audit Committee? | | X | | The committee has changed in composition in this year. This has been managed with appointment of NED on a designated basis to allow handover and provide continuity in oversight between NED. |

Additional Comments:
 The committee's discussed the Annual Self-assessment and concluded that the overall assessment was "Adequate". It was agreed that to improve the rating to Strong the committee should consider seeking independent assurance from a wider range of sources. The Committee also noted that the Board might wish to be more directive in what it requires its Committees to do to achieve best practice through work plans and objectives to the Board. This would help appraisal of committees at Board level where there is no cross committee membership of certain Board members.

NHSI observation was undertaken in January 2019 and feedback was provided to the March Committee meeting. The recommendation on timed agendas was actioned for the March Committee papers and the Committee confirmed that it would welcome a greater breadth of Executive Director and clinical input.

Performance Committee – Committee Self-Assessment 31 January 2019

| Establishment, Composition, Organisation, Resources, Duties | | Strong | Adequate | Needs Improvement | Comments |
|---|---|--------|----------|-------------------|--|
| 1 | The Performance Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities and have been approved by the Committee and the Board of Directors. | X | | | ToR setting out scope & role of Committee approved by Committee 22/02/18 and Board 02/08/18. |
| 2 | The Board was active in its consideration of Performance Committee composition. | X | | | The Committee recommends to the Board that the Committee should have three nominated NED leads including the financially qualified NED lead and that two NEDs should be required for quorum. |
| 3 | The Performance Committee's actions reflect independence, ethical behavior, adherence to good practice guidance and the best interests of the Trust and its stakeholders. | X | | | NHSI Board observation identified areas of good practice including authentic and respectful challenge NED to ED and ED to ED along with a focus on QI. |
| 4 | The Performance Committee reports to the Board of Directors throughout the year demonstrating compliance with its terms of reference and provides the Board of Directors with assurance on the effective operation of systems and procedures within the remit of the Committee. | X | | | Minutes and the Chair's report to Board are reviewed by the Board on a monthly basis with key issues escalated to Board. |

| Establishment, Composition, Organisation, Resources, Duties | | Yes | No | Comments |
|---|--|-----|----|---|
| 5 | Are the terms of reference reviewed annually to take into account governance developments and the remit of other Committees within the organisation? | X | | Terms of reference are reviewed annually. Committee remit/planning processes allow for links with other committees (evidenced in NHSI feedback) |
| 6 | Are changes to the Committee's current and future workload discussed and approved at Board level? | X | | This was considered in the prior year when the decision was taken to establish the SPC. The Committee is charged oversight of specific elements of the BAF. It also receives tenders for approval within its delegated powers >£500k. |
| 7 | Are Committee members able to act in the best interests of the Trust? | X | | (Suggest that it might be useful to pick up fiduciary responsibilities at a Board Learning together session) |

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| Agenda Management, Oversight of the Reporting Process, Compliance with the Law and Regulations governing foundation trusts | | Yes | No | Comments |
|--|--|-----|----|---|
| 8 | Is the Committee's role in the scrutiny of the Trust's financial performance clearly defined and complementary to the Board of Directors? | X | | Duties and delegated authority set out in ToR. |
| 9 | Does the Board of Directors ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and/or sensitive matters? | X | | <p>Selection process for NEDs includes assessment of appropriate experience/skills and NEDs are appointed to contribute to through individual portfolios.</p> <p>The Board has established a regular learning together programme to ensure there is development of knowledge across a broad range of areas including BAF, safeguarding and whistleblowing.</p> <p>The NED Buddy programme builds on knowledge of the organisation. Clinical Directors & other staff invited to attend/present on particular areas. (Have NEDs attended external training/development that we can reference here?)</p> |

| Oversight of Trust Processes | | Strong | Adequate | Needs Improvement | Comments |
|------------------------------|--|--------|----------|-------------------|--|
| 10 | There is appropriate consideration of assurance reports (from a variety of sources). The Board of Directors is clearly sighted on the issues that arise which require action by the Performance Committee. | | X | | <p>The Committee receives performance data from varying sources including the Access and Data Quality sourced from the Trusts' access and data quality dashboard. This provided an independent informatics report to judge data quality.</p> <p>It receives independent reports on procurements (e.g. MTS for the Mindray system)</p> <p>NHSI observation also provided independent assurance and feedback that has been acted upon.</p> |

| Overall Evaluation | | Strong | Adequate | Needs Improvement | Comments |
|--------------------|---|--------|----------|-------------------|----------|
| 11 | What is the overall assessment of the performance of the Performance Committee? | | X | | |

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Additional Comments:

The Committee discussed the two items scored as 'adequate' and how these could improve to 'strong'. The Committee would wish to see

- more external benchmarking
- reporting assurance levels through BAF committee reports
- referencing the strong Chair's report sent to Board each month
- adding a third NED as a member, with two NEDS required for quorum
- Amending Board & Committee paper header to clearly include the assessment of assurance.

NHSI feedback also identified areas for development and the Committee has taken steps to address those matters such as having timed agendas.

Strategic Projects Committee – Committee Self-Assessment at 31 January 2019

| Establishment, Composition, Organisation, Resources, Duties | | Strong | Adequate | Needs Improvement | Comments |
|---|--|--------|----------|-------------------|--|
| 1 | The Strategic Projects Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities and have been approved by the Committee and the Board of Directors. | X | | | ToR setting out scope & role of Committee approved by Committee 22/02/18 and Board 02/08/18. |
| 2 | The Board was active in its consideration of Strategic Projects Committee composition. | X | | | This was actively considered in the prior year when the decision was taken to establish the SPC |
| 3 | The Strategic Projects Committee's actions reflect independence, ethical behavior, adherence to good practice guidance and the best interests of the Trust and its stakeholders. | X | | | Actions based on review of independent reports & best interests of the Trust in recommendations to the Board. |
| 4 | The Strategic Projects Committee reports to the Board of Directors throughout the year demonstrating compliance with its terms of reference and provides the Board of Directors with assurance on the effective operation of systems and procedures within the remit of the Committee. | X | | | Minutes and the Chair's report to Board are reviewed by the Board on a monthly basis with key issues escalated to Board. |

| Establishment, Composition, Organisation, Resources, Duties | | Yes | No | Comments |
|---|--|-----|----|---|
| 5 | Are the terms of reference reviewed annually to take into account governance developments and the remit of other Committees within the organisation? | X | | Terms of reference are reviewed annually. Committee remit/planning processes allow for links with other committees. The role of the SPC will be reconsidered following the completion of the move which has been the principal focus of the committee since its establishment. |
| 6 | Are changes to the Committee's current and future workload discussed and approved at Board level? | X | | This was considered in the prior year when the decision was taken to establish the SPC. The Committee is charged oversight of specific elements of the BAF. |
| 7 | Are Committee members able to act in the best interests of the Trust? | X | | (Suggest that it might be useful to pick up fiduciary responsibilities at a Board Learning together session) |

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| Agenda Management, Oversight of the Reporting Process, Compliance with the Law and Regulations governing foundation trusts | | Yes | No | Comments |
|--|--|-----|----|---|
| 8 | Is the Committee's role in the scrutiny of the Trust's financial performance clearly defined and complementary to the Board of Directors? | X | | Duties and delegated authority set out in ToR. |
| 9 | Does the Board of Directors ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and/or sensitive matters? | X | | <p>Selection process for NEDs includes assessment of appropriate experience/skills and NEDs are appointed to contribute to through individual portfolios.</p> <p>The Board has established a regular learning together programme to ensure there is development of knowledge across a broad range of areas including BAF, safeguarding and whistleblowing.</p> <p>The NED Buddy programme builds on knowledge of the organisation. Clinical Directors & other staff invited to attend/present on particular areas. (Have NEDs attended external training/development that we can reference here?)</p> |

| Oversight of Trust Processes | | Strong | Adequate | Needs Improvement | Comments |
|------------------------------|---|--------|----------|-------------------|---|
| 10 | There is appropriate consideration of assurance reports (from a variety of sources). The Board of Directors is clearly sighted on the issues that arise which require action by the Strategic Projects Committee. | X | | | <p>The Committee has received independent assurance reports from a range of sources including:</p> <p>Legal advisers - Bevan Brittan LLP/Mills & Reeve Technical advisers – Northmores Associates Ltd Programme management advisers – Arcadis LLP Equipping advisers – MTS Healthcare PFI Claims Investigators - P2G LLP NHS Digital in relation to our level of Digital maturity. Water systems (Authorising Engineer) - Hydrop Audit and contract management - RSM</p> |

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| Overall Evaluation | | Strong | Adequate | Needs Improvement | Comments |
|--------------------|---|--------|----------|-------------------|----------|
| 11 | What is the overall assessment of the performance of the Performance Committee? | X | | | |

Additional Comments:

The Committee reviewed the draft assessment and agreed that the Committee provides good governance for the Trust’s strategic projects and that the overall assessment should therefore be modified to one of ‘strong’.

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Charitable Funds Committee – Committee Evaluation 28 February 2018

| Establishment, Composition, Organisation, Resources, Duties | | Strong | Adequate | Needs Improvement | Evidence/Comments |
|---|--|--------|----------|-------------------|---|
| 1 | The Charitable Funds Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities and have been approved by the Committee and the Board of Trustees. | Yes | | | ToR003: Terms of reference of the Charitable Funds Committee |
| 2 | The Board was active in its consideration of Charitable Funds Committee composition. | Yes | | | |
| 3 | The Charitable Funds Committee's actions reflect independence, ethical behavior, adherence to Charity Commission guidance and the best interests of the Charity and its stakeholders. | Yes | | | |
| 4 | The Charitable Funds Committee reports to the Board of Trustees throughout the year and in the Charity Annual Report demonstrating compliance with its terms of reference and provides the Board of Trustees with assurance on the effective operation of systems and procedures within the Charity. | Yes | | | Regular meetings and formal sign off of Charity Annual Report |

| Establishment, Composition, Organisation, Resources, Duties | | Yes | No | Comments |
|---|--|-----|----|--|
| 5 | Are the terms of reference reviewed annually to take into account governance developments and the remit of other Committees within the organisation? | Yes | | Reviewed Spring each year. On CFC agenda for Feb 19. |
| 6 | Are changes to the Committee's current and future workload discussed and approved at Board level? | | | <i>For discussion at Committee</i> |
| 7 | Are Committee members able to act in the best interests of the Charity? | Yes | | |

| Agenda Management, Oversight of the Reporting Process, Compliance with the Law and Regulations Governing Charities | | Yes | No | Comments |
|--|--|-----|----|--|
| 8 | Is the Committee's role in the approval of the Charity Annual Report and Accounts clearly defined and complementary to the Audit Committee and Board of Trustees? | Yes | | See papers and minutes for relevant meetings. CFC provides assurance to BoT and Audit Committee. |
| 9 | Does the Board of Trustees ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management and auditors/investment advisors on critical | Yes | | Selection process for NEDs includes assessment of appropriate experience/skills and NEDs are appointed to contribute to through individual |

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| | and sensitive matters? | | | <p>portfolios. The Board has established a regular learning together programme to ensure there is development of knowledge across a broad range of areas including BAF, safeguarding and whistleblowing. The NED Buddy programme builds on knowledge of the organisation. Clinical Directors & other staff invited to attend/present on particular areas.</p> |
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| Oversight of Charity Processes | | Strong | Adequate | Needs Improvement | Comments |
|--------------------------------|---|--------|----------|-------------------|---|
| 10 | There is appropriate consideration of assurance reports (from a variety of sources). The Board of Trustees is clearly sighted on the issues that arise which require action by the Charity. | X | | | The CFC has seen assurance reports from a number of different sources including Quilter Cheviot reports; external Audit reports; legal work up on CUDAR; advice on new IG rules |

| Overall Evaluation | | Strong | Adequate | Needs Improvement | Comments |
|--------------------|--|--------|----------|-------------------|----------|
| 11 | What is the overall assessment of the performance of the Charitable Funds Committee? | X | | | |

Additional Comments:

It was confirmed that the Trustee training on Charitable Funds planned for Board members for September is to be rescheduled in 2019/20.

The committee considered the sources of assurance in the oversight of the Charity Processes and identified a broad range of assurance sources that had been reviewed over the year including external audit reports and legal advice as well as investment reports.

The Committee assessed its overall performance as strong.