

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

Report from the Board Committee Chairs' to the Council of Governors

Presented by	Committee Chairs		
Author	Tanya Claridge, Director of Governance and Corporate Affairs		
Lead Director	Dr Max Mclean, Chairperson		
Purpose of the paper	This paper provides an overview of the work of the Board Committees in assuring that the risks to achieving our strategic objectives have been identified and are being managed appropriately.		
Action required	To note		
Previously discussed at/ informed by	Board of Directors 9 January 2020		
Previously approved at:	Committee/Group	Date	

Background

Our strategic objectives and the roles of our Board Committees		
1	To provide outstanding care for patients	Oversight and assurance is provided by the Quality Committee
2	To deliver our financial plan and key performance targets	Oversight and assurance is provided by the Finance and Performance Committee
3	To be in the top 20% of employers	Oversight and assurance is provided by the Workforce Committee
4	To be a continually learning organisation	Oversight and assurance is provided by the Quality Committee
5	To collaborate effectively with local and regional partners	Oversight and assurance is provided by the Partnerships Committee

The **Integrated Governance and Risk Committee** reviews the strategic risks being managed across the organisation, those that could have a direct impact on the achievement of our strategic objectives if not managed appropriately, and makes sure that the controls we have in place and the actions we are taking are effective.

The **Major Projects Committee** receives the Board Assurance Framework and Strategic Risk Register and so acknowledges the progress the Trust is making towards achieving its strategic objectives and understands the risks that are being managed to support this achievement in the decisions that it makes.

The **Audit and Assurance Committee** now reviews and comments on the effectiveness of the assuring functions of the Board Committees above through a routine report, and reports on this to the Board of Directors.

Reports from Committees on key matters discussed

- Appendix 1 : Quality Committee (page 2-5)
- Appendix 2 : Finance and Performance Committee (page 6-7)
- Appendix 3 : Workforce Committee (page 8-12)
- Appendix 4: Partnerships Committee (page 13)
- Appendix 5: Audit and Assurance Committee (page 14-21)

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

Appendix 1

Report from the Chair of the Quality Committee Key Matters discussed since the previous report

1. Are our Services safe?		
1.1	Strategy: Quality Dashboard	Level 1 operational
	The Quality Dashboard is reviewed at every meeting and specific areas of quality performance considered have been. The Committee was assured that the data in the quality dashboard provides assurance in relation to the Trust's performance associated with the key quality metrics and that areas of exceptions or potential exceptions had been identified and associated assurance was available within specific reports received by the Committee.	
1.2	Governance: Quality Oversight System	Level 1 operational
	The Quality Committee considered the contemporaneous summary of the work of the Quality Oversight System which is routinely provided. The continued important role of the Quality of Care Panel meetings was noted. The Committee were advised of a potential Never Event in the maternity service, which is currently being investigated as a serious incident, the outcome of which will be considered in light of the national Never Events framework. The Committee agreed to receive further information at the January meeting in the routine Serious Incident report.	
1.2	Key Control: Serious Incident Report	Level 1 operational
	The Committee receives a report detailing serious incidents declared and serious incident investigations completed in the preceding month at each meeting. The Committee was assured the governance associated with management of this type of incident, and explicitly the identification of recommendations and learning was proportionate and appropriate	
1.3	Key Control: Nurse Staffing	Level 1 operational
	The Committee receives a report relating to safe staffing every month, this report is also received by the Workforce Committee. The Committee was alerted to areas of potential risks in specific risk assessments and decided that it was assured that appropriate mitigation was in place to manage risk associated with staffing across the Trust.	
1.4	Risk: IRMER Regulations	Level 3 Independent
	The Committee were updated in relation to the recent short-notice CQC inspection of compliance with IRMER regulations. The Trust was issued with an improvement notice in August and had implemented a detailed action plan to address the concerns identified in relation Regulation 6, to the development of related policies and procedures. The Committee were informed that the CQC had re-inspected the area of non-compliance on the 16 th December and were satisfied that the improvements made were consistent and proportionate and agreed to lift the improvement notice. The Committee were assured in relation to the rigour of the process used to respond to the improvement notice and welcomed the outcome of the inspection process.	
1.5	Risk: Incidents related to unconscious bias	Level 1 Operational
	The Committee had previously requested additional assurance in relation to the approach taken through the Learning Hub in responding to a theme of 'unconscious bias' which had been identified within the Trust's incident profile. The Committee required assurance that the theme had been recognised and was being addressed in a proportionate way throughout the quality and learning management system and assurance framework of the Trust, both centrally and within the Care Groups.	

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

1.7	Key Control: Infection Prevention and Control report	Level 1 Operational
	The Committee received the routine report and was assured by the significant progress being made by the Trust in relation to the prevention and control of infection. The Committee noted the performance associated with C Difficile, MRSA bacteraemia and the associated lessons learns. The Committee received an update on prevalence of CPE, with particular focus on screening gastroenterology emergency admissions. The Committee received assurance in relation to the mitigation associated with the management of an estates risk which could have resulted in a infection prevention and control risk	
1.8	Risk: Update on infectious diseases service	Level 1 Operational
	The Committee noted the update provided in relation to the infectious diseases service and were assured by the mitigation that has been put in place to maintain the service for patients.	
2. Effective		
2.1	Key Control: Clinical Effectiveness Quarterly Report	Level 1 Operational
	The Committee reviewed the content of the report and agreed that the appropriate risks had been identified in relation to the implementation of external recommendations and the management of the national audit programme, and that these are being managed appropriately. The Committee also agreed that the assurance in relation to effective implementation of recommendations and the management of the national audit programme is of the appropriate nature and strength.	
2.2	Risk: National Paediatric Diabetes Audit: Outlier status (16/17)	Level 1 Operational
	The Committee requested a presentation from the Paediatric Diabetes Nurse Specialist team to provide the context to the service and the complex population that it serves, the audit findings, and the response of the team to the audit results as a result of the outlier status in relation to the national audit. The Committee were assured that the approach being taken to address the opportunities for change and approach was aligned to the Trust's approach to sustainable quality improvement, with clear identifiable and measurable improvement trajectories.	
2.3	Risk: 30 day readmissions	Level 1 Operational
	The Committee requested specific assurance in relation to the Trust's 30 day readmissions, the Committee noted the detailed work undertaken to understand our position and was assured that a detailed improvement programme is in place and requested further updates to future Committee meetings.	
2.4	Risk: Sepsis Update	Level 1 Operational
	The Committee received a report providing assurance in relation to progress against NICE guideline [NG51] and Quality standard [QS161]. The report highlighted and provides an escalation summary of key risks in our systems and processes which impact on assessment and treatment of sepsis, the associated mitigation and progress with work plans to improve compliance with sepsis screening and treatment. The Committee was assured by the content of the paper, and supported the recommendations made.	
3. Are our services responsive?		
3.1	Assurance: Enhanced Care Pilot	Level 1 Operational
	The Chief Nurse requested that the Committee received a presentation summarising the work being done and associated outcomes within the enhanced care pilot, focusing on the responsiveness of care we provide for patients with additional needs. The Committee were informed of the plan to extend this pilot further. The Committee also reflected that Executive paired walk-arounds should focus on 'initiatives' as well as wards and departments.	
3.2	Key Control: Safeguarding Adults Bi-annual report	Level 1 Operational
	The Committee were assured that the content of this bi-annual report provided assurance in relation to the effectiveness of the controls in place to ensure our adult patients are safe and protected from abuse.	
3.3	Key Control: Safeguarding Children Bi-annual report	Level 1 Operational
	The Committee were assured that the content of this bi-annual report provided assurance in relation to the effectiveness of the controls in place to ensure infants, children and young people receiving care	

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

	from our services are safe and protected from abuse.	
3.4	Risk: In-patient survey and updated action plan	Level 1 Operational
	The Committee received a presentation describing the progress being made with (and a description of the associated initiatives) the national inpatient survey action plan. The Committee were assured that the actions being taken were, and the assurance presented in relation to their effectiveness was proportionate and consistent with the response agreed by the Committee following the publication of the results of the survey.	
Are our services caring?		
4.1	Key Control: Patient Experience Q2 2019/20	Level 1 Operational
	The Committee received the report and noted areas of risk and were assured by the effectiveness of the associated mitigation in relation to the management of the complaints programme, compliance with the Accessible Information Standard and the initiatives in place across the Trust designed to improve patient experience and respond to the aspirations within the patient experience strategy. The Committee were informed that a Quality Improvement Collaborative commenced during Quarter 3, focusing on key areas of delivery of the strategy.	
4. Are our services well led?		
5.1	Assurance: Royal College of Anaesthetists Assurance Visit	Level 3 Independent
	The Chief Medical Director requested that the Committee receive a presentation summarising the outcome of a peer review designed to standardise good practice and drive improvement and is recognised by the CQC as an official information source. The Committee were informed about the rigour of the assessment process, and were assured that the 12 of the 128 standards which were unmet and the 4 standards met with recommendations, were areas that the team were already aware of and working on and had plans to address by March 2020. The Committee were impressed with the findings in relation to leadership, culture, in particular in relation to engagement	
5.2	Assurance Bradford Accreditation Scheme	Level 1 Operational
	The Chief Nurse requested that the Committee receive an update in relation to the Bradford Accreditation Scheme. The Committee were informed that in order to support the strategic objective to provide 'outstanding care for patients' the scheme was being redeveloped to ensure the outcomes reflected outstanding practice, rather than good care.	
5.3	Key Control: Learning from precursor events	Level 1 Operational
	The Committee received its routine report in relation to learning from precursor events. The Committee noted the report and contextualised it in relation to assurance related to the effective operation of the quality oversight system	
5.4	Key Control: CQC Compliance	Level 1 Operational
	The Committee received a summary of the preparation for and the initial informal outcomes of the CQC inspections of the Trust in November and December 2019. The Committee were assured by the reported rigour applied to the pre-inspection preparation and noted the timescales for publication of the report.	
5.5	Key Control: Freedom to speak up (Q2 report)	Level 1 Operational
	The Committee noted the contents of the report and the concerns that have been raised at the Trust during Q2 2019/20 and decided that it was assured that the Trust has effective systems and process to identify and respond to FTSU concerns.	
5.6	Key Control: Clinical audit and effectiveness sub-committee	Level 1 Operational
	The Clinical Audit and Effectiveness Sub-Committee, as set out in its Terms of Reference, has a responsibility to provide assurance to the Quality Committee, which is a sub-committee of the Board of Directors, that services provided by the Trust are grounded in evidence based effective clinical practice. The Committee decided that the Clinical Audit and Effectiveness Committee had delivered its objectives, as described in its Terms of Reference, and agreed the proposed changes to strengthen its performance.	
5.7	Key Control: Draft Patient and public engagement strategy	Level 1 Operational
	In noting that building and sustaining effective relationships with people who use our services, our members, our local community and the wider population of Bradford takes time, effort and	

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

	commitment. The Quality Committee approved the draft strategy and agreed to receive a detailed implementation plan at its January meeting for approval. The Committee also agreed that it would identify the key assurance milestones it requires, and that these would be added to its work-plan following approval of the implementation plan in January.	
5.8	Risk: EPRR	Level 2 Oversight
	The Committee were informed of an escalation from the Audit and Assurance Committee, which having scrutinised the assurance provided to the Quality Committee in relation to the EPRR core standards, decided that further assurance was required to support the Trust's reported position. The Committee agreed to receive additional assurance at its meeting in January, before a further review at the Audit and Assurance Committee in February, and prior to the formal and final submission to Board in March 2020.	

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

Appendix 2

Report from the Chair of the Finance and Performance Committee Key matters discussed since the previous report

1. Strategic risk and Key Performance Indicators		
1.1	Risk: Strategic Risks relevant to the Committee	Level 1 Operational
	The Committee reviewed strategic risks relating to the above strategic objective during the course of the meetings for which it has an assuring role, and was assured that the systems and controls in place and planned provide proportionate and appropriate mitigation, but recognised significant challenges to performance that remained and that there was an emergent risk	
1.2	Finance and Performance Dashboard	Level 1 Operational
	The Committee reviewed the Finance and Performance Dashboard in the context of the information contained within the relevant detailed reports. In particular the Committee considered the ongoing risk associated with the delivery of the Trust’s constitutional emergency care standard, and the emergent risk in relation to the delivery of the control total.	
2. Strategic Objective 2a: To deliver our financial plan		
2.1	Key Control: Finance Report	Level 1 Operational
	<p>The Committee considered the finance report and in particular discussed the</p> <ul style="list-style-type: none">ongoing risk associated with the delivery of the control totalidentification and management of the internal opportunities in place including the recovery planning process underway across both the Care Groups and Central/Corporate Departments.use of additional capital spend and the review of the capital programme with Care GroupsCIP forecast of 12m.Forecast out turn of 15m deficit (excluding any benefit from system brokerage) <p>The Committee were informed that the ICS is consolidating and quantifying the system wide forecast to determine the likelihood of delivering the system control total, noting that the current figures exclude the financial impact of the WoS. Greater certainty would be known by the end of January.</p>	
2.2	Key Control: Capital Report	Level 1 Operational
	The Committee received the report that had been written, as per the work-plan, for the November Committee meeting which was cancelled. The Committee were advised to review the Strategic Risks relevant to the Committee for the up to date position. The Committee noted the reductions to the plan following the national curtailment exercise in quarter 2 and the subsequent reinstatement (but noting the programme changes given the planning timescales). The Committee challenged that the draft five year capital plan does not currently describe a wider review of estate and reconfiguration, but acknowledged that this was part of a wider Board level strategic discussion.	
2.3	Key Control: Treasury update	Level 1 Operational
	The Committee received its routine update, and acknowledged that the review of the plan and cash projections is ongoing (noting that due to the meeting being cancelled in November the principles within the paper were based on a different deficit being reported to the December meeting). The Committee noted that there were a range of actions for the Cash Committee’s work-plan, and some actions for the Finance team to take in relation to the management of the overall cash position	
2.4	Key Control: Long Term Plan Governance	Level 1 Operational
	The Committee were informed that whilst there was no definitive guidance against which to identify key assurance requirements, there had been a discussion at the Contract Management Board, and that there was a focus on working together across the system to develop a plausible plan.	

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

2.5	Capital plan condition survey	Level 1 Operational
	The Committee received a verbal update on the status of the independent report, and the next steps that require an organisational review. The Committee was informed that the Trust completes the annual ERIC return that includes a review of the estate condition and backlog maintenance, and that the return does not currently indicate a risk with backlog maintenance.	
3.	Strategic Objective 2b: To deliver our performance targets	
3.1	Key Control: Performance Report.	Level 1 Operational
	The Committee considered the performance report and in particular discussed the ongoing risk associated with the delivery of the Emergency Care Standard. The Committee also challenged the executive oversight of the delivery of operational performance, and were confident that there was appropriate and proportionate rigour. The Committee noted that the recovery trajectories are reviewed at the fortnightly Care Group Senior Leadership Team meetings.	
3.2	Risk: Emergency Care Standard	Level 3 Independent
	The Committee were informed of the continued challenge in relation to achieving the Emergency Care Standard. To provide some context to the Trust's position the Committee received a presentation describing the outcome of a GIRFT review into our urgent and emergency service. The Committee acknowledged that the report facilitated a better understanding of our data and our associated performance, but challenged specific elements of the Trust's performance, specifically related to maintaining patient safety. The Committee were provided with an overview of the range of safeguards in place mitigating risk to patient safety. The committee were assured that the granular level data presented indicated that whilst the improvements being made may not have a significant impact in meeting the ECS over winter, it supports the fact that we are doing the right thing for our patients, and that system-wide issues are reflected in the overall issues with performance.	
3.3	Risk: Referral to Treatment	Level 1 Operational
	The Committee reviewed the current position of the Trust and acknowledged the impact of a number of variables on the performance, including an increase in referrals, and the impact of the focus on surveillance patients, which is not reflected in RTT performance but within activity figures. The Committee were assured by the description of the mitigation in place and how its effectiveness is being assured.	
3.4	Risk: Cancer 62 days	Level 1 Operational Level 3 Independent
	The Committee acknowledged that the impact of consultant sickness absence was evident in relation to our provision of clinical oncology, and the attempts to mitigate this risk through the purchase of service to fill the capacity gap from Leeds. The Committee were assured by the description of the processes on place to safeguard patients who were waiting. The Committee were informed that the Cancer Alliance had highlighted that the Trust was demonstrating best time to diagnosis in the region.	
3.5	Key Control: Urgent care recovery plan	Level 1 Operational
	The Committee reviewed the plan and requested that it received a further update to ensure the plan being reviewed reflected the current status.	
3.6	Risk: Winter Plan	Level 1 Operational
	The Committee received a presentation in relation to the system wide planning work-streams relating to winter. The Committee were alerted to the early increase in winter pressures-specifically respiratory issues across all ages, and received a description of plans to increase capacity together with a description of how day to day risks are being mitigated. The Committee discussed the implications of flu and considered our flu vaccination rate, acknowledging this would be discussed at the Workforce Committee.	

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

Appendix 3

Report from the Workforce Committee Key matters discussed since the previous report

1. Strategic Objective 3: To be in the top 20% of NHS Employers		
1.1	Strategic risks relevant to the Committee	Level 1 operational
	<p>The Committee reviewed strategic risks related to the strategic objective for which it has an assuring role at both meetings and has considered the strategic risk profile and the assurances received in the course of its business, the Committee confirmed that it was assured that the mitigations described were proportionate and appropriate, but requested a detailed review of the strategic risks related to EU Exit and medical device training at its next meeting, following consideration at the meeting of the Integrated Governance and Risk Committee meeting in January 2020.</p>	
1.2	Key Control: Workforce Dashboard	Level 1 Operational
	<p>The Workforce Dashboard is reviewed at every meeting and the Committee considers specific areas of workforce performance and risk. The Committee noted that due to the timing of the Committee meeting some of the data in the dash board reflected the October 2019 position, some the November 2019 position.</p> <p>The Committee considered the Trust's performance in relation to appraisal rates, it acknowledged the Trust target at the end of December is 95%, with performance currently 90.6% and explored the approach being taken within the Clinical Care Groups and Corporate teams to ensure that the Trust's target is met. The Committee were assured in relation to the Trust's sustained performance in relation to appraisal over all.</p> <p>The Committee noted there were more detailed papers exploring Trust performance, particularly in relation to the equality targets and BAME leadership, and nursing care hours (explored in more depth in the nurse staffing report)</p> <p>The Committee reviewed the new-starter and refresher training targets and were assured in relation to the plans for 'training transfer' through a streamlining/passport system across the region aimed to begin 1st April 2020 and confident in the impact this change would have on the Trust's performance in relation to new-starter training.</p> <p>The Committee noted the continued issue in relation to short term sickness absence, it was assured that long term absence was being managed appropriately. The Committee noted that Health Care Assistants and Estates and Facilities staff groups were the areas with the highest sickness absence. The Committee were informed of the continued focus on managing short term sickness absence and the new Disability Equality and Leave policy which had recently been approved.</p> <p>The Committee considered the Trusts position in relation to flu vaccination, and noted an escalation from the Health and Safety Committee in relation to communicating with those staff who may have been vaccinated outside of work, to ensure the vaccinated workforce is correctly reflected.</p>	
1.3	Key Control: Workforce Report	Level 1 Operational
	<p>The Committee were in receipt in December of the comprehensive workforce report. This report supports detailed scrutiny of key workforce metrics and trends and provides an update to the Committee on the Organisational Development, engagement and workforce planning agenda for the Trust. Key items of note discussed in December included;</p> <ul style="list-style-type: none"> The Committee noted that the nurse vacancy position had improved, but that this position included some key areas of specific risk (for instance stroke, theatres and respiratory). The Committee explored these in relation to the national context, but also in relation to the mitigation in place Risk around speech and language therapy provision, and the Committee were informed of 	

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

new starters in relation to this service, but that there is a longer term discussion in relation to directly employing the team. The Committee explored but the changes in demand for the service, for instance in relation to the effective delivery of the stroke service.

- In relation to recruitment, the Committee were informed that the microbiology service will be in an improved position in January, but the risk continues to be actively mitigated, histopathology was flagged as an emergent risk to the Committee due to vacancies and the age profile of current clinical staff.
- The Committee were informed national consultation in relation to pensions tax rules and what could be done, specifically in relation to clinicians, the consultation had stalled due to purdah, but NHSI/E have asked the CEO to write to directly affected staff describing proposals in relation to short term changes which would mean that clinicians could take on additional shifts without worrying about an annual allowance charge on their pension in 2019/20. The Committee's view was that this change was unlikely to make a difference to the number of additional sessions being covered over winter. The Committee considered the potential impact of this on patient care, but noted that
 - the Trust has a successful track record in relation to consultant recruitment,
 - there was a challenge, particularly in ED over winter, but that there were no concerns being raised from a quality perspective
 - the impact on waiting time had been assessed, particularly in relation to radiologists/anaesthetists but that the Trust was actively using locums/recruitment to mitigate any risk where it could.

The Committee noted the place based workforce strategy and the One Workforce programme and agreed it would be useful to discuss further through a committee development session.

1.3 Key Control: Equality and Diversity Update

**Level 1 Operational
Level 3 Independent**

The Committee received a summary of the detailed equality and diversity report provided for the Committee's assurance. In relation to the Workforce Disability Equality Standard (WDES), the Committee were assured that there was a clear focus on the Trust's staff with a disability, particularly through the report of the establishment of a group of 100 staff as a consultation forum for matters related to disability equality.

The Committee were informed that NHSI/E had commended the Trust's action plan and that it was going to be referenced in a national report. The Committee discussed the monitoring of the plan and agreed to receive a six month update as part of the 6 monthly equality update], noting the many qualitative indicators which were being used

In relation to the WRES, the Committee referenced the leadership element. It noted the targeted leadership programmes 'stepping up' and 'ready now', the use of an independent BAME panellist on all recruitment panels for positions with a banding of 8a and above. The Committee noted the small increase, but acknowledged that the Trust will miss the target by 9% if the current trajectory is maintained. The Committee were informed of the appointment of the Trust's Equality and Diversity lead, who was commencing in February and who would be reviewing our strategy as a priority.

The Committee considered how these principles could be devolved effectively to service level, but also how we engage effectively with our strategic partners in relation to this.

The Committee were informed that the review of the shared district wide equality objectives is underway, with some key areas of focus identified. The Committee noted the end of march deadline.

1.5 Key Control: Freedom to speak up quarterly report

Level 1 operational

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

	The Committee received the report, and agreed it provided operational assurance in relation to the effectiveness of the Freedom to Speak up Programme in the Trust.	
1.6	Key Control: Nurse Staffing Data Publication Report	Level 1 Operational
	The Committee were assured that in respect to the overall management of nurse staffing and patient safety, a robust oversight and escalation process is in place. The Committee were orientated to oversight and management particularly in relation to reported incidents and how these were responded to.	
1.7	Key control: Guardian of Safe Working Hours	Level 1 Operational
	The Committee noted the rise in exception reports in acute medical care, and that this rise was anticipated. The Committee requested that the report author should specifically address the issues raised in future reports. The Committee noted that national funding had been made available to improve facilities for junior doctors.	
1.8	Committee Business	
	The Committee reviewed its risk appetite statement and the agreed statement is appended to this report.	

2. Strategic Objective 3: To be in the top 20% of NHS Employers			
Strategic risks relevant to the Committee			Level 1 operational
The Committee reviewed strategic risks related to the strategic objective for which it has an assuring role at both meetings and has considered the strategic risk profile and the assurances received in the course of its business, the Committee confirmed that it was assured that the mitigations described were proportionate and appropriate, but requested a detailed review of the strategic risks related to EU Exit and medical device training at its next meeting, following consideration at the meeting of the Integrated Governance and Risk Committee meeting in January 2020.			
Key Control: Workforce Dashboard			Level 1 Operational
The Workforce Dashboard is reviewed at every meeting and the Committee considers specific areas of workforce performance and risk. The Committee noted that due to the timing of the Committee meeting some of the data in the dash board reflected the October 2019 position, some the November 2019 position.			
The Committee considered the Trust's performance in relation to appraisal rates, it acknowledged the Trust target at the end of December is 95%, with performance currently 90.6% and explored the approach being taken within the Clinical Care Groups and Corporate teams to ensure that the Trust's target is met. The Committee were assured in relation to the Trust's sustained performance in relation to appraisal over all.			
The Committee noted there were more detailed papers exploring Trust performance, particularly in relation to the equality targets and BAME leadership, and nursing care hours (explored in more depth in the nurse staffing report)			
The Committee reviewed the new-starter and refresher training targets and were assured in relation to the plans for 'training transfer' through a streamlining/passport system across the region aimed to begin 1st April 2020 and confident in the impact this change would have on the Trust's performance in relation to new-starter training.			
The Committee noted the continued issue in relation to short term sickness absence, it was assured that long term absence was being managed appropriately. The Committee noted that Health Care Assistants and Estates and Facilities staff groups were the areas with the highest sickness absence. The Committee were informed of the continued focus on managing short term sickness absence and the new Disability Equality and Leave policy which had recently been approved.			
The Committee considered the Trusts position in relation to flu vaccination, and noted an escalation from the Health and Safety Committee in relation to communicating with those staff who may have been vaccinated outside of work, to ensure the vaccinated workforce is correctly reflected.			
Key Control: Workforce Report			Level 1 Operational

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

The Committee were in receipt in December of the comprehensive workforce report. This report supports detailed scrutiny of key workforce metrics and trends and provides an update to the Committee on the Organisational Development, engagement and workforce planning agenda for the Trust. Key items of note discussed in December included;

- The Committee noted that the nurse vacancy position had improved, but that this position included some key areas of specific risk (for instance stroke, theatres and respiratory). The Committee explored these in relation to the national context, but also in relation to the mitigation in place
- Risk around speech and language therapy provision, and the Committee were informed of new starters in relation to this service, but that there is a longer term discussion in relation to directly employing the team. The Committee explored but the changes in demand for the service, for instance in relation to the effective delivery of the stroke service.
- In relation to recruitment, the Committee were informed that the microbiology service will be in an improved position in January, but the risk continues to be actively mitigated, histopathology was flagged as an emergent risk to the Committee due to vacancies and the age profile of current clinical staff.
- The Committee were informed national consultation in relation to pensions tax rules and what could be done, specifically in relation to clinicians, the consultation had stalled due to purdah, but NHSI/E have asked the CEO to write to directly affected staff describing proposals in relation to short term changes which would mean that clinicians could take on additional shifts without worrying about an annual allowance charge on their pension in 2019/20. The Committee's view was that this change was unlikely to make a difference to the number of additional sessions being covered over winter. The Committee considered the potential impact of this on patient care, but noted that
 - the Trust has a successful track record in relation to consultant recruitment,
 - there was a challenge, particularly in ED over winter, but that there were no concerns being raised from a quality perspective
 - the impact on waiting time had been assessed, particularly in relation to radiologists/anaesthetists but that the Trust was actively using locums/recruitment to mitigate any risk where it could.

The Committee noted the place based workforce strategy and the One Workforce programme and agreed it would be useful to discuss further through a committee development session.

Key Control: Equality and Diversity Update

Level 1 Operational
Level 3 Independent

The Committee received a summary of the detailed equality and diversity report provided for the Committee's assurance. In relation to the Workforce Disability Equality Standard (WDES), the Committee were assured that there was a clear focus on the Trust's staff with a disability, particularly through the report of the establishment of a group of 100 staff as a consultation forum for matters related to disability equality.

The Committee were informed that NHSI/E had commended the Trust's action plan and that it was going to be referenced in a national report. The Committee discussed the monitoring of the plan and agreed to receive a six month update as part of the 6 monthly equality update], noting the many qualitative indicators which were being used

In relation to the WRES, the Committee referenced the leadership element. It noted the targeted leadership programmes 'stepping up' and 'ready now', the use of an independent BAME panellist on all recruitment panels for positions with a banding of 8a and above. The Committee noted the small increase, but acknowledged that the Trust will miss the target by 9% if the current trajectory is maintained. The Committee were informed of the appointment of the Trust's Equality and Diversity lead, who was commencing in February and who would be reviewing our strategy as a priority.

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

The Committee considered how these principles could be devolved effectively to service level, but also how we engage effectively with our strategic partners in relation to this.

The Committee were informed that the review of the shared district wide equality objectives is underway, with some key areas of focus identified. The Committee noted the end of march deadline.

Key Control: Freedom to speak up quarterly report	Level 1 operational
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The Committee received the report, and agreed it provided operational assurance in relation to the effectiveness of the Freedom to Speak up Programme in the Trust.

Key Control: Nurse Staffing Data Publication Report	Level 1 Operational
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The Committee were assured that in respect to the overall management of nurse staffing and patient safety, a robust oversight and escalation process is in place. The Committee were orientated to oversight and management particularly in relation to reported incidents and how these were responded to.

Key control: Guardian of Safe Working Hours	Level 1 Operational
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The Committee noted the rise in exception reports in acute medical care, and that this rise was anticipated. The Committee requested that the report author should specifically address the issues raised in future reports. The Committee noted that national funding had been made available to improve facilities for junior doctors.

Committee Business	
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The Committee reviewed its risk appetite statement and the agreed statement is appended to this report.

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

Appendix 4

Report from the Partnerships Committee Key matters discussed since the previous report

Strategic Objective 5: To collaborate effectively with local and regional partners		
1	Airedale collaboration	Level 1 Operational
	<p>The Committee received an update in relation to the Trust's programme of collaboration with Airedale, the associated risks and mitigation. The Committee recognised that whilst the programme has a clear focus on high quality sustainable services, there was a latent risk in relation to currently unknown unsustainable services at Airedale, and the potential impact of that risk in relation to the effectiveness of the programme. The Committee requested that the risk, as it emerges, is assessed, and mitigated or escalated as required at a service level through the Care Groups.</p>	
2.	Vertical integration	Level 1 Operational
	<p>The Committee were provided with an update on partnership working across Bradford District and Craven, using the strategic risk associated with integrated care proposals as a framework, providing an update on the relevant mitigating activity. The Committee considered the Strategic Partnering Agreement (SPA), working with Primary Care Networks and Community Partnerships, and the reducing inequalities in City funding. In addition the Committee agreed an approach to a revised strategic risk assessment in relation to this aspect of collaboration, which it requested the Integrated Governance and Risk Committee to consider.</p>	
3.	Horizontal Integration	Level 1 Operational
	<p>The Committee were provided with an update on the progress of "Horizontal Integration" at both the level of the West Yorkshire Health and Care Partnership Integrated Care System (WYHCP ICS) and the West Yorkshire Association of Acute Trusts (WYAAT). They received a detailed update in relation to the West Yorkshire Vascular Consultation, and were assured that the actions being taken to mitigate the ongoing associated risk were proportionate and consistent with the risk appetite of the Trust.</p>	
4.	Stakeholder engagement	
	<p>The Committee discussed the latest assurance update on the stakeholder engagement programme – these updates are provided every six months. The relevant paper is lodged for the Board's information at Annex 2 of the Board papers. The Committee noted the positive findings of the most recent survey and self-assessment exercise; they also agreed that the Trust senior leadership team (SLT) should consider some of the matters arising, including the range of organisations with whom we are actively managing an ongoing relationship. SLT had a preliminary discussion about this in December 2019, but asked the BTHFT Partnerships team to undertake further work in the new year to rationalise some aspects of the Stakeholder Engagement programme. This is ongoing.</p>	

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

Appendix 5

Report from the Audit & Assurance Committee Key matters discussed since the previous report

1. Introduction

The purpose of this paper is to inform the Board of Directors of the key matters discussed and considered during and in relation to the Audit and Assurance Committee meeting held on 3 December 2019.

2. Key Matters discussed

2.1 External Audit Annual Plan 2019/20

The Committee received a verbal report regarding progress with audit planning and noted that this had been put on hold pending a decision regarding the establishment of a Wholly Owned Subsidiary. The Committee will receive the External Audit Plan at its February meeting.

2.2 Internal Audit Progress Report

Internal Audit reported that, as part of completing the agreed 2019/20 Internal Audit Plan, 16 audit reports had been agreed with management since the last Audit & Assurance Committee meeting, with 15 carrying a Significant Assurance opinion and one carrying a Limited Assurance opinion.

BH/04/2020 Absence Management – Significant Assurance

The objective of the review was to provide assurance that the Trust has adequate arrangements in place to support effective management of absences from work and that the Trust's absence/sickness policies are being complied with.

BH/05/2020 Analysis, Categorisation and Reporting of Litigation Costs – Significant Assurance

The objective of this review was to provide assurance that the Trust has adequate processes and procedures in place to thoroughly investigate claims prior to their acceptance, to manage any resulting liability and to effectively disseminate learnings to reduce the risk of similar claims in the future.

BH/06/2020 Incident Reporting; Learning from Incidents and Serious Incidents – Significant Assurance

The objective of this review was to provide assurance that the Trust has adequate arrangements in place for reporting incidents and for learning lessons from past incidents,

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

including in respect of Serious Incidents (Sis). The review resulted in two Moderate and three Minor recommendations, all scheduled for completion by 31.12.19.

BH/07/2020 Estates and Equipment Maintenance – Significant Assurance

The objective of this review was to provide assurance that an Estates repair and equipment maintenance programme is in place and is effectively managed. The Committee noted that the review had resulted in four Moderate priority recommendations, but that all were scheduled to be acted upon by 31.12.19.

BH/08/2020 Statutory Regulation Identification and Compliance Management – Vehicle Safety – Significant Assurance

The objective of this review was to provide assurance that the recommendations in the previous Limited Assurance review BH/19/2019 have been implemented. The review found that one Moderate and five Minor recommendations remained to be acted upon. The Committee was reassured that all recommendations had been acted upon by 30.11.19.

BH/09/2020 Provider to Provider Contracts; Follow Up of Limited Assurance Report – Significant Assurance

The objective of this review was to provide assurance that the recommendations arising for the Limited Assurance review BH/23/2019 had been acted upon. The review confirmed that only one Minor recommendation was yet to be finalised, by 31.12.19.

BH/10/2020 Business Continuity of Mission Critical Information Technology Systems – Significant Assurance

The objective of this review was to provide assurance that the continuity of critical operational processes and delivery of key Trust objectives can be maintained during incidents that threaten the availability of, or access to, mission critical IT systems. The audit focused on EPR (Electronic Patient Records), Maternity, Pathology and Radiology IT systems, and on the Trust's related IT infrastructure.

The review resulted in five Moderate and two Minor recommendations, all of which were scheduled for completion by January 2020, with the exception of one that will be addressed as part of Trust-wide Business Continuity Plan testing by August 2020.

BH/11/2020 Safeguarding – Mental Health Act – Significant Assurance

The objective of this review was to provide assurance that the Trust has effective arrangements in place to ensure a consistent application of the Mental Health Act 1983 (revised 2007) and that actions taken are appropriately documented in line with guidance. The review resulted in five Moderate and one Minor recommendation all related to

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

eliminating lapses in documentation. The Committee was reassured that all recommendations had already been acted upon.

BH/12/2020 Follow Up of Internal Audit Recommendations – see 2.3 below

BH/13/2020 Expenditure (Non-Pay) – Significant Assurance

The objective of this review was to provide assurance that the Trust has a sound system of control surrounding the processes in place to manage non-pay expenditure in respect of Contract/Service Level Agreement Management, petty cash payments and the use of credit/purchasing cards. The review resulted in two Minor recommendations further to tighten petty cash procedures.

BH/14/2020 Organisation Governance Deep Dives – Significant Assurance

The objective of this review was to gain assurance that the Trust's governance structure adequately supports the achievement of the Trust's objectives whilst complying with regulatory and statutory requirements. The review resulted in four Minor recommendations, scheduled for completion by 31.3.20.

BH/15/2020 Medical Devices – Significant Assurance

The objective of this review was to provide assurance that the Trust has adequate systems and controls in place for the management of medical devices. The review resulted in four Moderate recommendations addressing centralisation of medical device records and better ensuring training compliance.

BH/16/2020 Regulatory Compliance – Provider Licence – Significant Assurance

The objective of this review was to provide assurance regarding the Trust's ability to comply with NHS Provider Licence Standard Conditions. The review confirmed that the Trust has systems in place to complete, assess and submit its annual NHS provider licence self-certification confirming that it meets its obligations and complies with governance requirements. The review provided one Moderate and seven Minor recommendations to enhance documentation supporting the self-certification.

BH/17/2020 Infection Control – Significant Assurance

The objective of this review was to provide assurance that effective systems and processes are in place to ensure that staff practice hand hygiene and use personal protective equipment to the expected standard to ensure the safety of patients, staff and visitors.

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

Based upon the reported findings, and with one Moderate and ten Minor recommendations, the Committee expressed the view that this audit appeared to lie at the boundary between Significant and Limited Assurance.

BH/18/2020 Statutory Regulation Identification and Compliance Management – Cleaning Standards – Significant Assurance

The objective of this review was to provide assurance that the Trust has reasonable arrangements in place to achieve sufficient cleaning standards. The review found that system controls are in place to meet those standards. However, some weaknesses were identified, resulting in two Moderate, both relating to training, and one Minor recommendation.

BH/19/2020 Waste Management – Limited Assurance

The objective of the review was to provide assurance that the Trust has adequate controls in place for managing waste segregation in line with legislative guidelines. The review represented a further follow-up of an initial review in 2017/18 (BH/17/2018) that gave rise to a No Assurance opinion with seven Major, eight Moderate and two minor recommendations. A follow-up review later in 2017/18 resulted in one Major, three Moderate and two Minor recommendations, with a Limited Assurance opinion. This latest review generated one Major, three Moderate and four Minor recommendations. The Chief Operating Officer and the Interim Director of Estates & Facilities attended the Committee meeting to discuss the latest audit results and the actions being taken to address the findings and action the agreed recommendations. The Committee acknowledged the improvements made in the last two years and recognised the challenges that, just as others throughout the NHS, the Trust faces, being reliant upon every member of staff to play their part.

BH/20/2020 Statutory Regulation Identification and Compliance Management – Moving and Handling – Significant Assurance

The objective of the review was to provide assurance around the adequacy of internal controls for moving and handling, and of compliance management. The review generated four Moderate recommendations aimed at improving both general compliance and moving and handling induction training.

The Committee considered and approved the deferral into 2020/21 of three Internal Audit reviews planned for the current year, and the splitting of a planned audit into two separate reviews.

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

The Committee noted the 100% compliance with the agreed Internal Audit reporting key performance indicators, subject to management comments relating to one audit report being delayed due to pressure of work.

2.3 Internal Audit Follow-Up Report (BH/12/2020)

The Committee discussed the latest report showing the status of actions taken and outstanding in respect of agreed internal audit recommendations. The Committee was satisfied with the progress being made.

2.4 Internal Audit Charter and Working Together Protocol

The Committee was informed that the Internal Audit Charter had been subject to its annual review and remained unchanged. The Committee considered the contents of the Charter and was happy to approve it.

The Committee noted the Working Together Protocol which, building upon the Charter, represented an agreement as to the desired working relationship between Internal Audit and executive management.

2.5 Counter Fraud Progress Report

The Committee noted further developments in Counter Fraud activity within the Trust, including closer liaison and cooperation with a wider range of personnel. The Committee concluded that it was reassured by the progress report.

2.6 Schedules of Losses and Special Payments

The Committee queried and noted the content of the schedules.

2.7 Single Source Tenders

The Committee noted the list of recent single source tenders and was reassured that the tenders were compliant.

2.8 Annual Security Report 2018/19

The Committee noted the report, and that it had previously been reviewed by the Quality Committee.

2.9 Standing Financial Instructions

The Committee received for information the latest version of the draft revised Standing Financial Instructions. The proposed revised Standing Financial Instructions will be presented to the Committee at its February meeting with a view to the Committee recommending Board approval at the March Board meeting.

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

2.10 Reservation of Powers to the Board and Scheme of Delegation

As for the draft Standing Financial Instructions above, the Committee received for information the latest version of the draft Reservation of Powers to the Board and Scheme of Delegation. The proposed revised version will be presented at the Committee's February meeting, with the aim of recommending Board Approval in March.

2.11 Accounting Standards (latest developments): IFRS16

The Committee received a report regarding progress in preparing for compliance with International Financial Reporting Standard (IFRS)16 which will require a change to the accounting treatment of leases in the Trust's financial statements. The Committee noted the level of effort, both from financial management and from scarce specialists, that will be required in order to prepare for compliance with the new Standard.

2.12 ISA260 – Charitable Funds

The Committee received the external auditor's report arising from its audit of the 2018/19 Charitable Fund accounts. The Committee was pleased to note that no issues had been identified in respect of the Significant Audit Risks and that the external auditors would be issuing an unmodified audit report on the financial statements.

2.13 Charitable Funds Annual Report and Accounts 2018/19

The Committee considered the Report and Accounts and determined that it could recommend approval of the accounts to the Trust Board, as Corporate Trustee.

2.14 Board Assurance Framework (BAF) and Strategic Risk Register (SRR)

The Committee recognised that the versions of the BAF and SRR currently available to it had already been subject to Board scrutiny and discussion and so they were not further considered.

2.15 Oversight of Board Committees

The Committee reflected upon the revised terms of reference of the Board Committees adopted during 2019 and, in particular, the 'Appendix 1' attached to each set of terms of reference. The Committee noted the reports from each other Board Committee attached to the paper presented at this Committee meeting and agreed that further work was required more fully to populate these progress reports.

The Committee noted that, at its meeting in February, it will receive, consider and 'read across' the first annual detailed reports from each of the other Board Committees

Meeting Title	Council of Governors		
Date	16 January 2020	Agenda item	CGo.1.20.14

providing commentary, reassurance and assurance regarding each aspect specified in Appendix 1 of their respective terms of reference.

2.16 CQC Compliance

The Committee received and noted the assurance reviews and outcomes of the CQC compliance actions, recommendations and opportunities as approved by the Quality Committee during its October meeting.

2.17 Draft Audit & Assurance Committee Annual Report to Board 2018/19

The draft report prepared by the Committee Chairman was shared with the other Committee members for comment and approval. Subject to that approval being provided outside of the meeting, the Report will be presented to the Trust Board for approval at its January meeting.

2.18 Data Quality Assurance

The Head of Business Intelligence attended the meeting to present a report providing further assurance regarding both the status of, and controls to ensure and improve, data quality within the Trust.

2.19 Audit Committee Annual Self Assessment 2019

The Committee Chairman reported that the Committee had completed its annual self assessment utilising the checklists provided in the HFMA Audit Committee Handbook, 4th edition. The self assessment had confirmed that the Committee fully complies with established standards. In striving to maintain and further improve its performance, the Committee singled out gaining further assurance regarding data quality as an area of focus.

2.20 Regulatory Compliance

The Committee discussed the paper provided. In the absence of the Director of Governance and Corporate Affairs, the Committee requested that this matter be revisited at the February meeting, with a view to obtaining assurance both that the Trust's policies and procedures are compliant and that Trust staff comply with policies and procedures.

2.21 Business Continuity Update: Emergency Preparedness Resilience & Response (EPRR)

The Committee was of the view that the report presented did not provide adequate evidence to support the EPRR submission to NHSI at 31 October 2019. The Committee requested that the Quality Committee revisit this matter at its January meeting, with an updated report being presented to the Audit & Assurance Committee at its February meeting.