

## EXECUTIVE & NON-EXECUTIVE REGULATION COMMITTEE MINUTES

<b>Date:</b>	Wednesday 29 <sup>th</sup> July 2020	<b>Time:</b>	13:30-15:30
<b>Venue:</b>	Via teleconference	<b>Chair:</b>	Dr Maxwell Mclean, Chairman
<b>Present:</b>	<p><b>Non-Executive Directors</b></p> <ul style="list-style-type: none"> <li>- Dr Maxwell Mclean (MM)</li> <li>- Ms Trudy Feaster-Gee (TFG)</li> <li>- Mr Mohammed Hussain (MHu)</li> <li>- Mrs Julie Lawreniuk (JL)</li> <li>- Mr Jon Prashar (JP)</li> <li>- Mr Barrie Senior (BAS)</li> <li>- Professor Laura Stroud (LS)</li> <li>- Ms Selina Ullah (SU)</li> </ul> <p><b>Executive Directors</b></p> <ul style="list-style-type: none"> <li>- Ms Mel Pickup, Chief Executive Officer (MP)</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Sandra Shannon, Chief Operating Officer (SES)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Mr Bryan Gill, Chief Medical Officer (BG)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>- Mr Matthew Howson, Head of Service and Business Development (MHo) (representing Mr John Holden, Director of Strategy and Integration/Deputy Chief Executive)</li> <li>- Ms Jacqui Maurice, Head of Corporate Governance</li> <li>- Miss Tracy Holroyd-Smith, Executive Assistant (minute taker)</li> </ul>		

No.	Agenda Item	Actions
ERC.7.20.1	<p><b>Apologies for Absence</b></p> <p>Mr John Holden, Director of Strategy and Integration/Deputy Chief Executive.</p>	
ERC.7.20.2	<p><b>Declarations of Interest</b></p> <p>There were no interests declared.</p>	
ERC.7.20.3	<p><b>Minutes of the meeting held on 18th June 2020</b></p> <p>The Committee noted that the minutes of the previous meeting held on 18 June 2020 had been approved and confirmed as an accurate record at the Board of Directors on 9 July 2020.</p>	
ERC.7.20.4	<p><b>Matters escalated from Executive Directors</b></p> <p>There were no matters escalated.</p>	
	<b>Quality</b>	
ERC.7.20.5	<p><b>Quality Dashboard</b></p> <p>KD discussed with the Committee the following aspects with regard to the dashboard.</p> <ul style="list-style-type: none"> <li>- The position with regard to still-births and the continued trend downwards.</li> <li>- The positive trends with regard to the infection control indicators. KD asked the Committee to note that following a</li> </ul>	

	<p>national change with regard to how incidents of c.difficile were calculated whereby more cases were now attributable to hospital settings.</p> <ul style="list-style-type: none"> <li>- Caution was to be applied with regard to the Sepsis data as it was not current.</li> <li>- The number of 'falls with harm' had risen however this was expected due to the increased acute patient profile.</li> <li>- The incidents of pressure ulcers have been kept to a minimum due to the proactive work of the TVT Team.</li> </ul> <p>BG discussed with the Committee the following with regard to the dashboard:</p> <ul style="list-style-type: none"> <li>- The fall in crude mortality rates. The Committee noted that the denominator has changed and is now back to the pre-Covid 19 level.</li> <li>- The new SHMI rates covering the position to the end of March which was expected imminently. Of particular note would be determining the impact of Covid-19 in future publications of SHMI rates.</li> <li>- The national decision to suspend all 'safety thermometer' dashboards as part of the new national Patient Safety Strategy. These will be removed from future dashboards. Improvements will have a strong focus through the national Patient Safety Collaboratives as opposed to static dashboard measures.</li> </ul> <p>TF-G sought a better understanding of the maternity graph. BG advised that the graph was not aligned with the national picture. At the present time the Trust reported on still-births by financial year, whereas national reporting is by calendar year. This will be adjusted for future reports.</p> <p>MHu commented on the need to increase visibility with regard to the excellent research taking place, and which was not currently reflected through the dashboard. BG agreed that this area would benefit from a higher profile. The 'Wolfson report' attempted to articulate the themes of the research under way and its progress however the planned Quality Academy would include a strong focus on research.</p> <p>SU referred to the information governance breach recorded on the dashboard and queried if the ICO had issued a sanction. CF confirmed no sanction had been applied to the breach.</p>	
<b>ERC.7.20.6</b>	<p><b>Strategic Risks</b></p> <p>The Committee reviewed the Strategic Risks and Executive Directors highlighted the following:</p> <p>KD highlighted the CQC risk with regard to Maternity Services. Whilst this is now less of a risk than it was seven months ago as progress has been made, a reputational risk does exist so the risk remains with a lower likelihood score. . BG stated that the Trust was conscious of the wait time for patients and the potential risk of harm.</p> <p>TF-G referred to ventilation and the risk of infection in theatres, and</p>	

	<p>asked how the risk is being managed. KD referred to the report compiled regarding ventilation of theatres which identified an issue in all theatres, with Maternity being the highest priority. There is a five year capital plan for the future upgrades of all theatres. KD added that from a maternity perspective - from surgical site surveillance - the Trust has seen the infection rates fall from 16% last year to approximately 11% this year (against the national average of approximately 9%). A number of changes were made at the beginning of the pandemic; where the majority of cases were moved from one set of theatres, to another to mitigate the risk around air exchanges. There is also the usual infection screening taking place in theatres with an associated reporting structure in place.</p> <p>BAS commented that there were a number of risks included, where the review dates and target dates had now passed and queried if the IGRC still met or if they were reviewed at the Executive Team Meeting. MP confirmed that the IGRC had also been stood down in March, as a result of the pandemic. Risks were under regular review at ETM with any new risks or significant changes to risks discussed. Updates should therefore be reflected in the document presented to the next Committee.</p> <p>BAS commented that whilst he understood the need for change he sought to highlight the need for timely assurance that risks were being managed, given that the Trust was operating differently. MP commented that September would be a watershed time for the Trust adding that the strategic objectives needed review particularly with regard to the way the Trust was now operating. She confirmed that it was timely that discussions were taking place on how assurance would be provided as we move forward and highlighted the external support commissioned to review the proposed new governance structure related to the Academies and Regulation Committee. MP added that many Trusts were also considering their governance structures post-Covid 19.</p> <p>MP referred to the integrated dashboard and those indicators that are now not being regularly measured. She advised the Committee that a sense check of these indicators had been taken along with a review of other emerging issues, such as long waiters. Now was the right time to recalibrate.</p> <p>SU also emphasised the importance of the Trust not losing sight of its risks and providing the necessary assurance as it adapts its governance structure.</p>	
<b>ERC.7.20.7</b>	<p><b>Quality Oversight and assurance</b></p> <p>BG stated that the document provided a summary of those areas of key focus reviewed weekly as part of the Quality and Care Plan. The presentation of the information in this format (rather than through separate reports) was intended to provide a 'picture on a page' linked to the Trust's oversight system and provided for a clearer view of quality oversight and assurance. BG directed particular attention to;</p> <ul style="list-style-type: none"> <li>- The learning from critical issues arising from the day to day</li> </ul>	

	<p>functions of the Trust from a patient perspective.</p> <ul style="list-style-type: none"> <li>- How incidents were managed through the established processes.</li> <li>- The work undertaken with regard to quality improvement linked to the national strategy.</li> </ul> <p>BG stated that this document encompassed a much more agile system supporting the management of oversight and assurance. He added that this had been in use for approximately eight weeks as part of the Quality Panel and he felt that it had provided a picture of the organisation not seen before. BG suggested that this should be followed up through the discussions to be held at the Quality Academy. MM confirmed that he shared BG's views on the value this would add at the new Quality Academy.</p> <p>The Committee noted the report.</p>	
<b>ERC.7.20.8</b>	<p><b>Serious Incident Report – June 2020</b></p> <p>BG asked the Committee to note that there was one serious incident recorded during June which related to a patient fall and, one serious investigation that had been completed which related to a neo-natal death. He advised the Committee that the full report following the serious incident investigation is being used to learn from the incident and implement change. He asked the Committee to note that the majority of actions from the incident report were now complete.</p> <p>TF-G advised that she had previously requested the inclusion of key findings from SI reports to be made more visible however she still remained unclear on the key findings. BG advised that the cover sheets for reports would seek to provide more clarity moving forward. He further advised on how recommendations were monitored and audited.</p> <p>MM highlighted a question from LS regarding the completed SI report. LS enquired about how the actions the Trust would put in place in response to pregnant women and their experience of call handlers; particularly when the women are experiencing difficulties. BG commented that the 'outstanding maternity programme' would seek to adopt a whole system approach to mitigate against situations such as this and will help women have the kind of conversations needed when they are in difficulties. BG assured the Committee that the Trust's Quality Governance Team ensures that all recommendations from the report are implemented and monitored.</p> <p>KD stated that the recommendations do reflect the learning and, she was assured that actions in response to the immediate learning were put in place. She advised the Committee that a review would be held between six and twelve months to provide assurance on the actions taken.</p> <p>The Committee confirmed that it was now sufficiently assured that the Trust has effective processes in place to identify, investigate and learn from Serious Incidents.</p>	

<b>ERC.7.20.9</b>	<p><b>Maternity Services Update – July 2020</b></p> <p>KD reported on the following key elements of the update for July 2020.</p> <ul style="list-style-type: none"> <li>- The positive news regarding the restart of home births.</li> <li>- The updates to the CQC rating which are included</li> <li>- The unavoidable delays due to Covid-19 which are illustrated by the red areas in the report. The Committee to note that there is nothing that would significantly impact on the Trust's level of risk in relation to the service.</li> <li>- One to one care in labour was recorded at 95% in June</li> <li>- The continuity of care action plan is still being developed</li> <li>- Maternity theatres are working on an update of the project timeline and it is anticipated that the project will begin delivery in the current calendar year.</li> <li>- A spot check undertaken by the Chief Nurse on the weekly DATIX reporting of the frequency of theatre 2 usage has found it to be well embedded and consistent.</li> <li>- The Outstanding Maternity Services Programme is beginning to make headway and a stakeholder event is scheduled for August.</li> </ul> <p>MM queried if there were any impediments to progress three months into the implementation of the Maternity Action Plan. KD stated that progress is being made quickly on most actions, but slower progress is being made around the audit cycles. KD has, for additional assurance, asked Internal Audit to review the evidence.</p> <p>JP asked if any work was required with our communities with regard to dispelling myths in relation to Covid-19. KD advised that reassuring messages were circulated in various languages, by video and through community leaders. What has been noted is that expectant mothers have been arriving at hospital in the later stages of giving birth. However, mothers and babies are leaving hospital much more quickly than usual due to the impact of visiting restrictions.</p> <p>TF-G enquired about the key areas of focus and monitoring within maternity services. KD advised that the crash trolley and drugs are monitored on a daily basis. DATIX information on theatres is monitored weekly and, audits that are local to the delivery of services are undertaken weekly. KD further advised that the audit plan is reviewed on a monthly basis as part of the governance process in place.</p> <p>TF-G asked for clarity with regard to the 'management of staff with a high Bradford factor'. KD explained that this was not an action from the CQC however it related to the monitoring of sickness absence. Sickness amongst midwives was now low.</p> <p>The Committee noted the report.</p>	
<b>ERC.7.20.10</b>	<p><b>Freedom to Speak up Annual Report</b></p> <p>KD highlighted the following key points from the report:</p> <ul style="list-style-type: none"> <li>- The reduction in the number of concerns raised</li> </ul>	

	<ul style="list-style-type: none"> <li>- The themes of concerns raised had remained the same as previously</li> <li>- The number of anonymous concerns raised approximately six months ago involving staff working within a corporate service.</li> </ul> <p>KD stated that year on year, for the previous three years, there has been an improvement in staff survey scores that are used to develop the Trust's FTSU index factor. There are no unusual themes or trends. The Committee was asked to note that the report did not capture any concerns related to Covid-19.</p> <p>MHu queried if any of the anonymous concerns could be categorised by theme as well as source. KD confirmed that they were allocated to themes.</p> <p>The Committee noted the report.</p>	
<b>ERC.7.20.11</b>	<p><b>Infection Prevention and Control: Board Assurance Framework</b></p> <p>KD asked the Committee to note the report which summarised progress against the infection prevention and control work plan for the Trust. The Q4 report was a positive report with no major risks identified.</p> <p>KD asked the Committee to note that the Trust would be seeking to ensure that all staff would be offered an inoculation against influenza. There were three strands to the delivery of an effective inoculation programme covered;</p> <ul style="list-style-type: none"> <li>- ensuring staff inoculations are managed well</li> <li>- taking account of the wider system response which would include GPs and identifying those with a lower uptake than others</li> <li>- Ensuring good communications that reached out effectively to the wider community.</li> </ul> <p>KD stated that she was hopeful that the vaccine would be available in September at which time the process could begin.</p> <p>MHu queried if the contractors or agency staff would be included in the groups eligible. PC stated that students and bank staff are included, but that contractors and agency are not. KD advised that the intention was to make every contact count and also ensure the use of a wide range of venues to deliver the flu vaccines. KD stated that the ambition, across the system, was to ensure that all who were eligible should be vaccinated and she was keen to aim for 100%.</p> <p>The Committee noted the report from the Chief Nurse.</p>	
	<b>People</b>	
<b>ERC.7.20.12</b>	<p><b>Workforce Dashboard</b></p> <p>PC advised that some metrics reporting that had halted as a result of the Covid 19 pandemic had resumed this month. She added however that as the Trust moves towards the implementation of the Academies there was a need to review what we were reporting on and why.</p>	



	<p>The key points noted with regard to the dashboard were;</p> <ul style="list-style-type: none"> <li>- With regard to staff engagement there was currently no indication of when the Staff Friends and Family Test would re-start. The Pulse survey results were due to be received in the following week. The staff survey was scheduled to run from mid-September which would provide engagement metrics</li> <li>- Regarding new reporting, the advocacy service has seen a reduction in new contacts. The service is being reviewed and there are indications that since the creation of the Equality, Diversity and Inclusion team, staff are opting to go directly to that unit which is leading to more informal and speedier resolution of issues. PC advised that with regard to 'bullying', it was very difficult to form an opinion on the data recorded and this metric would be re-reviewed going forwards.</li> <li>- With regard to increasing BAME staff as senior leaders in the Trust; this remained a key area for action and be part of our WRES action plan. SU stated that the BAME leadership target is a key strategic priority for the Trust. There is a need to think about this in a bold and radical way but also to inject an element of urgency with regard to our achievement of our targets. JP endorsed SU's comments. He added that he would also like to understand more about the role of the EDI team and informal resolution. It was agreed that PC and JP would pick this up off line.</li> <li>- Sickness absence is on the increase. Whilst there is a reduction in Covid-related sickness absence there is an upturn in non-Covid related sickness absence. PC asked the Committee to note that the Trust was however on a par with Leeds Teaching Hospitals and Airedale NHS FT regarding sickness and, our Trust was benchmarking similarly to other WYAAT Trusts.</li> </ul> <p>The Committee noted the report.</p>	PC
<b>ERC.7.20.13</b>	<p><b>Strategic Risks Workforce</b></p> <p>PC advised that two Covid-related risks were recently added:</p> <ul style="list-style-type: none"> <li>- Safe Workforce. This risk has a high score and which will be reviewed at the end of the month.</li> <li>- Test and Trace. The risk has been reduced as the Trust is not seeing the impact anticipated on staff absence rates.</li> </ul> <p>JL asked about the Covid-19 quarantine rules and if this had impacted on the workforce numbers. PC stated that there are no issues in particular, as the individuals affected are spread out throughout the organization.</p> <p>BG also asked the Committee to note that there were 15 newly appointed consultants during the Trust's response to the pandemic and that an additional five Consultants would also be joining the Trust.</p>	
<b>ERC.7.20.14</b>	<p><b>Staff Well-being and resilience</b></p> <p>PC provided a comprehensive update with regard to staff well-being and resilience and discussed with the Committee;</p> <ul style="list-style-type: none"> <li>- The significant level of engagement that had been taking place</li> </ul>	

	<p>with the BAME network and its potential for becoming a thriving and influential group within the Trust</p> <ul style="list-style-type: none"> <li>- The leadership development offer which is being revised with a focus on national priorities in relation to compassionate leadership and team resilience.</li> <li>- The current review underway of the CBU development programme, with a view to restarting this in September. The Committee noted that a new team development hub has also been launched on the Trust intranet.</li> <li>- For non-medical appraisals a different approach has been agreed for this year which incorporates a focus on wellbeing, development and new skills.</li> <li>- The wellbeing survey has taken place, with nearly 600 responses. Feedback on the survey will be available in the next couple of weeks and feedback on the Wellbeing Wednesday bulletin circulated to staff via global email has been extremely positive.</li> <li>- All Trusts have been advised to prioritise risk assessments relating to Covid-19 and to ensure all staff are offered an opportunity to have a risk assessment. There is an expectation of 100% completion of these risk assessments by BAME staff and at risk staff groups which needs to be completed by 31 July 2020. A self-assessment tool has been issued to Trust staff which they have been encouraged to complete. As of today 62% of all staff have completed an assessment, 81% of at risk staff groups have completed assessments and 95% of BAME staff having completed a risk assessment.</li> <li>- Regarding shielded workers, return to work plans are now in place however, there is much anxiety amongst our shielded workforce about returning to work and the Trust is reviewing the longer term plan for staff support.</li> </ul> <p>SU commended the excellent work that had been done with regard to wellbeing and the EDI work. There is a sense of energy in this area which it would be beneficial to maintain.</p> <p>LS queried if the Covid-19 risk assessments were voluntary or offered or mandated. PC stated that they are offered to all staff and in terms of those 'at risk' staff groups it was incumbent upon the managers to have a conversation with their staff. Where staff decline to have assessment managers should explore with them the reasons why. BG added that junior doctors tended to decline however both he and PC kept pursuing this.</p> <p>The Committee noted the report.</p>	
	<b>Finance &amp; Performance</b>	
<b>ERC.7.20.15</b>	<p><b>Finance and Performance Dashboard</b></p> <p>MH advised the Committee that in reporting on the dashboard he would also draw refer to the finance report under item ERC.7.20.19</p> <p>The committee discussed and noted the following key points.</p> <ul style="list-style-type: none"> <li>- The top up process continues and the Trust has broadly</li> </ul>	



	<p>delivered a break even position at the end of Q1. Nationally, it has been indicated that the top up process will be in place until at least the end of August.</p> <ul style="list-style-type: none"> <li>- The Trust has Covid 19 related expenditure of £6.2 million to date which reflects a similar position to that of other WYAAT Trusts.</li> <li>- External Audit may undertake an evaluation of how the Trust is capturing its Covid spend however this has not been confirmed to date. There is a risk with regard to the COVID funding claimed in the reported position although this is not considered significant. We have yet to see any confirmed guidance with regard to what will happen in the second half of the year.</li> <li>- As an ICS and as part of the WYAAT group of Trusts we are working together to develop our base line forecast for the remainder of the year. There were a number of non-recurrent benefits taken in 2019/20 that impact adversely on our 2020/21 position when drawing a comparison with the baseline from November 2019 to January 2020. The WYAAT work will focus on developing a more realistic view for the second half of the year.</li> <li>- The national and external funding process with regard to Capital is complex and somewhat confused. There are a number of processes ongoing namely; the Trust's internal programme - the Phase 1 Covid Capital Programme which was in place until mid-June. The second Programme relates to the ICS Capital Programme bringing together what would make the hospital safe together with the Re-start Programme. This includes a bid made in relation to A&amp;E which we expect to have a response to in August.</li> <li>- There is a process underway to consider the wider Covid impact on capital requirements which includes a review of equipment, the estate and our digital requirement. This work is expected to be completed at the end of August. The full programme of bids will be scrutinised at the Executive Team meeting which will consider the high priorities for investment.</li> <li>- There will be work undertaken to ensure that the Trust is in the best position as we move into the winter period which will be reported on at the next Regulation Committee. In addition, we will be allocating £1m to cover the critical maintenance backlog.</li> <li>- The Trust's closing cash position at the end of was £72.1m which includes the top up payment on account and the advance block payment from CCGs for July. The Trust's cash position is therefore strong and is expected to remain so for the duration of the financial year.</li> </ul> <p>The Committee noted the report.</p>	
<b>ERC.7.20.16</b>	<p><b>Finance Strategic risks</b></p> <p>MH advised that the next review date for the strategic risks was the end of August.</p>	
<b>ERC.7.20.17</b>	<p><b>Performance Report</b></p> <p>SES advised that she would under this agenda item also cover the next agenda item, the Re-start Update. SES discussed with the Committee how assurance was being provided now that the Trust</p>	

	<p>was in a different reporting position. SES asked highlighted the following positions.</p> <ul style="list-style-type: none"> <li>- Long waiting patients. The highlight report tracks the number of patients against the standard set. The number of inpatients over 21 days is increasing and this is being tracked against previous patterns.</li> <li>- 2 week wait: performance against standard continues to be maintained however there is an increase in referrals.</li> <li>- 62 days: waiting times have increased throughout the pandemic. Patients whose disease progression is time sensitive are being prioritised for treatment. As a result of this, there is an increase in the number of patients over 62 days and as a consequence of this there has been deterioration against the standard. As we increase capacity as part of the recovery plan more patients who are currently over 62 days will be treated which will further impact on performance against the standard.</li> <li>- The Trust is now in the second phase of its recovery plan. All routine services have now reopened. There is a focus on senior clinical triage of all outpatient referrals which is working well. The Trust is expanding GP Assist across all specialties. The Trust is also expanding the e-consult service to reduce the number of face to face outpatient appointments required. Digital letters are also launched this week which will significantly improve the quality and timeliness of letters to patients. There is an automatic default to postal letters for patients who are unable to access digital technology.</li> <li>- Phase three of the recovery plan; the Access to Healthcare Programme will be the Trust's vehicle for longer term improvement and sustainability. This will focus on four key work streams across the whole patient pathway of self-care, referral, diagnosis, treatment and follow-up. An enabling work stream, digital hub, will support all the transformation work streams. This will include the use of the Trust's digital technology to further expand video consultations. A piece of work is underway to see how many patients will still require face to face consultations in the future and building new clinic templates to take account of that.</li> <li>- The diagnosis and treatment work stream includes a number of options for treatment capacity across the system. Work is ongoing to optimise internal surgical capacity to ensure the highest priority patients are treated. For the remainder of the year the Trust will also continue to utilise the independent sector as extra capacity. A number of longer term solutions are being considered including the development of a modular surgical unit at St Luke's Hospital, refurbishment of Westwood Park and to explore joint venture options with other NHS providers.</li> </ul> <p>SES referred to the risks highlighted on the dashboard which she stated relate to waiting times for patients. She advised that the risks required updates to take account of the wait risk rather than reputational risk.</p> <p>JL asked if there is enough capacity to treat patients where a risk</p>	
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	<p>might exist for clinical harm. SES stated there is currently no evidence of clinical harm due to Covid impacting on waiting times. Patients are continued to be treated in order of priority.</p> <p>JL referred to the Emergency Care Standard (ECS) performance describing this as excellent. She enquired if this presented a sustainable model going forward. SES stated that the Trust should be able to sustain this going forward. The model was working and it had led to increased moral within the Emergency Department and Acute Medicine. The Executive Team had recognised that there was a need to increase the number of acute physicians and was now considering how it could embed a similar medical model for all specialties. BG agreed with regard to the positive impact of same day emergency care, however, he cautioned that the current medical model has impacted on medical team ability to provide general medical care on all other wards particularly where there are patients with multi-complex medical issues. BG added that the need to review the current acute medical model and ongoing recruitment challenges may then impact on ECS performance.</p> <p>BAS enquired about the timescales for implementing the treatment work streams and the options. SES stated that work on the options was already underway however it should be noted that a number of the options would not be implemented quickly. All had to be done carefully in tandem with considerations in relation to the workforce. Feasibility studies would also be required in relation to operational delivery and any changes required to infrastructure.</p> <p>MM queried capacity with regard to endoscopy. SES advised that capacity has been increased as a matter of priority with additional capacity being outsourced. SES stated that endoscopy is in a better waiting time position now than it was at the start of the pandemic. SES felt confident that the Trust would continue to see improvements as it explored additional partnership opportunities with the independent sector.</p> <p>The Committee noted the report.</p>	
<b>ERC.7.20.18</b>	<p><b>Restart Update</b></p> <p>Item discussed under the previous agenda item at ERC.7.20.17</p>	
<b>ERC.7.20.19</b>	<p><b>Finance report</b></p> <p>Item discussed under the previous agenda item at ERC.7.20.15</p>	
	<b>Board Assurance Framework</b>	
<b>ERC.7.20.22</b>	<p><b>Board Assurance Framework (Q1 final) and Strategic Risk Register Movement Log</b></p> <p>MP advised that the report presented did require refreshing. She asked the Committee to note that Executives continued to mitigate risks against our achievement of the Trust's objectives. MM added that the document did not provide a true reflection of the reporting provided to this Committee.</p>	

ERC.7.20.23	<p><b>Any Other Business</b></p> <p><b>Serious Incident:</b> KD informed the Committee of a recent, very sad, incident that occurred on 20 July. KD advised that a woman, five weeks post-delivery, who had mental health and safeguarding issues, had attempted to hang herself and died a few days later. Her organs were used by the transplant team throughout the UK. This has been declared as a Serious Incident, and will be classed as an indirect maternal death. The Trust will undertake a joint investigation with the Care Trust. Immediate actions include a review of all plans in place and, to have initial discussions with staff and to make sure that the family are being supported. KD stated that she was not of the opinion that there are any concerns regarding our services.</p> <p><b>Quality Account 2019/20:</b> BAS reminded the Committee of the nationally sanctioned delay in the publication of Quality Accounts as a result of the pandemic. NHSI have advised that Trusts have until mid-December to publish their Quality Accounts. For Foundation Trusts NHSI have stated that there is no requirement to carry out External Audit scrutiny of the accounts, Trusts could however chose to do this if they wished. BAS wondered if the Trust should seek external assurance.</p> <p>BG confirmed that the draft Quality Account was almost complete. The Annual Accounts had included information with regard to Quality and the Annual Report had been subject to scrutiny from the External Auditor. BG stated that he was of the view that the focus should be placed on developing the Trusts ambitions with regard to Quality. The report has been streamlined to focus on the quality work already undertaken. Moving forward the Quality Academy will support the development of the key areas of focus and the process for any escalation would be to a regulation committee or Closed Board. LS supported the comments made by BG. BAS stated that he found this useful but also requested the draft Quality report be provided for review to the Quality Committee members prior to its circulation to stakeholders for comment and, submission to Board for approval. BG advised that the timetable took account of a review by the members of the Quality Committee. MM stated that based on these comments there would not be a need to seek external assurance. The Committee agreed and also noted that the Governors had been advised of the changes to the submission and publication of this year's Quality Account. The Committee also noted that the Council of Governors would be provided with an opportunity to comment on the report.</p>	
ERC.7.20.24	<p><b>Matters to escalate to the Board of Directors</b></p> <p>There were no matters to escalate.</p>	
ERC.7.20.25	<p><b>Matters to escalate to the Strategic Risk Register</b></p> <p>There were no matters to escalate.</p>	
ERC.7.20.26	<p><b>Items for corporate communication</b></p> <p>There were no items discussed.</p>	

ERC.7.20.27	<b>Agenda items for the next meeting</b> There were no additional items arising from this meeting.	
ERC.7.20.28	<b>Date and time of next meeting</b> 23 September 2020, 1.30 to 4.30pm	

**ACTIONS FROM EXECUTIVE & NON EXECUTIVE REGULATION COMMITTEE – 29 July 2020**

Action ID	Date of Meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC20006						
RC20005	29/07/20	ERC.7.20.12	<b>Equality, Diversity and Inclusion team.</b> JP is seeking to understand more about the role of the EDI team and informal resolution. PC and JP to pick this up off line.	Director of HR	September 2020	Meeting arranged - Action completed
RC20002	18/06/20	ERC.6.20.12	<b>Organisation-wide procedural documents – Q4</b> JL asked for a date by when the policies passed their review date will have been reviewed	Director of Strategy and Integration	September 2020	<p>23.9.20 - The Trust compliance rate is now 98% with 289 out of 295 documents that are within date. There are 6 outstanding due end August 2020. Between the end of September 2020 and March 2021 a further 63 will expire. We have taken the decision due to Covid and winter pressures that each lead executive for each area will review each policy to see if any need any detailed assessments. Our default will be that we roll them forward to the end of March 2020. We will continue on a reasonable basis to be compliant up to the end of the financial year and once we enter the new calendar year from January onwards we will start issuing prompts to warn people of any policies that are due to expire from the 1 April onwards. <u>Action closed.</u></p> <p>29/7/20. MM asked for assessment to be made of outstanding policies and when they can be reviewed.</p>