Bradford Teaching Hospitals
NHS Foundation Trust

REGULATION AND ASSURANCE COMMITTEE MINUTES

Date:	Wednesday,18 November 2020	**Time:**	13:30-16:00
Venue:	Webex meeting	**Chair:**	Dr Maxwell Mclean, Chairman
Present:	**Non-Executive Directors:** - Dr Maxwell Mclean (MM) - Ms Trudy Feaster-Gee (TFG) - Mr Barrie Senior (BAS) - Mr Jon Prashar (JP) - Mrs Julie Lawreniuk (JL) **Executive Directors:** - Professor Mel Pickup, Chief Executive Officer (MP) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Mr Sajid Azeb, Chief Operating Officer (SA) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) - Dr Bryan Gill, Chief Medical Officer (BG) - Mr Mark Holloway, Director of Estates and Facilities (MHo)		
In Attendance:	- Dr Paul Southern, Associate Medical Director, Informatics (PS) - Dr Ray Smith, Deputy Chief Medical Officer (RS) - Ms Laura Parsons, Associate Director of Corporate Governance & Board Secretary (LP) - Ms Jacqui Maurice, Head of Corporate Governance (JM) - Ms Sara Hollins, Head of Midwifery (SH) for agenda item RC.11.20.15Mrs		
Observers	- Mr David Wilmshurst, Vice Chair of Governors - Mrs Wendy McQuillan, Lead Governor		

Agenda Ref	Agenda Item	Actions
	The Chairman welcomed both Mark Holloway and Laura Parsons to their first meeting. The Committee thanked Jacqui Maurice for her hard work covering the board secretary role in the recent months.	
RC.11.20.1	**Apologies for Absence**	
	- Ms Selina Ullah, Non-Executive Director (SU) - Mr Mohammed Hussain, Non-Executive Director (MHu)	
RC.11.20.2	**Declarations of Interest**	
	There were no interests declared.	
RC.11.20.3	**Minutes of the meeting held on 14 October 2020**	
	The minutes of the meeting held on 14 October 2020 were agreed as an accurate record. The Committee noted that the following actions had been concluded	

	and were now closed: RC20012 (RC.10.20.18) - MM queried the % score for today's elective activity in relation to the phase 3 100% target. SES confirmed we are slightly below target and she would forward the updated scores to the Chair after the meeting. Action closed. RC20013 (RC.10.20.18) - MH confirmed that the financial arrangements for the vascular service haven't been formalised. A discussion is due to take place with the WYATT Directors of Finance to identify the current state of play and MH agreed to provide an update at the November Regulation Committee. Action closed. RC20011 (RC.10.20.11) - Haemoglobinopathy team to attend the Quality Academy meeting in April to provide an update on learning and the benefits to patients. Item added to the Quality Academy April agenda. Action closed.	
RC.11.20.4	**Matters escalated from Executive Directors**	
	No matters were escalated.	
RC.11.20.5	**Finance & Performance dashboard**	
	Discussed at agenda items RC.11.20.7 and RC.11.20.9 **The Committee noted the report.**	
RC.11.20.6	**Finance & Performance strategic risks**	
	MH drew attention to the three finance risks on the strategic risk register:- - ID 3554 (Cash & Liquidity)– risk score increased from 6 to 9 - ID 3555 – (Financial stability)- risk score increased from 6 to 9 - ID 3556 – (Financial sustainability) - risk score remains the same at 6. He felt that due to the current uncertainties in play it was safer to increase the scores slightly for the above two risks. All risks will continue to be monitored closely. **The Committee noted the report.**	
RC.11.20.7	**Re-establish and recovery report: October 2020**	
	SA confirmed that this report provides an overview of performance against the KPI's within the NHSE/I planning submission for phase 3 restart and recovery. This submission was based on assumptions that our bed base would have no more than 5% Covid positive patients and if we went above 20% Covid positive patients the ability to deliver against the phase 3 plan would be seriously hampered. At present there are 178 Covid positive patients or suspected patients in our bed base which represents in excess of 30% of our overall bed base being occupied by Covid patients which is significantly above the 20%	

parameter.

SA confirmed that he had changed the format of the report due to feedback received around the level of clarity included within the report.

SA drew attention to the slide deck and highlighted the following areas:-

- Total elective spells improving from April to September showing a gradual increase of our reset, re-establish work that we were undertaking. In September we delivered 67% against a submitted plan of 70%. This has been achieved through the use of internal theatre capacity as well as the use of the independent sector.

- Elective spells delivered in October reduced as we started to see the increase in Covid positive patient numbers and as of October we were at 58% of our base line. Currently for November we are anticipating delivery of 53% against a plan of 79%. As a result of our elective operating on the BRI site becoming seriously constrained. Our operating through the super green pathway is limited to 6 beds and not all of our patients are suitable for the independent sector due to the complexity of the cases which may require intensive care/HDU care and need to be managed at BRI site.

- Outpatients face to face and non-face to face delivery exceeded the submitted plan at 93% for September and October against a plan of 92%. More recently in November a decision has been made to step down routine outpatient clinics to divert the medical and nursing teams to support the ward areas. This has had an impact resulting in a reduction to 82% against a plan of 87%. Wherever possible we are converting to non-face to face appointments for patients. We are continuing urgent and cancer pathways.

- Diagnostics shows an increase in activity from April through radiology. This has been delivering in excess of the plan and is on track for November to deliver 91% against our submitted plan of 89%. We are largely on top of the waiting list and for diagnostics we are hopeful of being able to see patients within 6 weeks. There has been a significant impact on diagnostic endoscopy capacity which is projected at 52% against a 59% plan. We continue to maximise the amount of endoscopy activity in all available locations and continue to work with our independent providers to make us of their facilities.

- RTT (>52 week incomplete) shows patients who have been on our waiting lists for over 52 weeks from point of referral. The number has increased as a result of clinical prioritisation of our priority 1 and 2 patients who are classed as the most urgent of cases. At the end of November we will have close to 1,500 patients that have waited over 52 weeks. Lists are constantly being prioritised by the clinical teams to ensure that urgent and cancer patients continue to be seen.

	- Cancer treatments highlight the patients who are beyond the 62 day pathway for either suspected or confirmed cancers. At the height of the pandemic we had approximately 180 patients who had already gone beyond the 62 day date. We have now managed to reduce the numbers to fewer than 93 patients for November. - During April and May the bed occupancy levels dropped due to the non-elective work reducing. The figures have now increased to 88% as at November as a result of some of the other non Covid patients coming through our bed base. With the bed base at BRI segregated to allow the safe management of COVID patients it is apparent that occupancy above 85% will cause operational challenges. MM noted that the dashboard, strategic risks and performance report have been collated in this report. BG assured the Committee that the ops and the medical community work hand in glove over this decision-making so our governance framework around Covid doesn't just focus on Covid patients it focuses on the non-Covid patients. Work has been ongoing to understand the categorisation of patients into the categories of P1, P2, P3 and P4 and we continuously review those both internally and comparatively with our peers. We have to also recognise there is an increased risk to all patients at this time with them not seeking earlier advice around their clinical need nor us being able to treat that clinical need in as timely way as we would like. MM queried the endoscopy figures and asked whether the text within the paper reflected the latest position. SA noted that endoscopy will remain extremely challenging and the use of the independent sector and the capital approval for two additional treatment rooms will give some additional capacity. Endoscopy is an area where you can usually get high volume capacity through but due to the way we are currently operating this hasn't been the case and the risks are far too great. He drew attention to the independent sector contract procurement in its current format is due for renewal at the end of December 2020. The local CCGs will be contracting with the providers and this will be done at an ICS level the details of which are becoming clear. At present we are unaware of what the contract will look like but the new contract will run to the 31st March 2021. JL asked if any support throughout West Yorkshire would be available to help reduce the backlog of patients in the years to come. MP confirmed that the mutual aid/movement of patients to date is focusing on critical care and acute beds and equalising pressure across the West Yorkshire Trusts. Some organisations across the patch have protected Covid free/Covid secure sites which are readily available by virtue of being split sites. One of the active discussions here is whether or not we could create a protected Covid free environment at St Luke's Hospital and the capital investment required to add modular theatres etc. Orthopaedics, Endoscopy, Ophthalmology and any number of specialties could benefit from the protected environment.	

	MM asked SA if future reports to the Board could highlight our position in relation to other West Yorkshire Trusts so that we have an overall view. **The Committee noted the report.**	Chief Operating Officer RC20014
RC.11.20.8	**Performance report**	
	Discussed under agenda item RC.11.20.7 **The Committee noted the report.**	
RC.11.20.9	**Finance report**	
	MH highlighted the key messages within the report which covers month 7: First capital strategy group meeting taking place next week which will be chaired by Mel Pickup, CEO to provide assurance and oversight on the major schemes that we have in place for this year which will be fed back to the respective groups. Vascular services – the overall financial position was recently discussed at the WYAAT Director of Finance meeting. The service has gone live this week. Discussion took place around the baseline value which had been recognised across the West Yorkshire Association of Acute Trusts and we are still working on the allocation and financial risks associated with the initial transfer. A paper is being presented to the WYAAT Director of Finance meeting this week around some of the proposed developments to enhance the service and to enable it to meet the service specification. MH shared slides with the committee which summarised the transition from the old financial plan to the new one. This highlighted the position at the end of month 6 in terms of our overall position which reports a break even position. Added to that is the plan issued by the centre purely for month 7 which gives us our a cumulative plan which is a breakeven position generating £264M of income and £264M of expenditure. Prior to month 7 the top ups were identified separately but these have now been merged into the NHS block value. We have accounted for a proportion of the CIP and we are still slightly ahead of our baseline plan which is due in part to a downturn in elective activity. The figures exclude an, as yet, unquantified quantum of income associated with Covid testing and some of the work we are referring to the independent sector. We are reporting the costs but are still awaiting the information to flow through around the independent sector which might show a slight improvement on the position. In addition, we aren't currently including any impact of the elective incentive scheme, which could equate to around £900,000 if it is imposed. All other trusts across the system are reporting a similar position for the remainder of the year. A further slide showed the trend analysis showing the averages for the first 6 months of the year and what the averages look like in month 7. We expected our income to pick up by £2.8M in month 7 compared to previous months as a result of the elective work but actually it has increased by £1.7M, Similarly	

	we expected expenditure to increase by £2.8M but because of the curtailment in activity it has only increased by £1.2M. MH summarised that we are on plan at the end of month 7 and there is a degree of confidence around projections for the remainder of the year and the SRR will be continue to be monitored closely. JP queried whether the projection was a local forecast or something everyone is using around potential changes, patient choice and elective in Q4. MH confirmed that this was a local forecast and he had not had any discussions across the wider systems as to their assumptions. BAS asked if we had received any information on how 2021/22 planning will be undertaken. MH confirmed that no information had been received from the centre around the 21/22 plan. He confirmed that no definitive guidance has yet been received but he had arranged an internal meeting with colleagues in the Trust to discuss what would be included in our internal financial plan before discussing with the wider Executive team. He confirmed that the intent is still for a system level approach to both income and expenditure and capital. MP confirmed that another letter is due from Simon Stevens and Amanda Pritchard detailing phase 4 and whether this would give an indication of timescales to expect operating guidance around planning but this hasn't yet been received,. JL noted the stability in our financial position while the operational crisis is ongoing but recognised the importance of understanding the underlying position as we move into 20/21. The Committee noted the report	
RC.11.20.10	**Quality Dashboard**	
	The Committee noted the dashboard which was previously discussed at the Board of Directors on 12 November 2020 and required no further discussion.	
RC.11.20.11	**Quality strategic risks**	
	Discussed under agenda item RC.11.20.12 **The Committee noted the report.**	
RC.11.20.12	**Quality oversight and assurance exception report**	
	BG presented the report and highlighted key areas:- - Maternity service remains under executive review as part of the surveillance process. - Work is ongoing with our new Associate Director for Quality, Judith Connor and BG suggested she be invited to attend the Regulation and Assurance Committee alongside Laura Parsons, Associate Director of Corporate Governance.	

- The report of those Serious Incidents that were declared in October 2020. It also summarises the top 5 incidents which have broadly remained the same. During the Covid pandemic focus remains on a small number of patient safety areas to assure us that our basics of care are still being maintained.

- Effectiveness & learning links to our quality academy work which is fundamentally about how do we learn and improve alongside how assured are we. The Trust received two outlier notifications in October for National Neonatal Audit Programme and National Prostate Cancer Audit. Both alerts have been appropriately actions and responded to within the timeframe.

- An innovative Quality Improvement Programme is taking place within Orthopaedics. This has almost eradicated completely post op deep surgical wound infections for hip and knee replacements. Approximately 800 patients have gone through a hip or knee replacement within the two years and there hasn't been any report of a deep wound infection compared to previous figures of between 5-10 patients prior to this work being undertaken. BG gave thanks to Peter Bobak, Orthopaedic Consultant who has lead the programme of work.

KD confirmed that we are staffing wards and clinical areas very differently during the pandemic. Additional senior presence has been added at periods through the 24 hours and weekends to assess the safe staffing levels. She felt that the occurrence of pressure ulcers will increase along with a potential increase in PALS and patient complaints. She re-iterated that systems and processes are in place to ensure we are delivering safe care for our patients.

TFG asked BG for some context on the two outlier audits:-

National Neonatal Audit Programme – BG confirmed that there is an expectation that an update on progress is provided to the families by a senior doctor within 24 hours of admission of any baby to the neonatal service. The national average is 95% and we recorded 92% which meant that we became an outlier statistically but not necessarily a major discrepancy against the national average. We perform above the national average for all the other measures within the audit.

National Prostate Cancer Audit – BG noted that we were an outlier in re-admissions which relates back to a time when we were high in our re-admission rate following the implementation of EPR. It was flagged within urology that there was a higher than national average re-admission rate. This was due in part to a recording issue because patients as part of their pathway returned for interventions but were being recorded as admissions. The Quality Academy will be bringing a detailed report on the work that has been undertaken and the expected trajectory.

TFG asked for further clarification on the early notification scheme re the maternity quality summit and the review of the cases. BG confirmed that the key headlines are those that form part of the

	outstanding maternity programme which are reduced fetal movement, intra labour monitoring of fetal heart rates and CQC actions and responses. **The Committee noted the report.**	
RC.11.20.13	**Serious Incident report: October 2020**	
	BG confirmed there have been four serious incidents declared during October 2020 which are included within the report: • SI 2020/18803: Treatment delay meeting SI criteria • SI 2020/19344: Slips/trips/falls meting SI criteria • SI 2020/19895: Disruptive/aggressive/violent behaviour meeting SI criteria • SI 2020/19919: Disruptive/aggressive/violent behaviour meeting SI criteria There were two incident investigations concluded in October 2020:- • SI 2020/4865: Sub-optimal care of the deteriorating patient meeting SI criteria – related to Ward 9 that is no longer used as a short stay ward as a consequence of Covid. Major learning points on how you expand your capacity in the face of winter/Covid pressures. • SI 2020/13153: Sub-optimal care of the deteriorating patient meeting SI criteria – Clinical teams involved in the patients care were unable to determine whether earlier intervention would have made a difference but earlier escalation to the Consultants on call for critical care and acute medicine should have occurred. BG noted that this level of detailed report would be discussed at future Quality Academy meetings and a summary report on assurance and learning would be provided to the Regulation and Assurance Committee. **The Committee noted their assurance.**	
RC.11.20.14	**Guardian of safe working hours Q1 & Q2**	
	BG noted that during the Covid period the number of exception reports received had plummeted. It was felt that junior doctors were far more engaged in the whole decision making of their ways of working. We have continued to work this way during the second wave. Issues over non-compliance have been resolved to the satisfaction of the BMA, LNC and junior doctors. We are actively trying to purchase the relevant equipment for the doctor's mess. A new guardian of safe work hours had been appointed who has taken over from Andy Brennan. BG thanked Andy for his work on this relatively new role.	

	Any recommendations arising from the reports would be discussed at the Education and Workforce sub-committee and any escalations will be discussed at the People Academy. During the Covid period a medical workforce meeting takes place every 2 weeks with junior doctor representation which is chaired by PC/BG and actions and outcomes are discussed there. **The Committee noted the report.**	
RC.11.20.15	**Maternity services update: October 2020**	
	KD presented the report and SH gave an update on progress on key areas:- - Still birth position - There were 5 still births reported in September with the figure for October reducing to 2. The 2 still births were subject to our usual 72 hour review and were promptly escalated as part of our process. One issue was women not presenting due to reduced foetal movements however in both cases they were well managed and there were no significant areas of concern on close review. Our overall position for this year is significantly lower than 12 months ago. The improvement work around still birth is continuing about the importance of women presenting to the service in a timely manner if they have any concerns. A specialist midwife is in place whose role is around safer maternity care. She has designed a poster/banner which is now part of the antenatal clinic setting. We have continued our media campaign and work continues with our local MVP members. - Maternity visiting arrangements - A letter was received from Ruth May, Chief Nursing Officer for England Maternity in October focusing on the compassion and importance of the support that women require during pregnancy. Our visiting arrangements were reviewed to support partners being present in the building. The majority of the requests on the letter had already been implemented by us. We have always supported partners to be present on the labour ward or birth centre throughout the pandemic. We have also facilitated for partners to attend the 12 weeks scan. The hours visiting slot on the antenatal/postnatal ward for all women has been maintained. Discussion has taken place around partners attending antenatal clinic appointments and additional antenatal scan appointments and at this moment in time we don't feel that this is viable at present as our current environment does not support social distancing at an adequate level in the waiting areas. There are some changes to the continuity of care metric and national changes to the data reporting request which was put on hold in the first wave of the pandemic. This has now been re-instated but the reporting measures have changed. We are anticipating that 25% of women will be on a continuity pathway at 29 weeks gestation in March 2021. - Maternity incentive scheme – some concerns which have been requested to be escalated to the National Maternity Transformation Team regarding our lack of ability to have 90% of all staff grades within maternity who have attended multi-	

	disciplinary team working emergency training. This is a national item and not just pertaining to BTHFT. One of the challenges to achieve full compliance will be our anaesthetic colleagues and their ability to attend the training days. - One to one care in labour – for the 6th consecutive month we have achieved over 90% rate. SH proposed that one to one care in labour ceases to be a standing item on this paper, and instead is monitored via the dashboard and reported by exception if it falls below 90%. - Maternal death – SH provided an update to the committee and it was noted that The Associate Director of Midwifery will liaise with Bradford Coroner's Office to develop a process where community deaths of women meeting the maternal death definition, are notified to maternity services in order to inform MBRRACE in a timely manner. MM queried the role Maternity Voice Partnership (MVP). SH informed the committee that The Maternity Voices Partnership (MVP) is a group made up of parents, health and care professionals who work together to help develop maternity services in the Bradford community. TFG queried the graph referring to PPH. SH confirmed that this reports the number of women who have had a post-partum haemorrhage of over 1000mls on a monthly basis. **The Committee agreed the one to one care in labour ceases as a standing item on this paper. The Committee noted the report.**	
RC.11.20.16	**Outstanding Maternity Services Programme (OMS)**	
	This item was previously discussed at Open Board on the 12 November therefore no further discussion was required.	
RC.11.20.17	**Care Quality Commission**	
	KD discussed the report and confirmed that the CQC have put in place a transitional regulatory model based on risk along with a stronger emphasis on engagement and monitoring until the new Strategy for 2021 has been approved. The report also outlines the opportunities that the trust has to provide feedback to the Care Quality Commission on their proposed strategy and provides an overview of the proposed changes as to how regulation may evolve and change from Spring 2021. **The Committee approves the report and approves executive participation in the CQCs engagement events.**	
RC.11.20.18	**COVID-19 infection control BAF**	
	KD discussed the report which summarises progress against the infection prevention and control Board Assurance Framework for Covid 19 and summarises recent Covid 19 outbreaks notified to NHSE/I. KD highlighted the main risk relating to the fit testing of new	

	FFP3 masks which has been escalated further. KD assured the committee that we have dealt with infection control really well during the 1st pandemic however in the last few weeks we have seen increasing numbers of hospital acquired Covid patients for multiple reasons. **The Committee approves the progress for the Board Assurance Framework and notes the report.**	
RC.11.20.19	**People dashboard**	
	The Committee noted the dashboard which was previously discussed at the Board of Directors on 12 November 2020 and required no further discussion.	
RC.11.20.20	**People strategic risks**	
	PC confirmed there were currently two strategic risks on the SRR ID 3560 and ID 3561. ID 3560 – score has increased due to the increased number of staff being impacted by test and trace. It has recently been agreed at EMT to escalate two further workforce risks to the SRR. These relate to nurse staffing levels, impact on staff and safe nurse staffing impact on patients. Both have been escalated to the SRR due to Covid pressures. **The Committee noted the report.**	
RC.11.20.21	**Staff well-being and resilience**	
	PC provided a written report this month to update the committee. She highlighted some key areas within the report:- - Pulse Survey –The Pulse Survey has been paused whilst the National Staff Survey runs through until 27th November and will re-start at the beginning of December. Positive results show that staff felt well informed and confident in local leaders. Both these areas were above the NHS average. . Work-life balance was significantly lower than the rest of the NHS pilot organisations. A Task and Finish Group has been set up to review our approach to flexible working. - NHS Staff survey – the paper highlights the incentive approach around increasing uptake. To date we are at 42% in terms of survey completion rates with 2 weeks remaining. Last year we completed at 36%. - Staff Flu Campaign – to date our current uptake is 52%. Letters have been received from NHSI/E asking us to expedite delivery of the flu vaccine by the end of November. Renewed communications have been issued to staff along with additional clinics to encourage uptake. Last year's uptake was 83% against a target of 80%. This year's target is 90%.	

	- Health and Wellbeing – as discussed previously we cannot underestimate the impact of the 2nd wave of Covid on staff. We are noting higher levels of anxiety, stress and tiredness. In terms of mental health provision we have our employee's assistance programme which offers staff counselling. Our staff psychology team provide a service to red wards. A business case has been agreed for an additional two psychologists specifically for staff support. £15M has been made available nationally to support increased mental health provision at ICS level. We have put in bids around supporting staff who are suffering from burnout and long Covid rehabilitation. The OD team have launched a webinar for staff to encourage staff to take some time out to talk to someone. - Managing sickness absence – Covid related sickness and staff isolating rates continue to increase. This is on a par with what is happening across the West Yorkshire patch. Long term sickness management has continued from a staff support perspective. - Staff testing - We are currently preparing for the roll out of asymptomatic staff testing to all patient-facing staff in the Trust. A task and finish group has been set up to manage this process. All patient facing staff will need to be self -tested twice a week and this will be rolled out in tiers once the kits arrive. **The Committee noted the report.**	
RC.11.20.22	**Restart of Mandatory and Statutory Training (MaST)**	
	BG confirmed that historically we split our training into two groups one is the new starter training and the other is refresher training. Every member of staff is tracked on their training profile and as part of their appraisal they are expected to keep up to date with their training. The paper sets out the proposal between now and the end of March 2021. New starter training will continue to ensure 100% compliance and we will continue to provide training for higher levels of safeguarding training. The use of self-declaration of competency for all other subjects whereby individuals can either declare that they feel still meet the learning outcomes for an individual subject and can therefore be deemed compliant or can identify that they have learning needs and undertake the training to maintain compliance. Delay the reinstatement of reporting of MaST compliance rates until 1st April 2021. The paper was previously discussed at the People Academy meeting in September and the approach was agreed in principle. **The Committee approved the recommendations.**	
RC.11.20.23	**Board assurance framework (Q2) and strategic risk register movement log**	
	JH confirmed that the SRR was discussed previously at the board meeting in November. ETM review the SRR on a monthly basis. The risks noted on the movement log have been discussed within this	

	meeting. MM suggested an additional meeting be arranged for the board to discuss Covid related risks which has been agreed for 3 December 2020. Judith Connor, Interim Associate Director of Quality, Quality Governance has also been invited to the meeting who will provide the presentation for the meeting. The BAF has also been reviewed previously at the board meeting in November. He confirmed that the RAG rating has not changed since the previous quarter and the judgement of the executive team is that the level of assurance is holding steady. This will be reviewed again in December. JH noted that there is still work to be completed to ascertain what assurance is required at all the different committees/academies/board and he will be working on an assurance map with LP. **The Committee noted the report.**	
RC.11.20.24	**Any other business**	
	There were no items discussed.	
RC.11.20.25	**Matters to escalate to the Board of Directors**	
	There were no matters to escalate.	
RC.11.20.26	**Matters to escalate to the Strategic Risk Register**	
	There were no matters to escalate.	
RC.11.20.27	**Items for corporate communication**	
	There were no items discussed.	
RC.11.20.28	**Draft agenda for 16 December 2020 meeting**	
	There were no additional items arising from this meeting.	
RC.11.20.29	**Date and time of next meeting**	
	16 December 2020 1.30-4pm	
RC.11.20.30	**Strategic Risk Register (including all relevant risks)**	
	The Committee noted the report.	

Bradford Teaching Hospitals
NHS Foundation Trust

ACTIONS FROM EXECUTIVE & NON EXECUTIVE REGULATION COMMITTEE –18 November 2020

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC20014	18.11.20	**RC.11.20.7**	**Re-establish and recovery report: October 2020** MM asked SA if future reports to the Board could highlight our position in relation to other West Yorkshire Trusts so that we have an overall view.	SA	20 January 2020	Action escalated to the Board. Action closed.
RC20015						