

## REGULATION AND ASSURANCE COMMITTEE MINUTES

<b>Date:</b>	Wednesday 17 <sup>th</sup> February 2021	<b>Time:</b>	13:30-16:30
<b>Venue:</b>	Microsoft Teams	<b>Chair:</b>	Dr Maxwell Mclean, Chairman
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>• Barrie Senior (BS)</li> <li>• Selina Ullah (SU)</li> <li>• Mohammed Hussain (MHu)</li> <li>• Jon Prashar (JP)</li> <li>• Julie Lawreniuk (JL)</li> <li>• Karen Walker (KW)</li> <li>• Altaf Sadique (AS)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>• Mel Pickup, Chief Executive Officer (MP)</li> <li>• Pat Campbell, Director of Human Resources (PC)</li> <li>• Karen Dawber, Chief Nurse (KD)</li> <li>• Sajid Azeb, Chief Operating Officer (SA)</li> <li>• Paul Rice, Chief Digital and Information Officer (PR)</li> <li>• John Holden, Director of Strategy and Integration (JH)</li> <li>• Matthew Horner, Director of Finance (MH)</li> <li>• Dr Ray Smith, Chief Medical Officer (RS)</li> </ul>		
<b>In Attendance:</b>	<ul style="list-style-type: none"> <li>• Mark Holloway, Director of Estates &amp; Facilities (MHo)</li> <li>• Laura Parsons, Associate Director Corporate of Governance / Board Secretary (LP)</li> <li>• Sara Hollins, Head of Midwifery (SH) for agenda item RC.2.21.9 / 10</li> <li>• Claire Chadwick, Nurse Consultant / Director of Infection Prevention and Control (CC) for agenda item RC.2.21.11 / 12</li> </ul>		
<b>Observers:</b>	<ul style="list-style-type: none"> <li>• Wendy McQuillan, Lead Governor</li> </ul>		

Agenda Ref	Agenda Item	Actions
RC.2.21.1	<b>Apologies for Absence</b>	
	There were no apologies for absence.	
RC.2.21.2	<b>Declarations of Interest</b>	
	There were no interests declared.	
RC.2.21.3	<b>Minutes of the meeting held on 16<sup>th</sup> December 2020</b>	
	The minutes of the meeting held on Wednesday 16 <sup>th</sup> December 2020 were agreed as an accurate record.	
	There were no actions to close.	

<b>RC.2.21.4</b>	<b>Matters escalated from Executive Directors</b>	
	There were no matters to be escalated	
<b>RC.2.21.5</b>	<b>Quality Academy Chairs' Report</b>	
	<p>The Chief Medical Officer discussed the success of the inaugural Quality Academy meeting held 17<sup>th</sup> February 2021. He explained that there was a discussion regarding the amount attendees, but the feeling was that the large attendance created a feeling of diversity and positivity.</p> <p>The following items from the Quality Academy were highlighted to the committee:</p> <ul style="list-style-type: none"> <li>• Draft Terms of Reference were discussed and the finalised version will be signed off at the next meeting</li> <li>• A report on the patient safety group was presented by LeeAnne Elliot, Deputy Chief Medical Officer</li> <li>• A presentation of the IPC learning from the COVID pandemic so far was delivered by Claire Chadwick, Nurse Consultant and IPC Lead for the Trust</li> <li>• There will be a regular update on the Ockenden maternity review update</li> <li>• There was a discussion on the perinatal mortality review tool</li> </ul> <p>The report was noted.</p>	
<b>RC.2.21.6</b>	<b>Quality dashboard – December 2020</b>	
	<p>RS drew attention to the prepared slides on the Quality Dashboard and highlighted the following areas:</p> <ul style="list-style-type: none"> <li>• After a reduction over the summer, crude mortality rates have shown an expected rise during December and January, related to the COVID-19 pandemic. It was suggested that the rise is expected to continue throughout February.</li> <li>• There was a small rise in stillbirths during November and December. However numbers remain very small and no particular themes or trends were identified. All learning is taken through the Outstanding Maternity Services Programme.</li> <li>• Readmissions remain low as they have throughout the COVID-19 pandemic, which reflects the reduction in elective activity during this time.</li> <li>• No Never Events for over a year.</li> </ul>	

	<ul style="list-style-type: none"> <li>• No new MRSA cases</li> <li>• The Trust performance in relation to C Difficile remains very good</li> <li>• There were two Serious Incidents in December</li> <li>• There has been a small reduction in falls, and no severe harm reported.</li> <li>• The number of pressure ulcers remains slightly higher than normal. RS advised that the higher numbers appear to correlate with the start of the pandemic due to the increased number of dependent patients and the number of patients requiring non-invasive ventilation with tight-fitting face masks.</li> </ul> <p>MM noted the dashboard and opened for questions.</p> <p>BS queried what mechanisms are being used to ensure equilibrium between length of stay and readmissions. It was noted that data is not always accurate in this area, and the balance between the importance of early discharge and risk of re-admission is complex.</p> <p>BS questioned what is done on an individual level across the hospital should readmission occur. RS explained that over the last year it has been difficult, but information will be supplied to clinicians to promote improvements in patient care.</p> <p>MHu highlighted a sustained increase in night discharges shown in the dashboard and questioned if there was any narrative for this. RS advised this is due to how the data is recorded at a certain point in time and may not reflect the actual time of discharge. Actual night time discharge numbers will be significantly less. It was acknowledged that the data anomalies should be addressed.</p> <p>PR added that it is unclear at this stage whether there is a limitation in functionality or whether this is a consequence of people not taking the time to input the data at the right time. PR also pointed out that the Trust is currently in the process of migrating to another system of data warehousing.</p> <p>SU questioned what the time scale would be in getting more meaningful and accurate data.</p> <p>RS explained that once there is some respite from the current pandemic it will be beneficial to understand how best data is represented as well as how it is collected. This will be an important part of the Quality Academy going forward</p> <p>KD clarified that when there appears to be an anomaly in data it is routinely checked and audited to confirm there are no issues.</p> <p>There were no further questions on the Quality Dashboard.</p>	
<b>RC.2.21.6a</b>	<b>Quality oversight and assurance exception report – December</b>	

	<b>2020</b>	
	<p>RS presented the report and focussed specifically on incidents. It was highlighted that there has been an increase in incidents relating to violence and aggression across all sectors. It was suggested that a large amount of incidents are related to the current pandemic as there has been a significant shift in mental health and general wellbeing in recent months. It was advised that this is well recognised across the Place, and that there are discussions in place to address this through the System Quality Committee.</p> <p>KD added that all Serious Incidents (SI) are subject to a 72 hour review. Currently all are completed and the actions are being worked through. It was noted that the Maternal Suicide SI has recently been closed, but may not show on this report due to the timing.</p> <p>There was a discussion regarding patient experience and complaints, with KD confirming that the outstanding figure on complaints is 70, this being very low compared to average. It was highlighted that the team is mindful that there are a number of complaints specifically relating to the effect of COVID-19. It was explained that sharing of patient information and family visiting are among common trends at the moment.</p> <p>There were no further questions on the Quality oversight and assurance exception report.</p>	
<b>RC.2.21.7</b>	<b>Quality strategic risks</b>	
	<p>The Committee reviewed the Strategic Risks; an increased risk in relation to mental wellbeing was highlighted. KD explained that patients' being more unwell has resulted in a number of patients potentially being high risk.</p> <p>The Committee was assured that a Mental Health Practitioner has started in post and training for restrains is also in discussion. A clinical rapid response team is also being put together, in order to ensure there is a senior clinician who is skilled in de-escalation to oversee security.</p> <p>MHo highlighted that there is a tangible link with a new estate risk around the investment needs to reduce the identified capital backlog maintenance position. It was noted that the strategic outline case and the backlog maintenance position, with regards to the investment needs at Bradford Teaching Hospitals, were discussed at the board development session.</p> <p>A new risk was highlighted that has now been put on the register: MHo explained that a recent small electrical fire had a significant electrical impact on ward 20 and 21. It was advised that it is essential that the organisation flags that there is a risk requiring significant capital resource investment into the identified backlog maintenance. It was warned that this type of risk could potentially result in losing parts of the hospital, and therefore impacting clinically.</p>	

	<p>MM opened the discussion for questions regarding the Strategic Risks.</p> <p>SU questioned whether there has been an assessment of the estates regarding potential ligature points in patient areas.</p> <p>KD explained that this is something the CQC would focus on when assessing quality of care. It was clarified that there are a number of checks in place, including breakable pull cords and safe curtain rails. MHO added that hospital building notes have risk assessments for anti-ligature, informing that the organisation is in a good position and build to safe standards.</p> <p>JP raised a discussion on culturally specific issues, in that we are aware of unconscious bias and how consistency and safety is put first whilst considering cultural judgements.</p> <p>KD confirmed that training is paramount in this area and is being procured currently. It was acknowledged that the complexity of social and cultural differences can impact on every day judgements and there is still work to do concerning this.</p>	
<b>RC.2.21.8</b>	<b>Serious Incident Report - December 2020</b>	
	<p>RS presented the monthly Serious Incident (SI) report for December. There were two SIs declared during December:</p> <ul style="list-style-type: none"> <li>• SI 2020/24016</li> <li>• SI 2020/23975</li> </ul> <p>RS assured of processes in place.</p>	
<b>RC.2.21.9</b>	<b>Maternity services update – January 2021</b>	
	<p>Sara Hollins (SH) joined the meeting to present the update on Maternity services. The month of January was described as positive, with the following key points highlighted:</p> <ul style="list-style-type: none"> <li>• No stillbirths in January</li> <li>• No babies with HIE</li> <li>• No SIs declared. One signed off and one at the interim report stage</li> <li>• No HSIB cases</li> </ul> <p>SH updated the committee on the Continuity of Carer Action plan, and advised on the recent successes and improvements. It was highlighted that 28% of women were booked on a Continuity of Carer pathway, with 40% of women being from a BAME background.</p> <p>SU commented that the meeting for Maternity Safety Champions recently attended was successful. It was noted that there will be a site visit on 25<sup>th</sup> February 2021 where the Trust will take the opportunity to present what is being done.</p>	

	<p>PR remarked that Maternity EPR is a priority engagement for the digital area this upcoming year.</p> <p>The report was noted by the committee.</p>	
<b>RC.2.21.10</b>	<b>Ockenden Assurance Submission</b>	
	<p>It was acknowledged that the Ockenden Assurance Submission was approved at the Executive Team Meeting on 8<sup>th</sup> February 2021, and has been submitted to the regional midwifery officer.</p> <p>The committee noted the Ockenden Assurance Submission.</p>	
<b>RC.2.21.11</b>	<b>IPC Board Assurance Framework</b>	
	<p>Claire Chadwick (CC) was introduced to present the infection prevention and control Board Assurance Framework (BAF). The Trust was commended for lower outbreaks of infection, which was attributed to collaboration and teamwork across the Trust. It was acknowledged that there are risks associated with the BAF such as bed spacing, ventilation and side room capacity. All are being appropriately addressed across the Trust.</p> <p>The committee noted the report.</p>	
<b>RC.2.21.12</b>	<b>Infection Prevention and Control report – August-December 2020 (Q2 &amp; Q3)</b>	
	<p>CC presented the paper, highlighting a reduction in Clostridium difficile for the 2020/2021 year, despite changes in the definition of what is a hospital acquired Clostridium difficile. It was suggested that this is related to higher levels of cleanliness and decontamination, as well as changes in antibiotic prescribing (as a result of COVID-19 patients requiring different types of antibiotics).</p> <p>It was advised that there have been increases in MRSA and E. coli in 2020/2021. There was a parallel drawn to the appearance that patients are being admitted to the hospital sicker than usual. As this correlates to peak COVID cases, it was suggested that patients are staying at home and waiting longer than usual to visit the hospital. The department have mitigations to review with consultant clinical teams, who have agreed with the summation of the post-infection review.</p>	
<b>RC.2.21.13</b>	<b>Parliamentary Health Service Ombudsman Report</b>	
	<p>KD presented the report, highlighting the second case (received 6/04/2018) which is currently being upheld by the PHSO. The case is regarding the prevention of harm and death of a patient who had a pulmonary embolism. KD assured that the hospital acted appropriately and that the case will be resolved at the end of this calendar month, resulting in the Bradford Teaching Hospitals issuing a letter of apology and compensating the patient's family of £10,000.</p> <p>It was confirmed that the case was not reported as a Serious</p>	

	<p>Incident as the hospital has carried out a level 1 investigation. Going forward, it will be fed back to the CBU what has been learnt.</p> <p>RS confirmed that there is no suggestion that clinician failings have led to the death, with the view of the clinicians involved being that any legal claim could be defended.</p> <p>MP added that all of the learning from this particular case needs to be articulated so we can be assured that those lessons learned and any actions indicated by them have been taken.</p> <p>It was agreed that KD will bring a report documenting the learning from this case to the April meeting of the Regulation and Assurance Committee.</p> <p>The PHSO report was noted and the committee are aware of the settlement of specific concern.</p>	Chief Nurse RC21001
<b>RC.2.21.14</b>	<b>COVID-19 Vaccination Programme Update</b>	
	<p>The Vaccination Programme Update was presented by KD, with the following information highlighted:</p> <ul style="list-style-type: none"> <li>• The committee was advised that as a Place, the priority cohort groups 5 – 6 are now the focus following the successful vaccination of groups 1 – 4. It was advised that cohort 7 (age 60 and over) will imminently be invited for the vaccination.</li> <li>• Bradford Teaching Hospitals is currently the lead provider for Hospital Vaccination Centres and Community Vaccination Centres.</li> <li>• Regarding Programme Governance, it was explained that an Inequalities group has recently been introduced. It is understood that the more data that is held it will be imperative to renew the approach of how vaccines are delivered.</li> <li>• There is a new vaccination site being added in March at Bradford College.</li> <li>• There has been a session at Keighley Central Mosque and a session at Bradford Central Mosque is planned for Thursday 18<sup>th</sup> February. There are discussions to plan more regular sessions in other places of worship where uptake of the vaccine is low.</li> <li>• The Moderna vaccine may be added to the vaccines in use in April 2021. KD reiterated that vaccine types must be the same for the first and second vaccine.</li> <li>• Across Bradford and Craven there are high percentages of age groups 70+ and 80+ vaccinated, with 30,000 people in total. There is also a good uptake from health and social care workers.</li> </ul>	



	<ul style="list-style-type: none"> <li>• PR is currently working on the production of a different system to collaborate all data.</li> <li>• KD suggested that refusal data by ethnicity is not entirely accurate due to data inequalities. The Committee was assured that the majority of people are coming forward for the vaccine; though in some cases it may be after the second offer is issued.</li> <li>• With regards to BTHFT, 78% of total eligible staff have been vaccinated, with 57% of BAME staff accepting the vaccine. It was also suggested that certain staff groups such as Pharmacy are also showing higher refusal rates.</li> <li>• There is a focus on supporting women of child bearing age in light of the common myth that fertility is being affected by the vaccine. Dr Virginia Beckett is producing a video for staff on the matter.</li> </ul> <p>The Place as a whole was commended for their hard work during the vaccination rollout, with Bradford demonstrating good engagement with communities in particular.</p> <p>There was a discussion about what can be done to follow up with staff who decline the vaccine. JH advised that there are campaigns ongoing with particular focus on the aforementioned staff members. KD stressed that it was difficult to get specific types of data at the moment with regards to who is declining the vaccination, but this will be assisted by the new inequalities work stream.</p> <p>MP suggested that once specific information is available, it would be helpful to dispel any individual concerns on a one to one basis with staff. As a result, staff can be provided with factual answers to their specific concerns, in the hope that they may be persuaded to take the vaccine.</p> <p>It was confirmed that the Trust's ambition for the total number of staff being vaccinated is all who are eligible.</p> <p>BS commented that there have been various references to patients becoming infected whilst in hospital over recent weeks. It was suggested that there may be a risk presented with unvaccinated staff being in the green zone, as well as patients perhaps not wanting to be cared for by an unvaccinated member of staff. KD confirmed that conversations of this nature have occurred, but the stance was taken that the organisation would not want to mandate the vaccine.</p> <p>It was pointed out that a compulsory vaccination would bring in to light issues with confidentiality and somewhat impact on people's civil liberties.</p> <p>It was explained that Bradford Teaching Hospitals have one of the lowest rates of hospital acquired COVID-19 infection, which is attributed to good standards of PPE and procedures.</p> <p>With regards to other Trusts taking positions against unvaccinated staff, KD confirmed that it is a discussion within the community, but any decisions are to be taken by the Human Resources</p>	
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	Department work streams, due to the effect on contractual and employment rights. PC added that at present a vaccination cannot be mandated, only encouraged.	
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<b>RC.2.21.15</b>	<b>People Academy Chair's Report</b>	
	<p>The Director of HR presented the Chairs' Report the People Academy held on 27<sup>th</sup> February 2021.</p> <p>The following items from the last People Academy were highlighted to the committee:</p> <ul style="list-style-type: none"> <li>• The draft Terms of Reference and proposed Workplan for the year were discussed and will come to the next meeting of the People Academy for approval.</li> <li>• There were 22 attendees of the People Academy. It was felt that the attendance from people at different levels in the organisation had a positive effect on the discussion and outcomes.</li> <li>• The key agenda item was on improving Bradford Teaching Hospitals people practices, with regard to disciplinary practices. The Academy reviewed the learning following an independent review into a disciplinary case at a London Trust in 2016. PC noted that there was a wide ranging discussion with key themes and actions identified to take forward. This will provide guidance on upcoming changes to the policy.</li> </ul> <p>Overall PC commented that it was a focussed discussion and a full report will be presented to the board of directors in March 2021.</p> <p>The Chair's report from the People Academy was noted.</p>	
<b>RC.2.21.16</b>	<b>People dashboard – December 2020</b>	
	<p>PC drew attention to the prepared slides on the People Dashboard and highlighted the following areas:</p> <ul style="list-style-type: none"> <li>• Work is underway to align the metrics that are reported to on the four strands of the people plan.</li> <li>• There has been a sharp increase in usage of agency staff during December. This is partly linked to Christmas breaks and the vaccine hub requiring additional agency staff.</li> <li>• There is an increase in sickness year to date rates, with a slight reduction in the monthly sickness rates.</li> </ul>	

	<ul style="list-style-type: none"> <li>Overall absence rate is around 10% when we take into account COVID, and non COVID absence and staff on self-isolation. Long term sickness is being managed pro-actively although we are seeing some delays in IHR applications being processed and issues with representation.</li> <li>The Flu campaign will run until the end of February 2021.</li> </ul> <p>It was suggested by SU that Bradford Teaching Hospitals rely on saved monies from unfilled vacancies to help with the financial year end position. It was questioned whether having a low staff turnover will have any affect. MH assured that there is no underspending on pay and the financial position is not managed by the pay position.</p> <p>There was a discussion on the wider context of the People Dashboard; KW suggested there may be a potential correlation between the health and wellbeing of staff to complaints linked to attitude and behaviour.</p> <p>PC advised that there was some correlation done from the staff survey results in 2020 as to what patients were telling us through the inpatient survey. It was advised that in review of the dashboard we will be looking to include more qualitative metrics.</p> <p>MP emphasised the idea of 'happy staff, happy patient' and suggested the new Head of OD post would make the matter a priority in future operations.</p> <p>The Dashboard data was noted.</p>	
<b>RC.2.21.17</b>	<b>People strategic risks</b>	
	There are no new risks.	
<b>RC.2.21.18</b>	<b>Staff well-being and resilience</b>	
	<p>PC advised that there is a package of support continuing to be developed nationally, as well as a 2<sup>nd</sup> version of the NHS people plan to be published which will focus on recovery and wellbeing.</p> <p>The following principles were highlighted as significant when considering staff well-being:</p> <ul style="list-style-type: none"> <li>Recognising the contribution of all staff, rather than singling out particular groups</li> <li>Maintaining and building on existing well-being support, at a national and local level</li> <li>Ensuring staff get proper time to recover, for example focusing on how annual leave is taken</li> <li>Checking with recovering staff on a regular basis through well-being conversations. Also creating choices for staff considering leaving or retiring</li> </ul>	

	<ul style="list-style-type: none"> <li>• Building preventative health and well-being capacity and reviewing the role of Occupational health</li> <li>• Ensuring there is sufficient supply of workforce – the People Academy will be presenting on how we are maximising the Nursing and Healthcare assistant workforce at the next meeting</li> </ul>	
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<b>RC.2.21.19</b>	<b>Finance and Performance Academy Chairs' Report</b>	
	<p>The Director of Finance presented the Chairs' Report on the Finance and Performance Academy held on 27<sup>th</sup> January 2021.</p> <p>The following items from the Finance and Performance Academy were highlighted to the committee:</p> <ul style="list-style-type: none"> <li>• The Terms of Reference and agreed membership were discussed and agreed and there was a discussion around the learning and improvement aspects of the academy.</li> <li>• The second agenda item was seeking approval from the academy for the ICS Financial Risk Share Agreement for the Bradford Place; this was approved at the academy and brought to this committee for information.</li> </ul>	
<b>RC.2.21.20</b>	<b>Finance and performance dashboard – December 2020</b>	
	<p>It was pointed out by BS that the benchmark comparative data is not displayed on the dashboard as usual.</p> <p>This was address by SA who explained that whilst this organisations data is presented, some other organisational data can take time to collate. Therefore benchmarking data is often out of date. SA added that a number of the performance standards where the data can be extracted is highlighted in the report. Going forward in terms of the academy assurances, it was assured that data will be measured against peers and model hospital peers, with ranking being in upper quartile and lower quartile.</p>	
<b>RC.2.21.21</b>	<b>Finance &amp; Performance strategic risks</b>	
	<p>MH highlighted three financial risks:</p> <ul style="list-style-type: none"> <li>• Delivery of the Income and Expenditure Plan</li> <li>• The liquidity and cash position</li> <li>• Maintaining the equilibrium between safety and money</li> </ul> <p>With regards to risk number 3615 on the Risk Register (relating to upcoming deadlines for aspects of infrastructure), BS queried why,</p>	

	<p>when this risk only appeared on the Risk Register in December 2020, it was not noted earlier allowing for further planning. PR commented that it is a proportionate challenge to say these types of expenditures can be foreseen. There was a discussion around the requirement of updates and the implication of the same update being needed in a number of years' time. It was agreed that it would be better for the organisation to be well prepared, particularly from a procurement point of view.</p>	
<b>RC.2.21.22</b>	<b>COVID-19 – Operational Update</b>	
	<p>The Chief Operating Officer presented an update on COVID-19 alongside the Re-establish and Recovery Report due to the impact the former has on the latter.</p> <p>The following items were highlighted as part of the presentation:</p> <ul style="list-style-type: none"> <li>• COVID-19 demand: The graph presented showed the peak waves from 16<sup>th</sup> March 2020 to 8<sup>th</sup> February 2021. It was explained that following the summer of 2020 there was a significant increase in patients who tested positive. This was discussed in terms of bed occupancy, which found that 30% of the hospitals bed base was occupied by COVID positive patients. SA pointed out that these numbers have now begun to decline.</li> <li>• Bradford Teaching Hospitals have commissioned Whole Systems Partnership to aid modelling in the future.</li> <li>• There will be at least one or more than one ward dedicated to the care of COVID positive patients</li> <li>• The International Severe Acute Respiratory and Emerging Infectious Consensus comparisons how higher NIV usage but as a lower ICU admission rate and lower mortality rate</li> <li>• The increase of COVID inpatient bed base has had an impact on the ability to carry out elective overnight surgeries.</li> <li>• On the whole there is much progress in terms of restarting outpatient activity. Elective inpatient and day case activity is behind plan, however January 2021 is the best month since September 2020 at 60.3% - this is largely attributed to work through the independent sector at the Yorkshire Clinic.</li> <li>• US, CT and MRI performance has returned to pre-COVID-19 levels</li> <li>• RTT (&gt;52 Week Incomplete): Cancer patients being prioritised first</li> <li>• Cancer treatment is being maintained at 85%</li> </ul>	

	<ul style="list-style-type: none"> <li>With regards to patients waiting greater than 62 days, January 2021 has seen as uptake due to patients not attending over the Christmas period, meaning figures are slightly higher than preferred. It is hopeful this will be close to 30 – 40 patients by March 2021</li> </ul> <p>JL queried how the people on the RTT list (approximately 25,000) are being communicated with. SA assured that all on the inpatient waiting list have been prioritised. The patients have been contacted by the clinical team who have outlined apologies for delay and discussed the patients' options. P3 and P4 category patients have been advised that operations will not be soon, but to make contact if their condition has deteriorated to review.</p> <p>It was also noted that the patients who do not want to be operated on during the COVID-19 pandemic have been categorised at P5 and P6.</p>	
<b>RC.2.21.23</b>	<b>Re-establish and recovery report – December 2020</b>	
	Noted under RC.2.21.22	
<b>RC.2.21.24</b>	<b>Performance report – December 2020</b>	
	The report was noted, there were no questions.	
<b>RC.2.21.25</b>	<b>Finance report – Month 10</b>	
	<p>The report was noted.</p> <p>MH remarked that the year to date the organisation is ahead of plan and this includes the increase in the annual leave accrual, the Flowers provision and the impact of lost other income in the second half of the year.</p> <p>The recent national DOF webinar indicated that each of the issues will be address to a degree from both an income and cash perspective. MH Noted that this change would likely improve the forecast position of the Trust for the year end</p>	

<b>RC.2.21.26</b>	<b>Strategic Risk Register Movement Log</b>	
	<p>The Strategic Risk Register Movement Log was noted by the committee.</p> <p>The Associate Director of Corporate Governance observed that there was nothing specific to highlight.</p> <p>It was noted that the Executive Team Meeting raised a number of risks passed the review date, which have now been reviewed and updated.</p>	
<b>RC.2.21.27</b>	<b>Governance Review – Update</b>	

	<p>It was advised that a new sequence for Regulation and Assurance Committee and Board of Directors meetings will commence from the end of February. The new dates were set out in Appendix 1.</p> <p>From the Action Plan presented, LP highlighted the requirement to produce an academy transition plan. It was advised that as academies met in January 2021, Terms of Reference and Workplans will be presented at the meetings to follow for sign off. It was confirmed that these will come to the next meeting of the Regulation and Assurance Committee for approval.</p> <p>It was agreed that the Board Assurance Framework will not go to the academies; however the Executive team will look at it in its entirety and make a recommendation to the Regulation and Assurance Committee around the assurance level for each objective. The academy meetings will then look at the strategic risks that come under their remit.</p> <p>MM shared that there were some issues raised by the Non-Executive Directors (NED) around the importance of the Board Assurance Framework. Following a conversation between MM and LP outside of this meeting, MM will share the outcome with NED colleagues, acknowledging that there is some work to do at the Board Development Session in June.</p> <p>BS commented that there is a need to review and refresh the form and content of the Board Assurance Framework (BAF), but questioned by what timescale and how it will be delivered. It was advised that academies would benefit from seeing the relevant strategic object sections of the BAF, as part of their considering of the Strategic Risk Register.</p> <p>LP recommended that the review of the BAF would be in the first quarter of 2021/2022, with a view to being brought to the Board Development Session in June for discussion. This will then be presented to the Audit Committee and Board in July.</p> <p>BS also suggested that he would be keen that the reviews are of the Terms of Reference and the Workplans. The belief is that such a combination would give the clearest view of what is required and delivered from each of these bodies.</p> <p>LP agreed that the Terms of Reference and Workplans will be brought to the academy meetings in February.</p> <p>It was confirmed that there will be discussions at a later date regarding what role the Audit Committee will fulfil in reviewing the new Governance structure.</p> <p>JH commented that the new scheduling discussed by LP is a clear and logical approach to the scheduling of meetings. It was suggested that whilst operating under exceptional circumstances, there is no necessity to finalise the new model immediately. It was agreed that the committee is pleased with the progress being made so far and that any revolutionising plans need not be rushed.</p>	<p>Associate Director of Corporate Governance RC21002</p>

	<p>MP referenced a discussion she had held with Andrew Corbett-Nolan, Chief Executive of the Good Governance Institute, regarding the impact of COVID-19 on governance at the organisation. It was highlighted that Mr Corbett-Nolan is interested in the approach taken by Bradford Teaching Hospitals, in that it is regarded as an interesting and enlightened approach.</p> <p>MP praised the work being done and recommended that MM speak with Andrew Corbett-Nolan to convey a Chairman's point of view.</p>	
<b>RC.2.21.28</b>	<b>Update on assurance &amp; progress of the Internal Audit Plan</b>	
	<p>MH drew attention to the plan brought to the Regulation and Assurance Committee for decision. The paper written by MH and Helen Kemp-Taylor, Head of Internal Audit, is seeking the approval to defer 27 audits which will be further considered as part of the audit planning round for 2021/2022.</p> <p>It was emphasised that given the current situation surrounding the pandemic, there has been significant challenges faced by the organisation to complete all audits. Therefore the 12 critical audits have been identified to be completed by the end of the year to ensure the Head of Internal Audit Opinion can be provided. MH also assured that work is underway to understand how the position may be recovered in the next year.</p> <p>As Chairman of the Audit Committee, BS commented on the importance of each Executive Director feeling that deferrals are acceptable in terms of managing their portfolios. There was strong support from all Executive Directors.</p> <p>Given the unprecedented circumstances faced by the Trust, the Board of Directors approved the audit deferral requests highlighted in the Internal Audit Plan. It was noted that sufficient audits will be completed to allow of the Head of Audit Opinion to be issued.</p>	
<b>RC.2.21.29</b>	<b>Any other business</b>	
	There was no other business.	
<b>RC.2.21.30</b>	<b>Matters to escalate to the Board of Directors or elsewhere</b>	
	There were no matters to escalate to the Board of Directors or elsewhere.	
<b>RC.2.21.31</b>	<b>Date and time of next meeting</b>	
	10 <sup>th</sup> March 2021 13:30 – 16:00	

**Regulation and Assurance Committee reference documents:**
**RC.2.21.32 Strategic Risk Register (full report)**
**RC.2.21.33 Academy Minutes**



**ACTIONS FROM REGULATION AND ASSURANCE COMMITTEE 17.02.2021**

Action ID	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC21001	<b>RC.2.21.13</b>	<b>Parliamentary Health Service Ombudsman Report</b> The Chief Nurse to bring a report documenting the learning from the PHSO case dated 6/04/2018 to the May meeting of the Regulation and Assurance Committee.	Chief Nurse	11 May 2021	Added to work plan for meeting on 11 May.
RC21002	<b>RC.2.21.27</b>	<b>Governance Review – Update</b> The Associate Director of Corporate Governance agreed that the Terms of Reference and Work plans will be brought to the academy meetings in February.	Associate Director of Corporate Governance	24 February 2021	Complete