

Meeting Title	Board of Directors		
Date	18 March 2021	Agenda item:	Bo.3.21.8a

Report from the Chair of the Regulation & Assurance Committee

Presented by	Dr Maxwell Mclean, Chairman		
Author	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		
Lead Director	Prof Mel Pickup, Chief Executive		
Purpose of the paper	To provide a summary of the discussions held and outcomes from the Regulation & Assurance Committee meeting held on 17 February 2021		
Key control	This report is relevant to all Strategic Objectives		
Action required	To assure		
Previously discussed at/informed by	Regulation & Assurance Committee – 17 February 2021		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Matters Discussed

1. This paper provides a summary of the Regulation & Assurance Committee meeting held on Wednesday 17 February 2021 via Microsoft Teams. The meeting was chaired by Dr Maxwell Mclean. The agenda for the meeting is attached at Appendix 1. The purpose of the Regulation & Assurance Committee is to seek assurance that the Trust is properly governed and is achieving its strategic objectives and meeting its statutory responsibilities.

Quality

Quality Academy Chairs Report

2. The Quality Academy held its first meeting on 27 January. There were some concerns that the large number of attendees may impact on the effectiveness on the meeting, however it had worked well and had encouraged diversity of discussion.
3. There had been a general discussion regarding the academy approach and consideration of the draft Terms of Reference, which will be developed further and presented to the next meeting for sign off. Judith Connor, the newly appointed Associate Director of Quality provided an overview of the changes to the quality team and the way it works. The Associate Medical Director had presented a highlight report from the Patient Safety Group, and helpful updates were also received in relation to IPC learning during Covid, the Ockenden Maternity Review and the Perinatal Mortality Review Tool. Overall the meeting was successful and was well received.

Quality Dashboard

4. The following points were highlighted:
 - Crude mortality – there had been an expected rise in December and January related to the pandemic, and this was expected to continue into February.
 - There had been a small rise in stillbirths in December. The numbers remain small overall and the rise appeared to be due to natural variation. No themes or trends had been identified.
 - Readmissions remained low due to the reduction in elective activity.
 - There had been no new Never Events for over a year, no new MRSA cases and C.Difficile performance remained in the best quartile.
 - There was a small reduction in falls and no severe harm had been reported.
 - Pressure ulcers remained slightly higher than normal, this was related to the pandemic due to the higher acuity patients being seen and the tight fitting masks required for ventilation.

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5. A query was raised as to how the Trust was ensuring an appropriate balance between reducing length of stay and avoiding readmissions. There were some data cleansing issues to address to ensure that the true picture was reported. The Trust was keen to promote early discharge when safe to do so, and in the last week had undertaken its first robot assisted laparoscopic prostatectomy on a day case basis, which previously would have required a 10 day stay.
6. It was acknowledged that obtaining the right balance was a challenge, and a learning approach was needed. The virtual respiratory ward was now set up, and patients were given a pulse oximeter and were contacted every day to ensure they were safe at home. The Trust had seen readmission rates of around 8.5% during Covid, whereas the sites who had piloted this approach saw rates of around 12-14%. The Trust may therefore need to accept a higher level of readmissions and be prepared to defend this, in the interests of achieving the best patient care. Readmissions were an important indicator of quality and the data would be presented to clinicians to support learning.
7. The increase in night time discharges was due to a data quality issue. The time reported relates to the time that the discharge is recorded on EPR, which isn't necessarily the time that the patient was discharged. Further work was needed to understand whether the issue related to the system or the way that data was entered. The Trust was in the process of migrating to a new data warehousing solution which would support improvements. It is expected that there will be a review of the data in Summer, when the impact of the pandemic should have lessened. This will be part of the role of the Quality Academy. The Committee was assured that when an anomaly is identified, the data is checked and audited to confirm if there are any issues.

Quality oversight and assurance exception report – December

8. 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 region, and that there are discussions in place to address this through the System Quality Committee.
9. All Serious Incidents (SI) are subject to a 72 hour review. Currently all are completed and the actions are being worked through. It was confirmed that the Maternal Suicide SI has recently been closed.
10. It was confirmed 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. Sharing of patient information and family visiting are among common trends at the moment.

Quality Strategic Risks

11. An increased risk in relation to mental wellbeing was highlighted. An increased level of acuity has been seen, resulting in a number of patients potentially being high risk. The Committee was assured that a Mental Health Practitioner has started in post and training for restraint and de-escalation is also in discussion. It was confirmed that training takes account of cultural issues, although it was acknowledged that this can be a difficult area and there is more to do. A clinical rapid response team is also being established, in order to ensure there is a senior clinician who is skilled in de-escalation to oversee security.
12. A new estates risk was also highlighted, relating to the investment needed to reduce the identified capital backlog maintenance position, which could have a clinical impact. The potential impact of this risk on quality of care will also be reflected in the Board Assurance Framework.

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13. A query was raised as to whether there had been an assessment of potential ligature points within the Trust. It was clarified that there are a number of checks in place, including breakable pull cords and safe curtain rails. Risk assessments undertaken in relation to refurbishment schemes take account of potential risks including potential ligature points.

Serious Incident (SI) Report

14. Two SIs were reported in December, neither of which resulted in harm.

Maternity Services Update

15. January had been a positive month with no stillbirths or new SIs. One SI had been signed off and one was at the interim report stage. An update was provided on the Continuity of Carer Action plan. It was highlighted that 28% of women were booked on a Continuity of Carer pathway, with 40% of women being from a BAME background.
16. The NED Maternity Safety Champion informed members that she had recently attended a meeting for Maternity Safety Champions which was successful. It was noted that there will be a site visit with NHSE/I where the Trust will take the opportunity to present the work being done.

Ockenden Assurance Submission

17. It was acknowledged that the Ockenden Assurance Submission was approved at the Executive Team Meeting on 8th February 2021, and has been submitted to the regional midwifery officer.

Infection Prevention and Control Board Assurance Framework (BAF)

18. It was reported that the Trust has a comparatively low level of outbreaks, 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.

Infection Prevention and Control Report Q2&3

19. There has been 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).
20. It was advised that there have been increases in MRSA and E. coli in 2020/2021, but remain low compared to peers. The department have mitigations to review with consultant clinical teams.

Parliamentary and Health Service Ombudsman (PHSO) Complaints

21. An update was provided in relation to open complaints that had been referred to the PHSO for further independent review. One case had been closed and there was no further action. Another case had been upheld by the PHSO. As recommended by the PHSO, a letter of apology will be issued and compensation will be paid to the patient's family. It was confirmed that the case was not reported as a Serious Incident as the hospital has carried out a level 1 investigation and learning will be fed back to the CBU. The issues related to process rather than clinical management.
22. It was agreed that all of the learning from this particular case needs to be articulated so we can be

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assured that action is being taken to lessons learned. A report documenting the learning from this case will be presented to the May meeting of the Committee.

Covid-19 Vaccination Programme Update

23. The committee was advised that 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. An inequalities group had recently been introduced to provide focus and support for groups with lower rates of vaccine uptake. There has been a session at Keighley Central Mosque and a session at Bradford Central Mosque is also planned. There are discussions to plan more regular sessions in other places of worship where uptake of the vaccine is low.
24. Refusal data by ethnicity was presented, however the Committee was advised that this is not entirely accurate due to lags in the data. 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. 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.
25. The Place as a whole had been commended by DHSC for their hard work during the vaccination rollout, with Bradford demonstrating good engagement with communities in particular.
26. It was agreed that 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. It was confirmed that the vaccine cannot be mandated for staff.

People

People Academy Chair's Report

27. The draft Terms of Reference and proposed work plan for the year were discussed and will come to the next meeting of the People Academy for approval. There were 22 attendees at the meeting. It was felt that the attendance from people at different levels in the organisation had a positive effect on the discussion and outcomes.
28. The key agenda item was on improving Bradford Teaching Hospitals disciplinary practices. The Academy reviewed the learning following an independent review into a disciplinary case at a London Trust in 2016. 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. A full report will be presented to the board of directors in March 2021.

People Dashboard

29. The Committee was informed that work is underway to align the metrics to the four strands of the NHS People Plan. There had been a sharp increase in usage of agency staff during December. This was partly linked to Christmas breaks and the vaccine hub requiring additional agency staff. There was an increase in sickness year to date rates, with a slight reduction in the monthly sickness rates.
30. The overall absence rate was around 10% taking account of COVID, and non COVID absence and staff on self-isolation. Long term sickness was being managed pro-actively although there were some delays in ill health retirement applications being processed and issues with representation.
31. There was a query as to whether the low turnover rates could impact the financial position, due to lower

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savings on unfilled vacancies. It was confirmed that this wouldn't have an impact, as the Trust was not reliant on a pay underspend to manage the financial position.

32. The potential correlation between the health and wellbeing of staff and complaints linked to attitude and behaviour was considered. Some correlation had been undertaken between the staff survey results in 2020 and outcomes from the inpatient survey. It was advised that in review of the dashboard, more qualitative metrics would be developed. One of the priorities for the new Head of OD would be to relaunch the wellbeing package.

People Strategic Risks

33. There were no new risks to report.

Staff Wellbeing & Resilience

34. A package of support is being developed nationally, as well as a second version of the NHS People Plan to be published which will focus on recovery and wellbeing. The following principles were highlighted as significant when considering staff well-being:

- Recognising the contribution of all staff, rather than singling out particular groups
- Maintaining and building on existing well-being support, at a national and local level
- Ensuring staff get proper time to recover, for example focusing on how annual leave is taken
- Checking with recovering staff on a regular basis through well-being conversations. Also creating choices for staff considering leaving or retiring
- Building preventative health and well-being capacity and reviewing the role of Occupational health
- 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

Finance & Performance

Finance & Performance Academy Chair's Report

35. 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. 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.

Finance & Performance Dashboard

36. It was pointed out that the benchmark comparative data is not displayed on the dashboard as usual. It was explained that whilst BTHFT data is presented, some other organisational data can take time to collate. Therefore benchmarking data is often out of date. A number of the performance standards where the data can be extracted are highlighted in the report. Going forward, data will be measured against peers and model hospital peers.

Finance & Performance Strategic Risks

37. There were three key financial risks:
- Delivery of the Income and Expenditure Plan
 - The liquidity and cash position
 - Maintaining the equilibrium between safety and money

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38. A query was raised as to whether the risk relating to upcoming deadlines for elements of the IT infrastructure should have been foreseen earlier. It was acknowledged that these types of expenditures can be foreseen, and would need to be planned in for future years.

Re-establish & Recovery / COVID-19 Operational Update

39. An update was provided, and areas highlighted included bed occupancy, up to 30% of which had related to Covid patients, however the number of Covid patients had now started to decline. Elective inpatient and day case activity was behind plan, however January 2021 saw the best performance since September 2020 at 60.3% - this is largely attributed to work through the independent sector at the Yorkshire Clinic. Cancer treatment is being maintained at 85%. With regards to patients waiting greater than 62 days to start cancer treatment, there had been a lower uptake due to patients not attending over the Christmas period, meaning figures were higher than plan. Plans were in place to reduce this to 30 – 40 patients by March 2021.

40. It was confirmed that patients on the RTT list had been prioritised and were being contacted by clinical teams.

Finance Report

41. The Trust was currently ahead of plan. There may be additional support available nationally which would likely improve the forecast position of the Trust for the year end.

Governance

Strategic Risk Register Movement Log

42. The movement log was noted. It was confirmed that the risks which had passed their review date had now been reviewed and updated.

Governance Review – Update

43. It was advised that a new sequence for Academy, Regulation and Assurance Committee and Board of Directors meetings would commence from the end of February. Terms of Reference and work plans would be presented at the academy meetings in february for sign off, and would then come to the next meeting of the Regulation and Assurance Committee for approval.
44. It was agreed that the Board Assurance Framework (BAF) would not be presented 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.
45. The Committee was advised 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.
46. The Chief Executive informed the Committee that she had spoken to 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 the Trust,

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in that it is regarded as an interesting and enlightened approach.

Update on assurance and progress of the internal audit plan

47. The Committee was advised of the request to defer 27 audits which would be further considered as part of the audit planning round for 2021/2022. It was emphasised that given the current situation surrounding the pandemic, there had been significant challenges faced by internal auditors and the organisation in completing 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.
48. The Audit Committee Chair 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. Given the unprecedented circumstances faced by the Trust, the Committee 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.

Items of Positive Assurance, Learning and/or Improvement

49. The Committee noted several areas positive assurance, including the progress of the Covid vaccination programme and the increased focus on inequalities, as well as maternity services and infection prevention and control.

Matters escalated to the Board for consideration

50. It was agreed that there were no matters requiring escalation to the Board.

New/emerging risks

51. The Committee was made aware of a risk relating to the investment needed to reduce the identified capital backlog maintenance position, which could have a clinical impact. This risk has been added to the SRR and will be reflected in the Board Assurance Framework.

Recommendation

52. The Board of Directors is requested to note discussions held and outcomes from the Regulation & Assurance Committee meeting held on 17 February 2021.

REGULATION AND ASSURANCE COMMITTEE

Date:	Wednesday 17 February 2021	Time:	13:30-16:30
Venue:	Microsoft Teams Meeting	Chair:	Dr Maxwell Mclean

Strategic Objectives (SO)		Committee Role
1	To provide outstanding care for patients	Oversight and assurance
2	To deliver our financial plan and key performance targets	Oversight and assurance
3	To be in the top 20% of employers	Oversight and assurance
4	To be a continually learning organisation	Oversight and assurance
5	To collaborate effectively with local and regional partners	Oversight and assurance

Time	No.	Agenda Item	Lead	Outcome To alert To approve To note To assure	Papers attached
13.30	RC.2.21.1	Apologies for Absence	Chair	To note	Verbal
	RC.2.21.2	Declarations of Interest	Chair	To approve	Verbal
	RC.2.21.3	Minutes of the meeting held on 16 December 2020	Chair	To approve	RC.2.21.3
	RC.2.21.4	Matters escalated from executive directors	Chair	To alert	Verbal

13.40	Quality				
	RC.2.21.5	Quality Academy Chairs' Report	Chief Medical Officer/Chief Nurse	To note	RC.2.21.5
	RC.2.21.6	Quality dashboard – December 2020	Chief Medical Officer/Chief Nurse	To assure	RC.2.21.6
	RC.2.21.6a	Quality oversight and assurance exception report – December 2020	Chief Medical Officer	To note	RC.2.21.6a
	RC.2.21.7	Quality strategic risks	Chief Medical Officer	To assure	RC.2.21.7
	RC.2.21.8	Serious Incident Report - December 2020	Chief Medical Officer	For decision	RC.2.21.8
	RC.2.21.9	Maternity services update – January 2021	Chief Nurse	To note	RC.2.21.9
	RC.2.21.10	Ockenden Assurance Submission	Chief Nurse	To note	RC.2.21.10
	RC.2.21.11	IPC Board Assurance Framework	Chief Nurse	To approve	RC.2.21.11
	RC.2.21.12	Infection Prevention and Control report – August-December 2020 (Q2 & Q3)	Chief Nurse	To approve	RC.2.21.12
	RC.2.21.13	Parliamentary Health Service Ombudsman Report	Chief Nurse	To note	RC.2.21.13
	RC.2.21.14	COVID-19 Vaccination Programme Update	Chief Nurse	To assure	Presentation

14.40	People
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	RC.2.21.15	People Academy Chair's Report	Director of HR	To note	RC.2.21.15
	RC.2.21.16	People dashboard – December 2020	Director of HR	To assure	RC.2.21.16
	RC.2.21.17	People strategic risks	Director of HR	To assure	RC.2.21.17
	RC.2.21.18	Staff well-being and resilience	Director of HR	To assure	Verbal

15.10	Finance and Performance				
	RC.2.21.19	Finance and Performance Academy Chairs' Report	Director of Finance/ Chief Operating Officer	To note	RC.2.21.19
	RC.2.21.20	Finance and Performance dashboard – December 2020	Director of Finance/ Chief Operating Officer	To assure	RC.2.21.20
	RC.2.21.21	Finance & Performance strategic risks	Director of Finance/ Chief Operating Officer	To assure	RC.2.21.21
	RC.2.21.22	COVID-19 – Operational Update	Chief Operating Officer	To note	Refer to RC.2.21.23
	RC.2.21.23	Re-establish and recovery report – December 2020	Chief Operating Officer	To note	RC.2.21.23
	RC.2.21.24	Performance report – December 2020	Chief Operating Officer	To note	RC.2.21.24
	RC.2.21.25	Finance report – Month 10	Director of Finance	To note	RC.2.21.25

16.10	Assurance				
	RC.2.21.26	Strategic Risk Register Movement Log	Associate Director of Corporate Governance	To assure	RC.2.21.26
	RC.2.21.27	Governance Review - Update	Associate Director of Corporate Governance	To note	RC.2.21.27
	RC.2.21.28	Update on assurance & progress of the Internal Audit Plan	Director of Finance	For decision	RC.2.21.28

16.25	RC.2.21.29	Any other business	Chair	To advise	Verbal
	RC.2.21.30	Matters to escalate to the Board of Directors or elsewhere	Chair	To approve	Verbal
	RC.2.21.31	Date and time of next meeting 10 March 2021 1.30-4pm	Chair		Verbal

	Regulation & Assurance Committee reference documents				
	RC.2.21.32	Strategic Risk Register (full report)		For information	RC.2.21.32
	RC.2.21.33	Academy Minutes <ul style="list-style-type: none"> People Academy – 30 September 2020 	Director of HR	For information	RC.2.21.33

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Report from the Chair of the Regulation & Assurance Committee

Presented by	Dr Maxwell Mclean, Chairman		
Author	Laura Parsons, Associate Director of Corporate Governance/Board Secretary		
Lead Director	Prof Mel Pickup, Chief Executive		
Purpose of the paper	To provide a summary of the discussions held and outcomes from the Regulation & Assurance Committee meeting held on 10 March 2021		
Key control	This report is relevant to all Strategic Objectives		
Action required	To assure		
Previously discussed at/informed by	Regulation & Assurance Committee – 10 March 2021		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Matters Discussed

1. This paper provides a summary of the Regulation & Assurance Committee meeting held on Wednesday 10 March 2021 via Microsoft Teams. The meeting was chaired by Dr Maxwell Mclean. The agenda for the meeting is attached at Appendix 1. The purpose of the Regulation & Assurance Committee is to seek assurance that the Trust is properly governed and is achieving its strategic objectives and meeting its statutory responsibilities.

Finance & Performance

Finance & Performance Academy Chair's Report

2. The Chair of the Academy (Julie Lawreniuk, Non Executive Director) provided a summary of the items discussed at the Finance & Performance Academy meeting held on 24 February 2021. The Academy had received a presentation in relation to the Act as One programmes, including details of successes and benefits achieved so far. It was agreed to consider how to better connect the programme leads with the Trust CBU's. The Act as One Programme would also need to link into the Trust's own improvement programme once developed. In future the Academy will receive quarterly updates in relation to Act as One.
3. The Chief Operating Officer provided a detailed update on performance, and good performance in relation to the Emergency Care Standard and cancer two week waits was noted in particular. Referral to Treatment performance was 66.9%, and the Academy had sought assurance that patients were being kept safe, and discussed the prioritisation process. It was noted that the performance trajectories for 2021/22 were uncertain due to the impact of Covid and awaiting confirmation of planning guidance.
4. A capital update was provided, the Trust was behind plan and the actions being taken to address this were discussed. The financial position was reported as better than plan. The Academy had also discussed the updated financial principles which are part of the Strategic Partnering Agreement across Bradford District and Craven.
5. The Terms of Reference and work plan were agreed. The Estates & Facilities improvement plan will be presented on a quarterly basis. The Chair was also keen to ensure that all members of the Academy

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could provide input to the discussions.

People

People Academy Chair's Report

6. The Academy Chair (Director of HR) provided an update from the People Academy meeting held on 24 February 2021. The Terms of Reference and work plan were agreed, but it was noted that the work plan would evolve as the Academy becomes more embedded.
7. In relation to the people metrics, there was a focus on sickness absence. It was confirmed that the 'Looking after our people' sub-group would consider the impact of local demographics and inequalities on sickness rates.
8. It had been agreed that a more meaningful and rounded dashboard was required, to reflect the key areas in the NHS People Plan, and to ensure that qualitative metrics were also included. A sub-set of Academy members had agreed to be involved in the development of a new set of metrics, including Jon Prashar, Non Executive Director. It is hoped that the revised dashboard will be presented to the Academy in April.
9. The three key people risks were highlighted and it was noted that there had been no change to the risk profile since the previous meeting. There was a focus on the 'growing for the future' element of the People Plan at this meeting and the Assistant Chief Nurse provided a presentation on nursing and HCA recruitment. There were 196 registered nursing vacancies in total. The Trust was part of the overseas nursing programme and had agreed to recruit around 50 nurses via this route, who were due to be in post from June/July. A query was raised in relation to the ethics of this programme, particularly during a pandemic. It was confirmed that this was part of an ethically based programme through Global Learners, arranged nationally via NHS England. The majority of recruits would be from countries outside of Europe. This would be explored further at the next People Academy. 47 student nurses are also due to join the Trust in September, and 15 members of staff have joined first cohort of the nursing degree apprenticeship programme.
10. In relation to Healthcare Assistants, there is a plan to reduce vacancies to zero by the end of March. 32 posts have been offered so far and the Trust is on track to achieve the plan. All of the appointees are from Bradford which supports the Trust's aim to recruit local people.
11. Jon Prashar, Non Executive had provided an update from a national event regarding the role of the Wellbeing Guardian. An update was also provided in relation to the 'Looking after our people' sub-group, which has now held its first meeting. The Chief Medical Officer presented a quarterly Guardian of Safe Working report - there had been an increase in exception reporting which was due to trainees moving back to their original posts and rotas, as well as the encouragement of trainees to report if they were not receiving enough self development time. No safety concerns were raised, but there were some areas to keep under review in relation to working hours. The 2019/20 Annual Organisational Audit was also presented. An appraisal rate of 89% had been achieved before this process was halted due to Covid.
12. The Trust's Equality, Diversity and Inclusion Lead provided an update and advised the Academy that

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an equality census was being rolled out, to improve the level of equality information held by the Trust in relation to its staff. A pilot external mentoring scheme had been implemented for BAME staff, with 5 members of staff taking part. A further update on EDI will be provided at the Academy meeting in April.

13. A query was raised regarding redeployment of staff and when they were likely to return to their substantive role. It was confirmed that the position is evolving as wards change, there were also complexities relating to where some staff could work in line with their risk assessment.
14. A further query was raised in relation to staff refusing the Covid vaccines. Every member of staff recorded as not having the vaccine received a communication from Occupational Health encouraging them to have the vaccine, and signposting to resources to provide further information. The letter also asked staff to confirm if they have had the vaccine elsewhere so their record could be updated, or if they have declined the vaccine, their reason for doing so.
15. Following the easing of lockdown restrictions, a process will be considered for future meetings and the best way to manage these, given that all meetings have been held virtually during the pandemic and taking account of the larger number of attendees at academy meetings.

Staff Wellbeing and Resilience

16. Wellbeing and resilience will be a focus of the 'looking after our people' workstream. The recovery of people will be included in the Trust's recovery and reset plans. Staff have been reminded that the decision whether to undertake additional work/hours is voluntary and they are encouraged to take rest breaks and annual leave.
17. The national wellbeing strategy will inform the Trust's approach. The Trust has a comprehensive wellbeing offer for staff but take up has been low. A suggestion was made to have an Ideas Forum to seek staff views. It was confirmed that interviews would take place for the Head of OD position on the 11th March.

Nurse Staffing Report – December 2020 – February 2021

18. The Chief Nurse presented an update on the mandatory nurse staffing data for December 2020 to February 2021. The data has been difficult to report on due to the number of ward changes during Covid, so it has been difficult to make comparisons and draw conclusions.
19. 47 incidents were reported, the majority of which resulted in no harm. Most occurred when there was minimum staffing levels. Staffing is planned using a risk based approach to ensure that there are no fewer than two Registered Nurses on acute wards.
20. The dynamic quality safety tool was presented. Results on the whole were positive and as expected. Most of the IPC related metrics are hugely positive and this is driving the relatively low rates of outbreaks and hospital acquired infections compared to peer trusts.
21. The next report will be presented in July, this will look different due to changes to ward configurations and pathways. Ward 31 will have been a Covid ward for 1 year as of 11 March, therefore further consideration will be given to changes required over the coming months.

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22. The Committee was assured that two matrons are focused on staffing every day, there are daily staffing huddles and it is constantly reviewed and worked through.
23. It was acknowledged that this is a difficult issue but appropriate actions are being taken. It was not currently possible to benchmark against other trusts due to the number of ward moves and changes.

Quality

Quality Academy Chair's Report

24. The Quality Academy met on 24 February. The Terms of Reference and work plan were agreed, but as with the other academies, the work plan will evolve as the academy progresses. External and patient representatives will be invited to attend academy meetings, including representation from research institutions.
25. The quality dashboard will be reviewed to ensure that relevant metrics are included. It was noted that the maternity risk has been reduced. This was due to the excellent work of the team despite ongoing pressures. An update was provided in relation to infection prevention and control (IPC) and it was noted that the Trust compares favourably to its peers. The work of the IPC team and the operational teams was commended.

Maternity Services Update – February 2021

26. The Director of Midwifery provided an update in relation to maternity services. During February there had been one stillbirth and one HIE baby. 72 hour reviews were undertaken in both cases, which highlighted some issues with antenatal clinic processes, particularly in relation to women whose condition deteriorates following a routine appointment. A plan was already in place to implement the Birmingham Symptom Specific Obstetric Triage System (BSOTS), which has now been expedited in order to ensure a more robust approach to the ability to triage and identify issues. In relation to the stillbirth, the circumstances meant that quicker treatment would not have changed the outcome. The HIE baby went on to make a good recovery and this case didn't meet the HSIB criteria.
27. There were no new SIs in February. Quality improvement work is planned in order to understand and improve diverts. The numbers reported over the last two months however are low at one in January and none in February. One to one care was 98%, which is the highest level reported, and the breast feeding rate has started to improve thanks to focused work from the Infant Feeding Co-ordinator.
28. In relation to the Maternity Cerner programme, engagement has been undertaken with stakeholders and the inaugural programme board meeting has been held. Updates will be provided to the Committee as this progresses.
29. Fiona Bryant, Maternity Improvement Adviser for NHSE and Assistant Chief Nurse at Wrightington, Wigan and Leigh NHS Foundation Trust has provided support to the Trust. She has commented on the openness of maternity staff and recognises the hard work that has gone into improving the service.

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COVID-19 Vaccination Programme Update

30. The Chief Nurse provided an update on the latest position relating to the Covid-19 vaccination programme. A six month secondment had been advertised for a senior nurse, to focus on inequalities and encourage more take up from underrepresented groups. Invite letters were due to be sent to cohort 8 imminently (age 55 and over), and this cohort can already book a vaccine via the national system. The JCVI guidance on cohorts is being followed which is based on age. Bradford has a younger population compared to other areas in West Yorkshire, therefore the overall vaccination rate is 19%, despite the population making up 23% of the region. An executive steering group had been established from 1 March to provide strategic oversight, and the equalities steering group is being chaired by Kez Hayat, the Trust's Head of EDI. There is also a Clinical Reference Group led by John Bolton, Operations Medical Director.
31. Vaccinations will start to be provided at Bradford College from 15 March, and some additional pharmacy sites will open in north Bradford. The data shows that take up levels are lower in inner city areas and parts of Keighley. It was confirmed that vaccinations are added to GP records, however if a member of staff is vaccinated elsewhere, they would have to notify the Trust in order for this to be recorded.
32. A comprehensive Equality Impact Assessment (EIA) had been completed, which would support the Trust in targeting under represented communities. This should also be used as a baseline for future EIAs.

Partnerships

Partnerships Dashboard – January 2021 & Partnerships Strategic Risks

33. The dashboard will be re-shaped, and aligned with the expected national metrics relating to collaboration and integration. The assurance level relating to this strategic objective is green. Key partnership work was highlighted, including the Act as One programme, the Health and Care Partnership Board and work across the ICS. The main area of focus is the Integration and Innovation White Paper and the potential impacts. This will be discussed further at the Board meeting on 18 March. A Bradford District & Craven ICP engagement event is being held on 19 March, to which Board members have been invited.
34. Strategic risk 3603 (EU exit) was highlighted - no impact had been seen yet in relation to medicines supply which was being managed nationally, however some ongoing estates projects were seeing delays in supplies. The risk will continue to be monitored.

Governance

Board Assurance Framework (BAF) Q4 and Strategic Risk Register Movement Log

35. The Committee was asked to consider the BAF, including the recommended assurance ratings for Q4. The assurance rating relating to outstanding care, being in the top 20% of employers and being a continually learning organisation had reduced from green to amber, and the performance assurance rating had reduced from amber to red, all of which were due to the ongoing impact of Covid. The finance assurance rating had improved from amber to green due to the increased confidence of

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delivering this year's financial position, and the partnerships rating remained at green. In light of the information presented to the Committee, it was agreed that the ratings were appropriate.

36. It was noted that the estates infrastructure risk had been reflected within the BAF as part of the outstanding care objective, and the Director of Estates and Facilities will provide a quarterly report to the Quality Academy, starting from May 2021, to provide additional assurance and oversight.
37. In relation to the strategic risks, it was confirmed that all risks had been reviewed and none were past their review date.

Governance Review - Update

38. The Associate Director of Corporate Governance/Board Secretary provided an update relating to the transition to an academy governance model. The academy terms of reference were presented for approval and the work plans were also presented for review. The terms of reference for the Regulation & Assurance Committee had been updated and were presented for comments alongside the work plan.
39. Some further issues were addressed in the paper, including mapping of the former Committee terms of reference to the new model, a process for raising urgent issues between academy and R&A Committee meetings, and clarification of the respective roles of executive and non executive directors at academy meetings.
40. A report will be presented to the Audit Committee to provide an overview of the new arrangements, and also to consider any amendments required to the Audit Committee terms of reference to ensure alignment with the changes. The R&A Committee terms of reference and any proposed amendments to the Audit Committee will be considered at the Board meeting on 20 May. It was highlighted that the arrangements will continue to evolve over the coming year and changes will need to be made as required. The Audit Committee Chair also suggested that further consideration be given to consultation with the Trust's internal auditors regarding the arrangements. The appropriate method and timing for this will be considered further by the Audit Committee Chair and Director of Strategy & Integration, and a recommendation will then be made to the Board.
41. The Terms of Reference for the academies and R&A Committee were agreed, subject to allowing members of the Committee more time to consider the content and provide any comments by 17 March.

Items of Positive Assurance, Learning and/or Improvement

42. The Committee noted positive assurance relating to:
 - Emergency Care Standard and cancer two week wait performance
 - The Trust financial position and expected achievement of plan for 2021/22
 - HCA recruitment and the plan to reduce vacancies to zero by the end of March

Matters escalated to the Board for consideration

43. There were no matters to escalate to the Board.

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New/emerging risks

44. A risk relating to the estates infrastructure (current rating of 20) was highlighted at the previous meeting and had now been added to the Strategic Risk Register and reflected within the BAF.

Recommendation

45. The Board of Directors is requested to note discussions held and outcomes from the Regulation & Assurance Committee meeting held on 10 March 2021.

REGULATION & ASSURANCE COMMITTEE

Date:	Wednesday 10 March 2021	Time:	13:30-15:30
Venue:	Microsoft Teams Meeting	Chair:	Dr Maxwell Mclean

Strategic Objectives (SO)		Committee Role
1	To provide outstanding care for patients	Oversight and assurance
2	To deliver our financial plan and key performance targets	Oversight and assurance
3	To be in the top 20% of employers	Oversight and assurance
4	To be a continually learning organisation	Oversight and assurance
5	To collaborate effectively with local and regional partners	Oversight and assurance

Time	No.	Agenda Item	Lead	Outcome To alert To approve To note To assure	Papers attached
13.30	RC.3.21.1	Apologies for Absence <ul style="list-style-type: none"> Matthew Horner, Director of Finance (Chris Smith, Deputy Director of Finance representing) 	Chair	To advise	Verbal
	RC.3.21.2	Declarations of Interest	Chair	To approve	Verbal
	RC.3.21.3	Minutes of the meeting held on 17 February 2021	Chair	To approve	RC.3.21.3
	RC.3.21.4	Matters escalated from executive directors	Chair	To alert	Verbal

13.40	Finance and Performance				
	RC.3.21.5	Finance and Performance Academy Chairs' Report	Julie Lawreniuk, Non Executive Director	To note	RC.3.21.5
	Reference Documents (presented to F&P Academy):				
	RC.3.21.6	Finance and Performance dashboard – January 2021	Director of Finance/ Chief Operating Officer	For reference	RC.3.21.6
	RC.3.21.7	Finance & Performance strategic risks	Chief Operating Officer/ Director of Finance	For reference	RC.3.21.7
	RC.3.21.8	Operational Performance report – January 2021	Chief Operating Officer	For reference	RC.3.21.8
		NB Re-establish & Recovery and Finance Report not included this month as January 2021 data was presented to Reg Cttee in Feb			

14.00	People				
	RC.3.21.9	People Academy Chair's Report	Director of HR	To note	RC.3.21.9
	Reference Documents (presented to People Academy):				
	RC.3.21.10	People dashboard – January 2021	Director of HR	For reference	RC.3.21.10
	RC.3.21.11	People strategic risks	Director of HR	For reference	RC.3.21.11
	RC.3.21.12	Guardian of Safe Working Hours Report – Quarter 3 2020/21	Chief Medical Officer	For reference	RC.3.21.12
	RC.3.21.13	Annual Organisational Audit 2019/20	Chief Medical Officer	For reference	RC.3.21.13

	RC.3.21.14	Staff wellbeing and resilience	Director of HR	To assure	Verbal
	RC.3.21.15	Nurse staffing report – December 2020 – February 2021	Chief Nurse	To note	RC.3.21.15

14.30	Quality				
	RC.3.21.16	Quality Academy Chairs' Report	Chief Medical Officer/Chief Nurse	To note	RC.3.21.16
	Reference Documents (presented to Quality Academy):				
	RC.3.21.17	Quality dashboard - January 2021	Chief Medical Officer/Chief Nurse	For reference	RC.3.21.17
	RC.3.21.18	Quality oversight and assurance exception profile-January 2021	Chief Medical Officer	For reference	RC.3.21.18
	RC.3.21.19	Quality strategic risks	Chief Medical Officer/Chief Nurse	For reference	RC.3.21.19
	RC.3.21.20	Serious Incident Report - January 2021	Chief Medical Officer	For reference	RC.3.21.20
	RC.3.21.21	IPC Board Assurance Framework	Chief Nurse	For reference	RC.3.21.21
	RC.3.21.22	Ockenden Assurance Submission	Chief Nurse	For reference	RC.3.21.22
	RC.3.21.23	Outstanding Maternity Services Programme Update	Chief Nurse	For reference	RC.3.21.23
	RC.3.21.24	Maternity services update – February 2021	Chief Nurse	To assure	RC.3.21.24
	RC.3.21.25	COVID-19 Vaccination Programme Update	Chief Nurse	To assure	Presentation

15.00	Partnerships				
	RC.3.21.26	Partnerships dashboard – January 2021	Director of Strategy & Integration	To assure	RC.3.21.26
	RC.3.21.27	Partnerships strategic risks	Director of Strategy & Integration	To assure	RC.3.21.27

15.15	Assurance				
	RC.3.21.28	Board Assurance Framework (Q4) and Strategic Risk Register Movement Log	Associate Director of Corporate Governance	For decision	RC.3.21.28
	RC.3.21.29	Governance Review – Update	Associate Director of Corporate Governance	To note	RC.3.21.29

15.30	RC.3.21.30	Any other business	Chair	To note	Verbal
	RC.3.21.31	Matters to escalate to the Board of Directors or elsewhere	Chair	To approve	Verbal
	RC.3.21.32	Date and time of next meeting 11 May 2021 1.30-4pm	Chair	To note	Verbal

Regulation & Assurance Committee reference documents					
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	RC.3.21.33	Strategic Risk Register (full report)		For reference	RC.3.21.33
	RC.3.21.34	Academy Minutes: <ul style="list-style-type: none"> • Finance & Performance – 30 September 2020 & 27 January 2021 • People – 27 January 2021 • Quality – 27 January 2021 		For information	RC.3.21.34