

REGULATION AND ASSURANCE COMMITTEE MINUTES

Date:	Wednesday 10 th March 2021	Time:	13:30-16:30
Venue:	Microsoft Teams	Chair:	Dr Maxwell Mclean, Chairman
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> • Barrie Senior (BS) • Selina Ullah (SU) • Mohammed Hussain (MHu) • Jon Prashar (JP) • Julie Lawreniuk (JL) • Karen Walker (KW) • Altaf Sadique (AS) <p>Executive Directors:</p> <ul style="list-style-type: none"> • Mel Pickup, Chief Executive Officer (MP) • Pat Campbell, Director of Human Resources (PC) • Karen Dawber, Chief Nurse (KD) • Sajid Azeb, Chief Operating Officer (SA) • Paul Rice, Chief Digital and Information Officer (PR) • John Holden, Director of Strategy and Integration (JH) 		
In Attendance:	<ul style="list-style-type: none"> • Chris Smith, Deputy Director of Finance (CS) • LeeAnne Elliott, Deputy Chief Medical Officer (LEA) • Laura Parsons, Associate Director Corporate of Governance / Board Secretary (LP) • Sara Hollins, Director of Midwifery (SH) for agenda item RC.3.21.23 		

Agenda Ref	Agenda Item	Actions
RC.3.21.1	Apologies for Absence	
	The Chair noted apologies for absence from Matthew Horner (MH), Ray Smith (RS) and Mark Holloway (MHol).	
RC.3.21.2	Declarations of Interest	
	There were no interests declared.	
RC.3.21.3	Minutes of the meeting held on 17th February 2021	
	<p>The minutes of the meeting held on Wednesday 17th February 2021 were agreed as an accurate record.</p> <p>The following two actions were noted as complete:</p> <p>RC21001 Parliamentary Health Service Ombudsman Report 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. Action closed.</p>	

	RC21002 Governance Review Update The Associate Director of Corporate Governance agreed that the Terms of Reference and Work plans will be brought to the academy meetings in February. Action closed.	
RC.3.21.4	Matters escalated from Executive Directors	
	There were no matters to be escalated	

RC.3.21.5	Finance and Performance Academy Chairs' Report	
	<p>JL introduced the Finance and Performance Academy Chair report and made the following key highlights:</p> <ul style="list-style-type: none"> • There had been excellent attendance at the first Academy and additional colleagues had been in attendance alongside the core group. The Academy was keen to continue to invite other colleagues to join and JL had led a discussion with SA and MH post-meeting to discuss how best to ensure continued engagement from attendees. • The terms of reference and work plan for the Academy were approved. • Colleagues from the Act as One programme had joined the meeting to update on progress made to date. Discussions were held about the development work required to measure success, noting that metrics would be relevant to all Academies and therefore was an improvement piece for all. This would be added to the Academy workplan as a quarterly update. • MHol would present the estates improvement plan to the Academy on a quarterly basis to ensure oversight on this. • In terms of performance, it was noted that the emergency care standard continued to show improvements in comparison to last year, and cancer 2 week waits continued to exceed the 93% target. SA had explained the process behind clinical validation of waiting lists and the Academy was assured of this. • There was a discussion around 2021/22 metrics and it was noted that there continued to be uncertainty around the planning guidance and continuing impact of covid-19. The Academy would continue to keep abreast of the re-establish and recovery plan and escalate to the Committee as required. • MH had advised the Academy that the Trust was forecast to underspend on its' capital plan but the organisation was taking action to protect the funding in 2021/22. The finance position was currently better than planned. • There was a discussion about the strategic partnering agreement financial principles, and the Academy had recognised the potential challenges in how the principles would play out in reality. <p>The report was noted by the Committee.</p>	

RC.3.21.6	Finance and Performance dashboard – January 2021	
	The paper was noted for information.	
RC.3.21.7	Finance and Performance Strategic Risks	
	The paper was noted for information.	
RC.3.21.8	Operational Performance Report – January 2021	
	The paper was noted for information.	

RC.3.21.9	People Academy Chair's Report	
	<p>PC introduced the People Academy Chair report and made the following key highlights:</p> <ul style="list-style-type: none"> • The People Academy had now met twice, and at the most recent meeting the terms of reference and workplans were agreed (with recognition made that these were not cast in stone and would possibly change as the meetings evolve). • There had been a detailed review of dashboard metrics that had not been paused throughout the pandemic, with a key 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. There would be a need to update the dashboard with more meaningful metrics, including qualitative data, that aligned to the four key areas of the people plan and this would be presented at the April Academy meeting. • Each Academy meeting would include a focus on a key area of the NHS People Plan, and at the February meeting, this focus was on 'Growing to the Future'. Jo Hilton shared a detailed update on nursing and HCA recruitment, noting that there were 196 registered nursing vacancies across the trust in total, with band 5 theatre staff a particular area of pressure. The overseas nursing programme was in place and approval had been given to recruit 50 overseas nurses. A further 47 student nurses were due to begin in September. SU queried the ethics of the overseas programme and PC and KD assured that this was an ethically based programme arranged nationally by NHS England. It was agreed to discuss further at the March Academy meeting. In relation to HCA recruitment, the target was for 0% vacancies at the end of March and the Trust was on track to achieve this. • In terms of updates received at the Academy meeting, JP had feedback from a national Wellbeing Guardian event, Faeem Lal had provided an update from the first of the 'Looking After our People' sub-group meeting and RS had presented the Q3 Guardian of Safe Working report. As part of this report, it had been noted that there had been an increase in exception reporting but this was believed to be due to trainees moving back to their original posts and rotas. RS also updated on the annual organisational audit around medical appraisals advising that performance was 	

	<p>positive.</p> <ul style="list-style-type: none"> • Kez Hayat had provided the Academy with an update on equality, diversity and inclusion, noting the equality census being rolled out to staff with the aim of improving diversity data held on record, particularly around disability which was currently underreported. A pilot external mentoring scheme had been implemented for BAME staff, with 5 members of staff taking part. A further update on EDI would be provided at the Academy meeting in April. • At the January Academy meeting, there had been a review of disciplinary procedures linked to the 7 recommendations following the London case, and the Trust's position against these would be shared via a paper at the Open Board meeting on 18/03. The paper with detailed analysis would be presented via Closed Board. <p>SU queried whether there was a timeline for redeployed staff returning to substantive posts, and PC advised that deployment continued to evolve as wards were reconfigured and therefore staff relocated. It was noted this was complex due to staff needing to be risk assessed to ensure they were working in an appropriate area.</p> <p>A query was raised around how staff were being encouraged to take up the offer of covid vaccination, and PC advised that a process was in place to identify staff who had not received a vaccination to have a discussion with them. Of the discussions that had already been held, the majority had declined due to reasons such as being pregnant, or on a clinical trial.</p> <p>A discussion was held about future ways of working moving forwards, i.e. whether Academy and Committee meetings would continue to be virtual given the large number of attendees, and it was agreed that LP and JH would give thought to this and formulate a paper with a proposed future approach to working.</p> <p>MP updated on the upcoming Head of OD interviews on 11th March, noting that the wellbeing package for staff was being wrapped up into a singular programme, 'Thrive', and the successful applicant would be responsible for implementing this and helping to cultivate a positive work environment.</p> <p>The report was noted by the Committee.</p>	
RC.3.21.10	People dashboard – January 2021	
	The paper was noted for information.	
RC.3.21.11	People strategic risks	
	The paper was noted for information.	
RC.3.21.12	Guardian of Safe Working Hours Report – Quarter 3 2020/21	
	The paper was noted for information.	

RC.3.21.13	Annual Organisational Audit 2019/20	
	The paper was noted for information.	
RC.3.21.14	Staff well-being and resilience	
	<p>PC updated that a 'Looking After our People' workstream and sub-group had been established to report into the People Academy, and that it was hoped that lived experiences could be shared via this forum to identify practical ways to support staff.</p> <p>The recovery of staff had been factored into recovery and reset plans, and clear messaging has been given that additional work was voluntary and there was no pressure or obligation on staff to undertake additional sessions to aid recovery. In addition, staff would continue to be encouraged to take annual leave and rest breaks.</p> <p>PC advised that although there was a large number of support offers available at organisational, place and national level, there hadn't been a high take up of this – this was replicated across all Trusts and was not BTHFT specific. She recognised the need to involve staff in identifying further or alternate support requirements. KW suggested that an ideas community be established to provide an opportunity for staff to contribute to this. It was hoped that the Head of OD post would be successfully recruited to following interviews on 11th March and this post holder would be key in supporting this and taking this work forward.</p>	
RC.3.21.15	Nurse Staffing Report – December 2020-February 2021	
	<p>KD presented the nurse staffing report for the above period, noting that due to the pandemic and subsequent changes to wards, comparison to previous reports wasn't reliable. 47 incidents had been reported, the majority of which occurred during times of minimal staffing levels, however most incidents resulted in no harm. KD outlined the actions being taken to mitigate the risk of minimal staffing levels such as using experienced HCAs in areas where the number of RNs was at the minimal level. A further report would be presented in July but KD noted this would look different to previous reports given the changes to ward configurations and pathways.</p> <p>KD also gave an overview of the IQVIA response analysis shared alongside the report, noting that on the whole the results were positive.</p> <p>The Chair queried the Trust's performance against peer organisations, but KD advised that at present benchmarking data was not possible due to the complexity of the pandemic.</p> <p>The report was noted by the Committee.</p>	
RC.3.21.16	Quality Academy Chairs' Report	
	LEA introduced the Quality Academy Chair report and made the	

	<p>following key highlights:</p> <ul style="list-style-type: none"> • There had been good attendance and representation at the first Quality Academy meeting but there had been discussion about widening this to include patient representatives and members of local research institutions within the structure to ensure focus on moving to outstanding. Quarterly attendance from the CCG had also been suggested. • The terms of reference and workplan for the Academy were approved in principle but it was recognised that the workplan would continually to evolve as the Academy progressed as well as in learning from other Academies. • The Quality dashboard would be reviewed with support from Informatics and BI colleagues as the Academy had recognised the need to ensure measurement of more meaningful metrics to drive improvement and learning. • The strategic risk register for quality would also be reviewed further, but it was noted that the risk in relation to maternity had been reduced in recognition of the improvement and achievements of the team despite ongoing covid-19 pressures. • There had been a brief discussion on the Magnet programme, and it was noted that Sally Scales was the lead for this for the Trust. She would keep the Academy informed on progress. • It was noted that the Ockenden Assurance statement had been completed and submitted. The results were pleasing but the Trust would not be complacent with this. <p>The report was noted by the Committee.</p>	
RC.3.21.17	Quality dashboard – January 2021	
	The paper was noted for information.	
RC.3.21.18	Quality oversight and assurance exception profile- January 2021	
	The paper was noted for information.	
RC.3.21.19	Quality strategic risks	
	The paper was noted for information.	
RC.3.21.20	Serious Incident Report - January 2021	
	The paper was noted for information.	
RC.3.21.21	IPC Board Assurance Framework	
	The ICP Board Assurance Framework had been shared with the Committee for reference only but KD highlighted that despite ongoing challenges of the pandemic and estate constraints, results on the whole were positive and as expected. Most of the IPC related metrics were hugely positive and this was driving the	

	<p>relatively low rates of outbreaks and hospital acquired infections compared to peer trusts.</p> <p>The paper was noted for information.</p>	
RC.3.21.22	Ockenden Assurance Submission	
	The paper was noted for information.	
RC.3.21.23	Outstanding Maternity Services Programme Update	
	The paper was noted for information.	
RC.3.21.24	Maternity services update – February 2021	
	<p>SH joined the meeting to present the maternity services update paper and highlighted the following key points:</p> <ul style="list-style-type: none"> • BTHFT reported 1 stillbirth and 1 HIE baby in January. The 72 hour reviews of both cases highlighted some immediate issues with antenatal clinic processes, particularly in women attending for routine appointments and showing deterioration that is not immediately acted upon. A traffic light triage system had been implemented to ensure prompt action is taken if a woman is identified as having deteriorated. • The stillbirth occurred at 25 weeks; the mother had hypertension and the baby was growth retarded and so it was unlikely the outcome would have changed had this been picked up sooner. • The HIE baby had since recovered well and recent MRI scans showed no brain damage. • There were two outstanding serious incidents, one which was complete to interim report and one which had been completed to final report but this had not yet been shared. No new serious incidents had been reported in February. • Both the CQC and colleagues from the NHS Improvement Maternity Safety Improvement programme had advised that Bradford was felt to have an increased number of diverts in comparison with other trusts, but benchmarking data was not available so there was no confirmation that the Trust was an outlier. However, the team had addressed this and would be reviewing the escalation and divert policy. SH noted that in January there had only been 1 unit divert and in February there was 0. • 1:1 care in labour had seen continued improvements as had the breastfeeding rate. Due to the timing of the committee, the maternity dashboard was not yet available but would be shared at the next meeting. • The Maternity Cerner programme was rapidly taking pace and work was continuing on engaging stakeholders. The Committee would be kept updated on further progress. <p>SU made reference to a meeting she had with Fiona Bryant, Head of Midwifery at another NHS Trust, who had recognised the hard</p>	

	<p>work of the BTHFT maternity team in improvement works, and the willingness of the Trust to be open to and receptive to feedback.</p> <p>The report was noted by the Committee.</p>	
RC.3.21.25	COVID-19 Vaccination Programme Update	
	<p>KD gave an overview of the paper detailing updates to the Covid-19 Vaccination Programme. She noted that a 6 month secondment opportunity had been advertised for a senior nurse to work across the community vaccination centres to support and encourage uptake of the vaccines with a focus on inequalities.</p> <p>With regards to the cohort vaccination groups, KD advised that those aged 55+ were now able to book using the national booking system. Although it had been clear that JCVI guidelines were to be followed, there was also a need to ensure the needs of the community are responded to. As a result, those with learning difficulties had been included as part of cohort 6.</p> <p>A weekly steering group was in place to maintain strategic oversight of vaccine delivery, and in addition, an equalities working group had recently been implemented to ensure targeted approaches to those areas with lowest uptake. In terms of wards, those of the lowest uptake included Keighley and Inner City Bradford but this was not surprising and the inequalities group would work to address this. A clinical reference group was also established to address any clinical issues such as vaccine reactions in primary care.</p> <p>Additional pharmacy and community hubs were due to be set up in Bradford. The hospital hub at BRI continued to operate but was planned to close in May following delivery of second Pfizer vaccines, but staff were still able to access vaccinations in the pharmacy and community hubs. In addition, supplies of the Oxford vaccine had been requested to enable occupational health to provide vaccines to staff.</p> <p>It was noted that vaccinations were included on GP records automatically but the flow didn't work the other way – the Trust had no knowledge of staff vaccinations if these are received in a primary care setting, and so were reliant on staff members notifying of this.</p> <p>KW recognised the high quality data and the potential to use this to create bespoke services to meet the needs of the community. KD advised that considerations were already being made as to how best to reach vulnerable communities. An inequalities plan had been developed and would form a roadmap of best practice for wider inequality impacts on health.</p> <p>The paper was noted by the Committee.</p>	

RC.3.21.26	Partnerships Dashboard – January 2021	
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	<p>JH referred to the partnerships dashboard, noting that it was anticipated that NHS England and Improvement would propose metrics for national use and that following this, the dashboard would be updated to ensure that it remains consistent with the national direction of travel.</p> <p>JH updated that the overall assurance level was green as verified in ETM on 15/02. Partnership activity continued with Trust involvement, such as the SPA Financial Principles and Estates Work. He highlighted that the Act as One programme was focusing on health inequalities with all programmes expected to explain what they were doing to address health inequalities for the population. In terms of ICS partners, the main focus was on the NHS White paper and the work through of implications arising from this. This would be discussed at the system ICP meeting on 19th March which all NED and Executive colleagues were invited to but this would be discussed at Trust level at the next Board Development session to understand what this would mean at organisational level.</p> <p>BAS referred to the implementation of the Vascular Arterial Centre and advised he would be interested in a progress report on this. JH would discuss this offline with SA to identify the most appropriate forum to provide an update on this.</p> <p>The paper was noted by the Committee.</p>	<p>Director of Strategy and Integration RC21003</p>
RC.3.21.27	Partnerships Strategic Risks	
	<p>JH noted the three open strategic risks and made reference to risk 3603 in relation to EU Exit noting that at present, the EU Exit had had no direct impacts on the work of the Trust but this risk would continue to be monitored and therefore remained on the strategic risk register. This would be reviewed in 6 months time.</p> <p>The paper was noted by the Committee.</p>	

RC.3.21.28	Board Assurance Framework (Q4) Strategic Risk Register Movement Log	
	<p>LP referred to the Board Assurance Framework and sought the Committee's approval of the following changes to assurance levels:</p> <ul style="list-style-type: none"> • To deliver our key performance targets – reduced from amber to red given the significant increase in waiting times and deterioration of performance against access targets as a result of covid-19. • To provide outstanding care for our patients – reduced from green to amber in recognition of the extreme pressures of the last 12 months. • To be in the top 20% of employers in the NHS – reduced from green to amber due to the pressures the staff have endured over the last 12 months. • To be a continually learning organisation – reduced from green to amber in recognition of the limited training opportunities and loss of teaching resource throughout 	

	<p>covid-19.</p> <ul style="list-style-type: none"> To deliver our financial plan – increased to green from amber as the forecast year end position is now better than plan. <p>The committee agreed the above changes to assurance levels were appropriate and noted the discussions held at ETM in relation to this.</p> <p>KD highlighted that a new risk had been added to the strategic risk register (risk 3627) in relation to estates and infrastructure. MHol would keep the relevant Academies and the Committee updated on progress against this.</p> <p>The paper was noted by the Committee.</p>	
RC.3.21.29	Governance Review – Update	
	<p>LP gave an overview of the governance review paper updating on the new academy approach to governance. As part of this, the ToRs and Workplans for each Academy were provided to the Committee for review. The paper had sought to clarify the role of the executives and the NEDs at Academies but further detail could be provided by exception if required. In addition, the paper provided details on means of escalation of urgent issues that arose between the Academy and Regulation Committee meeting dates.</p> <p>It was noted that a report would be presented to the Audit Committee on 06/04 to provide an overview of the new arrangements. The Audit Committee terms of reference would also be reviewed to ensure alignment with the new governance structure. The Audit Committee would be asked to make recommendations of any adaptations to the Board, following which the Board would be asked to approve the final terms of reference for the Regulation and Assurance Committee and the Audit Committee. BAS advised that there would be a need to recognise the transition period for Academies throughout the remainder of this year and so subsequent changes may be required. BAS also suggested that further consideration be given to consultation with the Trust's internal auditors regarding the arrangements, and he would discuss this further with JH offline.</p> <p>It was noted that an additional item needed to be added to the Regulation Committee and all Academy workplans – 'Annual Review of Effectiveness'.</p> <p>The Committee was asked to review the proposed terms of reference for the Academies and provide any comments back to LP by no later than 17/03.</p> <p>Subject to the above, the recommendations in the paper were noted and approved by the Committee.</p>	<p>BAS (NED) / Director of Strategy and Integration RC1004</p> <p>Board Secretary RC21005</p> <p>All RC21006</p>

RC.3.21.30	Any other business	
	There was no other business.	
RC.3.21.31	Matters to escalate to the Board of Directors or elsewhere	
	There were no matters to escalate to the Board of Directors or elsewhere.	
RC.3.21.32	Date and time of next meeting	
	11 th May 2021 13:30 – 16:00	

Regulation and Assurance Committee reference documents:

RC.3.21.33 Strategic Risk Register (full report)

RC.3.21.34 Academy Minutes

ACTIONS FROM REGULATION AND ASSURANCE COMMITTEE 10.03.2021

Action ID	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC21006	RC.3.21.29	Governance Review Update All to review the proposed terms of reference for the Academies and provide any comments back to LP by no later than 17/03.	All	17 March 2021	<u>Action completed</u>
RC21001	RC.2.21.13	Parliamentary Health Service Ombudsman Report 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 May agenda – <u>action completed</u>
RC21003	RC.3.21.26	Partnerships Dashboard – January 2021 JH to agree with SA the most appropriate forum to share an update on the Vascular Arterial Centre.	Director of Strategy and Integration/COO	11 May 2021	Added to May agenda – <u>action completed</u>
RC21004	RC.3.21.29	Governance Review Update BAS / JH to give further consideration to consultation with the Trust's internal auditors regarding the arrangements.	BAS (NED) / Director of Strategy and Integration	11 May 2021	JH, LP & BAS met on 18 march and agreed approach to support discussion of governance arrangements by audit committee in April. Agreed no internal audit contribution required at this stage but some independent view on embedding of new governance arrangements would be helpful at a later date. <u>Action completed</u>



Bradford Teaching Hospitals

NHS Foundation Trust

Action ID	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC21005	RC.3.21.29	Governance Review Update LP to add 'Annual Review of Effectiveness' to all Academy and Regulation Committee work plans.	Board Secretary	11 May 2021	Work plans updated – <u>action completed</u>