

REGULATION COMMITTEE MINUTES

Date:	Wednesday, 23 September 2020	Time:	13:30-16:30
Venue:	Webex meeting	Chair:	Dr Maxwell Mclean, Chairman
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Ms Trudy Feaster-Gee (TFG) - Mr Barrie Senior (BAS) - Mr Mohammed Hussain (MHu) - Mr Jon Prashar (JP) - Professor Laura Stroud (LS) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Ms Mel Pickup, Chief Executive Officer (MP) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Ms Sandra Shannon, Chief Operating Officer (SES) - Ms Cindy Fedell, Chief Digital and Information Officer (CF) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) - Mr Bryan Gill, Chief Medical Officer (BG) 		
In Attendance:	<ul style="list-style-type: none"> - Mr Paul Southern, Associate Medical Director - Informatics - Mrs Sheridan Osbourne, Corporate Governance Officer (minutes) 		

Agenda Ref	Agenda Item	Actions
RC.9.20.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Mrs Julie Lawreniuk, Non-Executive Director (JL) - Ms Selina Ullah, Non-Executive Director (SU) 	
RC.9.20.2	Declarations of Interest	
	There were no interests declared.	
RC.9.20.3	Minutes of the meeting held on 29 July 2020	
	<p>The minutes of the meeting held on 29 July 2020 were agreed as an accurate record.</p> <p>The following items were discussed for progress and closed:-</p> <p>RC20005 –EDI meeting with JP and PC to be arranged - meeting arranged – <u>action closed</u></p> <p>RC20002 – Organisational Wide Procedural Documents – The Trust compliance rate is now 98% with 289 out of 295 documents that are within date. There are 6 outstanding due end August 2020. Between the end of September 2020 and March 2021 a further 63 will expire. We have taken the decision due to COVID and winter pressures that each lead executive for each area will</p>	

	review each policy to see if any need any detailed assessments. Our default will be that we roll them forward to the end of March 2020. We will continue on a reasonable basis to be compliant up to the end of the financial year and once we enter the new calendar year from January onwards we will start issuing prompts to warn people of any policies that are due to expire from the 1 April onwards. <u>Action closed.</u>	
RC.9.20.4	Matters escalated from Executive Directors	
	No matters to be escalated.	
RC.9.20.5	Partnership committee annual report 2019/20	
	<p>BAS noted at 2.8 on each of the committee annual reports that an assurance report would be delivered to the Audit & Assurance Committee in January 2020. Those reports were in draft format and due to the committees being stood down in March 2020 the Audit Committee did not received the final version of those assurance reports. This was documented in the Audit Committee report that went to Board in September 2020.</p> <p>JH confirmed that once we formally move to a new set of arrangements we need to formally close down those committees that have been disbanded. We need to recognise the transition from committees to academies and it may be that there are some legacy issues that we need to follow up.</p> <p>The Committee noted the annual report.</p>	
RC.9.20.6	Integrated governance and risk committee annual report 2019/20	
	<p>MP noted that the report covers the period before the committee was suspended and confirmed that the responsibilities were subsumed by the weekly Executive Team Meeting (ETM) where the strategic risks are reviewed. A map of how the assurance pieces fit together would be produced going forward. It is proposed that we do not re-institute the integrated governance & risk committee because the membership is the executive team and the ETM is held weekly with the same membership. This will become part of the terms of reference of the ETM.</p> <p>The Committee noted the annual report.</p>	
RC.9.20.7	Quality Dashboard	
	<p>BG noted that at a previous meeting it was agreed to make adjustments to the dashboard in relation to what was active during COVID and to remove items that had been paused. He highlighted the points below:-</p> <ul style="list-style-type: none"> Deaths Screened and Learning from Deaths has been paused due to COVID but these will not be re-instated as we will be launching the medical examiner process and have appointed a lead medical examiner at BTHFT along with one at Airedale. 	

	<p>We will need to redefine our internal mortality process as the medical examiner process is independent in its functionality.</p> <ul style="list-style-type: none"> • Readmissions are still rated as red partly because normally activity hasn't resumed. • MM noted that the rate of stillbirths was encouraging and KD noted that a combination of ongoing work within Maternity had contributed towards the constant monthly figures. <p>KD noted that this report is the end of July position which was previously discussed at Board in September. KD notified the committee that there has been an increase in IDU's in September. 72 hour reviews have been received and a full report expected w/c 29.9.20 with a detailed review. KD confirmed that no obvious errors or omissions but a theme of 3 cases where women delayed attending hospital with reduced foetal movements.</p> <p>LS questioned if the communications department are ready to send out communications about coming into hospital during the second wave of the pandemic. KD noted that systems and processes are in place which we didn't have previously. We have very close links particularly relating to maternity with Maternity Voices Partnership to provide key messages to households.</p> <p>The Committee noted the report.</p>	
RC.9.20.8	Relevant strategic risks (Quality)	
	<p>BG highlighted the risks below:-</p> <ul style="list-style-type: none"> • ID 3313 – Risk of patient harm due to long waits for diagnosis and treatment – work is ongoing to treat patients and monitoring whether patients have come to harm. • ID 3169 – Shortage of drugs due to Brexit – the Pharmacy team is alerted to any warning signs of drugs shortages which are part of a national problem. <p>The Committee noted the paper.</p>	
RC.9.20.9	Quality oversight and assurance exception profile presentation	
	<p>BG gave an overview of the new model for quality oversight which was introduced during COVID to ensure continuing assurance for patient safety during the pandemic. It sets out a whole range of safety indicators to ensure that quality of patient care is monitored and managed appropriately. It is an amalgamation of weekly Quality of Care Panel meetings, where the information is received in the same format.</p> <p>He focused on incidents and how these are monitored by the Incident Performance Management Group and the Quality of Care Panel.</p> <p>A rapid response action bulletin on tension pneumothorax and delayed insertion of a chest drain was distributed across the organisation to look at why this had occurred.</p>	

	<p>Work is ongoing around staff and patient experiences using video consultations. Improvement work is underway to ensure staff are fully trained and comfortable doing it and if it is beneficial to patients.</p> <p>Quality improvement work continued throughout the pandemic. As part of our paid membership with NHS QUEST, we are eligible to enrol in the Improvement Science for Leaders (IS4L) programme and a number of groups have been involved and has made a huge difference in embedding quality improvement on the front line. The Neonatal team will be part of an improvement programme to look at infection rates in the newborn unit.</p> <p>The Committee noted the report and are assured that quality oversight has been maintained during COVID.</p>	
RC.9.20.10	Serious Incident Report - July and August	
	<p>BG noted that no incidents had been reported during the month of August. There have been two serious incidents reported during July 2020.</p> <ul style="list-style-type: none"> • There was a delay in insertion of a chest drain in a patient with a tension pneumothorax who also had extensive lung disease – the paper outlines the immediate responses we had put in place including the learning matters report that went out to alert people to the interventions required. • A self-harm, which resulted in a maternal death – KD gave an update and a full investigation is taking place. <p>The Committee is assured that processes are in place to identify, investigate and learn from serious incidents.</p>	
RC.9.20.11	Nurse staffing data	
	<p>KD noted that nurse staffing is reported through a variety of mechanisms which includes reviewing our roster data and using our safeguard tool which tells us whether or not our staffing is safe. In addition we continue to look at incidents on a monthly basis by ward. The monthly staffing data reporting was suspended during the pandemic. In August we have submitted a test return back nationally. The issue is that all the wards and departments are very different from pre COVID. Providing an assurance report to committees will need to change and this will be discussed in the first instance at the September meeting of the People Academy.</p> <p>The Committee noted the verbal update.</p>	
RC.9.20.12	Maternity Services update – August 2020	
	<p>The three key issues that the CQC focussed on were:-</p> <p>IUD/Stillbirth rates- These are progressing well and our stillbirth</p>	

	<p>rate has been low compared with previous months. Unfortunately there has been an increase in stillbirths of 5 during September. With 3 or 4 happening over the last 6 days. Additional information has been requested including any themes and what immediate action needs to be taken. KD noted that after a quick review of the cases three of these had a history of women not attending with reduced foetal movements. No further detail is available at the moment. BG noted that there is a distinction between those that occur during labour versus those that are antenatal. The vast majority are antenatal and women who presented following incidents or events at home rather than at hospital.</p> <ul style="list-style-type: none"> • One to one care in labour – reduced slightly due to a peak of vacancies and holidays during August. Remains above our trajectory of 85%. During September within Maternity we have continued to have shortages of staff but we have maintained one to one care in labour. There has been increasing concern from staff about staffing cover levels and it is hoped this will start to improve when the new starter midwives arrive. • Theatres - continues on track. <p>KD noted that within the dashboard there are a couple of indicators that have deteriorated within August which need to be monitored which are ‘rates for induction of labour’ and ‘caesarean sections’.</p> <p>The launch of the OMS programme took place of which 86 people attended over 2 days. Outputs of these sessions will be reported in due course.</p> <p>MM queried a small cluster of complaints over a 2 month period in relation to maternity services. After investigation it was noted that the time period for these complaints spanned 12 months. An update will be provided to the October Regulation Committee as part of the maternity update.</p> <p>BAS asked for clarification on the Maternity Improvement Plan and items that are flagged as blue or red. KD confirmed that items shown in blue are completed and red signifies that it is behind the timescale mainly in part to restrictions due to COVID.</p> <p>LS asked for clarity on the Bradford factor referred to in the risk assessment within the maternity action plan. PC explained the approach to managing short term sickness and noted that over the last few months this had been suspended at a national level. The method of managing sickness using the Bradford factor is under review in terms of our attendance management policy. The Bradford factor is a metric that is commonly used in public sector organisations.</p> <p>The Committee noted the paper.</p>	
RC.9.20.13	Infection Prevention and Control Report: April-July 2020 Q1	
	KD gave an overview of the report highlighting the points below:-	

	<ul style="list-style-type: none"> • Workplan is included and progress can be seen against it. • CQC letter is provided as an attachment which was presented at September Board. • The BAF is attached and is updated. • Detailed section within the report on how we have managed infection control during the Covid period. • There have been some changes to the reporting criteria for healthcare acquired infections. <p>MM noted that he had been in discussion with KD about the accuracy of the graphs included in the report in relation to the upper and lower control limits. KD agreed to review and check these.</p> <p>The Committee approved the annual work plan, BAF and noted the CQC Report.</p>	Chief Nurse RC20009
RC.9.20.14	Annual report on digital	
	<p>CF presented the annual report on Digital. The report in the main outlines the progress on delivering the Digital Strategy – From Going Digital to Going Virtual with a supporting review of the digital operational services to ensure work continues to be done appropriately.</p> <p>She reminded the group that the main thrust of the strategy was to make best use of the investment in information technology and data that we have already made. The strategy outlines nine themes. CF reported that there has been progress on each of the themes. As the work is developmental in nature, rather than in the past about implementation, it is new territory that takes time to get going. Some of the key projects progressed have been using robotics, artificial intelligence and population health management as a region. We are also using a regional team for some work. In addition this past year two major upgrades were completed for PACS and the EPR.</p> <p>On the operational side overall the past there was good performance. The Trust received a number of positive assurance reports and profiles on cyber security, green IT, data quality and for age of kit there are plans in place.</p> <p>The highlights of this past year have been the award of Digital Aspirant funds in recognition of work we have done and the progressive nature of our local health system digitally, and Team of the Year in Digital Health this time last year.</p> <p>This coming year the work will focus on the proposed Maternity EPR, Place Command Centre and progressing working as a Place as a whole.</p> <p>The Committee noted the report.</p>	

RC.9.20.15	Digital services bi-annual report	
	<p>CF noted this is the regular report of the digital services. The report has been restructured to give a more holistic view.</p> <p>The report shifts away from presenting solely performance to four quadrants – performance, strategy achievement, risk and assurance. Supporting the quadrants underneath is a suite of metrics that reviewed monthly. A suite of metrics will go to Quality Academy for discussion and any performance metrics where there is an issue will be taken to the Finance and Performance Academy by exception.</p> <p>Currently the report presents a position that is very much like the annual report. There are no active issues, the risk position is being managed and the strategic work is tracking well. The next assurance report will be for penetration testing as outlined. The next report will be brought in six months' time.</p> <p>LS commended the achievement of the Digital Aspirant award and CF's leadership that has been exemplary throughout.</p> <p>The Committee noted the report.</p>	
RC.9.20.16	Quality committee annual report 2019/20	
	The Committee noted the report.	
RC.9.20.17	People dashboard	
	<p>PC gave an update on the people dashboard for August:-</p> <ul style="list-style-type: none"> • our agency/bank fill in which we have continued to report showed a shift from agency to bank particularly in the nurse and midwifery staff group and have seen improved bank fill rates within the healthcare assistant group. Our agency spend continues to be below ceiling. Staff turnover has continued to reduce. • There has been a sickness absence year to date increase for July and we saw our monthly sickness figures fall for the first time in August. • Covid related absences had reduced to approximately 2% of the workforce with Covid or isolation which compared with the month before at 3.5%. The vast majority of shielding employees are now back at work. • There is a slight upward trend in September in terms of Covid related absence. • BG remarked on the significant decrease in staff turnover as could be seen from the chart. PC said when you looked underneath this there has been a steady reduction in terms of nursing and midwifery registered staff turnover. The admin & 	

	<p>clerical group is at 8.5% which is very low due to the job market at present.</p> <p>MM queried our sickness rates in the region and PC confirmed that we had been the highest along with Mid Yorkshire within the WYAAT Trusts. During the Covid period since March we have had similar sickness rates to the WYAAT Trusts</p> <p>The Committee noted the report.</p>	
RC.9.20.18	Relevant strategic risks	
	<p>We continue to hold two strategic risks relating to workforce:-</p> <ol style="list-style-type: none"> 1. Safe staffing and the test and trace process - we are seeing relatively small numbers coming through the test and trace process but we are keeping under review. 2. Providing a safe working environment to staff - is across all staff groups but with particular focus on our non-clinical workforce. <p>Both risks will be reviewed following the safe working meeting.</p> <p>The Committee noted the report.</p>	
RC.9.20.19	Staff well-being and resilience	
	<p>PC gave a verbal update on staff well-being and resilience and highlighted the points below:-</p> <ul style="list-style-type: none"> • The flu campaign launches formally on 24 September. PC suspects there will be a high uptake this year due to Covid and the campaign was launched for frontline workers in the first instance with the remainder of staff to receive the vaccine from October. • Enable and BAME Staff Networks met recently and they have been focusing on the WRES and WDES action plan. These will be presented to the People Academy in September for approval. • The BAME network had Dr Dinesh Saralaya speak with them around encouraging BAME staff to take part in the Covid trials and the feedback was positive. • The staff survey launched last week. The latest figures in the first week show 800 staff have completed the survey. The aim is to be above last year's completion rate of 37%. • An assurance piece is underway to ensure all new starters are being risk assessed in their first two weeks in post. Any member of staff can request an updated risk assessment with their manager at any time. • Potential impact on staff due to increases of Covid patients 	

	<p>particularly those working in ICU, Ward 29 and Ward 31. The health & wellbeing support and services are being reviewed in those areas.</p> <p>MM requested that staff wellbeing and resilience remains on the agenda on a monthly basis to support staff through a difficult working period.</p> <p>The Committee noted the verbal update.</p>	<p>Director of HR RC20006</p>
RC.9.20.20	Workforce committee annual report 2019/20	
	<p>JP thanked the members of the Workforce Committee for their input.</p> <p>The Committee noted the report.</p>	
RC.9.20.21	Finance & Performance dashboard	
	<p>MH noted that the dashboard provided relates to July but he was able to give a position statement as at August and highlighted the points below:-</p> <ul style="list-style-type: none"> • There are no issues to escalate regarding income and expenditure with the Trust reporting a break even position as per the arrangements associated with the national financial framework. • There are no issues to escalate regarding cash. We remain in a healthy position given the pre-payment processes in place from the commissioners which it is anticipated will unwind at the end of the year but the Trust is expected to maintain a positive cash position. • A detailed paper on the capital programme will be submitted to the September Finance & Performance Academy. We have a capital programme of £34m this year. The risk relating to this is the deliverability of the sizeable schemes for the remainder of the year. A capital committee took place this morning to gain assurance around our business as usual programme of around £21m which looks to be on track. The Board discussed the establishment of a strategic capital review group which would provide more of an oversight of the bigger schemes that we are managing which will be reported back through to this committee or the board. <p>SES highlighted the emergency care standard. Although we have had excellent performance over the last few months there has been a reduction in attendances through ED and we have repurposed quite a lot of our clinical consultants away from their normal specialties to support same day emergency care. We are starting to see an impact of increased attendance to ED and the need for consultants to go back to their normal specialties as we ramp up activity. We previously had a capital allocation for the development of a blue zone next to ED which would give a distinct area for same day emergency care and provide extra capacity. Because of the pandemic this had to be rolled forward to next year. Under the</p>	

	<p>current physical constraints there is a risk around performance.</p> <p>The Committee noted the paper and the points raised above.</p>	
RC.9.20.22	Re-establish and recovery dashboard	
	<p>The report provides an overview of performance and SES gave an overview of progress to date.</p> <p>We have made a good start on our recovery programme which captures the immediate restart of elective activity and running alongside are the recovery plans for operation performance. The longer term improvement and sustainability will come through the act as one access to healthcare programme which focuses on managing demand and capacity across the system in a sustainable way and making better use of system skills and resources. At the moment focus is on increasing activity in the main and we have submitted our plans to NHSE/I which included likely winter pressures. Activity has increased and we are currently running 88 theatre sessions per week and a plan is in place to increase this further to 138 sessions per week. Still using a significant amount of capacity at the Yorkshire Clinic and we have also increased the activity we are sending to Optegra eye hospital and Westcliffe for endoscopy.</p> <p>Discussion has taken place with Airedale around the creation of a join orthopaedic surgical hub as they have more theatre capacity available but do not have the staffing numbers. Potential to have sessions on 3 days at Airedale and 2 days at BRI. Our surgeons, anaesthetists, theatre staff and ward staff would be sent to Airedale to facilitate these sessions. The aim is to provide a single surgical hub.</p> <p>The Estates team will start work on the spare ward at Eccleshill that was previously used for care of the elderly patients. The accommodation is owned by NHS Professionals but they have given agreement that we can do some refurbishments and this would then be used for haematology/oncology day unit which would transfer from the Yorkshire Clinic. Additional capacity would then be created at the Yorkshire Clinic for both BTHFT and Airedale.</p> <p>We currently have 28 in-patients with COVID based on yesterday's figures and it is likely that we have had a couple of confirmed cases overnight. There has been an increase in non COVID respiratory illness admissions. We are now back to 100% pre COVID attendances to ED for type 1 admissions. There is a similar pattern to last year in that there is no reduction in ED attendances compared to pre COVID.</p> <p>Given the fact that there is an increase in emergency care demand, elective activity and staffing reductions this has exacerbated bed pressures and this is evident in the emergency care standard. Work is ongoing to increase patient bed capacity, ITU capacity and same day emergency care capacity for paediatrics and surgery.</p>	

	<p>The next few months will be challenging for elective, non-elective and emergency care performance.</p> <p>Focus remains on high priority cancer cases and working through our very longest waiters in order of clinical priority. One of the positive benefits that have arisen from the access to healthcare programme is a reduction in patients being added to our waiting lists which is due in part to the way the outpatients demand is being managed differently. We are seeing an increase in use of virtual technology to manage our clinics and capacity.</p> <p>SES gave an overview of the graphs within the paper:-</p> <ul style="list-style-type: none"> • Total Outpatient Contacts (FTF & NFTF) – we are slightly behind target but referral numbers have also reduced so in terms of managing demand against capacity we are in a good position for outpatients. There is a slight reduction compared to the previous outpatient model in the number of clock stops as a result of outpatient contact. • Total Elective spells – theatre sessions are increasing throughout September but total activity is unlikely to meet the planning trajectory due to the increase in COVID admissions. Increase in activity to the Yorkshire Clinic in recent weeks. Increase in productivity through a reduction in the need for increased air flow changes in theatre and increased use of PPE. • Bed occupancy – There are issues with bed capacity due to the provision of green and red surgical wards, green non-elective wards and red COVID. Non elective demand is being managed closely. Plan in place to create an additional winter ward as part of the ward configuration and the impact of the capital changes. We have two wards available to open but due to staffing shortages this is not viable. • Radiology (MRI, CT, Ultrasound) – great progress has been made with the recovery plan and have now cleared the routine backlog and starting to improve turnaround times. The waiting list has been reduced to a sustainable level and is ahead of plan. As part of the access programme we have started to scope out transformation opportunities in radiology to further reduce and manage demand. On track to be compliant with DM01 standard in October for all modalities excluding endoscopy. • Endoscopy – the number of sessions has now increased and they are in line with the pre COVID levels. Endoscopy sessions are in line with weekly averages, but due to patient DNA or non-compliance with self-isolation guidance and increased IP&C processes the number of procedures per session are very low. Thirty patients a week are being sent to Westcliffe, an independent sector provider, which equates to a further 10-13% diagnostic activity. If the independent provider provides the staff it doesn't count as our activity because it is counted as 	
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	<p>demand management and therefore it doesn't include in our performance against activity. Activity is counted as ours if we provide the staff to the independent provider. All activity is tracked to monitor the impact on waiting times and overall performance. The capital programme has provided monies to create two additional endoscopy rooms.</p> <ul style="list-style-type: none"> • RTT>52 weeks incomplete - Due to the lead in time required to increase elective capacity the volume of waits over 52 weeks will increase in September. Long waiting patients will be prioritised in line with the restart principles. • Cancer treatments and >62 day cancer waits – Cancer treatments in August were slightly below expected levels. Increased clinical oncology session were being discussed with Leeds as an alternative cancer treatment for suitable patients. As part of the recovery plan cancer activity will be focused on reducing the number of patients who are currently waiting past 62 days. This will have an impact on performance as breaches are only reported once the patient is treated. <p>JP queried the potential COVID issues throughout the winter months and SES reiterated that the winter pressure projections encompass potential COVID issues. However we do not know how big the second spike will be and if it will be an exacerbation of winter pressures or a repeat of spike one. As we are around 6 weeks behind Italy and Spain we will closely follow their pattern but we will not be repeating the first plan too quickly but will be ready to reinstate the plan if necessary.</p> <p>KD stated that some of our elective activity may need to be reduced in a phased and planned way if necessary on the grounds of patient safety.</p> <p>MP noted that due to the availability of PPE elective activity had to be reduced in the first wave. The procurement and supply chain should be more robust going forward. It is not unusual that elective activity during winter would have been severely disrupted by the need to accommodate emergency patients.</p> <p>BM noted that some patients failed to come to receive care during the first 3-5 months of COVID. They are now showing worsening symptoms than they would have done if they had sought the urgent interventions earlier.</p> <p>LS queried the possibility of public health interrogation on tracking the impact of COVID particularly relating to the rise in hospitalisation of women aged 20-40 years old. BM confirmed that we can look at the wards in Bradford and the issues we face. Staffing data is recorded daily for staff who have to isolate or are absent through other reasons. Testing is now available for children of trust staff to enable them to come out of isolation and return to work sooner.</p> <p>TFG referred to the lack of staff available to man the additional two</p>	
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	<p>wards and SES confirmed that recruitment is ongoing. A shift by shift review takes place every day with senior nurses. Ward 25 will be repurposed for endoscopy. One ward was due to open on Monday as an orthopaedic ward but due to staffing shortages this hadn't been viable due to COVID and elective activity.</p> <p>The committee noted the paper and the points raised.</p>	
RC.9.20.23	Relevant strategic risks (Finance and Performance)	
	<p>There are two key risks that are reflected in the SRR but will also impact on our ability to achieve our performance recovery and that is because of the pandemic. One being we won't be able to deliver the activity required to meet NHSI targets and to improve our access targets. The increase in attendances to ED is a risk which is not on the SRR at present but this will be reviewed and the mitigations that can be put in place. The most significant risk is the risk of harm to patients if they continue to wait too long for treatment. Although the mitigation is focused on treating the sicker patients first and using clinical capacity in order of clinical priority there will also be a risk that patients will deteriorate because they have waited too long for treatment whether they are immediate high clinical priority or not.</p> <p>The Committee noted paper the points raised.</p>	
RC.9.20.24	Performance report	
	<p>SES stated that performance had been covered in RC.9.20.22 above.</p> <p>The Committee noted the report.</p>	
RC.9.20.25	Finance report	
	<p>MH noted that he had given an overall view of the position to date within the dashboard update above. He gave an overview of the financial framework for the remainder of the year. The ICS has been allocated around £2.2bn for the remainder of the year and a detailed process is underway to understand how that should be appropriately allocated across the ICS. As a collaborative we are trying to understand the assumptions that are driving the numbers. There are assumptions around where there is an expectation nationally that certain income streams will need to be switched back on, one being visitor and patient car parking charges. An internal discussion will need to take place when or if that is a case for us. A number of consistency and transparency meetings will be taking place to test out the templates that have been drawn up and the assumptions used to drive the numbers. The Trust will be submitting its projections to the ICS for submission to the centre on the 5th of October. Between the 5th and the 22nd October, which is the final submission date for organisation plans, the ICS and Trust will continue to evaluate the position, during which time the Centre will also make an assessment of the initial submission. A paper will be presented to Finance & Performance Academy to confirmed</p>	

	<p>what this means for us as an organisation.</p> <p>TFG questioned if all Trusts had paused their CIP programmes during the COVID pandemic. MH confirmed that during the first 6 months of 2020/21, CIP programmes had not been explored, but CIP plans for the remainder of the year are being discussed as part of the ICS submission with a standard 1% being considered.</p> <p>The Committee noted the report.</p>	
RC.9.20.26	Finance & performance committee annual report 2019/20	
	The Committee noted the report.	
RC.9.20.27	Board assurance framework (Q1) and strategic risk register movement log	
	<p>The BAF was reviewed at the 10th September Board of Directors meeting and its contextual notes were updated in regard to Covid. There have been no material changes since then and there is nothing further to add.</p> <p>The Committee noted the report.</p>	
RC.9.20.28	Any other business	
	<p>Maternity Electronic Patient Record</p> <p>PS reiterated his gratitude to CF for her contribution during her time at the Trust.</p> <p>In 2014 the Trust's Board of Directors approved the <i>Clinical Information Systems</i> the main phase of this strategy saw the Trust deploy the Cerner Millennium Electronic Patient Record in 2017 in the majority of the hospital. As part of the Outstanding Maternity Services (OMS) programme a workstreams has been created for "Streamlining systems / Moving to digital" largely focussed on the deployment of a wholesome electronic maternity patient record.</p> <p>PS gave an overview and said we have to recognise the significant clinical safety and quality gains that we will achieve by replacing the existing Medway system with Cerner. The sharing of a single record between primary care, secondary care and the patient is absolutely critical to ensure that no step in the care is overlooked as we have a much higher incidence of co-morbidities that anywhere else in the UK. This aligns entirely with our strategy of developing an outstanding maternity service and is a key part of the OMS work.</p> <p>MM asked for clarity on the four options and queried whether option 2 is the only option that would provide a single patient record. PS confirmed that this was the case and no other system could provide a single patient record.</p> <p>KD confirmed the quality and safety benefits of the single patient record which would provide a clinical informatics service and</p>	

	<p>system that is fit for purpose.</p> <p>The committee discussed the four options noted within the paper which have previously been discussed at Executive Team Meeting (ETM) and Board of Directors and the Committee approved Option 2 - Implement Cerner Millennium Maternity and Fetalink Modules –which would create a single patient record across the Trust, as per approved strategy and is the least risky and most sustainable option.</p> <p>The Committee approved Option 2.</p>	
RC.9.20.29	Matters to escalate to the Board of Directors	
	There were no matters to escalate.	
RC.9.20.30	Matters to escalate to the Strategic Risk Register	
	There were no matters to escalate.	
RC.9.20.31	Items for corporate communication	
	JP asked that staff to be informed that the staff wellbeing and resilience item will remain on the regulation committee agenda. MM asked PC and MP to discuss the options.	Director of HR RC20008
RC.9.20.32	Agenda items for the next meeting	
	BG suggested that due to the timings of the Board, Regulation Committee and Academies that the conversations at each of these are relevant going forward.	
RC.9.20.33	Date and time of next meeting	
	14 October 2020 1.30-4pm	
RC.9.20.34	Strategic Risk Register (including all relevant risks)	
	The Committee noted the report	

ACTIONS FROM REGULATION COMMITTEE – 23 September 2020

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC20010						
RC20009	23/09/2020	RC.9.20.13	Infection Prevention & Control Report KD agreed to check the accuracy of the graphs contained within the report in relation to the upper and lower control limits. .	Chief Nurse	September 2020	14.10.20 - item raised with business intelligence team which is being reviewed around C Difficile. This will be rectified in future reports. – <u>action closed</u>
RC20008	23/09/2020	RC.9.20.31	Items for corporate communication JP asked that staff are informed that the staff wellbeing and resilience item will remain on the regulation committee agenda. MM asked PC and MP to discuss the options to communicate with staff.	Director of HR/CEO	September 2020	14.10.20 - update provided through wellbeing Wednesday bulletin. <u>Action closed.</u>
RC20006	23/09/2020	RC.9.20.19	Staff Well Being and Resilience – MM requested this item remain on the Regulation Committee agenda on a monthly basis	Director of HR	September 2020	30.9.20 - Added to workplan – <u>action closed</u>