

REGULATION COMMITTEE MINUTES

Date:	Wednesday, 14 October 2020	Time:	13:30-16:00
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) - Professor Laura Stroud (LS) - Mrs Julie Lawreniuk, Non-Executive Director (JL) - Ms Selina Ullah, Non-Executive Director (SU) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Professor 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) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) - Mr Sajid Azeb, Chief Operating Officer (SJ) 		
In Attendance:	<ul style="list-style-type: none"> - Mr David Holden (DH) – agenda item RC.10.20.5 - Mr Paul Southern, Associate Medical Director – Informatics (PS)(representing Chief Digital & Informatics) - Dr LeeAnne Elliott, Deputy Chief Medical Officer (representing Dr Bryan Gill) - Sara Hollins, Head of Midwifery – agenda item RC.10.20.10 (SH) - Mrs Sheridan Osbourne, Corporate Governance Officer (minutes) 		

Agenda Ref	Agenda Item	Actions
RC.10.20.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Mr Jon Prashar, Non-Executive Director (JP) - Dr Bryan Gill, Chief Medical Officer (BG) - Ms Ursula Martin (UM) 	
RC.10.20.2	Declarations of Interest	
	There were no interests declared.	
RC.10.20.3	Minutes of the meeting held on 23 September 2020	
	<p>The minutes of the meeting held on 23 September 2020 were agreed as an accurate record subject to an amendment on page 3 – RC.9.20.7 – Quality Dashboard. 72 reports have been received Should read 72 hour reviews have been received.</p> <p>The following items were discussed for progress and closed:-</p> <p>RC20009 – Infection prevention & Control reports – issue raised with business intelligence team which is being reviewed around C</p>	

	<p>Difficile. This will be rectified in future reports. Action closed.</p> <p>RC20008 – Items for corporate communication – update provided through wellbeing Wednesday bulletin. Action closed.</p> <p>RC20006 – Staff wellbeing and resilience – item added as a standing item on workplan. Action closed.</p>	
RC.10.20.4	Matters escalated from executive directors	
	No matters to be escalated.	
RC.10.20.5	Future governance arrangements	
	<p>MP gave an overview of the paper tabled which gives an overview of the independent review undertaken of the transition to an academy governance model. She feels the paper endorses the measured approach we have taken which is a less bureaucratic approach to governance with a change to academy level meetings. She drew attention to the helpful recommendations on page 14 and 15.</p> <p>JH also re-iterated that the report provides a comprehensive list of recommendations with clear identification on some of the risks we need to manage. Work is still required to embed the new academy model which may take 6 months or more.</p> <p>DH said it would be advantageous for the new Trust Secretary and Director of Quality Governance to have sight of the 17 recommendations within the report. He further expanded on the mechanics and dynamics of governance and stressed that all those involved needed to understand the processes and participate fully. Appendix A lists statutory and regulatory documents that need to be presented to Board in year. Appendix B is a list of statutory and regulatory posts held within the organisation. He highlighted recommendation 11 which is to consider socialising the revised governance structures with the CQC, NHSE/I and internal audit to explain the new governance model.</p> <p>JH explained that KD has alerted the CQC to the academy model and a conversation had taken place at the Audit Committee with internal audit. He explained that the process was still in a transitional period as our governance develops. JH suggested the responsibility for the implementation needs to be a smaller sub group including JH and the new Board Secretary.</p> <p>MP suggested after discussion with the ED's on 20th October an update on the recommendations is provided to the Regulation Committee. She was keen to move forward with the implementation process. KD gave an overview of the first People and Finance & Performance academy meetings and noted that they ran extremely well.</p> <p>BAS suggested that they have sight of the Terms of Reference for each Committee/Academy/Board and the revisions to EDs' and NEDs' personal objectives and how the NEDs' input into the</p>	

	<p>academies is shaped.</p> <p>The committee felt that they were all agreed on the model going forward and the work that needed to be done to ensure that it works to its best advantage for each academy.</p> <p>Discussion took place around an assurance map for the academies and JH confirmed that this is being drafted and will be shared with the academies.</p> <p>MP suggested that rather than have the BAF on the agenda of the regulation committee that the item be termed 'Assurance' and it include the BAF but additionally an update from the Board Secretary on progress in acting on the recommendations in the review report along with a general discussion which takes place on assurance and how content the Committee is with the approach to providing assurance through the preceding month.</p> <p>DH confirmed that the written feedback from NED's has been reflected in the paper. He confirmed more work is required on the role of the NED at academies which he felt would focus on oversight and assurance along with innovation and learning.</p> <p>Given the late tabling of the document MM gave the committee the opportunity to provide any written feedback to JH.</p> <p>The Committee agreed to proceed with the model with a requirement to provide Regulation Committee with updates on the progress.</p> <p><i>Chairs note: This was followed up by an e-mail 15/10 from the Chairman to all Directors offering the opportunity for feedback to be provided to JH and reminding Directors that our new Associate Director of Governance would be picking up all outstanding actions in order to make suitable progress.</i></p>	
RC.10.20.6	Quality Dashboard	
	<p>Key issues from the dashboard were highlighted:-</p> <ul style="list-style-type: none"> • Sepsis patients receive antibiotics within an hour - Increasing numbers of patients is impacting on the ability to prescribe and administer antibiotics within the hou. BAS queried the sepsis performance figures whether they were the most current version. KD confirmed that the last slide within the Quality Oversight Framework refers to sepsis and is the most current position to September. The downward trend has a direct correlation to increasing workload in A&E in relation to Covid. The lead sepsis nurse has now returned to full duties and is working on recovery plans / mitigation. • MRSA - There were 2 cases reported in August 2020, no link between either cases, both cases very complex, full PIR in process, early indicator suggests no lapses in care or cross infection. 	

	<ul style="list-style-type: none"> • Night time discharges - Earlier in the year the number of night-time discharges was reviewed. This indicated the numbers reported were higher due to the electronic time stamp in EPR when discharge documentation was completed. Rolling audit is planned from September 2020 to review the data. <p>The Committee noted the report.</p>	
RC.10.20.7	Quality strategic risks	
	<ul style="list-style-type: none"> • Risk ID 3169 - COVID- DHSC's Commercial Medicine Unit is actively seeking stocks to manage the next wave of the virus. The central team are supported by the Regional Pharmacy Procurement Specialists (RPPS) who actively engage with the trusts in their region. EU Exit- Medicine legislation including product licencing has still not been agreed between the EU and the UK. The implications of this may mean issues with access to new medicines. Work is ongoing. • Pressure ulcers – we are seeing some pressure damage around ET tubes and patients being nursed face down and also from CPAP masks which is being picked up by the tissue viability team. • KD drew attention to an additional risk to be added to the strategic risk register which has been agreed at 12 October ETM. The risk relates to adolescents who are not required to be in hospital for a physical/medical condition but have ongoing psychological or mental health needs and need to have a complex placement sought for them which can take up to 5 days to organise. We are seeing an increase in mental health presentations in the 1adolescent year group. • BAS noted that that there were several risk on the quality register where the 'next review date' was the end of October and queried whether these will be updated in a timely manner. KD confirmed that risks are reviewed on a monthly basis and any updated are reported to the Executive Management Team meeting. • BAS drew attention to Risk ID 3468 and the target date of April 2020. SES noted that this risk had been discussed previously at Finance & Performance Committee and Quality Committee. She confirmed that significant improvements had been made in data quality and how we manage both this risk and the risk of duplicate records. The mitigation will continue to be reviewed on a regular basis at ETM meeting. <p>The Committee noted the report.</p>	
RC.10.20.8	Quality oversight and assurance exception report	
	<p>LE drew attention to 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</p>	

	<p>safety indicators to ensure that quality of patient care is monitored and managed appropriately. She confirmed that the top 5 incidents have remained very similar. The current themes being considered are staffing issues and violence and aggression against staff involving patients with mental health issues which are being picked up and managed. She referred to the COPD audit 2018/19 which demonstrates how the data can be utilised going through the Quality Academy.</p> <p>MM questioned the cause of 300 incidents per month within blood transfusion. LE confirmed that the blood transfusion team have a zero tolerance to labelling issues or any other logistical issue and they use the incident reporting framework to highlight the issues and look at the themes and trends and use the information to promote learning.</p> <p>The Committee noted the report.</p>	
RC.10.20.9	Serious Incident Report – September	
	<p>There have been no serious incidents reported by Bradford Teaching Hospitals NHS Foundation Trust during September 2020.</p> <p>KD gave an update on an SI that was declared this week which concerned a patient on one of our acute admissions ward who had underlying health conditions and a broken arm. They had a fall on the ward but were unable to break the fall because they had a broken their arm. The patient was reviewed immediately and received a CT scan which showed that they had suffered a small bleed but there was also evidence of old bleeds and the history of the patient was that they had had several falls at home. Unfortunately over the next few hours the patient deteriorated significantly and died within hours. This will be reviewed as part of our SI process.</p> <p>MHu raised two questions relating to the report:-</p> <ol style="list-style-type: none"> 1. Identifying which staff are attending the crash bleep. LE confirmed that additional work is being undertaken around identifying the crash team which is being linked in with the command centre and the resuscitation team. 2. Relating to 2020/3847 Displaced Tracheostomy. KD gave an overview of the incident in which the patient had a displaced tracheostomy which needed reinserting. Due to the patient having a DNAR CPR the crash team did not attempt to resuscitate the patient. It was felt there was a missed opportunity for a member of the crash team with an anaesthetic background to replace the tracheostomy into the neck. <p>The Committee noted the report.</p>	
RC.10.20.10	Maternity services update – September 2020	
	KD highlighted key points within the paper:-	

- **Monthly stillbirth position** – the overall picture is one of a downward trajectory however in September the first escalation during 2020 was triggered in which 5 stillbirths were reported. The 72 hour reviews of the individual cases revealed no omissions of care or actions which would have altered the outcomes. Three of the five women had PET symptoms on or following admission, which was incidental to the primary presentation to the unit with Reduced Fetal Movement (RFM). Partners were not present at any of the antenatal appointments to hear the repeated messages regarding RFM, due to Covid visiting restrictions so work is underway to reiterate the messages through our website and with our local MVP colleagues. At present there are no cases to report this month.
- **Complaints cluster** - A 'cluster' of 8 PALS/Complaints were received by the service during August and September relating to poor experience including accessing the Maternity Assessment Centre. The Matron for the area was due to present findings and actions taken to improve, at the September Patient Experience Sub-Committee, which unfortunately was cancelled and will be presented at the next meeting. A number of women have presented in very early labour and have felt dismissed when they have been sent home and then returned to hospital quite soon afterwards and birthed very quickly on arrival. Work is ongoing with staff in that area around the management of the latent stages of labour. A small number of complaints received were in relation to care provided between 1 to 5 years ago. SU queried the number of complaints and the ethnicity of complainants. SH confirmed that there was a mixture of ethnicities within the cluster with no evidence relating to a language barrier. SU also raised the issue of increased workload/footfall for staff and how are we supporting staff. SH noted that if activity starts to increase within the Maternity Assessment Centre this is highlighted to the maternity hot desk midwife to find additional members of staff to support. The staffing model is reviewed regularly. Our Birth Rate Plus acuity tool is due to start in November which will give a clear idea of appropriate staffing. TFG requested SH attend a future meeting to discuss the 5 key workstreams chosen in OMS programme. KD confirmed that the maternity team have been invited to Board in November to present this.
- **One to one care in labour** – The service is very pleased to report a sustained one to one care in labour rate of over 90% for the 5th consecutive month. This in part is being driven by the labour ward co-ordinators who continue to validate the proformas completed for all women who are deemed not to have received the standard. The ability to achieve >90% rates has led to an increased number of unit diverts. This will be closely monitored over the coming months as staffing levels improve following the appointment of newly qualified midwives. Staff sickness levels will continue to be monitored throughout the winter period.

	<ul style="list-style-type: none"> • Maternity theatres build – building work commences in November. • Updated maternity improvement plan – the internal audit report went to October Audit Committee which showed significant assurance on the work undertaken. <p>Maternity dashboard – Due to the timing of this paper, the September maternity dashboard has not yet been updated and will be provided in the next monthly update to Regulation Committee. In August there is an influx of new doctors and sometimes you see variances in decisions for caesarean sections which are being monitored closely. A consultant is available on the labour ward 24/7.</p> <p>The Committee noted the paper and the assurances provided.</p>	
RC.10.20.11	Health services for people with haemoglobin disorders – peer review	
	<p>In February 2020 a Peer review of the Bradford Teaching Hospitals NHS Foundation Trust Adult and Paediatric Haemoglobinopathy services took place and concerns were raised at the peer review both in the adult and paediatric service both Trust wide and system wide. The paper highlights the progress made against the actions raised at the review.</p> <p>Haemoglobinopathy Service specifications have been amended over the last 12 months and the service has seen the introduction of Haemoglobinopathy Coordinating Centres (HCC's) and Leeds is our Specialist Haemoglobinopathy Teams (SHT's).</p> <p>Our next steps as a team are to re-introduce our transitional clinics, recommence training to support our colleagues caring for patients with haemoglobin disorders.</p> <p>BAS queried aspects of the report and felt that he wasn't assured that the concerns have/or are being address in an appropriate manner and asked for clarification. KD confirmed that as a Trust we are not large enough to have the totality of the service but because of our population in Bradford we have a higher demand on these services that you wouldn't find in other cities. The service has grown over many years but not with the right infrastructure and levels of funding expected. The peer reviews have previously been discussed at Quality Committee in the past and updates have been provided in a timely manner. KD suggested the Haemoglobinopathy team attend the Quality Academy meeting in April to provide an update on learning and the benefits to patients.</p> <p>The Committee noted the report.</p>	Chief Medical Officer RC20011
RC.10.20.12	Quality Account 2019/20	
	The Regulation Committee is asked to approve the circulation of the document to the External Stakeholders and the Council of Governors for 'document assurance' as required by the Quality	

	<p>Accounts regulations.</p> <p>KD drew attention to the three quality priorities and the metrics associate with these for the coming year.</p> <p>The Committee approved the recommendation.</p>	
RC.10.20.13	People dashboard	
	<p>The metrics included within the dashboard were discussed at the recent September People Academy meeting and PC noted that there were no escalations to this committee. It was noted that the metrics are under review and will link more closely to the four stands of the people plan when they are developed. Flu completion rates will be added to the dashboard next month.</p> <p>The Committee noted the report.</p>	
RC.10.20.14	People strategic risks	
	<p>PC confirmed that the two risks on the People strategic risk register were discussed at the ETM meeting on 12 October. Due to the staff cluster outbreak at SLH risk ID 3560 will be reviewed and discussed at ETM.</p> <p>MM queried the utilisation of the nightingale unit in Harrogate and if this was a risk to our workforce. MP noted that it would only be used if all the escalation available to all the respective six hospitals across West Yorkshire for critical care has been exhausted. If this happens and we have to provide large numbers of staff to man the unit this would present us with a staffing problem. It required it has been proposed to take a handful of staff from each organisation, re-orientate them to the facility as they had done previously. Across West Yorkshire there are 378 level 3 beds. Our core operating in 'peace time' is approximately 80 critical care beds. JL asked what the percentage occupancy of the beds regionally is at present and MP confirmed that in Bradford we were almost at the top of our critical capacity as of 1 October. This has now been exceeded and we are not into our surge capacity. Capacity elsewhere on the 1 October was 27 patients in Leeds, 7 in Bradford, 5 in Calderdale & Huddersfield, 6 in Mid Yorkshire and 1 in Airedale totalling 49.</p> <p>The Committee noted the report.</p>	
RC.10.20.15	Staff well-being and resilience	
	<ul style="list-style-type: none"> The flu campaign is underway and 1,209 doses have been administered to frontline workers who represent around 29% of the workforce. In terms of our trajectory we are on track. PC noted there had been an increase in Covid related sickness and self-isolation through September and October. There is also an impact on our available workforce due to staff having to take carers leave, unpaid leave or working from home due to childcare issues relating to Covid. 	

	<ul style="list-style-type: none"> Shielding staff are back to work with the vast majority returning with reasonable adjustments or modifications being made to their role. Nine staff are classed as extremely clinically vulnerable who cannot return to work and they are being supported. Risk assessments are continually being reviewed for current staff. New starters receive a risk assessment in their first week of employment. Psychological support has been re-instated on wards 29 and 31 and we are actively promoting the local and national wellbeing resources that are available to staff. The Psychology Schwartz round was held last week and issue arose around anxiety and burnout. The OD team have launched a new campaign 'time out for you' which is a safe space for people to connect with other colleagues to offer support. National monies are available for enhanced health and wellbeing resources. A bid has been submitted for preventing and managing burnout and trauma and secondly, support for staff that have had Covid or are still recovering in terms of access to specialist advice and support. Well checklists continue to be used throughout the Trust. <p>The Committee noted the update.</p>	
RC.10.20.16	Equality update: WRES and WDES action plans	
	<p>PC reported that there is a requirement for the Trust to publish our WRES and WDES action plans on our website by the 31 October.</p> <p>The 2020/2021 action plans have been devised to ensure these are aligned to regional and national priorities on equality, diversity and inclusion (EDI) including the ambitions of the Chief People Officer around having "thriving" staff networks, the priorities of the West Yorkshire and Harrogate Health and Care Partnership, and the revised NHS People Plan, which has a renewed focus on EDI and the Belonging agenda. Both action plans have undergone a consultation process with key stakeholders across the Trust including ETM, staff networks and People Academy meeting.</p> <p>The newly developed Diversity and Inclusion Steering Group (DISG) will be chaired by Mel Pickup, CEO. DISG will comprise of key representatives from a cross section of the organisation who are also able to influence and embed new policy and practice around the wider Equality, Diversity & Inclusion agenda.</p> <p>MM noted from the report that 1 in 5 of our BAME staff are</p>	

	<p>reporting having being bullied by other staff or management and PC confirmed that this matter is being dealt with at the People Academy meeting.</p> <p>SU noted there were a couple of areas within the WRES report relating to bullying which have been consistent areas of concern with the numbers continuing to rise.</p> <p>The Committee approved the action plans for publication.</p>	
RC.10.20.17	Finance & Performance dashboard	
	The Committee noted the report.	
RC.10.20.18	Finance & performance strategic risks	
	<p>SES highlighted the risk in relation to risk of harm due to long waits relating to Covid. The risk is being mitigated due to the use of the independent sector, diagnostic improvements and prioritising cancer and urgent activity.</p> <p>Risk ID 3538 - Operational impact of Covid-19 – risk score has increased due to the significant increase in Covid admissions which is putting significant pressure on trust capacity and is likely to be further exacerbated by winter pressures.</p> <p>MM queried the % score for today's elective activity in relation to the phase 3 100% target. SES confirmed we are slightly below target and she would forward the updated scores to the Chair after the meeting.</p> <p>BAS requested an update on the vascular centre risk ID 3395. SES noted we are on track to complete the plan transfer on the 16 November. A weekly delivery group and a fortnightly steering group takes place. We have made great progress in terms of operational readiness, including the recruitment of staff, and the theatre sessions required and ward capacity. Progress has been made to recruitment of vascular surgery and interventional radiology vacancies. The clinical pathway processes have been agreed and we have started to look at how we can create a single service PTL so we can level out waiting times across the system. At this stage there are no concerns raised. We need to bear in mind that the situation could change in the next couple of weeks due to the second wave of Covid. A number of risk assessments have been undertaken in setting up the centre and an independent risk register associated with the programme is in place along with a detailed readiness checklist. Assurance statements from each service lead will be reviewed at the next steering group meeting.</p> <p>MH confirmed that the financial arrangements for the vascular service haven't been formalised. A discussion is due to take place with the WYATT Directors of Finance to identify the current state of play and MH agreed to provide an update at the November Regulation Committee.</p>	<p>Chief Operating Officer RC200012</p> <p>Director of Finance RC200013</p>

	The Committee noted the report.	
RC.10.20.19	Re-establish and recovery dashboard – October 2020	
	<p>This item was dealt with at RC.10.20.20</p> <p>The Committee noted the dashboard.</p>	
RC.10.20.20	Performance report	
	<p>SES referred to the paper circulated and gave an update highlighting the key points below:-</p> <ul style="list-style-type: none"> • Bed occupancy – in the first wave of the pandemic where we saw 80-100 Covid patients we were at 60% occupancy due to ceasing all activity in advance and we had a 30% reduction in admissions and a 50% reduction in attendances to ED. Those referrals and admissions have risen to pre-Covid levels and we estimated that we would have been only at 20% of our Covid demand at peak levels at this point in time. We are now at 70% of our Covid peak. Compared to the first wave ED attendances and admissions are at pre Covid level. As a consequence we are predicted to be over 90% bed occupancy by the end of this week which is having an impact on our ability to continue elective activity. We are only able to prioritise cancer and urgent patients and have started to make headway with our 62 day backlog. We are still prioritising activity for cancer patients whose disease progression is time sensitive. • Outpatient activity has been protected during the second wave. A 1 in 13 acute medical rota has been implemented from other specialties to support the acute medical rota but there is a risk that some outpatients' sessions may have to be taken down to provide cover for the acute medical rota. • A full waiting list prioritisation review is being undertaken to identify every patient on the waiting list. A letter will be sent to each patient to give them an indication of likely waiting times. We are also working with the independent sector to utilise as much capacity as possible. • We are working with other providers to increase endoscopy activity and that is progressing well with a good recovery plan. • Emergency care standard is being maintained at around 90% and that is due in part to the blue zone model which has been embedded. • Work is ongoing with 111 to implement the 'call before you walk' model and the virtual ED. We now have 30 appointments in the GP hub that patients can be booked directly into if that is a more appropriate place of care for them. 	

	The Committee noted the report.	
RC.10.20.21	Finance report	
	<p>MH referred to the paper circulated and gave an update highlighting the key points below:-</p> <ul style="list-style-type: none"> Given the dates of the meeting the financial position reported remains the same as the previous meeting (ie it covers the month 5 position). A total of £9.9m of COVID19 costs were recorded for Month 5 and an associated retrospective top up has been accrued into the I&E position to result in a breakeven position. MH noted that the financial position for month 5 was also discussed at the Finance & Performance Academy which also included an update on the financial plan for the remainder of the year. In addition a detailed paper regarding the capital programme, inclusive of the capital spend associated with Covid, was also shared with the Finance & Performance Academy at the end of September. <p>The Committee noted the report.</p>	
RC.10.20.22	Board assurance framework (Q2) and strategic risk register movement log	
	<p>MP gave an update on two risks that have changed in score following review at the EMT:-</p> <ol style="list-style-type: none"> Risk ID 3531 –Maternity services - the score has reduced from 16 to 12 due to positive assurance, improved metrics and the involvement of a lead NED in the maternity improvement programme. Risk ID 3538 – Operational Impact of Covid 19 - the score has increased from a 12 to a 16 due to the significant increase in Covid admissions which is putting a significant pressure on trust capacity. <p>MP noted that the sequencing of the papers at each of the committees needs reviewing so that the BAF and SRR are received at ETM, Academies and Regulation Committee. MP noted that the wording had recently been populated within the BAF.</p> <p>The Committee approved the reports.</p>	
RC.10.20.23	Any other business	
	<ul style="list-style-type: none"> Diabetes pumps and consumables A procurement process has been undertaken for diabetes pumps and consumables. A range of subject matter experts were involved in the tender evaluation process. The NHS supply chain diabetes framework will provide a compliant route to market in terms of product availability and price with an annual saving of c £28,500. 	

	<p>The procurement team will draw up a workplan of tenders due in year and updates will be provided within the finance report to Finance and Performance Academy, Regulation Committee and Board of tenders awarded.</p> <p>The Committee approved the proposal.</p> <ul style="list-style-type: none"> Covid outbreak update KD updated the Committee of an incident in Dermatology Outpatients at SLH which has been reported as a staff outbreak of Covid. Further staff clusters were recorded in Catering and Outpatients Department. Immediate and swift action has taken place. In addition a patient on F5 tested positive prior to discharge. A further three patients showed symptoms and tested positive. Therefore it was agreed that all patients on F5 been screened and 13 positive results were recorded along with one member of staff who has also tested positive. This has been reported as an inpatient outbreak on F5. As a precaution F5 and F6 have been fully restricted. Visiting to the ward has been suspended. KD has updated the Regional Chief Nurse on progress. Visits have been undertaken at our outlying hospitals to reiterate the key messages to staff. Medical School representation LS informed the Committee that she has formally accepted the role of Deputy Dean of Medicine. As her term of office finishes on 23 October 2020 her NED role will cease. She confirmed that there will be a replacement from the School of Medicine in due course. MM congratulated LS on her new appointment and wished her well in the future. The Chair gave thanks to SES for all her hard work and dedication as the COO whilst at BTHFT. The chair highlighted the recent achievement of Tom Lawton, Intensive Care Consultant who has received an MBE and confirmed he had written to him on behalf of the Board of Directors congratulating him on his award. 	
RC.10.20.24	Matters to escalate to the Board of Directors	
	There were no matters to escalate.	
RC.10.20.25	Matters to escalate to the Strategic Risk Register	
	There were no matters to escalate.	
RC.10.20.26	Items for corporate communication	
	There were no matters to escalate.	
RC.10.20.27	Agenda items for the next meeting	

	The Committee noted the	
RC.10.20.28	Date and time of next meeting	
	18 November 2020 1.30-4pm	
RC.10.20.29	Strategic Risk Register (including all relevant risks)	
	The Committee noted the report.	

ACTIONS FROM REGULATION COMMITTEE – 14 October 2020

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC20012	14.10.20	RC.10.20.18	MM queried the % score for today's elective activity in relation to the phase 3 100% target. SES confirmed we are slightly below target and she would forward the updated scores to the Chair after the meeting	Chief Operating Officer	18 November 2020	SES forwarded the updated scores to Chair 15.10.20 – <u>Action closed</u>
RC20013	14.10.20	RC.10.20.18	MH confirmed that the financial arrangements for the vascular service haven't been formalised. A discussion is due to take place with the WYATT Directors of Finance to identify the current state of play and MH agreed to provide an update at the November Regulation Committee.	Director of Finance	18 November 2020	Added to November agenda under the finance report– <u>action closed</u>
RC20011	14.10.20	RC.10.20.11	Haemoglobinopathy team to attend the Quality Academy meeting in April to provide an update on learning and the benefits to patients.	Chief Medical Officer	28 April 2021	Added to April Quality Academy agenda – <u>action closed</u>
RC20014						
RC20015						