

REGULATION AND ASSURANCE COMMITTEE MINUTES

Date:	Wednesday, 16 December 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 Jon Prashar (JP) - Mrs Julie Lawreniuk (JL) - Ms Selina Ullah (SU) - Mr Mohammed Hussain (MHu) <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) - Mr Sajid Azeb, Chief Operating Officer (SA) - Mr Matthew Horner, Director of Finance (MH) - Mr Ray Smith, Chief Medical Officer (RS) - Mr Mark Holloway, Director of Estates and Facilities (MHo) 		
In Attendance:	<ul style="list-style-type: none"> - Dr LeeAnne Elliott, Deputy Chief Medical Officer (LE) - Ms Laura Parsons, Associate Director of Corporate Governance & Board Secretary (LP) - Dr Paul Southern, Associate Medical Director, Informatics (PS) - Ms Sara Hollins, Head of Midwifery (SH) for agenda item RC.12.20.9 - Ms Claire Chadwick, Nurse Consultant / Director Infection Prevention & Control, Infection Prevention & Control (CC) for agenda item RC.12.20.12 		
Observers	<ul style="list-style-type: none"> - Ms Helen Wilson, Staff Governor - Mr Amit Bhagwat, Public Governor 		

Agenda Ref	Agenda Item	Actions
RC.12.20.1	Apologies for Absence	
	<ul style="list-style-type: none"> - Mr John Holden, Director of Strategy and Integration (JH) - Mr Altaf Sadique, Non-Executive Director (AS) 	
RC.12.20.2	Declarations of Interest	
	There were no interests declared.	
RC.12.20.3	Minutes of the meeting held on 18 November 2020	
	<p>The minutes of the meeting held on 18 November 2020 were agreed as an accurate record.</p> <p>The Committee noted that the following actions had been concluded and were now closed:</p>	

	RC.11.20.7 – Re-establish and recovery report – <u>action closed</u>	
RC.12.20.4	Matters escalated from Executive Directors	
	<p>MP confirmed that the vaccination programme had previously been discussed at the ETM meeting on Monday and an update will be provided at agenda item RC.12.20.8.</p> <p>MM noted that the communications strategy in relation to the vaccination programme would be welcomed and LP confirmed this had been shared with the committee via email.</p> <p>MHu brought to the attention of the committee a video that has been circulating in Batley which showed anti vaccine protesters outside a vaccine centre where they gained entry into the property. He wanted to highlight this as it could be something that the Trust may encounter as we start to roll out the vaccination programme within the community areas. He suggested we think proactively about how we might address some of these beliefs that might be circulating within the community. MM suggested we pass on the information to our communications team and security team. KD confirmed we have some videos in different languages which are due to be circulated to the community in due course which explain the vaccine process. Our security team and COVID-19 gold command on site are aware of the video. PS confirmed that there is a security presence at the vaccination centre and West Yorkshire Police attended the site to do a walk round last week to check our procedures and security.</p>	
RC.12.20.5	Quality oversight and assurance exception report	
	<p>LE referred to the quality oversight exception profile report and highlighted some key points:-</p> <ul style="list-style-type: none"> • The quality oversight system has continued throughout the year with a particular focus around learning. • There are four RIDDOR reportable incidents for November 2020. Two of these have been escalated and are currently being investigated as serious incidents. One relates to a fall and the other relates to a member of the public brandishing a weapon. • Reportable incident around blood transfusion which was a near miss incident. Action has been taken. • We have seen an increase in the top 5 incidents this November compared to November 2019. Further work is being undertaken around the apparent increase in fall incidents. Another area being investigated is the infection control issues which may possibly be COVID-19 related. A deep dive is being undertaken to further understand the issues. • COVID-19 specific issues are routinely reviewed at daily risk huddles and through the silver command structure. • We are reviewing how we monitor some of the low harm/no harm incidents and we are currently doing some improvement work around incident reporting. Work is ongoing with emergency care and CBUs to learn if there are other ways we can highlight incidents via a phone call/email message as opposed to the formal Datix reporting. 	

	<ul style="list-style-type: none"> An external review was undertaken in relation to the unexpected death of a child. The paediatric team have implemented immediate changes. National audit programme: national prostate cancer audit report has been received. LE noted that this report referred to data that was over a year old (2018-2019). She reported that the urology team have been engaged in this work and all patients have been reviewed. The patient deterioration tile has been rolled out across the trust which relies on the physiological measurements being entered into EPR and taken onto the deterioration tile. Work continues across the Trust and this data demonstrates improvements with NEWS2 scores being completed and a reduction in number of overdue observations. <p>TFG asked if COVID-19 pressures had an effect on the incidents reported which became serious incidents compare with the previous year. LE confirmed that they expected the numbers to fall within the COVID-19 period but this hasn't happened. She said it was difficult to make a direct comparison with last year's data currently but this continues to be monitored at weekly QUoC meetings. KD confirmed that there was a direct consequence around staffing in relation to the pressures of COVID-19 and the second wave. We are unable to make a comparison due to the unique types of patients we are seeing this year.</p> <p>The committee noted the report.</p>	
RC.12.20.6	Quality dashboard	
	<p>RS highlighted key points within the dashboard:-</p> <ul style="list-style-type: none"> Crude mortality – there has been a small rise in October as the second wave of COVID-19 impacts. We anticipate a further rise in November as the peak of COVID-19 appears to be in this month. Readmissions – fall in readmissions is likely to be as a consequence of COVID-19. Sepsis position – Increasing numbers of patients is impacting on the ability to prescribe and administer antibiotics within the hour and work is ongoing to improve the figures. Sepsis screening progress remains as expected. MRSA – we have seen a cluster over the last 3 months. There were some anomalies detected in the lab and these are being investigated. Cat 3+ pressure ulcers and falls with severe harm figures have increased and it was felt that this is as a result of the types of patients we have in the hospital which are elderly, extremely sick and COVID-19 patients. Falls with harm have been fully investigated. Due to non- invasive ventilation and the requirement of wearing a tight fitting mask patients can get pressure damage to their nose and ears. Night time discharges – The figures indicated the numbers reported were higher due to the electronic time stamp in EPR when discharge documentation is completed. Rolling audit is planned from September 2020 to review the data. 	

	<p>BS queried the prostate re-admissions benchmark data and if additional work needed to be undertaken. RS confirmed that there were some quirks in the re-admissions data and how patients are being classified. He noted that patients attending clinic as a planned admission were classified on EPR as a re-admission. Work is ongoing to understand and verify the data.</p> <p>KD confirmed that the Quality Academy agenda was being reviewed to incorporate further discussions around the dashboard to include innovative metrics which will showcase our Trust.</p> <p>LE noted that a deterioration tile and sepsis flag is planned for early next year which should aid our prompt recognition and treatment of sepsis.</p> <p>The committee noted the report.</p>	
RC.12.20.7	Quality strategic risks	
	The committee approved the report.	
RC.12.20.8	COVID-19 Vaccination Programme update	
	<p>KD gave an overview of the COVID-19 vaccination programme. She confirmed that the data changes on a daily and hourly basis. The roll out of the COVID-19 vaccination is part of the level 4 national response to the pandemic. There are 4 key deliverables as part of the programme being Hospital Vaccination Centre (HVC), PCN Vaccination Centres (PCNVC), Community Vaccination Centre (CVC) and Community Pharmacy Vaccination Centre(s) (CPVC).</p> <p>As a HVC we used 50 slots a day in the first week to open up to PCNs. A variety of our older community have been vaccinated in the staff site. We are also offering priority vaccinations to care home staff. At present because of the fragility of the vaccine it cannot be transported to care home residents although there are some pilots being planned over the next week to test if some of the larger care homes can be vaccinated in situ. As part of a national directive from the JCVI we have been asked to provide vaccination slots for care home staff in Kirklees and Calderdale. The Trust has been nominated as the lead provider of the COVID-19 vaccination rollout in Bradford and Craven which will encompass the direct governance and operational responsibility for both the hospital vaccination centre and the community vaccination centre. The PCNs are commissioned separately by NHSE/I with oversight from the CCG. From a reporting point of view the vaccine programme is reporting to the Strategic Co-ordinating Group at place level and to the West Yorkshire & Harrogate ICS COVID board at a regional level and from a provider point of view to the BTHFT Board.</p> <p>KD confirmed the governance structures in place for the groups and noted that the nationally mandated communications and local communications are starting to be distributed including video format in multiple languages.</p> <p>A vaccination command centre has been set up in Field House and is</p>	

	<p>open from 8am – 8pm which allows all communication through one place and to be close at hand to the vaccination centre. She confirmed that there had been over 600 vaccines administered to date with no serious clinical incidents.</p> <p>She gave an overview of the latest assumptions (priority) based on JCVI and the need for more vaccination centres in the community with easy accessibility using public transport.</p> <p>The vaccine arrives frozen and as we do not have access to an ultra-low freezer to store it at -70° we have 120 hours to deliver 975 vaccines. We are hoping to get access to an ultra- low freezer which will allow us to have access to more vaccines and will allow us to open up to 7 days a week vaccination. At present we are only vaccinating up to 5 days a week.</p> <p>JP queried why the vaccine cannot be rolled out to care homes if the shelf life covers 5 days. KD confirmed that the vaccines arrive in boxed and we are not allowed to split those boxes when it is in its frozen state. There is a trial starting which provides packs of 75 doses made available to PCNs to take to care homes. Once the vaccine is defrosted and drawn up it is very unstable and its transportation in that state is not viable. He also asked if we had identified any other hard to reach groups and KD confirmed that our communications plan has been translated into different languages but our key priority was the over 80s, hospital staff and care home staff. We will develop our communications plan to reach other groups but it was felt that one the community vaccination centre goes on line this will be crucial to reach those kinds of people.</p> <p>SU believed it would be beneficial if the Council of Mosques website had the BAME statement uploaded. She felt it was important that our partners are consistently sending out messages to address some of the mis-information. KD confirmed that we have good contacts with the Council of Mosques and she confirmed she will feedback this information to Vicky Pickles, Communication Lead for the vaccination programme at the gold command meeting.</p> <p>MHu asked when we would be in receipt of the place level data and how long the vaccination centres would be running. KD confirmed that every evening a SITREP return is produced from the different vaccination centres. She noted that we either increase the amount of vaccinations given or we will have to continue at this rate for a longer length of time. Due to the constraints with the movement of the vaccine and the supply vaccination numbers cannot be increased at present.</p> <p>PS confirmed that at the point of vaccine the data is added to a national system along with an upload to the patient GP records.</p> <p>KD confirmed that she will provide a regular monthly report going forward which would include the Place progress update.</p> <p>The committee noted the report.</p>	
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RC.12.20.9	Serious Incident Report – November 2020	
	<p>LE presented the monthly SI report for November and highlighted the key points within the report. There have been 4 SIs reported during November:-</p> <ul style="list-style-type: none"> • SI 2020/21921 was referred to in the maternity services update above. The positive outcome from this has been that the maternity team acted straight away and put a plan in place. The investigation will continue. • SI 2020/20817 relates to a fall at one of our community sites where a patient sustained a fractured neck of femur which required surgery. Initial root cause analysis (RCA) highlighted that not all preventative measures were in place. Changes have been implemented on site and have involved both the falls improvement team and the dementia lead nurses. • SI 2020/21772 - A patient underwent facial reconstruction surgery. There were possible omissions in the decisions made regarding timing of surgery and availability of the necessary equipment required to undertake the surgery safely. Changes have been implemented particularly around the way in which listing and planning of theatre cases is undertaken and also around the decontamination of equipment required. • SI 2020/27904 - Patient developed deep pressure ulcers (category 3/ upgradable) to both inner thighs secondary to repeated use of incorrectly sized sling. Immediate actions have been taken and work is ongoing with the moving and handling team. <p>There have been no never events declared in November 2020 or serious incident de-log requests.</p> <p>In relation to the Serious Incident Investigation report for SI 2019-23902 previously discussed under RC.12.20.5 LE confirmed that the Serious Incident report and the external review report had been shared with the coroner. A post-mortem has been undertaken which recorded the death as natural causes but we have confirmed we have some additional information and we are awaiting further correspondence from the coroner.</p> <p>MM noted that 84% of the Trusts serious incident investigations are completed within the required 60 day timeframe and this is encouraging.</p> <p>The committee noted the report.</p>	
RC.12.20.10	Maternity services update – November 2020	
	<p>Sara Hollins, Associate Director of Midwifery joined the meeting to provide an update on the December maternity services update. She highlighted key points within the report.</p> <ul style="list-style-type: none"> • The service completed a 'Maternity Partner Visiting' sitreps in November, which rated BTHFT as 'amber' due to continuing restrictions for partners accompanying women at scans and routine appointments. The service has worked with estates and infection prevention colleagues to find a safe solution to 	

	<p>accommodate partners in the antenatal outpatient waiting areas. A series of 'pods' which enable couples to sit together whilst maintaining adequate distance from others, will be installed in the area week commencing 8 December. This should then give BTHFT a 'green' rating. It is hoped that the pods can be extended to the scanning service waiting room.</p> <ul style="list-style-type: none"> • There have been 4 stillbirths during November including one butterfly baby and another baby that had some chromosomal and cardiac anomalies. The 4th case was declared a Serious Incident following identified omissions in care. The review revealed a lack of robust follow up process for women who do not attend for Gestational Diabetes Testing (GTT), although this was not the root cause. The GTT pathway has been process mapped and a follow up process instigated. In addition, the service identified that a cohort of approximately 450 women may also be at risk due to failure to follow up missed GTT appointments. Of this number, approximately 100 had already birthed with good outcomes. A significant number were still within the range to have the GTT and have been re-offered appointments. A proportion of women were too late for the test to be of clinical value and individual care was reviewed and referrals to a Consultant for clinical review made where necessary. Approximately 10 women in this group were identified as needing an urgent review, with appropriate plans made as a result. This probably prevented avoidable harm. All 4 cases have been subject to the usual process of 72 hour review and relevant escalation. • As reported in the October update, breastfeeding initiation rates remain at a low of around 60%. Action has been taken to identify key areas for improvement, including a survey monkey of women's views which has been circulated on our behalf, by Bradford and Craven Maternity Voices Partnership (MVP). • The number of women booking for pregnancy remains consistently around 450 per month. This suggests that the service will not see a 'baby boom' of 'lockdown babies' as a result of Covid-19 as anticipated. • The Home Birth team goes from strength to strength, with 2.5% of women choosing home as the place of birth in October. <p>KD referred to the invite received from NHSE/I regarding a place on the Maternity Safety Programme. A virtual meeting took place yesterday and the maternity team gave a presentation and overview of the last 12 months and our response to the CQC visit and our maternity services programme which highlights and reports to the Board. The conclusion from the meeting is that we will have additional support from NHSE/I to implement the changes.</p> <p>KD provided an update on the Ockenden review of maternity services letter which refers to the independent review of maternity services at Shrewsbury and Telford Hospitals NHS Trust. As a result of the review NHSE/I and maternity services have been asked to take swift action on the recommendations. There are 7 immediate actions and we can confirm compliance with all of these. At the next board meeting on the 20th January there will be a presentation on maternity services and the report and the impact of this on the Trust. Also reported at board will be the revised assurance tool that is coming</p>	
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	<p>from NHSE/I.</p> <p>The committee noted the report.</p>	
RC.12.20.11	Palliative Care Team annual report July 2019-2020	
	<p>The committee took the paper as read. KD highlighted the key recommendations which included the strategic workplan and the rollout of ReSPECT which is the end of life document which replaces DNAR CPR and the work ongoing to embed over the next 12 months. This is a paper document at present and to enable this to be uploaded to EPR by Cerner we would have to work with Calderdale as a joint project. Laura Stroud was the NED who linked with the palliative care team and we need to identify a replacement over the next couple of months. MP noted that there had been a temporary uplift in resources agreed in the summer to expand the team ahead of the business case which will be brought to a future board meeting for approval.</p> <p>The committee approved the report.</p>	
RC.12.20.12	Infection Control Board Assurance Framework	
	<p>CC provided an update on the COVID-19 Board Assurance Framework and confirmed that mitigations are in place to support those gaps identified in the BAF. A number of good practice mitigations are identified and we also have a robust process on our EPR for highlighting COVID-19 patients either known or suspected. She confirmed that the guidance for swabbing patients has changed again to day of admission, day three and day five. We have developed a PPE audit tool which includes hand hygiene which has been cascaded out to all wards and departments under the remit of the matrons. The PPE hub and the PPE guardians continue to support safe practice and ensure we have adequate PPE at all times. The infection team provide daily support and review all COVID-19 wards, especially those identified on green wards as COVID-19 known or suspected. There is a national database where the figures have to be entered along with providing a weekly update to NHSE/I.</p> <p>CC confirmed that we are compliant with the NHSE/I assurance toolkit apart from point 4. This will be discussed further at gold CRG and the completed spreadsheet will be sent to NHSE/I.</p> <p>The committee approved the report.</p>	
RC.12.20.13	People dashboard	
	<p>PC gave an overview of the dashboard and confirmed there was no update on the engagement metrics from last month. She highlighted key points:-</p> <ul style="list-style-type: none"> • Use of agency staff - in relation to staffing our use of agency and staff bank has increased particularly in the Nursing & Midwifery staff group in October due to increased requirement in respiratory areas and ICU. Agency staffing across the Medical and Dental staff group has remained static. Our agency spend remains under the ceiling. • Staff turnover - remains stable with nursing turnover remaining 	

	<p>low at 10%.</p> <ul style="list-style-type: none"> • Staff sickness - rolling 12 months sickness absence figure remains impacted by the month on month impact of COVID-19 related absences and is currently at 6.02% compared with the December 19 figure of 4.96%. Our sickness rates remain comparable with the WYAAT patch so we are not an outlier in terms of sickness rates. Both October and November we have seen an increase in COVID-19 related sickness but for December we are starting to see a downward trajectory. • Frontline staff flu vaccination - as of 31 October the uptake figure was 52%. More recently the uptake is 68% which is lower than the position last year. We have received a letter from NHSE/I asking us to expedite delivery by the end of November. The flu campaign continues to run until the end of February 2021 and we are continuing to promote uptake in the next few weeks. <p>The committee noted the report.</p>	
RC.12.20.14	People strategic risks	
	<p>No new risks have been added to the strategic risk register relating to people since the last meeting. Five risks remain on the register.</p> <p>The committee noted the report.</p>	
RC.12.20.15	Staff well-being and resilience	
	<p>PC reported the following. Stress, anxiety and mental health related absence remains the most common reason for absence after infection prevention. We have sourced professional psychology support from the Care Trust in advance of our own staff psychologists being appointed. This means our Occupational Health Consultant can make direct staff referrals. Staff on ICU, wards 29 and 31 have felt under increasing pressure with wave 2 of COVID-19. Our health and wellbeing department are directly linked to them in terms of any additional support that can be provided.</p> <p>We continue to deploy volunteers where we can particularly to cover wards 29 & 31 at weekends to help with clerical work. We had some concerns raised at the recent JNCC meeting from staff of having to move wards at short notice and the additional pressure that was put on them. Work is ongoing with the RCN representative and nursing management to support staff who have to move wards to support patient safety.</p> <p>The OD team are running sessions for staff which are attracting small attendances but staff are finding them helpful. We continue to publish the helplines that are available to staff.</p> <p>NHSE/I health and wellbeing event took place on the 11 December which focused on what organisations were doing to support their workforce and to share their ideas. From an assurance perspective this was helpful as there were no gaps in our provision.</p> <p>The committee noted the verbal update.</p>	

RC.12.20.16	Nurse staffing data	
	<p>KD noted that due to the changes in ward configuration during COVID-19 it has been difficult to report in our usual robust way. She gave an overview of the data which showed due to the current pressures relating to COVID-19 the fill rates for registered nurses on days and nights are reduced, this is partly due to supporting a surge capacity in critical care and respiratory ward areas. Work is ongoing to increase fill rates by using volunteers and nursing and medical students. University students have been added to our Temporary Nursing Register (TNR) under a MoU. There has been a steep increase in nurse staffing incidents and these are attributed to the peak in demand for our COVID-19 patients and opening wards at incredibly short notice. Additional support has been offered to staff through the Health and Wellbeing department.</p> <p>KD confirmed that she felt that October was the peak for staffing incidents and this seems to be decreasing slowly although we still have a number of staff off sick relating to COVID-19 either shielding, self-isolating or are COVID-19 positive. A number of beds on red wards have been reduced which in turn provides a more stable staffing workforce.</p> <p>The committee noted the report.</p>	
RC.12.20.17	Finance and performance dashboard	
	<p>Finance dashboard discussed under RC.12.20.22.</p> <p>SA highlighted the key points for Performance as of October 2020:-</p> <ul style="list-style-type: none"> • Emergency Care Standard (ECS) - performance was at 85.76% for October, which is a slight reduction on the September position. Based on our performance over the last week our Type 1 performance was ranked 4th out of 39 trusts regionally and 10th out of 116 trusts nationally. Although we are not hitting the 95% target this shows how much of a challenge for all organisations the emergency care standard is. • RTT 18 week incomplete – our overall performance improved to 70.47% in October and the GP referral demand has remained consistent. Given the COVID-19 spike we experienced and the fact that we diverted our clinical teams to focus on inpatient work we expect that this will impact on our performance position. Our overall position is better than the Yorkshire and Humber average position. • RTT 52 week wait - The Trust is forecasting 1,072 incomplete 52 week waits for October 2020 and the figure has increased for November to 1,500. All long waits have been reviewed using clinical prioritisation guidelines and the daily review of management plans for patients waiting over 40 weeks continues. • Cancer 2 week GP - September 2020 performance against the 2 Week-Wait Cancer standards was 93.83% against the national standard of 93%. We are set to deliver above performance for October. In comparison to other providers in Yorkshire & Humber our performance remains above average. • Cancer 62 day urgent GP - Our performance improved to 73.78% against the previous month. Our focus is on patients who have 	

	<p>waited beyond 62 days that are on a cancer pathway. Diagnostic and surgical capacity is being prioritised in support of long cancer waits created during the first wave of COVID-19. At the end of October the figures reduced to 99 and a further improvement has been demonstrated in November with the total number at 85. The 62 day standard performance is in line with the Yorkshire and Humber region.</p> <ul style="list-style-type: none"> • Diagnostic waits – showing an improved position at 61.67%. Radiology waiting times are forecast to improve to within the 6 week standard from October onwards following implementation of restart plans. Endoscopy performance remains challenged which is impacting on our overall diagnostic position. We are slightly behind the Yorkshire and Humber average. • Length of stay - has increased slightly but remains within control limits and better than the Yorkshire and Humber average. <p>SU queried how those patients who are not seen within 62 days are monitored and recorded. SA confirmed that the clinical validation process reviews all cancer patients on the waiting list classified as priority 2 patients. Communication with these patients is ongoing and monitored closely.</p> <p>MP noted that our 1,500 52 week wait patients make up over 7,500 patients over the West Yorkshire patch.</p> <p>MHu queried the RTT total waiting list figures and asked if we were able to forecast future figures. SA confirmed that the overall waiting list had reduced and this was as a result a reduction in the number of referrals being received in the organisation during the pause and the fact that we continued to see Urgent and fast track patients throughout the pandemic. The steady rise in numbers now is linked to the removal of the pause and the recommencement of receiving the GP's referrals. He noted that we know what our normal capacity figures are and if we then projected that forward we would be able to predict the total waiting list size. He noted that this would be a good piece of work to undertake.</p> <p>The committee noted the report.</p>	
RC.12.20.18	Finance and performance strategic risks	
	<p>Finance risks discussed under RC.12.20.22.</p> <p>SA noted the strategic risks for performance are largely around the impact on patients as a result of delays to surgery. As highlighted in the dashboard we continue to clinically prioritise our patients and those patients are being clinically validated.</p> <p>The committee approved the report.</p>	
RC.12.20.19	Re-establish and recovery report – November 2020	
	<p>SA presented the report which relates to activity undertaken up to the end of November 2020. Overall our activity has remained extremely challenged due to the COVID-19 numbers we have had within the bed base. For the period w/c 22 November we had over 175 patients in our Trust which represents 30% of our bed base. To date we are at</p>	

	<p>around 110 patients which is still higher than the peak in wave 1. There are still significant operational challenges and it is important to note that our elective inpatient overnight activity is flagging as significantly lower than the same point last year. As a result a NHSI/E commissioned visit is due to take place with the CEO of the Chelsea and Westminster Trust in an attempt to share best practice.</p> <p>SA highlighted key points from his presentation:-</p> <ul style="list-style-type: none"> • Elective spells – he noted that within the table there was an error on the actual figures for October and November which should read 61% rather than 67%. Overall our day case activity was 65%. Elective theatre activity has reduced due to 30% of the bed base being used for COVID-19 patients. Due to bed capacity constraints we haven't been able to do as much inpatient overnight operating. We have steps in place to recover that position and continue to use capacity with the independent sector. Twice weekly speciality scheduling meetings remain in place to ensure available capacity across BRI and Yorkshire Clinic is maximised. Our operating capacity could be constrained further if COVID-19 patients increase over the Christmas period. • Outpatient activity – activity remains above plan at 94%. Face to face capacity continues to be restricted by the need to redeploy clinical staff to support COVID-19 inpatients. Services are running premium rate sessions to increase capacity where possible and replacing lost face to face clinics with video or telephone appointments. We continue to deliver activity which is in excess of North East and Yorkshire patch who are recording 86%. • Diagnostics (Radiology) - activity remains above plan at 91%. It is anticipated that following successfully reducing the waiting list size, activity in November will reduce slightly – in line with referral trend. Activity is in excess of North East and Yorkshire levels. • Diagnostics (Endoscopy) – we remain below the 59% target at 51% compared to 70% for North East and Yorkshire and 52% for West Yorkshire. We continue to book additional session with the independent sector as and when possible. • RTT (>52 week incomplete) - the number of patients on the waiting list as of November is 1,420. • Cancer treatments – we have delivered 78% against our baseline position of 85% for November. North East and Yorkshire are at 57%. • >62 day cancer - As treatment numbers increase the number of patients beyond day 62 of their cancer pathway continues to reduce (from a post COVID-19 peak of 177 to 85 at the end of November 2020). • Bed occupancy – COVID-19 demand increased to 170% of April 2020 which alongside other acute admissions has increased bed occupancy to 90%. <p>The committee noted the report.</p>	
RC.12.20.20	Performance report – October 2020	
	Discussed under agenda item RC.12.20.17	
	The committee noted the report.	

RC.12.20.21	Winter operational readiness	
	<p>SA presented a summary position of the winter operational readiness plan for winter 2020/21 which feeds into the plan developed in conjunction with Place. Because of the COVID-19 pressures some of the actions are already in place for winter. We focus on key areas when planning for winter readiness which are:-</p> <ul style="list-style-type: none"> • Increasing capacity – the number of bed base areas is limited due to COVID-19 pressures which also has a knock on effect on staffing pressures. We have options available to us to increase bed capacity in certain areas throughout the hospital. Consultant and senior nurse cover is increased during the winter period in particular key areas to help assist in maximising capacity. • Patient flow and admissions avoidance – activity underway within A&E to manage patient flow and to deliver the emergency care standard. The command centre information tiles are utilised to manage patient flow and we continue to focus on SAFER principles. Wherever possible we continue to maximise flow with the intermediate care hub and virtual wards. • Governance – we maintain senior oversight and have good operational on call structures in place where we have an executive and operational management on call which is co-ordinated through the command centre. Weekly system level calls take place along with the internal oversight of the weekly gold operational meeting and the monthly AED delivery board. <p>All of the above combined lead to improved flow through our bed base for patients.</p> <p>The committee noted the report.</p>	
RC.12.20.22	Finance report	
	<p>MH highlighted key points from the report which gave a financial position and forecast as at 30 November 2020. The position at the end of month 8 is that we are slightly ahead of plan with a surplus of £0.9m with a £0.4m improvement in month against a deficit plan of around £0.1m deficit. The vast majority of the improved position accounted for by the reduction in our elective activity.</p> <p>The plan for the second half of the year, included a £3.5m Cost Improvement Plan (CIP). The current favourable variance includes a proportionate amount of the CIP and provides a degree of assurance that whilst there are risks we are predicting that we should hit our planned position. Through place based discussions, we have been working with Airedale FT, Bradford District Care Trust and the CCG to look at the forecast for the place. As allocations have improved for both Airedale and the CCG and the run rates look better than previously predicted, there is now no expectation of additional support being required from the ICS. The guidance for the financial plan/operational plan for 2021/22 has not yet been received but planning work is on-going both internally and across the place.</p> <p>A number of discussions have taken place around the COVID-19 spend and there are some risks around the overall cost remaining</p>	

	<p>within the allocations which are being worked through.</p> <p>Cash and liquidity remain on track and we are forecasting to be broadly on line by the year end. There are some minor risks in the system but we should have non-recurrent measures to offset those if they materialise between now and the end of the year.</p> <p>The committee noted the report.</p>	
RC.12.20.23	Board Assurance Framework (Q3) and SRR movement log	
	<p>LP confirmed the BAF and the strategic risks have been reviewed by the Executive Directors and the changes have been included within the cover paper. One of the assurance ratings has changed from green to amber in relation to the ability to deliver the financial plan. A couple of the composite risk ratings have increased around operational performance and recruitment and retention of staff. There was positive assurance around partnership working relating to flu and COVID-19 vaccines.</p> <p>JL questioned the amber rating for the ability to deliver the financial plan and whether this should change to green due to the confidence in delivering year end. MH confirmed that the score had increased from 6 to 12 as there is still a degree of uncertainty around how they might treat the elective incentive scheme and how the independent sector may pan out which is why the risk rating has been slightly increased.</p> <p>The committee felt that the improved narrative on the cover sheet was helpful to monitor the changes agreed. Work will continue on simplifying the BAF to make it more user friendly.</p> <p>The committee noted the report</p>	
RC.12.20.24	Governance Review – update	
	<p>LP gave an update on progress in relation to the transition to an academy governance model. An action plan has been created in relation to the recommendations arising from the independent review which highlight 3 key areas, frequency and sequence of meetings, mapping of former committee functions to the new structure and clarity on the role & purpose of academies, R&A committee, audit committee and board. There are two options highlighted for the meeting frequency and the Executive Team are supportive of option 1 as that creates a shorter cycle overall between the academies and the board and helps to keep the distinction between the role of the board and the R&A Committee. In the months with no R&A Committee/Board, there would be a gap of around 6 weeks between the Academy and the next R&A Committee. A process for alerting Board members would need to be agreed, for example via a 'red border' e-mail from the relevant Academy Chair. The executive team considered whether the academies could be bi-monthly but the preference was to keep them monthly whilst they were embedded. The option chosen is a suggested way forward can be reviewed after 6 months.</p> <p>The proposal is to implement option 1 from next year and if academies</p>	

	<p>are unable to meet in January the R&A committee will need to take place in February.</p> <p>The R&A committee terms of reference will also need to be reviewed so that they are aligned with the academies, audit committee and board and there is no duplication.</p> <p>BAS said he would welcome sight in due course of the terms of reference and work plans to establish where the audit committee sits within the plan. The NEDs had the opportunity at a private meeting to discuss the paper in detail.</p> <p>The committee noted the report and agreed to Option 1.</p>	
RC.12.20.25	Any other business	
	<p>There were no further items discussed.</p> <p>MM gave thanks to Trudy Feaster-Gee for all her hard work as a Non-Executive Director at the Trust and her recent support on the maternity work. She leaves us at the end of December 2020 and all her colleagues wish her well for the future.</p>	
RC.12.20.26	Matters to escalate to the Board of Directors	
	There were no matters to escalate.	
RC.12.20.27	Matters to escalate to the Strategic Risk Register	
	There were no matters to escalate.	
RC.12.20.28	Items for corporate communication	
	There were no items discussed.	
RC.12.20.29	Date and time of next meeting	
	17 February 2021 1.30-4pm	
RC.12.20.30	Strategic Risk Register (including all relevant risks)	
	The Committee noted the report.	



ACTIONS FROM EXECUTIVE & NON EXECUTIVE REGULATION COMMITTEE –16 December 2020

Action ID	Date of meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC20015						
RC20016						