

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

Report from the Chair of the Regulation & Assurance Committee

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

Key Matters Discussed

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

Quality

Quality Academy Chairs Report

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

Quality Dashboard

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

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

Quality oversight and assurance exception report – December

8. It was highlighted that there has been an increase in incidents relating to violence and aggression across all sectors. It was suggested that a large amount of incidents are related to the current pandemic as there has been a significant shift in mental health and general wellbeing in recent months. It was advised that this is well recognised across the region, and that there are discussions in place to address this through the System Quality Committee.
9. All Serious Incidents (SI) are subject to a 72 hour review. Currently all are completed and the actions are being worked through. It was confirmed that the Maternal Suicide SI has recently been closed.
10. It was confirmed that the outstanding figure on complaints is 70, this being very low compared to average. It was highlighted that the team is mindful that there are a number of complaints specifically relating to the effect of COVID-19. Sharing of patient information and family visiting are among common trends at the moment.

Quality Strategic Risks

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

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

Serious Incident (SI) Report

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

Maternity Services Update

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

Ockenden Assurance Submission

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

Infection Prevention and Control Board Assurance Framework (BAF)

18. It was reported that the Trust has a comparatively low level of outbreaks, which was attributed to collaboration and teamwork across the Trust. It was acknowledged that there are risks associated with the BAF such as bed spacing, ventilation and side room capacity. All are being appropriately addressed across the Trust.

Infection Prevention and Control Report Q2&3

19. There has been a reduction in Clostridium difficile for the 2020/2021 year, despite changes in the definition of what is a hospital acquired Clostridium difficile. It was suggested that this is related to higher levels of cleanliness and decontamination, as well as changes in antibiotic prescribing (as a result of COVID-19 patients requiring different types of antibiotics).
20. It was advised that there have been increases in MRSA and E. coli in 2020/2021, but remain low compared to peers. The department have mitigations to review with consultant clinical teams.

Parliamentary and Health Service Ombudsman (PHSO) Complaints

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

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

Covid-19 Vaccination Programme Update

23. The committee was advised that the priority cohort groups 5 – 6 are now the focus following the successful vaccination of groups 1 – 4. It was advised that cohort 7 (age 60 and over) will imminently be invited for the vaccination. An inequalities group had recently been introduced to provide focus and support for groups with lower rates of vaccine uptake. There has been a session at Keighley Central Mosque and a session at Bradford Central Mosque is also planned. There are discussions to plan more regular sessions in other places of worship where uptake of the vaccine is low.
24. Refusal data by ethnicity was presented, however the Committee was advised that this is not entirely accurate due to lags in the data. With regards to BTHFT, 78% of total eligible staff have been vaccinated, with 57% of BAME staff accepting the vaccine. It was also suggested that certain staff groups such as Pharmacy are also showing higher refusal rates. There is a focus on supporting women of child bearing age in light of the common myth that fertility is being affected by the vaccine. Dr Virginia Beckett is producing a video for staff on the matter.
25. The Place as a whole had been commended by DHSC for their hard work during the vaccination rollout, with Bradford demonstrating good engagement with communities in particular.
26. It was agreed that it would be helpful to dispel any individual concerns on a one to one basis with staff. As a result, staff can be provided with factual answers to their specific concerns. It was confirmed that the vaccine cannot be mandated for staff.

People

People Academy Chair's Report

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

People Dashboard

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

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

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

People Strategic Risks

33. There were no new risks to report.

Staff Wellbeing & Resilience

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

- Recognising the contribution of all staff, rather than singling out particular groups
- Maintaining and building on existing well-being support, at a national and local level
- Ensuring staff get proper time to recover, for example focusing on how annual leave is taken
- Checking with recovering staff on a regular basis through well-being conversations. Also creating choices for staff considering leaving or retiring
- Building preventative health and well-being capacity and reviewing the role of Occupational health
- Ensuring there is sufficient supply of workforce – the People Academy will be presenting on how we are maximising the Nursing and Healthcare assistant workforce at the next meeting

Finance & Performance

Finance & Performance Academy Chair's Report

35. The Terms of Reference and agreed membership were discussed and agreed and there was a discussion around the learning and improvement aspects of the academy. The second agenda item was seeking approval from the academy for the ICS Financial Risk Share Agreement for the Bradford Place; this was approved at the academy and brought to this committee for information.

Finance & Performance Dashboard

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

Finance & Performance Strategic Risks

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

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

Re-establish & Recovery / COVID-19 Operational Update

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

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

Finance Report

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

Governance

Strategic Risk Register Movement Log

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

Governance Review – Update

43. It was advised that a new sequence for Academy, Regulation and Assurance Committee and Board of Directors meetings would commence from the end of February. Terms of Reference and work plans would be presented at the academy meetings in february for sign off, and would then come to the next meeting of the Regulation and Assurance Committee for approval.
44. It was agreed that the Board Assurance Framework (BAF) would not be presented to the academies; however the Executive team will look at it in its entirety and make a recommendation to the Regulation and Assurance Committee around the assurance level for each objective. The academy meetings will then look at the strategic risks that come under their remit.
45. The Committee was advised that the review of the BAF would be in the first quarter of 2021/2022, with a view to being brought to the Board Development Session in June for discussion. This will then be presented to the Audit Committee and Board in July.
46. The Chief Executive informed the Committee that she had spoken to Andrew Corbett-Nolan, Chief Executive of the Good Governance Institute, regarding the impact of COVID-19 on governance at the organisation. It was highlighted that Mr Corbett-Nolan is interested in the approach taken by the Trust,

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

Update on assurance and progress of the internal audit plan

47. The Committee was advised of the request to defer 27 audits which would be further considered as part of the audit planning round for 2021/2022. It was emphasised that given the current situation surrounding the pandemic, there had been significant challenges faced by internal auditors and the organisation in completing all audits. Therefore the 12 critical audits have been identified to be completed by the end of the year to ensure the Head of Internal Audit Opinion can be provided.
48. The Audit Committee Chair commented on the importance of each Executive Director feeling that deferrals are acceptable in terms of managing their portfolios. There was strong support from all Executive Directors. Given the unprecedented circumstances faced by the Trust, the Committee approved the audit deferral requests highlighted in the Internal Audit Plan. It was noted that sufficient audits will be completed to allow of the Head of Audit Opinion to be issued.

Items of Positive Assurance, Learning and/or Improvement

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

Matters escalated to the Board for consideration

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

New/emerging risks

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

Recommendation

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