

Meeting Title	Board of Directors		
Date	20 May 2021	Agenda item:	Bo.5.21.8

## 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 11 May 2021		
Key control	This report is relevant to all Strategic Objectives		
Action required	To assure		
Previously discussed at/informed by	Regulation & Assurance Committee – 11 May 2021		
Previously approved at:	Committee/Group	Date	
	N/A		

### Key Matters Discussed

- This paper provides a summary of the Regulation & Assurance Committee meeting held on Tuesday 11 May 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.

### People

#### People Academy Chair's Reports

- The following points were highlighted:
  - Strategic risks – the Academy had considered a new risk relating to the impact of staff declining the Covid-19 vaccination, and a reduction in score in relation to risk 3489 (staff will have a poor experience leading to reduced health and wellbeing, reduced retention rates, reduced performance and increased risk of errors due to reduced staffing levels and the need to move staff). The score for this risk had decreased from 20 to 16 due to the fact that the reduction in Covid cases had allowed for more sustainable staffing models to be put in place. The Executive Team had asked the Academy to consider if risk 3560 (ability to safely staff the organisation due to the impact of 'test and trace' and Covid related absence) should be reduced further, and potentially removed from the Strategic Risk Register (SRR). The score had reduced from 12 to 9. It was agreed that the Academy Chair would review the score again but the risk would remain on the SRR to ensure continued oversight, and be reviewed again in June.
  - International recruitment ethics – the Academy had received assurance from the Chief Nurse that the ethics associated with the programme were sound. The impact of the pandemic in India has had an effect on the Trust's overseas recruitment plans. The UK Government has enforced an immediate pause on all nurse international travel from India for staff taking up employment in the NHS. This is in place until further notice.
  - Staff survey – the priorities for action were discussed and the Academy will regularly revisit the action plan during the year.
  - Freedom to Speak Up – the Academy had received the quarterly update and considered how to reflect data relating to Freedom to Speak Up within the dashboard. An update was provided on national developments, local concerns and a new diversity monitoring form.
  - Education annual report – it was noted that a significant amount of education activity had been delivered despite the pandemic.
  - Dashboard – the Head of Business Intelligence had attended to discuss the review of the

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dashboard, it was expected that the draft updated dashboard would be presented in May. New information had been included around Equality, Diversity and Inclusion (EDI) however this will be considered in more detail at the next meeting in May, when the Academy will have a detailed report.

- Flexible working – an update was provided on the work of the task and finish group and the presenters gave an example of their own experience in relation to flexible working, which was well received. It was acknowledged that a culture change was needed to embed the flexible working approach, balanced with the need to provide a 24/7 service.
- People recovery – the Academy heard of the plans to support recovery, at local, place, ICS and national level. There would be a focus on improving staff engagement with the offers currently in place and ensuring effective communication of the support available.
- Guardian of Safe Working Hours – the Academy was assured that junior doctors have the opportunity to raise and address any issues.
- Operational and Financial Plan – the workforce slides from the presentation at Finance & Performance Academy were shared with the People Academy.

3. It was noted that there had been a proposal for the Head of EDI to lead a session with governors and this was welcomed and encouraged.
4. The Director of HR also highlighted that sickness absence levels were still higher in some areas for the Trust in comparison to its peers. This was being considered further through the Looking After Our People workstream and some joint working with Bradford District Care NHS Foundation Trust, which is experiencing similar issues.

#### Staff Wellbeing & Resilience

5. A copy of the people recovery presentation referred to above was provided to the Committee. The recovery plan is based around five key areas – acknowledgement and recognition for all staff regardless of their role, maintaining and building on the existing wellbeing programme, building preventative health and wellbeing capability, ensuring staff get time off to recover and continuing to support returning and recovering staff.
6. It was noted that work related stress had increased and further detail was sought on the reasons behind this. It was confirmed that work will be undertaken to assess the data at staff group and department level to see if there are any trends, and to triangulate the data with harassment/bullying cases.

#### Quality

##### Quality Academy Chairs' Reports

7. The Academy has had full agendas and the timing of future meetings has been extended by 30 minutes to ensure sufficient time for discussions. The membership has been strengthened to include representation from the Improvement Academy who discussed plans for the Patient Safety Collaborative. The Academy has also had discussions around End of Life Care, Safeguarding and Infection Prevention and Control.
8. The Chief Medical Officer advised the Committee of a CAS Alert relating to concerns around the sterility of consumables for a certain type of syringe driver. The concerns related to the quality assurance of the sterilisation process rather than evidence of contamination. There was potential for supply disruption therefore the Trust's supplies were managed centrally via the PPE Hub. The Trust has also accelerated its plans to move to a different type of syringe driver. No practical issues have arisen.

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9. The Academy had noted that the Summary Hospital-level Mortality Indicator (SHMI) has increased since the start of the pandemic. An increase has also been seen in other acute trusts locally and nationally. In-hospital deaths hadn't increased (discounting deaths associated with Covid), however deaths in the community have, which may be reflective of patients presenting later due to concerns around Covid-19. This will be reviewed in more detail, and interviews are taking place on 14 May for an Associate Medical Director for Learning from Deaths.
10. There were two risks which had changed in score, relating to avoidable harm due to Covid transmission within the hospital, which had reduced from a score of 15 to 10, and an increase in the score relating to data quality and EPR.
11. Three additional Serious Incidents had been declared since the papers were circulated for the meeting, all within the neonatal unit. Two related to the death of premature babies, and the third related to possible harm due to a line infection. These cases were in the early stages of investigation.
12. It was noted that there had been a decline in the administration of antibiotics to sepsis patients within one hour since the start of the pandemic, reflecting the pressures on staff. A Sepsis Nurse is in post and has commenced some improvement work. This issue is a high priority for the Patient Safety Committee and it is expected that performance will improve. There is no specific target, the aim is to improve and to reach 100%.
13. A discussion was held relating to night time discharges and the associated data quality issues due to the way that this data is recorded. The Command Centre team undertake a monthly audit which has confirmed that there isn't an issue with night time discharges, although they do take place where appropriate or necessary. The Chief Digital and Information Officer informed the Committee that a 'brilliant basics' programme is being developed to support improvements around data quality more generally, and to highlight how effective data quality improves patient care.
14. In terms of the risks beyond their target dates, assurance was provided that risks are subject to a regular review and are discussed at Executive Team Meetings on a monthly basis.
15. The Committee recognised the achievements of staff in keeping core services running throughout the pandemic.
16. It was noted that a Clinical Non Executive would strengthen discussions at Quality Academy meetings. This post is currently vacant however a potential candidate has been identified and will meet with the Chair, Chief Executive and Chief Medical Officer within the next few weeks.

#### Maternity Services Update

17. The Director of Midwifery provided an update relating to March and April 2021. In line with the recommendations arising from the Ockenden Report, monthly updates are required to be presented therefore the Quality Academy will receive the update in the months with no R&A Committee or Board meeting. The three Serious Incidents within neonatal care were highlighted, and assurance has been provided that the immediate lessons have been learned and shared. There was one maternity unit divert in April, due to the complexity of cases on the ward.
18. The Committee approved the Maternity Services Data Set Data Quality Action Plan for submission to the West Yorkshire & Harrogate Local Maternity System Board, to demonstrate compliance with safety action 2 of the Maternity Incentive Scheme. Plans are in place to address the outstanding areas.
19. The Committee also approved quarterly Perinatal Mortality Review Tool (PMRT) position required for Maternity Incentive Scheme compliance. The standard relating to informing parents regarding the use

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of the PMRT was still to be met and has been impacted by some sickness absence, however this is expected to be achieved prior to the submission of the data on 15 July.

20. It was confirmed that the improvement work has included a workstream relating to culture, and it was agreed that the Committee would receive more detail on this at the next meeting, in July 2021.

#### Infection Prevention and Control Report Q4

21. The Director of Infection Prevention and Control (DIPC) presented the report. 2020/21 had been a challenging year, not only due to Covid-19 but also in relation to an increase in Staphylococcus blood infections. There is a theme relating to vascular leg ulcers and diabetic foot ulcers, and work will be undertaken with the Tissue Viability team to improve the care of these patients. The IPC annual work programme was approved and assurance was provided that this will address the identified gaps. It is reviewed by the IPC Committee regularly and updated as necessary. The MRSA and MSSA Bacteraemia improvement plan was also approved. A serious incident relating to the cross transmission of Tuberculosis (TB) was highlighted, this is an unusual and highly infectious case which resulted in transmission to another patient and a member of staff. Work is being undertaken with Public Health England and the national TB Team given the nature of this case.

#### Covid-19 Vaccination Programme Update

22. The Chief Nurse highlighted the great progress which has been made across the city since the vaccination programme started in December 2020. There has been limited availability of first vaccine supply over the last 4-5 weeks, this has now been addressed and supply of the Pfizer vaccine has increased. The Steering Group oversees all aspects of the programme including actions to address health inequalities which has a dedicated workstream and a member of staff has been seconded to lead in this area.
23. There has been an increase in staff uptake and Occupational Health (OH) are contacting staff who are recorded as not being vaccinated. Around half of those contacted have confirmed that they have received the vaccine elsewhere, therefore the actual figure is likely to be higher than the reported figure of almost 80%.
24. The BRI Hospital Hub is now paused as of last week and the facility will be handed back to the Education service on 17 May. Staff are able to access the AstraZeneca vaccine via OH or the Pfizer vaccine at Bradford College. Airedale Hospital Hub is now a Community Hub and is included on the national booking system. Mobile sites are operational around the city and vaccines are being targeted as appropriate, for example multi-generational households. There are strong governance and PMO structures in place and the Chief Nurse remains as joint SRO for the overall programme.

#### Parliamentary and Health Service Ombudsman (PHSO) - Update

25. An update was provided in relation to open complaints that had been referred to the PHSO for further independent review. There are currently six outstanding complaints. The Committee was provided with an overview of the actions being taken in relation to a previously upheld complaint and the immediate lessons identified for emergency clinicians. The relevant pathway has been re-designed and re-checked. Assurance was provided that progress is being made. The PHSO is undertaking a national review on complaint handling and the Trust is piloting the new model.

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## **Partnerships**

### **Partnerships Dashboard / Strategic Risks**

26. There are currently three strategic risks relating to partnerships:
- EU Exit – this is being monitored but there were no concerns to note. The risk is due for review at the end of May and the score will be reviewed at that point, and will be reduced if appropriate.
  - Partnerships at place level – the Strategic Partnering Agreement has been refreshed and will be presented to the Board for approval on 20 May.
  - Partnerships at ICS level – there will be a discussion at the Board meeting regarding the risks and opportunities associated with the White Paper on integrating care, which will formalise the ICS as a statutory body.
27. The dashboard is being reviewed to ensure that the metrics are relevant. In relation to the collaboration with Airedale, it was confirmed that this was now part of Act as One rather than being a discrete programme, and there are lots of examples of the two trusts working together. It was agreed to provide some detail at a future meeting in relation to the Trust's role as an Anchor Institution. An example was provided of an initiative to support young people to access a career in health/medicine, who otherwise may not have the opportunity to do so.

## **Finance & Performance**

### **Finance & Performance Academy Chair's Reports**

28. The Academy had held a detailed discussion on performance, including improvement initiatives. An update was provided on EPR and data quality issues and how this is being addressed. The draft financial and operational plans were presented for the first six months of 2021/22. There is confidence around the delivery of the financial plan for the first half of the year, but the second half of the year is expected to be more challenging. The Academy had been pleased to note that the year end position for 2020/21 was better than plan.
29. The Chief Operating Officer advised the Committee that performance remains strong in relation to the Emergency Care Standard, despite an increase in A&E attendances. There were 477 Type 1 attendances yesterday, which is one of the highest ever seen. Cancer 2 week wait performance is above 93%; there was a slight dip in April due to an increase in demand in the breast service and a loss of capacity over the Bank Holiday weekend. Focus remains on reducing the number of patients waiting longer than 62 days to start cancer treatment. At the peak, there were 179 patients who had waited longer than 62 days, and this has now been reduced to 22 patients as of April 2021 thanks to the hard work of clinical teams. The target is to reduce this further to around 15 patients, which was the position in February 2020. RTT performance remains difficult however the 52 week position is continuing to reduce and the independent sector is being used for lower complexity cases. Diagnostic performance is improving month on month, this is expected to reach 81% for April. In relation to Covid, the Trust is currently treating around 20 patients, with 4 in ICU. The Trust continues to see higher numbers of Covid patients when compared to other providers across the region.
30. The Committee was pleased to note the improving position in relation to diagnostics. In relation to the increase in A&E attendances, this is thought to be due to increased socialising following the easing of some lockdown measures, schools restarting, and some late presentees who may have been reluctant to attend due to concerns around Covid. Pressures within primary care were also noted as a likely cause. It was acknowledged that all healthcare sectors are busy.
31. The Academy had a detailed discussion regarding EPR and associated data quality issues, and the actions being taken in response. An independent organisation (MBI) were commissioned to draw up a



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framework to resolve the issues, which had identified 16 key indicators that need to be resolved. The Chief Operating Officer and Chief Digital and Information Officer are leading a working group to understand the root cause of the issues, the current position in relation to the 16 indicators, validate the current backlog numbers, identify appropriate actions and understand the resource required to address the issues. The associated risk is already reflected on the Strategic Risk Register, and the rating has been increased to 15.

32. The Director of Finance highlighted that the year end financial position for 2020/21 finished ahead of plan and the audit is in progress. The capital position was slightly below plan internally, but a balanced position was reported for Covid related spend. The capital programme for 2021/22 is being established. The financial plan has been developed for the first six months of 2021/22 and will be discussed with governors and the Board. It is expected that efficiencies will be required in the second half of the year therefore an Improvement Programme will be developed.

#### Non-Surgical Oncology

33. Following a discussion at the West Yorkshire Association of Acute Trusts (WYAAT) Committee in Common meeting, the Chief Operating Officer (COO) provided an update in relation to Non-Surgical Oncology (NSO). A provider within the ICS had been impacted by the departure of medical staff, therefore it was agreed to set up a Task and Finish Group to address the immediate issues, and a Steering Group to look at longer term solutions.
34. In relation to the position at BTHFT, a day case unit has recently been opened at Eccleshill Hospital for chemotherapy patients. Acute NSO services are provided as part of an integrated model with Airedale NHS Foundation Trust. It is a 7 day service, with a multi-disciplinary team in place. Assurance was provided that the service is stable at the moment, and the Trust will be part of the longer term solution which is being developed at WYAAT level.

#### Vascular Arterial Centre Update

35. An update was provided in relation to the opening of an arterial centre in Bradford in November 2020. This followed a review of vascular services across Yorkshire and Humber, which recommended that there should be two arterial centres in West Yorkshire. The other centre is located at Leeds General Infirmary. The centre ensures compliance with the NHS England national vascular service specification, and other developments are also being implemented including urgent vascular clinics, the development of a virtual ward, and the establishment of a Care Co-ordinator role. Early data is showing that the average length of stay has reduced from 12 to 9 days. In terms of governance, the work is overseen by a joint Board, which is supported by a triumvirate team and an operational group which is chaired by the COO. Work is being undertaken to align job plans and this is being supported by LTH's Chief Medical Officer.
36. The Committee was assured that a good service is being provided across West Yorkshire, with patients being seen 7 days per week. There have been quality improvements and services have been safeguarded from a workforce perspective.

#### Governance

##### Board Assurance Framework (BAF) (Q1) and Strategic Risk Register Movement Log

37. The BAF had been reviewed and updated by lead directors in April, to reflect the position at the start of Q1. The Committee was asked to note one change in assurance levels in relation to objective 2a, regarding the delivery of the financial plan. The rating had reduced from green to amber due to uncertainties around cost changes, particularly in relation to the elective activity restart. The Committee agreed that the assurance ratings were appropriate given the context of the discussions held at today's

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38. It was recommended that principal risk 6 (failure to achieve sustainable contracts with commissioners) be closed as it was no longer relevant due to block funding arrangements, and there are no associated strategic risks. This was agreed by the Committee.

#### Governance Review – Update

39. The Committee received an update regarding the transition to an academy governance model. Two actions were been deferred to July, relating to the development of a training plan and a new reporting template.
40. In relation to academies, the appropriate reporting route for items relating to estates & facilities and digital are being reviewed and will be discussed at the Executive Team Meeting on 17 May – any proposed changes will be presented at the next meeting for agreement.
41. As the Regulation Committee has been in place for a year, an annual report had been produced to provide assurance that the Committee is meeting its terms of reference. This will be presented to the Board on 20 May (see agenda item Bo.5.21.19). An interim review of effectiveness will be undertaken in line with the same timescale as the academies, in July.
42. The Committee noted the update.

#### **Items of Positive Assurance, Learning and/or Improvement**

43. The Committee noted positive assurances in relation to increased staff update of the Covid vaccination, the lessons learned and improvements made as a result of a PHSO case, continued good performance in relation to the Emergency Care Standard despite increased attendances and an improvement in diagnostic performance.
44. The Committee reviewed the strategic risks within each section of the meeting and noted the assurances regarding the management of the risks.

#### **Matters escalated to the Board for consideration**

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

#### **New/emerging risks**

46. The Committee did not note any new/emerging risks.

#### **Recommendation**

47. The Board of Directors is requested to note discussions held and outcomes from the Regulation & Assurance Committee meeting held on 11 May 2021.