

REGULATION AND ASSURANCE COMMITTEE MINUTES

Date:	Tuesday 11 May 2021	Time:	13:30-16:00
Venue:	Microsoft Teams	Chair:	Dr Maxwell Mclean, Chairman
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> • Barrie Senior (BAS) • Mohammed Hussain (MHu) • Jon Prashar (JP) • Julie Lawreniuk (JL) • Karen Walker (KW) • Altaf Sadique (AS) <p>Executive Directors:</p> <ul style="list-style-type: none"> • Pat Campbell, Director of Human Resources (PC) • Karen Dawber, Chief Nurse (KD) • Sajid Azeb, Chief Operating Officer (SA) • Paul Rice, Chief Digital and Information Officer (PR) • John Holden, Director of Strategy and Integration (JH) • Matthew Horner, Director of Finance (MH) • Dr Ray Smith, Chief Medical Officer (RS) 		
In Attendance:	<ul style="list-style-type: none"> • Mark Holloway, Director of Estates & Facilities (MHo) • Laura Parsons, Associate Director of Corporate Governance/Board Secretary (LP) • Sara Hollins, Director of Midwifery (SH), for agenda item RC.5.21.18 – Maternity Services Update • Claire Chadwick, Nurse Consultant/Director of Infection Prevention & Control, for agenda item RC.5.21.21 – IPC Quarterly Report 		
Observers:	<ul style="list-style-type: none"> • David Wilmshurst, Governor 		

Agenda Ref	Agenda Item	Actions
RC.5.21.1	Apologies for Absence	
	Apologies were received from Mel Pickup, Chief Executive Officer and Selina Ullah, Non-Executive Director.	
RC.5.21.2	Declarations of Interest	
	There were no interests declared.	
RC.5.21.3	Minutes of the Meeting Held on 10 March 2021	
	<p>The minutes of the meeting held on Wednesday 10th March 2021 were agreed as an accurate record.</p> <p>The following actions from the log were closed:</p>	

	<ul style="list-style-type: none"> • RC21001 - Parliamentary Health Service Ombudsman Report - to be discussed under agenda item RC.5.21.20. • RC21003 - Partnerships Dashboard – January 2021 – to be discussed under agenda item RC.5.21.22. • RC21004 – Governance Review Update – It was agreed that no Internal Audit contribution is required at present. • RC21005 – Governance Review Update – to be discussed under agenda item RC.5.21.34. • RC21006 – Governance Review Update – To be discussed under agenda item RC.5.21.34. 	
RC.5.21.4	Matters Escalated from Executive Directors	
	There were no matters to be escalated.	
RC.5.21.5	People Academy Chair's Report	
	<p>PC highlighted the key points of this report, which covered the meetings held on the 31st of March and 28th of April 2021.</p> <ul style="list-style-type: none"> • People risks – a risk assessment has been undertaken regarding the impact of staff declining the Covid-19 vaccination. A change of score was considered for Risk 3489 regarding staffing due to the reduction of Covid-19 cases in the Foundation Trust. Risk 3560 was reviewed, which concerns difficulties in safely staffing the organisation due to the impact of the Test and Trace scheme and Covid-19 related absences. This risk had reduced in score, but the People Academy considered the feasibility of reducing it further or removing it from the strategic risk register. It was agreed for PC to further review the score, but for it to remain on the strategic risk register, to be re-reviewed in June. <p>A potential risk around theatre staffing was flagged from the Finance and Performance Academy, which SA agreed to review.</p> <ul style="list-style-type: none"> • International Recruitment – the People Academy has received further guidance on the approach and assurance from the Chief Nurse's office that this is an ethical programme. PC shared that the impact of the pandemic in India has had an effect on the Foundation 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, which stands until further notice. • Staff survey – the priorities for action have been discussed and it was agreed that the People Academy would regularly revisit the survey and action plan. 	

	<ul style="list-style-type: none"> Freedom to Speak up (FTSU) Report – it was considered how the data could be better reflected in reviewing the dashboard. <p>An update was received regarding national developments around the FTSU Guardian and the Head of Equality and Diversity has created a new diversity monitoring form in order to better address concerns.</p> <ul style="list-style-type: none"> Education Service Annual Report – it was noted that despite the impact of Covid-19, significant amounts of education activity had been delivered over the last year. Dashboard Review – a productive discussion was had around what this should look like going forward. A draft update should be available for the May People Academy. The metrics now include updated equality and diversity information, but discussion has been deferred until May, when the Academy will have a detailed report. Flexible Working. This is a key action area from the NHS People Plan. The Leads presented a helpful update focusing on what works, what is next, the need for culture change and included their lived experience in the presentation. People Recovery – this covered the national position and how this links into service recovery, as well as local focus group results. A discussion was had around the current plans, support provided to staff and access rates. Guardian of Safe Working Report – this provided assurance that junior doctors are receiving support to raise issues and opportunities are available to address these as they arise. Operational Financial Plan – the workforce slides from the presentation at the Finance and Performance Academy were shared with the Academy. <p>PC stated that both meetings were well attended, with well-rounded discussions and challenge. A six-monthly position statement was presented which measured how the Foundation Trust was performing against the NHS People Plan actions and PC reported good oversight of the risks.</p> <p>JP was of the opinion that the People Academy was going well and good progress had been made despite the recent pressures on staff. He queried the format of future meetings in terms of virtual versus face to face. PC replied that this is due to be reviewed in September and MM shared that he has had conversations about possible hybrid models.</p>	
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	<p>MM mentioned the reference to the Head of Equality and Diversity holding a Governors session and encouraged that this go ahead. MM also thanked the Executive Directors for the upcoming briefings for Governors on the 13th of May on Chaplaincy and the Financial and Operational Plan.</p> <p>MM thanked PC for a helpful update.</p>	
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RC.5.21.6	People Dashboard – March 2021	
	The Committee noted the update.	
RC.5.21.7	People Strategic Risks	
	The Committee noted the document.	
RC.5.21.8	Freedom to Speak Up – Q2 & Q3	
	The Committee noted the update.	
RC.5.21.9	Guardian of Safe Working Hours Report /Annual Report	
	The Committee noted the report.	
RC.5.21.10	Staff Wellbeing and Resilience	
	<p>PC made the Committee aware that whilst there has been a sharp reduction in Covid-19 related sickness, the overall sickness level for the Foundation Trust is still considerably higher than that of its peers. This is being taken forward through the Looking After Your People workstream and joint working with the Bradford District Care Trust is being considered, who are also experiencing high sickness levels.</p> <p>PC pointed out that the slides presented reflected the national position in terms of how people recovery is fundamental to service recovery as well as planning for the future. There is a strong narrative around 5 areas:</p> <ul style="list-style-type: none"> • Acknowledging and recognising all staff for their work over the last year. • Maintaining and improving on existing wellbeing programmes. • Building preventative health and wellbeing capability within organisations. • Ensuring staff receive appropriate time off work to recover. • Continuing to support returning and recovering staff. 	

	<p>PC highlighted the wellbeing support offered to staff and the people approach going forward. The organisation continues to adapt to staff needs and a regional Health and Wellbeing Hub has been set up at ICS level. Updated support information has been published over the last week for staff affected by the Covid-19 crisis in India and a package of resources is available in the form of helplines, bereavement counselling and financial advice.</p> <p>Consideration has been given to the staff survey results. Whilst the organisation received improved scores in terms of positive action and wellbeing, there were reductions in other elements, with work related stress scoring very highly. Staff on long-term sickness leave are being signposted to the appropriate resources and there are individual and team-based interventions for departments.</p> <p>MM queried what can be done about the high level of work-related stress. PC responded that 46.9% of staff reported experiencing work-related stress in the staff survey, which is higher than that reported from sickness returns, but to bear in mind of when the survey was taking place, which was in the midst of the pandemic. The workstream will use ESR data to ascertain if certain staff groups or departments are more affected than others and this can be correlated with bullying complaints and grievances in order to put intervention resources into particular areas.</p> <p>The Committee noted the update.</p>	
RC.5.21.11	Quality Academy Chair's Report	
	<p>RS pointed out that this report covers both the 31st of March and 28th of April Quality Academy meetings and highlighted the following:</p> <ul style="list-style-type: none"> • The agendas for both meetings were very busy and attendance was good. The length of the meetings has been extended by 30 minutes. • The membership has been strengthened and members of the Improvement Academy have been welcomed. • Stand-out presentations have included the management of end of life care and safeguarding adults and children, which were well received and promoted useful discussions. In addition, the infection prevention and control report was very comprehensive. • One CAS alert was noted around the supply of consumables for a certain type of syringe driver which is manufactured abroad. Concerns were raised about the sterility of the products. The risk was deemed relatively low as it was more around the quality assurance of the sterilisation process than contamination. There was a potential national supply disruption so the consumables within the organisation were incorporated into the PPE hub. The move to an alternative syringe driver was subsequently accelerated and the issue didn't lead to any practical difficulties. 	

	<ul style="list-style-type: none"> • Mortality. Discussions have been held around the use of the SHMI (Summary Hospital Mortality Indicator). Coinciding with the start of the pandemic, use of the SHMI has increased. This tool excludes deaths due to Covid-19 and it has been found that the change has been reflected throughout the WYAAT trusts and nationally. RS pointed out that non Covid-19 in-hospital deaths haven't increased, but community deaths have. This reflects the fact that patients have presented later, sometimes in a poorer condition. • An Associate Medical Director for Learning from Deaths is due to be appointed this week and it is hoped they will assist with this work. • One new risk has been added concerning staff not taking up the Covid-19 vaccination. Two risks have changed score; one relating to avoidable harm and the transmission of Covid-19 in hospital, which has reduced from 15 to 10 and one relating to EPR data quality, which has increased. • Three additional serious incidents were declared between mid-March and mid-April 2021. Two related to Covid-19 following guidance from NHSE/I around dealing with hospital outbreaks. The organisation has been encouraged to cohort incidents together into two groups; one relating to deaths from hospital acquired Covid-19, of which there were 14 and one relating to hospital onset Covid-19 infections, of which there were 17. The third incident involved potential adverse media coverage of the Foundation Trust after an agency member of the domestic staff was arrested outside the hospital following serious allegations. This investigation is ongoing and unrelated to any patients. <p>Three further incidents have been declared since that report was produced, all relating to the Neonatal Unit. Two involving the deaths of premature babies (one related to bleeding, the other meningitis) and one involving possible harm relating to infection from a line site.</p> <p>BAS noted that performance relating to sepsis patients receiving antibiotics within an hour seems to be declining and queried what was being done to improve this.</p> <p>KD replied that the downturn is very similar to that during the first wave of Covid-19 and a reflection of staff being very busy and staff numbers being reduced. The Patient Safety Committee presented the next steps for sepsis to the Quality Academy and KD pointed out that this is high on both agendas. The screening numbers are reasonably consistent, but the Sepsis Nurse is due to go on maternity leave and a replacement will be sought. RS added that an improving trajectory is expected due to the decreased pressure on staff and mitigation work.</p>	
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	<p>BS mentioned the reference to data quality issues in relation to night-time discharges and asked about the current position. RS stated that this has been attributed to the fact that discharges are logged as the button is clicked rather than when the patient is actually discharged. Work is ongoing with PR and the Business Intelligence Team to ensure the data on the dashboard is as accurate and meaningful as possible.</p> <p>KD added that the Command Centre Team carry out an alternate monthly audit of patients in this category and it is known that there are data quality issues. In addition, this isn't seen as a priority task and is reflective of the pressure on staff.</p> <p>BAS queried the assurance around hidden data issues. PR stated that it is importance to address both IT and cultural causes and carry out statistical process control methods to ensure nothing outliers. PR added that there is an ongoing, consistent improvement plan with respect to these issues involving the encouragement of behavioural changes and reminding staff about the implications of their decisions.</p> <p>BAS asked about the progress of refreshing of the risk management strategy. LP responded that she is reviewing this with Judith Connor, Associate Director of Quality, with a plan to bring the draft to the Board Development Session in June and to the Board for approval in July.</p> <p>BAS raised that there are several risks on the Quality risk register that are past their review and target dates and requested reassurance that these remain under surveillance. KD stated that risks flagging as being beyond a date are usually down to user error on the system. JH added that in addition to the personal responsibility for risks taken by each Executive Director, all strategic risks are discussed in-depth at the Executive Team Meeting each month as well as at the relevant Academies.</p> <p>JP alluded to the good work of staff in keeping the core services running over the course of the pandemic and commented that this should continue to be recognised and rewarded.</p> <p>JP remarked that the Quality Academy seems more Executive and staff led, with the Non-Executive Directors having a more passive role, but stated that the Non-Executive Director role was becoming stronger thanks to his conversations with KD.</p> <p>JP queried progress with the Leeds University representative and MM replied that the next Non-Executive Director discussion forum will be entirely focused on Academy progress. RS shared that a strong candidate has come forward and initial discussions have taken place. RS, MM and the Chief Executive are due to meet with the individual in a few weeks.</p> <p>The Committee noted the report.</p>	
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RC.5.21.12	Quality Dashboard - March 2021	
	The Committee noted the update.	
RC.5.21.13	Quality Oversight and Assurance Exception Profile - March 2021	
	The Committee noted the update.	
RC.5.21.14	Quality Strategic Risks	
	The Committee noted the document.	
RC.5.21.15	Serious Incident Report - April 2021	
	The Committee noted the report.	

RC.5.21.16	IPC Board Assurance Framework	
	The Committee noted the document.	
RC.5.21.17	Annual Security Report	
	The Committee noted the report.	
RC.5.21.18	Maternity Services Update	
	<p>SH joined the meeting to highlight the salient points of the report:</p> <ul style="list-style-type: none"> It was agreed that the Quality Academy would receive the alternate month paper and Board the monthly paper plus the previous month's update for information. This fulfils the reporting requirements from the Ockenden Report. The Committee were asked to note and approve Appendix 2 – Perinatal Mortality Review Quarterly Update. This is a requirement to demonstrate compliance with Safety Action 1 of the Maternity Incentive Scheme due for submission on July 15th. The service is meeting the standards of A, B and D in full. Standard C is currently at 86% against a target of 95% and concerns ensuring parents are informed that the Perinatal Mortality Toolkit is being used as part of their baby's care. The lower score is due to the Bereavement Midwife having had a period of sickness, but the team are confident that the target will be met by submission. The Committee were asked to note and approve Appendix 3 – Maternity Services Data Quality Action Plan. The Foundation Trust is failing in two areas concerning the back end of the process. 	

	<p>A plan is in place to address these and there is a high level of confidence that the standard will be passed on submission.</p> <ul style="list-style-type: none"> • Harms for April. There were two stillbirths, both of which weren't expected to have a good prognosis. Both cases have been reviewed and found to have received good care. There were no hypoxic ischaemic encephalopathies or maternity serious incidents. The maternity suicide incident was presented at the Yorkshire and Humber Maternity Safety Learning Network and was well received. • Neonatal serious incidents have been included this month as Ockenden emphasised that these needed to be part of the maternity overview. Three were declared in April and assurance has been received • There was an improved position for Maternity Unit diverts in April. There was one, but this was an improvement on the six declared for March and attributed to the complexity of cases on the Labour Ward at the time. • OMS and transformation work continue to progress. <p>JP commended SH on the improvement work and was assured that things were moving in the right direction. He also mentioned that the notice board was a good idea.</p> <p>KD shared that NHSE/I were involving the Foundation Trust in an improvement review following the CQC rating, which is the reason that diverts are now being reported.</p> <p>MM queried if work was being done around culture. SH confirmed that the workforce stream are picking up a lot of work in this area and the staff survey results are awaited in order to focus attention on any areas of concern. An update to be provided to the next meeting.</p> <p>The Committee noted and approved the points above.</p>	<p>Chief Nurse RC21007</p>
RC.5.21.19	COVID-19 Vaccination Programme Update	
	<p>KD shared that good progress has been made across Bradford with the administration of the vaccines. Heatmap data shows the changes over the weeks, but there has been little change recently due to limited availability of first vaccine supply. This is being addressed and increased numbers of the Pfizer vaccination are being made available.</p> <p>KD informed that she is joint chair of a Vaccination Steering group which reviews all aspects of the vaccination programme and health equalities. There has been an increase in staff uptake to nearly 80% and Occupational Health are involved with contacting those staff flagging as not having received the vaccine. On review, around half of those contacted had received the vaccine elsewhere and these are being recorded.</p>	

	<p>The Bradford Hospital Hub has paused activity and the facility will be handed back over to the Education Team on the 17th of May. Staff can still receive the AstraZeneca vaccination via Occupational Health, but not those aged under 40. The Pfizer vaccination is being given at Bradford College. Jacob's Well is also providing the AstraZeneca vaccine. The Airedale Hospital Hub is now a community facility and using the national booking system.</p> <p>Mobile sites are in operation around the city, as well as door to door visits. KD reported strong governance and PMO structures, with a weekly steering group, twice weekly catch-ups and a wider meeting that reports to the OCB.</p> <p>MM asked if KD still has a role within the command structure of the programme. KD clarified that she remains joint SRO for the overarching programme along with Nancy O'Neill, Deputy Chief Officer and Strategic Director of Transformation and Change at Bradford and Airedale CCG.</p> <p>JP cited good leadership from KD and colleagues and commended the sensible approach taken towards multigenerational households.</p> <p>The Committee noted and were assured by the update provided.</p>	
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RC.5.21.20	Parliamentary Health Service Ombudsman - Update	
	<p>KD shared that there are now six outstanding complaints due to the pausing and restarting of the PHSO. Feedback has been received regarding one ongoing case to say this is unlikely to be upheld.</p> <p>KD highlighted two points:</p> <ul style="list-style-type: none"> The PHSO complaint was upheld and resulted in the Foundation Trust making a payment of £10,000 to a family. The action plan and recommendations are included in the report. KD remarked that this provides good assurance that the organisation is making progress. The PHSO are undertaking a national review of hospital complaints and the Foundation Trust volunteered to be involved with piloting the new model. <p>MM thanked KD for the update and the Committee noted the same.</p>	
RC.5.21.21	IPC Quarterly Report	
	<p>MM welcomed CC to the meeting, who highlighted the following points:</p> <ul style="list-style-type: none"> An extremely challenging year, both in terms of Covid-19 and an increase in staphylococcal bloodstream infections. A theme of vascular leg ulcers and diabetic foot ulcers has been noted and work is commencing with the Tissue Viability Team to improve the care given to such patients. 	

	<ul style="list-style-type: none"> The Committee was asked to approve the annual work programme for 2021/22 and the improvement plan for MRSA and MSSA. A serious incident relating to a highly infectious TB case. The team are working with Public Health England and the national TB Team regarding this. <p>MM thanked CC for a helpful update. MM queried if the workplan will mitigate the gaps effectively.</p> <p>CC answered that she has confidence in this and it is monitored through the Infection Control Committee. On the discovery of any new risks or gaps the workplan is updated to support these.</p> <p>The Committee noted and approved appendices one and two.</p>	
RC.5.21.22	Partnerships Dashboard – March 2021	
	<p>JH advised that this hasn't changed materially since the last discussion. Work is ongoing with the Business Intelligence Team to ensure the correct headings are used and meaningful data is extracted. NHSE/I plan to consult on measures of collaboration, but it is unknown what this will look like yet.</p> <p>It has been agreed to wait until the national directives are clear, then devise headings that make sense for the dashboard. JH commented that there should certainly be references to the ICS and place.</p> <p>The Committee noted the update.</p>	
RC.5.21.23	Partnerships Strategic Risks	
	<p>JH shared that there are three open risks under Partnerships; one relating to the EU Exit, which is marked as high given the level of potential risk. There is nothing of concern at present, but a watching brief is maintained. There have been no specific impacts from the exit noted so far, apart from two international data sharing issues and supply chain materials needed for construction, but nothing which requires Board escalation. This will be reviewed at the end of May.</p> <p>There is also a place-based risk, for which the main development will be the Strategic Partnering Agreement, which will be presented to the Board next week for approval. With regard to the Health and Care Partnership Board, a white paper is due to be referred to in the Queen's speech and a risks and opportunities discussion will be had at Closed Board.</p> <p>The Committee noted the update.</p>	
RC.5.21.24	Finance and Performance Academy Chair's Report	
	<p>JL commented that there has been some discussion regarding which Academy Estates and Facilities issues should feed into.</p>	

	<p>This is due to be reviewed at ETM next week.</p> <p>An in-depth review of performance was undertaken at the last meeting, with good conversations about the improvement plans. The financial plan for the first half of 2021/22 was discussed and will be presented to the Board meeting next week.</p> <p>The Academy felt confident that the plans for the first six months would secure delivery of the financial plan, but the second half of the year appeared more uncertain and challenging and it was agreed improvement plans would be necessary. Conversations took place around the ICS and risks in the Bradford place.</p> <p>JL shared that the organisation is on track to perform better than the financial plan set-out for 20/21 and commended the Executive Team for delivering this in a difficult year.</p> <p>MH reported a small deficit of around £200,000 against a planned deficit of £1.8 million. The total Covid-19 and vaccination spend has been reported as approximately £23 million for 2020/21. The organisation was slightly below the plan in terms of capital, with a £32 million programme. The internal position was underspent at year end and a balance position is currently being reported on the Covid-19 capital spend.</p> <p>The 2021/22 programme is now being established, taking into account completion of the Covid-19 schemes and other risks that will require capital investment.</p> <p>Regarding the financial plan for the first half of 2021/22, a session is planned for Executive Directors, Governors and Non-Executive Directors later this week. The overarching position is that the financial framework that was in place in the latter half of 2020/21 has been rolled forward into the first half of 2021/22 and a break-even position needs to be delivered.</p> <p>The run rates don't suggest any material financial challenges during the first six months. System consistency checking has been carried out to review the CIP arrangements other trusts have incorporated into their plans and the Foundation Trust has put a small CIP in the plan for the first six months. The run rates don't indicate that a significant efficiency programme is required, but establishing an improvement plan will allow the Trust to establish and implement plans for the second half of the year. An assumption around money that will be recovered through elective recovery funding has also been included.</p> <p>There is an expectation that during the second half of the year the long-term plan assumptions around funding will be returned to, which will cause a financial challenge if these materialise as expected. A meeting has been arranged for next week to discuss the introduction of an improvement programme for the remainder of the year.</p>	
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RC.5.21.25	Finance and Performance Dashboard – March 2021	
	The Committee noted the update.	
RC.5.21.26	Finance & Performance Strategic Risks	
	<p>MH shared that two of the three risks on the register have been closed for the end of 2020/21. These were related to the delivery of the income and expenditure plan and the cash position and both have been reinstated for the new financial year. These risks were closed with a rating that met the residual target rating of 6 and reopened with a rating of 9, which is significantly lower than in recent years. The ratings may well change a more certainty around the second half of the year is known.</p> <p>The other risk is related to maintaining a balance between money and quality and retains its existing position.</p> <p>The Committee noted the update.</p>	
RC.5.21.27	Operational Performance Report – March 2021	
	<p>SA highlighted the headline KPI summary sheet and stated that the performance position has remained relatively strong in terms of the Emergency Care Standard. There has been a significant increase in A&E presentations and correlates with the reducing number of Covid-19 presentations, with 477 Type 1 attendance patients recorded yesterday.</p> <p>Cancer performance continues above the 93% two week wait standard. There was a slight dip in April related to an increase in demand in the Breast Service and loss of capacity due to the Easter Bank Holidays.</p> <p>Focused work is ongoing to reduce the number of patients who have waited more than 62 days for treatment. At the peak, there were around 179 patients in this category, but by the end of April this had reduced to 22. The target is to get to or below the February 2020 position of between 13 and 15 patients.</p> <p>RTT performance continues to be an issue due to the focus on Priority 2 (more urgent and cancer) patients. The 52 week breach position has continued to reduce and this is as a result of the use of the independent sector for lower complexity patients.</p> <p>Diagnostic waiting times have improved, with a predicted position of around 81% for April 21. Both internal and external independent sector providers are being used.</p> <p>There are currently around 20 Covid-19 positive patients in the hospital, who are accommodated in two wards. As of this morning there were four patients in ICU.</p>	

	<p>The numbers for Bradford remain high, particularly for ICU admissions. The Trust has not yet got to a zero Covid-19 patient status due to the high community rate.</p> <p>SA outlined the report on data quality issues relating to the EPR go-live in 2017. Work was subsequently commissioned by an external company, MBI, to assess, prioritise and devise a framework to resolve these, further to which 16 areas of focus were identified. SA and PR are leading a working group to understand the root causes of the issues, identify the current position against all areas, validate the current backlog, identify actions and understand the resource requirements to resolve.</p> <p>SA asked the Committee to note the ongoing work to resolve these issues and pointed out that he has updated the risk register and increased the score to 15 against Risk 3468.</p> <p>MM commended SA and his team on the improvement work in relation to diagnostics.</p> <p>MM queried if we understood the reasons for the high numbers of patients presenting to A&E. SA responded that this is most likely linked to increased socialisation following Covid-19 restrictions being relaxed as well as patients now feeling more confident in attending hospital.</p> <p>RS added that primary care providers are also seeing an increase in appointment requests and if patients find they can't secure an appointment with their GP for a number of weeks, some will present to A&E as an alternative. Also, some patients will prefer a face to face consultation as opposed to virtual.</p> <p>MHu informed that he had spoken to colleagues in the EPMA team, who informed him that recruitment has been attempted and failed twice for an EPMA Pharmacist. The reason given was under-resourcing and a lower banding for the post.</p> <p>MHu will pick up with Paul Rice and SA outside the meeting.</p> <p>MM thanked JL, SA and MH for the report.</p>	<p>Chief Operating Officer/ Chief Information Officer/ Non- Executive Director RC21008</p>
RC.5.21.28	Re-establish & Recovery Dashboard	
	The Committee noted the update.	
RC.5.21.29	Performance Report	
	The Committee noted the report.	

RC.5.21.30	Finance Report	
	The Committee noted the report.	
RC.5.21.31	Non-surgical Oncology	
	<p>SA commented that non-surgical oncology services have been quite fragile across West Yorkshire and Harrogate and work has been ongoing for around 18 months. As the staffing at one trust was mainly locum-based, departures of those locums created gaps in service. It was subsequently agreed to establish a task and finish group to sustain the position for a short period while a steering group was set up to review the long-term model.</p> <p>SA is now chairing the task and finish group for WYAAT, with Steve Russell, CEO for Harrogate and District, chairing the steering group. The three key areas of focus for the task and finish group are:</p> <ul style="list-style-type: none"> • To try and put in place a sustainable service at Mid-Yorkshire to safeguard the service for the next six months, including consultants from other WYAAT organisations helping to maintain the service and provide clinical supervision of other staff groups, to ensure that capacity is maintained and there is a level of MDT input from senior clinicians. • To ensure that each WYAAT organisation completes a baseline assessment to outline the position within their organisation. This was completed on the 16th of April. • To assist Mid-Yorkshire in a harm review of patients who fit certain perimeters. <p>It is hoped to step down the task and finish group in June, when the steering group will take over the work looking at the future model of the service. Agreement has been sought from Professor Mike Richards, Chair Lead of the CQC, to review the service across West Yorkshire and Harrogate. The recommendations will then be considered by the WYAAT trusts.</p> <p>SA shared that the service covers chemotherapy treatment across a number of tumour sites, daycase, outpatient and acute inpatient settings and the service has recently been integrated with that at Airedale. The Meadows daycase unit at Eccleshill has also been opened, providing an expanded area for chemotherapy patients.</p> <p>Five medical Oncologists are employed by the service, three whole time equivalent substantive, one locum and one on a Point 6 whole time equivalent. There are three consultants on the Airedale site. A seven day service is now being delivered, complying with the 14 hour review post-admission target. There is a multidisciplinary team approach, including junior doctors Advanced Nurse Practitioners, Nurse Specialists and Pharmacists.</p>	

	<p>On Mondays to Thursdays the Bradford consultants help to cover the acute ward and on Fridays, Saturdays and Sundays there is support from the Airedale consultants. MDT service cover runs from 8am to 8pm Monday to Friday and 8am to 6pm on Saturday and Sunday.</p> <p>The aim of this service is to provide dedicated input into A&E and ward areas admitting oncology patients. There is also a 24 hour dedicated acute assessment unit and a ring-fenced bed on the ward area for the direct admission of acute patients.</p> <p>The fast track position remains positive, with patients being reviewed within 2 weeks of referral.</p> <p>Risk 3397 has been mitigated with the opening of The Meadows unit. The other risk on the register concerns consultant and medical staffing, in common with other trusts. A long-term locum is in place, with a view to making them substantive.</p> <p>SA requested the Committee to note the contents of the paper, particularly the delivery of the seven day consultant review within 14 hours of admission, the dedicated acute assessment bed and a Covid-19 secure oncology daycase unit. SA asserted that the service is stable at present and a longer-term option will be agreed at WYAAT level.</p> <p>MM stated that it was pleasing to note the encouraging local position and the Committee noted the update.</p>	
RC.5.21.32	Vascular Arterial Centre Update	
	<p>SA provided an update on the reconfiguration of the WYVaS service. The Foundation Trust is the second arterial centre after Leeds within WYAAT and went live in November 2020.</p> <p>The service was consolidated to ensure that the National Vascular Service specification was delivered to ensure that patients within West Yorkshire continue to receive high quality, effective and safe care.</p> <p>The service is now compliant with the specification, but some areas will be further developed. An urgent vascular assessment clinic has been developed, allowing for the rapid diagnosis of patients on an outpatient pathway. A virtual ward is also in the pipeline to support early discharges and a Care Coordinator role is being established to facilitate the timely progression of the patient pathway. A seven day consultant of the week model has also been implemented and compliance with the 14 hour review target is being met.</p> <p>The Foundation Trust delivers the inpatient elements of care for West Yorkshire, with outpatient and daycase care continuing at local hospitals.</p>	

	<p>Since the centre has been open there have been a total of 252 admissions and positive outcomes have been noted, with a reduction in the average length of stay from 12 to 9 days. The number of patients admitted for more than 21 days has also reduced.</p> <p>There is a WYVaS triumvirate, consisting of a Clinical Director, Operational Performance Manager and Nurse Clinical Lead, who report to the WYVaS Joint Board. There is also an Arterial Centre Operational Group, chaired by SA, to address any immediate issues. This group will be stood down once there is assurance that all pertinent issues have been resolved and routine reporting will continue to the Joint Board.</p> <p>Areas for development include a hybrid theatre at Bradford, aligning job plans for consultants across both Bradford and Calderdale and strengthening the Interventional Radiology service.</p> <p>The Committee noted the report.</p>	
RC.5.21.33	Board Assurance Framework (Q1) and Strategic Risk Register Movement Log	
	<p>LP informed that the BAF was reviewed and updated by the Lead Directors in April. One change has been noted in the assurance level relating to Objective 2A, the delivery of the financial plan. This has been reduced from green to amber due to the uncertainties around cost changes, particularly in relation to the elective activity restart.</p> <p>It has been recommended that Principle Risk 6, relating to the failure to achieve sustainable contracts with commissioners, is closed down due to the block funding arrangements and lack of associated strategic risks.</p> <p>LP asked the Committee to review the document and agree if the level of assurance for each objective is appropriate given the context of the information received today.</p> <p>MM thanked LP for the information. The Committee approved the document and associated changes.</p>	
RC.5.21.34	Governance Review – Update (inc R&A Committee Annual Report)	
	<p>LP requested the Committee to note that two actions have been deferred to July; one around the development of a training plan and one around a new report template. These haven't yet been completed due to capacity issues.</p> <p>The appropriate reporting route for Estates and Facilities and Digital items is under review and due to be discussed at the Executive Team Meeting on the 17th of May.</p>	

	<p>The Terms of Reference for this Committee have been updated in line with comments received from BAS and will go to next week's Board meeting for approval.</p> <p>An annual review of this Committee has been submitted to provide assurance that it is meeting its Terms of Reference, which will also be seen at Board next week and the Audit and Assurance Committee in June.</p> <p>It is proposed that an interim review of the effectiveness of this Committee and the Academies is undertaken in July.</p> <p>The Audit and Assurance Committee reviewed the revised governance arrangements and its own Terms of Reference at its last meeting. No material amendments to the Terms of Reference are proposed as these are in line with best practice, but minor amendments will be submitted to Board next week for approval.</p> <p>The Academies will be discussed at the Non- Executive Directors' open forum next week and the Executive Academy Leads have been invited.</p> <p>BAS mentioned that his name was missing from the table on Page 3 of the draft Annual Report. LP to amend.</p> <p>MM thanked LP for the update. The Committee noted the documents.</p>	<p>Associate Director of Corporate Governance RC21009</p>
RC.5.21.35	Any Other Business	
	No other business was raised.	
RC.5.21.36	Matters to Escalate to the Board of Directors or Elsewhere	
	There were no matters to escalate to the Board of Directors or elsewhere.	
RC.5.21.37	Date and Time of Next Meeting	
	13 July 2021 - 1.30-4.00pm.	

Regulation and Assurance Committee reference documents:

RC.5.21.38 Strategic Risk Register (full report)

RC.5.21.39 Academy Minutes

ACTIONS FROM THE REGULATION AND ASSURANCE COMMITTEE 11.05.21

Action ID	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC21007	RC.5.21.18	Maternity Services Update Chief Nurse to provide further information on the culture work taking place in the service.	KD	13 th July 2021	To be included in the maternity update report for July – <u>action complete</u>
RC21008	RC.5.21.27	Operational Performance Report – March 2021 Chief Operating Officer, Chief Digital and Information Officer and Non-Executive Director to discuss EPMA Pharmacist role and Covid-19 therapeutic treatment outside the meeting.	SA/PR/MHu	13 th July 2021	Meeting took place on 4.6.21. update to be provided at the July meeting– <u>action complete</u>
RC21009	RC.5.21.34	Governance Review – Update (inc R&A Committee Annual Report) Associate Director of Corporate Governance to add BAS' name to the table on Page 3 of the draft Annual Report.	LP	13 th July 2021	17.05.21 - BAS added to report. <u>Action complete.</u>