

REGULATION AND ASSURANCE COMMITTEE MINUTES

Date:	Tuesday 13 th July 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"> • Dr Max Mclean (MM) • Mr Barrie Senior (BS) • Mr Mohammed Hussain (MHu) • Mr Jon Prashar (JP) • Ms Karen Walker (KW) • Mr Altaf Sadique (AS) <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 (MH) • Dr Ray Smith (RS) • Mr Mark Holloway (MHol) • Mr John Holden, Director of Strategy and Integration (JH) 		
In Attendance:	<ul style="list-style-type: none"> • Laura Parsons, Associate Director Corporate of Governance / Board Secretary (LP) • Sara Hollins, Director of Midwifery (SH) for agenda item RC.7.21.11 • Stephanie Hattersley, NED Insight Programme participant (SHa) • Pauline Garnett, Staff Governor (PG) 		

Agenda Ref	Agenda Item	Actions
RC.7.21.1	Apologies for Absence	
	The Chair noted apologies for absence from Selina Ullah (SU), Julie Lawreniuk (JL), and Paul Rice (PR).	
RC.7.21.2	Declarations of Interest	
	There were no interests declared.	
RC.7.21.3	Minutes of the meeting held on 11th May 2021	
	<p>The minutes of the meeting held on Tuesday 11th May 2021 were agreed as an accurate record.</p> <p>The following three actions were noted as complete:</p> <p>RC21007 Maternity Services Update The update for this meeting would contain further information on the culture work taking place in the service. Action closed.</p>	

	<p>RC21008 Operational Performance Report A meeting took place in early June to discuss the EPMA Pharmacist role and covid-19 therapeutic treatment. Action closed.</p> <p>RC21009- Governance Review – Update BAS had been added to the table on page 3 of the draft Annual Report. Action closed.</p>	
RC.7.21.4	Matters escalated from Executive Directors	
	<p>MP reported that although restrictions will be lifting imminently the Trust is still seeing Covid patients and there is a strong likelihood that the numbers will increase.</p> <p>MP also recognised the consequences of people who held off seeking health care for investigations and tests now presenting through the Accident & Emergency Department (AED). An increasing pattern has been seen over the past four weeks of people presenting to AED, with attendance highs of 500+. Performance continues to hold steady but it was noted that 25% of the 500 people attending becoming inpatients as opposed to 25% of 300 puts increased pressure on bed demand which in turn limits elective activity.</p> <p>MP advised that there had also been an increase in RSV within paediatrics, and whilst the team was balancing demand it remained a challenge.</p>	

RC.7.21.5	Quality Academy Chairs' Report	
	<p>KD introduced the report and highlighted the following key points:</p> <ul style="list-style-type: none"> • Meetings took place in May and June and time was spent at both meetings reviewing the dashboards. More work needs to be undertaken to refresh the dashboards and this is ongoing. It was recognised that the dashboard needs to be more reflective of the world we are now in with appropriate measurements. • Test and Trace – work is ongoing in HR discussions regarding how to manage this going forward for NHS staff. At least one WYAAT trust has moved away from mandating that staff are absent if they are tracked and traced. The Trust will review this over the next couple of weeks with PC acting as the lead on this. • Theatre Risks – 25% of the theatre estate is currently out of action due to works and this includes ENT ventilation upgrades. There are also staffing constraints within the Theatres team due to redeployment, sickness, as well as a large number of vacancies. The Trust is not an outlier in terms of theatre vacancies as this is known as a hot spot for recruitment. Overseas recruitment has taken place for staff to work in theatres and work is being undertaken on a recruitment drive within theatres. There will be an Outstanding Theatres Programme (OTP) which will be led by RS. 	

	<ul style="list-style-type: none"> • SI Reports – KD asked the Committee to note the three SI's in relation to neonatal services in a three to four week period. Immediate actions have been put in place including assigning a Paediatric Matron into the Paediatric Unit to help with moving things forward. Liverpool Women and Children's Hospital is helping with external input into the SI's. • A discussion took place in relation to Business Intelligence and how to use reports better. • KD reported that a specific focus will take place at every academy and the June meeting focused on sepsis and ensuring the sickest patients are targeted to ensure they are seen. • In relation to strategic risk 3380 (patients with mental health problems not receiving appropriate treatment), KD reported that this risk had increased but this was not unique to the Trust and was a problem regionally and nationally. • KD reported that the Quality Report now included reference to EDI. It was decided to add this as an additional improvement priority. • KD highlighted an increase in neonatal deaths and explained that this will be referenced under the maternity services update. <p>MM queried the primary objective of the OTP. RS advised that at the moment the idea of OTP is being introduced but the Board will hear more as time progresses. It will be along the lines of the OMS programme. Theatres has for some time suffered in terms of ability to recruit and retain staff for multiple reasons and this has been emphasised by Covid.</p>	
RC.7.21.6	Quality dashboard – May 2021	
	The paper was noted for information.	
RC.7.21.7	Quality Oversight and Assurance Exemption Profile – May 2021	
	The paper was noted for information.	
RC.7.21.8	Quality Strategic Risks	
	The paper was noted for information.	
RC.7.21.9	Serious Incident Report – May 2021	
	The paper was noted for information.	
RC.7.21.10	IPC Board Assurance Framework	
	The paper was noted for information.	
RC.7.21.11a	Maternity Services Update	
	Sara Hollins joined the meeting and highlighted the following key points from the report:	

	<ul style="list-style-type: none"> • Due to the timing of the paper, some of the regular standing items (dashboard, continuity of care update) were not available but will be reported on in the next update paper. There are no significant concerns that might arise from those items. • SH confirmed that the required evidence for the Ockenden assurance process was successfully submitted by the deadline and the Trust was awaiting feedback and a probable assurance visit from the regional team. • SH reported there were two still births in June, one was a butterfly baby with known congenital anomalies. The second was a baby born at 34 weeks. The initial review demonstrated there were no concerns but it has since been established that the sonography department were using different metrics to the obstetricians and an action plan is now in place to resolve this immediately. • There was one HIE case which was referred to HSIB but it did not meet the criteria for investigation. However the family had concerns about care and it is therefore now being investigated by HSIB. • There has been an increase in neonatal deaths therefore a deep dive and thematic review is being undertaken. • There has been a big change in culture and staff are now taking ownership of problems and problem solving. <p>SU said it was good to hear about the culture change and this was a positive sign that speaks the spirit of quality improvement.</p> <p>KD informed the Committee that there is an Outstanding Maternity Services meeting taking place from 10am to 11am the following morning and opened an invite to colleagues if they wished to join.</p>	
RC.7.21.11b	Maternity Incentive Submission (MIS)	
	<p>SH introduced the paper which sought approval from the Committee of the intent to report full compliance against the 10 standards detailed within the MIS.</p> <p>KD recognised this had been a lengthy process. Action 4 which was in relation to neonatal staffing was discussed at the Executive Team Meeting (ETM) on Monday and some clarification in relation to funding risks for the next financial year is awaited. MH and KD have discussed this and will bring a discussion back to ETM on Monday 19th July. KD anticipated that the action plan would be signed off, but recommended that a decision is made at ETM whether we are fully compliant with that action. Time has been allocated the following week to formally submit the MIS.</p> <p>The Committee noted the paper and approved the submission.</p>	
RC.7.21.12	Covid-19 Vaccination Programme Update	
	<p>KD gave an overview of the presentation which provided an updated on Covid vaccinations including next steps for the Trust. KD reported there had been good vaccination uptake in some</p>	

	<p>cohorts but there appears to be less uptake amongst the younger age group. Likewise, inner city areas have had least uptake of the vaccination whereas more affluent areas have had a higher uptake. A number of initiatives are being implemented to increase uptake such as targeting local businesses for example My Lahore, Covid vaccination bus, grab a jab initiatives, GP walk in sessions etc.</p> <p>The next steps include planning for phase 3 which is the delivery of booster vaccinations. Early indications are that acute trusts will be expected to deliver this in the same way as flu vaccines, with social care staff to be vaccinated at community vaccination centres rather than hospital hubs. A lead provider model is being reviewed at ICS level.</p> <p>MHu said it would be good to see gender data alongside ethnicity data if that was possible. MHu expressed his worries in relation to super spreader events such as large weddings etc.</p> <p>SU was on a call with community providers the previous week where it was highlighted that the public won't make an appointment for a vaccination centre, and are more likely to utilise a walk in service. She asked whether schools, supermarkets etc could be targeted in this way to encourage take up. KD said that the Covid bus and pop up models are in place for this reason. The Broadway shopping centre has been approached as a potential pop up site but costs and business rates are prohibitive, although discussions are still underway. There is also the issue of the resource needed to staff the centres. KD will raise the point of schools to see if this is a possibility.</p> <p>JP endorsed KDs input in this area and the work being undertaken by teams to date on vaccinations.</p> <p>SU asked about track and trace and how this implements our staff. PC explained that as it stands staff are being asked to isolate but there has been a situation recently where a doctor who works across two trusts was asked by the other trust to continue to work whereas we advised the doctor to isolate. A session is taking place with HRDs, Chief Nurses and CMOs across WYAAT to agree a common position to prevent such occurrences.</p>	
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RC.7.21.13	Partnerships Dashboard – May 2021	
	<p>JH provided an update in relation to partnership work and explained that some work is being undertaken to develop an ICP for Bradford, but awaiting legislation. The Bill has a lot of detail and there are no great surprises. There is focus on system working, merging NHSE and NHSI, and giving the Secretary of State powers over national bodies and trusts such as setting capital limits etc.</p> <p>SU asked what this means for implementing the people plan. PC explained that the place based people plan will be aligned to the ICP people plan but all organisations will be aligned. One of the key principles is to only do things once at ICP level rather than</p>	

	duplicate at organisational level. Further detail will be presented to the September People Academy.	
RC.7.21.14	Partnerships Strategic Risks	
	Risk 3603: It was suggested that this is de-escalated as the strategic risk that was anticipated has not materialised. This was approved by the Committee.	

RC.7.21.15	Finance and Performance Academy Chairs' Report	
	<p>MH highlighted the following key points in relation to finance from the Chairs report:</p> <ul style="list-style-type: none"> • SRRs have been reviewed relevant to the academy. • Engagement with the act as one programme continues. • There is still no national 2021/22 settlement for the NHS. Julian Kelly announced last week that the settlement would be announced before the second half of year. • MH has taken receipt of the Audit Plan for 2021/22 which will be reviewed through the Audit and Assurance Committee for the remainder of the year • In terms of the financial plan, the Trust remains ahead of plan at the end of May and June does not look any different. A breakeven position is forecast for the end of September. • The rules and tolerances for elective recovery fund are changing and this may impact on the Trust. • MH reported that the treasury report shows a good cash position. • MH reported there are some challenges in relation to the capital programme as the priorities have changed from January through to April with a stepped increase in overall value of the Tilbury Douglas schemes. However additional funding has been received from ICS meaning there is a risky but safe and affordable capital programme for 2021/22. <p>SU asked whether the new capital programme will impact cash reserves and MH confirmed it would utilise some of the headroom but does not pose a cash risk to the organisation.</p> <p>The Finance & Performance Committee will be kept apprised of updates to the capital programme plan and will escalate to the Regulation and Assurance Committee as appropriate.</p> <p>The Committee approved the capital programme plan.</p> <p>SA noted that although A&E performance has taken a downward trend which is being seen regionally and nationally, last week the Trust was 27th out of 116 trusts nationally which is well within the top quartile and highlights the challenging environments all trusts are operating in. Discussions are ongoing at system level and will be picked up at the A&E delivery board in relation to how to manage the increased demand and what mutual support can be</p>	

	given.	
RC.7.21.16	Finance and Performance dashboard – May 2021	
	The paper was noted for information.	
RC.7.21.17	Finance and Performance Strategic Risks	
	The paper was noted for information.	
RC.7.21.18	Operational Performance Report – May 2021	
	The paper was noted for information.	
RC.7.21.19	Performance Report	
	The paper was noted for information.	
RC.7.21.20	Finance Report	
	The paper was noted for information.	
RC.7.21.21	Financial Outlook Update	
	The paper was noted for information.	
RC.7.21.22	2021/22 Capital Programme Update	
	The paper was noted for information.	
RC.7.21.23	People Academy Chairs Report	
	<p>PC introduced the report and highlighted the following key points:</p> <ul style="list-style-type: none"> Strategic risk 3489 remains a key risk but mitigations are in place. PC referred to a comprehensive report and detailed presentation on Equality, Diversity and Inclusion, and particularly WRES and WDES submissions. PC will ensure this is shared with Committee colleagues for info. The staff survey action plan and an update on the new quarterly survey was reviewed by the People's Academy. The Academy will be provided with updates against the action plan on a quarterly basis and report back to the Regulation and Assurance Committee as necessary. <p>SU noted that the GMC training survey is from 2019 and asked we are assured that the situation hasn't worsened since 2019. RS confirmed it was his belief that it had not.</p>	Director of HR RC21010
RC.7.21.24	People Dashboard – May 2021	
	The paper was noted for information.	

RC.7.21.25	People Strategic Risks	
	The paper was noted for information.	
RC.7.21.26	Medical Appraisal and Revalidation Annual Report	
	The paper was noted for information.	
RC.7.21.27	Freedom to Speak Up (FTSU) Quarterly Report	
	The paper was noted for information.	
RC.7.21.28	GMC National Training Survey	
	The paper was noted for information.	
RC.7.21.29	Looking After Our People	
	<p>PC explained that a presentation was given at the June academy of the work being taken forward in relation to this item and made the following key points:</p> <ul style="list-style-type: none"> Wellbeing conversations have been introduced and it is encouraged that these take place for all staff. Occupational health staff psychologist is now in post and a CBT therapist is starting next month. There is a place based workstream on mental health, first aid training etc and we are looking at how to roll this out across organisations. The Wellbeing Wednesday bulletin continues to be communicated to staff and a review on communication methods is being undertaken to determine whether this is still the most appropriate briefing forum. A joint HR workforce group has been set up with BDCT to look at how we can work together to reduce sickness absence. 	
RC.7.21.30	Nurse Staffing Data	
	<p>KD presented the report and asked the Committee to note that appendices 1 to 3 are incorrect and the revised versions will be circulated shortly. KD made the following key points:</p> <ul style="list-style-type: none"> Heat map: KD asked the Committee to note that due to the complexities of staffing currently and changes to roster, ward configuration and deployment of staff there are significant issues in providing accurate data. This will improve and mitigation is in place to provide the most reliable data sources currently available to support the national nurse staffing data returns. There is an increase in falls of low harm on Ward 27 which was originally an acute orthopaedic ward but currently has elderly patients too. There has been an increase in low harm falls due to the ward not being a suitable environment for elderly patients but looking at where elderly patients can be admitted instead. Although the quarterly position is slightly better than the previous quarter it is still a very difficult staffing position and this 	

	<p>is due to additional pressures in relation to Covid. Wards have introduced a quality and safety tool as detailed in Appendix 4 which will be adopted as part of the award accreditation process as this provides a good way of checking in on a daily basis and helps flag issues and concerns.</p> <ul style="list-style-type: none"> • Staff related incidents have dropped from the previous period which is positive. • Recruitment has been increased through nursing apprenticeships, nursing associations, increased student nursing capacity and also started to seek overseas nurses. • Interventions will continue in order to support nurse staffing through constant review within clinical areas and teams. <p>BS asked if any urgent action is required in relation to those questions that have been answered as “no”. KD said the questions highlight areas of pressure and are used as a flag to issues.</p> <p>MM asked the nature of the forum where the daily review takes place. KD explained that a Matron safety huddle takes place at 8.30am with further discussions and reviews throughout the day. Any concerns are escalated to KD.</p> <p>MM thanked KD for presenting the report and assuring the Committee of nurse staffing data.</p>	
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RC.7.21.31	Board Assurance Framework (Q1) Strategic Risk Register Movement Log	
	<p>LP advised that the BAF had been reviewed by the Executive team on 28th June. The assurance rating in relation to two of the objectives had increased from amber to green. However, it was noted that there is still uncertainty in relation to the second half of the year in relation to finance.</p> <p>SRRs were reviewed throughout the meeting and there was nothing further to highlight.</p> <p>The paper was noted by the Committee.</p>	
RC.7.21.32	Governance Review – Update	
	<p>LP presented the Governance Review and made the following key points:</p> <ul style="list-style-type: none"> • Estates & Facilities (E&F): the governance structure has been reviewed and in order to ensure that reporting routes are clear and are able to provide the appropriate assurances it is proposed to remove the responsibility for oversight of the E&F Improvement Plan from the Finance & Performance Committee’s Terms of Reference (TOR) and add this to the Quality Academy TOR. • Health & Safety: due to the Health & Safety Committee being regulatory in nature, it is proposed that it becomes a sub- 	

	<p>committee of the Regulation & Assurance Committee rather than reporting to the Quality Academy.</p> <ul style="list-style-type: none"> • Digital and Data: The Chief Digital & Information Officer has recently set up a Digital & Data Transformation Committee to provide oversight and seek assurance in relation to the delivery of digital and data related objectives. It is proposed that this Committee reports to the Quality Academy on a bi-annual basis. Reports will also be provided to the Finance & Performance and People Academies by exception, as required. <p>The TOR for the Finance & Performance and Quality Academy, and Regulation & Assurance Committee have been amended to reflect these proposed changes.</p> <p>LP reported that the Regulation & Assurance Committee was discussed at the Board meeting on 22 July and a proposal will be put forward to consider whether this committee should be disbanded and the Academies report directly to the Board.</p> <p>The Committee approved the amendments to the Academy TOR, and agreed the amendments to its own TOR, which will be submitted to the Board for approval.</p>	
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RC.7.21.33	Any other business	
	<p>Council of Governors Meeting – Thursday 15th July</p> <p>JP advised that there was an Appeal Panel meeting on Thursday which had the potential to overrun and impact on a number of Board members ability to attend the Council of Governors meeting. This was noted by the Chair.</p>	
RC.7.21.34	Matters to escalate to the Board of Directors or elsewhere	
	There were no matters to escalate to the Board of Directors or elsewhere.	
RC.7.21.35	Date and time of next meeting	
	17 th September 2021 13:30-16:00	

Regulation and Assurance Committee reference documents:
RC.7.21.36 Strategic Risk Register (full report)
RC.7.21.37 Academy Minutes

ACTIONS FROM REGULATION AND ASSURANCE COMMITTEE 13.07.2021

Action ID	Agenda item	Required Action	Lead	Timescale	Comments/Progress
RC21010	RC.7.21.23	People Academy Chairs Report: Director of HR to share the comprehensive report and detailed presentation on Equality, Diversity and Inclusion, and particularly WRES and WDES submissions.	Director of Human Resources	17 th September 2021	