

Meeting Title	Board of Directors		
Date	20 January 2021	Agenda item:	Bo.1.21.8

Report from the Chair of the Regulation & Assurance Committee

Presented by	Dr Maxwell Mclean, Chairman		
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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 16 December 2020		
Key control	This report is relevant to all Strategic Objectives		
Action required	To note		
Previously discussed at/ informed by	Regulation & Assurance Committee – 16 December 2020		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Matters Discussed

Quality

1. Quality Oversight & Exception Report

- There were four RIDDOR reportable incidents during November 2020, two of which were reported as Serious Incidents.
- There was an increase in the top 5 incidents compared to November 2019. Further work was being undertaken around the apparent increase in fall incidents. Another area being investigated was infection control issues which may be COVID-19 related.
- Work was ongoing with emergency care and CBUs to learn if there were more efficient ways to highlight incidents via a phone call/email message as opposed to the formal Datix reporting.
- An alert from the National Prostate Cancer Audit (NPCA) led to a review of 90 day re-admissions for men undergoing radical prostatectomy between April 2018 and March 2019. 54 patients were identified as re-admissions and were being reviewed to understand the causes of re-admissions and to identify learning and areas for improvement.

2. Quality Dashboard & Risks

- Crude mortality – there was a small rise in October as the second wave of COVID-19 impacted. A further rise was anticipated in November in line with the COVID-19 peak.
- MRSA – there was a cluster over the last 3 months. Some anomalies were detected in the lab and were being investigated.
- Category 3+ pressure ulcers and falls with severe harm had increased. This was thought to be as a result of the types of patients in the hospital who were elderly, extremely sick and COVID-19 patients. Falls with harm had been fully investigated. Due to non-invasive ventilation and the requirement of wearing a tight fitting mask, some patients had pressure damage to their nose and ears.
- Night time discharges – the figures indicated the numbers reported were higher due to the electronic time stamp in EPR when discharge documentation was completed. A rolling audit was planned from September 2020 to review the data.

3. Serious Incident Report – November 2020 – four SIs were declared during November 2020, and a summary of the actions taken was provided. It was noted that 84% of the Trust's serious incident investigations were completed within the required 60 day timeframe which was encouraging.

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4. Infection Control Board Assurance Framework – assurance was provided that the Trust was compliant with 68 of 72 KLOEs, and the mitigations to address the gaps were highlighted. There were a number of good practice areas including a PPE audit tool, IPC training and the ability to easily identify a patient's swab status on EPR. There had been some outbreaks within the Trust which were reported to NHSE. Learning from the outbreaks was being implemented and the affected areas were being followed up to track the implementation of actions. NHSE had also requested the completion of an assurance toolkit in relation to IPC and testing key actions. The Trust was compliant with all areas apart from the requirement not to move patients until two negative test results were obtained. This would be discussed at the Gold CRG meeting due to the potential impact on patient flow.
5. COVID-19 Vaccination Programme Update – a comprehensive update was provided in relation to the roll out of the COVID-19 vaccination programme and the Trust's role as the lead provider in Bradford and Craven. The arrangements had previously been approved via a Board urgent decision on 11 December. Patient and public communications had been translated into different languages but the current key priority was the over 80s, hospital staff and care home staff. The communications would be developed to reach other groups and once live, the community vaccination centre would be crucial for reaching all parts of the community. Regular updates would be provided to the Committee.
6. Maternity Services Update – November 2020
 - The service had worked with estates and infection prevention colleagues to find a safe solution to accommodate partners in the antenatal outpatient waiting areas. A series of 'pods' which enable couples to sit together whilst maintaining adequate distance from others, were installed in the area week commencing 8 December.
 - There were 4 stillbirths during November including one baby who was on the Butterfly Pathway and another baby that had some chromosomal and cardiac anomalies. One case was declared a Serious Incident following identified omissions in care. The review revealed a lack of robust follow up process for women who do not attend for Gestational Diabetes Testing (GTT), although this was not the root cause. The GTT pathway had been process mapped and a follow up process instigated. A cohort of women was identified who may be at risk due to a failure to follow up missed appointments, and appointments had been re-offered where appropriate or a referral made for clinical review, which was likely to have prevented avoidable harm.
 - Breastfeeding initiation rates remained at around 60%. Action had been taken to identify key areas for improvement, including a survey of women's views, which had been circulated on the Trust's behalf by Bradford and Craven Maternity Voices Partnership (MVP).
 - An invite was received from NHSE/I regarding a place on the Maternity Safety Programme. A virtual meeting had taken place and the maternity team gave a presentation and overview of the last 12 months and the Trust's response to the CQC visit. The conclusion from the meeting was that the service would have additional support from NHSE/I to implement the changes.
 - An update was provided on the Ockenden review of maternity services. As a result of the review, NHSE/I and maternity services had been asked to take swift action on the recommendations. There were seven immediate actions with which the Trust was compliant. At the next Board meeting there would be a presentation on the Ockenden review and the impact of this on the Trust.
7. Palliative Care Team Annual Report – the key recommendations from the report were highlighted, including the strategic work plan and the rollout of ReSPECT (the end of life document which replaces DNAR CPR), and the work ongoing to embed this over the next 12 months. It was noted that a temporary uplift in resources was agreed in the summer to expand the team, ahead of the business case which would be brought to a future Board meeting for consideration.

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People

8. People Dashboard & Risks

- The use of agency and staff bank had increased, particularly in the Nursing & Midwifery staff group in October due to increased requirement in respiratory areas and ICU. Agency staffing across the Medical and Dental staff group had remained static. Agency spend remained under the ceiling.
- Staff turnover had remained in a stable position and nursing turnover remained low at 10%.
- The rolling 12 months sickness absence figure was affected by the month on month impact of COVID-19 related absences and was currently at 6.02% compared with 4.96% in December 2019. Sickness rates remained comparable with the West Yorkshire area so the Trust was not an outlier. There was an increase in COVID-19 related sickness in October and November but there was a downward trajectory for December.
- Frontline staff flu vaccination - the uptake was 68% which was lower than the position last year. The flu campaign would continue to run until the end of February 2021 and uptake would continue to be promoted.

9. Staff wellbeing and resilience - Stress, anxiety and mental health related absence remained a common reason for absence after infection prevention. Professional psychology support had been sourced from the care trust in advance of our own staff psychologist being appointed. Staff on ICU, wards 29 and 31 had felt under increasing pressure with wave 2 of COVID-19. The health and wellbeing department were directly linked to them in terms of any additional support that could be provided. Volunteers continued to be deployed where possible, particularly to cover wards 29 & 31 at weekends to help with clerical work. The OD Team were running sessions for staff, which were attracting small attendances but staff were finding them helpful. Staff helplines also continued to be promoted.

10. Nurse Staffing Data – due to the changes in ward configuration during COVID-19 it had been difficult to report in the usual robust way. Due to the current pressures relating to COVID-19 the fill rates for registered nurses on days and nights were reduced, this was partly due to supporting a surge capacity in critical care and respiratory ward areas. Work was ongoing to increase fill rates by using volunteers and nursing and medical students. University students had been added to the Temporary Nursing Register (TNR) under a MoU. There had been a steep increase in nurse staffing incidents and these were attributed to the peak in demand for our COVID-19 patients and opening wards at incredibly short notice. Additional support had been offered to staff through the Health and Wellbeing department.

Finance & Performance

11. Finance & Performance Dashboard & Risks

- Emergency Care Standard (ECS) - performance was at 85.76% for October, which was a slight reduction on the September position. Type 1 performance was ranked 4th out of 39 trusts regionally and 10th out of 116 trusts nationally.
- RTT 18 week incomplete – overall performance improved to 70.47% in October and the GP referral demand had remained consistent. The COVID-19 spike and diversion of clinical teams to focus on inpatient work were expected to impact on the performance position. The overall position was better than the Yorkshire and Humber average.
- RTT 52 week wait - the Trust was forecasting 1,072 incomplete 52 week waits for October 2020 and 1,500 for November. The figure was over 7,500 in total across West Yorkshire. All long waits had been reviewed using clinical prioritisation guidelines and the daily review of management plans for patients waiting over 40 weeks continued.
- Cancer 2 week GP - September 2020 performance against the 2 Week-Wait Cancer standards was 93.83% against the national standard of 93%. The Trust was on track to deliver above target for October. In comparison to other providers in Yorkshire & Humber our performance remained above average.

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- Cancer 62 day urgent GP referral - performance improved to 73.78%. The focus was on patients who had waited beyond 62 days. Diagnostic and surgical capacity was being prioritised in support of long cancer waits created during the first wave of COVID-19. At the end of October the figures reduced to 99 and there was a further reduction in November, to 85. This was in line with the Yorkshire and Humber position.
 - Diagnostic waits showed an improved position at 61.67%. Radiology waiting times were forecast to improve to within the 6 week standard from October onwards following implementation of restart plans. Endoscopy performance remained a challenge which was impacting on the overall diagnostic position. The Trust was slightly behind the Yorkshire and Humber average.
 - Length of stay had increased slightly but remained within control limits and better than the Yorkshire and Humber average.
 - The strategic risks for performance were largely around the impact on patients as a result of delays to surgery. Patients were being prioritised and clinically validated.
12. Re-establish and recovery report – November 2020 – overall, activity had remained extremely challenged due to the number of COVID-19 patients within the bed base. For the period w/c 22 November there were 175 COVID-19 patients which represents 30% of the bed base. There were currently around 110 patients which was still higher than the peak in wave 1. There were still significant operational challenges and it was important to note that there were difficulties in terms of elective overnight inpatient work. Discussions were taking place with Chelsea and Westminster NHS Trust to share best practice.
13. Winter Operational Readiness - a summary position of the winter operational readiness plan was presented, which feeds into the plan developed in conjunction with the Bradford and Craven place. Because of the COVID-19 pressures some of the actions were already in place for winter. The key areas of focus were increasing capacity, patient flow and admissions avoidance and ensuring robust governance including on call arrangements, weekly system calls and executive oversight through a weekly Gold operational meeting.
14. Finance Report - the position at the end of month 8 was slightly ahead of plan with a surplus of £0.9m, with £0.4m improvement in month against a deficit plan of around £0.1m. The vast majority of the improved position was accounted for by the reduction in elective activity. There were some minor risks in the system but the Trust should have non-recurrent measures to offset those, should they materialise between now and the end of the year.

Governance

15. Board Assurance Framework and Strategic Risk Register Movement Log – one of the assurance ratings had changed from green to amber, in relation to the ability to deliver the financial plan. It was confirmed that the score had increased from 6 to 12 as there was still a degree of uncertainty around the elective incentive scheme and how the independent sector may turn out. Two of the composite risk ratings had increased, in relation to operational performance and recruitment and retention of staff. There was positive assurance around partnership working relating to flu and COVID-19 vaccines.
16. Governance Review – Update – an update was provided on the transition to an academy governance model. An action plan had been created in relation to the recommendations arising from the independent review. Two options were presented for the sequence of meetings and frequency. Option 1 was recommended, with the Regulation & Assurance (R&A) Committee and Board taking place every other month, approximately one week apart. This was approved by the Committee. In the months with no R&A Committee/Board, there would be a gap of around 6 weeks between the Academy and the next R&A Committee. A process for alerting Board members to any significant issues would need to be agreed, for example via a 'red border' e-mail from the relevant Academy Chair. The executive team

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considered whether the academies could be bi-monthly but the preference was to keep them monthly whilst they were embedded. Terms of Reference and work plans for the Academies and R&A Committee would need to be developed.

Items of Positive Assurance, Learning and/or Improvement

17. The patient deterioration tile has been rolled out across the trust. This refers to the Command Centre and provides the ability to have a central overview of patients whose condition has worsened. Work continues across the Trust and this data demonstrates improvements with national early warning scores (NEWS2) being completed and a reduction in the number of overdue observations. A sepsis flag is planned for early next year which should aid the prompt recognition and treatment of sepsis.

Matters escalated to the Board for consideration

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

New/emerging risks

19. There were no new/emerging risks to report.

Recommendation

20. The Board of Directors is requested to note discussions held and outcomes from the Regulation & Assurance Committee meeting held on 16 December 2020.