

## EXECUTIVE & NON-EXECUTIVE REGULATION COMMITTEE MINUTES

<b>Date:</b>	Wednesday 29 April 2020	<b>Time:</b>	08:30-10:30
<b>Venue:</b>	Via teleconference	<b>Chair:</b>	Dr Maxwell Mclean, Chairman
<b>Present:</b>	<p><b>Non-Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Dr Maxwell Mclean (MM)</li> <li>- Ms Trudy Feaster-Gee (TF-G)</li> <li>- Mr Barrie Senior (BAS)</li> <li>- Ms Selina Ullah (SU)</li> <li>- Mr Mohammed Hussain (MoH)</li> <li>- Mr Jon Prashar (JP)</li> <li>- Mrs Julie Lawreniuk (JL)</li> <li>- Professor Laura Stroud (LS)</li> </ul> <p><b>Executive Directors:</b></p> <ul style="list-style-type: none"> <li>- Ms Mel Pickup, Chief Executive Officer (MP)</li> <li>- Ms Pat Campbell, Director of Human Resources (PC)</li> <li>- Ms Karen Dawber, Chief Nurse (KD)</li> <li>- Ms Sandra Shannon, Chief Operating Officer (SES)</li> <li>- Ms Cindy Fedell, Chief Digital and Information Officer (CF)</li> <li>- Mr John Holden, Director of Strategy and Integration (JH)</li> <li>- Mr Matthew Horner, Director of Finance (MH)</li> <li>- Mr Bryan Gill, Chief Medical Officer (BG)</li> </ul>		
<b>In Attendance:</b>	- Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC)		

No.	Agenda Item	Actions
ERC.4.20.1	<b>Apologies for Absence</b> There were no apologies to note.	
ERC.4.20.2	<b>Declarations of Interest</b> There were no interests declared.	
ERC.4.20.3	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the meeting were agreed as an accurate record, subject to one amend required on page 3 (PC incorrectly noted as KC). The Committee noted that a public summary of the minutes would be produced.</p> <p>The actions were discussed and the following updates noted:</p> <ul style="list-style-type: none"> <li>• <b>ERC.3.20.5.</b> Daily Covid-19 response dashboard – this has been completed. <u>Action closed.</u></li> <li>• <b>ERC.3.20.8.</b> Staff wellbeing and resilience. <u>Action completed and closed.</u></li> <li>• <b>ERC.3.20.10.</b> Performance update assurance completed and operational highlight report circulated. <u>Action closed.</u></li> <li>• <b>ERC.3.20.11.</b> Garden TV Production Company. Timing has not supported progression of this idea. <u>Action closed.</u></li> <li>• <b>ERC.3.20.11.</b> Dedicated WebEx meeting room established. <u>Action closed.</u></li> <li>• <b>ERC.3.20.13.</b> Matters to escalate to SRC. SES confirmed that</li> </ul>	Director of Governance and Corporate Affairs

	there is now an overarching Covid-19 risk on the strategic risk register. The Covid-19 risk would be included on the next Board agenda. <u>Action closed.</u>	
<b>ERC.4.20.4</b>	<b>Matters escalated from Executive Directors</b> There were no items escalated.	
<b>ERC.4.20.5</b>	<p><b>COVID-19 Response update</b></p> <p>SES referred to the presentation circulated with the agenda which provided an overview of the current situation alongside a summary of the key metrics included in the daily dashboard. She highlighted the key messages which were the increase in discharges, and the fact that we have not seen a significant reduction in the number of patients requiring mechanical and non-invasive ventilation comparative to the peak period.</p> <p>The effort and work by the Trust to ensure a successful organisational response to Covid-19 was recognised and acknowledged, along with the substantial amount of work undertaken to split the hospital into red and green zones through a phased approach. The related standard operating process document enables on call managers to make decisions on flexing up and down based on demand. In terms of overall incident response It was noted that there is a robust 7 day command and control structure in place and all key decisions and actions were logged and evidence recorded in a document managing system which would be a repository for learning in the future. SES particularly highlighted the impact of clinical engagement, with the development of a clinical reference group enabling clinicians to step up to leadership roles and aiding in key decision making, paving the way to a clinician-led organisation. All clinical teams had moved to 7 day working, and operational and nursing teams had spent a substantial amount of time on additional staff training to expand skills across the organisation increasing flexibility of staff across multiple areas.</p> <p>SES also provided an update on Covid-19 positive patients being discharged to care homes. It was noted that of the 14 patients in this cohort at BTHFT, the majority arrived from care homes which had already declared a Covid-19 outbreak. A review of the detailed care records of the remaining patients discharged to care homes who had not declared an outbreak show that all patients were either Covid-19 positive on admission (validated via test) or showing very clear clinical symptoms on arrival.</p> <p>The ethnicity of deceased patients due to Covid-19 was also reviewed, with the majority being of a white background. In terms of gender, there was a 2:1 ratio of male to female.</p> <p>The Committee discussed activity and waiting lists. It was noted that as theatre capacity has been reduced, patients have been prioritised based on those who are the sickest or most time critical. There continues to be a daily review of capacity, with cancer elective waiting lists prioritised by urgency of disease progression.</p>	

	<p>However, it was acknowledged that throughout this incident, all category 4 patients (those that require treatment within 4 weeks) had been treated. BG also updated that a number of BTHFT patients who required treatment within 1 month, such as breast surgery patients, were receiving this treatment through the Yorkshire Clinic. There was a recognition nationally that the focus going forward would be on clinical priority and not length of time on the waiting list.</p> <p>The impact of Covid-19 on A&amp;E attendances was discussed and it was recognised that although attendances have considerably decreased, there were some who did need to attend A&amp;E but were choosing not to. SES asked the Committee to note that there have been increases in waiting times due to a focused shift on managing patients safely through the department rather than achieving time based targets. In the longer term, this was likely to have an impact on performance figures, given the need for two separate clinical areas (red and green) resulting in a lack of physical space. More generally, it was recognised that the dataset and trend data built up over the last 12 months was likely to be reset as it would not be possible to do a like for like comparison in the future.</p> <p>SES advised that the next stage through the incident would be planning for the recovery, sustainability and transformation state. She referred to data which indicates a bounce back in demand but recognised that there will not be the capacity available to switch all services back on immediately. The priority would remain that of keeping patients and staff safe, and provide care to those who need it. A new system healthcare model was likely to be developed, which means patients may not be treated for conditions which they would have been previously, The incident has provided an opportunity to look at potential improvements and new ways of working to deal with future changes in demand such as more agile ways of working and virtual consultations.</p> <p>BG made reference to the novelty of the disease, and the ongoing learning with regard to how it spreads and, differing patient vulnerabilities which are helping to inform decisions with regard to elective activity. He recognised that the risk associated in delays to treatment may at times be lesser than the risk of developing coronavirus as a result, with current evidence suggesting that those organisations who have continued to operate on patients who require treatment within 1-3 months; have seen a higher death rate (40-50%) due to those patients undergoing major abdominal surgery and contracting coronavirus. As a result, the recent guidance is that before surgery, patients must isolate for 14 days, and be tested 48 hours before surgery, with CT scans carried out for patients undergoing abdomen or neck surgery. There would also be a need to tighten the consent process to ensure patients fully understand the risks in proceeding with surgery.</p> <p>In response to a question raised with regard to clinical decision making assurance; BG acknowledged that this was a situation that had not been seen in the NHS before, where staff were at risk of becoming ill in the same way as a patient. This has ultimately led to</p>	
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	<p>a change in the decision making environment, although the best interests of the patient remain at the heart of these decisions.</p> <p>KD acknowledged that the way clinical teams have responded to provide consistent level of high quality advice and support 24/7 has been immense. The command and control structure ensures decisions are documented in real time, with risk assessments and standard operating processes developed to assure the decisions made. Additional safety checks are carried out accompanied by clear documentation trails are in place to ensure this process is robust.</p> <p>SU commented on the reassurance provided to the Committee. LS referred to a likely surge in demand for care when the public feels more confident about attending A&amp;E. MP advised that there was wider governance across Bradford with a weekly call attended by a number of stakeholders, businesses, and other emergency services to develop a response as a city. As a result, the burden of planning for this surge and redefining the NHS in Bradford will not be carried by BTHFT alone.</p> <p>MP referred to a regional meeting chaired by Richard Barker, Regional Director for North East and Yorkshire, which described four distinct phases of the incident:</p> <ol style="list-style-type: none"> <li>1. Urgent response: This includes the previous 5 weeks and the next 2-3 weeks and is the immediate response.</li> <li>2. Putting right what we have done in phase 1: This will be over the next 4-6 weeks and will look at the number of referrals not being made, the reduction in A&amp;E attendances, etc.</li> <li>3. Recovery and restart: This will take place from July onwards, and will aid in the thought process of the cohort of patients that begin to be treated in this period.</li> <li>4. A new modernised NHS: This is likely to be from April 2021 onwards.</li> </ol> <p>Guidance on expectations and plans for the next 9-12 months were expected to be circulated in the next few days, and MP would share documents with the Committee once received.</p> <p>PPE was discussed which nationally had been a challenge, but the Trust did recognise that this would be the case early on and created a central store for the distribution of PPE to manage daily usage and track exact numbers of supplies. There was a challenge around the different types of FFP3 masks in use and the inability to FIT test each different type due to the waste that would be created, but a risk assessment had taken place and there were ongoing discussions on how best to manage this. At present, the highest risks were related to gowns given that the supplies received into the Trust were often of a lesser grade and therefore would require more scrupulous hand washing to keep the wearer safe. However, there were currently sufficient supplies of the higher grade gowns leaving the lesser grade gowns as backup. In terms of staff anxieties, the change in national guidance did cause concern at the beginning of the incident, however reassurance has been provided to staff through communications channels in place and, face to face</p>	<p>Chief Executive</p>
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	<p>conversations.</p> <p>Mohr raised a query about staff absence due to Covid-19. MP advised that it appeared the peak had been reached and the numbers of cases were beginning to reduce. This was likely to continue with the change to staff testing to allow household members with symptoms to be tested. Mohr also asked about BTHFTs experience of the online testing portal, but BG advised that there has not been a need to use this due to having the facilities to test within the system.</p>	
<b>ERC.4.20.6</b>	<p><b>CQC Report: Moving to Outstanding</b></p> <p>MP recognised the great result for the organisation in receiving a 'good' CQC rating, which was a change from the initial draft report and a result of a vigorous fact checking process which increased the 'inadequate' rating for maternity to 'requires improvement'. However, she acknowledged that work still can be done to improve all services and that the Executive team were committed to moving the organisation to outstanding. In order to do this, a 'moving to outstanding' programme board would be established, to be chaired by the CEO and reporting back to the Board.</p> <p>The need for a cultural attitude shift in the organisation was recognised, although this had been seen through responses to the Covid-19 incident, and it would be important to captivate and nurture this attitude moving forward. However, there was also some housekeeping to be done, in particular in maternity. Therefore, a separate dedicated committee for Maternity improvement would be developed, which would have Executive team involvement alongside a dedicated improvement team. This would feed into the 'moving to outstanding' programme board.</p>	
<b>ERC.4.20.7</b>	<p><b>CQC Action Plan</b></p> <p>KD introduced the papers circulated with the agenda, drawing attention to appendix 3 which was an action plan of 'must dos' for submission to the CQC. She noted that many of these had been completed through the period of the inspection but were still included as was the case on the date of the actual inspection. It was noted that the must do in relation to complaints has been removed following factual accuracy submission. The Committee was asked to note the updated reports and approve the draft action plan.</p>	
<b>ERC.4.20.8</b>	<p><b>Maternity Services update on actions</b></p> <p>KD referred to the action plan as referenced in item ERC.4.20.7 advising that over the next couple of months there will be an amalgamation of one main maternity plan which will be wrapped around the Maternity Improvement Board as mentioned in item ERC.4.20.6. She noted the necessity to address this in a different way moving forward as past experience demonstrated that an action plan alone would not resolve issues. KD also highlighted that this was not solely a BTHFT issue and would require system working across other Trusts, Primary Care, looking at the pathway pre-conception through to post-natal. This work would also feed into the Health and Care Partnership Board to ensure a system</p>	



	<p>wide overview, aiding system working and providing additional scrutiny to this subject.</p> <p>The Committee acknowledged the need to be fully support this process in terms of leadership, recognising that although there are people in post there may be a need for bespoke work and additional support to make the changes required.</p> <p>SU raised a query with regard to benchmarking against similar populations, and whether further work is being done on this. It was noted that little had been done to compare with other sites, due to the long standing belief that Bradford is unique in terms of population, which is a myth that needs to be dismantled. However, a wealth of data is available as a result of the Born in Bradford work which needs to be utilised to look at the population, especially in terms of levels of deprivation.</p> <p>KD also provided an update on key maternity metrics, noting that 1:1 care in labour had improved slightly to 71%, and the stillbirth rate appeared to be going back to the normal trend prior to the two spikes seen previously. She also updated on the increase to the maternity theatre risk, which had increased from 12 to 16 due to covid-19.</p> <p>KD would provide a presentation to the May Board meeting which will describe how we will set out the maternity improvement programme.</p>	Chief Nurse
<b>ERC.4.20.9</b>	<p><b>Infection Prevention and Control Q3 2019/20</b></p> <p>KD referred to the report circulated alongside the agenda. The Committee was asked to note the report and approve the Covid-19 action plan.</p> <p>KD highlighted the update to Maternity theatres to reflect infection prevention control inputs put in place since December including additional site surveillance and additional checks. She also highlighted the outbreak within the neonatal unit and the work that has been done with tracing there, recognising that this was being handled as a Serious Incident which was due to be concluded shortly. The final report would be discussed further once received.</p> <p>The Committee noted the report and confirmed approval of the Covid-19 action plan.</p>	
<b>ERC.4.20.10</b>	<p><b>Staff Wellbeing and Resilience</b></p> <p>PC provided an update on the work and actions underway through the workforce team to address the health and wellbeing of staff during this period, noting that this continues to be one of the highest priorities. The update included reference to the following local and national services available:</p> <ul style="list-style-type: none"> <li>- HR occupational health helpline</li> <li>- Psychology helpline</li> <li>- Listening Service (led by consultant anaesthetist)</li> <li>- Peer to peer listening service</li> <li>- Wellbeing Wednesday via global emails</li> </ul>	

	<ul style="list-style-type: none"> <li>- NHS staff support line (operated via Samaritans)</li> <li>- Bereavement support line (operated by Hospice UK)</li> <li>- NHS People website</li> <li>- Staff 'common room'</li> </ul> <p>It was recognised that there was limited data around national uptake of data resources, but the HR team were gathering feedback from BTHFT staff regarding the accessibility of offers, possible gaps and how this is best communicated.</p> <p>In relation to BAME staff, there have been no particular concerns from staff that, in the main, have felt supported around PPE. A BAME network meeting was due to be held virtually on 5<sup>th</sup> May to address any issues that the team have not been sighted on and identify what additional support might be needed. This will then produce an insight into what we need to do at a local level. SU asked to join this network call and PC agreed to forward details. It was noted that messages regarding Ramadan have been communicated via global emails to all staff and available resources are listed on the wellbeing website.</p> <p>The Chair raised a query around communications for deaf and blind colleagues, and PC advised that this is being reviewed. JH commented that the website and intranet do meet the requirements for these members of staff but accepted that there is still work to be done to reach different audiences in different ways.</p>	Director of HR
ERC.4.20.11	<p><b>Finance Summary Report (Month 12)</b></p> <p>MH referred to the slides circulated with the agenda, noting that this was as yet an unaudited position, with accounts being submitted to audit towards the end of week commencing 4<sup>th</sup> May. The Trust would deliver its control total and report a break even position as advised previously. From a cash perspective, the Trust is £17m better than planned driven by two key factors: the original bonus PSF part way through the year in relation to 18/19; and shortfall on this years' capital programme. MH advised that this £17m does not include the additional £6.3m which will be received in Q1 2020/21 nor the £4m in PSF from Q4 2019/20.</p> <p>The Trust has spent around £12m on capital compared to the original plan of £15m, but in Q4 of 2019/20 there was additional funding provided for a range of schemes such as digital funding, the Urgent and Emergency Care initiative. Therefore, the liquidity position as a result of cash position is better than planned, and for the year end, the UoR report will show an overall rating of 1.</p> <p>In relation to expenditure occurred as a result of Covid-19; as of March 31<sup>st</sup> there had been approximately £1m of direct revenue cost, and an additional £200k associated with the movement in the annual leave accrual. By the end of March, £1.1m capital orders were placed albeit very little had come in by the end of the financial year.</p> <p>MH updated that the planning round for 2020/21 was on pause until July 31<sup>st</sup>. The financial regime will change for the first four months</p>	

	<p>of 2020/21. During the initial COVID period the financial plan for the Trust will be based on its average income and cost run rate from November 2019 – January 2020. There will be adjustments for inflation and COVID costs will be funded separately. It is the intention that acute providers will be in a breakeven position by the 31<sup>st</sup> of July and a ‘Central Top Up’ process will be introduced to reconcile positions to deliver a breakeven position. The Centre are currently reviewing the future financial architecture for the remainder of the financial year.</p> <p>In terms of capital, information was received on Friday that there would be an announcement of an ICS control total for capital. Of the plans submitted in early March, the allocation equates to around 85% of the plans submitted. BTHFT submitted a draft Capital plan of £20.8m The draft plan will be revisited at ETM on Monday 4<sup>th</sup> May with an updated version returned to NHSI in approximately 4 weeks, pending confirmation of deadline. Across the ICS, it has been recognised that some organisations will not deliver their ambitious original plans which may enable other organisations to receive more than an 85% allocation.</p>	
ERC.4.20.12	<p><b>Performance update (March 2020)</b> SES referred to the paper circulated with the agenda and invited comments from Committee attendees.</p> <p>TFG raised a query around the command centre tiles, and whether one would be produced for Covid-19. SES advised a tile had been created with the help of GE Healthcare and was now in use which provides an overview of the Covid-19 dashboard. It was recognised that this would be even more useful longer term, and could be adapted for other pandemics or diseases in the future.</p> <p>TFG raised a further query on the increase seen in C-Difficile cases. KD advised that this increase was predicted and is due to a change in the counting process. This has been reported to the Quality Committee on a monthly basis for assurance, and as part of this a deep dive was carried out to ensure there were no lapses in care.</p>	
ERC.4.20.13	<p><b>AAC Key Matters Considered with Regarding to the April Meeting Agenda</b> BAS asked the Committee to note the report and advised there were no key highlights to bring to the attention of the Committee.</p>	
ERC.4.20.14	<p><b>Any other business</b></p> <p><b>Visiting arrangements</b> KD updated on the visiting arrangements and patient contact through technology, including the relatives’ line, the ‘thinking of you mailbox’, and the use of video calls:</p> <ul style="list-style-type: none"> <li>Relatives’ line: This was now running 7 days per week, taking around 1600 calls per week. The success of this has led to doubling the number of call takers and is now being considered in terms of how this can be incorporated once back to business as usual.</li> </ul>	



	<ul style="list-style-type: none"> <li>Thinking of you mailbox: As of 27<sup>th</sup> April, 616 emails had been received from external sources. As well as the intended results, there has also been an unexpected consequence in that it is a huge morale boost for staff who are able to bring a touch of humanity, kindness, and personal contact to patients as a result.</li> <li>Video calls: This has been adapted since these were first introduced, with WhatsApp video calls now being the preferred method of contact. The Trust has procured additional smartphone chargers to enable inpatients to charge their personal phones without them needing to be PAT tested, and thus allowing them to contact their family.</li> </ul> <p>KD also highlighted that in terms of ICU visits; in the first nine days 18 visits to ICU were supported. Following that first week, the guidance with regard to those categories of patients allowed visitors was broadened to include the sickest patients in ICU, not just those who were close to death. This also includes patients who had deteriorated and were likely to pass away over night to allow visitors to attend during out of hours. It was recognised that the BTHFT guidance was being used more widely both regionally and nationally as an example of good practice.</p> <p><b>Death of a colleague</b> MP updated the Committee of the sad death of a colleague who had been very unwell for several months pre-Covid-19. This was a midwife who had been retired since 2007 but returned to work as a community midwife, and was highly respected by a lot of staff still working in the maternity teams.</p>	
ERC.4.20.15	<b>Matters to escalate to the Board of Directors</b> There were no matters to escalate.	
ERC.4.20.16	<b>Matters to escalate to the Strategic Risk Register</b> KD referred back to the comments made under item ERC.4.20.8 which referenced a change to the theatre risk.	Chief Nurse
ERC.4.20.17	<b>Items for corporate communication</b> There were no items discussed.	
ERC.4.20.18	<b>Agenda items for meeting scheduled on 27 May 2020</b> There were no additional items arising from this meeting.	
ERC.4.20.19	<b>Date and time of next meeting</b> 27 May 2020 8.30-10.30, Virtual  <i><u>(Post meeting note. The Executive and Non-Executive Regulatory meeting has been stood down. The minutes will be presented for review and approval at the Board meeting scheduled for 27 May 2020).</u></i>	

**ACTIONS FROM EXECUTIVE & NON EXECUTIVE REGULATION COMMITTEE - 29 April 2020**

Date of Meeting	Agenda item	Required Action	Lead	Timescale	Comments/Progress
29/04/20	<b>ERC.4.20.3</b>	<b>Minutes of the previous meeting.</b> One amend required on page 3 (PC incorrectly noted as KC) and, a public summary of the minutes would be produced.	Director of Governance and Corporate Affairs	Board of Directors 27 May 2020	Minutes amended. Summary produced and included on Board agenda for 27 May 2020. <u>Action concluded.</u>
29/04/20	<b>ERC.4.20.5</b>	<b>COVID-19 Response update.</b> MP to share with the Committee copies of the guidance received on expectations and plans for the next 9-12 months once received.	Chief Executive	Board of Directors 27 May 2020	
29/04/20	<b>ERC.4.20.8</b>	<b>Maternity Services update on actions.</b> KD to provide a presentation to the May Board meeting which separates the actions for maternity improvement into themes for approval by the Board.	Chief Nurse	Board of Directors 27 May 2020	Item added to the agenda for Board and to be presented in manner prescribed. <u>Action concluded.</u>
29/04/20	<b>ERC.4.20.10</b>	<b>Staff Wellbeing and Resilience</b> PC to provide access details for the BAME network meeting scheduled for 5 May to SU.	Director of HR	Board of Directors 27 May 2020	Details supplied – to both SU and JP who both attended the session. <u>Action concluded.</u>
29/04/20	<b>ERC.4.20.16</b>	<b>Matters to escalate to the Strategic Risk Register</b> KD referred back to the comments made under item ERC.4.20.8 which referenced a change to the theatre risk.	Chief Nurse	Board of Directors 27 May 2020	The wording of the risk has been amended subject to the discussion held at Committee. <u>Action concluded.</u>