

EXECUTIVE & NON EXECUTIVE REGULATION COMMITTEE

Summary

Date:	Wednesday 25 March 2020	Time:	08:30-10:30
Venue:	Via teleconference	Chair:	Dr Maxwell Mclean, Chairman
Present:	<p>Non-Executive Directors:</p> <ul style="list-style-type: none"> - Dr Maxwell Mclean (MM) - Ms Trudy Feaster-Gee (TFG) - Mr Barrie Senior (BAS) - Ms Selina Ullah (SU) - Mr Mohammed Hussain (MoH) - Mr Jon Prashar (JP) - Mrs Julie Lawreniuk (JL) <p>Executive Directors:</p> <ul style="list-style-type: none"> - Ms Mel Pickup, Chief Executive Officer (MP) - Ms Pat Campbell, Director of Human Resources (PC) - Ms Karen Dawber, Chief Nurse (KD) - Ms Sandra Shannon, Chief Operating Officer (SES) - Ms Cindy Fedell, Chief Digital and Information Officer (CF) - Mr John Holden, Director of Strategy and Integration (JH) - Mr Matthew Horner, Director of Finance (MH) 		
In Attendance:	<ul style="list-style-type: none"> - Dr Ray Smith, Deputy Chief Medical Officer (RS) representing the Chief Medical Officer - Dr Tanya Claridge, Director of Governance and Corporate Affairs (TC) - Ms Jacqui Maurice, Head of Corporate Governance, (JM) 		
Apologies	<ul style="list-style-type: none"> - Professor Laura Stroud (LS) - Dr Bryan Gill, Chief Medical Officer (BG) 		
Declarations of Interest	There were no interests declared.		
Minutes of previous meeting	This was the first meeting of the Executive and Non-Executive Regulation Committee as such no minutes were required to be reviewed. The minutes of the meetings of the Board Committees conducted in February 2020 were approved		
Matters of escalation	There were no matters for escalation for the Committee to consider		

Matters discussed

COVID-19 Response

The Committee were informed that

- the approach to Covid-19 was being managed as a full programme approach in line with any major incident.
- a full governance structure has been put in place ensuring that actions and decisions taken at meetings were being tracked to provide a clear audit trail
- the Executive team were meeting twice daily to ensure constant communication.
- there was Executive-level presence on site between 8am and 8pm with the standard on-call rota continuing in place
- with regard to capacity, the focus has been placed on ITU with all elective activity ceasing to enable the release of theatres staff for training.
- there were ongoing discussions with WYAAT as to whether ITUs should be consolidated for resilience rather than being maintained in separate hospitals.
- there was ongoing work with system partners to increase patient discharges, noting that all outpatient activity is now being held virtually where possible.
- discussions are being held with the Yorkshire Clinic to explore whether vulnerable patients, such as oncology day cases, can be moved to their facility for treatment.
- there was work ongoing to keep track of elective care performance, such as waiting times and the length of the waiting list, to ensure patients were kept in clinical priority order.
- cancer patients currently in treatment receiving chemotherapy would continue to do so through the oncology day case unit. Cancer surgery was being prioritised by clinical urgency rather than wait time, as some cancers are not significantly impacted by time delays however others can see significant disease progression due to those time delays.
- performance would drop over the coming months due to the response to the pandemic and, recovery plans would be enacted once the current response to the pandemic was no longer required.
- a daily Covid performance dashboard is being developed which will be shared with NEDs to ensure they remained sighted on this area of performance.
- clinical decision making was being undertaken through the clinical reference group (CRG).
- there was work underway to separate all staff into one of three groups; 'mission critical', 'critical', and 'others'. She advised that appropriate work arrangements were being developed to set up remote working where possible for those in the mission critical group
- much of the work in relation to PPE related to dispelling the myths about the availability PPE and where and how this is to be used.
- that PPE is now being monitored and distributed through the national supply chain and, there is an issue nationally regarding access to visors. MH informed the Committee that across WYAAT, procurement teams are pursuing all other avenues to access visors.
- as of 25th March there were four confirmed Covid-19 positive inpatients, one of whom was in ICU.

Maternity services

The Committee received an update in relation to the maternity action plan and the support in place to ensure its delivery.

The Committee reviewed

- **the breakdown of stillbirths**, in light of the feedback from the CQC, and noted that there had been two occasions where these had reached seven per month within the last 12 months (the average is two to six per month).

- **‘1:1 care in labour’ performance indicator** which is not yet at the 80% target however, it was recognised that this may reduce further given the current Covid-19 situation.

The Committee noted

- that more home births have been requested lately due to anxiety expressed in relation to Covid-19. This will be reviewed to see if requests can realistically be supported, given pressures not just on midwife staffing but also in the ambulance service.
- the concern around women in their third trimester potentially being at a higher risk in relation to COVID-19 and how this risk was being managed for patients of the Trust

Data Protection and Security Toolkit

The Committee reviewed the Data Protection and Security Toolkit submission by the end of March every year and noted that whilst the submission deadline had been extended to the end of September due to COVID-19 where a Trust did not submit prior to 31st March 2020 a Trust would still be considered be non-compliant.

The Committee noted that the Trust has met all but one of the mandatory requirements. The requirement not met was information governance (IG) training, which was currently at 92.1% against the 95% target. However based on evidence provided throughout the year to the Quality Committee the Trust has a high degree of IG awareness and was expected to meet the 95% target by the end of March. The Committee supported a compliance submission which confirmed training at 95%.

Staff Wellbeing and resilience

The Committee received a high level overview on the work and actions underway through the workforce team to address the health and well-being of staff during the COVID response period. The Committee noted the following:

- wellbeing bulletin which directs staff to self-help resources
- HR/Occupational health helpline
- employee assistance programme
- the use of wellbeing cards
- the actions of the Psychology team in establishing a support line for staff.
- national support networks being established to provide additional support to staff
 - From week commencing 30th March there will be a national NHS 24 hour helpline running in conjunction with the Samaritans.
 - Through the hospice network there will be assistance with complex bereavement issues and self-support.
- national services will ramp up incrementally, leading to in-depth counselling and support and fast track to mental health services.

Finance update

The Committee received an updated on the timelines for submission of the end-of-year position. The Committee noted that the draft submission deadline was the 10th May with the final submission due on 25th May. The Committee were advised that there had also been changes to the timeline for the production of the Quality Account and Annual Report with further discussions taking place at NHSE/I with regard to streamlining the production of the report however these have

not yet been published.

The Committee were advised that on 24th March NHSI announced that unallocated sustainability bonuses which is usually split between organisations who achieve their control total, will now be distributed to organisations reporting an off- plan variance position across West Yorkshire. In terms of BTHFT, this means that the Trust will receive a £6.1m bonus to balance out the £6.1m off-plan variance that would have been reported.

Performance update

The Committee received the latest performance report with the caveat that it was fairly retrospective as it is based on the last formal position.