

**Trust Board Meeting**

*Minutes of the meeting in public of the Trust Board held on 7<sup>th</sup> May 2020 at 1.00pm*

*This meeting was held virtually via Starleaf Video Conferencing*

Present

Nigel Beverley	Trust Chair
Tom Abell	Chief Strategy and Transformation Officer/Deputy Chief Executive
Yvonne Blucher	Managing Director, Southend
Danny Hariram	Chief People and Organisational Development Officer
Dave Hughes	Non-Executive Director
Eamon Malone	Chief Estates and Facilities Officer
Clare Panniker	Chief Executive
Andrew Pike	Managing Director, Basildon and Thurrock
Margaret Pratt	Non-Executive Director
Diane Sarkar	Chief Nursing and Quality Officer
Dawn Scrafield	Chief Finance Officer
Deepak Singh	Non-Executive Director
Caroline Stanger	Non-Executive Director
Barbara Stuttle CBE	Non-Executive Director
Alan Tobias OBE	Non-Executive Director / Trust Vice Chair
David Walker	Chief Medical Officer

In attendance

Ron Capes	Former Lead Governor (BTUH)
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Naresh Chenani	Group Director – Planning and Performance
Lawrence Collin	Former Deputy Lead Governor (SUHT)
Paul Foulger	Mid Essex Patient Council Chair
Andrew Stride	Group Director – Corporate Governance Integration / MSE Designate Company Secretary (minutes)

1. Welcome, opening remarks and apologies for absence

1.1. Nigel Beverley welcomed all to the first meeting in public of the MSE Board of Directors. He expressed regret that it was not possible, in view of the COVID-19 pandemic, to admit the public to Board meetings at the present time. He explained, however, that the principles of openness and transparency were being observed by publishing the papers for today's session in public on the trust websites and by inviting the Lead Governors of the former Foundation Trusts and the Mid Essex Patient Council Chair to join the meeting as observers.

1.2. Apologies were received from Lynsey Cross (Non-Executive Director).

2. Declarations of interest

2.1. Nigel Beverley declared an interest in terms of his marriage to Ruth May, Chief Nursing Officer for England.

3. Board Assurance Framework (BAF)

3.1. Diane Sarkar provided the Board with an update of the current BAF and year-end position and closure of the 2019/20 BAF. She explained that these documents had been reviewed in detail by the Audit Committee earlier that day who had endorsed the content and movements as proposed by the executive team.

3.2. Board members noted that the rating of five risks had been reduced. There were now five risks with a rating of 20 or more. These risks would be reviewed and incorporated into the 2020/21 BAF. The other risks rated below 20 would be reviewed and incorporated into the newly created MSE corporate risk register.

3.3. Diane advised that in view of the COVID-19 pandemic, a specific COVID risk document (appended to the paper) had been populated and discussed by the Board Assurance Committee on 23<sup>rd</sup> April 2020, and updated again on 1<sup>st</sup> May 2020. The COVID risk, Diane continued, had a current rating of 20 and was in addition to the BAF.

3.4. Once the revised MSE strategic objectives had been finalised, a new BAF would be developed and presented to the subsequent Board meeting.

- 3.5. Deepak Singh enquired as to the rationale for allocating risks to the BAF or to the CRR. Diane replied that the Boards in Common of the predecessor trusts had approved the risk management methodology, although this would be reviewed by the MSE Board in due course. She confirmed that risks whose rating fell below 20 would not be lost, instead they would be captured on and management through the CRR.
- 3.6. Dave Hughes enquired as to how the failure to achieve NHS Constitution access standards was reflected in the BAF. Diane advised that this was covered as part of risk 1.4 on the BAF, adding that full details of the trust's operational performance was set out in the monthly integrated performance report (IPR).
- 3.7. In response to a suggestion from Julie Parker, it was agreed that a board development session would be arranged within the following two months to ensure that all of the new board members were fully appraised of the trust's risk management strategy and processes.

#### **ACTION 7.5.20/01**

**Board development session on risk management to be organised before the end of July 2020. LEAD – Diane Sarkar/Andrew Stride**

#### **DECISION**

**The Board of Directors agreed to,**

**i)review and approve the final BAF for 2019/20;**

**ii)note and endorse the proposed actions for development of the 2020/21 BAF;**

**iii)note the COVID risk**

#### **4. Report from the Trust Chair**

4.1. Nigel Beverley updated members about national and local conversations taking place as to how to "reset" the NHS rather than seeking to reinstate all of the clinical and corporate ways of working that had been in place prior to the pandemic.

4.2. Margaret Pratt agreed, noting that there would likely be a residual risk from COVID for the foreseeable future and there would need to be high quality communications with patients and the public as and what the new "normal" would look like. Caroline Stanger added that the reset process would be a good opportunity to engage with staff so they could help shape the future.

#### **5. Chief Executive's Report**

5.1. Clare Panniker provided a summary of the key aspects of the business of the MSE trust since its formation on 1<sup>st</sup> April 2020 and in the period immediately leading up to that date.

- 5.2. Clare's report focussed upon the ongoing efforts to care for patients and staff during the pandemic. She explained that there were currently 39 ventilated patients across the trust which was well within the maximum capacity. Fewer than 100 staff were now absent due to either self-isolation or shielding and 1300 staff had been tested for the virus. Bed occupancy across MSE was currently c.48%.
- 5.3. With regard to A&E attendances, Clare continued, these had increased in recent days to c.65% of "normal" in terms of numbers, but those patients who were presenting had a higher acuity than usual.
- 5.4. Building on the comments under item 4, Clare advised that, in the following week, the trust would be reinstating some of those services that had been suspended. The system plan would be submitted to the region later that day. The trust would continue to protect bed capacity and to actively promote enhanced infection prevention and control mechanisms.
- 5.5. Clare informed members that the trust was now in phase 2 of its recovery and reset programme which would run until the end of June 2020. Phase 3, she continued, would last for 12-18 months as the trust and the wider NHS learned to accommodate the COVID residual risk.
- 5.6. The Board noted that it had not been possible to commence the election process for the Council of Governors due to the pandemic. She expressed gratitude to the "caretaker governors" from the predecessor trusts who remained with MSE in an informal capacity to support the governance of the organisation until the Council was in place. Nigel would shortly be writing formally to the partner organisations who would have an appointed governor seat to secure their nominations.
- 5.7. Diane Sarkar supported Clare's comments on the crucial nature of adherence to infection control procedures and ensuring an ongoing supply of personal protective equipment (PPE). The organisation, Diane continued, was required to submit an assurance framework for infection control to NHSI/E. It was agreed that this assurance framework submission would be received at the Board Assurance Committee on 28<sup>th</sup> May 2020.

**ACTION 7.5.20/02**

**Infection prevention and control assurance framework submission to be received at the BAC meeting on 28<sup>th</sup> May 2020. LEAD – Diane Sarkar/Andrew Stride**

- 5.8. Board members paid tribute to the two members of MSE staff who had died following a diagnosis of COVID-19.

6. Report from the Board Assurance Committee (BAC) on 23<sup>rd</sup> April 2020
- 6.1. Nigel Beverley invited the chairs of the individual committees that were wrapped into the BAC to provide a summary of the assurance obtained. Members noted the written report included in the pack.
- 6.2. Alan Tobias raised that the charitable funds committee (CFC) had not been included in the BAC, nor had it met separately since merger. It was agreed that the first CFC meeting would be arranged as a priority, given the need to ensure proper governance of the substantial funds donated to the trust since the pandemic began.

**ACTION 7.5.20/03**

**Arrange the inaugural meeting of the charitable funds committee as a priority. LEAD – Andrew Stride/Dawn Scrafield**

- 6.3. As chair of the quality governance committee, Barbara Stuttle drew attention to the oversight provided in relation to serious incidents and complaints. The BAC had also discussed the continued monitoring of the maternity risk at Basildon Hospital. Members were satisfied that the work to implement the CQC improvement plan had progressed as far as possible given the constraints imposed by the pandemic.
- 6.4. Danny Hariram summarised the scrutiny at BAC relating to the people and organisational development (OD) committee. Topics discussed included the impact of COVID on the workforce, themes arising from the BAF, sickness absence, recruitment and support for the health and wellbeing of staff.
- 6.5. In response to a comment from Caroline Stanger about the lack of coverage of the POD agenda within the BAC written report, it was agreed that the format of the reports would be altered so that there was a specific section for each of the committees encompassed within BAC.

**ACTION 7.5.20/04**

**Revise format for BAC reports to Board to include a dedicated section for each committee. LEAD – Andrew Stride**

- 6.6. Dave Hughes noted that the report contained some updated information and commentary which was subsequent to the BAC meeting. Andrew Stride responded to the effect that the report primarily focussed on the discussions at the meeting itself, but that given the fast moving operating environment at present, it was considered helpful to provide Board members with updated commentary as possible. Andrew accepted that such content would be flagged in future reports as a post-meeting note.
- 6.7. Members of the Trust Board debated the appropriate time to disband BAC and reinstate meetings of the separate committees. It was noted that some of the committees, including both non-executives and executives, were already meeting in an informal way and all were clear that duplication of business and confusion as to governance flows and accountability

must be avoided. It was agreed that Clare, Nigel and Andrew would discuss the transition process and timing further and feed back to the Board at the next BAC.

#### **ACTION 7.5.20/05**

**Formulate a proposal for the transition to the standard corporate governance structure from the BAC model. LEAD – Clare Panniker/Nigel Beverley/Andrew Stride**

- 6.8. Andrew Stride invited the Trust Board to approve the ways of working document for BAC as discussed and developed at the 23<sup>rd</sup> April 2020 meeting.

#### **DECISION**

**The Board of Directors,**

- i) noted and took assurance from the report arising from the Board Assurance Committee on 23<sup>rd</sup> April 2020, and**
- ii) approved the BAC ways of working document as proposed.**

#### **7. National Guidance on Governance and Reporting during COVID-19**

- 7.1. Naresh Chenani drew the Board's attention to the letter from Amanda Pritchard (Chief Operating Officer, NHSI/E) dated 28<sup>th</sup> March 2020 to all NHS providers and commissioners which set out temporary changes to the governance, reporting and assurance regime during the pandemic response, elements of which had been discussed under items 5 and 6 on today's agenda.
- 7.2. Clare Panniker emphasised the importance of the organisation not stepping back from the interim arrangements too prematurely, given the risk of a second surge in COVID-19 infections. Margaret Pratt agreed, commenting on the importance of the trust continuing to operate with a high degree of flexibility and agility. Margaret added that the decision as to when and how to step down the trust's response was essentially an issue of risk appetite and establishing a long-term culture of agility.
- 7.3. Andrew Pike commented that the remained notable constraints which would hinder a return to normal operations. He added that a larger volume of PPE would be required as standard for the long-term, not only for diagnosed COVID-19 patients. In response to a question from Alan Tobias regarding the supply chain for PPE, Jonathan Dunk confirmed that the trust had successfully sourced PPE outside the standard national channels out of necessity. He was undertaking discussions with the region with regard to firming up more local supply routes.
- 7.4. Dave Hughes requested further assurance regarding the testing capacity, given that this was a factor that was primarily under the trust's control to deliver. Tom Abell replied that there was a testing site in Basildon already in operation and a site in Southend would open the following week. He clarified, however, that supply of testing kits and consumables was regulated centrally by Public Health England and this was a rate limiting step.

7.5. In response to a question raised by Barbara Stuttle, Tom confirmed that the recent quality issues associated with PPE imported from Turkey had no impact on the trust as MSE was utilising a different supplier.

8. Integrated Performance Report (IPR) - April 2020

8.1. Naresh Chenani invited the Trust Board to formally note the April 2020 IPR, reminding colleagues that the report had been scrutinised in detail by the Board Assurance Committee. The executive team was asked to highlight any particular issue by exception at today's meeting.

8.2. Andrew Pike expressed concern about the number of cancer patients who were cancelling hospital appointments, ostensibly due to fears of contracting COVID-19. This was already impacting upon the trust's efforts to recover cancer performance.

8.3. Julie Parker enquired as to whether Mid Essex remained on track to report referral to treatment (RTT) performance in May 2020 with respect to April 2020 data. Naresh confirmed this to be the case. He added that an increase in the number of patients waiting 52 weeks or more for elective surgery would be reported, which was associated with the suspension of elective activity during the pandemic. Naresh added that the trust now had confidence in the quality of the performance data relating to all sites.

8.4. In response to a comment from Deepak Singh about cancer pathways and the use of independent sector hospitals at the choice of either the patient or the trust, Yvonne Blucher explained that the trust had outsourced some of the less complex cancer care to the local independent sector. She added that the BMI Healthcare hospital in Southend would be supporting the provision of acute glaucoma treatment from 18<sup>th</sup> May 2020.

8.5. Caroline Stanger requested clarity as to how the trust envisaged the ongoing role of the independent sector in the reset and recovery activity. Clare Panniker commented that the local independent providers were currently working under a national contract which currently ran until 30<sup>th</sup> June 2020. She added, however, that there was an appetite locally to extend these for a longer period.

8.6. Tom Abell informed the Board that he was exploring strategies for increasing diagnostic capacity, but the PPE supply was a critical issue for the more invasive diagnostic procedures such as endoscopy.

8.7. The Board supported the view of Margaret Pratt that building public confidence in acute services provided by MSE as part of the reset programme would be crucial to the delivery of the trust's strategic objectives and that a dedicated communications plan would be needed to ensure this. Clare added that patients and visitors would be seeking clarity on how the trust intended to separate COVID and non-COVID activity in the short and medium term.

9. Questions and comments from “caretaker” governors

9.1. Ron Capes commented on the importance of working to build the identity of the new trust both internally and externally, as soon as the time was right to do so, noting that the media rarely referred to MSE rather than individual hospitals. Clare Panniker agreed, adding that whilst all internal and external corporate communications were now undertaken on a trust-wide basis with a harmonised message, communities and individual patients generally associate themselves with their local hospital rather than the legal entity that manages those services.

9.2. In response to a question about staff absence, Clare clarified that none of the sites had run out of PPE at any stage. It was therefore not the case that any staff had been absent from work due to the lack of appropriate protection. The trust continued to comply with national guidance in relation to COVID-19 infection prevention and control.

9.3. Nigel Beverley advised the Board that a programme of fortnightly video-conferences between himself, the Lead Governors and the Company Secretary were now in place. The discussions from those sessions would inform a newsletter to all caretaker governors to be issued shortly afterwards as part of the strategy to maintain the momentum and commitment shown by governors and patient council leaders of the predecessor trusts.

9.4. Consideration was currently being given, Nigel added, to the means by which caretaker governors could be exposed to the non-executive directors undertaking their roles at board and committee meetings in this unprecedented time. He explained that the Lead Governors and former MEHT Patient Council Leaders had already been invited to observe both the public and the part II sessions of today’s meeting.

10. Any other business

10.1. No items of other business were raised.

11. Close

11.1. The Trust Board moved into part II of today’s agenda.