

Meeting Title	Board of Directors (Session in Public)		
Meeting Date	11 th June 2020	Agenda No	9
Report Title	Report from the Board Assurance Committee		
Sponsoring Director	Clare Panniker, Chief Executive Nigel Beverley, Chair		
Report Author	Andrew Stride, Company Secretary		
Action Required	Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Monitoring/Assurance <input checked="" type="checkbox"/>		
Background / Context	<p>The Board Assurance Committee (BAC) was created upon the formation of the Trust as a key component of the interim governance arrangements necessitated by the COVID-19 pandemic. Its purpose is to bring together the board committees (with the exception of the Audit Committee which will continue to meet separately) into a single monthly meeting, ensuring efficient use of time by focussing on detailed scrutiny of the most critical topics and workstreams.</p> <p>The second meeting of the BAC took place on 28th May 2020 by video-conference. This paper provides a summary of the scrutiny undertaken at that meeting.</p> <p>In view of the changing profile of the pandemic as experienced at our hospitals, it has been agreed that the “business as usual” committee structure will be reinstated from June 2020 and as such the BAC has been stood down. However the agenda of those separate committee meetings will be streamlined and risk-based, in recognition of the ongoing need to focus board attention on the response to the pandemic and the reset programme to restore non-COVID services across MSE.</p>		
Integrated performance report (IPR)	The BAC reviewed in detail the IPR which included a range of metrics relating to the COVID-19 response as well as routine operational, workforce and quality metrics for April 2020. The salient points are covered in the individual committee reports below.		
Quality Governance	<p><i>COVID-19</i></p> <p>Members sought assurance that harm reviews were being undertaken for all patients whose elective care and cancer treatment had been delayed as part of the COVID-19 response.</p> <p>A discussion took place as to how the Board could objectively benchmark the Trust’s performance with regard to COVID-related mortality compared to other trusts regionally and nationally. The Chief</p>		

Medical Officer advised that whilst it was possible to review themes and trends associated with in-hospital mortality, one of the challenges with COVID-19 tracking was that not all cases were managed in hospital settings and there were a number of data gaps. This was recognised nationally as an area for improvement in future public health incidents.

It was agreed that the Chief Nursing and Quality Officer would present a report on the reset plans and the opportunities to improve service quality to the next Quality Committee meeting.

Risk management

The Chief Medical Officer presented the updated Board Assurance Framework (BAF) risk in relation to COVID-19, explaining that the risk score remained at 20 as the virus remained a significant risk to the organisation, despite the reduction in hospital admissions over the preceding three weeks, as well as the decreasing number of COVID-19 deaths and pressure on intensive care beds.

The Chief Nursing and Quality Officer presented the infection prevention and control (IPC) board assurance submission. This was required from all providers demonstrating their self-assessed compliance with the Public Health England COVID-19 related infection prevention and control guidance.

She explained that a number of risks had been identified, largely related to the guidance that hospital beds should be separated by at least 2 metres. If this was mandated, there would be a negative impact upon overall bed capacity. A risk had also been identified relating to antimicrobial use.

The Chief Nursing and Quality Officer assured BAC members that staffing levels and ratios in clinical areas had been reviewed to ensure the continued safe delivery of patient care.

BAC members were informed that the pandemic response had provided opportunities to standardise best practice across the MSE hospitals, such as standard evidence-based infection control audit tools overseen by an MSE-wide specialist infection control team.

CQC improvement plans

The BAC reviewed a report from the Chief Nursing and Quality Officer on the approach being taken in relation to the improvement plans following the most recent CQC inspections of Basildon, Southend and Broomfield Hospitals. Site-specific action plans had been combined into one overarching plan. Each site had undertaken a self-assessment against the “must” and “should” do actions to ensure trust-wide learning and improvement. A pragmatic approach was becoming taken to implementing the improvement actions, acknowledging the redeployment of both clinical and non-clinical staff

	<p>to support the COVID response.</p> <p><i>Serious incidents</i></p> <p>A report was presented on the 12 serious incidents that had been reported across the trust during April 2020, all of which were currently under investigation. There had been an informal meeting between the executive and non-executive members of the Quality Governance Committee to review the serious incidents in depth.</p> <p><i>Maternity services at Basildon Hospital</i></p> <p>The Chief Nursing and Quality Officer reported to the BAC that a cluster of six serious incidents had been declared at Basildon Hospital Maternity Services between late March and late April 2020.</p> <p>She briefly summarised the history of quality governance and compliance at the Basildon Maternity Unit over the preceding decade, including the CQC ratings of the Unit being “Outstanding” in 2015 but “Requires Improvement” in 2019. There was also a maternal death in March 2019. Colleagues were clear that there were some endemic cultural issues in the Unit that needed to be addressed before quality improvements could be embedded in a sustainable way.</p> <p>It was agreed that the newly appointed Group Clinical Director for Maternity Services would attend the Board meeting on 11th June 2020 to provide assurance directly to the Board as to the progress of his comprehensive review of the Basildon Service.</p>
<p>Finance and Performance</p>	<p><i>Operational performance</i></p> <p>The Group Director – Planning and Performance advised that there had been a reduction in bed occupancy associated with COVID cases in April 2020. The national contracts for independent sector capacity to supplement NHS services was due to end on 30th June 2020. However the contracts were expected to be extended by the Government to the end of August 2020.</p> <p>BAC members noted that the volume of non-COVID attendances to A&E has increased since April 2020. There had however been a decrease in the number of mental health attendances.</p> <p>Cancer waiting times were a significant challenge for the trust and a priority area for improvement. The 62-day backlog had increased due to the impact of COVID-19 from 150 cases before the pandemic to 562 as at 17th May 2020.</p> <p>In terms of Referral to Treatment (RTT) performance, the number of patients waiting over 52 weeks had increased significantly due to the necessity of cancelling elective surgery during the pandemic to free up clinical resources.</p>

	<p>The BAC requested an update report on the RTT reset plans to the Trust Board on 11th June 2020.</p> <p><i>Financial performance at month 1</i></p> <p>The Chief Finance Officer provided a headline financial position for month1 of the 2020/21 year, including a summary of COVID-related expenditure. The BAC was reminded that the usual financial framework had been suspended during the pandemic. The month 1 return to NHSI was being used as the basis for calculating the top-up funds that were needed to bridge the deficit between income from commissioners and the trust's costs for service delivery during April 2020. A top-up value of £11.3m had been calculated centrally using a national methodology.</p> <p>She continued that pay and non-pay spend were just below the estimated run rate (pre-COVID) and this included costs associated with the pandemic response. The £5.8m revenue spend that was specifically related to COVID-19 had been, in the main, offset by reduced spend in other aspects of the patient pathway that would normally be incurred, such as consumables in trauma and orthopaedics, outsourcing and agency premia.</p> <p>The Chief Finance Officer explained to the BAC that £2.3m was expended in April 2020 on capital, mainly relating to the pandemic response. From 7th May 2020, she continued, COVID-related capital spend would need to be covered within the system's capital allocation</p> <p><i>System capital allocation</i></p> <p>The Chief Finance Officer informed colleagues that the system capital allocation was £14.1m lower than the plans submitted in March 2020. Plans for 2020/21 needed to be reduced to this extent to operate within the system allocation. In future years, the system would need to manage the use of capital in an integrated way.</p> <p>The BAC reviewed the proposed 2020/21 capital programme to identify which elements could be postponed and which items needed to be prioritised in the current year.</p> <p>BAC members endorsed the revised capital plans for submission on 29th May 2020.</p>
<p>People and Organisational Development (POD)</p>	<p>Members of the POD Committee had met with the Chief People and OD Officer to discuss pertinent issues, in particular how to support staff to return to work in a safe way. Key messages from the BAC discussion included:</p> <ul style="list-style-type: none"> • A review of the BAF risks assigned to the Committee; • A review of workforce performance targets; • A review of the draft strategic objectives assigned to POD; • The Compassionate Leadership Framework;

	<ul style="list-style-type: none"> • A review of COVID-19 related metrics <p>BAC members noted the improvements in recruitment performance, and the higher risks associated with the pandemic for black and minority ethnic (BAME) staff. There was also a discussion about the ongoing work on cultural change. Members noted that one of most significant workforce challenges facing the trust was the number of overseas clinical staff who had been recruited but were not yet able to fly to the UK to commence work at the trust.</p>
Charitable Funds	The first meeting of the Charitable Funds Committee had been scheduled for 25 th June 2020. A priority for that meeting would be to devise a strategy for the effective use of the significant donations made to the trust during the pandemic.
Other Business	<p>The Chief Executive explained that the strategic objectives would be reviewed by the committees for approval by the end of June 2020.</p> <p>It was agreed that some form of awayday for the board was important, in order to allow members to meet informally and to learn more about each other individually and as a team.</p>
Timescale for Benefits to be Realised	As noted in the items above
Assessment of Implications	
Financial	<p>Does this proposal have <u>revenue</u> (recurrent or non-recurrent) implications for the Trusts? As per individual item noted above</p> <p>Does this proposal have <u>capital</u> (recurrent or non-recurrent) implications for the Trusts? As per individual item noted above</p> <p>If yes, can these implications be <u>fully</u> covered by existing budgets? Not in every case</p>
Risk	The items discussed at BAC relate to risks set out in the BAF.
Equality and Diversity	This proposal has been subject to an equality analysis and there are no implications for groups with protected characteristics
Freedom of Information	<i>No exemptions apply (i.e., information is in the public domain)</i>
Other Implications Identified	None of note

Recommendation	<p>The Board of Directors of Mid and South Essex NHS Foundation Trust is invited to:</p> <p>Take assurance from this report on the work of the Board Assurance Committee on 28th May 2020.</p>
Appendices	None