

Board of Directors meeting

29 April 2020

Chief Executive Report

1. Update on Coronavirus (COVID-19)

Members will be aware that the normal business of the Trust has been significantly impacted as a consequence of the COVID-19 pandemic. Given all the issues that have had to be addressed by the Trust and the significant coverage that the NHS has recently had in the national and local media, it is important to provide a formal public update this month regarding the position of our two organisations.

I should like to start by taking this opportunity to thank all staff across both Trusts for their hard work and commitment during these unprecedented times. Staff are working under very difficult circumstances, yet each day, we continue to see incredible examples of courage, dedication and compassion, as teams work together to ensure that the needs of their patients are met. It is a privilege to be Chief Executive of two such impressive organisations, working with such impressive people. I am incredibly proud of the response of our teams in stepping up to this challenge. Members may have seen that the ITV news teams visited The Royal Bournemouth Hospital on 6 April to focus on the work of clinical teams, then moved to Poole Hospital on 22 April to focus on the impact on our non-clinical staff. I am delighted that we have been able to showcase the skill and dedication of our staff, all of whom remain dedicated to maintaining the provision of safe, high quality care.

Impact of COVID

Members will be aware that we have not had to admit as many COVID-19 patients within the Trust that we had initially anticipated. I am pleased to confirm that at the time of writing, the whole of the South West continues to have the lowest incidence of COVID-19 in the country. Nevertheless, both hospitals remain extremely busy, having had to introduce new pathways in order to segregate COVID and non-COVID patients, and having to treat patients in very different ways. It is also important to note that many staff are now having to routinely carry out their duties wearing PPE equipment - some for very long periods - and this can significantly impact on the throughput of patients and the wellbeing of staff.



Debbie Fleming, Joint Chief Executive

Chief Executive Report:

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
Poole Hospital NHS Foundation Trust

At the time of writing, we have 47 patients in our hospitals with COVID-19, with 12 patients in our Intensive Care Units. Over the past few weeks, we have admitted 317 patients with COVID-19 on a cumulative basis; of these, 83 have sadly died, whilst 230 have been discharged. The sickness rates for the two Trusts are 8.5% within The Royal Bournemouth and Christchurch Hospitals, and 7.6% within Poole. Whilst this is around twice our usual sickness rates, these figures are lower than they have been over the past few weeks.

On the 17 March 2020, we received a letter from NHS England and Improvement (NHSE/I) outlining what was expected from the NHS in response to COVID-19. This included three key actions which we have been addressing on our two acute sites:-

- freeing-up the maximum possible inpatient and critical care capacity;
- preparing for and responding to, the anticipated large numbers of Covid-19 patients who will need respiratory support;
- supporting staff, and maximising their availability

Each of these has been successfully addressed within our two organisations, as detailed below:

Freeing-up the maximum possible inpatient and critical care capacity - by postponing all non-urgent elective operations and re-utilising the freed up space and staff, we have been able to significantly increase our critical care capacity - at Bournemouth we have been able to step up capacity/space to allow for 50 ventilated beds, whilst at Poole, we can now similarly increase up to 31 ventilated beds. We have also been able to free up a large number of general medical beds through our collaborative efforts with our Community and Local Authority partners. We have been able to discharge significant numbers of medically fit patients and with the support of our partners, have been able to maintain this position, to the extent that the bed occupancy within the Trusts has reduced dramatically. It is now around 50% across the two sites, compared to 89/92% that we have seen in recent months.

It is important to note that we have continued to prioritise high-risk and high-priority treatments, including accessing additional activity within the private sector, which has been made available to the NHS as part of a national contract. Our teams have been working very closely with the BMI and Nuffield Hospitals locally, in order to prioritise urgent treatments.

Preparing for and responding to the anticipated large numbers of Covid-19 patients who will need respiratory support - as well as freeing up beds, a great deal of work in training and redeploying staff has been required in order to prepare for an influx of patients requiring respiratory support. Very importantly, much attention has been paid to ensuring that we have had sufficient oxygen capacity. A full assessment of our internal oxygen piping, pumping and bedside availability has been carried out, and it has been confirmed that Poole Hospital's oxygen supply capabilities are within the ranges to administer oxygen to the beds, critical care bays, theatre and recovery areas that have been identified in our expansion plans. The same assessment within The Royal Bournemouth Hospital initially identified a shortfall, but the Trust has been able to secure a new vaporiser to address this, which was installed on 23 April. This development means that the oxygen supply is now sufficient to meet the needs of the expanded capacity, as identified in our plans.

We are grateful to the support of the South-West Regional Team for NHSE/I, who provided significant support to ensure that we were prioritised nationally in order to be able to access this essential equipment.

Supporting staff and maximising their availability - our Human Resources and Organisational Development teams have been immensely proactive across both Trusts to ensure that staff have been properly supported. This has included a number of separate but related initiatives:-

- ensuring that staff are properly protected by providing appropriate Personal Protective Equipment (PPE) in line with national guidance, and ensuring that staff are properly trained in its use;

- ensuring that there is clarity relating to safe working practices - including working with staff on an individual and collective basis, to ensure they feel safe and supported to undertake their roles and care for patients.
- providing enhanced psychological and emotional support for staff during this time of extreme stress and ensuring that this is well-publicised across both organisations;
- redeploying staff into alternative roles/areas where this is appropriate;
- supporting significant numbers of staff to work from home where possible, in line with the national policy for social distancing;
- supporting staff who are at greater risk from COVID-19 to stay at home 'shielding', in line with national guidance;
- establishing health and wellbeing hubs and distributing wellbeing packages to frontline teams;
- appointing additional staff to the organisation - by means of normal recruitment processes, by supporting work to encourage the recently-retired back into the workplace, and by taking part in schemes aimed at releasing final year students to join the permanent workforce;

Throughout this time, the Trust has also stepped up its routine communications arrangements, producing a daily bulletin and update for all staff, and routinely producing videos/additional information to ensure that staff are kept up-to-date and informed.

Command and Control Arrangements

Members will understand that with both organisations "on stand-by" for a major incident, it has been necessary to establish clear command and control arrangements. Since the early part of April 2020, we have established a new Command and Control model to effectively manage the strategic and operational challenges of Covid-19.

Internally, both Trusts follow the Gold (Strategic), Silver (Tactical) and Bronze (Operational) principles of command and control. The Gold Command (strategic) comprises of strategic level representatives likely to be integral to the strategic response to the incident and overall strategic leadership. The Silver Command (Tactical) refers to those who are in charge of managing the incident on behalf of the organisation. They are responsible for making tactical decisions and determining operational priorities on a day-to-day basis.

There is now an Incident Commander (Gold) on each site each day, accountable to the Chief Executive. He/she receives reports from Silver Command and ensures that issues are escalated as appropriate. This includes reporting to the daily Dorset Integrated Care System (ICS) Health and Care Silver Command and ensuring that effective communications are maintained between the Trust and our Dorset partners. The two Incident Commanders connect daily at 17:30 with the Chief Executive to ensure on-going join up and coordination across the two Trusts, and to share feedback on key risks and mitigations.

Each day, there is a Silver Command team (Tactical) on duty on each site, including an Operational Commander, a Medical Commander and a Nurse Commander. Silver Command is responsible for making tactical decisions and determining operational priorities each day, and managing the site for that period on behalf of the organisation. These arrangements have served the Trusts well over the past few weeks, but are likely to be "stood down" in the near future, as managing COVID-19 becomes part of "business as usual".

Personal Protective Equipment (PPE)

Both Trusts are fully committed to maintaining the safety of staff and patients, and as such, ensuring that there are sufficient stocks of PPE is always a top priority. At the time of writing, both Trusts have sufficient stocks to maintain staff and patient safety, and all staff have been appropriately trained in its use.

PPE stocks are monitored on a daily basis, with stock levels reported centrally across Dorset so that all partners are aware of potential problems/issues. Both Trusts have followed Public Health

England guidance at all times, and our Procurement teams have worked hard to ensure that supplies are available as required. It is important to note that **at no point have we run out of appropriate PPE.**

Members should also note that there have not been any formal concerns raised regarding the lack of availability of PPE equipment for our staff through any management line, our Freedom to Speak Up Guardian or through the local and regional Royal College of Nursing routes. Nevertheless, it is recognised that there is on-going concern and interest relating to PPE, driven by messages in the media.

It is recognised that the provision of PPE is a very significant issue and that some parts of the country have faced very extreme problems in accessing supplies over the past few weeks. It is recognised at all levels that there is a very significant shortage of PPE across the global market.

In response to this situation, the government has been working to ensure that there is a national response to the PPE shortages, taking control of the supply chain and prioritising this for the areas of greatest need. A “just in time” delivery model has been put in place, meaning that Trusts no longer place individual orders for items of PPE. Instead, our supplies come on a ‘push’ system meaning deliveries are timed based on our number of patients, expected use and where we are in the ‘surge’.

At times, this has been very unsettling for our teams. The new national approach has taken some time to embed and it has not always been clear when the next delivery will arrive. However, whilst we may not always have the large stock levels that make everyone feel confident, our deliveries are currently coming as expected. We are continuously monitoring this situation and developing contingency plans should they be required.

Fluid repellent gowns have been the area of greatest concern recently, as these were not part of the national stockpile for the influenza pandemic. Whilst there are national efforts to source and manufacture more gowns, there have been shortages across the country. Therefore, additional national advice has been published to assist Trusts in identifying other potential options for keeping staff safe. We have reviewed the proposed options - for example, the re-use of gowns under particular circumstances - and if necessary, would have to adopt these measures. However, such action would only be introduced where it is deemed clinically safe and appropriate to do so.

It is important to note that the Trusts have been inundated with generous offers of support from local people businesses, including donations in the form of FFP3 and FFP2 masks, safety goggles and gowns, soap and hand cream, to list but a few.

Testing for COVID-19

As part of the response to tackling COVID-19, in April the Government published the National Testing Strategy: ‘Coronavirus (COVID19): Scaling up our Testing Programmes’.

Since then, partners within Dorset have established a “Task and Finish Group” (chaired by myself), responsible for considering the issues arising from the national testing strategy and developing an action plan to roll this out within Dorset.

The national strategy is made up of the following five pillars (or workstreams):

- **Pillar 1 - NHS swab testing.** Testing of priority patients, with surplus testing being used for critical NHS staff via NHS and Public Health England (PHE) labs.
- **Pillar 2 - Commercial swab testing.** Creation of new swab testing capacity delivered by commercial partners. This is mainly through drive through facilities and mobile facilities.
- **Pillar 3 - Antibody testing.** Developing testing to detect if people have had the virus.
- **Pillar 4 - Surveillance testing.** Undertaking population surveys to find out what proportion of the population have had the virus to inform decisions about social distancing and exit.

- **Pillar 5 - Diagnostics National Effort.** Building partnerships to deliver a large diagnostics industry to deliver mass testing at scale.

To date, within Dorset, we have been focusing on expanding the Pillar 1 and Pillar 2 capacity.

It undertaking this work, it is helpful that staff within the pathology services for the three acute Trusts have been working collaboratively for some time, as part of the One Dorset Pathology programme. This means that there is already oversight of all laboratory activity under one programme manager, and the teams are working together to maximise capacity and ensure swift turnaround. This service has been available for both patients and staff, as designated within Pillar 1.

At the time of writing, the Dorset laboratories are able to provide 154 tests per day, although this figure could rise to around 1300 tests per day, if more supplies of the necessary reagent were made available to us. The supply of reagent is currently nationally procured and managed centrally.

Whilst the priority for using this local testing capacity has clearly been our patients, the laboratories have recently been able to increase their capacity and carry out testing for NHS staff (Pillar 1). However, it has recently been announced that there is to be a major expansion of patient testing, which will take up all of our local NHS laboratory capacity. From now on, NHS Trusts are expected to test the following:

- all patients requiring emergency admission,
- all patients requiring urgent cancer treatments and
- all patients being discharged to care homes.

The amount of testing is expected to rise again in the near future, as Trusts will also be required to test **all planned admissions**, as Trusts start to “ramp up” activity.

Clearly, this will require a lot more laboratory capacity, and at the present time, this is not available locally. Our Dorset laboratories will not have the necessary capacity to meet all the demand, which means that more tests will need to be sent to Bristol (our nearest designated testing centre) for processing. Whilst this is a safe and reliable service, the turnaround times are longer than if the tests are carried out locally, and there are concerns that these turnaround times may increase further, as the Bristol service comes under more pressure.

Given this situation, it is a top priority within the Dorset system to be able to access sufficient amounts of the necessary reagent to be able to carry out all COVID testing locally, which would allow us to obtain results as swiftly as possible. Partners are continuing to escalate this issue - locally, regionally and nationally.

With regards to the testing of other key workers, I am pleased to confirm that a new drive-through coronavirus testing facility opened on 26 April at the Creekmoor Park and Ride site in Poole. This facility is part of the Government’s UK-wide drive to increase testing for thousands more NHS and other key workers. Up to 700 swabs per day can be taken at this facility, and these will be sent to Milton Keynes for processing. Those working in GP surgeries, pharmacies, social care and other front-line services will be among the first to be offered the tests. It is important to note that all staff must be pre-booked, with no drop-ins accepted.

Partners within Dorset are working together to ensure that there is not only swift access to testing for all keyworkers, but also that there are good information flows between the individuals tested and their employers.

It should be noted that this is a rapidly changing situation, as there are plans to significantly expand access to testing, and various means are being developed for staff/individuals to book in on-line. At this stage however, within Dorset, we are still working to co-ordinate our bookings, and ensure that priority is given to those staff deemed most essential to get back in to the workplace.

Clinical Trials

The Research Teams across the Bournemouth and Poole sites are working collaboratively with our clinical teams to enrol our Covid-19 patients in the national priority clinical trials which have been mandated by Public Health England. The trials have been developed so that they are as simple and flexible as possible, hence minimising the burden on our doctors and other health care professionals.

Both Trusts have the following trials in place:

- RECOVERY- this is a randomised trial among adults hospitalised for confirmed COVID-19. Eligible patients are randomly allocated between several treatment arms, each to be given in addition to the usual standard of care in the hospitals.
- REMAP-CAP (critical care only) is a Randomized, Embedded, Multifactorial Adaptive Platform trial for Community-Acquired Pneumonia. REMAP-CAP uses an innovative trial design to efficiently evaluate multiple interventions simultaneously;
- ISARIC/WHO-CCP UK: ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections in the UK. Data collection for confirmed COVID-19 patients.

Poole Hospital is also conducting the following study:

- UKOSS: Pandemic Influenza in Pregnancy

Bournemouth Hospital is also conducting the following study:

- PRIEST: Pandemic Respiratory Infection Emergency System Triage study - data from the early phases of the pandemic to test how well existing triage methods in A&E departments and ambulance services predict which patients with the virus are likely to develop serious illness or complications.

This research (ISARIC, UKOSS and PRIEST are not clinical trials as they are observational research studies) remains part of our wider programme, encompassing the care and treatment of all of our patients. Both Trusts are committed to being part of the national and global efforts aimed at identifying an effective treatment for COVID-19.

Key Risks

Clearly, there are a number of risks to the delivery of safe services as a consequence of the COVID-19 pandemic. These include risks associated with maintaining sufficient intensive care capacity, sufficient general bed capacity, sufficient equipment, supplies and medicines, and most importantly, sufficient staff, in order to meet the anticipated surge in demand. There are also risks associated with reducing our elective work

Both sites have a recorded risk (rated 16) related to Covid-19:

- Poole - the inability to provide the appropriate level of services for patients during the Covid-19 outbreak
- Bournemouth - there is a risk that the normal business of the Trust will be impacted by the requirement to manage the outcomes of the Covid-19 outbreak

These risks are being overseen and managed by each Trust in the usual way, supplemented by a daily review at both Silver and Gold level. Where necessary, issues are escalated to the Dorset Strategic Co-ordinating Group and NHS England/Improvement. Within the Trusts, risks continue to be reported to Quality, Safety and Performance Committee for Poole Hospital, and to the Health Assurance Committee for The Royal Bournemouth and Christchurch Hospitals.

It is important to note that all NHS providers are working together collaboratively at a local, regional and national level to mitigate risks through the provision of mutual aid and support, as and when this is required.

Maintaining Urgent Treatment

At the same time as managing a surge in demand relating to patients with COVID-19, both Trusts have continued to provide urgent treatment - for example, cancer treatment - in line with national guidance. Both Trusts have been supported in this work by being able to access additional capacity from local Independent Sector providers, who have been commissioned to undertake NHS care (as detailed earlier).

Three Trauma and fractured neck of femur lists now continue to be performed each day at Poole, utilising staff from both Poole Hospital and RBCH Theatre Teams.

All surgical waiting lists are being reviewed against the Priorities Guidance set out by the Royal College of Surgeons, with work underway to ensure that the most time critical surgery takes place for patients. The following categories are being utilised:

- Priority 1a: Emergency Operation within 24 hours
- Priority 1b: Urgent Operation within 72 hours
- Priority 2: Surgery that can be deferred for up to 4 weeks
- Priority 3: Surgery that can be delayed for 3 months

Given the increased risks for immune-compromised patients, chemotherapy has now been moved from Poole Hospital to the Harbour (BMI). Within The Royal Bournemouth Hospital, chemotherapy continues to take place on the ground floor of the Jigsaw Building, where it is possible to segregate patients.

It is important to note that there has been a significant reduction in fast-track cancer referrals and routine outpatients across Dorset, and work is underway to understand this better. Collaborative work is also taking place across Dorset to assess the delay in pathways and a Tactical Cancer Cell has been established to ensure that timely communications are shared with GPs.

As anticipated, waiting times for routine surgery are increasing in light of the cancellation of so much planned work. The Trusts monitor very carefully the waiting times for patients with cancer, and it is important to note that the numbers waiting more than 62 days for treatment across the whole of Dorset are beginning to increase and elective patients waiting over 52 weeks.

This is now clearly recognised as a national as well as a local issue. Both Trusts will continue to do everything possible over the coming weeks to maximise the capacity available for urgent cancer treatments and reduce waiting times.

Relocation of the Macmillan Unit Team and Specialist Palliative Care Service at Christchurch Hospital to the Derwent at the Royal Bournemouth Hospital (RBH)

Members will be aware that earlier this month, the Macmillan Unit team and Specialist Palliative Care Service based at Christchurch Hospital moved to the Derwent at the Royal Bournemouth Hospital. This move was taken to ensure that sufficient high-quality palliative and end of life care could be made available for those that needed it. The relocation of the service improves the ability to safely and rapidly transfer patients requiring specialist palliative care. It is also important to note that the Derwent is a self-contained unit, with a separate entrance, with 29 side rooms and access to piped oxygen. The Macmillan Unit has only 16 beds and only 5 side rooms.

The Community Specialist Palliative Care Team continues to support patients requiring end of life care to remain in their own homes, but where necessary, patients with complex specialist palliative care needs will still be able to be directly admitted to the Derwent, should this be required.

It is important to note that Macmillan Caring Locally fund a significant amount of the service provided by the Macmillan Unit Inpatient and Community Teams. This will continue to be the case, even when the service has moved to the Derwent.

Closure of the Bournemouth Birth Centre

Again, members will be aware that in order to protect patients and staff during the coronavirus pandemic, it was necessary to close the Bournemouth Birth Centre on 27 March 2020. This service has now been relocated to the Poole Maternity Unit. This decision was not taken lightly, but with the safety of birthing women, their babies and our staff being paramount, action clearly needed to be taken. COVID-19 and its impact on staffing levels meant that the Trust could no longer guarantee to provide safe birthing services on The Royal Bournemouth site. Another fact that had to be taken into account was the pressure on our ambulance services during the COVID-19 pandemic; consolidating births onto one site means we will no longer need ambulances to carry out emergency/urgent transfers to Poole Hospital.

It is important to note that the Antenatal Clinic on The Royal Bournemouth site will continue to provide services as normal, working from what was previously the Orthopaedic Outpatients Department. The home birth service will also continue, subject to safe staffing levels.

Planning for Recovery

It has become evident that the COVID-19 pandemic is not a short-term issue, and as such, we need to expect to have to manage this situation for some time. With this in mind, we have started to think about how we might continue working innovatively to “step up” our activity, whilst at the same time, continuing to care for the COVID patients who need us. Further national guidance is anticipated as to how this should be done, recognising that in undertaking more planned work, we must maintain safe care for all our patients and ensure that our staff are properly protected.

Our plans for increasing planned activity will include making good use of the private sector - particularly now that the NHS is able to use the facilities of number of local private providers, as part of a new national contract. Our clinicians are already treating patients at the BMI Harbour Hospital and The Nuffield Hospital in Bournemouth, and the three acute trusts in Dorset are working together to make the very best use of this national contract.

Meanwhile, partners from the other statutory organisations across Dorset have started to consider how to move towards recovery, following the COVID-19 pandemic. Whilst this has been a hugely challenging time, this has also resulted in lots of innovative practice, that we will wish to build on going forwards. For example, remote consultations are now commonplace through initiatives such as “Attend Anywhere” and “Consultant Connect”, staff are now routinely working from home, there has been a huge “step up” in the development of new roles and new ways of working, and of course, there are now better opportunities for patients to be able to manage their own health.

This “recovery” work will form an important part of our organisation development programme, given that fostering innovation will be a key feature of our new merged organisation - the “University Hospitals Dorset NHS Foundation Trust”. As always, we expect to do this working effectively with our partners as part of the Dorset Integrated Care System.

Support from the public and from national/local businesses

In dealing with all the challenges associated with COVID-19, we have all been touched by the huge amount of support for the NHS that has been demonstrated by the general public. So many messages have been received, in so many different ways, and these - coupled with the Thursday evening “Clap for Carers” - have really made people feel valued. They have made all the difference in encouraging us to keep going.

We have received so many “Thank you bags” full of treats (and of course, lots of Easter Eggs), that we have worked to distribute as widely as possible, so that all our teams can benefit. We have been overwhelmed by the material donations to our trusts as well as the financial donations to our hospital charities. Donations have been received from individuals, from local businesses and from national organisations. We have used these gifts to establish additional rest facilities and our new Well-being Hubs, and to keep these facilities well-stocked with drinks, snacks and

toiletries. Very importantly, we shall be using some of these donations to provide on-going health and wellbeing support for our staff, both now and in the future.

We really appreciate the generosity of all those who have donated to our Trusts. It means so much to our staff to be recognised for their efforts as they work to provide patients with the best possible care, during these difficult times.

2. Update on the Merger of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust.

Earlier this week, we were delighted with the news that the Competition and Markets Authority (CMA) has cleared the proposed merger between our two Trusts. The CMA's investigation in this case has confirmed that competition between NHS hospitals now plays little role in the provision of NHS services in the east Dorset area, with collaboration often viewed as a better way to meet increasing demands for care and deliver better value. The CMA has therefore concluded that the merger does not give rise to competition concerns and should be cleared. The CMA has, in parallel, also released the hospitals from the commitment not to merge that they had given in 2013.

This announcement is very welcome news as our hospitals will be much stronger working together to provide care for local residents. The two Trusts have never worked more closely together and we are delighted that the CMA is allowing us to progress this transaction.

Given the unprecedented pressures that Covid-19 has brought on our Trusts, the formal planned merger date for RBCH and PHT of 1st July 2020 will no longer be possible. However, the rationale and desire for merger remains incredibly strong, and our regulator NHS Improvement (NHSI) remains fully supportive as we seek to complete this transaction as soon as practically possible. With the CMA's announcement, we shall be working to formally agree a new date with NHSI, and hope to confirm this in the near future.

3. University Hospital status

Despite all the challenges that we currently face with Covid-19, there are some aspects of our merger work that we have been able to continue to progress. One of these relates to the opportunity to become a University Hospital - and I am delighted to confirm that on 25 March, having completed a self-assessment against the University Hospital Association criteria and signed off a Memorandum of Understanding with Bournemouth University, this was approved by our Shadow Interim Board. All that is left to do is for Bournemouth University to progress this via their formal governance routes.

Members will be aware that there are a number of significant benefits associated with becoming a University Hospital:-

- better coordination of strategic objectives, plans and investment with Bournemouth University - including better synergies with other local bodies committed to improving health & wellbeing and sustainability;
- the opportunity to expand the Research and Innovation;
- the opportunity to better shape the future education and training of health service staff;
- the opportunity to expand the continuing professional development of our staff;
- the opportunity to improve recruitment and retention across the Dorset system and beyond.

During the course of our conversations with the University, it was made clear that in changing the name, we should, if possible, take the opportunity to reflect a wider “place” than just East Dorset. In taking on University status, both partners want this to be of benefit to the whole of the Dorset system and beyond, and it was felt that in focusing just on “East Dorset”, we were in appropriately limiting the reach of the new University Hospital.

We are mindful of the need to avoid confusing the public with names that sound very similar, and with this in mind, we have agreed that we would like to call our new organisation University Hospitals Dorset NHS Foundation Trust. This is also fully supported by the Dorset CCG and the South West Regional team (NHS I/E).

4. Update on the Outline Business Case for our Capital Programme

Update on the Bournemouth site

In March 2020, the Shadow Interim Board approved the “unfreezing” of the work on the Women’s, Children’s, Emergency & Critical Care Centre (WCEC), following an extensive review of the costs that brought the construction into an affordable programme.

Simultaneously, work with regional NHSE & I colleagues resulted in the development of an options paper for seeking additional funding from the Department of Health and Social Care (DHSC) to cover some aspects of the cost increase associated with inflation.

IHP are now working to include all design changes and value engineering opportunities into the building such that they will be included within the Guaranteed Maximum Price (GMP) when it is established in December. The GMP will be presented to the Shadow Interim Board for review and negotiation over a 4 week period, with final sign off in January 2021. Any proposed changes as a result of COVID-19 learning are being actively reviewed now to feed into this programme.

The planning permission application has been made and is progressing with the Council.

Update on the Poole Site - Theatres Project

The Poole Theatres project is progressing and whilst there is likely to be some delay, as much as possible is being mitigated by the team to allow for the continuation of decants in areas not affected by COVID-19. Future areas that will be impacted include Pathology and the management corridor, both of which are being reviewed with the Pathology team and the Executives.

5. Maintaining Good Governance

The coronavirus pandemic and the response required from the Trusts resulted in changes to the Board decision-making system. This has come about for a number of reasons:-

- in response to the Government advice and instructions on unnecessary travel, social distancing and isolation have impacted on how meetings are conducted; and
- in response to the challenges facing both Trusts which are taking up a great deal of staff time. Under these circumstances, it was appropriate to review how the Boards could remain assured, in a way that required less time on the part of Directors.

The full Board Committee structure is suspended until 30 June 2020 and essential matters that would have been submitted to a Board Committee now go to the Joint Part 2 monthly Board meeting. Information items should be avoided but, where required, will be distributed outside of meetings. The Workforce Committees of each Trust have been suspended.

In line with national guidance from NHS England/Improvement the Quality, Safety and Performance Committee (PHFT) and the Health Assurance Committee (RBCH) continue to meet as virtual meetings. The agendas for each have been streamlined to concentrate on Covid-19 related activity and risks.

The Joint Finance Committee and each Trust's Audit Committee will continue as virtual meetings. Alongside this, bi-weekly briefings for the Non-Executive Directors of each Trust are taking place, to ensure that Non Executives are able to keep up-to-date with the Trusts' preparations and actions in response to the pandemic.

Governors are being kept up-to-date by means of a monthly briefing with the Chair and Chief Executive, held the day after each Board meeting. with the Chairman and the Chief Executive. Governors receive copies of the daily bulletin provided for all staff as well as their usual Governor Bulletin, and are able to contact the Company Secretariat of each Trust with ad hoc enquiries.

This situation will be kept under review over the next few weeks.

A handwritten signature in black ink, appearing to read 'D Fleming', written in a cursive style.

Mrs Debbie Fleming
Joint Chief Executive