

**DRAFT Minutes of the meeting of the Board of Directors held on
2nd April 2020 at 10.30 am via Conference Call**

Coronavirus (COVID-19)

Following the announcement by the Prime Minister that the public should avoid non-essential contact with other people, the Trust Board has decided not to hold Board meetings in public until further notice and to hold its meetings by conference call.

Papers for Board meetings are published on the Trust's website in advance and questions for consideration by the Board may be submitted in advance to the Director of Corporate Governance.

These draft minutes are published for information shortly after the conference call and may be subject to amendment until approved at the next meeting of the Trust Board.

Present voting:		
Sian Bates	Chairman	SB
Jo Farrar	Chief Executive	JF
Sally Brittain	Director of Nursing & Quality	SBr
Kelvin Cheatle	Director of Workforce & OD	KC
Mairead McCormick	Chief Operating Officer	MM
Amira Girgis	Acting Medical Director	AG
Yarlini Roberts	Interim Director of Finance	YR
Sylvia Hamilton	Non-Executive Director	SH
Dr Rita Harris	Non-Executive Director	RH
Dr Nav Chana	Non-Executive Director	NC
Jonathan Guppy	Non-Executive Director	JG
Dame Cathy Warwick	Non-Executive Director	CW
Damien Régent	Non-Executive Director	DR
Present non-voting:		
Alex Berry	Director of Integration	AB
Susan Simpson	Director of Corporate Governance & Trust Secretary	SS
In attendance:		
Tara Ferguson-Jones	Head of Communications	TFJ
Claire Santelli	Executive Assistant	CS
Apologies: None		

1.	Welcome	Action
1.1.	SB welcomed all Board members to the virtual meeting. She paid tribute to the staff of the Hospital, recognising their extraordinary effort in re-configuring the Hospital for the benefit of patients.	
1.2.	The agenda for the meeting had been streamlined to a minimum and SB reminded the Board that reporting would be only on exceptional items. The primary focus would be on the management of the COVID-19 pandemic, and particularly on delivering high quality acute care to patients and supporting the health and wellbeing of the Trust's staff.	

2.	Declaration of Interests	
2.1.	None to declare.	
3.	Minutes of the last meeting	
3.1.	The minutes of the meeting held on 29 th January 2020 were confirmed as a correct record, subject to correction of paragraph 15.4. RH asked that it be made clear that the suggestion for Rainbow badges came from staff at the Wolverton Centre as well as the Junior Doctors.	
3.2.	A log would be kept of actions that would not be progressed until after the COVID-19 incident had concluded.	
ITEMS FOR DISCUSSION		
4.	Chief Executive's Report	
4.1.	JF began by echoing the Chairman's tribute to staff who had been working calmly and professionally through the emerging situation. The team had remained focused on being an outstanding organisation and underlying performance remained strong. JF thanked local businesses and individuals for their support for staff health and wellbeing, providing much appreciated meals and fresh fruit and vegetables for distribution to staff. Financial donations had also been received and would be channelled according to suggestions being sought from staff.	
4.2.	Special thanks were extended to Jane Wilson on her retirement as Medical Director at the end of March 2020. Her offer to return to work on the Labour Ward over the coming months had been gratefully accepted and JF looked forward to offering more formal thanks once celebratory events could resume. JF welcomed Amira Girgis as Acting Medical Director.	
4.3.	Changes to the timetable for year end reporting and associated accounting policies were noted.	
4.4.	JF reported on discussions with neighbours in Wolverton Avenue about the sale of land to Advanced Living and their planning application lodged with Kingston Council. CW asked whether the timetable for decision on the planning application had changed. JF thought this was likely given that the application had been due for consideration in April.	
4.5.	It was noted that the merger of CCGs in SW London had been completed and the new SW London CCG had been created with effect from 1 st April 2020. JF emphasised that there would still be a borough focus for local place based work.	
4.6.	JF provided a verbal report on management of the COVID-19 incident so as to give the very latest position in a rapidly changing situation. Non-Executive Directors had been receiving a weekly written update for the past two weeks and this would continue for the foreseeable future.	
4.7.	JF outlined the escalation plan to increase capacity for COVID-19 patients on ITU and for surge and super surge capacity within the Trust. Colleagues across SW London were working well together to plan for capacity in the system.	
4.8.	It was noted that the proportion of staff currently absent from work for COVID-19 related illness or self-isolation was c.10%. This proportion was a steady state and was considered to be a good position compared with others. Staff testing for emergency department and critical care staff was now taking place, co-ordinated through Occupational Health, with co-ordination from SW London.	

4.9.	A staff mobilisation hub was now in place and operational, with staff being deployed to parts of the Trust where there is a demand as necessary. There was a national and a local scheme to encourage former NHS employees to return to work.	
4.10.	JF thanked TFJ for her support in putting in place a daily YouTube briefing for staff, which was supplemented with a daily written briefing email. This had provided an effective and quick way of responding to staff queries and the approach to communication overall had been very well received. Staff were providing suggestions for films, such as the safe use of masks and a tour of one of the new wards and the Communications team had been able to produce these quickly in response. Through these new ways of communicating the Trust had been able to deal with the issues and concerns raised by staff staff more effectively.	
4.11.	JF reported on some of the many initiatives introduced to provide support for staff, including: <ul style="list-style-type: none"> • extended hours and capacity in the staff nursery • extended hours in the canteen (to 6.00 pm) • mini market for staff to purchase essential items (based within the staff canteen) • identification of new staff rest areas • channelling support and donations received from the community • parking fees removed / parking for NHS staff in Richmond Park / free parking in Kingston Council car parks and in some residential areas for key workers • access to free accommodation for staff who are avoiding contact with family self-isolating at home or family in vulnerable groups 	
4.12.	JF referred to supplies of Personal Protective Equipment (PPE) for staff saying that the new SW London Procurement arrangements were working well and, following initial teething difficulties, the Trust had been receiving regular supplies. Revised procurement arrangements had been put in place to ensure that the Trust could respond to COVID-19 related requirements quickly whilst maintaining appropriate financial governance arrangements.	
4.13.	The Trust continued to follow guidance from Public Health England on PPE, which had at times meant daily updates as guidance was refined on a frequent basis. The daily communications with staff had been important in keeping everyone up to date with the latest advice.	
4.14.	It was confirmed that the Trust had sufficient ventilators and staff to provide surge capacity on 33 beds and was working with SW London colleagues on combined intensive care surge plans which are properly resourced with equipment and staff. JF praised community and adult social care partners for the quality of liaison with the Trust to move patients out of hospital as appropriate in order support surge capacity.	
4.15.	The majority of outpatients' appointments had now been cancelled but cancer services continued as normal at the present time.	
4.16.	JF thanked the Executive team for their calm and professional support and focus on patients and staff in the current situation. In order to maintain social distancing there were twice-daily Executive team calls to keep all team members connected. A weekly Executive Management Committee call maintained control of the Trust and there were cells in place for Gold Strategic Command and Silver Operational Leadership on a 24/7 basis.	

4.17.	RH thanked JF for his comprehensive report, noting that this was a time which was both physically and mentally challenging, and support for staff would be central to this. She thought the approach to staff communications was transparent and clear, and had the sense that this was improving daily. She asked whether JF was confident that management would know if individuals were not doing well. JF believed that the management team was very closely communicating with and connected to the organisation. Despite restrictions, leaders were very visible and taking every opportunity to check in with staff. Even those who were at home ill or self-isolating were being supported by line managers and overseen by Occupational Health. Feedback from daily communications and the videos gave a sense of how staff are feeling and allowed the management team to pick up and address concerns in real time. JF welcomed support offered by SW London & St George's Mental Health Trust for staff as an additional resource.	
4.18.	KC added that the resource in Occupational Health and the Health and Wellbeing team had been doubled in this period. All staff were receiving regular telephone calls from the team even if they were self-isolating or sick at home, and this was very much an individually focused service.	
4.19.	CW had found JF's report very clear and great assurance. She asked about bringing NHS returners back into the organisation and whether there was connection between those applying to the Centre to return and those contacting the Trust. KC confirmed there were two routes: an approach to the Trust locally, of which there had been c.20 contacts to date; and response to the national campaign co-ordinated by NHSI/E and managed at STP level. The STP was linked into the Trust's staff redeployment hub and a daily list was sent to the STP hub to ensure there was no duplication. An onboarding process had been agreed with the STP to recruit and induct centrally but to employ and train returners locally.	
4.20.	NC expressed his thanks to the team at Kingston for a GP colleague's treatment at the Hospital whilst suffering from COVID-19, and for returning him to health.	
5.	Integrated Quality and Performance Compliance Report	
5.1.	The report for February 2020 had been received and the Chair asked whether there were any questions on content. CW noted that the rate for Post Partum Haemorrhage was increasing. She had no doubt that patients were safe and was not worried per se, but wanted the Board to note that this was a Quality Priority for 2020/21 and would be picked up after the COVID-19 incident was over. There were no other questions or concerns to raise.	
6.	Finance Report	
6.1.	No questions were raised on the Finance Report. It was noted that the report indicated that the Trust was doing well with solid performance. YR confirmed that the financial position was still on track and that accounting for COVID costs as would be expected.	
ITEMS FOR DECISION		
7.	COVID-19 Business Continuity Governance	
7.1.	The Board had received a report making proposals to amend governance arrangements with effect from the date of this meeting. The primary focus of the Trust Board would be the organisation's response to Covid-19, including the safety of patients and the wellbeing of staff. Whilst effort would be made to continue certain aspects of 'business as usual' activity, Covid-19 response would	

	take priority.	
7.2.	Key items of business for the Board in the next three to six months would be: i. Response to the COVID-19 incident ii. Management of risk iii. Assurance on quality and safety iv. Assurance on staff health and wellbeing v. Assurance on financial sustainability vi. Planning for recovery vii. Items for approval which are vital for future business	
7.3.	Meetings of Trust Board Committees would be suspended for the time being and the Board would take on all required duties through a programme of conference calls and briefings, with the calls structured so as to cover essential information and assurance relevant to each of the Committees areas of work. The proposed programme would be reviewed regularly to ensure it continues to meet the Board's needs in line with any future guidance.	
7.4.	SS confirmed that meetings of the Equality & Diversity Committee and the Patient Experience Committee would also be suspended for the time being. Equality and diversity would be added as a responsibility for RH and any items of concern would be covered by the Board.	
7.5.	SS explained that how the Trust Board would continue to maintain public accountability during this period: a Members' newsletter was due to be published shortly; weekly written communications to the Council of Governors would continue; papers for Trust Board meetings would continue to be published on the website and the public given a route to pose questions before the meeting. Board discussion would be shared through evolving communication methods with the public.	
7.6.	The Board approved the amendments to governance arrangements proposed.	
ITEMS FOR INFORMATION		
8.	Forward plan/Log of items postponed	
8.1.	Content was noted.	
BOARD COMMITTEE REPORTS		
9.	Quality Assurance Committee	
9.1.	CW asked about collection of data relating to CNST. SBr believed that the CNST requirements were likely to be paused or changed and would update the Board formally for clarity.	SBr
9.2.	There were no further questions.	
10.	Finance & Investment Committee	
10.1.	JG reported verbally on the March FIC meeting which had been held as a conference call. The main focus had been on the month 11 position and the 2019/20 year end closure, with recognition that the system was working well assurance given, despite the complexities that the Trust is still sustainable and on track to hit target for the year end.	
10.2.	The updated Treasury Management Policy had been approved.	

10.3.	The Committee had focused on additional costs in relation to coronavirus and had gained assurance on steps taken to track costs to ensure adequate compensation.	
11.	Audit Committee	
11.1.	DR provided a verbal report on business carried out by the Committee on 17 th March 2020. The Committee had heard that risk assessments had been made of the COVID-19 related risks.	
11.2.	Guidance on statutory audit work had been received since the meeting and it remained to be seen how that work would be carried out.	
11.3.	Terms of reference had been approved without change. It had been agreed that fostering an improvement culture and values would be included in the work plan rather than in the ToR.	
12.	AOB	
12.1.	CW asked, given recent news stories about midwives being diverted, whether women were likely to continue to experience high quality maternity care. SBr explained that she was meeting with the Director of Midwifery daily and had no concerns about the level of care being provided. Home births had been suspended as London Ambulance Service was unable to support emergencies arising from home births at present. These women would come into the birth centre and returned home as soon as was practicable. Their own home birth midwife would look after them if at all possible.	