



REPORT TO THE TRUST BOARD (PRIVATE)

TITLE	Governance Arrangements During Covid-19 Response
AUTHOR	Taff Gidi, Company Secretary
EXECUTIVE SPONSOR	Caroline Walker, Chief Executive
DATE OF MEETING	31 March 2020
PRESENTED FOR	Consideration/Approval

PURPOSE OF THE REPORT

To provide the Board with options to consider on governance arrangements to be instituted during the Covid-19 response to reduce pressures on operational teams and release more capacity for the Executive and other senior leaders to focus on ensuring the Trust responds effectively.

EXECUTIVE SUMMARY

In light for the unprecedented response to the Covid-19 pandemic and the need to focus resources to ensure that we are responding effectively as a Trust, the Board is asked to approve a temporary change in our governance arrangements for an initial period of 12 weeks. The Board is also asked to review the options proposed and agree governance arrangements to be maintained during Covid-19 response. This will be reviewed at the end of June 2020.

Options were considered by the Executive Team on 26 March 2020. Guidance on governance from NHSI/E was then received on 28 March 2020 as attached. The paper has been revised in line with the guidance.

COMMITTEES/SUBGROUP WHERE THIS ITEM HAS BEEN CONSIDERED

N/A

RECOMMENDATIONS

1. To approve a temporary change in our governance arrangements for an initial period of 12 weeks from 1 April 2020.
2. To review the options proposed and agree governance arrangements to be maintained during Covid-19 response. The Executive recommendation is to adopt options 2 and 5.

STRATEGIC GOALS THIS REPORT SUPPORTS *(Check all that apply)*

Delivering outstanding care and experience	<input checked="" type="checkbox"/>
Recruiting developing and retaining our workforce	<input checked="" type="checkbox"/>
Improving and developing our services and infrastructure	<input checked="" type="checkbox"/>
Working together with local health and social care providers	<input checked="" type="checkbox"/>
Delivering financial sustainability	<input checked="" type="checkbox"/>

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
103088	The risk to patients and staff as a result of the COVID 19 pandemic in 2020

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	<i>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 – Good Governance</i>
NHS Constitution Delivery	<i>N/A</i>
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

Equality and Diversity Implications *(Check all that apply)*

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional comments</i>								

Response to the Covid-19 Pandemic

- 1.1 Current emergency planning guidance (Department of Health 2011, Cabinet Office 2013) requires acute and foundation Trusts to have in place effective business continuity plans to ensure that, wherever reasonably possible, essential services are provided even in exceptionally challenging circumstances.
- 1.2 In the event of an outbreak of an infectious disease affecting large numbers of the population, including Trust staff, the Trust will need to be able to increase bed capacity, maintain safe staffing levels and prevent spread of the infection within the Trust.
- 1.3 In line with our pandemic response plans and the Trust's EPRR Strategic Framework, we have now activated our business continuity processes to respond to the Covid-19 pandemic.
- 1.4 **Appendix A** is the command and control structure the Trust has put in place.
- 1.5 The Trust is also putting in place other operational governance arrangements e.g. establishment of a Covid-19 Ethics Committee.
- 1.6 The Trust continues to respond to COBRA, regional and local resilience command and control processes as well as other national guidance and adjust its response systems in line with the latest guidance.

2. Why We Are Changing Our Governance Arrangements

- 2.1 Monthly divisional performance meetings have been suspended to allow the divisional leaders and frontline teams to focus on the response. This decision has been taken to ensure that resources are focused on necessary clinical and operational matters to enable safe and sustainable service delivery.
- 2.2 Executive Directors will struggle with capacity to pull together reports for the Board and its committees; especially with the reduced support from their teams.
- 2.3 Most teams have had to release a number of their staff, including key senior managers, to focus on the Covid-19 response. This includes the Deputy Chief Operating Officer and the Deputy Director of Workforce and Organisational Development for example. This means teams are already working on reduced capacities.
- 2.4 We are altering the working patterns of our support teams, including shifting to remote working and rotating staff who are physically on our sites. This will impact on the level of administrative support available and therefore we have to direct their energy towards critical pieces of work in response to the pandemic.
- 2.5 We are also drawing on support teams to enhance our ability to support critical corporate functions like Communications further reducing the administrative support available.

- 2.6 Because of caring commitments, self-isolation and other reasons, we anticipate that a number of staff members across all teams in the Trust will not be available to work.

3. Options for Consideration

Board Meetings

- 3.1 **Option 1** – Suspend all Board meetings for 12 weeks. We will activate the urgent actions arrangements as described in section 5 below as required.
- 3.2 **Option 2** – Suspend all public Board meetings for 12 weeks. Streamlined private Board meetings to be held virtually (not face to face) with exception only reporting and agenda focussing on key priorities. To also suspend all board development sessions and workshops for the same period. This option is in line with NHSE/I Guidance.
- 3.3 **Option 3** – Reduce the frequency of all Board meetings for 12 weeks. We will activate the urgent actions arrangements as described in section 5 below as required.
- 3.4 **Option 4** – Continue with meetings as normal, with exception only reporting and agenda focussing on key priorities.

Board Sub-Committees

- 3.5 **Option 5** – Suspend all Committee meetings for 12 weeks with the exception of the Quality Assurance Committee (streamlined with exception only reporting and agenda focussing on key priorities.) We will activate the urgent actions arrangements as described in section 5 below as required. This option is in line with NHSE/I Guidance.
- 3.6 **Option 6** – Reduce the frequency of all Committee meetings for 12 weeks. We will activate the urgent actions arrangements as described in section 5 below as required.
- 3.7 **Option 7** – Streamlined committee meetings to be held with exception only reporting and agenda focussing on key priorities.
- 3.8 **Option 8** – Continue with meetings as normal, with exception only reporting and agenda focussing on key priorities.
- 3.9 **Option 9** – Regular update briefings between relevant executive lead and the relevant Board/committee chair.

4. Financial Governance Arrangements

- 4.1 On 17 March 2020 Sir Simon Stevens (NHS Chief Executive) and Amanda Pritchard (NHS Chief Operating Officer) wrote to all NHS organisations setting out how the national response would filter down to a local level. The letter sets out an expectation that whilst financial constraints must not be a barrier to immediate and necessary action, maintaining financial control and stewardship of public funds remains critical during the NHS response.

4.2 The Director of Finance will present a separate paper to the Board outlining proposed amendments to the Trust's financial governance arrangements in response to COVID-19 to support decision making in a dynamic environment whilst maintaining the Board's legal responsibilities with respect to maintenance of financial controls and stewardship of public funds.

5. Urgent Matters

5.1 Whilst some effort will be made to continue aspects of 'business as usual' reporting on key areas as outlined in option 2, all other matters for approval will be dealt with as follows:

- non-urgent matters will be deferred;
- circulated to relevant members via email for review and/or approval e.g. annual report;
- discussion between the Chief Executive or nominated Executive Director with the Board/Committee chair for Chair's Action; and
- Virtual Board/committee meeting via teleconference or Microsoft Teams.

5.2 The decision on whether an urgent meeting should be called will be taken jointly by the relevant chair and Executive Director; only in exceptional circumstances.

5.3 All decisions taken should be recorded and reported to the full Board or relevant committee at an appropriate time.

5.4 In these circumstances the quorum will be 1 Executive Director and 1 Non-Executive Director who should be the relevant chair or a nominated representative.

6. Recommendations

6.1 The Executive recommends that the following options be adopted:

- ✓ **Option 2** – Suspend all public Board meetings for 12 weeks. Streamlined private Board meetings to be held virtually (not face to face) with exception only reporting and agenda focussing on key priorities. To also suspend all board development sessions and workshops for the same period. This option is in line with NHSE/I Guidance.
- ✓ **Option 5** – Suspend all Committee meetings for 12 weeks with the exception of the Quality Assurance Committee (streamlined with exception only reporting and agenda focussing on key priorities.) We will activate the urgent actions arrangements as described in section 5 below as required. This option is in line with NHSE/I Guidance.

6.2 We will activate the urgent matters arrangements as described in section 5 above where necessary.

6.3 The primary focus of communication with the Board will be the organisation's response to Covid-19, including the safety of patients and the wellbeing of staff.

6.4 Where possible, subject to capacity of relevant teams, exception reports will be provided to the Board including on Serious Incidents and Complaints.

6.5 To ensure Non-Executive Directors are regularly informed, the Chairman will hold weekly virtual Non-Executive Director briefings and where possible the Chief Executive will join.

6.6 To ensure Governors are regular informed and assured, the Chairman will hold monthly Governor telephone conference calls.

Appendix A – Covid-19 Command and Control Structure

NW ANGLIA NHS FT COVID19 COMMAND AND CONTROL STRUCTURE



OPERATIONAL DELIVERY CELLS (Bronze)

Operational Delivery Cells

Stamford and Rutland hospital (DI); Emergency and Medicine; Surgery; FISS ; Comms; Workforce and welfare (DI) ; Estates and facilities (DI); Capacity and Flow; F&P, IT/IS (DI); IPAC; Nursing/AHP.

OUTPUTS

Outputs will vary dependant on focus of each delivery cell, however core requirements are:

- Deliver actions delegated from HCT
- Escalation issues to HCT
- Deliver reports and sitreps required by HCT
- Liaise with other Bronze cells as required to coordinate delegated actions
- Maintain local action log and decision logs

HOSPITAL CONTROL TEAM (Silver)

Chair: AEO

Deputy Chair: COO / MD / CN

Meetings: 10:00 – 11:00 (daily) DI = Dial in

ATTENDEES

Kanchan Rege	MD & Accountable Emergency Officer --- or---
Graham Wilde	Chief Operating Officer --- or---
Jo Bennis	Chief Nurse
Rotation	EPRR lead

Lead representative	Bronze delivery cells
	- Stamford and Rutland hospital (DI)
	- Emergency and Medicine
	- Surgery
	- FISS
	- Comms
	- Workforce and welfare
	- Estates and facilities (DI)
	- Capacity and Flow
	- F&P, IT/IS (DI)
	- IPAC
	- Nursing/AHP (DI)

TERMS OF REFERENCE

- Overview of daily operational issues escalated from Bronze
- All new guidance
- Discussing daily sitreps
- Directing operational work streams
- Managing communications internally and externally
- Allocation of resources (people and non people)
- Escalate strategic issues / decisions to strategic command

INPUTS

- Bronze meetings
- Capacity / patient sitrep
- New guidance / CAS alerts
- Ad hoc sitrep requests
- Datixs'

OUTPUTS

- High level updates for Strategic command (Gold)
- Recommendations for Trust wide communications i.e. Covid-19 briefing
- Maintain local action log and decision logs

STRATEGIC COMMAND TEAM (Gold)

Chair: AEO

Deputy: COO / CN / MD

Meetings: 12:00 – 12:30 (Daily)

ATTENDEES

Executive Directors plus:

Deputy Director Workforce	Denise McMurray
Deputy CNO	Rotation
Deputy COO	Stacie Coburn
Head of Comms	Mandy Ward
Estates and Facilities Director	Eric Fehily

TERMS OF REFERENCE

- To receive daily updates on key tactical activity
- To provide decision making for strategic issues escalated from HCT
- Approval of external communications / activity (as appropriate)

INPUTS

- High level updates from tactical inc. comms
- Overall daily sitrep
- New guidance / CAS alerts
- Datix themes / issues (as appropriate)

OUTPUTS

- Direction / decision back to HCT
- Strategic items for consideration by planning group
- Maintain local action log and decision logs

STRATEGIC PLANNING TEAM (Gold)

Chair: Caroline Walker (CEO)

Deputy Chair: Kanchan Rege (Dep CEO)

Meetings: Wednesday 15:00 – 16:00

ATTENDEES

Executive Directors

Plus:

Company Secretary

Estates & facilities Director

Deputy CN

Deputy COO

Deputy Director Workforce

Head of EPRR

Taff Gidi

Eric Fehily

Rotation

Stacie Coburn

Denise McMurray

Celia Kendrick

TERMS OF REFERENCE

- Consider and direct organisational priorities / resource to support delivery through majax into recovery phase planning

INPUTS

- Direction from Execs
- Regional / national guidance
- Sitreps

OUTPUTS

- Decisions to be communicated to Strategic command team / Hospital control team
- Maintain local action log and decision logs
- Updates to Trust Board

COVID 19 – Bronze operational delivery cells

Bronze delivery cell	Ops lead	Contact details
Stamford and Rutland	Caroline Wood	Caroline.wood21@nhs.net
Emergency and Medicine	Kay Ruggiero	Kay.ruggiero@nhs.net – COVID address TBC
Surgery	Kate Hopcraft	nwangliaft.surgery@nhs.net
FISS	Simon Pitts	simonpitts@nhs.net - COVID address TBC
Communications	Mandy Ward	nwangliaft.covid-19@nhs.net
Workforce and welfare	Denise McMurray	nwangliaft.workforcecovid-19@nhs.net
Estates and facilities	Eric Fehily	e.fehily@nhs.net
Capacity and Flow	Stacie Coburn	Stacie.coburn1@nhs.net
Finance, IT/IS	Joel Harrison	joelharrison@nhs.net
Procurement	Neil Hunter	neil.hunter@nhs.net
Infection Prevention Control	Nikki Jackman	nwangliaft.coronavirusqueries@nhs.net
Nursing / AHPs	Penny Snowden	Penny.snowden@nhs.net