



CATEGORY OF PAPER					
Specific action required:	✓	Provides Assurance:	✓	For Information:	

**Board of Directors 28.01.21**

<b>Report title:</b>	Board Governance During COVID-19 Q4 2020/21
<b>Purpose of report:</b>	To seek Board approval to adopt a lighter-touch approach to governance during the current period of escalation.
<b>Key issues:</b> <i>(key points of the paper, how this supports the achievement of the Trust's corporate objectives, overview of risk implications, main risk details on page 2)</i>	<p>This paper outlines a proposed approach to Board governance in respect of the Board and the committees / groups which provide it with assurance. The approach seeks to release capacity to support the response to the pandemic and our patients whilst maintaining an appropriate and strong level of governance over material items linked to the pandemic response.</p> <p>The approach primarily mirrors the organisation's response to the first wave of the pandemic and this paper is a refreshed version of the one the Board approved in March 2020.</p>
<b>Issue previously considered by:</b>	Chief Executive Chairman Executive Directors
<b>Recommended actions:</b>	The Board is requested to expressly endorse and approve the proposed approach to Board governance outlined within this paper and take assurance that the Trust will move back to normal governance arrangements when pressures ease.
<b>Sponsor / approving director:</b>	Helen Ray, Chief Executive
<b>Report author:</b>	Jennifer Boyle, Trust Secretary

**Governance and assurance**

<b>Link to Trust Priorities:</b> <i>(please tick)</i>	Improving Quality and Safety	NHS 111 and CAS	Clinical Care and Transport	Developing a Sustainable Workforce	Communication and Engagement	Organisational Sustainability
	✓	✓	✓	✓	✓	✓
<b>Link to CQC / KLOE:</b> <i>(please tick)</i>	Caring		Responsive	Effective	Well Led	Safe
	✓		✓	✓	✓	✓
<b>Link to Trust values:</b> <i>(please tick)</i>	Pride	Strive for excellence	Respect	Compassion	Take responsibility & be accountable	Make a difference – day in & day out
	✓	✓	✓	✓	✓	✓
<b><i>(Please explain how this paper supports the application of the Trust's values in practice)</i></b>	This approach to governance seeks to ensure that the Trust maintains strong governance and accountability whilst also enabling colleagues to support and help each other to maintain our services to patients, keeping them and each other as safe as possible.					

<b>Any relevant legal / statutory issues?</b> <i>(Such as relevant acts, regulations, national guidelines or constitutional issues to consider)</i>	Maintaining our Board, Board committees and EMG ultimately ensures that decisions can still be taken in line with the Constitution, Standing Orders and Standing Financial Instructions.			
<b>Equality analysis completed</b> <b>If this is not relevant please explain why:</b>	<b>Yes</b>	<b>No</b>	<b>Not Relevant</b>	
	This is a review of meetings rather than a major service change.			
<b>Key considerations</b>	<b>Details</b>			
<b>Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:</b>	There is a COVID risk register which appropriately details risks relating to the pandemic. This approach helps the Trust to focus resource on responding to these risks.			
<b>Please specify any Financial Implications</b>  <b>Please explain whether there are any associated efficiency savings or increased productivity opportunities?</b>	None directly			
<b>Are any additional resources required e.g. staff capacity?</b>	This approach aims to free up capacity to support front line services.			
<b>Is there any current or expected impact on patient outcomes/experience/quality?</b>	As above – the aim of adopting this approach is to ensure a strong focus on our patient-facing services and safeguard both patients and staff.			
<b>Specify whether appropriate clinical and/or stakeholder engagement has been undertaken:</b> <i>(stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)</i>	Not applicable here			
<b>Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)?</b>  <i>(Please tick – if 'yes' then please complete all boxes. Please briefly specify the key points for communication and ensure the Comms team are informed via <a href="mailto:publicrelations@neas.nhs.uk">mailto:publicrelations@neas.nhs.uk</a>)</i>	<b>Yes</b>	<b>No</b>	<b>Positive</b>	<b>Negative</b>
	✓			
	<b>Proactive</b>	<b>Reactive</b>	<b>Internal</b>	<b>External</b>
This paper will be published on the Trust website once approved by the Board. This will provide a good level of public transparency regarding our approach during this period.				

**Board Governance During COVID-19 Q4 2020/21**  
**Original paper: Thursday 26<sup>th</sup> March 2020**  
**Revised for the Board Meeting Held on Thursday 28<sup>th</sup> January 2021**

- 1.1. This paper was originally presented to the Board of Directors in March 2020 to outline the approach to Board governance during the first wave of the pandemic.
- 1.2. As operational pressures began to ease in summer 2020 the Trust began to move back towards a more normal approach to Board governance, coinciding with the launch of the Trust's new governance and committee structures. The new governance structure formally went live in September 2020 and Board committees and sub-groups began to operate in line with their typical cycles of business.
- 1.3. As the Trust (and indeed the whole health economy regionally and nationally) is now experiencing significant pressures and is in a period of escalation, this paper has been updated to reflect a revised approach to governance.
- 1.4. In most respects this mirrors the approach taken during wave one, but it is nevertheless important to ensure that Board Members support and approve of the planned approach.
- 1.5. This briefing sets out the proposed operating model for Board governance during the current wave of the pandemic, following approval in principle by the Chair and Chief Executive.
- 1.6. During this unprecedented time the organisation has moved back into a command and control model of operation, with a supporting governance structure in place to enable dynamic, timely and risk-based decision-making.
- 1.7. Support services staff are in the process of being redeployed to assist in the delivery of front-line services. The focus of the Trust, its Board Members and staff is on safeguarding our patient-facing services and mitigating risks to both patient and staff safety and welfare.
- 1.8. Whilst a daily meeting structure is a critical requirement during this period, it is also recognised that the Board and its committees remain a very important part of our overall governance.
- 1.9. It is important for the Board to continue to meet on a monthly basis but there is a need to ensure that the agenda is focussed on business critical items. Examples of business critical items include:
  - COVID-19 – key actions, strategic decisions, risks and performance;
  - Integrated Quality and Performance Report – to enable the Board to review and seek assurance over performance more broadly (not just those metrics directly relating to COVID-19);
  - Quality dashboard for those months where the Quality Committee has not met – to provide assurance over patient safety and the quality of care. Where the Quality Committee has met during the month assurance can be taken via the Quality Committee reporting into Board;

- Finance report – to provide oversight of financial spend, funding agreements and sustainability during the response to COVID-19; and
  - Risk reporting – to provide assurance over the management of material risks to the Trust, its staff and patients.
- 1.10. Other items may be shared with the Board on a 'for information and assurance only' basis. This means that the Board can continue to receive some regular items without the need to spend time debating and discussing them – they will be discussed on a 'by exception basis' only. One example might include Freedom to Speak Up reporting (which can be a key indicator from a staff wellbeing and patient safety perspective, both of which are important during times of pressure).
  - 1.11. The Board will continue to meet in private on a monthly basis and in public on a bi-monthly basis. Consideration may need to be given to reducing Board representation at future meetings to enable Executive Directors to focus on the immediate management of the COVID-19 response, should the pressure on the service escalate.
  - 1.12. In line with government requirements regarding social distancing and public events the public Board meetings will continue to be held behind closed doors. Invitations to observe the meeting will continue to be extended to Governors. In order to maintain transparency the papers will still be published on the website, alongside a video recording of the public element of the meeting.
  - 1.13. Board meetings will continue to be held by virtual media in order to ensure appropriate social distancing and reduce the risk of multiple Board Members becoming infected at once through close contact. This is critical from a business continuity perspective.
  - 1.14. Board committees will continue to meet as planned in order to support the Board in tracking key decisions. Meetings will be held by virtual media. Similar to the Board, agendas will reflect those items material to our current COVID-19 response and immediate operations (focusing on quality, safety, risk, performance and finance).
  - 1.15. The Executive Management Group (EMG), chaired by the Chief Executive, will continue to meet every fortnight, although agendas may be reduced to focus on issues material to the pandemic response.
  - 1.16. Sub-groups that dually report into EMG and Board committees will be stood down unless there remains a business critical need for them to meet for a specific item / decision. This will be at the discretion of the chairs of these groups, i.e. the Executive Directors.
  - 1.17. Council of Governors' meetings will continue to be held virtually, although Executive Director attendance may reduce to free up capacity to focus on the pandemic response. Governors will be asked to kindly submit their questions in advance where possible to ensure that full responses can be provided in the meetings should attendance of Board colleagues need to be reduced.
  - 1.18. Governor committee meetings are planned to recommence in April 2021 under their revised membership.

1.19. It is noted that the Board and Council’s work on the development of the strategy is planned to continue during this time. This includes Board development events which are already secured in the diaries. It is critically important to develop a clear strategic direction for the Trust, including capturing the learnings and good practice identified during COVID.

1.20. The position can be summarised as shown below:

<b>Meetings to be continued with focussed agendas</b>	<b>Meetings to be stood down until pressures ease</b>
Board of Directors – public and private	Sub-groups reporting to EMG / Board committees (unless they are reinstated for a specific purpose by the Chairs) and those groups which support the work of the sub-groups
Board committees	Governor committees
Executive Management Group	
Council of Governors	
Meetings linked to the strategy development	

1.21. The Board is requested to expressly endorse and approve this approach to Board governance during this wave of the COVID pandemic. Normal governance processes will resume when operational pressures reduce and capacity to deliver ‘business as usual’ returns.

Jennifer Boyle  
Trust Secretary  
28 January 2021