

## Trust Board – 21 December 2021

### Strengthening of interim arrangements for the Trust governance structure in response to the second wave of COVID-19

#### Purpose of the report

In March 2020, we proposed interim arrangements for the Trust governance structure in response to the first wave of COVID-19. In light of the Omicron variant and move back into level 4 status nationally these arrangements have been reviewed in December 2021 as set out below.

The purpose of this paper is to propose the strengthening of interim arrangements for key meetings and forums within the Trust governance structure in response to the new variant of COVID-19 and the level 4 status.

#### Analysis of the issue

The COVID-19 situation continues to place significant requirements on the NHS - responding to patients who have acquired COVID-19, vaccinating people against COVID-19 and flu, and supporting those whose access to services may have been different as a result of COVID-19. In addition, the increase on demand across the whole of the Leicester, Leicestershire and Rutland health and care system due to COVID-19 has impacted on the resilience of all services. The new variant places further pressure on the Trust to ensure that it can continue to focus efforts where they are most needed. There is recognition that this will impact on the Trusts assurance framework and a proposal is detailed below to establish which elements of this need to remain in place, and which can be paused in the interim.

#### Proposal

In March 2020, Trust meetings were categorised to determine an appropriate governance approach for the interim period during the first wave. In December 2021, we are proposing that this categorisation of meetings continues to apply. There may need to be further steps taken in 2022 as more information becomes available about the new variant. The arrangements set out below will take effect immediately following the agreement of this paper.

##### Categorisation of meetings

1. Critical. The Trust Board and the Level 1 Board Committees will continue to meet. This arrangement will be kept under regular review (the next review will take place in February 2022).

The focus of these meetings will be on essential business only, framed by the six priority areas detailed below, with a particular emphasis on strategic issues relating to COVID-19, surge and escalation management. These meetings will also transact

any necessary statutory duties and consider any significant strategic risks which are wider than dealing with the pandemic.

The Strategic Executive Board and Operational Executive Board may converge to meet as the Combined Executive Board at the discretion of the meeting chairs.

2. High. All meetings at Level 2 will be suspended by default. However, an assessment will be undertaken with the Chairs of these Committees to understand any risk and on-going business need in order to identify those meetings which may need to continue. For instance it is recommended that the Health and Safety Committee and Staff Side continue to meet.

If Level 2 Committees Chairs identify urgent issues which require a meeting to be convened on an exceptional basis, this will be agreed in conjunction with Corporate Governance and the Deputy Chief Executive.

3. Partial/low. All Level 3 meetings will be suspended by default. If any essential business emerges under the six key areas in relation to their work plan, this should be escalated by the Chair to the Level 2 Chair of their parent Committee to be dealt with or to the Executive Team.

#### Focus of Governance Meetings

The focus of critical meetings which will continue will centre around six key areas:

- COVID-19
- Quality and Safety
- The Health and Wellbeing of staff
- Risk
- Finance and impact on performance
- Statutory requirements

It is proposed that to ensure meetings stay focused and limit the call on people's time and where possible last no longer than two hours. Verbal updates will be provided unless papers are required for specific items and any such papers should be 'taken as read' as a matter of course whilst these arrangements remain in force.

#### **General requirements and review**

Where possible all meetings should be undertaken virtually by Microsoft Teams.

Quoracy should continue to apply for all meetings including virtual meetings.

These arrangements will be kept under constant review by the Chief Executive and the Director of Governance and Risk. Arrangements will be subject to change if required by developments in the overall COVID-19 situation. Revisions to current arrangements should be collectively reviewed by the Strategic Executive Board at its meeting in February 2022 or sooner if circumstances should change.

#### Organisational Risk Register

Monthly review of the ORR will continue and will focus on the impact of COVID-19 and/or winter pressures on controls and assurances. Any key updates will be summarised in a covering report for the Trust Board.

## Incident Coordination Centre (ICC)

The Trust Board is ultimately responsible for the effective and efficient management of the Trust and ensuring it adheres to the principles of Good Governance.

The Trust is currently working in the context of the COVID-19 pandemic.

In this context the Trust has identified that its strategic objective is “Preservation of life”.

The ICC oversees the overall response to the COVID-19 pandemic, Recovery, flu and winter within the Trust, including for example staff deployment, clinical issues, safety and finance.

The Clinical Reference Group (CRG) is responsible for making any clinical and safety decisions during a level 4 incident. This group meets weekly, or more frequently as required. Decisions required or items for clinical oversight are sent to this group from the ICC and outcomes are shared via the ICC to SEB and the Strategic Gold Coordination Group as required.

A Strategic Gold Co-ordination Group (SGCG) meets weekly (or more frequently if required) between NHFT and LPT to consider strategic issues or items of escalation. Decisions made at strategic gold level will be under the authority of the Chief Executive, will be recorded in a SGCG action and decision log as well as recorded on the ICC decision log. The SGCG members are the CEO and DCEO of LPT/NHFT and COO of NHFT. The SGCG also reports through the Trust Board via the Operational Executive Board and Strategic Executive Board. Any such decisions made at the SGCG meetings will be communicated to the Trusts’ Operational Executive Board along with decisions made by the ICC.

Actions from the SGCG will be managed via the ICC if appropriate and subsequently onto CRG.

The COO/DCEOs will represent NHFT/LPT in the system operational meetings concerning COVID-19 (e.g. Local Operations Centre - Co-ordination Meeting) and the CEO will attend the Strategic Co-ordination Group (SCG) on a weekly basis.

The three pillars which support the management and governance of the ICC:

- **ICC action log**
- **ICC risk register**
- **ICC decision log**

### Three pillar principles

Issues and questions which arise through the day are reviewed by the ICC Director and allocated to the relevant function within ICC for appropriate action. If an item is placed on the action log this is agreed by the DoD with timescales and allocation determined. The action log is monitored daily through the ICC.

The ICC uses conference calls and/or Microsoft teams to engage with the wider team with all key disciplines across the Trust represented virtually.

The **Director of Day** is responsible for making decisions as issues are raised whilst being supported by the ICC Clinical Director of the Day. The Director of the Day also should inform the DCEO if there are any emerging risks which should be included on the risk register. The risk register is maintained by the DCEO.

The DCEO identifies elements for communication to the Trust Board and includes in the weekly flash report circulated by the Corporate Governance team for communication to the board on a weekly basis.

A key restriction on decision making is that any policy decision within a specialist corporate area needs to have the agreement of the Director accountable for the particular discipline e.g. Finance.

All decisions will be registered on the decision log which is reviewed by the DCEO weekly. The decision log will be overseen by the Executive and Director team through the Strategic and Operational Executive Board meetings.

#### Strategic Executive Board and Operational Executive Board

The Strategic and Operational Executive Boards will review the decision log and the ICC risk register sent to them by the DCEO at 5pm on the Wednesday prior to the Friday Executive Board.

The DCEO will present both the risk register and decision log and confirm that all decisions are supported or facilitate any discussion around concerns that are raised, enabling a conclusion to be agreed.

The DCEO will agree with the Executive team if any items need to be communicated to the Trust Board following the review of the decision log and risk register.

Decisions made as a result of direction from the SGCG will be confirmed by the Trusts' Operational Executive Board.

#### Trust Board

The Trust Board will receive assurance on the ICC from the Chief Executive through their regular report to the Board. In addition, the decision and risk log are reviewed by the Quality Assurance Committee.

Certain issues will need to be escalated from the ICC to the Trust board for a decision these include as examples:

- **CQC must dos which may not be completed**
- **Anything which may present a significant clinical risk**
- **Financial decision which exceed SFI limits and need Board approval**
- **Significant changes to the Trust's strategy**

The DCEO will escalate these through the executive team or direct to Board through the corporate governance team if required.

The Trust Board supported by the corporate governance team will expedite decisions to support the overall response to the COVID-19 pandemic.

#### Strategic Gold Coordination Group

The COVID-19 pandemic continues to be complex and fast moving. It is, therefore, appropriate to ensure there is an Accountable Officer/Senior Executive monitoring and support framework in place. This function will be fulfilled by the Strategic Gold Coordination Group.

The Strategic Gold Coordination Group does not affect the decision making and governance process, described above, which remains in situ. The Strategic Gold Coordination Group is a forum for guidance and direction on key decisions. It serves to support the governance mechanism as required.

#### Function of the Strategic Gold Coordination Group:

- To respond to escalated issues/queries from ICC
- To consider strategic items that do not require immediate/daily incident gold responses that are needed to manage the COVID-19 incident
- To oversee the restoration and recovery of NHFT/LPT
- To share intelligence and information from regional/national updates that could impact upon services and subsequently patient safety
- To consider issues that arise and wider context and to determine issues which may require executive board discussions
- To consider, and input into, board assurance managed by the COO at NHFT and DCEO at LPT as required for the Trust Board flash reports

The ICC may require guidance on key decisions and can escalate to the Strategic Gold Coordination Group for advice.

Certain issues may require decisions, and these will be made by the CEO in her role as accountable officer and recorded in line with the process describe above ICC escalation criteria:

- Items that do not need daily/immediate responses in incident Gold but do require strategic decisions for management of the COVID-19 incident – examples could include individual staff risk assessments/CQC considerations /regional requests/ reputational elements
- Items within the COVID-19 incident that would benefit from Group considerations
- Issues which need to be referred to the CEO for a decision for example, issues that raise the risk level in the Trust and cannot be mitigated

#### Decision required

- To approve the proposed revised arrangements until rescinded, with a review in February 2022. This proposal will be reported as appropriate to the next available Trust Board and the Audit Committee.
- To acknowledge the impact on assurance as a result of a streamlined management and governance framework and meetings structure during this period.

## Governance table

<b>For Board and Board Committees:</b>	LPT Trust Board 21 December 2021	
<b>Paper sponsored by:</b>	Chris Oakes, Director of Governance and Risk	
<b>Paper authored by:</b>	Chris Oakes, Director of Governance and Risk Richard Smith, Head of Corporate Governance NHFT Kate Dyer, Deputy Director of Governance and Risk LPT	
<b>Date submitted:</b>	17 December 2021	
<b>State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):</b>	None	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	LPT Operational Executive Board 17 December 2021 Approved (assurance rating n/a)	
<b>State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning</b>	One off	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	Yes
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	None
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Confirmed	
<b>Equality considerations:</b>	None	