COVID-19
23 April 2020

Good Governance
in times of
crisis
2020

Safeguarding wellbeing of NHS frontline staff

When it comes to its staff, the NHS has always talked a good game. However, this rhetoric has not always been matched by its actions.

As important questions are asked about the government's response to the pandemic, and frontline staff continue to be exposed to unprecedented risks and stress, it has never been more important for the NHS to prioritise its workforce.

We know that there remain huge challenges on the horizon and NHS boards will need to play significant roles in steering recovery efforts.

Not the time to postpone people committees

Despite all this, NHSE/I has issued guidance that appears to advise trusts to streamline and, where possible, postpone all non-essential committees, including people committees for those trusts that have them. It seems inevitable that this will send a negative message to staff about how valued they are. It may also lead to questions being asked about how robustly workforce issues are being escalated and addressed during the pandemic.

NHS boards will be mindful of this and those trusts we have spoken to are responding to the guidance in a variety of ways. These include:

- suspending all non-essential committees and, in extreme instances, trust board and quality committee meetings,
- streamlining all non-essential committee meetings, reducing agendas to the bare essentials and conducting them virtually,
- establishing new assurance committees consolidating the range of assurance functions previously assigned to non-essential committees (such as finance and people).

A key issue, and one that we have explored in previous bulletins, is the need for governance systems and processes to support, rather than hinder, executive teams.

NEDs will need to strike an appropriate balance between supporting and challenging their executive colleagues. One practical step many NHS organisations are taking is to introduce weekly or bi-weekly meetings between the CEO, chair and NEDs, through which NEDs can be kept abreast of key developments and have an opportunity to offer support and advice to NHS colleagues as well as probing for the necessary assurance.

What people issues should NEDs be particularly mindful of?

In our conversations with boards about the specific issues that NEDs should be focusing on, three broad themes emerged.

1. **The people issues that relate to COVID-19 and demand immediate attention, including:**

   a. **PPE**

   Shortages of PPE have been well documented, with many NHS staff publicly voicing their concern and dissatisfaction.

   i. Is there enough PPE and testing for our staff? If not, what steps are we taking to remedy this or mitigate risk?
   ii. What are our current infection rates among staff?
   iii. How are guidelines being followed?
   iv. What education (including resilience training) do our staff require in order to effectively utilise PPE and deliver safe care?
   v. How are we listening and responding to staff concerns?

   > "It has never been more important for the NHS to prioritise its workforce"

   b. **Safe staffing**

   Safe staffing guidance has been revised in response to COVID-19. This may have implications for the quality of care being delivered.

   i. What do safe staffing levels mean for our organisation and how are these being put into to effect?
   ii. What does this mean in terms of our agency position?
   iii. How are staff who have been redeployed or are returning to the service being supported to do so?
   iv. What additional measures can we take to mitigate risk?

   c. **Sickness and wellbeing**

   Frontline staff are being exposed to increased risks.

   i. What steps have we already put in place to support the health and wellbeing of our staff (e.g. hotels, free meals, counselling etc.)?
   ii. Are these initiatives being utilised and, if not, how can we best promote them?
   iii. What additional support is being considered?
   iv. Are we effectively monitoring staff morale and anxiety?
   v. How are we responding to sick leave across our staffing groups?
   vi. How are our staff being supported to work from home?
   vii. Are our executives taking time off and how are they being deputised?

2. **Non-COVID-19 issues that are ongoing and require fairly urgent, though not immediate, attention, including:**

   a. **Agency spend**

   While guidance on agency use has been updated to reflect the extraordinary current circumstances, NHS boards have been advised that their financial duties remain in place.

   i. What guidance is coming from the centre with regard to agency spend?
   ii. How is the trust responding to this?

   b. **Recruitment and retention**

   COVID-19 will have ramifications for staff recruitment and retention. These need not be negative if organisations are able to respond positively and effectively.

   i. What is the experience of student medical staff, returning staff, and existing staff during this period?
   ii. How are we supporting each cohort and ensuring that they have a positive experience?

iii. What steps are we taking to retain and recruit staff from each cohort?
iv. How are we planning for the future?

3. **Those issues that will become pressing within the next six months, including:**

   a. **Long-term workforce mental health and wellbeing**

   As a consequence of a range of factors associated with COVID-19, the NHS is likely to see heightened levels of mental health problems and stress-related sick leave. Some organisations are already beginning to think about the following key questions:

   i. What is our long-term support offer to staff?
   ii. How are we promoting health and wellbeing during the crisis and beyond?
   iii. How are we monitoring the effectiveness of any initiatives?
   iv. What steps can we take to mitigate and manage heightened sickness absences?

   b. **Diversity and inclusion**

   Emerging evidence indicates that BAME people may be more susceptible to COVID-19. If this is the case, boards will want to be sure that any decisions taken during this period are made on the basis of the best available evidence and do not expose any staff to undue risk.

   i. In the face or emerging evidence, what steps are we taking to mitigate risks to all staff groups?
   ii. How are we ensuring that a range of voices are heard within our decision-making processes and that there is appropriate representation within our governance systems?

   c. **Exiting the crisis**

   It is vitally important that NHS organisations begin to think about the recovery period. This will include steps to embed best practice and share lessons learned internally and externally.

   i. How can we manage staff through this period?
   ii. What changes have we put in place that we want to retain? Where might we want to revert?
   iii. How are we capturing the learning and sharing best practice?

   d. **Reward**

   COVID-19 has potentially shifted the dial in the conversation about how NHS staff should be rewarded for their work.

   i. How are we celebrating the success of our staff?
   ii. Do we need to reconsider staff remuneration?

Next steps

GGI has been thinking about these issues and how it can help boards discharge their duties during this crisis. We have already produced a range of practical tools and resources to support boards, and our daily bulletins are designed to help leadership teams stay on top of the governance issues that matter most. These are freely available on our website.

We will shortly be publishing fuller guidance on the role and functioning of people committees. If you would like to speak to us about this – whether to discuss the issues raised in this bulletin or the content and format of the guidance – we would love to hear from you. Please call us on 07732 681120 or email **advice@good-governance.org.uk**. We will aim to respond within 24 hours.