

19 January 2021

## Rapid governance review for trusts in a time of national emergency

Professor Chris Whitty, the Chief Medical Officer said recently: "The NHS in some parts of the country is currently facing the most dangerous situation anyone can remember. If the virus continues on its current trajectory many hospitals will be in real difficulties, and very soon.

"There will be avoidable deaths. NHS staff are doing their absolute best, and working remarkably; we all owe them a huge debt of gratitude, but even they have limits." Clinicians and managers are making decisions in circumstances they have never previously encountered and for which they are not all fully prepared. NHS trusts are running at full capacity, staff are fully stretched and increasingly demoralised, and waiting times for planned care risk returning to heights not seen for a generation or more.

The distressing shortages of PPE that characterised the first wave may have been resolved but staff are tired and many - as many as one in ten nurses in some regions - are succumbing to COVID-19.

### Good governance has never been more important

In these worrying circumstances, and with even worse still to come, getting the governance of the pandemic incident response right is more important than ever. The board's accountability for delivering safe care is not suspended for the duration of the pandemic and experience tells us that demonstrating that the pandemic response was well governed will be critically important to boards and their stakeholders.

It will be crucial to be able to demonstrate that the trust was well governed throughout the crisis and that it took the best decisions it could in the right way. And that the board wasn't just kept informed but was appropriately assured on the trust's response and remained the 'controlling mind' of the organisation. That it did its job well, in other words.

And although it is perhaps an uncomfortable truth, it is likely that the regulators will, in due course, take a particular interest in how and why decisions were taken and their impact on the safety and quality of patient care. They may also look critically at what the board knew when, how it responded and how it was assured. Our experience suggests that having a good governance mindset throughout the pandemic and being prepared for 'when the inspector calls' will serve trusts and boards well.



## Rapid review offer

Throughout the pandemic GGI has played its part including by making our advisory service free. A new way that we are supporting NHS trusts during the second wave is by offering a **rapid review of the governance of trusts' incident responses**.

The purpose of the rapid review is to enable leaders to identify ways in which the governance of their incident response can be improved so that boards receive the assurance they need, without adding to the bureaucratic and administrative burden.

## Review focus areas

The particular focus areas for the rapid review include demonstrating that the board is assured, appropriately and proportionately, on the following:

**Safety and quality.** The board remains accountable for assuring that patients are receiving safe services, so understanding the operational position and its consequences for patients is critical. How this is done, the quality of the assurances received, the board's consideration of them and its response will be the bedrock of demonstrating good governance and an alert, attentive and risk-focused board.

**Staff wellbeing.** The principal asset of the NHS is its staff. Assurance that the trust has the right staff in the right places, trained and equipped to care for patients safely and that they in turn are cared for – and feel cared for – is a large part of what board leadership is about. Good boards know this and are relentless in their focus on people and wellbeing agenda.

**Communications and stakeholder involvement.** Everyone has a stake in the NHS and everyone has a view about how it should be run. Getting communications and involvement right is always difficult and important, but this applies even more now and over the months ahead as complex and controversial decisions about services and patients will have to be made and implemented. A board that is attentive to communications and actively listening and responding to patients is more likely to take good decisions that will command support.

**Finance.** It might seem out of place to talk about money when the country is suffering as it is and the NHS is at full stretch. But we are not naïve; we know that there will be a day of reckoning. Each trust will need to demonstrate that the additional expenditure it made was related to the pandemic and that all reasonable steps were taken to minimise costs. The financial regime for 2021/22 isn't entirely clear yet, but what is clear is that good boards will be on top of the pandemic's financial impact. Money must never be allowed to get in the way of caring for patients, but neither should good financial judgement and stewardship be abandoned. Boards must be prepared for the challenge of evidencing that this was and is the case.

## Illuminations

- The accountability of boards for assuring safety and quality, staff wellbeing, communications and stakeholder involvement and prudent financial management is more, not less, important in the pandemic.
- It is in the best interests of patients that each board assures itself that its trust's incident response is as good as it possibly can be.
- Being prepared for that inevitable time when the 'inspector calls' is both wise and necessary.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email [advice@good-governance.org.uk](mailto:advice@good-governance.org.uk)