

Appendix 1

Impact of coronavirus: a staff governor and sickle cell and thalassaemia genetic counsellor's thoughts

The Coronavirus (COVID-19) pandemic has created upheaval and turned everyone's life upside down. In these challenging, frightening and unprecedented times trust staff had to be agile and navigate through this unfamiliar environment, working in different ways to keep each other safe.

In my trust, training was delivered to expand skills across the organisation and increase the flexibility of staff across multiple areas. Some staff embraced the experience of working in different areas; others were unsettled, fearful of change and of contracting the virus. This challenging period was aided by acts of kindness e.g. donations of meals, snacks, drinks, comfort packs and pamper gifts generously given to staff across the trust.

Across the country there was an unprecedented surge in the numbers of patients to the intensive care unit (ICU) and dedicated COVID-19 wards. Sadly, many people lost their lives after contracting the virus. This death-rate might have been higher had it not been for the extraordinary efforts of our colleagues on the wards who have done a fantastic job and supported each other in the process. This experience may of course have taken its toll on their mental health and wellbeing. Fortunately, helpful guidance and support was made available during this time and beyond. It was also good to see a focus on staff wellbeing in the new NHS People Plan.

Having an ICU background, I felt a duty of care to respond to the demand and undertake the one day critical care training after a 16-year break from critical care. Understandably, friends and family were concerned about the prospect of me being deployed to ICU and the risk of contracting, transmission and exposure to the virus. These fears were heightened by the disproportionate numbers of BAME health workers contracting and dying from the virus across the country.

In light of this emerging evidence, local and national BAME staff engagement forums were established to examine the factors for such disparities. My Trust also held meetings to bring staff together to share their experiences and concerns and to explore any additional support BAME staff may require. The chief executive and key representatives joined the follow-up meeting so that everything possible could be done to ease concerns; this resulted in a risk assessment being introduced.

As a sickle cell and thalassaemia counsellor, a significant part of my role involves face-to-face interaction, as well as meeting a patient's complex needs. COVID-19 required the team to swiftly relocate from the community setting to the hospital. The team resilience and adaptability skills were put to the test when they were confronted with two further, necessary moves. Despite the challenging circumstances and severe disruption there was a sense of cohesiveness.

On a personal note, COVID -19 had an impact on my daily life and work routine e.g. loss of control in my role, inability to plan and uncertainty as to what lies ahead in this fast-evolving environment. There was a loss of face-to-face interaction with my patients and colleagues across the Trust. However, the team maintained regular contact with patients via phone consultations to assess their health and wellbeing.

The Trust took the difficult decision to suspend all visiting to the hospital except in a few exceptional circumstances, which was extremely difficult for families. Again, colleagues rose to the challenge and one deployed research nurse, carrying out end-of-life care commented that she found her new role 'fulfilling' that she was able 'to do a worthwhile job and put her palliative care background into practice'. Visiting restrictions were particularly distressing for religious communities' whose tradition consist of families and communities collectively caring for those during their final days. The hospital chaplains were under severe pressure as they fulfilled some of the roles that family members would normally carry out.

A relatives' app and telephone line were introduced to help families stay in touch and receive immediate updates on their loved one's condition and to exchange messages and maintain communication. The ICU team also launched an appeal for crocheted, knitted or sewn hearts that could remain with patients.

As a genetic counsellor, staff governor and staff advocate, I was able to listen to both patients' and staffs' concerns and feedback key points. Collaborating with other trusts and agencies enabled me to be kept updated of initiatives, support available for BAME and share that knowledge with the chief executive and Council of Governors.

It seemed right that governors take a back seat and allow the executives to respond to the crisis, with the non-executive directors working with them and holding them to account.

An extraordinary Council of Governors' meeting was held instead of the usual meeting and the chief executive attended and briefed all governors on the operational progress and the trust's response to the pandemic. This created an opportunity for governors to ask questions directly and raise any concerns with the chief executive. The daily briefings arranged for governors have been beneficial to make sure colleagues are sighted on levels of activity and impact of COVID-19. Other key communications continue to be shared with governors as a matter of course, so they continue to remain in touch with all developments at our Trust. Governors have access to staff newsletters and the daily global emails to staff which include links to the chief executive's podcasts and videos.

Quarterly written chairperson bulletins have continued. Communications have also been shared on a regular basis with members via email providing links to key press releases and our recent membership e-bulletins.

No Council of Governors meetings were cancelled, and meetings such as the remuneration and nominations committee, informal meetings with the chair, non-executive directors meetings were conducted as scheduled. Although initial virtual meetings were challenging in terms of the getting the digital infrastructure right, learning new digital skills has been transformative and many appreciate the benefits. Overall governors have adapted well to the technology and have remained well briefed.

In terms of trust business, the biggest difference has been a lack of physical presence on site from chairperson, governors and NED colleagues. The guidance has been clear, that without good reason, NED colleagues should not be posing any further infection risk by physical presence at the hospital. An ongoing challenge will be the proper arrangement of public access to our governor meetings which is currently being thought through.

It was not just myself and my team that have faced challenges e.g. with virtual consultations patients are required to have access to a PC or have a smart phone. This works for some but not all patients, especially those who are not 'tech savvy'. Fellow governors reported similar feelings around digital issues, lack of face-to-face contact with colleagues and the inability to see the hospital in action.

However, they did feel well informed by the trust. Governors highlighted the advantages of virtual governor meetings. It is an advantage not having to travel which saves me in the region of 1.5 hours per meeting. I think generally we tend to be better prepared and focussed in meetings so they are productive. On the other hand, it can be taxing concentrating on a screen for a lengthy time, one governor described being on the screen for up to 6 hours.

Another staff governor shared: 'From a trust perspective, I find it humbling how everyone has pulled together and more evidence of the 'We Are One Team' philosophy here in Bradford and how colleagues have gone that extra mile and are still doing. The chair and the governors have been extremely supportive of the trust and the letter and thanks from the governors did boost morale. There are many positives to take out of the negativity of the crisis e.g. a strong clinical focus and new innovations.

In light of the additional pressures arising from COVID-19, this unprecedented situation has created opportunities as well as challenges and has certainly been a true test of resilience. Moreover this rapid shift has opened our eyes to the possibilities that may previously have been considered not possible. This experience has been transformative and accelerated us to examine the way how we work, to be creative, innovative, and adaptable and be responsive in the face of crisis. Working practices will never be the same and as we look to the future let us maintain and embrace positive changes.

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