

Board of Directors

SUMMARY REPORT

Meeting Date: 26th January 2022

Agenda Item: 7

Report Title:	Reducing the burden of reporting and releasing capacity to manage the Covid-19 pandemic		
Author(s):	Susan Rudd, Director of Corporate Governance		
Accountable Director:	Susan Rudd, Director of Corporate Governance		
Other Meetings presented to or previously agreed at:	Committee/Group:		
	Date:		
Key Points recommendations to or previously agreed at:			

Summary of key points in report

NHS England/Improvement wrote to all NHS Foundation Trusts and NHS Trusts on 24th December 2021 updating their position on regulatory and reporting requirements for NHS Trusts.

The guidance discusses the streamlining of oversight meetings, assurance and reporting requirements, year-end submissions etc. and are designed to release management capacity and resources.

Recommendation for the Board/Committee to consider:

Consider for Action	Approval	Assurance	X	Information
To receive the report and assurance provided.				

Please identify which strategic priorities will be impacted by this report:

	Yes	X	No
Covid-19 Getting through safely	Yes	X	No
CQC Getting Back to Good	Yes	X	No
Transformation – Changing things that will make a difference	Yes	X	No
Partnerships – working together to make a bigger impact	Yes	X	No

Is this report relevant to compliance with any key standards ?					State specific standard
Care Quality Commission	Yes	X	No		<i>The Regulations of the Health and Social Care Act</i>
IG Governance Toolkit	Yes		No	X	
Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience	Yes	X	No		
Financial (revenue & capital)	Yes	X	No		
OD/Workforce	Yes	X	No		
Equality, Diversity & Inclusion	Yes	X	No		
Legal	Yes	X	No		

Section 1: Analysis and supporting detail

Reducing the burden of reporting and releasing the capacity to manage the COVID-19 pandemic

NHS England/Improvement (NHSI/E) wrote to all NHS Foundation Trusts and NHS Trusts on 24th December 2021 noting the significant challenge the NHS is facing from COVID-19 whilst delivering a national COVID booster programme and continuing to provide essential non-COVID care.

The letter provided an update to NHSI/E position on regulatory and reporting requirements for NHS Trust and NHS Foundation Trusts including:

- Streamlining oversight meetings
- Streamlining assurance and reporting requirements
- Providing greater flexibility on various year-end submissions
- Focusing their improvement resources on COVID-19, vaccination, discharge, and elective recovery priorities
- Only maintaining development workstreams that support recovery and safety

The measures are designed to help free up management capacity and resources.

Summary Overview

1. Governance and meetings

		Guidance	SHSC response
1.	Board and sub-board meetings	Board meetings should continue but with streamlined papers and focused agendas. No sanctions for technical quorum breaches (e.g. because of self-isolation).	Board meetings have continued, with a focus on essential items. Meetings continue to be held virtually and public meetings are live streamed to enable public access
		Trusts should continue quality committees but consider streamlining other committees.	All Board sub-committees continue to take place, including Quality and Assurance Committee. Meetings are held virtually with focused agendas
2.	FT Governor meetings	Face-to-face meetings should be stopped wherever possible at the current time ¹ – virtual meetings can be held for essential matters e.g.	Council of Governor meetings have

		transaction decisions. FTs must ensure that governors are (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19, e.g. via webinars/emails.	continued to be held on a virtual basis
3.	FT governor and membership processes	FTs free to stop/delay governor elections where necessary. Membership engagement should be limited to COVID-19 purposes.	It is planned to continue governor elections in May/June 2022 with engagement events being held virtually. Governor communications continue and Governors are able to attend public board meetings via livestream
4.	Annual accounts and audit	Wherever possible the NHS England and NHS Improvement accounts team will reduce the administrative burden of year-end accounts as far as is possible, but the current intention is to stick with the published timetable. We will, as ever, remain responsive to challenges as they emerge.	SHSC will continue with year-end planning in light of updated guidance and submission dates
5.	Quality accounts – preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. As in previous years, we intend to write to all providers concerning the requirements for 2021/22 Quality Accounts.	No action required for SHSC at the current time
6.	Quality accounts and quality reports – assurance	We are removing requirements for FTs to include quality reports within their 2021/22 annual report and removing the need for assurance of quality reports and quality accounts from all trusts.	SHSC to continue with year-end planning in light of updated guidance
7.	Decision-making processes	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision-making. This will include using specific emergency decision-making arrangements.	Decision making arrangements to continue in current form, implemented during the course of the pandemic

2. Reporting and assurance

		Guidance
1	Friends and Family Test	Reporting requirement to NHS England and NHS Improvement has been resumed. Note that trusts have flexibility to change their arrangements under the new guidance, and published case studies show how trusts can continue to hear from patients while adapting to pressures and needs. We emphasise local discretion.
	Long Term Plan: mental health	NHS England and NHS Improvement will maintain the Mental Health Investment Guarantee. As a foundation of our COVID-19 response, systems should continue to expand services in line with the LTP.

	Long Term Plan: learning disability and autism	Systems should continue learning disability and autism investment and transformation to support the LTP.
	NHS England and NHS Improvement oversight meetings	Oversight meetings will continue to be held by phone or video conference unless it is agreed that there is a compelling business reason to hold them face-to-face, and they will focus on critical issues. Teams will also review the frequency of these meetings on a case-by-case basis to ensure it is appropriate, streamlining agendas to focus on COVID-19 issues/discharge/recovery/ winter and support needs.
	ICS development activity	System working is essential in managing the response to COVID-19 and delivering the NHS's priorities in 2022/23. Work to establish ICSs – and ICBs as statutory NHS bodies – continues, with a revised target date of July 2022. This will allow sufficient time for the remaining parliamentary stages of the Health and Care Bill and provide some extra flexibility for systems in preparing for the new statutory arrangements and managing the immediate priorities in the pandemic response.
	Corporate data collections (eg licence self-certs, annual governance statement, mandatory NHS Digital submissions)	Look to streamline and/or waive certain elements. Delay the forward plan documents FTs are required to submit. We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.
	CQC routine assessments, Use of Resources assessments, HSIB investigations	With CQC, we continue to prioritise our Recovery Support Programme work to give the appropriate support to the most challenged systems to help them manage COVID-19 pressures. CQC has suspended routine assessments and currently uses a risk-based transitional monitoring approach. NHS England and NHS Improvement continue to suspend the Use of Resources assessments in line with this approach. Visits and inspections in connection with HSIB investigations will also be reduced.
	Provider transaction appraisals – mergers and subsidiaries Service reconfigurations	Potential for NHS England and NHS Improvement to deprioritise or delay transactions assurance if in the local interest given COVID-19 factors. Urgent temporary service changes on safety grounds in response to COVID-19 or other pressures can still be made with agreement from system partners. Should systems look to make these permanent, normal reconfiguration
	Clinical audit	Given the importance of clinical audit in COVID and non-COVID care, clinical audit platforms will remain open for data collection. It should be noted clinical teams should always prioritise clinical care over data collection and submission.

3. Other areas including primary care, HR and staff-related activities

		Guidance
1.	Mandatory training	With staff absences likely to rise, new training activities – eg refresher training for staff and new training to expand the number of ICU staff – are likely to continue to be necessary. Reduce other mandatory

		training as appropriate.
<u>2.</u>	Appraisals and revalidation	<p>Professional standards activities may need to be reprioritised: e.g. appraisals can be postponed or cancelled. Appraisal is a support for many doctors, so it is helpful to keep the option available, but if going ahead, please use the shortened Appraisal 2020 model. Medical directors may also use discretion to decide which concerns require urgent action and which can be deferred.</p> <p>The Nursing and Midwifery Council (NMC) has also extended the revalidation period for current registered nurses and midwives by an additional three months for those due to revalidate between December 2021 and March 2022.</p>