

**Executive Summary
Report to the Board of Directors
Being Held on Tuesday 28 July 2020**

Subject	Stepping back up of key reporting and management functions
Supporting TEG Member	Sandi Carman, Assistant Chief Executive
Author	Sandi Carman, Assistant Chief Executive
Status¹	D

PURPOSE OF THE REPORT

To present the current position of the Trust in relation to the activities described in the NHS England letter of 6 July 2020 and the stepping back up of key reporting and management functions.

KEY POINTS

In March 2020 NHS England wrote setting out measures that would allow providers and commissioners to free up as much capacity as possible to prioritise their workload and focus on what was necessary to manage the response to the COVID-19 pandemic. The Trust complied with this guidance at the time.

Having now passed the initial peak of COVID-19 and moving into the phase 2 of re-set planning. NHS organisations are working to stand back up critical services across the country. Later in the summer NHS England will launch phase 3 of recovery planning, where they will ask the NHS to put in place robust plans for the rest of this year – including winter planning, ongoing recovery of NHS services, and ensuring sufficient surge capacity remains in place to deal with any resurgence of COVID-19.

NHS England will continue to support systems, and commissioners and providers within them, to prioritise their efforts to respond to this work. However, as the re-set agenda moves forward there is now a requirement to reactivate some other activities that have been previously delayed. Activities to be re-established are outlined in a letter received by the Trust in July 2020 and attached at Appendix A for reference. The following paper benchmarks the standards outlined in the letter against the current activities of the Trust and proposes areas for improvement. The benchmarking exercise has identified no significant areas of concern and was reviewed and agreed at the Trust Executive Group on the 22 July 2020.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2017-2020		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	X
2	Provide Patient Centred Services	X
3	Employ Caring and Cared for Staff	X
4	Spend Public Money Wisely	X
5	Deliver Excellent Research, Education & Innovation	X

RECOMMENDATIONS

The Board of Directors is asked to note and support the current position with regards to the stepping back up of key reporting and management functions.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
Trust Executive Group	22/7/20	Y
Board of Directors – Public	28/7/20	

Stepping back up of key reporting and management functions

Item	Lead	Current Position	Further Actions Required
1. Governance and meetings			
1.1 Our advice remains that face-to-face meetings should continue to be avoided, and meetings should be held virtually where possible. However, NHS organisations should consider which meetings or governance events paused in the 28 March letter can now effectively be held virtually. These should include Councils of Governors, Members' Meetings, and membership engagement.	Sandi Carman	Managed process for re-establishment of internal and external meetings. CoG meetings have been reconvened and Governor elections commenced. Virtual meetings advised in all cases.	
1.2 Where it is not possible to effectively hold meetings virtually (for example, some organisations have raised issues with holding AGMs virtually), these should be deferred until later in the year.	Sandi Carman	Virtual Annual Members Meeting planned for September 2020.	
1.3 Organisations should continue to hold board meetings virtually and should determine their own approach to meetings of audit, remuneration and other board level committees. Providers should aim to return to full compliance on quorum requirements set out in their constitution, but can determine their own approach to doing so.	Sandi Carman	Board of Directors and Board Committees all operating virtually with Governors and staff observing. Quorum monitored but no concerns regarding compliance.	Consideration to be given to establishing a process to widening the number of individuals who can observe public meetings.
1.4 Regulations regarding quality accounts have been amended and a revised deadline of 15 December 2020 is appropriate for their preparation, given the pressures caused by COVID-19. Further details can be found at https://improvement.nhs.uk/resources/quality-accounts-requirements/	Jennifer Hill	TEG approved revised timetable in place to ensure the deadline of the December 2020 is met.	
1.5 The latest information regarding financial accounting and reporting can be found at https://improvement.nhs.uk/resources/financial-reporting/	Neil Priestley	All processes in place to ensure continued oversight of financial control and management.	

Item	Lead	Current Position	Further Actions Required
2. Reporting and assurance			
2.1 National clinical audits and outcome review programmes (HQIP): in order to support NHS recovery and, the Healthcare Quality Improvement Partnership (HQIP) will begin to work with national clinical audit and outcome review programme providers to identify key data items for collection from national clinical audits and outcome review programmes. This is in addition to intensive care, child mortality database and maternity audits, which have continued to collect data throughout the surge period	Jennifer Hill	Systems remain in place to maintain intensive care and maternity audit activity. Awaiting further information from HQIP regarding key data items for collection.	
2.2 Referral to treatment patient tracking list (RTT/PTL): with specific challenges in the restoration of elective care, the RTT PTL will enable national, regional and local oversight of waiting lists and waiting times, particularly for the longest waiting patients. While the return should continue to be provided at trust level, where primary accountability for PTL management continues to reside, we expect complementary work to be undertaken at a system level, to allow greater sharing of demand and capacity across system footprints.)	Michael Harper	Internal RTT systems remain throughout. Access Policy has an addendum for COVID. Waiting Times Performance Overview Group has been re-established and is maintaining oversight on: 1) Caseload management; 2) Activity recovery levels; Access time recovery plans	The Trust is committed to supporting partner organisations through the mutual aid arrangements. Further action will be taken as and when required.
2.3 Ambulance clinical outcomes (AmbCO): reactivating AmbCO will mean the full suite of ambulance systems indicators (AmbSYS) will be in place. This will help our understanding of patients on urgent and critical care pathways such as those used to treat strokes, for example.		Noted	
2.4 Trusts were also asked to continue collecting data on the following mental health indicators, where capacity allowed.		[blank]	
<ul style="list-style-type: none"> Children and young people's eating disorder waiting times 		Not applicable	
<ul style="list-style-type: none"> Physical health checks for people with severe mental illness 		Not applicable	
<ul style="list-style-type: none"> Out of area placements 		Not applicable	

Item	Lead	Current Position	Further Actions Required
2.5 We are now confirming that these data collections resume as normal for the Q2 reporting period		Noted	
2.6 In light of responses to our consultation, we will also be permanently stopping the Quarterly Activity return from Quarter 1 of 2020/21 and reducing the scope of the Monthly Activity Return to cover referrals only starting with the collection for June.	Michael Harper	Noted	
3. Vulnerable staff			
3.1 Systems should continue to proactively support members of staff who are particularly vulnerable, including those who are shielded, those from black and Asian minority ethnic (BAME) backgrounds, and those with other risk factors.	Paula Ward	A COVID-19 Individual Staff Impact Assessment process has been created and implemented Trust-wide. It prioritises BAME staff and other groups deemed at higher risk of COVID-19 for a conversation to determine how the Trust can best support them. It includes a 'Referral and Signposting Guide' for managers and staff to use to identify and access the most appropriate help and advice. This includes that provided by STH – such as psychological therapy provided by Vivup - to what's being offered by the local statutory, voluntary and community sectors.	Take-up of STH support will be monitored to measure activity. STH will continue to monitor and record this on our internal recording data systems and will report the risk assessments to NHSI weekly.
3.2 All employers should conduct risk assessments based on advice from NHS Employers and from the Faculty of Occupational Medicine particularly for vulnerable groups, to understand the specific risks staff members face from exposure to COVID and actions that employers can take to keep staff safe. Further details can be found at https://www.england.nhs.uk/coronavirus/publications/risk-assessments-for-at-risk-staff-groups-letter/	Paula Ward	STH's COVID-19 Individual Staff Impact Assessment process is a conversation between Manager (or agreed delegate) and their staff member(s) about a range of issues that go beyond the medical. It includes prompts to talk about those factors that have been identified as	Further promotion of the Staff Impact Assessment is required across the Trust to boost participation in it. STH will continue to monitor and record this on our internal recording data systems and will report the risk assessments to

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		<p>impacting on people during the pandemic, such as domestic abuse, financial vulnerability and housing situation. All staff must be offered but participation is not mandated. Walkabouts across both NGH and Central Campus have taken place to raise awareness and encourage staff to have an assessment; posters and leaflets have been developed to further promote this.</p>	<p>NHSI weekly.</p>
<p>3.3 Staff members who are shielded should continue to be supported by their employer to stay well and where possible, make adjustments so that they can work from home.</p>	<p>Mark Gwilliam</p>	<p>Managers have supported all shielded colleagues and actively encouraged colleagues to work from home where possible. Managers are keeping in touch with their colleagues and where self-impact risk assessments are required these are taking place.</p>	<p>STH will continue to monitor and record this on our internal recording data systems and will report the risk assessments to NHSI weekly.</p>
<p>4. Leave</p>			
<p>4.1 Ensuring staff take annual leave is an important part of supporting and improving health and wellbeing. Systems should ensure that organisations are adhering to usual leave policies, and staff at all levels should be strongly encouraged to take their annual leave spread throughout the year, so that they are getting regular respite, and can take time off as normal. Senior leaders should role model this behaviour as well as encouraging it amongst their staff. There should be regular reviews of accrued annual leave at service and organisational levels in order to enable effective rostering and workforce planning.</p>	<p>Mark Gwilliam</p>	<p>Wellbeing priorities for all colleagues were communicated at the start of COVID19 pandemic, which included the importance of taking annual leave and a break from work. HR & Payroll monitor this quarterly.</p>	<p>The health and wellbeing of colleagues is heavily supported from the EAP provision and the Psychological services team for specific covid19 pandemic related matters. We will continue to monitor the allocation of annual leave for colleagues.</p>

Publications approval reference: 001559

To:

Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers

Copy to:

Chairs of NHS trusts, foundation trusts and CCG governing bodies
Chairs of ICSs and STPs
NHS Regional Directors

6 July 2020

Dear colleague,

Stepping back up of key reporting and management functions

We wrote to you on [28 March 2020](#) setting out measures that would allow providers and commissioners to free up as much capacity as possible to prioritise their workload and focus on what was necessary to manage the response to the COVID-19 pandemic.

We have now passed the initial peak of COVID-19 and are well into phase 2 of our recovery planning. NHS organisations are working to stand back up critical services across the country. Later in the summer we will launch phase 3 of our recovery planning, where we will ask the NHS to put in place robust plans for the rest of this year – including winter planning, ongoing recovery of NHS services, and ensuring sufficient surge capacity remains in place to deal with any resurgence of COVID-19.

We will continue to support systems, and commissioners and providers within them, to prioritise their efforts to respond to this work. However, as we are turning on critical services there is now a requirement to reactivate some other activities that we have previously delayed.

Unless otherwise stated here, the position outlined in the letter of 28 March 2020 remains in place.

Governance and meetings

Our advice remains that face-to-face meetings should continue to be avoided, and meetings should be held virtually where possible. However, NHS organisations

should consider which meetings or governance events paused in the 28 March letter can now effectively be held virtually. These should include Councils of Governors, Members' Meetings, and membership engagement.

Where it is not possible to effectively hold meetings virtually (for example, some organisations have raised issues with holding AGMs virtually), these should be deferred until later in the year.

Organisations should continue to hold board meetings virtually and should determine their own approach to meetings of audit, remuneration and other board level committees. Providers should aim to return to full compliance on quorum requirements set out in their constitution, but can determine their own approach to doing so.

Regulations regarding quality accounts have been amended and a revised deadline of **15 December 2020** is appropriate for their preparation, given the pressures caused by COVID-19. Further details can be found [here](#).

The latest information regarding financial accounting and reporting can be found [here](#).

Reporting and assurance

While we are keen to keep the data burden on trusts at an absolute minimum, we are now at a point in time where the need for certain data and our understanding of the impact of COVID-19 on particular areas has increased. Some collections will remain paused in the coming quarter; however, we have identified a small number of data collections that we need to re-instate, linked to our need to understand key aspects of delivery and clinical outcomes during the pandemic:

- **National clinical audits and outcome review programmes (HQIP):** in order to support NHS recovery and NHS recovery, the Healthcare Quality Improvement Partnership (HQIP) will begin to work with national clinical audit and outcome review programme providers to identify key data items for collection from national clinical audits and outcome review programmes. This is in addition to intensive care, child mortality database and maternity audits, which have continued to collect data throughout the surge period.
- **Referral to treatment patient tracking list (RTT PTL):** with specific challenges in the restoration of elective care, the RTT PTL will enable national, regional and local oversight of waiting lists and waiting times,

particularly for the longest waiting patients. While the return should continue to be provided at trust level, where primary accountability for PTL management continues to reside, we expect complementary work to be undertaken at a system level, to allow greater sharing of demand and capacity across system footprints.

- **Ambulance clinical outcomes (AmbCO):** reactivating AmbCO will mean the full suite of ambulance systems indicators (AmbSYS) will be in place. This will help our understanding of patients on urgent and critical care pathways such as those used to treat strokes, for example.

Trusts were also asked to continue collecting data on the following mental health indicators, where capacity allowed:

- Children and young people's eating disorders waiting time
- Physical health checks for people with severe mental illness
- Out of area placements.

We are now confirming that these data collections resume as normal for the Q2 reporting period.

In light of responses to our consultation, we will also be permanently stopping the Quarterly Activity Return from Quarter 1 of 2020/21 and reducing the scope of the Monthly Activity Return to cover referrals only starting with the collection for June 2020.

Vulnerable staff

Systems should continue to proactively support members of staff who are particularly vulnerable, including those who are shielded, those from black and Asian minority ethnic (BAME) backgrounds, and those with other risk factors.

All employers should conduct risk assessments based on advice from NHS Employers and from the Faculty of Occupational Medicine particularly for vulnerable groups, to understand the specific risks staff members face from exposure to COVID and actions that employers can take to keep staff safe. Further details can be found [here](#).

Staff members who are shielded should continue to be supported by their employer to stay well and where possible, make adjustments so that they can work from home.

Where this is not possible, employers should continue to follow the guidance which supports full pay during this period.

Leave

Ensuring staff take annual leave is an important part of supporting and improving health and wellbeing. Systems should ensure that organisations are adhering to usual leave policies, and staff at all levels should be strongly encouraged to take their annual leave spread throughout the year, so that they are getting regular respite, and can take time off as normal. Senior leaders should role model this behaviour as well as encouraging it amongst their staff. There should be regular reviews of accrued annual leave at service and organisational levels in order to enable effective rostering and workforce planning.

Thank you to you and your teams for the incredible amount of commitment and hard work going on across the NHS in these challenging times.

Yours sincerely,

A handwritten signature in black ink that reads "A. Pritchard". The signature is written in a cursive, flowing style.

Amanda Pritchard

Chief Operating Officer, NHS England & NHS Improvement