

Emergency Governance Arrangements			
Meeting	Board of Directors		
Date	03/02/2021	Agenda item	10
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
<p>This paper provides the latest draft of the emergency governance arrangements formally approved by the Board of Directors in December 2020.</p> <p>The emergency governance arrangements were developed in March 2020 and were subsequently reviewed and extended during the summer months as the Trust continued to respond to the COVID-19 pandemic. In December 2020 and as a result of the second wave of the pandemic and the reintroduction of the NHS Level 4 incident, the emergency governance arrangements were reviewed again to ensure they remained fit for purpose and were extended to the end of January 2021.</p> <p>As a result of the third peak of COVID-19 and following further guidance and advice from NHS England received in a letter, "<i>Reducing burden and releasing capacity to manage the COVID-19 pandemic</i>" dated 26 January 2021, from Amanda Pritchard Chief Operating Officer, the Board of Directors is asked to support a further extension to the emergency governance arrangements to the end of March 2021.</p> <p>This aligns with the NHSE position which confirms that measures to reduce the burden and release capacity will be reviewed in Q1 2021-22.</p> <p>A copy of the letter from Amanda Pritchard is attached at appendix 2.</p>			
Executive Summary			
<p>The emergency governance arrangements at appendix 1 outline the principles of Board assurance and governance the Trust will follow as we continue to respond to the COVID-19 health emergency.</p> <p>The principle of an overall streamlined approach has been adopted together with increased risk appetite and risk tolerance. These arrangements have been checked against national guidance from NHSE/I.</p> <p>NHS England and Improvement issued further guidance to all trusts in January 2021 on the arrangements for key governance meetings including delaying meetings, streamlining papers, ensuring focused agendas and scheduling virtual, NOT face-to-face meetings including with members of the public.</p> <p>The Regional Director for the North West also wrote to all Chairs requesting their leadership to support executive teams and staff at a hugely challenging time to enable a focus on important priorities by minimising unrelated activity.</p> <p>The Trust's emergency governance arrangements and emergency command structure established in early 2020 therefore remains in place.</p>			

The emergency governance arrangements document has been reviewed at regular intervals and an internal audit (MiAA) review completed in September 2020 provided *Substantial Assurance* on the arrangements put in place by the Trust. This was reported to the Board of Directors in October 2020.

The Trust also completed a review, at the request of the Chairman, to map the information flows under the Trust's extant governance framework against the emergency arrangements which resulted in a number of useful recommendations and actions which have been implemented in part and continue to be addressed.

Risks and opportunities:

None identified.

Quality/inclusion considerations:

Quality Impact Assessment completed and attached No
 Equality Impact Assessment completed and attached No
 Not applicable.

Financial/resource implications:

None identified.

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

<input type="checkbox"/> Our Performance - delivering against contracts and financial requirements	<input type="checkbox"/> Our Performance - increase efficiency of all services	<input type="checkbox"/> Our Populations - outstanding, safe care every time
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Board of Directors is asked to consider the following action

To approve the extension to the emergency governance arrangements until the end of March 2021.

Report history

Submitted to	Date	Brief summary of outcome
Board of Directors (virtual approval April & August 2020)	01/08/2020	Approved.
Board of Directors formal meeting	December 2020	Approved minor amends to the emergency governance arrangements



COVID-19 Emergency Governance Arrangements Trust Board and Committees

1. This paper aims to outline the principles of Board assurance and governance the Trust will follow as of 27 March 2020 and until further notice.
2. The principle of an overall streamlined approach will be adopted together with increased risk appetite and risk tolerance as the Trust responds to the COVID-19 health emergency.
3. The Terms of Reference, Quorum and Membership of existing Board Committees will be temporarily suspended and COVID-19 specific governance arrangements will be put in place (see item 11).
4. Decisions made during this period will continue to be made in line with the current Scheme of Delegation and Standing Financial Instructions. Decisions usually made by Committees or Board, and/or where speed is of the essence will be taken forward as set out below.
5. During this period, if meetings are to be held, these will only be done using telephone/digital technology.
6. The focus of communication with the Board will be the organisation's response to COVID-19, including the safety of patients and wellbeing of staff and the Trust's response to national requirements in accordance with the NHS Level 4 position.
7. Whilst effort will be made to continue aspects of 'business as usual' activity, based upon the existing business cycles/forward agenda;
 - a) All matters for approval will be either;
 - Deferred if not urgent or,
 - Circulated to Board/Committee members via e-mail for approval, whilst allowing sufficient time for review/response or,
 - Discussed via telephone/digital technology with the decision recorded by Director of Corporate Affairs or
 - Discussed between the Chief Executive or nominated Executive Director with the Board/Committee Chair for Chair's Action
 - b) In these circumstances the quorum will be 1 Executive Director and 1 Non-Executive Director
8. It is likely that those responsible for preparing assurance papers for Committees and the Board will not be in a position to do so. Therefore,
 - a) All matters for information or assurance will be either;

- Put on hold until further notice or,
 - Circulated via e-mail (see para 11)
9. For 'ad hoc/exceptional' items agreed by the Executive Directors as requiring a decision by the Board will be;
- Circulated to Board/Committee members via e-mail for approval, whilst allowing enough time for review/response or,
 - Discussed via telephone/digital technology with the decision recorded by the Director of Corporate Affairs
 - Discussed between the Chief Executive or nominated Executive Director with the Board/Committee Chair for Chair's Action

In these circumstances the quorum will be 1 Executive Director and 2 Non-Executive Directors (owing to the ad hoc/exceptional nature of items).

10. The business cycles will be reviewed and updated within Corporate Affairs in discussion with Committee Chairs and Executive Directors, to maintain an accurate record of items considered/approved or deferred
11. COVID-19 specific governance arrangements will be as follows;
- a) Board meetings will take place at regular intervals at such times and places as the Board may determine (bi-monthly) with focused agendas. The Board will not meet in public for the foreseeable future though governors will be invited to attend and mechanisms for questions from the public will be in place. All members will meet virtually.
 - b) The Chair of the Trust may call a meeting of the Board of Directors at any time.
 - c) The Audit Committee will continue to operate focused on urgent business and the necessary scrutiny of final accounts, annual governance statements and the annual report considered (in line with the revised year-end timetable issued by NHSE/I).
 - d) The Quality & Safety Committee will meet bi-monthly according to its annual workplan and to provide assurance through the quality governance framework which remains in place.
 - e) The Finance & Performance Committee and the Education & Workforce Committee will be suspended unless specific approvals or exceptional items need to be discussed (as described in para 7).
 - f) The Chair and CEO will have twice weekly calls. These will include other Executives as required.
 - g) A weekly NED assurance meeting (c. 1.5 hours) will report on the measures being taken across the Trust in response to COVID-19. The agenda will focus on;
 - Wirral and Cheshire & Merseyside SitRep (which incorporates system updates and performance)
 - Workforce SitRep
 - Finance SitRep
 - Risk

COVID-19 Emergency Governance Arrangements

February 2021

To be reviewed April 2021

This weekly NED assurance meeting will be chaired by the Trust Board Chair. The core membership will comprise all Non-Executive Directors, CEO (Strategic Commander), CFO and Director of Corporate Affairs. The CEO will ask other Executives to attend as required. A record of the discussion will be taken by the Director of Corporate Affairs.

Terms of Reference will be reviewed and agreed by the group.

- h) The CEO and/or Director of Corporate Affairs will e-mail important e-mails and documents that are received from DHSC/NHSE/I and/ or NHS Providers as they are received.
 - i) Executive Directors will have the option to work with their NED 'buddy' on an informal basis for support and counsel
 - j) The Chair and the Director of Corporate Affairs will keep the governors informed as required, communicating predominantly with the Lead Governor.
12. All other extant governance is suspended (some may need to be re-introduced by exception and if not dealt with in paras 7 - 9).

Alison Hughes
Director of Corporate Affairs

November 2020



Classification: Official

Publications approval reference: 001599

Skipton House
80 London Road
London
SE1 6LH

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

26 January 2021

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

The NHS is facing unprecedented levels of pressure from the COVID-19 pandemic. Whilst numbers of admissions are plateauing and beginning to decline in some parts of the country, they continue to grow in others and the number of patients in hospital and in critical care with COVID-19 will take some time to reduce. At the same time the NHS is delivering a national COVID vaccination programme of unparalleled scale and complexity, whilst also continuing to provide non-COVID care.

Therefore we will continue to support you to free up management capacity and resources to focus on these challenges. Following our letters in [March](#) and [July](#) last year, this letter updates and reconfirms our position on regulatory and reporting requirements for NHS trusts and foundation trusts, including:

- pausing all non-essential oversight meetings
- streamlining assurance and reporting requirements
- providing greater flexibility on various year-end submissions
- focussing our improvement resources on COVID-19 and recovery priorities
- only maintaining those existing development workstreams that support recovery.

We will keep this under close review, making further changes where necessary to support you. In addition, we will review and update the measures set out in this letter in Q1 2021/22.

Once again, we appreciate the incredible level of commitment and hard work from you and your teams that has helped the NHS rise to meet the challenges of the last year, and in particular these past four weeks.

Yours sincerely

A handwritten signature in black ink that reads "A. Pritchard". The signature is written in a cursive style with a large, stylized initial 'A'.

Amanda Pritchard

Chief Operating Officer, NHS England & NHS Improvement

The system actions

Changing NHSE/I engagement approaches with systems and organisations

Oversight meetings will continue to be held by phone or video conference and will focus on critical issues. Teams will also review the frequency of these meetings on a case-by-case basis to ensure they are appropriate. We have reprioritised our improvement and support effort to focus on areas directly relevant to the COVID-19 response, in particular:

- GIRFT visits to trusts have been stood down with resources concentrated on supporting hospital discharge coordination.
- National transformation programmes (outpatients, diagnostics and pathways) now focus on activity that directly supports the COVID response or recovery, e.g. video consultation and patient-initiated follow up, maximising diagnostics and clinical service capacity, supporting discharge priorities etc.
- With CQC, we continue to prioritise our special measures work to give the appropriate support to the most challenged systems to help them manage COVID-19 pressures.

1) Governance and meetings

No.	Areas of activity	Detail	Actions
1.	Board and sub-board meetings	<p>Trusts and CCGs should continue to hold board meetings but streamline papers, focus agendas and hold virtually, not face-to-face. No sanctions for technical quorum breaches (e.g. because of self-isolation).</p> <p>For board committee meetings, trusts should continue quality committees, but consider streamlining other committees.</p> <p>While under normal circumstances the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation.</p> <p>All system meetings to be virtual by default.</p>	Organisation to inform audit firms where necessary
2.	FT Governor meetings	<p>Face-to-face meetings should be stopped at the current time¹ - virtual meetings can be held for essential matters e.g. transaction decisions.</p> <p>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.</p>	FTs to inform lead governor
3.	FT governor and membership processes	<p>FTs free to stop/delay governor elections where necessary.</p> <p>Annual members' meetings should be deferred.</p> <p>Membership engagement should be limited to COVID-19 purposes.</p>	FTs to inform lead governor

¹ This may be a technical breach of FTs' constitution but acceptable given Government guidance on social isolation

No.	Areas of activity	Detail	Actions
4.	Annual accounts and audit	<p>We wrote to the sector on 15 January to make the following adjustments to reporting requirements:</p> <ul style="list-style-type: none"> • extending the 2020/21 accounts and audit year end timetable • allowing providers to apply for a further extended timetable for submitting 2020/21 financial accounts • deferring introduction of IFRS 16 (new leases accounting standard) to 2022 • simplifying the 'agreement of balances' exercise 	Organisation to continue with year-end planning in light of updated guidance
5.	Quality accounts - preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. DHSC is currently reviewing whether Regulations should be amended to extend the 30 June deadline for 2020/21.	No action for organisations at the current time
6.	Quality accounts and quality reports - assurance	We are removing requirements for FTs to include this within their 2020/21 annual report.	Organisations to inform external auditors where necessary
7.	Annual report	We wrote to the sector on 15 January confirming that the options available to simplify parts of the annual report that were introduced in 2019/20 are available again for 2020/21.	Organisation to continue with year-end planning in light of updated guidance
8	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.	

2) Reporting and assurance

No.	Areas of activity	Detail
1.	Constitutional standards (e.g. A&E, RTT, Cancer, Ambulance waits, MH LD measures)	See Annex A.
2.	Friends and Family test	Reporting requirement to NHS England and NHS Improvement has been paused. However, Trusts have flexibility to change their arrangements under the new guidance and published case studies show how Trusts can continue to hear from patients whilst adapting to pressures and needs.
3.	Operational planning	The 21/22 planning and contracting round will be delayed; it will not be initiated before the end of March 2021 and we will roll over the current financial arrangements into Q1 21/22.
4.	Long Term Plan: system by default	System by Default development work (including work on CCG mergers) has been restarted. NHSEI actively encourages system working where it can help manage the response to COVID-19. We will keep this work under review to ensure it continues to enable collaborative working and does not create undue capacity constraints on systems.
5.	Long Term Plan: Mental Health	NHSE/I will maintain Mental Health Investment guarantee. As a foundation of our COVID-19 response, systems should continue to expand services in line with the LTP.
6.	Long Term Plan: Learning Disability and Autism	NHSE/I will maintain the investment guarantee.
7.	Long Term Plan: Cancer	NHSE/I will maintain its commitment and investment through the Cancer Alliances and regions to improve survival rates for cancer. NHSE/I will work with Cancer Alliances to prioritise delivery of commitments that free up capacity and slow or stop those that do not, in a way that will release necessary resource to support the COVID-19 response, and restoration and maintenance of cancer screening and symptomatic pathways.
8.	NHSE/I Oversight meetings	Be held online. Streamlined agendas and focus on COVID-19 issues and support needs.

No.	Areas of activity	Detail
9.	Corporate Data Collections (e.g. licence self-certs, Annual Governance statement, mandatory NHS Digital submissions)	<p>Look to streamline and/or waive certain elements.</p> <p>Delay the Forward Plan documents FTs are required to submit.</p> <p>We will work with analytical teams and NHS Digital to suspend agreed non-essential data collections.</p>
10.	CQC routine assessments and Use of Resources assessments	CQC has suspended routine assessments and currently uses a risk-based transitional monitoring approach. NHSE/I continues to suspend the Use of Resources assessments in line with this approach.
11.	Provider transaction appraisals CCG mergers Service reconfigurations	<p>Complete April 2021 transactions, but potential for NHSE/I to de-prioritise or delay transactions appraisals if in the local interest given COVID-19 factors.</p> <p>Complete April 2021 CCG Mergers.</p> <p>Where possible and appropriate we will streamline the process to review any reconfiguration proposals, particularly those designed in response to COVID-19.</p>
12.	7-day services assurance	Suspend the self-cert statement.
13.	Clinical audit	Given their importance in overseeing non-Covid care, clinical audits will remain open. This will be of particular importance where there are concerns from patients and clinicians about non-Covid care such as stroke, cardiac etc. However, local clinical audit teams will be permitted to prioritise clinical care where necessary – audit data collections will temporarily not be mandatory.
14.	Pathology services	We need support from providers to manage pathology supplies which are crucial to COVID-19 testing. Trusts should not penalise those suppliers who are flexing their capacity to allow the NHS to focus on COVID-19 testing equipment, reagent, and consumables.

3) Other areas including HR and staff-related activities

No.	Areas of activity	Detail
1.	Mandatory training	New training activities – refresher training for staff and new training to expand the number of ICU staff – is likely to be necessary. Reduce other mandatory training as appropriate
2.	Appraisals and revalidation	<p>Indications are that the Appraisal 2020 model is helping to support doctors during the pandemic, however we recognise with rising pressures in the system appraisals may need to be reprioritised so appraisals can be declined. If appraisals are going ahead, please use the revised shortened Appraisal 2020 model</p> <p>The GMC has now deferred revalidation for all doctors who are due to be revalidated between 17 March 2020 and 16 March 2021.</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 March and December 2020.</p>
3.	CCG clinical staff deployment	<p>Review internal needs in order to retain a skeleton staff for critical needs and redeploy the remainder to the frontline</p> <p>CCG Governing Body GP to focus on primary care provision</p>
4.	Repurposing of non-clinical staff	Non-clinical staff to focus on supporting primary care and providers to maintain and restore services
5.	Enact business critical roles at CCGs	To include support and hospital discharge, EPRR etc

Annex A – constitutional standards and reporting requirements

Whilst existing performance standards remain in place, we continue to acknowledge and appreciate the challenges in maintaining them during the continuing COVID-19 response. Our approach to tracking those standards most directly impacted by the COVID-19 situation is set out below:

A&E and ambulance performance – Monitoring and management against the 4-hour standard and ambulance performance continues nationally and locally, to support system resilience.

RTT – Monitoring and management of RTT and waiting lists will continue, to ensure consistency and continuity of reporting and to understand the impact of the suspension of non-urgent elective activity and the subsequent recovery of the waiting list position that will be required. Application of financial sanctions for breaches of 52+ week waiting patients occurring during 2020/21 continue to be suspended. Recording of clock starts and stops should continue in line with current practice for people who are self-isolating, people in vulnerable groups, patients who cancel or do not attend due to fears around entering a hospital setting, and patients who have their appointments cancelled by the hospital.

Cancer: referrals and treatments – We will continue to track cancer referral and treatment volumes to provide oversight of the delivery of timely identification, diagnosis and treatment for cancer patients. The Cancer PTL data collection will continue and we expect it to continue to be used locally to ensure that patients continue to be tracked and treated in accordance with their clinical priority.

Screening: Cancer (Breast, Bowel and Cervical) and Non-Cancer (Abdominal Aortic Aneurysm, Diabetic Eye and Antenatal and Newborn Screening) – We will continue to track the maintenance of all the screening programme pathways (including the initial routine invitations, and the ongoing diagnostic tests).

Immunisations – All routine invitations should continue to be monitored via the NHSEI regional teams.

The Weekly Activity Return (WAR) will continue to be a key source of national data, and the Urgent and Emergency Care daily SitRep. This is vital management information to support our operational response to the pandemic, and we require 100% completion of these data with immediate effect. Guidance can be found [here](#).

Note: it has been necessary to institute a number of additional central data collections to support management of Covid, for example the daily Covid SitRep and the Critical Care Directory of Service (DoS) collections. These collections continue to be essential during the pandemic response, but in order to offset some of the additional reporting burden that this has created, the following collections will continue to be suspended:

Title	Designation	Frequency
Critical Care Bed Capacity and Urgent Operations Cancelled	Official Statistics	Monthly
Delayed Transfers of Care	Official Statistics	Monthly
Cancelled elective operations	Official Statistics	Quarterly
Audiology	Official Statistics	Monthly
Mixed-sex Accommodation	Official Statistics	Monthly
Venous Thromboembolism (VTE)	Official Statistics	Quarterly
Mental Health Community Teams Activity	Official Statistics	Quarterly
Dementia Assessment and Referral Return	Official Statistics	Monthly
Diagnostics weekly PTL	Management Information	Monthly
26-week Patient Choice Offer	n.a. - trial	weekly

(this has already been communicated to data submission leads via NHS Digital)