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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,

Amanda Pritchard

Chief Operating Officer, NHS England & NHS Improvement