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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

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, reading "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 time<sup>1</sup> - 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

<sup>1</sup> 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"> <li>• extending the 2020/21 accounts and audit year end timetable</li> <li>• allowing providers to apply for a further extended timetable for submitting 2020/21 financial accounts</li> <li>• deferring introduction of IFRS 16 (new leases accounting standard) to 2022</li> <li>• simplifying the 'agreement of balances' exercise</li> </ul>	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)