

COVERSHEET

Meeting	Board of Directors' meeting in PUBLIC
Paper Title	Governance Report
Date of meeting	8 October 2020
Date paper was written	29 September 2020
Responsible Director	Director of Governance and Company Secretary (Interim)
Author	Director of Governance and Company Secretary (Interim)
Presenter	Director of Governance and Company Secretary (Interim)

Executive Summary

This report provides an update on matters of governance relating to the Trust and items of wider national interest. This report is for information. Key items include:

- CQC and Getting It Right First Time (GIRFT) have agreed to work together with a view to further safeguarding service users;
- CQC issue their July COVID-19 update, which includes information about the first of the CQC Provider Collaboration Reviews, and the issue of the Safer Management of Controlled Drugs, annual report;
- NICE have issued guidance disestablishing the requirement for adult patients to isolate for two weeks prior to planned procedures – at the same time that NHSE/I announce a national revalidation of waiting list data;
- The Government's response to the Public Sector Exit Payments' cap has been issued;
- Further details on the new immigration system which will come into effect in 2021 have been outlined;
- A consultation has been issued seeking views on revised Caldicott Principles and role of Caldicott Guardians;
- NHSEI have published a template for covid readiness – a second wave and also a SoP for Covid-19 testing.

If you require any further information on any of the attached papers or the links, please do not hesitate to contact: david.holden7@nhs.net

The Board of Directors are asked to note the report.

Previously considered by	Not applicable
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The Board (Committee) is asked to:

<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

particular course of action			
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Link to CQC domain:

<input type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
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Link to strategic objective(s)	<p><i>Select the strategic objective which this paper supports</i></p> <p><input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare</p> <p><input type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care</p> <p><input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities</p> <p><input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions</p> <p><input type="checkbox"/> OUR PEOPLE Creating a great place to work</p>
Link to Board Assurance Framework risk(s)	

Equality Impact Assessment	<p><input checked="" type="radio"/> Stage 1 only (no negative impact identified)</p> <p><input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)</p>
Freedom of Information Act (2000) status	<p><input checked="" type="radio"/> This document is for full publication</p> <p><input type="radio"/> This document includes FOIA exempt information</p> <p><input type="radio"/> This whole document is exempt under the FOIA</p>
Financial assessment	Not applicable for this paper
Recommendation	The report is for information.

1.0 Introduction – Governance Report – October 2020

1.1 This report provides an update of matters since the last board of directors meeting in public on 30 July 2020.

2.0 Memorandum of Understanding between the CQC and Getting It Right First Time

2.1 A new Memorandum of Understanding has been agreed between CQC and GIRFT setting out how the organisations will work together “in order to safeguard the wellbeing of the public receiving health and social care in England.”

2.2 The GIRFT programme is part of a wider system initiative to reduce unwanted variations in care in the NHS. The programme is designed to reduce the variations in the way services are delivered and shares best practice between Trusts, with the aim of improving patient care and outcomes. When it was first piloted its focus was orthopaedics, but it now covers over 40 clinical specialties.

2.3 The MoU explains that as both organisations share “a concern for quality and safety of health and care services, and recognise that the development of models of health and care service delivery requires closer cooperation between the two organisations”. Underpinning the formal agreement are a set of principles, including:

- making decisions that promote people’s safety and encouraging high-quality care;
- respecting each other’s independent status;
- cooperating in an open and transparent way and;
- ensuring an efficient and joined up approach that streamlines information

requests to providers.

2.4 Supporting these principles is a commitment by the GIRFT teams to:

- update CQC on the findings of their reviews;
- inform CQC of any safety concerns identified during those reviews and;
- share final reports before publication.

2.5 Similarly, the CQC and GIRFT will commit to:

- liaise closely where providers are failing to implement action plans in response to GIRFT reviews;

- cooperate to promote safety and;
- work together in the public interest to support service improvement.

2.6 The agreement became effective on 24 July 2020 and a copy can be found here:

https://www.cqc.org.uk/sites/default/files/20200724_MOU_CQC_and_GIRFT_External.pdf

3.0 CQC COVID-19 Update

3.1 The first of the CQC Provider Collaboration Reviews are underway in the first two systems – Bedfordshire, Luton and Milton Keynes ICS, and Frimley Health and Care ICS. The remaining nine areas to be reviewed, as part of the first wave, are:

- Devon STP
- Lancashire and South Cumbria ICS

- Lincolnshire STP
- Norfolk and Waveney STP
- North East and North Cumbria ICS
- North West London STP
- One Gloucestershire ICS
- Sussex Health and Care Partnership ICS
- The Black Country and West Birmingham STP

3.2 The reviews look at how health and social care providers are working together in local areas, with the aim of supporting providers to learn from each other's experience of responding to the COVID-19 pandemic.

3.3. Participation in the reviews is not mandatory, and will not affect providers' CQC ratings. However, themes arising from the current reviews will be reported in the CQC COVID-19 Insight Reports and State of Care Report (October).

3.4 The CQC also issued its 'Safer Management of Controlled Drugs' Annual Report 2019 this month:

https://www.cqc.org.uk/sites/default/files/The_safer_management_of_controlled_drugs_Annual_update_2019.pdf

4.0 Two-week isolation requirement is disestablished (NICE)

4.1 The National Institute for Health and Care Excellence (NICE) has issued new guidance removing the requirement for adult patients to isolate for two weeks prior to planned procedures.

4.2 The NICE guidance comes amid Trusts' concerns that the isolation rule was preventing the ability of healthcare organisations to get to grips with the growing waiting lists caused by the COVID-19 pandemic, which saw many procedures delayed or cancelled.

4.3 However, the guidance advises that 'high-risk' patients, plus those who may be at greater risk of becoming infected or severely ill with COVID-19, and those having some types of surgery, such as cardiac procedures, should continue to self-isolate for 14 days.

4.5 At the same time, NHSI/E are looking to carry out a national validation exercise to 'improve' the size of the elective care waiting list, by removing patients who should not be included on them. Inaccurate waiting list data has been an issue for the NHS with concerns raised by auditors in 2018 about the accuracy of data at one in four NHS trusts.

5.0 Public Sector Exit Payments' Cap

5.1 The Government has published its response to last year's consultation on implementing the public sector exit payment cap.

5.2 Plans to cap public sector exit payments at £95,000 have been suggested for many years. They were first put forward when David Cameron was Prime Minister and the necessary regulation making powers have been in place since 2016. However, implementation has been repeatedly delayed due to a number of factors, not least the complications surrounding extending the cap to cover the value of enhanced pension benefits, which sometimes form part of a termination package in the public sector.

5.3 The outline of the proposals is:

- The cap will apply across the core public sector, including central and local government and the NHS;

- The cap will extend to contractual entitlements on termination of employment, with the exception of notice pay (capped at 25% of salary) and accrued holiday pay;
- Statutory redundancy payments and payments to compensate for injury or illness (including injury to feelings) will be exempt;
- The value of any entitlement to an unreduced pension on early retirement will also be captured (these benefits ceased to apply in the NHS from March 2015) and;
- There are record keeping and reporting requirements to support the obligation to apply the cap.

5.4 There is currently no indication as to an implementation date.

6.0 Public Sector Pension Schemes Consultation

6.1 Running until 11 October 2020, HM Treasury (HMT) has launched a consultation entitled 'Public service pension schemes consultation: changes to the transitional arrangements to the 2015 schemes', which sets out the Government's proposals for addressing discrimination along with the Government's plans for the future.

6.2 Following a Court of Appeal judgment in December 2018, the government has been working to fix the discrimination identified in the policy of transitional protection that was part of the 2015 reforms to public service pension schemes. This consultation sets out the government's proposals for addressing this discrimination along with the government's plans for the future.

6.3 For those interested or affected, a copy of the consultation can be found at:

<https://www.gov.uk/government/consultations/public-service-pension-schemesconsultation-changes-to-the-transitional-arrangements-to-the-2015-schemes>

7.0 NHS Annual Leave Guidance during COVID-19

7.1 This month, the NHS Staff Council have issued guidance setting out supporting principles of how employers and local trade unions can work in partnership to review local annual leave policies in response to the COVID-19 pandemic.

7.2 This is in recognition of the fact that some NHS staff have had annual leave cancelled or have not been able to book leave due to the needs of the service.

8.0 New immigration rules from January 2021

8.1 The Government has published further details of the new immigration system which will replace the EU freedom of movement from 1 January 2021.

8.2 The regime's new Health and Care Visa category has been the subject of considerable criticism, particularly from the social care sector.

8.3 Applicants for this category will need to meet the same criteria as for Tier 2 and Skilled Worker visas. This means it will not provide a visa option or route into the UK for many roles in the social care sector. Applicants will need to be coming to the UK to perform one of 18 eligible occupations, including medical practitioners, nurses, pharmacists, physiotherapists and paramedics.

8.4 The new points based immigration system comes despite repeated concerns raised by key stakeholders in the adult social care sector, including the Cavendish Coalition about workforce shortages. The Cavendish Coalition issued a letter to the Prime Minister expressing

their “grave concern” about the ‘egregious decision’ to exclude the social care sector from its new immigration system.”

8.5 A copy of the letter from the Cavendish Coalition can be found here:<https://www.nhsconfed.org/-/media/Confederation/Files/public-access/CavendishCoalition-letter-to-PM-8-July-2020.pdf>

9.0 Liberty Protection Safeguards

9.1 The Liberty Protection Safeguards (the new regime to replace the Deprivation of Liberty Safeguards) were due to come into force on 1 October 2020. However, the draft Code of Practice and Regulations are yet to be published.

9.2 The pressures of Covid-19 have made it clear that implementation by 1 October was unrealistic. A Written Statement from the Minister for Care, Helen Whately (made on 16 July 2020) now formally acknowledges that implementation by October is “not possible”. The statement confirms that the aim is for full implementation of the Liberty Protection Safeguards by April 2022.

10.0 Consultation seeking views on the Caldicott Principles

10.1 Every NHS organisation has had to have a Caldicott Guardian since 1998 and every local authority with adult social care responsibilities has been required to do so since 2002. Originally six good practice Principles were recommended for use of confidential information in the NHS, but the Information Governance Review in 2013 introduced a new Principle to encourage good information sharing in the best interests of patients and between the health and social care sectors – this being: “The duty to share information can be as important as the duty to protect patient confidentiality.” This new Principle was later reflected in law in the Health and Social Care (Safety and Quality) Act 2015.

10.2 In 2019, the National Data Guardian (NDG) undertook a consultation asking for views on the work priorities that should be undertaken once the NDG role moved to a statutory footing. About 80% of respondents thought that ‘safeguarding confidentiality’ and ‘information sharing for individual care’ were areas that should be prioritised and that great clarity in these areas should be provided. There was also support to review the existing Principles.

10.3 It is proposed that there is an additional Caldicott Principle – Principle 8: Inform the expectations of patients and service users about how their confidential information is to be used.

10.4 Proposed changes to the Principles provide clearer guidance and impose tighter controls on the use of confidential information, e.g. Principle 6 now highlights the responsibility of every person in the organisation (rather than ‘someone in the organisation’) being responsible for ensuring that use and access to confidential information complies with legal requirements.

10.5 The consultation is also seeking views on the increasing importance of the role of the circa 18,000 Caldicott Guardians in health and social care and whether statutory powers should be used to issue guidance stipulating that all health and adult social care organisations must have a Caldicott Guardian in place.

10.6 A copy of the Consultation can be found here:

<https://www.gov.uk/government/consultations/caldicott-principles-a-consultation-about-revising-expanding-and-upholding-the-principles>

11.0 Roll out of new A&E targets for winter

11.1 It is being considered that NHSEI will roll out new emergency care standards over the autumn/Winter period which will come as part of the long awaited Clinical Review of Standards document. However, at this stage, the new standards have not been published nor consulted upon and so the NHS wait for guidance.

12.0 Covid - Readiness for a second wave

To help you prepare plans for coping with a second wave of COVID-19, NHSEI have published a template that includes scenarios based on a consistent level of ongoing demand and a second defined peak in demand. These are not planning scenarios but provide a consistent baseline from which to understand the impact of a different level of COVID-19 on Phase 3 planning submissions. Template link is here:

<https://www.england.nhs.uk/coronavirus/publication/readiness-for-increase-in-hospital-admissions-for-covid-19-letter-from-keith-willett-and-pauline-philip/>

13.0 SOP for COVID-19 testing

NHSEI have published a standard operating procedure for pooling COVID-19 samples for laboratory testing and is available here:

<https://www.england.nhs.uk/coronavirus/publication/pooling-of-asymptomatic-sars-cov-2-covid-19-samples-for-pcr-or-other-testing/>

14.0 Dementia wellbeing during the pandemic

NHSEI have published guidance for clinicians working with people with dementia, which describes adjustments and amendments to the wellbeing pathway needed to respond to the pandemic. It was developed with a broad range of stakeholders including primary care, the voluntary, community and social enterprise sector and the Department of Health and Social Care.

15.0 New deadline for national data opt-out compliance

The national data opt-out compliance date has been extended to the end of March 2021 to enable health and care organisations to prioritise their response to COVID-19. The opt out enables individuals not to have their data used for purposes other than their direct care.

It is advised that where organisations already comply, they should continue to apply the policy. Other organisations should continue to work towards compliance where it does not negatively affect their pandemic response.

16.0 Surge in people checking their risk of type 2 diabetes

Almost 300,000 people have accessed the tool to check their risk of type 2 diabetes on-line less than two months after the NHS fast tracked access to the Healthier You Diabetes Prevention Programme – a 637% increase compared to two months previously.

Over 5,000 people have now self-referred for support to lose weight and help prevent the onset of type 2 diabetes. The programme has capacity to support 5,000 people every week.

17.0 Artificial Intelligence in Health and Care Awards: evaluating Round 1 winners

The Accelerated Access Collaborative invites bids from specialist independent teams to evaluate the winning technologies from Round 1 of the AI in Health and Care Awards.

The evaluations will assess whether these technologies should be recommended for wider adoption across the NHS and will look at their safety, effectiveness, and impact.

18.0 Deadline approaching for applications to clinical workforce development programme

Applications for the NHSEI Clinical Entrepreneur training programme will close at 1pm on Tuesday 13 October, 2020.

Link here: <https://www.england.nhs.uk/aac/what-we-do/how-can-the-aac-help-me/clinical-entrepreneur-training-programme/>

Since its launch in 2016, more than 500 healthcare professionals have received expert mentoring, support and training. The programme is open to clinical and non-clinical staff. To find out more, please join our webinar on Thursday 8 October from 7pm to 8.15pm. Webinar link here: https://us02web.zoom.us/webinar/register/WN_a-WCgmjMQVa4gfJtn_ZPvQ

19.0 New government PPE strategy published

The Department of Health and Social Care (DHSC) has published its strategy for providing personal protective equipment (PPE), detailing preparations for a second wave of COVID-19 alongside usual seasonal pressures. DHSC says four-month stockpiles of each PPE category will be in place from November 2020, to provide a continuous flow to health and social care workers treating COVID-19 patients. It will continue to buy centrally through to the end of March 2021 with further detail about post-March arrangements expected in due course.

20.0 Plan now for Self-Care Week

National Self-Care Week from 16 to 22 November, 2020 offers opportunities to reinforce health messages around issues such as social distancing and wearing masks, quitting smoking, nutrition and exercise, and protecting mental wellbeing. The Self Care Forum has developed resources to help you plan and publishes a newsletter.

Link here: <http://www.selfcareforum.org/events/self-care-week/>

21.0 Resources for CVD prevention and better respiratory care

UCL Partners have designed resources to help primary care clinicians deliver care for patients with cardiovascular and respiratory conditions. Resources are available for high blood pressure, asthma and COPD. They include digital resources to support remote management and self-management, pathways and protocols to deliver care at home, and training in motivational interviewing and health coaching.

Link here: <https://uclpartners.com/long-term-condition-support/>

22.0 Suicide prevention training covers impact of isolation

Zero Suicide Alliance has released Step Up, a brief online training module about social isolation in the context of COVID-19, in addition to its gateway and suicide prevention training.

Link here to the training module: <https://www.zerosuicidealliance.com/training>

Close DjH/12/9/20.