

COVID-19 – Governance - People (Trusts and FTs)

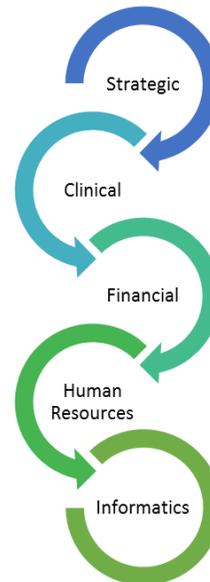
1. Introduction and Context

A number of publications have been issued over recent weeks including NHSE/I guidance and HfMA briefings to support organisation's responses to Coronavirus (COVID-19).

In light of this, MIAA recently developed a governance document to support our clients in reviewing their governance arrangements in this unprecedented situation. This considered a number of aspects of governance as noted in the adjacent diagram.

Following the issue of that checklist, we developed a more detailed document focusing on financial governance to assist with the assessment of these specific arrangements. We have now also completed this checklist to support reviews of Human Resources (HR) governance.

Governance Considerations: COVID-19



Board, Governors, Committees, Executive and Non Executive arrangements and roles.

Regulatory requirements, CQC, professional registrations and revalidation.

SFIs, SoRD, financial systems and reporting, authorisation processes, business cases and financial approvals.

Recruitment, employment checks, establishment controls, redeployment.

Information governance, GDPR, IT resilience.

2. Human Resources Governance

A number of areas will come under increasing pressure during the pandemic which will have an impact on workforce arrangements. In particular, resources will come under strain as health and care staff and their families may become infected. This will create higher than usual sickness absence or caring issues and will require organisations to engage with increased numbers of workers to support services under pressure at very short notice. Organisations will need to do this in a way that provides a safe level of assurance about the person's suitability for the role.

In order to support organisations to manage workforce issues, a raft of guidance has been published. In particular, the Department of Health and Social Care (DHSC), NHS England and NHS Improvement, Public Health England (PHE), Health Education England and NHS Employers have collated the latest workforce advice into one central resource for workforce leaders in the NHS ([COVID-19 guidance for NHS workforce leaders - NHS Employers](#)). This resource focuses on workforce issues that are likely to arise during the pandemic and therefore provides organisations with an additional resource to supplement their local and organisational plans. Further, guidance has been issued by professional bodies.

The detailed checklist on the pages that follow provides a framework against which to assess HR governance arrangements in place for the organisation. This checklist makes the assumption that key HR and payroll controls are in place.¹ The key areas of HR governance that need to be considered in the current situation are detailed below:



¹ Any changes to processes would need to be reviewed in light of the potential impact of fraud

3. Governance - People

Areas for NHS organisations to consider	Organisation's Response	
 <p>Recruitment</p>	<p>Authorisation</p>	
	<ul style="list-style-type: none"> Have authorisation, advertising, monitoring and reporting of recruitment processes been streamlined to fast track recruitment and have you assessed whether any of these changes impact the robustness of controls? 	
	<p>Returning to Work</p>	<ul style="list-style-type: none"> For staff that are returning to work eg from retirement are they banded appropriately? (If they were Agenda for Change staff, they should be paid at the top of the appropriate pay band for the role they are fulfilling, providing they previously worked in that pay band or higher).
	<p>Pre-Employment Checks</p>	
<ul style="list-style-type: none"> Have processes and supporting documentation been amended to reflect the revised temporary guidance on pre-employment checks, and controls amended to record checks appropriately (e.g. DBS checks)? For those returning to the NHS, have processes been established to identify any previous disciplinary action pending or performance issues highlighted in earlier roles? 		
 <p>Locum/Bank & Agency Staff</p>	<p>Approval</p>	
	<ul style="list-style-type: none"> Have any changes been made to the approval processes for obtaining locum/bank and agency staff and how are they monitored? 	

Areas for NHS organisations to consider	Organisation's Response
Booking	
<ul style="list-style-type: none"> • Have any adaptations been made to booking processes and have these changes been appropriately authorised, documented and communicated to staff? Are mechanisms in place to monitor compliance with revised booking arrangements where appropriate? • Is the organisation still complying with mandated NHSE/I agency and locum reporting requirements? 	
Timesheets	
<ul style="list-style-type: none"> • Have any changes been made to the authorisation of timesheets and how is assurance gained that timesheets continue to be approved with appropriate segregation of duties and in a timely manner? • Where additional hours have been worked as a result of COVID-19, have these costs been clearly identified and recorded to provide an adequate audit trail for expenditure claims? 	
Pre-Employment Checks	
<ul style="list-style-type: none"> • As per revisions in NHS guidance, how is the organisation assured that pre-employment checks continue to be appropriately undertaken by employment agencies? 	

Areas for NHS organisations to consider	Organisation's Response	
 <p>Training (Induction & Mandatory Training)</p>	<p>Training Requirements</p>	
	<ul style="list-style-type: none"> • Have any changes to induction, mandatory or essential training requirements been clearly defined and risk assessed from both a clinical and non-clinical perspective? • Have you considered how people will receive training (e.g. remote learning)? • Has refresher training, which can be suspended for the duration of the crisis, been risk assessed, and protocols established for reinstating in the recovery phase considered? • As part of the induction process for all staff (including temporary appointments), are mechanisms in place to ensure that they have signed the organisation's ICT usage policy before being granted access to IT systems? 	
 <p>Attendance Management</p>	<p>E -Rostering and Timesheets</p>	
	<ul style="list-style-type: none"> • Have e-rostering processes been reviewed and if any changes have been deemed necessary, have controls for, authorisation (including segregation of duties), processing, monitoring and reporting remained effective? • For staff whose working hours are not managed through rota systems but whose working patterns have changed as a result of COVID-19, are these hours now appropriately approved and recorded to ensure they are receiving the correct enhancements? 	

Areas for NHS organisations to consider	Organisation's Response
<ul style="list-style-type: none"> Where working hours have changed or increased as a result of COVID-19, have these costs been clearly identified and recorded to provide an adequate audit trail for expenditure claims? 	
Sickness Absence	
<ul style="list-style-type: none"> Have sickness absence policies and processes been reviewed and amended as a result of the pandemic to include for example, reporting of sickness, shielding, self - isolation, Return to Work interviews, trigger points? Have staff been consistently informed of any updates to sickness absence processes in relation to COVID-19? Have reporting processes for the categorisation, monitoring and recording of COVID-related sickness been documented? Do these comply with local and national reporting requirements and have they been appropriately communicated across the organisation? 	
Annual Leave	
<ul style="list-style-type: none"> Have local annual leave policy and processes been reviewed in light of new temporary statutory rules to exercise maximum flexibility where employees are unable to use their full annual leave entitlement? As per guidance, have all aspects of the Working Time Regulations in relation to cancelling annual leave been considered? 	

Areas for NHS organisations to consider		Organisation's Response
	<ul style="list-style-type: none"> Has the impact of deferring/ cancelling annual leave throughout the pandemic been assessed for the remainder of the year and beyond, and any future capacity issues associated with this considered? 	
 <p>Health & Wellbeing</p>	Flexible working	
	<ul style="list-style-type: none"> Have policies and processes with regards to flexible working been reviewed in light of the pandemic and appropriately communicated to staff? Are specific risks staff face from exposure to COVID-19 understood and supported by a risk assessment as per guidance? This also includes staff returning to work for the NHS and existing staff who are potentially more at risk due to race, age, disability or pregnancy. Where staff are required to shield or self-isolate have keeping in touch arrangements been defined and appropriately communicated? Are there appropriate arrangements in place to ensure the safety and security of staff who are working remotely, including appropriate risk assessments, access to equipment and systems and keeping in touch arrangements? Where staff can't work remotely, have risk assessments been completed to ensure the workplace complies with latest government guidance? Where staff are returning to the workplace from working remotely or redeployment have risk assessments been 	

Areas for NHS organisations to consider	Organisation's Response
<p>completed to ensure the workplace they are returning to complies with latest government guidance? Have changes to working practices/arrangements as a result of these risk assessments been communicated to these staff?</p> <ul style="list-style-type: none"> • Have all staff been properly informed of the organisation's guidance and support available for managing both physical and mental wellbeing? 	
Freedom to Speak Up	
<ul style="list-style-type: none"> • Are Freedom to Speak Up processes still in place, with Freedom to Speak Up Guardians and Champions maintaining a visible presence across the organisation? • Is there capacity to support responses to the Freedom to Speak Up concerns? 	
Maternity/ Paternity Leave	
<ul style="list-style-type: none"> • Has the organisation ensured that those staff on maternity or paternity leave have received communication on any amendments to the Policy at the earliest opportunity, and the impact this has on them as individuals? • Are there processes in place to ensure that for staff who choose to work when they would otherwise be on leave, they do not lose their contractual entitlement? 	

Areas for NHS organisations to consider	Organisation's Response
<div style="background-color: #00a651; color: white; padding: 5px;">Special Leave</div> <ul style="list-style-type: none"> Have any changes to the Special Leave Policy been approved appropriately and communicated to all staff? Where arrangements have been changed are appropriate processes in place to ensure compliance with revised systems? 	
<div style="display: flex; align-items: center;"> <div style="border: 2px solid #00a651; padding: 10px; margin-right: 10px; text-align: center;"> ➔ Performance Management </div> <div> <div style="background-color: #76b82a; color: white; padding: 5px;">Doctors (Supporting Professional Activities (SPA), Private Work, Routine Training, Appraisals, Revalidation, Professional Registration)</div> <ul style="list-style-type: none"> Has SPA time been reprioritised? Have organisations discussed with their doctors any private medical commitments that could be postponed so that they are able to provide additional capacity to the NHS during the period of emergency? Have training rotations been revised to help maximise the ability of organisations to focus on frontline priorities, given capacity to support training/mentoring will be limited during the emergency? As per guidance, have appraisals been suspended, unless there are exceptional circumstances agreed by both the appraisee and appraiser? Have such appraisals been classified as 'approved missed' appraisals (ie treated as cancelled, rather than postponed) and if appropriate, ensure pay is not impacted? </div> </div>	

Areas for NHS organisations to consider	Organisation's Response
<ul style="list-style-type: none"> • Have mechanisms been established, to enable doctors to discuss performance and development with their appraiser if desired by the appraisee? • Where doctors are due to revalidate before the end of September 2020, has their revalidation date been deferred for one year in line with guidance? • Are systems and processes in place to ensure that should the GMC have to remove an individual from the register prior to the end of this emergency period, the organisation is alerted to this in a timely manner and appropriate action is taken immediately? • Are systems and processes in place to ensure that doctors who have been given temporary registration or a licence to practise during this period only, cease working for the organisation before or once this temporary registration and licence to practise is removed by the GMC? 	
Nurses (Appraisals, Revalidation, Professional Registration)	
<ul style="list-style-type: none"> • As per guidance have appraisals been suspended, unless there are exceptional circumstances agreed by both the appraiser and appraisee? • Where appraisals have been suspended, are processes in place to ensure pay increments are not impacted? • Have mechanisms been established, to enable nurses to discuss performance and development with their appraiser if desired by the appraisee? 	

Areas for NHS organisations to consider	Organisation's Response
<ul style="list-style-type: none"> • Have processes been amended to take into account the 3 month extension for the revalidation application dates for any nurse who is due to revalidate in March, April or May 2020 in line with guidance? • Are systems and processes in place to ensure that should the NMC have to remove an individual from the register prior to the end of this emergency period, the organisation is alerted to this in a timely manner and appropriate action is taken immediately? • Are systems and processes in place to ensure that nurses who have been given temporary registration during this period only, cease working for the organisation before or once this temporary registration is removed by the NMC? 	
Other (Appraisals, Revalidation, Professional Registration)	
<ul style="list-style-type: none"> • Have you assessed appraisal requirements for all other staff groups? • If appraisals have been suspended, are processes in place to ensure pay increments are not impacted? • If appraisals have been suspended, have mechanisms been established, to enable employees to discuss performance and development with their appraiser if desired by the appraisee? • If appraisals have been suspended, has the period of appraisal suspension been agreed and resumption planned? 	

Areas for NHS organisations to consider		Organisation's Response
	<ul style="list-style-type: none"> • Have you assessed validation requirements for all other staff groups? • Have you assessed professional registration requirements for all other staff groups? 	
Poor Performance		
	<ul style="list-style-type: none"> • Are processes in place to ensure poor performance is still identified and appropriately dealt with in a timely manner in line with the organisation's policy? 	
Input (Starters, Contractual Changes, Leavers, Timesheets, SVL)		
	<ul style="list-style-type: none"> • Are controls in relation to the input of new starters, contractual changes and leavers unchanged? • Where new starters have been recruited specifically to support the COVID-19 outbreak are there processes in place to ensure these costs can be separately identified? (This may include individuals returning from retirement, maternity/ paternity/ adoption leave or former employees). • Where individuals have formally changed their contractual hours specifically to support the COVID-19 outbreak, have these been appropriately authorised and are the additional costs associated separately identifiable? • Please refer to MIAA's <i>COVID-19 Financial Governance</i> checklist for additional areas to consider. 	
Travel & Subsistence		

Areas for NHS organisations to consider	Organisation's Response
<ul style="list-style-type: none"> Where staff have moved base on a temporary basis as a result of COVID-19, has their base data for travel claims been updated to reflect this? Please refer to MIAA's <i>COVID-19 Financial Governance</i> checklist for additional areas to consider. 	
Third Party Arrangements	
<ul style="list-style-type: none"> Where a third party provides payroll services on behalf of the organisation, have the requirements for the provision of the service changed as a result of COVID-19? If so, has there been an amendment made to the Service Level Agreement and potentially to the monitoring of any key performance indicators? 	
Exit Interviews	
<ul style="list-style-type: none"> Given changes to working practices as a result of the pandemic, have exit interview requirements been reviewed and amended if appropriate? 	
Payment Runs	
<ul style="list-style-type: none"> Have controls in relation to the payroll payment runs remained unchanged? 	
Plans	
 <ul style="list-style-type: none"> Has the organisation developed a local plan in relation to the redeployment of staff, taking into account staff skill mix, staff availability, services available on site and patient population? 	

Areas for NHS organisations to consider	Organisation's Response
<ul style="list-style-type: none"> • Has this been appropriately risk assessed, reviewed and approved? • Where the plan involves medical trainees, have the postgraduate deans been made aware of any trainee redeployment so that they can provide support? • Have processes been developed to manage any staff who refuse a reasonable request to redeploy? • Have processes been developed to ensure staff are assigned to an appropriate redeployment position? • Are there appropriate authorisation processes in place, particularly where this involves an individual changing base or potentially changing band? • Are arrangements in place to ensure all redeployed staff are appropriately supervised? • Are all such decisions appropriately documented? • Are staff issued with amendments to their contracts or honorary contracts where appropriate? 	
Risk Assessments	
<ul style="list-style-type: none"> • Has a risk assessment template been developed to support the safe redeployment of staff? • Has this been widely distributed within the organisation? • Is there a Standard Operating Procedure in place to ensure the consistent completion of these? 	

Areas for NHS organisations to consider	Organisation's Response
<ul style="list-style-type: none"> Are these risk assessment being retained centrally and routinely reported? 	
Pre-Employment Checks	
<ul style="list-style-type: none"> Where individuals are already employed within the NHS (in England), is there a legal agreement to share substantive staff and bank workers and use digital systems, such as ESR or the digital staff passport which is being developed by NHS England and NHS Improvement) to avoid any unnecessary duplication of employment checks? 	
Training	
<ul style="list-style-type: none"> Have you assessed and reviewed what relevant training is required to be completed by individuals that are to be redeployed (including temporary staff and those from external agencies)? Have you recorded the decisions made? Have redeployed staff then received the required training to ensure they are able to fulfil their role safely? Where doctors are redeployed to a new clinical area does training include a focused induction? Does this induction concentrate on clinical considerations to deliver safe patient care, life support and personal protective equipment (PPE) training? Has evidence to demonstrate training has been completed been retained in a central location? 	

Areas for NHS organisations to consider	Organisation's Response
<p data-bbox="461 244 539 272">Rotas</p> <ul data-bbox="461 316 1290 501" style="list-style-type: none"> <li data-bbox="461 316 1290 501">• Have rotas been reviewed to determine whether they need to be redesigned with an increased presence of staff at night and out of hours? (Rosters should also be designed with the assumption that a proportion of staff will be unavailable due to sickness) <p data-bbox="461 528 680 557">Keeping in touch</p> <ul data-bbox="461 600 1290 877" style="list-style-type: none"> <li data-bbox="461 600 1290 743">• Have processes been defined and communicated to line managers to ensure adequate keeping in touch arrangements are in place for individuals who have been redeployed? <li data-bbox="461 770 1290 877">• Are there mechanisms in place to ensure an individual can easily contact their line manager should they have any concerns regarding their redeployment? 	