Board of Directors (Open)

Date:	8 April 2020		Item Ref:	6d

TITLE OF PAPER	**COVID-19 UPDATE AND GOVERNANCE ARRANGEMENTS**
TO BE PRESENTED BY	Clive Clarke, Deputy Chief Executive
ACTION REQUIRED	Board to receive assurance from the Emergency Planning arrangements in place to coordinate our organisational response to COVID-19 pandemic. Board to receive assurance on interim governance arrangements during the COVID-19 pandeminc **Key questions:** Does the report outline robust governance arrangement for implementation during the COVID-19 pandemic? Does the report outline effective emergency planning arrangements being undertaken by the Trust? Does the Board Assurance Framework risk and Corporate Risk accurately capture key issues to support oversight by Board and Committees of mitigating actions?

OUTCOME	Trust Board are assured on the emergency planning and governance arrangements being implemented during the COVID-19 pandemic
TIMETABLE FOR DECISION	No decision required.
LINKS TO OTHER KEY REPORTS / DECISIONS	Internal Audit Reports covering Risk Management and Governance arrangements Corporate Risk Register Board Assurance Framework Standing Financial Instructions and Scheme of Delegation Business Continuity Policy
STRATEGIC AIM STRATEGIC OBJECTIVE **BAF RISK NUMBER & DESCRIPTION**	Quality & Safety We will deliver safe care at all times A102iii Risk that the Trust will be unable to provide care to the required standards as a result of reduced or uncertain staffing numbers resulting from the impact of the Covid-19 pandemic

LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Provider Licence Annual Governance Statement NHS Foundation Trust Code of Governance
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	COVID-19 emergency planning activity involves assessing continuation of services to ensure focus on our essential services during this time.
CONSIDERATION OF LEGAL ISSUES	The Coronavirus Bill was approved on 25 March 2020 which confers powers relating to a range of Trust activities including recruitment, Mental Health Act changes and revised guidelines for governance/submissions.

Author of Report	Clive Clarke
Designation	Deputy Chief Executive
Date of Report	2 April 2020

Summary Report

1.   Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	X			X		

2. Summary

The report outlines detail of how we are working with the region-wide and health care economy, our Emergency Planning command structure and highlights key current issues and developments for the Trust. Local interim governance arrangements are outlined as well as detail on emergency decision making should this be required. Risks have been developed at both Board Assurance Framework and Corporate Risk register level to help identify key areas of focus, ensure we are working to mitigate high risk areas, help us prioritise our activities and drive our ongoing emergency response. The report aligns with the Chief Executive's report which outlines several of our national system links and provides detail on the Coronavirus Bill which was approved on 25 March 2020.

3 Next Steps
We will continue to implement our Emergency Planning response and review our interim governance arrangements to ensure they are fit for purpose and effective in ensuring appropriate and timely decision making and coordination of our COVID-19 response.

4 Required Actions

a) Board to receive assurance from the Emergency Planning arrangements in place to coordinate the organisational response to the COVID-19 pandemic.

b) Board to receive assurance on interim governance arrangements during the COVID-19 pandemic including articulation of BAF and corporate risks.

5 Monitoring Arrangements

- In addition to ongoing monitoring of the Emergency Planning structure by Gold Command, there will be monthly reporting on overall assurance of emergency planning and governance arrangements to the Board

- The Chief Executive will issue weekly updates (or more frequent) to cascade intellengence to Board members as it is received.

6 Contact Details
Clive Clarke
Deputy Chief Executive/COVID-19 Lead

COVID-19 RESPONSE UPDATE

1. **Introduction**

COVID-19 Emergency planning arrangements are in place and working effectively using the Gold, Silver and Bronze Command structure meeting daily to coordinate our organisation's response. We are linked in to national briefings for Chief Executives and Medical Directors, and working at operational level with local provider colleagues. There are a range of national directives and operational decisions being made to ensure we provide safe care to our service users and work collaboratively across our local health economy and wider region. We are working to ensure that we undertake appropriate impact assessment of any changes to our services and that our decision making is clear and using the appropriate delegation. We are moving at a rapid pace on our response and are keeping Board members updated weekly on our activities with formal updates to monthly Board meetings capturing headline issues and providing assurance on our response.

2. **Emergency Planning**

   2.1 **NHS England and NHS Improvement**
   As they did with preparations for leaving the EU, NHS England and NHS Improvement have set up a central co-ordination centre together with regional co-ordination centres to support commissioner and provider organisations. This is working well in providing regular updated advice from Public Health England (PHE), as well as enabling a single point of contact for raising concerns and issues such as the slow initial roll out of suitable Personal Protective Equipment (PPE). A Central distribution centre is in the process of being set up in Sheffield for distributing PPE to all NHS and Social Care organisations.

   Trusts are also required to provide daily situation reports that are used to track the virus through patient numbers, to inform the urgency of supply distribution, as well as a measure of staff sickness or self-isolation.

   A further situation report is being devised specifically for Mental Health Trusts as the focus has predominantly been aimed at Acutes, Primary Care and Ambulance Trusts. Weekly webinars are in place from both a physical and mental health perspective that are proving useful in planning activity across the NHS.

   2.2 **Sheffield Health and Social Care Gold Command**
   Initially stood up in line with Trust Pandemic Flu plans, this group, consisting of Executive leads from all health organisations in the city meets to co-operate and support the health response. This is working well with close relationships forged with our partners enabling the supply of initial PPE for our staff and COVID-19 testing for our symptomatic patients.

   2.3 **Within the Trust**
   The COVID-19 structure, including roles and responsibilities is outlined at Appendix 1

   Currently Gold command meets Monday to Friday at 9.30, Silver command which includes clinical operations and heads/leads from cooperate services, meet Monday to Friday at 4pm, and a bronze command in line with the agreed "community" structure of services such as Older Adults/Learning Disablities etc , 6 in total.

   Running along side this is an on-call arrangement that reflects Gold command – Executive on call rota, Silver command - senior manager/clinician on call, and Bronze command, which will be held at community level. We have now moved to a 7 day incident control centre which draws on on-call arrangements with clinical and administrative support who link to the Executive on-call for escalation.

The purpose of the arrangements, named rotas and 7 day incident control, is to ensure continuity of support to services and where needed there is a clear route for escalation and decision making, in a sustainable way, ensuring that we can respond to service, place, system and national requests in a timely manner across the 7 day week.

3. Big Issues and Status

3.1 Staffing

Our main focus has been on maintaining our workforce and ensuring they are safe and supported. We review daily situation reports on staffing numbers including those with symptoms and those self isolating. We have identified those in vulnerable and high risks groups and are supporting them in alternative work or home working where appropriate. We are working to identify skills across the Trust to deploy in clinical and key operational areas. We have clarified the position on homeworking and are supporting as many of our staff as possible to remain productive whilst in isolation. We have also identified and promoted a range of staff health and wellbeing offers to ensure that our colleagues receive appropriate support through this challenging time. eg: Health and Wellbeing Apps, and the Workplace Well Being Service remains open and staff can self refer.

We will continue our mandatory training offer to ensure our frontline staff and new starters are safe and equipped to carry out their roles.

We are presently averaging around 10% of the staff absent at any time with COVID-19 related absence – which includes those who are symptomatic and those self isolating (including high risk categories).

Maintaining safe levels of staffing remains a high risk for the Trust.

3.2 Service Provision

We review reporting from all clinical and corporate functions to assure quality and safety in light of significant service variation or closure. Our focus is to maintain our 24/7 acute services and following review of our services have suspended the following services – Decisions Unit, Memory Service and ECT with Quality Impact Assessments in place for each. We have also closed Dovedale ward to admissions. This is kept under review and we are liaising closely with Commissioners and other local providers on these changes.

There are currently 10 confirmed cases of COVID-19 across 2 sites, all patients are being isolated and cared for in single rooms, there is also 1 confrimed death as of 1 April 2020.

In line with national guidanace a 24/7 access line has been implemented via Crisis Services and Single Point of Access for Service User and Carers and potential referrals. The intention is to establish a dedicated line for healthcare professionals.

3.3 Equipment

We receive exceptional daily situational reporting of equipment, stock and supply to support service provision. PPE has been distributed to staff in line with PHE national guidelines. Availability of oxygen is an issue for the Trust that has been escalated through our Chief Pharmacist. Scrubs have been ordered for all inpatient staff, in line with the position taken by other mental health trusts in our region.

3.4 Business Continuity

We have reviewed Team and Service Business Continuity Plans to identify minimum staffing levels to maintain the service, together with a skills matching exercise that has provided the information enabling us to make decisions on those services that can close in order to support our critical services of Inpatient care and Crisis.

3.5 Communications

We continue to prioritise keeping our staff informed. We produce a daily COVID-19 update to staff and have had several YouTube Q&A sessions, led by the Medical Director with a range of Trust staff. We have increased our facebook membership to 591 staff and this has proved to be an effective forum to share information, share thanks between staff and provide links to information. We have also established a dedicated email to receive staff queries and questions and responses are being cordinated by the Emergency Response Team. We are also keeping governors updated on a weekly basis.

There is agreement with Sheffield Childrens NHS FT (SCNHSFT) to test up to five staff daily and in discussion with Sheffield Teaching Hospitals NHS FT (STHNHSFT) to increase this capacity.

The Ethics Committee lead by Dr Hunter will be stood up as required.

4   Governance Arrangements

Plans for Committee meetings

We have developed guidance for Committee meetings for the foreseeable future based on discussions with Board members. Guidance from NHS England on 28 March reinforced this approach by confirming that trusts should continue to hold board meetings but streamline papers, focus agendas and hold virtually not face-to-face. There will be no sanctions for technical quorum breaches (eg because of self-isolation). 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. The Trust will continue to hold Board meetings to the existing schedule and make papers for the public session of the Board available on the Trust's website.

We have worked with NED Chairs and Executive Leads to streamline Committee meetings and develop ways of working to ensure virtual meetings are as effective as possible. It is important to note that terms of reference for Committee meetings still apply – and Committees have been asked to review forward agendas and ensure focus on delivery of strategic objectives and seeking assurance on key risks. Significant Issues reports to Board from Committees are particularly important to highlight consideration of risks and assurances received, particularly noting gaps in assurance.

All non-essential meetings within the Trust have been ceased and virtual attendance is the default for those meetings that are required.

4.1 Emergency decision making arrangements

Any decisions that fall outside the remit of Gold Command i.e. Executive sign off, will be escalated to Board or Chair powers will be instigated. If a Board decision is required outside of scheduled meetings then meetings at short notice can be called, resolutions can be passed by email, or if time does not allow then the Chair has emergency powers which may be enacted.

Arrangements for emergency powers as outlined in the Trust's standing order 4.3 state:

Emergency Powers - The powers which the Board has retained to itself within these Standing Orders (Standing Order 2.4) may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and Chair shall be reported to the next formal meeting of the Executive Committee and the Board for ratification.

4.2 **Risk Management and Assurance**
The Trust has an established risk management system which needs to be aligned with our emergency planning infrastructure. To this end the Board needs to be satisfied with the explanation of the Board Assurance Framework entry for the COVID-19 pandemic and ensure that its Committees adequately scrutinise the underlying risks on the corporate risk register related to the impact of the COVID-19 pandemic. Drafts of both of these are included in Appendix 2 and 3 respectively.

There is further work to be undertaken to agree the narrative and to be sure that controls, gaps and mitigations are thoroughly embedded within the work of the Trust and this will be coordinated by the COVID-19 Lead Director and Director of Corporate Governance.

SHSC COVID-19 Command Structure

Gold

Gold Commander: Clive Clarke
The **gold commander** is in overall control of the Trust's resources and formulates strategy for the Trust response in consultation with infrastructure leads. Meetings are held daily at 09.30hrs.
The purpose of meetings is not to go through minutes but, to review Action log by exception and receive summary of what's coming in, in order to set priorities for the here and now.
There will be Gold commanders for our partner organisations that will be in regular contact with each other by conference call or telephone.

Silver
Silver Commander – Michelle Fearon
The **silver command** is the tactical command that manages tactical implementation following the strategic direction given by Gold and makes it into sets of actions that are completed by Bronze.
For this incident, silver is designated as the Clinical Operations Group and will meet daily at 16.00hrs.
Silver is empowered to make decisions to support the implementation of the strategic direction given by gold but, cannot make decisions that are outside of their designated responsibilities.
It is acknowledged that silver may have good practice ideas that support management of the incident. These must be approved by the gold commander before being implemented.

Bronze
There will be a number of **bronze commanders** directly controlling Trust resources and who work with their staff. For this incident, bronze command is designated as community leads. They, or a representative from each will be present at meetings and take direction from the Trust.
Meetings and the frequency of them will be determined by silver.
COVID-19 is widespread geographically, therefore bronze commanders are necessary to assume responsibility for different locations or aspects of the response. This incident is complex in its nature and bronze commanders are likely to be given their own tasks or responsibilities.

Incident Control Centre (ICC)
This is set up in the Trust and exists in all NHS organisations during this pandemic. NHS England and NHS Improvement have both national and regional ICC's operating 24/7. Similarly, Acute hospital and Ambulance Service ICC's operate 24/7.

The purpose of the ICC is to act as a central portal to:
 1. Receive, review and respond to all external information, guidance and requirements, including situation reports.
 2. Receive, review and respond to internal enquires.
 3. Provide up to date advice and guidance as appropriate to help informed decision making by Gold and timely cascade to staff via Communications.

Due to its fast moving pace the Trust have opened an ICC to operate 7 days per week between the hours of 09.00-17.00hrs.
Monday-Friday, the ICC will be based in room 214 on the second floor of Fulwood House with the Emergency Planning Manager and Infection Prevention and Control Lead.
Saturday and Sunday, the ICC will be based in the Crisis Hub at Longley Centre with a Director or Deputy Director, Clinician and Business Support.
Out of hours a gold, silver and bronze structure will operate for urgent action as follows:
Gold – Executive Director on call
Silver – Senior Manager on call
Bronze – Flow Co-ordinator
The Executive Director on call will be responsible for briefing/updating the ICC at 09.00hrs each morning.

BOARD ASSURANCE FRAMEWORK 2019/20

AIM: 1. QUALITY AND SAFETY	Strategic Objective: 2. We Will Deliver Safe Care At All Times.

Risk Ref: A1O2III Executive Lead: Chief Executive	Risk Rating:	Impact	Likelihood	Score	BAF Risk Review Date:
Risk that the Trust will be unable to provide care to the required standards as a result of reduced or uncertain staffing numbers resulting from the impact of the Covid-19 pandemic	Residual Risk (with current controls):	5	4	20	Last Review: / /
	Target Risk (after improved controls):	2	2	4	Next Review: 24/04/2020

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
Adoption of national and local guidance			Compliance with national guidance from Public Health England and NHS England		GREEN
Emergency planning in place with daily management meetings (gold, silver and bronze command) and gold command co-ordinating overall operational response.		Emergency planning overseen by Audit & Risk Committee Monthly reporting to Board Weekly reporting to Board members			GREEN
System of trust wide communication in place with daily communications to staff including the use of a Staff Facebook group and the Trust's intranet.		Daily Covid-19 staff briefing			GREEN
Business continuity plans in place					GREEN
Equipment and infrastructure in place to support home and remote working	Risk that the Trust's VPN solution may be compromised through the number of licences held by the Trust or connectivity may be compromised due to higher than normal usage.	Assurance reporting to Board on a monthly basis Weekly assurance reporting to Board members			AMBER
Processes developed and in place	Level of physical health training of staff to				AMBER

BOARD ASSURANCE FRAMEWORK 2019/20

AIM: 1. QUALITY AND SAFETY	Strategic Objective: 2. We Will Deliver Safe Care At All Times.

CONTROLS & MITIGATION		ASSURANCES/EVIDENCE (how do we know we are making an impact)			Assurance Rating
Controls	Gaps in Control	Internal Assurance	External Assurance	Negative Assurance OR Gaps in Assurance	
to manage symptomatic patients.	adequately care for patients				🟧
Personal protective equipment available to all staff and procedures in place to ensure demand can be met.					GREEN
New governance structures in place to ensure effective and clear decision making					GREEN
Staff planning systems and processes in place. Minimum numbers for service areas identified plus monitoring of sickness levels, numbers of staff self-isolation or with caring requirements, priority areas where redeployment of staff may be required and training requirements reviewed.					GREEN

Target Date: 11/04/2020	Responsible Person: Michelle Fearon
Action Details	Action Progress
🟢 Implement business continuity plans which may reflect changes to service levels or provision.	

Target Date: 11/04/2020	Responsible Person: Dean Wilson
Action Details	Action Progress
🟢 Provide physical health training for staff to enable them to have the requisite skills to care for symptomatic patients.	

BOARD ASSURANCE FRAMEWORK 2019/20

AIM: 1. QUALITY AND SAFETY	Strategic Objective: 2. We Will Deliver Safe Care At All Times.

Target Date: 11/04/2020	Responsible Person: Clive Clarke

Action Details	Action Progress
🟢 Liaise with commissioners and CQC to identify critical services and those which may be stood down.	Critical services identified as inpatient and crisis care and three services stood down. Discussions ongoing.

Target Date: 11/04/2020	Responsible Person: Clive Clarke

Action Details	Action Progress
🟢 Engage with ICS to co-ordinate the city's response and implement any relevant local guidance and procedures.	

CORPORATE RISK REGISTER
Risks allocated Executive lead: Chief Executive

As at: April 2020

Risk No. 4362 v.3	Risk Type: Safety	Monitoring Group: Board Of Directors
Version Date: 25/03/2020	Directorate: Trust Board	Last Reviewed: 02/04/2020
BAF Ref: A1O2i	Exec Lead: Chief Executive	Review Frequency: Monthly

Details of Risk:

There is a risk that the Trust will be unable to provide safe patient care or protect the health and wellbeing of its workforce due to the pandemic Coronavirus (Covid-19) which will impact on all services, both clinical and corporate.

INITIAL RISK	CONTROLS IN PLACE	RESIDUAL RISK	ACTIONS PLANNED & MOST RECENT PROGRESS WITH TARGET DATE/RESP. PERSON		
25 HIGH S: 5 Catastrophic L: 5 Almost Certain	• Major incident and pandemic flu plans enacted (gold, silver and bronze command structure in place). • Business continuity plans in place for all teams and services • Minimum staffing levels in place for all teams and services • Process in place for recording staff absence • Procedures in place to isolate symptomatic patients • Adhering to Public Health England national guidance • As part of the Integrated Care System, there is a multiagency group of health partners co-ordinating the city-wide response. • PPE in place and appropriate processes in place to replenish stock. • Incident control centre in place together with a single point of contact operating 24/7. • Redeployment of staff now in place and operational. Quality impact assessment completed in relation to redeployment.	20 HIGH S: 5 Catastrophic L: 4 Likely	Exploring options with health partners to deliver physical health training for Trust staff to manage symptomatic patients		03/04/2020 Anthony Bainbridge
			Liaising with commissioners and CQC regarding the potential need to stand down some Trust services and to identify critical services.	Critical services identified. Three services stood down but liaison continues as pandemic escalates	10/04/2020 Clive Clarke
			Staff communication and engagement in place and being regularly reviewed to ensure key information and messages are both given and received.		11/04/2020 Clive Clarke
			Trust exploring redeployment of staff to ensure key services are maintained and are safe		11/04/2020 Clive Clarke
			Action to ensure mandatory training continues to be provided to enable staff to deliver safe patient care	Review of mandatory training. Key training will continue to be provided to enable staff to continue to deliver safe patient	11/04/2020 Dean Wilson

• Critical business identified as inpatient and crisis care.

• Maintaining a log of strategic decisions that are made

care.

Estates are recommissioning certain areas of the Trust to cohort symptomatic patients.	Bungalow also complete	10/04/2020 Helen Payne
Staff testing to commence 31/3/20 in order to identify staff who can be returned safely to the workplace.	At present the Children's Hospital NHS FT have allowed 5 per day under strict guidelines. Sheffield Teaching Hospitals rescinded its offer to test SHSC staff, and therefor the Trust is exploring alternatives.	10/04/2020 Anthony Bainbridge
Ensuring sufficient supplies of oxygen where needed.	Current issues in relation to procuring sufficient supplies. Trust has escalated the issue to NHS E/I.	10/04/2020 Abiola Allinson

Total   1