Sheffield Health and Social Care NHS Foundation Trust

Board of Directors - Open

Date:	9 September 2020	Item Ref:	11

TITLE OF PAPER	**CoVid-19 Update, including Management of Risk – Response from Specialist Quadrant**
TO BE PRESENTED BY	Clive Clarke, Deputy Chief Executive
ACTION REQUIRED	To receive and note the content of the report including: • The day to day management of the CoVid19 pandemic via an emergency planning risk based approach; • The experience of the specialist quadrant.

OUTCOME	The Board are assured of the arrangements to manage via the CoVid19 Risk Register. The Board has greater insight into how CoVid-19 was managed via specialist services.
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	Winter Planning Report (September 2020 Board) Emergency Preparedness, Resilience & Response Report (September 2020 Board)
STRATEGIC AIM STRATEGIC OBJECTIVE **BAF RISK NUMBER & DESCRIPTION**	A102iii Risk that the Trust will be unable to provide service at the required standard as a result of reduced or uncertain staffing numbers resulting from the impact of Covid-19 pandemic. Management of the Covid-19 incident (getting through safely, managing surge, getting back to BAU)
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Organisation priorities. CoVid-19 Getting Through Safely CoVid-19 Risk Register Business Continuity Plans
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Impacts across all service areas – to ensure the pandemic is managed, financial impact to be placed on Covid-19 Risk Register
CONSIDERATION OF LEGAL ISSUES	Coronavirus Bill Approved 25 March 2020 – powers relating to a range of Trust activities including recruitment, Mental Health Act (revised guidelines).

Author of Report	Clive Clarke
Designation	Deputy Chief Executive
Date of Report	Sept 2020

Sheffield Health and Social Care NHS Foundation Trust

CoVid-19 Update, including Management of Risk – Response from Specialist Quadrant

1. Purpose

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

2. Summary

The Board continue to receive on a monthly basis the CoVid-19 Risk Register (Appendix 1) which is monitored by CoVid-19 Silver Command on a weekly basis and is received and reviewed by CoVid-19 Gold Command weekly.

This is a responsive document which supports the emergency planning/CoVid-19 command centre to manage risk, and subsequently mitigate the risk to a manageable level.

Since the Board last received this register, a number of areas, such as:

- High temperature
- Waiting room capacity
- Infectious waste

have been downgraded and subsequently will be de-escalated from the CoVid-19 Risk Register and managed on local registers.

Outbreak

On Saturday, 29 August 2020, Birch Avenue nursing home reported positive CoVid-19 symptoms for both residents and staff.

As of Wednesday, 2 September 10 residents and 16 staff have tested positive. The outbreak is currently being managed on the unit.

Specialist Quadrant – Scheduled & Planned Care

This month we want to highlight the work and learning that has taken place within Specialist Services. The slides at Appendix 2 outline what we have learned and are a good example of providing services in the height of CoVid-19 by offering alternative ways of engagement; service user response and, going forward, what has worked well and not so well.

The learning will continue to be examined as the Trust looks to refresh its strategy.

3 Next Steps

- Continue to monitor and manage the impact of Covid-19 moving into the Phase 3

4 Required Actions

- Board to receive the report and supporting appendices
- Board to note the actions of the Specialist Directorate to maintain a service and incorporate learning.

5 Monitoring Arrangements

- Coronavirus SitRep Dashboard
- Covid-19 Gold Command
- Covid-19 SHSC Plan – Next Phase and Recovery (including membership from external partners (ICS, NHSSCCG and Public Health)

6 Contact Details

Beverley Murphy
Executive Director of Nursing, Professions & Operations

COVID-19 Risk Management – Risk Register

1,2,4,6,8,12,13,14, 17

RISK ANALYSIS	
1-4	Very low risk
5-8	Low risk
9-12	Moderate risk
13-25	High risk

LIKELIHOOD	
This risk will probably not occur during the response to the COVID-19 situation	1
We do not expect this risk to occur during the response to the COVID-19 situation ***but it is possible***	2
There is a ***reasonable chance*** this risk might during the response to the COVID-19 situation, although it ***would not be described as likely***	3
It is ***likely*** this risk will occur during the response to the COVID-19 situation	4
It is ***almost certain*** this risk will occur during the response to the COVID-19 situation	5

IMPACT	
This risk occurring would have a ***negligible*** impact on our ability to respond to COVID-19	1
This risk occurring would have a ***minor*** impact on our ability to respond to COVID-19	2
This risk occurring would have a ***moderate*** impact on our ability to respond to COVID-19	3
This risk occurring would have a ***major*** impact on our ability to respond to COVID-19	4
This risk occurring would have a ***catastrophic*** impact on our ability to respond to COVID-19	5

			Inherent Risk Rating				Current Risk Rating				Target Risk Rating			
ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood	Impact	Rating	Action points / updates	Likelihood2	Impact3	Rating4	Responsibility
1	02/05/2020	**There is a risk that:** **Staff will not be able to work remotely with full IT and network functionality.** **There is a risk that:** **The Trust's VPN solution may run out of licenses or struggle with performance;** **Caused by:** **Increased usage arising from home working required due to social distancing;** **Resulting in:** **An impact on business continuity and/or service delivery**	4	4	16	1) Daily licensing reports to monitor usage/volume of connectivity being reported through Emergency Planning; 2) Daily back-ups taken should their be a need to revert to these to bring system back online. 3) Additional licence available for Connect Tunnel if increased capacity is required. 4)FortiClient VPN deployed to all Windows 10 laptops with Connect Tunnel still available on the devices as a backup.	3	2	6	1)21/08 - Design has been received from the service provider the resilient services. Hardware being purchased and resource being organised with the service provider to make the relevant configuration changes.	2	2	4	IMST
2	02/05/2020	**There is a risk that:** Staffing levels may be depleted to such an extent that service delivery is threatened; **Caused by:** Staff self-isolating due to them or members of their household being symptomatic or requiring to shield; **Resulting in:** An impact on service delivery and patient safety.	5	5	25	1) Business continuity plans in place; 2) Minimum staffing levels in place for all teams and services; 3) Process in place for monitoring staff absence; 4) Redeployment of staff now in place following QIA; 5) Critical business identified as inpatient and crisis care; 6) Additional physical health training for staff to manage symptomatic patient delivered in early April; 7) From 11/04 SCH able to offer 12 spaces for staff testing daily. Daily testing monitored by a core team 8) Daily SITREP compiled by Business and Performance managers to review minimal safe staffing in clinical services commenced from 19.03.20 to feed into Clinical operations and Silver Command to enable monitoring of staffing at senior level 9) Covid-19 reporting template developed by workforce information in HR which feeds the daily numbers to Silver and Gold Command 10) Daily Covid dashboard developed by Business and Performance Managers to cover safe staffing levels to feed Gold and Silver command at COP each day to ensure oversight of safe staffing 11) Enabled effective home working via IT solutions including "attend anywhere" software 12) Staff working at home - regular review undertaken to support work at home or return to work 13 Increase awareness of impact of Covid on BAME communities. BAME Staff network group have had a webinar attended by Jan and Mike hunter and Rita. Risk matrix and information sent to managers. Two briefing sessions offered re this. Managers requested to ensure completion of risk assessment for all BAME staff with confirmation to HR Two dedicated HR advisors available to provide specific input and advice on BAME related risk assessments. 14) Bring back staff process implemented and identified staff in situ on wards/community teams 15) Y3 students in situ. 16 Medical student applications were progressed for band 2 roles 17) Systems in place to support deployment across Trust to areas of need. 18) New shielding letters have been issued to advise where staff cant work from home they can return to work provided individual risk assessments are in place to explore adjustments 19) risk assessment for individuals returning to the workplace 20) support for managers in place to advise on specific issues (eg forums, regiular HR checkins etc) 21) Audit of vulnerable staff will allow review and support	2	3	6	1) COVID environmental risk assessment process commenced and is being applied across all setting to look at immediate and long-term actions required to support staff and user safety. This action is close to completion. 2)Audit of risk assessments completed with vulnerable staff to be reviewed based reasonable adjustment plans based on risk assessments and OH advice where applicable RECOMMEND CLOSE THE RISK AS COVERED BY RISK ASSESSMENTS AND SHEILDING PAUSED 28/8 to be discussed at the next Working Safely Group.	2	3	6	HR

ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood	Impact	Rating	Action points / updates	Likelihood2	Impact3	Rating4	Responsibility
4	02/05/2020	**There is a risk that:** There is a post-peak impact on clinical staffing levels; **Caused by:** Exhaustion arising from demand during the incident; **Resulting in:** An impact on business continuity and/or service delivery.	4	4	16	1) Business continuity plans in place; 2) Review of staffing and redistribution through daily situation reports. 3) Agreed minimum staffing levels in place for all teams and services; 4) Increased levels of supervision, supported by psychologists - Psychologists offering supervision in teams in which they are based - action completed 5) Psychology supporting staff through debriefs and reflective practice - Psychologists offering reflective practice & continuing to support staff through debriefs - action completed 6) Volunteer and redeployment process SOP in place 7) Staff helpline mobilised 24/7 - Staff Helpline reviewed - risks reduced - no waiting list - absorbed work into Workplace wellbeing - action completed 8) Staff encouraged to continue to take annual leave / bank holidays and time back 9) HR Helpline and support HR hub	3	4	12	1) Psychology Board considering needs of support for staff and patients / carers 2) Links with wider system to consider whole system response to resilience through Gold and MHLDDB 3) Review session on 7th May scoped out priorities for further focus and workforce wellbeing identified as key area to progress. 4) Helpline being reviewed at a regional level 5) Demand being monitored continually and escalated to Silver where necessary	3	3	9	Linda Wilkinson
6	02/05/2020	**There is a risk that:** The Trust will have insufficient supplies of key items including syringe drivers and oxygen; **Caused by:** Overwhelming demand and national shortage; **Resulting in:** An impact on patient safety.	4	5	20	1) Approval received to increase Oxygen cylinders- 10xZH. 28/05/2020 – Trollies have arrived in organisation, rooms for storage being identified and should be ordered next week 2) Emergency Oxygen cylinder transport SOP approved. This means estates can support with transport of Oxygen cylinders across the organisation to where it is needed 3) Four syringe drivers ordered in April. Staff have been trained 4) Oxygen concentrator SOPs disseminated to wards (04/06/2020) 5) Loan of syringe driver from St Luke's for training purposes 6) Daily review in Silver command and monitored through daily Physical SitRep 7) 19/06/2020 – Storage rooms identified and ZH Oxygen cylinders ordered and delivered 8) 24.07 - Oxygen concentrators and ancilliaries delivered to identified locations Stanage, Burbage, Dovedale, G1, Maple, Endcliffe, Woodland View, Birch Avenue, Buckwood View, ATS, Forest Lodge, Forest Close 3	2	3	6	1) 31/07 The 4 syringe drivers have arrived and are with Clinical Engineering at STH. Awaiting Calibration and will then be issued. Target risk will then be achieved.	2	2	4	Abiola Allinson
11	14/05/2020	**There is a risk that:** the crisis services do not have sufficient capacity to manage a surge in demand **Caused by:** the number of staff shielded and/or on restricted duties **Resulting in:** an impact on patient safety	4	4	16	1) Flow coordination 24/7 2) Additional Flow shifts covered 3) Monitoring of demand 4) Escalation process in place 5) Partial opening to cover weekend only w/c 20 July 6) Additional Home treatment input into SPA 7) Substance Misuse support to SPA	3	4	12	1) Crisis and recovery services have met and agreed to explore/action across: • 3rd sector support re phone lines and signposting • Home Treatment and Recovery working more closely – referral managment • Co-locating some staff from HTT and recovery at Longley to aid improved working with SPA and to support DU when remobilised.	2	4	8	Debbie Horne
14	01/06/2020	There is a risk that: Staff and service users could be exposed to increased risk of infection Caused by: People starting to return to work/attend the workplace, without proper environmental risk assessments being carried and inadequate controls in place e.g. poor social distancing Resulting in: More staff or service users could become infected with C-19 which will impact on service delivery	3	4	12	1) A working group has been set up (reporting to Silver Command) to manage safe returning to work for staff groups/services across the Trust, facilitated by HR and involving Estates, H&S, Procurement et al 2) A pilot Environmental Risk Assessment for this purpose was carried out for Fulwood House w/c 25 May and will be used to inform further work 3)Environmental risk assessments being carried out & almost complete and is being communicated to staff by lead managers, who are responsible for managing the return to work process 4) In line with Government guidance, staff can return to work where required provided they are assessed as COVID secure and an individual risk assessment has been undertaken 5) guidance on remote and F2F recruitment issued 7) Restarting F2F training risk assessments to confirm safety 8)Jonathan Mtichell representing clinical ops at Working Safely Group 9) Working safely guidance and local COVID risk assessment guidance issued reiterating Facemasks, Social Distancing, working remotely 11) Guidance is regularly communicated to staff on issues shuch as quarantine, track and trace, use of facecoverings, sheilding staff 12) COVID HUB to hold information on all above areas for reference - and is under review to ensure it is up to date.13) Communication issued to staff on return to work practices and individual risk assessments 15) Guidance has been issued to all managers who had staff whowere shielding about suporting them to safely return to work (which includes continuing to work from home where appropriate) 16) Gold endorsed decision on use of face masks in non-clinical/Covid secure areas; this was communicated 05/08.	2	3	6	1) Guidance for staff and managers based on initial environmental risk assessments being carried out - Anita Winter providing MST meetings for local managers who need further support and guidance 2) Co-ordination of available space and demand through estates to enable safer working - meeting to disucss community services took place - limited space available 3) Digital consultancy business case to support remote working for longer term - *working with IT to arrange a meeting to discuss* 4) Approvals for equipment required as a result of env risk assessments needed are being fed through to Estates- *Estates continuing to receive requests from local managers for Spit screens etc. and commencing measuring up etc. 5) Need further comms re FACEMASKS as local practice providing inconsistency in approach. Comms / WOrking safely group to address.* *Working Safely Group did not meet due to annual leave however this risk has been reviewed bySB.27/8/20*	2	2	4	HR/Estates

ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood_	Impact_	Rating_	Action points / updates	Likelihood2	Impact3	Rating4	Responsibility
17	06/08/2020	There is a risk that: All staff that are in groups identified as being 'at Risk' will not be identified and recive an initial and ongoing individual risk assessment	3	4	12	1)Risk assessment tools and guidance are available 2) the definition of at risk is now clear 3) a plan is in place to ensure that all staff identified as in the at risk group are offered a riks assessment 4) guidance is available about how to repond to risk assessment outcomes 5) 98% of BAME staff risk assessed can be identified individually to faciliate ongoing risk review	3	3	9	1) a plan to implement recording of risk assessment completion through ESR is being developed this will be in place by the 14th of August UPDATE 210820 - a reporitng system has been agreed using training competencies on ESR. all data submitted on completed risk assessments will be inputted next week. 27.8.20 - 608 RA's inputted into ESR - remainder to be inputted week commencing 1st Sept by Bank Admin. Workforce designing BI report & will be completed & tested by 9.9.20 ready to proceed with reporting. Managers Communication sent to comms & confirmed this will be sent out week commencing 1st Sept. Further comms to 'all employees' be sent week commencing 7th Sept.	2	2	4	HR
19		**There is a risk that:** many staff are not complying with social distancing or the wearing of masks on the wards or in community service offices or meeting rooms **Caused by:** nature of the work often means that staff on the wards are often under time pressures and the space available to them means that they are often having to get together for hand overs in small rooms. Some staff find masks to be hot and uncomfortable for extended periods of time so are often removed temporarily and they forget to replace them. Staff are not always able to leave the ward for lunch breaks due to staffing levels and often have to remove their mask to eat or drink while on active duty. **Resulting in:** the potential cross infection of staff or service users which will have a significant impact on service delivery.	4	3	12	1. Environmental Risk Assessments are completed detailing the management plan for Covid-19 with managers and are asked to share details with staff teams. 2. Posters are installed in to all sites to remind staff about maintaining distances as much as possible 3. Meeting rooms have their own Risk assessments placed in a prominent place for all users to note. 4. Twice weekly open MS Teams question and answer session has been made available to staff until the end of August and published through the Comms newsletters. 5. Guidance is communicated regularly to team managers adn staff including the use of facecoverings, managing infection prevention and control and staff who are anxious or are shielding. 5. Managers to complete individual risk assessments with staff where they have a concern or a risk is identified .	4	3	12	Management plans for Covid are incorporated in the environmental risk assessments which teams have access t. Managers are encouraged to share this informaiton to their teams regularly. Additional information and relevant information form web links to additional current advice is available on the Covid-19 Risk assessment which is available on all teams Environmental Risk Assessment.	2	3	9	

Appendix 2

NHS
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Specialist Quadrant

Scheduled and Planned Care

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What is the Specialist Quadrant

Sheffield Health and Social Care NHS Foundation Trust

- We provide care in16 service areas, with in excess of 20 teams, with about 280 members of staff, and receive budgets of approx. £13.5 mil through a range of commissioning agreements at CCG and NHS England levels
- We work across age ranges from babies to older adults, and across all life stages including palliative neurological care
- We work in areas of mental health, and physical health and within the cross over of mental wellbeing in the face of long term conditions
- We deliver services in every area of the city and beyond at regional and national levels
- We work across health and social care boundaries and link with a wide range of non-statutory service providers.
- We deliver services from specialist outpatient facilities, primary care surgeries, community venues, and into domiciles, refuges, and travelling sites.
- We offer primary, secondary and tertiary level services

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Teams in the Specialist Quadrant

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- **SAANS** – Sheffield Adult Autism Neurodevelopmental Service
  - Diagnostic and follow up out-patient multi disciplinary team for adult autism and ADHD. Transition pathway for 16+
- **GDC (GIC)** – Gender Dysphoria Clinic/Gender Identity Clinic
  - Diagnostic and follow up out-patient multi disciplinary team for adults with gender dysphoria and/or transexualism. Gateway to surgical pathways
- **R&S** – Relationship and Sexual Health
  - specialist psychosexual counselling
- **HAST** – Homeless Assessment Support Team
  - Multidisciplinary community team working with rough sleepers experiencing mental health issues. Work into refuges, and hostels and on the streets.
- **STEP** – Short Term Education Programmes
  - Education team delivering bespoke group packages in a range of clinical areas
- **SEDS** - Sheffield Eating Disorders Service
  - Outpatient service for adults offering physical and mental health interventions.
- **CFS/ME Service** – Chronic Fatigue Service
  - Outpatient multidisciplinary service offering group and individual treatments focusng on physical and mental health and wellbeing.

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Teams in the Specialist Quadrant

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- **LTNC** – Long Term Neurological Conditions Services
  - 3 specialist community multidisciplinary teams that work in brain injury rehab, the management of degenerative conditions and other congenital and acquired neuro conditions, a neuro case management team working in complex conditions or multiple co-morbidities across health and social care.
- **PNMH** – Perinatal Mental Health Team
  - Specialist team working with women experiencing mental health difficulties who are planning to have a baby, are pregnant or have a baby under 12 months of age. The Sheffield service is leading an ICS across Rotherham and Doncaster .
- **SPS** – Specialist Psychotherapy Services
  - **MAPPS** – Mood, Anxiety and Post Traumatic Stress Disorder Psychotherapy Service, a tertiary service offering a range of psychotherapeutic interventions for adults experiencing a range of complex mental health difficulties that have not responded to other treatments
  - **PD** – a tertiary service offering a range of psychotherapeutic interventions for adults experiencing a range of complex mental health difficulties relating to complex trauma and personality disorder

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Teams in the Specialist Quadrant

- **IAPT** – Improving Access to Psychological Therapies
  - Split into ‘core’ sector teams based in Primary Care and Health and Wellbeing teams linked to specific physical health condition pathways and linked to secondary care delivering a range of psychotherapeutic approaches to individuals and groups.

- **HIT** – Health Inclusion Team
  - Specialist health visiting and nursing service working into highly vulnerable groups including travellers, refugee populations and refuges

Our priorities at the beginning of the pandemic

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- Our portfolio is extremely wide and encompasses many vulnerable groups within the community
- We began with the premise that “one size doesn’t fit all”, but we needed to identify priorities and give guidance upon which to build a nuanced narrative.
- We identified 4 business critical services based on potential immediate significant risks to physical health, or where a rapid deterioration in mental health would place undue pressure and demands on colleagues in other parts of the system. Our immediate focus was on the areas of perinatal mental health, health visiting services (HIT), eating disorders and the city wide response to rough sleepers.
- We produced a 4 stage Quadrant-wide Covid 19 phased plan prior to lockdown
  - Communicated via email with clear instructions on deployment of phase
  - Live document – used as basis for discussion with operational and clinical leads on the ground and operational performance parameters agreed
- Adapted our plan as Gold and Silver command structures came into play and guidance changed

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Quadrant ‘lockdown’ planning example

BCP	Business	Patient requirements	Staff requirements
Stage 1	Business as Usual – expected commissioned activity to be met • Appointments to be maintained • Community visits to be maintained • Groups to be maintained	• Screening questions – All 4 questions	• Attendance at training • Normal annual leave and sickness policy applies • Available to work as per contracted hours • Follow normal infection control requirements
Stage 2	Activation of Business Continuity Plan (1) - Continue with community visits where screening has been undertaken and the patient is asymptomatic. If screening cannot be undertaken before the visit, risk assessment MUST be undertaken at the site prior to entry. - Move to telephone based consultations, appointments, reviews, etc for vulnerable patients without adversely affecting their care. (Definition of VULNERABLE = an increased risk of complications and serious illness caused by long term physical, cognitive & mental health conditions, or where their support network is unstable or unpredictable.) - Maintenance of referrals processing and triage into levels of need for service response - Move to group delivery via Trust approved video conferencing platforms - Essential Team meetings only o E.g Daily huddles, business continuity meetings, Team Governance meetings - Face to face and Online mandatory training - Non-essential training/external events are not to be attended without agreement from senior management	• Screening questions – symptoms ONLY o People with symptoms (patients or relatives) to self-isolate • Identify within service via defined measure of complexity and urgency: o Vulnerable patients within the services’ caseload (irrespective of age) o Vulnerable patients with co-morbid Long Term Conditions o Written plan of patient care which is accessible via appropriate systems so continuity of care can be maintained	• Manager to maintain a register of staff in preparation for Stage 3 deployment: o Staff who are medically vulnerable o Staff who have direct childcare responsibilities o Staff who are available or not available (inc Annual Leave) o Nominated Deputy to manager to be identified and in contact with SOMs • Enhanced infection control procedures • Staff experiencing a fever or a new persistent cough need to self-isolate for 7 days or 14 days if in a household with other people • Managers MUST complete the reporting template and email to: • COVID-19.AR@shsc.local.nhs.uk • TEMPLATE: • File path if unable to open W:\S&PC-Primary Care Service Managers\COVID 19\Useful Documents

Quadrant ‘lockdown’ planning continued

BCP	Business	Patient requirements	Staff requirements
Stage 3 – as of 17.03.20	Activation of Business Continuity Plan (2) Telephone based consultations, appointments, reviews, etc ONLY, for all non-essential patient contact Maintenance of referrals processing and triage into levels of need for service response for prioritisation into Urgent/Crisis requiring face to face contact Group delivery via Trust approved video conferencing platforms ONLY NO Team meetings MANDATORY TRAINING TO CONTINUE AS NORMAL If a service area is not able to offer telephone consultations this will link with Trust Emergency Planning to prepare for relocation of staff to maintain critical service areas	No face to face appointments to be offered Offer of telephone or online appointments Signposting to emergency services for emergency / urgent cases Daily application of service defined measure of complexity and urgency: Vulnerable patients within the services’ caseload (irrespective of age) Ensure risk assessments and written plan of patient care is accessible via appropriate systems so continuity of care can be maintained	• **Managers MUST complete the reporting template and email to:** o EMAIL: COVID-19.AR@shsc.local.nhs.uk o o File path if unable to open W:\S&PC-Primary Care Service Managers\COVID 19\Useful Documents • Staff experiencing a fever or a new persistent cough, or in a household with above symptoms need to self-isolate for 7 days if you live alone or 14 days if living in a multiple person household. • Enhanced infection control for face to face contacts and liaison with Infection Control Specialist for deployment of Personalised Protective Equipment (PPE) as appropriate. • Manager/acting manager (teams to identify hierarchy of seniority within the team) to send staff at work list to SOM each morning. • Daily conference call between all services to set agenda • Daily service “huddles” to plan daily tasks and job plans • Staff to attend work base unless o COVID 19 symptomatic o In self isolation due to household symptoms • Managers to ensure that work environment is conducive to safe distancing and individual plans are completed re staff with known vulnerabilities as agreed by manager and SOM

Quadrant ‘lockdown’ planning continued

BCP	Business	Patient requirements	Staff requirements
Stage 4	Suspension of service and reallocation of staff to Continuation of service for essential assessments and triage from the following services: Health Inclusion Team Perinatal Mental Health	Patients will receive correspondence that all service is suspended	Staff using a central base Each service to have pre-recorded answerphone message informing of service suspension and where to get support in the event of crisis

Our priorities in the immediate term for a diverse set of community services

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- Maintenance of “Urgent” pathway response for 4 business critical services
- Transfer to urgent/complex caseload management across all services
- Engagement with Trust to divert staff to mission critical areas
- Stand down of some service activity and redirection of resource through QIEA process with Jason Rowlands and Mike Hunter
- Identified service areas as1st wave digital strategy responders to re-engage therapeutic flow
- Engage with clinical and operational leads to agree performance management strategies
- Ensure that critical engagement in place with service leads to respond to Mandatory training and supervision networks in a dispersed workforce

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Our priorities during Phases 2 & 3

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- Establishing a strong leadership base with accessible management and communication networks across the services to promote learning and support
- Active engagement with clinical and operational leads to consider how teams could review and progress the service offer across the patient group – to extend beyond ‘urgent’ responses
- To get ‘grip and pace’ on the use of technology / remote platforms so that the teams could develop ways of delivering group and individual programmes and evaluate the outcomes for clinicians and patients
- To develop an ‘exit’ strategy so that teams could engage with face to face contact where appropriate and modify care environments according to guidelines and evidence
- To maintain communication with commissioning bodies to discuss changes in delivery and the ability to fulfil primary tasks and contracts

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Quadrant-wide Actions

- Open, consistent and frequent communication to maintain relationships across service areas to promote
  - Trust
  - Hope
  - Engagement
  - Learning
- Early adoption and evaluation of IT developments to reconnect clinicians and patients
- Learning new skills in Group Presentation from Open University courses as well as cross team workshops
- Refocusing the traditional service offer to address new demands created by the pandemic in our clinical populations
- Engaging with social care and non-statutory providers to meet emerging needs and city-wide responses. This was particularly prevalent in the city response to rough sleeping, and the actions needed by health visiting, and those teams supporting physical healthcare needs.

What we learned

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- We reviewed cross cutting learning themes across the Quadrant using the reflective work initiated by Jason Rowlands, and getting all of the teams to present to each other through our monthly Clinical Service Leads Meeting, and ‘one-off’ cross team learning events on developing best practice .

- Crisis can drive innovative practice at pace, if anxiety can be controlled through nuanced conversation with key stakeholders.

- Use of technology has demonstrated increased efficiency both in terms of operational meetings and governance and the delivery of service for specific interventions to client groups – **but** there are limits and consequences.

- Teams can learn and adopt new skills quickly and appear infinitely imaginative and adaptable when given rein to do so

- Most clients are amenable to an online relationship with services and those that aren’t have been offered the choice to wait for face to face or have been seen – dependent on risk

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What we learned

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- All teams have followed Environmental Risk Assessment and Infection Control measures to prepare for face to face visits or O/P appointments – assurance visits completed

- We have blended patterns of working now staff have the IT infrastructure in place, but it has demonstrated how great the need is for teams to have a base of operations and ‘physical’ contact to maintain optimum function and wellbeing.

- Future operational efficiency will depend on careful examination of system flow specific to the clinical team. ‘Virtual’ contact is not appropriate in some diagnostic services such as autism and gender services. We have to control flow into the service to allow movement through clinical pathways and predict the consequences of further lockdown.

- Some services will not return to pre C-19 delivery methods for a significant period, including IAPT most specifically. We need to evaluate service offers and discover appropriate metrics for determining patient outcome and evaluating primary tasks.

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Some Examples of Practice Change

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STEP

- Shutdown of City centre team base and all commissioned activity
- Diversion of active staff to SPA
  - Supported 340 clients on SPA waiting list as well as safe and well checks offered to STEP clients
- Redesign of courses to enable ‘virtual’ delivery to commissioned groups, including all course content, session plans and workbooks, and a new course on Carer Wellbeing
- System learning through OU courses for delivering groups on-line
- Engagement with IAPT for joint experiential learning
- Re-boot of commissioned activity in delivering course content to patient groups on-line from July
- Full evaluation of change programme and service user feedback facilitated by Lee Alexander. Report available. Qualtrics evaluation now incorporated into routine activity.

Eating Disorders

- Shutdown and dispersal of staff
- Rapid consideration of supporting physically at risk patients
- Engagement with QEIA process and engagement in weight management programme as other secondary and primary care services reduced support
- Rapid engagement with Attend Anywhere and re-boot of ‘virtual’ day hospital support and individual treatment programmes

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Some Examples of Practice Change

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IAPT

- IAPT had to immediately move from co-location in GP practices
- Due to business continuity – a new patient management system was approved by Gold Command – within a week moved on to Iaptus
- NHS England delivered a training programme over 3 months to support the online delivery of IAPT interventions
- Flexible working hours in response to changes in staff individual contexts for example, split days, evening working, weekend working
- A short-term reduction in clinical contact hours with an incremental return to expected activity level
- Substantial guidance created to support staff with changes to work in practice (remote working, operational policy, staff handbook, managers handbook, digital courses guides and a number of bite size training videos and masterclasses to support staff.
- Psychological first aid to people along with the Coping with Covid course that is being adapted to reflect different stages as we move through the pandemic.
- All 1-1 work and courses delivered by telephone or video was different, patient feedback in shaping the continuous improvement of online delivery as we all learn together on what works
- Improving accessibility is important particularly as BAME communities have been disproportionately impacted by Covid
- Focus groups to help adapt courses for people from BAME communities – videos on how to access on website in Urdu/Arabic

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Going Forwards

Sheffield Health and Social Care NHS Foundation Trust

- Maximising mixed economy of service delivery to meet patient choice whilst ensuring safety and quality of service delivery
- Addressing issues of psychological wellbeing within our staff groups
- Celebrating innovative practice and development
- Continue to engage with service user feedback and ongoing evaluation through Qualtrics to drive service change
- Using the drive created by this crisis to get grip and pace and re-energise service change including changes in delivery for the Gender Dysphoria clinic, new operational delivery for autism services, the creation of a new nurse-led ADHD pathway, the fulfilment of an all-age range eating disorders pathway in collaboration with SCH and non-statutory services, meeting challenging growth targets for perinatal services and IAPT……
- Engaging in a cross Quadrant mock CQC inspection regime to inform a continuous change improvement programme

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