

Board of Directors – Open

Date: 11th November 2020

Item Ref: 7

TITLE OF PAPER	Management of COVID-19 Pandemic
TO BE PRESENTED BY	Beverley Murphy, Executive Director of Nursing, Professions and Operations
ACTION REQUIRED	The Board is asked to consider whether it is sufficiently assured of the Trust's management and response to the COVID-19 Pandemic.

OUTCOME	The Board is assured that all necessary and required actions are in progress.
TIMETABLE FOR DECISION	November 2020 Board of Directors
LINKS TO OTHER KEY REPORTS / DECISIONS	Integrated Performance & Quality Report - October 2020 Emergency Preparedness, Resilience and Response - Annual Report 2020 Getting Back to Good - October 2020 Board Report SHSC Daily Situational Reports
STRATEGIC AIM STRATEGIC OBJECTIVE	Delivering Outstanding Care; Creating a Great Place to Work COVID – Getting Through Safely; CQC – Getting Back to Good
BAF RISK NUMBER & DESCRIPTION	BAF.0001 There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19. BAF.0003 There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements.
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Civil Contingency Act (2004) NHS Act (2006) EPRR Framework (2015) Coronavirus Act (2020) Phase 3 of the NHS response to the COVID-19 Pandemic (2020)
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	The risk is that we fail to provide safe and effective care and that we do not adequately protect the workforce which may have an adverse impact on the quality of care.
CONSIDERATION OF LEGAL ISSUES	Breach of regulatory standards and conditions of Provider Licence.

Author of Report	Michelle Fearon	Terry Geraghty
Designation	Director of Operations (System Improvement)	Emergency Planning Lead
Date of Report	3 rd November 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		
The purpose of this report is to update Board as to the organisation's response to the COVID-19 Pandemic and assure the Board of the robustness of business continuity plans.						

2. National Position

Pandemic update

The UK's coronavirus alert level was recently downgraded from National Response level 4, to Regional Response Level 3. This was to recognise that regions needed some autonomy to make decisions on managing the virus in their areas. Transmission of the virus is high, and in some areas very high, rising at an increasing rate. Initially, the epidemiology impacts were being felt by the younger generation however with transmission rates now rising across all age demographics, demand on NHS urgent and critical care services is rising and in some parts of the Country, above levels seen in the first wave. At the time of writing this report, the NHS national alert level remains at a level 3.

New National Guidance

Additional restrictions, to control the spread of COVID-19 were introduced by the Government on 22nd September 2020 with the limit of no more than 6 people socialising indoors and outdoors, applying equally to adults and children. There were several exceptions to this, for the purposes of work being one of them. On 14th October 2020 the Government introduced further restrictions in the form of a three-tier system named Covid Alert Levels; medium, high and very high.

On 31st October 2020 the government announced that with COVID numbers rising rapidly across the whole of the UK a national lockdown will be in place from Thursday 5th November until Wednesday 2nd December 2020:

1. Requiring people to stay at home, except for specific purposes.
2. Preventing gathering with people you do not live with, except for specific purposes.
3. Closing certain businesses and venues.

The measures have been judged to achieve the maximum reduction in growth in the number of cases, preventing the NHS from being overwhelmed, whilst ensuring that schools, colleges and universities stay open and that as many people as possible continue to work.

At the end of the lockdown, regions will return to their tiered alert levels.

3. Sheffield

Having initially been categorised as medium risk on 24th October 2020, South Yorkshire was re-categorised as Very High level due to a rise in hospital admissions in the over 65 age group and the vulnerable. Following the national lockdown, it is this level that South Yorkshire will return to.

Current prevalence

For the reporting period, there are several outbreaks in Sheffield, notably 10 in Sheffield Teaching Hospitals, 1 at Sheffield Children’s Hospital and 2 in our Trust. Current prevalence data shows a cumulative total of **18,479** recorded in Sheffield as at 2nd November 2020, a rate of **408 cases per 100,000 population**.

The return of circa 60,000 students to Sheffield created a new risk for the City. Across the Country we have seen the consequence of widespread outbreaks across halls of residence. In Sheffield, there are currently **2,249 cases confirmed in the student population**.

The return of school children has also introduced unplanned and widespread disruption, particularly for working parents. Whilst in Sheffield, there are no whole scale school closures, classrooms are being affected by confirmed cases, requiring all students to isolate for 14 days.

4. Sheffield Health & Social Care: Issues and actions

4.1 Command Structure

The Trust continues to operate a bronze, silver and gold command consistent with the Emergency Planning, Readiness & Resilience Framework (2015).

Fig1. Command Structure



Gold command assumes responsibility for the Incident decision making and contributes to the wider place based and system wide gold command structures.

Silver command pays attention to the daily deployment of Trust resources and services to meet patient need. It also implements and assures compliance of patient and staff testing and safe working practices. It coordinates the assessment of risk, through a COVID19 Risk Register and anticipates the Trust’s forward planning, reporting to gold command.

Bronze command holds a daily “first thing” assessment of the operational pressures and demands and mobilises localised plans to mitigate known patient safety concerns, escalating to silver and gold as necessary.

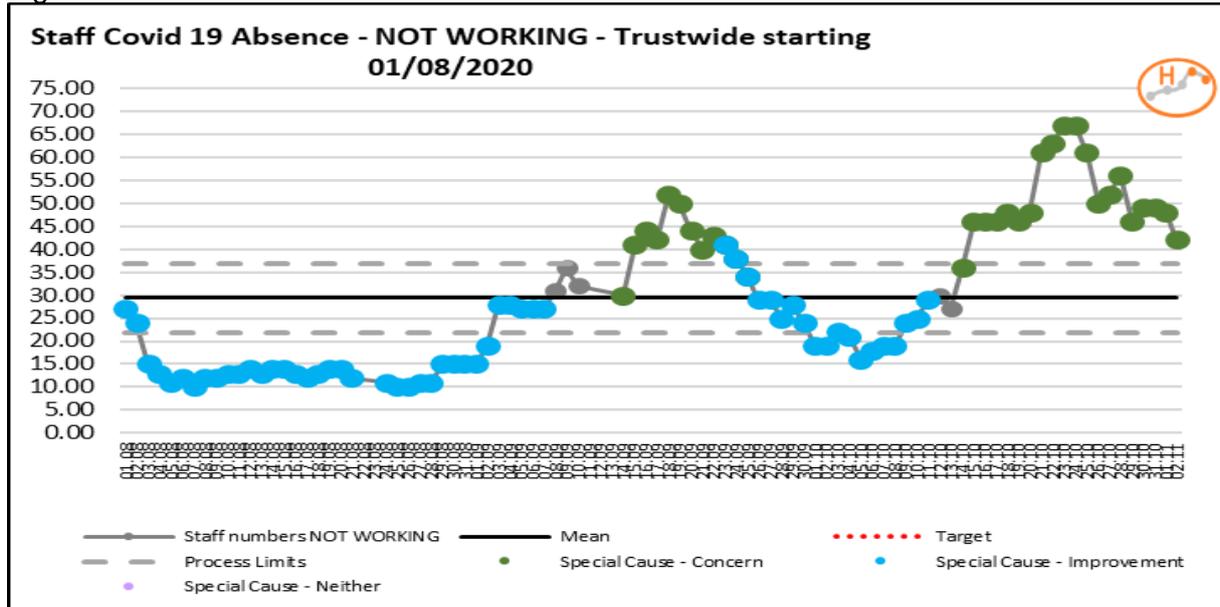
4.2 Workforce

Absence

Staff will still be able to travel in to work but the main implication will be in respect of staff who have received a letter from their GP or NHS informing them that they are considered Clinically Extremely Vulnerable. Shielding has ceased however, in the Very High-Level Tiers, and in the case of Sheffield, these individuals are urged not to go to work but to work from home and to stay at home as much as possible. The Trust will not know who they are unless informed by the individual therefore, an updated risk assessment is to be carried out of all staff who previously shielded as this will capture any who fall into the new category.

We continue to monitor daily the number of staff absent from work due to COVID. Fig.2 below, shows our staffing absence for the past 3 months.

Fig.2



The Trust continues to operate a free professional helpline for anyone affected by the COVID-19 Pandemic. From October Workplace Wellbeing have been offering lunchtime support sessions, which are open to all staff via MS Teams. This complements the existing Health and Wellbeing widget on the Trust's intranet and the COVID Support Hub.

Risk Assessment

The Trust's Command Structures and are overseeing the completion of individual staff risk assessment. Figure 3 shows the Trust's position as at 3rd November 2020.

Fig.3

	Over 65	BAME	Vulnerable	Male	Total
Risk Assessments	47	408	143	435	1514
Total	60	434	145	709	2774
Completion (%)	78%	94%	98%	61%	55%

Of those that are outstanding: -

- 5 **2 x Vulnerable Staff:** 1 currently on sickness absence; 1 due to be completed in supervision
- 6 **13 x 65+ Staff:** All line managers have been appraised and proactively supported to complete
- 7 **26 x BAME Staff:** All line managers have been appraised and proactively supported to complete

Staff Testing

SHSC continues to be supported by Sheffield Children's Hospital. Tests are available 7 days per week, with the availability of 12 testing slots per day, although additional numbers are supported and where we have had an outbreak there has been no difficulty in accessing testing. Some delays have been experienced as demand has increased, the return of test result is on average at 3 / 4 days post-test.

The Trust are making plans to conduct our own testing in house as capacity for the Children's Hospital may be an issue with the introduction of weekly Asymptomatic staff testing.

4.3 Covid secure workplaces

Across the Trust, we have been reviewing our COVID environmental risk assessments to understand what more we can do to protect our workforce and service users. All the Trust's premises have had at least one COVID risk assessment. To date we have: -

Action	Executive Leads	Timescale
Plan to eradicate dormitories and create isolation facilities on our acute wards	Phillip Easthope, Executive Director of Finance, Facilities, IMST, Performance & Strategy Beverley Murphy, Executive Director of Nursing, Operations & Professions	Maple & Dovedale Wards complete. Burbage and Stanage by end December 2020 Mitigation Plan: Reduced bed occupancy on Burbage and Stanage. Single occupancy of dormitory accommodation on Burbage; reduced of 4 to 2 patients per dormitory on Stanage.
Ensure appropriate signage in meeting rooms, communal areas and on corridors	Phillip Easthope, Executive Director of Finance, Facilities, IMST, Performance & Strategy Beverley Murphy, Executive Director of Nursing, Operations & Professions	Completed, will continue to review effectiveness
Explore use of other Trust premises to support staff working safely in community where home working isn't possible.	Phillip Easthope, Executive Director of Finance, Facilities, IMST, Performance & Strategy	Business Case presented on 7 th October 2020 to reutilise parts of Longley Centre for decant facilities for North and South community services. Specifications drawn up and quotes awaited from contractors.
Enable teams with better IT solutions on inpatient wards to maintain safe space (e.g. for MDT/ward rounds and Safety Huddles). Enable greater opportunity for remote working and patient virtual appointments.	Phillip Easthope, Executive Director of Finance, Facilities, IMST, Performance & Strategy Beverley Murphy, Executive Director of Nursing, Operations & Professions	Scoping undertaken in all areas. Final requests received at Silver/Gold Command. Order placed for circa £125k of kit w/c 26 th October 2020.

The refreshed national prevention campaign “Hands – Face – Space” has seen widespread coverage on all forms of social media. These messages, and a bespoke message from the Chief Nurse, to all staff at SHSC, was issued in September and October.

A continuous loop of reminders to our staff, to maintain social distance and wear appropriate PPE continues. Despite this, we continue to have examples where people forget or do not see the need to comply. The need for continued vigilance and the constant reminder of this being every member of staff’s responsibility continues in our daily communications.

4.4 Supporting our Service Users

All the Trust’s services are operating. We are seeing an increase in demand to access crisis and urgent mental health services. Our teams are working together to flexibly deploy staff so they are in the right place, at the right time, to deliver the care to our service users. The Trust is also understanding the impact on waiting times for those teams that have either worked differently or have been unable to see service users in the same way during the first wave. The Quality Committee will receive a report on the impact for service user experiencing waits.

In inpatient settings, patients are tested on admission, 4-7 days post admission and on discharge. We have confidence in our testing compliance on admission and discharge. We are closely monitoring and seeing improved compliance with re-testing at 4-7 days following an audit and refocusing on all elements of the required standards. Silver Command has oversight of this and reports to Gold on exceptions and mitigating action.

We have invested in a targeted communications campaign with service users, encouraging the use of face masks and social distancing. Key messages are discussed with service users individually and we are ensuring routine access to masks, wipes and hand gel in all areas.

In line with national guidance, we continue to support visiting to our wards with appropriate risk assessments in place. The only exception to this is where we have COVID cluster or outbreaks and in the case of our nursing homes, where visiting is not permitted across the Country.

We recognise the impact the pandemic has on our service users. As well as our free advice and support line, our IAPT services are running “Coping with COVID” programmes. This is to support our activity recovery plan for IAPT, in implementing the requirements from Phase 3 of the NHS Response to COVID-19 Pandemic (2020). In addition, teams are reassessing the needs of service users to understand the best ways for them to receive their care in the community, during the increased restrictions and the pending 2nd lockdown. We will continue to use a combination of face to face, virtual means, building and home visits as is assessed as appropriate by our clinicians, and ensure that staff are equipped with all relevant PPE.

4.5 Outbreaks and clusters

The Trust has had 4 confirmed outbreaks and 3 cluster outbreaks since the last report to Board. Figure 4 below outlines the service areas and numbers of staff and service users affected and their current confirmed status.

A Cluster Outbreak is defined as:

“two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 14-day period.”

A cluster outbreak “End” is defined as:

“No test-confirmed cases with illness onset dates in the last 14 days”.

An Outbreak is defined as:

“two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:

- **identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases.**
- **when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases**

An Outbreak “End” is defined as:

“No test-confirmed cases with illness onset dates in the last 28 days in that setting”

Source: Covid-19 Epidemiological definitions of outbreaks and clusters
(Public Health England - 7th August 2020)

Fig.4

Month	Service Area	No. of Staff No. of Service Users testing as COVID positive	Outbreak status
September 2020	Birch Avenue Nursing Home Public Health England confirmed Outbreak	29 substantive staff and 4 bank/agency 11 Residents	COVID Free
September 2020	Older Adult Home Treatment Team Public Health England confirmed Cluster Outbreak	2 substantive staff	COVID Free
September 2020	Substance Misuse Services Public Health England confirmed Cluster Outbreak	3 substantive staff	COVID Free
September 2020	Woodland View Nursing Home Public Health England confirmed Outbreak	10 substantive staff 10 residents	COVID Free
October 2020	Buckwood View Nursing Home Public Health England confirmed Outbreak	23 substantive staff 12 residents	Still managed as an outbreak – closed to admission
October 2020	Presidents Park Estates Team (Non Clinical) Public Health England confirmed Cluster Outbreak	4 substantive staff	COVID Free
November 2020	G1 Ward Public Health England confirmation of Outbreak status	9 substantive staff 3 service users	Being managed as an outbreak – closed to admission

Learning

Our workforce, particularly in close knit communities, come together at work and socially and whilst there is no suggestion that behaviours outside of work were not in-keeping with government guidance, the risk of cross infection rises as the numbers of people exposed in groups increase.

Our staff continue to struggle with maintaining social distance in the workplace.

Deaths per month

There have been no reported staff or patient related deaths due to COVID, for the reporting period.

4.6 Implementing New NHS guidance

Date of Issue	What does this mean for SHSC?	Compliance statement
17/9/20 – Emergency Planning & Incident Control Centre: Daily Situational Reporting – staff absence, confirmed COVID cases and hospital activity	From 25 th September 2020, all Trusts to return to daily reporting over 7 days per week.	Standard met.
14/10/20 – Updated from 12/09/20 - Visiting people in a mental health & Learning Disabilities Setting:	We must not put blanket restrictions in place to prevent people in our care being visited.	Standard met. Compliance audited.
28/09/20 COVID-19 Patient Transport Services:	The reintroduction of patient transport.	Standard met.
28/09/20 Personal Protective Equipment Strategy	A clear process for ensuring a sufficient PPE supply.	Standard in place, good supply of PPE.
28/09/20 Waste Disposal Standard Operating Procedure	Any area with a confirmed patient, cluster or outbreak to follow bagging and collection of infectious waste guidance	Standard in place.
2/10/20 Use of Test & Trace in healthcare settings	Guidance for healthcare staff to pause “tracing” function on the NHS Covid-19 app whilst in healthcare premises	Standard communicated.
29/10/2020 Revised Outbreak notification form to NHS England & Improvement	Revised IIMARCH form for initial notification and weekly follow up position reports whilst outbreak remains.	Standard communicated. Internal outbreak procedures revised and added to Trust Intranet.
30/10/2020 Stand up requirement for Trust Incident Control Centres to operate 08.00-20.00 weekdays and 09.00-16.00 weekends	Requirement from NHS England & Improvement North East and Yorkshire region, to align operating hours with theirs with effect from 2/11/2020	Standard in place.
30/10/2020 Asymptomatic staff testing of patient facing staff	Notice that weekly staff testing of Asymptomatic staff is to be introduced for areas in the very high alert levels, commencing with Acute Trusts, then rolled out to Mental Health and Community Trusts.	In Trust operating procedure being prepared in readiness to implement when available.

5. Sheffield and local system issues

Since entering into Tier three the South Yorkshire and Bassetlaw health and social care system has stood up a number of 'touch points' and its command structure to ensure we work well together to protect people. SHSC is represented at all meetings. What we know:

- GPs in Sheffield are reporting an on average 7 days wait for access. We are seeing a correlation in access demands to our single points of access and crisis/urgent care services.
- There has been a doubling in activity to Sheffield Health Based Place of Safety. This is mirrored across the region.
- Sheffield Teaching Hospitals have in excess of 300 COVID positive patients and has taken the decision to stand down some elective activity to allow for the opening of two additional COVID wards.
- Both Sheffield Teaching Hospitals and Sheffield Children's Hospital are experiencing increased demand and pressure in A&E Departments
- At a regional level, over 20% of our acute hospital bed based capacity is being used for COVID positive patients

With rising cases and admissions, Sheffield Teaching Hospitals took the decision to close all their hospitals to visitors with effect from Monday 19th October 2020.

6. Identifying and Managing Risks

The Trust uses a live COVID Risk Register that is reviewed on a weekly basis through Silver Command and is reported to Gold. Consideration of any new risks is given daily. A summary of the Trust's live risks is described in Figure 5 below.

Fig. 5

Subject Area	Inherent Risk Score	Current Risk Score	Target Risk Score	Planned Actions to meet target score
Staff will not be able to work safely / remotely with full IT kit and network functionality	16	6	4	<ol style="list-style-type: none"> 1. Configuring new software 2. Purchasing of additional kit
Staffing levels may be depleted to such an extent that service delivery is threatened and patient safety compromised	25	12	6	<ol style="list-style-type: none"> 1. Mobilising care pathways to create greater resilience amongst services 2. Back to the Floor Initiative 3. Repeat Environmental and staff individual risk assessments 4. Improving COVID Secure working premises 5. Alternative methods of delivering care (virtual means) 6. Routine testing and roll out of Asymptomatic testing
Service User testing compliance in inpatient settings	20	12	10	<ol style="list-style-type: none"> 1. Daily review of compliance via the Physical Health SitRep 2. Weekly retrospective clinical audit 3. Lessons learnt shared with teams and repeat audit cycle.

7. Next Steps

The Trust will continue to review and refine its approach to the management of COVID-19 in line with Government, regional and local restrictions. Board will be assured of action through routine reporting.

The Trust will continue to focus its efforts in supporting staff and patients to remain vigilant – regular hand washing; use of PPE and maintaining social distancing.

8. Required Actions

The Board is asked to consider whether it is sufficiently assured about the Trust plans to respond to Implementing Phase 3 of the NHS Response to the COVID-19 Pandemic.

The Board is asked to consider if the reporting arrangements to Board and its sub-committees are sufficient.

9. Monitoring Arrangements

COVID-19 Update monthly report to Board.

10. Contact Details

Beverley Murphy, Executive Director of Nursing, Professions & Operations
Beverley.Murphy@shsc.nhs.uk