Sheffield Health and Social Care NHS Foundation Trust

Board of Directors - Open

Date: **13 January 2021** **Item Ref:** 06

TITLE OF PAPER	**Chief Executive's Report**
TO BE PRESENTED BY	**Jan Ditheridge**
ACTION REQUIRED	**The Board are asked to read the Ockenden Report (Emerging Findings & Recommendations from the Independent Review of Maternity Services at the Shrewsbury & Telford Hospital NHS Trust) and to:** • **discuss/raise questions at our meeting.** • **consider a more in-depth review and reflection as part of our Well Led development programme, focussing on Board findings and recommendations.** • **commission the Quality Assurance Committee to conduct an assurance exercise to map learning and recommendations in this report relevant to our own Well Led Development Programme.** • **pause and think about the families involved in this report, acknowledging their grief and bravery for taking part in the review.** **The Board are asked to consider the "operational priorities for winter and 2021/22" as set out in the letter from Amanda Pritchard and Julian Kelly dated 23 December 2020 and any considerations, risks, opportunities it affords (Appendix 1).** **The Board are asked to consider any further considerations with regard to the proposals set out in the NHSE/I Integrating Care – next steps to building strong and effective integrated care systems across England, following the session held on 5 January 2021.**

OUTCOME	To update the Board on key policies, issues and events and to stimulate debate regarding potential impact on our strategy, risks and levels of assurance.
TIMETABLE FOR DECISION	January 2021 Board of Directors meeting.

Proud to care in Sheffield

LINKS TO OTHER KEY REPORTS / DECISIONS	CoVid19 Report Strategic Priorities 2020/21
STRATEGIC AIM **STRATEGIC OBJECTIVE** **BAF RISK NUMBER & DESCRIPTION**	CQC - Getting Back to Good CoVid19 – Getting through safely Transformation Priorities – Changing things that will make a difference

LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	
CONSIDERATION OF LEGAL ISSUES	

Author of Report	Jan Ditheridge
Designation	Chief Executive
Date of Report	4 January 2021

Sheffield Health and Social Care NHS Foundation Trust

Chief Executive's Report

1. Purpose

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

The purpose of this report is to inform the Board of current national, regional and local (system) policy and relevant issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks. Also, to stimulate Board strategic discussion.

2. National Issues

2.1 There have been a number of publications since we last met as a Board that are of importance and relevance to our organisation.

a. Ockenden Report – Emerging Findings & Recommendations from the Independent Review of Maternity Services at Shrewsbury and Telford Hospital NHS Trust (10 December 2020)

The Board are aware that the above report was published on 10 December 2020, attracting significant media attention.

The focus of the report is Maternity Services, and investigations into the maternity care at a particular hospital, looking at the stories and experiences of women whose pregnancies have ended in stillbirth, new born brain damage or deaths of both babies and mothers.

This is described as an initial report with emerging findings and recommendations from the Independent Review. However, it is already clear that the report flags concerns and learning for all services involved in Maternity Care and more broadly for NHS Trust Boards to consider under their Well Led responsibilities.

There are already specific actions for all Maternity Units and Trust Boards who lead them, and as a provider of Perinatal Mental Health Services, directors and their teams are considering learning and actions for them.

It will not have escaped the Board that much of the learning is transferable to any organisation with or without Maternity Services and include considerations relating to:

i. Executive leadership, turnover and loss of organisational memory and knowledge

The report was keen to point out that with turnover of very senior leaders came a "tendency" to regard problems at the Trust as historical or as a legacy from previous years, even though it was clear to the review team that significant concerns were being submitted between 1998 – 2017.

The Trust had ten Chief Executives from 2000 – 2020, eight in post between 2010 – present. Four of those eight were employed on an interim basis. For the same period there have been ten Executive Board Chairs.

ii. Governance & Board Oversight

In 2018 and 2020 the Care Quality Commission rated the Trust's Well Led domain as Inadequate. The 2020 report pointed to the lack of stability in the Executive Team and that the Trust "must ensure that there are effective governance systems and processes in place to effectively access, monitor and improve the quality and safety of the services". This related specifically to:

- Ensuring staff have completed mandatory training;
- Incidents are graded to reflect level of harm and duty of candour is exercised.

In the recommendations and areas for action, the report points to a number of areas relevant to our organisation asking Boards if they are assured that they/we are sighted on:

- Service user voice feedback;
- Staff feedback through, for example, Staff Side, freedom to speak up and staff survey reports;
- Actions completed following Learning from Death and Coroner's feedback and reports;
- Requests from CQC or other external organisations with concerns or actions made directly with the organisation;
- Themes and trends emerging from incident reporting;
- The inherent risks our services, individually and collectively and the governance activity in place to mitigate these risks, for example: working with people with serious mental health issues, will never be risk free, but what should or could we do to minimise these risks?

The report is titled as a report about a particular type of service in a named hospital, but hope once the Board have read it and considered in our context, can assimilate the need to consider many of the recommendations, particularly in relation to the Well Led learning.

The Quality Assurance Committee will consider the learning and recommendations in more detail and direct any actions into the Back to Good Board and Well Led Programme. However, I would like to suggest the Board considers a more in-depth discussion about the report, taking the opportunity to consider it in relation to our own Well Led Development Programme.

The Board are asked to read the Ockenden Report and discuss/raise questions at our meeting.

The Board are asked to consider a more in-depth review and reflection as part of our Well Led Development Programme, focussing on Board findings and recommendations.

The Board are asked to commission the Quality Assurance Committee to conduct an assurance exercise to map learning and recommendations in this report relevant to our own Well Led Development Programme.

The Board are asked to pause and think about the families involved in this report, acknowledging their grief and bravery for taking part in the review.

The full report can be found at: Ockenden Report Dec 2020

2.2 CoVid19 & Winter Priorities

There is no doubt that this will be out of date before it gets to its readership and verbal updates will be shared on the day of our Board meeting. However, Sheffield, South Yorkshire & Bassetlaw and the nation will still be experiencing tight measures to reduce risk of the spread of CoVid19, protect the NHS and look to the spring and summer with hope, following the ratification of at least two vaccinations.

On 23 December Amanda Pritchard and Julian Kelly wrote to all NHS leaders thanking everyone for our response to CoVid19 and to set out the key priorities for the next phase.

The letter is attached as Appendix 1 for the Board's consideration. This letter is already being considered within our planning and business meetings.

Key messages include:

i. The NHS will remain in a Level 4 incident until at least the end of March 2021.

ii. The vaccination programme will continue to accelerate as more vaccines become available allowing us to support vaccination of our most vulnerable service users and carers, while ensuring all our staff, clinically extremely vulnerable first, are vaccinated in a timely way.

iii. The NHS is open.
A particular emphasis on supporting non-CoVid service users to access healthcare and receive appropriate treatment.

The Board's regular CoVid Report will identify the impact the present wave is having on services, and potential or actual risks.

iv. Supporting the health and wellbeing of staff.
Emphasis on encouraging staff to access all available support, especially through the expected toughest operational months of January and February 2021.

v. Planning for 2021/2022.
- Strengthen delivery of our People Plan
- Address health inequalities
- Accelerate planned expansion of health inequalities
- Prioritise investment in primary and community care
- Continue to build on partnership working at Place and System as set out in the Integrating Care document which can be found at:
  Link: NHS England - Integrating Care: Next steps to building strong and effective integrated care systems across England

vi. Financial Framework for 2021/2022
There is still no clear understanding of the full financial settlement and it is not expected until March 2021. However, there is clarity on the key features of the framework, which include:

- A focus on financial recovery
- System level funding distribution in line with the Long Term Plan financial settlement
- Systems will calculate contract baseline values to align to funding distribution
- Reducing CoVid spend as we exit the pandemic
- Capital will be allocated against 2020/2021 capital planning.

We expect to hear more about the recent Spending Review non-recurrent funding for mental health recovery in the coming weeks.

The Board are asked to consider the "operational priorities for winter and 2021/22" as set out in the letter from Amanda Pritchard and Julian Kelly dated 23 December 2020 and any considerations, risks, opportunities it affords (Appendix 1).

2.3 European Union (EU) Exit

The Board are aware that the UK exited the European Union, the transition period ending at 2300 on 31 December 2020.

Appendix 3(a) sets out the key messages for NHS organisations and particularly Boards.

Appendix 3(b) is a letter from Professor Keith Willett dated 30 December 2020, setting out next steps. The Board are asked to note that Sheffield Health & Social Care NHS FT were represented at the webinars.

To remind the Board, Beverley Murphy is the Executive Director responsible for EU Exit and will continue to update the Board on any risks or opportunities this new agreed set of arrangements affords the organisation.

3. National & System Issues

3.1 The Board met on 5 January 2021 to consider the document "Integrating Care: Next steps to building strong and effective integrated care systems across England" which describes a future of system working and proposes a new legislative framework. This is an NHS Improvement/England document and they are inviting feedback on the proposals in the document.

The Board also took the opportunity to update on the work of the Accountable Care Partnership and the Integrated Care System and our contribution.

The ICS document sets out four key areas all parts of our health and care system will be required to work together, as Integrated Care Systems (ICS) involving:

- Stronger partnerships in local places between the NHS, local government and other with a more central role for primary care in providing joined up care.
- Provider organisations to formally collaborate to allow "at scale" operations.
- Strategic commissioning through systems with a focus on population health outcomes.
- The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

The document goes onto describe options for giving Integrated Care Systems a legislative framework, likely to take effect from April 2022.

The Board considered the questions posed by NHSI/E.

- **Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?**
- **Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?**

- **Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?**

- **Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?**

In view of the timing of our Board discussion (5 January), views to be with NHSE/I by 8 January, a verbal update will be shared at our Board meeting, highlighting views shared, with a full report at our next Board meeting.

The Board are asked to consider any further considerations with regard to the proposals set out in the NHSE/I Integrating Care – Next steps to building strong and effective integrated care systems across England.

The full report can be found here: NHS England - Integrating Care: Next steps to building strong and effective integrated care systems across England

3.2 System Lead Sir Andrew Cash – Report to Boards
Please find at Appendix 2 a copy of the above report for the month of December 2020 for discussion as required.

4. Local Issues

4.1 Staff Survey
SHSC has received the first iteration of the staff survey results, conducted in November 2020. In view of the fact that it is not yet complete, the data needs further triangulation, and because the results cannot be considered in public at this point, the Board will consider in the confidential session today with further opportunities to reflect on this important survey as we receive more detail.

The staff survey will be shared in public, with our considerations and proposed actions in due course, further details of which will be discussed in the Confidential session of today's Board meeting.

Caroline Parry is the lead Executive Director and the People Committee the lead committee, but given its importance I suggest the Board owns this survey.

4.2 Thank you for an extraordinary year.

I would like to take this opportunity to thank all our staff for responding so positively to the many challenges they have faced this year, resulting in innovation, improvements and inspired moments.

I would like to take a moment to remember those who left SHSC in 2020, and particularly for those we have lost to ill health and their bereaved families.

I would like to wish everyone a healthy and happy new year and look forward to working with the Board and our staff to make SHSC an even better, safer place for our service users and carers and a great place to work for our staff in 2021.

JD/jch/January 2021

APPENDIX 1

To:

- STP and ICS Leaders
- Chief executives of all NHS trusts and foundation trusts
- CCG Accountable Officers
- GP practices and Primary Care Networks
- Providers of community health services
- NHS 111 providers

Skipton House
80 London Road
London
SE1 6LH

23 December 2020

CC:

- NHS Regional Directors
- Regional Incident Directors & Heads of EPRR
- Chairs of ICSs and STPs
- Chairs of NHS trusts, foundation trusts and CCG governing bodies
- Local authority chief executives and directors of adult social care
- Chairs of Local Resilience Forums

Dear colleague

Important – for action – Operational priorities for winter and 2021/22

As we near the end of this year, we are writing to thank you and your teams for the way you have responded to the extraordinary challenge of Covid-19 and set out the key priorities for the next phase.

An extraordinary 2020

In the past year we have cared for more than 200,000 of those most seriously ill with Covid-19 in our hospitals. At the same time NHS staff have also worked incredibly hard to keep essential services such as cancer, mental health, general practice, urgent, emergency and community healthcare running and restore non-urgent services that had to be paused. Community nurses, pharmacists, NHS 111 staff and other NHS workers have cared for countless others, and been supported by the wider NHS team, from HR and finance to admin and clerical staff. The number of cancer treatments is above the level at the same time last year. GP appointments are back to around pre-pandemic levels. Mental health services have remained open and more than 400,000 children have accessed mental health services, above the target for 2020/21. Community services are supporting 15 per cent more people than they were at the same point last year. And we have had a record number of people vaccinated against flu, including a higher percentage of NHS staff than in the last three years. It has been an incredible team effort across our health and care system.

The response to the pandemic has also demonstrated our health service's enormous capacity for innovation with rapid development and implementation of new treatments, such as dexamethasone, rolling out of pulse oximetry and at-home patient self-monitoring, and the move to virtual and telephone consultations. We are already in the third week of our world-leading vaccination programme – the largest in NHS history.

We know that this relentless pressure has taken a toll on our people. Staff have gone the extra mile again and again. But we have lost colleagues as well as family and friends to the virus; others have been seriously unwell and some continue to

experience long-term health effects. The response of the NHS to this unprecedented event has been magnificent. We thank you and your teams unreservedly for everything that you have given and achieved and the support you continue to give each other.

You have asked us for a short statement of operational priorities going forward. This letter is therefore intended to help you and your staff over the next few months by:

- ensuring we have a collective view of the critical actions for the remainder of this financial year, and
- signalling the areas that we already know will be important in 2021/22.

Managing the remainder of 2020/21

Given the second wave and the new more transmissible variant of the virus, it is clear that this winter will be another challenging time for the NHS. Our task is five-fold:

A. Responding to Covid-19 demand
B. Pulling out all the stops to implement the Covid-19 vaccination programme
C. Maximising capacity in all settings to treat non-Covid-19 patients
D. Responding to other emergency demand and managing winter pressures
E. Supporting the health and wellbeing of our workforce

In addition, as the UK approaches the end of the transition period with the European Union on 31 December 2020, we will provide updates as soon as the consequences for the NHS become known. We are following a single operational response model for winter pressures, including Covid-19 and the end of the EU transition period. All CCGs and NHS trusts should have an SRO to lead the EU/UK transition work and issues should be escalated to the regional incident centre established for Covid-19, EU transition and winter.

A. Responding to ongoing Covid-19 demand

With Covid-19 inpatient numbers rising in almost all parts of the country, and the new risk presented by the variant strain of the virus, you should continue to plan on the basis that we will remain in a level 4 incident for at least the rest of this financial year and NHS trusts should continue to safely mobilise all of their available surge capacity over the coming weeks. This should include maximising use of the independent sector, providing mutual aid, making use of specialist hospitals and hubs to protect urgent cancer and elective activity and planning for use of funded additional facilities such as the Nightingale hospitals, Seacole services and other community capacity. Timely and safe discharge should be prioritised, including making full use of hospices. Support for staff over this period will need to remain at the heart of our response, particularly as flexible redeployment may again be required.

Maintaining rigorous infection prevention and control procedures continues to be essential. This includes separation of blue/green patient pathways, asymptomatic testing for all patient-facing NHS staff and implementing the ten key actions on infection prevention and control, which includes testing inpatients on day three of their admission.

All systems are now expected to provide timely and equitable access to post-Covid assessment services, in line with the commissioning guidance.

B. Implementing the Covid-19 vaccination programme

On 8 December, after the MHRA confirmed the Pfizer BioNTech vaccine was safe and effective, the biggest and most ambitious vaccine campaign in NHS history began.

The Joint Committee for Vaccination and Immunisation (JCVI) priorities for roll out of the vaccine have been accepted by Government, which is why the priority for the first phase of the vaccination is for individuals 80 years of age and over, and care home workers, with roll out to care home residents now underway. It is critical that vaccinations take place in line with JCVI guidance to ensure those with the highest mortality risk receive the vaccine first. To minimise wastage, vaccination sites have been ensuring unfilled appointments are used to vaccinate healthcare workers who have been identified at highest risk of serious illness from Covid-19. Healthcare providers have been undertaking staff risk assessments throughout the pandemic to identify these individuals and it remains important that this is organised across the local healthcare system to ensure equitable access.

If further vaccines are approved by the independent regulator, the NHS needs to be prepared and ready to mobilise additional vaccination sites as quickly as possible. In particular, Covid-19 vaccination is the highest priority task for primary care networks including offering the vaccination to all care home residents and workers. All NHS trusts should be ready to vaccinate their local health and social care workforce very early in the new year, as soon as we get authorisation and delivery of further vaccine.

C. Maximising capacity in all settings to treat non-Covid-19 patients

Systems should continue to maximise their capacity in all settings. This includes making full use of the £150m funding for general practice capacity expansion and supporting PCNs to make maximum use of the Additional Roles Reimbursement Scheme, in order to help GP practices maintain pre-pandemic appointment levels. NHS trusts should continue to treat as many elective patients as possible, restoring services to as close to previous levels as possible and prioritising those who have been waiting the longest, whilst maintaining cancer and urgent treatments.

To support you to maximise acute capacity, as set out in Julian Kelly and Pauline Phillip's letter of 17 December, we have also extended the national arrangement with the independent sector through to the end of March, to guarantee significant access to 14 of the major IS providers. NHS trusts have already been notified of the need for a Q4 activity plan for their local IS site by Christmas; this should be coordinated at system level. If you need it, we can also access further IS capacity within those providers subject to the agreement of the national team. However, we will need to return to local commissioning from the beginning of April and local systems, in partnership with their regional colleagues, will need to prepare for that.

The publication of the Ockenden Review of maternity services is a critical reminder of the importance of safeguarding clinical quality and safety. As set out in our letter of 14 December there are twelve urgent clinical priorities that need to be implemented. All Trust Boards must consider the review at their next public meeting along with an assessment of their maternity services against all the review's immediate and essential actions. The assessment needs to be reported to and assured by local systems, who should refresh their local programmes to make maternity care safer, more personalised and more equitable.

D. Responding to emergency demand and managing winter pressures

Alongside providing £80m in new funding to support winter workforce pressures, we are asking systems to take the following steps to support the management of urgent care:

- Ensure those who do not meet the 'reasons to reside' criteria are discharged promptly. We know that maximising capacity over the coming weeks and months is essential to respond to seasonal pressures. We are asking all systems to improve performance on timely and safe discharge, as set out in today's letter, as well as taking further steps that will improve the position on 14+ and 21+ day length of stay, aided by 100% completion of discharge and reasons to reside data.

- Complete the flu vaccination programme, including vaccinating our staff against flu and submitting vaccination uptake data to the National Immunisation and Vaccination system (NIVS).

- To minimise the effects of emergency department crowding, continue to develop NHS 111 as the first point of triage for urgent care services in your locality, with the ability to book patients into the full range of local urgent care services, including urgent treatment centres, same day emergency care and speciality clinics as well as urgent community and mental health services.

- Maximise community pathways of care for ambulance services referral, as a safe alternative to conveyance to emergency departments. Systems should also ensure sufficient arrangements are in place to avoid unnecessary conveyance to hospital, such as the provision of specialist advice, including from emergency departments, to paramedics as they are on scene.

E. Supporting the health and wellbeing of our workforce

Our NHS people continue to be of the utmost importance, and systems should continue to deliver the actions in their local People Plans. Please remind all staff that wellbeing hubs have been funded and will mobilise in the new year in each system.

Planning for 2021/22

The Spending Review announced further funding for the NHS for 2021/22 but in the new year, once we know more about the progress of the pandemic and the impact of the vaccination programme, the Government will consider what additional funding will be required to reflect Covid-19 cost pressures.

In the meantime, systems should continue to:

- **Recover non-covid services**, in a way that reduces variation in access and outcomes between different parts of the country. To maximise this recovery, we will set an aspiration that all systems aim for top quartile performance in productivity on those high-volume clinical pathways systems tell us have the greatest opportunity for improvements: ophthalmology, cardiac services and MSK/orthopaedics. The Government has provided an additional £1bn of funding for elective recovery in 2021/22. In the new year we will set out more details of

how we will target this funding, through the development of system-based recovery plans that focus on addressing treatment backlogs and long waits and delivering goals for productivity and outpatient transformation. In the meantime we are asking you to begin preparatory work for this important task now, through the appointment of a board-level executive lead per trust and per system for elective recovery.

- Strengthen delivery of local **People Plans**, and make ongoing improvements on: equality, diversity and inclusion of the workforce; growing the workforce; designing new ways of working and delivering care; and ensuring staff are safe and can access support for their health and wellbeing.

- Address the **health inequalities** that covid has exposed. This will continue to be a priority into 2021/22, and systems will be expected to make and audit progress against the eight urgent actions set out on 31 July as well as reduce variation in outcomes across the major clinical specialties and make progress on reducing inequalities for people with learning disabilities or serious mental illness, including ensuring access to high-quality health checks.

- Accelerate the planned expansion in **mental health** services through delivery of the Mental Health Investment Standard together with the additional funding provided in the SR for tackling the surge in mental health cases. This should include enhanced crisis response and continuing work to minimise out of area placements.

- Prioritise investment in **primary and community care**, to deal with the backlog and likely increase in care required for people with ongoing health conditions, as well as support prevention through vaccinations and immunisations. Systems should continue to focus on improving patient experience of access to general practice, increasing use of online consultations, and supporting the expansion of capacity that will enable GP appointments to increase by 50 million by 2023/24.

- Build on the development of effective **partnership working at place and system level**. Plans are set out in our Integrating Care document.

These priorities should be supported through the use of data and digital technologies, including the introduction of a minimum shared care record in all systems by September 2021 to which we will target some national funding, and improved use of remote monitoring for long term conditions.

The 2021/22 financial framework

For the reasons set out above, we won't know the full financial settlement for the NHS until much closer to the beginning of the new financial year, reflecting, in particular, uncertainty over direct Covid-19 costs. We will, however, need to start work early in the new year to lay the foundation for recovery. The underlying financial framework for 2021/22 will therefore have the following key features:

- Revenue funding will be distributed at system level, continuing the approach introduced this year. These **system revenue envelopes will be consistent with the LTP financial settlement**. They will be based on the published CCG allocation and the organisational Financial Recovery Fund each system would

have been allocated in 2021/22. There will be additional funding to offset some of the efficiency and financial improvements that systems were unable to make in 2020/21.

- Systems will **need to calculate baseline contract values to align with these financial envelopes** so there is a clear view of baseline financial flows. Our planning guidance will suggest that these should be based on 2019/20 outturn contract values adjusted for non-recurrent items, 2020/21 funding growth and service changes, not on the nationally-set 2020/21 block contracts.
- Systems and organisations should start to develop plans for **how Covid-19 costs can be reduced and eliminated** once we start to exit the pandemic.
- **System capital envelopes** will also be allocated based on a similar national quantum and using a similar distributional methodology to that introduced for 2020/21 capital planning.

We will aim to circulate underlying financial numbers early in the new year. We will then provide fuller planning guidance once we have resolved any further funding to reflect the ongoing costs of managing Covid-19. Further detail of non-recurrent funding announced in the recent Spending Review for elective and mental health recovery will also be provided at that point.

Conclusion

This year has arguably been the most challenging in the NHS's 72-year history. But even in these most testing times, people across the service have responded with passion, resilience and flexibility to deal with not only the virus but also the needs of patients without Covid-19. The rollout of the vaccine will bring hope to 2021 and we will need to maintain the energy and effort to meet the needs of all we serve throughout the year. Thank you for all that you have done and continue to do to achieve this.

With best wishes,

Amanda Pritchard
Chief Executive, NHS Improvement and NHS Chief Operating Officer

Julian Kelly
NHS Chief Financial Officer

APPENDIX 2

CHIEF EXECUTIVE REPORT

December 2020

Author(s)	**Andrew Cash, System Lead**
Sponsor	

Is your report for Approval / Consideration / Noting

For noting and discussion

Links to the STP (please tick)

☑ **Reduce inequalities**	☑ **Join up health and care**	☐ **Invest and grow primary and community care**	☑ **Treat the whole person, mental and physical**
☑ **Standardise acute hospital care**	☑ **Simplify urgent and emergency care**	☑ **Develop our workforce**	☑ **Use the best technology**
☑ **Create financial sustainability**	☑ **Work with patients and the public to do this**		

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of November 2020.

Recommendations

The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

South Yorkshire and Bassetlaw Integrated Care System CEO Report

CHIEF EXECUTIVE REPORT

December 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System System Lead provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of November 2020.

2. Summary update for activity during November 2020

2.1 Coronavirus (COVID-19): The South Yorkshire and Bassetlaw position

Following the planned reinstatement of the COVID-19 Alert Levels, areas within South Yorkshire and Bassetlaw moved into Tier Three (T3), the 'Very High alert' level on 2 December.

To support the new tiered approach, the Government released its COVID-19 Winter Plan, providing an important roadmap for the UK as it moves into the next phase. This includes allowing up to three households between 23 – 27 December to mix indoors in order to form a 'Christmas bubble'. This is anticipated to result in a small rise in new cases nationally. The delayed effect is likely to be felt somewhere between 9-15 January. However, because SYB will be re-entering into T3 restrictions, it is hoped that this will result in fewer cases of new infections compared with regions in lower tiers.

In terms of moving out of T3, it is expected that regular reviews will take place, alongside access to updated guidance. These measures will greatly support local leaders to understand the core criteria for exit. This is an important development for SYB, as one of the most challenged and pressurised systems in the North East and Cumbria and Yorkshire and the Humber, to make the necessary adjustments to enable us to start moving into Tier Two at the earliest possible opportunity. Health and care leaders are keen for local communities to continue exercising caution during the festive break in order to protect the gains made during the second lockdown.

Evidence from SYB Sitrep data confirms that there is a trend of gradual reductions in the spread of COVID-19, and as a result, fewer hospitalisations across the patch. Whilst considerable pressure remains across the system, there is growing confidence that a peak in COVID-19 infections during wave 2 has been reached.

A gradual and sustained decline in new cases is being reported across SYB, which is further reassurance of how Local Outbreak Plans, increased testing and the timely interventions of primary mental health and acute care are playing a vital part in protecting our communities.

By the end of the last week in November, all places in SYB were expecting to have COVID-19 infection rates of 300 or less per 100,000 – a significant shift compared with a few weeks ago. Indeed, numbers of new cases in SYB are expected to continue falling for the next few weeks.

Unfortunately, there is also a continued small increase in care home deaths. We continue to work very closely with social care partners to provide the most appropriate and responsive support to suppress the rise across these vulnerable groups.

2.2 National Update

The Spending Review 2020 committed an extra £55bn (billion pounds) to tackle COVID-19 with £3bn to the NHS, £3bn to local councils, £4bn for levelling-up projects and £250 million towards rough sleeping schemes.

£1 billion of the funding will enable the NHS to nationally tackle longer waits for care by carrying out up to 1 million additional tests, scans and operations. About £500 million will make it possible to tackle the backlog of adult mental health referrals and fund new specialist services for children and young people, as well as extra support for people with severe mental illness and faster access to psychological support for conditions such as depression and anxiety.

Around £1.5 billion will be used to support existing pressures in the NHS. About £325 million will be invested in NHS diagnostics next year, which could replace more than two-thirds of older screening equipment.

2.3 Regional Update

The North East and Yorkshire and Humber ICS Leaders continue to meet weekly with the NHS England and Improvement Regional Director to discuss the ongoing Covid-19 incident and the planning that is taking place to manage the pandemic and where support should be focused. Discussions this month focused on planning for the Covid-19 vaccination programme, escalation protocols across partnerships and preparations for asymptomatic testing of the health and care workforce. The leaders are also starting to look at ICS development across the four ICSs.

2. 4 COVID-19 vaccination programme

There continues to be rapid progress with planning for the mass vaccination programme across SYB. There are a number of complex logistical and workforce challenges to overcome in the next few weeks – but everything is going in the right direction.

Sites have been agreed within the Primary Care Networks (PCNs) as teams prepare to support the COVID-19 vaccination programme. It is anticipated that primary care providers will be ready by mid to late December to start vaccinating the most vulnerable groups in communities. Exact timings of course depend on when the vaccines get the go-ahead.

The next few weeks will focus on setting up a vaccine hub to act as a large-scale vaccination site along with the smaller community sites. Detailed data modelling on workforce requirements to support the vaccine programme – both in terms of capacity and availability – is currently taking place.

A COVID-19 Vaccine Steering Group has also been set-up to oversee this process, and I would like to thank the two Senior Responsible Officers (SROs), Jackie Pederson (Chief Officer at NHS Doncaster Clinical Commissioning Group) and Kirsten Major (Chief Executive at Sheffield Teaching Hospitals NHS Foundation Trust) for progressing rapidly with this highly-complex logistical challenge.

2.5 Asymptomatic testing

The Rotherham NHS Foundation Trust is one of 34 early adopter trusts for Lateral Flow Testing (LFD). The learning outcomes from the pilot will be shared across the system and with North East and Yorkshire regional partners. NHS leaders have stated this is a significant moment for the NHS given LFDs importance to Test and Trace and keeping staff in work when they are negative.

Sheffield, Rotherham and Barnsley have joined Doncaster on the Government's list of Directors of Public Health (DPHs) receiving LFDs for targeted testing of asymptomatic groups in local communities. There will be a regular ongoing supply of tests available to DPHs to direct where they feel most appropriate; the initial delivery was for 10,000 tests followed by weekly deliveries up to the equivalent of 10% of the population. Bassetlaw comes under Nottinghamshire Local Resilience Forum where their DPHs are also coordinating the use of LFDs. All Trusts in SYB have received or are in the process of receiving rapid testing platforms and laboratory teams will be validating their performance against the PCR testing that is currently undertaken.

2.6 NHS 111 First

In November, colleagues from across the system who have been working towards delivering the NHS 111 First initiative took part in an assurance process with NHS England and NHS Improvement (NHSE/I) colleagues from the national team. I am pleased to report as a result of the assurance meeting SYB received confirmation and approval to go live with NHS 111.

This signifies the state of readiness in SYB for the additional requirements for the NHS 111 initiative. The project team did an excellent job of illustrating (to national colleagues) our strong current position, whilst still emphasising that work needs to continue to strengthen our position further - especially in order to help patients navigate the Urgent and Emergency Care System during these unprecedented times.

I would like to thank colleagues in provider and commissioning organisations and the ICS PMO for their work in making this possible.

2.7 Flu vaccination programme

The SYB Flu Board has reported seeing big improvements on last year's performance with workforce vaccinations and the targeted community programmes are also performing very well.

The flu vaccination programme was extended to cover more vulnerable groups than in previous years in a bid to reduce the threats of COVID-19 affecting the most vulnerable groups. Additionally, this also helps to relieve pressure on acute trusts which are seeing far fewer seasonal flu cases as a result. The flu vaccine programme recently widened further to the over-50s age group which commenced from 1 December.

2.8 CCG annual assessment ratings 2019/20

NHSE and Improvement has published the 2019/20 annual assessment ratings for Clinical Commissioning Groups (CCGs) across England.

CCG ratings across South Yorkshire and Bassetlaw are as follows:

- Outstanding – Barnsley, Bassetlaw, Doncaster and Rotherham
- Good – Sheffield

I would like to acknowldege these achievements and for the excellent work of colleagues in CCGs during these challenging times.

2.9 Integrating care: Next steps to building strong and effective integrated care systems across England

At NHS England and Improvement’s November meeting in public, the Board set out its proposals for taking Integrated Care Systems further.

'Integrating care: Next steps to building strong and effective integrated care systems across England', focuses on the future of system working and establishing some form of legislative framework, which will clearly have implications for us all.

It builds on the vision set out in the NHS Long Term Plan for health and care to be even better joined up around people’s needs. It also sets a course for greater collaboration, with a strong emphasis on provider collaboration and the role of partnership working at place level with local authorities and the voluntary sector. There is also focus on decision making as close to people and communities as possible, improving population health and outcomes, tackling unequal access, and supporting broader economic and social development.

SYB already has a track record in working together to deliver significant improvements for people who live and work here. Over the last four years partnerships in neighbourhoods, places and as a system have evolved with arrangements across CCGs, Councils, Providers and VCSE partners and Healthwatch. During the COVID-19 pandemic efforts were combined wherever possible and SYB should be well placed to consolidate strong effective partnerships going forward.

The paper describes options for giving ICSs a firmer footing in legislation, which if passed would take effect from April 2022 (subject to Government decision). There are two potential options being considered (depending on the consultation) - a legal partnership board or a statutory integrated care authority.

NHSE/I is inviting feedback based on these proposals and in addition to individual organisation responses, we are intending to pull together a co-ordinated SYB partnership response on the consultation which ends on Friday 8th January 2021.

2.10 Working Win extended

The South Yorkshire support service helping people with mild or moderate mental health conditions and or physical health conditions to stay in work, known as “Working Win” has been extended until 31st March 2021.

The extended service will support people who are absent from work due to ill health or in-work and struggling. This includes people with health conditions who might be at risk of redundancy due to Covid-19 or otherwise struggling to remain in employment at the current time. The Working Win team will provide practical advice and support to help people manage their health conditions at work, to manage debt and maximise income and to seek alternative employment, where required.

In the extension period, Working Win is looking to support 450 people who are currently in a job but off sick and are struggling to remain in employment. The service will continue until March 31st 2021 with referrals open until 31st January 2021.

2.11 South Yorkshire and Bassetlaw Maternity System allocated national funding to support education

£29,400 in national funding has been allocated to support the greater standardisation of Maternity Support Workers (MSW) education in South Yorkshire and Bassetlaw.

Reducing the differences in skills and experience of those undertaking the role will help to ensure that women receive good quality care provision. The new consistency will also provide the Maternity Support Workers with high quality education and training to support them in the assessment of competencies, as well as ensuring they are paid correctly for the work they do as part of the maternity team.

The MSW Competency Framework will offer Maternity Support Workers staff greater flexibility in worker in other maternity systems across the country where the framework is also being put in place, helping to reduce variation and duplication in training. Developing the framework in South Yorkshire and Bassetlaw will take place over a four month period with midwife project leads appointed to undertake this work in each of the acute Trusts.

2. 12 Emergency Children's Surgery Pathway

Emergency children’s surgery in South Yorkshire and Bassetlaw has been brought together at Sheffield Children’s Hospital once again as all hospital trusts work together in response to the second wave of the Covid-19 outbreak. The pathway re-commenced on 2nd November 2020.

The temporary change impacts children up to the age of 16 who would currently receive emergency surgery at Barnsley, Doncaster and Rotherham hospitals. The exception is children who have very time-critical conditions, who will still be taken to their nearest hospital if it is safe to do so.

2.13 Partner Board appointments

Following robust appointment processes, Fatima Khah-Shah has been appointed to the role of non-executive director at Sheffield Childrens' NHS Foundation Trust and Annette Laban to the role of Chair at Sheffield Teaching Hospitals NHS Foundation Trust.

Fatima takes up her role, for an initial term of three years, on 1st December 2020 and Annette takes up her role on 1 January 2021. Both bring a wealth of expertise and knowledge to their roles and I look forward to personally welcoming them to the ICS in due course.

Annette will succeed Tony Pedder, OBE when he retires at the end of December after almost 10 years as Chair of one of the largest NHS Foundation Trusts in the country, overseeing many patient-focused initiatives and breakthroughs in clinical research and innovation which have benefitted patients across the whole region. I know all partner organisations would wish to acknowledge the superb leadership contribution provided by Tony over many years.

2.14 Awards and recognition

Congratulations to partners across SYB who have been shortlisted for the prestigious Health Service Journal (HSJ) Awards 2020:

NHS Workplace Race Equality Award:

- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) are shortlisted for 'Developing, Promoting and Implementing Equality Diversity and Inclusion - The RDaSHWay'

System Leadership Initiative of the Year:

- The combined efforts of Sheffield Clinical Commissioning Group (Sheffield CCG), Primary Care Sheffield, Sheffield Children's NHS Foundation Trust, Sheffield City Council and Sheffield Teaching Hospitals NHS Foundation Trust for the 'Sheffield Health and Care Covid-19 Testing Service'
- Sheffield CCG, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, Sheffield Mind, Sheffield Flourish, Mental Health Voluntary, Community and Social Enterprise (VCSE), Saffron, Share Psychotherapy, South Yorkshire Eating Disorders Association (SYEDA), Sheffield Public Health and The University of Sheffield for the 'Sheffield Psychology Board: The Art of the Possible'

Primary Care Networks, GP or Community Provider of the Year:

- The joint approach from Peak Edge Primary Care Network, King Egbert School, Meadowhead School, Door 43, Chillipep, Sheffield Futures and Sheffield CCG for 'Peak Edge Neighbourhood School Transformation Project'

Primary Care Innovation of the Year:

- The Seven Hills 'Cold Visiting Service' (of Sevenhills Primary Care Network /Primary Care Sheffield) shortlisted for a new home visiting service in response to the COVID-19 so that vulnerable patients could continue to receive help.

Congratulations also to Dr John Corlett, of The Scott Practice (Doncaster), named as winner of the Lifetime Achievement award for the NHS Parliamentary Awards 2020.

3. Finance update

At Month 7 the system is £4.8m ahead of plan due primarily to Sheffield Teaching Hospitals (£2.6m) and Doncaster and Bassetlaw Teaching Hospitals (£1.2m). All organisations are reporting break even against plan with the exception of Sheffield Health and Social Care who are reporting a £0.5m year-end over-performance against plan which reduces the deficit to £3.4m.

The system plan forecast deficit has reduced from £6.9m to £6.4m. Further work will be required in December and January as to whether the system deficit can be mitigated.

There is significant forecast capital slippage which can offset a number of in year risks. Providers have been asked to submit three year capital plans and identify any opportunities to spend further capital in 20/21 by 18 December. This will enable a recommendation on capital slippage to be taken to the Health Executive Group in January.

Andrew Cash
System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 1 December 2020

Classification: OFFICIAL
Publications approval reference: BE326

EU exit: key messages for NHS organisations

30 December 2020

UK has left the EU. A trade deal has been announced

The UK exited the EU on 31 January 2020 and is now in a transition period until 31 December 2020. The UK government has reached an agreement with the EU as to the relationship beyond the end of the transition period.

This signing of the deal also means that we will be able to provide further detail for the NHS on the impact of the deal, including the approach to preparations and mitigations that have been put into place. The risk of disruption at the border remains when the UK leaves the Single Market and Customs Union at the end of the year, and so, we ask that you keep in place the plans and mitigations stood up for the end of the transition period until further notice.

It is not the role of the NHS to comment on the agreement. Our role is to focus on the operational impact and seek to ensure services for patients are able to continue as normal.

Medicines

- **Prescribe and dispense as normal:** Doctors and pharmacists should explain to patients that they should continue to order their prescriptions as normal. Prescriptions covering longer durations than normally prescribed should be avoided. Prescription durations will be monitored and investigated where necessary.
- **Don't stockpile locally:** No organisation should stockpile medicines locally – those that do could risk medicines being in short supply for others. Hospital stock levels will be monitored and over-ordering of medicines investigated. It is not necessary for the NHS to carry out any local assessments of supply chains as the programme is being managed nationally.
- **Report shortages through usual routes:** Any shortages should be reported through usual routes. The national Medicines Shortage Response Group will

provide clear governance, communication and decision-making for the management of any medicine shortages.

Medical devices, clinical consumables, non-clinical goods and services

- **Measures are in place to help ensure stocks continue to be available** even if there are transport delays.
- **Don't stockpile products:** Organisations should maintain BAU stock levels. If your organisation relies on getting products and services direct from the EU on a short lead time basis (ie 24 to 72 hours), plan for lead times of around three days or longer and adjust your ordering processes accordingly.
- **Ensure all staff are aware of changes to delivery lead times** and put appropriate changes in place, ensuring business continuity plans are adjusted accordingly.

Workforce

- **Government and the NHS support staff from the EU;** they make a substantial contribution to health and social care services across the UK. Everything possible is being done to ensure they can to continue work in the NHS.
- **The EU Settlement Scheme is open to all EU citizens,** including NHS staff, and can allow EU nationals to gain 'settled' or 'pre-settled status'. The Settlement Scheme will allow EU nationals to continue to live and work in the UK beyond June 2021, meaning they will not need to apply for visas when the new immigration system takes effect. The scheme will also lock in the rights of EU nationals, meaning they will be able to access healthcare, benefits and other government services in the same way they currently do. **If any of your NHS staff from the EU have not already done so, encourage them to apply to the EU Settlement Scheme. They can do this up until 30 June 2021.**
- **Employment contracts will not need to change for EU citizens legally resident in the UK on 31 December 2020,** and they will have no problem carrying on working as they do now.
- **Recognition of professional qualifications will apply for at least two years after the end of the transition period.** For any professional registration queries, please contact the relevant professional regulator.
- **Most healthcare roles are exempt from the restrictions imposed by the Immigration Bill.**

- **The immigration surcharge does not apply to registered professionals and their family members.**

Data

- **NHS organisations and staff should continue to handle data as they currently do** (which is covered by GDPR).
- **The agreement the Government has reached includes a provision to provide for the continued free flow of personal data from the EU and EEA EFTA States to the UK until adequacy decisions are adopted, and for not longer than six months. The UK has, on a transitional basis, deemed the EU and EEA EFTA States to be adequate to allow to for data flows from the UK.Your organisation's data protection officer should have put in place safeguards to ensure that data continues to flow to and from the UK and the EEA after the end of the transition period.** These safeguard against any interruption of the free flow of data from the EU.

Reciprocal healthcare and cost recovery

- A new UK Global Health Insurance Card (GHIC) will be available from the new year in recognition of the new agreement with the EU. This will replace the EHIC.
- The agreement the Government has reached with the EU ensures that UK residents will continue to have access to emergency and necessary healthcare cover when they travel to the EU. This will operate like the current EHIC scheme.
- However, people will still be able to use their EHIC after 1 January when travelling to the EU. Current cards will remain valid until their expiry date.

Vaccines

- **Don't stockpile vaccines beyond BAU levels.** Over ordering will be investigated.
- **Pharmacists and emergency planning staff should meet at a local level to discuss and agree local contingency and collaboration agreements.**
- **Local cross-system medicines supply continuity plans should be developed and agreed at trust/CCG board level,** including arrangements for collaboration to ensure shortages of locally procured vaccines are dealt with promptly.
- There will be a Vaccines Shortage Response Group for nationally and locally procured vaccines, co-ordinated by PHE with NHS England and NHS Improvement, and with membership from the Devolved Administrations. The

group will provide clear governance, communication and decision-making for the management of any vaccine shortages.

- **Any COVID-19 vaccine will be included in the mitigations set out in the Medicines section above.** As any vaccine would be a category 1 good, it will be covered by the express freight capacity if needed.

Blood and transplant

- **Hospitals should expect NHSBT to function as it does now,** including its arrangements for reference services.
- **Organisations should not stockpile products from NHSBT.**
- **Continue to order/request tissue products and stem cells as normal.** Hospitals should not stockpile tissues.
- If you have any questions, direct these to your local NHSBT hospital customer services manager.

Research and clinical networks

The NHS and government are working with organisations sponsoring and running clinical trials and investigations to ensure that research continues as normal in the coming months.

- **Continue participating in and recruiting patients to clinical trials and investigations.** Only stop recruitment if you are requested to do so by a trial sponsor, the organisation managing the trial or clinical investigation, or in a formal communication from MHRA.
- **Principle investigators are encouraged to work with their suppliers to review their existing supply chains for clinical trials,** to ensure appropriate supplies of trial drugs and medical products are in place.
- **Continue to monitor and follow guidance from NIHR and MHRA in relation to how to operate from 1 January 2021,** including the running of clinical trials, importing and exporting medical products.
- **Clinical trial sponsors should ensure appropriate supplies of trial drugs and medical products are in place.**

Health security

The agreement will ensure we can continue to cooperate, exchange information and coordinate on measures to protect public health. This includes a framework for the UK's ad-hoc access to the EU's Early Warning System, which will strengthen cooperation in the event of a cross-border threat to health.

Classification: Official

Publications approval reference: BE372

APPENDIX 3B

FAO
NHS England and NHS Improvement
Regional Directors
NHS England and NHS Improvement
Regional EPRR leads
Trust EU exit SROs
Trust CEs and Chairs
Trust Incident teams
CCG EU exit SROs
CCG AOs and Chairs
CCG Incident teams

NHS England and NHS Improvement
Skipton House
80 London Road
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30 December 2020

Dear colleague,

Outcome of UK negotiations with the EU

The Government has announced that they have reached an agreement on the UK's future relationship with the EU ahead of the end of the transition period. The Minister for Health, and EU Exit lead, has written to the NHS explaining some of the details of the deal.

The Future Relationship Bill will be introduced into Parliament on 30 December so that the Agreement can be in place on 1 January 2021.

Signing of the deal means that we can provide further detail for the NHS on its impact, including the approach to preparations and mitigations that have been put into place.

It is important to note that the continuity of supply preparations undertaken by DHSC will remain in place as they are required to help mitigate against potential disruptions caused by new customs and border processes, regardless of the agreement reached between the UK and the EU. This will help to ensure that the NHS, and the patients we serve, will continue to be able to access medicines and medical products as needed. Since the risk of disruption at the border remains when the UK leaves the Single Market and Customs Union at the end of the year, we ask that you keep in place the plans and mitigations stood up for the end of the Transition Period until further notice.

For some areas of policy which were included in the deal, such as reciprocal healthcare, items such as EHIC, will continue. Further details are in the attachments, and more information will be shared when we have it as to what this means for the NHS. More generally I will provide updates on key developments and next steps via my system webinars and I strongly encourage each NHS organisation to join.

The agreement also includes a provision to provide for the continued free flow of personal data from the EU and EEA EFTA States to the UK until adequacy decisions are adopted, and for no longer than six months. The UK has, on a transitional basis, deemed the EU and EEA EFTA States to be adequate to allow for data flows from the UK.

Thank you for your continued support in the weeks and months ahead.

Yours sincerely,

Professor Keith Willett

Strategic Incident Director for COVID-19
Strategic Incident Director for EU Exit
National Director for Emergency Planning and Incident Response

Annex A: Reporting a supply disruption issue

Product Category	
Medical Devices, Clinical Consumables (MDCC) and Non-Clinical Goods and Services (NCGS)	**ACTION**
	In the first instance, please follow your BAU processes to resolve the issue. Should you be unable to resolve, please escalate the issue to your Regional Coordination Centre who will look to support you. Should you still be unable to obtain a satisfactory resolution, please escalate to the NSDR.
	Considerations/Notes
Medicines	**ACTION**
	Report via your Pharmacy Department to the Regional Pharmacy Procurement Specialist.
	Considerations / Notes
	You should continue to manage medicines supply issues as per current processes. Any medicines supply issues (regardless of whether or not they are considered to be related to the end of the transition period) that you are concerned about, or for which you require further assistance, should continue to be reported via your Pharmacy Department to the Regional Pharmacy Procurement Specialist.
Vaccines	**ACTION**
	Report locally procured vaccines via your Pharmacy Department to the Regional Pharmacy Procurement Specialist. For vaccines that are ordered through the ImmForm website (and centrally procured by PHE), you should continue to use existing channels when you need to replenish stock.
Clinical Trials	**ACTION**
	Report to the chief investigator of the trial or investigation.

	Considerations / Notes
	For clinical trials and clinical investigations supplies, you should seek to resolve the issue through the chief investigator of the trial or investigation. If needed, the Trial Sponsor/organisation running the trial will be able to escalate supply issues through the National Supply Disruption Response unit. If it relates to supplies being provided as part of treatment as usual and/or through normal NHS supply routes, then you should follow relevant procedures for the relevant supplies – please see above for Medical Devices and Clinical Consumables, and for Medicines.
Blood and Organs	**ACTION**
	Report issues involving blood and blood products using existing channels via your blood service. **Report issues involving organs via the usual routes through NHS Blood and Transplant.**
Tissues and Cells	**ACTION**
	Report via existing channels to the Human Tissue Authority (HTA) or the Human Fertilisation and Embryology Authority (HFEA)

Annex B: Information you will need when contacting the National Supply and Disruption Response

Any escalation to the National Supply and Disruption Response (NSDR) should be made by the head of procurement to ensure BAU measures have been followed in the first instance. The NSDR service remains operational in order to assist with the response to COVID-19. NSDR will be stood up for the end of the transition period from 21 December, regardless of the COVID-19 situation.

In addition, please ensure you also notify your regional EU Exit lead of issues you have escalated to NSDR. The contact details are as follows:

North East & Yorkshire	england.eprrney@nhs.net
North West	England.eprrnw@nhs.net
Midlands	england.midsroc@nhs.net
East of England	england.eastofengland-covid19@nhs.net
London	England.london-euexit@nhs.net
South East	england.se-incident@nhs.net
South West	england.sw-incident1@nhs.net

If the 'business as usual' actions in Annex A have not resolved the supply disruption. You should contact the NSDR on:

Freephone number in the UK: 0800 915 9964

Direct line from abroad: 0044 (0) 191 283 6543

On reporting supply disruption issues into the NSDR, please provide as much of the following information as possible:

i) Product description, product name, generic name and product code(s) such as MPC or NPC;
ii) Supplier(s) that normally supply the products(s) and the supply route used (i.e. whether this is supplied through NHS Supply Chain, E-direct etc or direct from the supplier);
iii) Quantity of product currently available and how long this will last without resupply (e.g. days of current stock cover; time to next delivery; rate of use);
iv) The quantity of products required, and regularity of deliveries;
v) Assessment of the potential impact on care provisions and patients of any delay;
vi) Whether the product is part of a clinical trial or clinical investigation
vii) The phone number(s) and email addresses (for a named individual or a generic email address) that the NSDR unit should use to follow up on the issue and provide updates. This should include out of hours contact details.