Sheffield Health and Social Care NHS Foundation Trust

Board of Directors – Public

Date:	10th March 2021	Item Ref:	07

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	March 2021 Board of Directors
LINKS TO OTHER KEY REPORTS / DECISIONS	Integrated Performance & Quality Report - October 2020 Emergency Preparedness, Resilience & Response Annual Report 2020 Getting Back to Good - October 2020 Board Report SHSC Daily Situational Reports
STRATEGIC AIM **STRATEGIC OBJECTIVE** **BAF RISK NUMBER & DESCRIPTION**	Delivering Outstanding Care; Creating a Great Place to Work COVID – Getting Through Safely; CQC – Getting Back to Good 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 workforch 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	Terry Geraghty
Designation	Emergency Planning Lead
Date of Report	4th March 2021

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Summary Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	✓			✓		
The purpose of this report is to update Board as to the organisation's response to the COVID-19 Pandemic exploring the impacts on the provision on services and on our staff.						

2. Summary

National Position

Pandemic update

At the point of writing this report the UK has been in a global pandemic for 12 months, there is recognition that there is a positive reduction in infection levels across the UK attributed to the vaccination programme and on the 22nd February 2021 announcment by the Prime Minister set out the Government roadmap out of Lockdown for England.

Using the established command structure and working with out Health and Social care partners we will follow the impacts of the four stage roadmap carefully to ensure we can quickly respond to any futher business continuity challenges this presents for us.

Sheffield

Sheffield is currently the only area of South Yorkshire with infection rates lower than the UK average.

Current prevalence

For the reporting period, Sheffield has a rate of **108 cases per 100,000 population** as of 16th February 2021, being the latest confirmed recorded**,** against a **UK average of 119.**

South Yorkshire Covid patients in hospital beds total 18% of the general and acute bed capacity, higher than the rest of Yorkshire and Humber.

Relevant Legislation

On 25th January 2021 Trusts were made aware that a judgement had been issued by the High Court in the case between Devon Partnership NHS Trust and the Secretary of State for Health and Social Care on the use of remote or video assessments as an alternative to face to face assessments under the Mental Health Act.

The Court ruled that "personally seen" must mean in person and so as a result NHS England recommended that no further remote or video assessments for detention under the Mental Health Act are undertaken at this time, whilst further legal advice is sought by NHS England/ Improvement on this matter. We have acted on this recommendation.

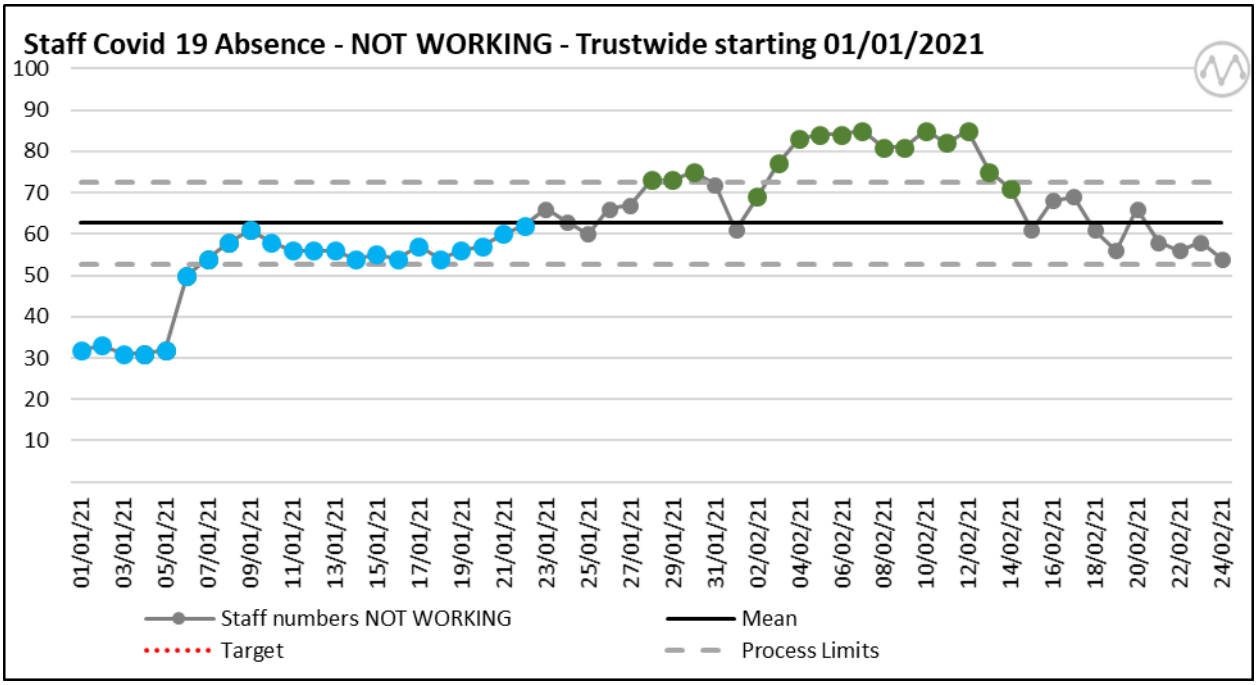
Sheffield Health & Social Care

Workforce

NHS England informed Trusts of further letters being sent to persons considered to be Clinically Extremely Vulnerable aged 19-65 who should be prioritised to receive the covid vaccination and who should follow the Government's shielding guidance. As reported previously the Trust will not know who they are unless informed by the individual therefore, an updated risk assessment has been carried out of all staff who previously shielded to capture any who fell 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 2 months.

Fig.1



In order to understand the effect of Covid on our staff absence, a comparison has been conducted against the previous year, together with a snapshot of the first phase of the pandemic from 1st March to 31st May 2020, against the same period the previous year.

Fig.2

	Available working days (FTE)	All sickness absence (FTE)	Infectious disease absence (FTE)	Carers leave (FTE)	All sickness & carers leave combined
March – May 2019	191,571	7269.74 (3.79%)	13.6 (0.01%)	365.39 (0.19%)	7,635.13 (3.98%)
March – May 2020	202,434.03	12,784.59 (6.31%)	3,204.94 (0.93%)	954.52 (0.471%)	13,739.11 (6.78%)
12 months 2019/20	767,315.78	43,935.58 (5.73%)	113.41 (0.014%)	1,345.70 (0.18%)	45,281.28 (5.9%)
12 months 2020/21	814,219.25	46,076.12 (5.66%)	7,610.51 (0.93%)	2,099.43 (0.26%)	48,175.55 (5.91%)

The figures use the total number of hours worked by our workforce, compressed into full time equivalent (FTE) working weeks of 37.5 hours, multiplied by the number of days in the month, to create the available working days.

Infectious disease sickness includes Measles, Chicken Pox, Ecoli, TB, Glandular Fever etc. which accounts for the 2019/20 figures. 2020/21 is almost exclusively suspected and confirmed Covid absence and it can be seen this accounted for a significant spike in sickness during the first wave of the pandemic, together with an associated increase in Carer's leave.

Staffing numbers increased during 2020 that offset the increased absence, resulting in a comparable overall percentage level over the year of 5.66%, slightly down on the previous year. Combining overall sickness and carers leave absence surprisingly provided an almost identical percentage level of 5.9%.

The Trust continues to operate a free professional helpline for anyone affected by the COVID-19 Pandemic. From October 2020 Workplace Wellbeing have been offering lunchtime support sessions, which are open to all staff via MS Teams. This compliments the existing Health and Wellbeing widget on the Trust's intranet and the COVID Support Hub.

Risk Assessment

The Trust's Command Structures are overseeing the completion of individual staff risk assessment. Figure 3 shows the Trust's position as at 24th February 2021.

Fig.3

	65	BAME	Vulnerable	Male	Total
Risk Assessments	56	405	170	631	2335
Total	58	413	180	691	2630
Completion (%)	**97%**	**98%**	**91%**	**89%**	**89%**

Of those that are outstanding, all line managers have been appraised and proactively supported to complete. Workforce colleagues have been attempting to contacting people without a risks assessment, by letter, e mail and telephone.

Although this report offers assurance about support being in place and a comparable sickeness rate we do know that our staff are having to cope with more personally and professionally and many are tired. There is a contunied risk that our staff will become less able to cope with the demands that we need to be live to.

Impact of pandemic on Service Users acess to services

Throughout the pandemic SHSC has maintained clinical services however the mode of contact for some service uses has changed and there has been access and waiting time issues due to the changes we have made to improve inpatient safety and a lack of staff availability. Performance data has been used to identify the potential issues for service users.

Demand into IAPT dropped at the start of the Covid pandemic at the end of March, April and into May 2020. This was a direct impact of the lack of presentation to primary care and self referral during the first lockdown. Referrals and numbers accessing IAPT have steadily increased since then and are currently at pre-pandemic levels. IAPT services reacted swiftly, enabling digital consultation and providing bespoke group courses directly addressing the impact of Covid on mental health.

As well as our free advice and support line, our IAPT services are running "Coping with COVID" programmes. This will support our activity recovery plan for IAPT.

Access points to secondary mental health care-SPA, Older Adults CMHTs, Liaison Psychiatry experienced a similar drop in demand in March and April 2020 but returned to pre-pandemic levels sooner than IAPT and are currently dealing with the same level of referrals as previously.

All community teams have reassessed the needs of service users to understand the best ways for them to receive their care in the community. 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. The risk of increasing caseloads in our community teams is not related solely to the pandemic.

Case loads in our core mental health community teams have seen steady increases since April 2020. This is due to a combination of factors: staff absence (covid and non-covid) and significant vacancies amongst staff leading to fewer discharges; numbers entering the services outstripping the number of discharges month on month. Anecdotally increased acuity is stated as a reason, this needs to be better understaood. Vacancies have been recruited to with clincal staffing coming into post from late February and the success of the CMHT review will support the implementation of an assertive outreach team for those services with more intensive care and support needs.

Demand for MHA assessment and admissions to the S136 Health Based Place of Safety beds did not drop at the beginning of the pandemic, and these functions have seen an increase since April 2020. This suggests unmet need for people in distress in the community which in part will be related to the impact of a global pandemic on the people we serve. This increase is consistent with the national picture.

Inpatient admissions and the numbers detained under MHA on admission have remained steady throughout the last 24 months. Admissions and discharges are of course dependent on bed numbers. We have had a reduction in beds since March 2020, both permanent losses as a result of eradication of dormitory accommodation and temporary reductions in bed numbers due to requirements to enable safe isolation and the need to maintain safe and therapeutic environemnts during a period of increased staff absence and vacancies.

The direct impact for people in our care is the increased likelihood of being admitted to a mental health facility away from home and local community services. This is particularly evident in the placement of older adults out of area as a direct result of Covid, with G1(organic) and Dovedale (functional) wards both having experienced outbreaks and having to close to admission during. This was during a period whent the older adults Home Treatment Team also had an outbreak which reduced alterantives to admissions for Sheffield service users.

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. The relaxation announced in the Government's roadmap from 8th March 2021 enabling one nominated person to visit care homes is welcomed but will require careful management by staff to facilitate this.

There is some concern that the easing of lockdown will raise anxieties in some which, together with some business analysts suggesting that the ending of the Furlough scheme will see an increase in unemployment that to date has been hidden due to the facility, will result in increased referrals to mental health.

Jo Evans, the Trust's Continuous Improvement Manager is conducting work in collaboration with the Quality Improvement Team on Service user and staff experience during the pandemic and is reporting to the March Quality Committee. The main findings to date suggest an overwhelming gratitude from service users to staff across all areas and from staff, an opportunity to learn from other teams – spread good practice and be open to new ways of working. The summary of her findings is attached to this report.

The Board of Directors and has full acess to all supporting performance data in the monthly Integrated Quality and Permance report.

Vaccination

When the vaccination programme commenced in late November 2020, this applied only to the Pfizer vaccine and deployment was to 50 sites across the UK, Sheffield Teaching Hospitals (STH) being the identified vaccination site for Sheffield. As Pfizer had to be stored at -70 degrees, STH was the only Trust able to facilitate this.

When the Oxford AstraZeneca vaccine was approved on 31 December 2020, having a manageable storage requirement, the Trust sought to create our own vaccination hub and to receive this vaccine for our staff however, this coincided with primary care seeking to vaccinate their patients and staff, STH continuing to support our staff and shortly after, an offer from Sheffield Children's Hospital.

It therefore appeared increasingly unlikely that, despite the preparatory work to form a vaccination hub operating in the Mayfield Suite at Fulwood House, that our request would not be realised.

However, on 11th February 2021, the Trust were informed that an allocation of an initial 700 doses of the Oxford/AstraZeneca Covid vaccination were to be received.

The Board can be assured that all staff eligible for vaccination are as directed by the Joint Consultative Vaccinations and Immunisations (JCVI) have been contacted in writing, by telephone and by their local leader to ensure they have ease of access to the vaccine.

To date, approximately 56% of our staff have received their first vaccination from the range of vaccination facilities available, together with 91% of our Social Workers. Mindful that our greatest risks from Covid are our inpatient sites, where we have experienced a number of infection outbreaks, a concerted effort has been made to vaccinate these staff. G1 deserves special mention for having vaccinated all but two of their staff who have decided not to have it, some already having received their second dose.

The Trust have adopted a range of methods to support our staff in understanding the vaccinations to ensure that decisions made by individuals not to have the vaccination are through an informed choice. This includes information on the Trust Intranet and four question and answer sessions conducted during February 2021 with the Chief Pharmacist and Medical Director, as well as a video presentation to the BAME Group by Brenda Rhule, Head of Nursing for Rehabilitation and Specialist Nursing.

With the second dose of the vaccination falling within the period of Ramadan that commences on 12 April 2021, information has been obtained for circulation from Muslim groups providing assurance that having a vaccination during this time will not be a break of fast.

The roll out of vaccination to inpatient service users continues, some delays have been seen because of outbreaks.

Implementing New NHS guidance

Date of Issue	What does this mean for SHSC?	Compliance statement
25 January 2021 Legal guidance for MHLDA supporting people of all ages during the Coronavirus pandemic.	Provides the legal framework for MHLDA organisations to operate during the pandemic, latest revision.	Standard met
25 January 2021 Notice of judgement of the High Court (see 3. Above)	Direction that all MHA assements must be conducted face to face	Standard met

Date of Issue	What does this mean for SHSC?	Compliance statement
28 January 2021 Health and Social Care covid vaccination weekly collection and recruitment	New weekly sitreps covering vaccination and recruitment	Ongoing standard being met
1 February 2021 Commissioner oversight visits to LDA	Sets out method of visiting Learning Disability and Autism facilities	No visits presently planned but guidance circulated in order that standard can be met.
5 February 2021 New Lateral Flow test weekly sitrep on SDCS system	Replaces previous weekly collection onto a NHS Digital platform with additional data requirements	Ongoing standard being met
22 February 2021 New support materials for delivery of covid vaccinations to people with a learning disability	Provides guidance and information for staff to support people with a LD who may lack understanding or have anxieties about vaccination	Circulated to LD Teams via managers and through Communications.
23 February 2021 National Diabetes Covid response team clinical guidance	Provides guidance on treating Covid patients who are Diabetic	Cascaded through clinical leads to meet standards on treatment should cases arise.

3. Next Steps

The Trust will continue to review 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.

4. Required Actions

The Board is asked to consider whether it is sufficiently assured about the Trust plans to respond to the COVID-19 Pandemic.

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

5. Monitoring Arrangements

COVID-19 Update monthly report to Board.

6. Contact Details

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NHS
Sheffield Health and Social Care
NHS Foundation Trust

Evaluating the impact of Covid-19

on our staff, service users & carers/young carers

Jo Evans
Continuous Improvement Manager

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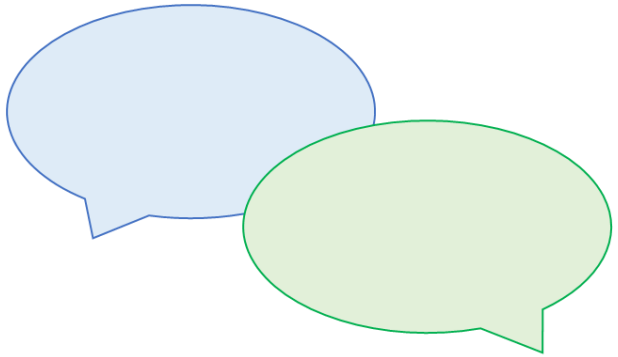
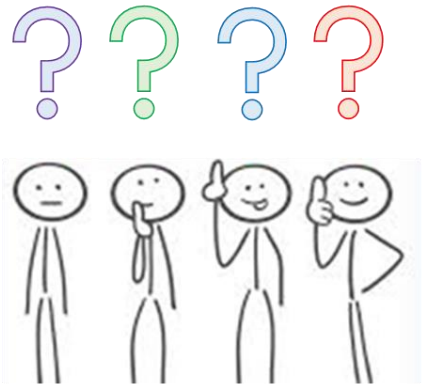
As new ways of delivering many of our services begin to settle, teams are starting to explore the impact of COVID and the specific changes they have introduced. We recommend that any evaluation considers the following 3 perspectives and this short template aims to support teams in collating and presenting this information for discussion and planning purposes.

Service Users and Carers



What has the impact been on service users and carers?

Colleagues



How does the team feel about the impact of COVID and the changes you've made

Data

What is the data telling you about the impact?

Overview in numbers:

Sheffield Health and Social Care NHS Foundation Trust

QI Team offered to support **37** individual teams

Actively working with **22**, of which:

14 teams at data analysis stage (completed or completing)

1 team data collection phase

7 teams are still developing surveys

15 teams not involved:

- Not responded
- Doing their own evaluation
- Declined to participate

878
service user responses

329
Staff responses

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Key Questions

Sheffield Health and Social Care NHS Foundation Trust

❖ Service Users

Accessing support	Telephone / virtual Appointments	Contact	Peer Support	General
• Ease of access • Knowing who to contact • Experience	• Offered? • Helpful? • Quality? • Preference? • Continue?	• Maintenance • Consistency • Experience	• Access • Suggestions	• Provision of information • Friends & Family Test (FFT) • Care Opinion • Suggestions

❖ Staff

Accessing support	Telephone / virtual Appointments	Contact	Peer Support	General
• Availability • Ease of access • Experience	• Offered? • Helpful? • Quality? • Preference? • Continue?	• Maintenance • Consistency • Experience	• Offering? • Suggestions	• Suggestions • Availability of resources / equipment (eg PPE, IT)

Team analysis reports provided

Sheffield Health and Social Care NHS Foundation Trust

Evaluating COVID

Assessment of the impact on *Team X*

Report developed in collaboration with the Quality Improvement Team

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Report Content

Sheffield Health and Social Care NHS Foundation Trust

Involvement in numbers	• Number of service users and staff invited to participate Vs number of responses
Service user experience	• Summary of findings • Graphical data and highlights • Detailed responses – “positive comments” & “opportunities to learn”
Staff experience	• Summary of findings • Graphical data and highlights • Detailed responses – “positive comments” & “opportunities to learn”
‘Metrics that Matter’	• Activity data (including referrals / discharges) • Care Plan reviews and DRAM reviews • DNAs • Staff sickness data
Triangulation, themes and summary	• Overall summary of these resulting from triangulation of all above data
Next steps and planning	• Template for the team to own and complete – with offer of QI support

Trust Wide Key Themes

1. Telephone/Virtual (including Attend Anywhere) Vs Face-to-Face

'Positives':

- Majority of service users grateful - telephone/virtual appointments had been helpful and reassuring in current climate
- Reduction in travel = easier to access for many service users (phone and Attend Anywhere)
  = time used more efficiently by staff (mandatory training, risk reviews, care plan reviews etc) & service users (reduced stress)
- Particularly helpful for follow-up appointments
- Reduced DNAs / 'wasted' visits
- More flexibility with appointment time
- More organised sending homework/info prior to session (Eating Disorders)
- Video appointments still allow body language to be considered

'Opportunities to Learn':

- Overwhelming preference to return to face-to-face when possible in the future, due to
  - being able to build better relationships
  - service users ability to be more open and honest – lack of privacy at home
  - can assess people's behaviour, appearance and body language
  - virtual can be anxiety provoking for many
  - IT and connectivity issues
  - consideration of hearing impaired and those with communication difficulties
- The vast majority of respondents, especially in GIS, stated they were not asked if they were able to talk without being disturbed
- Services only offering telephone requested for option of video. Those with video had mixed feelings
- Request for the link to Attend Anywhere to be sent via email so easy to access rather than typing in the long website address (could ask people to bookmark the link if video calling used on a regular basis)
- Telephone appointments more suitable for follow up then initial assessments/ reviews
- Majority want option for choice in future
- 50% of SPA responders described their experience of our service as either poor or very poor

2. Communication

‘Positives’:

- Service users welcomed the contact and interventions (eg STEP, recovery)
- Instruction letter for how to use Attend Anywhere was easy to understand (LTNC, GIS)

‘Opportunities to Learn’:

- Service users not all kept informed of changes to service provision (eg Pharmacy, SPS)
- Improved and expanded use of Trust Website to help with communication
- Service users asking for clear, frequent and reliable communication about any changes to care
- Better communication between services (eg between community bases and inpatient/acute teams)
- Request for improved communication between Exec/Board and teams & more collaborative working with managers
- Many staff felt communication and guidance ‘from the top’ too delayed, unclear and insufficient
- More contact and communication with carers, esp EIS & Older Adults
- Better communication & clarity around support available (eg Pharmacy)
- Some service users reported a noticeable decrease in communication and help during the COVID period (eg GIS)
- Majority of those using Attend Anywhere reported they had not been offered an alternative to video based consultation; the length of appointment was not explained and they had not been advised how to let the staff member know if they needed

3. Support for Staff

‘Positives’:

- Supervision, peer support and managers/leadership team supportive in many teams - varied
- Workplace well-being valuable
- Changes has strengthened collaborative working between colleagues

‘Opportunities to Learn’:

- Consideration and assistance for staff around impact service users’ mental health has on staff
- Changes in service delivery left some staff uncertain around their role

3. Accessibility & Maintaining Contact

'Positives':

- Consistency in worker was valued and enabled relationships to be built
- Telephone helpline set up to offer support/ contact in Older Adults
- Monthly newsletter/ information on support/ activities available including support from charities (Older Adults)

'Opportunities to Learn':

- Service users unable to contact the teams by telephone - long queues or no/untimely call backs (eg recovery, SPA, GIS)
- More proactive contact for service users who live alone
- Offer choice of 'drop in' or appointment (Pharmacy)
- Better equipment for video conferencing from meeting rooms – reduce need for face-to-face meetings
- Can be difficult for both staff and service users when not seeing regular client/worker

4. Service User / Carer Support Groups

'Positives':

- Peer support continued in some areas (eg Hearing Voices Group, Men's Group, SunRise & telephone support)

'Opportunities to Learn':

- Service Users experiencing isolation & decline in health due to the restrictions
- Majority wanted more peer support – recovery, older adults – and really missed the face-to-face engagement
- More contact and support for carers (Early Intervention Service, Older Adult CMHT)
- Ideas for the immediate future included:
    - virtual groups using approved, accessible and familiar video conferencing (eg Zoom)
    - outdoor, socially distanced groups
    - one to one support meetings
    - online courses
    - Introduction of 'hobby groups'
- Improve awareness and promotion of the support groups available

6. Working From Home

'Positives':

- Reduction in travel = time used more efficiently by staff
- More flexibility so positive for work/life balance for some = reduction in stress
- Felt safer
- Better WiFi than some of the work bases
- Less distractions

'Opportunities to Learn':

- IT capability – video conferencing, connectivity issues, confidentiality & data protection
- Staff feel judged
- Less distinction between work & home life
- Some staff feel isolated, less informed, detached and ignored
- Review information giving techniques and use of meetings
- Most staff would like more flexibility to work from home in the future

7. General Comments

'Positives':

- Overwhelming gratitude for staff from service users – across all areas

'Opportunities to Learn':

- Learn from other teams – spread best practice
- Be open to new ways of working

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Next Steps:

- Complete analysis on all 22 active teams
- Continue to present analysis to Teams
- Teams to develop and own local improvement plans (with QI support if needed)
- Re-engage with teams yet to progress Covid-19 evaluations
- Triangulate further with findings from stakeholders

Links to stakeholder evaluations

Sheffield Health and Social Care NHS Foundation Trust

- Youth Voice Matters and impact of Covid-19 (Sheffield Young Carers)
- Impact of Covid-19 on mental health and wellbeing: survey results (Sheffield Flourish)
- Leaving lockdown: our second Covid impact survey (Sheffield Flourish)
- COVID-19 enquiry summaries (Sheffield Healthwatch)
- Beyond the PHE report and the impact of COVID-19 on People of Colour (Sheffield Healthwatch)

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