

Board of Directors Public

SUMMARY REPORT

Meeting Date: July 2021

Agenda Item: 07

Report Title:	Management of COVID-19 pandemic	
Author(s):	Terry Geraghty – Emergency Planning Manager	
Accountable Director:	Beverley Murphy – Executive Director of Nursing, Professions and Operations	
Other Meetings presented to or previously agreed at:	Committee/Group:	Open Board of Directors meeting
	Date:	26 th May 2021
Key Points recommendations to or previously agreed at:	The purpose of this report is to update Board as to the organisation's response to the COVID-19 Pandemic and assure the Board of the robustness of business continuity plans.	

Summary of key points in report

This report is the latest in a series of updates to Board, designed to inform members of recent developments in the COVID-19 pandemic and new guidance issued.

The report outlines new and existing risks to the Trust in meeting its core services, the method that has been adopted to manage the risks and provides assurance that appropriate measures are being taken to mitigate against them.

It further enables the Board to consider whether the method and measures employed provide that assurance.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	X
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It is recommended that the Board consider the assurances in Section 3 of this report to mitigate against the risks in Section 2 and that they meet their satisfaction.

Please identify which strategic priorities will be impacted by this report:					
Covid-19 Getting through safely		Yes	X	No	
CQC Getting Back to Good		Yes	X	No	
Transformation – Changing things that will make a difference		Yes		No	X
Partnerships – working together to make a bigger impact		Yes		No	X
Is this report relevant to compliance with any key standards ?				State specific standard	
Care Quality Commission	Yes	X	No		Safety and Good Governance
IG Governance Toolkit	Yes		No	X	
Have these areas been considered ? YES/NO				If Yes, what are the implications or the impact? If no, please explain why	
Patient Safety and Experience	Yes	X	No		Risk of bringing infection into inpatient areas
Financial (revenue & capital)	Yes	X	No		Increased cost of overtime, Bank and Agency staff to cover staff absence
OD/Workforce	Yes	X	No		Risk of increased staff absence through contracting the virus or self-isolation
Equality, Diversity & Inclusion	Yes	X	No		See section 4.2
Legal	Yes	X	No		Breach of regulatory standards and conditions of Provider Licence.

Title	Management of COVID-19 pandemic
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Section 1: Analysis and supporting detail

Background

Roadmap for Reducing Restrictions

- 1.1 The staged roadmap out of Lockdown in England set by the Government on 22nd February 2021 in recognition of the positive reduction in infection levels across the UK entered Stage 2 on Monday 12th April 2021. Significantly, this signalled the re-opening of all retail, personal care, most outdoor attractions, indoor leisure/sports, self-contained overnight accommodation in England and public event pilots.

Stage 3 from Monday 17th May 2021 saw further relaxation to include a maximum of 30 people outside, rule of 6 or two households indoors, indoor hospitality and sport, domestic overnight stays, and international travel subject to a RAG system continuing a cautious relaxing of controls on people's lives with a period of five weeks between each point in order to assess against the data and evidence, to determine whether each point of relaxation can be met.

A demonstration of this came in the Government's announcement on Friday 14th May 2021, cautioning on full restrictions being lifted as planned on Monday 21st June 2021 due to the prevalence of new variants being detected from India, the 'Delta' variant. This was followed by a confirmatory announcement on Monday 14th June 2021 pushing back the releasing of full restrictions until Monday 19th July 2021, The only exception being made in respect of weddings and wakes whose numbers are subject to the capabilities of their venues to maintain distancing etc.

The data and evidence used to inform the easing through each stage is the 4 key tests reported previously:

1. Vaccines are sufficiently reducing the number of people dying with the virus or needing hospital treatment.
2. Infection rates do not risk a surge in hospital admissions.
3. The vaccination programme continues to go to plan.
4. New coronavirus variants do not fundamentally change the risk of lifting restrictions.

The delay, to enable wider roll out of the vaccination programme, particularly to include younger age groups who, together with demonstrating the highest levels of social interaction are too showing the highest prevalence of infections, coincided with a national push with walk-in vaccinations being offered.

The Government has since confirmed the removal of restrictions in England with effect from Monday 19th July 2021, together with the legislative requirement to wear masks, placing personal responsibility for wearing them on the public and leaving it to individual organisations to determine their own policies in this regard, particularly on public transport and .NHS England's Chief Nurse Ruth May announcing on 15th July 2021 that anyone accessing or visiting health settings will still be required to wear a mask.

In respect of the traffic light system for travel abroad, the Government have removed the requirement to self-isolate on return from amber list countries if fully vaccinated and from 16th August 2021, removed the requirement to self-isolate in the event of contact with a person who is Covid positive if fully vaccinated. Though, at the time of writing this report, the Government have now indicated an additional enhanced level in the RAG system.

Central Update and New Guidance

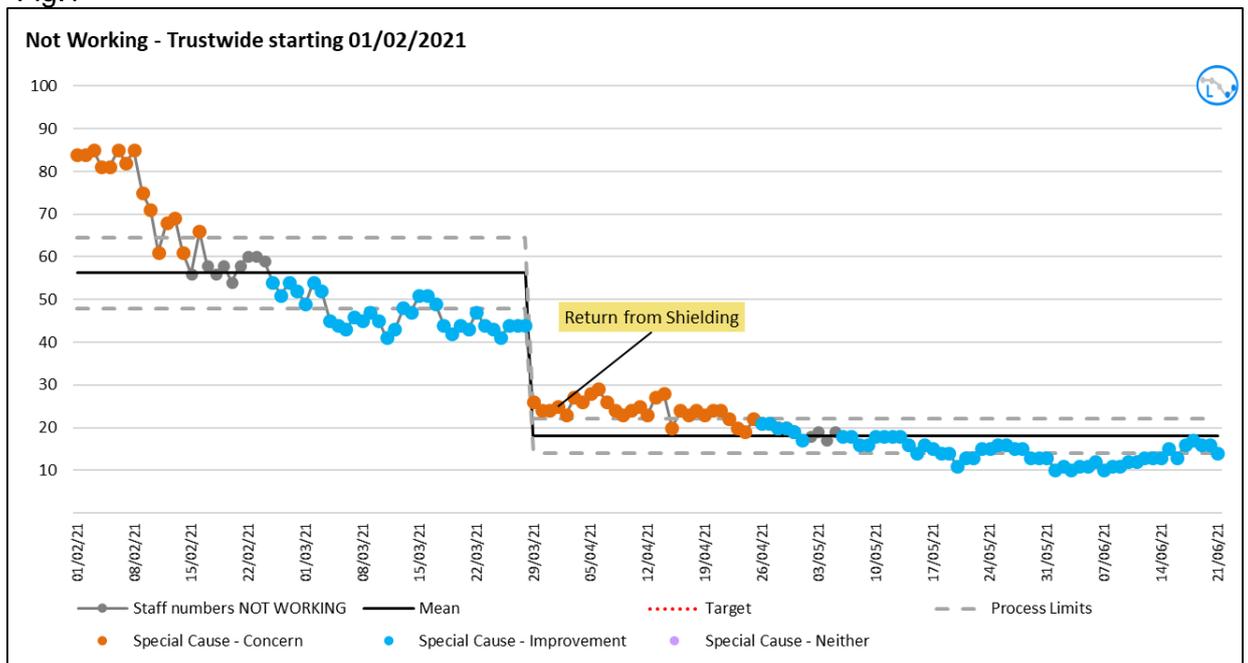
Guidance recently have predominantly been received through a series of webinars to health Leaders. These include:

1. Preparations for the Public Inquiry announced by the Government to commence in Spring 2022, to consider their handling of the pandemic and the NHS response.
2. Exponential growth of the Delta variant is almost where we were in April 2021. Infection's are doubling every 6/7 days in the North West, every 14 days elsewhere. Highest risk is to the under 25's age group with rises in schools, colleges and universities. It is expected that the closing of schools etc and the better summer weather will see a slowing of the virus but that it will rise in September. We are expected to see more outbreaks in schools as school age children, who will still not have been vaccinated. ED's are already seeing high increases in paediatric attendances.
3. New Infection Prevention Control (IPC) guidance issued 10th June 2021 includes few changes other than promoting a hierarchy of controls and risk assessment. Any local changes to the guidance must meet with Board approval. A full review of IPC is now underway centrally, designed to look at measures to implement for the long term rather than the here and now. We are awaiting a further review of IPC guidelines.

Staff Absence due to COVID

We continue to monitor daily the number of staff absent from work due to COVID. See Fig.1 Below:

Fig.1



The return of staff that had been shielding demonstrates a marked drop in our absence figures. However, rising cases of the Delta variant, coupled with accompanying isolation requirements is seeing staff absence again beginning to rise.

Of the staff currently off, 19 are COVID positive, 8 of which have been off for some time suggesting Long COVID or other conditions and 17 self-isolating, 12 through contact from Test and Trace.

Given the risk of self-isolation to business continuity, we have consulted with our system partners and taken advice from Sheffield Public Health. It has been agreed and implemented

for staff not to isolate and return to work, who have received a notification from the NHS App. This applies to those who have received both vaccinations and, conduct a lateral flow test each day for the duration of the time remaining to isolate.

The NHS Plan for Long COVID was published on 15th June 2021, providing support through Primary Care, Secondary Care and Mental Health, with a particular emphasis to support a significant number of healthcare staff who have been affected.

Locally, South Yorkshire and Bassetlaw Integrated Care System (ICS) have launched 'Your COVID Recovery Campaign' covering issues such as, 'How long coughs should last', 'when taste and smell come back', 'when to restart exercising' and what to do when unable to source advice and support from family members.

This information has been shared with the Trust's Health and Wellbeing Group and is available on the HR page of the Trust Extranet.

With the opening of events and hospitality, coupled with the forecast above from Public Health England, there is a risk that more staff may be exposed to the virus and consequently infecting other staff and service users.

Absence continues to be monitored daily and is examined in Bronze, Silver and Gold command to respond to business continuity issues.

Next Steps

In preparation for the removal of national restriction, the following approach is adopted:

- System Approach – Learning from the systems approach to the pandemic has reinforced a greater aligned approach that considers all partners. To this end, City Wide Gold, which is held with all Accountable Officers, is meeting to ensure that there is a uniformed approach to future measures and mitigations. This is reflected in our decision making.
- Infection Prevention and Control (IPC) – We are maintaining the current IPC measures across all out sites, which includes masks wearing of staff and visitors. This has been communicated widely and is in line with our partners.
- Working from Home – We are maintaining the current approach to people working from home. This is so that we ensure safe space in our inpatient, community, and back-office sites. Staff who feel that they want to return to work can negotiate this with their line manager and following a risk assessment.
- Face to Face Meetings – Again, we are maintaining the current approach about meeting in person, which is line with risk assessment of using personal office and larger meeting spaces. We will continue to review this position and align it to our future agile working strategy. We are in the process of finalising our working from home guidance, to ensure people can work effectively and support the persons wellbeing.
- Staff Self Isolating – As mentioned above, staff who have both vaccines can return to work with daily lateral flow testing, if they are notified by the NHS App. Staff who are directly contacted by the Test and Trace team are mandated to isolate and we await guidance on this.
- Travelling Abroad – We are maintaining the current guidance of quarantining if a staff member visits an amber rated country. We are awaiting clear guidance from the government about what this means for NHS staff who are double vaccinated, which is expected shortly.

- Business Continuity – Our service remains open, and we will continue to see people in the community through digital offers, unless there is a person centred or risk related reason for not doing this. We are finalising contingency plans on Wednesday 21st July 2021 if our workforce is depleted, especially in our inpatient service. This is about using our crisis pathway workforce to support inpatient business continuity. Currently we remain at level 3 NHS critical incident and our control room operates five days per week.
- Communication – We continue to communicate changes and reinforce key message on a weekly basis and send out additional communications as required.

Section 2: Risks

- 2.1 Since its start, the COVID-19 pandemic has been recorded as a risk on the Corporate Risk Register, recognising the risks it brings to the Trust's ability to maintain its services, the health and wellbeing of its service users and staff and its reputation. The management of these risks have been through a specific COVID Risk register aligned to the Major Incident Control structure of Gold (Strategic), Silver (Tactical) and Bronze (operational) throughout the pandemic, to ensure risks are regularly reviewed, updated as risks change and new risks are presented; and that appropriate control measures are in place.
- 2.2 The gradual lifting of restrictions and the ability of people, brings with it increased risks of infection through community transmission as already evidenced with the rise of the Delta variant. This in turn increases the risk of staff absence through infection and self-isolation for those not fully vaccinated; and bringing the virus into the workplace risking transmission to our inpatient service users and other staff.
- 2.3 Similarly, the Government introduced traffic light system for travel abroad, though reduced if fully vaccinated, still presents further risks of staff absence through a requirement to self-isolate as countries can be moved with little notice.
- 2.4 Linked to this is the Infection Prevention and Control (IPC) guidance. As reported, the latest update is largely unchanged, meaning that in a healthcare setting the requirement for masks, 2-metre distancing, limits through Environmental Risk Assessments to the number of people in a room, ventilation still apply and is expected to for some time. Staff and service users may struggle to understand and comply with the competing guidance designed to keep people safe, with an easing of restrictions in public.

Section 3: Assurance

Benchmarking

- 3.1 The COVID Risk Register has been updated to reflect the risks in Section 2 above. Control measures in place include updated guidance on absence regarding the traffic light system, published internally through Communications, in management meetings to cascade and stored on Jarvis. This makes clear the Trust position, is in line with partner organisations and enables staff to make informed choices when considering their holiday plans.

- 3.2 Similarly, IPC guidance has been re-published and promoted through management meetings to cascade to staff. Our IPC nurses are conducting unannounced visits to test compliance which will be reported through Bronze and escalated through Silver and Gold groups.
- 3.3 Patient facing staff are required to perform Lateral Flow tests twice weekly, enabling early indication of a member of staff having the virus, to then self-isolate and immediately book a PCR test, arranged through the Trust and to receive a negative result before returning to work. This is the most reliable indicator to mitigate the risk of bringing the virus into the workplace. Results of all tests are sent to NHS England as part of a weekly situation report requirement. However, on 5th July 2021 both the ordering of kits for testing is arranged individually and reporting of results moved to the Gov.uk portal. Trusts should soon be sent weekly reports of compliance by their staff. Evidence to date suggests staff are conducting the tests and reporting positive results. However, only around 25% are recording all results. There is concern that testing could reduce with the proposed changes. A campaign to promote through managers and publications has been launched by our Communications Team, together with IMST re-routing the QR codes used to record results to the Gov.uk portal.
- 3.4 The requirement for inpatient testing on admission, after 3 days, after 5-7 days and upon return from home leave of more than 24 hours remain in place. This too is an important method for reducing the risk of spreading the virus. To date, some of our inpatient areas are not fully compliant with aspects of the testing process.. Testing on admission is taking place and has been evidenced through the physical health sitreps monitored through the Business and Performance team until the end of May 2021. However, testing beyond this varied. We are addressing this lack of assurance at pace. The Director of Operations has written to all ward managers, reinforcing the standard and we are putting in place a weekly exception return, which will be monitored at Bronze and Silver. The Trust IPC Lead will be monitoring the situation closely.
- 3.6 Vaccinations to our staff through our own inhouse vaccination hub, our partners at Sheffield Teaching Hospitals and Sheffield Children’s Hospital and through GP’s and Community hubs have to date resulted in 89.2% of our staff having received at least one dose of the vaccination; and 84.7% having received both doses. Our own facility has now closed but new starters who have not been vaccinated are being directed to community hubs to receive them. Details of new starters are uploaded onto the NIMS database by our IMST Department in order that our figures reflect the up to date position in Trust.
- 3.7 Vaccinations to our inpatient service users were arranged through our Chief Pharmacist and Head of Nursing. As reported previously, all had been offered a first vaccination and the second is being rolled out, together with arranging any service users who have been discharged since receiving their first.

The Trust have followed all guidance issued by NHS England and NHS Improvement and Public Health England throughout the pandemic.

Triangulation

- 3.8 An Incident Control Centre (ICC) was established at the start of the pandemic, acting as a single point of contact for all external and internal enquires, the receipt of advice and guidance, a direct link into the command structure for dissemination and implementation and the data reception point for submitting daily and weekly situation reports on behalf of the Trust. This remains in place

and will be until a stand down is announced. The ICC is invaluable in providing the ability to analyse and cross reference all COVID related data, reducing confusion from the volume of information to enable task focused activity.

Engagement

3.9 Engagement of stakeholders have been established internally through the COVID Command Structure, the vaccination Task and Finish Group and externally through NHS England's Joint Regional Operating Centre (JROC) and the SYB Local system Partnership meetings. The engagement has enabled greater understanding of the challenges and demands on all stakeholders and a platform for the provision of mutual aid.

Section 4: Implications

Strategic Aims and Board Assurance Framework

4.1 The Strategic Aims implicated through this report are:

- Delivering Outstanding Care
- Creating a Great Place to Work
- COVID – Getting Through Safely
- CQC – Getting Back to Good

All the above are intrinsically linked. A competent and responsible workforce is crucial to keeping our service users safe. This can be demonstrated through the high percentage of Trust staff being vaccinated to protect themselves and others to provide care. The effort undertaken to vaccinate our inpatient service users, a commitment to regular Lateral Flow testing shows a responsibility for wanting to reduce the risk of the virus infecting those they care for and their colleagues, all of which is testament to a workforce that enjoy their role, are committed to supporting Trust efforts to get through COVID safely and which contributes to a common desire to get 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.

This report, coupled with the preceding updates to Board demonstrate a continuing readiness to respond.

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.

Recent updates following CQC visits demonstrate the Trust is showing improvement. Having in place a workforce committed to getting us through COVID safely is a strong indication of the values the Trust places on its staff and their willingness to meet them.

Equalities, diversity and inclusion

4.2 Trust activity throughout the pandemic has been non-discriminatory. In line with the ethos of the Equality Act 2010, decisions made do not discriminate but, enhances where it can, equality of opportunity, and fosters good relations. Where evidence suggested Black Asian and Ethnic Minority (BAME) groups

were at greater risk from COVID-19, a considered targeted approach is taken. The Trust's BAME Group were fully consulted to ensure the reasons were understood and that all activity was appropriate and properly considered.

Culture and People

4.3 It is recognised that the pandemic affected workforces across the country. Concerted effort continues to be made to ensure our workforce and our service users are heard, informed and understand the activity undertaken.

Implications for the workforce have been the requirement to wear masks, keep distance, wash hands frequently, maintain IPC recommendations and submit to regular testing through Lateral Flow and PCR, particularly in the event of an outbreak at their place of work. This has been understood and accepted as necessary restrictions in order to keep everyone safe. Many staff have needed to work from home and we have ensured measures are in place to support this.

Integration and system thinking

4.4 See 3.9 above – Engagement. The ICS are an integral stakeholder in our partnership to manage the pandemic in the South Yorkshire and Bassetlaw locality.

Financial

4.5 There has been limited financial impact for the Trust arising from the pandemic, due mainly to the Government agreeing to reimburse Trusts during the first wave, reducing during the second. Currently financial impact is low and relates to overtime and the cost of Bank and Agency staff. This however, is being monitored as, potential staff absence rising (see Section 1 above) will impact on cost through greater need for overtime etc.

Compliance - Legal/Regulatory

4.6 Continuing to follow the guidance will ensure compliance with our constitutional rules and regulatory requirements.

Section 5: List of Appendices

Not applicable