

# Board of Directors – Public

## SUMMARY REPORT

Meeting Date: 25 May 2022  
Agenda Item: 08

<b>Report Title:</b>	<b>Recovering Effectively from Covid.</b>		
<b>Author(s):</b>	Jason Rowlands: Deputy Director of Strategy and Planning Neil Robertson: Director of Operations & Transformation		
<b>Accountable Director:</b>	Beverley Murphy, Director of Nursing, Professions and Operations		
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	None	
	<b>Date:</b>	N/a	
<b>Key Points recommendations to or previously agreed at:</b>	N/a		

### Summary of key points in report

- Agile working is being embedded across services:** Learning from Covid is being embedded across all teams with agile working plans ensuring patients' needs are the primary focus
- Service recovery:** Levels of face-to-face activity have continued to rise and are around 10-15% lower than pre-pandemic levels although IAPT have maintained high levels of online contact.
- Access and waiting:** Challenges continue across several services in respect of numbers waiting or length of waits. Recovery plans are in place for all relevant services and not all delays are due to Covid.
- Service demand:** Demand levels across most services are in line with pre-covid levels. Crisis Services are experiencing sustained increased demand and recent expansion will provide support.
- Working as part of the Sheffield Urgent and Emergency Care Pathway:** Our improvement plans and actions are equally focussed on alleviating pressures across the UEC pathway.
- Workforce expansion plans completed:** Most expansion plans were completed through 2021/22, risks remain that turnover may undermine the progress made.

### Recommendation for the Board/Committee to consider:

Consider for Action	Approval	X	Assurance	X	Information
1. The Board consider the level of assurance that SHSC services are recovering effectively from Covid.					

### Please identify which strategic priorities will be impacted by this report:

	Yes	X	No
Covid-19 Recovering Effectively		X	No
CQC Getting Back to Good Continuous Improvement	Yes	X	No

Transformation – Changing things that will make a difference				Yes	X	No	
Partnerships – working together to make a bigger impact				Yes	X	No	
<b>Is this report relevant to compliance with any key standards ?</b>				<b>State specific standard</b>			
Care Quality Commission Fundamental Standards	Yes	X	No		<b>Safety and Good Governance</b>		
Data Security and Protection Toolkit	Yes		No	X			
Any other specific standard?	Yes		No	X			
<b>Have these areas been considered? YES/NO</b>				<b>If Yes, what are the implications or the impact? If no, please explain why</b>			
Service User and Carer Safety and Experience	Yes	X	No		Risk of bringing the virus into inpatient and residential areas, causing harm to service users Risk to safety and patient care from reduced access to services during omicron surge		
Financial (revenue & capital)	Yes	X	No		Increased cost of overtime, bank and agency staff to cover staff absence Costs of managing increased demand for services as services recover		
Organisational Development /Workforce	Yes	X	No		Risk of increased staff absence through contracting the virus or self-isolation Risk of increased challenges and pressures on staff in sustaining services impacting on wellbeing Plans for expansion of services to deliver improvements in line with LTP and demand forecasts		
Equality, Diversity & Inclusion	Yes	X	No		<i>See section 4.2</i>		
Legal	Yes	X	No		Breach of regulatory standards and conditions of our provider licence.		

## Section 1: Analysis and supporting detail

### 1.1 Background

Our Annual Operational Plan confirms our strategic priority of ensuring our services recover effectively from Covid by:

- Ensuring staff are vaccinated and service users are protected
- Improving capacity and reduce waiting times in those services affected by increased Covid demand
- Implementing new agile ways of working

### 1.2 Service recovery

Note: all information is based on IPQR reporting for period ending March 2022 unless otherwise stated.

#### 1.2.1 Working differently because of Covid – service recovery

Most services have returned to delivering care in ways that are similar to pre Covid ways of working. Ongoing service challenges are generally no longer due to the changes adopted to manage the Covid pandemic and ensure the safety of service users and staff. This is evident by

- The position ending March 2022 reflects activity levels have generally returned, or are close to pre-pandemic levels across most services, in some areas demand is higher.
- The percentage of contacts with service users held face-to-face is recovering and is around 10-15% lower than pre-pandemic levels. The increased use of remote and virtual means of supporting service users has had benefits and bought more choice and flexibility for service users.
- Some services are experiencing challenges with access and waiting times, however these challenges largely existed pre-covid. No new areas of risk regarding access are highlighted because of the way services are now being delivered due to Covid, except for IAPT services.

*APPENDIX 1: Demand and activity overview (page 3 of appendix)*

#### 1.2.2 Embedding agile working - service level agile working plans

As part of recovering from Covid and working differently in line with our new Agile Working policy, the directorates have developed agile working plans for each team. The plans are scheduled for completion by June and will be agreed by the Triumvirates and reviewed annually.

The service level plans have been shaped by outcomes from workshops held in March to reflect on learning from wave 4 of the pandemic and will ensure that everybody is clear about each teams' approach, we can demonstrate effective service delivery, and ensure actions are aligned to the SHSC agile working protocol, which was published in late 2021.

The overarching aims of the plans are to ensure:

- A clear annual team plan is in place about how the team is delivering its services using an agile approach, which prioritises service user and carer

needs.

- Service users and carers needs are not compromised by the team approach.
- Staff are engaged and have choice in how they work, whilst ensuring the delivery of a high-quality service.
- SHSC leadership have an understanding and oversight about how teams are operating.

Guiding principles for completion of the plan, developed through the workshop, are:

- Service users' preference in how they receive the services they needs are paramount and reflected in their care plan and risk assessment.
- Each team set a standard on the frequency of face to face to ensure that digital and phone contacts are not a barrier to understanding people's needs and risks.
- Plan reflects effective use of workforce time to optimise efficiency and work wellbeing.
- Clear expectation about safe lone working is reflected in the plan and local protocols are adjusted accordingly.
- Clear team base minimum staffing requirements are set for each team.
- The psychological safety of staff working from home is a priority of supervisors and leaders and that standards are in place to check in with staff working from home to enable them to debrief about difficult situations.
- There is consistent visible leadership at each site daily.
- Staff have the right technology and kit to do their job safely and effectively at home.
- Staff have the choice to work fulltime at a team base if this their preference.
- Teams can choose to work differently with other team to support partnership working through co-location.

#### Managing demand across services

Our Annual Operational Plan anticipated increased need during 2021/22, due to the pandemic. However, demand on services has remained broadly stable.

- 1.2.3
- Based on IPQR reporting to the period ending March 2021 demand across most services, based on new referrals, generally remains within previous ranges. Most services show normal variation when compared to a baseline of pre-covid activity.
  - Services that are experiencing an increase in demand are Crisis Services (HBPoS, AMP, Out of Hours), SAANS.

*APPENDIX 1: Demand and activity overview (page 1 of appendix)*

#### MHIS Workforce expansion plan 2021/22

- By the end of 2021/22 workforce expansion plans had been completed for IAPT, Crisis Resolution and Home Treatment (CRHT) and Assertive Outreach Services (AOT). Some delay was experienced in year against the planned expansion trajectory for CRHT and AOT services, however these were all successfully completed. Planned expansion for the Primary Care Mental health service were deferred to 2022/23 due to work to re-cost the overall transformation plan.

## Working as part of the Sheffield Urgent and Emergency Care Pathway (UEC)

### Sheffield's urgent and emergency care services: Ten Point Plan and supporting people's mental health needs

As previously reported to the Board, alongside the challenges experienced by our mental health crisis services, significant pressures remain on the broader urgent and emergency care (UEC) services across Sheffield.

This impacts on how the wider NHS services will be able to respond effectively and timely to people presenting with mental health needs, and the expectations placed across all services to respond across pathways and service boundaries.

### 1.3

#### 1.3.1

The reasons for the current challenges within UEC are complex which mean that it will take all parts of the system working together to ensure a strong recovery across urgent and emergency care services. The NHS has a Ten Point Plan on how the whole system will work together to ensure UEC services have resilience, by:

1. Supporting 999 and 111 services

6. Improving in-hospital flow and discharge (system wide)

2. Supporting primary care and community health services to help manage the demand for UEC services.

7. Supporting adult and children's mental health needs

3. Supporting greater use of Urgent Treatment Centres (UTCs)

8. Reviewing Infection Prevention and Control (IPC) measures to ensure a proportionate response

4. Increasing support for Children and Young People

9. Reviewing staff COVID isolation rules

5. Using communications to support the public to choose services wisely

10. Ensuring a sustainable workforce

The Trust is fully engaged as part of the UEC network in Sheffield. Our plans are focussed on ensuring effective delivery of the crisis care pathway and maintaining flow to ensure that people within the broader UEC pathway who need mental health support can access it.

Key areas of focus and action have been

- **Liaison Mental Health Services:** increasing reach across STH inpatient services supported by service expansion in 2021/22 and further expansion planned in 2022/23
- **Effective gatekeeping:** with the expanded Crisis Resolution Home Treatment Services in place focus is on improved gatekeeping and follow up post discharge
- **Improved flow through our inpatient services:** range of actions in place delivering community input to decision making, review of patients experiencing long lengths of stay and effective daily processes from daily planning meetings to Red to Green Boards.

### Infection Prevention and Control arrangements

NHS England and NHS Improvement, together with the UKHSA and the Health and Safety Executive, have published guidelines and are updating the IPC Manual with some relaxation of the rules applying to non-clinical areas; enabling a reduction from 2m to 1m distancing and the removal of masks in these areas when seated.

APPENDIX 3: Summary of Guidance issued January - February 2022

## Section 2: Risks

- 2.1 **Service demand:** There is a risk that challenges across the crisis care pathway continue for sustained periods of time. Crisis care services continue to operate under pressure. A range of plans are in place to improve the pathway for service users, address blockages within the pathway and increase capacity and resilience at key access points. However sustained pressure on services is expected to remain until the plans have the desired and intended impact.

*BAF.0024: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care*

- 2.2 **Workforce expansion:** There is a risk that successful recruitment may not be sustained due to on-going staff turnover reducing the required workforce increases to support service expansions over the medium to longer term. Looking ahead further workforce expansions are required to support the development of Primary Care Mental Health Services and the Assertive Outreach Service.

*BAF.0019: There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs.*

*BAF.0026: There is a risk that there is slippage or failure in projects comprising our transformation plans.*

- 2.3 **Workforce wellbeing:** There is a risk to staff wellbeing from the sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We need to ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

*BAF.0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions.*

*BAF.0026: There is a risk that there is slippage or failure in projects comprising our transformation plans.*

- 2.4 **Partnership and system working:** SHSC is positively engaged with the city wide Gold command structures. This active approach will ensure cross system working supports a co-ordinated approach.

*BAF.0027: There is a risk that engagement with systems partners is ineffective or lacking; caused by weaknesses in partnership relationships or supporting governance arrangements; resulting in a poorer quality of services, missed opportunities and potential costs.*

## Section 3: Assurance

### Triangulation

- 3.1 a) Recovery Plans reported to Quality Assurance Committee.  
b) Trust wide IPQR reporting through the SHSC performance process, reviewed by service leadership and Board Committees.  
c) SHSC weekly updates on service demand and covid pressures.  
d) Winter Plan developed and agreed by Sheffield ACP.

- e) Ten Point Plan for UEC assured through SY ICS.
- f) Daily sitrep to NHS Digital staff absences and numbers of patients with Covid.
- g) National Immunisations Management System (NIMS) provides nationally validated information regarding uptake on Covid and Flu vaccine uptake.
- h) Major Incident Control structure of Gold (Strategic), Silver (Tactical) and Bronze (operational).

## Section 4: Implications

### 4.1 Strategic Aims and Board Assurance Framework

Implications and risks are highlighted in the above sections.

### 4.2 Equalities, diversity and inclusion

It is important to note that the Global Pandemic has further worsened the inequalities experienced by some communities, making some services more difficult to access due to digital poverty and worsening social determinants that can impact on mental health.

Investments through the Mental health Investment Standard and Spending Review Funding are focussed on key service area across homeless, drugs and alcohol, community mental health and crisis care services. This brings significant opportunity to ensure we design our services in line with the NHS Advancing Mental Health Equalities Strategy.

We need to develop our data sets to ensure we understand, monitor and take necessary action regarding access, experience and outcomes. Supporting performance related information in respect of access and waiting times and protective characteristics is being produced to ensure access is understood in respect of equalities, diversity and inclusion.

Through Quarter 3 the Inclusion and Equality Group has been established which will provide the leadership and governance for the Trust developments of the design and implementation of the Patient and Carer Race Equalities Framework (PCREF). As part of the wider Trust developments, the design and implementation of the Patient and Carer Race Equalities Framework (PCREF), will provide a framework to examine what we change through an anti-discriminatory lens and ensure check and challenge is embed in the process to prevent racialised and discriminatory practice.

At the centre of redesign will be the aligned to the new Clinical and Social Care Strategy, which is committed to addressing inequality. Our developing partnerships, especially with the VCS, will be critical to ensuring we get our service offer right for the communities we serve.

Recognising the above risks for our service users proactive measures are in place to raise awareness, promote opportunities and encourage service users to get vaccinated. Vaccines are offered to all our inpatients and services are reaching out to service users in the community, with specific efforts to reach and support people with a learning disability.

### 4.3 Culture and People

There is a sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We should ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to

continue.

#### **4.4 Integration and system thinking**

Effective joint working is demonstrated through the development of the winter plan and the urgent and emergency care Ten Point Plan. This provides good opportunities to continue building integrated approaches on a multi-agency basis. As plans have been mobilised to increase capacity these have been done in conjunction with partners from across the VCSE.

#### **4.5 Financial**

None highlighted directly through this report in respect of recommendations and decisions. The Contract governance processes between the Trust and Sheffield CCG ensure that the financial plan is aligned with the delivery plan in respect of additional in-year investments.

Covid has impacted on our capacity to fully commit all investments due to recruitment lag and general impacts across the Trust. Omicron has seen an increase in delayed discharge rates with creates additional pressures on inpatient capacity and use of out-of-town beds.

#### **4.6 Compliance - Legal/Regulatory**

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

## **Section 5: List of Appendices**

APPENDIX 1: Demand and activity overview

APPENDIX 2: Workforce plan expansion

APPENDIX 2: Summary of Guidance issued January - February 2022

# APPENDIX 1: Demand and activity overview (ending March 2022)

**Key messages:** Referral numbers generally haven't increased, are in line with or below pre-covid levels and below what we expected and planned for.

## A) Service overview against plan – activity, access and waiting

	PLANNING ASSUMPTIONS								CURRENT STATUS (as at March 2022)								
	Expected challenges		Investments		Workforce		Activity		Workforce	Activity			Access & waiting times				
	Covid demand	Access/ waiting	MHIS 20/21 FYE + 2021/22	Spending Review Funds (SRF)	Staff expansion	Q3-Q4 plan + extra agreed with SRF	Pre covid (2019/20)	2021/22 Plan assumptions		Workforce recruitment	Actual activity ending March 2022	At pre-covid level	In line with Plan	Access challenges	Wait List	Wait Time RtA	Wait Time RtT
Improving Access to Psychological Therapies (IAPT)	Y		£900,000	£155,000	20 wte by Q2	+ 12 Q3 (SRF) + 40 Q4	13,591 entered treatment	14,782 treatments 8.7% increase	COMPLETED + C30 appointed Q2 - Q3 - C16 appointed Q4	13,999 into treatment	13,591 Yes	14,782 No	No	N/A	6 week 99.0%	18 week 100.0%	March IPQR data as shared in May committees and Board. P13 IAPT Performance Summary
Liaison services within A&E and general hospitals	Y		Nil	£109,000	Nil	+ 2.5 wte (SRF)	6,092 referrals	7,000 referrals 15% increase	COMPLETED 2.8 wte staff appointed	5,785 referrals	6,092 No Lower	7,000 No Lower	No	N/A	N/A	N/A	
Single point of access/ Emotional wellbeing service	Y	Y	Nil	£183,000	Nil	+ 6 wte (SRF)	10,036 referrals	12,000 referrals 19.5% increase	COMPLETED + 6 APPOINTED VCSE Capacity commissioned	9,611 referrals to SPA	10,036 No Lower	12,000 No Lower	SPA   No wait for triage response Yes Wait for routine assessment and treatment in EWS	Wait List 1317 H	Wait Time RtA 35 •••	Wait Time RtT 31 •••	March IPQR data as shared in May committees and Board. P6 Access & Demand Community Services
Primary and community mental health services	Y		£3.3 million	Nil	8 wte by Q2 (SHSC employed)	Nil	1,026 referrals	1,239 treatments 20% increase	DELAYED Moved into 2022/23 Plan Recruitment planned Q1 of 2022/24				No				
Recovery Services: Assertive Outreach	Y		£924,000	Nil	16 wte by Q2	Nil	N/a	N/a	COMPLETED + C16 appointed	N/a	N/a	N/a	N/a				To be mobilised
Crisis services and access to home treatment across the 24/7 period	Y		£1.5 million	£325,858 Crisis Cafe	21 wte by Q2	Nil	1,292 referrals	1,551 referrals 20% increase	COMPLETED + C20-22 appointed Q2 - Q3	1101 referrals to Adult Home Treatment	1,077 Yes Same	1,293 No Lower	No Crisis response, no waits	N/A	N/A	N/A	
People detained under Section 136 and need for access to a Place of Safety	Y	Y	Nil	Nil	Nil	Nil	412 admissions	543 admissions 31% increase	NON PLANNED	416 admissions to SHSC S136 suite	412 Yes Higher	543 No Lower	Yes 136 beds blocked with admissions	N/A	N/A	N/A	

Positive	We use blue to identify positive performance, improvement, achievement of plan or target, on track etc.
Concern	We use orange to identify concern, poor performance, deterioration, lack of progress, not on plan etc.
Query	We use purple to identify something is unusual, off plan, not where we expected it to be, but it's not necessarily identified as good or bad.

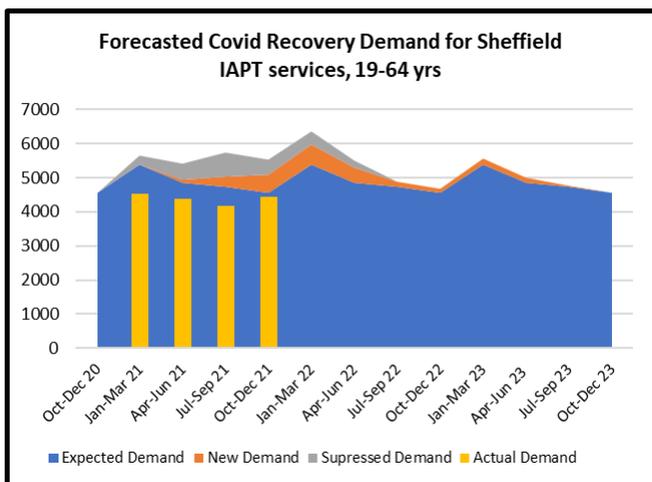
Statistical Process Control (SPC) Chart Icons			
Variation		Target	
SPC Icon	Simple Icon	SPC Icon	Simple Icon
	Common cause		Pass/Fail: the system may achieve or fail the target subject to random variation
	Improvement - where low is good		Pass: the system is expected to consistently pass the target
	Improvement - where high is good		Fail: the system is expected to consistently fail the target
	Concern - where high is good		No target identified
	Concern - where low is good		
	Special cause - where neither high nor low is good		
	Special cause - where neither high nor low is good		
	Special cause - where neither high nor low is good - point(s) above UCL or mean, increasing trend		
	Special cause - where neither high nor low is good - point(s) below UCL or mean, decreasing trend		

This forecasting tool uses prevalence data, historical demand data (referrals) from each mental health provider in SY ICS and estimates of suppressed demand, to forecast what the impact of the Covid pandemic may have on forthcoming demand for services. We have used referrals to services in 2019/20 as our baseline for expected demand for:

- IAPT –referrals to IAPT (all ages)
- Secondary MH (18-64) –referrals to SPA
- Secondary MH (65+) –referrals to Older Adult CMHT

**Key messages: Q4 UPDATE PENDING.** Demand is generally below what the forecasting models suggest we should have expected.

**IAPT**

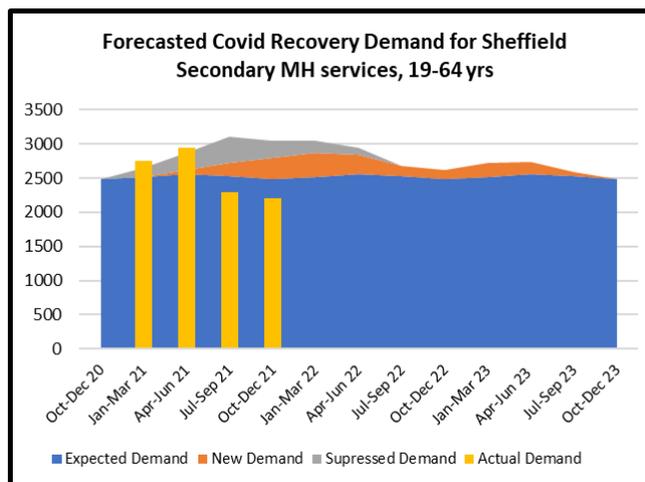


Note

IAPT activity at exceeding pre-covid levels for Apr-December, but below forecast tool levels

**No access issues:** Access standard achieved at 97.5% in 6 wks

**Referrals to SPA**

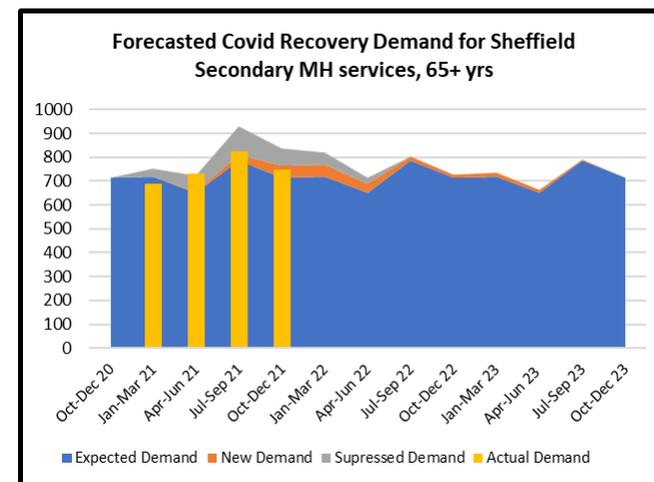


Note

Activity is lower than pre-covid levels and lower than forecast tool levels.

**Access challenges:** 1,289 on list, average wait of 23.4 wks

**Referrals to Older Adult CMHT**



Note

Activity/ demand increasing, mainly via Memory Services

**No access issues:** Average waiting time of 4.7 weeks

What demand would be if we repeated 2019/20 activity

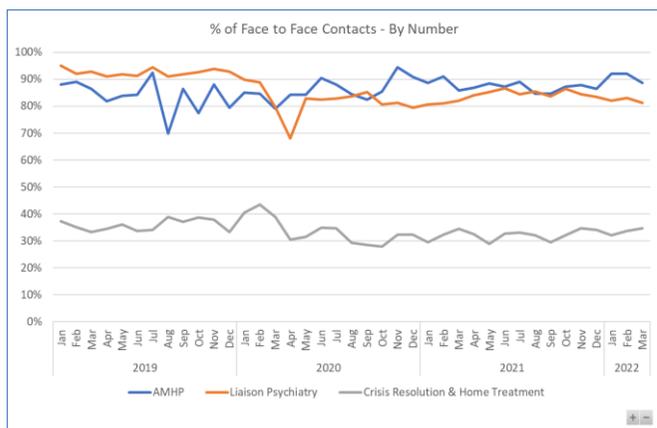
New demand caused by the impact/ aftermath of the pandemic

Demand that existed from the pandemic but couldn't access services and now needs seeing

Actual activity that has happened

**Key messages:** No significant changes in the latest 2-3 months activity data (Jan-March 220). The percentage of contacts with service users held face-to-face is recovering and is now around 10-15% lower than pre-pandemic levels. The increased use of remote and virtual means of supporting service users has had benefits and bought more choice and flexibility for service users. We need to understand and monitor this area and understand the data carefully to ensure we have a good understanding about what is happening, and that choice is offered positively and where face-to-face contact is requested or deemed necessary then this is provided. This is being progressed through development of service level agile working plans (ref section 1.2.1 of main report)

**Crisis Services**



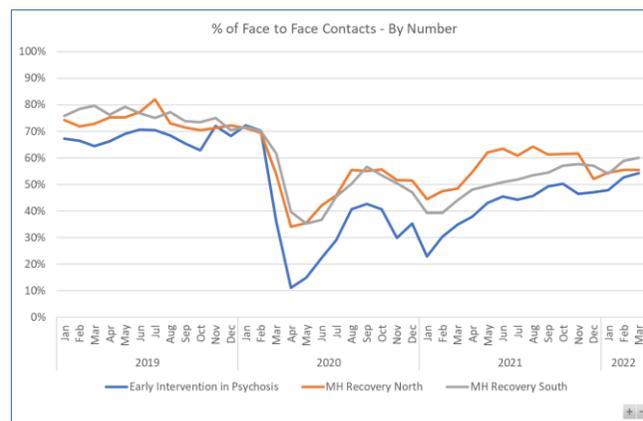
The graph shows the percentage of all contacts with service users that were held face-to-face.

**The levels of face-to-face activity for the core crisis services has remained stable throughout the pandemic periods.**

For the orange line above (Liaison services), through 2021 around 80-85% of contacts with service users were held face-to-face. Conversely around 15-20% of contacts with service users were held remotely by phone or video conferencing.

The total amount of time spent in face-to-face contacts is higher, suggesting remote contact is often for shorter periods of time. Reporting on this area is being developed and forms part of the IPQR reporting.

**Recovery Teams (N&S) & Early Intervention**

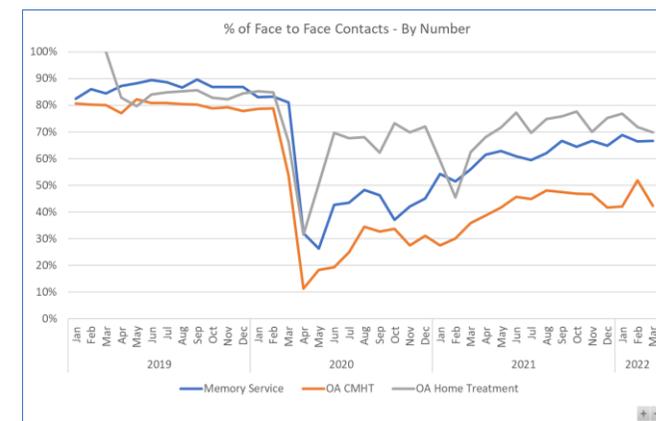


The graph shows the percentage of all contacts with service users that were held face-to-face.

**Pre-pandemic contacts with service users was face-to-face c65-75% of the time. It has recovered to around c55-65% for Recovery Teams for last 6 mths and 55% for Early Intervention in Psychosis Service in March**

The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 90% of time in contact with a service user was spend face-to-face. This has recovered to 70-80% of time. This suggests remote contact is often for shorter periods of time. Reporting on this area is being developed and forms part of the IPQR reporting.

**Older Adult Services**



The graph shows the percentage of all contacts with service users that were held face-to-face.

**Pre-pandemic contacts with service users was face-to-face c80-90% of the time. It has recovered to around c70-80% for Home Treatment, 65% for Memory Services and 45% for OA CMHT Services.**

The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 95% time in contact with a service user was spend face-to-face. This has recovered to 80-90% of time for Home Treatment and Memory Services, and 65% for OA CMHT Services. This suggests remote contact is often for shorter periods of time. Reporting on this area is being developed and forms part of the IPQR reporting.

Annual Operational Plan 2021/22: Workforce trajectory (Services: CRHT, IAPT, PCMH, AoT) - Quarter 4

Position for the Period: End March 2022



Key message:

(1) Recruitment (appointments) ahead of plan with IAPT successfully appointing staff ready for the October period and then further expansion over Dec-Jan

(2) CRHT expansion completed and arrangements to extend to 24hr home treatment being finalised.

(3) Assertive Outreach Services recruited by January-February, service mobilised April

(4) PCMH planned expansion delayed into next year.

Note:  
Updated trajectory due (blue dotted line) to increased investment into IAPT services re Covid & Long Covid support services

## APPENDIX 3: Summary of Guidance issued March - May 2022

### New guidance and legislation

The two main themes in this period have been the changes in testing of both service users and staff; and new Infection Prevention and Control (IPC) guidance enabling the relaxing of some measures towards a living with Covid position.

The removal of free Lateral Flow (LF) Tests to many, coupled with the closure of community testing sites from 1<sup>st</sup> April 2022 saw the introduction of new testing guidance for health.

PCR testing has been largely replaced with LF testing, including asymptomatic service users requiring emergency admission to a mental health unit, returning from leave and at Day 3 and Days 5-7 of their inpatient stay, the only exceptions applying to SHSC being in outbreak situations or, when seeking admissions to a Care Home.

Similarly, there is a requirement for patient facing staff and those who are contacts of someone who has tested positive to LF test twice weekly; and for symptomatic staff to use LF testing to determine their return to work through negative LF tests.

In support, LF tests are still free to asymptomatic patient facing staff and all NHS staff who are symptomatic; and direct ordering facilities have been put in place for inpatient testing.

In respect of IPC, NHS England and NHS Improvement, together with the UKHSA and the Health and Safety Executive, have published guidelines and are updating the IPC Manual with some relaxation of the rules applying to non-clinical areas; enabling a reduction from 2m to 1m distancing and the removal of masks in these areas when seated.

NHS England maintain the pandemic remains a Level 4 national incident requiring a 7-day per week incident response, at least until after the Jubilee celebrations in early June 2022.

The Covid Risk register contains 3 risks. Two associated with Covid-19 infections creating a risk in keeping our staff and service users safe. The other relates to FFP3 face masks.

The first two are likely to continue, being updated as new guidance is introduced to enable the risks to be reviewed. The FFP3 risk remains whilst work is being undertaken to arrange for fit testing for those identified to require it, or to have refresher training, two years having elapsed since being trained.

### New guidance and legislation

Date of Issue	What does this mean for SHSC?	Compliance statement
<b>21/03/22 – Good practice Public Inquiry Preparations Brief</b>	Outlines that the COVID Public Inquiry includes a focus on health and social care; recommends identifying a lead within trusts, keeping a log of key staff who have left and managing all records.	Director of Corporate Governance is SHSC lead. Records being maintained and in use whilst pandemic continues.
<b>24/03/22 – Guidance re: availability of lateral flow tests e.g readily available for patient facing asymptomatic staff and all symptomatic NHS staff, new ordering facility for service users.</b>	Staff can order their own LFT's as necessary to comply with new guidance wef 01/04/2022, An emergency stock is also maintained. New direct ordering facility established to enable LFT distribution to inpatient sites	Process established for ordering and distribution to service users within our inpatient sites.

<p><b>30/03/22 – Living with Covid 19 - testing update from NHS England and NHS Improvement. Replaces routine PCR testing with LFT's except in certain circumstances and removes testing of visitors.</b></p>	<p>Direct ordering as above established in readiness for this change in guidance. All staff Communication circulated together with cascade through leadership.</p>	<p>Standard met.</p>
<p><b>14/04/22 – Publication of National IPC Manual and revised IPC guidance.</b></p>	<p>Little change in the manual but accompanying guidance enables some relaxing of rules e.g. social distancing from 2m to 1m in non-clinical settings and where no Covid cases.</p>	<p>Standard met. Decision to maintain present IPC rules in line with the manual at this time. (see 29/04/22 entry below)</p>
<p><b>27/04/22 – Staff testing Standard Operating Procedure</b></p>	<p>Updates action staff should take when testing positive, a contact of someone who has tested positive, or who works in a patient facing role.</p>	<p>Standard met. Updated guidance on JARVIS and advice through the coronavirus email address that is regularly monitored.</p>
<p><b>29/04/22 – National IPC manual for use by all involved in care provision in England.</b></p>	<p>Adoption of some changes e.g. 1m distancing in non-clinical areas, removal of masks when seated in these areas.</p>	<p>Standard in place. Our IPC lead in consultation with clinical leads have reviewed the guidance, changes agreed by Gold Command which has been communicated and published on JARVIS, our Extranet platform.</p>
<p><b>07/05/22 – Notices outlining the legal requirement to report all tests (LFT/PCR) of service users and staff</b></p>	<p>Covid-19 was included in notifiable disease legislation in June 2021 putting a responsibility on all to report test results. With the move from PCR testing for service users to LFT's from 01/04/2022, this responsibility falls on Trusts to report their tests also.</p>	<p>Work in progress to achieve standard. Responsibility for reporting staff tests rests with staff however, whereby Labs used to report PCR test results for Service Users, we now have to invoke our own system for reporting their LF results.</p>