Sheffield Health and Social Care NHS Foundation Trust

Board of Directors - Open

Date:	12 August 2020	Item Ref:	08

TITLE OF PAPER	**Covid-19 and Forward Work Programme**
TO BE PRESENTED BY	Clive Clarke, Deputy Chief Executive
ACTION REQUIRED	To receive and note the components of the report. To be assured on how the incident is being managed, To note the Trust's performance as benchmarked against other trusts The learning from services and the process to obtain feedback from service users, carers and staff and how this is incorporated into the new "Business as usual"

OUTCOME	That Board are assured of arrangements via the Covid-19 Risk Register
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	
STRATEGIC AIM STRATEGIC OBJECTIVE **BAF RISK NUMBER & DESCRIPTION**	A102iii Risk that the Trust will be unable to provide service at the required standard as a results of reduced or uncertain staffing numbers resulting from the impact of Covid-19 pandemic. Management of the Covid-19 incident (getting through safely, managing surge, getting back to BAU)
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	This year – our priorities for 2020/21 (Covid-19 – getting through safely) Covid-19 Risk Register Business Continuity Plans
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Impacts across all service areas – to ensure the pandemic is managed, financial impact to be placed on Covid-19 Risk Register
CONSIDERATION OF LEGAL ISSUES	Coronavirus Bill Approved 25 March 2020 – powers relating to a range of Trust activities including recruitment, Mental Health Act (revised guidelines).

Author of Report	Clive Clarke
Designation	Deputy Chief Executive
Date of Report	August 2020

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Sheffield Health and Social Care NHS Foundation Trust

Summary Report

1. Purpose

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

2. Summary

Board to note the journey that the NHS and the Trust has taken from the first case of Covid-19 being diagnosed and treated in the NHS and managing the incident at its height – where the Trust played its role at Sheffield Place, the Integrated Care System and nationally.

Phase 3 standing up services, prepared for spike/surge and Winter planning.

The Trust has monitored the impact and our ability to manage the incident. SitRep reporting internally (Monday to Friday), regionally and nationally (daily), as well as contributing to the monthly NHS Benchmarking Network.

Managing high priority issues eg: access to PPE, Oxygen, impact on our Care Homes, Woodland View and Birch Avenue, and the impact on the workforce eg: BAME staff and other vulnerable groups.

Board are asked to be assured by the management of the incident and that the learning is being enacted and contributing to the refreshed Strategy.

Phase 1 – 30 January 2020 - NHS England/Improvement (NHSEI) declared a National Incident (Level 4)

Phase 2 – 29 April 2020 - COVID-19 pressures reducing on the NHS and restarting urgent services

Phase 3 - 31 July 2020 - Restarting remaining services and the Winter Plan. The NHS is now entering Phase 3

The presentation outlines:

- The Covid19 Risk Register - it's latest iteration for week commencing 3 August 2020 is used to manage the incident.
- NHS Benchmarking Network – COVID-19 Monthly Tracker for Mental Health, Learning Disability & Autism Services (Ref: Appendix a) - a reference to how the Trust +has managed the pandemic in comparison to other trusts.
- COVID Learning Review (Services) – Headlines on the Trust's learning and next steps
- COVID Learning Review (Service Users/Carers) – How the Trust intend to capture the views of service users and carers

- Next Steps – how information will be brought together to help influence and shape the refresh of the Trust Strategy

Key Questions:

1) Are the Board assured COVID-19 risks continue to be managed.
2) Are the Board assured of the performance of the Trust against a national group of provider trusts
3) Are the Board assured that a process has commenced to gain the views of service users, carers and staff. The experience of how services were delivered during the height of Covid-19 and lesson learned.
4) That a programme of incorporating all aspects of learning will be incorporated into the work of refreshing the Trust's strategy in line with the report and plan that came to Board in June 2020.

3 Next Steps

- Continue to monitor and manage the impact of Covid-19 moving into the Phase 3

4 Required Actions

1 Board to receive the presentation and supporting appendices
2 Identify any gaps and discuss additional requirements
3 To note the learning and that Phase 3 is being incorporated in operational delivery and Winter strategic planning.

5 Monitoring Arrangements

- Coronavirus Daily SitRep Dashboard (Ref: Appendix b)
- Covid-19 Gold Command (weekly)
- Covid-19 SHSC Plan – Next Phase and Recovery (weekly) membership includes external partners from ICS, NHSSCCG and Public Health
- Chief Executive weekly updates shared with Board.

6 Contact Details

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COVID-19

Board of Directors August 2020

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An overview of the COVID-19 Risk Register.

NHS Benchmarking Network

Learning Review (Services)

Learning Review (Service Users, Carers and Staff)

Developing our future plans and direction

COVID-19 Risk Management – Risk Register

RISK ANALYSIS	
1-4	Very low risk
5-8	Low risk
9-12	Moderate risk
13-25	High risk

LIKELIHOOD	
This risk will probably not occur during the response to the COVID-19 situation	1
We do not expect this risk to occur during the response to the COVID-19 situation ***but it is possible***	2
There is a ***reasonable chance*** this risk might during the response to the COVID-19 situation, although it ***would not be described as likely***	3
It is ***likely*** this risk will occur during the response to the COVID-19 situation	4
It is ***almost certain*** this risk will occur during the response to the COVID-19 situation	5

IMPACT	
This risk occurring would have a ***negligible*** impact on our ability to respond to COVID-19	1
This risk occurring would have a ***minor*** impact on our ability to respond to COVID-19	2
This risk occurring would have a ***moderate*** impact on our ability to respond to COVID-19	3
This risk occurring would have a ***major*** impact on our ability to respond to COVID-19	4
This risk occurring would have a ***catastrophic*** impact on our ability to respond to COVID-19	5

			Inherent Risk Rating				Current Risk Rating				Target Risk Rating			
ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood_	Impact_	Rating_	Action points / updates	Likelihood2	Impact3	Rating4	Responsibility
1	02/05/2020	**There is a risk that:** **Staff will not be able to work remotely with full IT and network functionality.** **There is a risk that:** **The Trust's VPN solution may run out of licenses or struggle with performance;** **Caused by:** **Increased usage arising from home working required due to social distancing;** **Resulting in:** **An impact on business continuity and/or service delivery**	4	4	16	1) Daily licensing reports to monitor usage/volume of connectivity being reported through Emergency Planning; 2) Daily back-ups taken should their be a need to revert to these to bring system back online. 3) Additional licence available for Connect Tunnel if increased capacity is required. 4)FortiClient VPN deployed to all Windows 10 laptops with Connect Tunnel still available on the devices as a backup.	3	2	6	1) 31/07 - 1258 now connected to FortiClient. IMST continue to increase numbers and look to migrate laptops from Windows 7 to Windows 10. 2) 31/07 - Increasing resilience shortly by a new circuit install at Fulwood House which will allow for failover incase of a circuit outage by BT or Virgin Media. Aiming for mid August. 3) 31/07 - Continued monitoring has taken place via silver. Risk of loss of connectivity continues to reduce .	2	2	4	IMST
2	02/05/2020	**There is a risk that:** Staffing levels may be depleted to such an extent that service delivery is threatened; **Caused by:** Staff self-isolating due to them or members of their household being symptomatic or requiring to shield; **Resulting in:** An impact on service delivery and patient safety.	5	5	25	1) Business continuity plans in place; 2) Minimum staffing levels in place for all teams and services; 3) Process in place for monitoring staff absence; 4) Redeployment of staff now in place following QIA; 5) Critical business identified as inpatient and crisis care; 6) Additional physical health training for staff to manage symptomatic patient delivered in early April; 7) From 11/04 SCH able to offer 12 spaces for staff testing daily. Daily testing monitored by a core team 8) Daily SITREP compiled by Business and Performance managers to review minimal safe staffing in clinical services commenced from 19.03.20 to feed into Clinical operations and Silver Command to enable monitoring of staffing at senior level 9) Covid-19 reporting template developed by workforce information in HR which feeds the daily numbers to Silver and Gold Command 10) Daily Covid dashboard developed by Business and Performance Managers to cover safe staffing levels to feed Gold and Silver command at COP each day to ensure oversight of safe staffing 11) Enabled effective home working via IT solutions including "attend anywhere" software 12) Staff working at home - regular review undertaken to support work at home or return to work 13 Increase awareness of impact of Covid on BAME communities. BAME Staff network group have had a webinar attended by Jan and Mike hunter and Rita. Risk matrix and information sent to managers. Two briefing sessions offered re this. Two dedicated HR advisors available to provide specific input and advice. 14) Bring back staff process implemented and identified staff in situ on wards/community teams 15) Y3 students in situ. 16 40 medical student applications in progress for band 2 roles 17) Systems in place to support deployment across Trust to areas of need. 18) New shielding letters have been issued to advise where staff cant work from home they can return to work provided individual risk assessments are in place to explore adjustments 19) risk assessment for individuals returning to the workplace 20) support for managers in place to advise on specific issues (eg forums, regular HR checkins etc) 21) Audit of vulnerable staff will allow review and support	2	4	8	1) COVID environmental risk assessment process commenced to be applied across all setting to look at immediate and long-term actions required to support staff and user safety. Timescale for completion set at 31 July 2020 2) Audit of vulnerable staff to be completed and reasonable adjustments plans based on risk assessments and OH advice deadline for completion 31st July for completion of Risk assessment	2	3	6	HR

ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood_	Impact_	Rating_	Action points / updates	Likelihood2	Impact3	Rating4	Responsibility
3	02/05/2020	**There is a risk that:** Staff may be unable to protect themselves sufficiently during the response to the incident; **Caused by:** Insufficient PPE; **Resulting in:** An impact on staff and patient safety.	4	4	16	1) Procedures in place to isolate symptomatic patients; 2) PPE in place and appropriate procedures to replenish stock; 3) Additional physical health training for staff to manage symptomatic patient delivered in early April. 4) From 13/04, a daily PPE monitoring dashboard has been created by procurement which feeds Silver Command daily 5) Mutual aid in place across Sheffield, ICS and national level 6) Use alternative or substitute products. 7) Notifications of future potential national shortages through the PPE Dedicated Channel are being addressed through placing of additional orders outside of the Channel, either by SHSC or via the ICS. This has included nitrile gloves, plastic aprons and Type IIR masks. 8) Equipment requirements identified as a result of the Environmental Risk Assessments are beginning to filter through.	2	3	6	03/07/20 1) Feedback received so far on the samples received of clear masks for lip readers and individuals requiring facial cues are that they are unlikely to be suitable. Procurement continues to source alternatives pending product being available through the push pallet (products currently being evaluated by Cabinet Office sourcing team). A delivery of clear masks is expected into the Trust w/c 3rd August via the push pallet The Trust is currently in a good position with a substantial amount of stock and there is further SYB stock of essential items allocated to the Trust. RECOMMENDATION TO CLOSE ACTION BASED ON ACHIEVEMENT OF TARGET RISK	2	3	6	Procurement
4	02/05/2020	**There is a risk that:** There is a post-peak impact on clinical staffing levels; **Caused by:** Exhaustion arising from demand during the incident; **Resulting in:** An impact on business continuity and/or service delivery.	4	4	16	1) Business continuity plans in place; 2) Review of staffing and redistribution through daily situation reports. 3) Agreed minimum staffing levels in place for all teams and services; 4) Increased levels of supervision, supported by psychologists 5) Psychology supporting staff through debriefs and reflective practice 6) Volunteer and redeployment process SOP in place 7) Staff helpline mobilised 24/7 - Staff Helpline reviewed - risks reduced - no waiting list - absorbed work into Workplace wellbeing 8) Staff encouraged to continue to take annual leave / bank holidays and time back 9) HR Helpline and support HR hub	3	4	12	1) Psychology Board considering needs of support for staff and patients / carers 2) Links with wider system to consider whole system response to resilience through Gold and MHLDDB 3) Review session on 7th May scoped out priorities for further focus and workforce wellbeing identified as key area to progress. 4) Helpline being reviewed at a regional level 5) Demand being monitored continually and escalated to Silver where necessary	3	3	9	Linda Wilkinson
5	02/05/2020	**There is a risk that:** **Our activity and/or response to situations clinically and non-clinically may not be consistent with national/regional guidance;** **Caused by:** **A breakdown in communication or failure to action required notifications;** **Resulting in:** **An impact on staff and patient safety and/or compliance issues and/or reputational damage.**	5	4	20	1) Regular communication/engagement channels in place are reported weekly by email through Gold Command; 2) Process established to ensure guidance/notifications are captured/monitored; 3) Additional indemnity cover provided under Coronavirus Act 2000; 4) All guidance and notifications triaged in the Incident Control Centre by the Emergency Planning Manager and Infection Prevention & Control Lead and escalated to ensure implementation as appropriate. 5) Auditable record maintained of all guidance and information received, where sent and signed off using RAG ratings. 6) All new and relevant intelligence/information presented as an agenda item at both Gold & Silver Command meetings. 7) nhs.net account set up for ICC enabling any Test & Trace contacts attributable to Trust to be communicated securely by PHE; 8) CEO PA forwarding any COVID incident related emails to ICC to ensure those sent only to CEO requiring action can be responded to ina timely manner	1	1	1	13/07/2020 - systems and processes in place. New actions to meet target will be addressed immediately they're identified e.g. requirements on Trust from sources not previously identified coming in through unofficial routes such as teams/services. 16/07/2020 Set up monitoring method to ensure guidance is getting to the right people and that there is clarity and consistency being applied. 23/07/2020 - Action tracker in place to be reviewed by Silver weekly. 31/7 Agreed to a fortnightly review of intelligence through to Silver to audit and ensure compliance. RECOMMENDATION TO CLOSE RISK DUE TO MEETING TARGET RISK SCORE	1	1	1	Terry Geraghty
6	02/05/2020	**There is a risk that:** The Trust will have insufficient supplies of key items including syringe drivers and oxygen; **Caused by:** Overwhelming demand and national shortage; **Resulting in:** An impact on patient safety.	4	5	20	1) Approval received to increase Oxygen cylinders- 10xZH. 28/05/2020 – Trolleys have arrived in organisation, rooms for storage being identified and should be ordered next week 2) Emergency Oxygen cylinder transport SOP approved. This means estates can support with transport of Oxygen cylinders across the organisation to where it is needed 3) Four syringe drivers ordered in April. Staff have been trained 4) Oxygen concentrator SOPs disseminated to wards (04/06/2020) 5) Loan of syringe driver from St Luke's for training purposes 6) Daily review in Silver command and monitored through daily Physical SitRep 7) 19/06/2020 – Storage rooms identified and ZH Oxygen cylinders ordered and delivered 8) 24.07 - Oxygen concentrators and ancillaries delivered to identified locations Stanage, Burbage, Dovedale, G1, Maple, Endcliffe, Woodland View, Birch Avenue, Buckwood View, ATS, Forest Lodge, Forest Close 3	2	3	6	1) 31/07 The 4 syringe drivers have arrived and are with Clinical Engineering at STH. Awaiting Calibration and will then be issued. Target risk will then be achieved.	2	2	4	Abiola Allinson

ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood_	Impact_	Rating_	Action points / updates	Likelihood2	Impact3	Rating4	Responsibility
8	06/05/2020	**There is a risk that:** The Trust will not have its infectious waste collected in a timely manner due to delays in the collections provided by the contractor (Mitie). This could be exacerbated due to the additional quantities of offensive (Tiger Bag) waste generated as a result of the new national guidance for NHS staff to wear masks; quantities currently unknown **Caused by:** The contractor may lack national capacity to deal with the increased volume of infectious waste generated across parts of the UK but they have offered no reason. They may now lack capacity to deal with the increased volume of offensive waste **Resulting in:** Accumulations of waste at all sites	5	4	20	1) The Trust has some existing emergency provisions it can put into place quite quickly (which it had to develop at an earlier date when the previous contractor HES ceased trading) . The Waste Management lead is in contact with all affected sites (re. offensive waste which were East Glade and Northlands) and arrangments have been made for our Caretakers to transfer waste from sites affected to another SHSC main site (Longley Centre) to remove backlog; this will continue as long as is required. Currently this is working well and no reported issued from sites. 2) Mitie have finally put a Key Account Manager in place (see Action Points/updates) which should enable concerns to be addressed in a timely fashion. The Trust/the Yorkshire Region Waste Group are continuing to put pressure on the new Key Account Manager to deal with requests and speed up process. 3) Situation has been reported to Silver Command and has been escalated to Gold Command for information 4) The Trust's Waste Lead is continuing to monitor issues on a daily basis, liaise with affected sites to ensure day to day problems are managed, and provides daily SitReps to the National Waste Lead (copied to the Trust's EPO) 5) Additional internal pedal bins with appropriate labels have been put in place across Trust sites for staff to place used masks into (offensive/Tiger Bag waste stream). Concerns can be escalated to the Trust's Waste Lead. Sites with existing offensive waste streams have had additional collections requested from Mitie; sites that previously had no such collection are having this waste stream collected by Trust caretakers and bulk stored at Shepcote Lane pending collection by Mitie for disposal. Extensive guidance has been issued via the C-19 Daily Brief and Information Hub. 6) At the moment it does not appear that excessive additional quantities of offensive waste are being generated from all staff wearing facemasks but this continues to be monitored	5	2	10	1) 31/07 Starting to see increased levels of offensive waste generated by the requirement for staff to wear facemasks routinely. Some collections may need tweaking. Waste Management lead is monitoring and will make changes via Mitie as required. No significant concerns yet.	3	2	6	Helen Payne
10	12/05/2020	**There is a risk that: BAME people appear to be disproportionately affected by COVID19 and appear to have disproportionately poorer outcomes if they do become ill. The reasons for this are still being explored. It is thought that living with extended family or overcrowded housing may be a factor; a high level of anxiety for BAME employees.** **1) Risk to mental wellbeing of BAME staff** **2) Risk that a BAME member of staff contracting Covid19 may have a poor health outcome** **3) Risk that BAME members of staff may have to be redeployed (including working at home)**	3	3	9	1. Risk Matrix available includes provision to: Signpost to Workplace Wellbeing and or IAPT and offer of hotel accommodation for staff living in larger households with vulnerable family - the BAME Staff Network Group are focusing on this area Ensure BAME staff already in Vulnerable group are identified and follow guidance on vulnerable staff. offer of hotel accommodation for staff living in larger households with vulnerable family Signpost to request a General Health Check Arrange to review risk flow chart dependant on result. 2. Current guidance does not identify staff as being specifically in a vulnerable group due to ethnicity. Mental health service environments do not contain the same high risk areas as acute settings. Staff requiring to be redeployed should have already been identified under vulnerable staff guidance. 3. National Guidance has been reviewed 4. Risk Matrix and guidance have been sent to managers and copied to BAME staff. 5. Briefing sessions have been completed and two HR advisors are available as specific contacts for advice and support. 6. Guidance from SHSC Chief Pharmacists on Vitamin D has been circulated to managers. Sub group of the City strategic group being convened to focus on consistency and implementation of risk assessment and response from a staffing perspective to Covid and BAME staff. 7. All Bank staff from BAME groups identified and offred a risk review, all those contactable aftre two emails and follow up phone calls have been assessed through supportive conversation. Ethnity of not known Bank staff updated to ensure 100% offered review. Citca 80 staff assessed of 130 8. Note a high number of staff working in occupational groups with freqent contact with people with unknown covid19 statuse(i.eIAPT) now workign at home. 9.Primary Care Clover group using scored risk assessment that links to avoiding specific potentially higher risk procedures. 10. Confirmation from Infection Control lead that aerosol generating procedures are not undertaken in SHSC and reason for need for FFP face mask fitting is only required for CPR . 11.Audit sent to all managers to complete re all 'at risk' groups as per NHS new definition for reporting purposes 12 Ethnicity of Bank staff refreshed 13 self assessment risk tool developed and in use. 14 Reporting as per requirements (internal and external eg GOLD) 15 environmental risk process completed and provides clarity about relative risk of contact with Covid19 in all areas (i.e. re note of interface with individual and environmental risk highlighted in the National Risk Framework)	2	2	4	Actions: 5) Write to agencies to ensure that they have risk assessed their BAME staff including other 3rd parties, 6)contact Clover group to establish reporting arrangements for primary care National return completed 31/07 of 98% of BAME staff having had a risk assessment. RECOMMENDATION TO CLOSE RISK DUE TO TARGET SCORE REACHED	2	2	4	HR/Liz Johnson
11	14/05/2020	**There is a risk that:** the crisis services do not have sufficient capacity to manage a surge in demand **Caused by:** the number of staff shielded and/or on restricted duties **Resulting in:** an impact on patient safety	4	4	16	1) Flow coordination 24/7 2) Additional Flow shifts covered 3) Monitoring of demand 4) Escalation process in place 5) Partial opening to cover weekend only w/c 20 July 6) Additional Home treatment input into SPA 7) Substance Misuse support to SPA	3	4	12	1) Crisis and recovery services have met and agreed to explore/action across: • 3rd sector support re phone lines and signposting • Home Treatment and Recovery working more closely – referral managment • Co-locating some staff from HTT and recovery at Longley to aid improved working with SPA and to support DU when remobilised.	2	4	8	Debbie Horne

ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood_	Impact_	Rating_	Action points / updates	Likelihood2	Impact3	Rating4	Responsibility
12	28/05/2020	**There is a risk that:** Staff and/or service users in the bed based services may be adversely affected by high temperatures in these areas during periods of hot weather **Caused by:** Some areas of some bed based services, particulary clinics rooms in the acute units, can become excessively hot . This could be exacerbated if staff needed to wear PPE for prolonged periods **Resulting in:** Distress to staff or service users	4	3	12	1) Portable air conditioning units are available via request from estates (but must only be used on a risk assessed basis if there are no suspected or positive C-19 patients) 2) Estates have obtained an additional 10 portable a/c units to support the bed based services and they are being issued upon request 3) Air conditioning is being installed in the clinic rooms on Burbage Ward and Wards 1, 1A and 2 at Forest Close. Once this is complete all acute/rehab units across the Trust will have a/c installed in their clinic rooms 4) Bladed fans can continue to be used across the Trust and are on an existing cleaning regime via estates; if post infection cleaning is required estates are to be informed so this can be undertaken 5) Risk has been discussed with Infection Control Lead and Consultant Microbiologist who are in agreement with Controls 6) Head of Estates has liaised with Comms to ensure guidance is re-issued about process for requesting portable a/c units and post infection cleaning of bladed fans 7) Installation of A/C in the clinic rooms at Forest Close has been completed.	4	3	12	1) A/C installation in the clinic room on Burbage Ward, planned to be done 28th July. This was the only outstanding installation. Will complete by week end of 7th August; slight delay in availibility of some parts.	4	2	8	Helen Payne
13	43979	**There is a risk that:** There is inadequate ventilation in waiting rooms **Caused by:** Insufficient air flow combined with too many people seated in a waiting area **Resulting in:** Poor quality ventilation/increased risk of cross infection to waiting room users	3	3	9	1) Trust only has small capacity waiting rooms, mainly in its community bases, usual capacity is 10 - 12 people but may vary 2) Currently most of these are not in use as many community services are either suspended or being provided by alternative means 3) Risk has been discussed with Infection Control Lead and Consultant Microbiologist who are in agreement with Controls 4) A working group has been set up (sub group of Silver Command) to consider and provide advice for staff, based on risk assessment, for returning to work safely; this will include consideration of social distancing which will need to be applied to waiting rooms and should minimise numbers of people being in these at any given time 5) ERAs being undertaken via a group led by Anita Winter (not the above working group although there is a link)	3	3	9	1) Envoronmental Risk Assessments will identify actions and where required changes will be made to rooms 2) new maximum occupancy for all waiting rooms and local arrangements to minimise the number of people in rooms at any one time.	3	2	6	HR/Estates
14	01/06/2020	There is a risk that: Staff and service users could be exposed to increased risk of infection Caused by: People starting to return to work/attend the workplace, without proper environmental risk assessments being carried and inadequate controls in place e.g. poor social distancing Resulting in: More staff or service users could become infected with C-19 which will impact on service delivery	3	4	12	1) A working group has been set up (reporting to Silver Command) to manage safe returning to work for staff groups/services across the Trust, facilitated by HR and involving Estates, H&S, Procurement et al 2) A pilot Environmental Risk Assessment for this purpose was carried out for Fulwood House w/c 25 May and will be used to inform further work 3) The intention is that all workplaces will need a proper assessment carried and communicated to staff by lead managers, who will be responsible for managing the return to work process 4) In line with Government guidance, staff who can should continue to work from home 5) guidance on remote and F2F recruitment issued 6) General comms for staff on principles issued 7) Restarting F2F training risk assessments to confirm safety 8)Jonathan Mitchell representing clinical ops at Working Safely Group 9) Working safely guidance and local COVID risk assessment guidance issued reiterating Facemasks, Social Distancing, working remotely 10)Env Risk assessments shared at local management level to enable local plans 11) National guidance will impact on the otputs form this group eg quarantine, track and trace, use of facecoverings, shelding staff 12) Risk assessment control measures to be reviewed and actioned 13) COVID HUB to hold information on all above areas for reference. 14) Communication issued to staff on return to work practices 15) Guidance has been issued to all managers who have staff who are shielding about suporting them to safely return	3	4	12	1) Guidance for staff and managers based on initial environmental risk assessments being carried out - *Anita Winter providing MST meetings for local managers who need further support and guidance* 2) Co-ordination of available space and demand through estates to enable safer working - *meeting to disucss community services requirements arranged for 6 August (first mutually convenient date)* 3) Digital consultancy business case to support remote working for longer term - *no progress yet* 4) Flow of approvals for equipment required as a result of env risk assessments needed- *Estates begining to receive requests from local managers for Spit screens etc. and commencing measuring up etc.* *6*) Gold to endorse decision on use of face masks in non-clinical areas and to communicate 05/08.	2	2	4	HR/Estates
15	10/07/2020	Future cost of Attend Anywhere There is a risk to the future use of the Attend Anywhere virtual consultation platform, because use of the system is currently only funded by NHS England for 1 year (Estimated from March 2020) resulting in a potential financial pressures [This is currently based on 50 "waiting areas" and 250 users].	5	3	15	1) NHS England are working to negotiate a national agreement regarding future use of Attend Anywhere, it could be assumed that this will lower prices below those on the official Attend Anywhere pricing schedule and will be outlined in a business case. 2) The Trust may be able to negotiate a discount on the prices quoted on the official Attend Anywhere pricing schedule. 3) The Trust could consider reducing or discontinuing the use of Attend Anywhere (Current use is 38 waiting rooms and 163 users, reducing to 20 waiting rooms and 100 users would reduce the maximum cost to £31,200 plus VAT). This will involve working with Trust leads to discuss and agree the use and requirements in service areas.	3	3	9	1) Karyn Whitaker in contact and liaising with NHSE, last response received 22nd May 2) This was raised at QEIA for Attend Anywhere (Fri 29 June 2020) DISCUSSED AT GOLD ON 03/08 - AGREED TO REMOVE FROM COVID RISK REGISTER AND TRANSFER TO IMST DIRECTORATE RISK REGISTER			0	IMST
16	24/07/2020	**There is a risk that:** there will be insufficent specialist IPC staff to support the trust during this covid crisis. **Caused by:** staff members leaving the team for other employment. **Resulting in:** Insufficient IPC workforce capacity & resource.	3	4	12	1) Recruiting to secondment post whilst recruiting to permanent post 2) Senior Nurse Leaders in the Organisation will support the IPC Team from a clinical perspective 3) Access to expert IPC advice via Consultant Microbiologist/Infection Control Doctor via SLA 4) IPC policies are current	3	4	12	Update: entered on Risk register today (24/07/20). Closing date for permanent post is 27th July and interviews on the 13th August. Interviews are being held today for the Secondment post. This is a workforce corporate (5a) level risk, risk number 4422 for triangulation purposes. The risk owner is the DIPC. Update (31/07/20) - Shortlisting in progress for the permanent ICN post and interviews scheduled for the 13th August. Not able to appoint to the secondment post. This is a workforce corporate (5a) level risk, risk number 4422 for triangulation purposes. The risk owner is the DIPC. DISCUSSED AT GOLD ON 03/08 - AGREED TO REMOVE FROM COVID RISK REGISTER AND TRANSFER TO CORPORATE NURSING	3	2	6	Director of Infection Prevention & Control

NHS Benchmarking Network

Covid-19 Monthly Tracker

Mental Health, Learning Disability & Autism Services

June 2020

Full Report (Appendix a)

SUMMARY OF CONCLUSION

The report provides an analysis of June 2020 demand, capacity and activity within mental health and learning disability services for children and adults. 71 submissions were received.

Summary

There have been notable changes reported by mental health services during the lockdown period. Referral rates for community mental health services have reduced substantially and there have been changes in referral patterns, as the wider health, social care and education sectors have adapted their own offers. Lack of access to primary care is a particularly relevant issue in interpreting core referral volumes and subsequent caseload levels in mental health services. Gradual recovery is now evident in many metrics relating to community service.

CONCLUSION Cont/…

Nationally Inpatient care has also been impacted with evidence of a reduction in bed numbers taking place during March and April 2020. However the Trust have not reduced beds and opened additional beds at Forest Close (Bungalow 3). Long-term rehabilitation and secure services have been impacted to much lesser extents by the pandemic and demonstrate occupancy at close to historic rates.

A positive finding of this work has been the resilience of services, and the way they have been able to innovate to continue to care for and support their client groups. The use of non-face to face appointments, including new digital technologies, has been embraced with great speed and continues to accelerate. This has helped to mitigate substantial reductions in community contacts that might otherwise have been seen. However, a major strategic change has taken place, with fewer people accessing services, receiving care coordination support, and around three quarters of all clinical care now being delivered in a non-face to face manner. Most people now receive their care via telephone support with digital contact rates being in single figures apart from CAMHS and IAPT services, This is the case in Sheffield.

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Covid learning review

- Some headlines
- Our Learning
- What next

Proud to care in Sheffield

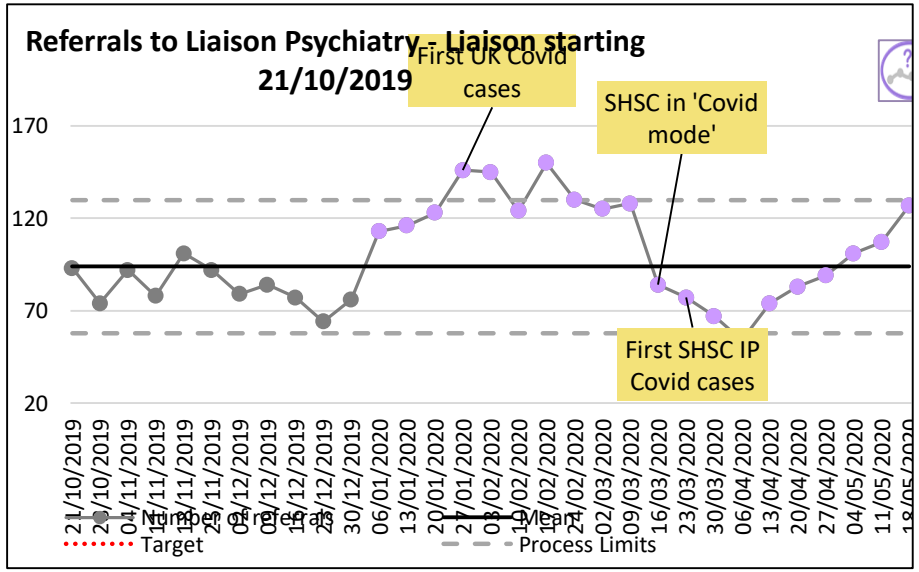
How have we approached the review

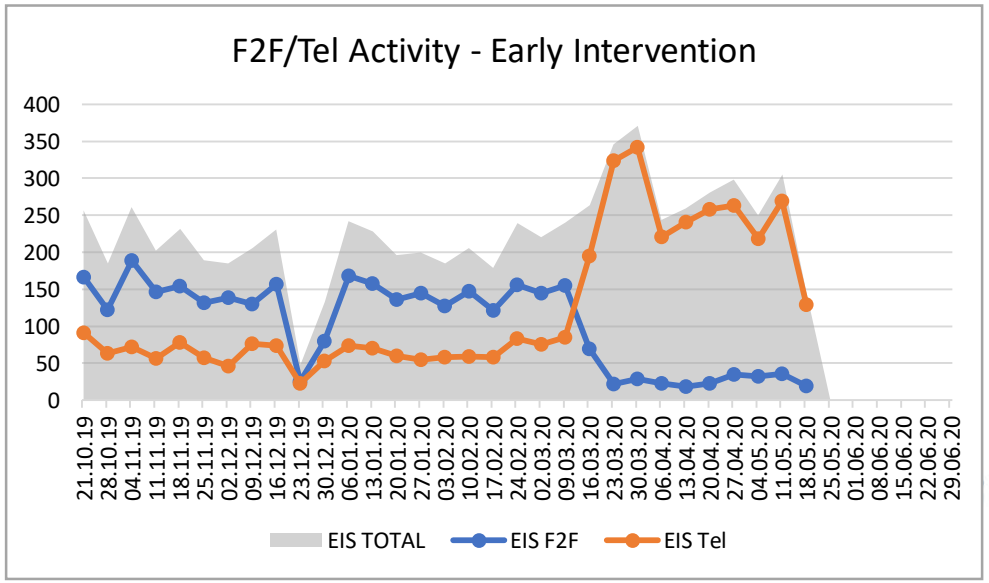
- Number of review and learning sessions
- Each area of Trust undertook review against
  - ❑What have we stopped that need to restart
  - ❑What have we stopped that we don't want to restart
  - ❑What have we started that we want to stop
  - ❑What have we started we want to continue
- Review and reflection at Covid Planning Group (Gold + external input)
- City wide Rapid Impact Assessment underway and being finalised

Some headlines

Service continuity: Change to remote contact for most, managing workforce absences, ensuring access and providing assurances, collaborating across team boundaries, staff redeployment & training, students joining teams

Demands changed: Reduced new demand, increased remote activity, demand now returning to previous levels





Some headlines #2

Caring safely with Covid: Additional facilities to store Oxygen, extra bed capacity made available, patient transportation, PPE

New services deployed: Coping with Covid, Staff helpline, Health & Wellbeing Hub

7 Day a week support: Support services shifted from Mon-Fri 9-5 model

IT Hardware: Extra 500 laptops, 100 mobile phones, Increased use of own devices, 50 Tablets for service users to stay in contact

Remote working: c.500+ members of staff working remotely every day, MS Teams re virtual collaboration and meeting, Attend Anywhere re staff to SU consultation.

On-line connections: Website re service changes – viewed 2,554 times, strong social media communications with good reach (Facebook c.33,000 people @ 2 wks, Twitter c.80,000 people @ 2 wks)

Learning

Stopped and can stay stopped

- Use of dormitories
- Use of surge beds
- Our estate footprint has been less – and may stay less in some areas in a post Covid world. Need to review future needs in line with developing approach to remote working & adjusting for social distancing within the work place.
- Lots of time in meetings that didn't seem to have a clear impact on improving or addressing issues – our governance review can help define better ways of working

Learning

Started that we want to stop

- Re-learn and rethink use of iMail and bulk SMS – rapid increase in requests has been challenging and need to review best approach.
- Facebook Live wasn't an effective communication channel.
- Stopped a large amount of face to face contact. Need to get back to seeing more of people in line with individual choice.
- Working hours, high email traffic, back to back meetings – need to rebalance

Learning

Stopped and want to re-start/ restart differently

- Pay attention to risk of team isolation with increased WfH
- Realisation that not all staff have the skills to work from home – need to plan going forward
- Governors: Engagement with Governors has been less during a time of key challenges across Trust, Governor elections delayed, now need to progress
- As we move back towards face to face contact we want to continue to use digital innovations to support interaction with service users

Learning

Started that we want to keep and build upon #1

- Using technology better as an enabler: use of eRostering in new areas to help with leave management, collaboration tools – MS Teams, remote working tools – Attend Anywhere
- Better use of on-line resources: Rollout of the IT Service Management user portal, Information hub for staff
- There have been benefits in delivering knowledge based mandatory training subjects online. We now need develop/ invest and make improved use of technology.
- Agile working: supported by the above changes, laptops > desktops, building the principles to do agile well.

Learning

Started that we want to keep and build upon #2

- More comprehensive approach to Communications: organised and planned daily communications, promoting staff connections and engagement, Improved communications about services, our changes, with good social media use to promote key messages and work of the trust (eg IAPT Covid course, Staff heroes)
- Flexible and quicker recruitment approaches, better use of volunteers
- On-line meetings: more accessible, more focussed, but tiring
- Shared / collective way of working across departments, with a ‘can do’ attitude. Decision making simpler and closer to the issue.
- Positive joint working/ collaborative approach with staff side.
- Collaboration across the ICS has been powerful (eg, hardware purchasing, sharing guidance)

Learning

Started that we want to keep and build upon #3

- Better use of information and data to understand current position and inform actions and decision making – extend more of this across governance forums
- Broader re-think on what we do – looking more holistically at individual needs/ support, increased interest in patient feedback, getting clear on ways of working and expectations
- Developing ‘Integrated Care Communities’ way of working – pathway based groups of services working collaboratively

National key messages

- All-age anticipated rise in PTSD, depression and anxiety.
- Mental health will be directly impacted by Covid-19 and lockdown but also complex grief, bereavement and job loss / financial hardship.
- Vulnerable groups i.e. BAME, LD and Autism particularly impacted along with older adults, young and isolated.
- National Suicide Prevention response to Covid has the following groups of concern; people with mental illness, economically vulnerable, CYP, people bereaved/traumatised and those with specific risk factors i.e. alcohol, domestic violence
- NHS Mental Health Services have remained open.
- Remain committed to the LTP ambitions and should continue delivery. For 2020/21 this includes;
    - MHIS
    - Recruitment and retention
    - Supporting the MH needs of staff
    - Reduce health inequalities
    - System by default

Modelling impact: assumptions

National outline, emerging…

- Growth in demand is expected – but unknown in nature, scale, timescales
- Psycho-social impact and economic impact likely to affect need
- Emerging evidence from previous 'adverse events' ('one-off' and not enduring like COVID) estimates that Post-traumatic stress disorder (PTSD) will occur in:
    - 30-40% among direct survivors
    - 10-20% among rescue workers
    - 5-10% in the general population
- Depression is highly prevalent post-disasters and is often co-morbid with PTSD
- Anxiety, panic disorder, adjustment disorders and phobias can be increased
- Likely to be increases in substance use and alcohol intake
- People with existing mental health difficulties and risk factors for poor mental health are likely to be affected disproportionately
- Widely recognised risk factors falls most heavily on groups who are already marginalised, e.g. BAME, people living in poverty, and people living with physical disabilities and mental illness
- Existing health inequalities are likely to be exaggerated
- "COVID syndrome" – need to join with physical health services to support patients
- Bereavement - 7% of those experiencing a loss or bereavement will have a more complex reaction
- Understanding that not everyone is equally at risk of harm from the same traumatic event

Final stages

Capacity and future service planning – finalising via July

Rapid Impact Assessment Group aiming to conclude by end July. Sheffield Psychological Therapies Board developing a clear approach.

Trust capacity planning currently highlighting need to plan for

- Effective crisis care pathway re assessment/ Crisis Pathway Service Redesign and HT available 24/7.
- Development of Rehabilitation pathway to improve flow and access
- Development of community services to ensure resilience, assertive out-reach, more robust SPA offer, getting most from the Primary Care/ Community MH developments
- Ensuring resilience and expansion of IAPT offer to cover psychological first aid, coping with covid, traumatic grief, ptsd .

Connect back to NHS LTP developments in line with national re-set.

Final stages

New ways of working – how do we build on current work to

Ensuring we have effective ways to understand the impact on quality and experience, and use this to take action

Develop our approach to Working From Home/ Remote working so that we do it well – ensure wellbeing, support staff, meet needs of services

Define the implications for our future estate needs as a result of more remote working + social distancing within workplace

Build effective governance - build our approaches re action focus and information driven, close to the issue

Ensure our digital plans support further shift to WfH, flexible working, digital first, information hubs, more engaged communications

Impact Evaluation of Service Changes Resulting from COVID-19 Restrictions on Service Users, Carers and Staff Cont/…

As new ways of delivering many of our services begin to settle, many teams are starting to explore the impact this is having on service users, carers/family members and staff.

- The QI Team is currently supporting a number of teams with evaluating the impact of COVID-19 on the way their services have adapted due to social distancing restrictions.

- Survey templates have been collaboratively developed with teams to collate service user/family/carer feedback and staff feedback. The QI Team is continuing to work with teams to offer support for these templates to be adapted accordingly to suit the different client groups and contexts

- 29 teams have either expressed an interest in being involved with this piece of work or are currently underway with their evaluations. This includes teams from CMHTs, inpatient areas, Older Adult services, Learning Disabilities, STEP, Health Inclusion Team, START, Gender Identity and many more. 10 service user/ family/ carer surveys and 13 staff surveys are being discussed and developed. Two teams are in the process of contacting service users/ families/ carers via telephone with the support of a volunteer.

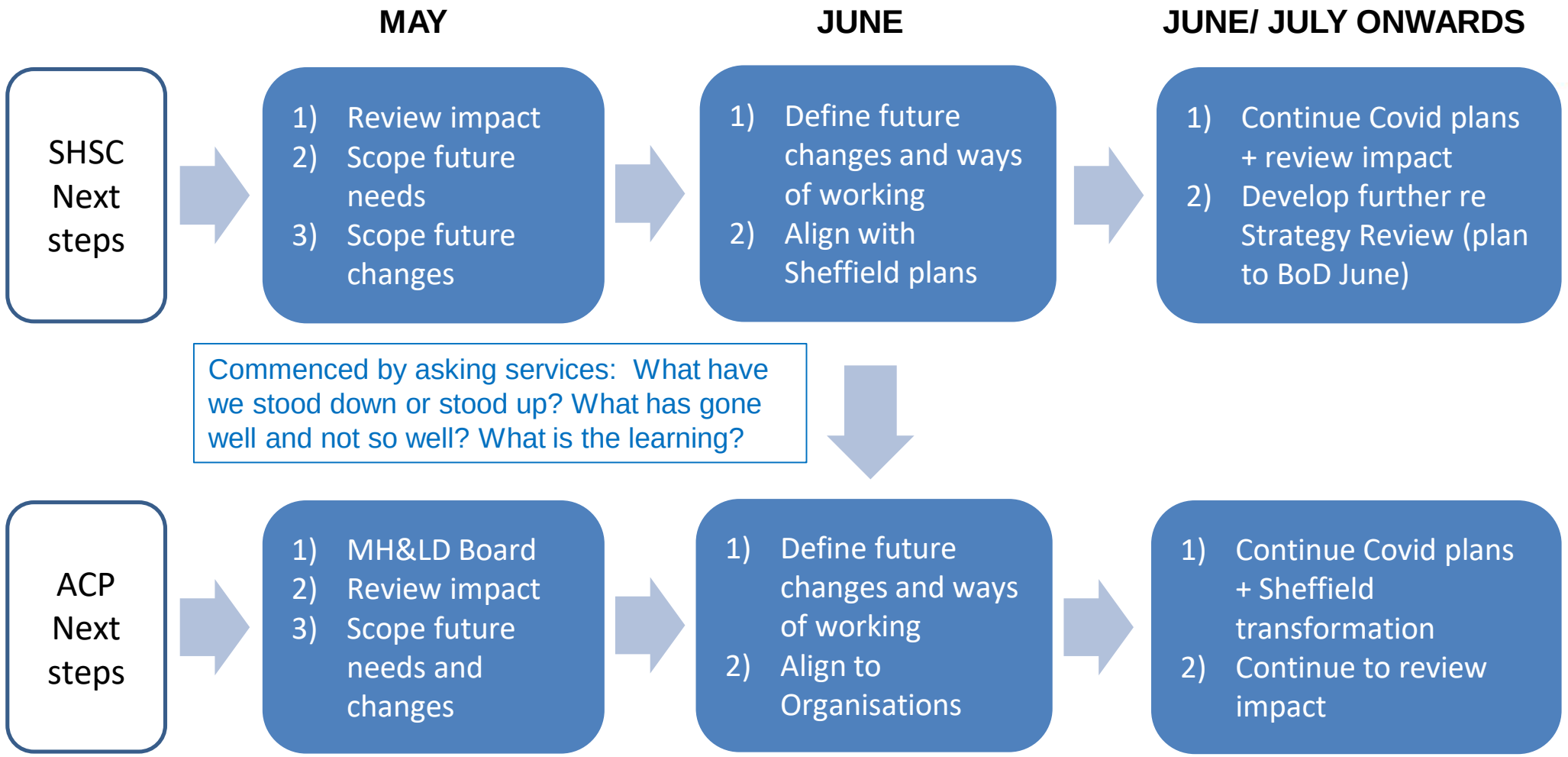
Impact Evaluation of Service Changes Resulting from COVID-19 Restrictions Cont/…

- To complete the evaluation process, a ‘summary pack’ will be developed for each team. This will bring together and triangulate the analysis of the service user/family/carer feedback, staff feedback and the pertinent metrics data. The pack will include an end section for teams to complete in term of the ‘what next?’. The data contained within the pack aims to offer learning and support the future shaping of individual services.

- An example of this is the work completed with the South Recovery Team. Support will be offered to teams in terms of populating this section in a collaborative manner. The recommendation to teams is to feedback and possibly consult further with the people who have completed the surveys regarding possible plans of addressing and developing identified areas, closing the feedback loop.

- The proposal is to triangulate data at a Trust-wide level with related initiatives in the wider context, such as LIA looking at staff well-being in the current climate of working from home and the ‘temperature check’ evaluation tool. Similarly, service user feedback collated via Sheffield Flourish and Healthwatch, as well as carer feedback sought through Sheffield Carer’s Centre and Sheffield Young Carers, will be analysed and triangulated into a Trust-wide evaluation summary. The aim is to have this summary available by early September 2020 in order to feed into the Trust-wide Strategy developments.

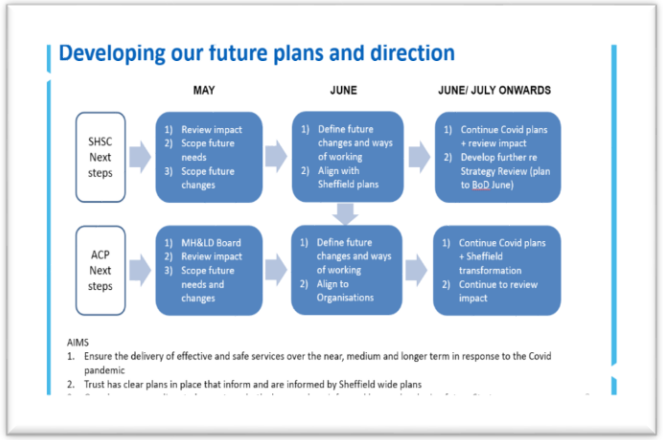
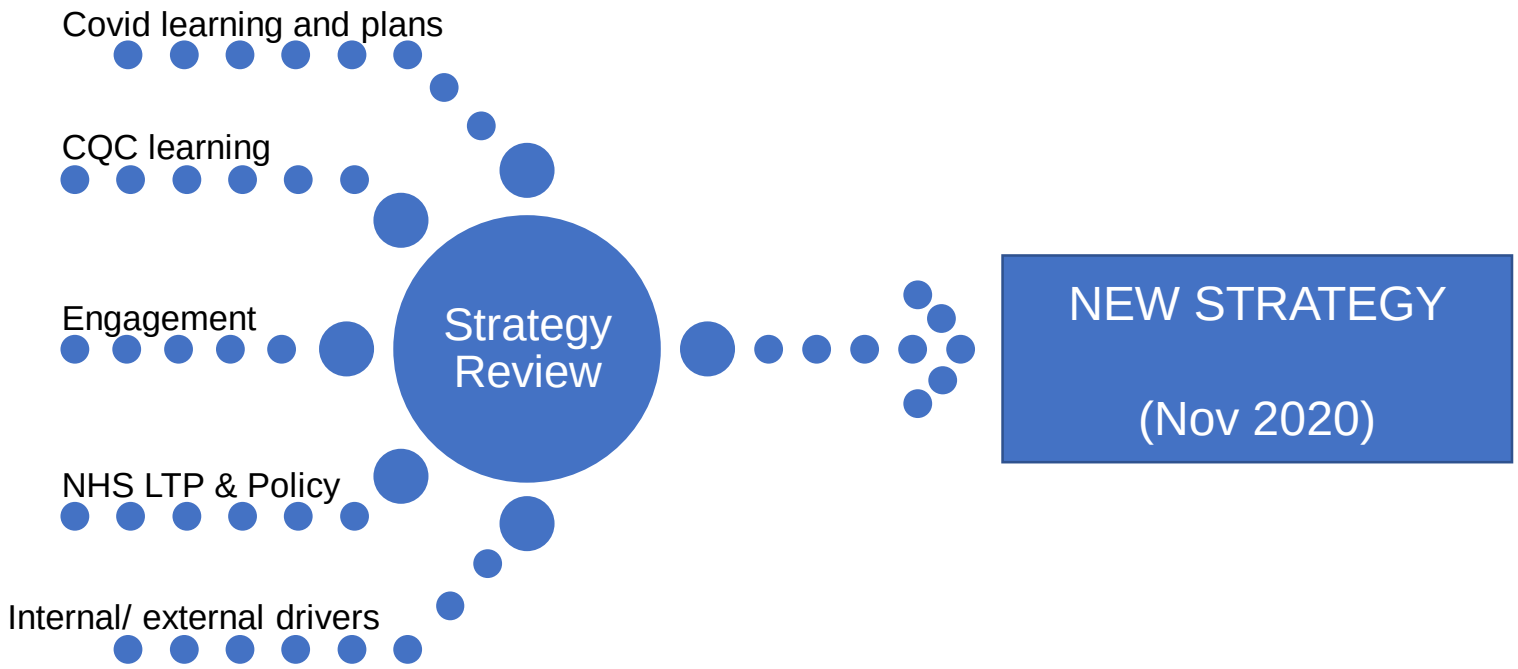
Developing our future plans and direction



AIMS

1. Ensure the delivery of effective and safe services over the near, medium and longer term in response to the Covid pandemic
2. Trust has clear plans in place that inform and are informed by Sheffield wide plans
3. Our plans over medium to longer term both shape and are informed by our developing future Strategy

Shaping Trust Strategy and direction



- ✓ Learning and actions from Covid planning will shape our strategy review work, along with other key drivers.
- ✓ We will be implementing changes as we develop our future strategy