Board of Directors – Open

Date:	13th January 2021		Item Ref:	7

TITLE OF PAPER	Management of COVID-19 Pandemic
TO BE PRESENTED BY	Beverley Murphy, Executive Director of Nursing, Professions and Operations
ACTION REQUIRED	The Board is asked to consider whether it is sufficiently assured of the Trust's management and response to the COVID-19 Pandemic.

OUTCOME	The Board is assured that all necessary and required actions are in progress.
TIMETABLE FOR DECISION	January 2021 Board of Directors
LINKS TO OTHER KEY REPORTS / DECISIONS	Integrated Performance & Quality Report - October 2020 Emergency Preparedness, Resilience and Response - Annual Report 2020 Getting Back to Good - October 2020 Board Report SHSC Daily Situational Reports
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Delivering Outstanding Care; Creating a Great Place to Work COVID – Getting Through Safely; CQC – Getting Back to Good **BAF.0001** There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19. **BAF.0003** There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements.
LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Civil Contingency Act (2004) NHS Act (2006) EPRR Framework (2015) Coronavirus Act (2020) Phase 3 of the NHS response to the COVID-19 Pandemic (2020)
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	The risk is that we fail to provide safe and effective care and that we do not adequately protect the workforce which may have an adverse impact on the quality of care.

CONSIDERATION OF LEGAL ISSUES	Breach of regulatory standards and conditions of Provider Licence.

Author of Report	Michelle Fearon and Terry Geraghty
Designation	Director of Operations (System Improvement); Emergency Planning Lead
Date of Report	6th January 2021

Summary Report

1. Purpose

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

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. This report builds on previous month's report.

2. Introduction

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 risk if unmanaged could lead to a failure to ensure continuity of services and a failure to protect people who use services and our staff from the spread of infection.

The controls and mitigations are extensive. We have implemented a command structure that ensures we; adhere to national guidance; continually assess and manage our available workforce; understand and respond to the risks to staff health and safety; support the wellbeing of both staff and service users; effectively manage outbreaks and keep pace with emerging vaccination situation.

Given the significant risks presented by the global pandemic this paper details the context in which we operate, the internal controls and new guidance since last reporting in November 2020.

3. National Position

Pandemic update

With the introduction of the three Tier system on 23rd November 2020, the UK's Coronavirus alert level was again upgraded to National Response Level 4 on 25th November 2020 and South Yorkshire were placed in Tier 3 at the end of the national lockdown. On Monday 21st December 2020 Tier 4 was introduced covering London, much of the South East and Wales due to increasing infection rates attributed to a mutation of the virus that makes it up to 70% more transmittable. Additionally, greater restrictions were placed across the UK for Christmas Day permitting people to come together for Christmas day only.

Epidemiology impacts of the mutated virus have included the 11-18-year age group prompting a call for testing in schools, although the most affected age group are 24-40. On 31st December 2020, further areas of the Country entered Tier 4 including Derbyshire, the Midlands, North East, parts of the North West and parts of the South West.

As a result, the Prime Minister again addressed the nation on the evening of 4th January 2021 to announce a nationwide lockdown with immediate effect (law enforced from 6th January 2021), where all schools and academic institutions will close until at least the end of February half term. The exception to this being for children of essential keyworker staff and those identified as having special educational needs or vulnerable. Nurseries are permitted to remain open.

All non-essential shops and services will close as will all sporting facilities. People are again advised to stay at home and only travel for essential purposes (medical attention, food supplies or for work purposes).

Education

Following the Prime Minister's announcement of 4th January 2021, Trust services will again assess the impact of school closure on the availability of front line staff and enact our business continuity plans to protect patient care. Staff will be supported to work safely from home / flexibly to manage child care arrangements where this is needed.

COVID Vaccination

Landmark progress has been made in the supply and distribution of approved COVID vaccines. On 2nd December 2020, the Pfizer/BioNTech's COVID-19 vaccination was authorised for use in the UK. Almost one million were reported to have received their first of two doses as at 1st January 2021. Batches of 1,175 doses were supplied to a handful of Acute Trust's across the Country who acted as central vaccination hubs. Patients over the age of 80 and staff working in health & social care were initially targeted for vaccination. The vaccine requires storage at -70 degrees and cannot be moved between sites making it almost impossible for all NHS Trusts and Primary Care providers to initially mobilise their own vaccination programmes.

A small number of Primary Care Networks were also selected to mobilise, 3 in Sheffield, to prioritise at risk groups in the Community.

A recent review by the Medicines & Healthcare Regulatory Agency (MHRA) has authorised the distribution of smaller batches of 75 making this much more available to smaller vaccination sites. Trusts are continuing to work together in the meantime to vaccinate frontline health and social care workers.

On 30th December 2020, the Oxford/Astra Zeneca vaccine was approved, providing a less complex way to manage vaccine deployment. The first dose was given on 4th January 2021.

Both vaccines require two doses, initially the Patient Group Directive described this as being within 28 days of each other. A change to this position was introduced by Public Health England on 30th December 2020 to enable greater coverage of the first dose without impacting efficacy.

At the time of writing this report. We are unsure as to the timescale for distribution of the Oxford/Astra Zeneca vaccine to SHSC, however we have plans in place to mobilise for when the vaccine is made available to us for peer vaccination and inpatient vaccination programmes. We do expect this to be a matter of weeks.

At his evening address of 4th January 2021, the Prime Minister set out the intentions for the NHS to deliver the first dose of vaccine to all: -

- Care home residents and their carers
- Those aged 70 and over
- All frontline health & social care staff
- Clinically Extremely Vulnerable

SHSC has supported 20 of its 54 seasonal 'flu vaccinators to be ready to join the vaccination programme, in partnership with STHFT and other Trusts. More training is underway.

Sheffield

South Yorkshire entered Tier 3 on Thursday 3rd December 2020 following the second National Lockdown. After an initial significant reduction in infection rates, the area has plateaued with Sheffield the lowest. In line with the rest of the Country, Sheffield will enter lockdown with immediate effect. Any relaxation to this national measure will not be until after 22nd February 2021.

Current prevalence

For the reporting period, there are several outbreaks in Sheffield, notably 12 in Sheffield Teaching Hospitals and 2 in our Trust. Current prevalence data shows a cumulative total of **29,030** recorded in Sheffield as of 27th December 2020, a rate of **152 cases per 100,000 population** as of 18th December 2020, being the latest recorded**.**

Sheffield Health & Social Care: Issues and actions

4.1 Command Structure

The Trust continues to operate a bronze, silver and gold command consistent with the Emergency Preparedness, Resilience & Response Framework (2015). This structure was described in the Board report of November 2021. Gold Command continues to meet once per week; Silver Command, three times per week and Bronze Command following a planned review, moved from daily to three times per week. We continue to review the frequency of our command structure meetings to respond to clinical services' pressure and demands.

4.2   Workforce

<u>Absence</u>
Staff will still be able to travel in to work during the National Lockdown but the main implication will be in respect of staff who will need to return to Shielding and those who have child care commitments that cannot be met elsewhere. An updated risk assessment has been carried out of all staff who previously shielded which captured any who had recently been advised to continue to "Shield" by the GP or the NHS, whilst Sheffield remained in Tier 3.

We continue to monitor daily the number of staff absent from work due to COVID. Fig.2 below, shows our staffing absence for the past 4 months.

Fig.2
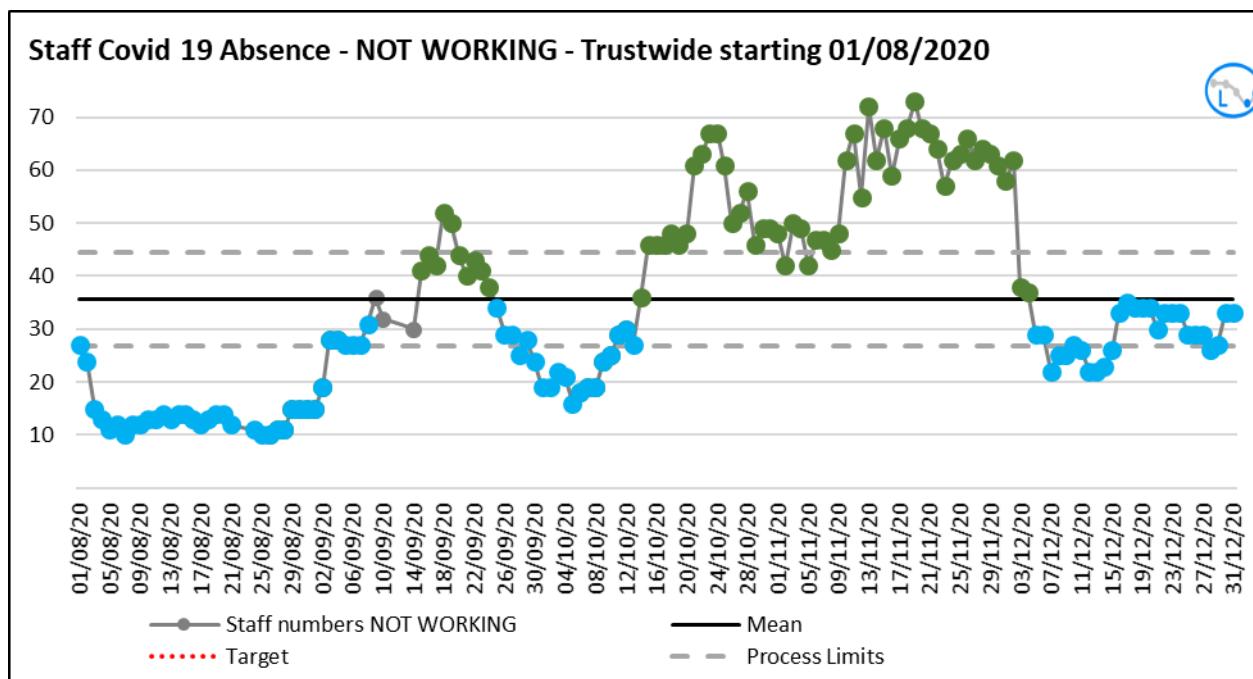
Risk Assessment
The Trust's Command Structures are overseeing the completion of individual staff risk assessment. Figure 3 shows the Trust's position as at 30th December 2020. This includes all substantive staff and bank staff employed by the Trust.

Fig.3

	65	BAME	Vulnerable	Male	Total
Risk Assessments	55	412	160	600	2270
Total	60	436	171	710	2772
Completion (%)	92%	94%	94%	85%	82%

Of those that are outstanding, all line managers have been appraised and proactively supported to complete.

Polymerase Chain Reaction (PCR) Symptomatic Staff Testing – 'swab' testing
SHSC were supported by Sheffield Children's Hospital until 6th December 2020 when, following notice of their own capacity issues, support was offered by Sheffield Teaching Hospitals and has been in place since 7th December 2020, assuring no break in provision. The return of test result is on average at 2 / 3 days post-test.

Twice Weekly Asymptomatic Lateral Flow Staff Testing
SHSC has completed the roll out of over 1800 self-testing kits as part of the national programme of twice weekly asymptomatic testing for front line health care workers. We have enabled a local portal for staff to upload their results, ensuring compliance with weekly reporting to Public Health England. To date we have had 9 staff that have reported to have tested positive via the lateral flow test kits, 6 of these were later confirmed to have been infected by Covid 19 at PCR testing.

Access to the COVID Vaccine
SHSC has been working in partnership with Sheffield Teaching Hospitals to put in place mutual aid for both SHSC staff to receive their vaccination from the STHFT vaccination hub at the Northern General Hospital and for SHSC to "supply" trained vaccinators. An initial targeted staff list has been provided for staff employed by the Trust that are: -

- Over 65
- Clinical Extremely Vulnerable
- BAME
- Staff that work in our "at risk" inpatient settings (G1, Dovedale and ATS)

We know that staff are being contacted as slots are available and we are awaiting confirmation from STHFT as to how many of our staff have received their first dose of the vaccination. Vaccine supply is being increased and we therefore expect many more staff to be contacted in the coming days and weeks. Staff working in nursing and residential home settings will be offered vaccine through both the STHFT vaccination hub and from primary care hubs (whichever the soonest).

At the same time, we have a dedicated Task and Finish Group that is overseeing plans for all eventualities of the vaccine being made available and/or our continued combined efforts with STHFT. This is being led by Abiola Allinson, Chief Pharmacist, and Michelle Fearon, Director of Operations (Systems Improvement). Our Flu Vaccinators are being supported with briefing sessions and access to on-line training to encourage their deployment as a COVID Vaccinator.

4.3 **Covid secure workplaces**

Across the Trust, we review, on a continuous loop, all our COVID environmental risk assessments to understand what more we can do to protect our workforce and service users. To support this, virtual support sessions have been set up with teams to address questions,

provide support and share learning. This approach has been well received by services. All the Trust's premises have had at least one COVID risk assessment.

A continuous loop of reminders to our staff, to maintain social distance and wear appropriate PPE continues. Despite this, we continue to have examples where people forget or do not see the need to comply. The need for vigilance and the constant reminder of this being every member of staff's responsibility continues in our daily communications. HR guidance on dealing with breaches of PPE was approved through the command structure on 21st December 2020 in order that manager's now have a clear process for addressing this.

4.4   Supporting our Service Users

Service Demand
All the Trust's services are operating. We continue to see an increase in demand to access crisis and urgent mental health services. Our teams are working together to flexibly deploy staff so they are in the right place, at the right time, to deliver the care to our service users. The Trust is also understanding the impact on waiting times for those teams that have either worked differently or have been unable to see service users in the same way during the first wave. The Quality Committee will receive a report on the impact for service user experiencing waits.

Testing of Patients in Inpatient Settings
In inpatient settings, patients are tested on admission, 4-7 days post admission and on discharge. We have confidence in our testing compliance on admission and discharge. We are closely monitoring and seeing improved compliance with re-testing at 4-7 days following an audit and refocusing on all elements of the required standards. Silver Command has oversight of this and reports to Gold on exceptions and mitigating action.

On 17th November 2020 a document was published from NHS England consisting of 10 key actions for Boards and Systems to ensure that Infection Prevention and Control and Testing was optimised. SHSC completed its return on 18th December 2020, approved by the Chief Nurse as required. We reported compliance in all areas apart from the revised standard of retesting of inpatients at day 3 as well as on admission and day 5. This has now been addressed and we will be fully compliant from week commencing 11/01/21. A copy of this document and SHSC's return is attached as Appendix A.

In line with national guidance, we continue to support visiting to our wards with appropriate risk assessments in place. The only exception to this is where we have COVID cluster or outbreaks and in the case of our nursing homes, where visiting is not permitted across the Country.

Supporting patients to access the Vaccine
Our services will have a pivotal role in supporting our service users to make choices and receive their vaccinations. This may be in support of attending large scale vaccination sites or GP surgeries or the possibility of SHSC vaccinating patients in inpatient and community settings. It is likely that we will not be able to vaccinate our inpatients until the Oxford-AstraZeneca vaccine is made available to us. We continue to work with partners to ensure those inpatients with the greatest need (G1, Dovedale, ATS) are prioritised.

4.5 Outbreaks and clusters

The Trust have had 3 confirmed outbreaks and 1 repeated outbreak since the last report to Board. Figure 4 below outlines the service areas and numbers of staff and service users affected and their current confirmed status.

A Cluster is defined as:
"***two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within a 14-day period.***"

A cluster "End" is defined as:
"No test-confirmed cases with illness onset dates in the last 14 days".

An Outbreak is defined as:
"two or more test-confirmed cases of COVID-19 among individuals associated with a specific non-residential setting with illness onset dates within 14 days, and one of:

- *identified direct exposure between at least 2 of the test-confirmed cases in that setting (for example under one metre face to face, or spending more than 15 minutes within 2 metres) during the infectious period of one of the cases.*
- *when there is no sustained local community transmission - absence of an alternative source of infection outside the setting for the initially identified cases*

An Outbreak "End" is defined as:
"No test-confirmed cases with illness onset dates in the last 28 days in that setting"

Source: Covid-19 Epidemiological definitions of outbreaks and clusters
(Public Health England - 7th August 2020)

Fig.4

Month	Service Area	No. of Staff No. of Service Users testing as COVID positive	Outbreak status
December 2020	G1 Ward Public Health England confirmed **Outbreak**	5 substantive staff 1 agency member of staff 7 service users (2 were discharged to NGH and subsequently passed away)	Confirmed outbreak – closed to admission.
December 2020	Dovedale Ward, Michael Carlisle Centre Public Health England confirmed **Outbreak**	4 Substantive staff 3 service users	Confirmed outbreak– closed to admission
December 2020	Shepcote Lane Stores Public Health England confirmed **Outbreak**	2 substantive staff 1 agency staff	Community Cluster outbreak. Staff have subsequently returned to work.
4th January 2021	Birch Avenue **Suspected Outbreak**	2 substantive staff 1 agency staff	Discussions taking place with PHE to trace orientation.

There is a direct correlation between the older adults wards being closed to admission from December 2020 to the number of older adults who are being cared for outside of SHSC.

Deaths per month
There have been two reported patient related deaths due to COVID for the reporting period, both having been discharged from G1 to Northern General Hospital for End of Life care where they subsequently died.

4.6 Implementing New NHS guidance

Date of Issue	What does this mean for SHSC?	Compliance statement
17/11/2020 **Infection Prevention & Control (IPC) Board Assurance**	Board responsibilities (see attached key actions document). Assurance provided through assurance reports to Board.	Standard communicated. Compliance regularly reported.
26/11/2020 **Introduction of daily Lateral Flow situation reports uploaded to NHS Digital**	Measures in place to capture data required. Sitreps submitted via the Trust's Incident Control Centre.	Standard met.
14/12/2020 **Online portal introduced for reporting Outbreaks goes live.**	Outbreaks reported through the Incident Control Centre and verified first by IPC nurses and PHE. Outbreaks managed by service managers supported by Clinical Advisory Group.	Definitions of Outbreak and Cluster communicated and on Trust Internet, together with reporting flowchart. Standard met.
10/12/2020 **Updated Pfizer vaccination guidance published following adverse allergic reaction to two persons receiving it.**	Communicated in Trust and through Task and Finish Group. Assurance sought from Sheffield Teaching Hospitals, the hub for rolling out the vaccine that guidance is followed.	Standard met.
17/12/2020 **Infection Prevention and Control (IPC) and Testing assurance return to NHS England and NHS Improvement**	Trust compliance with IPC and testing required to be assured. Template completed by IPC Nurses and Clinical Advisory Group, signed off by Executive Director of Nursing, Professions and Operations.	Standard met.

Identifying and Managing Risks

The Trust uses a live COVID Risk Register that is reviewed on a weekly basis through Silver Command and is reported to Gold. Consideration of any new risks is given daily. The risk register is appended as Appendix B.

5. Next Steps

The Trust will continue to review and refine its approach to the management of COVID-19 in line with Government, regional and local restrictions. Board will be assured of action through routine reporting.

The Trust will continue to focus its efforts in supporting staff and patients to remain vigilant – regular hand washing; use of PPE and maintaining social distancing.

6. Required Actions

The Board is asked to consider whether it is sufficiently assured about the Trust plans to respond to Implementing Phase 3 of the NHS Response to the COVID-19 Pandemic.

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

7. Monitoring Arrangements

COVID-19 Update monthly report to Board.

8. Contact Details

Beverley Murphy, Executive Director of Nursing, Professions & Operations
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Key Actions: Infection Prevention and Control and Testing - Assurance Toolkit

A key to support completion of the Assurance Toolkit

1. Please complete a RAG status against each action from the pick list provided

2. Using free text, please identify what evidence you hold to support each submission. For example, this might be a protocol put in place, SOPs, data collection & reporting mechanisms etc.

3. Please provide an explanation within the 'evidence' box as to why any of the recommendations have not been implmeneted.

4. Additional comments - please use this box to provided any additional information you feel may be necessary.

Action			1		2		3	
ICS	**Trust**		**Staff consistently practice good hand hygiene and all high touch surfaces and items are decontaminated multiple times every day – once or twice a day is insufficient.**		**Staff maintain social distancing in the workplace, when travelling to work (including avoiding car sharing) and to remind staff to follow public health guidance outside of the workplace.**		**Staff wear the right level of PPE when in clinical settings, including use of face masks in non-clinical settings.**	
		RAG status	**evidence**	**RAG status**	**evidence**	**RAG status**	**evidence**	
SYB	**Sheffield Health & Social Care NHS Foundation Trust**	Compliant	Environmental risk assessments carried out across all sites. Annual mandatory hand hygiene training via training records, all sinks have hand washing instructions/posters, replenish consumables regularly, hands, face,space messages published through weekly comms and bare below the elbows principles as per IPC policy. Senior housekeepers continually monitor and all staff responsibility to keep surfaces clean.	Compliant	All PHE/NHS E/I and Gov guidance disseminated through Incident Control Centre to Silver and Gold commands for implementation. Weekly covid-bulletins from Communications, together with Covid information hub on the trust Intranet regularly updated with latest guidelines; Working Safely Group including staff side representation enforces messages re: social distancing, car sharing and PHE guidance outside the workplace; Environmental Risk Assessments include maximum occupancy of rooms to maintain social distancing, together with working from home where	Compliant	Right level of PPE is available following PHE guidance and through risk assessment. Stock sitrep daily to Silver Command to ensure sufficient supplies. Training provided for use of FFP3 masks where applicable; mask and hygiene stations impemented at the entrance to all buildings. Visors worn where appropriate and in line with PHE guidance.	

	4		5		6
	Patients are not moved until at least two negative test results are obtained, unless clinically justified.		**Daily data submissions have been signed off by the Chief Executive, the Medical Director or the Chief Nurse, and the Board Assurance Framework is reviewed and evidence of reviews is available.**		**Where bays with high numbers of beds are in use, these must be risk assessed, and where 2m can't be achieved, physical segregation of patients is considered, and wards are effectively ventilated.**
RAG status	evidence	RAG status	evidence	RAG status	evidence
Compliant	Patients are not routinely moved between wards. Movement is usually through discharge to home address for community care. Testing in situ is carried out if moving to a care home.	Compliant	Daily data Submissions are subject of a SOP recommended through Silver Command and approved by Gold, chaired by the Chief Nurse to ensure the process for data collection is both consistent and accurate. BAF is reviewed through regular reports to Board enabling assurance to be met. Submitted Data is further utilised in Trust to populate a daily Dashboard visually showing the Trusts position in managing the pandemic which is shared with our CCG.	N/A	Wards are made up of single individual bedrooms and where dormitories exist, they are four bedded with two closed to ensure 2m+ distancing. As a MH Trust, ventilation is an issue as windows are on restrictors to protect the patients.

Key Actions: Infection Prevention and Control and Testing

Staff Testing		

7.a	7.b	8.a
Twice weekly lateral flow antigen testing for NHS patient facing staff is implemented. Whilst lateral flow technology is the main mechanism for staff testing, this can continue to be used alongside PCR and LAMP testing.	If your trust has a high nosocomial rate you should undertake additional targeted testing of all NHS staff, as recommended by your local and regional infection prevention and control team. Such cases must be appropriately recorded, managed and reported back.	All patients must be tested at emergency admission, whether or not they have symptoms.

RAG status	evidence	RAG status	evidence	RAG status	evidence
Compliant	Lateral Flow testing for patient facing staff is in place, together with the PCR testing facility to confirm positive LF tests that is in place for symptomatic staff.	Compliant	All Clusters and Outbreaks in Trust have been reported as per guidance to PHE and recorded through IIMARCH forms to NHS England and NHS Improvement, together with the new Outbreak online reporting portal introduced 14/12/2020. Each have prompted additional targeting of staff and patients until the outbreak closed.	Compliant	All our admissions are tested irrespective of their admission type.

Patient Testing

8.b		8.c		8.d	
Those with symptoms of COVID-19 must be retested at the point symptoms arise after admission.		Those who test negative upon admission must have a second test 3 days after admission, and a third test 5-7 days post admission.		All patients must be tested 48 hours prior to discharge directly to a care home and must only be discharged when their test result is available. Care home patients testing positive can only be discharged to CQC-designated facilities. Care homes must not accept discharged patients unless they have that person's test result and can safely care for them.	
RAG status	evidence	RAG status	evidence	RAG status	evidence
Compliant	Any patient with symptoms is retested at the point they arise in order to manage and isolate suspected cases; and to identify and manage potential oubreaks.	In progress	Currently, following a negative test upon admission, a second test is offered 5-7 days post admission. Compliance with this requirement is recorded in a daily physical health sitrep. The 3 days after admission test is not being offered due to the complex nature of the patients being treated.	Compliant	Where a patient is to be discharged to a care home, testing is carried out and arrangements made with the individual home once the test result is known.

	8.e	Additional comments.
	Elective patient testing must happen within 3 days before admission and patients must be asked to self-isolate from the day of the test until the day of admission.	
RAG status	**evidence**	
N/A	Sheffield Health and Social Care NHS Foundation Trust is a Mental Health Trust that does not have planned elective admissions.	

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

ID	Date Opened	Description	Inherent Risk Rating			Controls in place	Current Risk Rating			Action points / updates	Target Risk Rating			Responsibility
			Likelihood	Impact	Rating		Likelihood	Impact	Rating		Likelihood2	Impact3	Rating4	
2	02/05/2020	**There is a risk that:** Staffing levels may be depleted to such an extent that service delivery and its quality is threatened and patient safety is compromised; **Caused by:** Staff or household members testing positive; Staff self-isolating due to them or members of their household being symptomatic or requiring to shield due to governance guidance on "extremely clinical vulnerable and exhaustion caused by excessive hours and peak workloads **Resulting in:** An impact on service delivery, quality and patient safety.	5	5	25	1) Business continuity and business critical plans in place. Mutual aid and service support in place to protect crisis and emergency services. 2) Minimum staffing levels in place for all teams and services; 24/7 coordination of patient demand and management through Flow Coordinators. 3) Review of staffing and redeployment through daily situation reports (mutual agreement). SOP in place. 4) Process in place for monitoring staff absence daily. Support infrastructure in place for contact calls with staff absent and facilitate safe return to work practices. 5) Staff and household member testing in place. 6) COVID Risk Assessments for all staff and working practices adapted accordingly. 7) Increased levels of supervision offered to staff. This is monitored via a monthly compliance summary. 8) Psychology supporting staff through debriefs and reflective practice 9) COVID Wellbeing support sessions launched by Workplace Wellbeing in October 2020 10) 24/7 Freephone COVID Staff Support line mobilised as well as HR Helpline and HR Support Hub. 11) Continous loop of communications to encourage staff to continue to take regular rest breaks and annual leave entitlement. 12) Quality Improvement Week focussing on Staff Wellbeing 13) Regular staff communication via video link from Chief Nurse 14) Environmental Risk Assessments are completed on a continuos loop, detailing the management plan for protecting staff and patients in all areas, leading to improved signage and warning notices, estates improvements and IMST enabled strategies to improve social distancing compliance. 15) Review of 24 hour care service areas and Community Services completed specifically looking at improvements which could be made to the Trust Estate and use of IMST to support social distancing and COVID secure working conditions. 16) Working Safely Group mobilised, reporting to Silver Command, to oversee and advice on all working practices and support. The group is inclusive of operations, Estates, HR and Infection, Prevention & Control 17)Working safely guidance and local COVID risk assessment guidance issued reiterating Facemasks, Social Distancing, working remotely. Posters displaying access to environmental risk assessments issued to all areas. Guidance to support staff safety and wellbeing available on the COVID Hub. Updates are issued out in daily alerts 18) Perspex screens now in place in rooms occupying multiple occupants.	4	3	12	1) Mobilising Community Pathways to create greater resilience across services. 2) Back to the floor initiative being mobilised by Corporate Nursing function 3) Repurposing of parts of Longley Centre scoped and agreed and signed off by Clinical leads. Schedule of works submitted, awaiting formal quotation returns. Will require approval by Gold once schedules received. Likely to be a 16 week programme. 4) Follow up review of all ERAs, including reviewing break facilities by end of December 2020 and to be presented to Silver and Gold. 5) Install additional IMST kit as delivered, to site. 6) Continue to refresh campaigns, engagement and communication with staff on working safely and promote "working safely is all our business" 7) Task and Finish Group established to mobilise weekly asymptomatic testing for all front line staff and delivery of the COVID vaccine to all staff	2	3	6	Working Safely Group / Silver Comman+O11d

ID	Date Opened	Description	Likelihood	Impact	Rating	Controls in place	Likelihood	Impact	Rating	Action points / updates	Likelihood2	Impact3	Rating4	Responsibility
14	01/06/2020	**There is a risk that:** Staff and service users could be exposed to increased risk of infection and; not all inpatients are offered a COVID test in line with requirements (admission, 4/7 days and on discharge) **Caused by:** Increase in community transmission rates locally & nationally, scientific evidence now supports asymptomatic transmission. Staff not fully adhering to IPC control measures - Hand, Face, Space and; a failure to understand requirements and the lack of systematic reporting and remedy mechanisms; complacency having received a covid vaccination and thinking measures need no longer be rigidly applied **Resulting in:** More staff and patients could become infected with COVID-19 which will impact on service delivery and patient safety	3	4	12	1) Additional physical health training for staff to manage symptomatic patient delivered in early April; 2) IPC Policy in place, standard precautions, best practice guide 3) Covid Care Tool developed and available from IPC webpage 4) PPE training delivered by using PHE official video and available from Covid Hub 5) Visiting guidance developed and reviewed regularly by Clinical Reference Group 6) Outbreak Toolkit and Outbreak daily Sitrep reporting insitu for managing outbreaks 7) Hands, Face, Space adopted and communicated to staff via Covid comms routes continually 8) Symptomatic staff testing process insitu 7days 9) inpatients following risk assessment recommended to wear face coverings 10) outpatients encouraged to wear a face covering whilst on NHS premises 11) staff currently are wearing Type II face masks on a sessional basis 12) Welcome stations established at building entrances for signing in purposes with hand hygiene & face masks 13) staff encouraged to take a collective approach to keeping workspaces clean and regular cleaning of high touch surfaces; Clinell wipes available 14) Staff repeatedly encouraged to maintain social distancing in the workplace including during downtime, and to observe maximum occupancy rates for meeting rms/offices 15) Some premises have been able to establish 'one-way' systems for staff movement 16) Safe systems of use developed for staff shared facilities such as toilets/kitchens 17) National Lockdown insitu and will revert back to Tier 3 restrictions thereafter Safety campaign to protect the risk of infection / cross infection. (inc poster campaign). 18) Bespoke guidance to support services / teams with COVID outbreaks circulated. 19)Learning from outbreaks in other areas of the Trust used to refine practice. 20) Baseline audit of compliance with testing in inpatient services undertaken. Results reported to Silver and Gold. Compliance now assessed on a daily basis through the Physical Health Huddle (from 2/10/20). Weekly reporting of compliance through to Silver and escalated to Gold as required. 21) Automatic alcohol handrub dispenses in appropriate Trust sites. 22) Asymptomatic lateral flow tests rolled out to all front line staff.	2	4	8	1) Continue to weekly educate via comms channels the importance of Hands Face Space principles - line managers to enforce compliance at local service levels with their staff. Support guidance drafted by Working Safely Group - silver requested a simplified version 14/12/20. 2) Explore patient testing prompt on Insight to alert to testing & retesting requirements. Support to teams to ensure compliance. 3) Task group established to mobilise Covid Vaccine administration.	2	4	8	Infection Control
17	06/08/2020	**There is a risk that:** All staff that are in groups identified as being 'at Risk' will not be identified and receive an initial and ongoing individual risk assessment **Caused by:** Systems not being in place to remind and report on completion of Risk assessments **Resulting in:** Risk to staff and patient safety.	3	4	12	1) Risk assessment tools and guidance are available via COVID Hub. The definition of "at risk" is now clear 2) All staff identified as in the "at risk" groups are routinely offered a risk assessment 3) Guidance on the deployment and management of "at risk" staff developed for managers highlighting need for review of working arrangements if COVID outbreak (more than 2 +ve in a team) all staff scoring 4+ (risk / Vulnerable) should be deployed to a COVID free area post a period of self isolation. 4) Targetted approach for staff outstanding risk assessments between HR and line manager. 5) Regular communication to all staff reminding of the importance of individual risk assessments. 6) Weekly reporting of risk assessments completion to Silver with plan for targetted intervention. 7) Agreement to use ESR as central reporting tool and to enable issue of reminders. 8) Communications to managers advising staff who identify as Clinically Extremely Vulnerable" to work at home during period 5 Nov - 2 Dec. 9) Temporary redeployment process in place, led by HR.	3	3	9	1) Risk Assessment guidance being updated (V5) to account for changes in " Clinically Extremely Vulnerable" staff group. Updated guidance to emphasise need for wellbeing conversations and Occupational Health advice to support wellbeing and temporary deployment. 2) Temporary redeployment process overseen for "Clinically Extremey Vulnerable" staff who are required to stay at home. Reminder of importance of regular touchpoints with team to avoid isolation. Working Safely Group to advise Silver of any further work needed.	2	2	4	HR
21		**There is a risk that:** ex-offenders being released from Prison are not made aware of to START and do not access appropriate prescribing/testing **Caused by:** COVID-19 restrictions and changes to pick-up pathways **Result in:** lack of/less robust handover and transition arrangements and hence potentially impact on patient safety	4	4	16	1) All service users whom receive a custodial sentence are tracked in-house to ensure that we can prepare for their release and ensure that they are booked in for an assessment on release. 2) Service to contact Prisons on a Friday morning to check if there are any new releases prior to the weekend that providers have not been informed of.	3	3	9	1) Video link access is set up via a company called visionable with free licences being provided by NHSE. Liaison with local prisons is underway however we are now waiting for the prisons to get set up with the software and equipment. We will be writing to prisoners prior to release to advise where they need to attend on release from prison. Meetings with prisions are taking place to support roll out.	2	3	6	Richard Bulmer