

Sheffield Teaching Hospitals NHS Foundation Trust

Chief Executive's Briefing

Board of Directors – 30 June 2020

1. National Pride Month

I am sure members of the Board of Directors will join me in wishing colleagues, patients and the people of Sheffield a very happy Pride Month. We know that Pride celebrations have to be a little different this year however people across the globe and the NHS are still, quite rightly, celebrating.

Every year, during the month of June, the LGBTQ+ community celebrates in a number of different ways. Across the globe, various events are held during this special month as a way of recognising the influence LGBTQ+ people have had around the world. June was chosen because this was when the 'Stonewall Riots' took place in New York, on 28 June 1969. The Stonewall Riots were a response to years of oppression in the USA, and are seen by many as a key step to a wider acceptance and positive cultural standing of the LGBTQ+ community across the world. As well as being a celebration, Pride month is also an opportunity to peacefully protest and raise political awareness of current issues facing the community. In our part of South Yorkshire the LGBTQ+ community hold Pride celebrations in July rather than June and local Pride organisers in Rotherham and Sheffield have started to set up online events for next month.

At STH, our Staff Networks, which were launched only last year (LGBTQ+, BAME and Disability), are going from strength to strength and worked together to co-create the STH celebrations for the months of June and July which are a true collaboration. Last week we raised the eight coloured inclusive Pride flag at the Royal Hallamshire Hospital and the Northern General Hospital sites as a visible statement of promoting inclusivity at STH. This was a conscious decision to show that we stand in solidarity with anyone experiencing violence or discrimination as a result of their identity. In support of the 28 June, we observed a two minute silence on Monday 22 June which coincided with when we raised the flags. We chose this date in order to enable more staff to participate. This was in remembrance of LGBTQ+ people, People of Colour and those people living with disability, both hidden and visible, who have lost their lives to violence and hate. I am sure you will agree that this was the right thing to do given the on-going issues across the world and I am sure, like me, you were deeply shocked and saddened at the footage of George Floyd, a black man, being killed on the 25 May. Over 3,000 people attended the Black Lives Matter protest in Sheffield on 6 June. A clear sign that this matters.

I hope you had the opportunity to read the communications we have distributed to all staff to inform and support Pride.

We also continue to distribute the Rainbow pin badge where staff who chose to wear this sending a clear message to LGBTQ+ people and their families:

- You can talk to me freely and without worry about who you are and how you feel
- I will do my best to get support for you if you need it
- This is a place of inclusion, you are not alone

As Chief Executive of STH, I am the accountable officer for equality, diversity and inclusion however the responsibility is as much a personal one as professional. I am passionate about improving the services we provide for our local communities. I am committed to address health inequalities in our locality. I am determined to create better working environments, free

of discrimination, for those colleagues who work with me at STH to deliver care to our patients. I have clearly articulated my expectations across our organisation that now really is the time to reflect and change.

2. COVID-19 Gold Command Update

The Trust is currently responding to the implications of the COVID-19 pandemic, this includes not only a focus on those patients with COVID-19 but ensuring that patients who are required to attend hospital can do so in a way that minimises any potential exposure to the virus. Given the rapidly changing situation a verbal update and presentation will be provided at the meeting.

3. Integrated Performance Report

The Integrated Performance Report is attached at Appendix A. Each Director will highlight the key issues for the Board of Directors.

4. Appointment of a new Clinical Director for Vascular Services

We have appointed Mr Akhtar Nasim as Clinical Director for Vascular Services. Mr Nasim joins the Trust from University Hospitals of Leicester to take up his role in September. He has been a consultant vascular surgeon for 19 years and during this time he has also gained significant leadership experience. I would like to take the opportunity to thank Mr Peter Bradley for covering this role in addition to his role as Clinical Director for Cardiac and Thoracic Services.

5. Infection Prevention and Control COVID-19 Board Assurance Framework

An extraordinary meeting of the Trust Infection Control Committee (ICC) was held on Tuesday 16 June, to discuss the Trust response to the COVID-19 pandemic from an Infection Prevention and Control (IPC) perspective. As part of this meeting consideration was given to the Trust compliance with the IPC Board Assurance Framework (BAF) issued by NHS England/Improvement.

The BAF was developed to support all healthcare providers to effectively self-assess their compliance with Public Health England and other COVID-19-related infection prevention and control guidance and to identify risks. The BAF outlines 10 standards which are supported by 60 key lines of enquiry.

The Trust has conducted a gap analysis against the 60 key lines of enquiry. For all of the key lines of enquiry the Trust can demonstrate how it has implemented the guidance, including in some areas deploying recent innovations, for instance to ensure the appropriate prescription of antibiotics.

The ICC identified that having demonstrated that it had implemented the relevant IPC guidance the next step was to undertake further work to gain assurance that the implementation was consistent and effective across the Trust. In order to do this it is proposed that a COVID-19 IPC accreditation module will be developed and deployed. This Infection Control accreditation approach has proved successful within the Trust and is already a familiar concept for staff.

A copy of the BAF can be found at Appendix B.

6. South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS)

A report from the Chief Executive of SY&B ICS can be found at Appendix C. This provides a summary update on the work of the SYB ICS for the month of May 2020 including performance scorecards.

7. Sheffield Accountable Care Partnership

There is no overview of the programme activities for the Sheffield Accountable Care Partnership to share this month, as meetings have been postponed to ensure that all efforts are focused on addressing the urgent operational priorities caused by COVID-19.

Kirsten Major
Chief Executive
30 June 2020

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) Infection risk is assessed at the front door and this is documented in patient notes	<p>Trust wide and area specific guidance published via COVID 19 intranet site;</p> <ul style="list-style-type: none"> • Standard Wards: Algorithm for management of emergency admissions during COVID 19 pandemic • Emergency admissions pathway during the COVID-19 pandemic • COVID-19: Executive triage criteria for the Emergency Department (ED) • Sampling for Covid-19 at STHFT from ED • COVID-19 Guidance for Outpatient/ Day case area <p>Facility within Lorenzo to document infection status</p> <p>Infection status displayed on the e-Whiteboards</p>	1) Need for audit to demonstrate infection risk is assessed at the front door and this is documented in patient notes	eWhiteboard infection status utilised continually by Patient Flow team and Infection Prevention and Control (IPC) team to ensure correct patient placement.
2) Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces	<p>Trust wide and area specific guidance published via COVID 19 intranet site;</p> <ul style="list-style-type: none"> • Standard Wards: Algorithm for management of emergency 		

<p>the risk of transmission</p>	<p>admissions during COVID 19 pandemic</p> <ul style="list-style-type: none"> • Escalation of care; Clinical Decisions regarding escalation of care for individual patients who are suspected or confirmed positive for COVID 19 • Priority order for isolation in single room <p>Patient movement overseen by 24hr Patient Flow team and 24hr Duty Matron (DM) cover.</p> <p>Twice daily clinical operations meeting attended by IPC nurse to review patient placement.</p> <p>Cohort wards within specialty agreed to reduce patient movement.</p>		
<p>3) Compliance with the national guidance around discharge or transfer of COVID- 19 positive patients</p>	<p>Guidance re discharge published 24/04/20 on Trust COVID 19 intranet in line with national guidance.</p> <p>Guidance includes communication templates for patient discharge to;</p> <ul style="list-style-type: none"> • home with care support, • home independent living • care home <p>Advance care plan: Standard Operating Procedure (SOP) published 18/4/20</p>		

	Transfer of Care Team liaise with local authority to place patients on discharge who require isolation on discharge where this cannot be facilitated by existing care home provider		
4) All staff (clinical and non-clinical) are trained in putting on and removing Personal Protective Equipment (PPE); know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance	<p>Trust PPE guidelines developed in line with PHE guidance by Trust Clinical Expert group and by PPE group weekly or in response to PHE guidance change.</p> <p>Pandemic training rolled out March 2020; correct usage of PPE included.</p> <p>Dedicated PPE section on Trust COVID 19 intranet site includes</p> <ul style="list-style-type: none"> • correct PPE selection algorithm and • training videos on PPE and donning and doffing • COVID-19 Advice for Non-Clinical Staff • PPE for community staff during COVID 19 outbreak <p>Fit mask testing hubs have been in operation daily since March 2020.</p> <p>PPE usage and availability in the supply chain discussed as a standing agenda item at Silver.</p> <p>Electronic procurement and monitoring process (COSMOS) developed to ensure appropriate</p>	National FFP3 mask supply has challenged ability to provide FFP3 testing in line with HSE and PHE guidance	<p>FFP3 testing algorithm developed; STH FFP3 respirator use in exceptional circumstances</p> <p>Fit check training provided with fit testing</p> <p>Risk assessment 3467 - <i>FFP3 use</i> entered onto DATIX risk register and escalated to Gold command.</p>

	<p>and timely supply of PPE.</p> <p>DM on site 24/7 with access to store areas to ensure PPE provision</p> <p>Welfare Team in operation to support and educate all staff groups on appropriate PPE usage</p> <p>Clinical Expert group provide appropriate advice and guidance to PPE expert group to allow timely changes to Trust guidance to reflect changes to national guidance</p>		
5) National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	<p>Clinical Expert Group meet daily and provide;</p> <ul style="list-style-type: none"> • advice to Silver/Gold command • guidance to PPE expert group <p>PPE champions group held weekly to support information to all directorates whenever guidance changed</p> <p>Dedicated PPE section on Trust COVID 19 intranet site</p>		
6) Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	<p>Changes to guidance escalated via chain of command from clinical expert group.</p> <p>Risks recorded on DATIX and monitored via Silver Command and where appropriate Gold</p>		

	<p>Command.</p> <p>Current risks on risk register in relation to national COVID 19 guidance;</p> <ul style="list-style-type: none"> • 3466 – COSHH parent risk for staff exposure. • 3467 - FFP3 use. • 3469 – Alternatives to conforming gowns. • 3455 – Parent risk assessment for non-conforming PPE. • 3457 – Non-conforming visors. • 3470 – Decontamination of visors. <p>Infection Control risks included on the risk registers currently held by Bronze, Silver and Gold Commands.</p>		
<p>7) Risks are reflected in risk registers and the board assurance framework where appropriate</p>	<p>Current risks on risk register in relation to national COVID 19 guidance;</p> <ul style="list-style-type: none"> • 3466 – COSHH parent risk for staff exposure. • 3467 - FFP3 use. • 3469 – Alternatives to conforming gowns. • 3455 – Parent risk assessment for non-conforming PPE. • 3457 – Non-conforming visors. • 3470 – Decontamination of 		

	visors. Infection Control risks included on the risk registers currently held by Bronze, Silver and Gold Commands and aligned where appropriate to the Trust's risks currently recorded on the Integrated Risk and Assurance Report (IRAR).		
8) Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	<p>Role of IPC team maintained through pandemic.</p> <p>Patient movement overseen by 24/7 Patient Flow team and 24/7 Duty Matron cover.</p> <p>Twice daily clinical operations meeting attended by IPC nurse to review patient placement.</p> <p>All current Trust IPC guidelines remain operational.</p> <p>Monitoring and reporting of non COVID-19 infections and pathogens maintained.</p>		
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort	Pandemic training including respiratory training and PPE guidance rolled out to staff in March 2020.		

<p>areas</p>	<p>Critical care training rolled out from February for dedicated and deployed staff</p> <p>Cohort wards with dedicated ward teams</p> <p>Duty Matron has staffing oversight 24/7</p> <p>Staffing Hub established to ensure appropriate deployment of staffing to appropriate areas as need arises</p>		
<p>2) Designated cleaning teams with appropriate training in required techniques and use of PPE are assigned to COVID-19 isolation or cohort areas</p>	<p>Domestic service staff have had appropriate training including FFP3 fit testing.</p> <p>The domestic staffing rotas show the cleaning teams are designated to individual areas.</p> <p>Relief cover is provided to fill the gaps created when staff are unavailable.</p> <p>PPE and cleaning requirements are determined by the individual area, following the current Trust algorithm.</p>		
<p>3) Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with Public Health England (PHE) and other national guidance</p>	<p>Decontamination and terminal decontamination is carried out in line with the Trust agreed cleaning standards based upon the current National Standards for Healthcare Cleanliness (NSHC)</p>	<p>IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation.</p> <p>IPC guidance advised against routine audits and is still in place (reducing non-essential visits)</p>	<p>Infection Control Nurses (ICN) still undertaking visits and audits and have a process in place to flag any concerns relating to Domestic Services so that they can be addressed</p> <p>Planning to reintroduce audits on a less frequent basis as soon as possible</p>

<p>4) Increased frequency, at least daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance</p>	<p>Current frequency of higher contamination areas is twice daily with the additional support of the Rapid Response team for additional contamination issues.</p>	<p>IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation.</p> <p>IPC guidance advised against routine audits and is still in place (reducing non-essential visits)</p>	<p>ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they can be addressed</p> <p>Planning to reintroduce audits on a less frequent basis as soon as possible</p>
<p>5) Attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas</p>	<p>Current cleaning frequency for ward toilets is two full cleans per day and one check clean as per national guidance (NSHC)</p>	<p>IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation.</p> <p>IPC guidance advised against routine audits and is still in place (reducing non-essential visits)</p>	<p>ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they can be addressed</p> <p>Planning to reintroduce audits on a less frequent basis as soon as possible</p>
<p>6) Cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses</p>	<p>Cleaning is carried out with neutral detergent and chlorine based disinfectant (Tristel Fuse) in clinical areas following manufacturer's instructions for use including appropriate contact time.</p> <p>Non clinical areas are cleaning hard surfaces with Tristel Jet following manufacturer's instructions for use including appropriate contact time</p>	<p>IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation.</p> <p>IPC guidance advised against routine audits and is still in place (reducing non-essential visits)</p>	<p>ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they can be addressed</p> <p>Planning to reintroduce audits on a less frequent basis as soon as possible</p>
<p>7) Manufacturers' guidance and recommended product 'contact time' must be followed for all</p>	<p>Cleaning is carried out with neutral detergent and chlorine based disinfectant (Tristel Fuse) in clinical areas following</p>	<p>IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation.</p>	<p>ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they</p>

cleaning/ disinfectant solutions/ products as per national guidance :	<p>manufacturer's instructions for use including appropriate contact time.</p> <p>Non clinical areas are cleaning hard surfaces with Tristel Jet following manufacturer's instructions for use including appropriate contact time</p>	IPC guidance advised against routine audits and is still in place (reducing non-essential visits)	<p>can be addressed</p> <p>Planning to reintroduce audits on a less frequent basis as soon as possible</p>
8) Frequently touched' surfaces, eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or bodily fluids.	<p>The frequency of cleaning of the frequently touched areas has been increased across the Trust in clinical and non-clinical areas to meet twice daily requirement as a minimum.</p> <p>If contamination has occurred additional cleaning by the rapid response team is undertaken</p>	<p>IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation.</p> <p>IPC guidance advised against routine audits and is still in place (reducing non-essential visits)</p>	<p>ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they can be addressed</p> <p>Planning to reintroduce audits on a less frequent basis as soon as possible</p>
9) Electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily	<p>Guidance in place; Policy for the Decontamination of Medical Devices, Patient Shared Equipment, Non-medical Equipment and Environmental Fittings</p> <p>Computer Equipment and Screen Decontamination Policy for Clinical Areas and the Community Setting</p>	<p>IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation.</p> <p>IPC guidance advised against routine audits and is still in place (reducing non-essential visits)</p>	<p>ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they can be addressed</p> <p>Planning to reintroduce audits on a less frequent basis as soon as possible</p>
10) Rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at	Designated areas have been identified at ward level for donning and doffing of PPE, where these areas have all been part of a formal zoning process by the IPC experts and are cleaned as per the National		<p>ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they can be addressed</p> <p>Planning to reintroduce audits on</p>

least twice daily)	Standards for Healthcare Cleanliness.		a less frequent basis as soon as possible
11) Linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken	Trust guidance in place: Infection Prevention and Control Policy for the Management of Linen and Laundry	IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation. IPC guidance advised against routine audits and is still in place (reducing non-essential visits)	ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they can be addressed Planning to reintroduce audits on a less frequent basis as soon as possible
12) Single use items are used where possible and according to single use policy	Guidance in place; Policy for the Decontamination of Medical Devices, Patient Shared Equipment, Non-medical Equipment and Environmental Fittings	IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation. IPC guidance advised against routine audits and is still in place (reducing non-essential visits)	ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they can be addressed Planning to reintroduce audits on a less frequent basis as soon as possible
13) Reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance	Guidance in place; Policy for the Decontamination of Medical Devices, Patient Shared Equipment, Non-medical Equipment and Environmental Fittings	IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation. IPC guidance advised against routine audits and is still in place (reducing non-essential visits)	ICNs still undertaking visits and audits and have a process in place to flag any concerns relating to domestic services so that they can be addressed Planning to reintroduce audits on a less frequent basis as soon as possible
14) Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission	Risk assessment disseminated to all Bronze command; Safe work practices in non-clinical areas which includes reception areas Guidance re use of fans during COVID 19 outbreak, approved and circulated by Silver		

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) Arrangements around antimicrobial stewardship are maintained	Antimicrobial stewardship included in IPC accreditation programme.	IPC accreditation programme (containing audit for this standard) suspended from March 2020 due to Pandemic situation.	
2) Mandatory reporting requirements are adhered to and boards continue to maintain oversight	DIPC has continued to maintain national and local data collection and submission. IPC annual performance report to TEG submitted 06/05/20.		
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) Implementation of national guidance on visiting patients in a care setting	Visiting to be stopped from 25th March 2020 in line with national guidance Trust Covid 19 pandemic: Visiting in exceptional circumstances with additional guidance for High Risk areas (e.g. High acuity areas including Critical Care) produced May 2020 Patient information leaflets published to support guidance; Visiting arrangement published on		

	Trust public website, Trust COVID 19 internet, publicised via social media and other media outlets		
2) Areas in which suspected or confirmed COVID-19 patients are being treated are clearly marked with appropriate signage and have restricted access	<p>All ward areas have swipe card access</p> <p>Signage/banners to support access restriction produced;</p> <ul style="list-style-type: none"> • COVID 19 Stop • COVID 19 Stop extra precautions • No Visiting <p>Face mask stations at all ward entrances with signage;</p> <ul style="list-style-type: none"> • Wash your hands more often (easy read) • How to wear a face mask <p>Cohort wards identified on COVID19 intranet page</p>		
3) Information and guidance on COVID-19 is available on all trust websites with easy read versions	<p>Public website has a variety of COVID 19 information in easy read versions</p> <p>Trust intranet has COVID 19 dedicated section with information for public in a variety of formats including written, BSL and video. Specific target audiences inc;</p> <ul style="list-style-type: none"> • Gypsy, Traveller and Roma community • English not first language • Vulnerable groups 		

	<ul style="list-style-type: none"> • People of different faiths • Guides for people with dual hearing and sight impairments • BAME 		
<p>4) Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved</p>	<p>Trust wide and area specific guidance published via COVID 19 intranet site;</p> <ul style="list-style-type: none"> • Standard Wards: Algorithm for management of emergency admissions during COVID 19 pandemic • Emergency admissions pathway during the COVID-19 pandemic <p>Guidance re discharge published 24/04/20 on Trust COVID 19 intranet in line with national guidance.</p> <p>Guidance includes communication templates for patient discharge to;</p> <ul style="list-style-type: none"> • home with care support, • home independent living • care home <p>Advance care plan: SOP published 18/4/20</p> <p>Transfer of Care Team liaise with local authority to place patients on discharge who require isolation on discharge where this cannot be facilitated by existing care home provider</p>		

	St Luke's Community Palliative Care pathway for care of patients requiring palliative care available.		
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection, as per national guidance	COVID-19: Executive triage criteria for ED which includes blue and yellow stream to segregate and triage patients developed and instigated 06/04/20.		
2) Mask usage is emphasised for suspected individuals	Trust guidance; Patients with confirmed or suspected COVID 19 wearing surgical masks is in line with PHE guidance		
3) Ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff	Trust wide and area specific guidance published via COVID 19 intranet site; <ul style="list-style-type: none"> • Standard Wards: Algorithm for management of emergency admissions during COVID 19 pandemic • Emergency admissions pathway during the COVID-19 pandemic 		

	<p>Zoning guidance produced with associated signage and available on COVID 19 intranet page.</p> <p>Risk assessment disseminated to all Bronze command; Safe working practices in non-clinical areas which includes reception areas</p>		
4) For patients with new-onset symptoms, it is important to achieve isolation and instigation of contract tracing as soon as possible	<p>Trust wide and area specific guidance published via COVID 19 intranet site;</p> <ul style="list-style-type: none"> • Standard Wards: Algorithm for management of emergency hospital admissions during COVID-19 pandemic <p>Contact tracing embedded in algorithms and is supported by IPC team</p>		
5) Patients with suspected COVID-19 are tested promptly	<p>Testing is included in Trust wide and area specific guidance published via COVID 19 intranet site;</p> <ul style="list-style-type: none"> • Standard Wards: Algorithm for management of emergency hospital admissions during COVID-19 pandemic • Sampling for Covid-19 at STHFT from ED <p>Video produced on how to take correctly nose and throat swab.</p> <p>Guidance on retesting patients produced and available.</p>		

	E28 reporting form for critical care in use.		
6) Patients who test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced	<p>Guidance is included in Trust wide and area specific guidance published via COVID 19 intranet site;</p> <ul style="list-style-type: none"> Standard Wards: Algorithm for management of emergency hospital admissions during COVID-19 pandemic 		
7) Patients who attend for routine appointments and who display symptoms of COVID-19 are managed appropriately	<p>COVID-19 Outpatient Guidance developed and published on Trust intranet COVID 19 page includes actions to take with patients who display symptoms.</p> <p>The guidance also supports communication and directives for patients to reduce risk of attendance if symptomatic.</p>		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) All staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance , to ensure their personal safety and working environment is safe	<p>Pandemic training including respiratory training and PPE guidance rolled out to staff in March 2020. This training is now available as e-learning.</p> <p>ICNs provided support and guidance to non-clinical areas e.g. Portering and Domestic Services</p>		

	<p>PPE group supported staff in clinical areas correctly zone in line with zoning guidance and risk assess local areas to ensure safe working environments.</p> <p>Zoning guidance produced with associated signage and available on COVID 19 intranet page.</p> <p>Risk assessment disseminated to all Bronze Commands; Safe working practices in non-clinical areas which includes reception areas</p> <p>Staff welfare team supporting PPE and safe environments</p> <p>Information materials produced and displayed</p> <ul style="list-style-type: none"> • Safe use of lifts • Holding the door open • Keep left • Stay safe when using the stairs • Asking for physical distance 		
<p>2) All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation, and on how to safely don and doff it</p>	<p>Trust PPE guidelines developed in line with PHE guidance by Trust Clinical Expert group and by PPE group weekly or in response to PHE guidance change.</p> <p>Pandemic training rolled out March 2020; correct usage of PPE included.</p>		

	<p>Dedicated PPE section on Trust COVID 19 intranet site includes</p> <ul style="list-style-type: none"> • correct PPE selection algorithm and • training videos on PPE and donning and doffing • COVID-19 Advice for Non-Clinical Staff • PPE for community staff during COVID 19 outbreak <p>Fit mask testing hubs have been in operation daily since March 2020.</p> <p>PPE usage and availability in the supply chain discussed standing agenda item at Silver.</p> <p>Electronic procurement and monitoring process (COSMOS) developed to ensure appropriate and timely supply of PPE.</p> <p>Duty Matron on site 24/7 with access to store areas to ensure PPE provision</p> <p>Welfare Team in operation to support and educate all staff groups on appropriate PPE usage</p> <p>Clinical Expert group provide appropriate advice and guidance to PPE expert group to allow timely changes to Trust guidance to reflect changes to national guidance</p>		
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3) A record of staff training is maintained	Personal Achievement Learning Management System (PALMS) training data base utilised by the Trust	Not all PPE training has been recorded.	Locally held records FFP3 mask testing is now migrated onto PALMS with retrospective data input completed.
4) Appropriate arrangements are in place so that any reuse of PPE in line with the CAS alert is properly monitored and managed	Centrally Alerting System (CAS) alert monitored via Clinical Expert group and Silver command. Risks identified registered on DATIX Risk register and escalated to Gold command		
5) Any incidents relating to the re-use of PPE are monitored and appropriate action taken	PPE reuse would be reported and investigated utilising Trust Incident Management Policy. DATIX search identified no incidents reported.		
6) Adherence to PHE national guidance on the use of PPE is regularly audited	ICNs completing adhoc audits in clinical areas which includes PPE		Staff welfare team based across all sites of the Trust supporting correct PPE usage in all staff groups. PPE champions in place in all areas to support appropriate use of PPE and regular PPE champion update, questions & answer session held with expert group. ICNs developed checklist in use and plan to roll out wider Plans to develop COVID -19 module for IPC accreditation
7) Staff regularly	ICNs completing adhoc audits in	IPC accreditation programme	Staff welfare team based across

<p>undertake hand hygiene and observe standard infection control precautions</p>	<p>clinical areas which includes hand washing</p>	<p>(containing audit for this standard) suspended from March 2020 due to Pandemic situation</p>	<p>all sites of the Trust supporting correct PPE usage in all staff groups.</p> <p>PPE champions in place in all areas to support appropriate use of PPE and regular PPE champion update questions & answer session held with expert group.</p> <p>ICNs developed checklist in use and plan to roll out wider</p> <p>Plans to develop COVID -19 module for IPC accreditation</p>
<p>8) Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance</p>	<p>Ongoing process for the identification of the location of hand dryers identified by Estates.</p> <p>Once identified these will be replaced with paper towel dispensers located to meet national guidance.</p>		
<p>9) Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas</p>	<p>Facilities have displayed the following posters in all public toilet areas</p> <ul style="list-style-type: none"> • Wash your hands more often (easy read) • How to wash your hands 		
<p>10) Staff understand the</p>	<p>Scrubs and uniform guidance</p>		

requirements for uniform laundering where this is not provided on site	<p>provides washing instructions for staff washing uniforms off site.</p> <p>Scrubs provided to staff on cohort wards which are laundered on site.</p> <p>Uniforms provided for staff that do not usually wear a clinical uniform.</p>		
11) All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance , if they or a member of their household displays any of the symptoms	<p>Corona virus Check for Symptoms Poster circulated and displayed.</p> <p>Process for COVID 19 testing both for staff and household members established from April 2020 and widely advertised on Trust communication bulletins and via the incident command structure.</p>		
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) Patients with possible or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate	<p>Trust wide and area specific guidance published via COVID 19 intranet site;</p> <ul style="list-style-type: none"> • Standard Wards: Algorithm for management of emergency admissions during COVID 19 pandemic • Escalation of care; clinical decisions regarding escalation of care for individual patients who are suspected or confirmed positive for COVID 		

	<p>19</p> <ul style="list-style-type: none"> • Priority order for isolation in single room <p>Patient movement overseen by 24hr Patient Flow team and 24hr Duty Matron cover.</p> <p>Twice daily clinical operations meeting attended by IPC nurse to review patient placement.</p> <p>All current Trust IPC guidelines remain operational</p>		
2) Areas used to cohort patients with possible or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	<p>PPE group have supported ward areas to ensure compliance.</p> <p>Zoning guidance produced with associated signage and available on COVID 19 intranet page.</p> <p>Cohort wards established within specialty.</p> <p>Air exchange where required confirmed by Estates to ensure safe air management where patients are undergoing Aerosol Generating Procedures.</p>		
3) Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	<p>Patient movement overseen by 24hr Patient Flow team and 24hr Duty Matron cover.</p> <p>Twice daily clinical operations meeting attended by IPC nurse to review patient placement.</p>		

8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) Testing is undertaken by competent and trained individuals	<p>Testing is included in Trust wide and area specific guidance published via COVID 19 intranet site;</p> <ul style="list-style-type: none"> • Standard Wards: Algorithm for management of emergency hospital admissions during COVID-19 pandemic • Sampling for Covid-19 at STHFT from ED <p>Video produced on how to take correctly nose and throat swab</p> <p>Guidance on retesting patients produced and available</p> <p>Regional virology laboratory facilities hosted within the Trust</p>		
2) Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance	<p>Testing is included in Trust wide and area specific guidance published via COVID 19 intranet site;</p> <ul style="list-style-type: none"> • Standard Wards: Algorithm for management of emergency hospital admissions during COVID-19 pandemic • Sampling for Covid-19 at STHFT from ED <p>Video produced on how to take correctly nose and throat swab</p>		

	<p>Guidance on retesting patients produced and available</p> <p>Regional virology laboratory facilities hosted within the Trust</p> <p>Staff testing available via Occupational Health from March 2020.</p>		
3) Screening for other potential infections takes place	<p>Laboratories have maintained routine screening for other infections</p> <p>IPC team continue to support other infection monitoring and control</p>		
9. Have and adhere to policies designed for the individual's care and provider organisations that will help prevent and control infections			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) Staff are supported in adhering to all IPC policies, including those for other alert organisms	<p>24/7 hour access to IPC team including virologist and microbiology consultant</p> <p>24/7 access to duty matron</p>		
2) Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	<p>Clinical expert group meet daily and have oversight and responsibility for PHE guidance</p> <p>PPE champions group established with representation from all directorates to support communication of changes</p>		

	<p>Designated PPE section on web page</p> <p>Welfare team support all staff groups with dissemination and communication of changes</p>		
3) All clinical waste related to confirmed or possible COVID-19 cases is handled, stored and managed in accordance with current national guidance	<p>Trust Waste Management Strategy and Policy in operation.</p> <p>Policy embedded into COVID 19 PPE guidance</p>		
4) PPE stock is appropriately stored and accessible to staff who require it	<p>PPE group supported ward areas to identify areas for additional PPE storage for COVID 19.</p> <p>All wards have glove/apron dispensers.</p> <p>Mask stations at all ward entrance areas.</p> <p>24/7 duty matron who has access to stores should the need arise.</p>		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
Systems and processes are in place to ensure:			
1) Staff in 'at-risk' groups are identified and managed appropriately, including ensuring their physical and psychological	<p>Guideline for COVID-19 risk stratification for at-risk staff groups</p> <p>Staff wellbeing tools and support available on COVID 19 intranet</p>		

<p>wellbeing is supported</p>	<p>page</p> <p>Process in place from May 2020 to provide further support to staff who may be at higher risk of COVID-19 complications</p> <p>STH Positivity calendar developed and utilised for all staff groups from May 2020</p> <p>Staff screening for COVID 19 commenced March 2020</p> <p>Remote working guidance for those staff shielding at home published</p> <p>COVID-19: Individual Staff Impact Assessment published June 2020</p> <p>Skin guidance for staff who wear FFP 3 masks developed and circulated</p>		
<p>2) Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained</p>	<p>FFP 3 reusable respirators are not currently in use</p>		
<p>3) Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas</p>	<p>Wards use e-Roster to support nurse staffing requirement. Workforce hub initiated to ensure allocation of staff appropriately to cohort and high risk areas.</p>		

<p>and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance</p>	<p>Lead Nurse for Workforce developed daily staffing plan</p> <p>Base ward working introduced to cohort and high risk areas for medical staff</p> <p>Duty Matron on site 24/7 to support nurse staffing</p>		
<p>4) Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas</p>	<p>To reduce density of Health Care Workers in specific areas following guidance developed;</p> <ul style="list-style-type: none"> • Remote working from home • Safe working guidance and risk assessment includes a requirement to reduce the numbers in communal spaces(which may include staggering) • Guidance sent out from Silver Command re: handover rooms/staff rest rooms 		
<p>5) Staff absence and wellbeing are monitored and staff who are self- isolating are supported and able to access testing</p>	<p>Staff absence monitored by line managers and oversight of Trust wide figures through Silver and Gold command via HR</p> <p>Staff testing commenced March 2020</p> <p>Staff household contact testing including children commenced April 2020</p> <p>Testing of staff unable to leave home commenced May 2020</p>		

6) Staff who test positive have adequate information and support to aid their recovery and return to work	Staff notified by Occupational Health and provided with guidance on treatment and recovery Guidance; How to treat Coronavirus at home available to staff in print and electronically.		
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CHIEF EXECUTIVE REPORT

June 2020

Author(s)	Andrew Cash, System Lead		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the Chief Executive of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of May 2020.			
Recommendations			
The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

South Yorkshire and Bassetlaw Integrated Care System

CHIEF EXECUTIVE REPORT

June 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of May 2020.

2. Summary update for activity during May 2020

2.1 Coronavirus (Covid-19): The South Yorkshire and Bassetlaw position

The Covid-19 pandemic has affected everyone in South Yorkshire and Bassetlaw. Over recent weeks fewer people have tested positive for Covid-19, fewer people are being admitted to hospital and fewer people are dying of Covid-19 in care homes as well as hospitals. The curve appears to have been flattened as a result of the lockdown and there is a marked improvement in the number of cases.

The focus is now on the following priorities in SYB:

1. Shielding the vulnerable - providing wrap around services for those over seventy-years-old that require them as well as those under seventy-years-old with underlying health conditions.
2. Test and trace – working with Local Authorities, public health and environmental colleagues to increase testing, address outbreaks and improve knowledge of community infection rates.
3. Reassessing capacity in the NHS and delivering services is the ‘new norm’ – embedding and recalibrating services to deliver routine care and continue offering innovations e.g. virtual consultations.
4. The NHS supporting the local economy – for example, supporting people safely back to work.
5. Workforce – ensuring that staffing levels across SYB health and care are stabilised and that ongoing recruitment is supported.

2.2 National update

On May 11th, the Government published ‘Our Plan to Rebuild: The UK Government’s Covid-19 recovery strategy’ - a detailed 50-page plan which sets out guidance for Phase Two.

It is based upon a five-tier measure to gauge and respond to the ongoing threat from coronavirus. It outlines a continuation of a number of key elements from within the original lockdown arrangement. These include hand hygiene, social distancing and to only leave the home for essential purposes.

The Plan sets out the importance of innovative operating models for health and care settings, strengthening them for the long term and making them safer for patients and staff in a world where Covid-19 continues to be a risk. This will likely include using more tele-medicine and remote monitoring to give patients hospital-level care from the comfort and safety of their own homes. Capacity in community care and step-down services will be bolstered, health screening services expanded and the infrastructure for active travel also expanded. There is also a commitment to invest in preventative and personalised solutions to ill-health. Much of this ambition is already outlined in SYB’s Five Year Plan and along with the extensive preparations made to mitigate

against the longer-term impacts of delayed and paused medical procedures and screenings, we are already in an excellent position.

2.3 Regional Update

An ICS Leaders Conference intended to aid thinking towards resetting systems took place on 13th May with the four Integrated Care Systems across North East and Cumbria and Yorkshire and the Humber. This was a useful exercise in which leaders shared presentations on specific areas of transformation.

A further workshop took place on May 21st facilitated by military partners with leaders across North East and Cumbria and Yorkshire and the Humber to stress test the restoration and sustainment of health and care services in a Covid-19 environment. The session looked in detail at contingency plans for four possible Covid-19 scenarios: a) a continued decline in infection rates; b) a second peak; c) a second peak that coincided with seasonal flu and; d) a fluctuating infection rate over a sustained period. This was also a very useful exercise which ensured leaders had a greater understanding of the scale of the potential medium-to long-term impacts of Covid-19 and the response to its mitigation, in particular in terms of population and staff mental health and economic impacts.

2.4 Test and Trace

As part of the Government's Recovery Strategy: Plan to Rebuild, a new Test and Trace approach was announced on May 28th.

NHS Test and Trace brings together four tools to control the virus.

- **Test:** increasing availability and speed of testing will underpin NHS Test and Trace.
- **Trace:** when someone tests positive for coronavirus the NHS Test and Trace service will use dedicated contact tracing staff, online services and local public health experts to identify any close recent contacts they've had and alert those most at risk of having the virus who need to self-isolate. This will be complemented by the rollout of the NHS Covid-19 App in the coming weeks.
- **Contain:** A national Joint Biosecurity Centre will work with local authorities and public health teams in PHE, including local Directors of Public Health, to identify localised outbreaks and support effective local responses, including plans to quickly deploy testing facilities to particular locations. Local authorities have been supported by £300m of new funding to help local authorities develop their own local outbreak control plans.
- **Enable:** Government to learn more about the virus, including as the science develops, to explore how we could go further in easing infection control measures.

In addition to testing to tell if someone has the virus, antibody testing is also now underway. This is a key part of the Government's testing programme and will play an increasingly important role as we move into the next phase of responding to the coronavirus pandemic.

2.5 Personal Protective Equipment (PPE)

The supply chain for PPE is now more stable. Following the call out from the Sheffield City Region Mayor, Dan Jarvis, dozens of offers from South Yorkshire businesses have been received and are being worked through. So far, five suppliers are manufacturing gowns, including two which are providing hand sanitiser and aprons.

Many of the offers have been directed to the NHS England procurement scheme, where companies who can produce at scale contribute to the national effort to supply PPE to the rest of the country.

2.6 Planning for Phase 3 and Phase 4

Prior to the coronavirus outbreak, the SYB Integrated Care System set out ambitious transformation plans to significantly improve population health and reduce health inequalities across SYB in the Five Year Plan 2019-2024. In the new landscape, leadership teams are now reviewing their plans and looking ahead to align their restoration and reset models. Work has been taking place within the ICS PMO to capture and review ICS work to inform the priorities during Phases 3 and 4.

In addition, a third letter from NHS England and NHS Improvement outlining the next steps for Phase 3 is expected shortly. It is anticipated that it will set out the approach to Phase 3 planning, which SYB will want to align to the reset work underway. The expectation is that a formal planning round will take place early June with a first submission 22 June and a final submission 13 July. This will subsequently be agreed nationally in early August. It is likely to be a light touch planning round with funding envelopes for integrated care in place.

2.7 Engagement

Work is underway to look at how the ICS can continue to engage with patients and the public. In the SYB Five Year Plan, ICS partners committed to two public events twice a year, which would feed into the Guiding Coalition meetings. The ICS is still very much committed to engaging with the public in this way and is exploring the use technology and working with the VCSE sector as an enabler for these conversations. Work is also underway to build a new online Citizen's Panel, with up to three thousand people from South Yorkshire and Bassetlaw who want to give us their views and are representative of our population.

As partners consider which of the transformations that have taken place during the pandemic could be continued in their new form, there is also a need to consider the legal duties to inform and involve. Plans are being develop to ensure that there are adequate opportunities for people to have their say, especially on whether any transformations become permanent.

2.8 Supporting care homes

NHS England is working with all regional providers including the North East and Yorkshire and the Humber Region to implement a new Enhanced Universal Support Offer to Care Homes. This is built around four key Principles; Leadership, Prevention, Additional Clinical Support and Workforce. The Enhanced Offer has been developed in conjunction across a number of key stakeholder groups; CCG Directors of Nursing, Directors of Adult Social Services in Local Authorities, Skills for Care, Primary Care, Public Health, Care Home Providers and others across the region. It provides a clear framework for support to care homes which will complement and, where appropriate, strengthen the support currently offered by these organisations.

Additional support to care homes across SYB includes:

- Virtual ward rounds to give care home staff access to senior medical advice and expertise.
- Video tutorials on safe use of PPE to demonstrate the use of and safe disposal of items.
- Deployment of specialist hospital equipment to help deep clean rooms.

In addition, the Government announced an extra £600 million to support care home providers through a new Infection Control Fund on 14th May. Following the recently announced Adult Social Care Action Plan, the funds are allocated to Local Authorities and are in addition to the funding already provided to support the Adult Social Care sector in its Covid response. This fund will be made available to the 349 care home providers in SYB to reduce the rate of transmission in and between care homes. This is a welcome step in the efforts to reduce transmission between sites across health and care settings as well as any potential impact on communities.

2.9 Supporting Voluntary, Community and Social Enterprise organisations

On May 20th, the Government pledged £750m to support voluntary, community and social enterprise (VCSE) organisations which are supporting COVID response efforts, including £150m which will come from dormant bank and building society accounts. The voluntary sector is a crucial partner in SYB work – they have a fantastic reach into the communities we serve, and a wealth of expertise on everything from tackling social isolation to better understanding the health profiles of different resident populations – and this is very welcome news.

3. Finance update

As a result of Covid-19, from April until at least July 2020, Trusts are funded on a block contract basis. The expectation is that Trusts and Commissioning organisations will break even during this period. Further detailed guidance is expected on how this will operate.

Revised Trust capital plans were required to be submitted on 28 May. The ICS has been given a capital financial envelope of £84.7m for 2020/21 excluding certain categories of capital spend.

Planning guidance will be issued shortly which will need to be completed by July 2020.

Andrew Cash

Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 29 May 2020