

Board of Directors – Public

SUMMARY REPORT

Meeting Date: 22 September 2021

Agenda Item: 10

Report Title:	Covid-19 Recovery Developments	
Author(s):	Jason Rowlands – Director of Strategy and Planning	
Accountable Director:	Pat Keeling – Director of Special Projects/ Strategy	
Other Meetings presented to or previously agreed at:	Committee/Group:	Nil
	Date:	n/a
Key Points recommendations to or previously agreed at:	n/a	

Summary of key points in report

- 1) Covid Gold Command arrangements continue and effective governance and plans remain in place to ensure the Trust is able to deliver safe care. We continue to respond to and adjust plans in respect of managing the risks and impact from Covid on the health of service users and staff.
- 2) Vaccination plans are progressing in line with NHS and national guidance. The broader impact on service continuity arising from new and expected regulations requiring care staff to be vaccinated to work in services is being closely monitored.
- 3) Demand across services regarding new referrals, generally remains within previous ranges. Delays in being able to discharge community clients is however impacting on service capacity. Workforce expansion is progressing broadly in line with plans across Crisis services and IAPT. The development of the new Assertive Outreach service is behind schedule, however recruitment has commenced.
- 4) Challenges remain across services managing current demand levels. These are particularly highlighted across the Crisis pathway/ acute inpatient services and with some services where long waits for access are experienced. However, this is not necessarily due to the impact of Covid, with many of these challenges in existence prior to the pandemic
- 5) Systems are in place and are maturing in respect of effectiveness of forecasting capacity and demand and recovery planning.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	X
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It is recommended that the Board consider the assurances described through the report and the effectiveness of Trust plans to ensure services recover well from the Covid pandemic.

Please identify which strategic priorities will be impacted by this report:					
Covid-19 Getting through safely			Yes	X	No
CQC Getting Back to Good			Yes	X	No
Transformation – Changing things that will make a difference			Yes	X	No
Partnerships – working together to make a bigger impact			Yes		No X
Is this report relevant to compliance with any key standards ?				State specific standard	
Care Quality Commission	Yes	X	No	Safety and Good Governance	
IG Governance Toolkit	Yes		No	X	
Have these areas been considered ? YES/NO				If Yes, what are the implications or the impact? If no, please explain why	
Patient Safety and Experience	Yes	X	No	Risk of bringing the virus into inpatient and residential areas and causing harm to service users	
Financial (revenue & capital)	Yes	X	No	Increased cost of overtime, bank and agency staff to cover staff absence Costs of managing increased demand for services as services recover	
OD/Workforce	Yes	X	No	Risk of increased staff absence through contracting the virus or self-isolation Plans for expansion of services to deliver improvements in line with LTP and demand forecasts	
Equality, Diversity & Inclusion	Yes	X	No	See section 4.2	
Legal	Yes	X	No	Breach of regulatory standards and conditions of our provider licence.	

Title	Covid-19 Recovery Developments
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Section 1: Analysis and supporting detail

1.1 Background

Our Annual Operational Plan 2021/22 confirmed our strategic priority in respect of Covid was to ensure that our services recovered effectively, as follows:

- Ensure services remain safe for our service users and our staff.
- Recover core activity ensuring accessible care and treatment.
- Embed the learning to support new ways of working.
- Assess demand and create the capacity for Covid 19 surge

This report provides progress with the agreed actions.

1.2 Recovery of core activity

This section of the report provides an update on progress with development plans and actions, and section 4 provides a high-level summary of the current position. This section of the report is supported by three appendices.

Appendix 1: Overview of current workforce expansion against plan for the Covid priority expansion areas.

Appendix 2: Overview of current demand modelling based on work across the SY ICS over the last 2-3 months.

Appendix 3: Summary update of demand and capacity against plan (activity, workforce, waiting list pressures).

1.2.1 Our Planning assumptions

Our Annual Operational Plan 2021/22 outlined the expected impact of the Covid pandemic in suppressing demand during 2020/21 and the potential Covid surge impact on wellbeing and inequality across our communities through 2021/22. Our Plan anticipated increased need during 2021/22 in the following services:

- Improving Access to Psychological Therapies (IAPT)
- Liaison services within A&E and general hospitals
- Single point of access service
- Specialist community perinatal service
- Primary and community mental health services
- Crisis services and access to home treatment across the 24/7 period
- People detained under Section 136 and need for access to a Place of Safety
- Acute inpatient care

Appendix 3: Summary update of demand and capacity against plan (activity, workforce, waiting list pressures).

1.2.2 Demand Modelling progress across South Yorkshire ICS

Our Annual Operational Plan for 2021/22 was based generally on an increased demand model for the year of approximately 20% in some services. This was

informed by the emerging national modelling tools issued by NHS England, driven by the Covid pandemic recovery phase and its anticipated longer-term impact on health, wellbeing, and broader socio-economic resilience.

The charts in *Appendix 2* show the SHSC forecast demand model using the SYWFT forecasting tool. This forecasting tool uses prevalence data, historical demand data (referrals) from each mental health provider in SY ICS and estimates of suppressed demand, to forecast what the impact of the Covid pandemic may have on forthcoming demand for services.

We have used referrals to services in 2019/20 as our baseline for expected demand in the following services:

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

The development and application of the forecasting tool across the South Yorkshire ICS mental health providers continues and the Director of Operations and Transformation and the Head of Performance are part of the on-going development of the model.

Appendix 2: Overview of current demand modelling based on work across the SY ICS over the last 2-3 months.

1.2.3 Recovery Planning

Established recovery plans are in place for services experiencing the longest waiting list challenges. These challenges have been in existence pre-pandemic and have not arisen as a direct consequence of Covid and the impact of Covid. However, the consistently high demand for all our services is impacting our ability to recover. There are also some services where demand has significantly increased since March 2020.

The transformation of our community services is also pivotal to our recovery plans and this requires us to work in partnership and to ensure people are in the right place for their care, requiring a higher rate of discharges (as appropriate to need) from our community services to our care pathway partners.

There is an agreed programme of work in each of the recovery plans that focuses on the following areas:

- Recruitment actions
- Covid sickness
- Service Improvement actions
- Commissioning investments
- Referral rate data and information
- Assessments offered data and information
- Trajectory for recovery

The Recovery Plans have been developed, reviewed and agreed at the Quality Assurance Committee and regular progress updates are scheduled to the committee. The services with established recovery plans in place are

- Single Point of Access / Emotional Wellbeing Service
- Relationship and Sexual Health Services
- Gender Dysphoria Services
- SPS Mood and Anxiety & Post traumatic stress disorder Service
- SPS Personality Disorder & Complex Trauma Service
- SAANS

1.3 Maintaining safe services

1.3.1 Vaccinations - boosters

The Joint Committee on Vaccination and Immunisation (JCVI) published their recommendations for Boosters on 14th September 2021. A gap of six months between the second dose and the booster shot is considered the most effective for boosting protection.

Those eligible for a booster jab include:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19
- adult household contacts of immunosuppressed individuals

1.3.2 Flu vaccination campaign

Plans are in place for the launch and delivery of the SHSC flu campaign. Vaccinations have been ordered and the campaign for 2021/22 will be ready to start after the delivery of the vaccines. This is expected through early October, though there is no confirmed date yet for the delivery of the vaccines.

18 staff are trained as super vaccinators (able to administer both Covid and Flu vaccines) with 34 more staff expressing an interest and training plans for them are being finalised. The national target for Flu vaccine uptake during 2021/22 is 85%. Progress against the SHSC plan is reported weekly via the PMO and reviewed fortnightly with the Director of Nursing, Professions and Operations.

1.3.3 Covid vaccination uptake amongst staff

The below table identifies the vaccination status for SHSC staff at 31st August 2021, as reported by the National Immunisation Management System (NIMS) which collates data from all other reporting systems.

Staff vaccination position 31st August 2021:	Total	% of total	Priority staff	Non-priority staff
Staff records	3075	100%	2676	399
Staff matched to at least one vaccination record	2737	89.0%	2377	360
Staff matched to two vaccination records	2671	86.9%	2313	358
Staff that could not be matched due to missing NHS number	114	3.7%	101	13

Staff that have either not received at least one vaccination dose or whose NHS number is missing from their vaccination record(s)	336	10.9%	299	39
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UK government passed legislation, supported by a reinforcement letter on 23rd August 2021 that all care and nursing home staff must be fully vaccinated by 11th November 2021. A national consultation on mandatory vaccination for frontline health and social care staff, as a condition of employment, closes on 22nd October 2021.

SHSC is identifying the vaccination status of those SHSC staff whose NHS number isn't known, particularly staff who work in our three nursing homes, as they together with non-vaccinated bank and agency staff, will be unable to work there after the 11th November deadline. Any of our staff who this applies are required to have received their first dose of the vaccine by 16th September 2021.

1.3.4 Staff Risk Assessments

The below table shows our current position on individual risk assessments for our staff up to 6th September 2021. The figures tend to fluctuate with new starters and are monitored fortnightly.

06-Sep-21	Over 65	BAME	Vulnerable	Male	Priority Total	Trust Total
Risk Assessments	59	400	7	644	939	2404
Total	62	423	7	684	997	2559
Completion (%)	95.16%	94.56%	100.00%	94.15%	94.18%	93.94%
Change (%)	1.5%	0.5%	3.2%	0.5%	0.6%	1.1%

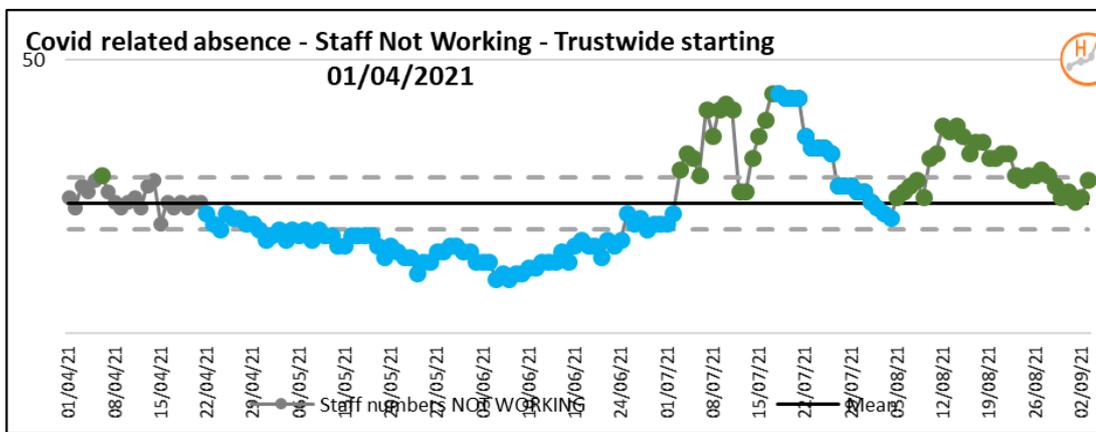
1.4 Retaining effective Command structures

Our Major Incident Command Structure of Gold, Silver and Bronze continues to operate for COVID alongside our normal reporting and management systems. Gold sits once per week, Silver and Bronze twice.

Recent activity has included the need to restore some service face-to-face meetings and group therapy sessions.

1.4.1 Staff absence due to COVID-19

With increased social mixing an increase in sickness absence related to COVID is likely. The graph below shows an increase in both staff sickness and isolation due to contact tracing, up to 16th August 2021 when isolation rules were relaxed. This is followed by a gradual drop in absence figures as isolating staff were able to return to work. There are now very few staff self-isolating, but as the end of the graph shows, we are seeing COVID positive cases starting to rise again.



1.4.2 Central Update and New Guidance

Recent guidance includes:

- 1) An expectation that NHS organisations will appoint their own lead as a single point of contact to liaise with NHS England to submit evidence for the forthcoming public inquiry to consider government's handling of the pandemic and the NHS response.
- 2) Exponential growth of the Delta variant continues to rise due to more social mixing and not maintaining social distance.
- 3) Winter difficulties are forecast due to COVID, Norovirus, RSV and Flu (although Flu hasn't surfaced yet).
- 4) Care homes are unlikely to be able to offer the number of beds they might ordinarily have done during winter.
- 5) Yorkshire Ambulance Service, like many others are struggling to meet response.

A general update on the government roadmap for reducing restrictions is provided at Appendix 4.

Section 2: Risks

- 2.1 Since its start, the COVID-19 pandemic has been recorded as a risk on the Corporate Risk Register, recognising the risks it brings to maintain services, the health and wellbeing of its service users and staff and its reputation.
- 2.2 The gradual lifting of restrictions brings with it increased risks of infection through community transmission as already evidenced with the rise of the Delta variant. This in turn increases the risk of staff absence through infection and self-isolation for those not fully vaccinated; and bringing the virus into the workplace risking transmission to our inpatient service users and other staff.
- 2.3 The management of these risks have been reviewed through a specific COVID Risk register aligned to the Major Incident Control structure of Gold (Strategic), Silver (Tactical) and Bronze (operational) throughout the pandemic, to ensure risks are regularly reviewed, updated as risks change and new risks are presented; and that appropriate control measures are in place.
- 2.4 Significant work continues across services to ensure services recover supported by improvement plans, increased workforce and financial investments.

Section 3: Assurance

Benchmarking

- 3.1 Benchmarking information in respect of national changes to demand and service pressures is reviewed and incorporated into the IPQR reporting.

Triangulation

- 3.2
- a) Daily sitrep to NHS Digital staff absences and numbers of patients with Covid
 - b) National Immunisations Management System (NIMS) provides nationally validated information regarding uptake on Covid and Flu vaccine uptake
 - c) Major Incident Control structure of Gold (Strategic), Silver (Tactical) and Bronze (operational)
 - d) Trust IPQR reporting
 - e) Trust reports via the Business and Performance Team relating to Service Demand
 - f) Recovery Plan reports to the Quality Committee

Section 4: Implications

Strategic Aims and Board Assurance Framework

- 4.1 The Strategic Aims implicated through this report are:
- Delivering Outstanding Care
 - Creating a Great Place to Work
 - COVID – Getting Through Safely
 - CQC – Getting Back to Good

Ensuring safe services

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

BAF.0001

There is a risk that the Trust may not be in a position of readiness to respond to the different phases of Covid-19.

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

BAF.0003

There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements.

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

Current position regarding service recovery – summary

- 1) Additional Mental Health Investment Standard and Service Development funding of £2,917,000 was allocated to the Trust for 2021/22. This has been allocated to the respective service lines and recruitment and expansion of services is progressing broadly in line with plan for
 - IAPT
 - Crisis Resolution and Home Treatment
 - Primary Care Mental Health Service
- 2) Workforce expansions are progressing broadly in line with plans across Crisis services and IAPT and the Primary Care Mental Health Services.
- 3) The establishment of the Assertive Outreach service is behind plan. Recruitment is underway now (September) and there will be a delay in the establishment of the service impacting on pressures within Recovery Services.
- 4) Alongside this while the continued development and expansion of the Primary Care Mental Health Service continues to progress well and is having positive impacts for the people accessing services it has not yet translated into reduced caseloads within Recovery Services or reduced demand upon the SPA/ EWS services.
- 5) The existing transformation programmes in respect of Primary Care Mental Health Services and the CMHT/ Recovery programme have reviewed progress and will move forward as an integrated joint programme recognising the need for effective pathway development across primary and community services for mental health.
- 6) Service demand across services, in respect of new referrals, generally remains within previous ranges while demand from increasing complexity and delays in being able to discharge community clients is impacting on service capacity.
- 7) Additional Spending Review funding (in addition to the MHIS) has been allocated and committed to the following areas in respect of demand and capacity

Service area	Focus
IAPT	To support increased and broader wellbeing needs arising from Covid and the establishment of Long Covid Services
Discharge support	To support additional inpatient capacity
Memory Services	To increase capacity to support increased demand
Mental Health Liaison	To increase capacity to support increased demand
SPA/ EWS	To increase capacity to support waiting list pressures
Recovery Services	To support the establishment of Structured Clinical Management programme
Waiting List prioritises	In line with the above referenced Recovery Plans

Equalities, diversity and inclusion

- 4.2 Non highlighted directly. Supporting performance related information in respect of access and waiting times and protective characteristics is produced and continues to be developed.

Culture and People

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

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

The service recovery plans require significant workforce expansions in key areas. While the plans are broadly on track to date we need to ensure the supporting programmes around recruitment and retention, and the development of new roles continue to progress.

Integration and system thinking

- 4.4 None highlighted directly.

Financial

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

Compliance - Legal/Regulatory

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

Section 5: List of Appendices

Appendix 1: Overview of current workforce expansion against plan priority expansion areas

Appendix 2: Overview of current demand modelling based on work across the SY ICS over the last 2-3 months

Appendix 3: Summary update of demand and capacity against plan (activity, workforce, waiting list pressures)

Appendix 4: Government roadmap for reducing restrictions update

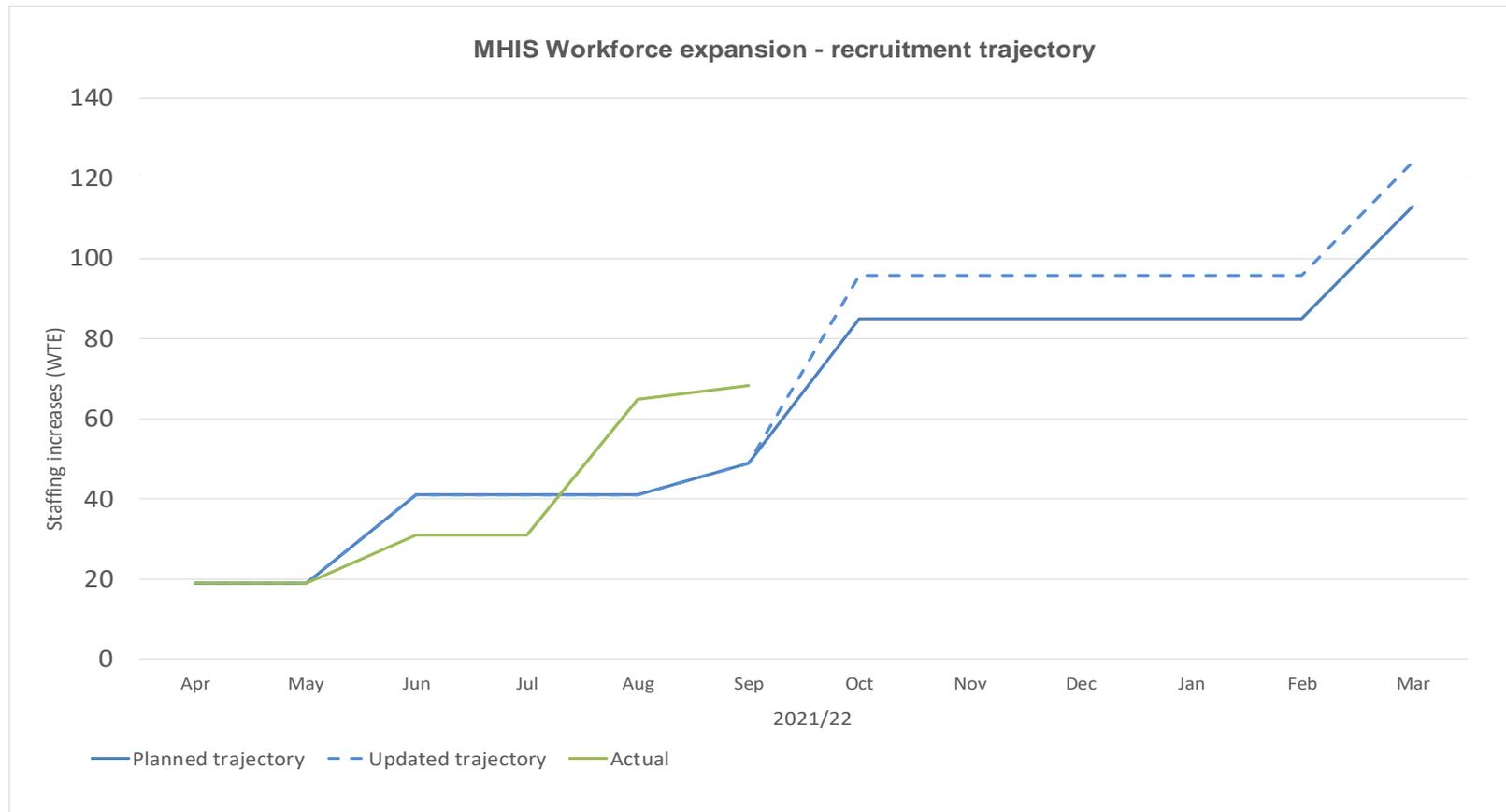
Appendix 1: Overview of current workforce expansion against plan priority expansion areas

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

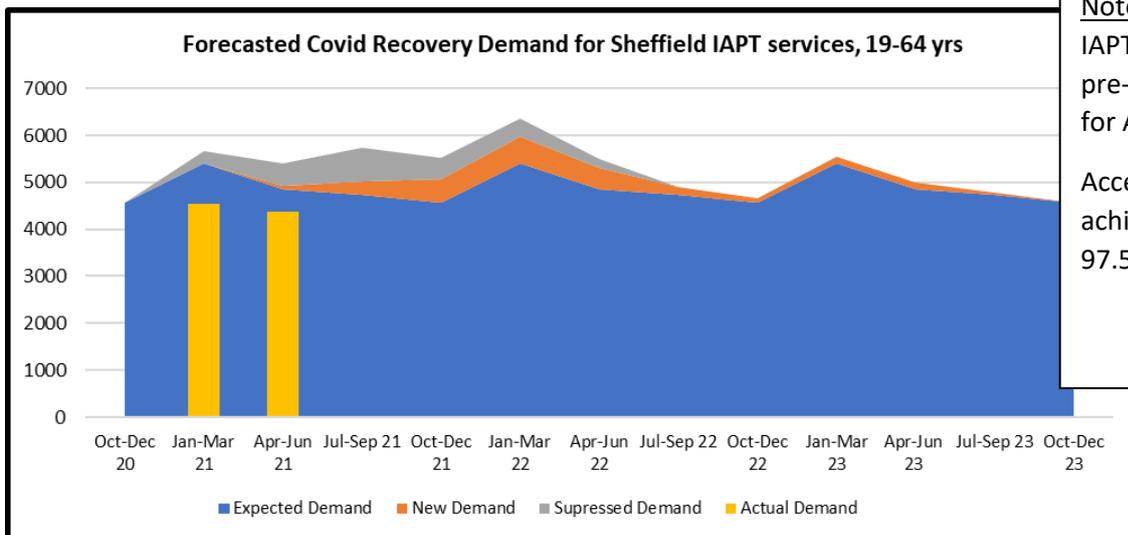
Period: End August 2021

Position: (1) Crisis Resolution Services close to planned numbers. (2) IAPT ahead of planned trajectory for LTP expansion for Oct/ Nov. (3) Assertive outreach delayed (4) PCMH plan agreed and recruitment now being progressed (behind original assumed plan)

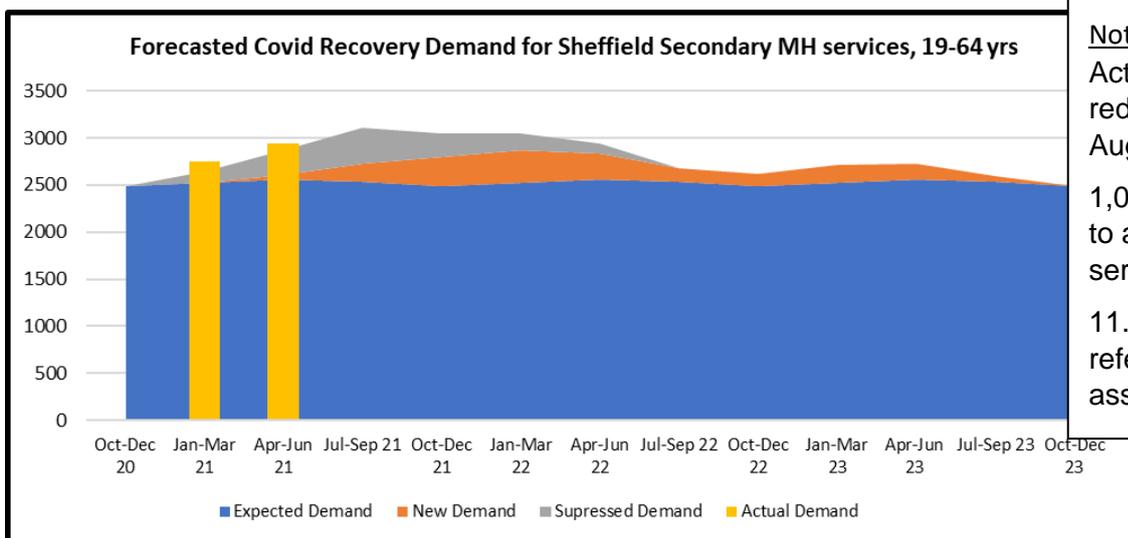
Note:
Updated trajectory due to increased investment into IAPT services re Covid & Long Covid support services



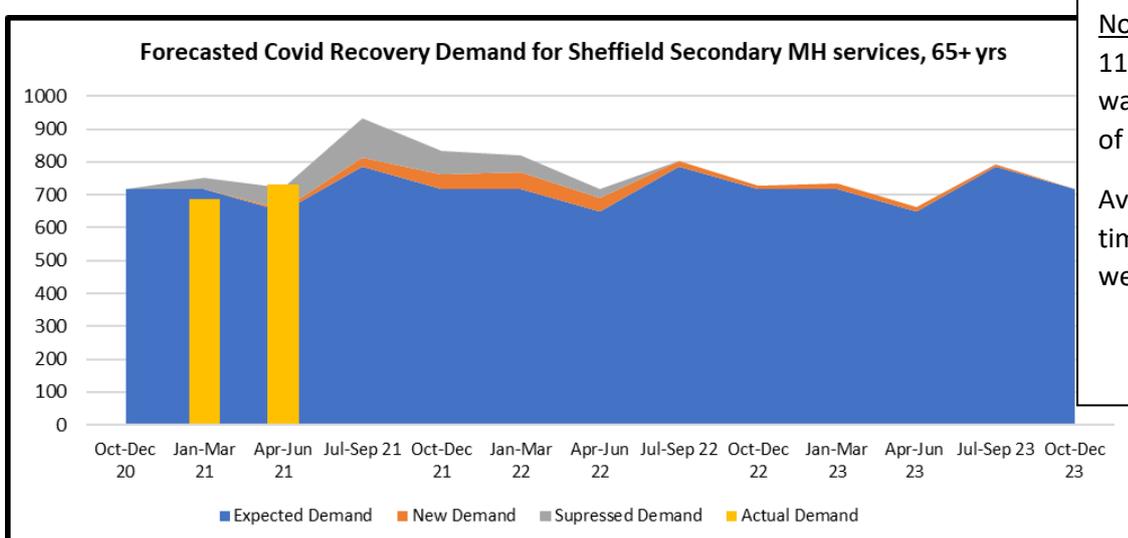
Appendix 2: Overview of current demand modelling based on work across the SY ICS over the last 2-3 months



Note
IAPT activity at pre-covid levels for Apr-August
Access standard achieved at 97.5% in 6 wks



Note
Activity reduced July-August
1,049 waiting to access services
11.5 wks referral to assessment



Note
110 people on waiting list end of July
Average waiting time of 4.7 weeks

Appendix 3: Summary update of demand and capacity against plan (activity, workforce, waiting list pressures)

Service	Planned extra staff	Actual extra staff in place	Activity assumption to end August	Actual activity to end August	Waiting list pressures (July IPQR)
IAPT	40.00 wte by Oct 21 (including March 2021 increases)	43.80 wte	6,159 access treatment to end August	7,121 access treatment to end August	No IAPT continue to exceed service waiting time targets with 97.5% against a target of 75% seen in less than 6 weeks, and 99.5% against a target 95% seen in less than 18 weeks.
Liaison Mental Health	2.00 wte	2.00 wte planned following investment agreed	2,916 referrals	2,550 referrals	No
Single Point of Access/ EWS	Non planned	4.00 wte additional staff in post to focus on reducing waiting lists.	5,000 referrals	4,491 referrals	Yes 1,049 waiting to access 11.5 wks referral to assessment
Primary care mental health service	Nil Q1-Q2	Nil	516 access to treatment	653 access to treatment	No
Assertive Outreach	17.00 wte by October	Nil. Delayed start to recruitment.	Nil. (100 caseload when established)	n/a	n/a
Crisis Resolution & Home Treatment	21.00 wte by September/ October	19.00 wte in place	No extra activity planned due to expansion 500 home treatment activities national target	527 home treatment activities	No

Appendix 4: Government roadmap for reducing restrictions update

Continuing the staged roadmap for reducing restrictions in England, on 11th August 2021 the Government announced that from 16th August 2021 and in order to enable more people to return to work and avoid self-isolating, fully vaccinated individuals and those under 18 years of age identified as close contacts by NHS Test and Trace were advised to take a PCR test as soon as possible to check if they have the virus and for variants of concern.

If negative they can then return to work but, recognising they are still at risk of being infected and infect others, they are asked to consider other precautions such as wearing masks in enclosed spaces and limit contact with other people, especially those who are clinically extremely vulnerable. Everyone in England is encouraged to take up twice weekly lateral flow testing.

The caveat for healthcare workers following a negative PCR was that they would be required to conduct daily lateral flow tests for 10 days as a precaution.

A national directive from NHS England and NHS Improvement quickly followed to take effect from 16th August 2021, applying additional restrictions to the Government position for healthcare workers.

The changes are as follows:

- A negative PCR test must be confirmed before returning to the workplace
- Two doses of approved vaccine at least 14 days prior to point of exposure
- Daily lateral flow tests for minimum of 10 days before commencing shift with results recorded through Gov.uk portal and duty manager, or an identified senior member of staff
- Any contact who has a positive lateral flow test should self-isolate and arrange a PCR test
- Staff member is and remains asymptomatic
- Continued use of IPC measures in line with UK IPC guidance.

If above not met or, staff member/student has not had both doses, or they are living in the same household as the positive contact, they will continue to be asked to isolate.

Monitoring of cases continues and the data and evidence used to inform the easing through each stage remains the 4 key tests reported previously:

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