

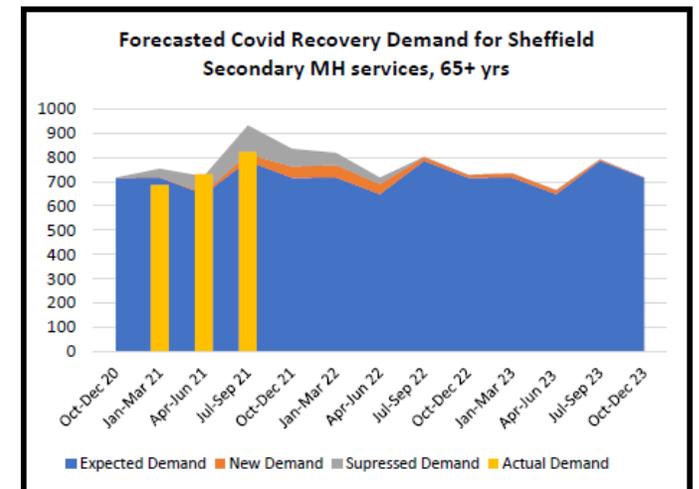
▶ Preparing for Winter and Recovering from Covid

- Assurance to the Board we are preparing and recovering
- Focus for Winter 21 – 22
- Risks to recovery and continuity of services



▶ Key assurances to the Board we are preparing and recovering

- a) Covid Recovery Plans reported to Quality Committee
- b) Trust wide Integrated Performance and Quality Review (IPQR) reporting through the SHSC performance process, reviewed by service leadership, Board Committees
- c) SHSC weekly updates on service demand and covid pressures
- d) Winter Plan developed and agreed by Sheffield Health Care Partnership
- e) Ten Point Plan for Urgent and Emergency Care assured through SY ICS
- f) Daily sitrep to NHS Digital of staff absences and numbers of patients with Covid
- g) National Immunisations Management System (NIMS) provides nationally validated information regarding uptake on Covid and Flu vaccine
- h) Major Incident Control structure of Gold (Strategic), Silver (Tactical), Bronze (Operations)



▶ Focus for winter 21 – 22

- 1) **Service recovery**: Services have generally returned to pre-pandemic ways of working and ongoing arrangements to manage Covid safely are no longer impacting unduly on service delivery. The exception to this is for IAPT Services where services are predominantly delivered via technology.
- 2) **Service demand**: Sustained challenges continue to be experienced across the crisis care pathway. Workforce expansions have been made through Q2, more is planned in Q3-Q4 and significant improvement work is underway. Challenges are expected to remain through the winter period.
- 3) **Access and waiting**: Challenges continue across several services in respect of numbers waiting or length of wait to access. Recovery plans are in place for all relevant services, the persistent high demand in other parts of the pathway are an additional pressure in making sustained improvements.

► Focus for winter 21–22

4) **Strong system working and planning**: The development of the winter plan and the Ten Point Plan for urgent and emergency care services has been co produced across Sheffield agencies.

5) **Vaccination programmes**: Progressing well, with consistent uptake for Flu and Covid boosters. The impact of new regulations requiring all health and social care staff to be vaccinated by the 1st April 2022 are being assessed and managed through the SHSC command structure.



Vaccination Status of Staff

Occupation (HCWs that have left the Trust should be excluded)	No. of HCWs involved with direct patient care	No. of HCWs vaccinated since 1 September 2021	Influenza Vaccine Uptake (%)	No. of HCWs vaccinated with dose 1 COVID-19 vaccine	COVID-19 dose 1 vaccine Uptake (%)	No. of HCWs vaccinated with dose 2 COVID-19 vaccine	COVID-19 dose 2 vaccine Uptake (%)	No. of HCWs vaccinated with dose 3 (booster dose) COVID-19 vaccine	COVID-19 dose 3 vaccine Uptake (%)
All Doctors (excluding GPs)	103	62	60.19%	100	97.09%	99	96.12%	67	65.05%
GPs only	7	5	71.43%	7	100.00%	7	100.00%	6	85.71%
Qualified Nurses, midwives and health visitors (excluding GP Practice Nurses)	511	275	53.82%	473	92.56%	462	90.41%	254	49.71%
Qualified Nurses, midwives and health visitors (GP Practice Nurses only)	0	0	N/A	0	N/A	0	N/A	0	N/A
All other professionally qualified clinical staff, which comprises of:- •Qualified scientific, therapeutic & technical staff (ST&T), •Qualified allied health professionals (AHPs) •Other qualified ST&T •Qualified ambulance staff	330	185	56.06%	321	97.27%	319	96.67%	183	55.45%
Support to Clinical Staff, which comprises of:- •Support to doctors (excluding GPs) & nurses •Support to ST&T staff •Support to ambulance staff	836	379	45.33%	774	92.58%	755	90.31%	345	41.27%
Support to GP staff	0	0	N/A	0	N/A	0	N/A	0	N/A
Total Number of HCWs involved with Direct Patient Care	1787	906	50.70%	1675	93.73%	1642	91.89%	855	47.85%

▶ Focus for winter 21 – 22 (Continue)

6) **Service expansion risks**: Remain in respect of the range of plans predicated on expanding our workforce along with seasonal workforce challenges around winter sickness.

7) **Workforce wellbeing risks**: There will be a cumulative impact on staff wellbeing as we move into winter following the last 18 months of pandemic and pandemic recovery.

8) **Financial risks**: There is a need to demonstrate full use of investments which has been challenging due to recruitment lags.

▶ Risks to recovery and continuity of services

It is challenging to keep pace with increased demand in some services

Improved recruitment and retention is needed to ensure we can deliver our transformation ambitions

It is recognised that NHS staff are fatigued and the potential of new virus variants and lockdowns is unsettling for all

Vaccine hesitancy is a challenge and we are required to implement the new legislation for NHS front line workers to be vaccinated;

Imminently awaiting the publication and detail of the legislation for health and social care staff, once it has passed through Parliament.



 **Questions?**

