Board of Directors – Public

SUMMARY REPORT	Meeting Date:	27 July 2022
	Agenda Item:	08

Report Title:	**Recovering from Covid**	
Author(s):	Jason Rowlands: Deputy Director of Strategy and Planning Neil Robertson: Director of Operations & Transformation	
Accountable Director:	Beverley Murphy, Director of Nursing, Professions and Operations	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	None
	Date:	N/a
Key Points recommendations to or previously agreed at:	N/a	

Summary of key points in report

1. **Covid recovery is now well embedded:** allowing our full focus to be directed to the delivery of our improvement priorities

2. **Agile working plans are being introduced to all teams**: Learning from Covid is being embedded across all teams with agile working plans ensuring patients' needs are the primary focus

3. **Service activity levels have recovered:** Activity levels have generally recovered. Levels of face-to-face activity have continued to rise and are around 10-15% lower than pre-pandemic levels in some teams although IAPT have maintained high levels of contact.

4. **Access and waiting:** Challenges continue across several services in respect of numbers waiting or length of waits. Recovery plans are in place for all relevant services and not all delays are due to Covid and the Quality Assurance Committee will take a close look at this in August 2022.

5. **Service demand:** Demand levels across most services are in line with pre-covid levels. Crisis Pathway Services are experiencing sustained increased demand and recent expansion will provide support.

6. **Working as part of the Sheffield Urgent and Emergency Care Pathway:** Planning for winter 2022/23 has started within the Trust and plans are expected to be in place by October with SHSC and PLACE planning already underway.

7. **Workforce expansion plans are progressing well:** 81% of the additional staff funded through the Mental Health Investment Standard and other growth allocations have been recruited to.

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**	**X**	**Assurance**	**X**	**Information**	

1. **Recommendation 1:** For the Board of Directors to take assurance that we have learnt from Covid, that we have good plans in place to manage future impacts of Covid, and that we have adapted an agile working approach across our services.
2. **Recommendation 2:** To consider the level of assurance that our approach to urgent and emergency care will support the recovery of urgent and emergency care at PLACE.

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering effectively	*Yes*	***X***	*No*	
CQC Getting Back to Good – Continuing to improve	*Yes*	***X***	*No*	
Transformation – Changing things that will make a difference	*Yes*	***X***	*No*	
Partnerships – working together to make a bigger impact	*Yes*	***X***	*No*	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	***X***	*No*		***Safety and Good Governance***
Data Security and Protection Toolkit	*Yes*		*No*	***X***	
Any other specific standard?	*Yes*		*No*	***X***	

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	***X***	*No*		Risk of bringing the virus into inpatient and residential areas, causing harm to service users Risk to safety and patient care from reduced access to services during surges
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. This has reduced. Specific additional Covid funding is no longer in place.
Organisational Development /Workforce	*Yes*	***X***	*No*		Risk of increased staff absence through contracting the virus or self-isolation Risk of increased challenges and pressures on staff in sustaining services impacting on wellbeing 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 recovery.

Section 1: Analysis and supporting detail

1.1 Background

Our Annual Operational Plan confirms our strategic priority of ensuring our services recover effectively from Covid is to ensure that our services recovered effectively by:

- Ensuring staff are vaccinated and service users are protected
- Improving capacity and reduce waiting times in those services affected by increased Covid demand
- Implementing new agile ways of working

Starting the 2022/23 year, services have generally recovered from the Covid period. Service arrangements have returned to pre-pandemic arrangements while keeping hold of the positive learning from the covid period. This has allowed service effort and focus to continue to be directed to the core aspects of our strategy.

This report highlights how the sustained progress in recovering from Covid is now supporting the delivery of the remaining strategic priorities for the Trust.

Note: all information is based on IPQR reporting for period ending May 2022 unless otherwise stated.

1.2 Getting back to good: Continuing to improve

1.2.1 Embedding service recovery

Most services have returned to pre Covid ways of working and have utilised the learning from working in a global pandemic. Ongoing service challenges are no longer due to the changes adopted to manage the Covid pandemic and ensure the safety of service users and staff.

- This is evident by the percentage of contacts with service users held face-to-face is recovering and is around 10-15% lower than pre-pandemic levels due to increased use of remote and virtual means of supporting service users (below, Section 1.2.2)

APPENDIX 1: Demand and activity overview (Section C: rates of face-to-face activity)

1.2.2 Managing demand across services

Demand on services has remained broadly stable through the pandemic and its aftermath. Some services are experiencing challenges with access and waiting times, however these challenges largely existed pre-covid.

- Services that are experiencing an increase in demand over the period are Crisis Services (HBPoS, AMP, Out of Hours) and SAANS and more recently STEP and Homeless services have experienced higher rates of referral.
- Recovery plans remain in place for the services experiencing challenges with waiting times and the numbers of people waiting to access care. Progress is reported to the Quality and Assurance Committee with a focus on waits planned for August 2022.

APPENDIX 1: Demand and activity overview (Section A&B: Referral and access)

1.2.2 Delivering the Back to Good programme

We have continued to deliver the improvement actions and initiatives under the Back to Good programme. Progress is reported to the Quality Assurance Committee and to the Board of Directors.

1.3 Transformation: Changing things that will make a difference.

1.3.1 Embedding agile working - service level agile working plans

Clinical services have developed agile working plans for each team as part of recovering from Covid and working differently in line with our new Agile Working policy. By the end of June 20 plans were in place with the remainder being finalised.

The overarching aim of the plans are to ensure:

- A clear annual team plan is in place about how the team is delivering its services using an agile approach, which prioritises service user and carer needs.
- Service users and carers needs are not compromised by the team approach.
- Staff are engaged and have choice in how they work, whilst ensuring the delivery of a high-quality service.
- SHSC leadership have an understanding and oversight about how teams are operating.

1.3.2 MHIS Workforce expansion plan 2022/23: supporting the delivery of outstanding care and creating a great place to work

We are successfully delivering on our workforce expansion plans – with 81% of the 68.2 wte additional posts recruited to at the end of Quarter 1. The additional posts were funded through the Mental Health Investment Standard and other growth allocations.

Challenges have been experienced recruiting to Memory Services and the Physical Health roles within Recovery Services. Several recruitment rounds during the latter half of the last financial year proved unsuccessful. The Physical health roles have been appointed to during Q1 of this year and further recruitment is underway for the Memory Services expansion. This will continue to impact on the services capacity to address access challenges through the year.

APPENDIX 3: Workforce plan expansion trajectory

1.3.3 CMHT Transformation

Our approaches to agile working and the workforce expansion delivered through the pandemic across IAPT, PCMHT, SPA/ EWS, Crisis and Liaison Services and Recovery Services support the development of the CMHT transformation programme. With less attention required to manage Covid significant work has been directed to engagement with service users and staff from across the CMHTs to co-design and develop a new model for our future provision.

The new model will focus on delivering the essential aim of ensuring that service users can access quality care, close to home and that we reduce our reliance on inpatient care through improvements in flow across pathways and services.

1.4 Partnerships Working together to have a bigger impact.

1.4.1 Working as part of the Sheffield Urgent and Emergency Care Pathway (UEC)

The Trust is fully engaged as part of the UEC network in Sheffield. Our plans are focussed on ensuring effective delivery of the crisis care pathway and maintaining flow to ensure that people within the broader UEC pathway who need mental health support can access it.

Key areas of focus and action have been

a) **Liaison Mental Health Services:** increasing reach across STH inpatient services supported by service expansion in 2021/22 and further expansion planned in 2022/23

b) **Effective gatekeeping:** with the expanded Crisis Resolution Home Treatment Services focussing on improved gatekeeping and follow up post discharge

c) **Improved flow through our inpatient services:** delivering community input to decision making, review of patients experiencing long lengths of stay and effective daily processes from daily planning meetings to Red to Green Boards.

Key messages highlighted from our current position are

- Our Flow Improvement Programme is increasing the rate of patient flow through our acute and crisis services and is ensuring that the right care is available at the point of need.
- The programme has resulted in fewer people inappropriately placed in hospital away from home, fewer 12-hour ED breaches, and fewer occasions when the Health Based Place of Safety has been repurposed to an acute hospital bed.
- Some of our patients continue to experience in excess of 12 hour waits in an Emergency Department before receiving care in a mental health hospital bed. Some of these delays are attributed to the availability of hospital transport. We are working with our transport providers to improve response times.
- We continue to have higher than desirable length of stay across our acute and PICU hospital wards, including our contracted and spot purchase out of area beds. A high number of these delays are attributed to specialist social care or specialist hospital placements. We are bringing focus to this through our Place based delayed care system
- We are taking learning from the improvements achieved for our Older Adult service users, who have reduced out of area hospital care significantly since January 2022, through engagement with Older Adult Crisis and Community Services, and by reaching out for help from Sheffield City Council.

1.4.2 Winter Planning for 2022/23

Arrangements to develop our Winter Plan for 2022/23 have commenced. The aim is to ensure plans are in place and agreed by October informed by

- Appraisal of last years plans and what really worked
- Assessment of challenges and gaps and solutions
- Capacity to deliver as part of the broader Sheffield UEC system

1.4.3 South Yorkshire ICS Mental Health Alliance

We continue to work collaboratively across the system, particularly with the SY Mental Health Alliance. This will be a key area for the Trust as Place based systems collaborate and continue to develop plans that respond to the needs of local people, the shared transformation agendas and the developing financial environment as we recover from Covid.

Our Director for Psychological Services has recently been appointed as a Clinical Director on a part time basis to the MH Alliance. This will support the Trust to stay aligned and connected and shape and influence ongoing transformation work across South Yorkshire.

1.4.4 Working with the VCS

Effective partnership working across the VCS is essential and joint working initiatives support the delivery of key service pathways. The Sheffield Place Mental Health and Learning Disability Delivery Board brings together stakeholders from across the city and provides a way for the Trust to work collaboratively with the VCS to enable better links with the community and to ensure that people have the most meaningful and least restrictive care.

1.5 Infection Prevention and Control arrangements

The two main themes in this period have been the further relaxation of COVID measures towards pre-pandemic Infection Prevention and Control (IPC) Policies and the emergence of the Monkeypox virus.

The SHSC vaccination campaign is standing up to mobilise delivery in the Autumn of 2022. It has been confirmed that frontline staff will receive a further COVID vaccination, though we have not been advised which vaccination we will be administering. We are working towards starting the campaign from mid-September 2022, though this is dependent on delivery of vaccinations. The vaccination model for delivery will consist of the first 6 weeks providing a central clinic and then delivering mobile clinics across SHSC for the remainder of the campaign. The Communication Team have begun a recruitment campaign to increase our pool of vaccinators. We will begin staff engagement from the week commencing 25th July 2022.

APPENDIX 4: Summary of Guidance issued May-June 2022

Section 2: Risks

2.1 **Service demand:** There is a risk that challenges across the crisis care pathway continue for sustained periods of time. Crisis care services continue to operate under pressure. A range of plans are in place to improve the pathway for service users, address blockages within the pathway and increase capacity and resilience at key access points. However sustained pressure on services is expected to remain until the plans have the desired and intended impact.

BAF.0024: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care

2.2 **Workforce expansion:** There is a risk that successful recruitment may not be sustained due to on-going staff turnover reducing the required workforce increases to support service expansions over the medium to longer term. Recruitment against the 2022/23 workforce expansion goals has largely been

successful to date, however teams may continue to experience new vacancies arising from ongoing staff turnover.

BAF.0019: There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs

BAF.0026: There is a risk that there is slippage or failure in projects comprising our transformation plans

2.3 **Workforce wellbeing:** There is a risk to staff wellbeing from the sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We need to ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

BAF.0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions

BAF.0026: There is a risk that there is slippage or failure in projects comprising our transformation plans

2.4 **Partnership and system working: SHSC** is positively engaged with the city wide command structures. This active approach will ensure cross system working supports a co-ordinated approach.

BAF.0027: There is a risk that engagement with systems partners is ineffective or lacking; caused by weaknesses in partnership relationships or supporting governance arrangements; resulting in a poorer quality of services, missed opportunities and potential costs

Section 3: Assurance

Triangulation

3.1 a) Recovery Plans reported to Quality Committee

b) Trust wide 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 ACP

e) Ten Point Plan for UEC assured through SY ICS

f) Daily sitrep to NHS Digital 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 uptake

h) Major Incident Control structure of Gold (Strategic), Silver (Tactical) and Bronze (operational)

i) Service visits by the Board and the Executive.

Section 4: Implications

4.1 Strategic Aims and Board Assurance Framework

Implications and risks are highlighted in the above sections.

4.2 Equalities, diversity and inclusion

It is important to note that the Global Pandemic has further worsened the inequalities experienced by some communities, making some services more difficult to access due to digital poverty and worsening social determinants that can impact on mental health.

Investments through the Mental health Investment Standard and Spending Review Funding are focussed on key service area across homeless, drugs and alcohol, community mental health and crisis care services. This brings significant opportunity to ensure we design our services in line with the NHS Advancing Mental Health Equalities Strategy

We need to develop our data sets to ensure we understand, monitor and take necessary action regarding access, experience and outcomes. Supporting performance related information in respect of access and waiting times and protective characteristics is being produced to ensure access is understood in respect of equalities, diversity and inclusion.

The Inclusion and Equality Group has been established which will provide the leadership and governance for the Trust developments of the design and implementation of the Patient and Carer Race Equalities Framework (PCREF). As part of the wider Trust developments, the design and implementation of the Patient and Carer Race Equalities Framework (PCREF), will provide a framework to examine what we change through an anti-discriminatory lens and ensure check and challenge is embed in the process to prevent racialised and discriminatory practice.

At the centre of redesign will be the aligned to the new Clinical and Social Care Strategy, which is committed to addressing inequality. Our developing partnerships, especially with the VCS, will be critical to ensuring we get our service offer right for the communities we serve.

Recognising the above risks for our service users proactive measures are in place to raise awareness, promote opportunities and encourage service users to get vaccinated. Vaccines are offered to all our inpatients and services are reaching out to service users in the community, with specific efforts to reach and support people with a learning disability.

4.3 Culture and People

There is a sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We should ensure that our plans to support staff wellbeing are reflective of the sustained challenges.

4.4 Integration and system thinking

Effective joint working is demonstrated through the development of the winter plan and the urgent and emergency care Ten Point Plan. This provides good opportunities to continue building integrated approaches on a multi-agency basis. As plans have been mobilised to increase capacity these have been done in conjunction with partners from across the VCSE.

4.5 Financial

None highlighted directly through this report in respect of recommendations and decisions. 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.

4.6 Compliance - Legal/Regulatory

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

Section 5: List of Appendices

APPENDIX 1: Demand and activity overview

APPENDIX 2: Urgent and emergency care

APPENDIX 3: Workforce plan expansion

APPENDIX 4: Summary of Guidance issued

APPENDIX 1: Demand and activity overview (ending May 2022)

A) Referrals

Key messages: Referral numbers generally haven't increased, are in line with or below pre-covid levels and below what we expected and planned for. More recently STEP, SAANs and Homeless services have experienced higher rates of referral.

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Responsive | Access & Demand | Referrals

Referrals	May-22			
Acute & Community Directorate Service	n	mean	SPC variation	Note
SPA/EWS	731	727	• • •	The significant sustained reduction in referrals since July 2021 was due to safeguarding referrals being directed to the Safeguarding Team instead of SPA. SPC charts and limits have now been recalculated to take this into account.
AMHP	139	155	• • •	
Crisis Resolution and Home Treatment		The implementation of the new Crisis Resolution & Home Treatment Team has resulted in a merge of 5 existing teams in Insight (Out of Hours Team and 4 Adult Home Treatment Teams). This happened mid February 2022. We are considering how we present the information in relation to this new team and its functions (i.e. Crisis Resolution >72hrs and longer term Home Treatment).		
Liaison Psychiatry	501	517	• L •	The last 12 months of referrals have been below the 36 month average calculated from January 2019, but remain close to the average.
Decisions Unit	52	57	• • •	
S136 HBPOS	35	33	• • •	Admissions to S136 Place of Safety beds had been artificially low since November/December 2021 due to the frequency of service users being detained to Maple Ward in these beds. Numbers normalised from May 22 due to improved flow through the system.
Recovery Service North	35	28	• • •	
Recovery Service South	26	27	• • •	
Early Intervention in Psychosis	43	43	• • •	Referrals had been below the 36 month average calculated from January 2019, but returned to average in May 2022.
Memory Service	135	132	• • •	
OA CMHT	255	241	• • •	
OA Home Treatment	26	29	• • •	

Referrals	May-22			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	4	3	• • •	
SCFT	0	1	• • •	
CLDT	46	50	• • •	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	1	4	• • •	
Psychotherapy Screening (SPS)	43	63	• L •	
Gender ID	47	58	• L •	
STEP	122	71	• H •	
Eating Disorders Service	32	28	• • •	
SAANS	462	174	• H •	
R&S	17	26	• • •	
Perinatal Service (Sheffield)	58	54	• • •	
HAST	15	10	• H •	
Health Inclusion Team	151	Insufficient data points to create SPC charts.		
LTNC - NES	30			
LTNC - Case Management	15			
SCBIRT	1			

B) Referrals, waiting times and caseloads

Key messages: While demand (new referrals) has remained settled, some services are experiencing access challenges (high numbers waiting + long

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Responsive | Access & Demand | Community Services

May 2022	Per month			Number on wait list at month end			Average wait time referral to assessment for those assessed in month			Average wait time referral to first treatment contact for those 'treated' in month			Total number open to Service		
	Referrals			Waiting List			Average Waiting Time (RtA) in weeks			Average Waiting Time (RtT) in weeks			Caseload		
Acute & Community Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPA/EWS	731	*727*	•••	1203	*1022*	•H•	34.6	*23.8*	•••	29.56	*28.6*	•••	854	*929*	•L•
MH Recovery North	35	*28*	•••	93	*36*	•H•	7.9	*4.6*	•••	*5.86*	*9.8*	•••	959	*978*	•L•
MH Recovery South	26	*27*	•••	95	*45*	•H•	10.9	*6.9*	•••	8.43	*12.2*	•••	1079	*1073*	•H•
Early Intervention in Psychosis	43	*43*	•••	13	*21*	•••	*N/A*						304	*369*	•L•
Memory Service	135	*132*	•••	794	*406*	•H•	29.7	*16.7*	•••	32.95	*25.6*	•••	4801	*4083*	•H•
OA CMHT	255	*241*	•••	153	*115*	•H•	9.6	*6.2*	•••	10.8	*10.6*	•••	1288	*1212*	•H•
OA Home Treatment	26	*29*	•••	*N/A*			*N/A*			*N/A*			80	*60*	•H•

May 2022	Per month			Number on wait list at month end			Average wait time referral to assessment for those assessed in month			Average wait time referral to first treatment contact for those 'treated' in month			Total number open to Service		
	Referrals			Waiting List			Average Waiting Time (RtA) in weeks			Average Waiting Time (RtT) in weeks			Caseload		
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPS - MAPPS	*N/A*			78	*61*	•H•	17.1	*21.9*	•••	104.0	*73.5*	•••	321	*305*	•H•
SPS - PD				37	*60*	•L•	14.5	*27.4*	•L•	108.3	*67.5*	•••	187	*207*	•L•
Gender ID	47	*58*	•L•	1642	*1376*	•H•	135.7	*113.6*	•H•	*N/A*			2483	*2157*	•H•
STEP	122	*71*	•H•	114	*79*	•••	*N/A*			1.9	*3.8*	•L•	406	*360*	•H•
Eating Disorders	32	*28*	•••	29	*28*	•••	2.6	*4.7*	•••				227	*198*	•H•
SAANS	462	*174*	•H•	5277	*3612*	•H•	122.3	*88.2*	•H•				5297	*4406*	•H•
R&S	17	*26*	•••	123	*197*	•H•							230	*223*	•H•
Perinatal MH Service (Sheffield)	*58*	*54*	•••	23	*21*	•••	3.4	*2.6*	•••				167	*134*	•H•
HAST	15	*10*	•H•	39	*31*	•••	4.3	*9.4*	•••	*N/A*			88	*84*	•••
Health Inclusion Team	151			100			1.1						1146		
LTNC - NES	30			42			12.5						432		
LTNC - Case Management	15			15			2.3						124		
SCBIRT	1			11			2.3						135		
CLDT	46	*50*	•••	192	*196*	•••	34.1	*21.8*	•••	25.8	*24.1*	•••	925	*857*	•H•
CISS	1	*4*	•••	*N/A*			*N/A*			*N/A*			20	*31*	•••
CERT	4	*3*	•••	0	*0*	•L•				*N/A*			47	*46*	•••
SCFT	0	*1*	•••	4	*1*	•H•				*N/A*			25	*23*	•H•

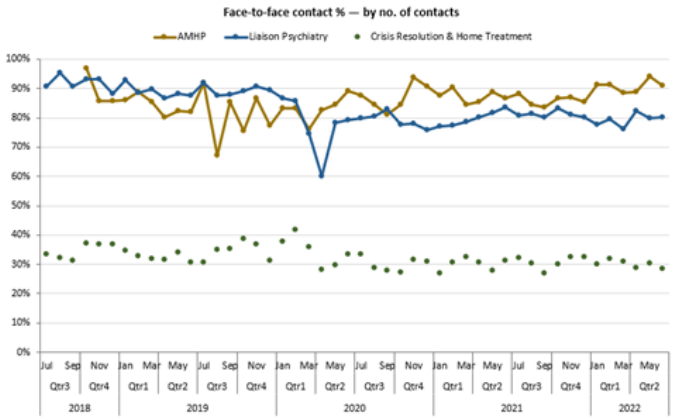
Narrative

Whilst demand in community services has settled to expected levels for most services, there are still increasing waits and high numbers of service users on service caseloads (the number of open episodes of care to our community teams). Demand is monitored regularly in the weekly produced Demand Monitoring dashboard, as well as being discussed in detail in Clinical Directorate performance and leadership meetings. Recovery Plans are in place for the services experiencing the biggest issues.

C) Face to face activity levels – increasing return to pre-pandemic levels

Key messages: No significant changes in the latest 2-3 months activity data (April- June 2022). The percentage of contacts with service users held face-to-face is recovering and is now around 10-15% lower than pre-pandemic levels. The increased use of remote and virtual means of supporting service users has had benefits and bought more choice and flexibility for service users. Services are putting in place agile working plans to ensure that choice is offered positively and where face-to-face contact is requested or deemed necessary then this is provided.

Crisis Services



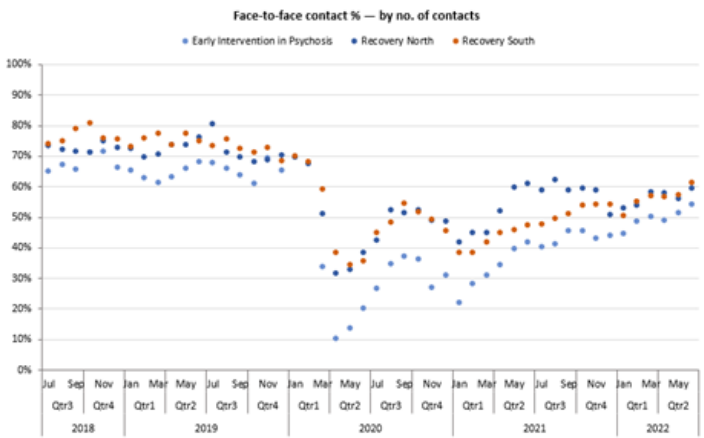
The graph shows the percentage of all contacts with service users that were held face-to-face.

The levels of face-to-face activity for the core crisis services has remained stable throughout the pandemic periods.

For the blue line above (Liaison services), through 2021-22 and Q1 of this year around 80-85% of contacts with service users were held face-to-face. Conversely around 15-20% of contacts with service users were held remotely by phone or video conferencing.

The total amount of time spent in face-to-face contacts is higher, suggesting remote contact is often for shorter periods of time.

Recovery Teams (N&S) & Early Intervention

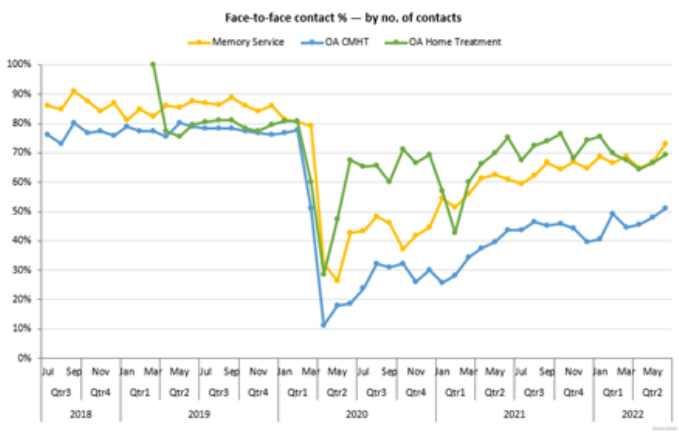


The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c65-75% of the time. It has recovered to around c50-60% for Recovery Teams for last 6 mths and 55% for Early Intervention in Psychosis Service in March

The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 90% of time in contact with a service user was spent face-to-face. This has recovered to 70-80% of time. This suggests remote contact is often for shorter periods of time.

Older Adult Services



The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c80-90% of the time. It has recovered to around c70-80% for Home Treatment, 70% for Memory Services and 50% for OA CMHT Services.

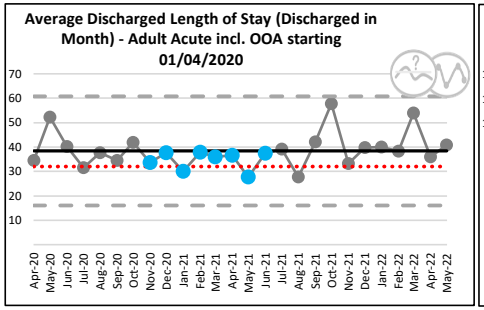
The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 95% time in contact with a service user was spend face-to-face. This has recovered to 80-90% of time for Home Treatment and Memory Services, and 65% for OA CMHT Services. This suggests remote contact is often for shorter periods of time.

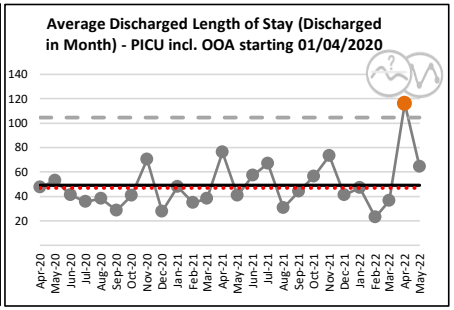
APPENDIX 2: Urgent and emergency care (ending May 2022)

Key messages: See main body of report

UEC Dashboard

Length of Stay

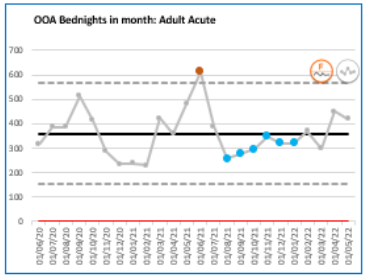


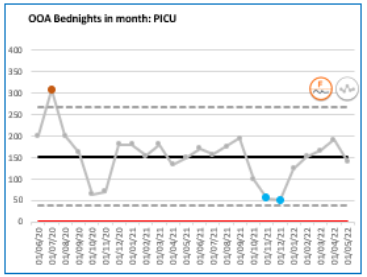


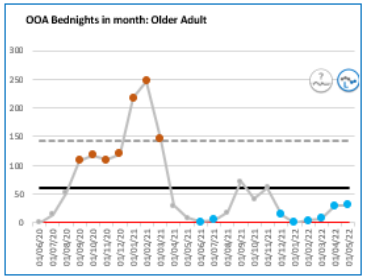
Adult Acute Discharged LoS (Rolling 12 month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	398	38
OOA	107	44
Contracted	75	46
Combined	**580**	**40**

PICU Discharged LoS (Rolling 12 month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	61	56
OOA	41	44
Combined	**102**	**51**

Out of Area

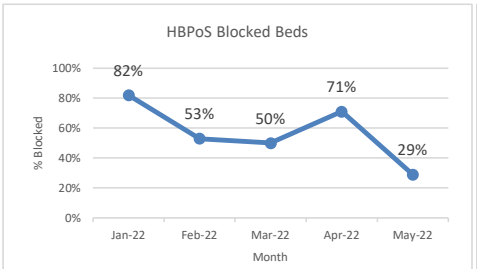


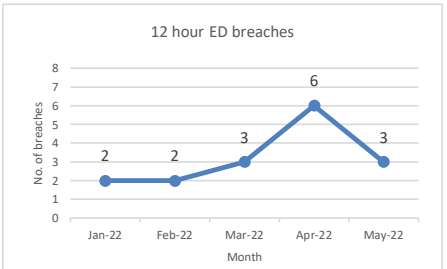




Provider	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Sparklines (Jun-21 to May-22)
Sheffield Health and Social Care NHS Foundation Trust	**23**	**13**	**11**	**16**	**15**	**16**	**11**	**17**	**13**	**13**	**21**	**14**	
Bradford District Care NHS Foundation Trust	22	17	25	25	28	24	21	19	25	15	16	14	
Tees, Esk and Wear Valleys NHS Foundation Trust	20	26	30	40	4	4	6	6	10	6	16	15	
South West Yorkshire Partnership NHS Foundation Trust	6	5	13	12	17	14	19	18	18	20	12	19	
Leeds and York Partnership NHS Foundation Trust	12	16	9	14	18	8	14	17	13	17	9	6	
Cumbria Northumberland, Tyne and Wear Partnership NHS FT	0	1	2	5	4	8	4	12	12	4	7	8	
Humber NHS Foundation Trust	18	16	21	16	5	13	13	8	10	9	7	4	
Rotherham Doncaster and South Humber NHS Foundation Trust	9	17	13	8	6	4	3	5	4	3	4	1	
Navigo (NE Lincs/Grimsby)	0	0	0	3	4	2	0	0	0	0	0	0	

Blocks and Breaches

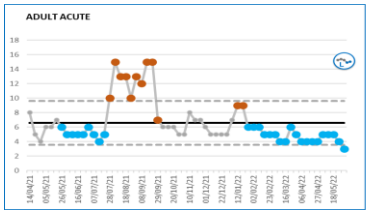


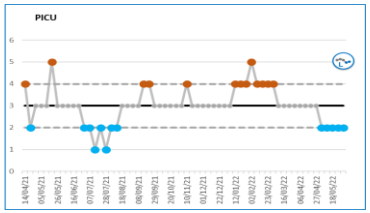


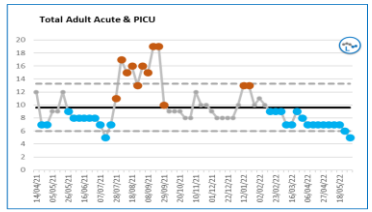
Health Based Place of Safety (HBPoS/136 Beds)	May-22
Weekday beds blocked	12
Weekday beds blocked %	29%

Emergency Department (ED)	May-22
ED 12 hour Breaches	3

Delayed Care







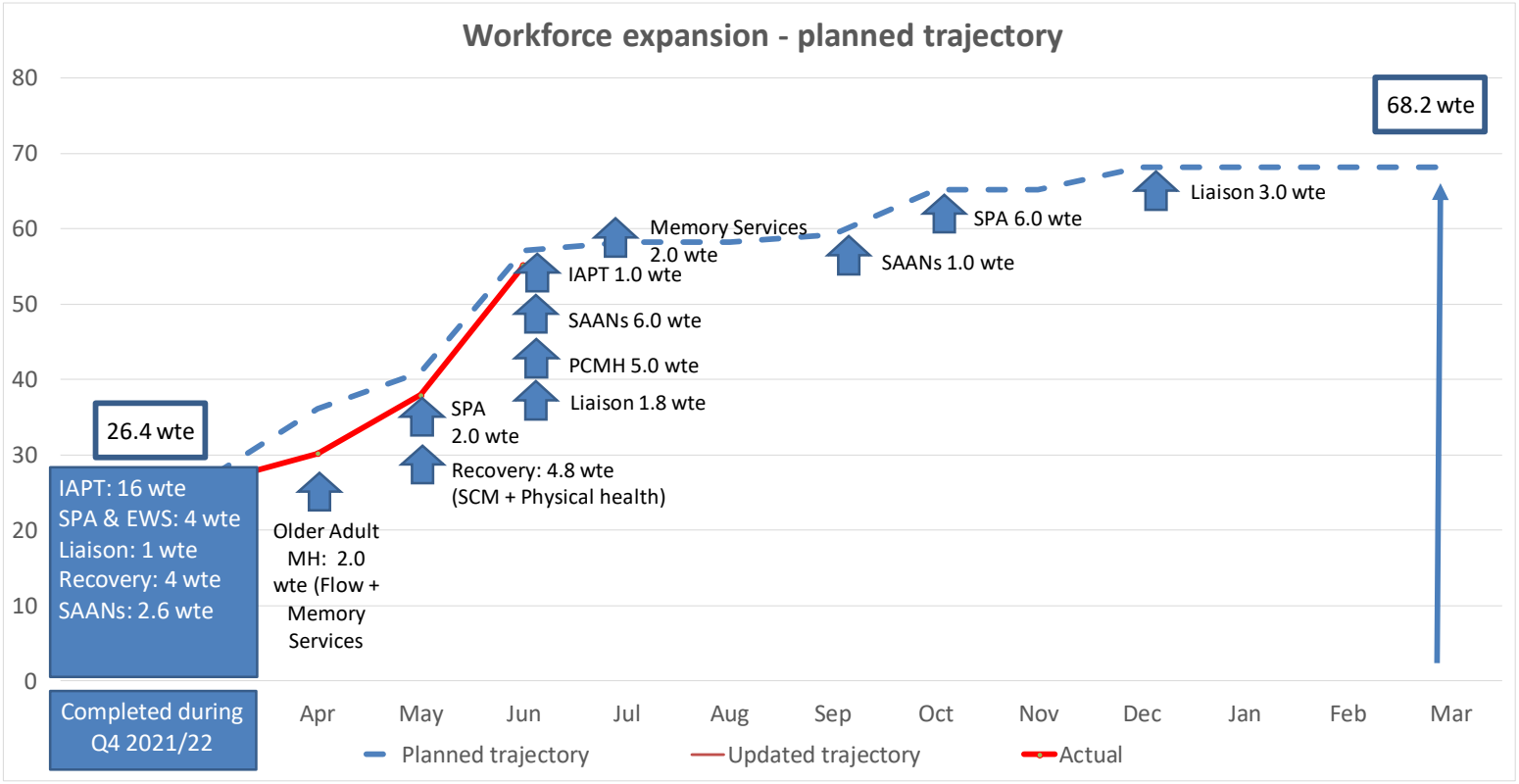
Delayed Discharges Adult Acute			
	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 2	1	31	8%
Maple Ward	0	0	0%
Stanage Ward	4	109	22%
Adult Acute Total	5	140	10%

Delayed Discharges PICU			
	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	2	60	19%

Delayed Discharges Older Adult			
	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 1	3	47	10%
G1	10	219	44%
Older Adult Total	13	266	28%

APPENDIX 3: Mental Health Investment Standard workforce expansion trajectory at end of Quarter 1

Annual Operational Plan 2022/23: Workforce planned trajectory



Key message:

(1) 81% of planned workforce expansion has been recruited to at the end of Q1.

(2) Planned recruitment towards the end of 2021/22 resulted in c38% of recruitment being completed before the end of the 2021/22 increasing to 81% by June 2022.

(3) Memory Service expansion has not been as successful to date, with further interviews scheduled for July. This is impacting on service capacity to address access challenges.

(4) PCMH expansion in 2021/22 was deferred to this year. This has been successfully completed during Q1 with leads for psychological therapies for the 5th and 6th PCN's appointed along with several Clinical Associate Psychologists.

APPENDIX 4: Summary of Guidance issued May- June 2022

New guidance and legislation

The two main themes in this period have been the further relaxation of COVID measures towards pre-pandemic Infection Prevention and Control (IPC) Policies and the emergence of the Monkeypox virus.

The move of Incident level to 3, meaning it is led by NHS England and NHS Improvement regional teams, was in recognition of cases reducing despite there being no lockdown measures in place and were followed soon after by the removal of mask wearing in health environments except in actual or potential covid environments, coupled with the removal of social distancing.

There has long been recognition of the benefits of visiting and SHSC have maintained this wherever possible throughout the pandemic. The guidance received advising a return to pre-pandemic policies or better endorses the position that we already had in place.

Though there remains a requirement to maintain an Incident Control Centre and complete daily situation reports, the effective return to business-as-usual arrangements prompted a decision taken at Gold Command on 5th June 2022 to suspend the Covid Command structure and incorporate updates into our normal meeting structures.

However, a spike in outbreaks and hospital admissions in the latter half of June across Yorkshire prompted a return to a weekly combined Silver and Bronze meeting in order that any changes in risk can be properly considered before seeking approval for new restrictive measures.

In respect of vaccination, it had been anticipated that further Covid boosters would be necessary but not when. An autumn campaign, once again running alongside the seasonal flu campaign will assist our planning, in liaison with our partners.

As Covid advice and guidance has waned, information and guidance in respect of Monkeypox has grown. The symptoms appear similar to Smallpox with fever and rash eventually forming scabs that fall off. Most cases to date have been mild and though it has been publicised how it is generally caught, it is also clear that anyone can catch it, if in contact with someone with the virus.

The process of identifying the virus, notification and treatment relies on early involvement of a GP or clinician to test suspected cases. There is then a process for reporting and treating with isolation as with Covid, being essential. Guidance continues to be monitored to offer appropriate advice to our staff and service users.

The Covid Risk register has 3 risks remaining, two now have a current score below the target score that would ordinarily close them. However, with a small rise in Covid staff absences and recent outbreaks on our inpatient sites, these will remain at the present time. The risk in respect of FFP3 face masks remains whilst suitable training arrangements for fit testing and train the trainer continue.

New guidance and legislation

Date of Issue	What does this mean for SHSC?	Compliance statement
19/05/22 – Next steps on transition from response to recovery letter	Reduction of incident to Level 3. Expectation to follow national IPC measures. Return visiting to pre-pandemic policies or better. Resilience to re-establish full incident response if warranted.	Standard met.

Date of Issue	What does this mean for SHSC?	Compliance statement
01/06/22 – Next steps on IPC letter	Re-iterates visiting should be back to pre-pandemic policies or better. Advice in respect of mask wearing for staff, patients and visitors- generally not required unless, Covid being treated or suspected, outbreaks, people with respiratory symptoms.	Standard met. Mask wearing removed except in the circumstances stated.
01/06/22 – CAS alert re: Monkeypox	Provides detail on the virus, how transmitted and signs to look for. Proportionate stance being taken by NHS England	Details circulated to operational teams.
07/06/22 –Visiting healthcare settings whilst Covid-19 is in general circulation principles.	General principle that visiting should be allowed for at least an hour. To consider the provision of PPE for visitors where Covid prevalent or virtual visits.	Standard met. Links to earlier guidance above.
09/06/22 – Monkeypox now a notifiable disease	Puts an obligation on all health bodies to report any cases.	Details circulated to operational teams.
22/06/22 – Covid Autumn booster campaign.	Spring vaccination offer for over 75's. Autumn offer for over 65's, 16-64 in a clinical risk group, frontline health and social care workers, residents and staff in care home for older adults. Maximise opportunities to promote and co-deliver with seasonal flu vaccination campaign	In the planning stage with health partners.
22/06/22 – Monkeypox risk stratification tool, guidance and notification requirements.	Puts Monkeypox cases in to 3 categories: those requiring Highly specialised care, those unable to isolate and those able to isolate at home, together with how this is arranged. Applies more to community staff who may attend the home of someone with the virus. Considerations for waste disposal.	SHSC IPC Nurses leading. Advice to operational teams in respect of PPE, necessity of face-to-face visit and seek guidance from service users clinician treating the virus first.
08/07/2022 – Monkeypox update downgrades level of treatment and waste category.	General downgrading from requiring Highly Specialised care as most cases have been mild. Waste downgraded to Category B, as per Covid.	Advice of 22/06/22 remains current as more cases will be treated in the community. Standard met in terms of waste.

Terry Geraghty

Emergency Planning Manager