Board of Directors – Public

SUMMARY REPORT	Meeting Date:	28 September 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 remains well embedded:** allowing our full focus to be directed to the delivery of our improvement priorities
2. **Service demand:** Activity levels and demand across most services are in line with pre-covid levels. Crisis Pathway Services are experiencing sustained increased demand and recent expansion will provide support.
3. **Access and waiting:** Challenges continue across several services in respect of numbers waiting or length of waits. Recovery plans are in place however the expected rate of improvement is not being delivered. Memory Services have seen increases in waiting times, due to covid, and a plan is in place to improve this.
4. **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. While overall workforce numbers are increasing through the year, key risks continue with nursing vacancies across inpatient services, particularly our acute wards. The overall growth can mask the areas of concern.
5. **We are mobilising our winter plan:** Our plan is focussed on key risk areas and increased community support and addressing long lengths of stay and delayed discharges. Additional capacity will be delivered by VCSE partners, funded by national winter plan funding. Flow across inpatient services is a concern in winter and this is further impacted by the staff vacancies across acute inpatient services.
6. **Our vaccination programme will launch on the 5 October:** This will cover Covid boosters and Flu vaccinations. We are aiming to offer staff and inpatient service users vaccines. Community service users will be supported to use primary care and other community based offers where possible. We have a well tested approach for those who have a learning disability and are needle phobic.
7. **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 within SHSC and PLACE planning is already underway, SHSC is a part of the PLACE planning and is a member of the Sheffield UEC Board.

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 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 our Winter Plan and 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 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*	***X***	*No*	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	***X***	*No*		*Standards relating fundamental standards of care and Emergency Planning.*
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 & staff absence
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. 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.
Sustainability	*Yes*	***X***	*No*		Service level agile working plans will support reduced travel and the winter vaccination programme will focus on waste reduction.

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 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

Services have generally recovered from the Covid period. Services have returned to pre-pandemic arrangements while keeping hold of the positive learning from the Covid period. Our focus continues to be directed to the core aspects of our strategy.

This report highlights how the sustained progress in recovering from Covid, along with continual review and learning, is supporting the delivery of our strategic priorities.

Note: all information is based on IPQR reporting for period ending July 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. This is evident by the percentage of contacts with service users held face-to-face has recovered and is around 10-15% lower than pre-pandemic levels due to increased use of remote and virtual means of supporting service users. The detail on the percentage of community contacts delivered remotely can be found at appendix 1 (Section C).

1.2.2 Managing demand across services

Demand on services remained broadly stable through the pandemic and remains so during its aftermath. Some services are experiencing challenges with access and waiting times, however these challenges largely existed pre-covid and are subject to transformation and improvement plans however, the expected rate of improvement is not being delivered. Progress is reported to the Quality Assurance Committee.

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

1.2.3 Delivering the Back to Good programme

We have continued to deliver the improvement actions and initiatives under the Back to Good programme. At the end of August, subject to final assurance validations, we expect to have completed 56 (91%) of the 61 improvement actions due to completion. 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.

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 by August. The additional posts were funded through the Mental Health Investment Standard and other growth allocations.

Challenges have been experienced recruiting to the additional posts to support Memory Services. The service is managing increased demand accumulated from the early covid period plus an increase in referrals of c10%. Additional investment to support 3.0 wte more nursing staff has been made however several recruitment rounds have been unsuccessful. A recovery plan is in place and as part of this plan the introduction of new roles, review of existing capacity and options to work differently with the VSCE partners as an alternative are being progressed.

1.3.3 Overall workforce expansion

A risk and challenge to the above workforce plan has been sustaining the increased establishment in response to general recruitment and retention turnover. A range of improvement plans are in place regarding general recruitment and retention actions and development priorities. These are reviewed and reported to the People Committee.

Overall, total staff in post numbers by the end of July have increased by 128 wte since May 2022. While the impact of staff leaving will vary across teams at different times through the year, the planned workforce expansion delivered through the MHIS investment (*Section 1.3.2 above*) is not being unduly undermined by underlying retention rates. The successful recruitment against the MHIS may mask the vacancy challenges elsewhere, specifically in some inpatient services dependant on registered nurses.

1.3.4 CMHT Transformation

As previously reported 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 focus 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. We aim to partner with our communities so that care is culturally sensitive.

1.3.5 Winter plan – demand and capacity

An overview of the Trust Winter Plan is attached at Appendix 4.

Fluctuations in demand beyond normal variation is not expected for sustained periods of time over the winter period. We are planning for increased acuity of need in supporting people with complex needs across key areas of the pathway. This is expected due to a range of seasonal and co-dependency needs of our core client groups through the winter period. Maintaining flow through the crisis and secondary mental health care pathways is already a key are of focus in our Operational Plan and

in year plans and improvement actions aim to ensure access and reduce the impacts from broader challenges. Maintaining flow through the winter period is a key area of focus for the Sheffield plan in respect of demand and capacity management.

The Plan summarises the

- demand and capacity assumptions across key service areas
- risks through the winter period
- actions in place or being mobilised to manage and mitigate the risks

The SHSC Plan identifies risks and mitigations in the following areas

- Inpatient capacity: impacted by availability of alternatives and delayed discharges.
- Workforce: impacted by winter sickness, covid, vacancy rates for inpatient nurses, plans to deploy staff to support winter pressure areas.

The capacity plan is to be delivered in partnership with the VCSE, building on the initial plan mobilised last winter and following a learning review to inform future plans. (*See Section 1.4.3*)

SHSC has requested £125,000 from SY ICS to support its Winter Plan. Confirmation of funding is pending, although plans are being mobilised in respect of VCSE joint working and capacity.

The priorities for additional funding are

- increased VCSE capacity to support community capacity and
- focussed discharge facilitation case work capacity in conjunction with the VCSE

APPENDIX 4: SHSC Winter Plan

1.3.5 Vaccination programme

Our vaccination programme launches on the 5 October and once established we will be offering covid boosters and flu vaccines to staff and to inpatients under our care. All staff will be offered directly a covid booster and flu vaccine and areas of low uptake will be provided with focussed support. The programme is scheduled to run through to February 2023.

The programme will be delivered in a hub and spoke model, utilising the Mayfield Suite as the main hub with out-reach sessions from our premises across the city.

We are aiming to have 30 vaccinators supporting the programme. 47 members of staff have registered their interest to be a vaccinator, and 22 of them have been fully trained as of 20 September. 16 of the 22 are vaccinators from last year who will bring previous experience to support the programme.

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)

SHSC 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.

The UEC system is currently working under considerable pressure. If we are to provide effective support and help across the system then there needs to be access to mental health care and treatment, across the UEC pathways, when needed.

To achieve this our key areas of focus and action have been

a) Avoiding 12 hour breaches: by ensuring access to the mental health crisis care across our crisis assessment services, the Psychiatric Decisions Unit and inpatient admission when required. Ensuring the Psychiatric Decisions Unit and the Health Based Place of Safety remain fully operational and working at capacity has a clear and positive impact on 12 hour breaches and demands placed on the Liaison Mental health Service.

b) Liaison Mental Health Services: increasing reach across STH inpatient services supported by further expansion planned in 2022/23.

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

d) 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.

1.4.2 South Yorkshire ICS Mental Health MHLDA Provider Collaborative

We continue to work collaboratively across the system, particularly with the SY MHLDA Provider Collaborative (previously referred to as the 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.

The MHLDA Provider Collaborative has developed the following principles that will guide behaviours, ethos and culture.

- We will collectively use our resources and expertise to improve experience and outcomes for all
- We will co-produce with people
- We will always demonstrate mutual respect trust open transparent communication and will act with integrity
- We will share responsibility, accountability, risk and reward
- We will be clinically driven and ensure services are locally owned
- We will reduce health inequalities and deliver inclusive care and support
- We will collectively support and develop our people

A priority setting workshop is planned to co-produce priorities the partners, provider colleagues and with the people who use the services in South Yorkshire.

1.4.3 Working with VCSE partners

Effective partnership working across the VCSE is essential and joint working initiatives support the delivery of key service pathways.

A learning review is being finalised from last year's Winter Plan and support provided from VCSE partners. The Trust contracted with VCSE partners to provide targeted support to people supported by community mental health services (SPA/ EWS and

Recovery) and they were able to mobilise additional capacity to provide support.

Learning from the previous plan is being used to revise our plans for this winter.

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 reported at section 1.3.5 above.

APPENDIX 5: Summary of Guidance issued May-June 2022

Section 2: Risks

2.1 **Impact of winter:** There is a risk that general winter illnesses, while mitigated by our vaccination programme, may impact on staff attendance and reduce the general number of contacts with patients reducing flow through community and crisis care pathways. The Winter Plan is focussed on managing and mitigating these risks through deploying increased capacity and ensuring contingency and escalation plans are in place.

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 **Service demand:** There is a risk that challenges across the crisis care pathway continue for sustained periods of time impacting on access to our services and the broader UEC Pathway. 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

2.3 **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. There is also a risk that staff are drawn from depleted teams into new roles increasing the risk of increased vacancies in some teams.

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

2.4 **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

2.5 **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.

We also need to pay attention to the groups of people who are more likely to be vaccine hesitant and understand the hesitancy in order that information and support is culturally sensitive.

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 Sustainable development and climate change adaptation

Following the learning from the Global Pandemic, SHSC has learnt from how it delivers services in an agile manner. This means that we do not necessarily need to work with “everybody in the office” and that services can be delivered through different platforms.

Services have developed and adopted Agile Working Plans. The Plan reflects effective use of workforce time to optimise efficiency and work wellbeing.

4.7 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: Winter Plan

APPENDIX 5: Summary of Guidance issued July - August 2022

APPENDIX 1: Demand and activity overview (ending July 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 & Homeless services have higher rates of referral.

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Responsive | Access & Demand | Referrals

Referrals	Jul-22			
Acute & Community Directorate Service	n	mean	SPC variation	Note
SPA/EWS	611	708	• • •	The baseline has been re-calculated twice. Once for Covid and once for Safeguarding referrals being moved to the Safeguarding team.
AMHP	152	155	• L •	Central AMHP team baseline was re-calculated May 2020 due to the sustained increase in referrals. The AMHP team were significantly impacted by the availability of other services due to Covid as well as increased Police availability. Referrals look to be returning to pre-Covid levels and we will consider the need to re-calculate the baseline again.
Crisis Resolution and Home Treatment	1030	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	508	517	• L •	
Decisions Unit	51	57	• • •	The baseline has been re-calculated twice. Once for partial re-opening during Covid and once for full re-opening.
S136 HBPOS	40	33	• • •	
Recovery Service North	21	28	• • •	
Recovery Service South	30	27	• • •	
Early Intervention in Psychosis	40	43	• • •	
Memory Service	134	132	• • •	The baseline has been re-calculated twice. Once for Covid and once for sustained increase in referrals.
OA CMHT	256	241	• • •	
OA Home Treatment	28	29	• • •	

Referrals	Jul-22			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	1	3	• • •	
SCFT	0	1	• • •	
CLDT	60	50	• • •	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	2	4	• • •	
Psychotherapy Screening (SPS)	45	63	• L •	
Gender ID	31	58	• L •	
STEP	97	71	• H •	
Eating Disorders Service	30	28	• • •	
SAANS	401	344	• H •	There has been exponential demand over the last two years, the baseline has been recalculated from Jan 2021 to reflect this
R&S	19	26	• • •	
Perinatal Service (Sheffield)	66	54	• • •	
HAST	15	10	• H •	
Health Inclusion Team	159	Insufficient data points to create SPC charts.		
LTNC - NES	26			
LTNC - Case Management	14			
SCBIRT	2			

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 waiting times) and high caseload sizes.

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Responsive | Access & Demand | Community Services

July 2022	Per month – Referrals			Number on wait list at month end – Waiting List			Average wait time referral to assessment for those assessed in month – Average Waiting Time (RtA) in weeks			Average wait time referral to first treatment contact for those 'treated' in month – Average Waiting Time (RtT) in weeks			Total number open to Service – 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	611	708	•••	1088	1028	•H•	34.5	24.8	•H•	23	28.2	•••	900	921	•••
AMHP	152	155	•L•	N/A			N/A			N/A			N/A		
Liaison Psychiatry	508	517	•L•												
Decisions Unit	51	57	•••												
S136 HBPoS	40	33	•••												
Crisis Resolution Home Treatment	1030														
MH Recovery North	21	28	•••	95	40	•H•	10.3	4.9	•H•	9.6	10.1	•••	959	976	•L•
MH Recovery South	30	27	•••	106	49	•H•	9.2	7.1	•••	11.5	12.2	•••	1080	1074	•H•
Recovery Service TOTAL	51			201	86	•H•	N/A			N/A			2039	2050	•L•
Early Intervention in Psychosis	40	43	•••	13	21	•••				95.0%			304	364	•L•
Memory Service	134	132	•••	911	442	•H•	25.3	17.5	•••	27.6	26.0	•H•	4744	4129	•H•
OA CMHT	256	241	•••	224	122	•H•	6.9	6.1	•••	10.7	10.4	•••	1275	1217	•H•
OA Home Treatment	28	29	•••	N/A			N/A			N/A			60	61	•••
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
IAPT	1219	1484	•••	N/A			N/A			N/A			N/A		
SPS (Screening)	45	63	•L•												
SPS - MAPPS	N/A			66	62	•H•	17.1	21.6	•L•	82.9	73.8	•••	279	305	•L•
SPS - PD				32	58	•L•	12.3	16.8	•••	82.8	69.3	•••	189	205	•L•
Gender ID	31	58	•L•	1716	1399	•H•	78.8	112.3	•••	N/A			2558	2184	•H•
STEP	97	71	•H•	100	81	•••	N/A			2.9	3.7	•L•	349	360	•••
Eating Disorders	30	28	•••	25	28	•••	4.4	4.6	•••	N/A			221	200	•H•
SAANS	401	174	•H•	5315	3739	•H•	106.6	90.1	•H•				5713	4489	•H•
R&S	19	26	•••	97	191	•H•							203	222	•••
Perinatal MH Service (Sheffield)	66	54	•••	29	21	•••	3.2	2.6	•••				168	136	•H•
HAST	15	10	•H•	31	31	•••	5.3	9.2	•••				81	84	•••
Health Inclusion Team	159			159			6.7						1487		
LTNC - NES	26			37			16.3						418		
LTNC - Case Management	14			15			2.0						137		
SCBIRT	2			10			7.4						141		
CFS/ME	82			N/A			19.6						2831		
CLDT	60	50	•••	172	196	•L•	25.8	21.2	•••	25.0	24.2	•••	789	856	•••
CISS	2	4	•••	N/A			N/A						39	32	•••
CERT	1	3	•••							N/A			47	46	•••
SCFT	0	1	•••	1									24	23	•H•

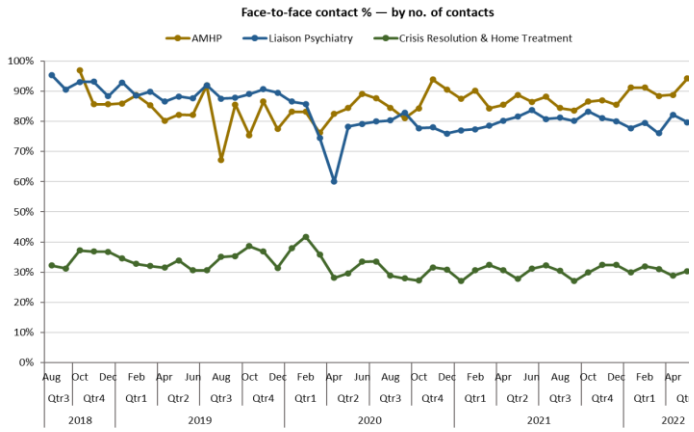
Narrative

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). Recovery Plans are in place for the services experiencing the biggest issues although these aren't currently leading to improvement. There is a detailed set of reports on waiting times in the August QAC.

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- July 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



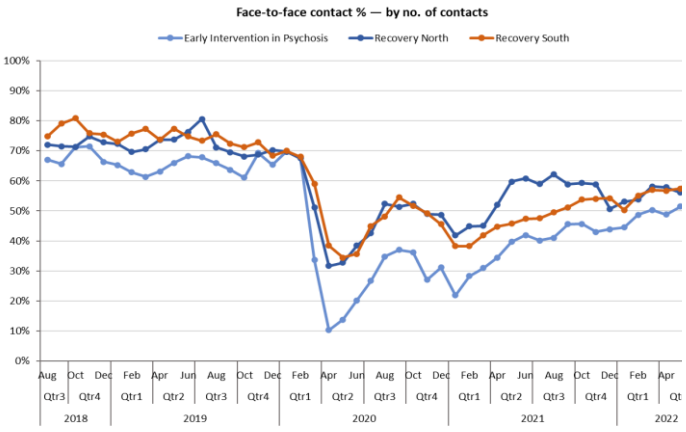
The graph shows the percentage of all contacts with service users that were held face-to-face.

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

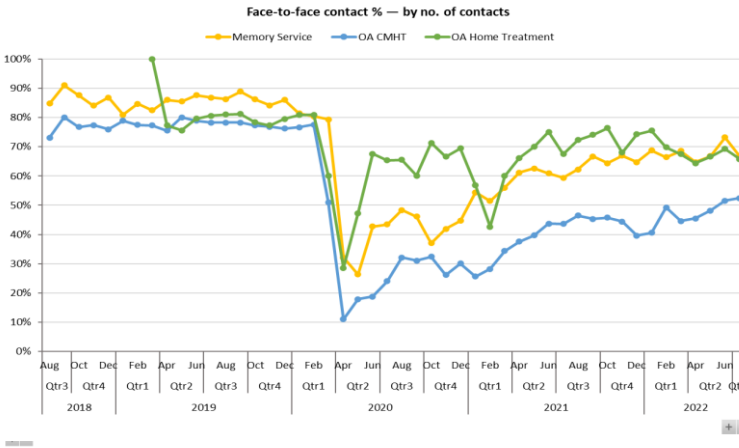


The graph shows the percentage of all contacts with service users that were held face-to-face.

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 c50% for Early Intervention in Psychosis Service since April

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 40-50% for OA CMHT Services.

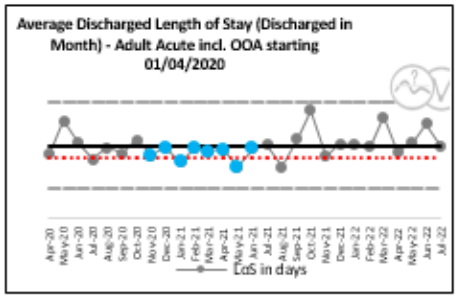
The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 95% time in contact with a service user was spend face-to-face. This has recovered to 80-90% of time for Home Treatment and Memory Services, and 65% for OA CMHT Services. This suggests remote contact is often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

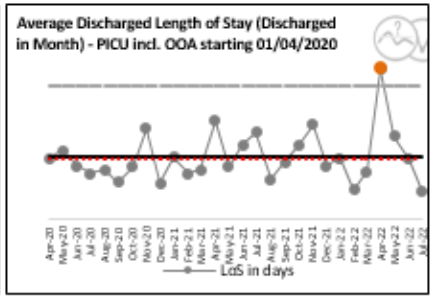
APPENDIX 2: Urgent and emergency care (ending May 2022)

Key messages: See main body of report

UEC Dashboard

Length of Stay





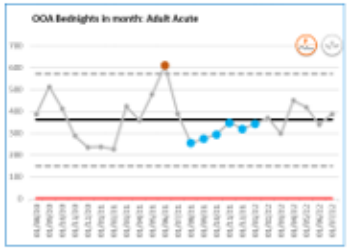
Adult Acute Discharged Los (Rolling 12 month average)

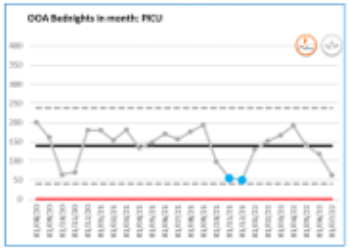
Location	Total Discharges	Average Discharged Los
Sheffield	389	41
OOA	94	40
Contracted	88	45
Combined	571	41

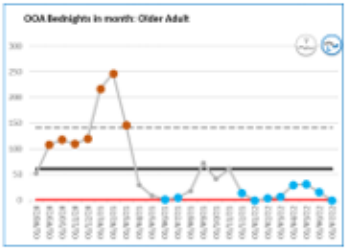
PICU Discharged Los (Rolling 12 month average)

Location	Total Discharges	Average Discharged Los
Sheffield	67	48
OOA	38	43
Combined	105	48

Out of Area

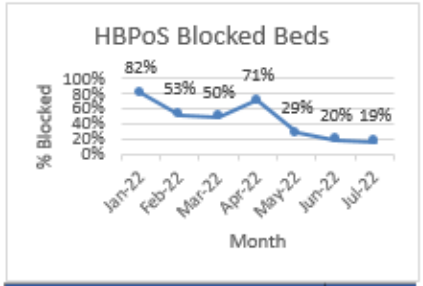


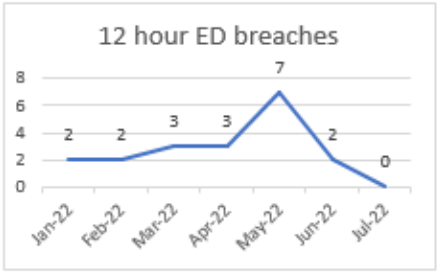




Provider	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Sparklines (Jul-21 to Jun-22)
Sheffield Health and Social Care NHS Foundation Trust	11	16	15	16	11	17	13	13	21	14	11	11	
Bradford District Care NHS Foundation Trust	25	25	28	24	21	19	25	15	16	14	11	17	
Tees,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

Blocks and Breaches

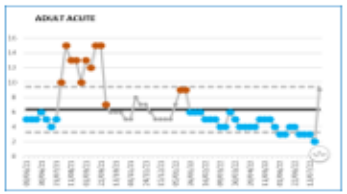


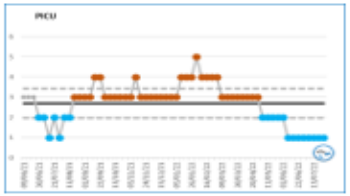


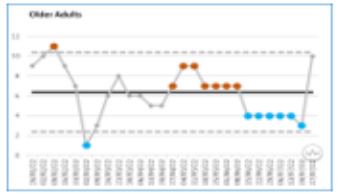
Health Based Place of Safety (HBPoS/136 Beds)	Jul-22
Weekday beds blocked	8
Weekday beds blocked %	19%

Emergency Department (ED)	Jul-22
ED 12 hour Breaches	0

Delayed Care







Delayed Discharges Adult Acute

	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 2	4	46	12.4%
Maple Ward	3	47	8%
Stanage Ward	5	73	14.7%
Adult Acute Total	12	166	11.4%

Delayed Discharges PICU

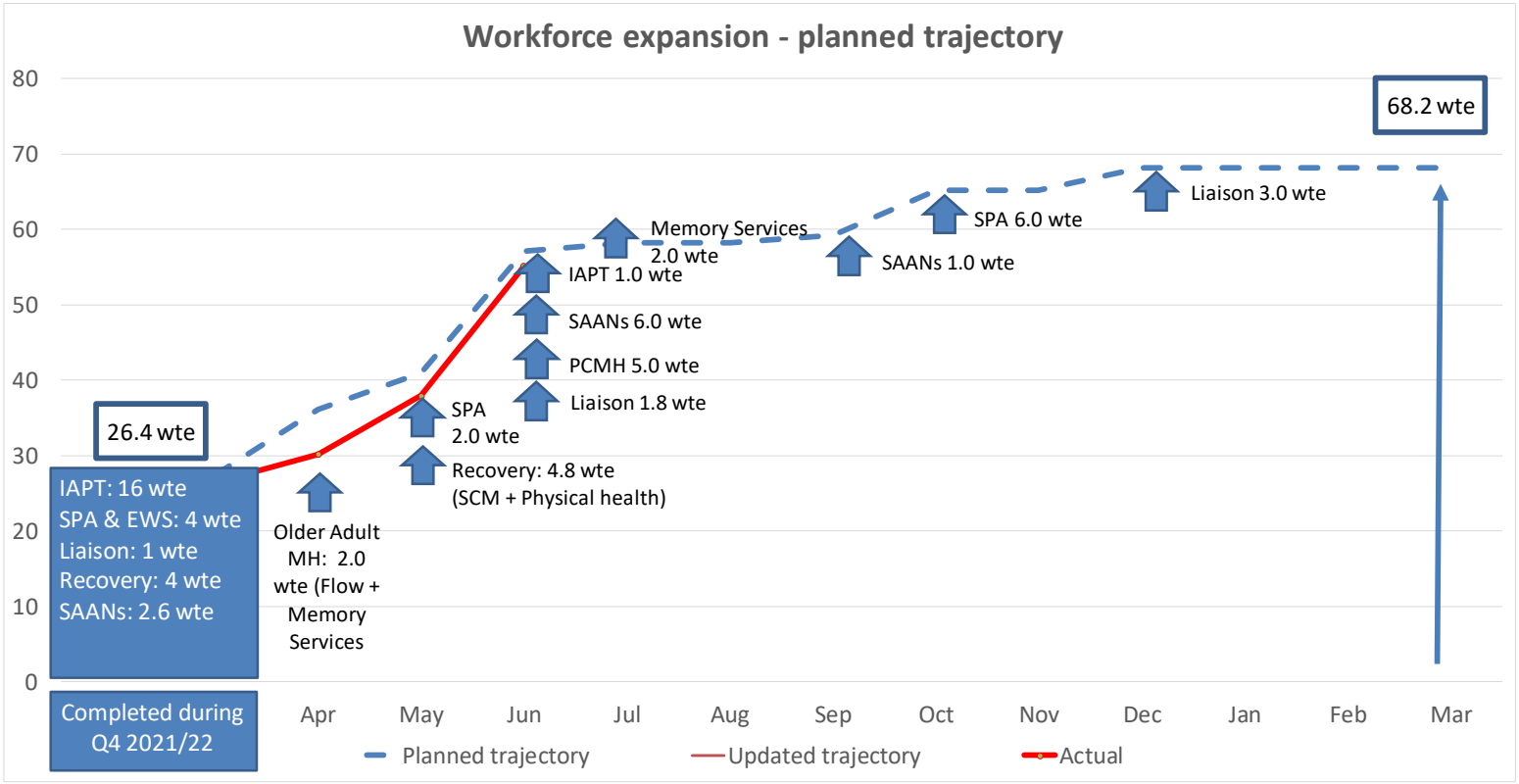
	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	1	31	10%

Delayed Discharges Older Adult

	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 1	1	31	6.7%
G1	6	122	24.6%
Older Adult Total	7	153	15.9%

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: SHSC MENTAL HEALTH DEMAND AND CAPACITY – WINTER PLAN

WINTER PLAN – WIP/ DRAFT

1) Expected demand

Anticipated demand compared to available capacity

Fluctuations in demand beyond normal variation is not expected for sustained periods of time over the winter period. We are planning for increased acuity of need in supporting people with complex needs across key areas of the pathway. This is expected due to a range of seasonal and co-dependency needs of our core client groups through the winter period. Maintaining flow through the crisis and secondary mental health care pathways is already a key are of focus in our Operational Plan and in year plans and improvement actions aim to ensure access and reduce the impacts from broader challenges. Maintaining flow through the winter period is a key area of focus for the Sheffield plan in respect of demand and capacity management.

i. Community mental health team caseloads
- Broader support needs may increase or be more complex risking delays in expected flow through the pathway. While new case load rates remain stable, they exceed the rates of people being discharged from community mental health service caseloads.
- We expect new demand to remain broadly stable in respect of overall numbers accessing support and treatment.
- Extra capacity is being deployed in primary and community mental health services
- VCSE support and input is planned, supported by Winter funding, to build on successful initiatives trialled in 2021/22.

ii. CRHTT
- We expect challenges across the crisis pathway impacting on flow due to delays and blockages accessing inpatient care, post discharge support and community based social care support.
- We expect demand to remain broadly stable in respect of overall numbers accessing CRHTT services.
- We have an integrated crisis service model that can flex and prioritise responses across the community, single point of access, decisions unit, place of safety and home treatment interventions.
- VCSE support and input is planned, supported by Winter funding, to build on successful initiatives trialled in 2021/22.

iii. Crisis alternatives in the community including VC sector
- Crisis House capacity exists via Rethink and is well established.
- Additional capacity to support people in crisis via the Rethink Crisis Helpline will be in place.

iv. Acute MH inpatient capacity
- Demand levels indicate 85-90 beds are required over the winter period
- Delayed Discharge rates are generally at 20% for acute and PICU services.
- Step Down services are achieving reduced lengths of stay which will improve access and flow from inpatient services.
- Reducing lengths of stay, particularly for those who experience long delays in reaching discharge will be a key focus of the plan. Additional case worker capacity is planned, supported by Winter funding, to ensure rapid access to community-based support packages in respect of social care and housing support needs for patients with complex needs, who currently experience protracted delays in moving towards discharge.

v. Emergency Department (e.g. number of MH attendances at ED and % of MH patients waiting over 12 hours)

- Around 430 people present in A&E with a mental health or self-harm presentation each month, with 20% of them experience waits over 12 hours
- Additional Liaison Mental Health capacity will be in place over the Winter period, supported by Winter funding. Focus is to improve reach and cover at the 'front door' to emergency department services particularly over weekend periods.
- The plans to improve flow across Crisis services and Inpatient services will also support demands in the Emergency Department.

2. Predicted performance against workforce recruitment requirements

Planned workforce expansion due to service growth

	March	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-March
Total WTE	2259	2289	2293	2298	2312	2316	2320	2327	2327	2327	2327
Planned Increase		29.6	4.8	4.2	14	4	4	7.6	0	0	0

On track, no significant concerns re delivery of this. Over 90% of workforce planned growth to support Operational Plan delivery has been implemented in advance of the winter period.

Baseline vacancy rate

Expansion plans need to be viewed in the context of underlying vacancy rates. Capacity is not at establishment levels generally, with vacancies at 9% at the end of 21/22. Improved recruitment has seen an extra 6% of staff join by July 2022.

Noting these improvements, challenges will remain across the B5 and B6 roles for nurses across inpatient services.

3. Key risks and actions this Winter

SHSC has requested £125,000 from SY ICS to support its Winter Plan. Confirmation of funding is pending, although plans are being mobilised in respect of VCSE joint working and capacity.

The priorities for additional funding are

- increased VCSE capacity to support community capacity and
- focussed discharge facilitation case work capacity in conjunction with the VCSE

Risks and actions

i. Configuration and expansion of community MH services through Winter

Risk: Access is impacted by challenges in discharging people from community caseloads
Action 1: Extra capacity is being deployed over Q3-Q4 in primary and community mental health services improving the support available across primary care network services.
Action 2: Additional VCSE capacity to be in place to improve and support access to community-based support and improved discharges. Proposed £70,000 additional Winter funding to be allocated to this.

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ii. Ensuring appropriate and purposeful admissions

Risk: Decisions Unit, 136 Suite and out of hours crisis line support may not always be accessible impacting on options to support people in crisis.
Action 1: Clear business continuity plans in place through the Winter period.
Action 2: Additional crisis line capacity to be in place via Rethink. Proposed £10,000 additional Winter funding to be allocated to this.

Risk: Delays within the Emergency Department result in poor decisions and outcomes
Action 1: Additional Liaison Mental Health capacity will be in place. Proposed £20,000 additional Winter funding to be allocated to this.
Action 2: The plans to improve flow across Crisis services and Inpatient services will also support demands in the Emergency Department.

iii. Reducing Length of Stay

Risk: Acute and older adult mental health bed capacity is adversely impacted by long lengths of stay.
Action 1: Flow team in place including dedicated roles focussed on managing flow of people in commissioned and spot purchased beds with the aim of ensuring 30 day LoStays.

iv. Accelerating discharge of people clinically ready for discharge

Risk: Acute and older adult mental health bed capacity is adversely impacted by delayed discharges exacerbated by demands on residential/ nursing home services from general hospitals through Winter
Action 1: Revised and more responsive step-down service model in place with reduced LoS
Action 2: Systems in place to manage delays and seek system help to expedite challenges that impact on flow internally and externally
Action 3: Additional case worker capacity is planned to ensure rapid access to community-based support packages in respect of social care and housing support needs for patients with complex needs, who currently experience protracted delays in moving towards discharge. Proposed £15,000 additional Winter funding to be allocated to this.

v. Other

Risk: Clients limited means and social support impacts on the ability to provide community support when leaving hospital or during periods of crisis
Action 1: Ensure access to flexible solutions re self-care packages, basic furnishing, food parcels. Proposed £10,000 additional Winter funding to be allocated to this

Risk: On-going long term and short term recruitment challenges
Action 1: 90% of planned workforce expansion completed successfully pre-winter
Action 2: Systems in place to manage delays and seek system help to expedite challenges that impact on flow internally and externally

Risk: Managing Winter sickness
Action 1: Deliver Covid and Flu vaccination campaigns
Action 2: Manage safe staffing levels across liaison, crisis, decisions unit, 136 suite and inpatient services, support by business continuity plans that prioritise redeployment triggers.

4. Impact and performance data

Basic outline of existing date sets that will support monitoring of the effectiveness of this plan

Winter performance data sets

Service area	Data
SPA / EWS	Numbers of referrals – variance against norm
	Waiting times
Liaison	Numbers of referrals – variance against norm
	Numbers of 12 hour waits
Crisis line support	Number of calls
Crisis Services	Decisions unit referrals
	CRHT referrals
Inpatient services	ALoS
	Numbers experiencing a DToC
	DToC duration of delay

APPENDIX 5: Summary of Guidance issued July - August 2022

New guidance and legislation

There has been a marked reduction in COVID-19 advice and guidance since April 2022 when most restrictions were lifted. Although recognised that COVID-19 continues and still maintains a pandemic status, transmission of the virus has declined prompting the national guidance to remove the testing requirement for asymptomatic staff and inpatient service users.

All other testing, e.g, if symptomatic, being admitted to hospital, transfers to care homes, remain unchanged.

There is however, a concern that infections will rise again over the winter period and in anticipation of this, JCVI have advised on the cohorts of ages, vulnerability and patient facing staff who will be eligible for a further COVID booster vaccination, running alongside the seasonal flu vaccination. Preparations for these have been underway with our partners and with an earliest date of commencement now published as 5th September 2022, we can anticipate the roll out of vaccinations to our eligible service users and staff in the next month.

The weekly combined silver and bronze meetings, instated due to a spike in outbreaks and hospital admissions in June 2022, was stood down as infections reduced, although there remains a NHS England requirement to maintain an Incident Control Centre and complete daily situation reports.

Aside from COVID-19, the greatest risk we've had to health this summer has been the heatwave, reaching unprecedented temperatures on the 18th and 19th July 2022 of 40 degrees plus. Our SHSC Heatwave Plan is designed to be triggered by Met Office Heatwave alerts throughout the summer period and has worked well.

We implemented some additional operational measures, such as on-call briefings, regular situation reports and deployment of portable air-conditioning units primarily to inpatient areas to ensure there were cool areas available, then conducted a debrief following the heatwave to capture any learning for future heatwaves.

New guidance and legislation

Date of Issue	What does this mean for SHSC?	Compliance statement
15/07/22 – UKHSA Heat Health Alerts for 18/19 July 2022	Preparation for unprecedented temperatures of 40 degrees plus. Risk to service users and staff. Risks to IT infrastructure through overheating and power failure through overloading to power cooling appliances.	SHSC Heatwave Plan implemented and includes action cards for inpatient, community, and corporate settings, triggered by Met Office alert system. Operational Plan implemented that includes briefings and monitoring through situation reports. Post heatwave debrief.
18/07/2022 – COVID vaccination guidance 2022 published	Preparations for seasonal flu and Covid booster vaccinations to for eligible staff and inpatient service users.	Lead appointed. Preparations commenced.

Date of Issue	What does this mean for SHSC?	Compliance statement
28/07/2022 – NHS plan for improving long covid services (further guidance to be published Autumn 2022)	Referral pathways and guidance for service users and staff with long covid.	In place, referrals via GP to multi-disciplinary services.
18/08/2022 – Covid booster and flu vaccinations to commence from 5/09/2022	Readiness to commence vaccination campaign. Primary Care and community vaccination hubs will be first to receive vaccines.	Vaccinators recruited, 2022 campaign being co-ordinated via lead through a co-ordinator and Pharmacy. Commencement will be determined by date vaccine made available to SHSC. Working with partners.
25/08/2022 – NHS England letter, COVID testing in periods of low prevalence after 31/08/2022	Guidance advising the removal of lateral flow testing of asymptomatic patient facing staff and inpatient service users (currently twice weekly for staff and at days 3 and 5/7 for service users) subject to local IPC and Health and Safety considerations.	Awaiting IPC and Health and Safety view before implementing.

Terry Geraghty

Emergency Planning Manager