

 **Council of Governors**
15 February 2022

Winter plan and Covid 19
recovery

Richard Mills, Vice Chair
Chair of Finance and Performance
Committee

Winter plan and Covid 19 recovery

Omicron

- Has presented increasing staffing challenges during December and into January and has impacted on services

The impact has been managed and services have remained open

- We have mitigated the impact
- There were occasions when our planned safer staffing could not be met
- Although wards have had outbreaks robust arrangements are in place to support admission were required, that fully involve the patient in decision making

Service recovery

- Prior to the omicron surge services have generally returned to pre-pandemic ways of working
- Levels of face-to-face activity have continued to rise and are around 10-15% lower than pre- pandemic levels
- IAPT have maintained high levels of online contact

Access and Winter plans

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

Service Demand

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

Winter Plans

- Traditional winter demands have been low in December
- Contingency plans have focussed on ensuring resilience of staff support and deployment in response to the omicron surge



Vaccination and staffing

Vaccination programmes

- Our vaccination plans have progressed well.
- Arrangements to implement Vaccination as a Condition of Deployment were in place, but halted due to Ministerial guidance

Workforce wellbeing risks

- Absences due to covid have been high in December and January
- There may be a cumulative impact on staff wellbeing into 2022 from the last 21 months of pandemic and recovery.
- Staff wellbeing handbook created and issued



Financial Risks

Financial risks for remainder of 2021/22

- The primary risk is the ability to fully utilise the additional investment
- Challenging due to recruitment lag and the general impacts of Covid on clinical and non-clinical services
- The additional delays in discharge from inpatient services due to omicron also creates a financial pressure as use of out of area bed provision is essential in this context
- Late receipt of 2022/23 Financial guidance
- Draft operational plan identifies risk that 2022/23 Financial context will be challenging



Draft Annual Operational Plan 2022/23

Emphasis now on Planning for 2022/23

- Draft Annual Operational Plan being produced
- In discussion at Sub Committees and Board
- Financial Plan being developed
- **Has been very challenging two years for our service users, their carers, and our staff.**
 - We must continue to review how services deliver on our Strategy and the NHS Long Term Plan.
 - We need to develop and expand the workforce pipeline, improve our succession planning and work closely with partner services to deliver integrated care.
 - Should staff turnover due to retirees exceed new joiners then we will have insufficient staff to meet demand

Draft Annual Operational Plan 2022/23



Sheffield Health
and Social Care
NHS Foundation Trust

Demand for services is forecasted to increase

- In the near to medium term as COVID- 19 becomes controlled through the UK vaccination programme.
- We have developed demand, capacity and workforce plans to respond to the recovery phase.

The systemic inequality that exists and harms people in our communities

- Will be challenged further by the economic downturn anticipated post COVID 19 and the mental health impact of the virus.
- Will disproportionately affect the socially disadvantaged and BAME communities within Sheffield.
- We have an important role to play in helping Sheffield's recovery and we will monitor levels of need and resources required.

