Proud to care in Sheffield

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Board of Directors – Public

SUMMARY REPORT

Meeting Date:	23 March 2022
Agenda Item:	7

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. **Traditional winter pressures and omicron surges have been managed well and services have remained open**: We have mitigated the impact. There were only two incidents breaching safer staffing levels. Outbreak incidents have reduced and there has been no service impact from January.

2. **Service recovery:** Levels of face-to-face activity have continued to rise and are around 10-15% lower than pre-pandemic levels although IAPT have maintained high levels of online contact.

3. **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.

4. **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.

5. **Vaccination programmes:** Our vaccination plans have progressed well and our full vaccination campaign has now paused.

6. **Workforce wellbeing risks:** Absences due to covid have been high in December. There may be a cumulative impact on staff wellbeing into 2022 from the last 21 months of pandemic and recovery.

7. **Financial risks:** The primary risk is the ability to fully utilise the additional investments which has been challenging due to recruitment lag and the general impacts of Covid on clinical and non-clinical services.

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

1. **Recommendation 1:** That the People Committee and the Staff Health and Wellbeing Group continue to review and consider the sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. The People Committee to be assured 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

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering effectively	Yes	*X*	No	
CQC Getting Back to Good- Continuous improvement	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 omicron surge
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
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 and impact of omicron.

Section 1: Analysis and supporting detail

1.1 Background

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

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

1.2 Service recovery

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

1.2.1 Working differently because of Covid – service recovery

Most services have returned to delivering care in a way that is similar to pre Covid ways of working. Ongoing service challenges are generally 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 position ending January 2022 reflects the position ending November 2021. Activity levels have generally returned, or are close to pre-pandemic levels across most services, in some areas demand is higher.
- The percentage of contacts with service users held face-to-face is recovering and is 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.
- As part of recovering from Covid and working differently in line with our new Agile Working policy, the directorates are now beginning to develop agile working plans for each team that will be agreed by the Triumvirates and reviewed annually.
- On the 16th March 2021 we are holding a virtual workshop to reflect on learning from wave 4 of the pandemic to support future planning and contingency management.
- The development of the service level agile working plans will support the ongoing review of new ways of working alongside changing demands and expectations from service users. This will ensure we have a good understanding about what is happening, how choice is offered positively and where face-to-face contact is requested or deemed necessary.
- The outcomes from this will shape future capacity planning.
- Some services are experiencing challenges with access and waiting times, however these challenges largely existed pre-covid. No new areas of risk regarding access are highlighted because of the way services are now being delivered due to Covid, except for IAPT services.

APPENDIX 1: Demand and activity overview

1.2.2 Managing demand across services

Our Annual Operational Plan anticipated increased need during 2021/22, due to the pandemic. However, demand on services has remained broadly stable.

- Based on IPQR reporting to the period ending January 2021 demand across most services, based on new referrals, generally remains within previous ranges. Most services show normal variation when compared to a baseline of pre-covid activity.
- Services that are experiencing an increase in demand are Crisis Services (HBPoS, AMP, Out of Hours), SAANS.
- Recruitment to the CRHT Service was successful in Q2, with staff starting early Q3. This has enabled the 24/7 provision of home treatment as planned. Since the successful recruitment further turnover within services means that vacancies are still high.
- Further expansion within Liaison and SPA/EWS has taken place using Spending Review funds. A Partnership with the VCSE is in place and has been mobilised which enables the SPA and EWS services to access additional capacity to support people.

APPENDIX 1: Demand and activity overview

1.2.3 MHIS Workforce expansion plan

- Following successful recruitment in Q2 services have been able to expand capacity through Q3 in line with plans for the MHIS priority areas for IAPT and the Crisis Resolution and Home Treatment services.
- The development of the new Assertive Outreach service has been behind schedule due to delays with the recruitment plan. This has now been completed and the full complement of staff have been appointed and will be taking up role soon. Accommodation arrangements for the new service still need to be determined and confirmed.

1.3 Winter, seasonal pressures and omicron

1.3.1 Winter Plan

Sheffield's Gold and Silver command are no longer meeting as regularly in respect of winter and seasonal pressures across the system. This reflects that any pressures that did materialise were short lived and have not continued to cause challenges.

The SHSC Plan identified risks and mitigations in the following areas

Identified risks	Plan impact
Inpatient capacity: impacted by delayed discharges, reduced bed stock due to estate challenges and **Vulnerable client groups:** impacted by increased likelihood of delayed care.	The position has improved since the last report. There have been no outbreaks since January onwards. With reduced outbreaks and incidences of Covid within our inpatient services previous delays experienced to access nursing home care for older adult inpatients has reduced. Small but significant numbers of inpatients were experiencing delays in accessing either specialist inpatient care (such as secure care) or specialist care for people with complex needs. NHS England commissioning leads have reviewed needs and patients have now moved on to access the care they need, freeing up capacity within our existing system in Sheffield.

Workforce: impacted by winter sickness, covid, vacancy rates for inpatient nurses, plans to deploy staff to support winter pressure areas.	Traditional 'winter challenges' have not had an impact on services through the core winter months.

Winter demand

1.3.2 Activity for the period ending January indicates that no increased winter demand has materialised.

- Service demand in December 2021, as measured by referrals, was in line with the same period for the previous two years.
- Admissions to Adult Acute and PICU services in December was in line with the previous year. While there was a higher number of older adult admissions compared to December 2020, the numbers admitted in December 2021 indicate no variation to the expected range.

Referrals to	Dec-19	Dec-20	Dec-21	SPC Variation
IAPT	1283	1375	**1230**	● ● ●
Adult MH SPA	712	838	**674**	● ● ●
Older Adult SPA	223	206	**224**	● ● ●
CRHTT (Adult Home Treatment)	93	103	**113**	● ● ●
Older Adult Home Treatment	32	39	**23**	● ● ●
Central AMHP Team (MHA Assessment)	133	143	**140**	● ● ●
Liaison Psychiatry	472	469	**402**	● L ●
Decisions Unit	48	37	**47**	● ● ●

APPENDIX 1: Demand and activity overview

Vaccinations – Flu and Covid boosters

1.3.3 Our vaccination plans have progressed well.

There have been problems with the national reporting and monitoring tool and the national vaccination dashboard has been disabled from February onward. This prevents further like for like monitoring through February onwards.

a) Flu vaccination

The 'Flu campaign started on the 5 October, and as of 29 January 2022

- 2,089 of our staff (74%) are recorded as having a 'flu vaccination, with 733 unvaccinated. This is the highest flu vaccination rate achieved by SHSC staff although it is below the national aim of achieving an 85% Flu vaccination rate by the end of January 2022.
- The number of clinics has been maintained in line with our plan, however, uptake from staff decreased through December (and into January).
- The Trust's flu campaign ended at the end of February 2022. From then communications have directed staff to their community hub for jabs with interactive maps and links on Jarvis.

b) Covid vaccinations

By the 29 January 2022

- 2,672 of our staff (94.7%) have had two covid doses and 54 (1.9%) of staff have had 1 dose.
- 96 members of staff (3.4%) have had no covid vaccine.

c) Covid boosters

The Covid booster programme started on the 11th October, and as of 29 January 2022

- 2,344 members of staff (83.1%) are recorded as having a covid booster.
- Of those staff who are eligible to have a booster, 89.1% have received one.

d) Varying uptake

1.3.4 Information regarding staff uptake of the Covid and Flu vaccine shows variability across several key domains

- Ethnicity: members of staff from Black/ Black British, Mixed (White and Black African, Asian, Black Caribbean) backgrounds vaccination rates were 20-30% less (Covid) and 15-20% less (Flu) compared to staff from White (British, Irish, Other) and Asian and Chinese
- Bed based services: most services with the lowest uptake (bottom 10 teams in Trust) of Covid and Flu vaccinations are inpatient or bed-based services. The service environment would bring higher risks to vulnerable patient groups and staff.

The Trust's review of the2021/22 vaccination campaign will consider the success and improvement areas highlighted to inform next years plan.

Impact of regulations requiring care staff to be vaccinated - Vaccination as a Condition of Deployment (VCOD).

1.3.5 A great deal of effort was conducted within the Trust to identify, encourage and support to be vaccinated, those of our staff who would be affected by legislation due to come in on 1st April 2022 that may have impacted on their deployment within the Trust.

It was recognised that the legislation brought with it several challenges for our Trust. The decision to suspend and since quash the legislation nationally has removed the immediate operational challenges and risks. In turn it has also meant we have needed to provide close support to those staff who decided to be vaccinated due to the incoming legislation and those who continued to refuse.

Government timetable for removal of Covid restrictions.

1.3.6 The Government roadmap out of Covid-19 creates additional challenges for us. The rules from NHS England and the UKHSA for health have been more stringent than for the public throughout the pandemic. That testing and isolation remains in health, together with universal mask wearing and distancing whereas, outside of the work environment, these have been relaxed makes enforcing them more difficult.

NHS England maintain the pandemic remains a Level 4 national incident requiring a 7-day per week incident response.

Service contingency plans

1.3.7 Services have reviewed contingency plans and have established a community network approach to support business continuity. This focusses on ensuring effective contingencies are in place through the organisation of training, rostering of an on-call

rota and arrangements for mobilisation. The contingency plan consists of:

- Phase 1 – training and calling upon colleagues on e-roster (typically inpatient colleagues or bank) to work additional hours
- Phase 2 – training and calling upon colleagues not on e-roster (typically community or crisis colleagues) to work additional hours
- Phase 3 – establishing self-sufficient communities of services which meet daily and agree where to temporarily assign staff to maintain safe minimum staffing in priority clinical areas.

Engagement across services has supported the development of an improved blueprint for future contingency planning and management.

Legislation updates

1.4 Legislation and guidance updates over the past two months has centred around

- Suspension of the VCOD regulations
- Removal of Covid restrictions.

APPENDIX 2: Summary of Guidance issued January - February 2022

Section 2: Risks

2.1 **Service demand:** There is a risk that challenges across the crisis care pathway are further compounded by the efforts and requirements to sustain services through the omicron surge and manage a range of contingencies to staff absences. Demand on services generally and through winter so far has been stable and within usual variation. 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 planned recruitment may not result in the required workforce increases to support service expansions over the medium to longer term. Looking ahead further workforce expansions are required to support the development of Primary Care Mental Health Services and the Assertive Outreach Service.

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

2.4 **Delay to improvements:** There is a risk that the omicron strain could have an impact on contractors' ability to undertake planned work across our inpatient services, delaying improvement work in response to CQC Requirement Actions and as part of the Therapeutic Environment programme. There is a risk that the omicron strain could divert leadership resources away from improvement work to deliver the Requirement Actions.

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

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

2.5 **Financial pressures:** The primary risk is the ability to fully utilise the additional investments which has been 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 with the people who are placed out of area being similar to the number of delays across our wards.

BAF.0022: There is a risk that we fail to deliver a break-even position in 2021/22

2.6 **Partnership and system working: SHSC** is positively engaged with the city wide Gold 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)

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.

Through Quarter 3 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 that we can expect to continue.

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.

Covid has impacted on our capacity to fully commit all investments due to recruitment lag and general impacts across the Trust. Omicron has seen an increase in delayed discharge rates with creates additional pressures on inpatient capacity and use of out-of-town beds.

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: Summary of Guidance issued January - February 2022

APPENDIX 1: Demand and activity overview

A) Service overview against plan – activity, access and waiting

Key messages: Referral numbers generally haven't increased, are in line with pre-covid levels and below what we expected.

	PLANNING ASSUMPTIONS								CURRENT STATUS (as at January 2022)							
	Expected challenges		Investments		Workforce		Activity		Workforce	Activity			Access & waiting times			
	Covid demand	Access/ waiting	MHIS 20/21 FYE + 2021/22	Spending Review Funds (SRF)	Staff expansion	Q3-Q4 plan + extra agreed with SRF	Pre covid (2019/20)	2021/22 Plan assumptions	Workforce recruitment	Actual activity ending January 2022	At pre-covid level	In line with Plan	Access challenges	Wait List	Wait Time RtA	Wait Time RtT
Improving Access to Psychological Therapies (IAPT)	Y		£900,000	£155,000	20 wte by Q2	+ 12 Q3 (SRF) + 40 Q4	13,591 entered treatment	14,782 treatments 8.7% increase	COMPLETED .+ C30 appointed Q2 - Q3 . =c16 appointed Q4	11,511 into treatment	11,326 Yes	12,318 No	No	N/A	6 week 99.0% • H • P	18 week 100.0% • • • P
Liaison services within A&E and general hospitals	Y		Nil	£109,000	Nil	+ 2.5 wte (SRF)	6,092 referrals	7,000 referrals 15% increase	NEW RECRUITMENT UNDERWAY	4,875 referrals	5,077 No Lower	5,833 No Lower	No	N/A	N/A	N/A
Single point of access/ Emotional wellbeing service	Y	Y	Nil	£183,000	Nil	+ 6 wte (SRF)	10,036 referrals	12,000 referrals 19.5% increase	ON PLAN .+ 6 APPOINTED MORE PLANNED	8,081 referrals to SPA	8,363 No Lower	10,000 No Lower	SPA | No wait for triage response Yes Wait for routine assessment and treatment in EWS	Wait List 1178 • H •	Wait Time RtA 29 • • •	Wait Time RtT 30 • • •
														Wait list and average wait times in weeks for routine assessment/follow up in month in EWS.		
Primary and community mental health services	Y		£3.3 million	Nil	8 wte by Q2 (SHSC employed)	Nil	1,026 referrals	1,239 treatments 20% increase	DELAYED Recruitment planned Q1 of 2022/23				No			
Recovery Services: Assertive Outreach	Y		£924,000	Nil	16 wte by Q2	Nil	N/a	N/a	COMPLETED . +c16 appointed	N/a	N/a	N/a	N/a To be mobilised			
Crisis services and access to home treatment across the 24/7 period	Y		£1.5 million	£325,858 Crisis Cafe	21 wte by Q2	Nil	1,292 referrals	1,551 referrals 20% increase	COMPLETED .+ C20-22 appointed Q2 - Q3	1101 referrals to Adult Home Treatment	1,077 Yes Same	1,293 No Lower	No Crisis response, no waits	N/A	N/A	N/A
People detained under Section 136 and need for access to a Place of Safety	Y	Y	Nil	Nil	Nil	Nil	412 admissions	543 admissions 31% increase	NON PLANNED	376 admissions to SHSC S136 suite	343 Yes Higher	453 No Lower	Yes 136 beds blocked with admissions	N/A	N/A	N/A

Positive	We use blue to identify positive performance, improvement, achievement of plan or target, on track etc.
Concern	We use orange to identify concern, poor performance, deterioration, lack of progress, not on plan etc.
Query	We use purple to identify something is unusual, off plan, not where we expected it to be, but it's not necessarily identified as good or bad.

Statistical Process Control (SPC) Chart Icons

Variation		
SPC Icon	Simple Icon	Description
	• • •	Common cause
	• L •	Improvement - where low is good
	• H •	Improvement - where high is good
	• L •	Concern - where high is good
	• H •	Concern - where low is good
	• ? •	Special cause - where neither high nor low is good
	• H •	Special cause - where neither high nor low is good - **point(s) above UCL or mean, increasing trend**
	• L •	Special cause - where neither high nor low is good - **point(s) below UCL or mean, decreasing trend**

Target		
SPC Icon	Simple Icon	Description
	?	Pass/Fail: the system may achieve or fail the the target subject to random variation
	P	Pass: the system is expected to consistently pass the target
	F	Fail: the system is expected to consistently fail the target
	/	No target identified

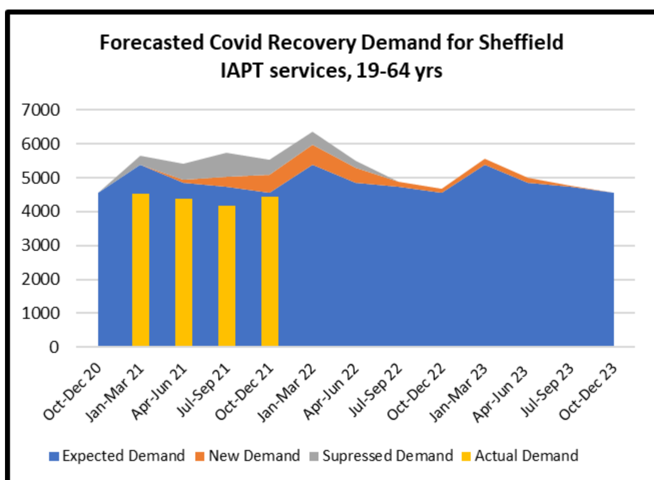
B) Demand and activity forecast comparisons – regional model

This forecasting tool uses prevalence data, historical demand data (referrals) from each mental health provider in SY ICS and estimates of suppressed demand, to forecast what the impact of the Covid pandemic may have on forthcoming demand for services. We have used referrals to services in 2019/20 as our baseline for expected demand for:

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

Key messages: Q4 UPDATE PENDING. Demand is generally below what the forecasting models suggest we should have expected.

IAPT

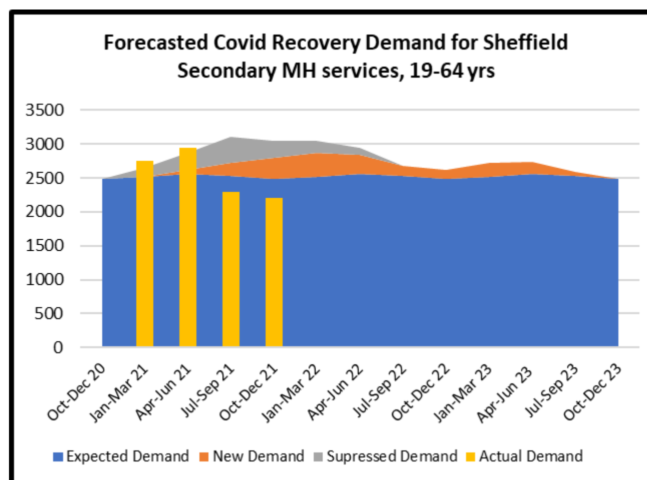


Note

IAPT activity at exceeding pre-covid levels for Apr-December, but below forecast tool levels

No access issues: Access standard achieved at 97.5% in 6 wks

Referrals to SPA

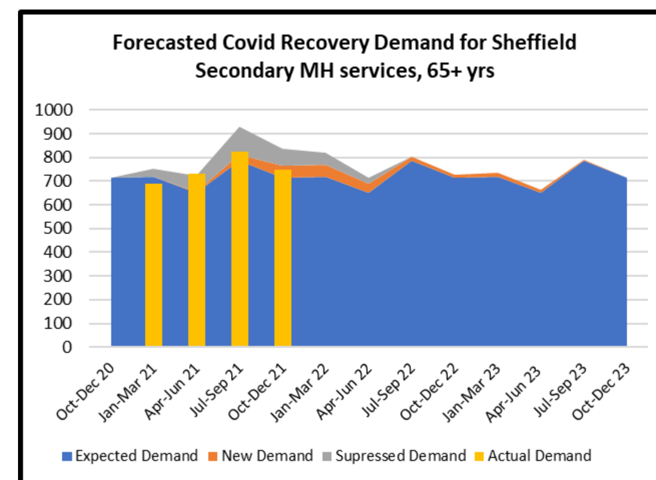


Note

Activity is lower than pre-covid levels and lower than forecast tool levels.

Access challenges: 1,289 on list, average wait of 23.4 wks

Referrals to Older Adult CMHT



Note

Activity/ demand increasing, mainly via Memory Services

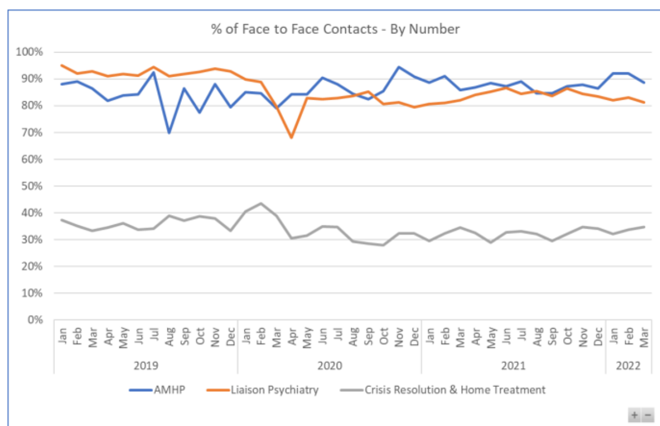
No access issues: Average waiting time of 4.7 weeks

Colour	Meaning
Blue	What demand would be if we repeated 2019/20 activity
Orange	New demand caused by the impact/ aftermath of the pandemic
Grey	Demand that existed from the pandemic but couldn't access services and now needs seeing
Yellow	Actual activity that has happened

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

Key messages: No significant changes in the latest 2 months activity data. 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. We need to understand and monitor this area and understand the data carefully to ensure we have a good understanding about what is happening, and that choice is offered positively and where face-to-face contact is requested or deemed necessary then this is provided.

Crisis Services



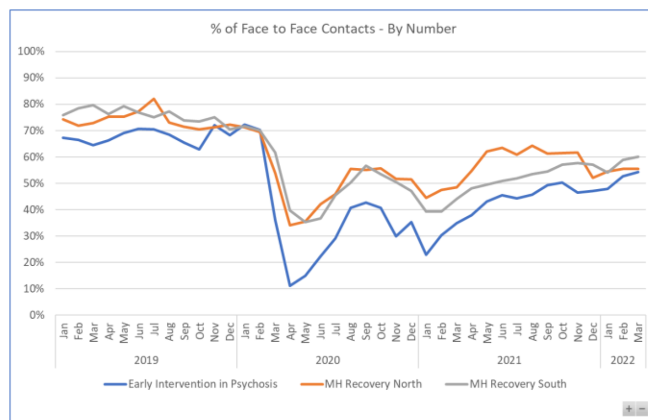
The graph shows the percentage of all contacts with service users that were held face-to-face.

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

For the orange line above (Liaison services), through 2021 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. Reporting on this area is being developed and forms part of the IPQR reporting.

Recovery Teams (N&S) & Early Intervention

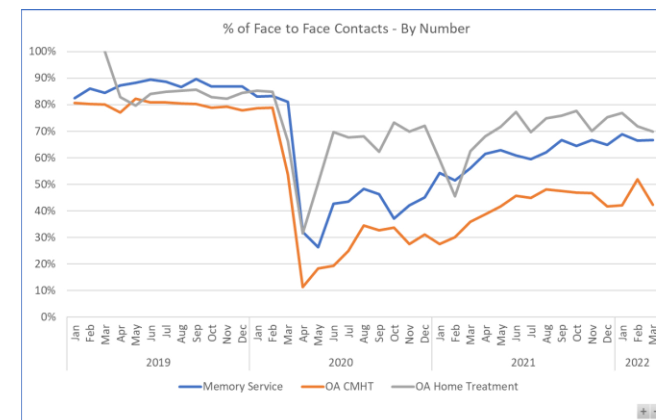


The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c65-75% of the time. It has recovered to around c55-65% 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 spend face-to-face. This has recovered to 70-80% of time. This suggests remote contact is often for shorter periods of time. Reporting on this area is being developed and forms part of the IPQR reporting.

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, 65% for Memory Services and 45% 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. Reporting on this area is being developed and forms part of the IPQR reporting.

APPENDIX 3: Summary of Guidance issued January - February 2022

New guidance and legislation

The two main themes in this period have been the suspension of VCOD (Vaccination as a condition of employment) and the Government's roadmap to removing COVID restrictions.

A great deal of effort was conducted within our Trust to identify, encourage and support to be vaccinated, those of our staff who would be affected by legislation due to come in on 1st April 2022 that may have resulted in them losing their jobs otherwise. It was recognised that the legislation brought with it several challenges for our Trust. The decision to suspend and since quash the legislation has in turn meant the need to support those staff who decided to be vaccinated due to the incoming legislation and those who refused and consider our Trust are somehow complicit in our drive to vaccinate them.

The Government roadmap out of Covid-19 creates additional challenges for us. The rules from NHS England and the UKHSA for health have been more stringent than for the public throughout the pandemic. That testing and isolation remains in health, together with universal mask wearing and distancing whereas, outside of the work environment, these have been relaxed makes enforcing them more difficult.

NHS England maintain the pandemic remains a Level 4 national incident requiring a 7-day per week incident response.

I have attached as an appendix to this report the Covid Risk register. You will see there are 3 risks remaining, two associated with Covid-19 infections creating a risk in keeping our staff and service users safe. The other relates to FFP3 face masks.

At the start of the pandemic when masks were in short supply, a programme of fit-testing and issue of FFP3 masks was being rolled out that stopped once fluid resistant masks became available. The use of FFP3 masks requires training against guidelines issued by the HSE (Health & Safety Executive) and only a small proportion of our staff, those involved in aerosol generating procedures require them. Our Health and Safety lead is now responsible for the issue, training and recording of FFP3 masks and is conducting a review of who has them, who needs them, who requires training to ensure our Trust is compliant. In the meantime, recognising there may be some masks in circulation being used, it is recorded as a risk.

Date of Issue	What does this mean for SHSC?	Compliance statement
18/01/22 – Changes to daily situation report data to include service users medically fit for discharge but still occupying a bed	Pressure to discharge patients from NHS England to free up bed space during winter in acutes, extended to mental health and community hospitals.	Standard met. Data included in daily submissions.
24/01/22 – Guidance issued supporting MHLDA patients of all ages who are unwell with Covid-19.	Useful advice and guidance enabling us to check our processes for supporting our service users with Covid-19 against national guidance.	Standard in place. Processes conform with guidance issued and is constantly assessed in the interests of each service user..

Date of Issue	What does this mean for SHSC?	Compliance statement
01/02/22 – Following Government announcement to suspend the vaccination of staff as a condition of employment (VCOD), letter issued by NHS England to suspend the issue of next stage letters to non-vaccinated staff.	Suspension of VCOD meant that difficult decisions on the re-deployment and potential termination of employment of our non-vaccinated staff will no longer take place, together with the associated challenge in how to replace them.	Standard met. Deployment activity has ceased and support has been made available for those staff to whom this applied, together with those having reluctantly agreed to vaccination as they feared losing their job otherwise.
21/02/22 – Government announce timetable for removing Covid-19 restrictions as follows: **24/02/22 – no longer legally required to self-isolate if you test positive or take daily tests if you're a contact.** **24/03/22 – Covid-19 provisions within statutory sick pay ends,** **01/04/22 – free universal and asymptomatic testing for the general public in England ends.**	No changes currently within health. NHS England have indicated there will be new guidance issued by the end of March 2022 but that in the meantime, current IPC measures including mask wearing, PPE, social distancing remain in place, together with the isolation rules for staff and service users testing positive and the testing requirements for those who have been in contact with persons who have tested positive.	Standard met. We remain compliant with current NHS England and UKHSA measures.
07/03/22 – Next steps letter to access the £2000 covid funding in mental health from CCG's	A one-off payment to mental health trusts to assist with the purchase of activities to support service users with Covid-19 who have to be isolated.	Payment made to Allied Healthcare Professionals budget and managed by AHP lead.
08/03/22 – Updated visitor guidance from NHS England for inpatient settings.	Visiting of our service users is person centred. The updated guidance enables visiting by two family/friends/carers at a time, an increase on one previously.	Standard in place. Our IPC lead in consultation with clinical leads have reviewed the guidance, which has been published on JARVIS, our Extranet platform.

Terry Geraghty

Emergency Planning Manager