Board of Directors – Public

SUMMARY REPORT	Meeting Date:	26 July 2023
	Agenda Item:	09

Report Title:	**Operational Resilience and Business Continuity**	
Author(s):	Greg Hackney, Senior Head of Service	
Accountable Director:	Neil Robertson: Executive Director of Operations and Transformation	
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. **Service demand:** We have increased demand for our Short-Term Education Programme owing to increased accessibility through our Primary and Community Mental Health Transformation. We have lower demand for our Long -Term Neurological Conditions Service, which is being monitored. We have now stopped receiving referrals for our Myalgic Encephalomyelitis(ME)/Chronic Fatigue Syndrome long covid service as part of the transition to the Sheffield Teaching Hospital Long Covid Hub.

2. **Partnerships with the Voluntary, Community and Social Enterprise**: We continue to strengthen our partnership with the Voluntary, Community and Social Enterprise through service improvement and service transformation. This is supported by our annual operational plan and has been optimised in some services through dedicated relationship management.

3. **Learning from our Winter Plan**: We are finalising our winter plan to mitigate seasonal demand and capacity challenges across Urgent and Emergency Care. We have confirmed a joint request with the Local Authority to access the Better Care Fund to support delayed discharge. We are also working in partnership with RDaSH to strengthen our regional resilience.

4. **Industrial Action**: We have reviewed the impact of industrial action upon operational performance and quality. 329 appointments were rescheduled throughout 2023. 31 of those appointments were rescheduled in response to the British Medical Association strike action in July. We continue to engage with our workforce and other providers at Place to prioritise Urgent and Emergency Care. There have been no Serious Incidents because of Industrial Action.

5. **Operational resilience:** We have now increased staffing in some areas based upon the recommendations of our Clinical Establishment Review using the Mental Health Optimum Staffing Tool (MHOST). We have reduced our vacancy rate across clinical services to 3.2% in June. We have more applications than vacancies for our September cohort of preceptee registered nurses and have committed to over-recruitment.

6. **Risks:** Changes in demand and capacity pose a risk to our operational resilience. Demand changed during the Covid-19 pandemic and will increase during winter. We must deliver on our plans to maintain a safe and highly skilled workforce, capable of responding to the needs of our service users. These

plans must mitigate patient safety risks arising through industrial action. We must also maintain robust partnership working at place and region to strengthen our collective capacity.

Recommendation for the Board/Committee to consider:

Consider for Action		**Approval**		**Assurance**	**X**	**Information**	

1. **Recommendation 1:** For the Board of Directors to take assurance that we have robust plans to provide resilient and continuous services.
2. **Recommendation 2:** To consider the level of assurance that our approach to business continuity and resilience will support the recovery of urgent and emergency care at Sheffield Place.

Please identify which strategic priorities will be impacted by this report:				
Recover and improve efficiency	*Yes*	***X***	*No*	
Continuous quality 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*		*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, Engagement and Experience	*Yes*	***X***	*No*		Risk of bringing Covid-19 or Influenza 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 has reduced. Specific additional Covid-19 funding is no longer in place. New funding to support improved discharge outcomes is available.
Organisational Development /Workforce	*Yes*	***X***	*No*		Risk of increased staff absence through contracting Covid-19 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 the Long Term Plan 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	Operational recovery and winter planning.

Section 1: Analysis and supporting detail

1.1 Background

This report summarises changes to demand and the steps we are taking to ensure operational resilience and business continuity. This includes our preparedness for seasonal demand and our resilience to disruption to service because of industrial action.

1.2 Service Demand and Access

1.2.1 Managing demand across services

This report has consecutively reported that the demand for most of our services has returned to within expected variance following the Covid-19 pandemic. However, we have experienced a sustained increase in demand for our Sheffield Autism and Neurodevelopmental Service, which is consistent with the national rise in demand for Autism assessments (NHS Digital reported a national increase of 34% between October 2021 and July 2022). Demand has temporarily reduced to within expected variance during July 2023. Our Sheffield Autism and Neurodevelopmental Service has mobilised a recovery plan which is supported by the South Yorkshire ICB and is reported through our Quality Assurance Committee. Neurodiversity is also a priority for the South Yorkshire Mental Health Learning Disability and Autism Collaborative.

The demand for our Short-Term Education Team has remained high. Visibility and accessibility to the service has improved because of the Primary and Community Mental Health Transformation, which is a contributory factor. The future demand and capacity of this service is being discussed through contract negotiations with the Sheffield Integrated Care Board. This demand for both services is being monitored and mitigated and is reported to our Quality Assurance Committee.

Our Health Inclusion Team comprise of Health Visitors, Nurses and a Family Support Worker. The team perform a key safeguarding function to vulnerable children who are living in temporary accommodation. The service was inherited in 2013 when primary care trusts were abolished as part of the Health and Social Care Act 2012. The service has experienced sustained, elevated demand. The service caseload has increased by 81% in 24 months which poses significant safety and quality risks. We have entered formal contract negotiation with the Sheffield Integrated Care Board to identify risks and to request investment. A recovery plan is in place to mobilise immediate support. It will alert and assure Board Committee's in August.

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

1.2.2 Levels of activity

Our recorded clinical activity is equivalent to that recorded before the Covid-19 pandemic, apart from our Sheffield Memory Service. The Sheffield Memory service has experienced an increased referral to assessment waiting time because of reduced clinical activity. A recovery plan is in progress which will introduce a more

efficient clinical and operational delivery model. This is supported by the South Yorkshire ICB and is reported to the Quality Assurance Committee. The Memory Service transformation will be governed through our Community Mental Health Transformation Programme Board from July 2023.

Some of our services are delivering activity differently because of the learning from the Covid-19 pandemic. The delivery of face-to-face contacts remains 10-15% lower than before the pandemic due to an increase in remote or virtual modes of clinical intervention. We are committed to capitalising upon technological efficiencies, but we must also monitor feedback from our services users to ensure that experience and outcomes are not adversely affected. Services such as the Single Point of Access offer service users the option of face to face or virtual appointments at the point of triage if this is compatible with their needs.

1.2.3 Urgent and Emergency Care

Demand across our Urgent and Emergency Care pathways is within expected variance, but we are beginning to see a trend of increased demand across our liaison psychiatry service. This is further challenging the service to meet the Evidence-Based Treatment Pathway 1 hour waiting time standard. We have mobilised an improvement plan and we are closely monitoring the impact upon demand and responsivity.

APPENDIX 1: Demand and activity overview (Section C: Weekly referrals to 1 March 2023)

Flow through our Urgent and Emergency pathways have been better this winter compared to last winter, reflecting the improved ways of working and focus on escalating potential delays across the pathway. Flow remains challenging within inpatient services. This is evident by

- Five people have waited more than 12-hours to be transferred to a mental health hospital bed between April and May.

- The Health Based Place of Safety was closed and repurposed into an acute mental health bed for 43% of time in April and 50% in May, reducing to 42% in June. Our out of area reduction programme must discontinue this practice to maintain accessible crisis services. This has been discussed at both our Quality Assurance Committee and Finance and Performance Committee.

- We continue to provide hospital care for many people who are clinically ready for discharge. An average of 20% of our beds were unavailable in April and May due to delays in being able to discharge to social care. We actively participated in the national Mental Health 100 day discharge challenge and benchmarked better than other Trusts in South Yorkshire. This has provided a platform for us to develop a mental health Operational Pressures Escalation Levels (OPEL) Framework with South Yorkshire ICB. We are planning for this framework to pilot in August. Delayed care has been made a Sheffield Place priority through the Health Care Partnership and Mental Health Learning Disability Dementia and Autism (MHLDDA) delivery group. There have been data quality issues with our regional delayed discharge submission associated with Electronic Patient Record. We are working with performance and IMST colleagues to resolve.

- Our Flow Improvement programme has set a trajectory to eliminate inappropriate out of area hospital bed use by 2024. We have achieved our target to reduce our out of area bed nights in March, April, May, and June. We

undertook a replanning workshop in June due to the untended consequence of repurposing our Health Based Place of Safety to an acute mental health bed. Revised workstreams will be presented to the programme board in July.

1.3 Service continuity and resilience.

1.3.1 Learning from Winter Plans

1.3.2 Our 2022/23 Winter Plan was supported by an allocation of £85,500 from South Yorkshire ICB to increase capacity across the Voluntary, Community and Social Enterprise. This allocation successfully mitigated increased demand into our Community Mental Health Service enabling us to sustain reduced waiting times and expediate flow out of Urgent and Emergency Care (*APPENDIX 1: Section B).*

1.3.3 We are committed to strengthening our partnership with the Voluntary, Community and Social Enterprise through service improvement and service transformation. This is supported by our annual operational plan and has been optimised through dedicated governance and support.

1.3.4 Our Winter Plan also included a joint allocation of £138,000 with Sheffield City Council from the Better Care Fund, which enabled us to procure two Mental Health Somewhere to Assess beds and dedicated Social Work support. The initiative successfully supported us to discharge 5 patients who were clinically ready for discharge and directly contributed to a reduction in out of area hospital use.

1.3.5 We have applied learning from the Better Care Fund Somewhere to Assess initiative. This has prompted a contract review with the Rethink Crisis House. We expect to increase capacity for step-down provision from hospital within the VCSE to support people to access care in the community at the right time.

1.3.6 We have prepared our 2023/24 Winter Plan based upon intelligence of the Better Care Fund and South Yorkshire Integrated Care Board allocation of £600k. We plan to increase capacity across the Voluntary, Community and Social Enterprise. We also intend to introduce resource to directly impact delayed hospital care. This will include dedicated Local Authority employed Mental Health Discharge Social Worker's, and a Somewhere to Assess initiative to provide care in a less restrictive environment.

1.3.7 Industrial Action

1.3.8 We have reviewed the impact of industrial action taken by members of the Royal College of Nursing, British Medical Association and Chartered Society of Physiotherapy. 231 individual members of staff took industrial action and 329 appointments have been rescheduled since January 2023. We have also reviewed the indirect impact of industrial action taken by trade union members of Yorkshire Ambulance Service. We note that the Royal College of Nursing did not receive a mandate for further industrial action in June.

1.3.9 Our substance misuse, community mental health, crisis and acute services were most disrupted by industrial action, but business continuity arrangements successfully mitigated the risk of harm to our service users. We successfully engaged with our workforce and service users, and we worked in partnership with other providers at Place to prioritise Urgent and Emergency Care. We communicated with our service users where routine appointments were rescheduled and we ensured that a same day duty response was available for anybody in urgent need. There have been no Serious Incidents because of Industrial Action.

1.3.10 The command structure continues to support our readiness and management of risks

associated with seasonal demand, the potential for further surges of Covid-19, Influenza, industrial action, and risks to interruption of energy supplies.

1.3.11 Operational resilience

We have now increased staffing in some areas based upon the recommendations of our Clinical Establishment Review using the Mental Health Optimum Staffing Tool (MHOST). We have reduced our vacancy rate across clinical services to 3.2% in June. We have more applications than vacancies for our September cohort of preceptee registered nurses and have committed to over-recruitment. The Board of Directors received a detailed report in relation to Safer Staffing in March 2023 and will receive a further report in September 2023. In addition, we have significantly reduced our use of agency and bank staffing within our working age and older adult hospital wards, providing improved continuity of care.

1.3.12 Vaccination programme

The 2022/23 Vaccination programme ended in February 2023. We undertook a review of this programme at a workshop in April 2023. It is unclear if SHSC will be required to deliver the COVID-19 booster, though we are planning for this. In response to learning, our 2023/23 Vaccination Programme will be delivered from multiple sites and through a mobile clinic utilising our purpose designed Trust vehicle. Our campaign will assertively target ethnically diverse and younger staff groups. We expect to exceed 2022/23 regional benchmarking whereby we delivered above average for both flu and Covid vaccinations.

1.3.13 Continuity and resilience risks

The following risks to service continuity and resilience are currently being managed through the operational command structures.

- **Covid-19** may impact on demand and/ or reduce staff capacity. In 2023 there has been a number of contained covid outbreaks. However, there has been only 1 ward closure as a consequence, compared to 6 in 2022. All staff absences due to covid have been 47% less than the previous year and 62% less for Nursing staff.
- **A heat wave** may adversely impact upon the health of our service users and workforce. We undertook a series of workshops in April and May to review our Heat Wave plan. Learning was identified in relation to access to portable air conditioning units for high-risk areas, cool air circulation maps, hydration guidance, and revision of our communication and engagement plans. Our revised Heat Wave plan was published in June.
- **Seasonal winter demands** may impact on our available capacity. There has been no statistical sustained increase in demand due to winter across key urgent care pathways. Our 2023/23 Winter Plan will deploy additional capacity via VCSE partners. It will also deploy resource to reduce delayed hospital care and to support urgent and emergency pathways.
- **Sickness absence** may reduce staff capacity. Sickness absence rates have remained high at c7% across clinical services for the Quarter 2 and 3 periods and with a reduction to 6.4% in July 2023.
- **Industrial action** may impact on services ability to provide accessible and safe care. We have robust arrangements to determine impact and to mobilise

business continuity plans. This is reflected across all clinical areas and in our planning and communications with our staff side representatives.

The Royal College of Nursing, British Medical Association and Chartered Institute of Physiotherapy strikes were well supported by members and impacts on services were minimal and managed well. Services were able to continue as planned in line with our continuity plans and arrangements. The risk of further industrial action has reduced following the announcement in June that the Royal College of Nursing did not receive a mandate for further industrial action.

- **Energy supply.** Contingency plans in place and to date there have been no incidents and we have continued our programme of emergency generator replacement.

- **Temporary staffing.** We have introduced a high level of control to ensure safer staffing across our inpatient hospital wards. Our vacancies (3.2% across clinical services in July 2023) and absence (6.4% in July 2023) pose a risk to increased use of temporary staffing. We must have systems in place to enable access to our Bank staffing at the point of need. This is being progressed through our agency reduction cost improvement programme.

- **Social Care Disaggregation**. Sheffield City Council took direct line management of Local Authority employed Social Workers on the 1 April 2023. We have worked with Sheffield City Council to develop a Memorandum of Understanding and a suite of operational procedures to ensure the delivery of safe and timely health and social care. The Memorandum of Understanding will be approved in August 2023. We held our first celebrating Partnership event with Sheffield City Council on the 25 May to mark our continued commitment to partnership working. There have been no reported patient safety issues arising from the social care disaggregation.

1.4 Emergency Preparedness Resilience and Response Plans (EPRR)

1.4.1 EPRR Core standards: We remain on track to meet the 100% target for completion of the PHC course by 31st December 2023 with all but three of our On-Call Directors and Senior Managers having now attended a course.

Following finalisation of the Personal Development Plan (PDP) evidence requirement from NHS England so that our On-Call training sessions include specific themes to meet them, PDP's are in the process of being sent out to our Directors and Senior Managers, together with Continuing professional Development (CPD) courses and workshops available from UKHSA that can be booked on, to meet some of the mandatory evidence skills. PDP's form part of the evidence for Standards 21,22 and 24 and therefore remain amber presently.

We are still awaiting the final version of the Yorkshire and Humber Low Medium Secure Evacuation Plan that applies specifically to Forest Lodge, this being a joint project conducted by Emergency Planners from all the Trusts who will be party to it and remains with NHS England before going to partner Accountable Emergency Officers for sign off. The ongoing Industrial Action this year has been a factor in the delay. We are informed that the draft plan is suitably robust to use should the need arise in the meantime.

24-hour access to a trained Loggist will be difficult to achieve and as reported previously, most Trusts have difficulty meeting this standard. Although an

important role in a major incident, it does not form part of any NHS staff job descriptions and therefore relies on volunteers for training and being deployed away from their normal role for exercising and live incidents. We have a few trained Loggists in SHSC, but they would not be available out of hours, so currently remain amber on Standard 29. A recent appeal generated interest from five members of staff and training is being scheduled for September 2023.

The Board are aware that IMST have struggled to meet the Data Protection and Security Toolkit standard 49. Much progress has been made to achieve the 10 points that make up the standard, with the move from INSIGHT to RiO together with a review of the IMST Business Continuity Plan being the main remaining issues. This standard therefore presently remains amber.

The 2023/24 standards include all the above, but many have greater evidence requirements necessary to meet the standards than previously. For example, it is no longer sufficient to have a nominated Accountable Emergency Officer for a trust. There is now an expectation that the role will be embedded into that individuals job description.

There is also several standards relating to Chemical Biological Radiological Neurological (CBRN) processes that equally affect acute and mental health trusts, a significant change from previous years.

The timeline for this year's submission has changed considerably. An initial self-assessment signed off by the AEO with evidence must be submitted by 29 September 2023 to NHS England on behalf of the Integrated Care Board (ICB). They in turn have until 27 October 2023 to request additional information. Submission of supplementary evidence must be completed within 5 days of the request being received, after which a final review of evidence takes place by the ICB who report their findings back to trusts. Trusts then have 10 days to submit their final position and statement of compliance. Local Health Resilience Partnership (LHRP) assurance takes place week commencing 27 November 2023 and trusts provide an updated action plan and report to Board, for submission to the NHS England national team by 31 December 2023.

There are several planned workshops hosted by the ICB in the coming month to understand the new process.

Our progress is reported and monitored through the Audit and Risk Committee.

The changes and increased assurance are a move by NHS England for EPRR to have equal status to all other aspects of Trust's work, ensuring they have the processes to deal with any emergency and that their leaders have the skills and ability to see their trusts effectively through them. It is an opportunity to upskill all NHS leaders in this increasingly important area of work.

The new process provides further opportunity for all trusts to be judged objectively on their preparedness and to be supported in their efforts to achieve compliance.

The risk is that our compliance level will be made available to the CQC and could potentially be used by them as evidence applicable to the standards they judge us on.

1.4.2 Covid 19: NHS England stepped down the COVID-19 pandemic as an incident in May 2023, returning the management of outbreaks to business as usual processes in line with any other infectious disease outbreak. However, since this was reported to Board, there remains a requirement on Mental Health and Community Trusts to continue submitting daily situation reports providing data on the number of beds occupied, any Covid cases affecting service users and staff absences, and the

number of service users clinically fit for discharge but still occupying a bed.

This data is already available via business as usual reporting methods in acutes and is no longer required separately from them.

1.4.3 New guidance

The only new guidance is in respect of the core standards submission changes mentioned above.

1.4.4 System preparedness

Work this period continues to focus on our preparedness and management of industrial action.

1.5 Looking forward

Key developments going forward will provide opportunities for SHSC to build on its existing plans in respect of ensuring services are resilient.

Key areas of note and opportunities currently will be:

- Development of improvement plans across the SY MHLDA Provider Collaborative for Section 136 and Health Based Place of Safety services.
- Strengthening the provision and reach of 24/7 urgent mental health helplines for people across Sheffield as part of the broader ICB plan. Options for this are being progressed in conjunction with Sheffield Children's' Trust.
- The continuation of the Adult Social Care Discharge Fund over the next two financial years provides a key opportunity to develop new models of support for people as part of the crisis care pathway.
- South Yorkshire ICB have request draft winter plans by July 23 which are now finalised.
- South Yorkshire ICB have confirmed investment into Primary and Community Mental Health, Perinatal Mental Health, Liaison Psychiatry, and Sheffield Autism and Neurodevelopmental service in 2023/24. We have worked in partnership to agree revised Key Performance Indicators, which include our contribution to the ICB recovery plans for IAPT, Perinatal Mental Health and Out of Area hospital beds.

Section 2: Risks

2.1 **Impact of seasonal absence:** There is a risk that seasonal illnesses may impact on staff absence and reduce the frequency and quality of care delivered to our patients. This may reduce flow through our community and crisis 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 flow within the pathway and increase capacity and resilience at key access points. Specific additional actions and measures were mobilised as part of our Winter Plan. However sustained pressure on services is expected 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 **Business continuity - Industrial action and power supply:** There is a risk that industrial action and/ or power outages disrupts patient care and the ability of critical services to operate as normal. Business continuity plans are in place and our arrangements are being appraised in line with national guidance.

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.*

2.4 **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 as a result of industrial action. We need to ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

BAF0020: *There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme*

BAF0013: *There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing and delivery of services*

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) National Immunisations Management System (NIMS) provides nationally validated information regarding uptake on Covid and Flu vaccine uptake

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

f) Service visits by the Board and the Executive.

Section 4: Implications

4.1 Strategic Aims and Board Assurance Framework

The implications and risks to delivering outstanding care, creating a great place to work, ensuring effective use of resources, and ensuring our services are inclusive are highlighted in the sections above. These implications and risks have informed our revised strategic priorities for 23/24 – 25/26, which are enabling greater focus and impact. They are supporting us to recover services and improve efficiency, continuous quality improvement, Transformation – changing things that will make a difference, Partnership – working together to have a bigger impact.

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.

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 as a result of industrial action. 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 plan for Sheffield. 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 South Yorkshire Integrated Care Board 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

Services have developed and adopted Agile Working Plans in response to the Covid-19 pandemic, and more recently in response to the introduction of Clean Air Zones across the City. The Plan reflects effective use of workforce time to optimise efficiency and work wellbeing. This reflects a sustainable development in support of climate change but we must also ensure that workforce morale and patient care is not adversely affected.

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 dashboard

APPENDIX 3: Vaccination Programme Performance Dashboard

APPENDIX 1: Demand and activity overview (ending May 2023)

A) Referrals

Key messages: Referral numbers generally haven't increased and are in line with expected control limits. There has been a steady continuous increase in referrals to STEP due to increased visibility and familiarity with the service.

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Responsive | Access & Demand | Referrals

Referrals	May-23			
Acute & Community Directorate Service	n	mean	SPC variation	Note
SPA/EWS	586	698	• • •	
Crisis Resolution and Home Treatment	917	In February 2022, 5 teams merged to create the Crisis Resolution & Home Treatment Team (4 Adult Home Treatment Teams & Out of Hours). Due to the limitations of reporting from Insight, we require the RiO implementation to get accurate data.		
Liaison Psychiatry	569	482	• • •	
Decisions Unit	70	56	• • •	
S136 HBPOS	28	33	• • •	
Recovery Service North	13	23	• • •	
Recovery Service South	18	23	• • •	
Early Intervention in Psychosis	35	38	• • •	
Memory Service	115	128	• • •	
OA CMHT	247	256	• • •	
OA Home Treatment	27	25	• • •	

Referrals	May-23			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	2	3	• • •	
SCFT	0	2	• • •	
CLDT	55	57	• • •	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	4	3	• • •	
Psychotherapy Screening (SPS)	46	49	• • •	
Gender ID	44	42	• • •	
STEP	132	105	• H •	Referrals steadily increasing especially from GPs. This may be due to increased visibility and familiarity with STEP and its offer due to work both by the team and signposting by other SHSC services such as SPA/EWS.
Eating Disorders Service	39	34	• • •	
SAANS	436	414	• • •	
R&S	11	19	• • •	
Perinatal MH Service	43	48	• • •	
HAST	12	15	• • •	
HAST - Changing Futures	4			
Health Inclusion Team	156	161	• • •	
LTNC	56	86	• L •	
ME/CFS Long Covid	1	66	• L •	The service has stopped accepting referrals from Sheffield from March '23 as this has been transferred to the Long Covid hub within STH.
ME/CFS	54	50	• • •	As above

B) Wait Lists, Wait 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

May 2023	Number on wait list at month end			Average wait time referral to assessment for those assessed in month			Average wait time referral to first treatment contact for those 'treated' in month			Total number open to Service		
	Waiting List			Average Waiting Time (RtA) in weeks			Average Waiting Time (RtT) in weeks			Caseload		
Acute & Community Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPA/EWS	**364**	*733*	• L •	**33.1**	*32.3*	• • •	**9.9**	*9.9*	• L •	**694**	*956*	• L •
MH Recovery North	**80**	*78*	• H •	**22.1**	*10.9*	• • •	**5.9**	*10.2*	• L •	**809**	*940*	• L •
MH Recovery South	**22**	*74*	• L •	**22.8**	*12.2*	• H •	**21.2**	*12.2*	• • •	**984**	*1072*	• L •
Recovery Service TOTAL	**102**	*151*	• L •	*N/A*			*N/A*			**1793**	*2012*	• L •
Early Intervention in Psychosis	**23**	*25*	• • •				**84.6%**			**308**	*322*	• L •
Memory Service	**959**	*749*	• H •	**39.1**	*25.3*	• H •	**40.5**	*33.3*	• H •	**4517**	*4374*	• H •
OA CMHT	**270**	*180*	• H •	**15.9**	*7.2*	• H •	**10.6**	*9.7*	• • •	**1350**	*1251*	• H •
OA Home Treatment	*N/A*			*N/A*			*N/A*			**67**	*65*	• • •
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPS - MAPPS	**55**	*70*	• • •	**27.2**	*20.1*	• • •	**122.4**	*80.5*	• • •	**314**	*317*	• • •
SPS - PD	**48**	*41*	• H •	**16.1**	*16.6*	• • •	**68.9**	*64.1*	• • •	**194**	*191*	• • •
Gender ID	**2063**	*1710*	• H •	**192.1**	*135.6*	• • •				**2890**	*2514*	• H •
STEP	**191**	*132*	• H •	*N/A*						**502**	*421*	• H •
Eating Disorders	**18**	*30*	• • •	**3.9**	*4.5*	• • •				**183**	*218*	• L •
SAANS	**7735**	*5385*	• H •	**81.8**	*92.2*	• L •				**6249**	*5687*	• H •
R&S	**62**	*154*	• L •	**33.1**	*74.1*	• L •	*N/A*			**117**	*200*	• L •
Perinatal MH Service (Sheffield)	**20**	*25*	• • •	**2.8**	*3.2*	• • •				**153**	*145*	• • •
HAST	**25**	*29*	• • •	**32.7**	*12.8*	• • •				**84**	*81*	• L •
Health Inclusion Team	**425**	*316*	• H •	**5.4**	*9.4*	• • •				**1924**		
LTNC	**301**	*631*	• L •	*N/A*						*N/A*		
CFS/ME	*N/A*			**25.8**	*18.2*	• H •				**1416**		
CLDT	**164**	*181*	• • •	**9.7**	*11.5*	• L •	**27.4**	*20.4*	• • •	**744**	*738*	• • •
CISS	*N/A*									**14**	*25*	• L •
CERT	**2**			*N/A*			*N/A*			**45**	*45*	• L •
SCFT	**0**									**22**	*25*	• L •

Narrative

See next slides for SPC chart detail.

CLDT figures represent distinct individuals so does not include multiple waits per service user. – add specific narrative to month.

ME/CFS – Data quality work underway (See slide 10) could be linked to risk identified at directorate level (risk no. 4508). Long term sickness impacting delivery of assessments.

LTNC – SQL query has been rebased to better capture true picture following data improvement work, this has shown an increase in numbers on the waitlist.

SEDS – reduction in RtA time due to ASERT assessment team and FREED initiative.

STEP – No Admin resource is leading to longer times to process referrals and book them onto courses and therefore longer wait until treatment.

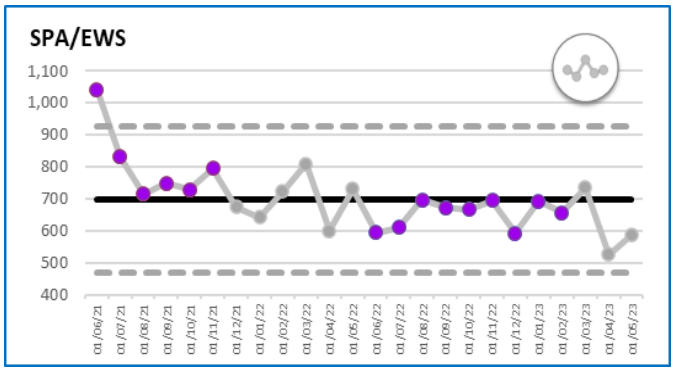
HIT – Caseload increased in Homeless (temporary accommodation) and Migrant placements, large increase in number of referrals who are open to safeguarding increasing complexity. Workforce model proposed but requires investment, commissioners need to be identified. QEIA completed and presented at QAC. We are escalating through commissioning management group & board.

SAANS- Significant staffing issues. No ADHD assessments currently taking place, this is leading to a further increase in numbers on wait list. Mitigations include development of waiting list initiative with VAS and service users. Collaboration with SPA/EWS and initial discussions with PCMHT and Consultation model supporting other SHSC Teams.

C) Monthly referral rates: to end of May 2023

Key messages:

Single point of access



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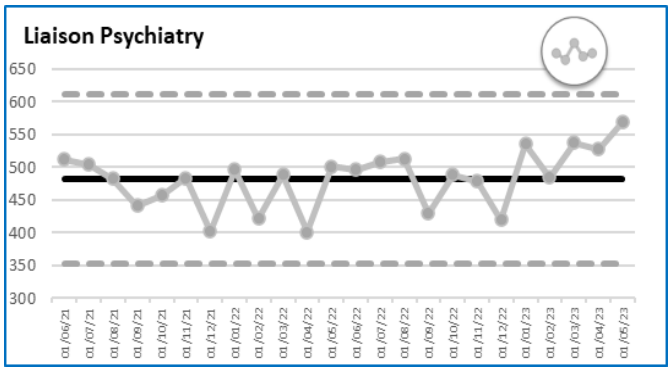
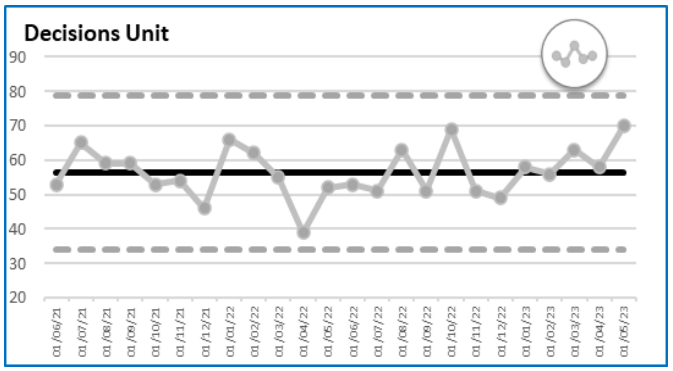
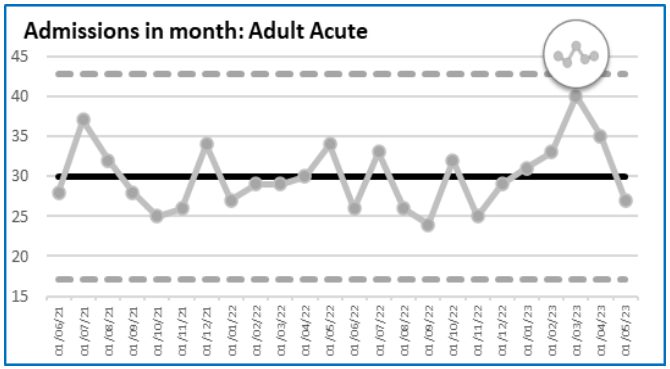


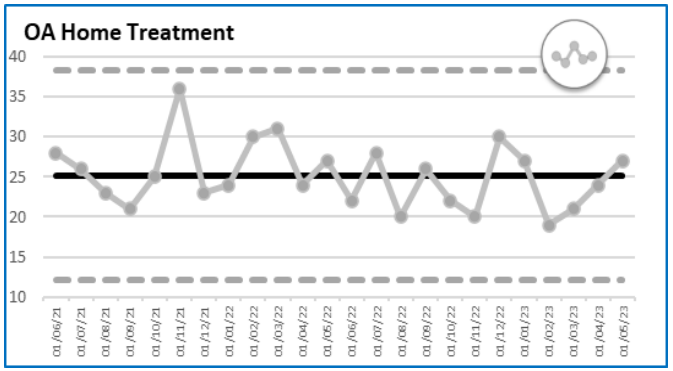
Decisions unit



Adult acute admissions



Older adult home treatment



APPENDIX 2: Urgent and emergency care (ending June 2023)

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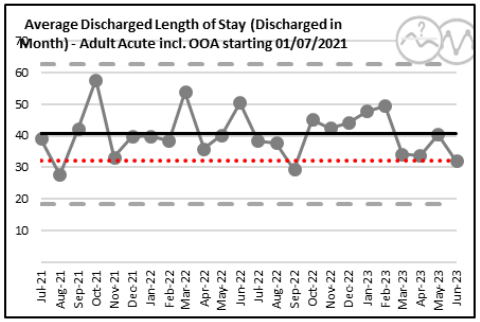
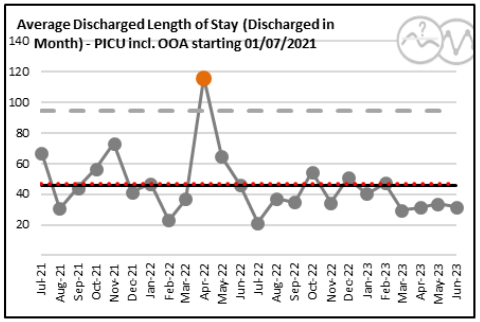
UEC Dashboard

Length of Stay

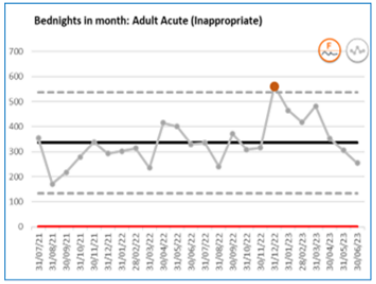


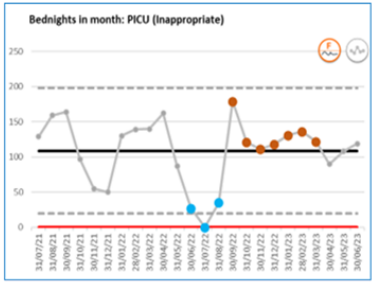


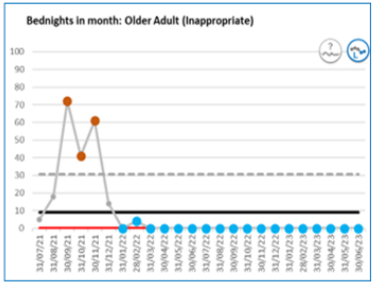
Adult Acute Discharged LoS (Rolling 12 month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	438	38
OOA	111	42
Contracted	109	43
Combined	**658**	**40**

PICU Discharged LoS (Rolling 12 month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	89	35
OOA	35	40
Combined	**124**	**36**

Out of Area

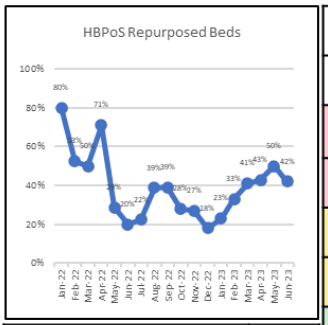






Provider	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Sparklines (Jun-22 to May-23)
Sheffield Health and Social Care NHS Foundation Trust	11	11	12	19	14	20	20	20	20	20	15	7	
Bradford District Care NHS Foundation Trust	11	17	17	17	26	18	13	22	20	22	18	23	
Tees, Esk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

HBPoS Repurposing



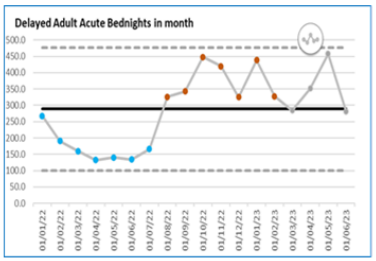
Health Based Place of Safety (HBPoS/136 Beds)	Jun-23
Days repurposed	25
Days repurposed %	42%

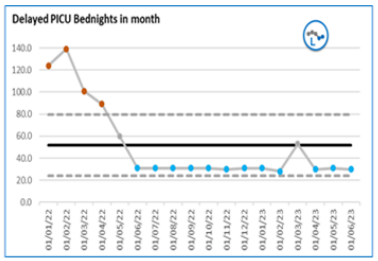
June 2023		
Weekday Beds Available	30	30
Days Repurposed	6	19
% Repurposed	42%	
Days Occupied	10	7
% Occupied	28%	
Days Available	14	4
% Available	30%	

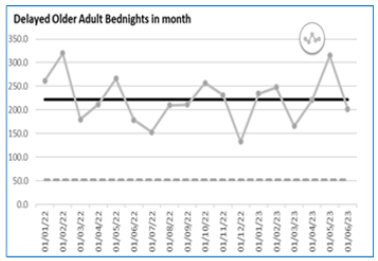
Delayed Care

Delayed Care Narrative

% of bed nights occupied by delayed patients is 19.9% across adult acute wards. Weekly Clinically Ready for Discharge meeting membership has been extended to include social care colleagues to support earlier information sharing and discharges for those delayed.







Delayed Discharges Adult Acute		
Jun 23	Sum of Delayed Bednights	% Bednights occupied by DD
Adult Acute Total	281	19.9%

Delayed Discharges PICU		
Jun 23	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	30	10.0%

Delayed Discharges Older Adult		
Jun 23	Sum of Delayed Bednights	% Bednights occupied by DD
Older Adult Total	202	21.7%

APPENDIX 3: Vaccination Programme Performance Dashboard