Board of Directors – Public

SUMMARY REPORT	**Meeting Date:**	22 November 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 crisis pathways which include our Liaison Psychiatry Service and our Decisions Unit. This is anticipated and mitigated through our winter plan. The number of referrals to our Single Point of Access and South Community Mental Health Service increased beyond usual variance in September. This is being monitored and is not currently a cause for additional concern. Demand for our other services is within expected variance.

2. **Waiting Lists:** We are governing all community waiting lists and we understand how they impact the experience and outcomes of our service users. Our performance framework is ensuring that risks to performance and quality are appropriately escalated, and that mitigation is in place to shorten waiting times and to improve experience and outcomes whilst waiting. The Quality Assurance Committee received assurance in September that we have plans to support people who are waiting to access our services utilising a Quality Improvement methodology. The Quality Assurance Committee will receive an update on progress in December 2023, which will include details of how we will identify and narrow health inequalities of those waiting.

3. **Mental Health Hospital Discharge:** We established the Mental Health Hospital Discharge programme in September. The programme has Executive leadership from Sheffield City Council and Sheffield Health and Social Care. It is tasked to reduce the number of mental health hospital discharge delays through utilisation of the Better Care Fund and improved operational efficiency. A trajectory of improvement was received in November, which promises to reduce the number of beds occupied by patients who are clinically ready for discharge from 26% in October 2023 to 10% by October 2024.

4. **Partnerships with the Voluntary, Community and Social Enterprise**: We continue to benefit from our partnership with the Voluntary, Community and Social Enterprise as part of service delivery, transformation, and improvement. This is supported by the Better Care Fund allocation over the next 2 years and is strengthened through dedicated relationship management. Our partnership with the VCSE is a significant enabler to our primary and community mental health transformation and crisis pathways.

5. **Winter Plan**: Our winter plan has been mobilised following support at the Health Scrutiny Sub-Committee in October. Our winter plan was developed through analysis of seasonal demand and capacity changes and will ensure operational resilience across Urgent and Emergency Care. It

responds to each of the Key Lines of Enquiry issued by NHS England in July, ensuring that pathways and escalation arrangements for mental health Patients are optimised to provide quality of care and to maintain system flow.

6. **Better Care Fund**: We have been allocated £836,313 from the Better Care Fund, which excludes our original request to fund an evaluation and additional crisis telephony capacity. We are progressing four initiatives which will reduce mental health hospital delays across our health and care system and will improve access to mental health crisis care within the Emergency Department. Implementation and impact will be governed through the Menta Health Discharge Delivery Programme.

7. **Vaccination programme:** Our Flu and Covid-19 vaccination programme launched in September and began with care home patients and staff in line with the national requirement. Delivery has been adapted based upon learning from our 2022/23 campaign. As of 30 October, we had vaccinated 30.3% of staff for Covid-19 and 36.9% of staff for Flu, which is in line with our target trajectory.

8. **Industrial Action**: We have reviewed the impact of industrial action upon operational performance and quality. 332 appointments were rescheduled throughout 2023. 85 of those appointments were rescheduled in response to the Junior Doctor and Consultant strikes in September. This number is lower than anticipated because of the timing with our Junior Doctor rotation. 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.

9. **Right Care Right Person** – South Yorkshire Police mobilised Phase 3 of the Right Care Right Person programme on the 23 October 2023. This includes changes to the Police response to patients who are absent without leave from hospital or where they are asked to support an incident of violence in a mental health hospital. We are working closely with South Yorkshire Police, Sheffield Place, and other mental health providers through tactical and strategic working groups. There have been no serious incidents directly related to the implementation of Right Care Right Person.

10. **Operational resilience:** We have increased staffing based upon the recommendations of our Clinical Establishment Review using the Mental Health Optimum Staffing Tool (MHOST) and also implemented a revised skill mix. We have successfully over-recruited to nursing vacancies with 24 new starters having commenced in October 2023 and a further 30 expected in February 2024. Our approach to safer staffing now includes daily critical staffing meetings focused on quality of care, clear escalation processes and key performance indicators monitoring.

11. **Emergency Preparedness Resilience and Response (EPRR):** There are now 58 NHS England EPRR Core Standards. Three additional standards were published in June 2023. We are fully compliant with 4 standards and partially compliant with 54 standards. 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.

12. **Risks:** Demand is increasing across our crisis pathways as we enter winter, and we must ensure that our winter plan provides robust resilience. We know that Covid-19 and Influenza transmission will increase throughout winter, and we must ensure that our vaccination programme protects the most vulnerable and reduces sickness absence. Changes bought about through the Right Care Right Person programme will bring resource challenges to our crisis pathways. We remain at risk of further industrial action which will reduce our available workforce. We must ensure that additional resources are mobilised through the Better Care Fund allocation and we must maintain operational agility to re-prioritise resource if required.

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*		There are risks to patient safety, engagement and experience from increased demand or reduced service capacity across community waiting lists and crisis pathways. There is also a risk of Covid-19 or Influenza across our hospital and residential services.
Financial (revenue & capital)	*Yes*	**X**	*No*		Costs of managing increased demand for services as services recover has reduced. New funding to support improved flow across urgent and emergency care is being accessed through the Better Care Fund.
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 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. Demand across our hospital facing crisis pathways has increased, which is typical of this time of year. This is associated with increased attendance at Sheffield Teaching Hospital throughout winter. We have mobilised sufficient capacity to respond through our winter plan and we are monitoring impact.

Demand for our Sheffield Autism and Neurodevelopmental Service continues to be high but has stabilised since July. Elevated demand 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). We have worked in partnership with South Yorkshire ICB to mobilise a Recovery Plan, which is reducing the waiting time for Autism assessments. We require transformation across primary and community mental health to reduce ADHD waiting times. This is a South Yorkshire Mental Health Learning Disability and Autism Collaborative priority. The Quality Assurance Committee have received assurance of our plans and waiting well initiatives to support people who are waiting.

The demand for our Short-Term Education Team has remained high. However waiting times have stabilised. 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 is being monitored and mitigated and is reported to our Quality Assurance Committee.

The demand for our working age and older age community mental health services is within expected variance. There is a higher than usual waiting time for our Older Adult community mental health service which has prompted a recovery plan in accordance with our Performance Framework. We expect to achieve limited improvement from this recovery plan in Quarter 4. However, we must transform older age community mental health services to consistently meet performance and quality standards, and to meet the expectations of the Long Term Plan. This has been discussed and approved at the Quality Assurance Committee.

The Board of Directors were alerted to safety and quality risks within our Health Inclusion Team in July 2023. The team comprise of Health Visitors, Nurses and a Family Support Worker. They 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 caseload had increased by 81% in 24 months which poses significant safety and quality risks. We entered formal contract negotiation with the Sheffield Integrated Care Board in July and agreement was reached to recruit

additional staff, on the understanding of future investment. Staff have now been appointed to mitigate the risk of increased demand. We will continue to monitor the impact of this new resource, which will be reported to the Quality Assurance Committee in November.

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 Board of Directors are aware that the Sheffield Memory service has experienced an increased referral to assessment waiting time because of reduced clinical activity. The service has been externally evaluated by an expert and national advisor in dementia care. The recommendations of this evaluation are being implemented with support from the South Yorkshire ICB, which has resulted in a reduction in the waiting list. Assurance of progress and impact is being provided to our Quality Assurance Committee.

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. Improving our technology in this regard will be part of our digital roadmap. 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 Waiting lists

We are governing all community waiting lists and we understand how they impact the experience and outcomes of our service users. Our performance framework is ensuring that risks to performance and quality are appropriately escalated, and that mitigation is in place to shorten waiting times through greater efficiency or contract negotiation.

The Quality Assurance Committee received assurance in September that we have plans to support people who are waiting to access our services utilising a Quality Improvement methodology. The Quality Assurance Committee will receive an update on progress in December 2023, which will include details of how we will identify and narrow health inequalities of those waiting. We must ensure that our waiting times do not advance the health inequality experienced by some of our diverse communities. This improvement work will actively involve service users, families, and carers.

Our waiting times to access working age community mental health, older adult community mental health, memory service, Sheffield Autism and Neurodevelopmental service, Gender Identity Service and Sheffield Eating Disorder Service do not meet clinical standards. Our Executive Management Team has been appraised of the plan to improve or transform the service to meet waiting time standards and where necessary, to seek additional investment.

1.2.4 Urgent and Emergency Care

Demand across our Urgent and Emergency Care pathways has increased as expected due to seasonal changes in demand. We have mobilised additional capacity within our hospital facing crisis pathways, which includes Liaison Psychiatry and our Decisions Unit. Our Liaison Psychiatry service is not consistently meeting the Evidence-Based Treatment Pathway 1 hour waiting time standard. We have mobilised an improvement plan, which is being supported by NHSE, and we are closely monitoring the impact upon demand and responsivity.

APPENDIX 1: Demand and activity overview (Section C)

Flow through our Urgent and Emergency pathways is a Health and Care Partnership priority. We have improved system leadership and responsivity through the South Yorkshire System Coordination Centre. However, we must work in partnership across Place to have greater impact upon key performance indicators. This is evident by:

- Five people have waited more than 12 hours to be transferred to a mental health hospital bed in August and eight people waited more than 12 hours to be transferred to a mental health hospital bed in September. This is unacceptable. We have taken steps to improve data accuracy and the actions that follow with Sheffield Teaching Hospital and Sheffield ICB.

- Our Health Based Place of Safety was closed and repurposed into an acute mental health bed for 68% of time in August and 72% in September. This is because there was no available acute mental health hospital bed available at the point of need. This has resulted in service users inappropriately accessing a place of safety at Sheffield Teaching Hospital or travelling to other health-based places of safety across the South Yorkshire region. The Quality Committee have discussed the impact upon patient care and experience. The design of our new Health Based Place of Safety will support a reduction in closure from December 2023.

- We continue to provide hospital care for people who are clinically ready for discharge. An average of 23% of our acute and older adult beds were unavailable in August and September due to delays in being able to discharge to social care. We have increased visibility of this issue through the development of a mental health Operational Pressures Escalation Levels (OPEL) Framework which is published daily through the System Coordination Centre. We established the Mental Health Hospital Discharge programme in September. The programme has Executive leadership from Sheffield City Council and Sheffield Health and Social Care. It is tasked to reduce the number of mental health hospital discharge delays through utilisation of the Better Care Fund and improved operational efficiency. A trajectory of improvement was received in November, which promises to reduce the number of beds occupied by patients who are clinically ready for discharge from 26% in October 2023 to 10% by October 2024. A detailed trajectory is included in Appendix 5.

- 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. Statistically, we failed to achieve our target in July but we did achieve a sufficient reduction in total out of area bed nights to meet the programme expectations. We did not achieve our target in August or September. The cost improvement programme board will receive a revised trajectory in December to achieve the programme objective. We are utilising Quality Improvement methodology to increase system engagement and impact. Progress will be celebrated and refocused at mid-way review on 6 December 2023, with a progress summit scheduled for the 7 March 2024. The event involves workstream leads, key clinical and operational leaders, system partners, and guest speakers.

1.3 Service continuity and resilience.

1.3.1 <u>Winter Plan</u>

Our winter plan has been jointly developed with clinical and operational leaders and responds to each of the Key Lines of Enquiry issued by NHS England in July, ensuring that pathways and escalation arrangement for mental health patients are

optimised to provide quality of care and to maintain system flow. It received support at the Health Scrutiny Sub-Committee in October.

Our Winter Plan includes a joint allocation of £836,313 through the Better Care Fund which excludes our original request to fund an evaluation and additional crisis telephony capacity (Appendix 4). We are progressing four initiatives. They will reduce social care delays once our patients are clinically ready for discharge from hospital. We will achieve this by increasing Social Work capacity within Sheffield City Council and by identifying additional step-down accommodation. The Better Care Fund allocation will also improve access to mental health crisis care within the Emergency Department. Implementation and impact will be governed through the Menta Health Discharge Delivery Programme.

We will also increase capacity across the Voluntary, Community and Social Enterprise to mitigate 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).* We are working with specific Voluntary organisations to address inequalities faced by our ethnically diverse population. This partnership will be optimised through dedicated governance and support.

1.3.2 Industrial Action

We have reviewed the impact of industrial action upon operational performance and quality. 332 appointments were rescheduled throughout 2023. 85 of those appointments were rescheduled in response to the Junior Doctor and Consultant strikes in September. This number is lower than anticipated because of the timing with our Junior Doctor rotation.

Our 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.

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.

1.3.3 Operational resilience

Following the 2022 Establishment Review we have increased staffing on four wards based upon the Mental Health Optimum Staffing Tool (MHOST) recommendations including implementing a twilight shift because of our understanding of acuity levels from 7pm to midnight which falls into night staffing. Alongside this we have implemented a revised skill mix to include a senior nurse practitioner (SNP). The SNP posts have been recruited to and several have commenced. We have successfully over-recruited to preceptorship posts with a confirmed 33 new starters from October 2023 to February 2024. The Board of Directors received a detailed report in relation to Safer Staffing in October 2023 and will receive a further report in March 2024.

Our approach to supporting safer staffing now includes a daily critical staffing huddle, reviewing the rosters to ensure quality elements such as experienced nurse in charge for the shift, numbers of RESPECT and ILS trained staff and minimum Band 3 numbers are achieved. An escalation process is in place for when these elements are not achieved and to agree Bank and Agency bookings (including a cascade from lower to higher tier agencies). A dashboard of quality and safety measures is to be provided to the director of Nursing and included in the Integrated Performance and Quality Review.

1.3.4   Our Flu and Covid-19 vaccination programme launched in September which was earlier than planned and in response to an announcement from the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) on the risks presented by a new variant of COVID-19. The programme commenced with the vaccination of care home patients and staff in line with the national requirement. Our full vaccination campaign for remaining service users and staff commenced in October. Delivery has been adapted based upon learning from our 2022/23 campaign and will have greater flexibility to maximise uptake. This includes access to a mobile clinic and assertively campaigning to vaccinate ethnically diverse and younger staff groups. As of 30 October, we had vaccinated 30.3% of staff for Covid-19 and 36.9% of staff for Flu, which is in line with our target compliance.

1.3.5   <u>Continuity and resilience risks</u>

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.

- **Adverse weather** may impact upon service user access and workforce capacity. We reviewed our adverse weather business continuity plan in September 2023, which was tested through a system winter scenario exercise on the 10 November 2023. Our plans involve access to 4x4 vehicles and a command structure to prioritise available workforce capacity against service user need. This has been communicated across all services.

- **Seasonal winter demands** may impact on our available capacity. There has been an expected increase in demand across our hospital facing crisis pathways. This is associated with increased attendance at Sheffield Teaching Hospital throughout winter. Our 2023/24 Winter Plan has utilised the Better Care Fund allocation to increase our capacity across urgent and emergency care and to reduce delayed discharge. It conforms to the Key Lines of Enquiry relevant to mental health from NHS England.

- **Sickness absence** may reduce the capacity of our workforce and affect morale and productivity. Sickness absence rates have remained high at c6% across clinical services for Quarter 2 and 3 periods. Our clinical and people colleagues are working closely to prevent sickness absence and to support colleagues to return to work as soon as possible.

- **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.

- **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 and absence 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**. The regulatory responsibility for social care placements is held by Sheffield City Council. However, the availability and quality of social care placements directly impacts the wellbeing of our service users and affects operational performance across our hospital and community services. We continue to work in partnership with Sheffield City Council to improve the availability and quality of social care provision. This is being strengthened through our Mental Health Discharge Delivery Board.

- **Right Care Right Person.** South Yorkshire Police mobilised Phase 3 of the Right Care Right Person programme on the 23 October 2023. This includes changes to the Police response to patients who are absent without leave from hospital or where they are asked to support an incident of violence in a mental health hospital. We are working closely with South Yorkshire Police, Sheffield Place, and other mental health providers through tactical and strategic working groups. There have been no serious incidents directly related to the implementation of Right Care Right Person.

1.4 Emergency Preparedness Resilience and Response Plans (EPRR)

1.4.1 <u>NHS England EPRR Core standards:</u>

The Board are cited on the 2023/24 core standards having introduced 3 new core standards and revised evidence requirements to meet each of the 58 core standards. The guidance includes significantly increased criteria to achieve compliance. There are several standards relating to Chemical Biological Radiological Neurological (CBRN) processes that now equally affect acute and mental health trusts, a significant change from previous years.

This year's process requires Trusts to provide evidence on how it meets each of the core standards, to be scrutinised by NHS England with relevant ICB's, with a primary submission deadline of 29th September 2023. Then, following scrutiny, an invitation to provide supplementary evidence within 5 days of initial feedback. A final review of all evidence submitted then takes place within 5 days of receipt and Trusts receive documentation from NHS England to enable submission of their final position and statement of compliance within 10 days.

A Local Health Resilience Partnership (LHRP) confirm, and challenge assurance meeting will take place on 27th November 2023 following which, trusts must provide an updated action plan and report to Board, for submission to NHS England national team by 31st December 2023.

The process will provide assurance to NHS England of consistent compliance by all Trusts. They are checking the evidence submitted this year with ICB's, intending that ICB's take on the audit from 2024. The trial is being repeated in the Midlands this year and for the first time in North East and Yorkshire region, the intention being that it will be rolled out nationally from 2024.

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.

Trusts in our region are treating this as Year 1 for a set of new standards. There is also a view that EPRR Core Standards should be embedded into organisations governance processes, particularly as results will be shared with the CQC.

SHSC have received documentation from NHS England following scrutiny of all the evidence we have submitted against the 58 core standards for 2023/24. We now have until 15th November 2023 to submit our final position and statement of compliance before presenting them to Board before 31st December 2023.

Our position following resubmission of evidence following the initial assessment (as presented to the Board), is that of **non-compliance.** NHS England are suggesting we are **fully compliant on 4 standards, partially compliant on 54 and non-compliant on 0**. This is an improvement on our initial submission.

In contrast, had we been assessed this year against the 2022/23 process, our position would have been fully compliant on 51 standards, partially compliant on 7 and non-compliant on 0, affording a partially compliant rating.

NHS England have acknowledged there are lessons to be identified – both from the process itself, and from how we can collaboratively work together to deliver some of the actions identified through the process. They are preparing a Frequently Asked Questions document to be shared with Executive teams and Boards once published.

1.4.2
Covid 19: The Board will be aware that 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. The legacy for Mental Health and Community Trusts is to continue to submit 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, together with a weekly situation report detailing the number of lateral flow tests in stock and distributed both for service users and staff.

1.4.3
New guidance

As detailed above in respect of EPRR core standards governance.

1.4.4
System preparedness

Work this period continues to focus on our preparedness and management of industrial action, the most recent being joint action by Consultants and Junior Doctors from 2nd to 5th October 2023.

We are aware that Junior Doctors and SAS Doctors are re-balloting and anticipate further periods of Industrial Action being announced.

1.4.5
Incidents.

None this period.

1.4.6
Training and Exercising.

30th August 2023 - Major Incident Communications Exercise. Test of the emergency phones in each of our inpatient sites. All were answered and a test of on-call cascade is planned for this period.

21st September 2023 – Decision Loggist Course. 6 new Loggists trained and a refresher course for 2 previously trained Loggists. SHSC now have a pool of 21 trained loggists.

1.5   Looking forward

Key developments going forward will provide opportunities for SHSC to build on its existing plans to ensure that services are resilient to operational demand. Key areas of note and opportunities include:

- Development of improvement plans across the SY MHLDA Provider Collaborative for Health Based Place of Safety services and Learning Disability and Autism Services.

- Strengthening the provision and reach of 24/7 urgent mental health helplines via NHS 111 for people across Sheffield as part of the national service requirements by 1 April 2024.

- The continuation of the Adult Social Care Better Care Fund over the next two financial years provides a key opportunity to improve the outcomes and experiences of our service users through timely access and discharge from hospital.

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: Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams.

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 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 acute and crisis services is expected until the plans have the desired and intended impact.

BAF.0024: Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams.

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: Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams.

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: Risk of failure to move our culture sufficiently to address any closed subcultures, behavioural issues and not reflecting and respecting diversity and inclusion, resulting in poor engagement, ineffective leadership and poor staff experience in turn impacting on quality of service user experience

BAF0013: Risk that the Trust does not have appropriate measures and mechanisms in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care

2.5 **Partnership and system working:** SHSC is positively engaged with the NHSE system coordination centre and city-wide command structures. Our proactive approach will ensure cross system working supports a co-ordinated approach.

BAF.0027: Risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs

Section 3: Assurance

Triangulation

3.1 a) Recovery Plans are reported to our Quality Assurance Committee.

b) Our Trust wide Integrated Performance and Quality Report triangulates with this report and is reviewed by service leadership and Board Committees.

c) We issue a daily dashboard on service demand and covid pressure which is shared internally and also with our system coordination centre.

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 Leadership Team.

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. Our quality improvement work is focussed on ensuring that our pathways into services do not widen these health inequalities.

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 is established which provides 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) provides 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.

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

In response to the risks identified here, we are taking pro-active measures to raise awareness, promote opportunities and encourage service users to receive flu and covid vaccination.

4.3   Culture and People

There is a sustained impact upon staff from working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers as a result of industrial action or vacancies. 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

There are no financial implications highlighted directly through this report in respect of recommendations and decisions. This report advises of the Better Care Fund allocation and how this is being used for our service users. 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: Covid-19 and Flu Vaccination Rate

APPENDIX 4: Better Care Fund Joint Allocation

APPENDIX 1: Demand and activity overview (ending September 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.

Responsive | Access & Demand | Referrals

Referrals	Sep-23			
Acute & Community Directorate Service	**n**	*mean*	**SPC variation**	**Note**
SPA/EWS	**677**	*670*	● H ●	The increasing SPA referrals will continue to be reviewed however at this time there is nothing significant to note.
Crisis Resolution and Home Treatment	**775**			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 will be able to accurately report on this when we have transferred to Rio.
Liaison Psychiatry	**518**	*492*	● H ●	Shift of 7 consecutive months above the 24-month mean, this is predominantly due to an increase in A&E referrals.
Decisions Unit	**59**	*57*	● H ●	Improved utilisation due to ongoing work to increase the number of referrals to DU from other services. Usage also increased due to HBPoS being unavailable. Above mean for last 7 months. However, a decrease seen compared to previous month (63).
S136 HBPoS	**18**	*29*	● ● ●	
Recovery Service North	**18**	*23*	● ● ●	
Recovery Service South	**41**	*23*	● H ●	Unusually high number of referrals in September, the majority coming from other SHSC teams/services. To be monitored in coming months to identify if this is a one-off event or not.
Early Intervention in Psychosis	**38**	*38*	● ● ●	
Memory Service	**100**	*126*	● ● ●	
OA CMHT	**218**	*253*	● ● ●	
OA Home Treatment	**24**	*25*	● ● ●	

Referrals	Sep-23			
Rehab & Specialist Service	**n**	*mean*	**SPC variation**	**Note**
CERT	**3**	*3*	● ● ●	
SCFT	**0**	*1*	● ● ●	
CLDT	**55**	*58*	● ● ●	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	**1**	*3*	● ● ●	
Psychotherapy Screening (SPS)	**62**	*52*	● ● ●	
Gender ID	**12**	*41*	● L ●	Delays adding referrals to the system. Business continuity plans utilised.
STEP	**139**	*110*	● ● ●	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	**45**	*35*	● ● ●	
SAANS	**326**	*421*	● L ●	ASD: 120 ADHD: 206
Relationship & Sexual Service	**15**	*19*	● ● ●	
Perinatal MH Service	**52**	*48*	● ● ●	
HAST	**15**	*15*	● ● ●	
HAST - Changing Futures	**0**			
Health Inclusion Team	**218**	*171*	● ● ●	
LTNC	**67**	*96*	● ● ●	
ME/CFS	**52**	*53*	● ● ●	

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.

Responsive | Access & Demand | Community Services

September 23	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
SPA/EWS	285	680	●L●	23.1	36.0	●●●	8.9	10.1	●L●	616	826	●L●
MH Recovery North	68	84	●L●	15.9	13.3	●H●	6.8	9.9	●●●	758	907	●L●
MH Recovery South	48	73	●●●	3.9	12.0	●L●	48.3	13.9	●H●	929	1049	●L●
Recovery Service TOTAL	116	156	●L●	N/A			N/A			1687	1957	●L●
Early Intervention in Psychosis	15	24	●●●				100.0%			307	311	●L●
Memory Service	729	832	●L●	36.4	28.7	●H●	52.6	37.2	●H●	4257	4239	●●●
OA CMHT	307	213	●H●	9.7	8.4	●●●	12.3	10.4	●H●	1386	1270	●H●
OA Home Treatment	N/A			N/A			N/A			72	68	●●●
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
IAPT	N/A			N/A			N/A			N/A		
SPS (Screening)	N/A			N/A			N/A			N/A		
SPS - MAPPS	66	76	●●●	26.3	19.7	●●●	138.9	82.0	●●●	321	327	●●●
SPS - PD	49	43	●H●	18.1	15.0	●●●	12.7	56.5	●●●	200	192	●●●
Gender ID	2255	1841	●H●	271.0	162.1	●H●				3115	2727	●H●
STEP	115	162	●●●	N/A						406	442	●H●
Eating Disorders	33	28	●●●	5.1	4.3	●●●				208	214	●L●
SAANS	8381	6083	●H●	103.6	93.1	●●●				6262	5934	●H●
Relationship & Sexual Service	46	123	●L●	18.9	63.3	●L●	N/A			122	179	●L●
Perinatal MH Service (Sheffield)	28	24	●●●	2.9	3.0	●●●				168	150	●H●
HAST	35	28	●●●	5.6	21.1	●●●				82	81	●●●
Health Inclusion Team	731	377	●H●	9.7	9.4	●●●				1635		
LTNC	379	298	●H●	N/A						N/A		
CFS/ME	N/A											
CLDT	171	175	●●●	3.9	9.9	●L●	138.9			711	719	●●●
CISS	N/A			N/A			N/A			14	21	●L●
CERT										47	45	●H●
SCFT										24	24	●L●

Narrative

CLDT figures represent distinct individuals so does not include multiple waits per service user.

ME/CFS – data quality work underway, including changes to coding on SystmOne – assessments and caseload figures pending quality check.

LTNC – data has become more accurate following data improvement work. This has shown an increase in numbers on the waitlist.

SEDS – Wait times increased in September. Work through QI collaborative on waiting well.

STEP – previous delays in processing referrals and discharges in a timely way has been resolved and wait list size is beginning to stabilise.

HIT – increase in referrals in August 2023 (backlog) have impacted on wait list size. Note that the reported figures count individuals who may be part of a family who have been referred.

SAANS – reported wait list currently includes both ASD and ADHD and includes those waiting for screening to be accepted for service as well as those waiting for diagnostic assessments and further interventions.

ADHD – referrals have around a 50% rate of acceptance from screening and there is work being undertaken to increase clinical capacity within SHSC to manage the volume of screening required.
Future planned mitigations include collaboration with SPA/EWS and initial discussions with PCMHT and consultation model supporting other SHSC teams.

ASD – service provided to Sheffield and Derbyshire residents, and a number of mitigations are being looked at including waiting well project co-produced with VAS.

OACMHT – waitlist deep dive undertaken Sept-23 to understand what patients waiting for & to enable smooth transition to Rio. Reduced waitlist by a fifth (249).
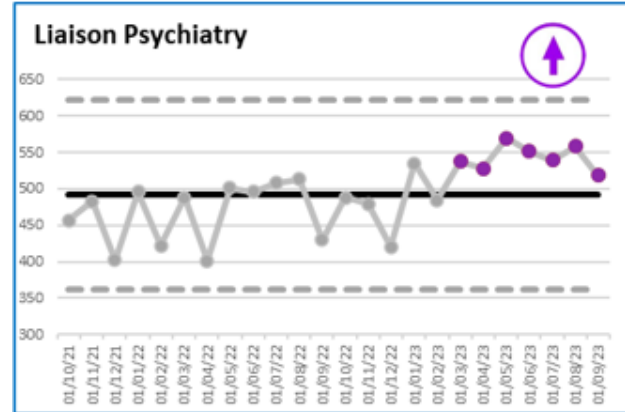
C) Monthly referral rates: to end of September 2023
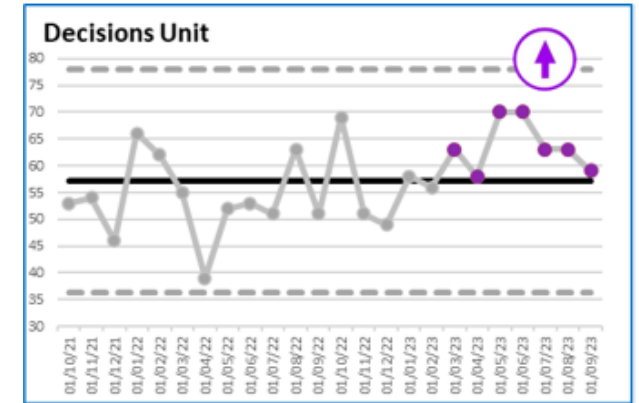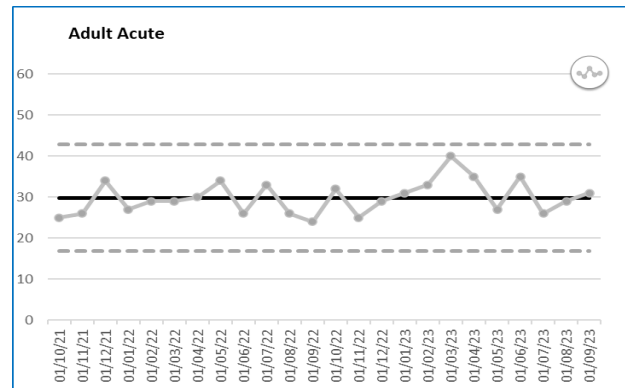
Key messages:

Single point of access
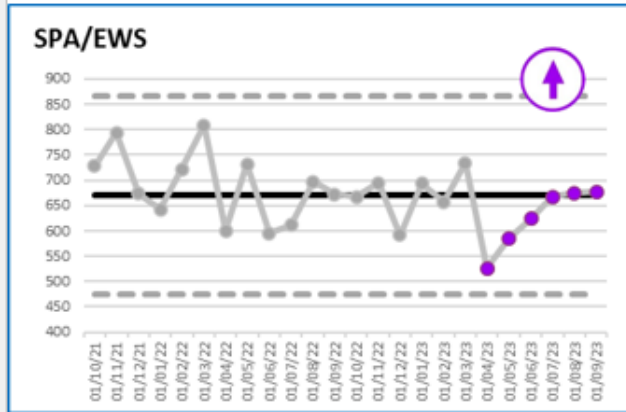
Liasion

Decisions unit

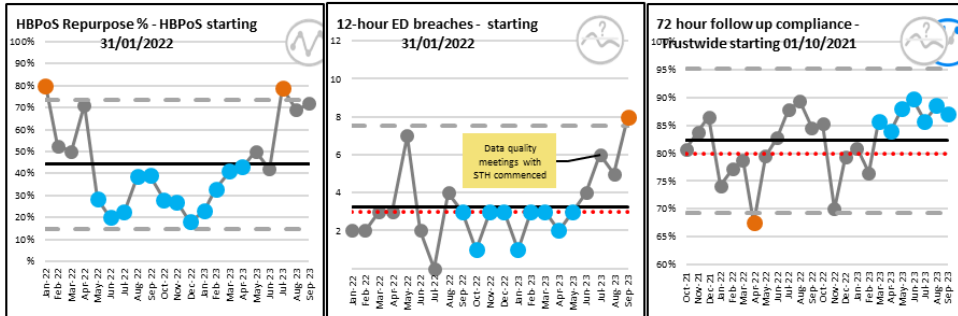### Adult acute admissions

Older adult home treatment
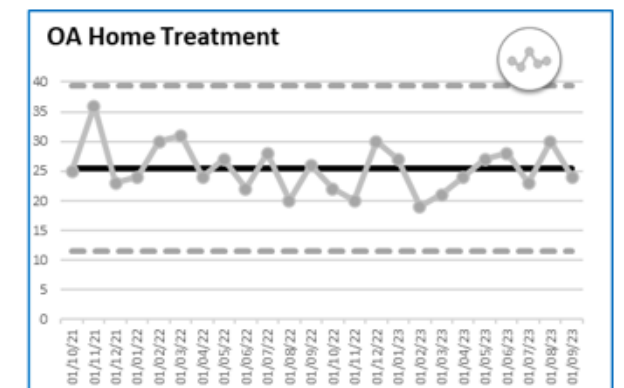
Length of Stay

Average Discharged Length of Stay (Discharged in Month) - Adult Acute incl. OOA starting 01/10/2021

Average Discharged Length of Stay (Discharged in Month) - PICU incl. OOA starting 01/10/2021
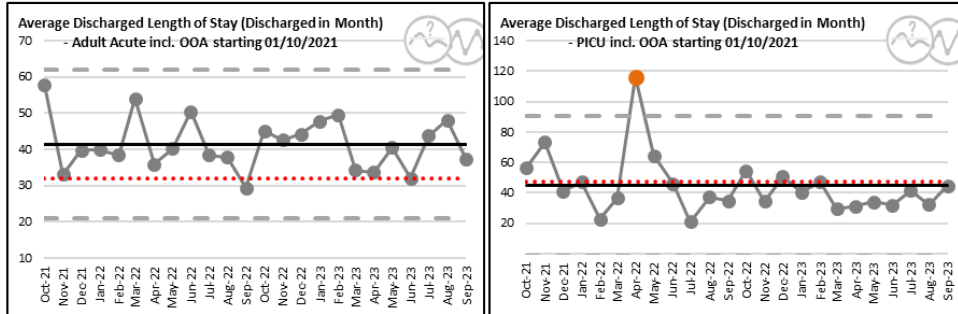
Adult Acute Discharged LoS (Rolling 12-month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	444	40
OOA	103	43
Contracted	105	47
Combined	652	41

PICU Discharged LoS (Rolling 12-month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	89	33
OOA	29	53
Combined	118	38

Out of Area

Bednights in month: Adult Acute (Inappropriate)

Bednights in month: PICU (Inappropriate)

Bednights in month: Older Adult (Inappropriate)

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

Blocks and Breaches

HBPoS Repurpose % - HBPoS starting 31/01/2022

12-hour ED breaches - starting 31/01/2022

Data quality meetings with STH commenced

72 hour follow up compliance - Trustwide starting 01/10/2021

Health Based Place of Safety (HBPoS/136 Beds)	Sep-23
Occasions repurposed	43
Occasions repurposed %	72%

Emergency Department (ED)	Sep-23
ED 12-hour Breaches	8

72-hour Follow Up	Sep-23
Trustwide	87.10%

Delayed Care

Delayed Adult Acute Bednights in month

Delayed PICU Bednights in month

Delayed Older Adult Bednights in month

Delayed Discharges Adult Acute		
Sep 23	Sum of Delayed Bednights	% Bednights occupied by DD
Adult Acute Total	390	27.9%

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

Delayed Discharges Older Adult		
Sep 23	Sum of Delayed Bednights	% Bednights occupied by DD
Older Adult Total	139	14.9%

APPENDIX 3: Covid-19 and Flu Vaccination Rate

% Covid vaccinations by week

Legend: Target 80% by end of Jan 2023 — Stretch Target 95% by end of Jan 2023 — % vaccinated 2023-24 — North East & Yorkshire Dashboard % — 2022-23 %

Data labels: 0%, 0%, 0%, 4.6%, 13.9%, 21.9%, 25.3%, 30.2%

% Flu vaccinations by week

Legend: 2022-23 % — Target 80% by end of Jan 2024 — Stretch Target 95% by end of Jan 2024 — % vaccinated 2023-24 — North East & Yorkshire Dashboard %

Data labels: 0.0%, 2.9%, 7.2%, 13.4%, 21.9%, 29.2%, 32.4%, 36.9%
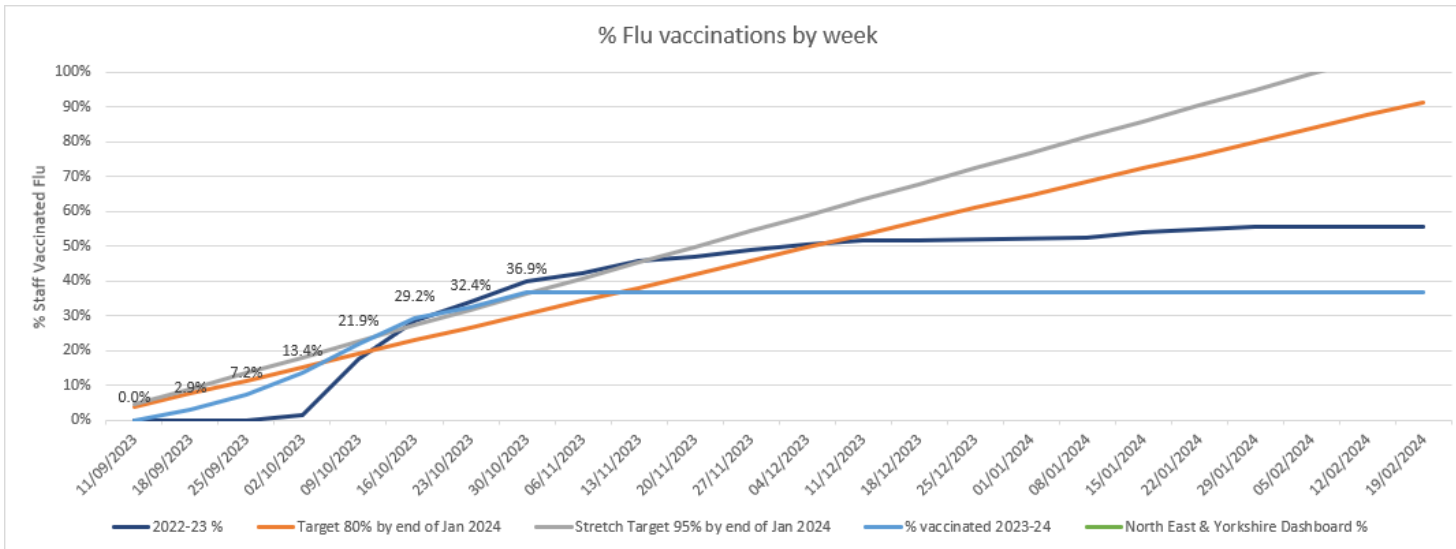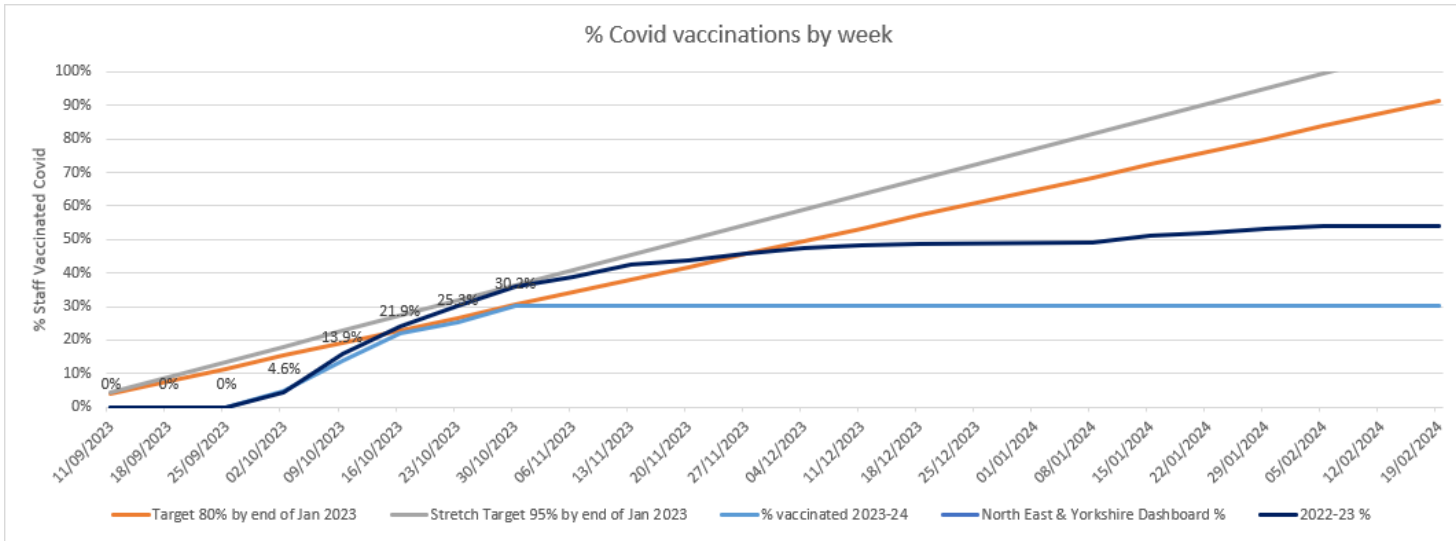
Appendix 4: Better Care Fund Joint Allocation

	2023/24	2024/25	Funding to
3 x Hospital Social Workers (Level 2)	£98,280	£196,560	SCC
Somewhere else to assess capacity – up to 3 beds maximum (£867 per wk per bed)	£67,626	£135,252	SCC
Dedicated A&E Liaison Mental Health capacity (5.6 wte B6 for 1 extra staff 24/7)	£212,250	£424,501	SHSC
Extended VCSE offer to support improved flow	£100,000	£80,000	SHSC

APPENDIX 5 – Delayed Discharge Trajectory

Delayed Discharges (%)
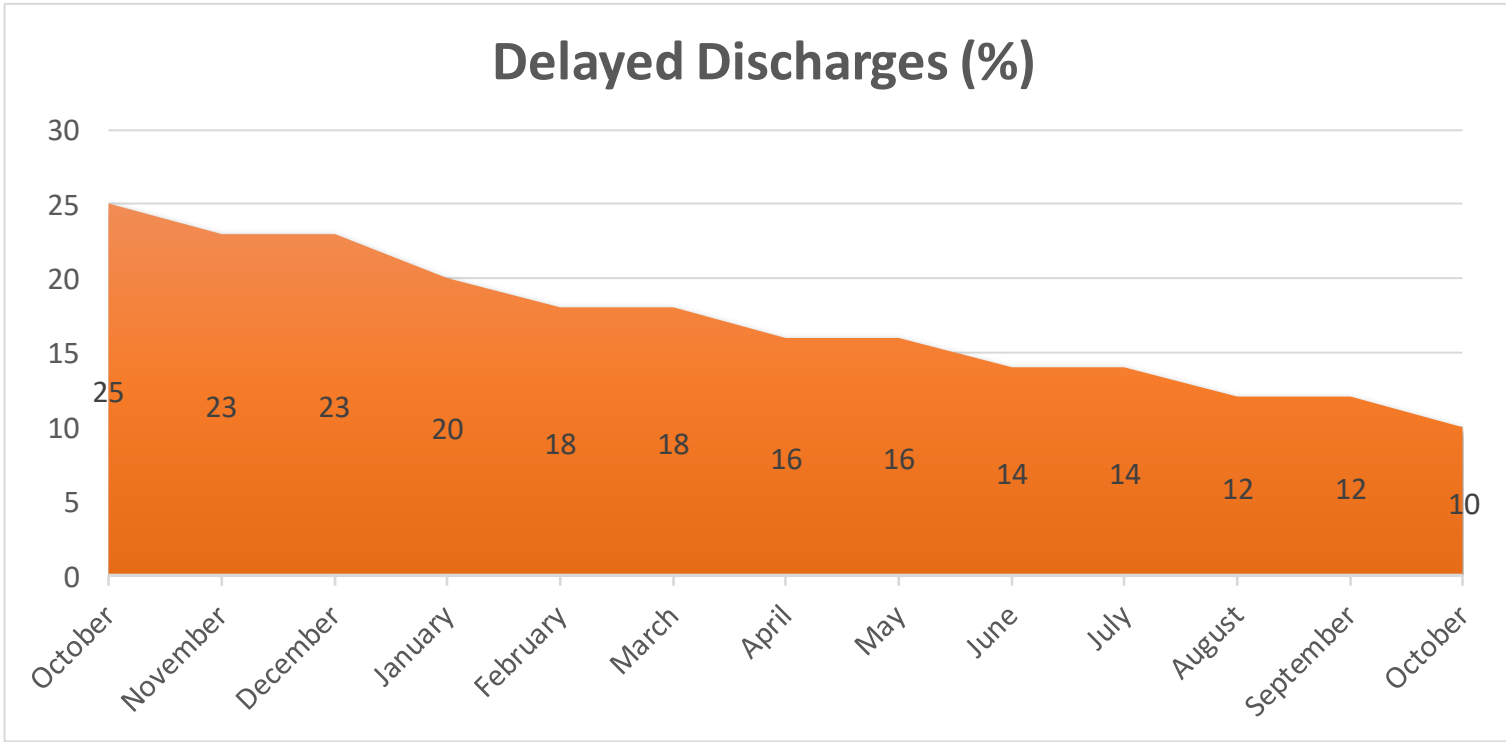
	October	November	December	January	February	March	April	May	June	July	August	September	October
Delayed Discharges (%)	25	23	23	20	18	18	16	16	14	14	12	12	10