

# Board of Directors – Public

## SUMMARY REPORT

Meeting Date: 24 January 2023

Agenda Item: 10

<b>Report Title:</b>	<b>Operational Resilience and Business Continuity</b>	
<b>Author(s):</b>	Greg Hackney, Senior Head of Service	
<b>Accountable Director:</b>	Neil Robertson: Executive Director of Operations and Transformation	
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	None
	<b>Date:</b>	N/a
<b>Key Points recommendations to or previously agreed at:</b>	N/a	

### Summary of key points in report

1. **Positive Developments:** We have continued to reduce the number of people waiting for an assessment or intervention through our Single Point of Access Service and core community mental health service (**Appendix 1B**). This improvement is an important enabler to the primary and community mental health transformation programme and is facilitating more responsive care to our service users in accordance with the Community Mental Health Framework and NHS Long-Term Plan. We have continued to work in partnership with South Yorkshire ICB to reduce waiting times for the assessment of Autism through the Sheffield Autism and Neurodevelopmental Service, despite increased demand. We are now increasing the caseload of our Perinatal mental health service in accordance with the Long-Term Plan. This is not adversely affecting performance against waiting time standards.

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 NHS Foundation Trust. The programme has successfully reduced the number of mental health hospital discharge delays through utilisation of the Better Care Fund and improved operational efficiency. The programme is meeting its trajectory to reduce the number of beds occupied by patients who are clinically ready for discharge from 28% in October 2023 to 10% by October 2024. This is supporting us to reduce the number of people who receive out of area hospital care. In November, 16% of our hospital beds were occupied by patients who were clinically ready for discharge.

2. **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 non-compliant with 54 standards. We have an action plan to meet those standards within an acceptable timescale. As of the 31 December 2023, NHS England made it a requirement for our on-call Directors and Senior Managers to undertake Principles of Health Command Course. We are compliant with this requirement. There have been no Emergency Incidents directly affecting the Trust during this period of reporting. In December 2023, we established our Trust Emergency Preparedness (Tier 2) Group, which reports to the Audit and Risk Board Committee.

3. **Risks:** The increased demand to access our crisis services, core community mental health services, psychotherapy service, and eating disorder services pose a risk to patient care and experience. We

must ensure that demand is met and that our winter plan provides robust resilience to acute and crisis pathways. We have begun to experience increased transmission of Covid-19 and Influenza and we must ensure that our vaccination programme protects the most vulnerable and reduces sickness absence. We remain at risk of further industrial action which will reduce our available workforce. We must maintain operational agility to re-prioritise resource if required. We must deliver our £3.2m deficit financial position. This requires that we cease the use of out of area hospital beds and reduce our reliance upon agency staffing. Finally, the launch of our new Electronic Patient Record system poses transitional risks to patient care that must be carefully mitigated through clinical, operational, and technical scrutiny.

**Recommendation for the Board/Committee to consider:**

Consider for Action	Approval	Assurance	X	Information
<p>1. <b>Recommendation 1:</b> For the Board of Directors to take assurance that we have robust plans to provide resilient and continuous services.</p> <p>2. <b>Recommendation 2:</b> 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.</p>				

**Please identify which strategic priorities will be impacted by this report:**

Effective Use of Resources	Yes	X	No
Deliver Outstanding Care	Yes	X	No
Great Place to Work	Yes	X	No
Ensuring our services are inclusive	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	<b>X</b>	No		See section 4.2
Legal	Yes	<b>X</b>	No		Breach of regulatory standards and conditions of our provider licence.
Sustainability	Yes	<b>X</b>	No		Service level agile working plans will support reduced travel and the vaccination programme will focus on waste reduction.

## 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

Our hospital facing crisis services have experienced a prolonged period of high demand from the Emergency Department at Sheffield Teaching Hospital. We have mobilised additional capacity to respond through our winter plan and we are monitoring impact against the 1 hour waiting time standard.

Demand for our Sheffield Autism and Neurodevelopmental Service continues to be high but has stabilised since July 2023. Elevated demand is consistent with the national rise in demand for Autism assessments. We are continuing to work in partnership with South Yorkshire ICB to deliver our Recovery Plan, which has successfully reduced waiting times for assessments of autism spectrum disorder. 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.

We have begun to experience increased demand for our Eating Disorder Service with a marked change in clinical presentation. This is not causing an increase in waiting time but is under close observation at Place due to the clinical risk within this client group and the requirement for care spanning multiple providers. In addition, eating disorder services function and form is a current priority for the MHLDA Provider Collaborative.

The number of referrals to our Single Point of Access and core Community Mental Health Service increased beyond usual variance in November. However, our Quality Assurance Committee are assured of reduced waiting times for assessment and treatment because of mitigating action within recovery plans. This continues to be monitored by our Board Committee's.

There was elevated demand for our Specialist Psychotherapy Service in November. This is being monitored and is not currently a cause for concern.

**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 in the coming year. 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. Around 15% of assessments within our Single Point of Access are delivered virtually.

### 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 and to improve experience and outcomes whilst waiting.

Our Quality Assurance Committee received assurance in December 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 March 2023, which will include details of how we will identify and narrow health inequalities of those waiting. The Quality Committee also received the recovery plans for SPA/EWS and a paper about recovery teams waits and allocation in January 2024. 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 recommended waiting time 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. Our Quality Assurance Committee are assured of reducing waiting times for the assessment of autism spectrum disorder, and to access our working age community mental health service. In relation to our ADHD service, we continue to refine the model of service delivery to provide a tiered approach in line with national expectations about mainstreaming this service from a specialist model.

We are now increasing the caseload of our Perinatal mental health service in accordance with the Long-Term Plan following additional investment. The service continues to meet waiting time standards and performs well against quality measures. This is an improving picture due to our achievement in fully recruiting to clinical staff.

### 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 is having a positive impact upon performance.

#### **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:

- Six people have waited more than 12 hours to be transferred to a mental health hospital bed in October and seven people waited more than 12 hours to be transferred to a mental health hospital bed in November. 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 58% of time in October and 62% in November. 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 Assurance Committee have discussed the impact upon patient care and experience. The design and operation of our new Health Based Place of Safety (HBPOS) will support a reduction in closure from 17 January 2023. The improved environment will provide a safer and more therapeutic environment for our service users. The new suite is a national exemplar of a specialist designed HBPOS.
- 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 NHS Foundation Trust. The programme has successfully reduced the number of people who are clinically ready for discharge in our hospital beds through utilization of the Better Care Fund and improved operational efficiency. In November, we reduced the number of delayed acute hospital bed nights to 348 from 429 in October. In November we also reduced the number of delayed older adult hospital bed nights to 263 bed nights from 353 in the previous month. This is supporting us to reduce the number of people who receive out of area hospital care, which is essential to our financial recovery. We are currently under-performing against our out of area hospital bed reduction trajectory.

#### **APPENDIX 4: Delayed Discharge Trajectory**

- Our Flow Improvement programme has set a trajectory to eliminate inappropriate out of area hospital bed use by 2024. We have successfully reduced our reliance upon out of area hospital beds, but we have failed to achieve our target trajectory between July and November 2023. The cost improvement programme board received a revised trajectory in December to achieve the programme objective. We are utilising Quality Improvement methodology to increase system engagement and impact. Progress was celebrated and refocused at a mid-way review on the 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 Winter Plan**

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 2023.

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 Mental 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. 341 appointments have been rescheduled due to industrial action over the last 12 months. Only 8 of those appointments were rescheduled in response to the Junior Doctor strike action in December 2023 and only 1 appointment was rescheduled due to the Junior Doctor strike action in January 2024. This does not include unplanned care that has been cancelled or rescheduled. 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 Immediate Life Support (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 monthly safer staffing dashboard has been designed to support a wider and longitudinal view of staffing and nurse sensitive indicators. The concept is to identify where staffing may be a concern and support an understanding of potential impacts of that staffing, or an understanding of the cause of

the staffing concern including, quality and safety measures. The dashboard is narrated by ward managers and a summary provided to the Director of Nursing and included in the Integrated Performance and Quality Review.

#### Vaccination programme

- 1.3.4 Our Flu and Covid-19 vaccination programme launched in September 2023 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 2023. 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 January 2024, we have vaccinated 39.2% of staff for Covid-19 and 46.9% of staff for Flu, against our target to vaccinate 80% of staff by the end of January 2024. We expect performance against our target to improve through a data validation exercise and continued flu vaccination. Our covid vaccination programme ended in December 2023, though Flu will continue until the end of February 2024. Our uptake of flu and COVID vaccination is in line with the level reported nationally, where it is reported that there is a decline this season.

#### 1.3.5 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.
- **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 an average of 7.5% across clinical services throughout 2023, this includes all staff groups. Sickness absence has stabilised at 7.25% for Registered Nurses and 8.17% for Unregistered Nurses. Our clinical and people colleagues are working closely to prevent sickness absence and to support colleagues to return to work as soon as possible. We have only seen a small increase in absence related to flu and COVID-19 (**see APPENDIX 3**)
- **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 robust 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, though we have been successful in recruiting new registrant and health care support workers who will commence in post over the next two months. Our over recruitment of new registrant is off setting posts subject to resignation. 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, who have a dedicated workstream for stimulating the provider market.
- **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 some issues requiring escalation, but no serious incidents directly related to the implementation of Right Care Right Person.
- **Electronic Patient Record System:** We are transitioning to a new Electronic Patient Record system called RIO. The system will provide improved clinical functionality and reporting capability once fully embedded. Our first tranche of clinical services successfully transitioned to RIO on the 30 October 2023. Access and functionality issues were experienced by some users which are being systematically resolved through Executive oversight. The Programme Board paused the transition of the second tranche of services from the 27 November 2023 to enable us to stabilise and embed the changes made within tranche 1. A technical and programme review is underway which will inform our plans to transition tranche 2 services.
- **Financial Recovery:** We are committed to delivering a £3.3m deficit in 2023/24. Our Finance and Performance Committee have received assurance of our cost improvement and efficiency plans which are being delivered. These plans include the cessation of out of area hospital care, the reduced reliance upon agency staffing, and accelerated efficiency savings which support quality improvement. We are using weekly data of agency usage to ensure recovery plan are met, which is scrutinised by the Directors of Operations and Nursing Quality and Professions.

## 1.4 Emergency Preparedness Resilience and Response Plans (EPRR)

### 1.4.1 NHS England EPRR Core standards:

The Board will be aware that the 2023/24 core standards brought with them three new

standards and significant additional requirements to meet all the standards, together with a new process for submission that involved trusts submitting evidence against each standard to be inspected by NHS England.

This new process was being trialled for the first time in the North of England, having been piloted in the Midlands in 2022, the intention being to roll out the process nationally from 2024.

These changes have been challenging for all trusts but particularly mental health trusts. For example, Chemical, Biological, Radiological and Nuclear Defence Science (CBRNe) training must be delivered by qualified trainers with evidence available of their qualifications yet, train the trainer courses are only available to ambulance and acute trusts. Similarly, some of the training to meet the Personal Development Portfolio's for NHS Commanders is currently unavailable.

A Local Health Resilience Partnership (LHRP) confirm and challenge assurance meeting took place on the 27<sup>th</sup> November 2023 following which an action plan and report was submitted to Board, the assessment for Sheffield Health and Social Care NHS Foundation Trust being non-compliant with a compliance rating of 10%.

To put this into context, all trusts within the Yorkshire and Humber region, together with the ICB's and NHS England are assessed as non-compliant with the new requirements. There is learning about the approach, which has been acknowledged by regional NHS England, who will take this forward.

Sheffield Health and Social Care NHS Foundation Trust chose to accept the assessment as an opportunity to review and improve our position against all the standards.

The action plan provided timescales for meeting those standards we are currently able to (see APPENDIX 1A).

In respect of the 31<sup>st</sup> December 2023 deadline set by NHS England for all NHS staff who may be expected to undertake a command role that included all on-call Directors and Senior Managers, to undertake the Principles of Health Command Course, this was achieved. It is now a requirement that no member of staff can perform on-call duties before completing the course.

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, has been circulated for approval through each trust's governance process. For Sheffield Health and Social Care NHS Foundation Trust, it is on the EPRR agenda for Audit and Risk Committee on 16<sup>th</sup> January 2024.

In respect of 24-hour access to a trained Loggist that has always been difficult to achieve, following training and refresher courses held in September 2023, we now have 21 trained Loggists with some availability out of hours that also meets the core standard. We will, however, continue to offer training to maintain and potentially increase this number to provide greater resilience.

Covid 19: The requirement on Mental Health and Community Trusts 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 remains.

#### 1.4.2 New guidance

Nothing this period.

#### 1.4.3 System preparedness

Work continues to focus on our preparedness and management of industrial action following several periods taken by Junior Doctors and Consultants, the most recent being Junior Doctors from 20<sup>th</sup> to 23<sup>rd</sup> December 2023 and 3<sup>rd</sup> to 9<sup>th</sup> January 2024.

Junior Doctors voted in favour of industrial action in the ballot that closed on 18<sup>th</sup> August 2023.

Consultants and Specialist, Associate Specialist and Speciality (SAS) Doctors balloted in favour of industrial action on 18th December 2023.

The ballot provides for a six-month period from these dates to take industrial action before having to re-ballot their members again.

#### 1.4.4 Incidents

##### **Response to death of Ice Hockey player Adam Johnson.**

This incident relates to the Sheffield Health and Social Care NHS Foundation Trust response to the tragic death of the Ice Hockey player Adam Johnson at the Sheffield Steelers vs Nottingham Panthers match held at Sheffield Stadium on 28<sup>th</sup> October 2023.

Our Talking Therapies Team responded, who, together with our Communications Team worked with Sheffield Steelers and partners to provide two online therapy sessions for anyone who had been affected, attracting around 400 participants and attendance at the teams next home game to provide information on how to access additional support.

There was a risk that high numbers of people may have experienced trauma, or emotional distress thus requiring early intervention. Our response has been highly praised and there has been no increase in referrals to Sheffield Talking Therapies.

A debrief session has been held to incorporate the learning from this into our Major and Critical Incident Plan. It should also be mentioned how readily our staff came together to offer their services. Some learning has been identified for our partners that will be shared with South Yorkshire Integrated Care Board (ICB) and Sheffield Childrens' Hospital.

#### 1.4.5 Exercises

##### **Exercise KANE 28<sup>th</sup> November 2023**

This was a communications exercise to test our major incident cascade arrangements. The test was conducted by Switchboard to our Directors and Senior leaders in the form of a text asking them to acknowledge that they had received it.

The response was good with two immediate and further responses within a few minutes.

Our Information Technology (IT) Department manage a Major Incident WhatsApp group for alerting serious IT and network losses and some responses came in through this, questioning whether the text was genuine.

The learning revealed that the phone used by Switchboard to conduct the cascade exercise is an upgrade on the previous major incident phone with a new number unfamiliar to those who received the text, prompting concern as to whether it was genuine. This has been resolved by ensuring everyone now knows the new number. The exercise will be repeated.

## Data Protection Security Toolkit (DPST) Exercise 5<sup>th</sup> January 2024

Part of the requirements to meet compliance of the DPST is to hold an annual exercise. The theme was Cyber Security and conducted via MS Teams to attract greater representation and included IT/Information Management System and Technology (IMST), community, and nursing leads.

The exercise was very useful in recognising the implications of a cyber attack on our IT infrastructure go far beyond our IT Department and affect all areas of trust business, the public and potentially our trust's reputation.

A report of the exercise is being prepared to enable learning from it to be incorporated into our plans.

### 1.4.6 Trust Emergency Planning Group (TEPG)

The TEPG has been re-established, having been suspended at the start of the Covid-19 pandemic and had its first meeting in December 2023. This is a Tier 2 meeting that reports into the Audit and Risk Committee.

The group consists of representatives from all Sheffield Health and Social Care NHS Foundation Trust directorates, is overseen by the Accountable Emergency Officer (currently our Director of Operations and Transformation) and is chaired by the Senior Head of Clinical Services.

The group will ordinarily meet quarterly however, it has been agreed that meetings should be monthly until March 2024 whilst the group becomes established.

Responsibilities include monitoring and reviewing EPRR risks, activity towards meeting the EPRR core standards, agreeing and monitoring activity against annual training and exercising schedules, ensuring learning from exercises and live incidents is incorporated into our emergency policies and plans, to then approve for sign off at Audit and Risk Committee.

## 1.5 Looking forward

Key developments going forward will provide opportunities for Sheffield Health and Social Care NHS Foundation Trust 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 South Yorkshire Mental Health Learning Disability and Autism (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.
- Maintain focus on driving financial improvement plans while maintaining safety and improving quality.

## 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 Urgent and Emergency Care (UEC) Pathway (see **APPENDIX 2**). 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:** Sheffield Health and Social Care NHS Foundation Trust 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 Voluntary, Community and Social Enterprise (VCSE).

#### **4.5 Financial**

There are no financial implications highlighted directly through this report in respect of recommendations and decisions. This report advises of our commitment to deliver a £3.3m deficit. 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 1B: Single Point of Access Service and core community mental health service

APPENDIX 2: Urgent and emergency care dashboard

APPENDIX 3: Covid-19 and Flu Vaccination Rate

APPENDIX 4: Delayed Discharge Trajectory



## APPENDIX 1: Demand and activity overview (ending November 2023)

### A) Referrals

**Key messages:** Referral numbers generally have not 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	Nov-23			Note
	n	mean	SPC variation	
Acute & Community Directorate Service				
SPA/EWS	802	668	• 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	764	The Crisis services are undertaking a change and parts of the CRHTT will move into the Urgent and Crisis Hub. Work is underway to ensure teams can correctly record data in RIO and reporting will commence once this is complete.		
Liaison Psychiatry	575	499	• H •	Shift of 9 consecutive months above the 24-month mean, this is predominantly due to an increase in A&E referrals.
Decisions Unit	55	58	• • •	
S136 HBPos	21	28	• • •	
Recovery Service North	108	26	• H •	It was agreed by the project management team to open referrals for all cross-city transfers (90 transferring from South to North) to both teams.
Recovery Service South	23	23	• • •	
Early Intervention in Psychosis	32	37	• • •	
Memory Service	135	125	• • •	
OA CMHT	123	247	• L •	Sharp reduction in referrals. Process for recording referrals has changed with the switch over to RIO to national definition. RIO team looking into recording internal referrals which make up a large percentage of OACMHT activity
OA Home Treatment	15	24	• • •	

Referrals	Nov-23			Note
	n	mean	SPC variation	
Rehab & Specialist Service				
CERT	1	2	• • •	
SCFT	1	1	• • •	
CLDT	81	59	• • •	Comparing the referrals to the Learning Disability Team in October 2023 and November 2023 there appears to have been increases in referrals in multiple areas. Given the proximity to the festive season it is possible that referrals have increased to help support a potential reduction in staffing across all services during this time. However this is an assumption not fact.
CISS	2	3	• • •	
Psychotherapy Screening (SPS)	81	54	• H •	
Gender ID	47	42	• • •	
STEP				Unavailable Nov 23 due to service move to SystmOne – work in progress
Eating Disorders Service	38	36	• H •	We are seeing more referrals that relate to different types of eating issues.
SAANS ASD	143	162	• H •	
SAANS ADHD	234	268	• • •	
Relationship & Sexual Service	18	19	• • •	
Perinatal MH Service	47	48	• • •	
HAST	16	15	• • •	
HAST - Changing Futures	1			
Health Inclusion Team	252	189	• • •	
LTNC	97	95	• • •	
ME/CFS	65	54	• • •	

## 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

November 23	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	238	567	●L●	43.6	36.5	●●●	4.8	10.0	●●●	618	773	●L●
MH Recovery North	56	83	●L●	5.6	13.7	●●●	3.1	9.4	●●●	842	894	●L●
MH Recovery South	43	72	●L●	6.4	11.8	●L●	5.4	13.2	●●●	932	1036	●L●
<b>Recovery Service TOTAL</b>	<b>99</b>	<b>155</b>	<b>●L●</b>	N/A			N/A			<b>1774</b>	<b>1930</b>	<b>●L●</b>
Early Intervention in Psychosis	21	25	●●●	N/A			100.0%	77.5%	●H●	290	306	●L●
Memory Service										4412	4251	●H●
OA CMHT										1401	1281	●H●
OA Home Treatment	N/A			N/A			N/A			68	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	114	79	●●●	19.9	20.0	●●●	81.5	85.0	●●●	370	331	●●●
SPS - PD	65	46	●H●	16.8	15.6	●H●	51.6	57.9	●●●	216	194	●●●
Gender ID	2349	1911	●H●	216.0	171.0	●H●	N/A			3216	2797	●H●
STEP	31	162	●L●	N/A						255	437	●●●
Eating Disorders	31	27	●●●	5.0	4.0	●●●				204	211	●L●
SAANS ASD	2450	2260	●H●	62.8	87.6	●L●				2967		
SAANS ADHD	6578	4223	●H●	58.0	176.0	●●●				3409		
R&S	53	108	●L●	16.3	59.0	●L●				131	169	●L●
Perinatal MH Service (Sheffield)	30	25	●●●	3.5	3.1	●●●				167	153	●H●
HAST	25	28	●●●	11.1	11.8	●●●				96	81	●●●
Health Inclusion Team	190	242	●●●	11.3	9.0	●●●				1623		
LTNC	425	311	●H●	N/A						N/A		
CFS/ME	N/A			40.5	25.9	●H●	184					
CLDT	166	170	●●●	9.9	9.2	●●●				699	700	●L●
CISS	N/A			N/A			N/A			12	19	●L●
CERT	N/A			N/A			N/A			48	45	●H●
SCFT	N/A			N/A			N/A			23	24	●L●

#### Narrative

**Perinatal** – Positive increase in caseload in line with national expectations.

**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.

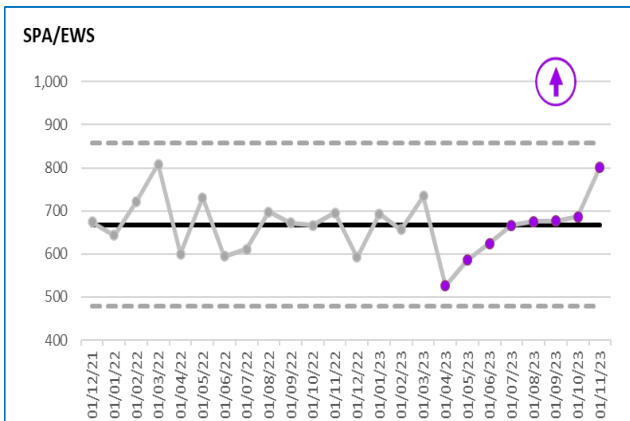
**ASD** – service provided to Sheffield and Derbyshire residents, and a number of mitigations are being looked at including waiting well project co-produced with VAS. Wait times for ASD assessment for Sheffield residents have continued their reduction.

**Older Adults** – No Waiting list, RtT & RtA data available, awaiting the migration of all people on the waiting list from Insight to Rio to be completed by services.

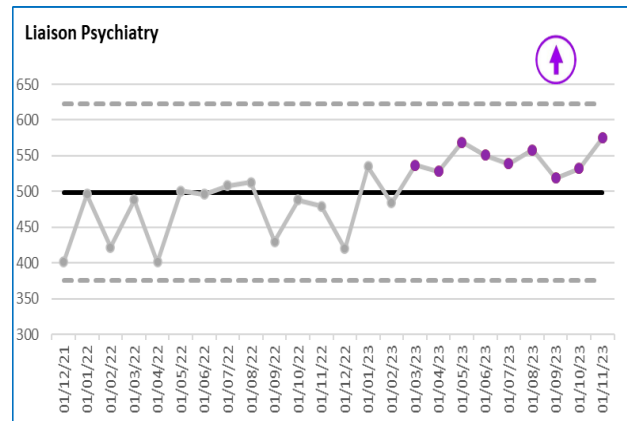
**C) Monthly referral rates: to end of November 2023**

**Key messages:** We continue to experience sustained demand into our hospital facing crisis service. We have noticed an increase in demand for our community mental health service, which is being monitored.

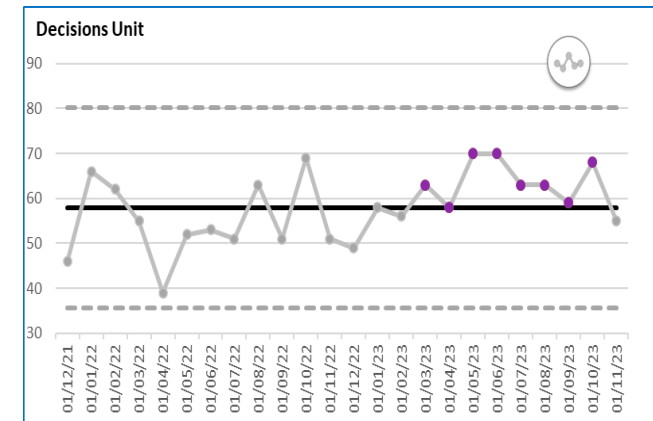
**Single point of access**



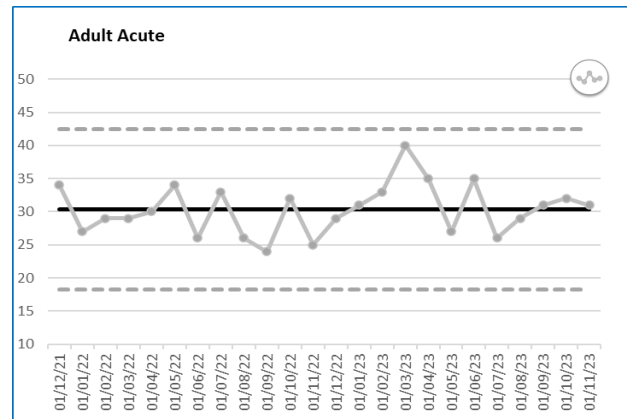
**Liaison**



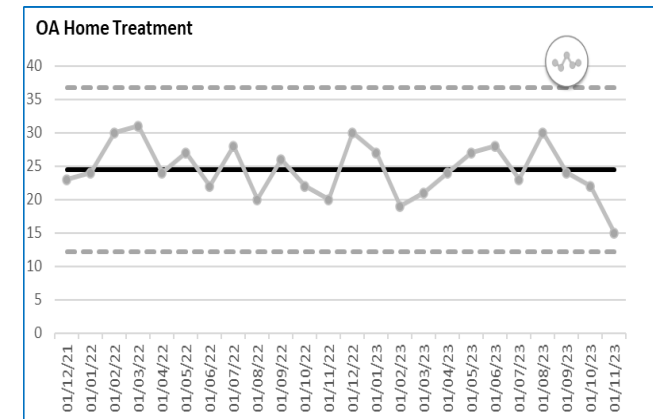
**Decisions unit**



**Adult acute admissions**



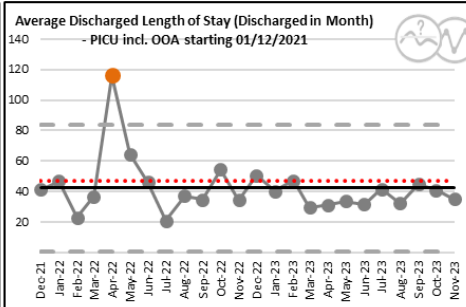
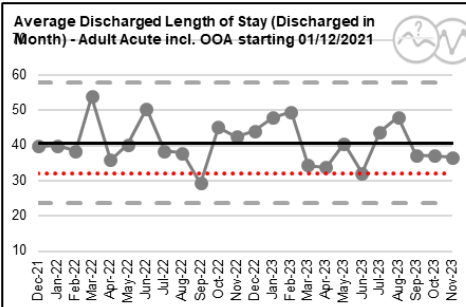
**Older adult home treatment**



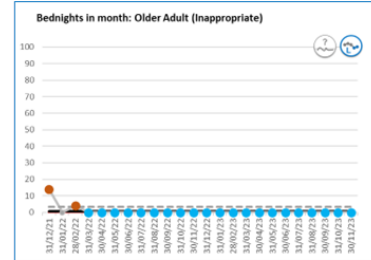
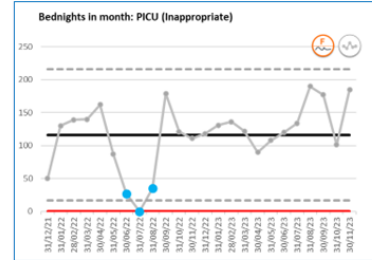
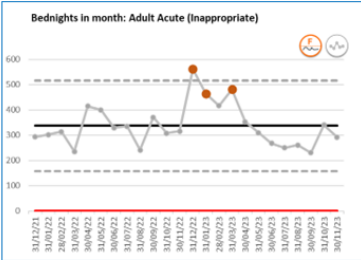
# APPENDIX 2: Urgent and emergency care (ending November 2023)

## UEC (Urgent & Emergency Care) Dashboard

### Length of Stay



### Out of Area

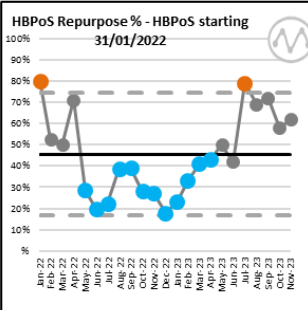


Adult Acute Discharged LoS (Rolling 12-month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	456	38
OOA	101	41
Contracted	105	47
<b>Combined</b>	<b>662</b>	<b>40</b>

PICU Discharged LoS (Rolling 12-month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	95	31
OOA	37	54
<b>Combined</b>	<b>132</b>	<b>38</b>

Provider	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Sparklines (Dec-22 to Nov-23)
Sheffield Health and Social Care NHS Foundation Trust	20	20	20	20	15	7	9	10	7	8	12	8	
Bradford District Care NHS Foundation Trust	13	22	20	22	18	23	22	24	15	18	15	9	
Tees, Esk and Wear Valleys NHS Foundation Trust	4	8	11	25	19	22	9	6	4	7	5	4	
South West Yorkshire Partnership NHS Foundation Trust	18	17	22	14	11	13	14	23	11	5	3	2	
Leeds and York Partnership NHS Foundation Trust	14	15	16	15	24	17	24	13	23	37	31	31	
Cumbria Northumberland, Tyne and Wear Partnership NHS Foundation Trust	12	4	10	18	14	10	10	6	8	8	0	0	
Humber NHS Foundation Trust	3	4	8	6	6	5	18	8	4	4	3	8	
Rotherham Doncaster and South Humber NHS Foundation Trust	5	12	18	9	23	10	14	16	16	18	25	19	
Navigo (NE Lincs/Grimstby)	0	0	0	0	0	0	0	0	0	0	0	0	

### HBPoS Repurposing

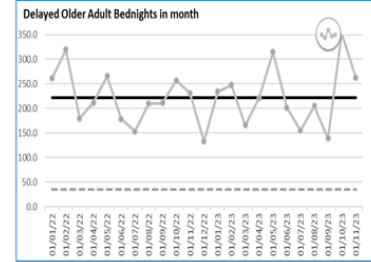
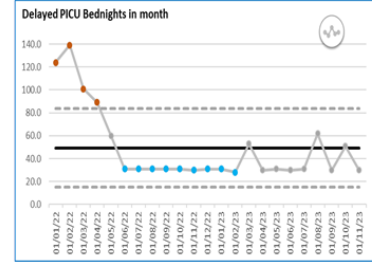
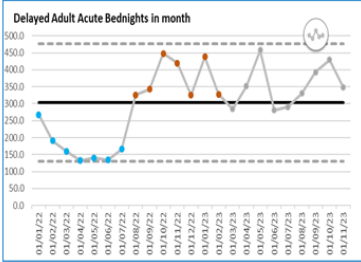


November 2023		
Weekday Beds Available	30	30
Days Repurposed	10	27
% Repurposed	61.7%	
Days Occupied	9	2
% Occupied	18.3%	
Days Available	11	1
% Available	20.0%	

Health Based Place of Safety (HBPoS/136 Beds)	Nov-23
Occasions repurposed	37
Occasions repurposed %	62%

### Delayed Care

**Delayed Care narrative**  
 % of bednights occupied by delayed patients is 24.7% 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.

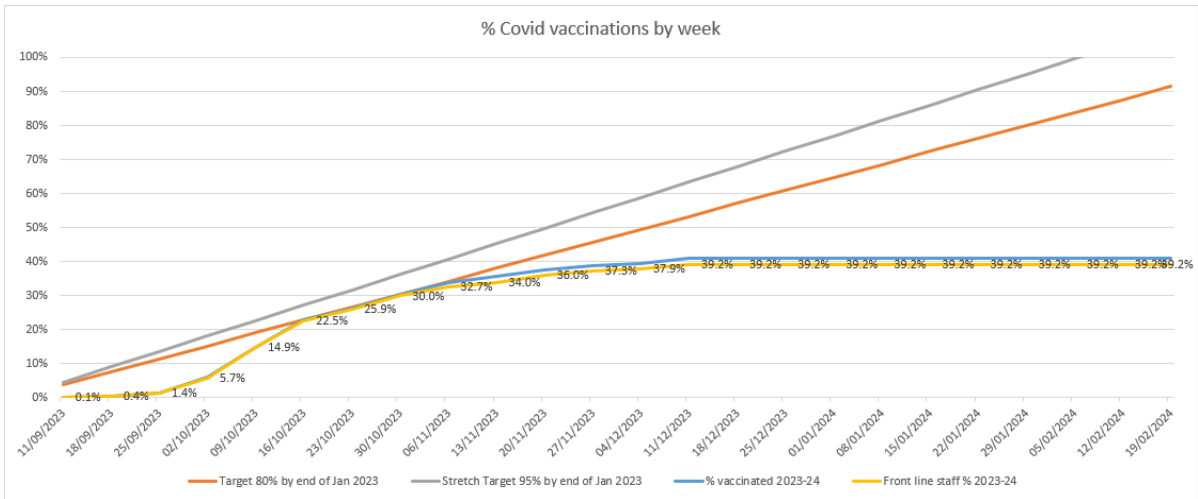
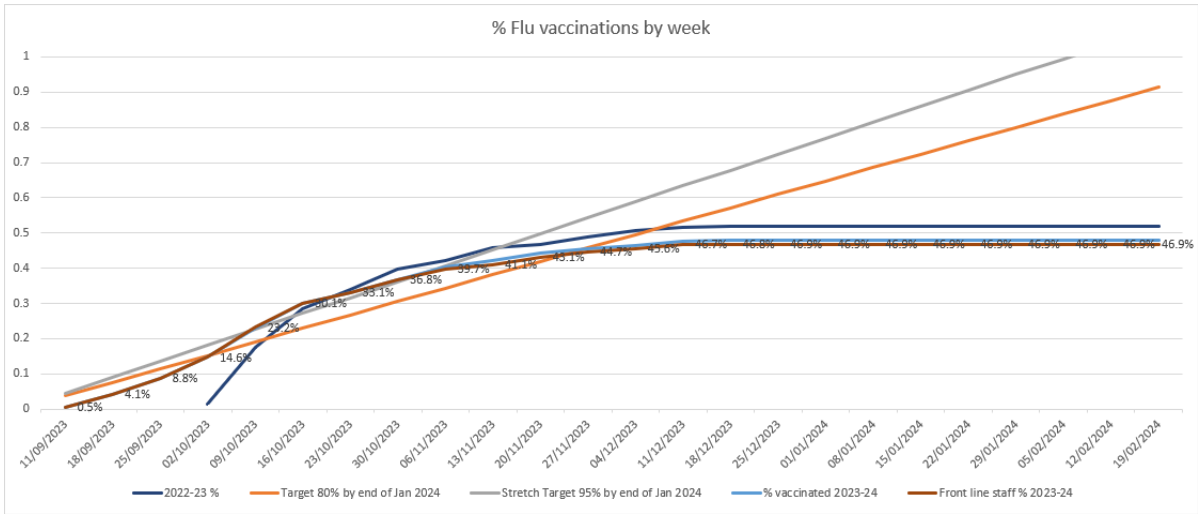


Delayed Discharges Adult Acute		
Nov 23	Sum of Delayed Bednights	% Bednights occupied by DD
Adult Acute Total	348	24.7%

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

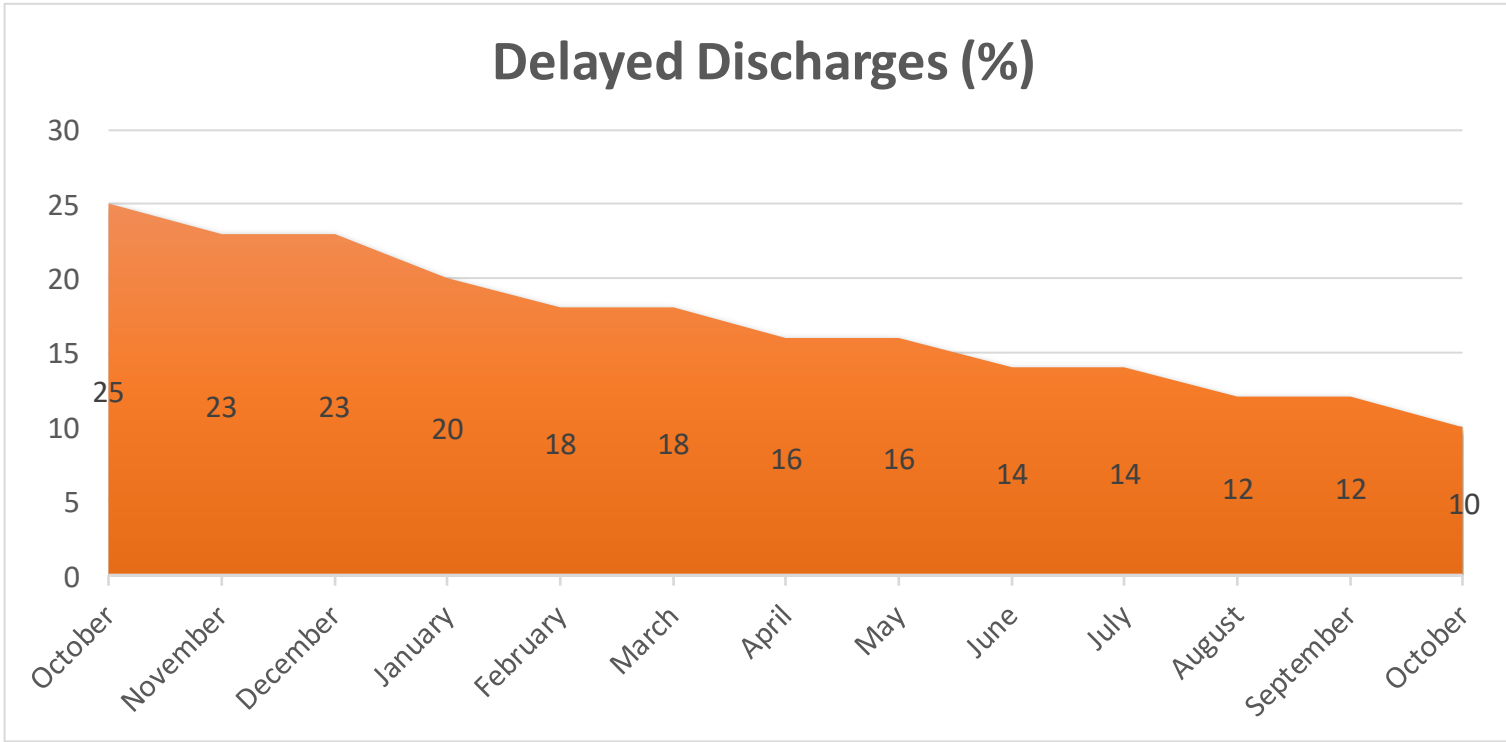
Delayed Discharges Older Adult		
Nov 23	Sum of Delayed Bednights	% Bednights occupied by DD
Older Adult Total	263	28.3%

# APPENDIX 3: Covid-19 and Flu Vaccination Rate



## APPENDIX 4 – 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