Board of Directors – Public

SUMMARY REPORT	Meeting Date:	23 November 2022
	Agenda Item:	08

Report Title:	**Covid recovery.**	
Author(s):	Jason Rowlands: Deputy Director of Strategy and Planning Neil Robertson: Director of Operations & Transformation	
Accountable Director:	Beverley Murphy, Director of Nursing, Professions and Operations	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	None
	Date:	N/a
Key Points recommendations to or previously agreed at:	N/a	

Summary of key points in report

As we continue to move forward the focus of this report has shifted from a specific Covid focus to a more general review of operational delivery of our Operational Plan

1. **Our response to Covid is well embedded.** Our full focus is now directed to the delivery of our improvement priorities.
2. **Service demand:** Activity levels across most services are in line with pre-covid levels. Crisis Pathway Services are experiencing sustained increased demand and recent expansion will provide support.
3. **Access and waiting times is challenged in some areas.** Challenges continue across several services with numbers waiting or length of waits. Reducing waiting times remains a clear national priority and of interest to the Prime Minister. Recovery plans are in place however the expected rate of improvement is not being delivered. Progress is reported to the Quality Assurance Committee and the Board considered further actions and mitigation of risk at the September Board meeting
4. **Plans to implement our workforce plan and recruit to all vacancies continue and the position remains challenging in some teams.** We have made good progress in the services that were expanding due to increased commissioning investment, with 88% of the planned additional staff recruited to. Across some services challenges remain, specifically in inpatient services. There is a broader risk that retention turnover means that the increased staffing numbers are not sustained.
5. **Our vaccination programme launched on the 10 October:** The programme has started well and is ahead of plan at the end of week four. Our approach is flexible with a combination of a vaccination hub, in service / at work pop up clinics and staff reporting vaccinations received via primary care.
6. **We have mobilised our winter plan.** Our plan, delivered with our VCSE partners, is focussed on key risk areas by increasing community support and addressing long lengths of inpatient stay. The additional programmes and capacity are scheduled to commence by the end of November. Increased investment is also supporting an expanded Liaison Service offer across Sheffield Teaching Hospital services, which will provide more access to mental health support across the Urgent and Emergency Care Pathway.

7. **Industrial action is planned by national trade unions representing NHS clinical and non-clinical staff.** Our task now, within SHSC and as part of the Sheffield and SY ICS system is to be prepare for industrial action so there is minimal disruption to patient care and emergency services can continue to operate as normal.
8. **Our business continuity plans, and incident command structures provide a clear framework to manage the challenges.** We are facing key risks and challenges from winter, industrial action and energy supply/ power outages. Our command structures have been initiated and the Emergency Planning Manager is coordinating contingency planning activities between Workforce, Clinical Services and Estates.
9. **The lessons and changes in practice** that the pandemic bought about are now embedded and shared as an appendix for information.

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 good plans in place to manage future impacts of Covid.
2. **Recommendation 2:** To consider the level of assurance that our approach to our Winter Plan, industrial action and business continuity risks within SHSC demonstrates effective preparation so there is minimal disruption to patient care and urgent and emergency care services can continue to operate as normal.

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Getting through safely	*Yes*	***X***	*No*	
CQC Getting Back to Good	*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 and Experience	*Yes*	***X***	*No*		Risk of bringing the virus into inpatient and residential areas, causing harm to service users Risk to safety and patient care from reduced access to services during surges & staff absence
Financial (revenue & capital)	*Yes*	***X***	*No*		Increased cost of overtime, bank and agency staff to cover staff absence Costs of managing increased demand for services as services recover has reduced. Specific additional Covid funding is no longer in place.
Organisational Development /Workforce	*Yes*	***X***	*No*		Risk to patient care and industrial relations from planned industrial action. Risk of increased staff absence through contracting the virus or self-isolation

					Risk of increased challenges and pressures on staff in sustaining services impacting on wellbeing Plans for expansion of services to deliver improvements in line with LTP and demand forecasts
Equality, Diversity & Inclusion	*Yes*	***X***	*No*		*See section 4.2*
Legal	*Yes*	***X***	*No*		Breach of regulatory standards and conditions of our provider licence.
Sustainability	*Yes*	***X***	*No*		Service level agile working plans will support reduced travel and the winter vaccination programme will focus on waste reduction.

Title	Covid recovery.

Section 1: Analysis and supporting detail

1.1 Background

Our Annual Operational Plan confirms our strategic priority of ensuring our services recover effectively from Covid by:

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

Services have generally recovered from the Covid period. Services have returned to pre-pandemic arrangements while keeping hold of the positive learning from the Covid period. Our focus continues to be directed to the core aspects of our strategy.

This report highlights how the sustained progress in recovering from Covid, along with continual review and learning, is supporting the delivery of our strategic priorities.

As we approach the Winter period the learning and strengthened command structures support our Winter Planning and the additional arrangements to prepare for industrial action and risk to our energy supply.

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

1.2 Getting back to good: Continuing to improve

1.2.1 Embedding service recovery

Most services have returned to pre Covid ways of working and have utilised the learning from working in a global pandemic. This is evident by the percentage of contacts with service users held face-to-face has recovered and is around 10-15% lower than pre-pandemic levels due to increased use of remote and virtual means of supporting service users.

We continue to manage this carefully to ensure we meet the needs from individual choice while managing agile working and service continuity challenges. This is a core feature of the service level agile working plans that have been put in place this year. For example, IAPT Services continually gather patient feedback from individual appointments and their service user experience group and review this in a weekly co-ordination meeting alongside capacity, demand and waiting list information. This allows them to balance the available face to face and virtual appointments alongside choice, ensuring that individuals are aware of the options and supported to make the right choices for them.

APPENDIX 1: Demand and activity overview (Section C: Face to Face activity levels)

1.2.2 Managing demand across services

Demand on services remained broadly stable through the pandemic and remains so during its aftermath. The Crisis Pathway services remain under pressure. Demand can very across Liaison, AMHPS and duty teams. The temporary closures of the Decisions Unit can result in increased attendances at A&E, which in turn impacts on the Liaison Services and AMHPs and duty teams, which is then reduced as the Decisions Unit is re-opened.

Some services are experiencing challenges with access and waiting times, however these challenges largely existed pre-covid and are subject to transformation and improvement plans however, the expected rate of improvement is not being delivered. Memory Services are managing increased demand accumulated from the early covid period plus an increase in referrals since of c10% and plans to address this are outlined in Section 1.3.1. Progress on the recovery plans to improve access are reported to the Quality Assurance Committee.

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

1.2.4 Delivering the Back to Good programme

We have continued to deliver the improvement actions and initiatives under the Back to Good programme. At the end of September, subject to final assurance validations, we expect to have completed 58 (87%) of the 66 improvement actions due to completion. Progress is reported to the Quality Assurance Committee and to the Board of Directors.

Additional capacity, starting in early November, has been allocated to support and focus on the necessary work to assure the progress made in delivering the improvement actions. This will enable more timely assurance reviews and lead to timely decision making about closure of improvement actions and increase assurance to the Board of Directors.

1.2.5 Challenges across the SY ICS in delivering the NHS LTP for Mental Health

Our Operational Plan for 2022-23 was unable to support delivery of the national milestones for increasing the number of people entering treatment in Perinatal Mental Health and IAPT services. This was due to lack of available funds from the Mental Health Investment Standard growth allocations to Sheffield.

The Operational Plan for South Yorkshire ICS did not deliver on national requirements for Children and Young People, Perinatal Mental Health, IAPT, Physical Health for people with a Serious Mental Illness and Out of Area Placements. SY ICS plans reflected less than 85% of expected LTP growth for Perinatal Mental Health, Mental Health Crisis, and Ambulance Services.

Following the submission of the SY ICS Plan for 2022-23 NHS England required the ICS to develop a Recovery Plan to meet the national KPIs in the above areas. SY ICS has agreed its Recovery Plan with an expectation that recovery will be achieved into 2023-24 for most areas. For Sheffield the focus will be on the expansion of IAPT and Perinatal Mental Health Services, which will require additional investment from Sheffield Place/ SY ICS.

1.2.6 Learning and strengthening our Major Incident Command Structure

The SHSC Major Incident Command Structure was stood up in March 2020 to deal with the COVID-19 pandemic, as required by the guidance from NHS England of the 17 March 2020. As infection rates reduced, coupled with advice from NHS England to move back to business-as-usual practices, the structure was stepped-down on 5th July 2022.

There have been periodic reviews conducted after various waves of COVID-19. This debrief was an opportunity to reflect on SHSC's handling of the pandemic by bringing together representatives from the three layers of the command structure, to discuss how we did and to bring in any learning from it.

The debrief was held on 23rd September 2022, seen as timely to support our readiness with winter approaching, the potential for further surges of COVID-19, Flu and industrial action.

The review considered three questions

- If we had another pandemic tomorrow, what parts of our COVID response and recovery would you want to keep the same?
- If we had another pandemic tomorrow, what parts of our COVID response and recovery would you want to do differently?
- Is there anything we did during our COVID response that we should keep doing as part of our Business as Usual?

Key messages from the review were

- Prompt decision making, the coming together of clinical and non-clinical services and the use of virtual meetings and agile working saw positive new ways of working that should continue.
- The Command Structure was a test for SHSC but soon found to work well for major and critical incidents. There is room to improve the communication between each level of the command structure, recording of decisions, clearly identifying responsibilities and who is the lead.
- The Hub on JARVIS was beneficial but the volume of guidance and speed of change at times meant the information was either out of date or difficult to find.
- Staff welfare is an issue, as is the need to manage absence better and ensuring good governance is maintained whilst an incident is running.

APPENDIX 7: Summary of learning and changes as a result of Covid

1.3 Transformation: Changing things that will make a difference.

1.3.1 <u>MHIS Workforce expansion plan 2022/23: supporting the delivery of outstanding care and creating a great place to work</u>

We have made good progress in the services that were expanding due to increased commissioning investment, with 88% of the planned additional staff recruited to. For example, 17 more staff have joined the IAPT service, 6 staff in the SAANs service and 4.8 staff in Liaison. The increased investment was funded through the Mental Health Investment Standard (MHIS) and other growth allocations.

As previously reported challenges have been experienced recruiting to the additional posts to support Memory Services. A recovery plan is in place and as part of this plan the introduction of new roles, review of existing capacity and options to work differently with the VSCE partners are being progressed. As part of the improvement work an external review of the current model is being undertaken.

APPENDIX 3: Workforce Plan expansion

1.3.2 Overall workforce expansion

The above growth for several services can mask areas of concern regarding staff vacancy levels elsewhere. Across some services challenges remain, specifically in inpatient services, where the vacancy for Band 5 and 6 Nurses across the Acute Wards is c15%, which can be further impacted by sickness absence and maternity leave. And there is a broader risk that general recruitment and retention turnover means that the increased staffing numbers secured through the extra MHIS funding are not sustained.

A range of improvement plans are in place regarding general recruitment and retention actions and development priorities. These are reviewed and reported to the People Committee.

Recruitment to registered Nursing and Health Care Support Worker (HCSW) roles continues to be a challenge and we have introduced additional strategies to reduce vacancy rates in these groups. We have introduced a recruitment and retention premia for Band 5 Nursing staff in inpatient services, and we have increased rates of pay for staff working on Bank to bring us in line with other NHS services.

We had planned for 20 internationally recruited nurses to arrive by the end of December. Progress with internationally recruited nurses is taking longer than planned. This is a new approach by SHSC and we are keen to explore the benefits. We are expecting 2 nurses to start in December. The remaining mental health target international nurses are receiving development support regarding language skills funded by NHS England.

Overall, total staff in post numbers by the end of September have increased by 153 wte since May 2022 across SHSC, of which 132 wte were in our clinical services. While the impact of staff leaving will vary across teams at different times through the year, the planned workforce expansion delivered through the MHIS investment (*Section 1.3.1 above*) is not being unduly undermined by underlying retention rates at this stage.

1.3.3 CMHT Transformation

As previously reported our approaches to agile working and the workforce expansion delivered through the pandemic across IAPT, PCMHT, SPA/ EWS, Crisis and Liaison Services and Recovery Services support the development of the CMHT transformation programme.

Significant progress has been made engaging with service users and staff from across the CMHTs to co-design and develop a new model for our future provision and finalising the case for change. Previously the Programme had identified that while engagement is taking place it was

limited and there is a risk that the new services are being designed without sufficient involvement of services users, their families and carers. This has been a key area of focus over the last quarter with the co-production of Patient Reported Outcome Measures with Experts by Experience Flourish and Healthwatch facilitating patient journey workshops in relation to the new clinical model.

The new model will focus on delivering the essential aim of ensuring that service users can access quality care, close to home and that we reduce our reliance on inpatient care through improvements in flow across pathways and services. We aim to partner with our communities so that care is culturally sensitive.

1.3.4 Winter plan – demand and capacity

Our Winter Plan has been mobilised. SHSC requested £125,000 from SY ICS to support its Winter Plan and an allocation of £85,500 has been made on a 'fair share' basis of the national funds allocated to the ICS. Funds have been allocated directly to

Sheffield Children's Trust for CAMHs services.

Our Plan responds to the national guidance issued by NHS England on the 18 October, and the identified risks to inpatient capacity and workforce capacity. Our Plan focusses on the critical areas of

- Staff wellbeing and support and ensuring effective arrangements are in place to maintain safe staffing levels through clearly defined escalation measures
- Ensuring capacity and flow is maintained across Liaison, Crisis, Acute inpatient and Recovery Services

The £85,500 is being used to fund additional VCSE capacity and expertise through existing contractual arrangement already in place. The VSCE can support our Winter Plan by bringing additional capacity alongside knowledge of local community-based support that can combine to support our services through winter and our broader aim of supporting people to be well at home.

In preparation for winter, Clinical Services have been putting together a Critical Staffing Plan, considering the skill set of our staff to determine who is best placed to support our inpatient and crisis teams in the event of staffing difficulties, to ensure safe care can be maintained. This commenced with an exercise on 27th September 2022 involving a spike in COVID absences coupled with adverse weather conditions. The plan is due to be finalised on 16th November 2022.

APPENDIX 4: SHSC Winter Plan

1.3.5 Vaccination programme

Since the 10th October 2022, SHSC has been delivering a flexible model for the vaccination of our staff for Influenza and COVID – 19. The programme began a little later than the previous year due to delays in receiving the vaccines. We have been delivering vaccinations through a clinic-based approach at the Mayfield Suite, Fulwood House, and providing satellite clinics in inpatient and community services.

SHSC are offering an inactive influenza vaccine, which is suitable to for all adult groups. Depending on what is delivered, we are administering Morderna and Pfizer Bivalent vaccines, which provide protection against the original and omicron COVID-19 strains.

Progress to date in delivering flu and covid booster (source regional data) as of the 15th November 2022, week 6 of the campaign is:

- Flu – 41% of eligible staff
- COVID Booster – 45% of eligible staff

When comparing to this time last year we are in a similar position, however, it is important to note that last year we started over two week earlier in delivering the campaign. The programme has set its target of achieving 80% by the end of January with a stretch target of 95% to challenge our delivery and push ourselves to reach and protect more people.

Comparing our performance to the rest of the region, we are in the upper middle quartile. When we look at other local mental health providers, one Trust is a percentage point ahead of us and the other is below in delivering both vaccinations. We will continue to ensure all staff have the opportunity for a vaccine with ease and we will support people with vaccine hesitancy.

Over the next few weeks, we will begin to scale back the operating hours of the Mayfield Suite and provide more roaming satellite clinics to increase accessibility to local booked and drop-in appointments. This approach is learning from Winter 2021-22.

The vaccination programme is being overseen by Sharon Ashton, who is our lead vaccination nurse.

APPENDIX 5: Vaccination Programme Performance Dashboard

1.3.6 Preparedness for industrial action in the NHS

Due to the expected industrial action planned by multiple national trade unions representing NHS clinical and non-clinical staff, NHS England have issued guidance to support contingency planning for potential action.

Our task within SHSC and as part of the Sheffield and SY ICS system is to be prepared for any potential industrial action so there is minimal disruption to patient care and emergency services can continue to operate as normal.

With learning from the review of Major incident Command Structure (Section 1.2.5) and the mobilisation of our Winter Plan (Section 1.3.4) key requirements to prepare for any forthcoming industrial action are already in place. These are being strengthened and plans are being reviewed and finalised informed by a self-assessment against the NHS England guidance for the following areas

- Engagement with Unions
- Planning, command and control
- Mitigations and capabilities
- Clinical priority areas
- Estimated workforce and activity impacts
- Staff, patient, and public communications
- Staff health and wellbeing

Critical safe staffing levels are also being considered to support negotiations with Staff Side to maintain our duty of care to our service users on days of any planned industrial action; and essential skills training for staff who may be deployed to work in critical service areas is due to commence again at the end of November 2022, as it did in 2021.

Alongside our Winter Plan and plans to prepare for industrial action recent media reports of potential power cuts during the winter period, to protect gas supplies should electricity demand outweigh gas used in power stations to generate electricity, prompted a review of contingency arrangements for loss of power through our Business Continuity plans. A questionnaire sent to all Trusts from NHS England enabled a detailed understanding of our arrangements and where there may be gaps.

All our inpatient facilities have generator back up and we are assured that, in the event of fuel shortages to replenish generator fuel supplies, Local Resilience Forum plans would be activated directing fuel supplies to priority areas that would include inpatient facilities.

The command structure has been stood up to ensure the plans we have are realistic, deliverable, tested and understood.

1.4 Partnerships Working together to have a bigger impact.

1.4.1 Working as part of the Sheffield Urgent and Emergency Care Pathway (UEC)

SHSC is fully engaged as part of the UEC network in Sheffield. This brings together all NHS, social care and third sector organisations who are responsible for the delivery of emergency and urgent care services in Sheffield. The Director of Nursing, Professions and Operations with the Director of Operations and Transformation represents the Trust and the needs of our service users. Our plans are focussed on ensuring effective delivery of the crisis care pathway and maintaining flow to ensure that people within the broader UEC pathway who need mental health support can access it.

The assurance framework for the UEC Programme is focussed on

- Demand and capacity planning
- Organisational resilience (STHFT, SCFT, SHSC)
- Virtual Ward utilisation

The UEC system is currently working under considerable pressure. If we are to provide effective support and help across the system then there needs to be access to mental health care and treatment, across the UEC pathways, when needed.

To achieve this our key areas of focus and action have been

a) Avoiding 12-hour breaches: by ensuring access to the mental health crisis care across our crisis assessment services, the Psychiatric Decisions Unit and inpatient admission when required. Ensuring the Psychiatric Decisions Unit and the Health Based Place of Safety remain fully operational and working at capacity has a clear and positive impact on 12-hour breaches and demands placed on the Liaison Mental health Service.

   In September the Health Based Place of Safety beds were repurposed as inpatient beds on 39% of the month and there were 3 Emergency Department 12-hour breaches for people presenting in need of mental health services.

b) Liaison Mental Health Services: increasing reach across STH inpatient services supported by further expansion planned in 2022/23. Currently demand remains within the usual range.

c) Effective gatekeeping: with the expanded Crisis Resolution Home Treatment Services focussing on improved gatekeeping and follow up post discharge. In September 84% of patients discharged were followed up in the community within 72 hours, against a target of 80%. The 80% target was exceeded each month through Q2.

d) Improved flow through our inpatient services: delivering community input to decision making, review of patients experiencing long lengths of stay and effective daily processes from daily planning meetings to Red to Green Boards.

APPENDIX 2: Urgent and emergency care dashboard

1.4.2 South Yorkshire ICS Mental Health MHLDA Provider Collaborative

We continue to work collaboratively across the system, particularly with the SY MHLDA Provider Collaborative (previously referred to as the Mental Health Alliance). This will be a key area for the Trust as Place based systems collaborate and continue to develop plans that respond to the needs of local people, the shared transformation agendas and the developing financial environment as we recover from Covid.

A priority setting workshop was held on 17 October to co-produce priorities for a shared ICS development approach. The emerging top three priority areas from the workshop were

- Section 136 and Health Based Place of Safety – which aligns to the priority in our Winter Plan to ensure access and flow through the crisis care pathway
- Neurodiversity diagnosis and support – which aligns to priority areas for improvement with access and waiting times
- Learning Disability, crisis and complex placements – which aligns to our strategic direction for the development of our learning disability services

1.4.3 Working with VCSE partners

Our partnerships with the VCSE, co-ordinated with SACMHA and the South Yorkshire Community Foundation, will support the delivery of our Winter Plan, building on the successful pilot during Q4 of 2021-22. The review of the pilot found that people referred through the project experienced increases in their quality of life and other improvements in their health. People felt more in control of their healthcare, engaged in services and satisfied with their support.

This has provided insights about how to:

- Reduce pressures on services and waiting lists.
- Increase the wellbeing of people waiting for support.
- Supporting people back into the community following discharge

This learning is being used to support this year's Winter Plan as we continue to work with our VCSE partners who bring expertise, community connections and capacity to support our services and improvement work.

1.5 Infection Prevention and Control arrangements

COVID-19 booster and seasonal flu vaccination clinics are running to enable the widest take up of staff and service users. There has been no COVID guidance issued this period, reflecting the present continued drop in COVID infections.

The SHSC vaccination campaign is reported at section 1.3.5 above.

APPENDIX 6: Summary of Guidance issued September-October 2022

Section 2: Risks updated

2.1 **Impact of winter:** There is a risk that general winter illnesses, while mitigated by our vaccination programme, may impact on staff attendance and reduce the general number of contacts with patients reducing flow through community and crisis care pathways. The Winter Plan is focussed on managing and mitigating these risks through deploying increased capacity and ensuring contingency and escalation plans are in place.

BAF.0024: *There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care*

2.2 **Service demand:** There is a risk that challenges across the crisis care pathway continue for sustained periods of time impacting on access to our services and the broader UEC Pathway. Crisis care services continue to operate under pressure. A range of plans are in place to improve the pathway for service users, address blockages within the pathway and increase capacity and resilience at key access points. Specific additional actions and measures are mobilised as part of our Winter Plan. However sustained pressure on services is expected to remain until the plans have the desired and intended impact.

BAF.0024: *There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care*

2.3 **Business continuity - Industrial action and power supply:** There is a risk that industrial action and/ or power outages disrupts patient care and the ability of critical services to operate as normal. Business continuity plans are in place and our arrangements are being appraised in line with national guidance.

BAF.0024: *There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care*

2.4 **Workforce expansion:** There is a risk that successful recruitment may not be sustained due to on-going staff turnover reducing the required workforce increases to support service expansions over the medium to longer term. Recruitment against the 2022/23 workforce expansion goals has largely been successful to date, however teams may continue to experience new vacancies arising from ongoing staff turnover. There is also a risk that staff are drawn from depleted teams into new roles increasing the risk of increased vacancies in some teams.

BAF0014*: There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs*

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

BAF0026*: There is a risk of slippage or failure in projects comprising our transformation plans*

2.5 **Workforce wellbeing:** There is a risk to staff wellbeing from the sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We need to ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

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

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

2.6 **Partnership and system working: SHSC** is positively engaged with the city wide command structures. This active approach will ensure cross system working supports a co-ordinated approach.

BAF.0027: *There is a risk that engagement with systems partners is ineffective or lacking; caused by weaknesses in partnership relationships or supporting governance arrangements; resulting in a poorer quality of services, missed opportunities and potential costs*

Section 3: Assurance

Triangulation

3.1 a) Recovery Plans reported to Quality Assurance Committee

b) Trust wide IPQR reporting through the SHSC performance process, reviewed by service leadership, Board Committees

c) SHSC weekly updates on service demand and covid pressures

d) Winter Plan developed and agreed by Sheffield AHP and SY ICS

e) Daily sitrep to NHS Digital staff absences and numbers of patients with Covid

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

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

h) Service visits by the Board and the Executive.

Section 4: Implications

4.1 Strategic Aims and Board Assurance Framework

Implications and risks are highlighted in the above sections.

Equalities, diversity and inclusion

4.2 It is important to note that the Global Pandemic has further worsened the inequalities experienced by some communities, making some services more difficult to access due to digital poverty and worsening social determinants that can impact on mental health.

Investments through the Mental health Investment Standard and Spending Review Funding are focussed on key service area across homeless, drugs and alcohol, community mental health and crisis care services. This brings significant opportunity to ensure we design our services in line with the NHS Advancing Mental Health Equalities Strategy

We need to develop our data sets to ensure we understand, monitor and take necessary action regarding access, experience and outcomes. Supporting performance related information in respect of access and waiting times and protective characteristics is being produced to ensure access is understood in respect of equalities, diversity and inclusion.

The Inclusion and Equality Group has been established which will provide the leadership and governance for the Trust developments of the design and implementation of the Patient and Carer Race Equalities Framework (PCREF). As part of the wider Trust developments, the design and implementation of the Patient and Carer Race Equalities Framework (PCREF), will provide a framework to examine what we change through an anti-discriminatory lens and ensure check and challenge is embed in the process to prevent racialised and discriminatory practice.

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

Recognising the above risks for our service users proactive measures are in place to raise awareness, promote opportunities and encourage service users to get vaccinated. Vaccines are offered to all our inpatients and services are reaching out to service users in the community, with specific efforts to reach and support people with a learning disability.

We also need to pay attention to the groups of people who are more likely to be vaccine hesitant and understand the hesitancy in order that information and support is culturally sensitive.

4.3 Culture and People

There is a sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We should ensure that our plans to support staff wellbeing are reflective of the sustained challenges.

4.4 Integration and system thinking

Effective joint working is demonstrated through the development of the winter plan and the urgent and emergency care plan for Sheffield. This provides good opportunities to continue building integrated approaches on a multi-agency basis. As plans have been mobilised to increase capacity these have been done in conjunction with partners from across the VCSE.

4.5 Financial

None highlighted directly through this report in respect of recommendations and decisions. The Contract governance processes between the Trust and Sheffield CCG 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

Following the learning from the Global Pandemic, SHSC has learnt from how it delivers services in an agile manner. This means that we do not necessarily need to work with “everybody in the office” and that services can be delivered through different platforms.

Services have developed and adopted Agile Working Plans. The Plan reflects effective use of workforce time to optimise efficiency and work wellbeing.

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: Workforce plan expansion

APPENDIX 4: Winter Plan

APPENDIX 5: Vaccination Programme Performance Dashboard

APPENDIX 6: Summary of Guidance issued September-October 2022

APPENDIX 7: Summary of learning and changes because of Covid

APPENDIX 1: Demand and activity overview (ending September 2022)

A) Referrals

Key messages: Referral numbers generally haven't increased, are in line with or below pre-covid levels and below what we expected and planned for. SAANs has experienced increasing demand over the last two years.

Back to Contents

Responsive | Access & Demand | Referrals

Referrals	Sep-22			
Acute & Community Directorate Service	n	mean	SPC variation	Note
SPA/EWS	672	705	•••	The baseline has been re-calculated in July 2021 due to Safeguarding referrals being moved to the Safeguarding team.
AMHP	146	146	•••	
Crisis Resolution and Home Treatment	930	The implementation of the new Crisis Resolution & Home Treatment Team has resulted in a merge of 5 existing teams in Insight (Out of Hours Team and 4 Adult Home Treatment Teams). This happened mid February 2022. We are considering how we present the information in relation to this new team and its functions (i.e. Crisis Resolution >72hrs and longer term Home Treatment).		
Liaison Psychiatry	430	485	•••	
Decisions Unit	51	56	•••	The baseline has been re-calculated for the full re-opening of DU in May 2021.
S136 HBPOS	31	36	•••	
Recovery Service North	30	23	•••	
Recovery Service South	20	24	•••	
Early Intervention in Psychosis	38	39	•••	
Memory Service	112	131	•••	The baseline has been re-calculated due to a sustained increase in referrals from April 2021.
OA CMHT	242	247	•••	
OA Home Treatment	26	26	•••	

Referrals	Sep-22			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	2	3	•L•	
SCFT	2	1	•••	
CLDT	56	54	•••	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	2	4	•L•	
Psychotherapy Screening (SPS)	58	43	•••	
Gender ID	56	44	•••	
STEP	95	90	•••	
Eating Disorders Service	34	32	•••	
SAANS	463	358	•H•	There has been exponential demand over the last two years, the baseline has been recalculated from Jan 2021 to reflect this.
R&S	13	19	•••	
Perinatal Service (Sheffield)	58	49	•••	
HAST	19	16	•••	
Health Inclusion Team	201	131	•••	
LTNC	84	93	•••	
ME/CFS	87	53	•H•	Data inaccuracy due to admin system inefficiency.

B) Referrals, waiting 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.

Back to Contents

Responsive | Access & Demand | Community Services

September 2022	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	550	822	•L•	39.9	26.2	•H•	14	10.0	•••	884	1183	•L•
MH Recovery North	107	57	•H•	9.7	6.1	•H•	1	11.0	•••	927	969	•L•
MH Recovery South	105	57	•H•	17	7.6	•H•	11	12.0	•••	1074	1079	•••
Recovery Service TOTAL	212	114	•H•	N/A			N/A			2001	2049	•L•
Early Intervention in Psychosis	32	21	•••				84.6%			293	356	•L•
Memory Service	943	522	•H•	32.4	18.4	•H•	50.7	27.4	•H•	4543	4191	•H•
OA CMHT	269	139	•H•	7.3	6.7	•••	11.2	10.3	•••	1312	1239	•H•
OA Home Treatment	N/A			N/A			N/A			57	63	•••
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
SPS - MAPPS	61	65	•••	19.8	21.9	•L•	67.0	70.0	•••	318	319	•••
SPS - PD	31	46	•L•	16.9	25.7	•L•	22.0	73.0	•L•	185	194	•••
Gender ID	1808	1499	•H•	192.6	120.1	•••	N/A			2629	2283	•H•
STEP	125	90	•H•	N/A			3.5	3.0	•••	372	385	•••
Eating Disorders	33	31	•••	4.6	4.9	•L•	N/A			220	211	•H•
SAANS	5549	4177	•H•	97.3	96.9	•••				6166	4913	•H•
R&S	95	187	•L•	87.1	86.2	•••				197	229	•L•
Perinatal MH Service (Sheffield)	26	23	•••	2.9	3.0	•••				148	137	•H•
HAST	24	31	•••	28.0	11.8	•••				70	81	•••
Health Inclusion Team	123	178	•••	4.3	7.2	•L•				1473		
LTNC	96			N/A						N/A		
CFS/ME	N/A			18.9	14.9	•H•				2950		
CLDT	169	191	•••	5.2	14.2	•••	14.0	23.0	•••	912	840	•H•
CISS	N/A			N/A			N/A			19	32	•L•
CERT	0									45	45	•••
SCFT	2	2	•••							27	24	•H•

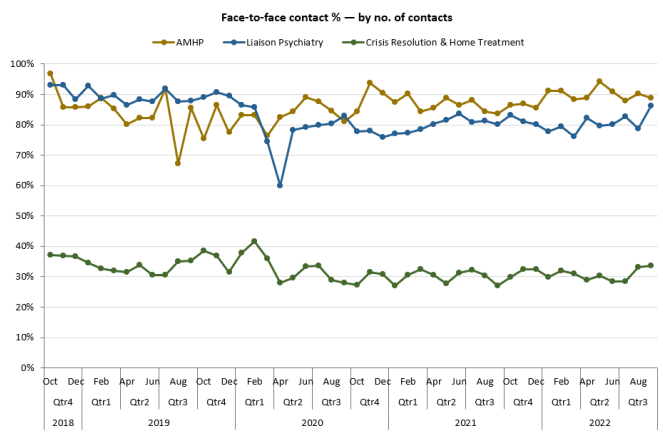
Narrative

Whilst demand in community services has settled to expected levels for most services, there are still increasing waits and high numbers of service users on service caseloads (the number of open episodes of care to our community teams). Recovery Plans are in place for the services experiencing the biggest issues although these aren't currently leading to improvement.

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

Key messages: No significant changes in the latest 2-3 months activity data (April- June 2022). The percentage of contacts with service users held face-to-face is recovering and is now around 10-15% lower than pre-pandemic levels. The increased use of remote and virtual means of supporting service users has had benefits and bought more choice and flexibility for service users. Services are putting in place agile working plans to ensure that choice is offered positively and where face-to-face contact is requested or deemed necessary then this is provided.

Crisis Services



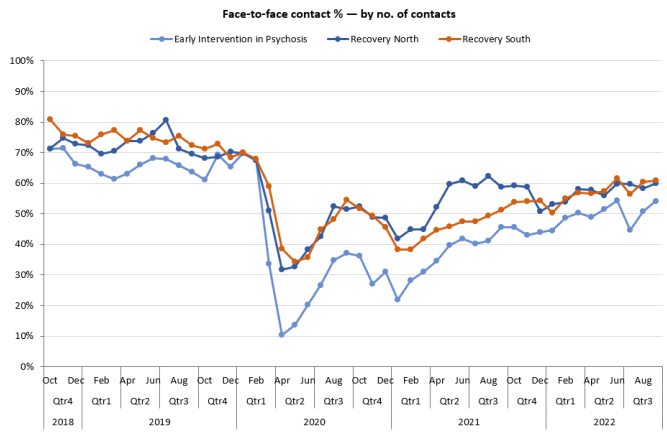
The graph shows the percentage of all contacts with service users that were held face-to-face.

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

For the blue line above (Liaison services), through 2021-22 and Q1 of this year around 80-85% of contacts with service users were held face-to-face. Conversely around 15-20% of contacts with service users were held remotely by phone or video conferencing.

The total amount of time spent in face-to-face contacts is higher, suggesting remote contact is often for shorter periods of time.

Recovery Teams (N&S) & Early Intervention

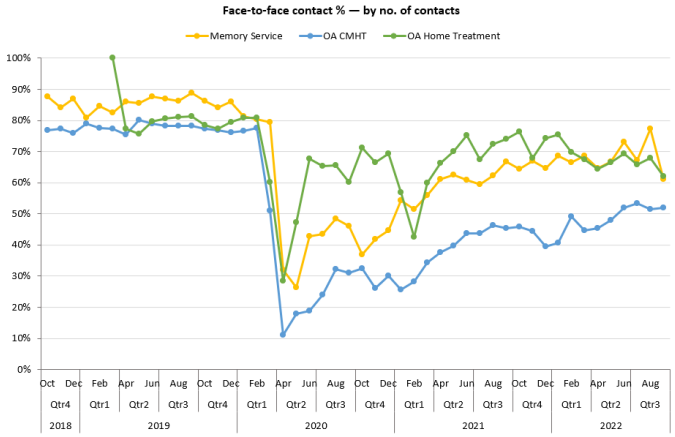


The graph shows the percentage of all contacts with service users that were held face-to-face.

Pre-pandemic contacts with service users was face-to-face c65-75% of the time. It has recovered to around c50-60% for Recovery Teams for last 6 mths and 55% for Early Intervention in Psychosis Service in March

The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 90% of time in contact with a service user was spent face-to-face. This has recovered to 70-80% of time. This suggests remote contact is often for shorter periods of time.

Older Adult Services



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

Pre-pandemic contacts with service users was face-to-face c80-90% of the time. It has recovered to around c70-80% for Home Treatment, 70% for Memory Services and 50% for OA CMHT Services.

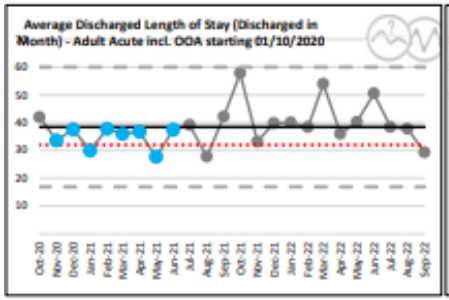
The total amount of time spent in face-to-face contacts is higher. Pre-pandemic data suggests 95% time in contact with a service user was spend face-to-face. This has recovered to 80-90% of time for Home Treatment and Memory Services, and 65% for OA CMHT Services. This suggests remote contact is often for shorter periods of time.

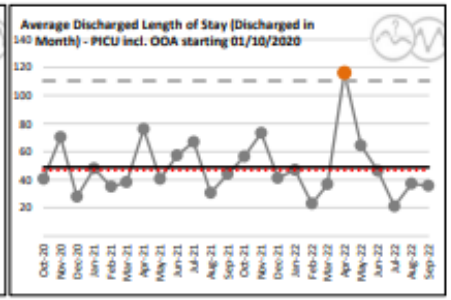
APPENDIX 2: Urgent and emergency care (ending September 2022)

KG0

UEC Dashboard

Length of Stay





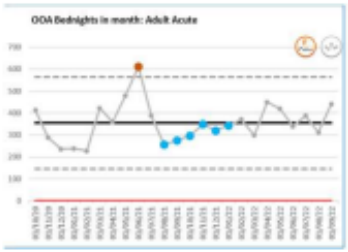
Adult Acute Discharged LoS (Rolling 12 month average)

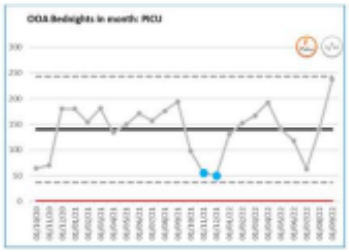
Location	Total Discharges	Average Discharged LoS
Sheffield	384	40
OOA	100	41
Contracted	102	45
Combined	586	41

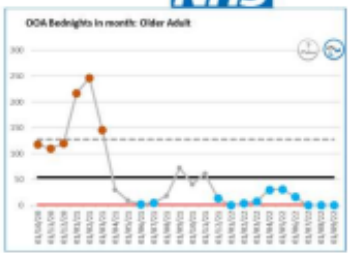
PICU Discharged LoS (Rolling 12 month average)

Location	Total Discharges	Average Discharged LoS
Sheffield	68	48
OOA	39	43
Combined	107	46

Out of Area

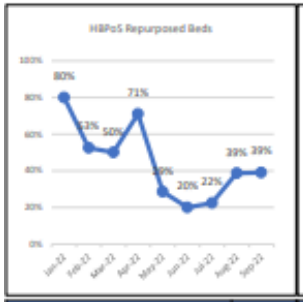


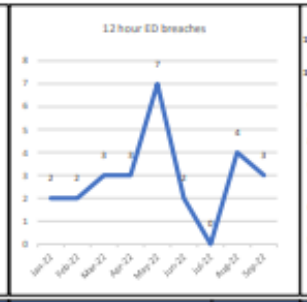


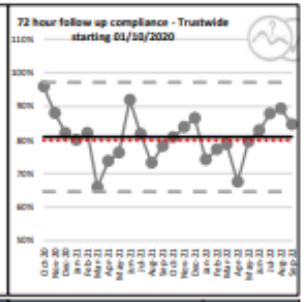


Provider	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Sparklines (Sep-21 to Aug-22)
Sheffield Health and Social Care NHS Foundation Trust	15	16	11	17	13	13	21	14	11	11	12	19	
Bradford District Care NHS Foundation Trust	28	24	21	19	25	15	16	14	11	17	17	1	
Tees, Esk and Wear Valleys NHS Foundation Trust	4	4	6	6	10	6	16	15	17	19	12	4	
South West Yorkshire Partnership NHS Foundation Trust	17	14	19	18	18	20	12	19	17	14	9	12	
Leeds and York Partnership NHS Foundation Trust	18	8	14	17	13	17	9	6	5	4	4	13	
Cumbria Northumberland, Tyne and Wear Partnership NHS FT	4	8	4	12	12	4	7	8	10	7	17	22	
Humber NHS Foundation Trust	5	13	13	8	10	9	7	4	2	0	4	4	
Rotherham Doncaster and South Humber NHS Foundation Trust	6	4	3	5	4	3	4	1	1	0	2	2	
Navigo (NE Lincs/Grimsby)	4	2	0	0	0	0	0	0	0	0	0	0	

Blocks and Breaches





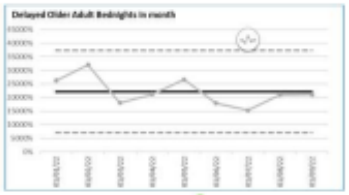


Health Based Place of Safety (HBPoS/136 Beds)	Sep-22
Days repurposed	22
Days repurposed %	39%

Emergency Department (ED)	Sep-22
ED 12 hour Breaches	3

72-hour Follow Up	Sep-22
Trustwide	84.62%

Delayed Care



Delayed Discharges Adult Acute

	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 2	4	124	34.4%
Maple Ward	7	157	27.5%
Stanage Ward	2	62	12.9%
Adult Acute Total	13	343	24.3%

Delayed Discharges PICU

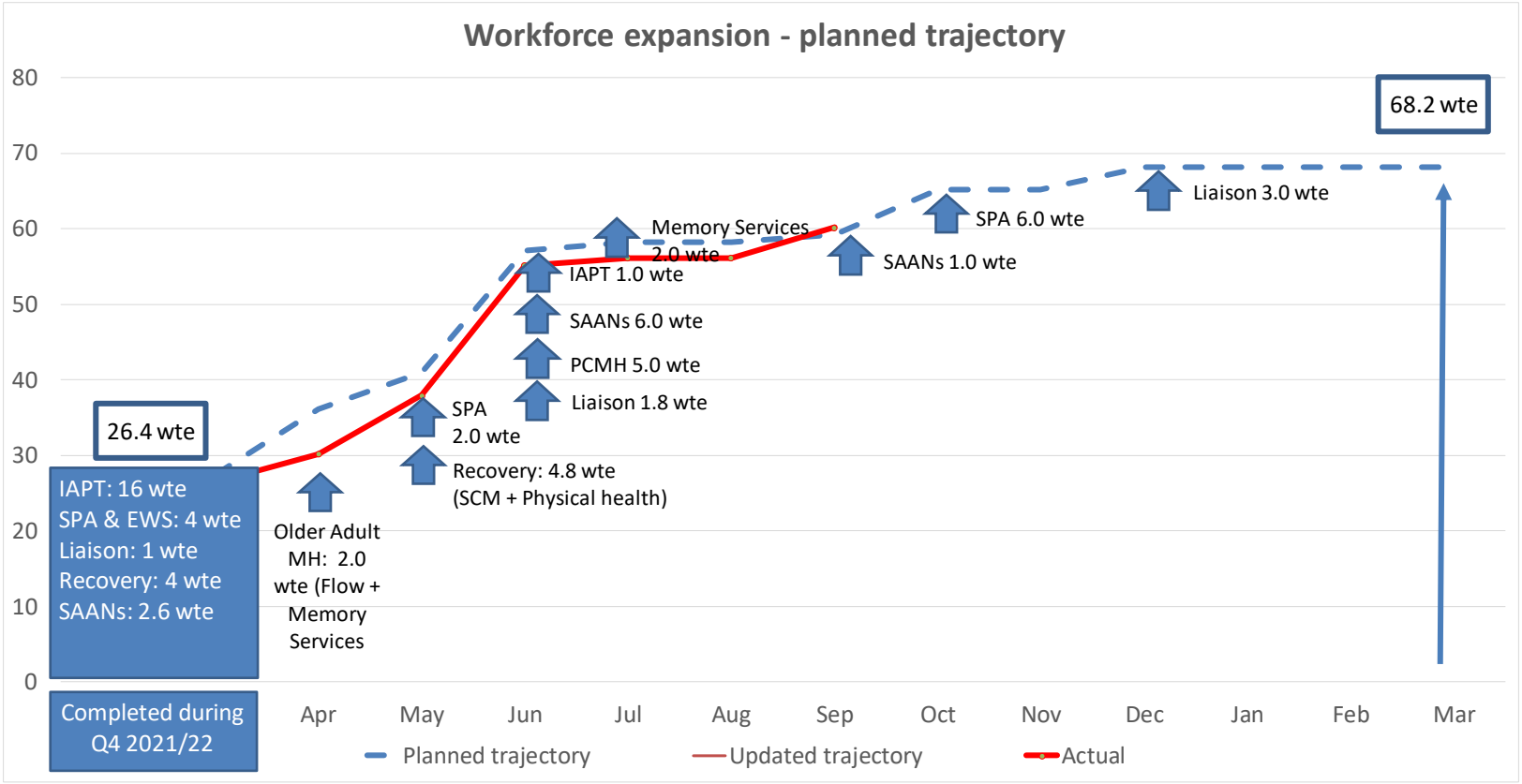
	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	1	30	10%

Delayed Discharges Older Adult

	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 1	1	10	2.2%
G1	7	201	41.9%
Older Adult Total	8	211	22.7%

APPENDIX 3: Workforce plan expansion trajectory - Mental Health Investment Standard and Commissioning investments at end of Quarter 2

Annual Operational Plan 2022/23: Workforce planned trajectory



Key message:

(1) 88% of planned workforce expansion for 2022-23 has been recruited to at the end of Q2.

(2) Planned recruitment towards the end of 2021/22 resulted in c38% of recruitment being completed before the end of the 2021/22 increasing to 88% by September 2022.

(3) Memory Service expansion has not been as successful to date, with plans in place. This is impacting on service capacity to address access challenges.

(4) Planned recruitment for Liaison Services later in the year has already been completed during September.

APPENDIX 4: Winter Plan

SHSC Winter Plan for 2022-2023

- The national requirements
- Our Plan for Winter
- Monitoring
- Governance

National requirements

18 October NHS England set out further preparations needed ahead of winter. This updated guidance from August which set out plans to boost capacity, increase resilience and improve patient flow across systems.

NHS England explains that new measures are needed given the service remains in a level 3 incident response, with significant pressures across physical and mental health services.

The guidance sets out the following plans to go further this winter:

1. Better support people in the community – reducing pressures on general practice and social care, and reducing admissions to hospital
2. Deliver on our ambitions to maximise bed capacity and support ambulance services
3. Ensure timely discharge and support people to leave hospital when clinically appropriate
4. Winter improvement collaborative to share best practice
5. Infection prevention and control measures, testing and staff vaccination
6. Oversight and incident management arrangements

Our Plan for Winter

1 STAFF HEALTH & WELLBEING
- Manage safe staffing levels through clear contingency and escalation plans
- Vaccination (Boosters & Flu) programme sustaining strong results from last Winter

2 FORECASTING AND DEMAND PROJECTIONS
- Last 5 years suggests no significant changes over winter months
- Expecting increased complexity + challenges in access to other support needs

3 COMMUNITY MENTAL HEALTH: CAPACITY FROM VSCE
- Building on positive support delivered last winter, can mobilise now
- Support for c250 -300 people across Recovery & EWS Services

£45K Additional funding from Winter Pressures Funding

4 LIASION CAPACITY: ALREADY IN PLACE
- 3 WTE Additional staff in place, extending reach of service and reducing pressures on existing team

5 ACUTE INPATIENT PRESSURES: FOCUS ON DELAYED DISCHARGES
- Joint programme with VSCE Partner to bring capacity and expertise
- Focus on rapid mobilisation of community support for people with complex needs

£40K Additional funding from Winter Pressures Funding

Monitoring

1 Key outcomes

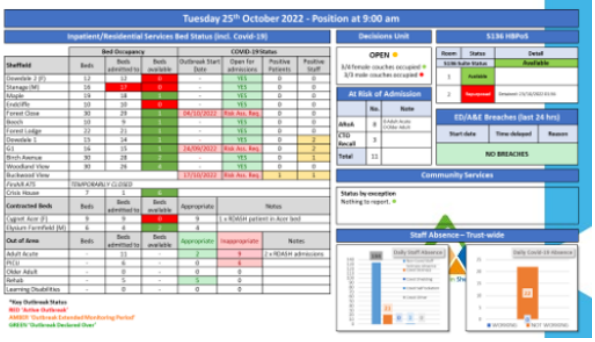
- Access is maintained
- Safe staffing levels achieved
- Staff wellbeing

2 Our measures

1. Staff absences
2. Vaccination rates
3. Safe staff levels
4. Referral / demand rates: SPA, Community, Liaison, Crisis Line, DU, HBPoS, Numbers at risk of admission, Admission, Out of Area
5. Flow: SPA waiting times, A&E 12 hr breaches, CRHT caseload, Bed occupancy, LoS, LoS 60day+, DToC rates.

3 Reporting and information

- Daily dashboard to be issued



Governance

1 Oversight, escalation, decision making

- Command structures
- Bronze, Silver, Gold

2 Development plan mobilisation and review

- Winter Planning meeting @ 2 weeks
- Chaired: Senior Head of Service

3 Winter Plan Board reporting

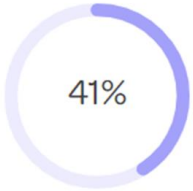
- Issues and progress report to each Board meeting

APPENDIX 5: Vaccination Programme Performance Dashboard {Data as of 15 November, week 6]

Covid update

Active Staff

2805 / 3001

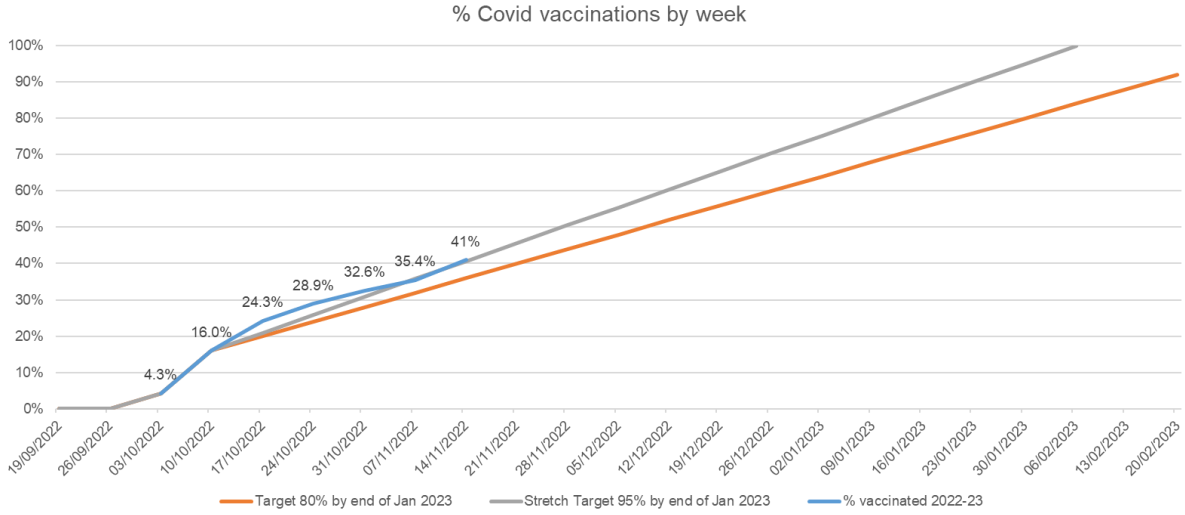


Vaccinated	By Trust	Had Elsewhere
1159	898	261
Booked	**Declined**	**No Booking** (inc. DNA & ABNV)
95	81	1470

Total Covid Only appointments booked (includes cancellations & reschedules / excludes staff dropped into clinics) **1191**

Total DNAs recorded during the campaign **29**

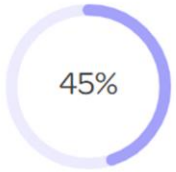
Covid trajectory



Flu update

Active Staff

2820 / 3016

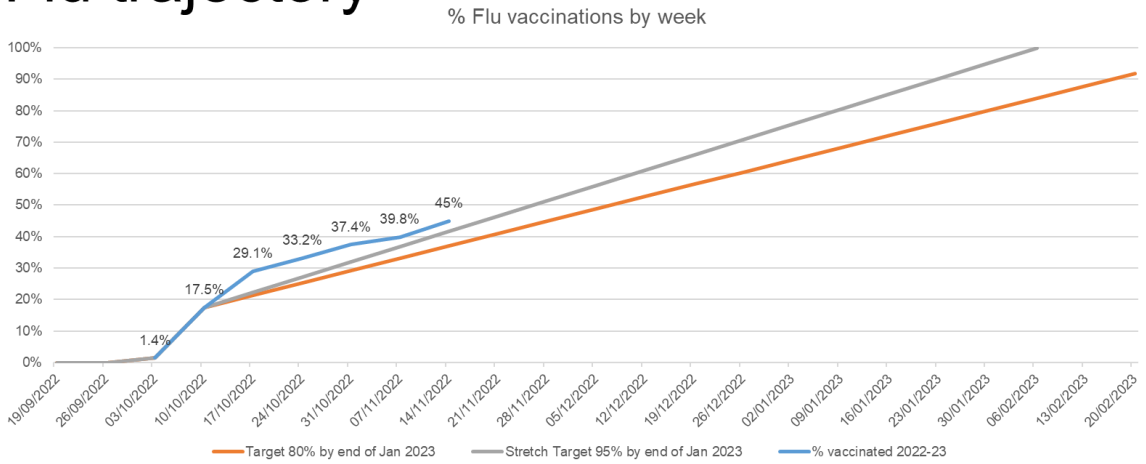


Vaccinated	By Trust	Had Elsewhere
1259	1054	205
Booked	**Declined**	**No Booking** (inc. DNA & ABNV)
98	54	1409

Total Flu Only appointments booked (includes cancellations & reschedules / excludes staff dropped into clinics) **1261**

Total DNAs recorded during the campaign **36**

Flu trajectory



APPENDIX 6: Summary of Guidance issued September-October 2022

New guidance and legislation

COVID-19 booster and seasonal flu vaccination clinics are running to enable the widest take up of staff and service users. It will be seen that there has been no COVID guidance issued this period, reflecting the present continued drop in COVID infections.

The present run of vaccinations is hoped will continue the reduction through the winter period when respiratory infections requiring hospital admission are more common.

In preparation for winter, Clinical Services have been putting together a Critical Staffing Plan, considering the skill set of our staff to determine who is best placed to support our inpatient and crisis teams in the event of staffing difficulties, to ensure safe care can be maintained. This commenced with an exercise on 27th September 2022 involving a spike in COVID absences coupled with adverse weather conditions. The plan is due to be finalised on 16th November 2022.

Critical safe staffing levels are also being considered in light of potential Industrial Action, to support negotiations with Staff Side to maintain our duty of care to our service users on days of any planned industrial action; and essential skills training is due to commence again at the end of November 2022, as it did in 2021.

Recent media reports of potential power cuts during the winter period, to protect gas supplies should electricity demand outweigh gas used in power stations to generate electricity, prompted a review of contingency arrangements for loss of power through our Business Continuity plans. A questionnaire sent to all Trusts from NHS England enabled a detailed understanding of our arrangements and where there may be gaps.

All our inpatient facilities have generator back up and we are assured that, in the event of fuel shortages to replenish generator fuel supplies, Local Resilience Forum plans would be activated directing fuel supplies to priority areas that would include inpatient facilities.

An initial Gold meeting is being stood up on Monday 14th November 2022 to review plans for winter, Industrial Action and power cuts. In the event of confirmed notification of Industrial Action, we will again stand up our Command Structure to see SHSC through this.

Our Emergency Planning Manager is coordinating activity between Workforce, Clinical Services and Estates to ensure suitable contingency arrangements are in place.

New guidance and legislation

Date of Issue	What does this mean for SHSC?	Compliance statement
06/09/2022 – Healthcare seasonal flu and COVID19 vaccinations. **Communications toolkit and worksheet.**	Provides guidance on vaccination planning within healthcare.	SHSC staff vaccinations of COVID19 boosters and seasonal flu being rolled out.
23/09/2022 – update to management of laboratory confirmed cases of Monkeypox	Infection Prevention Control Nurses taking the lead but cases no longer cause initial concerns for treatment.	Full compliance – no cases currently.
19/10/2022 – Winter planning -	Likely requirement for SHSC to have similar arrangements in place in the event	COVID Incident Control Centre still in place as

Date of Issue	What does this mean for SHSC?	Compliance statement
Establishment of System Control Centres in ICB's, 08.00-20.00hrs 7 days per week from 01/12/2022	of winter pressures.	required whilst no stand down of the pandemic.
21/10/2022 – NHS England Energy questionnaire	Re-visit of contingency arrangements in the event of power loss, following media reports suggesting potential power cuts during the winter period.	All SHSC inpatients sites have generator back-up. Contingency arrangements for the nursing home sites we do not own being organised.
01/11/2022 – Preparedness for Industrial Action self-assessment framework and template situation report	Checklist of measures in readiness for potential Industrial Action and a sample template of the report NHS England will expect on any days Industrial Action is taken.	Links with coordinated ongoing activity in readiness for winter, Industrial Action and power cuts.

Terry Geraghty

Emergency Planning Manager

APPENDIX 7: Summary of learning and changes because of Covid

More choices for service users

We are more flexible in how we can see our service users. The increased use of video conferencing and telephone appointments as part of how we provide support means we can be more responsive in how we meet with our service users.

The pandemic provided an impetus to rapidly deploy digital solutions across IAPT services

We can offer more flexibility about when offer appointments as travelling time for service users and staff is reduced.

The burden, particularly in travelling time, is less for service users who are now able to have their appointment with less impact on their day and other commitments they may have in terms of work or caring responsibilities.

Infection control

We are more confident managing outbreaks, able to deliver effective and timely responses and keep patients and staff safe.

Our access to, and use of PPE is better. Staff have a better understanding of what PPE to use and when to use it to keep patients and staff safe.

The impact from outbreaks on access and service continuity has reduced because we are better prepared and better practiced in managing outbreaks.

Vaccinations

Our ownership of broader public health responsibilities has improved as our approach to practice has broadened. Flu vaccination uptake amongst our staff has moved from one of the lowest in the region to above average. We take seriously the vaccination of our service users on our inpatient services.

Agile and virtual working

We are much more agile in how we work giving staff more flexibility and choices about how they manage their work. This has reduced unproductive time (travelling) and improved responsiveness and our ability to be present in appointments and meetings.

Improved relationships and partnership working

We are better connected across the Sheffield Place Urgent and Emergency Care Network because of the need for close working and joint approaches through the pandemic period. This has resulted in improved shared awareness of pressures and challenges across pathways and the

Through our Winter Plans we have developed closer working relationships with our VSCE Partners and are improving and increasing our approaches to shared and integrated care.

More effective command structure

Our command structures are more effective due to the development of consistent approaches, increased experienced and familiarity and learning reviews undertaken. We are better positioned to manage operational challenges and interruptions to service and business continuity.

Our approach to business continuity is better

Teams have a more rounded view of the issues that may impact on the care and services they deliver, and they are better organised in their day-to-day operations and how to respond.

Information driven decision making

We are using data daily to understand service pressures across urgent and emergency care services and direct support and interventions where required and effectively escalate matters of potential concern.

Better appreciation of staff wellbeing needs

We are more aware of and more sensitive to the wellbeing being needs of our staff and our plans are more focussed and considered as we move forward.

More sensitive to the cultural needs of our service users and our staff

The impact of the Pandemic and the Black Lives Matters movement has made us more aware and more sensitive to the experiences and needs of our ethnically diverse service users, communities and staff.