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NHS
Sheffield Health and Social Care
NHS Foundation Trust

Board of Directors – Public

SUMMARY REPORT	Meeting Date:	25 January 2023
	Agenda Item:	8

Report Title:	**Operational resilience and business continuity**	
Author(s):	Jason Rowlands: Deputy Director of Strategy and Planning Neil Robertson: Executive Director of Operations and Transformation	
Accountable Director:	Neil Robertson: Executive Director of Operations and Transformation	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	None
	Date:	N/a
Key Points recommendations to or previously agreed at:	N/a	

Summary of key points in report

1. **Service demand:** Demand levels across most services are in line with pre-covid levels over the medium to longer term. Increased demand is being managed within Memory Services and Sheffield Autism and Neurodevelopmental Services. Recovery Plans are in place.

2. **We have mobilised our winter plan.** The Plan is focussed on key risk areas and increased community support and addressing long lengths of stay and delayed discharges.

3. **Adult Social Care Discharge Fund:** Is enabling new approaches to supporting people in inpatient care, with £138,000 investment to test interim discharge beds.

4. **Our vaccination programme began well, but performance has plateaued over the Christmas period.** The programme continues to deliver planned improvements through to the end of February.

5. **Services have been resilient through Quarter 3:** Changes in demand through winter have not been significant and have not impacted upon service continuity. There has been a strong focus on ensuring flow across the urgent care pathway and the position is better this year than last winter, however rates of out of area placements and lengths of stay remain high.

6. **Potential impacts from industrial action have been managed well. To date there has not been any impact on service provision and continuity.** Strong team and partnership working has been key to achieving this.

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 service resilience and continuity.
2. **Recommendation 2:** To consider the level of assurance that our approach to our Winter Plan and urgent and emergency care will support the recovery of urgent and emergency care at PLACE.

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. New funding to support improved discharge outcomes is available.
Organisational Development /Workforce	Yes	X	No		Risk of increased staff absence through contracting the virus or self-isolation Risk of increased challenges and pressures on staff in sustaining services impacting on wellbeing Plans for expansion of services to deliver improvements in line with LTP and demand forecasts
Equality, Diversity & Inclusion	Yes	X	No		*See section 4.2*
Legal	Yes	X	No		Breach of regulatory standards and conditions of our provider licence.
Sustainability	Yes	X	No		Service level agile working plans will support reduced travel and the winter vaccination programme will focus on waste reduction.

Title	Operational resilience and business continuity.

Section 1: Analysis and supporting detail

1.1 Background

Previous reports to the Board of Directors have highlighted how services have recovered from the Covid period. Services have returned to pre-pandemic arrangements while keeping hold of the positive learning from the Covid period.

As a result of this our focus has been able to be directed to the core aspects of our strategy.

Recognising the positive progress made this report focuses on operational resilience and business continuity issues across services, covering three core areas

- Demand and access challenges
- Service resilience and continuity issues
- Partnership working and working across our local systems to deliver accessible, effective and resilient services

1.2 Demand and access

1.2.1 Managing demand across services

Over the medium to longer term demand levels continues to remain stable and have generally returned to pre-pandemic levels. The exception to this would be Memory Services and Sheffield Autism and Neurodevelopmental Services who have experienced increases, with Recovery Plans in place to manage the services response.

Recovery plans are reported and reviewed by the Quality and Assurance Committee. The Memory Service Recovery Plan will be scheduled for review at the Quality Assurance Committee following improvement work to review the service model with input from external experts to inform our plans for the way forward.

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

1.2.2 Levels of activity

Activity levels have returned to pre-pandemic levels over the medium to longer term. 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.

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

1.2.3 Pressures through winter

Demand over the winter months has generally remained in line with the usual expected range. Activity levels over October-December remain in line with the longer term expected levels, with a slight increase in the use of the Health Based Place of Safety and a decrease in referrals to the Liaison service in December.

APPENDIX 1: Demand and activity overview (Section D: Weekly referrals to 8 January 2023)

Flow through our key pathways has been better this winter compared to last winter, reflecting the improved ways of working and focus on escalating potential delays and resolving blockages across the pathway.

This is evident by

- Less 12-hour breaches in A&E for people needing a mental health assessment: there have been 7 breeches between Oct-December, a significant reduction on last winter

- The Health Based Place of Safety has been more accessible: Beds were repurposed for inpatient care needs on 18% of December 2022, compared to 80% in January 2022.

- Flow through inpatient services has been maintained with discharge rates generally above average for the Quarter 3 period compared to below average rates over Quarter 3 of 2021/22.

- Delayed Transfer of Care (DToC) rates have reduced recently from c30% in November to c15% through December.

- However, rates of Out of Area Placements and Lengths of Stay have remained high through December.

1.3 Service continuity and resilience.

1.3.1 Previous reports to the Board outlined specific actions and plans being mobilised to respond to and manage specific challenges at this time of year. While the detail is not repeated in this report the Board is advised that the following are in place:

- **Winter Plan:** Our Winter Plan has been mobilised supported by an allocation of £85,500 from SY ICS. 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 Winter Plan has been strengthened through the Adult Social Care Discharge Fund, part of the £500m national funding available through the Better Care Fund to focus on initiatives and actions to reduce pressures on inpatient services. The fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.

  With Sheffield Social Care Services, we are testing the development of Mental health interim discharge beds with local residential care providers. This aims to provide up to six beds, providing interim accommodation and support for inpatients who are experiencing delays in accessing a social care support package. The scheme is supported by £138,000 to the end of March with the potential to extend it over the next two years.

- **Vaccination programme:** Commenced in October delivering vaccinations through a clinic-based approach at the Mayfield Suite, Fulwood House, and providing satellite clinics in inpatient and community services.

- **Industrial action:** Plans are in place to ensure SHSC, alongside the Sheffield and SY ICS system, is prepared for any potential industrial action to ensure there is minimal disruption to patient care and emergency services can continue to operate as normal.

- **Command structures:** Following review in September our command structures have been strengthened and continue to provide the governance structures as required for monitoring, escalating and decision making in response to challenges. The command structure support our readiness and management of risks associated with winter, the potential for further surges of COVID-19, Flu, industrial action and risks to interruption of energy supplies.

1.3.2 Continuity and resilience risks

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

- **Covid levels** may impact on demand and/ or reduce staff capacity.
  - There have been minimal ward closures due to infection outbreaks. This winter there has been 1 ward closure by the end of Quarter 3 due to covid outbreaks, compared to 6 over the same period of winter of 2021/22
  - No evidence of surge in staff covid absences, with staff covid absence rates lower over Quarter 3 compared to the previous Winter period. All staff absences due to covid in Quarter 3 were 47% less than the previous year and 62% less for Nursing staff.

- Seasonal **winter demands** may impact on the available capacity
  - To date there is no evidence of surges in demand due to winter across key urgent care pathways. This reflects in part the levels of demand on services in general and the focussed work to ensure flow across the urgent and emergency care pathways to reduce concentration in demand within stages of the pathway. (Reference Appendix 1, section D)
  - Our Winter Plan has deployed additional capacity via VCSE partners targeted at supporting flow across Recovery Teams and Acute Inpatient Wards and reducing DToC rates.

- **Winter sicknesses** may reduce staff capacity
  - Winter sicknesses have not had the impact on service continuity across services that they did last winter. Sickness absence rates have remained high at c7% across clinical services for the Quarter 2 and 3 periods and hasn't increased significantly over Winter.
  - Vaccination rates for Flu and the Covid booster are below our planned trajectory. Positive performance and increases are reported until December, however as we approached the Christmas period increased uptake plateaued.

- The campaign is focussed on the following activities to deliver further increases by the end of February.
    - Promotion of where and when vaccine clinics are taking place
    - League tables by team for flu and COVID-19
    - Short video to be published of Olayinka Monisola Fadahunsi-Oluwole, one of our NEDs asking people to take a vaccine
    - Developing a target based plan to promote vaccines until end of February

APPENDIX 5: Vaccination Programme Performance Dashboard

- **Industrial action** may impact on services ability to provide accessible and safe care
    - Cross team working has been positive and very strong across SHSC as we prepare and plan for impacts arising from planned industrial action. This is reflected across different clinical areas and in our planning and communications with our staff side representatives.
    - Yorkshire Ambulance Service have held 2 days of strikes and no incidents arose that impacted on our services. A further day of strike action is planned.
    - The Royal College of Nursing (RCN) planned strikes are for the 18th and 19th January. At the time of writing this report early indications are that services will be able to continue as planned in line with our continuity plans and arrangements. A third day of action is planned by the RCN, however this will not involve staff from SHSC.
    - Contingency plans remain in place

- **Energy supply**
    - Contingency plans in place and to date there have been no incidents

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. 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 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 remain

a) Avoiding 12-hour breaches: by ensuring access to the mental health crisis care across our crisis assessment services.

b) Liaison Mental Health Services: increasing reach across STH inpatient services supported by further expansion planned in 2022/23.

c) Effective gatekeeping: with the expanded Crisis Resolution Home Treatment Services focussing on improved gatekeeping and follow up post discharge

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 is a key area for SHSC 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. The SY MHLDA Provider Collaborative continues to progress development work across jointly agreed key priority areas.

A key priority area is 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. SHSC is leading the work to develop improvements across the Collaborative.

1.4.3 Working with Social Care Services

Following the launch of the £500 million Adult Social Care Discharge Fund we have worked with social care partners to develop and implement local solutions that respond to the needs of our inpatient group.

The purpose of the fund is

- To be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.
- Funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings.
- Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

£138,000 has been allocated for this financial year to support SHSC plans to improve patient flow. This is being used to test the benefits of interim discharge beds with local residential care providers. This aims to provide up to six beds, providing interim accommodation and support for inpatients who are experiencing delays in accessing a social care support package.

1.4.4 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. They bring expertise, community connections and capacity to support our services and improvement work.

1.6 Looking forward

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

Key areas of note and opportunities currently will be

- Development of improvement plans across the SY MHLDA Provider Collaborative for Section 136 and Health Based Place of Safety services.
- Strengthening the provision and reach of 24/7 urgent mental health helplines for people across Sheffield as part of the broader ICB plan. Options for this are being progressed in conjunction with Sheffield Children's' Trust.
- The continuation of the Adult Social Care Discharge Fund over the next two financial years provides a key opportunity to develop new models of support for people as part of the crisis care pathway.

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 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*

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

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

Section 3: Assurance

Triangulation

3.1
a) Recovery Plans reported to Quality Committee
b) Trust wide IPQR reporting through the SHSC performance process, reviewed by service leadership, Board Committees
c) SHSC weekly updates on service demand and covid pressures
d) National Immunisations Management System (NIMS) provides nationally validated information regarding uptake on Covid and Flu vaccine uptake
e) Major Incident Control structure of Gold (Strategic), Silver (Tactical) and Bronze (operational)
f) Service visits by the Board and the Executive.

Section 4: Implications

4.1 Strategic Aims and Board Assurance Framework

Implications and risks are highlighted in the above sections.

4.2 Equalities, diversity and inclusion

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

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

Mental Health Equalities Strategy

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

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: Vaccination Programme Performance Dashboard

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

A) Referrals

Key messages: Referral numbers generally haven't increased, are in line with or below pre-covid levels. SAANs and memory Services have experienced increasing demand over the last two years. The Health Inclusion Team has seen an increase in referral numbers over the last few months.

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Responsive | Access & Demand | Referrals

Referrals	Nov-22			
Acute & Community Directorate Service	n	mean	SPC variation	Note
SPA/EWS	695	702	• L •	The baseline was re-calculated in July 2021 due to Safeguarding referrals being moved to the Safeguarding team.
AMHP	159	145	• • •	
Crisis Resolution and Home Treatment	856	In February 2022, 5 teams merged to create the Crisis Resolution & Home Treatment Team (4 Adult Home Treatment Teams & Out of Hours). Due to the limitations of reporting from Insight, we require the RiO implementation to get accurate data.		
Liaison Psychiatry	479	485	• • •	
Decisions Unit	51	56	• • •	The baseline was re-calculated for the full re-opening of DU in May 2021.
S136 HBPOS	46	35	• • •	
Recovery Service North	19	22	• • •	
Recovery Service South	17	23	• • •	
Early Intervention in Psychosis	54	39	• • •	
Memory Service	115	131	• • •	The baseline was re-calculated due to a sustained increase in referrals from April 2021.
OA CMHT	243	250	• • •	
OA Home Treatment	20	26	• • •	

Referrals	Nov-22			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	3	3	• • •	
SCFT	1	1	• • •	
CLDT	79	57	• • •	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	7	4	• • •	
Psychotherapy Screening (SPS)	56	45	• • •	
Gender ID	41	43	• • •	
STEP	112	94	• • •	
Eating Disorders Service	32	33	• • •	
SAANS	509	371	• H •	There has been exponential demand over the last two years, the baseline was recalculated in Jan 2021 to reflect this.
Relationship & Sexual Service	22	19	• • •	
Perinatal Service (Sheffield)	49	49	• • •	
HAST	16	16	• • •	
Health Inclusion Team	274	145	• H •	Demand has grown over the last few months.
LTNC	115	95	• • •	
ME/CFS	46	48	• • •	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

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Responsive | Access & Demand | Community Services

November 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	519	*804*	• L •	31.6	*26.7*	• H •	7.3	*10.2*	• • •	818	*1137*	• L •
MH Recovery North	86	*64*	• H •	20.3	*7.5*	• H •	8.9	*10.7*	• • •	931	*966*	• L •
MH Recovery South	88	*62*	• H •	20.2	*9.2*	• H •	5.8	*11.6*	• • •	1078	*1080*	• L •
Recovery Service TOTAL	174	*126*	• H •		*N/A*			*N/A*		2009	*2046*	• L •
Early Intervention in Psychosis	26	*22*	• • •				84.6%			285	*350*	• L •
Memory Service	1012	*581*	• H •	37.3	*20.0*	• H •	43.1	*29.0*	• H •	4552	*4236*	• H •
OA CMHT	262	*149*	• H •	7.8	*6.9*	• • •	9.6	*10.2*	• • •	1366	*1250*	• H •
OA Home Treatment		*N/A*			*N/A*			*N/A*		64	*63*	• • •
Rehab & Specialist Services	n	*mean*	SPC variation	n	*mean*	SPC variation	n	*mean*	SPC variation	n	*mean*	SPC variation
SPS - MAPPS	78	*67*	• L •	15.6	*21.7*	• • •	64.9	*71.5*	• • •	345	*324*	• H •
SPS - PD	34	*43*	• • •	11.5	*23.5*	• L •	51.5	*69.6*	• • •	192	*193*	• • •
Gender ID	1910	*1547*	• H •	109.3	*118.0*	• • •		*N/A*		2713	*2337*	• H •
STEP	229	*100*	• H •		*N/A*		3.8	*3.0*	• H •	427	*395*	• • •
Eating Disorders	29	*32*	• • •	4.4	*4.9*	• L •				229	*215*	• H •
SAANS	6046	*4442*	• H •	78.6	*96.5*	• L •				6300	*5065*	• H •
R&S	103	*182*	• L •	106.7	*89.0*	• • •				185	*231*	• L •
Perinatal MH Service (Sheffield)	23	*24*	• • •	4.4	*3.1*	• • •		*N/A*		145	*139*	• H •
HAST	17	*29*	• L •	8.2	*11.7*	• • •				71	*81*	• • •
Health Inclusion Team	224	*193*	• H •	4.1	*5.3*	• • •				1473		
LTNC					*N/A*						*N/A*	
CFS/ME		*N/A*		23.3	*15.7*	• H •				2812		
CLDT	137	*187*	• L •	9.4	*13.0*	• L •	14.6	*21.6*	• • •	710	*759*	• H •
CISS		*N/A*								17	*30*	• L •
CERT	3				*N/A*			*N/A*		42	*45*	• • •
SCFT	1	*1*	• • •							24	*24*	• H •

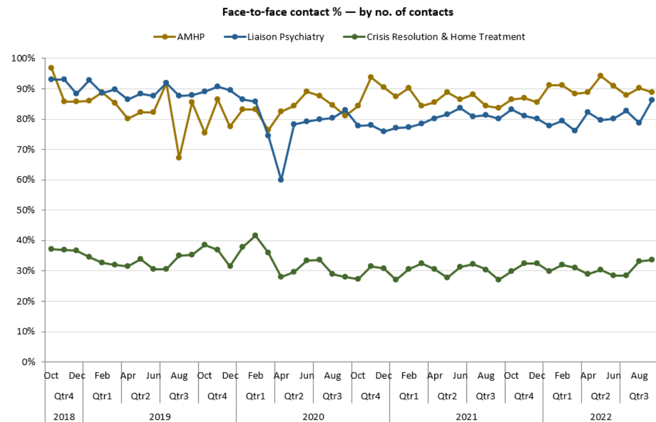
Narrative

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



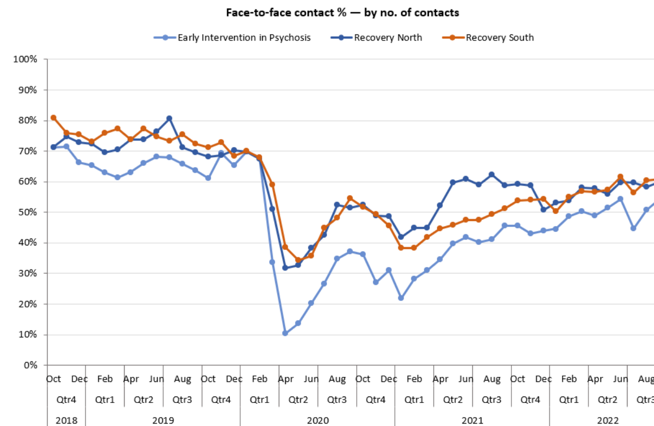
The graph shows the percentage of all contacts with service users that were held face-to-face.

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

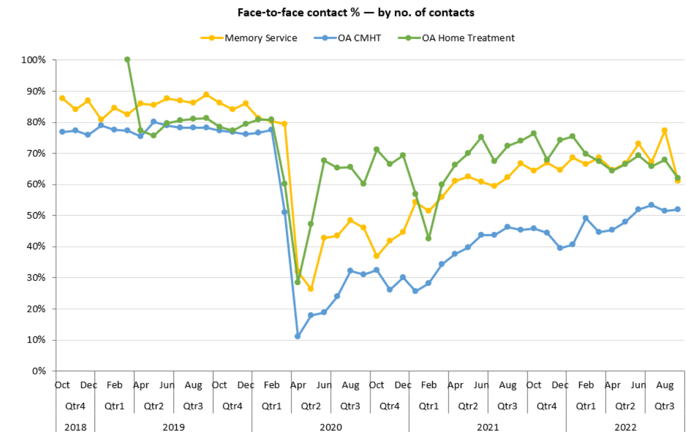


The graph shows the percentage of all contacts with service users that were held face-to-face.

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.

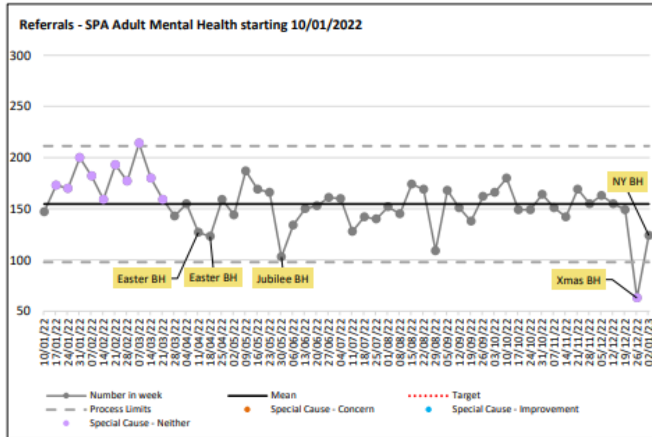
Pre-pandemic contacts with service users was face-to-face c80-90% of the time. It has recovered to around c70-80% for Home Treatment, 70% for Memory Services and 50% for OA CMHT Services.

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.

D) Weekly referral rates: to week ending 8 January 2023

Key messages: Referrals over the November- December period have generally remained in line with the rest of the year.

Single point of access



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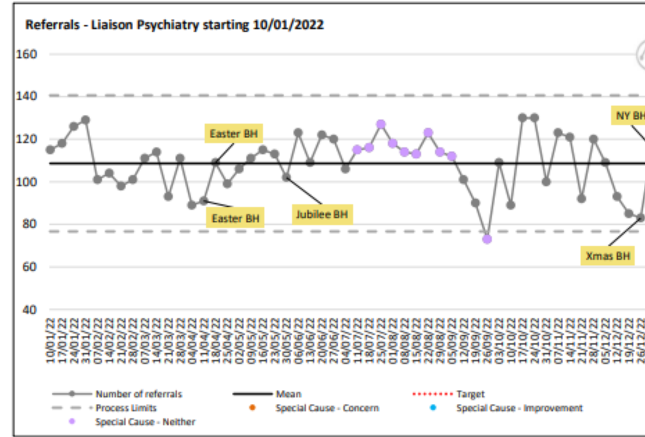
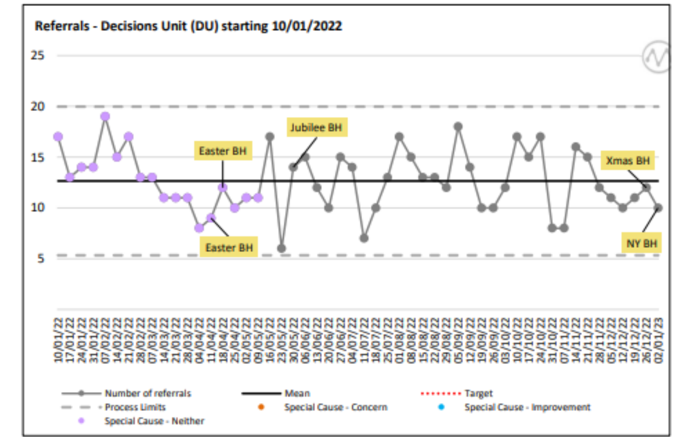
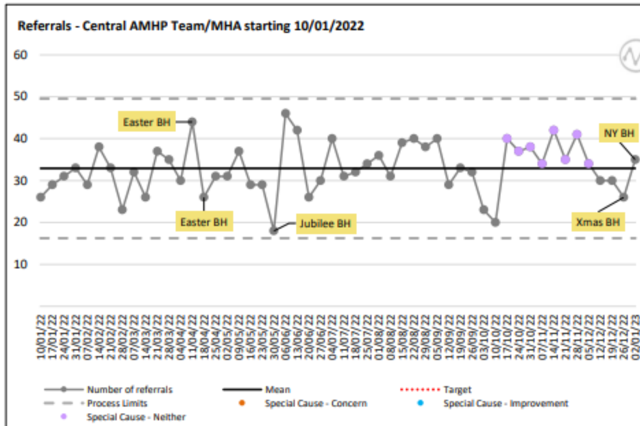


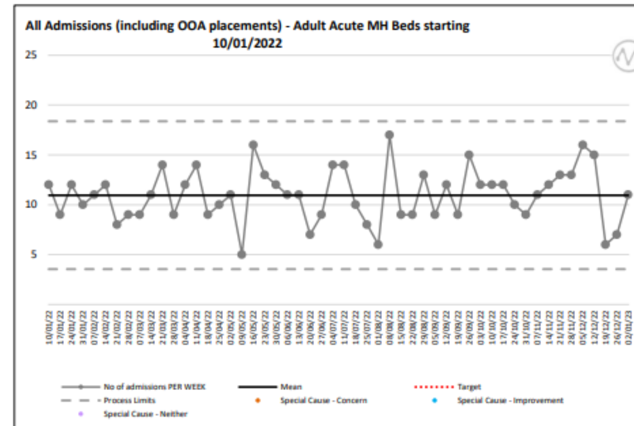
Decisions unit



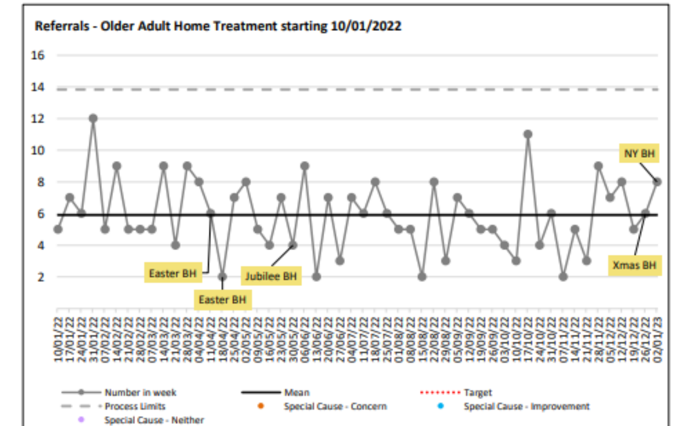
Duty team



Adult acute admissions



Older adult home treatment



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

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UEC Dashboard

Length of Stay

Average Discharged Length of Stay (Discharged in Month) - Adult Acute incl. OOA starting 01/12/2020

Average Discharged Length of Stay (Discharged in Month) - PICU incl. OOA starting 01/12/2020

Adult Acute Discharged LoS (Rolling 12 month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	395	40
OOA	100	43
Contracted	119	45
Combined	614	41

PICU Discharged LoS (Rolling 12 month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	76	47
OOA	37	40
Combined	113	45

Out of Area

OOA Bednights in month: Adult Acute

OOA Bednights in month: PICU

OOA Bednights in month: Older Adult

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

Blocks and Breaches

HBPoS Repurposed Beds

12 hour ED breaches

Health Based Place of Safety (HBPoS/136 Beds)	Nov-22
Days repurposed	16
Days repurposed %	27%

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

Delayed Care

Delayed Care Narrative

% of bed nights occupied by delayed patients is 29.8% 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 Adult Acute Bednights in month

Delayed PICU Bednights in month

Delayed Older Adult Bednights in month

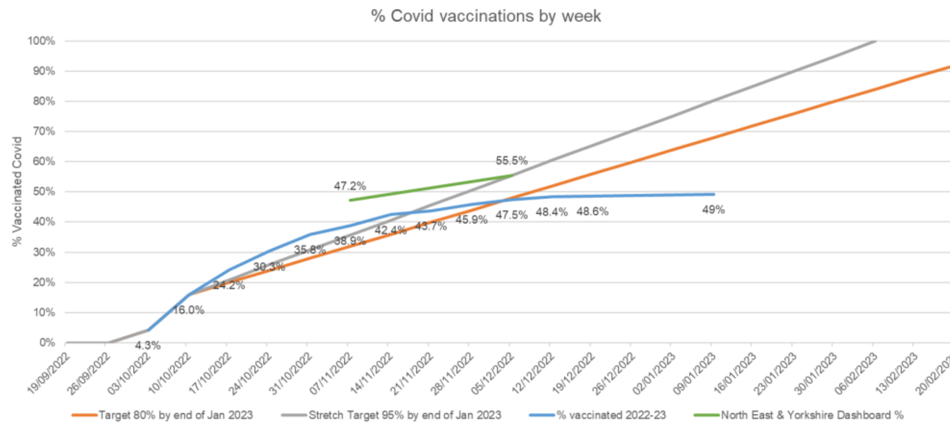
Delayed Discharges Adult Acute			
Nov 22	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 2	6	163	45.3%
Maple Ward	10	204	35.8%
Stanage Ward	2	53	11.0%
Adult Acute Total	18	420	31.8%

Delayed Discharges PICU			
Nov 22	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	1	30	10.0%

Delayed Discharges Older Adult			
Nov 22	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 1	2	38	8.4%
G1	10	193	40.2%
Older Adult Total	12	231	24.8%

APPENDIX 3: Vaccination Programme Performance Dashboard

Covid update and trajectory



Flu update and trajectory