

Board of Directors – Public

SUMMARY REPORT

Meeting Date: 22 March 2023

Agenda Item: 8

| | | |
|---|---|------|
| Report Title: | Operational Recovery and Winter Planning | |
| 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

- 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.
- Our winter plan has been implemented well.** The Plan focussed on key risk areas by increasing community support with VCSE partners and addressing long lengths of stay and delayed discharges.
- Adult Social Care Discharge Fund:** Has allowed us to test the use of interim discharge beds with two residential care providers. Early results have been positive, and we will explore how to sustain this into next year.
- Our vaccination programme began well, but performance has plateaued through January and February.** Vaccination uptake rates for Flu have been in line with regional averages and Covid booster update has been below the regional average by c5%
- Services have been resilient through winter:** 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.
- The 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 |
| <p>1. Recommendation 1: For the Board of Directors to take assurance that we have good plans in place to manage service resilience and continuity.</p> <p>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.</p> | | | | | | |

| 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. |

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 recovery, and business continuity issues across services, covering the core areas of

- Demand and access challenges
- Service resilience and continuity issues
- Winter planning

1.2 Demand and access

1.2.1 Managing demand across services

As previous reports have noted 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.

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.

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-February 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. Though we did see a slight rise in January in demand, this remains in normal limits.

APPENDIX 1: Demand and activity overview (Section C: 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. Flow remains challenging within inpatient services.

This is evident by

- Less 12-hour breaches in A&E for people needing a mental health assessment: there have been 8 breaches between Oct-January, 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 and 23% in January, compared to 80% in January 2022.
- Delayed Transfer of Care while reduced in December to c15%, have generally remained at c30% over October, November, and January.
- Rates of Out of Area Placements and Lengths of Stay have remained high through December and January.

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 implemented well, supported by an allocation of £85,500 from SY ICS. Our Plan focussed on the identified risks to inpatient capacity and workforce capacity.

Our Winter Plan was strengthened through the Adult Social Care Discharge Fund and an allocation of £138,000 to the end of March. We have tested the development of Mental health interim discharge beds with two local residential care providers providing interim accommodation and support for inpatients who are experiencing delays in accessing a social care support package.

Given the limited time available to mobilise the additional capacity a small number of patients have been able to access the interim discharge beds, so has not had the impact at this that we expected, and we are reflecting on the next steps for this. However initial feedback is positive and is regarded to work well for the individual patients while delivering the aim of freeing up inpatient capacity. Options to sustain this into 2023/24 are being reviewed.

- **Vaccination programme:** Has now ended following the launch in October. The programme delivered vaccinations through a clinic-based approach at the Mayfield Suite, Fulwood House, and providing satellite clinics in inpatient and community services. By the end of February 54% of eligible staff had received a Covid booster (North Yorkshire & Humber H rate of 59%) and 57% of eligible staff had received the Flu vaccine (North Yorkshire & Humber rate of 58%).

Uptake of from some of our staff from diverse communities and younger staff was lower this year when compared to the previous year. In term of benchmarking across the region were slightly above average in delivering flu and well above average for the Covid Booster.

- **Industrial action:** Plans have remained in place to ensure SHSC, alongside the Sheffield and SY ICS system, continues to be prepared for industrial action to ensure there is minimal disruption to patient care and emergency services can continue to operate as normal.
- **Command structures:** The command structure continues to 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 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 compared to the previous Winter period. All staff absences due to covid in through winter have been c47% 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 clinically delayed discharge 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 with an increase to 8.3% in January 2023.
 - Vaccination rates for Flu and the Covid booster are significantly below our planned trajectory. Positive performance and increases are reported until December, however as we approached the Christmas period increased uptake plateaued and remained largely static through January and February
 - The campaign 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.
- Targeted engagement of younger staff.
- Due to the limited uptake when compared to the previous year, we are holding a tabletop exercise in April 2023, to reflect on the learning and develop our strategy for the next campaign. It is not clear whether a COVID booster will be offered to health and social care staff in the autumn.

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 planned 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.
 - The Royal College of Nursing (RCN) and Physiotherapists strikes were well supported by members and impacts on services were minimal and managed well. Services were able to continue as planned in line with our continuity plans and arrangements.
 - At the time of writing the Junior Doctors strike was on its third day, again well supported by members within SHSC. The impacts have been managed effectively and services have been able to continue in line with our continuity plans and arrangements.
 - Contingency plans remain in place
- **Energy supply**
 - Contingency plans in place and to date there have been no incidents and we have continued our programme of emergency generator replacement.
- **Effectiveness of our Emergency Preparedness Resilience and Response Plans (EPRR)**

As part of our EPRR arrangements we have undertaken reviews in key areas to test out our business continuity plans. This is summarised at Appendix 4 and covers the following reviews

 - Tabletop exercise on the Yorkshire and Humber Low/Medium Secure Evacuation Plan (September 22)
 - Table-top exercise to test Business Continuity Plans across Clinical Services for Industrial action, winter, and Covid-19 (September 22)
 - Test of our new Incident Control Centres at Centre Court and reserve at Wardsend Road (October 22)
 - Tabletop exercise to test Estates Business Continuity Plan in respect of power outages (December 22)
 - Exercise Arctic Willow focussed on response to multiple operational and winter pressures (December 22)

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.
- The ICB have request draft winter plans by June 23.

Section 2: Risks

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 4: Review of our Emergency Preparedness Resilience and Response Plans

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

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 | Jan-23 | | | |
|---------------------------------------|--------|---|---------------|------|
| Acute & Community Directorate Service | n | mean | SPC variation | Note |
| SPA/EWS | 693 | 696 | ... | |
| AMHP | 140 | 145 | ... | |
| Crisis Resolution and Home Treatment | 934 | 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 | 535 | 485 | ... | |
| Decisions Unit | 58 | 56 | ... | |
| S136 HBPOS | 42 | 35 | ... | |
| Recovery Service North | 27 | 23 | ... | |
| Recovery Service South | 32 | 23 | ... | |
| Early Intervention in Psychosis | 38 | 39 | ... | |
| Memory Service | 112 | 128 | ... | |
| OA CMHT | 273 | 254 | ... | |
| OA Home Treatment | 27 | 26 | ... | |

| Referrals | Jan-23 | | | |
|----------------------------------|--------|------|---------------|---|
| Rehab & Specialist Service | n | mean | SPC variation | Note |
| CERT | 0 | 3 | • L • | |
| SCFT | 1 | 2 | ... | |
| CLDT | 67 | 55 | ... | CLDT figures represent distinct individuals so does not include multiple referrals per service user. |
| CISS | 2 | 3 | ... | |
| Psychotherapy Screening (SPS) | 62 | 47 | ... | |
| Gender ID | 47 | 43 | ... | |
| STEP | 122 | 99 | ... | |
| Eating Disorders Service | 37 | 34 | ... | |
| SAANS | 444 | 385 | • H • | Demand into the system is unsustainable due to poorly defined system wide neurodiversity pathway. Paper presented to Board and options being explored alongside stakeholders. |
| R&S | 17 | 19 | ... | |
| Perinatal MH Service (Sheffield) | 52 | 49 | ... | |
| HAST | 16 | 16 | ... | |
| HAST - Changing Futures | 4 | | | |
| Health Inclusion Team | 158 | 150 | • H • | Recovery plan being developed. |
| LTNC | 272 | 114 | • H • | Recovery plan is being developed alongside work to validate data. |
| ME/CFS Long Covid | 39 | 91 | • L • | |
| ME/CFS | 129 | 276 | • L • | |

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

Responsive | Access & Demand | Community Services

| January 2023 | Number on wait list at month end | | | Average wait time referral to assessment for those assessed in month | | | Average wait time referral to first treatment contact for those 'treated' in month | | | Total number open to Service | | |
|--|----------------------------------|------|---------------|--|-------|---------------|--|------|---------------|------------------------------|------|---------------|
| | Waiting List | | | Average Waiting Time (RtA) in weeks | | | Average Waiting Time (RtT) in weeks | | | Caseload | | |
| | n | mean | SPC variation | n | mean | SPC variation | n | mean | SPC variation | n | mean | SPC variation |
| Acute & Community Services | | | | | | | | | | | | |
| SPA/EWS | 483 | 786 | ● L ● | 31.3 | 28.0 | ● H ● | 7.4 | 9.9 | ● ● ● | 695 | 1076 | ● L ● |
| MH Recovery North | 86 | 71 | ● H ● | 13.6 | 8.5 | ● H ● | 3.9 | 10.6 | ● ● ● | 922 | 960 | ● L ● |
| MH Recovery South | 90 | 68 | ● H ● | 21.3 | 10.4 | ● H ● | 13.4 | 11.2 | ● ● ● | 1060 | 1078 | ● L ● |
| Recovery Service TOTAL | 176 | 141 | ● H ● | N/A | | | N/A | | | 1982 | 2038 | ● L ● |
| Early Intervention in Psychosis | 46 | 24 | ● H ● | N/A | | | N/A | | | 290 | 338 | ● L ● |
| Memory Service | 1021 | 643 | ● H ● | 39.5 | 22.3 | ● H ● | 43.6 | 30.6 | ● H ● | 4501 | 4283 | ● H ● |
| OA CMHT | 205 | 154 | ● H ● | 7.3 | 6.9 | ● H ● | 9.9 | 10.3 | ● L ● | 1341 | 1256 | ● H ● |
| OA Home Treatment | N/A | | | N/A | | | N/A | | | 69 | 64 | ● ● ● |
| Rehab & Specialist Services | n | mean | SPC variation | n | mean | SPC variation | n | mean | SPC variation | n | mean | SPC variation |
| SPS - MAPPS | 66 | 68 | ● ● ● | 16.6 | 20.9 | ● ● ● | 115.4 | 76.4 | ● ● ● | 338 | 314 | ● H ● |
| SPS - PD | 48 | 41 | ● ● ● | 14.4 | 20.8 | ● L ● | 33.2 | 67.0 | ● ● ● | 197 | 191 | ● ● ● |
| Gender ID | 1978 | 1598 | ● H ● | 143.9 | 118.7 | ● ● ● | N/A | | | 2787 | 2393 | ● H ● |
| STEP | 178 | 106 | ● H ● | N/A | | | | | | 423 | 400 | ● ● ● |
| Eating Disorders | 29 | 32 | ● ● ● | 4.6 | 4.9 | ● L ● | | | | 215 | 220 | ● ● ● |
| SAANS | 6520 | 4724 | ● H ● | 72.5 | 95.1 | ● L ● | | | | 6523 | 5333 | ● H ● |
| R&S | 99 | 177 | ● L ● | 61.5 | 84.2 | ● ● ● | | | | 154 | 226 | ● L ● |
| Perinatal MH Service (Sheffield) | 32 | 25 | ● ● ● | 2.4 | 3.2 | ● ● ● | | | | 143 | 141 | ● ● ● |
| HAST | 22 | 30 | ● L ● | 6.2 | 11.6 | ● ● ● | | | | 75 | 82 | ● ● ● |
| Health Inclusion Team | 626 | 248 | ● H ● | 8.8 | 9.0 | ● ● ● | | | | 1549 | | ● ● ● |
| LTNC | 787 | 629 | ● H ● | N/A | | | | | | N/A | | |
| CFS/ME | N/A | | | 21.0 | 15.6 | ● H ● | | | | 1469 | | ● ● ● |
| CLDT | 147 | 183 | ● L ● | 9.6 | 13.3 | ● L ● | 18.4 | 20.8 | ● L ● | 740 | 751 | ● L ● |
| CISS | N/A | | | N/A | | | N/A | | | 11 | 28 | ● L ● |
| CERT | 0 | | ● ● ● | N/A | | | N/A | | | 42 | 45 | ● L ● |
| SCFT | 1 | 1 | ● ● ● | N/A | | | N/A | | | 24 | 24 | ● ● ● |

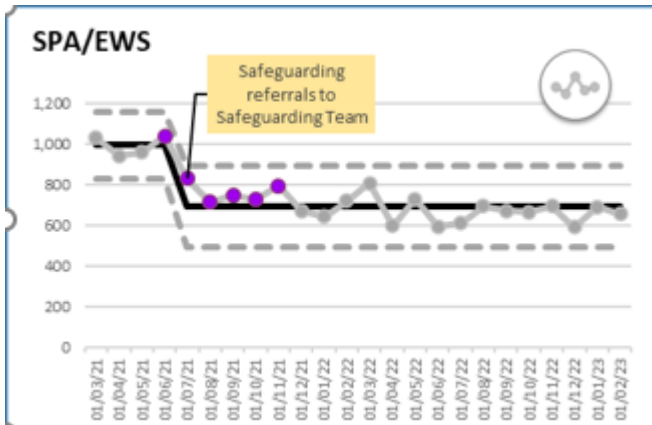
Narrative

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. Significant reduction in number of people on SPA/EWS wait list.

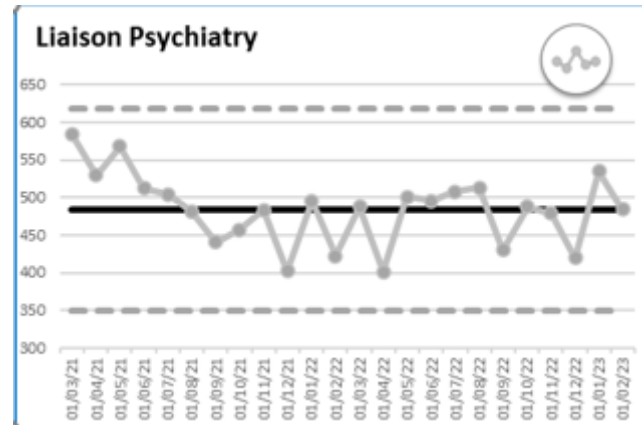
C) Weekly referral rates: to end of January 2023

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

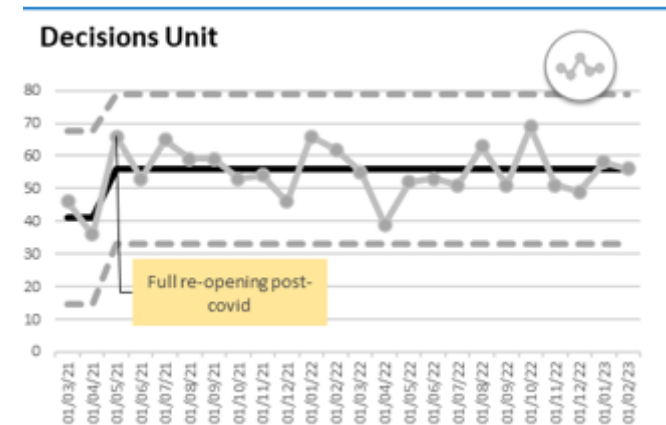
Single point of access



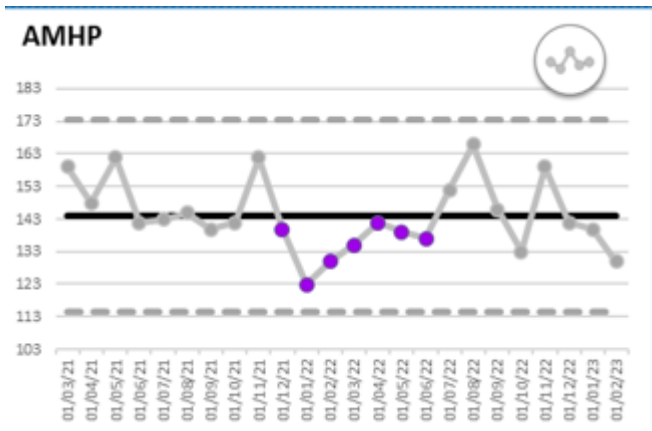
Liaison



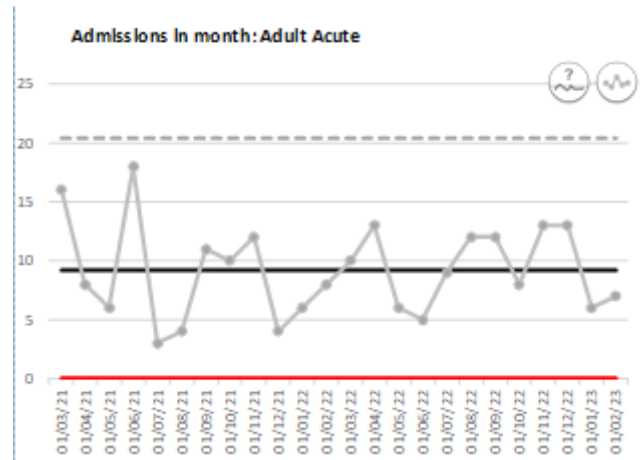
Decisions unit



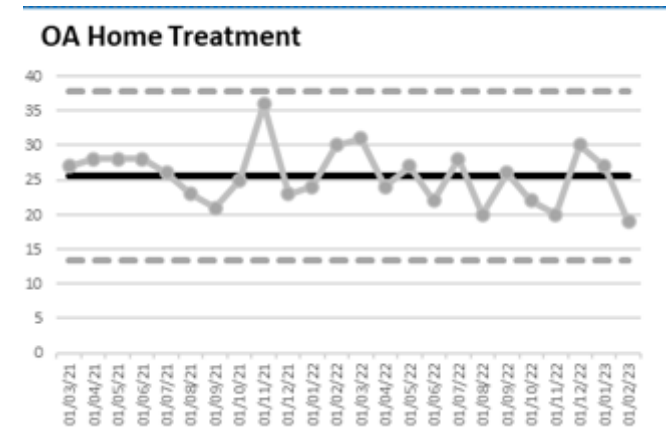
Duty team



Adult acute admissions



Older adult home treatment



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

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UEC Dashboard

Length of Stay

Average Discharged Length of Stay (Discharged in Month) - Adult Acute incl. OOA starting 01/02/2021

Average Discharged Length of Stay (Discharged in Month) - PICU incl. OOA starting 01/02/2021

| Adult Acute Discharged LoS (Rolling 12 month average) | | | PICU Discharged LoS (Rolling 12 month average) | | |
|---|------------------|------------------------|--|------------------|------------------------|
| Location | Total Discharges | Average Discharged LoS | Location | Total Discharges | Average Discharged LoS |
| Sheffield | 410 | 42 | Sheffield | 81 | 45 |
| OOA | 114 | 41 | OOA | 38 | 44 |
| Contracted | 119 | 43 | Combined | 119 | 45 |
| Combined | 643 | 41 | | | |

Out of Area

OOA Bednights in month: Adult Acute

OOA Bednights in month: PICU

OOA Bednights in month: Older Adult

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

| Emergency Department (ED) | Jan-23 |
|---------------------------|--------|
| ED 12 hour Breaches | 1 |

Delayed Care

Delayed Care Narrative

% of bed nights occupied by delayed patients is 30.1% 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

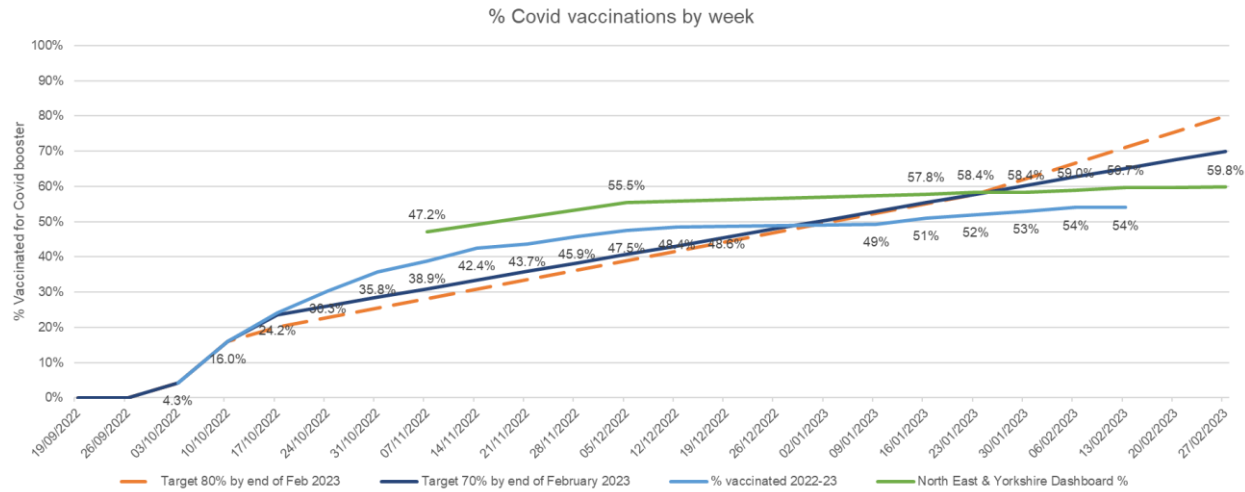
Delayed PICU Bednights in month

Delayed Older Adult Bednights in month

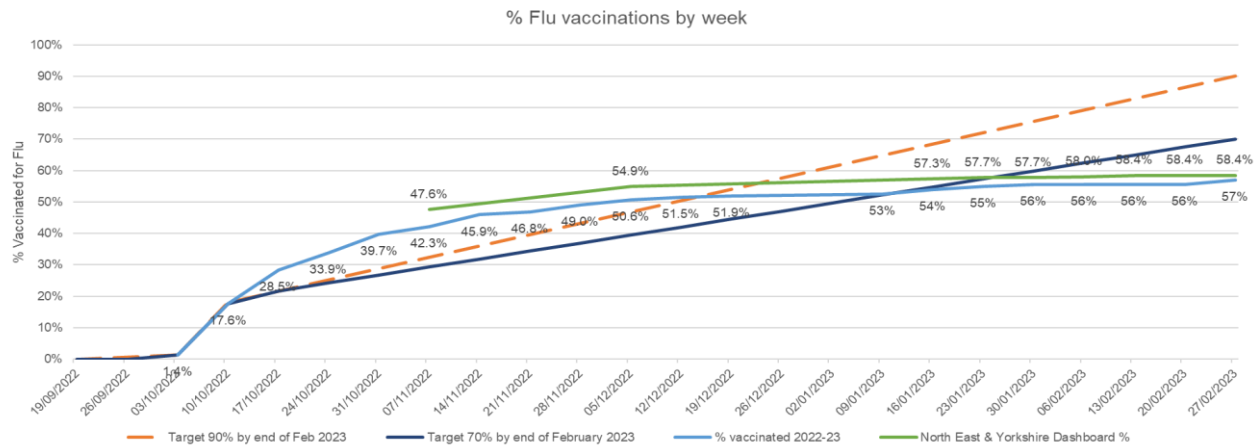
| Delayed Discharges Adult Acute | | | Delayed Discharges PICU | | | Delayed Discharges Older Adult | | |
|--------------------------------|--------------------------|----------------------------|-------------------------|--------------------------|----------------------------|--------------------------------|--------------------------|----------------------------|
| Jan 23 | Sum of Delayed Bednights | % Bednights occupied by DD | Jan 23 | Sum of Delayed Bednights | % Bednights occupied by DD | Jan 23 | Sum of Delayed Bednights | % Bednights occupied by DD |
| Adult Acute Total | 438 | 30.1% | Endcliffe | 31 | 10.0% | Older Adult Total | 234 | 24.3% |

APPENDIX 3: Vaccination Programme Performance Dashboard

Covid update and trajectory



Flu update and trajectory



APPENDIX 4: Review of our Emergency Preparedness Resilience and Response Plans

Recent exercises

1. 5th September 2022 - Tabletop exercise on the Yorkshire and Humber Low/Medium Secure Evacuation Plan.

This was a multi-agency exercise with mental health trust partners across the Yorkshire and Humber region, to test the newly draft plan. It was facilitated by NHS England who are incorporating the learning into a final version for sign off by Trust AEO's who will be party to it.

The exercise highlighted the challenges all trusts face in supporting an evacuation when they are usually full, with NHS England recognising the plan needs to align with plans in other regions, as the likelihood is that such an incident is likely to require national input.

2. 19th October 2022 - Test of our new Incident Control Centres at Centre Court and reserve at Wardsend Road.

With the move from Fulwood House and the reserve at Michael Carlisle Centre reconfigured for other uses, new Incident Control Centres were identified at Centre Court and Wardsend Road. This exercise, carried out with IMST involved setting up the rooms and testing the equipment. It was found that the Yealink phone system is no longer fit for purpose and a new system is being purchased by IT for both rooms. These act as a backup in the event of phone loss through our computer systems.

3. 23rd September 2022 - Table-top exercise to test Business Continuity Plans across Clinical Services for Industrial action, winter, and Covid-19.

This exercise involving General managers, Clinical Leads, Heads of Service and Senior Head of Service worked through a scenario of increasing staff absence through illness, adverse weather and Industrial action, leading to severe pressures on maintaining critical services. It invoked a discussion that led to a revision of all minimum safe staffing levels across the services during November and December 2022, which has proved invaluable in preparations for the Industrial Action presently taking place.

These minimum safe staffing levels are being incorporated into reviews of Team/Service Business Continuity Plans as they become due for 2023.

4. 1st December 2022 – Tabletop exercise to test Estates Business Continuity Plan in respect of power outages.

The scenario was a complete power outage, referred to by energy companies as a 'Black Start' whereby the whole UK infrastructure is thrown into darkness and power gradually restored through priority areas and load blocks. The exercise demonstrated both the measures in place through generators and the gaps, resulting in a re-write of their plan and improved contingency arrangements to respond and engage with partners.

5. Exercise Arctic Willow 29th November to 1st December 2022

This was a national exercise run by NHS England across all areas of health, facilitated by ICB's who fed back into NHS England regional offices.

Working jointly with our local health partners, the purpose was to explore the health response to multiple operational and winter pressures and the interdependencies with local resilience forum partners in responding to these pressures.

It was predominantly an opportunity to assess the EPRR arrangements of recently formed ICB's as a Category 1 responder.

The exercise demonstrated that Trusts adopted similar ways of working through the scenarios, how mutual aid could support where appropriate and available, and highlighted a few business continuity issues for ICB's to address in respect of wider engagement with their LRF partners and neighbouring ICB's.