

# Board of Directors – Public

## SUMMARY REPORT

Meeting Date: 24 May 2023

Agenda Item: 8

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

### Summary of key points in report

- Service demand:** We have increased demand for our Sheffield Autism and Neurodevelopmental Service. A recovery plan has been mobilised and reported through our Board Committees. We also have increased demand for our Community Learning Disability Team and our Short-Term Education Team which is associated with service transformation.
- Partnerships with the Voluntary, Community and Social Enterprise:** We are strengthening our partnership with the Voluntary, Community and Social Enterprise through service improvement and service transformation. This is supported by our annual operational plan and has been optimised through dedicated relationship management.
- Learning from our Winter Plan:** Our winter plan was implemented well and mitigated seasonal demand and capacity challenges across Urgent and Emergency Care. We are applying learning from the Better Care Fund step down initiative through a review of our contract with the Rethink Crisis House.
- Industrial Action:** We have reviewed the impact of industrial action upon operational performance and quality. 298 appointments were rescheduled throughout 2023. We successfully engaged with our workforce and worked in partnership with other providers at Place to prioritise Urgent and Emergency Care. There have been no Serious Incidents because of Industrial Action.
- Operational resilience:** We are acting upon the recommendations of our Clinical Establishment Review using the Mental Health Optimum Staffing Tool (MHOST) by increasing staffing in some areas based on acuity and dependency levels. We are also acting upon recommendations to ensure that our workforce is supported and trained to deliver the right care.

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

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>	<b>X</b>	<b>Information</b>	
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1. **Recommendation 1:** For the Board of Directors to take assurance that we have robust plans to provide resilient and continuous services.
2. **Recommendation 2:** To consider the level of assurance that our approach to business continuity and resilience will support the recovery of urgent and emergency care at Sheffield Place.

Please identify which strategic priorities will be impacted by this report:				
Recover services and improve efficiency	Yes	X	No	
Continuous quality improvement	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	
Is this report relevant to compliance with any key standards ?		State specific standard		
Care Quality Commission Fundamental Standards	Yes	X	No	Standards relating fundamental standards of care and Emergency Planning.
Data Security and Protection Toolkit	Yes		No	X
Any other specific standard?	Yes		No	X
Have these areas been considered? YES/NO				If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	Yes	X	No	Risk of bringing Covid-19 or Influenza 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-19 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 Covid-19 or self-isolation  Risk of increased challenges and pressures on staff in sustaining services impacting on wellbeing  Plans for expansion of services to deliver improvements in line with the Long Term Plan and demand forecasts
Equality, Diversity & Inclusion	Yes	X	No	See section 4.2
Legal	Yes	X	No	Breach of regulatory standards and conditions of our provider licence.
Sustainability	Yes	X	No	Service level agile working plans will support reduced travel and the 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 described our recovery from the Covid-19 pandemic and our preparedness in the event of increased transmission. Our services have taken learning from the pandemic and are now delivering care under new or pre-existing standardised operational arrangements. This report summarises changes to demand and the steps we are taking to ensure operational resilience and business continuity. This includes our preparedness for seasonal demand and our resilience to disruption to service because of industrial action.

### 1.2 Service Demand and Access

#### 1.2.1 Managing demand across services

The demand for most of our services has returned to within expected variance following the Covid-19 pandemic. We have considerably greater demand for our Sheffield Autism and Neurodevelopmental Service, which is consistent with the national rise in demand for Autism assessments (NHS Digital reported a national increase of 34% between October 2021 and July 2022). Our Sheffield Autism and Neurodevelopmental Service has mobilised a recovery plan which is supported by the South Yorkshire ICB and is reported through our Quality Assurance Committee. Neuro-diversity is also a priority for the South Yorkshire Mental Health Learning Disability And Autism Collaborative.

The demand for our Community Learning Disability Team and Short-Term Education Team has increased beyond expected variance. The demand for our Short-Term Education Team is understood in the context of the Primary and Community Mental Health Transformation and is expected at this stage within the programme. This demand for both services is being monitored and mitigated and is reported to our Quality Assurance Committee. Our Health Inclusion Team have experienced increased demand which has adversely affected waiting times. We are negotiating with the Sheffield Place for additional investment.

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

#### 1.2.2 Levels of activity

Our recorded activity is equivalent to that recorded before the Covid-19 pandemic, with the exception of our Sheffield Memory Service. The Sheffield Memory service has experienced an increased referral to assessment waiting time because of reduced clinical activity. A recovery plan is in progress which will introduce a more efficient clinical and operational delivery model. This is supported by the South Yorkshire ICB and is reported to the Quality Assurance Committee. The Memory Service transformation will be governed through our Community Mental Health Transformation Programme Board from June 2023.

Some of our services are delivering activity differently because of the learning from the Covid-19 pandemic. The delivery of face-to-face contacts remains 10-15% lower than before the pandemic due to an increase in remote or virtual modes of clinical intervention. We are committed to capitalising upon technological efficiencies, but we

must also monitor feedback from our services users to ensure that experience and outcomes are not adversely affected. Services such as the Single Point of Access offer service users the option of face to face or virtual appointments at the point of triage if this is compatible with their needs.

### 1.2.3 Urgent and Emergency Care

Demand across our Urgent and Emergency Care pathways is within expected variance, with a marginal increase in demand across liaison psychiatry and the Approved Mental Health Professional service. This corresponds with an increase in the number of hospital admissions during March.

*APPENDIX 1: Demand and activity overview (Section C: Weekly referrals to 1 March 2023)*

Flow or transitioning through our Urgent and Emergency pathways had been better this winter compared to last winter, reflecting the improved ways of working and focus on escalating potential delays across the pathway. Flow remains challenging within inpatient services. This is evident by:

- Six people have waited more than 12-hours to be transferred to a mental health hospital bed between February and March.
- The Health Based Place of Safety was repurposed to acute mental health beds for 33% of time in February and 41% of time in March, compared to 53% in March 2022. We will discontinue this practice from August 2023 following changes in our estate.
- We continue to provide hospital care for many people who are clinically ready for discharge. An average of 19.5% of our beds were unavailable in March due to delays in being able to discharge to social care. We are working across Sheffield Place to address this issue.
- Our Flow Improvement Programme has set a trajectory to eliminate inappropriate out of area hospital bed use by April 2024. We have achieved our target to reduce our out of area bed nights to 465 nights in March and to 420 in April. We must further reduce our out of areas bed nights to 310 in May. We have underperformed during the first two weeks of May and mobilised senior operational and clinical leadership to realign with our target for May and June 2023.

## 1.3 **Service continuity and resilience.**

### 1.3.1 Learning from Winter Plans

1.3.2 Our Winter Plan was supported by an allocation of £85,500 from South Yorkshire ICB to increase capacity across the Voluntary, Community and Social Enterprise. This allocation successfully mitigated increased demand into our Community Mental Health Service enabling us to sustain reduced waiting times *and expediate flow out of Urgent and Emergency Care (APPENDIX 1: Section B).*

1.3.3 We are committed to strengthening our partnership with the Voluntary, Community and Social Enterprise through service improvement and service transformation. This is supported by our annual operational plan and has been optimised through dedicated governance and support.

- 1.3.4 Our Winter Plan also included a joint allocation of £138,000 with Sheffield City Council from the Better Care Fund, which enabled us to procure two Mental Health Somewhere to Assess beds and dedicated Social Work support. The initiative successfully supported us to discharge 5 patients who were clinically ready for discharge and directly contributed to a reduction in out of area hospital use. Funding ceased on the 30 April 2023, and we are exploring options to re-establish the initiative through our Out of Area cost improvement programme.
- 1.3.5 We are applying learning from the Better Care Fund Somewhere to Assess initiative through a review of our contract with the Rethink Crisis House. We expect to increase available capacity within the VCSE to support people to access care in the community at the right time. At the time of writing the report we have been advised about South Yorkshire funding to support the development of a crisis house, which we are exploring with RDASH NHS FT.
- 1.3.6 Industrial Action
- 1.3.7 We have reviewed the impact of industrial action taken by members of the Royal College of Nursing, British Medical Association and Chartered Society of Physiotherapy. 221 individual members of staff took industrial action and 298 appointments have been rescheduled since January 2023. We have also reviewed the indirect impact of industrial action taken by trade union members of Yorkshire Ambulance Service.
- 1.3.8 Our substance misuse, community mental health, crisis and acute services were disrupted by industrial action, but business continuity arrangements successfully mitigated the risk of harm to our service users. We successfully engaged with our workforce and service users, and we worked in partnership with other providers at Place to prioritise Urgent and Emergency Care. There have been no Serious Incidents because of Industrial Action.
- 1.3.9 The command structure continues to support our readiness and management of risks associated with winter, the potential for further surges of Covid-19, Influenza, industrial action, and risks to interruption of energy supplies.
- 1.3.10 Operational resilience
- We are acting upon the recommendations of our Clinical Establishment Review using the Mental Health Optimum Staffing Tool (MHOST) by increasing staffing in some areas based on acuity and dependency levels. The safer staffing review was shared with the Board of Directors in March 2023, and we are also acting upon recommendations to ensure that our workforce is supported and trained to deliver the right care. A further report expected in September 2023.
- 1.3.11 Vaccination programme
- The Vaccination programme ended in February 2023. We undertook a review of this programme at workshop in April 2023. Several themes have emerged to inform the delivery for this Autumn's campaign. It is unclear if SHSC will be required to deliver the COVID-19 booster, though we are planning for this. Themes of learning include: flexible use of estate in establishing hubs; better refrigeration solution in line with national expectations; effectively engaging ethnically diverse staff and younger staff.
- In terms of benchmarking across the region we are slightly above average in delivering flu and well above average for the Covid Booster.

### 1.3.12 Continuity and resilience risks

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

- **Covid-19** may impact on demand and/ or reduce staff capacity. This winter there has been 1 ward closure due to covid outbreaks, compared to 6 over the same period of winter of 2021/22

There is 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 have been c47% less than the previous year and 62% less for Nursing staff.

- **Seasonal winter demands** may impact on our available capacity. There has been no statistical sustained increase in demand due to winter across key urgent care pathways. Our Winter Plan deployed additional capacity via VCSE partners targeted at supporting flow across Recovery Teams and Acute Inpatient Wards and reducing clinically delayed discharge rate.
- **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 a reduction to 6.58% in March 2023.
- **Industrial action** may impact on services ability to provide accessible and safe care. We have robust arrangements to determine impact and to mobilise business continuity plans. This is reflected across all clinical areas and in our planning and communications with our staff side representatives.

The Royal College of Nursing, British Medical Association and Chartered Institute of Physiotherapy 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.

- **Energy supply.** Contingency plans in place and to date there have been no incidents and we have continued our programme of emergency generator replacement.
- **Temporary staffing.** We have introduced a high level of control to ensure safer staffing across our inpatient hospital wards. Our vacancies (6.2% in March 2023) and absence (6.58% in March 2023) pose a risk to increased use of temporary staffing. We must have systems in place to enable access to our Bank staffing at the point of need. This is being progressed through our agency reduction cost improvement programme.
- **Social Care Disaggregation.** Sheffield City Council took direct line management of Local Authority employed Social Workers on the 1 April 2023. We have worked with Sheffield City Council to develop a Memorandum of Understanding and a suite of operational procedures to ensure the delivery of safe and timely health and social care. We are continuing to review working practices through a monthly delivery group and have scheduled a celebrating partnership event on the 25 May 2023 to mark our continued commitment to partnership working.

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

### EPRR Core standards

We are making progress to become compliant with all 68 of the NHS England EPRR core standards. We do not currently achieve a rating of compliant against 5 standards. They are:

Standard 21 and 22 – Trained On-call staff. It is now a mandatory requirement that all NHS leaders attend the Principles of Health Command Course (strategic or tactical version depending on role) introduced by NHS England in July 2022. To date 88% of our leaders have attended. We remain amber but are on track to achieve NHS England's 100% target by 31<sup>st</sup> December 2023.

Standard 24 – Responder training. The core standards also introduced a requirement for NHS leaders to maintain a personal development portfolio of training and exercising every 3 years. A draft format for these, incorporating the new National Occupational Standards for the role has been produced that will be used to arrange appropriate training and exercises to meet them.

Standard 29 – 24-hour access to a trained loggist. The role of Decision Loggist is not within anyone's job description and relies on volunteers wanting to undertake the role, and managers being prepared to release their staff once trained to perform it. SHSC have few trained loggists, none of whom are available out of hours. Work is ongoing to attract volunteers into the role and provide training.

Standard 49 – Data Protection Security Toolkit compliance. This is ongoing work by our IMST Department. The move from INSIGHT to the new RiO EPR system will be instrumental in helping achieve this standard.

Our progress is reported and monitored through the Audit and Risk Committee.

### Covid 19

The Board of Directors will be aware that we remain in a Level 3 Incident for the COVID-19 pandemic and that we are required to maintain our Incident Control Centre functions, albeit virtually, in the event there is a new phase of the virus.

The requirement to provide daily situation reports to NHS England, detailing the number of beds occupied, any inpatient service users with COVID-19 and staff absence due to the virus continues, with a recent revision to include the number of service users clinically ready for discharge but still occupying a bed, together with the reason, this being an NHS England target to reduce.

### New guidance

Two new areas of guidance applicable to EPRR were received in April 2023.

- Business Continuity guidance from NHS England to achieve ISO (International Standard) 22301. This is being worked through to ensure SHSC's Business Continuity arrangements meet with the standard.
- Initial Operational Response to a CBRNe incident guidance from NHS England following a review of the previous guidance issued in 2015. This is also being



worked through to ensure SHSC guidance and training aligns with the update.

## System preparedness

SHSC were represented in a 3-day multi-agency exercise organised by South Yorkshire Local Resilience Forum in March 2023. Named Little Acorn, the exercise ran alongside a national exercise at the same time to test the South Yorkshire response to a national power outage. It covered initial response, identifying and supporting the vulnerable, the setting up of community hubs and phased recovery. A report is being compiled by South Yorkshire Local Resilience Forum and has been shared through our governance structures.

## 1.5 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.
- South Yorkshire ICB have request draft winter plans by June 23 which are now the final stages of development.
- South Yorkshire ICB have confirmed investment into Primary and Community Mental Health, Perinatal Mental Health, Liaison Psychiatry, and Sheffield Autism and Neurodevelopmental service in 2023/24. We have worked in partnership to agree revised Key Performance Indicators, which include our contribution to the ICB recovery plans for IAPT, Perinatal Mental Health and Out of Area hospital beds.

## 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 absence, and reduce the frequency and quality of care delivered to our patients. This may reduce flow through our community and crisis pathways. The Winter Plan is focussed on managing and mitigating these risks through deploying increased capacity and ensuring contingency and escalation plans are in place.

**BAF.0024:** *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 flow within the pathway and increase capacity and resilience at key access points. Specific additional actions and measures were mobilised as part of our Winter Plan. However sustained pressure on services is expected 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 as a result of industrial action. We need to ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

**BAF0020:** *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

The implications and risks to delivering outstanding care, creating a great place to work, ensuring effective use of resources, and ensuring our services are inclusive are highlighted in the sections above. These implications and risks have informed our revised strategic priorities for 23/24 – 25/26, which are enabling greater focus and impact. They are supporting us to recover services and improve efficiency, continuous quality improvement, Transformation – changing things that will make a difference, Partnership – working together to have a bigger impact.

### 4.2 Equalities, diversity and inclusion

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

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.

### 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 as a result of industrial action. 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 South Yorkshire Integrated Care Board ensure that the financial plan is aligned with the delivery plan in respect of additional in-year investments.

#### **4.6 Sustainable development and climate change adaptation**

Services have developed and adopted Agile Working Plans in response to the Covid-19 pandemic, and more recently in response to the introduction of Clean Air Zones across the City. The Plan reflects effective use of workforce time to optimise efficiency and work wellbeing. This reflects a sustainable development in support of climate change but we must also ensure that workforce morale and patient care is not adversely affected.

#### **4.7 Compliance - Legal/Regulatory**

Continuing to follow the guidance will ensure compliance with our constitutional rules and regulatory requirements.

## **Section 5: List of Appendices**

APPENDIX 1: Demand and activity overview

APPENDIX 2: Urgent and emergency care dashboard

APPENDIX 3: Vaccination Programme Performance Dashboard

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

# APPENDIX 1: Demand and activity overview (ending March 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.

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### Responsive | Access & Demand | Referrals

Referrals	Mar-23			Note
	n	mean	SPC variation	
Acute & Community Directorate Service				
SPA/EWS	734	696	...	
AMHP	156	144	...	
Crisis Resolution and Home Treatment	893	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	537	482	...	
Decisions Unit	63	55	...	
S136 HBPOS	31	34	...	
Recovery Service North	27	23	...	
Recovery Service South	21	24	...	
Early Intervention in Psychosis	43	39	...	
Memory Service	127	128	...	
OA CMHT	288	257	...	
OA Home Treatment	21	25	...	

Referrals	Mar-23			Note
	n	mean	SPC variation	
Rehab & Specialist Service				
CERT	3	3	...	
SCFT	2	2	...	
CLDT	74	57	• H •	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	1	3	...	
Psychotherapy Screening (SPS)	48	48	...	
Gender ID	21	42	...	
STEP	137	102	• H •	
Eating Disorders Service	46	35	...	
SAANS	407	400	• 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)	49	49	...	
HAST	13	15	...	
HAST - Changing Futures	3			
Health Inclusion Team	148	155	...	
LTNC	37	87	...	
ME/CFS Long Covid	28	84	• L •	
ME/CFS	122	263	• 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

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## Responsive | Access & Demand | Community Services

March 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 (RT) in weeks			Caseload		
	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
<b>Acute &amp; Community Services</b>												
SPA/EWS	393	762	● L ●	46	30.0	● H ●	6.2	9.8	● ● ●	695	1018	● L ●
MH Recovery North	81	75	● H ●	6	9.4	● ● ●	7.1	10.4	● L ●	924	955	● L ●
MH Recovery South	76	72	● H ●	13.9	11.0	● H ●	13.4	11.3	● ● ●	1056	1077	● L ●
<b>Recovery Service TOTAL</b>	157	148	● H ●	N/A			N/A			1980	2032	● L ●
Early Intervention in Psychosis	32	24	● H ●				92.9%			296	330	● L ●
Memory Service	1042	702	● H ●	34.6	23.7	● H ●	40.7	32.1	● H ●	4532	4335	● H ●
OA CMHT	253	166	● H ●	7.1	7.0	● H ●	10.3	10.5	● L ●	1340	1259	● H ●
OA Home Treatment	N/A			N/A			N/A			65	64	● ● ●
<b>Rehab &amp; Specialist Services</b>	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
SPS - MAPPS	43	68	● L ●	24.5	20.4	● ● ●	40.2	77.1	● ● ●	300	316	● ● ●
SPS - PD	42	40	● ● ●	18.4	18.6	● L ●	72.2	65.1	● ● ●	188	190	● ● ●
Gender ID	2011	1652	● H ●	219.5	127.9	● ● ●	N/A			2831	2452	● H ●
STEP	289	123	● H ●	N/A						553	413	● H ●
Eating Disorders	26	32	● ● ●	4.5	4.7	● L ●				193	220	● L ●
SAANS	7102	5045	● H ●	81.2	93.5	● L ●				6326	5515	● H ●
R&S	70	167	● L ●	50.8	80.0	● ● ●				127	219	● L ●
Perinatal MH Service (Sheffield)	31	26	● ● ●	3.7	3.2	● ● ●				156	143	● ● ●
HAST	28	29	● ● ●	13.4	11.2	● ● ●				74	82	● L ●
Health Inclusion Team	537	281	● H ●	5.6	9.1	● ● ●				1538		
LTNC	761	645	● H ●	N/A						N/A		
CFS/ME	N/A			28.6	16.4	● H ●				1459		
CLDT	181	182	● L ●	10.6	11.9	● ● ●	20.3	20.8	● L ●	769	745	● H ●
CISS	N/A			N/A			N/A			7	27	● L ●
CERT				N/A			N/A			44	45	● L ●
SCFT										24	25	● ● ●

### 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.

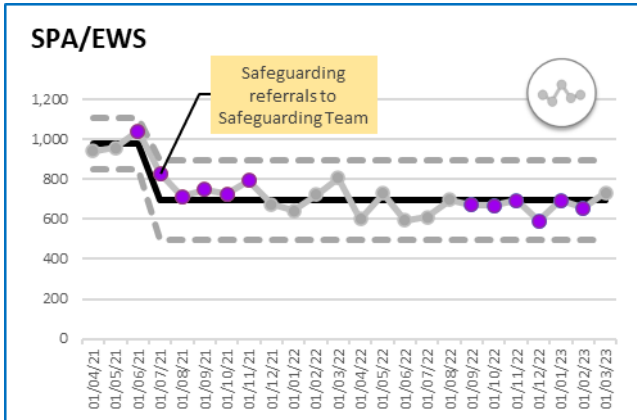
Significant reduction in number of people on SPA/EWS wait list.

SAANS – Continue to work with Sheffield Place and MHLd collaborative about an appropriate specification that meets the needs of Sheffield residents.

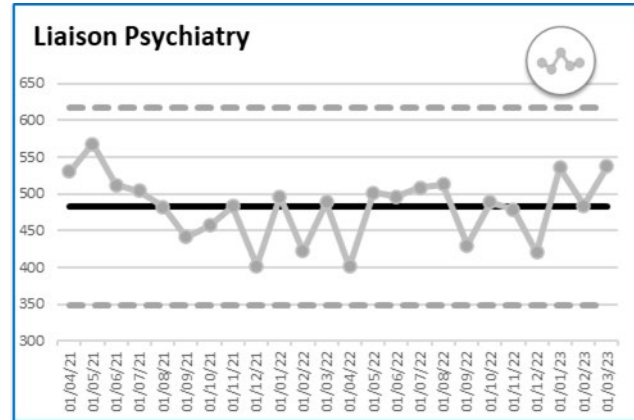
C) Monthly referral rates: to end of March 2023

Key messages:

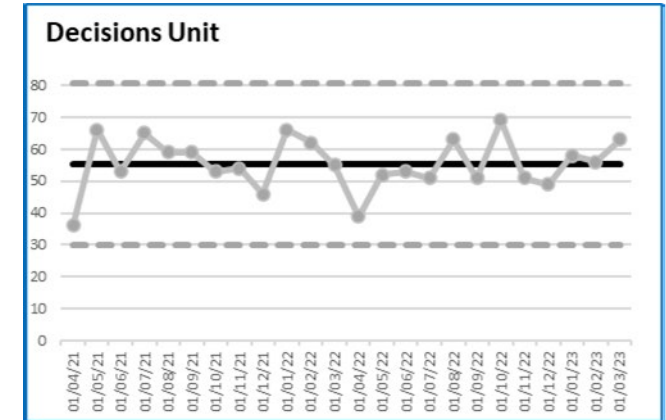
Single point of access



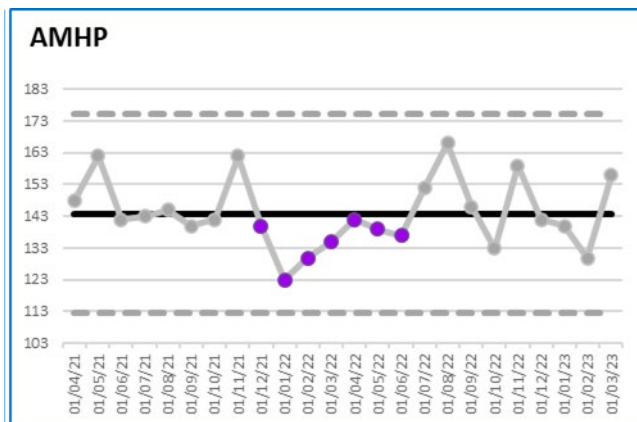
Liaison



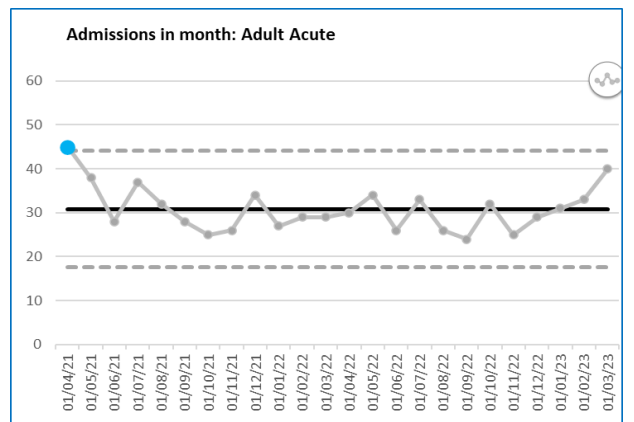
Decisions unit



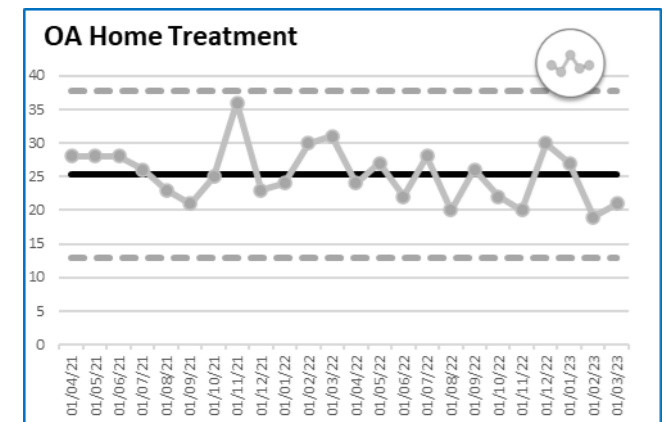
Duty team



Adult acute admissions



Older adult home treatment



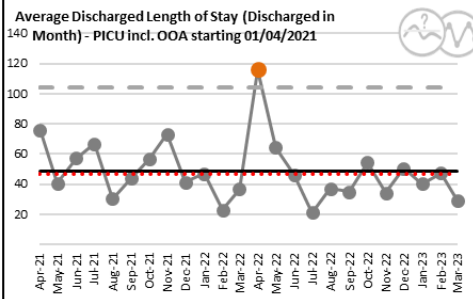
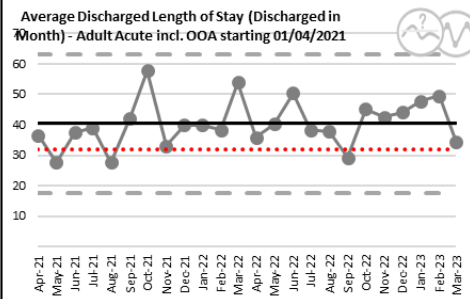


# APPENDIX 2: Urgent and emergency care (ending March 2023)

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## UEC Dashboard

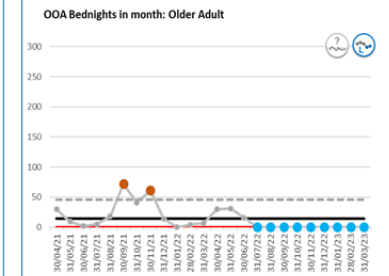
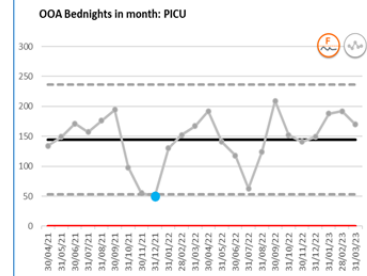
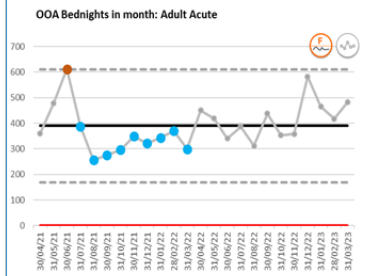
### Length of Stay



Adult Acute Discharged LoS (Rolling 12 month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	432	41
OOA	112	42
Contracted	117	41
Combined	661	41

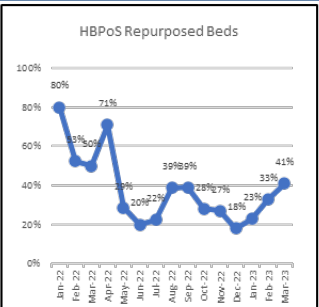
PICU Discharged LoS (Rolling 12 month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	84	46
OOA	37	45
Combined	121	45

### Out of Area

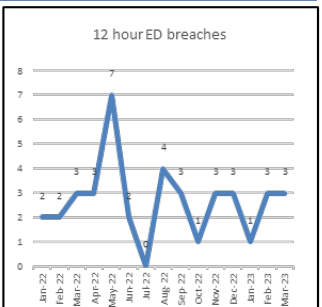


Provider	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparklines (Apr-22 to Mar-23)
Sheffield Health and Social Care NHS Foundation Trust	21	14	11	11	12	19	14	20	20	20	20	20	
Bradford District Care NHS Foundation Trust	16	14	11	17	17	17	26	18	13	22	20	22	
Tees,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

### Blocks and Breaches



Health Based Place of Safety (HBPos/136 Beds)	Mar-23
Days repurposed	25
Days repurposed %	41%

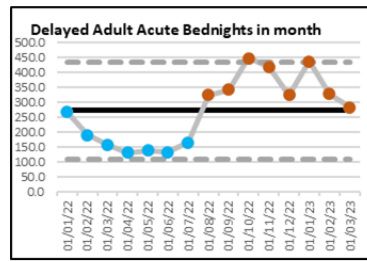


Emergency Department (ED)	Mar-23
ED 12 hour Breaches	3

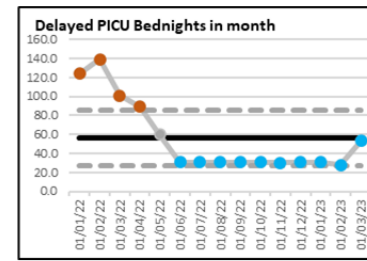
### Delayed Care

**Delayed Care Narrative**

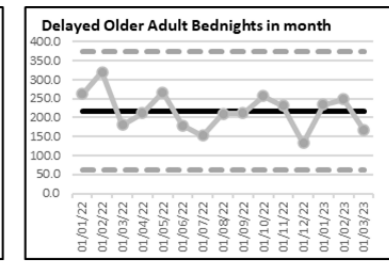
% of bed nights occupied by delayed patients is 19.5% across adult acute wards. Weekly Clinically Ready for Discharge meeting membership has been extended to include social care colleagues to support earlier information sharing and discharges for those delayed.



Delayed Discharges Adult Acute		
Mar 23	Sum of Delayed Bednights	% Bednights occupied by DD
Adult Acute Total	284	19.5%



Delayed Discharges PICU		
Mar 23	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	53	17.1%



Delayed Discharges Older Adult		
Mar 23	Sum of Delayed Bednights	% Bednights occupied by DD
Older Adult Total	166	17.3%



# APPENDIX 3: Vaccination Programme Performance Dashboard

