Board of Directors – Public

SUMMARY REPORT	Meeting Date:	27 September 2023
	Agenda Item:	09

Report Title:	**Operational Resilience and Business Continuity**	
Author(s):	Greg Hackney, Senior Head of Service	
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:** We have increased demand for our Short-Term Education Programme owing to increased accessibility through our Primary and Community Mental Health Transformation. Demand for our other services is within expected variance. We have now stopped receiving referrals for our ME/CFS long covid service as part of the transition to the Sheffield Teaching Hospital Long Covid Hub.

2. **Waiting Lists:** We are governing all community waiting lists and we understand how they impact the experience and outcomes of our service users. Our performance framework is ensuring that risks to performance and quality are appropriately escalated, and that mitigation is in place to shorten waiting times and to improve experience and outcomes whilst waiting. The Quality Assurance Committee received assurance in September that we have plans to support people who are waiting to access our services.

3. **Mental Health Hospital Discharge:** We have received support from the Urgent and Emergency Care Board for our jointly led Mental Health Hospital Discharge programme. The programme has Executive leadership from Sheffield City Council and Sheffield Health and Social Care. It will reduce delays in accessing social care when people are clinically ready for discharge from hospital. The regulatory responsibility for social care placements is held by Sheffield City Council. However, the programme aims to improve access and quality. The programme will report into the Sheffield Discharge Delivery Board.

4. **Partnerships with the Voluntary, Community and Social Enterprise**: We continue to benefit from our partnership with the Voluntary, Community and Social Enterprise as part of service delivery and improvement. This is supported by the Better Care Fund allocation over the next 2 years and is strengthened through dedicated relationship management.

5. **Winter Plan**: Our winter plan will ensure operational resilience across Urgent and Emergency Care and has been developed through analysis of seasonal demand and capacity changes. It responds to each of the Key Lines of Enquiry issued by NHS England in July, ensuring that pathways and escalation arrangement for mental health patients are optimised to provide quality of care and to maintain system flow.

6. **Better Care Fund**: We have been successful in our bid for £856,313 through the Better Care Fund. We are progressing four initiatives which will improve access to mental health crisis care within the Emergency Department, address inequalities faced by our ethnically diverse population, and will reduce social care delays once our patients are clinically ready for discharge from hospital. Implementation and impact will be governed through the Sheffield Discharge Delivery Board and will be subject to external evaluation.

7. **Vaccination programme:** We are required to deliver a Flu and Covid-19 vaccination programme throughout Autumn and Winter 2023/24. Our campaign will begin in September and will begin with care home patients and staff in line with the national requirement. Delivery has been adapted based upon learning from our 2022/23 campaign.

8. **Industrial Action**: We have reviewed the impact of industrial action upon operational performance and quality. 247 appointments were rescheduled throughout 2023. 18 of those appointments were rescheduled in response to the Junior Doctor and Consultant strikes in August. This number is lower than anticipated because of the timing with our Junior Doctor rotation. We continue to engage with our workforce and other providers at Place to prioritise Urgent and Emergency Care. There have been no Serious Incidents because of Industrial Action.

9. **Operational resilience:** We have increased staffing based upon the recommendations of our Clinical Establishment Review using the Mental Health Optimum Staffing Tool (MHOST). We have successfully over-recruited to nursing vacancies with 33 new starters confirmed between October 2023 – February 2024. We have also concluded our Healthcare support worker uplift programme with 70% of existing support workers uplifted from June to August and several more pending.

10. **Emergency Preparedness Resilience and Response (EPRR):** There are now 58 NHS England EPRR Core Standards. Three additional standards were published in June 2023. We remain on target to adhere to all EPRR Core Standards within expected timescales. NHS England stepped down the COVID-19 pandemic as an incident in May 2023, returning the management of outbreaks to business-as-usual processes in line with any other infectious disease outbreak. We have responded appropriately to an internal critical incident on the 18 August after routine water sampling found presumptive high levels of Legionella bacteria in the water supply at the Lightwood site.

11. **Risks:** Changes in demand and capacity pose a risk to our operational resilience. Demand changed during the Covid-19 pandemic and will increase during winter. We must deliver on our plans to maintain a safe and highly skilled workforce, capable of responding to the needs of our service users. These plans must mitigate patient safety risks arising through industrial action. We must also maintain robust partnership working at place and region to strengthen our collective capacity.

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 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*		There is a 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. New funding to support improved flow across urgent and emergency care is being accessed through the Better Care Fund.
Organisational Development /Workforce	*Yes*	*X*	*No*		Risk of increased staff absence through contracting Covid-19 or self-isolation Risk of increased challenges and pressures on staff in sustaining services impacting on wellbeing Plans for expansion of services to deliver improvements in line with the Long Term Plan and demand forecasts
Equality, Diversity & Inclusion	*Yes*	*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 recovery and winter planning.**

Section 1: Analysis and supporting detail

1.1 Background

This report summarises changes to demand and the steps we are taking to ensure operational resilience and business continuity. This includes our preparedness for seasonal demand and our resilience to disruption to service because of industrial action.

1.2 Service Demand and Access

1.2.1 Managing demand across services

This report has consecutively reported that the demand for most of our services has returned to within expected variance following the Covid-19 pandemic. However, we have experienced a sustained increase in 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). Demand has stabilised throughout July and August. 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. Neurodiversity is also a priority for the South Yorkshire Mental Health Learning Disability and Autism Collaborative. Our Recovery Plan has successfully reduced waiting times for assessment of Autism and continues to follow an improving trajectory.

The demand for our Short-Term Education Team has remained high. Visibility and accessibility to the service has improved because of the Primary and Community Mental Health Transformation, which is a contributory factor. The future demand and capacity of this service is being discussed through contract negotiations with the Sheffield Integrated Care Board. This demand for both services is being monitored and mitigated and is reported to our Quality Assurance Committee.

The demand for our working age and older age community mental health services is within expected variance. However, both services have higher than usual waiting times, which have prompted Recovery Plans in accordance with our Performance Framework. The Quality Assurance Committee have received assurance of our plans to transform working age and older age community mental health services to meet performance and quality standards.

The Board of Directors were alerted to safety and quality risks within our Health Inclusion Team in July 2023. The team comprise of Health Visitors, Nurses and a Family Support Worker. They perform a key safeguarding function to vulnerable children who are living in temporary accommodation. The service was inherited in 2013 when primary care trusts were abolished as part of the Health and Social Care Act 2012. The service caseload has increased by 81% in 24 months which poses significant safety and quality risks. We entered formal contract negotiation with the Sheffield Integrated Care Board in July and we have reached agreement to recruit additional staff, on the understanding of future investment. We will continue to monitor the impact of this new resource and expect to see an improvement by November.

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

1.2.2 Levels of activity

Our recorded clinical activity is equivalent to that recorded before the Covid-19 pandemic, apart from our Sheffield Memory Service. The Sheffield Memory service has experienced an increased referral to assessment waiting time because of reduced clinical activity. The service has been externally evaluated by an expert and national advisor in dementia care. The recommendations of this evaluation are being implemented with support from the South Yorkshire ICB. Assurance of progress and impact is being provided to our Quality Assurance Committee. Transformation of our Memory Service will be governed through our Community Mental Health Transformation Programme Board from October 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. Improving our technology in this regard will be part of our digital roadmap. 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.

Waiting lists

1.2.3 We are governing all community waiting lists and we understand how they impact the experience and outcomes of our service users. Our performance framework is ensuring that risks to performance and quality are appropriately escalated, and that mitigation is in place to shorten waiting times and to improve experience and outcomes whilst waiting.

In September, the Quality Assurance Committee received assurance that we understand how our community waiting lists impact the experience and outcomes of our service users and they were advised of the plans to shorten waiting times and to provide sources of help whilst people are waiting. The Quality Assurance Committee were assured that some of our community waiting lists will be reduced through efficiency. The Quality Assurance Committee provided support to continue contract negotiation where quality improvements cannot be achieved through greater efficiency and asked for assurance that we continue to seek active involvement of service users, families and carers through service improvement.

Our waiting times to access working age community mental health, older adult community mental health, memory service, Sheffield Autism and Neurodevelopmental service, Gender Identity Service and Sheffield Eating Disorder Service do not meet clinical standards. Each of these services has a detailed plan to improve or transform the service to meet clinical standards and where necessary, to seek additional investment.

1.2.4 Urgent and Emergency Care

Demand across our Urgent and Emergency Care pathways is within expected variance, but we there is a trend of increased demand across our liaison psychiatry service. This is further challenging the service to meet the Evidence-Based Treatment Pathway 1 hour waiting time standard. We have mobilised an improvement plan, which is inclusive of additional investment through the Better Care Fund, and we are closely monitoring the impact upon demand and responsivity.

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

Flow through our Urgent and Emergency pathways is a Health and Care Partnership priority. We have improved system leadership and responsivity through the South Yorkshire System Control Centre. However, we must work in partnership across Place to have greater impact upon key performance indicators. This is evident by:

- Four people have waited more than 12-hours to be transferred to a mental health hospital bed in June and six people waited more than 12 hours to be transferred to a mental health hospital bed in July. This is unacceptable. We have taken steps to improve data accuracy and the actions that follow with Sheffield Teaching Hospital and Sheffield ICB.

- Our Health Based Place of Safety was closed and repurposed into an acute mental health bed for 40% of time in June and 79% in July. This is because there was no available acute mental health hospital bed available at the point of need. This has results in service users inappropriately accessing a place of safety at Sheffield Teaching Hospital or travelling to other health based places of safety across the South Yorkshire region. The Quality Committee have discussed the impact upon patient care and experience. Our out of area reduction programme has committed to reducing this practice to 50% or less from September and to discontinue from December 2023. This has been discussed at both our Quality Assurance Committee and Finance and Performance Committee.

- We continue to provide hospital care for people who are clinically ready for discharge. An average of 20% of our aute and older adult beds were unavailable in June and July due to delays in being able to discharge to social care. We have increased visibility of this issue through the development of a mental health Operational Pressures Escalation Levels (OPEL) Framework with South Yorkshire ICB. This has led to the launch of a jointly led Mental Health Discharge Programme with the Director of Adult Social Care and our Executive Director of Operations. The success of this programme is governed by the Sheffield Discharge Delivery Board.

- Our Flow Improvement programme has set a trajectory to eliminate inappropriate out of area hospital bed use by 2024. We have achieved our target to reduce our out of area bed nights in March, April, May, and June. Statistically, we failed to achieve our target in July but we did achieve a sufficient reduction in total out of area bed nights to meet the programme expectations. We did not achieve individual targets in July. However, we have not achieved further reductions during August. A replanning workshop has taken place and will be supported by a summit in November to celebrate progress and to create greater impact through distributed leadership.

1.3 Service continuity and resilience.

1.3.1 Winter Plan

1.3.2 Our winter plan has been jointly developed with clinical and operational leaders and responds to each of the Key Lines of Enquiry issued by NHS England in July, ensuring that pathways and escalation arrangement for mental health patients are optimised to provide quality of care and to maintain system flow.

1.3.3 Our Winter Plan includes a joint allocation of £856,313 through the Better Care Fund. We are progressing four initiatives. They will reduce social care delays once our patients are clinically ready for discharge from hospital. We will achieve this by increasing Social Work capacity within Sheffield City Council and by identifying additional step-down accommodation. The Better Care Fund allocation will also improve access to mental health crisis care within the Emergency Department. We are negotiation with Place to obtain funding to support an evaluation framework for our initiative.

1.3.4 We will also increase capacity across the Voluntary, Community and Social Enterprise to mitigate increased demand into our Community Mental Health Service enabling us to sustain reduced waiting times and expediate flow out of Urgent and Emergency Care (*APPENDIX 1: Section B).* We are working with specific Voluntary organisations to address inequalities faced by our ethnically diverse population. This partnership will

be optimised through dedicated governance and support.

1.3.5 Industrial Action

We have reviewed the impact of industrial action upon operational performance and quality. 247 appointments were rescheduled throughout 2023. 18 of those appointments were rescheduled in response to the Junior Doctor and Consultant strikes in August. This number is lower than anticipated because of the timing with our Junior Doctor rotation. We continue to engage with our workforce and other providers at Place to prioritise Urgent and Emergency Care. There have been no Serious Incidents because of Industrial Action.

Our community mental health, crisis and acute services were most disrupted by industrial action, but business continuity arrangements successfully mitigated the risk of harm to our service users. We successfully engaged with our workforce and service users, and we worked in partnership with other providers at Place to prioritise Urgent and Emergency Care. We communicated with our service users where routine appointments were rescheduled and we ensured that a same day duty response was available for anybody in urgent need. There have been no Serious Incidents because of Industrial Action.

The command structure continues to support our readiness and management of risks associated with seasonal demand, the potential for further surges of Covid-19, Influenza, industrial action, and risks to interruption of energy supplies. Planning is underway for the concurrent industrial action planned by both Junior and Consultant grade doctors and throughout September and October. This simultaneous industrial action will create a new challenge to maintain safe care and to support our workforce. Early planning indicates that this will be managed without the requirement for mutual aid.

Operational resilience

1.3.6

We have now increased staffing based upon the recommendations of our Clinical Establishment Review using the Mental Health Optimum Staffing Tool (MHOST). We have successfully over-recruited to preceptorship posts with a confirmed 33 new starters from October 2023 to February 2024. The Board of Directors received a detailed report in relation to Safer Staffing in March 2023 and will receive a further report in September 2023. In addition, we have significantly reduced our use of agency and bank staffing within our working age and older adult hospital wards, providing improved continuity of care. The Healthcare Support worker uplift programme has been a huge success with standardised job descriptions, defined knowledge, skills and experience and career pathways agreed. The uplift programme is reaching its conclusion with over 70% of existing support workers uplifted from June to August and several more pending.

1.3.7 Vaccination programme

We are required to deliver both Flu and Covid-19 vaccination programmes throughout Autumn and Winter 2023/24 to maximise protection and uptake for those eligible. Our campaign will begin in September and starting with care home residents and staff in line with the national requirement. In response to learning, our 2023/24 Vaccination Programme will be delivered from multiple sites and through a mobile clinic utilising our purpose designed Trust vehicle. Our campaign will assertively target ethnically diverse and younger staff groups. We expect to exceed 2022/23 regional benchmarking whereby we delivered above average for both flu and Covid vaccinations.

1.3.8 Continuity and resilience risks

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

- **Covid-19** may impact on demand and/ or reduce staff capacity - In 2023 there has been several contained covid outbreaks. However, there has been only 1 ward closure as a consequence, compared to 6 in 2022. All staff absences due to covid have been 47% less than the previous year and 62% less for Nursing staff.
- **A heat wave** may adversely impact upon the health of our service users and workforce - We undertook a series of workshops in April and May to review our Heat Wave plan. Learning was identified in relation to access to portable air conditioning units for high-risk areas, cool air circulation maps, hydration guidance, and revision of our communication and engagement plans. Our revised Heat Wave plan was published in June.
- **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 2023/24 Winter Plan will utilise the Better Care Fund and will deploy additional capacity via VCSE partners. It will also deploy resource to reduce delayed hospital care and to support urgent and emergency pathways. It conforms to the Key Lines of Enquiry relevant to mental health from NHS England.
- **Sickness absence** may reduce staff capacity - Sickness absence rates have remained high at c6% across clinical services for the Quarter 2 and 3 periods and with a reduction in in July 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. Planning is underway for the concurrent industrial action planned by both Junior and Consultant grade doctors and throughout September and October. This simultaneous industrial action will create a new challenge to maintain safe care and to support our workforce. Early planning indicates that this will be managed without the requirement for mutual aid.
- **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 and absence 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 -** The regulatory responsibility for social care placements is held by Sheffield City Council. However, the availability and quality of social care placements directly impacts the wellbeing of our service users and affects operational performance across our hospital and community services. We

continue to work in partnership with Sheffield City Council to improve the availability and quality of social care provision. This is being strengthened through our Mental Health Discharge Delivery Board.

1.4 Emergency Preparedness Resilience and Response Plans (EPRR)

1.4.1 NHS England EPRR Core standards:

1.4.2 The 2022/23 core standards introduced changes to on-call, commander, and responder training in line with the Minimum Occupational Standards for NHS Commanders.

1.4.3 A new mandatory Principles of Health Command Course (PHC) was introduced, delivered by NHS England, for all NHS staff who may be expected to undertake a command role. This includes all on-call Directors and Senior Managers at strategic and tactical level respectively. The course is considered fundamental, with additional training and exercising skills to be achieved within 3 years, then maintained. A deadline was set for all existing staff meeting these criteria to have completed the PHC course by 31st December 2023. We remain on track with all but 2 having now completed the training, both having dates booked. From 1st January 2024, it will be a requirement that no member of staff can perform on-call duties before completing the course.

1.4.4 All staff who perform a command role have received their Personal Development Portfolio (PDP) template designed by NHS England, together with Continuing professional Development (CPD) courses and workshops available from UKHSA required to meet the mandatory evidence skills. Training is also being planned within SHSC to support our staff with their training needs. PDP's form part of the evidence for Standards 21,22 and 24 and are therefore amber and likely to remain so until July 2025, the target set for everyone completing them.

1.4.5 We are still awaiting the final version of the Yorkshire and Humber Low Medium Secure Evacuation Plan that applies specifically to Forest Lodge, this being a joint project conducted by Emergency Planners from all the Trusts who will be party to it and remains with NHS England before going to partner Accountable Emergency Officers for sign off. The ongoing Industrial Action this year remains a factor in the delay. However, we are advised that the draft plan is suitably robust to use should the need arise in the meantime.

1.4.6 24-hour access to a trained Loggist remains difficult to achieve and as reported previously, most Trusts struggle to meet this standard. Although an important role in a major incident, it does not form part of any NHS staff job descriptions and therefore relies on volunteers for training and being deployed away from their normal role for exercising and live incidents. We do have trained Loggists in SHSC, but most would not be available out of hours, so we currently remain amber on Standard 29. A recent appeal generated interest from seven members of staff who have training scheduled during September 2023 but again, their availability is within working hours.

1.4.7 The Board are aware that IMST have struggled to meet the Data Protection and Security Toolkit standard 49. Much progress has been made to achieve the 10 points that make up the standard, with the move from INSIGHT to RiO together with a review of the IMST Business Continuity Plan being the main outstanding issues. This standard therefore presently remains amber.

1.4.8 Of the 55 EPRR core standards for 2022/23, having declared partial compliance in September 2022, we finish the year with 5 ambers remaining that achieves a substantially compliant rating.

1.4.9 Historically, the annual EPRR core standards are published in July, then following

a self-assessment and additional scrutiny; last year it was a peer review, our position against the standards and statement of compliance are presented at September Board for submission to NHS England via the ICB (previously CCG) before the 31st October deadline.

1.4.10 The 2023/24 standards were initially published in May 2023, withdrawn and re-published on 19th June 2023 together with a Deep Dive in respect of EPRR training, 3 new core standards, new submission process and timescale, and guidance on the requirements to meet each of the 58 core standards. The submission document is largely unchanged from previous years except for the additional standards and greater examples of evidence necessary to meet them. However, the guidance documents against each of the standards provides significantly increased criteria on what is expected to meet them under the heading 'compliance requirements.'

1.4.11 There are also several standards relating to Chemical Biological Radiological Neurological (CBRN) processes that equally affect acute and mental health trusts, a significant change from previous years.

1.4.12 This year's process is effectively an audit whereby trusts must provide evidence on how it meets each of the standards, to be scrutinised by NHS England with relevant ICB's, with a submission deadline of 29th September 2023. Following scrutiny, by 27th October 2023, trusts will receive a request for additional information and be given 5 days to submit. A final review of evidence then takes place within 5 days of receipt and trusts will receive documentation from NHS England to enable trusts to submit their final position and statement of compliance within 10 days.

1.4.13 A Local Health Resilience Partnership (LHRP) confirm, and challenge assurance meeting will take place week commencing 27th November 2023 following which, trusts must provide an updated action plan and report to Board, for submission to NHS England national team by 31st December 2023.

1.4.14 This year's process was trialled in the Midlands in 2022. Their compliance results are shown below:

Compliance level	On initial submission	Following scrutiny
Full	3	0
Substantial	31	5
Partial	19	25
Non	7	30

1.4.15 The process is seen as a means for NHS England to be assured of consistency of compliance by all trusts. They are checking the evidence submitted this year with ICB's, intending that ICB's take on the audit from 2024.

1.4.16 The trial is being repeated in the Midlands this year and for the first time in Northeast and Yorkshire region, the intention being that it will be rolled out nationally from 2024.

1.4.17 The changes and increased assurance are a move by NHS England for EPRR to have equal status to all other aspects of Trust's work, ensuring they have the processes to deal with any emergency and that their leaders have the skills and ability to see their trusts effectively through them. It is an opportunity to upskill all NHS leaders in this increasingly important area of work.

1.4.18 The new process provides further opportunity for all trusts to be judged objectively on their preparedness and to be supported in their efforts to achieve compliance.

1.4.19 Mental Health trusts in our region are treating this as Year 1 for a set of new standards with EPRR leads indicating they will either be non-compliant or may possibly achieve partial. There is also a view that EPRR Core Standards should be embedded into organisations governance processes, particularly as results will be shared with the CQC.

1.4.20 Covid 19: NHS England stepped down the COVID-19 pandemic as an incident in May 2023, returning the management of outbreaks to business-as-usual processes in line with any other infectious disease outbreak. The requirement on Mental Health and Community Trusts to submit daily situation reports providing data on the number of beds occupied, any Covid cases affecting service users and staff absences, and the number of service users clinically fit for discharge but still occupying a bed, together with a weekly situation report detailing the number of lateral flow tests in stock and distributed remains.

This data is already available via business-as-usual reporting methods in acutes and is no longer required separately from them.

1.4.21 New guidance

As detailed above in respect of EPRR core standards governance.

1.4.22 System preparedness

Work this period continues to focus on our preparedness and management of industrial action following several periods taken by Junior Doctors and Consultants, the most recent being Junior Doctors from 11th to 15th August; and Consultants 24th and 25th August 2023 and 19th and 20th September 2023.

The window for further industrial action by Junior Doctors has closed and the British Medical Association will have to re-ballot their members before undertaking further action.

However, they announced on 24th August 2023 that, subject to meaningful negotiation commencing with the Government beforehand, Consultants will undertake a further period of Industrial Action for three days, from 2nd to 4th October 2023.

1.4.23 Incidents – Water Supply

On Thursday 17 August 2023 – We had a loss of mains water supply at Woodland View nursing home also affecting Beech Cottage and Lightwood site. Mitigation was organised promptly to ensure safe supply of water and the mains water supply was reinstated on the same day.

On Friday 18 August following routine testing, early presumptive tests indicated increased levels of legionella within the water system at Lightwood Site. Immediate remedial action was taken to ensure the safety of our staff and service users at the site.

We relocated service users who were staying at Beech to an alternative site. We also took immediate action to deliver alternative sources of water to Woodland View home to ensure care was delivered to a safe standard and agreed relocation for specific service users.

Subsequent test results confirmed increased legionella levels within the unit which was relocated on 18 August and a small number of unused water sources in another unit. This was following detailed testing and review by our water safety contractors, estates, microbiology and Infection Prevention and Control teams.

Once we had ascertained that the raised legionella counts were isolated to Beech which was relocated on Saturday 19 August, we worked with our contractors to remedy the situation and address the root cause of the isolated outbreak.

The affected water sources at Woodland View remain isolated and have received the appropriate treatment. The remaining sources of water are unaffected and routine care and services are restored across the rest of Lightwood site. Rigorous testing is underway in line with our Water Quality policy, and a specialist survey is being conducted. This Will inform our plan to re-occupy the Beech unit.

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 Health Based Place of Safety services.
- Strengthening the provision and reach of 24/7 urgent mental health helplines via 111 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 Better Care Fund over the next two financial years provides a key opportunity to improve the outcomes and experiences of our service users through timely access and discharge from hospital.

Section 2: Risks

2.1 **Impact of seasonal absence:** There is a risk that seasonal illnesses may impact on staff absence and reduce the frequency and quality of care delivered to our patients. This may reduce flow through our community and crisis pathways. The Winter Plan is focussed on managing and mitigating these risks through deploying increased capacity and ensuring contingency and escalation plans are in place.

BAF.0024: *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 is established which provides leadership and governance for the Trust developments of the design and implementation of the Patient and Carer Race Equalities Framework (PCREF). As part of the wider Trust developments, the design and implementation of the Patient and Carer Race Equalities Framework (PCREF) provides a framework to examine what we change through an anti-discriminatory lens and ensure check and challenge is embed in the process to prevent racialised and discriminatory practice.

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

In response to the risks identified here, we are taking pro-active measures to raise awareness, promote opportunities and encourage service users to receive flu and covid vaccination.

4.3 Culture and People

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

4.4 Integration and system thinking

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

4.5 Financial

There are no financial implications highlighted directly through this report in respect of recommendations and decisions. This report advises of the Better Care Fund allocation and how this will used for our service users. 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 1: Demand and activity overview (ending July 2023)

A) Referrals

Key messages: Referral numbers generally haven't increased and are in line with expected control limits. There has been a steady continuous increase in referrals to STEP due to increased visibility and familiarity with the service.

Responsive | Access & Demand | Referrals

Referrals	Jul-23			
Acute & Community Directorate Service	n	mean	SPC variation	Note
SPA/EWS	667	674	• • •	
Crisis Resolution and Home Treatment	915			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 will be able to accurately report on this when we have transferred to Rio.
Liaison Psychiatry	539	485	• • •	
Decisions Unit	63	57	• • •	
S136 HBPOS	14	32	• • •	
Recovery Service North	25	23	• • •	
Recovery Service South	30	23	• • •	
Early Intervention in Psychosis	36	37	• • •	
Memory Service	131	127	• • •	
OA CMHT	246	255	• • •	
OA Home Treatment	23	25	• • •	

Referrals	Jul-23			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	2	2	• • •	
SCFT	2	2	• • •	
CLDT	56	57	• • •	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	3	3	• • •	
Psychotherapy Screening (SPS)	62	50	• • •	
Gender ID	41	43	• • •	
STEP	116	106	• H •	Referrals steadily increasing especially from GPs. This may be due to increased visibility and familiarity with STEP and its offer due to work both by the team and signposting by other SHSC services such as SPA/EWS.
Eating Disorders Service	49	35	• • •	
SAANS	365	420	• • •	
R&S	17	19	• • •	
Perinatal MH Service	51	48	• • •	
HAST	9	15	• • •	
HAST - Changing Futures	1			
Health Inclusion Team	180	164	• • •	
LTNC	81			
ME/CFS Long Covid	2			
ME/CFS	74			

B) Wait Lists, Wait Times and Caseloads

Key messages: While demand (new referrals) has remained settled, some services are experiencing access challenges (high numbers waiting + long waiting times) and high caseload sizes.

Responsive | Access & Demand | Community Services

July 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		
Acute & Community Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPA/EWS	**287**	*685*	•L•	**50.1**	*35.3*	•••	**9.7**	*10.1*	•L•	**657**	*895*	•L•
MH Recovery North	**83**	*82*	•••	**25.9**	*12.3*	•H•	**3.1**	*9.4*	•L•	**783**	*924*	•L•
MH Recovery South	**32**	*73*	•L•	**3.1**	*12.3*	•••	**3.5**	*12.3*	•••	**967**	*1062*	•L•
Recovery Service TOTAL	**115**	*156*	•L•	*N/A*			*N/A*			**1750**	*1986*	•L•
Early Intervention in Psychosis	**27**	*25*	•••				**89.47%**			**301**	*316*	•L•
Memory Service	**863**	*790*	•H•	**34.5**	*27.2*	•H•	**47.7**	*35.2*	•H•	**4182**	*4231*	•••
OA CMHT	**296**	*194*	•H•	**8.2**	*7.6*	•••	**12.9**	*10.3*	•••	**1380**	*1258*	•H•
OA Home Treatment	*N/A*			*N/A*			*N/A*			**69**	*66*	•••
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPS - MAPPS	**91**	*74*	•••	**27.6**	*20*	•••	**81.0**	*81*	•••	**346**	*323*	•••
SPS - PD	**46**	*41*	•H•	**17**	*15.7*	•••	**45**	*61*	•••	**187**	*191*	•••
Gender ID	**2238**	*1775*	•H•	**252.4**	*147.0*	•••				**3081**	*2660*	•H•
STEP	**321**	*148*	•H•	*N/A*						**599**	*432*	•H•
Eating Disorders	**26**	*29*	•••	**2.2**	*4*	•••				**193**	*216*	•L•
SAANS	**8095**	*5736*	•H•	**101.3**	*93*	•L•				**6211**	*5813*	•H•
R&S	**57**	*140*	•L•	**28.3**	*69*	•L•	*N/A*			**120**	*190*	•L•
Perinatal MH Service (Sheffield)	**28**	*24*	•••	**2.3**	*3*	•••				**173**	*147*	•••
HAST	**22**	*28*	•••	**21.7**	*13*	•••				**82**	*81*	•••
Health Inclusion Team	**544**			**5.7**						**1661**		
LTNC	**343**	*289*	•L•	*N/A*						*N/A*		
CFS/ME	*N/A*											
CLDT	**200**	*179*	•••	**5.1**	*11*	•L•	**32**	*21*	•••	**696**	*725*	•••
CISS	*N/A*			*N/A*			*N/A*			**14**	*23*	•L•
CERT	**0**									**47**	*45*	•••
SCFT	**0**									**22**	*24*	•L•

Narrative

See next slides for SPC chart detail.

CLDT figures represent distinct individuals so does not include multiple waits per service user.

ME/CFS – Data quality work underway, could be linked to risk identified at directorate level (risk no. 4508). Long term sickness impacting delivery of assessments.

LTNC – Data has become more accurate following data improvement work. This has shown an increase in numbers on the waitlist.

SEDS – reduction in RtA time due to ASERT assessment team and FREED initiative.

STEP – No admin resource is leading to longer times to process referrals and book them onto courses and therefore longer wait until treatment.

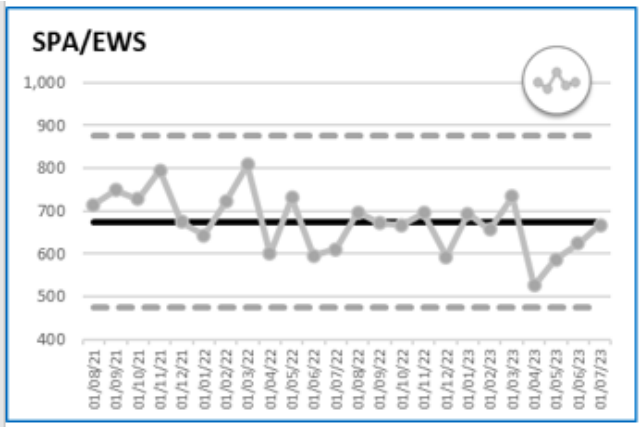
HIT – Caseload increased in Homeless (temporary accommodation) and Migrant placements, large increase in number of referrals who are open to safeguarding increasing complexity. Workforce model proposed but requires investment, commissioners need to be identified. QEIA completed and presented at QAC. We are escalating through commissioning management group & board.

SAANS – Significant staffing issues. Small number of ADHD assessments currently taking place, this is leading to a further increase in numbers on wait list. Mitigations include development of waiting list initiative with VAS (Voluntary Action Sheffield) and service users. Collaboration with SPA/EWS and initial discussions with PCMHT and consultation model supporting other SHSC Teams.

C) Monthly referral rates: to end of July 2023

Key messages:

Single point of access



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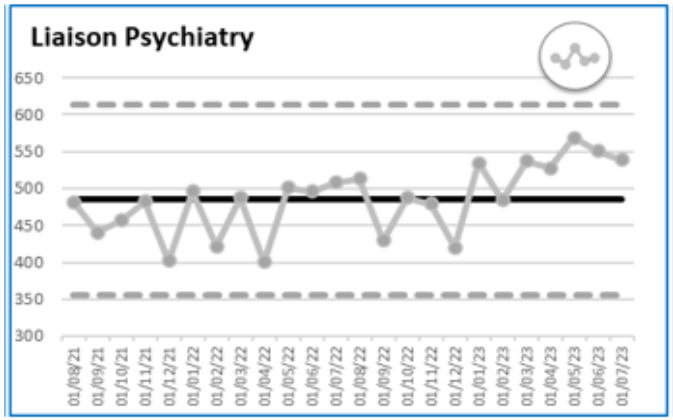
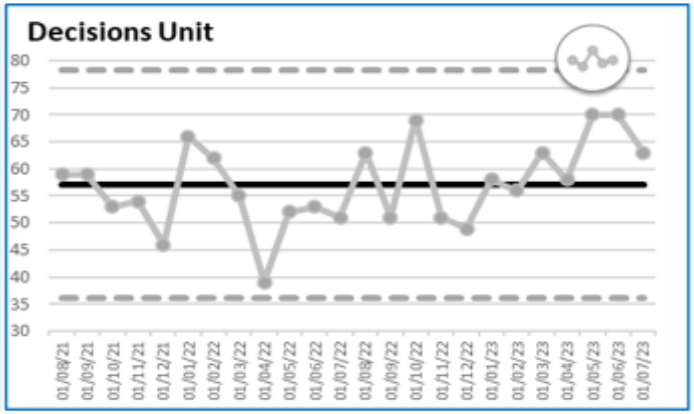
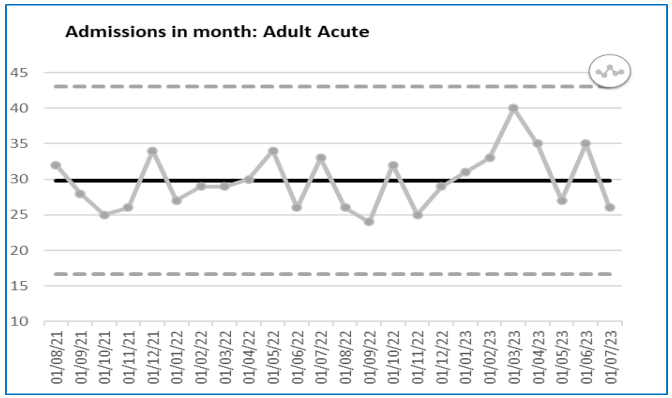


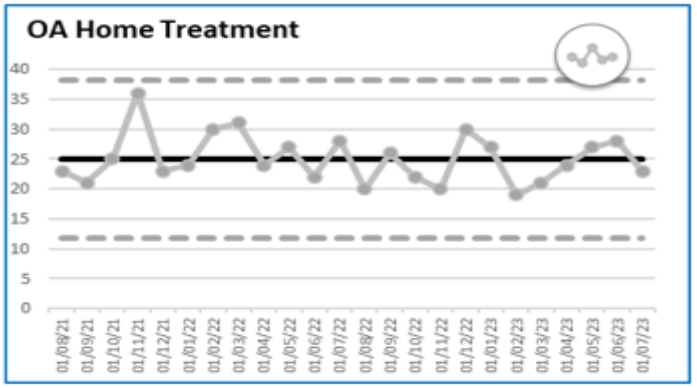
Decisions unit



Adult acute admissions

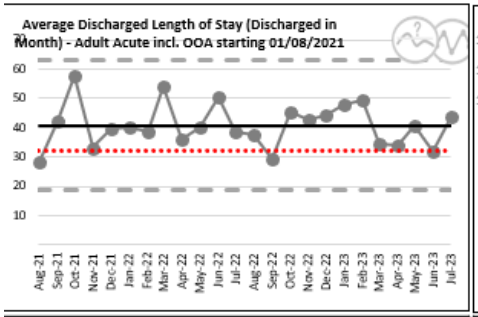


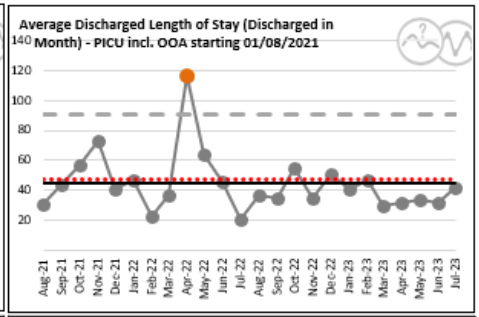
Older adult home treatment



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

Length of Stay





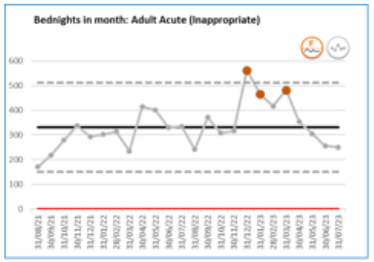
Adult Acute Discharged LoS (Rolling 12 month average)

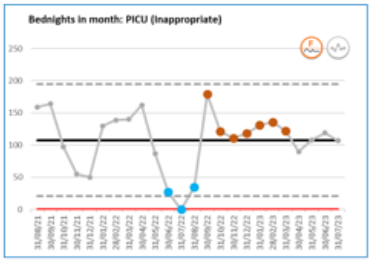
Location	Total Discharges	Average Discharged LoS
Sheffield	444	38
OOA	111	43
Contracted	109	45
Combined	664	40

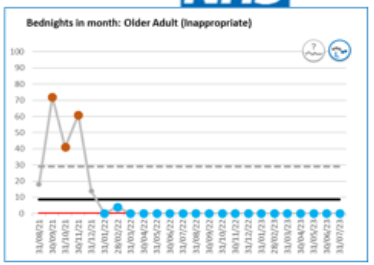
PICU Discharged LoS (Rolling 12 month average)

Location	Total Discharges	Average Discharged LoS
Sheffield	95	35
OOA	34	48
Combined	129	38

Out of Area

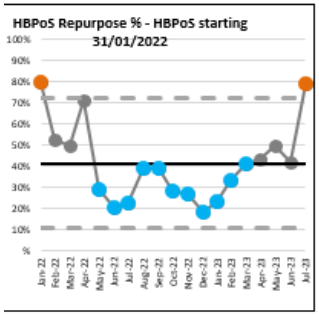






Provider	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Sparklines (Aug-22 to Jul-23)
Sheffield Health and Social Care NHS Foundation Trust	**12**	**19**	**14**	**20**	**20**	**20**	**20**	**20**	**15**	**7**	**9**	**10**	
Bradford District Care NHS Foundation Trust	17	17	26	18	13	22	20	22	18	23	22	24	
Tees, Esk and Wear Valleys NHS Foundation Trust	12	4	11	4	4	8	11	25	19	22	9	6	
South West Yorkshire Partnership NHS Foundation Trust	9	12	19	21	18	17	22	14	11	13	14	23	
Leeds and York Partnership NHS Foundation Trust	4	13	17	10	14	15	16	15	24	17	24	13	
Cumbria Northumberland, Tyne and Wear Partnership NHS FT	17	22	11	22	12	4	10	18	14	10	10	6	
Humber NHS Foundation Trust	4	4	1	1	3	4	8	6	6	5	18	8	
Rotherham Doncaster and South Humber NHS Foundation Trust	2	2	6	6	5	12	18	9	23	10	14	16	
Navigo (NE Lincs/Grimsby)	0	0	0	0	0	0	0	0	0	0	0	0	

HBPoS Repurposing



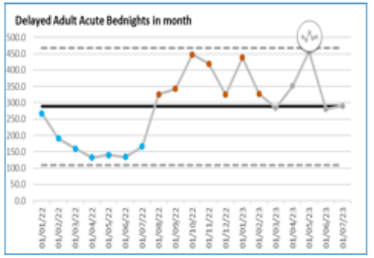
Health Based Place of Safety (HBPoS/136 Beds)	Jul-23
Occasions repurposed	49
Occasions repurposed %	79%

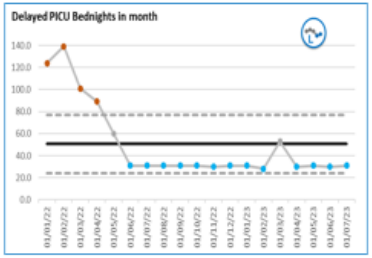
July 2023		
Weekday Beds Available	31	31
Days Repurposed	18	31
% Repurposed	79%	
Days Occupied	7	0
% Occupied	11%	
Days Available	6	0
% Available	10%	

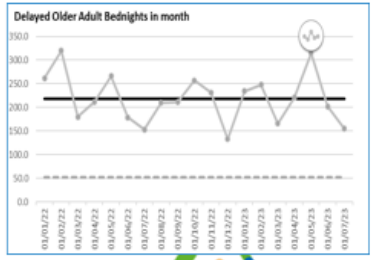
Delayed Care

Delated Care narrative

% of bednights occupied by delayed patients is 20.0% 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		
Jul 23	Sum of Delayed Bednights	% Bednights occupied by DD
Adult Acute Total	291	20.0%

Delayed Discharges PICU		
Jul 23	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	31	10.0%

Delayed Discharges Older Adult		
Jul 23	Sum of Delayed Bednights	% Bednights occupied by DD
Older Adult Total	155	16.1%