Board of Directors – Public

SUMMARY REPORT	**Meeting Date:** 20 March 2024
	Agenda Item: 10

Report Title:	**Operational Resilience and Business Continuity**
Author(s):	Neil Robertson: Executive Director of Operations
Accountable Director:	Neil Robertson: Executive Director of Operations
Other Meetings presented to or previously agreed at:	**Committee/Group:** None
	Date: N/a
Key Points recommendations to or previously agreed at:	N/a

Summary of key points in report

Assurance

- We continue to see improvements in waiting times in the Single Point of Access, core Community Mental Health Services, the Autism pathway at Sheffield Autism and Neurodevelopment Service, and the Sexual and Relationship Service.
- Sheffield Talking Therapies continue to exceed the national recovery target and we are meeting the community mental health access target.
- Health Improvement Team has seen a reduction in demand and people waiting.
- Since reporting our Emergency Preparedness Resilience and Response compliance being rated as 10% in 2023, we have now achieved 40% compliance and subject to ratification will reach 57% compliance by the end of the financial year.
- There have been no serious incidents and we have maintained service delivery during the BMA industrial action in December 2023 and February 2024.

Advise

- The Perinatal Mental Health Service has not met the national access target; however, plans are in place in February and March 2024 to recover our position to meet the target for 2024/25.
- Key enablers for winter planning from the Better Care Fund – interim beds and inpatient social workers – are now operational.
- Demand continues to be high for the eating disorder service, though waits are significantly below the service average.
- Demand for the Mental Health Liaison Team at Sheffield Teaching Hospitals has increased consecutively over the last nine months. Demand is being managed but can impact on national emergency department waiting standard of 1 and 4 hours, though we are seeing improvement in 1 hour waits.
- There was small improvement in Registered Nurse and Health Care Support Workers sickness in December 2023 and January 2024.

Alert

- Although there has been some improvement in delayed inpatient discharges since the summer, the numbers delayed is slightly off target in January 2024, which is being escalated through the

- programme to support recovery.
- Acute spot purchase has reduced in December 2023 and January 2024; however, it remained off target for the revised trajectory for these months, which has also been compounded by higher usage of spot purchase Psychiatric Intensive Care Beds.
- The Trust breached the national target 8 times for going over 12 hours waits for a mental inpatient bed after a decision to admit in January 2024, compared 3 times in December 2023. Breach of this target was generally higher in 2023 when compared to 2022.
- The RIO migration in older adults has impacted on the availability of data used for quality and performance management, though local monitoring systems have been put in place.

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:					
Effective Use of Resources	*Yes*	*X*	*No*	
Deliver Outstanding Care	*Yes*	*X*	*No*	
Great Place to Work	*Yes*	*X*	*No*	
Ensuring our services are inclusive	*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 are risks to patient safety, engagement and experience from increased demand or reduced service capacity across community waiting lists and crisis pathways. There is also a risk of Covid-19 or Influenza across our hospital and residential services.
Financial (revenue & capital)	*Yes*	*X*	*No*		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 vaccination programme will focus on waste reduction.

Title	**Operational Resilience and Business Continuity**

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 and waiting times

Our hospital facing crisis services have experienced a prolonged period of high demand from the Emergency Department at Sheffield Teaching Hospital (STH), with referrals increasing 9 months consecutively for both Emergency Department attendance and people admitted to the hospital. We have mobilised additional capacity to respond through our winter plan and we are monitoring impact against the 1 hour waiting time standard. We are also working with STH to access our decisions unit differently for people who are physically ready for discharge from the hospital and require a mental health review before returning home.

Demand for our Sheffield Autism and Neurodevelopmental Service (SANS) continues to be high but has stabilised since July 2023 and this continued in January 2024. Elevated demand is consistent with the national rise in demand for Autism assessments. We are continuing to work in partnership with South Yorkshire ICB to deliver our Recovery Plan, which has successfully reduced waiting times for assessments of autism spectrum disorder and continue to show a downward trend in waits. We require transformation across primary and community mental health to reduce ADHD waiting times. This is a South Yorkshire Mental Health Learning Disability and Autism (MHLDA) Collaborative priority to deliver waits to below 52 weeks. We are continuing with the Trust's waiting well initiative for this service. The recovery plan for SANS is next due to be presented at the Quality Assurance Committee in May 2024.

We continue to experience increased demand for our Eating Disorder Service with a marked change in clinical presentation. Though, in January 2024 people waiting for the service is below the mean and we continue to monitor the situation. Eating Disorders pathways for South Yorkshire remains a priority for the Mental Health. Learning Disability and Autism Collaborative (MHLDA) Collaborative.

Since the last report, when we reported an increased demand for Single Point of Access (SPA) we have continued to see referrals above the mean in January, though the number of people waiting continues decrease and is significantly below the mean. Core Community Mental Health Services have returned to within the mean for demand. Because of the continued improvement of SPA waiting times the recovery plan is now being monitored by the Acute and Community Directorate. The recovery plan for allocations and waiting times for the Community Mental Health Teams will be presented to the Quality Assurance Committee in April 2024.

The access target for Perinatal Mental Health Service is off plan for January 2024. The additional investment for the target took effect in September 2023. Recruitment and sickness have been a challenge for the team. However, we have now onboarded the new staff and sickness issues are resolved. The team have restored the number of assessments to the target requirement in February 2024 and this will have some impact on increasing access rates and reducing waits. The assessment numbers will increase through March 2024, and it is expected that we will deliver the full access rate target for 24/25. Mitigations are being prepared to put in place further capacity in March if required. In addition, the team is launching the Dads and Partners pathway in 2024.

Since November 2023, demand for the Specialist Psychotherapy Service has reduced and is below the mean. In addition, demand for the Health Inclusions teams has stabilised and the number of people waiting has reduced month on month, due to the additional resource put in place at risk. The Director of Operations continues to work with the Integrated Care Board about funding.

Due to the ongoing implementation of the Trust's new Electronic Patient Record, we are unable to report demand and access for our Older Adult Community Mental Health Services and Memory Service. We have put in place local wrap around measures that are supported by a Standard Operating Procedure. In addition, we are actively monitoring crisis and urgent care referrals for these services. Recovery plans for these services will be presented to the Quality Assurance Committee in May 2024. In addition, the Mental Health of Older Adult and Dementia transformation programme will be operational from May 2024.

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. For January 2024 increased levels of demand have been seen in our Liaison Mental Services at Sheffield Teaching Hospital and our Eating Disorder Service, and the Single Point of Access. We will be monitoring the demand for the Perinatal Community Service as there is a spike January 2024 demand, though still within variance. As reported in section 1.2.1 we are unable to report the position of the Sheffield Memory Service, though mitigations are in place. We have not seen any changes in the demand for acute care, which is slightly below the mean in January 2024.

As mentioned in successive reports, 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. 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. On average, 15% of assessments within our Single Point of Access are delivered virtually. Our future digital road map will be critical to innovating with the use of technology for the delivery of care.

1.2.3   Urgent and Emergency Care

Demand across our Urgent and Emergency Care pathways has increased. We have mobilised additional capacity within our hospital facing crisis pathways, which includes Liaison Psychiatry and our Decisions Unit. Our Liaison Psychiatry service is not consistently meeting the Evidence-Based Treatment Pathway 1 hour waiting time standard. We have mobilised an improvement plan, which is being supported by NHSE, and is having a positive impact upon performance.

APPENDIX 1: Demand and activity overview (Section C)

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 Coordination Centre. However, we must work in partnership across Place to have greater impact upon key performance indicators. This is evident by:

- *Eight people having waited more than 12 hours to be transferred to a mental health hospital bed in January 2024*, compared with three people in December 2023. 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 56% of time in January 2024, compared to 45% in December 2023. This is because there was no available acute mental health hospital bed available at the point of need. This has resulted 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 Assurance Committee have discussed the impact upon patient care and experience. Part of January 2024 saw the suite closed because of a service user not having access to the right care that is not provided by the Trust. Though it is of note that there has been a continued improvement in closure since September 2023. The newly designed Health Based Place of Safety (HBPOS) opened on 11th January 2024, offering a significantly improved care environment that will positively impact on service users and staff experience, and is a national exemplar.

- *The Mental Health Hospital Discharge programme* has been operating since September 2023. The programme has Executive leadership from Sheffield City Council and Sheffield Health and Social Care NHS Foundation Trust. The programme has successfully reduced the number of people who are clinically ready for discharge in our hospital beds through utilization of the Better Care Fund and improved operational efficiency. Despite seeing a significant reduction in December 2023, we have seen an increase in delayed discharge in January 2024, though this remains below our highest levels seen in 2023 and we are slightly off trajectory for January 2024 in terms of the plan. However, any delayed discharges will impede our flow and bed capacity, impacting on people waiting in the community for admission (which increased slightly in January) and breaches in the Emergency Department as reported above.

APPENDIX 4: Delayed Discharge Trajectory

- **Our Flow Improvement programme** has set a trajectory to eliminate inappropriate out of area hospital bed use by 2024. We have successfully reduced our reliance upon out of area hospital beds, but we have failed to achieve our target trajectory between July and November 2023. We have not fully recovered to meet the plan in December 2023 and January 2024 despite a significant reduction in acute spot purchase from November 2023. In addition, the use of PICU spot purchase was significantly above plan, though reducing. We continue to utilise Quality Improvement methodology to increase system engagement and impact. Progress was celebrated and refocused at a

mid-way review on the 6 December 2023, with a progress summit scheduled for the 7 March 2024. The event involves workstream leads, key clinical and operational leaders, system partners, and guest speakers.

- *111 Crisis Line,* which will divert calls to our crisis line from April 2024 is on track to meet the national requirement. A partner to operate the line with our service has been identified subject to a procurement process. This will be a positive development in working in partnership with voluntary community services.

- *Urgent and Crisis Team* is progressing towards being operational in Quarter 1 2024/25 as per the Primary Care Mental Health Programme, which will see the Single Point of Access (SPA) and Emotional Wellbeing Service transformed into a partnership model with Primary Care Sheffield. Mobilization and impact of this important change will be reported to the Quality Assurance Committee, as well as Finance and Performance Committee through the Transformation Portfolio Board. The urgent and crisis care team will work closely with the new 111 crisis line.

1.3 Service continuity and resilience.

1.3.1 Winter Plan

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 2023, ensuring that pathways and escalation arrangement for mental health patients are optimised to provide quality of care and to maintain system flow. It received support at the Health Scrutiny Sub-Committee in October 2023.

Our Winter Plan includes a joint allocation of £836,313 through the Better Care Fund which excludes our original request to fund an evaluation and additional crisis telephony capacity (Appendix 4). 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 interim accommodation, with both initiatives now in place. The Better Care Fund allocation will also improve access to mental health crisis care within the Emergency Department. Implementation and impact will be governed through the Mental Health Discharge Delivery Programme.

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. The Better Care Funding will continue throughout this year to support readiness for next winter. Some of the initiatives, such as inpatient social workers and interim beds did not land until February 2024, though are confident about positive impact in coming months. Another initiative due to commence in April 2024 is additional staffing for the Decision Unit will land to facilitate support people who are present at the Emergency Department to be cared for on the unit, thus supporting capacity at the Northern General Hospital.

1.3.2 Operational resilience

Following the 2022 Establishment Review we have increased staffing on four wards based upon the Mental Health Optimum Staffing Tool (MHOST) recommendations including implementing a twilight shift because of our understanding of acuity levels from 7pm to midnight which falls into night staffing. Alongside this we have implemented a revised skill mix to include a senior nurse practitioner (SNP). The SNP posts have been recruited to and several have commenced. We have successfully

over-recruited to preceptorship posts with a confirmed 33 new starters onboarded. The Board of Directors received a detailed report in relation to Safer Staffing in October 2023 and will receive a further report in March 2024.

Our approach to supporting safer staffing now includes a daily critical staffing huddle, reviewing the rosters to ensure quality elements such as experienced nurse in charge for the shift, numbers of RESPECT and ILS trained staff and minimum Band 3 numbers are achieved. An escalation process is in place for when these elements are not achieved and to agree Bank and Agency bookings (including a cascade from lower to higher tier agencies). A monthly safer staffing dashboard has been designed to support a wider and longitudinal view of staffing and nurse sensitive indicators. The concept is to identify where staffing may be a concern and support an understanding of potential impacts of that staffing, or an understanding of the cause of the staffing concern including, quality and safety measures. The dashboard is narrated by ward managers and a summary provided to the Director of Nursing and included in the Integrated Performance and Quality Review.

1.3.3   Vaccination programme

Our Flu and Covid-19 vaccination programme launched in September 2023 which was earlier than planned and in response to an announcement from the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA) on the risks presented by a new variant of COVID-19. The programme commenced with the vaccination of care home patients and staff in line with the national requirement. Our full vaccination campaign for remaining service users and staff commenced in October 2023. Delivery has been adapted based upon learning from our 2022/23 campaign and will have greater flexibility to maximise uptake. This includes access to a mobile clinic and assertively campaigning to encourage vaccination for our ethnically diverse and younger staff groups. As of mid-March 2024, 52% of our frontline staff and 60% of staff not classed as frontline received a flu vaccine 40% of our frontline staff and 51% of staff not classed as frontline received a covid vaccine. Regionally, we have performed well and were ranked 14th out of 33 Trusts; the top performing Mental Health Trust achieved 60% uptake for Flu. Our covid vaccination programme ended in December 2023, though Flu will continue until the end of March 2024, which has been extended due to an influenza outbreak on one of our units, which has now resolved.

1.3.4   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. Up to January 2024 there has been several contained covid outbreaks. However, there has been only 1 ward closure consequently, 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.

- **Adverse weather** may impact upon service user access and workforce capacity. We reviewed our adverse weather business continuity plan in September 2023, which was tested through a system winter scenario exercise on the 10 November 2023. Our plans involve access to 4x4 vehicles and a command structure to prioritise available workforce capacity against service user need. This has been communicated across all services. At the time of writing this report, the Trust has only experience two short episode of snow, which did not impact business continuity.

- **Seasonal winter demands** may impact on our available capacity. There has been an expected increase in demand across our hospital facing crisis

pathways. This is associated with increased attendance at Sheffield Teaching Hospital throughout winter. Our 2023/24 Winter Plan has utilised the Better Care Fund allocation to increase our capacity across urgent and emergency care and to reduce delayed discharge. It conforms to the Key Lines of Enquiry relevant to mental health from NHS England.

- **Sickness absence** may reduce the capacity of our workforce and affect morale and productivity. Sickness absence rates slightly reduced in December 2023 and January 2024 for Registered Nurses (RN) and Health Care Support Workers (HCSW) - RN went from 9.74% to 8.57% and HCSW went from 9.98% to 9.25%. We did see an increase in last-minute short-term sickness over the Christmas holidays, mainly at the Longley Centre, though this was managed effectively. Our clinical and people colleagues are working closely to prevent sickness absence and to support colleagues to return to work as soon as possible. Sickness and absence is being scrutinized in the clinical directorate Executive Performance Reviews.

- **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.

- **Energy supply.** Contingency plans in place and to date there have been no incidents and we have continued our programme of emergency generator replacement. However, there are not current concerns or escalations nationally.

- **Temporary staffing.** We have introduced levels of control to ensure safer staffing across our inpatient hospital wards. Acuity, vacancies, and absence pose a risk to increased use of temporary staffing, though we have been successful in recruiting new registrant and health care support workers who are landing now within the organisation. Our over recruitment of new registrant is off setting posts subject to resignation. 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, though we have seen that further scrutiny and controls are required to deliver the plans.

- **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, who have a dedicated workstream for stimulating the provider market.

- **Right Care Right Person.** South Yorkshire Police mobilised Phase 3 of the Right Care Right Person programme on the 23 October 2023. This includes changes to the Police response to patients who are absent without leave from hospital or where they are asked to support an incident of violence in a mental health hospital. We are working closely with South Yorkshire Police, Sheffield Place, and other mental health providers through tactical and strategic working groups. There continues to be issues requiring escalation from senior leaders and is usually resolved at this point. There are no serious incidents directly related to the implementation of Right Care Right Person.

- **Electronic Patient Record System:** We are transitioning to a new Electronic Patient Record system called RIO. The system will provide improved clinical functionality and reporting capability once fully embedded. Access and

functionality issues were experienced by some users, which has required a delay to tranche 2 implementation until tranche 1 issues are resolved. A plan to resolve the issues has been agreed by the Board of Directors. Impact of RIO implementation on data quality is reported in section 1.2.1. The Directors of Operation and Finance have met with the older adult leadership team to support. The Director of Finance has also met with the older adult community mental health teams. The Clinical Information Nurse is continuing to support the teams.

1.4 Emergency Preparedness Resilience and Response

1.4.1 NHS England EPRR Core standards:
The Board will be aware that the 2023/24 core standards brought with them three new standards and significant additional requirements to meet all the standards, together with a new process for submission that involved trusts submitting evidence against each standard to be inspected by NHS England.

In line with all trusts in the region, SHSC were non-compliant, our rating being 10%. An action plan was signed off by the Board of Directors in December 2023 providing timescales for meeting those standards deemed partially compliant, that we are currently able to achieve. The South Yorkshire Integrated Care Board are expecting improvement plans to be delivered in two years.

Since the assessment of the Trust position, a considerable amount of work has been undertaken and we can report that twenty-three core standards are now Green (40%) with a further seven in the process of being completed (57%). The seven, shown bel, are currently going through consultation with a view to presenting at Trust Emergency Preparedness Group (TEPG) on 27th March 2024, for approval to take through to Policy Governance Group (On Call Policy) and Audit and Risk Committee for sign off:

- 14 – New and Emerging Pandemics Plan
- 20 – On Call Policy
- 23 & 48 – EPRR Work Plan
- 28 & 50 – Business Continuity Management System
- 47 – New Business Continuity Plan template

Mental Health and Community partners EPRR leads are also working on meeting the evidence requirements for Core Standard 9 – Collaborative Planning. There has long been an informal meeting in place that has now been formalised and a Memorandum of Understanding (MOU) has gone to respective trust Accountable Emergency Officers for sign off in respect of providing EPRR resource support in the event of a partners EPRR lead being unavailable to them for a period e.g. long-term illness.

South Yorkshire ICB are hosting a workshop for all trust EPRR leads to discuss progress against the core standards on 8th March 2024.

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, has been approved at our January Audit and Risk Committee and is similarly going through the governance process of our partner trusts. An updated version signed by all Accountable Emergency Officers to confirm it has been through governance will be circulated shortly.

1.4.2 Covid 19:
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 remains. The weekly situation report detailing the number of lateral flow tests in stock and distributed was retired on 28th February 2024.

The daily situation report is being embedded into our business-as-usual practices by our Business and Performance Team from 29th March 2024.

1.4.2 Measles

With concerns raised recently by the UK Health Security Agency (UKHSA) regarding the upsurge in measles cases, advice is in place on JARVIS, our Extranet platform, a leaflet for circulation to staff is being published through our Communications Team and planning is being undertaken to manage an outbreak in Trust, predominantly through our Infection Prevention and Control lead with EPRR and relevant stakeholder support.

1.4.3 System preparedness and industrial action

Work 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 24th to 28th February 2024.There have been no serious incidents to date and service delivery was maintained.

As this ends their current six-month period for taking industrial action, Junior Doctors are presently being re-balloted to determine whether they wish to continue.

1.4.4 Incidents

Nothing this period.

1.4.5 Exercises

No exercises this period, the concentration being on reviewing plans and policies to meet the new EPRR core standards. The EPRR work plan includes an exercise schedule that will go to TEPG on 27th March 2024 for sign off, for emergency planning activity for the year.

1.5   Looking forward

1.5.1   Key developments going forward will provide opportunities for Sheffield Health and Social Care NHS Foundation Trust to build on its existing plans to ensure that services are resilient to operational demand. Key areas of note and opportunities include:

- Launch of NHS 111 for people across Sheffield as part of the national service requirements by 2 April 2024.

- Mobilisation of the Primary Mental Health Transformation and operationalising the Crisis and Urgent Care Service

- 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.

- Maintain focus on driving financial improvement plans while maintaining safety and improving quality.

- Completion of the planning round for 2024/25.

- Ongoing response to current increase in measles.

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: Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams.

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 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 acute and crisis services is expected until the plans have the desired and intended impact.

BAF.0024: Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams.

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: Risk of failing to meet fundamental standards of care with the regulatory body resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, reputation, future sustainability of particular services which could result in regulatory action. This risk could be associated with the failure to detect closed cultures within clinical teams.

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: Risk of failure to move our culture sufficiently to address any closed subcultures, behavioural issues and not reflecting and respecting diversity and inclusion, resulting in poor engagement, ineffective leadership and poor staff experience in turn impacting on quality of service user experience

BAF0013: Risk that the Trust does not have appropriate measures and mechanisms in place to support staff wellbeing resulting in absence continuing to rise, that gaps in health inequalities in the workforce grow and their experience at work is poor with a knock-on impact on service user/patient care

2.5 **Partnership and system working:** Sheffield Health and Social Care NHS Foundation Trust is positively engaged with the NHSE system coordination centre and city-wide command structures. Our proactive approach will ensure cross system working supports a co-ordinated approach.

BAF.0027: Risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs

Section 3: Assurance

Triangulation

3.1 a) Recovery Plans are reported to our Quality Assurance Committee.

b) Our Trust wide Integrated Performance and Quality Report triangulates with this report and is reviewed by service leadership and Board Committees.

c) We issue a daily dashboard on service demand and covid pressure which is shared internally and, also with our system coordination centre.

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 Leadership Team.

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. Our quality improvement work is focussed on ensuring that our pathways into services do not widen these health inequalities.

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 our commitment to deliver a £3.3m deficit. 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: Covid-19 and Flu Vaccination Rate

APPENDIX 4: Delayed Discharge Trajectory

APPENDIX 1: Demand and activity overview (ending January 2024)

A) Referrals

Key messages: Referral numbers generally have not increased and are in line with expected control limits.

There has been a slight shift in referrals to Liaison Psychiatry (11 consecutive months above the mean) due to an increase in A&E referrals.

There has also been a slight shift below the mean for referrals to the HBPoS – correlating with the increased repurposing of the suites.

Responsive | Access & Demand | Referrals

Referrals	Jan-24			
Acute & Community Directorate Service	n	*mean*	SPC variation	Note
SPA/EWS	716	*666*	● ● ●	
Crisis Resolution and Home Treatment	818	We will be refining the data reporting with the introduction of Rio to specifically report the new Crisis and Urgent Service, which will be part of CRHTT when it is launched later in the year. This team will be replacing the current SPA function.		
Liaison Psychiatry	640	*511*	● H ●	Shift of 11 consecutive months above the 24-month mean, this is predominantly due to an increase in A&E referrals. This is being mitigated through additional investment.
Decisions Unit	56	*57*	● ● ●	
S136 HBPoS	15	*27*	● L ●	Shift of 7 consecutive months below the 24-month mean, this directly correlates to the increased repurposing of the suites in the last 7 months.
Recovery Service North	24	*26*	● ● ●	
Recovery Service South	25	*22*	● ● ●	
Early Intervention in Psychosis	34	*36*	● ● ●	
Rehab & Specialist Service				
Memory Service				Referral data is not available for Older Adult services due to delays to the Rio Reporting Workstream. Data will be provided as soon as possible.
OA CMHT				
OA Home Treatment				

Referrals	Jan-24			
Rehab & Specialist Service	n	*mean*	SPC variation	Note
CERT	1	*2*	● ● ●	
SCFT	0	*1*	● ● ●	
CLDT	72	*61*	● ● ●	
CISS	2	*3*	● ● ●	
Psychotherapy Screening (SPS)	40	*54*	● ● ●	
Gender ID	32	*41*	● ● ●	
STEP	124	*115*	● ● ●	
Eating Disorders Service	45	*38*	● H ●	We are seeing more referrals that relate to different types of eating issues.
SAANS ASD	94	*93*	● ● ●	
SAANS ADHD	145	*133*	● ● ●	
Relationship & Sexual Service	25	*19*	● ● ●	
Perinatal MH Service	62	*48*	● ● ●	
HAST	12	*15*	● ● ●	
HAST - Changing Futures	0			
Health Inclusion Team	163	*180*	● ● ●	
LTNC	74	*93*	● ● ●	
ME/CFS	58	*69*	● ● ●	

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

January 2024	Number on wait list at month end (Waiting List)			Average wait time referral to assessment for those assessed in month — Average Waiting Time (RtA) in weeks			Average wait time referral to first treatment contact for those 'treated' in month — Average Waiting Time (RtT) in weeks			Total number open to Service (Caseload)		
Acute & Community Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
SPA/EWS	177	501	• L •	24.5	37.4	• • •	8	10.1	• • •	561	737	• L •
MH Recovery North	52	81	• L •	12.4	14.2	• • •	3.1	7.0	• • •	830	883	• L •
MH Recovery South	37	69	• L •	5.2	11.7	• L •	5.4	13.0	• • •	909	1023	• L •
Recovery Service TOTAL	89	150	• L •	N/A			N/A			1739	1905	• L •
Early Intervention in Psychosis	19	24	• L •				100.0%	81.0%	• H •	287	302	• L •
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
SPS - MAPPS	55	78	• • •	22.3	19.7	• • •	92.1	87.5	• • •	305	332	• H •
SPS - PD	62	49	• H •	18.7	15.8	• • •	64.9	57.5	• • •	220	197	• H •
Gender ID	2312	1980	• H •	231.7	175.0	• H •				3212	2865	• H •
STEP	198	183	• • •	N/A						414	443	• • •
Eating Disorders	19	27	• • •	4.5	3.9	• • •				193	210	• L •
SAANS ASD	1092	1082	• • •	62.6	68.5	• • •				785	1087	• L •
SAANS ADHD	3040	1949	• H •	n/a	170.5	n/a				100	141	• L •
R&S	65	94	• L •	17.5	55.1	• H •	N/A			148	161	• L •
Perinatal MH Service (Sheffield)	47	27	• H •	4.6	3.3	• • •				187	157	• H •
HAST	31	28	• • •	6.8	12.0	• • •				92	81	• H •
Health Inclusion Team	164	183	• • •	8.0	9.8	• • •				1719		
LTNC	380	322	• H •	N/A						N/A		
CFS/ME	N/A			30.6	26.9	• H •				883		
CLDT	148	169	• • •	7.2	9.0	• • •				712	697	• • •
CISS	N/A			N/A						13	18	• L •
CERT										49	46	• H •
SCFT										23	24	• • •
Memory Service												
OA CMHT	N/A			N/A			N/A					
OA Home Treatment	N/A			N/A			N/A					

Narrative

Early Intervention continue to meet the waiting time standard in most months.
The Early Intervention Access & Waiting Time standard is "By 2024, 95% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral" and is therefore reported as a percentage of clients meeting the standard.

SAANS ASD – service provided to Sheffield and Derbyshire residents, and a number of mitigations are being looked at including waiting well project co-produced with VAS. Wait times for ASD assessment for Sheffield residents have continued their reduction.

SAANS ADHD – referrals have around a 50% rate of acceptance from screening to the waiting list and there is work being undertaken to increase clinical capacity and efficiency within SHSC to manage the volume of screening required.
There is no figure provided for RtA wait time because no assessments have been completed since June 2023.

Perinatal – positive increase in caseload in line with national expectations.

Health Inclusion Team – several posts were recruited to at risk. We are now seeing the positive impact of those posts. The waiting lists has reduced by 77% since September 2023 when it stood at 642. The Director of Operations escalated to the Deputy Place Director to resolve the funding gap.
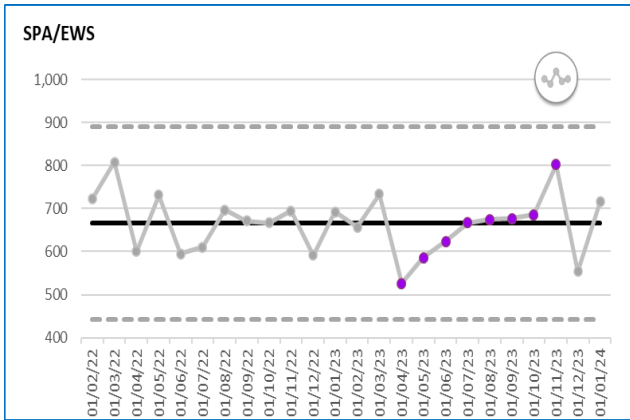
Older Adults – data for January 2024 is not available due to delays in the Rio Reporting workstream. Data will be provided as soon as possible.
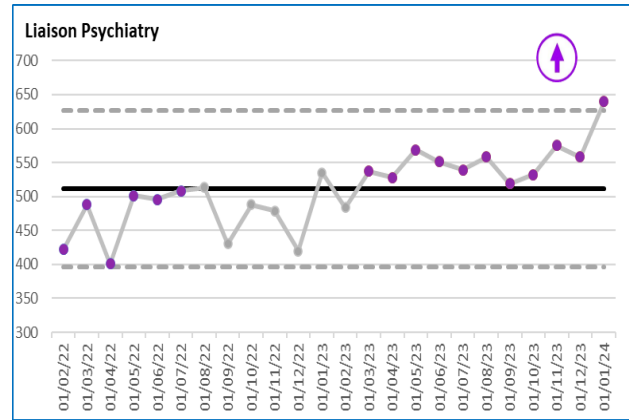
C) Monthly referral rates: to end of January 2024

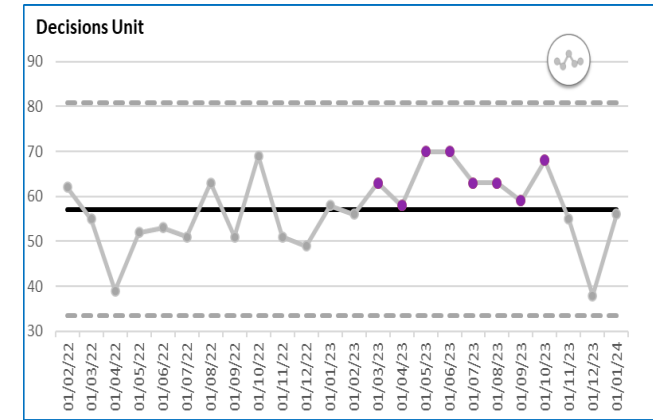**Key messages:** We continue to experience sustained demand into our hospital facing crisis service.
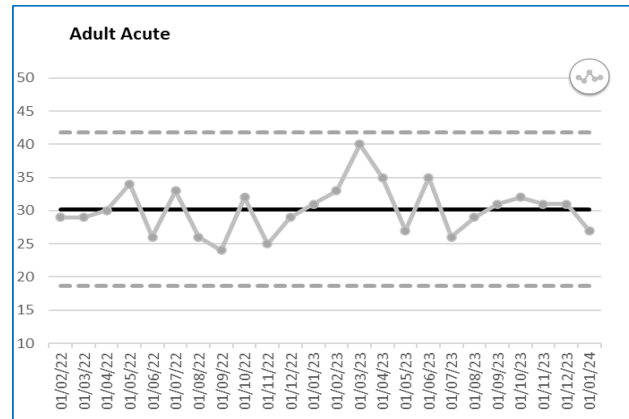
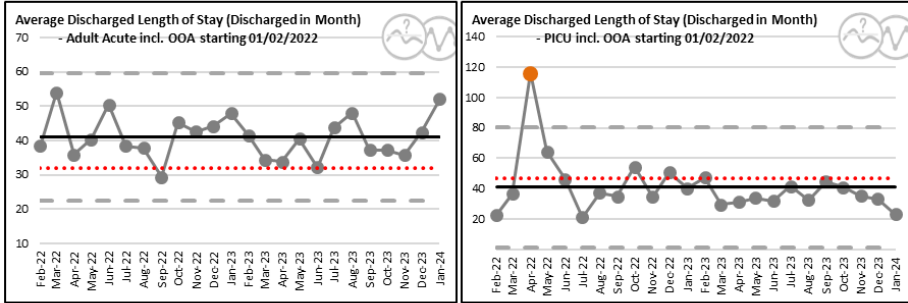### Single point of access
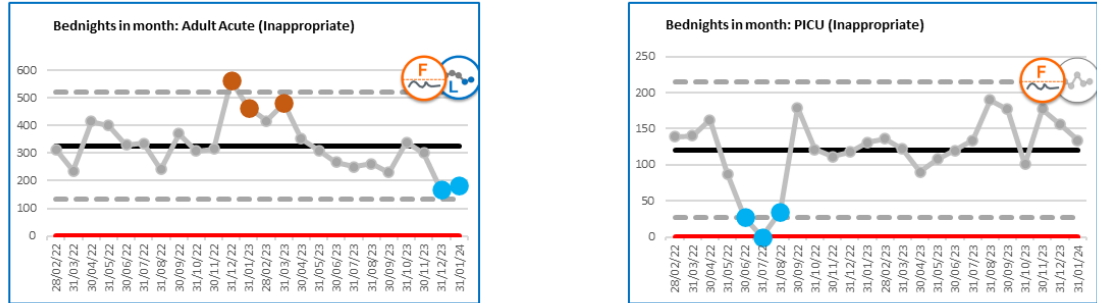

Liasion

Decisions unit

Adult acute admissions

APPENDIX 2: Urgent and emergency care (ending January 2024)
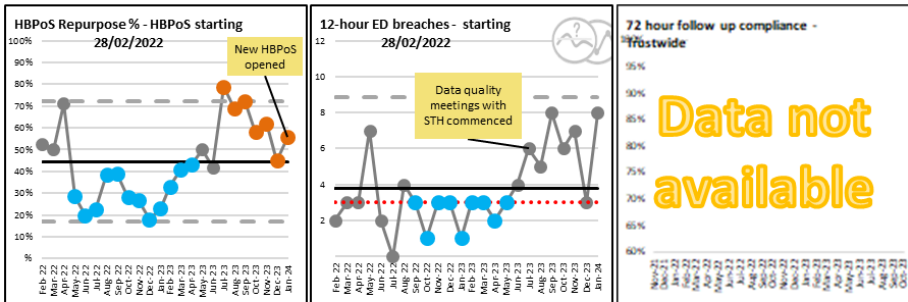
Urgent & Emergency Care Dashboard

Length of Stay

Average Discharged Length of Stay (Discharged in Month) - Adult Acute incl. OOA starting 01/02/2022

Average Discharged Length of Stay (Discharged in Month) - PICU incl. OOA starting 01/02/2022

Adult Acute Discharged LoS (Rolling 12-month average)

Location	Total Discharges	Average Discharged LoS
Sheffield	453	37
OOA	90	37
Contracted	97	51
Combined	640	39

PICU Discharged LoS (Rolling 12-month average)

Location	Total Discharges	Average Discharged LoS
Sheffield	92	31
OOA	39	47
Combined	131	36

Out of Area

Bednights in month: Adult Acute (Inappropriate)

Bednights in month: PICU (Inappropriate)

Provider	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Sparklines (Jan-23 to Dec-23)
Sheffield Health and Social Care NHS Foundation Trust	20	20	20	15	7	9	10	7	8	12	8	4	
Bradford District Care NHS Foundation Trust	22	20	22	18	23	22	24	15	18	15	9	10	
Tees, Esk and Wear Valleys NHS Foundation Trust	8	11	25	19	22	9	6	4	7	5	4	9	
South West Yorkshire Partnership NHS Foundation Trust	17	21	14	11	13	14	23	11	5	3	2	4	
Leeds and York Partnership NHS Foundation Trust	15	16	15	24	17	24	13	23	37	31	31	31	
Cumbria Northumberland, Tyne and Wear Partnership NHS FT	4	10	18	14	10	10	6	8	8	0	0	0	
Humber NHS Foundation Trust	4	8	6	6	5	18	8	4	4	3	8	8	
Rotherham Doncaster and South Humber NHS Foundation Trust	12	18	9	23	10	14	16	16	18	25	19	-	
Navigo (NE Lincs/Grimsby)	0	0	0	0	0	0	0	0	0	0	0	0	

Blocks and Breaches

HBPoS Repurpose % - HBPoS starting 28/02/2022
New HBPoS opened

12-hour ED breaches - starting 28/02/2022
Data quality meetings with STH commenced

72 hour follow up compliance - Trustwide
Data not available

Health Based Place of Safety (HBPoS/136 Beds)	Jan-24
Occasions repurposed	30
Occasions repurposed %	56%

Emergency Department (ED)	Jan-24
ED 12-hour Breaches	8

72-hour Follow Up	
Trustwide	

Delayed Care

Delayed Adult Acute Bednights in month

Delayed PICU Bednights in month

Delayed Older Adult Bednights in month
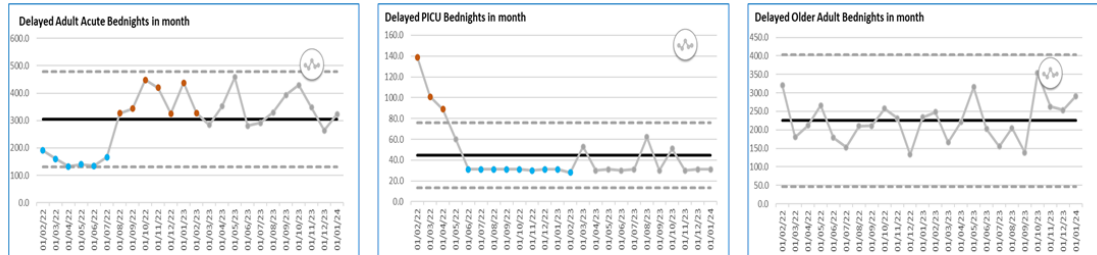
Delayed Discharges Adult Acute	Jan-24
Sum of Delayed Bednights	323
% Bednights occupied by DD	22.2%

Delayed Discharges PICU	Jan-24
Sum of Delayed Bednights	31
% Bednights occupied by DD	10.0%

Delayed Discharges Older Adult	Jan-24
Sum of Delayed Bednights	291
% Bednights occupied by DD	30.3%

APPENDIX 3: Covid-19 and Flu Vaccination Rate

% Flu vaccinations by week

% Covid vaccinations by week
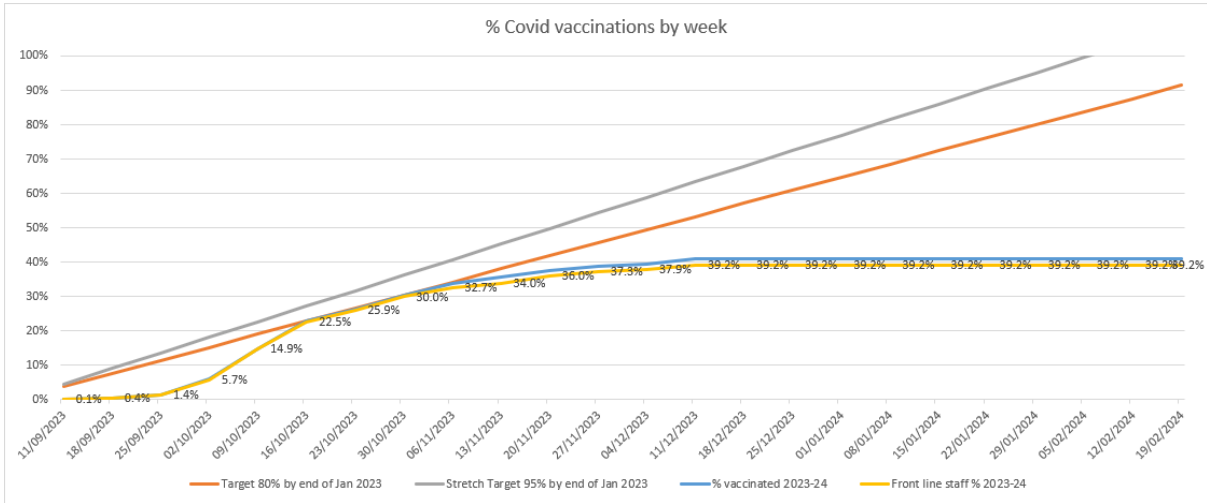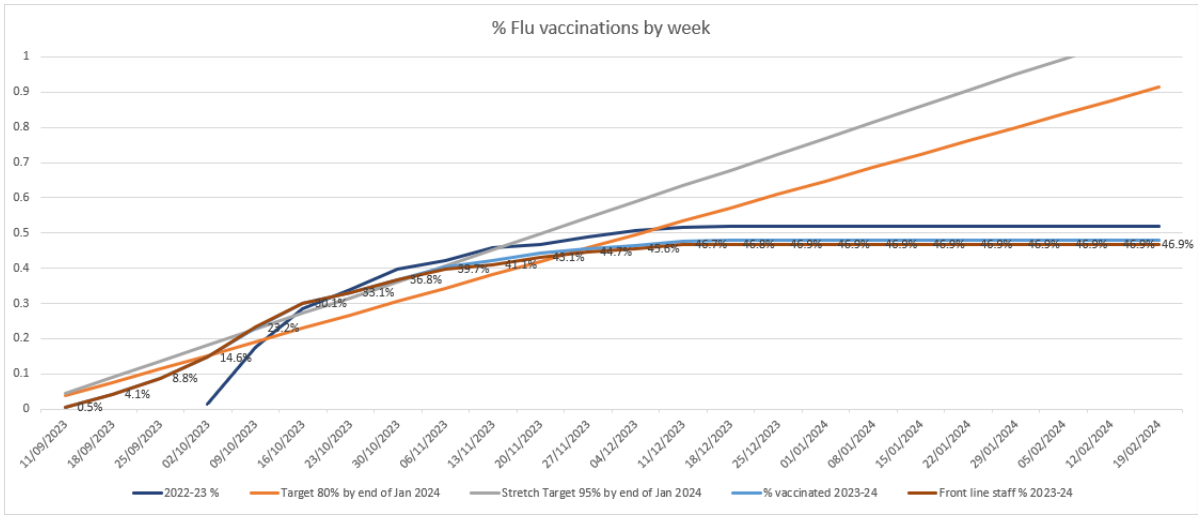
APPENDIX 4 – Delayed Discharge Trajectory

Delayed Discharges (%)
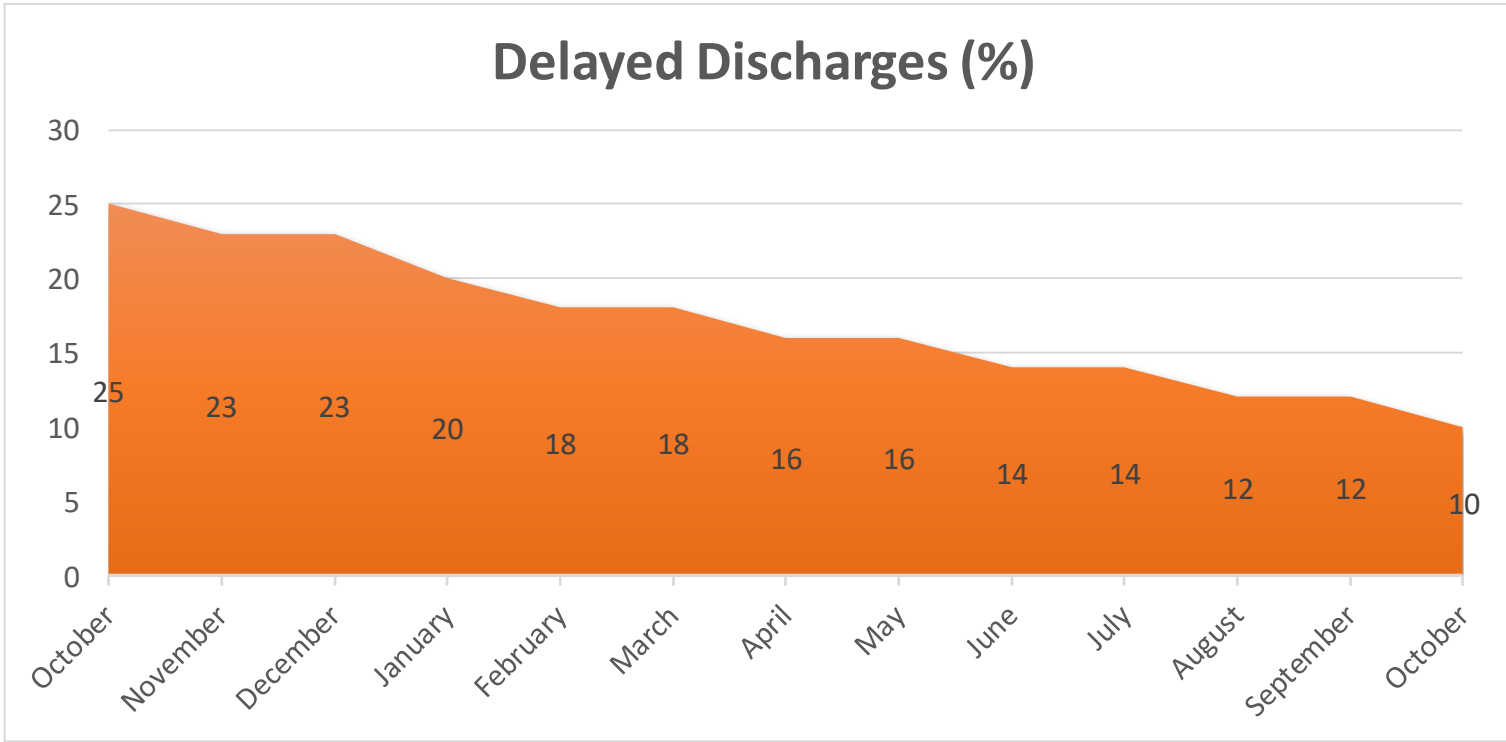
	October	November	December	January	February	March	April	May	June	July	August	September	October
Delayed Discharges (%)	25	23	23	20	18	18	16	16	14	14	12	12	10