

## Board of Directors Open

Date: 9 September 2020

Item Ref: 9

<b>TITLE OF PAPER</b>	Monthly Quality Report
<b>TO BE PRESENTED BY</b>	Dr Mike Hunter, Executive Medical Director
<b>ACTION REQUIRED</b>	Members are asked to: <ul style="list-style-type: none"> <li>• receive the report;</li> <li>• discuss the risks identified and assure themselves on the actions being taken to mitigate these.</li> </ul>
<b>OUTCOME</b>	To enable the Trust to triangulate and assess its quality related intelligence and to identify any concerns relating to this.
<b>TIMETABLE FOR DECISION</b>	Discussed at September's Board of Directors meeting.
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Links to annual Quality Report, Incident Management Reports, Mortality Reports, EMSA reports, safeguarding reports, CQC compliance updates and monthly Performance Reports. Also links to Board Assurance Framework, Corporate Risk Register and Care Network Risk Registers.
<b>STRATEGIC AIM STRATEGIC OBJECTIVE</b>	CQC: Getting Back to Good BAF.00004
<b>BAF RISK NUMBER &amp; DESCRIPTION</b>	There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements.
<b>LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	<a href="#">NHS Improvement's Single Oversight Framework</a>  <a href="#">CQC Fundamental Standards</a>  <a href="#">NHS England's Serious Incident Reporting Framework</a>
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Inadequate quality and safety standards could result in an increase in harm to service users. There may also be further contractual implications from commissioners or regulatory bodies.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Inadequate service user safety standards could result in litigation, contractual penalties, non-compliance with regulatory body standards and could ultimately affect the Trust's ability to maintain Foundation Trust status.
<b>Author of Report</b>	Tania Baxter / Debbie Cundey
<b>Designation</b>	Head of Clinical Governance / Service Development Manager
<b>Date of Report</b>	3 <sup>rd</sup> September 2020

# Quality Report

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<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓			✓		

## 1. Summary

The July quality report that brings together a range of quality metrics, the presentation of the metrics enables the Board to have a Trust wide view of quality performance. The metrics are one indicator, it is the knowledge of the services together with the discussion and understanding of what the metrics are indicating that helps us understand the quality of care received by people in our services.

This report has been refined following each presentation to the Quality Assurance Committee and Board of Directors and during September will be integrated with the performance report. This report has summary information that enables the Board to understand the local issues that sit within Trust wide reporting and offers information based on the knowledge of services that relates directly to the comprehensive data provided.

## 2. Areas of good practice to note

- Vacancy rate across the Trust has reduced, although significant challenge in acute care remains.
- Work is underway to eliminate dormitories with Dovedale and Maple due for completion 11 September 2020.
- Specialist services working on getting ahead of any potential second lockdown by prioritising face-to-face diagnostic assessments to enable service users to be moved to the next stage during lockdown.
- Physical health reviews have improved within Early Intervention Service (EIS) over last 12 months from 67% to 83%.
- Trajectory on track to complete all outstanding LeDeR reviews by the end of December, with monthly reporting into the LeDeR Programme and NHS Sheffield Clinical Commissioning Group, 62 reviews will be undertaken.
- Friends and Family Test (FFT) question included in service user questionnaires on impact of Covid-19 on service provision/experience from May to July.
- Investment in safety pods to improve patient safety and experience, a programme of training is required before they can be utilised.
- Staff positively supported following racial abuse incidents reported, ie 1:1 time given, time away from the ward, support to report to the police etc.
- Restraint data is being used by the clinical network leaders, to assess the people who are at risk of restrictive practice once admitted. A piece of work is underway to develop a systematic approach to ensuring advanced decision-making and high-quality collaborative care plans are in place.

### **3. Areas of Concern/Risks Identified**

- Significant vacancies for registered nurses in acute and crisis services.
- Unacceptable sexual safety incidents on inpatient areas/mixed gender wards.
- Recovery teams are not managing CPA reviews within accepted time frames.
- The difficulty with Emotional Wellbeing Service (EWS) waiting times and lack of assurance of impact of plan to address continues and requires ongoing focus.
- The challenges presented by Covid have reduced service user feedback. This is an issue we need to address as we could be missing important intelligence.
- During Board member visits staff have voiced concern about a range of issues including; clinical environments not being conducive to promote staff wellbeing, not feeling involved/asked opinions in problem resolution and an opinion that services need leadership not management.
- Physical health checks following rapid tranquilisation are not consistently in place.
- E-rostering system not being used consistently.
- A potential cultural issue related to the levels of restraint being used, we must focus to understand how we can better work with service users.
- Delay in rolling out safety pod training is impacting the use and type of restraint.
- Post-seclusion reviews are not consistently happening.
- The CQC has identified a concern around use of mechanical restraint (handcuffs) by transport providers during transfers.
- Significant environmental risks have been identified including ligature anchor points, blind spots and seclusion facilities that do not meet the Code of Practice standards.
- There is inconsistency in providing a timely management review of incidents that staff report. This delay has the potential to delay learning and practice change.
- There are a number of serious incident reviews that are overdue and serious incident action plans that need to be fully implemented.
- Complaints responses are taking too long and there is a need to improve our approach to answering the questions people raise, in clear language.
- At the point of writing this report Birch Avenue has an outbreak of Corona virus with 10 residents and 16 staff known to have tested positive.

### **4. Impact Assessment**

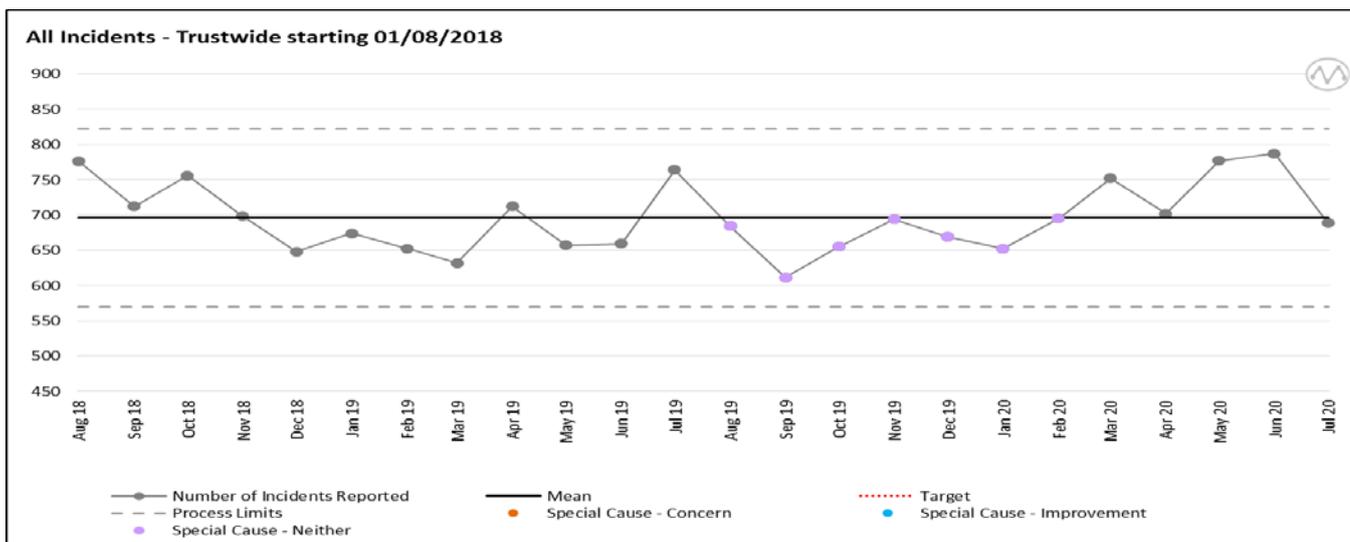
The above areas of concern potentially have a negative impact on patient safety and patient experience. It also suggests an impact on the CQC domains of Safety and Well-led.

### **5. Actions Taken**

- Daily oversight of safer staffing is in place. Recruitment plan in place which is being closely monitored. Work is underway to improve retention including strengthening leadership and supporting professional development.
- More work on reducing the gender mix on acute wards is underway and staff are being supported to explore practice changes.
- Recovery teams have recruited more registered professionals and a trajectory is set for CPA reviews to be completed by the end of October 2020.
- Plan to reduce waiting times has been developed. The plan includes employment of a cohort of Clinical Associate Psychologists as a new resource.
- We are actively approaching service users for feedback using questionnaires and we have incorporated the FFT question.

- Daily monitoring of physical health checks following rapid tranquilisation occurs, with concerns escalated. IMT solution is in train. Two new ward managers have been recruited and there is a focus on recruiting a cohort of band 6 nurses to improve leadership of care.
- Weekly review of all outstanding incidents, serious incidents and action plans with Associate Service Directors supporting improvement delivery.
- Trust wide E-rostering lead is developing an implementation plan to achieve consistent use of E-rostering and Safe Care across all services.
- The Director of Nursing and Medical Director are working with clinical leads to determine the scope of a review of the Trust approach to restrictive practice that will result in a plan to support improvements in care.
- Options to release staff and trainers to deliver bite size training in the use of safety pods are being considered.
- A standard operating procedure is being developed in relation to transporting patients in distress to guide practice with an aim to reduce the need for restraint.
- A detailed plan is in place to address environmental risks; however, this will take time to address the issues and therefore clinical staff are being supported to understand environmental risks and the need to assess the clinical risk.
- The Director of Corporate affairs is working with corporate and clinical colleagues to further improve the response to service user complaints, in terms of timeliness and the tone and content of letters.
- At Birch Avenue, full operational, clinical care and infection control plans are in place. The Director of Nursing, Professions and Operations will update the Board about the current situation at the September meeting.

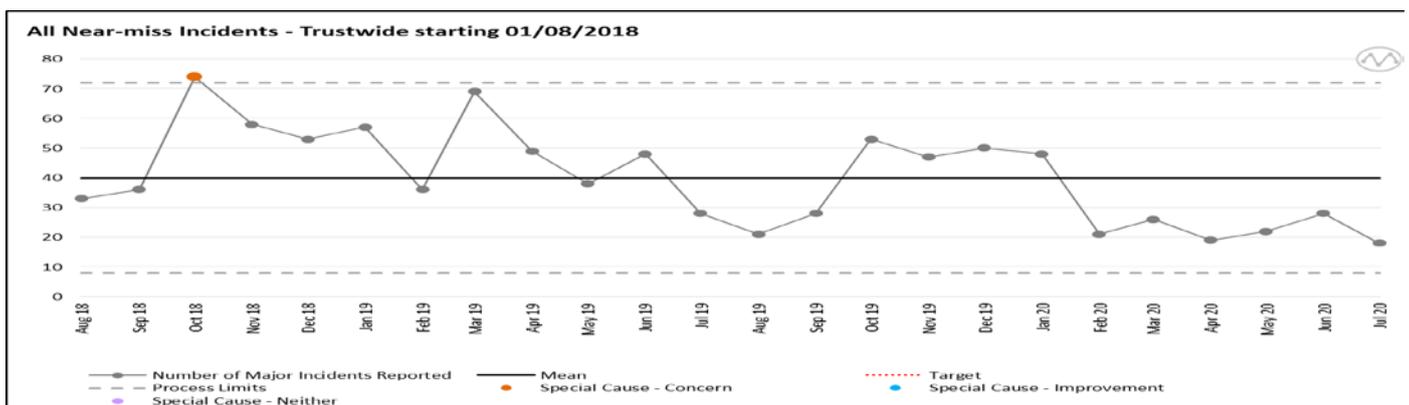
**Chart 1: All Incidents**



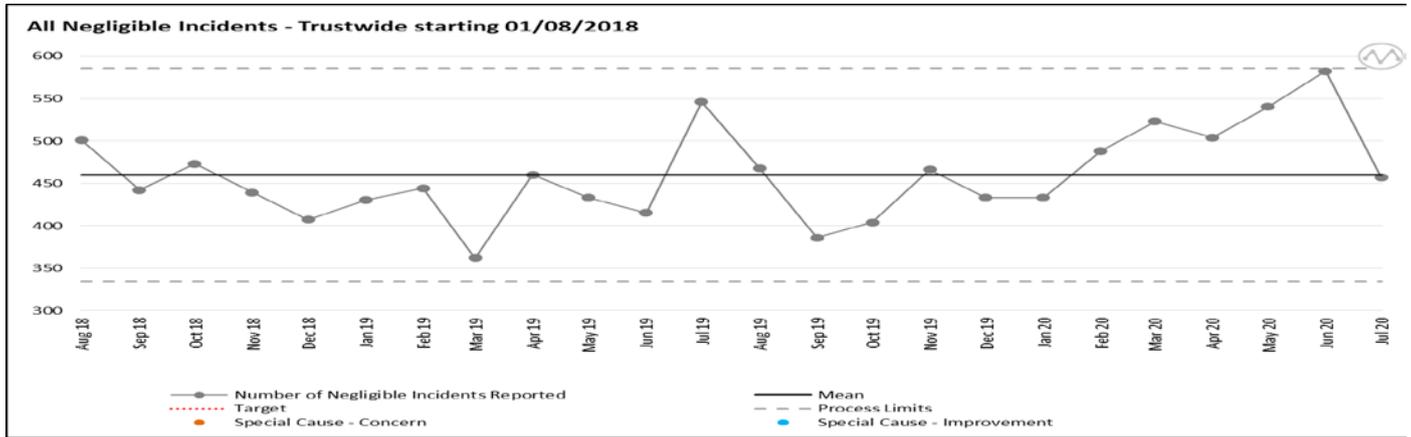
689 incidents were reported in July 2020, the breakdown of these is given below.

**Incident Severity Breakdown**

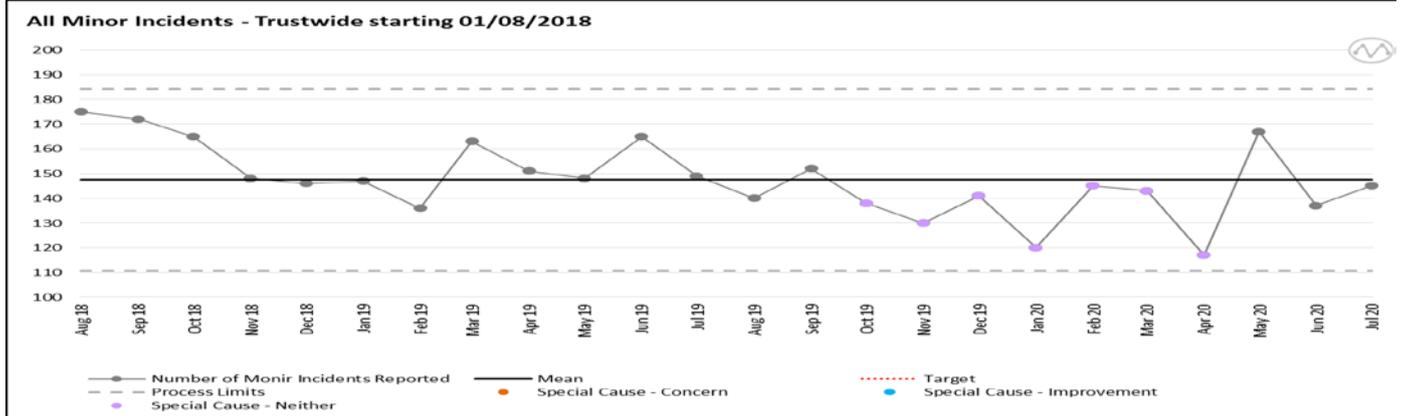
**Chart 2: Near-miss Incidents**



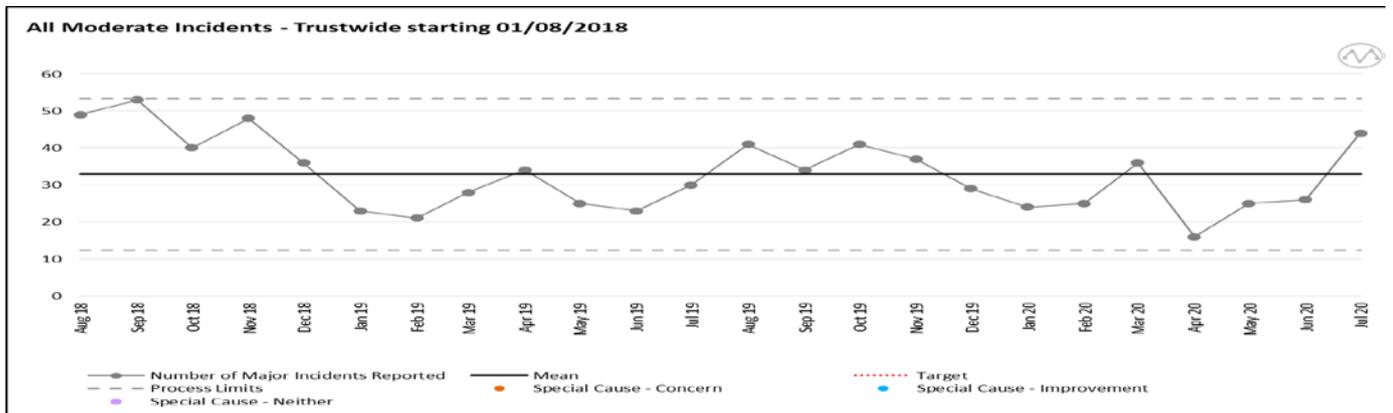
### Chart 3: Negligible Incidents



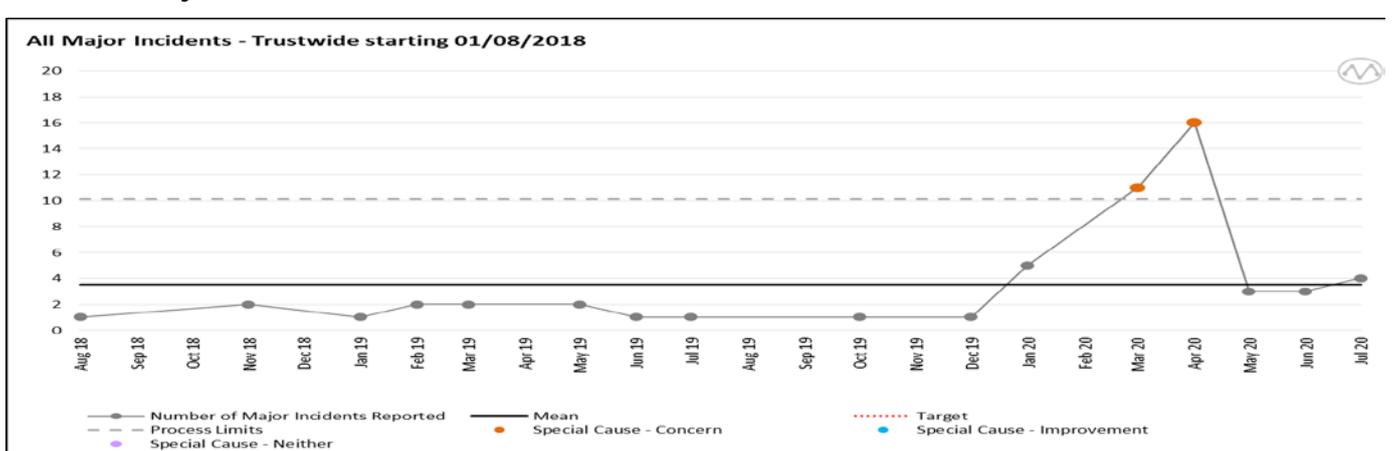
### Chart 4: Minor Incidents



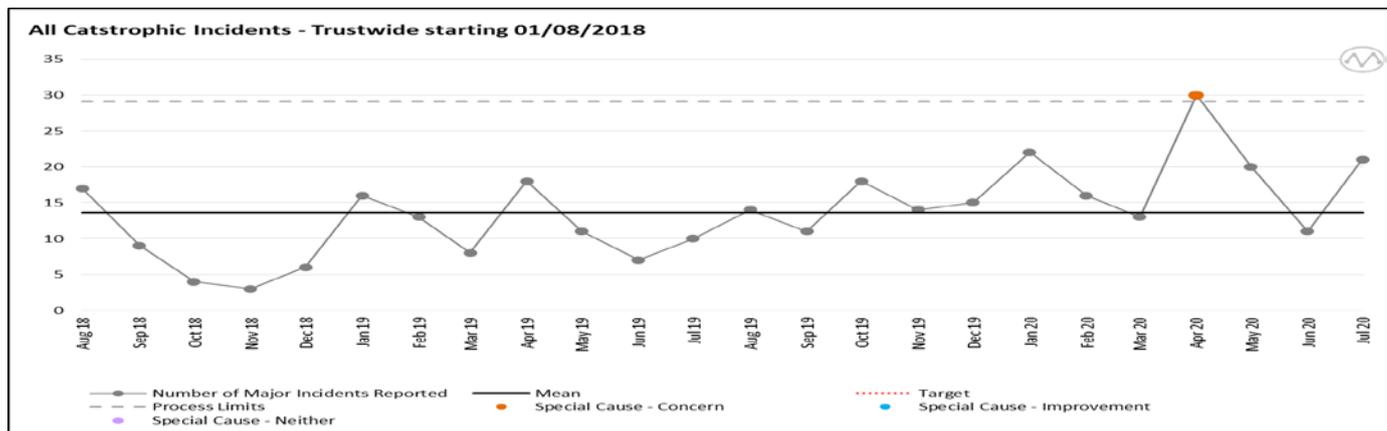
### Chart 5: Moderate Incidents



### Chart 6: Major Incidents



## Chart 7: Catastrophic Incidents



Out of all the incidents reported this month 97% (n622) recorded 'no injury' associated with the incident. The four major incidents reported involved the failure of IT systems, the loss of key management staff on Endcliffe Ward and an alleged sexual assault of a service user whilst on approved leave. The 21 catastrophic incidents are all deaths (one non-patient death an alleged homicide), 15 were unexpected community deaths, the remaining five were expected deaths.

### Serious Incidents

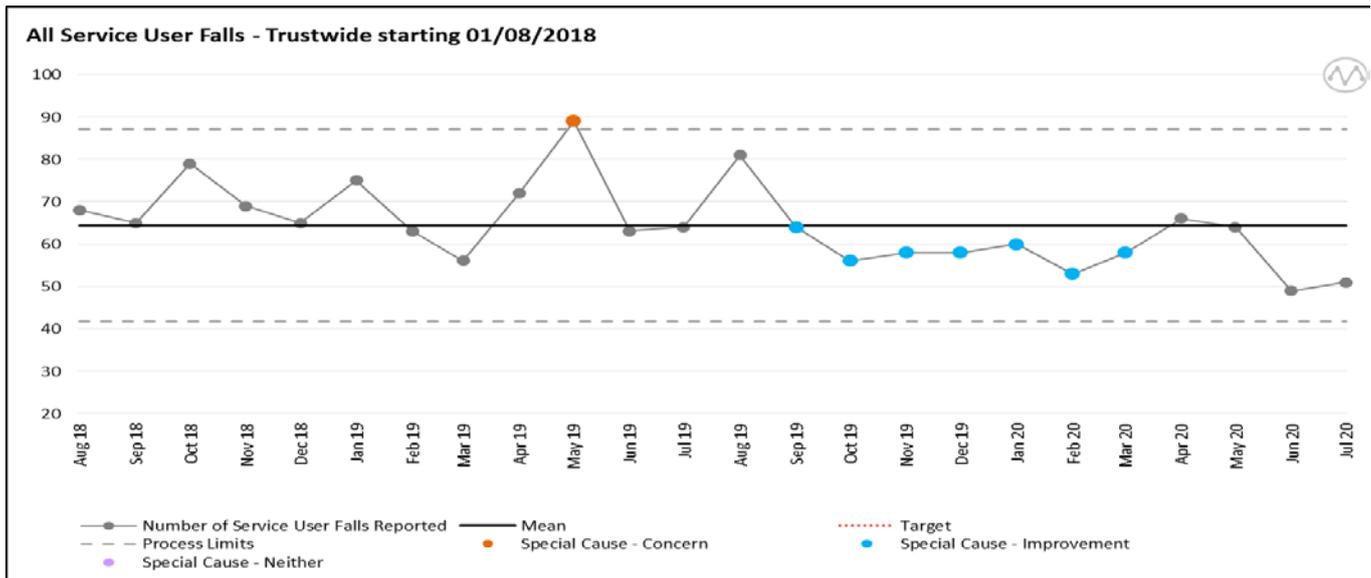
Nine serious incidents were reported in during July 2020. Seven of these were within the Crisis and Emergency Care Network, two were within the Scheduled and Planned Care Network and one was a joint incident. These incidents are detailed in the table below.

**Table 1: Incident Type and Details**

Incident Type	Brief details
Sexual Abuse – alleged	Informal service user reported having been sexually abused whilst on leave
Suspected Domestic Homicide	Discharged service user arrested for the murder of partner
Suspected Homicide	Service user charged with murder of a neighbour
Found on floor – injured	Service user found on floor and subsequently diagnosed with fractured hip
Physical Assault: Patient to Patient	Service user pushed over another service user resulting in a fractured wrist
Suspected Suicide	Discharged service user found deceased after having reportedly taken an overdose
Missing Patient	Service user absconded from ward during fire evacuation
Other – Fire Source	Fire alarms raised, unable to locate source – linked to high risk missing person incident
Physical Assault: Patient to Patient	Service user pushed over another service user resulting in a fractured wrist

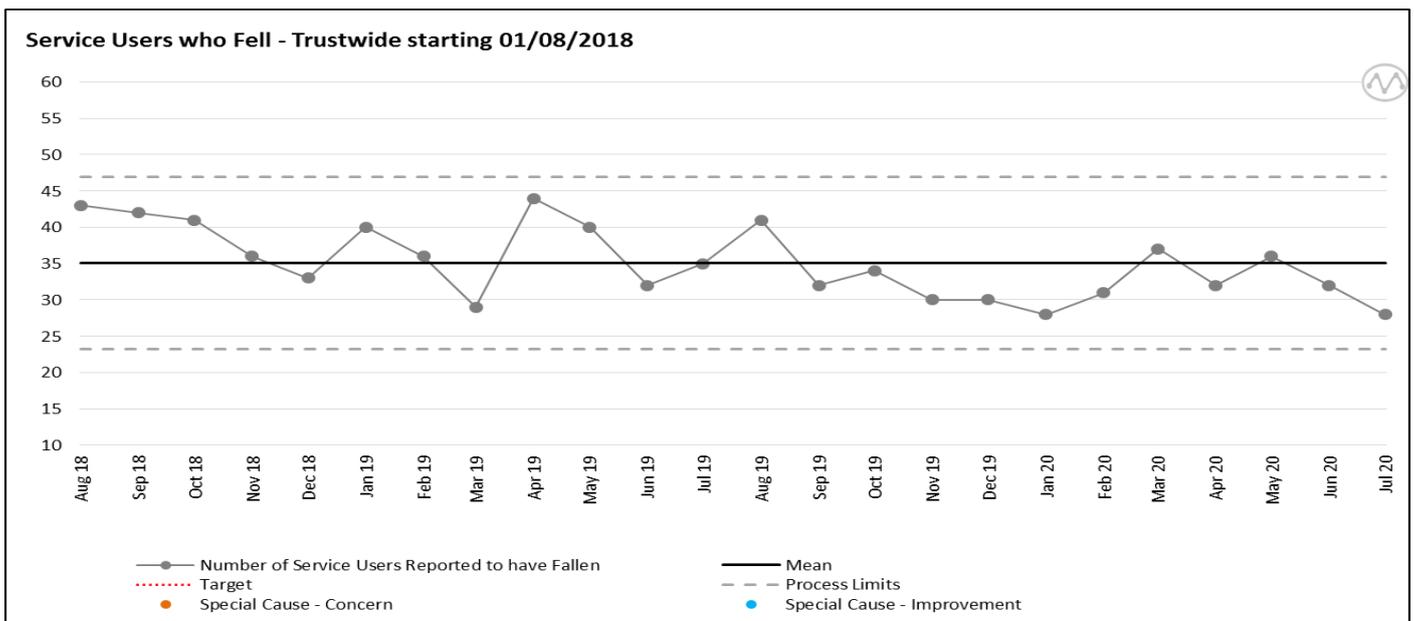
A quarterly Incident Management Report is provided to the Quality Assurance Committee and provides information on the themes and learning resulting from serious incidents. There is nothing significant to flag in this report.

## Chart 8: Service User Falls



51 falls occurred in July 2020, with one ‘moderate’ incident reported.

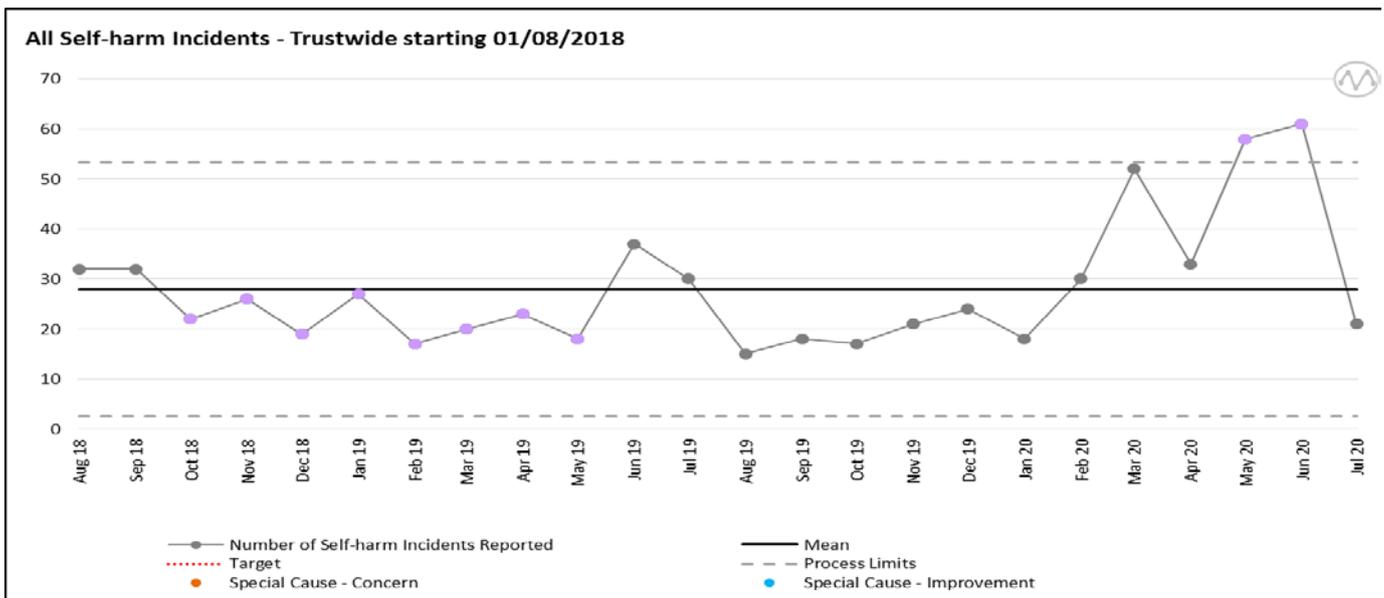
## Chart 9: Number of Service Users who Fell



The number of falls incidents reported across the Trust shows no change except Grenoside Ward where although within normal variance the highest number has been reported since December 2019. There are three individuals who have fallen more than twice, with one service user falling seven times. This is being explored further to determine if practice change is needed.

All falls, apart from one, were negligible/minor incidents. This incident is being investigated as a serious incident and involved a service user sustaining a fractured hip.

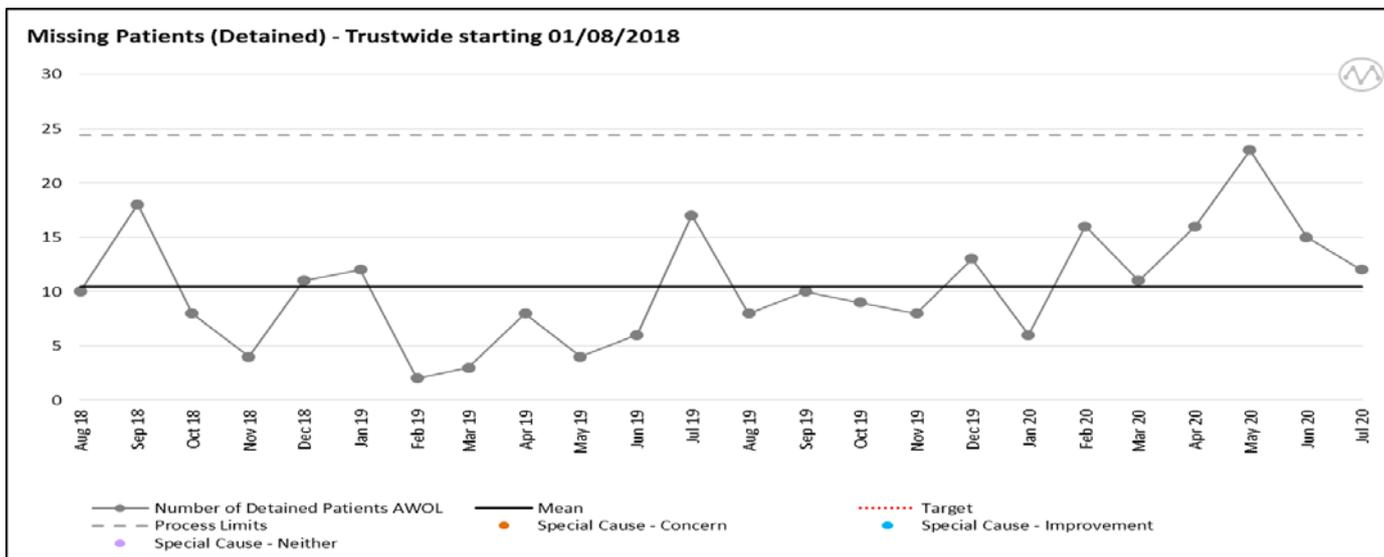
**Chart 10: Self-harm**



21 self-harm incidents were recorded in July 2020. Two of these were moderate rated incidents, one occurred at Forest Close and involved a service user who had been prevented by the police from slipping off a bridge, the other involved a service user of the Psychotherapy Service disclosing an overdose to a staff member whilst in a shop and being encouraged back to an SHSC base for help.

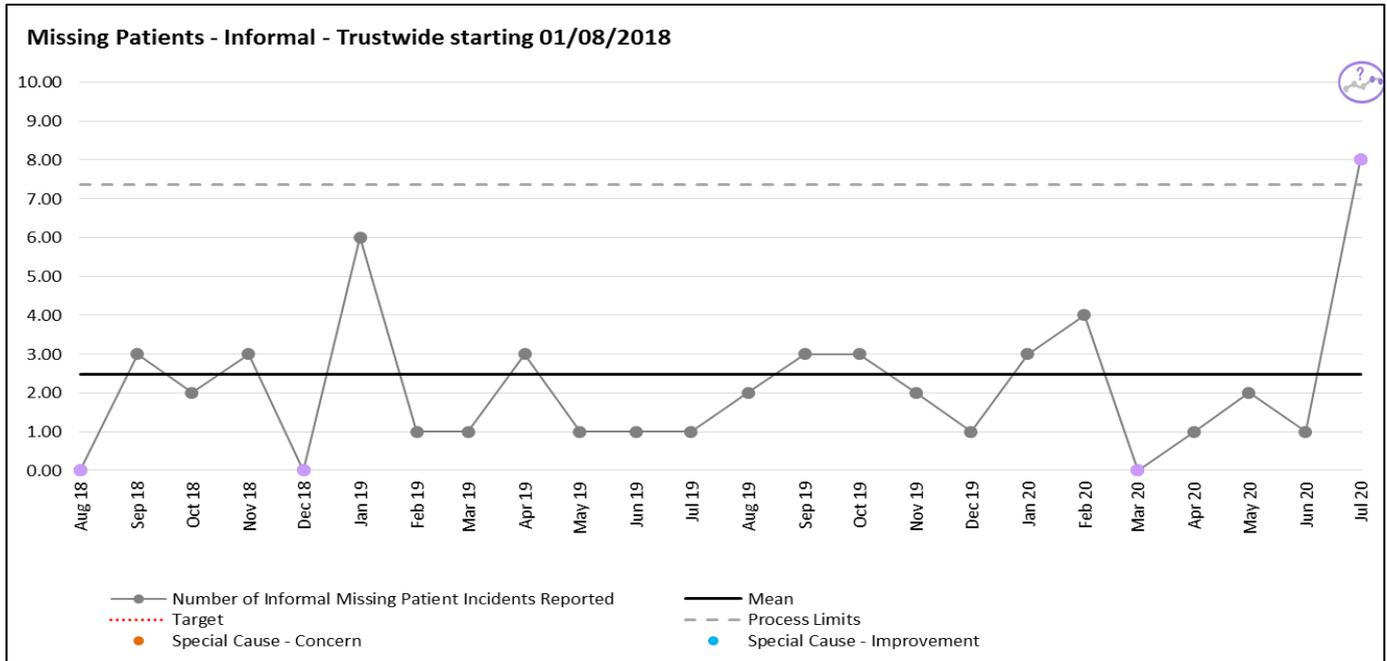
Local data analysis shows a reduction in the number of self-harm incidents has occurred in three areas this month (Burbage Ward, Forest Close and Endcliffe Ward), however, reported incidents remains within normal variation limits.

**Chart 11: Missing Patients (Detained)**



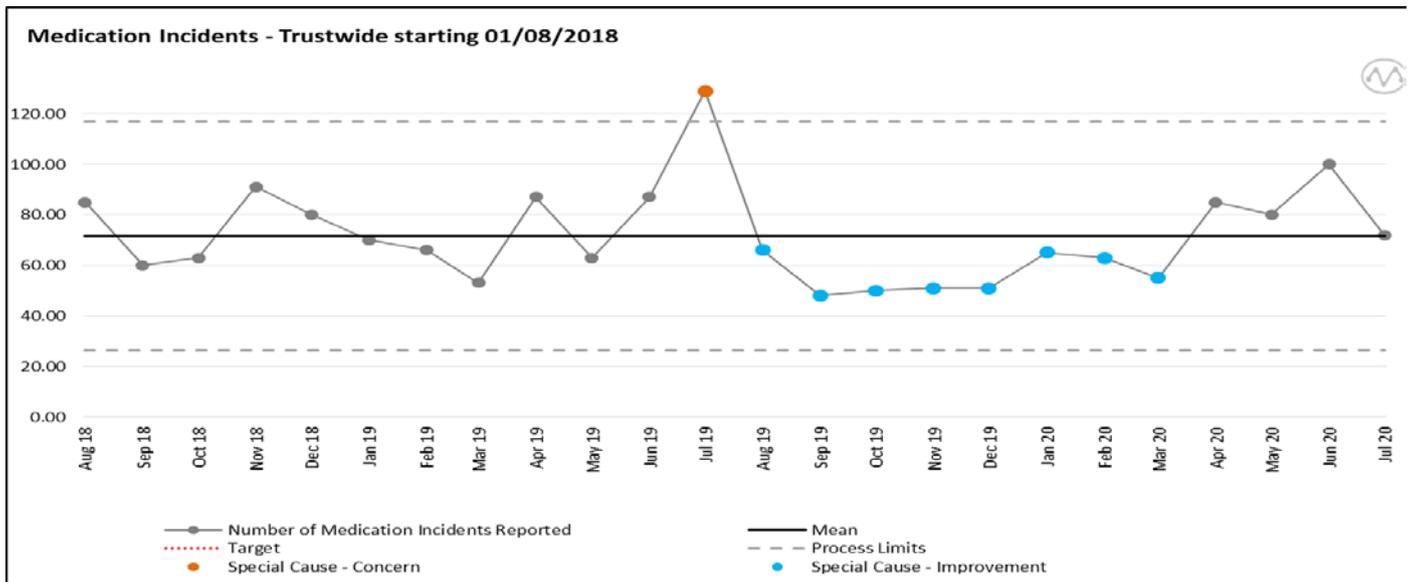
Five service users were recorded as AWOL during July 2020 (12 instances). Nine instances were AWOL, two were AWOL during escorted leave and one failed to return at their allocated time.

## Chart 12: Missing Patients (Informal)



Four informal patients were reported missing in July 2020. One of these went missing five times from Forest Close which accounts for the variation. Due to the increased risk with this person, they have since been assessed under the Mental Health Act and are now detained.

## Chart 13: Medication Incidents

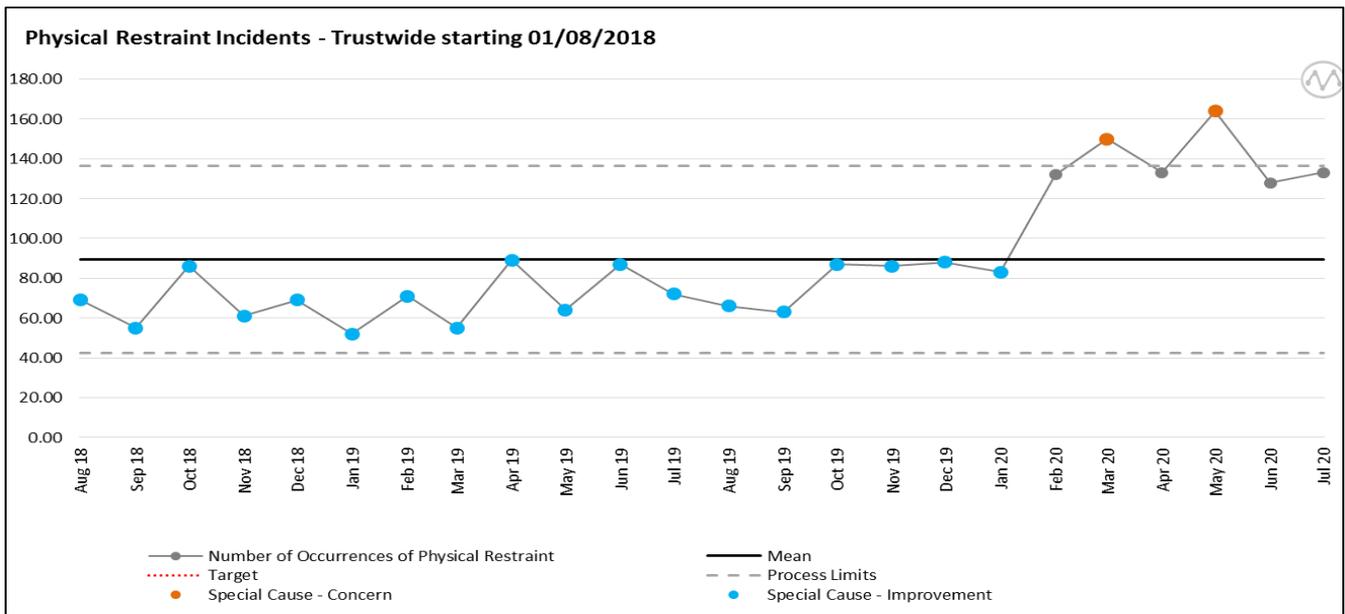


72 medication incidents were reported in July 2020, with two moderate rated incidents recorded (one on Maple Ward and one on Stanage Ward). One of these involved a controlled drug stock discrepancy, the other involved the administration by injection of the right medication in the wrong solution.

The Medicines Optimisation Committee reviews all medicines related incidents with corrective actions monitored through the pharmacists working into clinical areas.

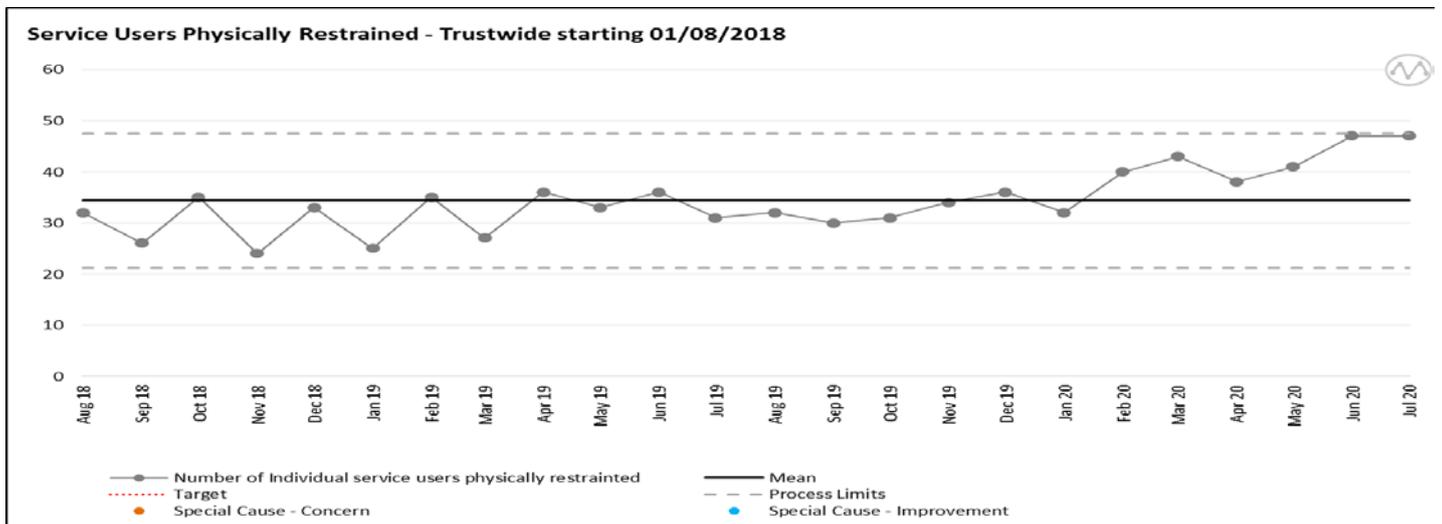
There is a consistent level of reporting across the Trust, with a reduction in the number of fridge/storage temperature issues reported this month.

### Chart 14: Physical Restraint Incidents



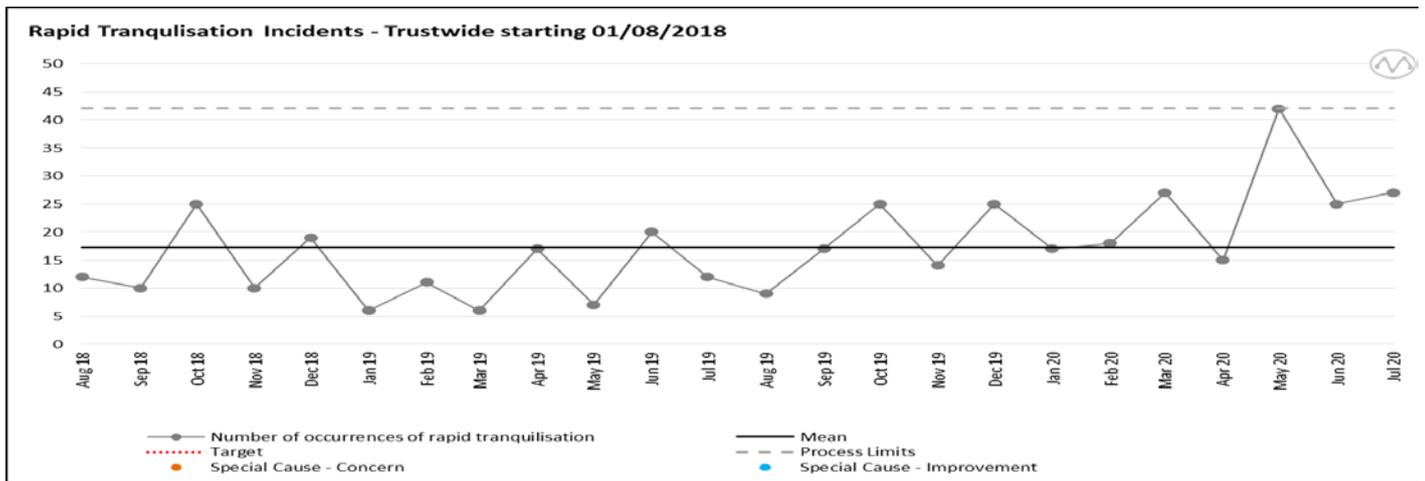
During July 2020 133 restraints were recorded. 37 of these were reported on Endcliffe Ward (24 of which were an individual service user (formerly on Stanage Ward)). A further 27 physical restraints occurred on G1 Ward (15 of one individual), 20 on Maple Ward (11 instances of one service user) and 20 on Burbage Ward (13 for one individual). The chart below shows the number of individuals who have been physically restrained.

### Chart 15: Service Users Physically Restrained



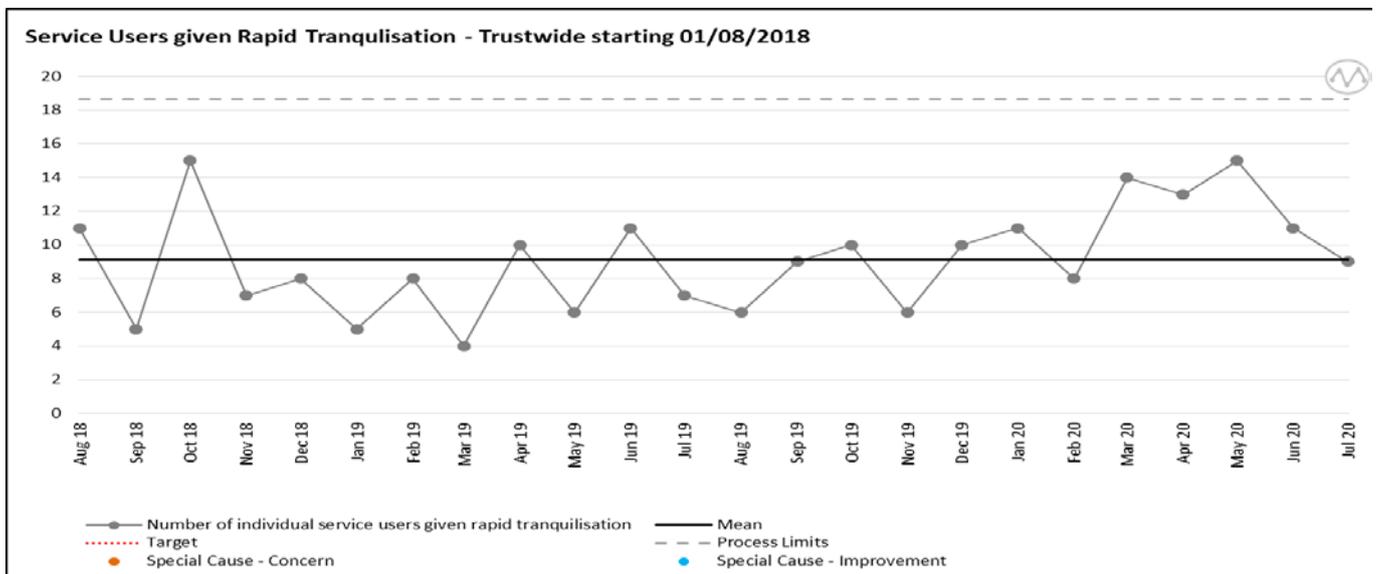
This indicator suggests that there has been a recent increase in the number of service users are being restrained. The Executive Director of Nursing, Professions and Operations is undertaking a focused piece of work to understand and identify opportunities to improve practice in this area.

## Chart 16: Rapid Tranquilisation Incidents



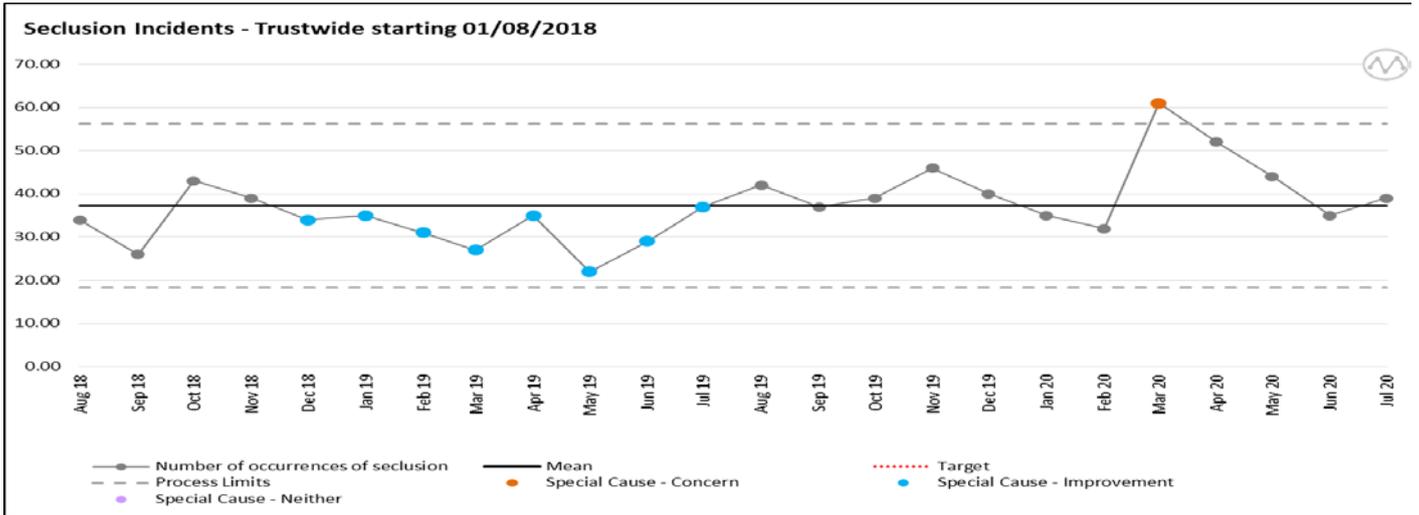
The graph below shows the number of people who received rapid tranquilisation over the reporting period.

## Chart 17: Service Users Given Rapid Tranquillisation



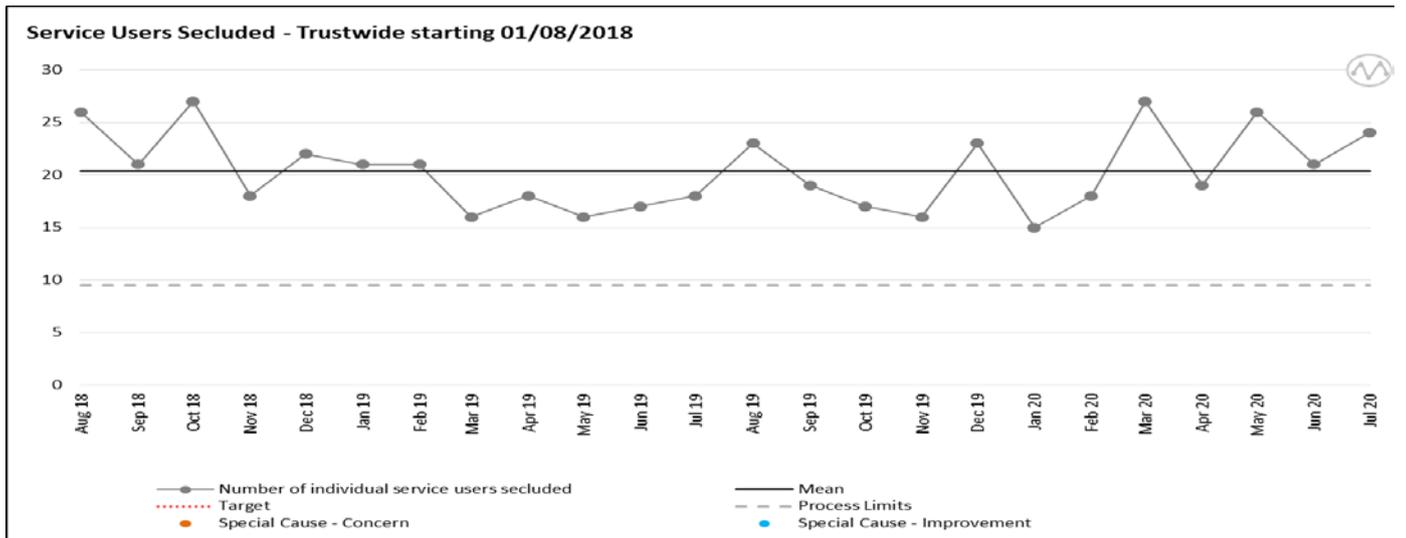
Grenoside 1 Ward has seen an increase in reporting of rapid tranquilisation incidents this month, with 11 out of 13 recorded on an individual service user. This is the same individual that has had multiple falls in the month also. Physical health monitoring following rapid tranquilisation is included in the daily situational reporting.

**Chart 18: Seclusion Incidents**

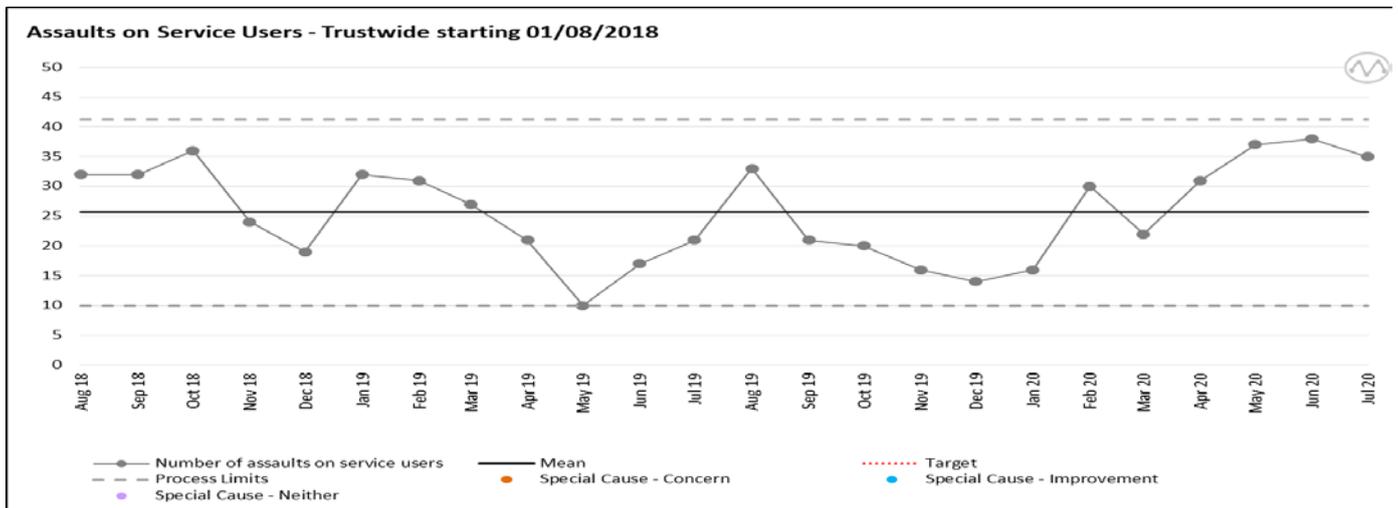


39 seclusions were reported in July 2020. 13 seclusions occurred on G1 Ward (8 of an individual service user) with a further 8 on Endcliffe Ward, 6 on Maple Ward, 5 on Stanage Ward and a further 4 on Burbage Ward.

**Chart 19: Service Users Secluded**

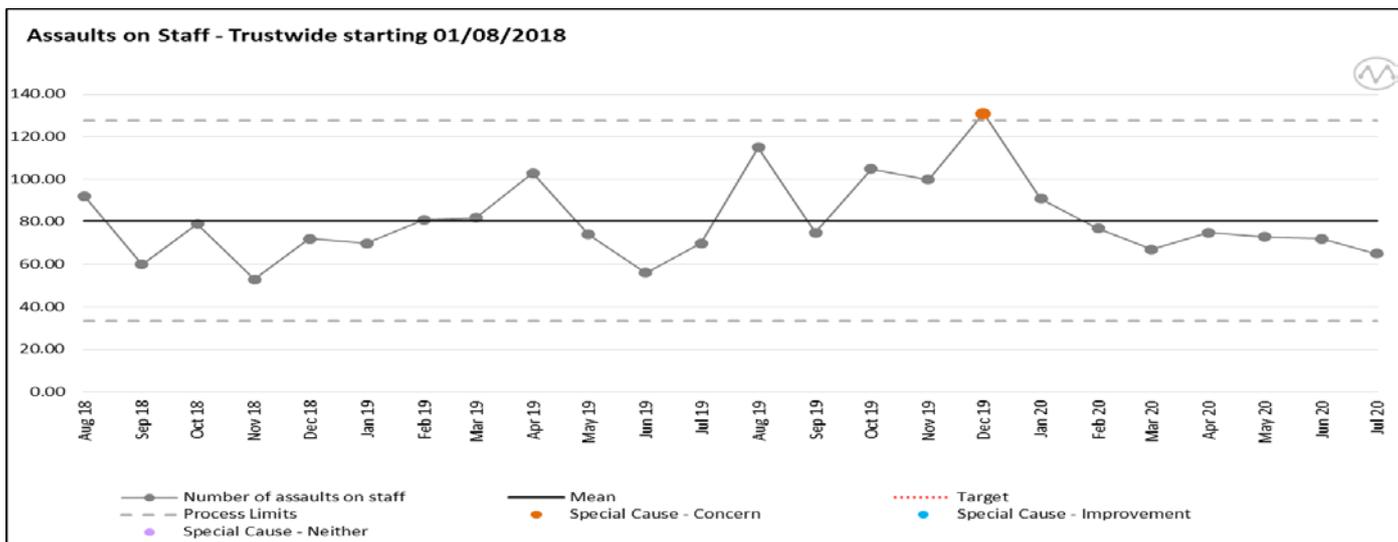


## Chart 20: Assaults on Service Users



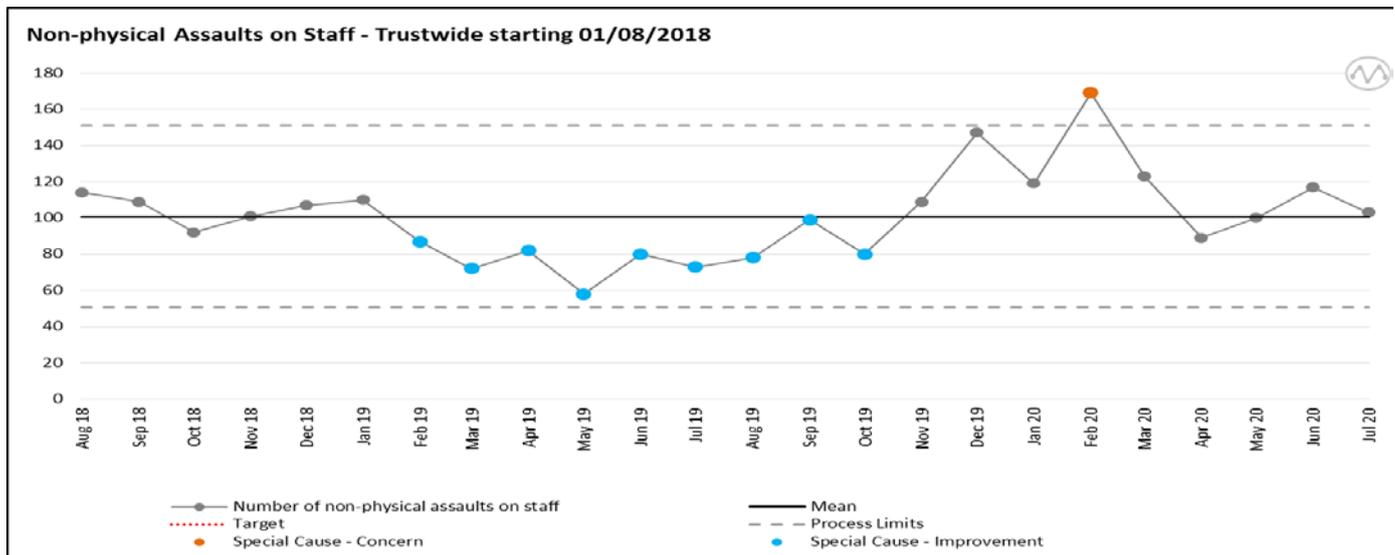
35 assaults on service users were reported during July 2020, 14 of which occurred at Birch Avenue. There were three moderate rated incidents this month, one each reported on Stanage Ward, and Burbage Ward which were physical assaults of a patient by another patient and the CERT team reported sexual assault of a patient by a non-patient (other person). Only one of these incidents reported an abrasion/ graze injury. 23 out of the 35 incidents were recorded as having resulted in no injuries.

## Chart 21: Assaults on Staff



65 assaults on staff occurred during July 2020. Four of these incidents were graded as 'moderate' incidents, only one of these incidents resulted in one staff member receiving a minor injury to their neck.

## Chart 22: Non-Physical Assaults/Abuse on Staff



103 non-physical assaults/abuse on staff incidents were reported in July 2020. There were 8 racial/cultural abuse incidents reported in July 2020 (3 on ATS, 3 on Burbage Ward and 2 on Forest Lodge). All staff were supported and given a debrief following these incidents and were informed of their rights to take further.

### Table 2: Deaths

30 deaths occurred during July 2020. All deaths are subject to review at the Mortality Review Group. The table below shows the teams where the deaths occurred.

Service/Team	No. of Deaths
Birch Avenue	1
Older Adults CMHTs/Home Treatment	8
Community Learning Disability Services	2
LTNC/Neuro-Enablement Services	2
Liaison Psychiatry	2
Mental Health Recovery Teams	2
Memory Service	2
Homeless & Assessment Support Team	1
Out of Hours Team	1
START Opiates	7
START Alcohol	1
Woodland View	1
<b>Grand Total</b>	<b>30</b>

Of the 30 deaths that occurred, 6 were expected deaths, 1 was a non-patient death (suspected domestic homicide), 22 were unexpected deaths in the community, with 8 of these suspected as natural causes, 1 of which was within one of our residential settings. The remaining death was a suspected suicide in the community.

### Table 3: Covid-19 Impact on Reported Deaths

SHSC's reported +Covid-19 deaths from 1 March 2020 are given in the table below. 31 deaths have occurred altogether (2 of these were on G1 Ward). The first community +Covid death was reported on 3<sup>rd</sup> April 2020.

Team	Number of Deaths Recorded
CLDT	1
G1 Ward	2
LTNC	2
Memory Service	4
Neuro Case Management Team	1
Neuro Enablement Service	1
OA CMHT North   CMHT - North (Older Adults)	9
OA CMHT South East   CMHT - South E (Older Adults)	6
OA CMHT South West   CMHT - South W (Older Adults)	3
OA CMHT West   CMHT - West (Older Adults)	1
START Opiates Service	1
<b>Total</b>	<b>31</b>

Through the work of the Mortality Review Group, a comparison over quarter 1 (1 April – 30 June) has been done for the last six years. This is reported in the table below and shows a marked increase in the number of deaths for 2020

**Table 4: Deaths reviewed by Mortality Review Group**

Year	2015	2016	2017	2018	2019	2020
<b>No. of Deaths</b>	175	202	190	173	169	251

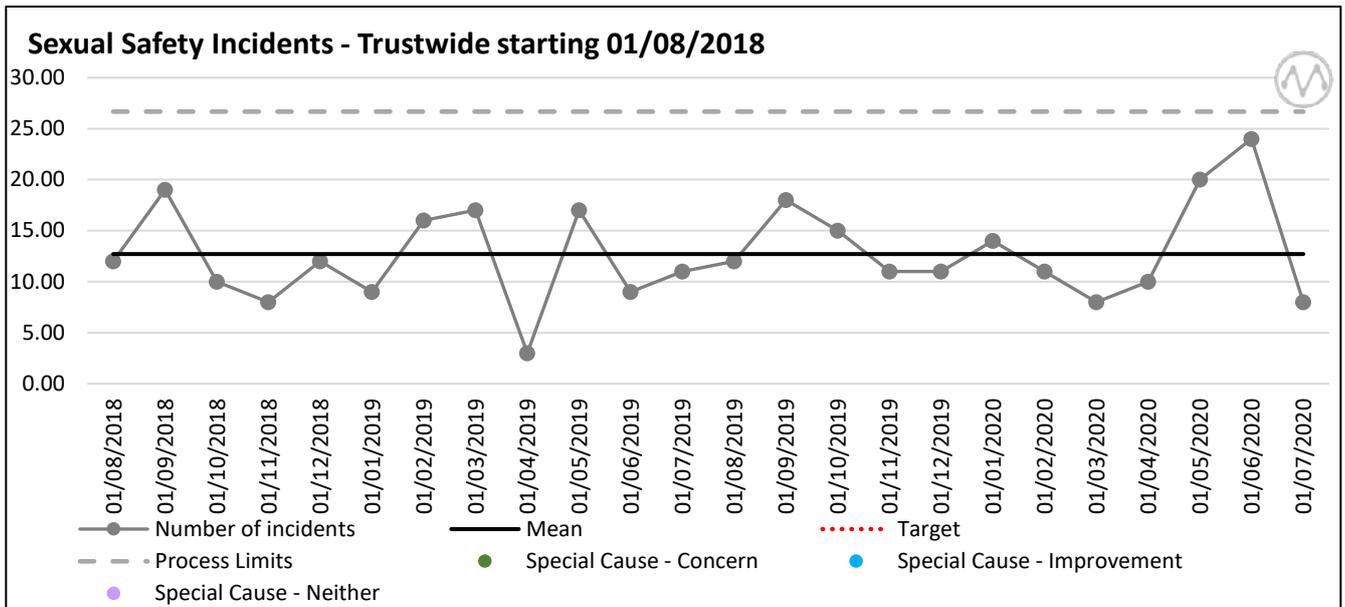
### Infection Control Incidents

As reported last month, only one patient has recently tested positive for Covid-19 positive within our inpatient areas. This person was on Maple Ward and recovered on 6<sup>th</sup> July. Since this time, the wards have been Covid-19 free again. Within the Trust, the first inpatient tested Covid-19 positive on 23<sup>rd</sup> March 2020 on G1 Ward. We have had two inpatient deaths, both of which were on G1 Ward and 23 cases altogether:

- Stannage Ward – 3 cases (all recovered)
- Dovedale Ward – 12 cases (all recovered)
- Forest Loge – 2 cases (both recovered)
- Forest Close – 1 case (recovered)
- G1 – 4 cases (2 died, one recovered, one discharged to NGH but subsequently died)
- Maple Ward – 1 case (came in through 136 – recovered)

- At the point of writing this report Birch Avenue has an outbreak of Corona virus with 10 residents and 16 staff known to have tested positive.

### Chart 23: Sexual Safety Incidents



Sexual safety incidents continue in the inpatient areas over with there being 8 incidents reported July 20. These incidents occurred on ATS, Stange, Burbage and Dovedale Wards, CERT and Forest Close.

For the 3 incidents reported within the adult and older adult mental health wards, these are defined (based on the National Sexual Safety Collaborative Operational Definitions) as:

- 1 incident was defined as **Sexual Assault** (when a person is coerced or physically forced to engage in sexual activity against their will);
- 2 incidents were defined as **Sexual Harassment** (characterised by inappropriate sexual remarks or gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated or degrade their dignity).

The Director of Nursing, Professions and Operations is leading the work to increase safety for the people that use inpatient services.

### Table 5: Summary of the 3 incidents

Outlined below for July showing Operational Definition, Risk Rating, Incident and Action Summary.

Ward	Operational Definition	Risk Rating	Incident Summary	Action Summary
Stanage	Sexual Assault	Negligible	Patient to Staff / Male to Male: Male patient made inappropriate comments of a sexual nature and attempted to touch a staff member in the genital area.	<p>Immediate Actions – advised of behaviour being inappropriate.</p> <p>At the time of incident patient was being nursed with no lone male workers due to previous incident involving inappropriate sexual comments and attempts to sexually touch males.</p>
Dovedale	Sexual Harassment	Negligible	Patient to Staff / Female to Male: Female patient became very sexually disinhibited and attempted to touch staff member's genitals and made acquisitions of a sexual nature.	<p>Immediate Actions – advised of inappropriate behaviour.</p> <p>Underlying Causes – diagnosis of bipolar and disinhibited in her presentation at the time of incident.</p> <p>Actions Planned to Prevent Reoccurrence – ensure familiar staff assisting care and awareness of risk management – especially if agency / bank numbers are high. Supporting reason for admission and negative symptoms displayed.</p>
Burbage	Sexual Harassment	Negligible	Patient to Staff and Patient / Male to Females: On separate occasions a male patient exposed his genitals to a female member of staff and female patient.	<p>Immediate Actions – staff discussed inappropriate behaviour with patient and reemphasised that this was not appropriate conduct on the ward.</p> <p>Nursing time provided to female patient to discuss the incident.</p>

**Table 6: Breakdown Summary of July 2020 Incidents on the Acute Wards**

Patient to Staff	2
Patient to Staff and Patient	1
Male to Male	1
Female to Male	1
Male to Females	1

## EMSA Compliance

There have been no EMSA Reportable Breaches in July 2020.

## On-going EMSA Management

- National Sexual Safety Collaborative is currently on hold due to COVID-19 Pandemic. Data still being collected to feedback into this group when reinstated. It is anticipated that this collaborative will inform the production of standard metrics to help benchmark our sexual safety performance.
- Estates department working with Clinical Operations to deliver a capital programme of work to eliminate dormitories – work is progressing.

## Service User Feedback

- No formal feedback or 'fastrack' complaints received in July 20. Work is necessary to ensure that the 'fastrack' system is helpful to service users.

## Table 7: Safe Staffing

From 13<sup>th</sup> April 2020, staffing is monitored against the new safe minimum staffing levels as shown below.

Ward	Day Shift		Night Shift	
	Registered	Unregistered	Registered	Unregistered
Burbage	2	4	2	2
Stanage	2	4	2	2
Dovedale	2	4	2	2
G1	2	4	2	2
Maple	3	4	3	3
Endcliffe	3	3	2	4

Our e-rostering system is used to match identified patient need on these shifts (care hour per patient day, CHPPD), to see if the available staffing was sufficient to meet patient need. However, the system is not being used consistently, resulting in the CHPPD data being unreliable. The Executive Director of Nursing, Professions and Operations is working with the Trust's e-rostering lead to improve use of the e-roster system.

## Table 8: Shifts meeting the minimum requirement on our acute inpatient wards:

Acute and Older Adult Wards	% of shifts meeting minimum requirement		
	% of shifts meeting new minimum requirement specific to each individual ward		
	Early/Long Day	Late/Long Day	Night
w/e 05/07/2020	95.24%	97.62%	90.48%
w/e 12/07/2020	95.24%	92.86%	90.48%
w/e 19/07/2020	100.00%	97.62%	97.62%
w/e 26/07/2020	100.00%	100.00%	97.62%
w/e 02/08/2020	97.62%	95.24%	85.72%

Shifts that did not meet minimum requirements were across Burbage, Stanage, Endcliffe, Maple and Dovedale Wards.

Where staffing shortages occur, the shifts are supported by the Flow Coordinator.

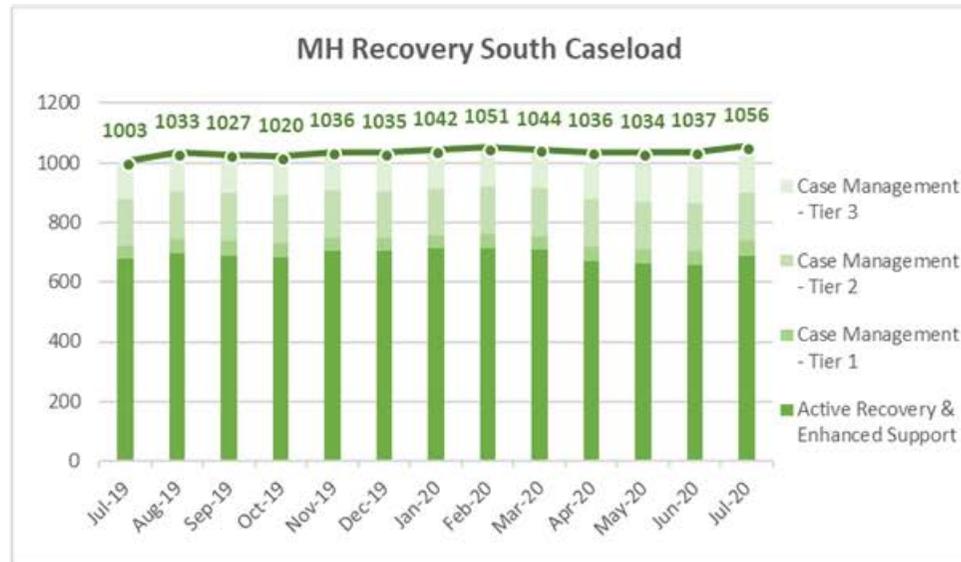
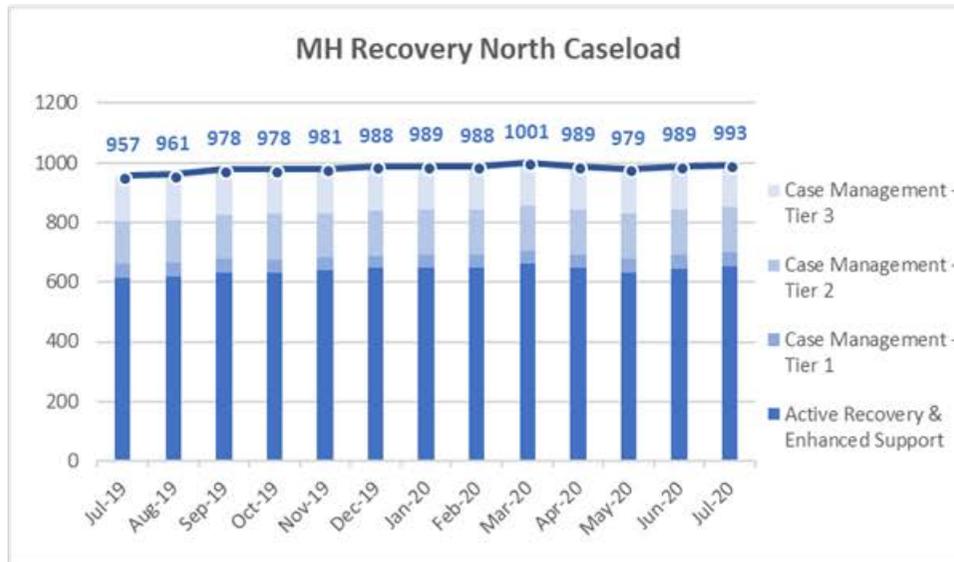
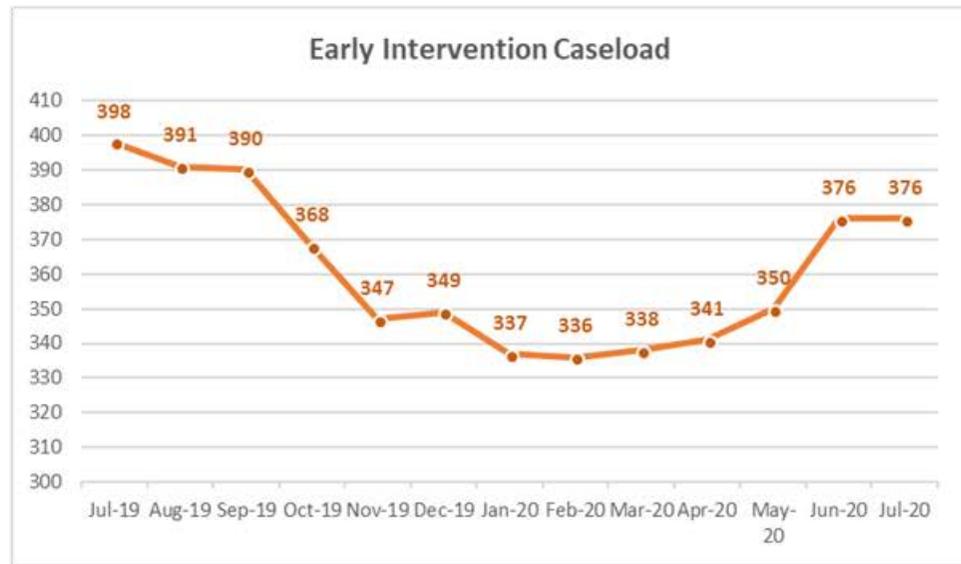
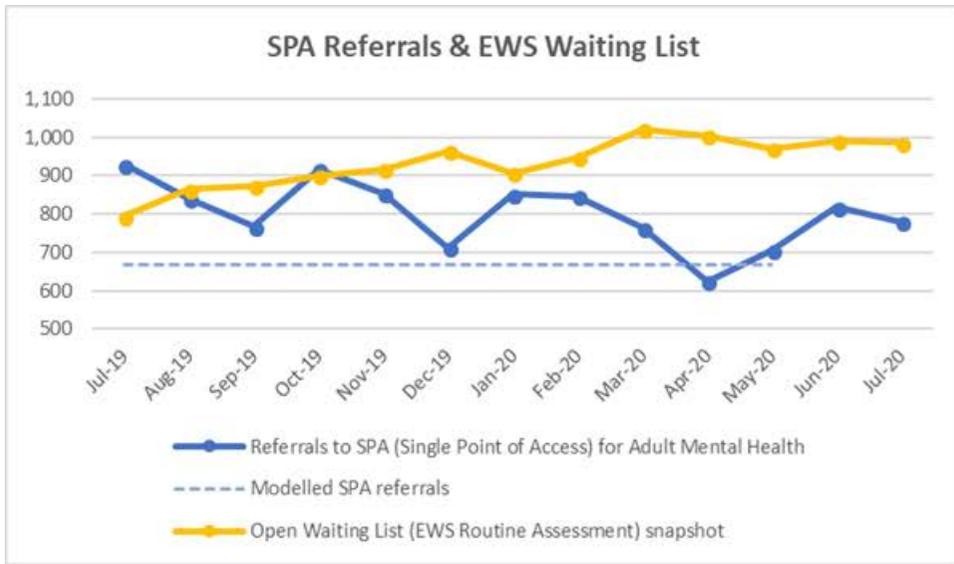
### **Physical Health Monitoring**

All inpatient services continue to report each day their compliance with monitoring physical health observations including medication related, condition related and rapid tranquilisation. Compliance with this is being tracked through the CQC weekly dashboard. This shows that during June 2020, performance has ranged from 92% (one day) to 100% of checks being carried out.

Non-compliance in this period was due to physical health checks being missed on Stanage Ward, Burbage Ward, Endcliffe Ward and Forest Lodge Assessment Ward, post Clozapine physical health checks being missed on Stanage Ward, blood monitoring being missed on Stanage Ward and Burbage Ward and bowel charts being missed on Stanage Ward and Burbage Ward.

All other wards were 100% compliant for this period.

## Adult Mental Health Community Services – awaiting narrative from ops



## **SPA/EWS**

A detailed review was presented to the Quality Assurance Committee in June 2020 and looked at a range of quantitative indicators to widen understanding of the management of the Single Point of Access and Emotional Wellbeing Service waiting lists and response times and its current position. A number of actions were subsequently highlighted within July's report to the Board of Directors. Whilst these actions have taken/are taking place, we are not yet assured that these measures will have the desired impact. It is recommended that a monthly update is provided to the Quality Assurance Committee.

## **North and South Recovery Teams**

The overall plan for the Recovery Teams is for all care plans, risk assessments and CPA reviews to be up to date by the end of October 2020. Internal milestones are being used to keep track of the pace of progress and performance against the plan and is and reported into the Care Network senior team.

## **Early Intervention Service**

Although overall performance on physical health reviews has dropped across the network, performance in the Early Intervention Service has increased from 67% to 83% over the last 12 months.

# Recovery Team [North] - Performance and Governance Dashboard

Run Date 24-July-2020

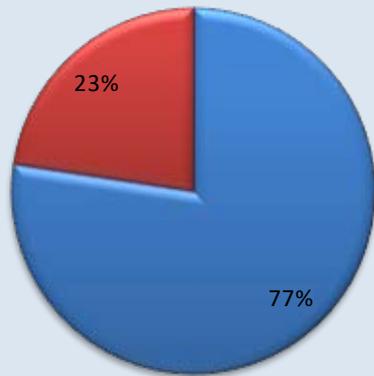
## Service Breakdown

993 Open Episodes

- 6 Awaiting Allocation (waiting list)
- 333 Case Management Service
- 654 Active Recovery

- 45 Tier 1 - Recovery Case Management
- 151 Tier 2 - Recovery Case Management
- 137 Tier 3 - Recovery Social Care Only

## CPA Clients



Reviewed In Last 12 Months Overdue

628 clients on CPA

420 clients on CPA over 12 months

77.38% of which reviewed in last 12 months

### Action Required:

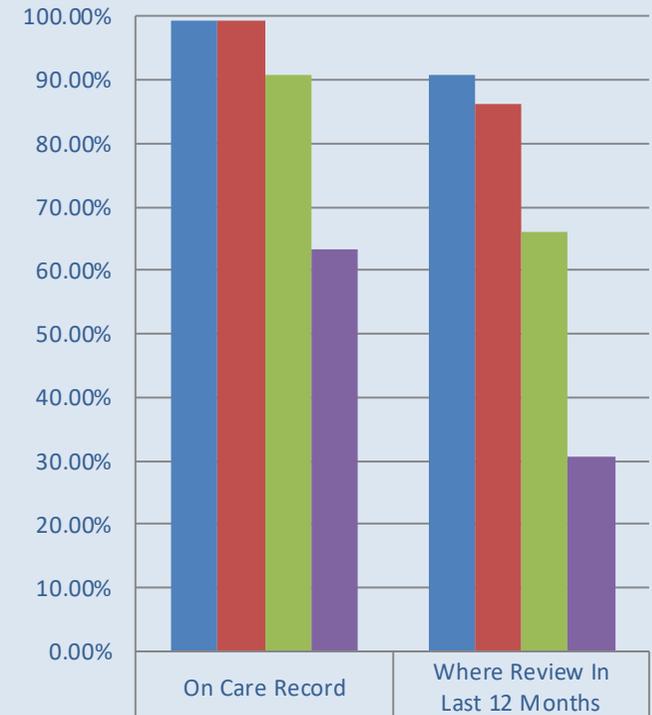
- 95 - Overdue CPA Reviews
- 186 - CPA reviews due by end of current quarter

## Care Records

Where client not on waiting list or Tier 3  
CMS:(862 clients in range)

### Action Required:

- 6 - No Collaborative Care Plan
- 78 - Last Updated over 12 months ago
- 6 - No DRAM V3 Community
- 117 - Last Updated over 12 months ago
- 80 - No MH Cluster
- 266 - Last Updated over 12 months ago
- 315 - No Physical Health Review Form
- 380 - Last Updated over 12 months ago
- n/a - No ReQoL
- n/a - Last Updated over 12 months ago
- 180 - No Community Diagnosis V2
- 59 - No C01 recorded in last 90 days



	On Care Record	Where Review In Last 12 Months
CCP	99.30%	90.89%
DRAMS	99.30%	86.33%
Clusters	90.72%	65.98%
PH Reviews	63.46%	30.53%

# Recovery Team [South] - Performance and Governance Dashboard

Run Date 21-July-2020

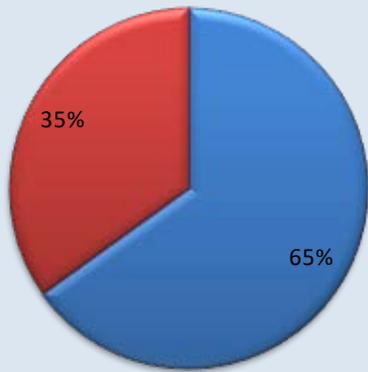
## Service Breakdown

1056 Open Episodes

32 Awaiting Allocation (waiting list)  
 336 Case Management Service  
 688 Active Recovery

52 Tier 1 - Recovery Case Management  
 157 Tier 2 - Recovery Case Management  
 127 Tier 3 - Recovery Social Care Only

## CPA Clients



Reviewed In Last 12 Months Overdue

620 clients on CPA

490 clients on CPA over 12 months

65.10% of which reviewed in last 12 months

### Action Required:

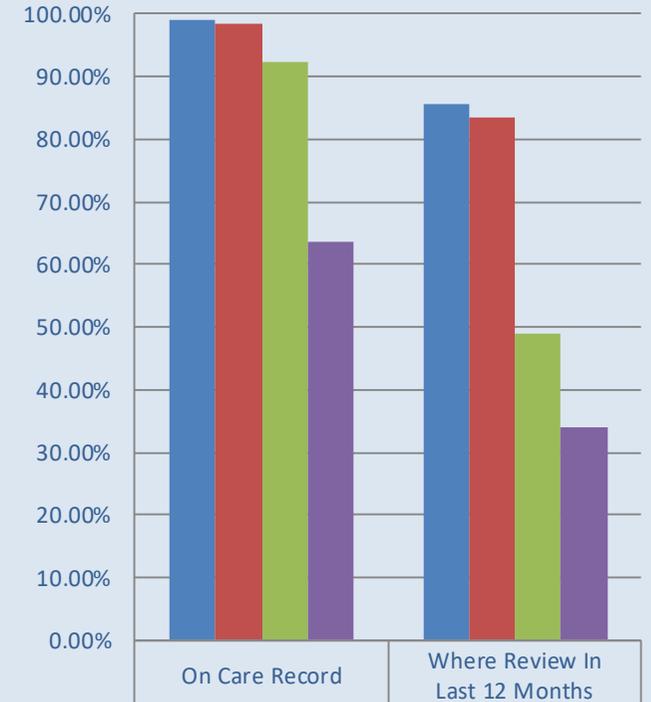
- 171** - Overdue CPA Reviews
- 248** - CPA reviews due by end of current quarter

## Care Records

Where client not on waiting list or Tier 3  
 CMS:(929 clients in range)

### Action Required:

- 10** - No Collaborative Care Plan
- 133** - Last Updated over 12 months ago
- 16** - No DRAM V3 Community
- 152** - Last Updated over 12 months ago
- 72** - No MH Cluster
- 436** - Last Updated over 12 months ago
- 337** - No Physical Health Review Form
- 390** - Last Updated over 12 months ago
- n/a** - No ReQoL
- n/a** - Last Updated over 12 months ago
- 98** - No Community Diagnosis V2
- 144** - No C01 recorded in last 90 days



Metric	On Care Record	Where Review In Last 12 Months
CCP	98.92%	85.53%
DRAMS	98.28%	83.35%
Clusters	92.25%	49.12%
PH Reviews	63.72%	34.12%

# Early Intervention Service - Performance and Governance Dashboard

Run Date 27-July-2020

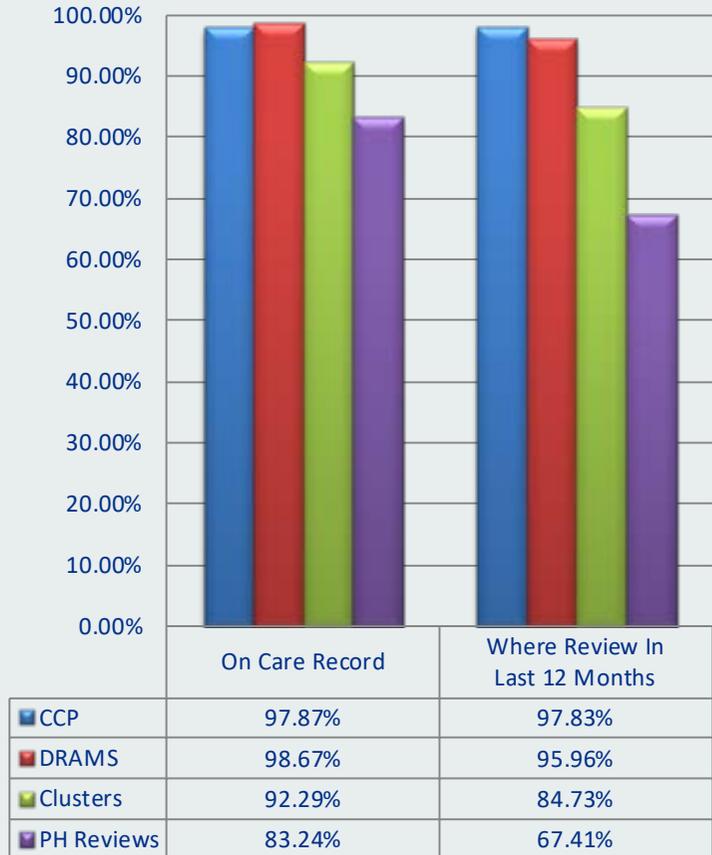
Referral Module:	
2	Triage (Screening)
17	Awaiting Allocation (Community WLs)
376	Open Episodes
Action Required:	
<b>27</b>	- Overdue CPA Reviews
<b>49</b>	- CPA reviews overdue @ end current quarter
<b>8</b>	- No Collaborative Care Plan
<b>8</b>	- Last Updated over 12 months ago
<b>5</b>	- No DRAM V3 Community
<b>15</b>	- Last Updated over 12 months ago
<b>29</b>	- No MH Cluster
<b>53</b>	- Last Updated over 12 months ago
<b>63</b>	- No Physical Health Review Form
<b>102</b>	- Last Updated over 12 months ago
<b>132</b>	- No CPA Dialog, open under 12 months
<b>198</b>	- 1 or no CPA Dialog, open over 12 months
<b>97</b>	- No Community Diagnosis V2
<b>148</b>	- No C01 recorded in last 14 days

## CPA Review Status

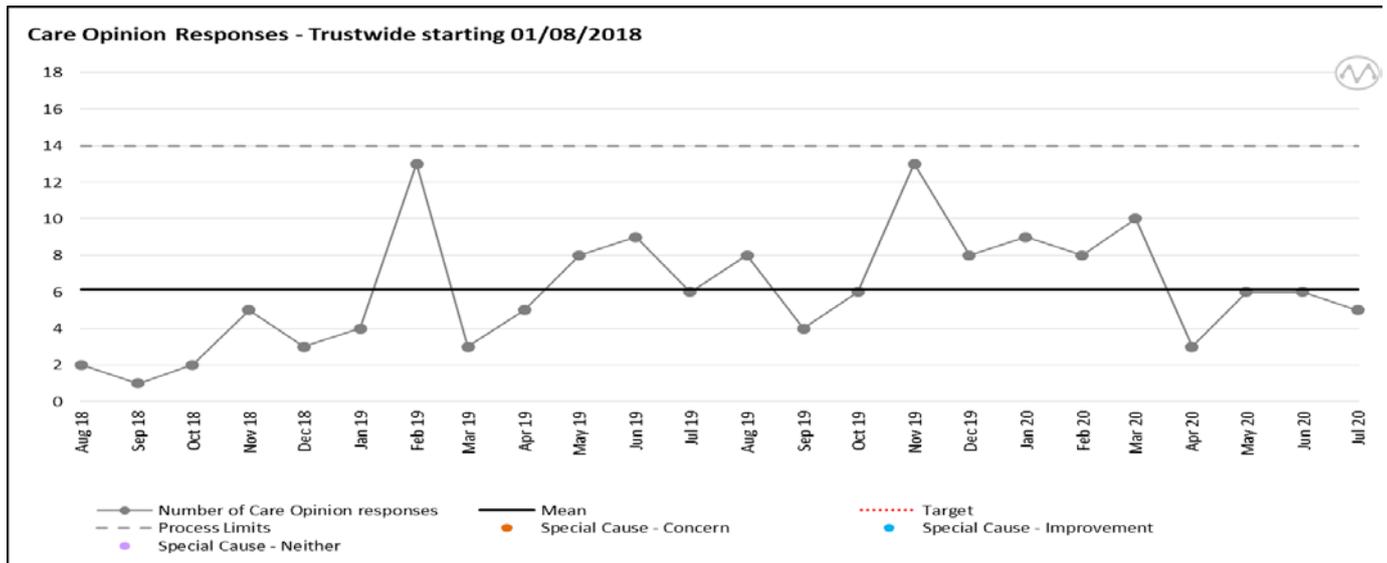


Number of clients on CPA	225
Number of clients on CPA over 12m's	152
% of CPA Reviews in last 12 ms	82.24%

## Care Records

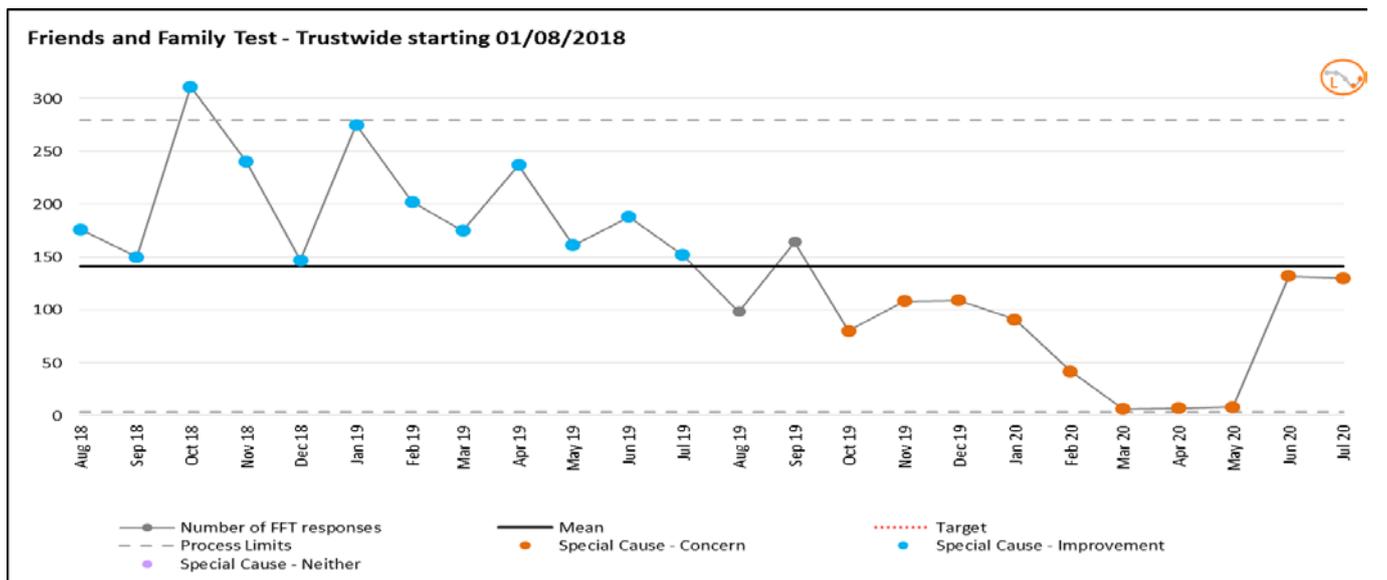


### Chart 24: Patient Experience - Care Opinion



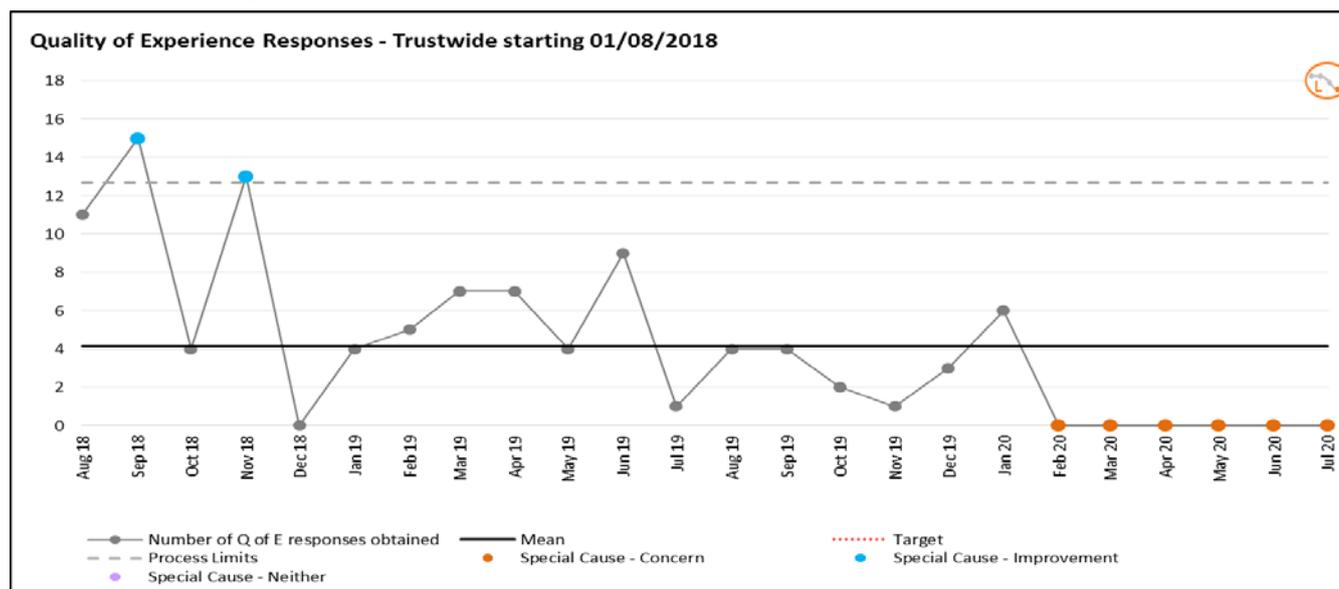
5 stories were submitted via Care Opinion in July 2020. As we actively seek feedback with regards to service changes resulting from the COVID-19 pandemic restrictions, promotion of the Care Opinion on-line facility has significantly increased.

### Chart 25: Friends and Family Test (FFT)



During July 2020, both the former and new FFT question has been used. Using the former question “**How Likely are you to Recommend Our Service / Team?** 90% of returns said that they were extremely likely or likely to recommend our service/team. Using the new FFT question “**Thinking About the Service we Provide how was your Experience of our Service**” 76% said their experience was ‘very good’ or ‘good’.

## Chart 26: Quality of Experience



From January to July 2020 no Quality of Experience surveys have been completed. Alternative approaches for receiving service user feedback from our wards continues to be explored.

### Patient Experience – Complaints

Seven complaints were received during July 2020. Three of these relate to the Crisis and Emergency Care Network, four relate to the Scheduled and Planned Care network. The complaints were received from:

- 1 x Forest Lodge
- 1 x Sheffield Adult Autism and Neurodevelopment Service (SAANS)
- 1 x Stanage Ward
- 1 x Crisis Hub
- 1 x Mental Health Recovery South
- 1 x G1
- 1 x Maple Ward

Table 9: Patient Experience Complaints

NHS Improvement Categories	Trust Values	No of complaints
Communication	Accountability	4
Access to Treatment or Drugs	Fairness	3
		<b>7</b>

### Patient Experience – Compliments

11 compliments were received within the Trust in July 2020. **Four** praised ward staff for their kindness and care. **One** was a clinician in another service complimenting the team/nurses on the care of a mutual service user. **Three** were verbal compliments, thanking us for a referral to another beneficial service, and care afforded to the service user from family members.

**One** was received from a service user complimenting the clinician for understanding their care needs, **one** was from a service user's wife complimenting the team and praising the service and **one** letter was received from a service user thanking and praising the team for their understanding and enabling them to make changes in their life.

The compliments were received within:

Dovedale Ward – 3  
Older Adult Mental Health Team (North) – 2  
Older Adult Mental Health Team (South) - 5  
Perinatal – 1

No analysis can be drawn from the compliments received. All were given to staff for going 'above and beyond', in particular in light of the current Covid-19 pandemic.

It should be noted that a quarterly 'experience' report is presented to the Quality Assurance Committee. This contains a more in-depth look at this area, triangulating information across the various feedback mechanisms and the improvements/changes made as a result.

### **Board Visits**

During July 2020, five visits to services were undertaken by members of the Board of Directors. These visits occurred at Burbage Ward, the Assessment and Treatment Service, Sheffield Adult Autism Service (SAANS), the Perinatal Mental Health Service and the Single Point of Access (SAP) and Emotional Wellbeing Service (EWS). A full report on these visits will be presented to a future Board of Directors meeting. However, a summary is provided below on the findings.

#### ***Positive Feedback:***

- The team was an ambitious team, extremely proud of their achievements and striving to be outstanding.
- Safety huddles and 'Let's Talk Safety' established, ensuring patient and staff safety is central.
- Staff were proud of the team and their coping abilities and were building a supportive environment.
- Leaders cited positive feedback on the care from the ward from recovery teams and others in the community for the support provided to particularly difficult patients who were back in the community.
- Staff reported how identifying area for improvement and overseeing change had made them feel "buoyant".
- Evident commitment from consultant to invest in junior doctors for the benefit of the future workforce.
- A positive problem-solving team that adapts and adjusts in line with circumstance/demand.
- Compassion and enthusiasm within team is self-evident and they have an important therapeutic focus on psychological trauma.
- Clinical leaders have worked well to establish and maintain the service, including through the challenges of Covid-19.

#### ***Negative feedback:***

- Training compliance in relation to level 3 Respect needed to be monitored in relation to the impact on patient care.

- There was concern from all leaders around relationship with senior management; that there was a disconnect.
- Staff raised issues of cutbacks and austerity, citing reductions in outreach capacity, senior clinician time, reductions in bed capacity.
- The difficulties in retaining staff (particularly senior nurses), coupled with the high detention rates, were highlighted as key issues in the high restraint and seclusion figures.
- Some staff reported they were scared to come to work because of the high acuity.
- There was a sense from leaders that when there were major issues, they were not engaged in the conversation to help find the solutions.
- Very long waiting times, referrals continuing to increase, so hard to reduce the waiting times.
- Team not involved in all recruitment, medical staff cited in particular.
- Progression of ADHD business case required to promote nurse-led service.
- Demand is overwhelming, but many referrals are sometimes inappropriate – need clarity over ‘our offer’.
- Silo mentality with a focus on service users meeting criteria, rather than person focussed and teams working in collaboration.
- Services require leadership, not management, seen as fragmented, and not free-flowing around the system.
- There is no “trusted assessment” therefore patients are re-assessed on transfer to other services, sometimes coming back.
- The hub works as a call centre and is not conducive to staff well-being.
- Unsatisfactory accommodation issues need collaboration with estates to find a timely solution.
- The team need support with their interactions with CAMHS, which they described as generally very slow moving.
- Potential commissioning difficulties ahead, which could impact on the team’s ability to meet increased demand and impact on their ability to meet revised national standards.

### ***Next Steps***

Each visit has identified actions that need to be taken forward to address the issues raised. These will feed into the larger report for the Board of Directors oversight and monitoring.

### **Mandatory Training**

Due to the impact of Covid-19, the period of update training for face to face subjects for those staff expiring or about to expire has been extended to 31 October 2020. The training department are working with department managers and individual learners to ensure staff have time scheduled to update their training before the 31<sup>st</sup> October. To support this details of how many staff are due to expire on 31/10/2020 per subject have been added to the team training reports and are monitored weekly by the Mandatory Training Lead and through the CQC dashboard meetings.

Respect training resumed on Sunday 19<sup>th</sup> July and Immediate Life Support and Moving and Handling Level 2 courses resume in August. Due to Covid-19 staff training sessions will take place in PPE and with additional safety precautions in place, including temperature checks on arrival and groups sizes reduced to 8 per course.

As at 2 August 2020, the Trust has achieved 92.20% compliance with mandatory training.

## **Appendix 1 - Statistical Process Control (SPC) Charts**

### **What is an SPC Chart?**

An SPC chart is a time series graph comprising of three reference lines - the mean, upper and lower control limits. The limits help you understand the variability of the data. The variance of the data determines the process limits and in normal circumstances you can expect 99% off the data points to fall between them.

### **Why do we use SPC Charts?**

SPC charts are used to distinguish between natural variation ('common cause' not caused by anything in particular) in performance and unusual patterns ('special cause', unexpected events) in data which are unlikely to have occurred due to chance and require investigation.

SPC charts can also provide assurance on whether a target will reliably be met or whether the process is incapable of meeting the target without a change. They can also show the impact of any changes made to improve performance or quality.

Using SPC charts helps us to visualise and understand data variation over time to allow us to identify significant patterns requiring investigation. The charts provide us with a small set of rules that when consistently applied can support quality improvement and enable teams to develop improvement actions where appropriate.

### **Special Cause Variation**

These are statistically significant patterns in data which may require investigation and includes the following:

- Trend: 6 or more consecutive points trending upwards or downwards
- Shift: 7 or more consecutive points above or below the mean
- Outside control limits: One or more observation is beyond upper or lower control limits

### **Use of a 'step-change' in SPC charts**

Where performance has been affected by a change in process (and the process change is known) then a step-change should be applied to the chart. For example, the implementation of an improvement plan. In these cases, the mean, upper and lower control limits are recalculated following the change in process.

## Understanding SPC Icons in SHSC

Variation Icons						
The icon which represents the last data point on an SPC chart is displayed.						
ICON						
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.
ACTION REQUIRED	<b>Nothing</b>	<b>Investigate</b> to find out what is happening/happened; what you can learn and whether you need to change something.	<b>Investigate</b> to find out what is happening/happened; what you can learn and whether you need to change something.	<b>Investigate</b> to find out what is happening/happened; what you can learn and whether you need to change something.	<b>Investigate</b> to find out what is happening/happened; what you can learn and celebrate the improvement or success.	<b>Investigate</b> to find out what is happening/happened; what you can learn and celebrate the improvement or success.

Assurance Icons			
If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.			
ICON			
DEFINITION	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	The system will randomly meet and not meet the target/expectation due to common cause variation. Sometimes you meet the target, sometimes you don't.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	<b>Consider</b> whether this is acceptable and if not, you will need to change something in the system or process.	<b>Change</b> something in the system or process if you want to meet the target.	<b>Understand</b> whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.