Sheffield Health and Social Care NHS Foundation Trust

Open BoD 11.11.20
Item 12

BOARD OF DIRECTORS MEETING (Open)

Date: 11 November 2020

TITLE OF PAPER	**Integrated Performance & Quality Report - Period Ending September 2020**
TO BE PRESENTED BY	**Phillip Easthope, Executive Director of Finance, IMST, Facilities & Performance**
ACTION REQUIRED	For the Board to: • receive and note the monthly performance report for the period ending September 2020. • Consider how the information in the report impacts on the assurance levels re delivery of our getting back to good objective and in relation to the contents of the BAF specifically BAF0002 Well led & BAF0003 Patient safety
OUTCOME	For the Board to be assured that the Trust is delivering the required standards of care, and that plans are in place to ensure on-going performance and performance improvement where required. In relation to changes to assurance & subject to deliberation at Board agree that: • BAF0002, the development of the performance report goes some way to improve the information at board level it isn't significant enough at this stage to improve assurance in relation to well led. • BAF0003, our current understanding of Patient safety has improved, noting the embedding of improvements re Supervision, however a number of indicators including Out of area placements, length of stay, CPA etc continue to be a significant concern.

TIMETABLE FOR DECISION	The Board should note the reporting position.
LINKS TO OTHER KEY REPORTS / DECISIONS	None highlighted.
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	CQC Getting back to Good BAF0002 Non-delivery of Well led development plan BAF0003 unable to improve patient safety Service quality targets and indicators within this report are also identified as KPIs for the Clinical Commissioning Group and the Sheffield City Council.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Nil
CONSIDERATION OF LEGAL ISSUES	None highlighted.

Presented by	Phillip Easthope
Designation	Executive Director of Finance
Date of Report	November 2020

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Board of Directors Integrated Performance & Quality Report

November 2020

Proud to care in Sheffield

Revised Format – Version 1

Including information to September 2020

Go To (Click to link)

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Executive Summary & Overview

Proud to care in Sheffield

Highlights & Exceptions | September 2020

Highlights

IAPT Access & Waiting Times
Service meeting recovery trajectory access target of 1000 in September. Both the 6 and 18 week wait to treatment start times continue to consistently exceed the national targets and this has been maintained throughout the pandemic to date.

Early Intervention – Access & Waiting Time (AWT) Standard
The service continues to exceed the 53% 2 week AWT target, with the current mean at 75% and August at 92%.

7 day follow up
The 7 day follow up target ensures that patients discharged from inpatient wards are followed by community services no longer than 7 days after their discharge. This was 100% in August & September 2020.

Flu vaccination programme
At 39% at week 4, performance for all staff and frontline staff is ahead of our stepped stretch targets (75% to be vaccinated in the first 8 weeks of the campaign) but work continues to counteract the expected drop in vaccinations mid-to-late November that has been seen in previous years. Special thanks to Director of Operations (System Improvement), Deputy Director of Nursing and all our peer vaccinators for their continued efforts.

Mandatory Training
Moving and Handling level 2 is now the only subject currently below 80% and there are no services below 80% compliance.

START (Sheffield Treatment & Recovery Team) Waiting Times
The service works towards a target of 95% of service users being assessed within 7 working days, which is consistently achieved. The average wait time from referral to assessment in all 3 services (Opiates, Non-Opiates and Alcohol) is currently under 3 days.

Exceptions

CPA Reviews
Early Intervention has seen a dip in performance, which is directly linked to a significant staff shortage that peaked during September. Although gaps still remain throughout October the situation has eased slightly which see the figures start to rise again.
Overall the CPA review figure maintains a slight improvement due to sustained improvement in both Recovery teams.

IAPT Moving to Recovery Rates
Recovery rates in Sheffield are improving. However, Moving to Recovery rates nationally are expected to be lower as some people dropped out of treatment due to Covid. Although NHS England have restored national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards.

Exceptions

Beds and Admissions
Numbers of admissions and those detained on admission have remained stable over recent period, but there have been fewer beds in the system to admit to and we see a concurrent increase in admissions out of area.
It should be noted that a number of beds have been closed through the system over the last few months for the following reasons:

- Enabling patients to isolate in the case of Covid outbreaks on the ward
- Maintaining a safe environment in times of significant staff shortages
- Refurbishment work being undertaken to eliminate dormitories

Adult Acute Wards
As at September 20 the system was operating with 6 fewer beds in the adult acute system, having lost 2 flex beds from Maple, Stanage and Burbage in April due to Covid and the need to minimise dormitory use to enable distancing and isolation. A further 2 beds were lost on Burbage in September, but 2 became available on Maple as works were completed.

Endcliffe Ward PICU
Note closure of 2 beds on Endcliffe in August 2020 due to staffing shortages and to maintain safety and quality. This impacts on admissions and bed occupancy levels. The beds have remained closed throughout October and are being made available from w/c 2 November 20.

Length of Stay
The average length of stay for service users on our adult acute and PICU wards has seen a gradual increase over the last months and is now breaching upper control limits. The difference in average length of stay on each of the 3 adult acute wards is highlighted in this report and should be noted that the reasons for the variation are not immediately evident. PICU length of stay has increased in part due to the inability to step patients down to the acute wards as the number of beds has reduced.

Out of Area Placements
A number of strategies to progress safe repatriation and avoid future out of area admissions are being used, such as:

- At Risk of Admission and Out of Area Management weekly meetings chaired by Crisis and Emergency Clinical Director
- Home Treatment liaison posts directed to focus on supporting repatriation
- Clinical Director overseeing out of area requests
- Joint working with Local Authority colleagues to support timely accommodation provision

Overview | Summary KPIs 1

Statutory measures	Current Position
Organisation in Special Measures	Yes
CQC Inspection rating	Inadequate
NHSI Single Oversight Framework segmentation	4

Protecting from avoidable harm	Target	YTD
Mixed Sex Accommodation (MSA) breaches	0	0
Never events declared	0	0
Methicillin-resistant Staphylococcus aureus (MRSA & MSSA)	0	0

KPI Assurance Key

✓	Good data quality, confident in information/metric.
?	Unconfirmed data quality, assurance on information/metric required.
✘	Known data quality issue. Work to be done.

Trust Board Performance Report Key Performance Indicators (KPIs)	Usual Frequency	TARGET	National Benchmark	SEPT 2020	SPC VARIATION / TREND ICON	SPC ASSURANCE ICON	COMMENTS	KPI Assurance
SAFE								
Adult Acute inpatient occupancy levels (KH03)*	Monthly	95%	93%	**87.72%**			See Acute Inpatient detail. This figure excludes leave and Out of Area placements.	✓
Functional Illness (Dovedale) occupancy levels (KH03)*	Monthly	95%	86%	**73.89%**			See Older Adult Inpatient detail. This figure excludes leave and Out of Area placements.	✓
Dementia Management (G1) occupancy levels (KH03)*	Monthly	95%	86%	**64.73%**			See Older Adult Inpatient detail. This figure excludes leave and Out of Area placements.	✓
Sickness absence	Monthly	5.10%	~	**6.03%**			See Workforce Detail	?
Turnover	Monthly	10.0%	~	**11%**			See Workforce Detail	?

***Bed Occupancy**

KH03 bed occupancy is defined as the number of patients present overnight in the number of beds available, excluding patients on leave. The number of beds available is, as a minimum, the number of commissioned beds, plus any additional beds used on a day to day basis. Please note that for the purposes of the figures provided above the commissioned bed numbers are 54 (Adult Acute), 18 (Dovedale) and 16 (G1). There has been a number of temporary changes to bed numbers since March, relating to Covid 19, dormitory work/refurbishment and safer staffing numbers. The reductions per ward/bed type are shown to the right.

20/21 (By Month)	Adult Acute	Maple	Stanage	Burbage	Flex Beds	Sub Misuse (Burbage)	ALL Acute Adult Beds
Mar-20	*49*	*17*	*18*	*14*	*6*	*5*	***60***
Apr-20	49	17	18	14	0	**5**	**54**
May-20	49	17	18	14	0	**5**	**54**
Jun-20	49	17	18	14	0	**5**	**54**
Jul-20	49	17	18	14	0	**5**	**54**
Aug-20	49	17	18	14	0	**5**	**54**
Sep-20	49	19	18	12	0	**5**	**54**

20/21 (By Month)	G1	Dovedale	Older Adult (all types)
Mar-20	*16*	*18*	*34*
Apr-20	16	18	34
May-20	16	15	31
Jun-20	16	15	31
Jul-20	14	15	29
Aug-20	14	15	29
Sep-20	14	15	29

20/21 (By Month)	Section 136 (Maple)	PICU
Mar-20	*2*	*10*
Apr-20	**2**	**10**
May-20	**2**	**10**
Jun-20	**2**	**10**
Jul-20	**2**	**10**
Aug-20	**2**	**8**
Sep-20	**2**	**8**

Overview | Summary KPIs 2

Trust Board Performance Report Key Performance Indicators (KPIs)	Usual Frequency	TARGET	National Benchmark	SEPT 2020	SPC VARIATION/ TREND ICON	SPC ASSURANCE ICON	Comments	KPI Assurance
RESPONSIVE								
Access to Home Treatment	Monthly	100	N/A	**104**			Numbers in to Home Treatment service. Old target - needs review.	?
Out of area for acute admissions	Monthly	0	N/A	**13**	H		See Bed Occupancy Detail	?
Out of area for PICU admissions	Monthly	0	N/A	**4**			See Bed Occupancy Detail	?
7 Day follow up following discharge - people on CPA	Monthly	95.00%	93.00%	**100%**			Awaiting commissioner confirmation of new target for 72 hour follow up as per CQUIN 19/20.	?
Access to Early Intervention in Psychosis Services - new cases	Monthly	6	N/A	**9**		P	Old target - needs review.	?
Waiting Time Standard Early Intervention – % commencing treatment within 2 weeks	Monthly	53.00%	N/A	**66.67%**		P	EIP exceeding target for consecutive 24 months.	?
Access to IAPT - new clients accepted	Monthly	1000	N/A	**1099**			See IAPT Detail. Note reduced target in place until January 2021 when it will revert back to 1232.	?
Waiting Time Standard IAPT - % entering treatment in 6 weeks	Monthly	75.00%	N/A	**92.46%**		P	See IAPT Detail	?
Waiting Time Standard IAPT - % entering treatment in 18 weeks	Monthly	95.00%	N/A	**99.60%**		P	See IAPT Detail	?
IAPT Moving to Recovery Rates	Monthly	50.00%	N/A	**38.05%**		L	See IAPT Detail	?

Overview | Summary KPIs 3

Trust Board Performance Report Key Performance Indicators (KPIs)	Usual Frequency	TARGET	National Benchmark	SEPT 2020	SPC VARIATION/ TREND ICON	SPC ASSURANCE ICON	COMMENTS	KPI Assurance
EFFECTIVE								
Gatekeeping - Acute admissions assessed for HT	Monthly	95.00%	N/A	**96.55%**				?
CPA - % with an Annual Review	Monthly	95.00%	N/A	**79.94%**			See CPA Review Detail	?
WELL-LED								
Data Quality - Client Outcome indicators x 3	Quarterly	50.00%	N/A	**34.06%**			Data available until end August 20 only. Significant drop below lower control limit in May/June 2020. Investigation with Information Dept. ongoing. There was a change in reporting system in April - current assumption is this is a data quality issue rather than a clinical issue.	?
Data Quality - Client Identifier indicators x 6	Quarterly	50.00%	N/A	**99.71%**			Data available until end August 20 only. Downward trend and shift below mean, but control limits are very small and metric consistently meeting target.	?
Use of Resources Rating	Monthly	1	N/A	**~**	N/A	N/A	See Finance Detail	N/A
Income & Expenditure (£000)	Monthly	N/A	N/A	**~**	N/A	N/A	See Finance Detail	N/A
Cash Balance (£000)	Monthly	N/A	N/A	**£59,424k**	N/A	N/A	See Finance Detail	N/A
CIP & Disinvestment Delivery Against Plan (£000)	Monthly	N/A	N/A	**N/A**	N/A	N/A	See Finance Detail	N/A

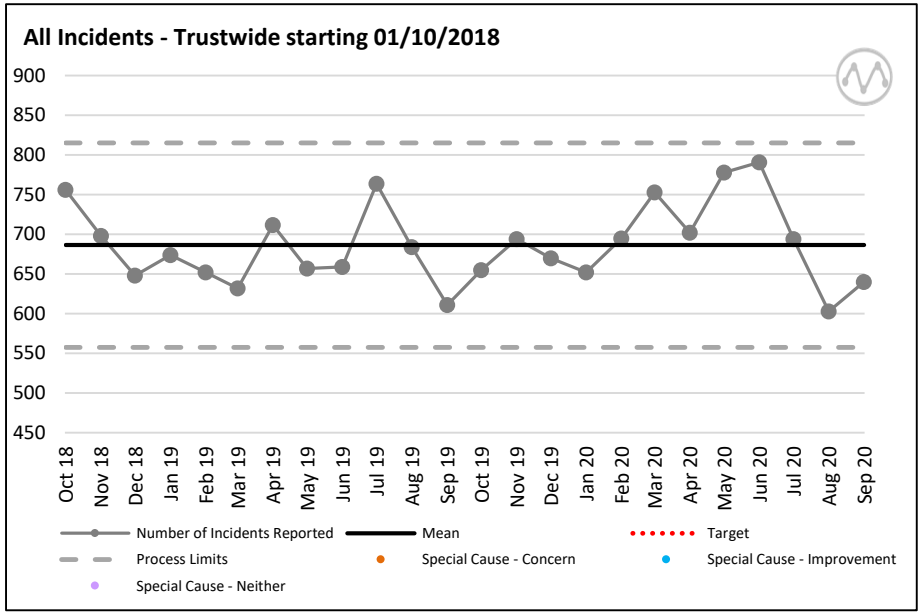
NHS
Sheffield Health and Social Care
NHS Foundation Trust

Quality Metrics

Proud to care in Sheffield

Incidents

Incident Type	SEPT 2020	VARIATION	Comment
ALL	640		
Catastrophic	25		There were five serious incidents this month, subject to serious incident investigation.
Major	2		The two major incidents relate to positive Covid-19 tests being confirmed.
Moderate	31		
Minor	164		
Negligible	395		
Near Miss	23		

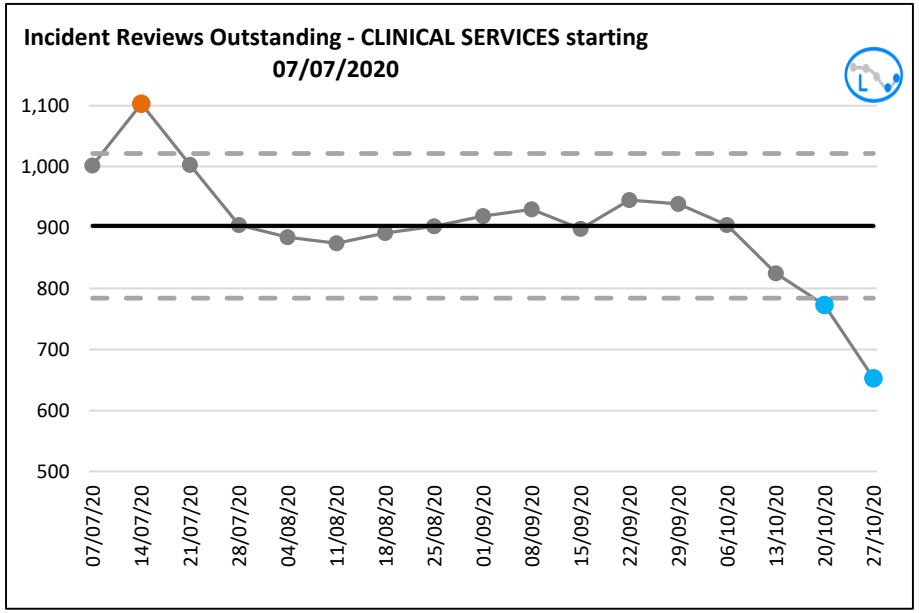


Narrative

The five serious incidents relate to three suspected suicides in the community and two falls at a residential care home that resulted in a fracture.

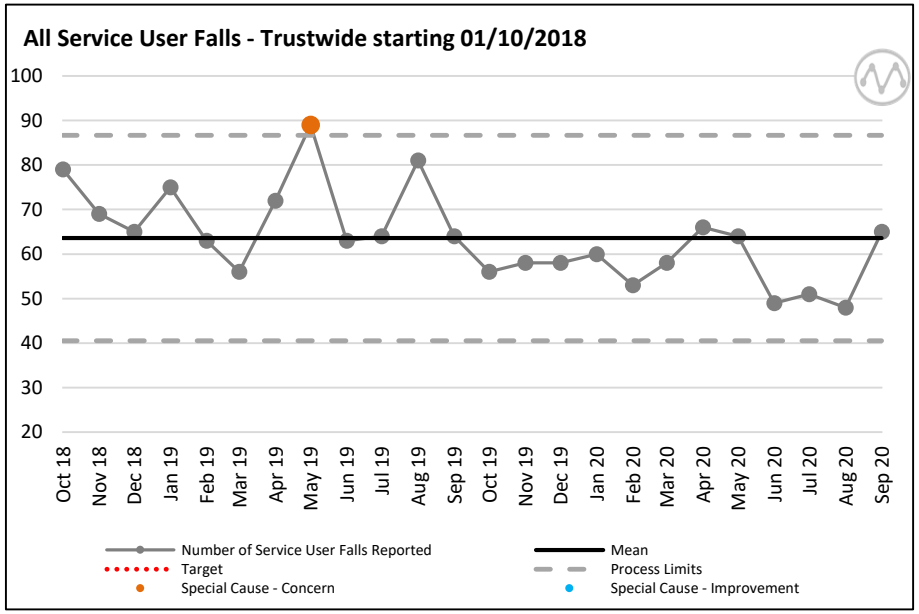
The latest benchmarking report from the National Reporting Learning System (NRLS) (October 2019 – March 2020) suggests that the Trust has a positive reporting culture and shows no evidence of potential under reporting and that patient safety incidents are reported in a timely way.

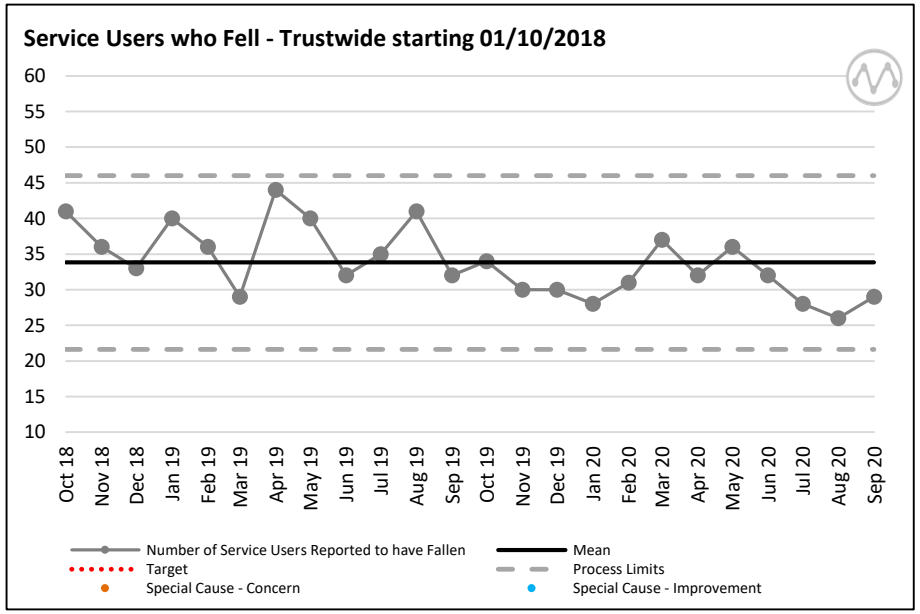
Although there have been improvements in closing the loop of incidents reported, further progress is needed. Heads of Service have been asked for an improvement plan by 1 DDecember 2020, which they will be monitored against in integrated performance and quality reviews.



Falls

Service/Ward	Number of Falls	September 20 Falls Icon	Number of Service Users	September 20 Service Users Icon
Trustwide	**65**		**29**	
G1 (Grenoside Grange)	**27**		**6**	
Dovedale Ward	**1**		**1**	
Birch Avenue	**14**		**9**	
Woodland View	**18**		**10**	

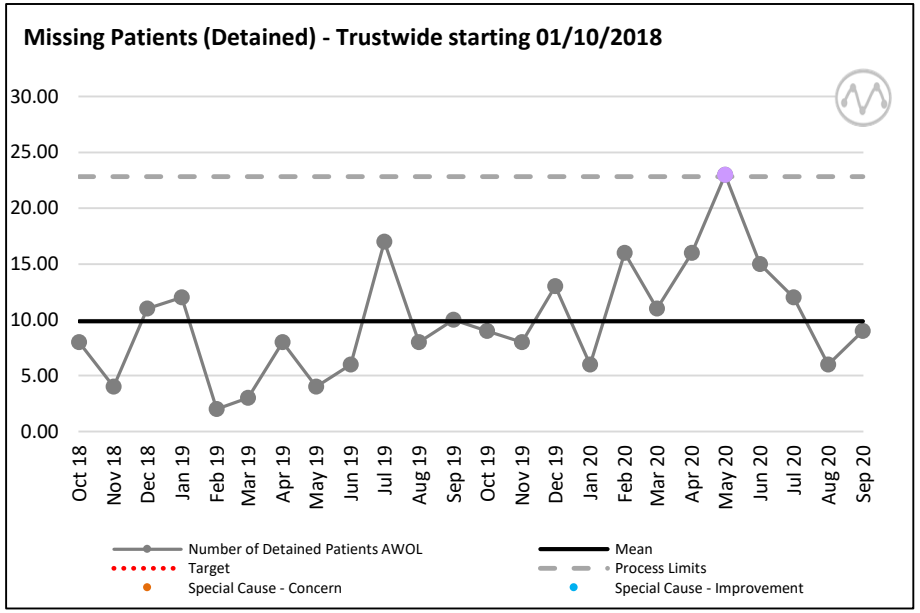


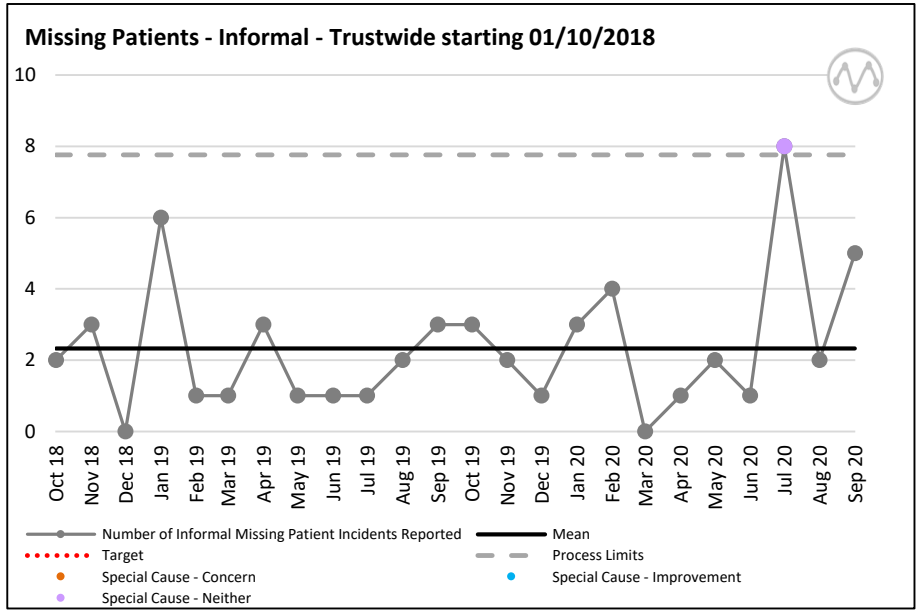


Narrative

A person, who is an inpatient on G1 (Grenoside Grange), has had 14 falls. A falls risk assessment is in place and subject to regular review.

Safe | Missing Patients | Medication Incidents

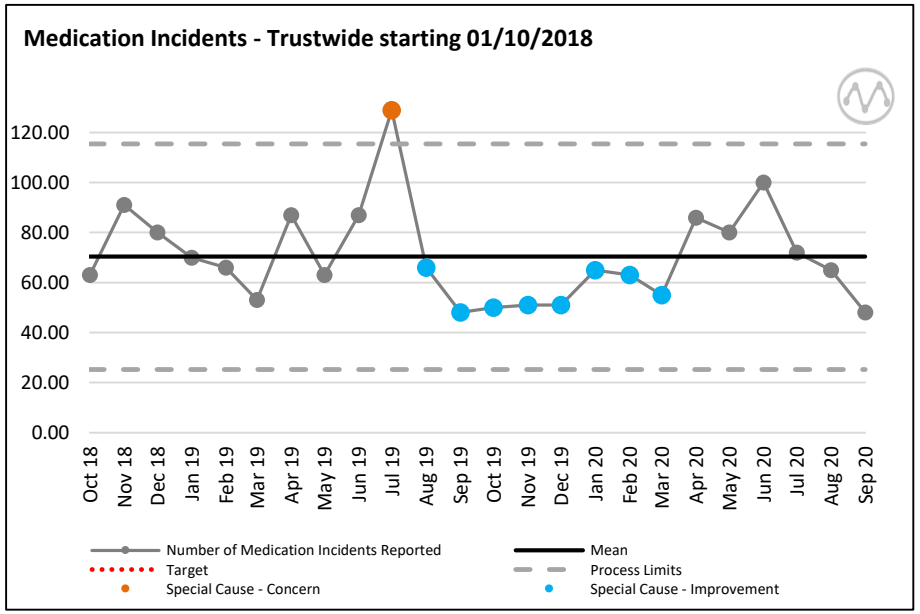




Narrative

Missing patients falls under the category of "Access, admission, transfer, discharge " within the National Reporting Learning System. The national average of this type of incident reported as a percentage of all patient safety incidents reported is 8.9%. For SHSC, 7.6% of all patient safety incidents reported are within this category.

During September 2020 11 out of the 14 recorded missing patient incidents occurred at Forest Close.



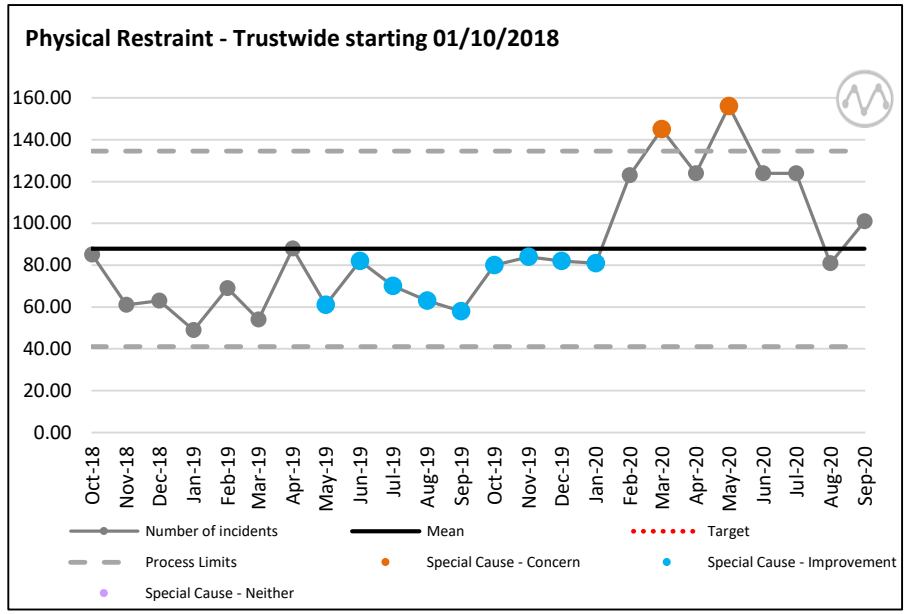
Incident Type	September 20	Variation
ALL	48	
Prescribing	5	
Dispensing	1	
Administration	13	
Management	29	

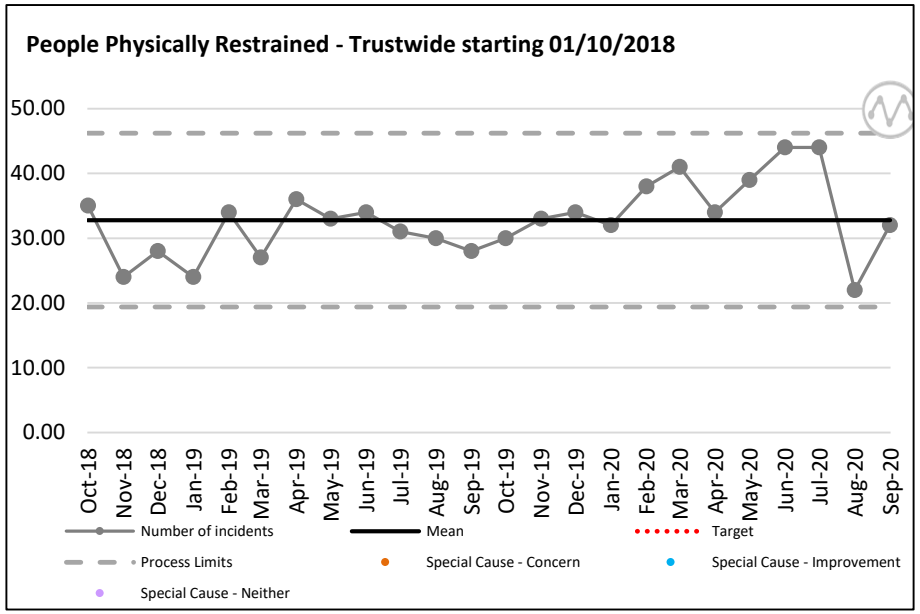
Narrative

56% of all medication incidents are reported within the acute inpatient services. The majority of community incidents are reported by Forest Close and Wainwright Crescent (where service users self-administer).

Out of the 48 incidents reporting during September 2020, there were 5 near-misses reported, 35 negligible graded incidents and 7 minor graded incidents reported. There was one moderate incident reported which related to a medicines fridge within the Recovery Team being out of temperature range. Advice was provided by Pharmacy and involved the expiry dates of medicines being amended.

Restrictive Intervention | Physical Restraint





Service/Ward	No	September 20 PR Icon	No	September 20 Service Users Icon
Trustwide	**101**		**32**	
G1	**12**		**2**	
Dovedale	**4**		**4**	
Firshill ATS	**10**		**2**	

Service/Ward	No	September 20 PR Icon	No	September 20 Service Users Icon
Burbage	**9**		**5**	
Stanage	**18**		**4**	
Maple	**16**		**7**	
Endcliffe	**27**		**4**	

Narrative

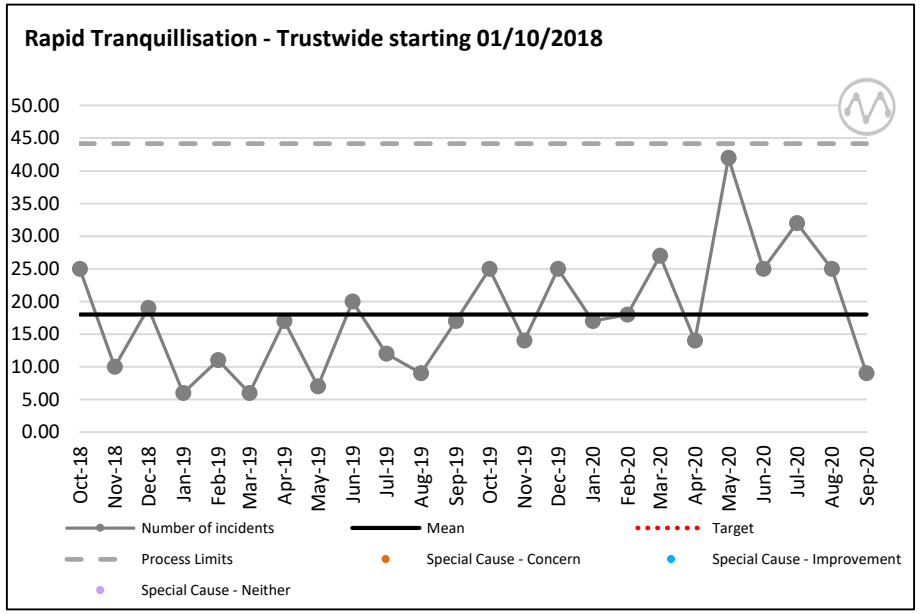
During September 2020 11 out of the 12 physical restraints recorded on G1 involved the same person. Assurance around the care management of this individual was provided at September's Board of Directors meeting.

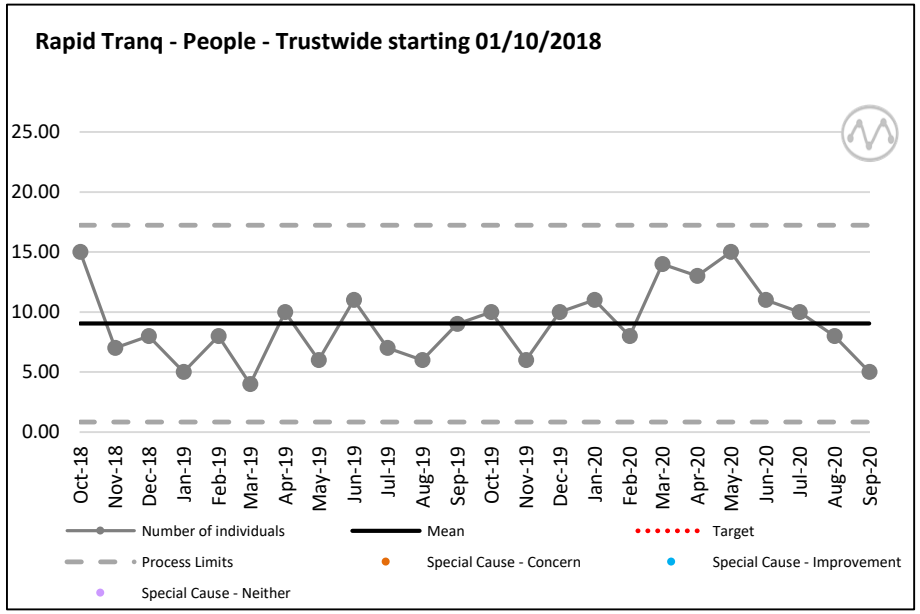
Two service users accounted for 16 out of the 18 recorded physical restraints on Stanage Ward. One service user is disinhibited in presentation and staff are using respect holds to safely manage the situation and maintain their and others' privacy and dignity. The other service user is also disinhibited and is restrained to safety support staff and other service users and promote privacy and dignity.

17 of Endcliffe's 27 physical restraints involved the same person. This is a person who is waiting for a Personality Disorder forensic placement.

9 out of the 10 incidents recorded on ATS involved the same patient. This correlates with an increase in levels of agitation and impulsive behaviours, which has led to an increase in redirection holds to keep staff and the patient safe. A new community provider has been confirmed and ATS has commenced transitions work for a supportive discharge from ATS.

Restrictive Intervention | Rapid Tranquillisation





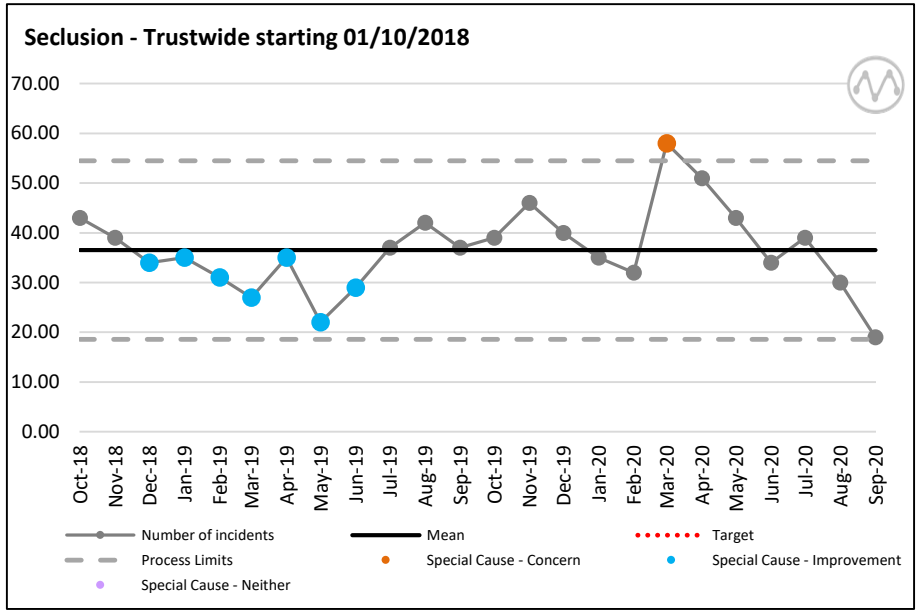
Narrative

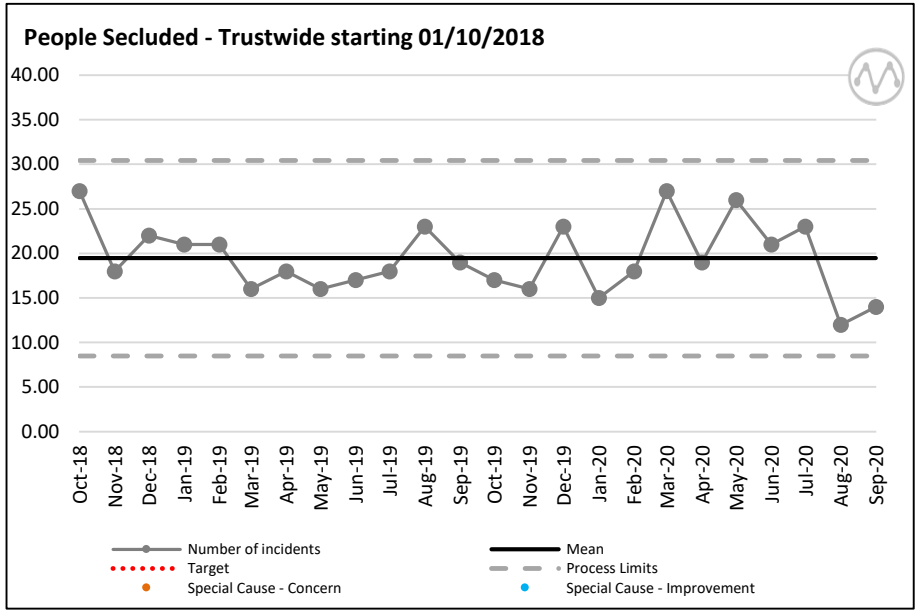
One patient on Endcliffe received rapid tranquilisation five times in September 2020. This person is waiting for a Personality Disorder forensic placement.

Service/Ward	No	September 20 RT Icon	No	September 20 Service Users Icon
Trustwide	9		5	
G1	1		1	
Dovedale	0		0	
Firshill ATS	0		0	

Service/Ward	No	September 20 RT Icon	No	September 20 Service Users Icon
Burbage	2		2	
Stanage	1		1	
Maple	0		0	
Endcliffe	5		1	

Restrictive Intervention | Seclusion Episodes





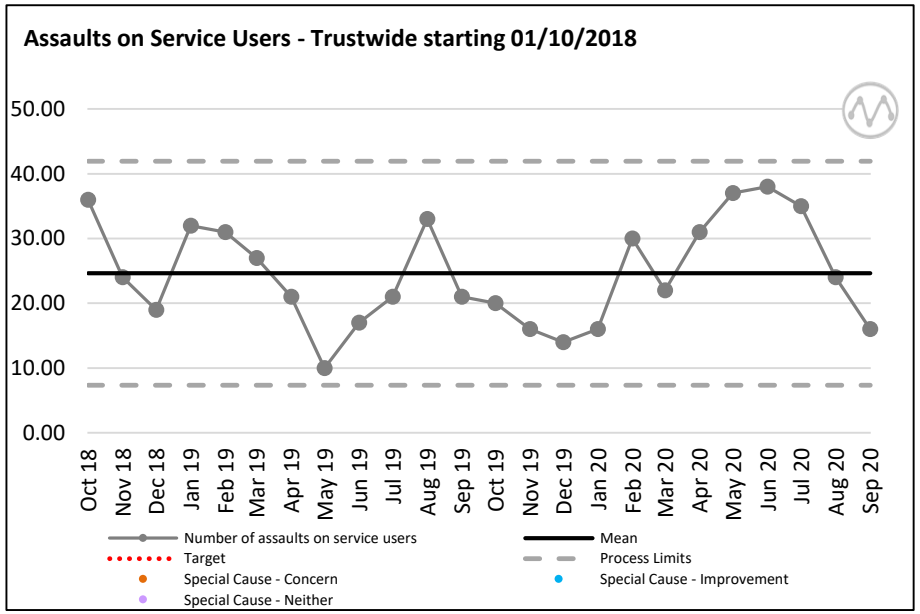
Service/Ward	No	September 20 Seclusion Icon	No	September 20 Service Users Icon
Trustwide	19		14	
G1	0		0	
Firshill ATS	2		2	

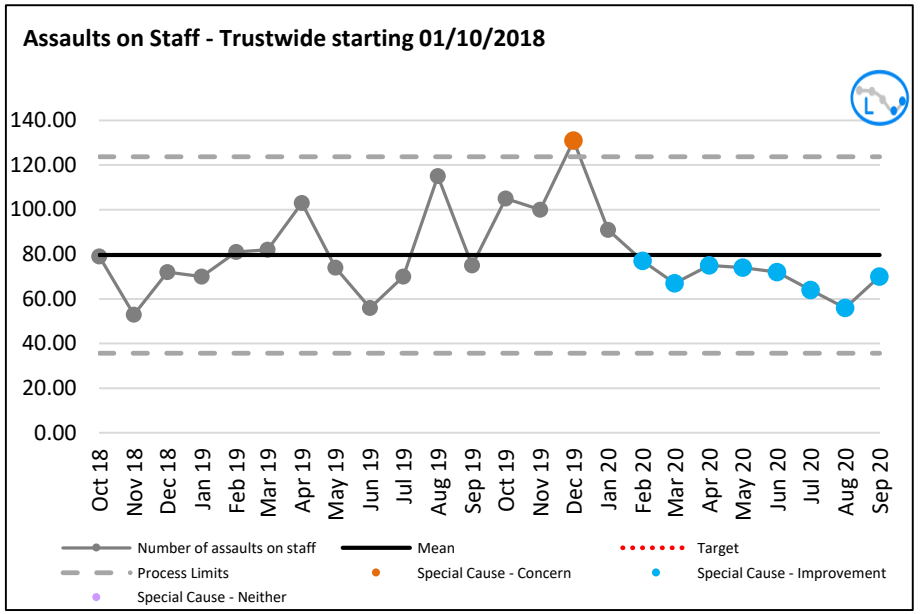
Service/Ward	No	September 20 Seclusion Icon	No	September 20 Service Users Icon
Burbage	5		3	
Stanage	0		0	
Maple	8		5	
Endcliffe	4		4	

Narrative

There is a marked reduction in the number of seclusions that have been reported during September 2020. Most noticeable is that G1 Ward has gone from 17 seclusions in August (16 of which were one person) to none in September 2020. This is due to the change in presentation of the person who had been previously secluded on a number of occasions.

Safe | Assaults | Sexual Safety & EMSA





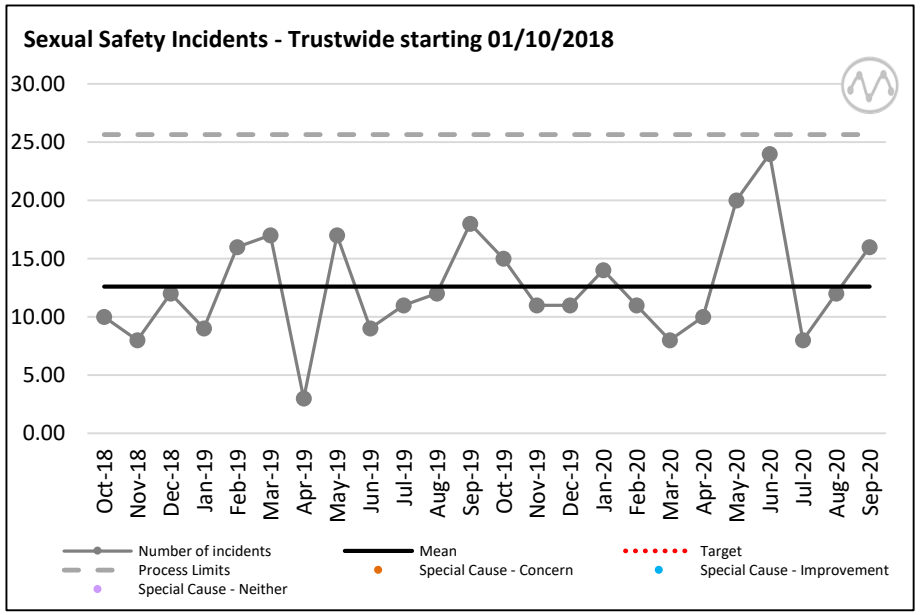
Narrative

Out of the 16 assaults on patients during September 2020, 11 of these had no resulting injury. The remaining incidents recorded bruise/swelling, abrasion/graze and tenderness type injuries.

The majority of patient assaults were from other patients. A small number of incidents reported relate to incidents occurring off-site by persons unknown.

There was one racial/cultural abuse incident against staff reported during September 2020.

All staff assault incidents reported were patient assaults.



Narrative

Sexual Safety

There were 16 sexual safety incidents reported during September across Forest Close, Stanage Ward, Endcliffe Ward, Liaison Psychiatry, ATS (Firshill Rise) and Maple Ward.

Engagement with the National Sexual Safety Collaborative has recommenced during September, following the pause during the Covid-19 pandemic.

Eliminating Mixed Sex Accommodation (EMSA) Compliance

There have been no EMSA Reportable Breaches in September 2020.

Safe | Deaths | Covid-19

Service User Deaths 1 – 30 September 2020	
Birch Ave	9
Community Learning Disability Team	3
Liaison Psychiatry	2
Mental Health Recovery Teams	4
Neuro Enablement Service/Brain Injury Team	6
Older Adult Community Mental Health Teams	11
Woodland View	2
Early Intervention Service	2
Long-Term Neurological Team	2
Single Point of Access/Emotional Wellbeing Service	1
START Alcohol Service	3
START Opiates Service	4
Total	**49**

Classification of Deaths 1 – 30 September 2020	
Expected Death (Information Only)	23
Unexpected Death - SHSC Community	11
Unexpected Death – Suspected suicide	3
Unexpected Death (Suspected Natural Causes)	11
Non-patient Death*	1
Grand Total	**49**

Quarterly mortality reports are presented to the Quality Assurance Committee and Board of Directors.

Deaths Reported 1 April – 30 September 2020	
Awaiting Coroners Inquest/Investigation	66
Conclusion - Narrative	1
Conclusion - Suicide	2
Natural Causes - No Inquest	179
Ongoing	2
Grand Total	**250**

The table above shows the number of deaths that have been recorded YTD 1 April 2020 to 30 September 2020.

**The non-patient death reported relates to the death of a staff member.*

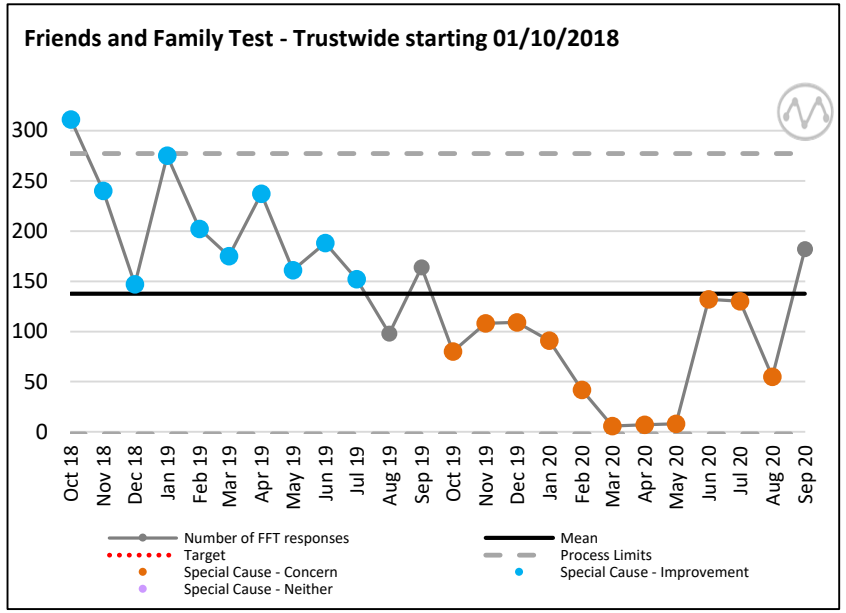
Covid-19 Deaths 1 March 2020 – 30 September 2020	
Birch Avenue	2
Community Learning Disability Team	1
G1 Ward	2
Liaison Psychiatry	1
Long-term Neurological Conditions	2
Memory Service	4
Neuro Case Management Team	1
Neuro Enablement Service	1
Older Adult Community Mental Health Team North	9
Older Adult Community Mental Health Team South East	6
Older Adult Community Mental Health Team South West	3
Older Adult Community Mental Health Team West	1
START Opiates Service	1
Total	**34**

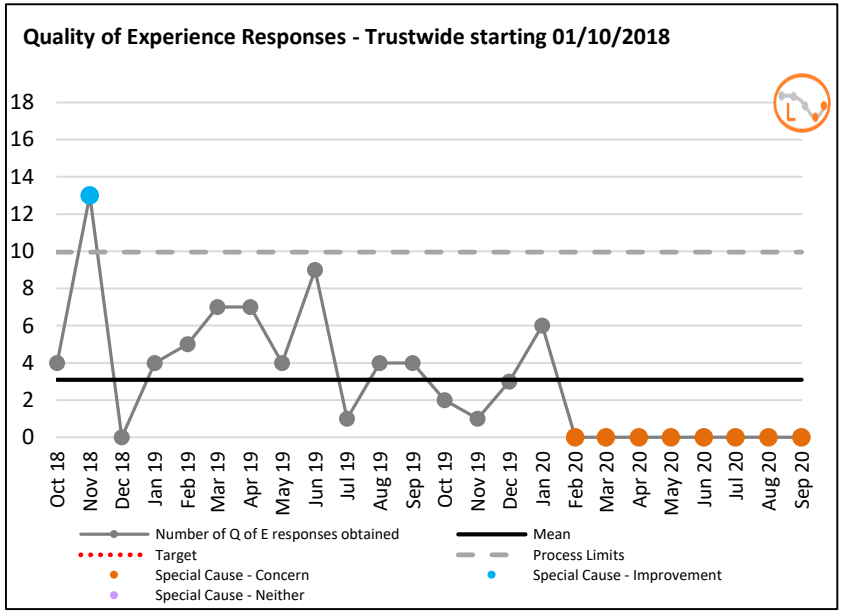
Covid-19 Outbreaks

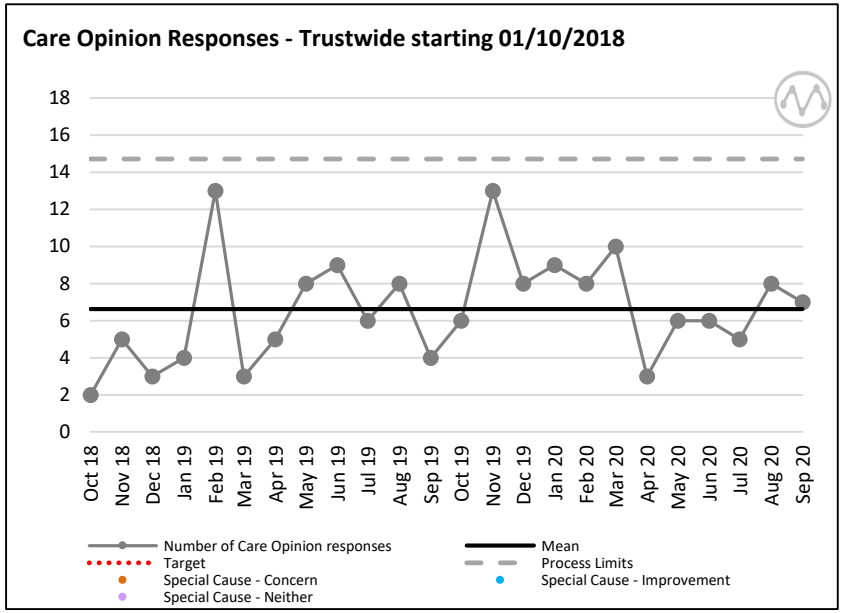
In September, we were managing local outbreaks of positive cases amongst patients and staff in the following services:

- Birch Avenue
- Woodland View
- Older Adult Home Treatment Team
- Sheffield Treatment & Recovery Team (START)

Service User Experience







Narrative

We continue to actively seek feedback through service user questionnaires about service changes resulting from the COVID-19 pandemic restrictions. Positive feedback includes excellent and supportive staff and remaining in contact during the pandemic. The key areas for improvement included feelings of being left alone whilst on a waiting list, lengthy waiting times and the cleanliness of wards.

Quality of Experience surveys have not been carried out on inpatient areas since the start of the Covid-19 restrictions. Alternative feedback mechanisms are being considered with a revised survey to enable remote collection.

Ward Community Meetings – September Highlights

Burbage – Service users have nominated an individual to take overall responsibility of feeding the fish, to avoid them being overfed.
Dovedale – Staff are considering a solution to avoid the ward doors banging during the evening, which disturbs some patients.
Stanage - Service users reported an absence of chaplaincy staff, this was due to staff shortages. The team is now back to full complement and available for requests for visits.
Maple – Music groups are being revamped to include group participation or shared listening via Spotify.
Endcliffe – Staff are making enquiries as to the purchase of radios for patient rooms to aid relaxation.
Forest Lodge – Remedial works to the outside lighting is expected by the end of September.
Forest Close – Agreed to continue to rotate meal choices.

Complaints and Compliments

3 complaints and 6 compliments were received during September 2020.

The complaints relate to clinical treatment, access to treatment/drugs and admission/discharge within the Single Point of Access and Mental Health Recovery Teams. All three are currently under investigation.

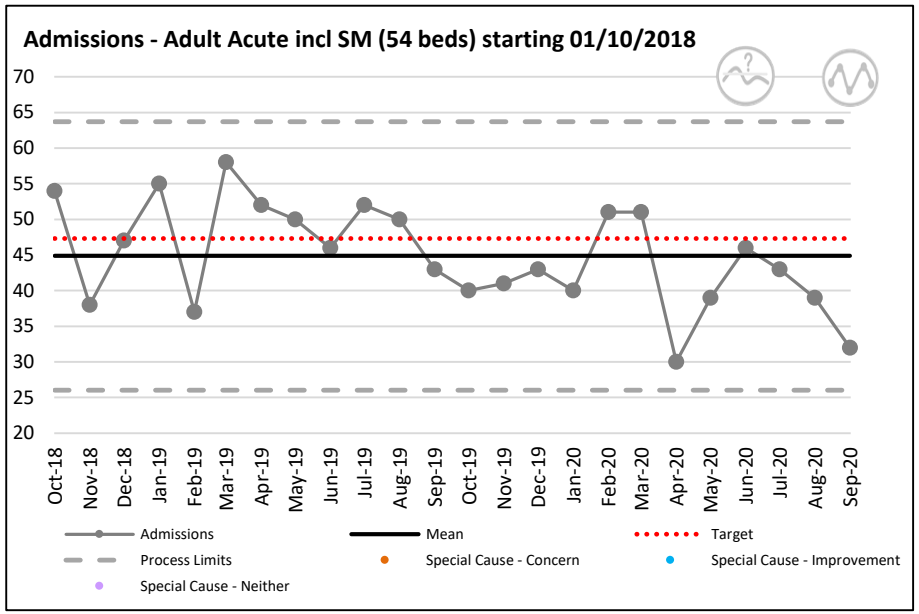
The compliments relate to support given to a colleague during a Mental Health Act assessment, gratitude from a student on placement and feedback from relatives about the care their loved ones received. The compliments related to a variety of teams/services.

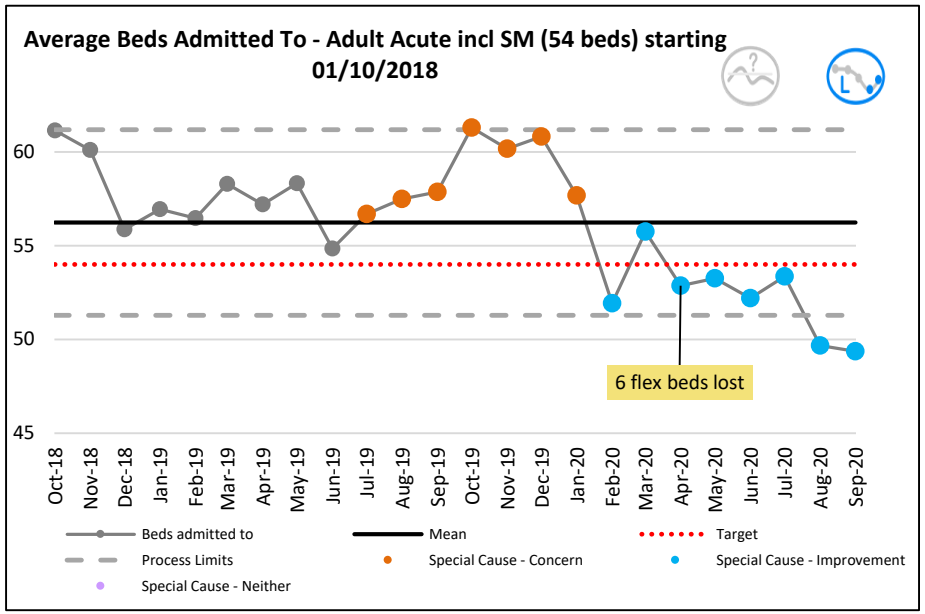
NHS
Sheffield Health and Social Care
NHS Foundation Trust

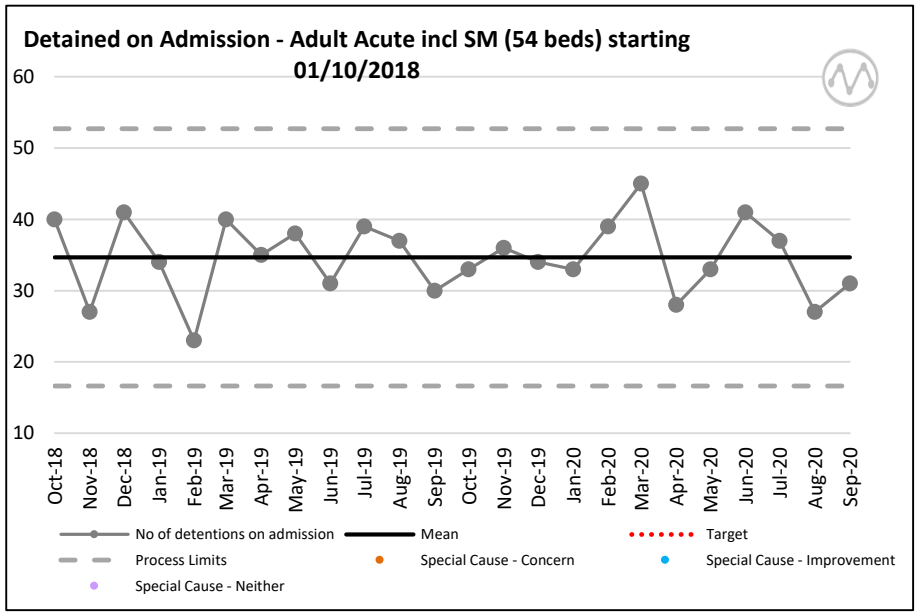
Performance Metrics

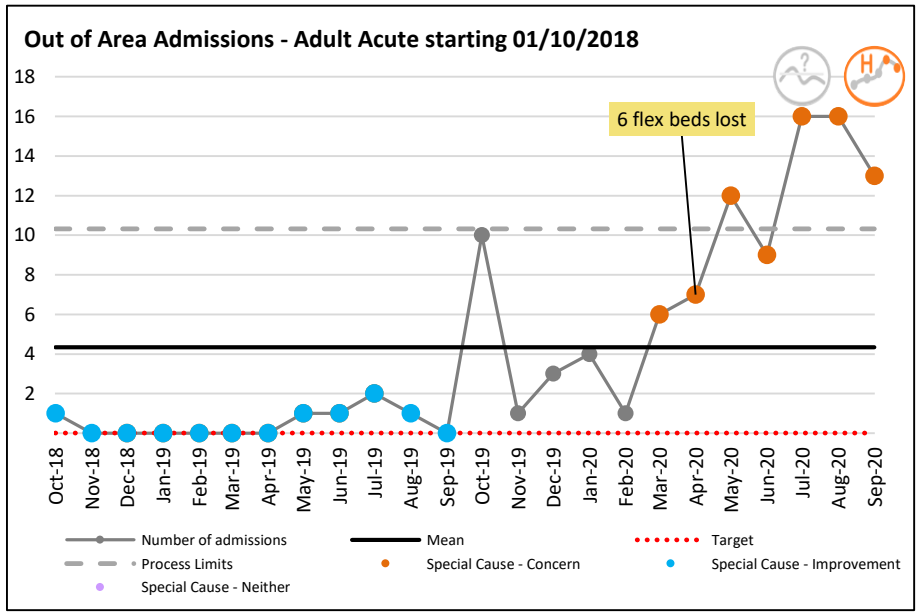
Proud to care in Sheffield

Safe | Inpatient Wards | Adult Acute









Narrative

Numbers of admissions and those detained on admission have remained stable over recent period, but there have been fewer beds in the system to admit to and we see a concurrent increase in admissions out of area.

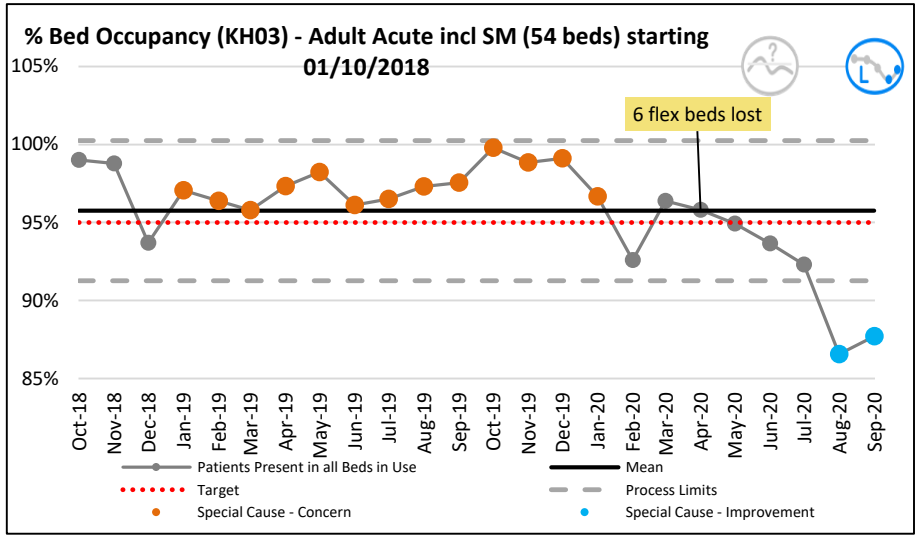
It should be noted that a number of beds have been closed through the system over the last few months for the following reasons:

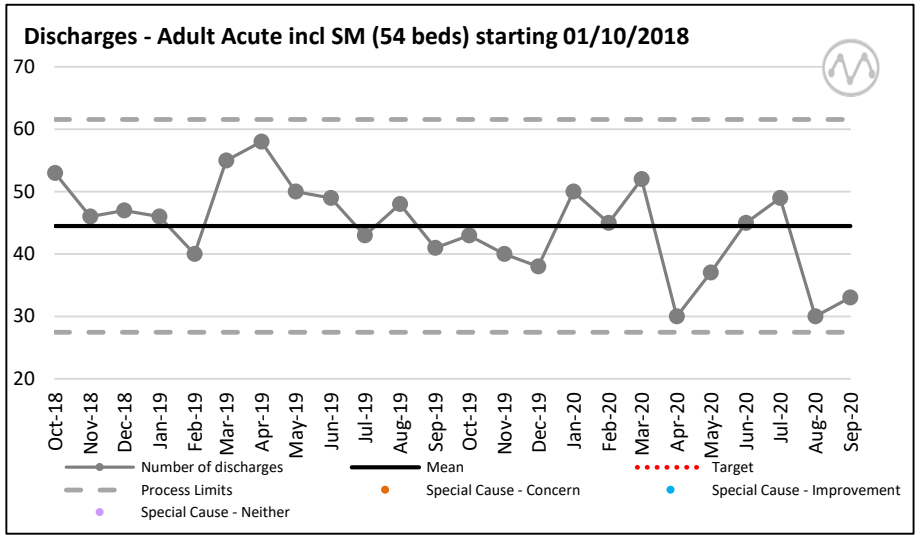
- Enabling patients to isolate in the case of Covid outbreaks on the ward
- Maintaining a safe environment in times of significant staff shortages
- Refurbishment work being undertaken to eliminate dormitories

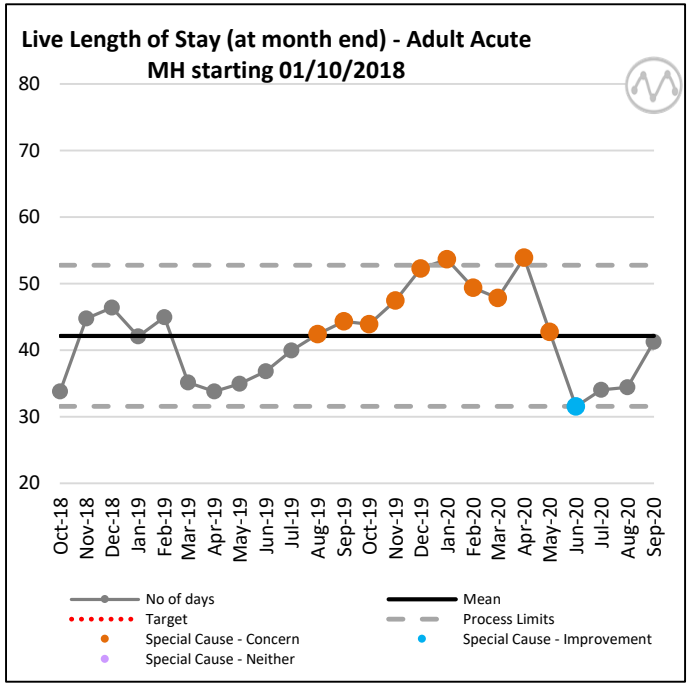
The Heads of Service and Clinical Directors are undertaking a deep dive to understand the challenges we are facing in our adult acute system, and what we need to do to address them, both in the short to medium and long term as part of Acute Care Modernisation plans.

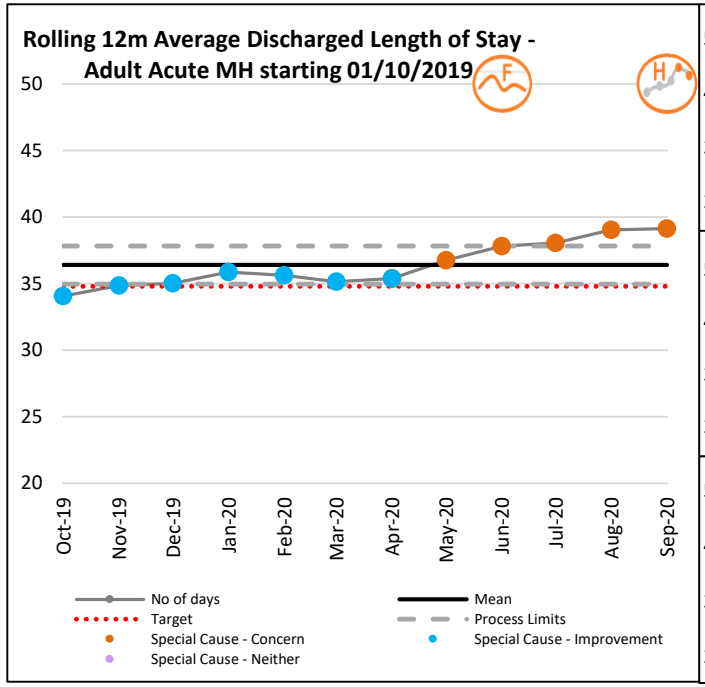
The Heads of Service and Clinical Directors have drafted an Out of Area Improvement Plan which will be presented to Quality Committee in November 2020. The bed management process will change from weekly to live daily processes.

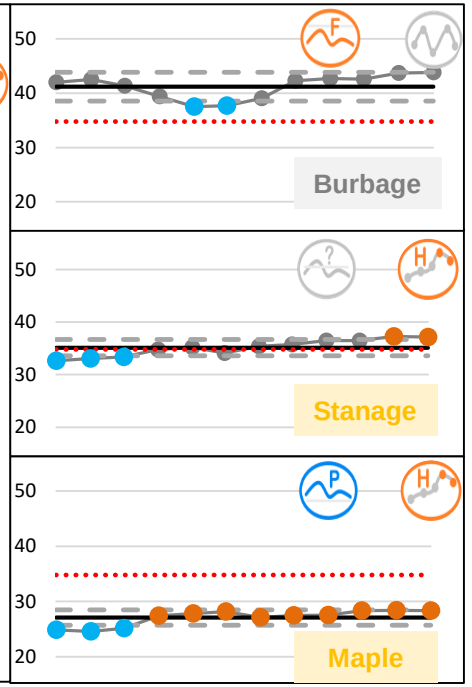
Safe | Inpatient Wards | Adult Acute











Benchmarking

(2019 NHS Benchmarking Network Report)

Bed Occupancy

Mean: 93%

Median: 95%

Length of Stay

Mean: 34.8 days

Median: 36 days

Narrative

Bed Occupancy

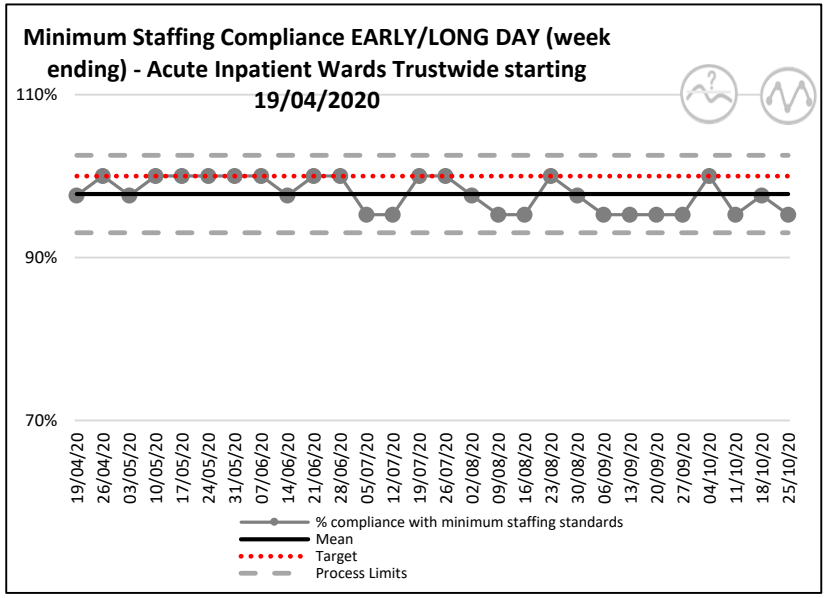
Bed Occupancy begins to drop below usual norms from March 2020, as expected due to the reduction in available beds for Covid and refurbishment works.

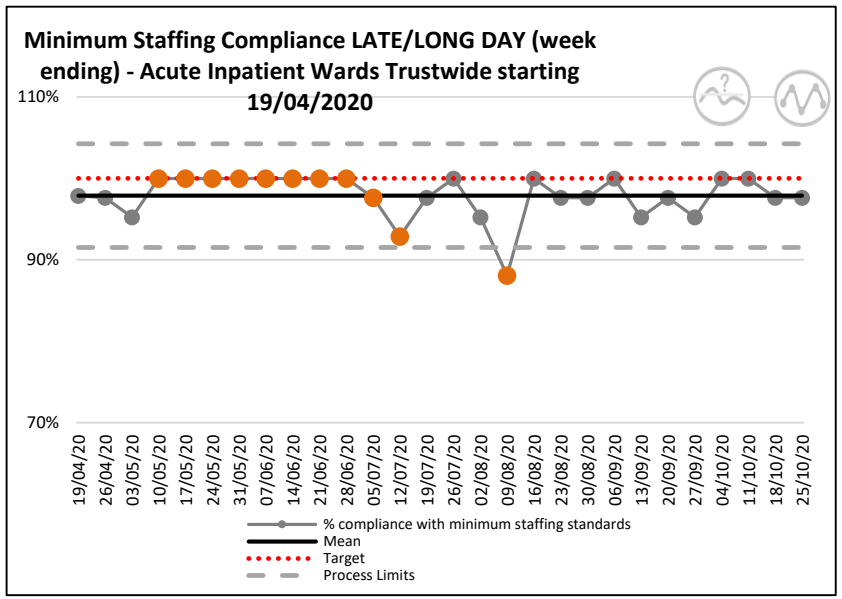
Length of Stay

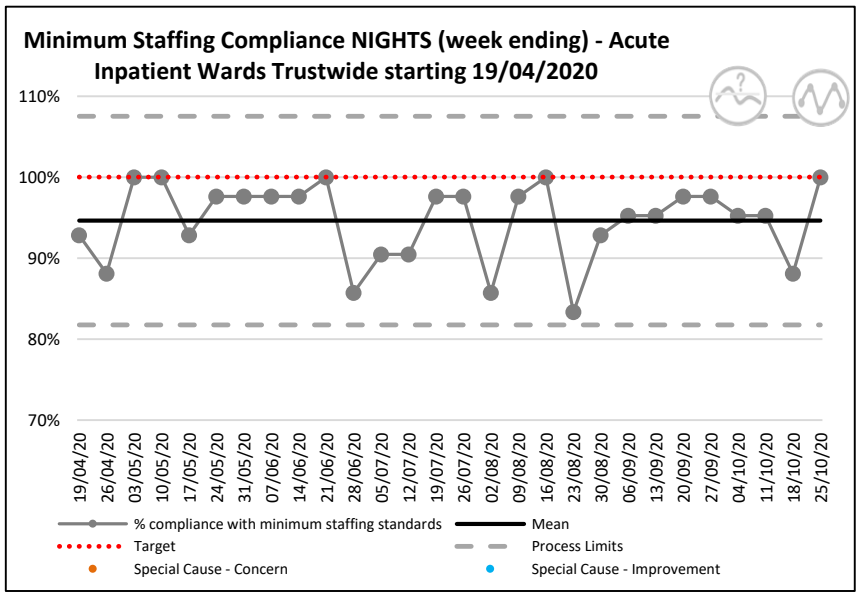
The average length of stay for service users on our adult acute wards has seen a gradual increase over the last months and is now breaching upper control limits. The difference in average length of stay on each of the 3 adult acute wards is highlighted here to the left and should be noted that the reasons for the variation are not immediately evident.

The Heads of Service and Clinical Directors are undertaking a deep dive to understand the challenges we are facing in our adult acute system, and what we need to do to address them, both in the short to medium and long term as part of Acute Care Modernisation plans.

Staffing – Acute Inpatient Wards







AIM

We will ensure that there are suitable and sufficient qualified, skilled and experienced staff within inpatient services.

NARRATIVE

We plan our staffing according to the Actual Funded Establishment and monitor this using Safe Care Analysis. We work on agreed minimum safe staffing numbers for the acute wards which are noted as follows:

- Burbage, Stanage, Dovedale and G1 wards: 2:4 day shifts and 2:2 night shifts
- Maple ward: 3:4 day shift and 3:3 night shifts
- Endcliffe ward: 3:3 day shifts and 2:4 night shifts

EXCEPTIONS

For the period w/e 25th October 2020, the following exceptions to minimum staffing compliance are noted:

SHIFT COMPLIANCE

• Early	95.24%	(40 shifts)
• Late	97.62%	(41 shifts)
• Night	100%	(42 shifts)

****3 non-compliant shifts****

			Shortfall:
Stanage	19/10/2020	Early	1 Support Worker
	21/10/2020	Early	1 Support Worker
	22/10/2020	Late	0.5 Support Worker

TAKE CHARGE NURSE

For the period w/e 25h October 2020, the following exceptions are noted:

Preceptor as TAKE CHARGE NURSE

• Early	0%
• Late	0%
• Night	0%

Bank & Agency as TAKE CHARGE NURSE

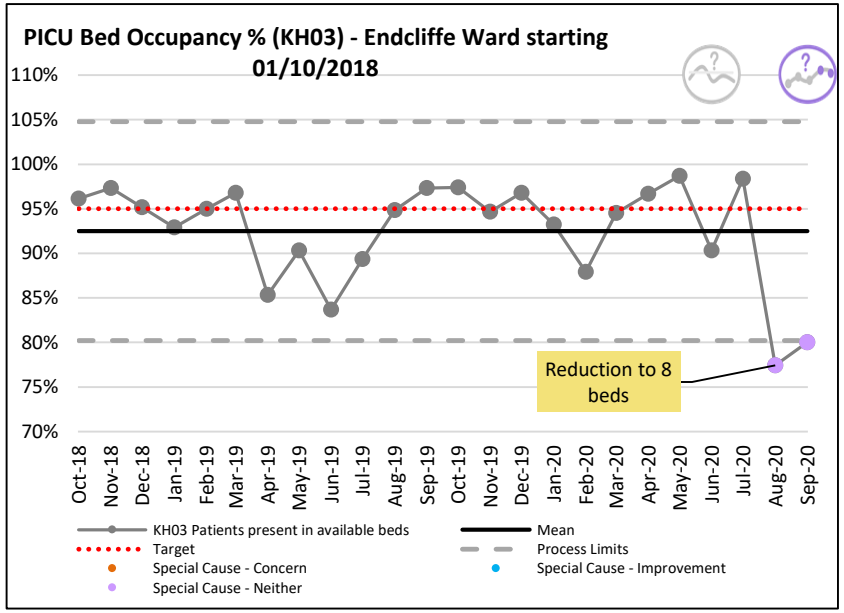
• Early	9.52% (4 shifts by regular agency and bank)
• Late	14.28% (6 shifts by regular agency and bank)
• Night	11.90% (5 shifts by regular agency and bank)

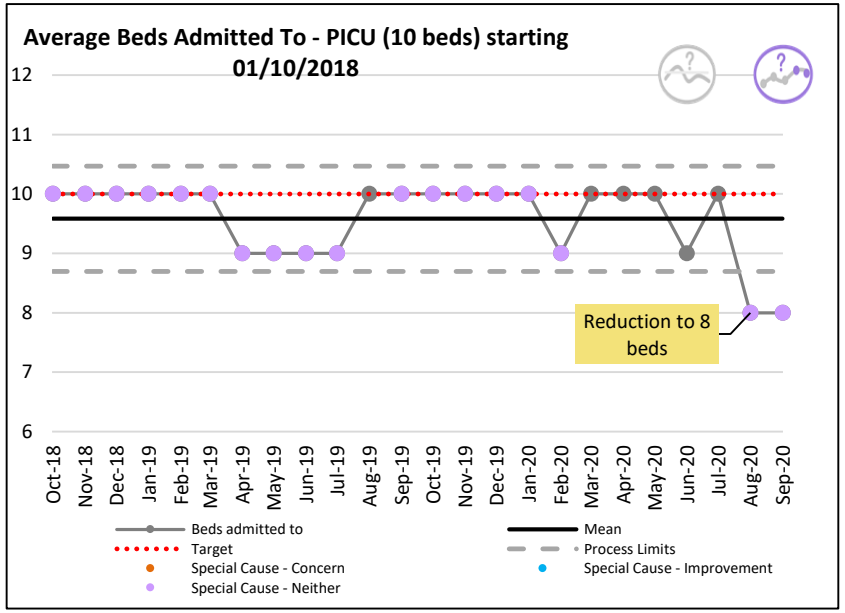
Regular bank & agency defined by following criteria:

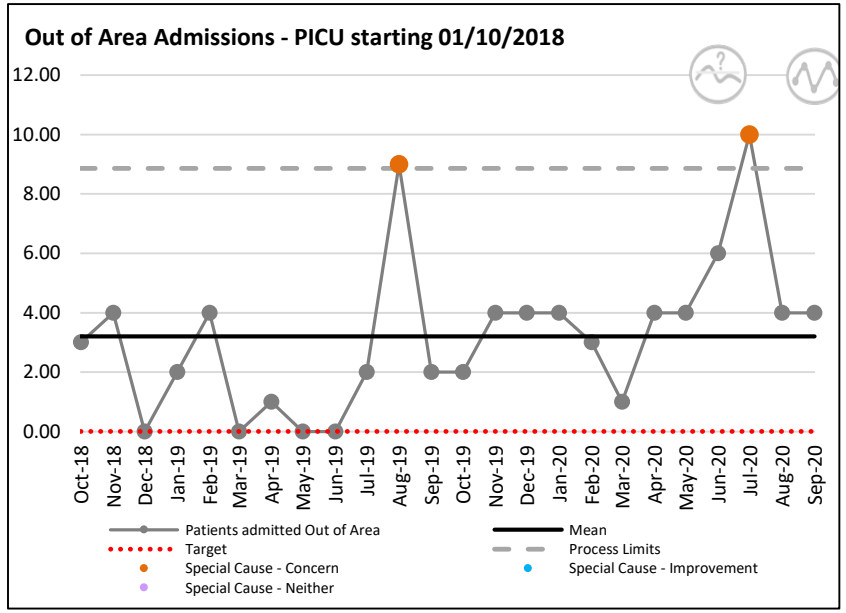
- Worked 5 or more shifts on the ward they are assigned
- Staff on bank who are substantive permanent

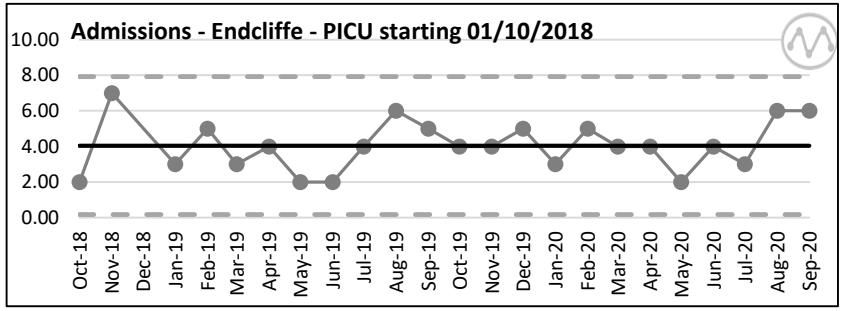
NB – In addition, ward managers are available Monday-Friday, 9-5 and Advanced Nurse Practitioners, Band 6 and 7 nurses also provide additional support.

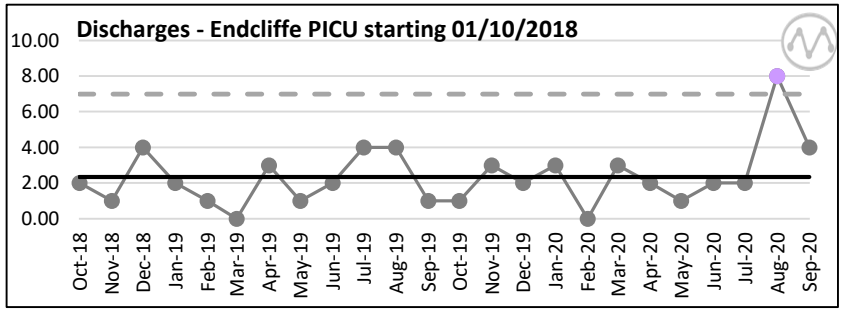
Safe | Inpatient Wards | PICU

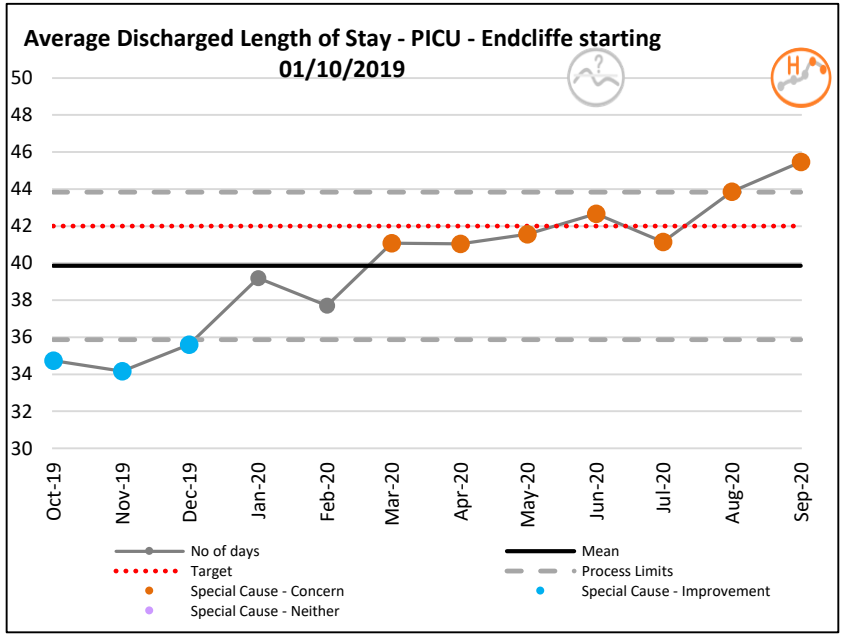












Benchmarking

(2019 NHS Benchmarking Network Report)

Bed Occupancy	Length of Stay
Mean: 86%	Mean: 42
Median: 90%	Median: 36

Narrative

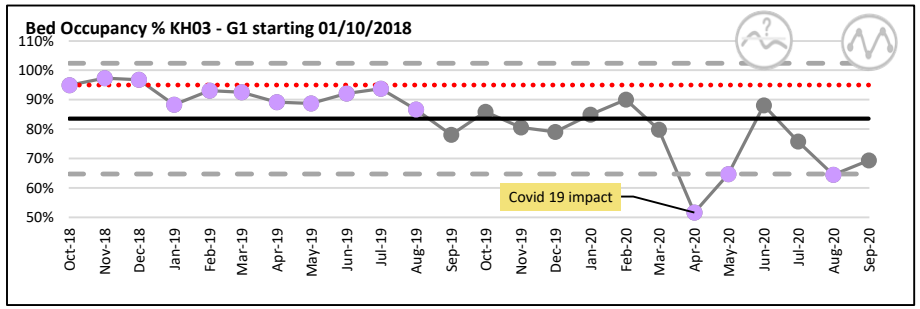
Note closure of 2 beds on Endcliffe in August 2020 due to staffing shortages and to maintain safety and quality. This impacts on admissions and bed occupancy levels.

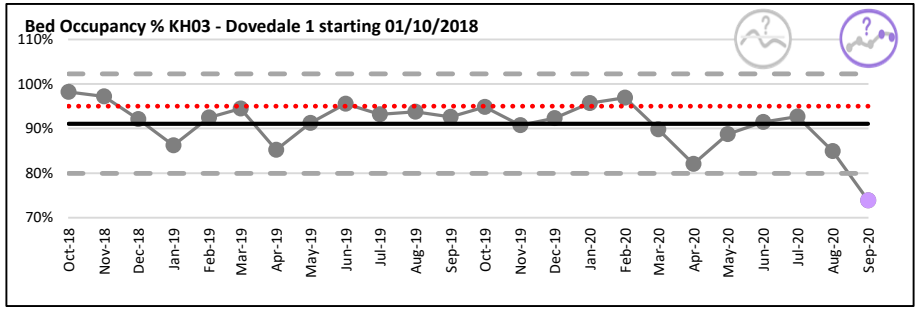
There were 4 out of area placements in September.

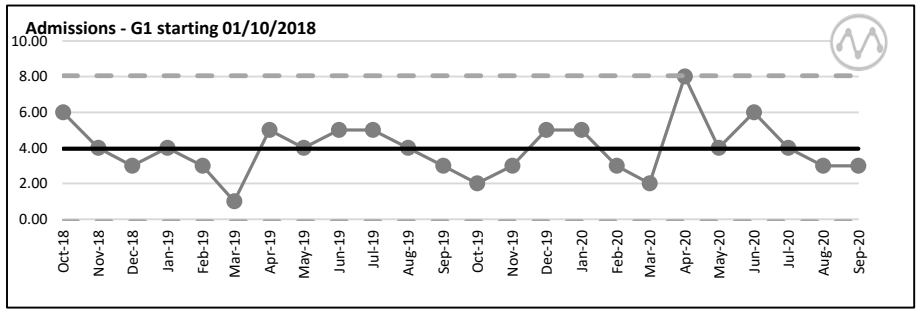
Discharged length of stay has shown a steady increase since March 20, a shift above the mean, and is above the upper control limit in September. A number of factors influence the length of stay, including

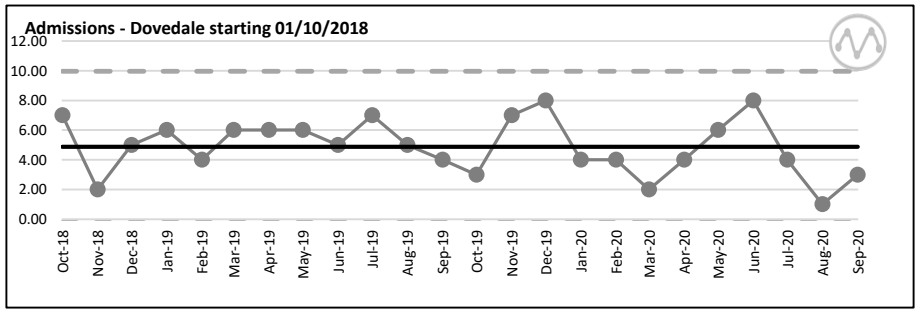
- unavailability of acute beds, meaning patients are not stepped down when they could be
- 2 patients with exceptional long stays
- Absence within leadership team, including consultant, ward manager and senior nursing staff

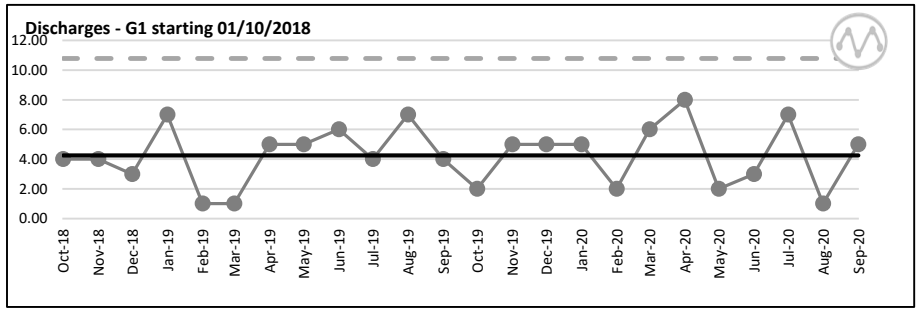
Safe | Inpatient Wards | Older Adults

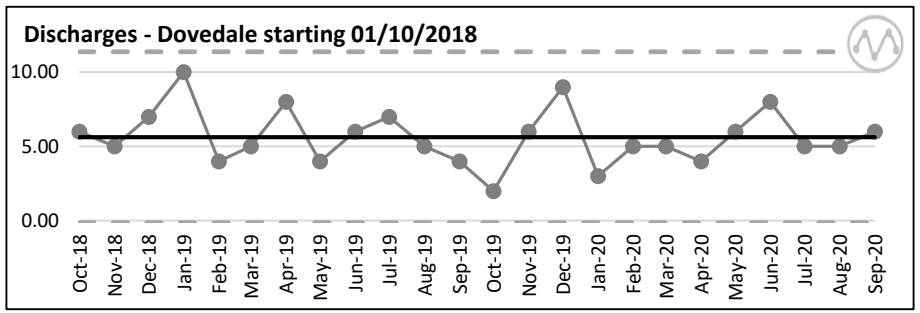


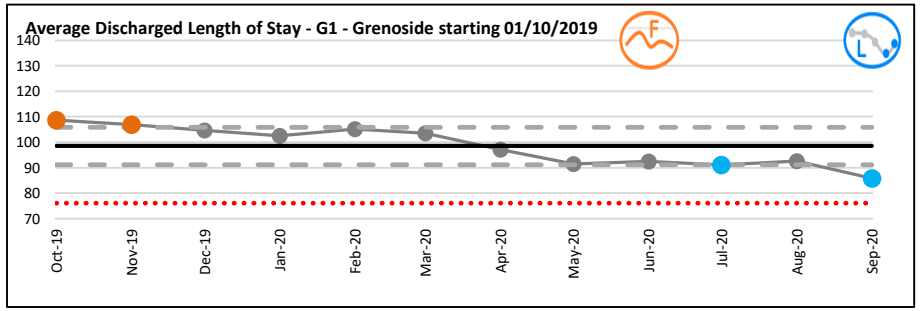


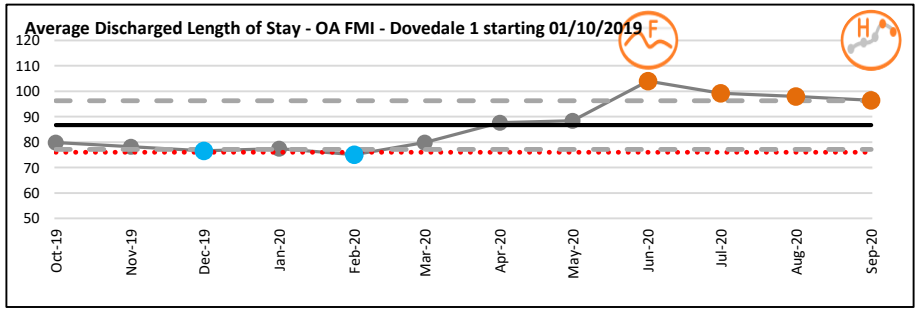












Benchmarking
(2019 NHS Benchmarking Network Report)
Bed Occupancy
Mean: 90%
Median: 92%
Length of Stay
Mean: 76
Median: 76
NB - Benchmarking figures are for combined Older Adult inpatient bed types, they are not available split into functional and organic mental illness.

Narrative

Covid impacted significantly on bed occupancy on both wards as the wards operated with fewer beds where possible to absorb the impact felt in staffing levels and to better enable patient isolation.

Currently bed numbers available for admission are:
Dovedale – 15 (3 beds lost as a result of dormitory work)
G1 – 14 (2 beds not in use for a number of months to support safer staffing)

Discharged length of stay is currently showing below the lower control limits for G1, more than likely a Covid impact as a result of attempts to expediate discharge where safe to do so in order to free space up on the ward. In June, Dovedale 1 breached the upper control limit with a particularly high average discharged LoS. This was due to one long stay (674 days) individual being discharged in June. The knock on effect in the rolling 12 month LoS figure will continue.

Responsive | Waiting Times

Narrative

We know there are areas of adverse performance, or concerns over lengths of wait times in some of our service areas:

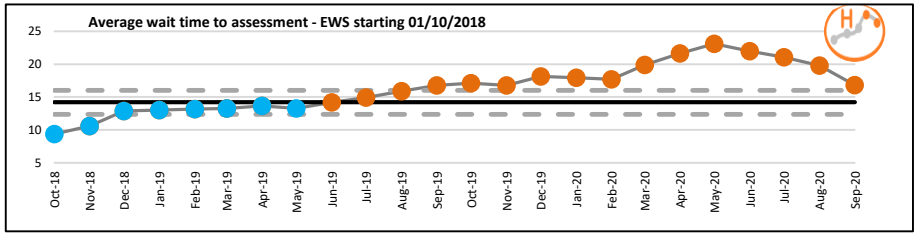
- EWS – Emotional Wellbeing Service
- SAANS – Adult Autism and Neurodevelopmental Service
- Gender Identity Service
- Specialist Psychotherapy Services
- STEP – Short Term Education Programme – access to Borderline Personality Disorder group interventions
- Eating Disorders
- Relationship and Sexual Services

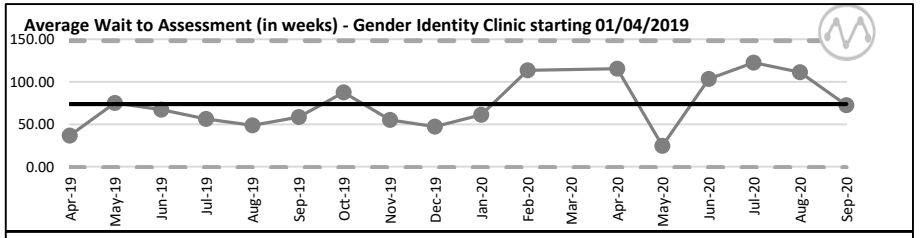
The Director of Nursing, Professions and Operations has requested a report on waiting times across the Trust to understand barriers and challenges before solutions to minimise long waits for services can be worked up. This report will be presented to November's Quality Committee.

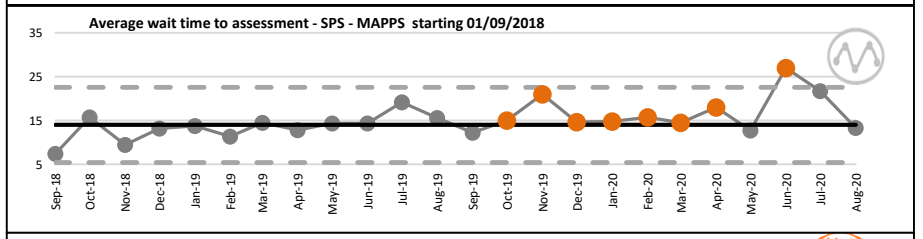
There have been no significant developments since last month's report.

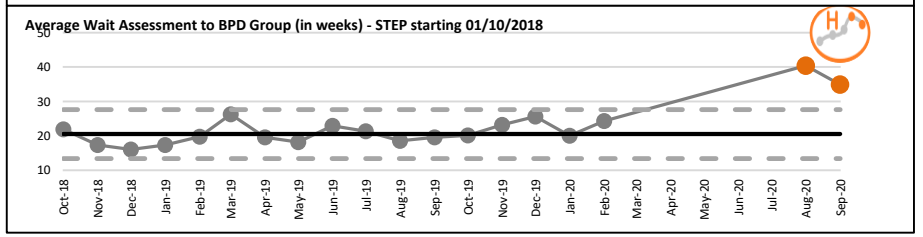
Service	Numbers Waiting
EWS – Routine mental health assessment	796
SAANS – ADHD SAANS - ASD	418 256
Gender Identity	1151
SPS MAPPS	70
STEP BPD Group	68
Eating Disorders	18
R&S	128

Average Waiting Times

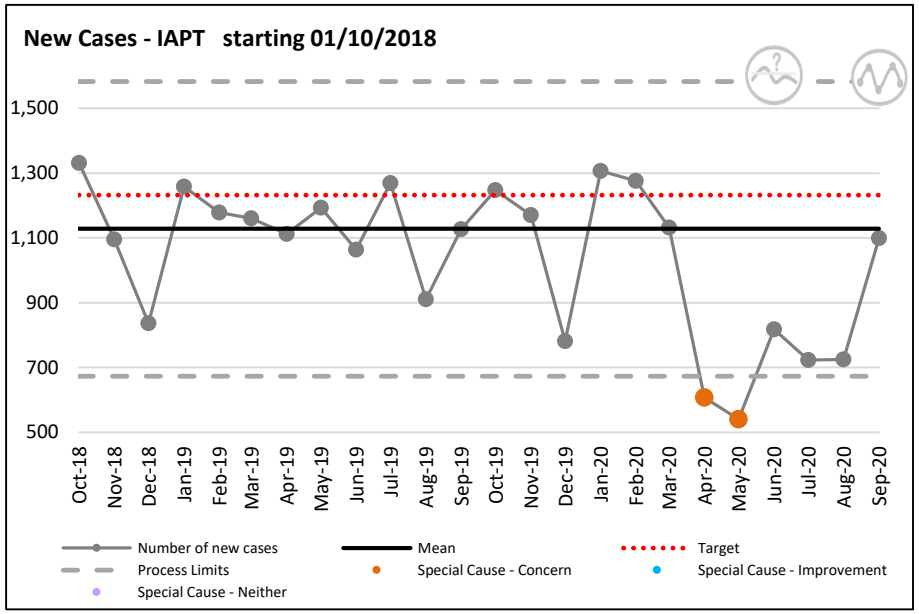


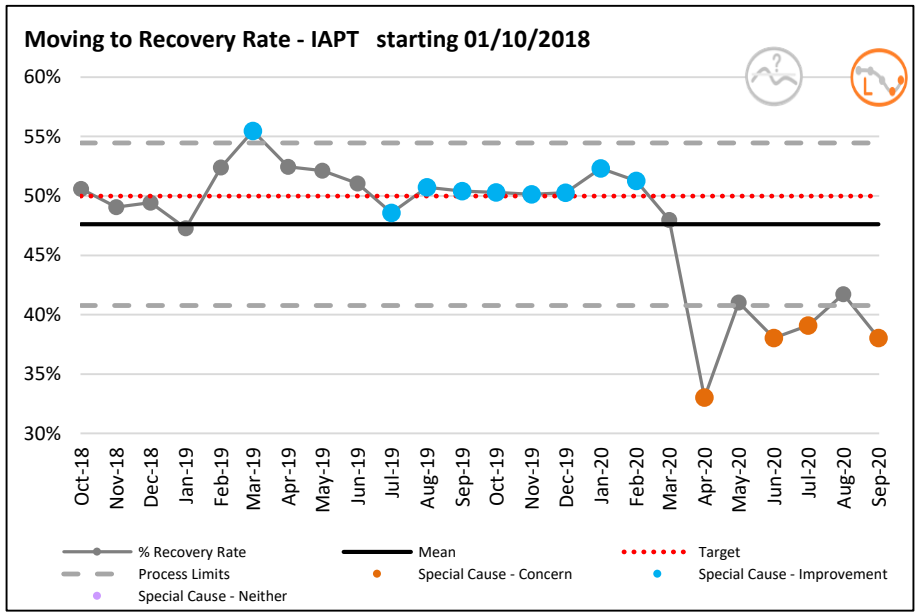


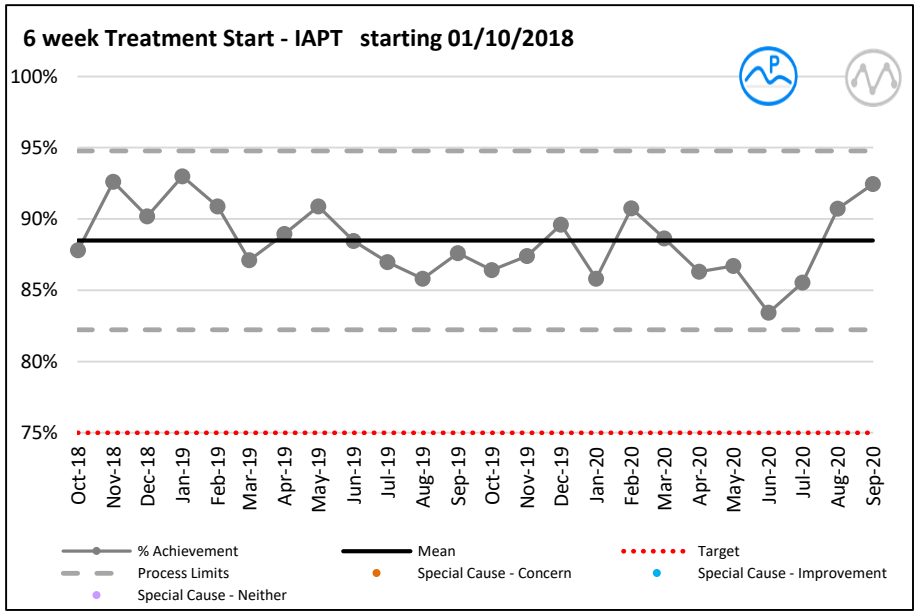


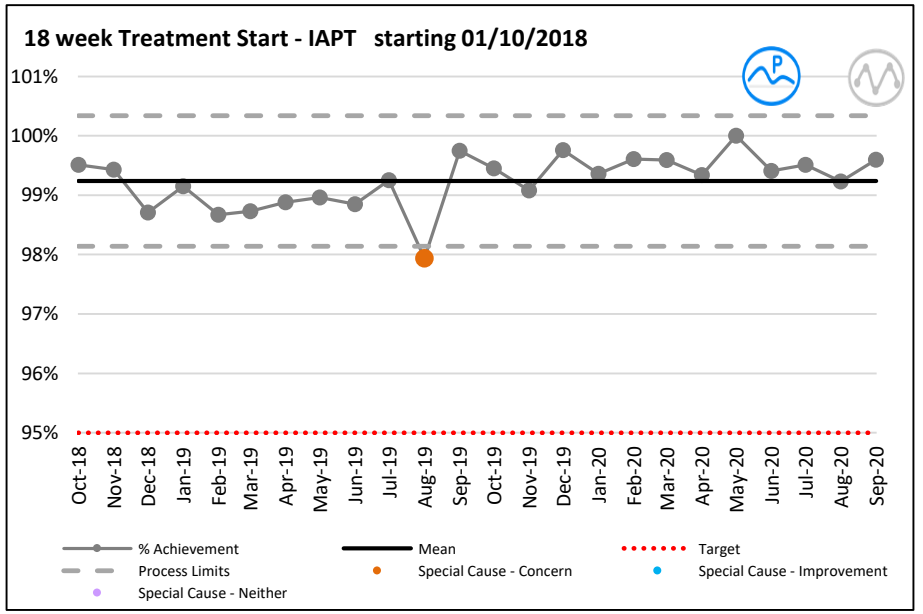


Responsive | Improving Access to Psychological Therapies (IAPT)









Narrative

For reasons previously outlined in reports Covid has had a significant impact on IAPT services nationally and in Sheffield as our IAPT service had to move from GP practice co-location to a centralised model whilst Covid is ongoing.

National predictions are a significant increase in demand for IAPT services as a proportion of the local population not having previously experienced anxiety and depression are expected to need this support post Covid. The number of referrals locally is increasing and plans are in place to accelerate this and offset the impact of a temporarily centralised service.

Although NHS England have restored national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards.

Access
The number of people entering treatment is rising each month in line with increased demand and outreach work. Figures for September indicate over the agreed 1000 target so we are on trajectory. In September we achieved 1099 and in October we have also exceeded the 1000 target.

Waiting Times
Both the 6 and 18 week wait to treatment start times continue to consistently exceed the national targets and this has been maintained throughout the pandemic to date.

Moving to Recovery
Moving to Recovery rates are expected to be lower as some people drop out of treatment due to Covid. As we are in a pandemic it is normal for the general public to experience impact on sleep, worry, a lack of interest and pleasure in doing things therefore it is not appropriate to expect the same recovery rate pre-Covid as these are the questions asked in the outcome measures that calculate recovery rates.

START Performance | September 2020

Key Performance Indicator (KPI)	TARGET	SEPT 2020	SPC VARIATION / TREND ICON	SPC ASSURANCE ICON	TARGET	SEPT 2020	SPC VARIATION / TREND ICON	SPC ASSURANCE ICON	TARGET	SEPT 2020	SPC VARIATION / TREND ICON	SPC ASSURANCE ICON
Service	**Opiates**				**Non-Opiates**				**Alcohol**			
Access – Waiting time referral to assessment (≤7 days)	≥ 95%	**100.00%**	H	P	≥ 95%	**93.94%**		P	≥ 95%	**100%**		P
Access – Waiting time referral to treatment start (≤21 days)	≥ 95%	**100.00%**	H	P	≥ 95%	**100.00%**		P	≥ 95%	**100%**		P
Access – DNA rate to assessment	≤ 15%	**24.00%**		?	≤ 15%	**13.85%**		?	≤ 15%	**18.13%**		?
Engagement – Numbers in	TBC	**79**		N/A	TBC	**72**		N/A	TBC	**180**		N/A
Recovery – Successful Treatment Exits	Metric in development				Metric in development				Metric in development			

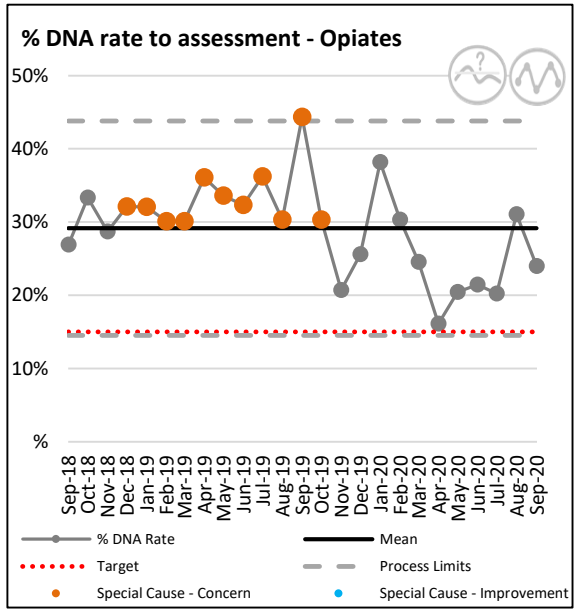
Narrative

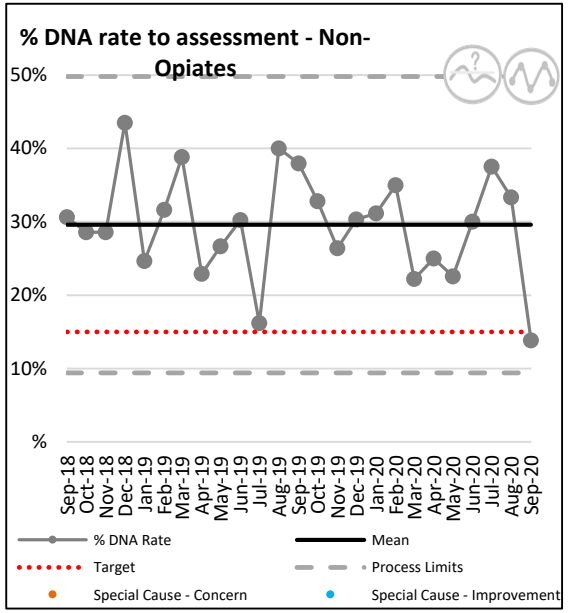
Engagement Referral numbers to the opiates, alcohol and non-opiates services are not currently working to a target but this is in discussion with the commissioner. The service provides open access to treatment regardless of any previous presentations or drop-outs. For this reason, there is a group of service users who can cycle in and out of treatment. We work on addressing this through focussed engagement approaches with those who are repeat presentations, without denying treatment to anyone who needs it.
Access to criminal justice substance misuse interventions has been affected by the lockdown due to Covid 19, with a period of no drug testing in the SYP custody suite, reduced court capacity and withdrawal of prison pick-ups. The service continues to engage with those on caseload to reduce offending behaviour and is starting to increase activity levels where safe to do so.

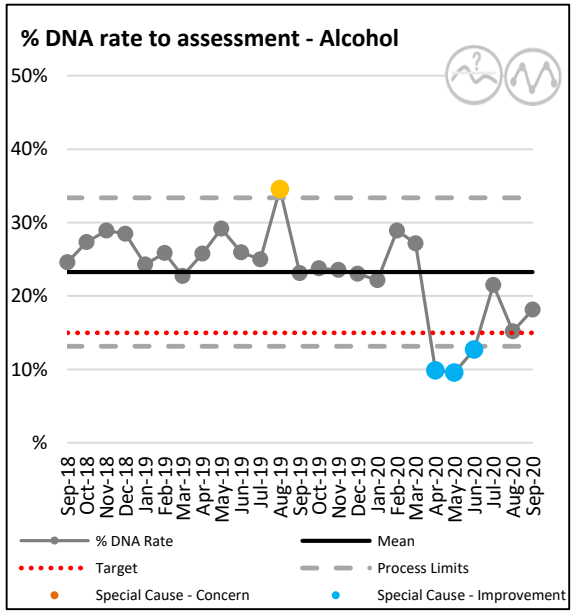
Waiting Times The service works towards a target of 95% of service users being assessed within 7 working days, which is consistently achieved. The average wait time from referral to assessment in all 3 services is currently under 3 days. In September, 4 service users waited 8 days for assessment appointment in the Non-opiates Service.

Recovery Due to the open access nature of the service, service users find it easy to drop out of treatment. The service has previously worked towards a target for the percentage of positive discharges (defined as discharge drug free/occasional user or a planned discharge with treatment goals met). We are reviewing this with commissioners for the current contract.

START Performance | Highlights & Exceptions | September 2020





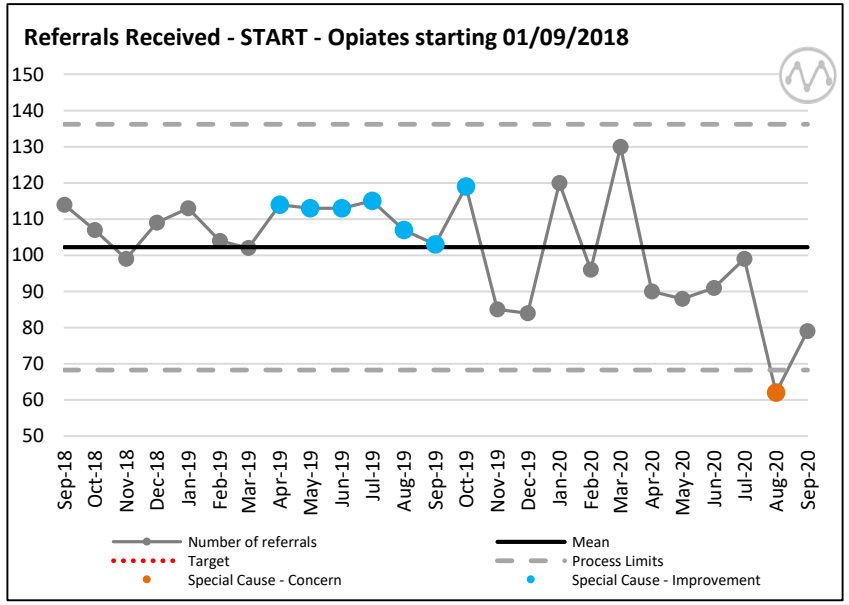


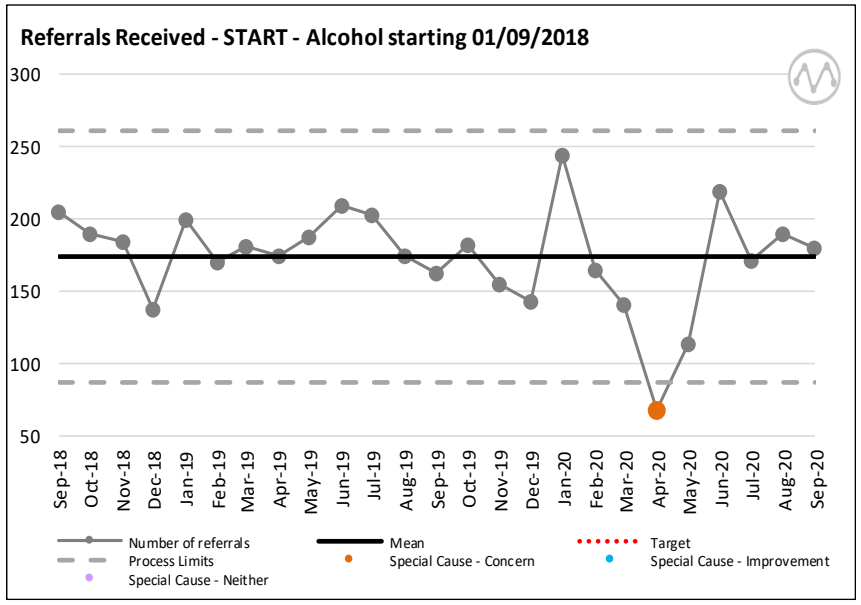
DNA Rate to Assessment Narrative

During the last contract period, the service has worked towards a target of 15% DNA rate to assessment, which is within the control limits of the data and therefore achievable under current systems.

However, it is important to note that the DNA rate reflects the service's open access policy, and the target has not been achieved in the last 24 months in the opiates service. Targeted engagement work is undertaken with those who repeatedly DNA to assessment.

Covid 19 has led to an increase in telephone assessments which initially had a positive impact on the number completed, particularly in the alcohol service. The service will be using learning from this to identify where improvements to the DNA rate can be made.



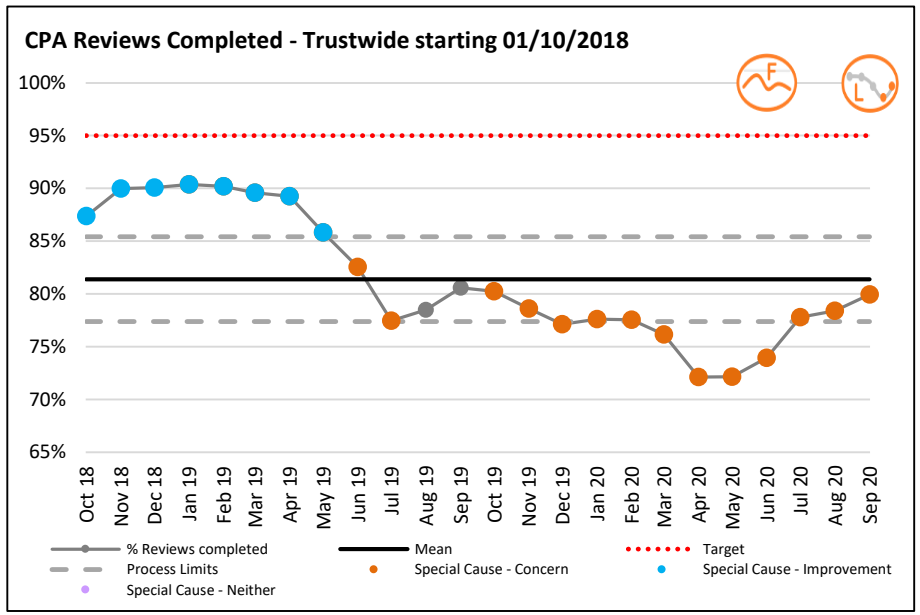


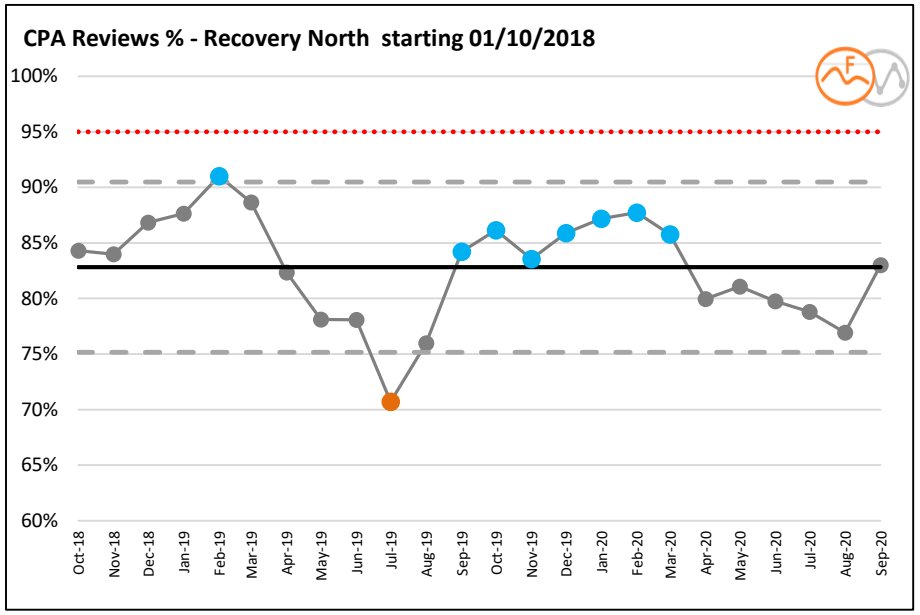
Referrals (Numbers In) Narrative

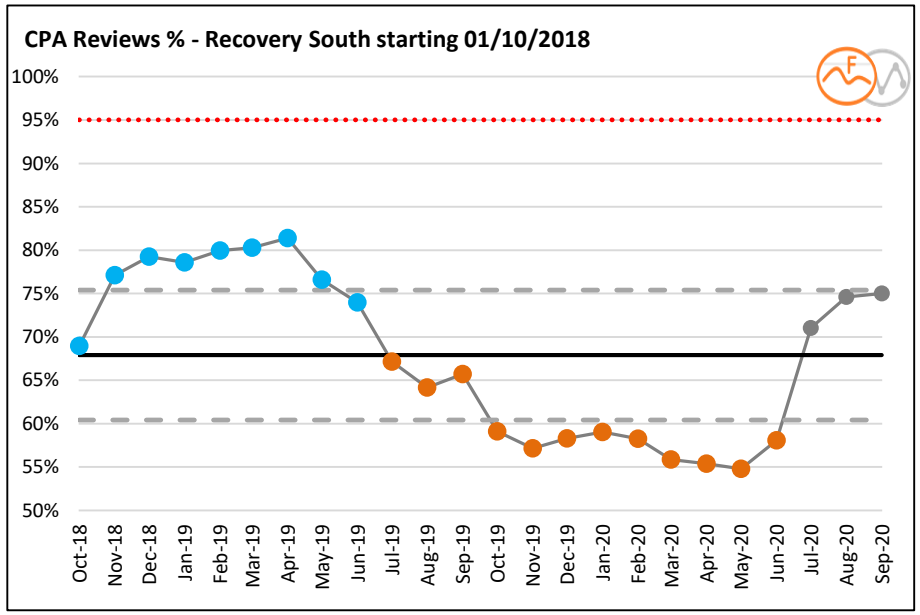
There was a drop in referrals to Opiates in August which is likely to be attributable to the evening out of an increase in referrals in March as coronavirus was escalating. It is likely that many have remained in treatment and therefore some who would have dropped out and re-presented have not needed to because they are successfully engaging with treatment.

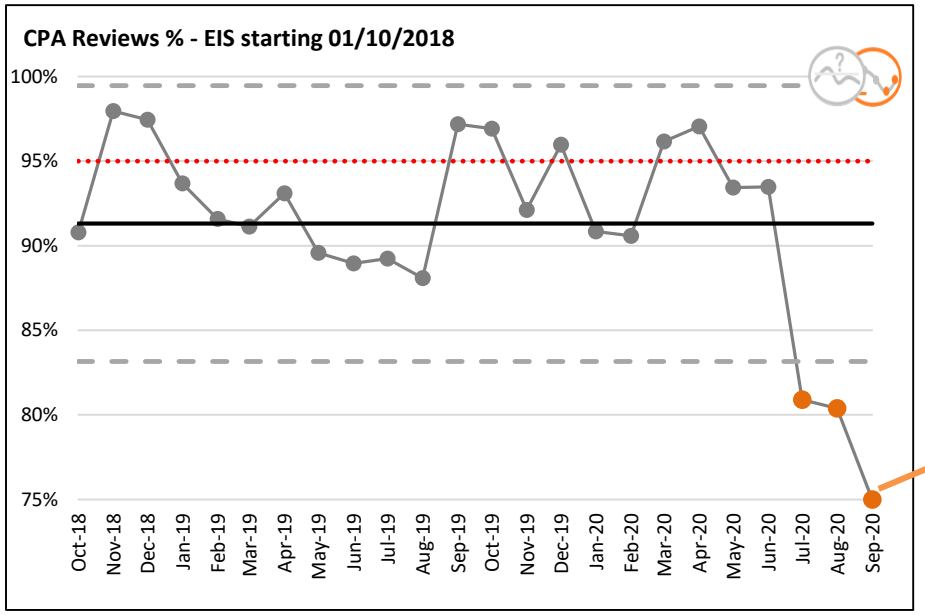
There were fewer referrals to the alcohol in April, coinciding with lockdown. The links between alcohol use and lockdown is something the service has been keen to address; there was a brief social media campaign in July aimed at encouraging people to seek help for lockdown drinking habits and there will be a similar campaign in the coming months targeted at dependent drinkers.

Effective | CPA Review









Narrative

Overall performance to meet the 95% target continues to be a challenge particularly following the impact of the restrictions on the community teams as a result of Covid 19.
The Trust % for September 2020 is 79.94%, showing continuous improvement since April 20.

Improvement Plan
A caseload dashboard has been created and is now in use. All care co-ordinators have an up-to-date copy of their caseload dashboard, which highlights what is overdue and imminently due.

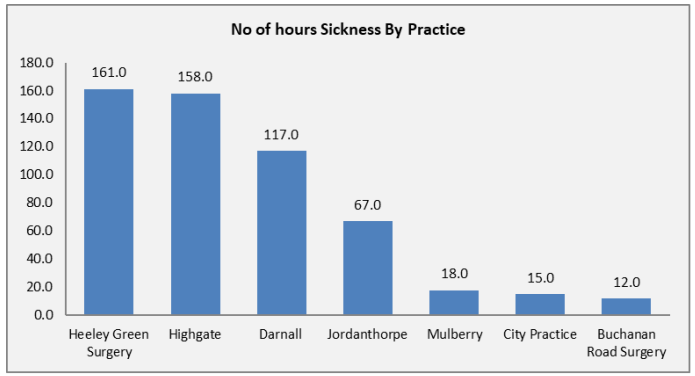
Additional weekly reports are in use and being used in supervision as a performance management approach.

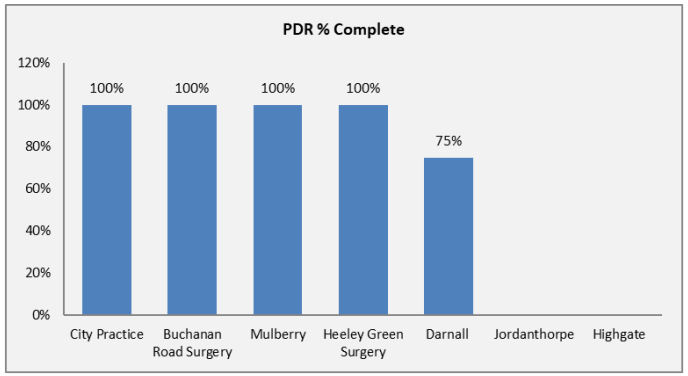
Internal milestones are being used to keep track of the pace of progress and performance against these is reported into the Care Network senior team.

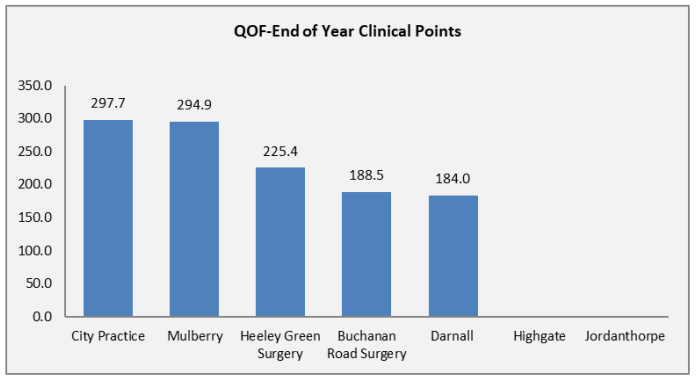
Recovery Teams
The increased performance across the recovery services coincides with specific actions taken within both teams. This improvement continues into October.

Early Intervention (EIS)
The dip in performance is directly linked to a significant staff shortage that peaked during September. Although gaps still remain throughout October the situation has eased slightly which see the figures start to rise again.

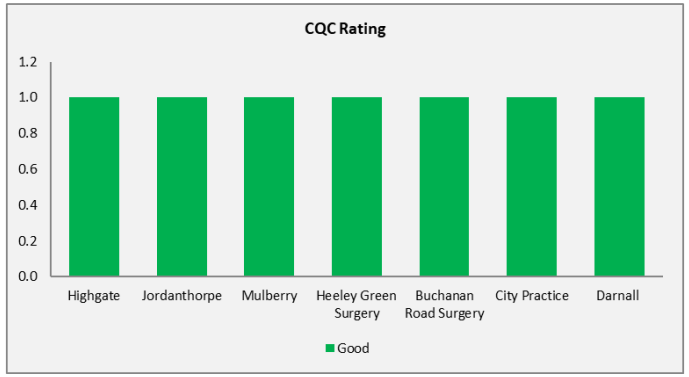
Clover Group & Primary Care Practice Dashboard – September 2020

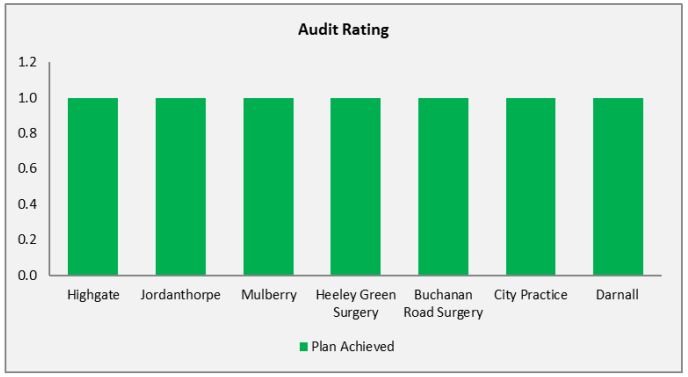


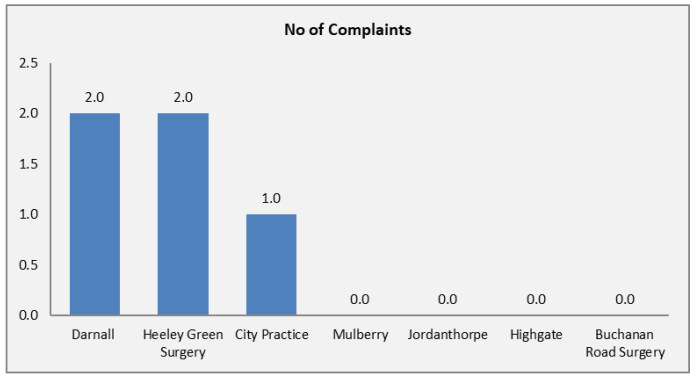


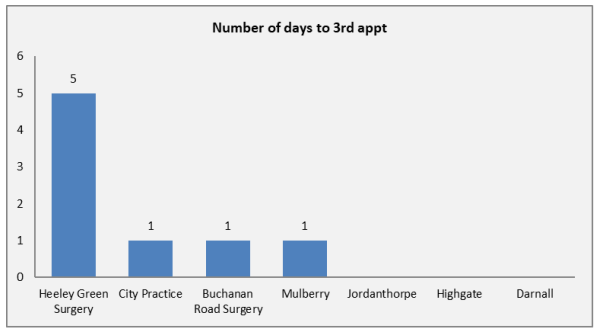


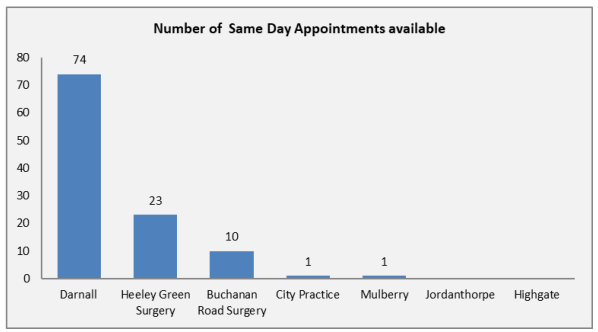
NB - At the time of publishing, data for Highgate & Jordanthorpe was missing due to Covid related absence of key staff.

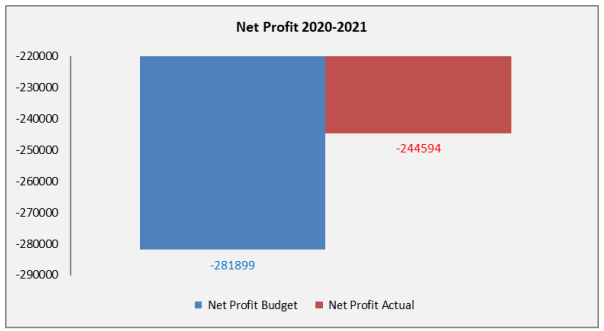


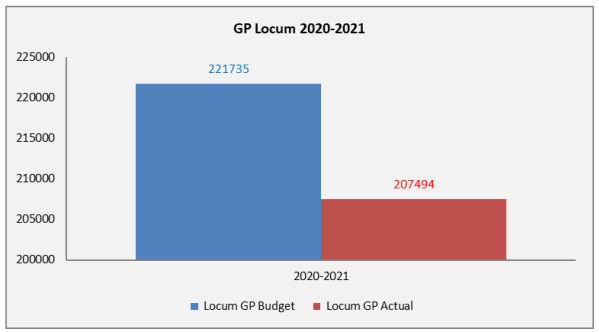












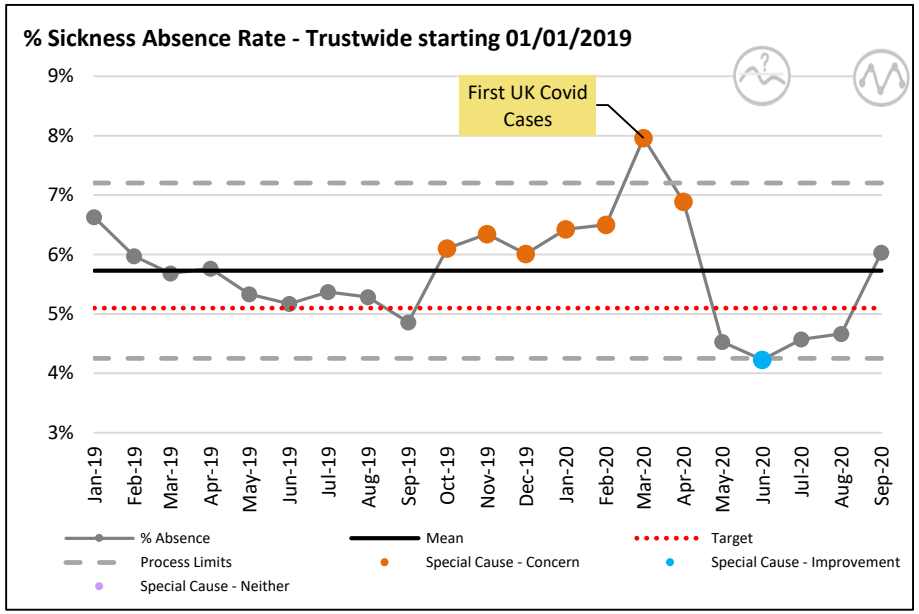
Finance Data is always one month in arrears . This is due to reporting lags within finance.

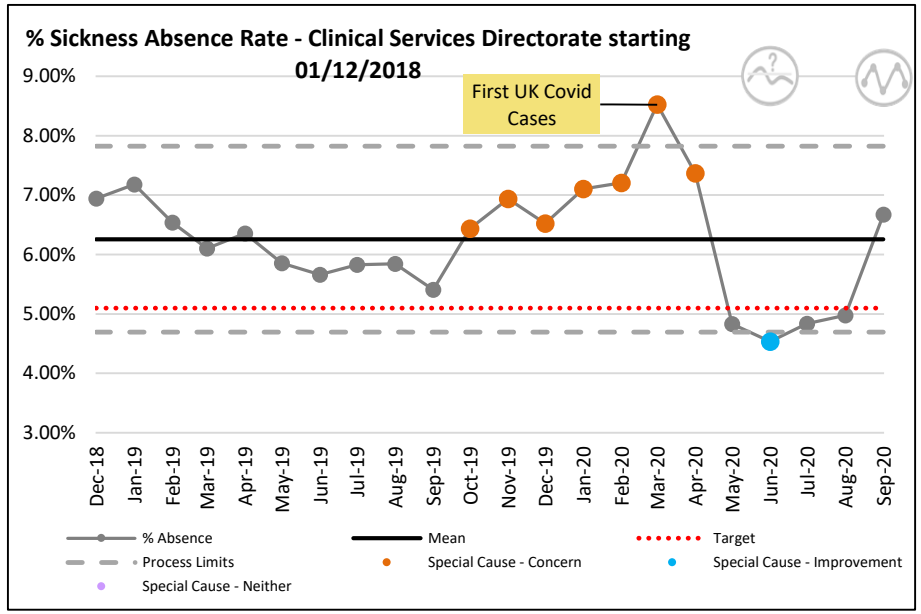
Workforce 1 | Summary – September 2020

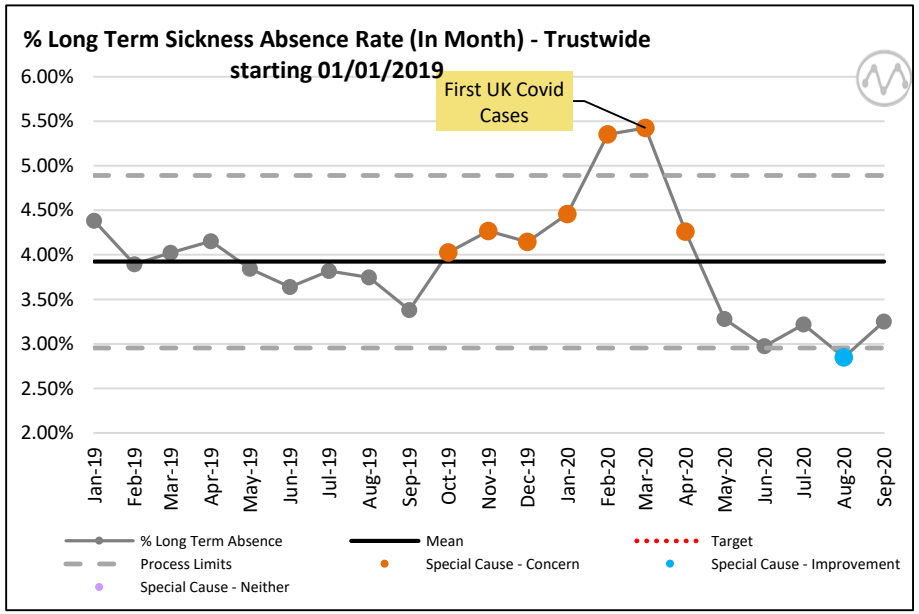
September 2020		Directorates				Trust Total		
Indicator	**Target**	**Clinical Services**	**Medical**	**Non Med Support**	**GP Surgeries**	**Aug-20**	**Sep-20**	**Change**
Staff in Post (Headcount)	**-**	2000	192	302	73	**2564**	**2567**	**+3**
Vacancy (%)		7.4%	4.6%	12.7%	0.0%	**5.9%**	**7.8%**	**+1.9%**
Turnover (%)	**10%**	9%	9%	16%	8%	**11%**	**11%**	**+0.1%**
Sickness In Month (%)		6.67%	2.03%	4.45%	7.34%	**4.66%**	**6.03%**	**+1.4%**
Sickness 12 Month (%)		6.21%	2.97%	3.91%	8.09%	**5.65%**	**5.73%**	**+0.1%**
Long Term Sickness (%)		3.52%	1.22%	2.41%	6.16%	**2.85%**	**3.25%**	**+0.4%**
Short Term Sickness (%)		3.15%	0.81%	2.04%	1.18%	**1.82%**	**2.78%**	**+1.0%**
PDR Compliance (%)	**90%**	99.1%	100.0%	99.3%	93.9%	**97.9%**	**99.0%**	**+1.1%**
Training Compliance (%)		94.8%	88.8%	94.4%	69.0%	**92.7%**	**93.5%**	**+0.9%**

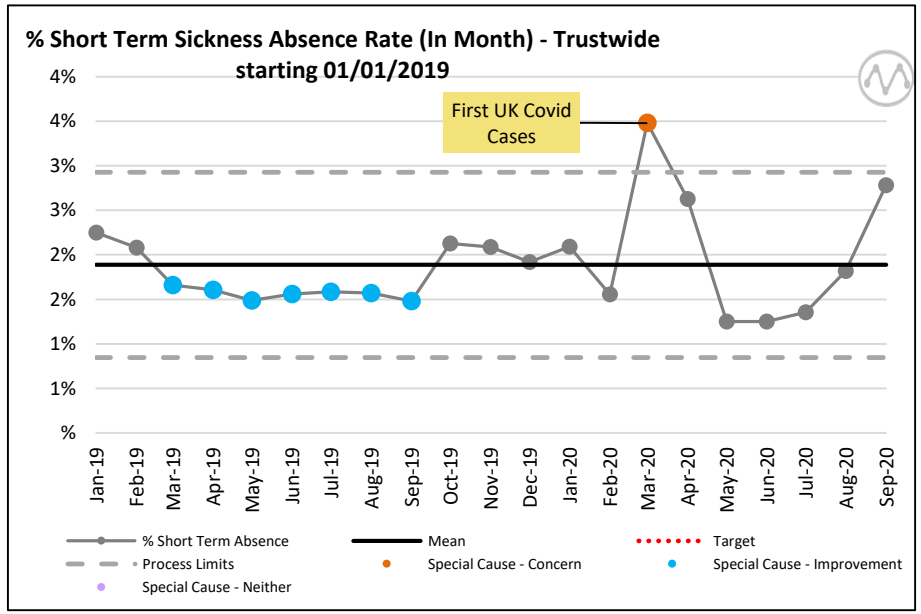
Notes:
- Medical turnover excludes fixed term rotations.
- Vacancy based on establishment (FTE) data compared with staff in post (FTE) figures.
- Establishment data excludes bank, agency, and turnover factor figures.

Workforce 2 | Sickness Absence









Narrative

Sickness

In month sickness absence has increased compared to last month – this is likely due to the rise in COVID cases
However, the 12m Sickness % is at the start of a downward trajectory and is lower than Sept 19

The top three areas with the highest number of absence occurrences in September were:

1. Birch Avenue
2. Woodland View
3. Substance Misuse

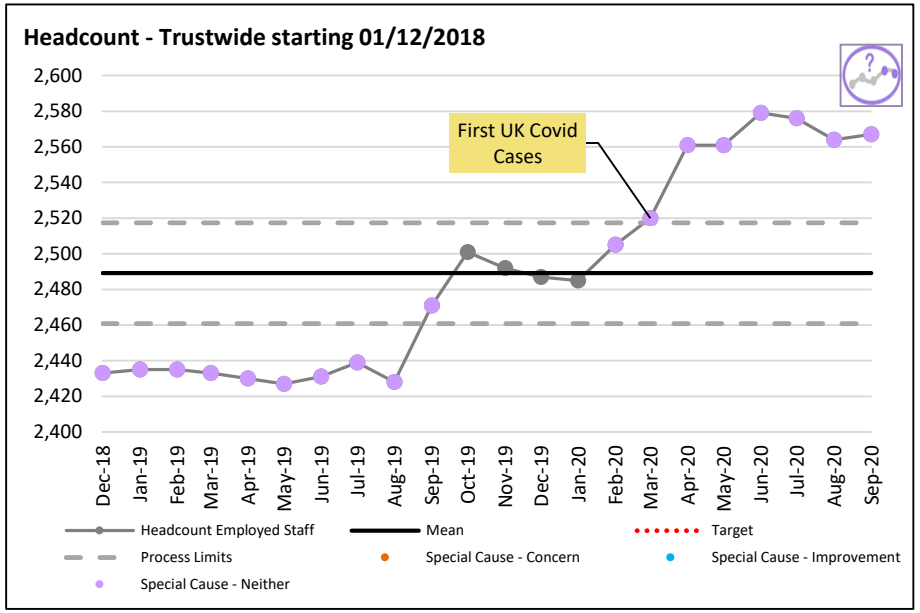
These 3 areas all experienced Covid outbreaks throughout September.

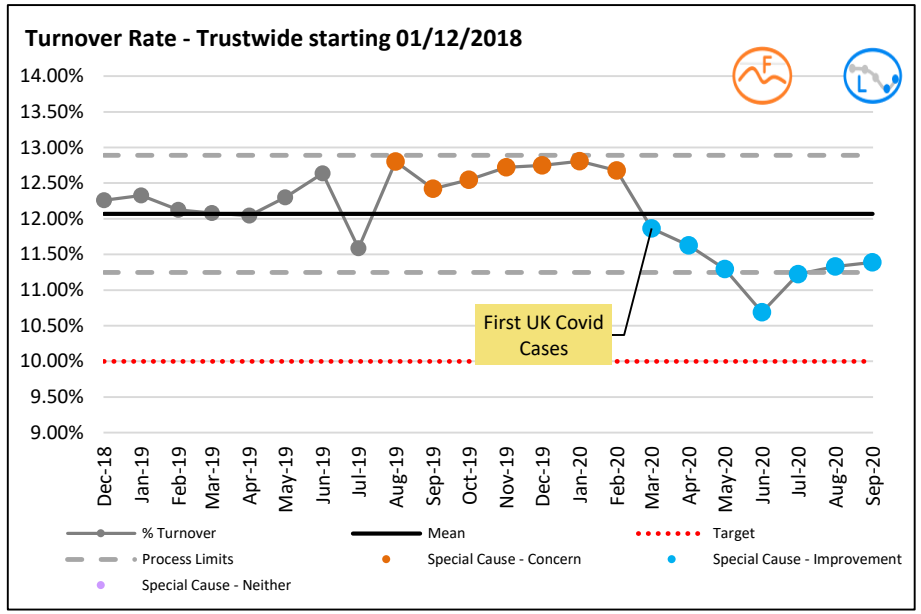
Long/Short Term Sickness

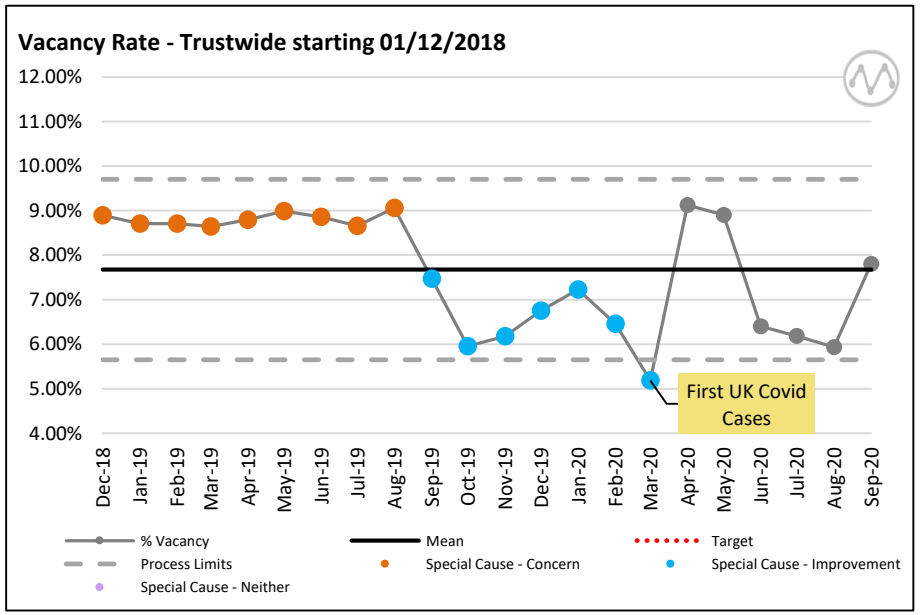
The increase in COVID-related absences has also resulted in more short-term absences this month, with the trust short term absence rate increasing by 1%.
The top three areas with the highest number of Long term absence occurrences were:

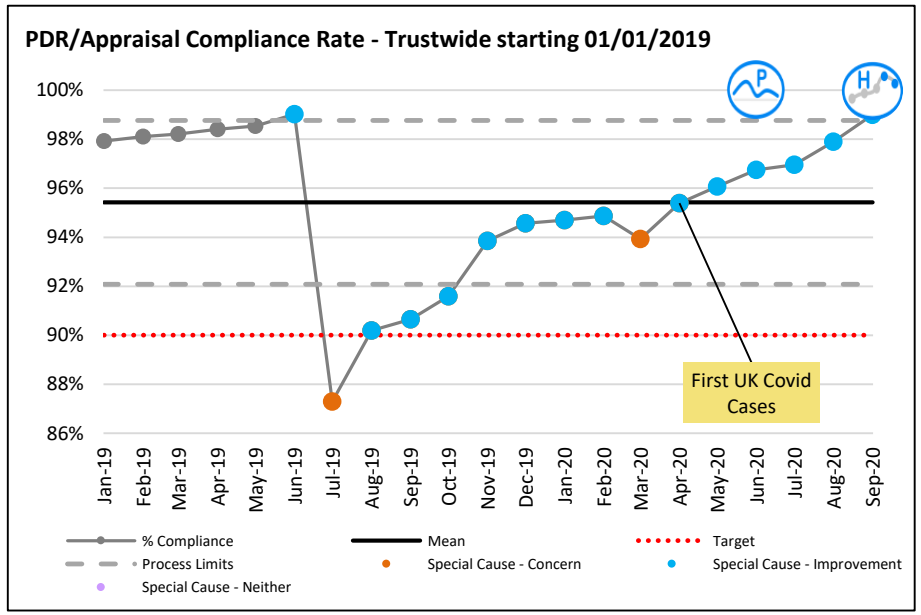
1. Birch Avenue
2. Woodland View
3. IAPT

Workforce 3 | Staffing & Appraisal









Narrative

Headcount

Trust Headcount has showed no significant change in September 2020.

Turnover Rate (%)

Trust Turnover has remained stable this month, and shows a significant downward trend since March 2020.
Medical and Dental turnover is higher than other staff groups due to rotational posts.

Turnover (%) by Staff Group	
Staff Group	**Turnover (%)**
Add Prof Scientific and Technic	12.5%
Additional Clinical Services	10.2%
Administrative and Clerical	10.8%
Allied Health Professionals	11.0%
Estates and Ancillary	9.7%
Medical and Dental	27.5%
Nursing and Midwifery Registered	8.9%

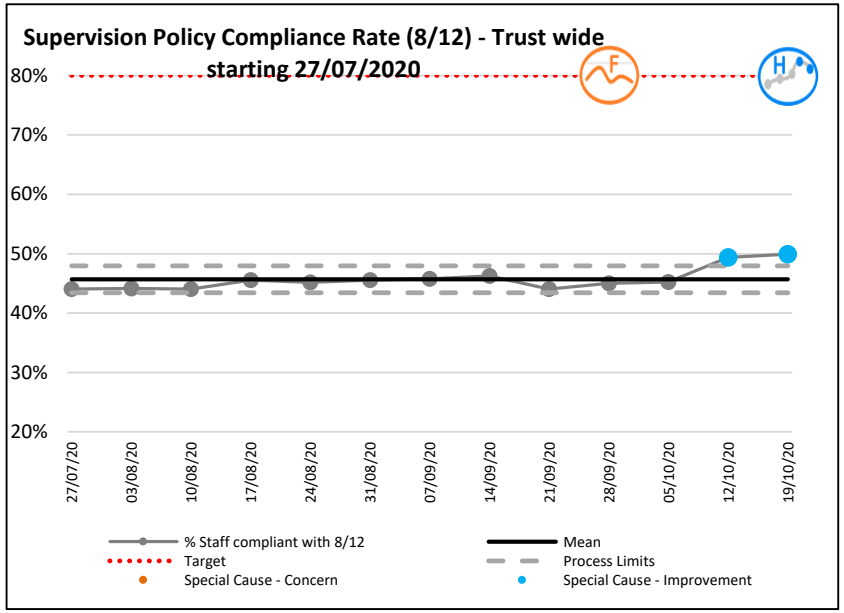
Vacancy Rate (%)

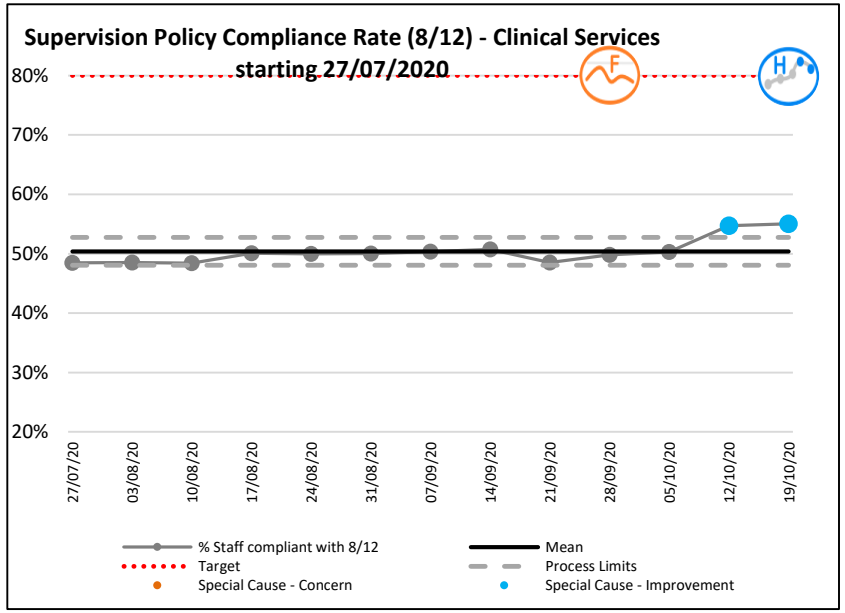
Vacancy rate has increased this month to 7.8%.
The staff group with the highest vacancy rate is Nursing at 11.73%.
Medical has the lowest vacancy rate at 1.97%

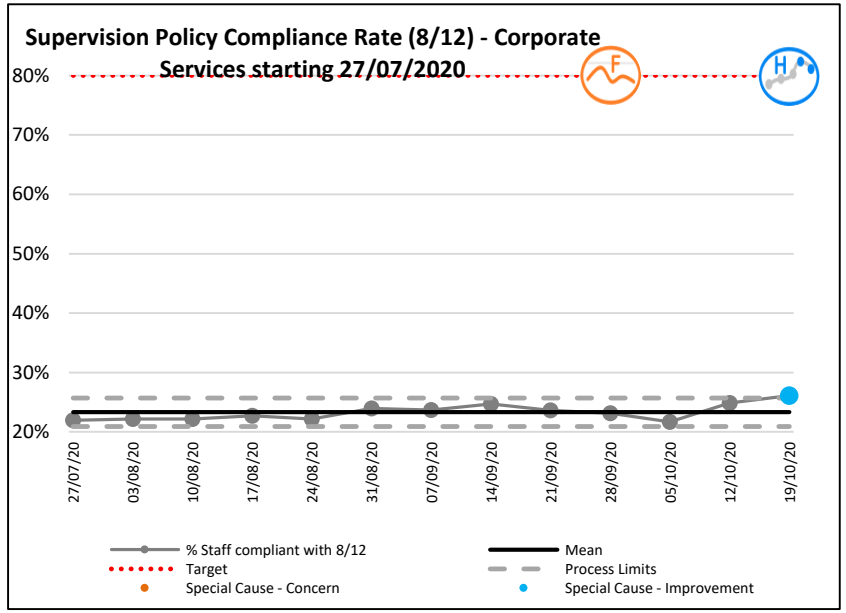
PDR Compliance

PDR Compliance at the end of the focal point window was 97.9% - above the Trust target of 90%

Supervision







AIM

We will ensure that 80% staff have received at least the required minimum of 8 supervisions in a 12-month period, and that it is recorded in and reported on from a single source – the Supervision webform.

NARRATIVE

Current mean compliance with the 8/12 target is at 49.91%, with Clinical services at 55.05% and Corporate services at 26.12%.

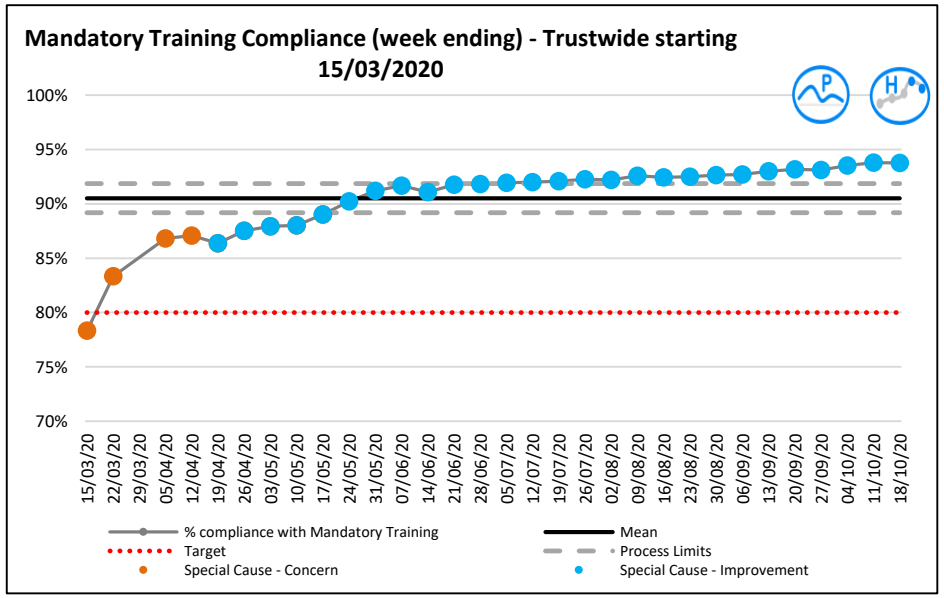
To note – the vertical axes display the same range for the purposes of comparison.

Changes to the Supervision Policy were agreed in June 2020. This included the setting of the 80% compliance for a minimum of 8 supervision sessions in 12 months. This information is shown here from w/e 1 August 2020 for Trust wide, Clinical and Corporate Services.

Work is ongoing as part of the Back to Good Programme to implement additional and improved monitoring and reporting to take working patterns (e.g. part time) and eligibility (e.g. new starters) into account.

The addition of a measure of quality of supervision is also being explored in consultation with staff across the Trust.

Mandatory Training



AIM

We will ensure a Trust wide compliance rate of at least 80% in Mandatory Training.

NARRATIVE

As at 18th October 89.35% of staff are 80% compliant or above. The four highest expiring subjects have all decreased in the number of people expiring in October, with BLS reducing by 50 compared to last week's report.

EXCEPTIONS

Subjects Below 80%

Moving and Handling level 2 is now the only subject currently below 80%.
Of the 202 staff who are non-compliant in Moving and Handling Level 2, 172 (85.15%) of those who have not done the training have the knowledge/achieved level 1.
Of the 57 staff who are non-compliant in ILS, 48 (84.21%) are compliant with BLS.

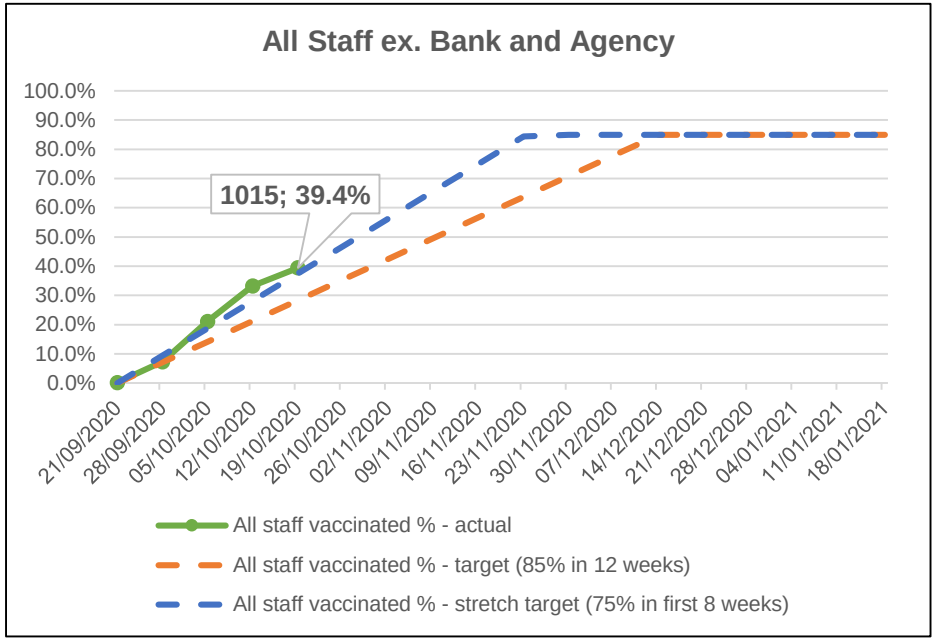
Services Below 80%

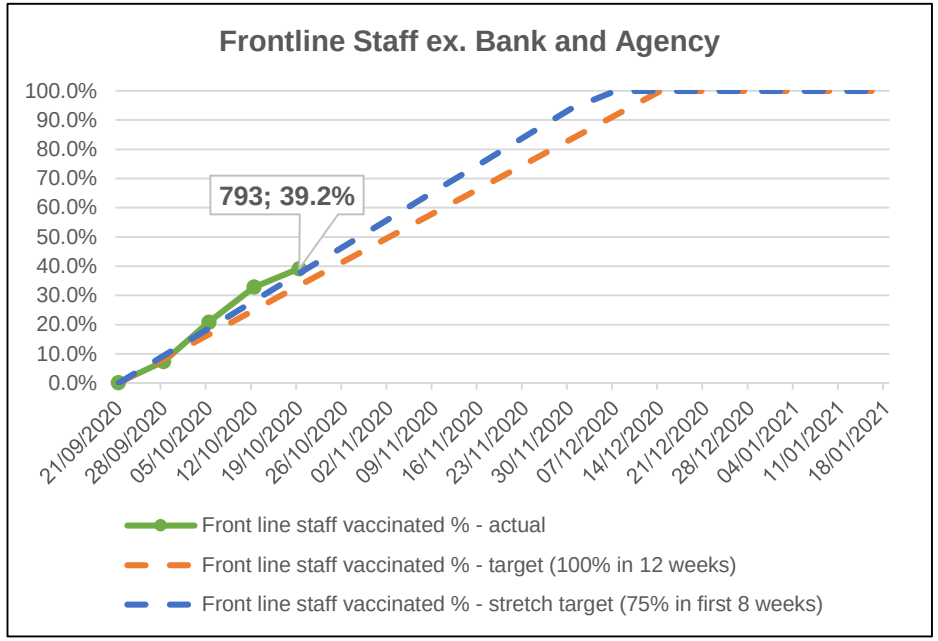
There are no services below 80% compliance.

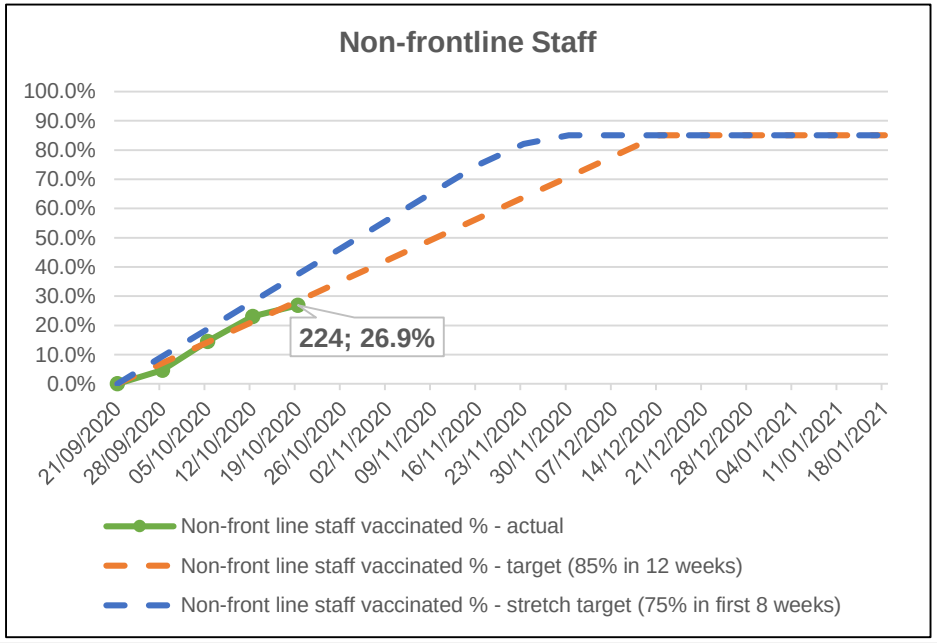
Staff Expiring in Face to Face Subjects in October 2020	Percentage of Expiring Staff is highlighted in orange if between 10-20% Percentage of Expiring Staff is highlighted in red if 20% or above Current figures against last report figures show if the number of staff expiring in October has increase or decreased. The percentage is highlighted in red if increased

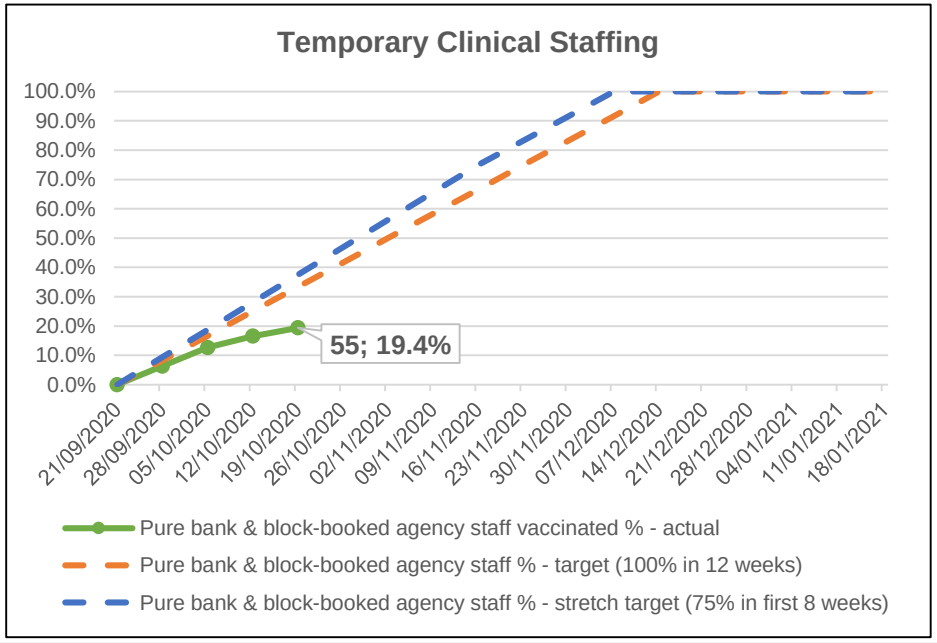
	11/10/2020			18/10/2020			October Expiries	
Subject	No Requiring	No Expiring in October	% of Required	No Requiring	No Expiring in October	% of Required	Current figures against last report figures	
Hand Hygiene	2538	65	2.56%	2544	63	2.48%	Decrease	-0.08%
Adult Basic Life Support	2538	473	18.64%	2544	423	16.63%	Decrease	-2.01%
Fire Safety 2 Years	1269	88	6.93%	1273	89	6.99%	Increase	0.06%
Fire Safety 3 Years	1262	51	4.04%	1272	47	3.69%	Decrease	-0.35%
Immediate Life Support	288	79	27.43%	286	73	25.52%	Decrease	-1.91%
Clinical Risk Assessment	955	66	6.91%	960	58	6.04%	Decrease	-0.87%
Mental Capacity Act Level 2	1092	94	8.61%	1095	90	8.22%	Decrease	-0.39%
Deprivation of Liberty Safeguards Level 2	103	7	6.80%	103	5	4.85%	Decrease	-1.94%
Mental Health Act	193	25	12.95%	191	24	12.57%	Decrease	-0.39%
Medicines Management Awareness	530	68	12.83%	534	64	11.99%	Decrease	-0.85%
Rapid Tranquilisation	288	17	5.90%	287	15	5.23%	Decrease	-0.68%
Respect Level 1	1141	98	8.59%	1152	92	7.99%	Decrease	-0.60%
Respect Level 2	798	105	13.16%	801	97	12.11%	Decrease	-1.05%
Respect Level 3	402	148	36.82%	401	139	34.66%	Decrease	-2.15%
Safeguarding Children Level 2	1100	114	10.36%	1107	104	9.39%	Decrease	-0.97%
Safeguarding Children Level 3	1072	90	8.40%	1078	89	8.26%	Decrease	-0.14%
Safeguarding Adults	2173	206	9.48%	2186	190	8.69%	Decrease	-0.79%
Domestic Abuse	2178	204	9.37%	2191	195	8.90%	Decrease	-0.47%
Prevent WRAP	2172	279	12.85%	2185	261	11.95%	Decrease	-0.90%
Moving and Handling Level 1	2538	2	0.08%	2544	1	0.04%	Decrease	-0.04%
Moving and Handling Level 2	744	6	0.81%	744	5	0.67%	Decrease	-0.13%

Flu Vaccination









AIM

We will protect our service users and colleagues by vaccinating our staff against flu.

Targets: 100% of frontline staff and 85% of all staff by 24 December (12 weeks from beginning of campaign).

NARRATIVE

- Performance for all staff and frontline staff ahead of stepped stretch targets (75% in the first 8 weeks of the campaign) but work continues to counteract the expected drop in vaccinations mid-to-late November (as seen in previous years).
- Performance for non-frontline staff and bank & agency staff is behind target. Communications Team to continue with focussed campaign and managers to have coaching conversations with staff to encourage additional vaccinations.
- Work ongoing to change internal definition of frontline staff in line with Public Health England definition, due 02/11/20. This is likely to result in a drop in performance as the number of eligible staff increases.

Financial Overview as at 30 September 2020

Performance Indicator		Current Month	Prior Month	Narrative
1	*Surplus/(Deficit)*			The September position is break-even, after accounting for technical adjustments for Donated Asset Depreciation - this position is in line with all other Trusts under the Temporary Covid-19 Financial regime. This will change from M7 (October) onwards. To date, the Trust has claimed significant retrospective Top-up against the current regime totalling £7,565k; this has seen a further adverse shift in Month 6 costs. The adverse movements are primarily against the PPE recharge charge from STHT £305k attributed to COVID 19 recharge. The realisation of the Medical pay award £194k along with further recruitment into the Mental Health Investment Standards (MHIS) projects. The September financial performance has seen an increase in the Out of Area (OOA) activity, reporting £880k compared to £860k for the previous month - this is currently the primary financial risk. The actual costs in this area total £4.4m compared to an original budget of £0.792m. This increased activity is driven by four key factors: Dormitory closure and eradication programme linked to CQC Inadequate rating and agreed action plans. (This is non-recurrent but will be an issue all year through to the first half of 2021/22) A mix of Covid related delivery issues (inability to flex beds, use surge capacity and the need to segregate patients). Staffing and patient safety issues (Likely to be short term and in part PICU focused where 2 further beds have been closed) Increased length of stay across primary Inpatient areas for which the Trust is working to address. Looking forward, the first indications for M7 to 12 is a forecast deficit of £4.558m. The forecast is estimated predominately on a pro-rata cost base of Month 1 to 6 results, adjusted with known exceptions; this forecast includes confirmed funding of £4.902m for MHIS, £1.923m for Top-up and £3.147m for COVID. The deficit mainly comprises of the following: The impact of increasing levels of out of town £1.6m Increase in capital charges £1.2m COVID-19 shortfall against funding £0.8m Loss of income (interest - due to economic factors affecting interest rates, CPC - due to financial regime) £0.6m
	Covid-19 reimbursement	£931k	£645k	
	Top-up	£2,402k	£1,740k	
	Reported Position	£0k	£0k	
		Year to Date	Forecast 20/21	
2	Agency Cap	£2,233k	£4,468k	The annual agency ceiling cap is £3,165k; the current assumption is a pro-rota forecast based on the Month 1 to 6 cost base. Initial expectations were that costs associated with the Covid-19 response would start to decline, however, the surge in infections in the workplace along with gaps in recruitment, mobilisation of services back to BAU and the anticipated 2nd wave of COVID-19 may have a further adverse affect. NHS have suspended Agency oversight and added restrictions during Covid, therefore the Trust does not need to adjust practice in terms of additional pressures linked to now being in financial distress, therefore routine Exec level authorisation can continue.
3	Cash	£59,424k	£47,415k	The cash balance at the period end was £59,424k, which was £9,321k greater than expected; this position is primarily due to Covid-19 finance arrangements, a normalised cash position would have been c.£54,152k. This is also affected by capital slippages. The overall Capital Programme is expected to suffer c£9,000k+ of slippage in 2020/21. The Trust will receive external funding for backlog maintenance and the Dormitories schemes to enhance the position further. The Cash forecast outturn is expected to be c£47,415k
4	Efficiency Savings (Cost Improvement)	£315k	£783k	Although the programme is not being reported through our regulators between Month 1 to 6 for all CCG commissioned services, as a Trust we continue to pursue the Cost Improvement Targets which have been driven by inflation pressures and internal Capital/Revenue investment decisions. A focus group will look further into large schemes of opportunities in Quarter 3. The achievement of the programme recurrently is a fundamental assumption in the current financial operating strategy, in that this underpins our ability to achieve a breakeven position in year and so sustainability in future years. Therefore, the non-achievement of target and any residual non-recurrent balances, carry forward into the following year, unless directly funded by commissioners.
5	Capital	£773k	£6,449k	The current Capital Programme 2020/21 has been revised and reduced to £6,449k at the end of September 2020. This is mainly due to imminent slippage with two major schemes, ACM II and the new EPR (Insight II). The year to date (YTD) expenditure at the end of the period amounts to £773k, which is £405k behind plan as the majority of the expenditure is expected between Q3 and Q4. New schemes to address backlog maintenance have been incorporated into the forecast, these are due to be funded centrally, SHSC will receive £899k for this purpose to address on-going issues at MCC and Grenoside Grange. Finance will work with colleagues across the Trust to revise the forecast out-turn in line with strategic priorities to ensure effective use of available resources

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Contact

Deborah Cundey | deborah.cundey@shsc.nhs.uk

Tania Baxter | tania.baxter@shsc.nhs.uk

Phillip Easthope | phillip.easthope@shsc.nhs.uk

Beverley Murphy | beverley.murphy@shsc.nhs.uk

Proud to care in Sheffield

Appendix 1 | Report Development

We have committed to work on the development of the Trust Board report, to ensure that it includes meaningful indicators that are data quality assured, accessibly presented with appropriate analysis, having gone through a 'Floor to Board' governance hierarchy. This will enable appropriate Board understanding, scrutiny and oversight of the operations of the Trust. This is the first iteration of an integrated Performance & Quality Report for the organisation. We have converted RAG monitoring to Statistical Process Control (SPC) charts where possible, and replicated the previous performance and quality reports information in a new format. An explanation and guide for SPC is available here. Also included within the KPI Summary is a basic marker of the level of assurance we have in the metric or indicator. This is something we are currently looking to develop further and aim to introduce in later reports.

Plans for continued development

- Access & Waiting Times – Referral to Assessment and Treatment times for all services, with associated standards and targets
- Restructure of KPI overview and report layout to include metrics grouped under the following categories
  - NHS Oversight Framework (19/20)
  - Better alignment with Strategic Objectives/NHS Long Term Plan and Quality Objectives
  - CQUIN
  - Well Led
  - Key Areas of Concern/Key areas for Improvement & Development
- Review of all required metrics in collaboration with Service areas and Board members, as part of the Floor to Board review process currently led by Executive Director of Nursing, Professions and Operations
- Development of Data Quality/KPI 'kitemark' – to enable an at a glance view of the confidence we have in the information provided. The kitemark will incorporate factors such as Definition, Accuracy, Source, Automation, Governance & Assurance.
- Transfer of all the required information that supports the production of the integrated Performance & Quality Report into the Data Warehouse, enabling automation of a significant amount of manual processing.

Appendix 2 | SPC Explained

An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

- **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 data points are beyond the upper or lower control limits

Variation Icons **The icon which represents the last data point on an SPC chart is displayed.**							**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	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	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
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.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand 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.