

Council of Governors

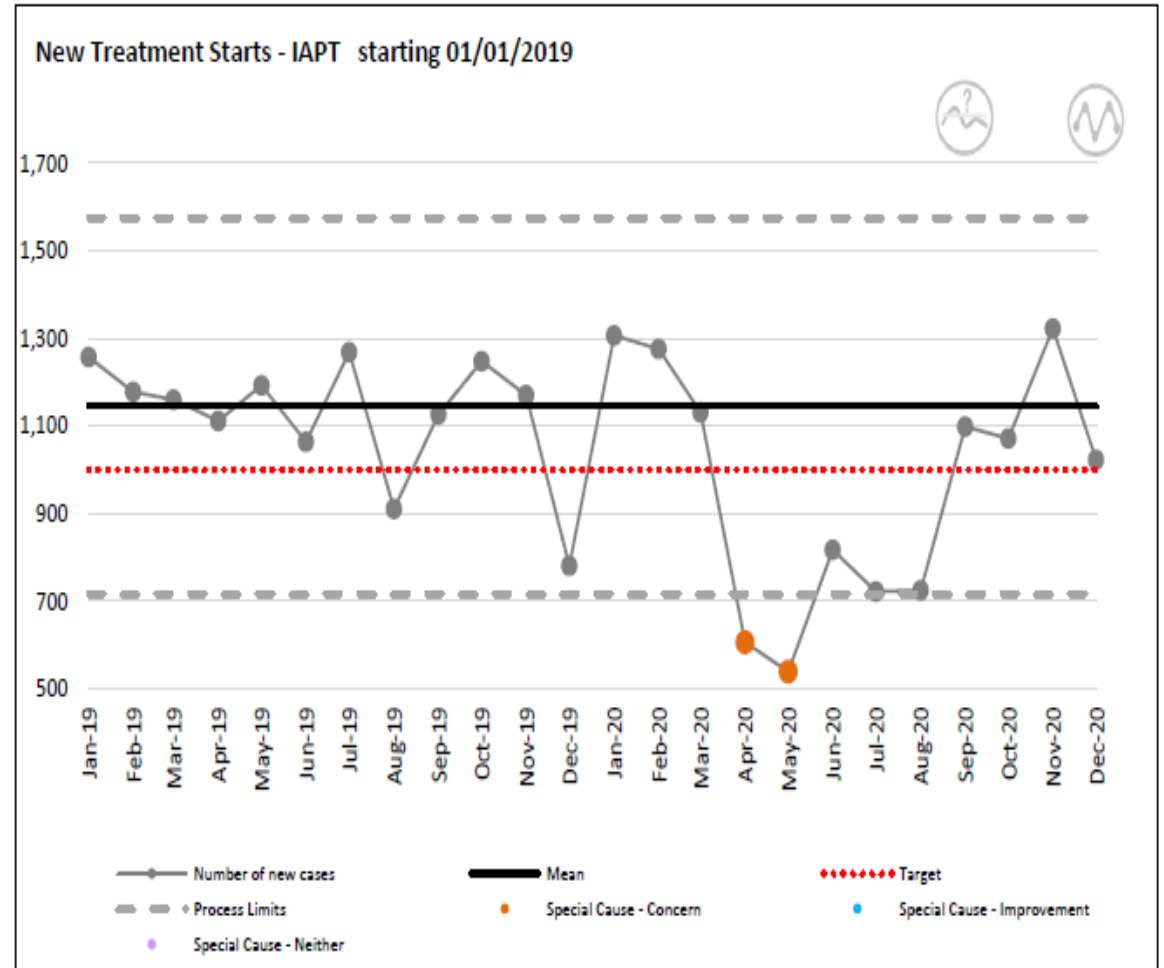
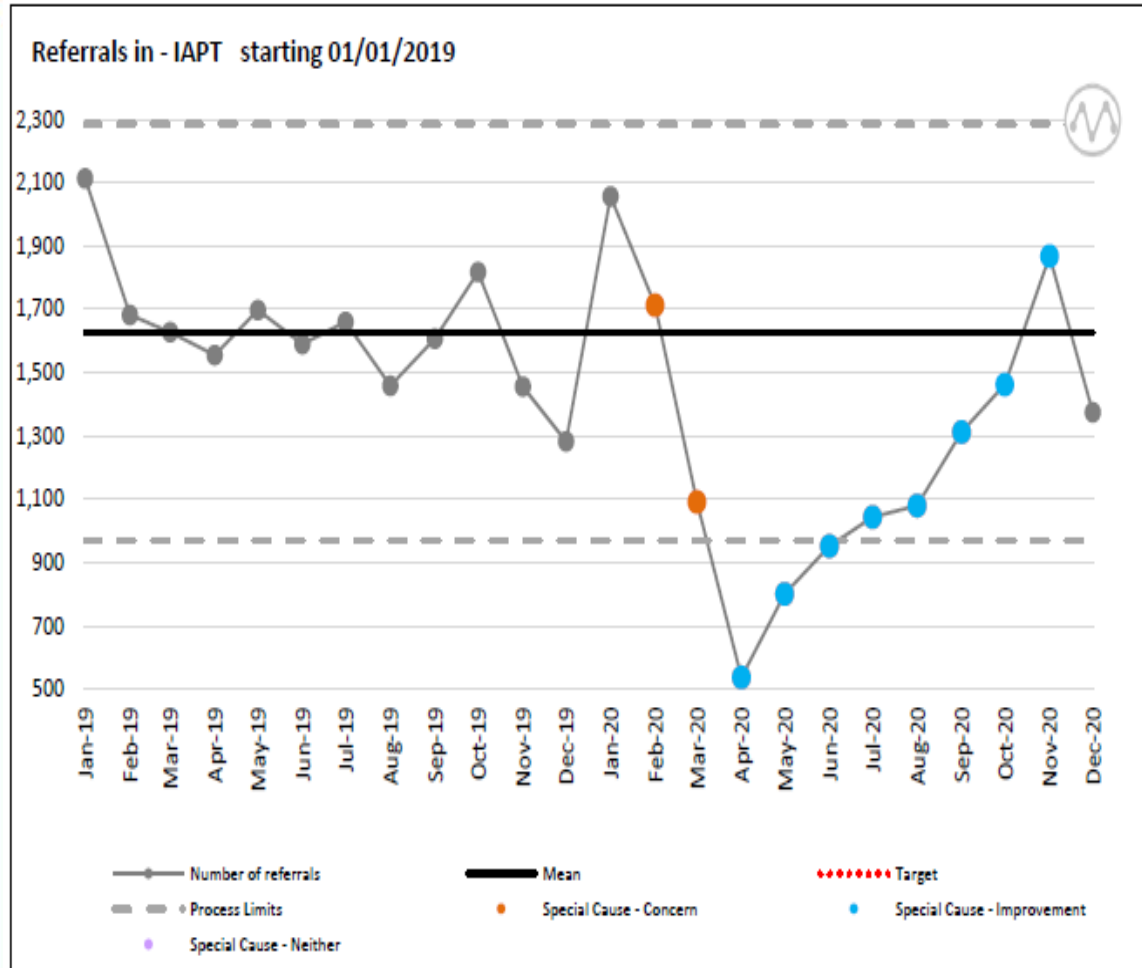
Demands on service during Covid 19
Produced January 2021

25 February 2021

Summary

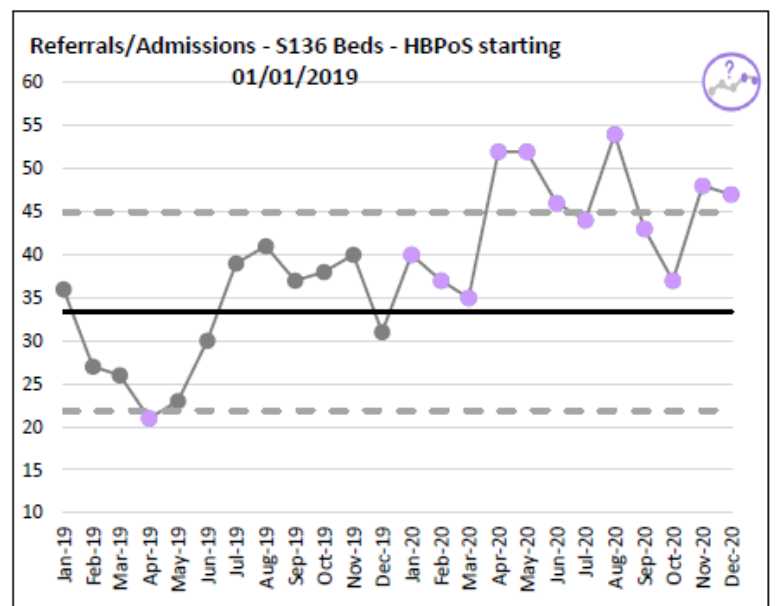
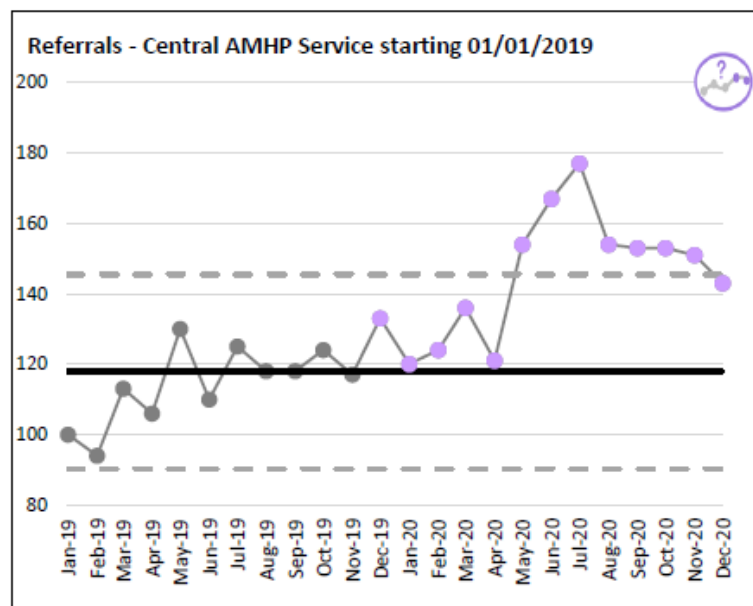
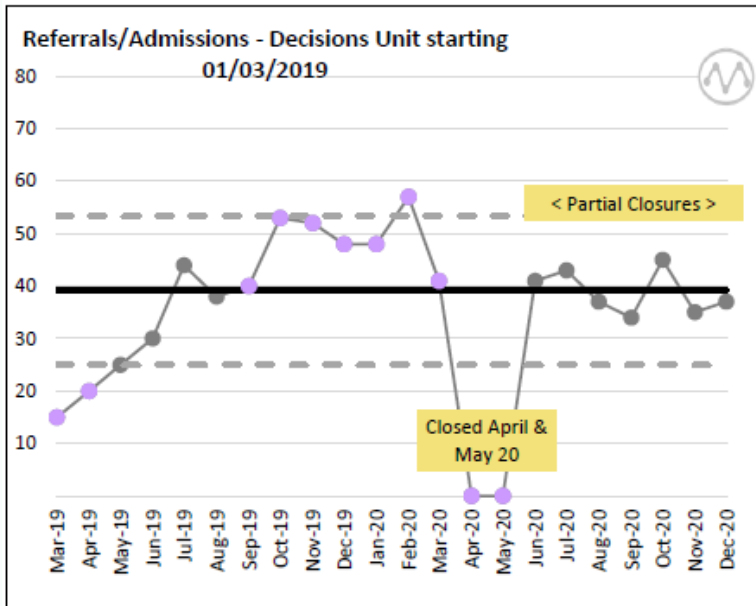
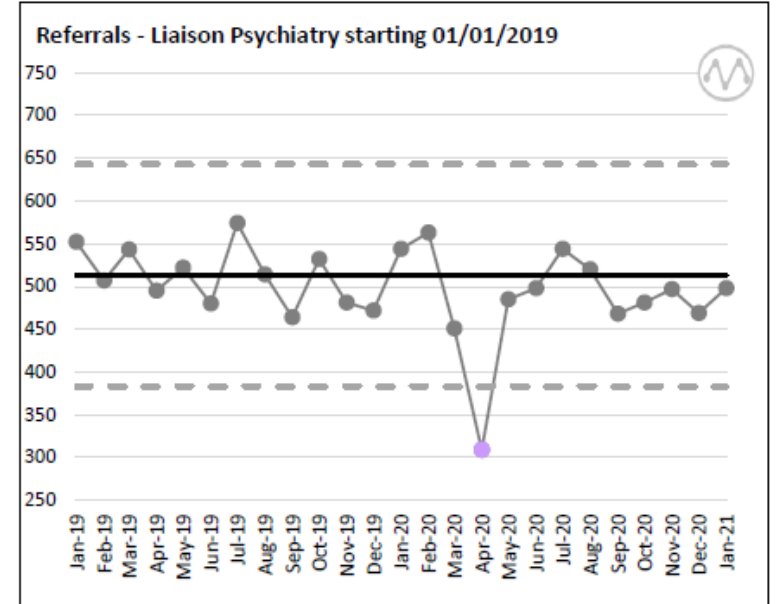
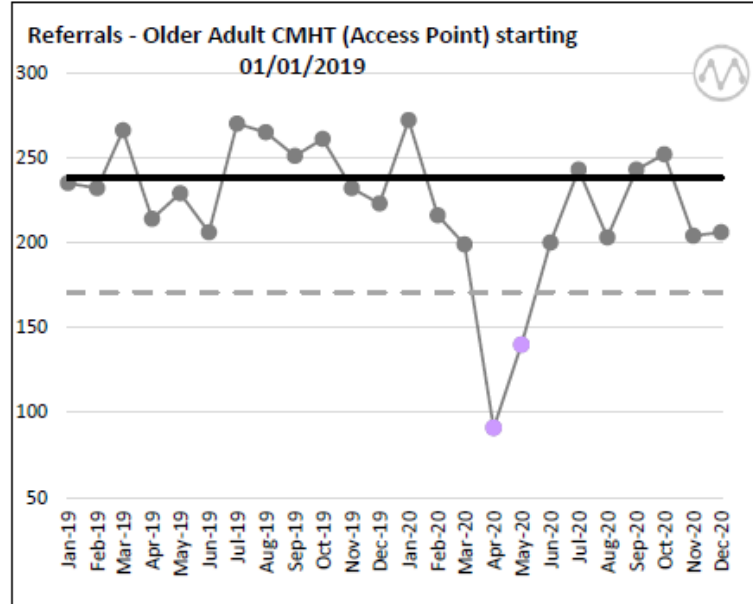
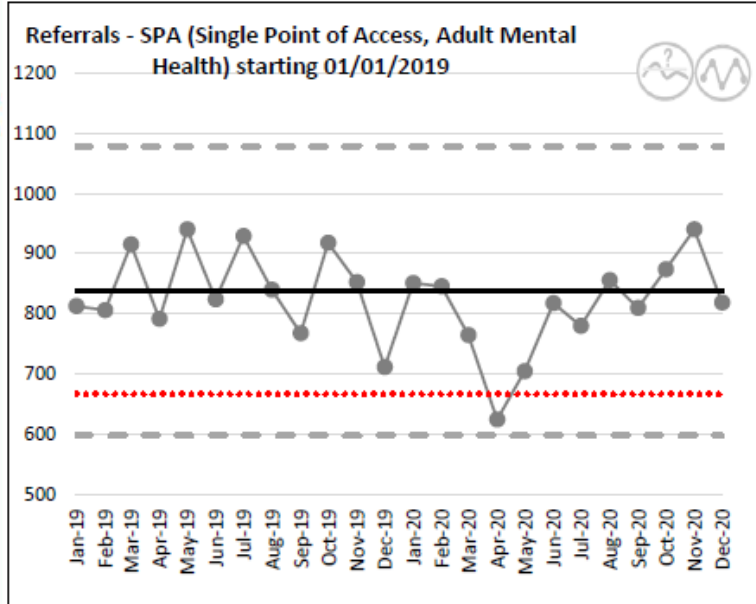
- Demand into IAPT dropped at the start of the Covid pandemic at the end of March, April and into May 2020. This was a direct impact of the lack of presentation to primary care and self referral during the first lockdown. Referrals and numbers accessing IAPT have steadily increased since then and are currently at pre-pandemic levels. IAPT services reacted swiftly, enabling digital consultation and providing bespoke group courses directly addressing the impact of Covid on mental health.
- Access points to secondary mental health care- SPA, Older Adults CMHTs, Liaison Psychiatry experienced similar drop in demand in March and April 2020 but returned to pre-pandemic levels sooner than IAPT and are currently dealing with the same level of referrals as 'normal'.
- However, demand for MHA assessment and admissions to the S136 Health Based Place of Safety beds did not drop at the beginning of the pandemic, and indeed these functions have seen an increase since April 2020. This suggests an increased level of acuity and complexity of service users being referred/self selecting via access points.
- Inpatient admissions and the numbers detained under MHA on admission have remained steady throughout the last 24 months. Admissions and discharges are of course dependent on bed numbers. We have had a reduction in beds since March 2020, both permanent losses as a result of eradication of dormitory accommodation and temporary reductions in bed numbers due to requirements to enable safe isolation; enabling refurbishment works; acuity of service users and the need to maintain safe staffing levels. We have seen an increased number of admissions of Sheffield service users to out of area inpatient beds as the number of Sheffield beds has reduced. This is particularly evident in the placement of older adults out of area: these have been a direct result of Covid, with G1(dementia) and Dovedale (functional) wards both having experienced outbreaks and closing to admission.
- Service caseloads in our core mental health community teams have seen steady increases since April 2020. We believe that this will be a combination of factors: absence (covid and non covid) and significant vacancies amongst staff leading to fewer discharges; numbers entering the services outstripping the number of discharges month on month; increased acuity and complexity of service users coming in to secondary care community teams.

IAPT



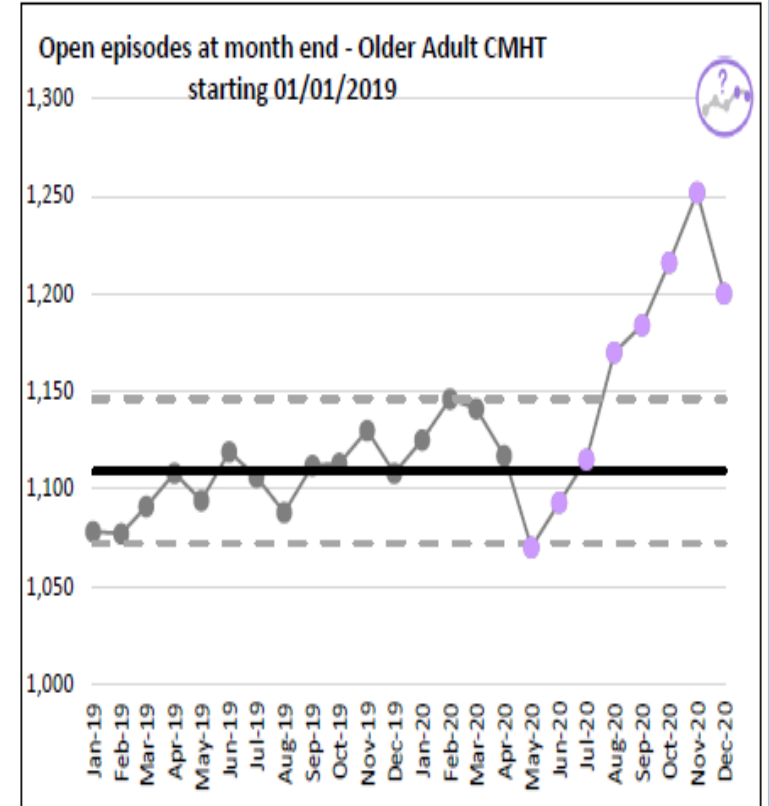
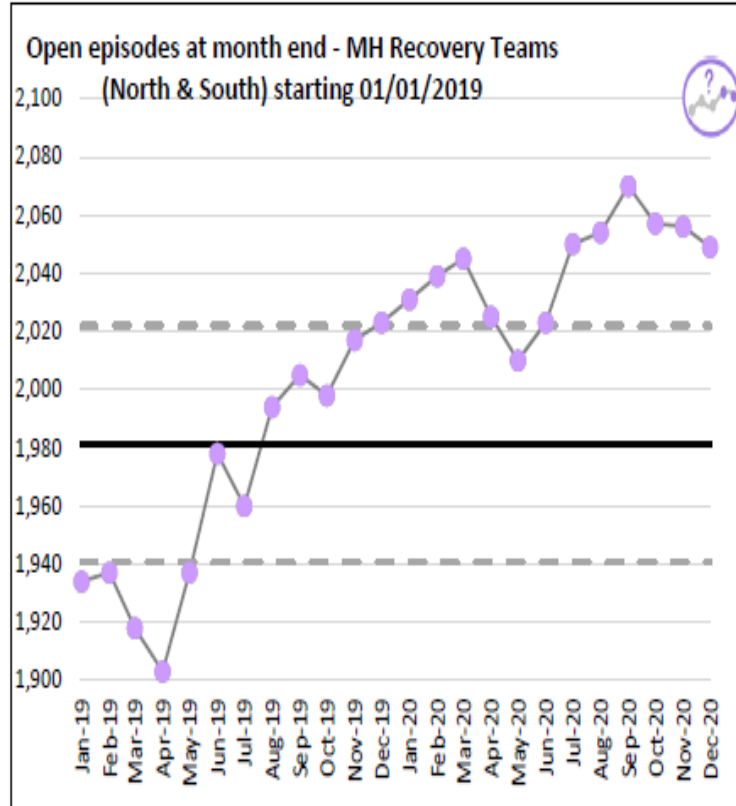
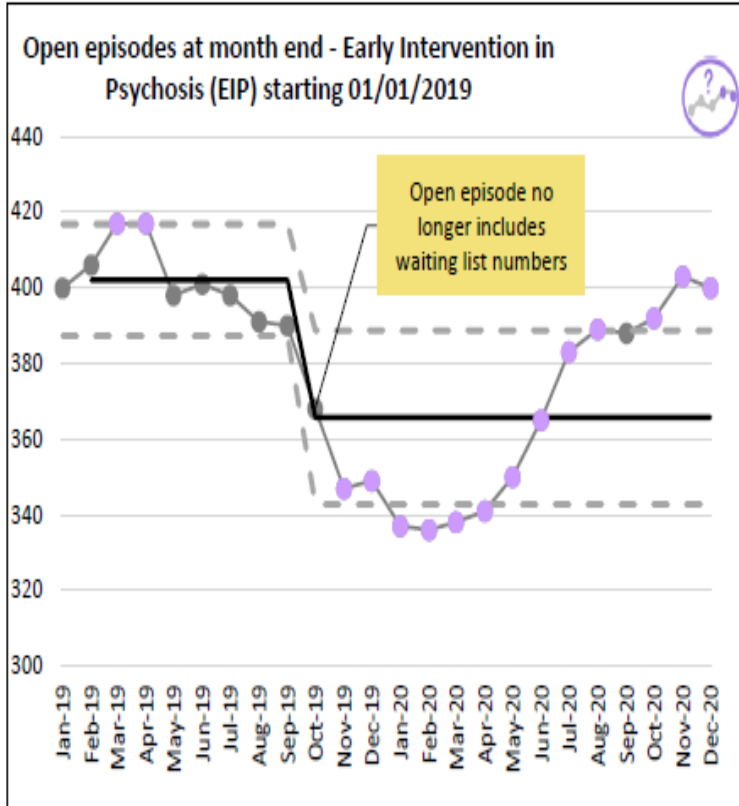
Control limits are set on each chart by the first 15 data points from January 2019 to March 2020. This means the control limits represent the normal variation we were expecting/experiencing pre-Covid, so it helps us to identify if there is an evident impact.

Referrals – Access Points



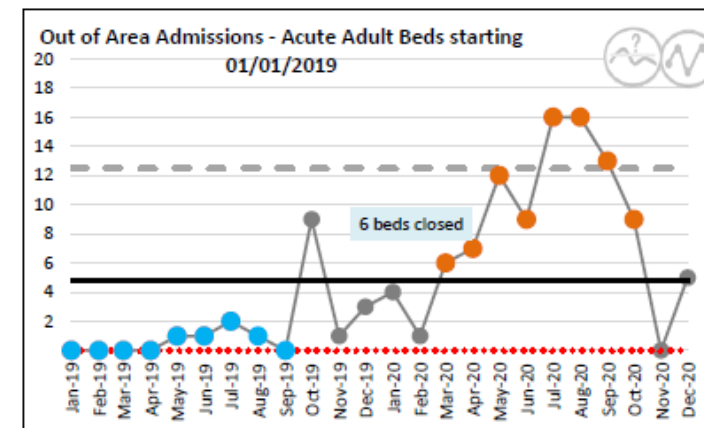
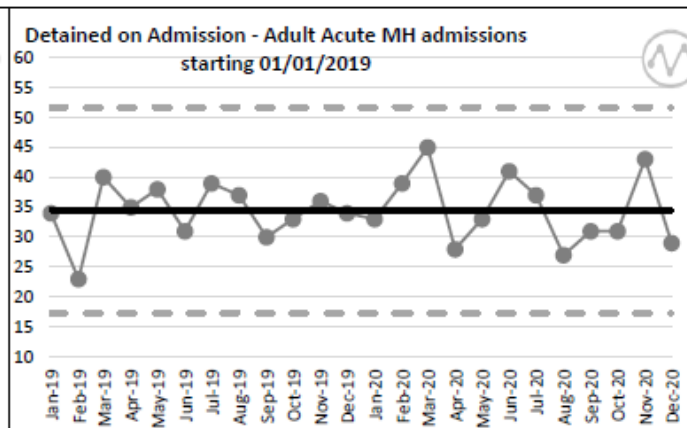
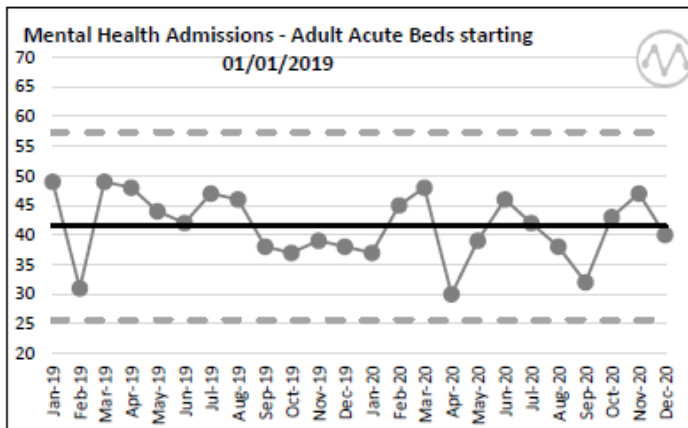
Control limits are set on each chart by the first 15 data points from January 2019 to March 2020. This means the control limits represent the normal variation we were expecting/experiencing pre-Covid, so it helps us to identify if there is an evident impact.

Community Service 'Caseloads'

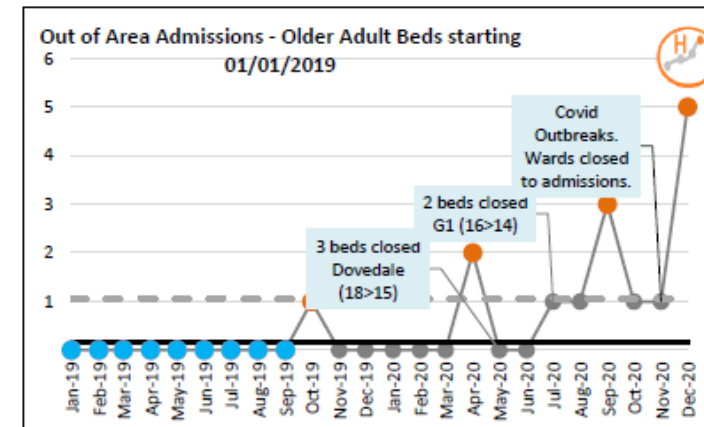
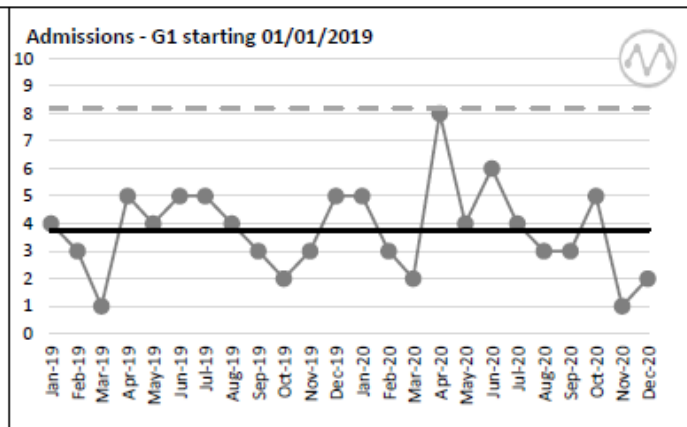
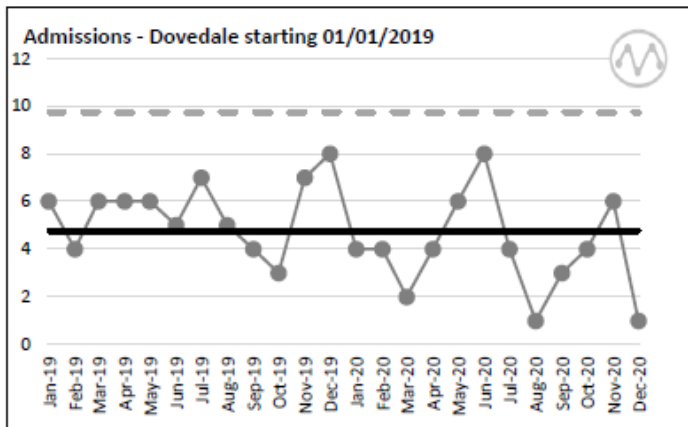
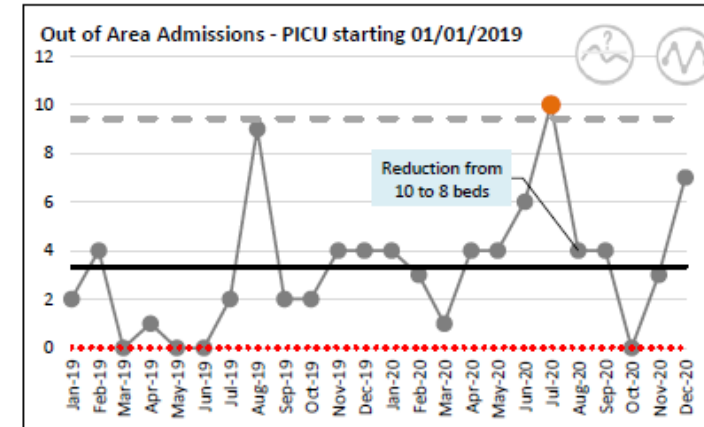
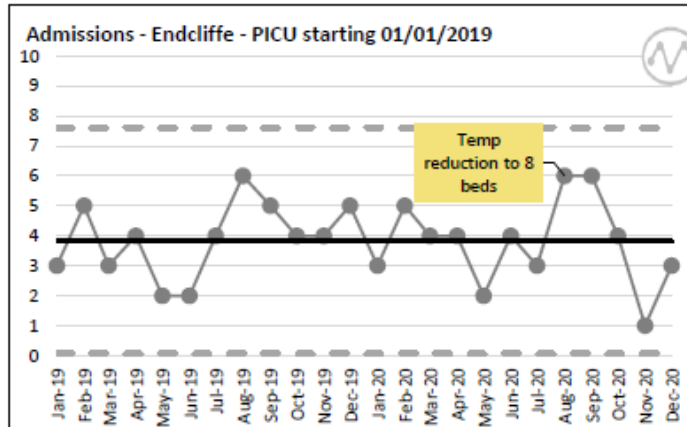


Control limits are set on each chart by the first 15 data points from January 2019 to March 2020. This means the control limits represent the normal variation we were expecting/experiencing pre-Covid, so it helps us to identify if there is an evident impact.

Inpatient Admissions



Control limits are set on each chart by the first 15 data points from January 2019 to March 2020. This means the control limits represent the normal variation we were expecting/experiencing pre-Covid, so it helps us to identify if there is an evident impact.












Appendix 1 | 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

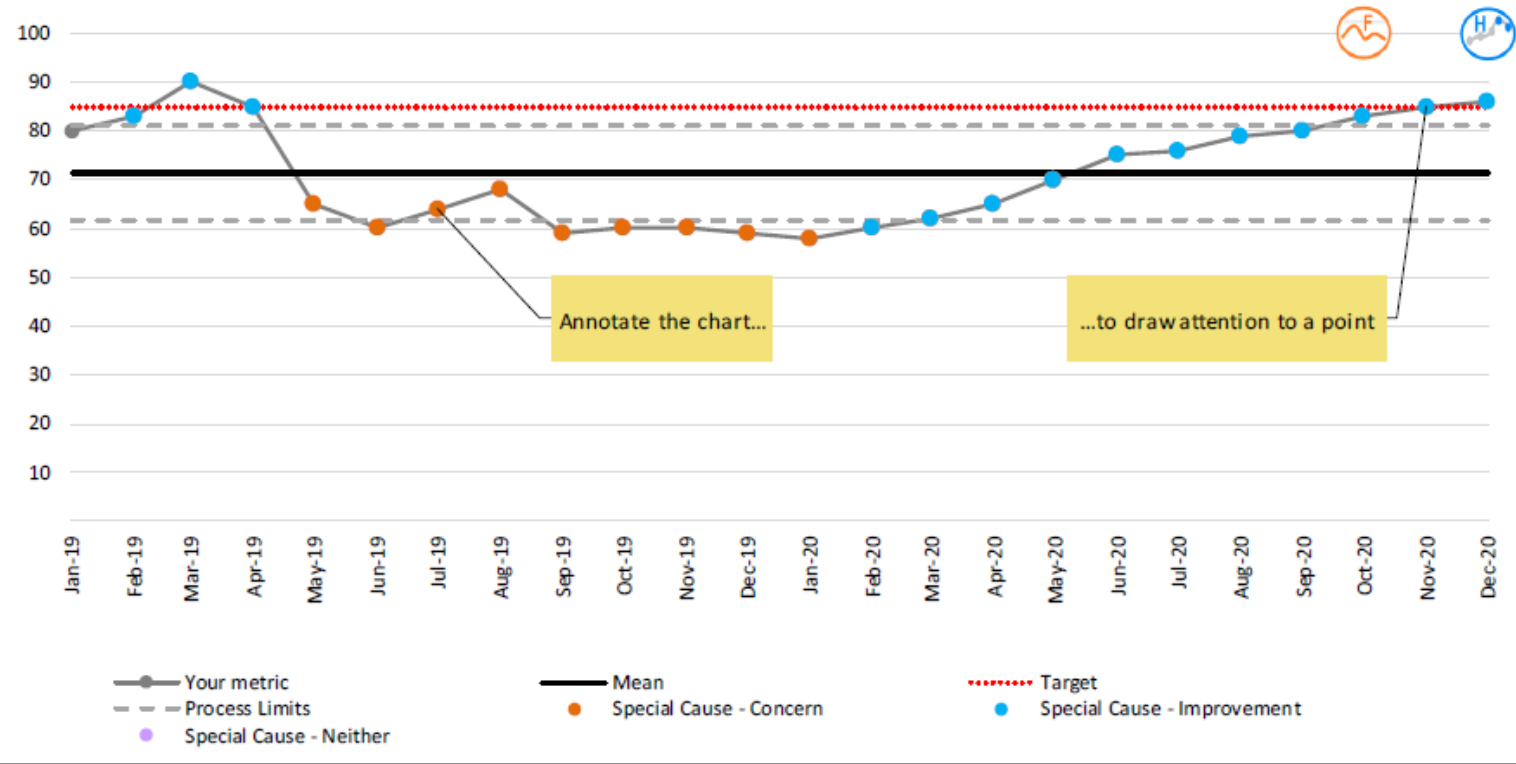
Variation Icons The icon which represents the last data point on an SPC chart is displayed.							Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON									
DEFINITION	Common Cause Variation	Special Cause Variation where 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.

Appendix 2 | SHSC SPC Chart Anatomy

Chart Title	SPC Chart Example
Team/Service	Team/Directorate/Trust
Your Measure	Your metric
Improvement Indicator	High is Good
Target	85

Start Date	01/01/2019	
Duration	24	Months
Baseline		
Min Value	0	
Max Value	100	

SPC Chart Example - Team/Directorate/Trust starting 01/01/2019



Observations

Based on the data from latest calculation date (data point 1 - 01/01/19).

Single Point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 6 points above the UCL and 7 points below the LCL.
Trend	When there is a run of 6 increasing or decreasing sequential points this may indicate a significant change in the process. This process is not in control.
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control.