



Board of Directors - Public

SUMMARY REPORT	Meeting Date:	23 November
	Agenda Item:	11

Report Title:	Integrated Performance and Quality Report (IPQR) September 2022	
Author(s):	Business and Performance Team	
Accountable Director:	Phillip Easthope, Executive Director of Finance, IMST and Performance	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	People Committee Quality Assurance Committee Finance and Performance Committee
	Date:	8 th November 2022 9 th November 2022 10 th November 2022
Key points/recommendations from those meetings	<p>People Committee Requested additional detail at service line level to further understand the risks in relation to vacancies, turnover and time to appoint.</p> <p>Quality Assurance Committee Noted the persistent risk with limited assurance on progress and requested that recovery plans with full detail to be made clearer in the IPQR summary report to provide assurance.</p> <p>Finance and Performance Committee Noted the static issues and risks and escalated concerns re forecast outturn including delivery of cost improvement programs.</p>	

Summary of key points in report
<p>The attached Integrated Performance and Quality Report (IPQR) is provided for assurance and contains data to September 2022. This report has been received and considered by the People Committee, Quality Assurance Committee and Finance & Performance Committee at their November 2022 meetings and includes a summary of key messages, risks and exceptions raised at those meetings.</p> <p>There remain no new risks of note. The summary of risks that are not fully managed or are persistent are:</p> <ul style="list-style-type: none"> • Waits for treatment across several community services. • Flow across the acute care pathway which risks beds not being available in SHSC to ensure people have the right care at the point of need. The increases delayed care is having an impact on our ability to protect 136 capacity and responsiveness and has also impacted on our ability to respond to the need for transfers out of the Emergency Department.

- Supervision rates are not consistently meeting SHSC standards across corporate and clinical areas.
- Vacancy rates remain static and the improved recruitment in some teams is masking the current vacancies in inpatient services. The associated risks caused by inpatient vacancies / over reliance on temporary staffing is that the service user experience can be adversely impacted and important quality issues such as closing incident learning loops and providing consistent supervision is reduced. The Quality Assurance Committee are asked to be aware of this risk and the actions being taken to improve this.
- Failure to meet target for sickness absence with an increasing trend trust wide.
- Failure to meet 10% turnover target.
- High levels of agency and out of area placement spend and a failure to meet improvement plans for to deliver cost improvement plans.

To note:

Demonstrating service user feedback is of concern given the low levels of friends and family and the use of care opinion. There is a plan in place with the Quality Team to share the feedback from the Engagement Officers who regularly attend services and engage directly with people who use the service.

Positive performance to note:

- Although the rate of CPA reviews remains lower than expected, we are now seeing consistent improvement.
- Older Adult inpatient services have continued to keep a good length of stay and are not using placements for people away from home.
- Early intervention and IAPT are showing consistently good performance against waiting time standards.
- Decrease in outstanding SI actions overdue
- Low number of assaults on staff reported

The full list of areas of good performance and performance concerns highlighted to committee are given below.

Good Performance					
Committee	KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory	Recovery Plan?
F Q	Inpatient Length of Stay – Older Adults OOA – Older Adults	10		Decreasing trend in Older Adult inpatient ward Dovedale 1 G1 passing target for average discharged length of stay (12m rolling) No inappropriate OOA admissions since February 2022	
F Q	Inpatient Length of Stay – Forest Close & Forest Lodge	11		Performance above national benchmarks	
F Q	Annual CPA Review	14		Improving Performance in Recovery South. Early Intervention attained 100% in September.	

F	Q		Early Intervention Waiting Times Standard	14		7 months above target for EI Waiting Times Standard	
F	Q		IAPT	15		Meeting/exceeding targets for waiting times 6 week wait times being met and increasing % meeting target	
F	Q		START - RtT	16		Opiates & Alcohol passing RtT target and both attained 100% for September 2022.	
	Q	P	Open Serious Incidents	19		Decrease in outstanding SI actions overdue.	

	Q	P		Assaults on Staff	21		Trustwide – low number of Assaults on Staff reported	
	Q		M	Restrictive Practice Incidents	24		Low number of rapid tranquillisation incidents on Dovedale 1.	
	Q	P		Supervision	31		Rehabilitation & Specialist service area meeting target	

Performance Concern							
Committee		KPI/Area	Refer to (slide)	Performance	Trend/ Trajectory	Recovery Plan?	
F	Q		Demand for Services	4		Increasing trend noted for SAANS	
F	Q		Waiting Lists and Waiting Times	5-7		Increasing trend/sustained high waits in certain areas noted (EWS, Recovery teams, SMS, CFS/ME)	Recovery Plan x 2 (EWS, Recovery Teams)
F	Q		Caseloads/Open Episodes	5		Increasing trend in OA CMHT, SMS and Highly Specialist community services (Gender, Eating Disorders, SAANS, Perinatal, CLDT & SCFT)	Recovery Plan x 2 (Gender & SAANS)
F	Q		Discharges	8		Adult Acute Discharges low	
F	Q		Length of Stay and Delayed Discharge (inpatient areas)	8-9		Increasing trend in acute wards	Linked to Out of Area Recovery Plan(s) x 3
F	Q		Out of Area Placements	8-9		Failing to meet reduction/elimination of inappropriate OAPs in acute	Out of Area Recovery Plan(s) x 3
F	Q		HBPoS bed use	12		Not enough data points for SPC but high number of HBPoS beds being blocked due to mental health ward admissions. 39% in September.	
F	Q		A&E Breaches	12		There were 3 A&E Breaches in September 2022	
F	Q		Delayed Care	12		High bed nights delayed in month for Adult Acute. 24.3% of bed nights available in month were used by delayed service users.	
F	Q		Annual CPA Review	14		Failing to meet 95% target Trustwide 89.9% Recovery N 90.9% Recovery S 78.9%	Recovery Plan in place.
F	Q		START – DNA rates	16		Non-Opiates failing to meet <15% target for DNA rate to assessment (31% in September 2022)	
	Q	M	Restrictive practice incidents	23-25		High number of physical restraints on Dovedale 2 and Birch Avenue. High number of rapid tranquillisations on Dovedale 2.	
		P	Sickness Absence	28		Increasing trend Trustwide	People delivery plan actions for 22/23 and

						Failing to meet Trust target	additional investment to support absence management and wellbeing actions.
		P	Staff Turnover Rate	30		Failing to meet 10% turnover target. 15.39% in September 2022	
	Q	P	Supervision	31		Failing to meet 80% target Trustwide	CQC Back to Good Action Plan/Local Recovery Plans
		P	Mandatory Training	32		Underperformance against 80/90/95% targets in some areas	
F			Agency and Out of Area Placement Spend	34		Increased high levels of spend Failing to meet reduction/elimination of inappropriate OAPs	Out of Area Recovery Plan(s) x 3 CIP Plans 22/23

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	✓	Information	
The Trust Board is asked to accept the assurance provided by this report, while acknowledging the ongoing concerns to performance and quality in the identified areas.							

Please identify which strategic priorities will be impacted by this report:

Covid-19 Recovering effectively	Yes		No	✓
CQC Getting Back to Good – Continuing to improve	Yes	✓	No	
Transformation – Changing things that will make a difference	Yes		No	✓
Partnerships – working together to make a bigger impact	Yes		No	✓

Is this report relevant to compliance with any key standards ? State specific standard

Care Quality Commission Fundamental Standards	Yes	✓	No	
Data Security and Protection Toolkit	Yes		No	✓
Any other specific standard?	Yes		No	✓

Have these areas been considered? YES/NO

If Yes, what are the implications or the impact?
If no, please explain why

Service User and Carer Safety and Experience	Yes	✓	No		Any impact is highlighted within relevant sections
Financial (revenue & capital)	Yes	✓	No		Any impact is highlighted within relevant sections
Organisational Development /Workforce	Yes	✓	No		Any impact is highlighted within relevant sections
Equality, Diversity & Inclusion	Yes		No	✓	
Legal	Yes		No	✓	
Environmental Sustainability	Yes		No	✓	

Integrated Performance & Quality Report

Information up to and including
September 2022



Introduction

Report Layout | Information and metrics are grouped into the following themes in line with the proposed KPIs for 21/22 and the Trust Performance Framework.

- Service Delivery
- Safety & Quality
- Our People
- Financial Performance
- Covid-19

We use statistical process control (SPC) charts where possible in order to better understand what is 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. Using SPC can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting a target or standard without a change.

In this report we have introduced a variation on the SPC icons we are using in SPC charts to easily identify improvement or cause for concern, so that we can look at more information but still identify the points of interest.

You will see tables like this throughout the report, and there is further information on how to interpret the charts and icons in [Appendices 1 and 2](#).

Unless otherwise stated the control limits (the range within which normal variation will occur) are set by 24 months of data points, for example in the case of April 2022 reporting, we are using monthly figures from May 2020 to April 2022. Where 24 months data is not available, we use as much as we have access to.

Ward	Month 1		
	<i>n</i>	SPC variation	SPC target
Ward 1	35.67	• L •	F
Ward 2	35.95	• • •	?
Ward 3	27.71	• • •	P
Ward 4	37.62	• • •	F
Ward 5	47.46	• • •	?
Ward 6	86.82	• • •	F
Ward 7	75.87	• L •	?
Ward 8	58.41	• H •	/

Variation		
Icon Pic	Cell Format	Description
	• • •	Common cause
	• L •	Improvement - where low is good
	• H •	Improvement - where high is good
	• L •	Concern - where high is good
	• H •	Concern - where low is good
	• ? •	Special cause - where neither high nor low is good
	• H •	Special cause - where neither high nor low is good - point(s) above UCL or mean, increasing trend
	• L •	Special cause - where neither high nor low is good - point(s) below UCL or mean, decreasing trend

Target		
Icon Pic	Cell Format	Description
	?	Pass/Fail: the system may achieve or fail the target subject to random variation
	P	Pass: the system is expected to consistently pass the target
	F	Fail: the system is expected to consistently fail the target
	/	No target identified

In some cases we have 'baselines' in the data so that the control limits are set by an initial range of data points and then remain the same. We use this to identify if there have been changes in the system.

Monitoring referrals to services is a good example of where this is useful. We use Jan 19 to Feb 20 as a baseline (pre-Covid) and then can see whether activity has been impacted, returned to pre-covid levels or changed significantly. We have begun using and looking at the information in this way in our 'Floor to Board' Performance & Quality reviews with Clinical Directorates, and will continue to develop that way of working so that the data is intelligently reviewed at source and services and teams are able to investigate and provide narrative which supports the information.

Board Committee Oversight

Please also note the addition of key, using colour coding to quickly identify which KPIs and metrics are of particular interest to a committee/which committee has oversight.

Refer to [Appendix 3](#) for detail.

Colour Key	F	M	P	Q
■ Finance				
■ MH Legislation				
■ People				
■ Quality				

Service Delivery

IPQR - Information up to and including
September 2022

Referrals	Sep-22			Note
	n	mean	SPC variation	
Acute & Community Directorate Service				
SPA/EWS	672	705	...	The baseline was re-calculated in July 2021 due to Safeguarding referrals being moved to the Safeguarding team.
AMHP	146	146	...	
Crisis Resolution and Home Treatment	930	In February 2022, 5 teams merged to create the Crisis Resolution & Home Treatment Team (4 Adult Home Treatment Teams & Out of Hours). Due to the limitations of reporting from Insight, we require the RiO implementation to get accurate data.		
Liaison Psychiatry	430	485	...	
Decisions Unit	51	56	...	The baseline was re-calculated for the full re-opening of DU in May 2021.
S136 HBPOS	31	36	...	
Recovery Service North	30	23	...	
Recovery Service South	20	24	...	
Early Intervention in Psychosis	38	39	...	
Memory Service	112	131	...	The baseline was re-calculated due to a sustained increase in referrals from April 2021.
OA CMHT	242	247	...	
OA Home Treatment	26	26	...	

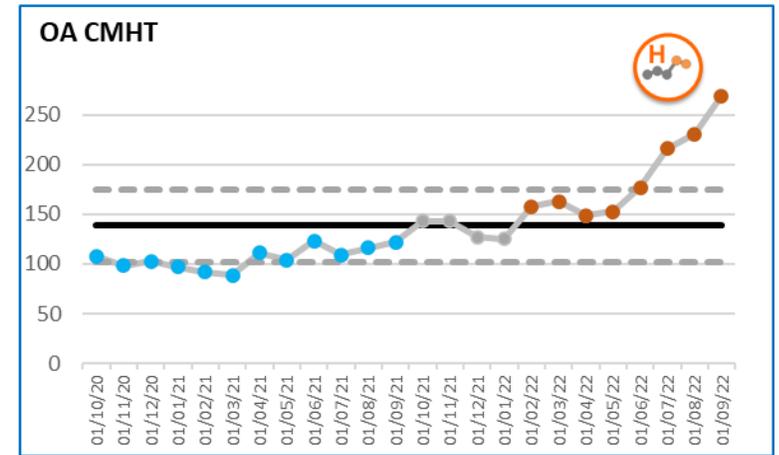
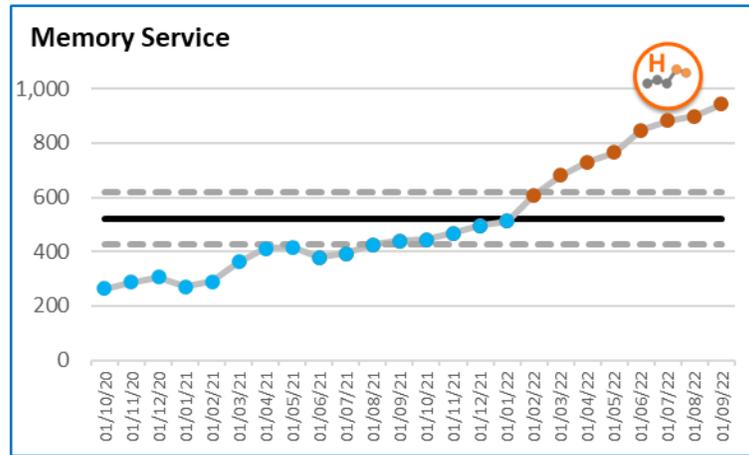
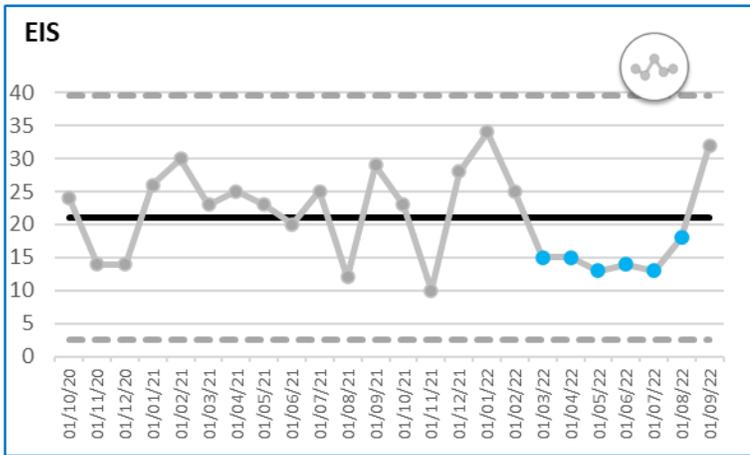
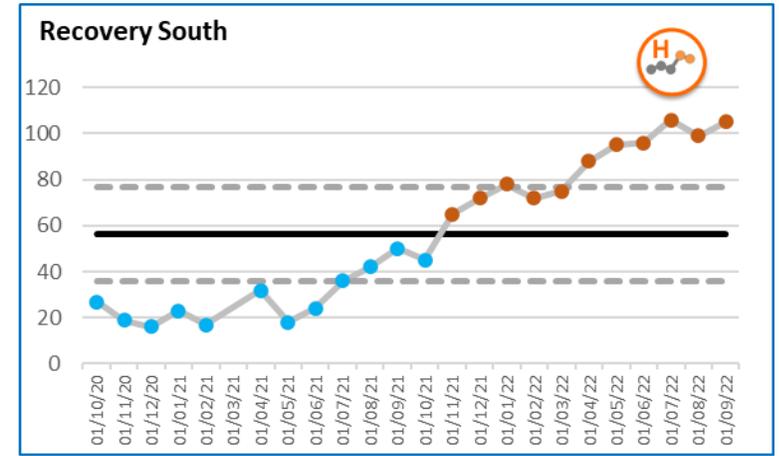
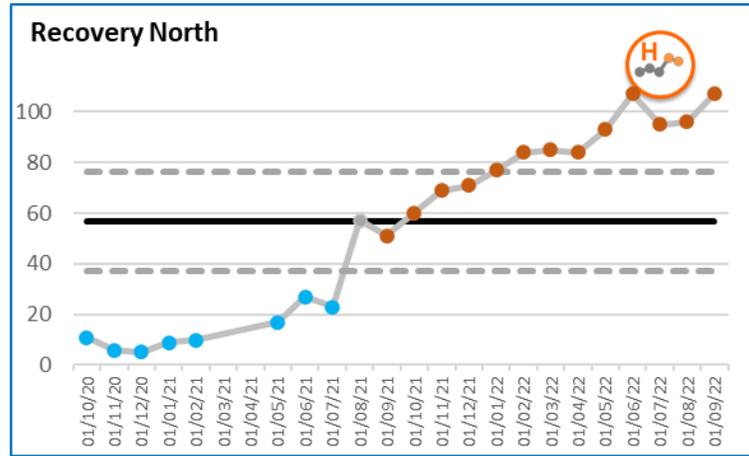
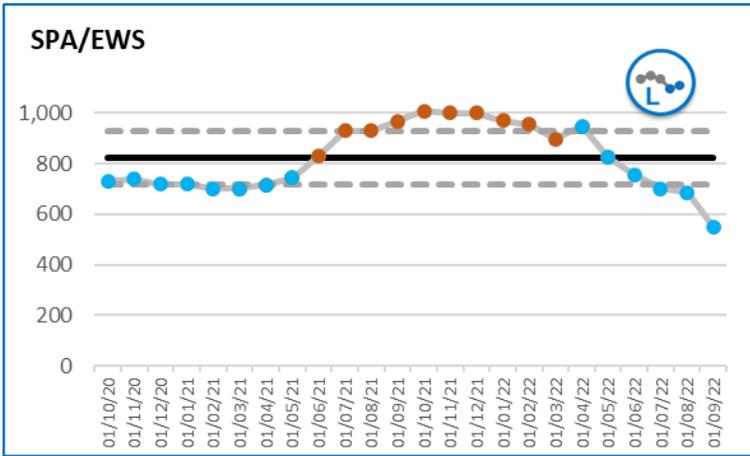
Referrals	Sep-22			Note
	n	mean	SPC variation	
Rehab & Specialist Service				
CERT	2	3	• L •	
SCFT	2	1	...	
CLDT	56	54	...	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	2	4	• L •	
Psychotherapy Screening (SPS)	58	43	...	
Gender ID	56	44	...	
STEP	95	90	...	
Eating Disorders Service	34	32	...	
SAANS	463	358	• H •	There has been exponential demand over the last two years, the baseline was recalculated in Jan 2021 to reflect this.
R&S	13	19	...	
Perinatal Service (Sheffield)	58	49	...	
HAST	19	16	...	
Health Inclusion Team	201	131	...	
LTNC	84	93	...	
ME/CFS	87	53	• H •	Data inaccuracy due to admin system inefficiency.

Responsive | Access & Demand | Community Services

September 2022	Number on wait list at month end			Average wait time referral to assessment for those assessed in month			Average wait time referral to first treatment contact for those 'treated' in month			Total number open to Service					
	Waiting List			Average Waiting Time (RtA) in weeks			Average Waiting Time (RtT) in weeks			Caseload					
Acute & Community Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation			
SPA/EWS	550	822	● L ●	39.9	26.2	● H ●	14	10.0	● ● ●	884	1183	● L ●			
MH Recovery North	107	57	● H ●	9.7	6.1	● H ●	1	11.0	● ● ●	927	969	● L ●			
MH Recovery South	105	57	● H ●	17	7.6	● H ●	11	12.0	● ● ●	1074	1079	● ● ●			
Recovery Service TOTAL	212	114	● H ●	N/A			N/A			2001	2049	● L ●			
Early Intervention in Psychosis	32	21	● ● ●	N/A			84.6%			293	356	● L ●			
Memory Service	943	522	● H ●	32.4	18.4	● H ●	50.7	27.4	● H ●	4543	4191	● H ●			
OA CMHT	269	139	● H ●	7.3	6.7	● ● ●	11.2	10.3	● ● ●	1312	1239	● H ●			
OA Home Treatment	N/A			N/A			N/A			57	63	● ● ●			
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation			
SPS - MAPPS	61	65	● ● ●	19.8	21.9	● L ●	67.0	70.0	● ● ●	318	319	● ● ●			
SPS - PD	31	46	● L ●	16.9	25.7	● L ●	22.0	73.0	● L ●	185	194	● ● ●			
Gender ID	1808	1499	● H ●	192.6	120.1	● ● ●	N/A			2629	2283	● H ●			
STEP	125	90	● H ●	N/A			3.5	3.0	● ● ●	372	385	● ● ●			
Eating Disorders	33	31	● ● ●	4.6	4.9	● L ●	N/A			220	211	● H ●			
SAANS	5549	4177	● H ●	97.3	96.9	● ● ●				6166	4913	● H ●			
R&S	95	187	● L ●	87.1	86.2	● ● ●				197	229	● L ●			
Perinatal MH Service (Sheffield)	26	23	● ● ●	2.9	3.0	● ● ●				148	137	● H ●			
HAST	24	31	● ● ●	28.0	11.8	● ● ●				70	81	● ● ●			
Health Inclusion Team	123	178	● ● ●	4.3	7.2	● L ●				1473					
LTNC	96			N/A						N/A					
CFS/ME		N/A		18.9	14.9	● H ●				2950					
CLDT	169	191	● ● ●	5.2	14.2	● ● ●				14.0	23.0	● ● ●	912	840	● H ●
CISS		N/A		N/A						N/A			19	32	● L ●
CERT	0			N/A			N/A			45	45	● ● ●			
SCFT	2			N/A			N/A			27	24	● H ●			

Narrative

Whilst demand in community services has settled to expected levels for most services, there are still increasing waits and high numbers of service users on service caseloads (the number of open episodes of care to our community teams). Recovery Plans are in place for the services experiencing the biggest issues although these aren't currently leading to improvement.

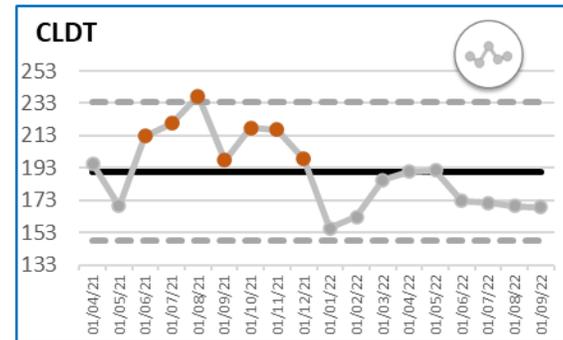
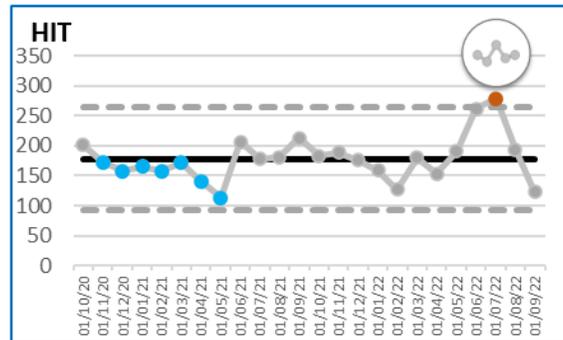
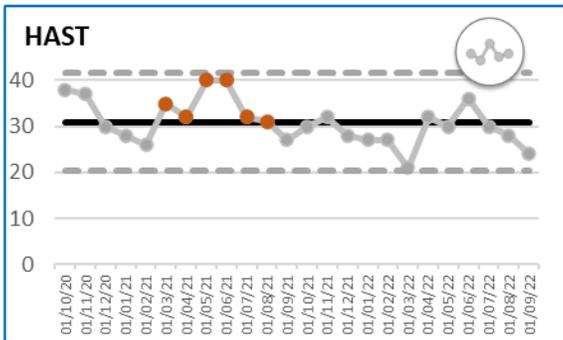
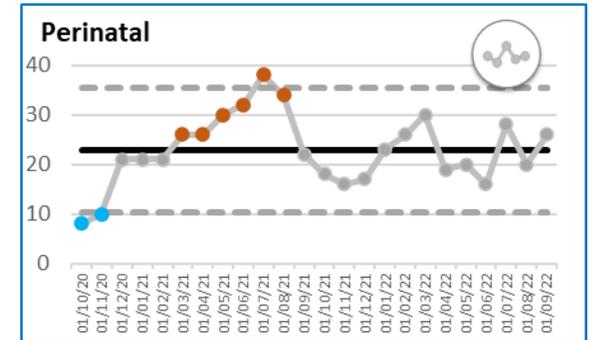
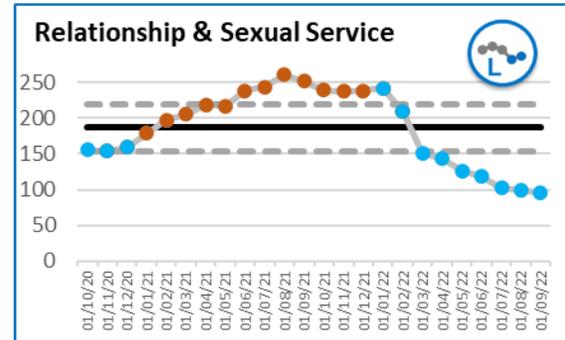
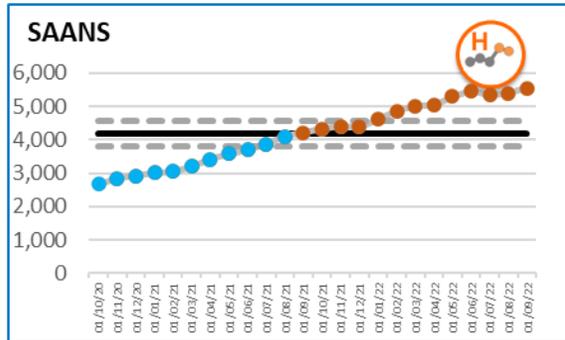
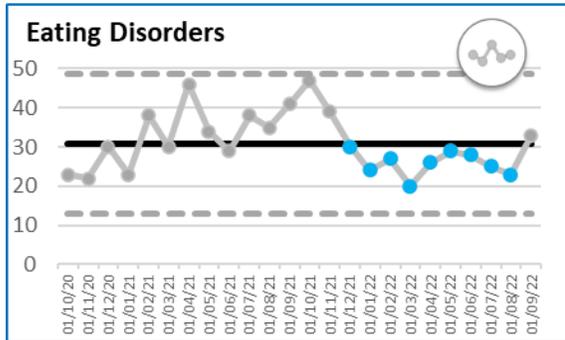
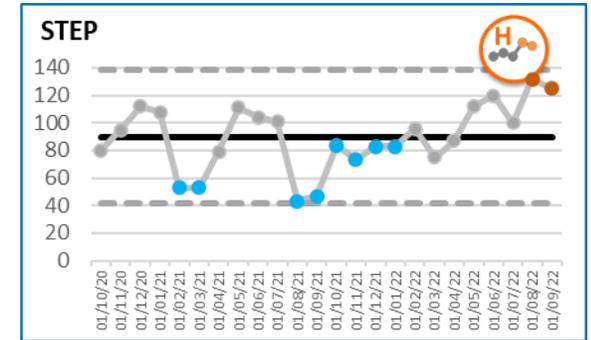
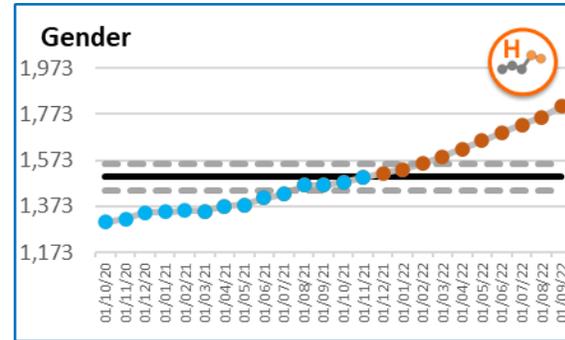
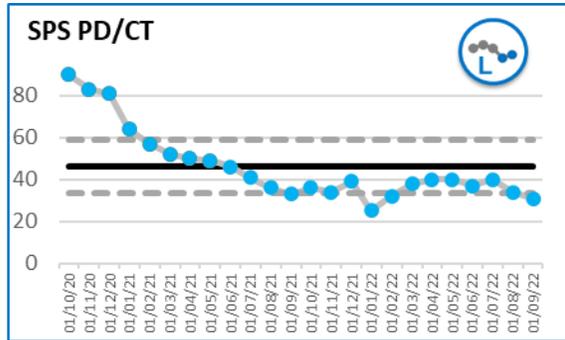
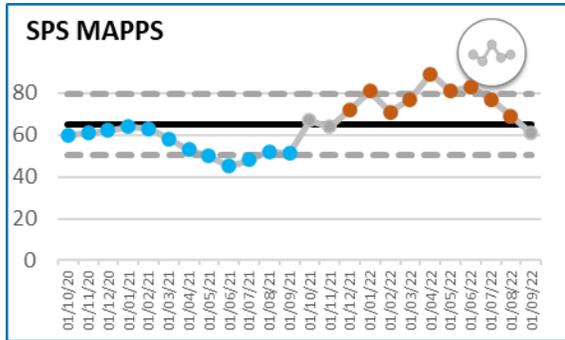


Narrative

Memory Service – There has been an increased demand and they are unable to complete as many initial assessments due to vacancy and sickness rates. Recovery plan in place.

OA CMHT – Increase attributed to staff vacancies and complex cases. The team have higher caseloads than previously worked with.

SPA/EWS – improved data quality, improved functionality within Insight referrals module which means more accurate recording, Senior Practitioners reviewing waiting list and checking intervention still required, as well as reviewing whether patients can move to voluntary sector. Some of those are then satisfied and don't require further intervention. It is not a consequence of increased capacity to deliver assessments. Length of time people waiting has not reduced.



Narrative

SAANS & Gender ID – Significant recovery plans in place. Increase in waiting list is a direct result of demand exceeding capacity within the scope of current commissioned models.

Relationship & Sexual Service – Subcontracting work completed. Now expect to see the numbers level out.

STEP – Demand related to PD group referrals but psych input is helping to keep the demand in balance.

Adult Acute (Burbage/Dovedale 2, Stange, Maple)	Sep-22			
	n	mean	SPC variation	SPC target
Admissions	24	34	•••	/
Detained Admissions	21	30	•••	/
% Admissions Detained	87.5%	89.5%	•••	/
Emergency Re-admission Rate (rolling 12 months)	4.1%			
Transfers in	10			
Discharges	31	33	•L•	/
Transfers out	6			
Delayed Discharge/Transfer of Care (number of delayed discharges)	13			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	343			
Bed Occupancy excl. Leave (KH03)	96.4%	94.2%	•••	/
Bed Occupancy incl. Leave	101.0%	98.5%	•••	/
Average beds admitted to	48.3			
Average Discharged Length of Stay (12 month rolling)	40	38	•••	F
Average Discharged Length of Stay (discharged in month)	25	37	•••	?
Live Length of Stay (as at month end)	96	58	•H•	/
Number of People Out of Area at month end	15	12	•••	F
Number of Mental Health Out of Area Placements started in the period (admissions)	13	8	•••	?
Total number of Out of Area bed nights in period	440	335	•••	F

Length of Stay Detail – Sep 22

Longest LoS (days) as at month end:

304 on Dovedale 2 CRFD 18/07/22 Transfer to Forest Close Latest update 02/11/22 CTR meeting 2/11. Forest Close have agreed 3-5 weeks, action for Forest to confirm date

304 on Maple CRFD 20/07/22 High risk of self neglect. High cost panel agreed 24/7 residential care placement. Need to find suitable placement. Latest Update 02/11/22 Due to go to Lister project last week but refused, arranging to revisit. Some other options available but may need to look out of city.

334 on Stange Specialist accommodation placement required, difficulties in finding provider who will accept. 02/11/22 TAP meeting scheduled for next week.

Range = 0 to 334 days

Longest LoS (days) of discharges in month:

30 on Dovedale 2, **73** on Maple, **73** on Stange

Step Down (Beech Formerly Wainwright Crescent)	Sep-22			
	n	mean	SPC variation	SPC target
Admissions	5	6	•••	/
Transfers in	0			
Discharges	5	6	•••	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	79.3%	76.7%	•••	/
Bed Occupancy incl. Leave	97.0%	85.5%	•••	/
Average Discharged Length of Stay (12 month rolling)	64	65	•••	/
Live Length of Stay (as at month end)	32	39	•••	/

Length of Stay Detail – Sep 22

Longest LoS (days) as at month end: **71**

Range = 1 to 71 days

Longest LoS (days) of discharges in month: **120**

Narrative

In September, the LoS increased and flow slowed – less admissions and discharges leading to more people being placed in beds away from home.

Benchmarking Adult Acute

(2021 NHS Benchmarking Network Report – Weighted Population Data)

% Admissions Detained Mean: 50%

Emergency readmission rate Mean: 10.3%

Delayed Transfer of Care: 4.9%

Bed Occupancy Mean: 86.4%

Length of Stay (Discharged) Mean: 32

NB – No benchmarking available for Step Down beds

PICU (Endcliffe)	Sep-22			
	n	mean	SPC variation	SPC target
Admissions	3	3	•••	/
Transfers in	3			
Discharges	1	2	•••	/
Transfers out	5			
Delayed Discharge/Transfer of Care (number of delayed discharges)	1			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	31			
Bed Occupancy excl. Leave (KH03)	98.7%	91.9%	•••	/
Bed Occupancy incl. Leave	98.7%	94.4%	•••	/
Average beds admitted to	9.9			
Average Discharged Length of Stay (12 month rolling)	48	52	•••	?
Live Length of Stay (as at month end)	99	88	•••	/
Number of People Out of Area at month end	5	5	•••	F
Number of Mental Health Out of Area Placements started in the period (admissions)	6	3	•••	?
Total number of Out of Area bed nights in period	237	140	•••	F

Narrative

As at 30/9/22, there were 3 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 47 days.

The significant long stay is being regularly reviewed. The patient has been referred to rehabilitation pathway.

People needing care away from home has increased – possibly linked to increased LoS.

Gaps/Missed Observations

Endcliffe = 1.45%

Endcliffe – Length of Stay – Sep 22 Over national benchmark average (47)

Start Date	LOS
02/02/2021 17:38	605
15/05/2022 15:40	138
04/07/2022 14:15	88

Benchmarking PICU

(2021 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 84%

Length of Stay (Discharged) Mean: 47

Older Adult Functional (Dovedale 1)	Sep-22			
	n	mean	SPC variation	SPC target
Admissions	4	5	•••	/
Transfers in	1			
Discharges	8	6	•••	/
Transfers out	0			
Delayed Discharge/Transfer of Care (number of delayed discharges)	1			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	10			
Bed Occupancy excl. Leave (KH03)	87.1%	91.7%	•••	/
Bed Occupancy incl. Leave	95.1%	96.8%	•••	/
Average beds admitted to	14.0			
Average Discharged Length of Stay (12 month rolling)	74	72	•••	?
Live Length of Stay (as at month end)	73	87	•L•	/

Length of Stay Detail Sep 22 – Dovedale 1

Longest LoS (days) as at month end: **416**

Range = 1 to 416 days

Longest LoS (days) of discharges in month: **99**

Narrative

Dovedale 1 - Longest LoS – highly complex patient that was very aggressive requiring restraining for long periods of time. Since starting Zuclopenthixol depot there have been no incidents and observations reduced to intermittent. Assessment taken place 15th Oct for Loxley Court who feel they can now accept. Currently no vacancies, they are in the process of identifying placements for some of their residents likely to be weeks not months. Referral made to Astrum House as a backup plan, but they are unable to assess until late October.

Professionals meeting planned for 19th October, Loxley Court to start some in reach work on the ward to aid transition.

G1 - Longest LoS –highly complex needs requiring intensive nursing on 2:1 observation with high level of restraint to maintain safety of client and staff

Older Adult Dementia (G1)	Sep-22			
	n	mean	SPC variation	SPC target
Admissions	2	5	•••	/
Transfers in	0			
Discharges	2	4	•••	/
Transfers out	1			
Delayed Discharge/Transfer of Care (number of delayed discharges)	7			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	201			
Bed Occupancy excl. Leave (KH03)	77.9%	69.3%	•••	/
Bed Occupancy incl. Leave	79.0%	71.1%	•••	/
Average beds admitted to	12.6			
Average Discharged Length of Stay (12 month rolling)	63	64	•••	P
Live Length of Stay (as at month end)	78	51	•••	/

Length of Stay Detail Sep 22 – G1

Longest LoS (days) as at month end: **219**

Range = 0 to 219 days

Longest LoS (days) of discharges in month: **167**

Older Adult Out of Area Placements	Target or	Sep-22		
	Benchmark	n	mean	SPC variation
Number of People Out of Area at month end	/	0	1	•••
Number of Mental Health Out of Area Placements started (admissions)	/	0	1	•L•
Total number of Out of Area bed nights in period	0	0	54	•L•

Benchmarking Older Adults

(2021 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 75.8%

Length of Stay (Discharged) Mean: 73

NB - Benchmarking figures are for combined Older Adult inpatient bed types, they are not available split into functional and organic mental illness.

Rehab (Forest Close)	Sep-22			
	n	mean	SPC variation	SPC target
Admissions	1	1	• L •	/
Transfers in	0			
Discharges	0	3	• • •	/
Transfers out	1			
Delayed Discharge/Transfer of Care (number of delayed discharges)	0			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	0			
Bed Occupancy excl. Leave (KH03)	87.4%	81.5%	• H •	?
Bed Occupancy incl. Leave	96.9%	92.9%	• • •	?
Average Discharged Length of Stay (12 month rolling)	265	298	• L •	P
Live Length of Stay (as at month end)	349	334	• • •	/
Number of Out of Area Placements started in the period (admissions)	0			
Total number of Out of Area bed nights in period	211			
Number of People Out of Area at month end	6			

Forensic Low Secure (Forest Lodge)	Sep-22			
	n	mean	SPC variation	SPC target
Admissions	1	1	• • •	/
Transfers in	0			
Discharges	1	1	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	93.3%	85.3%	• H •	?
Bed Occupancy incl. Leave	94.2%	91.6%	• • •	?
Average Discharged Length of Stay (12 month rolling)	419	427	• • •	P
Live Length of Stay (as at month end)	588	486	• H •	/

Forest Close

The length of stay within Forest Close benchmarks favourably against other Rehab/Complex Care facilities across the country.

Long stays – Forest Close Sep 22

One patient has now been accepted by CERT

Funding has been agreed for another patient for residential care – visits arranged and then referrals will be completed.

Length of Stay Detail Sep 22 - Forest Close (all)

Longest LoS (days) as at month end: **807**

Range = 24 to 807

Number of discharges in month: 0 plus 1 transfer

Longest LoS (days) of discharges in month: **72**

Benchmarking Rehab/Complex Care

(2021 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 75%

Length of Stay (Discharged) Mean: 441

Forest Lodge

The length of stay within Forest Lodge benchmarks very favourably against other low secure facilities across the country.

Long stays – Forest Lodge Sep 22

An application has been made and waiting for the MoJ to grant escorted leave.

Length of Stay Detail Sep 22 – Forest Lodge

Longest LoS (days) as at month end: **893**

Range = 8 to 893 days

Number of discharges in month: 1 and 0 transfers

Longest LoS (days) of discharges in month: **41**

Benchmarking Low Secure Beds

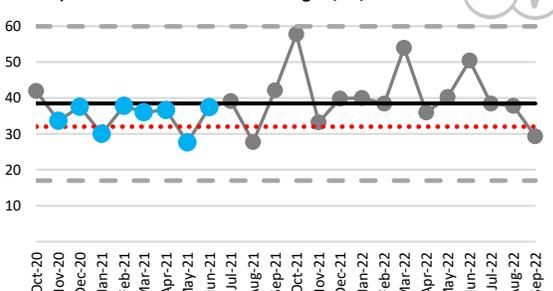
(2021 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 89%

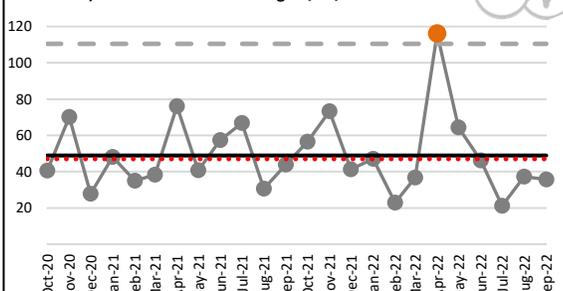
Length of Stay (Discharged) Mean: 707

Length of Stay

Average Discharged Length of Stay (Discharged in Month) - Adult Acute incl. OOA starting 01/10/2020

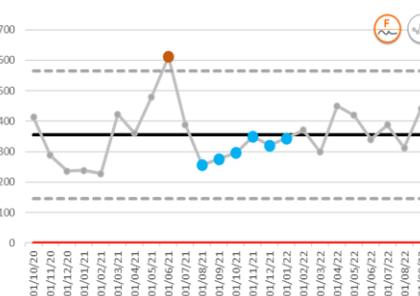


Average Discharged Length of Stay (Discharged in Month) - PICU incl. OOA starting 01/10/2020

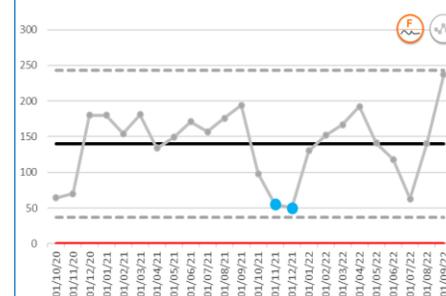


Out of Area

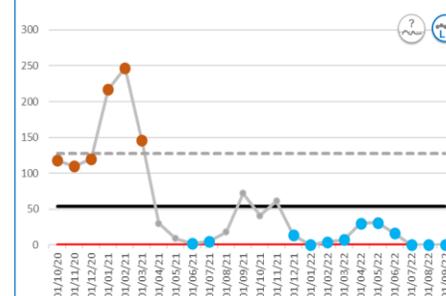
OOA Bednights in month: Adult Acute



OOA Bednights in month: PICU



OOA Bednights in month: Older Adult



Adult Acute Discharged LoS (Rolling 12 month average)

Location	Total Discharges	Average Discharged LoS
Sheffield	384	40
OOA	100	41
Contracted	102	45
Combined	586	41

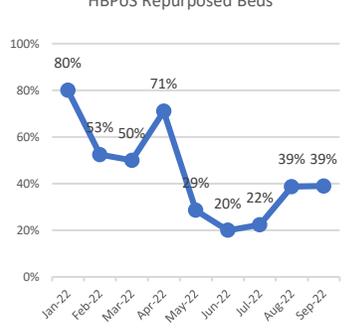
PICU Discharged LoS (Rolling 12 month average)

Location	Total Discharges	Average Discharged LoS
Sheffield	68	48
OOA	39	43
Combined	107	46

Provider	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Sparklines (Oct-21 to Sep-22)
Sheffield Health and Social Care NHS Foundation Trust	15	16	11	17	13	13	21	14	11	11	12	19	
Bradford District Care NHS Foundation Trust	28	24	21	19	25	15	16	14	11	17	17	1	
Tees, Esk and Wear Valleys NHS Foundation Trust	4	4	6	6	10	6	16	15	17	19	12	4	
South West Yorkshire Partnership NHS Foundation Trust	17	14	19	18	18	20	12	19	17	14	9	12	
Leeds and York Partnership NHS Foundation Trust	18	8	14	17	13	17	9	6	5	4	4	13	
Cumbria Northumberland, Tyne and Wear Partnership NHS FT	4	8	4	12	12	4	7	8	10	7	17	22	
Humber NHS Foundation Trust	5	13	13	8	10	9	7	4	2	0	4	4	
Rotherham Doncaster and South Humber NHS Foundation Trust	6	4	3	5	4	3	4	1	1	0	2	2	
Navigo (NE Lincs/Grimby)	4	2	0	0	0	0	0	0	0	0	0	0	

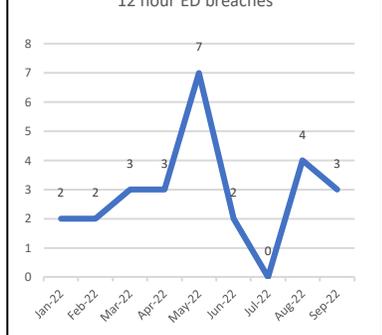
Blocks and Breaches

HBPOs Repurposed Beds



Health Based Place of Safety (HBPOs/136 Beds)	Sep-22
Days repurposed	22
Days repurposed %	39%

12 hour ED breaches



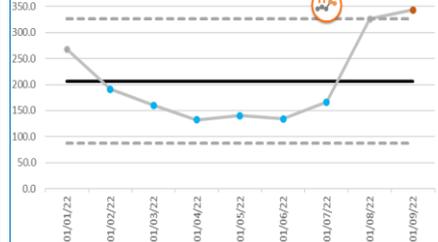
Emergency Department (ED)	Sep-22
ED 12 hour Breaches	3

Delayed Care

Delayed Care Narrative

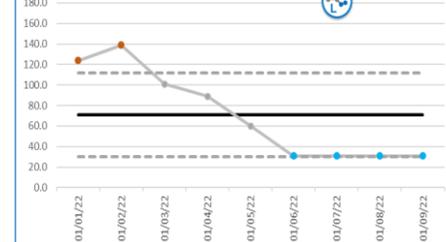
% of bednights occupied by delayed patients is 24.3% across adult acute wards. Weekly Clinically Ready for Discharge meeting membership has been extended to include social care colleagues to support earlier information sharing and discharges for those delayed.

Delayed Adult Acute Bednights in month



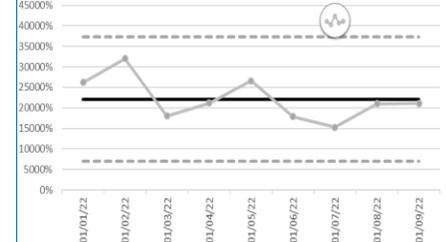
Delayed Discharges Adult Acute			
	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 2	4	124	34.4%
Maple Ward	7	157	27.5%
Stanage Ward	2	62	12.9%
Adult Acute	13	343	24.3%

Delayed PICU Bednights in month



Delayed Discharges PICU			
	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	1	30	10%

Delayed Older Adult Bednights in month



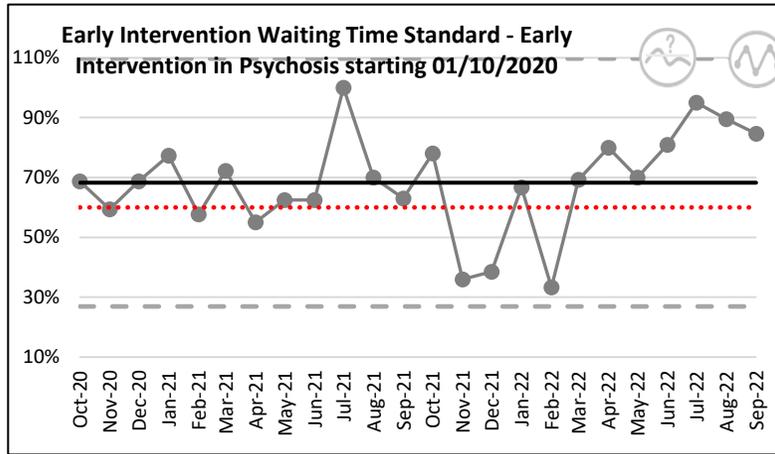
Delayed Discharges Older Adult			
	Count of Delayed Patients	Sum of Delayed Bednights	% Bednights occupied by DD
Dovedale 1	1	10	2.2%
G1	7	201	41.9%
Older Adult	8	211	22.7%

Section intentionally blank.
Learning Disabilities Inpatient Service currently closed.

Narrative

The final service user was discharged from Firshill ATS on 2 September 2021. The service is currently undergoing a period of review and training.

The Learning Disability Board is meeting on a regular basis with representation from key stakeholders including the CCG and the ICB. The unit would require regional commissioning to be sustainable. The ICB strategy is for services to develop a full and more robust community offer before commission beds. The service has developed the community model and is currently detailing the make up of a service which will be discussed within SHSC and would need agreement from commissioners.



EIP AWT Standard		Sep-22		
	Target 2022/23	N	SPC variation	SPC target
Trustwide	60%	84.62%	•••	?

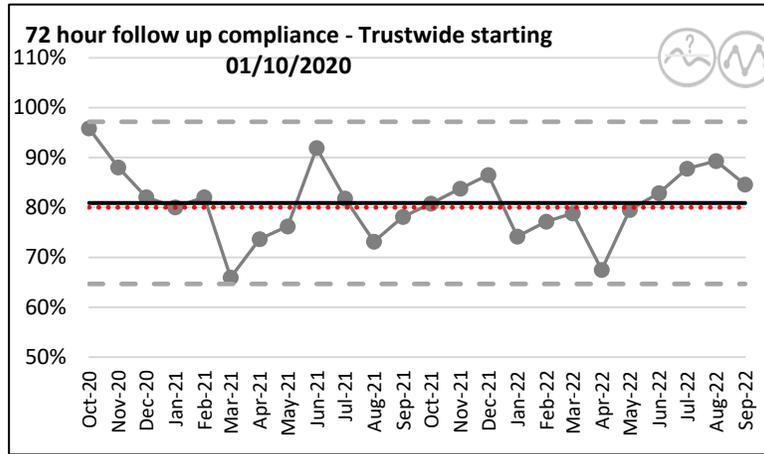
Narrative

2020/21 Standard: More than 60% of people experiencing a first episode of psychosis will be treated with a NICE approved care package.

The standard has increased from 53% (18/19) to 56% (19/20) and now to 60% with effect from 1 April 2021.

There is variation month on month, but our average over the last 2 year period is 67.0% indicating the system is capable of achieving the 20/21 target.

In September = 84.62% (11/13)



72-hour Follow Up		Sep-22		
	Target 2022/23	n	SPC variation	SPC target
Trustwide	80%	84.62%	•••	?

Narrative

The aim is to deliver safe care through ensuring people leaving inpatient services are seen within 72 hours of being discharged.

Data shown above is for ALL eligible discharges from inpatient areas. Previously this has been reported as discharged patients on CPA.

Performance in September 22 was 84.62% (33/39) against the 80% target.

2 people were followed up just outside of 72 hours.
3 people have no follow up recorded. This has been escalated.

1 person had discharge destination recorded incorrectly and weren't eligible for follow up.

		Sep-22			
CPA Review % Completed within 12 months	Target 2022/23	n	mean	SPC variation	SPC target
Trustwide	95%	89.9%	82.5%	• H •	F
Early Intervention	95%	100.0%	87.6%	• H •	?
MH Recovery North	95%	90.9%	88.2%	•••	F
MH Recovery South	95%	78.9%	74.6%	• H •	F

Recovery South CPA percentage has reduced slightly month on month but is still showing as an improvement over time.

Quarter 1

With 3 week(s) remaining in the quarter, the teams will need to book the following number of due CPA's to hit the target:

EARLY INTERVENTION	8	(13 booked)
RECOVERY NORTH	46	(49 booked)
RECOVERY SOUTH	153	(21 booked)

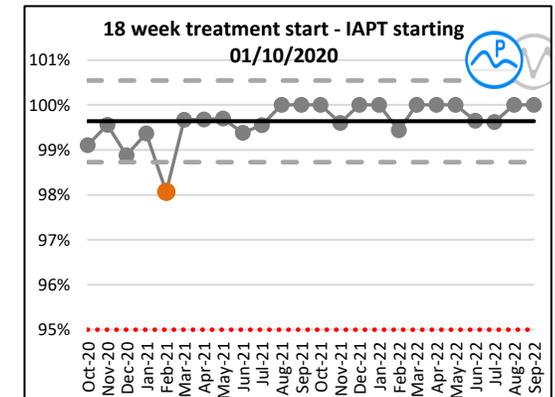
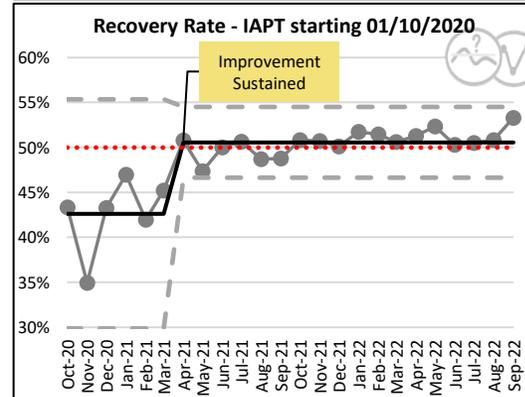
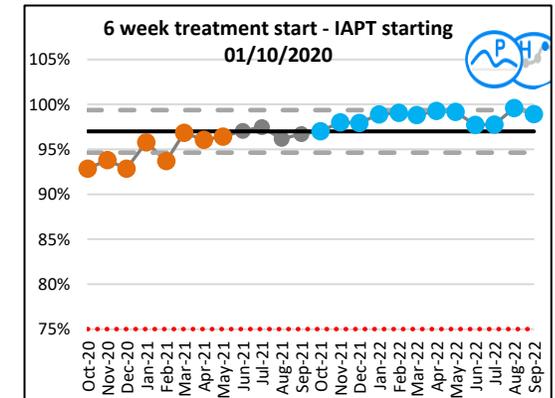
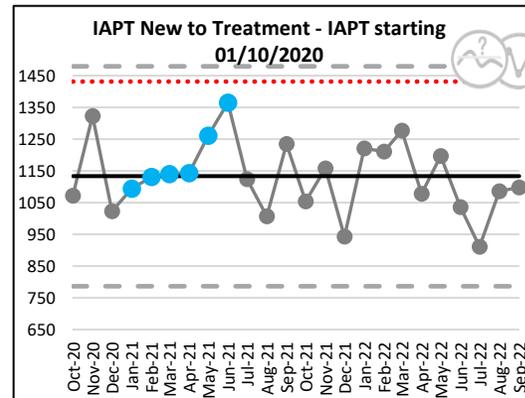
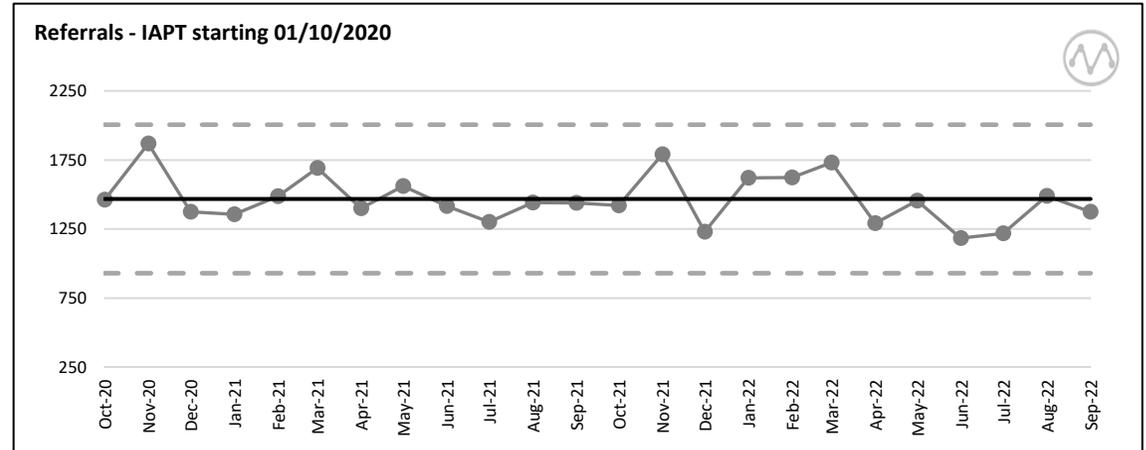
Based on the current clients open to the team, the teams will need to complete the following number of CPA's per week to achieve this by the end of the quarter :

EARLY INTERVENTION	1	AVERAGE: 2
RECOVERY NORTH	4	AVERAGE: 8
RECOVERY SOUTH	13	AVERAGE: 8

(Average per week - rolling 12 months)

IAPT | Performance Summary

IAPT	Metric	Sep-22				
		Target 2022/23	n	mean	SPC variation	SPC target
Referrals		/	1375	1468	•••	/
New to Treatment		1431	1098	1133	•••	?
6 week Wait		75%	99.92%	96.99%	• H •	P
18 week Wait		95%	100.00%	99.64%	•••	P
Moving to Recovery Rate		50%	53.29%	50.57%	•••	?



Narrative

- We have achieved the Recovery rate standard for last 12 months with September being the highest yet: 53.29%. We continue to share with the service this service wide achievement which includes the SPC charts we have developed.
- Continue to consistently exceed waiting time standard. 99.92% of people seen for treatment in less than 6 weeks (target 75%) and 100% of people seen for treatment in less than 18 weeks (target 95%)
- Referrals are starting to increase on an upward trajectory into the service due to the many ways IAPT are implementing the promotional strategy and the return to Primary Care. Referrals still need to increase further, and work is underway to ensure this happens, see below.
- 3 month Hallam FM website takeover
- Billboards in Meadowhall
- Mail drop across Sheffield with new leaflet developed to promote service
- Advertising IAPT on bus shelters and billboards across Sheffield
- A suite of animations developed to use across social media
- GP Practice engagement plan
- In addition to the ongoing advertising and promotion plans such as using all available social media platforms to promote the service.

START – Sheffield Treatment & Recovery Team | Performance Summary

START		Sep-22		
Opiates	Target 2022/23	n	SPC variation	SPC target
Referrals	TBC	94	•••	/
Waiting time Referral to Treatment ≤ 21 days	≥ 95%	100%	•••	• P •
DNA Rate to Assessment	≤ 15%	22%	•••	•••
Recovery - Successful treatment exit	TBC	5	•••	/
Non-Opiates	Target 2022/23	n	SPC variation	SPC target
Referrals	TBC	93	•••	/
Waiting time Referral to Treatment	≥ 95%	75%	• L •	•••
DNA Rate to Assessment	≤ 15%	31%	•••	• F •
Recovery - Successful treatment exit	TBC	6	• L •	/
Alcohol	Target 2022/23	n	SPC variation	SPC target
Referrals	TBC	159	•••	/
Waiting time Referral to Treatment	≥ 95%	100%	• H •	• P •
DNA Rate to Assessment	≤ 15%	23%	•••	•••
Recovery - Successful treatment exit	TBC	34	•••	/
Criminal Justice Caseload	Target 2022/23	Sep-22		
Numbers on caseload (NDTMS)	250	234		

Narrative

Engagement in treatment

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.

Average waiting times for treatment assessment

Average wait time from referral to assessment in the opiates pathway was 4.2 days in September 22
 Average wait time from referral to assessment in the non-opiates pathway was 8.7 days in September 22
 Average wait time from referral to assessment in the alcohol pathway was 9.2 days in September 22

Waiting times from referral to treatment

In September 22 there were 6 people who waited longer than 21 days to start formal PSI treatment. These people were engaged with regular appointments with recovery workers at the same time as waiting for their PSI.

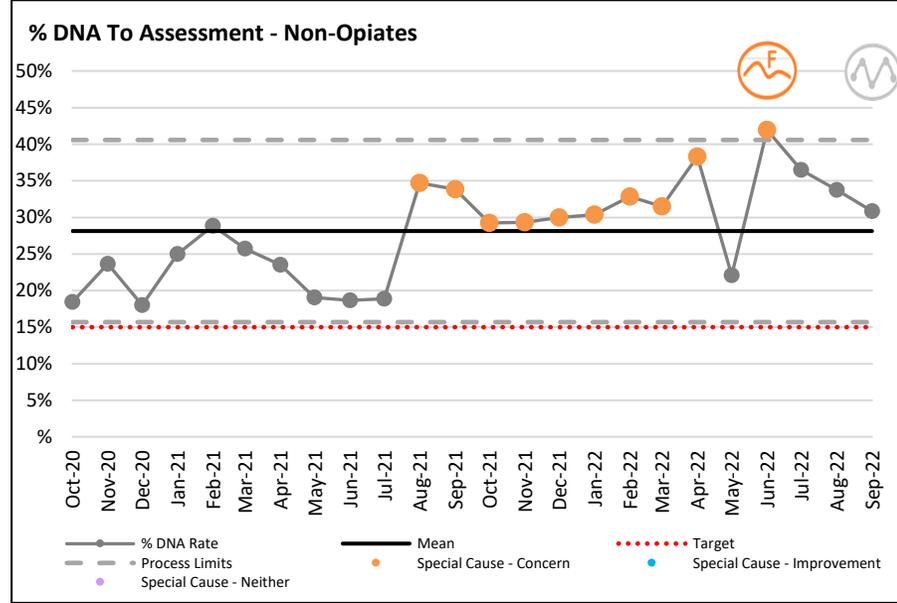
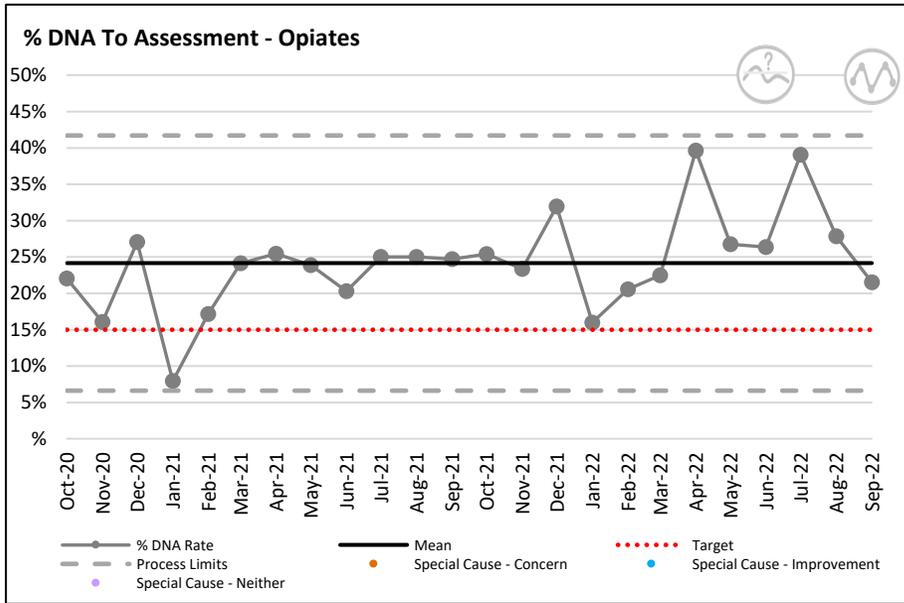
Criminal Justice

The service works with people who come into contact with the criminal justice system as a result of substance misuse. This includes arrest referrals, court orders and prison releases. A high number of people are referred in to the service, with smaller numbers taken “onto caseload” once engaging.

Feedback from service users

287 responses were received during an online survey of service users between June – September 2022
 66% were very or extremely satisfied with their care
 88% would recommend the service to their family or friends

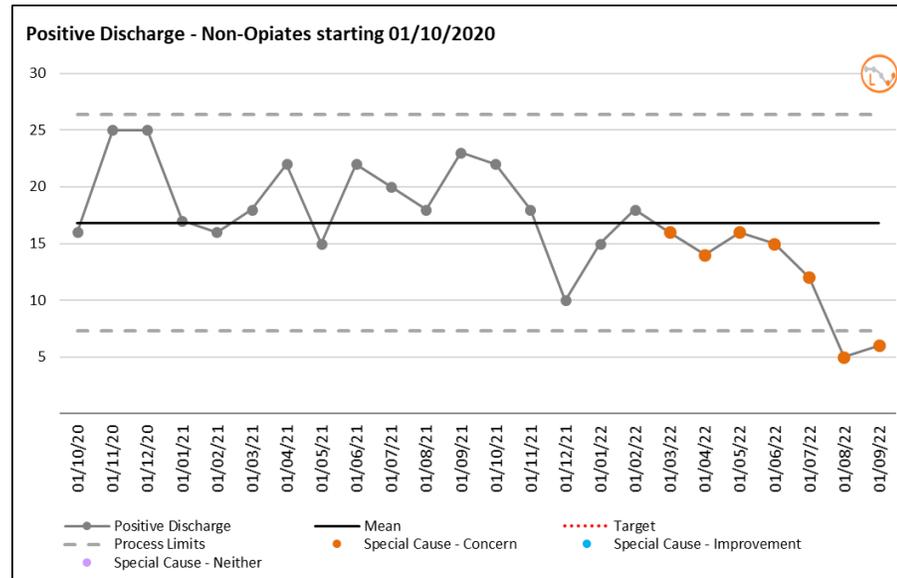
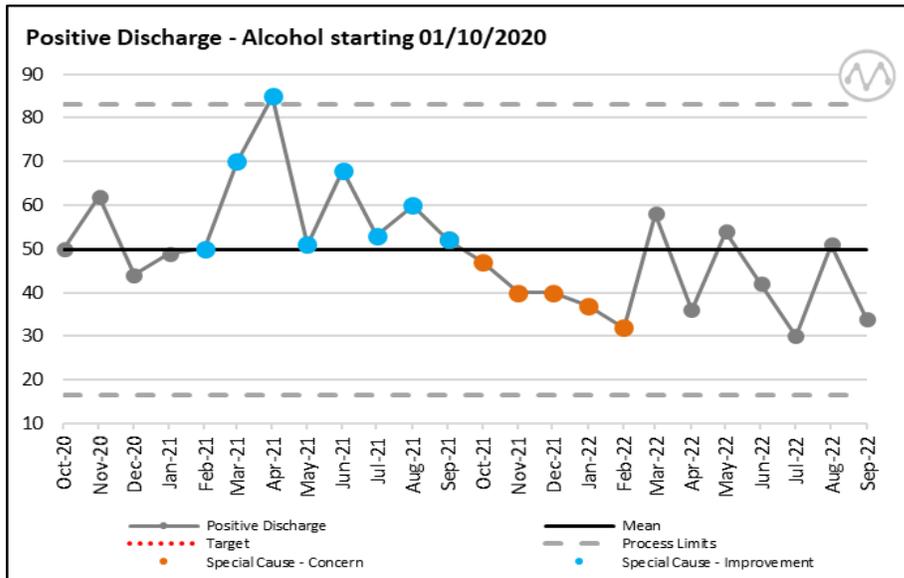
START Performance | Highlights & Exceptions



DNA to Assessment

DNA rates across the service fluctuate and are monitored to identify any patterns.

DNA rates were lower during Covid 19 anecdotally because of telephone appointments but are now increasing.



Recovery: Successful treatment exits

Discharges from treatment are classed as positive if the service user is drug/alcohol free or an occasional user (not opiate or cocaine).

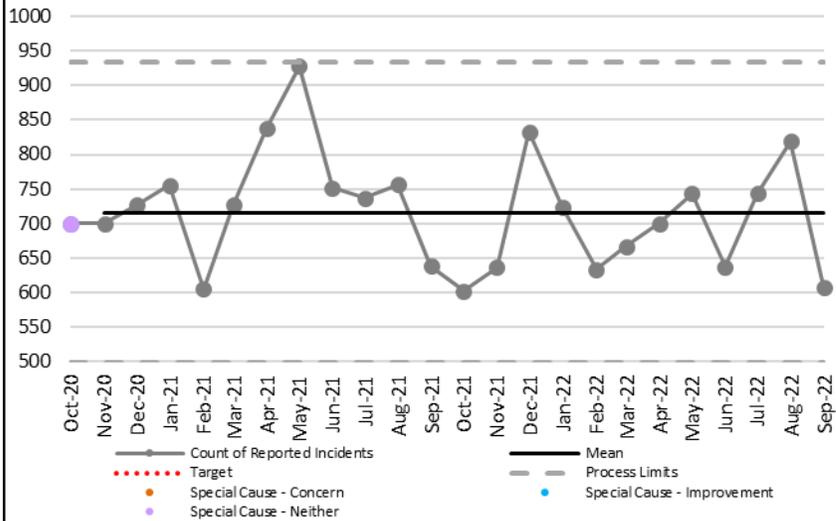
Recent months have seen long term sickness absence of staff in the non-opiates pathway. The impact of this can often be that service users who have built up relationships with individual workers may disengage from treatment when the worker is absent. This can be seen in the chart, with more service users recorded as "dropped out" and fewer recorded as positive discharges.

Safety & Quality

IPQR - Information up to and including
September 2022



All Reported Incidents - Trustwide starting 01/10/2020



Trustwide	Sep-22		
	n	mean	SPC variation
ALL	608	717	•••
5 = Catastrophic	19	17	•••
4 = Major	2	5	•••
3 = Moderate	59	75	•••
2 = Minor	249	291	•••
1 = Negligible	256	293	•••
0 = Near-Miss	23	18	•••

Narrative

2 Major incidents reported in September 2022. 1 reported for self-harm the other for exposure - infection. Of the 19 Catastrophic incidents, 5 were for Rehabilitation and Specialist Services and 15 were for Acute and Community.

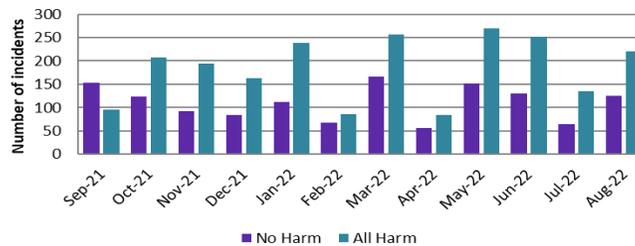
Narrative

Patient safety incidents are uploaded to the National Reporting Learning System (NRLS). The NHS is moving to a new platform, the Learning from Patient Safety Events (LFPSE) over the next 12-18 months. All patient safety incidents will be uploaded to this in the next 9 months. The latest benchmarking information released from the NRLS covers the period April 2021 – March 2022 and was released on 13 October 2022. This shows SHSC's patient safety incident reporting rate at 83.0 incidents per 1000 bed days. Nationally, for mental health trusts, this rate varies from 7 to 222. Regionally (Yorkshire and the Humber), this rate varies from 42.7 to 132.6 patient safety incidents reported per 1,000 bed days.

The chart below shows SHSC patient safety incidents reported where harm was caused compared to no harm caused from September 2021 to August 2022.

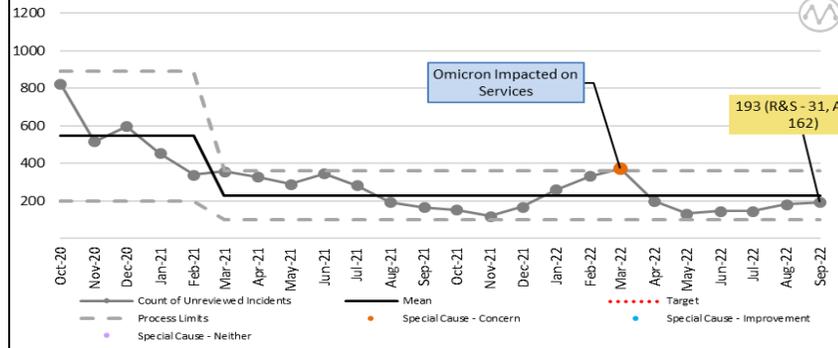
Patient Safety Incidents – Harm vs No Harm

Breakdown of aggregate Degrees of Harm reported by SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST, Sep-21 to Aug-22



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

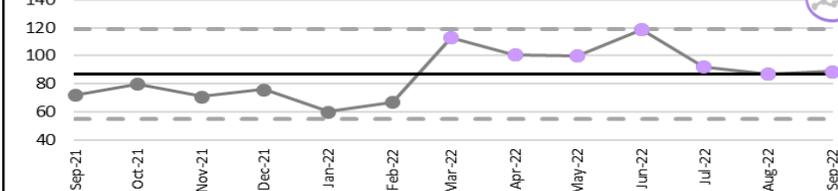
Unreviewed Incidents (Overdue) - Clinical Directorates starting 01/10/2020



Narrative

The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. There are no outstanding incidents from before 2022. 75 incidents remain unreviewed from pre-September 2022.

Unreviewed SI's - Trustwide starting 01/09/2021

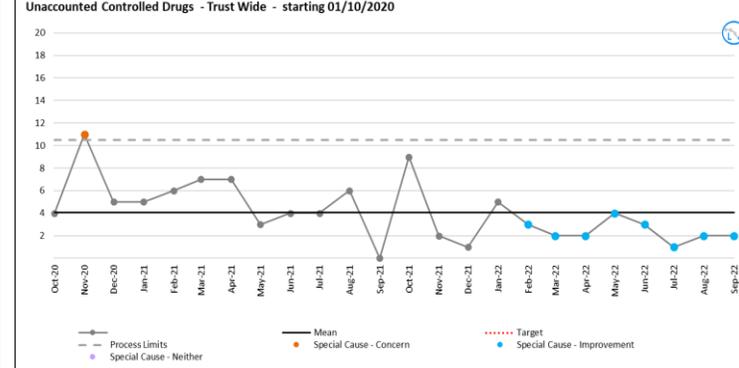
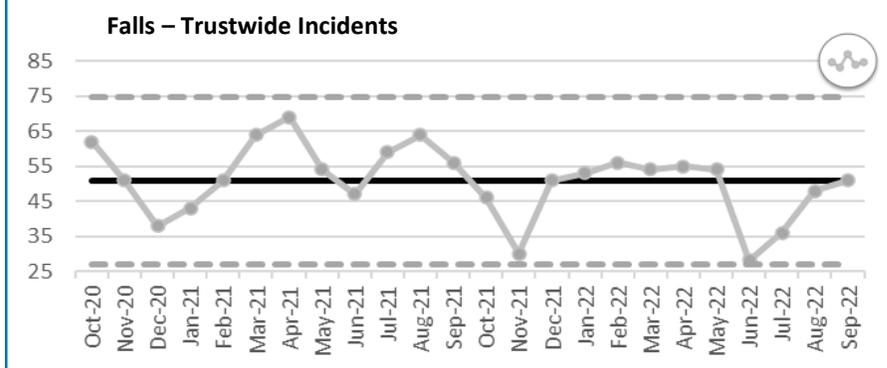
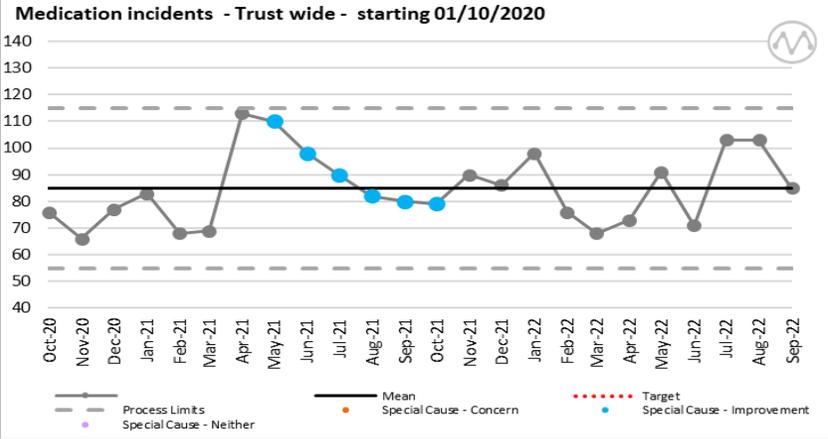


Serious Incident Actions Outstanding

As at 03 October 2022, there were 89 outstanding SI actions overdue, which is a decrease from the previous months' 119. 56 actions were added following the finalisation of 1 serious incident within Learning Disability Services. Sessions are being held with General Managers in order to support progress and closure of the actions. Further improvements is expected to be seen in the next 2 months.

- 32 actions were due in 2021
- 57 actions were due in 2022
- 2 current ongoing Prevention of Future Deaths (PFD) Reports (issued by H M Coroner following an inquest) containing 11 actions across the 2 plans (Feb and March 2022). Assurance processes are established for PFD action plans and 7 actions are currently in 'sign-off' processes. 4 actions remain active.

Safe | Medication Incidents & Falls



Trustwide	Sep-22		
	n	mean	SPC variation
ALL	85	85	•••
Administration Incidents	17	16	•••
Meds Management Incidents	54	54	•••
Pharmacy Dispensing Incidents	9	8	•••
Prescribing Incidents	5	6	•••
Meds Side Effect/Allergy Incidents	0	0	•••

Trustwide FALLS INCIDENTS	Sep-22		
	n	mean	SPC variation
Trustwide Totals	51	51	•••
Acute & Community	48	48	•••
Rehabilitation & Specialist Services	3	3	•••

Narrative

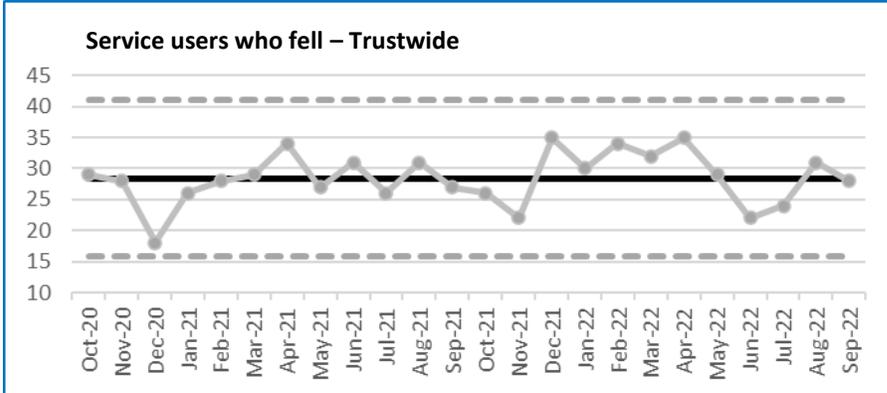
Two unaccounted for controlled drugs in September 2022 out of reported 4183 administrations. This equates to 0.0478% of administrations. The unaccounted for losses are always investigated and followed up.

Narrative

Medication Incidents

There were no incidents reported as Moderate in September 2022.

We are paying attention to the number of medication incidents in nursing homes due to non SHSC pharmacy dispensing not meeting service user needs in a timely way, this is currently being explored and may need to be raised with commissioners.



Trustwide FALLS INDIVIDUALS	Sep-22		
	n	mean	SPC variation
Trustwide Totals	28	28	•••
Acute & Community	25	26	•••
Rehabilitation & Specialist Services	3	2	•••

Safe | Assaults, Sexual Safety & Missing Patients

Assaults on Service Users	Sep-22		
	n	mean	SPC variation
Trustwide	18	22	•••
Acute & Community	16	20	•••
Rehabilitation & Specialist	2	3	•••

Assaults on Staff	Sep-22		
	n	mean	SPC variation
Trustwide	29	83	• L •
Acute & Community	27	67	•••
Rehabilitation & Specialist	2	15	• L •

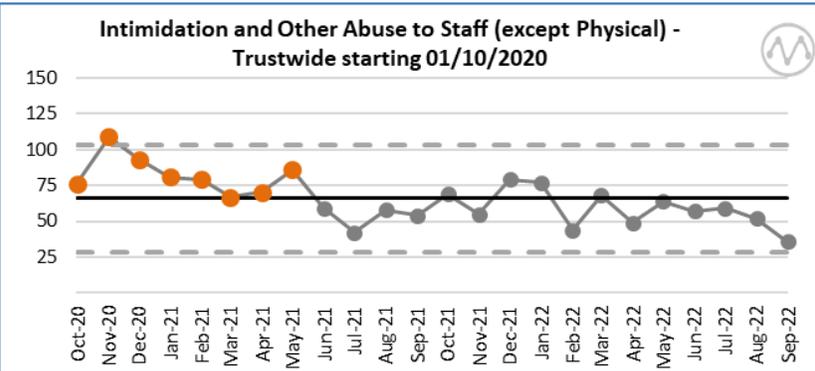
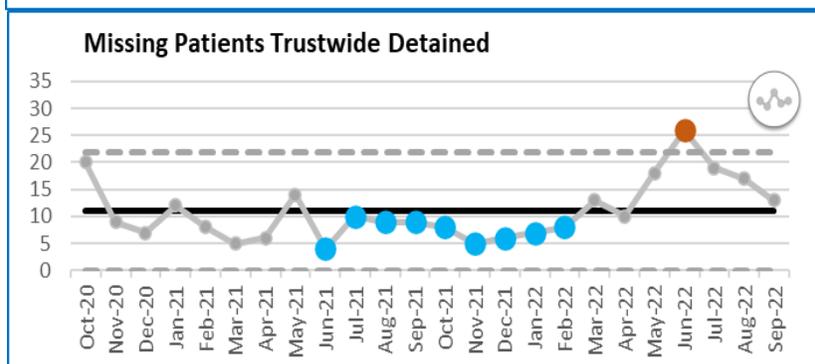
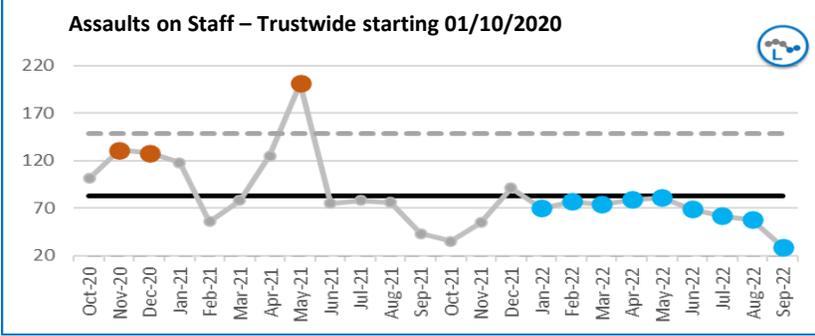
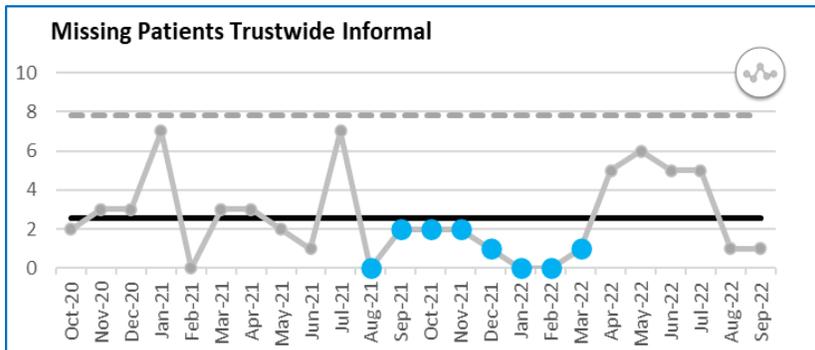
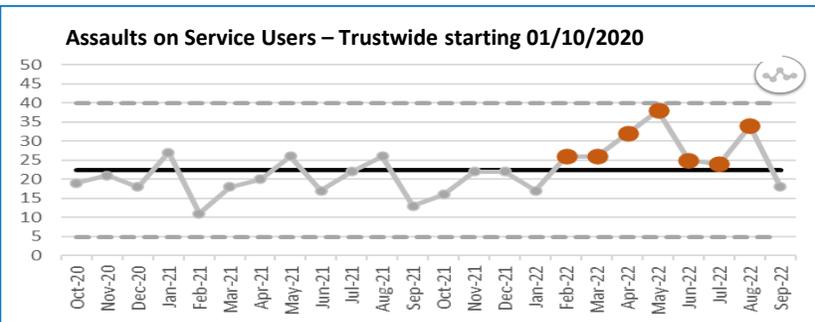
Narrative

Out of the 18 assaults on patients' incidents reported, 3 incidents were reported as moderate in September 2022, 1 occurred on Endcliffe Ward and 2 on Maple Ward. All 3 incidents were assaults on patients by another patient.

Out of the 29 assaults on staff incidents reported (which is showing as low this month), 27 were reported for Acute and Community Services and 2 reported for Rehabilitation & Specialist services in August 2022. 6 incidents reported as Moderate in September 2022. 2 reported for Maple Ward, 2 reported for Endcliffe Ward, 1 for G1 ward and 1 for Stanage ward.

Sexual Safety

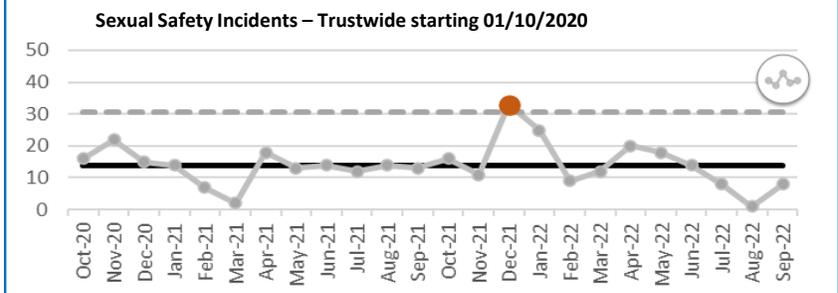
There was 1 moderate incident reported in Acute and Community Services in September 2022, regarding allegation of sexual assault against a service user from staff member whilst in an acute setting. This is part of a formal ongoing investigation.



Trustwide	Sep-22		
	n	mean	SPC variation
Detained	13	11	•••
Informal	1	3	•••

Narrative

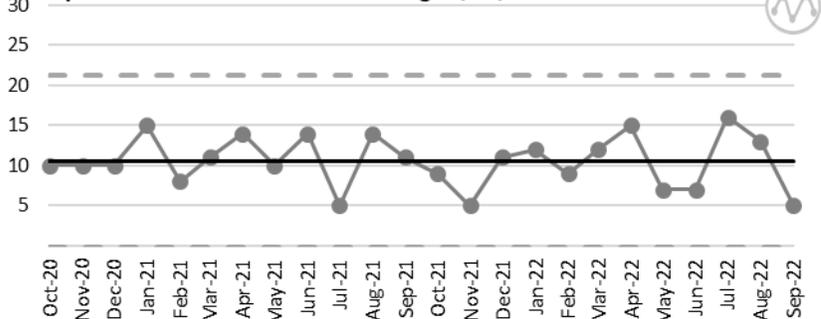
14 reported incidents in September 2022. 10 incidents were for Rehabilitation & Specialist Services for 7 individuals. 4 incidents for Acute & Community for 4 individuals. 6 of the 14 report incidents were for service users on a Section 3, and 4 for service users on Section 37/41.



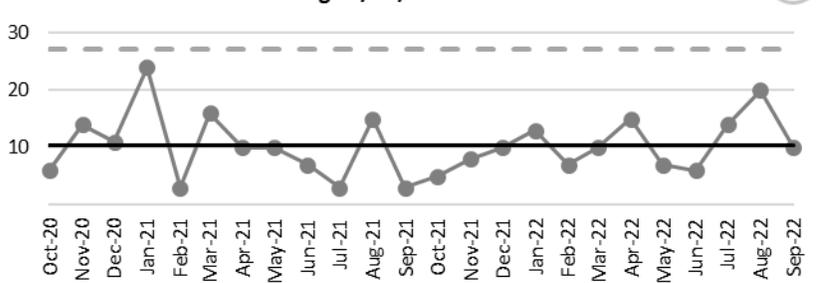
Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	0

Deaths

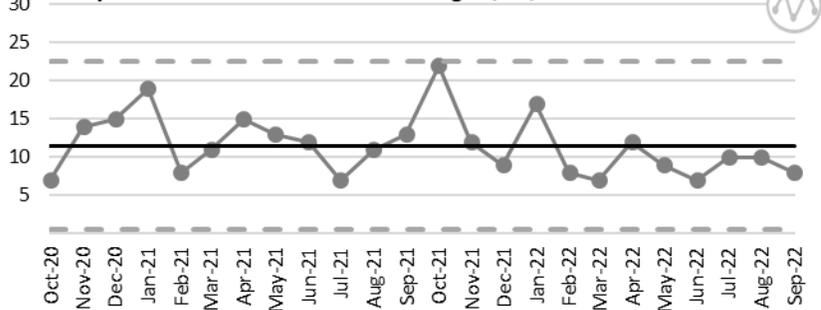
Expected Deaths - Trustwide starting 01/10/2020



Unexpected Deaths (Suspected Natural Causes) - Trustwide starting 01/10/2020



Unexpected Deaths - Trustwide starting 01/10/2020

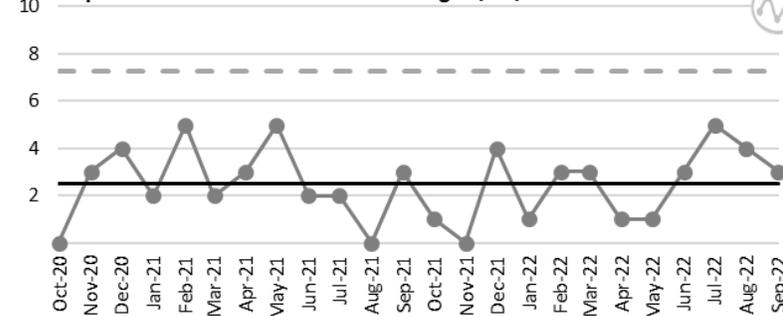


Quarterly mortality reports are presented to the Quality Assurance Committee and Board of Directors.

Deaths Reported 1 October 2020 to 30 September 2022

Awaiting Coroners Inquest/Investigation	212
Conclusion - Narrative	5
Conclusion - Suicide	13
Conclusion – Accidental	1
Conclusion – Misadventure	1
Conclusion – Open	1
Natural Causes/No Inquest	579
Alcohol/Drug related	16
Suspected Homicide/Closed	1
Ongoing	2
Grand Total	829

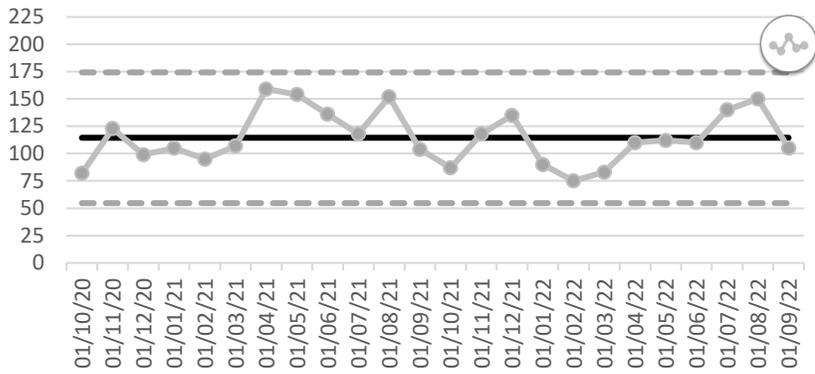
Suspected Suicides - Trustwide starting 01/10/2020



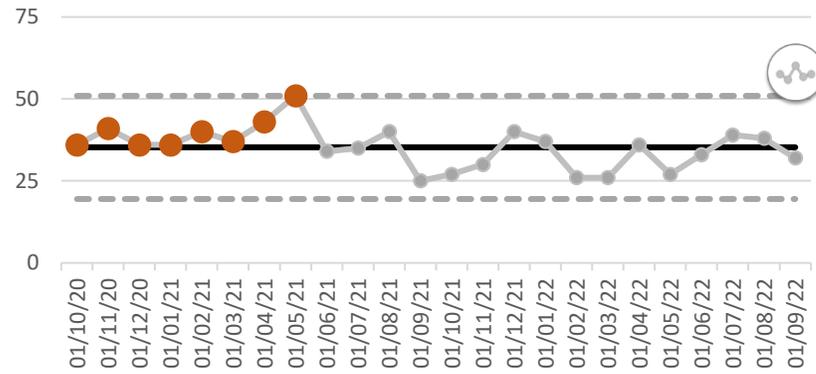
COVID-19 Deaths 1 April 2020 – 30 September 2022

ATS (Firshill Rise)	1
Birch Ave	5
CISS (LDS)	1
CLDT	6
G1 Ward	6
Liaison Psychiatry	8
LTNC	3
Memory Service	7
Mental Health Recovery Team (South)	2
Neuro Case Management Team	1
Neuro Enablement Service	4
OA CMHT North	22
OA CMHT South East	15
OA CMHT South West	7
OA CMHT West	5
OA Home Treatment	3
SPA / EWS (Netherthorpe)	1
START Alcohol Service	1
START Opiates Service	2
Woodland View Oak Cottage	2
Grand Total	102

Trustwide – Incidents – Starting 01/10/2020



Trustwide – People Restrained – Starting 01/10/2020



Narrative

Physical Restraint

105 physical restraints were recorded in September 2022.

Dovedale 2 reported high number of physical restraints. 19 of these incidents reported relate to 2 people.

21 of the 30 incidents reported on Maple Ward relate to 1 person.

There has been 3 reported incidents of physical restraint in the Rehabilitation & Specialist Directorate in September 2022 on Forest Close.

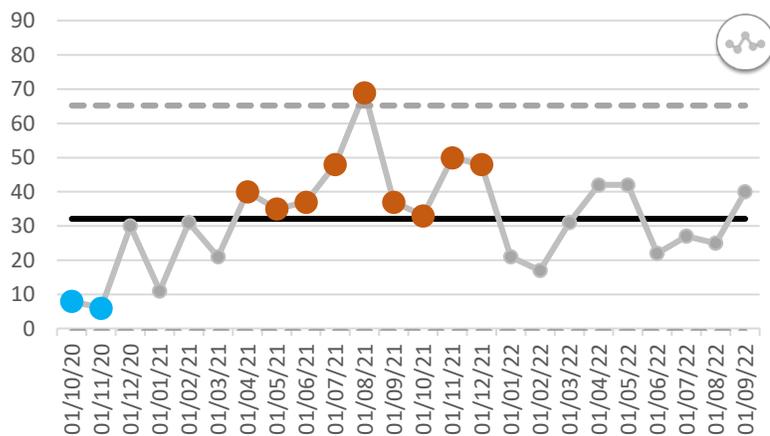
Mechanical Restraint

There was 1 incident reported for the use of Mechanical Restraint by Police on the 04/09/2022 on HBPoS (136 Suite)

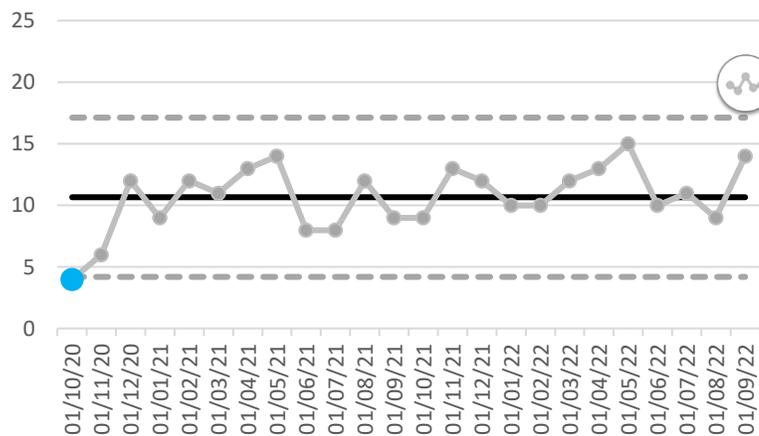
Physical Restraint INCIDENTS	Sep-22		
	n	mean	SPC variation
TRUSTWIDE	105	115	• • •
Acute & Community	102	104	• • •
Dovedale 2	38	16	• H •
Stanage Ward	11	11	• • •
Maple Ward	30	21	• • •
HBPoS (136 Suite)	0	1	• • •
Endcliffe Ward	6	24	• • •
Dovedale 1	6	22	• • •
G1 Ward	4	7	• • •
Birch Ave	7	2	• H •
Woodland View	0	1	• • •
Rehabilitation & Specialist Services	3	10	• L •
Forest Close	3	2	• • •
Forest Lodge	0	1	• • •

Physical Restraint PEOPLE	Sep-22		
	n	mean	SPC variation
TRUSTWIDE	32	35	• • •
Acute & Community	30	32	• • •
Dovedale 2	8	6	• • •
Stanage Ward	6	5	• • •
Maple Ward	4	7	• • •
HBPoS (136 Suite)	0	1	• • •
Endcliffe Ward	3	6	• • •
Dovedale	4	3	• • •
G1 Ward	1	4	• • •
Birch Ave	4	1	• • •
Woodland View	0	1	• • •
Rehabilitation & Specialist Services	2	3	• • •
Forest Close	2	1	• • •
Forest Lodge	0	1	• • •

Trustwide – Incidents – Starting 01/10/2020



Trustwide – People – Starting 01/10/2020



Narrative

Rapid Tranquillisation

40 rapid tranquillisations were recorded in September 2022.

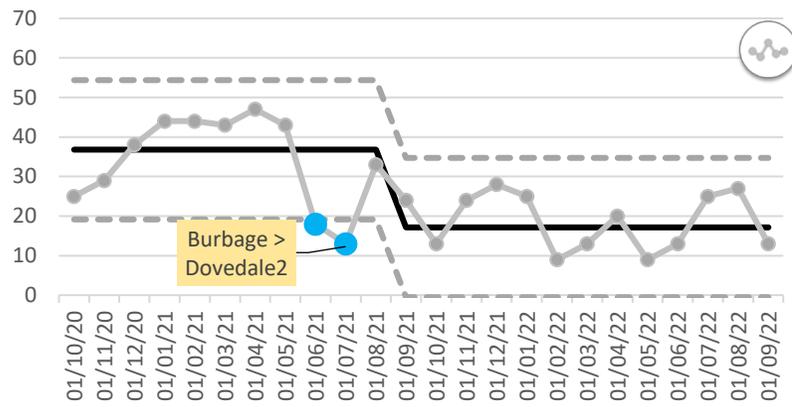
Dovedale 2 reported high number of rapid tranquillisations. 19 of the 27 incidents reported relate to 1 person.

There have been no reported incidents of rapid tranquillisation in the Rehabilitation & Specialist Directorate in September 2022.

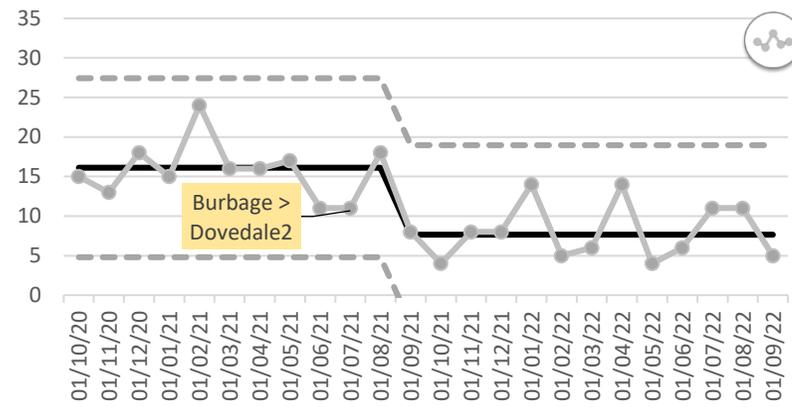
Rapid Tranquillisation INCIDENTS	Sep-22		
	n	mean	SPC variation
TRUSTWIDE	40	32	•••
Acute & Community	40	32	•••
Dovedale 2	27	7	• H •
Stanage Ward	4	2	•••
Maple Ward	5	5	•••
HBPoS (136 Suite)	1	0	•••
Endcliffe Ward	1	6	•••
Dovedale	2	11	• L •
G1 Ward	0	1	•••
Rehabilitation & Specialist	0	0	• L •
Forest Close	0	0	• L •
Forest Lodge	0	0	• L •

Rapid Tranquillisation PEOPLE	Sep-22		
	n	mean	SPC variation
TRUSTWIDE	14	11	•••
Acute & Community	14	11	•••
Dovedale 2	5	3	•••
Stanage Ward	3	2	•••
Maple Ward	2	2	•••
HBPoS (136 Suite)	1	0	•••
Endcliffe Ward	1	2	•••
Dovedale	2	1	•••
G1 Ward	0	1	•••
Rehabilitation & Specialist	0	0	• L •
Forest Close	0	0	• L •
Forest Lodge	0	0	• L •

Trustwide – Incidents – Starting 01/10/2020



Trustwide – People – Starting 01/10/2020



Seclusion INCIDENTS	Sep-22		
	n	mean	SPC variation
TRUSTWIDE	13	17	•••
Acute & Community	13	16	•••
Stange	4	4	•••
Maple Ward	1	4	•••
HBPoS (136 Suite)	2	1	•••
Endcliffe PICU	3	10	•••
G1 Ward	3	4	•••
Rehabilitation & Specialist	0	2	• L •
Forest Lodge	0	1	•••

Seclusion PEOPLE	Sep-22		
	n	mean	SPC variation
TRUSTWIDE	5	8	•••
Acute & Community	5	7	•••
Stange	2	3	•••
Maple Ward	1	3	•••
HBPoS (136 Suite)	2	1	•••
Endcliffe PICU	1	3	•••
G1	1	1	•••
Rehabilitation & Specialist	0	1	•••
Forest Lodge	0	0	•••

Narrative

Seclusion

13 seclusions were recorded in September 2022.

Dovedale 2 continue to operate without a seclusion facility.

G1 continue to have an increased use of their seclusion room for 1 person. The ward are continuing to work towards having no seclusion room.

There have been no reported episodes of seclusion in the Rehabilitation & Specialist Directorate in September 2022.

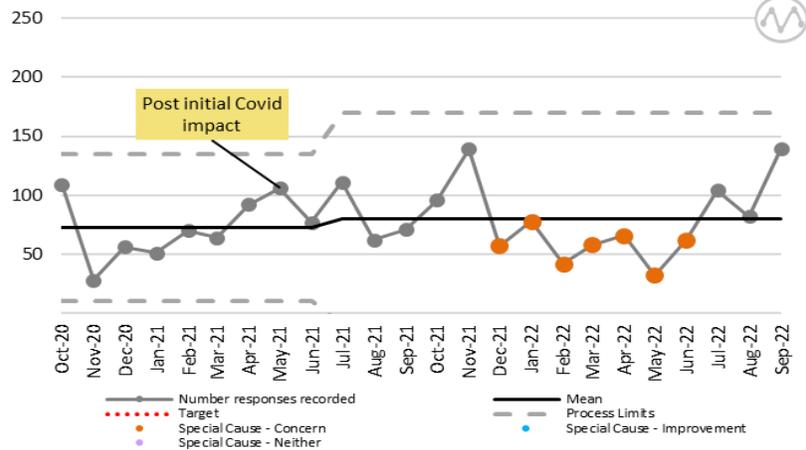
Long-Term Segregation

There were 3 Incident reports for 2 people in Prolonged Seclusion in September 2022. Both people started seclusion on Stange Ward and transferred to Endcliffe Ward.

One seclusion lasted 135.5 hours (5.6 days) and the other 186 hours.

Policy was followed for both instances of prolonged seclusion.

Friends and Family Test - Trustwide starting 01/10/2020



Narrative

In September 2022, the Trust received a total of 139 responses:

- 131 positive responses
- 8 neutral response
- 0 negative responses

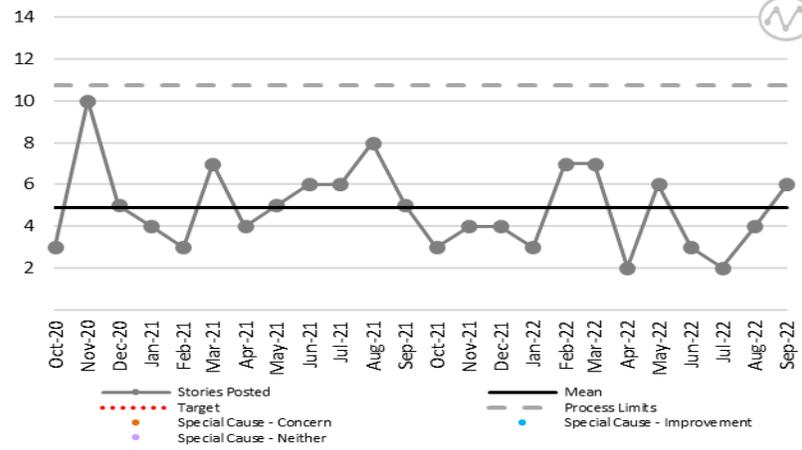
A few positive responses are listed below:

- “Friendly & efficient. Comfortable waiting room. Lovely staff.”
- “Nice environment - clean, tidy, well looked after. Felt welcome (offered a drink!). Staff were very friendly and helpful. Staff were easy to understand.”
- “I was seen on time, and everything was explained clearly and thoroughly. It was a pleasant experience.”

A few neutral responses are listed below:

- “It's mostly good, except for the waiting list times.”
- “Appointment was fine but waiting over 3 years was beyond difficult. I also got took off the waiting list for some unknown reason and if I hadn't of called to find out what was going on I never would have been seen.”

Care Opinion Responses - Trustwide starting 01/10/2020



Narrative

This month’s report summarises 4 stories that were published on Care Opinion. To date, the 4 stories in this report have been viewed a total of 75 times at the time of writing the monthly quality report.

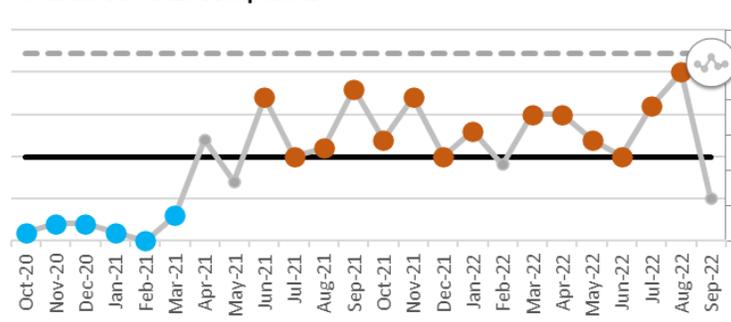
What was good?

Guidance, Advice, Caring Staff

Areas for Improvement

- Communication
- Long wait

Trustwide Total Complaints



Complaints and Compliments

There were 5 formal complaints received in September 2022, 3 for the Acute and Community Directorate and 2 for the Rehabilitation and Specialist Services Directorate. The most frequent category type reported was ‘Communications’ and ‘Access to Treatment and Drugs’..

21 compliments were recorded to have been received in September 2022 for the clinical directorates. 7 for Rehabilitation and Specialist Services and 14 for Acute and Community Services.

User Experience

Service user and carer feedback is reported on a quarterly basis to the Quality Assurance Committee as part of a ‘learning from experience’ report.

Quality of Experience

There were 7 Quality of Experience (QoE) surveys undertaken during September 2022. The updated QoE survey has been relaunched on Tendable and this month has an average score of 78%. Volunteers have been recruited and assigned with the task of promoting the survey on the wards. Volunteers to assist with gathering feedback through this mechanism to gain a comprehensive overview of good practice and service level improvements which need to take place.

Our People

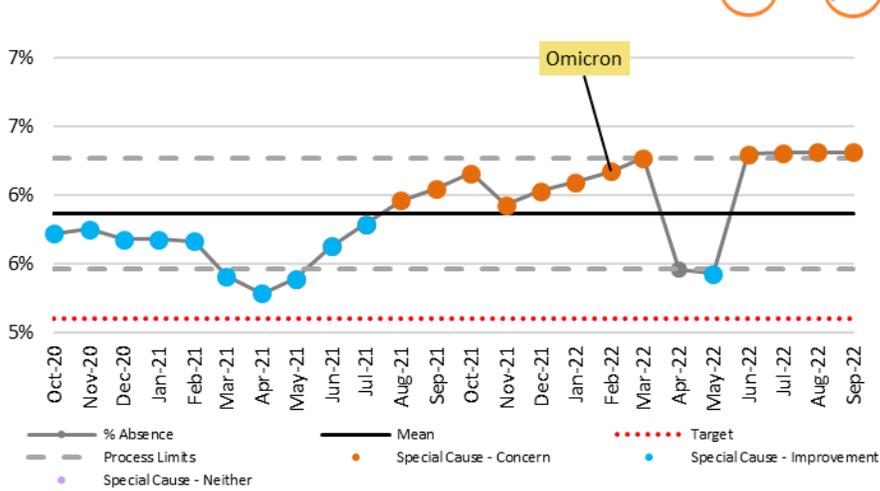
IPQR - Information up to and including
September 2022



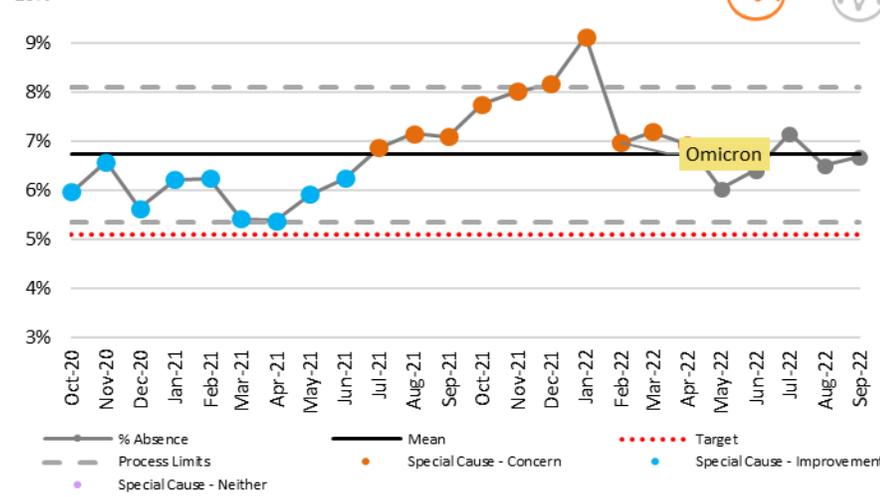
		Sep-22			
Metric	Target	n	mean	SPC variation	SPC target
Sickness 12 Month (%)	5.10%	6.31%	5.87%	● H ●	F
Sickness In Month (%)	5.10%	6.68%	6.74%	● ● ●	F
Long Term Sickness (%)	~	4.06%	4.52%	● ● ●	/
Short Term Sickness (%)	~	2.62%	2.21%	● ● ●	/
Headcount Staff in Post	~	2612	2563	● H ●	/
WTE Staff in Post	~	2294	2245	● H ●	/
Turnover 12 months FTE (%)	10%	15.39%	15.57%	● ● ●	F
Vacancy Rate (%)	~	11.23%	11.13%	● ● ●	/
Training Compliance (%)	80%	87.99%	89.82%	● L ●	P
Supervision Compliance (%)	80%	79.50%	71.03%	● ● ●	F

Well-Led | Sickness

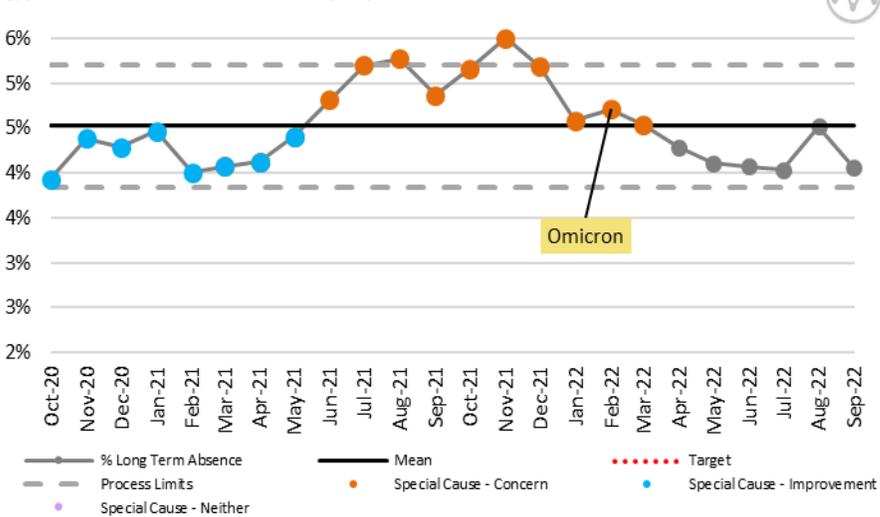
% Sickness Absence Rate (12m rolling) - Trustwide starting 01/10/2020



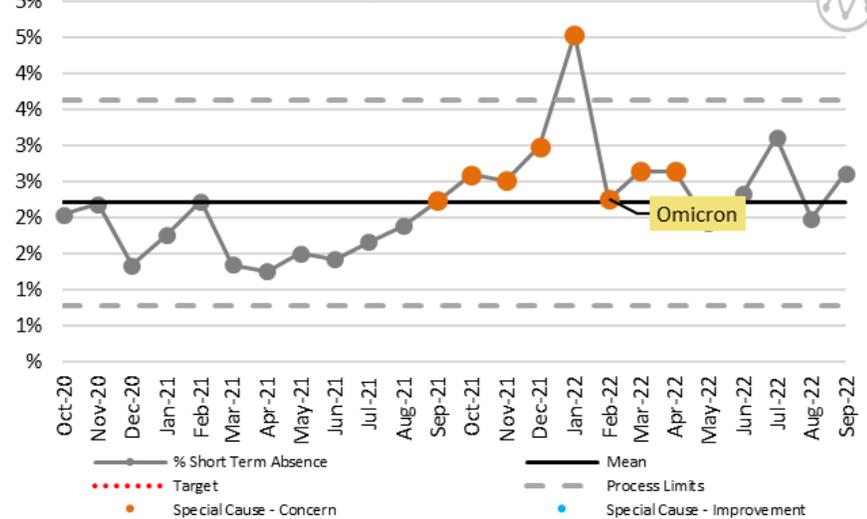
% Sickness Absence Rate (in month) - Trustwide starting 01/10/2020



% Long Term Sickness Absence Rate (In Month) - Trustwide starting 01/10/2020



% Short Term Sickness Absence Rate (In Month) - Trustwide starting 01/10/2020



Narrative

Target is outside of process limits which will make it difficult to reach. Sickness target 5.1% by the organisation.

In month sickness rate is static which is in line with the reduction of short term sickness and increase in long term sickness.

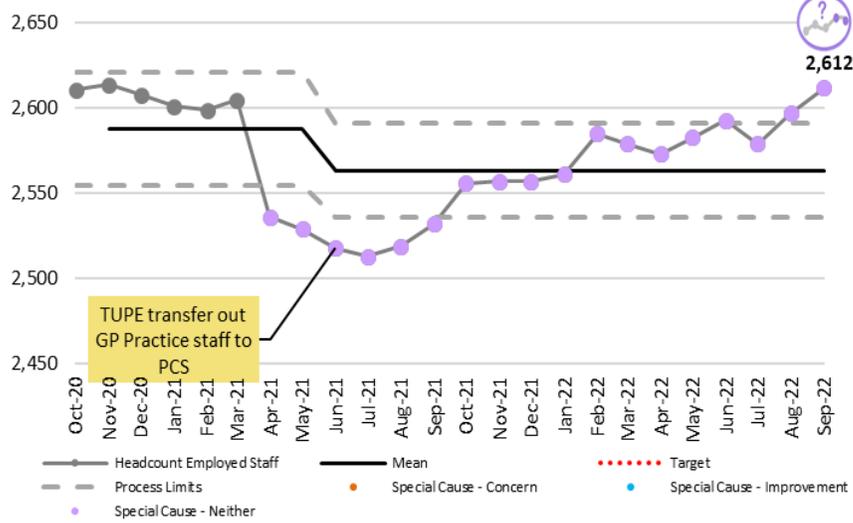
Short term sickness has increased within operating parameters.

Long term sickness has fallen below the mean average.

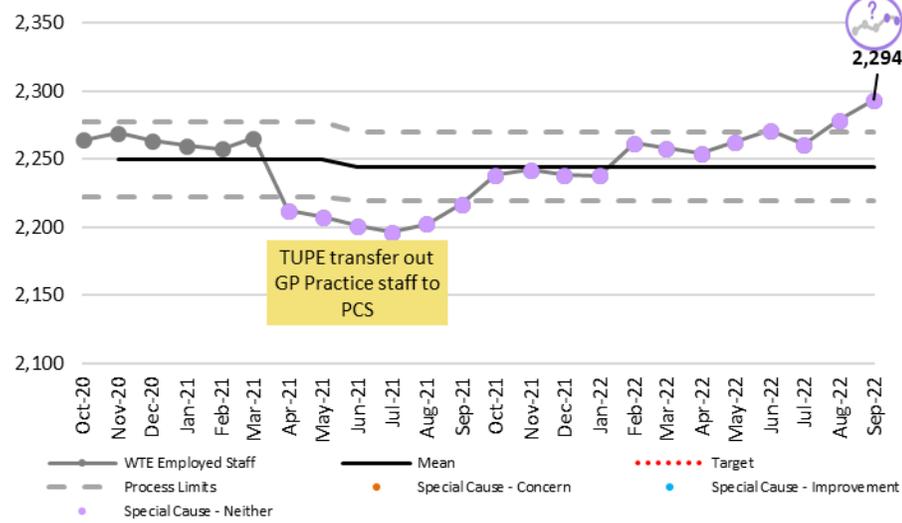
Overall sickness has reduced below the average.

Reduction in ER cases has enabled us to carry intensive work with managers which is showing a reduction in hours in a lot of our areas which we support.

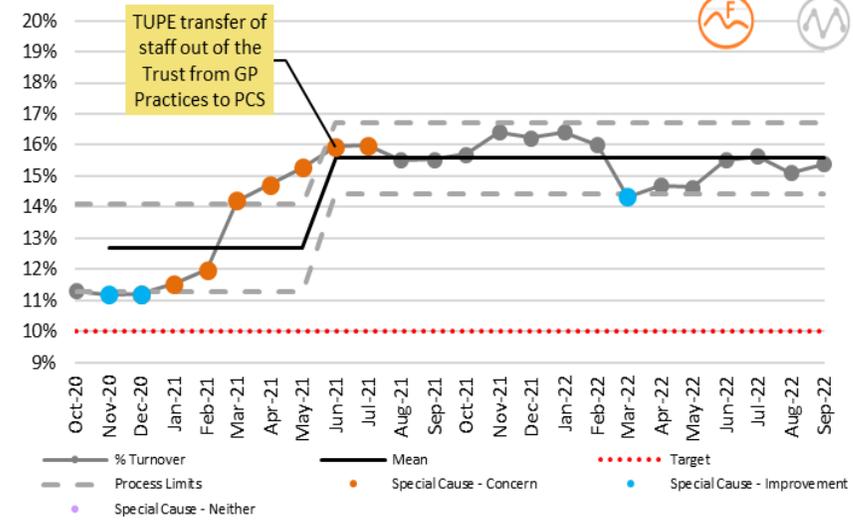
Headcount - Trustwide starting 01/10/2020



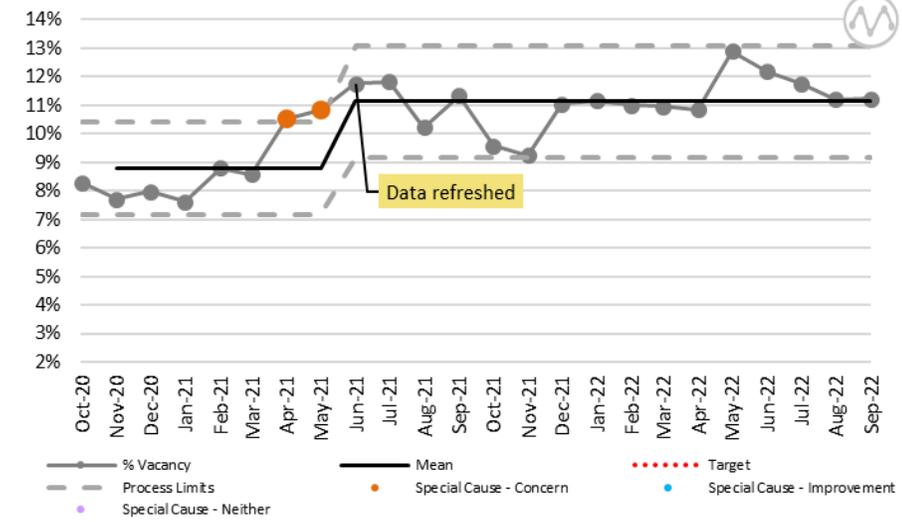
WTE - Trustwide starting 01/10/2020



Turnover Rate (12m FTE rate) - Trustwide starting 01/10/2020



Vacancy Rate - Trustwide starting 01/10/2020



Narrative

Turnover rate is reducing alongside the headcount and WTE increase. Headcount is now above working parameters as is WTE.

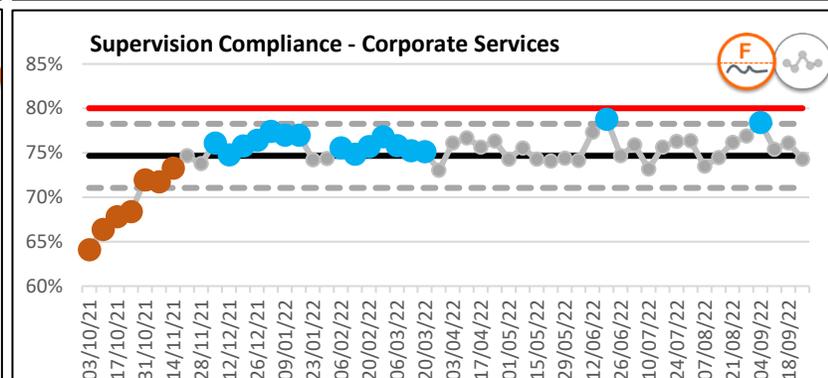
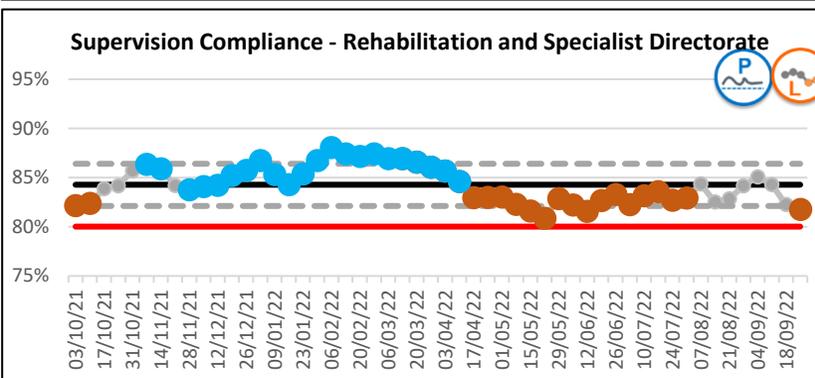
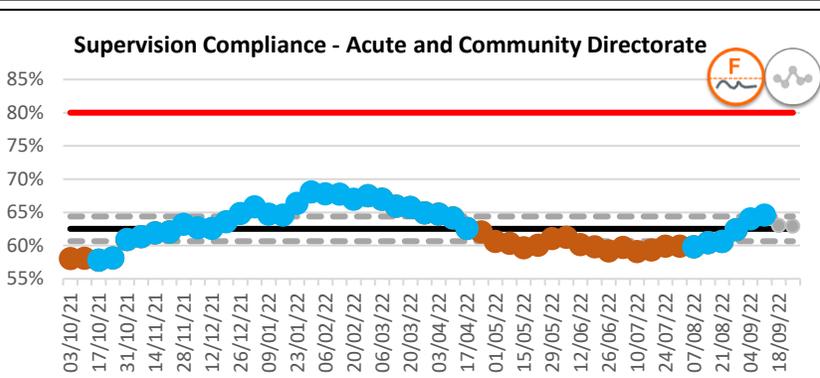
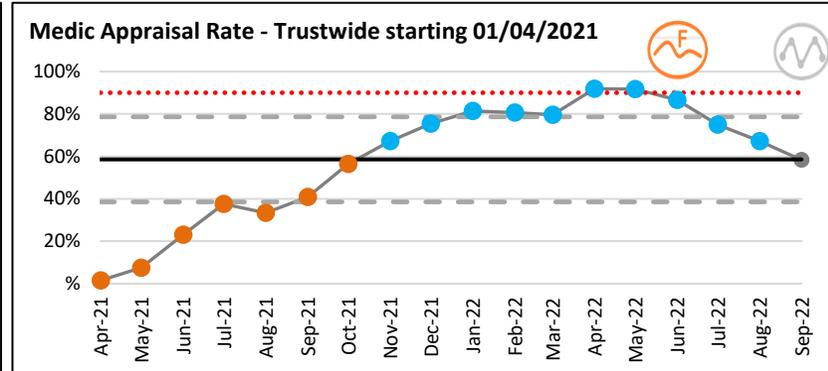
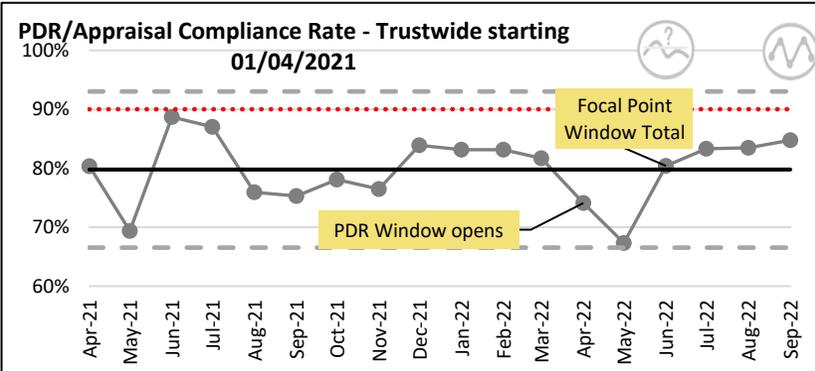
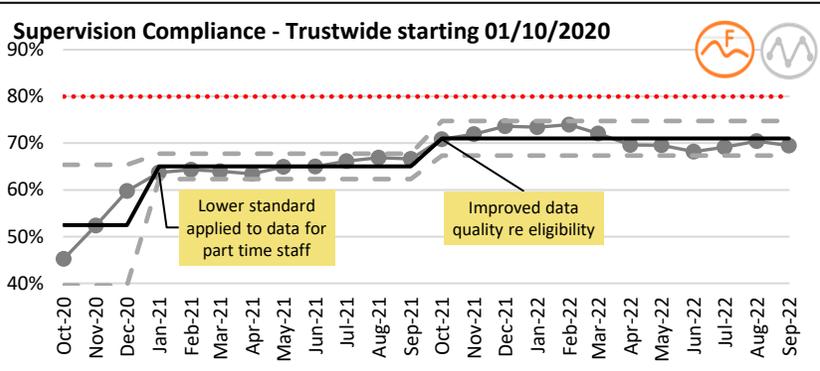
Turnover rate is above the 10% target. Outliers are pushing up the average across the organisation.

Vacancy rates are dropping in line with the increased recruitment and on-boarding activity.

Effective recruitment campaigns, reduced time to hire and targeted recruitment campaigns have increased appointments.

Data had been refreshed from April 2021; process limits recalculated to reflect the change. Included in this data are relinquished hours due to flexible working requests and are not vacancies.

Well-Led | Supervision & PDR/Appraisal



AIM
 We will ensure that 80% staff have received at least the required minimum of 8 supervisions in a 12-month period (6 for part time staff), and that it is recorded in and reported on from a single source – the Supervision webform.

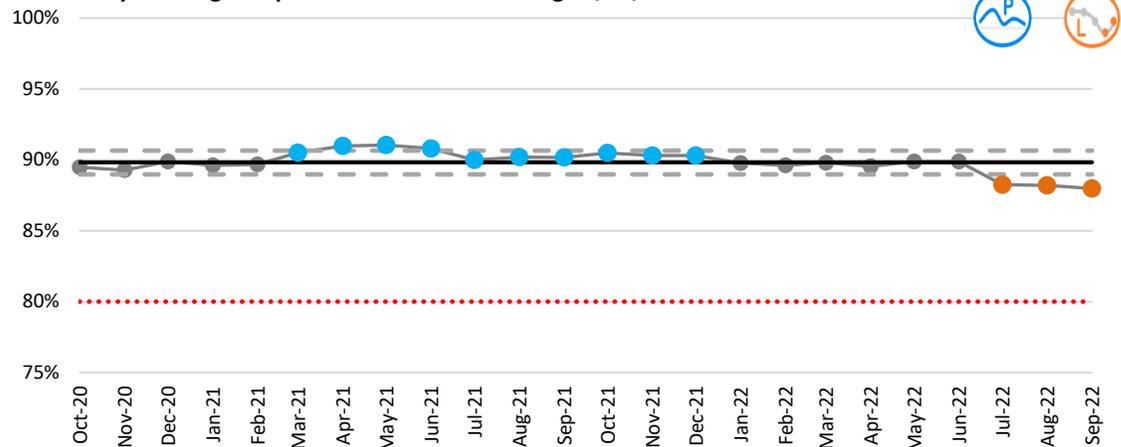
Narrative
 As at 30 September 2022, average compliance with the 8/12 target is:

Trustwide **69.50%**
 Clinical Services **68.44%**

Weekly updated information is monitored and reviewed weekly by Directors and Service Leads. Clinical Directorate Service Lines and teams performance is monitored each month at Directorate IPQR reviews; Corporate Services at triannual performance reviews.

A recovery plan is in action for our acute and PICU wards, monitored through the Back to Good Programme Board.

Mandatory Training Compliance - Trustwide starting 01/10/2020



Narrative

Mandatory training compliance is monitored closely at clinical team governance and through clinical Directorate IPQR meetings. Corporate services report their mandatory training position into triannual Performance Reviews.

Exceptions

There are three subjects below 75% compliance which are Resuscitation (BLS), Respect Level 3 and Safeguarding Children L3. Information Governance is below the national target of 95%. Decrease in Respect L3 and ILS was expected following agreed changes to the requirements for staff at Woodland View and Birch Avenue from the 1st of July – there is a plan in place to get staff trained and therefore compliant. Safeguarding Children L3 is delivered by the Local Authority via multi agency training – meeting between LA, Director of Quality, SHSC Safeguarding team and Mandatory Training Lead on 18th November to look at improvement plan

AIM

We will ensure a Trust wide compliance rate of at least 80% in all Mandatory Training, except Safeguarding where compliance of at least 90% is required and Information Governance where 95% compliance is required.

COMPLIANCE – As at date	28/08/2022	21/09/2022
Trustwide	88.20%	87.99%
Directorate/Service Line		
Corporate Services	83.82%	83.67%
Medical Directorate	88.84%	89.46%
Acute & Community – Crisis	89.81%	89.27%
Acute & Community – Acute	90.08%	89.47%
Acute & Community – Community	91.97%	91.52%
Acute & Community – Older Adults	83.61%	83.91%
Rehab & Specialist – Forensic & Rehab	91.99%	92.18%
Rehab & Specialist – Highly Specialist	91.89%	91.80%
Rehab & Specialist – Learning Disabilities	92.71%	93.13%
Rehab & Specialist – IAPT	92.46%	91.41%
Rehab & Specialist – START	88.54%	88.50%

Subject	Level	28 August 2022		21 September 2022		Comments
		No NOT Achieved	Compliance	No NOT Achieved	Compliance	
Information Governance (aka Data Security Awareness)	-	425	83.79%	414	84.22%	95% target
Resuscitation (BLS)	2	399	72.20%	359	74.74%	80% target
Respect L3	3	176	68.46%	171	69.73%	80% target
Safeguarding Children	3	331	68.68%	374	64.35%	90% target

Financial Performance

IPQR - Information up to and including
September 2022

Executive Summary

KPI	Year to	Year To	Variance £'000	Annual Plan £'000	Forecast £'000	Variance £'000
	Date Plan £'000	Date Actual £'000				
Surplus/(Deficit) #	(393)	(1,594)	(1,201)	0	(3,913)	(3,913)
Covid Expenditure	589	642	53	1,178	1,212	34
Agency	2,373	4,701	2,328	4,348	9,090	4,742
Cash	59,436	57,263	(2,173)	61,938	53,218	(8,720)
Efficiency Savings	2,175	635	(1,540)	5,168	2,657	(2,511)
Capital # *	3,755	3,068	(687)	12,057	12,392	335
KPI			Target	Number	Value	
Invoices paid within 30 days	NHS		95%	100%	100%	
(Better Payments Practice Code)	Non-NHS		95%	99.3%	99.7%	

The forecast deficit and the efficiency savings shown differ from the breakeven positions reported to NHSI to meet ICB requirements. The report narrative gives further details.

* The capital plan has changed from that originally submitted to NHSI due to the approval of additional national funding of £0.6m for Electronic Patient Records (EPR) and £1.9m for the Health Based Place of Safety projects.

Summary at September 2022:

The Trust has a YTD deficit of £1.594m and is forecasting a deficit of £3.913m. The deficits are predominantly driven by pressures from agency and out of area expenditure. CIP programmes are being pursued at pace to reduce spend in these, and other areas, to mitigate the overspends and attempt to recover the position. The funding gap on the planned pay award is also contributing significantly to the deficit. The worst case forecast is £4.6m recognising the risk that the local authority may not pay the 22/23 management fee and the best case forecast is £3.6m assuming that additional CIP of £0.3m is found.

It should be noted that non-recurrent prior year benefits of £0.8m are included in the YTD and forecast, therefore the underlying deficit is being masked by this.

Recurrent savings delivery is significantly lower than the revised plan. The current forecast shows a gap of £2.5m between the CIP plan and the CIP programme. These values have been updated since the NHSI reporting as a result of extensive post month end review.

Cash balances remains healthy. Debt owed to SHSC remains within expected levels and there are no working capital concerns. The cash forecast is less than plan as: cash receipts are no longer expected from the Fulwood disposal in this financial year; other working capital movements are anticipated; and the forecast deficit I&E position, which includes unplanned interest cash receipts following interest rate increases of £0.8m.

Capital is underspending YTD against plan from a profile and timing perspective, however emerging needs and cost pressures associated with inflation result in a £0.335m overspend if all approved schemes progress as forecast. SHSC cannot breach the annual plan limit (CDEL), which has been reduced in month by the ICB as the allocation across the system has been exceeded. SHSC is expected to manage the pressure internally; recovery options are being considered including delaying lower priority schemes until 2023/24. The ICB have escalated the risk to NHSI having recognised that Trusts had been allowed to develop capital programmes at 105% of allocation.

A breakeven forecast has been reported to NHSI for M6 as required by the ICB. The ICB has requested breakeven reporting as additional inflationary pressure funding may become available nationally and other providers will achieve surpluses as it is expected that Elective Recovery Funding (ERF) will not be clawed back. This will allow the system to achieve breakeven overall. Discussions are taking place within the ICS to determine how surpluses and deficits are managed at individual organisation and system level. The narrative reporting to NHSI explains this position.

Covid-19

IPQR - Information up to and including
September 2022

September 2022 Covid Outbreaks				
Ward	Outbreak Start Date	Outbreak End Date	Patients Affected	Staff Affected
Stanage	22/08/2022	07/09/2022	4	5
G1	24/09/2022	-	3*	10*

Narrative

Following a review of the latest government testing guidance, routine asymptomatic twice weekly staff testing (LFD) will cease from 31st August 2022.

There were no outbreaks declared in September 2022 in the Rehab & Specialist Directorate.

*Figures as at 11/10/2022, outbreak ongoing.

Covid Status as at 30/09/2022				
	COVID-19 Status			
Acute and Community	Outbreak Start Date	Open for admissions	Positive Patients	Positive Staff
Dovedale 2 (F)	-	YES	0	0
Stanage (M)	-	YES	0	0
Maple	-	YES	0	0
Endcliffe	-	YES	0	0
Beech	-	YES	0	0
Dovedale 1	-	YES	0	0
G1	24/09/2022	Risk Ass Req.	2	6
Birch Avenue	-	YES	0	0
Woodland View	-	YES	0	0
Rehab and Specialist	Outbreak Start Date	Open for admissions	Positive Patients	Positive Staff
Forest Close	-	YES	0	0
Forest Lodge	-	YES	0	0
Buckwood View	-	YES	0	0

Report ends
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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:

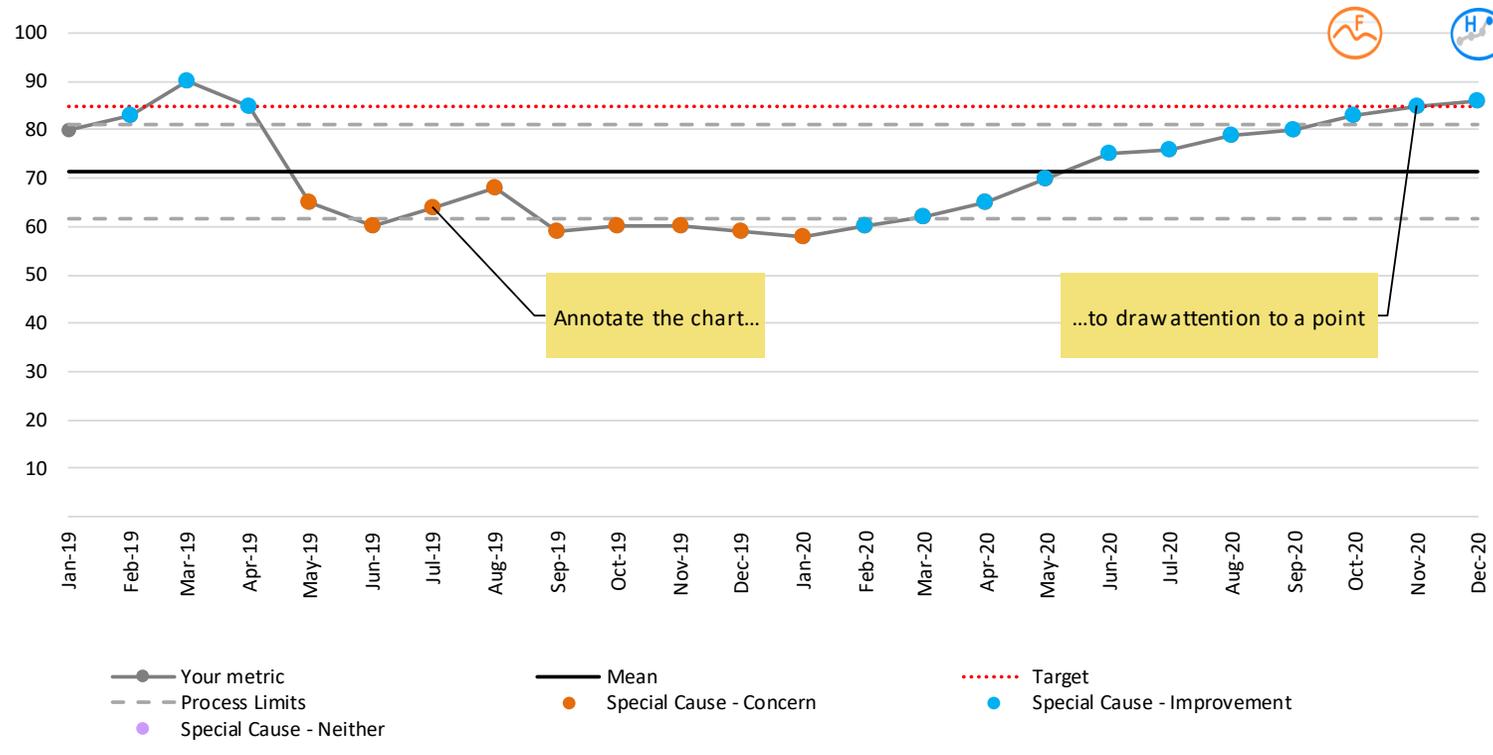
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

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									
SIMPLE ICON	● ● ●	● ? H L ●	● H ●	● L ●	● H ●	● L ●	?	F	P
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		Start Date	01/01/2019	
Team/Service	Team/Directorate/Trust		Duration	24	Months
Your Measure	Your metric		Baseline		
Improvement Indicator	High is Good		Min Value	0	
Target	85		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.