Board of Directors - Public

SUMMARY	Meeting Date:	May 2023
	Agenda Item:	11

Report Title:	**Integrated Performance and Quality Report (IPQR) March 2023**	
Author(s):	Business and Performance Team	
Accountable Director:	Phillip Easthope, Executive Director of Finance, IMST & Performance	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	People Committee Quality Assurance Committee Finance and Performance Committee
	Date:	9 May 2023 10 May 2023 11 May 2023
Key Points recommendations to or previously agreed at:	**<u>Comments from People Committee</u>** **Positive Alerts:** Staff vacancy rates - ESR data from the workforce dashboard reports a reduction in vacancies for the organisation: currently at 6.2% and 264wte. Agency reduction rates - Registered nurse staff agency usage remains on a level trajectory and is within the budgeted establishment. Unregistered staff bank usage has increased as less agency is used. Time to hire - There is a continued reduction in the time to hire process which is currently at 67 days against the target of 60 days. Gender Pay Gap - The gender pay gap based on 2023 data, indicates a positive reduction in the mean gender pay gap and more females in senior roles. New Workforce Performance dashboard - Committee noted the new workforce dashboard is providing high level quality data. **Negative Alerts:** Sickness - Committee noted that sickness has reduced to 6.6% from February to March and this remains a cause for concern. The data presented shows that the main reason for sickness is stress/Anxiety/Mental Health at 37%. Mandatory Training - Four subjects which are Resuscitation (BLS), Respect Level 3, Safeguarding Children L3 and Information Governance are below the Trust target and have been for a few months. Supervision - The average compliance for supervision is below Trust target and is at 72.62% Trustwide.	

	Workforce Race Equality Standard (WRES): Disparity Ratio - The race disparity ratio against the national benchmark data is high. Workforce Disability Equality Standard (WDES) - There has been an improvement from 2021 in five of the nine metrics however, all but one metric remains worse than the benchmark group average. **Comments from Quality Assurance Committee** **Out of Area:** Usage remains high: Increase in number of days HBPoS beds repurposed needs monitoring for impact on patient experience and how this is managed alongside the reduction of OOA beds. **Waiting Times:** across a number of community services remain high. Committee expressed concern about lack of impact of recovery plans. This will require review when the plans are next presented. New areas being monitored: STEP and HIT, with verbal assurance given on these trends. **Waiting times:** Continued improvement in SPA and EWS which is positive. **Restrictive Practice:** Closure of seclusion rooms on G1 and Burbage have not had an adverse impact on other areas of restrictive practice. **Falls:** continued decrease in Older Adult wards attributed to Hush Huddles. Good work in the care homes. **Recruitment:** increase in number of Health Care Support Workers and nurses on the acute wards **Comments from Finance and Performance Committee** No specific points of escalation. Committee noted the persistent challenges relating to flow across the acute pathway; waits for treatment across some community service and agency spend. Committee was more assured regarding the CIP plans and expected impact on Agency and Out of Area expenditure. Committee noted that recovery plans need to be proactively and fully enacted in 23/24 No new risks were noted.

Section 1: Analysis and supporting detail

Background

1.1 The IQPR is a monthly report that presents a full and detailed data set that is used to assure the Board about the performance and quality of service delivery. This report details data up to and including March 2023.

The report was presented and considered in detail to the People, Quality Assurance and Finance & Performance Committees in May with a summary of highlights and concerns. Those areas are further summarised below, and the detail can be found within the body of the report itself, or by reference to the respective committee summary.

Good Performance							
Committee				KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q			Waiting Times	5		Reductions in average wait time referral to assessment for SPS PD, Eating Disorders and SAANS.
F	Q			Average Discharged Length of Stay - Beech	8		Maintained a lower discharged length of stay on Beech in March 2023.
F	Q			Inpatient Length of Stay – Older Adults	10		Decreasing trend in live length of stay for Older Adult inpatient ward Dovedale 1
F	Q			Average discharged Length of Stay – Forest Close & Forest Lodge	11		Performance above national benchmarks
F	Q			Annual CPA Review	13		Improving Performance in Early Intervention & Recovery North
F	Q			START - RtT	15		Alcohol passing RtT target and maintains continuous improvement.
	Q	P		Assaults on Service Users	20		Low number of assaults on service users in Rehab & Specialist directorate.
	Q	P		Restrictive Practice	22-23		Low number of physical restraints reported on Dovedale. Low number of rapid tranquillisation incidents on Dovedale, G1, Forest Close and Forest Lodge.
	Q	P		Supervision	30		Rehabilitation & Specialist service area are exceeding target and maintain continuous improvement.
	Q	P		Mandatory Training	31		Consistently achieving the Trustwide target of 80%.

Performance Concern							
Committee				**KPI/Area**	**Refer to (slide)**	**Performance**	**Trend/ Trajectory**	**Recovery Plan?**
F	Q			Waiting Times	5-7		Increasing trend/sustained high waits in certain areas noted EWS, Recovery teams, SMS, OA CMHT, ME/CFS.	Recovery Plan x 2 (EWS, Recovery Teams)
F	Q			Waiting Lists	5		Increased waiting lists for Recovery teams, EI, SMS, OA CMHT, Gender, STEP, SAANS, HIT & LTNC.	Recovery Plan x 3 (Gender, SAANS & HIT)
F	Q			Caseloads/Open Episodes	5		Increasing trend in OA CMHT, SMS and Highly Specialist community services (Gender, STEP, SAANS.)	Recovery Plan x 4 (OA CMHT, SMS, Gender & SAANS)
F	Q			Length of Stay and Delayed Discharge (inpatient areas)	8		Failing to meet target for average discharged length of stay.	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			Delayed Care Bednights	12		Delayed Adult Acute bednights showing sustained trend above the mean.	Linked to Out of Area Recovery Plan(s) x 3
F	Q			Annual CPA Review	13		Failing to meet 95% target Recovery North 91.9% Recovery South 73.1%.	Recovery Plan in place.
	Q	P		Supervision	30		Failing to meet 80% target Trustwide.	CQC Back to Good Action Plan/Local Recovery Plans.

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, whilst acknowledging the ongoing concerns to performance and quality in the identified areas.							

Please identify which strategic priorities will be impacted by this report:				
Recover services and improve efficiency	***Yes***	✓	*No*	
Continuous quality improvement	***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	***Yes***	✓	*No*		This report ensures compliance with NHS Regulation – CQC Regulation may be a by- product of this.

IG Governance Toolkit	*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, Engagement and Experience	*Yes*	✓	*No*		Any impact is highlighted within relevant sections.
Financial (revenue &capital)	*Yes*	✓	*No*		CIP delivery is being offset by underspending on investments and COVID funding
OD/Workforce	*Yes*	✓	*No*		Any impact is highlighted within relevant sections.
Equality, Diversity & Inclusion	*Yes*	✓	*No*		Work looking at EDI concerns is underway which may suggest the inclusion of certain indicators as future developments occur.
Legal	*Yes*		*No*	✓	
Environmental Sustainability	*Yes*		*No*	✓	

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Integrated Performance & Quality Report

Information up to and including March 2023

Proud to care in Sheffield

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
- Tendable
- Our People
- Financial Performance
- CQuINs
- 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 March 2023 reporting, we are using monthly figures from April 2021 to March 2023. Where 24 months data is not available, we use as much as we have access to.

Ward	Month 1		
	n	*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 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

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				

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Service Delivery

IPQR - Information up to and including March 2023

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Responsive | Access & Demand | Referrals

Referrals	Mar-23			
Acute & Community Directorate Service	n	mean	SPC variation	Note
SPA/EWS	734	696	• • •	
AMHP	156	144	• • •	
Crisis Resolution and Home Treatment	893	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	537	482	• • •	
Decisions Unit	63	55	• • •	
S136 HBPOS	31	34	• • •	
Recovery Service North	27	23	• • •	
Recovery Service South	21	24	• • •	
Early Intervention in Psychosis	43	39	• • •	
Memory Service	127	128	• • •	
OA CMHT	288	257	• • •	
OA Home Treatment	21	25	• • •	

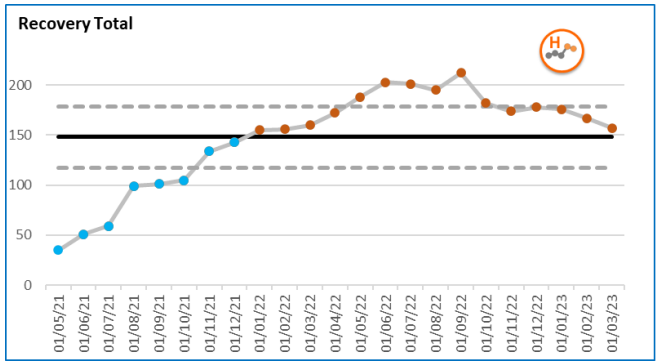
Referrals	Mar-23			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	3	3	• • •	
SCFT	2	2	• • •	
CLDT	74	57	• H •	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	1	3	• • •	
Psychotherapy Screening (SPS)	48	48	• • •	
Gender ID	21	42	• • •	
STEP	137	102	• H •	Referrals steadily increasing especially from GPs. This may be due to increased visibility and familiarity with STEP and its offer due to work both by the team and signposting by other SHSC services such as SPA/EWS. Continued increased referrals to BPD and Insomnia courses.
Eating Disorders Service	46	35	• • •	
SAANS	407	400	• H •	Demand into the system is unsustainable due to poorly defined system wide neurodiversity pathway. Paper presented to Board and options being explored alongside stakeholders.
R&S	17	19	• • •	
Perinatal MH Service (Sheffield)	49	49	• • •	
HAST	13	15	• • •	
HAST - Changing Futures	3			
Health Inclusion Team	148	155	• • •	
LTNC	37	87	• • •	
ME/CFS Long Covid	28	84	• L •	The service has stopped accepting referrals from Sheffield from March '23 as this has been transferred to the Long Covid hub within STH.
ME/CFS	122	263	• L •	As above

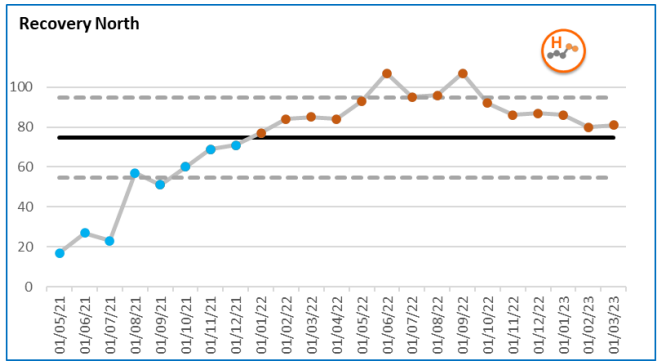
Responsive | Access & Demand | Community Services

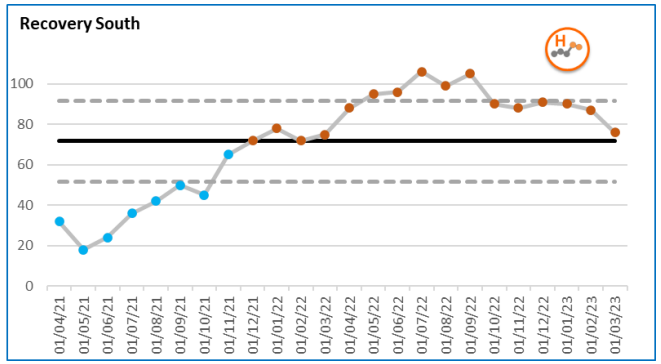
March 2023	Number on wait list at month end			Average wait time referral to assessment for those assessed in month			Average wait time referral to first treatment contact for those 'treated' in month			Total number open to Service		
	Waiting List			Average Waiting Time (RtA) in weeks			Average Waiting 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	**393**	*762*	• L •	**46**	*30.0*	• H •	**6.2**	*9.8*	• • •	**695**	*1018*	• L •
MH Recovery North	**81**	*75*	• H •	**6**	*9.4*	• • •	**7.1**	*10.4*	• L •	**924**	*955*	• L •
MH Recovery South	**76**	*72*	• H •	**13.9**	*11.0*	• H •	**13.4**	*11.3*	• • •	**1056**	*1077*	• L •
Recovery Service TOTAL	**157**	*148*	• H •	*N/A*			*N/A*			**1980**	*2032*	• L •
Early Intervention in Psychosis	**32**	*24*	• H •				**92.9%**			**296**	*330*	• L •
Memory Service	**1042**	*702*	• H •	**34.6**	*23.7*	• H •	**40.7**	*32.1*	• H •	**4532**	*4335*	• H •
OA CMHT	**253**	*166*	• H •	**7.1**	*7.0*	• H •	**10.3**	*10.5*	• L •	**1340**	*1259*	• H •
OA Home Treatment	*N/A*			*N/A*			*N/A*			**65**	*64*	• • •
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPS - MAPPS	**43**	*68*	• L •	**24.5**	*20.4*	• • •	**40.2**	*77.1*	• • •	**300**	*316*	• • •
SPS - PD	**42**	*40*	• • •	**18.4**	*18.6*	• L •	**72.2**	*65.1*	• • •	**188**	*190*	• • •
Gender ID	**2011**	*1652*	• H •	**219.5**	*127.9*	• • •	*N/A*			**2831**	*2452*	• H •
STEP	**289**	*123*	• H •	*N/A*						**553**	*413*	• H •
Eating Disorders	**26**	*32*	• • •	**4.5**	*4.7*	• L •				**193**	*220*	• L •
SAANS	**7102**	*5045*	• H •	**81.2**	*93.5*	• L •				**6326**	*5515*	• H •
R&S	**70**	*167*	• L •	**50.8**	*80.0*	• • •				**127**	*219*	• L •
Perinatal MH Service (Sheffield)	**31**	*26*	• • •	**3.7**	*3.2*	• • •				**156**	*143*	• • •
HAST	**28**	*29*	• • •	**13.4**	*11.2*	• • •				**74**	*82*	• L •
Health Inclusion Team	**537**	*281*	• H •	**5.6**	*9.1*	• • •				**1538**		
LTNC	**761**	*645*	• H •	*N/A*						*N/A*		
CFS/ME	*N/A*			**28.6**	*16.4*	• H •				**1459**		
CLDT	**181**	*182*	• L •	**10.6**	*11.9*	• • •	**20.3**	*20.8*	• L •	**769**	*745*	• H •
CISS	*N/A*			*N/A*			*N/A*			**7**	*27*	• L •
CERT	**0**									**44**	*45*	• L •
SCFT	**0**									**24**	*25*	• • •

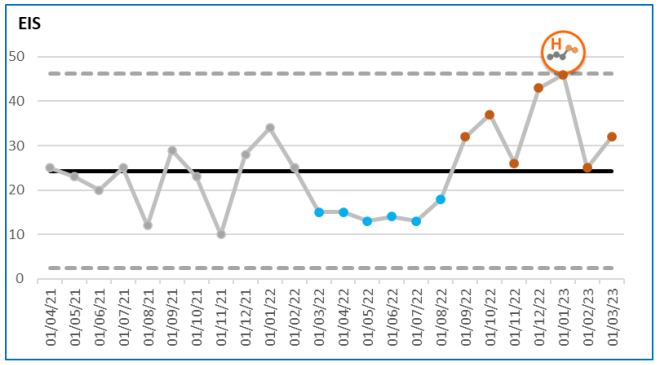
Narrative There are still increasing waits and high numbers of service users on service caseloads (the number of open episodes of care to our community teams). Recovery Plans are in place for the services experiencing the biggest issues although these aren't currently leading to improvement.
CFS/ME – Concerns around data input and inaccuracies within S1 need to be explored further with a recovery plan & ongoing work alongside trust Digital Systems Officer.
Significant reduction in number of people on SPA/EWS wait list.
STEP – Waitlist continues to grow due to increased demand and no admin resource leading to a delay in offering first appointment and discharging clients, demand/capacity work and a proposal to meet demand is underway.
SAANS – Following a deep dive, recovery plan and improvement work demand still outweighs the commissioned model for the service causing the waitlist to rise. Continue to work with Sheffield Place and MHLD collaborative about an appropriate specification that meets the needs of Sheffield residents.
In response to growing waits in HIT negotiations are underway to seek further investment with Sheffield Place and a recovery plan has been drafted alongside a QEIA to explore options and mitigations.

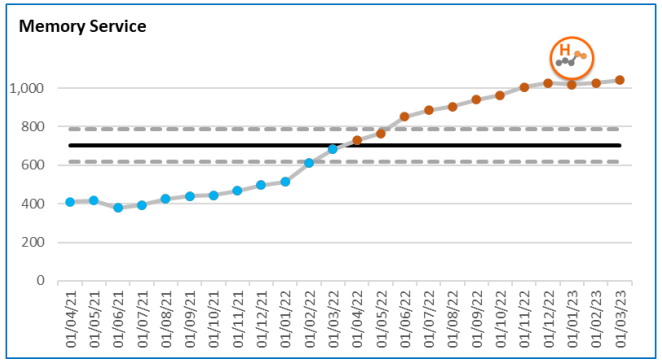
Responsive | Access & Demand | Wait Lists SPC Charts | Acute & Community

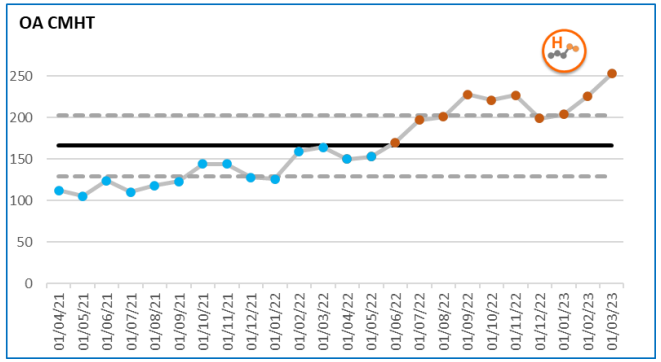










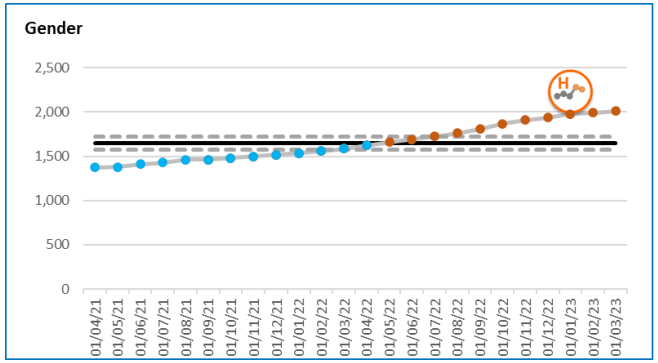


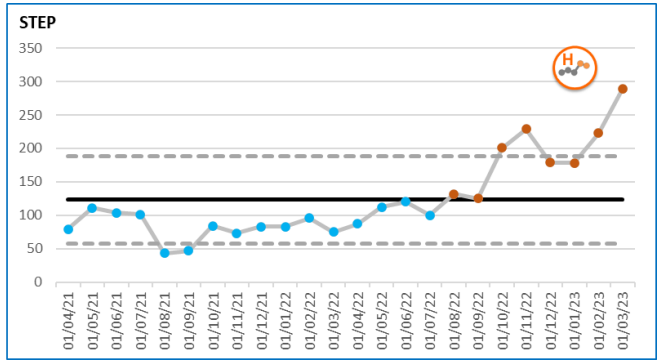
Narrative

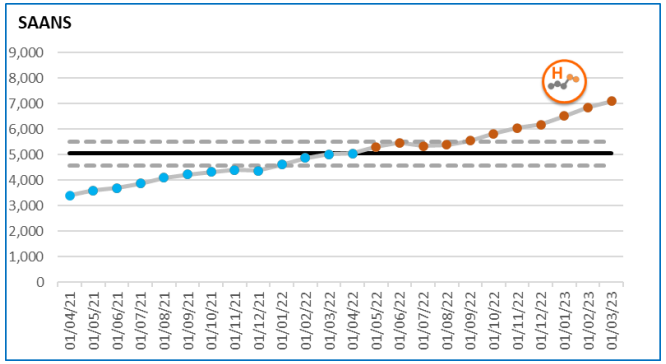
**Charts shown are those teams showing special cause variation*

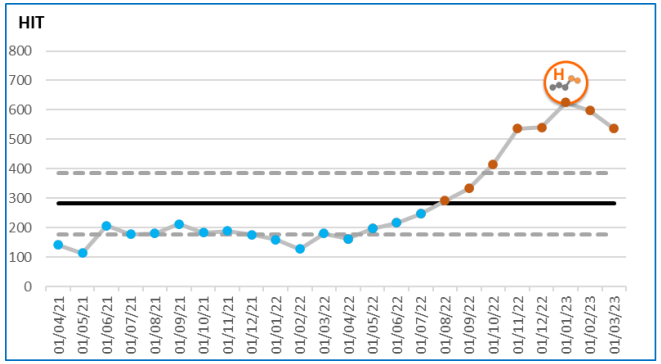
- Recovery North and South now receive a weekly report providing information that enables the teams to take action against the RAG rating in terms of contact frequency and presence of risk assessments and any care and treatment plans for those waiting. The report is being further developed to include additional information to further support the identification of risk
- Waiting list data has now been transferred onto the EPR and a process of data cleansing is almost complete.
- WL clinical standards report now in operation, currently being automated so that services have greater access to live data and an improved oversight of where standards are in exception.
- Gaps in BPM team having a negative effect of frequency and accuracy of the report and adjustments to it. BPM team are focusing on improving & automating report.
- Performance over February and March 23 is predicted to be impacted on due to staffing gaps (start of Mat leave, discontinuation of agency staff and recruitment into vacant posts.

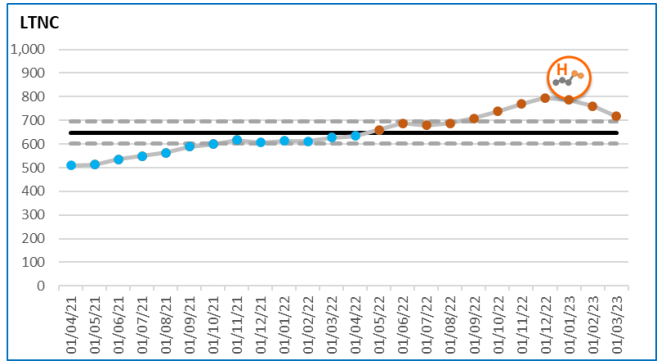
Responsive | Access & Demand | Wait Lists SPC Charts | Rehab & Specialist

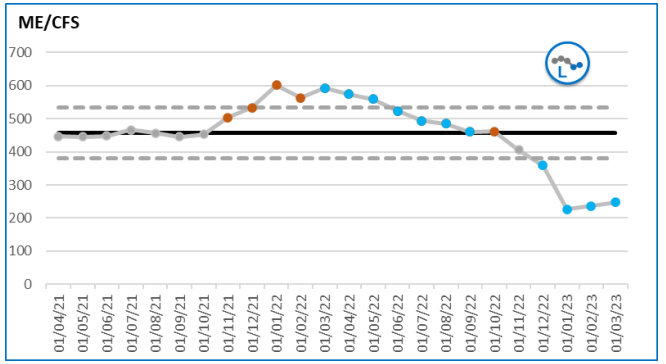


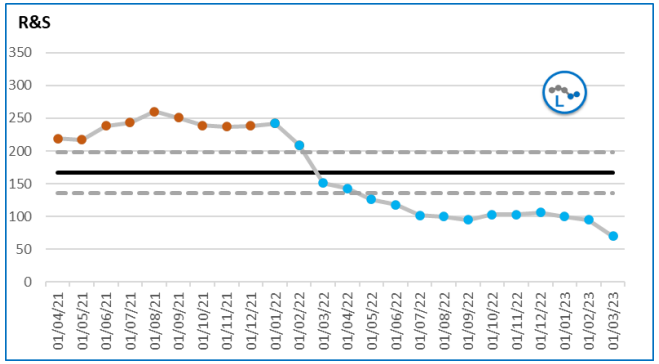


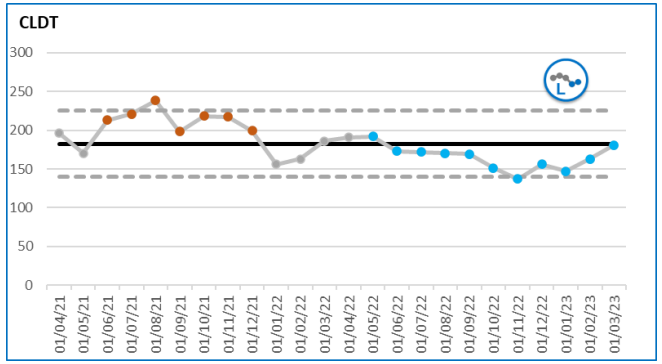












Narrative

**Only showing SPCs showing special cause variation*

HIT – discussed with Sheffield Place – in response to growing waits further investment is under negotiation

ME/CFS – Querying data for SystmOne teams as data doesn't pass the eye test, could be linked to risk identified at directorate level (risk no. 4508). Deep dive underway to unpick and resolve.

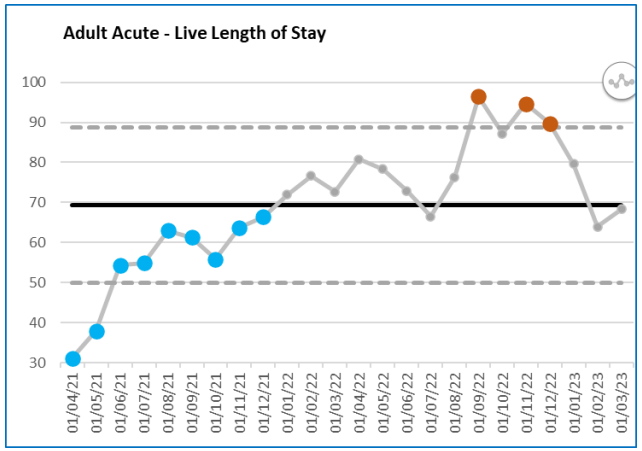
Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Burbage/Dovedale 2, Stanage/Burbage, Maple)	Mar-23 n	mean	SPC variation	SPC target
Admissions	40	31	•••	/
Detained Admissions	35	28	•••	/
% Admissions Detained	87.50%	90.53%	•••	/
Emergency Re-admission Rate (rolling 12 months)	2.21%			
Transfers in	18			
Discharges	40	31	•••	/
Transfers out	18			
Delayed Discharge/Transfer of Care (number of delayed discharges)	14			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	284			
Bed Occupancy excl. Leave (KH03)	94.78%	93.98%	•••	/
Bed Occupancy incl. Leave	97.96%	98.18%	•••	/
Average beds admitted to	46.6			
Average Discharged Length of Stay (12 month rolling)	41.2	40.5	•••	F
Average Discharged Length of Stay (discharged in month)	26.9	39.7	•••	?
Live Length of Stay (as at month end)	68.3	69.4	•••	/
Number of People Out of Area at month end	15	13	•••	F
Number of Mental Health Out of Area Placements started in the period (admissions)	11	9	•••	?
Total number of Out of Area bed nights in period	482	390	•••	F

Length of Stay Detail – March 23

Longest LoS (days) as at month end:
186 on Dovedale 2
460 on Maple
122 on Burbage

Longest LoS (days) of discharges in month:
Dovedale 2 = **33**
Maple = **146**
Burbage = **76**



Step Down (Beech)	Mar-23 n	mean	SPC variation	SPC target
Admissions	5	5	•••	/
Transfers in	1			
Discharges	6	5	•••	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	89.68%	76.45%	•••	/
Bed Occupancy incl. Leave	96.45%	85.13%	•••	/
Average Discharged Length of Stay (12 month rolling)	47.1	57.3	• L •	/
Live Length of Stay (as at month end)	48.9	42.8	•••	/

Length of Stay Detail – March 23
Longest LoS (days) as at month end: **232**
Range = 1 to 232 days
Longest LoS (days) of discharges in month: **169**

Narrative
The live length of stay in Adult Acute at the end of the month was 68.3 days. At the end of March 2023, there were 4 service users with a LoS over 200 days. With these 4 service users excluded from the figure the live LoS reduces to 37.8 days.
All patients are subject to scrutiny around discharge planning. Delays for long stay patients relate to finding suitable providers and work is ongoing to resolve this with Sheffield City Council and Sheffield Place.
Long stay & delayed discharge patients have been reviewed by the Clinical Executive Panel.

Benchmarking Adult Acute
(2021 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 86.4%
Length of Stay (Discharged) Mean: 32
Emergency readmission rate Mean: 10.3%

NB – No benchmarking available for Step Down beds

Inpatient Wards | PICU

PICU (Endcliffe)	Mar-23 n	mean	SPC variation	SPC target
Admissions	3	3	• • •	/
Transfers in	6			
Discharges	3	2	• • •	/
Transfers out	8			
Delayed Discharge/Transfer of Care (number of delayed discharges)	2			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	53			
Bed Occupancy excl. Leave (KH03)	95.81%	93.93%	• • •	/
Bed Occupancy incl. Leave	95.81%	96.15%	• • •	/
Average beds admitted to	9.6			
Average Discharged Length of Stay (12 month rolling)	45.7	49.3	• L •	?
Live Length of Stay (as at month end)	130.1	97.8	• H •	/
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)	4	3	• • •	?
Total number of Out of Area bed nights in period	170	145	• • •	F

Narrative

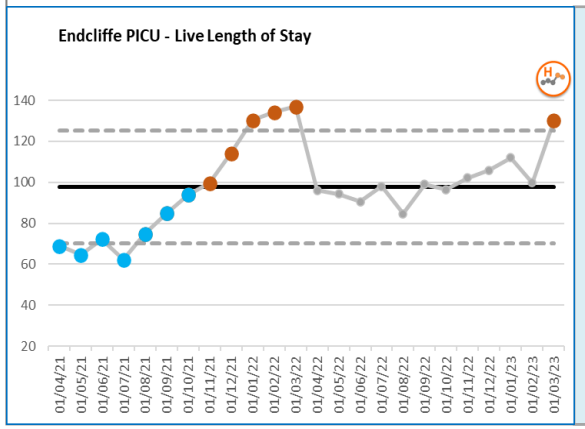
Endcliffe – Length of Stay – March 23
As at 31/03/23, there were 3 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 47 days.

Over national benchmark average (47)

Start Date	LOS
02/02/2021 17:38	787
07/12/2022 17:15	114
01/02/2023 13:38	58

With the longest stay (787) excluded from the figure, the live LoS at the end of March 2023 reduces to 36.3 days.

SHSC are still trying to find a suitable provider for the long stay client which has been complicated by the client's complex needs.



Benchmarking PICU
(2021 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 84%
Length of Stay (Discharged) Mean: 47

Safe | Inpatient Wards | Older Adults

Older Adult Functional (Dovedale 1)	Mar-23 n	mean	SPC variation	SPC target
Admissions	3	5	• • •	/
Transfers in	2			
Discharges	5	6	• • •	/
Transfers out	1			
Delayed Discharge/Transfer of Care (number of delayed discharges)	2			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	45			
Bed Occupancy excl. Leave (KH03)	92.69%	88.98%	• • •	/
Bed Occupancy incl. Leave	96.34%	95.37%	• • •	/
Average beds admitted to	14.5			
Average Discharged Length of Stay (12 month rolling)	71.5	70.3	• • •	?
Live Length of Stay (as at month end)	44.1	73.9	• L •	/

Older Adult Dementia (G1)	Mar-23 n	mean	SPC variation	SPC target
Admissions	7	5	• • •	/
Transfers in	0			
Discharges	7	5	• • •	/
Transfers out	2			
Delayed Discharge/Transfer of Care (number of delayed discharges)	9			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	121			
Bed Occupancy excl. Leave (KH03)	69.76%	74.32%	• • •	/
Bed Occupancy incl. Leave	75.81%	76.27%	• • •	/
Average beds admitted to	12.1			
Average Discharged Length of Stay (12 month rolling)	76.1	66.3	• H •	F
Live Length of Stay (as at month end)	56.9	55.8	• H •	/

Length of Stay Detail March 23 – Dovedale 1
Longest LoS (days) as at month end: **147**
Range = 6 to 147 days
Longest LoS (days) of discharges in month: **72**

Narrative
The live LoS on Dovedale 1 continues to be below the national benchmark and is significantly below the 24-month mean.

Length of Stay Detail March 23– G1
Longest LoS (days) as at month end: **104**
Range = 12 to 104 days
Longest LoS (days) of discharges in month: **393**

Narrative
The live LoS on G1 has decreased from 83.4 days in February to 56.9 days at the end of March 2023. This is due to the discharge of the service user with the longest LoS (393 days). The live LoS is now back within the national benchmark (see below).

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)	Mar-23 n	mean	SPC variation	SPC target
Admissions	0	1	• • •	/
Transfers in	2			
Discharges	0	2	• • •	/
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)	85.59%	82.41%	• • •	/
Bed Occupancy incl. Leave	93.98%	92.30%	• • •	/
Average Discharged Length of Stay (12 month rolling)	275.9	282.6	• • •	P
Live Length of Stay (as at month end)	346.3	343.6	• H •	/
Number of Out of Area Placements started in the period (admissions)	0			
Total number of Out of Area bed nights in period	133			
Number of People Out of Area at month end	4			

Forensic Low Secure (Forest Lodge)	Mar-23 n	mean	SPC variation	SPC target
Admissions	0	1	• • •	/
Transfers in	0			
Discharges	0	1	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	87.39%	85.26%	• H •	/
Bed Occupancy incl. Leave	95.45%	91.87%	• H •	/
Average Discharged Length of Stay (12 month rolling)	306.9	388.8	• L •	P
Live Length of Stay (as at month end)	716.0	545.3	• H •	/

Forest Close

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

The team focus on discharge from the start of admission and following the first CPA at 6 weeks the team focus on recovery goals with the service user. Forest Close has good relationships with service providers in the community and understand the processes to working towards discharge collaboratively with the service user. Current work ongoing which facilitates in reach into inpatients service in A&C, where the team attend MDT's, this supporting a clear discharge plan.

Length of Stay Detail Mar 23 - Forest Close (all)
Longest LoS (days) as at month end: **989**
Range = 7 to 989
Number of discharges in month: 0
Longest LoS (days) of discharges in month: n/a

Benchmarking Rehab/Complex Care
(2021 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 75%
Length of Stay (Discharged) Mean: 441

Forest Lodge

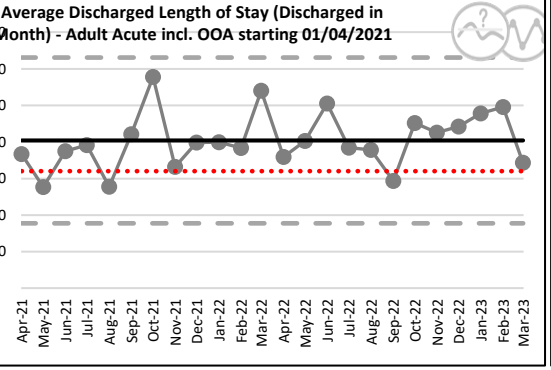
Again, it should be noted that length of stay within Forest Lodge benchmarks very favourably against other low secure facilities across the country. Long stays are discussed within Horizon on a weekly basis, there are also risk assessments for appropriate placements.

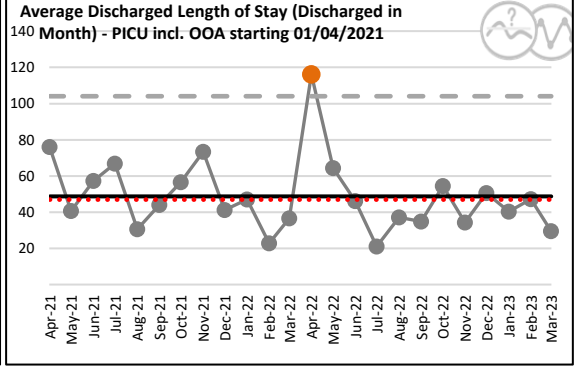
Length of Stay Detail Mar 23 – Forest Lodge
Longest LoS (days) as at month end: **1072**
Range = 53 to 1072 days
Number of discharges in month: 0
Longest LoS (days) of discharges in month: n/a

Benchmarking Low Secure Beds
(2021 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 89%
Length of Stay (Discharged) Mean: 707

UEC Dashboard

Length of Stay

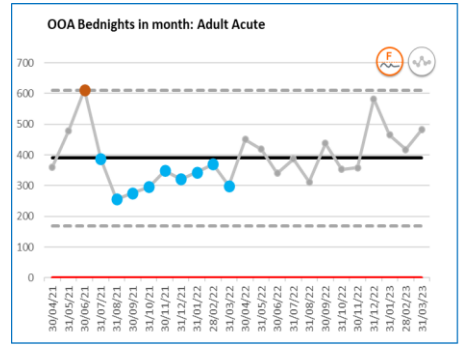


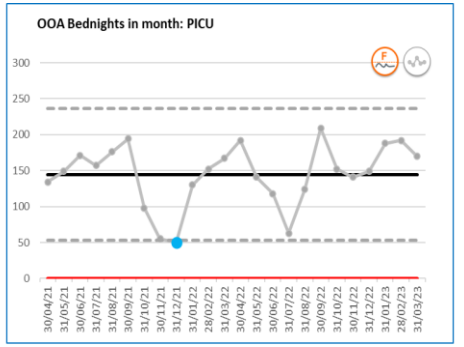


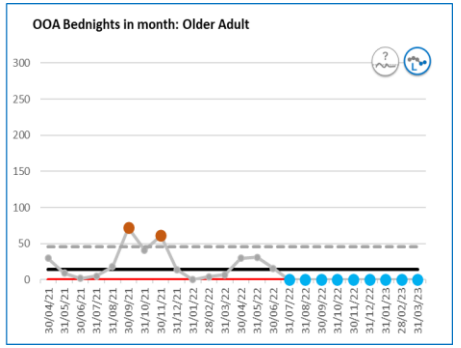
Adult Acute Discharged LoS (Rolling 12 month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	432	41
OOA	112	42
Contracted	117	41
Combined	**661**	**41**

PICU Discharged LoS (Rolling 12 month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	84	46
OOA	37	45
Combined	**121**	**45**

Out of Area

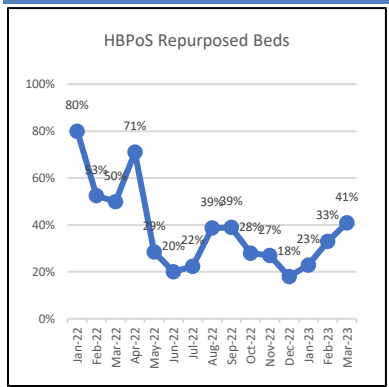




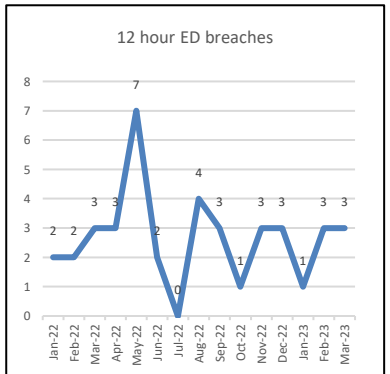


Provider	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparklines (Apr-22 to Mar-23)
Sheffield Health and Social Care NHS Foundation Trust	**21**	**14**	**11**	**11**	**12**	**19**	**14**	**20**	**20**	**20**	**20**	**20**	
Bradford District Care NHS Foundation Trust	16	14	11	17	17	17	26	18	13	22	20	22	
Tees, Esk and Wear Valleys NHS Foundation Trust	16	15	17	19	12	4	11	4	4	8	11	25	
South West Yorkshire Partnership NHS Foundation Trust	12	19	17	14	9	12	19	21	18	17	22	14	
Leeds and York Partnership NHS Foundation Trust	9	6	5	4	4	13	17	10	14	15	16	15	
Cumbria Northumberland, Tyne and Wear Partnership NHS FT	7	8	10	7	17	22	11	22	12	4	10	18	
Humber NHS Foundation Trust	7	4	2	0	4	4	1	1	3	4	8	6	
Rotherham Doncaster and South Humber NHS Foundation Trust	4	1	1	0	2	2	6	6	5	12	18	9	
Navigo (NE Lincs/Grimsby)	0	0	0	0	0	0	0	0	0	0	0	0	

Blocks and Breaches



Health Based Place of Safety (HBPoS/136 Beds)	Mar-23
Days repurposed	25
Days repurposed %	41%

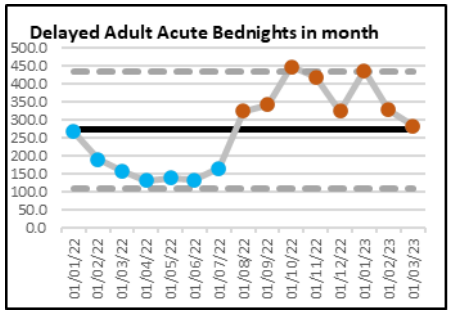


Emergency Department (ED)	Mar-23
ED 12 hour Breaches	3

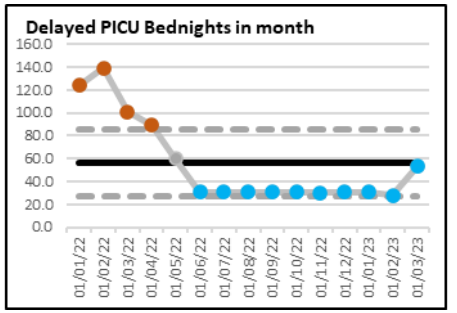
Delayed Care

Delayed Care Narrative

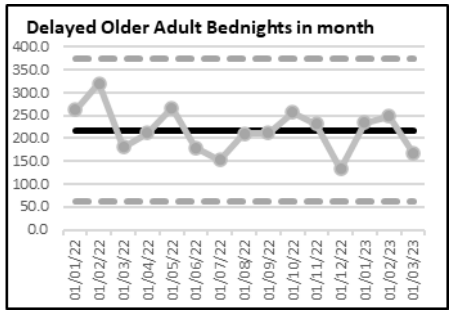
% of bed nights occupied by delayed patients is 19.5% across adult acute wards. Weekly Clinically Ready for Discharge meeting membership has been extended to include social care colleagues to support earlier information sharing and discharges for those delayed.



Delayed Discharges Adult Acute		
Mar 23	Sum of Delayed Bednights	% Bednights occupied by DD
Adult Acute Total	284	19.5%



Delayed Discharges PICU		
Mar 23	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	53	17.1%



Delayed Discharges Older Adult		
Mar 23	Sum of Delayed Bednights	% Bednights occupied by DD
Older Adult Total	166	17.3%

Effective | Treatment & Intervention

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.

Trustwide: 42/49 individuals seen within 72 hours: **7 seen outside the target**

- **3 x individuals followed up on day 3, just outside of the 72 hours:**

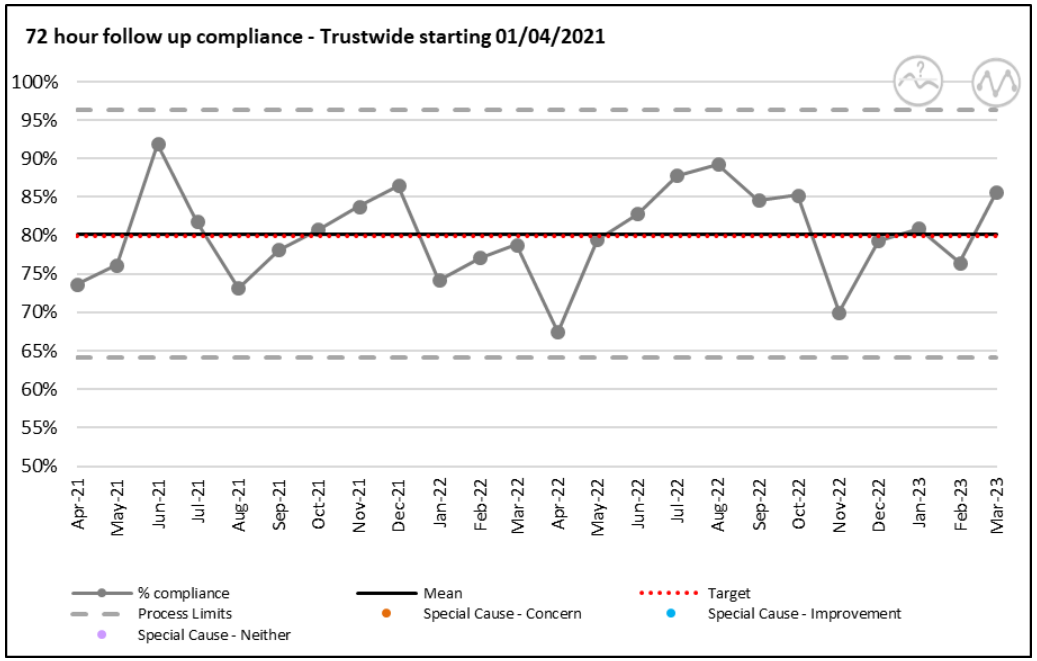
2 x under CR & HTT
1 x 5 hours over
1 x < 1 hour over
1 x under OA HTT
1 x 2 hours over

- **2 x individuals followed up on day 4**

1 x under OA HTT
1 x Home visit was planned, confusion regarding discharge date on insight
1 x G1 completed 72 hour assessment for individual discharged to STAR Foundation

- **2 x discharged to Birch Avenue from G1 with no 72 hour contact recorded**

2 x No discharge summary on either individuals records



72 hour Follow Up		Mar-23			
	Target	%	No.	SPC Variation	Target
Trustwide	80%	**85.71%**	**42/49**	• • •	• ? •

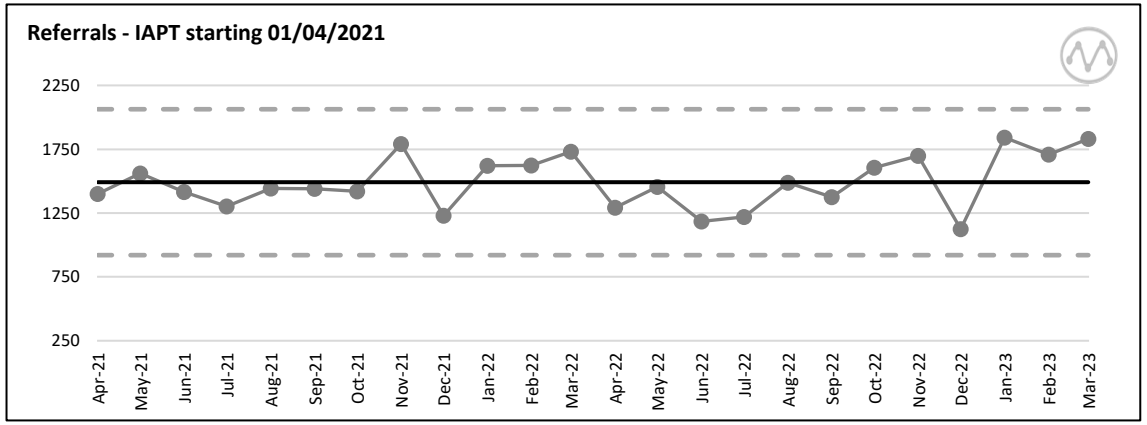
		Mar-23			
CPA Review % Completed within 12 months	Target 2022/23	n	*mean*	SPC variation	SPC target
Early Intervention	95%	**99.2%**	*90.1%*	• H •	?
MH Recovery North	95%	**91.9%**	*89.7%*	• H •	F
MH Recovery South	95%	**73.1%**	*73.9%*	• • •	F

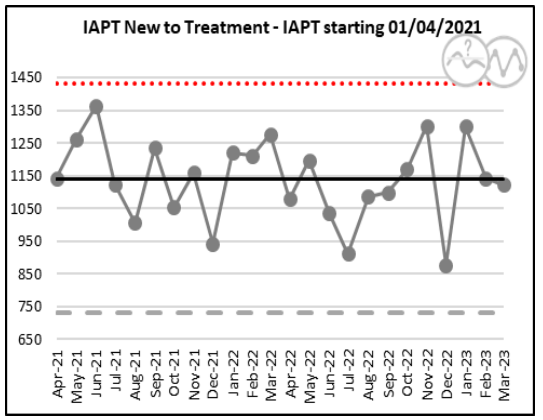
IAPT | Performance Summary

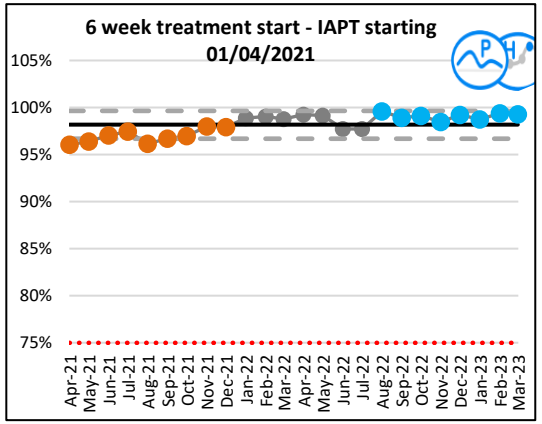
IAPT		Mar-23			
Metric	Target 2022/23	*n*	*mean*	*SPC variation*	*SPC target*
Referrals	/	**1831**	*1492*	• • •	/
New to Treatment	1431	**1122**	*1138*	• • •	?
6 week Wait	75%	**99.31%**	*98.18%*	• H •	P
18 week Wait	95%	**99.65%**	*99.79%*	• • •	P
Moving to Recovery Rate	50%	**53.68%**	*50.83%*	• • •	?

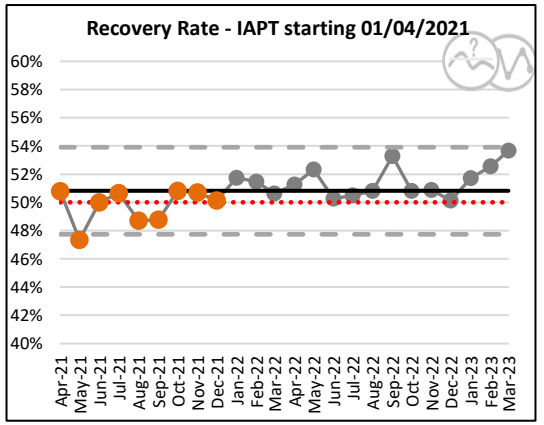
Narrative

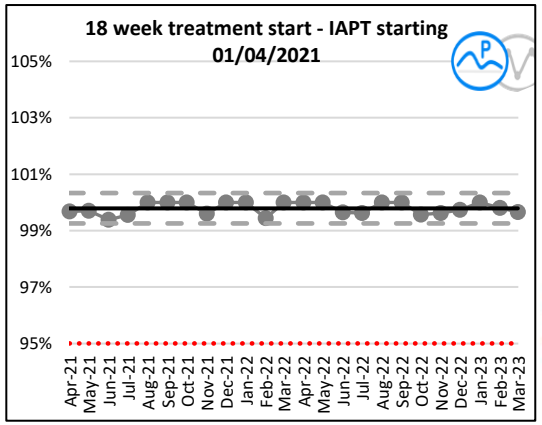
- Service has achieved the recovery rate standard for 18 consecutive months
- Continue to exceed the waiting time standard for people receiving their first treatment appointment
- Three month high on referrals however from April onwards the access standard has been reset to 16220 in line with the national recalibration of access trajectories
- Seasonal drop in access in March due to annual leave











START – Sheffield Treatment & Recovery Team | Performance Summary

START		March 23	
Opiates	**Target 2022/23**	**n**	**SPC variation**
Referrals	TBC	**95**	• H •
Waiting time Referral to Treatment ≤ 21 days	≥ 95%	**96%**	• • •
DNA Rate to Assessment	≤ 15%	**30%**	• • •
Recovery - Successful treatment exit	TBC	**6**	• • •
Non-Opiates	**Target 2022/23**	**n**	**SPC variation**
Referrals	TBC	**74**	• • •
Waiting time Referral to Treatment	≥ 95%	**91%**	• • •
DNA Rate to Assessment	≤ 15%	**26%**	• • •
Recovery - Successful treatment exit	TBC	**6**	• L •
Alcohol	**Target 2022/23**	**n**	**SPC variation**
Referrals	TBC	**171**	• • •
Waiting time Referral to Treatment	≥ 95%	**100%**	• H •
DNA Rate to Assessment	≤ 15%	**23%**	• • •
Recovery - Successful treatment exit	TBC	**26**	• L •
Criminal Justice Caseload	**Target 2022/23**	**March 2023**	
Numbers on caseload (NDTMS)	250	**249**	

Narrative

Engagement in treatment

Referral numbers to the opiates, alcohol and non-opiates services are not currently working to a target but the treatment places are closely monitored by 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. DNA rates are returning to those we saw pre-Covid as we move back to face to face contacts.

Average waiting times for treatment assessment
March 2023
Average wait time from referral to assessment in the opiates pathway was 3.7 days
Average wait time from referral to assessment in the non-opiates pathway was 10.75 days
Average wait time from referral to assessment in the alcohol pathway was 10.4 days

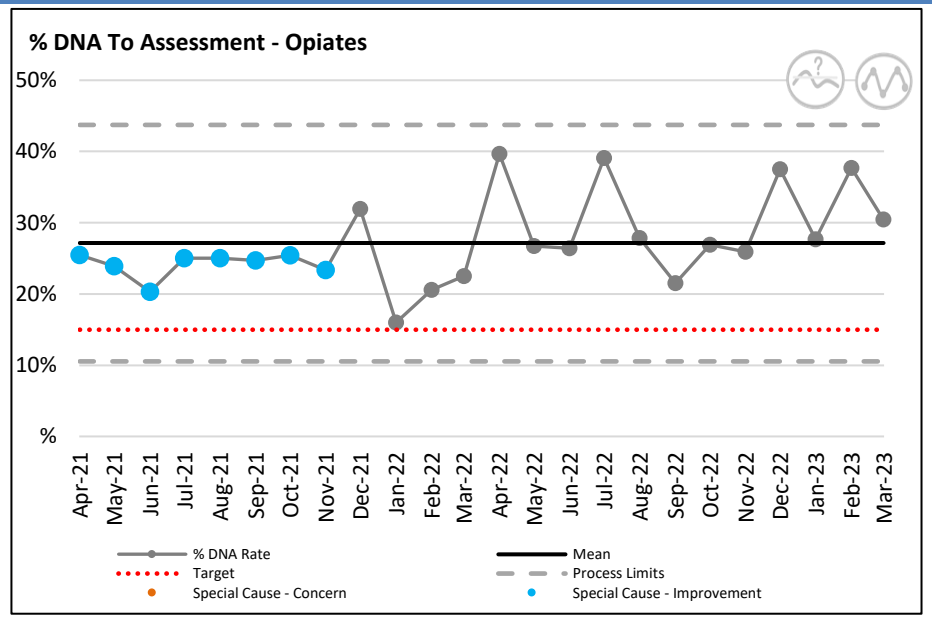
Criminal Justice

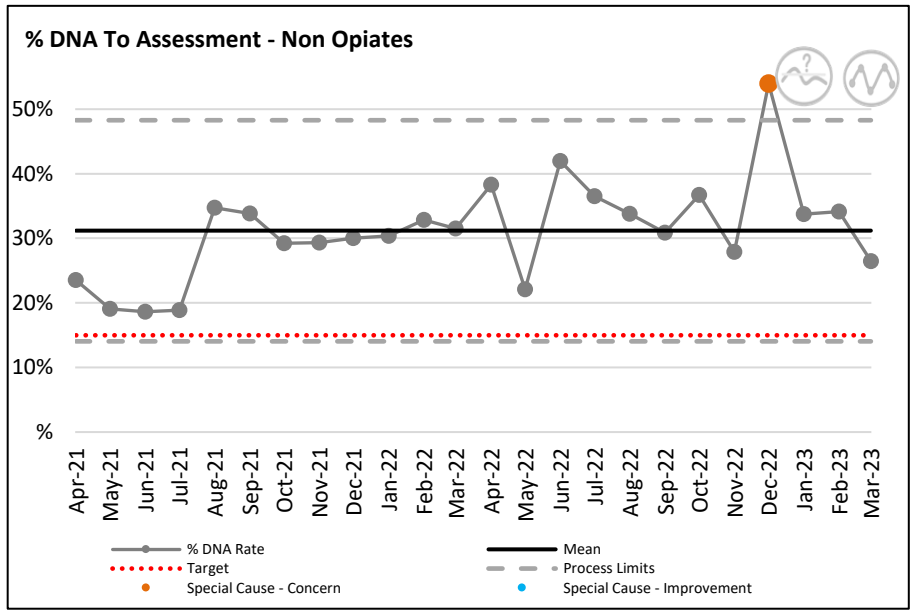
The service works with people who come into contact with the criminal justice system as a result of substance misuse. This includes arrest referrals, court orders and prison releases. A high number of people are referred into the service, with smaller numbers taken “onto caseload” once engaging.

Feedback from service users

We are currently developing a new survey to receive service user feedback. We are also looking at other ways we can work with our client base to get feedback and share ideas. We will then consider the different forums that it is important to share this and consider positive change.

START Performance | Highlights & Exceptions

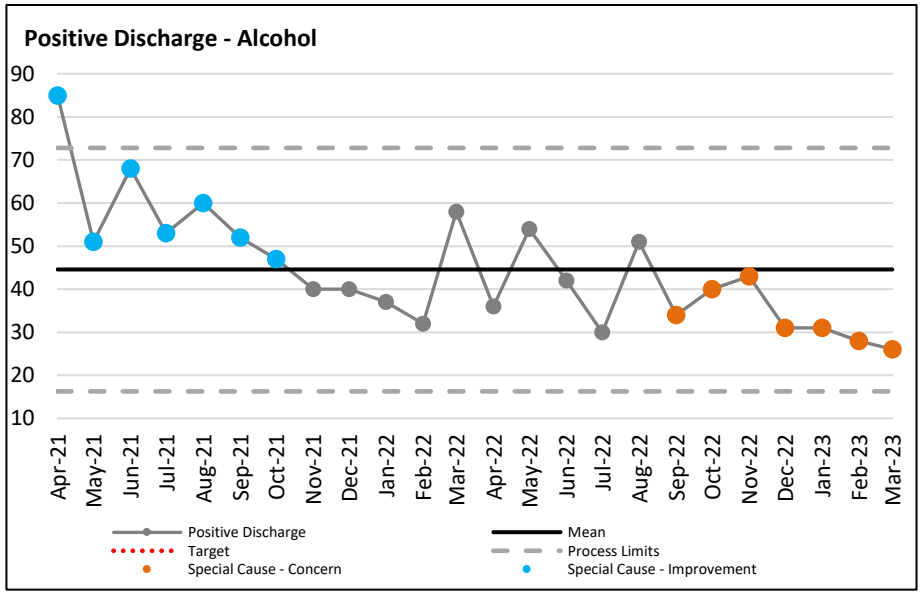


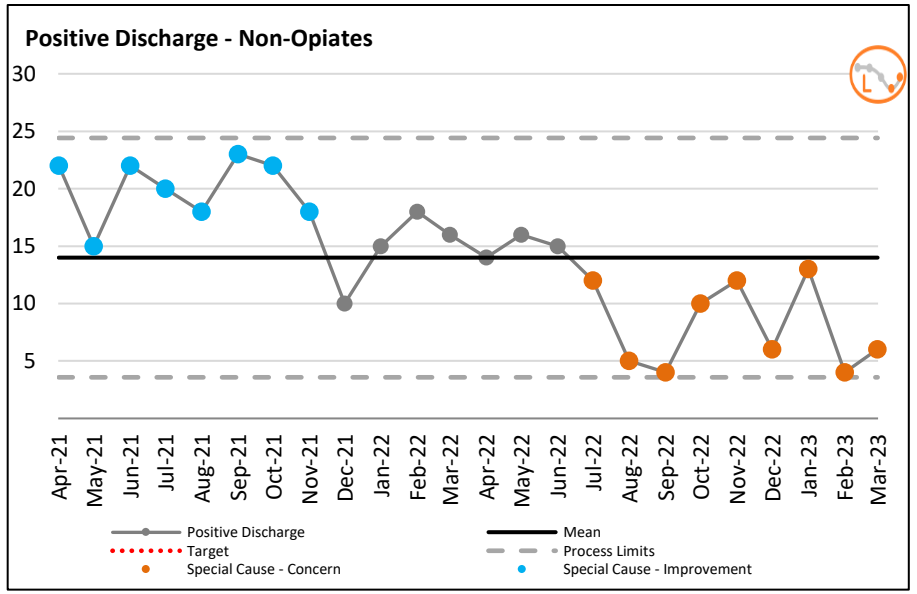


DNA to Assessment

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.

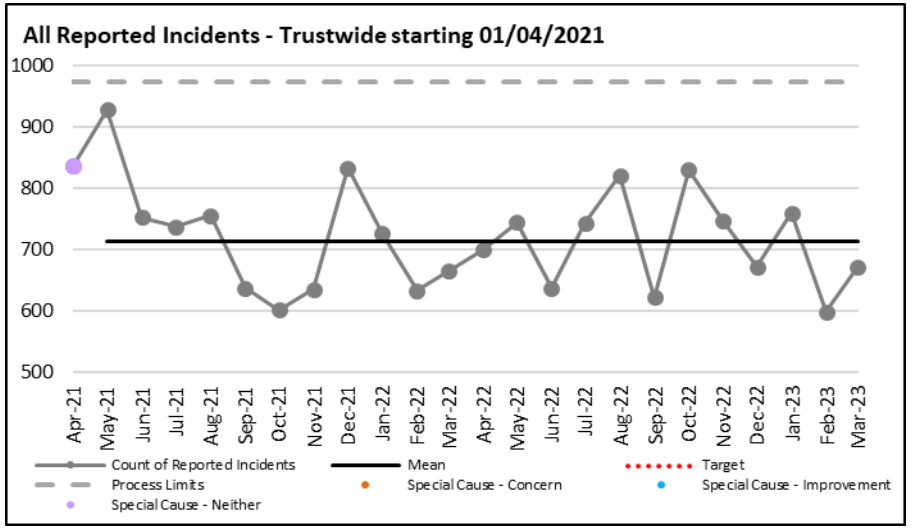
NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safety & Quality

IPQR - Information up to and including March 2023

Proud to care in Sheffield

Safe | All Incidents



Trustwide	Mar-23		
	n	mean	SPC variation
ALL	**672**	*721*	• • •
5 = Catastrophic	**15**	*21*	• • •
4 = Major	**4**	*4*	• • •
3 = Moderate	**64**	*62*	• • •
2 = Minor	**232**	*261*	• • •
1 = Negligible	**335**	*336*	• • •
0 = Near-Miss	**22**	*19*	• • •

Narrative

During March 2023, there were 4 incidents rated as Major. These were in relation to; 2 incidents of COVID-19, Security concern and bed unavailable for a CTO recall.

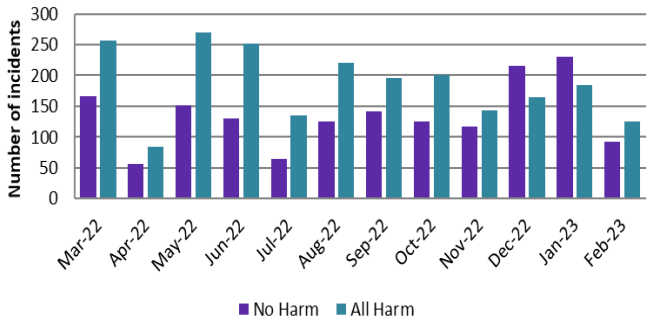
Of the 15 Catastrophic incidents, 11 were for Acute and Community services and 4 for Rehabilitation and Specialist services. All Catastrophic incidents were service user deaths, with the majority expected or suspected natural causes and will be reviewed in the mortality review group. 1 was has been identified as a serious incident following an unexpected death in the community.

Narrative

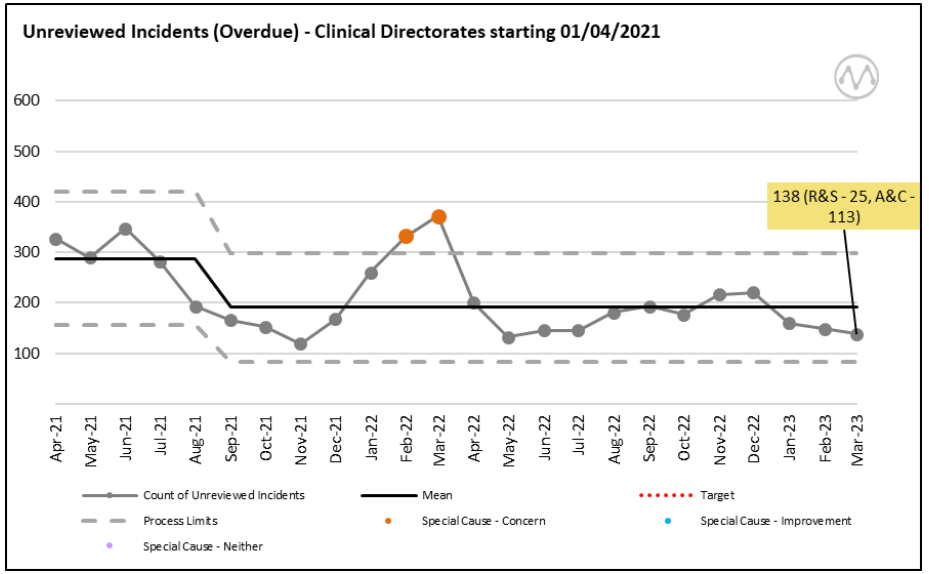
Patient safety incidents are currently uploaded to the National Reporting Learning System (NRLS). The NHS is moving to a new platform, the Learning from Patient Safety Events (LFPSE) from 1 April 2023. All patient safety incidents will be uploaded to this from August 2023. The latest benchmarking information 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 March 2022 to February 2023

Patient Safety Incidents – Harm vs No Harm Mar 22 – Feb 23



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

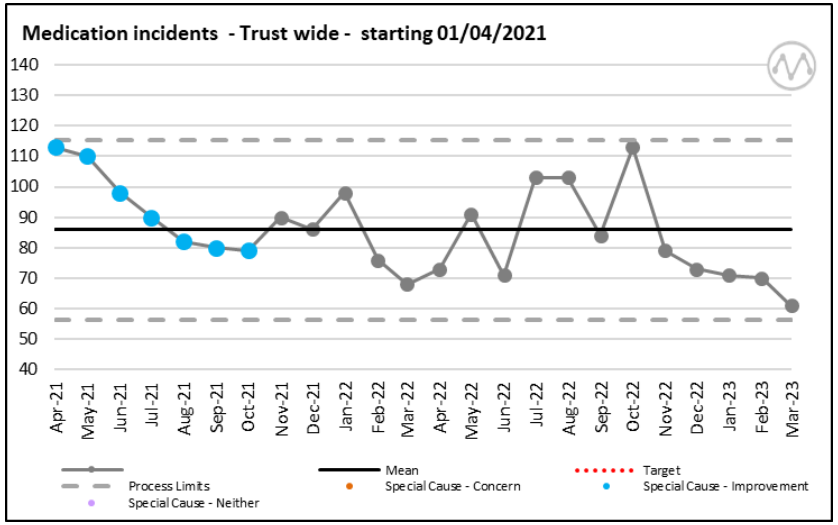


Narrative

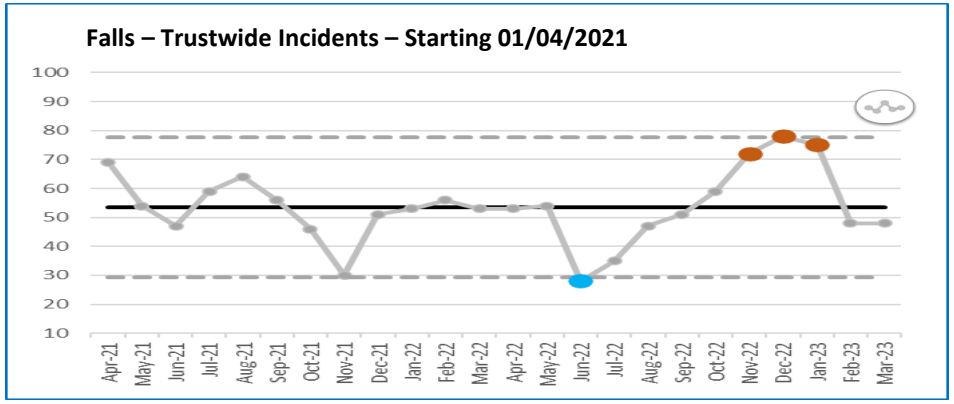
The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. 104 incidents remain unreviewed prior to March 2023.

Improvement plan to be developed in April 2023.

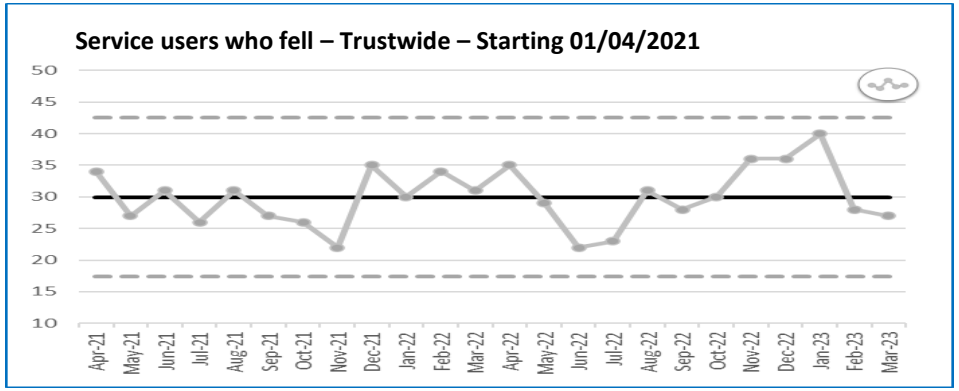
Safe | Medication Incidents & Falls



Trustwide	Mar-23		
	n	mean	SPC variation
ALL	61	86	• • •
Administration Incidents	15	16	• • •
Meds Management Incidents	33	55	• L •
Pharmacy Dispensing Incidents	3	8	• • •
Prescribing Incidents	10	6	• • •
Side Effect/Allergy Incidents	0	0	• • •



Trustwide FALLS INCIDENTS	Mar-23		
	n	mean	SPC variation
Trustwide Totals	48	54	• • •
Acute & Community	48	52	• • •
Nursing Homes	37	29	• • •
Rehabilitation & Specialist Services	0	2	• • •



Trustwide FALLS - PEOPLE	Mar-23		
	n	mean	SPC variation
Trustwide Totals	27	30	• • •
Acute & Community	27	28	• • •
Nursing Homes	18	15	• • •
Rehabilitation & Specialist Services	0	2	• • •

Narrative

Medication Incidents

During March 2023, there were 3 incidents rated as moderate, 1 for Perinatal services for lost prescription, 1 for G1 ward for wrong dose being given and 1 for Woodland view for controlled drug stock discrepancy.

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.

Falls Incidents

Of the 48 incidents reported, 37 were in our Nursing homes. Birch Avenue continue to be the highest reporting of incidents, 27 for 11 people. The clinical leadership team at Birch Avenue along with the Directorate Leadership Team (DLT) are aware of the increased falls risk. HUSH huddles with support of the improvement academy commenced from the start of February with a focus on falls reduction.

Safe | Assaults, Sexual Safety & AWOL Patients

Assaults on Service Users	Mar-23		
	n	mean	SPC variation
Trustwide	17	24	• • •
Acute & Community	16	21	• • •
Rehabilitation & Specialist	0	3	• L •

Assaults on Staff	Mar-23		
	n	mean	SPC variation
Trustwide	33	72	• • •
Acute & Community	31	62	• • •
Rehabilitation & Specialist	2	10	• • •

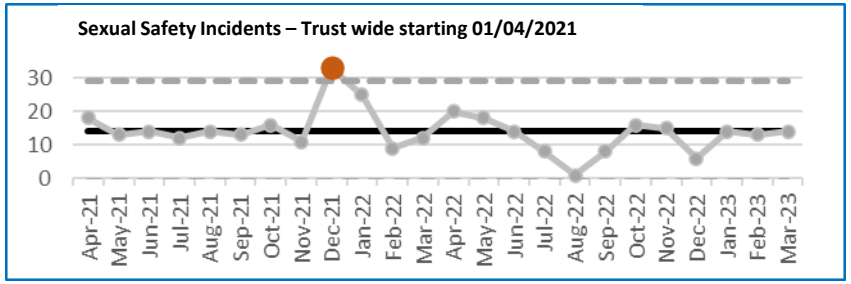
Narrative

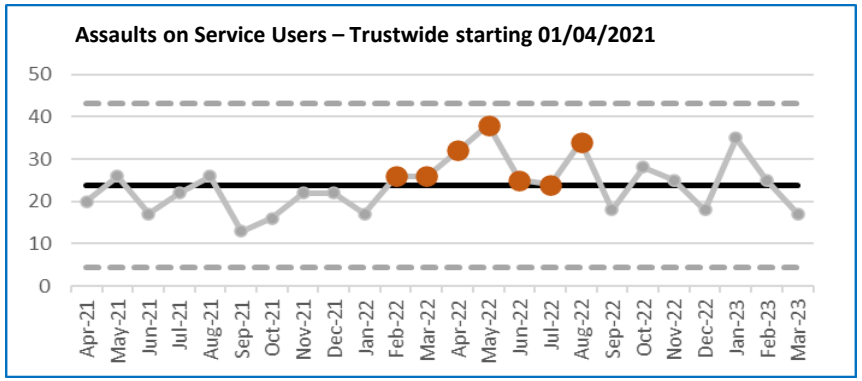
Of the 17 reported incidents of assaults on service users, 2 were rated as moderate. One incident involved the assault of a service user by another service user on Maple Ward, the other incident involved a service user assaulting another service user on Endcliffe ward.

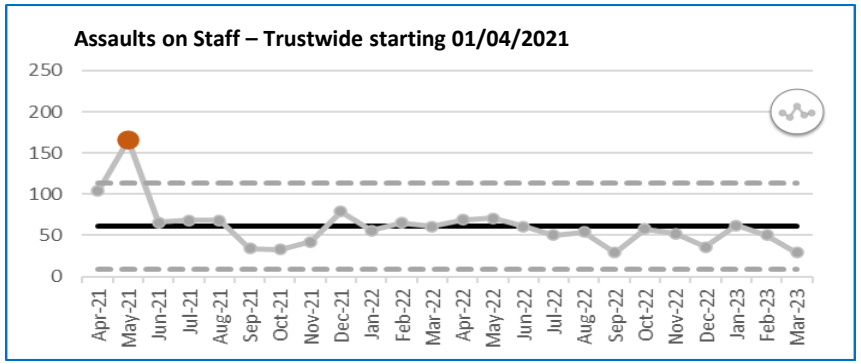
Out of the 33 assaults on staff reported incidents, 2 incidents were reported as Moderate, both occurring on Maple ward.

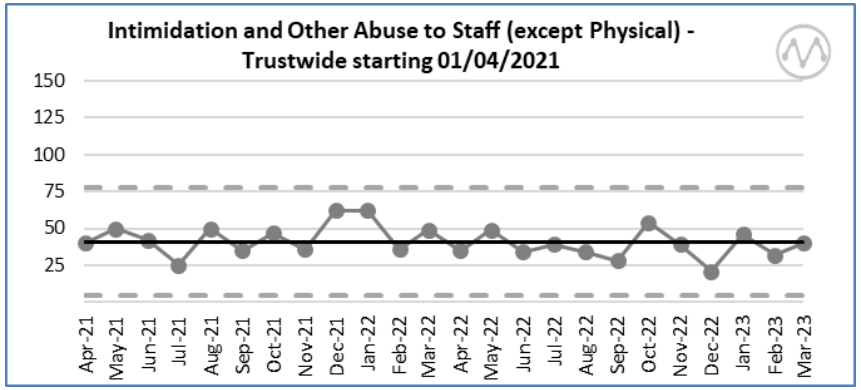
Sexual Safety

There were 14 sexual safety incidents reported in March 2023. 1 incident was reported as moderate following a service user reporting historical alleged assault. 9 of the 13 incidents were rated as negligible and 4 were minor. Whilst there has been no statistical change in the number of sexual safety incidents, we still consider this to be a priority area and a workplan is being developed.

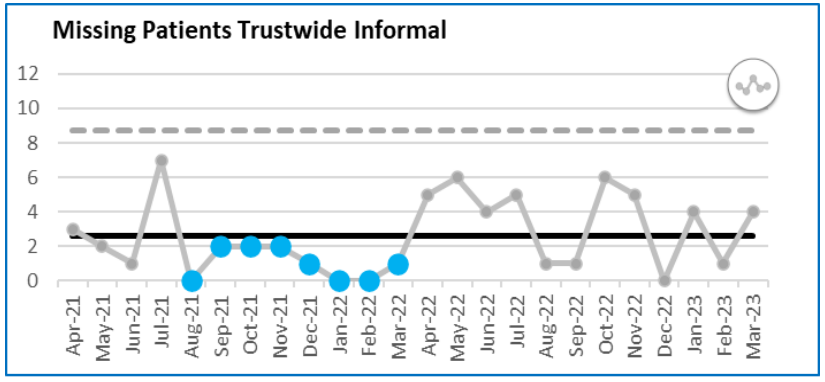


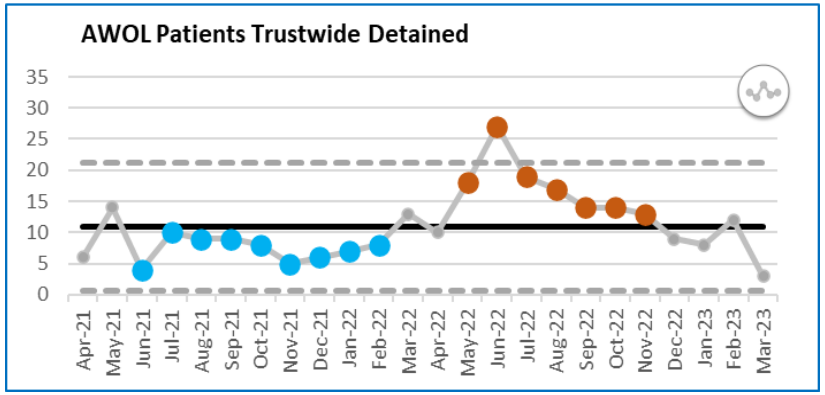






Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	0





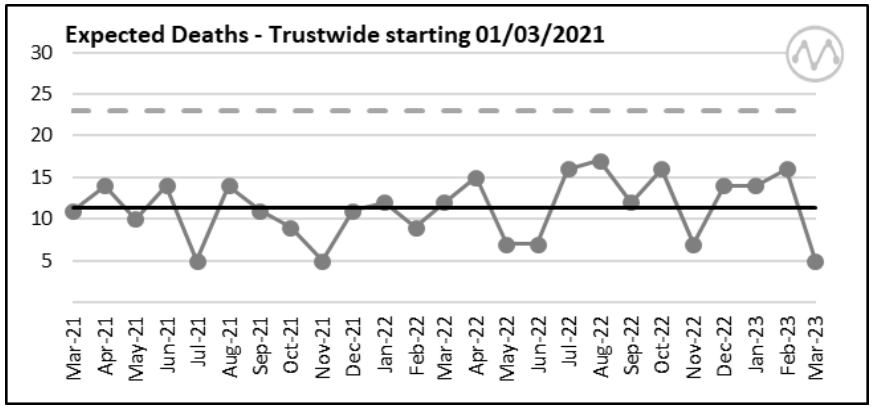
Trustwide	Mar-23		
	n	mean	SPC variation
Detained	3	11	• • •
Informal	4	3	• • •

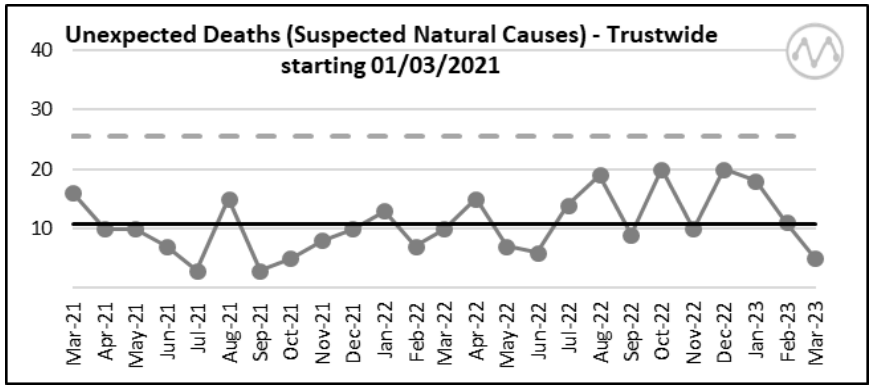
Narrative

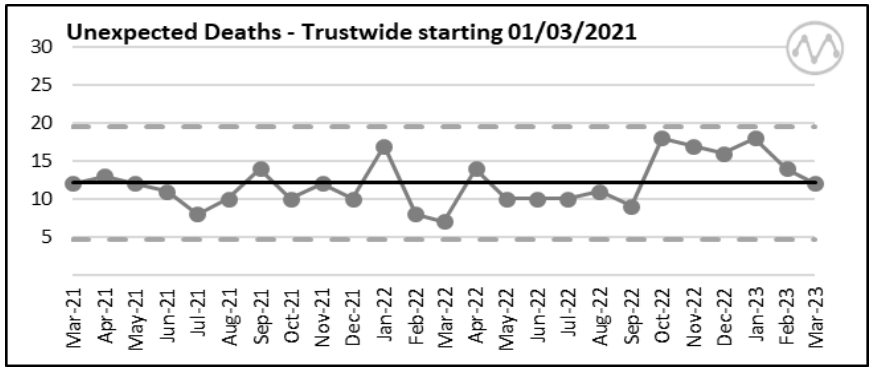
3 reported incidents in March 2023 of people under formal admission being AWOL. 1 incident for Rehabilitation & Specialist Services and 2 incidents for Acute & Community for 2 people. At time of reporting:

- 2 people were on a Section 3,
- 1 person on section 37/41.

Deaths

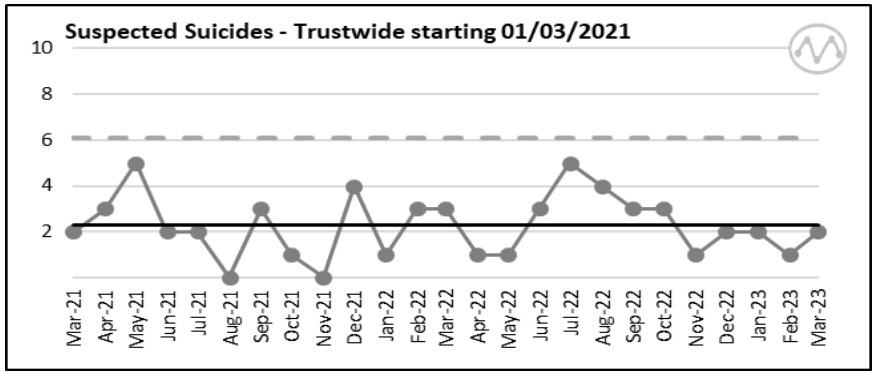






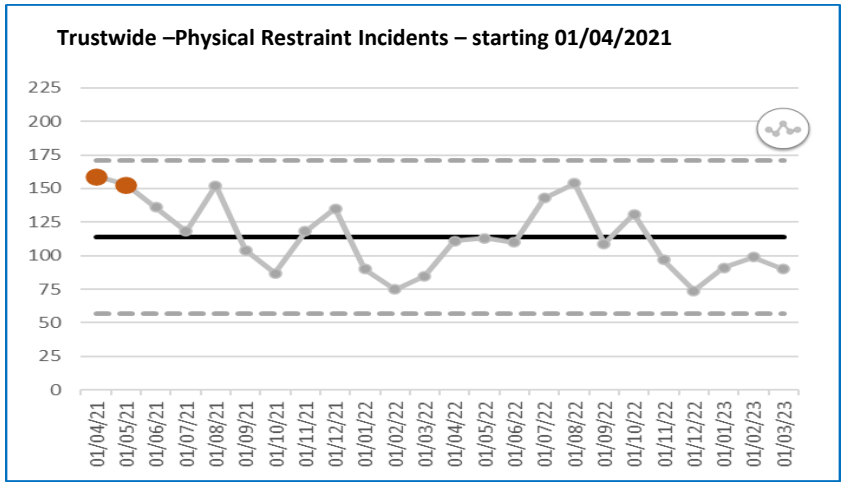
Quarterly mortality reports are presented to the Quality Assurance Committee and Board of Directors.

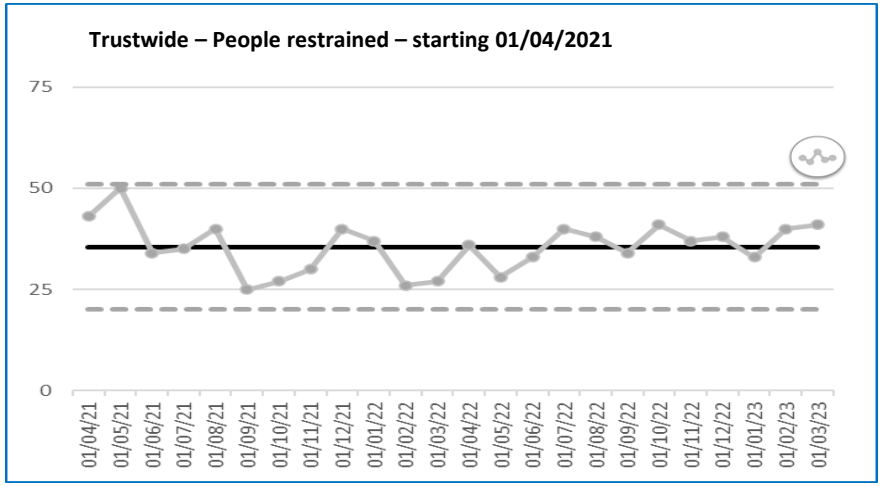
Deaths Reported 1 March 2021 to 31 March 2023	
Awaiting Coroners Inquest	232
Closed	2
Conclusion – Accidental	1
Conclusion - Alcohol/Drug Related	10
Conclusion – Misadventure	2
Conclusion - Other	2
Conclusion - Road Traffic Collision	1
Conclusion – Suicide	11
Natural Causes - No Inquest	596
Ongoing	1
Total	**875**

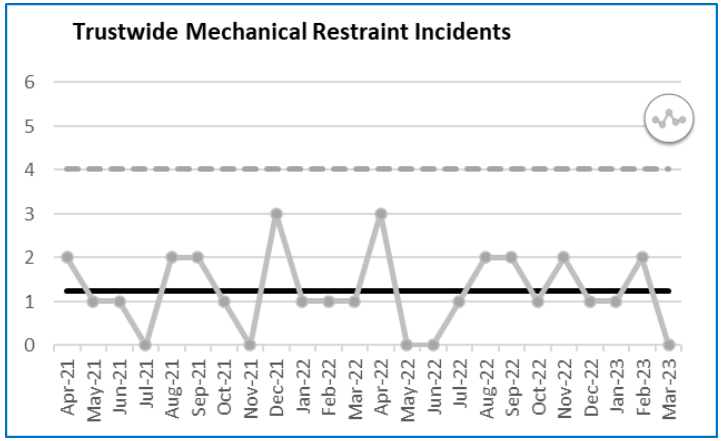


COVID-19 Deaths 1 April 2020 – 31 March 2023	
ATS (Firshill Rise)	1
Birch Ave	5
CISS (LDS)	1
CLDT	6
G1 Ward	6
Liaison Psychiatry	9
LTNC	3
Memory Service	7
Mental Health Recovery Team (South)	2
Neuro Case Management Team	1
Neuro Enablement Service	4
OA CMHT North	22
OA CMHT South East	15
OA CMHT South West	9
OA CMHT West	5
OA Home Treatment	3
SPA / EWS	1
START Alcohol Service	1
START Opiates Service	2
Woodland View	2
Grand Total	**106**

Safe | Restrictive Practice | Physical Restraint







Physical Restraint INCIDENTS	Mar-23		
	n	mean	SPC variation
TRUSTWIDE	90	114	• • •
Acute & Community	88	108	• • •
Dovedale 2 Ward	16	21	• • •
Burbage Ward	8	9	• • •
Maple Ward	26	24	• • •
HBPoS (136 Suite)	1	1	• • •
Endcliffe Ward	8	19	• • •
Dovedale 1	7	23	• L •
G1 Ward	12	7	• • •
Birch Ave	10	3	• H •
Woodland View	0	1	• • •
Endcliffe, Maple,136, Burbage,	59	74	• • •
Rehabilitation & Specialist	2	6	• • •
Forest Close	0	2	• • •
Forest Lodge	2	1	• • •

Physical Restraint PEOPLE	Mar-23		
	n	mean	SPC variation
TRUSTWIDE	41	36	• • •
Acute & Community	39	33	• • •
Dovedale 2 Ward	10	6	• • •
Burbage Ward	6	4	• • •
Maple Ward	4	7	• • •
HBPoS (136 Suite)	1	1	• • •
Endcliffe Ward	8	6	• • •
Dovedale	2	3	• • •
G1 Ward	4	4	• • •
Birch Ave	4	2	• • •
Woodland View	0	1	• • •
Endcliffe, Maple,136, Burbage/I	29	24	• • •
Rehabilitation & Specialist	2	2	• • •
Forest Close	0	1	• • •
Forest Lodge	2	1	• • •

Narrative

Physical Restraint

90 physical restraints were recorded in March 2023 for 41 people.

The number of physical restraints on Burbage has not increased despite the removal of seclusion room following the ward move from Stanage to Burbage.

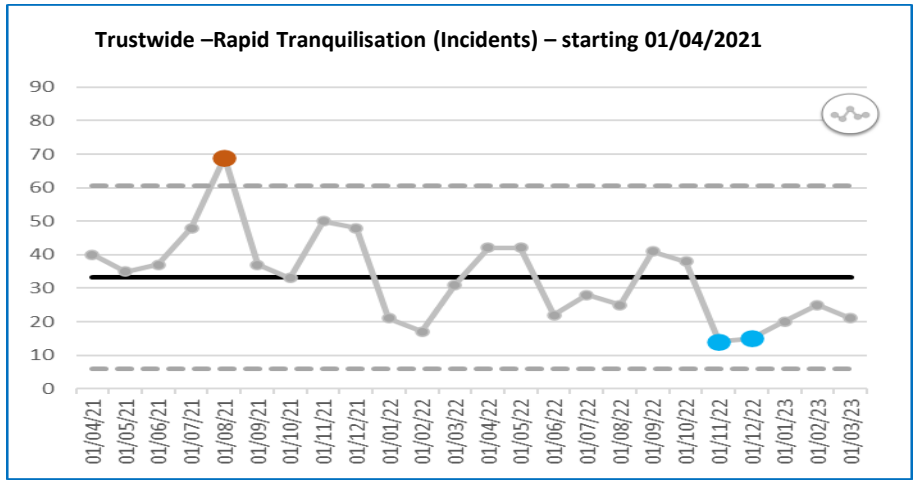
Birch avenue have shown a high number of incidents reported with 3 service users in relation to physical assaults.

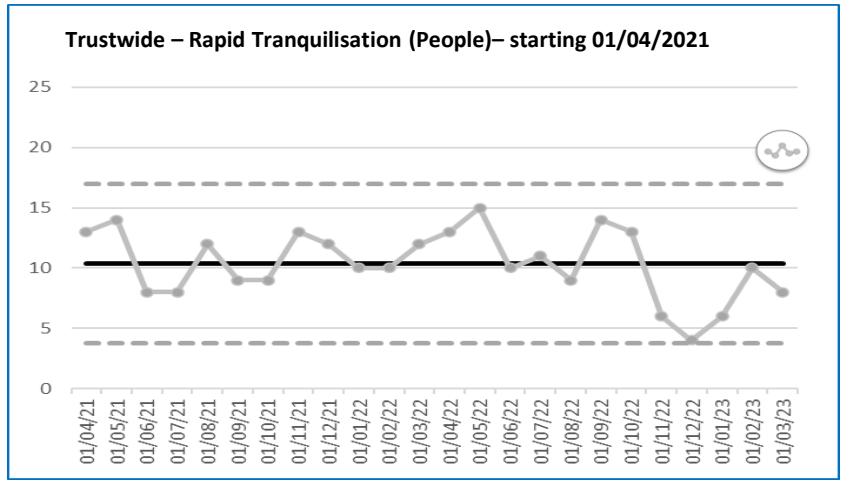
G1 have seen an increase in physical restraints this month for physical health care. This has been followed up to ensure it is lawful and in line with policy.

Mechanical Restraint

There were no incidents reported for the use of Mechanical restraints in March 2023.

Safe | Restrictive Practice | Rapid Tranquillisation





Rapid Tranquillisation INCIDENTS	Mar-23		
	n	mean	SPC variation
TRUSTWIDE	21	33	• • •
Acute & Community	21	33	• • •
Burbage Ward/Dovedale 2	5	9	• • •
Stanage Ward	3	2	• • •
Maple Ward	13	7	• • •
HBPoS (136 Suite)	0	0	• • •
Endcliffe Ward	0	5	• • •
Dovedale 1	0	10	• L •
G1 Ward	0	0	• L •
Rehabilitation & Specialist	0	0	• L •
ATS (Firshill Rise)	0	0	• • •
Forest Close	0	0	• L •
Forest Lodge	0	0	• L •

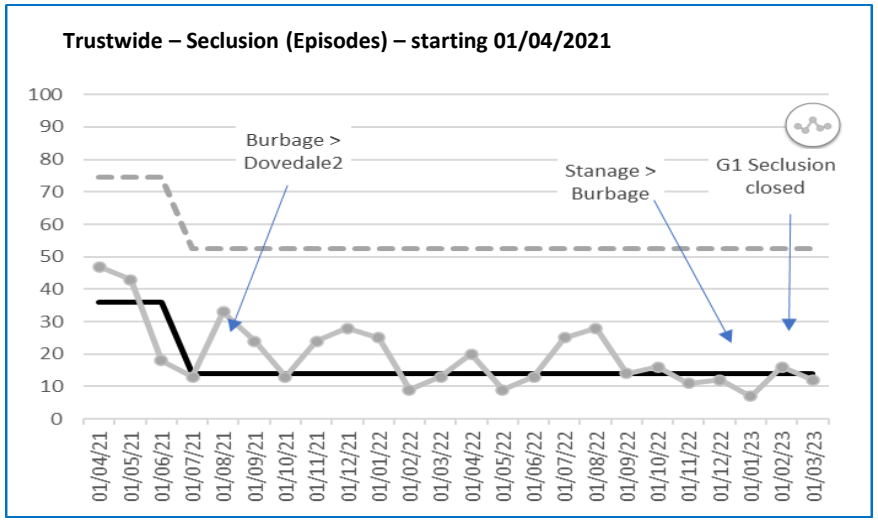
Rapid Tranquillisation PEOPLE	Mar-23		
	n	mean	SPC variation
TRUSTWIDE	8	10	• • •
Acute & Community	8	10	• • •
Burbage Ward/Dovedale 2	4	3	• • •
Stanage Ward	2	1	• • •
Maple Ward	2	2	• • •
HBPoS (136 Suite)	0	0	• • •
Endcliffe Ward	0	2	• • •
Dovedale	0	1	• • •
G1 Ward	0	0	• L •
Rehabilitation & Specialist	0	0	• L •
ATS (Firshill Rise)	0	0	• • •
Forest Close	0	0	• L •
Forest Lodge	0	0	• L •

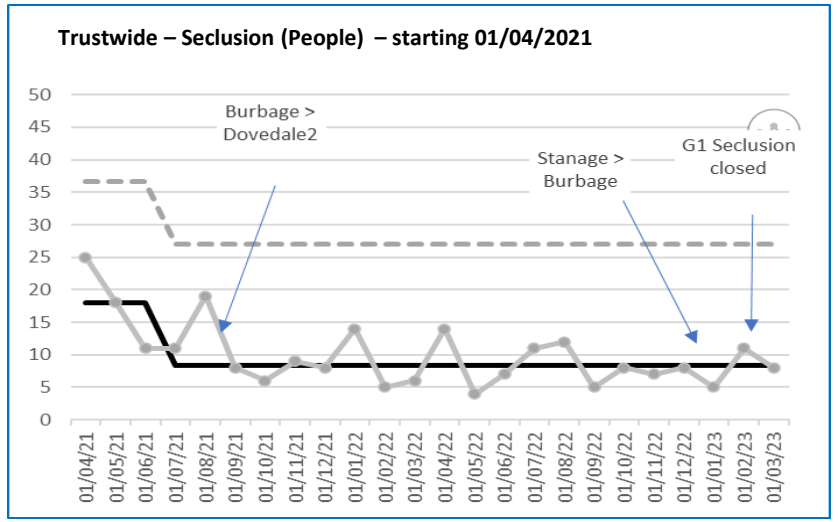
Narrative

Rapid Tranquillisation
21 incidents of rapid tranquillisations used were recorded in March 2023 for 8 people.

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

Safe | Restrictive Practice | Seclusion





Seclusion INCIDENTS	Mar-23		
	n	mean	SPC variation
Trustwide	12	14	• • •
Acute & Community	12	14	• • •
Burbage	0	0	• • •
Burbage Ward	0	1	• • •
Maple Ward	3	4	• • •
HBPoS (136 Suite)	0	3	• • •
Endcliffe PICU	9	9	• • •
G1 Ward	0	2	• • •
Rehabilitation & Specialist	0	1	• L •
Firshill	0	0	• L •
Forest Lodge	0	1	• • •

Seclusion PEOPLE	Mar-23		
	n	mean	SPC variation
Trustwide	8	8	• • •
Acute & Community	8	8	• • •
Burbage	**0**	0	• • •
Burbage Ward	0	1	• • •
Maple Ward	3	3	• • •
HBPoS (136 Suite)	0	2	• • •
Endcliffe PICU	5	3	• • •
G1	0	1	• • •
Rehabilitation & Specialist	0	1	• • •
Firshill	0	0	• L •
Forest Lodge	0	0	• • •

Narrative

Seclusion
12 Seclusion episodes recorded for 8 people in March 2023.

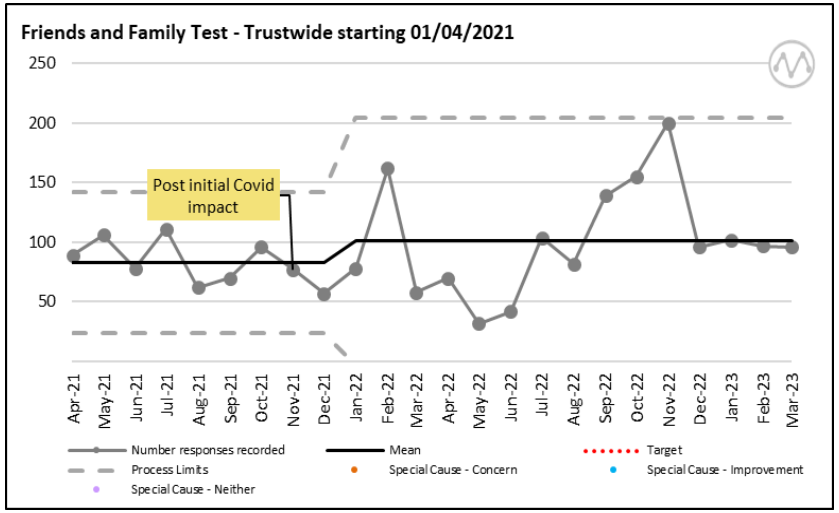
G1 Ward, Dovedale 2 and Burbage continue to operate without a seclusion facility.

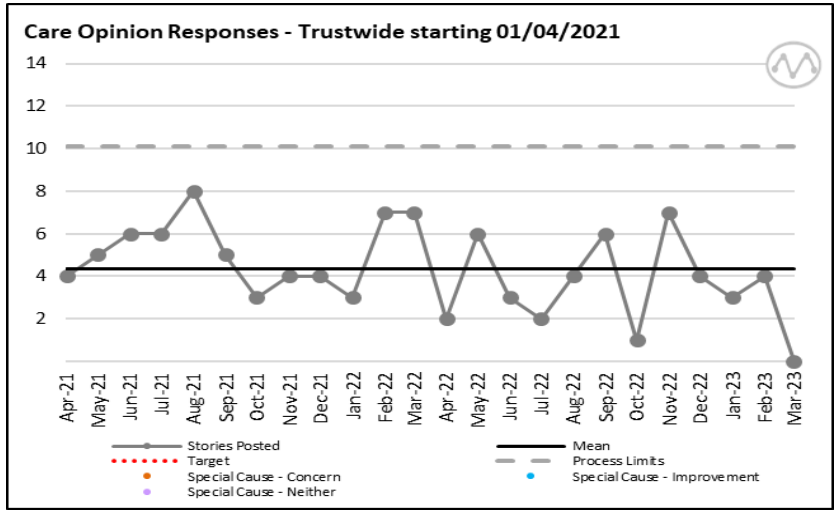
2 episodes of prolonged seclusion, 1 on Maple Ward (lasting 65.5 hours) and the other on Endcliffe Ward (lasting 76.75 hours).

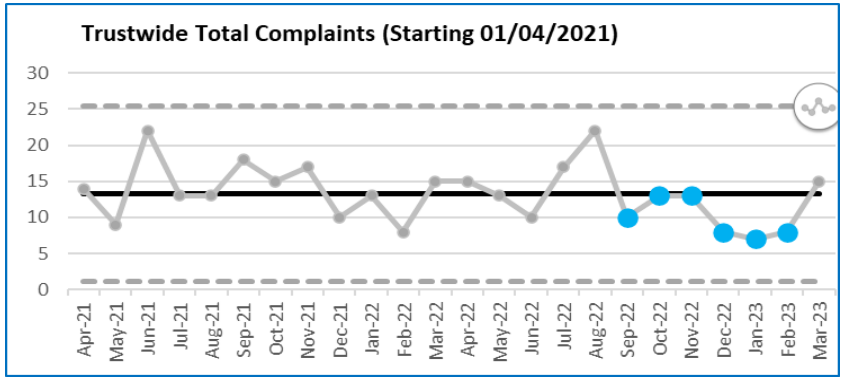
Policy was followed during both instances of prolonged seclusion.

Long-Term Segregation
No long-term segregation in March 2023.

Caring | User Experience







Narrative

In March 2023, the Trust received a total of 96 responses to the FFT questions; 93 of the responses were positive regarding the FFT Question, equating to 96.9% positive responses. With 96 responses and 7073 active clients, the observed response rate for March 2023 is 1.36%, below the Trust Aspiration Response Rate at 5%.

A few positive responses are listed below:

- "You've all been brilliant, and I feel blessed to have been able to attend."
- "Felt very comfortable discussing concerns. Considerate and caring staff at all times and sufficient time to discuss." "Staff member has supported me in managing my ME/CFS. She listened to my concerns and setbacks and helped me work through these."
- "Helpful and compassionate staff, very understanding."

Neutral response:

"There was good advice but nothing I have not personally heard before." – STEP

Negative response:

"I feel like it is an insult to people who are suffering with a debilitating mental health condition. I'm in dire need of therapy to address the underlying issues that fuel my poor mental health. It's also far too focused on treating symptoms rather than causes."

Narrative

There were no new stories posted on Care Opinion in March 2023.

In 2022/23 financial year, overall, 55 stories were posted on Care Opinion in the Trust. In comparison to 2021/22 financial year, this is a 10.9% decrease in total posting.

Areas for improvement commonly raised in stories included:
- Waiting lists / long wait
- Communication

Positive tags in stories included:
- Staff attitude
- Service provided.

Conclusion

Following extensive consultation, the lived experience group agreed to end contract with Care Opinion on 31st March 2023. Work is underway to identify alternative mechanisms for understanding patient experience.

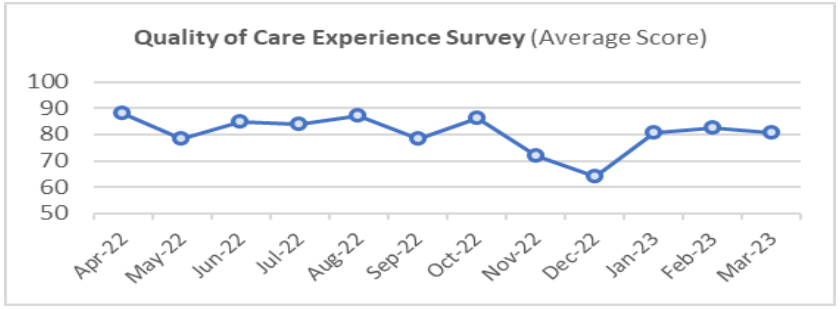
Complaints and Compliments

There were 15 new formal complaints received in March 2023. Access to Treatment remains as the most frequent complaint type. 8 formal complaints closed - 4 within agreed time and 4 after agreed time.

There have been 26 compliments recorded as received in March. 18 received for Acute and Community and 8 for Rehabilitation and Specialist services.

Quality of Care Experience

In March 2023, a total of 12 inspections were carried out across 6 areas – Forest Lodge, Forest Close – Ward 1a and Ward 1, Burbage, Birch Avenue, Endcliffe Ward. This utilises the Tendable audit system and identifies areas of good practice as well as areas that require change/improvement.



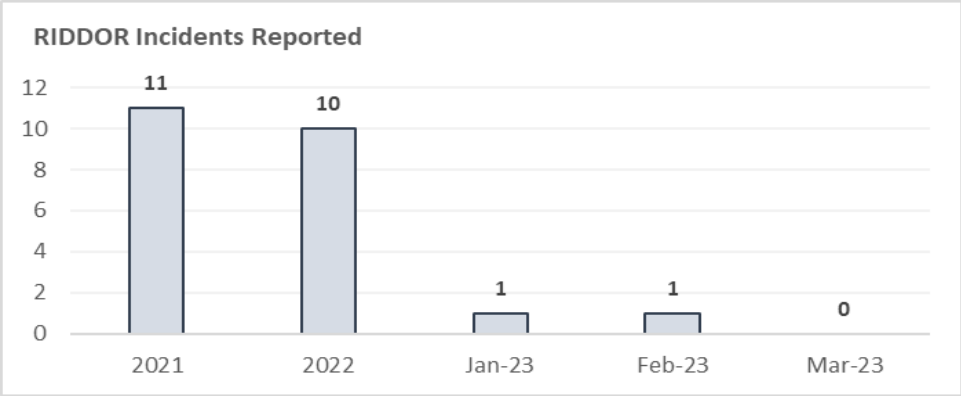
NHS
Sheffield Health and Social Care
NHS Foundation Trust

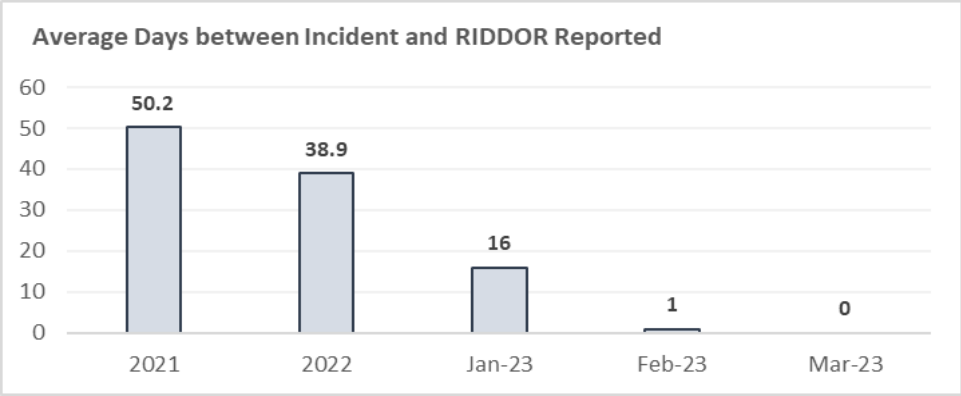
Our People

IPQR - Information up to and including March 2023

Proud to care in Sheffield

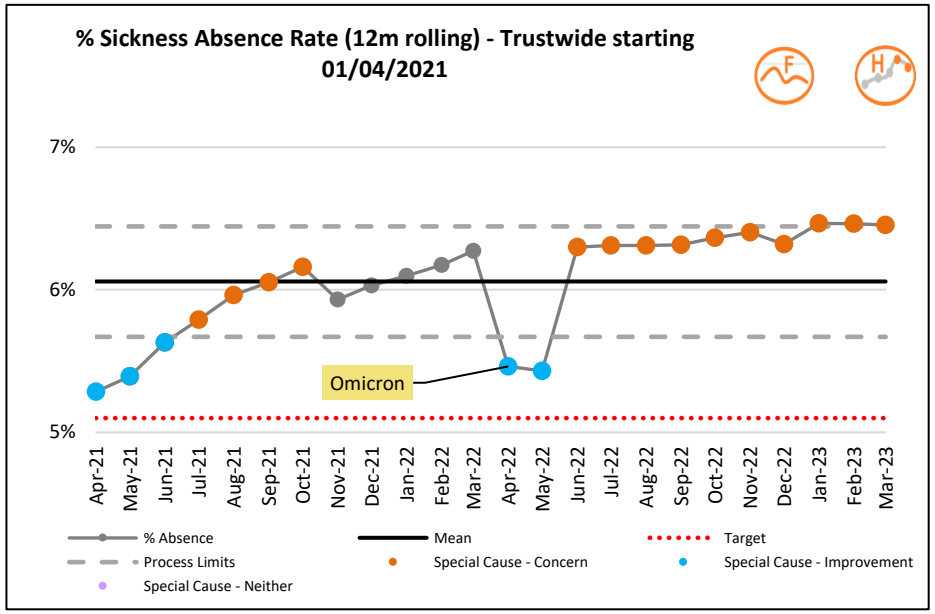
Well-Led | Workforce Summary

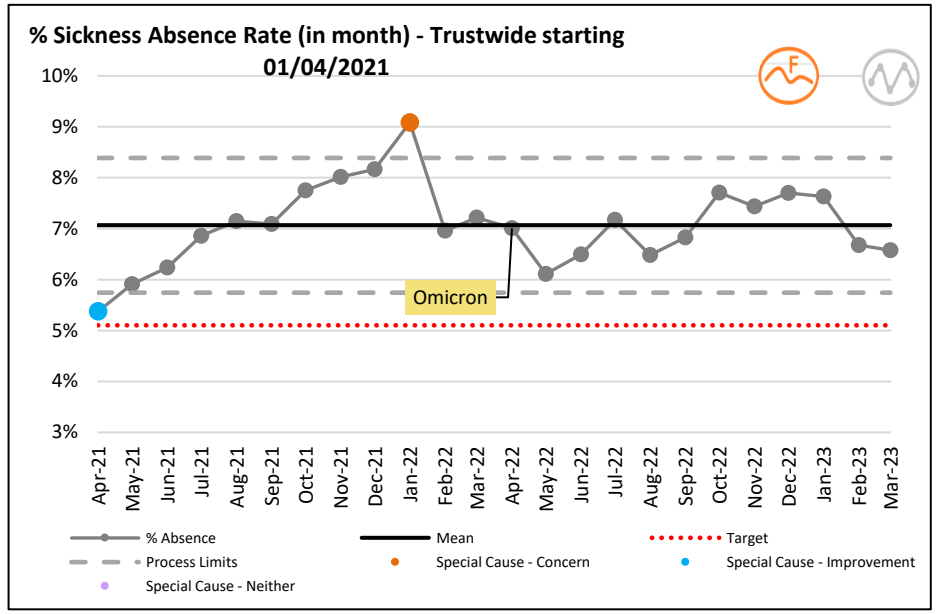




		Mar-23			
Metric	**Target**	**n**	***mean***	**SPC variation**	**SPC target**
Sickness 12 Month (%)	5.10%	**6.45%**	***6.06%***	• H •	F
Sickness In Month (%)	5.10%	**6.58%**	***7.07%***	• • •	F
Long Term Sickness (%)	~	**4.32%**	***4.73%***	• • •	/
Short Term Sickness (%)	~	**2.14%**	***2.36%***	• • •	/
Headcount Staff in Post	~	**2717**	***2596***	• H •	/
WTE Staff in Post	~	**2392**	***2276***	• H •	/
Turnover 12 months FTE (%)	10%	**15.18%**	***15.49%***	• • •	F
Training Compliance (%)	80%	**87.35%**	***89.16%***	• L •	P
Supervision Compliance (%)	80%	**72.62%**	***71.54%***	• • •	F

Well-Led | Sickness



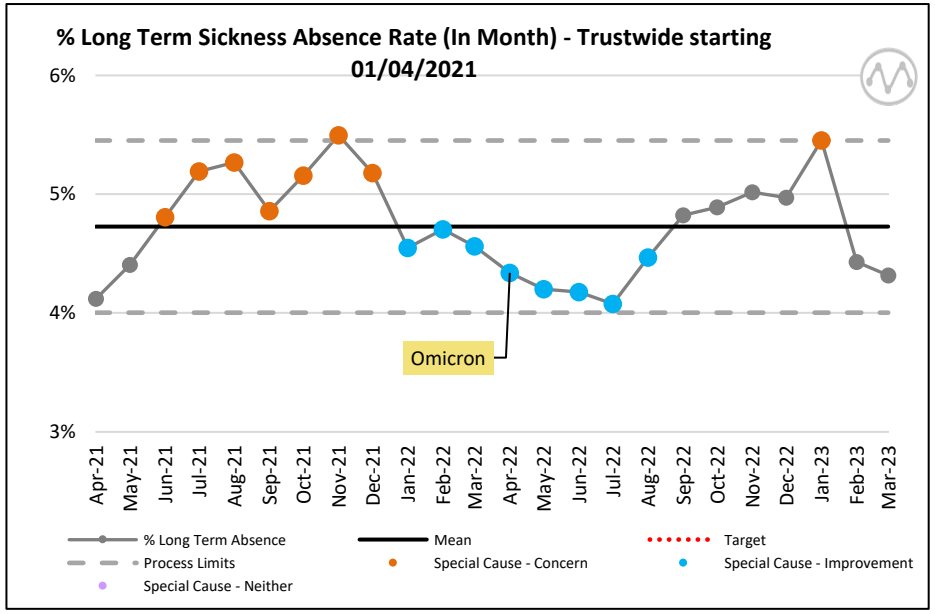


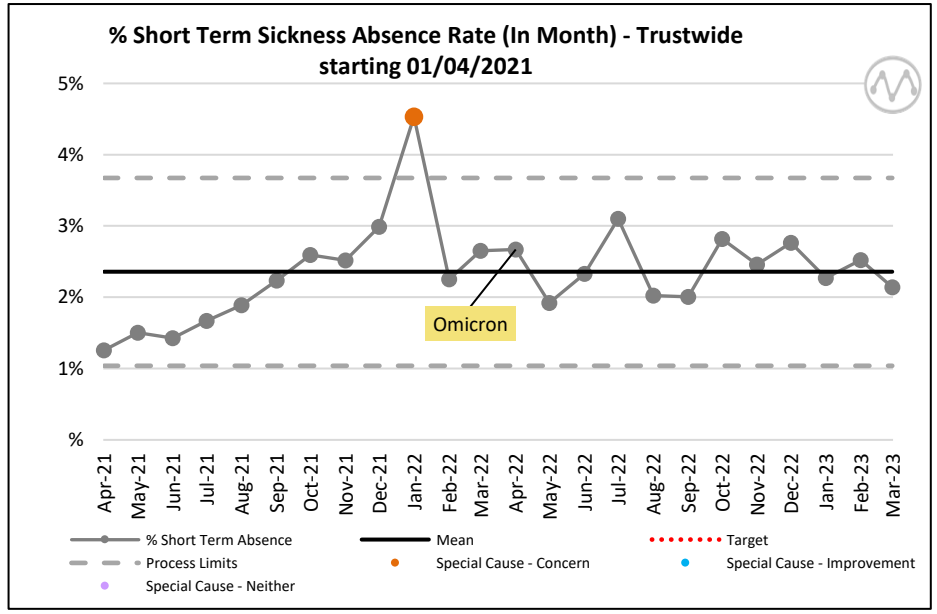
Narrative

Sickness remains high dropping slightly this month but still above target and just below the upper threshold.

Long Term sickness has dropped towards the mean average but more work needs to be done

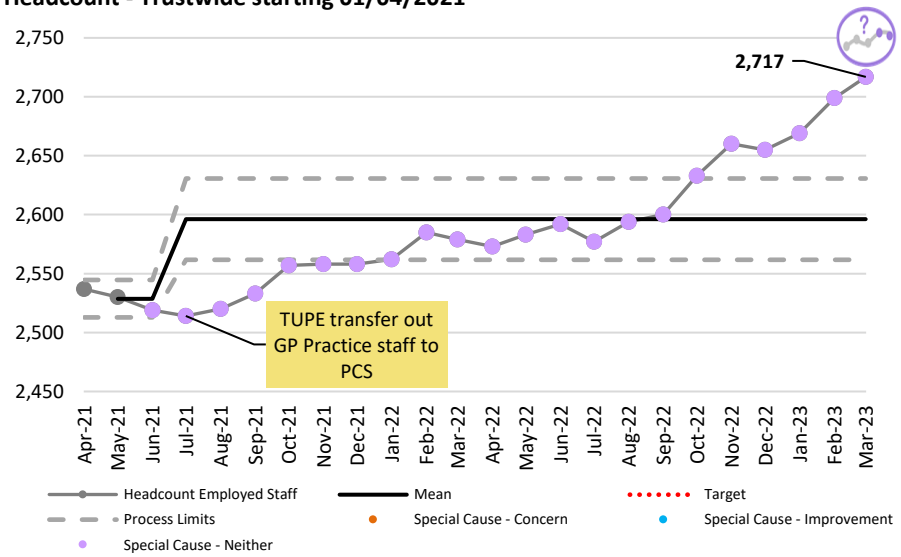
A Sickness Absence reduction projected has been started, led by Business partners, and will feed into the Agency reduction project to apply focus on each long term and short term absence case to get a better understanding of staff wellbeing to avoid sickness absence and support staff back to work.



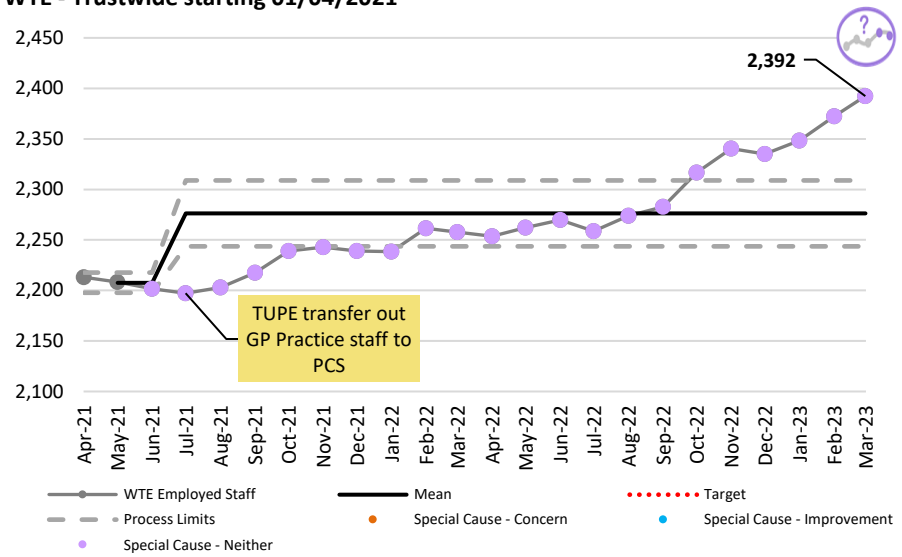


Well-Led | Staffing

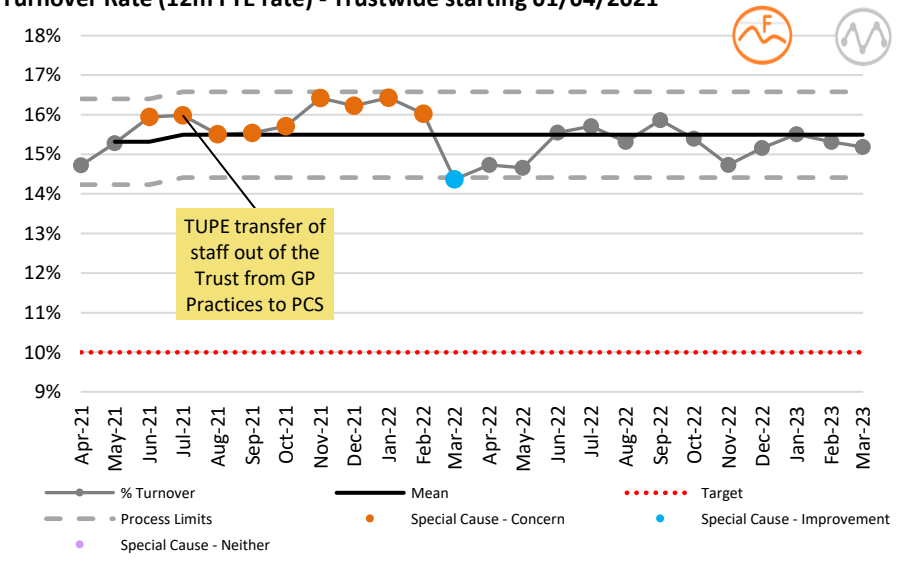
Headcount - Trustwide starting 01/04/2021



WTE - Trustwide starting 01/04/2021



Turnover Rate (12m FTE rate) - Trustwide starting 01/04/2021

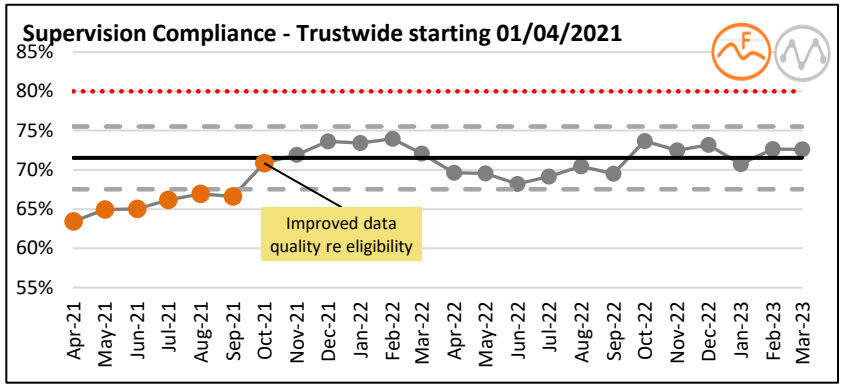


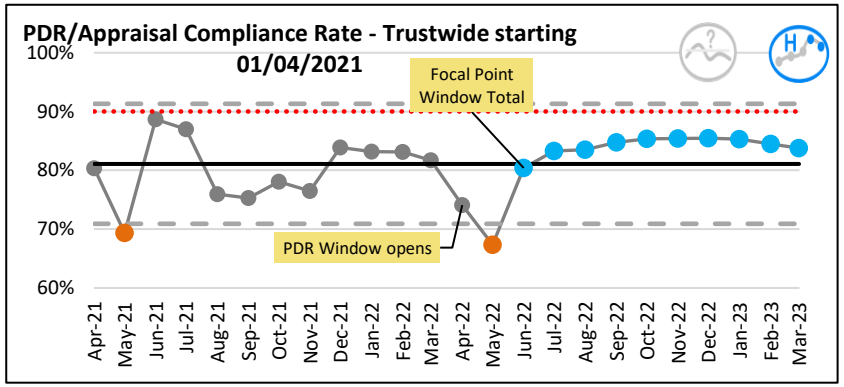
Narrative

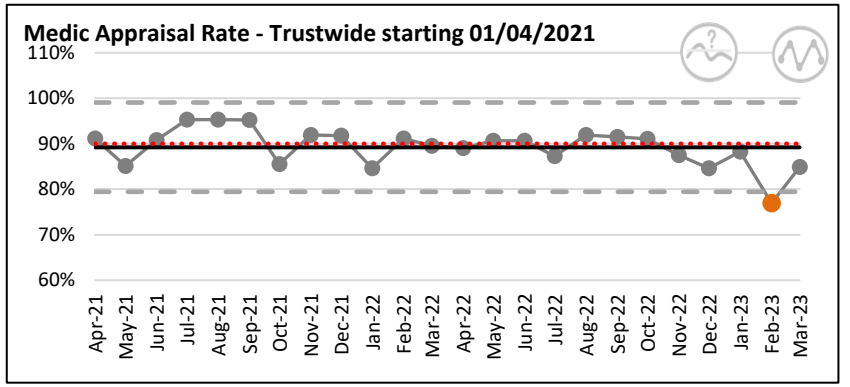
Headcount and WTE continue to rise through concentrated recruitment strategies across the organisation for both clinical and corporate areas. Both metrics performing above upper thresholds of the allowed variation and targets.

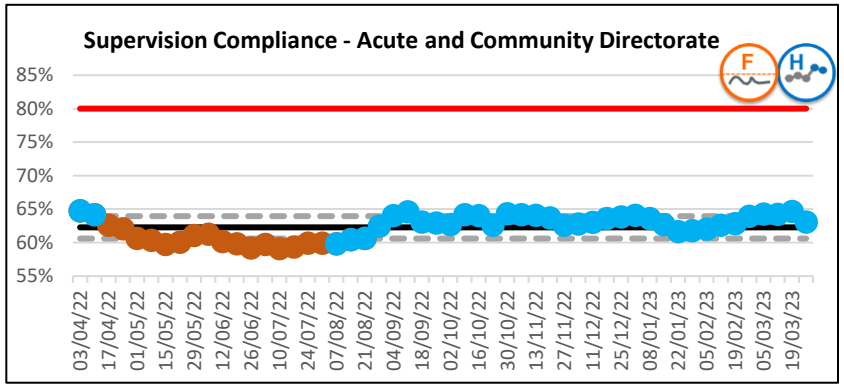
Turnover remains high due to AHP Tupe which occurred in Jun 22 but month on the month turnover continues to reduce due to increased recruitment and retention.

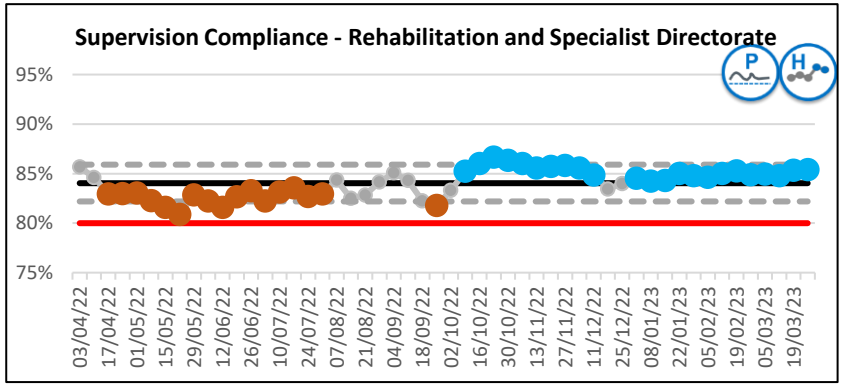
Well-Led | Supervision & PDR/Appraisal

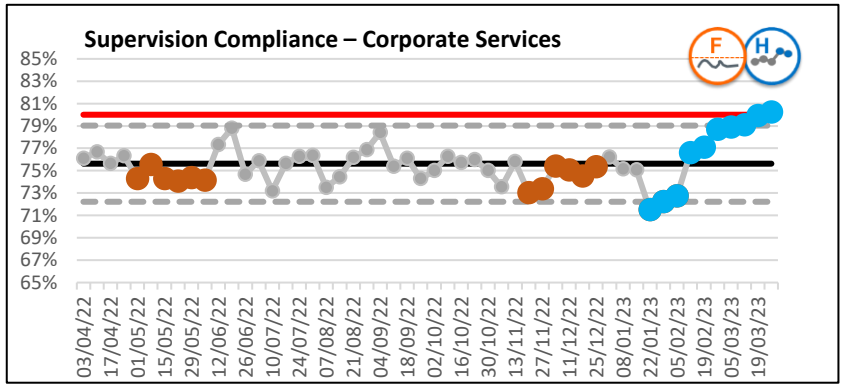












AIM

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

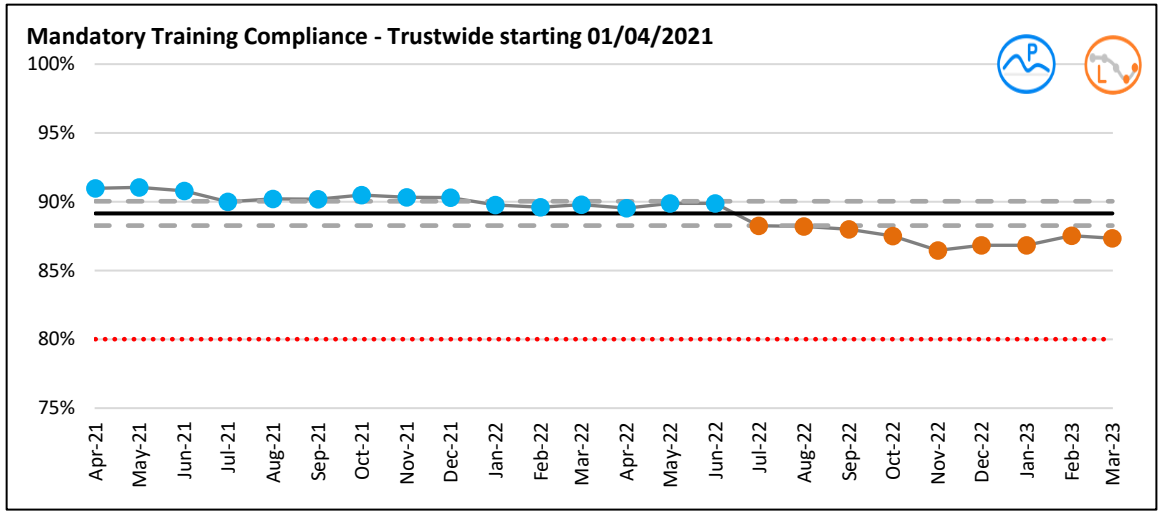
As at 26 March 2023, average compliance with the 8/12 target is:

Trustwide **72.62%**
Clinical Services **71.00%**

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



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.

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	08/03/2023	28/03/2023
Trustwide	**87.42%**	**87.35%**
Directorate/Service Line		
Corporate Services	84.66%	83.66%
Medical Directorate	83.49%	82.64%
Acute & Community – Crisis	88.38%	88.16%
Acute & Community – Acute	89.36%	88.58%
Acute & Community – Community	88.73%	90.44%
Acute & Community – Older Adults	83.48%	83.97%
Rehab & Specialist – Forensic & Rehab	91.71%	91.96%
Rehab & Specialist – Highly Specialist	88.85%	89.28%
Rehab & Specialist – Learning Disabilities	91.34%	91.08%
Rehab & Specialist – IAPT	92.72%	92.67%
Rehab & Specialist – START	85.36%	85.12%

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NHS Foundation Trust

Financial Performance

IPQR - Information up to and including March 2023

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Executive Summary

KPI	Annual Plan £'000	22/23 Outturn £'000	Variance £'000
Surplus/(Deficit)	0	(2,497)	(2,497)
Covid Expenditure	(820)	(792)	28
Agency	(4,348)	(8,963)	(4,615)
Cash	61,938	53,715	(8,223)
Efficiency Savings	5,168	3,159	(2,009)
Capital *	(11,811)	(12,011)	(200)

KPI		Target	Number	Value
Invoices paid within 30 days	NHS	95%	100%	100%
(Better Payments Practice Code)	Non-NHS	95%	99.1%	99.6%

* The capital plan has changed from that originally submitted to NHSI due to the approval of additional national funding of £0.3m for Electronic Patient Records (EPR), £1.9m for the Health Based Place of Safety projects and £0.1m for Cyber Security. Reduced by £0.07m for system support.

Summary at March 2023:

The year-end position at March 31st is a deficit of £2.497m, which is a £0.233m improvement on the M11 forecast deficit of £2.733m. The deficits are predominantly driven by pressures from agency (£4.6m), pay award funding gap (£1.2m) offset by net vacancies as the key driver behind a net (£3.2m) pay overspend and out of area purchase of healthcare (£3.5m) expenditure. The year-end position assumes that the local authority will pay the 2022/23 management fee. There remains a risk however that there may be a breach of contract (£0.7m) while the debt remains outstanding.

Nationally mandated costs and income have been recognised at M12, which have significantly increased the gross costs and income compared to prior months. The net impact is £nil as costs match income for a potential pay award settlement (£4.882m) and for pension costs that are centrally paid and funded by NHS England (NHSE) (£4.835m).

It should be noted that non-recurrent prior year benefits of £1.6m are included in the forecast, therefore the underlying deficit is being masked by this.

Delivery of recurrent efficiency savings is significantly lower than the revised plan. The year-end position shows a Cost Improvement Programme (CIP) gap/ under delivery of £2m. This and the reliance on £0.8m non-recurrent savings in 2022/23 has contributed to the need for £5.73m CIP delivery in the financial plan for 2023/24.

Cash balances remains healthy. Debt owed to SHSC remains at £5m but it has improved significantly in recent months following peaks in November and January (M11 £5.1m). £3.6m of the balance was not yet overdue at March 31st.

The year-end cash balance is less than plan as: cash receipts have not been received as planned due to the delayed Fulwood disposal; other working capital movements; and the deficit I&E position, which includes unplanned interest cash receipts following interest rate increases of circa £1.3m.

Capital has overspent against plan by £0.2m as part of system management to ensure the full utilisation of the system capital budget. Prior to this request, SHSC had successfully managed expenditure to £11.810m against a plan of £11.811m.

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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:

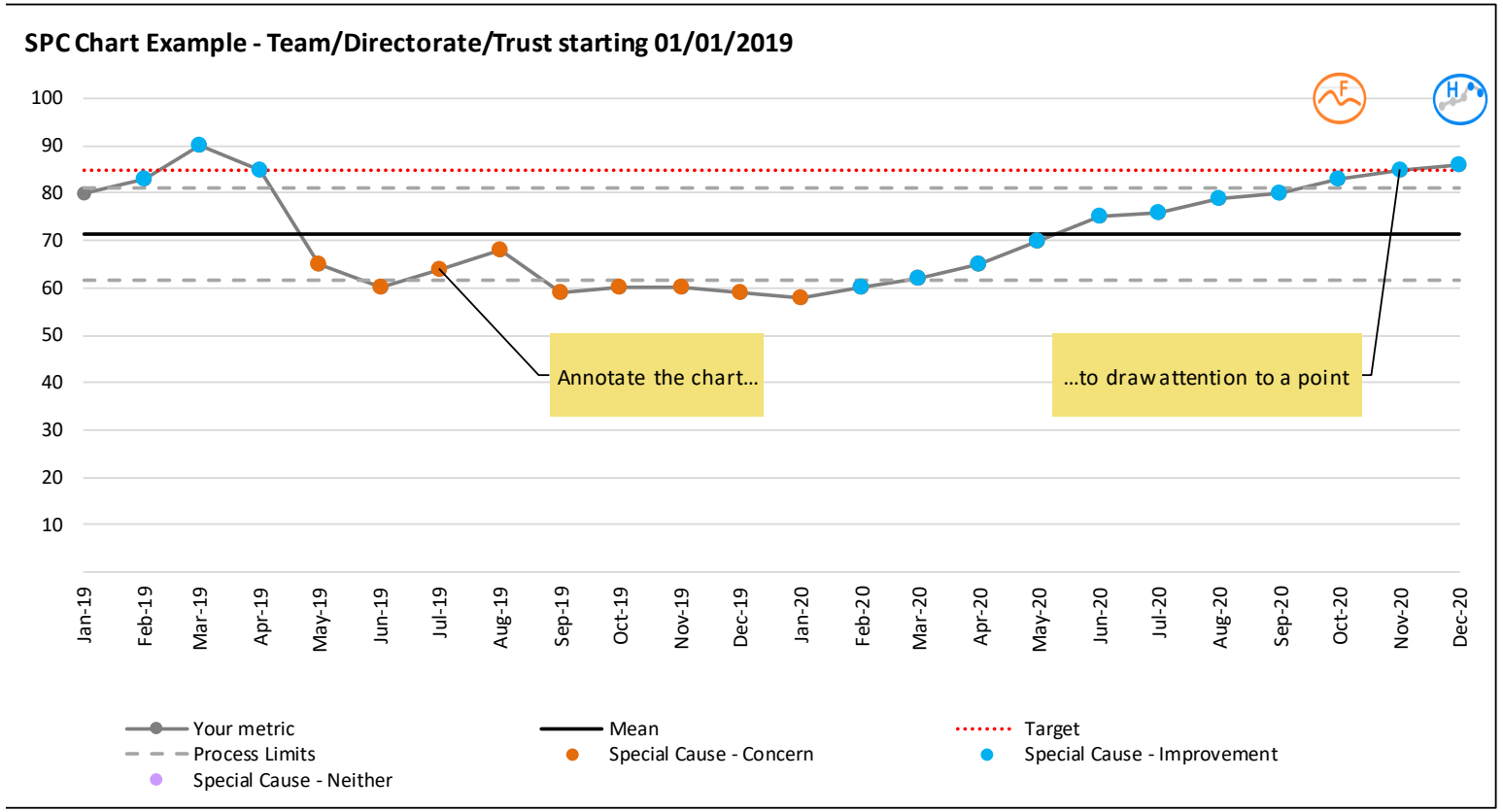
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

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
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	



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 sigificant 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 sigificant change in process. This process is not in control.