Board of Directors - Public

SUMMARY REPORT	Meeting Date:	24th January 2024
	Agenda Item:	18

Report Title:	Integrated Performance and Quality Report (IPQR) November 2023	
Author(s):	Business and Performance Team	
Accountable Director:	Phillip Easthope, Executive Director of Finance, Digital & 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 & Performance Committee
	Date:	9 January 2024 10 January 2024 11 January 2024
Key points/ recommendations from those meetings	**Comments from People Committee** This report was presented to the committee for information and it was noted that the key areas of focus for People committee are the workforce related areas which are covered in the detailed People Workforce dashboard. With regard to: • Supervision the committee noted a noticeable decrease in compliance across a number of services since the introduction of the new supervision policy. • Staff sickness has increased to 7.68% with stress/anxiety and depression remaining key themes • Supervision and mandatory training recovery plans were received from Acute, Community and Crisis services. 3 mandatory training actions have been re-opened. Committee are looking for demonstrable improvement to be demonstrated for all actions in the recovery plans when next received and clarity on impact on quality of service delivery. • 9 mandatory training subjects are below 80% compliance levels. This will be reviewed through the newly formed mandatory training governance group. **Comments from Quality Assurance Committee** The Committee discussed the following areas. • The significance of emergency readmission rates to the acute wards, the national benchmark and the interpretation of the Trust data. • The committee noted the addition of race and equity focus within restrictive practice. • The recording of patient ethnicity and the improvements made in demographic data with confirmation this will be collated at team level going forward. The committee summarised that whilst consistency is evident in the key risks relating to community waiting lists, OOA and Health Based place of safety (HBPOS) trajectory is still not being met. Current levels of 62% usage of HBPOS repurposed as hospital beds may create issues within the	

	new HBPOS. Positive improvements can be seen in the perinatal caseload in line with national expectation and the reduction of bednights occupied by people clinically ready for discharge dropped from 429 to 328. The committee highlighted the significant improvement in response to complaints within agreed timescales. **Comments from Finance & Performance Committee** The committee noted receipt of the IPQR. Information regarding the financial position was noted and discussed at length during the course of the meeting under other agenda items.

Summary of key points in report

The IPQR 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 November 2023.

The report is missing data from services that have migrated to our new EPR due to delays to the Rio Reporting Workstream. The new EPR programme is aware of this issue and working hard to resolve or mitigate this as soon as possible. This applies to the 72 hour follow up reporting and all data for our Older Adult services.

The report was presented and considered in detail to the People, Quality Assurance and Finance & Performance Committees in January 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.

A change to the supervision policy (requirement of one supervision every six weeks) was reported on from October 2023 which has seen a reduction in trustwide supervision compliance to 64.6% in October and 66.6% in November against the target of 80%.

Appendices attached: Integrated Performance & Quality Report – November 2023

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:				
Effective Use of Resources	*Yes*	✓	*No*	
Deliver Outstanding Care	*Yes*	✓	*No*	
Great Place to Work	*Yes*	✓	*No*	
Ensuring our services are inclusive	*Yes*	✓	*No*	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	✓	*No*		This report ensures compliance with NHS Regulation – CQC Regulation may be a by- product of this.
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, Engagement and	*Yes*	✓	*No*		Any impact is highlighted within relevant sections

Experience					
Financial (revenue &capital)	*Yes*	✓	*No*		CIP delivery is being offset by underspending on investments and COVID funding
Organisational Development /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*	✓	

Integrated Performance and Quality Report (IPQR) November 2023

Good Performance							
Committee				KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q			Waiting Lists	6		Reduced waiting list for SPA/EWS, Recovery teams, Step and Relationship & Sexual service.
F	Q			Waiting Times	6		Sustained reductions in average wait time referral to assessment for Recovery Service South, SANDS ASD, Relationship & Sexual service.
F	Q			Average Discharged Length of Stay - Endcliffe	8		Decrease in discharged length of stay (12 month rolling) on Endcliffe ward – comfortably within national benchmarks.
F	Q			Average discharged Length of Stay – Forest Close & Forest Lodge	10		Performance above national benchmarks.
F	Q			Talking Therapies – wait times	13		Talking Therapies consistently achieving the 6 and 18 week wait targets.
	Q			Falls	16		The number of falls across all services has sustained below the 24-month mean for 7 consecutive months.
	Q			Rapid Tranquilisation - Maple	20		Decrease in number of Rapid Tranquillisation Incidents
	Q	P		Mandatory Training	29		Consistently achieving the trustwide target of 80%.

Performance Concern								
Committee				KPI/Area	Refer to (slide)	Performance	Trend/ Trajectory	Recovery Plan?
F	Q			Waiting Times	6		Increasing trend/sustained high waits in certain areas noted SPS PD, Gender – ID, CFS/ME	Recovery Plan x 1 (Gender)
F	Q			Waiting Lists	6		Increased waiting lists for SPS PD, Gender, SAANS ASD & ADHD and LTNC.	Recovery Plan x 2 (Gender, SAANS)
F	Q			Caseloads/Open Episodes	6		Increasing trend/high caseloads in Memory Service, OACMHT, Highly Specialist community services (Gender, CERT)	Recovery Plan x 4 (OA CMHT, SMS, Gender & SAANS)
F	Q			Length of Stay and Delayed Discharge (inpatient areas)	7		Failing to meet target for average discharged length of stay (12 month rolling)	Linked to Out of Area Recovery Plan(s) x 3
F	Q			Out of Area Acute Placements	3, 7-8		Prolonged failure to meet reduction of inappropriate out of area placements in acute.	Out of Area Recovery Plan(s) x 3
F	Q			Out of Area PICU Placements	8		High number of bednights for PICU out of area placements in November.	Out of Area Recovery Plan(s) x 3
F	Q			Health Based Place of Safety repurposing	11		Repurposed for detained mental health admission 37/60 days (62%) in November.	Linked to Out of Area Recovery Plan(s) x 3
	Q	P		Staff sickness	28		Consistently failing to meet trust target of 5.1%. 6.39% for November 2023	Sickness Group
	Q	P		Staff Turnover	27-29		High staff turnover rate (18.6%). This will have been impacted by the TUPE of staff from Substance Misuse in July 2023.	Sickness Group
	Q	P		Supervision	30		Failing to meet 80% target Trustwide (66.6%). There has been a noticeable decrease in compliance across a number of services since the introduction of the new supervision policy.	CQC Back to Good Action Plan/Local Recovery Plans
	Q	P		PDR	30		Consistently failing to meet trustwide target of 90% for PDR compliance.	CQC Back to Good Action Plan/Local Recovery Plans
F				Agency and Out of Area Placement spend	31		High agency and OOA spend.	Out of Area Recovery Plan(s) x 3 CIP Plans 22/23

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Integrated Performance & Quality Report

Information up to and including November 2023
Version 1.1

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Introduction

Report Layout | Information and metrics are grouped into the following themes in line with the KPIs for 23/24 and the Trust Performance Framework.

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

We use statistical process control (SPC) charts where possible 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 charts 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.

This report contains 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. 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 Nov 2023 reporting, we are using monthly figures from Dec 2021 to Nov 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.

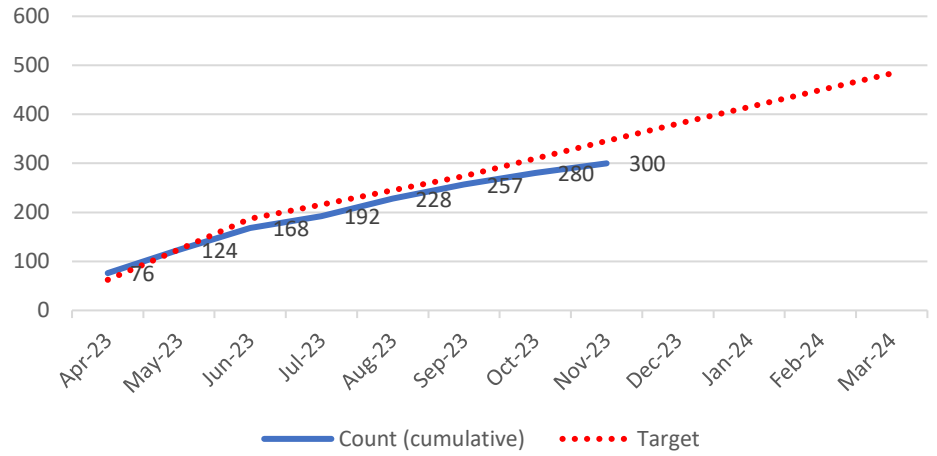
Board Committee Oversight
Please also note the addition of a colour-coded key to quickly identify which KPIs and metrics are of particular interest to a committee/which committee has oversight.

Colour Key	F	M	P	Q
Finance				
MH Legislation				
People				
Quality				

NHS Long Term Plan – national metrics for 2023/24

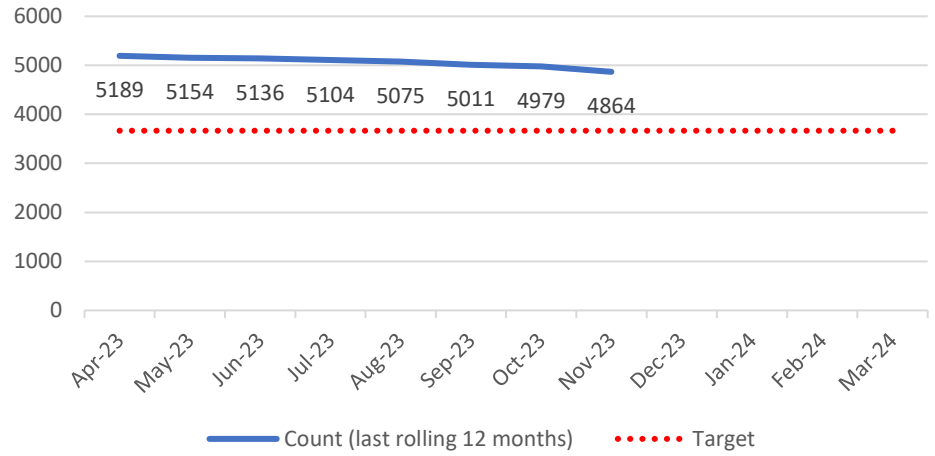
Perinatal: number of women accessing specialist community Perinatal MH services in the reporting period (cumulative)

Our target = 483 by March



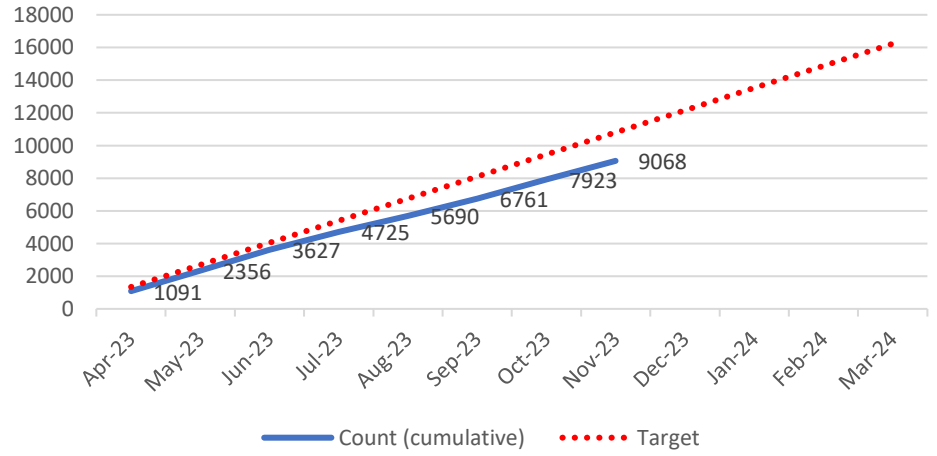
Community: Number of adults & older adults who receive two or more contacts from community mental health services

Our target = 3,666 each rolling 12-month period



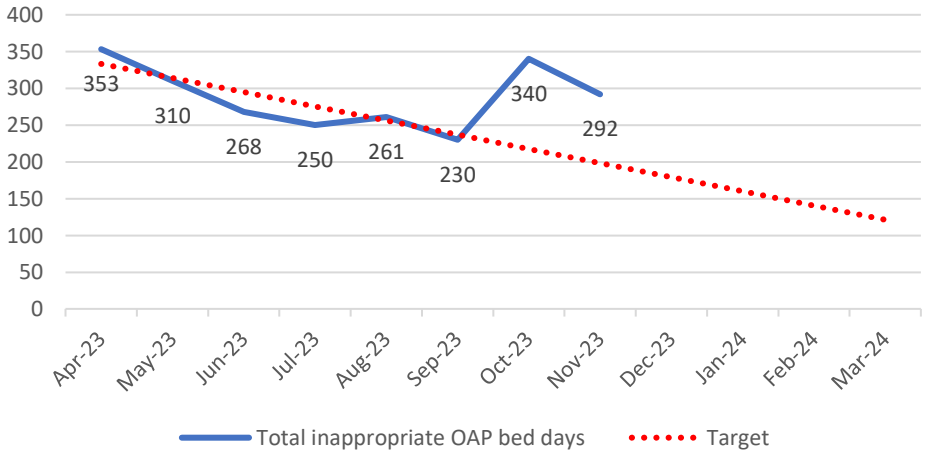
Talking Therapies: number of people first receiving Talking Therapies services (cumulative).

Our target = 16,220 by March



Out of Area: Number of inappropriate adult acute OAP bed days (does not include PICU or older adult)

Our target = 2,500 bed nights



Narrative

Perinatal
Based on current projections, the service will achieve 408 (6.24%) against the given target of 483 (7.5%). Investment to expand the service was for half of the year. Additional pressures and recruitment challenges have affected expansion – these are listed in the risk register. Service is currently in business continuity and offering reduced service in some areas until staffing improves. This will mean a delay to the "Dads and Partners" pathway which was originally planned for Q4. Although there has been a delay in recruitment we can now confirm that the majority of posts have been recruited to and these posts are being on boarded.

Community
Combined activity across all community services is gradually reducing but still exceeds the target.

Talking Therapies
The service is expecting to be on track through Q3 onwards.

Out of Area Beds
We had been achieving our plan to reduce levels of out of area placement (OAP) activity although there has been a significant increase in the last two months. There is a plan in place to recover this position and we will report an improved position in December.

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Service Delivery

IPQR - Information up to and including November 2023

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Responsive | Access & Demand | Referrals

Referrals	Nov-23			
Acute & Community Directorate Service	**n**	*mean*	**SPC variation**	**Note**
SPA/EWS	**802**	*668*	• H •	The increasing SPA referrals will continue to be reviewed however at this time there is nothing significant to note.
Crisis Resolution and Home Treatment	**764**	We will be refining the data reporting with the introduction of Rio to specifically report the new Crisis and Urgent Service, which will be part of CRHTT when it is launched later in the year. This team will be replacing the current SPA function.		
Liaison Psychiatry	**575**	*499*	• H •	Shift of 9 consecutive months above the 24-month mean, this is predominantly due to an increase in A&E referrals.
Decisions Unit	**55**	*58*	• • •	
S136 HBPoS	**21**	*28*	• • •	
Recovery Service North	**108**	*26*	• H •	It was agreed by the project management team to open referrals for all cross-city transfers (90 transferring from South to North) to both teams.
Recovery Service South	**23**	*23*	• • •	
Early Intervention in Psychosis	**32**	*37*	• • •	
Memory Service				Referral data is not available for Older Adult services due to delays to the Rio Reporting Workstream. Data will be provided as soon as possible.
OA CMHT				
OA Home Treatment				

Referrals	Nov-23			
Rehab & Specialist Service	**n**	*mean*	**SPC variation**	**Note**
CERT	**1**	*2*	• • •	
SCFT	**1**	*1*	• • •	
CLDT	**81**	*59*	• • •	Comparing the referrals to the Learning Disability Team in October 2023 and November 2023 there has been spike in referrals across all areas, which we are monitoring and will mitigate as required.
CISS	**2**	*3*	• • •	
Psychotherapy Screening (SPS)	**81**	*54*	• H •	
Gender ID	**47**	*42*	• • •	
STEP				Unavailable Nov 23 due to service move to SystmOne – work in progress
Eating Disorders Service	**38**	*36*	• H •	We are seeing more referrals that relate to different types of eating issues.
SAANS ASD	**143**	*162*	• H •	
SAANS ADHD	**234**	*268*	• • •	
Relationship & Sexual Service	**18**	*19*	• • •	
Perinatal MH Service	**47**	*48*	• • •	
HAST	**16**	*15*	• • •	
HAST - Changing Futures	**1**			
Health Inclusion Team	**252**	*189*	• • •	
LTNC	**97**	*95*	• • •	
ME/CFS	**65**	*54*	• • •	

Responsive | Access & Demand | Community Services

November 23	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	**238**	*567*	• L •	**43.6**	*36.5*	• • •	**4.8**	*10.0*	• • •	**618**	*773*	• L •
MH Recovery North	**56**	*83*	• L •	**5.6**	*13.7*	• • •	**3.1**	*9.4*	• • •	**842**	*894*	• L •
MH Recovery South	**43**	*72*	• L •	**6.4**	*11.8*	• L •	**5.4**	*13.2*	• • •	**932**	*1036*	• L •
Recovery Service TOTAL	**99**	*155*	• L •	*N/A*			*N/A*			**1774**	*1930*	• L •
Early Intervention in Psychosis	**21**	*25*	• • •				**100.0%**	**77.5%**	• H •	**290**	*306*	• L •
Memory Service												
OA CMHT												
OA Home Treatment	*N/A*			*N/A*			*N/A*					
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
IAPT	*N/A*			*N/A*			*N/A*			*N/A*		
SPS (Screening)												
SPS - MAPPS	**114**	*79*	• • •	**19.9**	*20.0*	• • •	**81.5**	*85.0*	• • •	**370**	*331*	• • •
SPS - PD	**65**	*46*	• H •	**16.8**	*15.6*	• H •	**51.6**	*57.9*	• • •	**216**	*194*	• • •
Gender ID	**2349**	*1911*	• H •	**216.0**	*171.0*	• H •				**3216**	*2797*	• H •
STEP	**31**	*162*	• L •	*N/A*						**255**	*437*	• • •
Eating Disorders	**31**	*27*	• • •	**5.0**	*4.0*	• • •				**204**	*211*	• L •
SAANS ASD	**2450**	*2260*	• H •	**62.8**	*87.6*	• L •				**2967**		
SAANS ADHD	**6578**	*4223*	• H •	***58.0***	*176.0*	• • •				**3409**		
R&S	**53**	*108*	• L •	**16.3**	*59.0*	• L •	*N/A*			**131**	*169*	• L •
Perinatal MH Service (Sheffield)	**30**	*25*	• • •	**3.5**	*3.1*	• • •				**167**	*153*	• H •
HAST	**25**	*28*	• • •	**11.1**	*11.8*	• • •				**96**	*81*	• • •
Health Inclusion Team	**190**	*242*	• • •	**11.3**	*9.0*	• • •				**1623**		
LTNC	**425**	*311*	• H •	*N/A*						*N/A*		
CFS/ME	*N/A*			**40.5**	*25.9*	• H •				**184**		
CLDT	**166**	*170*	• • •	**9.9**	*9.2*	• • •				**699**	*700*	• L •
CISS	*N/A*			*N/A*			*N/A*			**12**	*19*	• L •
CERT										**48**	*45*	• H •
SCFT										**23**	*24*	• L •

Narrative

Older Adults – Waiting list, RtA and RtT data is unavailable, awaiting the migration of all people on the waiting list from Insight to Rio to be completed by services.

Caseload data is not available for Older Adult services due to delays to the Rio Reporting Workstream. Data will be provided as soon as possible.

SAANS – reported wait list currently includes both ASD and ADHD and includes those waiting for screening to be accepted for service as well as those waiting for diagnostic assessments and further interventions.

ADHD – referrals have around a 50% rate of acceptance from screening and there is work being undertaken to increase clinical capacity within SHSC to manage the volume of screening required.
Future planned mitigations include collaboration with SPA/EWS and initial discussions with PCMHT and consultation model supporting other SHSC teams.

ASD – service provided to Sheffield and Derbyshire residents, and a number of mitigations are being looked at including waiting well project co-produced with VAS. Wait times for ASD assessment for Sheffield residents have continued their reduction.

Perinatal –Positive increase in caseload in line with national expectations.

CLDT – RtT data is unavailable due to poor data quality which is under investigation.

Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Dovedale 2, Burbage, Maple)	Nov-23 n	Nov-23 mean	Nov-23 SPC variation	Nov-23 SPC target
Admissions	31	30.33	• • •	/
Detained Admissions	28	27.88	• • •	/
% Admissions Detained	90.32%	91.95%	• • •	/
Emergency Re-admission Rate (rolling 12 months)	3.76%			
Transfers in	12			
Discharges	31	30.79	• • •	/
Transfers out	12			
Delayed Discharge/Transfer of Care (number of delayed discharges)	15	13	• • •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	348	303.7	• • •	/
Bed Occupancy excl. Leave (KH03)	94.07%	95.39%	• • •	/
Bed Occupancy incl. Leave	100.28%	99.72%	• • •	/
Average beds admitted to	47.4	47.6	• • •	/
Average Discharged Length of Stay (12 month rolling)	38.34	40.01	• L •	F
Average Discharged Length of Stay (discharged in month)	31.14	39.14	• • •	?
Live Length of Stay (as at month end)	88.42	78.99	• • •	/
Number of People Out of Area at month end	9	12	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	7	8	• • •	?
Total number of Out of Area bed nights in period	312	364	• L •	F

Length of Stay Detail – Nov 23
Longest LoS (days) as at month end:
303 on Dovedale 2 - Complex needs. To be discussed as Needs and Risk Forum.
704 on Maple – Complex needs. Not clinically ready for discharge.
226 on Burbage – Best Interest Meeting booked in December.
Longest LoS (days) of discharges in month:
Dovedale 2 = 120, Maple = 76, Burbage = 235

Step Down (Beech)	Nov-23 n	Nov-23 mean	Nov-23 SPC variation	Nov-23 SPC target
Admissions	5	5.04	• • •	/
Transfers in	0			
Discharges	4	5.04	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	83.67%	74.71%	• H •	/
Bed Occupancy incl. Leave	91.33%	83.32%	• • •	/
Average Discharged Length of Stay (12 month rolling)	56.75	50.27	• • •	/
Live Length of Stay (as at month end)	47.90	47.78	• • •	/

Length of Stay Detail – Nov 23

Longest LoS (days) as at month end: 129 – next step is Best Interest Meeting
Range = 13 to 129 days
Longest LoS (days) of discharges in month: 247

Narrative
Metrics for Adult Acute within expected limits.
Emergency readmission rate remains low and under 10% target.
Out of area recovery plan in place.
Beech bed numbers have changed over the last month due to temporary move to Firshill Rise. They are now back at Beech but one bed remains closed.

Benchmarking Adult Acute
(2022/23 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 93%
Length of Stay (Discharged) Mean: 38
Emergency readmission rate Mean: 9%

NB – No benchmarking available for Step Down beds

Inpatient Wards | PICU

PICU (Endcliffe)	Nov-23 n	mean	SPC variation	SPC target
Admissions	3	3.79	• • •	/
Transfers in	7			
Discharges	1	1.96	• • •	/
Transfers out	7			
Delayed Discharge/Transfer of Care (number of delayed discharges)	1			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	30			
Bed Occupancy excl. Leave (KH03)	98.67%	95.49%	• • •	/
Bed Occupancy incl. Leave	100.00%	96.93%	• • •	/
Average beds admitted to	10.00	9.70	• • •	/
Average Discharged Length of Stay (12 month rolling)	31.02	38.09	• L •	P
Live Length of Stay (as at month end)	154.50	117.24	• H •	/
Number of People Out of Area at month end	5.00	5.00	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	6.00	3.00	• • •	?
Total number of Out of Area bed nights in period	215.00	158.00	• H •	F

Endcliffe – Length of Stay – Nov 23
Over national benchmark average (61)

LOS

1031	**Working with Social Care**
231	**Plans in place**
158	**Not clinically ready for discharge.**

- As at 30/11/23, there were 3 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 61 days.
- LoS for PICU disproportionally affected by 1 service user who has been on the ward for 1031 days (at month end).
- Despite this, length of stay excluding discharges is very low.

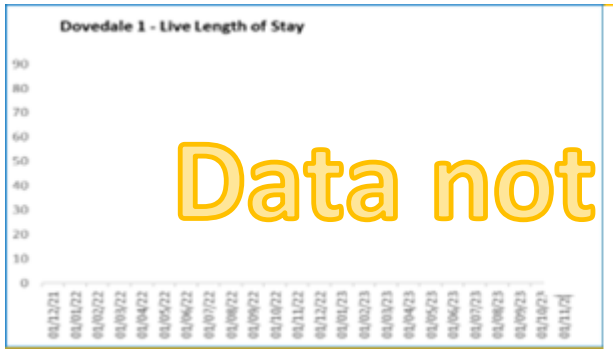
Benchmarking PICU
(2022/23 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 61

Safe | Inpatient Wards | Older Adults

Older Adult Functional (Dovedale 1)	Nov-23 n	mean	SPC variation	SPC target
Admissions				
Transfers in				
Discharges				
Transfers out				
Delayed Discharge/Transfer of Care (number of delayed discharges)				
Delayed Discharge/Transfer of Care (bed nights occupied by dd)				
Bed Occupancy excl. Leave (KH03)				
Bed Occupancy incl. Leave				
Average beds admitted to				
Average Discharged Length of Stay (12 month rolling)				
Live Length of Stay (as at month end)				

Length of Stay Detail – Dovedale 1
Data not available



Data not available

Older Adult Dementia (G1)	Nov-23 n	mean	SPC variation	SPC target
Admissions				
Transfers in				
Discharges				
Transfers out				
Delayed Discharge/Transfer of Care (number of delayed discharges)				
Delayed Discharge/Transfer of Care (bed nights occupied by dd)				
Bed Occupancy excl. Leave (KH03)				
Bed Occupancy incl. Leave				
Average beds admitted to				
Average Discharged Length of Stay (12 month rolling)				
Live Length of Stay (as at month end)				

Length of Stay Detail – G1
Data not available

Inpatient admissions data is not available for Older Adult wards due to delays to the Rio Reporting Workstream. Data will be provided as soon as possible.

Benchmarking Older Adults
(2022/23 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 87%
Length of Stay (Discharged) Mean: 87
NB - Benchmarking figures are for combined Older Adult inpatient bed types, they are not available split into functional and organic mental illness.

Safe | Inpatient Wards | Rehabilitation & Forensic

Rehab (Forest Close)	Nov-23 n	mean	SPC variation	SPC target
Admissions	0	0.96	• • •	/
Transfers in	1			
Discharges	2	2.04	• • •	/
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)	83.00%	86.02%	• H •	/
Bed Occupancy incl. Leave	100.56%	96.07%	• H •	/
Average Discharged Length of Stay (12 month rolling)	383.88	325.20	• H •	P
Live Length of Stay (as at month end)	399.38	359.86	• • •	/
Number of Out of Area Placements started in the period (admissions)	0			
Total number of Out of Area bed nights in period	180			
Number of People Out of Area at month end	6			

Forensic Low Secure (Forest Lodge)	Nov-23 n	mean	SPC variation	SPC target
Admissions	2	0.92	• • •	/
Transfers in	2			
Discharges	0	0.75	• • •	/
Transfers out	2			
Bed Occupancy excl. Leave (KH03)	97.12%	88.43%	• • •	/
Bed Occupancy incl. Leave	97.12%	92.91%	• • •	/
Average Discharged Length of Stay (12 month rolling)	659.20	497.41	• H •	P
Live Length of Stay (as at month end)	663.95	600.27	• • •	/

The point at which someone is CRFD is reached when:

- The multidisciplinary team (MDT) conclude that the person does not require any further assessments, interventions and/or treatments, which can only be provided in the current inpatient setting.
- To enable this decision:
  - There must be **a clear plan for the ongoing care and support that the person requires after discharge**, which covers their pharmacological, physical health, psychological, social, cultural, housing and finances, and any other individual needs or wishes.
  - The MDT must have **explicitly considered the person and their chosen carer/s' views and needs** about discharge and involved them in co-developing the discharge plan.
  - The MDT must also have **involved any services external to the trust in their decision making**, e.g. social care teams, where these services will play a key role in the person's ongoing care.

Forest Close

The length of stay within Forest Close benchmarks is similar to other Rehab/Complex Care facilities across the country.

Long stays – Forest Close

1233 – Longest LoS as at month end on Forest close 1A.

Benchmarking Rehab/Complex Care
(2022/23 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 86%
Length of Stay (Discharged) Mean: 348

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.

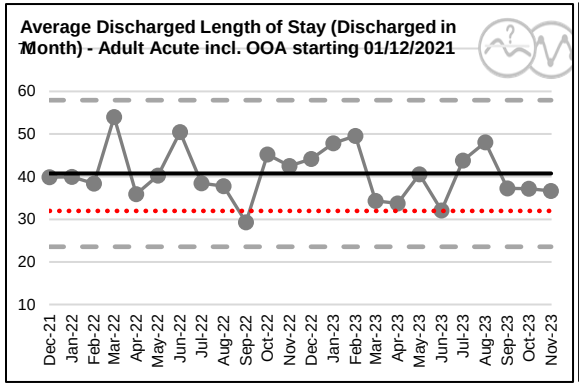
Long stays – Forest Lodge

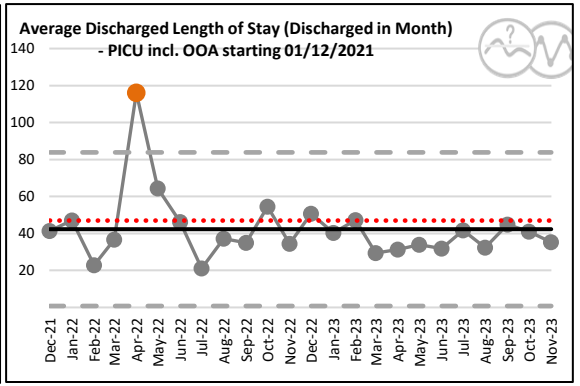
1316, 1051 and 897 are the three top longest stays at Forest Lodge.
The rationale for LoS remains the same due to not being clinically ready. We are liaising with key agencies about next steps

Benchmarking Low Secure Beds
(2022/23 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 833

UEC (Urgent & Emergency Care) Dashboard

Length of Stay





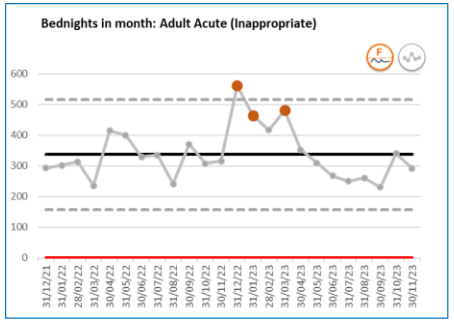
Adult Acute Discharged LoS (Rolling 12-month average)

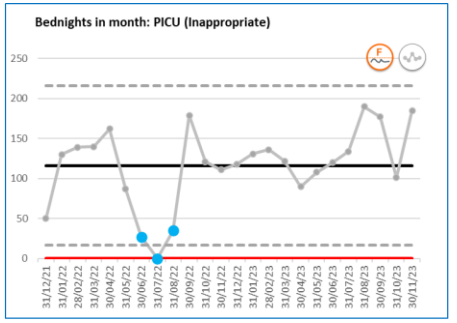
Location	Total Discharges	Average Discharged LoS
Sheffield	456	38
OOA	101	41
Contracted	105	47
Combined	**662**	**40**

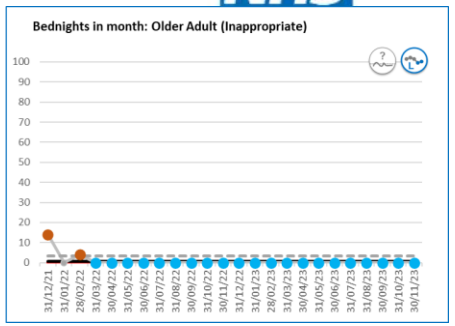
PICU Discharged LoS (Rolling 12-month average)

Location	Total Discharges	Average Discharged LoS
Sheffield	95	31
OOA	37	54
Combined	**132**	**38**

Out of Area

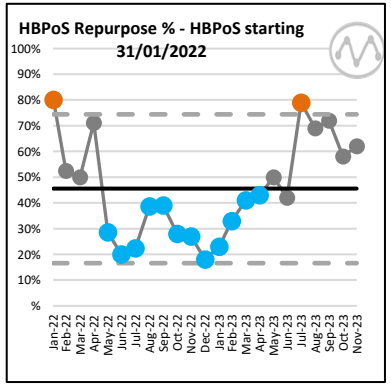






Provider	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Sparklines (Dec-22 to Nov-23)
Sheffield Health and Social Care NHS Foundation Trust	**20**	**20**	**20**	**20**	**15**	**7**	**9**	**10**	**7**	**8**	**12**	**8**	
Bradford District Care NHS Foundation Trust	13	22	20	22	18	23	22	24	15	18	15	9	
Tees, Esk and Wear Valleys NHS Foundation Trust	4	8	11	25	19	22	9	6	4	7	5	4	
South West Yorkshire Partnership NHS Foundation Trust	18	17	22	14	11	13	14	23	11	5	3	2	
Leeds and York Partnership NHS Foundation Trust	14	15	16	15	24	17	24	13	23	37	31	31	
Cumbria Northumberland, Tyne and Wear Partnership NH	12	4	10	18	14	10	10	6	8	8	0	0	
Humber NHS Foundation Trust	3	4	8	6	6	5	18	8	4	4	3	8	
Rotherham Doncaster and South Humber NHS Foundatio	5	12	18	9	23	10	14	16	16	18	25	19	
Navigo (NE Lincs/Grimsby)	0	0	0	0	0	0	0	0	0	0	0	0	

HBPoS Repurposing



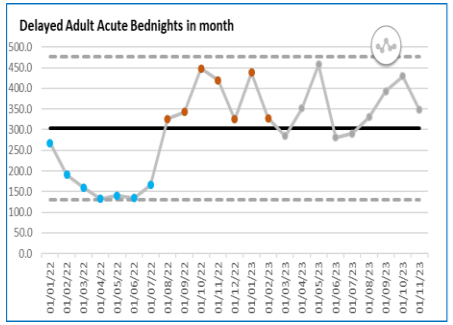
Health Based Place of Safety (HBPoS/136 Beds)	Nov-23
Occasions repurposed	37
Occasions repurposed %	62%

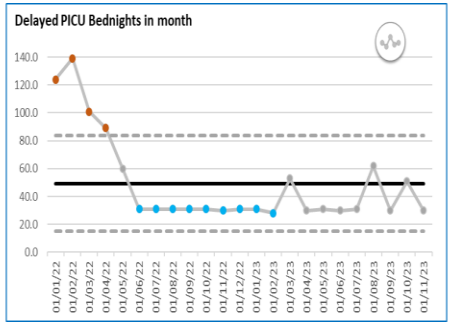
November 2023		
Weekday Beds Available	30	30
Days Repurposed	10	27
% Repurposed	61.7%	
Days Occupied	9	2
% Occupied	18.3%	
Days Available	11	1
% Available	20.0%	

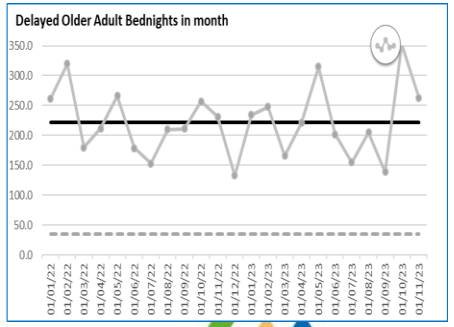
Delayed Care

Delayed Care narrative

% of bednights occupied by delayed patients is 24.7% 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.





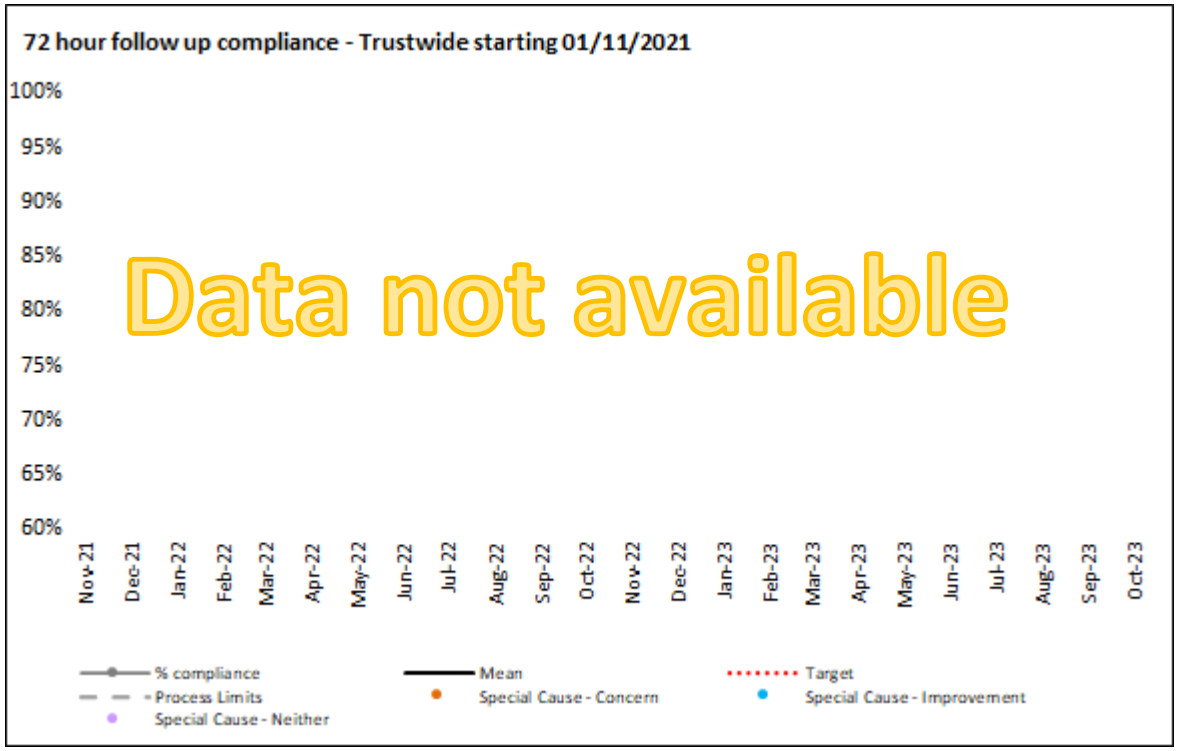


Delayed Discharges Adult Acute		
Nov 23	Sum of Delayed Bednights	% Bednights occupied by DD
Adult Acute Total	348	24.7%

Delayed Discharges PICU		
Nov 23	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	30	10.0%

Delayed Discharges Older Adult		
Nov 23	Sum of Delayed Bednights	% Bednights occupied by DD
Older Adult Total	263	28.3%

Effective | Treatment & Intervention – 72 hour follow up



72 hour Follow Up		November 23		
	Target	%	No.	SPC Variation
Trustwide	80%			

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.

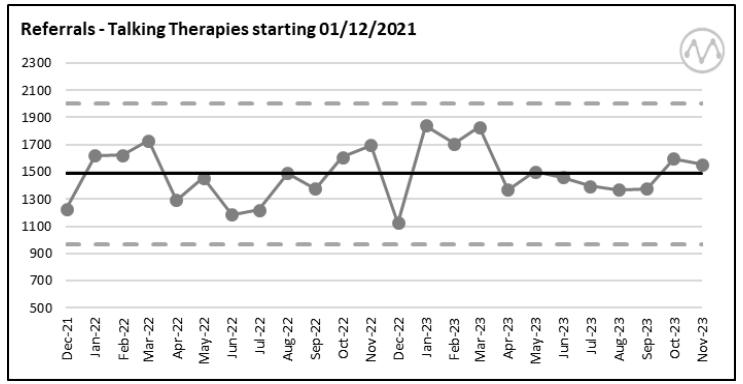
72 hour follow up data is not available due to delays to the Rio Reporting Workstream. Data will be provided as soon as possible.

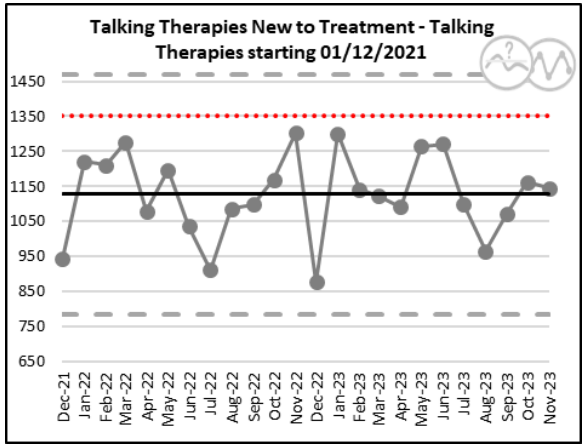
Sheffield Talking Therapies | Performance Summary

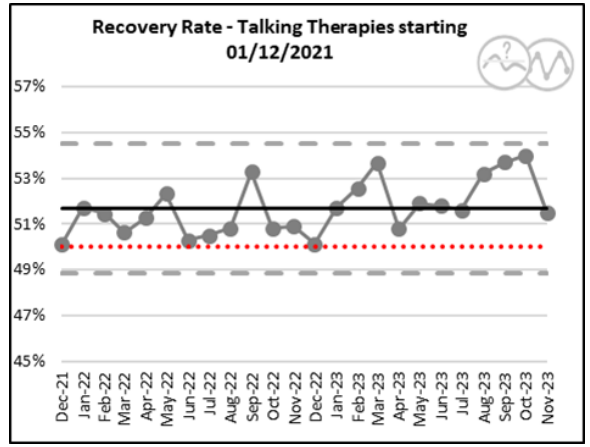
Sheffield Talking Therapies		Nov-23			
Metric	Target 2022/23	*n*	*mean*	*SPC variation*	*SPC target*
Referrals	/	**1556**	*1486*	• • •	/
New to Treatment	1352	**1145**	*1127*	• • •	?
6 week Wait	75%	**99%**	*98.96%*	• • •	P
18 week Wait	95%	**100%**	*99.85%*	• • •	P
Moving to Recovery Rate	50%	**51.5%**	*51.66%*	• • •	?

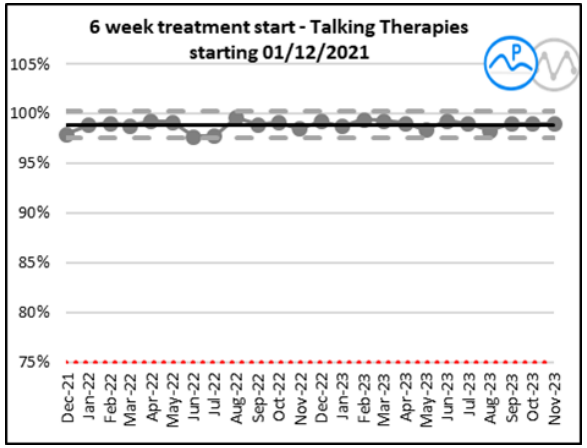
Narrative

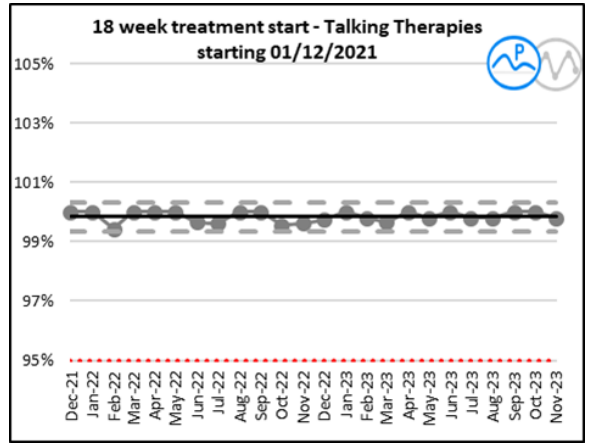
- Service continues to achieve the recovery rate standard (26) consecutive months with 51.5% recovery rate in November.
- Continue to exceed the waiting time standard for people receiving their first treatment appointment.
- Referrals holding – targeted social media posts continuing











NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safety & Quality

IPQR - Information up to and including November 2023

Proud to care in Sheffield

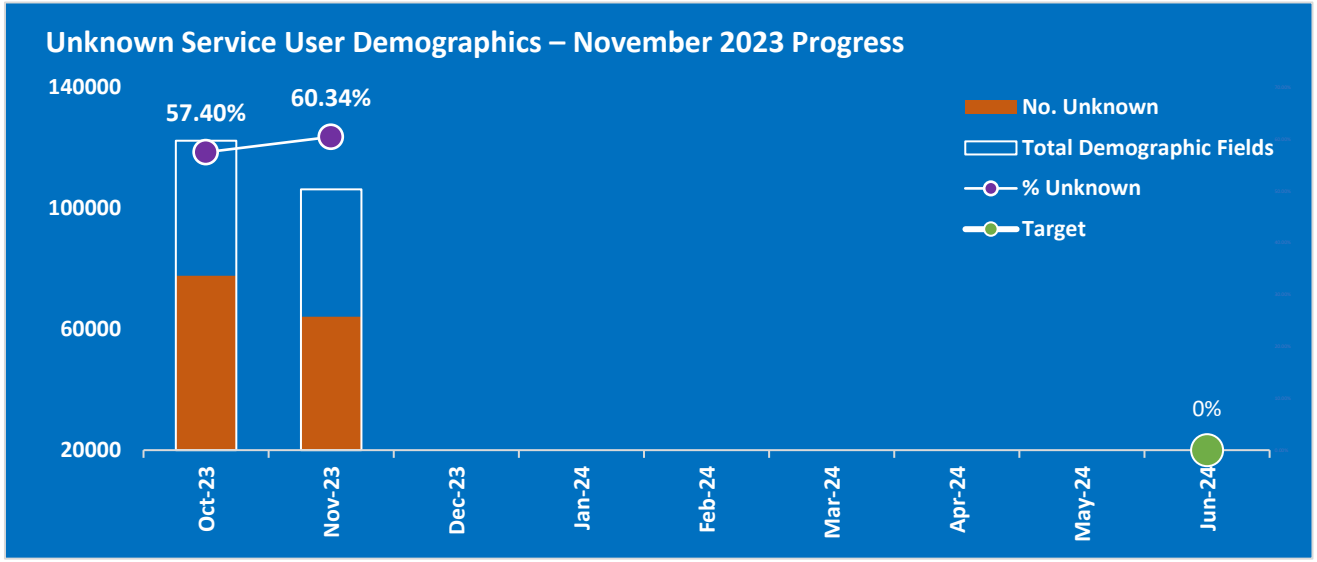
Protective Characteristics

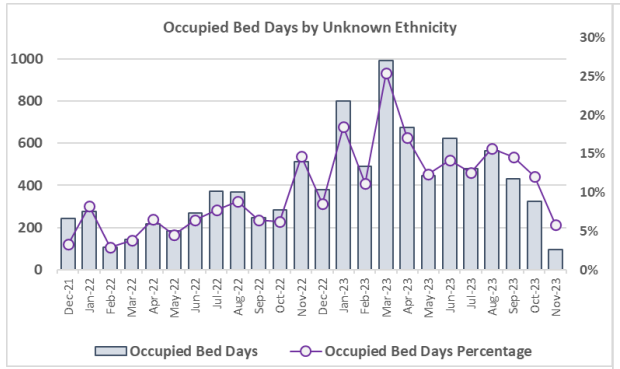
Electronic Patient Record (EPR) Unknown Demographics

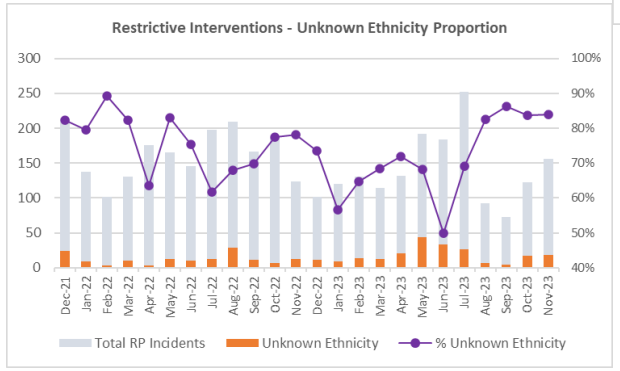
Age	Ethnicity	Gender	Gender Identity	Sexual Orientation	Religion
0%	43.09%	0.07%	94.21%	89.27%	75.08%

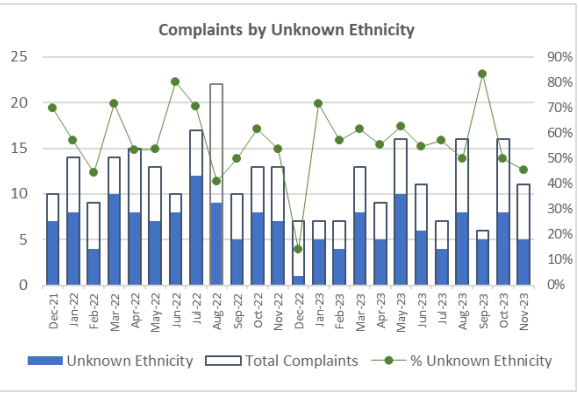
2021 Sheffield Census Unknown Demographics

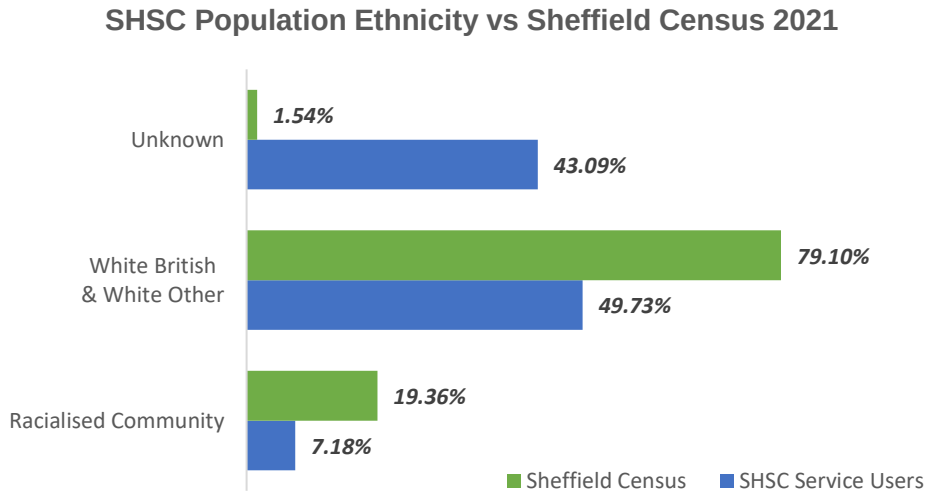
Age	Ethnicity	Gender	Gender Identity	Sexual Orientation	Religion
0%	1.54%	0%	6.33%	7.87%	6.04%



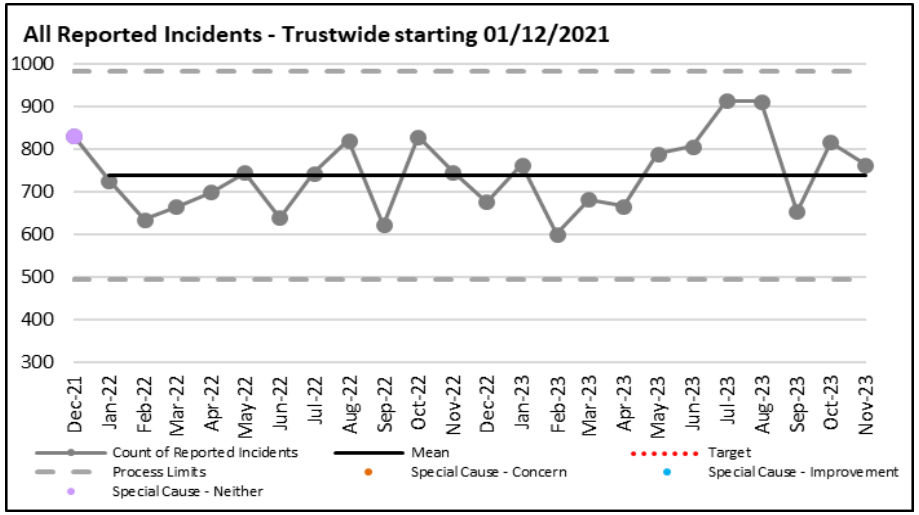








Safe | All Incidents



Trustwide	Nov-23		
	n	*mean*	SPC variation
ALL	**763**	*732*	• • •
5 = Catastrophic	**20**	*25*	• • •
4 = Major	**6**	*3*	• • •
3 = Moderate	**69**	*59*	• • •
2 = Minor	**312**	*289*	• • •
1 = Negligible	**328**	*349*	• • •
0 = Near-Miss	**28**	*21*	• • •

Narrative

During November 2023, 6 incidents were rated as "major". 4 of these were Delay/Difficulty In Accessing Medic, following appointments being cancelled due to medic being moved to support the acute inpatient services at short notice. 1 relates to an Attempted Suicide within the community and 1 relates to Delay in bed availability.

Of the 20 "catastrophic" incidents recorded this month, 11 were for Acute and Community services and 8 for Rehabilitation and Specialist services. 19 "catastrophic" incidents were service user deaths, with the majority unexpected or suspected natural causes and will be reviewed through the Mortality Review Group. 1 death related incident was non-service user related.

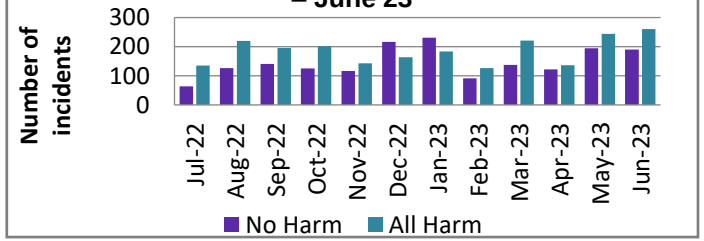
Narrative

Up to 30th September 2023, NHS Trusts must report patient safety incidents to the National Reporting Learning System (NRLS). From 1st October 2023, all such incidents will be uploaded to a new platform, Learn from Patient Safety Events (LFPSE). It is not yet understood what benchmarking information will be available to Trusts via the new LFPSE platform.

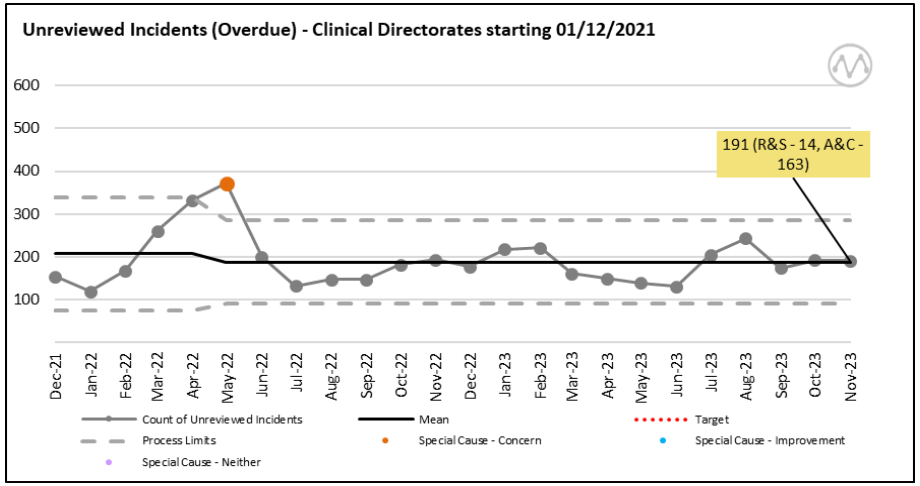
The latest annual benchmarking information from the NRLS covers the period April 2021 – March 2022 and was released in October 2022. This shows SHSC's patient safety incident reporting rate at 83.0 incidents per 1000 bed days. Nationally, for mental health trusts, this rate varies from 7 to 222. Regionally (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 the last published monthly data by NHSE prior to new reporting from the LFPSE being produced. It shows patient safety incidents reported where harm was caused, compared to no harm caused, from July 2022 to June 2023.

Patient Safety Incidents – Harm vs No Harm July 22 – June 23



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

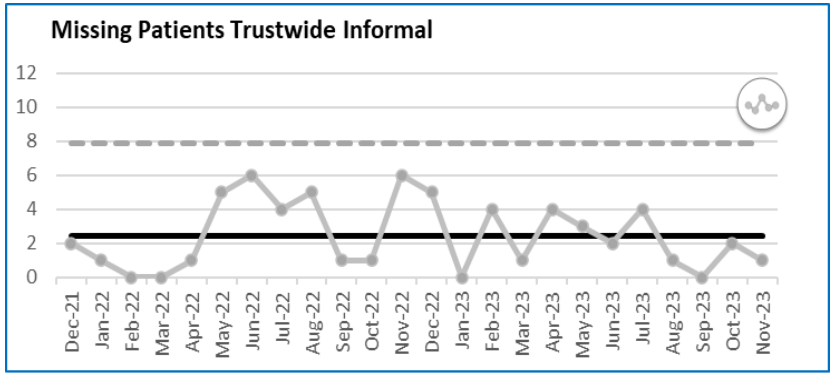


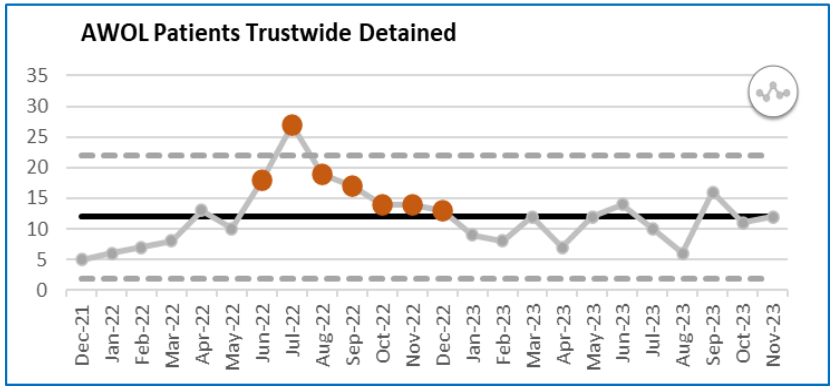
Narrative

The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. 64 incidents remain unreviewed prior to November 2023.

Directorate leads are working towards reducing the number of unreviewed incidents below 160.

Safe | Medication Incidents, Falls & AWOL Patients





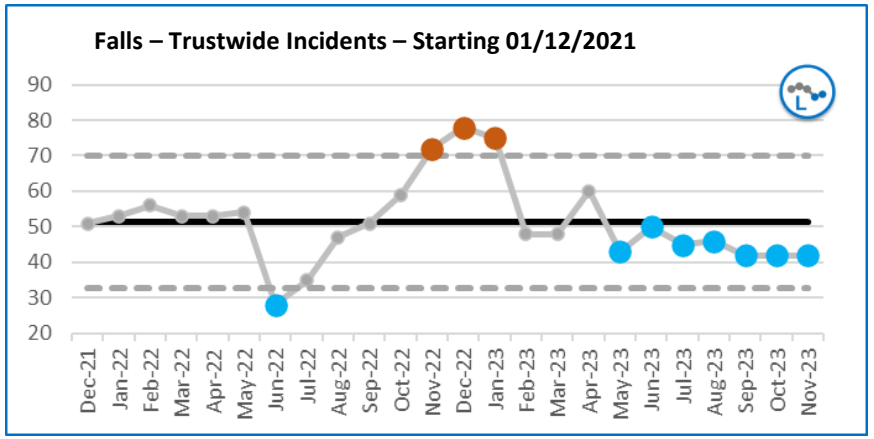
Trustwide	Nov-23		
	n	*mean*	SPC variation
Detained	**12**	*12*	• • •
Informal	**1**	*2*	• • •

Missing & AWOL

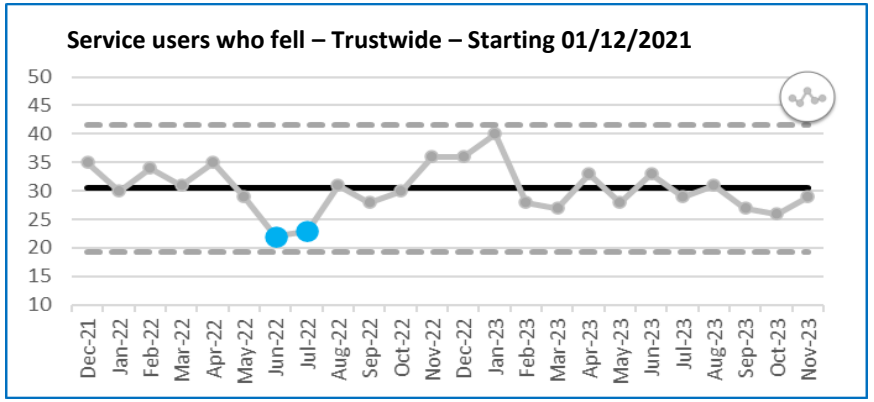
12 reported incidents in November 2023 of people under formal admission being AWOL. No incidents for Rehabilitation & Specialist Services and 11 incidents for Acute & Community for 9 people. At time of reporting:

- 6 people were on a Section 3,
- 3 person on a Section 2

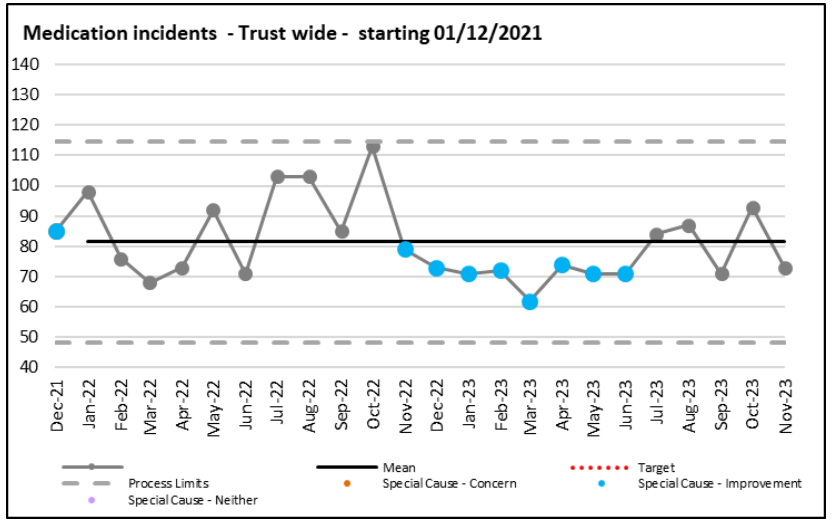
1 of the 9 people who were reported AWOL was from maple ward and was under Section 3 at the time of the incident.



Trustwide FALLS INCIDENTS	Nov-23		
	n	*mean*	SPC variation
Trustwide Totals	**42**	*51*	• L •
Acute & Community	**41**	*49*	• L •
Nursing Homes	**35**	*32*	• • •
Rehabilitation & Specialist Services	**1**	*2*	• • •



Trustwide FALLS - PEOPLE	Nov-23		
	n	*mean*	SPC variation
Trustwide Totals	**29**	*30*	• • •
Acute & Community	**28**	*29*	• • •
Nursing Homes	**23**	*17*	• • •
Rehabilitation & Specialist Services	**1**	*2*	• • •



Trustwide	Nov-23		
	n	*mean*	SPC variation
ALL	**73**	*82*	• • •
Administration Incidents	**17**	*14*	• • •
Meds Management Incidents	**47**	*54*	• • •
Pharmacy Dispensing Incidents	**5**	*7*	• • •
Prescribing Incidents	**4**	*7*	• • •
Meds Side Effect/Allergy	**0**	*0*	• L •

Medication Incidents

During November 2023, there was 1 incident reported as Moderate , relating to Inappropriate/Inadequate Storage at Burbage Ward

Falls Incidents

The number of falls occurring continues on a downward trajectory, which can partly be attributed to the Falls Huddles occurring 5 days a week.

Of the 42 incidents reported, 35 were in our nursing homes. Birch Avenue has had an increase in falls incidents compared to Oct where there was a significant reduction in falls after 10 months of consistently high numbers of falls. 74% of falls in October 2023 were of white British service users, 5% were service users from racialised communities, 21% of falls were of service users whose ethnicity was not stated.

Safe | Intimidation & Assaults

Assaults on Service Users	Nov-23		
	n	*mean*	SPC variation
Trustwide	23	*26*	• • •
Acute & Community	18	*24*	• • •
Rehabilitation & Specialist	5	*2*	• • •

Assaults on Staff	Nov-23		
	n	*mean*	SPC variation
Trustwide	47	*63*	• • •
Acute & Community	42	*58*	• • •
Rehabilitation & Specialist	5	*5*	• • •

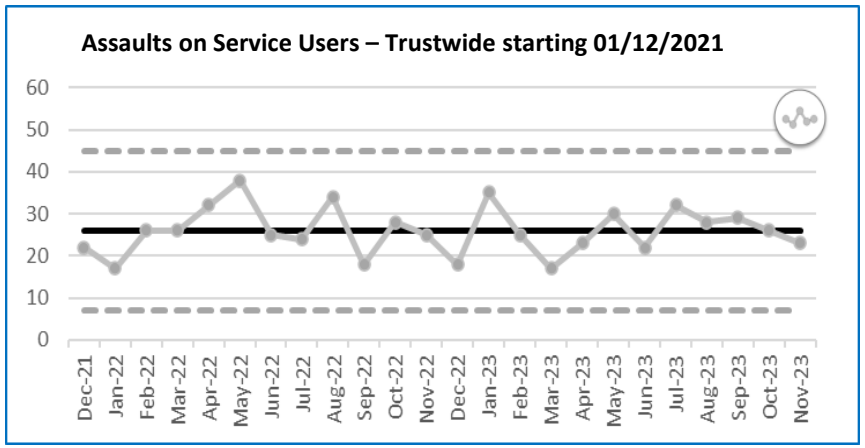
Narrative

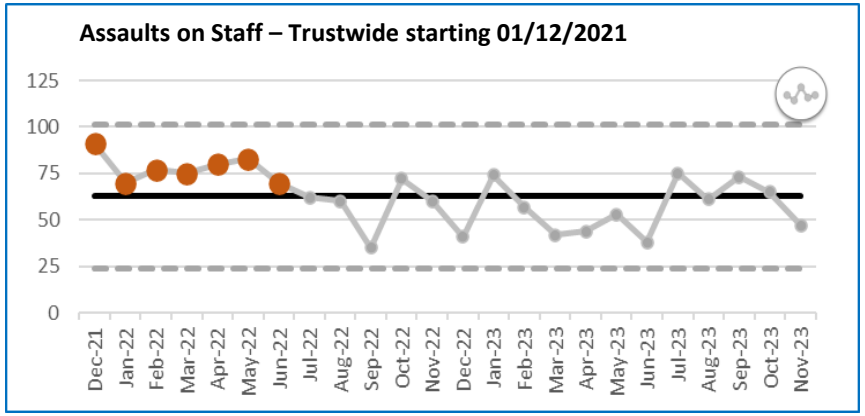
Of the 47 reported incidents of assaults on staff, 7 were rated as moderate. 3 on Endcliffe ward (service user to staff assault), 2 on Forest Lodge (service user to staff), Maple Ward (service user to staff assault) and 1 Woodland View (Other-Admission).

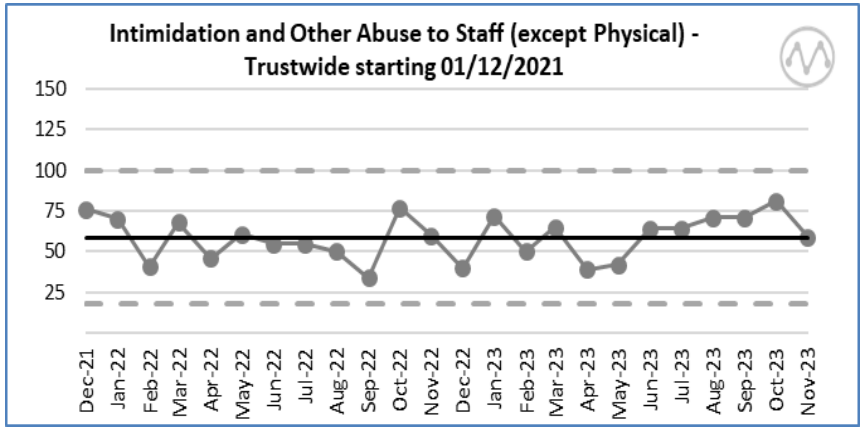
Out of the 23 assaults on Service Users incidents, zero (0) incidents were reported as Major. 2 incidents were reported as moderate, 2 incidents were reported on Endcliffe Ward.

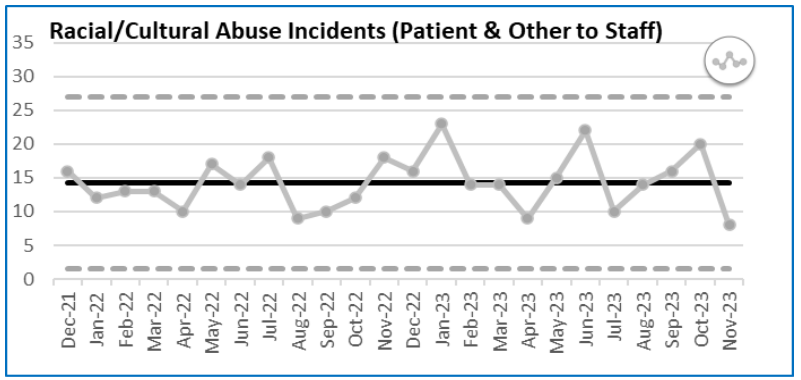
Of the Racial/cultural abuse incidents, there were no incidents reported as moderate or higher. 2 occurred in Rehabilitation & Specialist services and 10 for Acute & Community services.

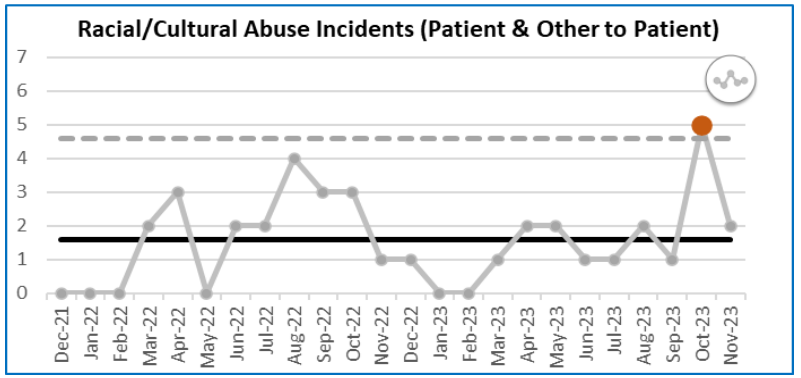
Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	0



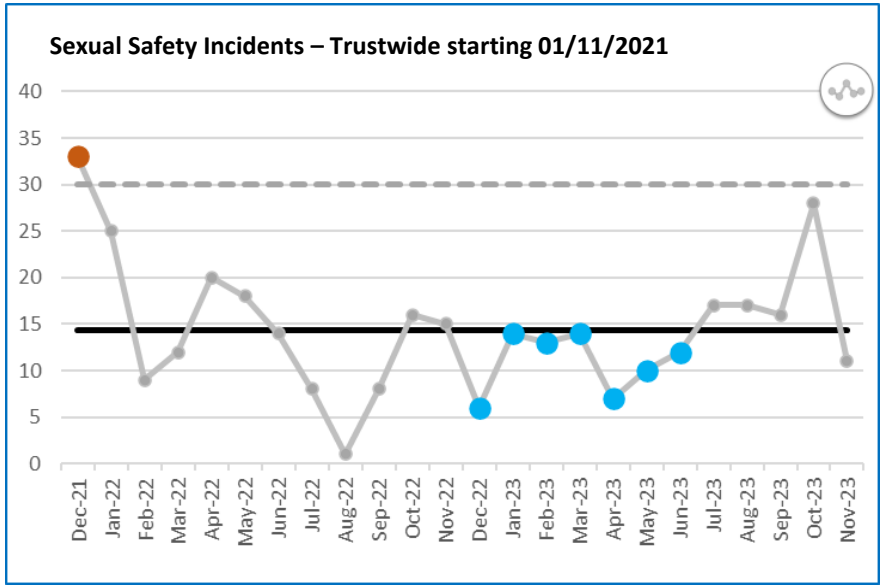




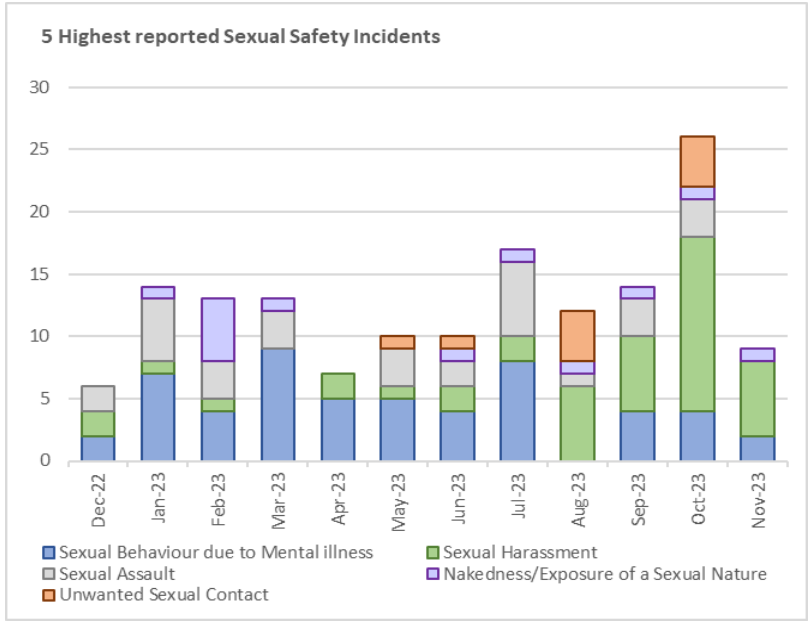




Safe | Sexual Safety



Sexual Safety Incidents	Nov-23		
	n	*mean*	SPC variation
Trustwide	11	*14*	• • •
Acute & Community	7	*12*	• • •
Rehabilitation & Specialist	4	*3*	• • •

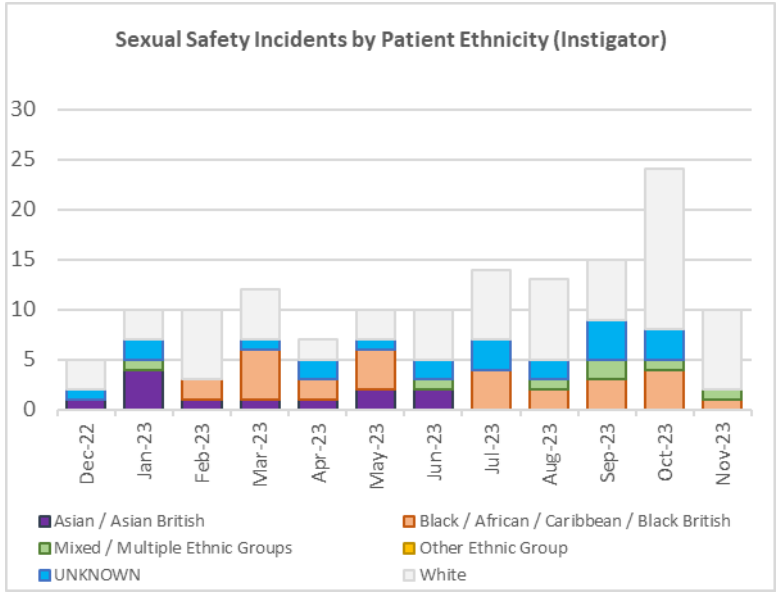


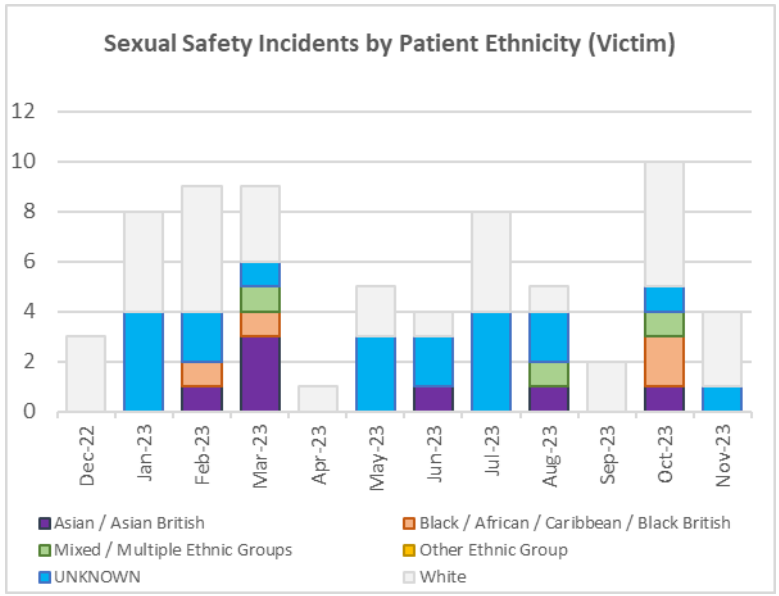
Sexual Safety

There were 11 sexual safety incidents reported in November 2023, of which no incidents were reported as Moderate or higher.

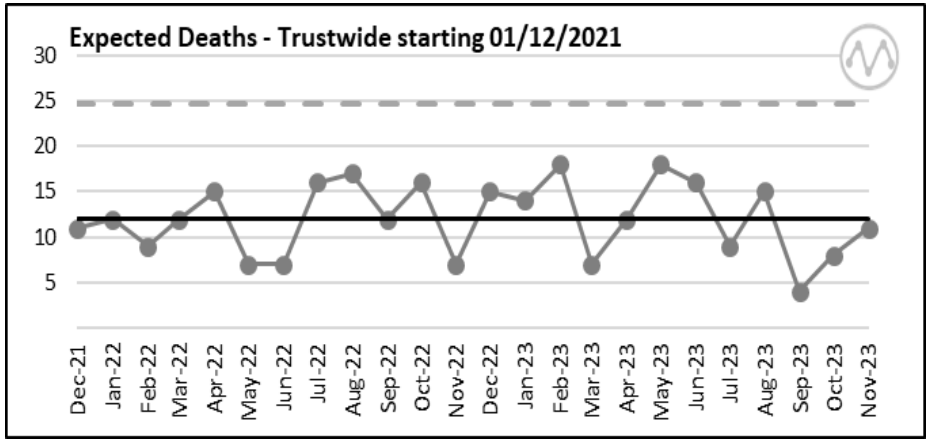
All sexual safety incidents are reviewed in the sexual safety group. Any incidents involving staff are managed through the staff safeguarding policy.

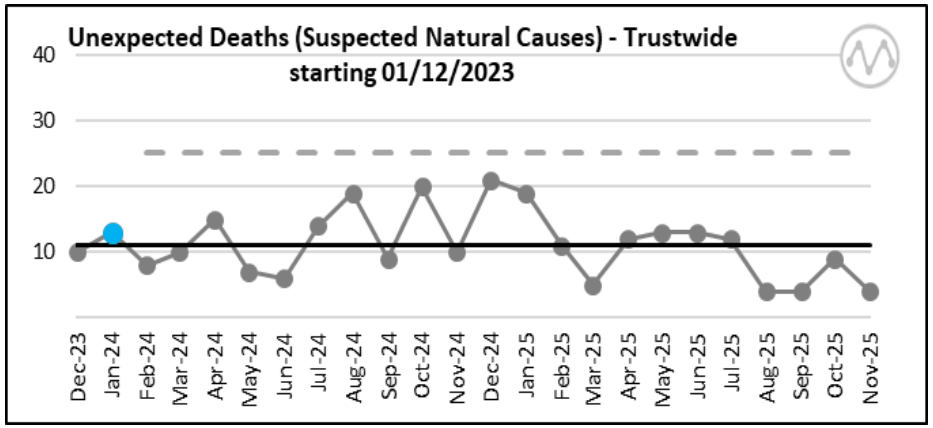
The majority of incidents are reported by our Acute wards, Endcliffe and Birch Avenue, with 10 of the 24 reported incidents and the highest form of incident is Sexual Harassment. Whilst there has been no statistical change in the number of sexual safety incidents, we still consider this to be a priority area and a workplan has been developed. 9 of the 33 victims of sexual safety incidents were from racialised communities, 4 people had an unknown ethnicity.

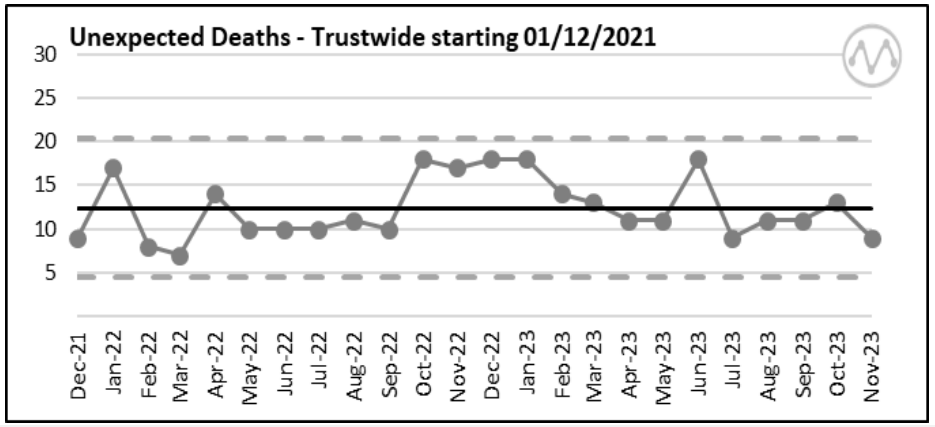




Deaths

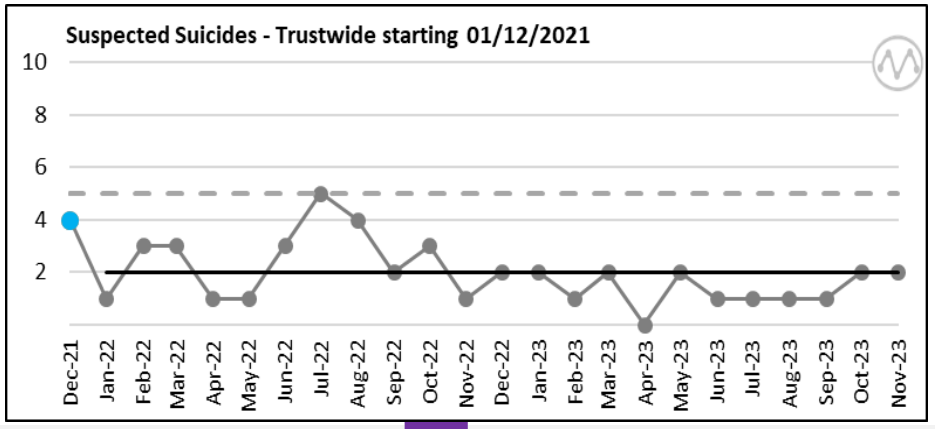






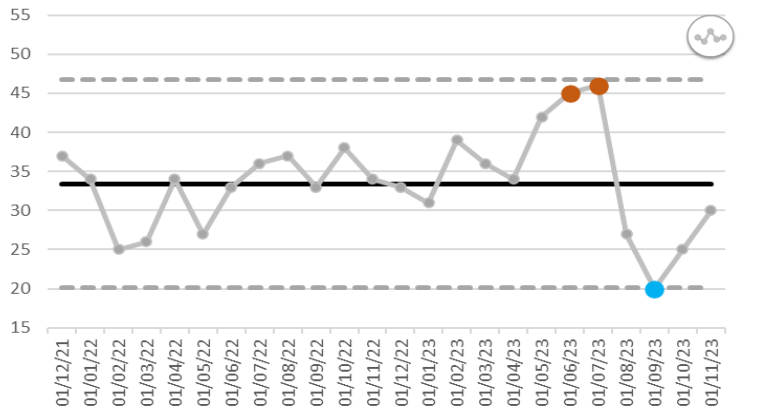
Quarterly mortality reports are presented to the Quality Assurance Committee and Board of Directors.

Deaths Reported 1 November 2021 to 31 October 2023	
Awaiting Coroner's Inquest/Investigation	201
Closed	4
Conclusion - Accidental	4
Conclusion - Alcohol/Drug Related	20
Conclusion - Misadventure	3
Conclusion - Other	1
Conclusion - Open	1
Conclusion - Suicide	21
Natural Causes - No Inquest	645
Ongoing	10
Grand Total	**901**

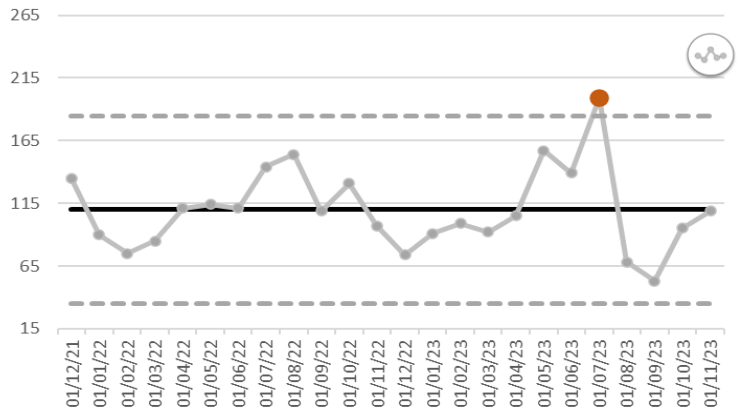


Safe | Restrictive Practice | Physical Restraint

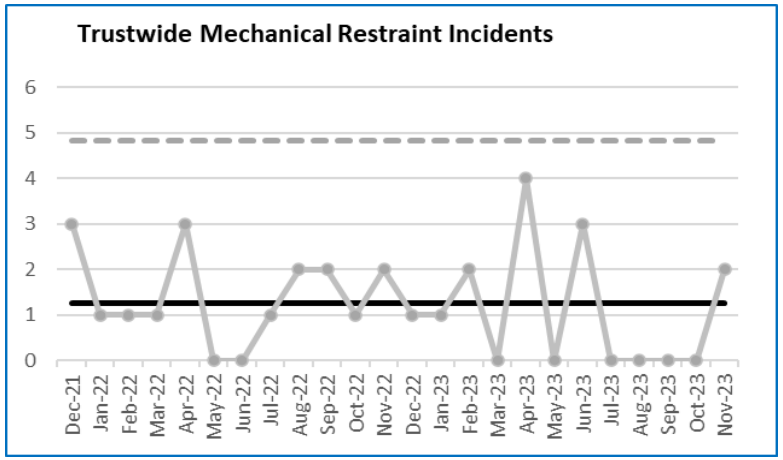
People Restrained – starting 01/12/2021



Physical Restraint Incidents – starting 01/12/2021



Trustwide Mechanical Restraint Incidents



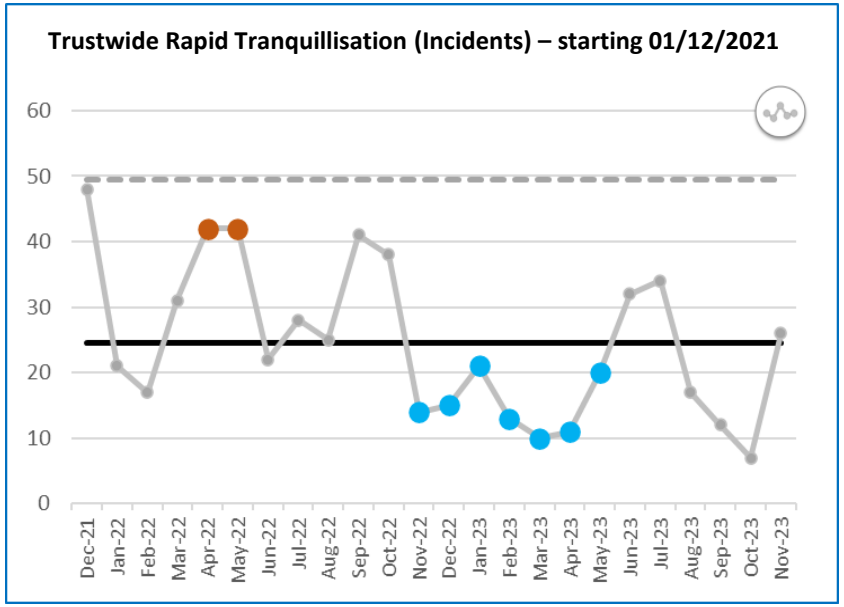
Physical Restraint INCIDENTS	Nov-23		
	n	mean	SPC variation
TRUSTWIDE	109	110	• • •
Acute & Community	106	107	• • •
Dovedale 2 Ward	55	27	• • •
Burbage Ward	5	10	• • •
Maple Ward	19	28	• • •
HBPoS (136 Suite)	0	1	• • •
Endcliffe Ward	17	18	• • •
Dovedale 1	1	12	• • •
G1 Ward	3	6	• • •
Birch Ave	2	4	• • •
Woodland View	4	1	• • •
Rehabilitation & Specialist	3	3	• • •
Forest Close	0	2	• • •
Forest Lodge	3	1	• • •

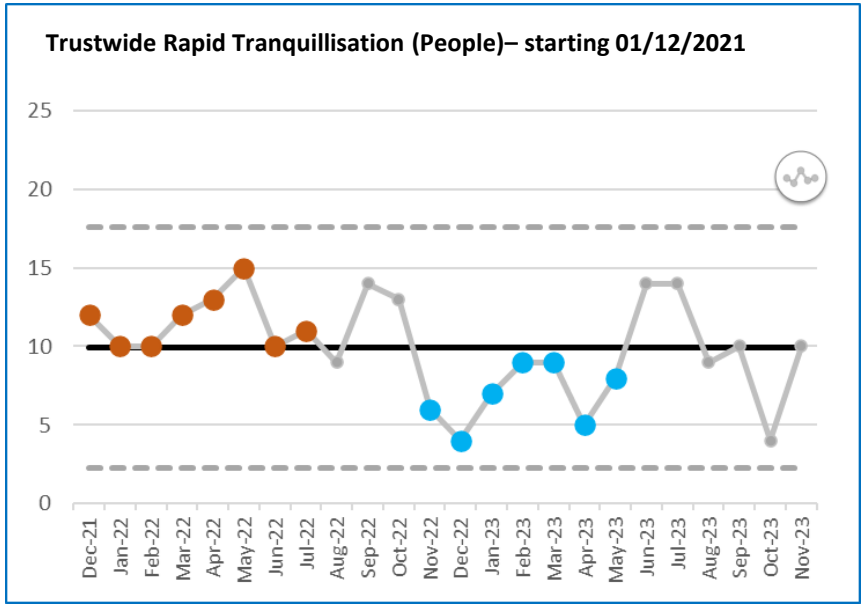
Physical Restraint PEOPLE	Nov-23		
	n	mean	SPC variation
TRUSTWIDE	30	33	• • •
Acute & Community	28	32	• • •
Dovedale 2 Ward	7	6	• • •
Burbage Ward	2	4	• • •
Maple Ward	4	7	• • •
HBPoS (136 Suite)	0	1	• • •
Endcliffe Ward	6	5	• • •
Dovedale	1	2	• • •
G1 Ward	3	3	• • •
Birch Ave	2	3	• • •
Woodland View	3	1	• • •
Rehabilitation & Specialist	2	2	• • •
Forest Close	0	1	• • •
Forest Lodge	2	1	• • •

Physical Restraint
109 incidents of restraint recorded in October 2023 for 30 people. There has been a significant reduction in restrictive practice for a few individuals who have previously been in receipt of multiple interventions on Maple ward, G1, Burbage and Endcliffe Ward.

Mechanical Restraint
There has been 2 incidents of mechanical restraints being used for 2 people. 1 reported by Woodland view following being strapped in an ambulance while waiting at A&E to maintain theirs and others safety. The other incident occurred following police returning a service user who had been reported missing.

Safe | Restrictive Practice | Rapid Tranquillisation





Rapid Tranquillisation INCIDENTS	Nov-23		
	n	*mean*	SPC variation
TRUSTWIDE	**26**	*24*	• • •
Acute & Community	**26**	*24*	• • •
Dovedale 2	**18**	*11*	• • •
Burbage Ward	**3**	*2*	• • •
Maple Ward	**3**	*5*	• L •
HBPoS (136 Suite)	**0**	*0*	• L •
Endcliffe Ward	**0**	*3*	• • •
Dovedale 1	**1**	*3*	• • •
G1 Ward	**1**	*0*	• • •
Rehabilitation & Specialist	**0**	*0*	• L •
Forest Close	**0**	*0*	• • •
Forest Lodge	**0**	*0*	• L •

Rapid Tranquillisation PEOPLE	Nov-23		
	n	*mean*	SPC variation
TRUSTWIDE	**10**	*10*	• • •
Acute & Community	**10**	*10*	• • •
Dovedale 2	**5**	*3*	• • •
Burbage Ward	**1**	*1*	• • •
Maple Ward	**2**	*2*	• • •
HBPoS (136 Suite)	**0**	*0*	• L •
Endcliffe Ward	**0**	*2*	• • •
Dovedale	**1**	*1*	• • •
G1 Ward	**1**	*0*	• • •
Rehabilitation & Specialist	**0**	*0*	• L •
Forest Close	**0**	*0*	• • •
Forest Lodge	**0**	*0*	• L •

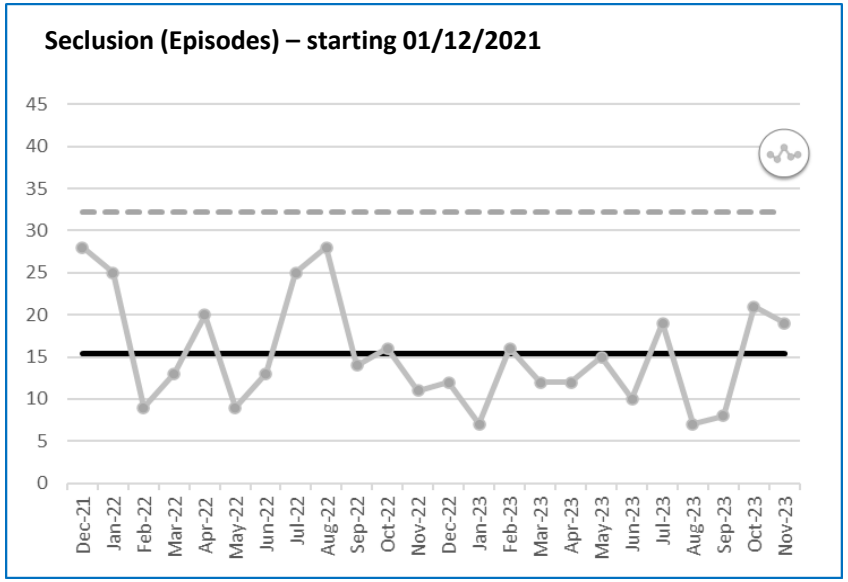
Rapid Tranquillisation

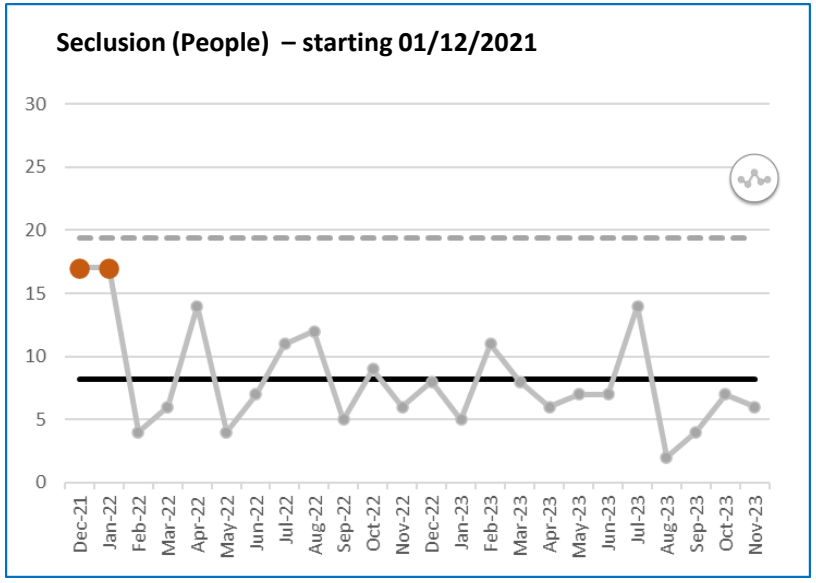
26 incidents of rapid tranquillisations were recorded during November 2023 for 10 people. There continues to have been no reported incidents of rapid tranquillisation in the Rehabilitation & Specialist Directorate.

92% of the people who received rapid tranquilisation were White British and 8% of people's ethnicity were not asked.

The use of rapid tranquillisation is an appropriate alternative to physical restraint/seclusion as a treatment.

Safe | Restrictive Practice | Seclusion





Seclusion INCIDENTS	Nov-23		
	n	*mean*	SPC variation
Trustwide	**19**	*15*	• • •
Acute & Community	**17**	*13*	• • •
Burbage/Dovedale 2 Ward	**0**	*0*	• • •
HBPoS (136 Suite)	**0**	*0*	• L •
Maple Ward	**2**	*4*	• • •
Endcliffe Ward	**15**	*8*	• • •
Rehabilitation & Specialist	**2**	*0*	• • •
Forest Lodge	**2**	*0*	• • •

Seclusion PEOPLE	Nov-23		
	n	*mean*	SPC variation
Trustwide	**6**	*8*	• • •
Acute & Community	**5**	*7*	• • •
Burbage/Dovedale 2 Ward	**0**	0	• • •
HBPoS (136 Suite)	**0**	*0*	• L •
Maple Ward	**2**	*3*	• • •
Endcliffe Ward	**3**	*3*	• • •
Rehabilitation & Specialist	**1**	*0*	• L •
Forest Lodge	**1**	*0*	• L •

Seclusion

19 seclusion episodes recorded for 6 people in November 2023. At the time of reporting 9 out of the 19 incidents have length of seclusion recorded. It is a requirement to record length of seclusion for MHSDS submissions to NHS England. It is included in our Reducing Restrictive Practice improvement plan and will be included in development sessions for reviewing incidents.

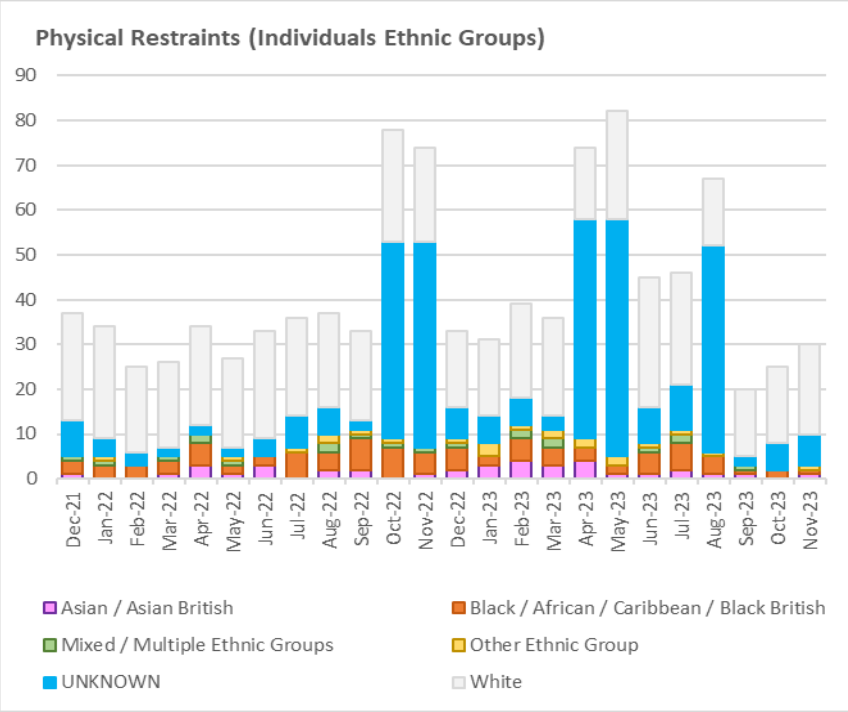
1 seclusion episode commenced in October and ended in November were recorded as a prolonged episode for Maple ward, lasting 115 hours (4.8 days). Policy was followed, with directorate leadership reviews and clinical executive reviews taking place.

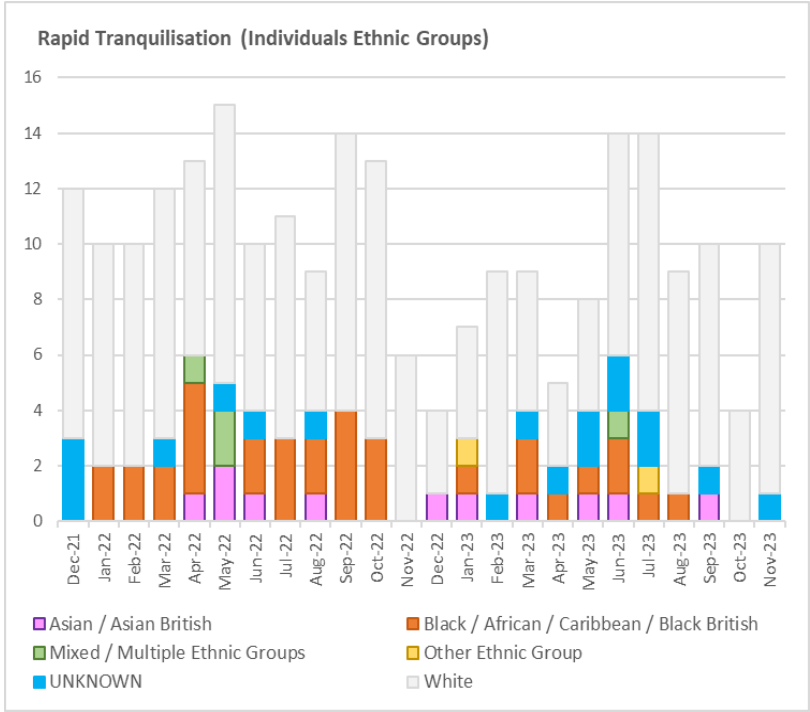
Linking our Least Restrictive Practice strategy and CQUIN, there is an ongoing quality improvement project for accurately recording timings of restrictive interventions, including seclusion episodes.

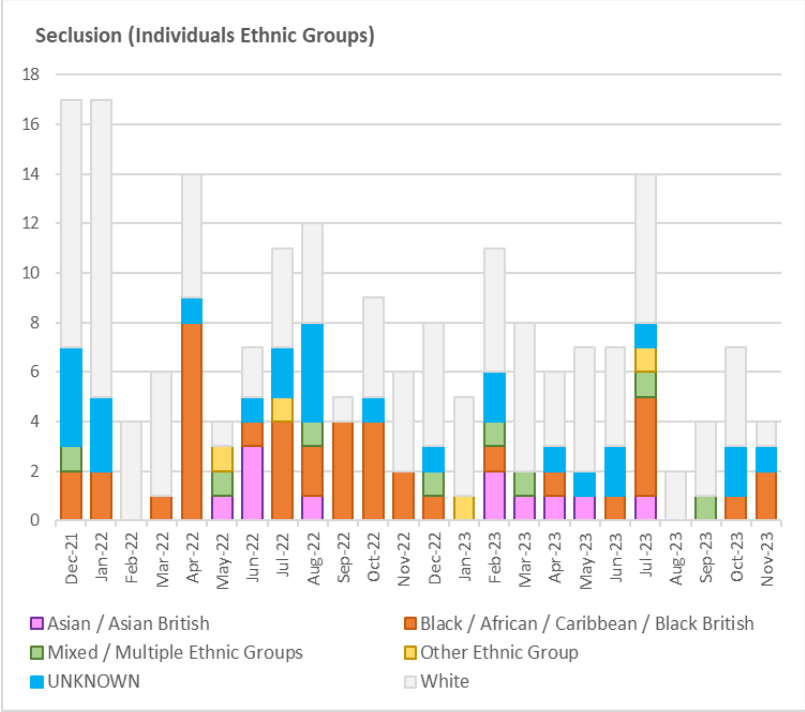
Long-Term Segregation

No long-term segregations reported in November 2023.

Race Equity Focus | Restrictive Practice







Narrative

Seclusion

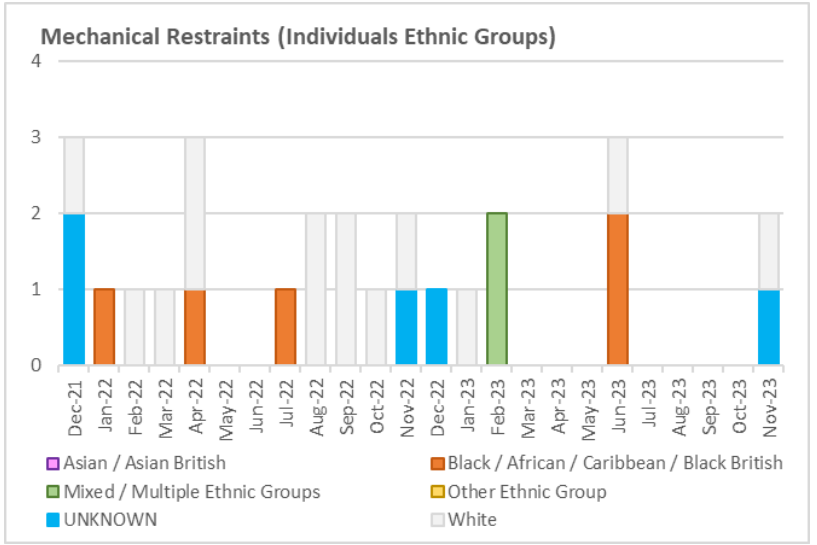
50% (2) of the individuals secluded in November were of black/black British African ethnicity, of which 1 individual was secluded on 2 occasions during the month for 25% unknown.

Rapid Tranquilisation

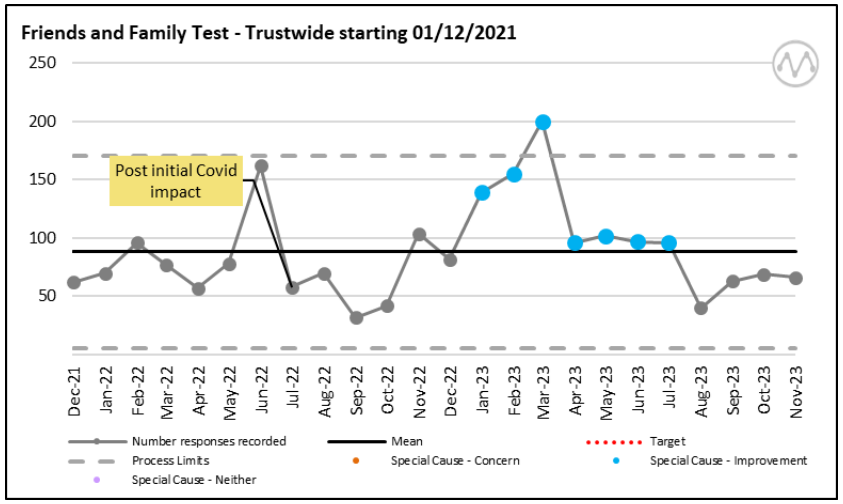
90% of individuals who received rapid tranquilisations were White British, 10% did not have an ethnicity recorded. The individual with an unknown ethnicity received 2 rapid tranquilisations.

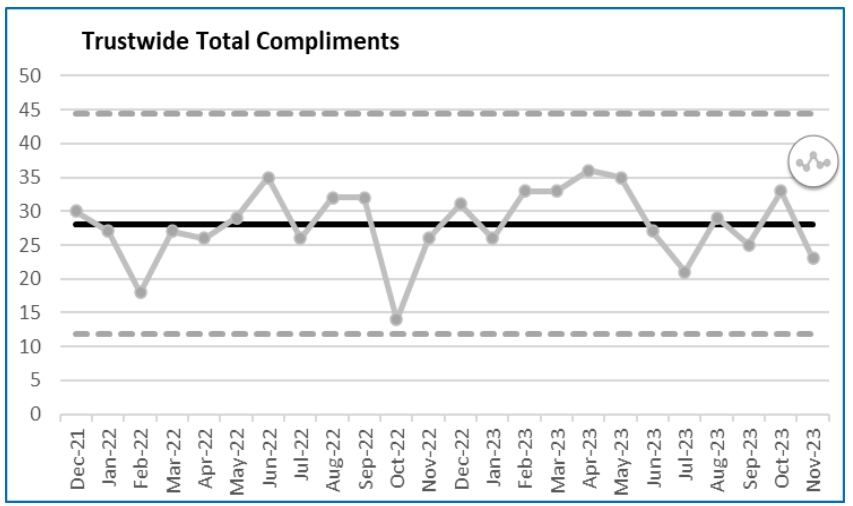
Physical Restraints

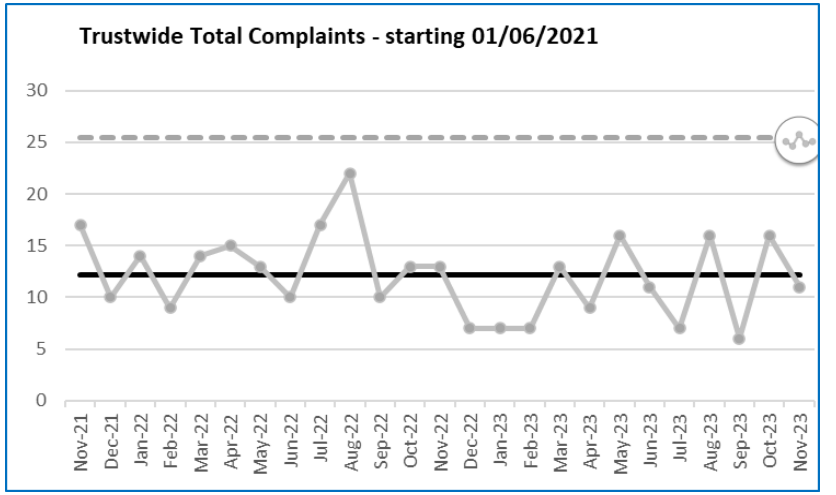
1 of the 2 individuals who received Mechanical restraints did not have an ethnicity recorded. 10% of the individuals physically restrained were from racialised communities and were recipients of 3.7% of the total restraints. A further 23.3% of the individuals restrained did not have an ethnicity recorded and were recipients of 11.9% of restraints.



Caring | User Experience







Narrative
In November 2023, the Trust received a total of 26 responses to the FFT questions; all 26 of the responses were positive. With 26 responses and 4082 active clients, the observed response rate for November 2023 is 0.64%, below the Trust Aspiration Response Rate at 5%.

A few positive responses are listed below:
"Although I entered into this with a certain amount of trepidation and scepticism, I found the experience very positive, and the health care professional was excellent." – Sheffield Adult Autism and Neurodevelopmental Service (SAANS)

"Overall, the course has been very helpful, and the information is great the DBT skills have been really helpful also learning to put my needs before others." – Short Term Educational Programme (STEP)

"Clear concise and professional advice given in an easy-to-understand manner." – Sheffield Adult Autism and Neurodevelopmental Service (SAANS)

"The tutors were extremely supportive and considerate, made it easy to engage and made me feel valid." – Short Term Educational Programme (STEP)

Compliments

There have been 23 compliments recorded as received in November. 17 received for Acute and Community and 6 for Rehabilitation and Specialist services.

Quality of Care Experience Survey

Complaints

There were 11 new formal complaints received in November 2023. 10 were for Acute & Community Access to Treatment or drugs was the most frequent complaint type this month. The ethnicity of the service users whose care was the subject of the complaint is 6 White British and 5 unknown.

14 complaints closed in October;

Closed - Not Upheld - Within Agreed Timescale	4
Closed - Partially Upheld - Within Agreed Timescale	5
Closed - Upheld - Within Agreed Timescale	3
Withdrawn	2

Quality of Care Experience Survey

In November 2023, a total of 26 inspections were carried out across 11 areas – Forest Lodge, Forest Close – Ward 1a, Forest Close – Ward 1, Forest Close – Ward 2, Burbage, Maple Ward, Dovedale 1, G1, Birch Avenue - at an average of 2.36 inspections per area.

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

Safer Staffing

IPQR - Information up to and including November 2023

Proud to care in Sheffield

Safer Staffing

		Staffing															
Organisation Name	New Staff Group	Funded Establishment FTE	Staff in Post FTE	Vacancies FTE	Unavailability Total FTE	Substantive Usage FTE (Actual)	Bank Usage FTE	Agency Usage FTE	Redeployment (Inbound)	Redeployment (Outbound)	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	CHPPD	Overall CHPPD	Demand Template CHPPD	SafeCare Completion Rate %
Burbage Ward	Registered Nurses	11.59	9.6	2.0	4.5	6.0	0.4	2.5			8.9	2.7	92%	99%	3.3			
Burbage Ward	Unregistered Nurses	23.42	18.5	4.9	3.8	16.3	9.6	3.1			29.0	-5.6	132%	172%	9.7	13.0	9.76	104.09%
Dovedale 1	Registered Nurses	11.22	10.6	0.6	4.9	7.6	1.1	1.3			10.0	1.2	116%	98%	3.8			
Dovedale 1	Unregistered Nurses	21.77	24.8	-3.0	9.7	16.1	8.1	8.3			32.5	-10.7	135%	312%	11.3	16.4	13.26	83.69%
Dovedale 2 Ward	Registered Nurses	11.59	10.6	1.0	5.7	4.4	0.1	3.7			8.2	3.4	110%	124%	4.4			
Dovedale 2 Ward	Unregistered Nurses	23.41	10.9	12.5	4.1	8.8	13.6	14.9			37.2	-13.8	171%	259%	18.4	22.8	6.8	83.30%
Endcliffe Ward	Registered Nurses	11.36	8.0	3.4	3.5	6.4	1.1	3.2			10.8	0.6	74%	103%	6.3			
Endcliffe Ward	Unregistered Nurses	26.35	26.5	-0.1	8.6	22.0	13.2	7.8			43.0	-16.6	195%	245%	22.8	29.0	17.26	32.62%
Forest Close 1	Registered Nurses	8.40	5.7	2.7	2.3	4.6	1.0	0.6			6.1	2.3	130%	100%	4.0			
Forest Close 1	Unregistered Nurses	9.80	11.0	-1.2	4.8	8.1	0.2	0.1			8.4	1.4	101%	103%	5.6	9.5	5.44	63.43%
Forest Close 1a	Registered Nurses	9.93	9.8	0.1	3.5	6.8	0.0	0.2			7.0	2.9	104%	100%	3.1			
Forest Close 1a	Unregistered Nurses	20.86	19.0	1.9	6.6	12.4	0.7	0.0			13.2	7.7	106%	99%	5.6	8.8	8.02	85.36%
Forest Close 2	Registered Nurses	8.80	6.4	2.4	3.1	3.4	0.1	1.4			4.9	3.9	108%	100%	4.5			
Forest Close 2	Unregistered Nurses	9.49	10.4	-0.9	3.7	7.8	1.4	0.5			9.7	-0.2	120%	163%	9.0	13.6	0	77.40%
Forest Lodge Assessment	Registered Nurses			0.0	4.8	6.6	0.4	0.9			7.9	-7.9	110%	111%	4.3			
Forest Lodge Assessment	Unregistered Nurses			0.0	3.3	10.0	3.4	0.8			14.2	-14.2	102%	108%	7.8	13.2	11.35	119.43%
Forest Lodge Rehab	Registered Nurses			0.0	2.2	6.4	0.9	0.0			7.4	-7.4	103%	100%	3.5			
Forest Lodge Rehab	Unregistered Nurses			0.0	3.9	5.3	0.8	0.6			6.8	-6.8	92%	101%	3.2	6.6	6.74	149.28%
G1 Ward	Registered Nurses	11.22	13.8	-2.6	5.5	9.3	0.8	0.4			10.6	0.6	113%	103%	3.4			
G1 Ward	Unregistered Nurses	32.09	27.3	4.8	11.2	16.3	10.9	6.4			33.6	-1.5	121%	150%	11.5	15.8	10.93	99.51%
Maple Ward	Registered Nurses	13.38	14.6	-1.2	6.3	7.6	0.1	3.0			10.7	2.6	73%	93%	4.7			
Maple Ward	Unregistered Nurses	25.36	21.6	3.8	7.3	17.7	11.5	11.3			40.4	-15.0	174%	291%	11.8	15.2	9.64	63.27%

Key:

Overstaffing

- 100-120% of required staffing - **Orange**
- 120-150% of required staffing - **Red**
- Over 150% of required staffing - **Purple**

Understaffing

- 80-90% of required staffing - **Orange**
- 70-80% of required staffing - **Red**
- Below 70% of required staffing - **Purple**

Organisation Name	Bed Occupancy %	Total Complaints	Total Incidents	Patient Safety Incidents	Serious Incidents (3-6)	Suboptimal Staffing Incidents	Medication Incidents	Self-Harm Incidents	Pressure Incidents	COVID-19 Incidents
Burbage Ward	97.29%	1	46	25	2	1	7	0	0	0
Dovedale 1	98.44%	0	46	16	1	2	6	1	0	0
Dovedale 2 Ward	95%	1	145	109	7	3	13	48	0	0
Endcliffe Ward	100%	0	56	38	18	0	4	6	0	0
Forest Close 1	106.70%	0	1	0	0	1	0	0	0	0
Forest Close 1a	100%	0	20	4	0	0	3	0	0	1
Forest Close 2	95.20%	0	11	6	2	0	2	5	0	0
Forest Lodge Assessment	98.00%	0	25	12	3	1	0	0	0	0
Forest Lodge Rehab	96.39%	0	7	1	0	0	1	0	0	0
G1 Ward	93.75%	1	36	17	2	0	8	0	0	0
Maple Ward	106.07%	1	83	54	11	0	6	12	0	0

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Our People

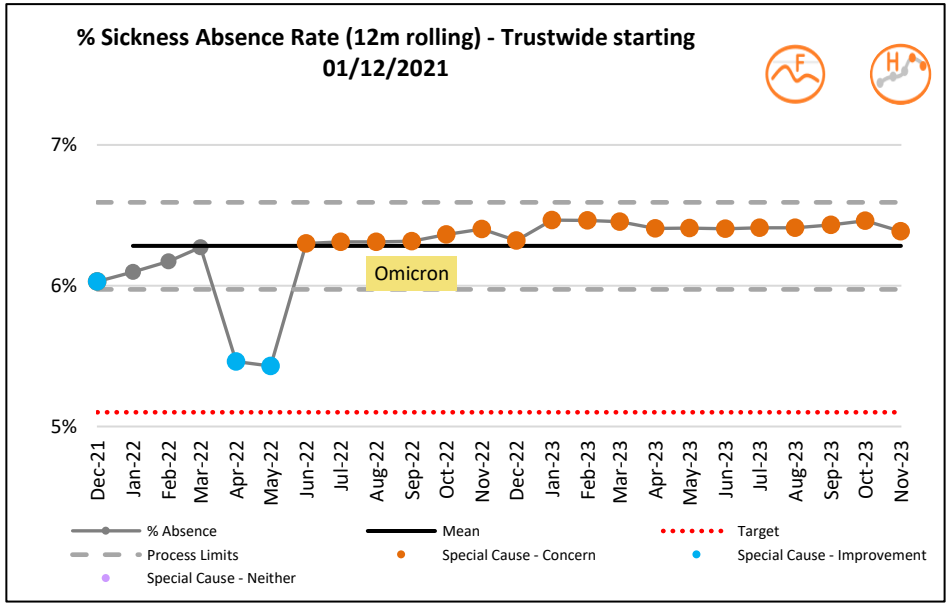
IPQR - Information up to and including November 2023

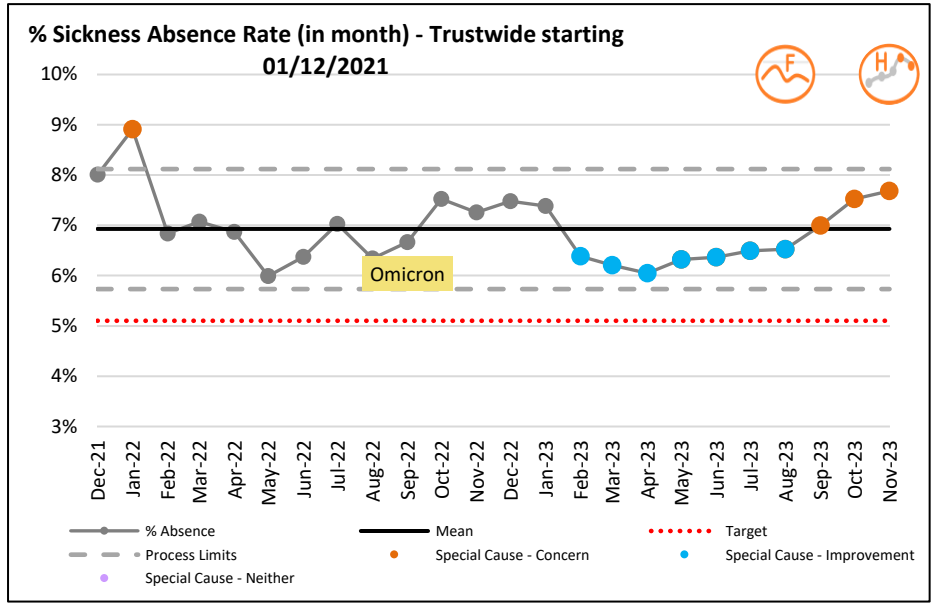
Proud to care in Sheffield

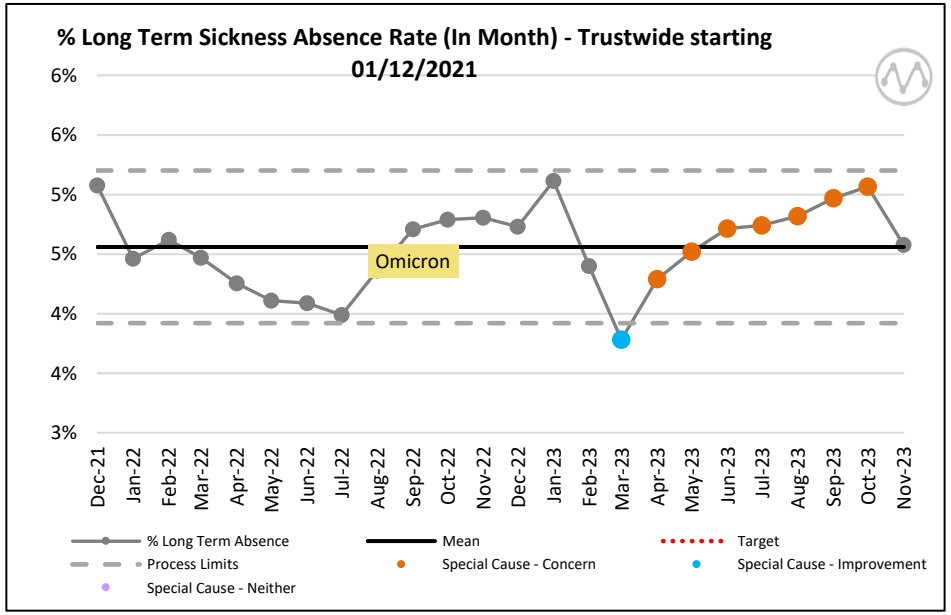
Well-Led | Workforce Summary

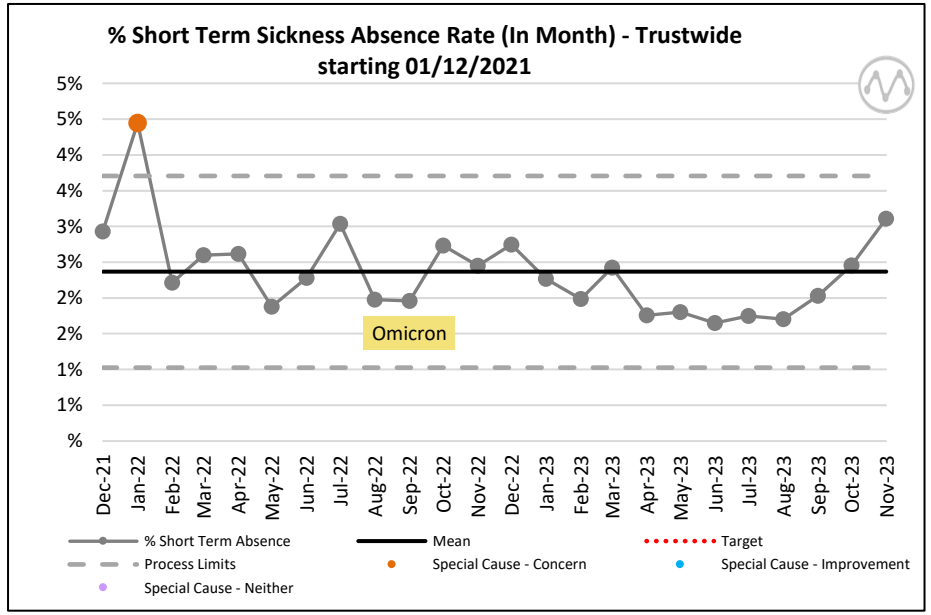
		Nov-23			
Metric	**Target**	**n**	***mean***	**SPC variation**	**SPC target**
Sickness 12 Month (%)	5.10%	**6.39%**	*6.28%*	• H •	F
Sickness In Month (%)	5.10%	**7.68%**	*6.93%*	• H •	F
Long Term Sickness (%)	~	**4.56%**	*4.56%*	• • •	/
Short Term Sickness (%)	~	**3.11%**	*2.37%*	• • •	/
Headcount Staff in Post	~	**2673**	*2653*	• • •	/
WTE Staff in Post	~	**2358**	*2330*	• • •	/
Turnover 12 months FTE (%)	10%	**18.64%**	*16.10%*	• H •	F
Training Compliance (%)	80%	**87.70%**	*88.54%*	• • •	P
Supervision Compliance (%)	80%	**66.6%**	*71.2%*	• L •	F

Well-Led | Sickness









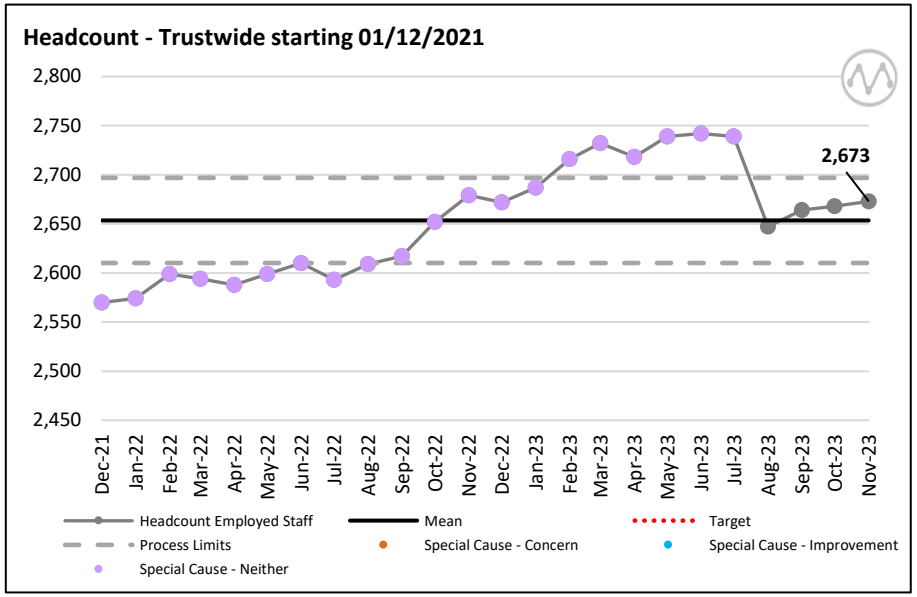
Narrative

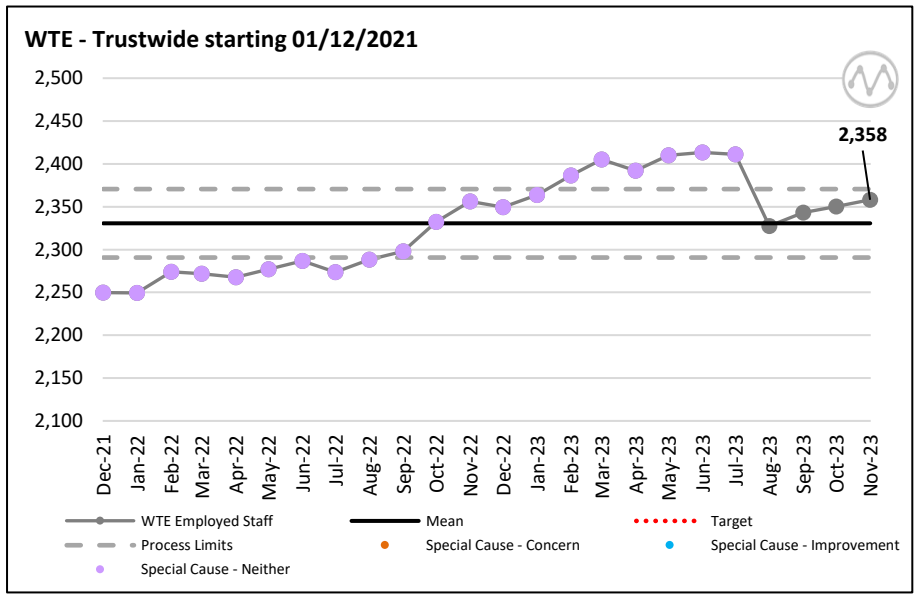
Sickness has increased to 7.6% in November. This was expected due to seasonal flu/covid but is still above target. The main reason for sickness continues to be S10 Stress/Anxiety/MH and other psychiatric illness, work in progress to understand root causes and the impact of health inequalities on attendance

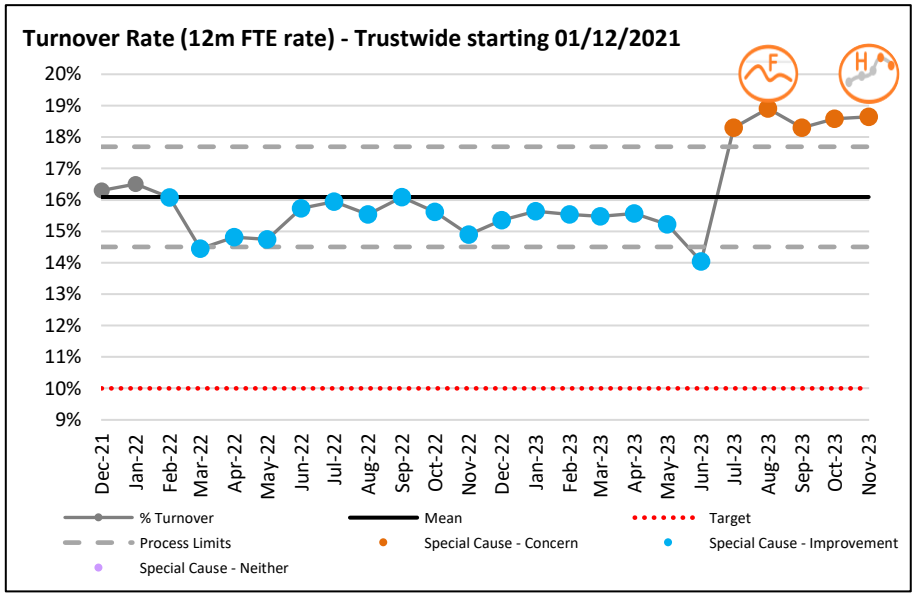
Key areas for action:

1. Increase scrutiny and challenge on casework - Case reviews on the longest long-term absences
2. Support to the People Team - Development with legal advisors on managing long term absence compassionately and fairly
3. Escalation of Occupational Health delays and performance against our SLAs
4. Ensuring Occupational health referrals are good quality and appointments are timely.
5. Contracting with Occupational health to support advice on injury allowance to reduce appeals / non satisfactory outcomes - Additional training for managers on quality referrals
6. Access to incident reporting for early intervention when a member of staff involved in an incident
7. Establishment of a sexual safety improvement group to meet the requirements of the new NHS Sexual Safety Charter by July 2024, to ensure that staff who experience harassment or assault have access to the right support consistently

Well-Led | Staffing







Narrative

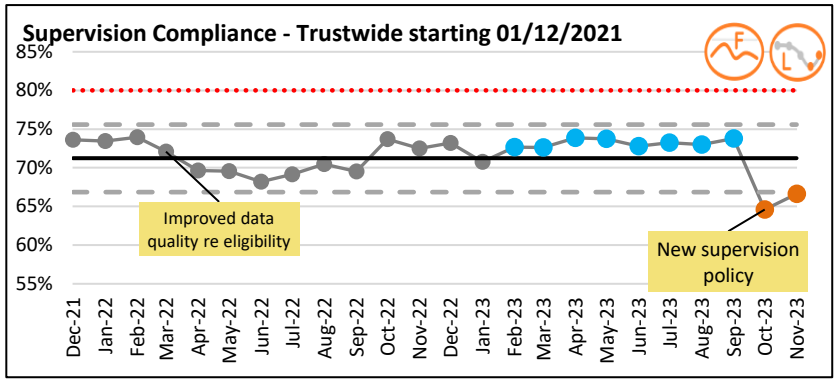
Headcount and WTE continues to rise month on month. This is due to continued recruitment campaigns across the organisation.

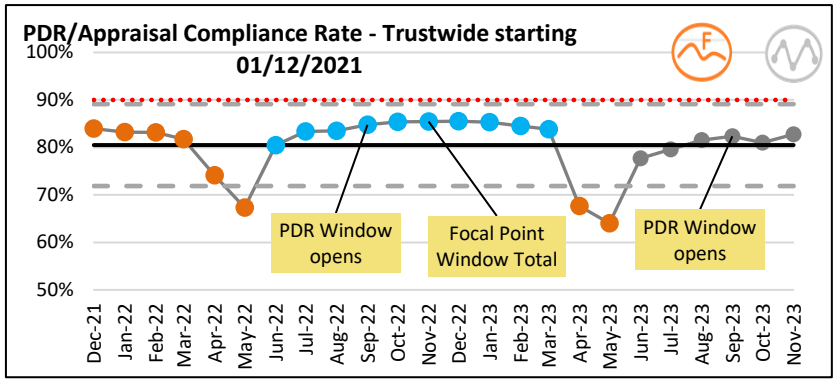
Our overall turnover rate for SHSC is 18.6%. This includes trainee doctors employed across the ICB but paid through SHSC and staff that have TUPE transferred out of the organisation.

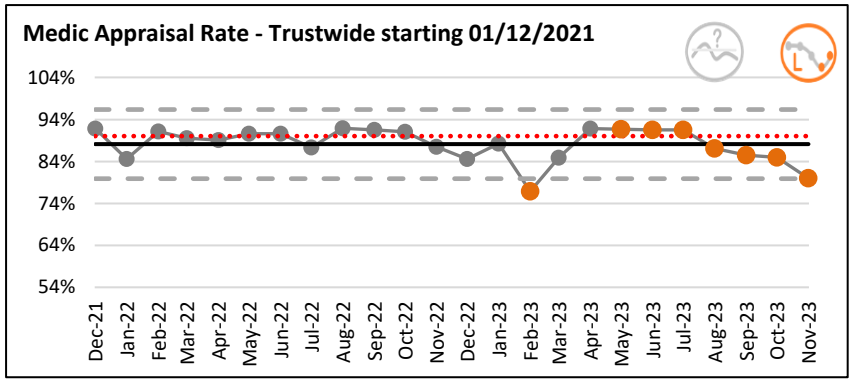
Excluding Trainee doctors and the TUPE transfer of Substance misuse staff from the turnover data the rate is much lower at 12.3%.

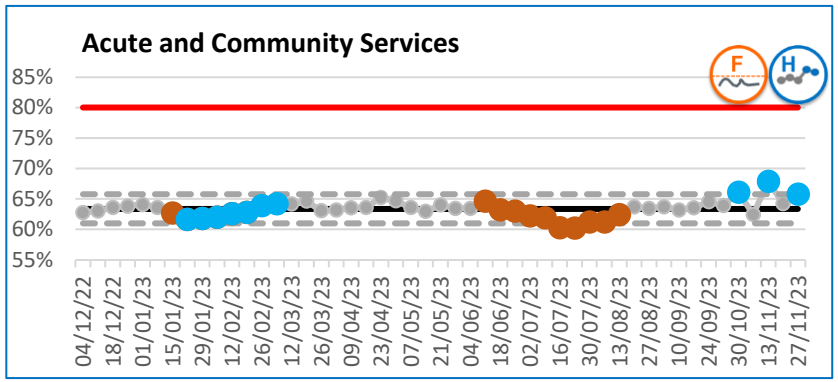
We continue to see positive retention rates across some staff groups including ACS, A&C and Medical.

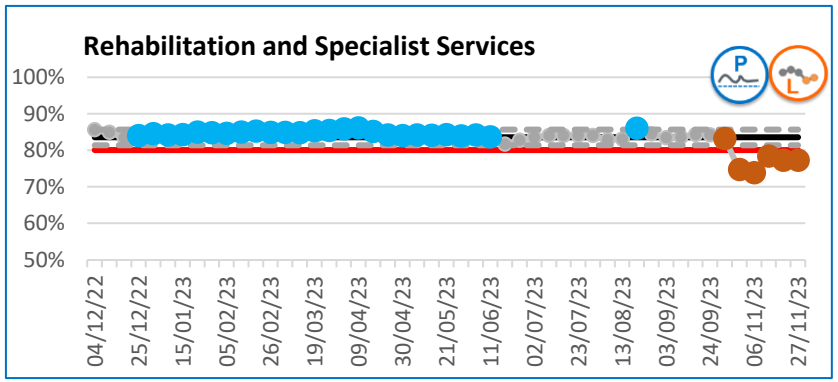
Well-Led | Supervision & PDR/Appraisal

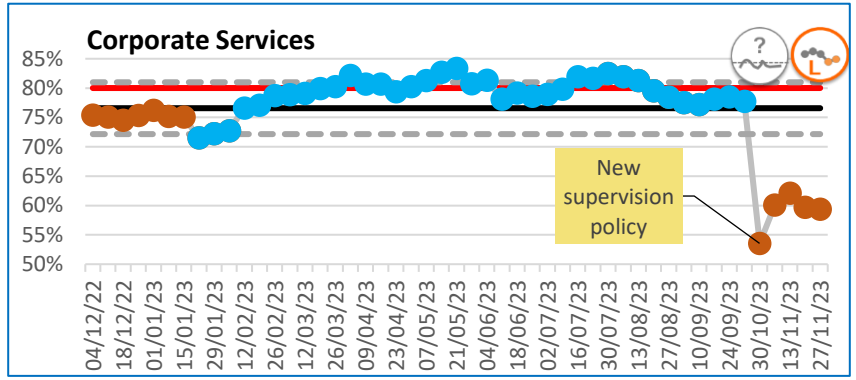












AIM

We will ensure that 80% staff have received at least one supervision in the last six-week period and that it is recorded in and reported on from a single source – the supervision webform.

Narrative

As at 30th November 2023, average compliance with the one supervision in the last six-week target:

Trustwide **66.62%**

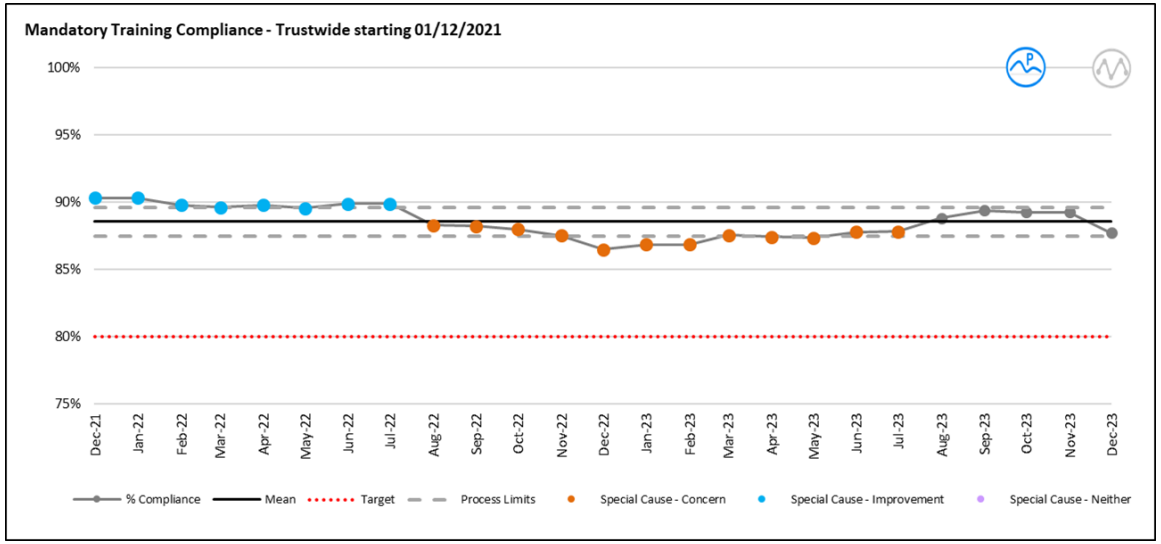
Clinical Services **66.0%**

Weekly updated information is monitored and reviewed 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.

The supervision policy has been revised and from the 16th of October the reporting changed to reflect this.
The policy can be found here:- Supervision Policy (NP 019 V4 July 23) | JARVIS (shsc.nhs.uk)
The Director of Psychological Services has emailed directorate leads to explain the changes.

Mandatory Training



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	14/11/2023	05/12/2023
Trustwide	**87.18%**	**87.70%**
Directorate/Service Line		
Corporate Services	80.04%	80.85%
Medical Directorate	87.05%	90.93%
Acute & Community – Crisis	87.06%	88.94%
Acute & Community – Acute	87.39%	88.18%
Acute & Community – Community	91.69	92.43%
Acute & Community – Older Adults	86.60%	86.65%
Rehab & Specialist – Forensic & Rehab	91.03%	92.06%
Rehab & Specialist – Highly Specialist	88.64%	88.36%
Rehab & Specialist – Learning Disabilities	87.99%	88.03%
Rehab & Specialist – Talkin Therapies	93.76%	92.63%

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.

As at 05/12/2023 the nearest training report to end of October position
There are currently 9 subjects below 80%: one less that was reported last time

Safeguarding Children Level 3 61.19% down 0.33%
Mental Health Act 62.57% down 4.10%
Medicines Management 62.50% down 1.71%
Deprivation of Liberty Standards Level 1 79.39% up 1.14%
Deprivation of Liberty Standards Level 2 76.99% down 0.56%
Rapid Tranquilisation 77.13% down 1.30%
Resus Level 2 (BLS) 66.96% down 0.09%
Respect Level 3 68.68% up 1.23%
Immediate Life Support 78.91% up 1.01%

We continue to work closely with clinical areas and subject leads to ensure these subjects return to a minimum of 80% as soon as possible. We continue to run the training reports every 3 weeks.

Resus Level 2, Resus Level 3 and Moving and Handling continue to be run in portercabins with reduced numbers at Woodland View due to ongoing roof replacement work with completion delayed significantly.

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Financial Performance

IPQR - Information up to and including November 2023

Proud to care in Sheffield

Executive Summary – DRAFT REPORT

Key Performance Indicator	YTD Plan £'000	YTD Actual £'000	Variance £'000	Annual Plan £'000	23/24 Forecast £'000	Variance £'000
Surplus/(Deficit)	(2,259)	(3,204)	(945)	(3,262)	(3,262)	(0)
Out of Area spend *	(5,917)	(6,474)	(556)	(8,496)	(8,496)	(0)
Agency spend	(4,393)	(4,876)	(483)	(6,479)	(6,479)	(0)
Cash	43,366	44,301	935	47,405	43,977	(3,428)
Efficiency Savings #	3,043	3,043	0	5,734	5,734	0
Capital ~	(9,043)	(7,170)	1,873	(12,791)	(8,791)	4,000

KPI		Target	Number	Value
Invoices paid within 30 days (Better Payments Practice Code)	NHS	95%	100%	100%
	Non-NHS	95%	99.6%	99.3%

YTD: Year To Date
* Includes Purchase of Healthcare only, excludes travel costs.
# Differs to NHSE reporting as this has been updated to reflect further work undertaken after ICB reporting deadlines.
~ The capital plan was rephased in M3 to reflect the updated expenditure profile. Total for the year is unchanged.

At month 8, we are reporting a YTD deficit £0.9m worse than plan at £3.204m. We are forecasting on plan for the year-end deficit of £3.262m.

Recovery plans and efficiency schemes must deliver by year-end to achieve the forecast, including:

- Operational recovery plans £1.1m
- Non-Pay controls £0.5m
- Eliminate Out of Area shortfall £0.6m
- Cap agency booking in addition to recovery plans £0.5m
- Other schemes £0.6m

The plans are not without risk hence the red rag rating forecasts.

The efficiency plan is forecast to deliver on plan but this is partly due to non-recurrent interest receipts rather than planned recurrent saving schemes. This will increase the efficiency required in 2024/25.

There are no concerns regarding cash flow or material bad debt risks to highlight at present.

The forecast capital spend is £4m less than plan as the receipt from the sale of Fulwood is no longer expected. The delay in completing the sale and the £0.8m overspend on EPR has had a significant impact on the capital programme. All schemes, which can be delayed, have been delayed putting pressure on the 2024/25 capital programme. Despite the action taken there is still a risk of overspend from undertaking the minimum work possible to finalise ongoing schemes that started in 2022/23 along with essential work for 2023/24. The risk is estimated at between £0.8m and £1m above the reported forecast outturn of £8.791m. The possibility of utilising other Trusts capital underspends is being pursued but there is little scope for this to happen within the South Yorkshire system. ICB colleagues are liaising with other systems to establish if underspends elsewhere can be utilised and then repaid next year.

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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:

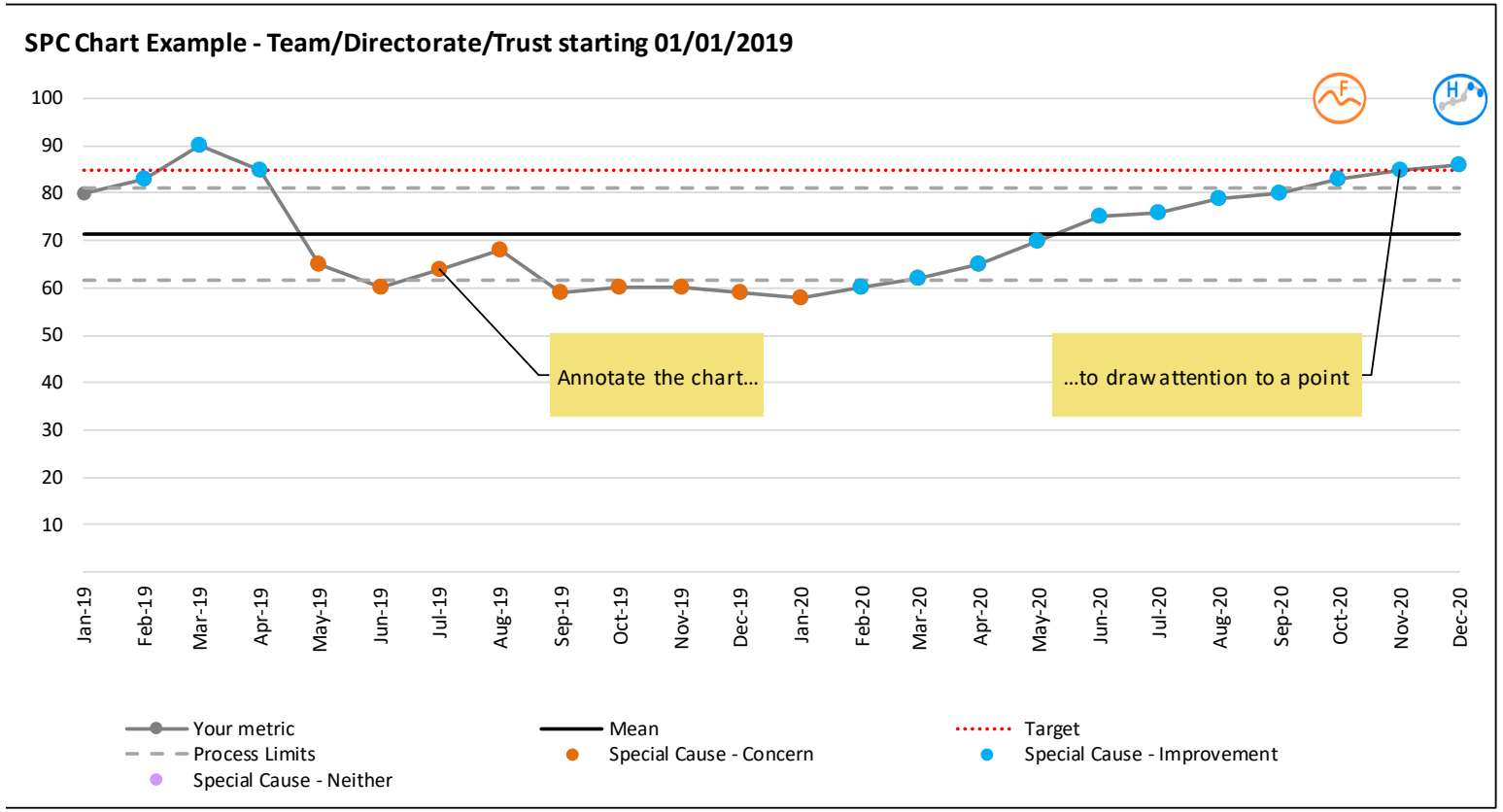
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

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.