Board of Directors - Public

SUMMARY REPORT	Meeting Date:	24 July 2024
	Agenda Item:	18

Report Title:	Integrated Performance and Quality Report (IPQR) May 2024	
Author(s):	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:	9th July 2024 10th July 2024 11th July 2024
Key points/ recommendations from those meetings	**Comments from People Committee**	

The committee received the following summary:

- Vacancy rate has increased and is believed to be due to the remodelling in Learning Disability Teams as posts have been introduced but not filled, therefore it is showing as an approximately 3% increase.
- Sickness absence has remained high at 6.93%, this is consistent in comparison to this time last year.
- Head count and whole time equivalent (WTE) have reduced which is due to robust vacancy control measures. Corporate recruitment is slower as a result.
- Bank and agency usage has reduced across all areas over the last 12-18 months. This is a result of a collaborative approach to review all bank and agency usage and weekly meetings are taking place to look at increasing bank usage to reduce agency requirements as well as how the Trust is utilising its workforce above funded establishment.
- NHS England set a target of zero for offsetting off framework agency usage which SHSC achieved in December 2023 and has been maintained. The target date set by NHS England was July 2024.
- The data for compliance with Supervision and PDR targets was extracted at the midpoint for the PDR window, therefore does indicate low figures but it is anticipated this will increase now that the window has closed.
- Mandatory Training figures are above the 80% target in all areas with some subjects such as Information Governance being slightly lower than their target at 85% with a target of 95%.

The committee challenged if financial rigour is negatively affecting staffing but was assured that governance processes including Vacancy Control

Panels and Quality and Equality Impact Assessments are in place to ensure that financial controls are not detrimentally affecting patient and clinical safety.

The committee was concerned that 42% of sickness reasons are related to stress, anxiety and depression and were advised that a range of improvements are being assessed and were further discussed in the Wellbeing and Organisational Development Assurance Group Report.

Comments from Quality Assurance Committee

The committee received the following summary:

- The progress against recording protected characteristics is disappointing with a lack of headway evident despite the new approach adopted in April 2024. A project group is being set up to address.
- The continued plateau in unreviewed incident figures with work on Ulysees to ensure timely reviews going forward for effective management of incidents.
- There is continued reduction in the number of falls with huddles at Birch Avenue making a positive impact.
- There is significant increase in the reporting of sexual safety incidents due to the raised profile and encouraged reporting with ongoing work with the communications team evidencing a positive impact.
- There is a line of sight on safer staffing on areas above the clinical staffing establishment with further work planned and transparency to be reported monthly. There has been successful recruitment to reduce reliance on bank and agency staff.
- There has been a significant reduction in the waiting times for Long Term Neurological Conditions (LTNC)
- There are improvements in the data quality in older adults with changes to the metric and reporting through the IPQR to be evidenced imminently.
- Positive feedback has been received relating to the 111 service with planned further work for a formal way of data collection to evidence valid understanding of service user experience.
- There is acknowledged increase in the use of Out of Area (OOA) beds and the Health Based Place of Safety (HBPoS).
- There is a positive trend evident in relation to autism assessments and waiting lists.

The committee considered the following concerns:

- The sharp rise in detained patients going absent without leave (AWOL) to be referred to Mental Health Legislation Committee for review and discussion and a cross committee referral has been made.
- Safer staffing issues and 1-2-1 observations in relation to protocols both nationally and locally with a new approach being piloted to give autonomy to nurses with the ability to reduce observations whilst taking into account human rights issues on service users.
- The committee requested awareness of the issue with OOA and HPBoS use to be highlighted within the report going forward to ensure clarity on the current situation whilst limiting the

	performance information. **Comments from Finance & Performance Committee** The committee received and noted the contents of the IPQR. The committee challenged the lack of focus on out of area placements within the report and asked that it be given more prominence. The finance dashboard highlights the key financial KPIs for the financial year. Performance as at May 2024 is broadly on plan, we have some largely contra variance with regards to Bank and agency expenditure reflective of planning profiles which will be reviewed for June reporting. Key drivers impacting on performance include areas in recovery plan and out of area placements that significantly increased in May and if continued would cause a material overspend against the forecast outturn. A plan is under development to address this including a revised trajectory and impact of forecast.

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 May 2024.

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

Appendices attached: Integrated Performance & Quality Report – May 2024

Please note: There are areas of missing data within the report, due to the Older Adult services moving to Rio in November 2023, as follows:

- There is no wait list/wait time data available for Older Adult community teams as we are awaiting the migration of all people on the waitlist from Insight to Rio.
- There is no inpatient data available for the Older Adult wards due to delays in the Rio Reporting Workstream.
- The 72-hour follow up data is only available for adult acute discharges, not older adults due to delays in the Rio Reporting Workstream affecting the reporting for OA Home Treatment Team.

All the missing data is explained in the narrative on the relevant slides.

Access to Adult Community Services

National Targets for community services

We are awaiting confirmation of Long-Term Plan national targets for 2024/25.

Core Community Mental Health Services

SPA/EWS, Community Mental Health Team and Early Intervention - We continue to see a reduction in the number of people waiting to access core mental health pathways. The number of people waiting to access Mental Health Recovery Teams in the North and South of the city has reduced because of our service transformation. The service has now transitioned to smaller care groups and are able to deliver more responsive interventions.
At the end of April 2024, the new Urgent & Crisis (U&C) service was formed to replace what was previously SPA/EWS. This service is integrated with the NHS 111 crisis line. This month's IPQR includes data around the new U&C service in place of what was previously SPA/EWS. As a result of the service transition, out of

hours staff are now documenting activity under the U&C service as opposed to the Crisis Resolution & Home Treatment Team as before. This is why referrals into the U&C service are significantly higher than what was previously reported for SPA/EWS. The referrals to CRHTT are also significantly lower than in previous months due to activity now being documented under U&C or signposted elsewhere. New SPC charts will be available once the service has run for several months and there are enough data points available for data significant analysis.

Referrals to Community Mental Health Teams have increased which is a symptom of the new system introduced with the change to the Primary and Community Mental Health Service. High referring sources have been identified and discussions are ongoing to monitor and improve processes.

Future development for the report is to include reporting on the Community Learning Disability Team waiting time performance in line with national expectations.

Specialist Service Waiting Times

Gender Identity Service - The number of people waiting to access the Gender services remained high in May 2024. We have escalated concerns about the impact upon service users waiting to NHS England through our contract negotiations. Recruitment, staff training and new way approaches to assessment remain the services priority.

ADHD and Autism Service – Lower than usual number of referrals for both autism and attention deficit hyperactivity disorder (ADHD) in May 2024, but we do not anticipate this continuing into 2024. We continue to operate a high waiting list for assessment of ADHD, including a high number of people who are waiting to be screened for suitability for assessment, as well as people who are waiting for an assessment. The main data in the report shows the figures for Sheffield residents, and additional information regarding national residents is provided in the narrative to present an overall picture. No new assessments have been completed since June 2023 to enable the service to focus on progressing service users (already assessed) through treatment pathways. We are working with the Mental Health Learning Disability Autism (MHLDA) Provider Collaborative to explore innovative ways to address this challenge. A meeting is being organised at the request of the Director of Operations with the Deputy Director of Sheffield Place to be clear about the systems approach to adults. For the Autism Service, we continue to see a reduction in the waits for Sheffield residents.

Long Term Neurological Conditions – The waiting list for LTNC has significantly reduced for 7 consecutive months. There has been focused work as part of the QI collaborative where sub-groups in the Neuro-Enablement Service (NES) and Brain injury (SCBRT) team have implemented some change in practice and piloted new ways of working. NES has reduced waits from referral to first contact from an average of 43 days to 15 days by introducing a new timetabling for first contact appointments. SCBRT have successfully piloted and evaluated two new groups following work with an ‘agile mindset coach’ and the QI coach; the groups support people and families to wait well and have also helped with clinical efficiency. LTNC have also implemented a new system for triaging referrals and allocating to teams, which has reduced length of time to process and triage referrals.

Older Adult Services

Data Extraction – The report continues to lack some information from Rio services due to delays in the Rio reporting workstream. Progress has been made on the new data warehouse which means that the following metrics will be available for Older Adult community teams in next month’s report: referrals, caseload and waiting list at month end. There remain some challenges around configuration of Rio to allow Older Adults staff to efficiently record information in the way that is needed to accurately report. The programme team will continue to work on these issues and further updates will be provided at the next committee.

Older Adult 72-hour report – Older Adults continue to receive a weekly report generated by Rio, like working age adults, outlining who requires follow up. This report is used to liaise with the Older Adult Home Treatment Team to ensure follow up. Work to provide fully automated reporting on 72 hour follow up is ongoing with some anomalies still outstanding.

Older Adult CMHT – Service leaders are able to manage and review referrals and caseload from Rio following the validation process being undertaken for Rio extraction, OA CMHT referrals previously included referrals to memory service which is no longer the case in Rio. The recovery plan was presented to Quality Assurance Committee in May 2024.

Sheffield Memory Service – The Memory Service is allocating appointments based on risk initially then length of time waiting for appointment to manage waiting times. The is supported by clinical procedures. The recovery plan was presented to Quality Assurance Committee in May 2024.

Adult Acute Services

The flow of patients through our acute and crisis services was very pressured throughout May. This has resulted in an increase in the number of patients requiring out of area hospital care. Patient flow has been impacted by:

- Higher than usual demand for female hospital care whilst operating at 98.6% occupancy.
- Preparation for the relocation of our staff and patients, in June, as part of our Therapeutic Environments Programme.
- Changes to the clinical leadership within our contracted hospital provider
- Quality concerns affecting the flow of patients through our female hospital ward.

We have a comprehensive clinical and operational plan to address each of these issues, which has been subject to intensive scrutiny and support. In addition, we have commissioned scrutiny of these plans through Getting It Right First Time (GIRFT) and Lean Management, which will begin in July 2024.

We remain committed to reducing our use of out of area hospital care to within the target trajectory, in accordance with national expectation, our clinical and social care strategy, and our financial plan. Value improvement plans are progressing through our governance, which will be necessary to mitigate our under-performance in May.

Urgent and Emergency Care

12-hour Breaches – There were 7 occasions in which people have waited more than 12 hours to be transferred to a mental health hospital bed in A&E during May 2024, compared with 4 in April 2024. This is unacceptable. We have taken steps to improve data accuracy and the actions that follow with Sheffield Teaching Hospital and Sheffield Integrated Care Board (ICB).

Health Based Place of Safety (HBPOS) – This was breached and used for acute mental health admission for 66% of time in May 2024, compared to 57% in April 2024. This is linked to the lack of available acute mental health hospital beds available at the point of need. This has resulted in service users inappropriately accessing a place of safety at Sheffield Teaching Hospital or travelling to other health-based places of safety across the South Yorkshire region. HBPOS is a priority for the MHLDDA Provider collaborative, and we are currently exploring capacity building across South Yorkshire.

Decisions Unit (DU) – There have been increased referrals into the DU with May seeing the sixth consecutive month above the 24-month mean. This is due to the increased working with Yorkshire Ambulance Service (YAS) which has been positive in improving the utilisation of this service. A DU triage nurse role commenced in April 2024 to support the increased referrals.

Mental Health Hospital Discharge Programme - has been operating since September 2023. The programme has successfully reduced the number of people who are clinically ready for discharge in our hospital beds through utilisation of the Better Care Fund and improved operational efficiency. We continue to make progress against the trajectory set to in 2023 and have seen significant improvement in delayed discharge since January 2024.

Inpatient Ward Flow and Spot Purchase out of Area Reduction – Out of Area elimination is a national priority. Usage of out of area beds is still off target and is affected as part of overall flow, HBPoS breaches and ED breaches remain relatively high affecting flow.
Delayed discharges from adult acute and Psychiatric Intensive Care Unit (PICU) have seen a positive reduction as a result of ongoing work with external colleagues but still have an impact on overall flow capacity.

111 Crisis Line – The 111 line is now diverting calls to our crisis line, which went live in April 2024. As previously reported, we are working in partnership with Nottingham Community Housing Association who operate the 111 telephone line as part of our new Urgent and Crisis Care service. The service has received

positive informal feedback from service users and a further piece of work is underway to collect formal service user feedback for those using the NHS Mental Health option.

72-hours Follow Up from Inpatient Care – We are following governance procedures to obtain authorisation to update our reporting with effect from June 2024. We are now able to report this for adult acute discharges. A report for Older Adult discharges is in draft and will also be subject to the appropriate sign-off.

Mental Health Acute Hospital Liaison Team - We continue to see increasing demand for people requiring support from our Mental Health Hospital Liaison Team at Sheffield Teaching Hospitals over the last seven months. This has been primarily linked to an increase in referrals from A&E. The increase in demand has made it challenging to meet the one-hour triage and 4 hours assessment target. However, we continue to work towards the national target. The Performance Team are meeting with NHS England colleagues in the near future to ensure SHSC internal reporting is aligned to national definitions for the Liaison wait time standards.

Safety & Quality

A bi-weekly dashboard showing the completeness of service user demographics has been rolled out from week commencing 29th April. This aims to ensure every contact counts and conversations with service users are being held. We are yet to see improvements in the percentage of 'unknown' demographics and will be working closely with services to support completion.

Unreviewed incidents remain a concern with managers not reviewing incidents within 5 days of reporting. Information is sent out twice a week to prompt review and follow up takes place by the quality governance team, but we continue to have a number of incidents where they are over a month without team level review. The quality incident huddle reviews every incident within one working day which acts as safety net and ensures prompt follow up, however managers must review their incidents aligned to Trust policy and best practice.

Unexpected deaths have continued to fall, this may be attributable to the Sheffield Treatment and Recovery team (START) services contract ending as a number of deaths were reported through this service. Committee will note that there are 160 deaths awaiting Coroner inquest of which some may require SHSC staff attendance and support.

Falls continue to reduce with the implementation of the huddles at Birch Avenue, this forms part of the unit improvement plan. This month has seen a sharp rise in AWOL incidents (absent without leave - detained patients) whilst there is no particular service flagging, the incidents will be reviewed and discussed through the mental health legislation operational group. AWOL can occur either by patients failing to return from leave, absconding whilst on escorted leave, or being absconding from the ward.

There has been a sharp rise in the sexual safety incidents, over the past 3 months which we believe to be due to the raised profile of sexual safety and encouraged reporting. SHSC has signed the sexual safety charter for staff and continues to work on sexual safety for service users. The Deputy Director of Nursing and Quality leads this workplan for service users and works with the Deputy Director of People on the staff sexual safety programme.

Restrictive practices are reviewed through the Least Restrictive Practice Oversight Group and into Mental Health Legislation Committee where more detailed data is shared. Going forwards Board will receive a 6-month report related to least restrictive practice.

The Friends and Family Test (FFT) response rate continues to be significantly lower than desired; there is an improvement plan in progress with our Engagement and Experience Team which we hope will yield a greater number of survey responses. This incorporates visiting services and a strengthened communication campaign, whilst improving the visibility of the FFT on our website. From development and use of alternative feedback mechanisms and after promoting the use of FFT we are finding that this is not a preferred method for the communities we care for to provide feedback.

Safer Staffing

It is of note that within May, Endcliffe and Dovedale 2 wards have continued to see high levels of patients requiring enhanced (1:1) observations and engagement due to acuity and individual patient need. This is

causing increased fill rate and consistently working above CER. Dovedale 2 moved to Burbage ward and the CER will be reviewed aligned to the new bedbase. Dovedale 2/ Burbage has seen a number of patient activity trends which are under review and linked to a quality improvement plan for the ward team. The directorate leadership team and the senior matron are working into the ward to support progress.

In May, Burbage saw high acuity and new patient admissions following move to new bed base continues to drive use of bank and agency above clinical establishment. Further issues exacerbated by high number of new HCSW starters and high number of preceptees awaiting sign off. Practice Nurse Educator supporting preceptee sign off.

The acute wards are currently working with a high proportion of preceptee nurses on most of the wards which is impacting on the staffing levels. Deputy Ward Manager vacancies remain on Maple & Stanage wards which is also impacting on fill rates.

On Endcliffe, they have no vacancies, consistent above CER due to enhanced observations and supporting section 17 leave. Reductions have been seen in restrictive practice, thought to be due to single sex patient acuity currently. SNPs are achieving 20% protected time. Reports that staff morale is improving on Endcliffe.

Maple/ Dovedale 2 has 3 Healthcare support worker vacancies recruited into to, 2.5 registered nurse's vacancies of which 1 has been recruited into. 1 senior nurse practitioner vacancy. Above CER staffing due to enhanced (1:1) observations and seclusion use. On Stanage ward there are Support worker vacancies, 3 recruited and due to start in the coming weeks, 2 deputy ward manager vacancies and a high level of acuity with some service users requiring PICU. Frequent requests for staff to support Dovedale 2. Emerging concerns regarding impact on quality due service user mix and staffing levels.

There has been progression in the onboarding of 13 x Band 3 HCAs of which the majority are for Dovedale 2 which will reduce reliance on bank and agency and be reflected in the staffing report.

G1 ward is over established with registered nurses impacting on fill rate. These services are actively working to reduce the number of staff on duty to be aligned with bed occupancy.

Rehabilitation and specialist services are reporting effective use of staffing and good fill rate, however preceptee's impacting on above CER staffing requirements, associated with helping preceptees achieve competency such as take charge and medicines management. Registered General Nurse placed on Dovedale 1 to support with physical health issue.

Access to Adult Community Services

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Adult Acute Services

Discharged Length of Stay (12 month rolling average) for Adult Acute, PICU and step-down wards is high due to a number of long stay patients being discharged. Whilst this is a positive step it also reflects that a number of patients have had a longer stay than would be expected.

Urgent and Emergency Care

111 Crisis Line – The 111 line is now diverting calls to our crisis line, which went live in April 2024. As previously reported, we are working in partnership with Nottingham Community Housing Association who operate the 111 telephone line as part of our new Urgent and Crisis Care service. The service has received positive informal feedback from service users and a further piece of work is underway to collect formal service user feedback for those using the NHS Mental Health option.

The summary of key points around performance for this report has been relocated to the Finance & Performance Committee reporting.

Our People

Headcount and WTE continue to fall as we have seen less new starters than leavers over the past 3 months. This is due to delayed recruitment due to the financial position of the organisation and reviewing all vacancies before they are recruited to and the tighter vacancy controls in place through the vacancy control panel. The majority of leavers that posts have not been recruited to in the past 3 months are non-clinical or corporate roles.

Sickness has reduced to 6.96% in May after spiking in April to 7.17% and dropping to the lowest in 2 years in March to 5.95%. We are working with areas through the directorate IPQR to understand the reasons behind this.

Supervisions and PDRs have dropped. The data we are presenting is from May which is right in the middle of the PDR window so we would expect the compliance rate to increase following the close of the window on the 30 June 2024. The Workforce team are offering support on recording supervisions through Manager Self-Service by offering 2 training sessions on a daily basis and are still recording supervisions on request to maintain records. Please note that PDRs are classed as professional supervisions and should be recorded as both PDRs and Supervision.

Mandatory Training compliance is above the 80% target for all areas. Although Information Governance is at 84.9% compliance although the national target is 95%.

Time to hire as increased throughout April and May, this is mainly to do with the Vacancy control process as people are putting vacancies on trac before the vacancy is approved. There is a new Vacancy control process in place from July which will stop this from happening as a form will need to be completed before any vacancy is approved on Trac or any contractual change is approved on Manager Self-Service.

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?					

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
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) May 2024

Good Performance						
Committee				**KPI/Area**	**Refer to (slide)**	**Current Performance**	**Trend/Trajectory**
F	Q			Waiting Lists	6		Reduced waiting list for Urgent & Crisis, LTNC, Recovery teams, Relationship & Sexual service and SAANS ASD.
F	Q			Waiting Times (RtA)	6		Sustained reductions in average wait time referral to assessment for Recovery Service North and South, Relationship & Sexual Service and CLDT.

Good Performance							
Committee				KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q			Waiting Times (RtT)	6		Low for Urgent and Crisis but this is linked to the service transformation
F	Q			Out of Area Placements	7-8		Number of bednights and out of area placements for adult acute and PICU has sustained improved performance but does still not meet the targeted reduction (see performance concern table).
F	Q			Length of Stay - PICU	8		Endcliffe ward continues to meet the national standard for discharged length of stay.
F	Q			Average discharged Length of Stay – Forest Close	10		Performance aligns with national benchmarks.
F	Q			Delayed care	11		Adult Acute & PICU low number of delayed bednights in month
F	Q			Talking Therapies – wait times	13		Talking Therapies consistently achieving the 6 and 18 week wait targets.
	Q			Assaults on Staff	18		Assaults on staff is sustained below mean for the last 7 months
	Q	P		Mandatory Training	33		Consistently achieving the trustwide target of 80%.

Performance Concern								
Committee				KPI/Area	Refer to (slide)	Performance	Trend/ Trajectory	Recovery Plan?
F	Q			Waiting Lists	6		Increased waiting lists for Perinatal, Gender, SAANS ADHD.	Recovery Plan x 2 (Gender, SAANS) Quality Assurance Committee
F	Q			Caseloads/Open Episodes	6		Increasing trend/high caseloads in SPS - PD, Perinatal, HAST, CLDT, CERT, Gender, Memory Service & OACMHT.	Recovery Plan x 2 (Gender & SAANS) Quality Assurance Committee
F	Q			Length of Stay – Adult acute wards	7		Failing to meet target for average discharged length of stay (12 month rolling).	Linked to Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
F	Q			Out of Area Acute Placements	7-8		Prolonged failure to meet reduction of inappropriate out of area placements in acute.	Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
F	Q			Health Based Place of Safety breaches	11		Breaches for detained mental health admission 41/62 available days (66%) in May 24. Since new HBPoS opened in Jan aim is to have 0 beds breached.	Linked to Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
F	Q			12-hour ED Breaches			Failing the target for a number of months	Quality Assurance Committee
	Q	P		Staff sickness	28		Consistently failing to meet trust target of 5.1%. 7.0% for May 24.	Sickness Group
	Q	P		Staff Turnover	29		High staff turnover rate (16.9%). 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 (63.1% in May 24). There has been a noticeable decrease in compliance across several services since the introduction of the new supervision policy.	Action Plan/Local Recovery Plans People Committee
	Q	P		PDR and medic appraisals	32		Consistently failing to meet trustwide target of 80% for PDR compliance. Sustained reduction in medic appraisal rate compliance.	Action Plan/Local Recovery Plans People Committee
F				Agency and Out of Area Placement spend	33		High agency and OOA spend.	Out of Area Recovery Plan(s) x 3 VIP Plans 24/25 Finance and Performance Committee

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Integrated Performance & Quality Report

Information up to and including May 2024

Proud to care in Sheffield

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 May 2024 reporting, we are using monthly figures from June 2022 to May 2024. 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				

Placeholder

Awaiting confirmation of metrics and associated targets for 2024/25

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Service Delivery

IPQR - Information up to and including May 2024

Proud to care in Sheffield

Responsive | Access & Demand | Referrals

Referrals	May-24			
Acute & Community Directorate Service	n	mean	SPC variation	Note
Urgent & Crisis Service	1111			In April 2024, the new Urgent & Crisis service was formed which replaces aspects of the teams which were previously SPA/EWS and Crisis Resolution Home Treatment. As a result of this service transition, staff that work at night and weekends that previously documented their activity under CRHTT are now documenting this under the Urgent & Crisis team on Insight. This explains why the referrals into U&C service in May are significantly higher than what was previously the SPA/EWS team. Referrals to CRHTT are also significantly lower than in previous months due to activity now being documented under U&C/signposted elsewhere. Due to the service transformation, new SPC charts will not be available until the service has run for several months.
Crisis Resolution and Home Treatment	99			
Liaison Psychiatry	620	533	• H •	Liaison Psychiatry referrals continues to be high – primarily linked to an increase in referrals from A&E.
Decisions Unit	68	59	• H •	6 consecutive months of increasing referrals following initial reduction in December 2023 due to closure of the DU and other service needs during December. Increased referrals relates to the increased work with YAS and new DU Triage Nurse role from April 2024 to help improve the utilisation of the DU.
S136 HBPoS	31	27	• • •	Currently this figure includes breaches in the HBPOS. Work to be undertaken to consolidate the data to only include people on a S136.
Recovery Service North	40	26	• • •	
Recovery Service South	75	25	• H •	High referrals in Recovery South linked to changes to the Primary & Community Mental Health service.
Early Intervention in Psychosis	35	36	• • •	

Referrals	May-24			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	3	2	• • •	
SCFT	0	2	• • •	
AOT	5			
CLDT	58	64	• • •	
CISS	3	3	• • •	
Psychotherapy Screening (SPS)	35	53	• L •	Referrals below the mean for 6 months. This will be investigated.
Gender ID	33	41	• • •	
Eating Disorders Service	36	40	• • •	
SAANS ASD	68	87	• • •	Figures reported are for referrals to ASD for Sheffield residents. The service also accepts referrals from people who live in other areas. National referrals: 31
SAANS ADHD	92	131	• • •	Figures reported are for referrals to ADHD for Sheffield residents. The service also accepts referrals from people who live in other areas. National referrals: 82. ADHD referrals are screened before being added to the waiting list and up to 50% may not be accepted to wait list.
Relationship & Sexual Service	22	19	• • •	
Perinatal MH Service	52	48	• • •	
HAST	12	15	• • •	
HAST - Changing Futures	3			
Health Inclusion Team	229	176	• • •	
LTNC	72	93	• • •	
ME/CFS	5	71	• L •	Delay in referrals recorded to SystmOne. Referral numbers not available due to admin capacity and business continuity.
Memory Service	128	124	• • •	
OA CMHT	110			Rio reports that 110 is number of OA CMHT referrals accepted on the waiting list, previously the no. of referrals into SPA function of OA CMHT was reported on, this included referral to Memory Service. Due to the service transformation, new SPC charts will not be available until the service has run for several months.
OA Home Treatment	21	23	• • •	

Responsive | Access & Demand | Community Services

May 2024	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**
Urgent & Crisis Service	**20**			**42.0**			**1.3**			**199**		
MH Recovery North	**68**	*78*	• L •	**6.0**	*13.7*	• L •	**8.0**	*6.8*	• • •	**761**	*853*	• L •
MH Recovery South	**46**	*62*	• L •	**1.0**	*10.4*	• L •	**28.5**	*12.4*	• • •	**863**	*989*	• L •
Recovery Service TOTAL	**114**	*140*	• L •	*N/A*			*N/A*			**1624**	*1842*	• L •
Early Intervention in Psychosis	**20**	*24*	• • •				**73.3%**	*86.5%*	• • •	**272**	*296*	• L •
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPS - MAPPS	**56**	*75*	• • •	**26.3**	*19.9*	• • •	**117.4**	*90.8*	• • •	**311**	*332*	• • •
SPS - PD	**52**	*53*	• • •	**21.5**	*16.7*	• • •	**32.7**	*50.6*	• • •	**213**	*202*	• H •
Gender ID	**2418**	*2112*	• H •	**271.1**	*192.5*	• • •				**3360**	*3003*	• H •
Eating Disorders	**30**	*27*	• • •	**4.1**	*3.9*	• • •				**188**	*203*	• L •
SAANS ASD	**1011**	*1087*	• L •	**63.0**	*66.4*	• • •				**582**	*1005*	• L •
SAANS ADHD	**3433**	*2308*	• H •	*N/A*						**116**	*135*	• L •
R&S	**55**	*77*	• L •	**20.8**	*44.2*	• L •				**133**	*143*	• • •
Perinatal MH Service (Sheffield)	**33**	*29*	• H •	**3.6**	*3.5*	• H •				**191**	*163*	• H •
HAST	**35**	*28*	• • •	**1.4**	*12.4*	• • •				**93**	*85*	• H •
Health Inclusion Team	**145**	*133*	• • •	**3.0**	*9.1*	• • •				**1628**	*1552*	• • •
LTNC	**254**	*330*	• L •	*N/A*						*N/A*		
CFS/ME	*N/A*			**24.6**	*28.8*	• • •				**833**		
CLDT	**150**	*166*	• • •	**6.4**	*7.7*	• L •				**722**	*695*	• H •
CISS	*N/A*			*N/A*						**14**	*15*	• L •
CERT										**52**	*46*	• H •
SCFT										**24**	*24*	• • •
Memory Service										**4445**	*4315*	• H •
OA CMHT										**1433**	*1336*	• H •
OA Home Treatment	*N/A*			*N/A*			*N/A*			**67**	*66*	• • •

Narrative

Early Intervention did not meet the wait time standard in May 2024.
The Early Intervention Access & Waiting Time standard is "By 2024, 95% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral" and is therefore reported as a percentage of clients meeting the standard. In May, only 73.3% of clients met this standard. This is the first time the target has not been met in 11 months. This will be investigated.

SAANS ASD – Additional 1589 national residents on the waiting list; total waiting list size 2600, Wait times for ASD assessment for Sheffield residents have continued their reduction.

SAANS ADHD – Additional 4149 national residents waiting for screening and/or assessment. Total waiting list size 7582.

There is no figure provided for RtA wait time because no assessments have been completed since June 2023 while appointments for those waiting for medication stabilisation have been prioritised.

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

Older Adults – waiting list/times data for May 2024 is not available due to delays in the Rio Reporting workstream. Data will be provided as soon as possible.

SPS – Special cause variation from last month has not continued. This will continue to be monitored.

LTNC - The waiting list for LTNC has significantly reduced for 7 consecutive months. There has been focused work as part of the QI collaborative where sub-groups in the Neuro-Enablement Service (NES) and Brain injury (SCBRT) team have implemented some change in practice and piloted new ways of working.

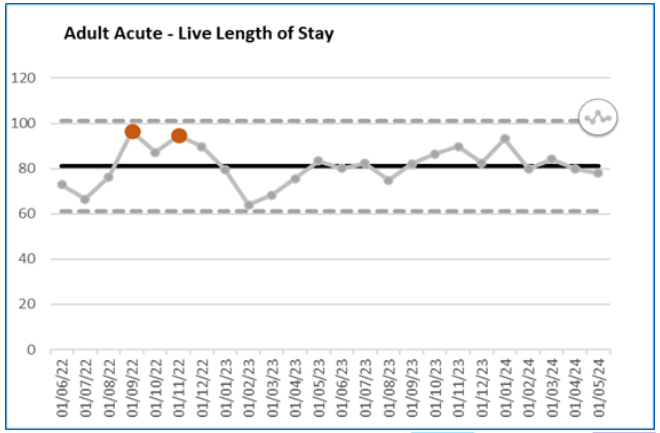
Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Dovedale 2, Burbage, Maple)	May-24 n	mean	SPC variation	SPC target
Admissions	24	29.38	• • •	/
Detained Admissions	23	26.46	• • •	/
% Admissions Detained	95.83%	90.05%	• • •	/
Emergency Re-admission Rate (rolling 12 months)	3.85%			
Transfers in	14			
Discharges	26	30.25	• • •	/
Transfers out	8			
Delayed Discharge/Transfer of Care (number of delayed discharges)	8	13	• • •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	176	307.52	• • •	/
Bed Occupancy excl. Leave (KH03)	94.17%	94.78%	• • •	/
Bed Occupancy incl. Leave	98.66%	99.39%	• • •	/
Average beds admitted to	48.1	47.3	• • •	/
Average Discharged Length of Stay (12 month rolling)	41.91	38.85	• H •	F
Average Discharged Length of Stay (discharged in month)	42.79	41.11	• • •	?
Live Length of Stay (as at month end)	78.04	81.18	• • •	/
Number of People Out of Area at month end	9	10	• L •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	7	8	• L •	?
Total number of Out of Area bed nights in period	219	320	• L •	F

Length of Stay Detail – May 24

Longest LoS (days) as at month end:
8 on Burbage ward move reset May
486 on Maple
72 on Stanage ward move reset Mar

Longest LoS (days) of discharges in month:
Burbage = 478
Maple = 117
Stanage = 63



Step Down (Beech)	May-24 n	mean	SPC variation	SPC target
Admissions	4	4.38	• • •	/
Transfers in	0			
Discharges	3	4.29	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	74.84%	79.64%	• • •	/
Bed Occupancy incl. Leave	89.35%	87.45%	• H •	/
Average Discharged Length of Stay (12 month rolling)	67.62	56.78	• H •	/
Live Length of Stay (as at month end)	61.00	54.55	• • •	/

Length of Stay Detail – May 24

Longest LoS (days) as at month end: 178 (ID 417452)
Range = 1 to 178 days
Longest LoS (days) of discharges in month: 295

Narrative
Beech Length of Stay high due to a number of long stay clients.

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)	May-24 n	mean	SPC variation	SPC target
Admissions	7	4.13	• • •	/
Transfers in	3			
Discharges	3	2.08	• • •	/
Transfers out	8			
Delayed Discharge/Transfer of Care (number of delayed discharges)	0	1	• L •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	0	30	• L •	/
Bed Occupancy excl. Leave (KH03)	94.19%	96.27%	• • •	/
Bed Occupancy incl. Leave	94.19%	96.99%	• • •	/
Average beds admitted to	9.42	9.71	• • •	/
Average Discharged Length of Stay (12 month rolling)	42.80	36.00	• H •	P
Live Length of Stay (as at month end)	77.22	113.89	• • •	/
Number of People Out of Area at month end	3	5	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	3	3	• • •	?
Total number of Out of Area bed nights in period	72	146	• L •	F

Endcliffe – Length of Stay – May 24
Over national benchmark average (61)

Start Month	LOS
11/2023	208
12/2023	178
12/2023	161
02/2024	95

As at 31/05/2024, there were 4 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 61 days.

Discharged LoS for PICU disproportionally affected by 1 patient who had been on the ward for 1095 days before being discharged/transferred to another ward.

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

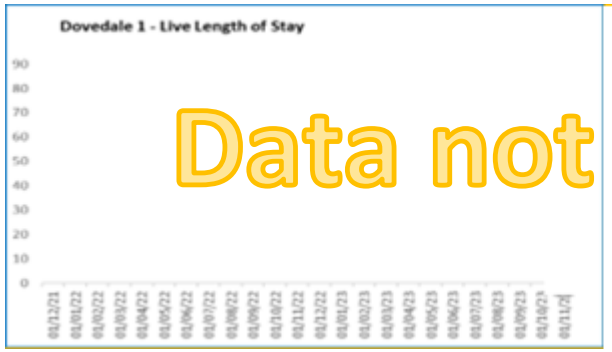
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 61

Safe | Inpatient Wards | Older Adults

Older Adult Functional (Dovedale 1)	May-24			
	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 May 24 – Dovedale 1
Data not available

Narrative
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.



Older Adult Dementia (G1)	May-24			
	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 May 24 – G1
Data not available

Narrative
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)	May-24 n	mean	SPC variation	SPC target
Admissions	0	0.79	• • •	/
Transfers in	1			
Discharges	2	1.63	• • •	/
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)	91.61%	87.32%	• • •	/
Bed Occupancy incl. Leave	101.72%	97.28%	• • •	/
Average Discharged Length of Stay (12 month rolling)	347.43	367.33	• • •	P
Live Length of Stay (as at month end)	429.33	369.60	• H •	/
Number of Out of Area Placements started in the period (admissions)	0			
Total number of Out of Area bed nights in period	155			
Number of People Out of Area at month end	5			

Forensic Low Secure (Forest Lodge)	May-24 n	mean	SPC variation	SPC target
Admissions	2	0.83	• • •	/
Transfers in	0			
Discharges	1	0.63	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	93.40%	91.37%	• • •	/
Bed Occupancy incl. Leave	97.95%	95.62%	• • •	/
Average Discharged Length of Stay (12 month rolling)	411.11	636.53	• L •	?
Live Length of Stay (as at month end)	777.73	659.41	• H •	/

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 favourably against other Rehab/Complex Care facilities across the country.

Long stays – Forest Close
2906 days – MOJ restriction - Social Worker has completed new Social Care Assessment and referred to Mooreville who have assessed and accepted. Visiting two properties in the next couple of weeks
1416 days – MOJ restriction – Currently carrying out cognitive assessments and looking at properties in Rotherham. Will liaise with the MOJ once properties identified.

Length of Stay Detail May 24 - Forest Close (all)
Longest LoS (days) as at month end: 2906
Range = 4-2906
Number of discharges in month: 2
Longest LoS (days) of discharges in month: 429

Benchmarking Rehab/Complex Care
(2023 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.

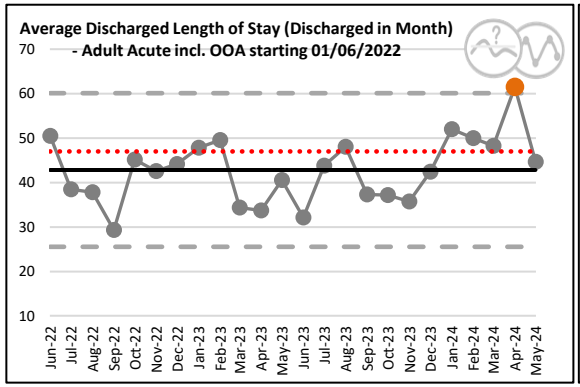
Long stays – Forest Lodge
2556 days – Starting a slow transition to Rehabilitation ward.
2445 days – Subject to MoJ restrictions. Was progressing with leave but relapsed before Xmas.
1950 days – Has a life tariff. Only route is to return to prison.
The rationale for LoS remains the same due to clinical presentation and this is likely to be unchanged until the service users are likely to be discharged, their risk changes or another placement is required, and this would go through the MoJ / NHS England i.e., medium secure is found.

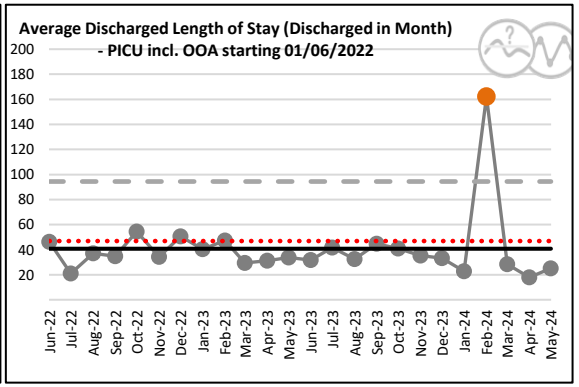
Length of Stay Detail May 24 – Forest Lodge
Longest LoS (days) as at month end: 2556
Range = 22-2556
Number of discharges in month: 1
Longest LoS (days) of discharges in month: 379

Benchmarking Low Secure Beds
(2023 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 833

Urgent & Emergency Care Dashboard

Length of Stay





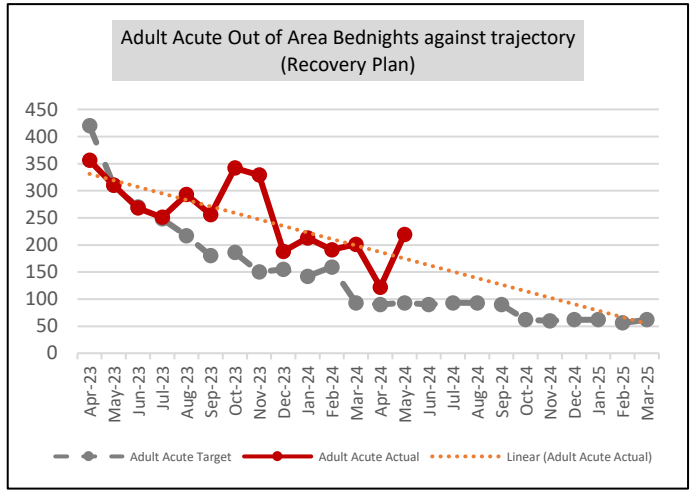
Adult Acute Discharged LoS (Rolling 12-month average)

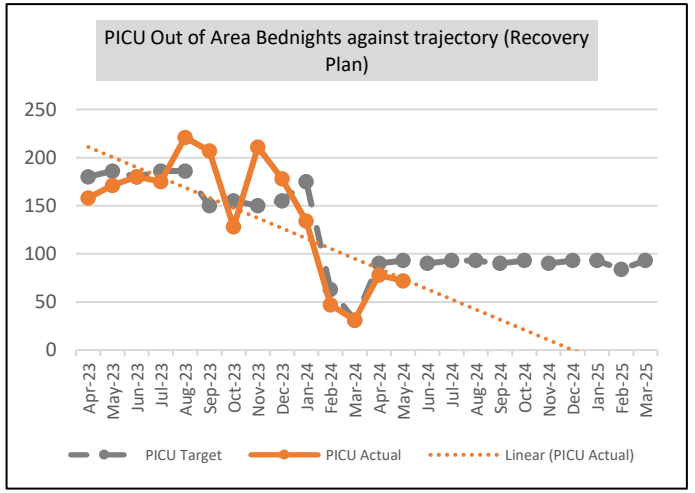
Location	Total Discharges	Average Discharged LoS
Sheffield	413	42
OOA	73	40
Contracted	101	54
Combined	**587**	**44**

PICU Discharged LoS (Rolling 12-month average)

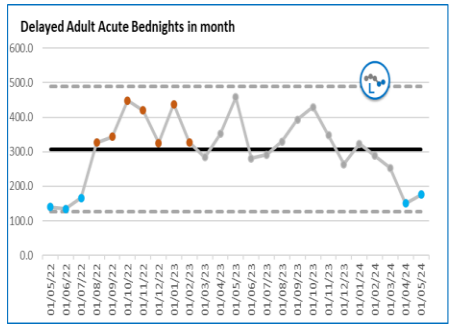
Location	Total Discharges	Average Discharged LoS
Sheffield	94	43
OOA	37	53
Combined	**131**	**46**

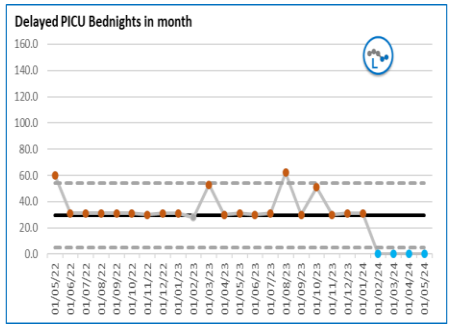
Out of Area

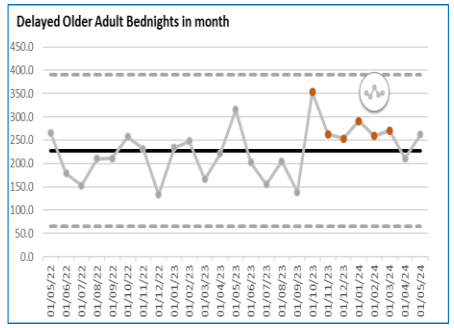




Delayed Care





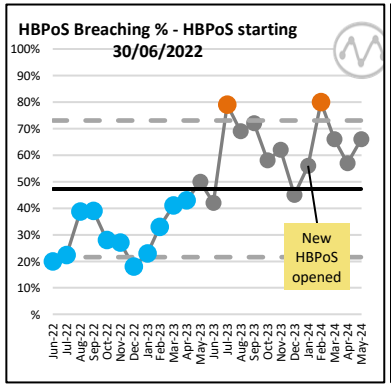


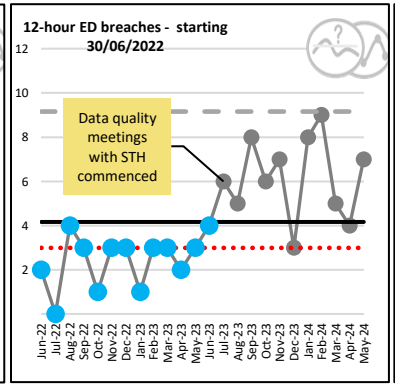
Delayed Discharges Adult Acute	May-24
Sum of Delayed Bednights	176
% Bednights occupied by DD	11.1%

Delayed Discharges PICU	May-24
Sum of Delayed Bednights	0
% Bednights occupied by DD	0.0%

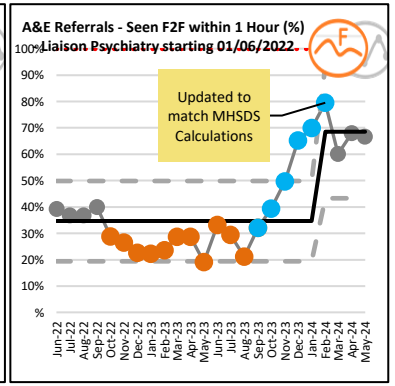
Delayed Discharges Older Adult	May-24
Sum of Delayed Bednights	262
% Bednights occupied by DD	27.3%

HBPoS & ED Breaches





Liaison Psychiatry wait times compliance



Health Based Place of Safety (HBPoS/136 Beds)	May-24
Occasions breached	41
Occasions breached %	66%

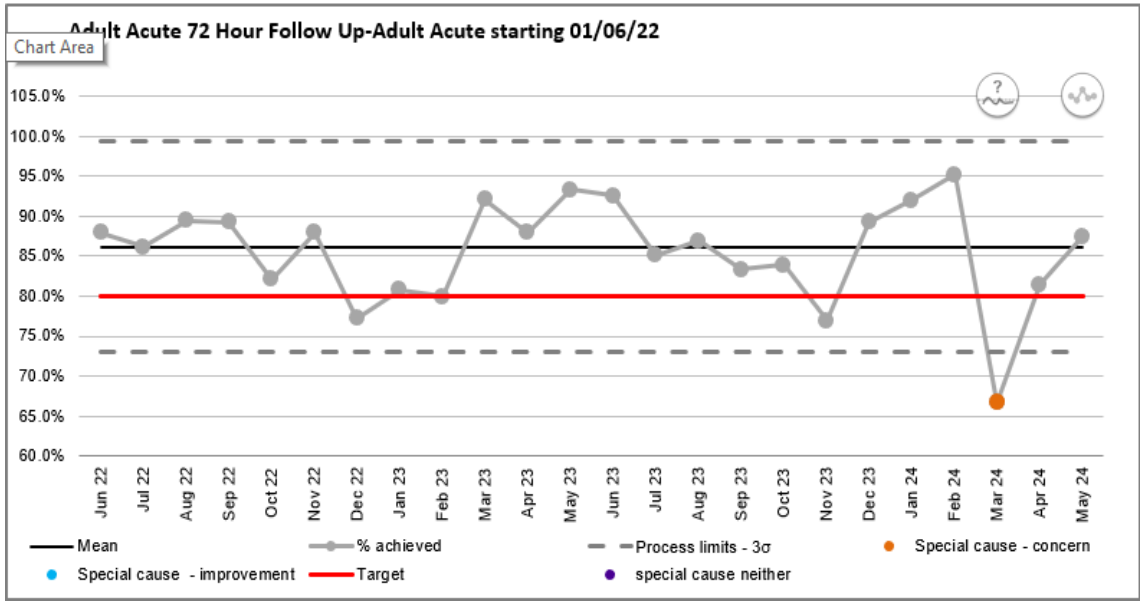
Emergency Department (ED)	May-24
ED 12-hour Breaches	7

Liaison Psychiatry – A&E referrals seen within 1 hour	May-24
% of A&E referrals seen within 1 hour	66.7%

Narrative

Work has been undertaken to improve our reporting on 1-hour wait time compliance for A&E referrals to Liaison Psychiatry. Following a review of the national NHS England reporting, our reporting methods have been adjusted to ensure that the contacts used to "stop the clock" are aligned to the national specification. Further work is being undertaken with NHS England colleagues to ensure our internal reporting is aligned to the national reported figures.

Effective | Treatment & Intervention – 72 hour follow up



72 hour Follow Up		May 2024		
	Target	%	No.	SPC Variation
Adult Acute Wards	80%	**87.5%**	**21/24**	•••

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 eligible discharges from adult acute inpatient areas only. The follow-up may be the responsibility of other teams like assertive outreach, EI as well as acute flow but we cannot filter on this. It is purely just people discharged from the acute wards only.

We have no way of monitoring 72-hour follow-up compliance for any discharges from our out of area (spot or contracted) beds.

72-hour follow up data is not available trustwide due to delays to the Rio Reporting Workstream affecting the data for Older Adult wards. Data will be provided as soon as possible.

Data Quality

An investigation into how 72 hour follow ups are recorded and reported continues. The national standards and guidance are being reviewed and applied to reports.

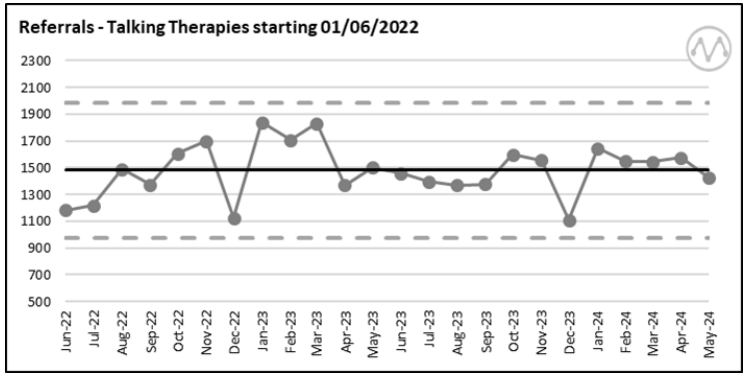
72-hour follow up data is not available trustwide due to delays to the Rio Reporting Workstream affecting the data for Older Adult wards. Data will be provided as soon as possible.

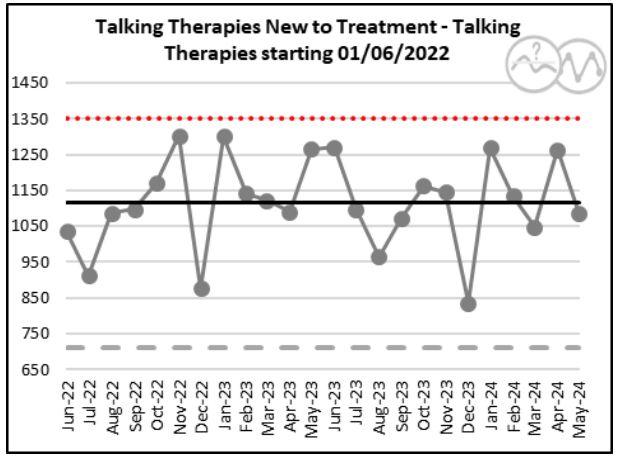
Sheffield Talking Therapies | Performance Summary

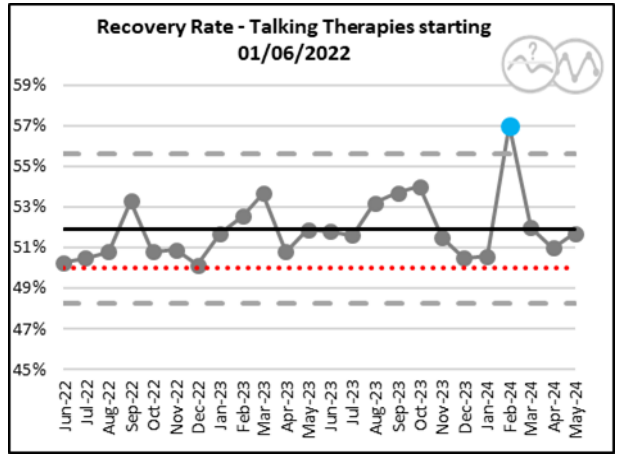
Sheffield Talking Therapies		May-24			
Metric	Target 2022/23	*n*	*mean*	*SPC variation*	*SPC target*
Referrals	/	**1427**	*1482*	• • •	/
New to Treatment	1352	**1085**	*1114*	• • •	?
6 week Wait	75%	**98%**	*98.72%*	• • •	P
18 week Wait	95%	**100%**	*99.83%*	• • •	P
Moving to Recovery Rate	50%	**51.7%**	*51.92%*	• • •	?

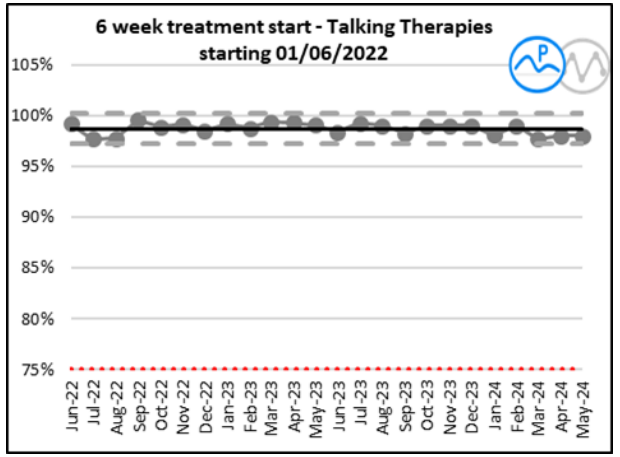
Narrative

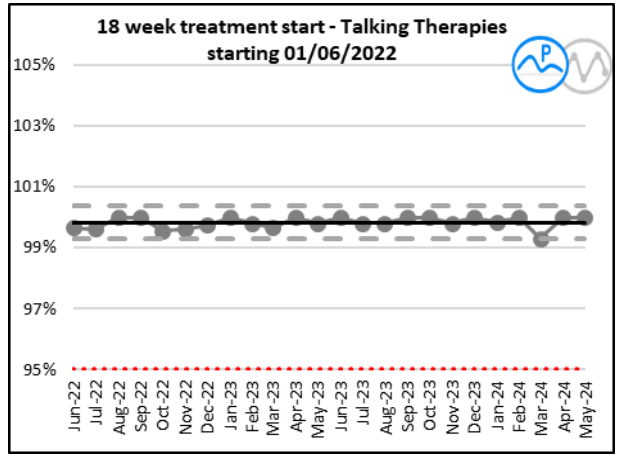
- Achieved the recovery rate standard for 32 consecutive months.
- Wait times still exceeding the national standards.
- Referral numbers holding.
- Lower access due to bank holidays and school holidays.











NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safety & Quality

IPQR - Information up to and including May 2024

Proud to care in Sheffield

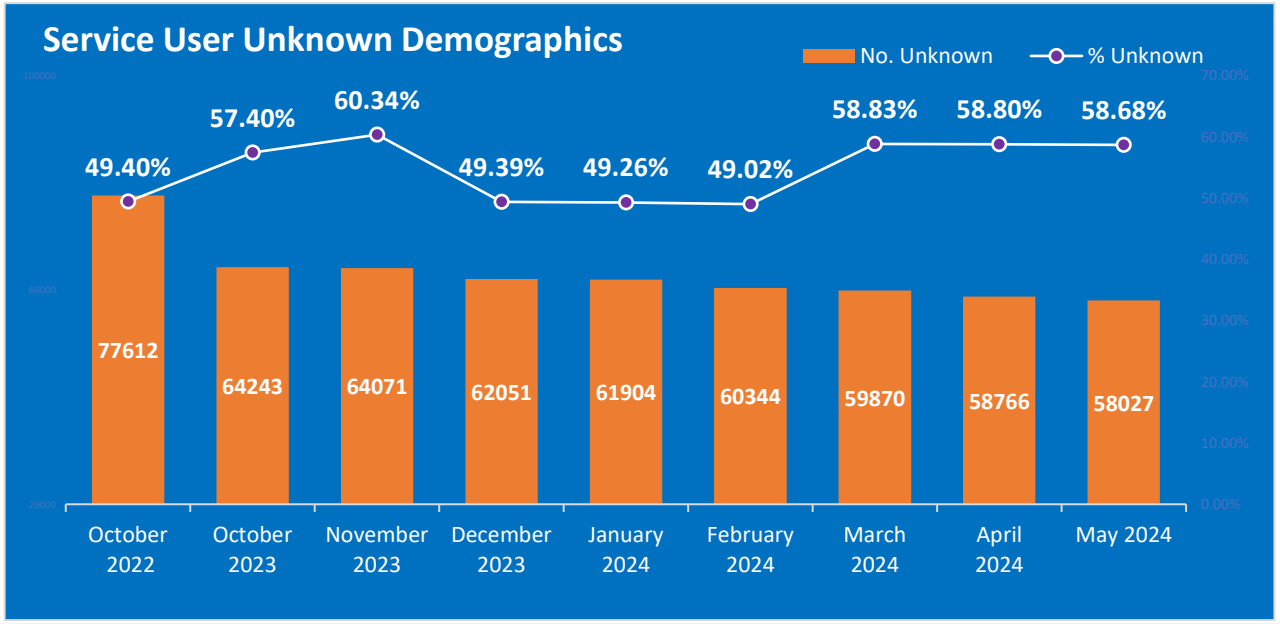
Protected Characteristics Data Quality

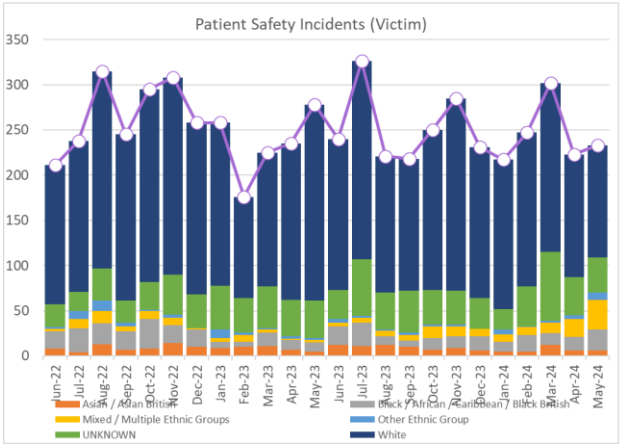
Electronic Patient Record (EPR) Unknown Demographics

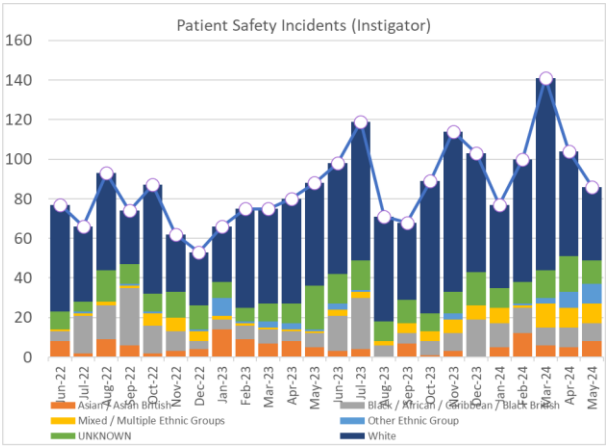
Age	Ethnicity	Gender	Gender Identity	Sexual Orientation	Religion
0%	41.89%	0.07%	87.3%	88.59%	74.5%

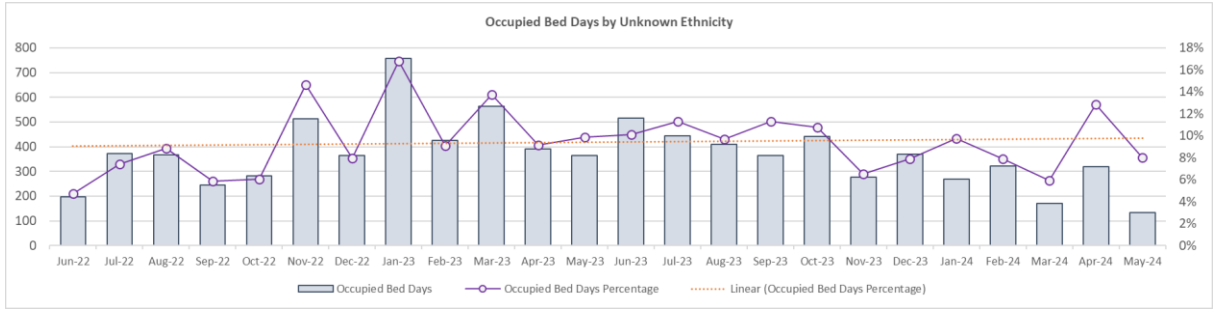
2021 Sheffield Census Unknown Demographics

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







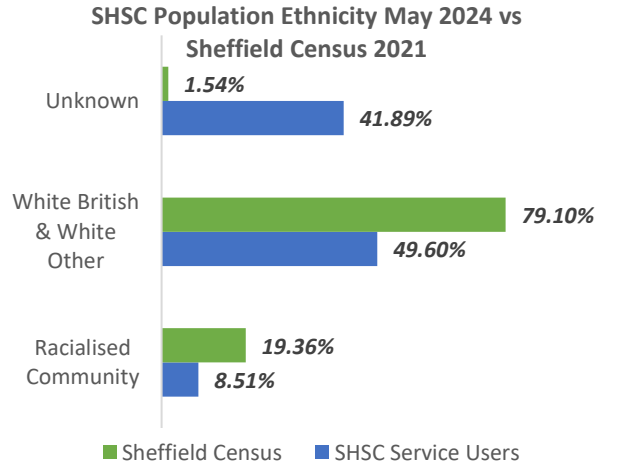


Narrative

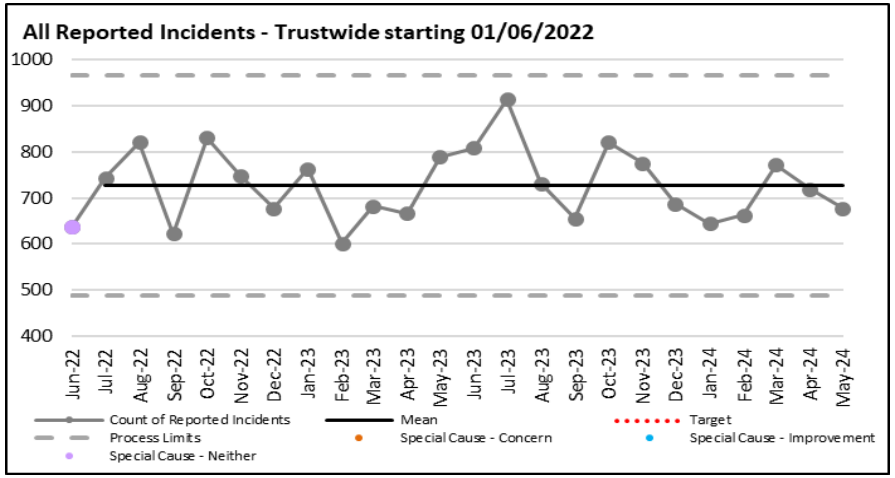
A dashboard has been created and is being shared with services to support improvements with the recording of service user demographics. However, we have not seen the expected improvements.

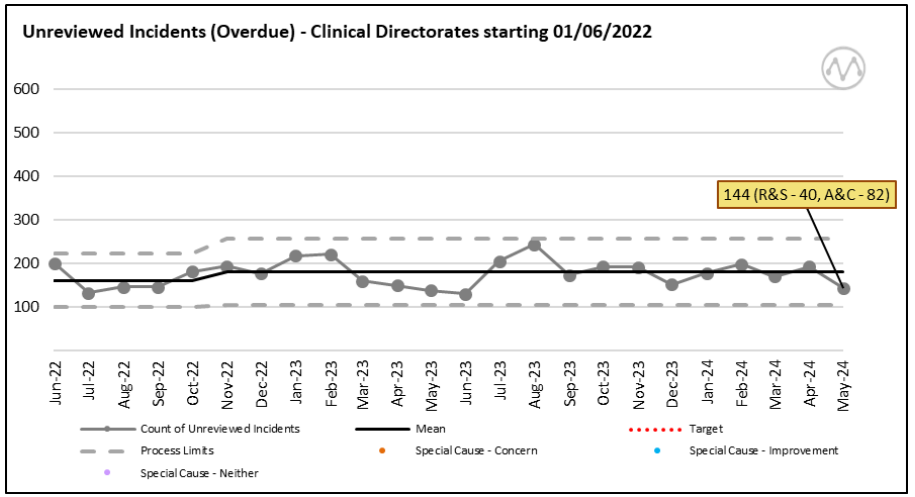
We will work closely with services to make improvements in recording of demographics in July and August.

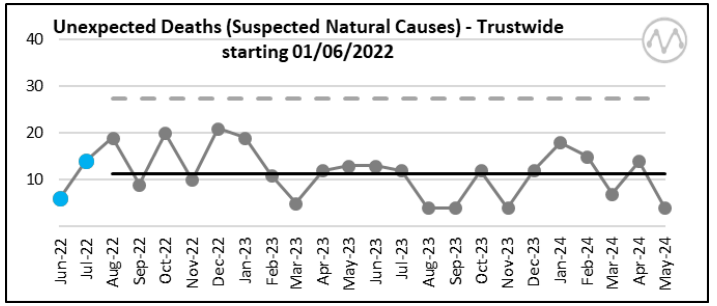
Older adults and Sheffield Talking Therapies are not included due to recording on different EPR.

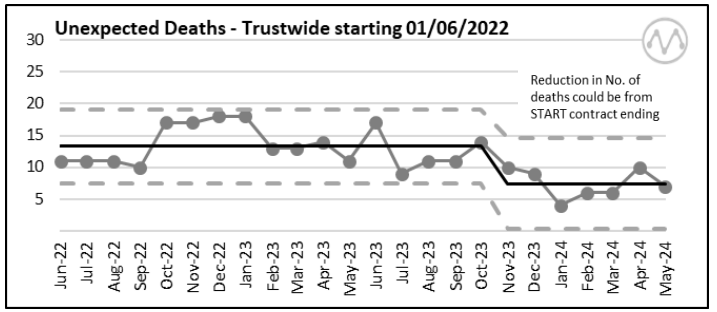


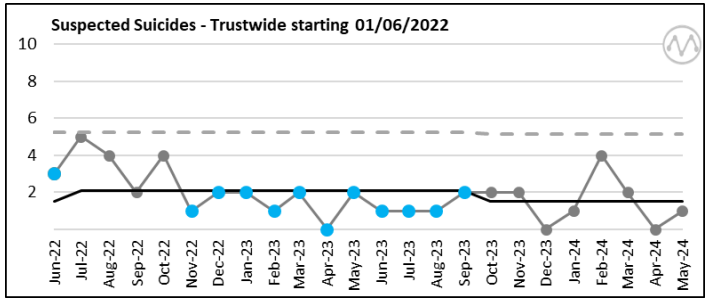
Safe | All Incidents & Deaths

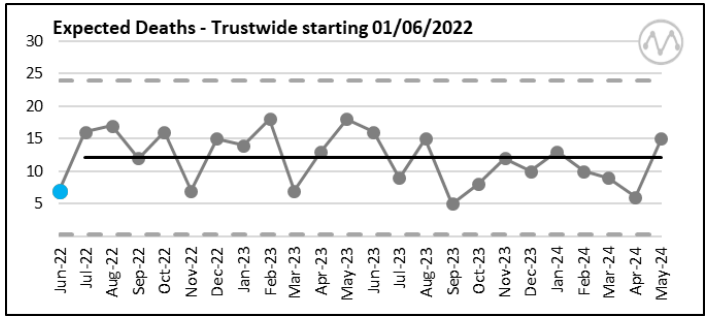












Trustwide	May-24		
	n	*mean*	SPC variation
ALL	**677**	727	• • •
5 = Catastrophic	**11**	24	• • •
4 = Major	**1**	3	• • •
3 = Moderate	**43**	61	• • •
2 = Minor	**286**	279	• • •
1 = Negligible	**319**	331	• • •
0 = Near-Miss	**17**	18	• • •

All Reported Incidents

During May 2024, 1 incidents was rated as "major caused due to Exploitation Abuse in Early Intervention Service department.

Of the 11 "catastrophic" incidents recorded this month, 6 were for Acute and Community services and 5 for Rehabilitation and Specialist services. All 11 incidents were service user deaths, 3 deaths suspected natural causes and will be considered through the Mortality Review Group. 5 deaths were unexpected community deaths, 1 were inpatient / residential deaths and 1 of them were under expected death (reportable to HM corner). Learning from investigations will be in the next lessons learnt report.

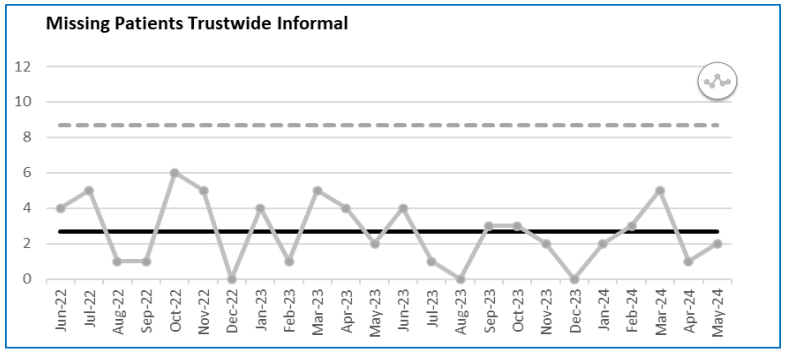
Unreviewed Incidents

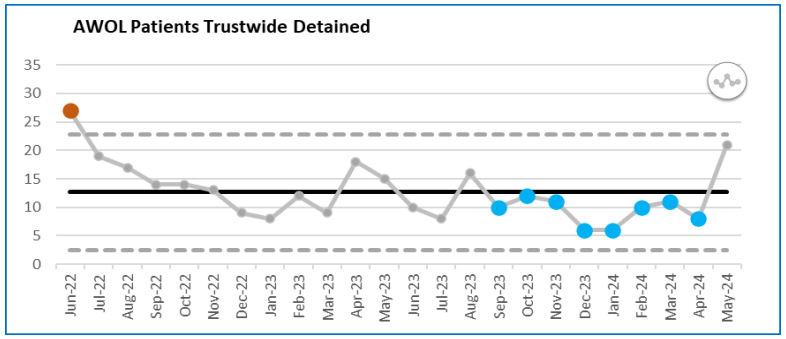
The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. 44 incidents remain unreviewed prior to May 2024. Directorate leads are working towards reducing the number of unreviewed incidents below target of 170.

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

Deaths Reported 1 June 2022 to 31 May 2024 Quarterly mortality reports are presented to the Quality Assurance Committee and Board of Directors.	
Awaiting Coroners Inquest/Investigation	160
Closed	6
Conclusion - Accidental	5
Conclusion - Alcohol/Drug Related	29
Conclusion - Misadventure	7
Conclusion - Natural Causes	4
Conclusion - Open	1
Conclusion - Suicide	22
Lessons Learnt/Incident Closed	2
Natural Causes - No Inquest	658
Grand Total	**895**

Safe | Medication Incidents, Falls & AWOL Patients



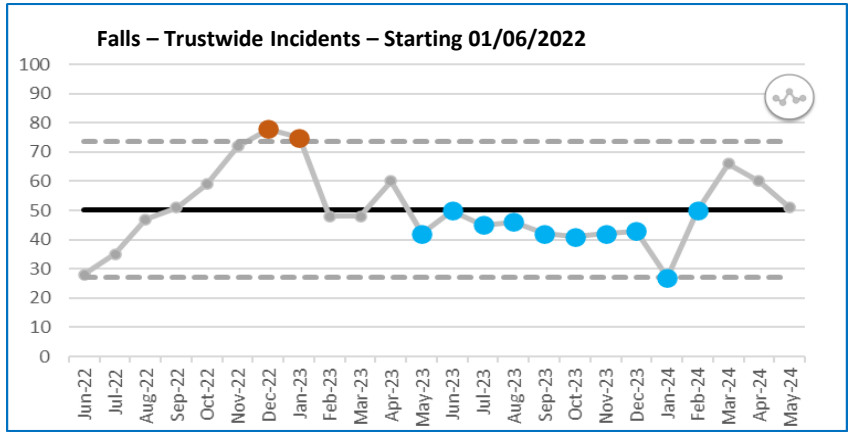


Trustwide	May-24		
	n	mean	SPC variation
Detained	21	13	● ● ●
Informal	2	3	● ● ●

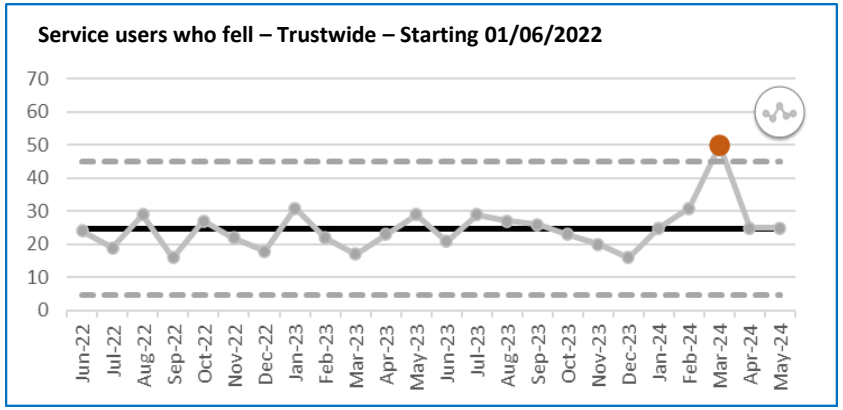
Missing & AWOL

This month, there were 21 reported incidents for 17 people under formal section reported as AWOL in May at the time of reporting:

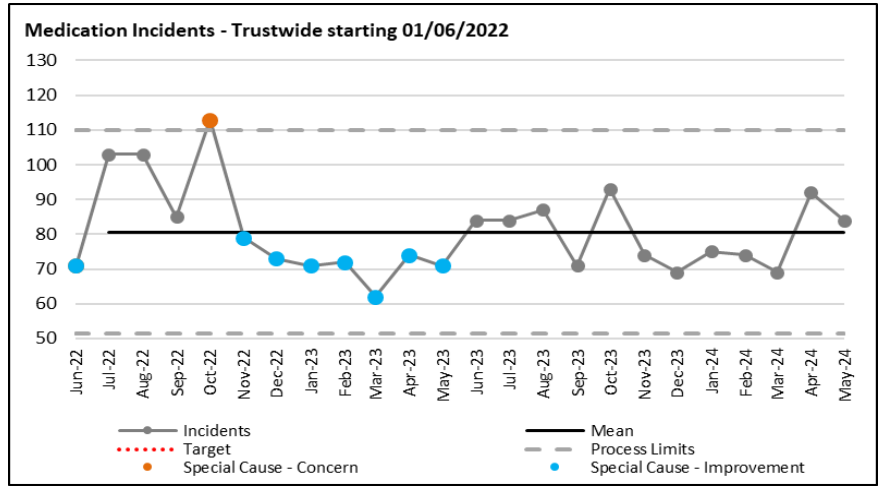
- 13 people were under Section 3, (2 from Maple ward,2 from Burbage and 4 Stanage Ward under Acute and Community. 4 from Forest Close and 1 from Dovedale under Rehabilitation and specialist services)
- 4 people under Section 2 from Acute services
- 3 person was under Section 37 from Forensic & Rehabilitation service.



Trustwide FALLS INCIDENTS	May-24		
	n	mean	SPC variation
Trustwide Totals	51	50	● ● ●
Acute & Community	0	3	● ● ●
Rehabilitation & Specialist Services	51	47	● ● ●



Trustwide FALLS - PEOPLE	May-24		
	n	mean	SPC variation
Trustwide Totals	28	29	● ● ●
Acute & Community	0	2	● ● ●
Rehabilitation & Specialist Services	28	27	● ● ●



Trustwide	May-24		
	n	mean	SPC variation
ALL	84	81	● ● ●
Administration Incidents	16	14	● ● ●
Meds Management Incidents	58	54	● ● ●
Pharmacy Dispensing Incidents	6	6	● ● ●
Prescribing Incidents	3	7	● ● ●
Meds Side Effect/Allergy	0	0	● ● ●

Medication Incidents

No medication related incidents reported as being moderate during May.

Falls Incidents

The number of falls in May was higher than average over the last 12. Of the 51 incidents reported for 28 people in Rehabilitation and Specialist, out of which 20 were from Older Adults.

There were 3 moderate rated falls reported in May (G1 ward, Birch Avenue and Woodland View) and an increase of incidents is seen across all older adult services, particularly G1 Ward with 20 incidents of falls for 10 people. Birch Ave ward accounted for 19 falls for 9 people.

Safe | Intimidation & Assaults

Assaults on Service Users	May-24		
	n	mean	SPC variation
Trustwide	25	25	• • •
Acute & Community	13	20	• • •
Rehabilitation & Specialist	12	13	• • •

Assaults on Staff	May-24		
	n	mean	SPC variation
Trustwide	39	44	• L •
Acute & Community	28	39	• • •
Rehabilitation & Specialist	11	5	• • •

Intimidation to Staff	May-24		
	n	mean	SPC variation
Trustwide	53	49	• • •
Acute & Community	23	31	• L •
Rehabilitation & Specialist	30	17	• • •

Assaults on Staff

Of the 39 reported incidents of assaults on staff in May. 5 were rated as moderate out of these 5, 4 reported under Acute and Community for 1 for Maple, 1 for Endcliffe and 2 for HBPOS 136 suite and 1 was reported for Rehabilitation and specialist for Older Adults. Violence Prevention Standards are picked up through People Directorate.

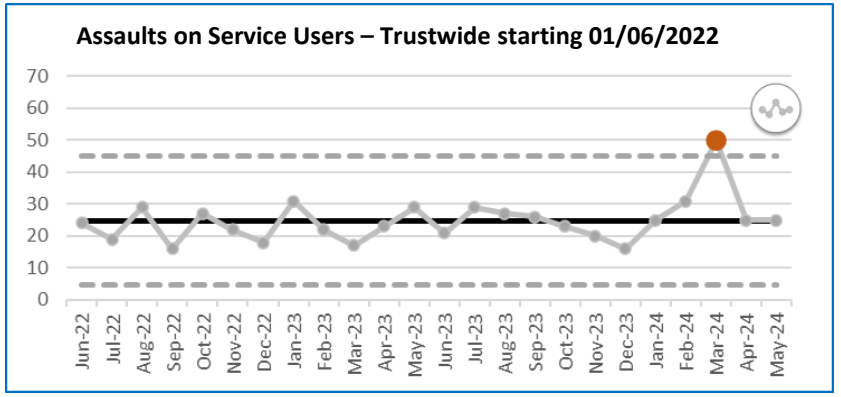
Assaults on Service Users

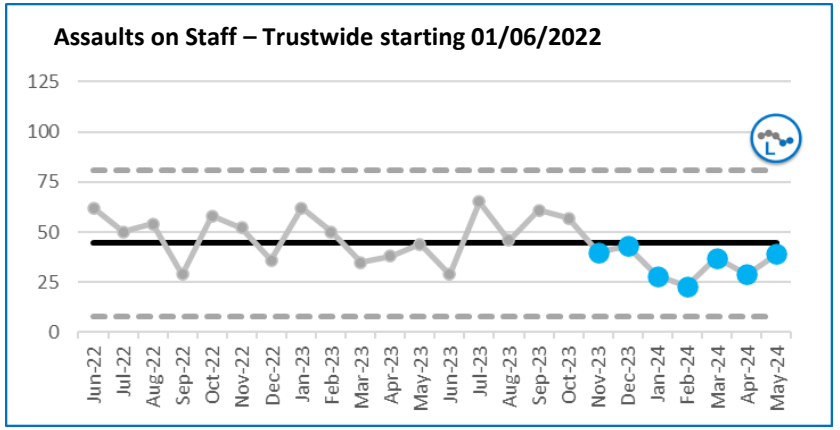
Out of the 25 assaults on Service Users incidents, 2 reported as being moderate under Rehabilitation and Specialist. 13 incidents have been reported under A&C and 12 for Rehabilitation and Specialist. Out of 13; 5 are reported under Endcliffe Ward, 7 reported by Stanage ward and 1 reported under Dovedale 2 Ward.. All the victims are reported under patient-to-patient physical assault Out of 13 victims, 4 are white British; 1 as Mixed white and black Caribbean; 1 as Black and Black Caribbean; 4 as Black other and 2 as unknown and 1 as other Out of 12; 9 were from Older Adults and 3 from forensic team under patient-to-patient physical assault .the ethnicity was reported as 5 victims were white British; 1 as other and 6 stated as not stated.

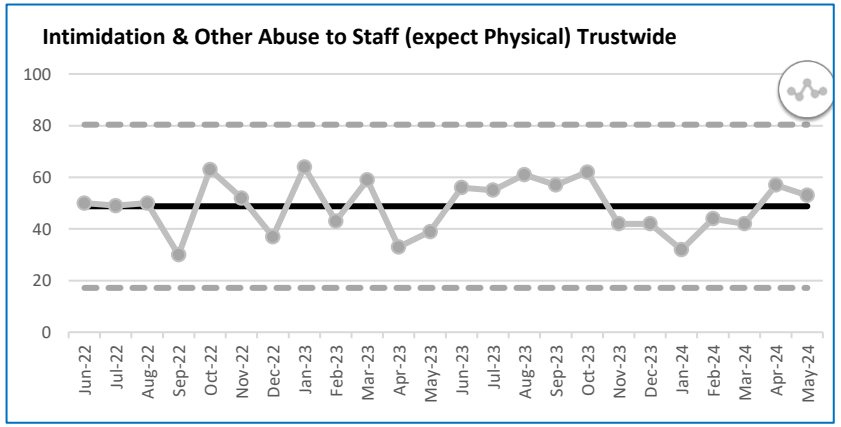
Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	1

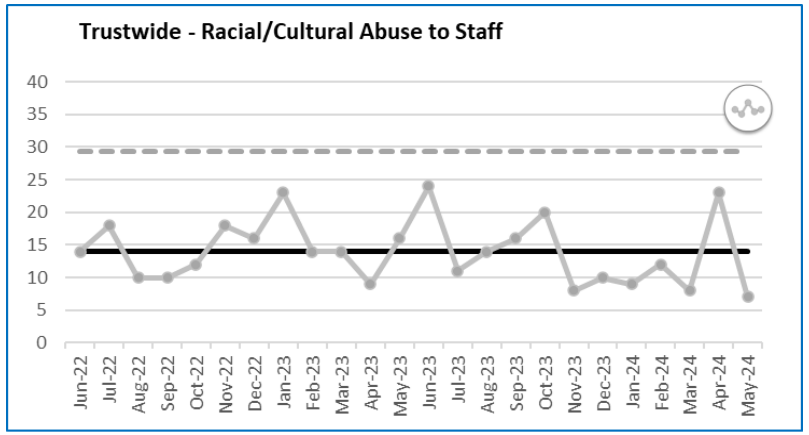
Narrative

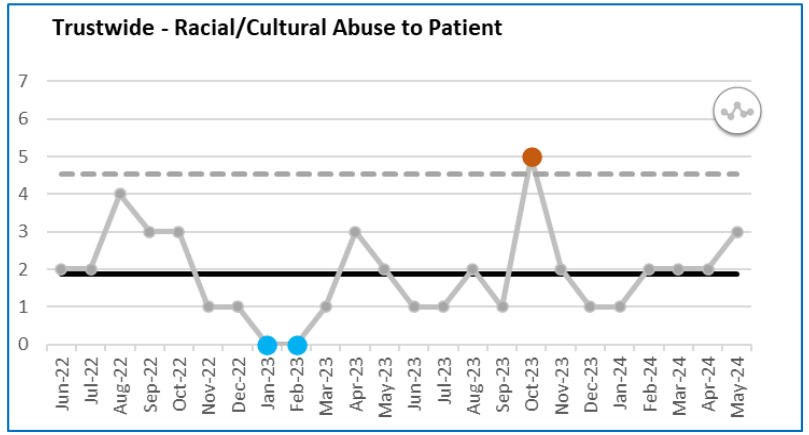
An unofficial, not externally reportable breach occurred in November 2023, involving no shared facilities with separate bedrooms.







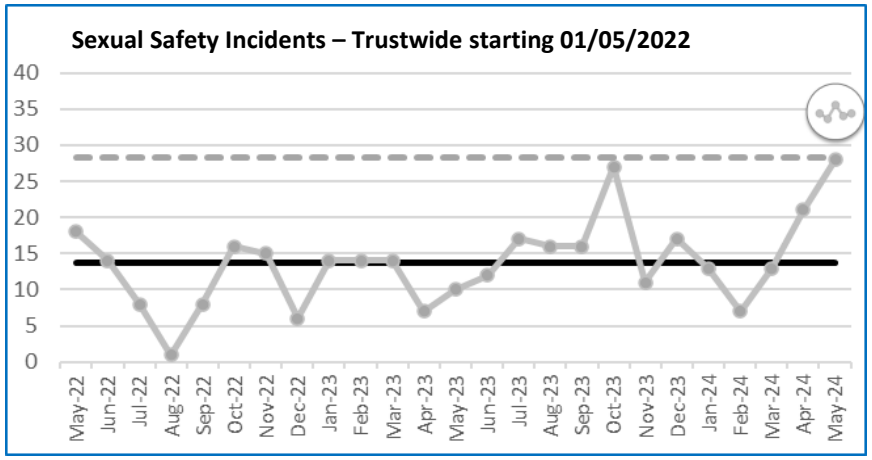




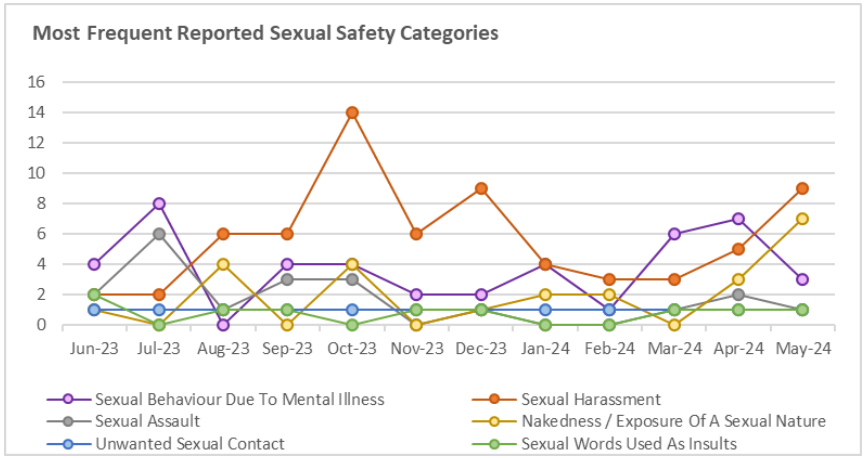
Racial & Cultural Abuse

We continue working with services and our communities to ensure incidents are accurately reported. This is reflected in the number of incidents being reported more frequently with our staff in April.

Safe | Sexual Safety



Trustwide	May-24		
	n	*Mean*	SPC variation
Trustwide	**28**	*13*	• • •
Acute & Community	**25**	*11*	• H •
Rehabilitation & Specialist	**3**	*1*	• • •



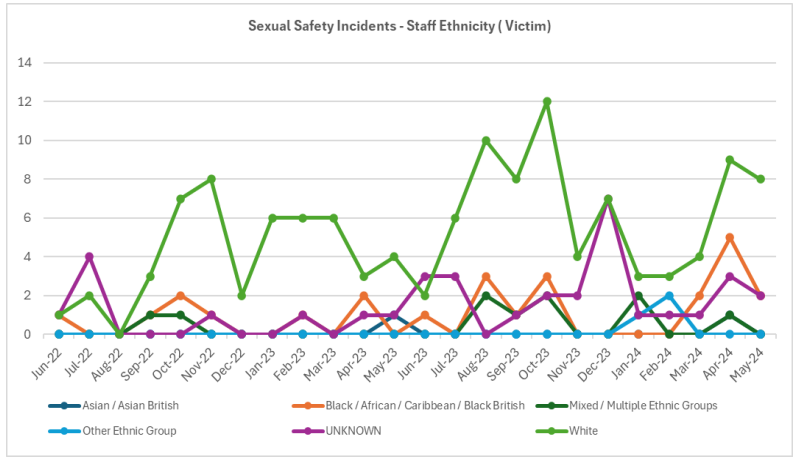
Sexual Safety

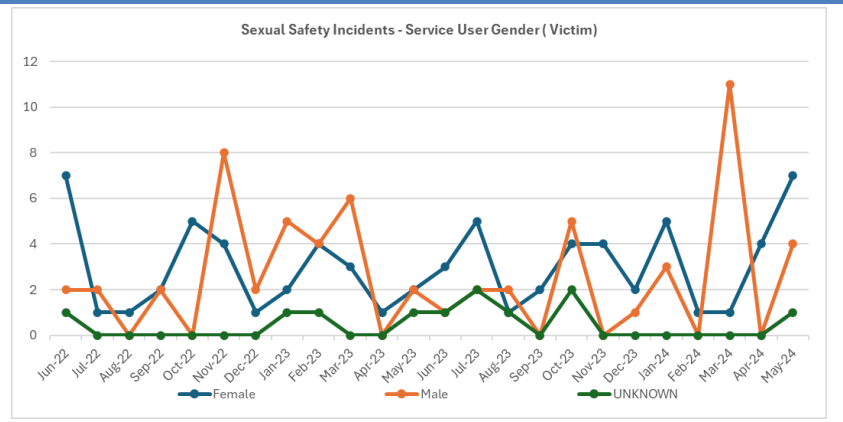
There were 28 sexual safety incidents reported in May 2024, of which none were reported as Moderate or higher. All sexual safety incidents are reviewed in the sexual safety group. Any incidents involving staff are managed through the staff safeguarding policy.

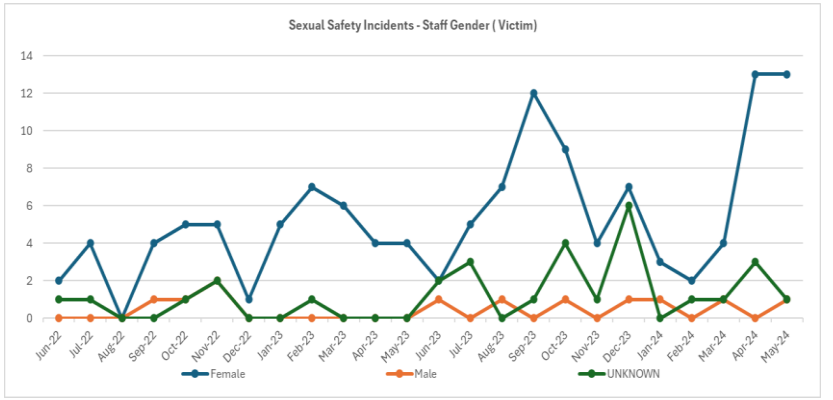
Whilst there has been no statistical change in the number of sexual safety incidents, we still consider this to be a priority area and a workplan has been developed.

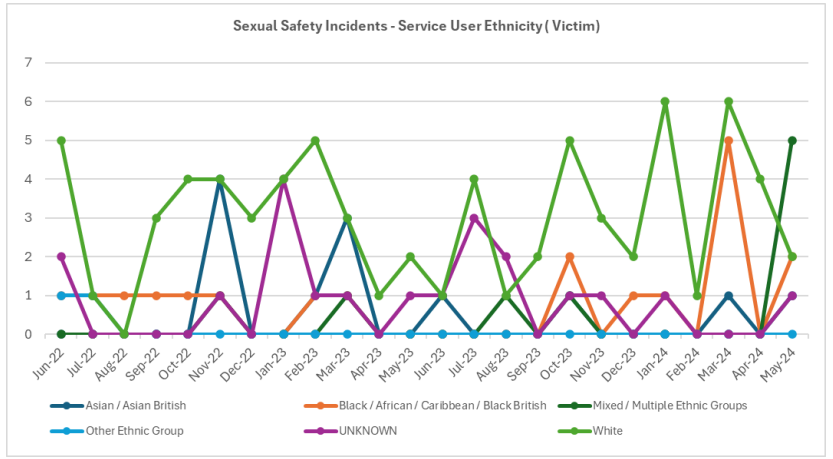
- The highest form of incident is Sexual Harassment and Nakedness/Exposure of a sexual nature.
- In May, 86.67% of staff victims were female and 6.67% were male staff. 58.33% of patient victims were female and 33.33% male.
- 5.88% of victims did not have a gender recorded.

Any allegations made against staff are managed through the Allegations against Staff Framework which is a part of the Safeguarding Policy.

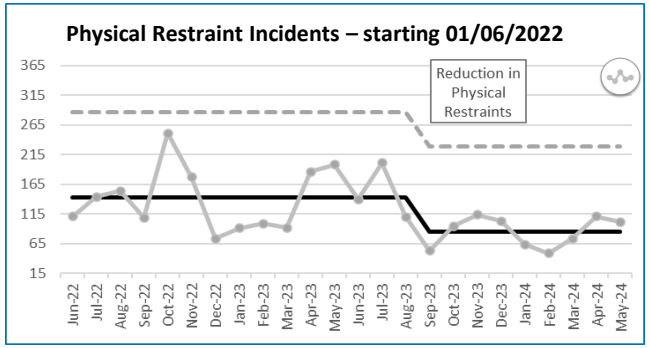


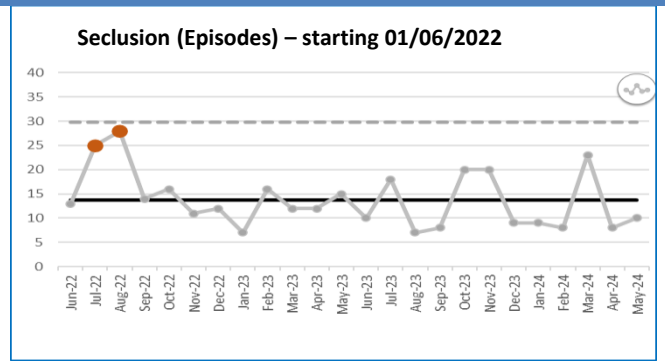


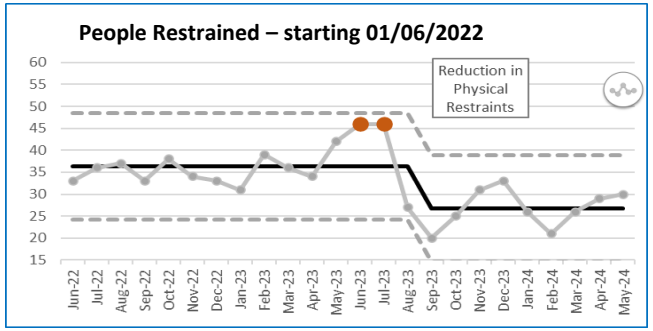


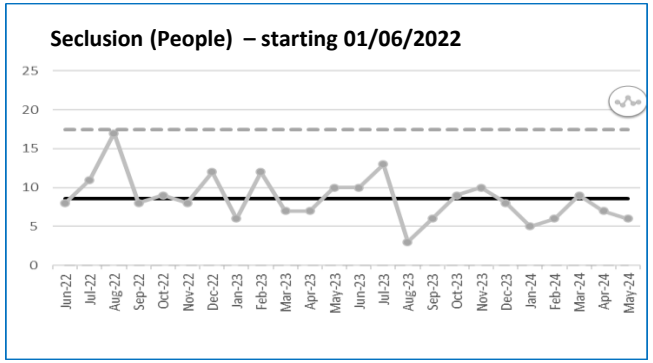


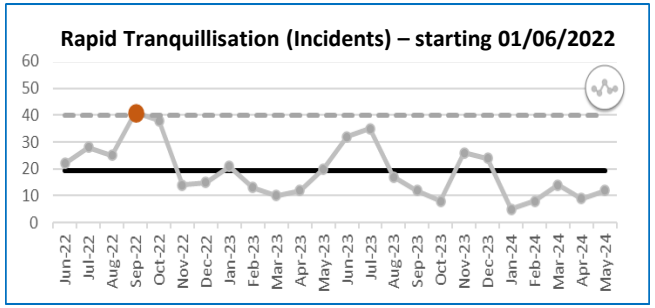
Safe | Restrictive Practice |

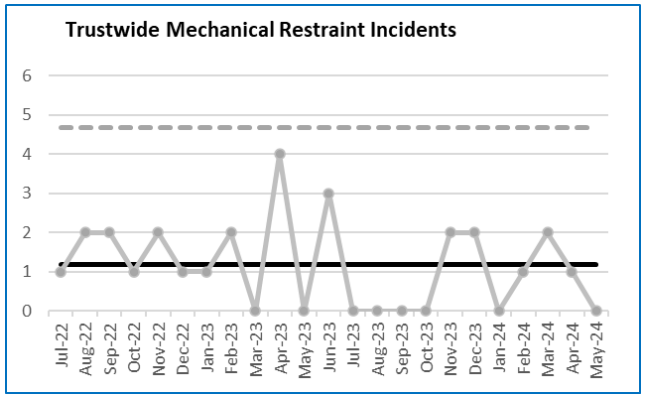


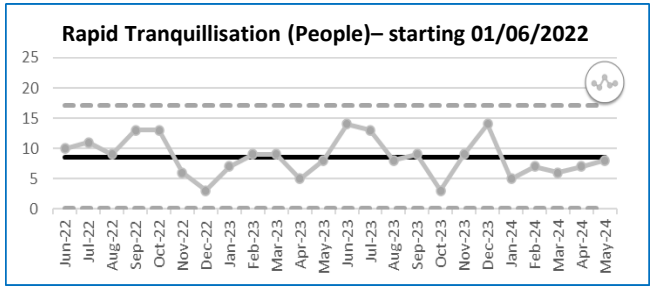












Physical Restraint INCIDENTS	May-24		
	n	mean	SPC variation
TRUSTWIDE	102	121	• • •
Acute & Community	81	112	• • •
Rehabilitation & Specialist	21	9	• • •

Physical Restraint PEOPLE	May-24		
	n	mean	SPC variation
TRUSTWIDE	30	33	• • •
Acute & Community	21	20	• • •
Rehabilitation & Specialist	9	4	• H •

Rapid Tranquillisation INCIDENTS	May-24		
	n	mean	SPC variation
TRUSTWIDE	12	19	• • •
Acute & Community	10	19	• • •
Rehabilitation & Specialist	2	0	• H •

Rapid Tranquillisation PEOPLE	May-24		
	n	mean	SPC variation
TRUSTWIDE	8	9	• • •
Acute & Community	6	8	• • •
Rehabilitation & Specialist	2	0	• H •

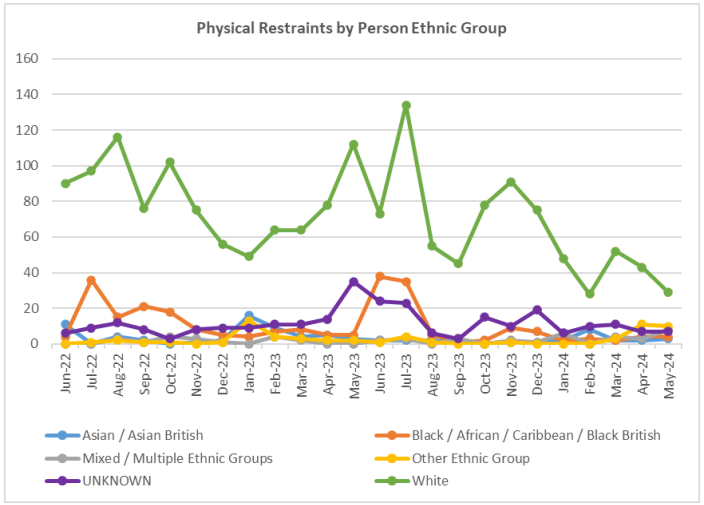
Seclusion INCIDENTS	May-24		
	n	mean	SPC variation
Trustwide	10	14	• • •
Acute and Community	10	12	• • •
Rehabilitation & Specialist	0	1	• • •

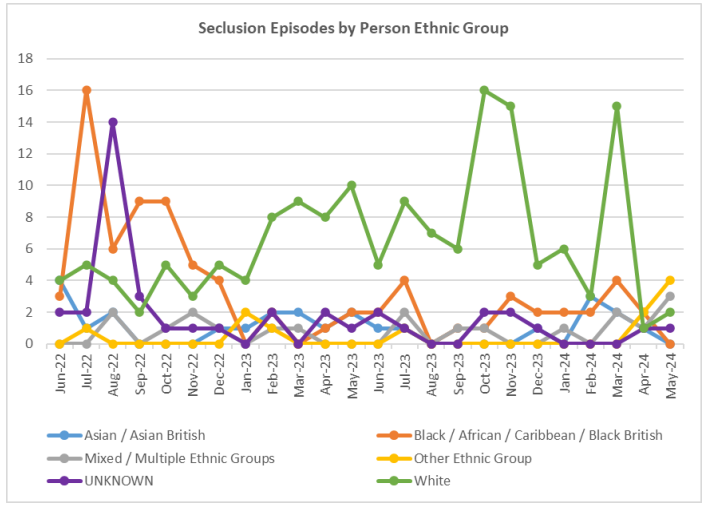
Seclusion PEOPLE	May-24		
	n	mean	SPC variation
Trustwide	6	9	• • •
Acute & Community	6	7	• • •
Rehabilitation & Specialist	0	0	• • •

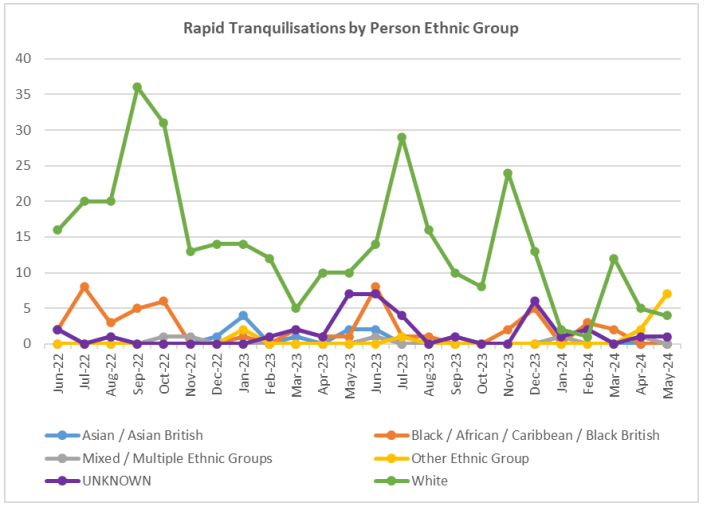
Narrative

This month saw 6 episodes of seclusion for 5 people. Of which no episodes have been recorded being prolonged (48 hours or over). There were also 79 physical restraints reported for 29 people and no Mechanical restraints were reported this month.
Restrictive practice is reported quarterly through our Least Restrictive Practice Oversight Group and an annual report on our Use of Force is published https://www.shsc.nhs.uk/about-us/statements-and-reporting

Race Equity Focus | Restrictive Practice





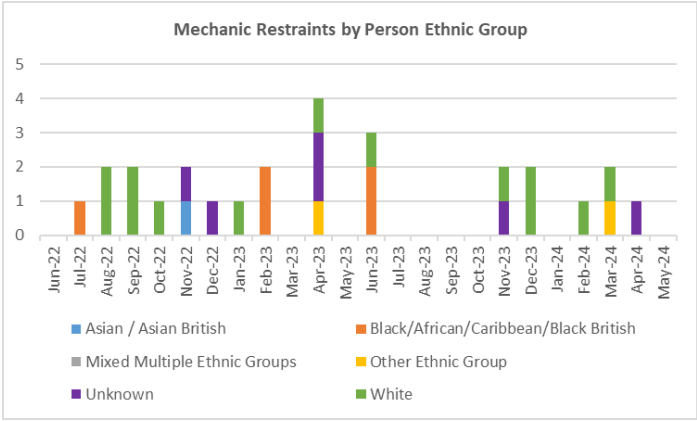


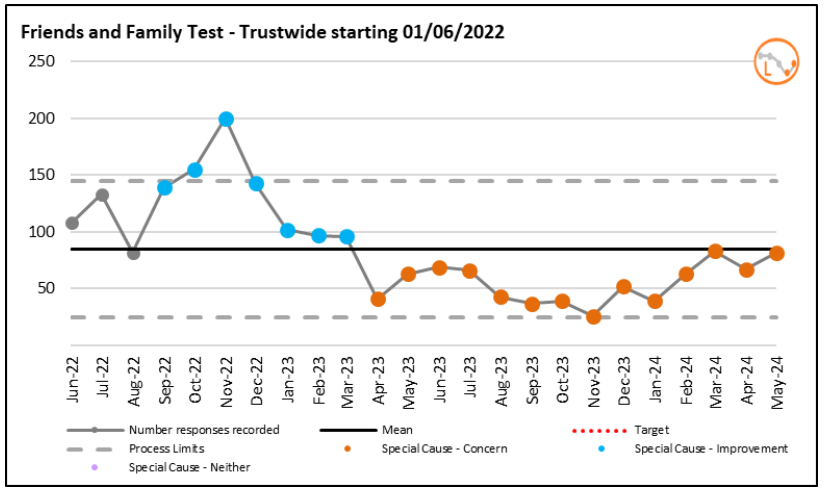
- **Seclusion**
  70% of Seclusion episodes reported were for people from racialised communities, the other 20% were white British and 10% did not have an ethnicity recorded at the time of reporting.

- **Rapid Tranquilisation**
  33.33% of rapid tranquilisations used were for White British service users, 8.33% did not have an ethnicity recorded and 58.33% were from racialised communities.

- **Physical Restraints**
  47.54%% of individuals who were physically restrained were White British, 11.48% did not have an ethnicity recorded and 40.98% were from racialised communities.

- **Mechanical Restraints**
  No Mechanical Restraints reported in May 2024.





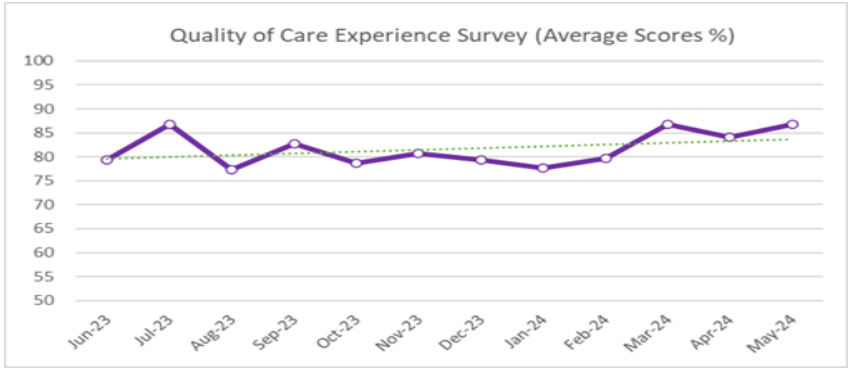
Narrative

In May 2024, the Trust received a total of 82 responses to the Family and Friend Test (FFT) questions; 76 responses were positive, 4 responses were neutral, and 1 negative response. This equates to 92.7% positive responses received in May 2024. With 82 responses and 4085 active clients, the observed response rate for May 2024 is 2.01%, below the Trust Aspiration Response Rate at 5%.

From development and use of alternative feedback mechanisms and after promoting the use of FFT we are finding that this is not a preferred method for the communities we care for to provide feedback.

Examples of positive responses are listed below:

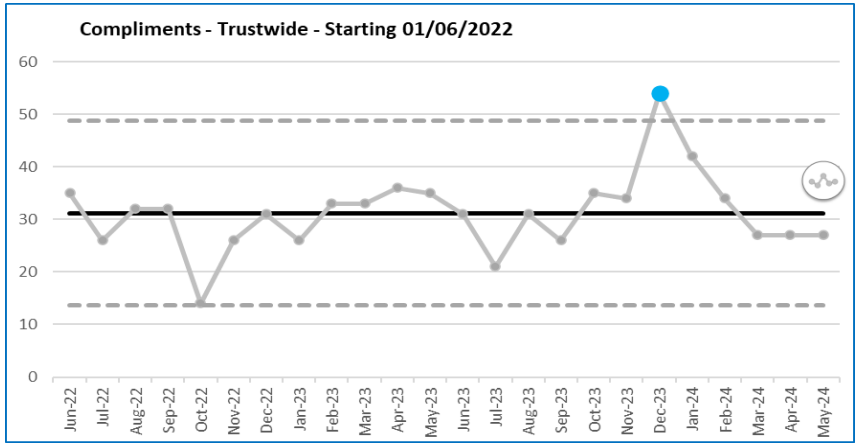
- "Felt very nervous about coming with my husband. There was no need at all. Very non-threatening environment." – Community Dementia Support Service
- "They are helpful and friendly. They listened to me and understand my mental health." – CMHT North
- "Very professional, friendly manner. Very informative. Helpful." – Memory Services
- "Always go above and beyond, helped me with something really serious." – Mental Health Recovery Service South

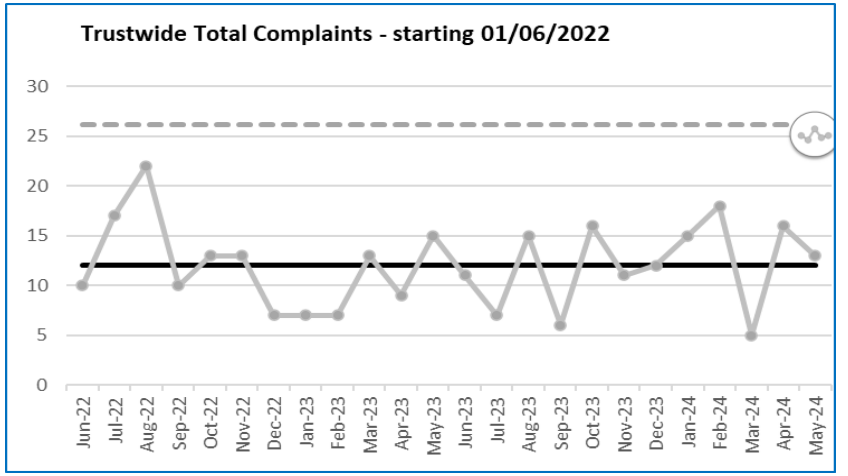


Quality of Care Experience Survey

This utilises the Tendable audit system, identifying areas of good practice as well as areas that require change/improvement. The breakdown for each service is as follows. Submissions have recently declined from services, engagement session arranged for June to understand challenges and to improve response rate.

Beech	96.33 %	**Forest Close - Ward 1**	93.40%
Birch Avenue	91.20 %	**Forest Close - Ward 1a**	No Submission
Dovedale 2	No Submission	**Forest Close - Ward 2**	99.20%
Dovedale 1	No Submission	**Forest Lodge**	82.30%
Burbage	No Submissions	**G1**	78.33%
Endcliffe	No Submissions	**Woodland View**	No Submissions
Maple	85.10%		





Complaints

There were 13 new formal complaints received in May 2024.out of which 9 from A&C , 4 from R&S. Access to Treatment or drugs continues to be one of the highest complaint category.

While March has seen a reduced number of complaints received, we are confident in this data. Over the quarter this balances out the average of complaints received as comparative to previous quarters.

Complaints due to be closed in April

Closed – Upheld (within agreed timescale)	1
Outstanding	9
Withdrawn	3

Compliments

There have been 36 compliments recorded as received in May. 6 received for Acute and Community and 29 for Rehabilitation and Specialist services. Under A&C Decision unit received 2, Dovedale 2 ward (Adult) received 1, and Stanage received 3. Under R&S Autism And Neurodevelopmental Service 5, CLDT 4, OA Home Treatment 3, OA CMHT Southwest 3, Dovedale 3, Specialist Community Forensic Team 2, OA CMHT West 2, Psycotherapy I Anxiety 2, OA CMHT North 2 Perinatal Mental Health 1, Assertive Outreach Team 1, OA CMHT Southeast 1

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Safer Staffing

IPQR - Information up to and including May 2024

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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	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	Narrative
Burbage/Stanage Ward	Registered Nurses	11.59	12.60	-1.01	6.10	1.92	0.15	0.44	2.50	9.09	110%	98%	No Concerns
Burbage/Stanage Ward	Unregistered Nurses	23.42	23.60	-0.18	4.58	4.11	1.63	0.15	5.89	17.53	108%	152%	
Dovedale 1	Registered Nurses	11.22	13.60	-2.38	6.28	9.34	1.50	0.87	11.72	-0.50	131%	103%	Complex Service user
Dovedale 1	Unregistered Nurses	21.77	21.12	0.65	10.17	12.66	9.42	2.36	24.43	-2.66	110%	213%	Working above CER
Dovedale 2 Ward	Registered Nurses	11.59	10.60	0.99	4.90	6.00	1.22	2.68	9.91	1.68	142%	105%	Above CER due to acuity of service users and associated safeguarding concerns raised
Dovedale 2 Ward	Unregistered Nurses	23.41	17.33	6.08	2.57	14.85	16.81	2.46	34.12	-10.71	161%	225%	
Endcliffe Ward	Registered Nurses	11.36	12.00	-0.64	4.06	6.48	1.84	3.33	11.65	-0.29	91%	123%	Fill rate high due to increased demand on PICU pathway, high level of obs, and sexual safety concerns.
Endcliffe Ward	Unregistered Nurses	26.35	24.79	1.56	8.72	14.47	24.10	2.47	41.04	-14.69	183%	234%	
Forest Close 1	Registered Nurses	8.40	7.09	1.31	1.20	5.52	0.06	0.00	5.58	2.82	109%	100%	No Concerns
Forest Close 1	Unregistered Nurses	9.80	11.40	-1.60	5.13	8.34	1.30	0.00	9.65	0.15	98%	170%	
Forest Close 1a	Registered Nurses	10.43	9.60	0.83	3.90	4.97	0.58	0.45	6.00	4.43	99%	100%	No Concerns
Forest Close 1a	Unregistered Nurses	20.86	19.02	1.84	7.29	13.07	0.47	0.00	13.54	7.32	104%	100%	No Concerns
Forest Close 2	Registered Nurses	8.80	9.80	-1.00	5.62	5.06	0.29	0.00	5.35	3.45	118%	110%	
Forest Close 2	Unregistered Nurses	9.49	10.39	-0.90	2.59	7.29	0.04	0.00	7.33	2.16	104%	90%	No Concerns
Forest Lodge Assessment	Registered Nurses	10.48	10.69	-0.22	2.12	7.35	0.34	0.00	7.69	2.79	100%	117%	
Forest Lodge Assessment	Unregistered Nurses	15.19	10.56	4.63	3.12	9.37	3.78	0.00	13.15	2.04	97%	94%	No Concerns
Forest Lodge Rehab	Registered Nurses	8.92	9.11	-0.18	2.03	7.17	0.42	0.00	7.60	1.33	107%	107%	No Concerns
Forest Lodge Rehab	Unregistered Nurses	12.42	8.64	3.78	3.23	5.44	2.00	0.00	7.43	4.99	83%	116%	
G1 Ward	Registered Nurses	12.22	13.80	-1.58	6.18	9.07	1.59	0.35	11.02	1.20	114%	109%	
G1 Ward	Unregistered Nurses	32.09	28.82	3.27	12.24	17.95	14.11	1.27	33.34	-1.25	124%	138%	
Maple Ward	Registered Nurses	13.38	11.24	2.14	3.93	6.73	0.96	2.31	10.01	3.37	82%	96%	No Concerns
Maple Ward	Unregistered Nurses	25.36	22.34	3.02	8.30	13.24	7.36	0.83	21.44	3.92	103%	143%	

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**

Safer Staffing

Organisation Name	Bed Occupancy %	Total Complaints	Total Incidents	Patient Safety Incidents	Serious Incidents moderate and above	Staffing Incidents	Staffing Incidents Narrative	Medication Incidents	Self-Harm Incidents
Burbage/Stanage Ward	98.33%	0	81	33	4			11	5
Dovedale 1	94.46%	0	36	15	5	0	No staffing incidents in May	11	0
Dovedale 2 Ward	100.70%	0	62	39	0			8	11
Endcliffe Ward	100.90%	1	70	46	7			11	4
Forest Close 1	98.02%	0	10	3	1	0	No staffing incidents in May	0	1
Forest Close 1a	103.97%	1	11	5	0	1	Arranged cover with agency HCSW however they did not attend shift.	3	1
Forest Close 2	95.53%	0	3	3	1	0	No staffing incidents in May	0	0
Forest Lodge Assessment	89.74%	0	21	3	1	0	No staffing incidents in May	2	0
Forest Lodge Rehab	99.11%	0	16	6	0	0	No staffing incidents in May	5	2
G1 Ward	89.64%	1	93	53	1	0	No staffing incidents in May	11	0
Maple Ward	99.29%	1	29	16	2			3	2

Older Adult

What is the current staffing situation?

- Over established with Registered Nurses for both G1 and DD1, impacting fill rate.
- No reported staffing incidents

How effectively has the workforce been utilised?

- Continued use of 1:1 observation is causing increase fill rate and consistently working above CER for HCSW's
- G1 actively reducing number of staff on duty as aligned to reduced bed occupancy
- Any over establishment of Qualified on duty are being counted within daily staffing numbers

Rehabilitation & Specialist

What is the current staffing situation?

- Slight over establishment of Registered Nurses.
- No significant vacancies of concern.

How effectively has the workforce been utilised?

- Effective use, continued good fill rate
- Low or no agency use
- Preceptee's impacting on above CER staffing requirements.

Acute

What is the current staffing situation?

- Currently working with a high proportion of preceptee nurses on most of the wards, impacting upon the 'take charge' status.
- DWM vacancies remain on Endcliffe, Maple & Stanage, impacting upon fill rates.
- SNP vacancy on Maple due to supporting the WM post to be filled temporarily by the substantive SNP.
- Progression of onboarding for 13 x B3 HCAs of which the majority are for DD2. This means an increase in the use of Bank to fill the vacancies.

How effectively has the workforce been utilised?

- All areas consistently above CER, several mid shifts for Qualified staff which require further scrutiny in Support & Challenge to ensure correct allocation of DWM & SNP shifts.
- To effectively manage the workforce issues above, daily, and weekly check and challenge sessions are facilitated to ensure senior oversight and scrutiny of rosters. Matron / Senior Matron oversight and review of observation levels continues on a weekly basis.

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Our People

IPQR - Information up to and including May 2024

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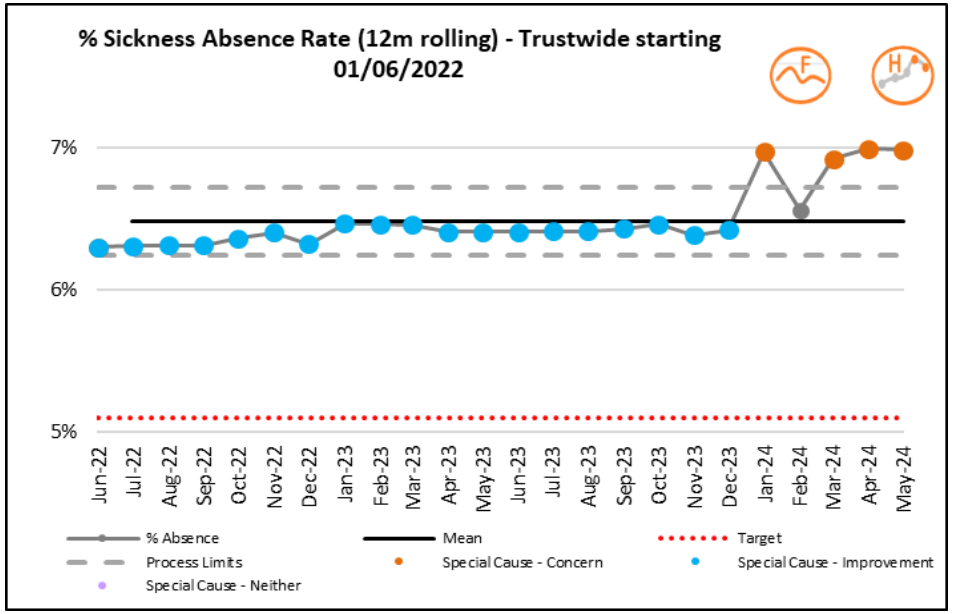
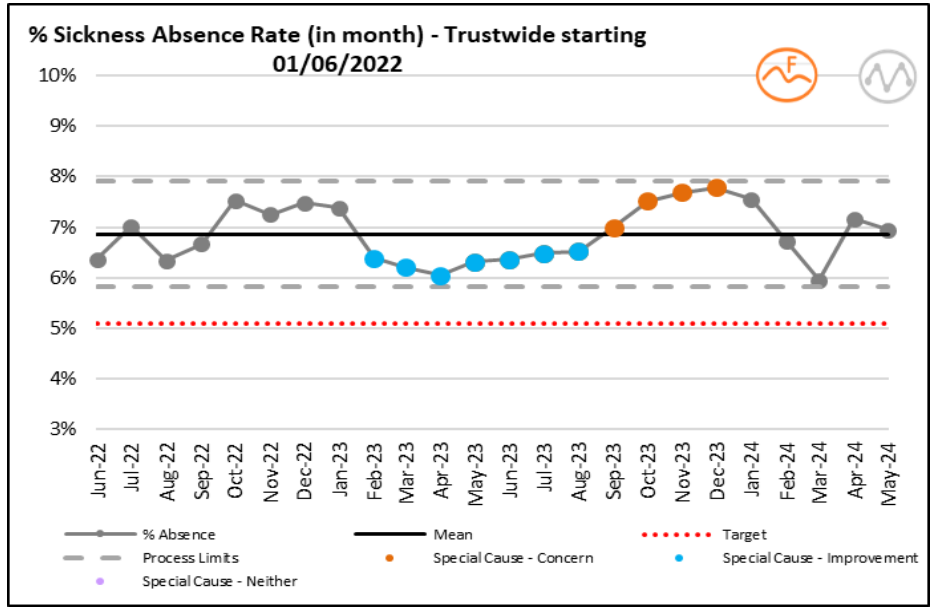
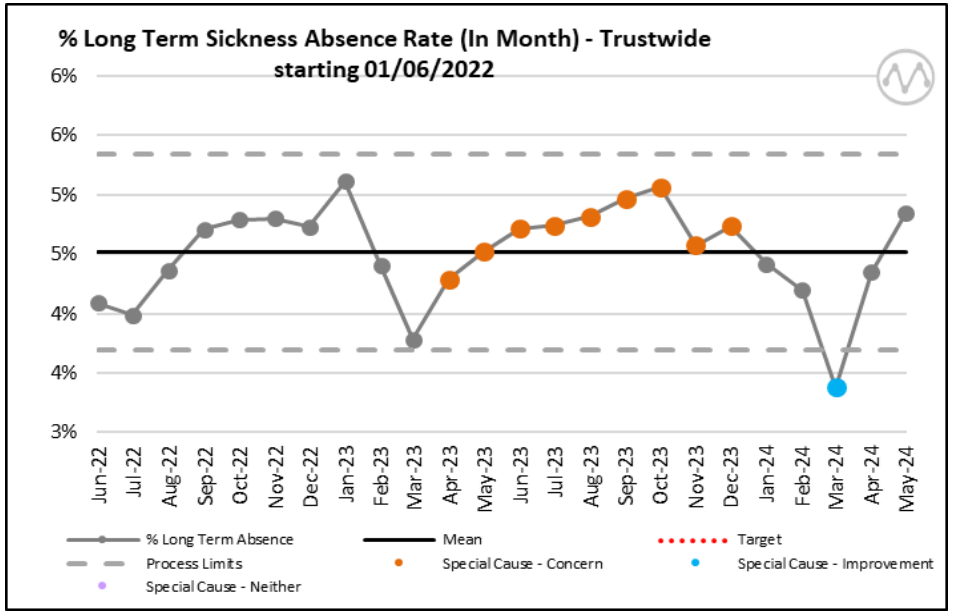
Well-Led | Workforce Summary

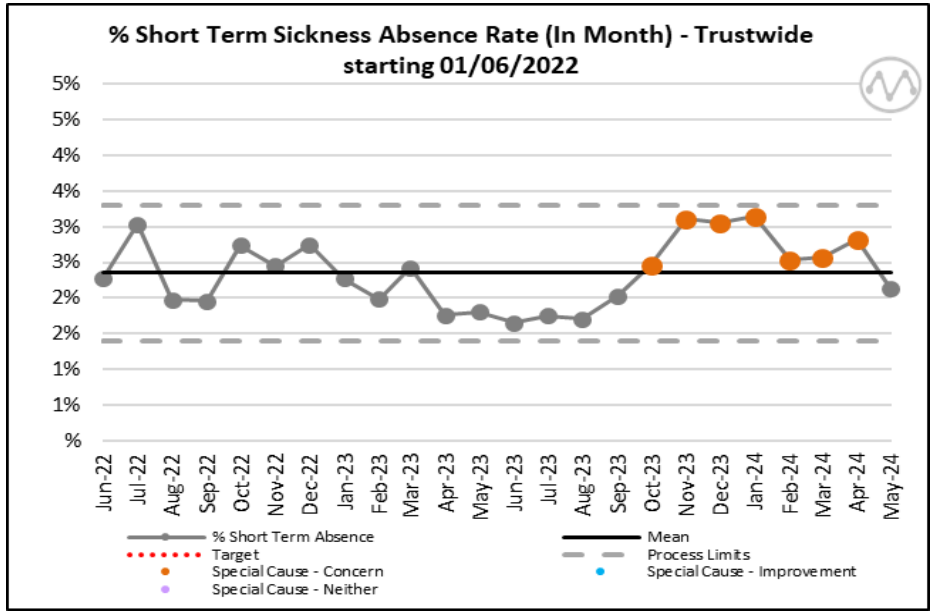
		May-24			
Metric	Target	n	*mean*	SPC variation	SPC target
Sickness 12 Month (%)	5.10%	**6.98%**	*6.34%*	• H •	F
Sickness In Month (%)	5.10%	**6.95%**	*6.86%*	• • •	F
Long Term Sickness (%)	~	**4.85%**	*4.53%*	• • •	/
Short Term Sickness (%)	~	**2.13%**	*2.33%*	• • •	/
Headcount Staff in Post	~	**2664**	*2663*	• • •	/
WTE Staff in Post	~	**2338.05**	*2341*	• • •	/
Turnover 12 months FTE (%)	10%	**16.86%**	*16.3%*	• H •	F
Training Compliance (%)	80%	**88.21%**	*88.30%*	• • •	P
Supervision Compliance (%)	80%	**54.49%**	*70.47%*	• • •	F

Well-Led | Sickness









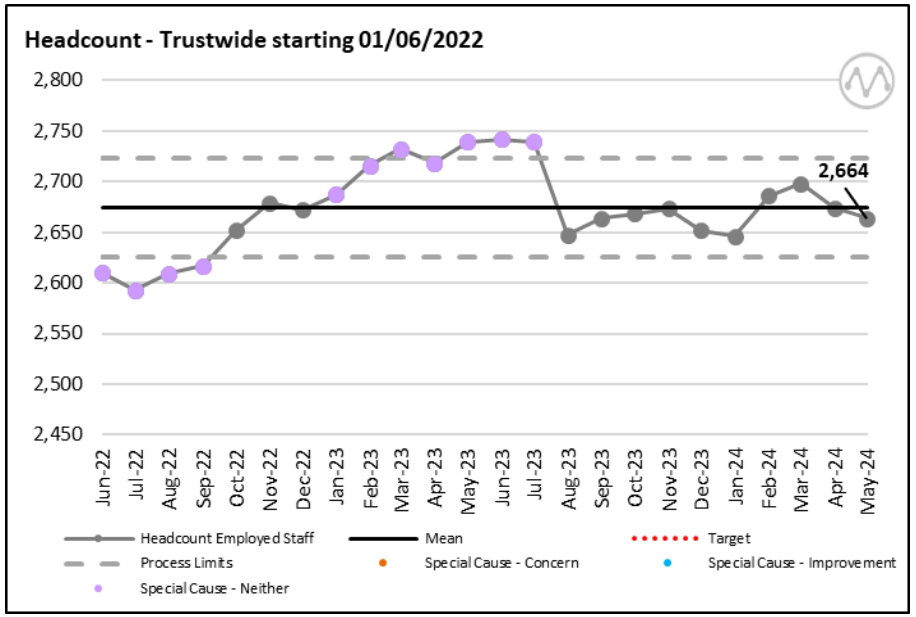
Narrative

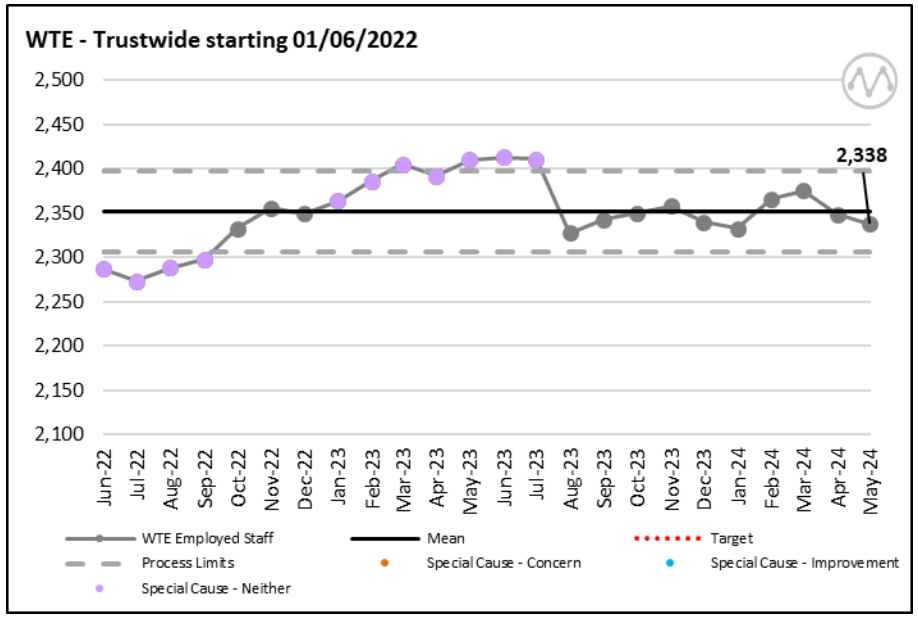
Stress/Anxiety/MH and other psychiatric illness, work in progress to understand root causes and the impact of health inequalities on attendance.

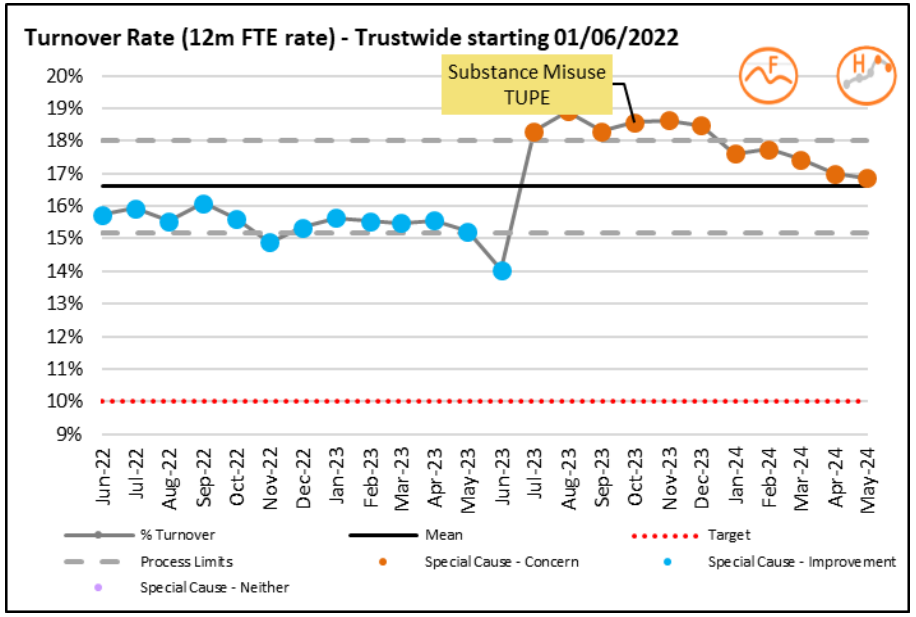
Although 12 month rolling sickness has increased, the in month sickness for January has decreased.

Continued focus on absence reduction will continue into the new financial year and is part of the refreshed People Strategy for 2024/25.

Well-Led | Staffing





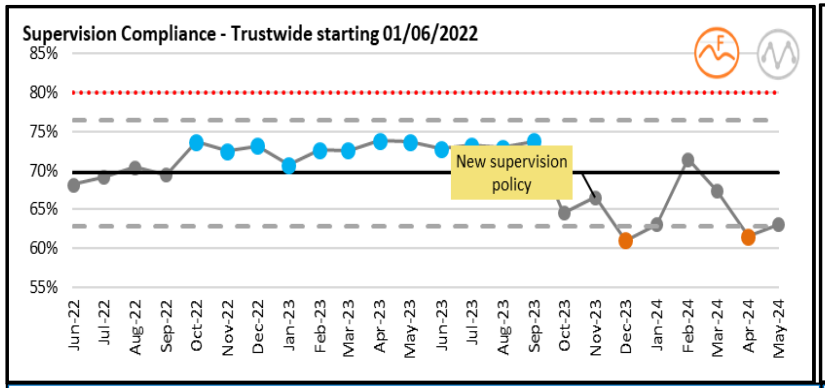


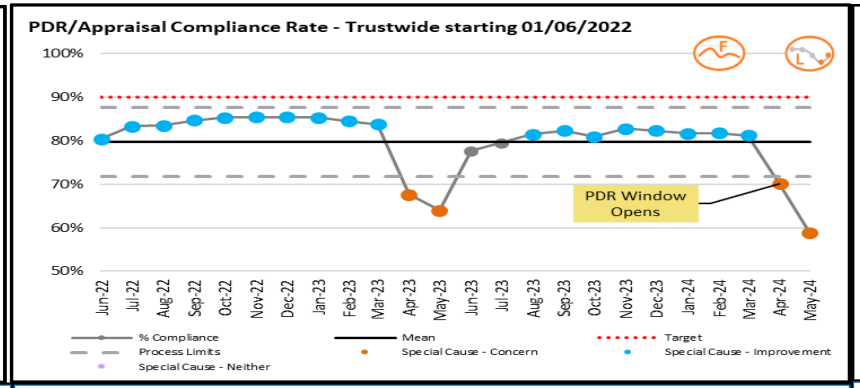
Narrative

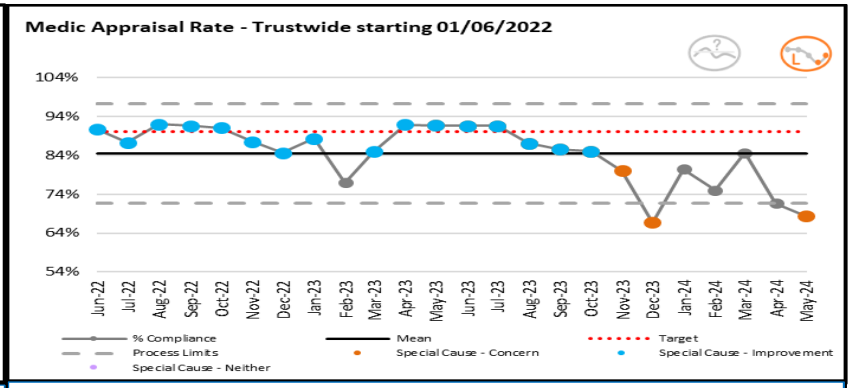
Pauses on recruitment in line with the current financial position in some areas may be contributing.

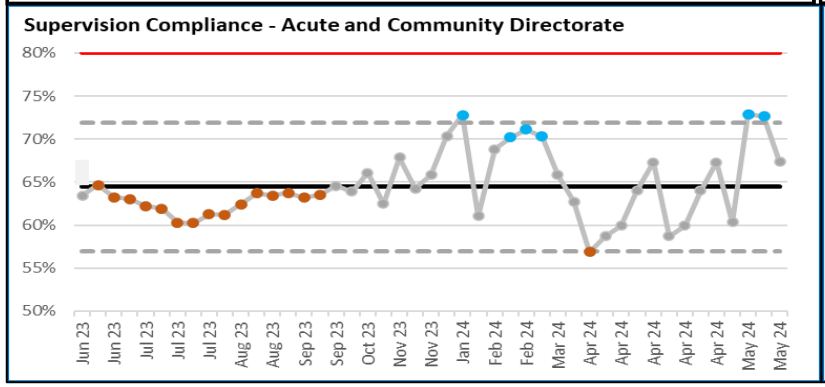
12-month turnover has decreased.

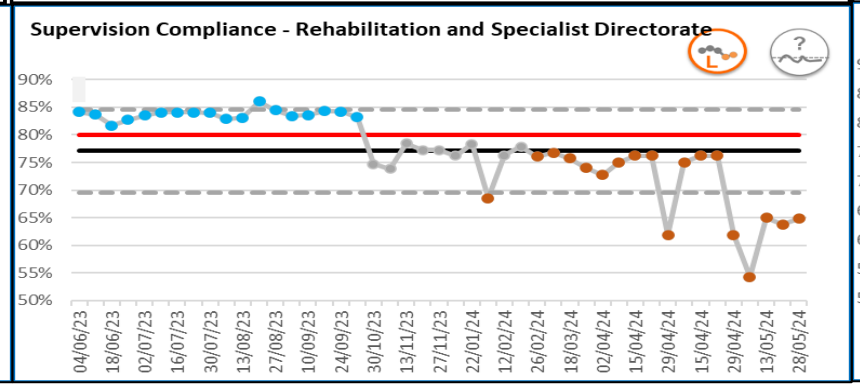
Well-Led | Supervision & PDR/Appraisal

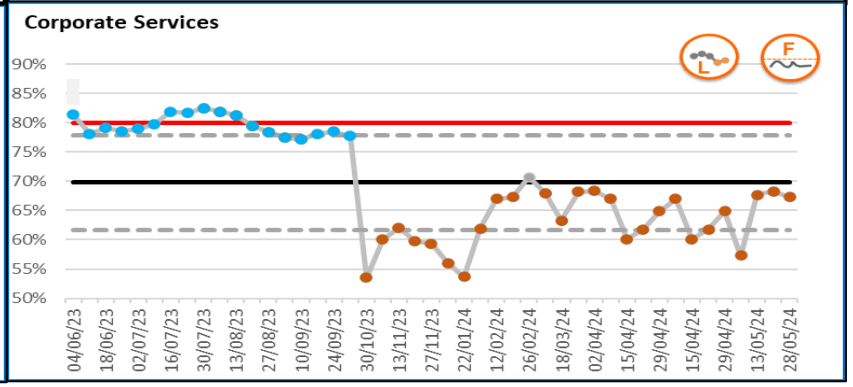












Aim

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 of 31st May 2024, average compliance with the target:
Trustwide **63.1%**
Clinical Services **63.3%**
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 and Corporate Services' performance is reviewed at Executive Performance and Quality Reviews (EPQRs).
A recovery plan is in place for our acute and PICU wards, monitored through the Back to Good Programme Board.

Mandatory Training

Overall compliance SPC chart is unavailable this month and will be provided next month.

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	23/04/2024	04/06/2024
Trustwide	**87.88%**	**88.22%**
Directorate/Service Line		
Corporate Services	79.94%	80.62%
Medical Directorate	92.11%	93.36%
Acute & Community – Crisis	90.46%	90.59%
Acute & Community – Acute	89.06%	89.28%
Acute & Community – Community	91.53%	92.94%
Rehab & Specialist – Older Adults	85.36%	84.80%
Rehab & Specialist – Forensic & Rehab	91.60%	91.52%
Rehab & Specialist – Highly Specialist	89.99%	90.48%
Rehab & Specialist – Learning Disabilities	89.93%	92.13%
Rehab & Specialist – Talking Therapies	93.97%	93.98%

Narrative

Mandatory training compliance is monitored closely at clinical team governance and through clinical Directorate IPQR meetings. Corporate services report their mandatory training position in Executive Performance and Quality Reviews (EPQRs).

As at 04/06/2024, the nearest training report to end of May 24 position
There are currently 9 subjects below 80%:

Subjects below 80%
Safeguarding Children Level 3 65.18%
Mental Health Act 66.98%
Medicines Management 62.66%
Deprivation of Liberty Standards Level 276.36%
Rapid Tranquilisation69.65%
Resus Level 2 (BLS) 71.85%
Immediate Life Support 75.55%
Respect Level 3 70.94%
Moving and Handling Level 2 68.04%

Information Governance is at 85.06% however the national target is 95% (currently being reviewed and likely to change locally to 90%

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.

From 1st July 2024 Rapid Tranquilisation will be included in Resus Level 3(ILS) which should increase compliance and then stabilise compliance

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Financial Performance

IPQR - Information up to and including May 2024

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Executive Summary

Key Performance Indicator	YTD Plan £'000	YTD Actual £'000	Variance £'000	Annual Plan £'000	24/25 Forecast £'000	Variance £'000
Surplus/(Deficit)	(1,492)	(1,285)	207	(6,520)	(6,520)	0
Out of Area spend *	(1,253)	(1,251)	2	(6,204)	(7,623)	(1,419)
Substantive pay	(19,385)	(19,402)	(18)	(113,869)	(116,628)	(2,759)
Agency spend	(1,089)	(634)	455	(6,536)	(3,292)	3,244
Bank spend	(456)	(1,036)	(581)	(2,732)	(6,040)	(3,308)
Cash	38,362	37,288	(1,074)	33,897	33,897	0
Efficiency Savings	1,018	1,018	0	7,334	7,334	0
Capital	(268)	(268)	0	(10,246)	(10,246)	0

YTD: Year To Date
* Includes Purchase of Healthcare only, excludes travel costs.

At M2, the YTD deficit position of £1.285m is £0.21m better than planned (M1 £0.25m better). The forecast is expected to achieve the planned deficit of £6.52m.

Out of area activity increased significantly in May compared to the levels seen in March and April. YTD cost is on plan but the forecast is £1.419m overspent as the savings from the reduction in the number of spot bed purchases is not expected to happen as quickly as initially planned.

Pay cost overspends have been offset by non-pay underspends from a range of areas including premises and an increase in planned income.

Capital expenditure is on plan at M2 and forecast to be at year-end, however, the uncertainty around the timing of the Fulwood sale continues to be a risk to delivery of the capital programme.

Value improvement and recovery plans totalling £7.1m have been developed. Work is ongoing to strengthen and implement the plans and identify further opportunities to achieve the internal plan target of £9.7m, this is to enable achievement of the planned savings required of £7.3m, creating headroom of £2.4m in plans in case of slippage and other cost pressures in year.

Cash is lower than expected as income due to be received is high. The finance team will increase focus on debt recovery to address this and maximise the interest receipts from the cash bank account. However, there are no concerns regarding cash flow or material bad debt risks to highlight at present.

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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:

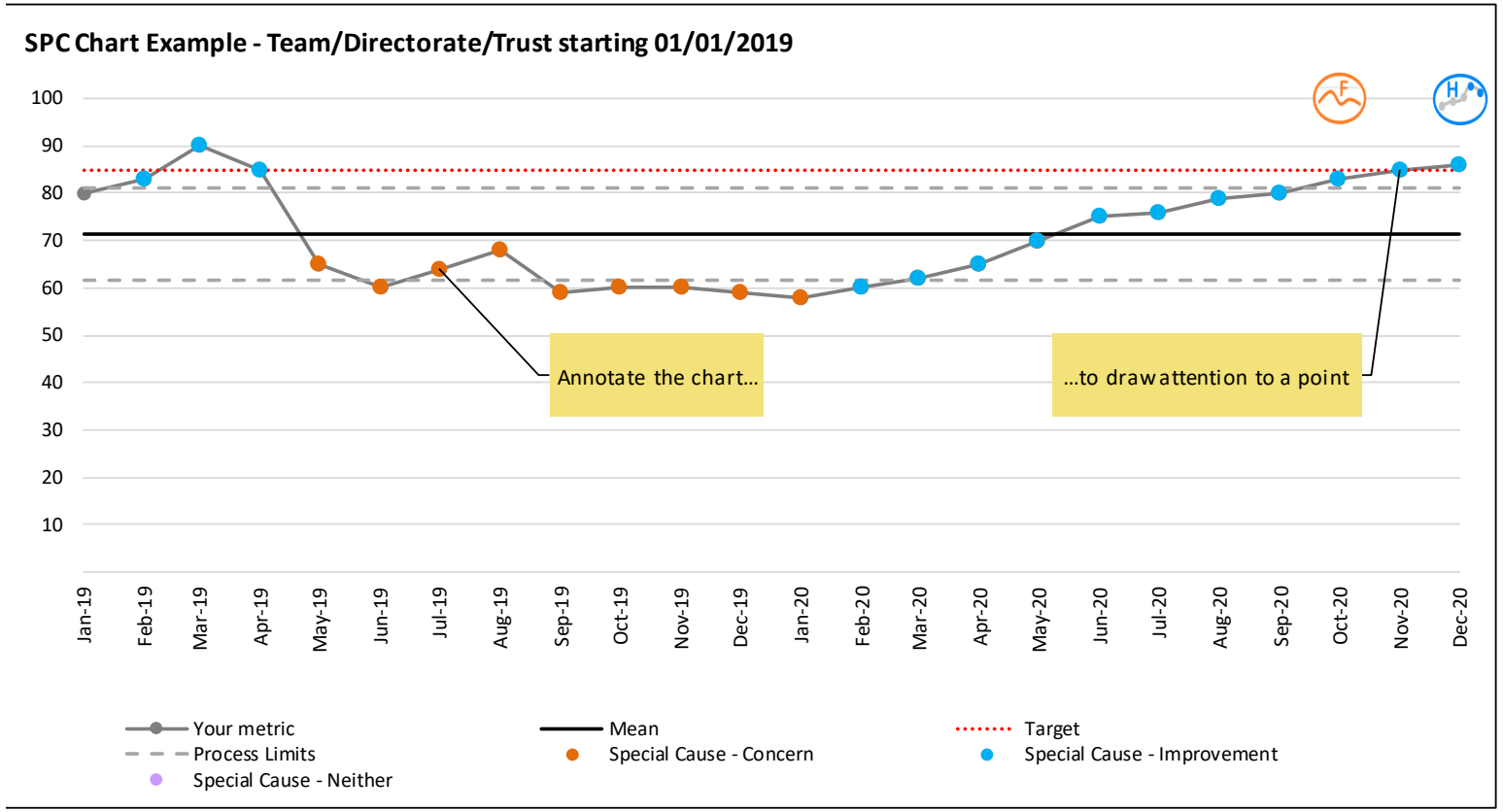
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

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.