Board of Directors - Public

SUMMARY REPORT	Meeting Date:	September 2024
	Agenda Item:	18

Report Title:	Integrated Performance and Quality Report (IPQR) July 2024	
Authors:	Performance Team Henry Harrison, Strategy and Quality Performance Manager Stephen Sellars, Head of People Systems	
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:	10th September 2024 11th September 2024 12th September 2024
Key points/ recommendations from those meetings	**Comments from People Committee** The committee received an update that long term sickness has been targeted as part of the Health and Wellbeing Group and a task and finish group has been established to look at the cause and effect of consistently high levels of absence. Further information on the demographic of leavers has been included in the Workforce, Recruitment, and Transformation Group Report to explain some of the change in head count figures. The committee acknowledged that mandatory training has improved but there are ongoing challenges with the same subjects that lowers overall compliance. An action was taken to see what else can be done to improve these areas and to report figures by directorate to highlight the hot spots and provide clearer assurance to the committee. **Comments from Quality Assurance Committee** The following safety and quality issues were identified within the report: • Ongoing work to improve the mandated service user demographics shows no improvement in the recording of protected characteristics despite leadership through operational managers. • The committee received the Out of Area Recovery Plan and supported the Trust's Home First programme **Comments from Finance & Performance Committee** The committee raised concerns over the repeatedly missed targets in NHS 111 call abandonment rate and was advised that the service is holding the service provider to account and supporting them to provide quality conversations with service users in the average allotted time. The root	

	cause of the high call abandonment rate is understood, an improvement had already been seen in August. The committee also queried the number of 12-hour emergency department breaches which peaked at 13 in July, the highest we have seen for over 2 years. They were advised that this was as a result of significantly higher demand than usual and had reduced to 7 breaches in August. This will be monitored closely.

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 July 2024.

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

Appendix attached: Integrated Performance & Quality Report – July 2024

Please note: there are areas of missing data within the report, due to the Older Adult services moving to Rio in November 2023. The detail is contained within the table on pages 5-6.

NHS Long Term Plan National Metrics

Perinatal – The number of women accessing the service has exceeded the target for the first four months of the year and is currently on course to maintain this.

Talking Therapies – Recovery rates and improvement rates have exceeded the target for the first four months of the year and remain on target to meet targets for the remainder of the year.

Out of Area – Inappropriate out of area placements has seen a significant increase over the first four months of the year. Work is ongoing across a number of services to improve flow in order to reduce the number of out of area placements.

Access to Adult Community Services

Community Mental Health teams have seen a significant rise in referrals following the change to the new ways of working with Primary Care. We are continuing to work across services and providers to ensure the correct pathways are being followed and to ensure that waits do not build up.

Specialist Service Waiting Times

Gender Identity Service - The number of people waiting to access the Gender services remained high in July 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 ADHD in July 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. Notice has now been given for the contract with Derby and Derbyshire to cease on 31 October 2024. Transitional arrangements are agreed to ensure service users are looked after. The service have focused on progressing service users (already assessed) through treatment pathways and assessments recommenced in September. We are working with the MHLLDA Provider Collaborative to explore innovative ways to address this challenge. Following a meeting between the Chief Executive Officer,

other SHSC executive and senior Sheffield place leaders, there is an agreement to identify non- recurrent funding to support the volume of assessments that need to be undertaken by the service. 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 waiting list has significantly reduced over the last 9 months, the positive result of changes in practice and new ways of working implemented through the QI Collaborative.

Older Adult Services

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.

Work to report on all Older Adult metrics is ongoing. Below is a list of all metrics that have been, and are being, worked on, with the status. Community Teams include Older Adult (OA) Community Mental Health Team (CMHT), Memory Service and OA Home Treatment. Older Adult inpatient wards are Dovedale 1 and G1.

Metric	Applicable team(s)	Status	Notes
Referrals	All Community Teams	Complete, included in this IPQR	
Caseload	All Community Teams	Complete, included in this IPQR	
Discharges	All Community Teams	Complete, included in this IPQR	
Admissions	Both Wards	Complete, included in this IPQR	
Discharges	Both Wards	Complete, included in this IPQR	
Bed Occupancy ex. leave	Both Wards	Complete, included in this IPQR	
Bed Occupancy inc. leave	Both Wards	Complete, included in this IPQR	
Average beds admitted to	Both Wards	Complete, included in this IPQR	
Transfers In/Out	Dovedale 1 only	Complete, included in this IPQR	
Waiting List	OA CMHT & Memory Service (not applicable to OA Home Treatment)	On target to report in next month's IPQR	The wait list number will be reported and SPC chart indicators will be added when have the required 12 data points (Mar-25)
Referral to Assessment Wait Times	OA CMHT	On target to report in next month's IPQR	The RtA number will be reported and SPC chart indicators will be added when have the required 12 data points (Mar-25) We are working to improve known data quality issues around activity recording on Rio.
Delayed discharges	Both Wards	On target to report in next month's IPQR	

Bed Nights Occupied by Delayed Discharge	Both Wards	On target to report in next month's IPQR	
Live Length of Stay (as at month end)	Both Wards	On target to report in next month's IPQR	
Transfers In/Out	G1 only	Work ongoing	Issue identified when service users are moved to an alternative bed – this action is erroneously being counted as a transfer. This has been raised with the Rio programme team who are looking into whether a configuration change is needed.
72 hour follow up	Community Teams	Work ongoing	Report has been produced by Rio Reporting Team. Work required to validate with services. Change required to how activity is recorded. Work required to confirm and embed correct process and validate on an ongoing basis.
Average Discharged Length of Stay (12 month rolling) Ward	Both Wards	Work ongoing	Further discussions required to determine whether we can report with less than 12 months of data on Rio.
Referral to Assessment Wait Times	Memory Service	Work ongoing	We are seeking advice from NHS England's Data Liaison Team on how best to report on this metric given that we have not migrated some data into Rio which is required to construct this metric.

Adult Acute Services

Improvements have been made to the number of individuals and the number of bednights occupied by delayed discharges.

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

Liaison Psychiatry - Whilst not yet triggering a special cause variation we are aware this referrals to Liaison Psychiatry has potential to trend higher in coming months and is being monitored accordingly. 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.

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 have 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 number of abandoned calls is

being closely monitored along with call lengths as these have generally exceeded expectations and planned capacity. Additional staff have been added in the short term to support.

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

Safety & Quality

Work to improve mandated service user demographics has been ongoing since 29th April; there is no improvement in the recording of protected characteristics despite leadership through operational managers. A staff survey is being developed for us to understand the lack of completion from services and what support is needed to improve.

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 START services contract ending as a number of deaths were reported through this service. Committee will note that there are 155 deaths subject to coronial investigation and further determination, currently 8 of these are known to require SHSC staff attendance and support. For the remaining 147 deaths SHSC involvement will be determined by the coroner on the level of SHSC involvement in the person's care.

This month has continued to see above average 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. We will be redefining SHSC's definitions of 'missing' vs AWOL and the way in which these incidents are reported.

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. Our Annual Summary of the Use of Force is due for publication by the end of September 2024.

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.

The contract SHSC held with Tendable ended on 31st July 2024. We are the process of engaging with audit leads and various staff to improve existing audit question sets, test and implement the Ulysses audit module. We are working to minimise disruption in inspection recording and the collection of Quality of Care Experience Surveys.

Safer Staffing

There have been no staffing incidents or shifts were staff was below agreed safer staffing that are reportable. All shifts have been covered with ILS and RESPECT trained staff.

The safer staffing dashboard does not yet reflect the changes in establishment review for the recent ward moves and changes in establishment aligned to bed capacity; therefore Dovedale 2 is showing as under CER when in fact it was not, it reduced from 3 RNs per shift to 2 RNs alongside a reduction of 7 beds.

In July, Burbage continued to see high levels of patient need which has driven use of bank and agency above clinical establishment to support therapeutic observations. Further issues exacerbated by high number of new health care support worker (HCSW) starters and high number of preceptees awaiting sign off. The Practice Nurse Educator is supporting preceptee sign off.

On Endcliffe ward, they have no vacancies and are consistently 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 80% clinical time on shift.

Summarising for Acute inpatient services, work is ongoing to support working to the establishment review with a specific piece of work around the use of therapeutic observations and improved reporting.

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

Our People

Headcount and WTE continue to fall as we have seen fewer new starters than leavers over the past 4 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.

A new Vacancy Control Panel (VCP) process has been introduced to make recruitment more efficient and reduce time to hire. We have seen a reduction in time to hire since the introduction of the new VCP process. The new process will also concentrate on all pay affecting changes and not just recruitment.
The majority of leavers that posts have not been recruited to in the past 3 months are non-clinical or corporate roles.

Sickness has increased in July to 7.1%. We are working with areas through the directorate IPQR to understand the reasons behind this.

Agency usage is at its lowest it has ever been with just 1.5% of all staffing, 0.55% for nursing, usage recorded as agency. The EPR project has increased this in July as shown in the non-nursing graph.
The weekly meetings mean we can now start to evidence that we are rostering efficiently through roster and leave management and that the main driver for using temp staffing above establishment is either that we are over established or there is a greater clinical need than our establishment allows – mainly due to 1:1 observations.

As of 31st July 2024, average compliance with the mandatory training target is:

- Trustwide 70.49%
- Clinical Services 68.43%

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 People Committee. The Operational Management Group will now also review overall compliance and action to improve the position.

There has been an increase in new Employee Relation cases and decrease in cases resolved in August.

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) July 2024

Good Performance						
Committee				**KPI/Area**	**Refer to (slide)**	**Current Performance**	**Trend/Trajectory**
F	Q			Waiting Lists	6	L	Reduced waiting list for SPS, LTNC, CMHT South, Relationship & Sexual service and SAANS ASD.
F	Q			Waiting Times (RtA)	6	L	Sustained reductions in average wait time referral to assessment for CMHT North and South, Perinatal, Relationship & Sexual Service and CLDT.
F	Q			Out of Area Placements	7-8	L	Number of bednights and out of area placements for PICU has sustained improved performance but does still not meet the targeted reduction (see performance concern table).
F	Q			Length of Stay - PICU	8	P	Endcliffe ward continues to meet the national standard for discharged length of stay.

Good Performance							
Committee				KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q			Average discharged Length of Stay – Forest Close	10		Performance aligns with national benchmarks.
F	Q			Delayed care	13		Adult Acute & PICU low number of delayed individuals & bednights in month
F	Q			Talking Therapies – wait times	14		Talking Therapies consistently achieving the 6 and 18 week wait targets.
	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 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, SCFT, 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	12		Breaches for detained mental health admission 55/62 available days (87%) in July 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	12		Failing the target for a number of months	Quality Assurance Committee
	Q	P		Staff sickness	29		Consistently failing to meet trust target of 5.1%. 7.1% for July 24.	Sickness Group
	Q	P		Staff Turnover	31		High staff turnover rate (13.1%).	Sickness Group
	Q	P		Supervision	32		Failing to meet 80% target Trustwide (70.5% in July 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	35		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 July 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 July 2024 reporting, we are using monthly figures from August 2022 to July 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.

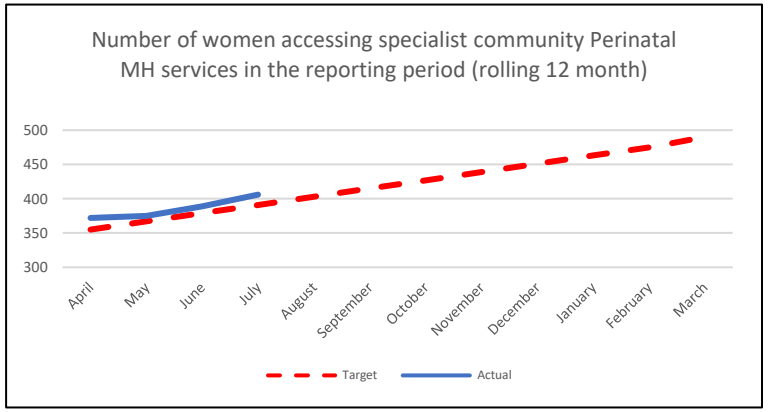
Board Committee Oversight
Please also note the addition of a colour-coded key to quickly identify which KPIs and metrics are of particular interest to a committee/which committee has oversight.

Colour Key	F	M	P	Q
Finance				
MH Legislation				
People				
Quality				

NHS Long Term Plan – national metrics for 2024/25

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

Our target = 490 by March

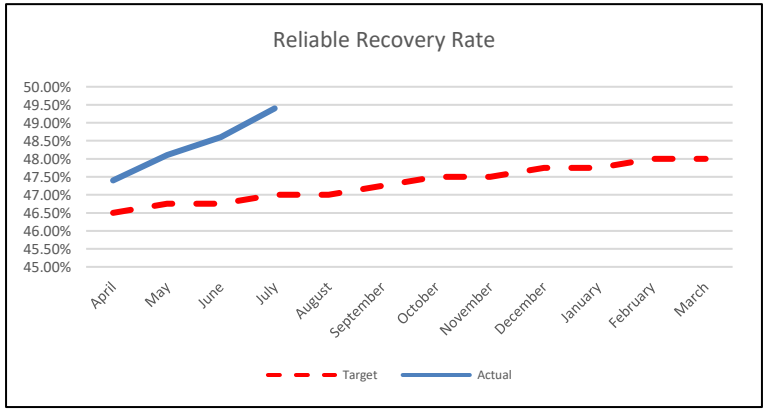


Community: Number of people who receive two or more contacts from NHS commissioned mental health services for adults and older adults with severe mental health illnesses

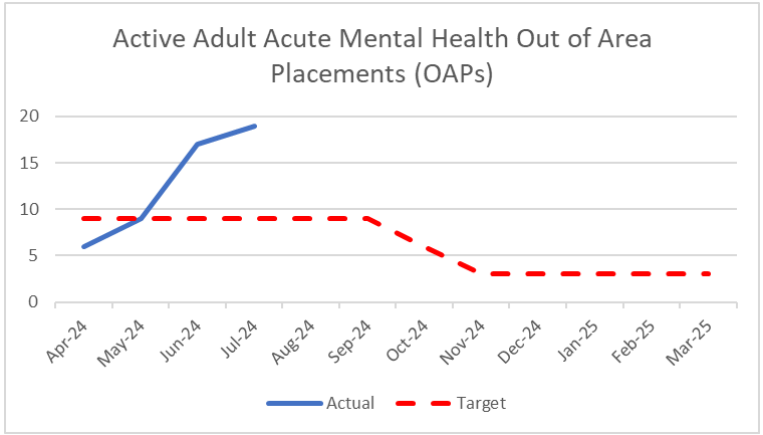
TO BE UPDATED

Talking Therapies: Reliable recovery rate for those completing a course of treatment and meeting caseness

Our target = 48% by March

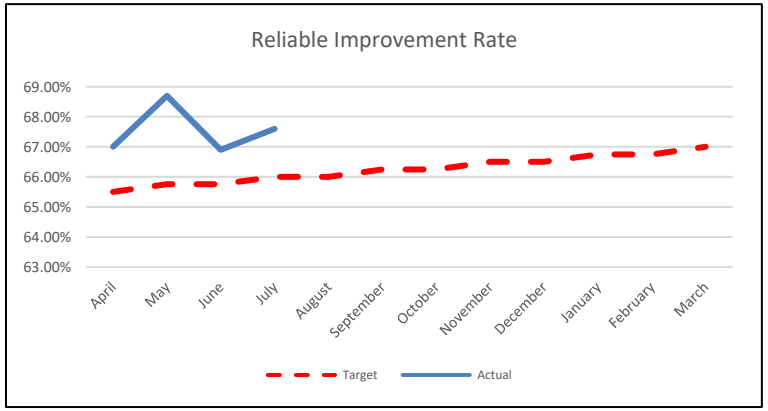


Out of Area: Number of active adult acute OAPs that are either 'internal' or 'external' to the sending provider



Talking Therapies: Reliable improvement rate for those completing a course of treatment

Our target = 67% by March



Narrative

- **Community contacts** are not yet available for Older Adult services. This is being progressed with Rio reporting team.
- **Perinatal Mental Health Service** has exceeded the target for the first 4 months of the year.
- **Sheffield Talking Therapies** continue to meet and exceed targets.
- **Inappropriate out of area placements** has seen a significant increase over the first four months of the year. Work is ongoing across a number of services to improve flow to reduce the number of out of area placements. The target originally agreed with the ICB (6 between Apr-Sep 2024 then 5 for Oct 2024-Mar 2025) relates to inappropriate placements only but we have set a more challenging internal target for all OOA placements as shown in the chart.

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Service Delivery

IPQR - Information up to and including July 2024

Proud to care in Sheffield

Responsive | Access & Demand | Referrals

Referrals	Jul-24			
Acute & Community Directorate Service	n	mean	SPC variation	Note
Urgent & Crisis Service	1155			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 June 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.
Adult Home Treatment Team	130			
Liaison Psychiatry	602	540	• • •	Whilst not yet triggering a special cause variation we are aware this metric has potential to trend higher in coming months and is being monitored accordingly.
Decisions Unit	122	64	• H •	7 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.
Health Based Place of Safety (S136 Suite)	14	25	• • •	
CMHT North	104	31	• H •	High referrals in CMHT South linked to changes to the Primary & Community Mental Health service.
CMHT South	102	31	• H •	High referrals in CMHT South linked to changes to the Primary & Community Mental Health service.
Early Intervention in Psychosis	44	35	• • •	

Referrals	Jul-24			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	7	3	• H •	
SCFT	4	2	• • •	
Assertive Outreach Team	1			
Community LD Team	79	65	• • •	
CISS	3	3	• • •	
Psychotherapy Screening (SPS)	34	52	• L •	SPS are undergoing continued work with referrers to ensure appropriate referrals are submitted. Whilst this may account for some of the reduction, they are continuing to monitor possible reasons and consider the link with the rest of the teams' data, such as reduced DNA rate.
Gender Identity Clinic	16	40	• • •	
Eating Disorder Service	40	41	• • •	
SAANS ASD	59	84	• L •	Figures reported are for referrals to ASD for Sheffield residents. The service also accepts referrals from people who live in other areas. National referrals: 42
SAANS ADHD	113	130	• L •	Figures reported are for referrals to ADHD for Sheffield residents. The service also accepts referrals from people who live in other areas. National referrals: 66. 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	19	19	• • •	
Perinatal MH Service	50	47	• • •	
HAST	18	15	• • •	
HAST - Changing Futures	4			
Health Inclusion Team	220	186	• • •	
Long Term Neurological Conditions	64	91	• L •	This is the total referrals received by RPU. Referrals for LTNC are allocated internally to teams and service users can be open to multiple teams; CMS (7), NES (49) and SCBIRT (8).
ME/CFS	106	78	• H •	
Memory Service	113	121	• • •	
Older Adult CMHT	112			This is the total number accepted on the waiting list. Previously the number of referrals into SPA function of OA CMHT was reported on which included referrals 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	26	23	• • •	

July 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**
CMHT North	**71**	*76*	• • •	**6.0**	*13.4*	• L •	**6.5**	*6.1*	• • •	**703**	*834*	• L •
CMHT South	**33**	*57*	• L •	**8.1**	*10.0*	• L •	**14.5**	*12.3*	• • •	**839**	*970*	• L •
CMHT TOTAL	**104**	*133*	• • •	*N/A*			*N/A*			**1542**	*1803*	• L •
Early Intervention in Psychosis	**20**	*25*	• • •				**94.1%**	*86.8%*	• • •	**244**	*292*	• L •
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
Specialist Psychotherapy - MAPPS	**35**	*71*	• L •	**12.0**	*19.8*	• • •	**47.0**	*95.0*	• • •	**286**	*329*	• L •
Specialist Psychotherapy - PD	**39**	*53*	• L •	**21.2**	*17.3*	• H •	**40.9**	*46.3*	• • •	**206**	*204*	• H •
Gender Identity Clinic	**2403**	*2174*	• H •	**291.8**	*202.5*	• • •				**3367**	*3066*	• H •
Eating Disorder Service	**34**	*28*	• • •	**5.4**	*4.1*	• • •				**189**	*200*	• L •
SAANS ASD	**996**	*1076*	• L •	**65.3**	*65.7*	• • •				**604**	*953*	• L •
SAANS ADHD	**3616**	*2499*	• H •	*N/A*						**113**	*131*	• L •
Relationship and Sexual Service	**47**	*71*	• L •	**20.4**	*38.7*	• L •				**125**	*137*	• • •
Perinatal MH Service (Sheffield)	**25**	*30*	• • •	**2.5**	*3.5*	• L •				**218**	*168*	• H •
HAST	**35**	*28*	• • •	**6.0**	*12.3*	• • •				**99**	*86*	• H •
Health Inclusion Team	**127**	*131*	• • •	**3.4**	*3.7*	• • •	*N/A*			**1515**	*1564*	• • •
LTNC	**270**	*331*	• L •	*N/A*						*N/A*		
CFS/ME	*N/A*			**13.0**	*28.4*	• • •				**972**		
Community LD Team	**160**	*165*	• • •	**5.1**	*7.3*	• L •				**738**	*696*	• H •
Community Intensive Support	*N/A*			*N/A*						**15**	*14*	• • •
Community Enhancing Recovery										**51**	*47*	• H •
Specialist Community Forensic										**27**	*24*	• H •
Memory Service										**4316**	*4253*	• H •
Older Adult CMHT										**1412**	*1350*	• H •
Older Adult Home Treatment	*N/A*			*N/A*			*N/A*			**69**	*69*	• • •

Narrative

Early Intervention did not meet the wait time standard in July 2024. The Early Intervention Access & Waiting Time standard is "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.

SAANS – the handover to Derbyshire ICB is on track for completion in October. The table shows the number of Sheffield patients on the waiting lists for ASD & ADHD.

ASD – there are an additional 1,538 non-Sheffield patients making the total waiting list 2,534. Wait times for ASD assessment for Sheffield patients have continued to improve.

ADHD – there are an additional 4,298 non-Sheffield patients waiting for screening and/or assessment. Total waiting list size 7,914. 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 – OA CMHT RtA figure only can be included for August data. SPC variations cannot be included until we have at least 12 data points.

Number at month end can also be provided for the August data sets for both Memory Service and OA CMHT however the remaining metrics require further work.

LTNC – waiting list has significantly reduced over the last 9 months, the positive result of changes in practice and new ways of working implemented through the QI Collaborative.

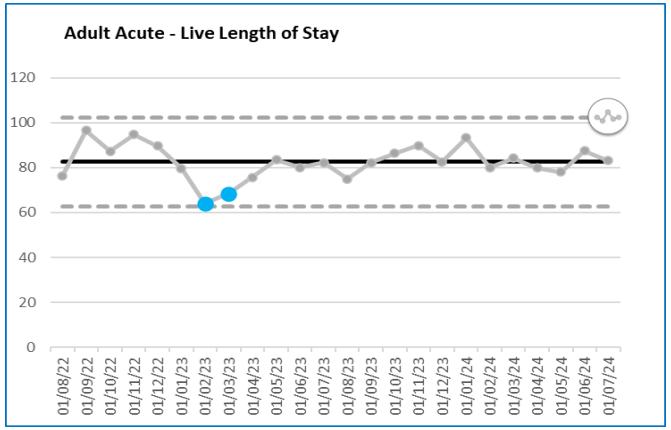
Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Dovedale 2, Burbage, Stanage)	Jul-24 n	Jul-24 mean	Jul-24 SPC variation	Jul-24 SPC target
Admissions	25	29.04	• L •	/
Detained Admissions	22	26.00	• L •	/
% Admissions Detained	88.00%	90.06%	• • •	/
Emergency Re-admission Rate (rolling 12 months)	2.91%			
Transfers in	5			
Discharges	26	30.20	• L •	/
Transfers out	5			
Delayed Discharge/Transfer of Care (number of delayed discharges)	11	13	• L •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	235	315	• L •	/
Bed Occupancy excl. Leave (KH03)	93.91%	94.49%	• L •	/
Bed Occupancy incl. Leave	101.76%	99.28%	• • •	/
Average beds admitted to	50.0	47.5	• H •	/
Average Discharged Length of Stay (12 month rolling)	44.05	39.76	• H •	F
Average Discharged Length of Stay (discharged in month)	59.39	41.36	• H •	?
Live Length of Stay (as at month end)	83.12	82.48	• • •	/
Number of People Out of Area at month end	17	11	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	10	8	• • •	?
Total number of Out of Area bed nights in period	527	324	• • •	F

Length of Stay Detail – July 24

Longest LoS (days) as at month end:
69 on Burbage ward move reset May
34 on Maple/Dovedale 2 ward reset June
133 on Stanage ward move reset Mar

Longest LoS (days) of discharges in month:
Burbage = 63
Maple/Dovedale 2 = 29
Stanage = 81



Step Down (Beech)	Jul-24 n	Jul-24 mean	Jul-24 SPC variation	Jul-24 SPC target
Admissions	4	4.48	• • •	/
Transfers in	0			
Discharges	5	4.32	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	78.71%	81.96%	• • •	/
Bed Occupancy incl. Leave	89.35%	90.15%	• • •	/
Average Discharged Length of Stay (12 month rolling)	71.54	59.92	• H •	/
Live Length of Stay (as at month end)	37.89	55.99	• • •	/

Length of Stay Detail – July 24

Longest LoS (days) as at month end: 83
Range = 0 to 83 days
Longest LoS (days) of discharges in month: 209

Narrative
Beech Length of Stay high due to a number of long stay clients. Ward lengths of stay have been affected over recent months by ward moves as part of the ongoing improvements being made to clinical environments.

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)	Jul-24 n	Jul-24 mean	Jul-24 SPC variation	Jul-24 SPC target
Admissions	1	4.08	• • •	/
Transfers in	1			
Discharges	2	2.08	• • •	/
Transfers out	2			
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)	94.19%	96.71%	• • •	/
Bed Occupancy incl. Leave	98.71%	97.68%	• • •	/
Average beds admitted to	9.87	9.78	• • •	/
Average Discharged Length of Stay (12 month rolling)	45.48	37.62	• H •	P
Live Length of Stay (as at month end)	108.63	113.32	• • •	/
Number of People Out of Area at month end	2	5	• L •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	2	3	• • •	?
Total number of Out of Area bed nights in period	46	143	• L •	F

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

Start Month	LOS
12/2023	239
12/2023	222
02/2024	156
05/2024	91

As at 31/07/2024, there were 4 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 61 days.

This is the ward length of stay for Endcliffe only and may not reflect the full episodic length of stay with SHSC.

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)

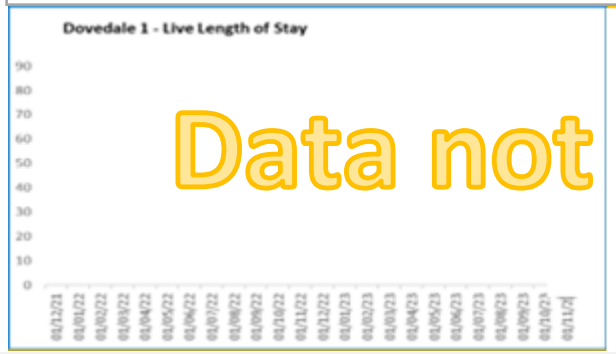
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 61

Safe | Inpatient Wards | Older Adults

Older Adult Functional (Dovedale 1)	Jul-24 n	mean	SPC variation	SPC target
Admissions	8	4.92	• • •	/
Transfers in	0			
Discharges	6	5.28	• • •	/
Transfers out	1			
Delayed Discharge/Transfer of Care (number of delayed discharges)	4			
Delayed Discharge/Transfer of Care (bed nights occupied by delayed discharge)	48			
Bed Occupancy excl. Leave (KH03)	93.55%	90.92%	• • •	/
Bed Occupancy incl. Leave	96.34%	96.12%	• • •	/
Average beds admitted to	14.45	14.45	• • •	/
Average Discharged Length of Stay (12 month rolling)				
Live Length of Stay (as at month end)				

Length of Stay Detail July 24 – Dovedale 1
Data not available

Narrative
All reliable data we are able to report on from Rio at this time is provided, with further work required to resolve gaps in average discharged LoS and live LoS.



Older Adult Dementia (G1)	Jul-24 n	mean	SPC variation	SPC target
Admissions	4	4.56	• • •	/
Transfers in				
Discharges	1	4.00	• • •	/
Transfers out				
Delayed Discharge/Transfer of Care (number of delayed discharges)	8			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	182			
Bed Occupancy excl. Leave (KH03)	86.29%	82.09%	• • •	/
Bed Occupancy incl. Leave	86.90%	83.73%	• • •	/
Average beds admitted to	13.90	13.53	• • •	/
Average Discharged Length of Stay (12 month rolling)				
Live Length of Stay (as at month end)				

Length of Stay Detail July 24 – G1
Data not available

Narrative
All reliable data we are able to report on from Rio at this time is provided, with further work required to resolve gaps in average discharged LoS, live LoS and data quality issue with transfers.

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)	Jul-24 n	mean	SPC variation	SPC target
Admissions	1	1	• • •	/
Transfers in	3			
Discharges	2	2	• • •	/
Transfers out	1			
Delayed Discharge/Transfer of Care (number of delayed discharges)	0			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	0			
Bed Occupancy excl. Leave (KH03)	89.35%	87.65%	• H •	/
Bed Occupancy incl. Leave	95.91%	97.77%	• • •	/
Average Discharged Length of Stay (12 month rolling)	291.41	362.45	• L •	P
Live Length of Stay (as at month end)	432.30	381.08	• H •	/
Number of Out of Area Placements started in the period (admissions)	0			
Total number of Out of Area bed nights in period	133			
Number of People Out of Area at month end	4			

Forensic Low Secure (Forest Lodge)	Jul-24 n	mean	SPC variation	SPC target
Admissions	0	1	• • •	/
Transfers in	2			
Discharges	1	1	• • •	/
Transfers out	2			
Bed Occupancy excl. Leave (KH03)	90.76%	91.98%	• • •	/
Bed Occupancy incl. Leave	97.65%	96.63%	• • •	/
Average Discharged Length of Stay (12 month rolling)	510.50	612.51	• L •	?
Live Length of Stay (as at month end)	824.43	678.88	• 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

2967 days – MoJ restriction – Placement funding has been approved and waiting MOJ approval.
1477 days – MoJ restriction – Requires highly specialist service to be identified.
1027 days – Social care assessment ongoing.

Length of Stay Detail Jul 24 - Forest Close (all)

Longest LoS (days) as at month end: 2967
Range = 21-2967
Number of discharges in month: 2
Longest LoS (days) of discharges in month: 818

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

2617 days – Transitioning to Rehabilitation ward.
2506 days – Subject to MoJ restrictions.
2011 days – Has a life tariff. Only route is to return to prison.
The rationale for LoS remains the same due to clinical presentation. 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 Jul 24 – Forest Lodge

Longest LoS (days) as at month end: 2617
Range = 83-2617
Number of discharges in month: 1
Longest LoS (days) of discharges in month: 1819

Benchmarking Low Secure Beds

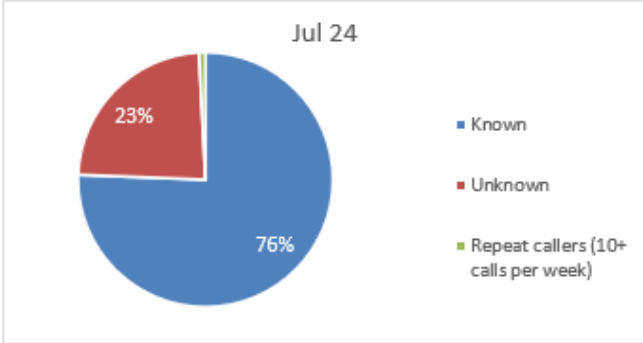
(2023 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 833

Responsive | Access & Demand | NHS 111 Option 2 Calls

Outcome from Contact	Target	Apr 24	May 24	Jun 24	Jul 24	Total
Total calls received	1700	782	1433	1339	1820	4592
Proportion of calls abandoned *	<= 3%	17.0%	23.1%	26.0%	36.4%	
Number of calls abandoned			331	348	662	
Average speed to answer calls (Seconds) *	<= 20 Seconds	75.0	129.3	124.3	118.3	
95th centile call answer time (Seconds) *	<= 120 Seconds	353.0	521.0	488.5	509.5	

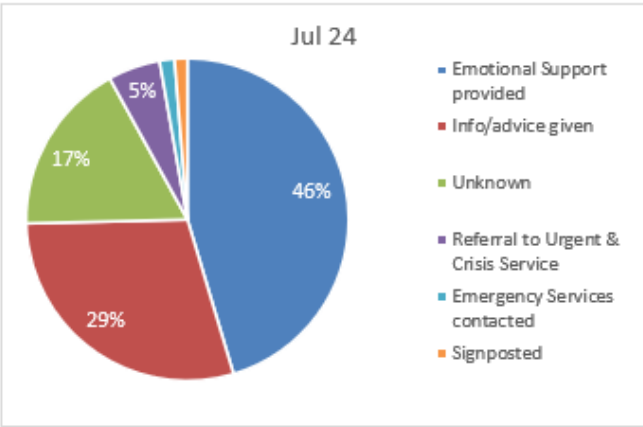
Outcome from Contact	Apr 24	May 24	Jun 24	Jul 24	Total
No. escalated to Urgent & Crisis Service **	57	110	85	70	265
% of answered calls escalated to Urgent & Crisis Service	8.8%	10.0%	8.6%	6.0%	
No. where presenting needs met	592	992	906	1088	
% of presenting needs met on phone	91.2%	90.0%	91.4%	94.0%	

Unique Caller Status	Apr 24	May 24	Jun 24	Jul 24
Known	0	510	484	746
Unknown	0	328	277	232.5
Repeat callers (10+ calls per week)	0	8	4	8



Outcome from Contact

Outcome from Contact	Apr 24	May 24	Jun 24	Jul 24
Emotional Support provided	301	534	463	607
Info/advice given	253	349	356	391
Unknown	195	328	277	232.5
Referral to Urgent & Crisis Service	57	110	85	70
Emergency Services contacted	15	17	14	20
Signposted	15	28	26	17



Narrative

This data relates to the calls received by Nottingham Community Housing Association (NCHA) as our call handling service provider for the NHS 111 Mental Health Option which was implemented in April 2024. All 111 mental health calls are routed through NCHA. NCHA then screen the call and escalate to the Urgent & Crisis service where necessary.

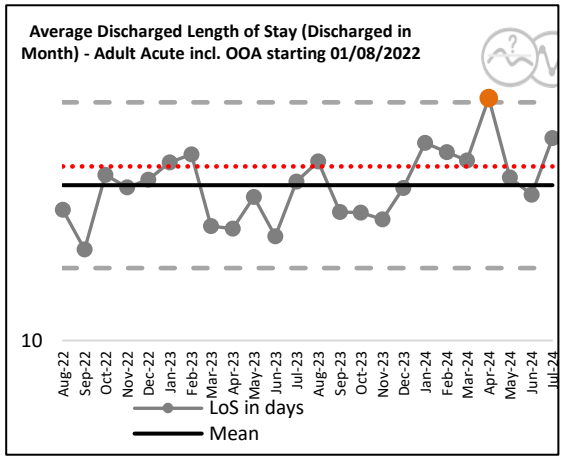
The Urgent & Crisis service still receive referrals from GPs and MH professionals directly through a separate phone number. The service is still currently receiving direct calls through the old SPA phone line but are directing any service users still using this line to use the 111 MH option instead. There is a plan to divert any calls to the old SPA phone line to NCHA over the coming months.

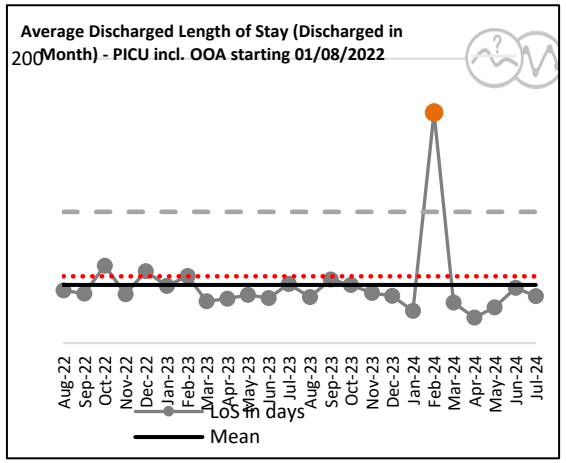
There are concerns around the high abandonment rate of calls to NCHA against the national target of <3%. This has been flagged with NCHA in our regular performance review meetings and as a result they have recruited more call handlers and offered the current staff additional shifts to ensure that more calls are answered. This should also help to improve the underperformance in speed to answer calls.

* These are NHSE mandatory KPIs.
** This includes calls to Urgent & Crisis service to request advice & guidance.

Urgent & Emergency Care Dashboard

Length of Stay





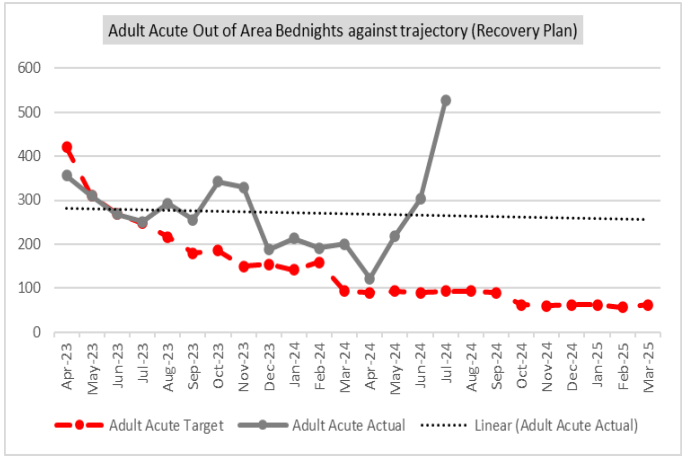
Adult Acute Discharged LoS (Rolling 12-month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	395	44
OOA	71	42
Contracted	104	52
Combined	**570**	**45**

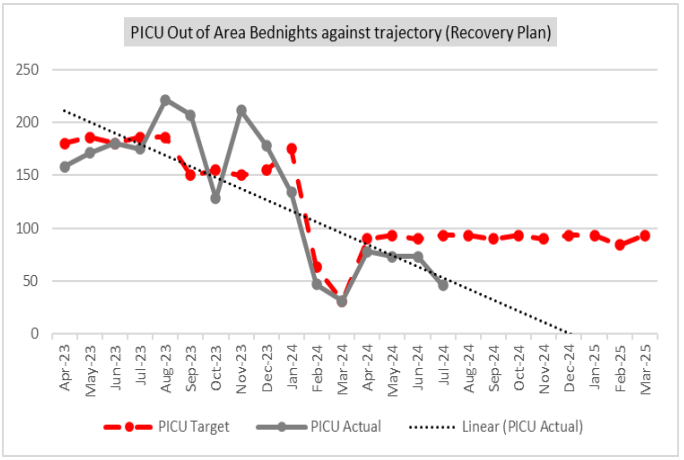
PICU Discharged LoS (Rolling 12-month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	85	45
OOA	38	47
Combined	**123**	**46**

Narrative

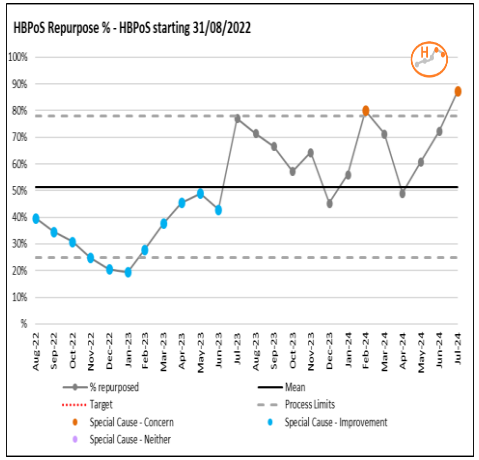
Work has been undertaken to improve our reporting on 1-hour wait time compliance for A&E referrals to Liaison Psychiatry. Following a review of the national NHS England reporting, our reporting methods have been adjusted to ensure that the contacts used to “stop the clock” are aligned to the national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

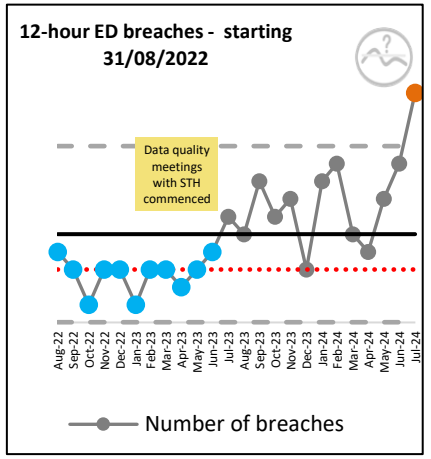
Out of Area



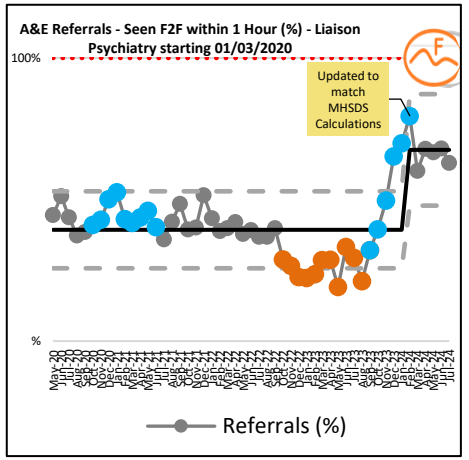


HBPoS & ED Breaches





Liaison Psychiatry wait times compliance

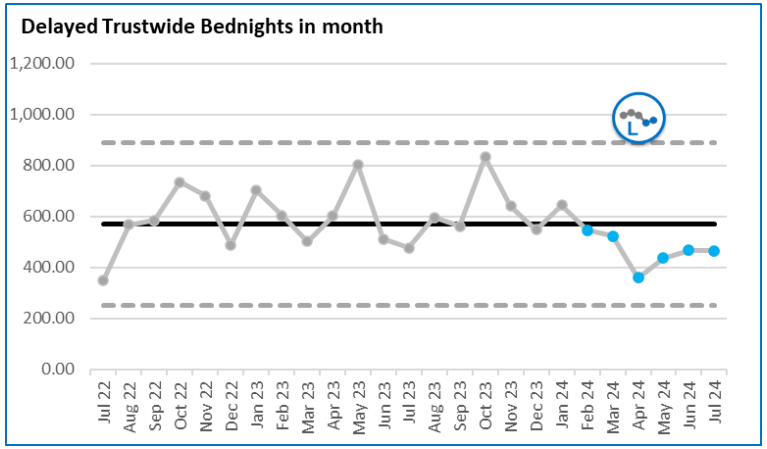


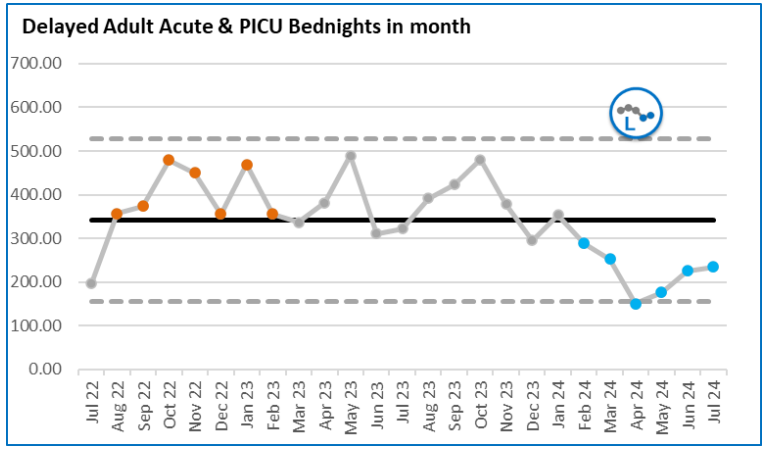
Health Based Place of Safety (HBPoS/136 Beds)	Jul-24
Occasions breached	55
Occasions breached %	87%

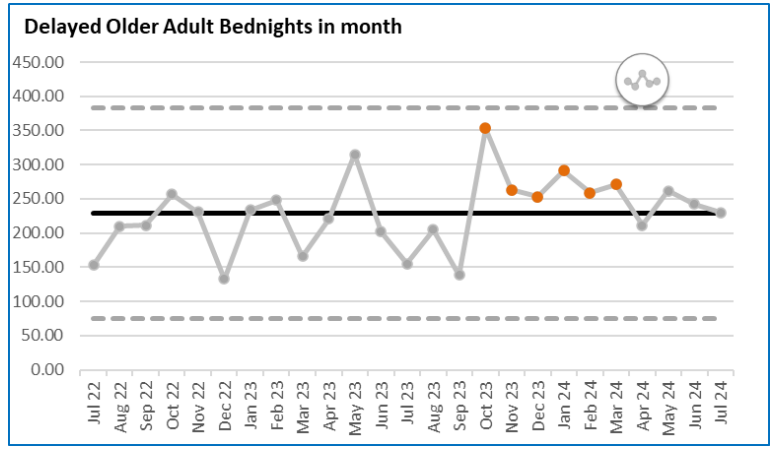
Emergency Department (ED)	Jul-24
ED 12-hour Breaches	13

Liaison Psychiatry – A&E referrals seen within 1 hour	Jul-24
% of A&E referrals seen within 1 hour	62.97%

Delayed Care



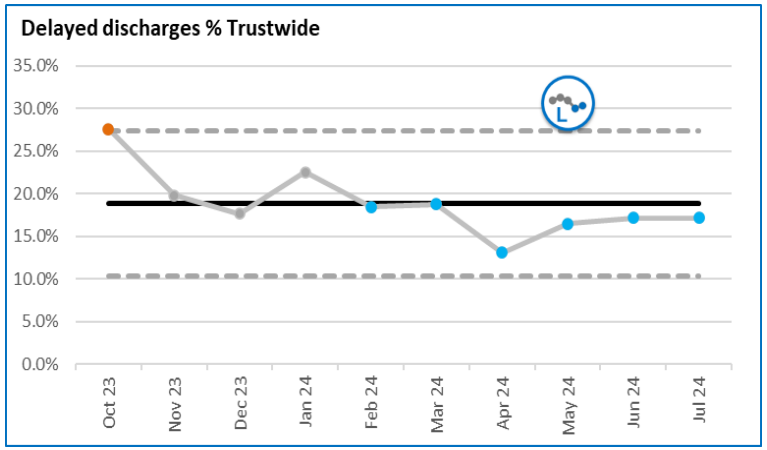


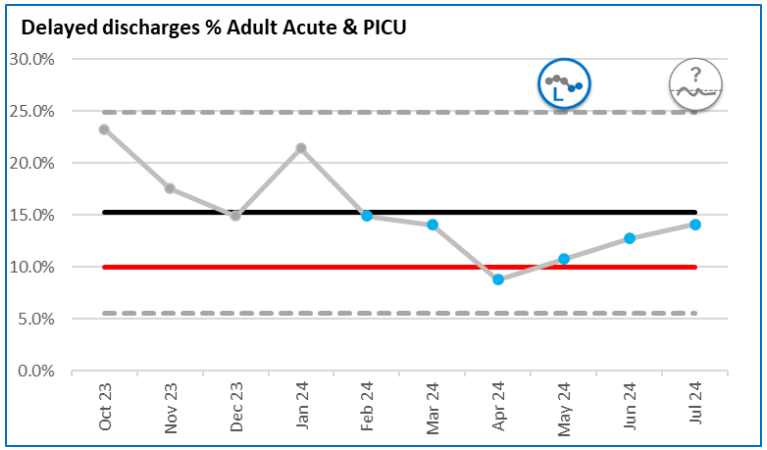


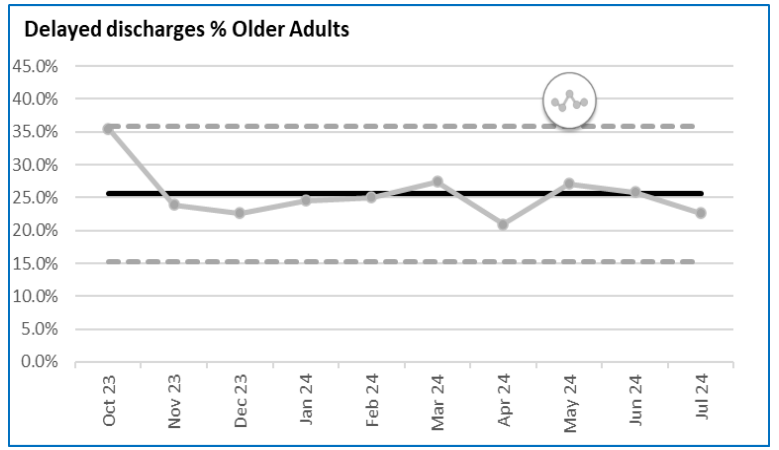
Delayed Discharges Trustwide	Jul-24	SPC Variation	SPC Target
Sum of Delayed Bednights	465	• L •	/
% Bednights occupied by DD	17.2%	• L •	/

Delayed Discharges Adult Acute & PICU	Jul-24	SPC Variation	SPC Target
Sum of Delayed Bednights	235	• L •	/
% Bednights occupied by DD	14.1%	• L •	?

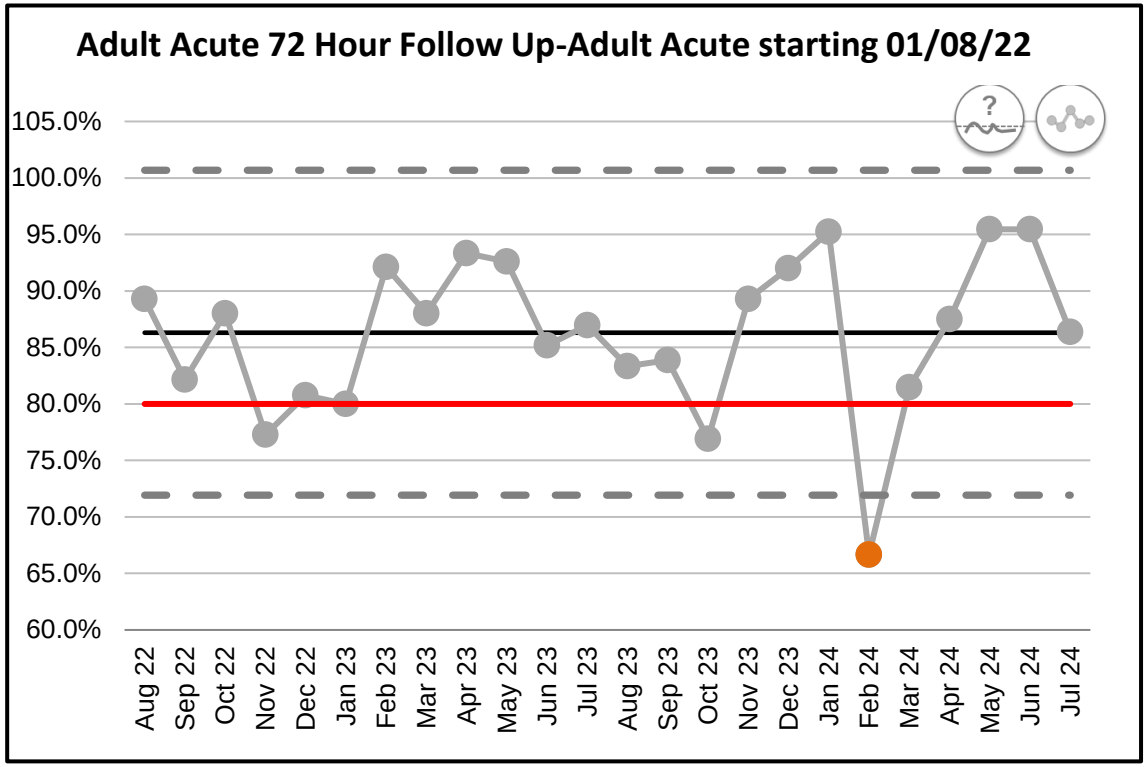
Delayed Discharges Older Adult	Jul-24	SPC Variation	SPC Target
Sum of Delayed Bednights	230	• • •	/
% Bednights occupied by DD	22.6%	• • •	/







Effective | Treatment & Intervention – 72 hour follow up



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.

72 hour Follow Up		July 2024		
	Target	%	No.	SPC Variation
Adult Acute Wards	80%	**86.4%**	**19/22**	• • •

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.

In July 2024, there were 22 discharges from adult acute wards eligible for follow up. Of these 22, 19 were followed up within 72 hours.

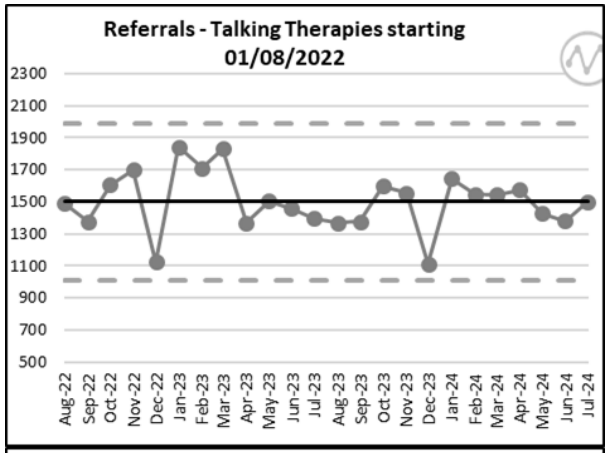
Sheffield Talking Therapies | Performance Summary

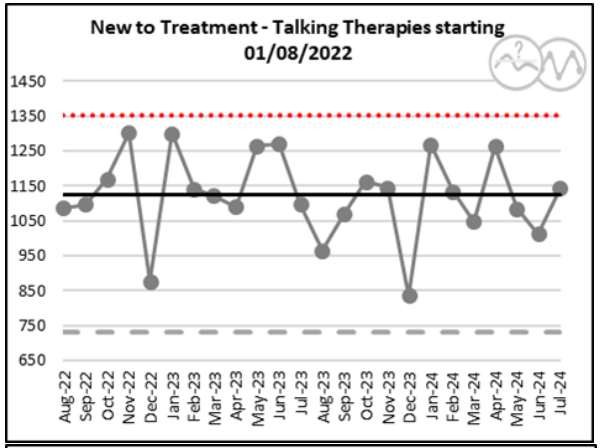
Sheffield Talking Therapies		July- 24			
Metric	Target 2024/25	*n*	*mean*	*SPC variation*	*SPC target*
Referrals	/	**1502**	*1501*	• • •	/
New to Treatment	1352	**1144**	*1123*	• • •	?
6 week Wait	75%	**98%**	*98.69%*	• • •	P
18 week Wait	95%	**100%**	*99.86%*	• • •	P
Moving to Recovery Rate	50%	**52.4%**	*52.02%*	• • •	?
Reliable Improvement Rate	67%*	**67.6%**	*66.9%*	• • •	?
Reliable Recovery Rate	48%**	**49.4%**	*48.64%*	• • •	?

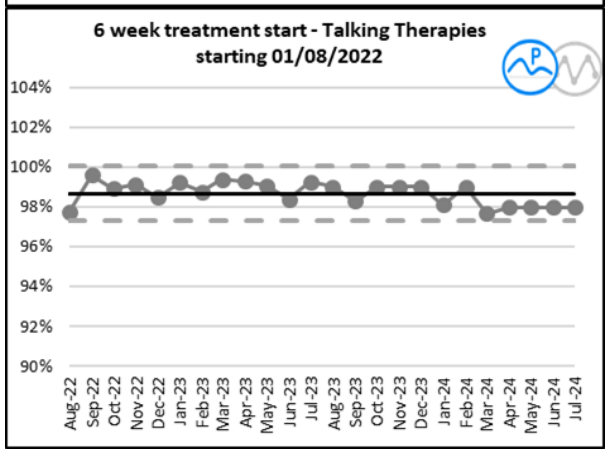
Narrative

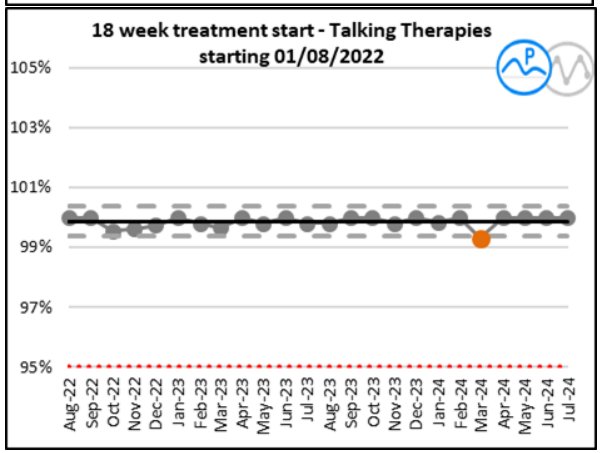
- Achieved the Moving to Recovery rate standard for 34 consecutive months
- Achieving the Reliable Improvement and Reliable Recovery standards
- Wait times continue to exceed the national standards

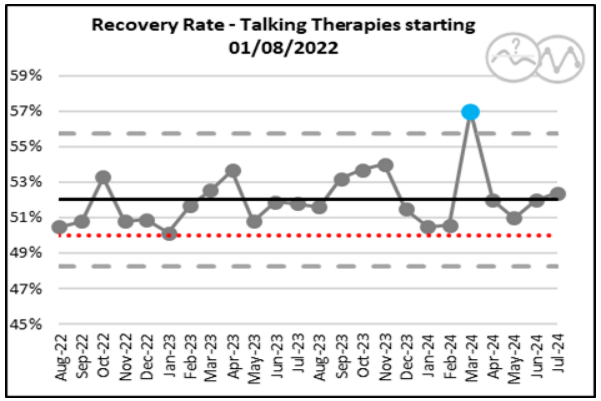
* 67% to be achieved by end of 24/25
** 48% to be achieved by end of 24/25

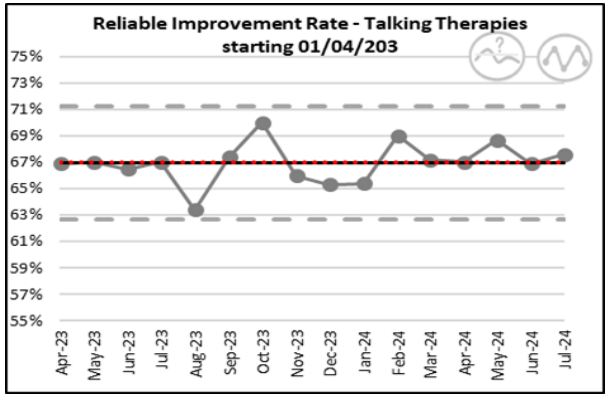


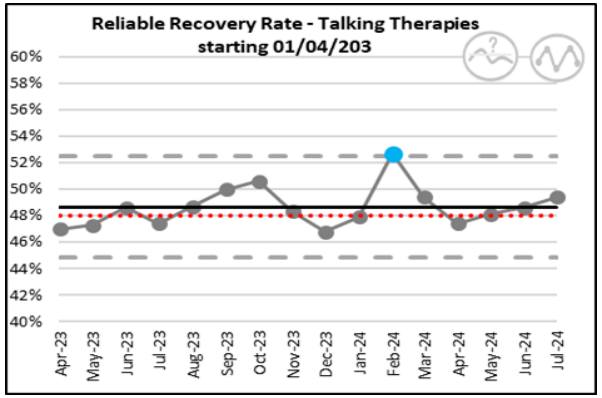












NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safety & Quality

IPQR - Information up to and including July 2024

Proud to care in Sheffield

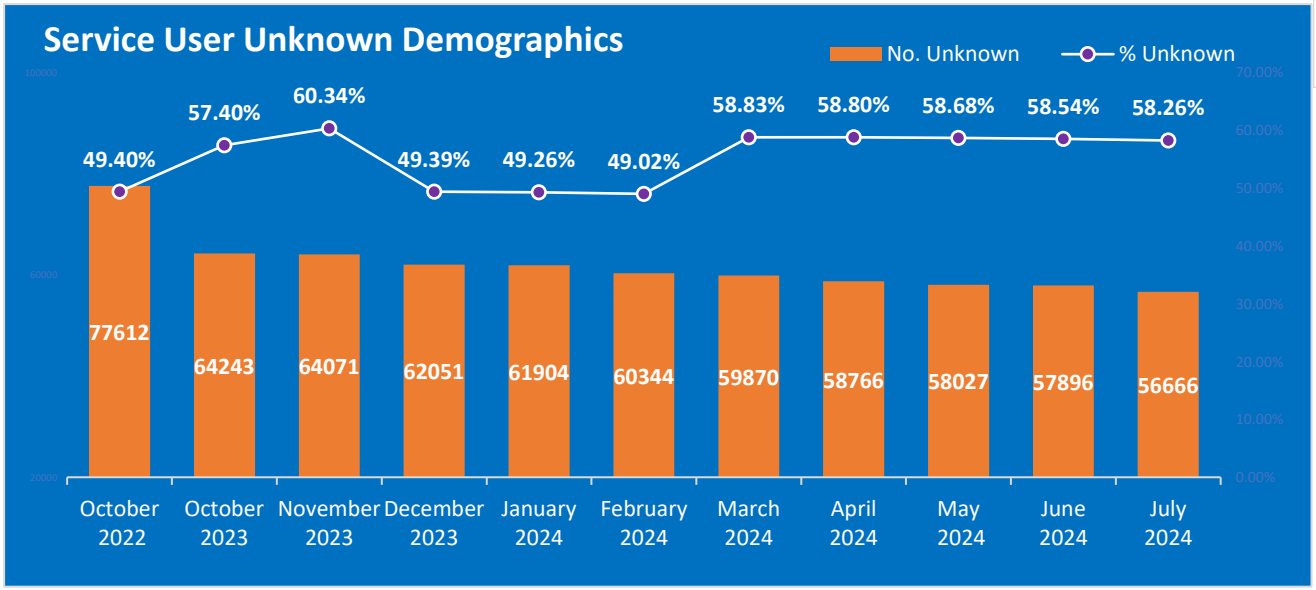
Protected Characteristics Data Quality

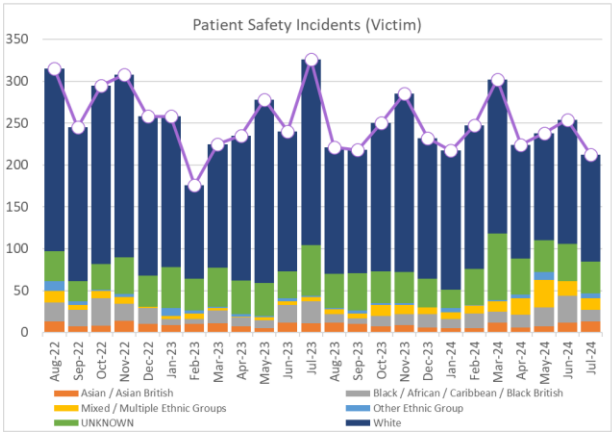
Electronic Patient Record (EPR) Unknown Demographics

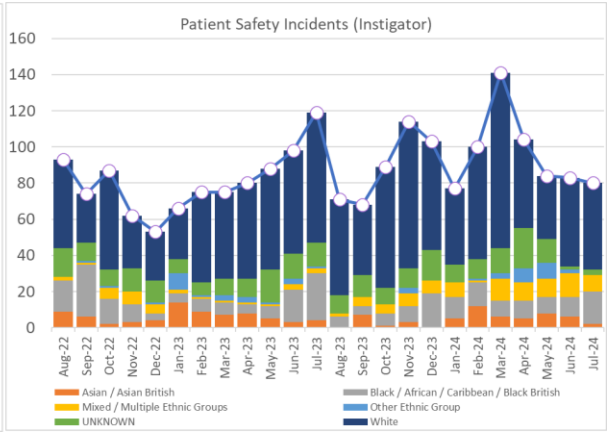
Age	Ethnicity	Gender	Gender Identity	Sexual Orientation	Religion
0%	41.42%	0.06%	87.71%	88.86%	74.30%

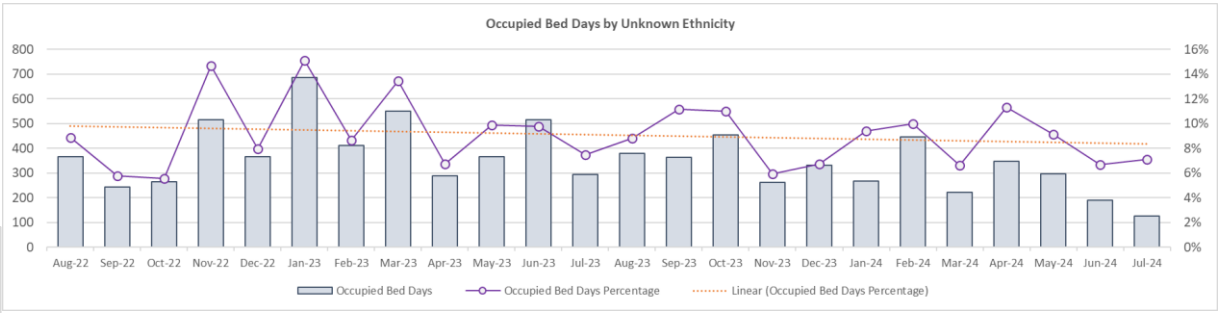
2021 Sheffield Census Unknown Demographics

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







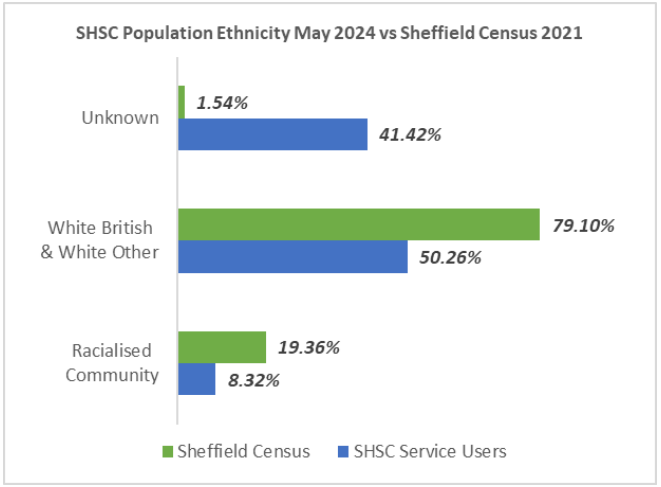


Narrative

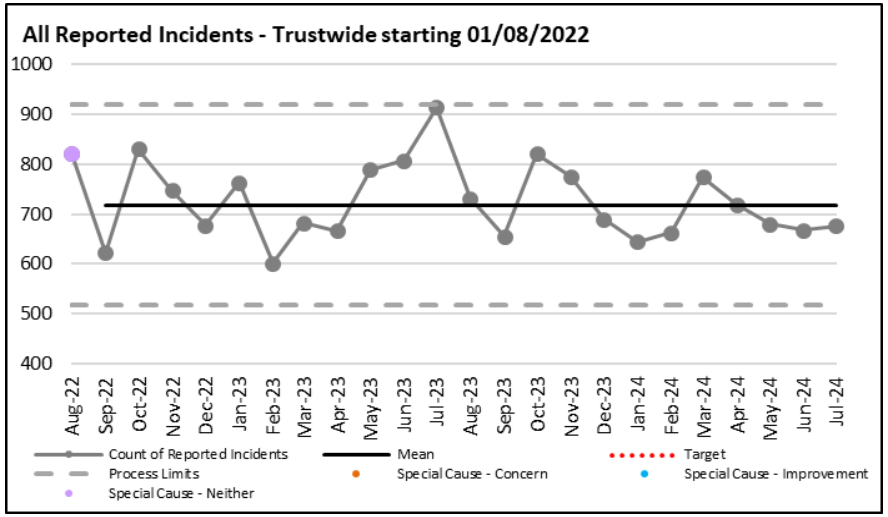
A dashboard has been created and is being shared with services to support improvements with the recording of service user demographics. However, we have not seen the expected improvements.

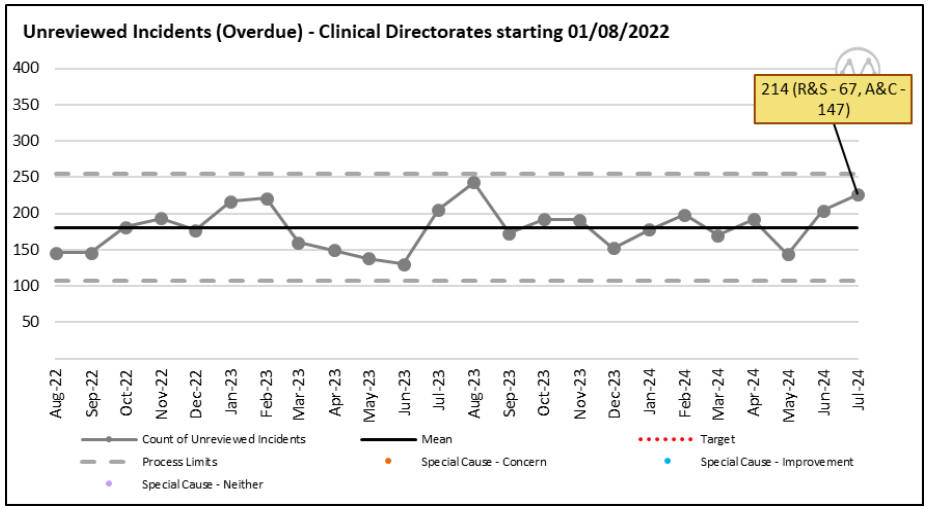
A working group has been established, this will link with various proffessionals across the organisaot

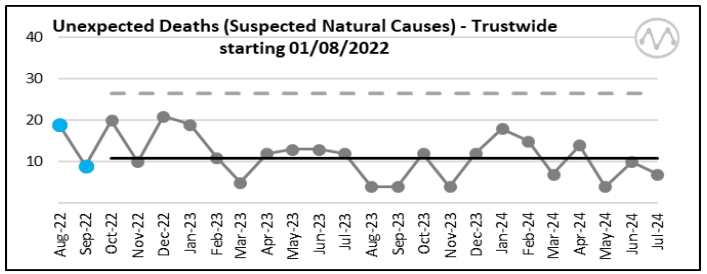
Older adults and Sheffield Talking Therapies are not included due to recording on different EPR.

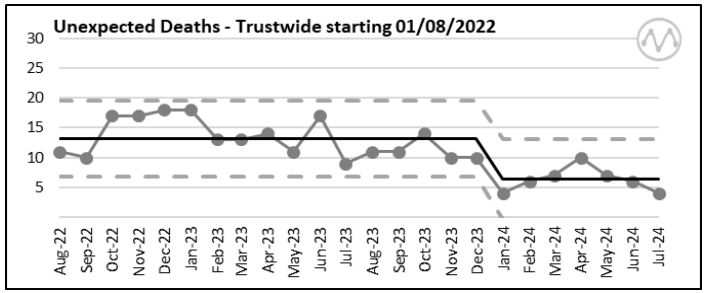


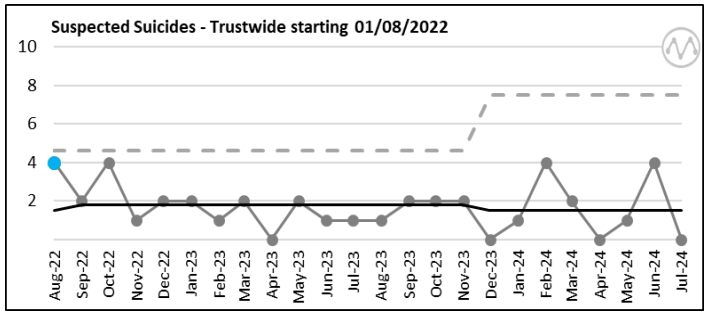
Safe | All Incidents & Deaths

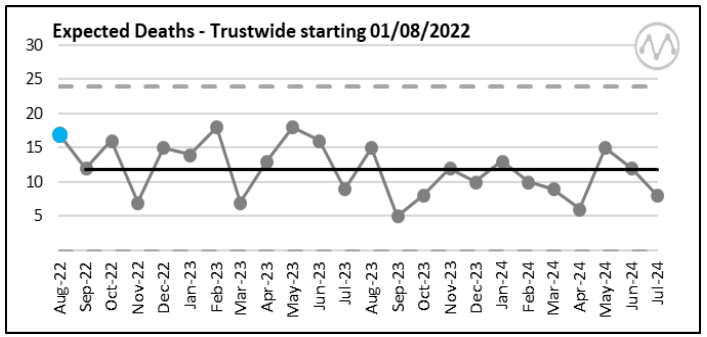












Trustwide	Jul-24		
	n	mean	SPC variation
ALL	**676**	*689*	• • •
5 = Catastrophic	**12**	*17*	• • •
4 = Major	**2**	*3*	• • •
3 = Moderate	**54**	*55*	• • •
2 = Minor	**278**	*274*	• • •
1 = Negligible	**306**	*329*	• • •
0 = Near-Miss	**24**	*19*	• • •

All Reported Incidents

During July 2024 , 54 incidents was rated as moderate under Acute and Community, Medical, Rehabilitation and Services and Facilities. The majority reported by clinical directorates were involving exploitation and abuse which contributes to 25% of incidents in July. Of these, 36% were Physical Assaults and 19% intimidation. 14% were medication related incidents, a breakdown of the types of medication incidents can be seen on the next slide.

10.5% of incidents reported by clinical directorates were for "clinical specific" and under this 74% were self-harm.

47.37% of all incidents were reported as patient safety related incidents.

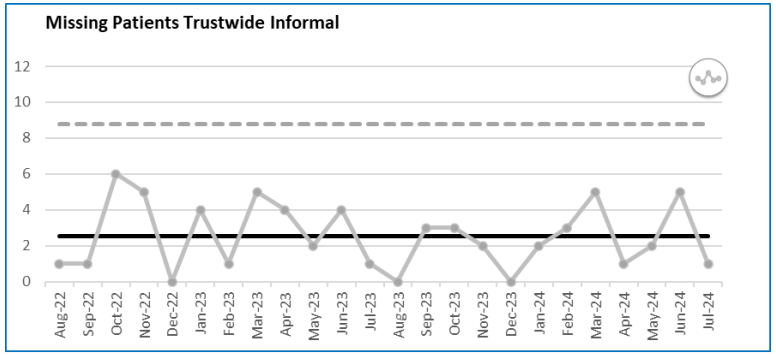
Unreviewed Incidents

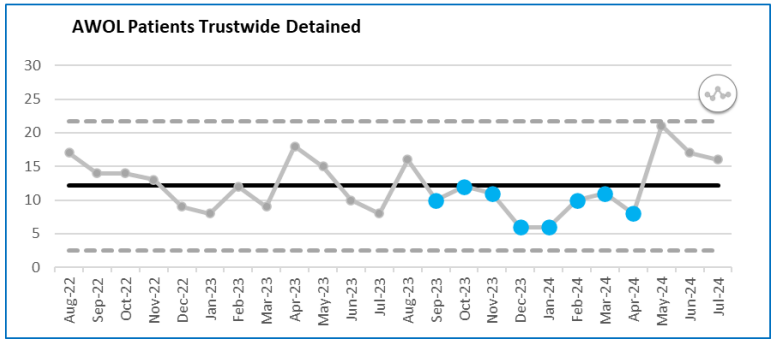
The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. 75 incidents remain unreviewed prior to June 2024. Directorate leads are working towards reducing the number of unreviewed incidents below target of 170.

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

Deaths Reported R&S 1 August 2022 to 31st July 2024	
Awaiting Coroners Inquest/Investigation	155
Closed	6
Conclusion - Accidental	5
Conclusion - Alcohol/Drug Related	26
Conclusion - Misadventure	7
Conclusion - Other	3
Conclusion - Open	1
Conclusion - Suicide	21
Lessons Learnt/Incident Closed	2
Natural Causes - No Inquest	659
Grand Total	**885**

Safe | Medication Incidents, Falls & AWOL Patients





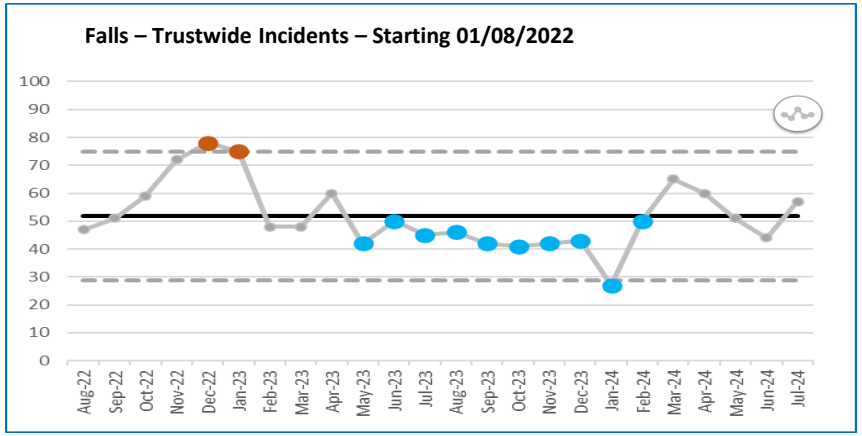
Trustwide	Jul-24		
	n	mean	SPC variation
Detained	16	12	● ● ●
Informal	1	3	● ● ●

Missing & AWOL

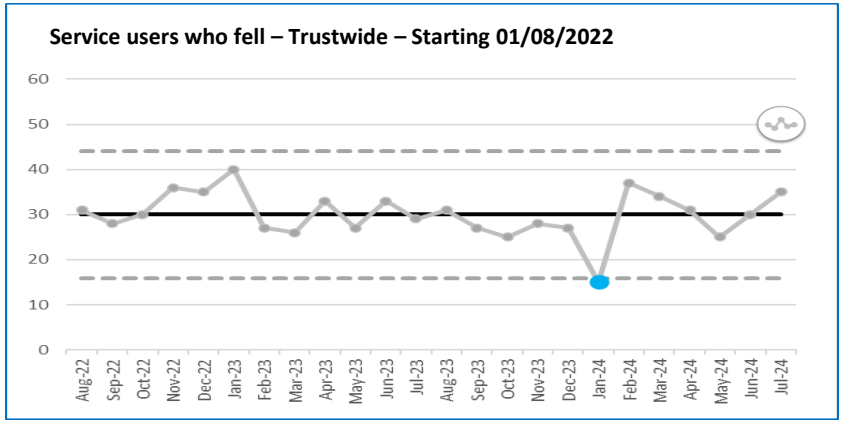
This month, there were 16 reported incidents for 12 people under formal section reported as AWOL in July at the time of reporting:

- 3 people were under Section 2.
- There were 13 incidents reported under section 3 in July 2024. Out of which 6 were reported under Rehabilitation and specialist and 7 were reported under Acute and Community.

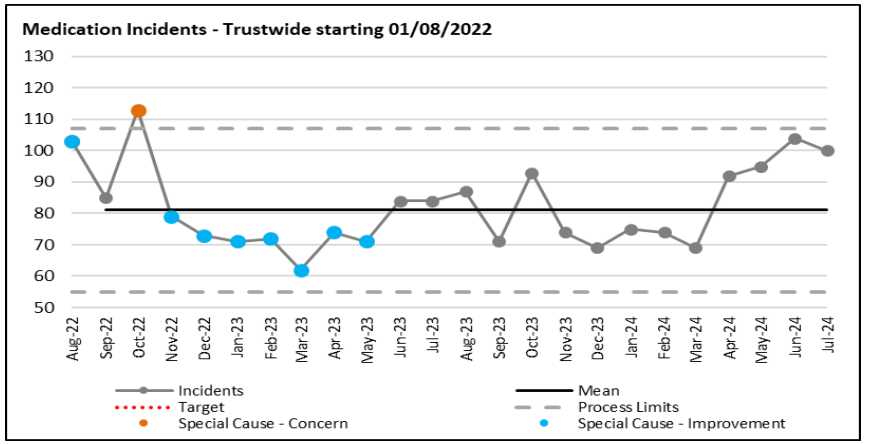
We are working with Mental Health Legislation Group to understand Missing and AWOL incidents and together will be redefining the Trust definitions of both and reviewing the way incidents of this nature are reported.



Trustwide FALLS INCIDENTS	Jul-24		
	n	mean	SPC variation
Trustwide	57	52	● ● ●
Acute & Community	5	2	● ● ●
Rehabilitation & Specialist Services	52	52	● ● ●
Nursing Homes	33	33	● ● ●

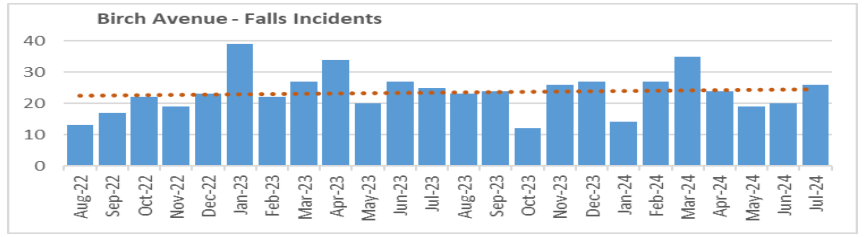


Trustwide FALLS - PEOPLE	Jul-24		
	n	mean	SPC variation
Trustwide	35	30	● ● ●
Acute & Community	4	2	● ● ●
Rehabilitation & Specialist	31	30	● ● ●
Nursing Homes	17	18	● ● ●



Trustwide	Jul-24		
	n	mean	SPC variation
ALL	100	82	● ● ●
Administration Incidents	17	14	● ● ●
Meds Management Incidents	71	55	● ● ●
Pharmacy Dispensing Incidents	9	6	● ● ●
Prescribing Incidents	3	7	● ● ●
Meds Side Effect/Allergy Incidents	0	0	● ● ●

Medication Incidents: We have continued to see an increased number of incidents being reported. 2 medication related Incidents reported as being moderate during July 2024. The Medicines Optimisation Group review the incidents and will be advising on actions aligned to their findings.
Falls Incidents: The number of falls in July was higher than average over the last 12. Of the 57 incidents reported for 35 people. In Rehabilitation and Services reported 52 incidents from 31 people and 5 incidents from 2 people were reported under Acute and Community. There were 3 incidents reported as moderate under Rehabilitation and Specialist. 20 of the 57 incidents were for Birch Avenue (10 people)



Safe | Intimidation & Assaults

Assaults on Service Users	Jul-24		
	n	*mean*	SPC variation
Trustwide	16	*24*	• • •
Acute & Community	9	*17*	• • •
Rehabilitation & Specialist	7	*11*	• L •

Assaults on Staff	Jul-24		
	n	*mean*	SPC variation
Trustwide	36	*43*	• • •
Acute & Community	18	*12*	• • •
Rehabilitation & Specialist	18	*12*	• • •

Intimidation to Staff	Jul-24		
	n	*mean*	SPC variation
Trustwide	37	*48*	• • •
Acute & Community	25	*30*	• L •
Rehabilitation & Specialist	12	*18*	• • •

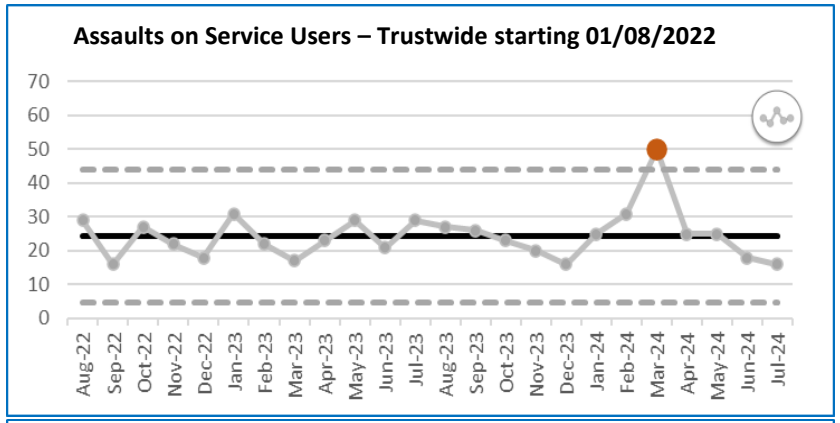
Assaults on Staff
Of the 36 reported incidents of assaults on staff in July, another month with below average number of incidents. 3 incidentswere rated as moderate. All of the staff assaults reported in July 2024 occurred in bed-based services.

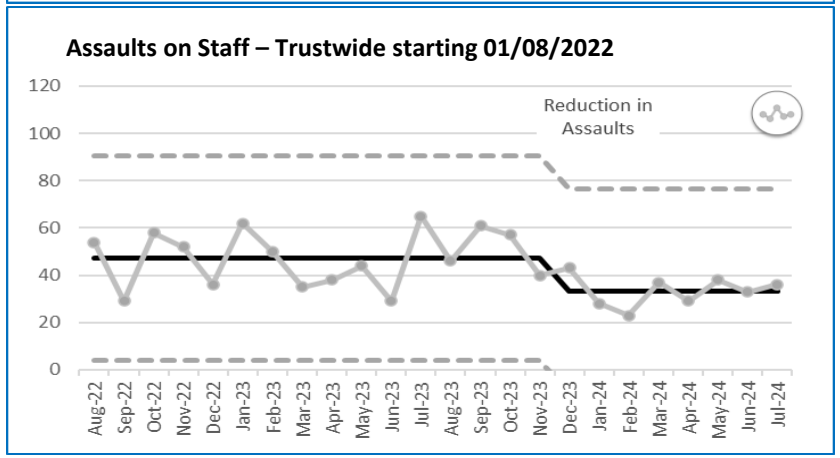
Assaults on Service Users
Out of the 16 assaults on Service Users incidents, 0 reported as being moderate. All of the assaults were reported as occurring in bed-based services.

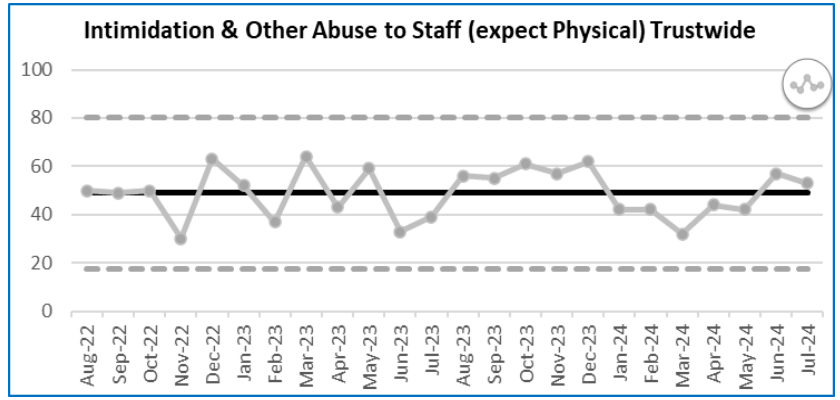
As part of the People directorate's Wellbeing work, they are working with clinical leadership and our Risk department to develop a post incident wellbeing form. Workshops will continue through to the end of September. This will help us to establish the level of post incident support needed and required.

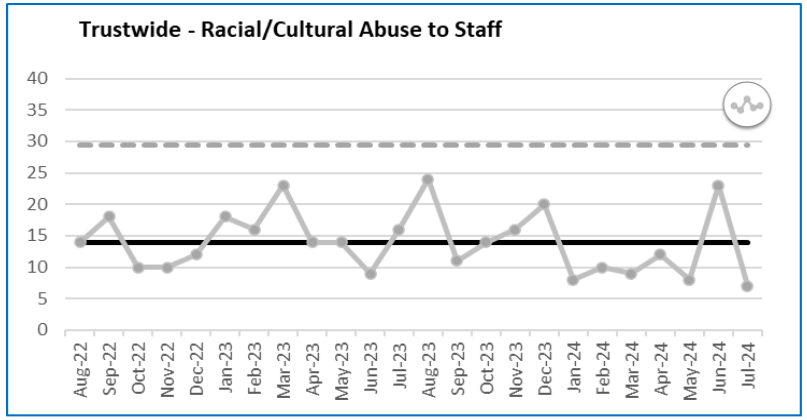
Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	1

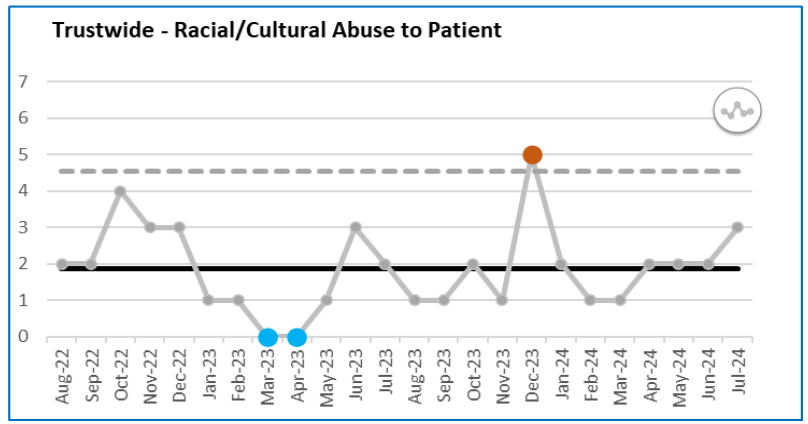
Narrative
An unofficial, not externally reportable breach occurred in November 2023, involving no shared facilities with separate bedrooms.







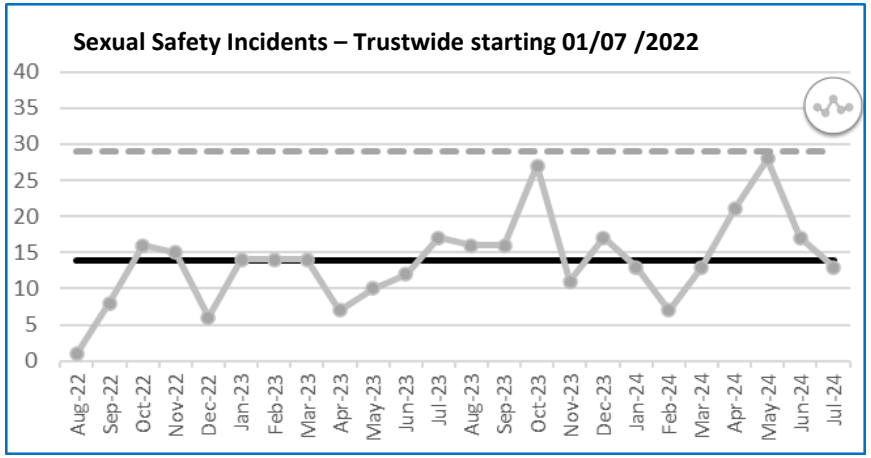




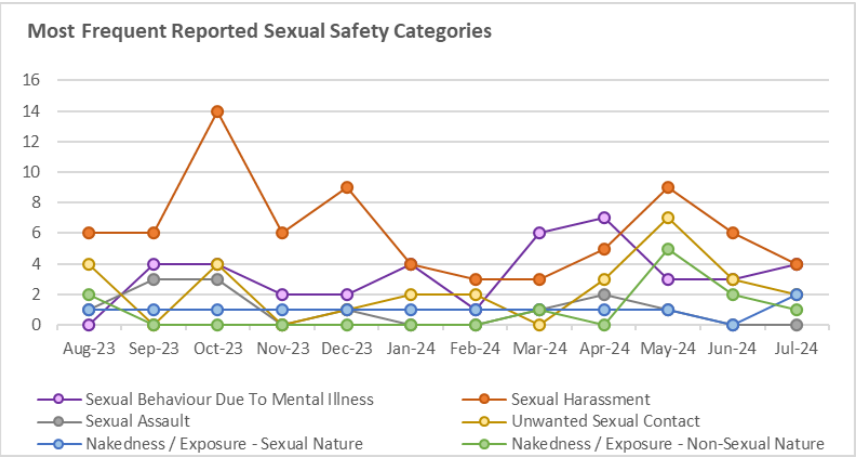
Racial & Cultural Abuse

We continue working with services and our communities to ensure incidents are accurately reported for us to provide support where needed and to gain an accurate view of racial/cultural abuse.

Safe | Sexual Safety



Trustwide	Jul-24		
	N	*mean*	SPC variation
Trustwide	**13**	*14*	• • •
Acute & Community	**11**	*11*	• • •
Rehabilitation & Specialist	**2**	*3*	• • •

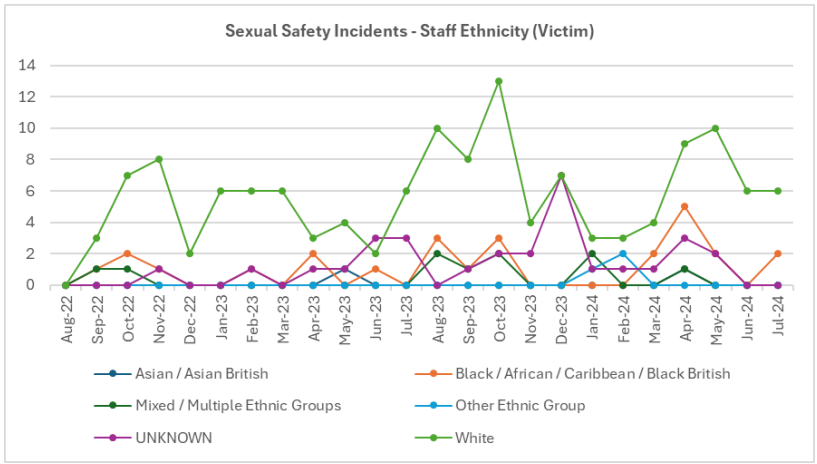


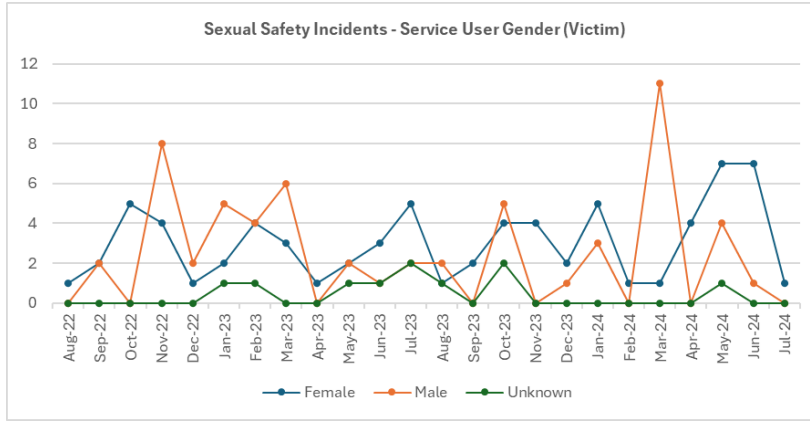
Sexual Safety

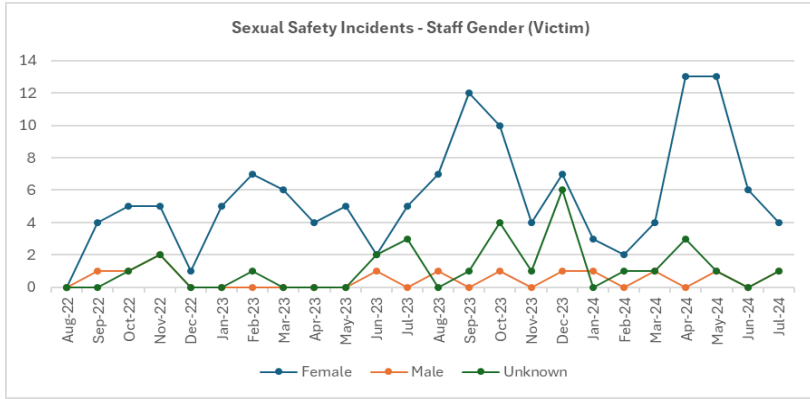
There were 13 sexual safety incidents reported in August 2024, of which 1 incident was reported as Moderate or higher. All sexual safety incidents are reviewed at the clinical service level through the incident huddles and then at a Trust level through the daily incident huddles and PSIRF process. Any incidents involving staff are managed through the staff safeguarding policy. Where an allegation against staff is made, this is managed through the Allegations Against Staff Framework which is part of the safeguarding policy.

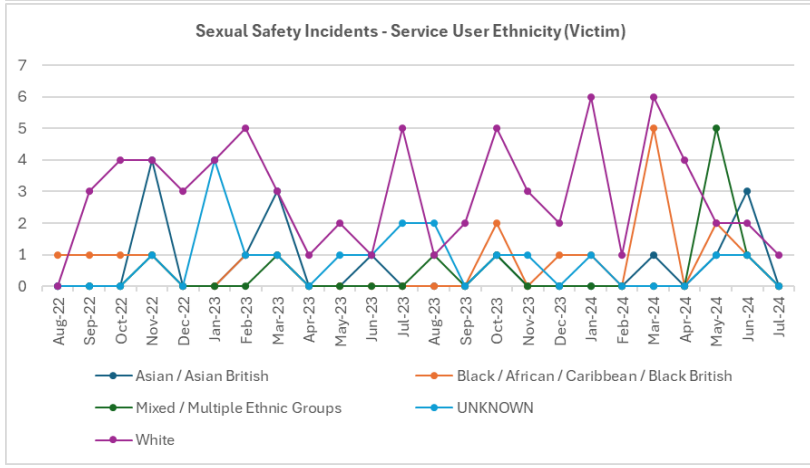
Whilst there has been no statistical change in the number of sexual safety incidents, we still consider this to be a priority area. There is a joint approach between the Sexual Safety Clinical work and the People Directorates work force focus. Sexual Safety incidents are under reported nationally across mental health services, so part of our focus currently is on developing the knowledge and confidence of our workforce to report sexual safety incidents.

The sexual safety dashboard is now live and provides a Trust wide and service level breakdown of sexual safety incidents..

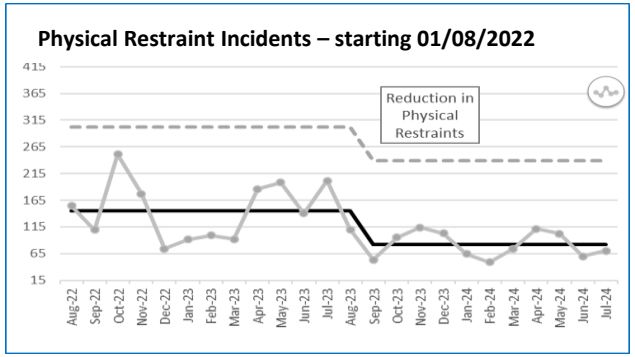


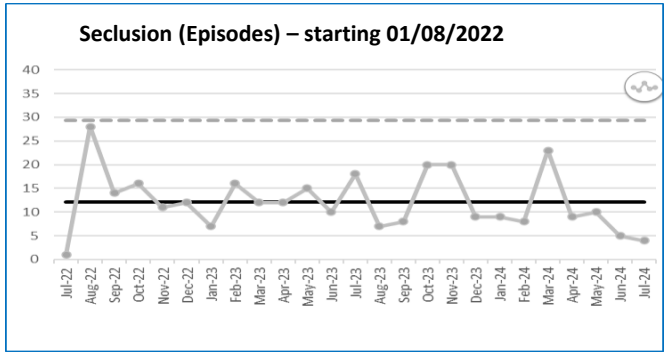


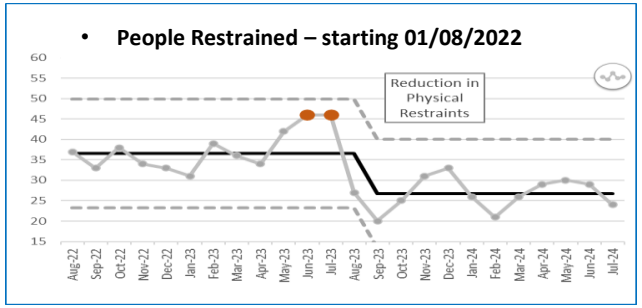


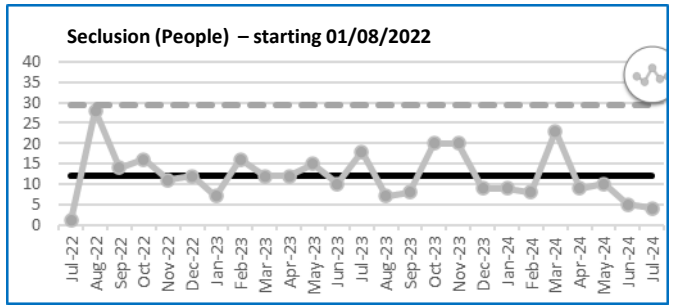


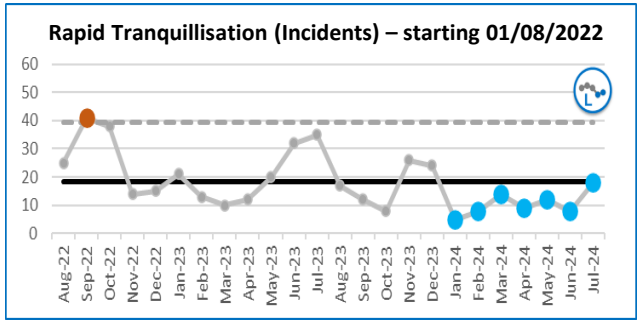
Safe | Restrictive Practice |

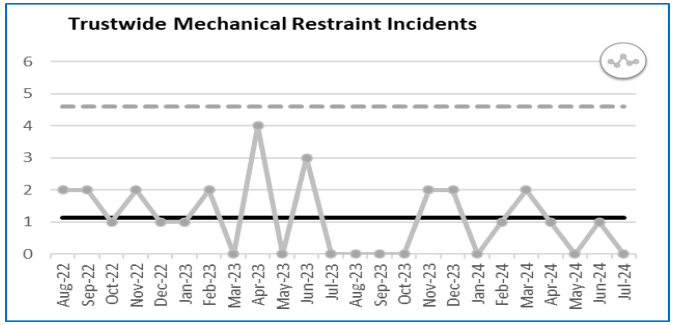


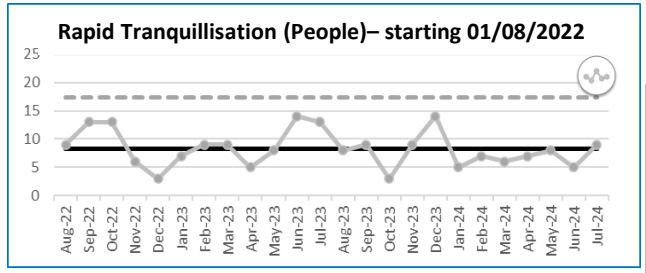












Physical Restraint INCIDENTS	Jul-24		
	n	mean	SPC variation
TRUSTWIDE	70	81	• • •
Acute & Community	45	55	• • •
Rehabilitation & Specialist	25	25	• • •

Physical Restraint PEOPLE	Jul-24		
	n	mean	SPC variation
TRUSTWIDE	24	27	• • •
Acute & Community	17	18	• • •
Rehabilitation & Specialist	7	9	• • •

Rapid Tranquillisation INCIDENTS	Jul-24		
	n	mean	SPC variation
TRUSTWIDE	18	18	• L •
Acute & Community	9	17	• L •
Rehabilitation & Specialist	9	1	• H •

Rapid Tranquillisation PEOPLE	Jul-24		
	n	mean	SPC variation
TRUSTWIDE	9	8	• • •
Acute & Community	6	8	• L •
Rehabilitation & Specialist	3	0	• H •

Seclusion INCIDENTS	Jul-24		
	n	mean	SPC variation
Trustwide	4	12	• • •
Acute & Community	3	11	• • •
Rehabilitation & Specialist	0	1	• • •

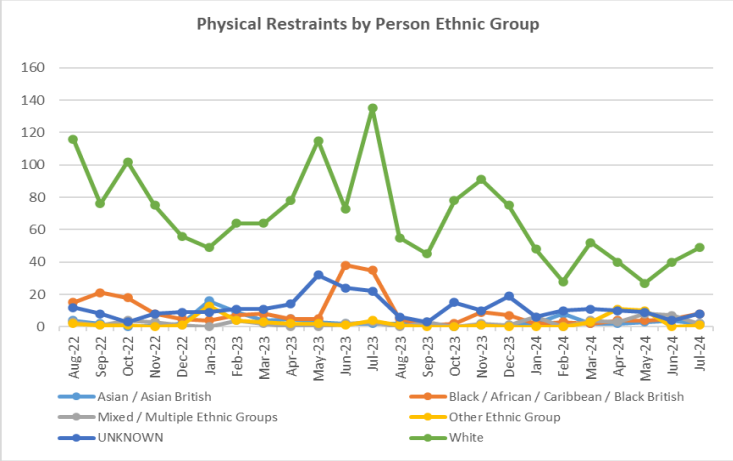
Seclusion PEOPLE	Jul-24		
	n	mean	SPC variation
Trustwide	4	8	• • •
Acute & Community	2	7	• • •
Rehabilitation & Specialist	0	0	• • •

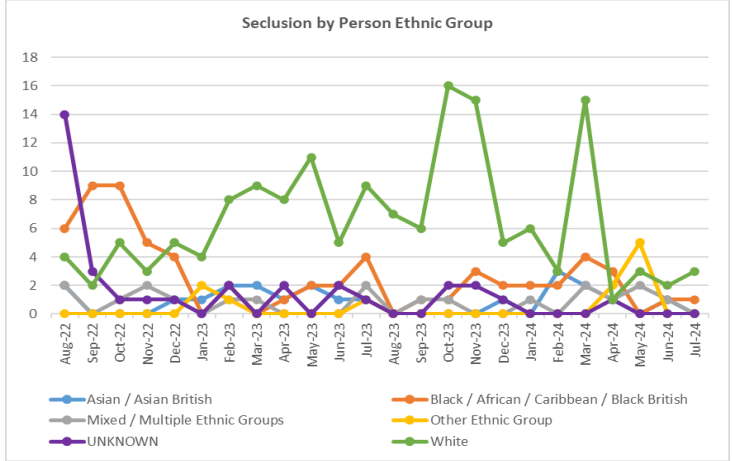
Narrative

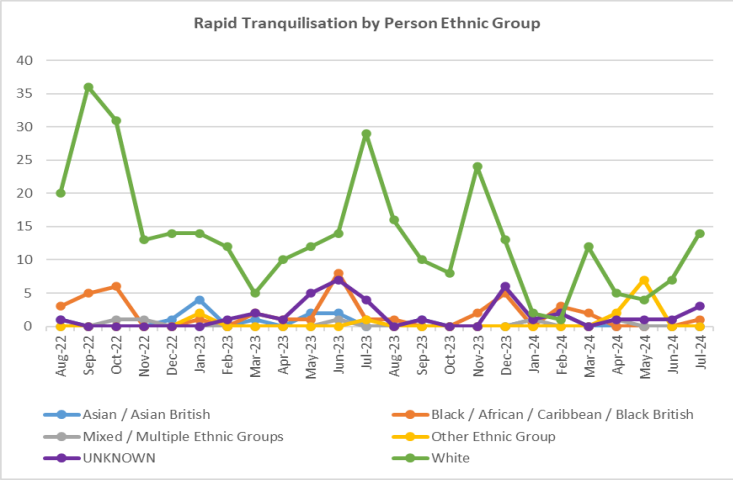
This month saw 4 episodes of seclusion for 4 people. Of which no episodes have been recorded being prolonged (48 hours or over). There were also 102 physical restraints reported for 30 people and no Mechanical restraints were reported this month.

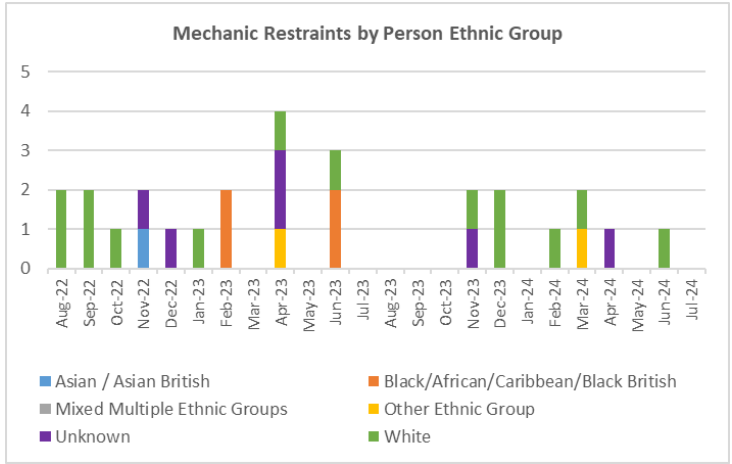
Restrictive practice is reported quarterly through our Least Restrictive Practice Oversight Group and an annual report on our Use of Force is due for publication by the end of September.

Race Equity Focus | Incidents

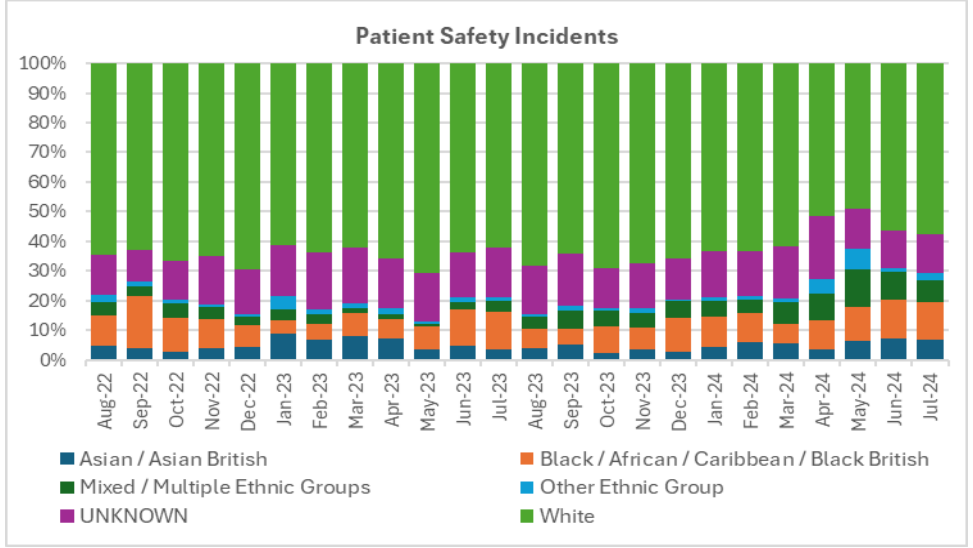




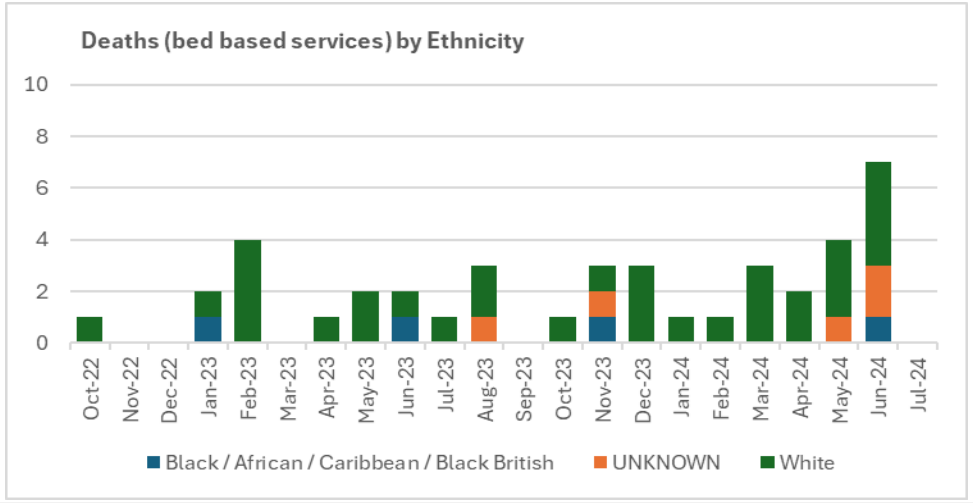




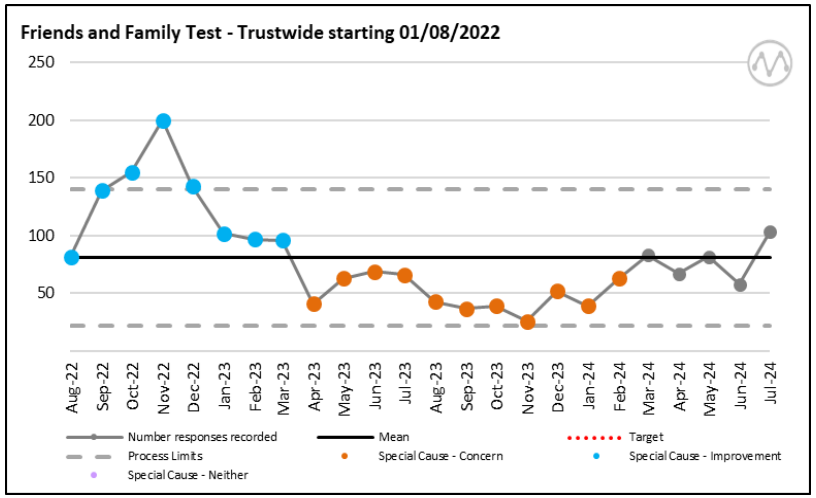
- **Seclusion**
  25% of Seclusion episodes reported were for people from racialised communities, 75% were white British.
- **Rapid Tranquilisation**
  77.78% of rapid tranquilisations used were for White British service users, 16.67% did not have an ethnicity recorded and 5.56% were from racialised communities.
- **Physical Restraints**
  70% of individuals who were physically restrained were White British, 11.43% did not have an ethnicity recorded and 18.57% were from racialised communities.
- **Mechanical Restraints**
  No Mechanical Restraints reported in July 2024.



- **Patient Safety Incidents**
  29.16% of victims of patient safety related incidents were people from racialised communities. 57.78% were white British and 13.06% did not have their ethnicity recorded.
- **Deaths**
  There were no deaths in bed-based services in July 2024.



Caring | User Experience

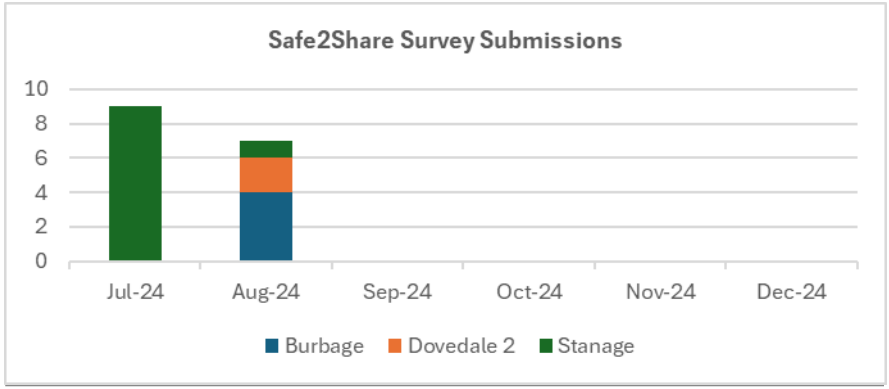


Family and Friends Test

In July 2024, the Trust received a total of 104 responses to the FFT questions; 100 responses were positive, 3 neutral responses, and 1 non-allocated. This equates to 96.2% positive responses received in July 2024. With 104 responses and 4012 active clients, the observed response rate for July 2024 is 2.59%, below the Trust Aspiration Response Rate at 5%.

A few positive responses are listed below:

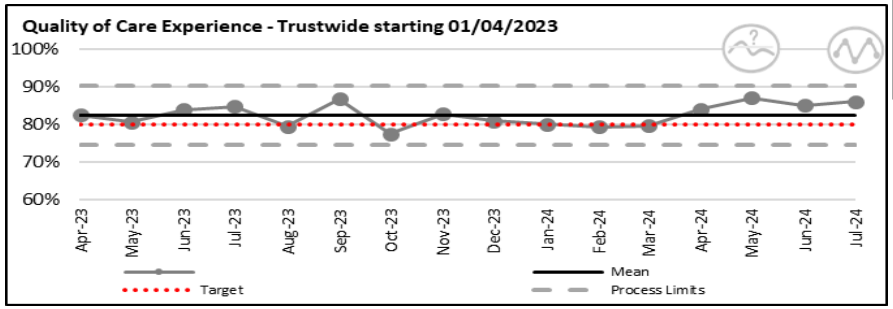
- "Very considerate kind give me time think-explained everything clear." – Memory Services
- "You have a good understanding and knowledge of autism and accepted me with a dual diagnosis. There is a lack of services. You have positively impacted my life. Thank you." – SAANS
- "I was really listened to and was shown a lot of compassion." – Chronic Fatigue Syndrome/ME Service
- "The staff were very supportive and were good listeners and didn't rush me." – Place of Safety / 136 Suite
- "Overall, I have been happy with the service provided for my son. The staff are friendly and caring. My son feels safe there." – LTNC
- "Kind, caring, understanding, patient + professional." – Forest Close
- "Really helpful, nice to have visits and makes me feel better about my mental health. Good advice." – CMHT North



Unit	Submissions	Average assessment
Stanage	9	Satisfactory

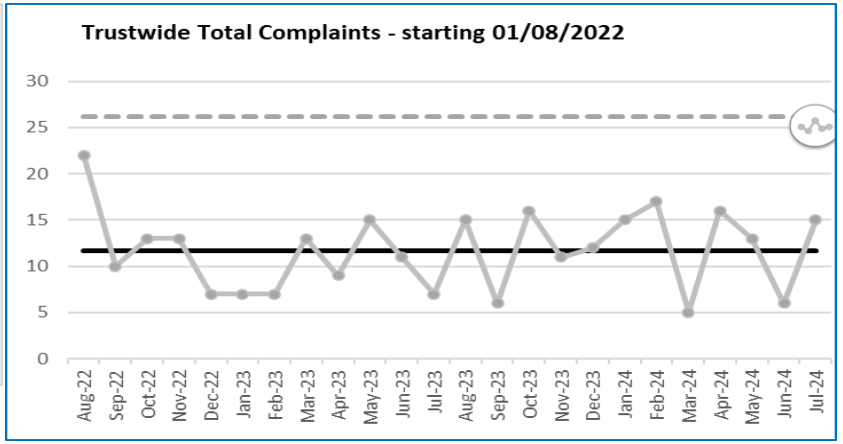
Safe2Share

Safe2share was introduced to its pilot site on the 11th July to Stanage Ward. This app will be used to obtain feedback from service users and carers with question designed by experts with experience for each survey. In July we received 9 submissions from service users and 0 for carers.



Quality of Care Experience Survey

The QoCE Survey has seen 4 months above average scoring by service users in our bed-based services a positive reflection of improvements commencing from feedback we have received. Tendable contract ended on the 31st July and we are in the process on acquiring an alternative platform for our QoCE survey.



Complaints

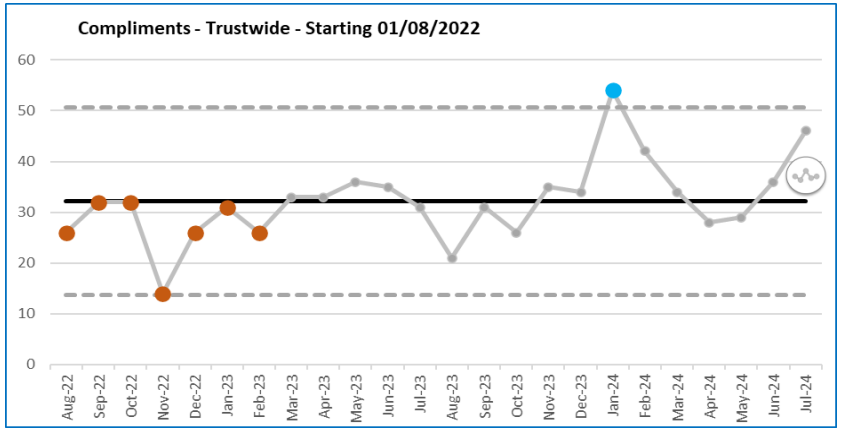
There were 15 new formal complaints received in July 2024.out of which 11 from A&C and 3 from R&S. Access to Treatment or drugs continues to be one of the highest complaint category.

Complaints due to be closed in July:

Outstanding 4

Compliments

There have been 29 compliments recorded as received in July 2024 . Out of which 6 were received for Acute and Community and 20 for Rehabilitation and Specialist services.



NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safer Staffing

IPQR - Information up to and including July 2024

Proud to care in Sheffield

Safer Staffing

Staffing

Organisation Name	New Staff Group	Funded Establishment FTE	Staff in Post FTE	Vacancies FTE	Unavailability Total FTE	Substantive Usage FTE (Actual)	Bank Usage FTE	Agency Usage FTE	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	Narrative
HBPoS/ Decisions Unit	Registered Nurses	11.09	15.06	-3.97	6.35	8.37	1.10	0.73	10.20	0.89	0%	0%	
HBPoS/ Decisions Unit	Unregistered Nurses	10.85	8.54	2.31	1.87	7.55	6.69	0.00	14.24	-3.39	0%	0%	
Burbage Ward	Registered Nurses	11.59	12.60	-1.01	7.19	7.35	2.56	1.73	11.64	-0.05	163%	115%	high acuity supported by additional senior support presence
Burbage Ward	Unregistered Nurses	23.42	20.97	2.45	6.50	15.05	19.68	0.92	35.64	-12.22	164%	231%	
Stanage Ward	Registered Nurses	12.38	8.24	4.14	1.43	7.71	1.79	0.51	10.00	2.38	102%	100%	
Stanage Ward	Unregistered Nurses	25.36	22.35	3.01	6.88	15.67	6.62	0.14	22.43	2.93	111%	115%	
Dovedale 2 Ward	Registered Nurses	11.59	10.80	0.79	5.79	6.22	2.40	1.00	9.63	1.96	53%	98%	
Dovedale 2 Ward	Unregistered Nurses	23.41	22.27	1.14	4.64	14.71	6.99	0.09	21.79	1.62	104%	102%	
Endcliffe Ward	Registered Nurses	11.36	12.00	-0.64	4.99	7.32	1.08	1.60	10.00	1.36	93%	111%	
Endcliffe Ward	Unregistered Nurses	26.35	23.16	3.19	10.07	15.86	14.43	0.15	30.44	-4.09	139%	165%	Increase due to high acuity and obs.
Forest Close 1	Registered Nurses	8.60	9.30	-0.70	5.08	4.80	0.17	0.14	5.11	3.49	107%	100%	
Forest Close 1	Unregistered Nurses	10.69	11.40	-0.71	5.02	8.95	0.58	0.00	9.52	1.17	113%	103%	
Forest Close 1a	Registered Nurses	10.10	7.66	2.44	2.39	6.37	0.45	0.25	7.06	3.04	105%	100%	
Forest Close 1a	Unregistered Nurses	18.43	18.03	0.40	6.16	13.96	0.25	0.00	14.21	4.22	122%	102%	
Forest Close 2	Registered Nurses	8.60	8.60	0.00	3.03	5.58	0.08	0.00	5.66	2.94	127%	103%	
Forest Close 2	Unregistered Nurses	10.69	9.99	0.70	3.37	6.72	1.14	0.00	7.86	2.83	103%	110%	
Forest Lodge Assessment	Registered Nurses	9.40	9.72	-0.32	4.14	7.33	0.39	0.00	7.72	1.68	104%	119%	
Forest Lodge Assessment	Unregistered Nurses	12.98	10.01	2.97	3.38	7.78	5.27	0.00	13.05	-0.07	89%	95%	
Forest Lodge Rehab	Registered Nurses	8.00	8.28	-0.28	1.90	6.70	0.74	0.00	7.43	0.57	94%	100%	
Forest Lodge Rehab	Unregistered Nurses	10.62	8.19	2.43	2.91	4.81	2.33	0.00	7.14	3.48	90%	103%	
Dovedale 1	Registered Nurses	11.22	13.60	-2.38	4.58	10.29	0.60	0.06	10.96	0.26	114%	102%	
Dovedale 1	Unregistered Nurses	21.77	20.92	0.85	8.98	12.96	6.97	0.18	20.10	1.67	94%	135%	
G1 Ward	Registered Nurses	11.22	13.80	-2.58	5.58	10.41	1.30	0.00	11.71	-0.49	130%	112%	
G1 Ward	Unregistered Nurses	32.09	29.42	2.67	13.75	16.48	9.54	0.61	26.63	5.46	98%	103%	

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
HBPoS/ Decisions Unit		0	12	8	2	0	No concerns	1	1
Burbage Ward	101.00%	0	87	40	10	0	No concerns	3	4
Stanage Ward	85.00%	0	26	12	1	0	No concerns	1	0
Dovedale 2 Ward	102.00%	4	106	56	4		Above CER due to acuity of service users and associated safeguarding concerns raised	27	20
Endcliffe Ward	98.00%	2	39	19	6	0	No concerns	3	0
Forest Close 1	92.00%	0	4	1	1	0	No concerns	2	1
Forest Close 1a	100.00%	0	13	7	0	0	No concerns	3	0
Forest Close 2	100.00%	0	14	3	0	0	No concerns	3	2
Forest Lodge Assessment	100.00%	0	19	9	1	0	No concerns	5	1
Forest Lodge Rehab	94.00%	0	8	4	1	0	No concerns	3	0
Dovedale 1	94.00%	0	44	17	0	0	No concerns	10	0
G1 Ward	92.00%	0	43	34	2	0	No concerns	2	0

Older Adult

What is the current staffing situation?

- Over established with Registered Nurses for both G1 and DD1, offset through vacancies for HCSW's. Any over establishment of Qualified on duty are being counted within daily staffing numbers.
- G1 reduced bank and agency aligned to reduced sickness levels.
- No reported staffing incidents

How effectively has the workforce been utilised?

- DD1 Continued use of 1:1 observation is causing increase fill rate and consistently working above CER for HCSW's. DD1 effective rostering hampered by flexible working patterns and inability of some staff to complete respect and manual handling.
- G1 have almost an equal split of shifts that were understaffed and overstaffed according to the CER agreed staffing levels, no observed impact on quality.

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?

- Maple / DD2: Recent move from Maple. New CER agreed, Safe Staffing met. No red flag Incidents. 1.4 DWM, 1 RMN, 3 HCA vacancies.
- Burbage – Staffing challenges due to vacancies and high acuity supported by additional senior support presence. Dedicated support for preceptees. 6 vacancies recruited to with start dates.
- Stanage – 1 DWM, 1 RMN, 3 HCA vacancies. Delays to recruitment connected to other ward moves. Recruitment now planned.
- Endcliffe – Recent moved associated with Maple move to DD2 has addressed vacancy issues. New Ward Manager recruited. Some increase in bank use due to high acuity and obs.

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.

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Our People

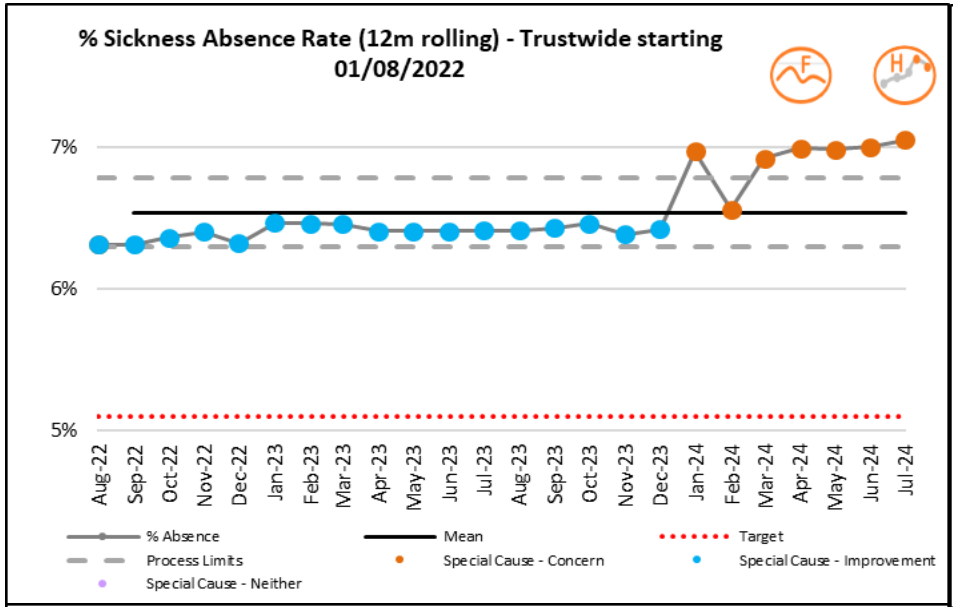
IPQR - Information up to and including July 2024

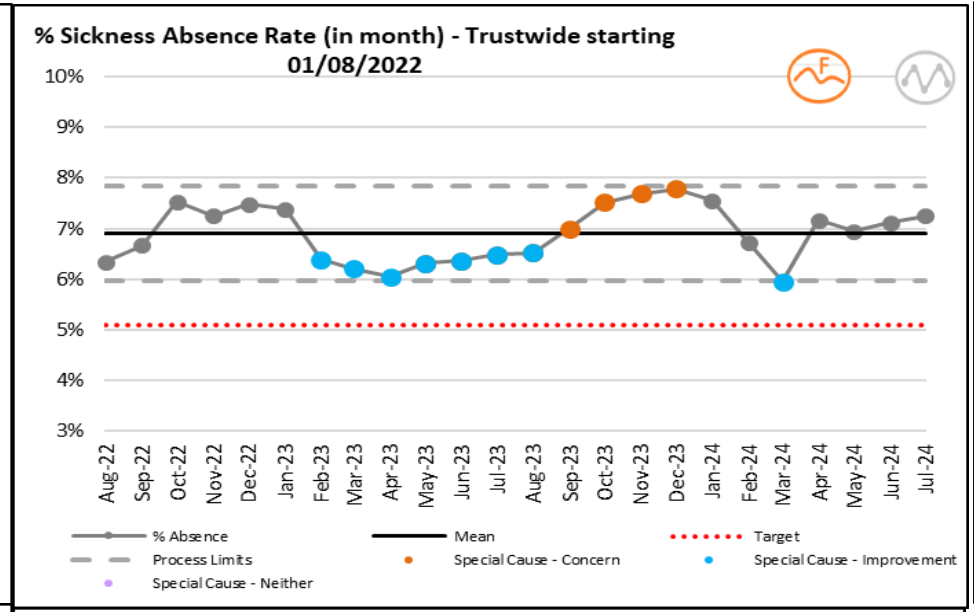
Proud to care in Sheffield

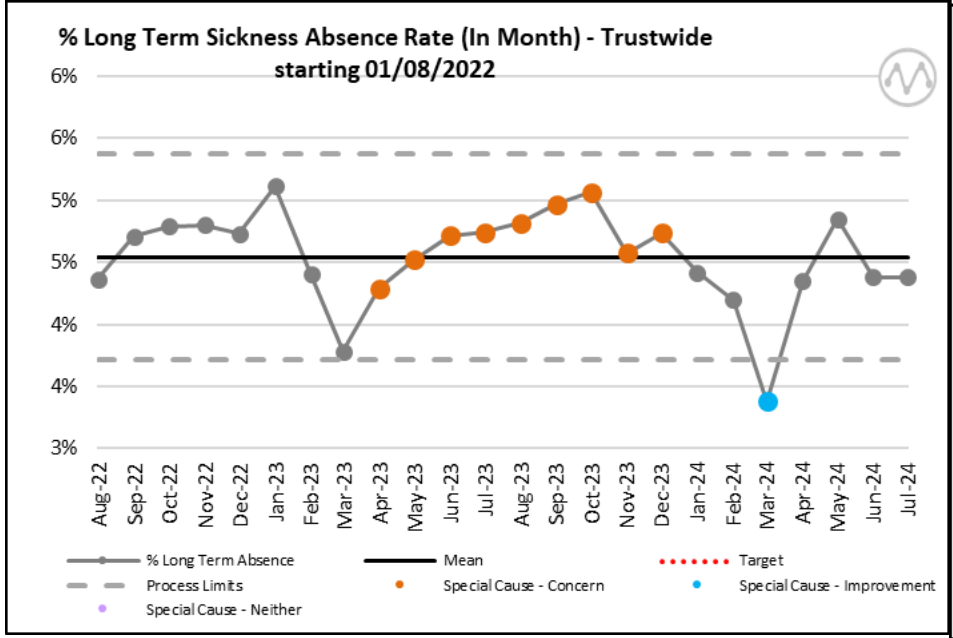
Well-Led | Workforce Summary

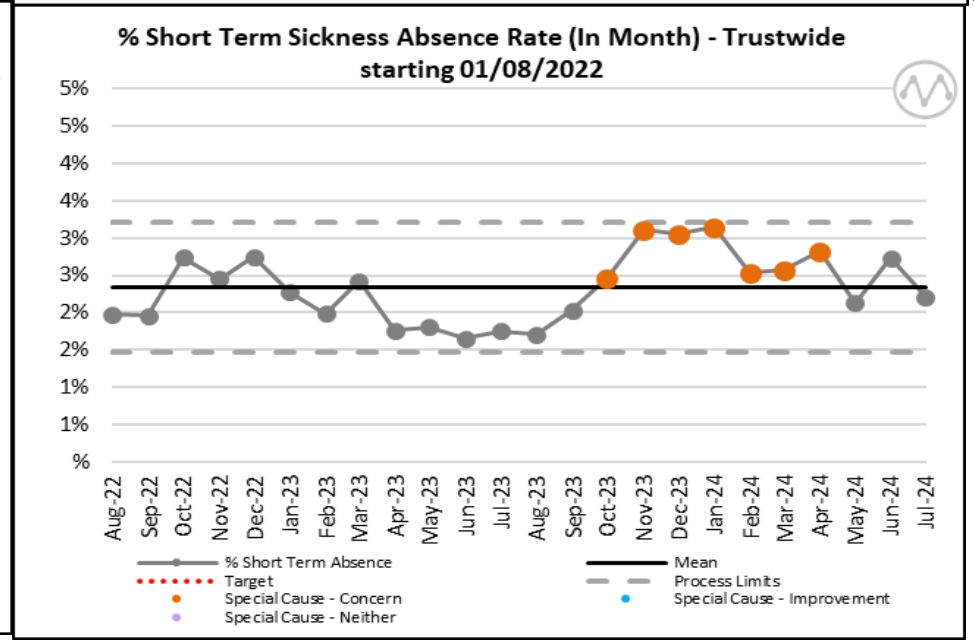
		July-24			
Metric	Target	n	*mean*	SPC variation	SPC target
Sickness 12 Month (%)	5.10%	**7.05%**	*6.34%*	• H •	F
Sickness In Month (%)	5.10%	**7.25%**	*6.86%*	• • •	F
Long Term Sickness (%)	~	**4.83%**	*4.53%*	• • •	/
Short Term Sickness (%)	~	**2.21%**	*2.33%*	• • •	/
Headcount Staff in Post	~	**2649**	*2663*	• • •	/
WTE Staff in Post	~	**2325.74**	*2341*	• • •	/
Turnover 12 months FTE (%)	10%	**13.10%**	*16.3%*	• H •	F
Training Compliance (%)	80%	**87.38%**	*88.30%*	• • •	P
Supervision Compliance (%)	80%	**65.14%**	*70.47%*	• • •	F

Well-Led | Sickness









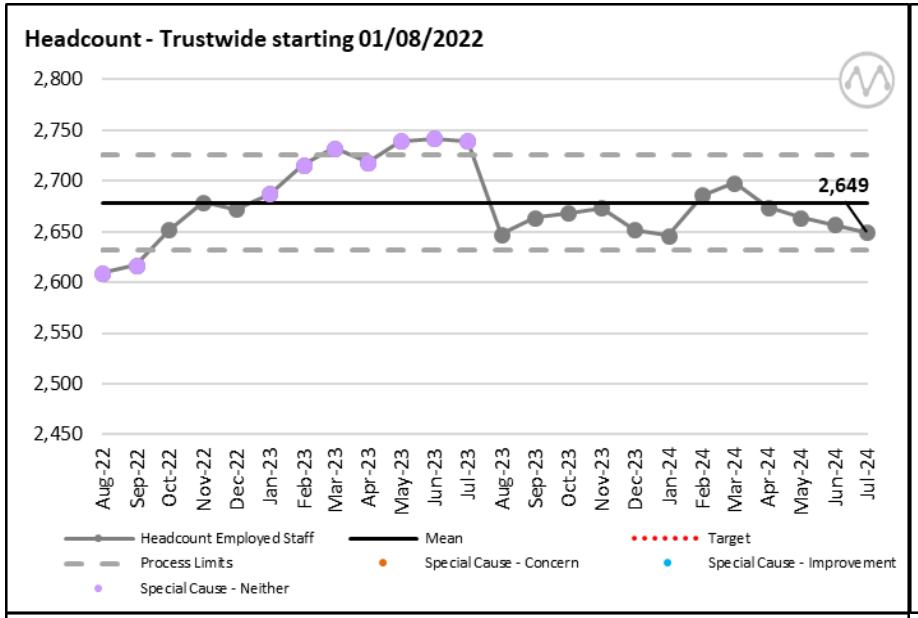
Narrative

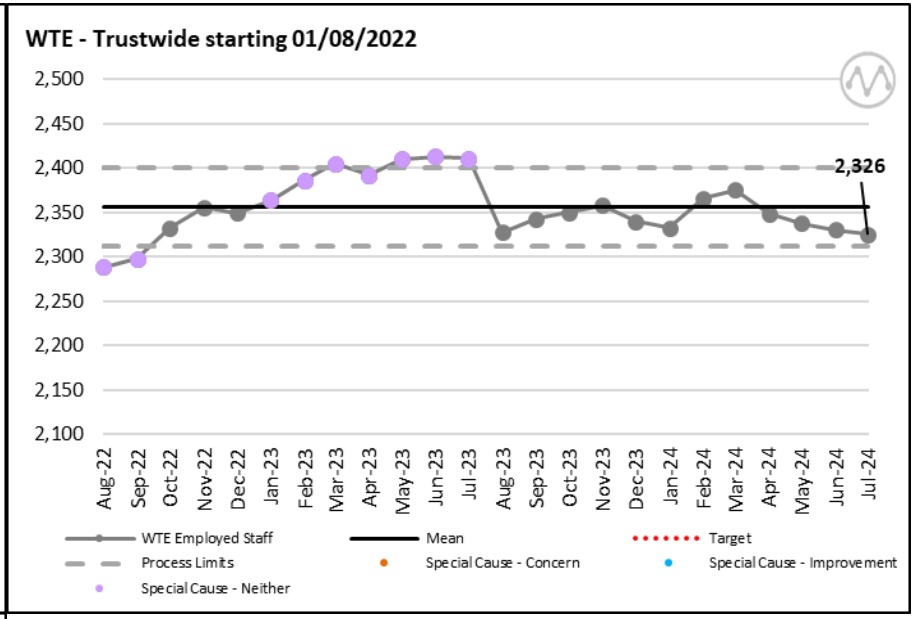
Stress/Anxiety/MH and other psychiatric illness, work in progress to understand root causes and the impact of health inequalities on attendance.

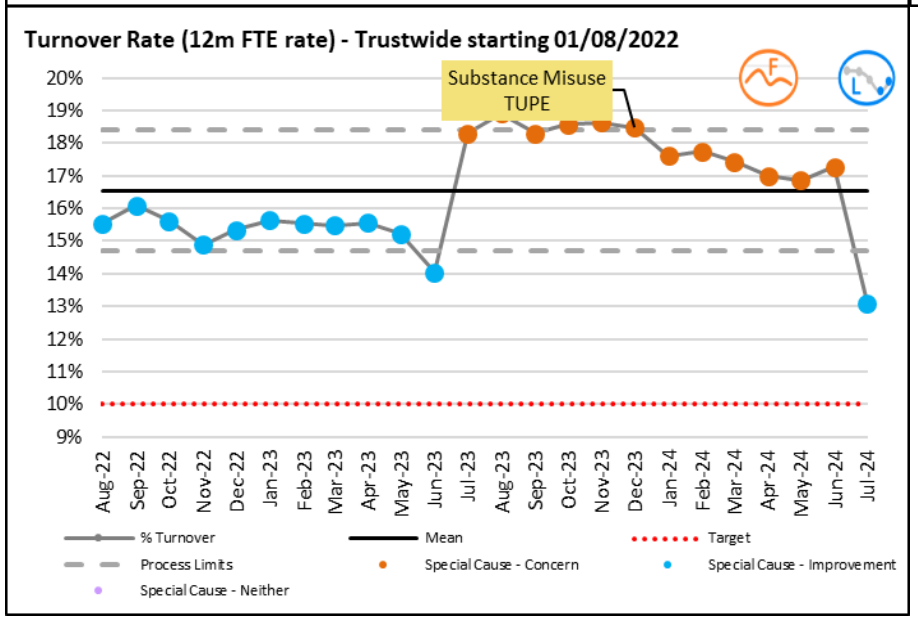
Although 12 month rolling sickness has increased, the in month sickness for January has decreased.

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





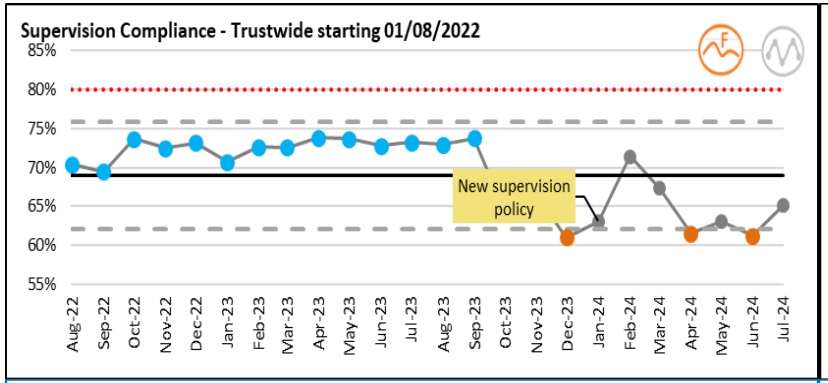


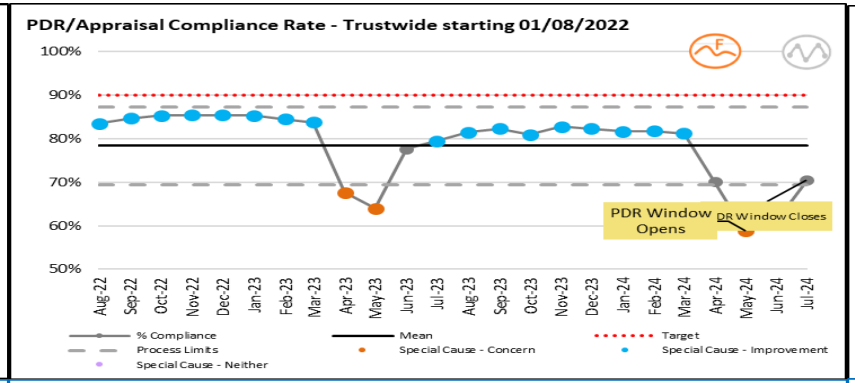
Narrative

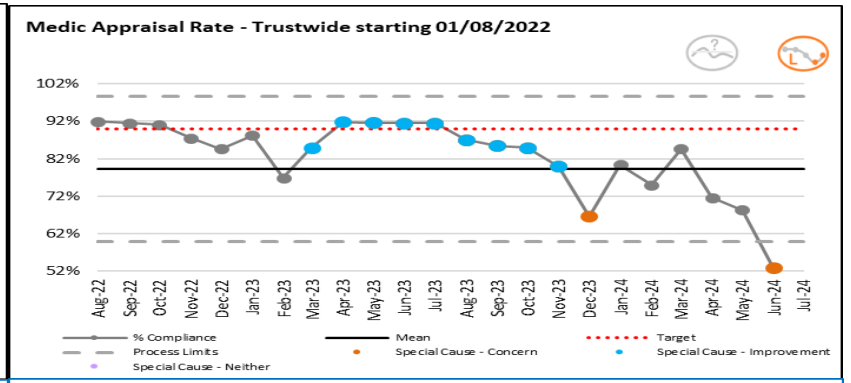
Pauses on recruitment in line with the current financial position in some areas may be contributing.

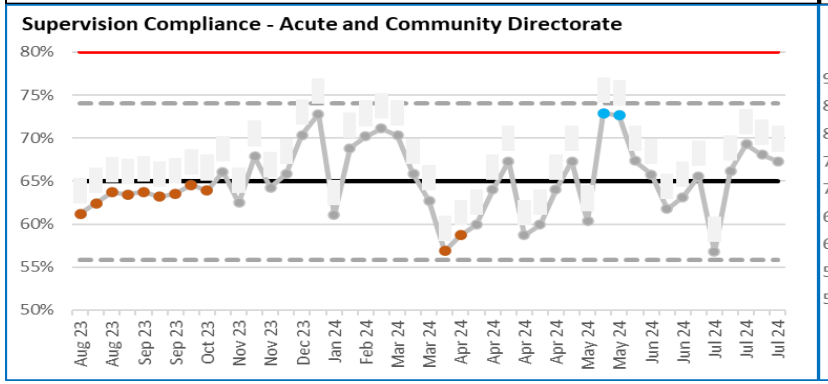
12-month turnover has decreased.

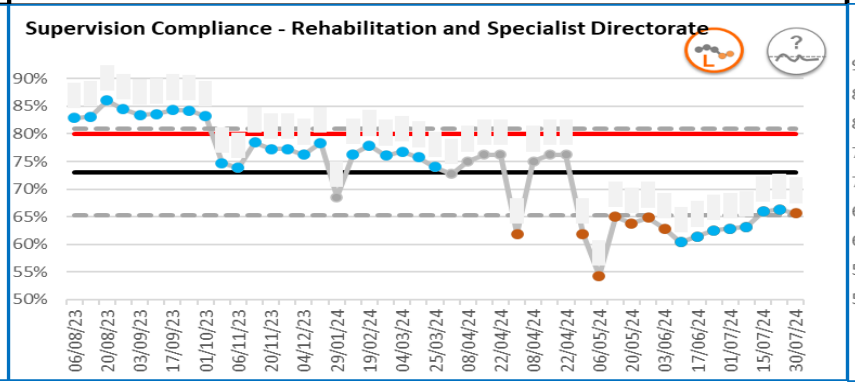
Well-Led | Supervision & PDR/Appraisal

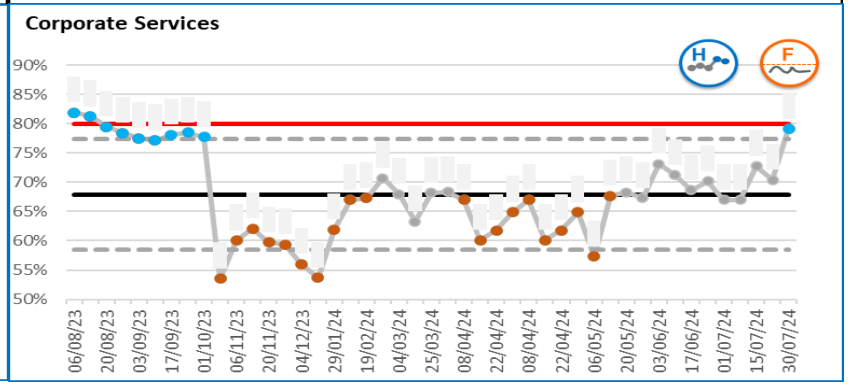












Aim

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 July 2024, average compliance with the target:
Trustwide **70.49%**
Clinical Services **68.43%**
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	04/06/2024	16/07/2024
Trustwide	**88.22%**	**87.38**
Directorate/Service Line		
Corporate Services	80.62%	79.20%
Medical Directorate	93.36%	91.51%
Acute & Community – Crisis	90.59%	90.64%
Acute & Community – Acute	89.28%	87.77%
Acute & Community – Community	92.94%	93.17%
Rehab & Specialist – Older Adults	84.80%	84.04%
Rehab & Specialist – Forensic & Rehab	91.52%	91.01%
Rehab & Specialist – Highly Specialist	90.48%	90.70%
Rehab & Specialist – Learning Disabilities	92.13%	92.04%
Rehab & Specialist – Talking Therapies	93.98%	94.50%

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 16/07/2024, the nearest training report to end of July 24 position
There are currently 8 subjects below 80%:

Subjects below 80%
Safeguarding Children Level 3 66.17%
Mental Health Act 67.92%
Medicines Management 65.10%
Rapid Tranquilisation 21.61%
Resus Level 2 (BLS) 70.20%
Immediate Life Support 71.30%
Respect Level 3 66.76%
Moving and Handling Level 2 67.13%

Information Governance is at 83.39% 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 is included in Resus Level 3(ILS) which should increase compliance and then stabilise compliance. This explains the low compliance with rapid tranquilisation for this month.

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Financial Performance

IPQR - Information up to and including July 2024

Proud to care in Sheffield

Executive Summary

Key Performance Indicator	YTD Plan £'000	YTD Actual £'000	Variance £'000	Annual Plan £'000	24/25 Forecast £'000	Variance £'000
Surplus/(Deficit)	(2,813)	(2,722)	91	(6,514)	(6,514)	(0)
Cash	36,766	36,742	(24)	33,897	33,897	0
Efficiency Savings	2,058	1,583	(475)	7,334	7,334	(0)
Capital	(1,342)	(286)	1,056	(10,246)	(10,246)	0
				Target	Number	Value
Invoices paid within 30 days			NHS	95%	100.0%	100%
(Better Payments Practice Code)			Non-NHS	95%	99.6%	99.0%

At M4, the YTD deficit position of £2.722m is £0.91m better than planned (M3 £0.27m worse). The forecast is expected to achieve the planned deficit of £6.514m. The financial performance report shows more detail highlighting Out of Area and Medical pay are the main overspend drivers across the organisation. Currently these pressures are offset by non-recurrent underspends as a result of vacancies and reductions in non-pay spend.

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. Some of the organisations with the largest outstanding debts have now agreed to pay outstanding invoices so the amount will dramatically decrease in the next couple of months.

Value improvement and recovery plans totaling £8.9m have been developed, the current forecast shows the required savings of £7.3m will be delivered, the year to date under-delivery is mainly due to the increase Out of Area bed usage. Work is ongoing to strengthen and implement the plans and identify further opportunities to ensure we are able to achieve the planned savings required of £7.3m.

Capital expenditure at Month 4 is lower than planned but the forecast is to meet the plan for the year. As highlighted in the financial performance report there is still uncertainty around the timing of the Fulwood sale which to be a risk to delivery of the capital programme.

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Report ends
Page intentionally blank

Proud to care in Sheffield

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:

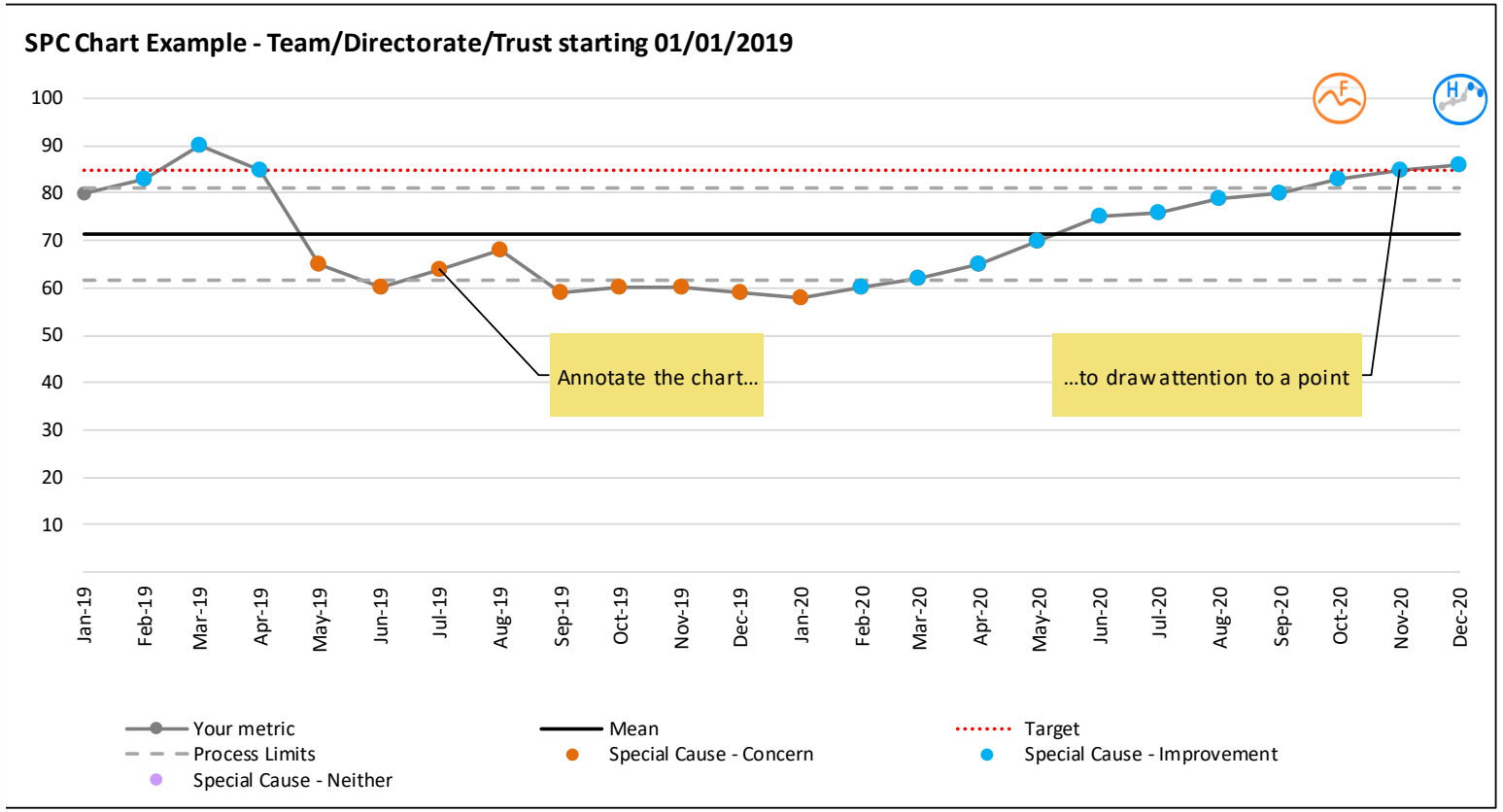
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

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.