Front sheet: Board of Directors
Item number: 19
Date: 26 March 2025

Private/ public paper:	Public
Report Title:	**Integrated Performance and Quality Report January 2025**
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Accountable Director:	Phillip Easthope, Executive director of finance, digital and performance
Presented by:	Phillip Easthope, Executive director of finance, digital and performance
Vision and values:	We use the IPQR to ensure that we are always **improving** the mental, physical and social wellbeing of the people in our communities **(working together for our service users**) as effectively as possible. We do this by monitoring the performance and quality of our services and providing assurance.
Purpose and key actions:	The IPQR is produced every month as part of the SHSC Performance Framework. It provides assurance on key performance and quality indicators. Where performance is worsening or below target, remedial actions will be taken and communicated in the narrative.
Executive summary:	This IPQR contains data to January 2025. **Quality Assurance Committee** received the IPQR on 12 March. The discussion is summarised as follows: • Home Treatment Team gatekeeping and its focus in the Home First Programme aligning to resources with the expectation all hospital admissions gatekeeping from July 2025. It was noted that there is a risk to achieving 100% gatekeeping coverage by July 2025. • The committee commended Workforce, Quality Improvement and Organisational Development teams working with the Gender Identity Clinic to make changes collaboratively even as wait list and wait times increase due to unprecedented historical demand. **Finance and Performance Committee** received the IPQR on 13 March. The discussion is summarised as follows: • Triangulation of current delivery to the financial position, forecast, and plan for 2025/26 seeking assurance and confidence on year-end delivery and current assumptions in the financial plan. The committee was reassured that we are still working to deliver 30 out of area by 31 March and a trajectory has been developed for next year. • The committee was reassured that whilst waiting lists for Gender service as high we are now delivering on our contractual commitments. • The committee had a discussion on the development of the Integrated Performance and Quality Report. We are continuing to manage risks in relation to unreviewed incidents, high demand for our community mental health services, flow across the acute care pathway, high utilisation of out of area hospital care, high levels of temporary staff usage (agency or bank) in some services through the year (with a

	sustained reduction in agency usage), and long waiting lists for some specialist community services.

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	*Yes*	X	*No*		
Deliver Outstanding Care	*Yes*	X	*No*		
Great Place to Work	*Yes*	X	*No*		
Ensuring our services are inclusive	*Yes*	X	*No*		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
The IPQR is shared on a regular basis with South Yorkshire ICB and reviewed in the Contracts Management Meeting between the ICB and SHSC for assurance.	
BAF and corporate risk/s:	All BAF risks apply.
Any background papers/ items previously considered:	Quality Assurance Committee (QAC) 12 March 2025 Finance and Performance Committee (FPC) 13 March 2025
Recommendation:	The **Board of Directors** is asked to: • Receive and consider the report for assurance • Comment on the report in relation to Trust performance and quality of delivery and request remedial action where required.

Meeting Title: Public Board of Directors

Report title: Integrated Performance and Quality Report (IPQR) January 2025

1. Purpose of the report

The IPQR is produced every month as part of the SHSC Performance Framework. It provides assurance on key performance and quality indicators. Where performance is worsening or below target, remedial actions will be taken and communicated in the narrative.

2. Community Mental Health

Community Mental Health Services have experienced greater demand since May 2024 in line with the primary and community mental health transformation. This has caused the waiting list to increase in the period September 2024 to January 2025. The service continues to meet the referral to assessment waiting time target and has maintained a lower accepted caseload size. However, the increased demand is negatively affecting morale and productivity, requiring leadership intervention.

3. Patient Flow and Out of Area

In January, we utilised more than 1,000 acute out of area bed nights and more than 375 Psychiatric Intensive Care Units (PICU) out of area bed nights. This represents an increase in out of area hospital care beyond any previous record in the last two years. Our Home First Programme and insights from Real World Health have identified the capability and capacity of community and crisis services, the efficiency of hospital care (length of stay), and social care delayed discharge as key drivers. Changes to operational and clinical governance structures and improvements to patient information flow have now been implemented. The Home First Programme launched under a revised structure and terms of reference in February 2025 and has since achieved its trajectory milestones to reduce out of area hospital care.

4. Urgent and Emergency Care

4.1. Crisis Care

The Home First Programme requires the Home Treatment Service to gatekeep all hospital admissions. Phase 1 began on 9 December 2024, which included gatekeeping admissions which resulted from a Mental Health Act assessment between the hours of 08:00-18:00 (Monday-Friday). As a result, 23% of all hospital admissions were gatekept in December. In January, the number of admissions that were gatekept reduced to only 9%. Home Treatment began supporting all discharges, including out of area, from 13 January (phase 2). Home Treatment will gatekeep all hospital admissions and support all discharges from July 2025 (phase 3).

4.2. 111 Mental Health Option

In January, 1,596 calls were made to our 111 mental health option. The call abandonment rate increased slightly to 17% against an aspirational target of <3% and the time to answer also increased to 152 seconds against an aspirational target of <20 seconds. A slight deterioration in these metrics should be viewed in the context of both having seen significant improvement in recent months. Despite having a long way to go to reach aspirational targets, both metrics are better than the national averages. We are in contract negotiation with our 111-call handling provider, Nottingham Community Housing Association, relating to performance and service cost.

4.3. Health Based Place of Safety

The regional Health Based Place of Safety (HBPoS) suite (third suite at the Longley site) opened in January 2025, following work by the Provider Collaborative to improve HBPoS capacity. Operational and clinical leadership is provided by our Crisis Service, who work in close partnership with Sheffield City Council and South Yorkshire Police. Cross organisational procedures are now operational which require us to operate a maximum length of stay of 24 hours within an HBPoS, whilst also avoiding out of area hospital care. This forms part of the objectives of the Home First Programme. In January we have seen a reduction in the number of occasions that HBPoS are breached (though this is still at a high level), and a concurrent increase in the number of s.135/136 admissions.

5. Specialist Service Waiting Times

5.1. Specialist Psychotherapy (SPS)

Average referral to assessment wait time for SPS P/CT remains significantly below the mean despite a slight increase since last month. This is following improvements to the triage process as part of the Quality Improvement (QI) collaborative project.

5.2. Gender Identity Clinic

Waiting list size and wait times continue to be a challenge. However, the service is meeting commissioned activity in line with an improvement trajectory. The service has almost completed recruitment of their workforce plan and will be reviewing assessment processes once this recruitment is complete.

5.3. SAANS ASD & ADHD

Both wait lists are significantly below the mean due to the end of our contract to provide these services for Derbyshire residents. Derbyshire patients will be transferred across once DDICB have agreed which provider will accept this waiting list. There continues to be positive progress in addressing the remaining ASD waiting list and this is now the lowest it has been for over 24 months for Sheffield only residents.

5.4. Sheffield Psychosexual Therapy Service

There has been a continuous reduction in the waiting list since June 2024 after recruitment to the full staffing model was completed. The waiting list at the end of January 2025 was the lowest it has been for over 24 months.

5.5. Long Term Neurological Conditions

There has been a continuous and sustained reduction in the waiting list since April 2024 following changes in EPR recording processes. This data is being monitored to ensure that this is being captured accurately.

6. Safety & Quality

The overall number of incidents continues to be above the 2-year average. This is attributed to improved reporting by teams that previously were under-reported. There has been a high number of moderate incidents reported for smoking breaches. Meetings are currently taking place to review our approach to supporting patients who smoke/vape at the point of admission.

There are several unreviewed incidents predominantly within inpatient services across Acute and Community. The Risk Team is actively supporting our clinical teams through targeted improvement work. Burbage has the highest number of unreviewed incidents (around 54), but this is an improving position.

A high number of medication incidents were reported in January, however 82.5% were deemed as low risk. The Medicines Safety Group review incidents and advise on any actions required aligned to their findings to Medicines Optimisation Committee.

We continue to see the number of falls and number of people who fell below the 2-year average, which demonstrates the positive impact of targeted Quality Improvement (QI) initiatives (HUSH huddles) across our older people's services.

7. Safer Staffing

Several staff have been recruited and are now being onboarded to address vacancies. There have been delays with long term sickness management and there is a need for us to develop a central tracking system of long-term staff sickness to trigger the appropriate action by line managers. In addition, there has been an increase in HR casework which is leading to delays in concluding formal processes due to the availability of people trained to complete fact finding/investigations, oversight of where processes are and holding parts of the system to account. These concerns have been raised with the Executive Director of Nursing and Executive Director of People to support a systemic review of governance in these areas.

8. Our People

8.1. Supervisions and PDRs

Trust wide supervision compliance dropped further in January to 53.4% (target 80%), the lowest level in over 2 years. This appears to be linked to the move to recording supervisions on the Electronic Staff Record (ESR). Additional support has been offered to all service/general/department managers on recording supervisions, including twice-daily training sessions every day in January and February, the opportunity to book bespoke training, and updates user guides.

8.2. Mandatory Training

All service lines across the Trust are above the 80% target but 10 subjects are below target, the lowest being Respect Level 3 (69.3%), Safeguarding Children Level 3 (668%) and Moving and Handling Level 2 (61.6%). Moving and Handling training compliance is expected to decline further – no training can be offered due to a staff vacancy. There are also 3 teams in the organisation that are below the 80% target.

9. Key Performance Indicators

Good Performance

Committee			KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q		NHS Long Term Plan	3		Perinatal continuing to meet target. Talking Therapies reliable improvement rate has met its target almost consistently since April 2024.

Good Performance

Committee			KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q		Waiting Lists	7-8	L	Reduced waiting list for SPS, LTNC, Sheffield Psychosexual Therapy and SAANS ASD & ADHD.
F	Q		Waiting Times (RtA)	7-8	L	Sustained reductions in average wait time referral to assessment for CMHT North & South, SPS, Perinatal, Sheffield Psychosexual Therapy Service, and CFS/ME.
F	Q		Average discharged Length of Stay – Forest Close	12	P	Performance aligns with national benchmarks. 319.7 days against 380 target.
F	Q		Delayed care	15	L	Adult Acute & PICU low number of delayed bednights in month. 12 consecutive points below the mean for numbers of bednights but not yet delivering target % of delayed discharges.
F	Q		Talking Therapies – wait times	17	P	Talking Therapies consistently achieving the 6 (75%) and 18 week (95%) wait targets, with performance at 98% & 99% respectively.
	Q		Falls	22	L	Reduction in trustwide fall incidents.
	Q	P	Mandatory Training	34	P	Trustwide 89% - Consistently achieving the trustwide target of 80%.

Performance Concern

Committee			KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?
F	Q		NHS Long Term Plan	3	F	Talking therapies reliable recovery rate has not met its target in January 2025. Acute out of area placements not currently meeting revised target.	Recovery Plan Improving Flow Programme Board
F	Q		Waiting Lists	7-8	H	Increased waiting lists for CMHT North & South, Gender, Eating Disorder Service, and AOT.	Recovery Plan x 2 (Gender, SAANS) Quality Assurance Committee
F	Q		Waiting Times (RtA)	7-8	H	Increases in average wait time referral to assessment for Gender and Eating Disorders.	

Performance Concern

Committee			KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?
F	Q		Caseloads/Open Episodes	7-8	H	Increasing trend/high caseloads in Perinatal, HIT, CLDT, CERT, SCFT, Gender, Eating Disorder Service, Memory Service & AOT.	Recovery Plan x 2 (Gender & SAANS) Quality Assurance Committee
F	Q		Length of Stay – Adult acute wards	9	F	Failing to meet target of 40.7 for average discharged length of stay (12 month rolling) at 48.6.	Linked to Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
F	Q		Out of Area Acute Placements	9-10	F	Prolonged failure to meet reduction of out of area beds. Adult acute at 29 and PICU at 12 out of area placements at month end.	Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
F	Q		Health Based Place of Safety breaches	14	H	Breaches for detained mental health admission on 16 occasions in January 25 (72.3%). Since new HBPoS opened in Jan 24 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	14	F	Failing the target for past 12 months. Jan 25 – 18 against target of 3.	Quality Assurance Committee
F	Q		Liaison Psychiatry Wait Times	14	F	Failing to meet target. Achieved 63.4% seen within 1 hour.	Partially mitigated through Better Care Fund investment
	Q		Incidents	20-21	H	Increase in incidents rated moderate, overdue unreviewed incidents, and medication incidents.	
	Q		Restrictive Practice	23	H	Increase in trustwide rapid tranquilisation incidents.	
	Q	P	Staff sickness	31	F	Consistently failing to meet trust target of 5.1%. Jan-25 6.7% 12 month rolling.	Sickness Group
	Q	P	Staff Turnover	32	F	13% Staff turnover rate failing to meet trust target of 10%.	Sickness Group
	Q	P	Supervision	33	F	Consistently failing to meet 80% target trustwide, Jan-25 53.3%.	Action Plan/Local Recovery Plans People Committee

Performance Concern							
Committee			KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?
	Q	P	PDR and medic appraisals	33		Consistently failing to meet trustwide target of 90% for PDR compliance. Sustained reduction in medic appraisal rate compliance. Work is underway to investigate data quality.	Action Plan/Local Recovery Plans People Committee
F			Agency and Out of Area Placement spend	36		High OOA spend.	Out of Area Recovery Plan(s) x 3 VIP Plans 24/25 Finance and Performance Committee

10. Recommendations

The Board of Directors is asked to:

- Receive and consider the report for assurance
- Comment on the report in relation to Trust performance and quality of delivery and request remedial action where required.

11. Appendices

Appendix 1 Integrated Performance & Quality Report January 2025

Integrated Performance & Quality Report

Information up to and including January 2025

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 January 2025 reporting, we are using monthly figures from December 2023 to January 2025. Where 24 months data is not available; we use as much as we have access to.

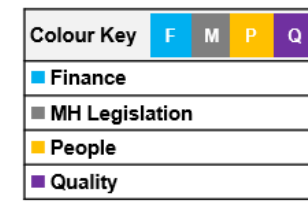
Ward	Month 1		
	n	SPC variation	SPC target
Ward 1	35.67	• L •	F
Ward 2	35.95	• • •	?
Ward 3	27.71	• • •	P
Ward 4	37.62	• • •	F
Ward 5	47.46	• • •	?
Ward 6	86.82	• • •	F
Ward 7	75.87	• L •	?
Ward 8	58.41	• H •	/

Variation		
Icon	Cell Format	Description
	• • •	Common cause variation
	• H •	Concern – where low is good
	• L •	Concern – where high is good
	• H •	Improvement – where high is good
	• L •	Improvement – where 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) above UCL or mean, decreasing trend**

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

Where abbreviated terms are not explained in the body of the report due to space constraints, the glossary in appendix 3 can be referred to for an explanation.

Board Committee Oversight
The footer of most pages contains a colour-coded key to quickly identify which KPIs and Metrics are of particular interest to a committee/which committee has oversight.

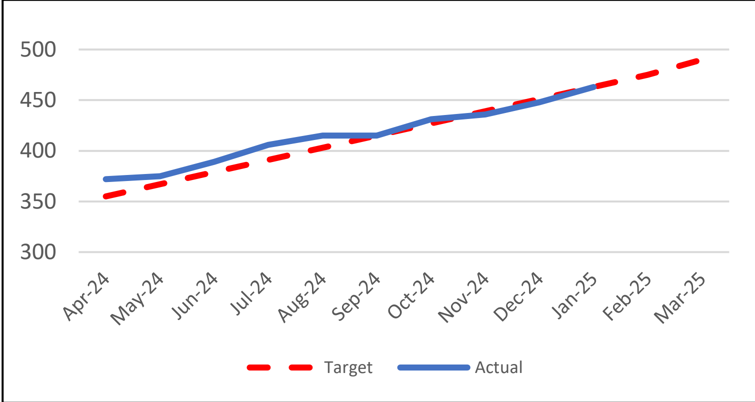


Colour Key	F	M	P	Q
Finance				
MH Legislation				
People				
Quality				

NHS Long Term Plan – national metrics for 2024/25

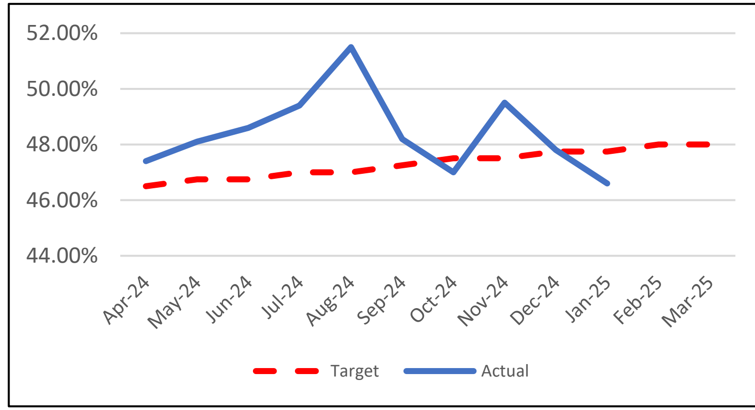
Perinatal: Number of women accessing specialist community Perinatal MH services in the reporting period (cumulative)

Our target = 490 by March



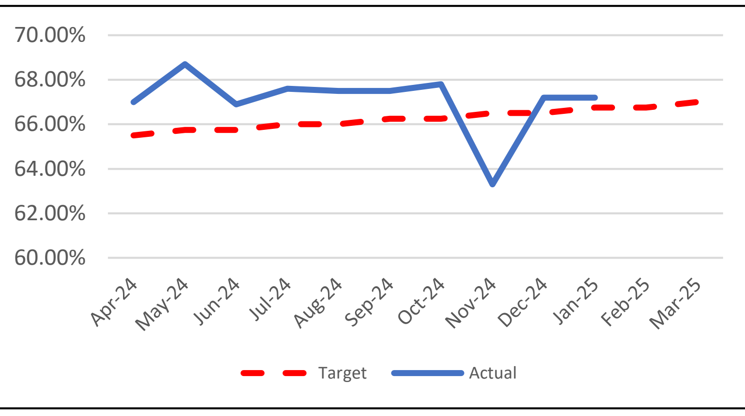
Talking Therapies: Reliable recovery rate for those completing a course of treatment and meeting caseness

Our target = 48% by March

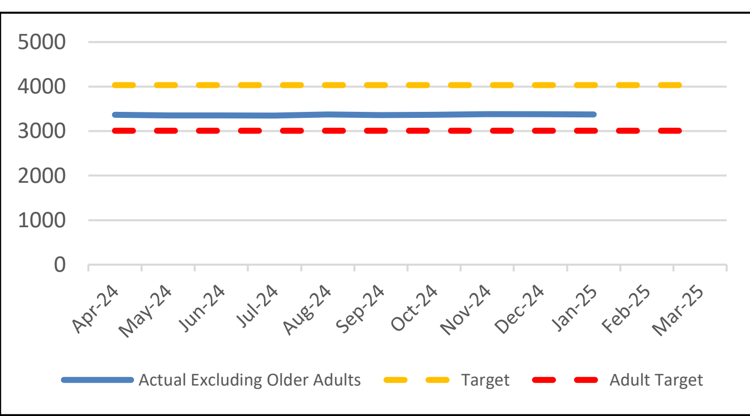


Talking Therapies: Reliable improvement rate for those completing a course of treatment

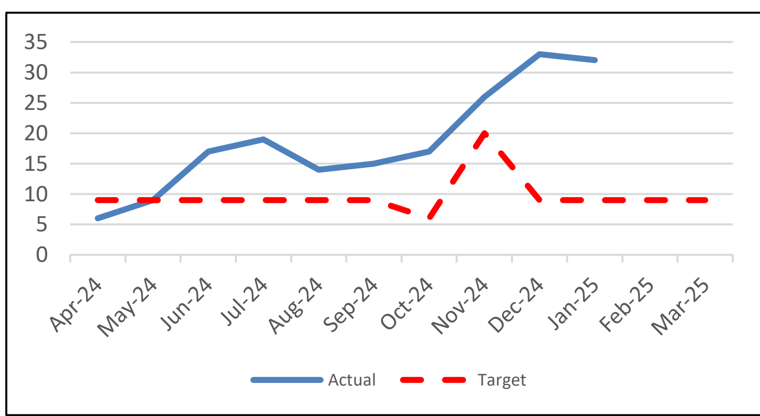
Our target = 67% by March



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



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



Narrative

Perinatal – Continues to meet the target.
Sheffield Talking Therapies – The reliable improvement rate target was met in January 2025 at 67.2%. However, we were marginally short of the reliable recovery target of 47.8% for this month (we achieved 46.6%).
Community – figures provided for Adult services only due to Older Adult data from Rio not yet being available and will be added in line with the Rio implementation plan. Achieving Adult target.
Out of area placements – Out of area usage is still not meeting the target. System flow issues have been combined into the Home First Programme with the specific target for out of area admissions to be reduced from the current average of 16 per month to 6 by Feb 2025 across Adult Acute & PICU.

Service Delivery

IPQR - Information up to and including
January 2025

Referrals	Jan-25			
Acute & Community Directorate Service	**n**	*mean*	**SPC variation**	**Note**
Urgent & Crisis Service	**1043**			In April 2024, the Urgent & Crisis service was formed replacing SPA/EWS. Concurrently some activity previously documented under CRHTT (now Adult Home Treatment Team) is now under Urgent & Crisis. New SPC charts will not be available until the new services have run for 15 months. Compared to means from April 2024 to present, both services experienced average referral volumes in January 2025.
Adult Home Treatment Team	**111**			
Liaison Psychiatry	**600**	*574*	• • •	This is the second month of relatively reduced referral volumes (close to the mean) after a period of significantly raised numbers.
Decisions Unit	**97**	*75*	• H •	DU continues to do well with raised referrals due to increased work with Yorkshire Ambulance Service (YAS) and new Decisions Unit Triage Nurse role.
Health Based Place of Safety (S136 Suite)	**33**	*23*	• • •	There was 1 suite closure for deep cleaning in January, 16 repurposed admissions, and 17 admissions for patients under sections 135/136. This is the first time since August 2024 that there have been more s.135/136 admissions than repurposed admissions, showing that the HBPoS is increasingly being used for its intended purpose.
CMHT North	**76**	*47*	• H •	High referrals in CMHTs linked to changes to the Primary & Community Mental Health service. SHSC have met with partners to ensure systems are in place to ensure people get the right care in a timely way.
CMHT South	**91**	*48*	• H •	
Early Intervention in Psychosis	**39**	*36*	• H •	Referrals above the mean for the last 6 months, the team are monitoring and ensuring new referrals are dealt with in a timely manner.
Rehab & Specialist Service				
Memory Service	**112**	*120*	• • •	
Older Adult CMHT	**113**	*111*	• • •	Baseline reset to Nov-23 when SPA function removed when changing to Rio. SPC mean and variation now based on data from Nov-23 onwards.
OA Home Treatment	**32**	*24*	• • •	

Referrals	Jan-25			
Rehab & Specialist Service	**n**	*mean*	**SPC variation**	**Note**
Community Enhancing Recovery Team	**6**	*3*	• • •	
Specialist Community Forensic Team	**1**	*1*	• • •	
Assertive Outreach Team	**2**	*2*	• • •	
Community Learning Disability Team	**71**	*65*	• • •	CLDT now encompasses all LD community services so this number includes some referrals that would previously have been allocated to Community Intensive Support Service (CISS).
Psychotherapy Screening (SPS)	**54**	*53*	• • •	
Gender Identity Clinic	**23**	*36*	• L •	Sustained shift of 8 months below the mean for referrals to GIC. This may be linked to the opening of 3 new clinics nationally over the last year.
Eating Disorder Service	**36**	*43*	• • •	
SAANS Autism Spectrum Disorder (ASD)	**61**	*117*	• L •	Significant decrease in referrals for both ASD and ADHD is partially linked to the end of the Derbyshire contract in November 2024. We have also seen a fall in the number of referrals from Sheffield service users. This continues to be monitored.
SAANS Attention Deficit Hyperactivity Disorder (ADHD)	**59**	*196*	• L •	
Sheffield Psychosexual Therapy Service	**23**	*19*	• • •	
Perinatal Mental Health Service	**42**	*47*	• • •	
Homeless Assessment and Support Team (HAST)	**15**	*14*	• • •	
HAST - Changing Futures	**0**	*2*	• • •	
Health Inclusion Team	**131**	*183*	• • •	
Long Term Neurological Conditions	**90**	*92*	• L •	Downward trend in referrals since April 2024 which coincides with a change to how referrals were recorded. We believe that this change has provided a more accurate representation for the number of referrals received. This continues to be monitored.
Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)	**64**	*63*	• • •	

January 2025	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	**86**	*78*	• H •	**3.1**	*11.1*	• L •	**5.6**	*6.2*	• • •	**730**	*780*	• L •
CMHT South	**82**	*49*	• H •	**4.1**	*5.9*	• L •	**2.3**	*10.0*	• L •	**827**	*910*	• L •
Early Intervention in Psychosis	**25**	*21*	• • •	*N/A*			**73.7%**	*90.6%*	• • •	**292**	*288*	• • •
Rehab & Specialist Services	n	*mean*	SPC variation	n	*mean*	SPC variation	n	*mean*	SPC variation	n	*mean*	SPC variation
Community LD Team	**197**	*173*	• • •	**9.0**	*6.7*	• • •	*N/A*			**746**	*700*	• H •
Community Intensive Support	*N/A*			*N/A*						**3**	*11*	• L •
Community Enhancing Recovery										**52**	*49*	• H •
Specialist Community Forensic										**24**	*24*	• H •
Assertive Outreach Team	**16**	*5*	• H •							**78**	*68*	• H •
Memory Service	**986**									**4362**	*4274*	• H •
Older Adult CMHT	**297**			**22**						**1348**	*1374*	• • •
Older Adult Home Treatment	*N/A*			*N/A*			*N/A*			**73**	*71*	• • •

CMHT North waiting list rose significantly in Sept/Oct but has reduced through to Jan-25. CMHT South Waiting list has increased in Dec/Jan following the increased referrals in recent months. RtA waiting times have improved following the setup of the new care group teams with the last 6 months remaining below the mean in both North and South. CMHT caseloads are settling at the new lower-level following transition to the new way of working (cleansing caseloads and a review of suitable caseload size).

Early Intervention have met the waiting time target in 8 of the last 12 months. 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. January figures were 14/19 seen within 2 weeks. Of those that missed the target 1 did not engage with the service and 2 were client rearranged appointments which is unusual. The service will continue to be proactive with these types of cases.

AOT waiting list continues to rise and has now been above the mean for 6 consecutive months, with an expected wait time currently at 14 months from acceptance to allocation. Skill mix of staffing under review with the aim to significantly reduce wait time to 2 months by Apr-25.

Memory Service – high staff sickness and vacancies have driven significantly higher waiting list than Oct-23 (757). A rapid improvement plan has been implemented which includes utilising managers in the team in a clinical capacity and new recruitment methods to address vacancies. Caseload is high, over the mean for 11 consecutive months, because the team carries a sleeping caseload within the case management team. We are looking at plans to relocate the case management function to a third party.

OA CMHT – Mean RtA has increased significantly against the position in Dec-24. This may be related to reduced medical time in CMHT so waits to see a medic have been longer. This continues to be monitored.

January 2025	*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		
Rehab & Specialist Services	n	*mean*	SPC variation	n	*mean*	SPC variation	n	*mean*	SPC variation	n	*mean*	SPC variation
Specialist Psychotherapy - MAPPS	**39**	*63*	• L •	**12.1**	*18.8*	• L •	**81.0**	*89.1*	• L •	**266**	*317*	• L •
Specialist Psychotherapy – P/CT	**25**	*49*	• L •	**11.2**	*18.2*	• L •	**47.6**	*48.0*	• • •	**195**	*205*	• L •
Gender Identity Clinic	**2417**	*2308*	• H •	**311.4**	*242.9*	• H •				**3447**	*3237*	• H •
Eating Disorder Service	**36**	*31*	• H •	**8.4**	*4.9*	• H •				**217**	*196*	• H •
SAANS ASD	**935**	*2319*	• L •	**82.1**	*76.7*	• • •				**3343**	*5483*	• L •
SAANS ADHD	**4349**	*6388*	• L •		*N/A*					**5858**	*8610*	• L •
Sheffield Psychosexual Therapy Service	**38**	*58*	• L •	**17.4**	*24.3*	• L •		*N/A*		**113**	*125*	• L •
Perinatal MH Service (Sheffield)	**29**	*28*	• • •	**2.8**	*3.2*	• L •				**269**	*190*	• H •
HAST	**27**	*30*	• • •	**14.7**	*10.7*	• • •				**73**	*89*	• • •
Health Inclusion Team	**100**	*125*	• • •	**3.6**	*3.4*	• • •				**1778**	*1620*	• H •
Long Term Neurological Conditions	**180**	*251*	• L •		*N/A*						*N/A*	
CFS/ME	**608**	*552*	• • •	**17.6**	*27.0*	• L •				**1024**		

Specialist Psychotherapy – Average referral to assessment wait time for SPS P/CT remains significantly below the mean despite a slight increase since last month. This is following improvements to the triage process as part of the QI collaborative project.

Gender Identity Clinic – Waiting list remains a challenge despite reduced referrals to the service over the last 8 months. The service has almost completed the recruitment of their workforce plan and continues to review processes. This will be closely monitored.

Eating Disorders – The QI project aimed at addressing the high wait list and wait times remains a priority. The waiting list has continuously decreased since Sep-24 but remains above the mean. Recruitment for a new role to improve the management of high-risk cases was successful in January and we anticipate this will result in additional assessment slots to address the waiting list once employment commences.

SAANS ASD & ADHD – wait list and caseload figures are lower than previous due to the end of our contract to provide these services for Derbyshire residents. Derbyshire patients will be transferred once DDICB have agreed which provider will accept this waiting list. DDICB waiting list figures: ASD: 1393. ADHD: 3735.

There continues to be positive progress in reducing the ASD wait list and it is now the lowest it has been for over 24 months.

Psychosexual Therapy Service – Continuous reduction in the waiting list and sustained reduction in RtA wait times due to full staffing model recruitment. In Jan-25, the waiting list was the lowest it has been for over 2 years.

LTNC – Continuous reduction in the waiting list since Apr-24. This coincides with the changes with the EPR recording processes around the same time. The data is now being audited to provide assurance that this is now an accurate representation.

Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Dovedale 2, Burbage, Stanage)	n (Jan-25)	mean (Jan-25)	SPC variation (Jan-25)	SPC target (Jan-25)
Admissions	**30**	*27.5*	• • •	/
Detained Admissions	**29**	*25.0*	• • •	/
% Admissions Detained	**96.7%**	*90.9%*	• • •	/
Emergency Re-admission Rate (rolling 12 months)	**1.5%**	*3.2%*	• L •	/
Transfers in	**7**	*10.5*	• L •	/
Discharges	**32**	*28.6*	• • •	/
Transfers out	**4**	*9.5*	• L •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	**14**	*13*	• • •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	**232**	*306*	• L •	/
Bed Occupancy excl. Leave (KH03)	**94.6%**	*94.3%*	• • •	/
Bed Occupancy incl. Leave	**101.6%**	*99.4%*	• H •	/
Average beds admitted to	**44.7**	*45.9*	• L •	/
Average Discharged Length of Stay (12 month rolling)	**48.6**	*43.6*	• H •	F
Average Discharged Length of Stay (discharged in month)	**47.0**	*43.1*	• • •	?
Live Length of Stay (as at month end)	**88.6**	*84.0*	• • •	/
Number of People Out of Area at month end	**32**	*13*	• H •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	**21**	*8*	• H •	?
Total number of Out of Area bed nights in period	**1010**	*391*	• H •	F

Length of Stay Detail – Jan-25

As at month end	Ward LoS	Patient Episode LoS
Adult Acute MH	731	1397
Stanage	309	310
Burbage	253	1397
Dovedale 2	218	660

Longest LoS (days) as at month end:
309 days on Stanage ward (ward move reset Mar-24)
253 days on Burbage ward (ward move reset May-24)
218 days on Maple/DD2 wards (ward move reset Jun-24)
Longest LoS (days) of discharges in month:
Stanage = 180 days
Burbage = 116 days
Maple/Dovedale 2 = 196 days

Adult Acute - Live Length of Stay

Step Down (Beech)	n (Jan-25)	mean (Jan-25)	SPC variation (Jan-25)	SPC target (Jan-25)
Admissions	**4**	*4.2*	• • •	/
Transfers in	**0**	*0.3*	• L •	/
Discharges	**4**	*4.2*	• • •	/
Transfers out	**0**	*0.0*	• L •	/
Bed Occupancy excl. Leave (KH03)	**81.3%**	*83.3%*	• • •	/
Bed Occupancy incl. Leave	**97.7%**	*91.7%*	• • •	/
Average Discharged Length of Stay (12 month rolling)	**72.0**	*68.3*	• H •	/
Live Length of Stay (as at month end)	**85.8**	*60.5*	• H •	/

Length of Stay Detail – Jan-25
Longest LoS (days) as at month end: 184
Range = 3 to 184 days
Longest LoS (days) of discharges in month: 134

Narrative
Average discharged length of stay is 47.0 days compared to the national average of 40.7. We need to achieve a length of stay of 33 days to operate within our bed base. This long length of stay is driving out of area hospital care. Social Care delays are a significant contributory factor. Our Home First Programme seeks to address this.
Discharged Length of Stay (rolling 12 month) is high due to the discharge of a number of long stay clients in recent months.

Benchmarking Adult Acute
(2023/24 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 92.8%
Length of Stay (Discharged) Mean: 40.7
Emergency readmission rate Mean: 9.1%

NB – No benchmarking available for Step Down beds

PICU (Endcliffe)	Jan-25			
	n	*mean*	SPC variation	SPC target
Admissions	**6**	*4.1*	• • •	/
Transfers in	**2**	*3.5*	• L •	/
Discharges	**2**	*2.2*	• • •	/
Transfers out	**7**	*5.1*	• • •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	**1**	*0.7*	• • •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	**31**	*21.1*	• • •	/
Bed Occupancy excl. Leave (KH03)	**91.3%**	*96.3%*	• • •	/
Bed Occupancy incl. Leave	**95.5%**	*97.9%*	• • •	/
Average beds admitted to	**9.5**	*9.8*	• • •	/
Average Discharged Length of Stay (12 month rolling)	**56.5**	*48.5*	• H •	?
Live Length of Stay (as at month end)	**61.0**	*72.7*	• • •	/
Number of People Out of Area at month end	**12**	*5*	• H •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	**11**	*4*	• H •	?
Total number of Out of Area bed nights in period	**380**	*170*	• H •	F

Narrative

Length of Stay

As at 31/01/2025, there was only 1 service user on Endcliffe Ward with a length of stay over the national average (benchmark) of 71.6 days. This is a significant improvement when compared to the last few months where there have been 4 or 5 service users with LoS over the national average.

Admission Month	**LOS**
02/2024	340

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

The number of delayed discharges remains low with no delayed patients in recent months. 3 patients are under MoJ.

The average discharged length of stay is high currently following the discharge of some longer stay patients.

Out of area usage is still not meeting the target. System flow issues have been combined into the Home First Programme with the specific target for out of area admissions to be reduced from the current average of 16 per month to 6 by February 2025 across Adult Acute & PICU.

Benchmarking PICU
(2023/24 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 89.2%
Length of Stay (Discharged) Mean: 71.6

Older Adult Functional (Dovedale 1)	n	mean	SPC variation	SPC target
	Jan-25			
Admissions	8	4.7	• • •	/
Transfers in	0	1.0	• • •	/
Discharges	9	5.1	• • •	/
Transfers out	0	0.7	• • •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	5			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	109			
Bed Occupancy excl. Leave (KH03)	87.1%	93.2%	• • •	/
Bed Occupancy incl. Leave	99.8%	97.5%	• • •	/
Average beds admitted to	15.0	14.5	· H ·	/
Average Discharged Length of Stay (12 month rolling)	84.5			
Live Length of Stay (as at month end)	65.0	73.6	• • •	/

Length of Stay Detail January 25 – Dovedale 1
This is the full episodic length of stay within SHSC, rather than the specific ward stay. Average discharged LoS number now reported, with mean and SPC variations to be include when there are 12 data points (Nov-25).

Longest LoS (live) – 256 days
Range – 1-256 days

Benchmarking Older Adults
(2023/24 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 91
NB - Benchmarking figures are for combined Older Adult inpatient bed types; they are not available split into functional and organic mental illness.

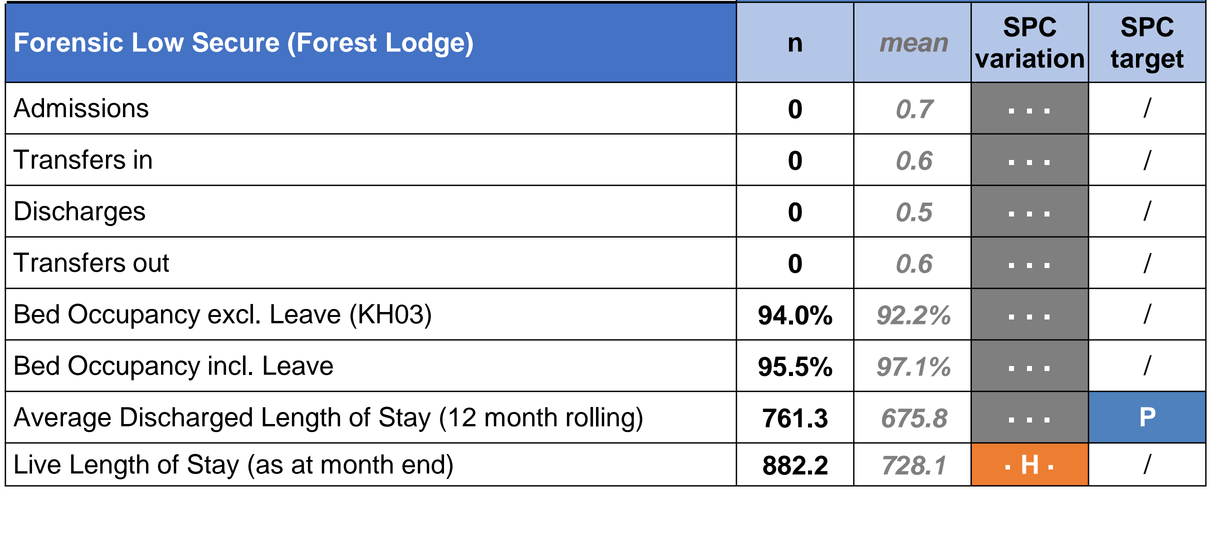
Older Adult Dementia (G1)	n	mean	SPC variation	SPC target
	Jan-25			
Admissions	2	4.4	• • •	/
Transfers in	0	0.8	• • •	/
Discharges	5	4.0	• • •	/
Transfers out	0	0.9	• • •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	7			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	143			
Bed Occupancy excl. Leave (KH03)	94.6%	85.1%	• • •	/
Bed Occupancy incl. Leave	97.8%	87.0%	• • •	/
Average beds admitted to	15.2	14.2	• • •	/
Average Discharged Length of Stay (12 month rolling)	123.3			
Live Length of Stay (as at month end)	188.0	176.9	• • •	/

Length of Stay Detail January 25 – G1
This is the full episodic length of stay within SHSC, rather than the specific ward stay.
Average discharged LoS number now reported, with mean and SPC variations to be include when there are 12 data points (Nov-25).
Longest LoS (live) – 1,868 days
Range – 14-1,868 days
The discharged length of stay and live length of stay for G1 remains above the national benchmarked target of 87 days. The long length of stay is driving flow issues but is not causing us to use out of area hospital care.

G1 Outliers – As of 31st January 2025, there are 6 service users who would normally be admitted to Dovedale 1 that have been admitted to G1 as an alternative to placement in an out of area bed.

Date admitted	Days on G1	Date admitted	Days on G1
11/10/24	112	21/12/24	41
20/11/24	72	16/01/25	16
06/12/24	56		
16/12/24	46		

Rehab (Forest Close)	Jan-25 n	mean	SPC variation	SPC target
Admissions	1	0.8	• • •	/
Transfers in	2	1.6	• • •	/
Discharges	2	1.5	• • •	/
Transfers out	0	0.7	• • •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	7			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	217			
Bed Occupancy excl. Leave (KH03)	81.0%	87.5%	• • •	/
Bed Occupancy incl. Leave	101.5%	99.2%	• H •	/
Average Discharged Length of Stay (12 month rolling)	319.7	316.6	• • •	P
Live Length of Stay (as at month end)	526.1	415.9	• H •	/
Number of Out of Area Placements started in the period (admissions)	0	0	• L •	/
Total number of Out of Area bed nights in period	62	135	• L •	/
Number of People Out of Area at month end	2	4	• L •	/



Forensic Low Secure (Forest Lodge)	Jan -25 n	mean	SPC variation	SPC target
Admissions	0	0.7	• • •	/
Transfers in	0	0.6	• • •	/
Discharges	0	0.5	• • •	/
Transfers out	0	0.6	• • •	/
Bed Occupancy excl. Leave (KH03)	94.0%	92.2%	• • •	/
Bed Occupancy incl. Leave	95.5%	97.1%	• • •	/
Average Discharged Length of Stay (12 month rolling)	761.3	675.8	• • •	P
Live Length of Stay (as at month end)	882.2	728.1	• H •	/

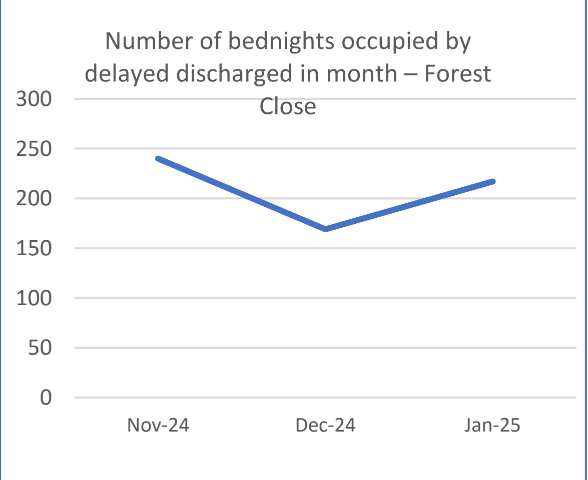
Forest Close – Length of Stay

3,151 days - MoJ restriction. Taking extended leave. Awaiting date for tribunal.

1,661 days - MoJ restriction – social care assessment completed, requires enhanced supported accommodation.

1,191 days – Plans to discharge to MH residential home on 11/02/25.

SPC mean and variation for delayed discharges will be added when there are enough data points to calculate these.



Length of Stay Detail Jan 25 - Forest Close
Longest LoS (days) as at month end: 3151
Range = 1-3,151
Number of discharges in month: 2
Longest LoS (days) of discharges in month: 539

Benchmarking Rehab/Complex Care
(2023/24 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 380

Forest Lodge – Length of Stay

2,946 days – Not clinically ready for discharge.

2,848 days – Recently transferred to the Rehabilitation ward, demonstrating positive progression towards discharge.

2,194 days – Not clinically ready for discharge.

Length of Stay Detail Jan 25 – Forest Lodge
Longest LoS (days) as at month end: 2946
Range = 70 – 2,946
Number of discharges in month: 0
Longest LoS (days) of discharges in month: N/A

Benchmarking Low Secure Beds
(2023/24 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 823

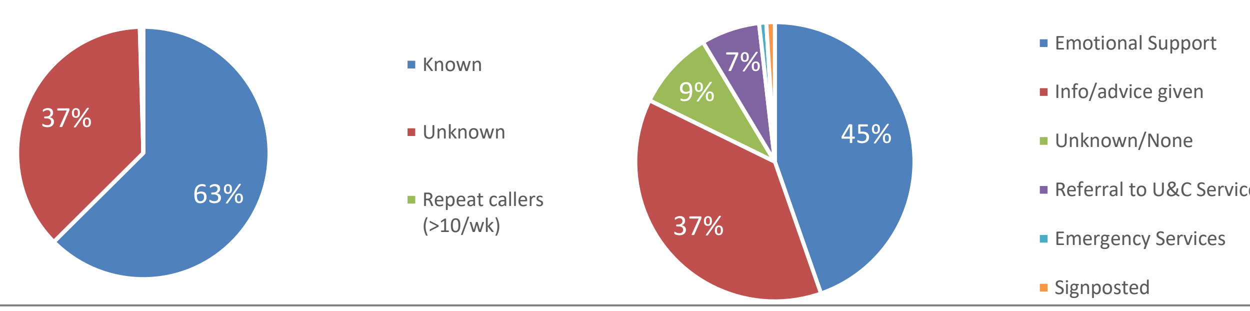
Responsive | Access & Demand | NHS 111 Option 2 Calls

	Target	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25
Total calls received	1700	1656	1649	1684	1555	1492	1596
Proportion of calls abandoned	<= 3%	24.0%	27.8%	31.3%	18.3%	14.5%	17.0%
Number of calls abandoned		398	459	527	284	217	272
Average speed to answer calls (s)	<= 20 Seconds	138.0	160.8	182.4	160.8	127.8	151.5
95th centile call answer time (s)	<= 120 Seconds	572.2	592.5	704.4	663.0	519.6	579.7

	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25
Escalated to U&C	99	58	68	75	64	90
% Escalated to U&C	7.9%	4.9%	5.9%	5.9%	5.0%	6.8%
Presenting needs met	1159	1132	1089	1196	1211	1234
% Presenting needs met	92.1%	95.1%	94.1%	94.1%	95.0%	93.2%

Outcome from Contact	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25
Emotional Support	672	617	583	572	562	591
Info/advice given	419	424	432	441	432	498
Unknown/None	50	57	38	142	183	121
Referral to U&C Service	99	58	68	75	64	90
Emergency Services	16	25	26	34	25	11
Signposted	2	9	10	7	9	13

Unique Caller Status	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25
Known	798	726	700	799	776	832
Unknown	460	464	457	472	499	492
Repeat callers (>10/wk)	8	8	6	7	6	6

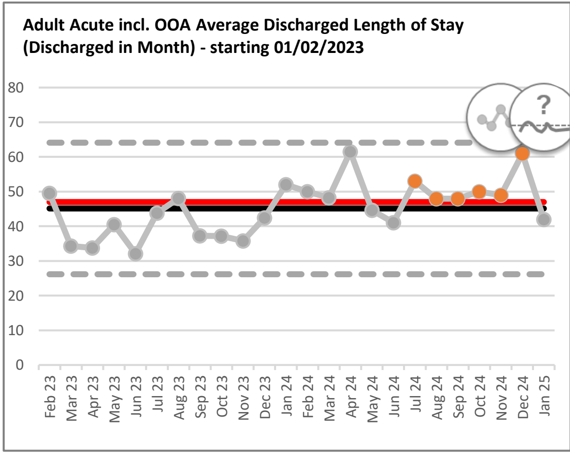


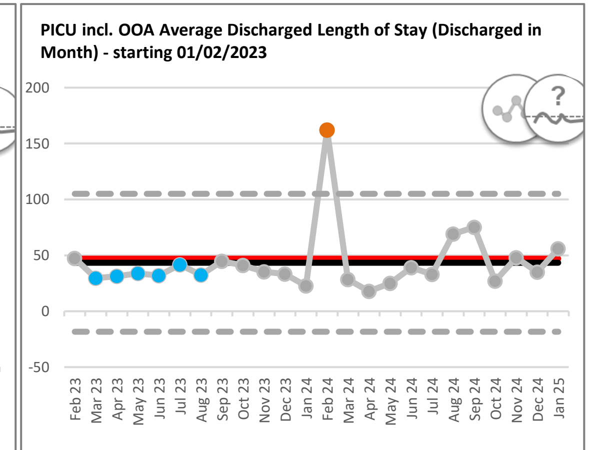
Narrative

Abandonment rate has increased slightly in January however we don't have enough data to determine whether this is a significant increase or not – it is likely to be within normal variation.
The abandonment rate remains well above the 3% target but is below the national average of 27% according to NHS 111 Mental Health Statistics.
Data relating to call time of abandoned calls has been requested so we can analyse the proportion that were abandoned where the call time exceeded the target response of 20 seconds – NCHA have confirmed that they are working on providing this.
Average speed to answer calls has also deteriorated slightly but remains low relative to previous months, and below the national average of 221 seconds.
Though NCHA place favourably among peers for average call answer time, 95th centile call answer time is a metric in which NCHA appears to struggle (22/52 providers manage to keep this below 120 seconds). This suggests that NCHA have a wide range of answer times, with many quick responses bringing down the average, but with a significant number of callers waiting much longer than the average.
The % of callers escalated to U&C has increased slightly in January but still remains objectively low at 6.8% - demonstrating the benefit they bring in acting as a filter

Urgent & Emergency Care Dashboard

Length of Stay





Adult Acute Discharged LoS (Rolling 12-month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	339	49
OOA	100	47
Contracted	99	54
Combined	538	49

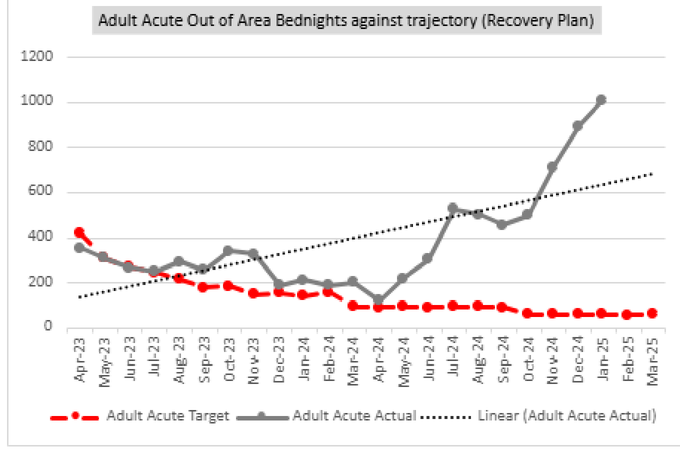
PICU Discharged LoS (Rolling 12-month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	85	69
OOA	40	43
Combined	125	52

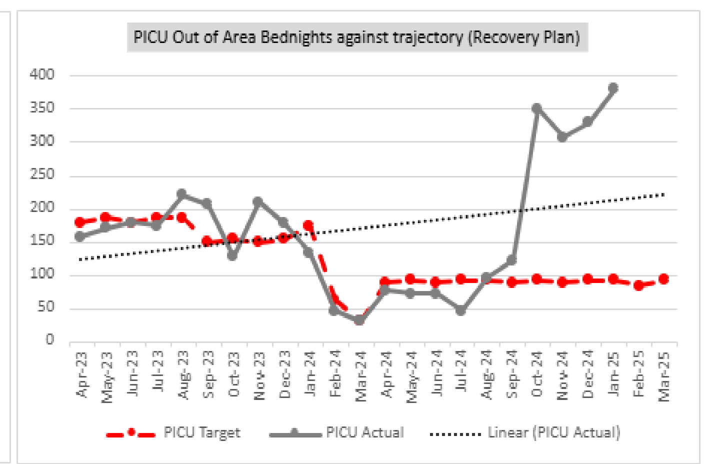
Narrative

The proportion of the month that HBPoS suites were closed to s.135/s.136 admissions due to s.2/s.3 occupancy has reduced from Dec to Jan, despite the increase in the number of breach admissions (12 to 16). This indicates an increased rate of discharges/transfers of s.2/s.3 patients, freeing up beds for s.135/136 admissions. The proportion of the month where beds were occupied by s.135/136 patients was 13%, up from 4% in the previous month.

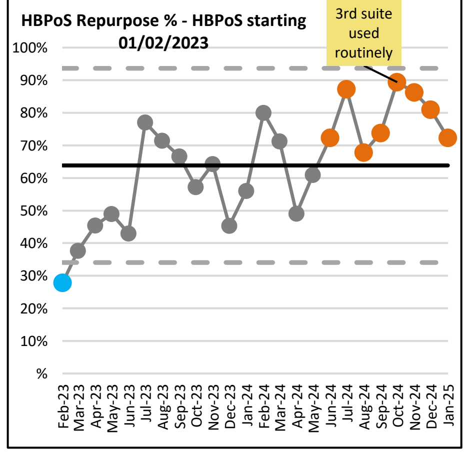
Out Of Area placements remain high with 29 adult acute admissions and 12 PICU admissions in January against a combined target of 6 per month (Home First Programme). OOA bednights have also increased and remain well above target.

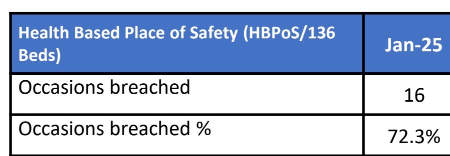
Out of Area



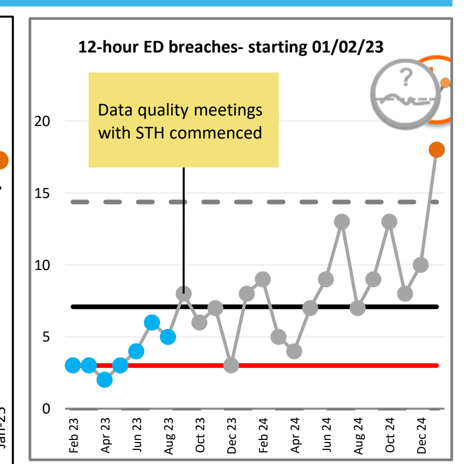


HBPoS & ED Breaches



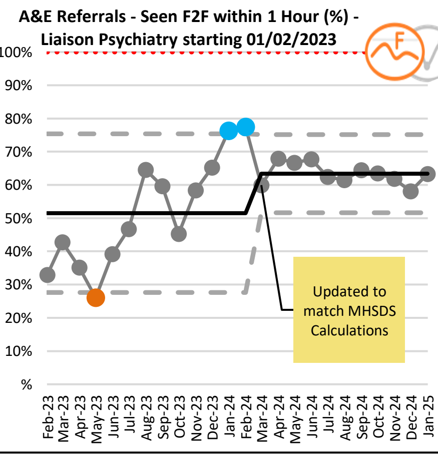


Health Based Place of Safety (HBPoS/136 Beds)	Jan-25
Occasions breached	16
Occasions breached %	72.3%



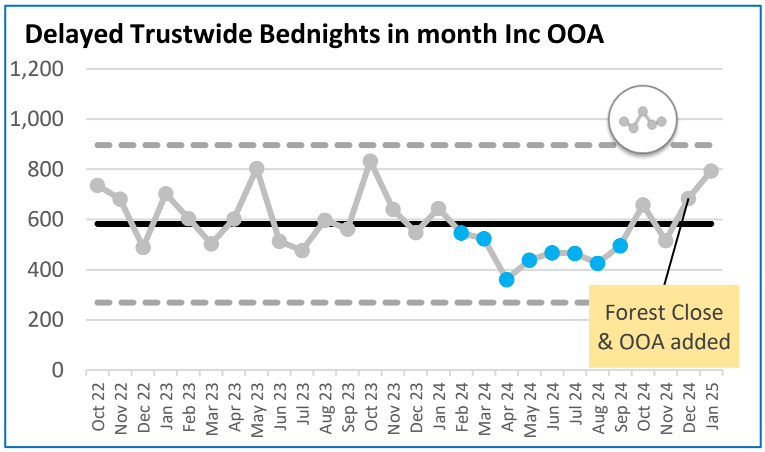
Emergency Department (ED)	Jan-25
ED 12-hour Breaches	18

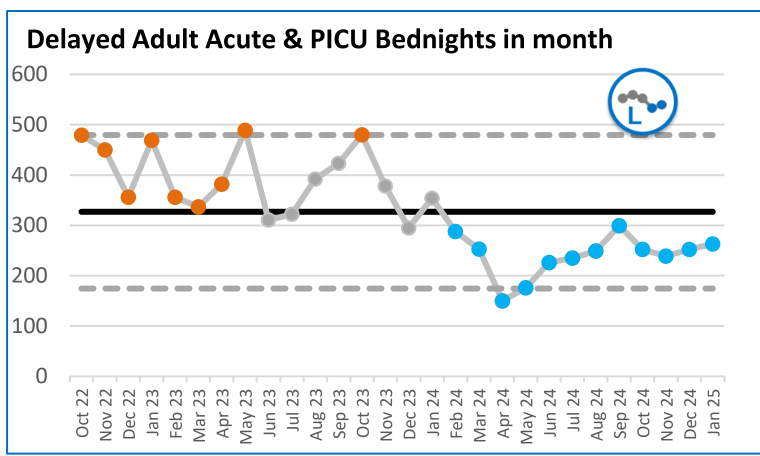
Liaison Psychiatry wait times compliance



Liaison Psychiatry – A&E referrals seen within 1 hour	Jan-25
% of A&E referrals seen within 1 hour	63.4%

Inpatient Wards | Delayed Care



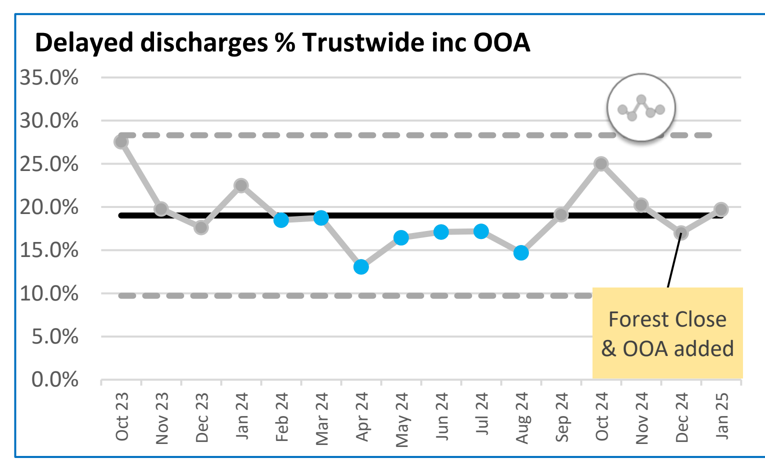


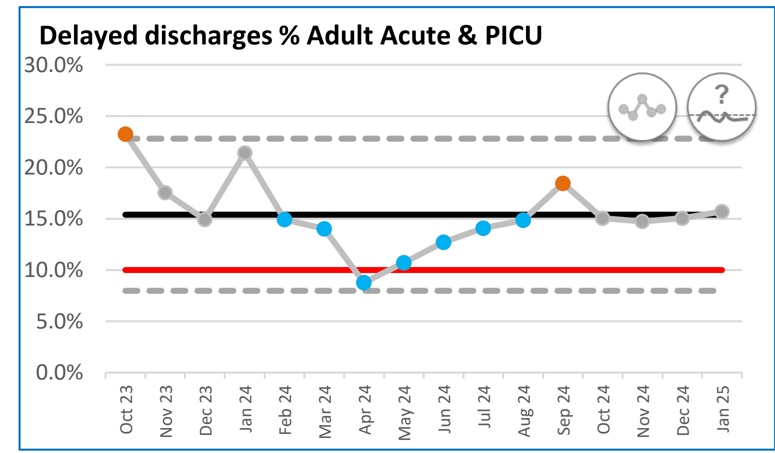
Delayed Older Adult Bednights in month

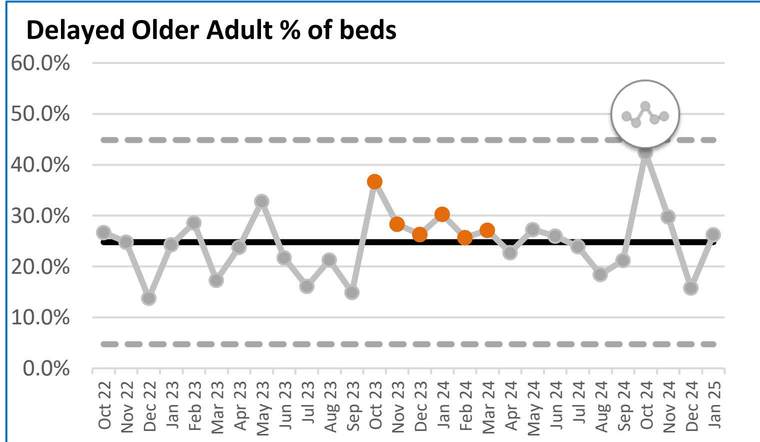
Delayed Discharges Trustwide	Jan-25	SPC Variation	SPC Target
Sum of Delayed Bednights	794	• • •	/
% Bednights occupied by DD	19.7%	• • •	/

Delayed Discharges Adult Acute & PICU	Jan-25	SPC Variation	SPC Target
Sum of Delayed Bednights	263	• • •	/
% Bednights occupied by DD	15.7%	• • •	?

Delayed Discharges Older Adult	Jan-25	SPC Variation	SPC Target
Sum of Delayed Bednights	252	• • •	/
% Bednights occupied by DD	26.2%	• • •	/







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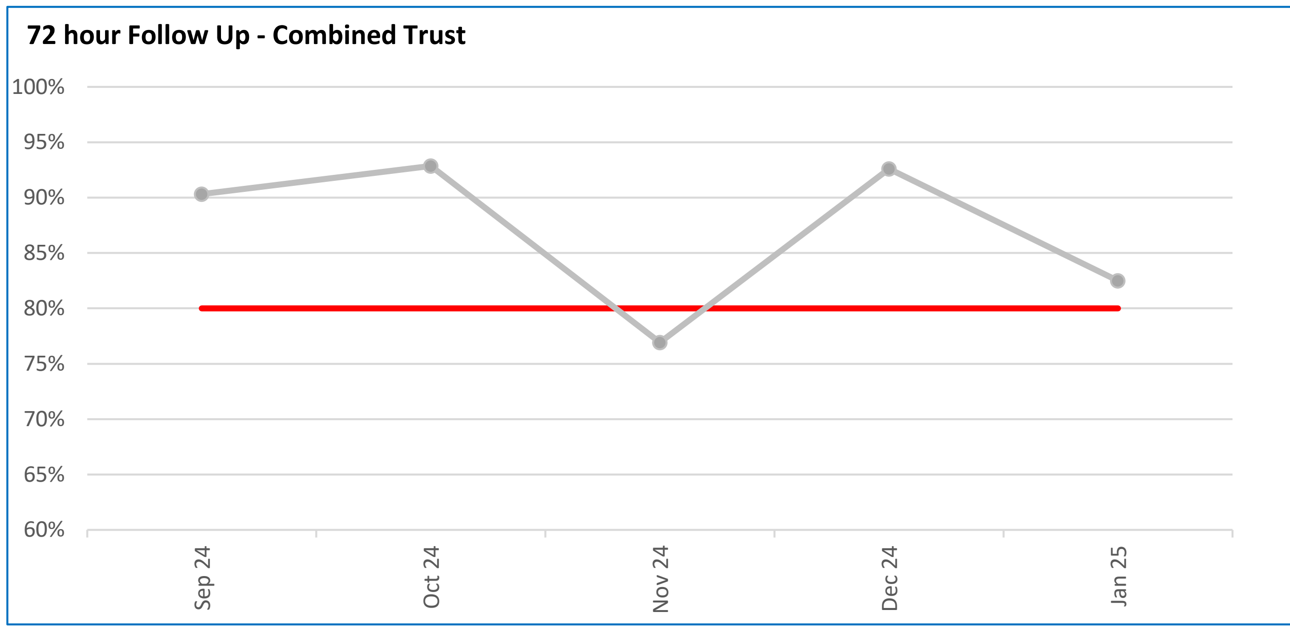
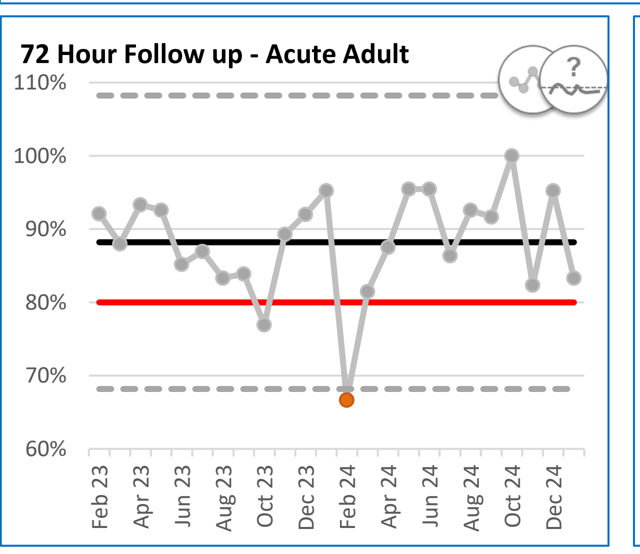
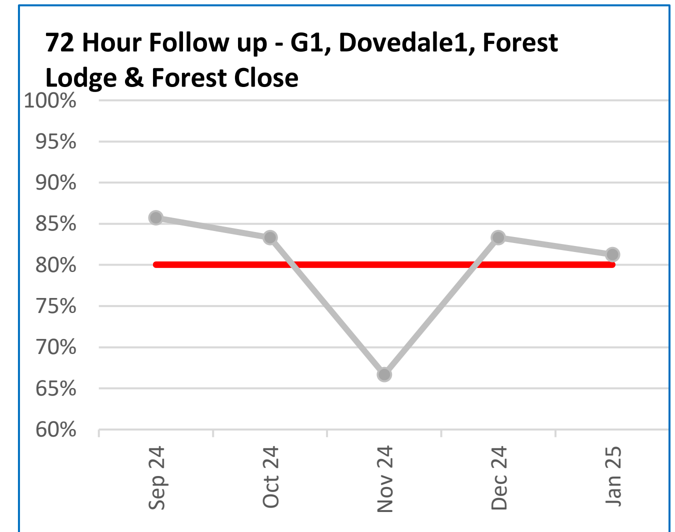
Effective | Treatment & Intervention – 72 hour follow up



72 hour Follow Up		Jan-2025			
	Target	%	No.	SPC Variation	SPC Target
Trustwide	80%	**82.5%**	**33/40**		
Adult Acute Wards	80%	**93.3%**	**20/24**	• • •	?
Older Adult & Rehab Wards	80%	**81.3%**	**13/16**		





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. Those eligible for follow up are defined as having been in an acute bed and have been discharged to home or a new ward in the last three days of the previous month and all but the last three days of this reporting month. Previously this has been reported as discharged patients on CPA.

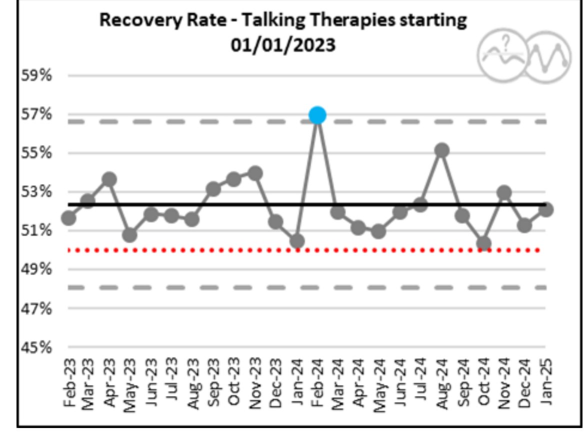
In January, there were 24 discharges from adult acute wards eligible for follow up. Of these 20 were followed up within 72 hours. For Older Adult & Rehab wards 13 out of 16 followed up within 72 hours. All other clients who did not meet the target of 72 hours have been followed up.

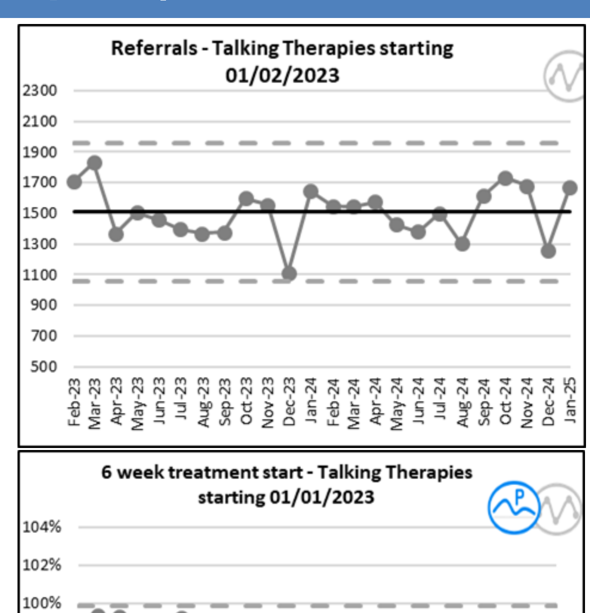
Sheffield Talking Therapies | Performance Summary

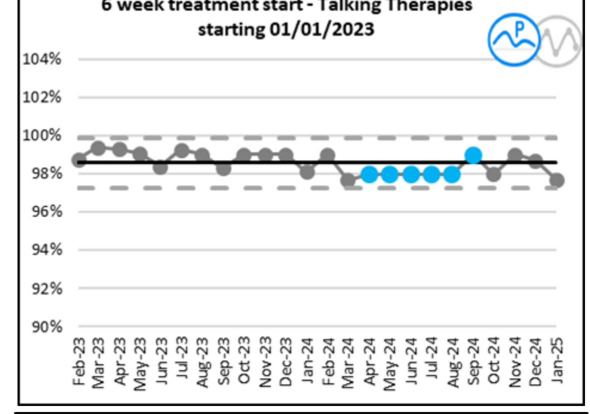
Sheffield Talking Therapies		Jan- 25			
	Target 2024/25	n	*mean*	SPC variation	SPC target
Referrals	-	**1673**	*1507*	•••	/
New to Treatment	1352	**1175**	*1126*	•••	?
6 week Wait	75%	**97.7%**	*98.6%*	•••	P
18 week Wait	95%	**99.6%**	*99.9%*	•••	P
Moving to Recovery Rate	50%	**52.1%**	*52.4%*	•••	?
Reliable Improvement Rate	67%	**67.2%**	*66.9%*	•••	?
Reliable Recovery Rate	48%	**46.6%**	*48.6%*	•••	?

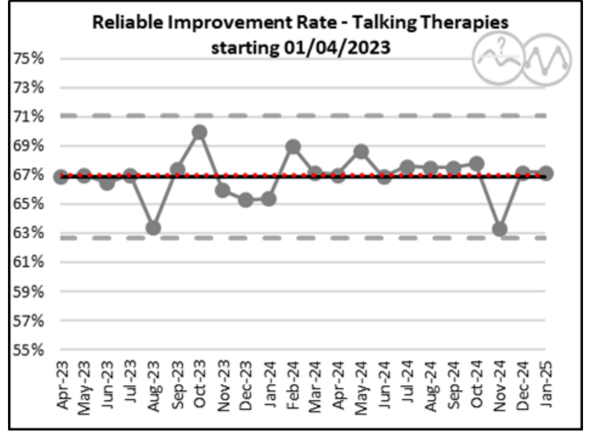
Narrative

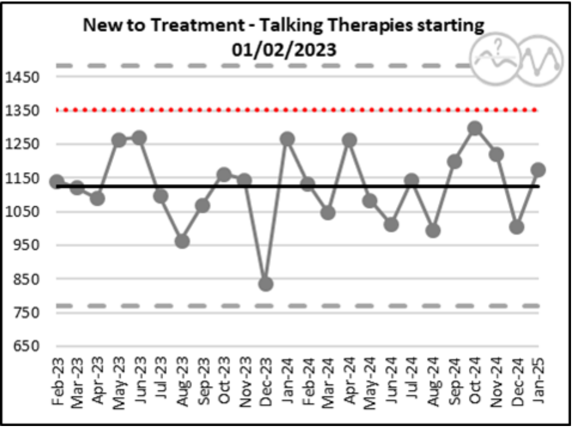
- Referrals and access have increased following the festive period. Access continues to be monitored but it is no longer a talking therapies standard (target). Services now focus on the numbers of patients receiving a course of treatment (2 or more contacts)
- Recovery rate continues to be above the national standard
- Reliable Improvement and Reliable Recovery remain on track YTD to achieve the standard by end March 2025

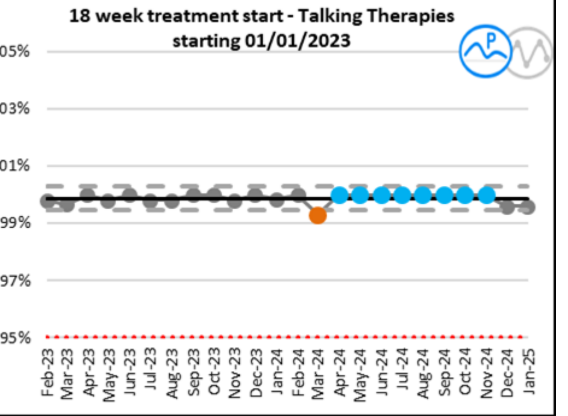


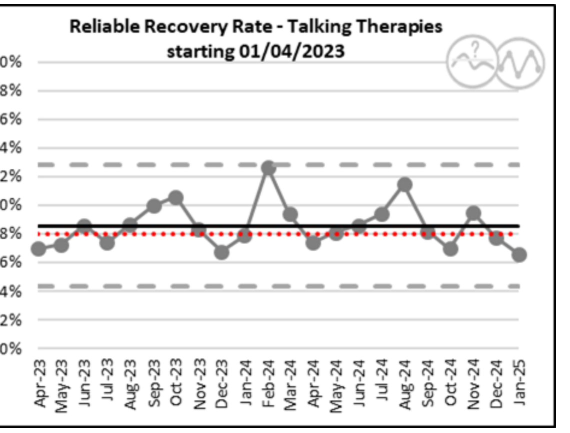












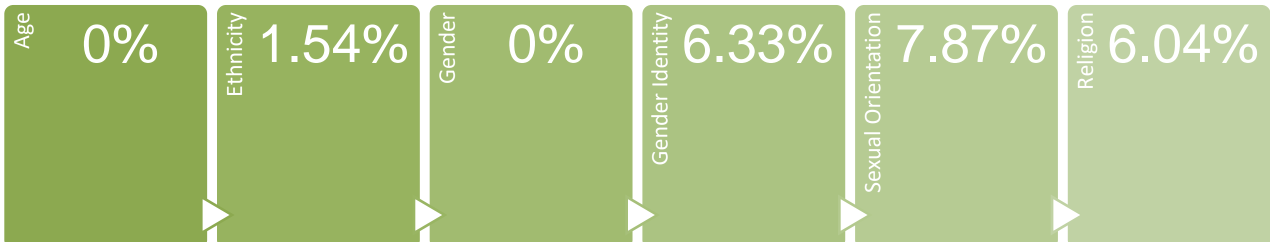
Safety & Quality

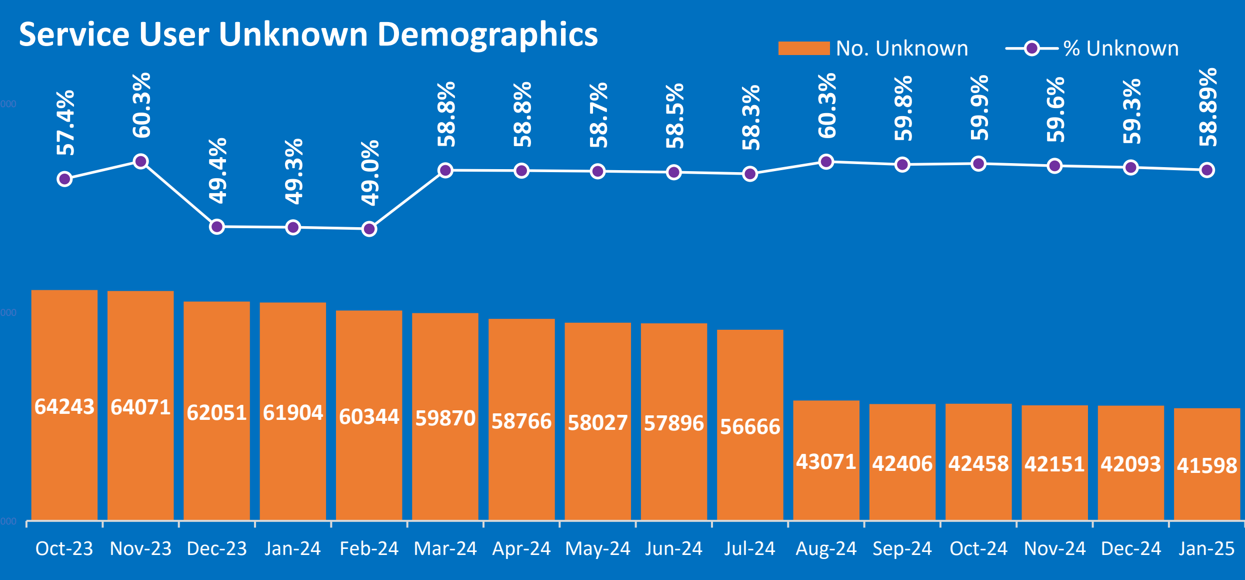
IPQR - Information up to and including January 2025

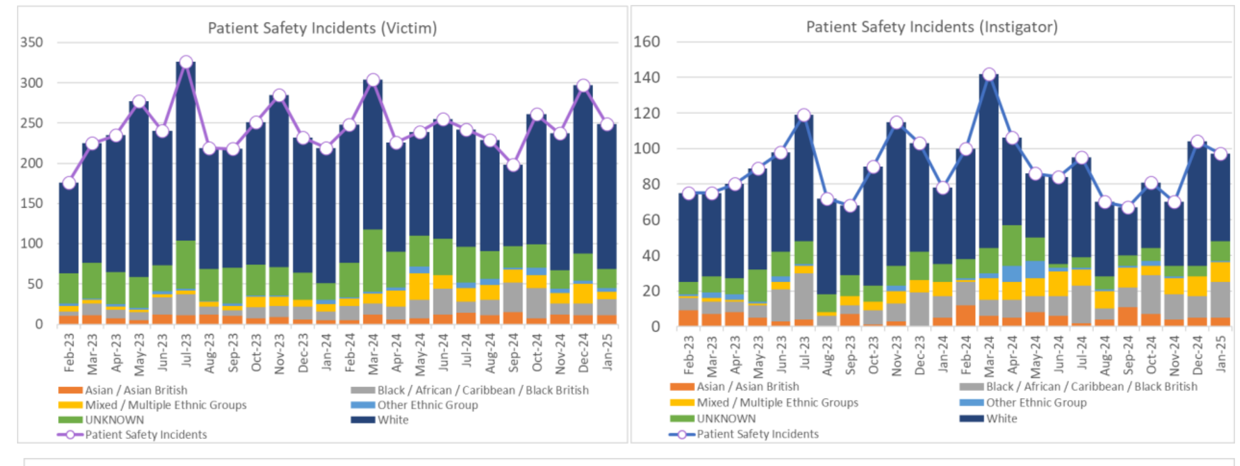
Protected Characteristics Data Quality

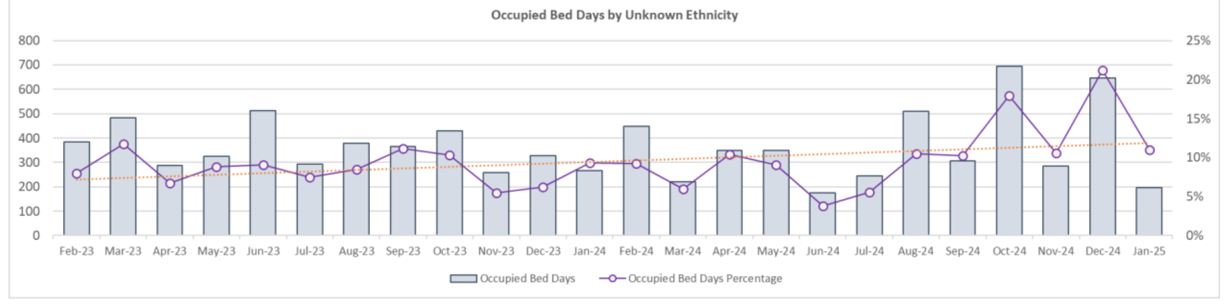
Electronic Patient Record (EPR) Unknown Demographics

2021 Sheffield Census Unknown Demographics





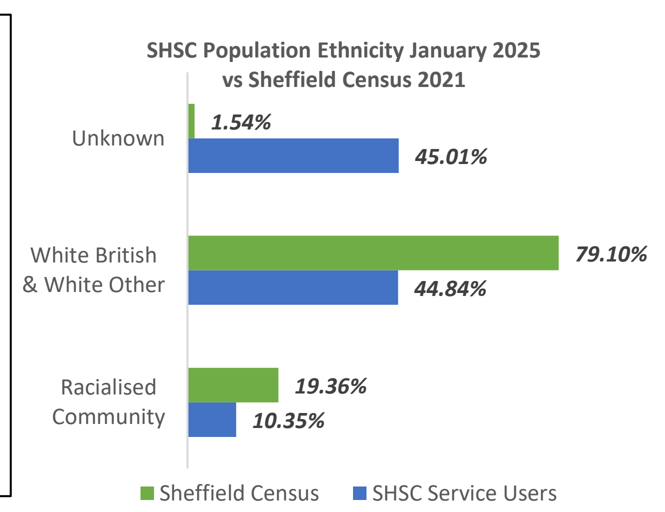


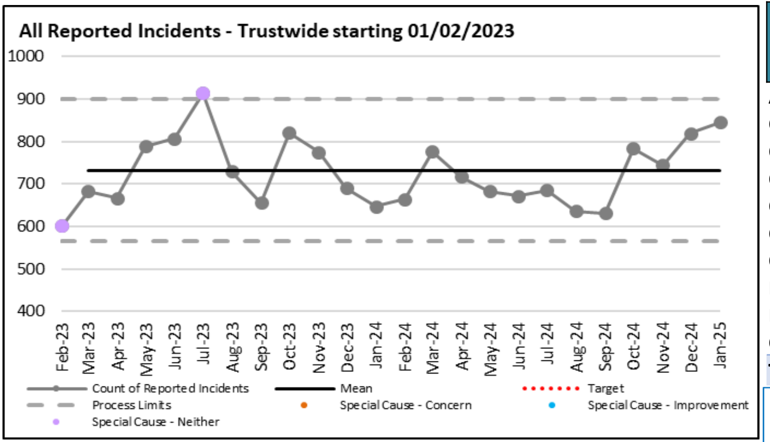


Narrative

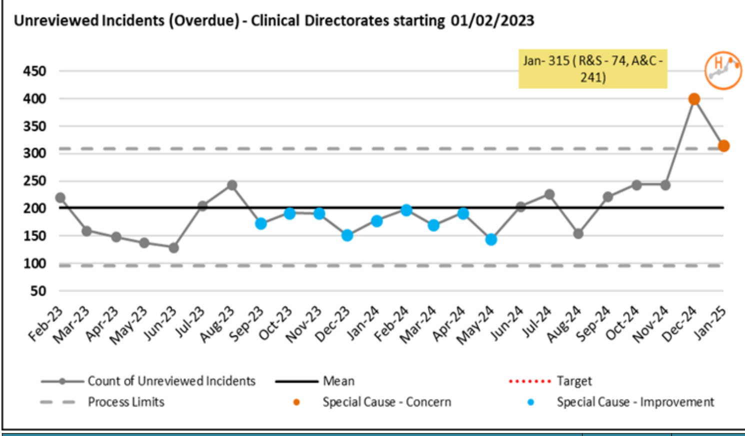
Older adults and Sheffield Talking Therapies are not included due to recording on different EPR. Protected Characteristics as of 10th February 2025.

Work is ongoing with services to understand barriers and challenges to improve recording of protective characteristics.





Trustwide	Jan-25		
	n	mean	SPC variation
ALL	845	714	• • •
5 = Catastrophic	13	15	• • •
4 = Major	3	3	• • •
3 = Moderate	159	94	• H •
2 = Minor	330	282	• • •
1 = Negligible	324	314	• • •
0 = Near-Miss	16	16	• • •



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

Deaths Reported 1 February 2023 to 31 January 2025
Quarterly mortality reports are presented to the Quality Assurance Committee and Board of Directors.

Awaiting Coroners Inquest/Investigation	102
Conclusion - Accidental	5
Conclusion - Alcohol/Drug Related	21
Conclusion - Misadventure	5
Conclusion - Narrative All Other Definitions	5
Conclusion - Natural Causes	5
Conclusion - Suicide	21
Lessons Learnt/Incident Closed	6
Natural Causes - No Inquest	563
Conclusion - Road Traffic Collision	1
Total	**738**

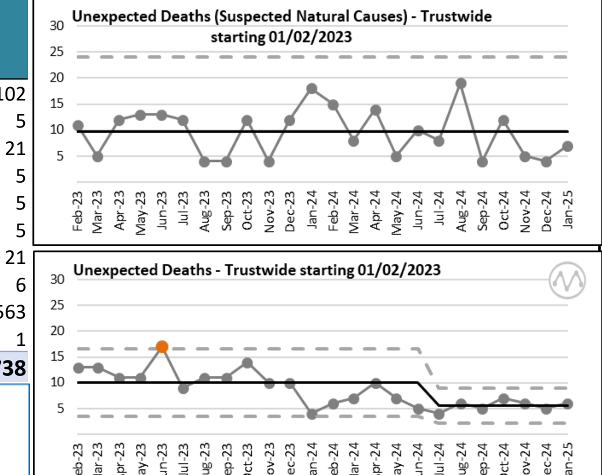
Missing Patients Trustwide Informal

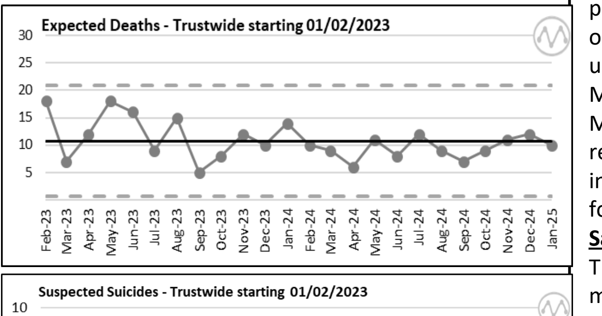
AWOL Patients Trustwide Detained

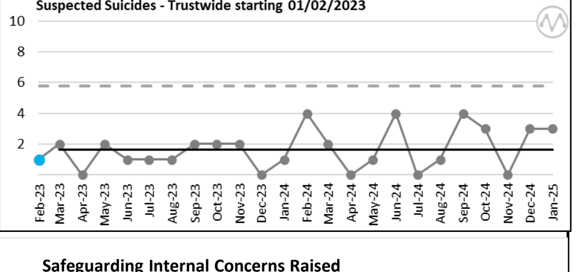
Missing Persons	Jan-25		
	N	mean	SPC variation
Detained	6	11	• • •
Informal	2	2	• • •

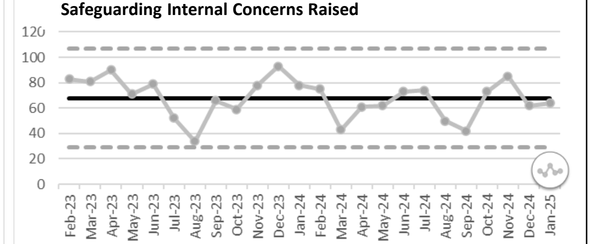
Internal Referrals received by Directorate

Rehabilitation & Specialist
Acute & Community









All Reported Incidents

During January 2025, 97.8% of incidents were reported by clinical directorates. Of the those, smoking breach continues to be the most reported incident accounting for 9.8% (also accounts for the majority of moderate incidents) followed by Physical Assault (Service user to Staff), 5.1% and Restraining 3.4%.

Unreviewed Incidents

The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. We are actively supporting our clinical teams to review these outstanding incidents by doing targeted work where improvements are required spread across a number of teams.

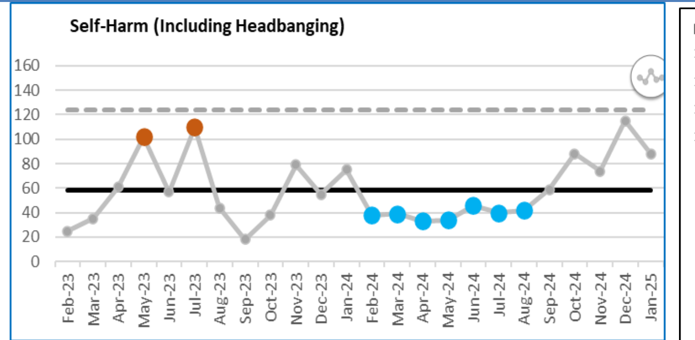
Missing Persons and AWOL

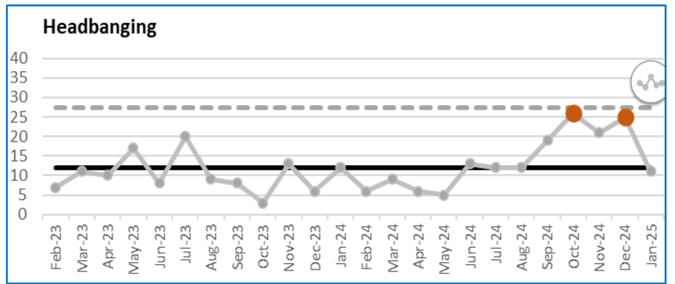
This month there were 6 incidents of people formally detained being AWOL. At the time of reporting: 2 people were under section 3, 1 under Section 2 and 1 on a CTO (recalled) and 2 people reported as missing under informal admission.

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

Safeguarding

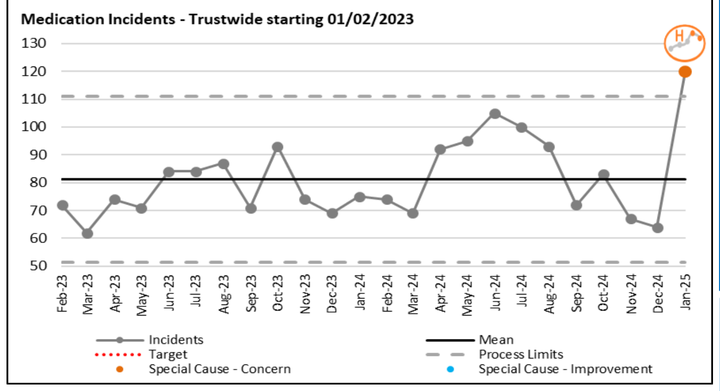
There has been no statistical change in concerns this month. The new Sheffield Adult Safeguarding Partnership (SASP) roles and responsibilities have been in effect from May 2024. Safeguarding concerns reported by SHSC staff are being screened by the Safeguarding team. All potential Safeguarding Concerns that are referred to the local authority (First Contact Team) will be proceeded directly to the Multi-Agency Safeguarding Hub (MASH) for screening. The purpose of the MASH is to quickly gather and process information bringing together different agencies where necessary. Any concerns for children are raised through children's safeguarding hub where they are screened by the duty social worker. Our latest Safeguarding Annual Report is published on our external website https://www.shsc.nhs.uk/about-us/statements-and-reporting



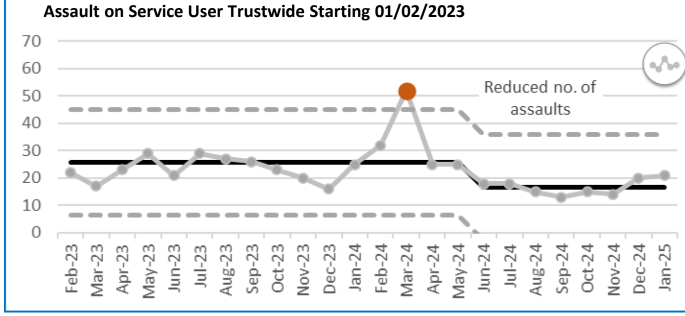


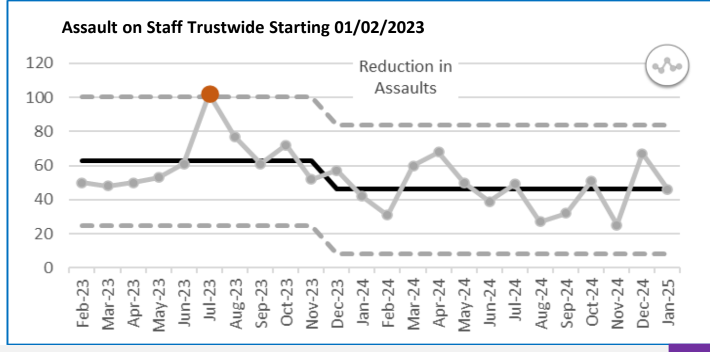
Self-Harm (Including Headbanging)	Jan-25		
	n	mean	SPC variation
Trustwide	88	58	• • •
Acute & Community	84	39	• • •
Rehabilitation & Specialist	4	6	• • •

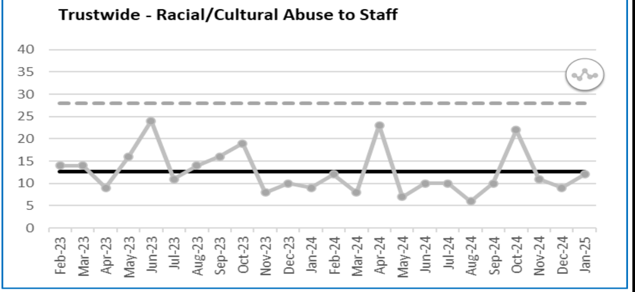
Headbanging	Jan-25		
	n	mean	SPC variation
Trustwide	11	12	• • •
Acute & Community	10	12	• • •
Rehabilitation & Specialist	1	1	• • •

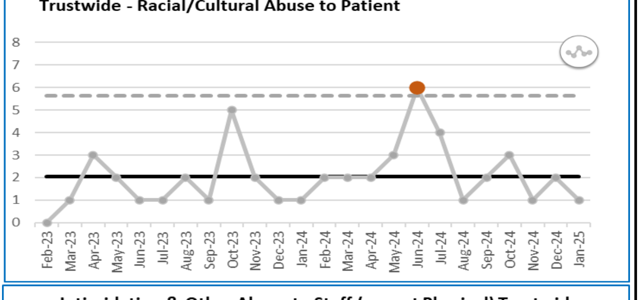


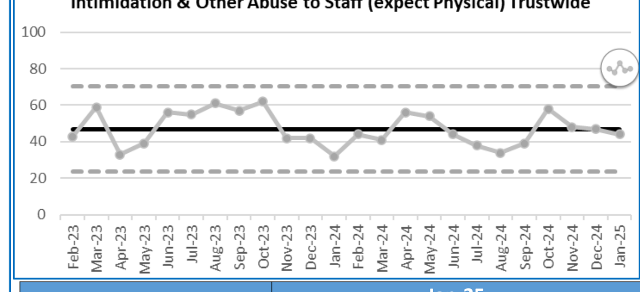
Trustwide	Jan-25		
	n	mean	SPC variation
ALL	120	81	• H •
Administration Incidents	22	14	• • •
Meds Management Incidents	83	55	• • •
Pharmacy Dispensing	6	6	• • •
Prescribing Incidents	9	7	• • •
Meds Side Effect/Allergy	0	0	• L •











Assaults on Service Users	Jan-25		
	n	mean	SPC variation
Trustwide	21	17	• • •
Acute & Community	13	12	• • •
Rehabilitation & Specialist	8	10	• L •

Assaults on Staff	Jan-25		
	n	mean	SPC variation
Trustwide	46	46	• • •
Acute & Community	27	27	• • •
Rehabilitation & Specialist	19	19	• L •

Intimidation to Staff	Jan-25		
	N	mean	SPC variation
Trustwide	44	47	• • •
Acute & Community	27	29	• • •
Rehabilitation & Specialist	17	19	• • •

Medication Incidents
While there is a high number of incidents reported this month, the 82.5% are negligible with low risk. The Medicines Safety Group review the incidents and advise on actions aligned to their findings to Committee.

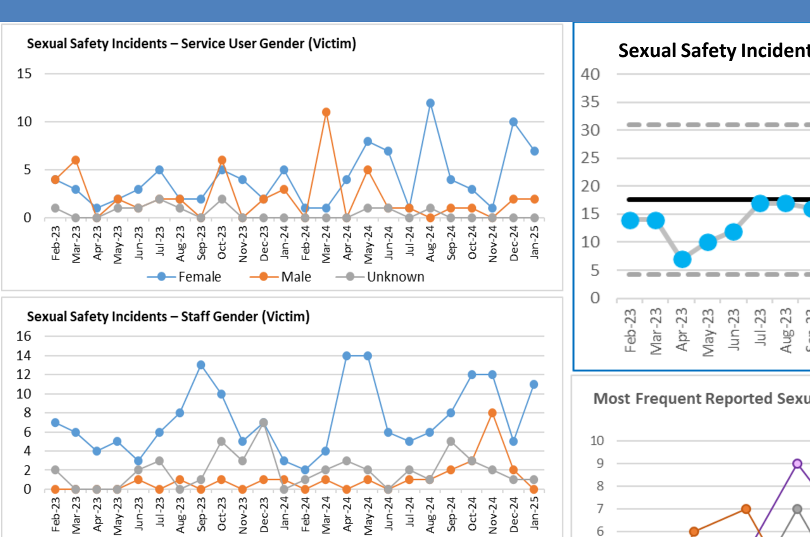
Assaults on Staff
6 incidents have been reported as moderate this month.

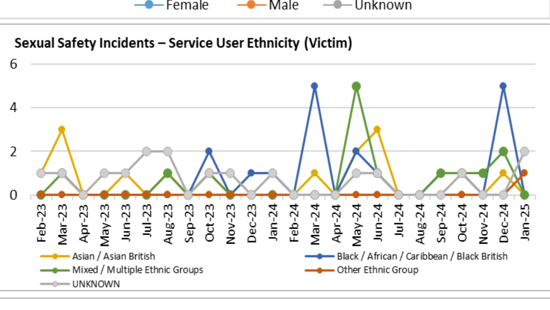
Assaults on Service Users
All the assaults were reported as occurring in bed-based services. Of the 21 incidents, 1 has been reported as moderate following an assault from service user to another service user.

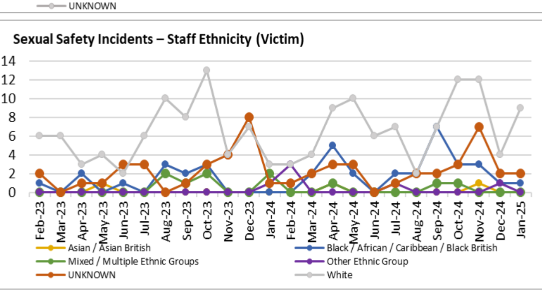
Racial & Cultural Abuse
As part of the Patient Carer Race Equity Framework, we are working with services and our communities to ensure incidents are accurately reported for us to provide support where needed and to gain an accurate view of racial/cultural abuse.

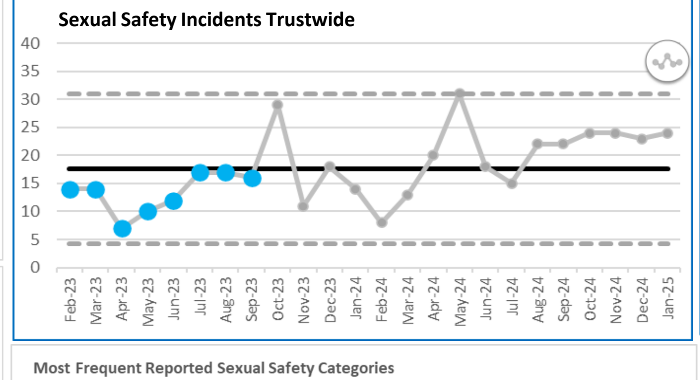
A violence and aggression group has been established with the People directorate in collaboration with the Quality directorate and clinical leadership. Analysis of violence and aggression to staff, service users and others will establish actions and improvement plans through this group.

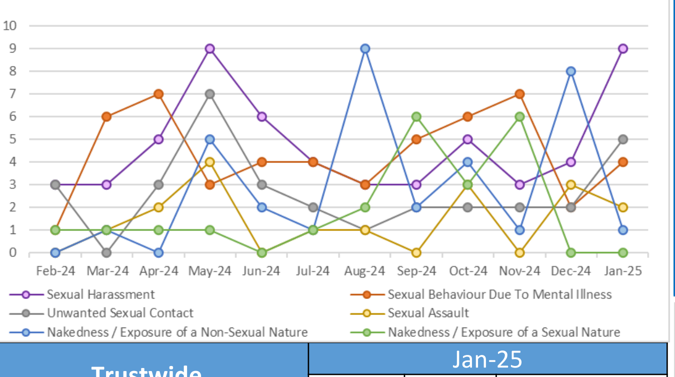
Self-Harm
Headbanging incidents are reviewed by the physical health team to ensure neuro observations have been done in line with policy. We have reported headbanging incidents to show the recent increase in this type of self-harm. 11 incidents of headbanging in January for 7 people.







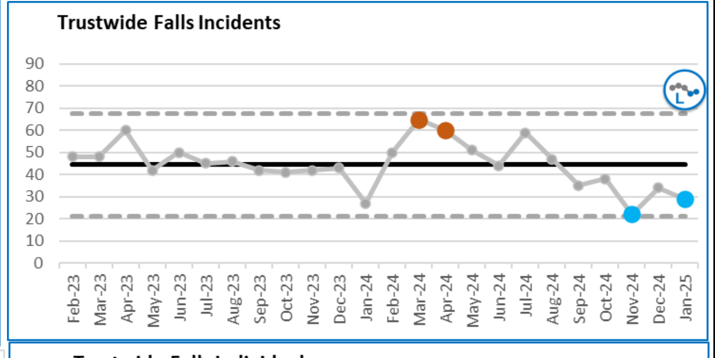


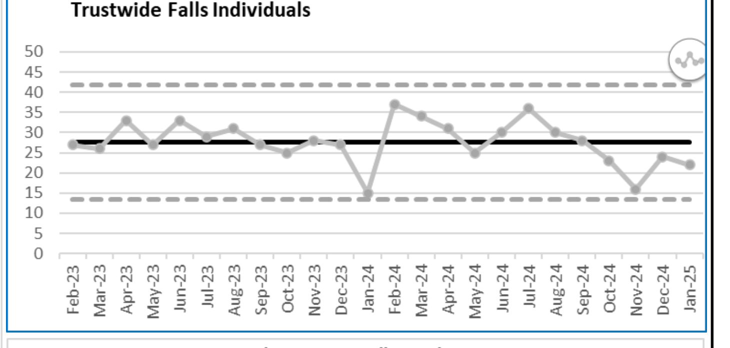


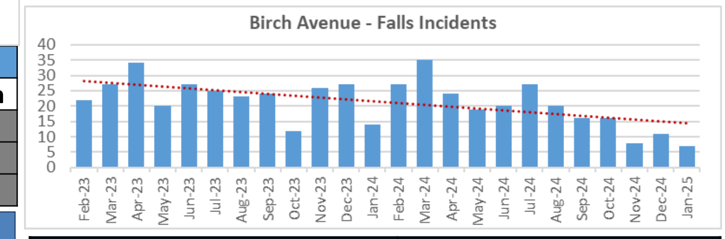
Trustwide	Jan-25		
	n	mean	SPC variation
Trustwide	24	18	• • •
Acute & Community	15	12	• • •
Rehabilitation & Specialist	9	5	• • •

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

Narrative







Trustwide Falls - Incidents	Jan-25		
	n	mean	SPC variation
Trustwide	29	45	• L •
Acute & Community	2	3	• • •
Rehabilitation & Specialist Services	27	40	• • •
Nursing Homes	11	29	• L •

Trustwide Falls - People	Jan-25		
	n	mean	SPC variation
Trustwide	22	28	• • •
Acute & Community	2	2	• • •
Rehabilitation & Specialist Services	20	25	• • •
Nursing Homes	9	17	• L •

Sexual Safety

There were 24 sexual safety incidents reported, of which, 0 incidents was reported as Moderate or higher. The most reported incident in January was Sexual Harassment (42.9% of total) followed by Sexual Behaviour due to Mental Illness (19% of total).

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 Patient Safety Incident Response Framework (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.

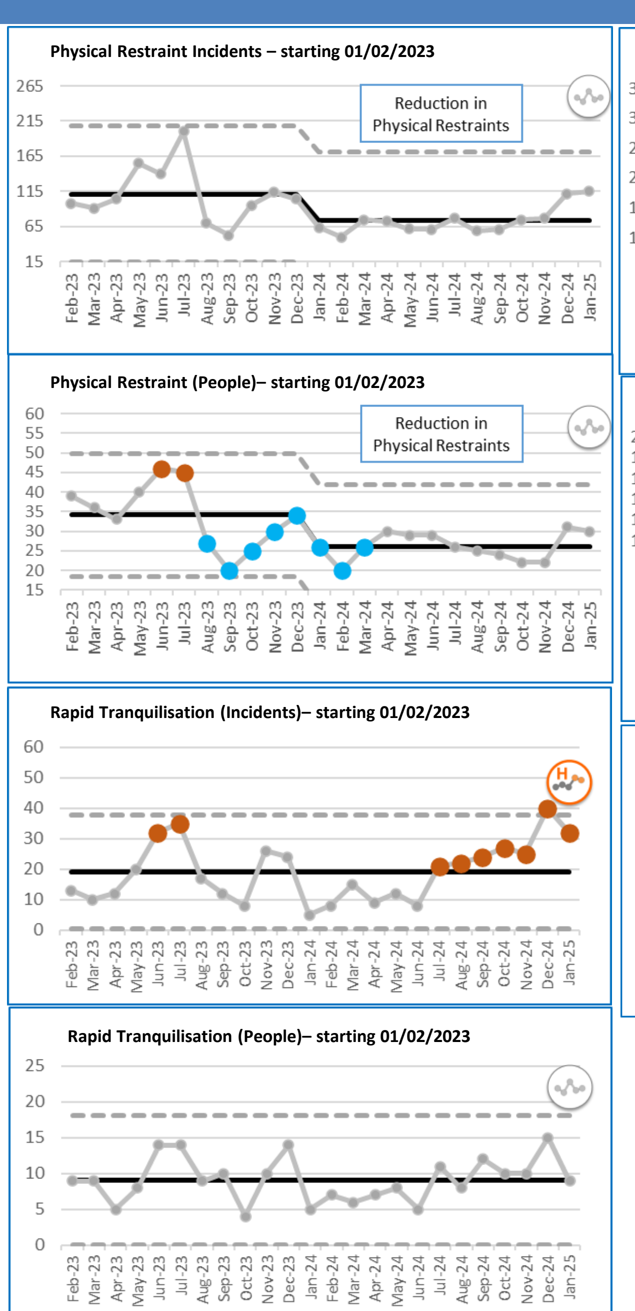
Whilst there has been no statistical change, the number of incidents have been above the 2-year average for 6 consecutive months, which we attribute to positive work in a joint approach between the Sexual Safety Clinical work and the People Directorates workforce. This work feeds into our Violence & Aggression Reduction Group.

Falls

There are no incidents reported as moderate or above this month. While Birch Avenue's number of falls fluctuates each month they continue to demonstrating a trend of gradual decreasing falls.

Hush huddles take place 5 days a week to support discussion around service user care plans to prevent falls.

Safe | Restrictive Practice



Seclusion (Incidents)– starting 01/02/2023

Reduction in Seclusion Epides

Seclusion (People)– starting 01/02/2023

Reduction in Seclusion Episodes

Trustwide Mechanical Restraint Incidents

Physical Restraints by Person Ethnic Group

Rapid Tranquilisation by Person Ethnic Group

Seclusion Episodes by Person Ethnic Group

Mechanical Restraints - Service User Ethnic Group

Asian / Asian British; Black / African / Caribbean / Black British; Mixed / Multiple Ethnic Groups; Other Ethnic Group; UNKNOWN; White

Physical Restraint	Jan-25		
	n	mean	SPC variation
TRUSTWIDE (Incidents)	115	78	• • •
Acute & Community (Incidents)	86	59	• • •
Rehabilitation & Specialist (Incidents)	29	20	• • •
TRUSTWIDE (People)	30	26	• • •
Acute & Community (People)	20	19	• • •
Rehabilitation & Specialist(People)	10	8	• • •

Rapid Tranquilisation	Jan-25		
	n	mean	SPC variation
TRUSTWIDE (Incidents)	32	19	• H •
Acute & Community (Incidents)	31	16	• H •
Rehabilitation & Specialist (Incidents)	1	4	• • •
(People)	9	9	• • •
mmunity (people)	8	8	• • •
on & Specialist(people)	1	2	• • •

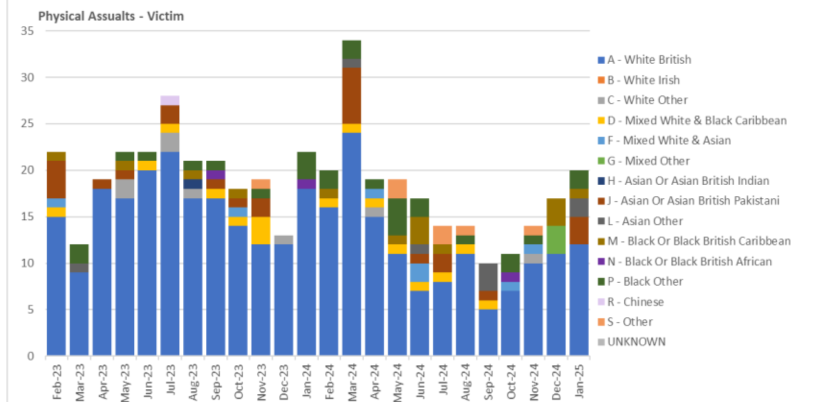
Restrictive practice is reported quarterly through our Least Restrictive Practice Oversight Group and an annual report on our Use of Force. The latest reports can be found on our website.

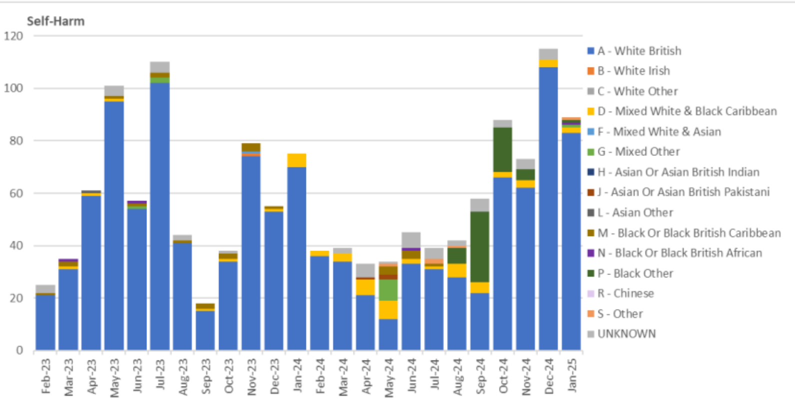
Seclusion: 3 episodes were reported in January. The ethnic group of people secluded 66.7% for Black African/Caribbean/British; 33.3% for White. No episodes reported as Prolonged (lasting longer than 48 hours)

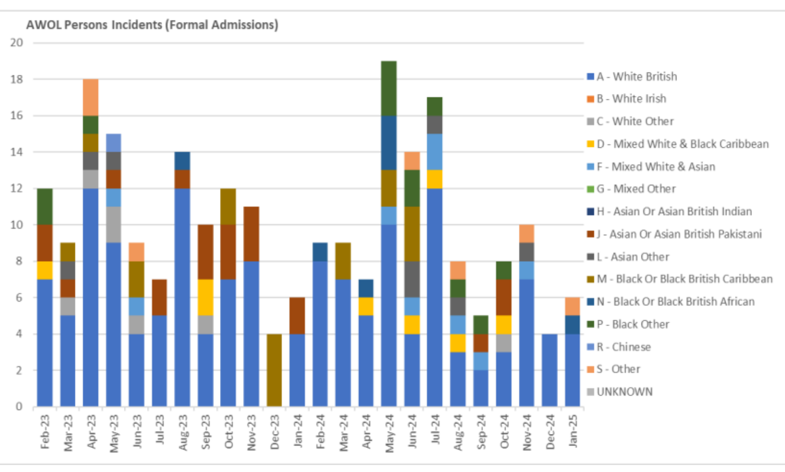
Rapid Tranquilisation: 6.3% were for Asian & Asian British people, 78.1% for White British/Other people and 15.6% for Black African/Caribbean/British people. We are observing a high number Rapid Tranquilisation use. This has been predominantly from Burbage ward (25) of which 1 service user was recipient of 21 interventions.

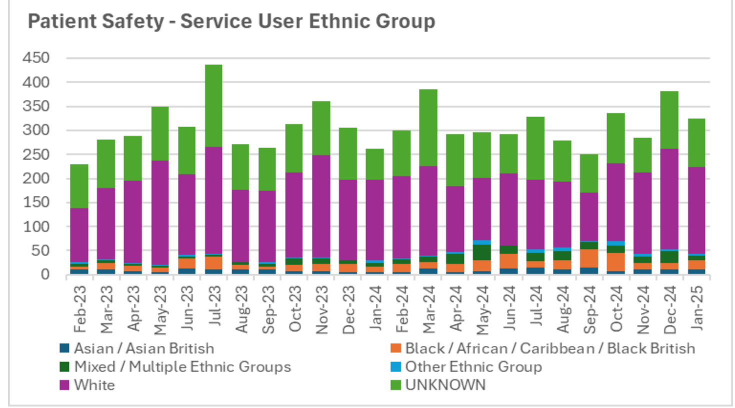
Physical Restraints: Of the 115 restraints, 1.8% of restraints were for Asian/Asian British people, 10.8% were for Black African/Caribbean/ British people, 3.6% were reported as Mixed/ Multiple ethnic group, 77.5% for white British/Other; 1.8% people were reported under Other Ethnicity and 6.3% were for people without a recorded ethnicity.

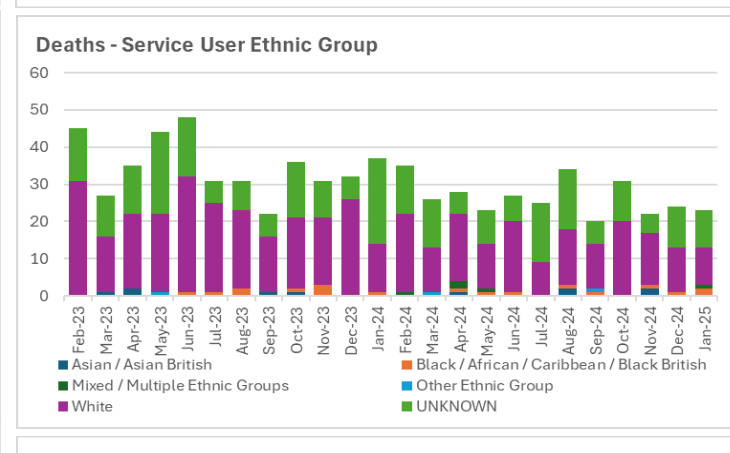
Mechanical Restraints: 1 mechanical restraint incidents which involved Police Mechanical Restraint with the use of handcuffs followed by being Secluded for personal safety.

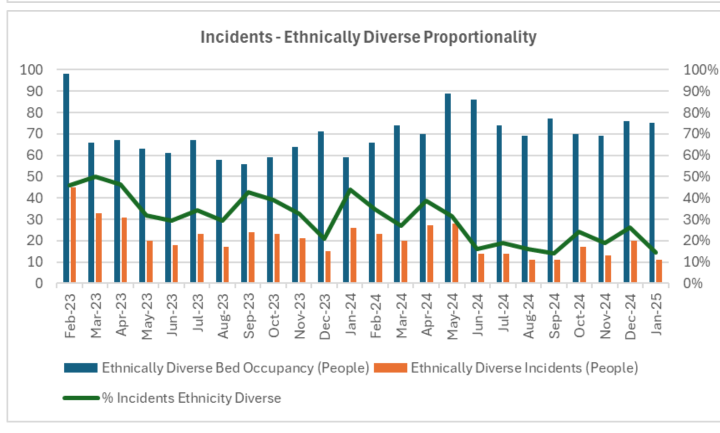












Patient Safety Incidents

- 4% people – Asian/Asian British
- 8% people – Black / African / Caribbean / Black British
- 3.6% people – Mixed/ Multiple Ethnic Groups
- 2% people – Other Ethnic group
- 9.7% people – Unknown Ethnicity
- 72.6% people – White / White British

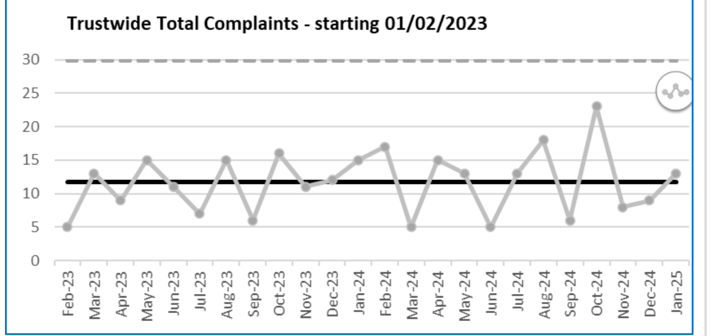
Patient Deaths

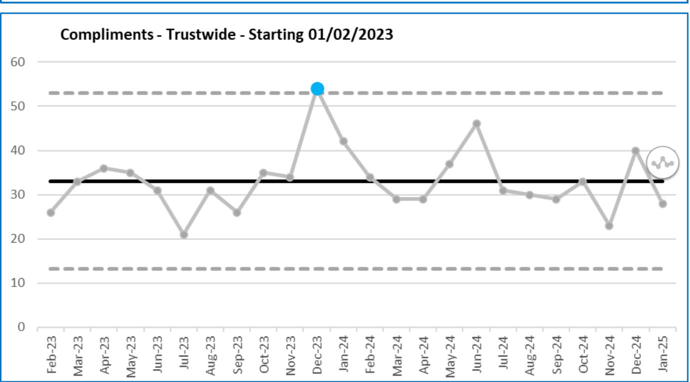
- 8.7% people – Black / African / Caribbean / Black British
- 4.6% people – Mixed/ Multiple Ethnic Groups
- 43.5% people – Unknown Ethnicity
- 43.5% people – White / White British

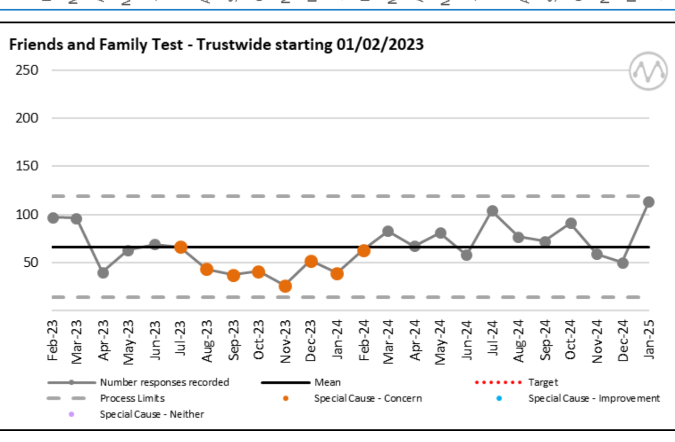
Proportionality

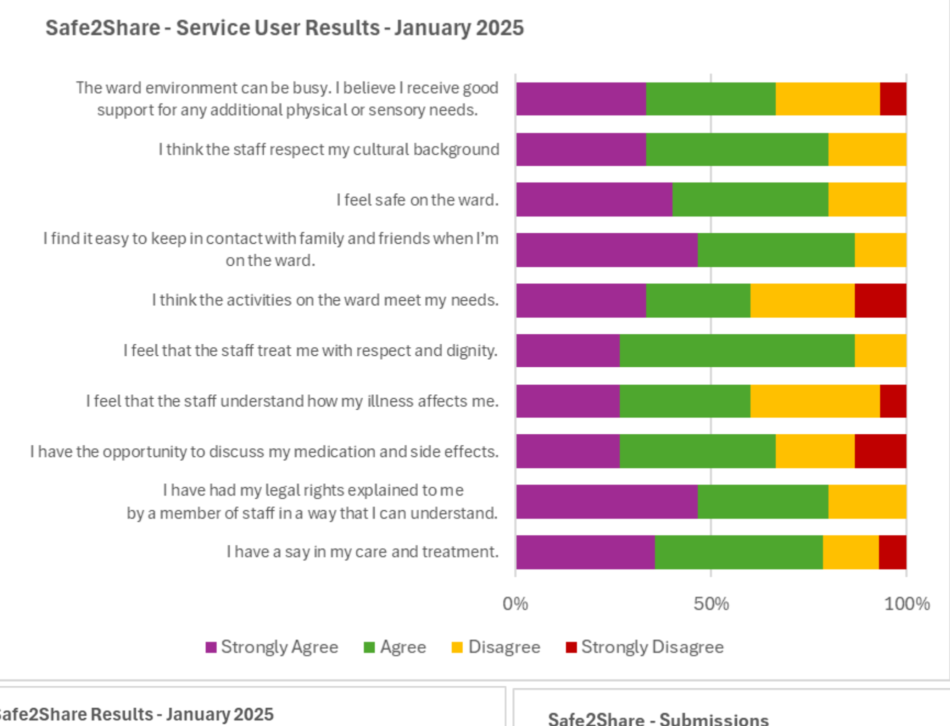
In January 2025, 14.7% of ethnically diverse people admitted to bed-based service were involved in an incident, however this number could be higher as 18.4% of service users involved in an incident did not have an ethnicity recorded. 15.2% of white people admitted were involved in an incident this month.

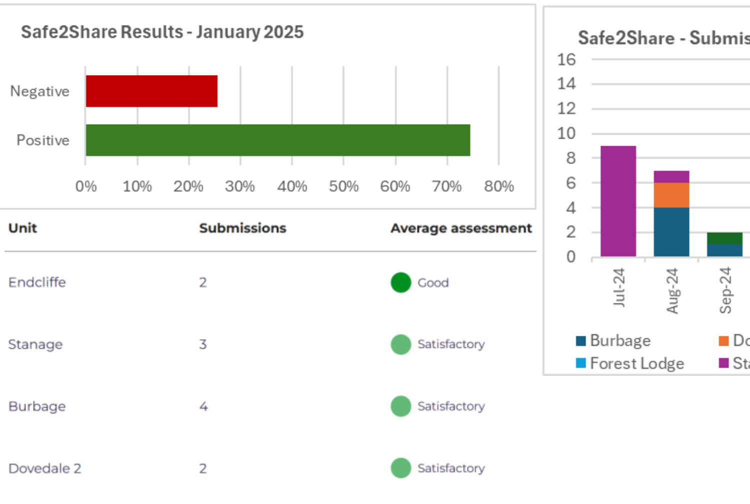
The average percentage of people from ethnically diverse communities who are admitted to SHSC beds involved in incidents is 23.4% of people in the past 2 years. Compared to an average over the two years of 16.8% of white people admitted, suggests ethnically diverse people are more likely to be involved in an incident in our bed-based services. It is important for us to improve on the data quality of service user demographics (refer to slide 18) for us to be able to accurately demonstrate the proportion for ethnically diverse people involved in incidents.











Unit	Submissions	Average assessment
Endcliffe	2	Good
Stanage	3	Satisfactory
Burbage	4	Satisfactory
Dovedale 2	2	Satisfactory
Forest Lodge	4	Satisfactory

Safe2Share - Submissions

16, 14, 12, 10, 8, 6, 4, 2, 0

Jul-24 Aug-24 Sep-24 Oct-24 Nov-24 Dec-24 Jan-25

Burbage, Dovedale 2, Endcliffe, Forest Lodge, Stanage

Complaints

10 formal complaints were received for clinical directorates. 4 complaints were received for the Rehabilitation & Specialist services and 6 for the Acute & Community services. The highest report complaint category is Communications. Complaints due to be closed in December:

- Outstanding x 9

Compliments

30 compliments have been received. Of these, 25 were for Rehabilitation and Specialist Services and 4 for Acute and Community.

Safe2Share

15 completed service user surveys were submitted in January 2025; however, it remains that no carer surveys have been completed. Of the 15 surveys completed 46.7% of surveys completed were by people from ethnically diverse communities. As the submission rate improves, we will have sufficient information to analyse and understand the experiences of people from ethnically diverse communities. The overall results show 25% of answers were given a negative response this month, an improvement compared to 35% in December 2024.

Friends and Family Test

Out of 4040 active service users, only 113 responses were received in January 2025, resulting in a response rate of 2.79%. This is better than last month but falls below the Trust's target of 5% and represents an improvement from last month's response rate of 1.44%. of 113 responses to FFT questions, of these, 109 responses were positive," 3 respondents rated the service as "neither good nor poor", 1 respondent rated it as "poor". This results in 96.46% positive feedback for January. Positive response examples:

- *"Listen to me and took time with me". Community Learning Disability Team (CLDT)*
- *"I felt like I got a lot of support". Crisis Hub/PDU*
- *"Everything was great. Everyone friendly & professional". Memory Service*

Patient & Carer Experience

As part of our Quality Objectives, we are developing a range of tools that support reporting to improve understanding of patient experience. However, due to resource challenges within the Engagement and Experience Team progress has been slow in the first 3 quarters of this objective. a 6-month improvement plan has been developed to significantly increase productivity and guide stages for completion with target dates.

Safer Staffing

IPQR - Information up to and including January 2025

Safer Staffing

Organisation Name	New Staff Group	Funded Establishment FTE	Staff in Post FTE	Vacancies FTE	Unavailability Total FTE	Substantive Usage FTE (Actual)	Bank Usage FTE	Agency Usage FTE	Redeployment (Inbound)	Redeployment (Outbound)	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	Narrative
Burbage	Registered Nurses	12.38	12.00	0.38	5.88	6.58	1.78	2.53			10.89	1.49	102%	102%	
Burbage	Unregistered Nurses	28.06	18.35	9.71	4.45	14.20	17.65	2.41			34.26	-6.20	151%	197%	High acuity
Dovedale 1	Registered Nurses	11.22	10.20	1.02	5.43	6.68	3.17	0.06			9.91	1.31	109%	102%	
Dovedale 1	Unregistered Nurses	21.77	15.83	5.94	7.77	8.38	18.00	1.01			27.39	-5.62	121%	261%	need x2 extra nurses depending on numbers for ECT/risk and observations
Dovedale 2 Ward	Registered Nurses	11.59	10.24	1.35	5.18	5.93	1.48	1.10			8.51	3.08	82%	102%	
Dovedale 2 Ward	Unregistered Nurses	18.98	19.31	-0.33	4.91	15.26	1.40	0.00			16.66	2.32	99%	103%	
Endcliffe Ward	Registered Nurses	11.36	13.95	-2.59	8.17	6.58	1.53	2.01			10.12	1.24	85%	102%	
Endcliffe Ward	Unregistered Nurses	26.35	24.40	1.95	9.48	15.32	12.35	2.06			29.74	-3.39	135%	172%	High acuity and high levels of obs
Forest Close 1	Registered Nurses	8.60	7.00	1.60	3.64	4.17	0.99	0.00			5.16	3.44	105%	100%	
Forest Close 1	Unregistered Nurses	10.69	9.40	1.29	3.10	7.01	0.52	0.00			7.52	3.17	102%	97%	
Forest Close 1a	Registered Nurses	10.10	10.13	-0.03	3.64	7.11	0.13	0.12			7.36	2.74	95%	100%	
Forest Close 1a	Unregistered Nurses	18.43	17.23	1.20	7.02	12.47	1.07	0.00			13.54	4.89	107%	100%	
Forest Close 2	Registered Nurses	8.60	8.60	0.00	2.13	6.49	0.09	0.00			6.57	2.03	126%	101%	
Forest Close 2	Unregistered Nurses	10.69	9.99	0.70	3.44	5.84	1.38	0.00			7.22	3.47	94%	101%	
Forest Lodge Assessment	Registered Nurses	9.40	9.72	-0.32	4.36	5.62	1.39	0.56			7.58	1.82	99%	109%	
Forest Lodge Assessment	Unregistered Nurses	12.98	9.79	3.19	4.66	5.98	7.19	0.00			13.17	-0.19	91%	95%	
Forest Lodge Rehab	Registered Nurses	8.00	8.28	-0.28	3.75	5.58	1.29	0.18			7.05	0.96	87%	102%	
Forest Lodge Rehab	Unregistered Nurses	10.62	8.01	2.61	1.32	6.23	1.71	0.00			7.94	2.68	109%	103%	
G1 Ward	Registered Nurses	11.22	11.80	-0.58	5.59	8.97	2.10	0.00			11.08	0.14	116%	110%	
G1 Ward	Unregistered Nurses	32.09	27.62	4.47	10.61	18.56	11.83	0.36			30.75	1.34	103%	127%	High volumes of sickness currently, working towards CER
Stanage	Registered Nurses	11.59	13.60	-2.01	6.42	8.24	1.04	0.43			9.70	1.89	94%	101%	
Stanage	Unregistered Nurses	23.42	18.28	5.14	4.70	14.79	6.83	0.16			21.79	1.63	102%	127%	1:1 Observations
HBPoS/ Decisions Unit	Registered Nurses	11.09	15.06	-3.97	5.84	8.73	2.64	0.91			12.28	-1.19	0%	0%	
HBPoS/ Decisions Unit	Unregistered Nurses	10.85	8.54	2.31	2.64	5.75	8.34	0.00			14.09	-3.24	0%	0%	

Overstaffing

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

Understaffing

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

Safer Staffing

Organisation Name	Bed Occupancy %	Total Complaints	Total Incidents	Patient Safety Incidents	Serious Incidents moderate and above	Staffing Incidents	Staffing Incidents Narrative	Medication Incidents	Self-Harm Incidents
Burbage	102%	1	154	106	5			25	56
Dovedale 1	91%	0	26	14	1	58	High sickness levels requiring bank and agency to support	5	0
Dovedale 2 Ward	100%	0	30	10	2	0		4	0
Endcliffe Ward	100%	2	77	41	15	0		9	13
Forest Close 1	100%	0	9	4	0			4	0
Forest Close 1a	100%	0	12	1	0	3		7	0
Forest Close 2	100%	0	13	4	1			3	0
Forest Lodge Assessment	93%	0	49	23	6	1	Agency use to support staffing shortfalls	10	2
Forest Lodge Rehab	100%	0	16	4	1	1		7	0
G1 Ward	92%	0	33	26	0	10		5	0
Stanage	100%	0	67	26	4	0		8	2
HBPoS/ Decisions Unit		1	27	13	12	0		1	7

Older Adult

What is the current staffing situation?

Dovedale 1 - No allocation for ECT nurse in CER, at times can need x2 extra nurses depending on numbers for ECT/risk. Vacancies and high sickness levels contributing to use of flex staff along with CER where x5 night staff are on duty x3 HCSW instead of x2.

G1 - Reduction in shifts with high levels of bank/agency. Sickness is being monitored by matron and OSM and has seen a slight reduction

How effectively has the workforce been utilised?

Utilised work force as effective as can be monitoring Annual Leave and sickness with People Directorate involved to support and reduce.

Rehabilitation & Specialist

What is the current staffing situation?

There remains a number of vacancies in conjunction with a significant number of staff on long sickness and suspension.

How effectively has the workforce been utilised?

Staff at Forest Close are supporting Forest Lodge shortfalls along with Agency and Bank use

Acute

What is the current staffing situation?

- Endcliffe: Long Term Sick (1 Band 6) 1 band 5 out of numbers due too pregnancy and associated risk assessment. Maternity (1 band 2), High acuity including seclusions. Short notice staff absences difficult to cover. High OBS levels.
- DD2:- Vacancies 2.2 B6 nurse. LTS 1 HCWS. Discharge facilitator off LTS, B3 maternity leave. Still above establishment for a 12 bedded ward. Budget adjusted. Low agency use, acuity generally low, incident numbers low. Stanage:- Vacancies 4.74 HCSW B2, 1 B6 RN , 1 SNP on maternity. 1 Career break. CER set at 16 beds. Acuity levels within expected ranges. Training above 98% supervision above 67%
- Burbage – Vacancies 7.41 HCSW, 1.38 short B5. , SNP moved to support the team, 1 x LTS B6, 1x SNP maternity, 1 temp ward manager. High acuity, high admission and discharge rate.

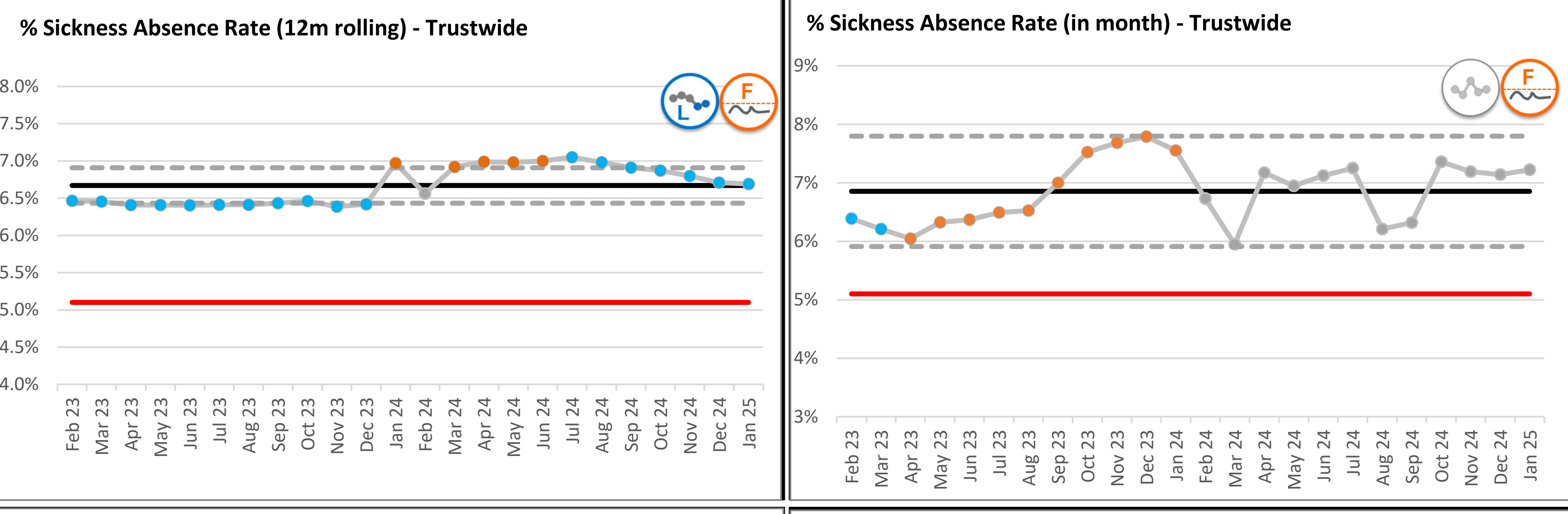
How effectively has the workforce been utilised?

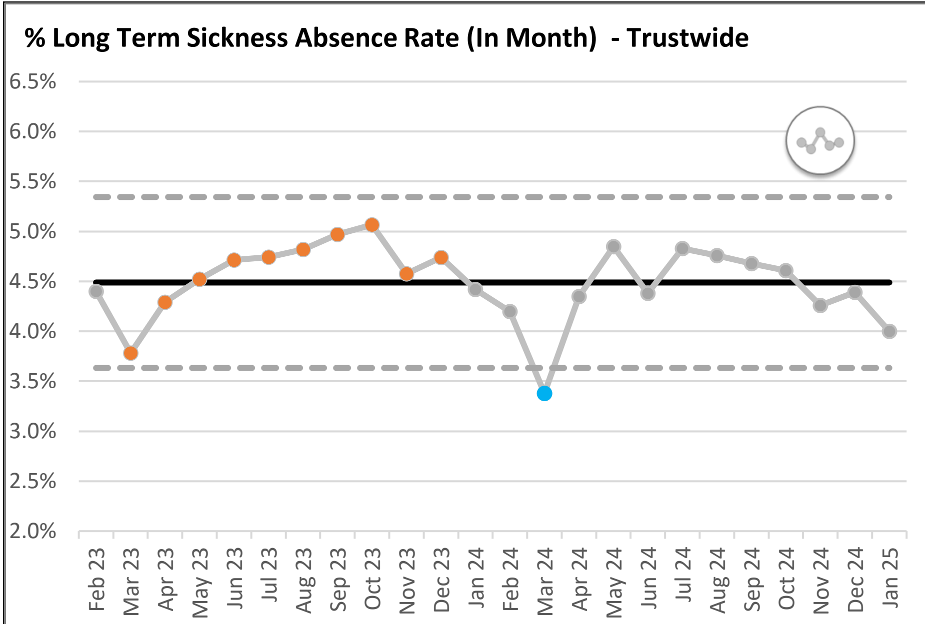
- Continued culture of care engagement, supervision rates have dropped, weekly staff support meetings established. However, staff anxiety and stress apparent.

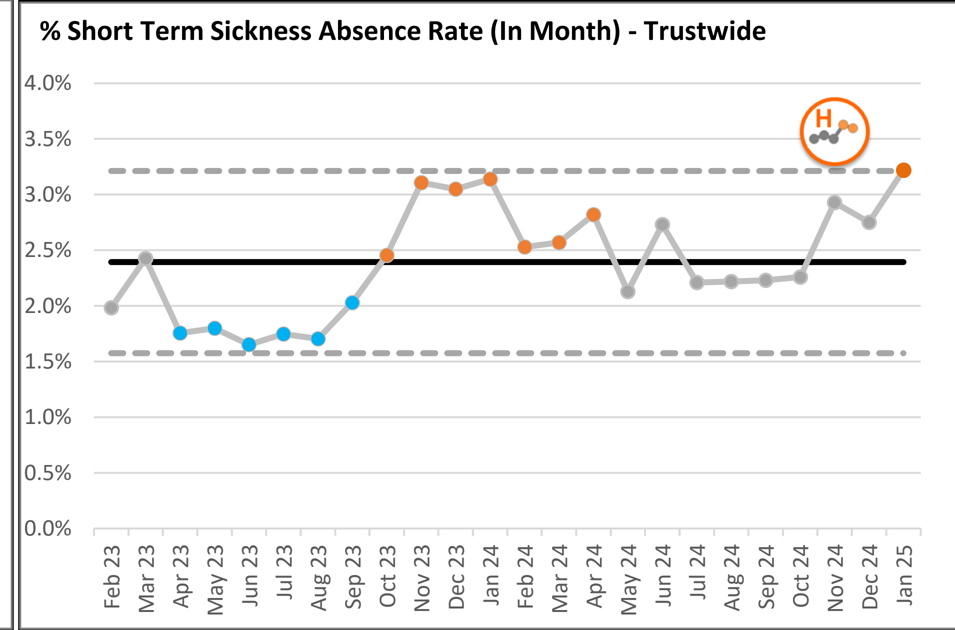
Our People

IPQR - Information up to and including January 2025

		Jan-2025			
Metric	Target	n	*mean*	SPC variation	SPC target
Sickness 12 Month (%)	5.1%	**6.7%**	*6.7%*	•L•	F
Sickness In Month (%)	5.1%	**7.2%**	*6.9%*	• • •	F
Long Term Sickness (%)	-	**4.0%**	*4.5%*	• • •	/
Short Term Sickness (%)	-	**3.2%**	*2.4%*	• • •	/
Headcount Staff in Post	-	**2598.0**	*2670.7*	• • •	/
WTE Staff in Post	-	**2275.4**	*2348.0*	• • •	/
Turnover 12 months FTE (%)	10%	**12.5%**	*15.9%*	•L•	F
Training Compliance (%)	80%	**88.57%**		• • •	P
Supervision Compliance (%)	80%	**53.3%**	*67.0%*	•L•	F







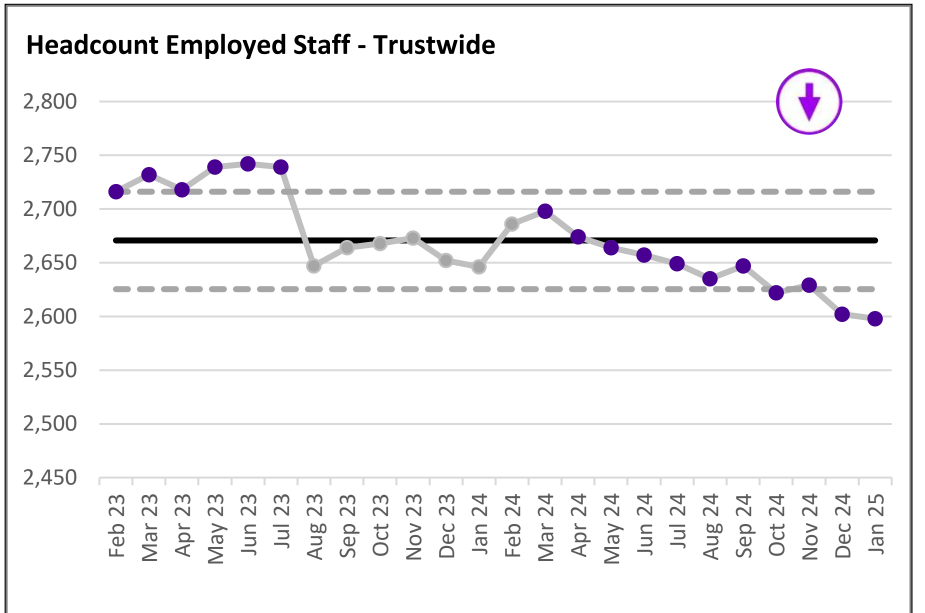
Narrative

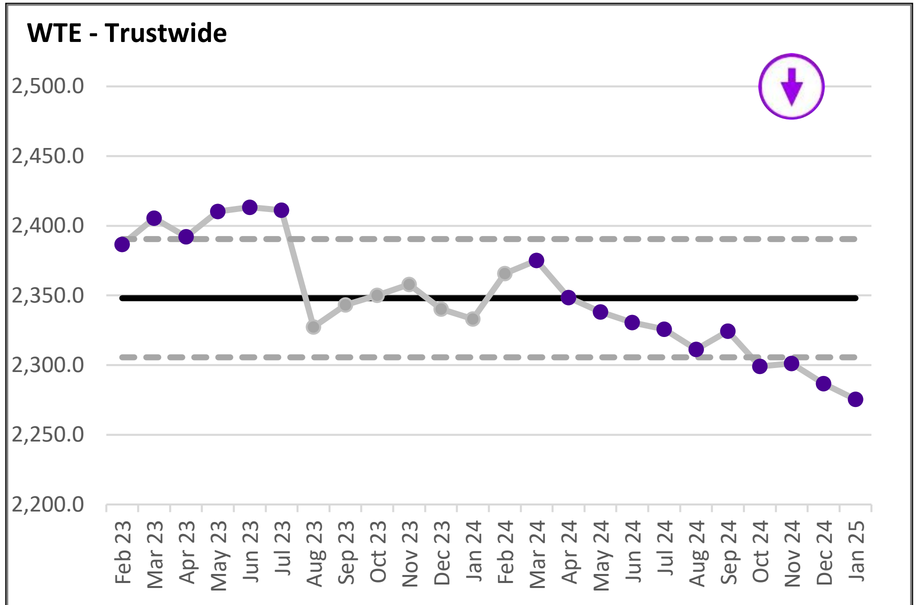
12 month Average sickness continues to decrease month on month and we have seen a lower average sickness over the winter period this year that we did last year.

Although it is our short term sickness that is increasing due to seasonal Flu/Cold/Covid. The flu campaign has been extended to March to try and combat this.

Long Term sickness continues to drop due to increased efforts around taking AL in a timely manner and within the leave year, and a focus on managing LT sickness and supporting people back to work, this started in the summer and we have see a steady decrease in long-term sickness since then, down from 5% to 4%

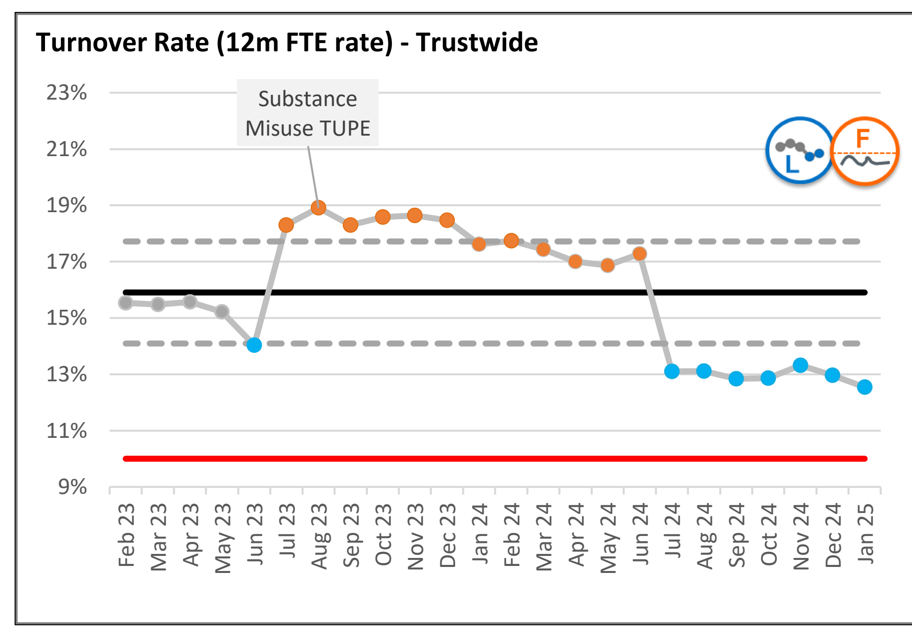
Sickness	Dec-24	Jan-25
Trustwide	7.1%	7.2%
Long term	4.4%	4.0%
Short term	2.8%	3.2%

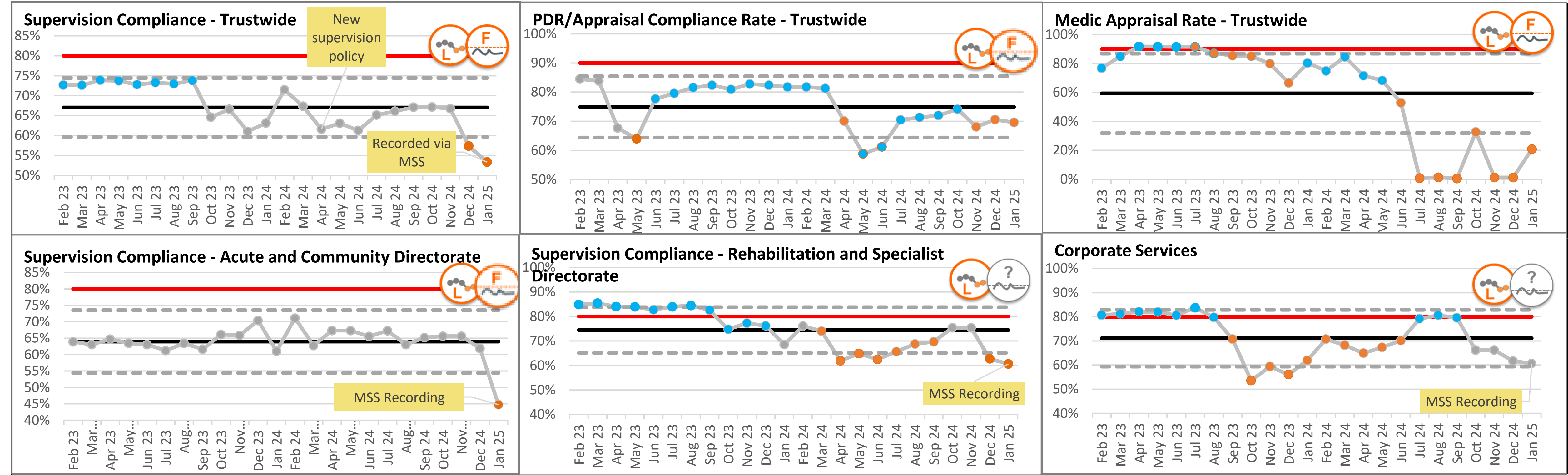




Narrative

Headcount and WTE continues to drop due to financial planning and only recruiting to essential roles. Clinical recruitment is continuing as normal, most reductions in headcount and WTE are in non-clinical areas.





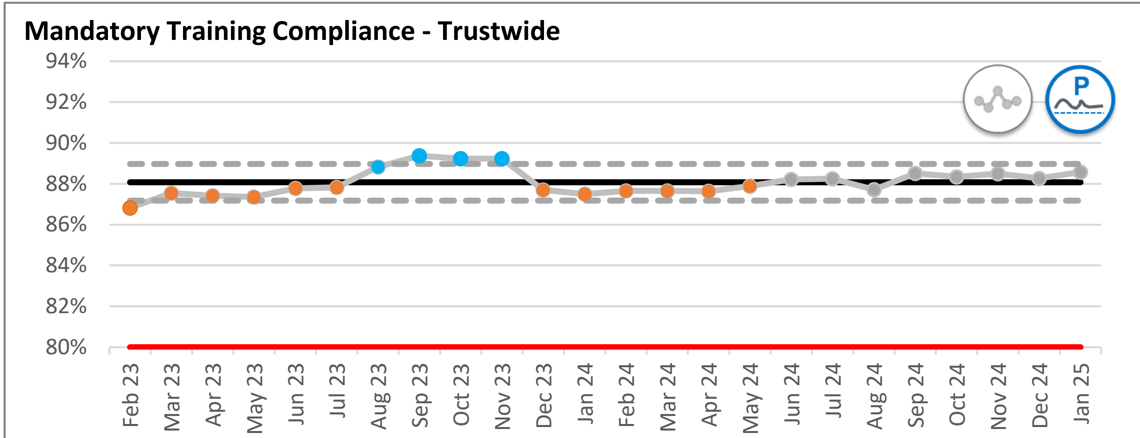
Aim

We will ensure that 80% staff have received at least one supervision in the last six-week period and 90% of staff have received a PDR in the last 12 months.

Narrative

Supervisions are now being recorded in ESR, we have seen a drop in January although recording supervisions could be done across the legacy system and ESR during this period. We have increased support to all service/general/department managers on recording supervisions. This includes, 2 training sessions every day throughout Jan and Feb (links and dates on Jarvis), all user guides updated and are on Jarvis and the ESR Portal and a message for any service to book in a 1:1 session for bespoke training.

The PDR Window opens on the 1st April.



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 90% compliance is required

COMPLIANCE – As at date	07/01/25	28/01/25
Trustwide	**88.5%**	**88.6%**
Corporate Services	82.7%	83%
Medical Directorate	91.6%	91.9%
Acute & Community – Crisis	90.3%	90.2%
Acute & Community – Acute	90.3%	89.9%
Acute & Community – Community	93.6%	93.4%
Rehab & Specialist – Older Adults	84.9%	84.6%
Rehab & Specialist – Forensic & Rehab	91.2%	90.9%
Rehab & Specialist – Highly Specialist	90.4%	90.9%
Rehab & Specialist – Talking Therapies	93.5%	94.1%

Narrative

NHS England National Review ongoing, next update due 25th February when it is hoped we will get a first look at the changes that will be made over 25/26 as well as sight of National Mandatory Training Policy.

Subjects below target

Currently no Back Care / Moving and Handling Lead in post so Trust is unable to deliver Moving and Handling Level 2 therefore expecting compliance to start dropping.

Subjects below target	Target	Nov-24	Dec-24	Jan-25
Information Governance	90%	87.0%	86.9%	87.1%
Resuscitation Level 2 (BLS)	80%	73.1%	71.4%	71.3%
Resuscitation Level 3 (ILS)	80%	77.8%	77.9%	76.2%
Mental Health Act	80%	72.4%	72.6%	74.3%
Medicines Management	80%	65.2%	64.2%	66.6%
Rapid Tranquilisation	80%	55.6%	57.7%	61.8%
Respect Level 1	80%	68.2%	68.2%	71.6%
Respect Level 3	80%	72.7%	71.3%	69.3%
Safeguarding Children Level 3	90%	64.8%	64.4%	66.8%
Moving and Handling Level 2	80%	58.3%	60.0%	61.6%

Teams below target	Target	Nov-24	Dec-24	Jan-25
Birch Avenue	80%	78.9%	79.2%	79.1%
Eating Disorders	80%	81.0%	79.0%	78.4%
Bank Staffing	80%	77.2%	76.3%	76.6%

Financial Performance

IPQR - Information up to and including January 2025

Financial Performance | Executive Summary

Key Performance Indicator		YTD Plan £'000	YTD Actual £'000	Variance £'000	Annual Plan £'000	24/25 Forecast £'000	Variance £'000
Surplus/(Deficit)		(5,673)	(6,297)	(624)	(6,514)	(6,514)	0
Cash		36,678	39,294	2,616	33,897	38,766	4,869
Efficiency Savings		5,887	5,887	0	7,334	7,334	0
Capital		(7,001)	(2,240)	4,761	(10,246)	(7,681)	2,565
					Target	Number	Value
Invoices paid within 30 days (Better Payments Practice Code)				NHS	95%	100.0%	100.0%
				Non-NHS	95%	99.7%	99.3%

Narrative

At Month 10, the year-to-date deficit position of £6.3m is £0.6m worse than planned (M9 £0.8m worse). Out of Area overspent by £1.6m due to numbers continuing at a high level, the majority of this overspend was expected. This has been offset by underspends in other areas, including underspending on the neighbourhood MH hub (£0.8m). The forecast on Out of Area keeps the bed numbers at a similar level to current activity. To achieve the planned deficit of £6.514m, the forecast includes additional mitigation/savings required of £1.1m. £0.7m has been found and it is felt this is possible to achieve with further work continuing across the organization, including work in Finance on accruals reviews and Capital policy.

As highlighted previously the adjusted plan includes the non-recurrent deficit funding of £5.9m. It is expected that this will have to be returned if the system plan is not achieved.

Cash is higher than planned due to receiving 10/12ths of the non-recurrent deficit funding and the pausing of the Capital program, this is partial offset with not receiving the Fulwood receipt and aged debts being higher throughout the year compared to plan.

Value improvement and recovery plans totalling £9.7m have been developed, the current forecast for expected delivery is that the £7.3m requirement will be met, £6.0m of these saving are recurrent savings.

NHS

Sheffield Health and Social Care NHS Foundation Trust

Report ends
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Appendix 1 | SPC Explained

An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data. We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation. They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target without a change.

Special Cause Variation is statistically significant patterns in data which may require investigation, including:

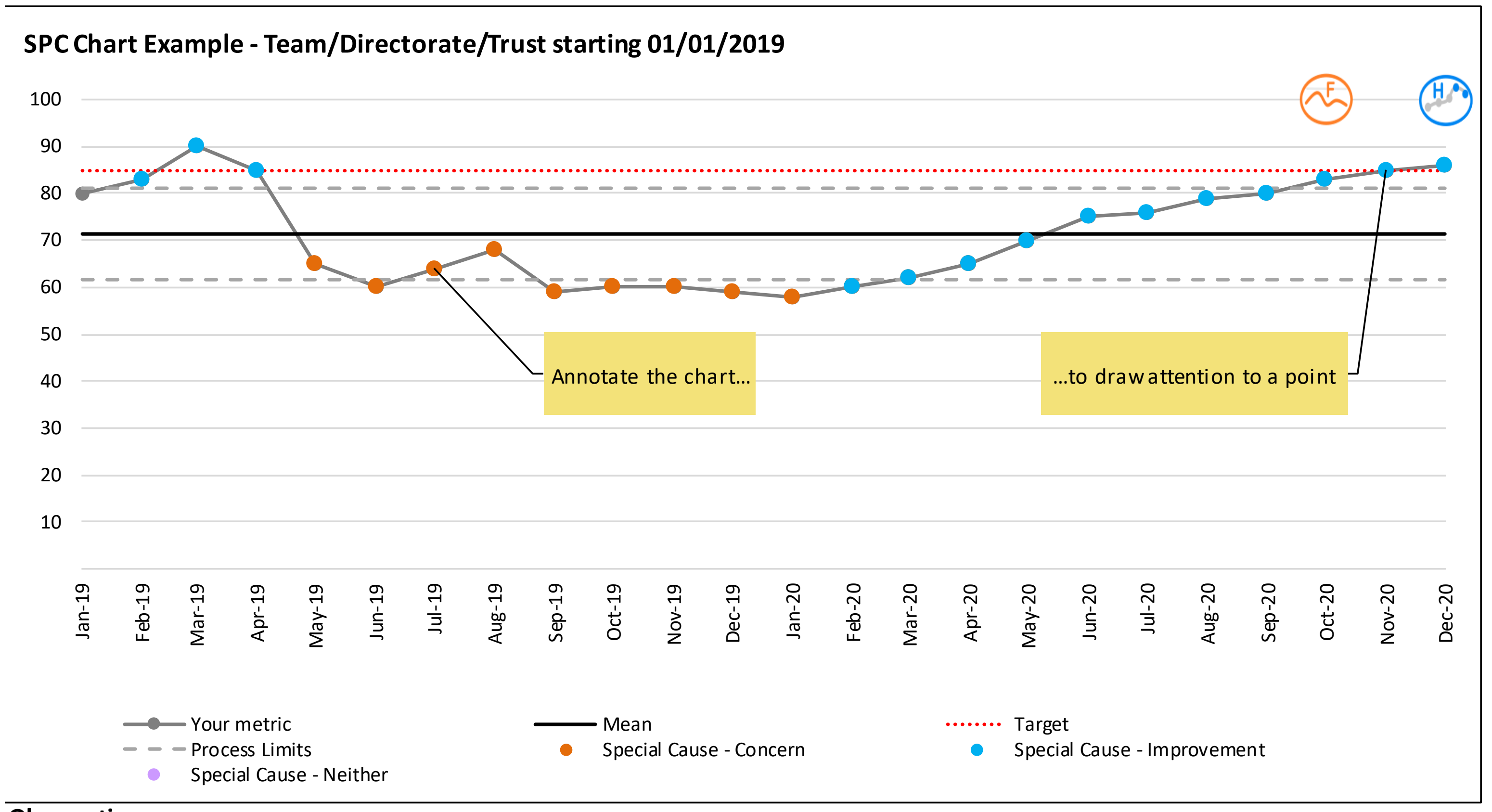
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

	Variation Icons **The icon which represents the last data point on an SPC chart is displayed.**							**Assurance Icons** **If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.**		
ICON				H	L	H	L	?	F	P
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 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!	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 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.

Appendix 3 | SHSC Glossary

Abbreviation	Meaning
A&C	Acute and Community Services
AOT	Assertive Outreach Team
AOT	Assertive Outreach Team
ASD	Autism Spectrum Disorder
AWOL	Absent without Leave
CER	Clinical Establishment Review
CERT	Community Enhancing Recovery Team
CFS	Chronic Fatigue Syndrome
CISS	Community Intensive Support Service
CLDT	Community Learning Disability Team
CMHT	Community Mental Health Team
CMS	Case Management Service
CPA	Care Plan Approach
CRFD	Clinically Ready for Discharge
CRHTT	Crisis Resolution Home Treatment Team
CTO	Community Treatment Order
DD	Delayed Discharge
DD1	Dovedale 1
DD2	Dovedale 2
DIPQR	Directorate Integrated Performance & Quality Report
DNA	Did not attend
DU	Decisions Unit
DWM	Deputy Ward Manager
ED	Emergency Department
EI	Early Intervention
EPQR	Executive Performance and Quality Review
EPR	Electronic Patient Record
EWS	Emotional Wellbeing Service
F2F	Face to Face
F2F	Face to Face
FFT	Family and Friends Test
FFT	Family and Friends Test
FTE	Full-Time Equivalent
HAST	Homeless Assessment and Support Team
HBPoS	Health Based Place of Safety
HCA	Healthcare Assistant
HCSW	Healthcare Support Workers
ICB	Integrated Care Board
ILS	Immediate Life Support
IPQR	Integrated Performance and Quality Review
KPI	Key Performance Indicator
LCL	Lower Control Limit
LD	Learning Disabilities
LoS	Length of Stay
LTNC	Long Term Neurological Conditions
MAPPS	Mood, Anxiety and Post-Traumatic Stress Disorder Psychotherapy Service
ME	Myalgic Encephalomyelitis
MH	Mental Health
MoJ	Ministry of Justice
MSS	Manager Self Service
NCHA	Nottingham Community Housing Association
NES	Neurological Enablement Service
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OA	Older Adult
OAPs	Out of Area Placements
OMG	Operational Management Group
OOA	Out of Area
PCT	Personality/Complex Trauma
PCT	Personality/Complex Trauma
PDR	Performance Development Review
PICU	Psychiatric Intensive Care Unit
PSIRF	Patient Safety Incident Response Framework
QI	Quality Improvement
QoCE	Quality of Care Experience
R&S	Rehabilitation and Specialist Services
RMN	Registered Mental Health Nurse
RPU	Referral Point Unit
RtA	Referral to Assessment
RtT	Referral to Treatment
SAANS	Sheffield Adult Autism and Neurodevelopment Service
SCBIRT	Sheffield Community Brain Injury Rehabilitation Team
SCFT	Specialist Community Forensic Team
SNP	Senior Nurse Practitioner
SPA	Single Point of Access
SPC	Statistical Process Control
SPS	Specialist Psychotherapy Service
TUPE	Transfer of Undertakings (Protection of Employment)
U&C	Urgent and Crisis
UCL	Upper Control Limit
WTE	Whole-Time Equivalent
YAS	Yorkshire Ambulance Service
YTD	Year to Date