

**Public Board of Directors**  
**Item number:15**  
**Date: 28 May 2025**

<b>Confidential/public paper:</b>	Public
<b>Report Title:</b>	<b>Integrated Performance and Quality Report (IPQR) March 2025</b>
<b>Author(s)</b>	Rob Nottingham, Performance and Analytics Manager Greg Hackney, Deputy Director of Operations Kenny Greig, Business and Performance Manager Jack Newton, Business and Performance Manager Kyle Goodhart, Business and Performance Manager Henry Harrison, Strategy and Quality Performance Manager Stephen Sellars, Head of People Systems
<b>Accountable Director:</b>	Phillip Easthope, Executive director of finance, digital and performance
<b>Presented by:</b>	Phillip Easthope, Executive director of finance, digital and performance
<b>Vision and values:</b>	We use the IPQR to ensure that <b>we keep improving</b> the mental, physical and social wellbeing of the people in our communities as effectively as possible. We do this by monitoring the performance and quality of our services and providing assurance.
<b>Purpose:</b>	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.
<b>Executive summary:</b>	<p>This IPQR contains data to March 2025.</p> <p><b>Quality Assurance Committee</b> received the IPQR on 14 May 2025. The discussion is summarised as follows:</p> <ul style="list-style-type: none"> <li>Concern remains over the unreviewed incidents reaching their highest level in over 2 years. Mitigations are in place led by the risk team.</li> <li>March 2025 saw the highest average call wait time for the period 2024-2025 with our 111 mental health call provider. Increased funding has been provided with improvements expected to become evident in coming months.</li> <li>The health-based place of safety (HBPoS) has seen the lowest breach rate in March 2025 since April 2024 representing a significantly improved position. Patient flow is performing well in line with trajectory with evident improving trends.</li> <li>Safer staffing is showing signs of improvement at Forest Lodge whilst there have been significant increases in the use of agency and bank staff on Dovedale 1 due to acuity and staff sickness levels with pressure from incidents towards staff impacting on staff absence.</li> </ul> <p><b>Finance and Performance Committee</b> received the IPQR on 15th May 2025 and noted it for assurance.</p> <p>Risks continue to be managed in the following areas:</p> <ul style="list-style-type: none"> <li>unreviewed incidents</li> <li>high demand for our community mental health services</li> <li>flow across the acute care pathway</li> <li>high utilisation of out of area hospital care</li> </ul>

	<ul style="list-style-type: none"> <li>high levels of temporary staff usage (agency or bank) in some services through the year (with a sustained reduction in agency usage)</li> <li>long waiting lists for some specialist community services.</li> </ul> <p><b>Appendix attached:</b> Integrated Performance &amp; Quality Report March 2025</p>
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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		
Reduce inequalities	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.	
Board assurance framework (BAF) and corporate risk(s):	All BAF risks apply
Any background papers/items previously considered:	Quality Assurance Committee, 14 <sup>th</sup> May Finance & Performance Committee, 15 <sup>th</sup> May
Recommendation:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>receive and consider the report <b>for assurance</b></li> <li>use the report as a basis <b>for discussion</b> around Trust performance and quality of delivery</li> <li>request remedial action where required.</li> </ul>

**Integrated Performance and Quality Report (IPQR) March 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. National Performance Targets**

Perinatal access, community contacts and Talking Therapies targets were successfully achieved for 2024/25. We did not meet the target for adult acute out of area placements; further information may be found below under the out of area section.

**3. Community Mental Health**

Community Mental Health Teams (CMHTs) have experienced an increased demand since May 2024. We continue regular dialogue with primary care colleagues to ensure referrals are appropriate, however the proportion of accepted referrals has not increased. This higher demand has increased the triage and assessment workload but has not impacted on the average referral to assessment waiting time which is low and under 4 weeks for both North & South.

The increased demand has required leadership intervention to support staff morale and to respond to capacity concerns. CMHT caseloads are settling at the new lower-level following transition to the new way of working. It is acknowledged that compared to other organisations the caseloads are lower, and caseload size is under continuous review.

**4. Patient Flow and Out of Area**

The use of out of area (OOA) hospital bed nights has continued to reduce since January 2025. Just under 800 OOA acute bed nights and just under 300 PICU OOA bed nights were accessed in March. 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.

The home first programme launched under a revised structure and terms of reference in February 2025 and has established a revised trajectory, which was received at Trust Board in March 2025. We are performing well against this trajectory. The percentage of delayed discharges for adult acute & psychiatric intensive care unit (PICU) achieved the 10% target in February and March 2025 with the actual figure in March being 6.8%. Along with this the number of bed nights occupied by delayed patients was the lowest in over 2 years at 114 nights against an average of 313.

We must work in partnership with Sheffield City Council to further reduce delayed discharges to avoid out of area hospital care.

**5. Urgent and Emergency Care**

**Crisis Care** – The number of emergency department (ED) patients waiting more than 12 hours for a mental health bed from SHSC (ED breaches) has returned to average after a period of increased breaches. March 2025 has concluded with just 6 breaches (below the mean average). This improvement and the improvement to HBPOS breaching described below are likely impacts of the home first programme improving patient flow.

**111 Mental Health Option** – Our 111 mental health call provider Nottingham Community Housing Association's (NCHA) performance has declined in recent months with abandonment rates increasing slightly and call answer times increasing significantly. March 2025 saw the highest average call answer time for 2024/25 at 3 minutes 36 seconds. NCHA have reported that call duration was longer due to complex caller needs and that this has impacted ability to answer incoming calls quickly. Though this is high compared to previous months (Apr-Jan average was 2 minutes 17 seconds) and much higher than the aspirational 20 second target, NCHA does still place better than average across all providers nationally (4 minutes 6 seconds). Increased funding has been provided to NCHA so we expect to see improvements in performance in the coming months.

**Health-Based Place of Safety (HBPoS)** – Our HBPoS was breached for 56% of March 2025 (16 individual occasions). This is the lowest breach rate since April 2024 and represents a significantly improved position. We have further improvements to make to achieve zero breaches and to ensure consistent access to an appropriate HBPoS in Sheffield.

## **6. Specialist Services Waiting Times**

It should be noted that the waiting list figures in this IPQR are based on the position as of 22 March 2025, rather than the end of the month, before the change of electronic patient record (EPR) was made. We are working to provide accurate waiting list figures at the end of the reporting month from the new EPR in next month's report.

**Specialist Psychotherapy** – Both teams continue to consistently achieve the local 18-week referral to assessment (RtA) wait time targets. The waiting list for personality/complex trauma team (P/CT) continues to reduce and was the lowest it has been for over 2 years in March 2025 following quality improvement collaborative project work.

**Eating Disorders Service** waiting list has now returned to common cause variation following six consecutive months of reduction after a peak in September 2024. More assessments are being offered to address the backlog and urgent referrals continue to be prioritised. The RtA wait time is high after a shift of eight months above the mean. However, there was a significant reduction in March 2025, and it is anticipated that this will continue to reduce as the backlog is addressed.

**Gender Identity Clinic** waiting list has been stabilised over the past few months following recruitment in early 2025. This recruitment has increased the capacity for assessments which is now meeting the demand for monthly referrals. At current referral levels, the waiting list will remain the same: addressing the backlog will require further interventions.

**Sheffield adult autism and neurodevelopmental service (SAANS), autism spectrum disorder (ASD) & attention deficit hyperactivity disorder (ADHD)** waiting lists have reduced following the Derbyshire contract ending meaning that waiting lists are at the lowest for over 2 years as of March. We have identified differences between an ADHD report produced by the South Yorkshire Mental Health, Learning Disabilities & Autism (MHLDA) Provider Collaborative and our IPQR. Following discussions with the Provider Collaborative data team, it was agreed that a standard operating procedure would be produced and shared with providers to review. This should ensure that there is a consistent approach with this submission. There was also an error in the previous version of the IPQR document in which the waiting list figures for SAANS were reported for Sheffield residents only, without including non-Sheffield residents. This has been rectified.

**Sheffield Psychosexual Therapy Service** – The consistent reduction of the waiting list continued in March 2025, with the waiting list now the lowest it has been for over 24 months. This is following full staffing model recruitment.

**Perinatal** – The service exceeded the 12-month access rate as part of the NHS long-term plan, with 525 people accessing the service in the last 12 months, against a target of 490. The waiting list continues to be well managed despite a slight increase in referrals over the last 5 months. The team strive to maintain a mean RtA wait time below 4 weeks and have achieved this target for 11 consecutive months.

**Homeless Assessment and Support Team (HAST)** waiting list has significantly reduced. Following an initial peak in August 2024, there has been 6 consecutive months of reduction. The waiting list figure for March 2025 was the lowest it has been for over 24 months.

## **7. Safety & Quality**

**Unreviewed incidents** – The number of unreviewed incidents as of March 2025 has reached the highest level in over two years, following an upward shift which began in September 2024. The unreviewed incidents are spread across multiple services in both clinical directorates. The executive director of nursing, professions and quality has initiated a programme of intensive support from the risk team to the teams with the highest number of unreviewed incidents in April and May 2025 (Forest Lodge & Dovedale1) in addition to Burbage ward who have already been receiving support.

**Falls** – The mean average number of falls reduced from 48 (pre-September 2024) to 33 (September 2024 onwards), an overall reduction 31%. This has been achieved through focussed quality improvement initiatives such as holding HUSH huddles (Huddling Up for Safer Healthcare) 5 days a week and establishing team-based falls champions.

## **8. Safer staffing**

Staffing challenges are beginning to improve at Forest Lodge with an average fill rate of 84% during the day in March compared to 77% in February. On Dovedale 1 ward there was high acuity and high levels of verbal abuse for the whole of March 2025. There has been input from matron, chaplain and psychologist to support staff with the impact of sustained racial and personal abuse. There has also been an increase in bank and agency use to support observations, and cover sickness and annual leave. G1 ward has also seen a large increase in the use of bank and agency staff due to acuity and staff sickness levels.

## **9. Our people**









**Supervision and performance development review (PDR\_** – Supervisions and PDR compliance has dropped further to a new historic low of 49% (Trust wide) since the switch to recording as part of manager self-service. This is being driven by difficulty in adapting the new recording system. Some managers have not completed electronic staff record (ESR) manager self-service training. Members of the People directorate are basing themselves at clinical sites to deliver ad hoc face-to-face training working around managers' availability. User guides and standard operating procedures (SOPs) have also been circulated and made available on the Trust intranet.

**Mandatory Training** – Bank staffing at PGME teams are now both above 80%, however Dovedale 1 ward is now below 80% as well as Birch Avenue and eating disorders.





The roll-out of the Rio EPR has not impacted the overall compliance of the Trust or the majority of the teams across the organisation which is very positive.










Moving and handling level 2 training compliance has dipped further to 47.6% due to the absence of a manual handling lead. Recruitment is ongoing and once in post a recovery plan will be put in place by the physical health team with the support of training admin team to ensure training is rolled out and undertaken to support the subject returning above 80%.

## 10. Good Performance

Committee			KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q		NHS Long Term Plan	3		Perinatal exceeded the 12-month access rate target. Talking Therapies reliable improvement rate and reliable recovery rate met their targets almost consistently since April 2024. Adult community contacts achieved target consistently.
F	Q		Waiting Lists	7-8		Reduced waiting list for CMHT North, SPS, LTNC, Sheffield Psychosexual Therapy and HAST.
F	Q		Waiting Times (RtA)	7-8		Sustained reductions in average wait time referral to assessment for CMHT North & South, LTNC, and CFS/ME.
F	Q		Out of Area Rehab Placements	12		Maintaining low number of bed nights and out of area placements.
F	Q		Delayed care	15		Adult Acute & PICU low number of delayed bednights in month. 14 consecutive points below the mean for numbers of bednights and is now delivering target % of delayed discharges.
F	Q		Talking Therapies – wait times	17		Talking Therapies consistently achieving the 6 (75%) and 18 week (95%) wait targets, with performance at 98% & 100% respectively.
	Q		Sexual Safety Incidents	21		Reduction in trustwide sexual safety incidents.
	Q	P	Mandatory Training	34		Trustwide 89% - Consistently achieving the trustwide target of 80%.

## 11. Performance Concern

Committee			KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?
F	Q		NHS Long Term Plan	3		Acute out of area placements did not currently meet the revised target.	Recovery Plan Improving Flow Programme Board
F	Q		Waiting Lists	7-8		Increased waiting lists for Gender, CFS/ME and AOT.	Recovery Plan x 2 (Gender, SAANS) Quality Assurance Committee
F	Q		Waiting Times (RtA)	7-8		Increases in average wait time referral to assessment for Eating Disorder Service.	Recovery Plan
F	Q		Caseloads/Open Episodes	7-8		Increasing trend/high caseloads in CMHT South, Perinatal, HIT, CERT, SCFT, Gender, Eating Disorder	Recovery Plan x 2 (Gender & SAANS)

Committee			KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?
						Service, OA HTT, Memory Service and AOT.	Quality Assurance Committee
F	Q		Waiting Times (RtT)	7-8		Unable to provide average wait time referral to treatment.	Optimisation phase of the Rio Programme
F	Q		Length of Stay – Adult acute wards	9		Failing to meet target of 40.7 for average discharged length of stay (12 month rolling) at 57.4.	Linked to Out of Area Recovery Plan(s) x 3  Quality Assurance Committee
F	Q		Out of Area Acute Placements	9-10		Prolonged failure to meet reduction of out of area beds. Adult acute at 24 and PICU at 7 out of area placements at month end.	Out of Area Recovery Plan(s) x 3  Quality Assurance Committee
F	Q		Length of Stay – Rehab & Forensic wards	12		Increased discharge and live length of stay for March-25.	Analysis in progress
F	Q		Liaison Psychiatry Wait Times	14		Failing to meet target. Achieved 49.0% seen within 1 hour.	Partially mitigated through Better Care Fund investment
	Q	P	Staff sickness	31		Consistently failing to meet trust target of 5.1%. Mar-25 6.4% 12 month rolling.	Sickness Group
	Q	P	Staff Turnover	32		13% Staff turnover rate failing to meet trust target of 10%.	Sickness Group
	Q	P	Supervision	33		Consistently failing to meet 80% target trustwide, Mar-25 48.9%.	Action Plan/Local Recovery Plans  People Committee
	Q	P	PDR and medic appraisals	33	 	Consistently failing to meet trustwide target of 90% for PDR compliance (excluding medics) 5 months below the mean. Work is underway to investigate data quality. Medics transitioning to ESR but meeting target	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

# Integrated Performance & Quality Report

Information up to and including  
March 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 March 2025 reporting, we are using monthly figures from April 2023 to March 2025. Where 24 months data is not available; we use as much as we have access to.

Ward	Month 1		
	<i>n</i>	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

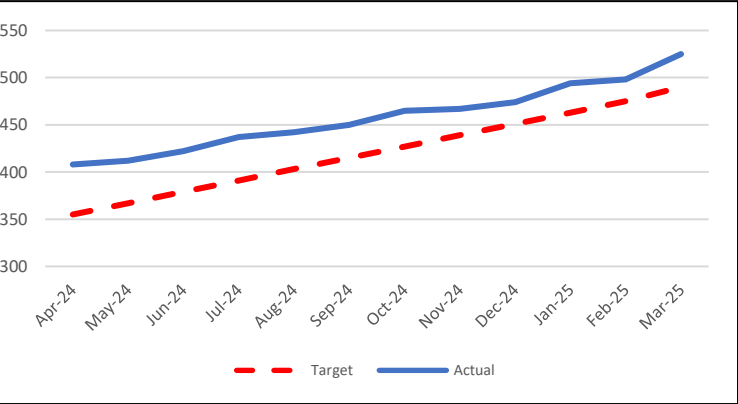
The footer of most pages contains a colour-coded key to quickly identify which KPIs and Metrics are of particular interest to a committee/which committee has oversight.

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

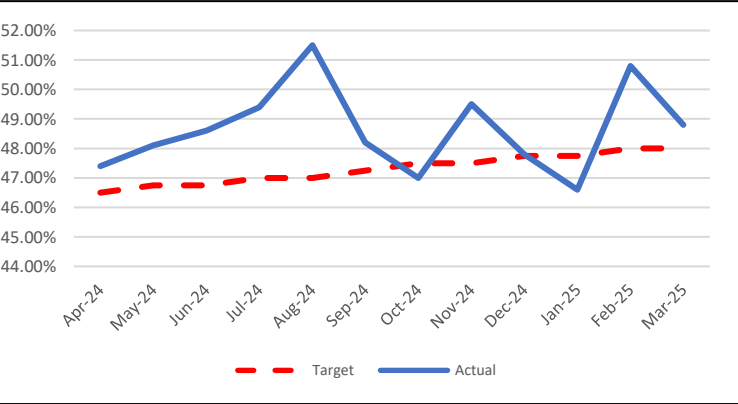


**Community:** Number of people who receive two or more contacts from NHS commissioned mental health services for adults and older adults with severe mental health illnesses

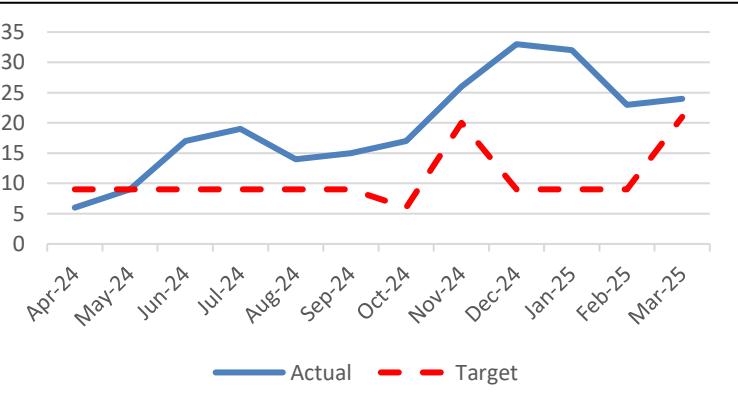


**Talking Therapies:** Reliable recovery rate for those completing a course of treatment and meeting caseness

Our target = 48% by March

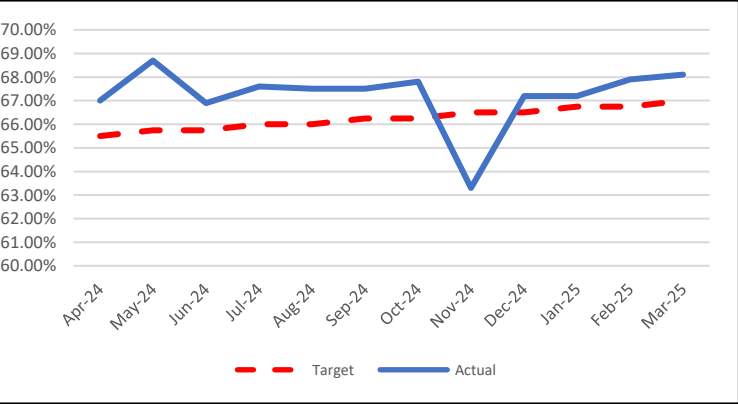


**Out of Area:** Number of active adult acute OAPs that are either 'internal' or 'external' to the sending provider



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

Our target = 67% by March



## Narrative

**Perinatal** exceeded the rolling 12-month access rate target, achieving 525 unique individuals accessing the service in the last 12 months.

**Sheffield Talking Therapies** – the service continues to exceed both targets for reliable recovery and reliable improvement.

**Community** – figures provided for Adult services only up to 21/03/25 due to data from Rio not yet being available. Achieving Adult target consistently.

**Out of Area Placements** – Out of area usage is still not meeting the target despite recent improvements. System flow issues have been combined into the Home First Programme.

# Service Delivery

IPQR - Information up to and including  
March 2025

Referrals	Mar-25			
Acute & Community Directorate Service	n	mean	SPC variation	Note
Urgent & Crisis Service	909			In April 2024, the Urgent & Crisis service was formed replacing SPA/EWS. Concurrently some activity previously documented under CRHTT (now HTT) is now under Urgent & Crisis (U&C). New SPC charts will not be available until the new services have run for 15 months. Compared to means from April 2024 to present, HTT activity remains average, U&C is experiencing a period of reduced referrals, though they have increased slightly in the last month. This drop in referrals is predominantly driven by a drop in GP referrals.
Adult Home Treatment Team	99			
Liaison Psychiatry	557	580	...	Referrals have dropped slightly but remain within normal variation. We expect to see a slight drop in referrals from April onwards as rejected referrals will no longer be counted within Rio, the new figures will better reflect demand on Liaison Psychiatry.
Decisions Unit	93	78	• H •	DU continues to do well with raised referrals due to increased work with Yorkshire Ambulance Service (YAS) which will be having a positive impact on reduced A&E admissions/length of stays.
Health Based Place of Safety (S136 Suite)	34	21	...	Section 135/136 admissions have continued to rise in March, accounting for 71% of all admissions. A data processing error was identified that had inflated some previous monthly totals, this has been corrected and has no impact on the narrative.
Crisis House	16	17	...	Crisis House admissions have remained stable within normal variation.
Community Mental Health Team North	87	51	• 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. This includes regular huddles involving Primary and Secondary Care partners to discuss and agree the appropriate service to refer to. Referrals are expected to settle to a consistent level in Summer 2025.
Community Mental Health Team South	78	54	• H •	
Early Intervention in Psychosis	28	36	...	Following migration to Rio a number of referrals have been identified as not being migrated. This has been raised as an issue. Current figure is those migrated and received into Rio.
Rehab & Specialist Service				
Memory Service	122	118	...	Baseline recalculated from Nov-23 when SPA function removed when changing to Rio. SPC mean and variation now based on data from Nov-23 onwards.
Older Adult Community Mental Health Team	121	112	...	
Older Adult Home Treatment	29	25	• H •	Referrals to OA HTT have been above the mean for 6 consecutive months. Bed pressures in inpatient wards has meant that the service have been supporting more people in the community who are acutely unwell for longer. The service also experience seasonal changes, with winter being particularly challenging for older adults due to health issues and isolation.

# Responsive | Access & Demand | Referrals

Referrals	Mar-25			
Rehab & Specialist Service	n	mean	SPC variation	Note
Community Enhancing Recovery Team	1	3	• • •	
Specialist Community Forensic Team	1	1	• • •	
Assertive Outreach Team	2	2	• • •	
Specialist Community Learning Disabilities Services (SCLDS)	149	70	• H •	This new team encompasses all LD community services within the Trust. SPC chart has been updated to reflect the total of historic CLDT & CISS Referrals. March 25 is higher than the upper limit and the team are monitoring demand since the change to the service.
Psychotherapy Screening (SPS)	56	53	• • •	
Gender Identity Clinic	44	37	• • •	
Eating Disorder Service	34	42	• L •	
SAANS Autism Spectrum Disorder (ASD)	65	60	• • •	Mean has been recalculated from Nov-24 to reflect the end of the Derbyshire contract and decrease in referrals as a result.
SAANS Attention Deficit Hyperactivity Disorder (ADHD)	66	68	• • •	
Sheffield Psychosexual Therapy Service	12	18	• • •	
Perinatal Mental Health Service	57	48	• • •	
Homeless Assessment and Support Team (HAST)	11	14	• • •	
HAST - Changing Futures	0	1	• • •	No referrals since Nov-24 as the service prepared for the end of funding in Mar-25.
Health Inclusion Team	197	181	• • •	
Long Term Neurological Conditions	81	76	• • •	Baseline recalculated from Apr-24 to reflect changes to the recording processes on the EPR.
Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)	70	64	• • •	This reflects the number of new referrals only and does not include re-referrals where additional information has been requested from GPs.

March 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
Community Mental Health Team North	37	77	• L •	3.8	10.3	• L •				841	768	• • •
Community Mental Health Team South	53	48	• • •	3.7	5.1	• L •				884	893	• H •
Early Intervention in Psychosis	36	21	• • •	N/A						305	287	• • •
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
Specialist Community Learning Disabilities Services	211	175	• H •	4.3	6.5	• • •	N/A			1110		
Assertive Outreach Team	18	6	• H •	N/A						76	70	• H •
Community Enhancing Recovery	N/A									53	49	• H •
Specialist Community Forensic										24	24	• H •
Memory Service	836			14.0						4340	4294	• H •
Older Adult CMHT	345									1395	1366	• • •
Older Adult Home Treatment	N/A			N/A			N/A			78	69	• H •

**\*Please note:** waiting list figures for the majority of services are based on the position as at 22<sup>nd</sup> March 2025, before the change of EPR was made (this excludes Older Adult services which moved to the new EPR in Oct-23).

**CMHT** Waiting lists that have risen following the increases in referrals in recent months have seen a drop since the migration to Rio. The team are working through waiting lists and caseloads to ensure clients are correctly allocated on the system.

**CMHT & EI** Referral to Treatment and Early Intervention access wait times are not being reported as expected since the move to Rio. Stricter national definitions are being used to define treatment which has resulted in low numbers of treatments compared to Insight. Further investigation is needed to ensure reporting accurately reflects service provision.

**SCLDS** This new team encompasses all LD community services within the Trust. Increased referrals in March have resulted in an increase to the waiting list. Historically split (e.g. CLDT/CISS) so Caseload SPC need to be updated to a combined figure following migration to Rio.

**AOT** waitlist continues to grow as demand is higher than available resource. Recruitment into better care funded 1.0 B6 Key worker post completed with anticipated start date 06.25 which will resolve current waitlist

# Responsive | Access & Demand | Community Services

March 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	54	62	• L •	14.6	18.2	• L •				294	314	• L •
Specialist Psychotherapy – P/CT	21	47	• L •	10.0	17.7	• L •				186	205	• L •
Gender Identity Clinic	2378	2338	• H •	297.0	251.6	• • •	N/A			3485	3283	• H •
Eating Disorder Service	29	31	• • •	5.5	5.1	• H •				215	197	• H •
SAANS ASD	885	940	• • •	82.9	77.5	• • •				1834	3069	• L •
SAANS ADHD	4149	4298	• • •	282.6						4387	5549	• L •
Sheffield Psychosexual Therapy Service	23	53	• L •	14.9	20.5	• • •				109	124	• L •
Perinatal MH Service (Sheffield)	36	29	• • •	3.4	3.2	• • •				278	201	• H •
Homeless Assessment and Support Team	16	29	• L •	11.3	10.7	• • •				69	87	• L •
Health Inclusion Team	138	125	• • •	3.3	3.4	• • •				1804	1640	• H •
Long Term Neurological Conditions	169	209	• L •	5.7	29.8	• L •				397	432	• L •
ME/CFS	688	553	• H •	19.0	26.3	• L •				1076	1169	• L •

**\*Please note:** waiting list figures for the majority of services are based on the position as at 22<sup>nd</sup> March 2025, before the change of EPR was made (this excludes HIT, LTNC and CFS/ME who use a different EPR).

**Gender Identity Clinic** – Recent recruitment into the team and work on job planning for existing staff has increased the capacity for assessments which now meet the demand for monthly referrals. This means that the waiting list is stabilised but at current referral levels, the waiting list will remain the same.

**Eating Disorders** – waiting list has returned to common cause variation and below the mean after 6 consecutive months of reduction. This is following an increase of assessments offered to address the backlog following further recruitment. The RtA wait time for SEDS remains high following 8 months above the mean. However, March 2025 did show a significant reduction in the RtA and we anticipate to see this reduction continue as the waiting list backlog is addressed.

**SAANS** – waiting list mean has now been recalculated following the end of the Derbyshire contract in November 2024. Derby & Derbyshire ICB have now agreed to take responsibility for the waiting list while they source a new provider. Sheffield only wait list continues to decrease for both ASD and ADHD and is currently the lowest it has been for over two years.

**Psychosexual Therapy Service** – waiting list is the lowest that it has been for over two years following full staffing model recruitment.

**LTNC** – waiting list baseline has been recalculated from Apr-24 to reflect changes to the recording processes on the EPR.

**ME/CFS** – the waiting list figure for ME/CFS currently includes internal waits and so is an accumulation of those awaiting first contact/assessment/follow up etc. This is to be reviewed to ensure that all services have a consistent approach in reporting the waiting list figures. This will involve engagement with clinical operations staff.

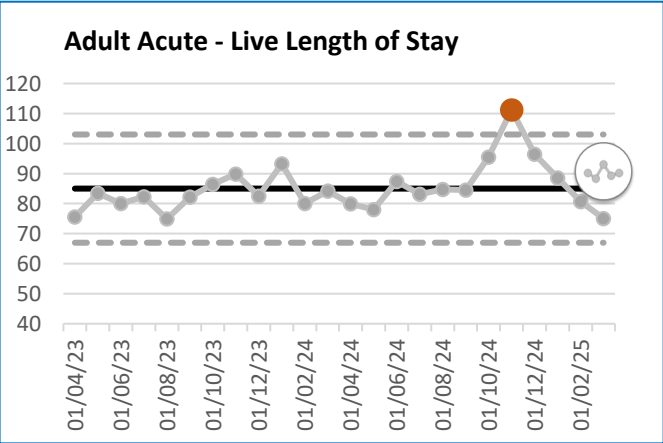


Adult Acute (Dovedale 2, Burbage, Maple)	Mar-25			
	n	mean	SPC variation	SPC target
Admissions	26	26.6	• • •	/
Detained Admissions	24	24.8	• • •	/
% Admissions Detained	92.3%	91.5%	• • •	/
Emergency Re-admission Rate (rolling 12 months)	3.3%	3.10%	• • •	/
Transfers in	5	9.4	• L •	/
Discharges	26	27.7	• • •	/
Transfers out	6	8.5	• L •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	6	13	• L •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	84	291	• L •	/
Bed Occupancy excl. Leave (KH03)	95.8%	94.5%	• • •	/
Bed Occupancy incl. Leave	99.9%	99.7%	• • •	/
Average beds admitted to	43.9	45.7	• L •	/
Average Discharged Length of Stay (12 month rolling)	57.4	46.1	• H •	F
Average Discharged Length of Stay (discharged in month)	42.9	44.2	• • •	?
Live Length of Stay (as at month end)	75.0	85.0	• • •	/
Number of People Out of Area at month end	24	14	• H •	?
Number of Mental Health Out of Area Placements started in the period (admissions)	14	9	• H •	?
Total number of Out of Area bed nights in period	782	419	• H •	P

Length of Stay Detail – Mar 25

Following the move to Rio, length of stay reporting will move to an episodic based length of stay. In March 2025 the Rio figure has been used. Historic data migrated to Rio is being reviewed before production of a new chart based entirely on episodic Length of Stay.

National reporting such as MHSDS and Benchmarking is being reviewed with a view to incorporating matching metrics into DIPQR and IPQR.



Step Down (Beech)	Mar 25			
	n	mean	SPC variation	SPC target
Admissions	6	4.2	• • •	/
Transfers in	2	0.3	• H •	/
Discharges	8	4.3	• • •	/
Transfers out	1	0.0	• H •	/
Bed Occupancy excl. Leave (KH03)	81.0%	82.8%	• • •	/
Bed Occupancy incl. Leave	88.4%	91.2%	• • •	/
Average Discharged Length of Stay (12 month rolling)	77.7	71.0	• • •	/
Live Length of Stay (as at month end)	46.0	60.8	• • •	/

Length of Stay Detail – Mar 25

Following the move to Rio Length of Stay reporting will move to an episodic based length of stay. In March 2025 the Rio figure has been used.

Narrative

Following the switch to Rio and migration of data new guidance on processing admissions/transfers has been given in the Rio Standard Operating Procedures. Transfers appear to be impacted slightly as showing low across Acute and High at Beech. Length of stay is now episodic as opposed to ward based so takes into account the full hospital stay of each patient rather than just the time spent on each individual ward,charts will be reviewed and updated. Out of area placements remain above targets and along with flow form part of the Home First Programme.

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)	Mar 25			
	n	mean	SPC variation	SPC target
Admissions	4	4.1	...	/
Transfers in	3	3.3	•L•	/
Discharges	3	2.2	...	/
Transfers out	4	4.8	...	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	1	0.7	...	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	30	21.7	...	/
Bed Occupancy excl. Leave (KH03)	89.0%	96.1%	...	/
Bed Occupancy incl. Leave	91.3%	97.7%	•L•	/
Average beds admitted to	9.1	9.7	•L•	/
Average Discharged Length of Stay (12 month rolling)	75.7	51.0	•H•	?
Live Length of Stay (as at month end)	92.0	74.5	...	/
Number of People Out of Area at month end	7	6	•H•	?
Number of Mental Health Out of Area Placements started in the period (admissions)	3	4	...	?
Total number of Out of Area bed nights in period	274	179	•H•	?

## Narrative

### Endcliffe – Length of Stay – Mar 25

Over national benchmark average (71.6)

Rio Client ID	Start Date	LOS
1187670	26/02/2024 14:40	399
1019605	25/11/2024 16:30	126
1117698	28/12/2024 15:00	93
1197956	14/01/2025 22:40	76

As at 31/03/2025, there were 4 service users on Endcliffe Ward with a length of stay over the national average (benchmark) of 71.6 days.

Following the move to Rio Length of Stay reporting will move to an episodic based length of stay. In March 2025 the Rio figure has been used. Historic data migrated to Rio is being reviewed before production of a new chart based entirely on episodic length of stay.

### 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)	Mar-25			
	n	mean	SPC variation	SPC target
Admissions	4	4.8	...	/
Transfers in	2	0.9	...	/
Discharges	5	5.1	...	/
Transfers out	2	0.8	...	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	4	3.3	...	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	94	63.0	...	/
Bed Occupancy excl. Leave (KH03)	94.2%	93.3%	...	/
Bed Occupancy incl. Leave	97.0%	97.5%	...	/
Average beds admitted to	14.5	14.4	...	/
Average Discharged Length of Stay (12 month rolling)	82.4			
Live Length of Stay (as at month end)	90	74.5	...	/

**Length of Stay Detail Mar 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): 315 days  
Range: 6-315 days

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

Older Adult Dementia (G1)	Mar-25			
	n	mean	SPC variation	SPC target
Admissions	6	4.6	...	/
Transfers in	3	1.0	...	/
Discharges	5	4.1	...	/
Transfers out	3	1.0	...	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	8	8.2	...	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	141	174.0	...	/
Bed Occupancy excl. Leave (KH03)	77.6%	85.7%	...	/
Bed Occupancy incl. Leave	83.5%	87.6%	...	/
Average beds admitted to	13.4	14.1	...	/
Average Discharged Length of Stay (12 month rolling)	117			
Live Length of Stay (as at month end)	173	177.4	...	/

**Length of Stay Detail Mar 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): 1927 days  
Range: 1-1927 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.

**Narrative**  
**G1 Outliers** – As of 31<sup>st</sup> March 2025, there are 2 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.

<b>Date admitted</b>	<b>Days on G1</b>	<b>Date admitted</b>	<b>Days on G1</b>
04/02/2025	55	28/03/2025	3

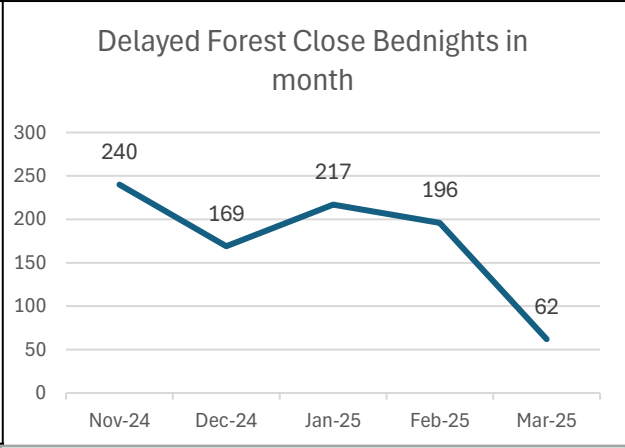
Rehab (Forest Close)	Mar-25			
	n	mean	SPC variation	SPC target
Admissions	2	1.0	•••	
Transfers in	2	1.5	•••	
Discharges	4	1.7	• H •	
Transfers out	0	0.6	•••	
Delayed Discharge/Transfer of Care (number of delayed discharges)	2			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	62			
Bed Occupancy excl. Leave (KH03)	78.2%	86.9%	• L •	
Bed Occupancy incl. Leave	100.2%	99.9%	• H •	
Average Discharged Length of Stay (12 month rolling)	456.7	324.3	• H •	
Live Length of Stay (as at month end)	579	430.9	• 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	129	• L •	
Number of People Out of Area at month end	2	4	• L •	

**Forest Close Narrative**  
CRFD – 2 MoJ – 9

**Long Stays**

- 3212 days – MoJ restriction, awaiting date for tribunal
- 1722 days - MoJ restriction, placement has been identified, awaiting assessment.
- 965 days – SCA completed, reviewing residential placements

Social care and MOJ delays adding to live LOS



**Length of Stay Detail Mar 25 - Forest Close**  
Longest LoS (days) as at month end: 3212 days  
Range = 5 – 3212 days  
Number of discharges in month: 4 and 1 transfer  
Longest LoS (days) of discharges in month: 802

**Benchmarking Rehab/Complex Care**  
(2023/24 NHS Benchmarking Network Report – Weighted Population Data)  
**Bed Occupancy Mean:** 86%  
**Length of Stay (Discharged) Mean:** 348

Forensic Low Secure (Forest Lodge)	Mar-25			
	n	mean	SPC variation	SPC target
Admissions	0	0.8	•••	
Transfers in	0	0.5	•••	
Discharges	0	0.6	•••	
Transfers out	0	0.6	•••	
Bed Occupancy excl. Leave (KH03)	95.3%	92.8%	• H •	
Bed Occupancy incl. Leave	95.7%	97.1%	•••	
Average Discharged Length of Stay (12 month rolling)	915.7	702.5	• H •	
Live Length of Stay (as at month end)	942.0	743.3	• H •	

**Forest Lodge Narrative**

**Long Stays**

- 3005 days – Not clinically ready for discharge.
- 2907 days – Transferred to the Rehabilitation ward in Nov-24, positive progression towards a discharge.
- 2253 days – Not clinically ready for discharge. No clear discharge pathway at this time.

**Length of Stay Detail Mar 25 – Forest Lodge**  
Longest LoS (days) as at month end: 3005 days  
Range = 43 – 3005 days  
Number of discharges in month: 0  
Longest LoS (days) of discharges in month: N/A

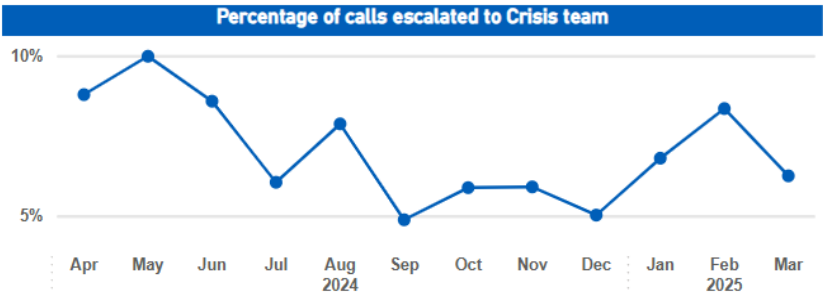
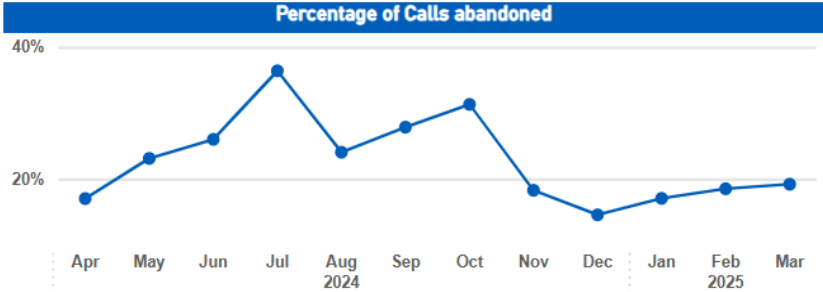
**Benchmarking Low Secure Beds**  
(2023/24 NHS Benchmarking Network Report – Weighted Population Data)  
**Bed Occupancy Mean:** 88%  
**Length of Stay (Discharged) Mean:** 833

NHS111 Calls Summary	2024									2025		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total calls received (Target: 1700)	782	1433	1339	1820	1656	1649	1684	1555	1492	1596	1470	1605
Total Call Volume (ingoing and outgoing)	1047	1893	1728	2224	2103	1995	2159	2099	1951	2058	1983	2043
Number of calls abandoned	133	331	348	662	398	459	527	284	217	272	272	308
% Calls abandoned (Target: 3%)	17.0%	23.1%	26.0%	36.4%	24.0%	27.8%	31.3%	18.3%	14.5%	17.0%	18.5%	19.2%
Number of calls escalated to U&C	57	110	85	70	99	58	68	75	64	90	100	81
% Escalated to U&C	8.8%	10.0%	8.6%	6.0%	7.9%	4.9%	5.9%	5.9%	5.0%	6.8%	8.3%	6.2%
95th centile call answer time (Target: 120s)	353	521	488	510	572	592	704	663	520	580	829	755
Average speed to answer calls (Target: 20s)	75	129	124	118	138	161	182	161	128	152	205	216

Narrative

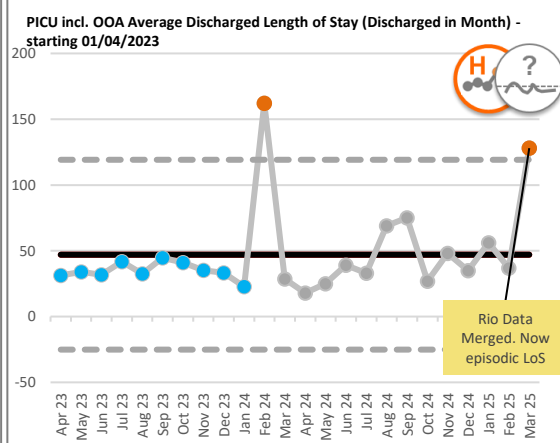
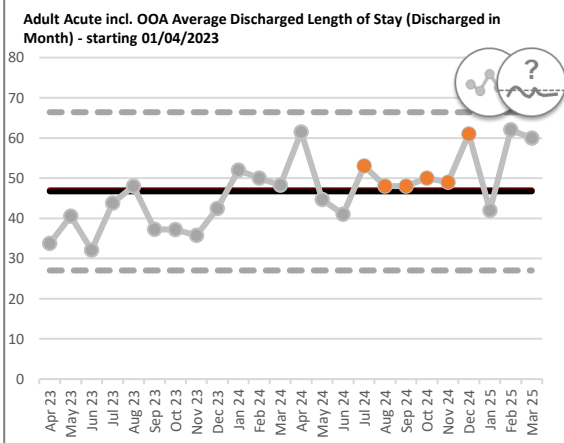
Our 111 Mental Health call provider Nottingham Community Housing Association’s (NCHA) performance has declined in recent months with abandonment rates increasing slightly and call answer times increasing significantly. Call answer times remain high after a fairly marked deterioration in February. 95<sup>th</sup> centile call answer times have improved slightly (but are still considerably longer than all other months prior to February). March saw the highest average call answer time for 2024/25 at 3 minutes 36 seconds. Both metrics exceed aspirational target times to a considerable degree.

NCHA have reported that call duration was longer due to complex caller needs and that this has impacted ability to answer incoming calls quickly. Though this is high compared to previous months (Apr-Jan average was 2 minutes 17 seconds) and much higher than the aspirational 20 second target, NCHA does still place better than average across all providers nationally (4 minutes 6 seconds). Increased funding has been provided to NCHA so we expect to see improvements in performance in the coming months.



# Urgent & Emergency Care Dashboard

## Length of Stay



Adult Acute Discharged LoS (Rolling 12-month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	337	52
OOA	123	48
Contracted	105	55
Combined	565	52

PICU Discharged LoS (Rolling 12-month average)		
Location	Total Discharges	Average Discharged LoS
Sheffield	75	50
OOA	52	87
Combined	127	45

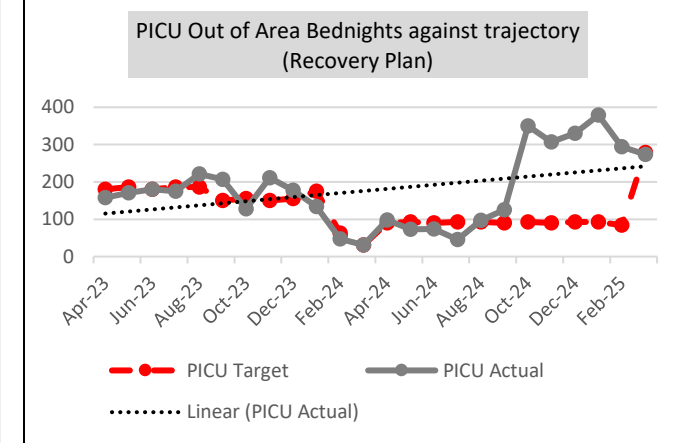
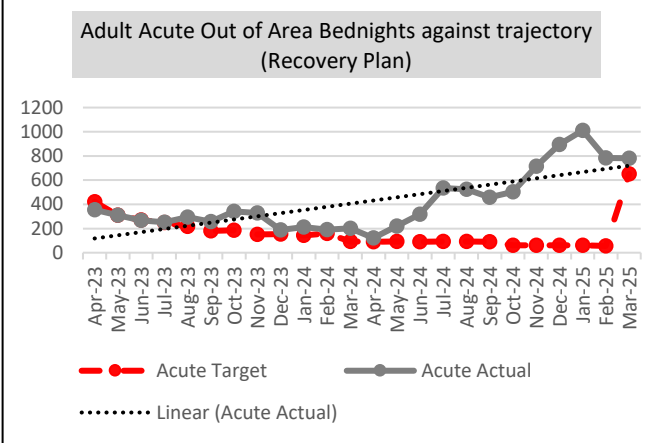
OOA bednights are holding the reduced numbers attained in February. More achievable bednight targets have been set for 2025/26 which current figures only slightly exceed. There is an artificial spike in PICU discharged LoS due to the move from ward-LoS to episodic-LoS in conjunction with Rio implementation.

HBPoS has seen further improvements in breach rates and s.135/136 utilization. These improvements are likely the result of increased scrutiny on the regional suite, as well as possible benefits from the Home First programme (i.e. gatekeeping).

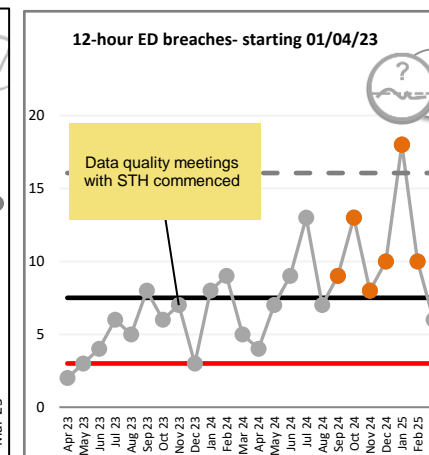
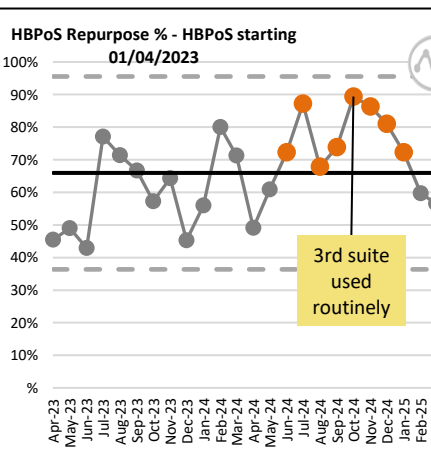
We also see the end of a period of raised special cause variation for 12h ED breaches, with only 6 breaches in March (below the mean). April is forecast for a further reduction.

Liaison Psychiatry has seen a special cause reduction in A&E 1h face-to-face performance that is unrelated to Rio implementation, though figures from the end of March suggest recovery in this metric.

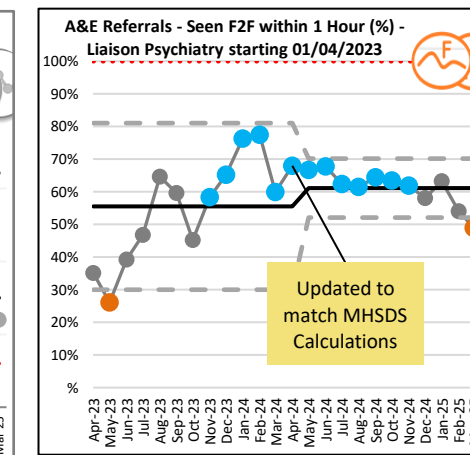
## Out of Area



## HBPOs & ED Breaches



## Liaison Psychiatry wait times compliance

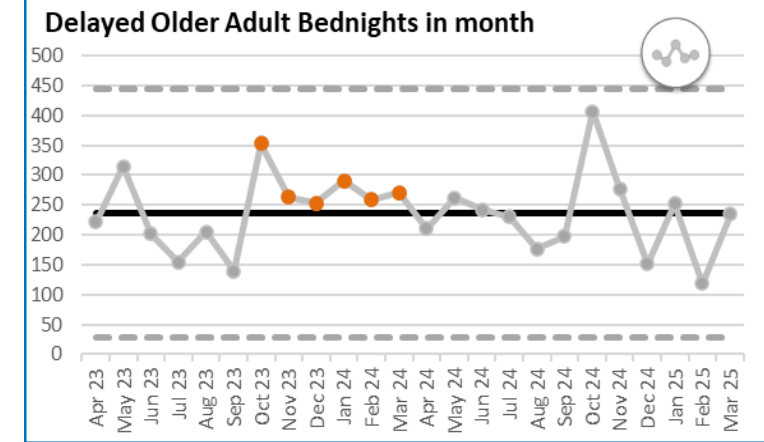
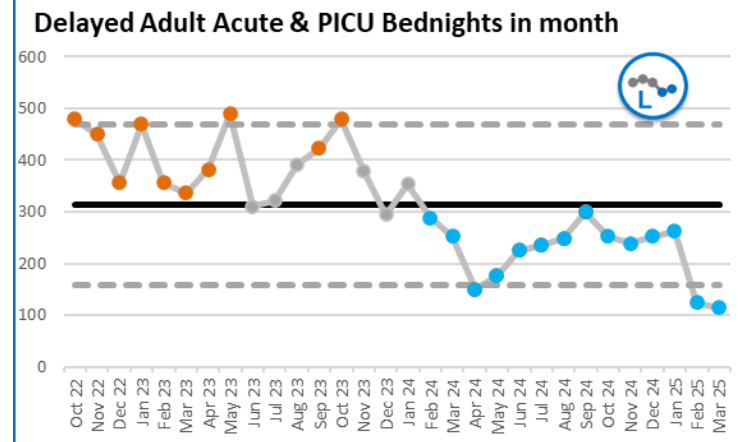
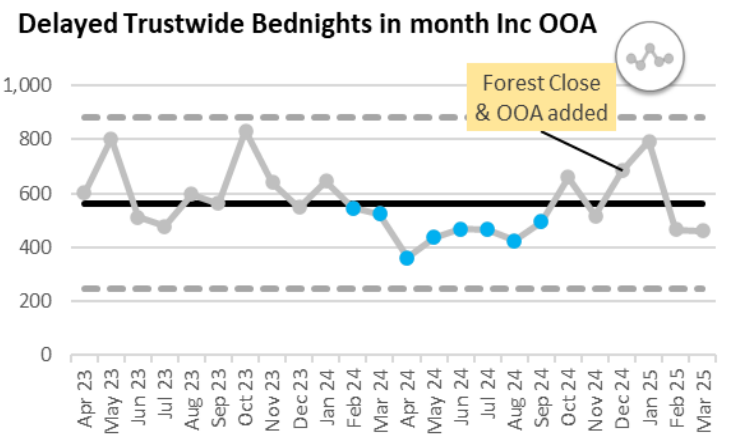


Health Based Place of Safety (HBPOs/136 Beds)		Mar-25
Occasions breached		16
Occasions breached %		56.6%

Emergency Department (ED)		Mar-25
ED 12-hour Breaches		6

Liaison Psychiatry – A&E referrals seen within 1 hour		Mar-25
% of A&E referrals seen within 1 hour		49.0%

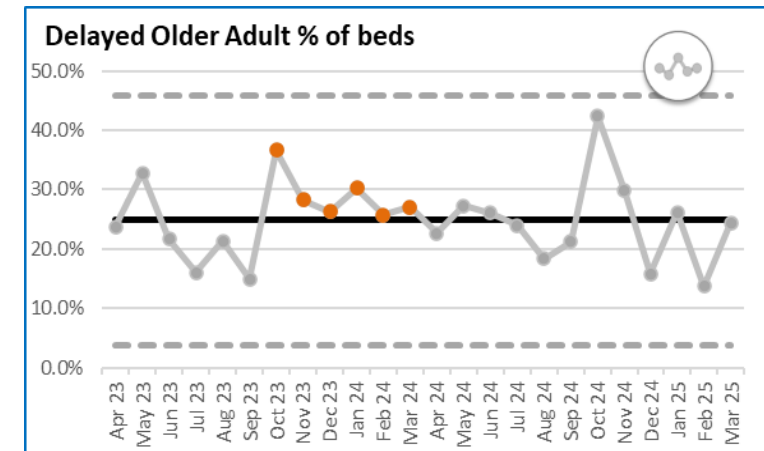
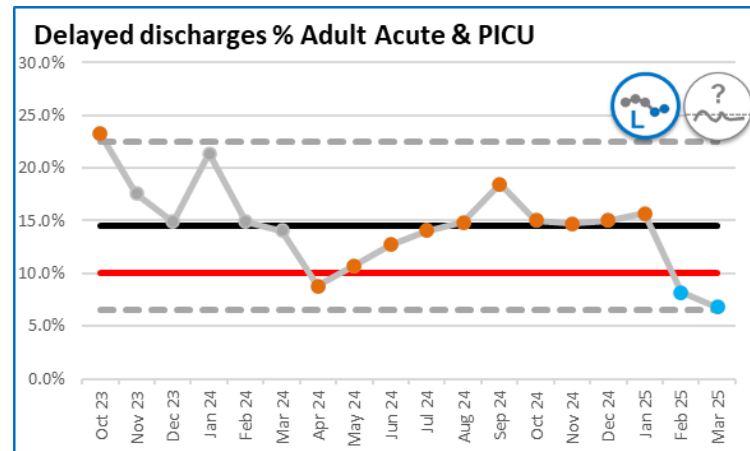
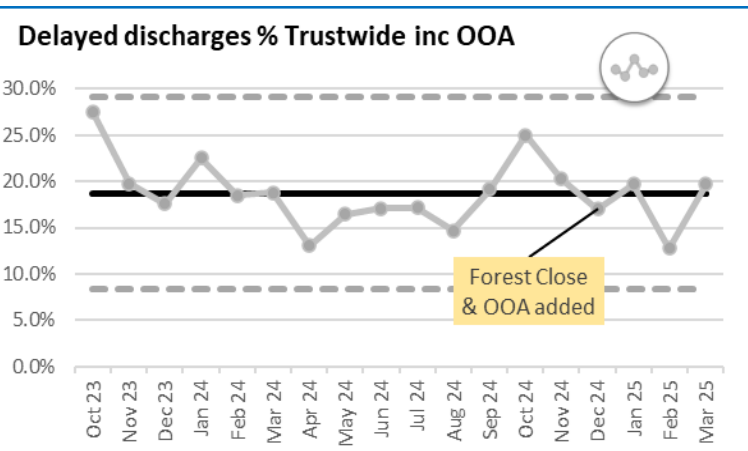
## Delayed Care



Delayed Discharges Trustwide	Mar-25	mean	SPC Variation
Sum of Delayed Bednights	461	564	...
% Bednights occupied by DD	19.7%	18.7%	...

Delayed Discharges Adult Acute & PICU	Mar-25	mean	SPC Variation
Sum of Delayed Bednights	114	313	• L •
% Bednights occupied by DD	6.8%	14.5%	• L •

Delayed Discharges Older Adult	Mar-25	mean	SPC Variation
Sum of Delayed Bednights	235	237	...
% Bednights occupied by DD	24.5%	24.9%	...





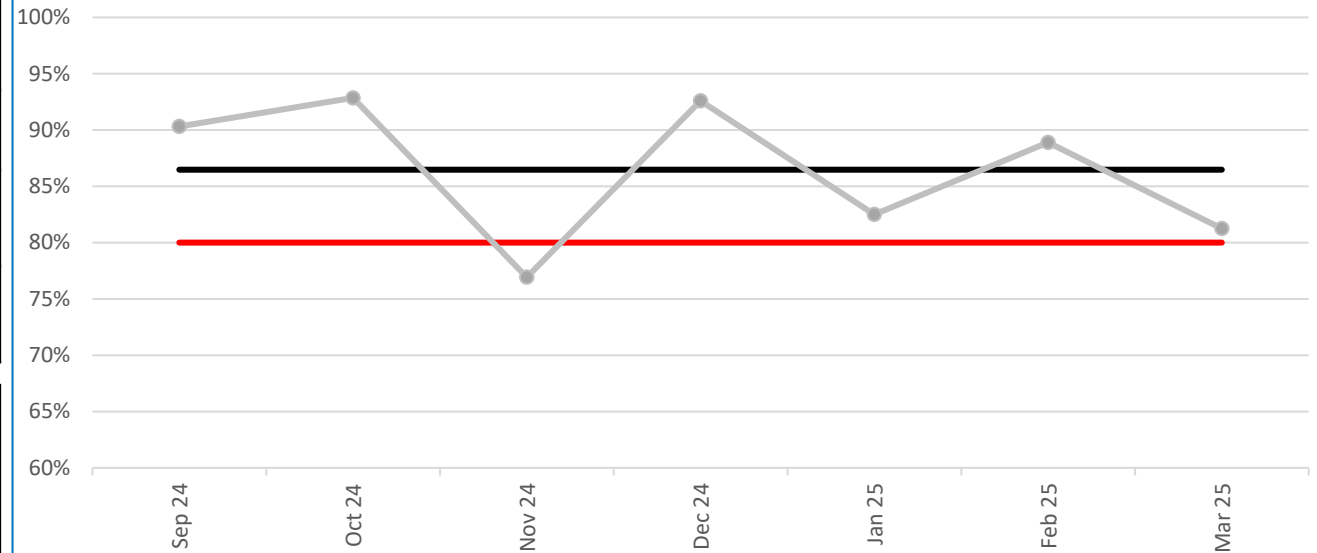
72 hour Follow Up		Mar 2025			
	Target	%	No.	SPC Variation	SPC Target
Trustwide	80%	81.3%	26/32		
Adult Acute Wards	80%	90.5%	19/21	...	?
Older Adult & Rehab Wards	80%	63.6%	7/11		

## Narrative

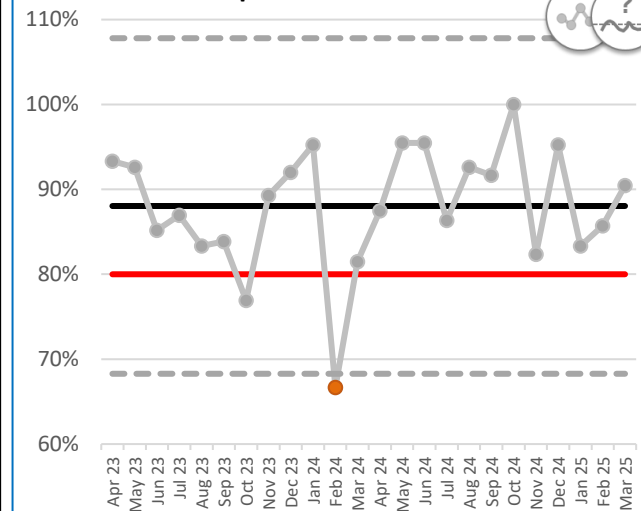
The aim is to deliver safe care through ensuring people leaving inpatient services are seen within 72 hours of being discharged. Data shown above is for eligible discharges from adult acute inpatient areas. Those eligible for follow up are defined as having been in an acute bed and have been discharged 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 March, there were 22 discharges from adult acute wards eligible for follow up. Of these 19 were followed up within 72 hours. For Older Adult & Rehab wards 7 out of 11 followed up within 72 hours. 3 of 6 other clients who did not meet the target of 72 hours have been followed up.

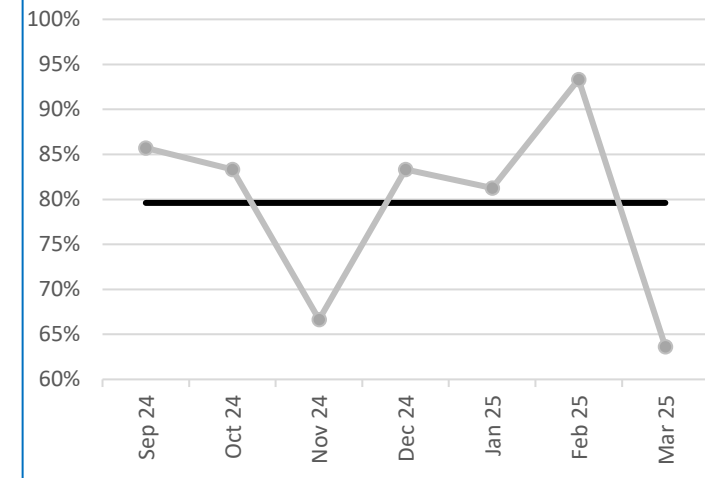
### 72 hour Follow Up - Combined Trust



### 72 Hour Follow up - Acute Adult



### 72 Hour Follow up - G1, Dovedale1, Forest Lodge & Forest Close

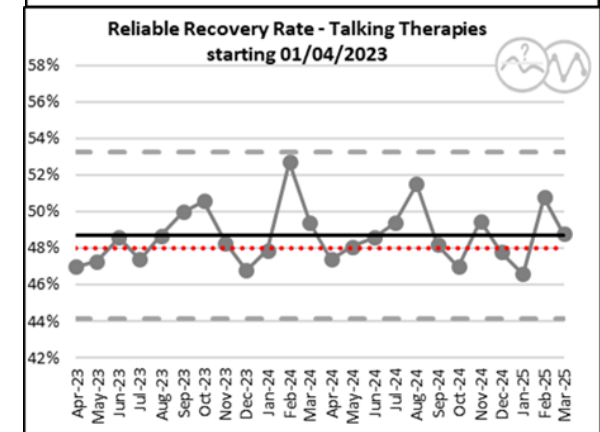
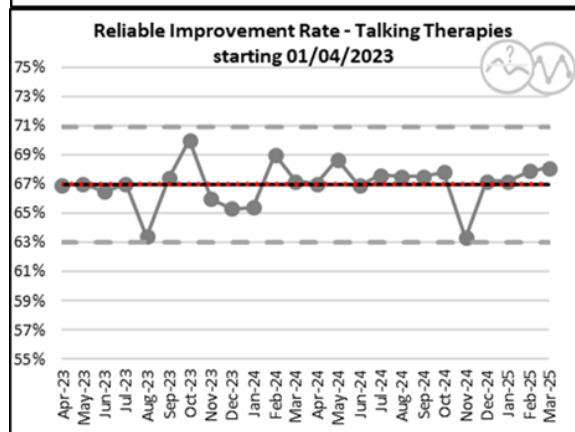
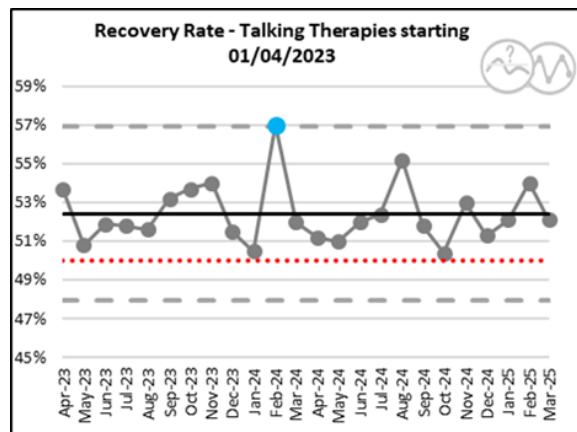
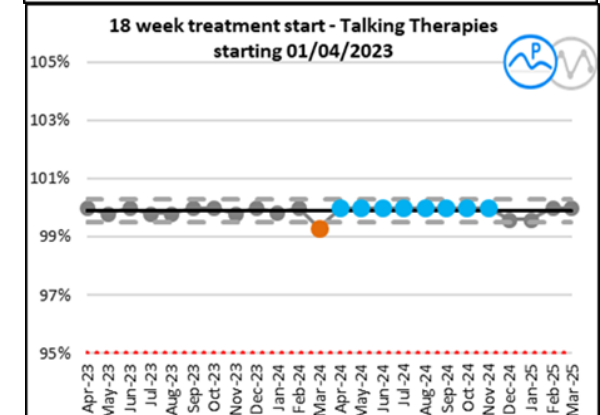
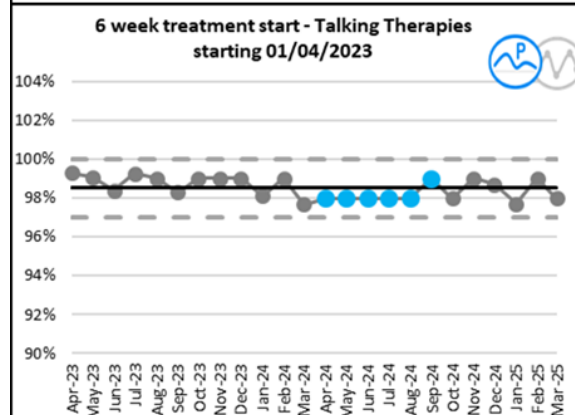
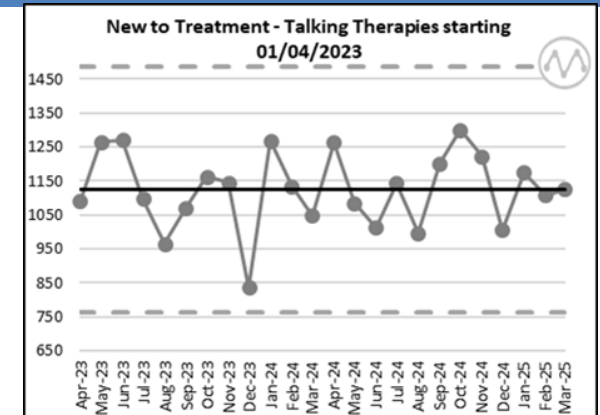
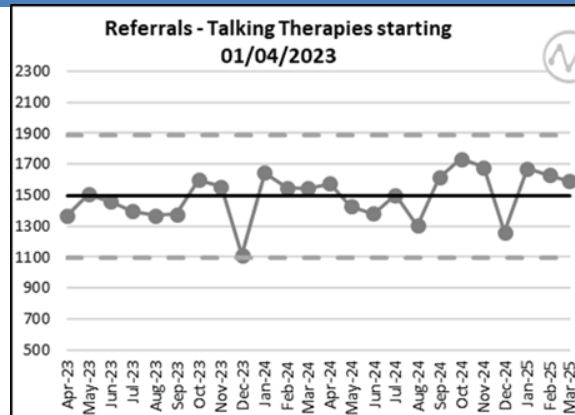


# Sheffield Talking Therapies | Performance Summary

Sheffield Talking Therapies		March- 25			
Metric	Target 2024/25	n	mean	SPC variation	SPC target
Referrals	/	1588	1493	...	/
New to Treatment	1352	1126	1125	...	
6 week Wait	75%	98%	98.5%	...	P
18 week Wait	95%	100%	99.9%	...	P
Moving to Recovery Rate	50%	52.1%	52.2%	...	?
Reliable Improvement Rate	67%	68.1%	67%	...	?
Reliable Recovery Rate	48%	48.8%	48.7%	...	?

## Narrative

The service has continued to perform well against all of the Talking Therapies standards and met all of the recovery rate standards for 2024/25.



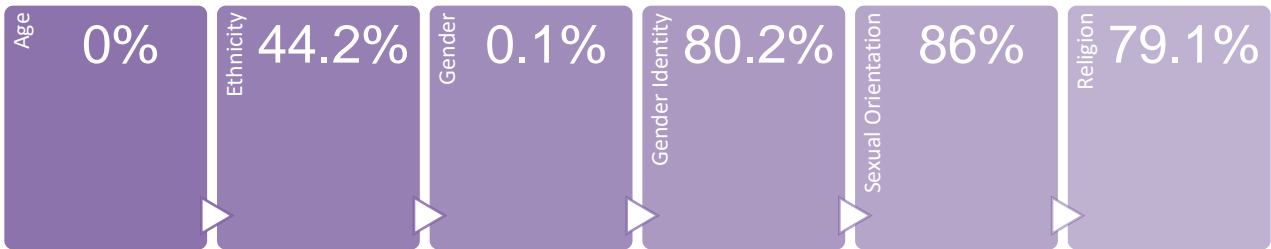


# Safety & Quality

IPQR - Information up to and including  
March 2025

# Protected Characteristics Data Quality

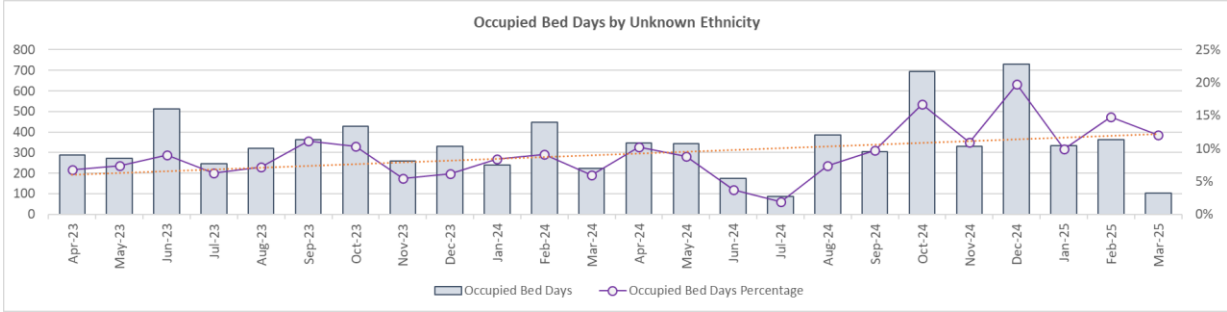
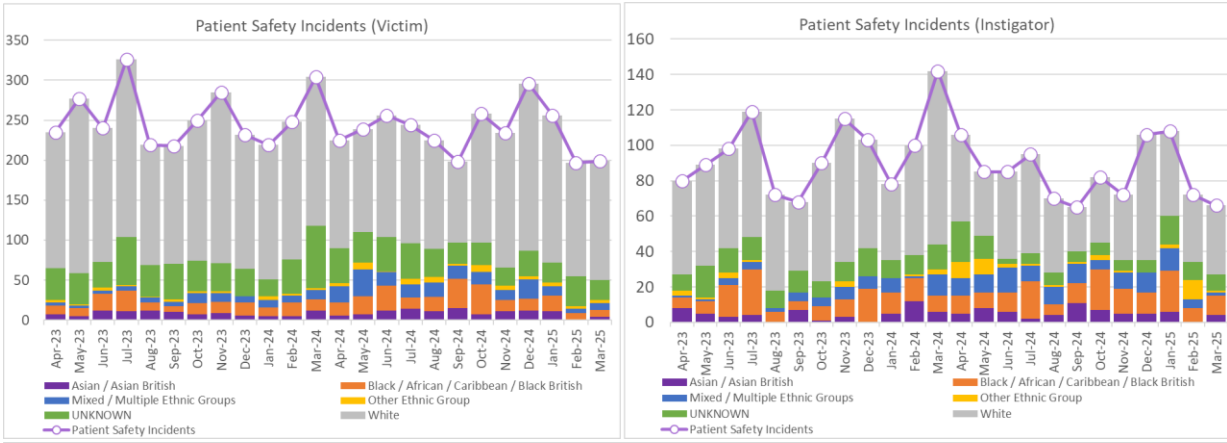
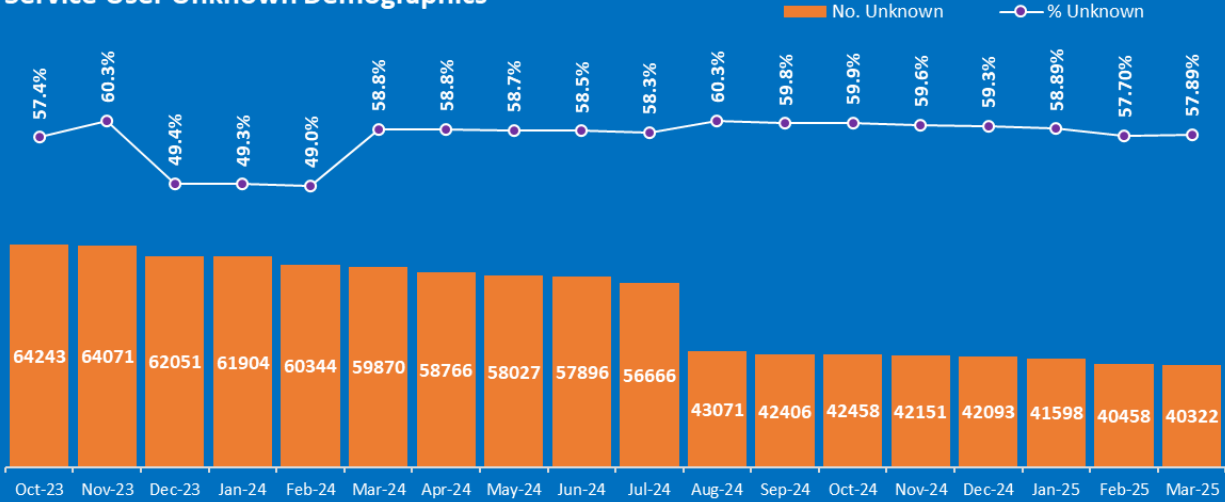
## Electronic Patient Record (EPR) Unknown Demographics



## 2021 Sheffield Census Unknown Demographics



## Service User Unknown Demographics

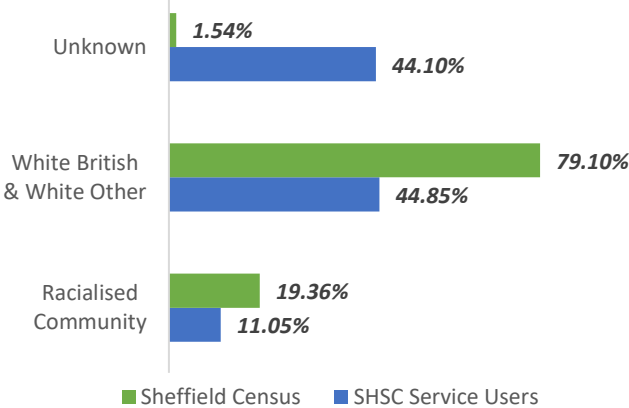


### Narrative

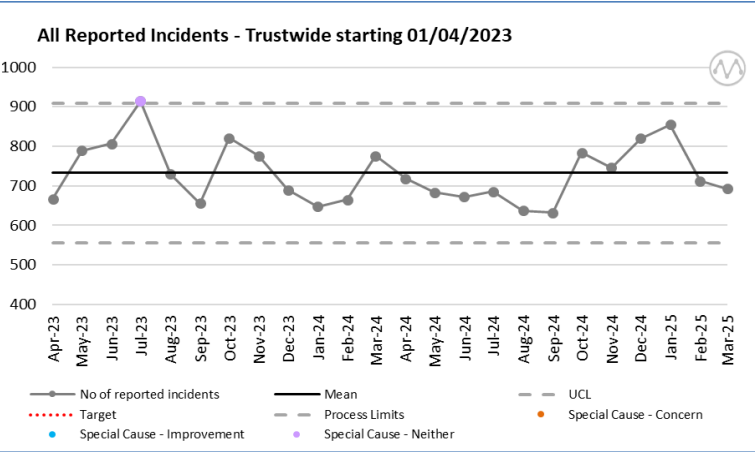
As of 31<sup>st</sup> March 2025, 57.9% of service user demographics were not recorded/ not asked.

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

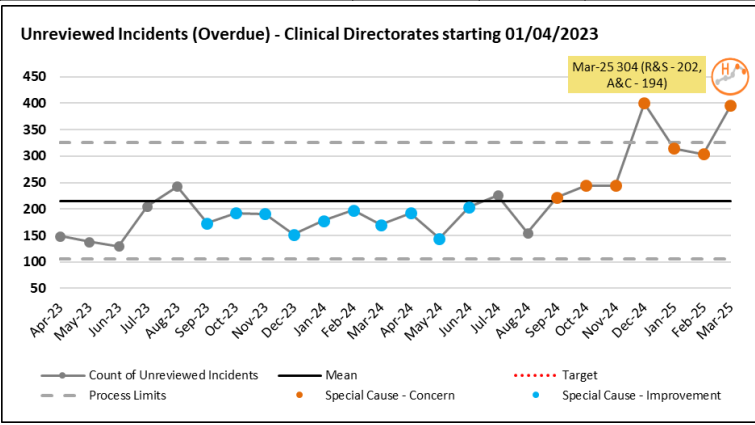
### SHSC Population Ethnicity March 2025 vs Sheffield Census 2021



Safe | All Incidents, AWOL/Missing Persons & Deaths

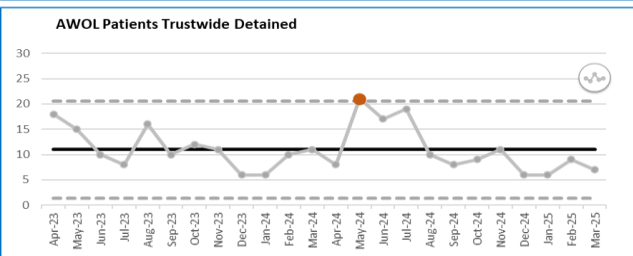
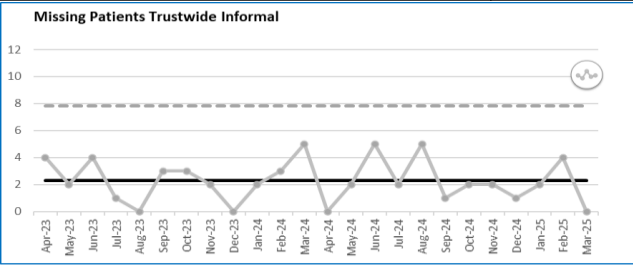


All Reported Incidents	Mar-25		
	n	mean	SPC variation
Trustwide	693	714	• • •
5 = Catastrophic	10	15	• • •
4 = Major	0	2	• • •
3 = Moderate	105	106	• • •
2 = Minor	262	282	• • •
1 = Negligible	306	312	• • •
0 = Near-Miss	10	15	• • •

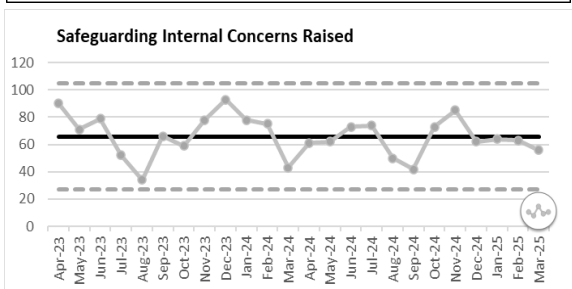
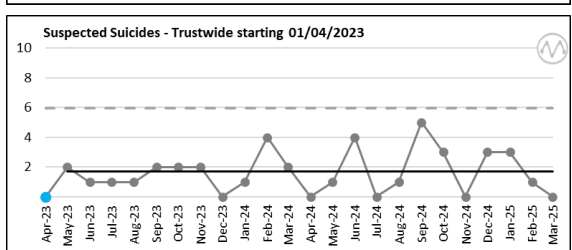
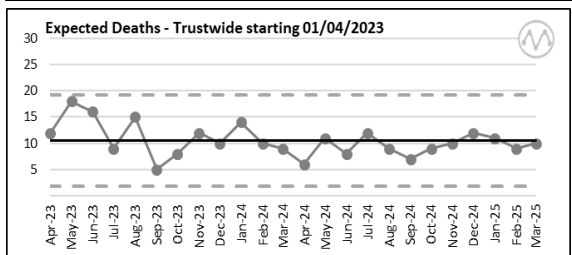
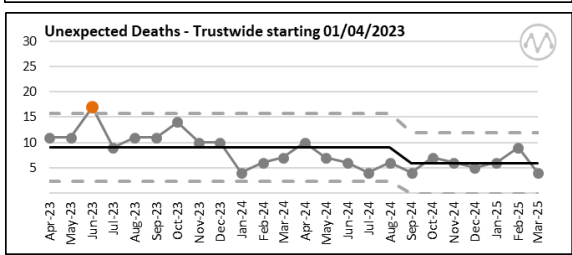
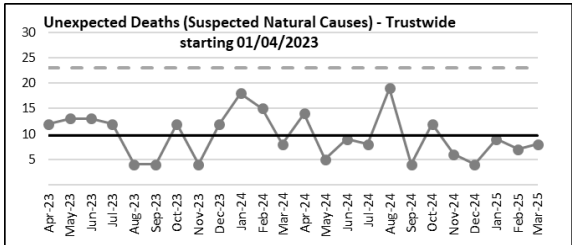
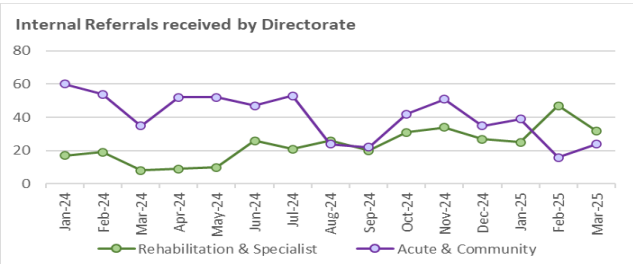


Protecting from avoidable harm	Target	YTD
Never events declared	0	0
Methicillin-resistant Staphylococcus aureus (MRSA & MSSA)	0	0

Deaths Reported 1 April 2023 to 31st Marc 2025	
Awaiting Coroners Inquest/Investigation	99
Closed	2
Conclusion – Accidental	6
Conclusion - Alcohol/Drug Related	23
Conclusion – Misadventure	3
Conclusion - Narrative All Other Definitions	6
Conclusion - Natural Causes	5
Conclusion - Suicide	23
Lessons Learnt/Incident Closed	2
Natural Causes - No Inquest	546
Ongoing	2
Conclusion - Road Traffic Collision	1
Grand Total	718



AWOL Patients (Detained)	Mar-25		
	n	mean	SPC variation
Detained	7	11	• • •
Informal	0	2	• • •



**All reported incidents**

97.4% of incidents were reported by Clinical Directorates. Of those, 3.27% Adult Protection continues to be the most reported incident accounting for followed by Smoking Breech 4.6%.

**Unreviewed incidents**

Despite there still being a high number of unreviewed incidents, due to multiple pressures such as staffing, introduction of the new EPR and clinical activity, this is spread across multiple services such as Forest Lodge and Dovedale 1 in our Rehabilitation & Specialist services and Burbage, Endcliffe and Flow Coordinators in our Acute & Community services.

Our Risk department continues to provide targeted work with Burbage ward, which has proven helpful in reducing their unreviewed incidents. The team will provide intense support to all the services above during April to reduce the number of unreviewed incidents.

**Missing Persons and AWOL**

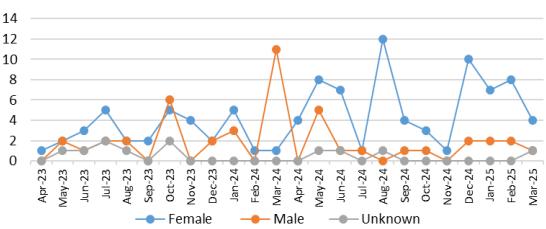
7 incidents of people formally detained being AWOL. 1 incident was reported as Moderate. At the time of incident reporting, 3 person was under section 3, 1 under section 37; 1 under sec 37/41; 6 incidents reported for sec 2 The definitions of 'missing' and 'AWOL' are under review and due to be confirmed by Mental Health Legislation Committee.

**Safeguarding**

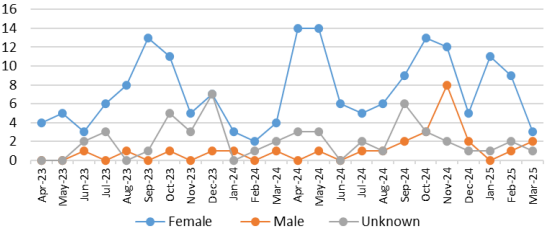
56 internal concerns raised and no statistical change in this month, of which 24 received from Acute & community Services and 32 from our Rehabilitation & Specialist services. Our latest Safeguarding Annual Report is published on our [website](#).

# Safe | Violence, Aggression & Sexual Safety

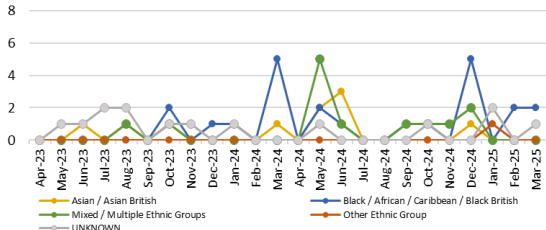
Sexual Safety Incidents – Service User Gender (Victim)



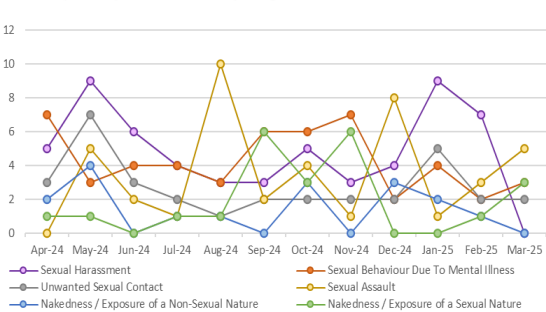
Sexual Safety Incidents – Staff Gender (Victim)



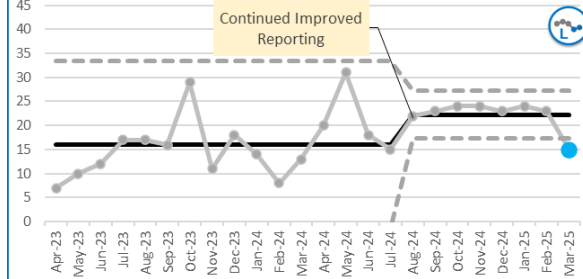
Sexual Safety Incidents – Service User Ethnicity (Victim)



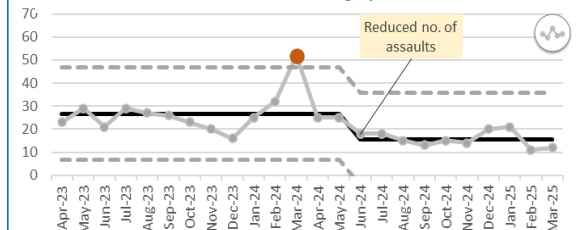
Most Frequent Reported Sexual Safety Categories



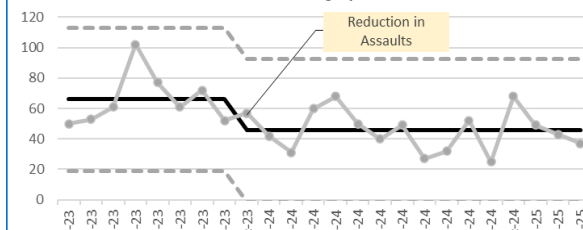
Sexual Safety Incidents Trustwide



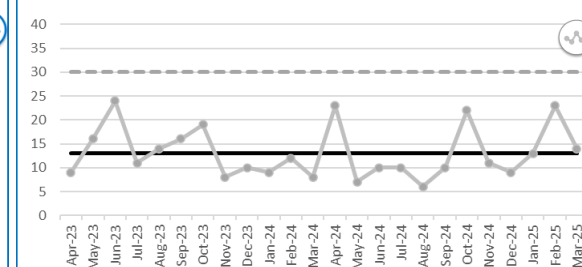
Patient Assaults – Trustwide – Starting April 2023



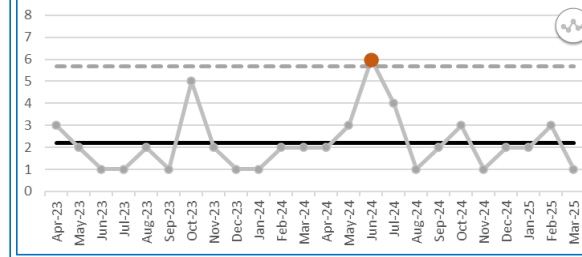
Staff Assaults – Trustwide – Starting April 2023



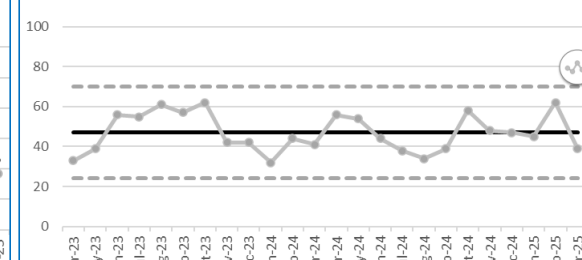
Trustwide - Racial/Cultural Abuse to Staff



Trustwide - Racial/Cultural Abuse to Patient



Intimidation & Other Abuse to Staff (except Physical) Trustwide



Sexual Safety	Mar-25		
	n	mean	SPC variation
Trustwide	15	22	• L •
Acute & Community	6	12	• • •
Rehabilitation & Specialist	9	6	• H •

Patient Assaults	Mar-25		
	n	mean	SPC variation
Trustwide	12	16	• • •
Acute & Community	5	11	• • •
Rehabilitation & Specialist	7	9	• L •

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

Staff Assaults	Mar-25		
	n	mean	SPC variation
Trustwide	37	43	• • •
Acute & Community	27	20	• • •
Rehabilitation & Specialist	10	26	• • •

## Sexual Safety

Variation lines adjusted due to the ongoing increased numbers of incidents reported reflecting the work to raise the profile and improve response to sexual safety incidents from joint work between sexual safety clinical work and the people Directorates workforce. This work feeds into our violence & Aggression Reduction Group.

There were 15 incidents reported, of which 0 incident was reported as Moderate. The most reported incident in March was sexual Abuse 40% (Patient to staff)

## Assaults on staff

No incidents reported as moderate, 36 of 27 incidents were reported by bed-based services

## Assaults on service users

All in bed-based services. Of the 12 incidents, none were reported as moderate.

## Racial & Cultural Abuse

We continue to work 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.

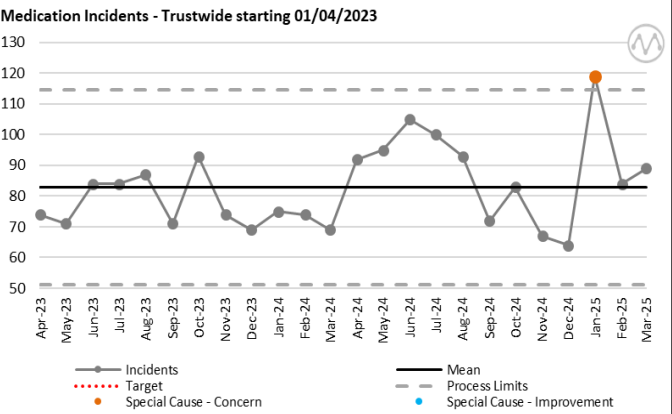
A violence and aggression group has been established with the People directorate in collaboration with the Quality directorate and clinical leadership. Analysis of violence and aggression to staff, service users and others will establish actions, and improvement plans through this group.

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

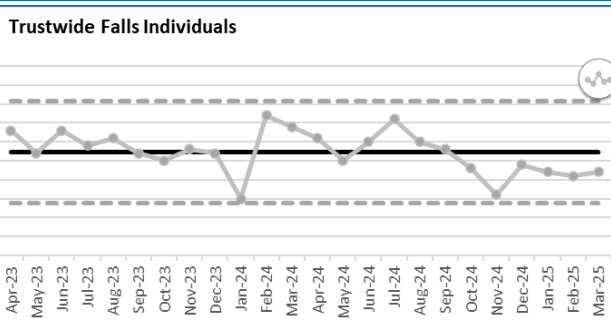
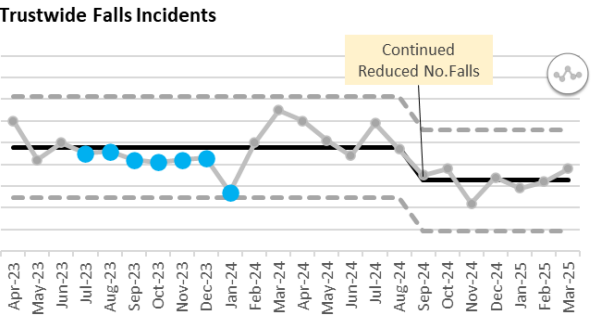
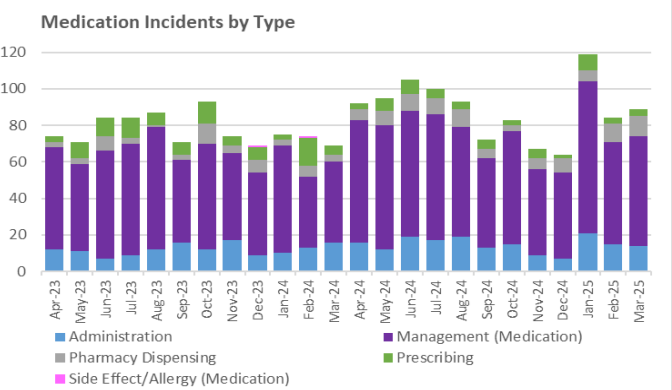
## Protecting from Avoidable Harm

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

# Safe | Medication Incidents, Falls & Self-Harm

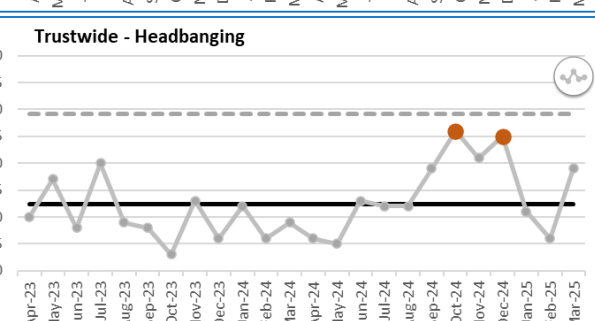
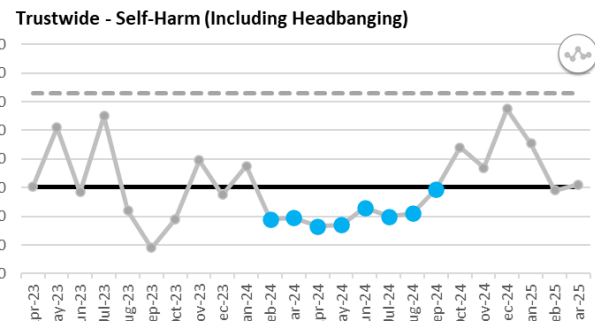
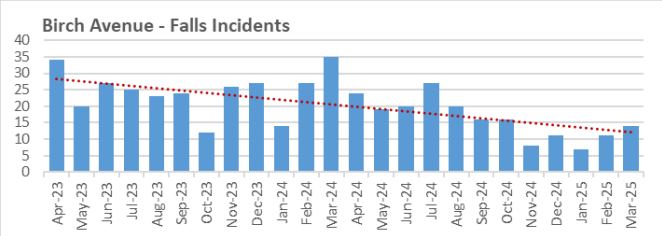


Trustwide	Mar-25		
	n	mean	SPC variation
ALL	89	83	• • •
Administration Incidents	14	13	• • •
Meds Management Incidents	60	57	• • •
Pharmacy Dispensing Incidents	11	6	• • •
Prescribing Incidents	4	6	• • •
Meds Side Effect/Allergy Incidents	0	0	• L •



Trustwide FALLS INCIDENTS	Feb-25		
	n	mean	SPC variation
Trustwide	38	43	• • •
Acute & Community	1	3	• • •
Rehabilitation & Specialist	29	40	• L •
Nursing Homes	14	28	• L •

Trustwide FALLS – PEOPLE	Feb-25		
	n	mean	SPC variation
Trustwide	22	27	• • •
Acute & Community	1	2	• • •
Rehabilitation & Specialist	21	24	• • •
Nursing Homes	14	16	• • •



Self-Harm (Including Headbanging)	Mar-25		
	n	Mean	SPC variation
Trustwide	62	61	• • •
Acute & Community	53	55	• • •
Rehabilitation & Specialist	5	6	• • •

Headbanging	Mar-25		
	n	mean	SPC variation
Trustwide	19	12	• • •
Acute & Community	18	11	• • •
Rehabilitation & Specialist	1	1	• • •

## Medication Incidents

The Medicines Optimisation Group review the incidents and will be advising on actions aligned to their findings.

The most frequent medication incident type reported is Fridge Temperature out of Range accounting for 21.3% of incidents reported this month.

## Falls

Variation lines adjusted due to the ongoing decreased numbers of falls reported.

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

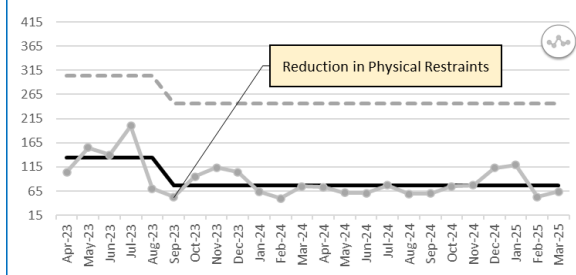
## Self-Harm

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. 62 incidents of headbanging in for 19 people.

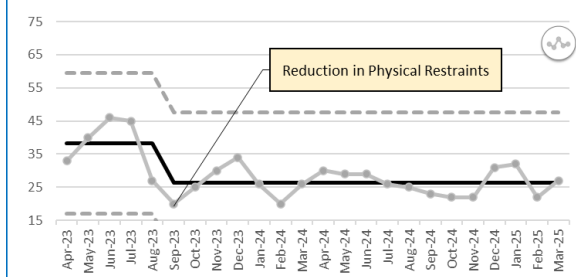


# Safe | Restrictive Practice |

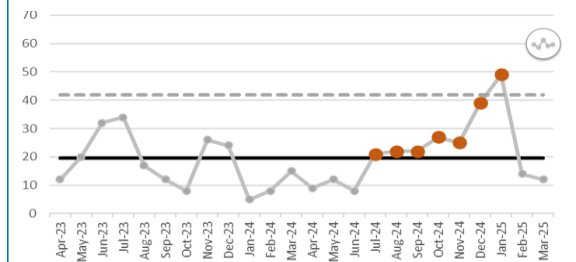
Physical Restraint Incidents – starting 01/04/2023



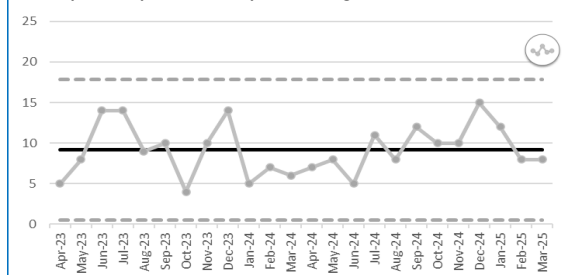
Physical Restraint People – starting 01/04/2023



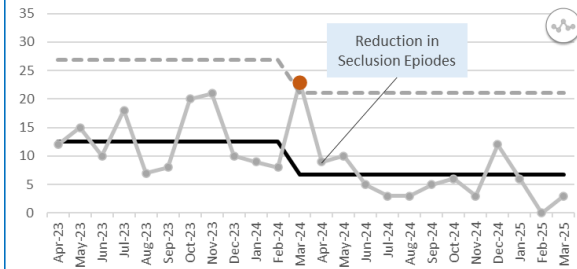
Rapid Tranquillisation Incidents – starting 01/04/2023



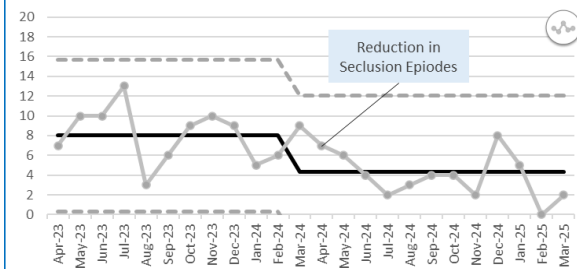
Rapid Tranquillisation People – starting 01/04/2023



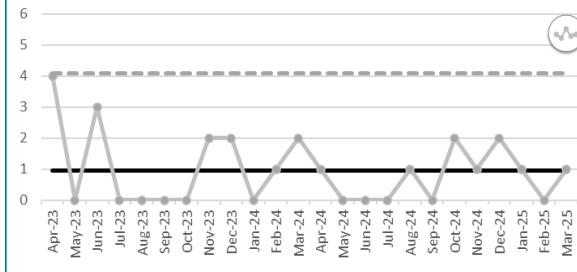
Seclusion (Incidents)– starting 01/04/2023



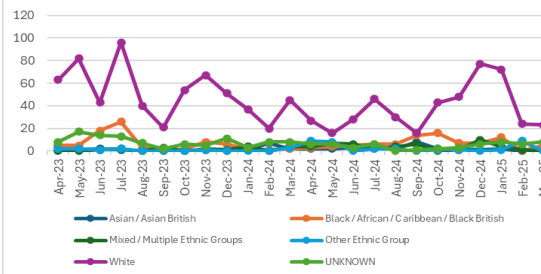
Seclusion (People)– starting 01/04/2023



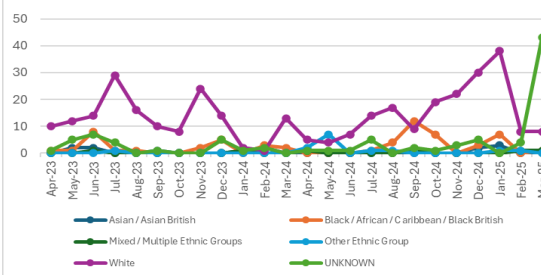
Trustwide Mechanical Restraint Incidents



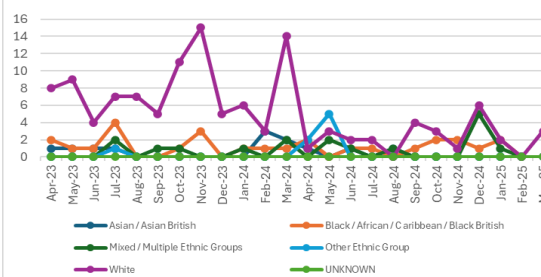
Physical Restraint - Service User Ethnic Group



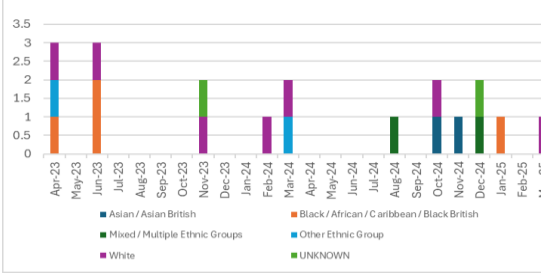
Rapid Tranquillisation - Service User Ethnic Group



Seclusion - Service User Ethnic Group



Mechanical Restraint - Service User Ethnic Group



Physical Restraint	Mar-25		
	n	mean	SPC variation
Trustwide (Incident)	64	76	• • •
Acute & Community	38	57	• • •
Rehabilitation & Specialist	26	20	• • •
Trustwide (People)	27	26	• • •
Acute & Community (People)	17	18	• • •
Rehabilitation & Specialist (People)	10	8	• • •

Rapid Tranquillisation	Mar-25		
	n	mean	SPC variation
Trustwide (Incident)	12	20	• • •
Acute & Community	8	16	• • •
Rehabilitation & Specialist	4	4	• • •
Trustwide (People)	8	9	• • •
Acute & Community (people)	6	7	• • •
Rehabilitation & Specialist (People)	2	2	• • •

Seclusion INCIDENTS	Mar-25		
	n	mean	SPC variation
Trustwide (Incidents)	3	9	• • •
Acute & Community	1	5	• • •
Rehabilitation & Specialist	2	1	• • •
Trustwide (People)	2	6	• • •
Acute & Community (People)	1	4	• • •
Rehabilitation & Specialist (People)	2	6	• • •

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:** There were 3 episodes of seclusion from 2 individuals in March. The ethnic group of these individuals were white British.

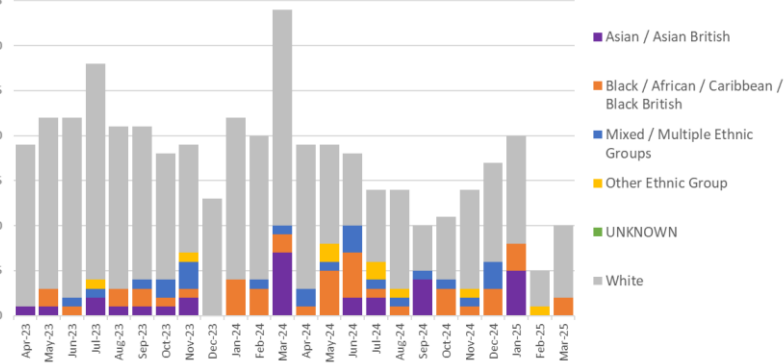
**Rapid Tranquillisation:** 12 incidents were reported for Mar-25. 15.1% people were from White / British Ethnic Group; 1.9% people were from Mixed/ Multiple Group, 1.9% people were from Black/ African/ Caribbean group, and 81.1% people did not have an ethnicity recorded.

**Physical Restraints:** Of the 64 incidents in March 63.9% of restraints were for British/ White ethnic group; 22.2% were Unknown and 13.9% were from Black/ African/ Caribbean/ Black British Ethnic Group.

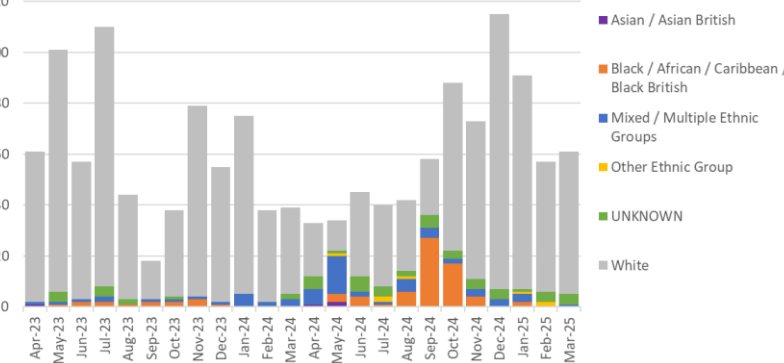
**Mechanical Restraints:** 2 incidents reported for the use of mechanical restraints this reporting period.

# Race Equity Focus | Incidents

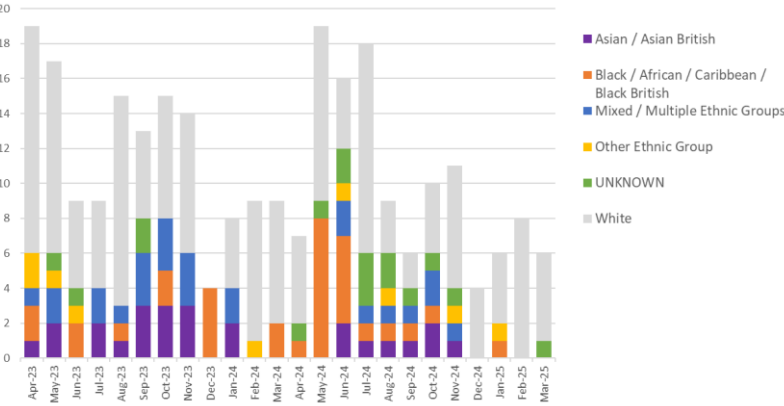
Physical Assaults - Victim



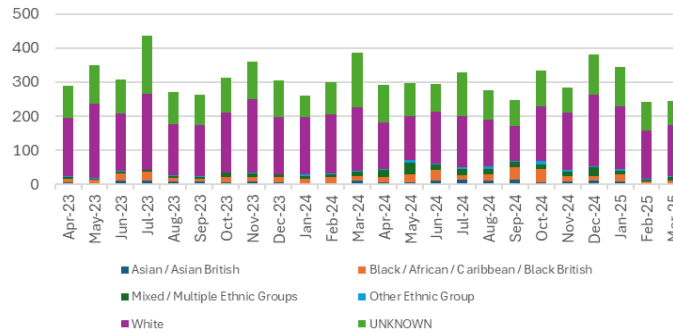
Self-Harm



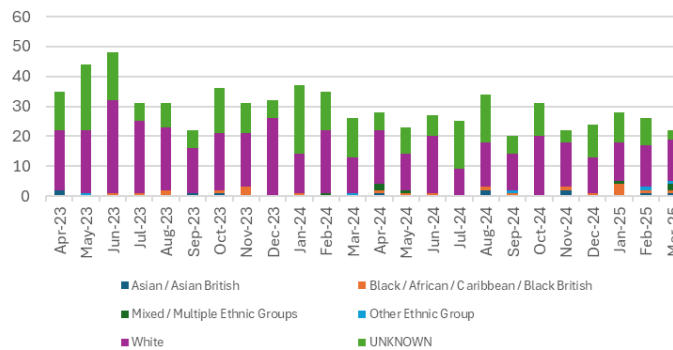
AWOL Persons Incidents (Formal Admissions)



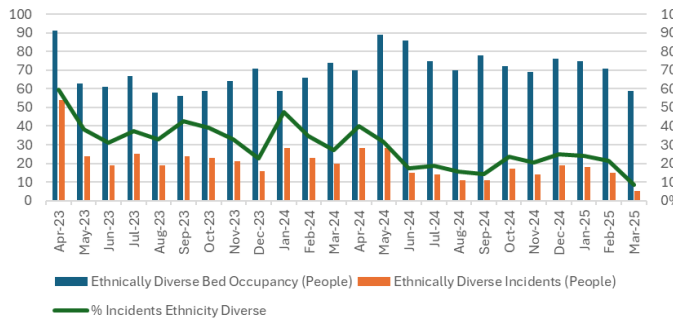
Patient Safety - Service User Ethnic Group



Deaths - Service User Ethnic Group



Incidents - Ethnically Diverse Proportionality



## Patient Safety Incidents

- 1.6% people – Asian/Asian British
- 3.7% people – Black / African / Caribbean / Black British
- 3.3% people – Mixed/ Multiple Ethnic Groups
- 1.6% people – Other Ethnic group
- 29% people – Unknown Ethnicity
- 60.8% people – White / White British

## Patient Deaths

- 4.5% people – Black / African / Caribbean / Black British
- 4.5% people – Asian / Asian British
- 9.1% Mixed/ Multiple Ethnic Group
- 4.5% Other Ethnic Group
- 13.6% people – Unknown Ethnicity
- 63.6% people – White / White British

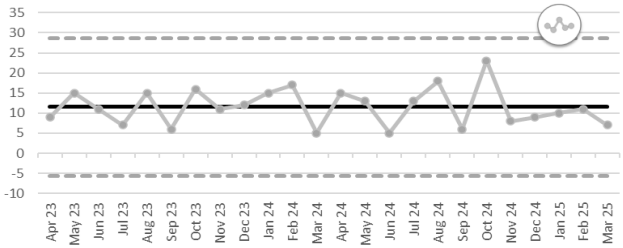
## Proportionality

This month, 8.5% of ethnically diverse people admitted to bed-based service were involved in an incident, however this number could be higher as 24% of service users did not have an ethnicity recorded in bed occupancy. 24.1% 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 21.6% of people in the past 2 years. Compared to an average over the two years of 16.2% 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 19) for us to be able to accurately demonstrate the proportion for ethnically diverse people involved in incidents.

The highest patient safety incident service users from ethnically diverse are involved in were for Exploitation Abuse incidents (37.4%) such as Intimidation/verbal abuse, Racial/Cultural abuse and sexual abuse.

Formal Complaints - Trustwide - starting April 2023



Safe2Share - Service User Results - March 2025

The ward environment can be busy. I believe I receive good support for any additional physical or sensory needs.

I think the staff respect my cultural background

I feel safe on the ward.

I find it easy to keep in contact with family and friends when I'm on the ward.

I think the activities on the ward meet my needs.

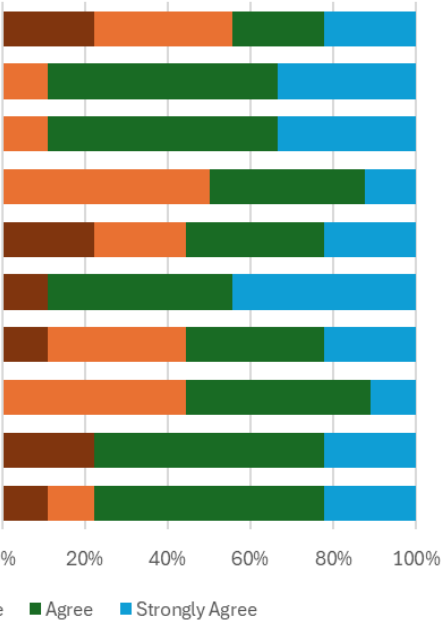
I feel that the staff treat me with respect and dignity.

I feel that the staff understand how my illness affects me.

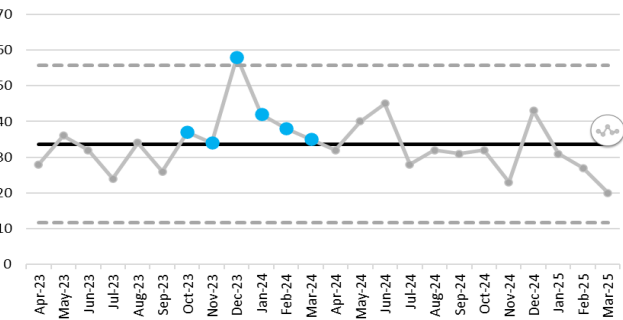
I have the opportunity to discuss my medication and side effects.

I have had my legal rights explained to me by a member of staff in a way that I can understand.

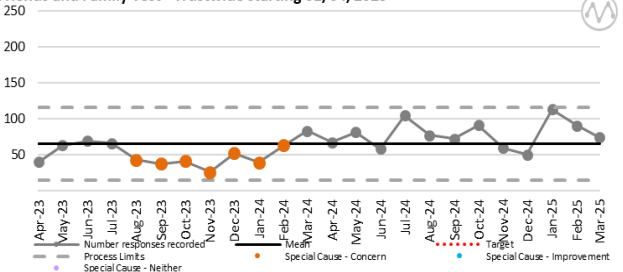
I have a say in my care and treatment.



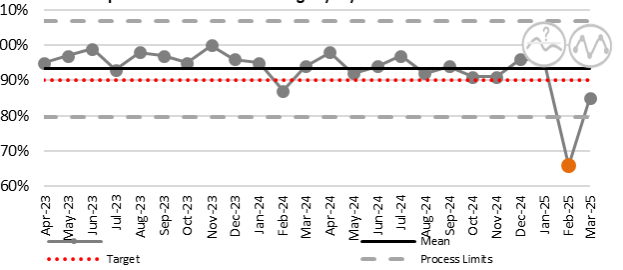
Compliments - Trustwide - Starting 01/03/2023



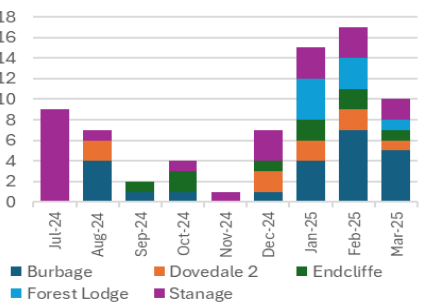
Friends and Family Test - Trustwide starting 01/04/2023



FFT Positive Response % - Trustwide starting 01/04/2023

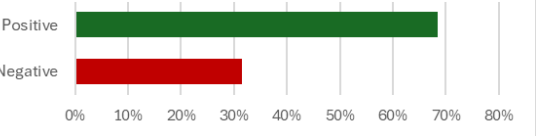


Safe2Share Submissions



Unit	Submissions	Average assessment
Endcliffe	1	Good
Stange	2	Satisfactory
Burbage	5	Satisfactory
Dovedale 2	1	Satisfactory
Forest Lodge	1	Satisfactory

Safe2Share Results - March 2025



### Complaints

7 formal complaints were received this month, 3 for Acute and Community and 4 for Rehabilitation & Specialist. Within each complaint there may be more than 1 cause. This month received complaints regarding:

- Patient care (2)
- Access to Treatment/Medication (2)
- Admissions & Discharges (2),
- Communication (4)
- Disagreement with Trust Policies (1)
- Values/Behaviours (2)

### At the time of reporting - 24 Complaints were due to close this month:

- Closed - Within Agreed Timescale (not upheld) – 5
- Closed - Within Agreed Timescale (partially upheld) – 13
- Closed - Within Agreed Timescale (upheld) – 2
- Outstanding (4) of which 2 are awaiting allocation of investigator, 1 under investigation, 1 drafted – quality assurance

Complaint performance is monitored weekly through our Patient Safety Oversight Panel.

### Compliments

20 complaints received this month, 5 for Acute & Community and 15 for Rehabilitation & Specialist. Our Specialist Community Forensic Team received the highest number (7) of compliments this month.

### Safe2Share

10 completed service user surveys were submitted in March 2025; however, no carer surveys have been completed this month. Of the submissions completed 60% 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 31.4% of answers were given a negative response this month.

### Friends and Family Test

In March 2025, the Trust received a total of 74 responses to FFT questions, of these, 63 responses were 'positive', 9 respondents rated the service as 'neither good nor poor', 3 respondent rated it as 'very poor' and one respondent as 'poor'. This results in 85.13% positive feedback for March.

Out of 3256 active service users, only 74 responses were received in March 2025, resulting in a response rate of 2.27%. This falls significantly below the Trust's target of 5% and represents no change from last month's response rate of 2.27%. Work is ongoing to improve feedback from service users and carers, both on the wards and community mental health services.



# Safer Staffing

IPQR - Information up to and including  
March 2025

# Safer Staffing

Organisation Name	Staff Group	Funded Establishment FTE	Staff in Post FTE	Vacancies FTE	Unavailability Total FTE	Substantive Usage FTE (Actual)	Bank Usage FTE	Agency Usage FTE	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	Narrative	CHPPD	Overall CHPPD	Demand Template CHPPD
Burbage	Registered Nurses	12.38	15.00	-2.62	8.76	4.66	1.45	1.95	8.06	4.32	73%	92%	Numerous vacancies and staff absences	3.52	12.33	11.27
Burbage	Unregistered Nurses	28.06	15.00	13.06	6.38	13.35	10.66	0.06	24.07	3.99	104%	106%		7.70		
Dovedale 1	Registered Nurses	11.22	11.80	-0.58	6.10	7.44	2.34	0.64	10.42	0.80	106%	106%		3.54	13.44	9.15
Dovedale 1	Unregistered Nurses	21.77	16.16	5.61	7.21	9.00	15.58	1.67	26.25	-4.48	120%	120%	High acuity and Observations	9.18		
Dovedale 2 Ward	Registered Nurses	11.59	11.44	0.15	3.80	7.07	1.82	0.21	9.09	2.50	76%	99%	Required	4.56	13.48	12.04
Dovedale 2 Ward	Unregistered Nurses	18.98	18.67	0.31	8.37	12.43	4.19	0.13	16.76	2.22	88%	114%		7.01		
Endcliffe Ward	Registered Nurses	11.36	12.95	-1.59	6.59	7.09	3.20	1.24	11.53	-0.17	75%	102%	Changes in observation practice resulting in less clinical need for observations but additional night staff to support incidents	5.93	18.87	16.87
Endcliffe Ward	Unregistered Nurses	26.35	24.00	2.35	9.44	13.66	10.48	0.22	24.36	1.99	124%	125%		12.55		
Forest Close 1	Registered Nurses	8.60	9.00	-0.40	5.54	4.48	0.77	0.00	5.25	3.35	107%	100%		4.02	10.23	4.50
Forest Close 1	Unregistered Nurses	10.69	8.40	2.29	3.20	6.36	1.01	0.00	7.37	3.32	100%	100%		6.20		
Forest Close 1a	Registered Nurses	10.10	9.40	0.70	3.13	6.87	1.20	0.06	8.13	1.97	107%	100%		4.79	16.69	8.00
Forest Close 1a	Unregistered Nurses	18.43	18.23	0.20	8.65	10.82	1.54	0.00	12.35	6.08	97%	119%		7.45		
Forest Close 2	Registered Nurses	8.60	6.80	1.80	4.32	3.95	1.06	0.00	5.02	3.58	107%	100%		3.06	8.37	0.00
Forest Close 2	Unregistered Nurses	10.69	7.99	2.70	3.72	5.46	2.19	0.00	7.66	3.03	97%	100%		5.31		
Forest Lodge Assessment	Registered Nurses	9.40	9.18	0.22	4.21	4.71	1.72	0.40	6.83	2.57	93%	106%		4.12	12.45	13.23
Forest Lodge Assessment	Unregistered Nurses	12.98	11.44	1.54	8.07	5.61	8.03	0.61	14.25	-1.27	98%	105%		8.19		
Forest Lodge Rehab	Registered Nurses	8.00	7.82	0.18	4.15	4.52	1.06	0.65	6.24	1.77	87%	100%		2.92	5.77	7.81
Forest Lodge Rehab	Unregistered Nurses	10.62	9.36	1.26	3.23	5.24	1.73	0.17	7.14	3.48	84%	99%		2.85		
G1 Ward	Registered Nurses	11.22	12.80	-1.58	4.29	9.51	1.86	0.00	11.38	-0.16	140%	109%	Increased acuity 1-1 which has since been reduced accordingly	4.46	17.44	11.33
G1 Ward	Unregistered Nurses	32.09	26.69	5.40	10.07	17.78	15.42	0.76	33.96	-1.87	120%	137%		12.38		
Stanage	Registered Nurses	11.59	14.60	-3.01	7.92	7.13	2.08	0.29	9.50	2.09	100%	100%		3.58	10.51	9.80
Stanage	Unregistered Nurses	23.42	19.28	4.14	8.43	12.20	6.65	0.00	18.84	4.58	95%	101%		6.32		
HBPoS/ Decisions Unit	Registered Nurses	16.69	13.69	3.00	6.62	7.49	3.64	0.95	12.08	4.61	0%	0%		0.00	0.00	12.34
HBPoS/ Decisions Unit	Unregistered Nurses	10.85	10.54	0.31	3.29	7.43	7.05	0.00	14.48	-3.63	0%	0%		0.00		

- 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

	Bed Occupancy %	Total Complaints	Total Incidents	Patient Safety Incidents	Serious Incidents moderate and above	Staffing Incidents	Narrative	Medication Incidents	Self-Harm Incidents
Burbage	100%	1	91	69	3			15	37
Dovedale 1	97%	0	52	23	2	53	Bank and Agency use due to High acuity and observation levels, sickness and AL cover	3	1
Dovedale 2	101%	2	27	14	3	0		4	4
Endcliffe	99%	0	41	21	1	0		3	7
Forest Close 1	97%	0	11	2	3			0	0
Forest Close 1a	98%	0	8	3	0			3	0
Forest Close 2	102%	0	25	7	0	0		1	0
Forest Lodge Assessment	90%	0	49	18	12			4	1
Forest Lodge Rehab	100%	0	12	5	5			2	0
G1 Ward	84%	3	44	29	2	23	More than 50% increase in shifts with more than 50% bank and agency aligns to acuity and sickness/AL levels	2	1
Stanage	100%	0	53	19	2			14	2
HBPoS and Decisions Unit	n/a	0	62	16	17			7	6

## Acute

### What is the current staffing situation?

- **Endcliffe** - Changes in observation practice resulting in less clinical need for observations. Due to no other ward at Longley continue to use a twilight to support with least restrictive practise and to support if there is an incident
- **DD2** - Still above establishment with HCA's for a 12 bedded ward. 2 Band 3 on LTS. Low agency use, acuity generally low, incident numbers low.
- **Stanage** - CER set at 16 beds. Acuity levels within expected ranges. Training above 98%. Supervision rates low. No red flag incidents.
- **Burbage** – 7 band 3 vacancies remain, interviews mid-April, 2 SNP on ward now following return from mat leave, 1 temp ward manager, substantive post successfully appointed to and due to start April . High acuity, high admission and discharge rate.

### How effectively has the workforce been utilised?

- **Dovedale 2** - Continued culture of care engagement, weekly staff support meetings established. Substantive ward manager supporting Burbage, SNP temporary covering until end of April
- There are a number of vacancies across acute services with progress being made in recruitment and upcoming interviews.

## Older Adult

### What is the current staffing situation?

- **Dovedale 1** - Significant acuity and high levels of verbal abuse present on Dovedale 1 for the

whole of March. There has been significant input from Matron, Chaplain and psychologist. This has been cast wider to Director and Head of Nursing.

- **G1 Ward** - For the majority of March we have had dependency 4 and 5 which is an increase in acuity 1-1 All are reviewed daily and reduced accordingly. Sickness is being monitored by matron and OSM

### How effectively has the workforce been utilised?

- **Dovedale 1** - Not always able to staff to needs of the ward due to CER only allowing for x1 1-1 and acuity being higher. Have regular bank staff which provides continuity. Issue with time needed to wait to put out to agency and then not being able to fill shifts leaves shifts short.

## Rehabilitation & Specialist

### What is the current staffing situation?

- **Forest Close** - High acuity resulted in increased HCA numbers on night shift for about a week. Service user was presenting as acutely unwell which resulted in several incidences of risk of harm to others.

### How effectively has the workforce been utilised?

- **Forest Close** - Always working within clinical establish staffing. Where this has been affected by sickness support is sort across forest close site. This often means moving staff around with a clear focus on safety and quality patient care. Ward manger also supports by stepping in to take charge.

# Our People

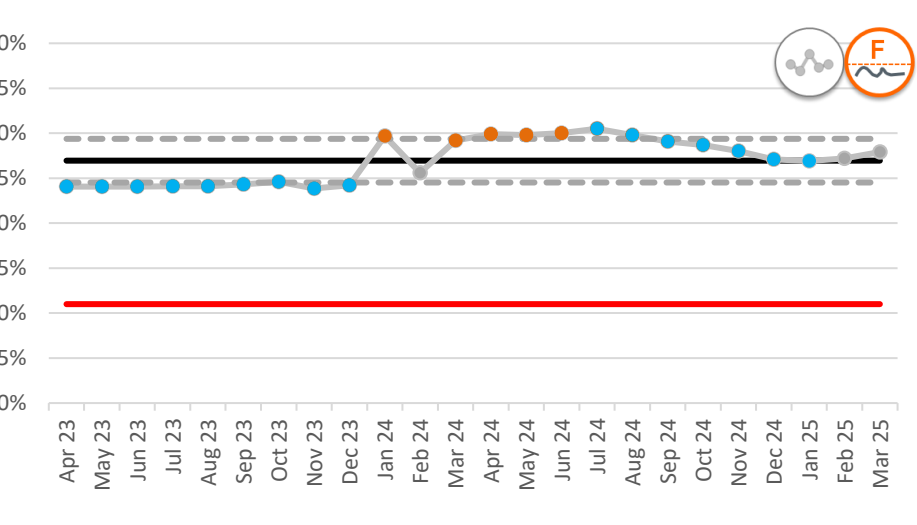
IPQR - Information up to and including  
March 2025

# Well-Led | Workforce Summary

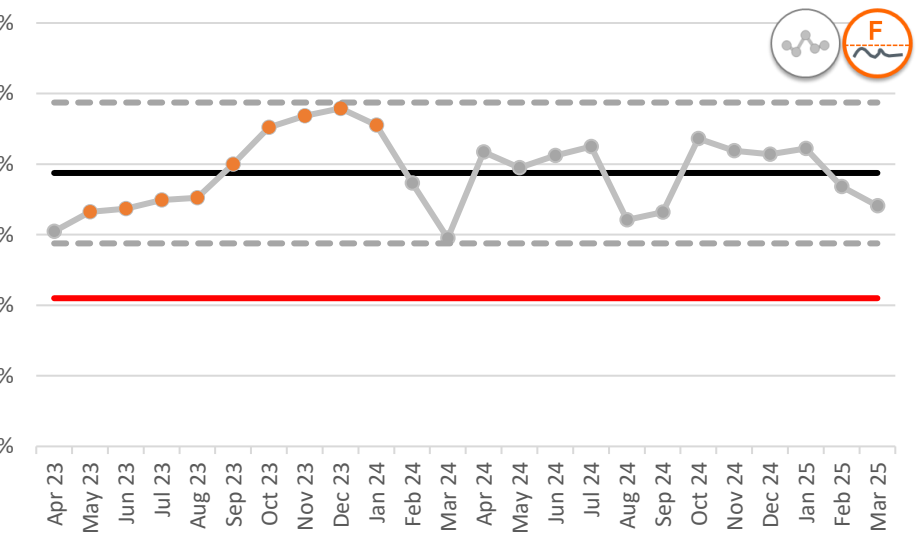
		Mar-25			
Metric	Target	n	mean	SPC variation	SPC target
Sickness 12 Month (%)	5.1%	6.8%	6.7%	• • •	F
Sickness In Month (%)	5.1%	6.4%	6.9%	• • •	F
Long Term Sickness (%)	-	4.6%	4.5%	• • •	-
Short Term Sickness (%)	-	2.2%	2.4%	• • •	-
Headcount Staff in Post	-	2606	2660.7	• L •	-
WTE Staff in Post	-	2287.1	2338.6	• L •	-
Turnover 12 months FTE (%)	10%	12.7%	15.7%	• L •	F
Training Compliance (%)	80%	88.8%	88.2%	• H •	P
Supervision Compliance (%)	80%	48.9%	65.2%	• L •	F

# Well-Led | Sickness

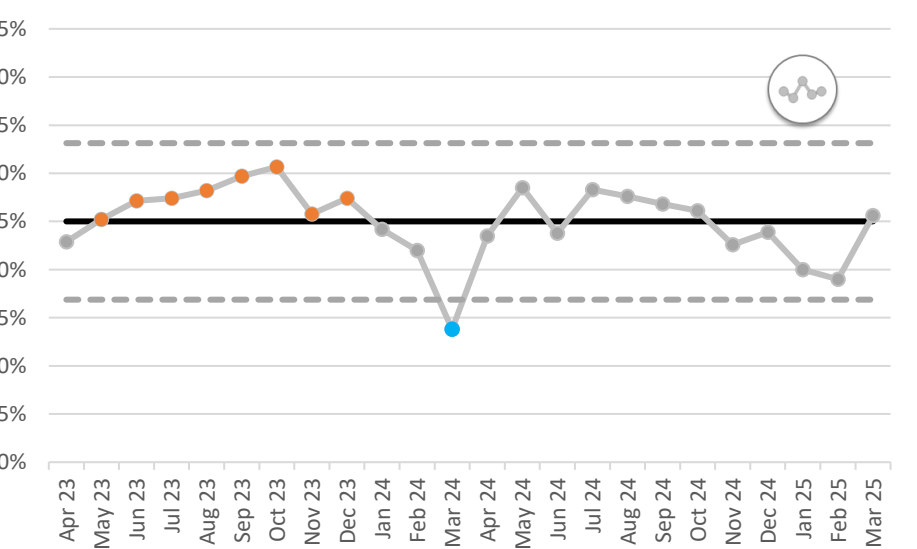
% Sickness Absence Rate (12m rolling) - Trustwide



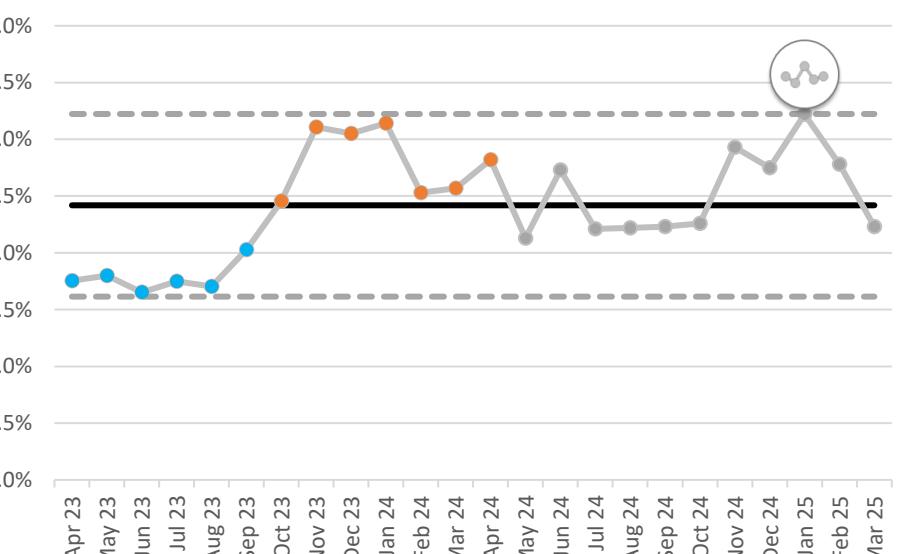
% Sickness Absence Rate (in month) - Trustwide



% Long Term Sickness Absence Rate (In Month) - Trustwide



% Short Term Sickness Absence Rate (In Month) - Trustwide



## Narrative

12-month average sickness has another slight increase this month although previous months have continued to decrease month-on-month and we have seen a lower average sickness over the winter period this year than we did last year.

Long term has increased this month however short term sickness has continued decreased this month

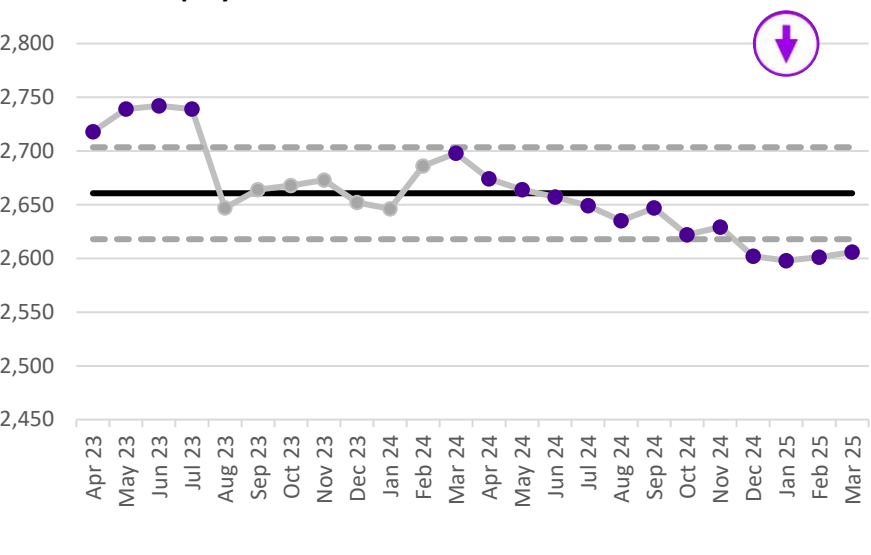
Long term sickness has had a slight increase this month . HR Business Partners continue to offer support on how to manage long term sickness.

Short term sickness has had a significant decreased this month as we approach the end of seasonal illness such as cold/flu/covid.

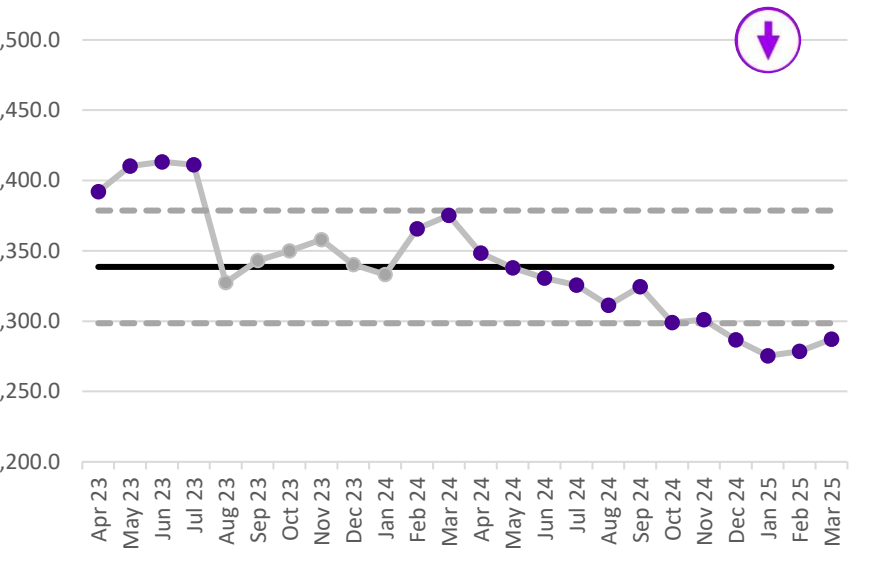
Overall, we continue to not meet the sickness target of 5.1%

Sickness	Feb-25	Mar-25
Trustwide	6.7%	6.4%
Long Term	3.9%	4.6%
Short Term	2.8%	2.2%

Headcount Employed Staff - Trustwide



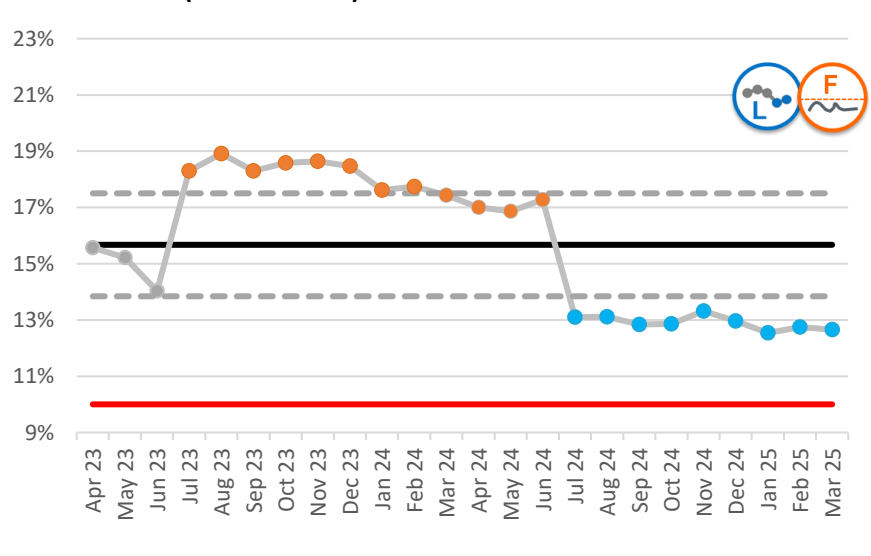
WTE - Trustwide

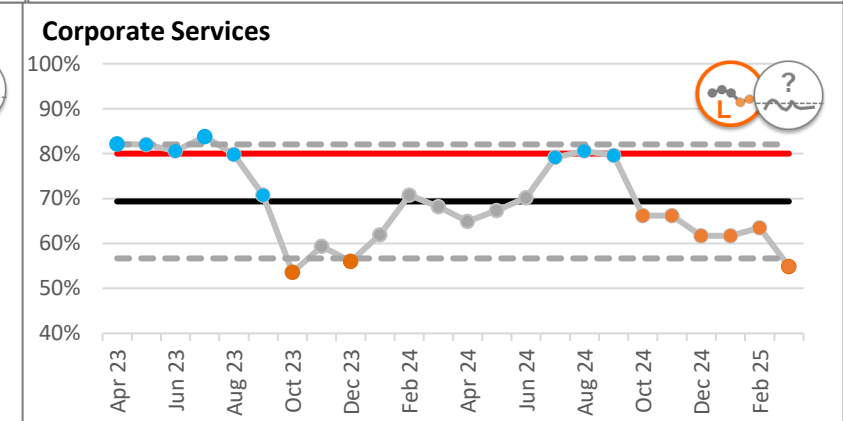
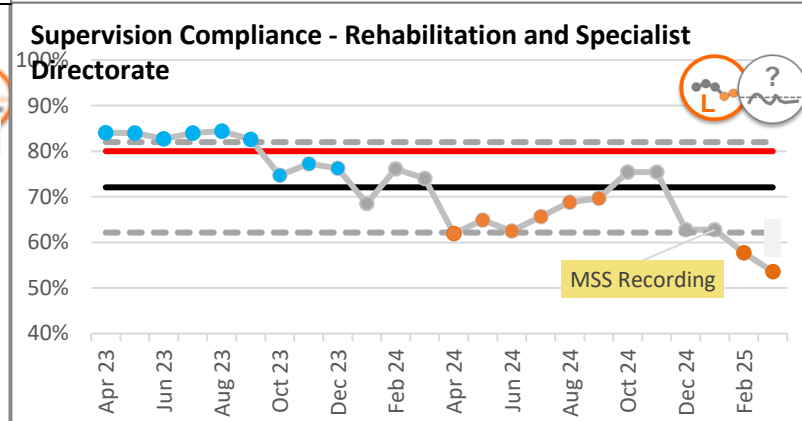
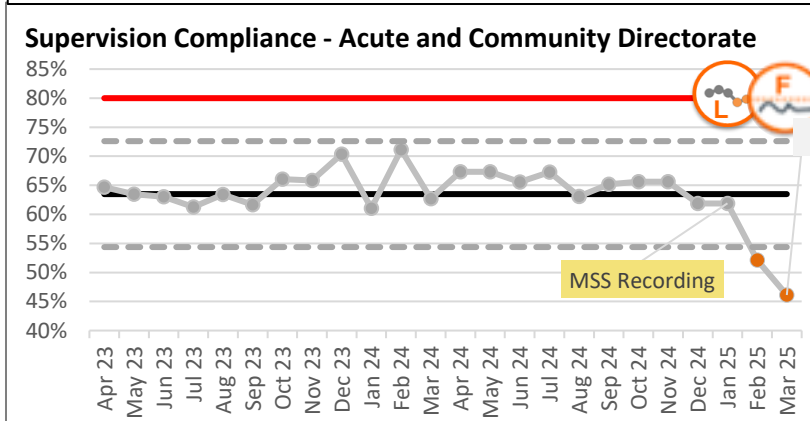
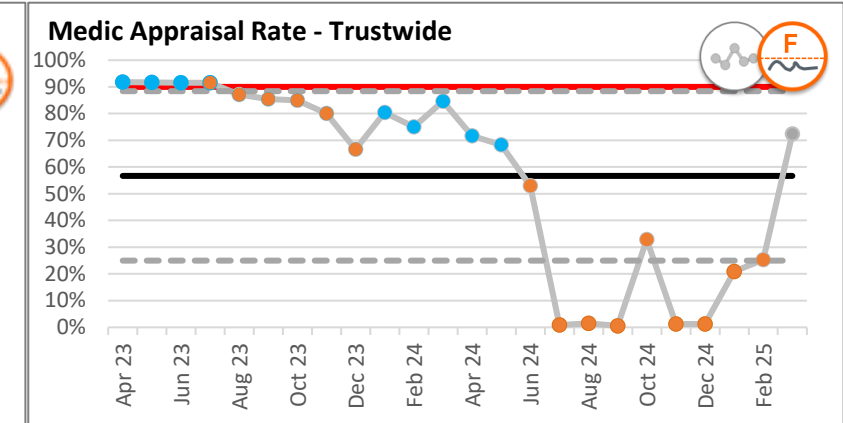
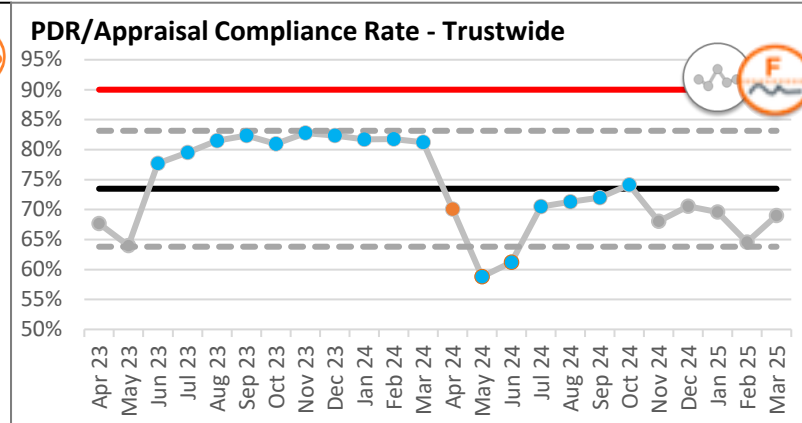
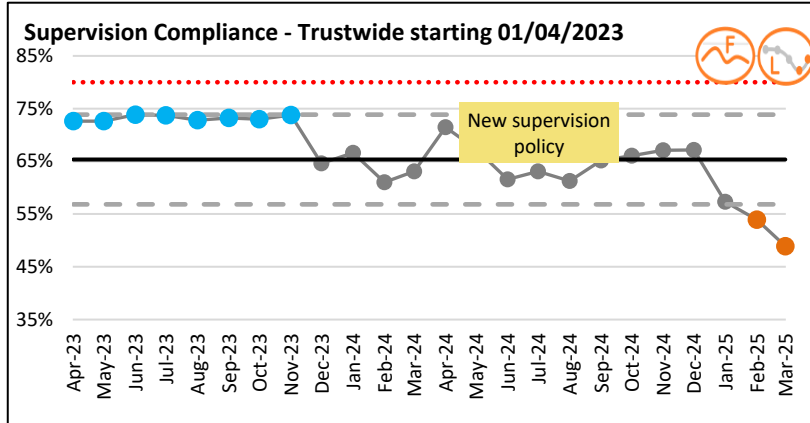


Narrative

Slight increase in headcount and WTE is 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.

Turnover Rate (12m FTE rate) - Trustwide





## 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.

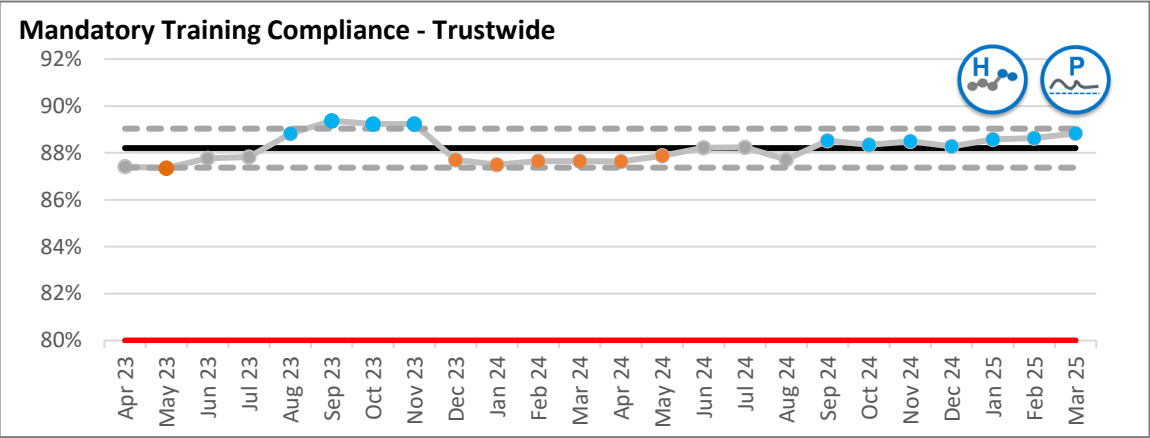
## Narrative

Supervisions are now being recorded in ESR. Compliance dropped in February 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: daily training sessions throughout March and April (links and dates on intranet), all user guides updated 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.

Medical appraisals are recorded separately in another system. From March the compliance rate will be transferred to ESR as 1 single source of truth for reporting PDR compliance for all staff groups. Medical appraisal compliance is at 91% this does not include rotational doctors.





**Aim**  
We will ensure a trust wide compliance rate of at least 80% in all mandatory training, except safeguarding subjects and information governance where a compliance rate of at least 90% compliance is required.

	Feb-25	Mar-25
Trustwide	88.6%	88.9%
Corporate Services	83.4%	85.6%
Medical Directorate	88.6%	89.1%
Acute & Community – Crisis	91.2%	90.8%
Acute & Community – Acute	89.8%	91.9%
Acute & Community – Community	93.7%	92.2%
Rehab & Specialist – Older Adults	84.4%	82.9%
Rehab & Specialist – Forensic & Rehab	90.5%	90.7%
Rehab & Specialist – Highly Specialist	90.9%	90.4%
Rehab & Specialist – Talking Therapies	93.9%	93.2%

**Narrative**  
Bank staffing at PGME teams are now both above 80%, however Dovedale 1 ward is now below 80% as well as Birch Avenue and Eating Disorders  
The roll out of the Rio EPR has not impacted the overall compliance of the Trust or the majority of the teams across the organisation which is very positive.  
Recruitment of the Manual Handling lead is ongoing and once in post a recovery plan will be put in place by the Physical Health Team with the support of training admin team to ensure training is rolled out and undertaken to support the subject returning above 80%.

Subjects below target	Target	Dec-24	Jan-25	Feb-25	Mar-25
Information Governance	90%	86.9%	87.1%	86.4%	87.4%
Resuscitation Level 2 (BLS)	80%	71.4%	71.3%	72.1%	71.7%
Resuscitation Level 3 (ILS)	80%	77.9%	76.2%	79.6%	77.1%
Mental Health Act	80%	72.6%	74.3%	75.6%	79.2%
Medicines Management	80%	64.2%	66.6%	67.4%	66.9%
Rapid Tranquilisation	80%	57.7%	61.8%	64.3%	68.4%
Respect Level 1	80%	68.2%	71.6%	73.7%	73.7%
Respect Level 3	80%	71.3%	69.3%	69.4%	72.1%
Safeguarding Children Level 3	90%	64.4%	66.8%	66.6%	60.9%
Moving and Handling Level 2	80%	60.0%	61.6%	60.7%	47.6%

Teams below target	Target	Dec-24	Jan-25	Feb-25	Mar-25
Birch Avenue	80%	79.2%	79.1%	79.3%	78.6%
Eating Disorders	80%	79.0%	78.4%	78.7%	79.3%
Bank Staffing	80%	76.3%	76.6%	77.3%	80.3%
Dovedale 1 ward	80%	81.5%	80.8%	80.8%	79.1%

# Financial Performance

IPQR - Information up to and including  
March 2025

# Executive Summary

Key Performance Indicator		YTD Plan £'000	YTD Actual £'000	Variance £'000
Surplus/(Deficit)		(6,514)	(6,009)	505
Adjusted Plan Surplus/(Deficit)		(603)	(98)	505
Cash		33,897	41,830	7,933
Efficiency Savings		7,334	7,334	0
Capital		(10,246)	(7,705)	2,541
		Target	Number	Value
Invoices paid within 30 days (Better Payments Practice Code)	NHS	95%	100.0%	100%
	Non-NHS	95%	99.7%	99.2%

## Narrative

At Month 12, the £6m deficit described in Month 11's report was achieved. This resulted in a positive variance to plan of £0.5m due to aligning the Capital policy in the Trust to other NHS providers in South Yorkshire, this includes some staffing and computer equipment such as laptops which have historically been classified as Revenue. The position has been achieved despite Out of Area overspending by £8.9m as a result of increased delayed discharges and increased length of stay. This has been possible due to the additional financial controls and mitigations put in place since Month 6.

As highlighted previously the adjusted plan includes the non-recurrent deficit funding of £5.9m, NHS England have confirmed the funding will not have to be returned.

Cash is higher than planned due to the non-recurrent deficit funding, pausing of the Capital program and receiving additional Capital funding in year (most payments will be made in April), 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 totaling £10.3m were developed, the £7.3m savings requirement was achieved, £6.0m of these saving are recurrent savings (80%).

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:

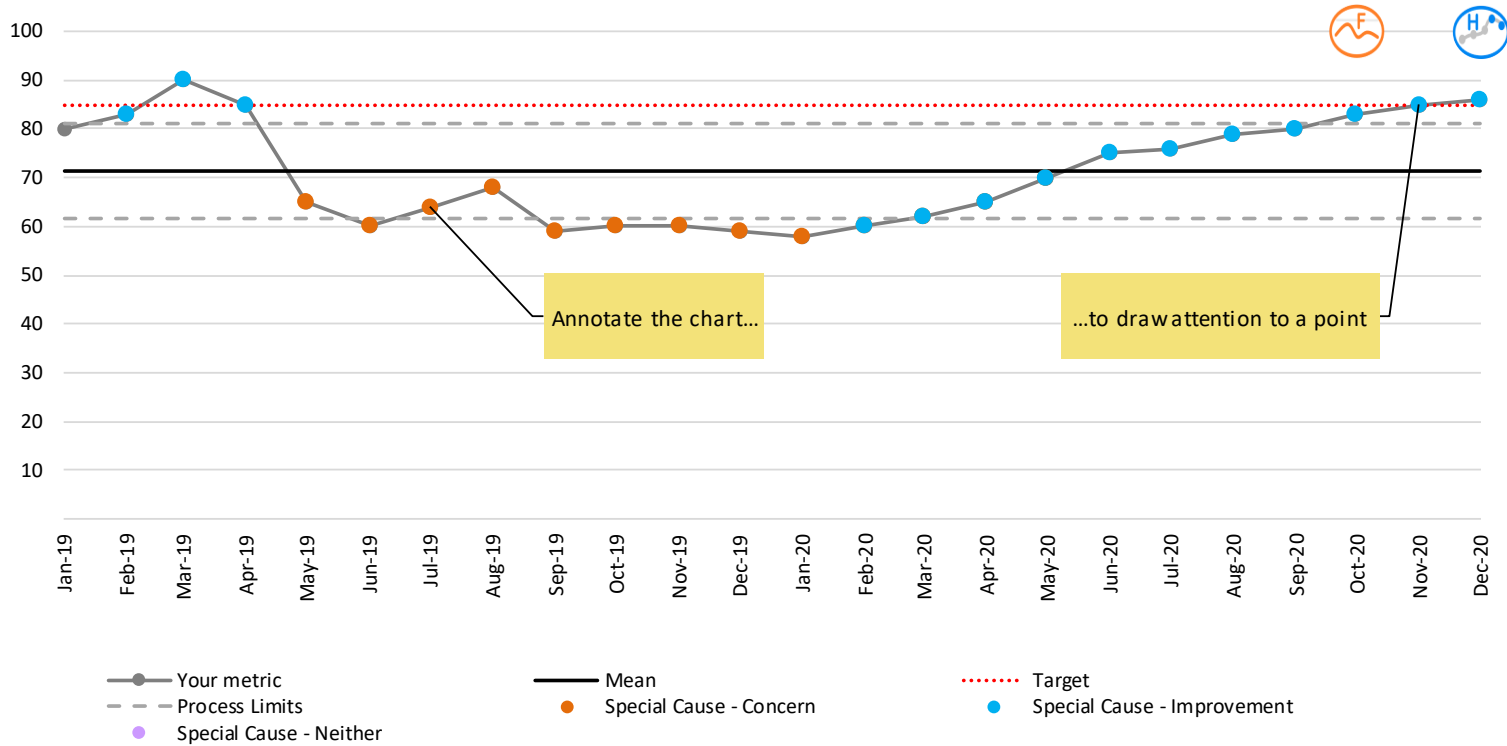
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

<b>Variation Icons</b> The icon which represents the last data point on an SPC chart is displayed.								<b>Assurance Icons</b> If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON										
SIMPLE ICON	• • •	• H •	• L •	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause 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			Start Date	01/01/2019	
Team/Service	Team/Directorate/Trust			Duration	24	Months
Your Measure	Your metric			Baseline		
Improvement Indicator	High is Good			Min Value	0	
Target	85			Max Value	100	

SPC Chart Example - Team/Directorate/Trust starting 01/01/2019



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

## Appendix 3 | SHSC Glossary

A&C	Acute and Community Services
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
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
PDR	Performance Development Review
PICU	Psychiatric Intensive Care Unit
PSIRF	Patient Safety Incident Response Framework
QI	Quality Improvement
quality	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