Board of Directors
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Confidential/public paper:	Public
Report Title:	**Integrated Performance and Quality Report May 2025**
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Vision and values:	We use the Integrated Performance and Quality Report (IPQR) to ensure that **we keep improving** 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.
Purpose:	The IPQR is produced every month as part of the SHSC Performance Framework. It provides assurance on key performance and quality indicators. Where performance is worsening or below target, remedial actions will be taken and communicated in the narrative.
Executive summary:	This IPQR contains data to May 2025. We implemented a new electronic patient record (EPR) system in March for the majority of our services. We are monitoring the impact of this on data quality. **Quality Assurance Committee** received the IPQR on 9 July 2025. The discussion is summarised as follows: • The committee requested a thorough review of live recovery plans to ensure areas of concern are monitored. This review will be completed in September. • The committee requested a detailed explanation of the implications of the end of the changing futures funding on the homeless assessment and support team (HAST) and how the Trust is mitigating the issue. **Finance and Performance Committee** received the IPQR on 10 July 2025. The discussion is summarised as follows:

	• The committee requested assurance on the inpatients with a long length of stay on Forest Close and Forest Lodge. It was agreed that this would be provided after the meeting. • The committee requested clarification on which KPIs in the report have national targets. This will be provided as part of the refresh of the IPQR in September. **Appendix attached:** • Integrated Performance & Quality Report May 2025

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 integrated care board (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, 9th July • Finance and Performance Committee, 10th July • Executive Management Team, 17th July
Recommendation:	Executive Management Team is asked to: • receive and consider the report for **assurance** • use the report as a basis for **discussion** around Trust performance and quality of delivery • request remedial action where required

Board of Directors

Integrated Performance and Quality Report May 2025

July 2025

1. Purpose of the report

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

2. Community Mental Health

Referrals into the Community Mental Health Teams remain high and work is still ongoing through the Home First Programme. Referral criteria and caseload management is currently being reviewed. A caseload management tool will be introduced. The Chief Operating Officer has held an initial meeting to reset the relationship between PCMHT. This work includes a review of the unsigned service level agreement, review the joint executive board terms of reference and attendance. Both teams have made progress with reviewing caseloads and waiting lists with some of these returning to more expected levels though there is much more work to do. The move to the new Rio EPR system has introduced national definitions for clock stops for assessment and treatment wait times: this has resulted in some longer referral to treatment wait times being reported. This is being addressed as part of Rio optimisation workshops which have taken place in June and with a view to make changes and improvements over the next few months.

3. Patient Flow and Out of Area

The use of out of area (OOA) hospital bed nights has been reducing since January 2025. In May there was a very slight increase over April with 642 OOA acute bed nights against a target of 651 and 168 PICU OOA bed nights against a target of 279. This year's targets have been met so far but further improvement is required for this to continue. Our Home First Programme and insights from a consultancy have identified the key drivers are: capability and capacity of community and crisis services, the efficiency of hospital care (length of stay), and social care delayed discharge.

The percentage of delayed discharges for adult acute & PICU has achieved the 10% target since February, with the actual figure in May being 6.7%. This is a slight increase since April but remains below target and the number of bed nights delayed remains very low when compared to the last 24 months. Delays for older adults have fluctuated around an average of 25% and in May saw 155 bed nights occupied by delayed discharges which is nearly half of the figure in April.

Rolling 12-month discharged length of stay for adult acute and PICU has been high since the start of 2025 due to the discharge of a number of very long stay clients (982 days and 2 x 630 days). As these are 12-month rolling figures they are likely to remain high for the rest of the year. Other metrics more in line with national reporting are being considered as part of the IPQR review.

4. Urgent and Emergency Care

4.1 Crisis Care

12 hour emergency department (ED) breaches increased to 11 in May after a period of improvement (only 3 in April). Anecdotally it has been reported that a reasonable number of beds were required for ED patients during unsocial hours, resulting in transport delays. June shows promise of a return to lower figures with 5 so far recorded (at 26/06/25, awaiting validation).

Liaison Psychiatry waiting time data quality/completeness has seen significant improvement in May (from ~70% of A&E referrals with a F2F contact to 92%) as a result of an internal audit and work with Digital colleagues. Work is ongoing to assess capacity and demand variation and identify where waiting time performance can be improved.

The Decisions Unit has seen a positive further increase in admissions and continues to be a highly valued service as demonstrated by the large number of positive F&F feedback (the DU accounts for more than 50% of Trustwide F&F feedback and is comprised almost entirely of 'good' and 'very good' responses). Work is ongoing to further increase utilisation of the service through partnership with South Yorkshire Police and the possible introduction of patient initiated follow-up pathways.

4.2 111 Mental Health Option

Average answer times have improved slightly for a second consecutive month, however, they remain 27% higher than the average call times prior to the February deterioration. It had always been the case that despite this deterioration and the failure to meeting aspirational call answer times, our 111 calls provider Nottingham Community Housing Association (NCHA) performed better than average amongst national peers (Access to Crisis Care via NHS 111 Mental Health, April to August 2024 - NHS England Digital). This is now no longer the case, with the most recent figures showing national average call answer times on par with NCHA's most recent performance. Further work is required to track progress towards an achievable target with an agreed deadline.

4.3 Health-Based Place of Safety (HBPoS)

HBPoS breach hours increased slightly in May after a 6-month period of sustained improvements. At 46% of bed-hours breached it is still well below the 2-year average and likely represents increased demand on the suite with increased admissions in May. There were 35 s136 admissions in May which is almost double the average from the preceding 3 months. This increased utilisation is anecdotally assumed to be due to increased availability as a result of lower breach rates. The consequence is that a significant proportion of s136 admissions become breaches themselves once the s136 expires and no acute beds are immediately available. This is likely the driver behind the overall increased breach rate from 38% (April) to 46% (May). Breach rate for the regional suite remains low at 4.3% highlighting the efforts made to keep a suite either available or utilised for s136 admissions.

5. Specialist Services Waiting Times

5.1 Specialist Psychotherapy

Work is ongoing to implement suitable wait lists for the service into the EPR to move away from locally stored spreadsheets. There is additional work ongoing to understand how different interventions should be recorded on the system to stop the clock for treatment waiting times. Once these are resolved, we will be able to report accurate data for wait lists and referral to treatment wait times. Referral to assessment wait times remain below the mean for both MAPPS and P/CT.

5.2 Eating Disorders Service

Waiting list has returned to the mean after an initial spike in September 2024. Referral to assessment wait times has been above the mean for 10 consecutive months due to limited capacity available to deliver assessments and address the backlog. Assessment practitioners have been increased recently to improve capacity. Urgent referrals continue to be prioritised.

5.3 Gender Identity Clinic

Waiting list for GIC has dropped below the mean for the first time in 18 months after recent recruitment to the team helped to stabilise the waiting list through increased capacity for delivering assessments.

5.4 Sheffield Adult Autism and Neurodevelopmental Service (SAANS) Autism spectrum disorder ASD & Attention Deficit Hyperactivity Disorder (ADHD)

Increased referrals for ASD are linked to the transfer of patients from Sheffield Children's Hospital. SCH have been transferring 20-25 patients per week. This also explains the slight increase in ASD waiting list this month. Once the transfer is complete, we would anticipate that referrals would return to the normal level and that the waiting list would begin to reduce again. The ADHD waiting list has stabilised since the Derbyshire contract ended in November 2024. We are currently working on a plan to develop a nurse-led model and implementation of a digital tool. If agreed, these will significantly increase our capacity to deliver assessments and help to reduce the waiting lists. The service is about to implement a data cleanse of the list to provide a true position.

5.5 Perinatal

Caseload has increased in recent months due to an expansion of the workforce to align with the national long term expansion plan to increase access rate to 7.5% of the population of expectant mothers. The waiting list increase is being monitored.

5.6 Homeless Assessment and Support Team (HAST)

There has been a slight reduction in referrals to the service since the Changing Futures funding ended in March 2025. We understand that some agencies within the city have interpreted this as the closure of HAST. This has been addressed through various communication channels. Waiting list and caseload have also reduced as a result of the low referrals as well as more stringent referral management to ensure that the smaller team can manage the caseload safely.

6. Safety and Quality

6.1 Unreviewed Incidents

Unreviewed incidents fallen significantly in recent months following the intensive support programme initiated by the executive director of nursing, professions and quality. However, this is still significantly above the previous average; the improvement work continues. It is important to note that all incidents are reviewed daily in the daily incident safety huddle and action taken to address safety risks immediately. The unreviewed incidents relate to team level review and closure of incidents.

6.2 Safer Staffing

On Endcliffe ward, changes in observation practice have resulted in less clinical need for observations and a twilight shift has been used to support minimal use of restrictive practice and in the event of incidents.

Dovedale 1 ward has had minimum unsafe staffing numbers due to not being at full bed occupancy. At times, the ward has been overstaffed due to changes in patient acuity which has occurred without enough notice to cancel bank shifts. Acuity has shifted significantly at times during the month.

On Forest Lodge, a senior nurse practitioner, a deputy ward manager and ward manager are in the numbers some days to cover shortfalls.

7. Good Performance

Committee			KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q		Waiting Lists	6-7		Reduced waiting list for Psychosexual Therapy, HAST, and LTNC.
F	Q		Waiting Times (RtA)	6-7		Sustained reductions in average wait time referral to assessment for SPS P/CT, Psychosexual Service, and CFS/ME.
F	Q		Caseloads/Open Episodes	6-7		Decreasing trending/ low caseloads for SPS, SAANS, and HAST.
F	Q		Out of Area Rehab Placements	11		Maintaining low number of bed nights and out of area placements.
F	Q		Delayed care	14		Adult Acute & PICU low number of delayed bednights in month. Consistently below the mean for numbers of bednights and 4 months of delivering target % of delayed discharges.
F	Q		Talking Therapies – wait times	16		Talking Therapies consistently achieving the 6 (75%) and 18 week (95%) wait targets, with performance at 98% & 100% respectively.
	Q		Falls	22		The number of falls by people and incident has reduced trustwide.
	Q		Complaints Response Rate	24		The response rate has been increasing over the last 8 months.
	Q	P	Mandatory Training	33		Trustwide 89% - Consistently achieving the trustwide target of 80%.

8. Performance Concern

Committee			KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?
F	Q		Waiting Lists	6-7		Increased waiting lists for CMHT South, SCLDS, Perinatal MH, AOT.	Recovery Plan x 2 (Gender, SAANS) Quality Assurance Committee
F	Q		Waiting Times (RtA)	6-7		Increases in average wait time referral to assessment for SCLDS, Gender Identity Clinic, Perinatal MH, and Eating Disorder Service.	Recovery Plan

Committee			KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?
F	Q		Waiting Times (RtT)	6-7		Increase in average wait time referral to treatment for CMHT North & South, and EIS.	Optimisation phase of the Rio Programme for those that are currently not reported.
F	Q		Caseloads/Open Episodes	6-7		Increasing trend/high caseloads in CMHT North, EIS, SCLDS, AOT, CERT, SCFT, Perinatal, HIT, Gender, ME/CFS, and Eating Disorder Service.	Recovery Plan x 2 (Gender & SAANS) Quality Assurance Committee
F	Q		Length of Stay – Adult acute wards	8		Failing to meet target of 40.7 for average discharged length of stay (12 month rolling) at 52.0.	Linked to Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
F	Q		Out of Area Acute Placements	8-9		Prolonged failure to meet reduction of out of area beds. Adult acute at 26 placements at month end. PICU at 6 placements at month end.	Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
F	Q		Length of Stay – PICU ward	9		Increased average discharged length of stay (12 month rolling) 83.6 for May, benchmarking 71.6.	This is being monitored
F	Q		Length of Stay – Rehab & Forensic wards	11		Increased discharge and live length of stay.	Analysis in progress
F	Q		Liaison Psychiatry Wait Times	13		Failing to meet target. Achieved 59.9% seen within 1 hour.	Partially mitigated through Better Care Fund investment
	Q		Unreviewed Incidents (Overdue)	20		Increased number of unreviewed incidents overdue. 8 months above mean.	Targeted work ongoing by Risk Team
	Q	P	Staff sickness	30		Consistently failing to meet trust target of 5.1%. May-25 6.6% 12 month rolling.	Sickness Group
	Q	P	Staff Turnover	31		12.9% Staff turnover rate failing to meet trust target of 10%.	Sickness Group
	Q	P	Supervision	32		Consistently failing to meet 80% target trustwide, May-25 47.6%.	Action Plan/Local Recovery Plans People Committee
	Q	P	PDR and medic appraisals	32		Consistently failing to meet trustwide target of 90% for PDR compliance (excluding medics) 7 months below the mean. Work is underway to investigate data quality.	Action Plan/Local Recovery Plans People Committee

Committee			KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?
						Medics transitioning to ESR but meeting target	
F			Value Improvement Plans	35		Not the level of plans in delivery phase required to achieve YTD target.	Work by Finance ongoing to ensure plans are signed off

9. Recommendations

The Executive Management Team is asked to:

- receive and consider the report for **assurance**
- use the report as a basis for **discussion** around Trust performance and quality of delivery
- request remedial action where required.

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Integrated Performance & Quality Report

Information up to and including May 2025

Proud to care in Sheffield

Introduction

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

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

We use statistical process control (SPC) charts where possible to better understand what is natural variation (common cause) in performance and unusual patterns (special cause) in data which are unlikely to have occurred due to chance and require investigation. Using SPC charts can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting a target or standard without a change.

This report contains a variation on the SPC icons we are using in SPC charts to easily identify improvement or cause for concern, so that we can look at more information but still identify the points of interest.

You will see tables like this throughout the report. There is further information on how to interpret the charts and icons in Appendices 1 and 2.

Unless otherwise stated the control limits (the range within which normal variation will occur) are set by 24 months of data points, for example in the case of May 2025 reporting, we are using monthly figures from June 2023 to May 2025. Where 24 months data is not available; we use as much as we have access to.

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

Variation		
Icon	*Cell Format*	*Description*
	• • •	Common cause variation
	• H •	Concern – where low is good
	• L •	Concern – where high is good
	• H •	Improvement – where high is good
	• L •	Improvement – where low is good
	• H •	Special cause – where neither high nor low is good – **point(s) above UCL or mean, increasing trend**
	• L •	Special cause – where neither high nor low is good – **point(s) above UCL or mean, decreasing trend**

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

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

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

Colour Key	F	M	P	Q
Finance				
MH Legislation				
People				
Quality				

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Service Delivery

IPQR - Information up to and including May 2025

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Responsive | Access & Demand | Referrals

Referrals	May-25			
Acute & Community Directorate Service	**n**	*mean*	**SPC variation**	**Note**
Urgent & Crisis Service	**912**			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 be available next month as the services will have run for 15 months, providing information related to variation.
Adult Home Treatment Team	**91**			
Liaison Psychiatry	**548**	*579*	• • •	
CMHT North	**75**	*56*	• H •	High referrals in CMHTs linked to changes to the Primary & Community Mental Health service. Work is underway to reset the referral process and agree an SLA. Meetings taking place in May and June and anticipated to be in place in July at the latest.
CMHT South	**92**	*59*	• H •	
Early Intervention in Psychosis	**28**	*37*	• • •	Following migration to Rio some referrals have been identified as not being migrated. This has been raised as an issue. Current figure is those migrated and received into Rio.

Admissions	May-25			
Acute & Community Directorate Service	**n**	*mean*	**SPC variation**	**Note**
Decisions Unit	**111**	*102*	• • •	The SPC chart for Decisions Unit referrals has been re-baselined at 01/06/2024 to capture the increased demand expected from the introduction of YAS referrals and the Decisions Unit triage nurse role. With this accounted for, current admissions are no longer considered unusual.
Health Based Place of Safety	**47**	*22*	• H •	Admissions have increased to the highest they have been in the last 2 years due to a spike in Section 136 detentions (75% increase from the preceding 3 months). Increased s.136 detentions are presumed to be due to there being more availability in the unit (as a result of reduced breach hours).
Crisis House	**20**	*17*	• • •	Admissions have returned to slightly above the mean.

Responsive | Access & Demand | Referrals

Referrals	May-25			
Rehab & Specialist Service	**n**	*mean*	**SPC variation**	**Note**
Community Enhancing Recovery Team	**4**	*3*	• • •	
Specialist Community Forensic Team	**2**	*1*	• • •	
Assertive Outreach Team	**1**	*2*	• • •	
Specialist Community Learning Disabilities Services (SCLDS)	**139**	*77*	• H •	Following the introduction of Rio the team are still working to understand processes and system setup. The spike in referrals is due to the team creating multiple referrals for each individual so they can be assigned by specialty. This practice may change following optimisation work.
Psychotherapy Screening (SPS)	**38**	*53*	• • •	
Gender Identity Clinic	**44**	*37*	• • •	
Eating Disorder Service	**50**	*43*	• • •	
SAANS Autism Spectrum Disorder (ASD)	**158**	*80*	• H •	Mean has been recalculated since Nov-24 to reflect the end of the Derbyshire contract and subsequent reduction in referrals. The increased ASD referrals is due to the block transfer of service users from SCH.
SAANS Attention Deficit Hyperactivity Disorder (ADHD)	**65**	*68*	• • •	
Sheffield Psychosexual Therapy Service	**23**	*18*	• • •	
Perinatal Mental Health Service	**55**	*49*	• • •	
Homeless Assessment and Support Team (HAST)	**8**	*13*	• • •	Referrals have returned to common cause variation after being low last month (2). There has been a reduction in referrals since the Changing Futures funding ended in March 2025. This has impacted on the referral numbers as we understand that agencies within the city have interpreted this as the closure of HAST. This has been addressed through communications to other providers.
Health Inclusion Team	**163**	*183*	• • •	
Long Term Neurological Conditions	**73**	*76*	• • •	Mean has been recalculated since Apr-24 to reflect change in recording processes on the EPR.
Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)	**74**	*65*	• • •	This reflects new referrals only. This does not capture any re-referrals to the service after further information was requested from the GP. This referral management process is being reviewed.
Memory Service	**104**	*118*	• • •	
Older Adult Community Mental Health Team	**115**	*113*	• • •	Mean recalculated from Nov-23 to reflect the SPA function being removed when changing to Rio.
Older Adult Home Treatment Team	**31**	*25*	• H •	Referrals have been above the mean for 8 consecutive months. Bed pressures in inpatient wards has meant that more people are being supported in the community. Referrals are prioritised according to demand and complexity of service users to manage this. Despite the increased referrals, there is no waiting list and most service users are seen within two days.

Responsive | Access & Demand | Community Services

May 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	**105**	*91*	• • •	**16.7**	*9.6*	• • •	**65.7**	*11.5*	• H •	**842**	*771*	• H •
Community Mental Health Team South	**98**	*54*	• H •	**N/A**	*5.3*		**40.9**	*11.1*	• H •	**870**	*881*	• • •
Early Intervention in Psychosis	**26**	*22*	• • •	*N/A*			**54.2%**	*90.1%*	• L •	**320**	*288*	• H •
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
Specialist Community Learning Disabilities Service	**268**	*187*	• H •	**19.2**	*7.9*	• H •	*N/A*			**827**	*716*	• H •
Assertive Outreach Team	**16**	*8*	• H •	*N/A*						**73**	*71*	• H •
Community Enhancing Recovery	*N/A*									**55**	*50*	• H •
Specialist Community Forensic										**26**	*24*	• H •
Memory Service	**707**			**34.1**						**4237**	*4139*	• • •
Older Adult Community Mental Health Team	**217**			**20.1**						**1334**	*1371*	• • •
Older Adult Home Treatment	*N/A*			*N/A*			*N/A*			**68**	*69*	• • •

CMHT waiting lists in the North have undertaken a stocktake and both teams are working through waiting lists and caseloads to ensure clients are correctly allocated on the system. South waiting list continues to increase. There is a separate waiting list for assessments and the team are also working to categorise service users needing care worker reallocations.

CMHT & Early Intervention referral to treatment wait time is now being reported using stricter national definitions following the move to Rio. These are being used to define treatment which has resulted in very low numbers of treatments compared to previous reporting which also impacts the waiting time calculations. In May there were no assessments recorded in the South due to this. CMHT processes are being reviewed. Early Intervention access waiting time was achieved for 13 of 24 referrals (not discharged). This is to be discussed in governance to ensure the process is being reported correctly

SCLDS – this new team encompasses all learning disability community services within the Trust. Increased referrals due to the understanding of Rio processes since February have resulted in an increase to the waiting list.

May 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				**16.4**	*17.6*	• • •				**269**	*310*	• L •
Specialist Psychotherapy – P/CT				**15.4**	*17.5*	• L •				**187**	*204*	• L •
Gender Identity Clinic	**2350**	*2366*	• • •	**309.0**	*260.0*	• H •				**3430**	*3323*	• H •
Eating Disorder Service	**31**	*32*	• • •	**7.0**	*5.4*	• H •				**213**	*199*	• H •
SAANS ASD	**1088**	*961*	• • •	**81.0**	*78.5*	• • •				**2064**	*2766*	• L •
SAANS ADHD	**4204**	*4208*	• • •	**297.0**						**4512**	*5251*	• L •
Sheffield Psychosexual Therapy Service	**21**	*49*	• L •	**13.6**	*18.7*	• L •				**124**	*124*	• • •
Perinatal MH Service (Sheffield)	**42**	*31*	• H •	**6.0**	*3.4*	• H •				**299**	*213*	• H •
Homeless Assessment and Support Team	**15**	*28*	• L •	**6.0**	*8.9*	• • •				**42**	*84*	• L •
Health Inclusion Team	**119**	*128*	• • •	**3.4**	*3.3*	• • •				**1826**	*1661*	• H •
Long Term Neurological Conditions	**160**	*202*	• L •	*N/A*						*N/A*		
Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)	*N/A*			**20.2**	*25.8*	• L •				**1131**	*1009*	• H •

N/A

Specialist Psychotherapy – Rio waiting lists are being developed to allow the service to move away from locally stored information and activity codes in Rio are being reviewed. Once both issues are resolved, we will be able to report accurate data for waiting lists and referral to treatment wait times.

Gender Identity Clinic waiting list has dropped below the mean for the first time in over 18 months. This follows recruitment into the team and work on job planning with existing staff which has helped to increase capacity for assessments. Given the current referral rate, assessment capacity should meet monthly demand and help to stabilise the waiting list.

Eating Disorders Service waiting list has stabilised around the mean following an initial spike around Sep-24. The mean RtA waiting time has been above the mean for 10 consecutive months due to limited capacity to deliver assessments. The number of assessment practitioners has been reviewed and increased recently to increase capacity. Urgent referrals continue to be prioritised.

SAANS ASD waiting list has increased slightly following an increase in referrals in May-25 due to the block transfer of service users from Sheffield Children's. Once this transfer is complete, we would anticipate the waiting list to stabilise and continue to reduce as it has in previous months.

SAANS ADHD waiting list has been stabilised since the Derbyshire contract ended in Nov-24. We are currently working on a plan to develop a nurse-led model which will significantly increase our capacity to deliver assessments and help to reduce the waiting list. SPC mean and variation will be available for referral to assessment wait times when there are enough data points available from when assessments recommenced in Sep-24 after being paused in Jun-23.

Psychosexual Therapy Service waiting list has been below the mean for 8 consecutive months and is now the lowest it has been for over 24 months. RtA wait times also remains below the mean following full staffing model recruitment.

Perinatal MH Service waiting list and wait times have increased in recent months. Caseload has also increased from 222 in Nov-24 to 299 in May-25 due to expansion of workforce to align with the national long-term expansion plan to increase access rate to 7.5% of population of pregnant and expectant mothers.

HAST waiting list and caseload are low due to lower referral numbers and more stringent referral management to ensure that the smaller team can manage the workload safely and effectively since the funding for Changing Futures ended and a psychiatrist vacancy.

ME/CFS caseload mean has been recalculated from Dec-23 following caseload review work where approximately 600 service users were retrospectively discharged after they had exceeded the 12-month open appointment offer. Of the 1,131 people currently on the caseload, 519 service users are on 12-month open appointment. Caseload has increased significantly over the last 12 months; this aligns to the increased capacity in the team upon filling vacancies and staff members returning from sickness absence.

Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Dovedale 2, Burbage, Maple)	May-25 n	mean	SPC variation	SPC target
Admissions	16	25.8	• • •	/
Detained Admissions	14	23.8	• • •	/
% Admissions Detained	87.5%	91.6%	• • •	/
Emergency Re-admission Rate (rolling 12 months)	3.8%	3.13%	• • •	/
Transfers in	7	8.8	• • •	/
Discharges	18	26.9	• • •	/
Transfers out	6	8.0	• • •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	6	12	• L •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	112	278	• L •	/
Bed Occupancy excl. Leave (KH03)	94.6%	94.5%	• • •	/
Bed Occupancy incl. Leave	98.7%	99.7%	• • •	/
Average beds admitted to	43.4	45.5	• L •	/
Average Discharged Length of Stay (12 month rolling)	52.0	47.8	• • •	F
Average Discharged Length of Stay (discharged in month)	47.0	45.6	• • •	?
Live Length of Stay (as at month end)	81.0	85.0	• • •	/
Number of People Out of Area at month end	26	15	• H •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	21	10	• H •	?
Total number of Out of Area bed nights in period	642	443	• H •	F

Step Down (Beech)	May-25 n	mean	SPC variation	SPC target
Admissions	6	4.3	• • •	/
Transfers in	0	0.2	• • •	/
Discharges	6	4.3	• • •	/
Transfers out	0	0.0	• • •	/
Bed Occupancy excl. Leave (KH03)	66.8%	81.7%	• L •	/
Bed Occupancy incl. Leave	66.8%	90.1%	• L •	/
Average Discharged Length of Stay (12 month rolling)	69.9	72.4	• • •	/
Live Length of Stay (as at month end)	23.0	59.5	• • •	/

Narrative

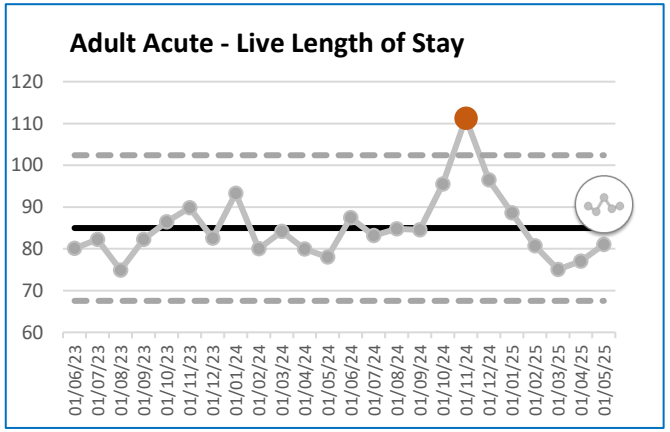
Following the switch to Rio and migration of data new guidance on processing admissions/transfers has been given in the Rio Standard Operating Procedures. Transfers appear to be impacted slightly as showing low across Acute and High at Beech.

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. The rolling 12 month discharged length of stay is not meeting the target of 47 days due to the discharge of long stay clients in Jan-25 (982 days) and Feb-25 (630 days).

Out of area placements remain above targets and along with flow form part of the Home First Programme.

Length of Stay Detail

As at month end	Longest Live Patient Episode LoS	Discharged in month longest LoS
Adult Acute MH	779	281
Stanage	429	32
Burbage	173	98
Dovedale 2	779	281
Beech	58	247



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

Inpatient Wards | PICU

PICU (Endcliffe)	May-25 n	mean	SPC variation	SPC target
Admissions	1	3.8	• • •	/
Transfers in	6	3.2	• • •	/
Discharges	2	2.2	• • •	/
Transfers out	6	4.5	• • •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	0	0.7	• L •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	0	20.3	• L •	/
Bed Occupancy excl. Leave (KH03)	100.0%	96.2%	• • •	/
Bed Occupancy incl. Leave	100.0%	97.9%	• • •	/
Average beds admitted to	10.0	9.7	• • •	/
Average Discharged Length of Stay (12 month rolling)	83.6	57.7	• H •	?
Live Length of Stay (as at month end)	113.0	78.1	• • •	/
Number of People Out of Area at month end	6	6	• H •	?
Number of Mental Health Out of Area Placements started in the period (admissions)	6	4	• • •	/
Total number of Out of Area bed nights in period	168	180	• • •	?

Narrative

Endcliffe – Length of Stay – May 25

Over national benchmark average (71.6)

Start Date	LOS
26/02/2024 14:40	460
25/11/2024 16:30	187
14/01/2025 22:40	137
05/03/2025 19:50	87

As at 31/05/2025, 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 has moved to an episode-based measurement. In Mar-25 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.

12 month rolling discharged length of stay has been high since the discharge of a long stay client (630 days) in March. As this is a 12 month rolling figure this is likely to remain high for a number of months.

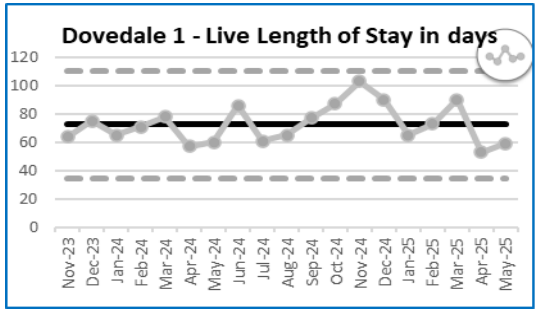
Benchmarking PICU
(2023/24 NHS Benchmarking Network Report – Weighted Population Data)

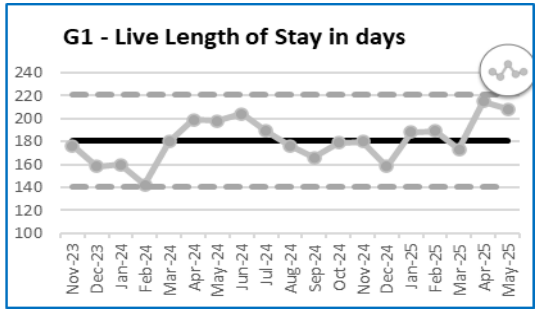
Bed Occupancy Mean: 89.2%
Length of Stay (Discharged) Mean: 71.6

Safe | Inpatient Wards | Older Adults

Older Adult Functional (Dovedale 1)	May-25 n	mean	SPC variation	SPC target
Admissions	8	5.0	•••	/
Transfers in	1	1.0	•••	/
Discharges	10	5.4	•••	/
Transfers out	0	0.8	•••	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	4	3	•••	/
Delayed Discharge/Transfer of Care (bed nights occupied by delayed discharge)	75	57	•••	/
Bed Occupancy excl. Leave (KH03)	90.1%	92.8%	•••	/
Bed Occupancy incl. Leave	98.5%	97.2%	•••	/
Average beds admitted to	14.8	14.5	•••	/
Average Discharged Length of Stay (12 month rolling)	86.0			
Live Length of Stay (as at month end)	59.0	72.58	•••	/

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





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

Older Adult Dementia (G1)	May-25 n	mean	SPC variation	SPC target
Admissions	5	4.5	•••	/
Transfers in	0	1.0	•••	/
Discharges	3	4.3	•••	/
Transfers out	1	1.0	•••	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	6	8	•••	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	80	174	•••	/
Bed Occupancy excl. Leave (KH03)	69.8%	85.8%	•••	/
Bed Occupancy incl. Leave	70.6%	87.6%	•••	/
Average beds admitted to	11.3	13.9	•••	/
Average Discharged Length of Stay (12 month rolling)	104.6			
Live Length of Stay (as at month end)	208.0	181.0	•••	/

Length of Stay Detail Jul 25 – G1
This is the full episodic length of stay within SHSC, rather than the specific ward stay. Average discharged length of stay number now reported, with mean and SPC variations to be added when there are 12 data points (Nov-25).

The discharged length of stay and live length of stay remains above the national benchmarked target of 87 days. The live length of stay is significantly skewed by one particular long stay. This service user was discharged on 10th June. We would therefore anticipate a significant drop in the live LoS next month (and a significant increase in discharged LoS).

Narrative
G1 Outliers – as of 31st May 2025, there were 4 service users who would normally be admitted to Dovedale 1 that have been admitted to G1 as an alternative to placement in an out of area bed.

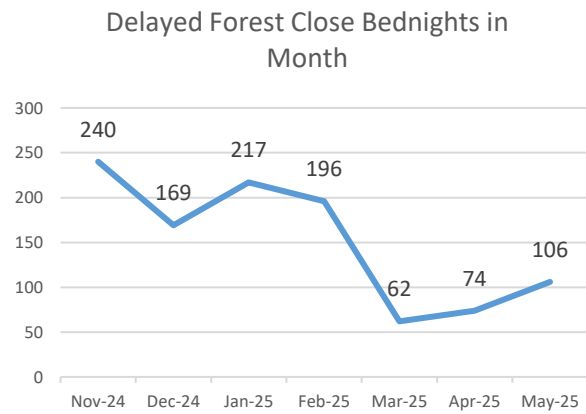
Date admitted	Days on G1	Date admitted	Days on G1
04/02/2025	116	28/03/2025	64
24/04/2025	37	17/05/2025	14

Safe | Inpatient Wards | Rehabilitation & Forensic

Rehab (Forest Close)	May-25 n	mean	SPC variation	SPC target
Admissions	1	1.0	• • •	/
Transfers in	2	1.5	• • •	/
Discharges	3	1.8	• H •	/
Transfers out	0	0.6	• • •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	4			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	106			
Bed Occupancy excl. Leave (KH03)	88.4%	86.6%	• • •	/
Bed Occupancy incl. Leave	100.6%	99.9%	• • •	/
Average Discharged Length of Stay (12 month rolling)	525.5	349.7	• H •	/
Live Length of Stay (as at month end)	559.0	446.9	• H •	/
Number of Out of Area Placements started in the period (admissions)	0	0	• • •	/
Total number of Out of Area bed nights in period	93	124	• L •	/
Number of People Out of Area at month end	3	4	• L •	/

Forest Close Longest Stays

- (3271 days) – discharged following tribunal on 12/6/25
- (1781 days) - MOJ restriction – difficulty in finding accommodation
- (1044 days) – discharging on 24/6/25



Length of Stay Detail May 25 - Forest Close
Longest LoS (days) as at month end:3271 days
Range = 1 – 3271 days
Number of discharges in month: 3
Longest LoS (days) of discharges in month: 841 days

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

Forensic Low Secure (Forest Lodge)	May-25 n	mean	SPC variation	SPC target
Admissions	0	0.6	• • •	/
Transfers in	0	0.5	• • •	/
Discharges	0	0.6	• • •	/
Transfers out	0	0.6	• • •	/
Bed Occupancy excl. Leave (KH03)	88.7%	92.9%	• • •	/
Bed Occupancy incl. Leave	90.9%	96.5%	• L •	/
Average Discharged Length of Stay (12 month rolling)	950	765.9	• H •	/
Live Length of Stay (as at month end)	1021	774.3	• H •	/

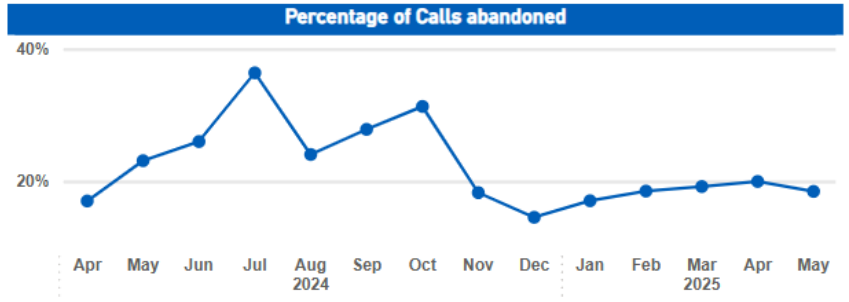
Forest Lodge Narrative
Longest Stays
(3066 days) – Positive progress towards discharge.
(2968 days) – Transferred to rehabilitation ward in Nov-24, positive progress.
(2314 days) – No clear discharge pathway at this time.

CRFD – none

Length of Stay Detail May 25 – Forest Lodge
Longest LoS (days) as at month end: 3066 days
Range = 103-3066 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: 823

NHS111 Calls Summary	2024									2025				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Total calls received (Target: 1700)	782	1433	1339	1820	1656	1649	1684	1555	1492	1596	1470	1605	1338	1333
Total Call Volume (ingoing and outgoing)	1047	1893	1728	2224	2103	1995	2159	2099	1951	2058	1983	2043	1679	1700
Number of calls abandoned	133	331	348	662	398	459	527	284	217	272	272	308	267	246
% 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%	20.0%	18.5%
Number of calls escalated to U&C	57	110	85	70	99	58	68	75	64	90	100	81	72	72
% 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%	6.7%	6.6%
95th centile call answer time (Target: 120s)	353	521	488	510	572	592	704	663	520	580	829	755	730	732
Average speed to answer calls (Target: 20s)	75	129	124	118	138	161	182	161	128	152	205	216	194	183



Narrative

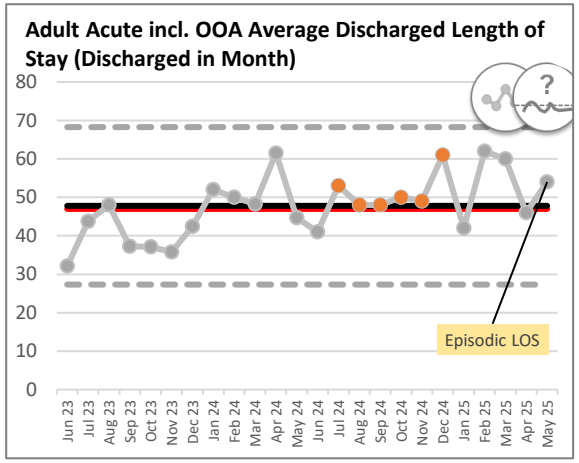
Call answer times have continued to slightly improve in the last month but are yet to return to pre-February figures. Average call answer time has reduced by 11 seconds but remains 27% higher than the May-24-Jan-25 mean. The national average waiting time has seen significant improvement in the most recent update (Access to Crisis Care via NHS 111 Mental Health, April to August 2024 - NHS England Digital). NCHA now performs *at* the national average – no longer better than average.

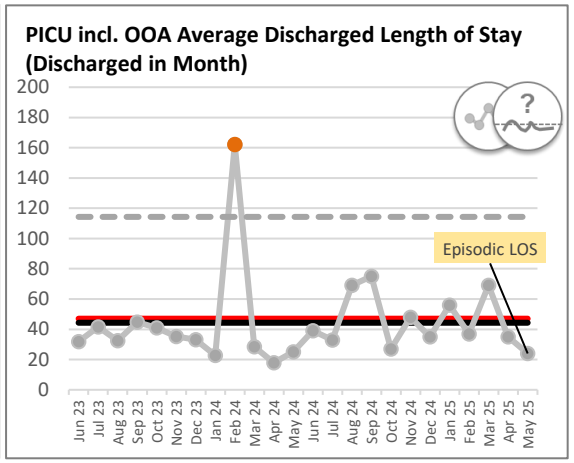
Abandonment rates have seen a dropped slightly and remain better than average when compared nationally to peers.

NCHA have anecdotally reported longer call lengths as a result of increased case complexity and indicate that this is the reason for slower call answer times and raised abandonment rates. April however saw a greatly reduced call volume which has been sustained into May, so time spent on calls is unlikely to be the main contributing factor.

Urgent & Emergency Care Dashboard

Length of Stay





Adult Acute Discharged LoS (Rolling 12-month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	237	71
OOA	89	57
Contracted	69	63
Combined	**395**	**66**

PICU Discharged LoS (Rolling 12-month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	9	125
OOA	7	15
Combined	**16**	**117**

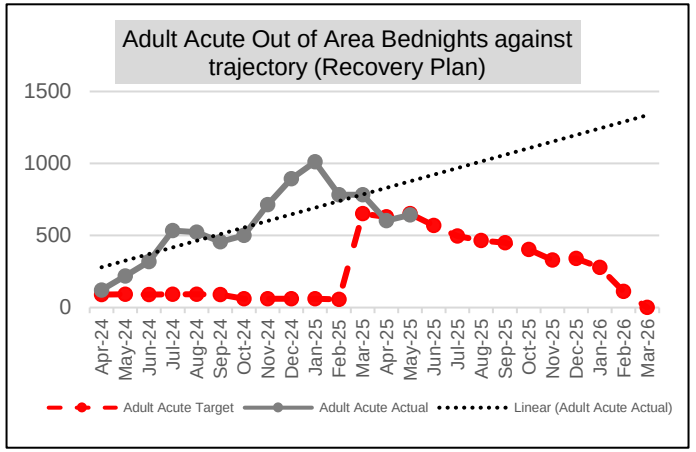
OOA bednights remain at (Acute) or below (PICU) target. Discharged LoS is now being reported as episodic rather than ward-based. This has not resulted in any significant shift in performance.

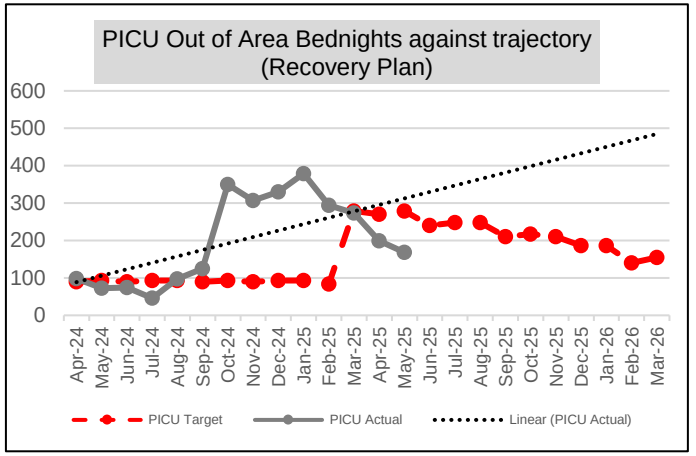
HBPoS % bed-hours breached has increased slightly, ending a 6-month period of improvement. This is attributed to more S136 detainees remaining on the unit after their S136 period concludes.

12h ED breaches have increased after a period of improvement. No theme or underlying cause identified. June is showing promise of a return to lower figures, with 1 breach so far by 17/06.

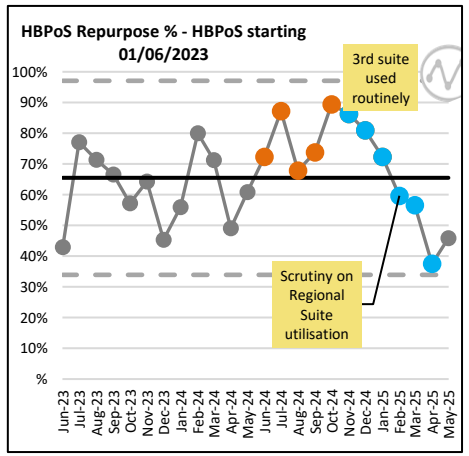
Static Liaison Psychiatry performance but following an audit data completeness is significantly improved (92% of referrals with a F2F vs 70% in April). This lays the foundation for future data-driven service improvements.

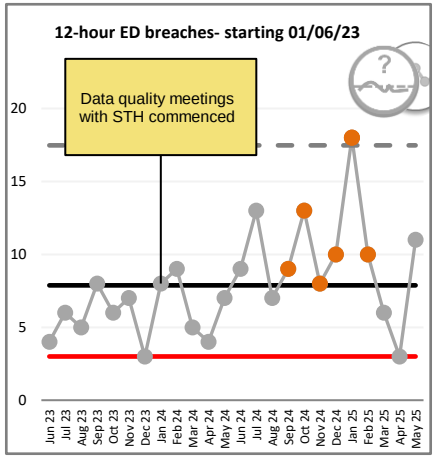
Out of Area





HBPoS & ED Breaches

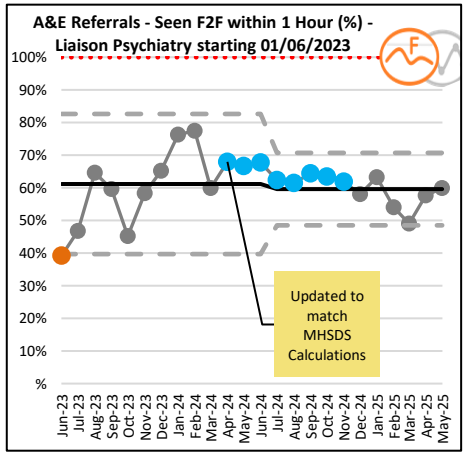




Health Based Place of Safety (HBPoS/136 Beds)	May-25
Occasions breached	22
Occasions breached %	45.9%

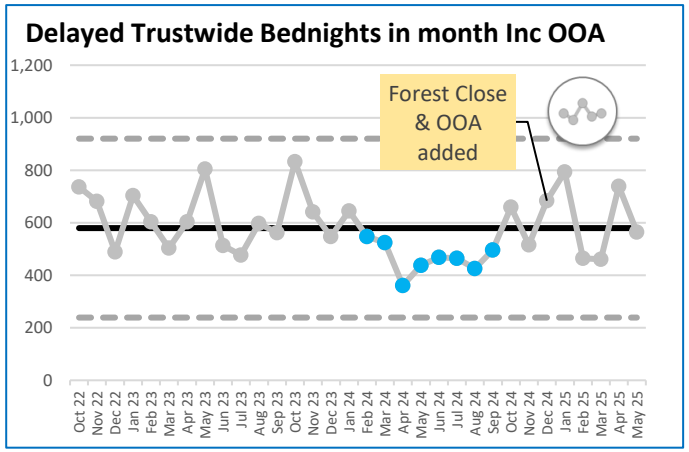
Emergency Department (ED)	May-25
ED 12-hour Breaches	11

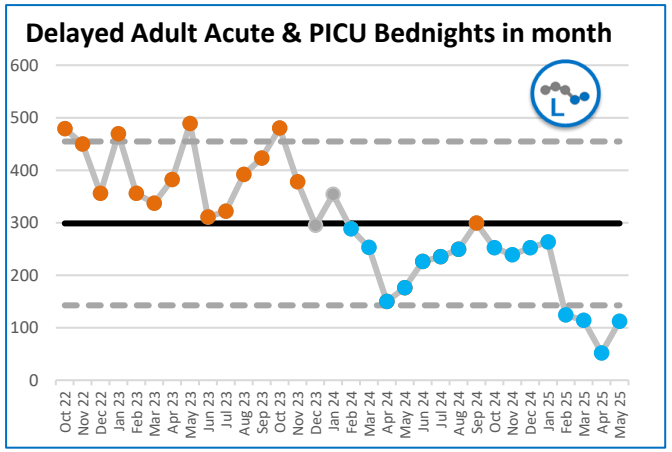
Liaison Psychiatry wait times compliance

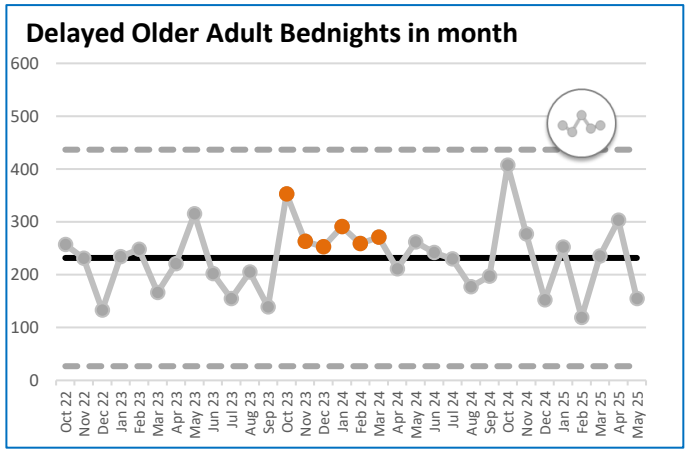


Liaison Psychiatry – A&E referrals seen within 1 hour	May-25
% of A&E referrals seen within 1 hour	59.9%

Delayed Care



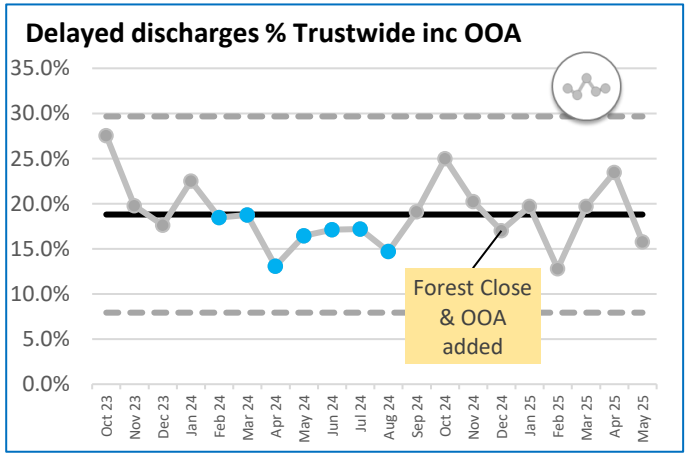


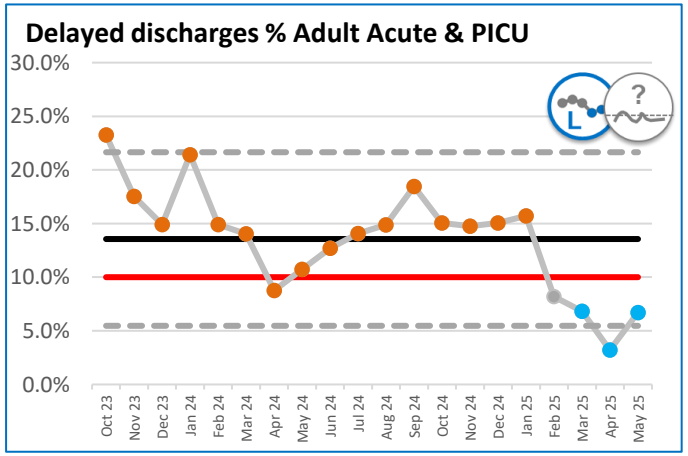


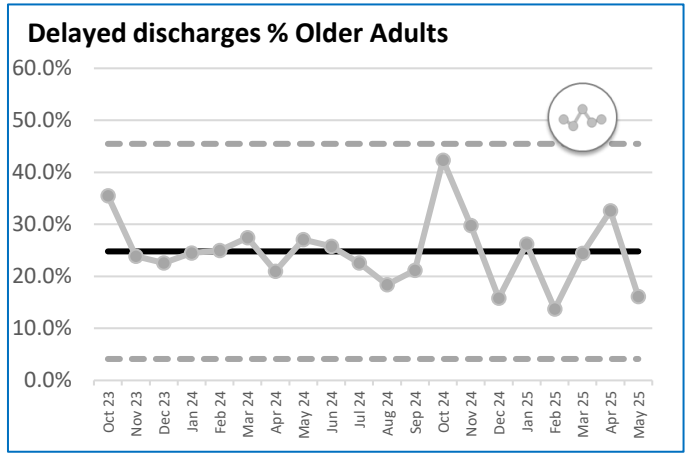
Delayed Discharges Trustwide	May-25	mean	SPC Variation
Sum of Delayed Bednights	**564**	*580*	• • •
% Bednights occupied by DD	**15.8%**	*18.8%*	• • •

Delayed Discharges Adult Acute & PICU	May-25	mean	SPC Variation
Sum of Delayed Bednights	**112**	*298.7*	• L •
% Bednights occupied by DD	**6.7%**	*13.6%*	• L •

Delayed Discharges Older Adult	May-25	mean	SPC Variation
Sum of Delayed Bednights	**155**	*231.7*	• • •
% Bednights occupied by DD	**16.1%**	*24.4%*	• • •







Narrative

Work with Local Authority (LA) colleagues at a senior level has seen improvements in the movement of delayed clients. The LA are recruiting more staff by the end of June to support and senior executives now have greater oversight and quarterly review. The overall number of individuals delayed has reduced.

These charts show the occupied bednights each month and the percentage of bednights available occupied by delayed discharges for each of the areas. It is important to note that whilst the number of individuals delayed each month may reduce this does not always directly relate to the number of bednights occupied.

E.g. 10 individuals could each be delayed by 2 nights totalling 20 nights yet 1 individual delayed by 30 nights still accounts for higher occupancy.

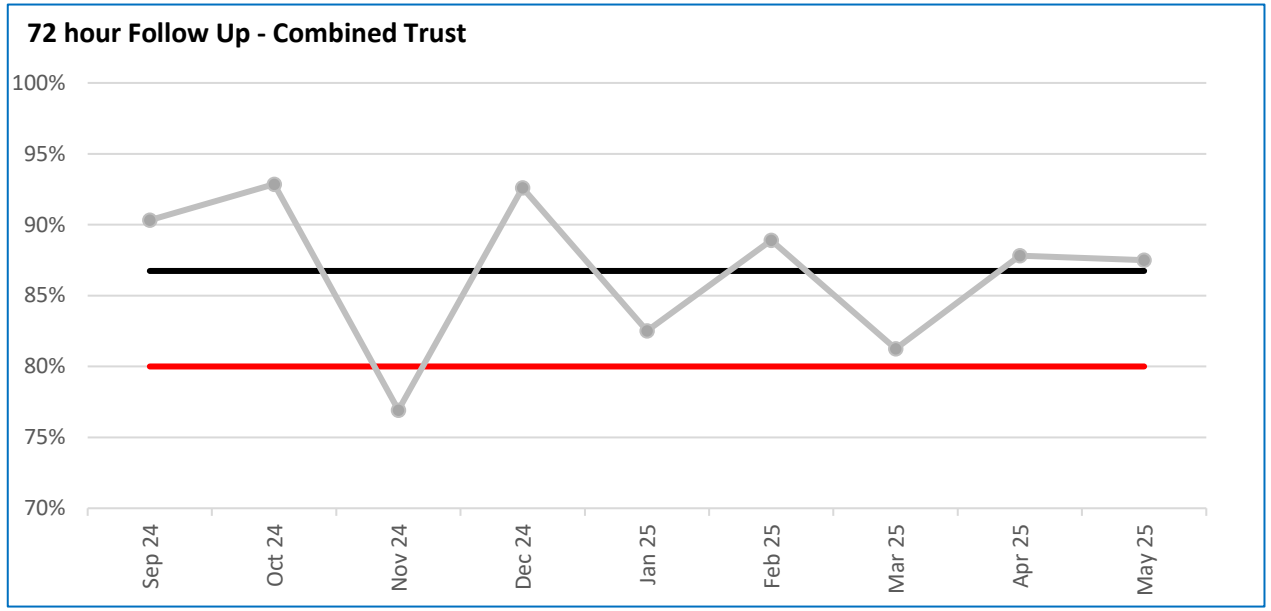
Effective | Treatment & Intervention – 72 hour follow up

72 hour Follow Up		May-2025			
	Target	%	No.	SPC Variation	SPC Target
Trustwide	80%	**87.5%**	**28/32**		

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 May, there were 20 discharges from adult acute wards eligible for follow up. Of these 16 were followed up within 72 hours. Of the 4 that missed the target 3 were followed up within 96 hours of discharge and the other had a contact on the same day as discharge which is not compliant with the definition of 72 hour follow up as contacts should be at least the day after discharge.

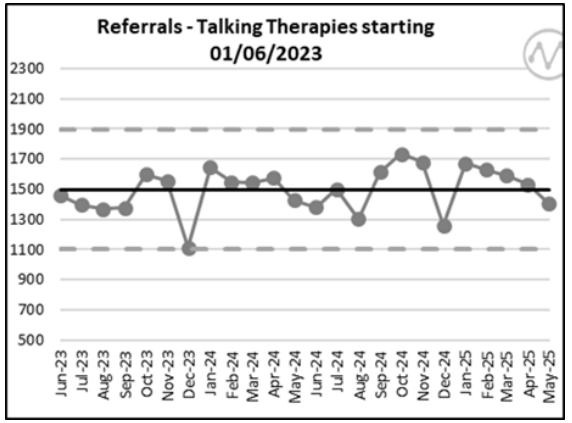


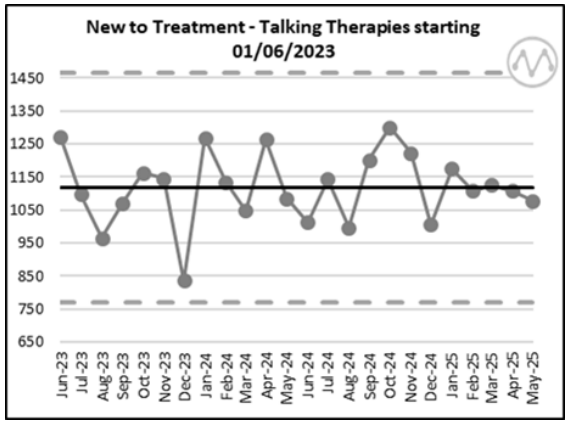
Sheffield Talking Therapies | Performance Summary

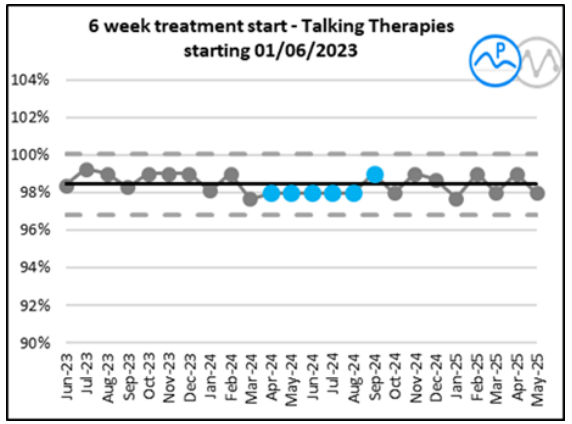
Sheffield Talking Therapies		May 25			
Metric	Target 25/26	*n*	*mean*	*SPC variation*	*SPC target*
Referrals	/	**1404**	*1496*	•••	/
New to Treatment	1352	**1078**	*1118*	•••	/
6 week Wait	75%	**98%**	*98.5%*	•••	P
18 week Wait	95%	**99.5%**	*99.9%*	•••	P
Moving to Recovery Rate	50%	**52.1%**	*52.4%*	•••	?
Reliable Improvement Rate	67%	**66.4%**	*67.0%*	•••	?
Reliable Recovery Rate	48%	**48.4%**	*48.8%*	•••	?

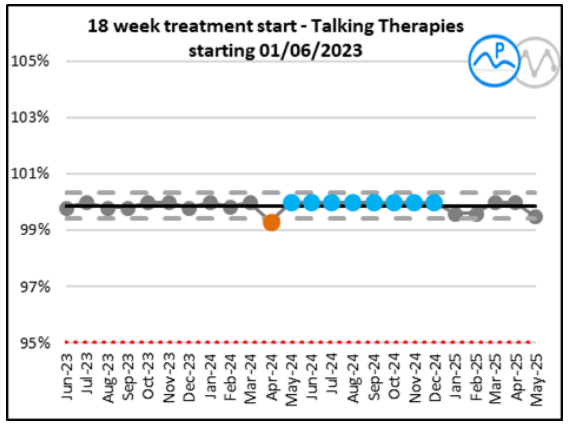
Narrative

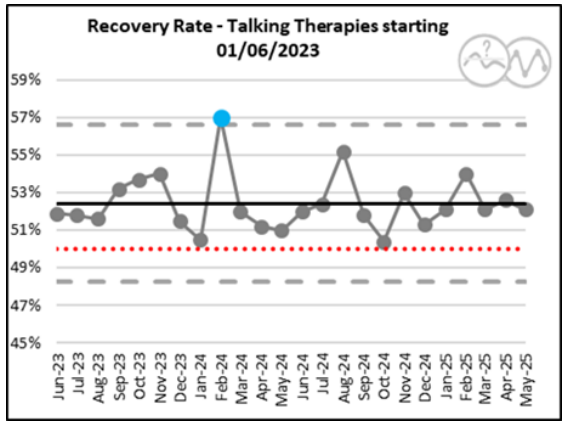
The Talking Therapies service continues to perform well against the national standards.

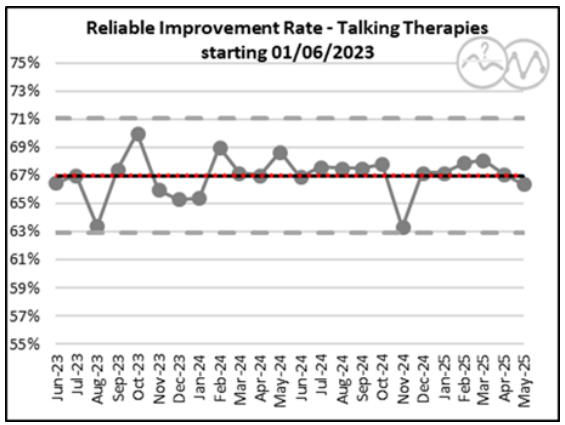


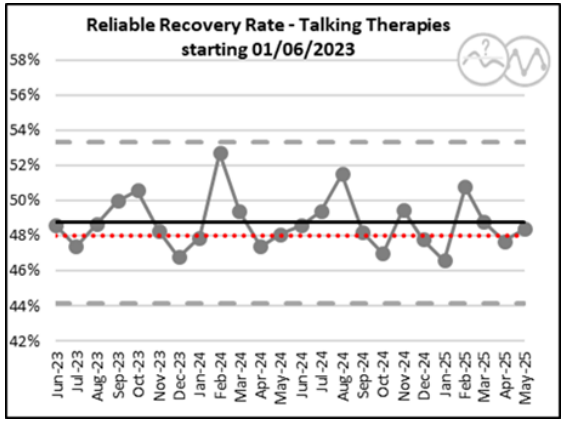












NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safety & Quality

IPQR - Information up to and including May 2025

Proud to care in Sheffield

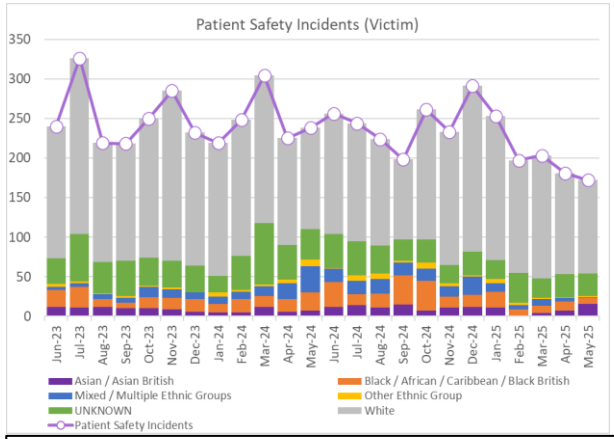
Protected Characteristics Data Quality

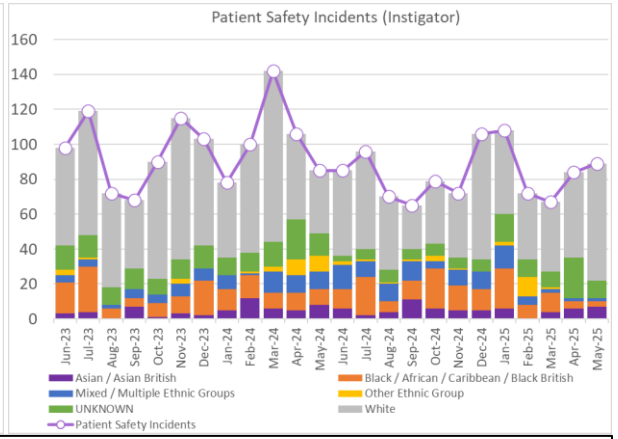
Electronic Patient Record (EPR) Unknown Demographics

Age	Ethnicity	Gender	Gender Identity	Sexual Orientation	Religion
0%	49%	53.6%	85.6%	90.2%	81.4%

2021 Sheffield Census Unknown Demographics

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





Narrative

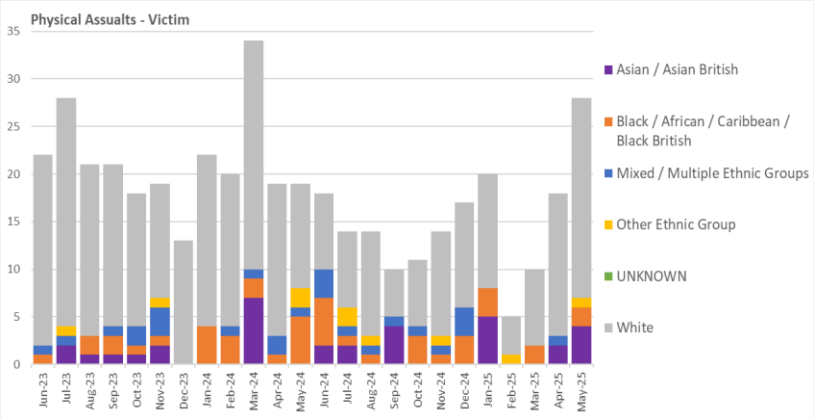
Some demographics data was not migrated in our move to Rio which has impacted on data completeness. The dashboard below is currently being shared with services for them to be able to identify gaps in data quality to action. There has been no improvements in this since the last reporting period.

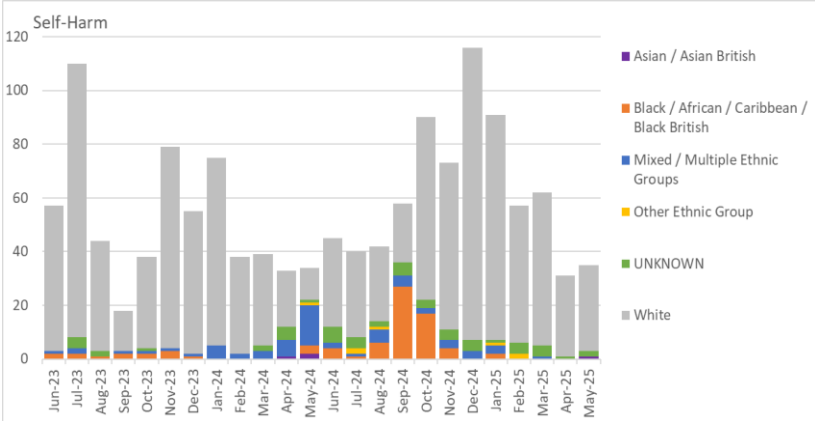
Proportion of Recorded Characteristics Against all Open Referrals

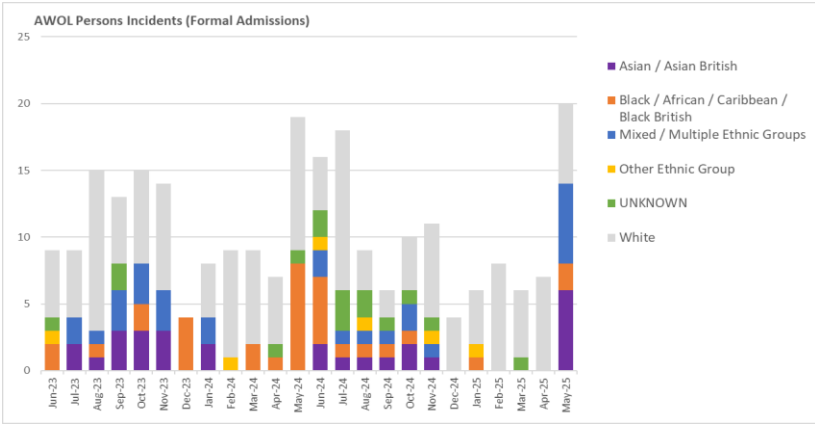
Data for the last year

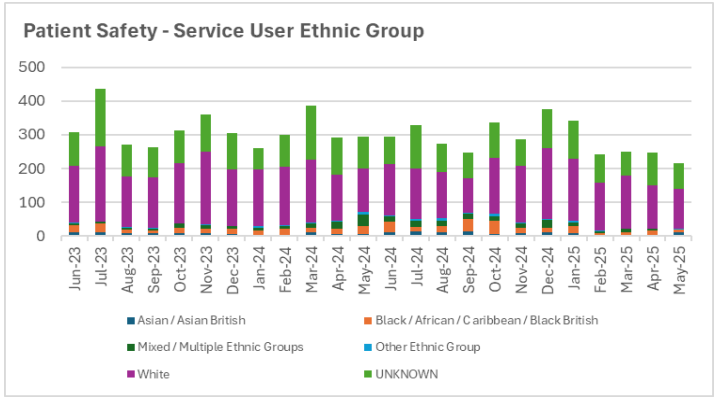
	Jul/2024	Aug/2024	Sep/2024	Oct/2024	Nov/2024	Dec/2024	Jan/2025	Feb/2025	Mar/2025	Apr/2025	May/2025
Open Referrals	25,261	25,472	25,662	25,614	25,714	25,590	25,722	25,761	25,769	25,890	25,728
DOB	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %	100.00 %
Sex	↑ 41.42 %	↑ 41.64 %	↑ 42.01 %	↑ 42.61 %	↑ 43.04 %	↑ 43.67 %	↑ 44.22 %	↑ 44.96 %	↑ 45.86 %	↑ 46.25 %	↓ 46.21 %
Religion	↓ 19.25 %	↓ 19.10 %	↑ 19.14 %	↓ 18.94 %	↓ 18.84 %	↑ 18.88 %	↑ 18.90 %	↓ 18.85 %	↑ 18.89 %	↓ 18.69 %	↓ 18.65 %
Ethnicity	↓ 51.65 %	↓ 51.52 %	↓ 51.31 %	↓ 51.22 %	↑ 51.26 %	↑ 51.51 %	↓ 51.44 %	↓ 51.36 %	↓ 51.35 %	↓ 51.14 %	↓ 50.96 %
Marital Status	↓ 41.40 %	↓ 41.07 %	↓ 40.89 %	↓ 40.65 %	↓ 40.51 %	↑ 40.55 %	↓ 40.31 %	↓ 40.25 %	↓ 40.13 %	↓ 39.80 %	↓ 39.56 %
Sexual Orientation	↓ 10.13 %	↓ 10.07 %	↑ 10.10 %	↑ 10.13 %	↓ 10.11 %	↓ 10.10 %	↑ 10.18 %	↑ 10.20 %	↑ 10.21 %	↓ 10.06 %	↓ 9.86 %
Gender Stated	↓ 14.56 %	↓ 14.46 %	↑ 14.57 %	↑ 14.71 %	↓ 14.60 %	↑ 14.70 %	↑ 14.93 %	↑ 15.00 %	↓ 14.86 %	↓ 14.72 %	↓ 14.54 %

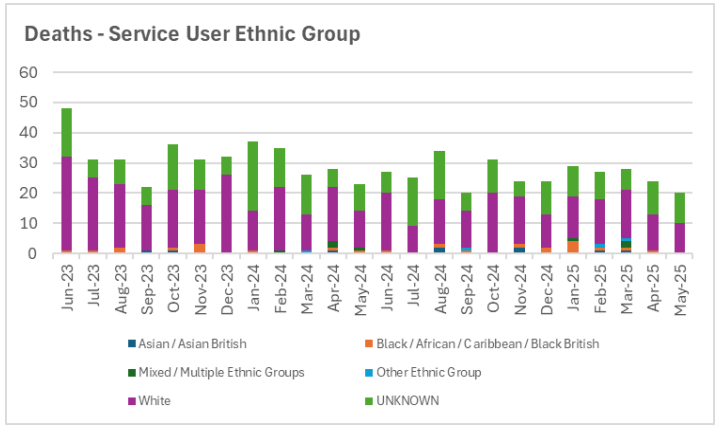
Race Equity Focus | Incidents

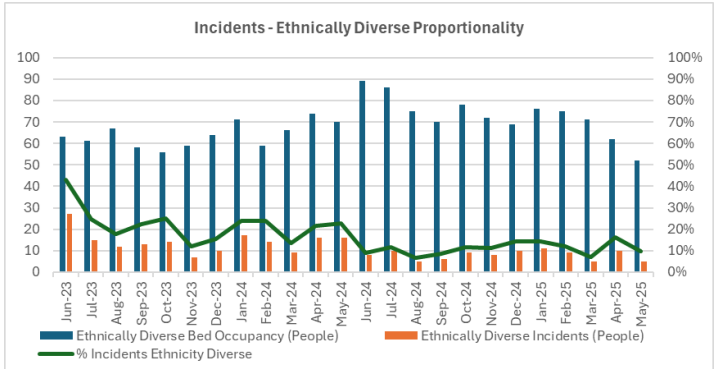












Patient Safety Incidents

- 3.2% people – Black / African / Caribbean / Black British
- 5.5% people – Asian / Asian British
- 0.5% Mixed/ Multiple Ethnic Group
- 0.9% Other Ethnic Group
- 35.8% people – Unknown Ethnicity
- 54.4% people – White / White British

Patient Deaths

- 0.00% people – Black / African / Caribbean / Black British
- 0.0% people – Asian / Asian British
- 0.0% Mixed/ Multiple Ethnic Group
- 0.0% Other Ethnic Group
- 50.0% people – Unknown Ethnicity
- 50.0% people – White / White British

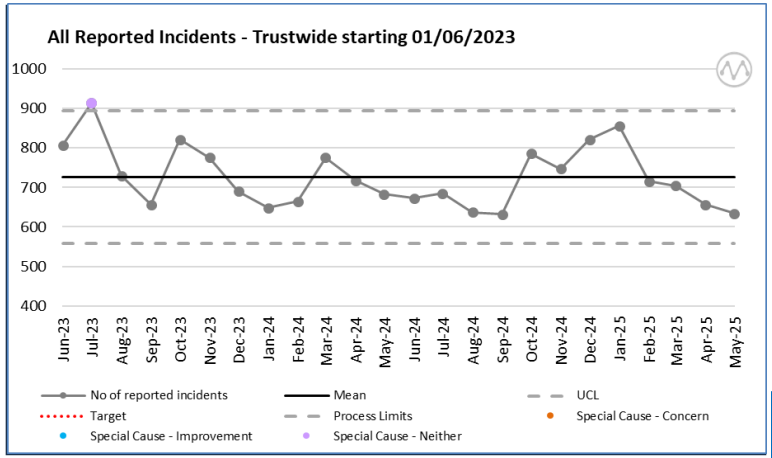
Proportionality

This month, 9.6% of ethnically diverse people admitted to bed-based service were involved in an incident, however this number could be higher as 9% of service users did not have an ethnicity recorded in bed occupancy. 14.7% of white people admitted were involved in an incident this month.

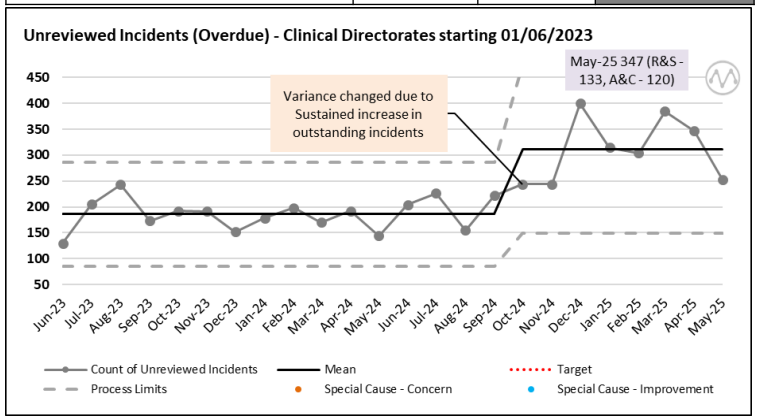
The average percentage of people from ethnically diverse communities who are admitted to SHSC beds involved in incidents is 11.2% of people in the past 2 years. Compared to an average over the two years of 15.9% of white people admitted, suggests white people are more likely to be involved in an incident 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 this month were for Medication (23.4%), predominantly Medicine Management, followed by Exploitation Abuse (19.6%).

Safe | All Incidents & Deaths

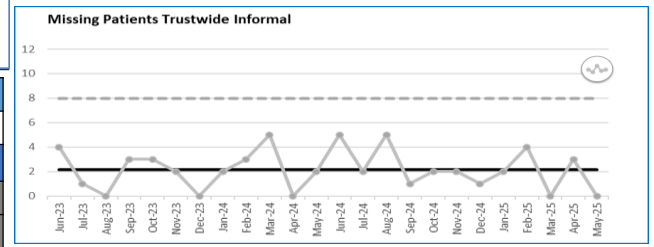


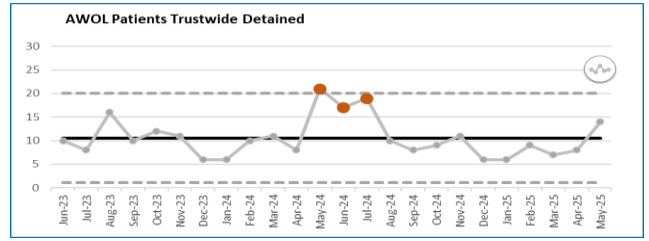
Trustwide	May-25		
	n	mean	SPC variation
ALL	634	707	• L •
5 = Catastrophic	10	15	• • •
4 = Major	4	3	• • •
3 = Moderate	98	117	• • •
2 = Minor	237	278	• • •
1 = Negligible	269	307	• • •
0 = Near-Miss	16	15	• • •



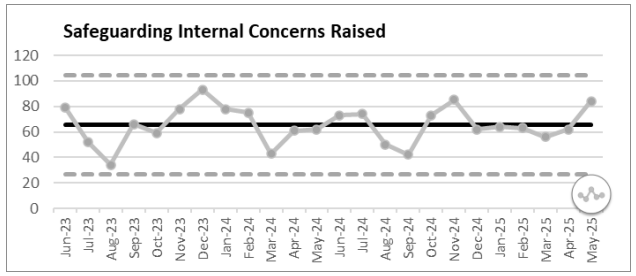
Protecting from avoidable harm	Target	YTD
Never events declared	0	0
Methicillin-resistant Staphylococcus aureus (MRSA & MSSA)	0	0

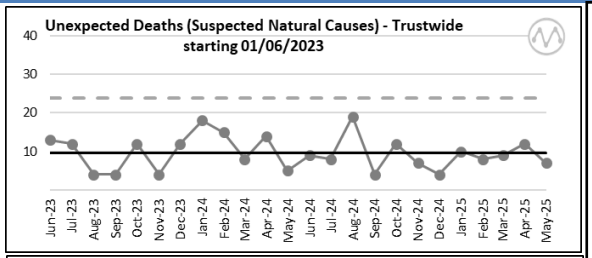
Deaths Reported 1 June 2023 to 31st May 2025	
Awaiting Coroners Inquest/Investigation	95
Conclusion - Accidental	6
Conclusion - Alcohol/Drug Related	19
Conclusion - Misadventure	3
Conclusion - Narrative All Other Definit	6
Conclusion - Narrative Incl Took Own Life	1
Conclusion - Natural Causes	5
Conclusion - Suicide	22
Lessons Learnt/Incident Closed	3
Natural Causes - No Inquest	544
Ongoing	2
Conclusion - Road Traffic Collision	1
Grand Total	**707**

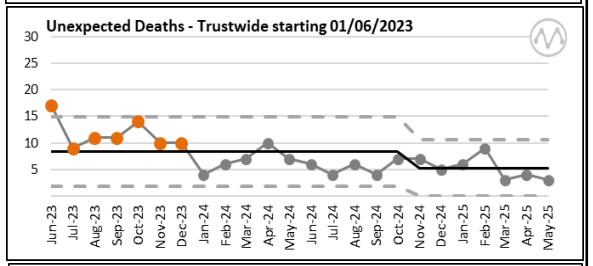


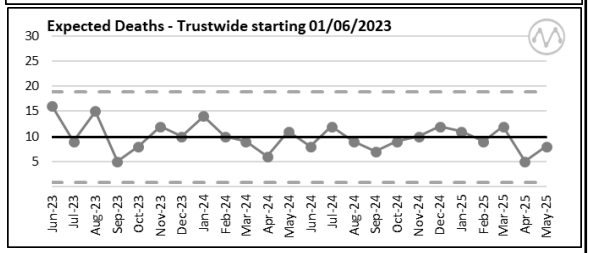


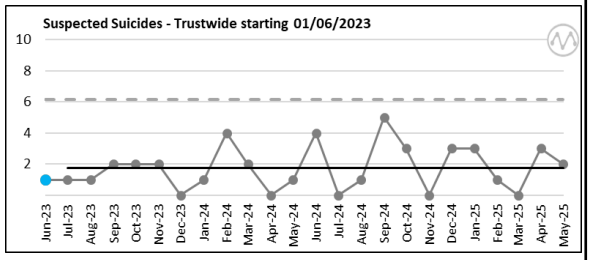
Trustwide	May-25		
	n	mean	SPC variation
Detained	14	11	• • •
Informal	0	2	• • •

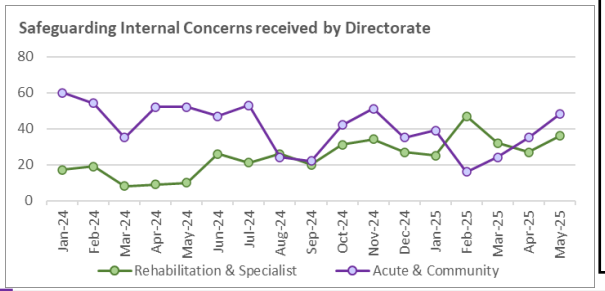












All reported incidents

96% of incidents were reported by Clinical Directorates. Of those, 5.2% incidents were reported for Physical Assault (Pat to Pat), which continues to be the most reported incident accounting for followed by Smoking Breach 4.6%

Unreviewed incidents

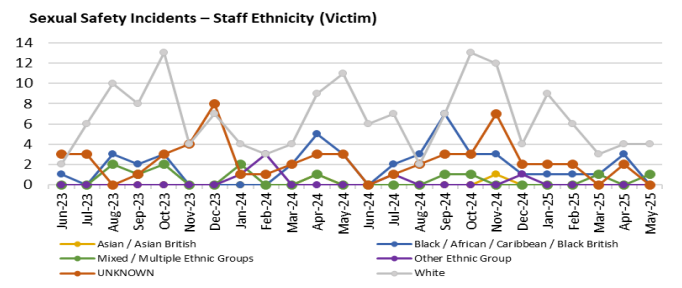
In April 2025, the number of unreviewed incidents reached the highest level in over two years, following an upward shift which began in September 2024. The unreviewed incidents are spread across multiple services in both clinical directorates.

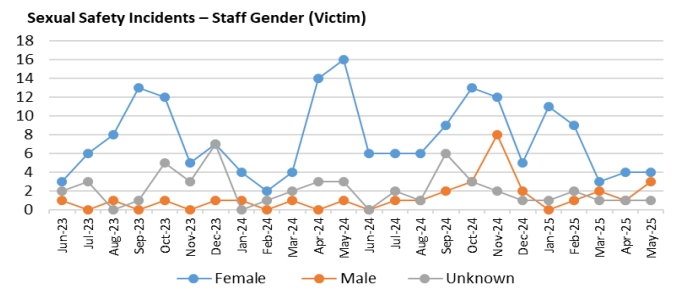
The Executive Director of Nursing, Professions and Quality has initiated a programme of intensive support from the Risk team to the teams with the highest number of unreviewed incidents in May (Forest Lodge & Dovedale1) in addition to Burbage ward who have already been receiving support which has a reduction compared to previous months. It is important to note that all incidents are reviewed in the daily incident safety huddle and action taken to address safety risks immediately.

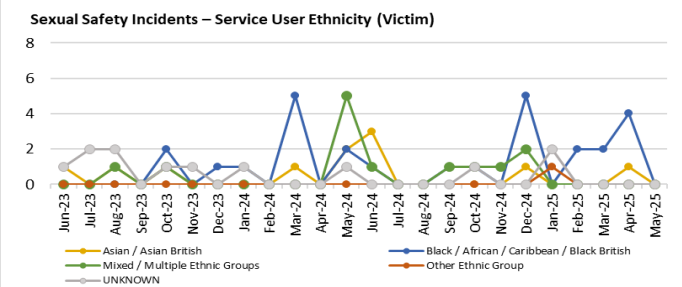
Missing Persons and AWOL

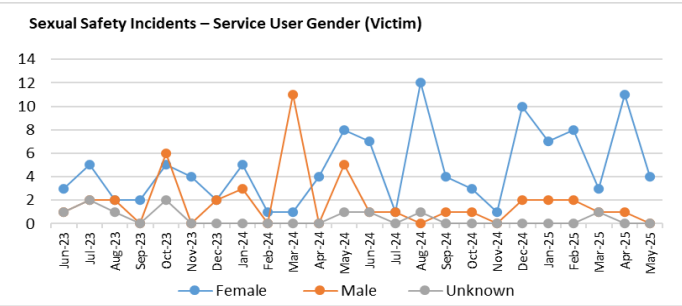
14 incidents of people formally detained being AWOL. At the time of incident reporting,12 people were under section 3, 1 person was under section 37/41 and 1 person was under s136.

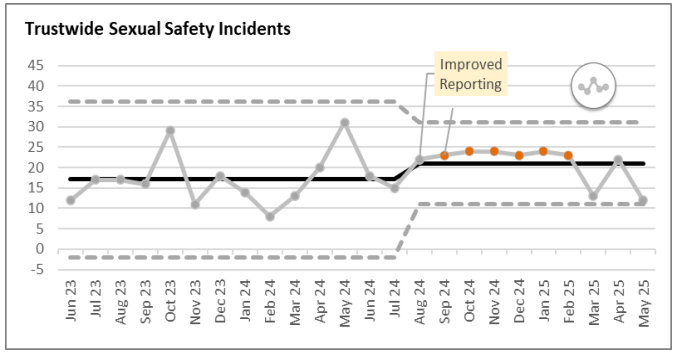
Safe | Violence, Aggression & Sexual Safety

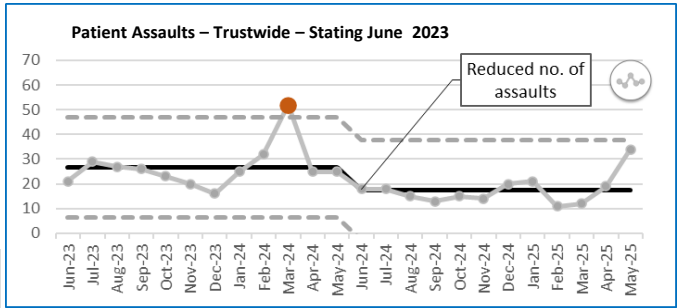


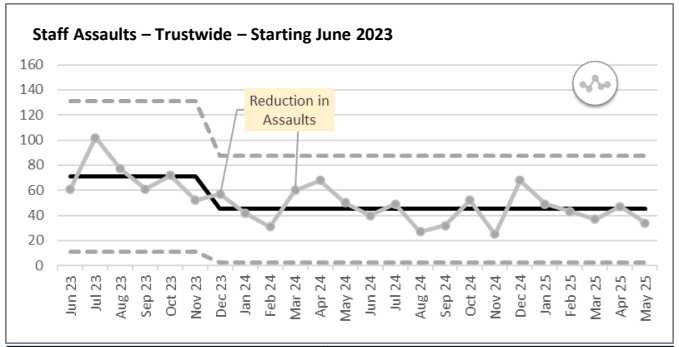




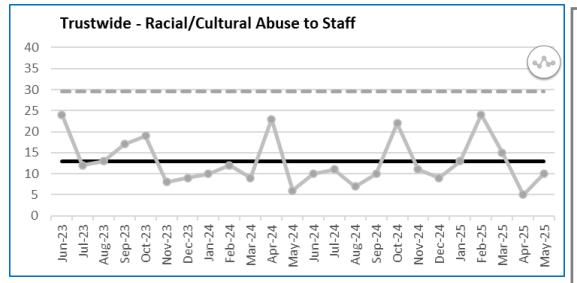


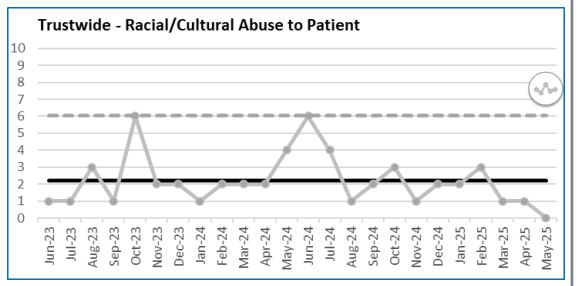


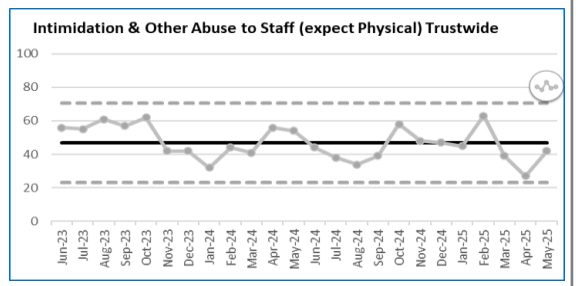




Sexual Safety	May-25		
	n	mean	SPC variation
Trustwide	12	21	● ● ●
Acute & Community	10	12	● L ●
Rehabilitation & Specialist	2	6	● ● ●







Assaults on Staff	May-25		
	n	mean	SPC variation
Trustwide	34	45	● ● ●
Acute & Community	20	25	● ● ●
Rehabilitation & Specialist	14	20	● L ●

Intimidation to Staff	May -25		
	n	mean	SPC variation
Trustwide	42	47	● ● ●
Acute & Community	22	24	● ● ●
Rehabilitation & Specialist	20	20	● ● ●

Assaults on Service Users	May-25		
	n	mean	SPC variation
Trustwide	34	18	● ● ●
Acute & Community	21	12	● ● ●
Rehabilitation & Specialist	13	10	● ● ●

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 12 incidents reported, of which 1 incident was reported as Moderate. The most reported incident in May was Sexual Abuse (Pat to Staff). About 50%

Assaults on staff
3 incidents reported as moderate, 97% of incidents were reported by bed-based services. Rehabilitation & Specialist services have reported a high number of assaults on staff this month, predominantly by G1 ward accounting for 13 and Forest Lodge reported 6 assaults.

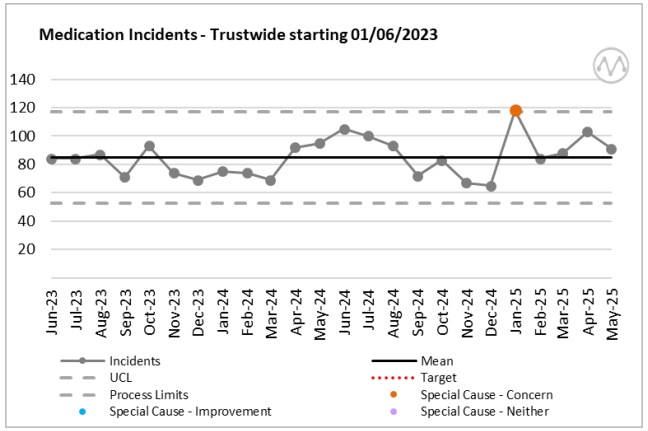
Assaults on service users
All in bed-based services. Of the 34 incidents, 10 were reported as moderate.

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.

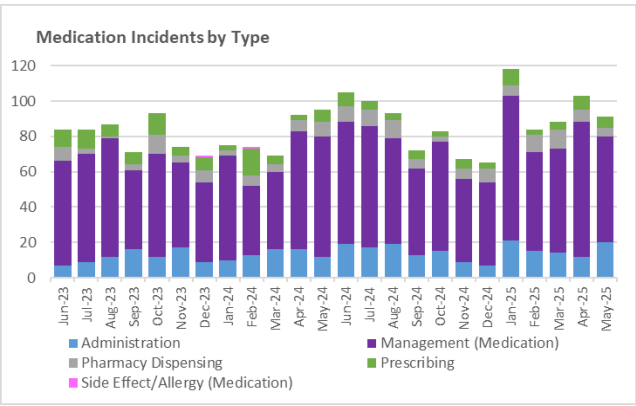
A violence and aggression group has been established with the People directorate in collaboration with the Quality directorate and clinical leadership. Analysis of violence and aggression to staff, service users and others will establish actions, and improvement plans through this group.

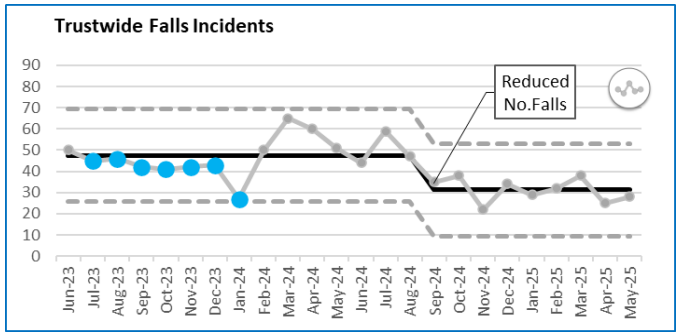
Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	0

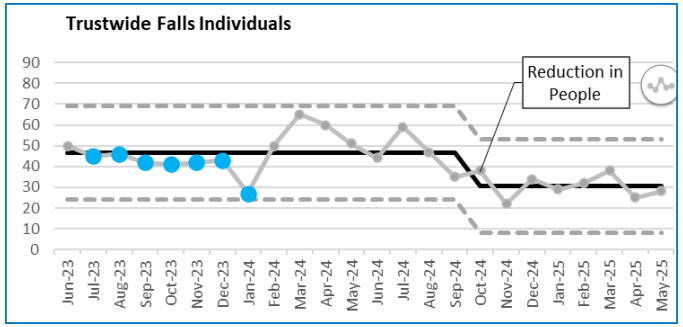
Safe | Medication Incidents, Falls & AWOL Patients

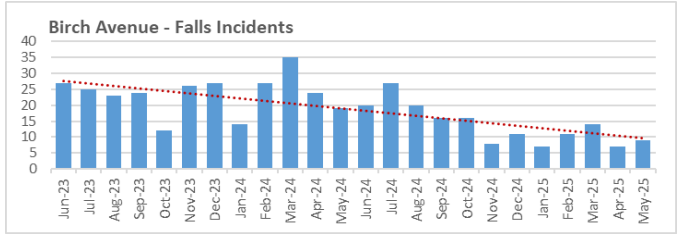


Trustwide	May-25		
	n	mean	SPC variation
ALL	91	85	● ● ●
Administration Incidents	20	14	● ● ●
Meds Management Incidents	60	58	● ● ●
Pharmacy Dispensing Incidents	5	6	● ● ●
Prescribing Incidents	6	6	● ● ●
Meds Side Effect/Allergy	0	0	● L ●



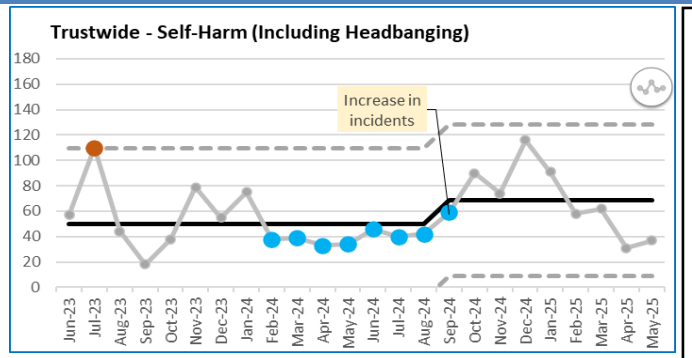


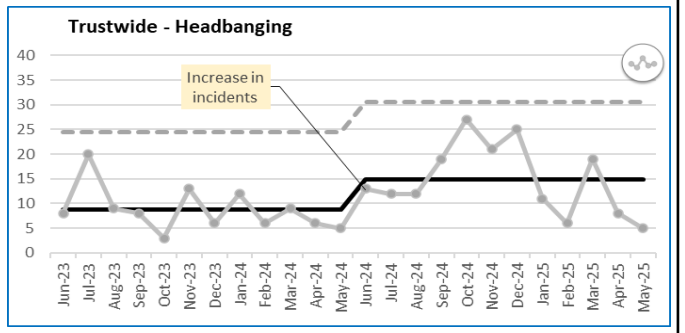




Trustwide FALLS - PEOPLE	May-25		
	n	mean	SPC variation
Trustwide	22	26	● ● ●
Acute & Community	2	2	● ● ●
Rehabilitation & Specialist	20	23	● ● ●
Nursing Homes	13	12	● ● ●

Trustwide FALLS INCIDENTS	May-25		
	n	mean	SPC variation
Trustwide	28	41	● ● ●
Acute & Community	3	2	● ● ●
Rehabilitation & Specialist	25	38	● L ●
Nursing Homes	16	17	● ● ●





Self-Harm (Including Headbanging)	May-25		
	n	mean	SPC variation
Trustwide	37	57	● ● ●
Acute & Community	34	51	● ● ●
Rehabilitation & Specialist	3	6	● ● ●

Headbanging	May-25		
	n	mean	SPC variation
Trustwide	5	12	● ● ●
Acute & Community	5	11	● ● ●
Rehabilitation & Specialist	0	0	● ● ●

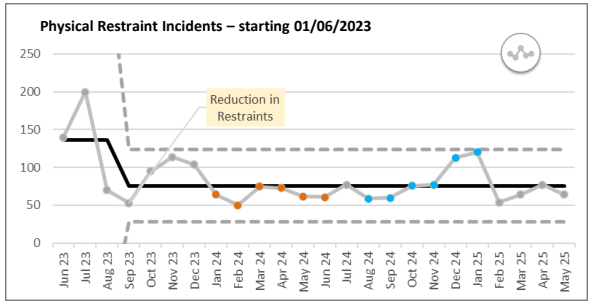
Medication Incidents
The Medicines Optimisation Group review the incidents and will be advising on actions aligned to their findings.

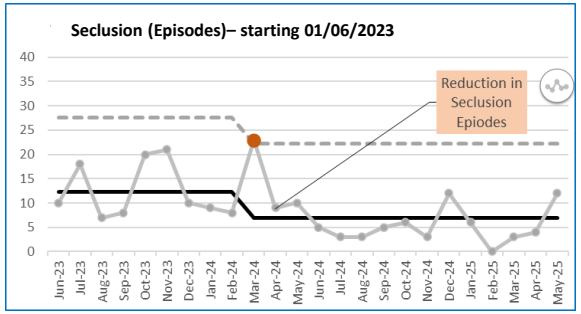
The most frequent medication incident type reported is Fridge Temperature out of Range accounting for 21.3% of incidents reported this month.

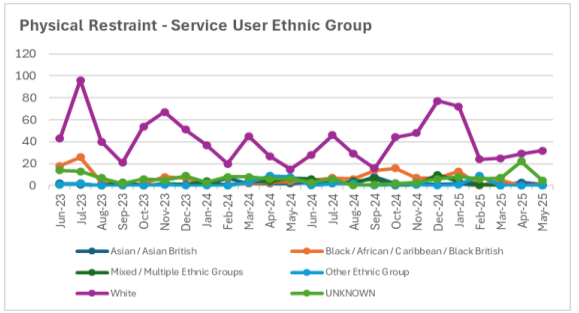
Falls
Hush huddles take place 5 days a week to support discussion around service user care plans to prevent falls.

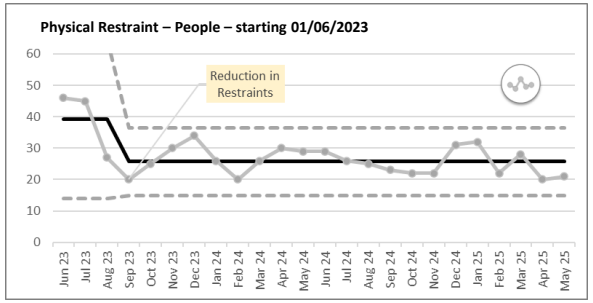
Self-Harm
Headbanging incidents are reviewed by the Physical Health Team to ensure neuro-observations have been done in line with policy. We have reported headbanging incidents to show the recent increase in this type of self-harm. 37 incidents of headbanging in for11 people.

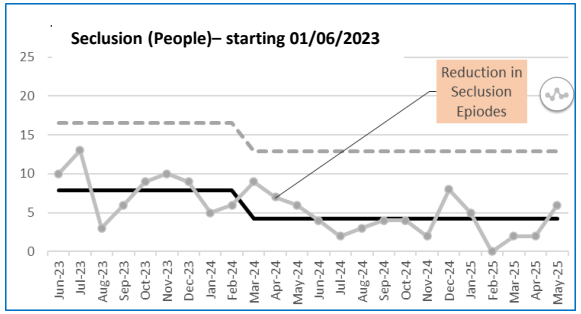
Safe | Restrictive Practice

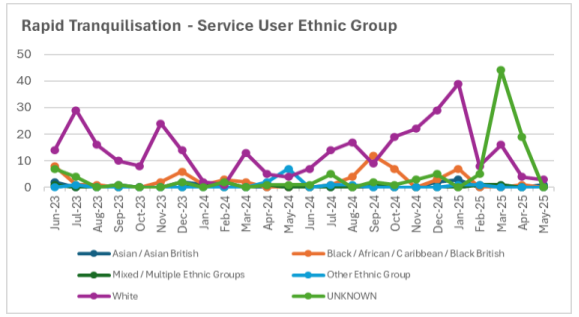


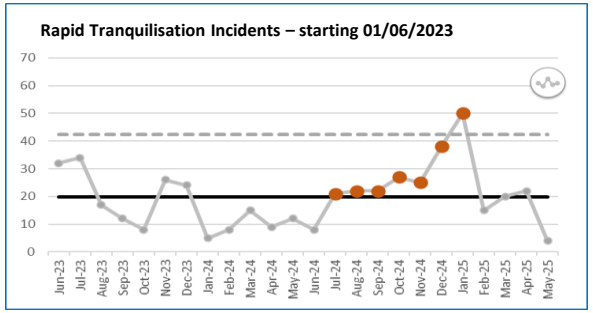


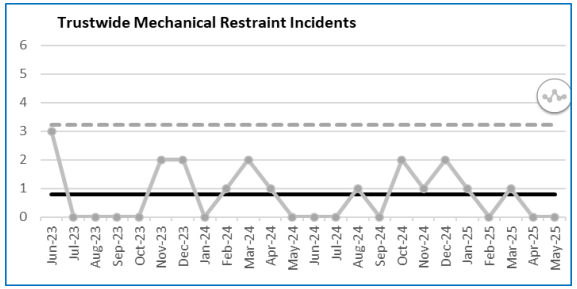


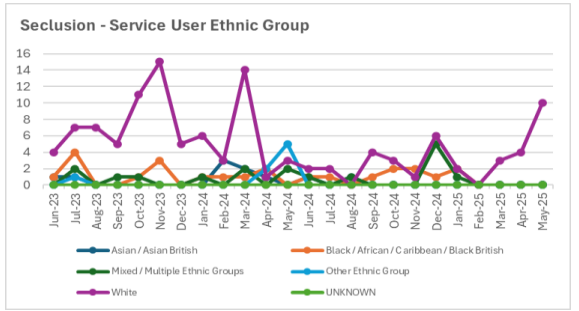


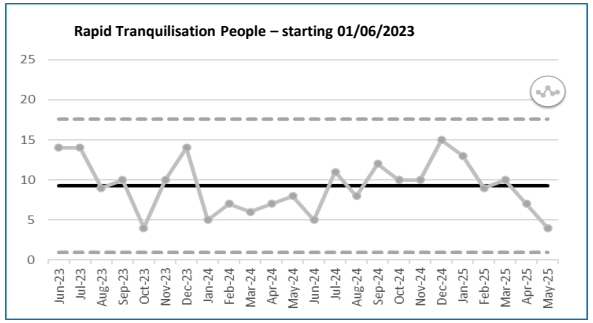


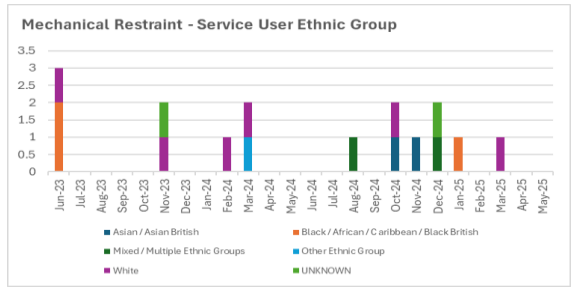












Physical Restraint	May-25		
	n	mean	SPC variation
TRUSTWIDE (Incidents)	64	76	•••
Acute & Community	59	58	•••
Rehabilitation & Specialist	5	22	•••
TRUSTWIDE (People)	21	26	•••
Acute & Community	17	17	•••
Rehabilitation & Specialist	4	7	•••

Rapid Tranquillisation	May-25		
	n	mean	SPC variation
TRUSTWIDE (Incidents)	4	20	•••
Acute & Community	3	14	• L •
Rehabilitation & Specialist	1	5	•••
TRUSTWIDE (People)	4	9	•••
Acute & Community	3	7	•••
Rehabilitation & Specialist	1	2	•••

Seclusion	May-25		
	n	mean	SPC variation
Trustwide (Incidents)	12	9	•••
Acute & Community	12	4	•••
Rehabilitation & Specialist	0	1	•••
Trustwide (People)	6	6	• L •
Acute & Community	6	3	•••
Rehabilitation & Specialist	0	0	•••

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.

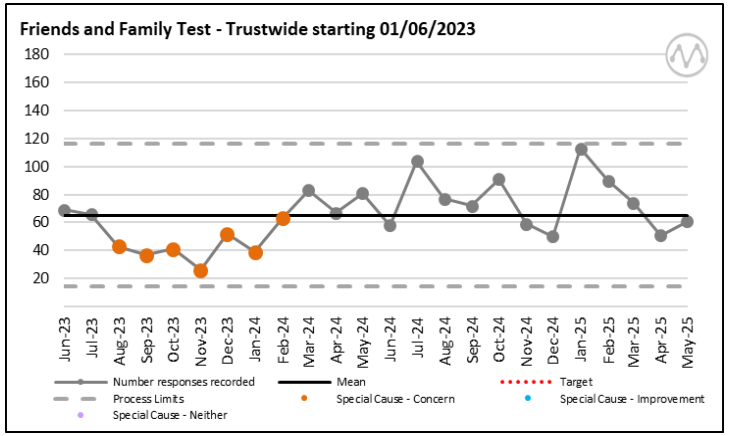
Seclusion: There were 12 episodes of seclusion from 6 individuals in May The ethnic group of these individuals were white British.

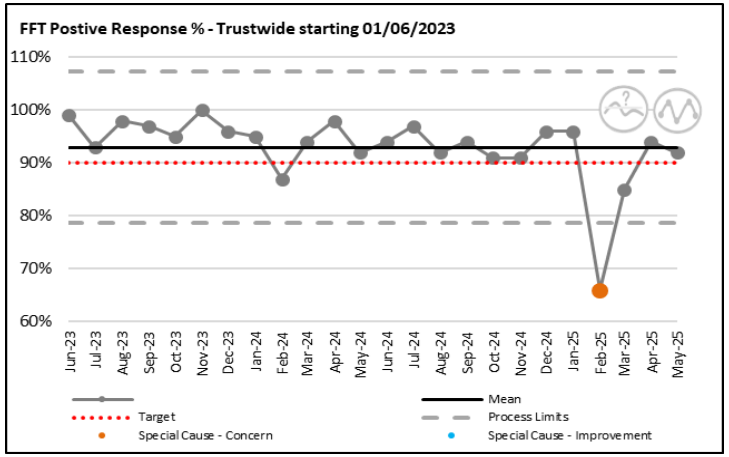
Rapid Tranquilisation: 4 incidents were reported for May 25. 75% people were from White / British Ethnic Group; and 25% were from Asian/ Asian British.

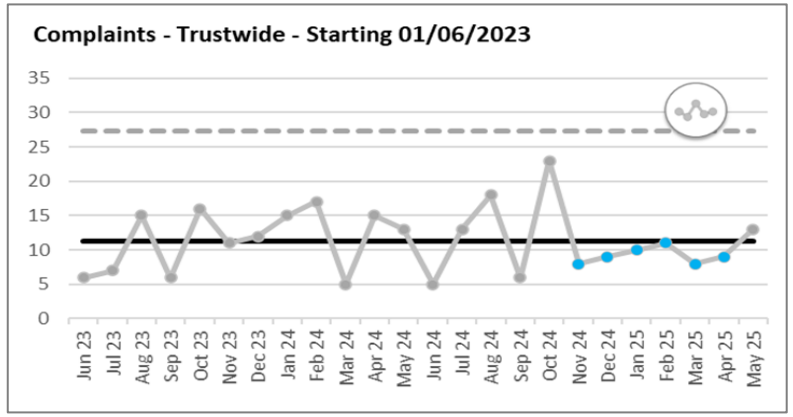
Physical Restraints: Of the 64 incidents in May 2.6% were from Asian /Asian British and Black/ African/ Caribbean British group. 82.1 % were from White British group and 12.8 % were from unknown group.

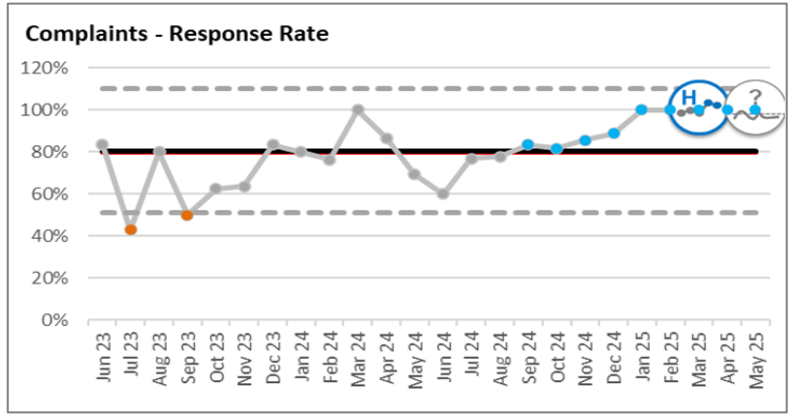
Mechanical Restraints: 0 incidents reported for the use of mechanical restraints this reporting period.

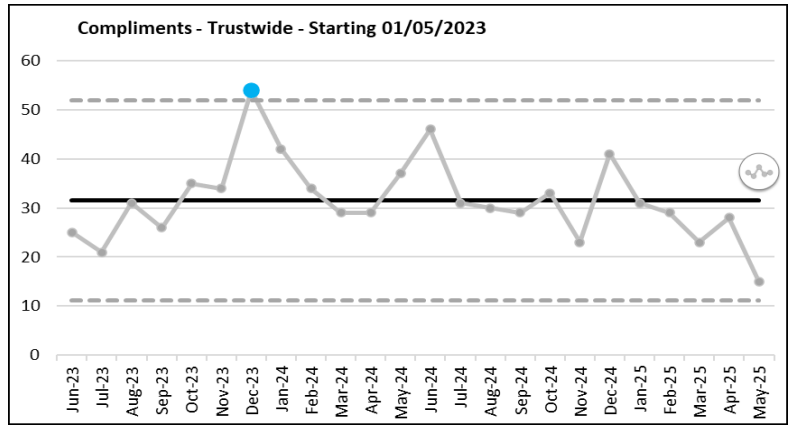
Caring | User Experience











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

- Prescribing (1)
- Clinical Treatment (2)
- Access To Treatment or Drugs (3),
- Communication (3)
- Trust policies (1)
- Values/Behaviours (1)

At the time of reporting – 5 Complaints were due to close this month:

- Outstanding (3) – Drafted Quality Assurance
- Closed withing Agreed time (2) upheld.

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

Compliments
15 compliments received this month, 2 for Acute & Community and 12 for Rehabilitation & Specialist. Eating disorder and OA CMHT services received the highest compliments for this month (4).

Friends and Family Test
In May 2025, the Trust received a total of 61 responses to FFT questions, of these, 56 responses were 'positive', 3 respondents rated the service as 'neither good nor poor', 2 responded as 'poor'. This results in 91.8% positive feedback for May.

We are unable to provide the return rate this month while we wait for calculation of active service users in the month from our Digital colleagues.

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Safer Staffing

IPQR - Information up to and including May 2025

Proud to care in Sheffield

Safer Staffing

Organisation Name	New Staff Group	Funded Establishment FTE	Staff in Post FTE	Vacancies FTE	Unavailability Total FTE	Substantive Usage FTE (Actual)	Bank Usage FTE	Agency Usage FTE	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	Fill Rate Narrative	CHPPD	Overall CHPPD	Demand Template CHPPD	SafeCare Completion Rate %
Burbage	Registered Nurses	12.38	15.00	-2.62	5.09	8.18	1.86	1.02	11.06	1.32	98%	102%		3.76			
	Unregistered Nurses	28.06	15.00	13.06	2.81	11.90	8.24	0.00	20.14	7.92	96%	103%		6.61	11.78	10.45	100.00%
Dovedale 1	Registered Nurses	11.22	11.80	-0.58	7.20	5.65	2.68	0.94	9.27	1.95	97%	97%		3.27			
	Unregistered Nurses	21.77	16.16	5.61	6.87	10.27	10.39	0.14	20.79	0.98	95%	95%		6.94	10.93	9.74	89.25%
Dovedale 2 Ward	Registered Nurses	11.59	11.44	0.15	3.55	8.81	0.87	0.25	9.94	1.65	99%	100%		4.13			
	Unregistered Nurses	18.98	18.67	0.31	5.66	14.34	1.79	0.05	16.17	2.81	92%	103%		6.60	11.95	10.88	100.00%
Endcliffe Ward	Registered Nurses	11.36	10.95	0.41	3.30	8.93	2.59	0.24	11.76	-0.40	94%	100%	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.	5.91			
	Unregistered Nurses	26.35	23.05	3.30	6.34	15.75	13.63	0.18	29.56	-3.21	137%	150%		15.01	21.28	16.61	100.00%
Forest Close 1	Registered Nurses	8.60	10.00	-1.40	4.05	5.92	0.26	0.00	6.17	2.43	126%	100%	5 instances required additional staff for ECT transportation	3.56			
	Unregistered Nurses	11.69	8.90	2.79	3.71	5.73	1.51	0.00	7.24	4.45	94%	100%		4.74	8.30	4.45	100.00%
Forest Close 1a	Registered Nurses	9.50	10.40	-0.90	3.94	6.83	1.18	0.06	8.07	1.43	105%	100%		3.07			
	Unregistered Nurses	18.43	18.52	-0.09	8.17	11.83	0.99	0.00	12.82	5.61	104%	100%		4.86	7.93	8.00	100.00%
Forest Close 2	Registered Nurses	8.60	7.80	0.80	2.39	4.76	0.49	0.00	5.25	3.35	105%	97%		2.74			
	Unregistered Nurses	11.89	8.99	2.90	2.50	5.99	1.61	0.00	7.60	4.29	104%	100%		4.68	8.33	0.00	100.00%
Forest Lodge Assessment	Registered Nurses	9.40	9.29	0.11	3.90	5.41	0.76	1.08	7.25	2.15	95%	102%		4.73			
	Unregistered Nurses	12.98	10.56	2.42	4.18	8.97	3.92	0.45	13.34	-0.36	93%	98%		8.74	14.08	13.50	53.76%
Forest Lodge Rehab	Registered Nurses	8.00	7.91	0.09	4.81	4.97	1.41	1.12	7.50	0.50	96%	100%		3.17			
	Unregistered Nurses	10.62	8.64	1.98	4.14	3.11	3.53	0.48	7.12	3.50	94%	100%		3.09	6.26	8.06	53.76%
G1 Ward	Registered Nurses	11.22	13.80	-2.58	5.55	9.05	1.59	0.33	10.97	0.25	118%	103%		4.73			
	Unregistered Nurses	32.09	26.69	5.40	8.88	17.33	9.24	0.00	26.57	5.52	92%	101%		11.42	16.95	12.60	100.00%
Stanage	Registered Nurses	11.59	14.60	-3.01	5.78	9.00	1.80	0.00	10.79	0.80	101%	103%		3.79			
	Unregistered Nurses	23.42	19.28	4.14	6.37	14.61	4.50	0.00	19.11	4.31	97%	105%		6.45	10.85	9.87	100.00%
HBPoS/ Decisions Unit	Registered Nurses	16.69	13.69	3.00	3.98	9.02	2.50	0.66	12.17	4.52	0%	0%		0.00			
	Unregistered Nurses	10.85	13.54	-2.69	3.17	11.15	2.75	0.00	13.90	-3.05	0%	0%		0.00	0.00	14.43	n/a

Overstaffing

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

Understaffing

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

Safer Staffing

Organisation Name	Bed Occupancy %	Total Complaints	Total Incidents	Patient Safety Incidents	Serious Incidents moderate and above	Staffing Incidents	Staffing Incidents Narrative	Section 17 leave cancelled Incidents	Medication Incidents	Self-Harm Incidents
Burbage	100.7%	0	77	54	5	0		0	15	14
Dovedale 1	97.0%	0	29	12	1	10	Staffing incidents relate to 2 members of staff. 1 staff member's (7 incidents) record had data quality issues with training compliance between two systems. The other staff member is non-compliant but has a training date booked.	0	9	0
Dovedale 2 Ward	100.0%	0	17	7	2	0		0	4	1
Endcliffe Ward	99.5%	0	52	36	16	0		0	6	6
Forest Close 1	92.5%	0	3	2	0	0		0	1	0
Forest Close 1a	100.0%	0	21	11	0	0		0	3	0
Forest Close 2	96.8%	0	17	7	0	0		0	2	0
Forest Lodge Assessment	80.0%	0	31	10	6	15	There has been a shortfall of nurses due to sickness/maternity leave. Substantive staff approached for cover first in all instances however required 2 agency staff nurses on duty over the course of the month. 4 occasions with over 50% bank and agency on shift - once with registered nurses; on 3 occasions with HCSW	0	5	0
Forest Lodge Rehab	100.0%	0	11	1	0			1	2	0
G1 Ward	70.5%	0	20	10	2	0		0	5	0
Stanage	98.0%	0	59	35	3	0		0	3	4
HBPoS/ Decisions Unit	n/a	0	51	15	15	0		0	5	9

Adult Acute

- **Endcliffe:** Vacancies:- 3 support worker band 2, 0.8 at b3, 1 band 5 vacancy and 1 band 6 post Recruited to. 1 band 5 out of numbers due to pregnancy. 1 Band 2 and 1 Band 3 on Maternity. Changes in observation practice resulting in less clinical need for observations. 1 band 5 LTS. Manager trying to get the team to work within CER.
  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.
- **Dovedale 2**:- 1 Band 6 nurse post recruited to. Band 6 maternity leave and Band 3 maternity leave and 1 band 7 on maternity. Still above establishment with HCAs for a 12 bedded ward. 1 Band 3 and 1 Band 6 on LTS. Budget adjusted. Low agency use, acuity generally low, incident numbers low. Continued culture of care engagement.
- **Stanage**:- Vacancies 0.4 band 2. 2 Band 2 recruited to. 1 Band 5 Career break. CER set at 16 beds. Acuity levels higher than usual. Training above 98%.
- **Burbage** – Vacancies 0.8 HCSW, 2 Band 5. 1 band 6 recruited to. 1 Band 3 on LTS. Pregnancy 1 x band 2 2 x band 3. 1 Band 6 redeployed to DD2.. 1 SNP on ward now, temporary SNP has returned Endcliffe. High acuity, high admission and discharge rate.

Older Adults

The ward has had minimum unsafe staffing numbers as our ward have not been at full bed occupancy. There have at times been overstaffed situations due to changes in patient acuity which has occurred without appropriate notice to cancel bank shifts. Acuity has shifted drastically at times during the month but on average there have been: 12 patients on the ward, 5 intermittent observations, 1 one to one.

Rehabilitation & Specialist

Where shifts are short due to sickness, the Forest Close leadership team work collaboratively to support and move staff across the system to mitigate risks. There have been 5 incidences of requiring an additional shift compared to usual CER to support with ECT transportation. There was one incident of using additional nursing to ensure preceptee was not working alone

On Forest Lodge a senior nurse practitioner and a deputy ward managers are in the numbers some days. Ward managers dropping into the numbers also to cover shortfalls. Over staff baseline - 22.5 HCSW for patient escort of more than 6 hours and 7.5 hours staff on phased return to work. All patients were on general observations

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Our People

IPQR - Information up to and including May 2025

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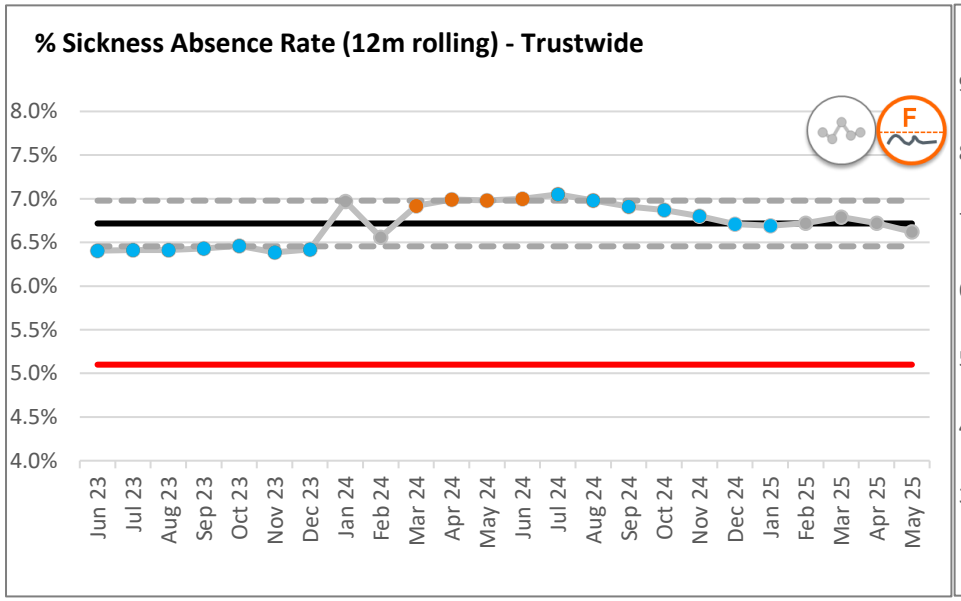
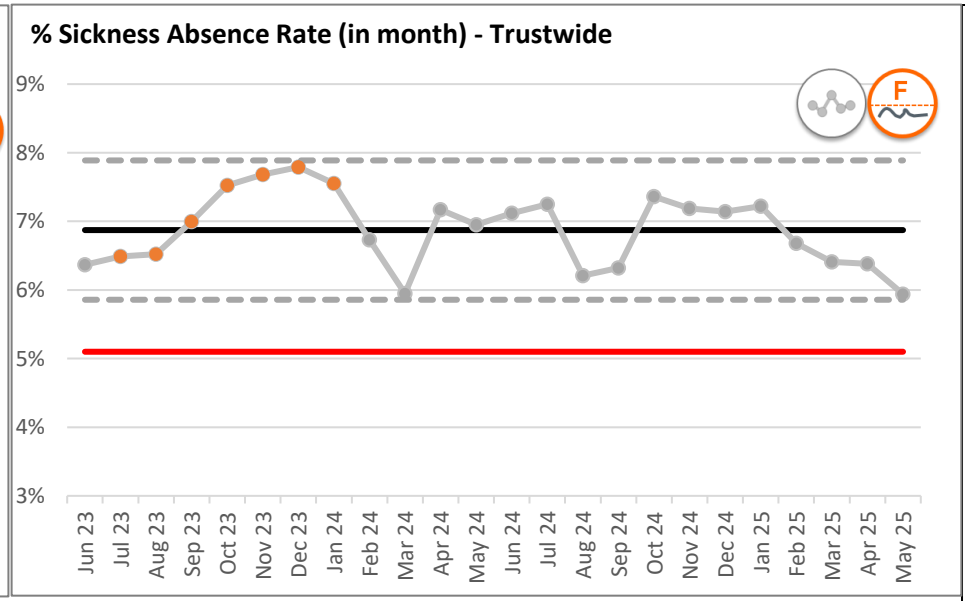
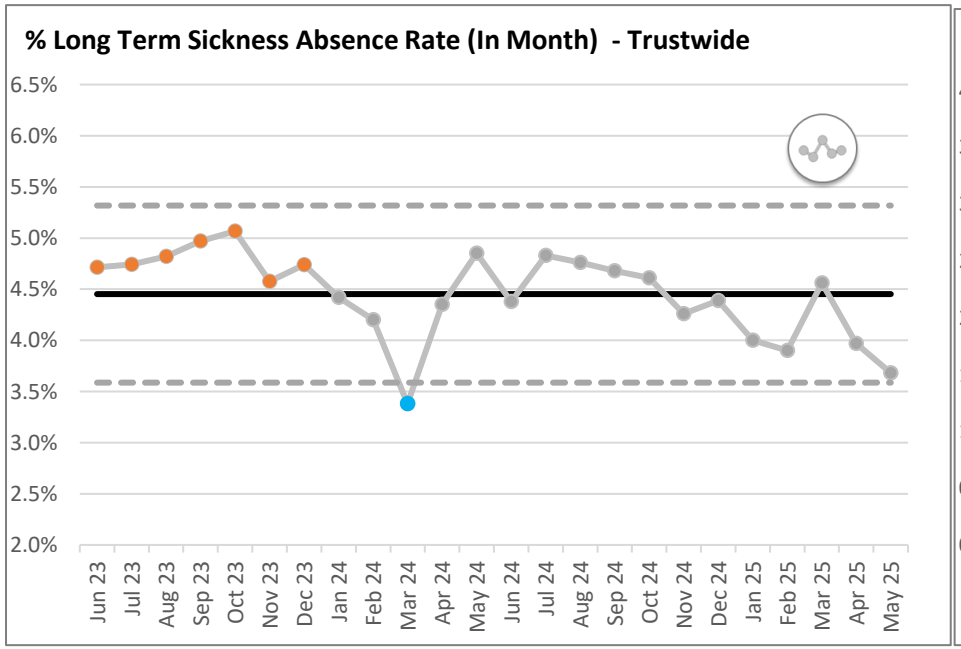
Well-Led | Workforce Summary

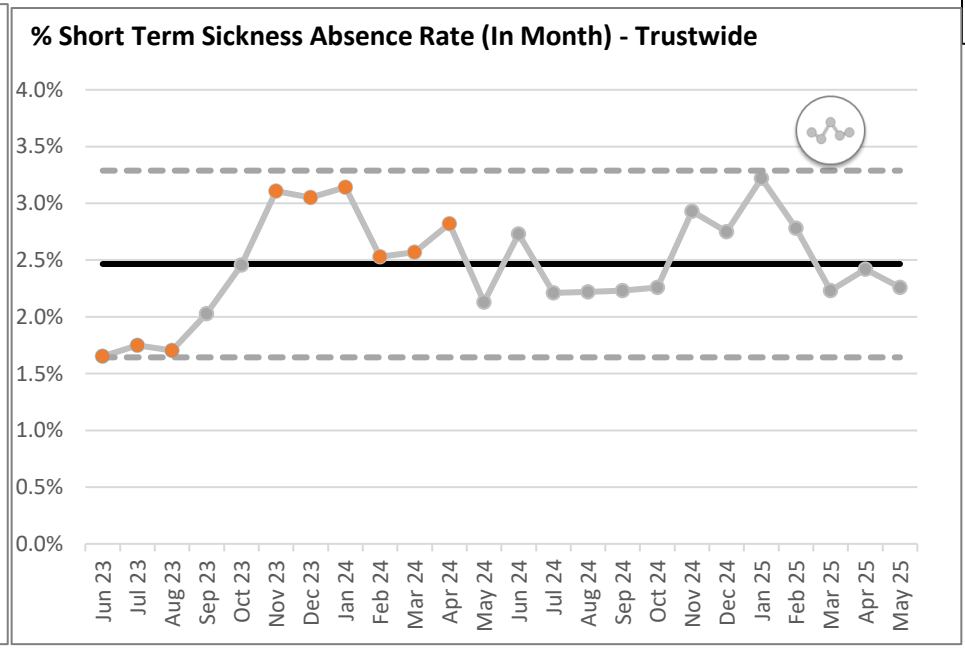
		May-25			
Metric	**Target**	**n**	***mean***	**SPC variation**	**SPC target**
Sickness 12 Month (%)	5.1%	**6.6%**	*6.7%*	• • •	F
Sickness In Month (%)	5.1%	**5.1%**	*6.9%*	• • •	F
Long Term Sickness (%)	-	**3.7%**	*4.5%*	• • •	/
Short Term Sickness (%)	-	**2.3%**	*2.5%*	• • •	/
Headcount Staff in Post	-	**2590**	*2649.2*	• L •	/
WTE Staff in Post	-	**2268**	*2327.7*	• L •	/
Turnover 12 months FTE (%)	10%	**12.9%**	*15.5%*	• L •	F
Training Compliance (%)	80%	**88.9%**	*88.3%*	• H •	P
Supervision Compliance (%)	80%	**47.6%**	*63.0%*	• L •	F

Well-Led | Sickness







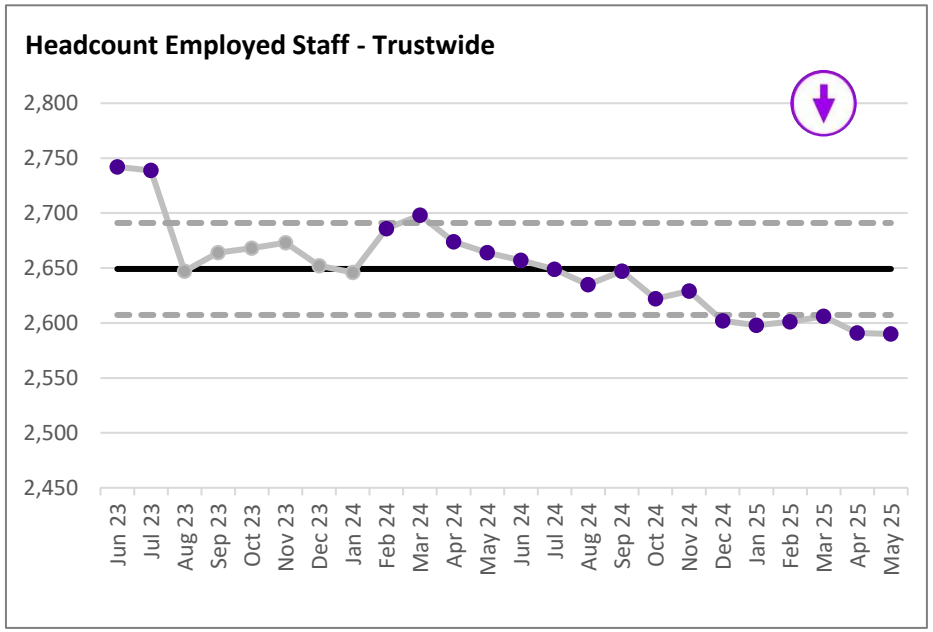


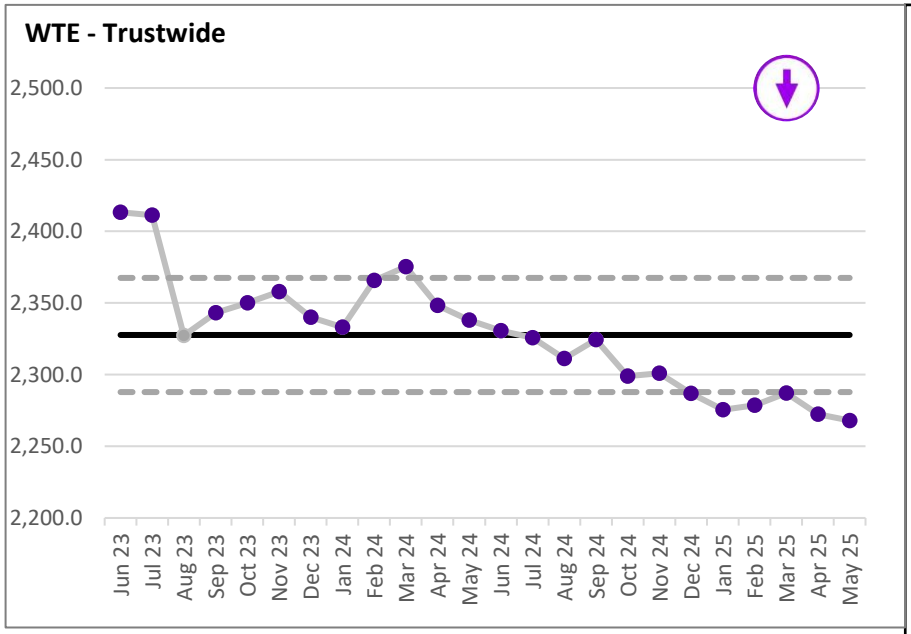
Narrative

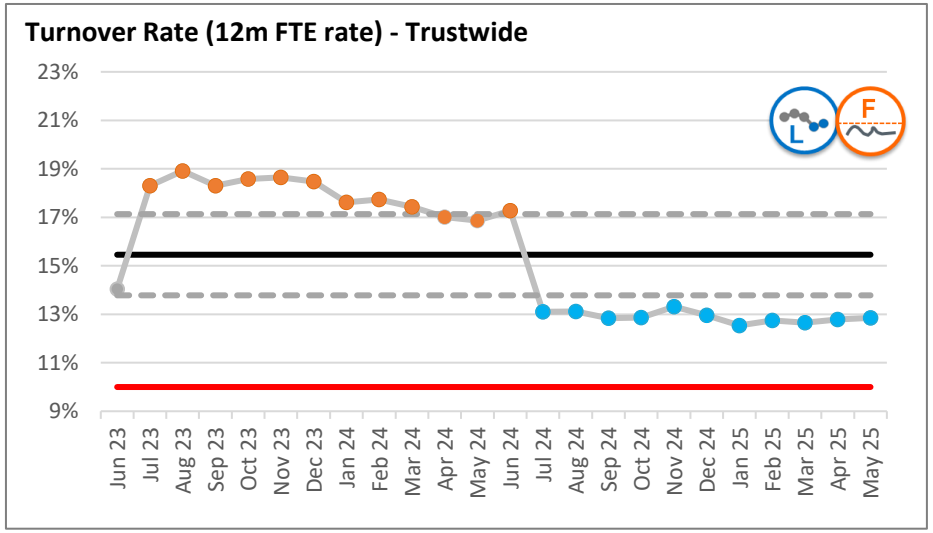
We are working with services to provide support in managing long and short term sickness. We will be focusing on areas with consistently high sickness to ensure:

- Sickness is managed correctly
- Employees that are not in the sickness process but should be are identified
- Preventative measures are in place in line with the highest reasons for sickness
- Return to work interviews are taking place and recorded
- The policy is being followed

Well-Led | Staffing







Narrative

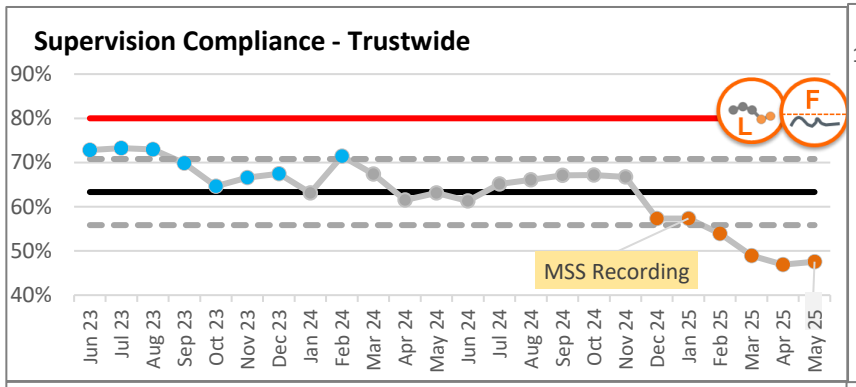
Headcount and WTE continue to drop as the organisation continues to benchmark staffing levels to pre-covid in corporate areas and ensure value is achieved in non-clinical areas.

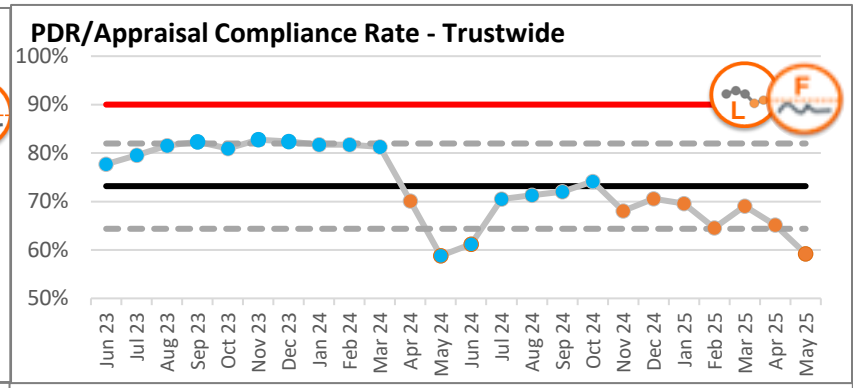
Some posts have not been recruited to as there are a number of organisation change processes in place looking at structures and value.

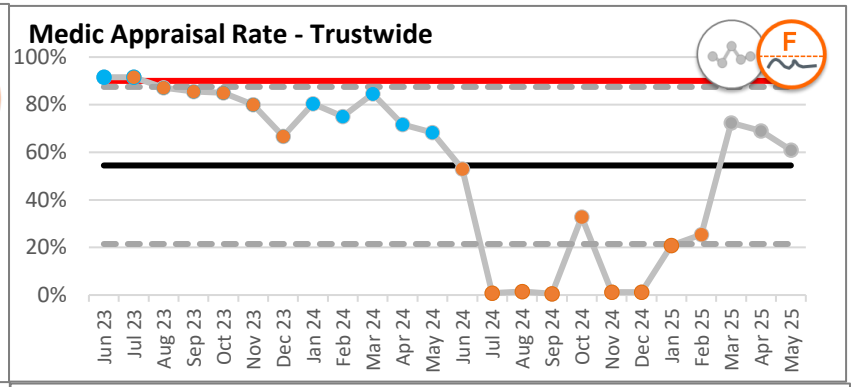
There has been offers for staff to reduce their hours upon request and approval which has seen a slightly sharper drop in WTE than headcount.

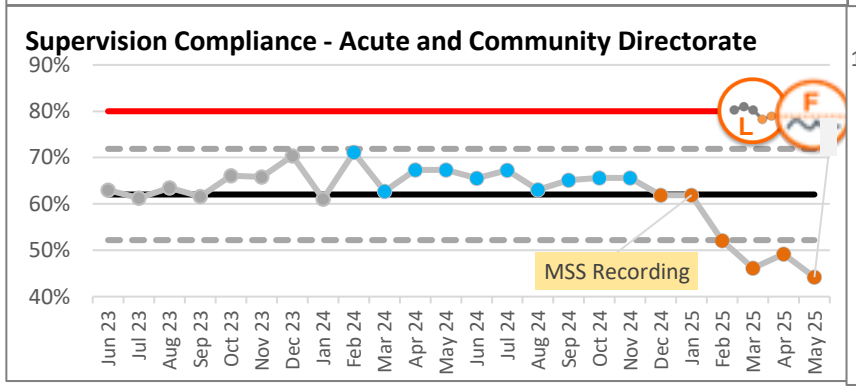
Safe staffing levels remain the same in clinical areas.

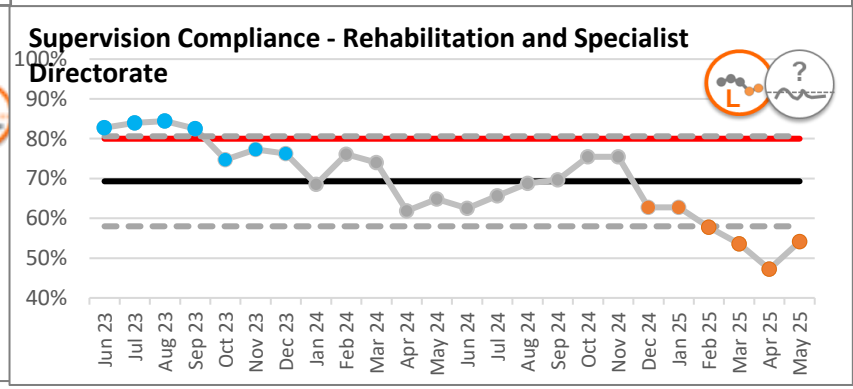
Well-Led | Supervision & PDR/Appraisal

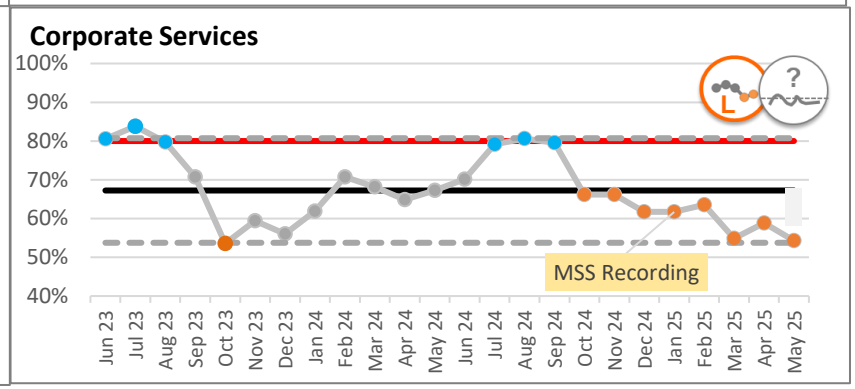












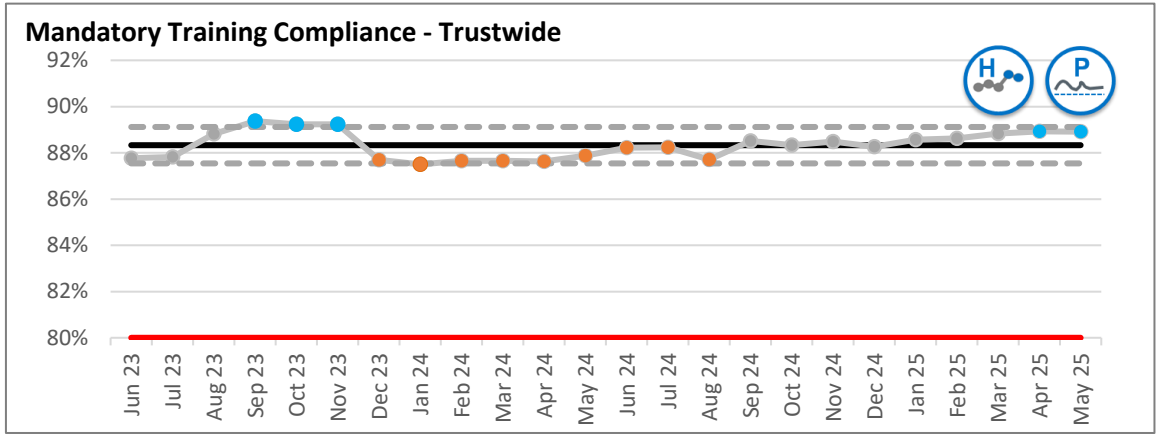
Aim

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

Narrative

Supervision compliance is improving. May data shows low compliance but current organisational compliance is at 68% for supervision and 64% for PDR in June, at the time of writing. We continue to support services that are struggling to record PDR and Supervisions in ESR but the vast majority are now able to do this.

Well-Led | Mandatory Training



Aim

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

COMPLIANCE – As at date	29/04/2025	27/05/2025
Trustwide	**88.9%**	**88.9%**
Directorate/Service Line		
Corporate Services	85.8%	85.8%
Medical Directorate	89.8%	90.0%
Acute & Community – Crisis	91.3%	90.2%
Acute & Community – Acute	91.3%	91.2%
Acute & Community – Community	92.8%	93.3%
Rehab & Specialist – Older Adults	83.2%	83.5%
Rehab & Specialist – Forensic & Rehab	91.1%	90.4%
Rehab & Specialist – Highly Specialist	90.3%	90.2%
Rehab & Specialist – Learning Disabilities	94.9%	94.4%
Rehab & Specialist – Talking Therapies	92.6%	92.8%

Narrative

Overall trustwide compliance continues to comfortably exceed the 80% target.

Newer subjects which are now above target trustwide: Oliver McGowan E-learning – 81.4% and Record Keeping – 80.9%.

Birch Avenue's compliance has increased by 2.2% to 81.1% following data cleansing work removing inactive bank and permanent staff.

The Trust has not been in a position to run Moving and Handling Level 2 training since the previous lead retired in December 2024. An interim trainer has now been identified and training is planned to restart in July.

Subjects below target	Target	May-25
Information Governance	90%	86.3%
Resus Level 2 (BLS)	80%	72.0%
Resus Level 3 (ILS)	80%	78.8%
Mental Health Act	80%	79.9%
Medicines Management	80%	68.2%
Rapid Tranquilisation	80%	77.3%
Respect Level 1	80%	73.3%
Respect Level 3	80%	67.1%
Safeguarding Children Level 3	90%	58.7%
Moving and Handling Level 2	80%	41.6%

Teams below target	Target	May-25
Dovdale 1	80%	78.6%
Eating Disorders	80%	78.1%
Bank Staff	80%	79.8%

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NHS Foundation Trust

Financial Performance

IPQR - Information up to and including May 2025

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Financial Performance | Executive Summary

Key Performance Indicator	YTD Plan £'000	YTD Actual £'000	Variance £'000	Annual Plan £'000	25/26 Forecast £'000	Variance £'000
Surplus/(Deficit)	(950)	(1,337)	(387)	(4,871)	(4,871)	0
Adjusted Surplus/(Deficit)	(138)	(525)	(387)	0	0	0
Cash	42,870	40,308	(2,562)	44,193	44,628	435
Efficiency Savings	1,334	884	(450)	8,000	8,000	0
Capital	(1,546)	(779)	767	(16,304)	(16,739)	(435)

		Target	Number	Value
Invoices paid within 30 days (Better Payments Practice Code)	NHS	95%	100.00%	100.00%
	Non-NHS	95%	99.97%	99.97%

Narrative

At month 2, the year-to-date deficit £387k higher than planned This is as a result of value improvement plans (VIPs) (efficiency savings) being behind plan by £450k. The plan was phased in equal 12ths throughout the year however there are not the level of plans in delivery phase to achieve the year-to-date target. Work is ongoing in June to ensure more plans are signed off and have plans in place to deliver within this financial year. The forecast of achieving the plan is on the basis that the VIP requirement of £8m is achieved.

Cash is £2.6m below plan; this reflects a £6m shortfall due to the first instalment of sale proceeds for Fulwood House having been delayed, partially offset by delay in capital and over-estimated plan of prepayments based on historical trends. There is a year-to-date underspend on capital. We have been informed that our bid for safety schemes has been approved and we will receive £1.2m of funding rather than the £0.8m included in the plan; this is the reason for the additional spend on the forecast.

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Report ends
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Appendix 1 | SPC Explained

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

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

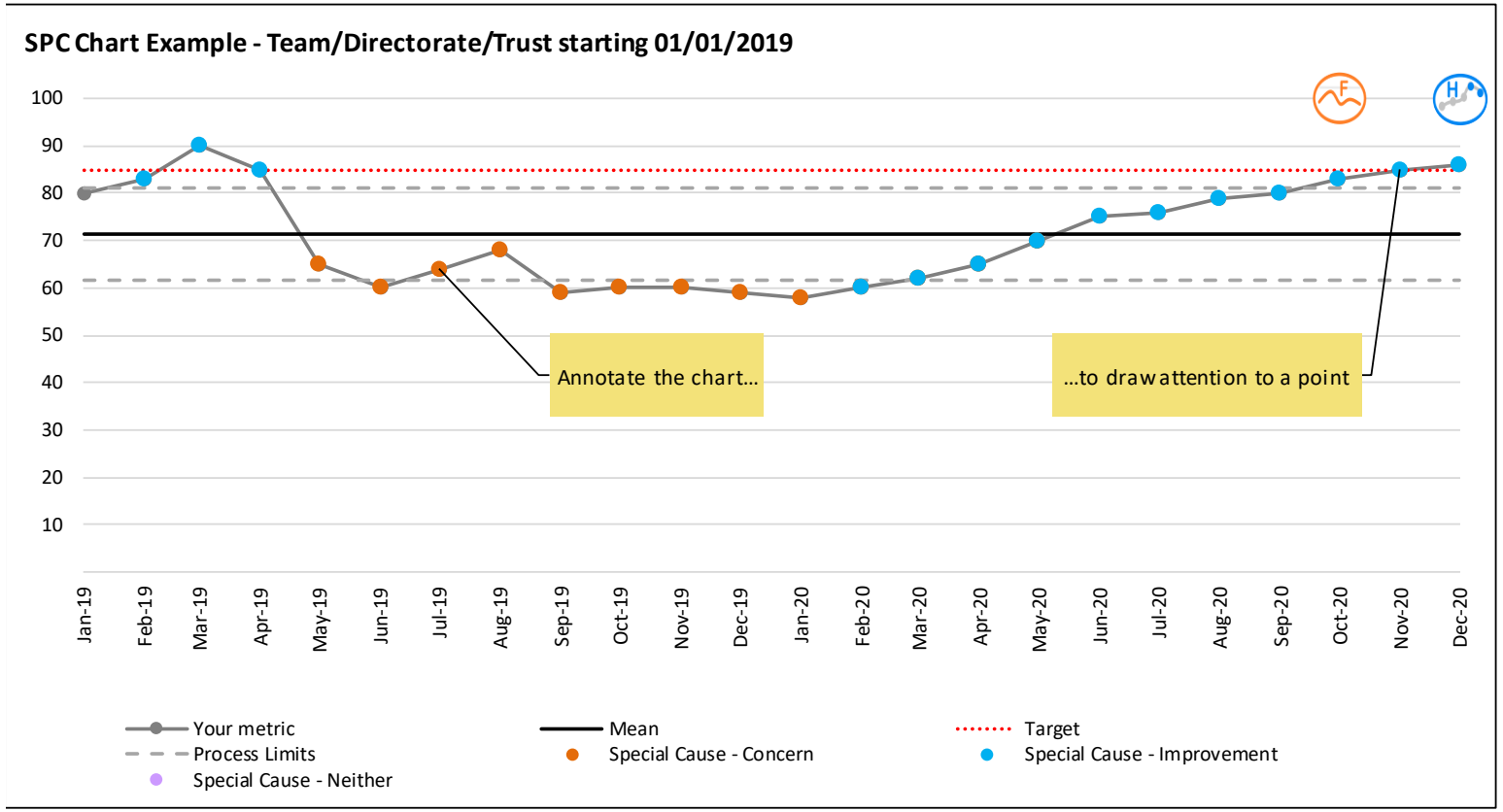
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

	Variation Icons **The icon which represents the last data point on an SPC chart is displayed.**							**Assurance Icons** **If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.**		
ICON										
SIMPLE ICON	• • •	• H •	• L •	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix 2 | SHSC SPC Chart Anatomy

Chart Title	SPC Chart Example
Team/Service	Team/Directorate/Trust
Your Measure	Your metric
Improvement Indicator	High is Good
Target	85

Start Date	01/01/2019	
Duration	24	Months
Baseline		
Min Value	0	
Max Value	100	



Observations

Based on the data from latest calculation date (data point 1 - 01/01/19).

Single Point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control.There are 6 points above the UCL and 7 points below the LCL.
Trend	When there is a run of 6 increasing or decreasing sequential points this may indicate a sigificant change in the process. This process is not in control.
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a sigificant change in process. This process is not in control.

Appendix 3 | SHSC Glossary

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
QoCE	Quality of Care Experience
R&S	Rehabilitation and Specialist Services
RMN	Registered Mental Health Nurse
RPU	Referral Point Unit
RtA	Referral to Assessment
RtT	Referral to Treatment
SAANS	Sheffield Adult Autism and Neurodevelopment Service
SCBIRT	Sheffield Community Brain Injury Rehabilitation Team
SCFT	Specialist Community Forensic Team
SCH	Sheffield Childrens' Hospital
SLA	Service Level Agreement
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