Sheffield Health and Social Care NHS Foundation Trust

Open BoD 09.09.20
Item 10

BOARD OF DIRECTORS MEETING (Open)

Date: 9 September 2020

TITLE OF PAPER	**Performance Report – Period Ending July 2020**
TO BE PRESENTED BY	**Phillip Easthope, Executive Director of Finance, IMST, Facilities & Performance**
ACTION REQUIRED	For the Board to: • receive and note the monthly performance report for the period ending July 2020. • Consider how the information in the report impacts on the assurance levels re delivery of our getting back to good objective and in relation to the contents of the BAF specifically BAF0002 Well led & BAF0003 Patient safety
OUTCOME	For the Board to be assured that the Trust is delivering the required standards of care, and that plans are in place to ensure on-going performance and performance improvement where required. In relation to changes to assurance & subject to deliberation at Board agree that: • BAF0002, the development of the performance report goes some way to improve the information at board level it isn't significant enough at this stage to improve assurance in relation to well led. • BAF0003, our current understanding of Patient safety has improved, noting the embedding of improvements re Supervision, however a number of indicators including Out of area placements, length of stay, CPA etc continue to be a significant concern.

TIMETABLE FOR DECISION	The Board should note the reporting position.
LINKS TO OTHER KEY REPORTS / DECISIONS	None highlighted.
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES	CQC Getting back to Good BAF0002 Non-delivery of Well led development plan BAF0003 unable to improve patient safety Service quality targets and indicators within this report are also identified as KPIs for the Clinical Commissioning Group and the Sheffield City Council.
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Nil
CONSIDERATION OF LEGAL ISSUES	None highlighted.

Presented by	Phillip Easthope
Designation	Executive Director of Finance
Date of Report	September 2020

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Board of Directors Performance Report September 2020

Revised Format – Version 2

Including information to July 2020

Proud to care in Sheffield

Introduction & Report Development Schedule

We have committed to work on the development of the Trust Board Performance report, to ensure that it includes meaningful indicators that are data quality assured, accessibly presented with appropriate analysis, having gone through a 'Floor to Board' governance hierarchy. This will enable appropriate Board understanding, scrutiny and oversight of the operations of the Trust. This is the third iteration of an improved Performance Report for the organisation. We have converted RAG monitoring to Statistical Process Control (SPC) charts where possible, and replicated the previous performance report information in a new format. An explanation and guide for SPC is available at Appendix 1 of this report. Also included within the KPI Summary is a basic marker of the level of assurance we have in the metric or indicator. This is something we are currently looking to develop further through the Performance & Quality Framework Programme, and aim to introduce in later reports.

Developments achieved in this month's iteration are:

- Inclusion of Highlights & Exceptions to draw attention to areas of focus, in line with current Quality Report format.
- Further re-design of Workforce & Finance dashboards content to be consistent with overall Performance Report.

It should be noted that the planned integration of Quality & Performance Reports in this iteration have not been possible. This will be prioritised as below with the support of the Executive Directors of Finance and Nursing & Professions .

Plans for continued development

For August 2020 Report (to October Trust Board)

1. Integration of the revised Quality Report with the revised Performance Report
2. Restructure of KPI overview to include metrics grouped under the following categories
    - NHS Oversight Framework (19/20)
    - Strategic Objectives/NHS Long Term Plan
    - CQUIN
    - Well Led
    - Key Areas of Concern/for Improvement & Development
3. Revision of the additional START dashboard to encompass the KPIs associated with the increased service and scope of service.

For September 2020 Report (to November Trust Board)

1. Introduction of a newly developed Data Quality/KPI 'kitemark' – to enable an at a glance view of the confidence we have in the information provided. The kitemark will incorporate factors such as Definition, Accuracy, Source, Automation, Governance & Assurance.

Future Reports

1. Review of all required metrics in collaboration with Service areas and Board members, as part of the Floor to Board review process currently led by Executive Director of Nursing & Professions and Chief Operating Officer
    - Access & Waiting Times – Referral to Assessment and Treatment times for all services, with associated standards and targets understood is currently identified by Trust and commissioners alike as a priority.
2. Transfer of all the required information that supports the production of the integrated Performance & Quality Report into the Data Warehouse, enabling automation of a significant amount of process.

Highlights & Exceptions | July 2020

Highlights

CPA Review – South Recovery Service
Note the significant improvement in performance for CPA Reviews by Recovery South service. Performance in June was at 58% increasing to 71% in July, with sustained improvement in August set to continue in September in line with their improvement plan.

Early Intervention – Access & Waiting Time (AWT) Standard
The service has exceed the 53% 2 week AWT target for a consecutive 24 months, with the current mean at 74%.

IAPT Access & Waiting Times
Both the 6 and 18 week wait to treatment start times continue to consistently exceed the national targets and this has been maintained throughout the pandemic to date.

Exceptions

Out of Area Placements
There has been a significant increase in Out of Area admissions in July into Acute and PICU wards. Likely influencing factors include easing of lock down; reduced support during lock down and reduced system flow as a result of changes to social care provision both during and subsequent to lock down.
A number of strategies to progress safe repatriation and avoid future out of area admissions are being used, such as:

- At Risk of Admission and Out of Area Management weekly meetings chaired by Crisis and Emergency Clinical Director
- Home Treatment liaison posts directed to focus on supporting repatriation
- Clinical Director overseeing out of area requests
- Joint working with Local Authority colleagues to support timely accommodation provision

Exceptions

Adult Acute Wards Length of Stay
The average length of stay for service users on our adult acute wards has seen a gradual increase over the last 4 months and in June and July breaches upper control limits. Factors affecting length of stay are multiple and complex, many of which we explored in the Acute Care Deep Dive in early 2020. In July the rolling average discharged length of stay was 38 days. In March 2020 it was 35.1, just over the 2019 national average of 34.8.

Over the recent months staffing difficulties, inconsistency in staffing and leadership and the impacts of Covid-19 will undoubtedly have had a negative impact on length of stay.

We are taking steps to understand and address length of stay as one of the markers of quality and performance of our inpatient wards. First steps in a programme of work which seeks to optimise service user length of stay and number of admissions are:

- Bolstering staffing and senior leadership into the wards where possible
- Identifying our long stay service users and working across the whole system to ensure robust and appropriate care packages and management plans are in place to enable both reduced length of stay and prevention of future admissions.

EWS Waiting Times
Concerns around the long waits for routine assessment within the EWS service are being addressed through a specific improvement plan and overseen by the 'Back to Good' Programme.

- Currently 4 CAPs have been successfully recruited to be in post within the next 6 weeks and further psychology time for supervision has been secured.
- The working model will be finalised the Crisis Hub senior leadership team including the Clinical Director and Psychological Services Director.
- We expect cohorts of 80 – 100 patients at time to be assessed and progress to treatment if necessary with the aim of starting before Christmas.
- Additional medical time has also been recruited to help with the waiting list where required.

IAPT Moving to Recovery Rates
Recovery rates in Sheffield are improving. However, Moving to Recovery rates nationally are expected to be lower as some people dropped out of treatment due to Covid. Although NHS England have restored national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards.

Overview | Summary KPIs 1

Statutory measures	Current Position
Organisation in Special Measures	Yes
CQC Inspection rating	Inadequate
NHSI Single Oversight Framework segmentation	4

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

KPI Assurance Key

✓	Good data quality, confident in information/metric.
?	Unconfirmed data quality, assurance on information/metric required.
✘	Known data quality issue. Work to be done.

Trust Board Performance Report Key Performance Indicators (KPIs)	Usual Frequency	TARGET	National Benchmark	JULY 2020	SPC VARIATION / TREND ICON	SPC ASSURANCE ICON	COMMENTS	KPI Assurance
SAFE								
Adult Acute inpatient occupancy levels	Monthly	95%	93%	**92.31%**			See Bed Occupancy Detail	✓
Functional Illness occupancy levels	Monthly	95%	86%	**92.65%**			See Bed Occupancy Detail	✓
Dementia Management occupancy levels	Monthly	95%	86%	**75.81%**			See Bed Occupancy Detail	✓
Sickness absence	Monthly	5.10%		**4.57%**			See Workforce Detail	?
Turnover	Monthly	10.0%		**11.22%**			See Workforce Detail	?

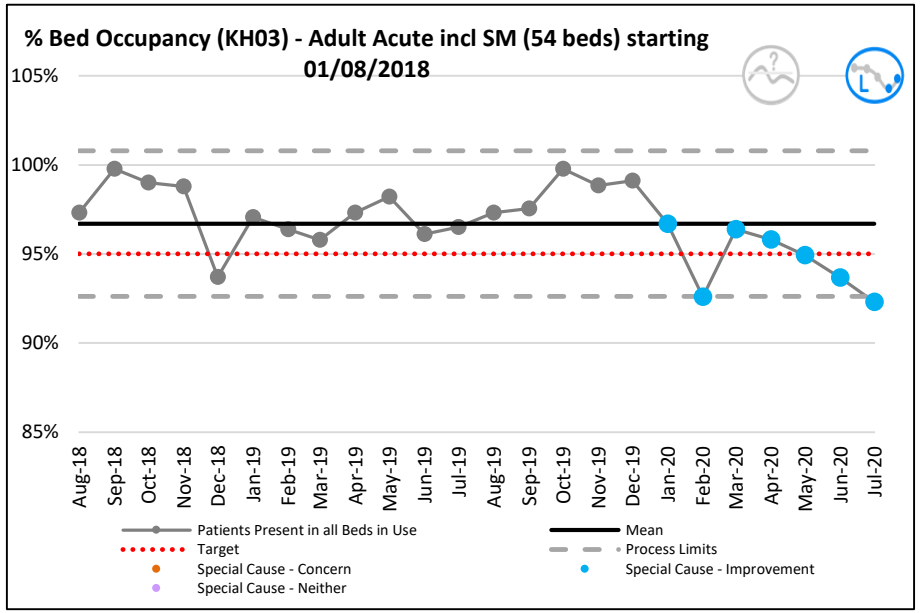
Overview | Summary KPIs 2

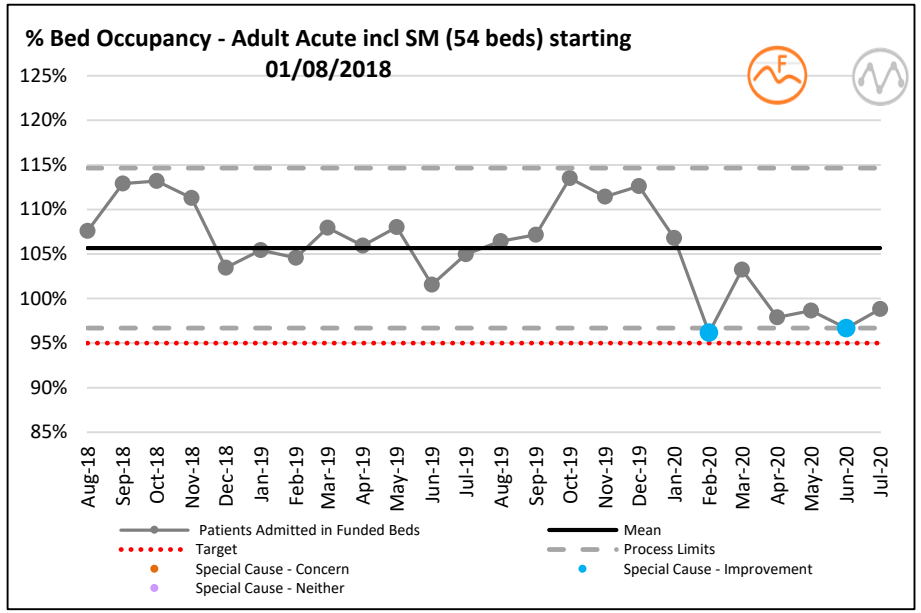
Trust Board Performance Report Key Performance Indicators (KPIs)	Usual Frequency	TARGET	National Benchmark	JULY 2020	SPC VARIATION/ TREND ICON	SPC ASSURANCE ICON	Comments	KPI Assurance
RESPONSIVE								
Access to Home Treatment	Monthly	100	N/A	**124**			Old target - needs review.	?
Out of area for acute admissions	Monthly	0	N/A	**16**	H		See Bed Occupancy Detail	?
Out of area for PICU admissions	Monthly	0	N/A	**10**	H		See Bed Occupancy Detail	?
Delayed discharges - % of occupied bed days where patient is delayed	Monthly	7.50%	4.9% (Adult) 8.2% (Older Adult)	**0.00%**	N/A	N/A	Needs significant work to improve data quality on this indicator	✘
7 Day follow up following discharge - people on CPA	Monthly	95.00%	93.00%	**91.3%**			Awaiting commissioner confirmation of new target for 72 hour follow up as per CQUIN 19/20.	?
Access to Early Intervention in Psychosis Services - new cases	Monthly	6	N/A	**30**	H	P	Old target - needs review.	?
Waiting Time Standard Early Intervention – % commencing treatment within 2 weeks	Monthly	53.00%	N/A	**78.13%**		P	EIP exceeding target for consecutive 24 months. Current mean is 74%.	?
Access to IAPT - new clients accepted	Monthly	1232	N/A	**723**			See IAPT Detail	?
Waiting Time Standard IAPT - % entering treatment in 6 weeks	Monthly	75.00%	N/A	**85.54%**		P	See IAPT Detail	?
Waiting Time Standard IAPT - % entering treatment in 18 weeks	Monthly	95.00%	N/A	**99.51%**		P	See IAPT Detail	?
IAPT Moving to Recovery Rates	Monthly	50.00%	N/A	**39.09%**	L		See IAPT Detail	?
Access to all services - % of people with wait of less than 18 weeks	Monthly	95.00%	N/A	**N/A**	N/A	N/A	Needs significant work capture data on this indicator for the breadth of services delivered.. See Detail for Access & Waiting Time information for EWS, SAANS and Gender Services	✘

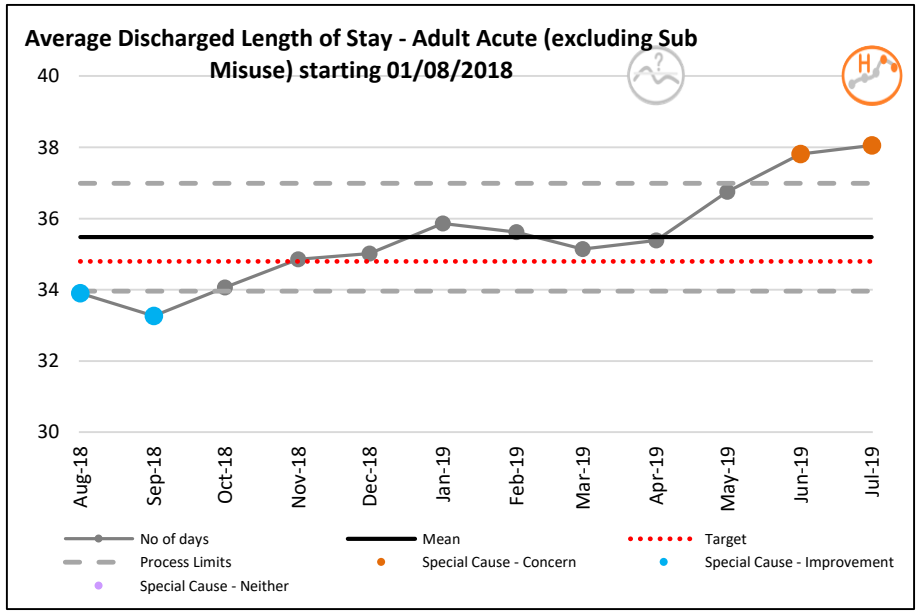
Overview | Summary KPIs 3

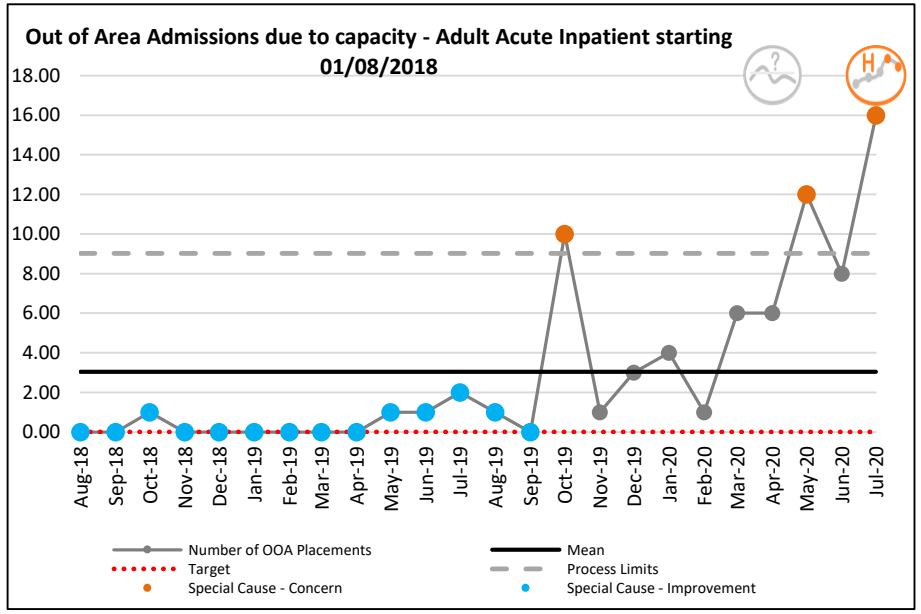
Trust Board Performance Report Key Performance Indicators (KPIs)	Usual Frequency	TARGET	National Benchmark	JULY 2020	SPC VARIATION/ TREND ICON	SPC ASSURANCE ICON	COMMENTS	KPI Assurance
EFFECTIVE								
Gatekeeping - Acute admissions assessed for HT	Monthly	95.00%	N/A	**100%**				?
CPA - % with an Annual Review	Monthly	95.00%	N/A	**77.78%**	L	F	See CPA Review Detail	?
CPA - % in Employment	Monthly	> 7%	N/A	**9.83%**		P	Needs work to understand and improve data quality on this indicator.	✘
CPA - % in settled accommodation	Monthly	>52%	N/A	**78.42%**		P	Needs work to understand and improve data quality on this indicator.	✘
Trust Membership - Numbers against plan	Monthly	12,200	N/A	**11,609**	L			?
WELL-LED								
Data Quality - Client Outcome indicators x 3	Quarterly	50.00%	N/A	**34.03%**	L		Data available until end June 20 only. Significant drop below lower control limit in May/June 2020. Investigation with Information Dept. required.	?
Data Quality - Client Identifier indicators x 6	Quarterly	50.00%	N/A	**99.75**	L	P	Data available until end June 20 only. Downward trend and shift below mean, but control limits are very small and metric consistently meeting target.	?
Use of Resources Rating	Monthly	1	N/A	**~**	N/A	N/A	See Finance Detail	N/A
Income & Expenditure (£000)	Monthly	N/A	N/A	**~**	N/A	N/A	See Finance Detail	N/A
Cash Balance (£000)	Monthly	N/A	N/A	**£58.575m**	N/A	N/A	See Finance Detail	N/A
CIP & Disinvestment Delivery Against Plan (£000)	Monthly	N/A	N/A	**N/A**	N/A	N/A	See Finance Detail	N/A

Safe | Bed Occupancy, Length of Stay & OOA Admissions | Adult Acute









Benchmarking

(2019 NHS Benchmarking Network Report)

Bed Occupancy

Mean: 93%

Median: 95%

Length of Stay

Mean: 34.8 days

Median: 36 days

Narrative

Throughout the ongoing Covid-19 pandemic, pressure has remained constant across the Adult Acute system. This is reflected in the bed occupancy figures and the continued need for out of area placements in order to safely care for patients who require an inpatient bed.

In July there was only 1 occasion when 3 additional beds were required (2/7/20) to accommodate patients across the system. All wards are making efforts to keep to commissioned bed numbers or reduce to minimise multiple occupancy in dormitories.

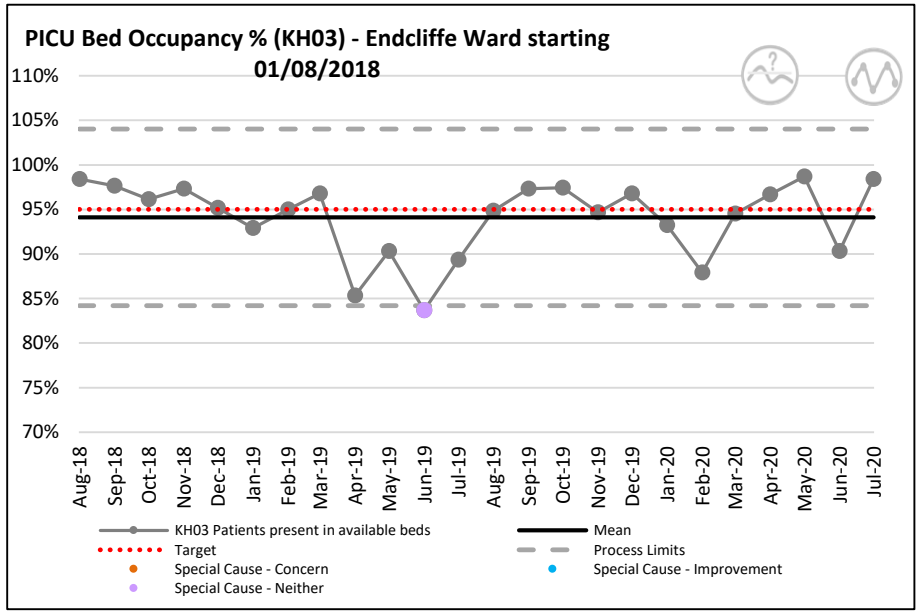
Discharged length of stay continues to show a steady increase across acute inpatient areas. (NB target line is national mean from benchmarking data).

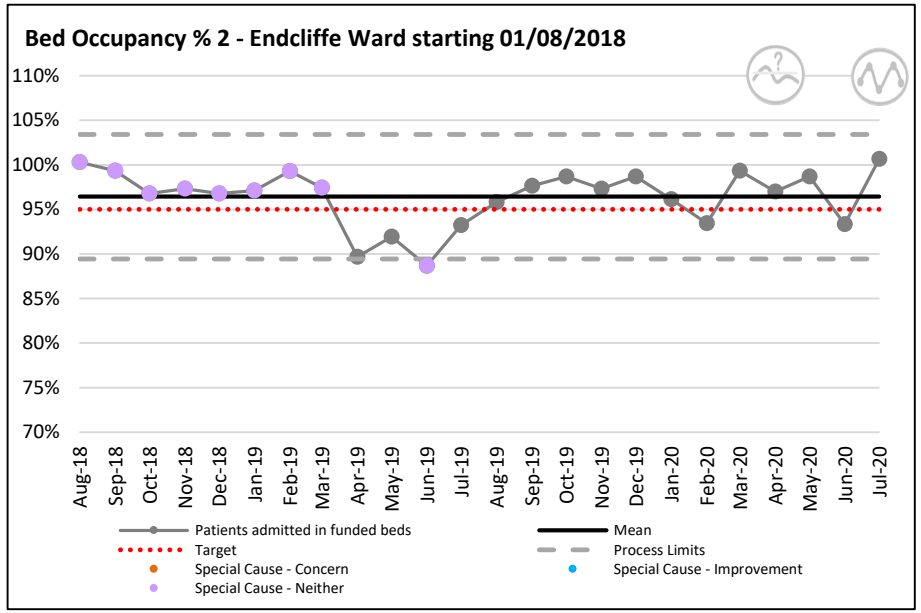
There were a total of 16 admissions to OOA beds in July. 2 were classed as 'appropriate' – 1 was for staff/family member and 1 required a single sex facility. 14 were due to unavailability of beds within the acute system in Sheffield.

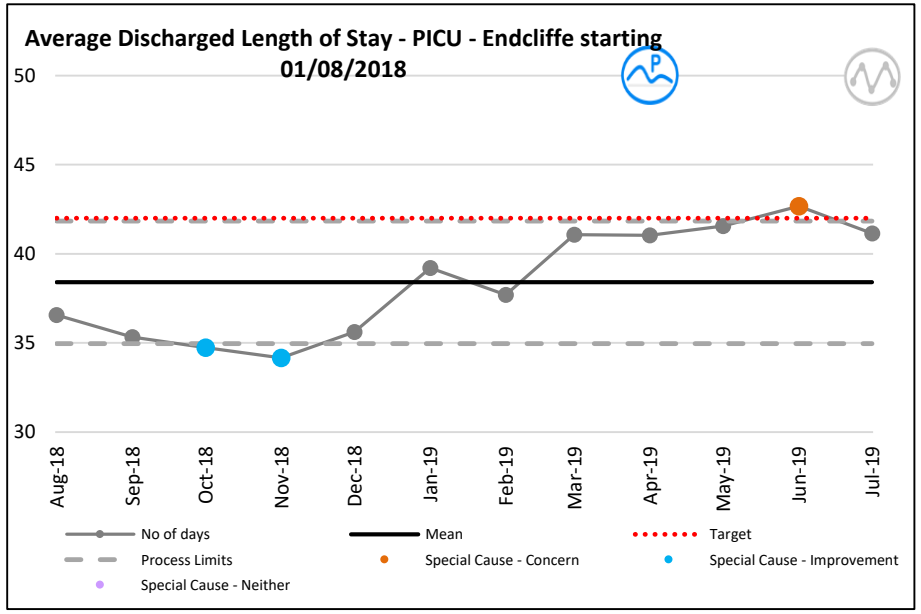
Bed Occupancy and Out of Area Placements are currently being monitored daily and weekly through Covid SitRep reporting and live information is available via the Ward Occupancy Dashboard.

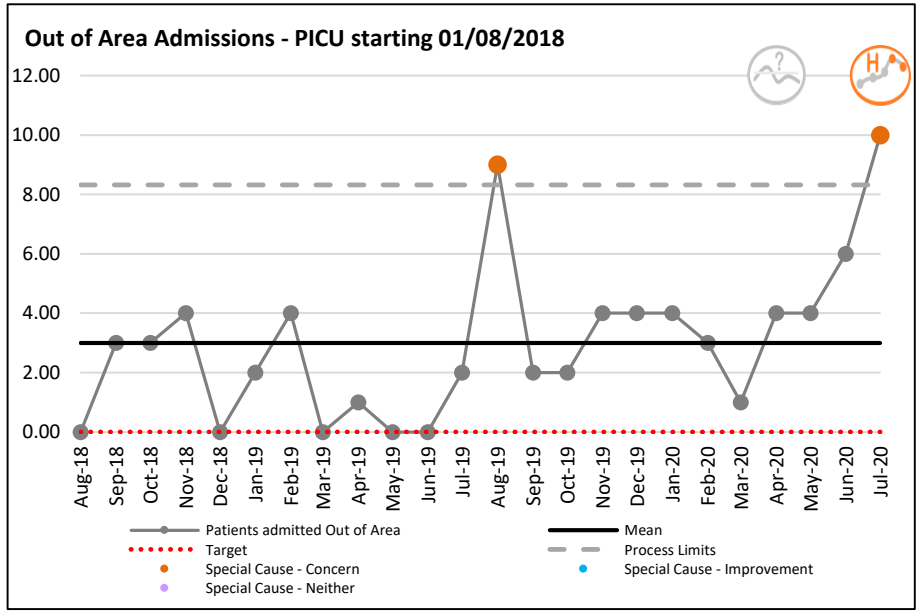
The weekly Bed Management meeting reviews a range of contemporaneous information including admissions, discharges and detention status, along with community intelligence to support flow through the system. A weekly At Risk of Admission and Out of Area Management Meeting has been set up to meet from end of July in order to closely monitor and manage the inpatient situation.

Safe | Bed Occupancy, Length of Stay & OOA Admissions | PICU









Benchmarking

(2019 NHS Benchmarking Network Report)

Bed Occupancy

Mean: 86%

Median: 90%

Length of Stay

Mean: 42

Median: 36

Narrative

Throughout the ongoing Covid-19 pandemic, pressure has remained constant across the Adult Acute system. This is reflected in the bed occupancy figures and the continued need for out of area placements in order to safely care for patients who require an inpatient PICU bed.

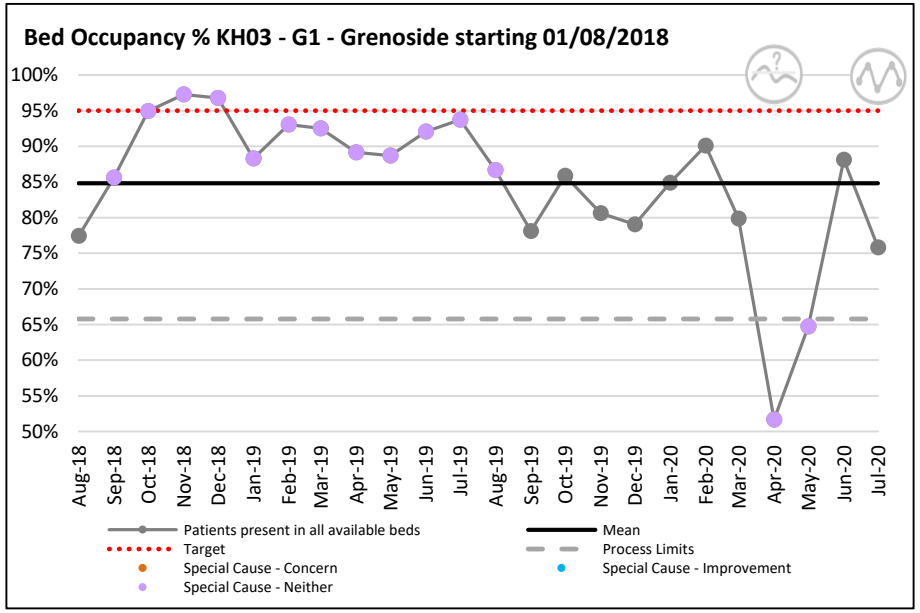
Discharged length of stay has dropped into control limits in July, with bed occupancy also within the control limits, indicating no special cause variation.

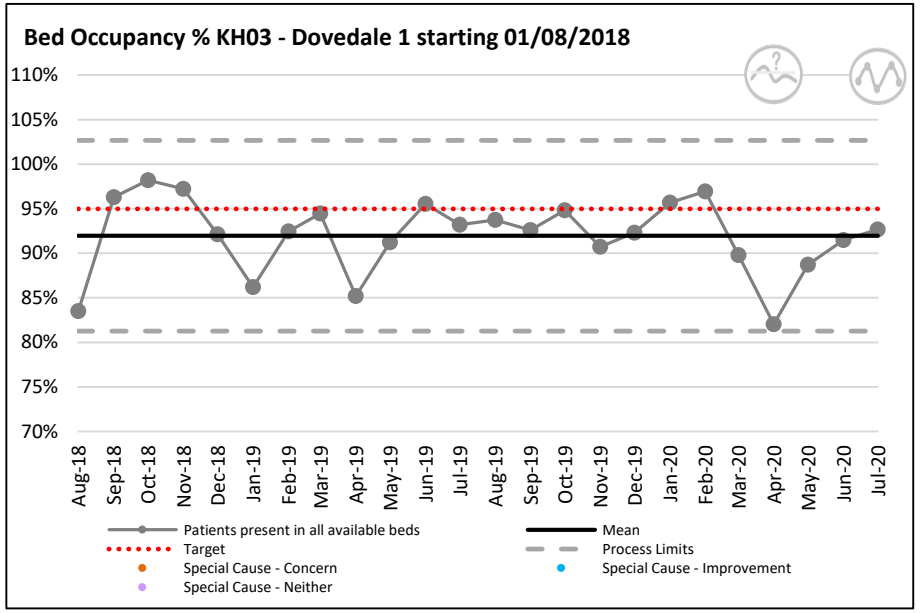
Out of Area placements were high in July – with 10 admissions to PIU out of area beds. 2 were classed as 'appropriate' – 1 was for staff/family member and 1 required a single sex facility. 8 were due to unavailability of beds on Endcliffe.

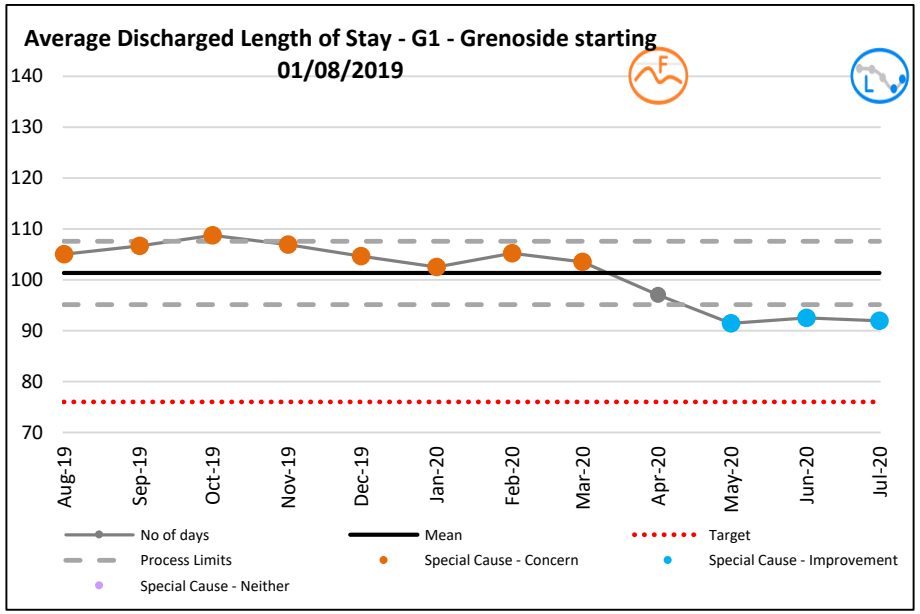
Bed Occupancy and Out of Area Placements are currently being monitored daily and weekly through Covid SitRep reporting and live information is available via the Ward Occupancy Dashboard.

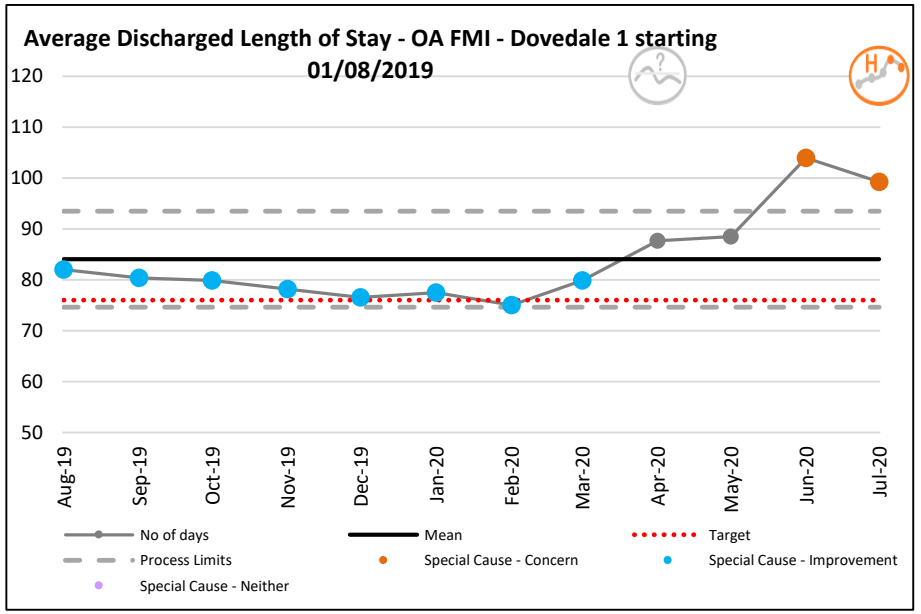
The weekly Bed Management meeting reviews a range of contemporaneous information including admissions, discharges and detention status, along with community intelligence to support flow through the system. A weekly At Risk of Admission and Out of Area Management Meeting has been set up to meet from end of July in order to closely monitor and manage the inpatient situation.

Safe | Bed Occupancy & Length of Stay | Older Adult Wards









Benchmarking

(2019 NHS Benchmarking Network Report)

Bed Occupancy

Mean: 90%

Median: 92%

Length of Stay

Mean: 76

Median: 76

NB - Benchmarking figures are for combined Older Adult inpatient bed types, they are not available split into functional and organic mental illness.

Narrative

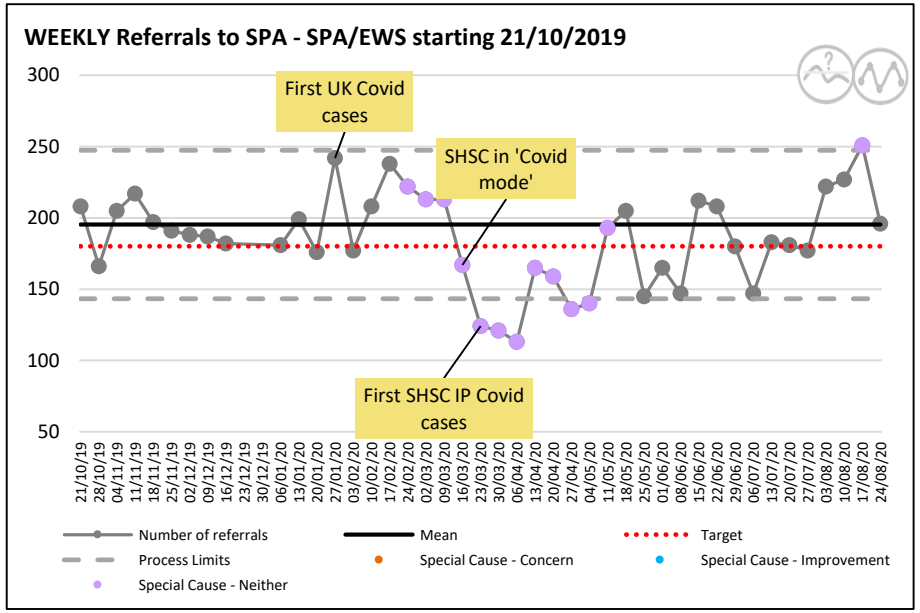
Our older adult wards Dovedale & G1 suffered the worst of the initial Covid impact. These wards have remained Covid free since the end of April.

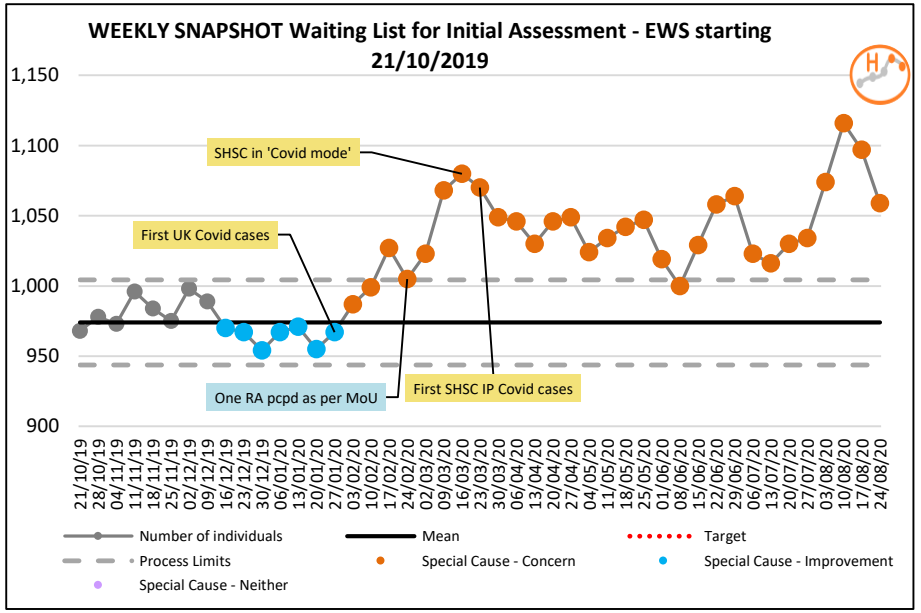
Covid impacted significantly on bed occupancy on both wards as the wards operated with fewer beds where possible to absorb the impact felt in staffing levels and to better enable patient isolation. In April & May, G1 capped the admissions to 14 rather than 16 beds as attempts were made to ensure isolation for Covid patients. Alternatives to admission were found where possible.

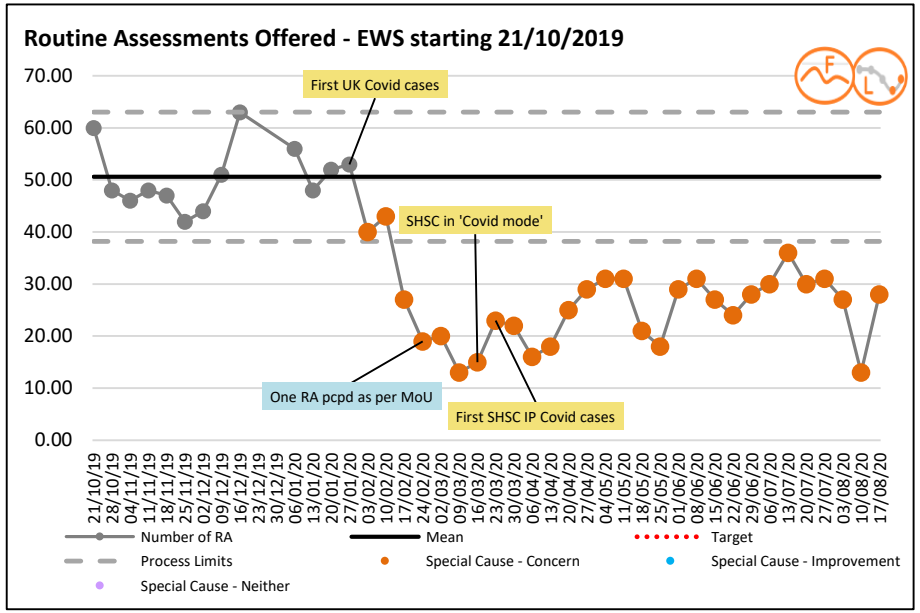
Discharged length of stay is currently showing below the lower control limits for G1, more than likely a Covid impact as a result of attempts to expediate discharge where safe to do so in order to free space up on the ward. In June, Dovedale 1 breached the upper control limit with a particularly high average discharged LoS. This is due to one long stay (674 days) individual being discharged in June. The knock on effect in the rolling 12 month LoS figure will continue.

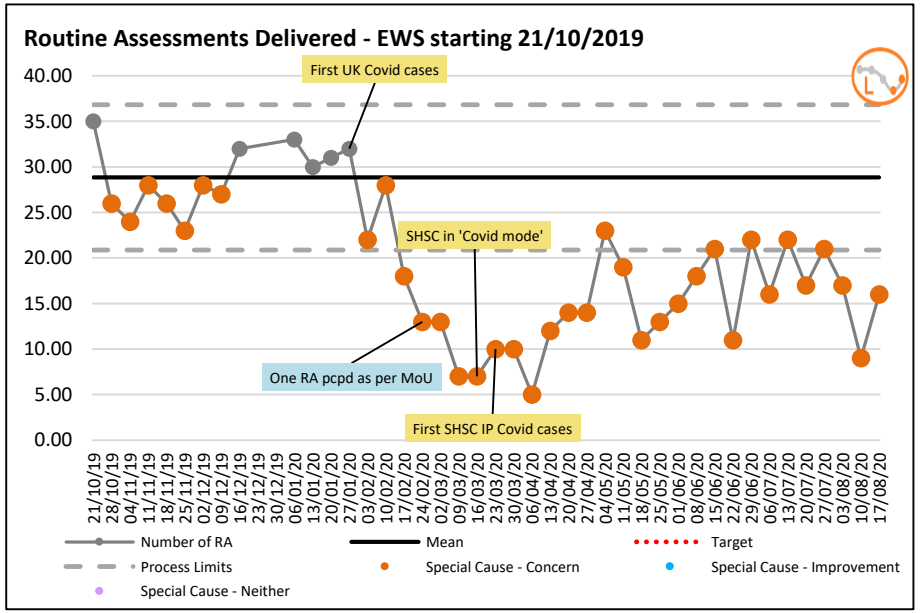
The weekly Bed Management meeting reviews a range of contemporaneous information via the Ward Occupancy Dashboard, including admissions, discharges, length of stay and detention status, along with community intelligence to support flow through the system.

Responsive | Waiting Times | Emotional Wellbeing Service (EWS)









Narrative

The information provided here is weekly referral (to SPA), wait list and routine assessment data for the EWS service. **Note the SPC chart is baselined on 15 week pre-Covid activity.**

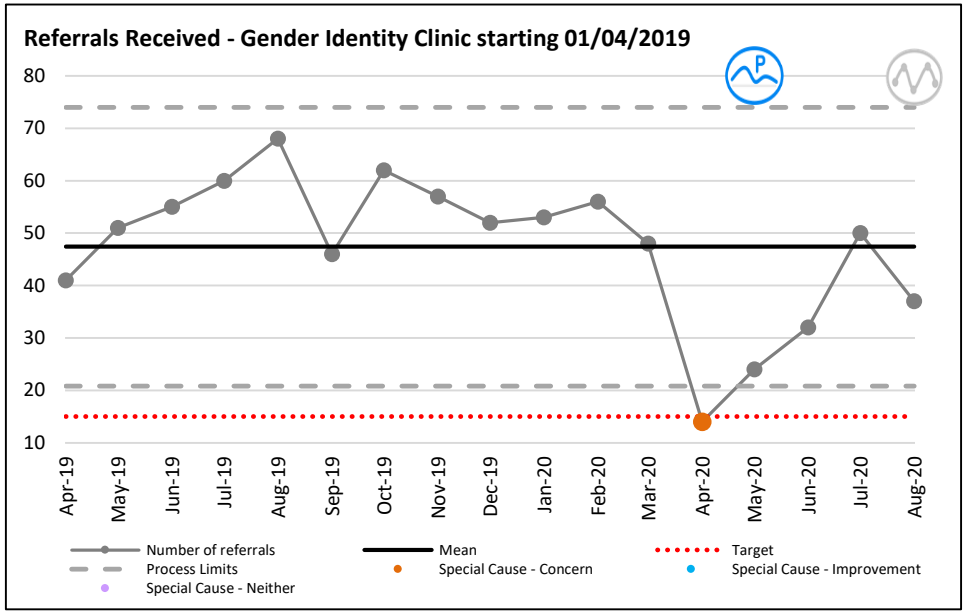
Next Steps/*Progress*

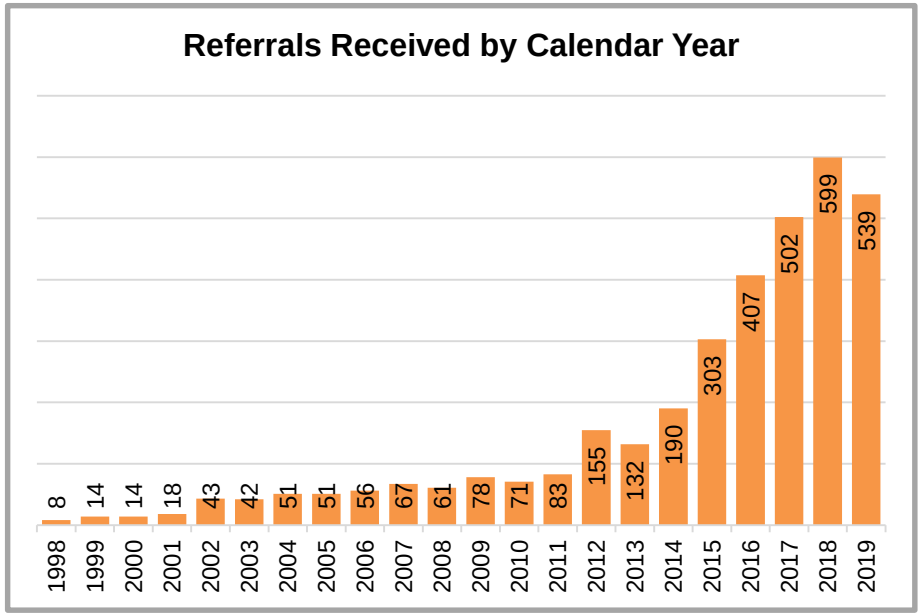
Plans for the reduction in waiting times and elimination of the current waiting list are being overseen by the 'Back to Good' Programme, and improvement plan objectives include:

- Actively increase our mental health practitioner workforce - ***Currently 2 additional Clinical Associate Psychologist posts ,(CAPs) recruited and further interviews imminent to work specifically on backlog and wait list.***
- Implement the CQC action plan targeted at waiting list/time reduction - ***In progress.***
- Transition of Safeguarding referrals to the safeguarding team - ***In progress. 2 agency practitioners now in situ to attend to safeguarding referrals.***
- ADHD referrals transferred to SAANS – *Completion of transition process.*
- Trial the Attend Anywhere software to facilitate provision of remote clinics. – ***In progress. To be in place no later than mid September.***
- Review of governance structures. - ***Completed. Now includes greater MDT involvement and the provision of weekly performance and data information.***

Responsive | Waiting Times | Gender Identity Services (GIS)

As at 1 September 2020	
Waiting List	1,135
Average Wait Time (weeks)	69.25
Number of Open Episodes	738





Narrative

We remain commissioned under the pre-tender model to deliver 169 new per year; and currently running at nearly 4 times the pre-tender referral rate. The demographic is changing to an increase in young people and we are facing significant growth in referrals from GIDS; the children's service who transfer at 17. There is an expectation that the service honours existing waiting times for GIDS, which has a further negative impact the people currently waiting to access the Sheffield service. It is noted that there are 7 services currently commissioned in England with in excess of 8000 people on a waiting list. Although it is appreciated that waiting times are unacceptable, Sheffield has consistently had the shortest external and internal waiting times. This in part due to an intense focus on improving clinical efficiency and governance, for example over the past couple of years the diagnostic process has been significantly reduced, for the majority, from 6 appointments down to 2 appointments, which has resulted in a streamlined pathway and better patient experience and outcome.

A significant positive development is a sub-contracted collaboration with a non-statutory provider called Gender Intelligence based in London who now provide telephone support and enquiry line work for us. This is very positive in maintaining contact with people while they wait and moves to a more active waiting and preparation process. The system has not been in place long enough yet to analyse any metrics, but we are working on that with Gendered Intelligence. We are also effectively using our peer support worker and developing web and Attend Anywhere platforms to deliver group work.

There are also circa 700 active cases in the system currently and this is an obvious concern. The service has focussed during Covid to pro-actively review patients who are at the end of the pathway and have prioritised discharge appointments. There are a number of 'bottlenecks' towards the end of the pathway, including patients awaiting a second surgical opinion and also the surgery referral point closed in March 2020. Historically individuals were referred to another gender service for surgical second opinion however the waiting time was circa 2 years, it was therefore recently decided by clinical leadership and management that the service could utilise its internal resources to focus on undertaking this work (via AA) to prepare people for surgery. This will prepare patients in a more timely was for an onward referral for surgery when the service is able. This work will therefore reduce the number of internal episodes and improve patients pathway efficiency.

Activity through the Attend Anywhere platform is now increasing. To date, video appointments have been offered for initial assessments, appropriate follow up interventions but not final diagnostic assessments. The decision not to offer diagnostic assessment via video platform has been made to ensure robust clinical governance to minimise the risk to the individual, staff and the trust. The service is constantly reviewing the clinical offer in these current times and is undertaking quality evaluation and improvement exercise to build an evidence base for any future decision made.
Environmental risk assessments and operational policies have been written to ensure safe re-engagement of face to face diagnostic appointments commencing from 1st September onwards. This will be reviewed during the month of September to assess clinical safety for both patient and staff. The service is hopeful that it will be able to offer other types of intervention appointments from October to those patients where the online platforms were declined or deemed clinically unsafe. The service is currently working on a phased plan to ensure fluidity throughout the pathway including offering additional new assessments.

Responsive | Waiting Times | Sheffield Adult Autism & Neuro Services (SAANS)

CCG	Referral Date of Next Appt To Be Made	Current Waiting Time
Sheffield	12/02/20	6.5 Months
Rotherham	01/05/19	16 Months
Derby & Derbyshire	06/07/18	25 Months
Doncaster	07/06/20	2 Months
PTT/Stockport	19/11/18	19.5 Months
Sheffield RoNs	25/01/19	7 Months
National RoNs	15/07/19	13 Months
ADHD Waiting List	25/09/17	34 Months

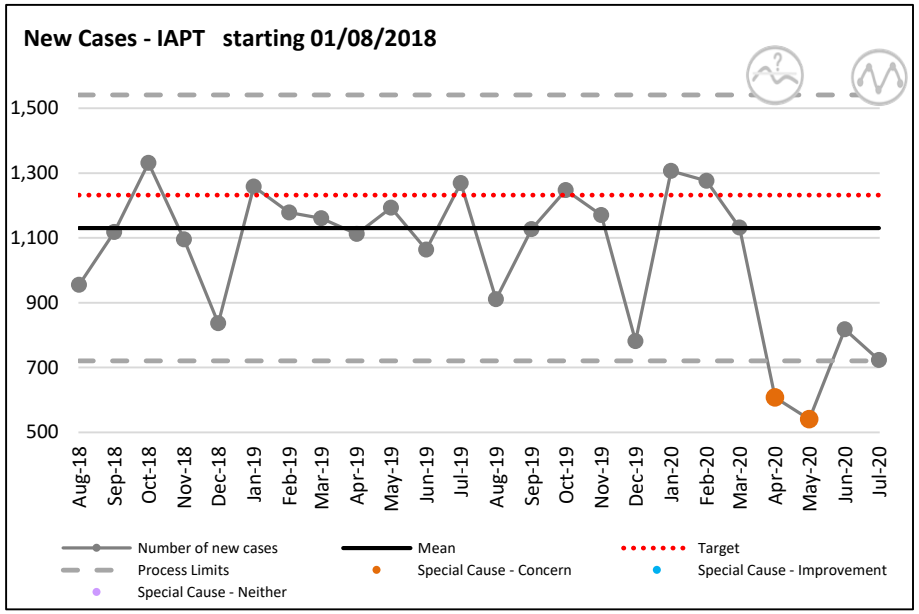
Narrative

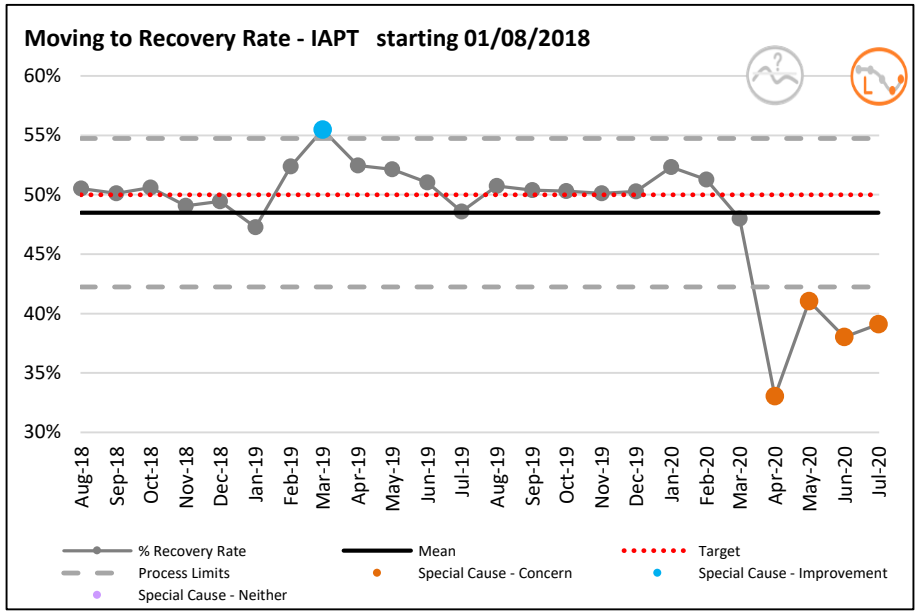
In SAANS the system is complicated by the bifurcation of the ADHD and ASD pathways and the provision of a service to multiple areas.

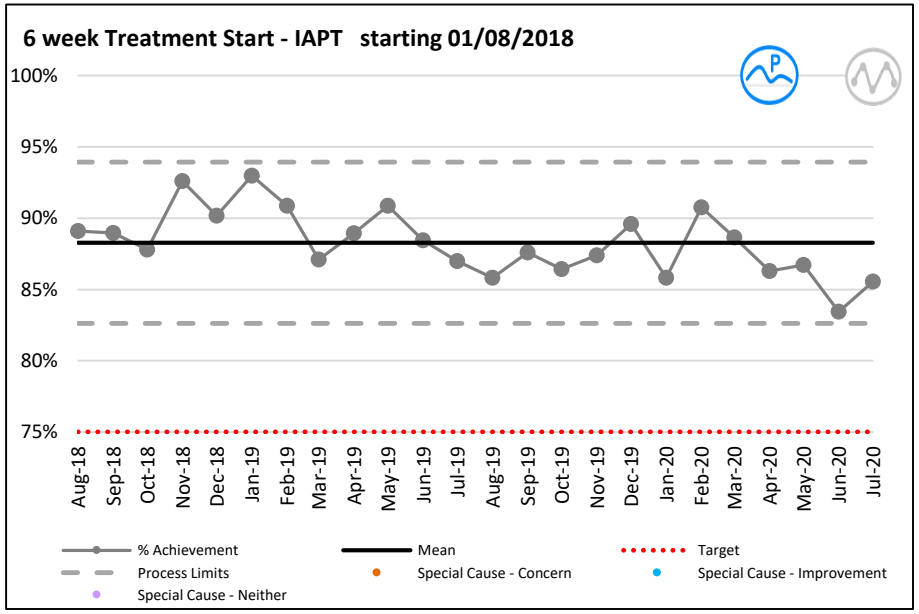
As at 1st September 2020 there were 1125 on the ADHD (this has recently increased as a result of SPA/EWS transferring their ADHD clients to the SAANS waiting list) and 669 on the ASD list. We are working with a nurse consultant and medical colleagues to build the delivery model for ADHD which is starting to come together. Circa 940 of the ADHD referrals are from out of Sheffield areas and represent a potential £1,300 per assessment in income. A model is being proposed to address the needs of ADHD that includes ACP, NMP, Medical and nursing associates. This proposal has been discussed with SCCG and Derbyshire (whom have 900 ADHD referrals on the waiting list) commissioners who are in agreement with the initial proposals, with the Derbyshire commissioners expressing a desire to work with the service across the ICS supporting Derbyshire Health trust by offering training, satellite clinics undertaking a range of interventions from assessment to consultation to General Practice). This will require appropriate response to meet the needs of this patient group. The detail will be captured in a business case which is in the process of being completed and agreed resource to fund the recruitment and appropriate estates will be required prior to the operationalisation of the service.

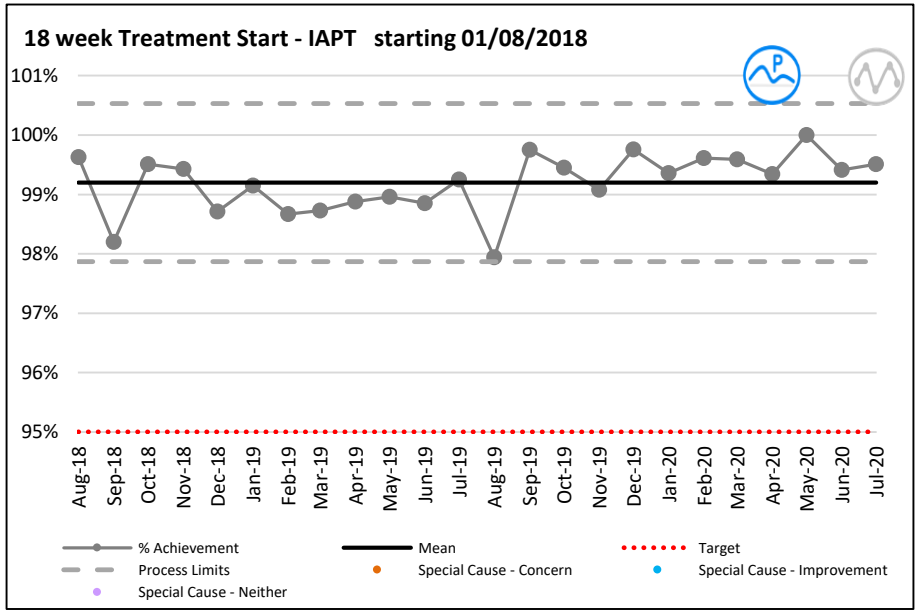
The ASD pathway is complicated and there have been significant challenges which have significantly hampered the service's ability to meet demand, therefore a change programme is being established to provide the service with the an opportunity to address the on-going problems. Despite the provision of change leadership within the service this has had minimal impact on the teams engagement and agreement in facilitating meaningful change. This is being fed up the relevant clinical leads to establish a way forward. To date SCCG commissioners have agreed to give the service limited breathing space)prior to service notice on the contract and going out to tender) to demonstrate it is willing and capable to deliver change that will meet their expectations. The commissioners have a clear frustration that repeated reassurance that have been provided has been provided to no avail. The CCG awaiting a response which is unlikely to minimise their frustrations which are likely to be compounded by a likely increase in the waiting times (due to the processes implemented in the service during Covid -19 and the impact this will have over the coming months.

Responsive | Improving Access to Psychological Therapies (IAPT)









Narrative

IAPT were on track and exceeding all 3 standards before Covid hit in March. For reasons previously outlined in reports Covid has had a significant impact on IAPT services nationally and in Sheffield as our IAPT service had to move from GP practice co-location to a centralised model whilst Covid is ongoing.

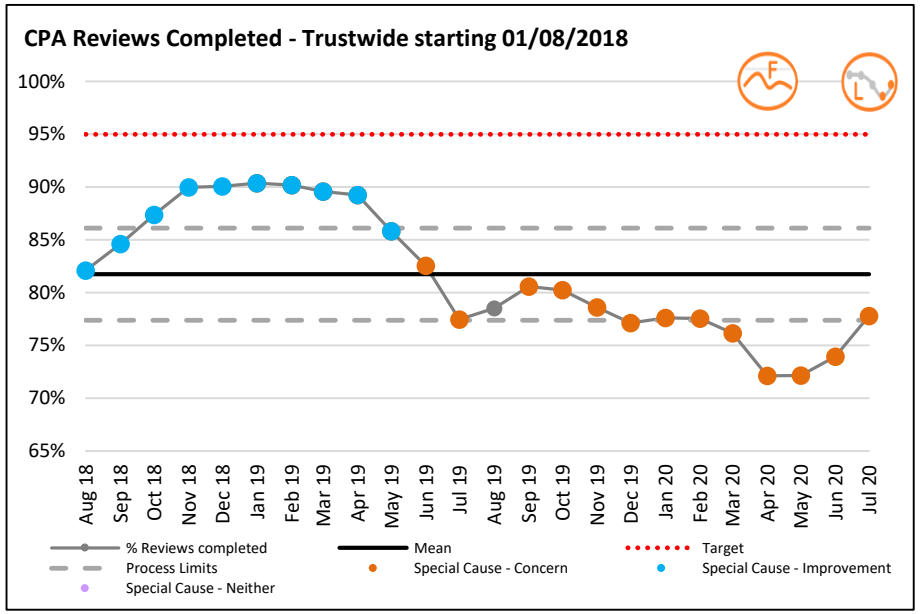
National predictions are a significant increase in demand for IAPT services as a proportion of the local population not having previously experienced anxiety and depression are expected to need this support post Covid. The number of referrals locally is increasing and plans are in place to accelerate this and offset the impact of a temporarily centralised service.

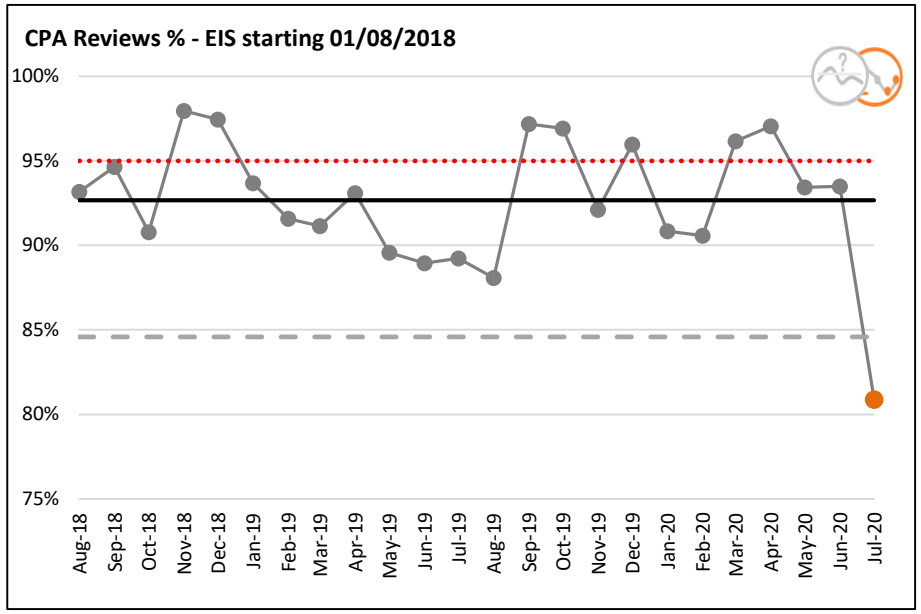
Recovery rates in Sheffield are improving. However, Moving to Recovery rates are expected to be lower as some people dropped out of treatment due to Covid. As we are in a pandemic it is normal for the general public to experience impact on sleep, worry, a lack of interest and pleasure in doing things therefore it is not appropriate to expect the same recovery rate pre-Covid as these are the questions asked in the outcome measures that calculate recovery rates.

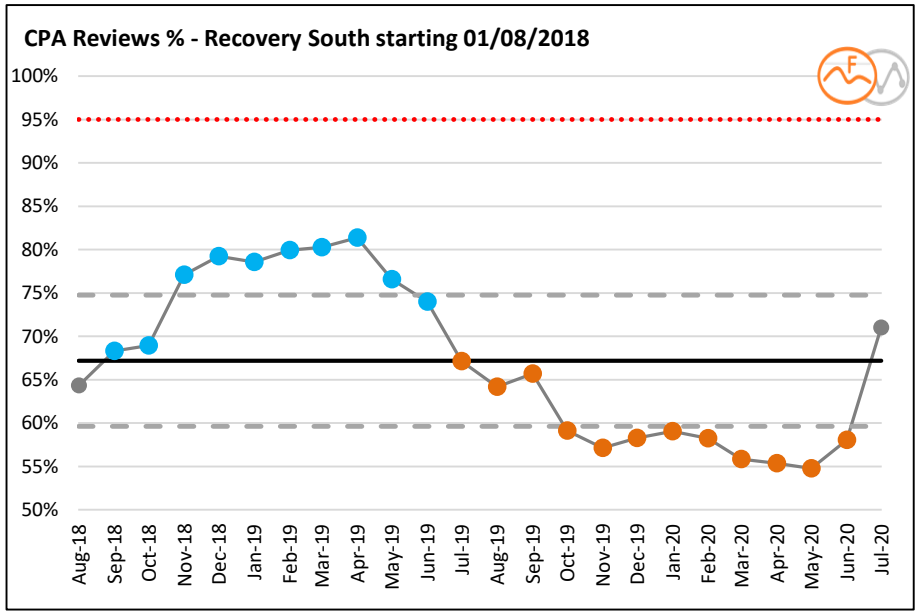
Although NHS England have restored national standards it has been made clear from the National IAPT team that they are not enforcing performance management of these standards.

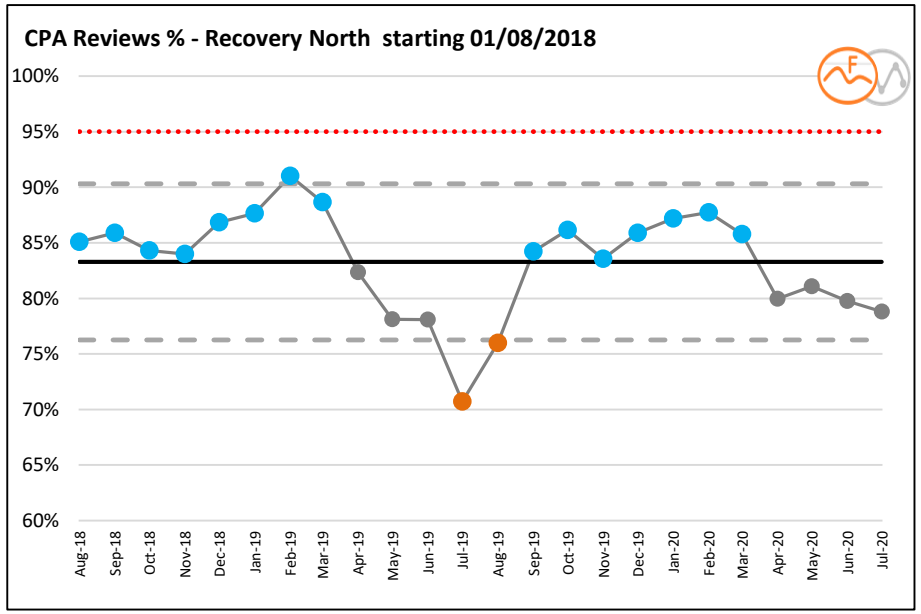
Both the 6 and 18 week wait to treatment start times continue to consistently exceed the national targets and this has been maintained throughout the pandemic to date.

Effective | CPA Review









Narrative

Overall performance to meet the 95% target continues to be a challenge particularly following the impact of the restrictions on the community teams as a result of Covid 19.

The Trust % for July 2020 is 77.78%, showing another increase in % from previous months.

Improvement Plan
A new caseload dashboard has been created and is now in use All care co-ordinators have had an up-to-date copy of their caseload dashboard, which highlights what is overdue and imminently due.

Additional weekly reports are in use and being used in supervision as a performance management approach.

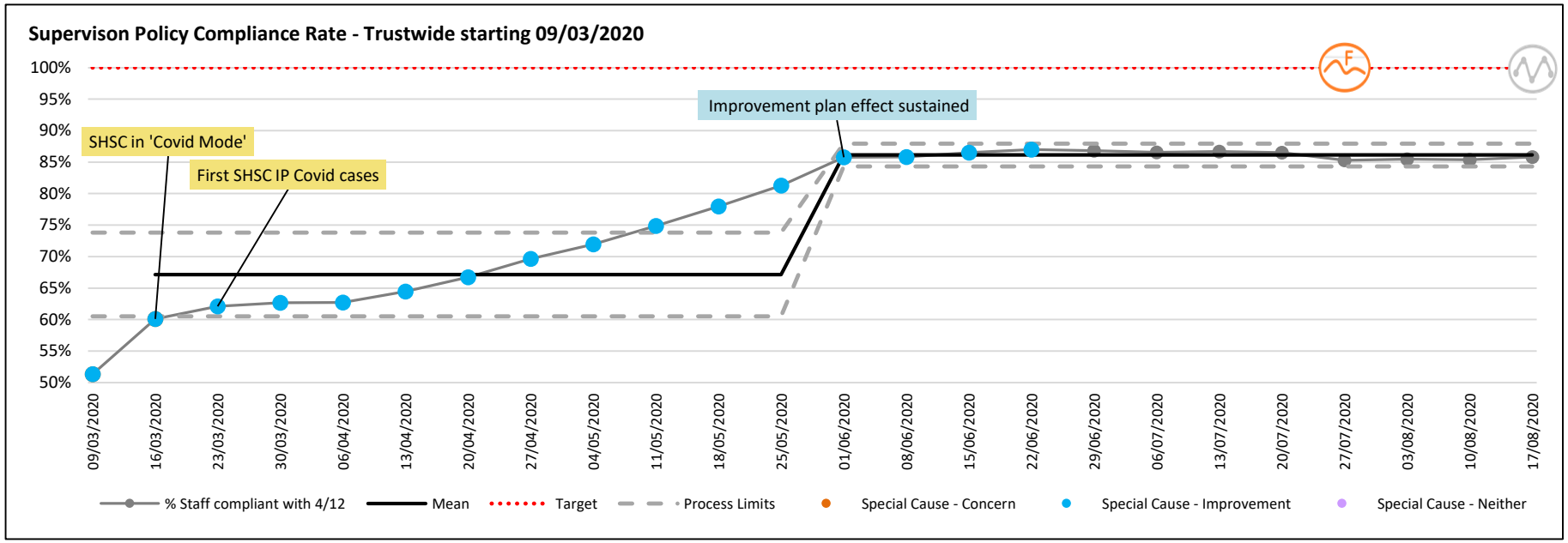
Internal milestones are being used to keep track of the pace of progress and performance against these is reported into the Care Network senior team.

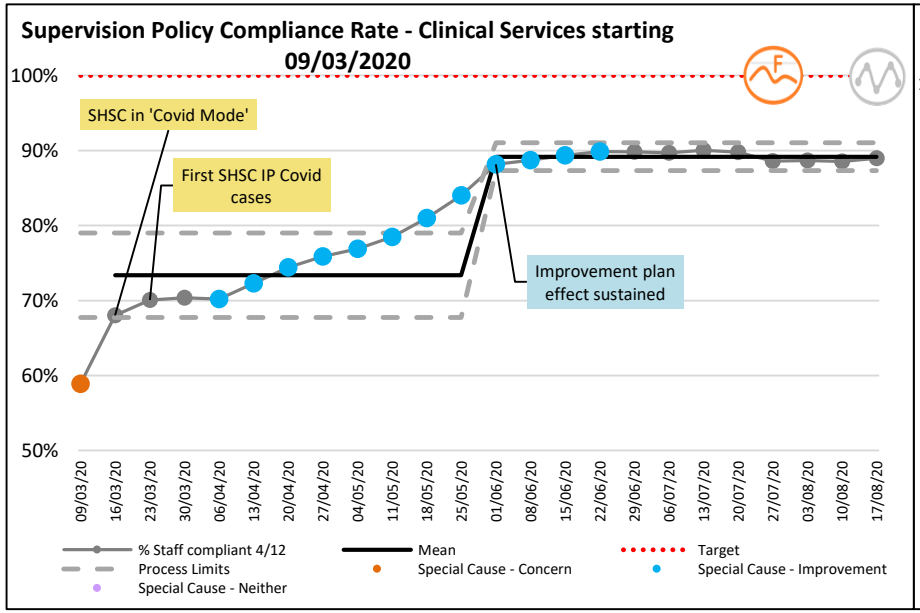
Early Intervention (EIS)
The current downturn in EIS is related to higher levels of care co-ordinator absence due to sickness, mat leave and vacancies. Successful recruitment mid August of 5 Band 6 care coordinators, however these will not be starting until late Oct/Nov time. In the meantime we are looking at using MDT slots to facilitate reviews and we continue to use the monthly report for care coordinators with RAG rating to reflect current status of reviews.

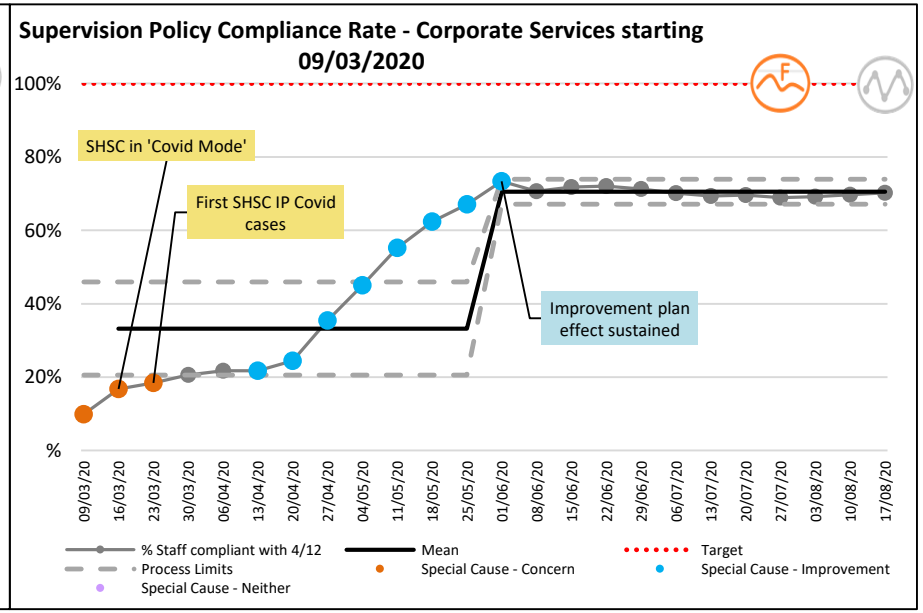
Recovery Teams
Note the significant improvement in South Recovery. August data reflects a continued upturn in the percentage of reviewed care plans for Recovery South, in line with the improvement plan.

Recovery North have plans in place to address the downturn in July/August.

Supervision







Narrative

As a result of the CQC Section 29A notice served in February 2020, we have been monitoring Supervision compliance and reporting in to the Executive on a weekly basis.

We committed to ensuring that all staff have received at least the required minimum of 4 supervisions in a 12-month period, and that it is recorded in and reported on from a single source – the Supervision webform. The information below is taken from the latest position for the week ending 23 August 2020.

Significant improvements were made throughout March, April and May, despite the impact of Covid on staffing and activity levels. We have amended the control limits in the SPC charts from 1/6/20 to reflect the new norm, as the improvement has been sustained. This significantly reduces the variation in the compliance, and current mean compliance is now at 86%, with clinical services at 89% and Corporate services at 70%.

Changes to the Supervision Policy are being proposed and have been consulted on throughout Rapid Improvement Week. Reporting is beginning to reflect those policy changes as they come in to effect. This includes the setting of a new target of 80% compliance for a minimum of 8 supervision sessions in 12 months; reporting of clinical/management supervision and taking part time working into account.

In addition, supervision training for supervisors is upcoming and we plan to launch a quarterly survey to all staff so that we can measure, report on and track supervision quality.

BACK TO GOOD

Mandatory Training

Sheffield Health and Social Care Mandatory Training Compliance

23 August 2020

Compliance % highlighted in orange is between 75-79.99% meaning it below but close to the 80% target.

Compliance % highlighted in red is between 0-74.99%

This does not include new starters for 3 months after their start date

Subject	Level	Frequency	16 August 2020				23 August 2020				Current Compliance against Previous Compliance %	
			No Requiring	No Achieved	No NOT Achieved	Compliance	No Requiring	No Achieved	No NOT Achieved	Compliance		
Equality, Diversity and Human Rights		3 Years	2595	2404	191	92.64%	2599	2415	184	92.92%	Increase	0.28%
Hand Hygiene		3 Years	2595	2480	115	95.57%	2599	2478	121	95.34%	Decrease	-0.22%
Health and Safety		3 Years	2595	2562	33	98.73%	2599	2560	39	98.50%	Decrease	-0.23%
Information Governance (aka Data Security Awareness)		1 Year	2595	2294	301	88.40%	2599	2317	282	89.15%	Increase	0.75%
Preventing Falls (was Slips,Trips and Falls)		3 Years	2595	2420	175	93.26%	2599	2427	172	93.38%	Increase	0.13%
Adult Basic Life Support		1 Year	2595	2450	145	94.41%	2599	2452	147	94.34%	Decrease	-0.07%
Fire Safety		2 Years	1315	1246	69	94.75%	1326	1254	72	94.57%	Decrease	-0.18%
		3 Years	1261	1232	29	97.70%	1272	1244	28	97.80%	Increase	0.10%
Immediate Life Support		1 Year	293	231	62	78.84%	293	231	62	78.84%		0.00%
Clinical Risk Assessment		3 Years	964	904	60	93.78%	970	911	59	93.92%	Increase	0.14%
Dementia Awareness		No Renewal	2307	2192	115	95.02%	2326	2208	118	94.93%	Decrease	-0.09%
Autism Awareness		No Renewal	2303	2207	96	95.83%	2322	2225	97	95.82%	Decrease	-0.01%
Mental Capacity Act	1	3 Years	1102	972	130	88.20%	1110	981	129	88.38%	Increase	0.18%
	2	3 Years	1108	1011	97	91.25%	1120	1020	100	91.07%	Decrease	-0.17%
Deprivation of Liberty Safeguards	1	3 Years	2106	1944	162	92.31%	2125	1968	157	92.61%	Increase	0.30%
	2	3 Years	102	94	8	92.16%	103	95	8	92.23%	Increase	0.08%
Mental Health Act		3 Years	199	181	18	90.95%	199	181	18	90.95%		0.00%
Medicines Management Awareness		3 Years	542	492	50	90.77%	542	493	49	90.96%	Increase	0.18%
Rapid Tranquilisation		3 Years	297	278	19	93.60%	297	278	19	93.60%		0.00%
Respect	1	3 Years	1081	968	113	89.55%	1091	983	108	90.10%	Increase	0.55%
	2	2 Years	922	730	192	79.18%	935	734	201	78.50%	Decrease	-0.67%
	3	1 Year	376	313	63	83.24%	376	315	61	83.78%	Increase	0.53%
Safeguarding Children	2	3 Years	1113	1012	101	90.93%	1142	1035	107	90.63%	Decrease	-0.29%
	3	3 Years	1100	920	180	83.64%	1090	908	182	83.30%	Decrease	-0.33%
Safeguarding Adults	2	3 Years	2214	2011	203	90.83%	2233	2034	199	91.09%	Increase	0.26%
Domestic Abuse	2	3 Years	2218	2004	214	90.35%	2237	2024	213	90.48%	Increase	0.13%
Prevent WRAP		3 Years	2213	2072	141	93.63%	2232	2089	143	93.59%	Decrease	-0.04%
Overall compliance						**92.43%**				**92.49%**	Increase	0.06%
Moving and Handling	1	3 Years	2595	2369	226	91.29%	2599	2371	228	91.23%	Decrease	-0.06%
	2	3 Years	758	475	283	***62.66%***	765	485	280	***63.40%***	Increase	0.73%

Overall Trust official reporting figures which includes the 23/8/2020 weekly data against the 16/8/2020 weekly data. The below 80% figures have been highlighted to make easier to spot and includes the percentage of the decrease/increase

Narrative

As a result of the CQC Section 29A notice served in February 2020, we have been monitoring Mandatory Training compliance and reporting in to the Executive on a weekly basis.

We committed to reaching a target of 80% compliance across all Trust services. The information below is taken from the latest position for the week ending Friday 23 August 2020.

NB: New rotation of junior doctors commenced three weeks ago; they will be excluded from figures for the first 3 months.

Highlights

- As of 23rd August 87.11% of staff are 80% compliant or above.
- ILS training started Monday 3 August 2020.
- Moving and Handling level 2 training dates have been communicated out and bookings are being received. First training session week commencing 24/8/20.

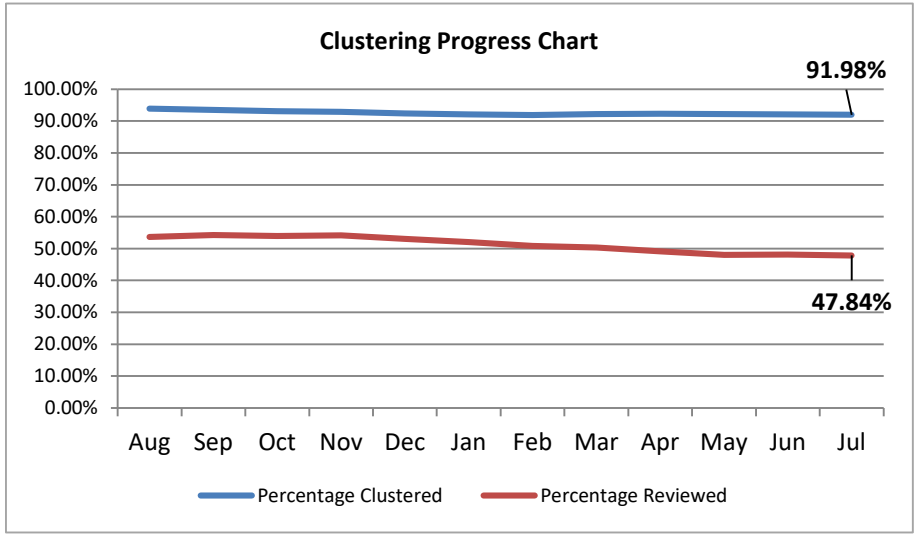
Exceptions

- Of the 280 staff who are non-compliant in Moving and Handling Level 2, 240 (86.07%) of those who have not done the training have the knowledge/achieved level 1.
- Of the 62 staff who are non-compliant in ILS, 50 (80.65%) are compliant with BLS.

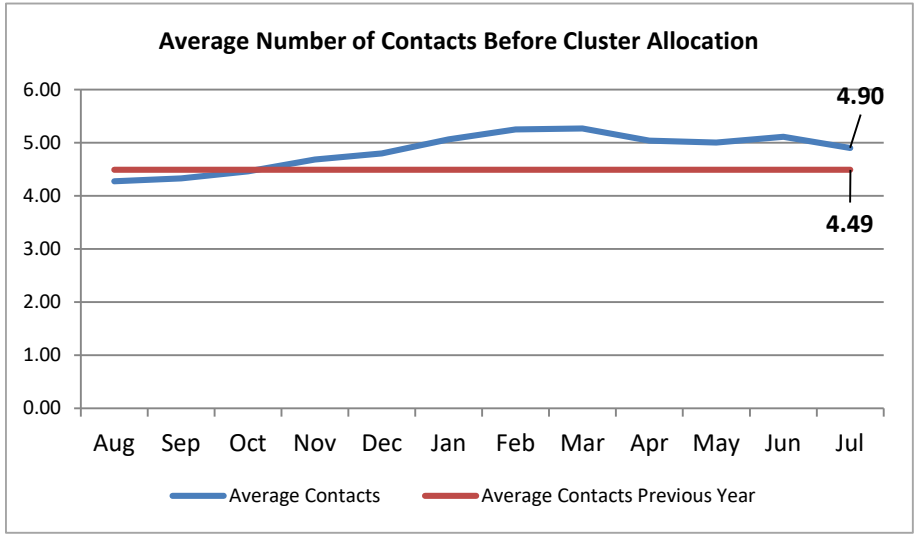
NB: Due to the impact of COVID-19, the period of update training for face to face subjects for those staff expiring or about to expire has been extended to 31 October 20.

BACK TO GOOD

Clustering Analysis for period to July 2020



In-scope service users = Service users with an open episode with a clustering team who have had at least 1 day on an inpatient ward or 2 or more contacts with the clustering team. To avoid double counting, this dashboard only counts each service user once.



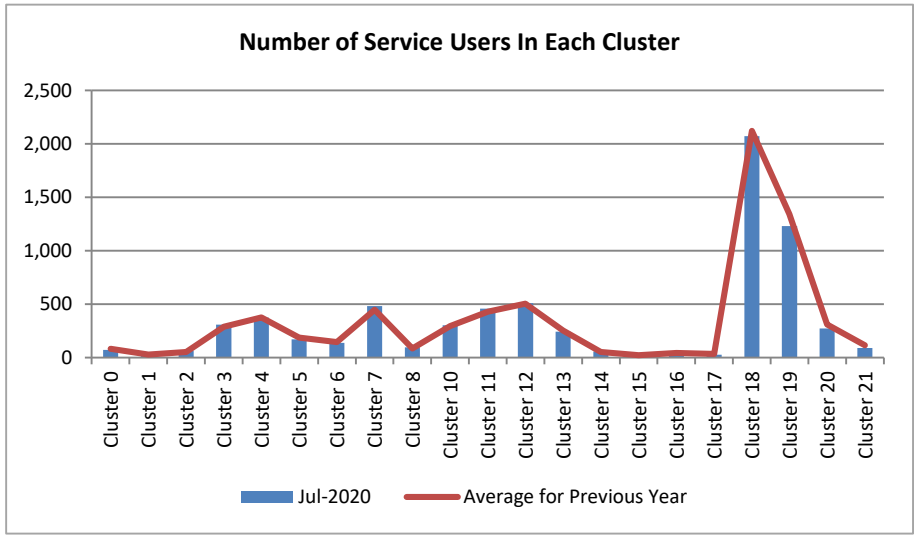
< Clustering Progress

The proportion of service users allocated to a cluster as a proportion of all 'in-scope' service users who have had 2 or more contacts, and whether service users have had their cluster allocation reviewed within the mandated periods. It is an expectation that all service users have their cluster reviewed within the maximum limit for that cluster. A review of cluster allocation should take place as part of a review of care.

Consistent high levels for these indicators, without significant fluctuation, should provide assurance that the related systems are working in a way that achieves expected performance. A persistent decrease on either of these indicators would be a cause for concern due to the financial/contractual implications.

Service Users In Each Cluster >

The number of service users allocated to each cluster at the time of reporting. The data presented here uses 'unique client' rules which result in each service user only being counted once, as opposed to multiple times across all teams they may be open to. It includes all service users within SHSC clustering services, and is not limited to Sheffield patients. The bar chart shows figures for the number of service users in each cluster at a single point in time in the most recent month. The line shows the average number of service users allocated to each cluster over the last financial year.



< Contacts Before Cluster Allocation

Those not assigned to a cluster are assumed to be in 'assessment stage'. This is defined as service users who have had contact with services but have not yet been allocated to a cluster, and are therefore not regarded as being in receipt of treatment. The currency model assumes that service users who have not yet been clustered are undergoing 'initial assessment'.

Numerator: Number of contacts made with the service user, by any in-scope team, prior to the service user being clustered or discharged. Denominator: Number of service users at the end of the reporting period who had an open episode with an in-scope team and do not have a valid cluster recorded.

There are no formally agreed contractual targets or thresholds attached to the number of initial assessment contacts undertaken per service user.

START Performance Report July 2020

Opiates Service

Since October 2014, SHSC is commissioned to provide an end-to-end pathway for Opiate users. The service's open access referral pathway to specialist structured treatment (specialist substitute prescribing, psychosocial interventions), community and inpatient detox options and a supported offer to sustain recovery. The service also has a nurse-led specialist wound care clinic and needle exchange.

	Annual Target	July 2020	June 2020	Quarter 1, 2020/21	Year to Date, July 2020
Referrals In	-	99	91	269	368
Assessments	800	68	60	200	268
DNA Rate to Assessment	15.00%	20.2%	21.4%	19.3%	19.5%

Service comment:
The Opiates service has assessed 268 clients as of July 2020. Operational changes due to the impact of the COVID-19 pandemic have meant that a majority of service users are currently being assessed over the telephone. 20.2% of clients did not make themselves available or attend for an assessment appointment in July. The service continues to engage with individuals seeking to access treatment in particular those who do not attend assessments, and a high proportion of Opiate users in Sheffield access treatment.

Please note, the number of referrals received and number of assessments completed are not linked. Please note, 2020/21 targets not yet confirmed by Commissioner.

Non-Opiates Service

Since October 2014, SHSC is the commissioned to provide an end-to-end pathway for Non-Opiate users. The service's open access referral pathway offers specialist structured treatment (psychosocial interventions) and a supported offer to sustain recovery. The service also provides a needle exchange and a drop-in Steroid Clinic.

	Annual Target	July 2020	June 2020	Quarter 1, 2020/21	Year to Date, July 2020
Referrals In	-	75	62	130	205
Triage Assessments	-	45	46	95	140
Immediate Referral to Formal PSI	25%	22.2%	13.0%	17.9%	19.3%

Service comment:
Early identification and referral of clients who may benefit from PSI at initial assessment facilitates clients to receive offer of specialist support in a timely manner - YTD the service is at 19.3% against a target of 25% for immediate referrals to PSI.

There is a greater level of engagement with clients at Tr2, before entering formal PSI treatment. Referrals to thw Non Opiates service saw a reduction during April and May, due to Covid19 restrictions, but have increased to higher than normal levels in July.

Alcohol Service

Since 2010, SHSC is the commissioned provider of open access Alcohol triage service and specialist structured treatment for people addicted to Alcohol. Service users have access to specialist structured treatment (specialist substitute prescribing, Psycho-Social Interventions), community and inpatient detox options and a supported offer to sustain recovery. The service has developed a successful electronic Alcohol Screening Tool.

Access	Annual Target	July 2020	June 2020	Quarter 1, 2020/21	Year to Date, July 2020
Referrals In	-	171	219	400	571
Triage Assessments	2,400	131	117	274	405
DNA Rate to Triage Assessment	15%	21.5%	12.7%	11.4%	14.4%

Service comment:
The Alcohol service has assessed 405 clients as of July 2020. Operational changes due to the impact of the COVID-19 pandemic have meant that a majority of service users are now being assessed over the telephone. 21.5% of clients did not make themselves available or attend for a triage assessment appointment in July. The service continues to engage with individuals seeking to access treatment in particular those who do not attend assessments.

Please note targets are for 2019/20; targets for this year not yet set by Commissioner.

Opiate Clients in Treatment

	Annual Target	New in July 2020	New in June 2020	Quarter 1, 2020/21	Year to Date, July 2020
Receiving Specialist Prescribing	2,450	60	62	186	2,058
Receiving Formal PSI	670	28	38	88	213

Service comment:
The Opiates Service delivers specialist prescribing (i.e. substitute prescribing) to Opiate users in Sheffield. With the carry over of clients in treatment at the start of the new financial year (2020/21) as well as new presentations as of end of July 2020, the Opiates service has engaged 2,058 people into prescribing treatment. Please note the target of 2,450 is 2019/20's target; new target not yet set by Commissioner.

The annual target to deliver Psycho-Social Interventions to 670 clients, comprises of standard-intensity and high-intensity work: 600 clients to receive standard-intensity PSI and 70 clients to receive high-intensity PSI. Although the offer of PSI treatment, including over the telephone, is made appropriately, uptake rates have been poor, although improving. 28 clients have started PSI in July 2020 and 97

Non-Opiate Clients in Treatment

	Annual Target	New in July 2020	New in June 2020	Quarter 1, 2020/21	Year to Date, July 2020
Receiving Formal PSI	400	23	20	53	152
Engagement with Tier 2 Treatment	400	36	40	86	122

Service comment:
The Non Opiates service offers Tr2 and Tr3 structured support. With 76 client carried from last year, at the end of July 2020, the service has engaged 152 service users in formal PSI treatment.

122 clients have accessed Tr2 support as of end of July 2020. This is low intensity support delivered by a drug worker. If a client requires additional formal PSI, they are transferred into the care of a PSI worker.

Please note targets are for 2019/20; targets for this year not yet set by Commissioner.

Alcohol Clients in Treatment

Clients in Treatment	Annual Target	New in July 2020	New in June 2020	Quarter 1, 2020/21	Year to Date, July 2020
Receiving Specialist Prescribing	780	37	46	86	281
Receiving Formal PSI	533	44	42	131	306

Service comment:
281 clients in the Alcohol Service are in receipt of specialist prescribing. This includes 158 clients who started their treatment pre 1st April 2020 (i.e. in 19/20).

As of end of July 2020, 306 clients have received formal PSI interventions. This includes 131 clients who started PSI pre- 1st April 2020.

Waiting Times in the Opiates Service

Waiting Time Standards	Target	New in July 2020	New in June 2020	Quarter 1, 2020/21	Year to Date, July 2020
Referral to booked assessment ≤7 days	monitoring only	100%	100%	100%	99.7%
Assessment to start of Tr3 treatment ≤ 21 days	≥95%	100%	100%	100%	100.0%

Service comment:
No breaches to waiting time standards

Waiting Times in Non-Opiates Service

Waiting Time Standards	Target	New in July 2020	New in June 2020	Quarter 1, 2020/21	Year to Date, July 2020
Referral to booked assessment ≤7 days	monitoring only	100%	98%	99%	99.5%
Assessment to start of Tr3 treatment ≤ 21 days	≥95%	100%	100%	98%	98.9%

Service comment:
No breaches to waiting time standards in July 2020

Waiting Times in the Alcohol Service

Waiting Time Standards	Target	New in July 2020	New in June 2020	Quarter 1, 2020/21	Year to Date, July 2020
Referral to booked assessment ≤7 days	100%	100%	100%	100%	100%
Assessment to start of Tr3 treatment ≤ 21 days	≥95%	100%	100%	100%	100%

Service comment:
No breach to waiting time standards.

Tier 4 Treatment for Opiate Clients

In Patient Detox & Residential Rehab	Target	Year to Date June 2020
Inpatient detox Successful Completions %	monitoring only	75%
Opiate clients currently undergoing a detox (end of June 20)	-	0
Residential Rehab Placement Successful Completions %	monitoring only	0%
Opiate Clients currently in Residential Rehabilitation (end of June 20)	-	2

Service comment:
Residential Rehabiliation Placements are typically funded for 26 weeks. Given the length of the placement, the number of clients exiting each month is small. For this reason, an aggregate Year to Date Position is provided.

Needle Exchange Provision, Juice Clinics and IPS-AD

Needle Exchange and Juice clinic	Annual Target	Year to Date June 2020
Unique needle exchange users seen	400	40
Unique clients accessing Juice clinic YTD (qtrly)		-
IPS trial enrolments (since May 2018)		231

Service comment:
Needle exchange provision via Sidney Street site and mobile exchange van. The needle exchange at Sidney Street is well established and receives many repeat visitors. This provision has continued during the COVID-19 pandemic, although presentations have been lower than usual.
Juice clinic, which can be used to access support for use of Image and Performance Enhancing Drugs has not been running during April 2020 due to COVID-19. IPS-AD trial has been running since May 2018, and ceased to take referrals in September 2019.The trial enrolled

Tier 4 Treatment for Alcohol Clients

In Patient Detox & Residential Rehab	Target	Year to Date May 2020
Inpatient detox Successful Completions %	73%	0%
Alcohol clients currently undergoing a detox (end of June 20)	-	1
Residential Rehab Placement Successful Completions %	62%	0%
Alcohol Clients currently in Residential Rehabilitation (end of June 20)	-	1

Service comment:
Residential Rehabiliation Placements are typically funded for 26 weeks. Given the length of the placement, the number of clients exiting each month is small. For this reason, an aggregate Year to Date Position is provided.
Targets for 20/21 not yet set by Commissioner.

Public Health Outcomes Framework Indicator C19a

Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months

Baseline period: Completion 01/10/2017 to 30/09/2018, Representations up to: 31/03/2019

Latest period: Completion period: 01/10/2018 to 30/09/2019, representations up to: 31/03/2020

(n) = number successfully completed and did not re-present/all in treatment

	Baseline Period		Latest Period - Q4 2019/20	
	(%)	(n)	(%)	(n)
Sheffield Opiate	2.9%	65/2233	3.0%	67/2203
National Opiate	6.0%		5.7%	

Service comment:
The service is working to improve the levels of clients who complete treatment and do not re-present
The Opiates Service is open access, has high levels of engagement, allowing clients to re-access treatment quickly.

Public Health Outcomes Framework Indicator C19b

Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months

Baseline period: Completion 01/10/2017 to 30/09/2018, Representations up to: 31/03/2019

Latest period: Completion period: 01/10/2018 to 30/09/2019, representations up to: 31/03/2020

(n) = number successfully completed and did not re-present/all in treatment

	Baseline Period		Latest Period - Q4 2019/20	
	(%)	(n)	(%)	(n)
Sheffield Non-Opiate	28.0%	114/400	30.2%	122/404
National Non-Opiate	35.2%		34.2%	

Service comment:
The service has seen an improvement on this PHOF target when compared to it's baseline period. The service is working to improve the levels of clients who complete treatment and do not re-present
The Non-Opiates Service is open access, has high levels of engagement, allowing clients to re-access treatment quickly.

Public Health Outcomes Framework Indicator C19c

Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months

Baseline period: Completion 01/10/2017 to 30/09/2018, Representations up to: 31/03/2019

Latest period: Completion period: 01/10/2018 to 30/09/2019, representations up to: 31/03/2020

(n) = number successfully completed and did not re-present/all in treatment

	Baseline Period		Latest Period - Q4 2019/20	
	(%)	(n)	(%)	(n)
Sheffield Alcohol	26.9%	191/710	29.4%	224/762
National Alcohol	37.8%		37.9%	

Service comment:
The service has seen a 2.5% increase on this PHOF target when compared to it's baseline period. The service is working to improve the levels of clients who complete treatment and do not re-present
The Alcohol Service is open access, has high levels of engagement, allowing clients to re-access treatment quickly.

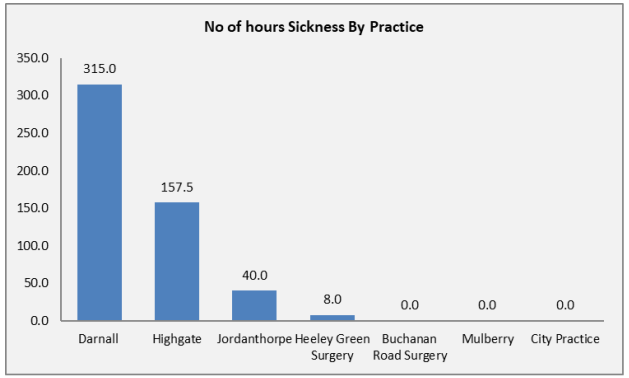
Commissioners Sheffield City Council are still reviewing the final requirements for the Performance Management Framework for START for the Sheffield Substance Misuse Service contract which commenced on 1 April 2020. As a result of the Covid-19 pandemic this has not been prioritised to date.

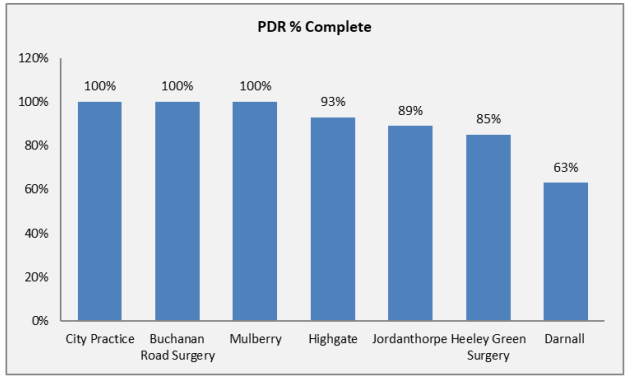
Once finalised the service will ensure that appropriate performance indicators are fed into this Trust Board Report. Commissioners hold quarterly Performance Management meetings with the service.

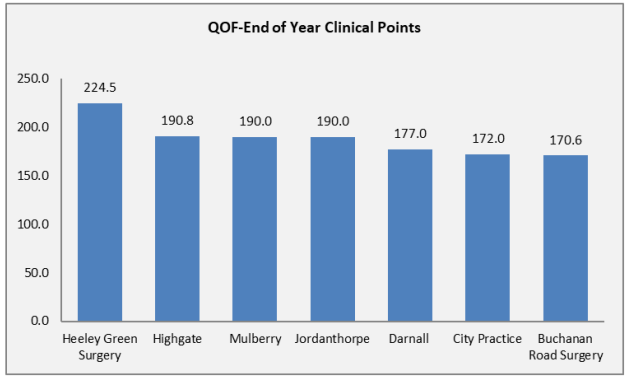
Work is currently underway in the START service to make performance reporting to Board consistent with the format of this report.

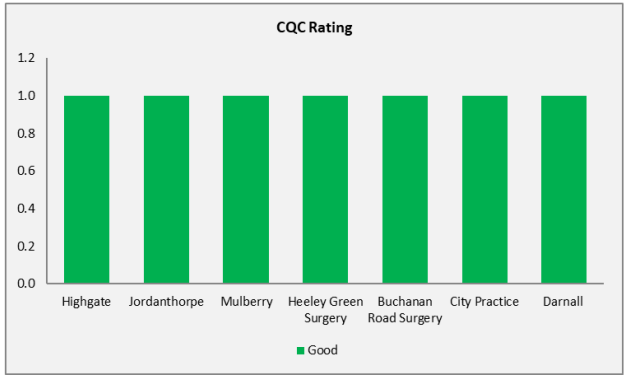
start
Sheffield Treatment and Recovery Team

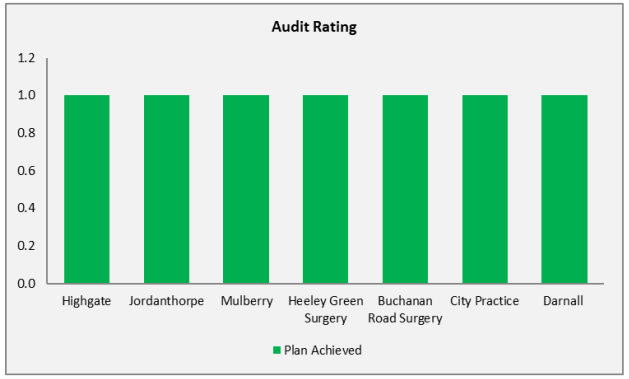
Clover Group & Primary Care Practice Dashboard – July 2020

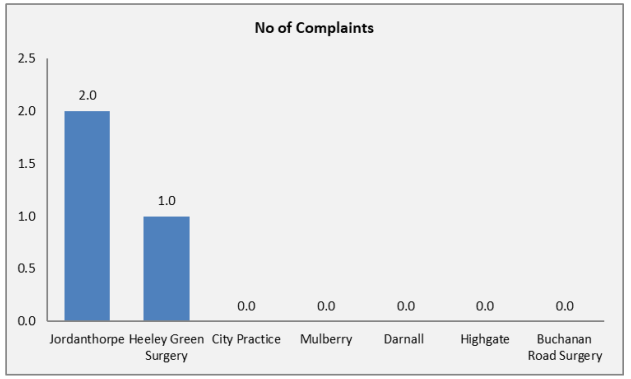


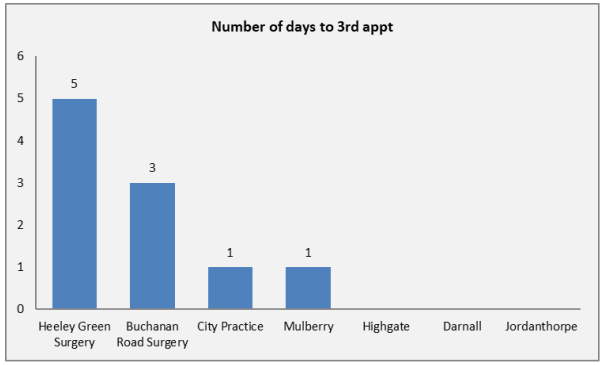


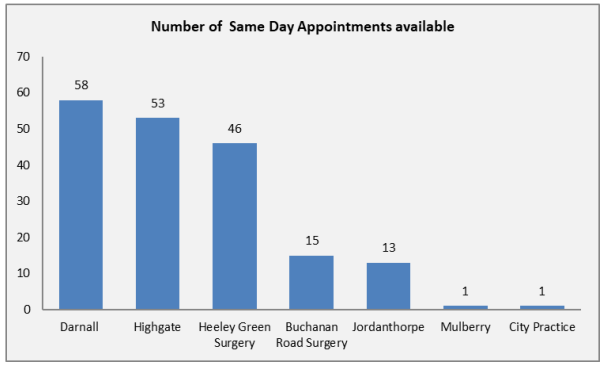


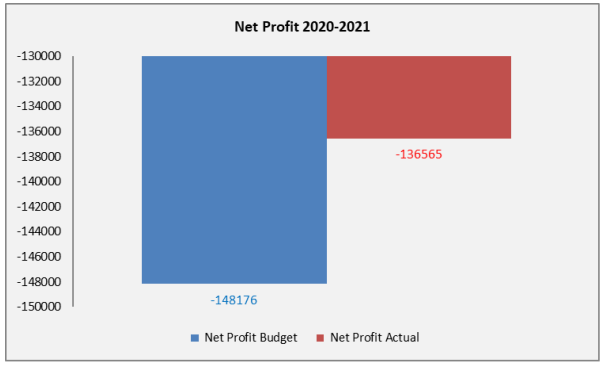


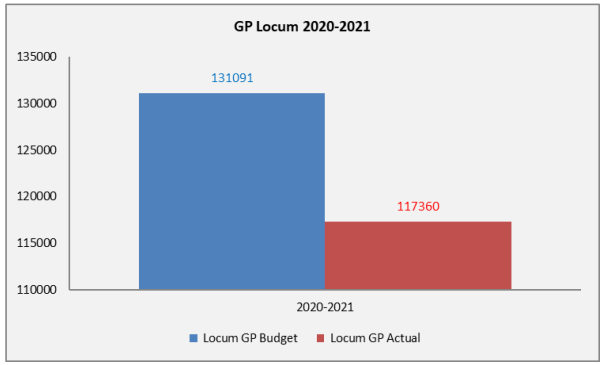












Finance Data is always one month in arrears . This is due to reporting lags within finance.

Workforce 1 | Summary - July 2020

July 2020		Directorates				Trust Total		
Indicator	**Target**	**Clinical Services**	**Medical**	**Non Med Support**	**GP Surgeries**	**Jun-20**	**Jul-20**	**Change**
Staff in Post (Headcount)	**-**	1993	190	318	75	**2579**	**2576**	**-3**
Vacancy (%)		7.4%	5.7%	0.0%	0.0%	**6.4%**	**6.2%**	**-0.2%**
Turnover (%)	**10%**	9%	12%	13%	8%	**10.69%**	**11.22%**	**+0.5%**
Sickness In Month (%)		4.84%	3.61%	3.30%	6.47%	**4.22%**	**4.57%**	**+0.3%**
Sickness 12 Month (%)		6.21%	2.88%	3.74%	8.54%	**5.88%**	**5.72%**	**-0.2%**
Long Term Sickness (%)		3.35%	2.29%	2.76%	4.67%	**2.97%**	**3.22%**	**+0.2%**
Short Term Sickness (%)		1.49%	1.32%	0.54%	1.81%	**1.25%**	**1.35%**	**+0.1%**
PDR Compliance (%)	**90%**	97.4%	96.8%	94.7%	93.8%	**96.8%**	**97.0%**	**+0.2%**
Training Compliance (%)		94.1%	89.2%	90.0%	70.6%	**96.8%**	**92.2%**	**-4.6%**

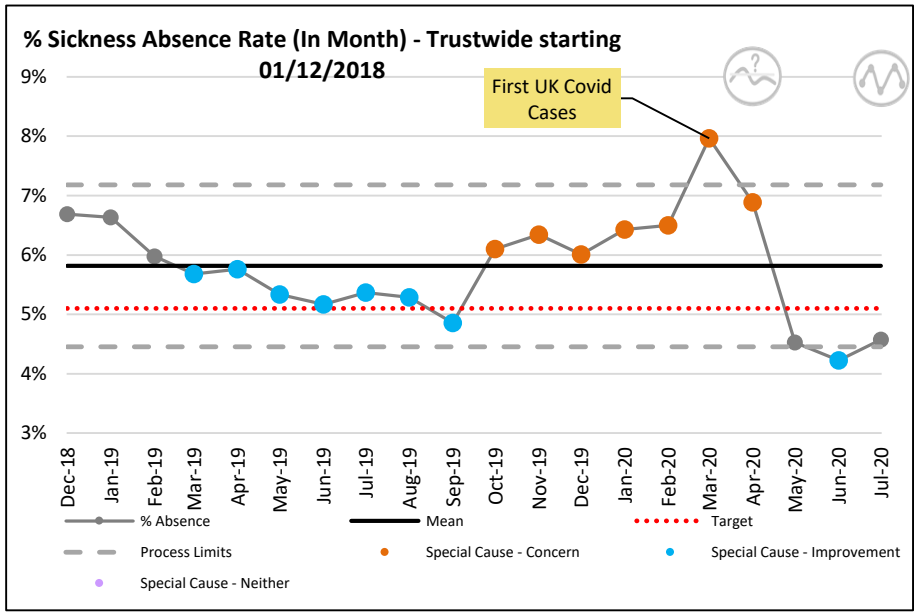
Narrative

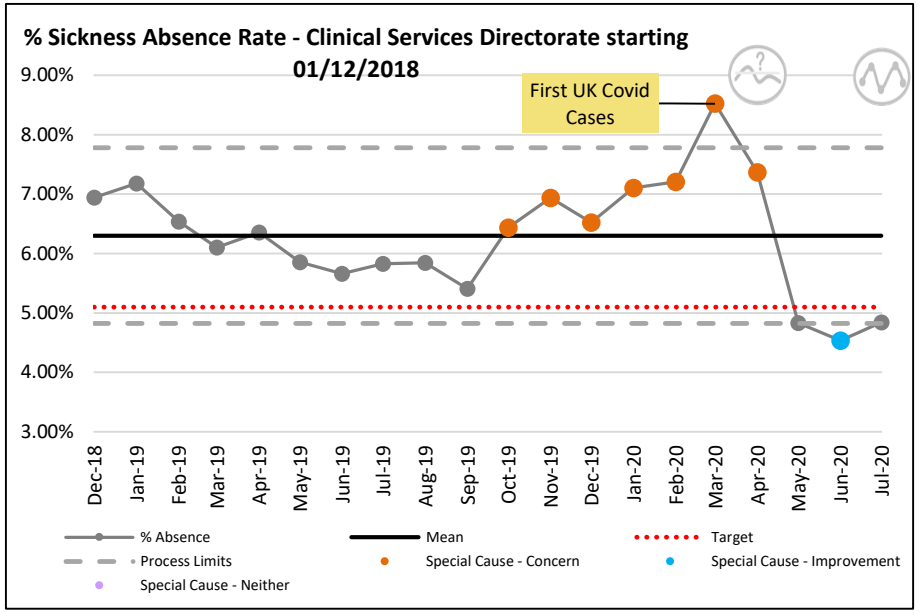
- The 12 month sickness absence rate shows a significant improvement compared to the previous month, bringing it more in line with figures seen pre-Covid.
- Vacancy rate has continued to decrease in July 2020, although Clinical Services has a significant 7.4% vacancy rate for this month.

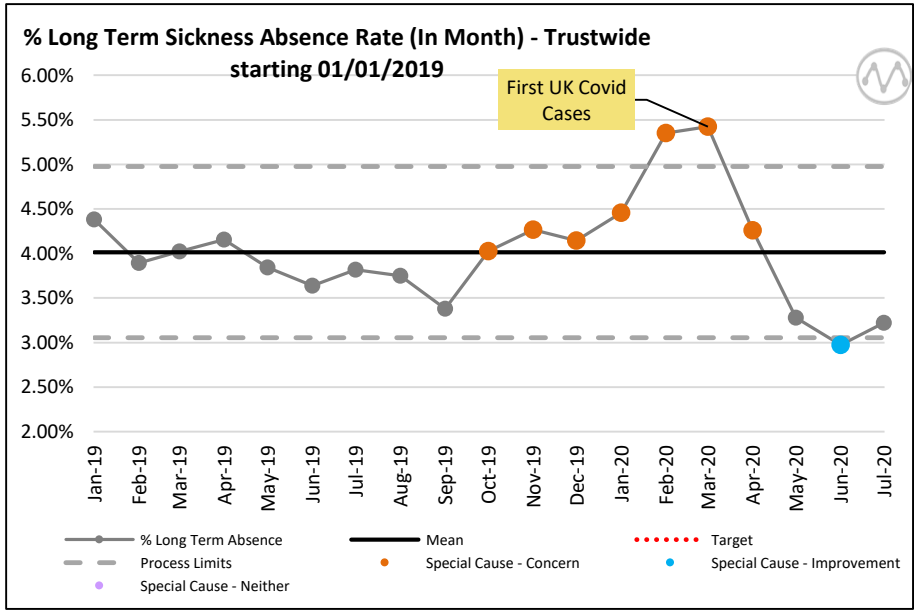
Notes

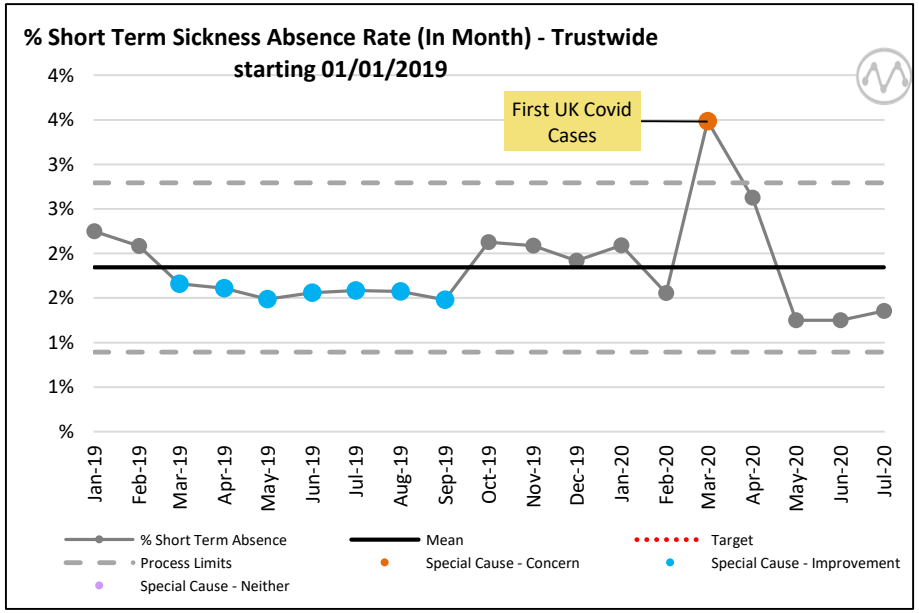
- *Medical turnover excludes fixed term rotations.*
- *Vacancy based on establishment (FTE) data compared with staff in post (FTE) figures.*

Workforce 2 | Sickness Absence









Narrative

Sickness

Increases in Sickness Absence Rate have been seen in Medical Services and GP Surgeries, compared to last month's figures.

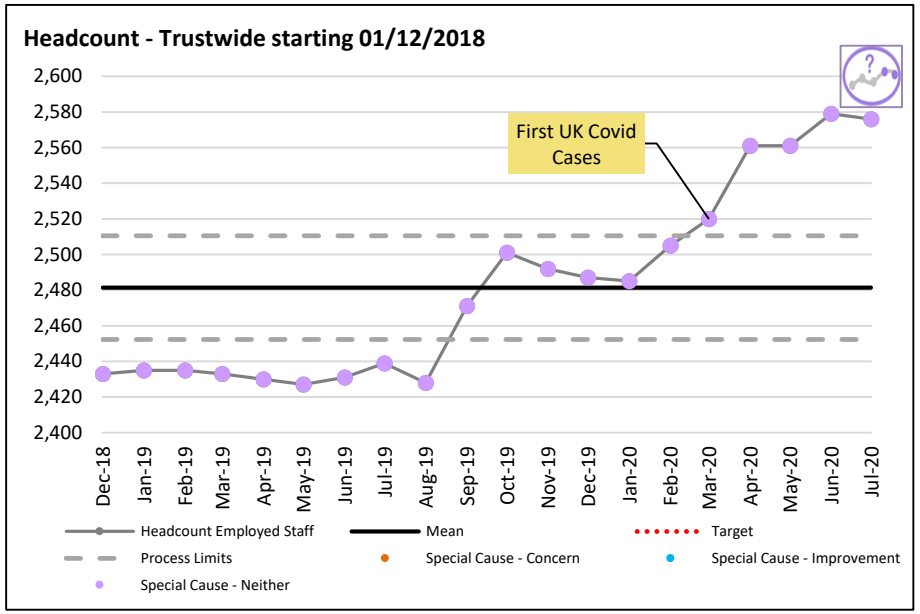
Anxiety and Stress Related, and Gastrointestinal Reasons remain the most common reason for absence occurrences.

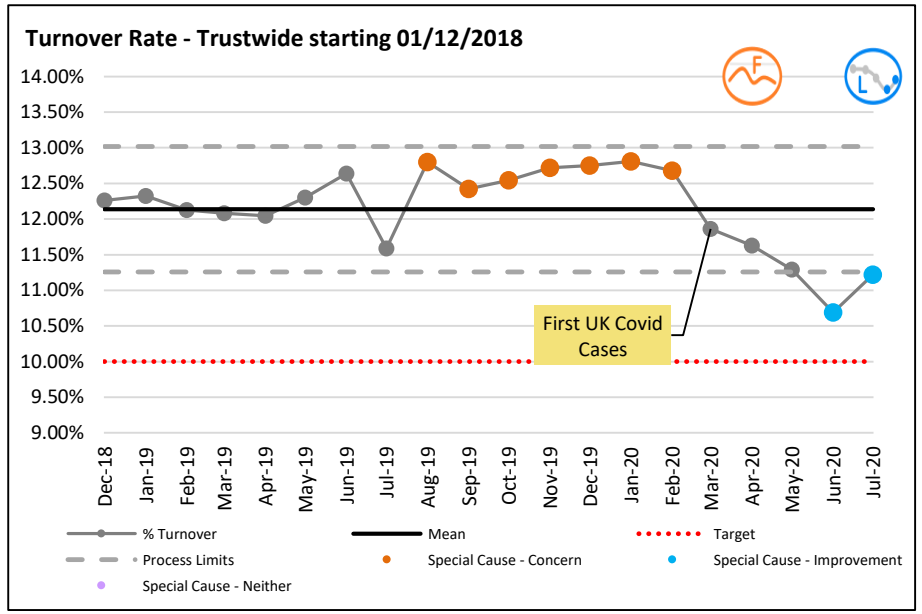
Work has started in HR to pilot a system of early signposting to relevant support for Anxiety and Stress Related and MSK related sickness absence with the aim of reducing the length of time absent for these reasons.

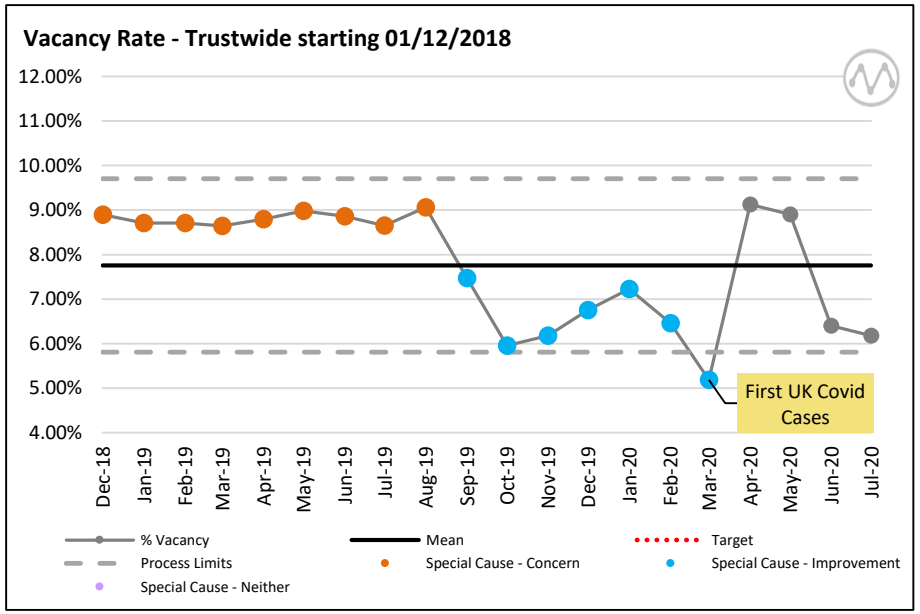
Long/Short Term Sickness

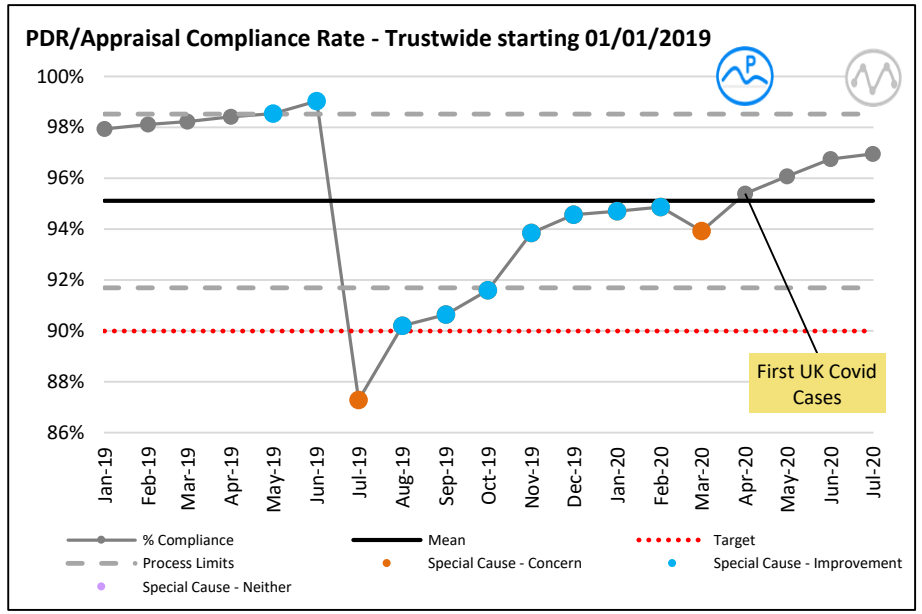
Long term absences continue to result in the highest amount of FTE Days Lost. Short term absences rates have remained the level for July 2020.

Workforce 3 | Staffing & Appraisal









Narrative

Headcount

There has been a slight decrease in employee headcount for July 2020.
Numbers of leavers has increased with most coming from Nursing and Admin staff groups.

Turnover Rate (%)

With the increase in leavers comes an increase in turnover rates for the month.
This increase does not yet show the beginning of a trend.
Non Med Support Turnover Rate has increased by 2% for the period of July 2020.

Vacancy Rate (%)

Vacancy rate has continued to decrease in July 2020.
Clinical Services has a significant 7% vacancy rate for this month.

PDR Compliance

PDR Compliance has continued to increase for July 2020, as the focal point window reaches its second month.
The HR Department is looking into trust-wide communications to ensure that high compliance is maintained through the end of the focal point window.

Notes

- *Medical turnover excludes fixed term rotations.*
- *Vacancy based on establishment (FTE) data compared with staff in post (FTE) figures.*

Financial Overview as at 31 July 2020

Executive Summary

As at July, the current position is break even in line with all other Trusts under the temporary Covid 19 financial regime. This position is not expected to change until after Month 06. The largest financial risk to the Trust at present is the uncertainty of the temporary funding regime for the remainder of 2020/21; primarily due to the shortfall against new investments for which funding was expected in 2020/21; the achievement of any residual CIPs once the temporary regime has ended; and the inherent uncertainty over capacity and demand in a surge situation. The Trust continues to review strategies to moderate or mitigate these risks.

The current block payments from our primary commissioner Sheffield CCG are c.£5m less than our previous contract offer due to the temporary finance regime. Various new Mental Health Investment Standards (MHIS) and Long Term Plan (LTP) investments have already been mobilised with the funding now being withheld. (Primary Care Mental Health and further perinatal expansion are two examples).

As a Trust we continue to bear service pressures driven by a combination of volume and acuity that are arising from high occupancy and increased observations; the Trust also expects a surge due to COVID-19. Whilst some service pressures have been mitigated in part through investment during 2019/20, there remains select areas of pressure within the system that are currently under review. The underlying position is primarily supported by in year staff turnover savings.

The Purchase of Healthcare (Out of Town/ Out of Area) expenditure continues to significantly exceed planned levels due to delays in repatriation, increased acuity and high occupancy on wards.

Single Oversight Framework – Use of Resources

Metric	Definition	YTD plan	YTD Actual	Annual Plan
Capital Service Capacity	Degree to which the provider's generated income covers it's financial obligations			
Liquidity	Days of operating costs held in cash or cash equivalent's forms, inc. wholly committed lines of credit available for drawdown			
I&E Margin	I&E Surplus or Deficit as a proportion of total revenue			
Distance from Financial Plan	Year to Date I&E Surplus/ Deficit compared to YTD plan			
Agency Spend	Distance from Provider's cap			
Rating for Use of Financial Resources				

NOT CURRENTLY REPORTED DUE TO REVISED FINANCIAL REGIME

RAG ratings are based on assessment of the risks around delivery of forecast out-turn for each measure.	G	A	R

Income and Expenditure — G

The funding gap reported for M4 is £1.013m, after accounting for the COVID- 19 reimbursement of £2.410m. The costs related to COVID-19 are being routinely monitored and are fully auditable. An assessment has been conducted to review the impact of the significant increase in the out of town pressure as a result of decisions made to send people out of town due to ensure the segregation of patients (COVID response) and also to manage increased demand, this has realised a financial impact totalling £0.748m.

Cash — G

The Trust's cash balance for the period ending July 2020 was £58.575m. which was £7.398m above the expected balance. However, this position is primarily due to COVID-19 finance arrangements, a normalised cash position would be c.£52m

Capital Programme — G

The current Capital Programme 2020/21 remains at £14.558m at the end of July 2020. However, there is still little movement pending progression and approval of three major business cases - ACM II, Wardsend Rd HQ refurbishment including the Data Centre, and Insight II, (EPR). Once these are approved the capital expenditure should pick at pace in line with current forecast. It is also important to highlight some CQC related schemes which have just started, like the Dormitories project forecast at £2.2m. The YTD expenditure total is £0.328m at the end of M4.

Agency Cap — R

The current cap is £3,165 FYE; if we continue at the same run rate we will over spend by £1,343 (42%) above the target. Whilst it is expected that the COVID costs will reduce, it is not yet clear if the increase in acuity, gaps in recruitment along with various service starting BAU will have a similar adverse effect.

Cost Improvement Programme — R

The programme is not being reported through our regulators between M1-M4 for all CCG commissioned services; however, it must be noted that only the tariff-based element of the Cost Improvement Programme (CIP) via our CCG contracts fall into this category; CIPs driven by inflation pressures, internal Capital and revenue investment decisions still stand.

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Contact

Deborah Cundey | deborah.cundey@shsc.nhs.uk

Phillip Easthope | phillip.easthope@shsc.nhs.uk

Proud to care in Sheffield

SPC Explained

Sheffield Health and Social Care NHS Foundation Trust

- 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
- ***Please note that all the SPC charts in this report are created without a baseline, unless otherwise indicated. This means that the process limits are set using the 24 months data that is displayed in the charts. This decision has been taken on advice from NHS Improvement in May 2020.***

Proud to care in Sheffield

SPC ‘the SHSC way’ Icon Guide

Sheffield Health and Social Care NHS Foundation Trust

Variation Icons The icon which represents the last data point on an SPC chart is displayed.						
ICON						
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good
PLAIN ENGLISH	Nothing to see here!	Something’s going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.
ACTION REQUIRED	**Nothing**	**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.

Proud to care in Sheffield

SPC ‘the SHSC way’ Icon Guide

Sheffield Health and Social Care NHS Foundation Trust

Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.			
ICON			
DEFINITION	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	The system will randomly meet and not meet the target/expectation due to common cause variation. Sometimes you meet the target, sometimes you don’t.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	**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.

Proud to care in Sheffield