Board of Directors (Public)

SUMMARY REPORT	Meeting Date:	22 March 2023
	Agenda Item:	13

Report Title:	Integrated Performance and Quality Report January 2023	
Author(s):	Business and Performance Team	
Accountable Director:	Phillip Easthope, Executive Director of Finance, IMST and Performance	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	People Committee Quality Assurance Committee Finance & Performance Committee
	Date:	7 March 2023 8 March 2023 9 March 2023

A summary of the key points following consideration by committees is included below:

People Committee

Positive Alerts

Bank staff: There has been a reduction in the use of agency for unregistered nursing staff in particular and an increase in bank staff usage (as per the plan).

Vacancies: There has been a decrease in vacancy rates from 11.15% to 9.64% which means this has dropped below the Trust's target of 10%.

Employee Relations Casework: Cases continue to be managed effectively through the case management tracker. There has been a 12-month reduction in cases from 35 to 12 and no grievances reported in March.

Health Roster: 100% roster implementation has been achieved since last reported to committee in January 2023.

Turnover rates: The turnover percentage has reduced over the previous 12 months from 16% to 12%.

Gender Pay Gap: Median Pay Gap has dropped significantly from 8.10% in 2021 to 0.97% in 2022

Negative Alerts

Supervision: The average compliance with supervision target is 70.75% (for Trustwide) and 70.42% (for Clinical Services) which is not meeting the Trustwide target of 80%.

Sickness: Short-term sickness remains high. The 12 month rolling average has now exceeded the SPC process control range.

Recruitment – Time to Hire: Time to hire whilst continuing to improve (now 59 days) is not yet at target of 43 days and the speed of employment checks remains the longest part of the process

Training: There are three subjects below 75% compliance which are: Resuscitation (BLS), Respect Level 3 and Safeguarding Children L3.

Quality Assurance Committee

Key Concerns:

Waiting times
Memory Service and Older Adults Community Mental Health Team (OACMHT) and Gender Services

Out of Area
Still significantly over target, largely accounted for by delayed discharges, high length of stay (40 days).

Increase in **falls** in nursing homes with plans to adapt the model used on wards (MDT approach).

Supervision
The ongoing failure to address supervision deficit and the resultant potential impacts on quality and patient safety. Recovery report for Acute wards was received, which highlighted a concern trustwide.
Further action and mitigations requested.

Positive Alerts:

Continued reduction of waiting times on SPA/EWS and Autism pathways.

Good progress on **restricted practice** despite closure of additional seclusion room. Staff focus to change practice is commended.

Downward trend on **physical assaults** on staff (4th consecutive month).

Monitoring:

Waiting Lists in Health Inclusion Team and Long-Term Neurological Conditions Team

Clinical Safety Report:
- Management of Complaints
- Sexual safety
- Racial abuse (patients to staff)
- Mandatory Training

Finance & Performance Committee

No specific points of escalation.

Committee noted the persistent challenges relating to flow across the acute pathway; waits for treatment across some community service and agency spend.

No new risks were noted.

Summary of key points in report

The attached Integrated Performance and Quality Report (IPQR) is provided for assurance and contains data to January 2023. This report is presented to the Board of Directors in March 2023 together with a summary of the key messages, risks and exceptions, raised at People; Quality Assurance and Finance & Performance Committees.

Areas of good performance and areas of performance concern are detailed below.

Section 1: Good Performance

Good Performance						
Committee				KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q			Waiting Times	5		Reductions in average wait time referral to assessment for SPS PD, Eating Disorders, SAANS and CLDT. Recovery plans having impact
F	Q			Average Discharged Length of Stay - Beech	8		Average discharged length of stay significantly reduced in January 2023.
F	Q			Inpatient Length of Stay – Older Adults OOA – Older Adults	10		Decreasing trend in live length f stay for Older Adult inpatient ward Dovedale 1 G1 passing target for average discharged length of stay (12m rolling) No inappropriate older adults OOA admissions since February 2022
F	Q			Average discharged Length of Stay – Forest Close & Forest Lodge	11		Performance above national benchmarks
F	Q			Annual CPA Review	14		Improving Performance in Early Intervention & Recovery South
F	Q			IAPT	15		Meeting/exceeding targets for waiting times
F	Q			START - RtT	16		Alcohol passing RtT target and maintains continuous improvement.

Section 2: Performance Concern

Performance Concern							
Committee				KPI/Area	Refer to (slide)	Performance	Trend/ Trajectory	Recovery Plan?
F	Q			Waiting Times	5-7		Special cause variation - shift above the mean and out of control limits. Increasing high waits for: Recovery teams, Memory service, OA CMHT, Gender, SAANS, ME/CFS. LTNC	Recovery Plans in place Monitoring – data quality
F	Q			Waiting Lists	5-7		Special cause variation - out of control limits EI, STEP	These needs to be understood and a recovery plan in place if required
F	Q			Waiting Lists	5-7		Special cause variation – Trend and out of control limits HIT	Monitoring needs to be understood and a recovery plan in place if required
	Q			Caseloads/Open Episodes	5		Increasing trend in OA CMHT, SMS and Highly Specialist community services (SPS MAPPS, Gender, SAANS.)	Recovery Plan x 4 (OA CMHT, SMS, Gender & SAANS)
F	Q			Bed Occupancy Length of Stay and Delayed Discharge (inpatient areas)	8	 	Increasing trend in live length of stay for acute areas. Failing to meet target for average discharged length of stay.	Linked to Out of Area Recovery Plan(s) x 3
F	Q			Out of Area Placements	8-9		Failing to meet reduction/elimination of inappropriate OAPs in acute.	Out of Area Recovery Plan(s) x 3
	Q			G1 Live length of stay	10		Live length of stay high in January.	Monitoring
	Q			Live Length of Stay – Forest Close & Forest Lodge	11		Live length of stay on Forest Close & Forest Lodge significantly above mean.	No action required
F	Q			Delayed Care Bednights	12		Special cause variation out of control limits Delayed Adult Acute Bednights – 6 points above the mean and 7th / shift expected next month	Part of OOA recover plan
	Q			Annual CPA Review	14		Failing to meet 95% target Recovery North 92.2% Recovery South 78.6%.	Recovery Plan in place.
	Q			START – successful treatment exit	16		Low successful treatment exit for Non-Opiates.	Understood and will be monitored

		P		Sickness rates	27-28		Special cause variation – shift above the mean and out of control limits Fail to meet target	Recovery plan required
				Turnover 12 months	27 & 29		Fail to meet target	Recovery plan required
				Supervision	27 & 30		Fail to meet target	Recovery plan required
	Q	P		Medical appraisal rate	30		Special cause variation – outside control limits	Investigating data quality issue and suitability of graph
F				Agency and Out of Area Placement Spend	36		Increased high levels of spend. Failing to meet reduction/elimination of inappropriate OAPs.	Out of Area Recovery Plan(s) x 3 CIP Plans 22/23

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**		**Assurance**		**Information**	✓

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering effectively	*Yes*		*No*	✓
CQC Getting Back to Good – Continuing to improve	*Yes*	✓	*No*	
Transformation – Changing things that will make a difference	*Yes*		*No*	✓
Partnerships – working together to make a bigger impact	*Yes*		*No*	✓

Is this report relevant to compliance with any key standards ?					State specific standard
Care Quality Commission Fundamental Standards	*Yes*	✓	*No*		
Data Security and Protection Toolkit	*Yes*		*No*	✓	
Any other specific standard?					

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	✓	*No*		Any impact is highlighted within relevant sections
Financial (revenue &capital)	*Yes*	✓	*No*		Any impact is highlighted within relevant sections
Organisational Development /Workforce	*Yes*	✓	*No*		Any impact is highlighted within relevant sections
Equality, Diversity & Inclusion	*Yes*		*No*	✓	
Legal	*Yes*		*No*	✓	
Environmental Sustainability	*Yes*		*No*	✓	

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Integrated Performance & Quality Report

Information up to and including January 2023

Proud to care in Sheffield

Introduction

Report Layout | Information and metrics are grouped into the following themes in line with the proposed KPIs for 21/22 and the Trust Performance Framework.

- Service Delivery
- Safety & Quality
- Tendable
- Our People
- Financial Performance
- CQuINs
- Covid-19

We use statistical process control (SPC) charts where possible in order 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 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.

In this report we have introduced 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, and there is further information on how to interpret the charts and icons in Appendices 1 and 2.

Unless otherwise stated the control limits (the range within which normal variation will occur) are set by 24 months of data points, for example in the case of January 2023 reporting, we are using monthly figures from February 2021 to January 2023. Where 24 months data is not available, we use as much as we have access to.

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

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

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

We have begun using and looking at the information in this way in our 'Floor to Board' Performance & Quality reviews with Clinical Directorates, and will continue to develop that way of working so that the data is intelligently reviewed at source and services and teams are able to investigate and provide narrative which supports the information.

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

Refer to Appendix 3 for detail.

Colour Key	F	M	P	Q
Finance				
MH Legislation				
People				
Quality				

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Service Delivery

IPQR - Information up to and including January 2023

Proud to care in Sheffield

Responsive | Access & Demand | Referrals

Referrals	Jan-23			
Acute & Community Directorate Service	n	mean	SPC variation	Note
SPA/EWS	693	696	• • •	
AMHP	140	145	• • •	
Crisis Resolution and Home Treatment	934	In February 2022, 5 teams merged to create the Crisis Resolution & Home Treatment Team (4 Adult Home Treatment Teams & Out of Hours). Due to the limitations of reporting from Insight, we require the RiO implementation to get accurate data.		
Liaison Psychiatry	535	485	• • •	
Decisions Unit	58	56	• • •	
S136 HBPOS	42	35	• • •	
Recovery Service North	27	23	• • •	
Recovery Service South	32	23	• • •	
Early Intervention in Psychosis	38	39	• • •	
Memory Service	112	128	• • •	
OA CMHT	273	254	• • •	
OA Home Treatment	27	26	• • •	

Referrals	Jan-23			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	0	3	• L •	
SCFT	1	2	• • •	
CLDT	67	55	• • •	CLDT figures represent distinct individuals so does not include multiple referrals per service user.
CISS	2	3	• • •	
Psychotherapy Screening (SPS)	62	47	• • •	
Gender ID	47	43	• • •	
STEP	122	99	• • •	
Eating Disorders Service	37	34	• • •	
SAANS	444	385	• H •	Demand into the system is unsustainable due to poorly defined system wide neurodiversity pathway. Paper presented to Board and options being explored alongside stakeholders.
R&S	17	19	• • •	
Perinatal MH Service (Sheffield)	52	49	• • •	
HAST	16	16	• • •	
HAST - Changing Futures	4			
Health Inclusion Team	158	150	• H •	Recovery plan being developed.
LTNC	272	114	• H •	Recovery plan is being developed alongside work to validate data.
ME/CFS Long Covid	39	91	• L •	
ME/CFS	129	276	• L •	

Responsive | Access & Demand | Community Services

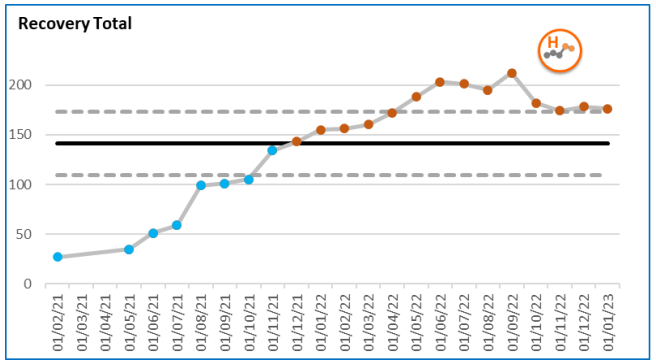
January 2023	Number on wait list at month end			Average wait time referral to assessment for those assessed in month			Average wait time referral to first treatment contact for those 'treated' in month			Total number open to Service		
	Waiting List			Average Waiting Time (RtA) in weeks			Average Waiting Time (RtT) in weeks			Caseload		
Acute & Community Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPA/EWS	**483**	*786*	• L •	**31.3**	*28.0*	• H •	**7.4**	*9.9*	• • •	**695**	*1076*	• L •
MH Recovery North	**86**	*71*	• H •	**13.6**	*8.5*	• H •	**3.9**	*10.6*	• • •	**922**	*960*	• L •
MH Recovery South	**90**	*68*	• H •	**21.3**	*10.4*	• H •	**13.4**	*11.2*	• • •	**1060**	*1078*	• L •
Recovery Service TOTAL	**176**	*141*	• H •	*N/A*			*N/A*			**1982**	*2038*	• L •
Early Intervention in Psychosis	**46**	*24*	• H •							**290**	*338*	• L •
Memory Service	**1021**	*643*	• H •	**39.5**	*22.3*	• H •	**43.6**	*30.6*	• H •	**4501**	*4283*	• H •
OA CMHT	**205**	*154*	• H •	**7.3**	*6.9*	• H •	**9.9**	*10.3*	• L •	**1341**	*1256*	• H •
OA Home Treatment	*N/A*			*N/A*			*N/A*			**69**	*64*	• • •
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPS - MAPPS	**66**	*68*	• • •	**16.6**	*20.9*	• • •	**115.4**	*76.4*	• • •	**338**	*314*	• H •
SPS - PD	**48**	*41*	• • •	**14.4**	*20.8*	• L •	**33.2**	*67.0*	• • •	**197**	*191*	• • •
Gender ID	**1978**	*1598*	• H •	**143.9**	*118.7*	• • •	*N/A*			**2787**	*2393*	• H •
STEP	**178**	*106*	• H •	*N/A*						**423**	*400*	• • •
Eating Disorders	**29**	*32*	• • •	**4.6**	*4.9*	• L •				**215**	*220*	• • •
SAANS	**6520**	*4724*	• H •	**72.5**	*95.1*	• L •				**6523**	*5333*	• H •
R&S	**99**	*177*	• L •	**61.5**	*84.2*	• • •				**154**	*226*	• L •
Perinatal MH Service (Sheffield)	**32**	*25*	• • •	**2.4**	*3.2*	• • •				**143**	*141*	• • •
HAST	**22**	*30*	• L •	**6.2**	*11.6*	• • •				**75**	*82*	• • •
Health Inclusion Team	**626**	*248*	• H •	**8.8**	*9.0*	• • •				**1549**		
LTNC	**787**	*629*	• H •	*N/A*						*N/A*		
CFS/ME	*N/A*			**21.0**	*15.6*	• H •				**1469**		
CLDT	**147**	*183*	• L •	**9.6**	*13.3*	• L •	**18.4**	*20.8*	• L •	**740**	*751*	• L •
CISS	*N/A*			*N/A*			*N/A*			**11**	*28*	• L •
CERT	**0**									**42**	*45*	• L •
SCFT	**1**	*1*	• • •							**24**	*24*	• • •

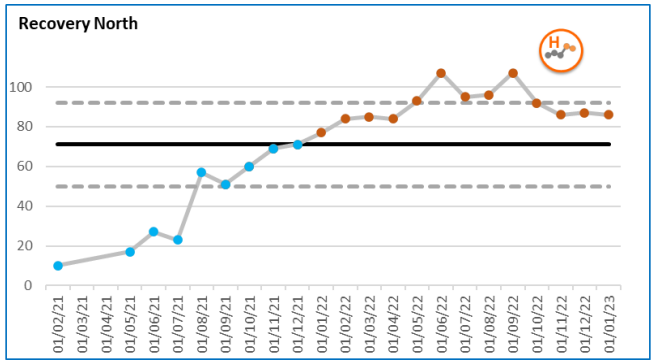
Narrative

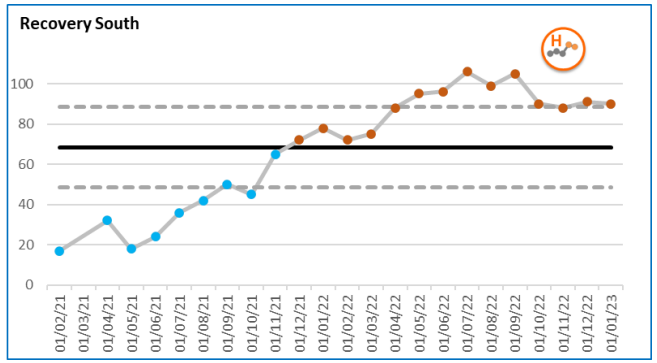
There are still increasing waits and high numbers of service users on service caseloads (the number of open episodes of care to our community teams). Recovery Plans are in place for the services experiencing the biggest issues although these aren't currently leading to improvement.

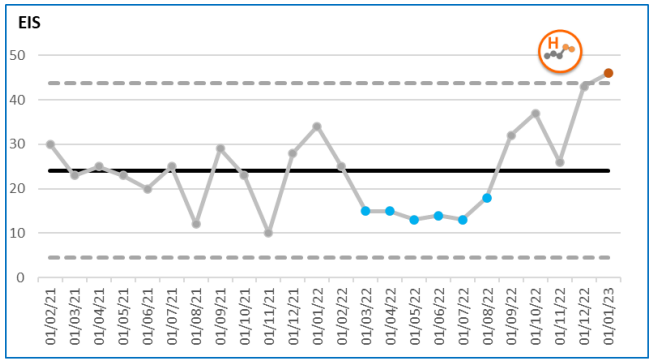
Significant reduction in number of people on SPA/EWS wait list.

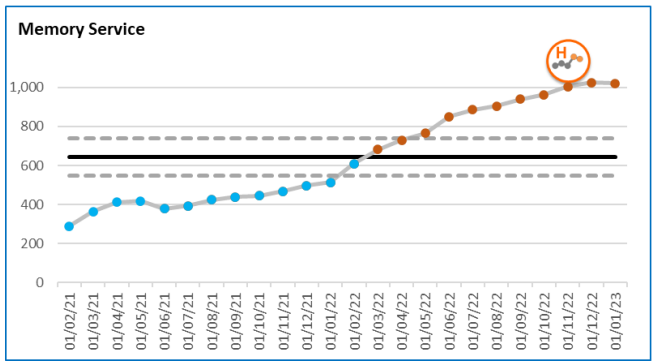
Responsive | Access & Demand | Wait Lists SPC Charts | Acute & Community

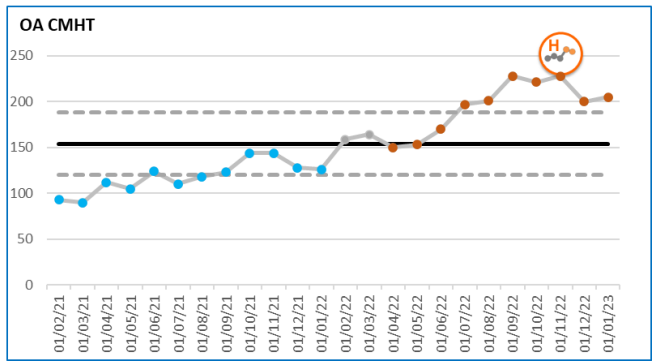










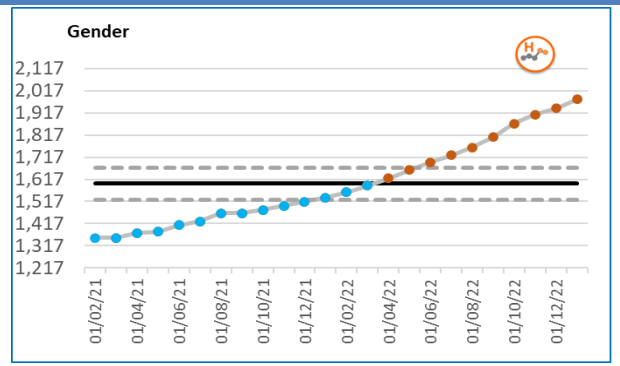


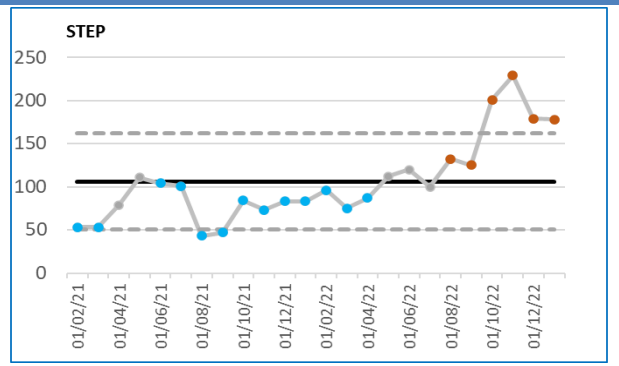
Narrative

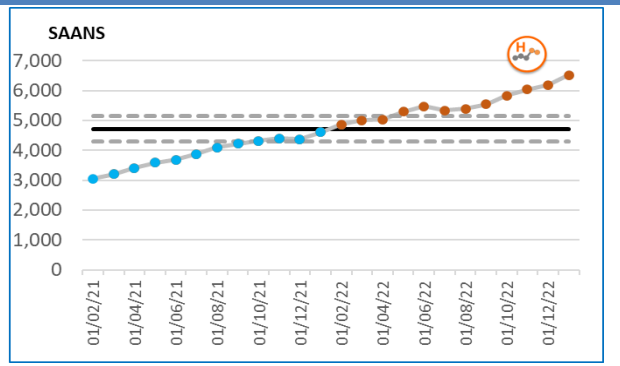
**Charts shown are those teams showing special cause variation*

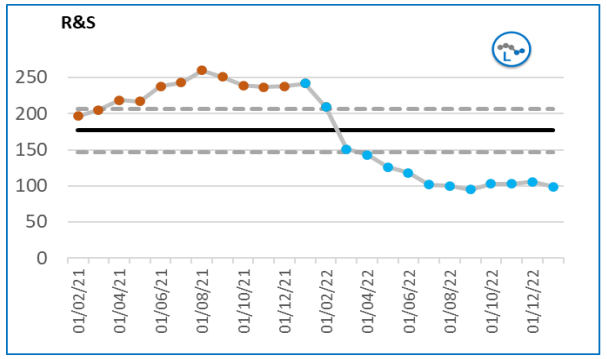
- Recovery North and South now receive a weekly report providing information that enables the teams to take action against the RAG rating in terms of contact frequency and presence of risk assessments and any care and treatment plans for those waiting.
- Waiting list data has now been transferred onto the EPR and a process of data cleansing is almost complete.
- WL clinical standards report now in operation - standards are reviewed and addressed where non-compliant.
- Gaps in BPM team having a negative effect of frequency and accuracy of the report and adjustments to it. Whilst this is the case, we cannot give good assurance against the clinical SOP. Greater assurance around clinical risk can now be provided through the above two points.
- Performance over February and March 23 is predicted to be impacted on due to staffing gaps (start of Mat leave, discontinuation of agency staff and recruitment into vacant posts.)

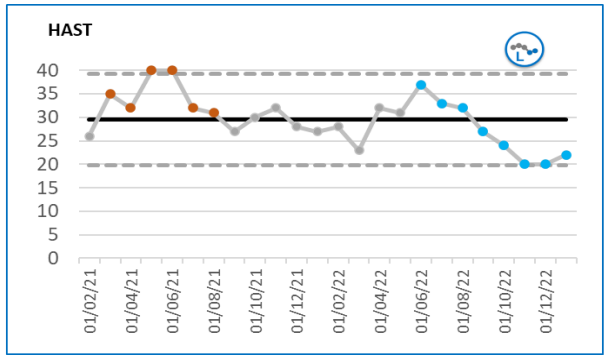
Responsive | Access & Demand | Wait Lists SPC Charts | Rehab & Specialist

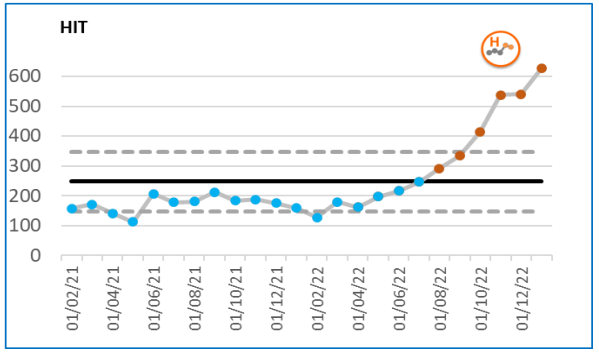


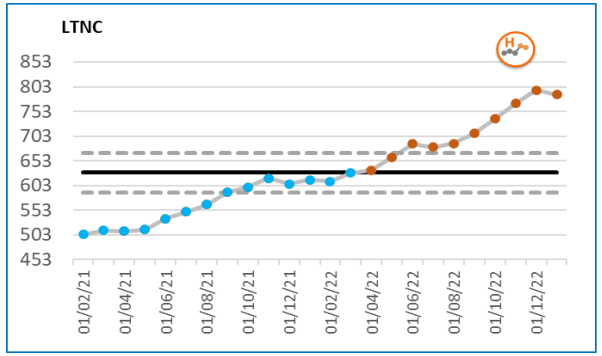


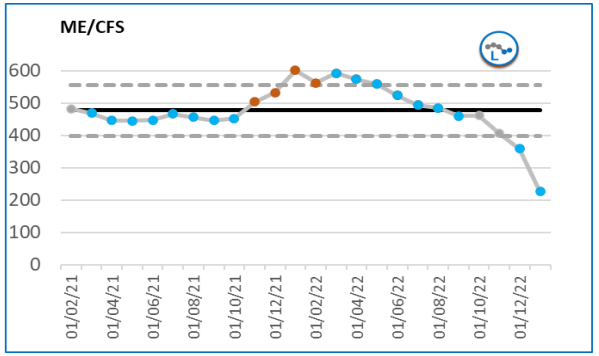


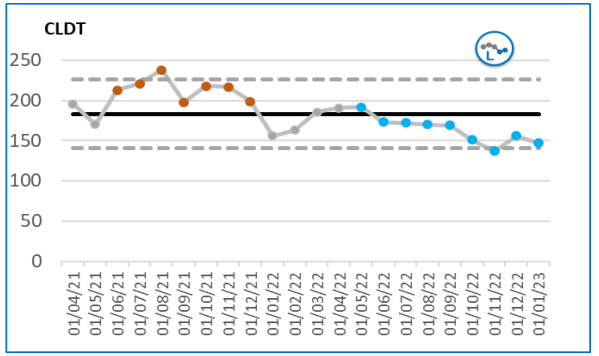












Narrative

**Only showing SPCs showing special cause variation*

CLDT figures represent distinct individuals so does not include multiple waits per service user.

ME/CFS – Querying data for SystmOne teams as data doesn't pass the eye test, could be linked to risk identified at directorate level (risk no. 4508). Deep dive underway to unpick and resolve.

Safe | Inpatient Wards | Adult Acute & Step Down

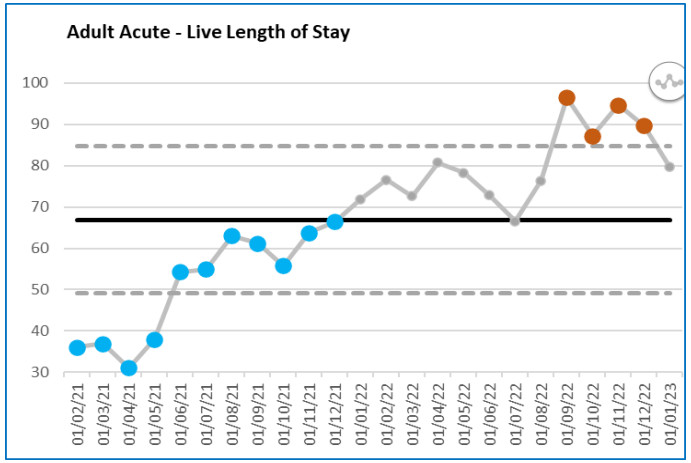
Adult Acute (Dovedale 2, Stanage/Burbage, Maple)	Jan-23 n	Jan-23 mean	Jan-23 SPC variation	Jan-23 SPC target
Admissions	31	31	• • •	/
Detained Admissions	27	28	• • •	/
% Admissions Detained	87.10%	90.97%	• • •	/
Emergency Re-admission Rate (rolling 12 months)	2.71%			
Transfers in	19			
Discharges	35	31	• • •	/
Transfers out	13			
Delayed Discharge/Transfer of Care (number of delayed discharges)	17			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	438			
Bed Occupancy excl. Leave (KH03)	94.88%	93.99%	• • •	/
Bed Occupancy incl. Leave	99.32%	98.21%	• H •	/
Average beds admitted to	46.9			
Average Discharged Length of Stay (12 month rolling)	42.2	39.5	• • •	F
Average Discharged Length of Stay (discharged in month)	49.5	39.5	• • •	?
Live Length of Stay (as at month end)	79.6	66.9	• H •	/
Number of People Out of Area at month end	14	12	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	6	9	• • •	?
Total number of Out of Area bed nights in period	465	379	• • •	F

Length of Stay Detail – January 23

Longest LoS (days) as at month end:
334 on Dovedale 2
401 on Maple

Longest LoS (days) of discharges in month:
Dovedale 2 = 271
Maple = 86

Stanage ward move to Burbage has reset LoS to 1 for new ward.



Step Down (Beech Formerly Wainwright Crescent)	Jan-23 n	Jan-23 mean	Jan-23 SPC variation	Jan-23 SPC target
Admissions	4	5	• • •	/
Transfers in	0			
Discharges	4	5	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	87.74%	76.53%	• • •	/
Bed Occupancy incl. Leave	90.65%	85.19%	• • •	/
Average Discharged Length of Stay (12 month rolling)	44.4	60.3	• L •	/
Live Length of Stay (as at month end)	64.8	41.8	• • •	/

Length of Stay Detail – January 23
Longest LoS (days) as at month end: 173
Range = 4 to 173 days
Longest LoS (days) of discharges in month: 98

Narrative
The live length of stay in Adult Acute at the end of the month was 79.6 days. However, these figures are significantly impacted by 6 service users with a LoS over 200 days. With these service users excluded from the figure, the live LoS on Adult Acute wards is 40.4 days. There is a flow action plan to address these challenges.

Benchmarking Adult Acute
(2021 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 86.4%
Length of Stay (Discharged) Mean: 32
Emergency readmission rate Mean: 10.3%

NB – No benchmarking available for Step Down beds

Inpatient Wards | PICU

PICU (Endcliffe)	Jan-23 n	mean	SPC variation	SPC target
Admissions	4	3	• • •	/
Transfers in	6			
Discharges	2	2	• L •	/
Transfers out	8			
Delayed Discharge/Transfer of Care (number of delayed discharges)	1			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	31			
Bed Occupancy excl. Leave (KH03)	97.42%	93.97%	• • •	/
Bed Occupancy incl. Leave	97.42%	96.27%	• • •	/
Average beds admitted to	9.7			
Average Discharged Length of Stay (12 month rolling)	45.1	49.8	• • •	?
Live Length of Stay (as at month end)	112.0	95.7	• • •	/
Number of People Out of Area at month end	7	5	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	5	3	• • •	?
Total number of Out of Area bed nights in period	188	144	• • •	F

Narrative

As at 31/01/23, there were 3 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 47 days.

The significant long stay is being regularly reviewed. The patient has been referred to rehabilitation pathway.

Endcliffe – Length of Stay – January 23
Over national benchmark average (47)

Start Date	LOS
02/02/2021 17:38	728
13/09/2022 17:15	140
07/12/2022 17:15	55

Benchmarking PICU
(2021 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 84%
Length of Stay (Discharged) Mean: 47

Safe | Inpatient Wards | Older Adults

Older Adult Functional (Dovedale 1)	Jan-23 n	mean	SPC variation	SPC target
Admissions	7	6	• • •	/
Transfers in	0			
Discharges	9	6	• • •	/
Transfers out	0			
Delayed Discharge/Transfer of Care (number of delayed discharges)	2			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)				
Bed Occupancy excl. Leave (KH03)	87.10%	89.51%	• • •	/
Bed Occupancy incl. Leave	100.00%	95.77%	• • •	/
Average beds admitted to	15.0			
Average Discharged Length of Stay (12 month rolling)	68.8	70.3	• • •	?
Live Length of Stay (as at month end)	44.9	77.1	• L •	/

Length of Stay Detail January 23 – Dovedale 1
Longest LoS (days) as at month end: **121** (ID 44051)
Range = 5 to 121 days
Longest LoS (days) of discharges in month: 152

Narrative

Older Adult Dementia (G1)	Jan-23 n	mean	SPC variation	SPC target
Admissions	4	5	• • •	/
Transfers in	0			
Discharges	2	4	• • •	/
Transfers out	0			
Delayed Discharge/Transfer of Care (number of delayed discharges)	8			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)				
Bed Occupancy excl. Leave (KH03)	85.08%	73.03%	• • •	/
Bed Occupancy incl. Leave	86.29%	74.75%	• • •	/
Average beds admitted to	13.8			
Average Discharged Length of Stay (12 month rolling)	68.2	64.6	• • •	P
Live Length of Stay (as at month end)	69.5	53.0	• H •	/

Length of Stay Detail January 23 – G1
Longest LoS (days) as at month end: **342** (ID 397239)
Range = 0 to 342 days
Longest LoS (days) of discharges in month: 105

Narrative

Longest LoS - highly complex needs requiring intensive nursing on 2:1 observations with high level of restraint to maintain safety of the patient and staff

Benchmarking Older Adults
(2021 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 75.8%
Length of Stay (Discharged) Mean: 73
NB - Benchmarking figures are for combined Older Adult inpatient bed types, they are not available split into functional and organic mental illness.

Rehab (Forest Close)	Jan-23 n	mean	SPC variation	SPC target
Admissions	1	1.13	• L •	
Transfers in	1			
Discharges	5	2.58	• • •	
Transfers out	1			
Delayed Discharge/Transfer of Care (number of delayed discharges)	0			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	0			
Bed Occupancy excl. Leave (KH03)	84.52%	82.04%	• • •	
Bed Occupancy incl. Leave	92.58%	92.54%	• H •	
Average Discharged Length of Stay (12 month rolling)	287.28	291.18	• L •	P
Live Length of Stay (as at month end)	384.62	343.04	• H •	/
Number of Out of Area Placements started in the period (admission	0			
Total number of Out of Area bed nights in period	155			
Number of People Out of Area at month end	5			
Cost of Out of Area bed nights in period				

Forensic Low Secure (Forest Lodge)	Jan-23 n	mean	SPC variation	SPC target
Admissions	1	0.92	• • •	
Transfers in	0			
Discharges	0	1.00	• • •	
Transfers out	1			
Bed Occupancy excl. Leave (KH03)	90.18%	85.09%	• H •	
Bed Occupancy incl. Leave	95.45%	91.53%	• H •	
Average Discharged Length of Stay (12 month rolling)	306.86	411.81	• L •	P
Live Length of Stay (as at month end)	656.65	525.40	• H •	/

Forest Close

The length of stay within Forest Close benchmarks favourably against other Rehab/Complex Care facilities across the country.

Long stays – Forest Close Jan 23

1407 – IC 37(41) – Has a property, still engaging with CERT, next step will be to apply for overnight leave and then there will be the tribunal process to follow.

650 – WC 37 (41) – Prior to Christmas he was using illicit substances so unescorted S17 leave was stopped by MOJ, will be applying for unescorted leave in the next couple of weeks but he has been unable to sustain periods without drug use for us to explore accommodation/discharge.

Length of Stay Detail Jan 23 - Forest Close (all)

Longest LoS (days) as at month end: 868
Range = 34 to 868
Number of discharges in month: 5
Longest LoS (days) of discharges in month:

Benchmarking Rehab/Complex Care

(2021 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 75%
Length of Stay (Discharged) Mean: 441

Forest Lodge

Again, it should be noted that length of stay within Forest Lodge benchmarks very favourably against other low secure facilities across the country. Long stays are discussed within Horizon on a weekly basis, there are also risk assessments for appropriate placements.

Long stays – Forest Lodge Jan 23

2294, 2123 and 2025 are the three top longest stays at Forest Lodge. The rationale for LoS remains the same due to clinical presentation and this is likely to be unchanged until the service users are likely to be discharged, their risk changes or another placement is required, and this would go through the MoJ / NHS England i.e., medium secure is found.

Length of Stay Detail Jan 23 – Forest Lodge

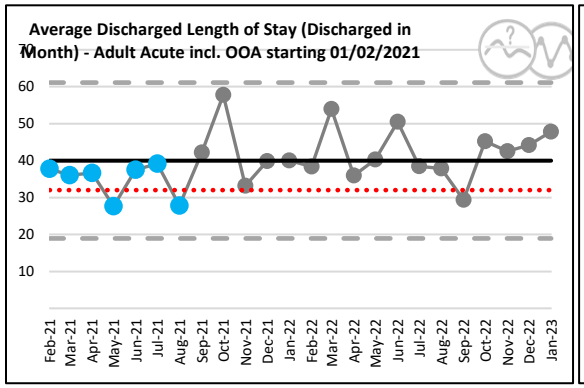
Longest LoS (days) as at month end: 954
Range = 0 to 954 days
Number of discharges in month: 0
Longest LoS (days) of discharges in month: 0

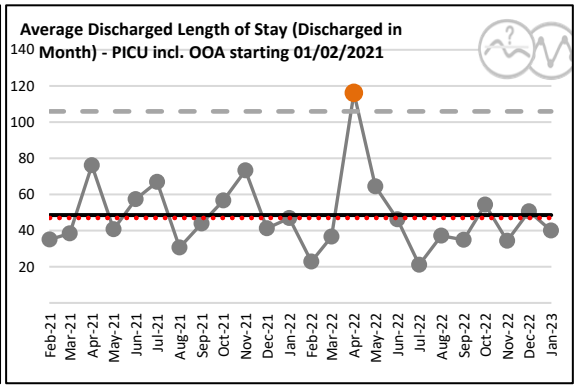
Benchmarking Low Secure Beds

(2021 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 89%
Length of Stay (Discharged) Mean: 707

UEC Dashboard

Length of Stay

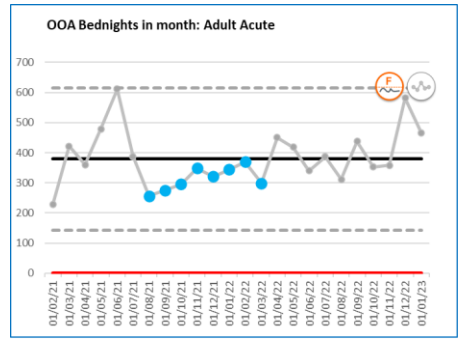


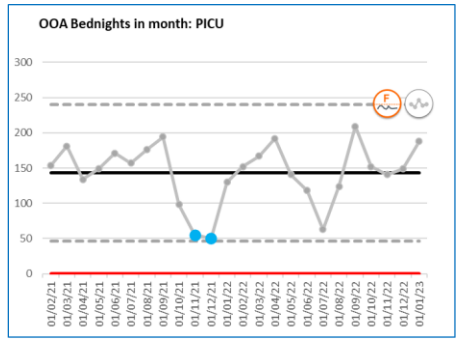


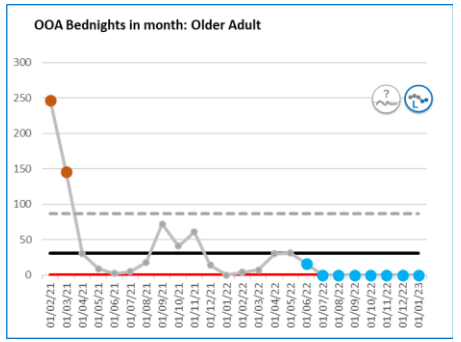
Adult Acute Discharged LoS (Rolling 12 month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	410	42
OOA	114	41
Contracted	119	43
Combined	**643**	**41**

PICU Discharged LoS (Rolling 12 month average)		
Location	**Total Discharges**	**Average Discharged LoS**
Sheffield	81	45
OOA	38	44
Combined	**119**	**45**

Out of Area

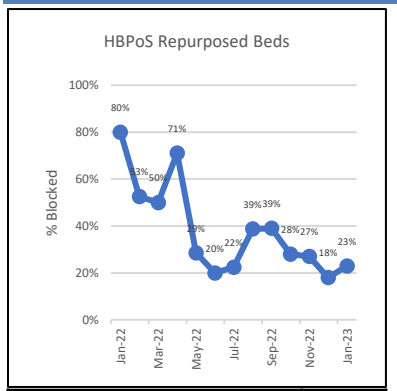


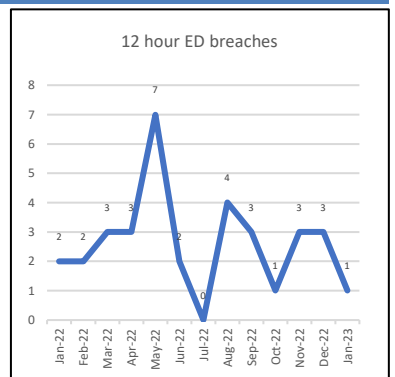




Provider	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Sparklines (Feb-22 to Jan-23)
Sheffield Health and Social Care NHS Foundation Trust	**13**	**13**	**21**	**14**	**11**	**11**	**12**	**19**	**14**	**20**	**20**	**20**	
Bradford District Care NHS Foundation Trust	25	15	16	14	11	17	17	17	26	18	13	22	
Tees, Esk and Wear Valleys NHS Foundation Trust	10	6	16	15	17	19	12	4	11	4	4	8	
South West Yorkshire Partnership NHS Foundation Trust	18	20	12	19	17	14	9	12	19	21	18	17	
Leeds and York Partnership NHS Foundation Trust	13	17	9	6	5	4	4	13	17	10	14	15	
Cumbria Northumberland, Tyne and Wear Partnership NHS FT	12	4	7	8	10	7	17	22	11	22	12	4	
Humber NHS Foundation Trust	10	9	7	4	2	0	4	4	1	1	3	4	
Rotherham Doncaster and South Humber NHS Foundation Trust	4	3	4	1	1	0	2	2	6	6	5	12	
Navigo (NE Lincs/Grimsby)	0	0	0	0	0	0	0	0	0	0	0	0	

Blocks and Breaches





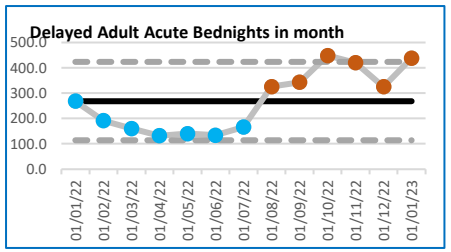
Health Based Place of Safety (HBPoS/136 Beds)	Jan-23
Days repurposed	14
Days repurposed %	23%

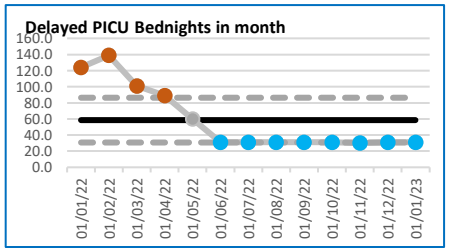
Emergency Department (ED)	Jan-23
ED 12 hour Breaches	1

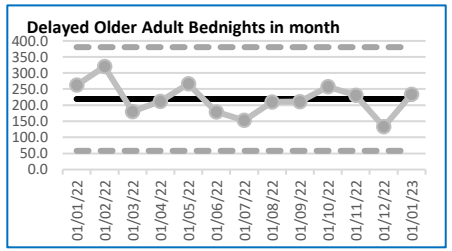
Delayed Care

Delayed Care Narrative

% of bed nights occupied by delayed patients is 30.1% across adult acute wards. Weekly Clinically Ready for Discharge meeting membership has been extended to include social care colleagues to support earlier information sharing and discharges for those delayed.







Delayed Discharges Adult Acute		
Jan 23	Sum of Delayed Bednights	% Bednights occupied by DD
Adult Acute Total	438	30.1%

Delayed Discharges PICU		
Jan 23	Sum of Delayed Bednights	% Bednights occupied by DD
Endcliffe	31	10.0%

Delayed Discharges Older Adult		
Jan 23	Sum of Delayed Bednights	% Bednights occupied by DD
Older Adult Total	234	24.3%

Effective | Treatment & Intervention

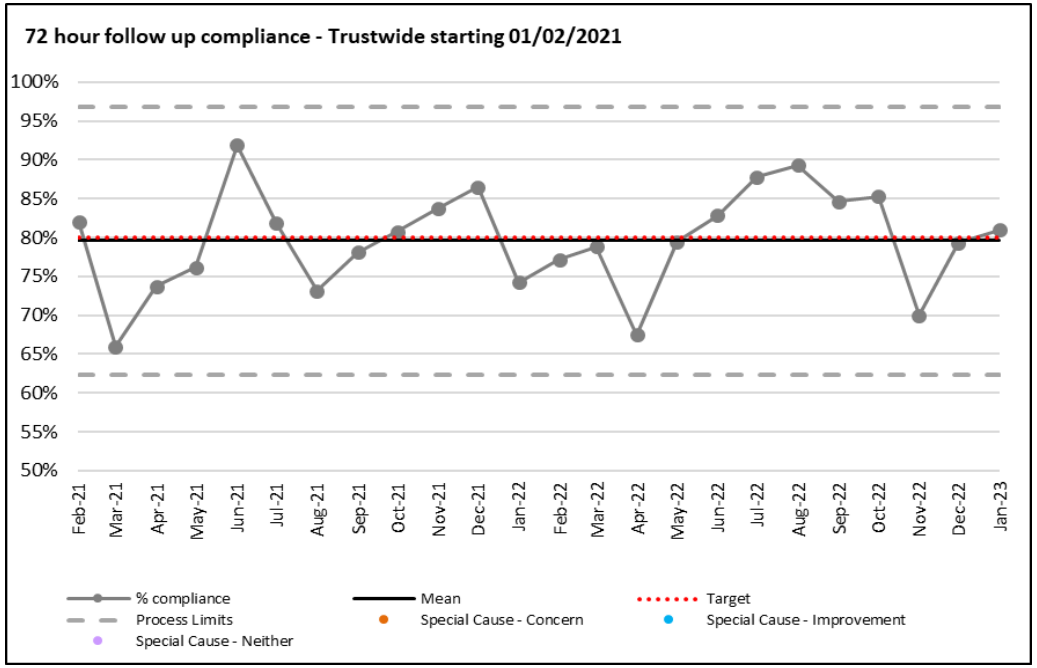
Narrative
The aim is to deliver safe care through ensuring people leaving inpatient services are seen within 72 hours of being discharged.
Data is for ALL eligible discharges from inpatient areas. Previously this has been reported as discharged patients on CPA.

Trustwide: 34/42 individuals seen within 72 hours

<u>Acute Adults: 21/26, 80.7%</u>
2 x contacted on day 3 or 4
1 x contacted on day 6, attempted contact day 2 unable to locate
1x no contact recorded, patient discharged to Beech
1 x admin error recorded incorrectly on the list for follow up

<u>Older Adults : 10/11, 90.9%</u>
1 x contacted on day 3, issues with phone therefore contact not possible until day 6

<u>R&S: 3/5, 60.0%</u>
1 x contacted day 3
1 x contacted day 4



72-hour Follow Up		January 2023		
	Target 22/23	%	SPC Variation	SPC Target
Trustwide	80%	81.0%	• • •	?
Acute Adults	80%	80.7%		
Older Adults	80%	90.9%		
R&S	80%	60.0%		

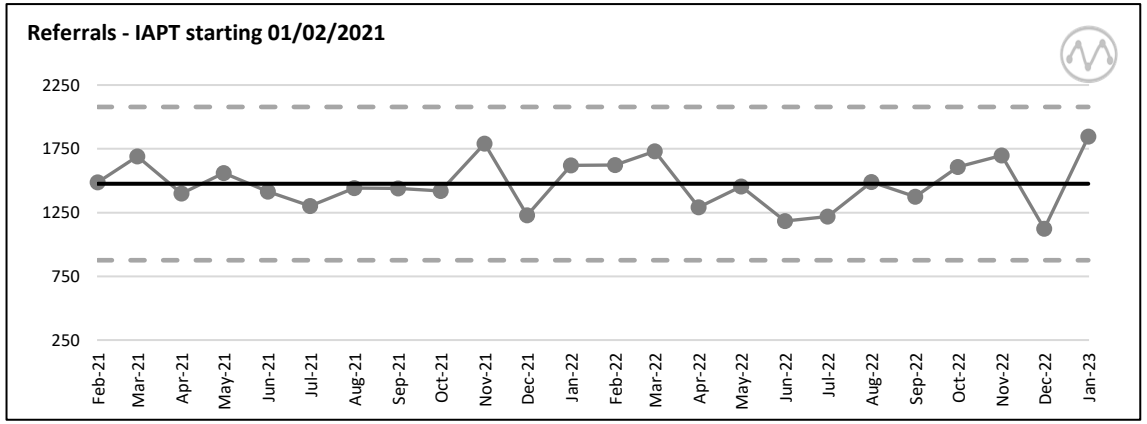
CPA Review % Completed within 12 months	Target 2022/23	Jan-23 N	Jan-23 mean	Jan-23 SPC variation	Jan-23 SPC target
Early Intervention	95%	**98.9%**	*89.6%*	• H •	?
MH Recovery North	95%	**92.2%**	*89.2%*	• • •	F
MH Recovery South	95%	**78.6%**	*74.2%*	• H •	F

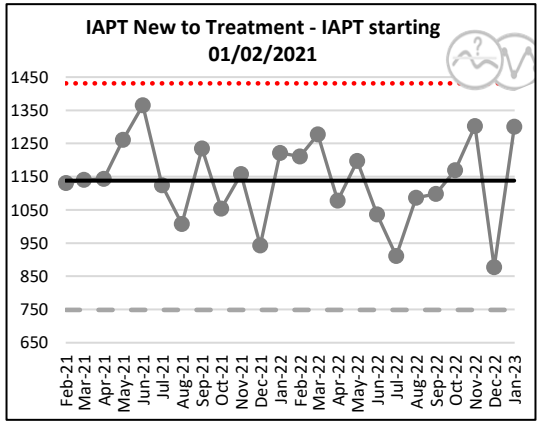
IAPT | Performance Summary

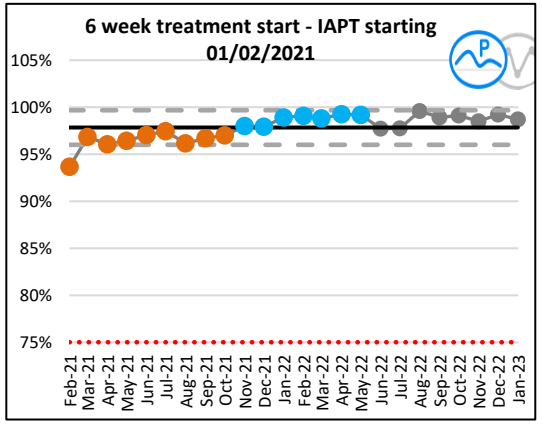
IAPT		Jan-23			
Metric	Target 2022/23	*n*	*mean*	*SPC variation*	*SPC target*
Referrals	/	**1845**	*1472*	• • •	/
New to Treatment	1431	**1300**	*1137*	• • •	?
6 week Wait	75%	**98.70%**	*97.75%*	• • •	P
18 week Wait	95%	**100.00%**	*99.72%*	• • •	P
Moving to Recovery Rate	50%	**51.70%**	*50.63%*	• • •	?

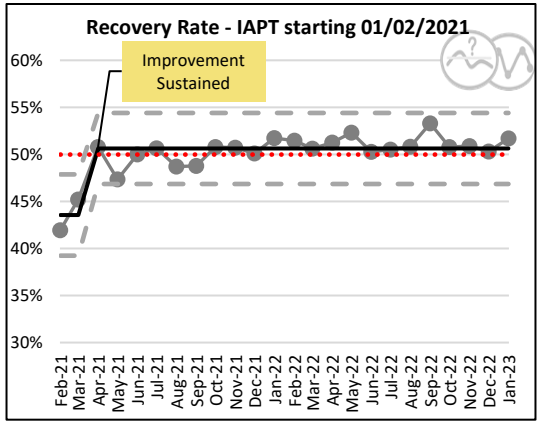
Narrative

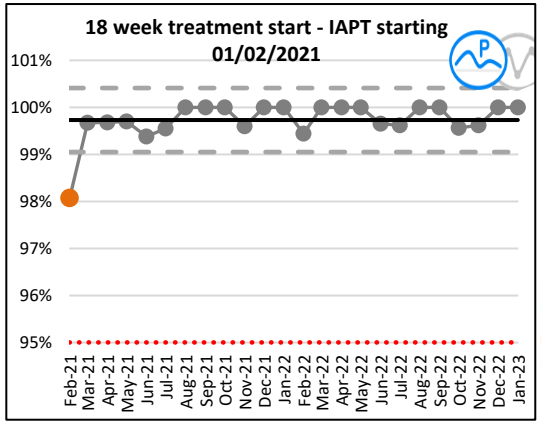
- We have achieved the Recovery rate standard for last 16 months with December hitting 51.7%. This is shared across the service each month and includes SPC charts that we have developed.
- Continue to consistently exceed waiting time standard.
- The service has received the highest number of referrals in the month of January for the current financial year.











START – Sheffield Treatment & Recovery Team | Performance Summary

START		January 23		
Opiates	**Target 2022/23**	**n**	**SPC variation**	**SPC target**
Referrals	TBC	107	• H •	/
Waiting time Referral to Treatment ≤ 21 days	≥ 95%	100%	• • •	• • •
DNA Rate to Assessment	≤ 15%	28%	• • •	• • •
Recovery - Successful treatment exit	TBC	4	• • •	/
Non-Opiates	**Target 2022/23**	**n**	**SPC variation**	**SPC target**
Referrals	TBC	97	• • •	/
Waiting time Referral to Treatment	≥ 95%	100%	• • •	• • •
DNA Rate to Assessment	≤ 15%	34%	• • •	• • •
Recovery - Successful treatment exit	TBC	13	• L •	/
Alcohol	**Target 2022/23**	**n**	**SPC variation**	**SPC target**
Referrals	TBC	204	• • •	/
Waiting time Referral to Treatment	≥ 95%	100%	• H •	• P •
DNA Rate to Assessment	≤ 15%	22%	• • •	• • •
Recovery - Successful treatment exit	TBC	31	• • •	/
Criminal Justice Caseload	**Target 2022/23**	**January 2023**		
Numbers on caseload (NDTMS)	250	270		

Narrative

Engagement in treatment

Referral numbers to the opiates, alcohol and non-opiates services are not currently working to a target but the treatment places are closely monitored by the commissioner. The service provides open access to treatment regardless of any previous presentations or drop-outs. For this reason, there is a group of service users who can cycle in and out of treatment. We work on addressing this through focussed engagement approaches with those who are repeat presentations, without denying treatment to anyone who needs it.

Average waiting times for treatment assessment
January 2023
Average wait time from referral to assessment in the opiates pathway was 3.1 days
Average wait time from referral to assessment in the non-opiates pathway was 10.6 days
Average wait time from referral to assessment in the alcohol pathway was 11.1 days

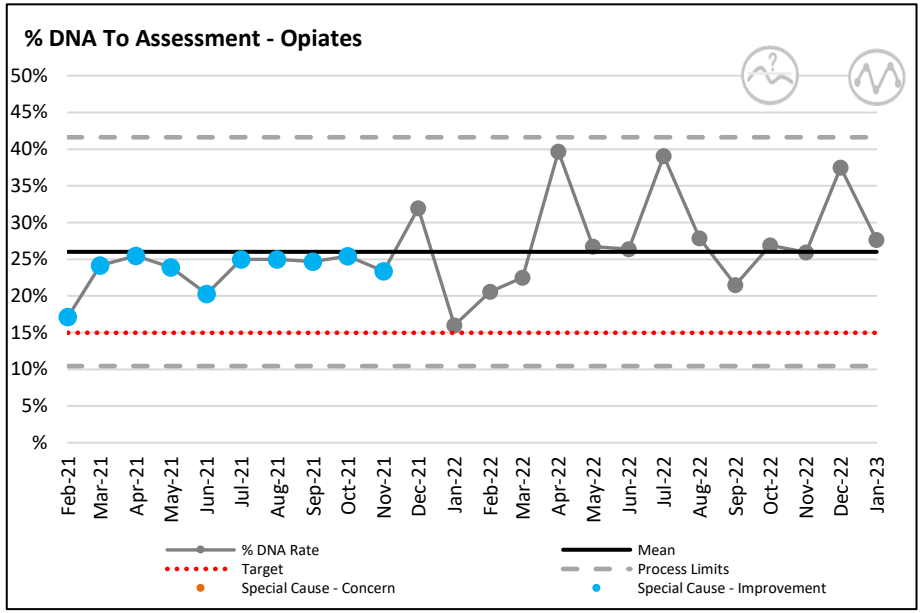
Criminal Justice

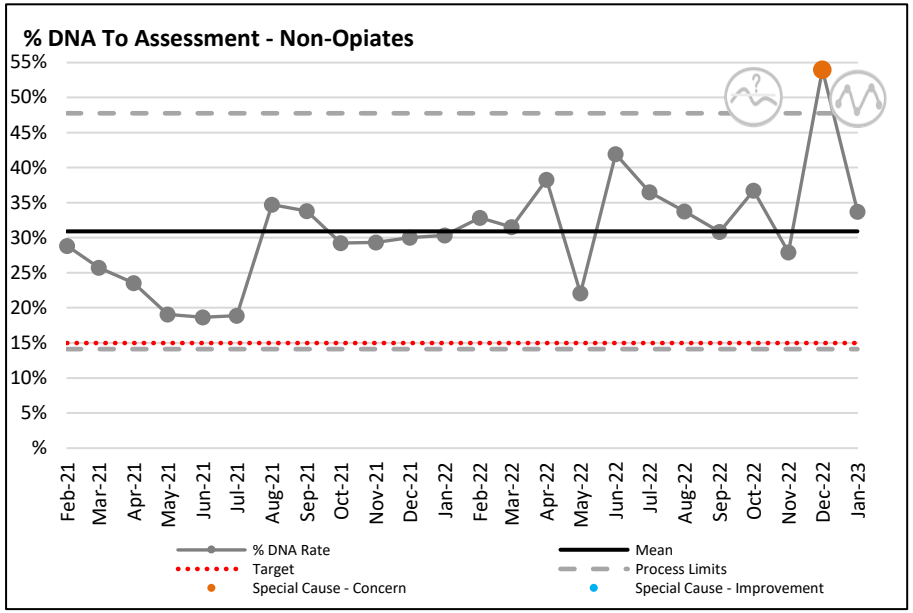
The service works with people who come into contact with the criminal justice system as a result of substance misuse. This includes arrest referrals, court orders and prison releases. A high number of people are referred into the service, with smaller numbers taken “onto caseload” once engaging.

Feedback from service users

We are currently developing a new survey to receive service user feedback. We are also looking at other ways we can work with our client base to get feedback and share ideas. We will then consider the different forums that it is important to share this and consider positive change.

START Performance | Highlights & Exceptions

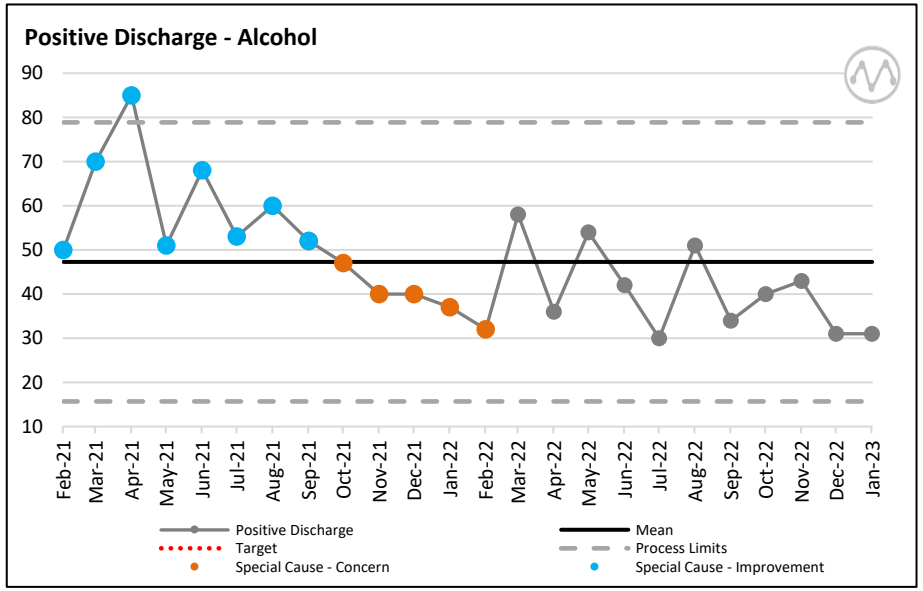


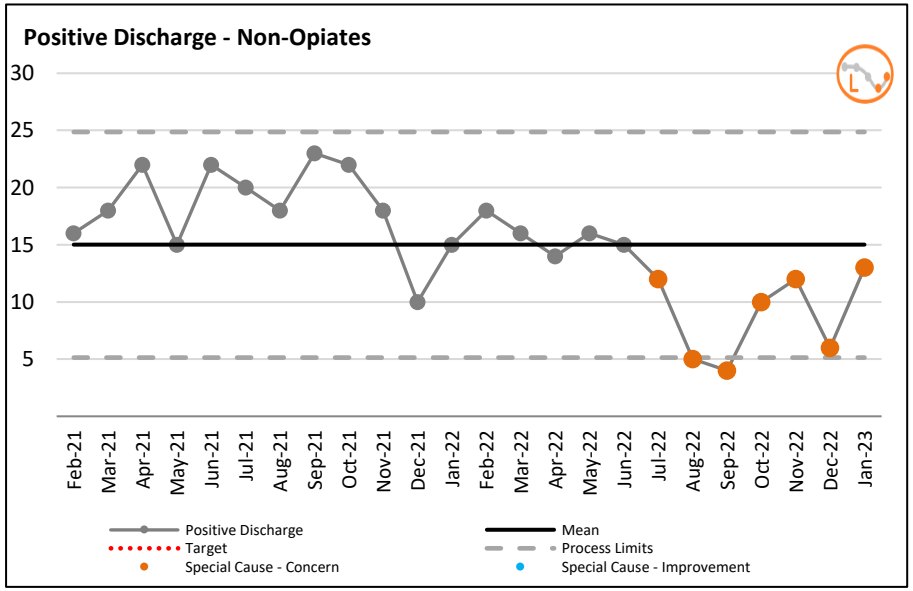


DNA to Assessment

DNA rates across the service fluctuate and are monitored to identify any patterns.

DNA rates were lower during Covid 19 anecdotally because of telephone appointments but are now increasing.





Recovery Successful treatment exits

Discharges from treatment are classed as positive if the service user is drug/alcohol free or an occasional user (not opiate or cocaine).

Recent months have seen long term sickness absence of staff in the non-opiates pathway. The impact of this can often be that service users who have built up relationships with individual workers may disengage from treatment when the worker is absent.
This can be seen in the chart, with more service users recorded as “dropped out” and fewer recorded as positive discharges.

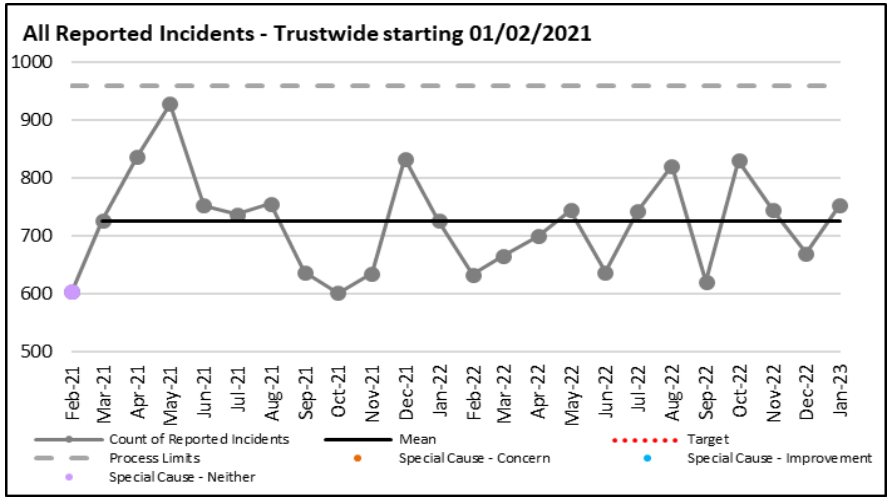
NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safety & Quality

IPQR - Information up to and including January 2023

Proud to care in Sheffield

Safe | All Incidents



Trustwide	Jan-23		
	n	mean	SPC variation
ALL	758	723	• • •
5 = Catastrophic	40	21	• H •
4 = Major	1	4	• • •
3 = Moderate	37	62	• • •
2 = Minor	282	278	• • •
1 = Negligible	375	335	• • •
0 = Near-Miss	23	19	• • •

Narrative

During January 2023, there was 1 incident rated as Major in relation to a COVID-19 positive.

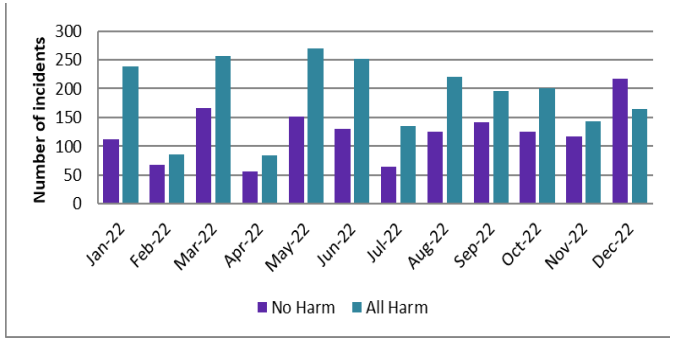
Of the 40 Catastrophic incidents, 27 were for Acute and Community services and 13 for Rehabilitation and Specialist services. All Catastrophic incidents were service user deaths, with the majority expected or suspected natural causes. 1 was has been identified as an serious incident following a suspected suicide in the community.

Narrative

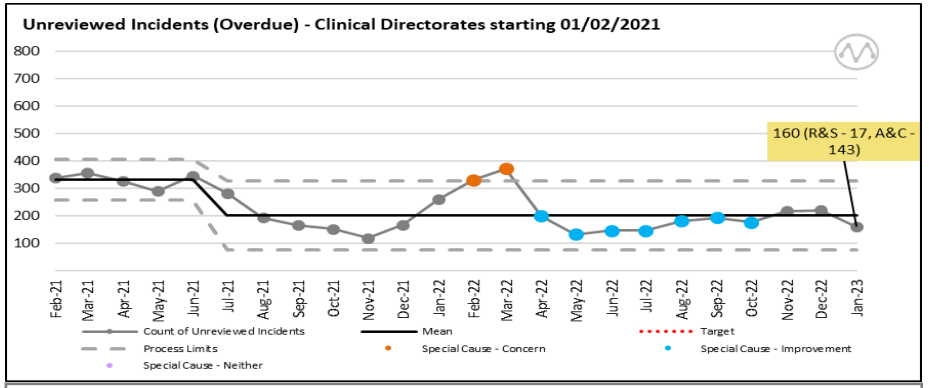
Patient safety incidents are currently uploaded to the National Reporting Learning System (NRLS). The NHS is moving to a new platform, the Learning from Patient Safety Events (LFPSE) from 1 April 2023. All patient safety incidents will be uploaded to this from August 2023. The latest benchmarking information released from the NRLS covers the period April 2021 – March 2022 and was released on 13 October 2022. This shows SHSC's patient safety incident reporting rate at 83.0 incidents per 1000 bed days. Nationally, for mental health trusts, this rate varies from 7 to 222. Regionally (Yorkshire and the Humber), this rate varies from 42.7 to 132.6 patient safety incidents reported per 1,000 bed days.

The chart below shows SHSC patient safety incidents reported where harm was caused compared to no harm caused from January 2022 to December 2022.

Patient Safety Incidents – Harm vs No Harm Jan 22 – Dec 22

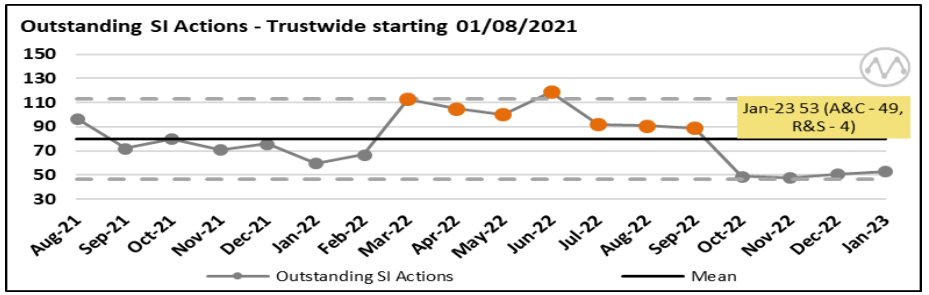


Protecting from avoidable harm	Target	YTD
Never events declared	0	0
Methicillin-resistant Staphylococcus aureus (MRSA & MSSA)	0	0



Narrative

The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. 67 incidents remain unreviewed prior to November 2022.

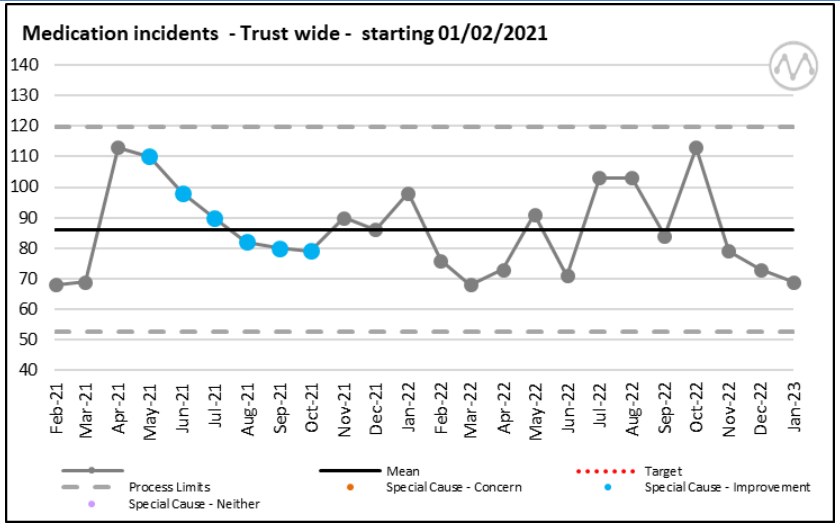


Serious Incident Actions Outstanding

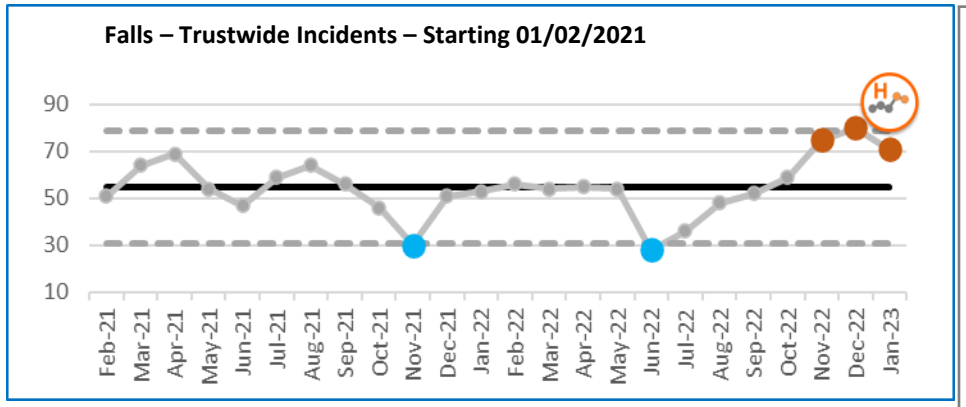
As at 13 February 2023, there were 53 outstanding SI actions overdue, which is an increase from the previous months' 51. Sessions are restarting with General Managers in order to support progress and closure of the actions.

- 10 actions were due in 2021
- 39 actions were due in 2022
- 4 actions were due in January 2023
- 2 current ongoing Prevention of Future Deaths (PFD) Reports (issued by H M Coroner following an inquest) containing 11 actions across the 2 plans (Feb and March 2022). Assurance processes are established for PFD action plans.

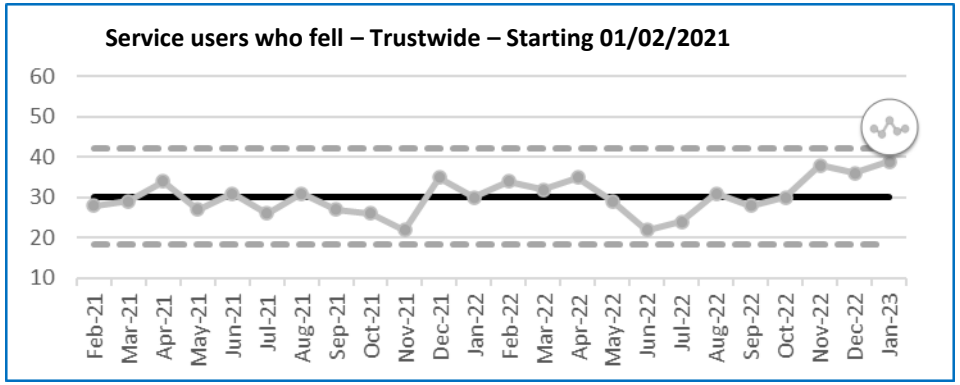
Safe | Medication Incidents & Falls



Trustwide	Jan-23		
	n	mean	SPC variation
ALL	69	86	• • •
Administration Incidents	7	16	• • •
Meds Management Incidents	54	56	• • •
Pharmacy Dispensing Incidents	5	8	• • •
Prescribing Incidents	3	6	• • •
Meds Side Effect/Allergy Incidents	0	0	• • •



Trustwide FALLS INCIDENTS	Jan-23		
	n	mean	SPC variation
Trustwide Totals	71	55	• H •
Acute & Community	69	52	• H •
Rehabilitation & Specialist Services	2	2	• • •



Trustwide FALLS PEOPLE	Jan-23		
	n	mean	SPC variation
Trustwide Totals	39	30	• • •
Acute & Community	37	28	• • •
Rehabilitation & Specialist Services	2	2	• • •

Narrative

Medication Incidents

No incidents were reported as being moderate or higher during January 2023.

We are paying attention to the number of medication incidents in nursing homes due to non SHSC pharmacy dispensing not meeting service user needs in a timely way, this is currently being explored and may need to be raised with commissioners.

Falls Incidents

High number of falls incidents continue to be reported this month. Birch Avenue reporting the majority of incidents, 38 for 15 people. The clinical leadership team at Birch Avenue along with the DLT are aware of the increased falls risk. HUSH huddles with support of the improvement academy commenced from the start of February with a focus on falls reduction.

Safe | Assaults, Sexual Safety & AWOL Patients

Assaults on Service Users	Jan-23		
	n	mean	SPC variation
Trustwide	24	23	• • •
Acute & Community	22	20	• • •
Rehabilitation & Specialist	2	3	• • •

Assaults on Staff	Jan-23		
	n	mean	SPC variation
Trustwide	25	71	• L •
Acute & Community	21	61	• • •
Rehabilitation & Specialist	4	11	• L •

Narrative

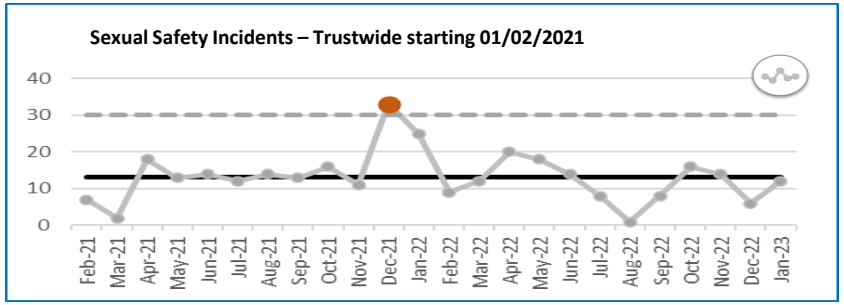
Of the 24 reported incidents of assaults on service users, 1 was rated as moderate where a service user assaulted another service user on Endcliffe Ward.

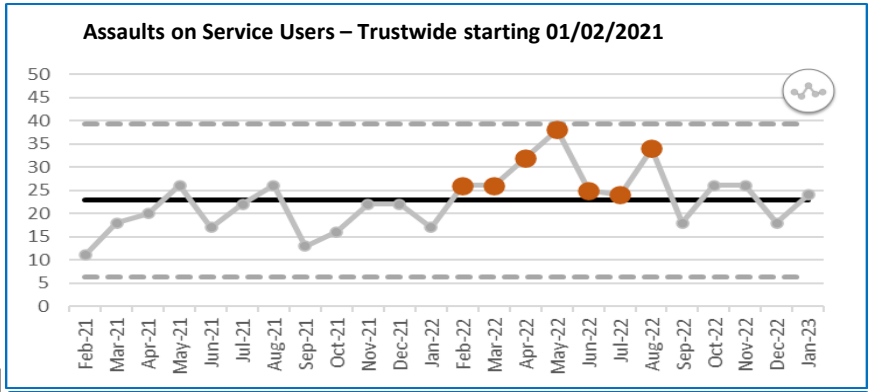
Out of the 25 assaults on staff reported incidents (which continues to show as low for another month), 21 were reported for Acute and Community Services and 4 incidents were reported for Rehabilitation & Specialist services in January 2023.

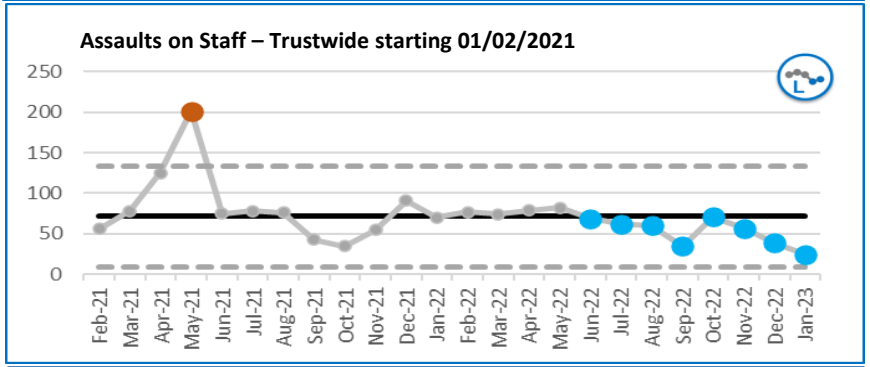
5 incidents were reported as Moderate, 2 occurring on Maple ward, 1 on Forest Lodge, 1 on Dovedale 2 and the other on Stanage Ward.

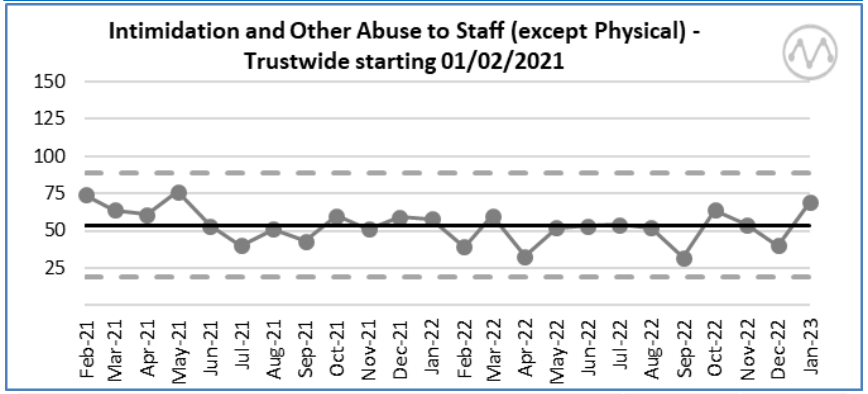
Sexual Safety

There were 12 sexual safety incidents reported in January 2023. 1 incident was reported as moderate following an alleged assault. Whilst there has been no statistical change in the number of sexual safety incidents, we still consider this to be a priority area and a workplan is being developed.

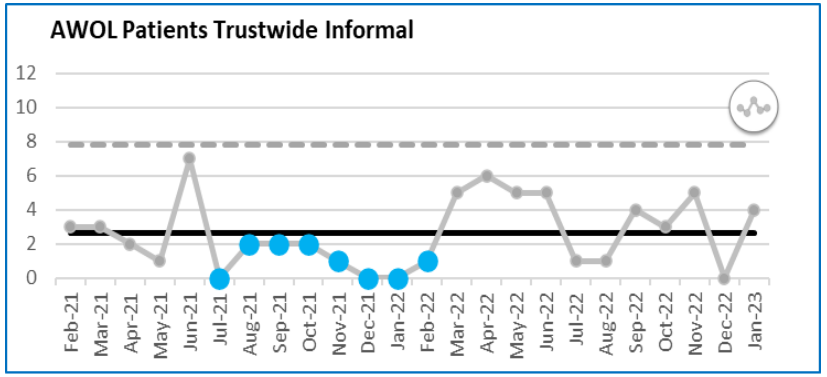


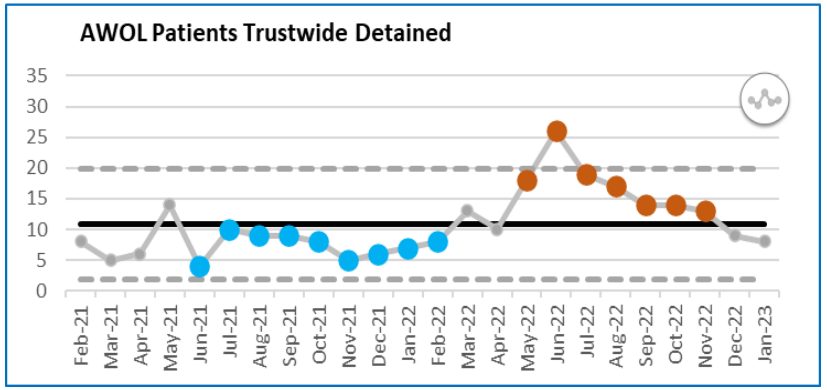






Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	0





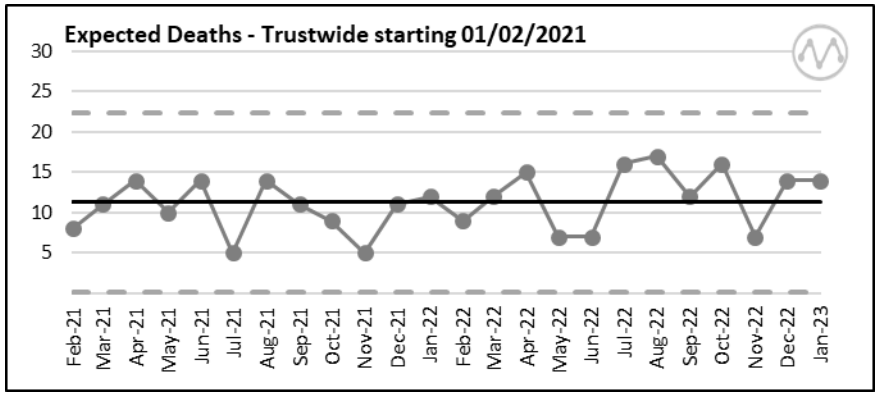
Trustwide	Jan-23		
	n	mean	SPC variation
Detained	8	11	• • •
Informal	4	3	• • •

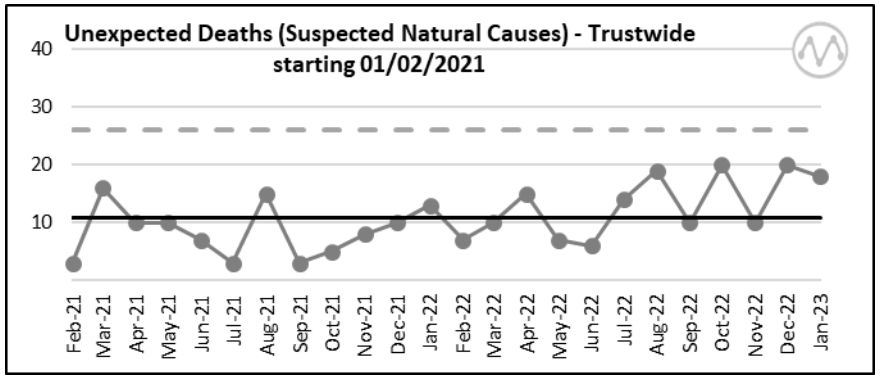
Narrative

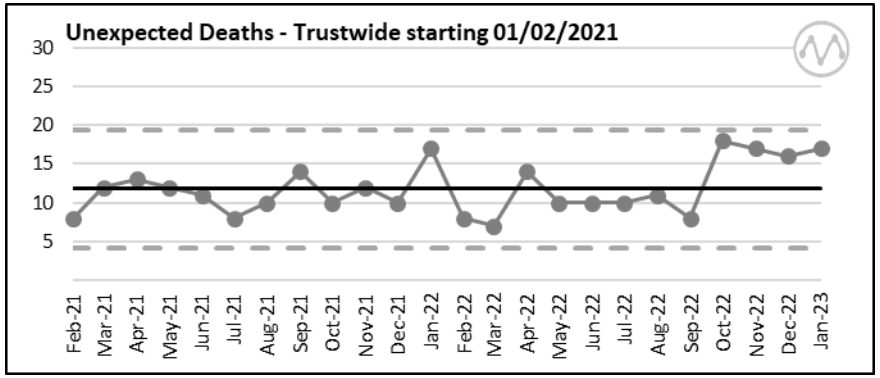
8 reported incidents in January 2023 of people under formal admission. 3 incidents were for Rehabilitation & Specialist Services for 2 people. 5 incidents for Acute & Community for 5 people. At time of reporting:

- 7 people were on a Section 3,
- 1 person on section 37/41.

Deaths

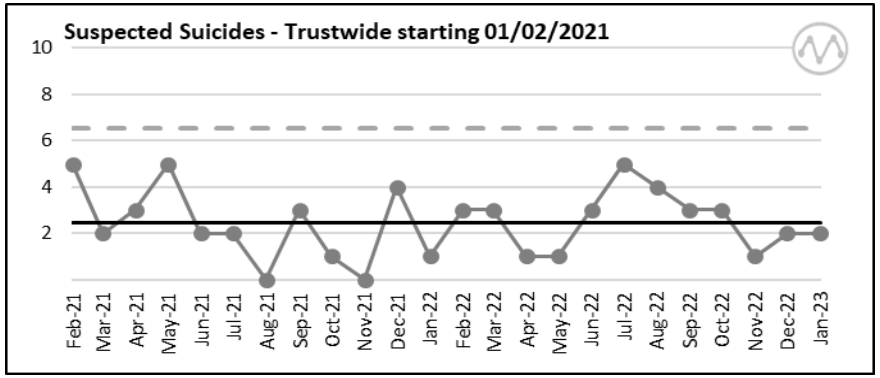






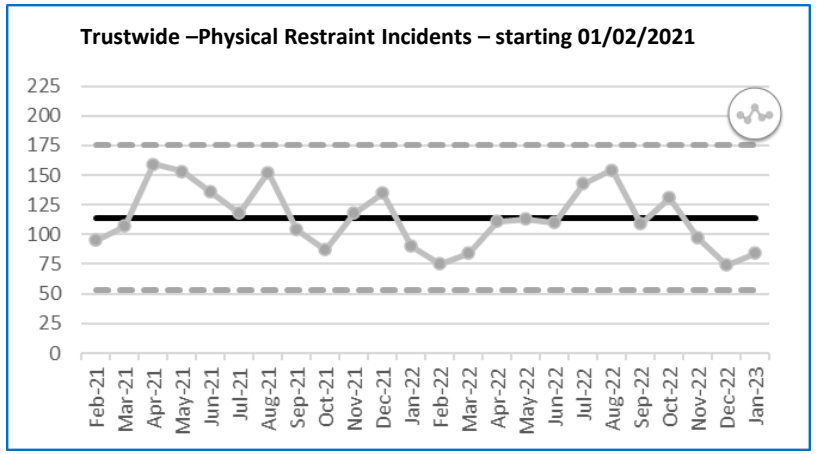
Quarterly mortality reports are presented to the Quality Assurance Committee and Board of Directors.

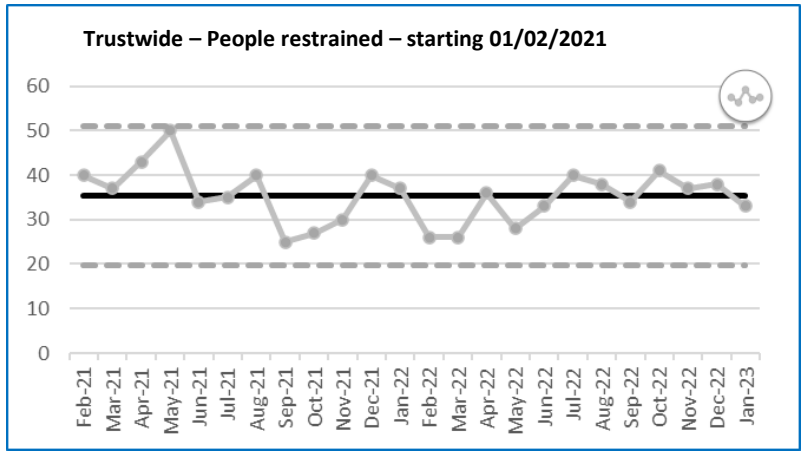
Deaths Reported 1 February 2021 to 31 January 2023	
Awaiting Coroners Inquest/Investigation	237
Conclusion – Narrative	1
Conclusion – Suicide	10
Conclusion – Accidental	1
Conclusion – Misadventure	1
Conclusion – Open	1
Natural Causes/No Inquest	608
Alcohol/Drug related	8
Suspected Homicide/Closed	1
Ongoing	3
Grand Total	**871**

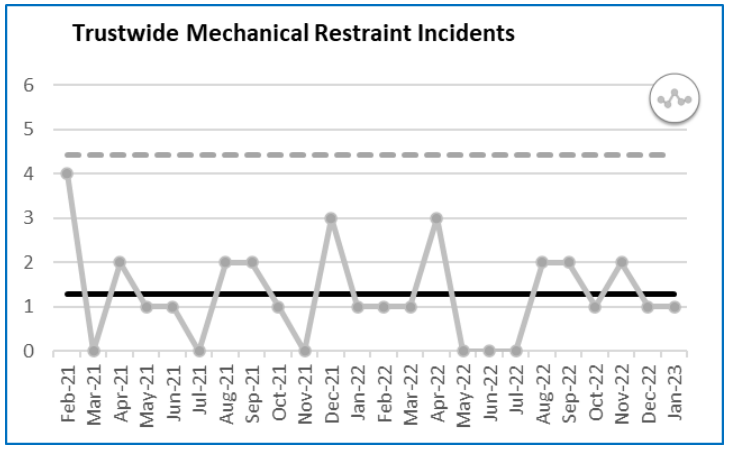


COVID-19 Deaths 1 April 2020 – 31 January 2023	
ATS (Firshill Rise)	1
Birch Ave	5
CISS (LDS)	1
CLDT	6
G1 Ward	6
Liaison Psychiatry	9
LTNC	3
Memory Service	7
Mental Health Recovery Team (South)	2
Neuro Case Management Team	1
Neuro Enablement Service	4
OA CMHT North	22
OA CMHT South East	15
OA CMHT South West	9
OA CMHT West	5
OA Home Treatment	3
SPA / EWS	1
START Alcohol Service	1
START Opiates Service	2
Woodland View	2
Grand Total	**106**

Safe | Restrictive Practice | Physical Restraint







Physical Restraint INCIDENTS	Jan-23		
	n	mean	SPC variation
TRUSTWIDE	84	114	• • •
Acute & Community	76	107	• • •
Dovedale 2 Ward	35	20	• H •
Burbage Ward	5	10	• • •
Maple Ward	11	23	• • •
HBPoS (136 Suite)	1	1	• • •
Endcliffe Ward	9	21	• • •
Dovedale	5	23	• L •
G1 Ward	3	6	• • •
Birch Ave	7	2	• • •
Woodland View	0	1	• • •
Rehabilitation & Specialist	8	8	• • •
Forest Close	3	2	• • •
Forest Lodge	5	1	• H •

Physical Restraint PEOPLE	Jan-23		
	n	mean	SPC variation
TRUSTWIDE	33	35	• • •
Acute & Community	28	33	• • •
Dovedale 2 Ward	5	6	• • •
Burbage Ward	1	5	• • •
Maple Ward	6	7	• • •
HBPoS (136 Suite)	1	1	• • •
Endcliffe Ward	6	6	• • •
Dovedale	2	3	• • •
G1 Ward	3	4	• • •
Birch Ave	4	2	• • •
Woodland View	0	1	• • •
Rehabilitation & Specialist	5	2	• • •
Forest Close	2	1	• • •
Forest Lodge	3	1	• • •

Narrative

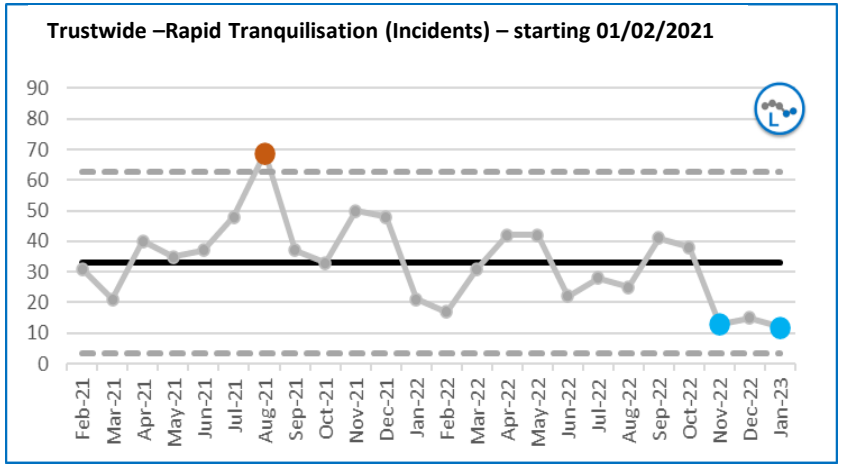
Physical Restraint
84 physical restraints were recorded in January 2023 for 33 people.

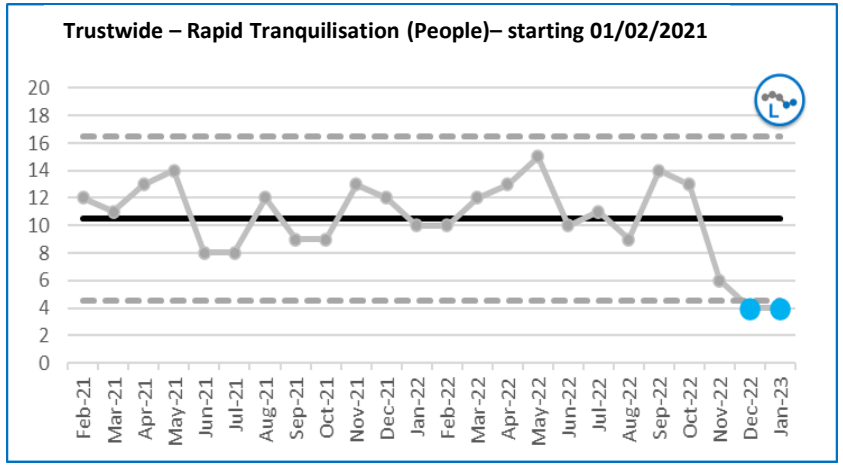
Dovedale 2 are the highest user of physical restraint to prevent harm to self.

The number of physical restraints on Burbage has not increased despite the removal of seclusion room following the ward move from Stanage to Burbage.

Mechanical Restraint
There was 1 incident reported by Dovedale 2 ward on 23/01/2023 in relation to bed rails being too high and subsequently lowered.

Safe | Restrictive Practice | Rapid Tranquillisation





Rapid Tranquillisation INCIDENTS	Jan-23		
	n	mean	SPC variation
TRUSTWIDE	12	33	• • •
Acute & Community	12	33	• • •
Burbage Ward/Dovedale 2	12	9	• • •
Stanage Ward	0	2	• • •
Maple Ward	0	6	• • •
HBPoS (136 Suite)	0	0	• • •
Endcliffe Ward	0	6	• • •
Dovedale	0	10	• L •
G1 Ward	0	1	• • •
Rehabilitation & Specialist	0	0	• L •
Forest Close	0	0	• L •
Forest Lodge	0	0	• L •

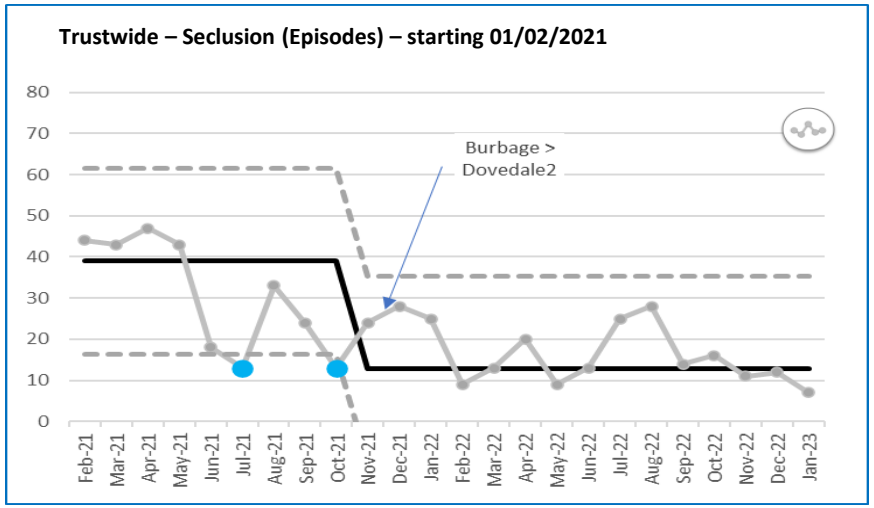
Rapid Tranquillisation PEOPLE	Jan-23		
	n	mean	SPC variation
TRUSTWIDE	4	11	• L •
Acute & Community	4	10	• L •
Burbage Ward/Dovedale 2	4	3	• • •
Stanage Ward	0	1	• • •
Maple Ward	0	2	• • •
HBPoS (136 Suite)	0	0	• • •
Endcliffe Ward	0	2	• • •
Dovedale	0	1	• • •
G1 Ward	0	0	• • •
Rehabilitation & Specialist	0	0	• • •
Forest Close	0	0	• • •
Forest Lodge	0	0	• • •

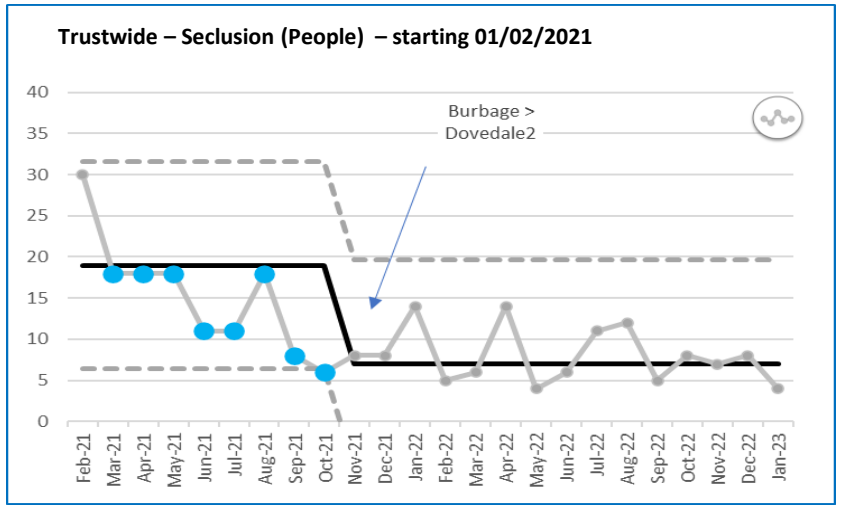
Narrative

Rapid Tranquillisation
12 incidents of rapid tranquillisations used were recorded in January 2023 for 4 people.

There have been no reported incidents of rapid tranquillisation in the Rehabilitation & Specialist Directorate in January 2023.

Safe | Restrictive Practice | Seclusion





Seclusion INCIDENTS	Jan-23		
	n	mean	SPC variation
Trustwide	**6**	*13*	• • •
Acute & Community	**5**	*13*	• • •
Burbage Ward	**0**	*3*	• • •
Maple Ward	**3**	*4*	• • •
HBPoS (136 Suite)	**1**	*1*	• • •
Endcliffe PICU	**1**	*9*	• • •
G1 Ward	**0**	*3*	• • •
Rehabilitation & Specialist	**1**	*1*	• • •
Forest Lodge	**1**	*1*	• • •

Seclusion PEOPLE	Jan-23		
	n	mean	SPC variation
Trustwide	**4**	*7*	• • •
Acute & Community	**4**	*7*	• • •
Burbage Ward	**0**	*2*	• • •
Maple Ward	**2**	*3*	• • •
HBPoS (136 Suite)	**1**	*1*	• • •
Endcliffe PICU	**1**	*3*	• • •
G1	**0**	*1*	• • •
Rehabilitation & Specialist	**1**	*3*	• • •
Forest Lodge	**1**	*1*	• • •

Narrative

Seclusion

6 Seclusion episodes recorded for 4 people in January 2023.

Dovedale 2 and Burbage continue to operate without a seclusion facility.

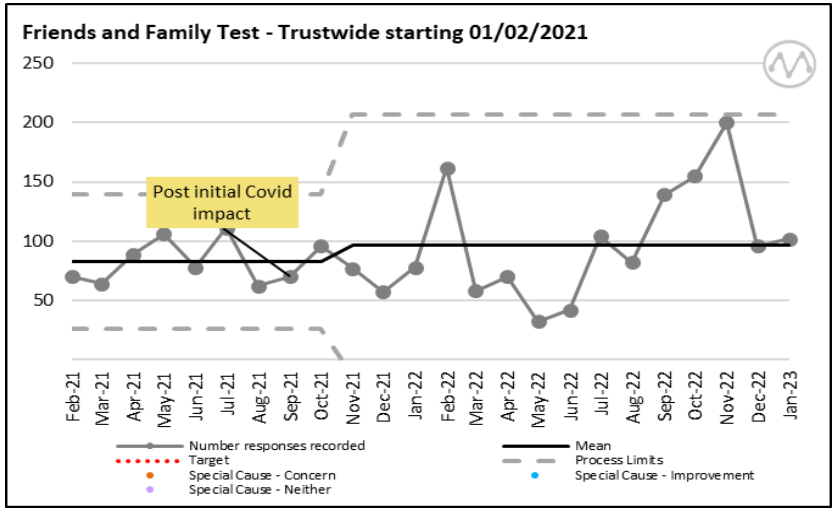
G1 ward are working towards having no seclusion room from February 2023.

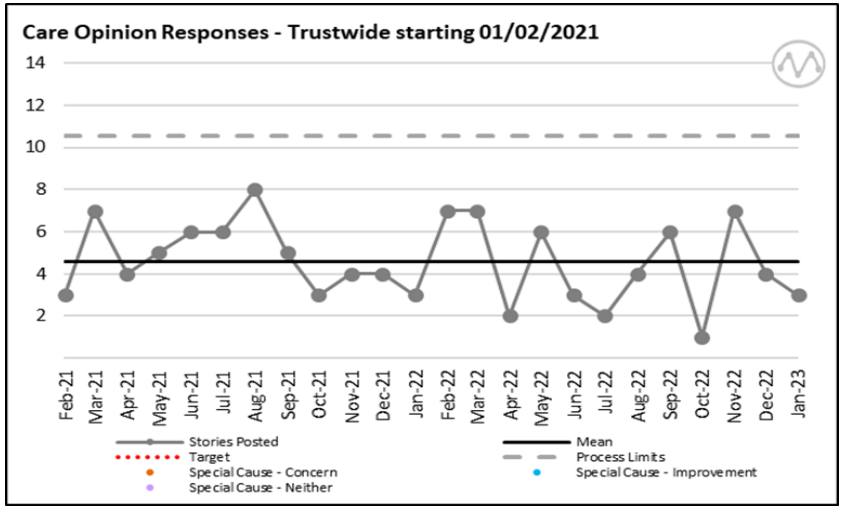
Long-Term Segregation

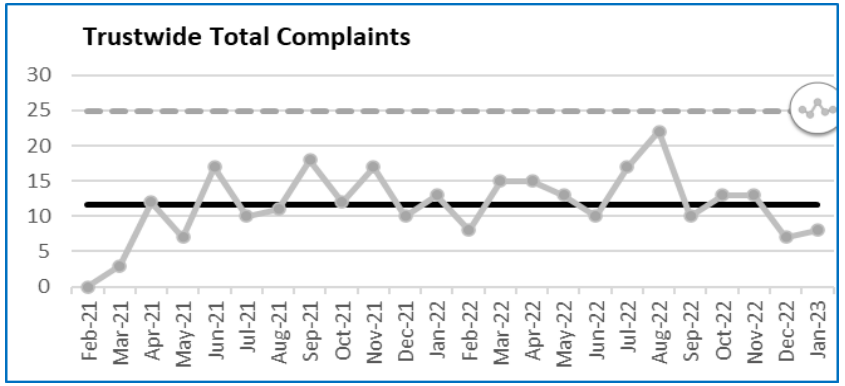
There were 3 reported incidents for 2 episodes of Prolonged Seclusion in January 2023, 1 for Endcliffe Ward and 1 for Forest Lodge.

Policy was followed during both instances of prolonged seclusion.

Caring | User Experience







Narrative
In January 2023, the Trust received a total of 102 responses to the FFT; 99 of the responses were positive regarding the FFT Question, equating to a 97.1% positive response. The response rate to the FFT remains low at 1.59%, below the Trust Aspiration Response Rate at 5%.

A few positive responses are listed below:
"Very efficient and caring."
"We were made to feel really comfortable right from the start."

A few negative responses are listed below:
"felt unheard"
"Learnt nothing, progressively got angrier with one of the teachers, felt excluded and hopeless for my situation."

When asked about anything we could have done better, responses included:
- Waiting times
- Better map directions about finding the building.
- "When there is a problem send a text before telephoning on a withheld number."

Narrative
This month's report summarises 3 story which was published on Care Opinion and have been viewed a total of 48 times.

The stories on Care Opinion were rated as:
- Not Critical: 1
- Minimally Critical: 1
- Strongly Critical: 1

Positive responses were regarding:
- Above & Beyond
- Kept in the loop
- Listen to concerns

Positive responses were regarding:
- Dangerous
- Support
- Staff
- Designated parking space

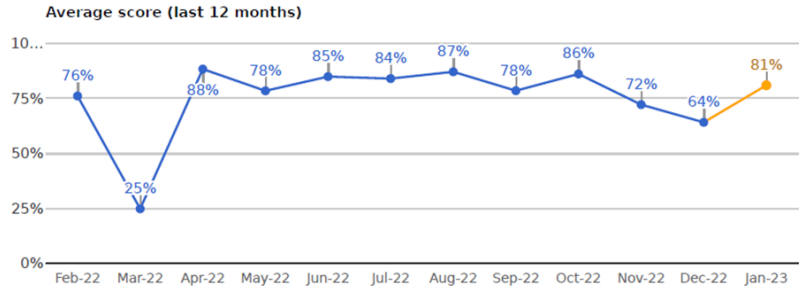
User Experience
Service user and carer feedback is reported on a quarterly basis to the Quality Assurance Committee as part of a 'learning from experience' report.

Complaints and Compliments

There were 8 formal complaints received in January 2023, 4 for the Acute and Community Directorate and 4 for the Rehabilitation and Specialist Services Directorate. The most frequent category type reported remains for another month 'Access to Treatment and Drugs'.

There have been 16 compliments recorded as received in January 2023. 8 received for Acute and Community and 8 for Rehabilitation and Specialist services.

Quality of Experience
In January 2023, a total of 16 inspections were carried out across 5 areas – Forest Lodge, Forest Close, Forest Close – Ward 1, Burbage, Dovedale



NHS
Sheffield Health and Social Care
NHS Foundation Trust

Our People

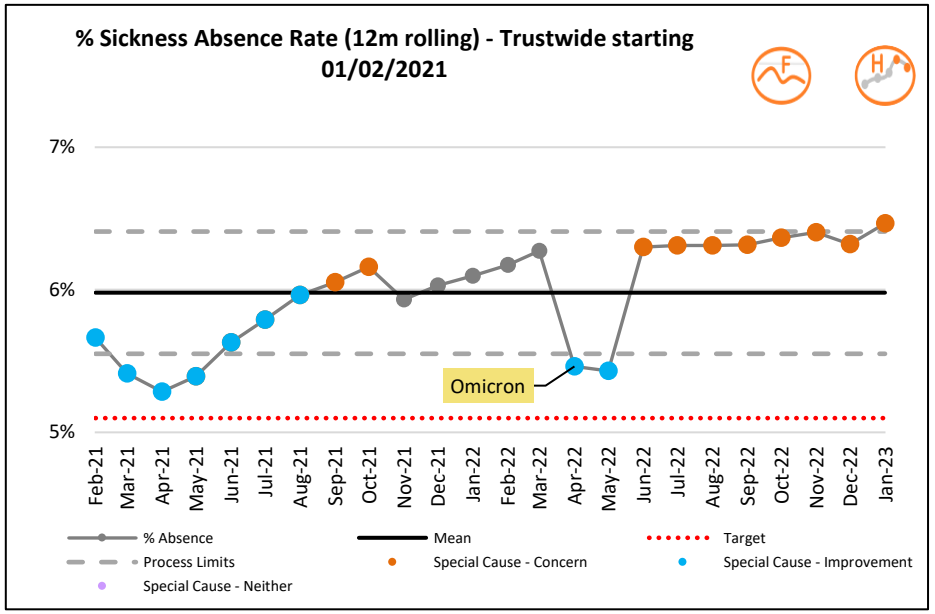
IPQR - Information up to and including January 2023

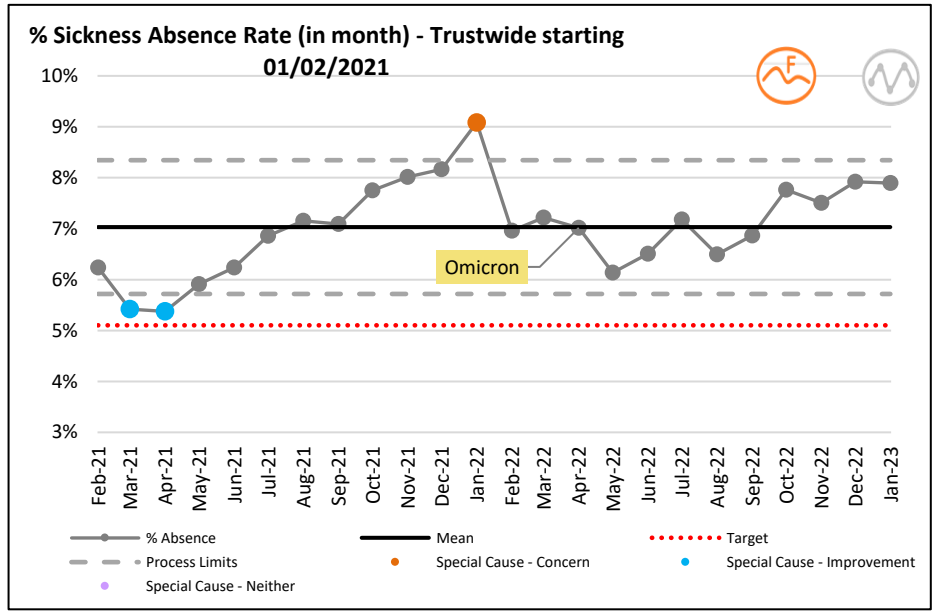
Proud to care in Sheffield

Well-Led | Workforce Summary

		Jan-23			
Metric	Target	n	mean	SPC variation	SPC target
Sickness 12 Month (%)	5.10%	**6.46%**	*5.98%*	• H •	F
Sickness In Month (%)	5.10%	**7.90%**	*7.03%*	• • •	F
Long Term Sickness (%)	~	**4.74%**	*4.68%*	• • •	/
Short Term Sickness (%)	~	**3.15%**	*2.35%*	• • •	/
Headcount Staff in Post	~	**2672**	*2585*	• H •	/
WTE Staff in Post	~	**2350**	*2265*	• H •	/
Turnover 12 months FTE (%)	10%	**15.21%**	*15.49%*	• • •	F
Vacancy Rate (%)	~	**9.64%**	*10.93%*	• • •	/
Training Compliance (%)	80%	**87.59%**	*89.41%*	• L •	P
Supervision Compliance (%)	80%	**70.75%**	*71.41%*	• • •	F

Well-Led | Sickness



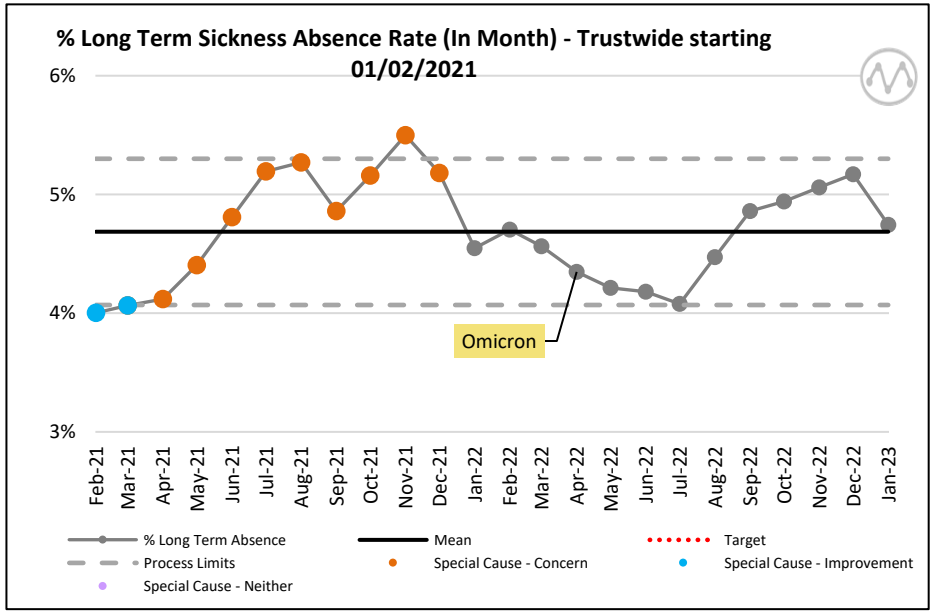


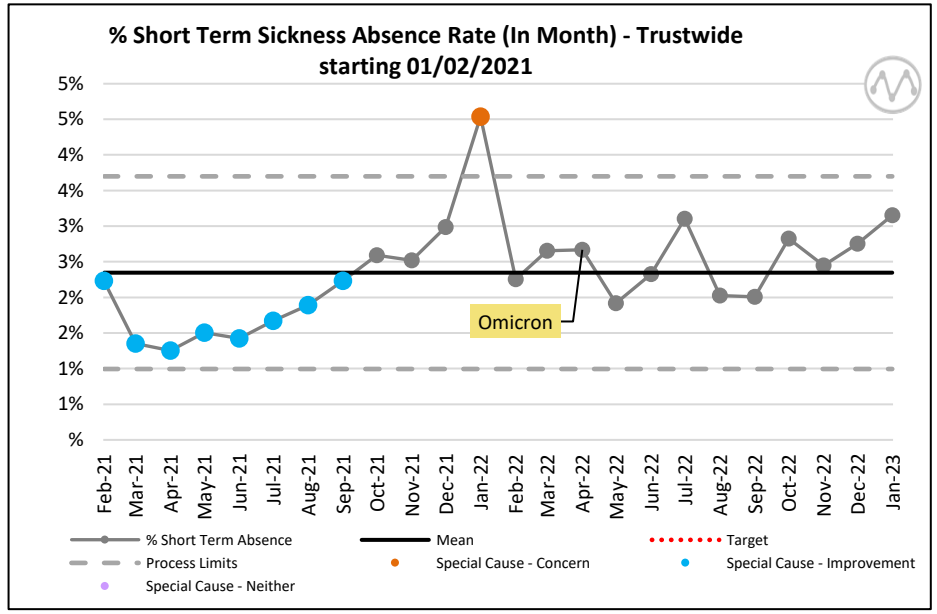
Narrative

Sickness remains high dropping slightly this month but still above target and just below the upper threshold.

Long Term sickness has dropped towards the mean average but more work needs to be done

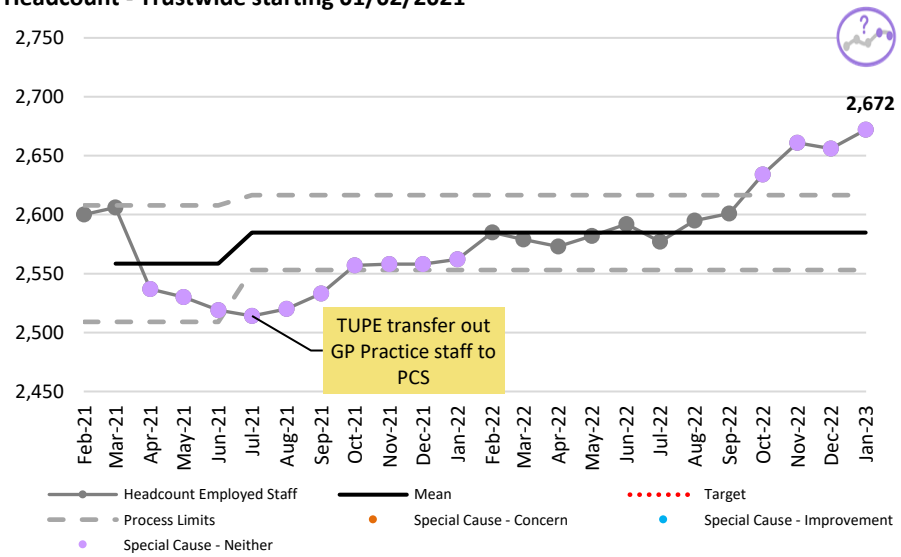
A Sickness Absence reduction projected has been started, led by Business partners, and will feed into the Agency reduction project to apply focus on each long term and short term absence case to get a better understanding of staff wellbeing to avoid sickness absence and support staff back to work.



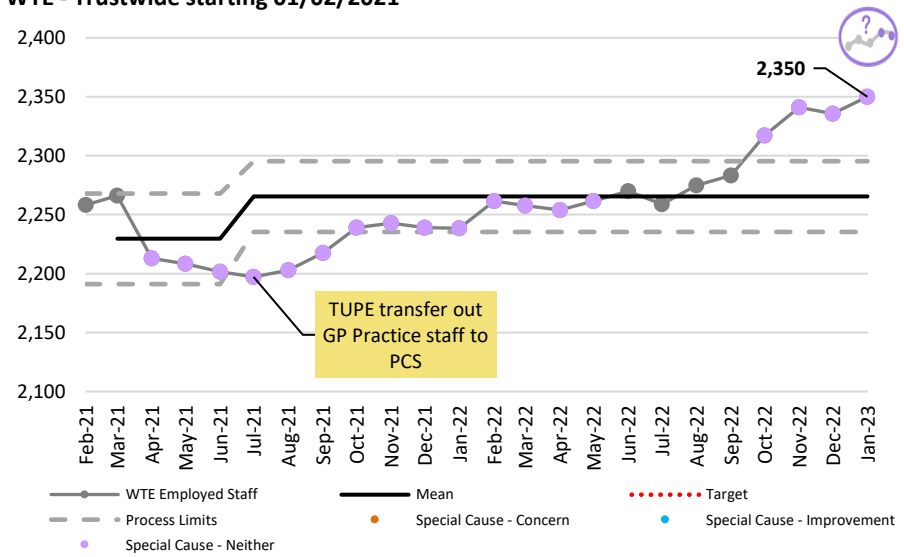


Well-Led | Staffing

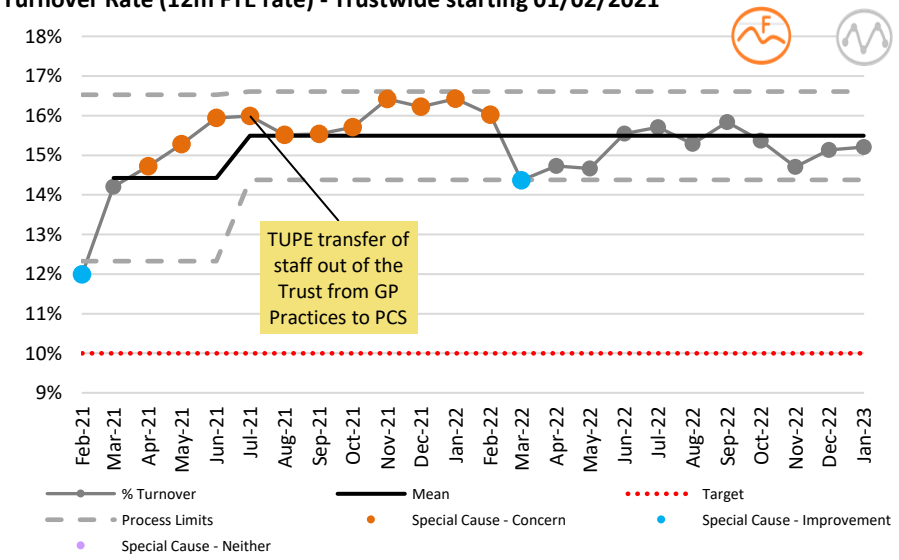
Headcount - Trustwide starting 01/02/2021



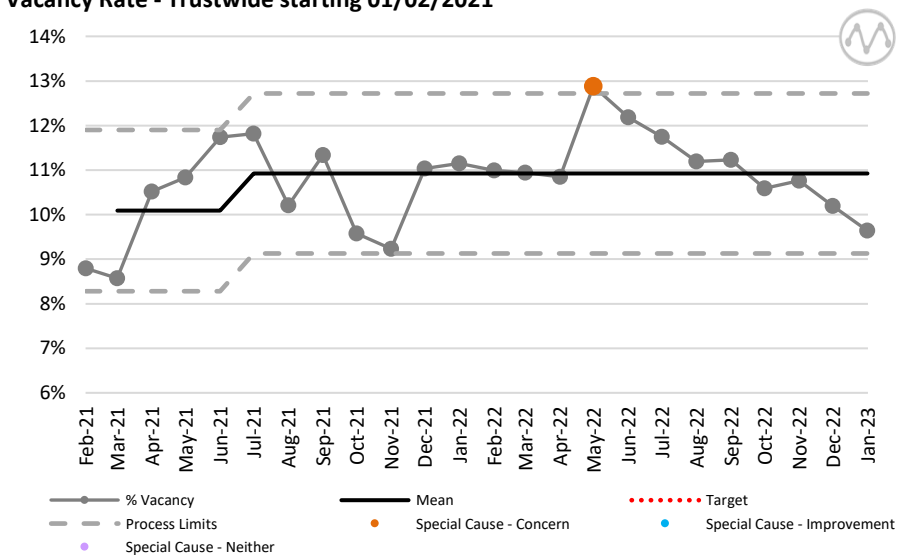
WTE - Trustwide starting 01/02/2021



Turnover Rate (12m FTE rate) - Trustwide starting 01/02/2021



Vacancy Rate - Trustwide starting 01/02/2021



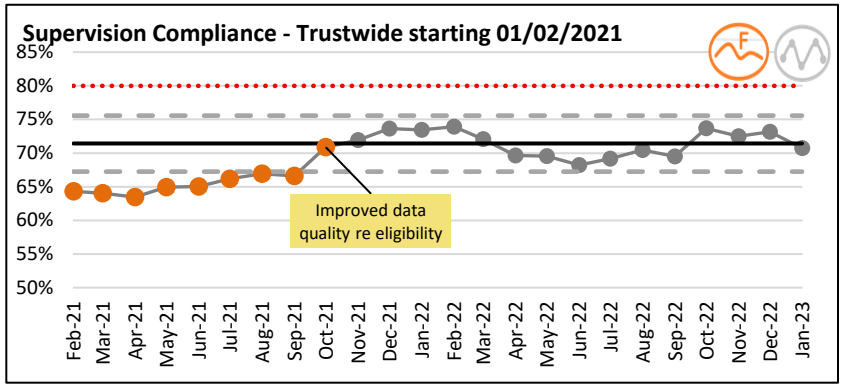
Narrative

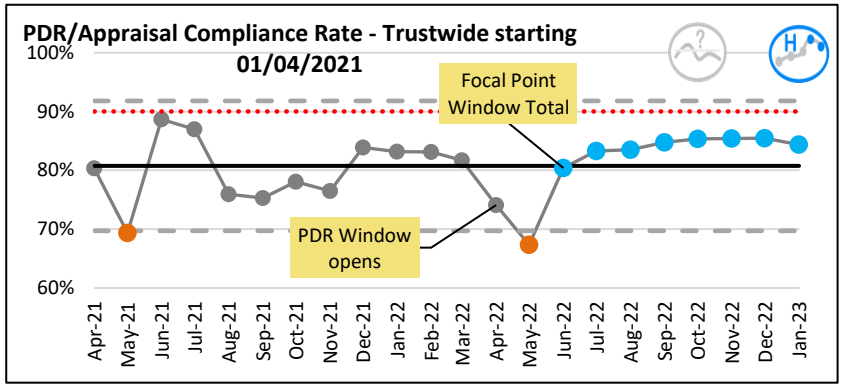
Headcount and WTE continue to rise through concentrated recruitment strategies across the organisation for both clinical and corporate areas. Both metrics performing above upper thresholds of the allowed variation and targets.

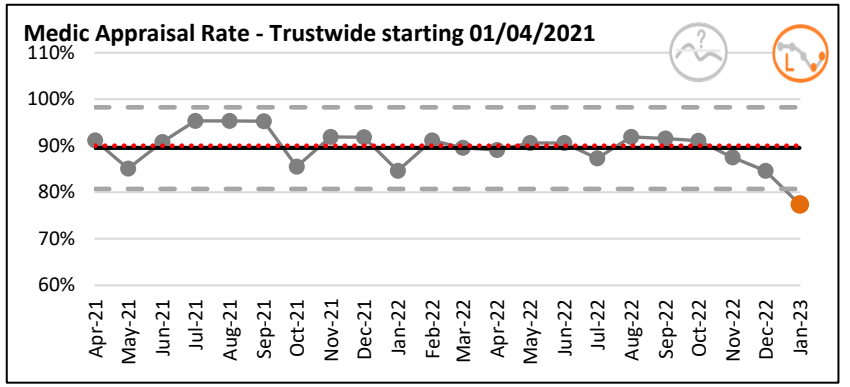
Turnover remains high due to AHP Tupe which occurred in Jun 22 but month on the month turnover continues to reduce due to increased recruitment and retention.

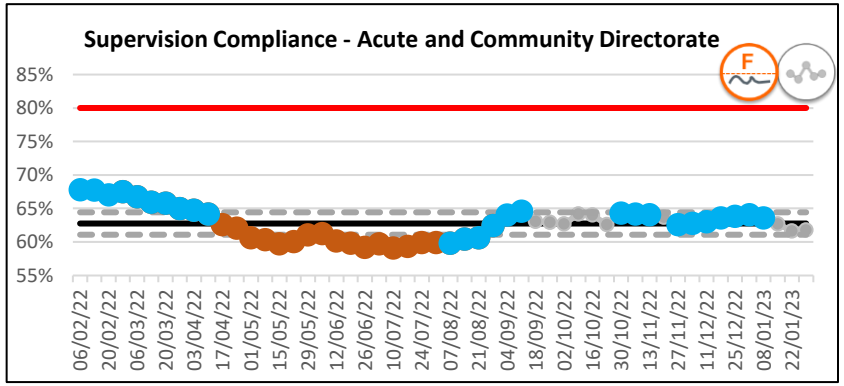
This is also reflected in the vacancy rate which once again has dropped taking it to under 10%.

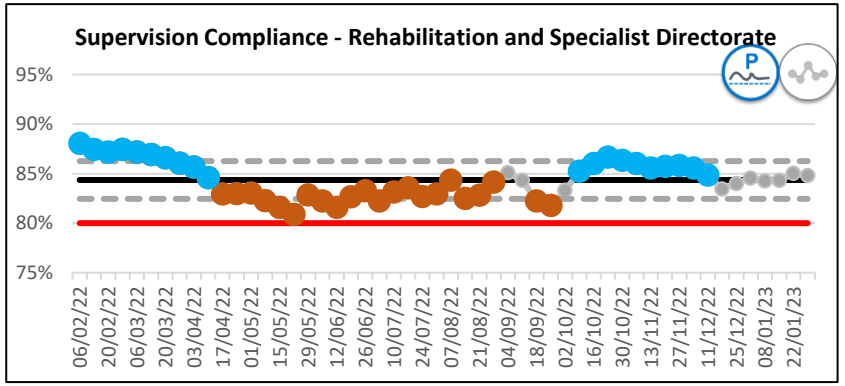
Well-Led | Supervision & PDR/Appraisal

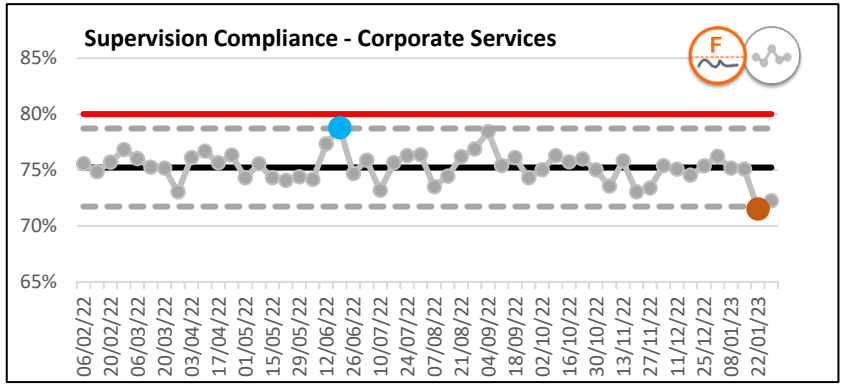












AIM

We will ensure that 80% staff have received at least the required minimum of 8 supervisions in a 12-month period (6 for part time staff), and that it is recorded in and reported on from a single source – the Supervision webform.

Narrative

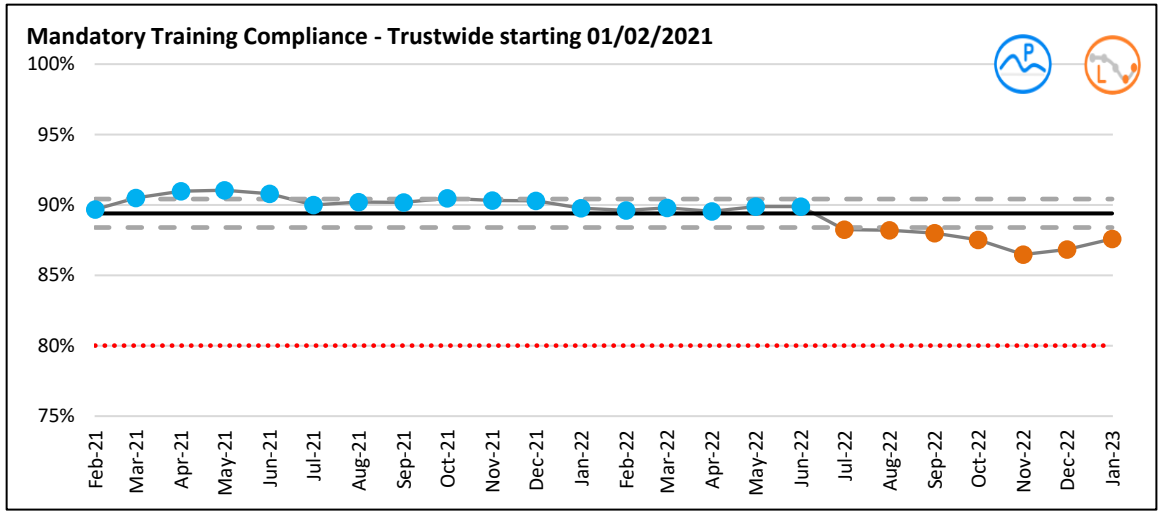
As at 29 January 2023, average compliance with the 8/12 target is:

Trustwide **70.75%**
Clinical Services **70.42%**

Weekly updated information is monitored and reviewed weekly by Directors and Service Leads. Clinical Directorate Service Lines and teams performance is monitored each month at Directorate IPQR reviews; Corporate Services at triannual performance reviews.

A recovery plan is in action for our acute and PICU wards, monitored through the Back to Good Programme Board.

Mandatory Training



Narrative

Mandatory training compliance is monitored closely at clinical team governance and through clinical Directorate IPQR meetings. Corporate services report their mandatory training position into triannual Performance Reviews.

Exceptions

There are three subjects below 75% compliance which are Resuscitation (BLS), Respect Level 3 and Safeguarding Children L3. Information Governance is below the national target of 95%.

We continue to work across the different teams and Directorates to work on training compliance. Staff release is a challenge and numbers of unfilled places has increased over the last 3 months & training was cancelled in January on 18th and 19th due to the 2 days of industrial action by RCN.

AIM

We will ensure a Trust wide compliance rate of at least 80% in all Mandatory Training, except Safeguarding where compliance of at least 90% is required and Information Governance where 95% compliance is required.

COMPLIANCE – As at date	05/12/2022	29/12/2022
Trustwide	**86.84%**	**87.59%**
Directorate/Service Line		
Corporate Services	83.03%	83.40%
Medical Directorate	82.88%	86.40%
Acute & Community – Crisis	88.35%	88.80%
Acute & Community – Acute	89.32%	89.47%
Acute & Community – Community	89.22%	89.62%
Acute & Community – Older Adults	83.66%	84.07%
Rehab & Specialist – Forensic & Rehab	91.68%	92.21%
Rehab & Specialist – Highly Specialist	90.61%	90.80%
Rehab & Specialist – Learning Disabilities	91.22%	91.66%
Rehab & Specialist – IAPT	90.05%	91.17%
Rehab & Specialist – START	86.59%	86.35%

		05 December 2022		29 December 2022		
Subject	**Level**	No NOT Achieved	Compliance	No NOT Achieved	Compliance	Comments
Information Governance (aka Data Security Awareness)	-	476	81.94%	442	83.43%	95% target
Resuscitation (BLS)	2	421	71.03%	394	73.23%	80% target
Respect L3	3	183	70.91%	177	71.73%	80% target
Safeguarding Children	3	446	59.34%	423	61.01%	90% target

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Financial Performance

IPQR - Information up to and including January 2023

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Executive Summary

KPI	Year to Date Plan £'000	Year To Date Actual £'000	Variance £'000	Annual Plan £'000	Forecast £'000	Variance £'000
Surplus/(Deficit) #	(201)	(3,256)	(3,055)	0	(2,733)	(2,733)
Covid Expenditure	(773)	(823)	(50)	(970)	(846)	123
Agency	(3,733)	(7,660)	(3,927)	(4,348)	(9,012)	(4,664)
Cash	59,362	51,821	(7,541)	61,938	54,031	(7,907)
Efficiency Savings	4,081	2,106	(1,975)	5,168	3,176	(1,992)
Capital # *	(9,055)	(5,480)	3,575	(11,811)	(11,811)	0

KPI		Target	Number	Value
Invoices paid within 30 days (Better Payments Practice Code)	NHS	95%	100%	100%
	Non-NHS	95%	98.9%	99.6%

The forecast deficit shown differs from the position reported to NHSI to meet ICB requirements. The report narrative gives further details.

* The capital plan has changed from that originally submitted to NHSI due to the approval of additional national funding of £0.3m for Electronic Patient Records (EPR), £1.9m for the Health Based Place of Safety projects and £0.1m for Cyber Security. Reduced by £0.07m for system support.

Summary at January 2023:

The position at January is a YTD deficit of £3.256m and is forecasting a deficit of £2.733m. The deficits are predominantly driven by pressures from agency (£4.7m) as the key driver behind a net (£2.9m) pay overspend and out of area purchase of healthcare (£3.2m) expenditure. The funding gap on the planned pay award of £1.2m is also contributing significantly to the deficit. The forecast deficit has improved by £1.1m since M9 as £0.3m additional funding has been confirmed, £0.3m prior year accruals have been released (including 50% of the annual leave accrual) and depreciation charges reduced by £0.5m following a review of asset lives. The £1.1m improvement was recognised as the best-case forecast as M9; no opportunities have yet been identified to improve the position further. The worst-case forecast is £3.8m recognising the risks that the local authority may not pay the 22/23 management fee in a breach of contract (£0.7m) and efficiency savings may not be achieved (£0.3m).

It should be noted that non-recurrent prior year benefits of £1.4m are included in the forecast, therefore the underlying deficit is being masked by this.

Delivery of recurrent efficiency savings is significantly lower than the revised plan. The current forecast shows a Cost Improvement Programme (CIP) gap/ under delivery of £2m. This and the reliance on £1.2m non-recurrent savings in 22/23 results in a carry forward efficiency requirement of £3.2m for 23/24.

Cash balances remains healthy. Debt owed to SHSC remains higher than expected at £6.7m, of which £3.3m was overdue. The Guinness Partnership accounts for £1.4m of the outstanding in respect of the Buckwood View contract. It is not yet considered to be at risk of non-payment but it is being monitored closely and has been escalated as a significant matter of concern to the organisation. The local authority debt risk is noted above. The cash forecast is less than plan as: cash receipts are no longer expected from the Fulwood disposal in this financial year; other working capital movements are anticipated; and the forecast deficit I&E position, which includes unplanned interest cash receipts following interest rate increases of circa £1m.

Capital is underspending YTD against plan from a profile and timing perspective due to delays in the phase 3 Ligature Anchor Point (LAP) works, Health Based Place of Safety (HBPoS) and Electronic Patient Record (EPR) projects. There is a risk that spend will not be incurred this year to the extent planned on the Therapeutic Environments Programme (TEP) and so alternative capital projects are being brought forward to ensure the current year funding is not lost to the Trust. However, the TEP commitments will slip into 23/24, which considerably increases pressure on the 23/24 capital programme when South Yorkshire Integrated Care Board (ICB) funding is reducing significantly.

A breakeven forecast has been reported to NHSE/I for M10 as required by the ICB. The ICB has asked us to continue to report breakeven as part of the system reporting on plan. Discussions are taking place within the Integrated Care System (ICS) to determine how surpluses and deficits are managed at individual organisation and system level. The narrative reporting to NHSE/I explains this position.

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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:

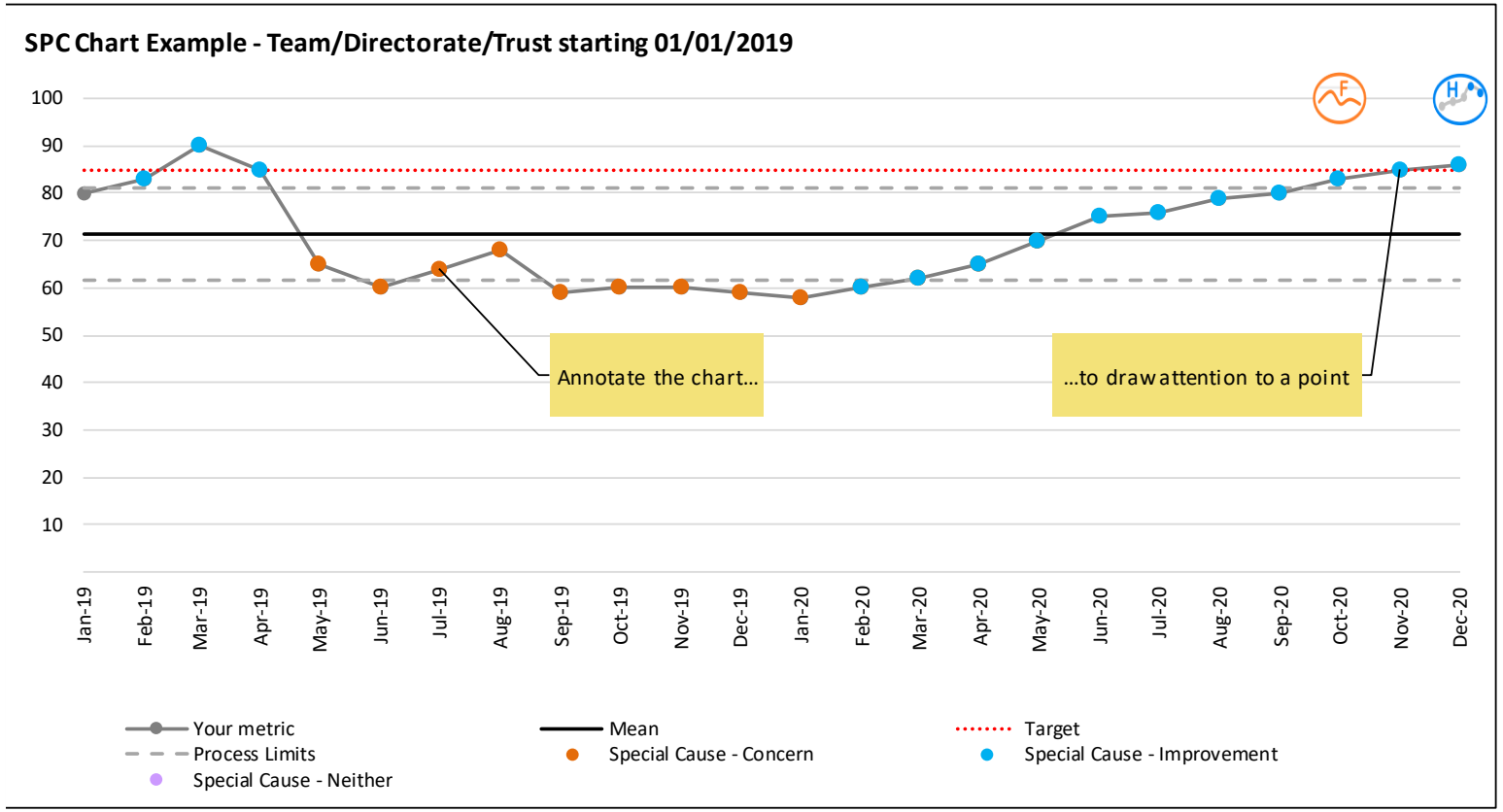
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

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 Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix 2 | SHSC SPC Chart Anatomy

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

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



Observations

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

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