Board of Directors - Public

SUMMARY REPORT	Meeting Date:	27 March 2024
	Agenda Item:	14

Report Title:	Integrated Performance and Quality Report (IPQR) January 2024	
Author(s):	Business and Performance Team	
Accountable Director:	Phillip Easthope, Executive Director of Finance, Digital & 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:	12 March 2024 13 March 2024 14 March 2024
Key points/ recommendations from those meetings	**Comments from People Committee** This report was presented to the committee for information, and it was noted that the key areas for focus for People Committee would be covered in Item 6 People Performance Dashboard. **Comments from Quality Assurance Committee** The committee discussed: • The collection of the data for unknown demographics is not improving and there is disappointment with this. It was noted this is a current piece of work but that the service level dashboards are required from business performance team to support conversations and drive improvement. • The over representation of ethnic groups in restrictive practice work is ongoing with focus to understand cultural bias and area of focus with ongoing work within the PCREF. • The Friends and Family tests and the current results which are due by the end of March 2024 will be reported to the committee in April 2024 • There is sustained reduction in the number of falls and the impact of the safety huddles on these results. Queried if the baseline required changes in the boundaries and targets. The Chair noted the positive improvements in the reduction of falls, community waiting lists and the relationship and sexual services, however the current risks remain. Progress is evident in the core services for community waiting lists with remaining challenge on the repurposing of 136 suite. The trajectory continues unreached for Out of Area Beds. **Comments from Finance and Performance Committee** The committee received and noted the contents of the IPQR.	

Summary of key points in report
The IPQR is a monthly report that presents a full and detailed data set that is used to assure the Board about the performance and quality of service delivery. This report details data up to and including January 2024. The report is missing data from services that have migrated to our new EPR due to delays to the Rio Reporting Workstream. The new EPR programme is aware of this issue and working hard to resolve or mitigate this as soon as possible. This applies to the 72 hour follow up reporting and all data for our Older Adult services. The report was presented and considered in detail to the People, Quality Assurance and Finance & Performance Committees in March with a summary of highlights and concerns. Those areas are further summarised below, and the detail can be found within the body of the report itself, or by reference to the respective committee summary. Appendices attached: Integrated Performance & Quality Report – January 2024

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**		**Assurance**	✓	**Information**	✓
The Board of Directors is asked to accept the assurance provided by this report, whilst acknowledging the ongoing concerns to performance and quality in the identified areas.							

Please identify which strategic priorities will be impacted by this report:				
Effective Use of Resources	*Yes*	✓	*No*	
Deliver Outstanding Care	*Yes*	✓	*No*	
Great Place to Work	*Yes*	✓	*No*	
Ensuring our services are inclusive	*Yes*	✓	*No*	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	✓	*No*		This report ensures compliance with NHS Regulation – CQC Regulation may be a by- product of this.
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, Engagement and Experience	*Yes*	✓	*No*		Any impact is highlighted within relevant sections
Financial (revenue &capital)	*Yes*	✓	*No*		CIP delivery is being offset by underspending on investments and COVID funding
Organisational Development /Workforce	*Yes*	✓	*No*		Any impact is highlighted within relevant sections
Equality, Diversity & Inclusion	*Yes*	✓	*No*		Work looking at EDI concerns is underway which may suggest the inclusion of certain indicators as future developments occur.
Legal	*Yes*		*No*	✓	
Environmental sustainability	*Yes*		*No*	✓	

Good Performance							
Committee				KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q			Waiting Lists	6		Reduced waiting list for SPA/EWS, Recovery teams, EI and Relationship & Sexual service.
F	Q			Waiting Times	6		Sustained reductions in average wait time referral to assessment for Recovery Service South
F	Q			Average Discharged Length of Stay - Endcliffe	8		Decrease in discharged length of stay (12 month rolling) on Endcliffe ward – comfortably within national benchmarks.
F	Q			Average discharged Length of Stay – Forest Close & Forest Lodge	10		Performance above national benchmarks.
F	Q			Talking Therapies – wait times	13		Talking Therapies consistently achieving the 6 and 18 week wait targets.
	Q			Falls	17		The number of falls across all services has sustained below the 24-month mean for 9 consecutive months.
	Q	P		Mandatory Training	33		Consistently achieving the trustwide target of 80%.

Performance Concern								
Committee				KPI/Area	Refer to (slide)	Performance	Trend/ Trajectory	Recovery Plan?
F	Q			Waiting Lists	6		Increased waiting lists for SPS, Gender, SAANS ADHD and LTNC.	Recovery Plan x 2 (Gender, SAANS)
F	Q			Waiting Times	6		Increasing trend/sustained high waits in certain areas noted SPS PD, Gender, CFS/ME, Relationship & Sexual Service	Recovery Plan x 1 (Gender)
F	Q			Caseloads/Open Episodes	6		Increasing trend/high caseloads in SPS, Perinatal, HAST, Highly Specialist community services (Gender, CERT)	Recovery Plan x 2 (Gender & SAANS)
F	Q			Length of Stay and Delayed Discharge (inpatient areas)	7		Failing to meet target for average discharged length of stay (12 month rolling)	Linked to Out of Area Recovery Plan(s) x 3
F	Q			Out of Area Acute Placements	7-8		Prolonged failure to meet reduction of inappropriate out of area placements in acute.	Out of Area Recovery Plan(s) x 3
F	Q			Out of Area PICU Placements	8		High number of bednights for PICU out of area placements in January	Out of Area Recovery Plan(s) x 3
F	Q			Health Based Place of Safety repurposing	11		Repurposed for detained mental health admission 30/62 days (56%) in January.	Linked to Out of Area Recovery Plan(s) x 3
	Q	P		Staff sickness	30		Consistently failing to meet trust target of 5.1%. 6.9% for January 24.	Sickness Group
	Q	P		Staff Turnover	32		High staff turnover rate (17.6%). This will have been impacted by the TUPE of staff from Substance Misuse in July 2023.	Sickness Group
	Q	P		Supervision	32		Failing to meet 80% target Trustwide (63%). There has been a noticeable decrease in compliance across several services since the introduction of the new supervision policy.	CQC Back to Good Action Plan/Local Recovery Plans
	Q	P		PDR	32		Consistently failing to meet trustwide target of 80% for PDR compliance.	CQC Back to Good Action Plan/Local Recovery Plans
F				Agency and Out of Area Placement spend	36		High agency and OOA spend.	Out of Area Recovery Plan(s) x 3 CIP Plans 22/23

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Integrated Performance & Quality Report

Information up to and including January 2024

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Introduction

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

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

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

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

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

Unless otherwise stated the control limits (the range within which normal variation will occur) are set by 24 months of data points, for example in the case of Dec 2023 reporting, we are using monthly figures from Jan 2022 to Dec 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.

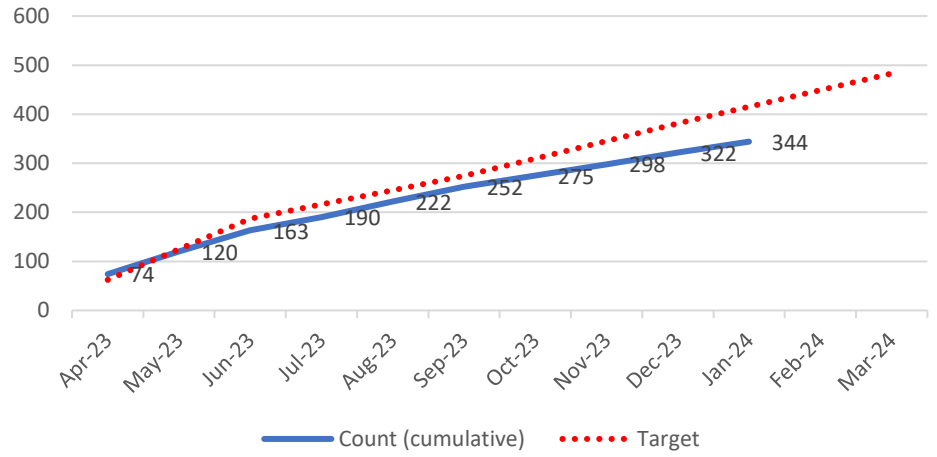
Board Committee Oversight
Please also note the addition of a colour-coded key to quickly identify which KPIs and metrics are of particular interest to a committee/which committee has oversight.

Colour Key	F	M	P	Q
Finance				
MH Legislation				
People				
Quality				

NHS Long Term Plan – national metrics for 2023/24

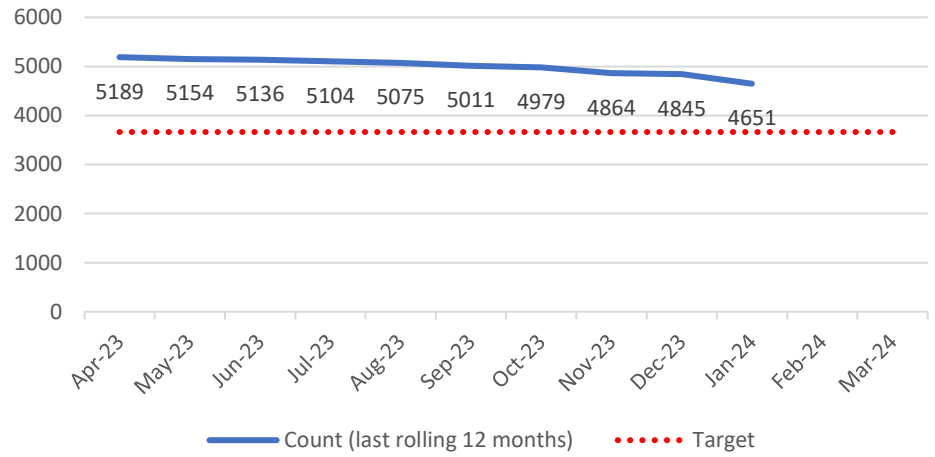
Perinatal: number of women accessing specialist community Perinatal MH services in the reporting period (cumulative)

Our target = 483 by March



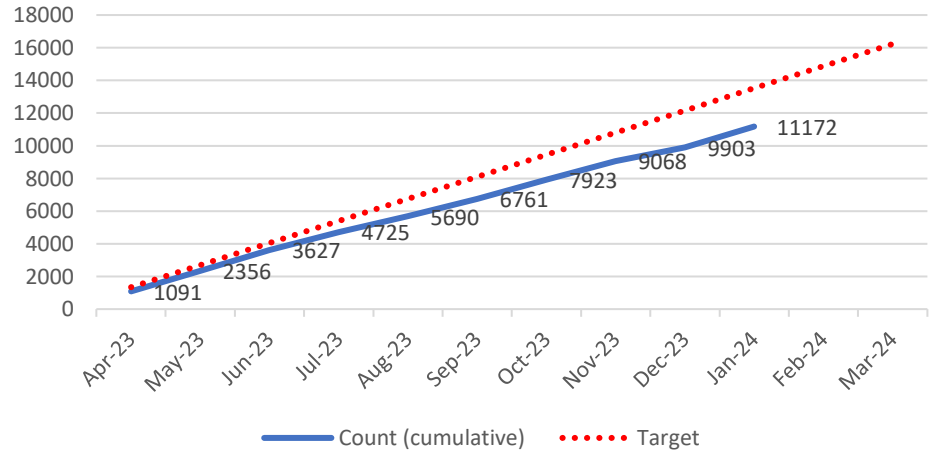
Community: Number of adults & older adults who receive two or more contacts from community mental health services

Our target = 3,666 each rolling 12-month period



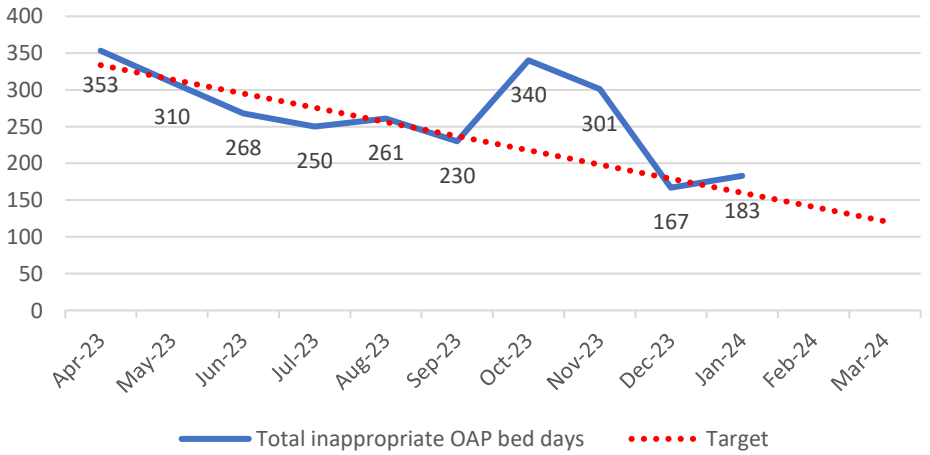
Talking Therapies: number of people first receiving Talking Therapies services (cumulative).

Our target = 16,220 by March



Out of Area: Number of inappropriate adult acute OAP bed days (does not include PICU or older adult)

Our target = 2,500 bed nights



Narrative

Perinatal

The funding for LTP access rate expansion did not arrive until September and the recruitment and onboarding of staff has taken some time.

We have finished recruiting staff and most are now working in the service, but in induction.

We reduced the number of assessments per week that the service offered in the autumn due to staffing pressures. This obviously impacted our access rate and increased waits. We adapted the service to mitigate risks from this where we could.

We have restored the number of assessments to the original number since start of February 2024 and this has had a small impact on increasing access rates and reducing waits.

The service is planning on how to increase the number of assessments offered in order to meet the expected access rate now that it has the staff in post to do so. The assessment numbers will increase through March and we expect to be able to deliver the full access rate target for 24/25. As the assessment offers increase, we will see the wait reduce, and if it does not do so to near target levels, we will add in additional assessment slots to bring it down.

In addition, we will be launching our dads and partners pathway this calendar year.

Community

Combined activity across all community services has followed a downward trend but still exceeds the target.

Talking Therapies

Talking Therapy services across the country are struggling to reach ambitious access targets set. In Sheffield we have a recovery plan we are currently refreshing which includes:

- GP engagement
- Marketing and promotion
- An equality strategy
- Develop employment advisor clinics

Out of Area Beds

A slight increase in the number of inappropriate adult acute OAP bed days saw us slightly above the targeted reduction for January 2024.

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Service Delivery

IPQR - Information up to and including January 2024

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Responsive | Access & Demand | Referrals

Referrals	Jan-24			
Acute & Community Directorate Service	**n**	*mean*	**SPC variation**	**Note**
SPA/EWS	**716**	*666*	• • •	
Crisis Resolution and Home Treatment	**818**	We will be refining the data reporting with the introduction of Rio to specifically report the new Crisis and Urgent Service, which will be part of CRHTT when it is launched later in the year. This team will be replacing the current SPA function.		
Liaison Psychiatry	**640**	*511*	• H •	Shift of 11 consecutive months above the 24-month mean, this is predominantly due to an increase in A&E referrals. This is being mitigated through additional investment.
Decisions Unit	**56**	*57*	• • •	
S136 HBPoS	**15**	*27*	• L •	Shift of 7 consecutive months below the 24-month mean, this directly correlates to the increased breaches in the suites in the last 7 months.
Recovery Service North	**24**	*26*	• • •	
Recovery Service South	**25**	*22*	• • •	
Early Intervention in Psychosis	**34**	*36*	• • •	
Rehab & Specialist Service				
Memory Service				Referral data is not available for Older Adult services due to delays to the Rio Reporting Workstream. Data will be provided as soon as possible.
OA CMHT				
OA Home Treatment				

Referrals	Jan-24			
Rehab & Specialist Service	**n**	*mean*	**SPC variation**	**Note**
CERT	**1**	*2*	• • •	
SCFT	**0**	*1*	• • •	
CLDT	**72**	*61*	• • •	
CISS	**2**	*3*	• • •	
Psychotherapy Screening (SPS)	**40**	*54*	• • •	
Gender ID	**32**	*41*	• • •	
STEP	**124**	*115*	• • •	
Eating Disorders Service	**45**	*38*	• H •	We are seeing more referrals that relate to different types of eating issues.
SAANS ASD	**94**	*93*	• • •	
SAANS ADHD	**145**	*133*	• • •	
Relationship & Sexual Service	**25**	*19*	• • •	
Perinatal MH Service	**62**	*48*	• • •	
HAST	**12**	*15*	• • •	
HAST - Changing Futures	**0**			
Health Inclusion Team	**163**	*180*	• • •	
LTNC	**74**	*93*	• • •	
ME/CFS	**58**	*69*	• • •	

Responsive | Access & Demand | Community Services

January 2024	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	**177**	*501*	• L •	**24.5**	*37.4*	• • •	**8**	*10.1*	• • •	**561**	*737*	• L •
MH Recovery North	**52**	*81*	• L •	**12.4**	*14.2*	• • •	**3.1**	*7.0*	• • •	**830**	*883*	• L •
MH Recovery South	**37**	*69*	• L •	**5.2**	*11.7*	• L •	**5.4**	*13.0*	• • •	**909**	*1023*	• L •
Recovery Service TOTAL	**89**	*150*	• L •	*N/A*			*N/A*			**1739**	*1905*	• L •
Early Intervention in Psychosis	**19**	*24*	• L •				**100.0%**	*81.0%*	• H •	**287**	*302*	• L •
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
SPS - MAPPS	**55**	*78*	• • •	**22.3**	*19.7*	• • •	**92.1**	*87.5*	• • •	**305**	*332*	• • •
SPS - PD	**62**	*49*	• H •	**18.7**	*15.8*	• • •	**64.9**	*57.5*	• • •	**220**	*197*	• H •
Gender ID	**2312**	*1980*	• H •	**231.7**	*175.0*	• H •				**3212**	*2865*	• H •
STEP	**198**	*183*	• • •	*N/A*						**414**	*443*	• • •
Eating Disorders	**19**	*27*	• • •	**4.5**	*3.9*	• • •				**193**	*210*	• L •
SAANS ASD	**1092**	*1082*	• • •	**62.6**	*68.5*	• • •				**785**	*1087*	• L •
SAANS ADHD	**3040**	*1949*	• H •	*n/a*	*170.5*	*n/a*				**100**	*141*	• L •
Relationship & Sexual Service	**65**	*94*	• L •	**17.5**	*55.1*	• L •				**148**	*161*	• L •
Perinatal MH Service (Sheffield)	**47**	*27*	• H •	**4.6**	*3.3*	• • •				**187**	*157*	• H •
HAST	**31**	*28*	• • •	**6.8**	*12.0*	• • •				**92**	*81*	• H •
Health Inclusion Team	**164**	*183*	• • •	**8.0**	*9.8*	• • •				**1719**		
LTNC	**380**	*322*	• H •	*N/A*						*N/A*		
CFS/ME	*N/A*			**30.6**	*26.9*	• H •				**883**		
CLDT	**148**	*169*	• • •	**7.2**	*9.0*	• • •				**712**	*697*	• • •
CISS	*N/A*			*N/A*						**13**	*18*	• L •
CERT										**49**	*46*	• H •
SCFT										**23**	*24*	• • •
Memory Service												
OA CMHT												
OA Home Treatment	*N/A*			*N/A*			*N/A*					

Narrative

Early Intervention continue to meet the waiting time standard in most months.
The Early Intervention Access & Waiting Time standard is "By 2024, 95% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral" and is therefore reported as a percentage of clients meeting the standard.

SAANS ASD – service provided to Sheffield and Derbyshire residents, and a number of mitigations are being looked at including waiting well project co-produced with VAS. Wait times for ASD assessment for Sheffield residents have continued their reduction.

SAANS ADHD – referrals have around a 50% rate of acceptance from screening to the waiting list and there is work being undertaken to increase clinical capacity and efficiency within SHSC to manage the volume of screening required.
There is no figure provided for RtA wait time because no assessments have been completed since June 2023.

Perinatal – positive increase in caseload in line with national expectations.

Health Inclusion Team – several posts were recruited to at risk. We are now seeing the positive impact of those posts. The waiting lists has reduced by 77% since September 2023 when it stood at 642. The Director of Operations escalated to the Deputy Place Director to resolve the funding gap.

Older Adults – data for January 2024 is not available due to delays in the Rio Reporting workstream. Data will be provided as soon as possible.

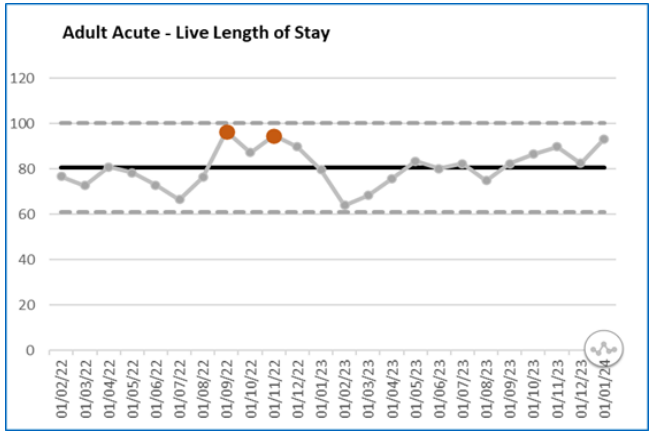
Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Dovedale 2, Burbage, Maple)	Jan-24 n	mean	SPC variation	SPC target
Admissions	27	30.21	• • •	/
Detained Admissions	22	27.54	• • •	/
% Admissions Detained	81.48%	91.20%	• • •	/
Emergency Re-admission Rate (rolling 12 months)	4.48%			
Transfers in	13			
Discharges	28	31.00	• • •	/
Transfers out	16			
Delayed Discharge/Transfer of Care (number of delayed discharges)	14	13	• • •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	323	304.33	• • •	/
Bed Occupancy excl. Leave (KH03)	95.07%	95.38%	• L •	/
Bed Occupancy incl. Leave	98.38%	99.82%	• H •	/
Average beds admitted to	46.9	47.5	• • •	/
Average Discharged Length of Stay (12 month rolling)	37.27	39.30	• • •	F
Average Discharged Length of Stay (discharged in month)	44.38	39.81	• • •	?
Live Length of Stay (as at month end)	93.26	80.61	• • •	/
Number of People Out of Area at month end	7	12	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	5	8	• • •	?
Total number of Out of Area bed nights in period	214	353	• L •	F

Length of Stay Detail – Jan 24

Longest LoS (days) as at month end:
365 on Dovedale 2
766 on Maple
288 on Burbage

Longest LoS (days) of discharges in month:
Dovedale 2 = 105
Maple = 269
Burbage = 69



Step Down (Beech)	Jan-24 n	mean	SPC variation	SPC target
Admissions	3	4.92	• • •	/
Transfers in	0			
Discharges	3	4.83	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	86.77%	76.30%	• • •	/
Bed Occupancy incl. Leave	95.16%	84.26%	• • •	/
Average Discharged Length of Stay (12 month rolling)	58.54	52.34	• H •	/
Live Length of Stay (as at month end)	59.40	48.16	• H •	/

Length of Stay Detail – Jan 24

Longest LoS (days) as at month end: 191
Range = 6 to 191 days
Longest LoS (days) of discharges in month: 136

Narrative
Beech Length of Stay high due to a number of long stay clients some of whom have now been discharged.

Benchmarking Adult Acute
(2022/23 NHS Benchmarking Network Report – Weighted Population Data)

Bed Occupancy Mean: 93%
Length of Stay (Discharged) Mean: 38
Emergency readmission rate Mean: 9%

NB – No benchmarking available for Step Down beds

Inpatient Wards | PICU

PICU (Endcliffe)	Jan-24 n	mean	SPC variation	SPC target
Admissions	0	3.75	• • •	/
Transfers in	1			
Discharges	3	1.96	• • •	/
Transfers out	0			
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)	92.26%	95.51%	• H •	/
Bed Occupancy incl. Leave	94.52%	96.79%	• • •	/
Average beds admitted to	9.74	9.71	• • •	/
Average Discharged Length of Stay (12 month rolling)	30.57	35.51	• L •	P
Live Length of Stay (as at month end)	222.00	122.71	• H •	/
Number of People Out of Area at month end	4	5	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	1	3	• • •	?
Total number of Out of Area bed nights in period	134	163	• • •	F

Endcliffe – Length of Stay – Jan 24
Over national benchmark average (61)

Start Date	LOS
02/02/2021 17:38	1093
13/04/2023 19:00	293
03/11/2023 15:30	89
05/11/2023 23:30	87
22/11/2023 14:00	70

As at 31/01/24, there were 5 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 61 days.

LoS for PICU disproportionally affected by 1 patient who has been on the ward for 1093 days (at month end). Shortly to be transferred.

Benchmarking PICU
(2022/23 NHS Benchmarking Network Report – Weighted Population Data)

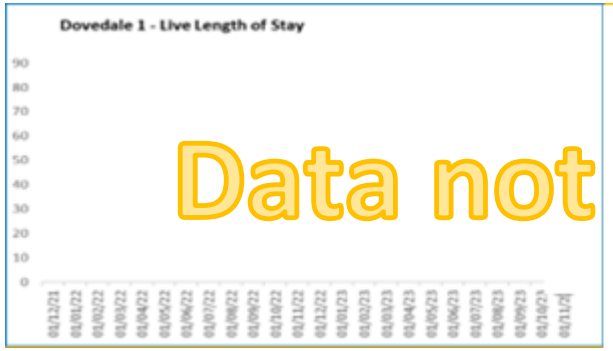
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 61

Safe | Inpatient Wards | Older Adults

Older Adult Functional (Dovedale 1)	Jan-24 n	mean	SPC variation	SPC target
Admissions				
Transfers in				
Discharges				
Transfers out				
Delayed Discharge/Transfer of Care (number of delayed discharges)				
Delayed Discharge/Transfer of Care (bed nights occupied by dd)				
Bed Occupancy excl. Leave (KH03)				
Bed Occupancy incl. Leave				
Average beds admitted to				
Average Discharged Length of Stay (12 month rolling)				
Live Length of Stay (as at month end)				

Length of Stay Detail – Dovedale 1
Data not available

Inpatient admissions data is not available for Older Adult wards due to delays to the Rio Reporting Workstream. Data will be provided as soon as possible.



Older Adult Dementia (G1)	Jan-24 n	mean	SPC variation	SPC target
Admissions				
Transfers in				
Discharges				
Transfers out				
Delayed Discharge/Transfer of Care (number of delayed discharges)				
Delayed Discharge/Transfer of Care (bed nights occupied by dd)				
Bed Occupancy excl. Leave (KH03)				
Bed Occupancy incl. Leave				
Average beds admitted to				
Average Discharged Length of Stay (12 month rolling)				
Live Length of Stay (as at month end)				

Length of Stay Detail – G1
Data not available

Inpatient admissions data is not available for Older Adult wards due to delays to the Rio Reporting Workstream. Data will be provided as soon as possible.

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

Safe | Inpatient Wards | Rehabilitation & Forensic

Rehab (Forest Close)	Jan-24 n	mean	SPC variation	SPC target
Admissions	2	0.92	• • •	/
Transfers in	2			
Discharges	3	2.00	• • •	/
Transfers out	0			
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)	86.45%	89.73%	• • •	/
Bed Occupancy incl. Leave	97.42%	96.34%	• • •	/
Average Discharged Length of Stay (12 month rolling)	360.35	340.66	• H •	P
Live Length of Stay (as at month end)	379.57	360.31	• • •	/
No. of Out of Area Placements started in the period (admissions)	0			
Total number of Out of Area bed nights in period	149			
Number of People Out of Area at month end	4			

Forensic Low Secure (Forest Lodge)	Jan-24 n	mean	SPC variation	SPC target
Admissions	0	0.83	• • •	/
Transfers in	0			
Discharges	0	0.58	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	96.33%	97.66%	• H •	/
Bed Occupancy incl. Leave	100.00%	93.71%	• • •	/
Average Discharged Length of Stay (12 month rolling)	712.67	569.36	• H •	P
Live Length of Stay (as at month end)	686.68	617.68	• H •	/

The point at which someone is CRFD is reached when:

- The multidisciplinary team (MDT) conclude that the person does not require any further assessments, interventions and/or treatments, which can only be provided in the current inpatient setting.
- To enable this decision:
  - There must be **a clear plan for the ongoing care and support that the person requires after discharge**, which covers their pharmacological, physical health, psychological, social, cultural, housing and finances, and any other individual needs or wishes.
  - The MDT must have **explicitly considered the person and their chosen carer/s' views and needs** about discharge and involved them in co-developing the discharge plan.
  - The MDT must also have **involved any services external to the trust in their decision making**, e.g. social care teams, where these services will play a key role in the person's ongoing care.

Forest Close

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

Long stays (days) – Forest Close

2806 - MoJ 37/41 - Best interest meeting required.
1316 – MoJ 37/41 – Awaiting assessments.
1072 – MoJ 37/41 – waiting court case in March.

Benchmarking Rehab/Complex Care
(2022/23 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 86%
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.

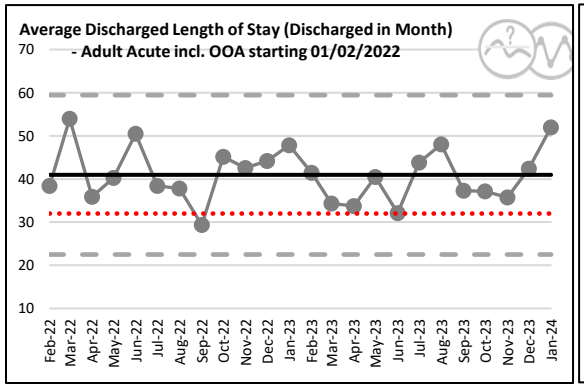
Long stays – Forest Lodge

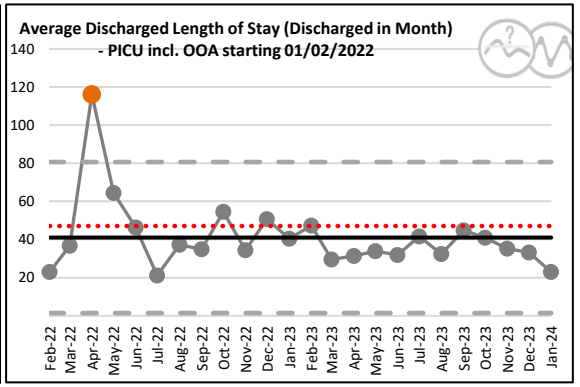
Stays of 2435, 2324 and 1829 days are the three top longest stays at Forest Lodge. The rationale for LoS remains the same due to clinical presentation and this is likely to be unchanged until the service users are likely to be discharged, their risk changes or another placement is required, and this would go through the MoJ / NHS England i.e., medium secure is found.

Benchmarking Low Secure Beds
(2022/23 NHS Benchmarking Network Report – Weighted Population Data)
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 833

Urgent & Emergency Care Dashboard

Length of Stay





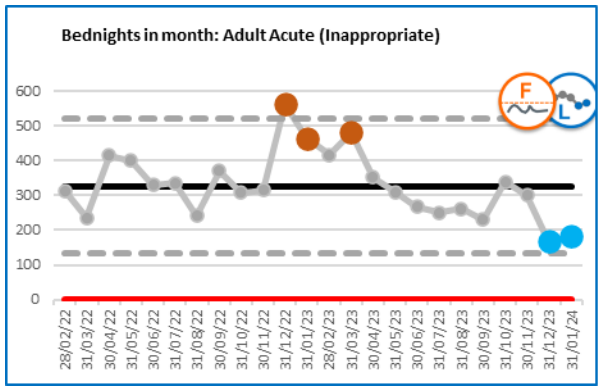
Adult Acute Discharged LoS (Rolling 12-month average)

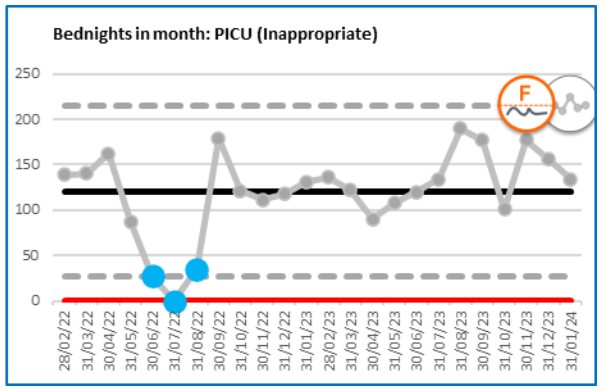
Location	Total Discharges	Average Discharged LoS
Sheffield	453	37
OOA	90	37
Contracted	97	51
Combined	**640**	**39**

PICU Discharged LoS (Rolling 12-month average)

Location	Total Discharges	Average Discharged LoS
Sheffield	92	31
OOA	39	47
Combined	**131**	**36**

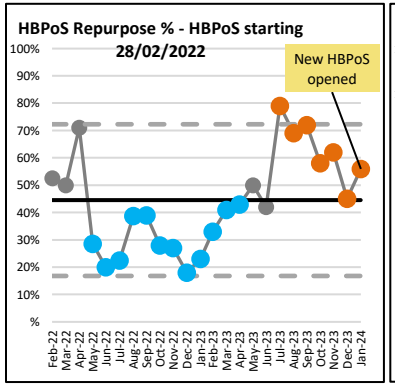
Out of Area

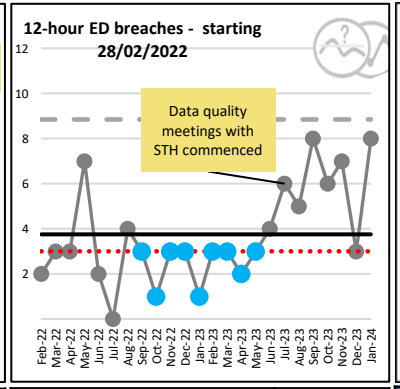




Provider	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Sparklines (Jan-23 to Dec-23)
Sheffield Health and Social Care NHS Foundation Trust	**20**	**20**	**20**	**15**	**7**	**9**	**10**	**7**	**8**	**12**	**8**	**4**	
Bradford District Care NHS Foundation Trust	22	20	22	18	23	22	24	15	18	15	9	10	
Tees, Esk and Wear Valleys NHS Foundation Trust	8	11	25	19	22	9	6	4	7	5	4	9	
South West Yorkshire Partnership NHS Foundation Trust	17	22	14	11	13	14	23	11	5	3	2	4	
Leeds and York Partnership NHS Foundation Trust	15	16	15	24	17	24	13	23	37	31	31	31	
Cumbria Northumberland, Tyne and Wear Partnership NHS FT	4	10	18	14	10	10	6	8	8	0	0	0	
Humber NHS Foundation Trust	4	8	6	6	5	18	8	4	4	3	8	8	
Rotherham Doncaster and South Humber NHS Foundation Trust	12	18	9	23	10	14	16	16	18	25	19	-	
Navigo (NE Lincs/Grimsby)	0	0	0	0	0	0	0	0	0	0	0	0	

Blocks and Breaches



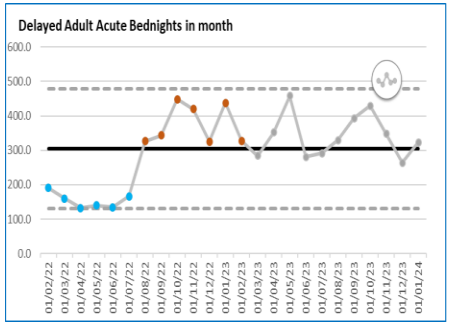


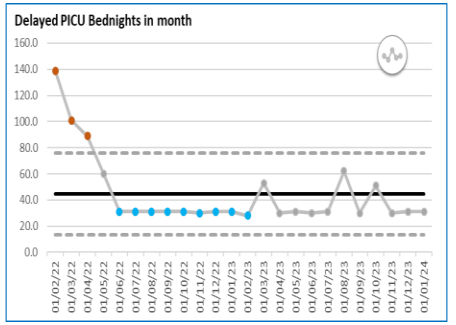
Health Based Place of Safety (HBPoS/136 Beds)	Jan-24
Occasions repurposed	30
Occasions repurposed %	56%

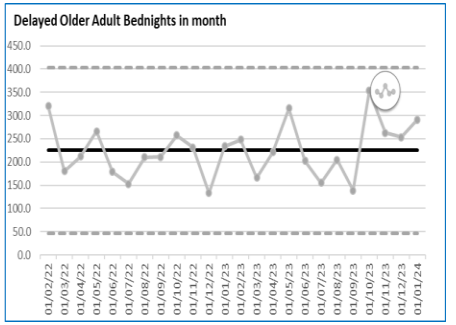
Emergency Department (ED)	Jan-24
ED 12-hour Breaches	8

72-hour Follow Up	
Trustwide	

Delayed Care





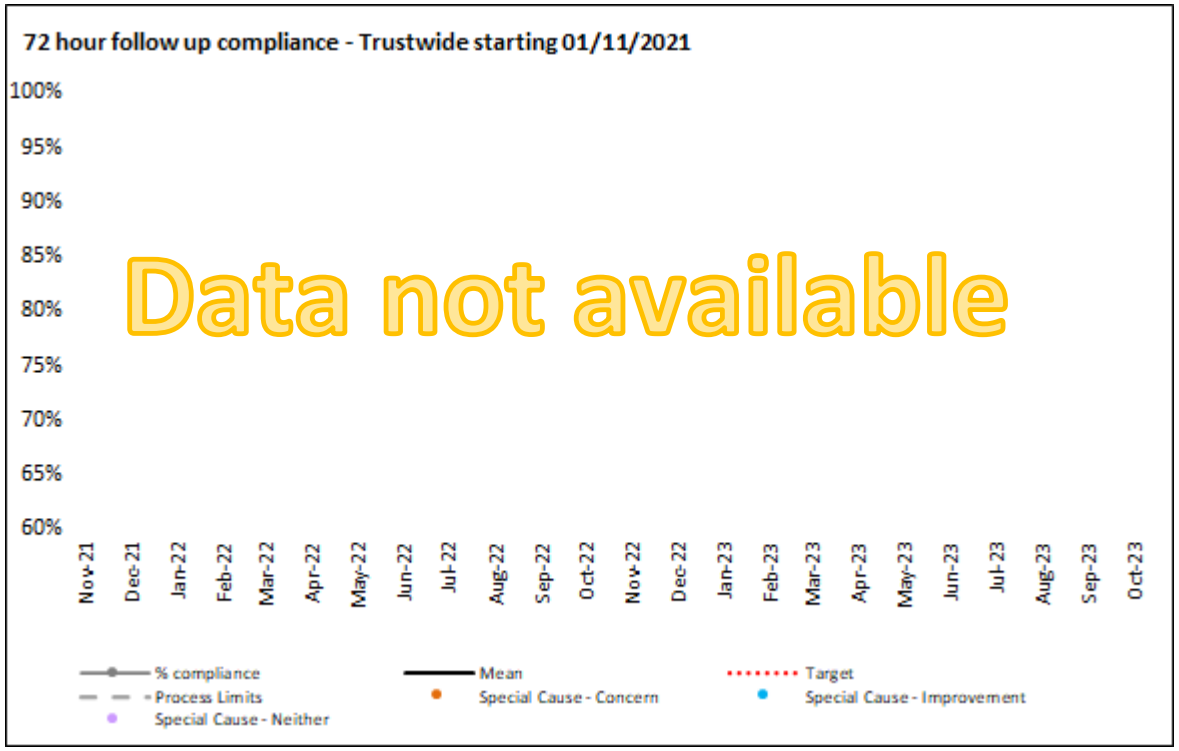


Delayed Discharges Adult Acute	Jan-24
Sum of Delayed Bednights	323
% Bednights occupied by DD	22.2%

Delayed Discharges PICU	Jan-24
Sum of Delayed Bednights	31
% Bednights occupied by DD	10.0%

Delayed Discharges Older Adult	Jan-24
Sum of Delayed Bednights	291
% Bednights occupied by DD	30.3%

Effective | Treatment & Intervention – 72 hour follow up



72 hour Follow Up		January 2024		
	Target	%	No.	SPC Variation
Trustwide	80%			

Narrative

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

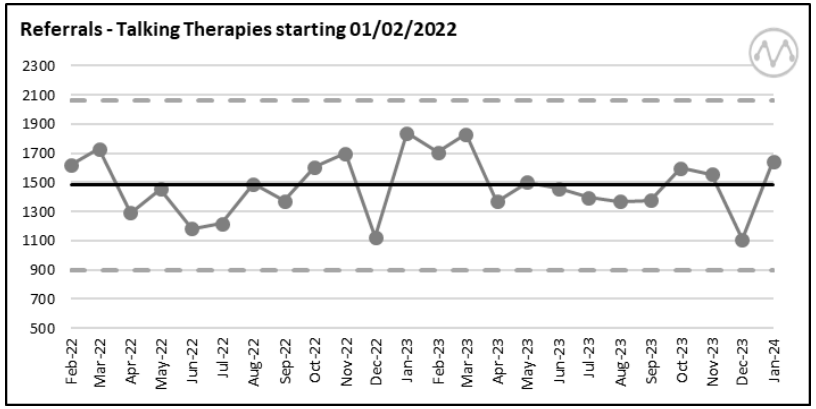
72 hour follow up data is not available due to delays to the Rio Reporting Workstream. Data will be provided as soon as possible.

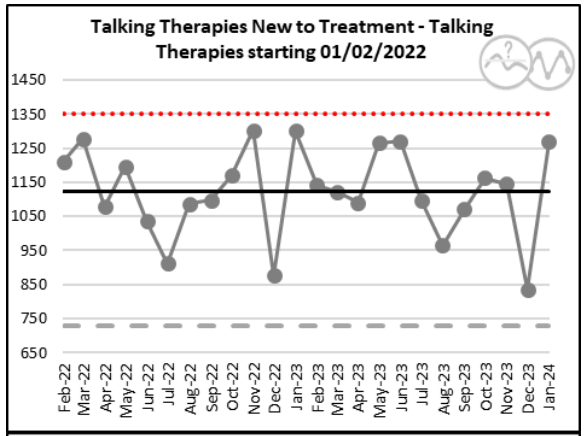
Sheffield Talking Therapies | Performance Summary

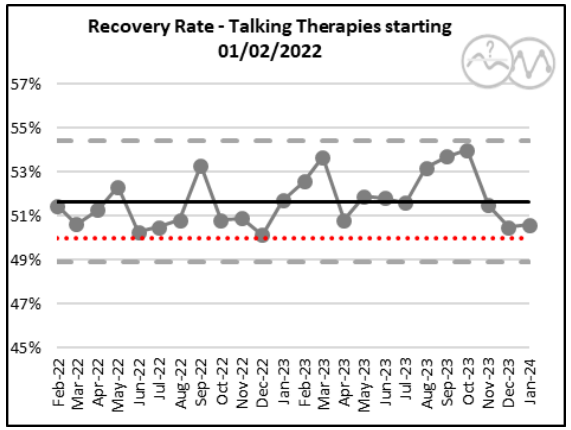
Sheffield Talking Therapies		Jan-24			
Metric	Target 2022/23	*n*	*mean*	*SPC variation*	*SPC target*
Referrals	/	**1646**	*1482*	• • •	/
New to Treatment	1352	**1269**	*1124*	• • •	?
6 week Wait	75%	**98.1%**	*98.86%*	• • •	P
18 week Wait	95%	**99.84%**	*99.84%*	• • •	P
Moving to Recovery Rate	50%	**50.6%**	*51.66%*	• • •	?

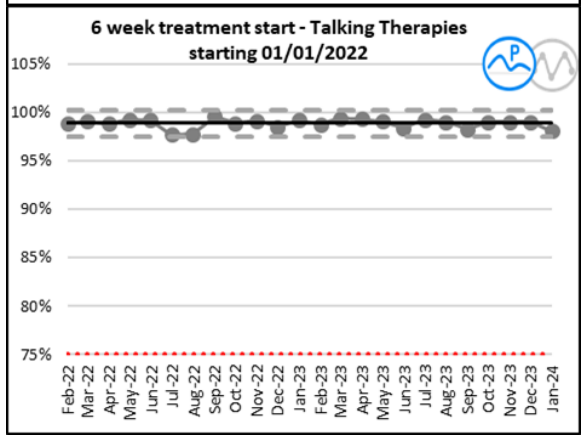
Narrative

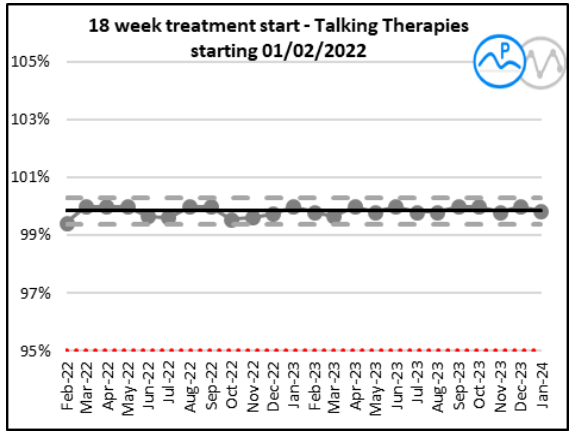
- Service continues to achieve the recovery rate standard (28) consecutive months.
- Increase in referrals – highest in last 6 months
- Increase in access
- Wait times still exceeding the national standards











NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safety & Quality

IPQR - Information up to and including January 2024

Proud to care in Sheffield

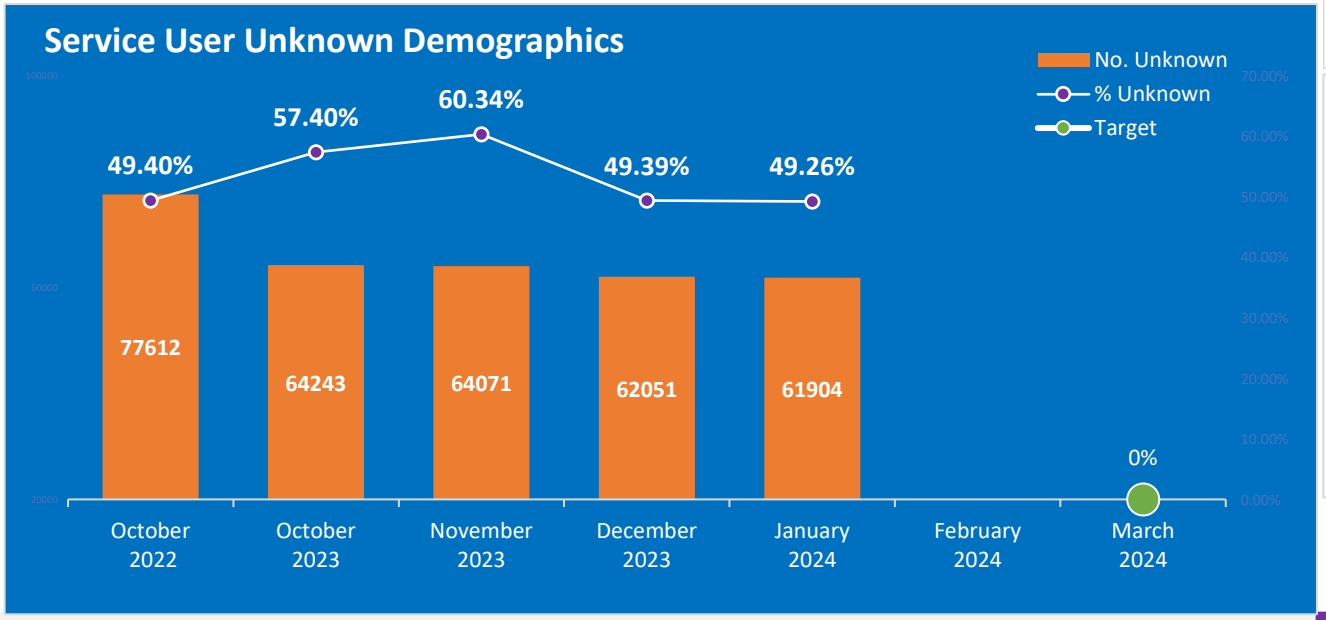
Protected Characteristics Data Quality

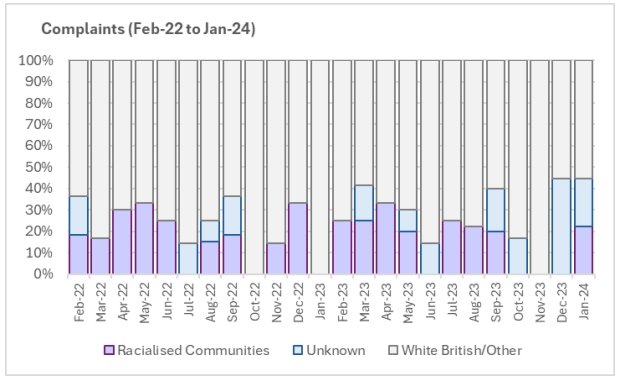
Electronic Patient Record (EPR) Unknown Demographics

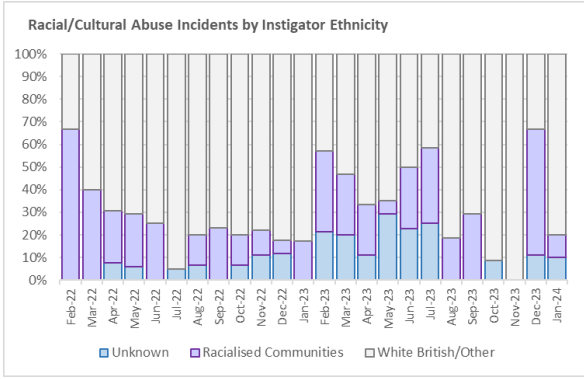
Age	Ethnicity	Gender	Gender Identity	Sexual Orientation	Religion
0%	41.68%	0.08%	93.87%	89.09%	74.95%

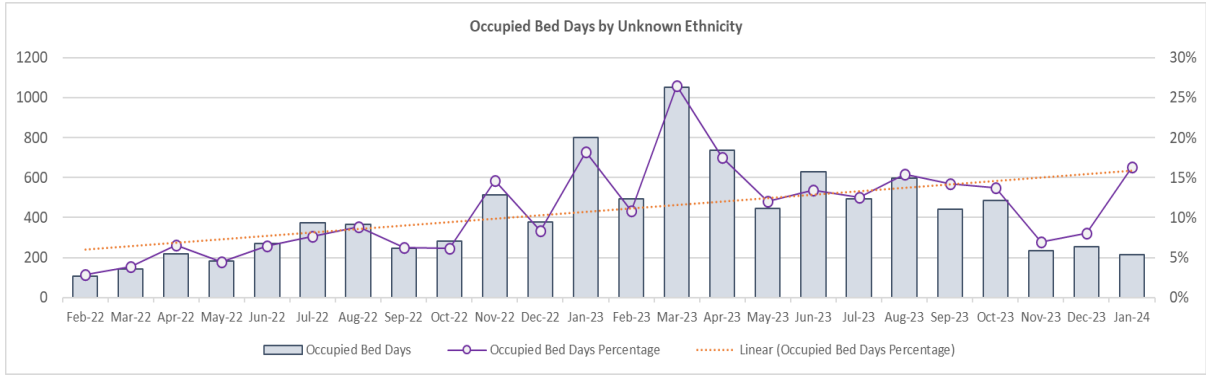
2021 Sheffield Census Unknown Demographics

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





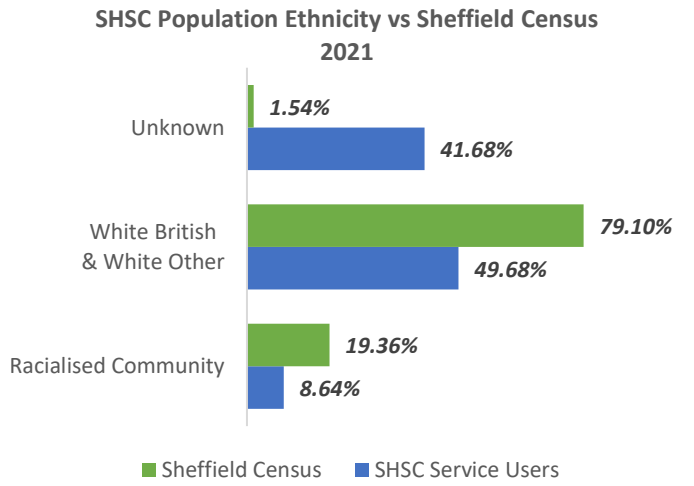




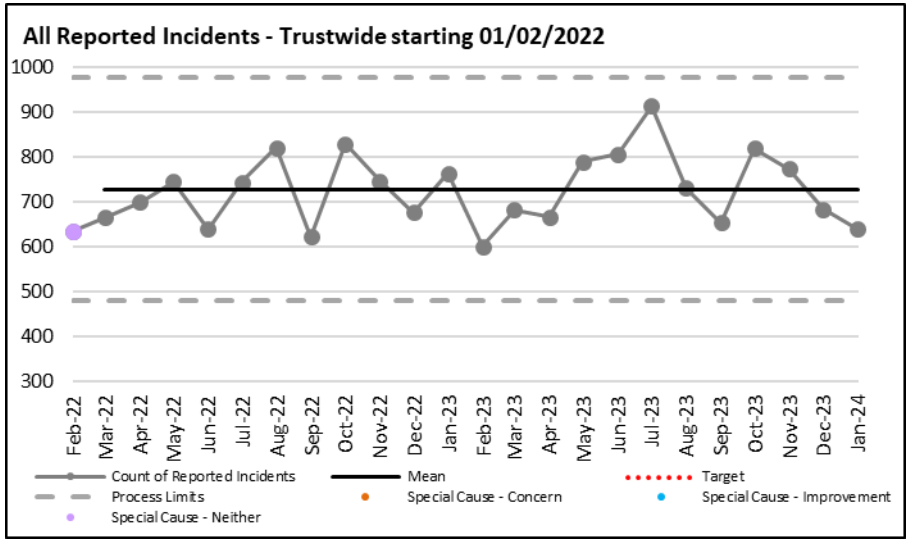
Narrative

Despite raising the profile on health inequalities, and particularly the percentage of incomplete/unknown demographics, we have seen no improvement to the data quality.

A dashboard was requested to be created and shared fortnightly, however due to delays this has not occurred.



Safe | All Incidents & Deaths

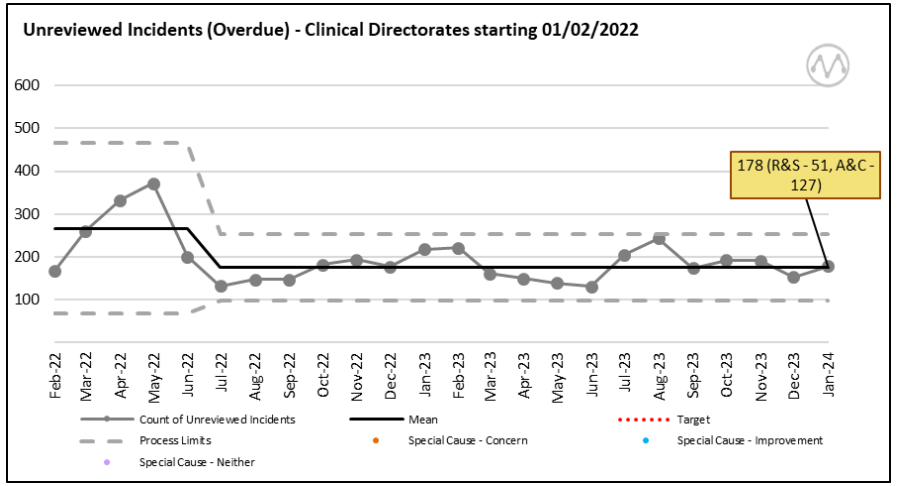


Trustwide	Jan-24		
	n	*mean*	SPC variation
ALL	**639**	723	• • •
5 = Catastrophic	**20**	25	• L •
4 = Major	**3**	3	• • •
3 = Moderate	**59**	60	• • •
2 = Minor	**246**	281	• • •
1 = Negligible	**280**	348	• • •
0 = Near-Miss	**31**	20	• • •

All Reported Incidents

During January 2024, 3 incidents were rated as "major", these relate to lack of clinical assessment, admission and Mental Health Act.

Of the 20 "catastrophic" incidents recorded this month, 4 were for Acute and Community services and 16 for Rehabilitation and Specialist services. All 20 incidents were service user deaths, 14 deaths were expected or suspected natural causes and will be considered through the Mortality Review Group. 6 deaths were unexpected community deaths, of which 1 was a suspected suicides at this point in time.

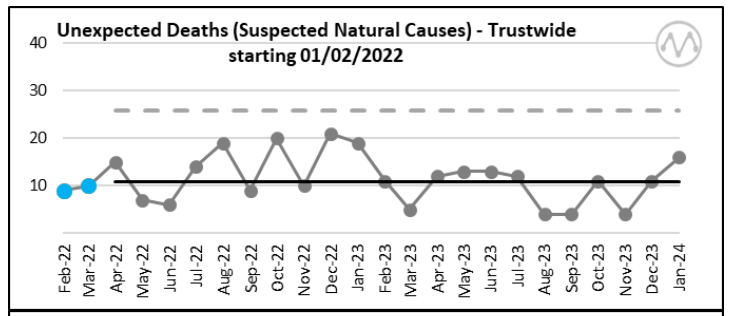


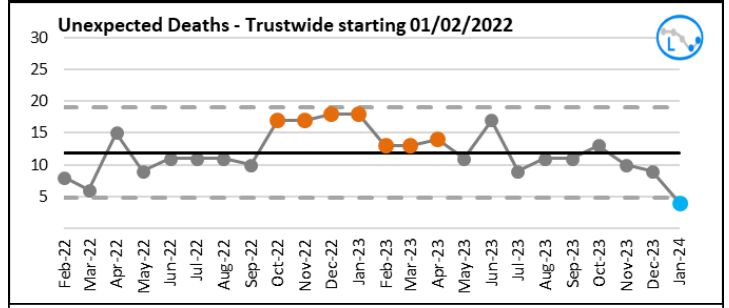
Unreviewed Incidents

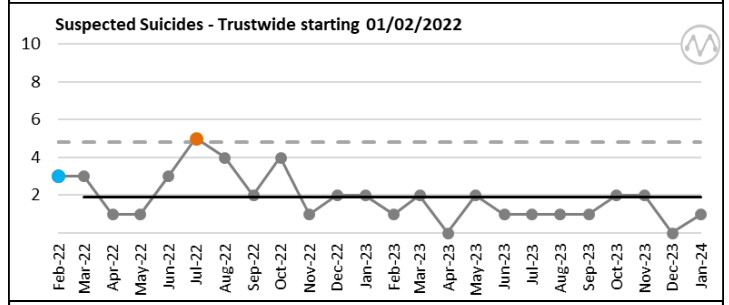
The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. 66 incidents remain unreviewed prior to January 2024. Directorate leads are working towards reducing the number of unreviewed incidents below 160.

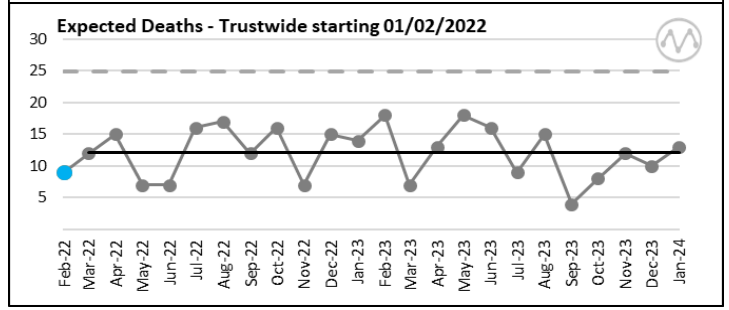
Protecting from avoidable harm	Target	YTD
Never events declared	0	0
Methicillin-resistant Staphylococcus aureus (MRSA & MSSA)	0	0

Deaths Reported 1 February 2022 to 31 January 2024 Quarterly mortality reports are presented to the Quality Assurance Committee and Board of Directors.	
Awaiting Coroners Inquest/Investigation	200
Closed	6
Conclusion – Accidental	4
Conclusion – Alcohol/Drug Related	22
Conclusion – Misadventure	4
Conclusion – Suicide	21
Conclusion – Other	1
Natural Causes – No Inquest	636
Ongoing / Open	2
Total	**897**

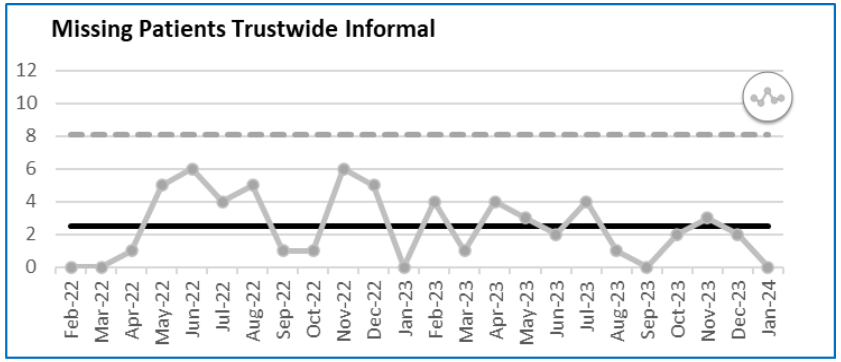


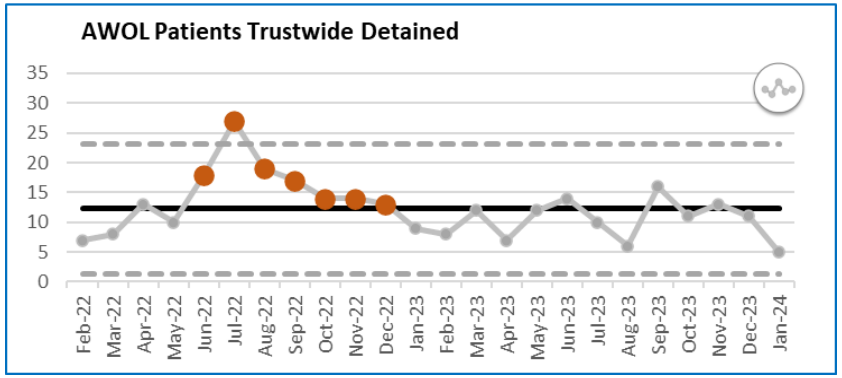






Safe | Medication Incidents, Falls & AWOL Patients



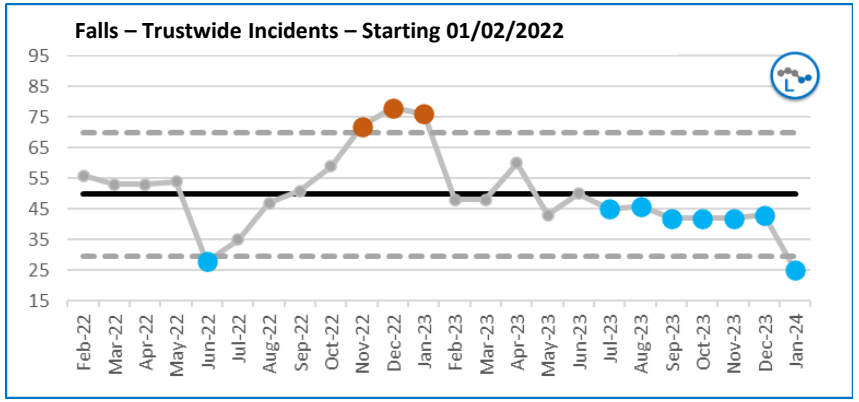


Trustwide	Jan-24		
	n	*mean*	SPC variation
Detained	5	12	• • •
Informal	0	3	• • •

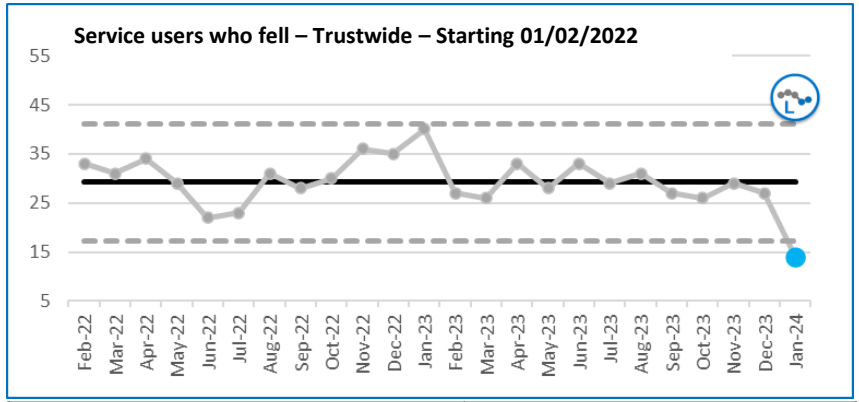
Missing & AWOL

5 reported incidents in January for 4 people under formal admission being AWOL.

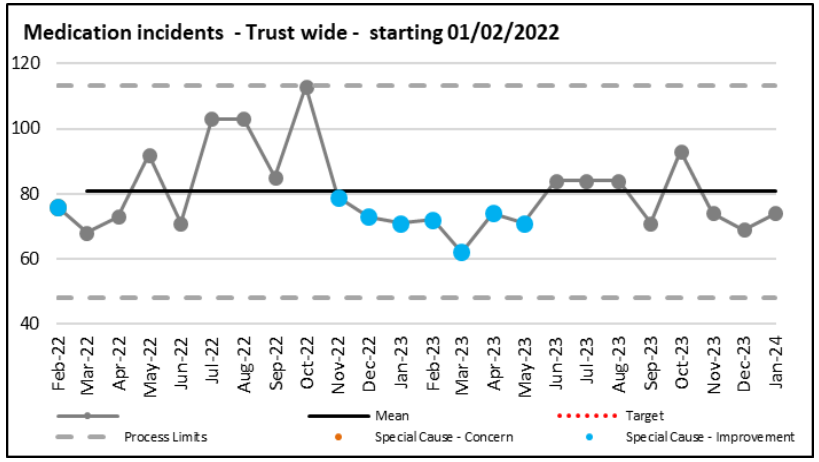
- Of those reported AWOL during December 2023, 1 service user is female and 3 male.
- 1 service user was from a racialised communities and 3 White British
- 3 were under Section 3 and 1 under Section 37/41 at the time of reporting



Trustwide FALLS INCIDENTS	Jan-24		
	n	*mean*	SPC variation
Trustwide Totals	25	50	• L •
Acute & Community	1	46	• L •
Rehabilitation & Specialist Services	24	4	• H •
Older Adult Services	24	45	• • •



Trustwide FALLS - PEOPLE	Jan-24		
	n	*mean*	SPC variation
Trustwide Totals	2	11	• • •
Acute & Community	1	10	• L •
Rehabilitation & Specialist Services	1	2	• • •
Older Adult Services	13	25	• • •



Trustwide	Jan-24		
	n	*mean*	SPC variation
ALL	86	110	• • •
Administration Incidents	16	21	• • •
Meds Management Incidents	63	67	• • •
Pharmacy Dispensing Incidents	4	12	• • •
Prescribing Incidents	3	10	• • •
Meds Side Effect/Allergy	0	0	• • •

Medication Incidents

During January there were no medication related incidents reported as being moderate.

Falls Incidents

The number of falls occurring continues on a downward trajectory, which can partly be attributed to the Falls Huddles occurring 5 days a week.

Of the 25 incidents reported, 24 were in our nursing homes. There were no moderate rated falls reported in January and a reduction of incidents is seen across all older adult services, in particular G1 ward.

88% of falls in January were of White British/Other service users, no falls were for service users from racialised communities, 12% of falls were of service users whose ethnicity was not stated.

Safe | Intimidation & Assaults

Assaults on Service Users	Jan-24		
	n	mean	SPC variation
Trustwide	23	24	• • •
Acute & Community	10	21	• • •
Rehabilitation & Specialist	13	3	• H •

Assaults on Staff	Jan-24		
	n	Mean	SPC variation
Trustwide	25	50	• • •
Acute & Community	16	45	• • •
Rehabilitation & Specialist	9	5	• • •

Intimidation to Staff	Jan-24		
	n	mean	SPC variation
Trustwide	63	111	• • •
Acute & Community	32	75	• • •
Rehabilitation & Specialist	31	36	• • •

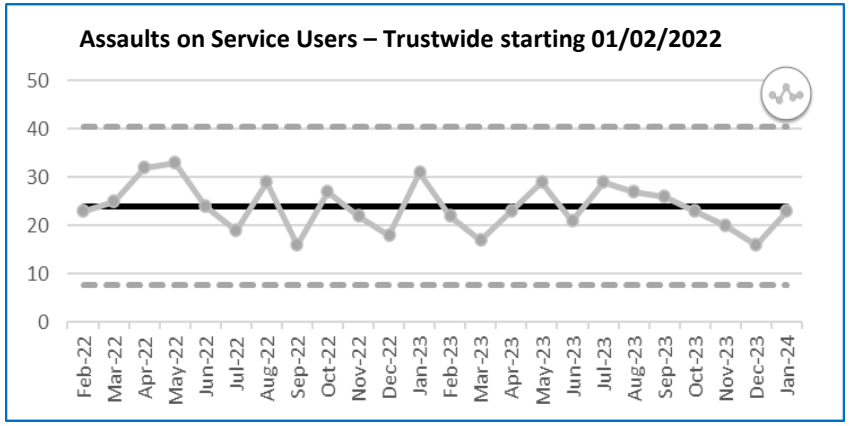
Assaults on Staff
Of the 25 reported incidents of assaults on staff, 3 were rated as moderate (1 on Endcliffe, 2 on Maple).
Violence Prevention Standards are picked up through People Directorate.

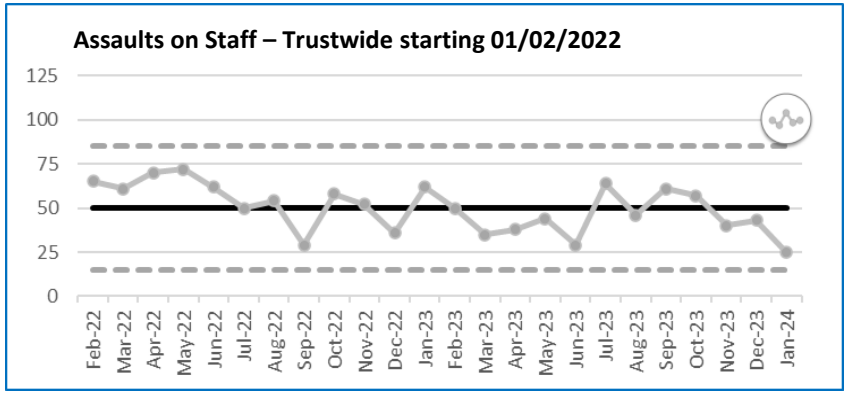
Assaults on Service Users
Out of the 25 assaults on Service Users incidents there were not any reported as being moderate or above.

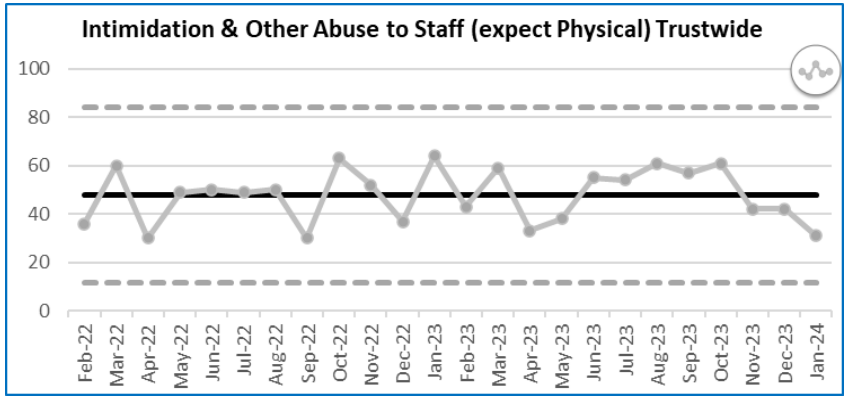
16% of victims in these incidents were from racialised communities and a further 25% did not have their ethnicity stated.

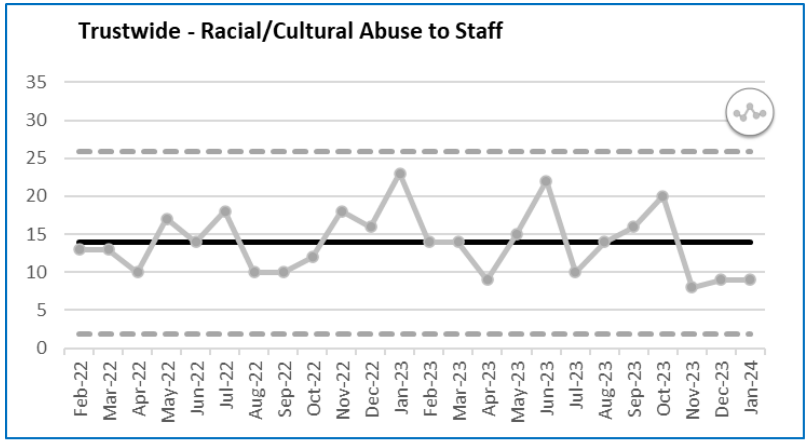
Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	1

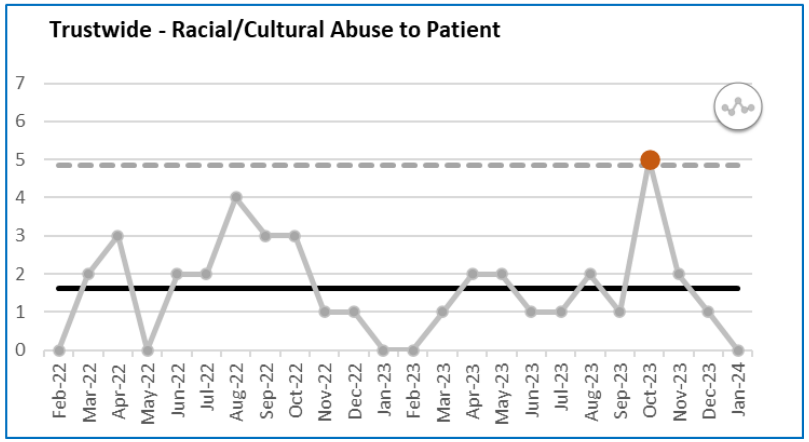
Narrative
An unofficial, not externally reportable breach occurred in November 2023, involving no shared facilities with separate bedrooms.







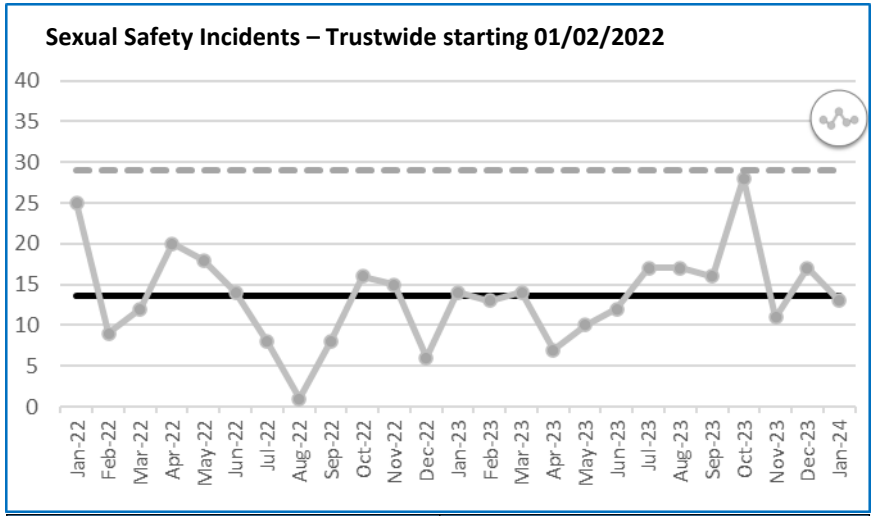




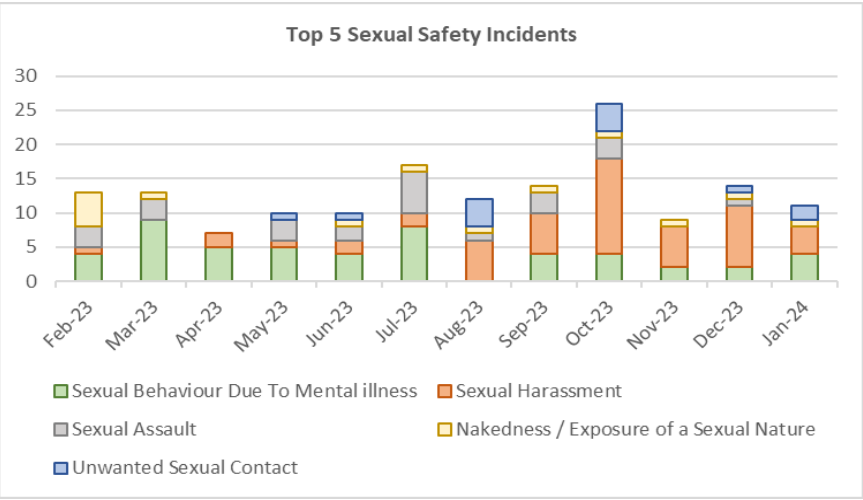
Racial & Cultural Abuse
While there were no incidents reported of Racial/Cultural abuse towards a service user this month, we continue working with services and our communities to ensure incidents are accurately reported.

Out of the 9 reported incidents of racial/cultural abuse towards staff, 3 were rated as being moderate incidents.

Safe | Sexual Safety



Trustwide	Jan-24		
	n	mean	SPC variation
Trustwide	13	*14*	• • •
Acute & Community	3	11	• • •
Rehabilitation & Specialist	10	*3*	• H •



Sexual Safety

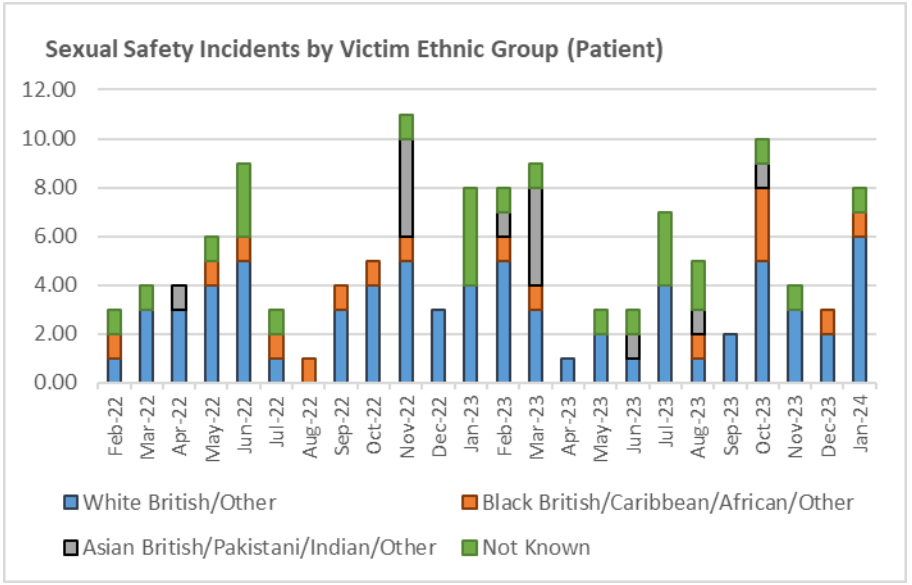
There were 13 sexual safety incidents reported in January 2024, of which no incidents were reported as Moderate or higher.

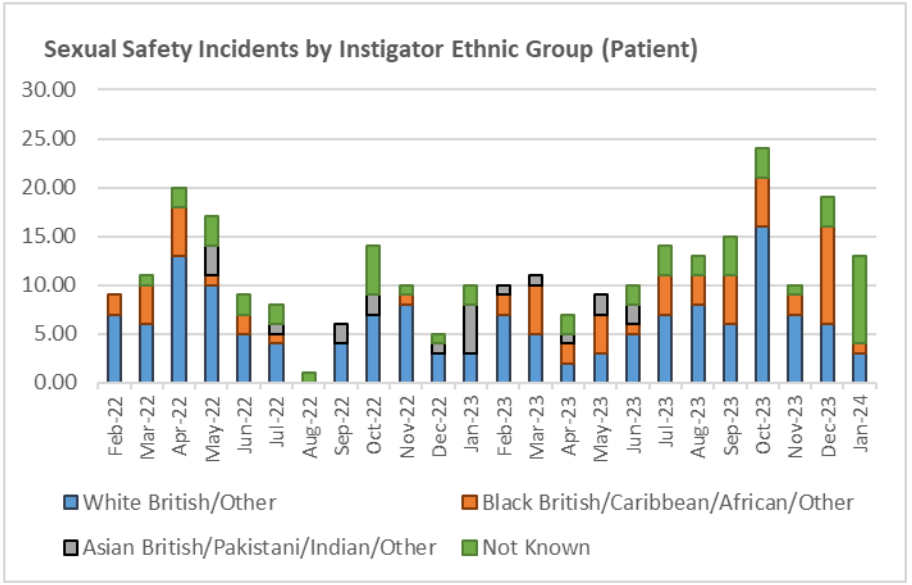
All sexual safety incidents are reviewed in the sexual safety group. Any incidents involving staff are managed through the staff safeguarding policy.

The majority of incidents are reported by Birch Avenue this month, with 7 of the 13 reported incidents and the highest form of incident is Sexual Harassment and Sexual behaviour due to Mental Illness.

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 has been developed.

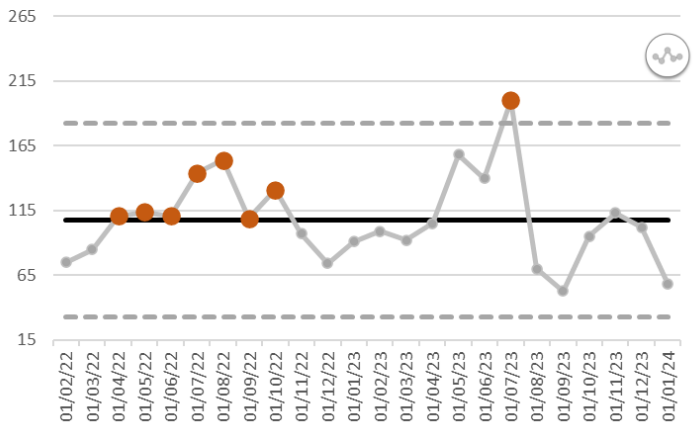
1 of the 15 victims of sexual safety incidents were from racialised communities, 8 people did not have their ethnicity recorded.



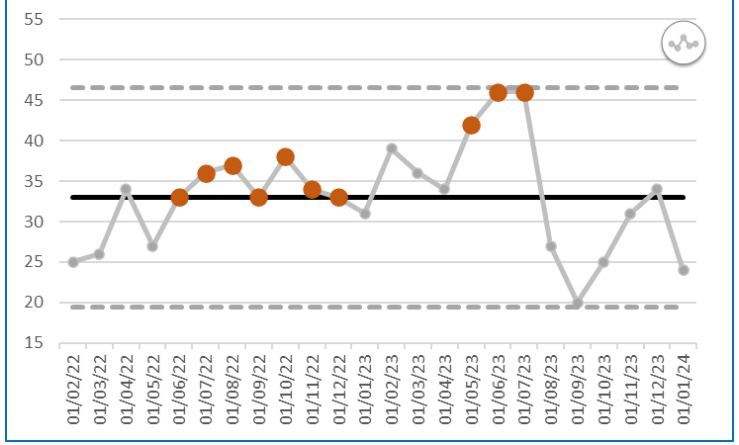


Safe | Restrictive Practice | Physical Restraint

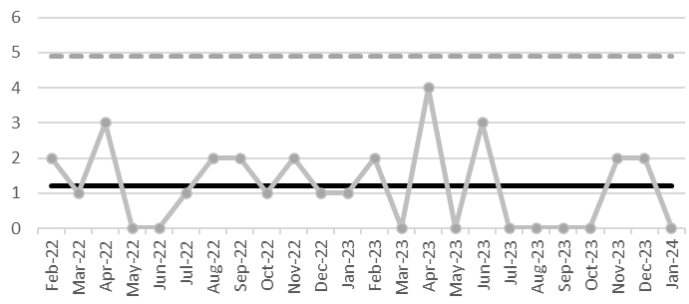
Physical Restraint Incidents – starting 01/02/2022



People Restrained – starting 01/02/2022



Trustwide Mechanical Restraint Incidents



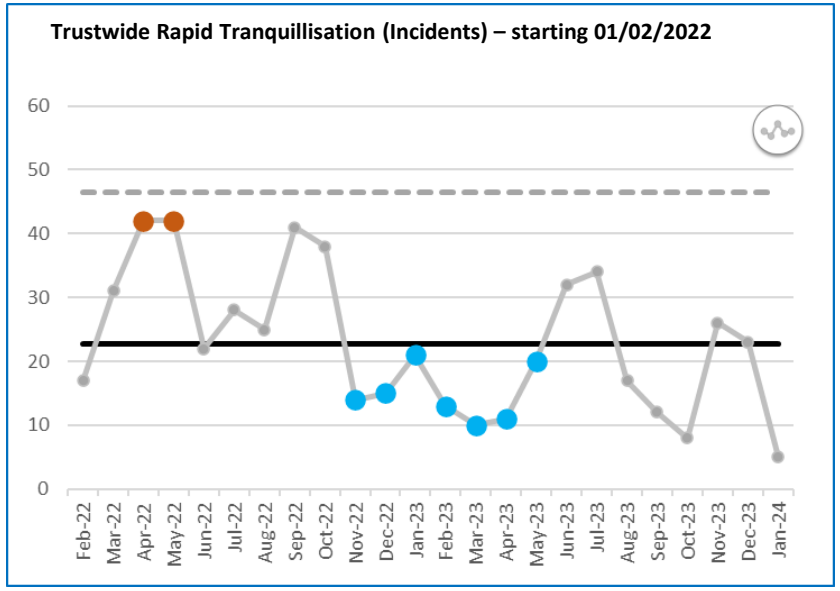
Physical Restraint INCIDENTS	Jan-24		
	n	mean	SPC variation
TRUSTWIDE	58	108	• • •
Acute & Community	48	103	• • •
Dovedale 2 Ward	27	28	• • •
Burbage Ward	0	9	• • •
Maple Ward	13	28	• • •
HBPoS (136 Suite)	0	1	• • •
Endcliffe Ward	7	18	• • •
Rehabilitation & Specialist	10	4	• • •
Forest Close	0	2	• • •
Forest Lodge	2	1	• • •
Dovedale 1	1	10	• • •
G1 Ward	3	6	• • •
Birch Ave	2	4	• • •
Woodland View	2	1	• • •

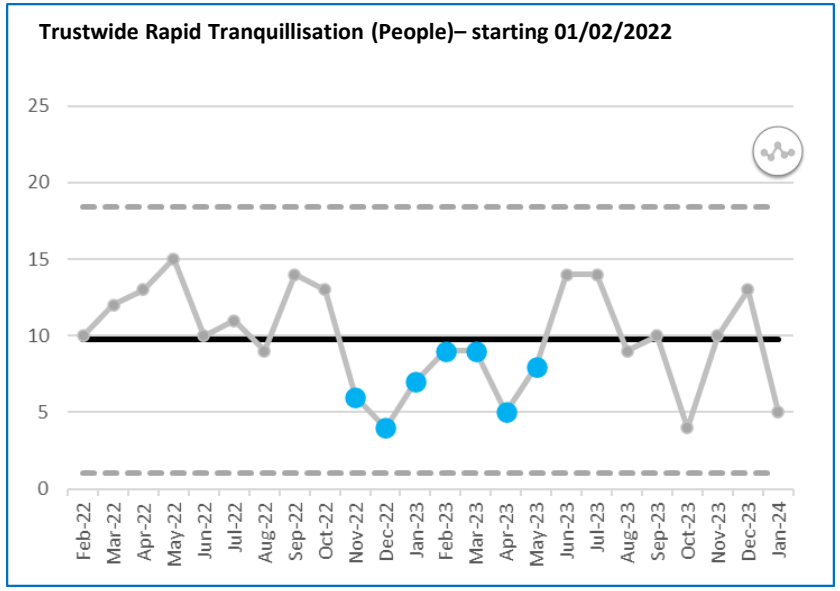
Physical Restraint PEOPLE	Jan-24		
	n	mean	SPC variation
TRUSTWIDE	24	33	• • •
Acute & Community	15	31	• L •
Dovedale 2 Ward	5	6	• • •
Burbage Ward	0	4	• • •
Maple Ward	7	6	• • •
HBPoS (136 Suite)	0	1	• • •
Endcliffe Ward	3	5	• • •
Rehabilitation & Specialist	9	2	• H •
Forest Close	0	1	• • •
Forest Lodge	2	1	• • •
Dovedale	1	2	• • •
G1 Ward	2	3	• • •
Birch Ave	2	3	• • •
Woodland View	2	1	• • •

Physical Restraint
58 incidents of restraint recorded in January 2024 for 24 people.

Mechanical Restraint
There have been no incidents reported for the use of mechanical restraints this month.

Safe | Restrictive Practice | Rapid Tranquillisation





Rapid Tranquillisation

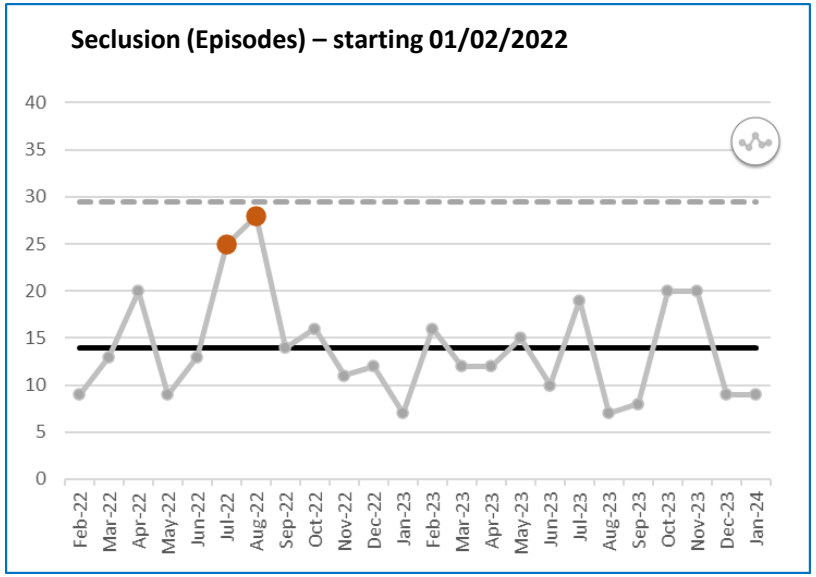
5 incidents of rapid tranquillisations were recorded during January 2024 for 5 people. All of the reported incidents of rapid tranquillisation in the Acute & Community Directorate.

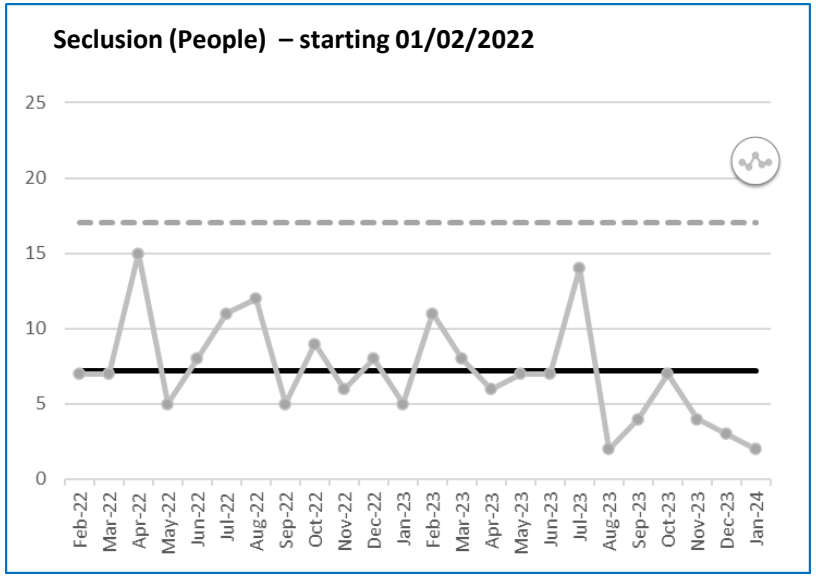
The use of rapid tranquillisation is an appropriate alternative to physical restraint/seclusion as a treatment.

Rapid Tranquillisation INCIDENTS	Jan-24		
	n	*mean*	SPC variation
TRUSTWIDE	**5**	*23*	• • •
Acute & Community	**5**	*23*	• • •
Dovedale 2	**2**	*10*	• • •
Burbage Ward	**0**	*2*	• • •
Maple Ward	**2**	*5*	• L •
HBPoS (136 Suite)	**0**	*0*	• L •
Endcliffe Ward	**1**	*3*	• • •
Rehabilitation & Specialist	**0**	*0*	• • •
Forest Close	**0**	*0*	• • •
Forest Lodge	**0**	*0*	• L •
Dovedale 1	**0**	*2*	• • •
G1 Ward	**0**	*0*	• • •
Woodland View	**0**	*0*	• • •
Birch Avenue	**0**	*0*	• • •

Rapid Tranquillisation PEOPLE	Jan-24		
	n	*mean*	SPC variation
TRUSTWIDE	**5**	*10*	• • •
Acute & Community	**5**	*9*	• • •
Dovedale 2	**2**	*3*	• • •
Burbage Ward	**0**	*1*	• • •
Maple Ward	**2**	*2*	• L •
HBPoS (136 Suite)	**0**	*0*	• L •
Endcliffe Ward	**1**	*2*	• • •
Rehabilitation & Specialist	**0**	*0*	• L •
Forest Close	**0**	*0*	• • •
Forest Lodge	**0**	*0*	• L •
Dovedale	**0**	*1*	• • •
G1 Ward	**0**	*0*	• • •
Woodland View	**0**	*0*	• • •
Birch Avenue	**0**	*0*	• • •

Safe | Restrictive Practice | Seclusion





Seclusion INCIDENTS	Jan-24		
	n	*mean*	SPC variation
Trustwide	**9**	*14*	• • •
Acute & Community	**7**	*13*	• • •
HBPoS (136 Suite)	**0**	*0*	• L •
Maple Ward	**2**	*3*	• • •
Endcliffe Ward	**5**	*7*	• • •
Rehabilitation & Specialist	**2**	*0*	• H •
Forest Lodge	**2**	*0*	• H •

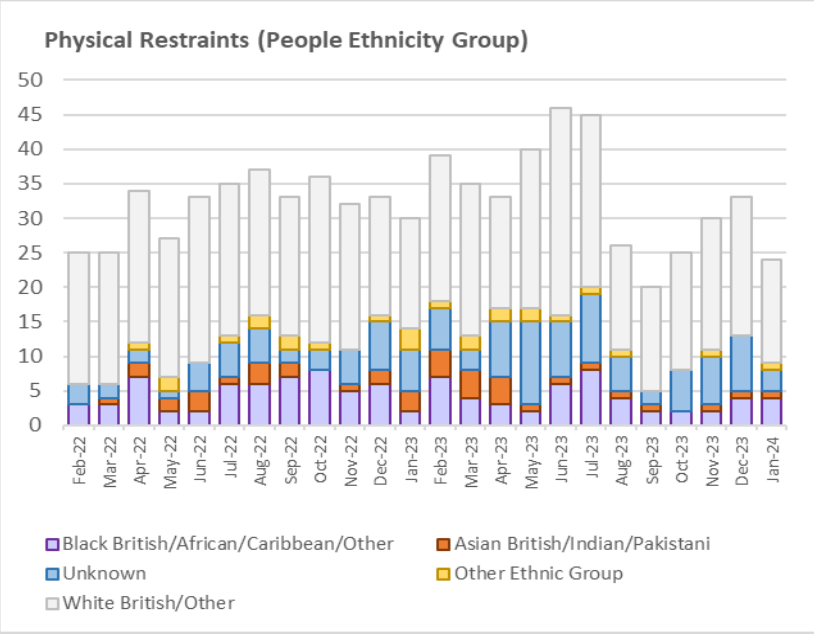
Seclusion PEOPLE	Jan-24		
	n	*mean*	SPC variation
Trustwide	**3**	*7*	• • •
Acute & Community	**2**	*6*	• • •
HBPoS (136 Suite)	**0**	*0*	• L •
Maple Ward	**1**	*2*	• • •
Endcliffe Ward	**1**	*3*	• • •
Rehabilitation & Specialist	**1**	*0*	• H •
Forest Lodge	**1**	*0*	• H •

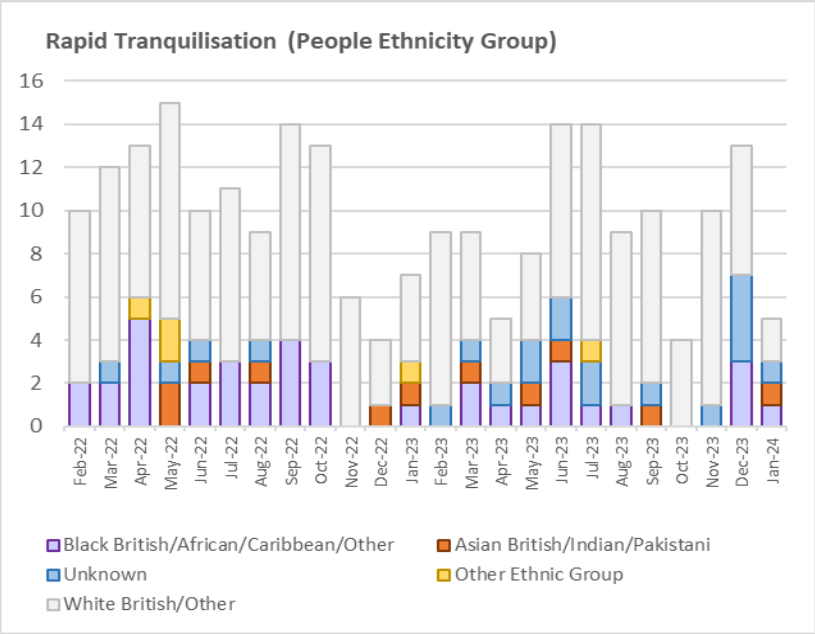
Seclusion
9 seclusion episodes recorded for 3 people in January 2024. There were no episodes of seclusion length of time recorded as prolonged. At the time of reporting 5 out of the 9 incidents have length of seclusion recorded, this is requirement of the Use of Force Act. This is discussed with leadership teams to ensure completion of incident timings.

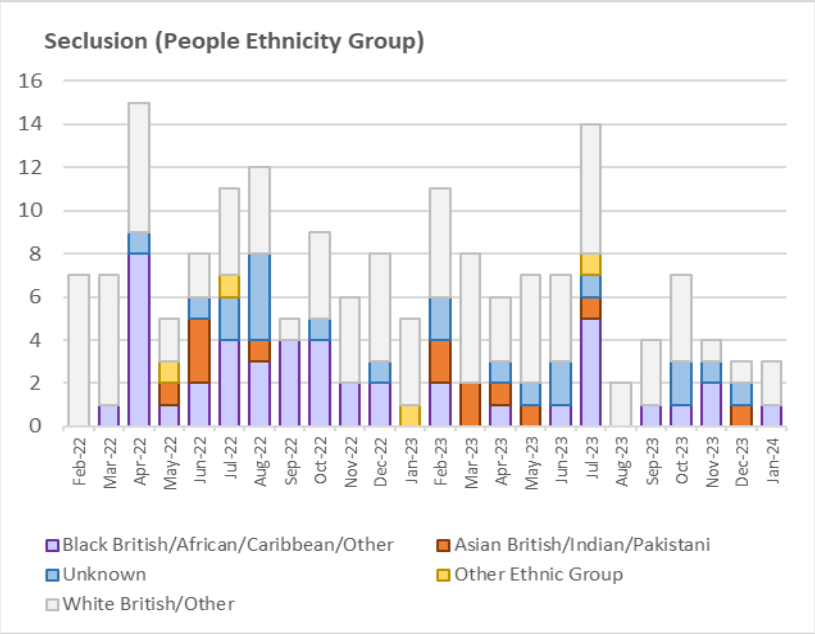
Linking our Least Restrictive Practice strategy and CQUIN, there is an ongoing quality improvement project for accurately recording timings of restrictive interventions, including seclusion episodes.

Long-Term Segregation
No long-term segregations reported in January 2024.

Race Equity Focus | Restrictive Practice





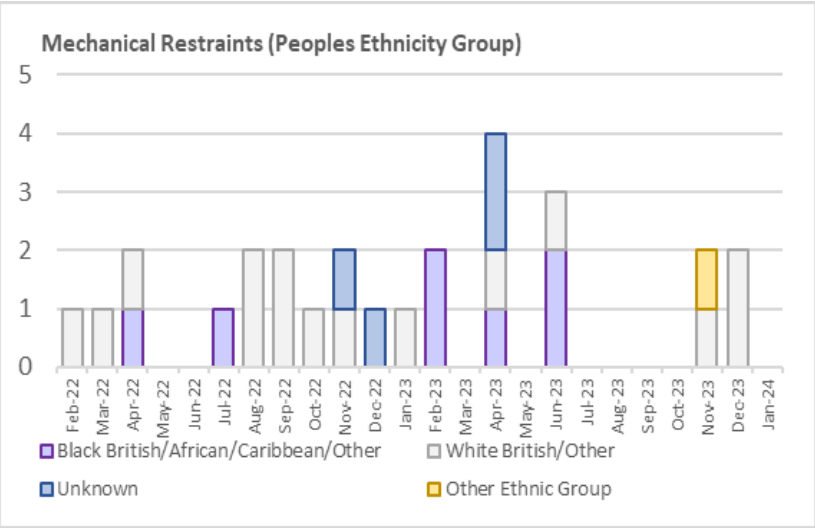


Narrative

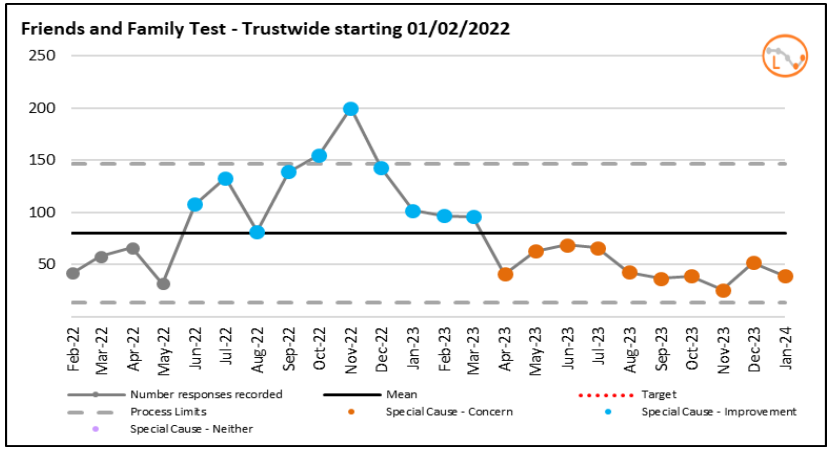
Seclusion
33% (1) of the individuals secluded in January were African/Black/Caribbean.

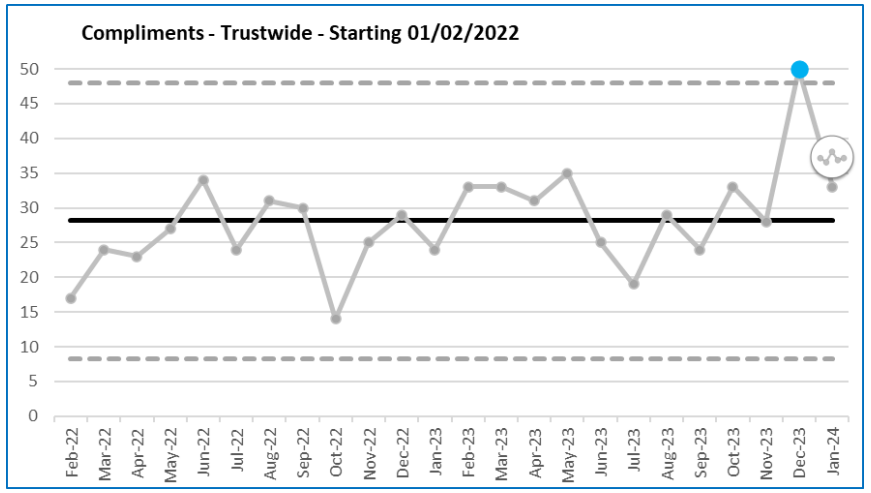
Rapid Tranquilisation
40% (2) of individuals who received rapid tranquilisations were White British, 20% (1) did not have an ethnicity recorded and 40% (2) were from racialised communities.

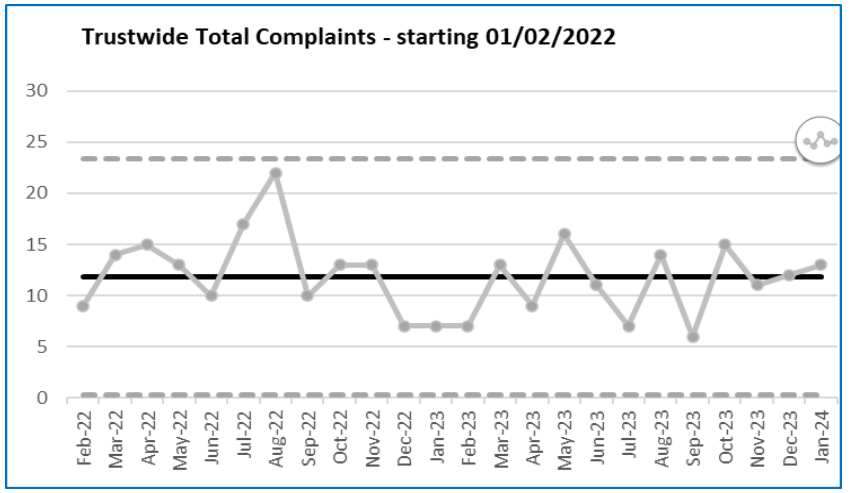
Physical Restraints
There were no mechanical restraints in January 2024.
62.5% of individuals who were physically restrained were White British, 12.5% did not have an ethnicity recorded and 25% were African/Black/Caribbean.



Caring | User Experience







Narrative

There has been a continues decline in the number of responses since April 2023. The Engagement & Experience team have an improvement plan to increase the number of response to a minimum of 200 by end of March 2024.

In January 2024, the Trust received a total of 39 responses to the FFT questions; 37 responses were positive, 1 response was negative, and 1 response was neutral. This equates to 94.9% positive responses received in January 2024. With 39 responses and 4030 active clients, the observed response rate for January 2024 is 0.97%, below the Trust Aspiration Response Rate at 5%.

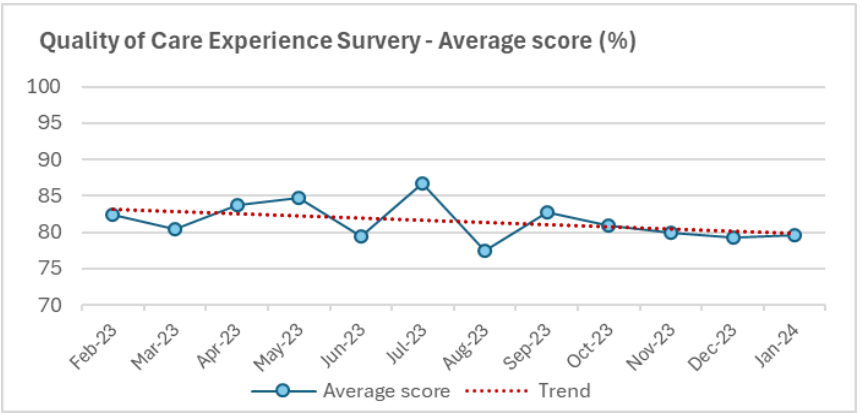
A few positive responses are listed below:

- "Very happy with the service" – Memory Services
- "Every aspect of care I needed to make as full a recovery as possible was given, in a kind and caring manner." – LTNC Sheffield Community Brain Injury Rehabilitation Team
- "Friendly, welcoming and supportive staff. I was made to feel at ease throughout the appointment and importantly for me, I felt listened to." – Sheffield Adult Autism and Neurodevelopmental Service
- "The course leaders where very good explaining and having someone with relevant experience made it feel like the course has a beneficial outcome rather than another tick box exercise." – Short Term Educational Programme

Compliments

There have been 33 compliments recorded as received in January. 12 received for Acute and Community and 21 for Rehabilitation and Specialist services.

Mental Health Recovery Team North received the most compliments this month with 8 followed by our Specialist Community Forensic Team receiving 5 compliments.



Complaints

There were 13 new formal complaints received in January 2024. 8 were for Acute & Community and 5 for Rehabilitation & Specialist Services. Access to Treatment or drugs and Clinical Treatment were the most frequent complaint types. this month. The ethnicity of the service users whose care was the subject of the complaint is 1 White British and 12 without an ethnicity recorded.

Complaints closed in January;

Closed - Not Upheld	2
Closed - Partially Upheld	7
Closed - Upheld	1
Outstanding	5
Withdrawn	2

Quality of Care Experience Survey

This utilises the Tendable audit system, identifying areas of good practice as well as areas that require change/improvement. 28 surveys were completed this month with an average of 79.6% broken down by service below:

Beech	83.2%	Forest Close	91.3%
Birch Avenue	84.8%	Forest Lodge	79.1%
Burbage	87.4%	G1	82.9%
Dovedale 1	84.3%	Maple Ward	78.4%
Endcliffe Ward	61.2%	Woodland View	No Submissions

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safer Staffing

IPQR - Information up to and including January 2024

Proud to care in Sheffield

Safer Staffing

		Staffing											
Organisation Name	New Staff Group	Funded Establishment FTE	Staff in Post FTE	Vacancies FTE	Unavailability Total FTE	Substantive Usage FTE (Actual)	Bank Usage FTE	Agency Usage FTE	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	Narrative
Burbage Ward	Registered Nurses	12.59	14.6	-2.0	4.9	7.3	0.5	2.0	9.9	2.7	102%	100%	1 x Band 6 moving to Endcliffe. No concerns fill rate
Burbage Ward	Unregistered Nurses	26.12	22.0	4.1	7.0	11.8	8.8	0.5	21.2	5.0	105%	106%	5 x Band 2 HCA recruited, starting Feb. 1 x 1:1 & 1 x 2:1
Dovedale 1	Registered Nurses	12.22	14.4	-2.2	6.1	9.1	1.1	0.4	10.5	1.7	120%	102%	Nurse leaving so will reduce over establishment on FTE
Dovedale 1	Unregistered Nurses	23.77	24.8	-1.0	10.2	15.1	7.2	1.9	24.2	-0.4	114%	195%	2 – 3 x 1:1's plus zonal obs has increased fill rate
Dovedale 2 Ward	Registered Nurses	11.59	10.6	1.0	6.8	2.8	1.1	4.6	8.5	3.1	111%	97%	A no. of Preceptees need signing off, 2 due to start Feb 24
Dovedale 2 Ward	Unregistered Nurses	26.61	12.7	13.9	4.0	8.1	18.7	12.3	39.0	-12.4	168%	237%	High use of agency above FTE due to no. of obs/engagement
Endcliffe Ward	Registered Nurses	11.36	9.0	2.4	5.3	3.6	1.1	5.4	10.2	1.2	81%	107%	2 x Preceptees starting & SNP
Endcliffe Ward	Unregistered Nurses	28.12	26.5	1.6	13.1	13.8	15.5	2.0	31.3	-3.2	143%	165%	High levels of engagement/obs which has increased fill rate
Forest Close 1	Registered Nurses	8.40	6.5	1.9	3.3	3.8	1.0	0.0	4.8	3.6	95%	100%	
Forest Close 1	Unregistered Nurses	9.80	13.0	-3.2	5.2	8.1	0.4	0.0	8.5	1.3	101%	102%	
Forest Close 1a	Registered Nurses	10.43	9.6	0.8	3.7	5.2	0.1	1.0	6.3	4.1	97%	100%	
Forest Close 1a	Unregistered Nurses	20.86	19.2	1.7	7.1	13.0	0.5	0.0	13.5	7.4	103%	100%	
Forest Close 2	Registered Nurses	8.80	8.8	0.0	4.3	3.6	0.5	0.7	4.8	4.0	104%	101%	
Forest Close 2	Unregistered Nurses	8.49	10.4	-1.9	4.3	7.0	0.5	0.1	7.6	0.9	103%	100%	
Forest Lodge Assessment	Registered Nurses	10.58	10.7	-0.1	4.3	7.1	0.5	0.0	7.5	3.1	102%	100%	
Forest Lodge Assessment	Unregistered Nurses	16.62	13.5	3.1	5.0	7.3	7.7	1.4	16.4	0.2	118%	119%	
Forest Lodge Rehab	Registered Nurses	9.02	9.1	-0.1	2.4	6.0	0.9	0.0	6.9	2.1	95%	103%	
Forest Lodge Rehab	Unregistered Nurses	13.59	11.1	2.5	4.0	5.3	0.9	1.4	7.6	6.0	96%	118%	
G1 Ward	Registered Nurses	12.82	14.4	-1.6	7.6	7.3	2.5	0.7	10.5	2.4	108%	104%	Fill rate good, WTE being reviewed as over established
G1 Ward	Unregistered Nurses	33.09	28.7	4.4	14.8	15.2	13.9	5.8	34.9	-1.8	134%	142%	2 x HCA due to commence in post
Maple Ward	Registered Nurses	14.38	13.6	0.8	7.5	6.1	0.4	2.5	9.0	5.4	54%	99%	Low fill rate Q (3 on CER), sickness & mat leave
Maple Ward	Unregistered Nurses	29.33	23.8	5.5	8.4	13.3	15.0	7.0	35.4	-6.0	149%	242%	4 x band 2 HCA starting. Fill rate % high due to obs.

Overstaffing

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

Understaffing

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

Safer Staffing

Organisation Name	Bed Occupancy %	Total Complaints	Total Incidents	Patient Safety Incidents	Serious Incidents (3-6)	Suboptimal Staffing Incidents	Red Flag Staffing Incidents	Staffing Incidents Narrative	Medication Incidents	Self-Harm Incidents	Pressure Incidents
Burbage Ward	99.78%	1	28	11	3	0	13	12 shifts with over 50% bank/agency on shift and 1 with over 40% bank/agency	8	2	0
Dovedale 1	95.41%	0	25	9	2	0	12	11 shifts with over 50% bank/agency on shift and 1 with over 40% bank/agency on shift	6	0	0
Dovedale 2 Ward	95.85%	0	111	69	4	3	62	31 shifts with over 50% bank/agency and 31 with over 40% bank/agency	18	36	0
Endcliffe Ward	99.12%	1	54	37	10	0	0	No Red Flags incident	10	13	0
Forest Close 1	97.90%	0	9	6	0	1	1	1 x night shift with 2 bank staff	0	0	0
Forest Close 1a	103.99%	0	10	0	0	0	0	No Red Flag incidents	1	1	0
Forest Close 2	93.51%	0	0	0	0	0	0	No Red Flag incidents	0	0	0
Forest Lodge Assessment	99.67%	0	17	5	2	1	0	No Red Flag incidents	5	0	0
Forest Lodge Rehab	99.90%	0	11	3	1	1	0	No Red Flag incidents	3	0	0
G1 Ward	76.00%	0	29	17	1	1	0	No Red Flag incidents	4	0	0
Maple Ward	101.93%	0	77	40	7	1	19	14 shifts with over 50% bank/agency. 1 shift with over 40% bank/agency on shift. 4 shifts with non-familiar Agency RMN's on shift.	6	7	0

Older Adult

What is the current staffing situation?

- Over established with Registered Nursing staff – review operationally
- No preceptees commencing in OA wards due to FTE
- New HCA's should be in post for next staffing report.

How effectively has the workforce been utilised?

- Fill rate % on HCA nights has reduced on DD1 due to increased scrutiny and control

Rehabilitation & Specialist

What is the current staffing situation?

- Decreasing vacancy rates. L/T sickness, maternity leave and secondments impacting on fill rates and have required agency to support qualified staffing. Preceptee's in process / starting.

How effectively has the workforce been utilised?

- Band 6, SNP and W/M supporting shifts. Support provide across the units as acuity requires, mainly via redeployment within staffing numbers.
- Baseline staffing mostly achieved

Acute

What is the current staffing situation?

- Vacancies for HCA's but mass recruitment day undertaken and vacancies have been filled, should show in next staffing report.
- Preceptees due to commence

How effectively has the workforce been utilised?

- Effective use of CER and workforce by Burbage – Exemplar.
- High use of agency above FTE for Dovedale 2 HCA
- High fill rate for HCA on DD2, Maple and Endcliffe due to increased engagement/observations above CER.

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Our People

IPQR - Information up to and including January 2024

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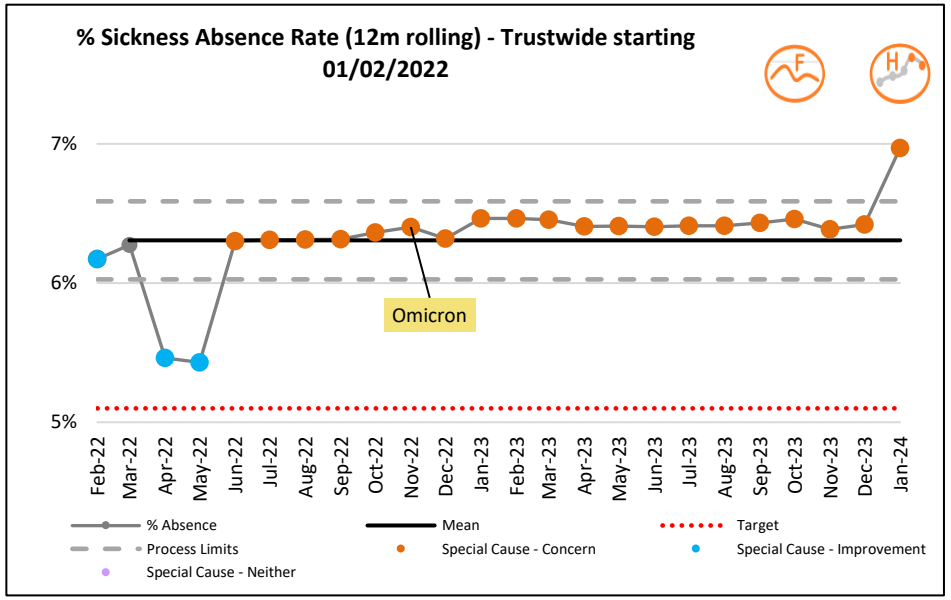
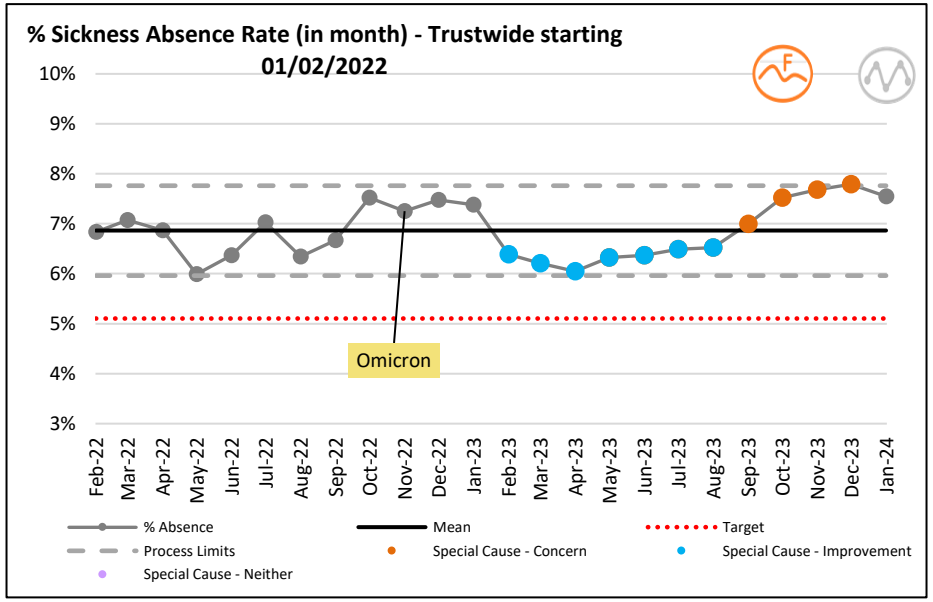
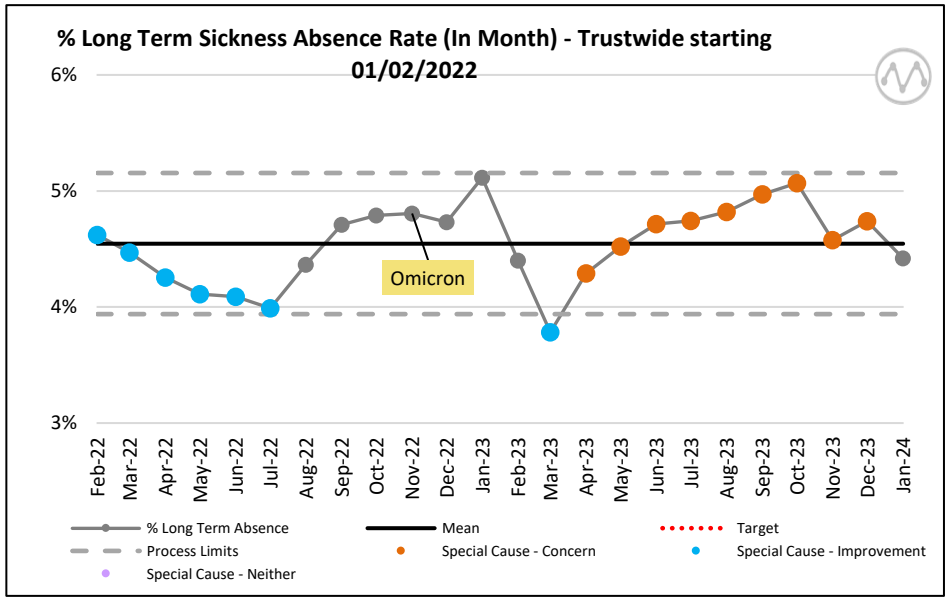
Well-Led | Workforce Summary

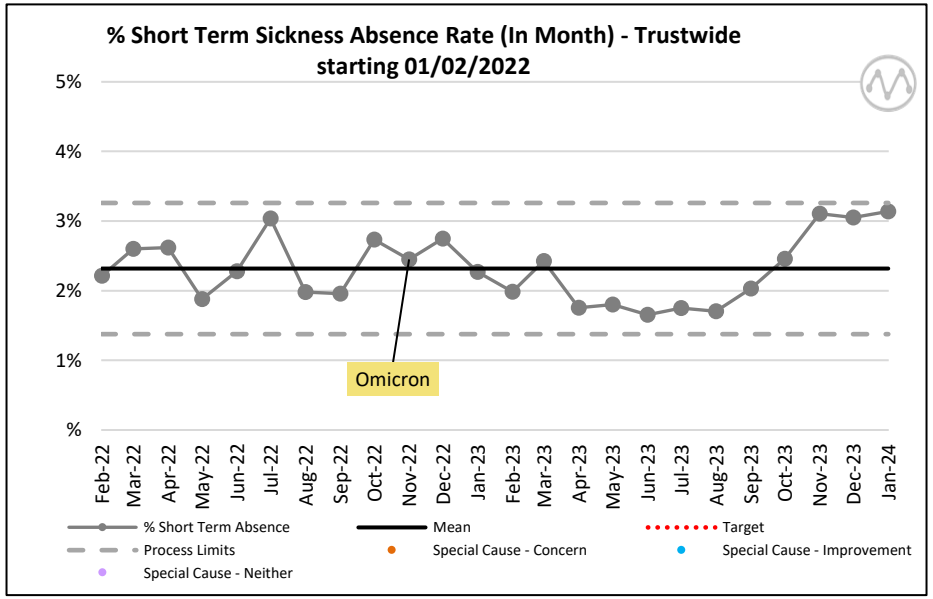
		Jan-24			
Metric	Target	n	*mean*	SPC variation	SPC target
Sickness 12 Month (%)	5.10%	**6.97%**	*6.31%*	• H •	F
Sickness In Month (%)	5.10%	**7.55%**	*6.86%*	• • •	F
Long Term Sickness (%)	~	**4.42%**	*4.55%*	• • •	/
Short Term Sickness (%)	~	**3.14%**	*2.32%*	• • •	/
Headcount Staff in Post	~	**2646**	*2659*	• • •	/
WTE Staff in Post	~	**2333**	*2337*	• • •	/
Turnover 12 months FTE (%)	10%	**17.62%**	*16.23%*	• H •	F
Training Compliance (%)	80%	**87.5%**	*88.50%*	• • •	P
Supervision Compliance (%)	80%	**63.11%**	*71.82%*	• L •	F

Well-Led | Sickness









Narrative

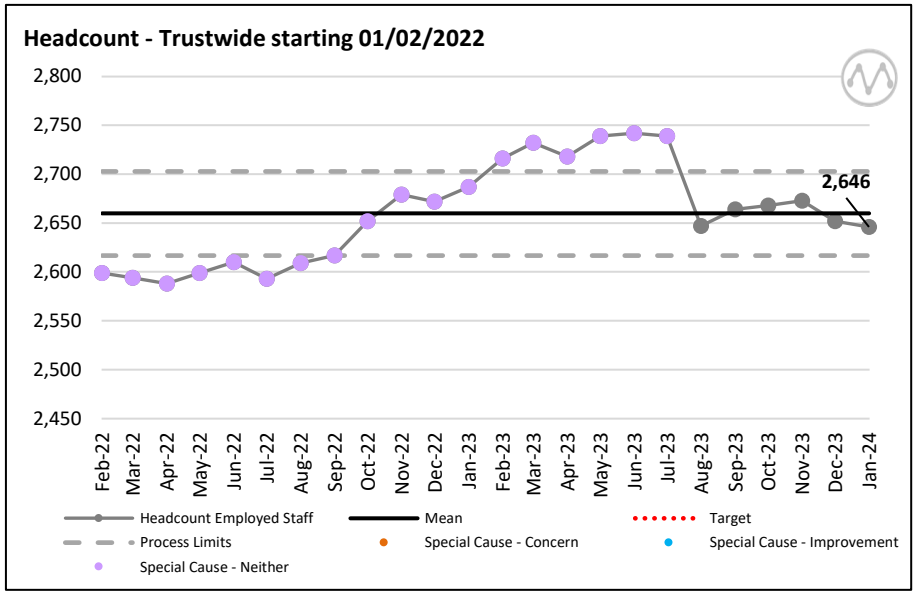
Sickness has increased again to 7.55%

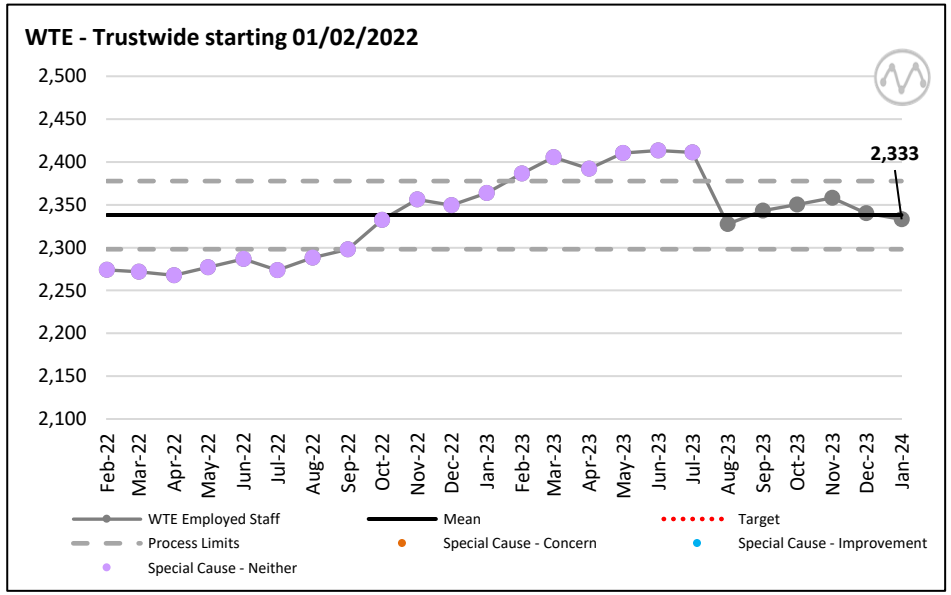
Stress/Anxiety/MH and other psychiatric illness, work in progress to understand root causes and the impact of health inequalities on attendance

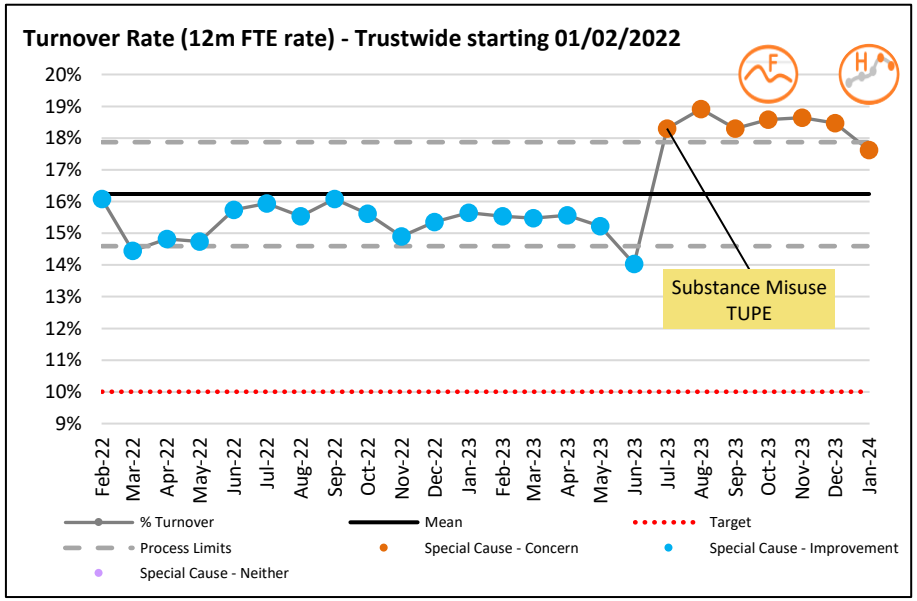
Although 12 month rolling sickness has increased the in month sickness for January has decreased.

Continued focus on Absence reduction will continue into the new financial year and is part of the refreshed people strategy for 2024/25.

Well-Led | Staffing







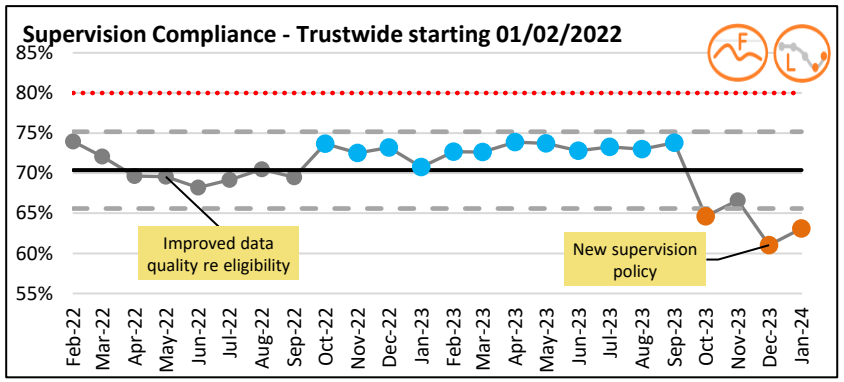
Narrative

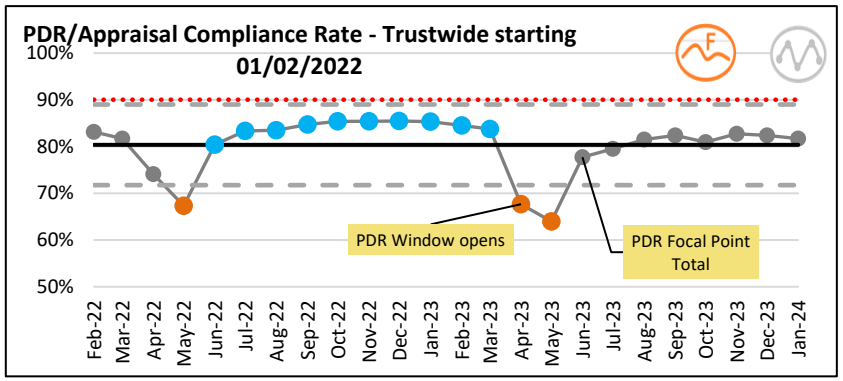
There has been a decrease in headcount and WTE from December to January.

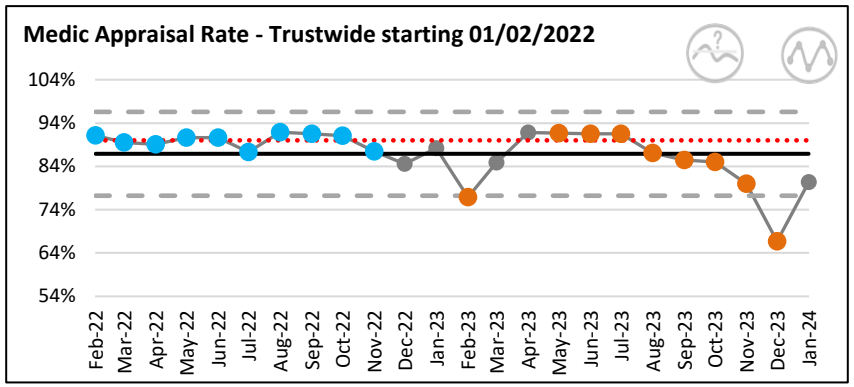
Pauses on recruitment in line with the current financial position in some areas may be contributing.

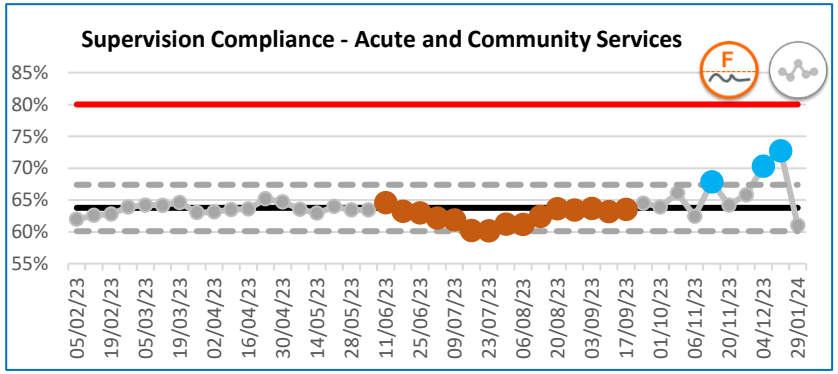
12-month turnover has decreased.

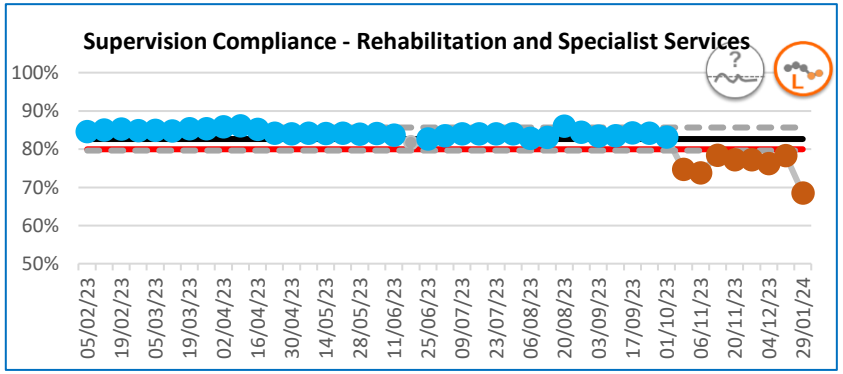
Well-Led | Supervision & PDR/Appraisal

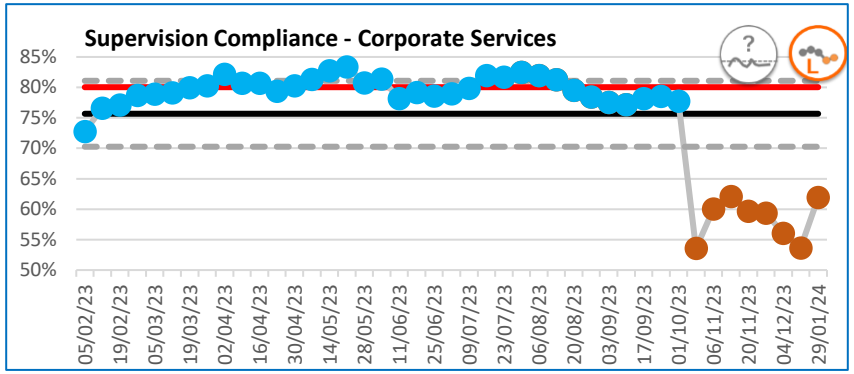












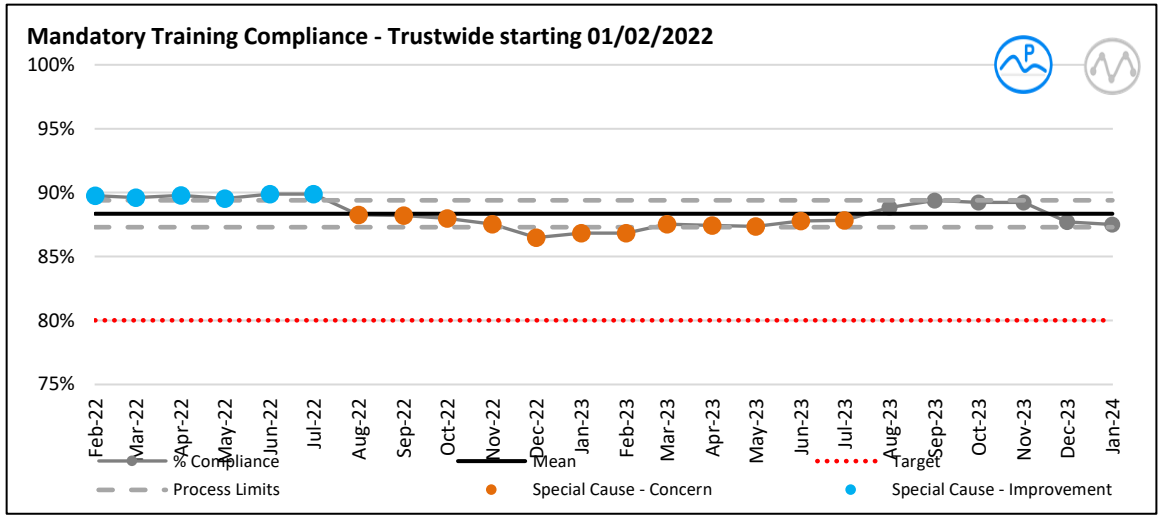
Aim

We will ensure that 80% staff have received at least one supervision in the last six-week period and that it is recorded in and reported on from a single source – the supervision webform.

Narrative

As of 31st January 2024, average compliance with the target:
Trustwide **63.11%**
Clinical Services **63.0%**
Weekly updated information is monitored and reviewed by Directors and Service Leads. Clinical Directorate Service Lines and teams' performance is monitored each month at Directorate IPQR reviews and Corporate Services' performance is reviewed at Executive Performance and Quality Reviews (EPQRs).
A recovery plan is in place for our acute and PICU wards, monitored through the Back to Good Programme Board.

Mandatory Training



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	02/01/2024	23/01/2024
Trustwide	**87.50%**	**87.58%**
Directorate/Service Line		
Corporate Services	80.87%	80.31%
Medical Directorate	90.82%	92.05%
Acute & Community – Crisis	89.41%	90.20%
Acute & Community – Acute	87.47%	88.09%
Acute & Community – Community	91.12%	91.29%
Acute & Community – Older Adults	86.26%	86.42%
Rehab & Specialist – Forensic & Rehab	91.40%	91.09%
Rehab & Specialist – Highly Specialist	88.08%	88.03%
Rehab & Specialist – Learning Disabilities	88.11%	88.24%
Rehab & Specialist – Talking Therapies	93.27%	93.35%

Narrative

Mandatory training compliance is monitored closely at clinical team governance and through clinical Directorate IPQR meetings. Corporate services report their mandatory training position in Executive Performance and Quality Reviews (EPQRs).

As at 23/01/24, the nearest training report to end of January 24 position
There are currently 7 subjects below 80%: one fewer that was reported last month.
Deprivation of Liberty Standards Level 1 is now at 80.12%, up 0.38%

<u>Subjects below 80%</u>
Safeguarding Children Level 3 60.80% down 0.99%
Mental Health Act 69.11% up 6.28%
Medicines Management 60.34% down 1.17%
Deprivation of Liberty Standards Level 2 76.15% down 1.53%
Rapid Tranquilisation 75.57% no change
Resus Level 2 (BLS) 69.87% up 0.49%
Respect Level 3 70.21% up 0.35%

Information Governance is at 85.42% however the national target is 95%

We continue to work closely with clinical areas and subject leads to ensure these subjects return to a minimum of 80% as soon as possible. We continue to run the training reports every 3 weeks.

Resus Level 2, Resus Level 3 and Moving and Handling training delivery moved back into Chestnut Cottage on 16/01/2024. Training has continued to run on lower numbers during December and January; ILS course numbers have now been increased following the move.

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Financial Performance

IPQR - Information up to and including January 2024

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Executive Summary – DRAFT REPORT

Key Performance Indicator	YTD Plan £'000	YTD Actual £'000	Variance £'000	Annual Plan £'000	23/24 Forecast £'000	Variance £'000
Surplus/(Deficit)	(2,768)	(4,553)	(1,785)	(3,262)	(3,322)	(60)
Out of Area spend *	(7,212)	(8,020)	(809)	(8,496)	(9,010)	(514)
Agency spend	(5,441)	(6,018)	(577)	(6,479)	(6,301)	178
Cash	43,549	39,295	(4,254)	47,405	41,703	(5,702)
Efficiency Savings #	4,112	4,112	0	5,734	5,734	0
Capital ~	(10,941)	(8,062)	2,879	(12,791)	(8,791)	4,000

KPI		Target	Number	Value
Invoices paid within 30 days (Better Payments Practice Code)	NHS	95%	100%	100%
	Non-NHS	95%	99.7%	99.4%

YTD: Year To Date
* Includes Purchase of Healthcare only, excludes travel costs.
# Differs to NHSE reporting as this has been updated to reflect further work undertaken after ICB reporting deadlines.
~ The capital plan was rephased in M3 to reflect the updated expenditure profile. Total for the year is unchanged.

At month 10, we are reporting a YTD deficit £1.8m worse than plan at £4.553m. We are forecasting a year-end deficit of £3.322m, which is £0.06m worse than plan due to recent industrial action recognised as required by NHSE and the ICB.

Recovery plans and efficiency schemes must deliver by year-end to achieve the forecast, including:

- Operational recovery plans £1.3m
- Non-Pay controls £0.6m
- Cap agency booking in addition to recovery plans £0.5m
- Other schemes £0.6m

The plans are not without risk hence the red rag rating forecasts.

The efficiency plan is forecast to deliver on plan, partly due to non-recurrent interest receipts rather than planned recurrent saving schemes. This will increase the efficiency required in 2024/25.

There are no concerns regarding cash flow or material bad debt risks to highlight at present.

Forecast capital spend is £4m less than plan due to the delayed Fulwood capital receipt. This delay and the £0.8m overspend on EPR has had a significant impact on the capital programme. All schemes, which can be delayed, have been delayed putting pressure on the 2024/25 capital programme. An agreement has been made with a South Yorkshire Trust to allow us to use their capital underspend this year to mitigate the risk of overspending. This will have to be repaid in 2024/25 reducing the funding available to us that year.

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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:

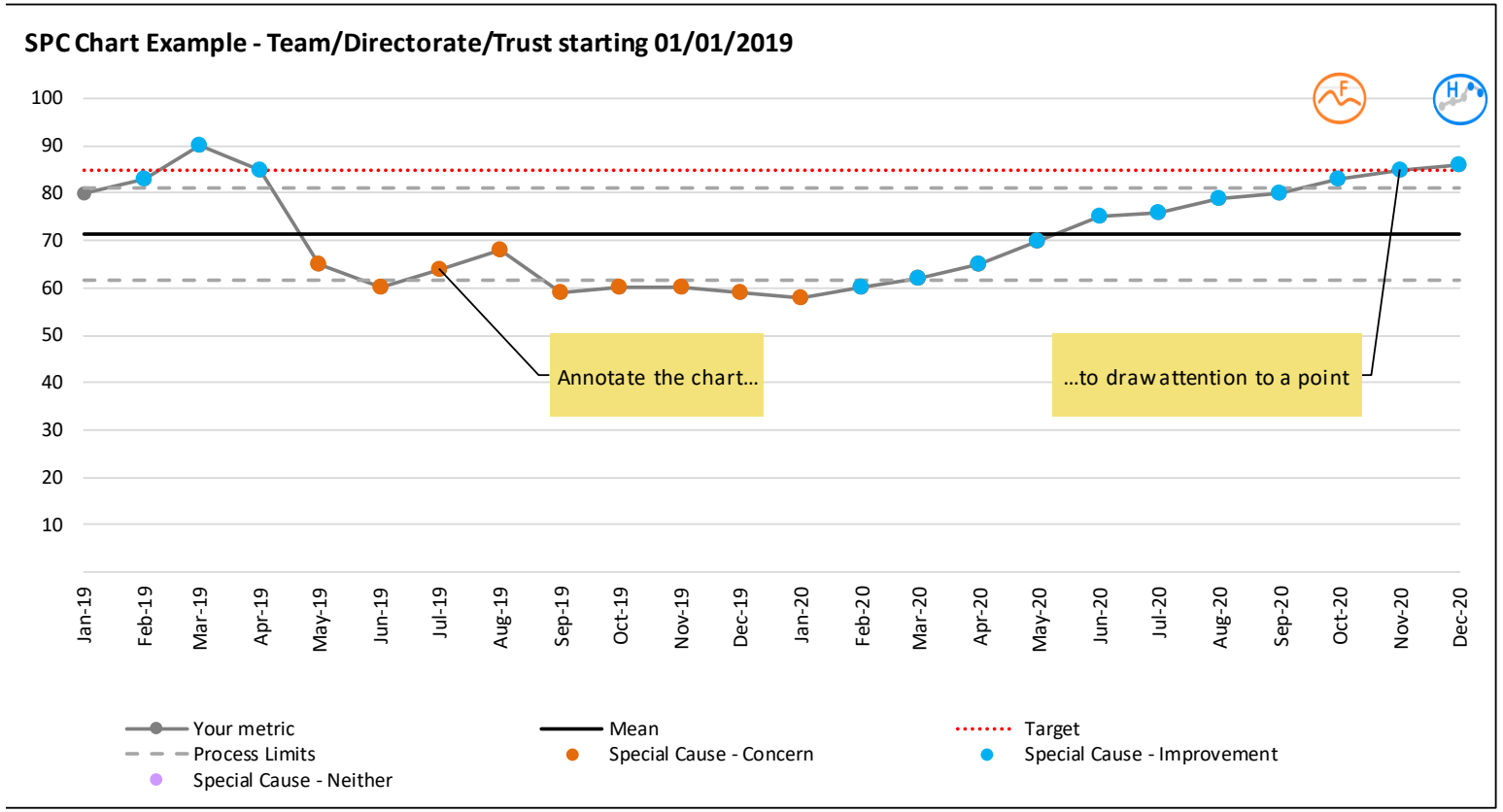
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

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.