Board of Directors - Public

SUMMARY REPORT	Meeting Date:	22 May 2024
	Agenda Item:	11

Report Title:	Integrated Performance and Quality Report (IPQR) March 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:	14 May 2024 15 May 2024 16 May 2024
Key points/ recommendations from those meetings	**Comments from People Committee** The committee received the following summary: • Sickness in month has reduced to 5.95% which is a 2-year low, with the main area of reduction being within long-term sickness which was a key focus for HR and clinical teams. However, the target of 5.1% is still being consistently missed. • Headcount and whole time equivalent (WTE) have increased this month and has been consistent except for during the period when staff exited the trust under TUPE. • The Performance Development Review (PDR) window is now open between April to June 2024, therefore there is an increase expected in reported figures. Further communication regarding recording of PDRs is taking place, as well as communicating that PDRs are part of supervision and should be recorded. • Overall, Trust mandatory training is above target however corporate services are slightly below target at 79.95% The committee raised concerns that the 12-month sickness rolling average has increased, however noted the positive work being done to address this. Committee were advised that a few changes to mandatory training approach has taken place within clinical teams to increase rates such as training taking place in induction. **Comments from Quality Assurance Committee** The committee questioned NHS England's approach to commissioning the Gender Identity Clinic and the proposal of a process with the Integrated Care Boad (ICB) around ADHD. This requires referral to Finance and Performance Committee. It was highlighted the low episodes of restraint and tranquilisation with attention drawn to the 3 incidents of mechanical restraint and the relation to	

	individuals of ethnic minorities. Director of Nursing & Quality confirmed these incidents are not related to the Trust but to Police and external transport based on their risk assessments. The committee recognised the improved access to community services with service recognition and more responsive intervention. Committee noted the greater transparency now available with respect to data reporting on Safer Staffing An improvement plan in place to resume the huddles as the positive impact of these is evident. There are still periods of time in the reporting where use of bank and agency is over 50% and the need for substantive staff and focus on retention. **Comments from Finance & 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 March 2024.

The report was presented and considered in detail to the People, Quality Assurance and Finance & Performance Committees in May 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 – March 2024

Areas of Good performance and areas on concern are extracted and summarised below from page 5.

Changes to the report

The report has been updated / changed since the previous version to include:

- Acute 72 hour follow up for Acute wards (page 11 of the IPQR)
- Race equity focus on restrictive practice, new dashboard (page 23 of the IPQR)
- Improved narrative and analysis

Clinical Performance Summary

National Targets for community services

Perinatal Mental Health – Target to increase perinatal cases to 7.4% of the Sheffield Office for National Statistics birth rate population of pregnant women. At year end we achieved 6.1% of the target set for SHSC, which equates to 400 out of the 483 service user required to meet the overall plan. We now have additional staffing in post and plan to meet the target in 2024/25. The perinatal service offer will also expand to include new pathways, such as our dads and partners pathway.

Sheffield Talking Therapies (formerly IAPT) – We continue to see the Recovery Rate in Sheffield Talking Therapies exceeding the 50% national target. Sheffield Talking Therapies also continue to exceed the wait time targets for both 6 and 18 week waits. We remain off target for the number of people receiving first contact with the service. This is a challenge nationally and a plan is in place to assertively promote the service.

Community Contacts – We are required to ensure that 3600 people receive two or more contacts from our adult & older adult community mental health service. This data includes Primary Care Mental Health Teams. We continue to achieve the target for Sheffield.

Core Community Mental Health Services

Single Point of Access/Emotional Wellbeing Service (SPA/EWS), Community Mental Health Team and Early Intervention – We continue to see a reduction in the number of people waiting to access core mental health pathways. The number of people waiting to access Mental Health Recovery Teams in the North and South of the city has reduced because of our service transformation. The service has now transitioned to smaller care groups and are able to deliver more responsive interventions. SPA/EWS have nearly eradicated waits for their services as part of the Primary and Community Mental Health Transformation and the establishment of the Crisis and Urgent Care Service, which is integrated with the NHS 111 crisis line. This is a huge achievement given that c. 1000 people were waiting for this service two years ago. Early Intervention continue to meet its national 2 week waiting standard and we have seen a theme of lower demand for the service.

There are no issues to report with the demand for core community services. Whilst Sheffield Community Forensics Team has seen a spike in referrals, there are no concerns about this at this stage. The Health Inclusion Team (HIT) have seen a stabilisation in both demand and waits and we continue to fund additional posts at risk to deliver safe care.

Future development for the report is to include the re-introduction of the waiting times for Early Intervention against the national target. We will also be reporting Community Learning Disability Team waiting time performance in line with national expectations.

Specialist Service Waiting Times

Gender Identity Clinic – The number of people waiting to access the Gender services remained high in March 2024. We have escalated concerns about the impact upon service users waiting to NHS England through our contract negotiations. Recruitment, staff training and new way approaches to assessment remain the services priority.

ADHD and Autism Service – We continue to operate a high waiting list for assessment of ADHD, including a high number of people who are waiting to be screened for suitability for assessment, and no new assessments have been completed since June 2023 to enable the service to focus on progressing service users (already assessed) through treatment pathways. We are working with the MHLA Provider Collaborative to explore innovative ways to address this challenge. A meeting is being organised at the request of the Director of Operations with the Deputy Director of Sheffield Place to be clear about the system's approach to adults. For the Autism Service, we continue to see a reduction in the waits for Sheffield residents.

Long Term Neurological Conditions – We are monitoring the high variation in waits and there are no concerns at this stage.

Older Adult Services

Data Extraction - The report is missing data from services that have migrated to our new EPR due to delays in the Rio Reporting Workstream. The new EPR programme is aware of this issue and are working hard to resolve or mitigate this as soon as possible. Data on referrals and caseloads has been produced and is being verified with a view to inclusion from April 2024 reports. Due to the lack of direct report availability from Rio, the services have developed workaround systems to mitigate the risk as best they can for this period.

Older Adult 72-hour report – Our Older Adult services now receive a weekly report generated by Rio, like adults, outlining who requires follow up. This report is used to liaise with the Older Adult Home Treatment Team to ensure follow up. Since the last Board, we have been advised that we are close to being able to report through the IPQR older adult data following some work on Rio.

Older Adult Community Mental Health Team – Service leaders will be able to manage and review referrals and caseload from Rio following the validation process being undertaken for Rio extraction. The recovery plan was presented to Quality Assurance Committee in May 2024.

Sheffield Memory Service – The Memory Service is allocating appointments based on risk initially then length of time waiting for appointment to manage waiting times. The is supported by clinical procedures. The

recovery plan was presented to Quality Assurance Committee in May 2024.

Urgent and Emergency Care

12-hour Breaches – Five people have waited more than 12 hours to be transferred to a mental health hospital bed in March 2024, compared with 9 in February 2024. This is unacceptable. We have taken steps to improve data accuracy and the actions that follow with Sheffield Teaching Hospital and Sheffield ICB.

Health Based Place of Safety (HBPOS) – This was breached and used for acute mental health admission for 66% of time in March 2024, compared to 80% in February 2024. This is because there was no available acute mental health hospital bed available at the point of need. This has resulted in service users inappropriately accessing a place of safety at Sheffield Teaching Hospital or travelling to other health-based places of safety across the South Yorkshire region. HBPOS is a priority for the MHLDA Provider collaborative, and we are currently exploring capacity building across South Yorkshire.

Mental Health Hospital Discharge Programme - has been operating since September 2023. The programme has successfully reduced the number of people who are clinically ready for discharge in our hospital beds through utilization of the Better Care Fund and improved operational efficiency. We continue to make progress against the trajectory set to in 2023 and have seen significant improvement in delayed discharge since January 2024.

Inpatient Ward Flow and Spot Purchase out of Area Reduction – Out of Area elimination is a national priority and is monitored as part of the Long Term Plan deliverables. We continued to successfully reduce our reliance upon out of area hospital beds but failed to achieve zero in line with our internal plan in March 20024. There was an increase in use in March 2024 when compared with February 2024, though there has been a significant reduction in Psychiatric Intensive Care Unit (PICU) spot purchase beds used. Overall, 231 nights against a target of 151, which includes PICU. Adult acute bed usage was 201 for Match 2024.

111 Crisis Line – The line will divert calls to our crisis line from April 2024, which has been achieved at the time of writing this report. As previously reported, we are working in partnership with Nottingham Community Housing Association who operate the 111 telephone line as part of our new Urgent and Crisis Care Team, which is also operational.

72-hours Follow Up from Inpatient Care - We are now able to report this for adult acute discharges. The current position showed above average compliance February 2024, though there has been a decrease in performance reported for March 2024, where we did not meet the target. We are working with teams to ensure compliance during the period of not reporting.

Mental Health Acute Hospital Liaison Team – We continue to see increasing demand for people requiring support from our Mental Health Hospital Liaison Team at Sheffield Teaching Hospitals over the last six month and we will be rebasing the SPC charts to reflect this from April 2024. We continue to work with STH to meet the one-hour triage and 4 hours assessment target, to improve our performance, as this is a national target.

Other than demand for hospital liaison services, there are no other themes to report.

In our future IPQR review, we will incorporate the performance of the new Urgent and Crisis Team.

People

Sickness

We have seen a drop in sickness across February and March, down to 5.95% In March. This is not a trend consistent with the previous 2 years data but correlates with the reduction in long term sickness which is an area of continued focus within the absence reduction project.

Headcount

A further increase in headcount from February to March, is a continued upward trend month on month for the majority of months over the past 2 years, with the exception of teams or departments Tupe transferring out of SHSC. This has resulted in another reduction in the 12 month turnover figure.

Appraisals and supervision

Now midway through the appraisal window, we would expect to see an increase in the number of appraisals and supervisions completed over the next 6 months to the end of the window. A new PDR form, training and support is available, and the findings of the supervision quality and experience survey will support further targeted work to make improvements to the process.

Mandatory training

All departments are above 80% for mandatory training but there are some subjects slightly below target:

Subjects below 80%:
Safeguarding Children Level 3 61.80% up 8.79%
Mental Health Act 68.81% down 1.04%
Medicines Management 62.29% up 0.35%
Deprivation of Liberty Standards Level 1 79.29% down 0.17%
Deprivation of Liberty Standards Level 2 74.31% down 0.69%
Rapid Tranquilisation 75.90% up 1.36%
Resus Level 2 (BLS) 70.46% up 1.31%
Immediate Life Support 79.86% up 0.28%
Respect Level 3 70.65% up 1.46%
Moving and Handling Level 2 76.51% down 1.08%

NHS England recently created a programme to optimise, rationalise and reform StatMand This national work and changes to the policy framework is welcomed as it will enable us to reduce the amount of time spent on Mandatory Training in a way that we have been unable to achieve before and build on work already in progress through the mandatory training group. The initial position of the SHSC against the required actions is strong and provides a good foundation for making further improvements in partnerships with colleagues across the ICB.

Finance & Performance

The finance dashboard highlights the key financial KPIs for the financial year. Performance as at March 2024 is as expected their an no additional performance issues to escalate.

Key drivers for the adverse performance to target are high Out of Area expenditure, high Agency costs and inefficiency in roster utilisation / management.

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

Integrated Performance and Quality Report (IPQR) March 2024

Good Performance						
Committee				**KPI/Area**	**Refer to (slide)**	**Current Performance**	**Trend/Trajectory**
F	Q			Waiting Lists	6	L	Reduced waiting list for SPA/EWS, Recovery teams, EIP, SPS MAPPS and Relationship & Sexual service.
F	Q			Waiting Times (RtA)	6	L	Sustained reductions in average wait time referral to assessment for Recovery Service South and Relationship & Sexual Service.
F	Q			Waiting Times (RtT)	6	L H	Sustained reductions in average wait time referral to treatment for Recovery Service South. EIP have met the wait time standard target with 100% of service users seen within two weeks.
F	Q			Out of Area Placements	7-8	L	Number of bednights and out of area placements for adult acute and PICU has sustained improved performance but does still not meet the targeted reduction (see performance concern table).
F	Q			Length of Stay - PICU	8	P L	Endcliffe ward continues to meet the national standard for discharged length of stay. The live length of stay for Endcliffe has significantly reduced as a result of a long stay discharge during March.
F	Q			Average discharged Length of Stay – Forest Close	10	P	Performance aligns with national benchmarks.

Good Performance							
Committee				KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q			Talking Therapies – wait times	13		Talking Therapies consistently achieving the 6 and 18 week wait targets.
	Q			Detained patients AWOL incidents	17		Sustained reduction since September in the number of detained patients who are AWOL.
	Q			Physical restraint incidents - Maple	20		Maple ward has a notably low number of physical restraint incidents in March, continuing the improved performance. (6 in March compared to an average of 27)
	Q			Rapid tranquillisation incidents - trustwide	21		Notably low number of trustwide rapid tranquillisation incidents in March. (2 compared to an average of 21)
	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 - PD, Gender, SAANS ADHD.	Recovery Plan x 2 (Gender, SAANS) Quality Assurance Committee
F	Q			Waiting Times	6		Sustained high waits in certain areas noted: Gender, Perinatal.	Recovery Plan x 1 (Gender) Quality Assurance Committee
F	Q			Caseloads/Open Episodes	6		Increasing trend/high caseloads in SPS - PD, Perinatal, HAST, CLDT, CERT and Gender.	Recovery Plan x 2 (Gender & SAANS) Quality Assurance Committee
F	Q			Length of Stay – Adult acute wards	7		Failing to meet target for average discharged length of stay (12 month rolling).	Linked to Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
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 Quality Assurance Committee
F	Q			Health Based Place of Safety repurposing	11		Repurposed for detained mental health admission 41/62 available days (66%) in March.	Linked to Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
F	Q			72-hour follow up – adult acute wards	12		Significant reduction in 72-hour follow-up compliance for adult acute discharges.	Seeking to understand
	Q			Assault on service users	18		Significant increase in the number of trustwide assaults on service users during March 2024 (50)	Investigating further
	Q	P		Staff sickness	30		Consistently failing to meet trust target of 5.1%. 6.9% for March 24.	Sickness Group
	Q	P		Staff Turnover	32		High staff turnover rate (17.4%). 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 (61.6%). There has been a noticeable decrease in compliance across several services since the introduction of the new supervision policy.	Action Plan/Local Recovery Plans People Committee
	Q	P		PDR	32		Consistently failing to meet trustwide target of 80% for PDR compliance.	Action Plan/Local Recovery Plans People Committee

Performance Concern							
Committee				KPI/Area	Refer to (slide)	Performance	Trend/ Trajectory	Recovery Plan?
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 Finance and Performance Committee

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Integrated Performance & Quality Report

Information up to and including March 2024, version 1.1

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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 Mar 2024 reporting, we are using monthly figures from Apr 2022 to Mar 2024. 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.

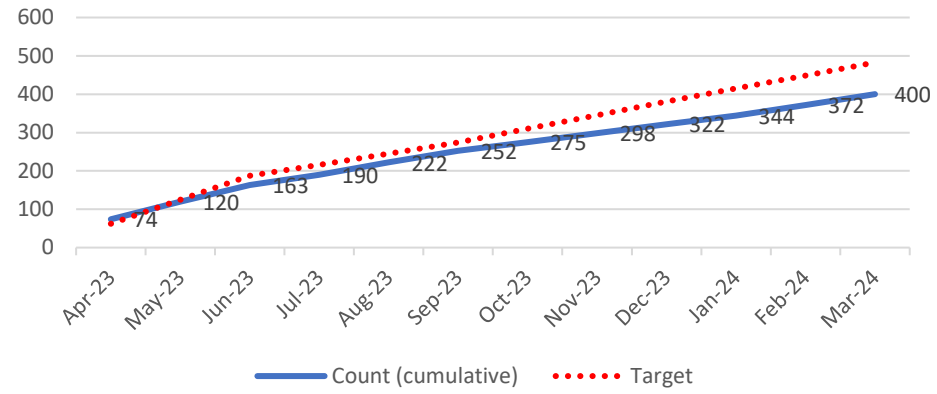
Board Committee Oversight
Please also note the addition of a colour-coded key to quickly identify which KPIs and metrics are of particular interest to a committee/which committee has oversight.

Colour Key	F	M	P	Q
Finance				
MH Legislation				
People				
Quality				

NHS Long Term Plan – national metrics for 2023/24

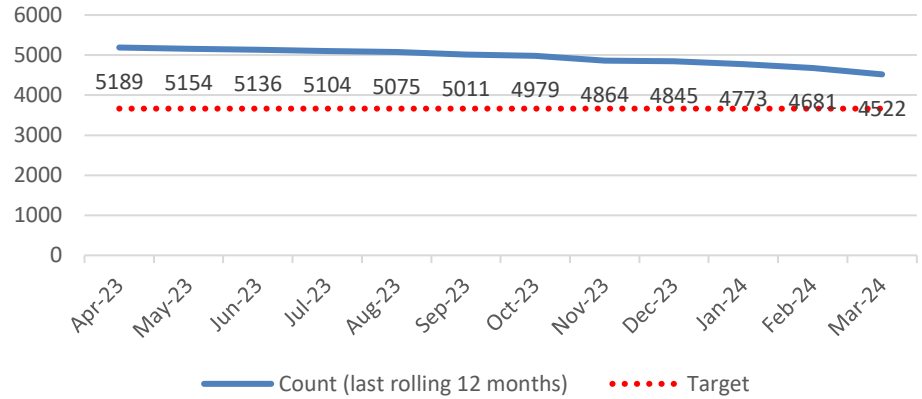
Perinatal: number of women accessing specialist community Perinatal MH services in the reporting period (cumulative)

Our target = 483 by March



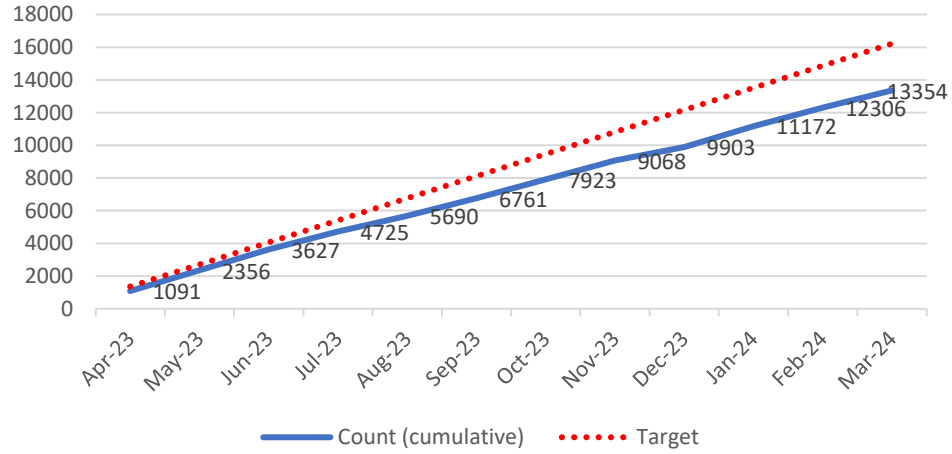
Community: Number of adults & older adults who receive two or more contacts from community mental health services

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



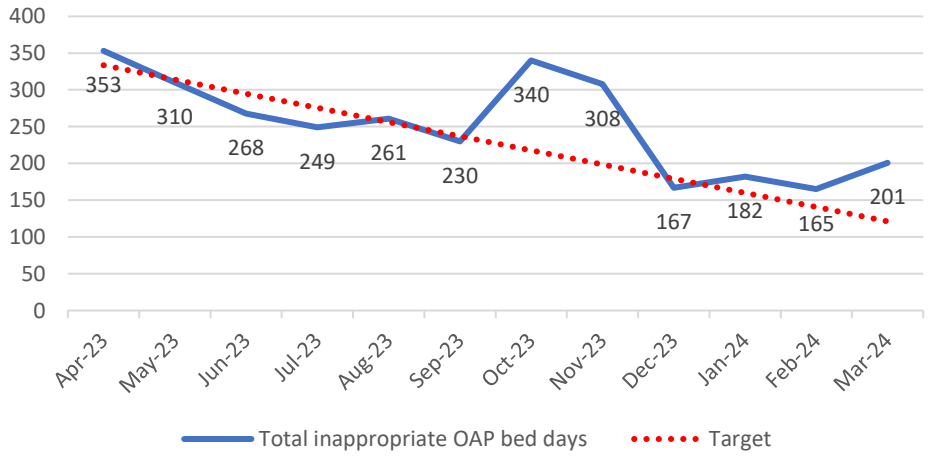
Talking Therapies: number of people first receiving Talking Therapies services (cumulative).

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 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.

At the end of March the service has achieved 400 new contacts, 6.1% of the Sheffield ONS 2016 birth rate (target was 7.4% or 483 contacts). 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 decreased slightly though this is also affected by data issues due to the Older Adult move to the new EPR.

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

This month saw another slight increase in the number of inappropriate OAP bed days used as we remained above the target by 80 days in March 2024.

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Service Delivery

IPQR - Information up to and including March 2024

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Responsive | Access & Demand | Referrals

Referrals	Mar-24			
Acute & Community Directorate Service	**n**	*mean*	**SPC variation**	**Note**
SPA/EWS	**694**	*659*	• • •	
Crisis Resolution and Home Treatment	**788**	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	**618**	*520*	• • •	Remains within expected limits but 10 of the last 12 months have been above the mean.
Decisions Unit	**61**	*57*	• • •	
S136 HBPoS	**19**	*27*	• L •	Shift of 9 consecutive months below the 24-month mean, this directly correlates to the increased breaches in recent months.
Recovery Service North	**25**	*26*	• • •	
Recovery Service South	**18**	*22*	• • •	
Early Intervention in Psychosis	**29**	*35*	• L •	Shift of 6 consecutive months below the 24-month mean.
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	Mar-24			
Rehab & Specialist Service	**n**	*mean*	**SPC variation**	**Note**
CERT	**3**	*2*	• • •	
SCFT	**7**	*2*	• H •	
AOT	**7**			
CLDT	**62**	*63*	• • •	
CISS	**1**	*3*	• • •	
Psychotherapy Screening (SPS)	**42**	*54*	• • •	
Gender ID	**22**	*41*	• • •	
STEP	**132**	*118*	• • •	
Eating Disorders Service	**29**	*38*	• • •	
SAANS ASD	**79**	*90*	• • •	
SAANS ADHD	**79**	*131*	• • •	
Relationship & Sexual Service	**10**	*18*	• • •	
Perinatal MH Service	**27**	*47*	• • •	
HAST	**14**	*15*	• • •	
HAST - Changing Futures	**1**			
Health Inclusion Team	**158**	*179*	• • •	
LTNC	**73**	*96*	• • •	
ME/CFS	**22**	*70*	• L •	

Responsive | Access & Demand | Community Services

March 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	**27**	*430*	• L •	**50.3**	*38.6*	• • •	**8.2**	*9.7*	• • •	**443**	*707*	• L •
MH Recovery North	**65**	*79*	• L •	**5.8**	*13.7*	• • •	**7.0**	*6.7*	• • •	**782**	*869*	• L •
MH Recovery South	**35**	*66*	• L •	**4.1**	*11.2*	• L •	**10.0**	*12.7*	• L •	**886**	*1007*	• L •
Recovery Service TOTAL	**100**	*145*	• L •	*N/A*			*N/A*			**1668**	*1876*	• L •
Early Intervention in Psychosis	**8**	*23*	• L •				**100.0%**	*85.0%*	• H •	**296**	*299*	• • •
Rehab & Specialist Services	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**	**n**	*mean*	**SPC variation**
IAPT	*N/A*			*N/A*			*N/A*			*N/A*		
SPS (Screening)												
SPS - MAPPS	**50**	*77*	• L •	**14.0**	*19.5*	• • •	**67.6**	*88.6*	• • •	**304**	*333*	• L •
SPS - PD	**57**	*51*	• H •	**18.7**	*16.1*	• • •	**53.0**	*58.0*	• • •	**216**	*200*	• H •
Gender ID	**2365**	*2044*	• H •	**195.1**	*180.1*	• • •				**3286**	*2930*	• H •
STEP	**207**	*192*	• • •	*N/A*						**417**	*444*	• L •
Eating Disorders	**21**	*27*	• • •	**3.3**	*3.8*	• • •				**181**	*206*	• L •
SAANS ASD	**1103**	*1087*	• • •	**62**	*67.25*	• • •				**572**	*1042*	• L •
SAANS ADHD	**3238**	*2124*	• H •	*N/A*						**112**	*137*	• L •
R&S	**49**	*83*	• L •	**19.0**	*51.9*	• L •				**128**	*152*	• L •
Perinatal MH Service (Sheffield)	**36**	*28*	• • •	**4.7**	*3.5*	• H •				**187**	*155*	• H •
HAST	**27**	*28*	• • •	**n/a**			*N/A*			**89**	*83*	• H •
Health Inclusion Team	**93**	*129*	• • •	**11.8**	*10.3*	• • •				**1570**	*1526*	• H •
LTNC	**332**	*328*	• H •	*N/A*						*N/A*		
CFS/ME	*N/A*			**24.7**	*28.1*	• • •				**908**		
CLDT	**184**	*168*	• • •	**4.8**	*8.3*	• • •				**758**	*699*	• H •
CISS	*N/A*			*N/A*						**12**	*16*	• L •
CERT										**50**	*46*	• H •
SCFT										**24**	*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 list 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 March 2024 is not available due to delays in the Rio Reporting workstream. Data will be provided as soon as possible.

HAST figure does not represent a waiting list. This is a cohort of people who are in the process of being engaged. No newly assessed service users in March 24 (people were seen, but had open assessments already on the system)

LTNC – high variation in wait list but not currently a concern.

SPS – recovery plan around waiting list currently being developed for the May IPQR reporting.

Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Dovedale 2, Burbage, Maple)	Mar-24 n	mean	SPC variation	SPC target
Admissions	24	29.88	• • •	/
Detained Admissions	20	27.00	• • •	/
% Admissions Detained	83.33%	90.31%	• • •	/
Emergency Re-admission Rate (rolling 12 months)	4.57%			
Transfers in	8			
Discharges	26	30.38	• • •	/
Transfers out	7			
Delayed Discharge/Transfer of Care (number of delayed discharges)	11	13	• • •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	253	312.25	• • •	/
Bed Occupancy excl. Leave (KH03)	93.55%	95.03%	• • •	/
Bed Occupancy incl. Leave	98.42%	99.62%	• • •	/
Average beds admitted to	46.5	47.4	• • •	/
Average Discharged Length of Stay (12 month rolling)	38.65	38.54	• • •	F
Average Discharged Length of Stay (discharged in month)	44.21	40.27	• • •	?
Live Length of Stay (as at month end)	84.17	81.23	• • •	/
Number of People Out of Area at month end	6	11	• L •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	6	8	• • •	?
Total number of Out of Area bed nights in period	201	342	• L •	F

Step Down (Beech)	Mar-24 n	mean	SPC variation	SPC target
Admissions	4	4.63	• • •	/
Transfers in	0			
Discharges	4	4.50	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	87.10%	77.62%	• H •	/
Bed Occupancy incl. Leave	95.48%	85.46%	• H •	/
Average Discharged Length of Stay (12 month rolling)	61.49	54.37	• H •	/
Live Length of Stay (as at month end)	74.40	51.83	• • •	/

Length of Stay Detail – Mar 24

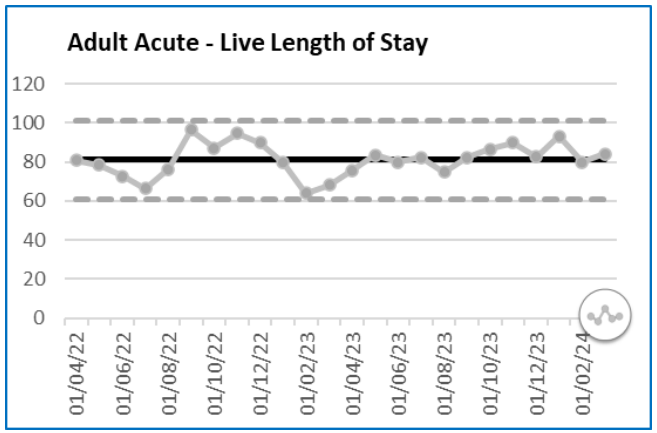
Longest LoS (days) as at month end: 251
Range = 9 to 251 days
Longest LoS (days) of discharges in month: 150

Narrative
Beech Length of Stay high due to a number of long stay clients.

Length of Stay Detail – Mar 24

Longest LoS (days) as at month end:
425 on Dovedale 2
425 on Maple
11 on Stanage(Burbage) ward move reset

Longest LoS (days) of discharges in month:
Dovedale 2 = 65
Maple = 121
Stanage (Burbage) = 117



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)	Mar-24 n	mean	SPC variation	SPC target
Admissions	5	3.83	• • •	/
Transfers in	2			
Discharges	3	1.88	• • •	/
Transfers out	4			
Delayed Discharge/Transfer of Care (number of delayed discharges)	0	1.2	• L •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	0	34.8	• L •	/
Bed Occupancy excl. Leave (KH03)	98.06%	95.88%	• • •	/
Bed Occupancy incl. Leave	98.06%	97.09%	• • •	/
Average beds admitted to	9.81	9.72	• • •	/
Average Discharged Length of Stay (12 month rolling)	44.39	35.01	• H •	P
Live Length of Stay (as at month end)	54.70	115.74	• L •	/
Number of People Out of Area at month end	2	5	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	4	3	• • •	?
Total number of Out of Area bed nights in period	31	153	• L •	F

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

Start Month	LOS
11/2023	147
12/2023	117
12/2023	100

As at 31/03/2024, there were 3 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 61 days.

Discharged LoS for PICU disproportionally affected by 1 patient who had been on the ward for 1095 days before being discharged/transferred to another ward in March.

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

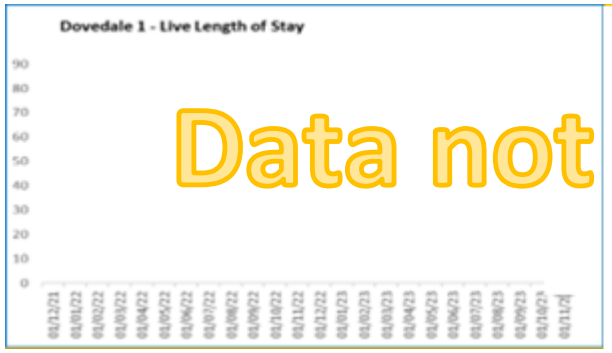
Bed Occupancy Mean: 88%
Length of Stay (Discharged) Mean: 61

Safe | Inpatient Wards | Older Adults

Older Adult Functional (Dovedale 1)	Mar-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 Mar 24 – Dovedale 1
Data not available

Narrative
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)	Mar-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 Mar 24 – G1
Data not available

Narrative
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.

Rehab (Forest Close)	Mar-24 n	mean	SPC variation	SPC target
Admissions	1	0.88	• • •	/
Transfers in	1			
Discharges	1	1.83	• • •	/
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)	88.71%	86.45%	• • •	/
Bed Occupancy incl. Leave	102.80%	96.50%	• H •	/
Average Discharged Length of Stay (12 month rolling)	353.92	353.68	• H •	P
Live Length of Stay (as at month end)	391.16	362.82	• H •	/
Number of Out of Area Placements started in the period (admissions)	0			
Total number of Out of Area bed nights in period	124			
Number of People Out of Area at month end	4			

Forensic Low Secure (Forest Lodge)	Mar-24 n	mean	SPC variation	SPC target
Admissions	0	0.75	• • •	/
Transfers in	0			
Discharges	1	0.63	• • •	/
Transfers out	0			
Bed Occupancy excl. Leave (KH03)	93.70%	91.00%	• H •	/
Bed Occupancy incl. Leave	99.41%	95.06%	• H •	/
Average Discharged Length of Stay (12 month rolling)	664.60	632.99	• • •	?
Live Length of Stay (as at month end)	771.05	638.30	• 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 – Forest Close
2495 days – remains unwell but we are starting with a very slow transition to the Rehabilitation ward.
2384 days – subject to MoJ restrictions Was progressing with leave but relapsed before Xmas
1889 days – has a life tariff; only route is to return to prison.

Length of Stay Detail Mar 24 - Forest Close (all)
Longest LoS (days) as at month end: 2845
Range = 10-2845
Number of discharges in month: 1
Longest LoS (days) of discharges in month: 218

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

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.

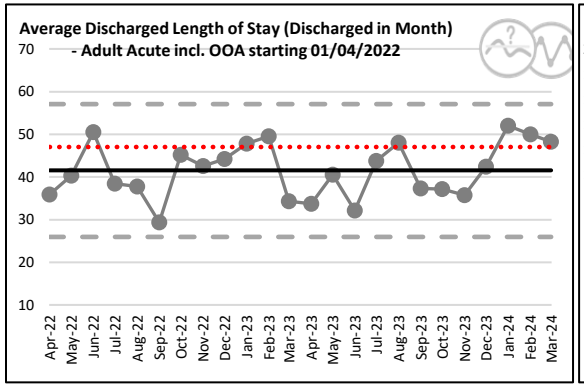
Long stays – Forest Lodge
2383, 2345 and 1858 days are the three top longest stays at Forest Lodge. The rationale for LoS remains the same due to clinical presentation and this is likely to be unchanged until the service users are likely to be discharged, their risk changes or another placement is required, and this would go through the MoJ / NHS England i.e., medium secure is found.

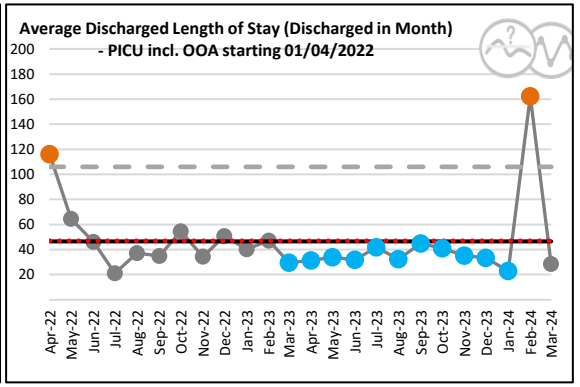
Length of Stay Detail Mar 24 – Forest Lodge
Longest LoS (days) as at month end: 2464
Range = 93-2383
Number of discharges in month: 1
Longest LoS (days) of discharges in month: 232

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

Urgent & Emergency Care Dashboard

Length of Stay





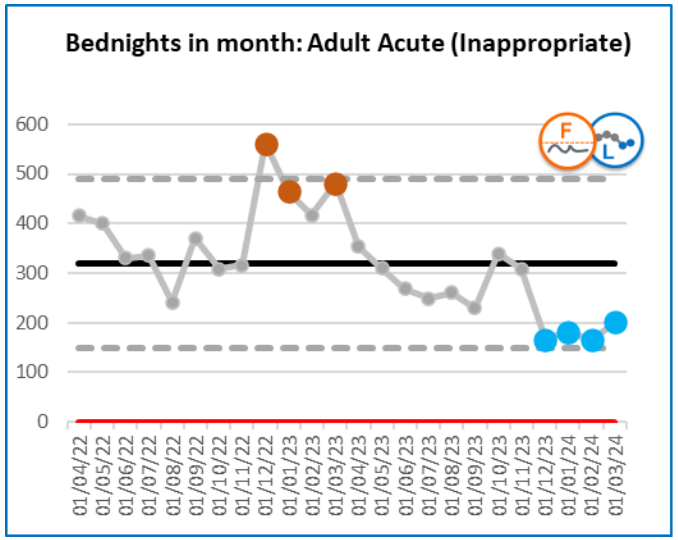
Adult Acute Discharged LoS (Rolling 12-month average)

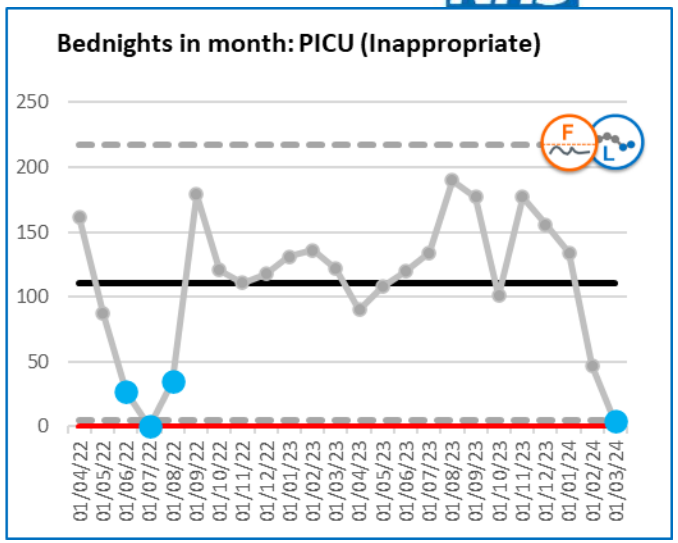
Location	Total Discharges	Average Discharged LoS
Sheffield	424	39
OOA	81	40
Contracted	99	52
Combined	**604**	**41**

PICU Discharged LoS (Rolling 12-month average)

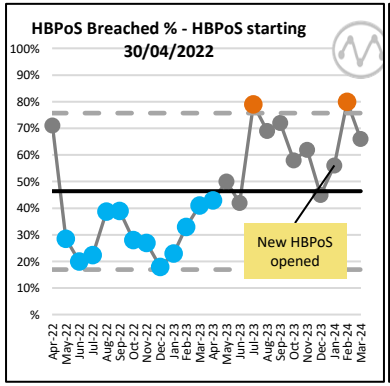
Location	Total Discharges	Average Discharged LoS
Sheffield	92	44
OOA	37	57
Combined	**129**	**48**

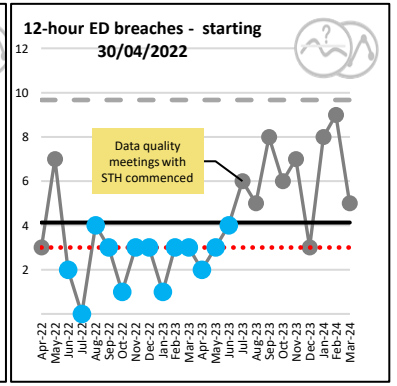
Out of Area

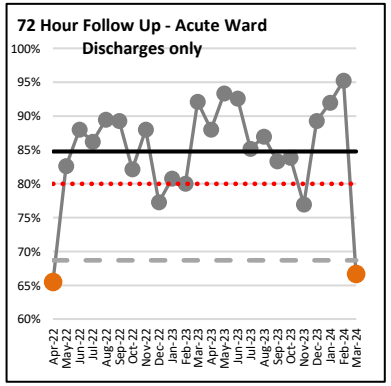




Blocks and Breaches





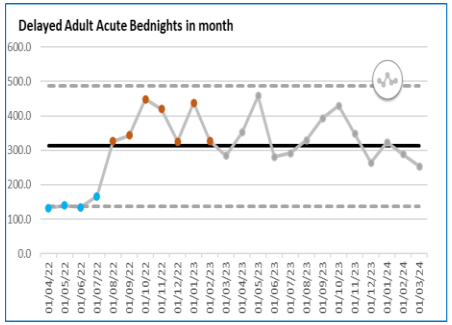


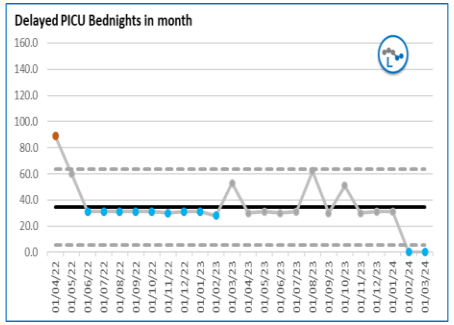
Health Based Place of Safety (HBPoS/136 Beds)	Mar-24
Occasions repurposed	41
Occasions repurposed %	66%

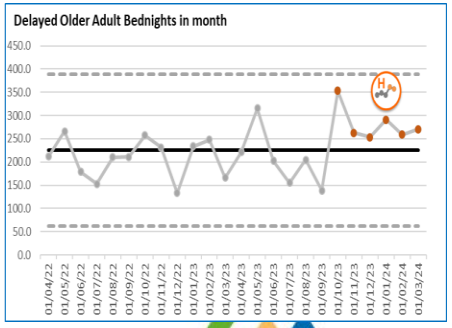
Emergency Department (ED)	Mar-24
ED 12-hour Breaches	5

72-hour Follow Up	Mar-24
Trustwide	66.67%

Delayed Care





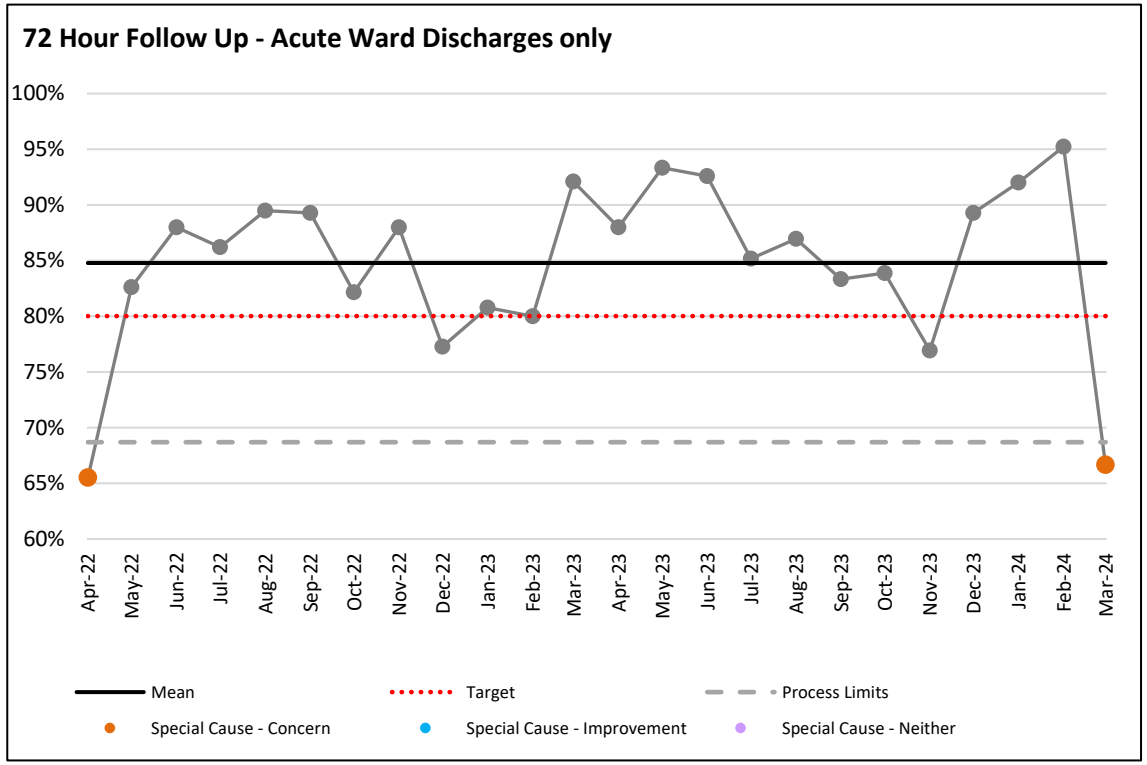


Delayed Discharges Adult Acute	Mar-24
Sum of Delayed Bednights	253
% Bednights occupied by DD	16.5%

Delayed Discharges PICU	Mar-24
Sum of Delayed Bednights	0
% Bednights occupied by DD	0.0%

Delayed Discharges Older Adult	Mar-24
Sum of Delayed Bednights	271
% Bednights occupied by DD	27.1%

Effective | Treatment & Intervention – 72 hour follow up



Data Quality

An investigation into how 72 hour follow ups are recorded and reported is underway. The national standards and guidance will be reviewed and applied to reports.

72-hour follow up data is not available trustwide due to delays to the Rio Reporting Workstream affecting the data for Older Adult wards. Data will be provided as soon as possible.

72 hour Follow Up	March 2024			
	Target	**%**	**No.**	**SPC Variation**
Adult Acute Wards	80%	**66.67%**	**16/24**	• L •

Narrative

The aim is to deliver safe care through ensuring people leaving inpatient services are seen within 72 hours of being discharged.

Data shown is for eligible discharges from **adult acute inpatient areas only**. This does not include follow ups for service users in our out of area (spot purchased or contracted) beds.

There has been a significant drop in the compliance of 72-hour follow-up in March 2024. An investigation has found that of the 8 service users that did not receive a follow-up intervention within 72 hours of discharge;
- 3 were followed up outside of the 72-hour window. (1 on day 4 and 2 on day 5)
- 2 had unsuccessful attempts of follow-up within 72 hours.
- 3 were transferred to step-down or a secure hospital but a follow-up has not been recorded.

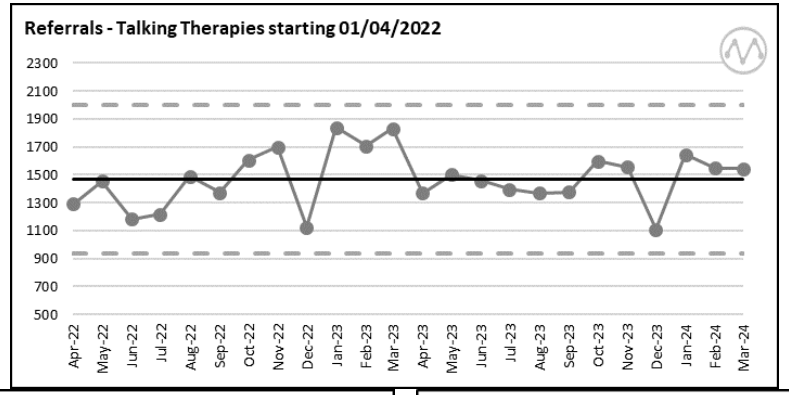
Excluding the 3 service users transferred to step down or secure hospital, the number of follow ups required would be 21, increasing performance to 76.2%.

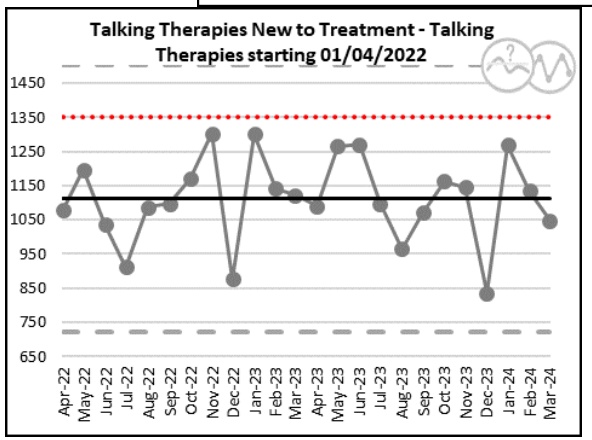
Sheffield Talking Therapies | Performance Summary

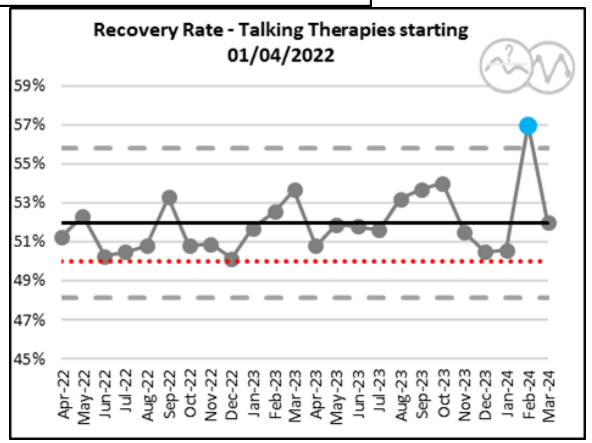
Sheffield Talking Therapies		Mar-24			
Metric	Target 2022/23	*n*	*mean*	*SPC variation*	*SPC target*
Referrals	/	**1544**	*1471*	• • •	/
New to Treatment	1352	**1048**	*1111*	• • •	?
6 week Wait	75%	**97.68%**	*98.81%*	• • •	P
18 week Wait	95%	**99.31%**	*99.83%*	• L •	P
Moving to Recovery Rate	50%	**52%**	*51.95%*	• • •	?

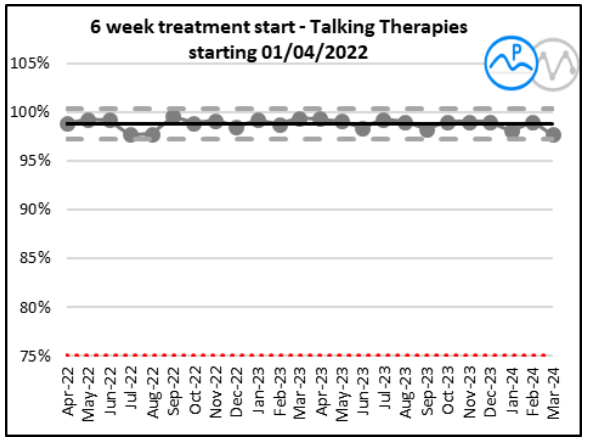
Narrative

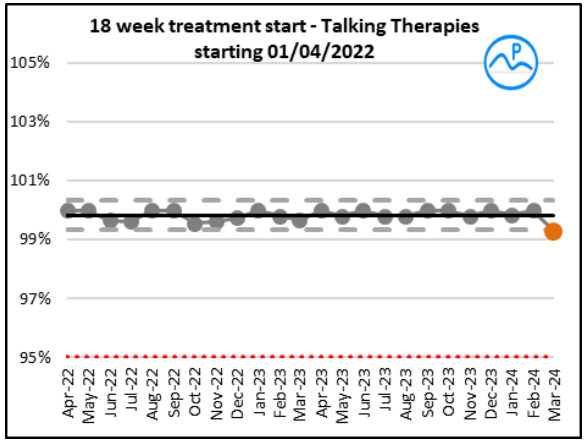
- Achieved the recovery rate standard for 30 consecutive months
- Wait times still exceeding the national standards











NHS
Sheffield Health and Social Care
NHS Foundation Trust

Safety & Quality

IPQR - Information up to and including March 2024

Proud to care in Sheffield

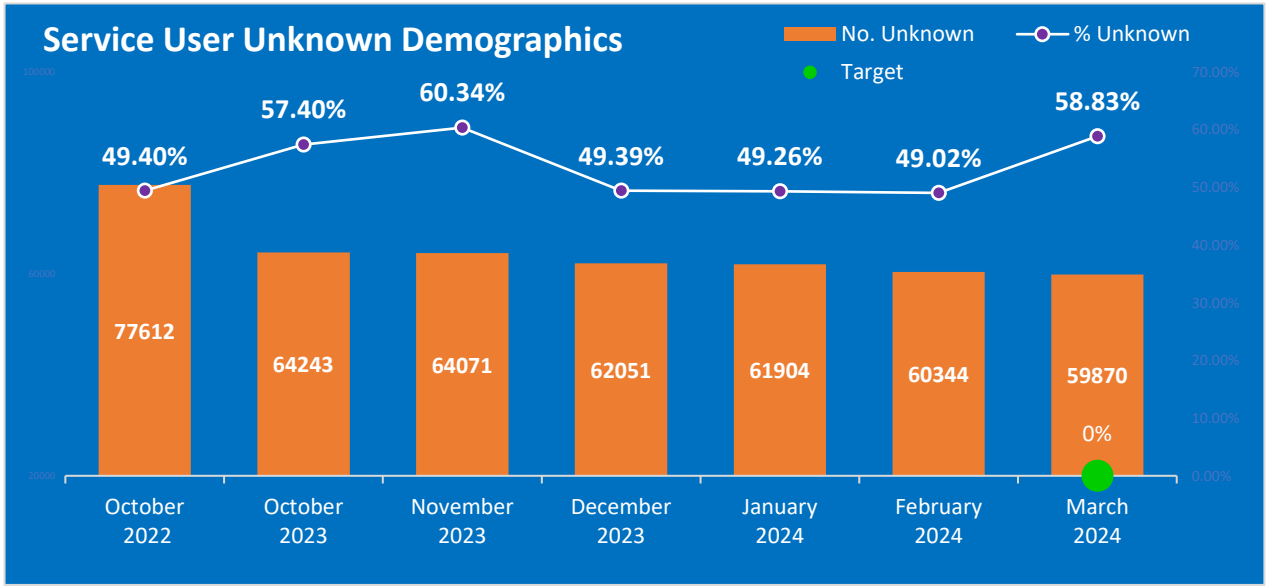
Protected Characteristics Data Quality

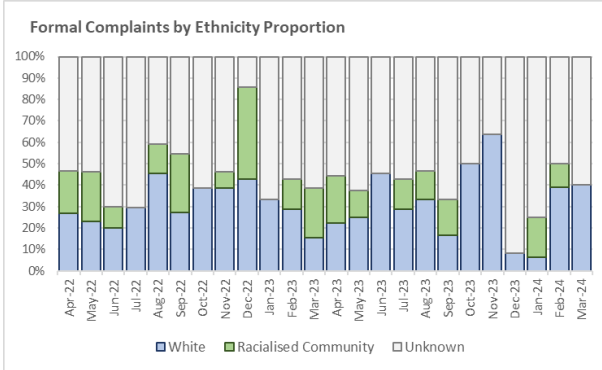
Electronic Patient Record (EPR) Unknown Demographics

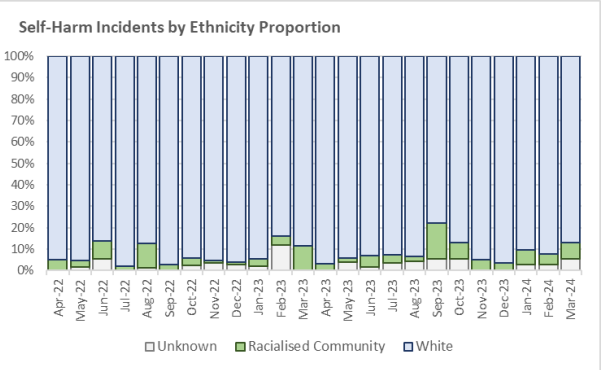
Age	Ethnicity	Gender	Gender Identity	Sexual Orientation	Religion
0%	41.7%	0.07%	88.88%	88.8%	74.71%

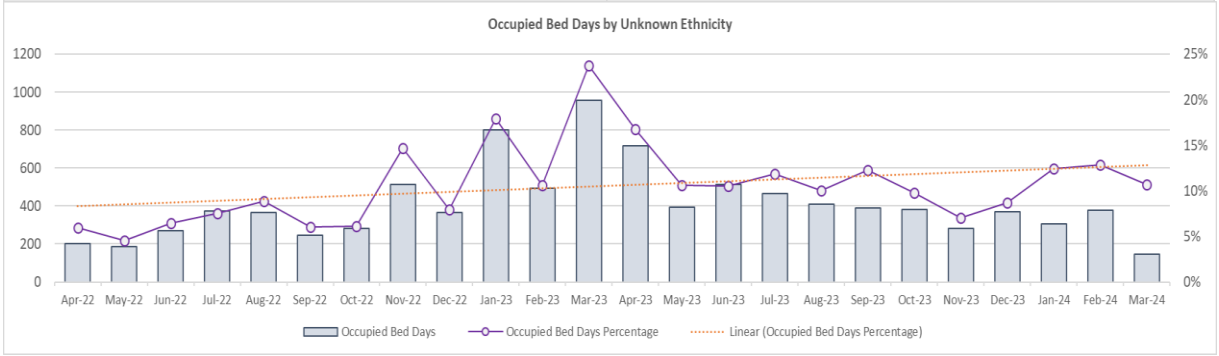
2021 Sheffield Census Unknown Demographics

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







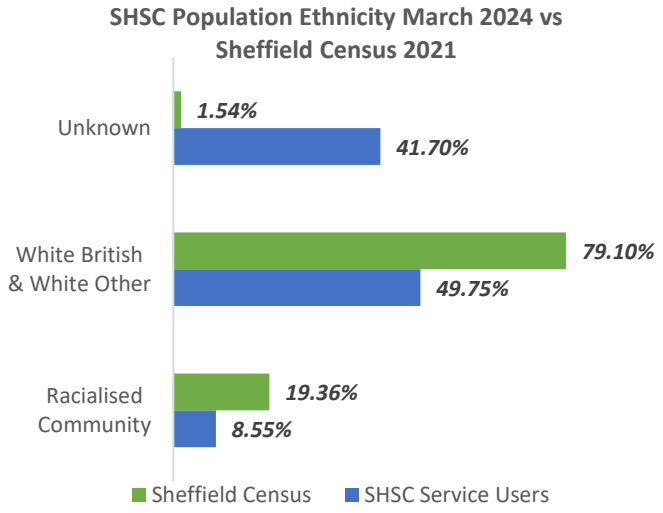


Narrative

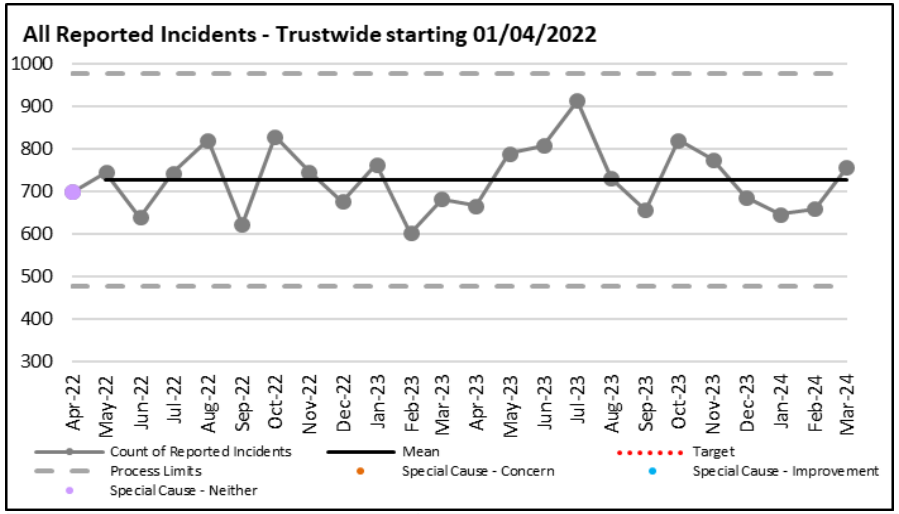
Despite raising the profile on health inequalities, and particularly the percentage of incomplete/unknown demographics, we continue to see no improvement to data quality.

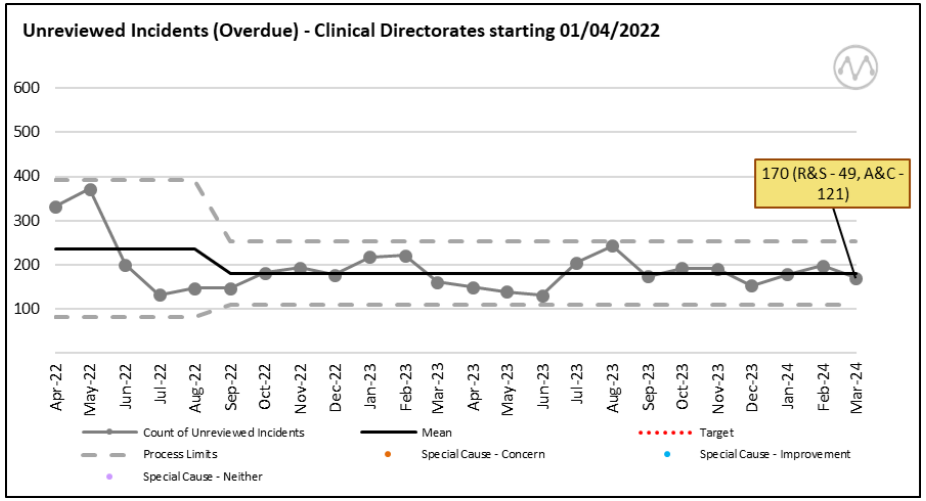
A dashboard has been created and will be shared every 2 weeks from week commencing 29 April 2024.

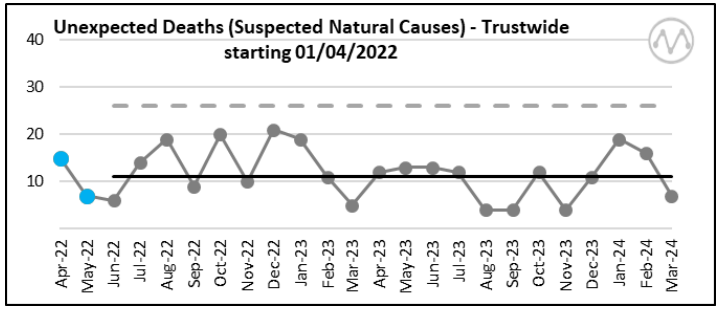
Unknown ethnicity – complaints, improvement plan

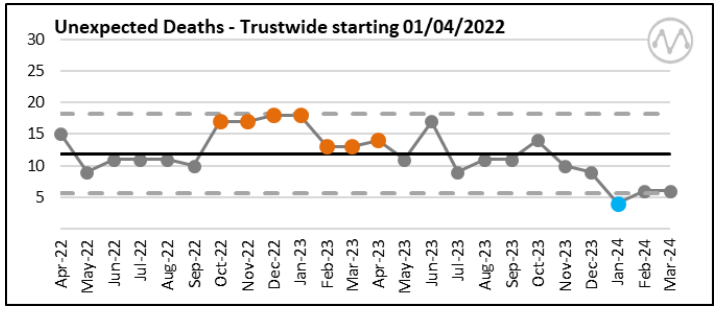


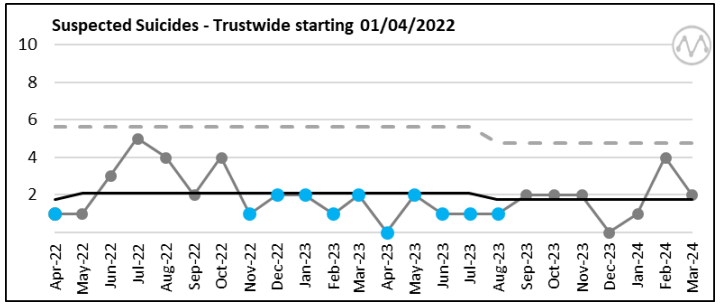
Safe | All Incidents & Deaths

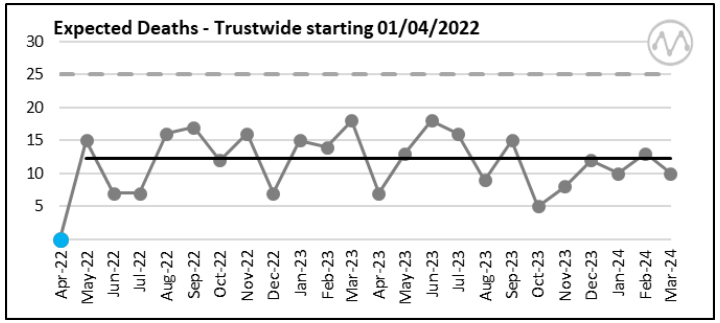












Trustwide	Mar-24		
	n	*mean*	SPC variation
ALL	**757**	728	• • •
5 = Catastrophic	**15**	25	• L •
4 = Major	**3**	3	• • •
3 = Moderate	**95**	66	• • •
2 = Minor	**276**	279	• • •
1 = Negligible	**348**	344	• • •
0 = Near-Miss	**20**	19	• • •

All Reported Incidents

During March 2024, 3 incidents were rated as "major". Out of the 3 incidents, 1 of the incident was caused due to infection exposure at Endcliffe Ward, 1incident was caused due to IT issues and 1 of them caused due to Physical Assault in CRHTT department

Of the 15 "catastrophic" incidents recorded this month, 4 were for Acute and Community services and 11 for Rehabilitation and Specialist services. All 15 incidents were service user deaths, 6 deaths suspected natural causes and will be considered through the Mortality Review Group. 6 deaths were unexpected community deaths, 2 was a suspected suicides and 1 of them was under expected death (reportable to HM corner). Learning from investigations will be in the next lessons learnt report.

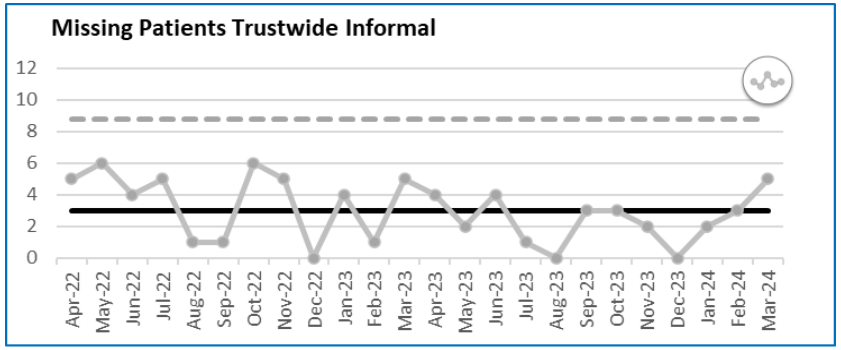
Unreviewed Incidents

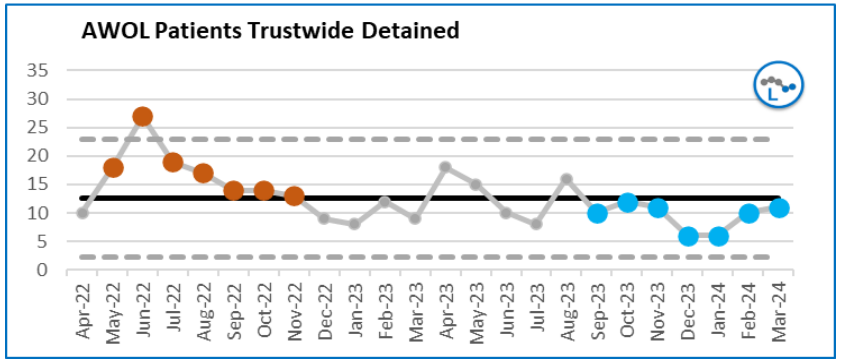
The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. 54 incidents remain unreviewed prior to March 2024. Directorate leads are working towards reducing the number of unreviewed incidents below target of 160.

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

Deaths Reported 1 April 2022 to 31 March 2024 Quarterly mortality reports are presented to the Quality Assurance Committee and Board of Directors.	
Awaiting Coroners Inquest/Investigation	178
Closed	7
Conclusion - Accidental	4
Conclusion - Alcohol/Drug Related	26
Conclusion - Misadventure	7
Conclusion - Other	2
Conclusion - Open	1
Conclusion - Suicide	22
Natural Causes - No Inquest	660
Ongoing	2
Grand Total	**909**

Safe | Medication Incidents, Falls & AWOL Patients



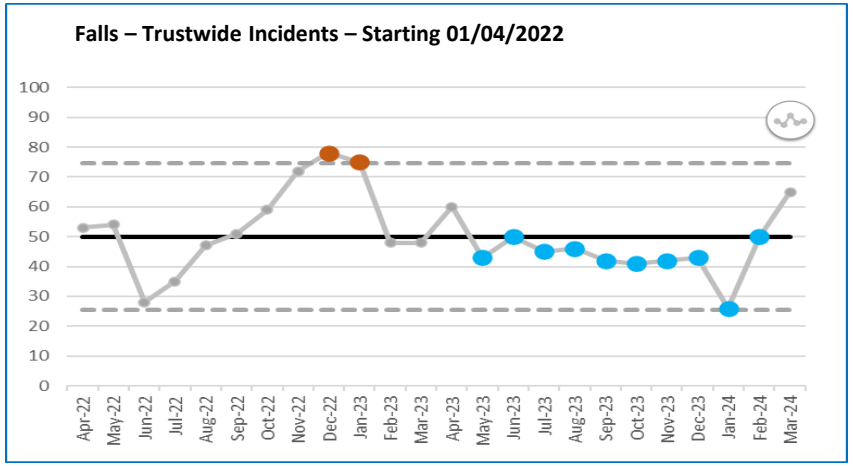


Trustwide	Mar-24		
	n	*mean*	SPC variation
Detained	11	*13*	• L •
Informal	5	*3*	• • •

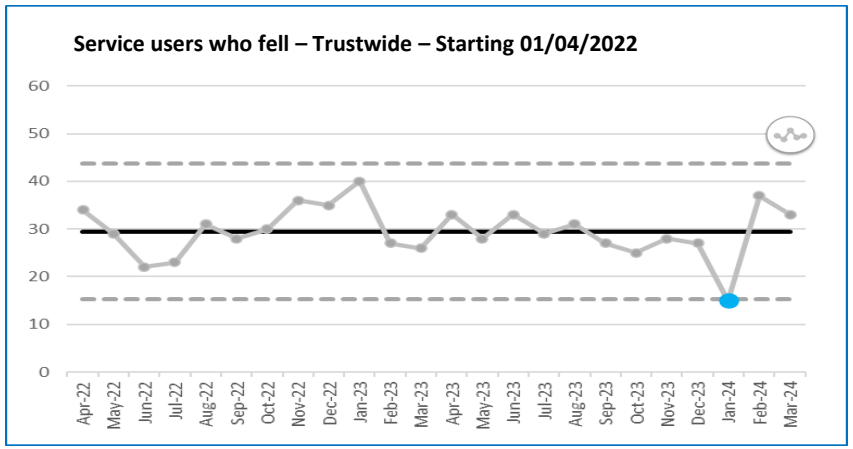
Missing & AWOL

This month, there were 11 reported incidents for 11 people under formal section reported as AWOL in March at the time of reporting:

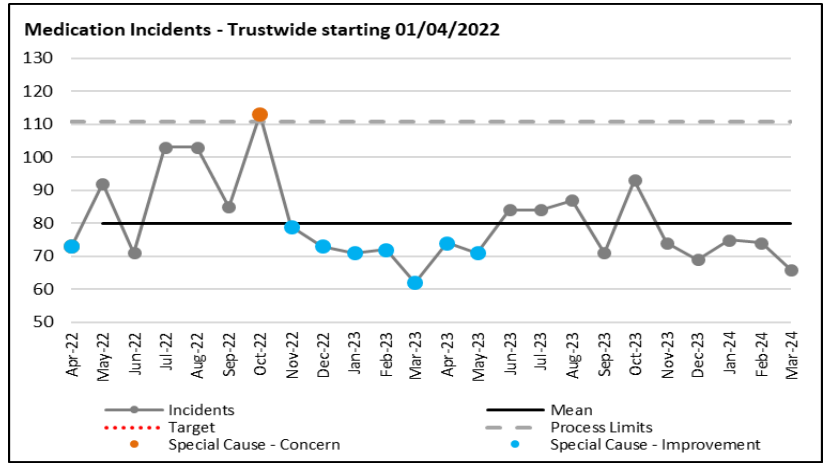
- 7 people were under Section 3, (1 from Older adult service, 2 from Forensic & Rehabilitation services, 4 from Acute)
- 3 people under Section 2 from Acute services
- 1 person was under Section 37 from Forensic & Rehabilitation service
- 2 person was from a racialised community and 6 were white British and 3 people's ethnicity were not recorded.



Trustwide FALLS INCIDENTS	Mar-24		
	n	*mean*	SPC variation
Trustwide Totals	65	*50*	• • •
Acute & Community	1	*41*	• L •
Rehabilitation & Specialist Services	64	*9*	• H •



Trustwide FALLS - PEOPLE	Mar-24		
	n	*mean*	SPC variation
Trustwide Totals	33	*29*	• • •
Acute & Community	1	*24*	• L •
Rehabilitation & Specialist Services	32	*6*	• H •



Trustwide	Mar-24		
	n	*mean*	SPC variation
ALL	66	*80*	• • •
Administration Incidents	16	*14*	• • •
Meds Management Incidents	41	*53*	• • •
Pharmacy Dispensing Incidents	4	*6*	• • •
Prescribing Incidents	5	*7*	• • •
Meds Side Effect/Allergy	0	*0*	• L •

Medication Incidents

During March there were 2 medication related incidents reported as being moderate. 1 for Failure/Delay in ordering Meds and 1 for wrong Administration of dosage Both the incidents were reported under R&S.

Falls Incidents

The number of falls in February was higher than average over the last 12. Of the 65 incidents reported, 64 were in Rehabilitation and Specialist, out of which 60 were from Older Adults. There were 2 moderate rated falls reported in March and an increase of incidents is seen across all older adult services, particularly Birch Avenue with 32 incidents of falls for 7 people. There is an ongoing concern for referrals with intermediate community therapy service with STH which is being picked up by Physical Health Committee. Birch Avenue have previously had challenges with introducing HUSH huddles however this is being supported by Physiotherapists.

Safe | Intimidation & Assaults

Assaults on Service Users	Mar-24		
	n	mean	SPC variation
Trustwide	50	25	• H •
Acute & Community	36	22	• • •
Rehabilitation & Specialist	14	4	• H •

Assaults on Staff	Mar-24		
	n	mean	SPC variation
Trustwide	36	47	• • •
Acute & Community	20	43	• L •
Rehabilitation & Specialist	16	5	• H •

Intimidation to Staff	Mar-24		
	n	mean	SPC variation
Trustwide	38	48	• • •
Acute & Community	24	32	• • •
Rehabilitation & Specialist	14	16	• • •

Assaults on Staff

Of the 36 reported incidents of assaults on staff in March 7 was rated as moderate out of which 2 were reported under R&S and 5 were reported under A&C following patient to staff assault.

Violence Prevention Standards are picked up through People Directorate.

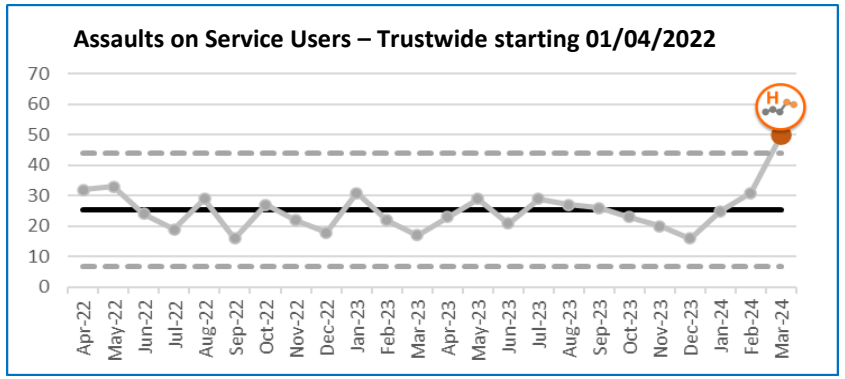
Assaults on Service Users

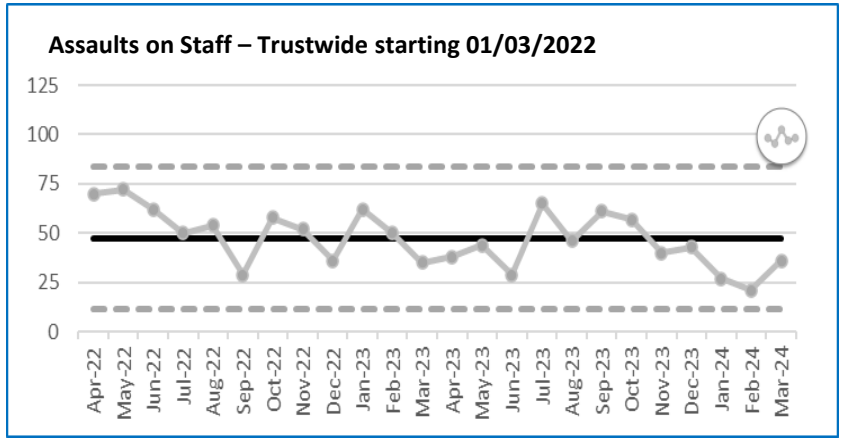
Out of the 50 assaults on Service Users incidents there was 7 reported as being moderate following patient to patient assault. A small number of service users have been victim to multiple assaults on our acute wards Dovedale 2 & Endcliffe. On Endcliffe, 2 service users have been assaulted 5 times each and on Dovedale 2, 1 person victim 6 times. 2 victims in these incidents were from racialised communities, and 5 were white British and the others did not have their ethnicity recorded. All assaults where duty of candour triggers are met are followed up and all assaults are followed up via safeguarding processes.

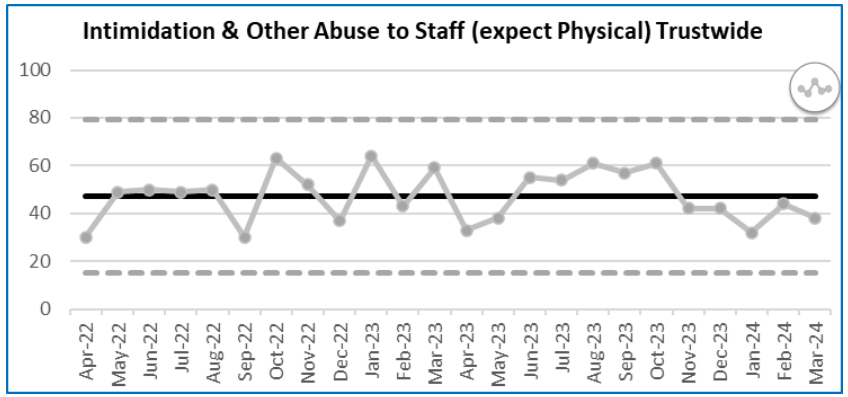
Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	1

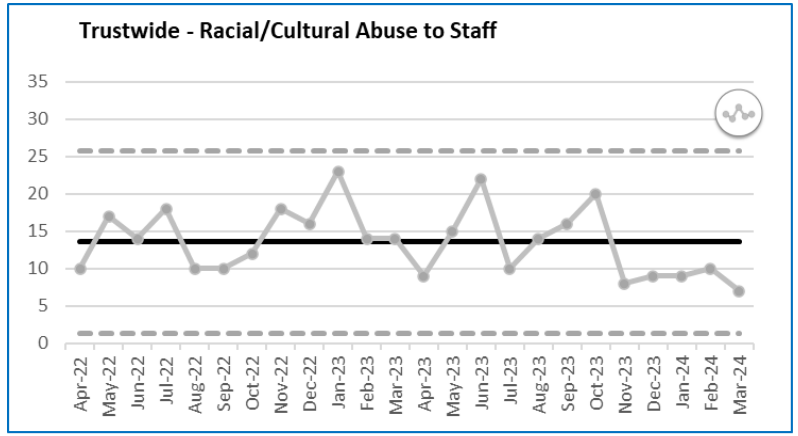
Narrative

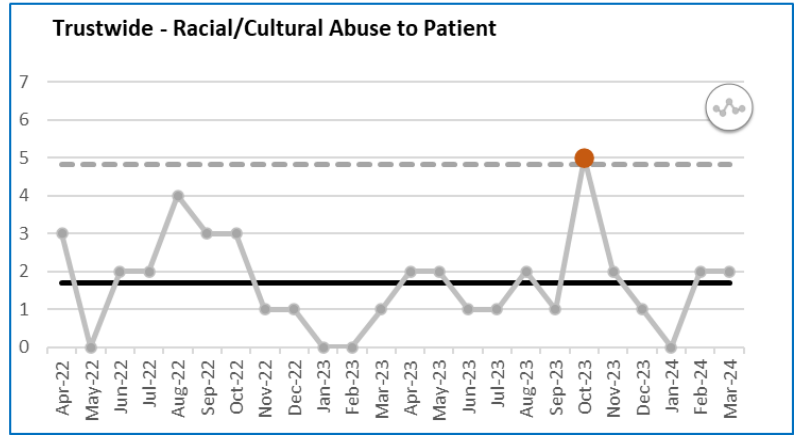
An unofficial, not externally reportable breach occurred in November 2023, involving no shared facilities with separate bedrooms.







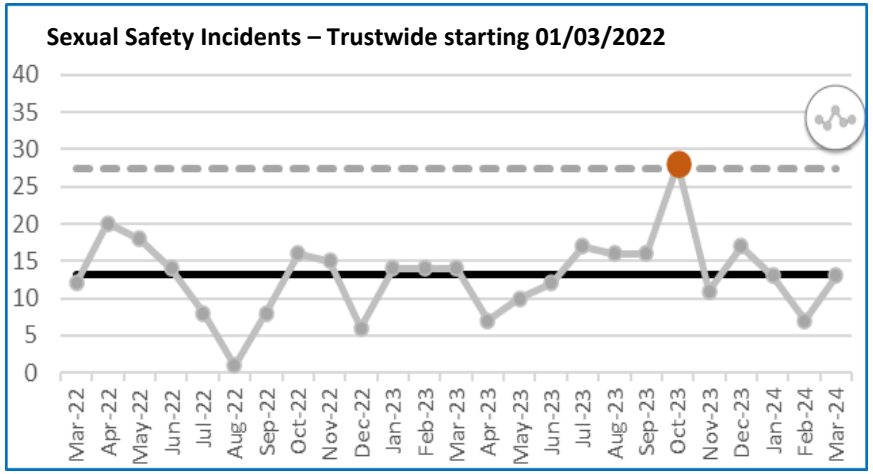




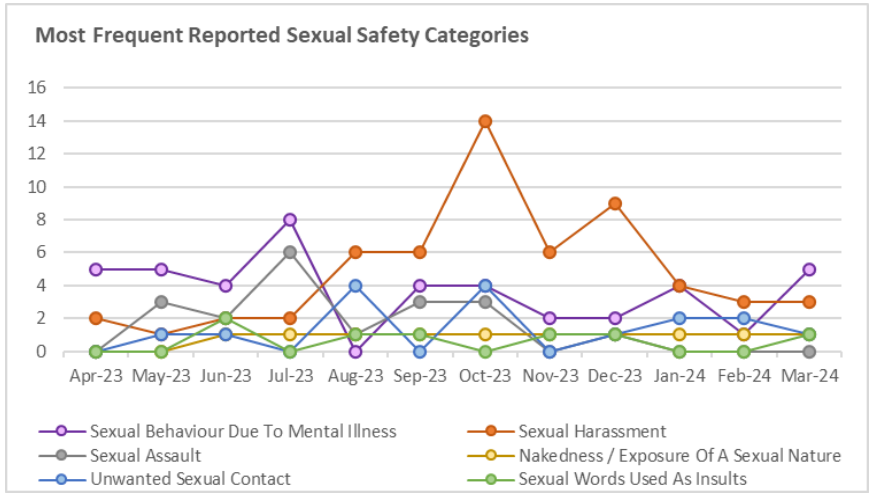
Racial & Cultural Abuse

While there continues to be low number of incidents reported of Racial/Cultural abuse towards a service user or staff this month, we continue working with services and our communities to ensure incidents are accurately reported.

Safe | Sexual Safety



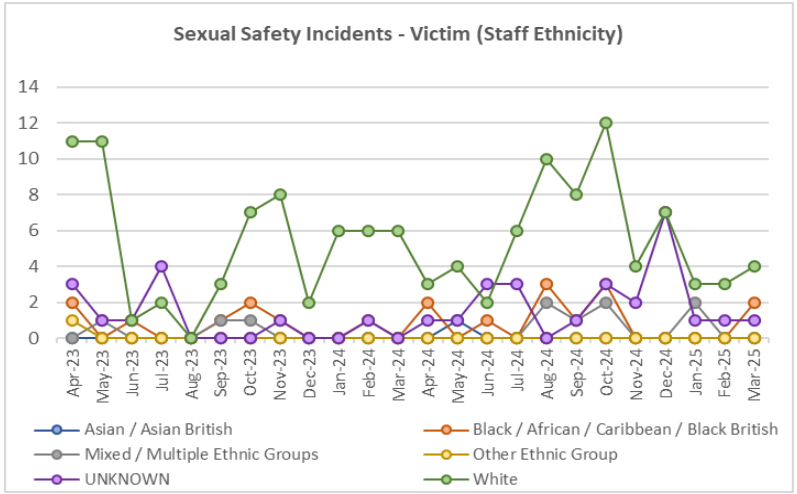
Trustwide	Mar-24		
	n	*mean*	SPC variation
Trustwide	**13**	*13*	• • •
Acute & Community	**11**	*10*	• • •
Rehabilitation & Specialist	**2**	*3*	• • •

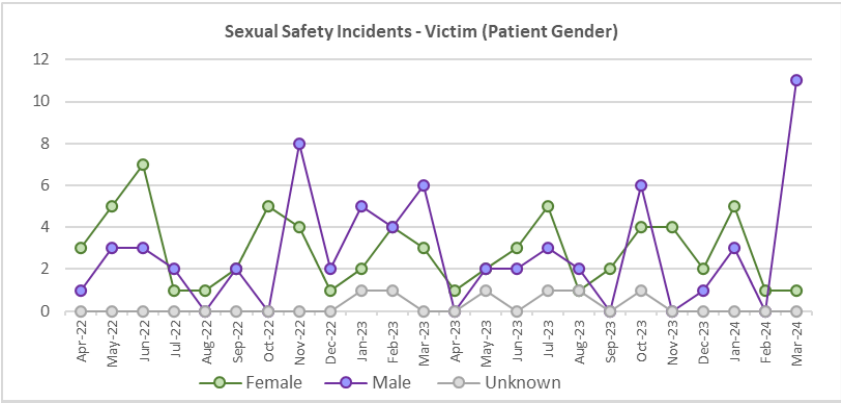


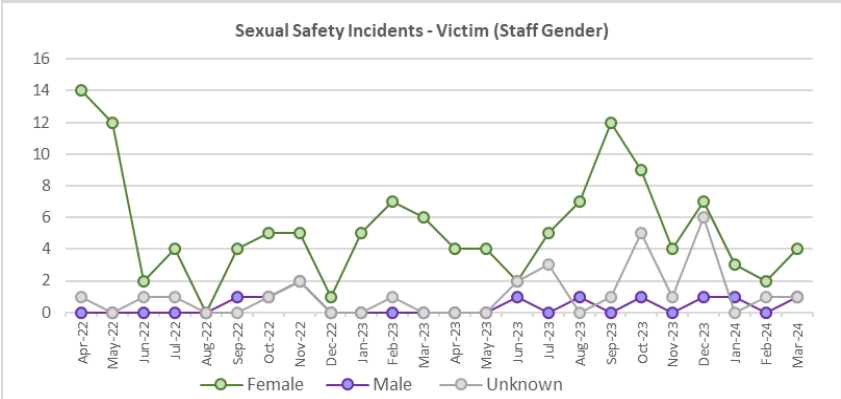
Sexual Safety

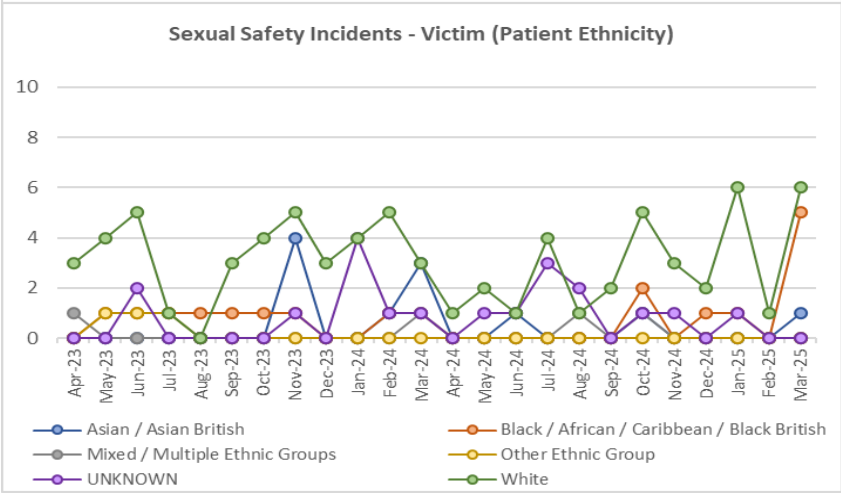
There were 13 sexual safety incidents reported in March 2024, of which no incidents were reported as Moderate or higher. All sexual safety incidents are reviewed in the sexual safety group. Any incidents involving staff are managed through the staff safeguarding policy. Whilst there has been no statistical change in the number of sexual safety incidents, we still consider this to be a priority area and a workplan has been developed.

- The highest form of incident is Sexual Harassment and Sexual Behaviour due to Mental Illness.
- In March, 21.05% of victims were female staff and 57.9% of victims of sexual safety incidents were male patients.
- In 2 years, female staff are more often the victim of sexual safety incidents (36.36%) compared to male staff (2.67%) however the rate of incidents for female and male patients is similar (18.9% females and 18.2% males).

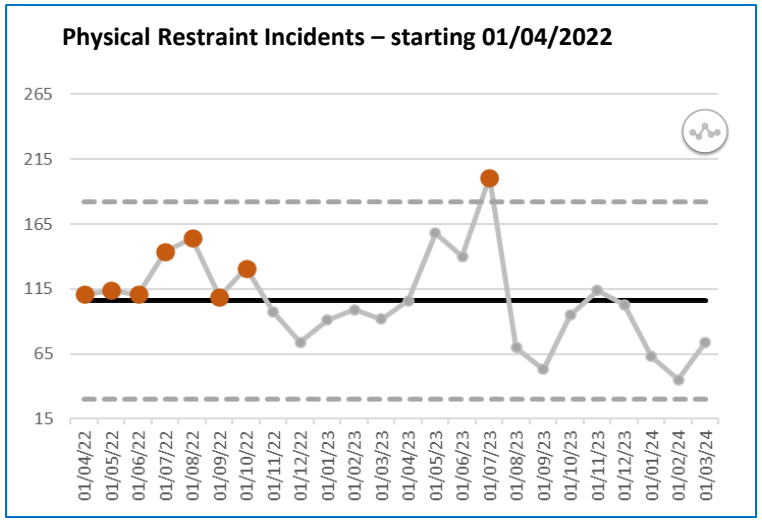


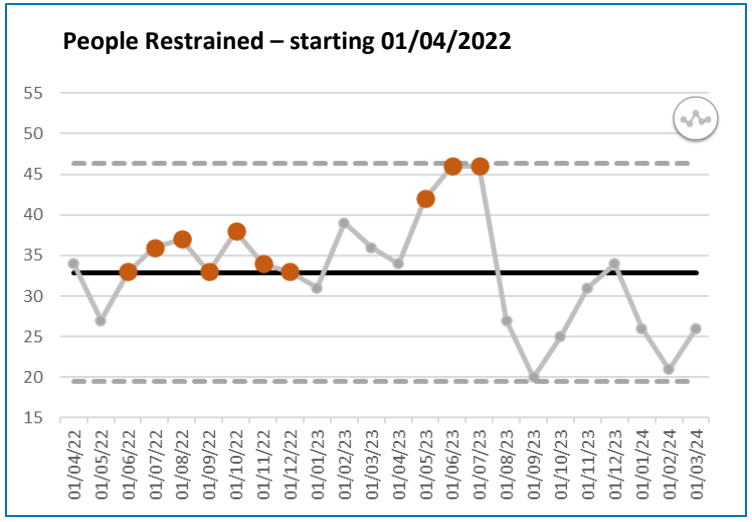






Safe | Restrictive Practice | Physical Restraint





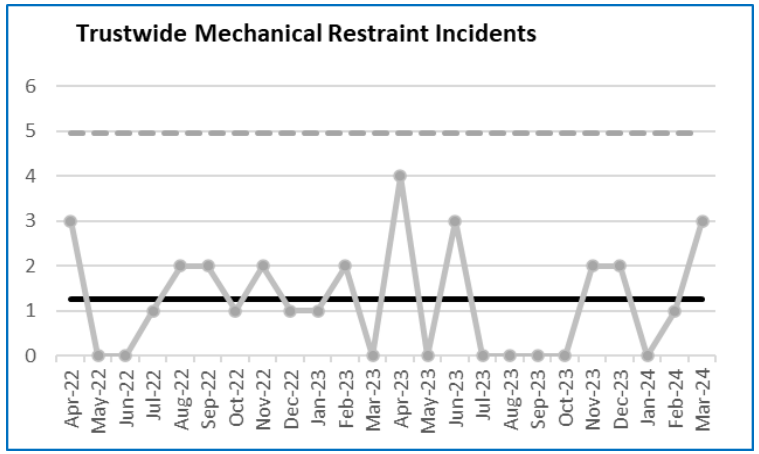
Physical Restraint INCIDENTS	Mar-24		
	n	mean	SPC variation
TRUSTWIDE	74	106	• • •
Acute & Community	45	101	• L •
Dovedale 2 Ward	21	29	• • •
Stanage Ward	1	8	• • •
Maple Ward	6	27	• L •
HBPoS (136 Suite)	0	1	• L •
Endcliffe Ward	17	18	• • •
Rehabilitation & Specialist	29	6	• H •
Forest Close	0	2	• L •
Forest Lodge	3	1	• • •
Dovedale 1	0	0	• • •
G1 Ward	13	1	• H •
Birch Ave	13	1	• H •
Woodland View	0	0	• • •

Physical Restraint PEOPLE	Mar-24		
	n	mean	SPC variation
TRUSTWIDE	26	33	• • •
Acute & Community	16	30	• L •
Dovedale 2 Ward	5	6	• • •
Stanage Ward	1	4	• L •
Maple Ward	4	6	• • •
HBPoS (136 Suite)	0	0	• L •
Endcliffe Ward	6	5	• • •
Rehabilitation & Specialist	10	3	• H •
Forest Close	0	1	• L •
Forest Lodge	2	1	• • •
Dovedale	0	0	• • •
G1 Ward	4	0	• H •
Birch Ave	4	1	• H •
Woodland View	0	0	• • •

Physical Restraint

74 incidents of restraint recorded in March 2024 for 26 people.

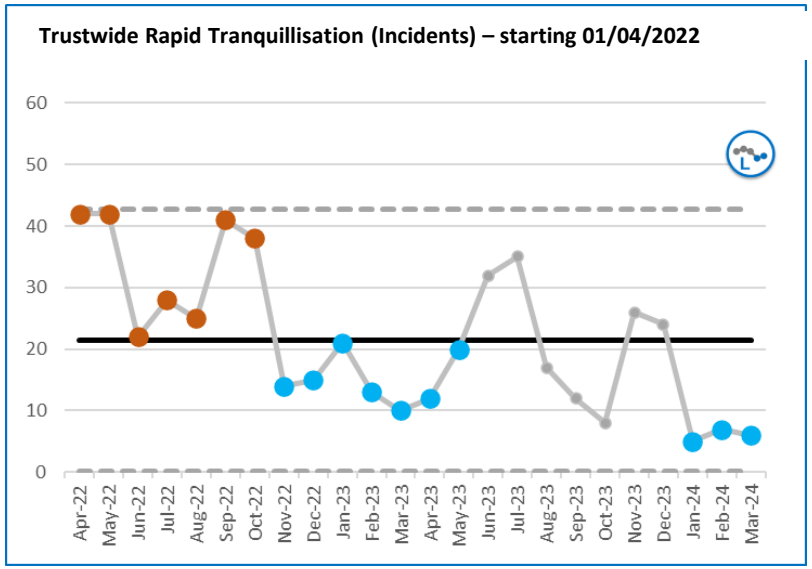
Dovedale 2 has seen a reduction by 50% in Physical restraints, this may be as a result of leadership and change in patient demographic.

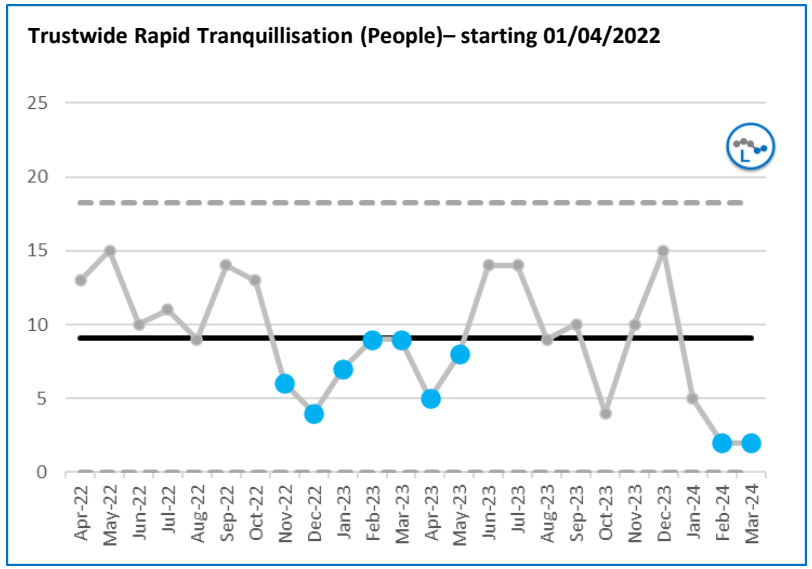


Mechanical Restraint

There were 3 incident reported under mechanical restraints this month. Out of which 1 was from Birch Ave under Older Adults following a service user assaulting whilst staff was attending another service user. 2 of the incidents are reported under A&C, out of which 1 incident was reported under Dovedale 2 for Police restraint (mechanical) and other 1 incident was reported maple ward for secure transport restraint when the service user was transferred from NGH to Maple Ward.

Safe | Restrictive Practice | Rapid Tranquillisation





Rapid Tranquillisation INCIDENTS	Mar-24		
	n	*mean*	SPC variation
TRUSTWIDE	6	*21*	• L •
Acute & Community	3	*21*	• L •
Dovedale 2	3	*10*	• • •
Burbage Ward	0	*2*	• • •
Maple Ward	0	*5*	• • •
HBPoS (136 Suite)	0	*0*	• L •
Endcliffe Ward	0	*3*	• • •
Rehabilitation & Specialist	3	*0*	• H •
Forest Close	0	*0*	• • •
Forest Lodge	0	*0*	• • •
Dovedale 1	0	*0*	• • •
G1 Ward	3	*0*	• H •
Woodland View	0	*0*	• • •
Birch Avenue	0	*0*	• • •

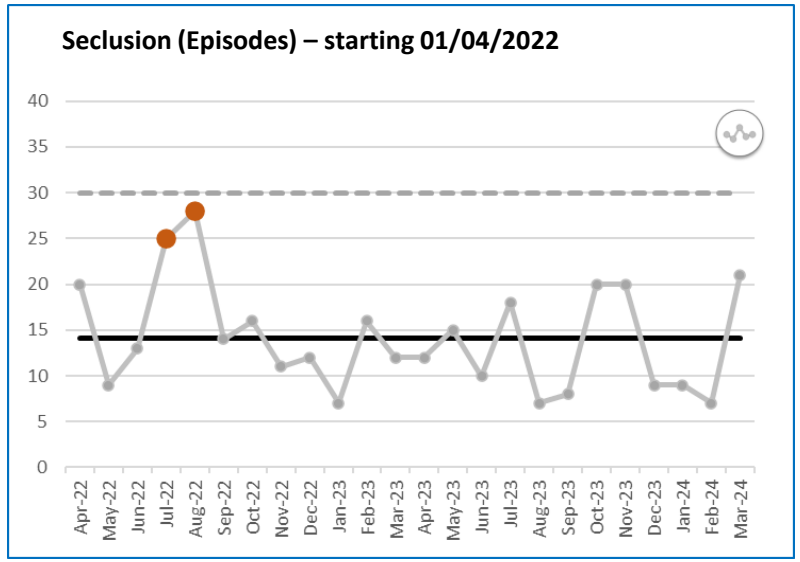
Rapid Tranquillisation PEOPLE	Mar-24		
	n	*mean*	SPC variation
TRUSTWIDE	5	*9*	• • •
Acute & Community	3	*9*	• • •
Dovedale 2	3	*3*	• • •
Burbage Ward	0	*1*	• • •
Maple Ward	0	*2*	• • •
HBPoS (136 Suite)	0	*0*	• L •
Endcliffe Ward	0	*1*	• • •
Rehabilitation & Specialist	2	*0*	• H •
Forest Close	0	*0*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

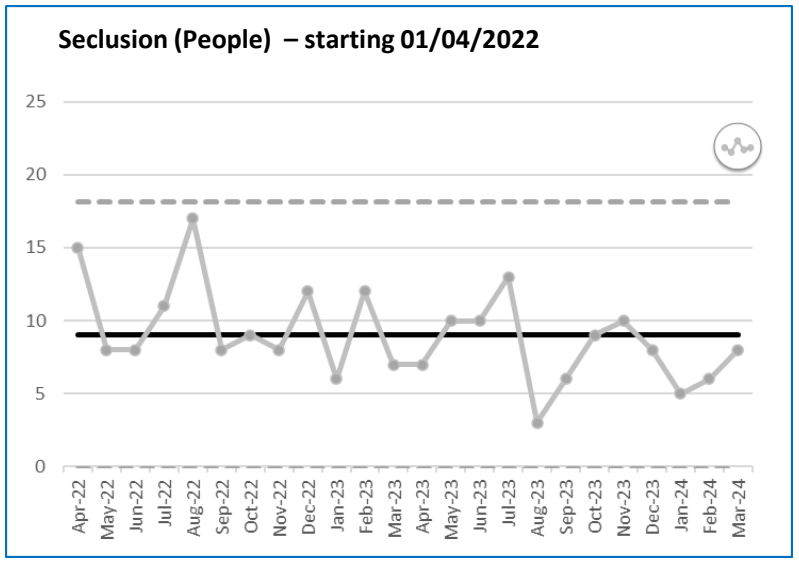
Narrative

6 incidents of rapid tranquillisations were recorded during March 2024 for 5 service user. Out of which 3 incident were from G1 Ward and 3 incident from Dovedale 2 Ward.

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

Safe | Restrictive Practice | Seclusion





Seclusion INCIDENTS	Mar-24		
	n	*mean*	SPC variation
Trustwide	**21**	*14*	• • •
Acute & Community	**15**	*12*	• • •
Maple Ward	**2**	*4*	• L •
HBPoS (136 Suite)	**0**	*0*	• L •
Endcliffe Ward	**13**	*8*	• • •
Rehabilitation & Specialist	**6**	*1*	• H •
Forest Lodge	**6**	*1*	• H •

Seclusion PEOPLE	Mar-24		
	n	*mean*	SPC variation
Trustwide	**8**	*9*	• • •
Acute & Community	**6**	*8*	• • •
Maple Ward	**1**	*3*	• L •
HBPoS (136 Suite)	**0**	*0*	• L •
Endcliffe Ward	**5**	*4*	• • •
Rehabilitation & Specialist	**2**	*0*	• H •
Forest Lodge	**2**	*0*	• H •

Seclusion

21 seclusion episodes recorded for 8 people in March 2024. There were no episodes of seclusion length of time recorded as prolonged. At the time of reporting 5 out of the 21 seclusion episodes 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.

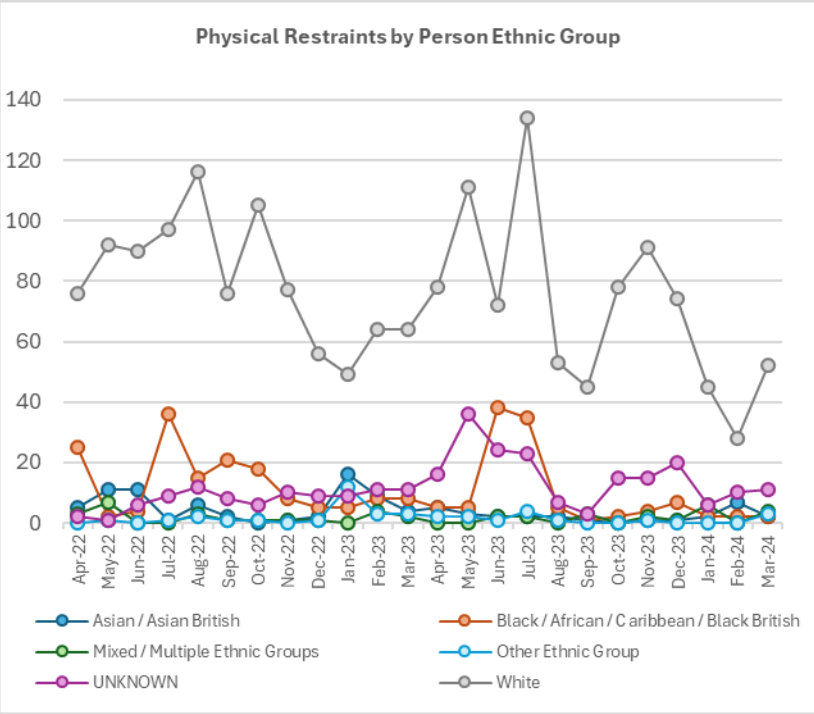
Linking our Least Restrictive Practice strategy and CQUIN, there is an ongoing quality improvement project for accurately recording timings of restrictive interventions, including seclusion episodes.

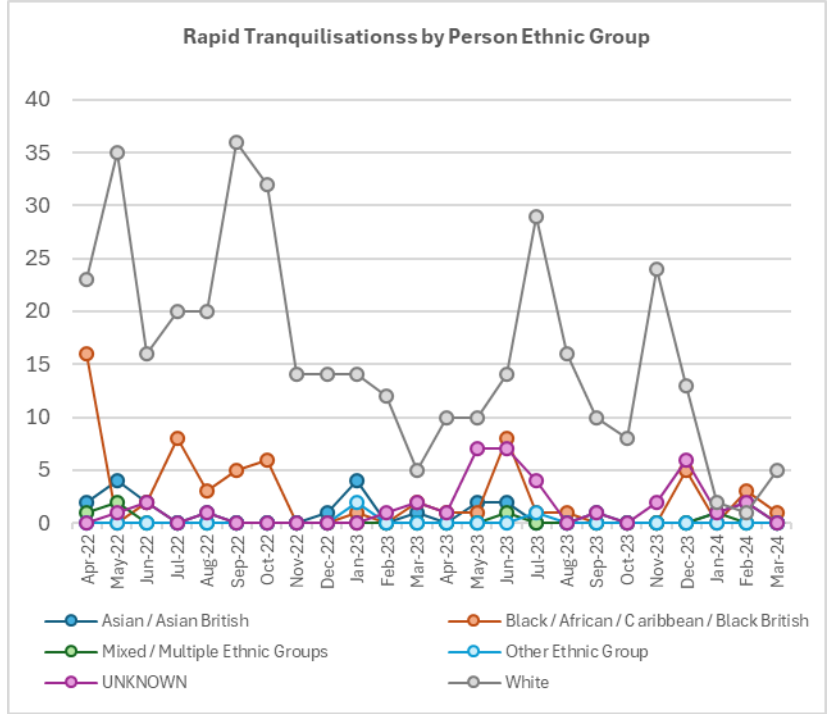
Aligned to change in patient demographic on Maple ward we have seen a significant decrease, continue to monitor as we continue with process of Maple moving to Michael Carlisle Centre and no seclusion room.

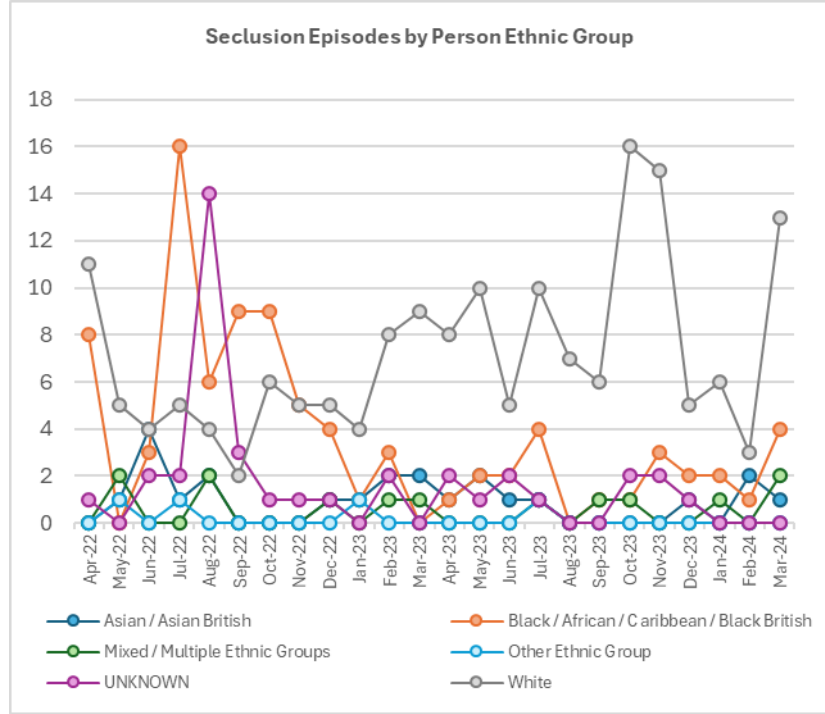
Long-Term Segregation

1 Long Term Segregation commenced 29/01/24 due to complex service user requiring medium secure facility. They have since come out of LTS 12/02/2024 and there have been no other instances of Long-Term Segregation since.

Race Equity Focus | Restrictive Practice





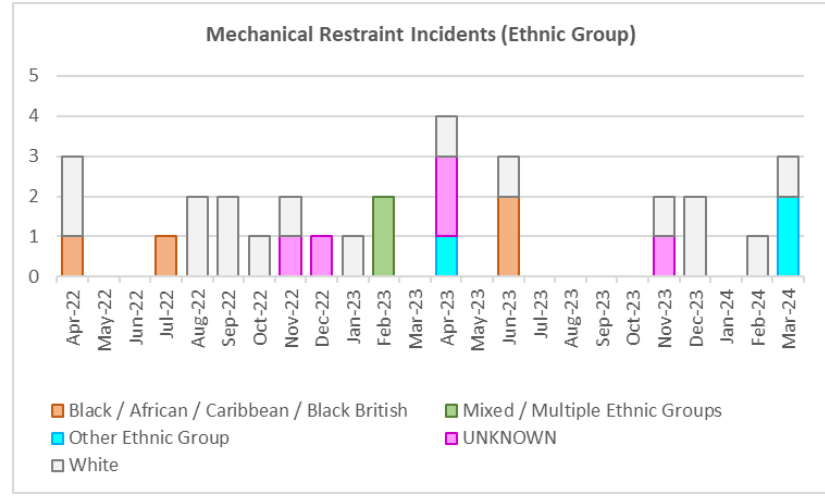


- **Seclusion**
  35% of Seclusion episodes this month were for people from racialised communities, the other 65% were for White British people. All incidents of Seclusion had an ethnicity recorded against them. Over 2 year people we are seeing a reduction in episodes for Black British/African/Caribbean/Other #

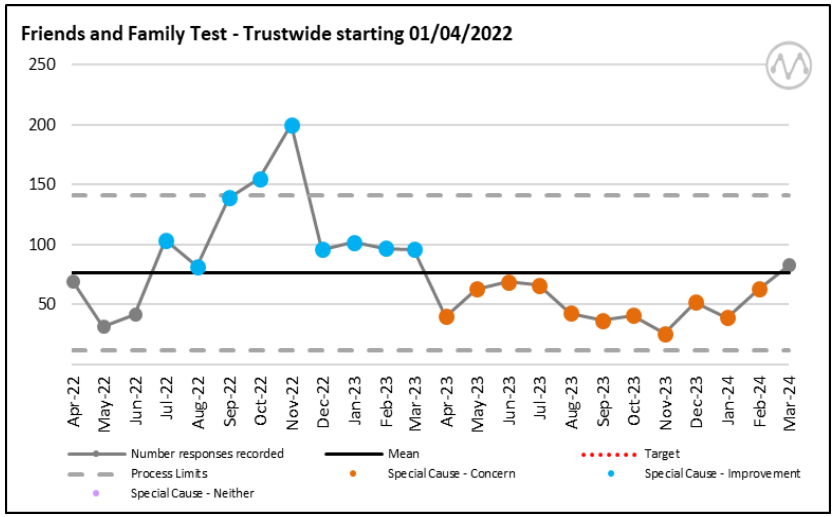
- **Rapid Tranquilisation**
  16.7% of Rapid Tranquilisations reported were for people from Black / African / Caribbean / Black British communities, the other 83.3% were white British.

- **Physical Restraints**
  70.27% of individuals who were physically restrained were White British, 14.86% did not have an ethnicity recorded and 14.86% were from racialised communities.

- **Mechanical Restraints**
  66.6% of Mechanical Restraints this month were for 2 people from Racialised communities.



Caring | User Experience



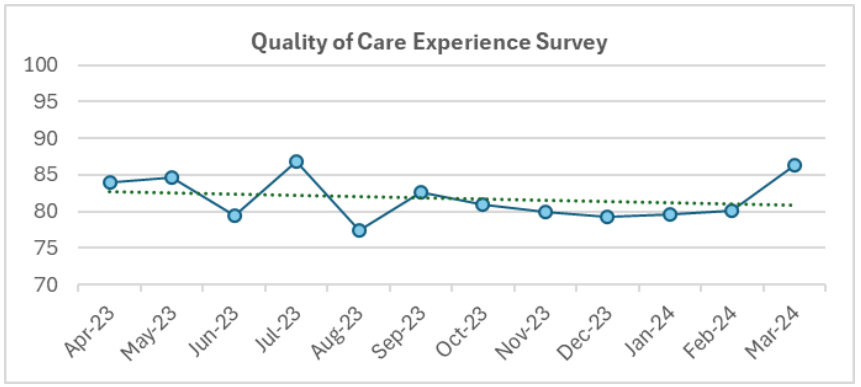
Narrative

In March 2024, the Trust received a total of 83 responses to the FFT questions; 78 responses were positive, 3 response was negative, and 2 responses were neutral. This equates to 94.0% positive responses received. With 83 responses and 3884 active clients, the observed response rate for March 2024 is 2.14%, below the Trust Aspiration Response Rate at 5% .

We are working with services to increase response rate through raising awareness by attending operational meetings and visiting services. We are working with a renewed communications campaign with a weekly internal newsletter and monthly information cascade, improving visibility on the external website and working with our community partners to promote.

Examples of positive responses are listed below:

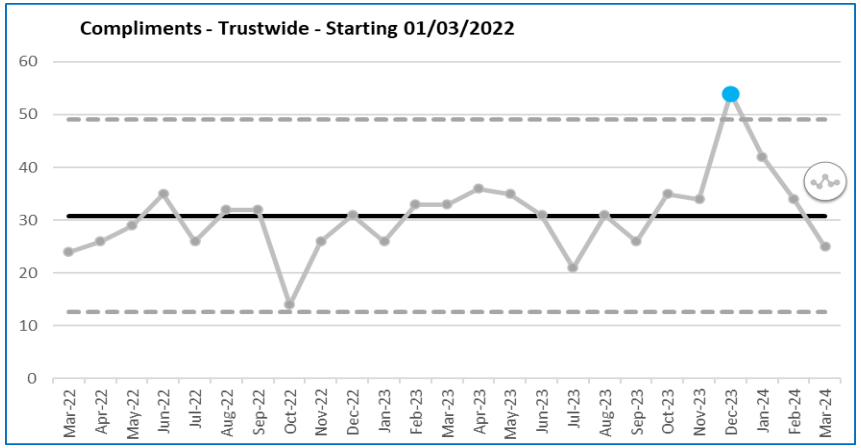
- "The team have responded to my needs in a quick, courteous and efficient manner. Every member of the team I have had contact with have been professional and compassionate." – CMHT North
- The person we spoke to was non-judgemental, listened and was obviously interested. She gave us some new ideas and made us feel interested in how we could help our son rather than overwhelmed." – Sheffield Adult Autism and Neurodevelopmental Service (SAANS)

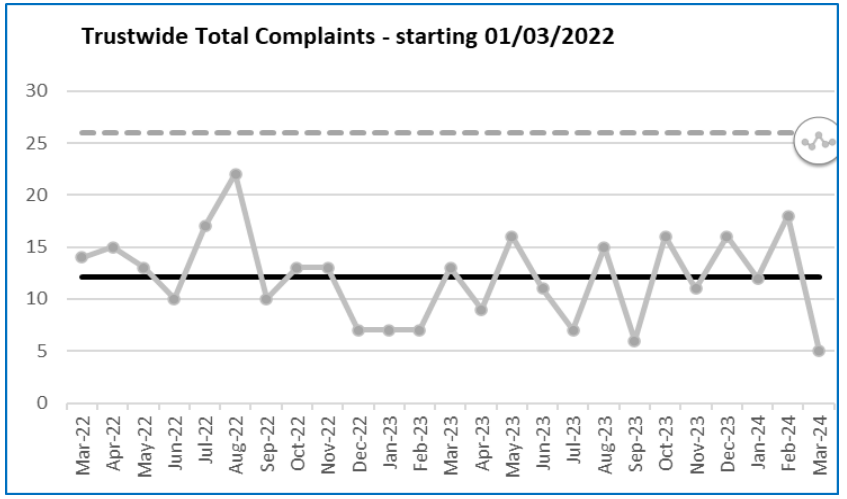


Quality of Care Experience Survey

This utilises the Tendable audit system, identifying areas of good practice as well as areas that require change/improvement. The breakdown for each service is as follows. Submissions have recently declined from services, engagement session arranged for May to understand challenges and to improve response rate.

Beech	92.7%	**Forest Close - Ward 1**	96.70%
Birch Avenue	No Submission	**Forest Close - Ward 1a**	95.00%
Dovedale 2	No Submission	**Forest Close - Ward 2**	80.80%
Dovedale 1	70.35%	**Forest Lodge**	No Submission
Burbage	No Submissions	**G1**	No Submission
Endcliffe	No Submissions	**Woodland View**	No Submissions
Maple	85.83%		





Complaints

There were 5 new formal complaints received in March 2024. 1 was for Acute & Community, 4 for Rehabilitation & Specialist Services. Access to Treatment or drugs continues to be highest complaint category.

While March has seen a reduced number of complaints received, we are confident in this data. Over the quarter this balances out the average of complaints received as comparative to previous quarters.

Complaints due to be closed in March;

Closed - Not Upheld (within agreed timescale)	1
Closed - Partially Upheld (closed due to no consent)	1
Closed - Partially Upheld (within agreed timescale)	5
Closed – Upheld (within agreed timescale)	1
Outstanding	4
Withdrawn	2

Compliments

There have been 25 compliments recorded as received in March 5 received for Acute and Community and 19 for Rehabilitation and Specialist services. Stanage received 2, CMHT North received 2 and SPA/ EWS received 1 under Acute &Community where in Rehabilitation and Specialist OA Home treatment received 5, OA CMHT West received 4, Specialist Community Forensic team and OA CMHT South west received 3 and others received 1.

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Safer Staffing

IPQR - Information up to and including March 2024

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Safer Staffing

March 2024

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/Stanage Ward	Registered Nurses	11.59	12.60	-1.01	6.29	8.41	1.20	1.67	11.28	0.31	118%	100%	
Burbage/Stanage Ward	Unregistered Nurses	23.42	23.53	-0.11	8.95	15.92	3.28	0.38	19.57	3.85	96%	104%	
Dovedale 1	Registered Nurses	11.22	13.60	-2.38	7.21	8.00	1.45	1.03	10.49	0.73	125%	100%	Extra RGN on shift due to complex SU
Dovedale 1	Unregistered Nurses	21.77	21.12	0.65	11.05	11.42	8.56	1.39	21.36	0.41	96%	174%	Working above CER, Exec approved
Dovedale 2 Ward	Registered Nurses	11.59	10.60	0.99	9.67	1.75	1.46	5.82	9.04	2.55	103%	107%	
Dovedale 2 Ward	Unregistered Nurses	23.41	16.41	7.00	6.92	9.67	25.75	4.33	39.75	-16.34	171%	278%	HCA fill rate high due to vacancies
Endcliffe Ward	Registered Nurses	11.36	11.00	0.36	5.55	4.12	2.31	4.78	11.21	0.15	72%	97%	Low due to vacancies and sickness.
Endcliffe Ward	Unregistered Nurses	26.35	24.79	1.56	14.07	12.07	27.14	5.84	45.05	-18.70	208%	258%	high OBS (2:1's) and qualified vacancies.
Forest Close 1	Registered Nurses	8.40	6.50	1.90	2.58	4.34	0.66	0.00	4.99	3.41	99%	97%	No concerns
Forest Close 1	Unregistered Nurses	9.80	11.40	-1.60	4.00	8.85	0.00	0.00	8.85	0.95	97%	100%	No concerns
Forest Close 1a	Registered Nurses	10.43	9.60	0.83	4.26	4.72	0.52	1.11	6.35	4.08	104%	94%	No concerns
Forest Close 1a	Unregistered Nurses	20.86	19.02	1.84	7.52	12.38	1.37	0.00	13.75	7.11	101%	98%	No concerns
Forest Close 2	Registered Nurses	8.80	9.80	-1.00	4.91	5.30	1.35	0.00	6.66	2.14	132%	100%	Increased fill rate due to Preceptees
Forest Close 2	Unregistered Nurses	8.49	10.39	-1.90	3.97	6.76	0.49	0.00	7.26	1.23	96%	100%	No concerns
Forest Lodge Assessment	Registered Nurses	10.48	10.69	-0.22	3.19	5.89	0.71	0.05	6.65	3.82	87%	110%	No concerns.
Forest Lodge Assessment	Unregistered Nurses	15.19	10.78	4.41	2.88	8.11	6.26	0.61	14.98	0.20	111%	97%	Some training cancelled
Forest Lodge Rehab	Registered Nurses	8.92	9.11	-0.18	3.70	5.90	0.57	0.06	6.53	2.39	88%	97%	No concerns
Forest Lodge Rehab	Unregistered Nurses	12.42	8.82	3.60	3.68	4.79	2.55	0.64	7.98	4.44	93%	134%	Escorts to NGH
G1 Ward	Registered Nurses	12.22	13.80	-1.58	8.15	7.68	2.21	0.36	10.26	1.96	111%	107%	Over established with Registered Staff
G1 Ward	Unregistered Nurses	32.09	28.88	3.21	14.11	17.18	13.69	5.27	36.14	-4.05	133%	144%	Level of observations increased
Maple Ward	Registered Nurses	13.38	13.24	0.14	6.44	6.28	1.75	2.07	10.10	3.28	69%	100%	Low registered nurse fill rate due to maternity, vacancies and end of year leave.
Maple Ward	Unregistered Nurses	25.36	22.18	3.18	12.51	10.58	10.14	0.75	21.47	3.89	101%	138%	Regularly increasing use of HCA to cover high rates of observation.

Overstaffing

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

Understaffing

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

Safer Staffing

Organisation Name	Bed Occupancy %	Total Complaints	Total Incidents	Patient Safety Incidents	Serious Incidents (Moderate and above)	Staffing Incidents	Staffing Incidents Narrative	Medication Incidents	Self-Harm Incidents
Burbage/Stanage Ward	100%	0	56	24	0			7	24
Dovedale 1	96%	0	62	48	0	20	4 x over 40% and 16 x over 50% bank / agency on duty	7	19
Dovedale 2 Ward	113%	0	204	138	13			16	745
Endcliffe Ward	100%	0	145	101	37			9	96
Forest Close 1	100%	0	8	6	0	0	There will always be below 3 RESPECT trained as night as only 2 staff on shift but other RESPECT trained staff at FC are available if required.	1	0
Forest Close 1a	108%	0	16	7	2	0	No staffing incidents in March	1	7
Forest Close 2	96%	0	13	12	0	0	There will always be below 3 RESPECT trained at night as only 2 staff on shift but other RESPECT staff at FC Wards are available if required.	0	121
Forest Lodge Assessment	99%	0	83	34	29	0	No staffing incidents in March	2	1
Forest Lodge Rehab	100%	1	29	17	4	0	No staffing incidents in March	6	1
G1 Ward	91%	0	90	69	5	0	No staffing incidents in March.	6	3
Maple Ward	101%	0	67	32	12			5	256

Older Adult

What is the current staffing situation?

- Over established with Registered Nurses for both G1 and DD1, impacting fill rate.
- It would be helpful to include Care Homes in the Safer Staffing Report to understand OA in more detail.

How effectively has the workforce been utilised?

- Continued use of 1:1 observations is causing increase fill rate and consistently working above CER
- G1 actively reducing number of staff on duty as aligned to reduced bed occupancy
- Any over establishment of Q's on duty are being counted within daily staffing numbers

Rehabilitation & Specialist

What is the current staffing situation?

- Slight over establishment of Registered Nurses, may impact fill rate ongoing as HoN has asked that no hidden shifts are on roster e.g 'Work Days' which aren't counted in Assignment Count on E-Roster.
- No significant vacancies of concern.

How effectively has the workforce been utilised?

- Effective use, continued good fill rate

Acute

What is the current staffing situation?

- Significant vacancies for HCA's across all wards, highest vacancies are Dovedale 2, recent mass recruitment with start dates in place week commencing 23rd April
- Preceptees have been joining throughout Jan Feb & March. We are in the process of planning for next release of preceptees.

How effectively has the workforce been utilised?

- All areas consistently above CER, several mid shifts for Qualified staff which require further scrutiny in Support & Challenge to ensure correct allocation of DWM & SNP shifts.
- DD2 continue to experience problems arising from Low number of take-charge nurses, only 2 in place.

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Our People

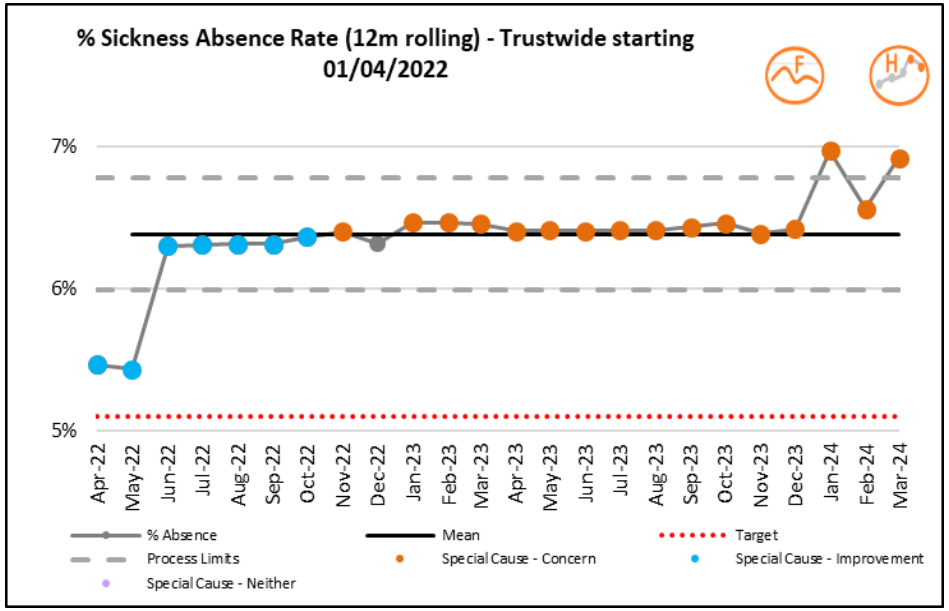
IPQR - Information up to and including March 2024

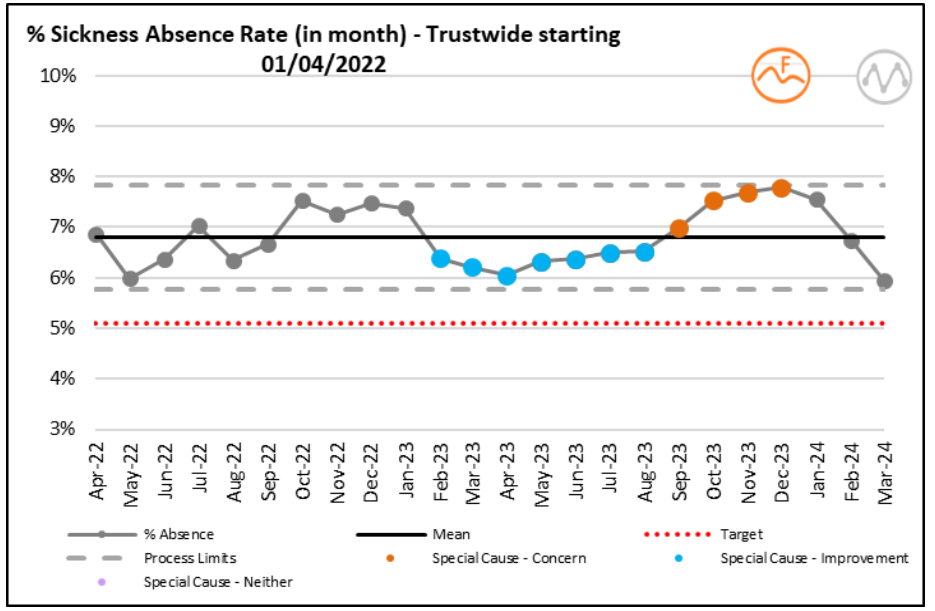
Proud to care in Sheffield

Well-Led | Workforce Summary

		Mar-24			
Metric	**Target**	**n**	***mean***	**SPC variation**	**SPC target**
Sickness 12 Month (%)	5.10%	**6.92%**	*6.34%*	• H •	F
Sickness In Month (%)	5.10%	**5.95%**	*6.86%*	• • •	F
Long Term Sickness (%)	~	**3.38%**	*4.53%*	• • •	/
Short Term Sickness (%)	~	**2.57%**	*2.33%*	• • •	/
Headcount Staff in Post	~	**2698**	*2663*	• • •	/
WTE Staff in Post	~	**2375**	*2341*	• • •	/
Turnover 12 months FTE (%)	10%	**17.43%**	*16.3%*	• H •	F
Training Compliance (%)	80%	**87.63%**	*88.30%*	• • •	P
Supervision Compliance (%)	80%	**61.56%**	*70.47%*	• • •	F

Well-Led | Sickness



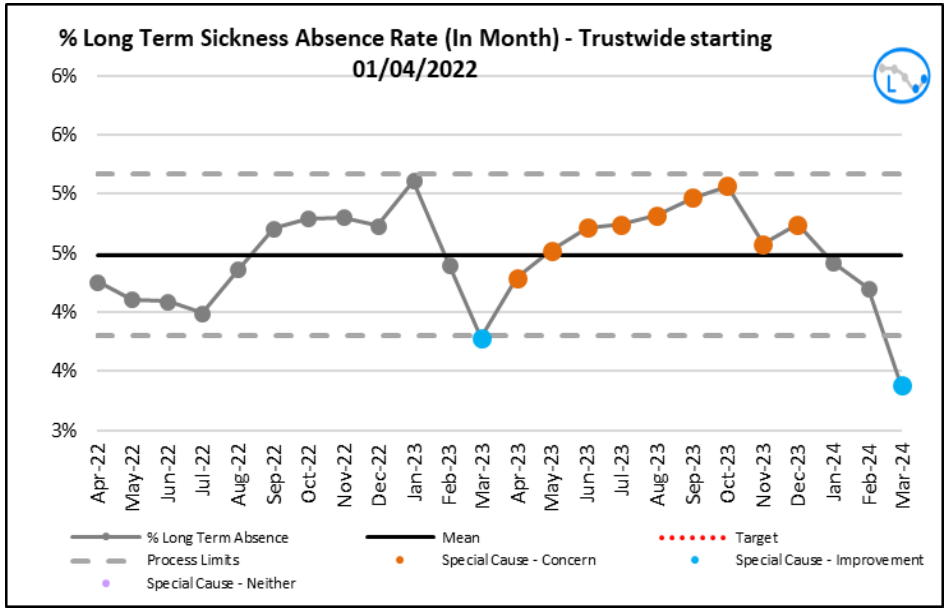


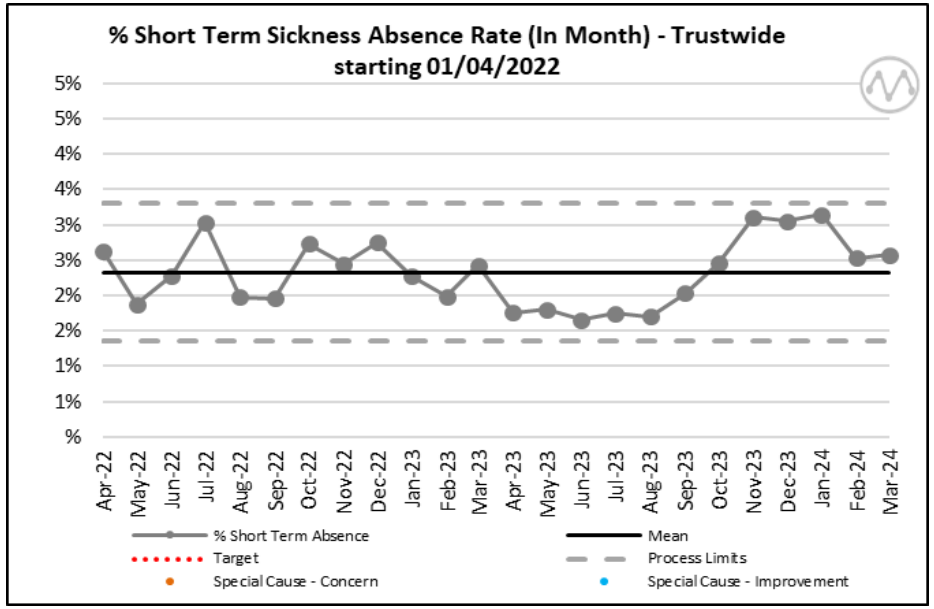
Narrative

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

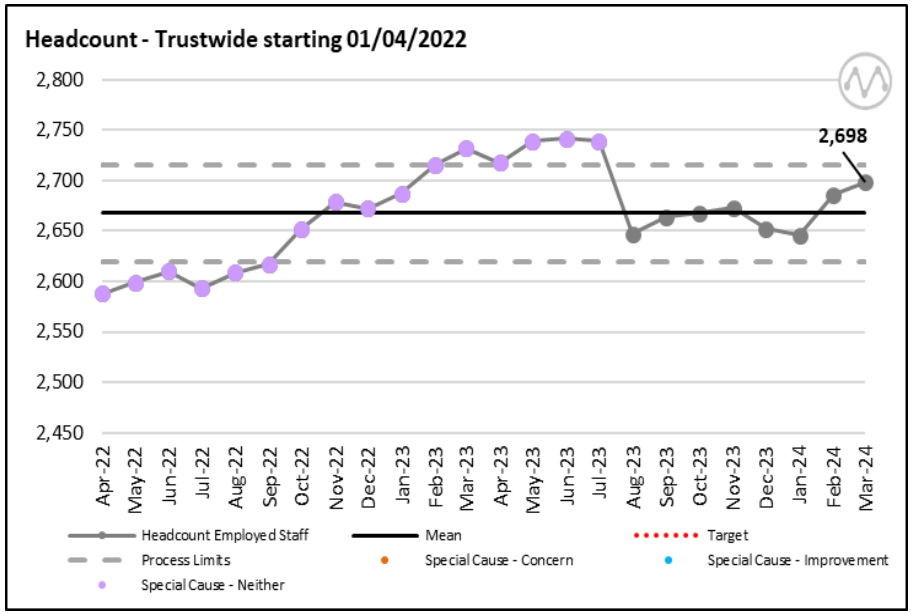
Although 12 month rolling sickness has increased, the in month sickness for January has decreased.

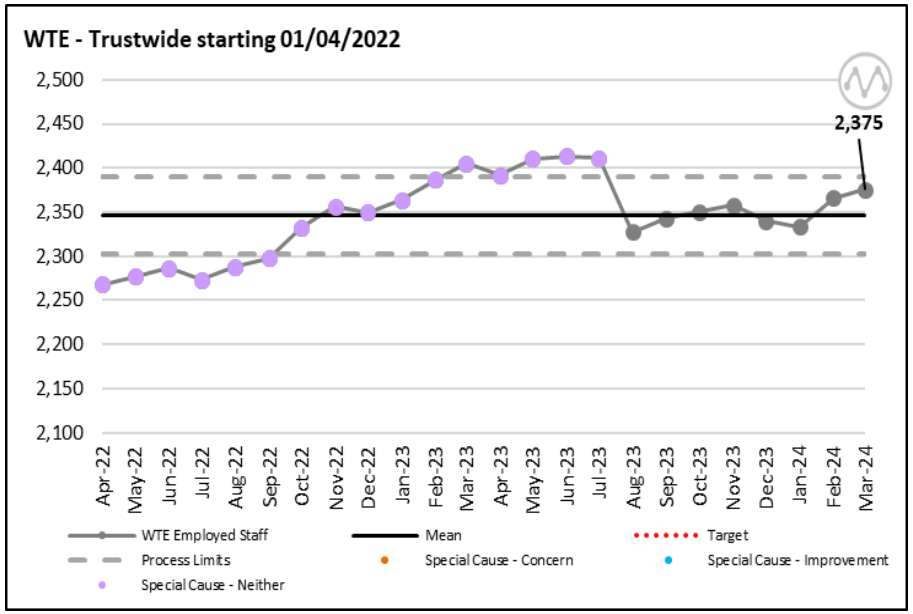
Continued focus on absence reduction will continue into the new financial year and is part of the refreshed People Strategy for 2024/25.

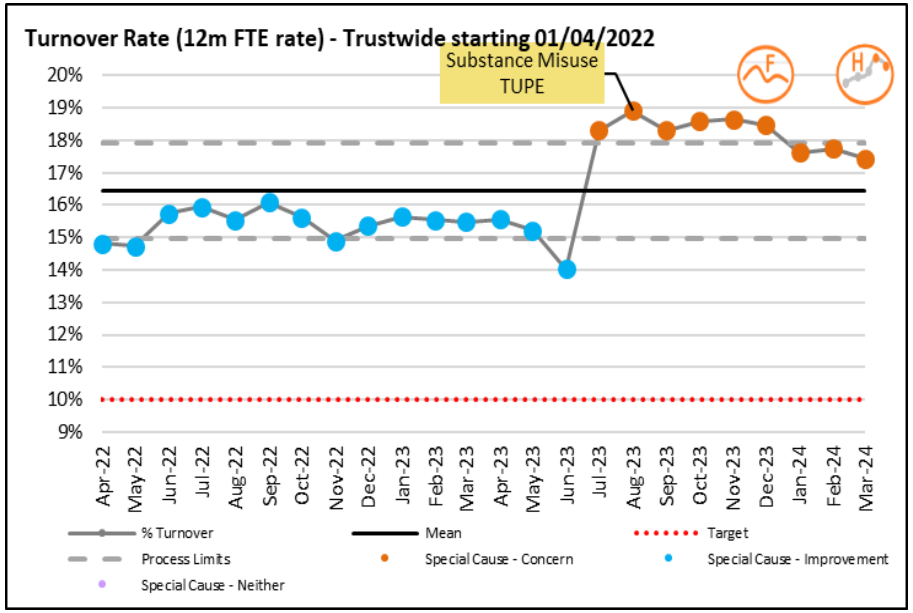




Well-Led | Staffing





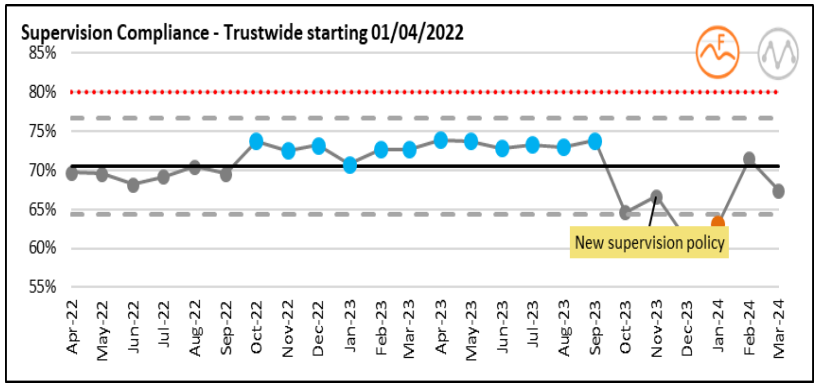


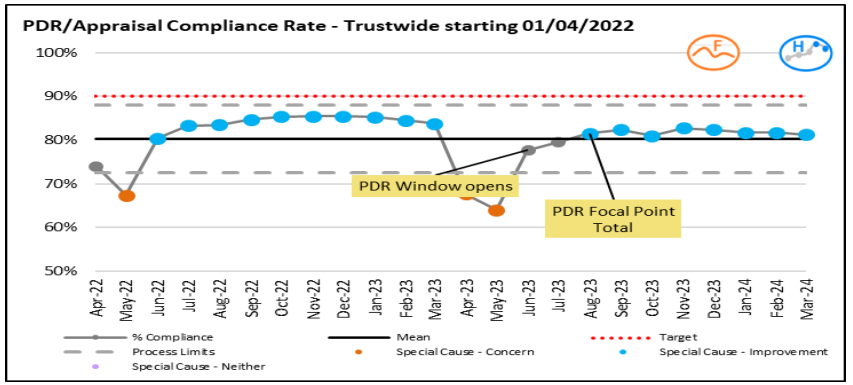
Narrative

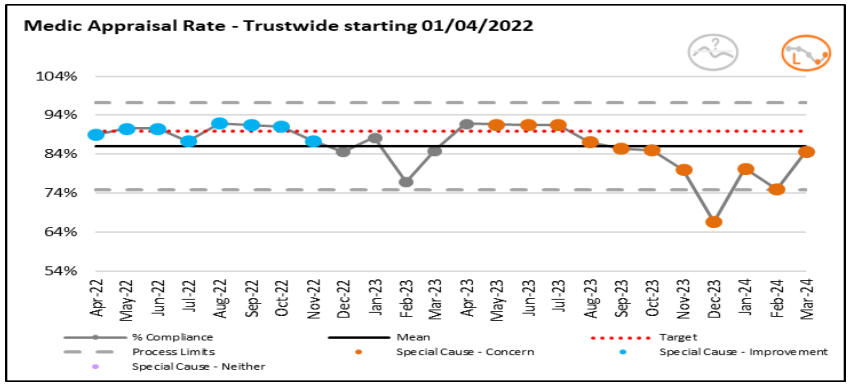
Pauses on recruitment in line with the current financial position in some areas may be contributing.

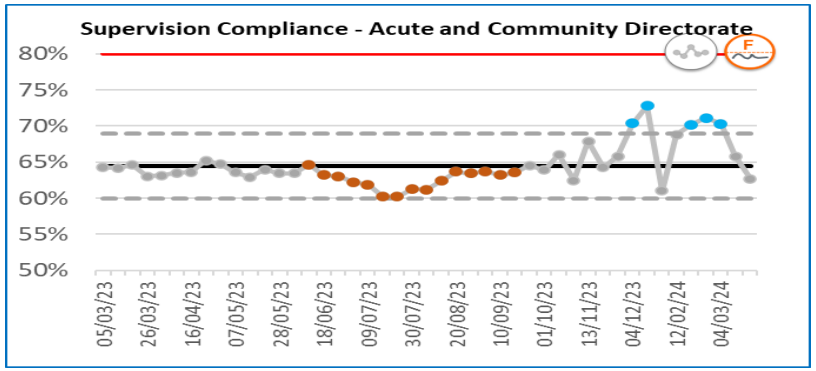
12-month turnover has decreased.

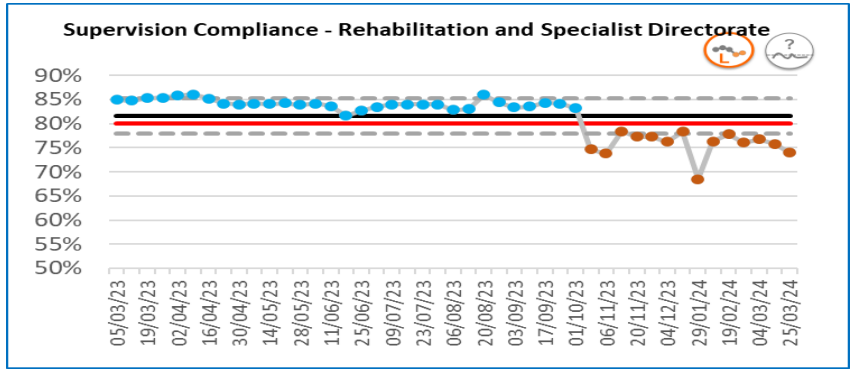
Well-Led | Supervision & PDR/Appraisal

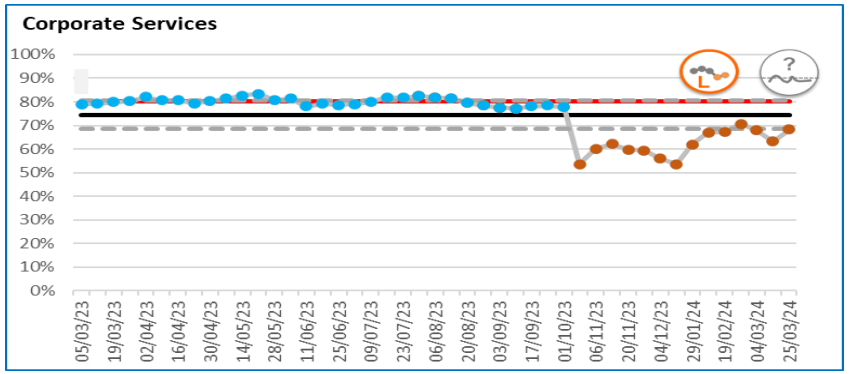












Aim

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 March 2024, average compliance with the target:
Trustwide **61.56%**
Clinical Services **67.99%**
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

Overall compliance SPC chart is unavailable this month and will be provided next month.

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	05/03/2024	02/04/2024
Trustwide	**87.65%**	**87.63%**
Directorate/Service Line		
Corporate Services	79.95%	79.29%
Medical Directorate	90.37%	91.83%
Acute & Community – Crisis	90.07%	90.29%
Acute & Community – Acute	89.39%	88.41%
Acute & Community – Community	91.09%	91.02%
Rehab & Specialist – Older Adults	85.67%	85.57%
Rehab & Specialist – Forensic & Rehab	91.73%	91.56%
Rehab & Specialist – Highly Specialist	89.19%	89.82%
Rehab & Specialist – Learning Disabilities	89.88%	89.40%
Rehab & Specialist – Talking Therapies	93.89%	94.36%

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 02/04/24, the nearest training report to end of March 24 position
There are currently 10 subjects below 80%: 1 more than last month.

Subjects below 80%
Safeguarding Children Level 3 61.80% up 8.79%
Mental Health Act 68.81% down 1.04%
Medicines Management 62.29% up 0.35%
Deprivation of Liberty Standards Level 1 79.29% down 0.17%
Deprivation of Liberty Standards Level 2 74.31% down 0.69%
Rapid Tranquilisation 75.90% up 1.36%
Resus Level 2 (BLS) 70.46% up 1.31%
Immediate Life Support 79.86% up 0.28%
Respect Level 3 70.65% up 1.46%
Moving and Handling Level 2 76.51% down 1.08%

Information Governance is at 84.87% 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 March 2024

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Key Performance Indicator	Annual Plan £'000	M12 Actual £'000	Variance £'000
Surplus/(Deficit)	(3,262)	(4,932)	(1,670)
Out of Area spend *	(8,496)	(9,343)	(847)
Agency spend	(6,479)	(6,893)	(414)
Cash	47,405	38,963	(8,442)
Efficiency Savings	5,734	4,798	(936)
Capital	(12,791)	(11,193)	1,598

KPI		Target	Number	Value
Invoices paid within 30 days (Better Payments Practice Code)	NHS	95%	100%	100%
	Non-NHS	95%	99.6%	99.3%

* Includes Purchase of Healthcare only, excludes travel costs.

At month 12, we have ended the financial year with a deficit of £4.932m, which is £1.67m worse than plan and £0.08m worse than anticipated at M11. The deficit would have been higher if £0.5m non-recurrent funding had not become available from the ICB.

The ICB's financial position improved further at M12 allowing SHSC to report this deficit without an adverse impact on the system financial reporting.

Recovery plans have not delivered; some rotas have not been effectively managed and a high proportion of substantive staff have been taking annual leave or study leave, which has been covered by additional bank staff. Out of area cost pressures have also increased as spot purchases have not reduced as planned and backdated costs have been incurred for an individual patient who was previously not thought to be within the funding responsibility of SHSC.

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

Capital spend has increased to £11.193m despite the delay of the £4m Fulwood capital receipt. The increased spend is possible due to utilising £2.25m of Capital underspends from other parts of the system. £1m of the overspend will have to be repaid in 2024/25 reducing the funding available in 2024/25 however this is factored into the Capital plan. During M12, the Estates and Digital team worked at pace to accelerate the capital programme bringing forward a number of schemes which were expected to commence in 2024/25. This was supported by the Procurement and Finance teams.

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Report ends
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Proud to care in Sheffield

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:

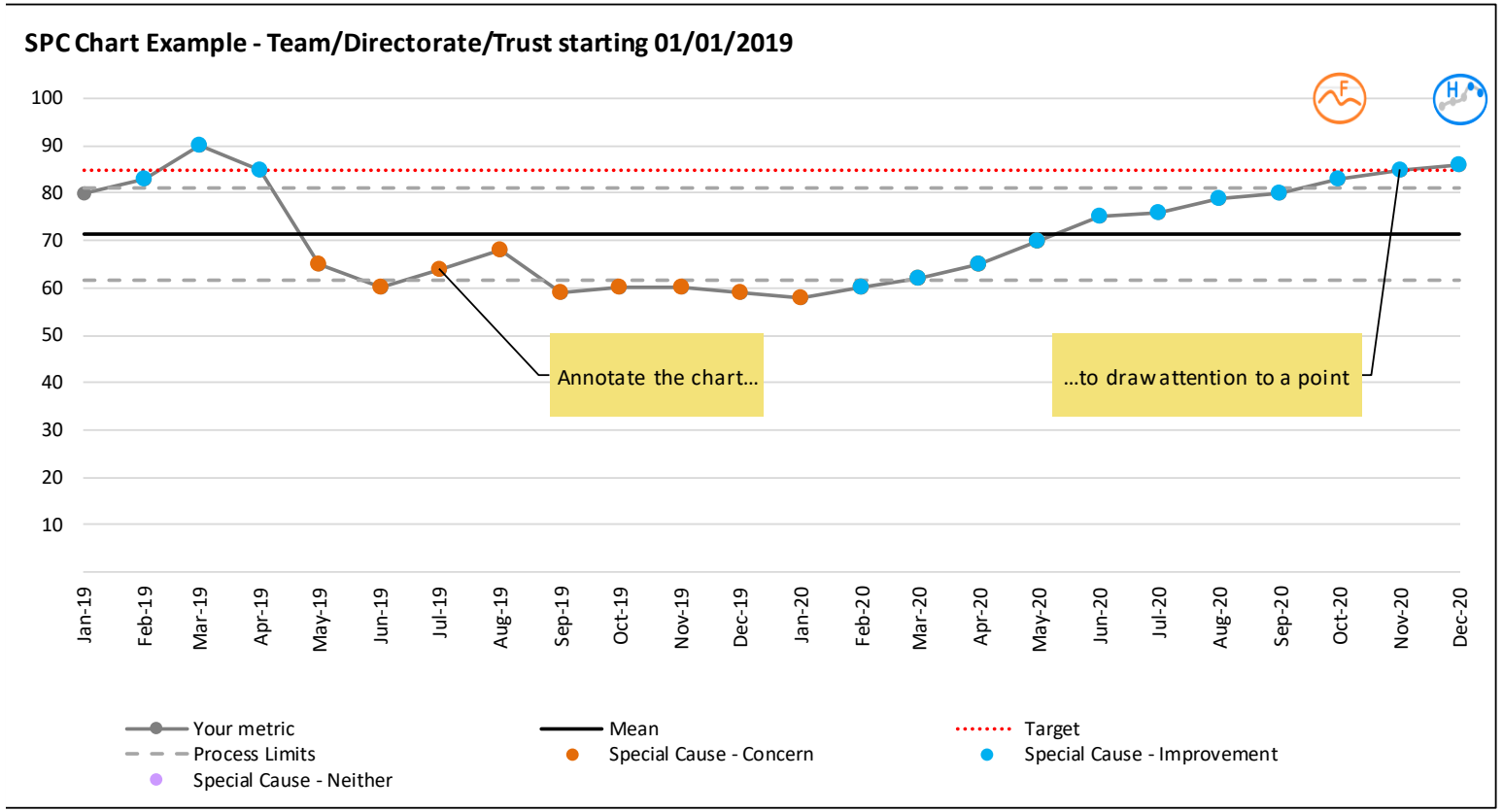
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

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.