



# Board of Directors - Public

**SUMMARY REPORT**

**Meeting Date:** 27 November 2024  
**Agenda Item:** 15

<b>Report Title:</b>	Integrated Performance and Quality Report (IPQR) September 2024	
<b>Authors:</b>	Performance Team Henry Harrison, Strategy and Quality Performance Manager Stephen Sellars, Head of People Systems	
<b>Accountable Director:</b>	Phillip Easthope, Executive Director of Finance, Digital & Performance	
<b>Other meetings this paper has been presented to or previously agreed at:</b>	<b>Committee/Tier 2 Group/Tier 3 Group</b>	People Committee Quality Assurance Committee Finance & Performance Committee
	<b>Date:</b>	12 November 2024 13 November 2024 14 November 2024
<b>Key points/recommendations from those meetings</b>	<p><b><u>Comments from People Committee</u></b></p> <p>Whilst sickness rates are levelling, they remain high and there must not be complacency. Hot spots identified by a heat map should be addressed with presentation on the impact to the committee in January 2025. There remains concern around the high number of sickness rates in estates with further work required to address the underlying issues. PDR data has remained the same for several years with no evidence of traction, reasoning for the difference among teams needs to be identified.</p> <p><b><u>Comments from Quality Assurance Committee</u></b></p> <p>There continues to be no improvement in the recording of protected characteristics despite leadership through operational managers. This is impairing our ability to discharge our duties under the Public Sector Equality duty, as well as impairing our ability to oversee quality improvement initiatives around equality issues. The current focus is on discovering why this action is proving so difficult for staff to achieve. This will lead to new actions.</p> <p>Delayed discharge and the average length of stay in Adult Acute Services have seen an increase which is having an effect on OOA bed usage.</p> <p>There has been increased usage of the Health Based Place of Safety and continued issues with breaches of 12-hour periods in the emergency department.</p> <p>Waiting lists in Gender Identity Service, Eating Disorder service and ADHD continue to increase. The IPQR analysis highlighted maintenance of good/improved waiting list performance in a number of services. Perinatal</p>	

	<p>Mental Health Service has continued to exceed the target for the first 6 months of the year. Community Services continue to maintain a much-reduced waiting list. Sheffield Talking Therapies continue to reach their national target. Relationship and Sexual service, Specialist Psychotherapy, and Long-Term Neurological Conditions all demonstrate good/improved waiting list performance.</p> <p>Referrals to Liaison Psychiatry continue to be high.</p> <p>There are significant increases in the number of service users on wards subject to Ministry of Justice restrictions which is having impact on the length of stay.</p> <p><b><u>Comments from Finance &amp; Performance Committee</u></b></p> <p>Committee noted the improved performance in the Perinatal Mental Health Service. The performance of the 111 service was discussed. No actions or decisions were recorded.</p>
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<b>Summary of key points in report</b>	
<p><b><u>Appendix attached:</u></b> Integrated Performance &amp; Quality Report – September 2024</p> <p><b><u>NHS Long Term Plan National Metrics</u></b></p> <p><b>Perinatal Mental Health Service</b> has exceeded the target for the first 6 months of the year.</p> <p><b>Sheffield Talking Therapies</b> continue to meet and exceed targets.</p> <p><b>Out of area placements</b> saw a significant increase over the first four months of the year. Work is ongoing across a number of services to improve flow to reduce the number of out of area placements, this has seen an improved position in August though still not meeting the target. The target originally agreed with the ICB (6 between Apr-Sep 2024 then 5 for Oct 2024-Mar 2025) relates to inappropriate placements only but we have set a more challenging internal target for all OOA placements (September – 9, October – 6, November and subsequent months – 3).</p> <p><b><u>Access to Adult Community Services</u></b></p> <p>Community Mental Health teams have seen a significant rise in referrals following the change to the new ways of working with Primary Care. We are closely monitoring referrals and are meeting in November with partners to ensure systems are in place to ensure people get the right care in a timely way.</p> <p><b><u>Specialist Service Waiting Times</u></b></p> <p><b>Perinatal Mental Health Service</b> – Referral to assessment wait time and number on the waiting list has improved as workforce model has been recruited to over last 12 months. The service is offering more assessments in accordance with the increased offer to align with the national birth rate target 7.4%.</p> <p><b>Specialist Psychotherapy</b> – Referral to assessment wait time for SPS P/CT continues to be above the mean for the 9<sup>th</sup> consecutive month. This is improving in line with process improvements. A new triage process has been implemented in the service which has seen a decrease in wait time from referral to triage. This change has helped to reduce the number of people awaiting assessment which we anticipate will result in a reduction in RtA over the coming months.</p>	

**Gender Identity Service** – The waiting list and wait times for Gender Identity Service continue to be a challenge. Recruitment to the workforce plan is underway and once staff are in post, the number of assessments completed will increase which should see a reduction in the waiting list over time and an improvement in the referral to assessment time long term. Overall service activity is planned to increase in 2025.

**Eating Disorder Service** – Waiting list continues to increase due to less clinic resource available, causing fewer assessment clinics to take place. This has now been responded to and all senior practitioners within the team have now become involved in the weekly availability offering assessment slots. There is also further recruitment into the team which will be part of assessment resource from December 2024.

**ADHD and Autism Service** – Waiting list for SAANS ADHD continues to increase. All those with a confirmed diagnosis have now been seen and diagnostic assessments have recommenced. The service is currently in the process of recruiting to a new staffing model. A separate update is being provided to this Quality Assurance Committee.

**Relationship & Sexual Service** – There has been a significant reduction in average Referral to Assessment (RtA) wait time following recruitment to the staffing model. Caseloads are managed so that assessments are promptly booked in. There has been a sustained reduction in the waiting list since the service started an ‘opt-in’ process a year ago.

**Long Term Neurological Conditions** – Continuous reduction in the waiting list for LTNC since November 2023 as a result of the QI collaborative work around waiting well, waiting less. Changes have been made to staff timetabling which has seen a reduction in the time people are waiting for first contact.

### **Older Adult Services**

Work to report on all Older Adult metrics is ongoing. Below is a list of all metrics that have been, and are being, worked on, with the status. Community Teams include Older Adult (OA) Community Mental Health Team (CMHT), Memory Service and OA Home Treatment. Older Adult inpatient wards are Dovedale 1 and G1.

<b>Metric</b>	<b>Applicable team(s)</b>	<b>Status</b>	<b>Notes</b>
Referrals	All Community Teams	Complete, included in this IPQR	
Caseload	All Community Teams	Complete, included in this IPQR	
Discharges	All Community Teams	Complete, included in this IPQR	
Admissions	Both Wards	Complete, included in this IPQR	
Discharges	Both Wards	Complete, included in this IPQR	
Bed Occupancy ex. leave	Both Wards	Complete, included in this IPQR	
Bed Occupancy inc. leave	Both Wards	Complete, included in this IPQR	
Average beds admitted to	Both Wards	Complete, included in this IPQR	
Transfers In/Out	Dovedale 1 only	Complete, included in this IPQR	

Waiting List	Memory Service only	Complete, included in this IPQR	Number reported, SPC chart indicators will be added when have the required 12 data points (Mar-25)
Referral to Assessment Wait Times	OA CMHT	Complete, included in this IPQR	Number reported, SPC chart indicators will be added when have the required 12 data points (Mar-25)
Delayed discharges	Both Wards	Complete, included in this IPQR	
Bed Nights Occupied by Delayed Discharge	Both Wards	Complete, included in this IPQR	
Live Length of Stay (as at month end)	Both Wards	Complete, included in this IPQR	
72 hour follow up	Community Teams	Complete, included in this IPQR	<b>Reported from this month</b> - Manual reporting process until Tranche 2 go-live due to wards using both Insight and Rio, Adult CMHT outliers
Waiting List	OA CMHT only (not applicable to OA Home Treatment)	On target to report in next month's IPQR	Issue identified with inconsistency around how teams are using multiple wait lists resulting in duplication. Waiting List process has been reviewed. Report being developed to remove duplicates.
Transfers In/Out	G1 only	Work ongoing	Issue identified when service users are moved to an alternative bed – this action is erroneously being counted as a transfer. This has been raised with the Rio programme team who are looking into whether a configuration change is needed.
Average Discharged Length of Stay (12 month rolling) Ward	Both Wards	Work ongoing	Further discussions required to determine whether we can report with less than 12 months of data on Rio.
Referral to Assessment Wait Times	Memory Service	Work ongoing	We are seeking advice from NHS England's Data Liaison Team on how best to report on this metric given that we have not migrated some data into Rio which is required to construct this metric.
Referral to Treatment Wait Times	OA CMHT & Memory Service (not applicable to OA Home Treatment)	Work ongoing	Clock stops in Rio is not in the correct format yet. We have sought advice from NHS England and further engagement is required.

### **Adult Acute Services**

Delayed discharge bed nights have been increasing for the last 5 months. Average length of stay is increasing, in part attributed to delayed discharges but also a variety of other reasons. This is in turn limiting our regular and contracted bed availability which is increasing out of area bed spot purchasing. We are working with the local authority to recover the progress made at the beginning of 2024.

We are now able to report on an overall 72 hour follow up compliance percentage for all bedded services.

### **Urgent and Emergency Care**

**Liaison Psychiatry** – Referrals for Liaison Psychiatry continue to be high, with the last 7 months of referrals being sustained above the 24-month mean. This is primarily linked to an increase in A&E referrals received. 1-hour wait time performance has plateaued at ~65% compliance, though the service has concerns that the current complexity of coding is impacting data quality and reporting accuracy. A new simplified coding framework has been agreed and an implementation plan will be developed in the next month.

**111 Crisis Line** – The proportion of calls abandoned and average speed to answer calls continues to lag against the national targets of 3% and 20 seconds respectively. NHS England has recently clarified that these targets are aspirational; the body of the report has been updated accordingly. Nevertheless, performance is being monitored in monthly contract review meetings with NCHA.

### **Safety & Quality**

#### **Alert**

There continues to be no improvement in the recording of protected characteristics. A project group was recently established to understand and address the reasons for non-completion. A staff survey undertaken in October will assist the group in understanding the factors impacting completion determine the support needed to improve.

#### **Advise**

The number of reported racial/cultural abuse incidents continue to remain low; this does not reflect the experience of staff or the people we care for. We are working with communities and services to improve reporting in this area so we can understand the level of support and change needed.

The launch of Safe2Share has not seen the expected success with fewer submissions each month since rollout in July 2024. The implementation group have scheduled re-engagement and training sessions in November with the aim of understanding challenges and improve engagement with the tool. As part of our Quality Objectives, we are exploring a range of tools that support reporting to improve understanding of patient experience. A patient safety and experience dashboard is also being developed to bring all data together, to enable triangulation of patient experience feedback with incidents.

#### **Assure**

We have continued to see a reduction in assaults on staff and service users. The People directorate is working with clinical leadership and the Risk team to develop a post incident wellbeing form. Workshops have taken place during September and will help us to establish the level of post incident support needed and required. One incident was categorised as major and is subject to an ongoing investigation.

SHSC has signed the sexual safety charter for staff and continues to work on sexual safety for service users. The Deputy Director of Nursing and Quality leads this workplan for service users and works with the Deputy Director of People on the staff sexual safety programme. A sexual safety incidents dashboard has been developed and is shared from services to executives for improved analysis of incidents and communication.

Restrictive practices are reviewed through the Least Restrictive Practice Oversight Group and reported into Mental Health Legislation Committee where more detailed data is shared. Board will receive a 6-monthly report related to least restrictive practice.

### **Safer Staffing**

#### **Assure**

There have been no staffing incidents or shifts where staff levels were below agreed safer staffing that are reportable.

## **Advise**

All shifts have been covered with immediate life support and Respect-trained staff. In Acute inpatient wards there has been substantial use of bank and some agency staffing to support with challenging service users, complex patient mixes and to cover sickness and vacancies. Older Adult services also report having several service users care for on enhanced observations, requiring additional staffing support. A review of the observation policy is being undertaken to ensure that the use of enhanced observations is in line with least restrictive practice principles.

Rehabilitation and Specialist services are reporting effective use of staffing and good fill rate, however preceptees are impacting on above clinical establishment review staffing requirements, associated with helping preceptees achieve competency such as take charge and medicines management.

## **Our People**

Sickness is consistently above the 5.1% target. The target is set at 5.1% due to budgeted headroom in clinical teams' establishment. SHSC are not an outlier in terms of sickness absence when benchmarked nationally. A sickness review was undertaken in the summer and early signs are that this had a positive impact. We expect an increase in sickness over the winter months and we are entering this with a lower rate than the previous 2 years.

Long term sickness has reduced for 2 months in a row, while short term sickness has maintained the same for 3 months in a row.

Estates and Facilities are an outlier in Corporate Services with a rate of 9.52%. Clinical Operations has a sickness rate of 7.1% with Acute at 8%.

There are no significant trends to report for in-month sickness absence level. However the 12-month rolling average remains high. HR Business Partnering Team are working with managers in the areas with high sickness absence to ensure that staff are being supported back to work where possible.

Staffing numbers and WTE has risen for the first time this financial year. This is a good sign given the vacancy control is fully embedded and triangulated with finance and only essential posts are being recruited to.

Clinical staff groups are still showing a positive turnover over the past 12 months.

Time to hire has reduced. This is due to fewer vacancies being recruited to as teams look to work more efficiently.

Mandatory Training reports as at 08/10/2024 - nearest report to end of September position:

### **Subjects below 80%**

- **Moving and Handling Level 2** 62.9% (down 1.1%)
- **Medicines Management** 65.0% (down 2.0%)
- **Resus Level 2 (BLS)** 73.0% (down 0.7%)
- **Resus Level 3 (ILS)** 73.1% (up 1.7%)
- **Mental Health Act** 73.8 (up 1.1%)
- **Respect Level 1** 67.6% (down 2.8%)
- **Respect Level 3** 67.1% (down 0.5%)
- **Safeguarding Children Level 3** 65.4% (down 1.3%)
- **Information Governance** 85.7% (target 90%) - up 0.9%
- **Rapid Tranquilisation** 39.9% (up 2.0%) now yearly instead of 3 yearly and on trajectory to be above 80% within first year

**Teams below 80%**

- Bank 76.5% (up 0.8%)
- Birch Avenue 77.8% (down 0.5%)
- HR 79.28% (up 0.1%)

**Recommendation for the Board/Committee to consider:**

<b>Consider for Action</b>		<b>Approval</b>		<b>Assurance</b>	✓	<b>Information</b>	✓
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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**

<b>Care Quality Commission Fundamental Standards</b>	Yes	✓	No		This report ensures compliance with NHS Regulation; CQC Regulation may be a by-product of this.
<b>Data Security and Protection Toolkit</b>	Yes		No	✓	
<b>Any other specific standard?</b>					

**Have these areas been considered? YES/NO**






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) September 2024



Good Performance				
Committee	KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory
F	Q			Perinatal access target met for 6 months. Talking Therapies recovery rate and improvement rate both meeting target since April 2024.
F	Q			Reduced waiting list for SPS, LTNC, Perinatal, Relationship & Sexual service and SAANS ASD.
F	Q			Sustained reductions in average wait time referral to assessment for CMHT South, Perinatal, Relationship & Sexual Service and CFS/ME.
F	Q			Endcliffe ward continues to meet the national standard for discharged length of stay.
F	Q			Performance aligns with national benchmarks.
F	Q			Adult Acute & PICU low number of delayed bednights in month. Trustwide number of bednights delayed below the mean for the last 8 months.
F	Q			Talking Therapies consistently achieving the 6 and 18 week wait targets.
	Q	P		Consistently achieving the trustwide target of 80%.







**Performance Concern**

Committee		KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?	Summary Update
F	Q	Waiting Lists	6		Increased waiting lists for Gender, Eating Disorder Service, SAANS ADHD and HAST.	Recovery Plan x 2 (Gender, SAANS)  Quality Assurance Committee	<p><b>Gender Identity Clinic:</b> Recovery plan &amp; QI project progressing with 5 roles recruited to and 2 not recruited. Positive impact on caseloads, open episodes and waiting list expected in March 2025. However, this recovery plan will only address a small part of the backlog in demand and a national review of GICs is expected in 2025.</p> <p><b>SAANS:</b> The contract with Derby &amp; Derbyshire ICB ended in October meaning that the number of referrals should significantly reduce from Derbyshire residents. The transfer of referrals back to DDICB is expected to be completed in December. This should have a positive impact on the waiting list. Additional admin support has been recruited to help cleanse the ADHD waiting list, impact expected from January 2025. Diagnostic assessments were restarted in September and there is additional clinical resource available to screen referrals.</p>
F	Q	Caseloads/Open Episodes	6		Increasing trend/high caseloads in SAANS ADHD, Perinatal, HAST, CLDT, CERT, SCFT, Gender, Memory Service & OACMHT.	Recovery Plan x 2 (Gender & SAANS)  Quality Assurance Committee	
F	Q	NHS Long Term Plan	3		Acute out of area placements not currently meeting revised target.	Recovery Plan Improving Flow Programme Board	<p>Plans have been recategorised into three main areas:</p> <ul style="list-style-type: none"> <li>• <b>Home Treatment &amp; Gatekeeping</b></li> <li>• <b>Length of Stay (Purposeful Inpatient Admissions (PIPA))</b></li> <li>• <b>Delayed Discharges</b></li> </ul> <p><b>Home Treatment &amp; Gatekeeping</b> Plan to introduce admissions gatekeeping by Home Treatment Team for all admissions Monday to Friday 0800-1700 from mid December. This will be monitored via the daily sitrep and monthly reporting.</p>
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 adult acute out of area placements.	Out of Area Recovery Plan(s) x 3  Quality Assurance Committee	

**Performance Concern**

Committee		KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?	Summary Update	
F	Q	Health Based Place of Safety breaches	12		Breaches for detained mental health admission on 19 occasions (1064 hours) in September 24 (73.8%). Since new HBPoS opened in Jan aim is to have 0 beds breached.	Linked to Out of Area Recovery Plan(s) x 3  Quality Assurance Committee	<b>Length of Stay</b> Purposeful Inpatient Admission (PIPA) process to be reviewed and implemented across all wards. Working with Real World Health colleagues to understand data better with this process starting with Community teams and Out of Area currently and working with inpatients from early 2025.	
F	Q	12-hour ED Breaches	12		Failing the target for past 9 months.	Quality Assurance Committee	<b>Delayed Discharges</b> Target for 24/25 is for the percentage of bednights occupied by delayed discharges in Adult Acute & PICU to less than 10%. Social Care delay issues have been escalated with Council colleagues in November and extra resource/oversight is being added to the system. Weekly Clinically Ready for Discharge (CRFD) meeting with external colleagues (social care & housing) has been developed and improved with wider involvement including out of area patients.	
	Q	P	Staff sickness	29		Consistently failing to meet trust target of 5.1%. 6.9% for September 24.	Workforce Recruitment Transformation Group	Sickness reports are reviewed on a regular basis with teams to ensure long term sickness cases have an HR advisor allocated to support line managers in supporting return to work.  Training is delivered to managers on sickness absence management.  A deep dive into the causes of high sickness rates is ongoing in Rehabilitation and Specialist teams.  Promotion of the Trust's wellbeing offer is being channelled through 49 wellbeing champions who are now newly in role (implementation July to November).

**Performance Concern**

Committee		KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?	Summary Update
Q	P	Staff Turnover	31		Staff turnover rate (12.8%) failing to meet trust target of 10%	Workforce Recruitment Transformation Group	The People Directorate is in the early stages of designing a wellbeing plan to support uptake of the wellbeing offer.
Q	P	Supervision	32		Consistently failing to meet 80% target Trustwide (67.1% in September 24), though a sustained improvement has been seen in corporate teams.	Action Plan/Local Recovery Plans People Committee	
Q	P	PDR and medic appraisals	32	 	Consistently failing to meet trustwide target of 80% for PDR compliance. Sustained reduction in medic appraisal rate compliance.	Action Plan/Local Recovery Plans People Committee	
F		Agency and Out of Area Placement spend	35		High OOA spend.	Out of Area Recovery Plan(s) x 3 VIP Plans 24/25 Finance and Performance Committee	The target for Acute Out of Area individuals at month end is 9 up to Sep 24, 6 at the end of Oct 24 and 3 from the end of Nov 24 through to Mar 25. April and May 24 met the target but since then this has not been met. Out of Area usage depends on flow through the system and internal capacity dependent on the above areas.

# Integrated Performance & Quality Report

Information up to and including  
September 2024



# 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 September 2024 reporting, we are using monthly figures from October 2022 to September 2024. Where 24 months data is not available; we use as much as we have access to.

Ward	Month 1		
	<i>n</i>	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 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

A [glossary](#) is now available: where abbreviated terms are not explained in the body of the report due to space constraints, [appendix 3](#) can be referred to for an explanation.

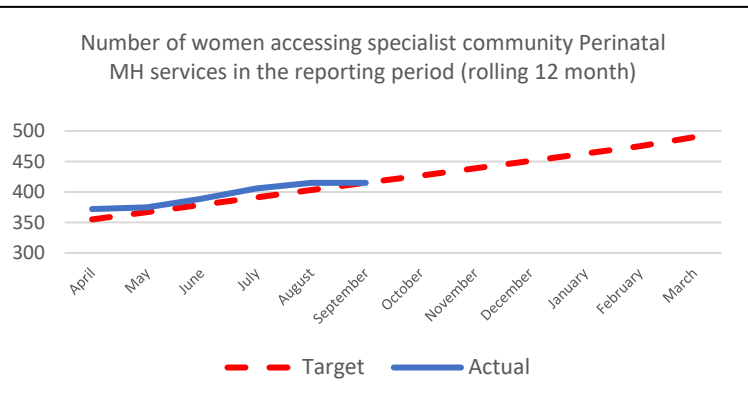
## Board Committee Oversight

The following colour-coded key allows quick identification of which KPIs and metrics are of particular interest to a committee/which committee has oversight.

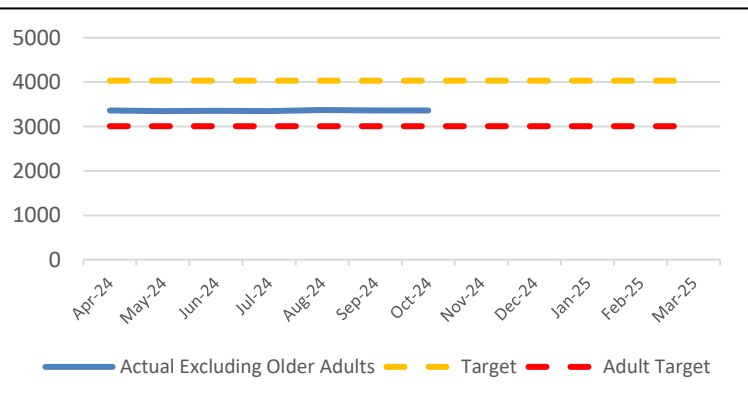
Colour Key	F	M	P	Q
■ Finance				
■ MH Legislation				
■ People				
■ Quality				

**Perinatal:** Number of women accessing specialist community Perinatal MH services in the reporting period (cumulative, rolling 12 month)

Our target = 490 by March

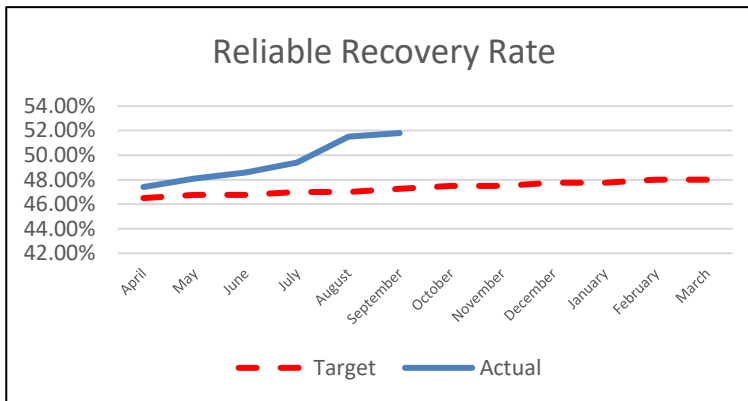


**Community:** Number of people who receive two or more contacts from NHS commissioned mental health services for adults and older adults with severe mental health illnesses

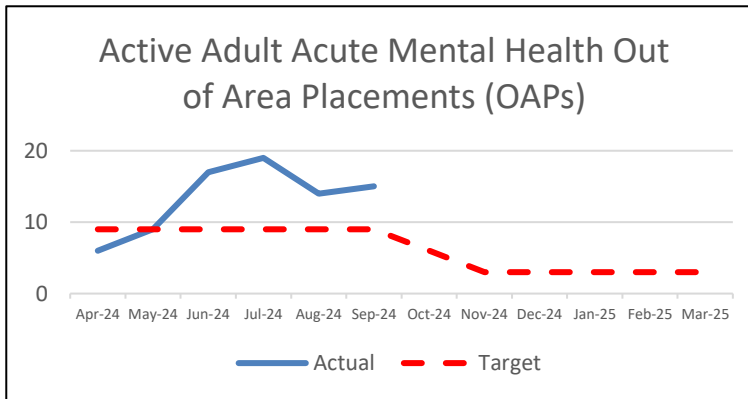


**Talking Therapies:** Reliable recovery rate for those completing a course of treatment and meeting caseness

Our target = 48% by March

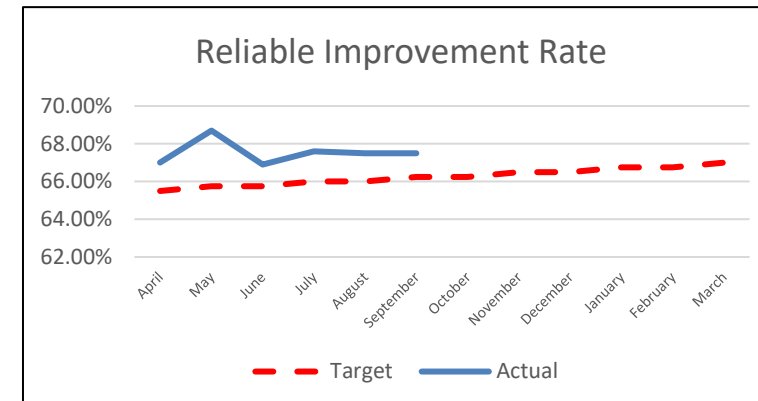


**Out of Area:** Number of active adult acute OAPs that are either 'internal' or 'external' to the sending provider



**Talking Therapies:** Reliable improvement rate for those completing a course of treatment

Our target = 67% by March



**Narrative**

**Community** – figures provided for Adult services only due to Older adult data from Rio not yet being available and will be added in line with the Rio implementation plan. Achieving Adult target.

**Sheffield Talking Therapies** continue to meet and exceed targets.

**Out of area placements** saw a significant increase over the first four months of the year. Work is ongoing across a number of services to improve flow to reduce the number of out of area placements, the position improved in August but has deteriorated slightly again in September and is still not meeting the target. The target originally agreed with the ICB (6 between Apr-Sep 2024 then 5 for Oct 2024-Mar 2025) relates to inappropriate placements only but we have set a more challenging internal target for all OOA placements as shown in the chart.

# Service Delivery

IPQR - Information up to and including  
September 2024



# Responsive | Access & Demand | Referrals

Referrals	Sep-24			
Acute & Community Directorate Service	n	mean	SPC variation	Note
Urgent & Crisis Service	1008			<p>In April 2024, the new Urgent &amp; Crisis service was formed which replaces aspects of the teams which were previously SPA/EWS and Crisis Resolution Home Treatment Team.</p> <p>As a result of this service transition, staff that work at night and weekends that previously documented their activity under CRHTT are now documenting this under the Urgent &amp; Crisis team on Insight.</p> <p>This explains why the referrals into U&amp;C service are significantly higher than what was previously the SPA/EWS team. Referrals to Adult Home Treatment Team are also significantly lower than in previous months due to activity now being documented under U&amp;C/signposted elsewhere.</p> <p>Due to the service transformation, new SPC charts will not be available until the service has run for several months.</p>
Adult Home Treatment Team	101			
Liaison Psychiatry	589	552	• H •	7 consecutive points above the mean resulting in high special cause variation. The primary source of this increase is increased referrals from A&E. This is being monitored accordingly.
Decisions Unit	96	68	• H •	Significant increase in referrals relates to the increase work with Yorkshire Ambulance Service (YAS) and new Decisions Unit Triage Nurse role to help improve the utilisation of the DU.
Health Based Place of Safety (S136 Suite)	22	25	• • •	
CMHT North	89	35	• H •	High referrals in CMHT North linked to changes to the Primary & Community Mental Health service. We are closely monitoring referrals, and we are meeting in November with partners to ensure systems are in place to ensure people get the right care in a timely way.
CMHT South	91	38	• H •	High referrals in CMHT South linked to changes to the Primary & Community Mental Health service. We are closely monitoring referrals, and we are meeting in November with partners to ensure systems are in place to ensure people get the right care in a timely way.
Early Intervention in Psychosis	45	36	• • •	

Referrals	Sep-24			
Rehab & Specialist Service	n	mean	SPC variation	Note
CERT	4	3	• H •	
SCFT	1	2	• • •	
Assertive Outreach Team	1	3	• • •	
Community LD Team	63	66	• • •	
CISS	1	3	• • •	
Psychotherapy Screening (SPS)	41	54	• • •	
Gender Identity Clinic	34	39	• • •	
Eating Disorder Service	41	42	• • •	
SAANS ASD	58	82	• L •	This relates to Sheffield referrals only.
SAANS ADHD	94	123	• L •	This relates to Sheffield referrals only.
Relationship & Sexual Service	13	19	• • •	
Perinatal MH Service	40	47	• • •	
HAST	20	15	• • •	
HAST - Changing Futures	0	2	• • •	
Health Inclusion Team	184	186	• • •	
Long Term Neurological Conditions	111	94	• • •	
ME/CFS	130	80	• H •	Increased referrals to ME/CFS are part of a regional & national trend which may be linked to post covid infection development of ME/CFS symptoms and general increase in awareness of ME/CFS services post covid. At a local level, the increase also reflects changes to the way that referrals into the service are managed.
Memory Service	125	121	• • •	
Older Adult CMHT	91			This is the total number accepted on the waiting list. Previously the number of referrals into SPA function of OA CMHT was reported on which included referrals to Memory Service. SPC variation and mean to be included when there are 12 data points (Dec-24)
OA Home Treatment	23	23	• • •	



# Responsive | Access & Demand | Community Services

September 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
CMHT North	98	75	• H •	3.3	12.8	• • •	9.1	6.4	• • •	701	777	• L •
CMHT South	56	54	• • •	2.3	9.0	• L •	3.1	11.6	• • •	837	912	• L •
<b>CMHT TOTAL</b>	<b>154</b>	<b>128</b>	• • •	N/A			N/A			<b>1538</b>	<b>1690</b>	• L •
Early Intervention in Psychosis	18	24	• • •	N/A			100%	87.2%	• • •	257	289	• L •
Rehab & Specialist Services	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation
Specialist Psychotherapy - MAPPS	40	68	• L •	10.9	19.5	• • •	63.2	93.0	• • •	290	326	• L •
Specialist Psychotherapy – P/CT	28	52	• L •	19.0	18.0	• H •	57.2	46.3	• • •	201	205	• • •
Gender Identity Clinic	2405	2224	• H •	300.4	210.3	• H •	N/A			3399	3124	• H •
Eating Disorder Service	50	29	• H •	7.0	4.3	• • •				200	198	• • •
SAANS ASD	1002	1065	• L •	68.5	65.0	• • •				2897	2903	• • •
SAANS ADHD	3716	2683	• H •	N/A						4975	3708	• H •
Relationship and Sexual Service	47	67	• L •	19.5	34.1	• L •				121	130	• L •
Perinatal MH Service (Sheffield)	15	29	• L •	1.8	3.5	• L •				217	173	• H •
HAST	45	28	• H •	6.0	10.2	• • •				109	87	• H •
Health Inclusion Team	119	129	• • •	3.6	3.6	• • •				1610	1582	• • •
LTNC	191	324	• L •	N/A						N/A		
CFS/ME	N/A			13.0	28.0	• L •				1012	1342	• L •
Community LD Team	165	165	• • •	9.4	7.3	• • •	742	697	• H •			
Community Intensive Support	N/A			N/A			7	13	• L •			
Community Enhancing Recovery							52	57	• H •			
Specialist Community Forensic							74	24	• H •			
Memory Service	1125							4338	4258	• H •		
Older Adult CMHT				12.6				1384	1361	• H •		
Older Adult Home Treatment	N/A			N/A			N/A			60	69	• • •

**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.

**North and South CMHTs** have transferred those previously recorded as waiting to be allocated to a care coordinator into the newly formed care groups/MDTs. Those graded as red are being prioritised for allocation.

**Eating Disorders** – Waiting list continues to increase due to fewer assessment clinics taking place. Actions ongoing around recruitment; urgent referrals are prioritised accordingly.

**SAANS** – All those with a confirmed diagnosis have now been seen and diagnostic assessments have now recommenced. We are currently in the process of recruiting to a new staffing model.

**Relationship & Sexual Service** – Significant reduction in average RtA wait time due to full staffing model recruitment.

**Perinatal MH service** – Reduction in wait time RtA as workforce model has been recruited to over last 12 months. Offering more assessments in accordance with the increased service offer to align with the national birth rate target 7.4%.

**Long Term Neurological Conditions** – Continuous reduction in the waiting list for LTNC since November 2023 as a result of QI collaborative work around waiting well, waiting less. Changes made to staff timetabling has seen a reduction in the amount of time people are waiting for first contacts.

**ME/CFS** – Additional staff has enabled the service to offer more assessments since Christmas 2023.

**Specialist Psychotherapy** – Referral to assessment wait time for SPS P/CT has been above the mean for 9 consecutive months but improving in line with process improvements.

**Older Adult CMHT** – referral to assessment wait times figure reported, with SPC variation indicator and average value to be added when we have the required data points (Apr-25). Several waiting lists are being used in Rio with duplications between them. Further work is required to de-duplicate before this figure can be reported.

**Memory Service** waiting list figure reported, with SPC variation indicator and average (mean) value to be added when we have the required data points (May-25)

# Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Dovedale 2, Burbage, Maple)	Sep-24			
	n	Mean	SPC variation	SPC target
Admissions (not including contracted & spot purchase beds)	21	28.8	• L •	/
Detained Admissions	21	26.0	• L •	/
% Admissions Detained	100.0%	90.6%	• • •	/
Emergency Re-admission Rate (rolling 12 months)	1.8%	3.7%	• L •	/
Transfers in	7	11.5	• • •	/
Discharges	23	30.0	• • •	/
Transfers out	5	11.0	• L •	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	12	13	• • •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	299	316	• L •	/
Bed Occupancy excl. Leave (KH03)	93.6%	94.3%	• • •	/
Bed Occupancy incl. Leave	100.0%	99.2%	• • •	/
Average beds admitted to	44.0	47.1	• L •	/
Average Discharged Length of Stay (12 month rolling)	44.8	40.5	• H •	F
Average Discharged Length of Stay (discharged in month)	51.2	42.9	• • •	?
Live Length of Stay (as at month end)	84.5	82.3	• • •	/
Number of People Out of Area at month end	15	11	• • •	F
Number of Mental Health Out of Area Placements started in the period (admissions)	9	7	• • •	?
Total number of Out of Area bed nights in period	458	333	• H •	F

Step Down (Beech)	Sep-24			
	n	mean	SPC variation	SPC target
Admissions	3	4.5	• • •	/
Transfers in	0	0.3	• L •	/
Discharges	3	4.4	• • •	/
Transfers out	0	0.0	• L •	/
Bed Occupancy excl. Leave (KH03)	91.3%	82.5%	• • •	/
Bed Occupancy incl. Leave	96.7%	90.4%	• • •	/
Average Discharged Length of Stay (12 month rolling)	73.5	63.3	• H •	/
Live Length of Stay (as at month end)	41.6	41.6	• • •	/

## Length of Stay Detail

Longest LoS (days) as at month end: 83  
 Range = 12 to 83 days  
 Longest LoS (days) of discharges in month: 97

## Narrative

Discharged Lengths of Stay (12 month rolling) for Adult Acute & Beech is high due to the discharge of a number of long stay clients in recent months. This has also increased from 43.5 in August 2024 for Adult Acute and 71.3 in August 2024 for Beech. There are currently 18 patients with a hospital episode stay of over 100 days. Admissions and average beds admitted to is low due to ward move Maple to Dovedale 2 which has reduced overall bed base.

## Benchmarking Adult Acute

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

**Bed Occupancy Mean: 92.8%**

**Length of Stay (Discharged) Mean: 40.7**

**Emergency readmission rate Mean: 9.1%**

*NB – No benchmarking available for Step Down beds*

## Length of Stay Detail

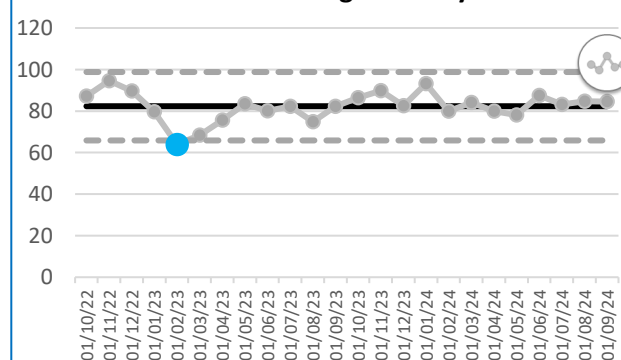
As at month end	Ward LoS	Patient Episode LoS
Adult Acute MH	608	1274
Stanage	194	868
Burbage	130	1274
Dovedale 2	95	537

Longest LoS (days) of discharges in month:

- Stanage = 110
- Burbage = 109
- Maple/DD2 = 95

Please note: the following ward moves affect ward LoS:  
 Stanage (Mar-24), Burbage (May-24), Maple (Jun-24)

Adult Acute - Live Length of Stay



# Inpatient Wards | PICU

PICU (Endcliffe)	Sep-24			
	n	mean	SPC variation	SPC target
Admissions (not including contracted & spot purchased beds)	4	4.0	•••	/
Transfers in	3	3.6	•••	/
Discharges	2	2.0	•••	/
Transfers out	5	5.1	•••	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	0	0.8	• L •	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	0	23.4	• L •	/
Bed Occupancy excl. Leave (KH03)	98.7%	96.5%	•••	/
Bed Occupancy incl. Leave	99.3%	97.8%	•••	/
Average beds admitted to	9.9	9.8	•••	/
Average Discharged Length of Stay (12 month rolling)	52.3	40.5	• H •	P
Live Length of Stay (as at month end)	55.9	71.4	•••	/
Number of People Out of Area at month end	7	5	•••	F
Number of Mental Health Out of Area Placements started in the period (admissions)	6	3	•••	?
Total number of Out of Area bed nights in period	142	139	•••	F

## Narrative

### Endcliffe – Length of Stay

As at 30/09/2024, there were 2 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 61 days.

Service users over national benchmark average (61):

Admission month	Length of Stay
02/2024	217
06/2024	101

This is the ward length of stay for Endcliffe only and may not reflect the full episodic length of stay with SHSC.

The number of delayed discharges remains low with no delayed patients in recent months.

The average discharged length of stay is meeting target though high currently following the discharge of some longer stay patients.

Out of area usage is still not meeting the target.

### Benchmarking PICU

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

**Bed Occupancy** Mean: 89.2%

**Length of Stay (Discharged)** Mean: 71.6

# Safe | Inpatient Wards | Older Adults

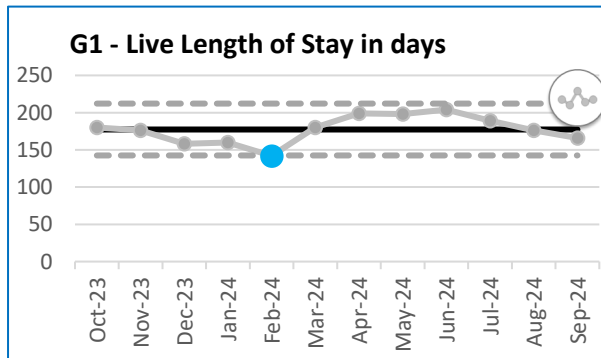
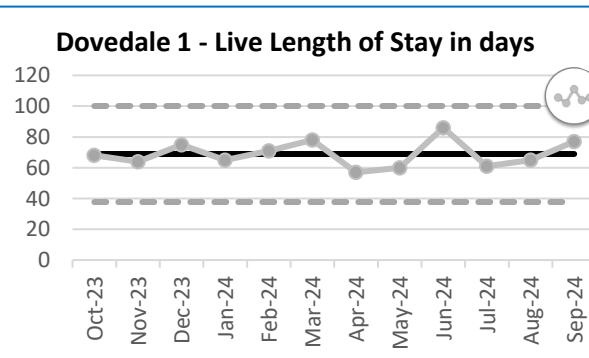
Older Adult Functional (Dovedale 1)	Sep-24			
	n	mean	SPC variation	SPC target
Admissions	2	4.8	...	/
Transfers in	1			
Discharges	3	5.2	...	/
Transfers out	0			
Delayed Discharge/Transfer of Care (number of delayed discharges)	3			
Delayed Discharge/Transfer of Care (bed nights occupied by delayed discharge)	53			
Bed Occupancy excl. Leave (KH03)	96.7%	91.5%	...	/
Bed Occupancy incl. Leave	99.8%	96.3%	...	/
Average beds admitted to	15.0	14	...	/
Average Discharged Length of Stay (12 month rolling)				
Live Length of Stay (as at month end)	77	69	...	/

Older Adult Dementia (G1)	Sep-24			
	n	mean	SPC variation	SPC target
Admissions	4	4.5	...	/
Transfers in				
Discharges	1	3.8	...	/
Transfers out				
Delayed Discharge/Transfer of Care (number of delayed discharges)	10			/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	144			/
Bed Occupancy excl. Leave (KH03)	90.7%	83.5%	...	/
Bed Occupancy incl. Leave	96.3%	85.1%	...	/
Average beds admitted to	15.4	14	...	/
Average Discharged Length of Stay (12 month rolling)				
Live Length of Stay (as at month end)	166	177	...	/

## Length of Stay Detail – Dovedale 1

Live length of stay mean and SPC variation indicators will be included when there are 12 data points (Nov-24). This is the full episodic length of stay within SHSC, rather than the specific ward stay as reported for adult acute wards.

Longest LoS – 220 days  
Range – 5-220 days



## Length of Stay Detail – G1

Live Length of Stay mean and SPC variation indicators will be included when there are 12 data points (Nov-24). This is the full episodic length of stay within SHSC, rather than the specific ward stay as reported for adult acute wards. Longest LoS – 1,745 (Range – 1-1,745)

**G1 outliers** as of 30/9/2024 – There are 6 service users who would normally be admitted to Dovedale 1, that have been admitted to G1 as an alternative to placement in an out of area bed.

### Admission month Days on G1

05/2024	123
06/2024	121
07/2024	71
08/2024	31
09/2024	6
09/2024	1

**Transfer data** not available – G1 is split into two teams on Rio. Duplicate counting due to internal transfers between G1A and G1B to be reviewed further before we can report.

### Benchmarking Older Adults

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

**Bed Occupancy** Mean: 88.1%

**Length of Stay (Discharged)** Mean: 91.0

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

# Safe | Inpatient Wards | Rehabilitation & Forensic

Rehab (Forest Close)	Sep-24			
	n	mean	SPC variation	SPC target
Admissions	1	0.8	•••	/
Transfers in	1	1.6	•••	/
Discharges	1	1.6	•••	/
Transfers out	1	0.8	•••	/
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)	87.1%	87.7%	•••	/
Bed Occupancy incl. Leave	100.2%	98.1%	•••	/
Average Discharged Length of Stay (12 month rolling)	292.9	354.4	• L •	P
Live Length of Stay (as at month end)	482.1	392.1	• H •	/
Number of Out of Area Placements started in the period (admissions)	0			
Total number of Out of Area bed nights in period	136			
Number of People Out of Area at month end	3			

Forensic Low Secure (Forest Lodge)	Sep-24			
	n	mean	SPC variation	SPC target
Admissions	1	0.8	•••	/
Transfers in	0	0.7	•••	/
Discharges	0	0.6	•••	/
Transfers out	0	0.8	•••	/
Bed Occupancy excl. Leave (KH03)	95.6%	92.0%	•••	/
Bed Occupancy incl. Leave	98.8%	97.0%	•••	/
Average Discharged Length of Stay (12 month rolling)	546.0	606.8	•••	?
Live Length of Stay (as at month end)	762.6	696.6	• 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 Narrative

### Long stays

**3028 days** – MoJ restriction. Overnight leave to placement authorised by MoJ.  
**1538 days** – MoJ restriction. Responsible Clinician is writing to the MoJ to inform of the plan to refer to residential with support plan and request MoJ to support discharge. Has now moved ward and consultant to see if a new team approach could help.

**1068 days** – Social care assessment has now been completed but further discussion required to decide appropriate placement type.

### Length of Stay Detail Sep 24 - Forest Close

Longest LoS (days) as at month end: 3028  
 Range = 12-3028  
 Number of discharges in month: 1  
 Longest LoS (days) of discharges in month: 86

### Benchmarking Rehab/Complex Care

(2024 NHS Benchmarking Network Report – Weighted Population Data)  
**Bed Occupancy Mean:** 80.5%  
**Length of Stay (Discharged) Mean:** 361.4

## Forest Lodge Narrative

### Long stays

**2823 days** – Continuing to work towards rehabilitation.  
**2725 days** – Improved presentation, progressing towards rehab.  
**2071 days** – Life tariff.

LoS is likely to remain until service users are discharged, risk changes or another placement is required. This would be approved via MoJ/NHS England.

### Length of Stay Detail Sep 24 – Forest Lodge

Longest LoS (days) as at month end: 2823  
 Range = 21-2823  
 Number of discharges in month: 0  
 Longest LoS (days) of discharges in month: N/A

### Benchmarking Low Secure Beds

(2024 NHS Benchmarking Network Report – Weighted Population Data)  
**Bed Occupancy Mean:** 87.58%  
**Length of Stay (Discharged) Mean:** 822.5



# Responsive | Access & Demand | NHS 111 MH Option Calls

	Aspirational Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Total
Total calls received	1700	782	1433	1339	1820	1656	1649	8679
Proportion of calls abandoned*	<=3%	17.0%	23.1%	26.0%	36.4%	24.0%	27.8%	
Number of calls abandoned		133	331	348	662	398	459	
Average speed to answer calls (seconds)*	<= 20s	75	129	124	118	138	161	
95 <sup>th</sup> centile call answer time (seconds)*	<=120s	353	521	489	510	572	593	
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Total
No. escalated to Urgent & Crisis Service**		57	110	85	70	99	58	479
% of answered calls escalated to Urgent & Crisis Service**		8.8%	10.0%	8.6%	6.0%	7.9%	4.9%	
No. where presenting needs met on phone		592	992	906	1088	1159	1132	
% of answered calls where presenting needs met on phone		91.2%	90.0%	91.4%	94.0%	92.1%	95.1%	

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Known callers	267	510	484	746	798	726
Unknown callers	382	592	507	412	460	464
Repeat callers (10+ calls per week)	7	8	4	8	8	8

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Emotional support provided	301	534	463	607	672	617
Info/advice given	253	349	356	391	419	424
Unknown	8	64	47	53	50	57
Escalation to U&C Service	57	110	85	70	99	58
Emergency Services contacted	15	17	14	20	16	25
Signposted	15	28	26	17	2	9

## Narrative

Our calls to NHS 111 mental health option go through our call handling service Nottingham Community Housing Association (NCHA). The data in this slide is provided by NCHA and relates to all calls they received up to the end of September 2024.

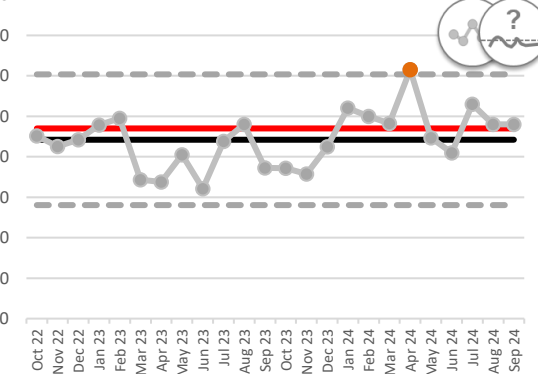
The high abandonment rates and high mean speed to answer calls continues to be a challenge and significantly underperforms against the recommended NHSE targets. We regularly review performance with NCHA through monthly contract meetings. NCHA have also advised that repeat callers often take up a lot of call handling capacity – the 8 repeat callers in September 2024 relates to a total of 435 calls for the month – over 25% of all calls received.

\* These are NHSE KPIs.  
 \*\* This includes calls to Urgent & Crisis service to request advice & guidance.

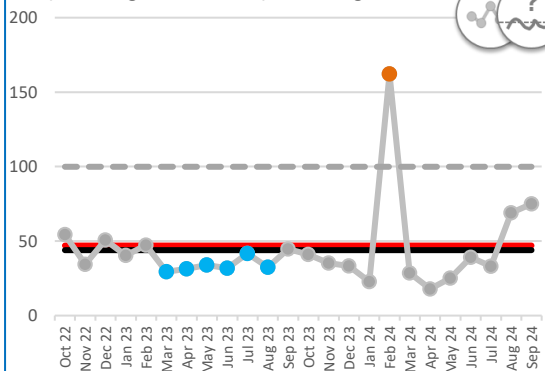
# Urgent & Emergency Care Dashboard

## Length of Stay

Adult Acute incl. OOA Average Discharged Length of Stay (Discharged in Month) - starting 01/10/2022

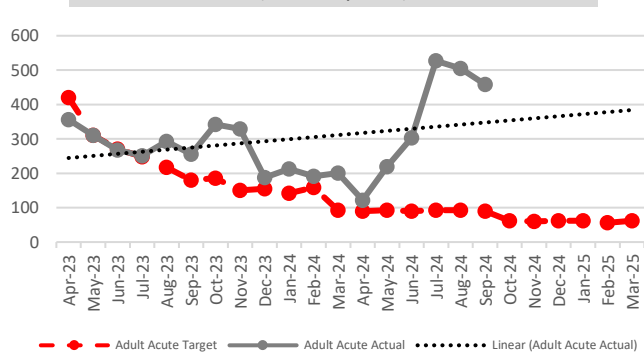


PICU incl. OOA Average Discharged Length of Stay (Discharged in Month) - starting 01/10/2022

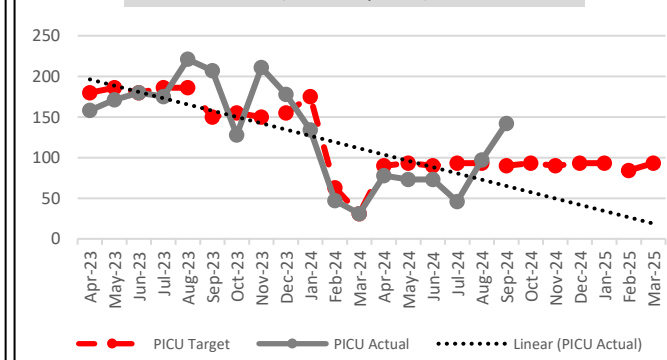


## Out of Area

Adult Acute Out of Area Bednights against trajectory (Recovery Plan)



PICU Out of Area Bednights against trajectory (Recovery Plan)



Adult Acute Discharged LoS (Rolling 12-month average)

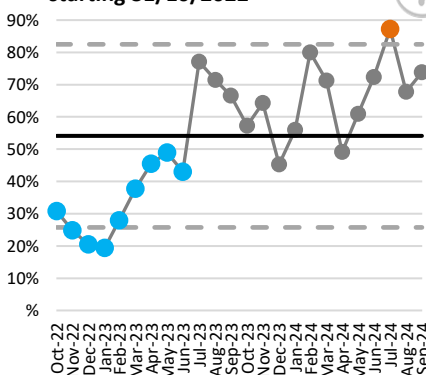
Location	Total Discharges	Average Discharged LoS
Sheffield	385	45
OOA	75	44
Contracted	100	53
Combined	560	46

PICU Discharged LoS (Rolling 12-month average)

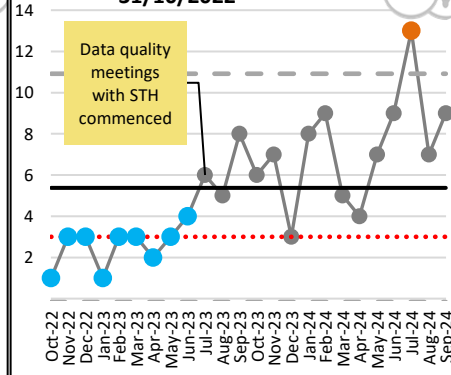
Location	Total Discharges	Average Discharged LoS
Sheffield	88	52
OOA	37	44
Combined	125	50

## HBPOs & ED Breaches

HBPOs Repurpose % - HBPOs starting 31/10/2022

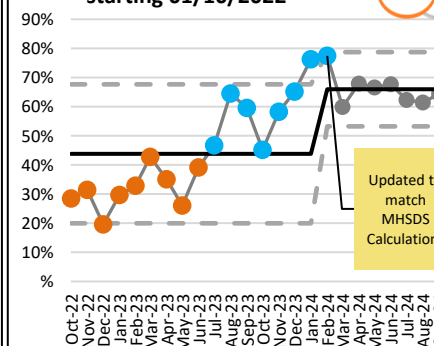


12-hour ED breaches - starting 31/10/2022



Liaison Psychiatry wait times compliance

A&E Referrals - Seen F2F within 1 Hour (%) - Liaison Psychiatry starting 01/10/2022



### Narrative

Health Based Place of Safety breaches continue to be a challenge as the suites are used as an alternative to an admission bed. In total, the suites were breached on 12 occasions in September, for a total of 1063 hours, or 73.8% of time available in the month. This has deteriorated further since August and is still much higher than desired.

Despite a slight reduction in the Adult Acute out of area bednights, we continue to be much higher than the desired trajectory – there were 458 bednights out of area against the target of 90 for September 2024.

Our out of area PICU bednights also missed the target in September 2024 with 142 bednights used against the target of 90. Many of the PICU admissions in September were due to requiring a same sex ward which we are unable to support internally.

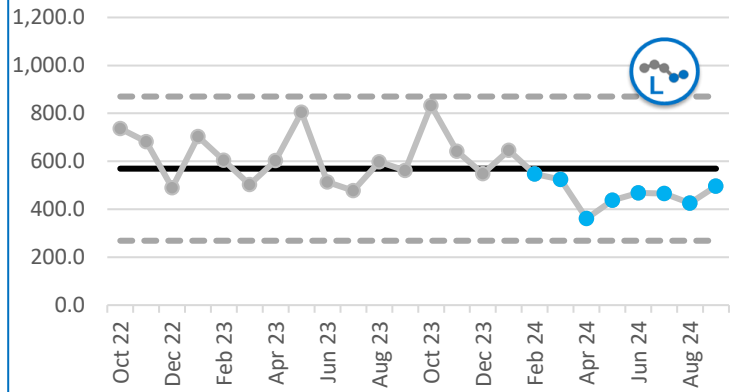
Health Based Place of Safety (HBPOs/136 Beds)	Sep-24
Occurrences breached	12
Occurrences breached %	73.8%

Emergency Department (ED)	Sep-24
ED 12-hour Breaches	9

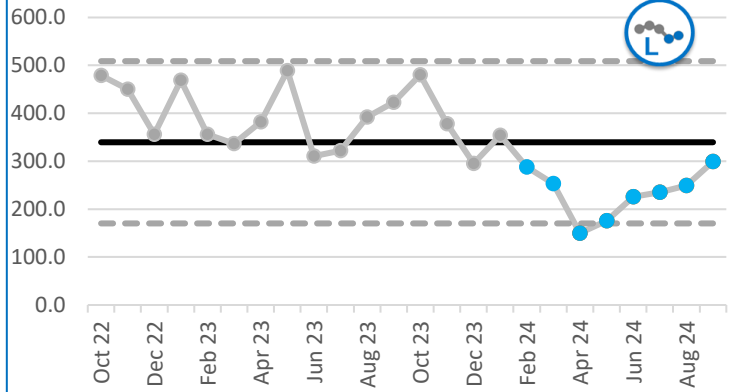
Liaison Psychiatry	Sep-24
% of A&E referrals seen within 1 hour	64.4%

## Delayed Care

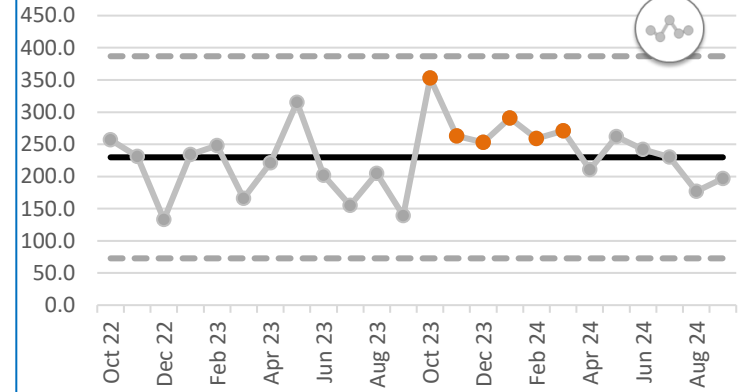
### Delayed Trustwide Bednights in month



### Delayed Adult Acute & PICU Bednights in month



### Delayed Older Adult Bednights in month

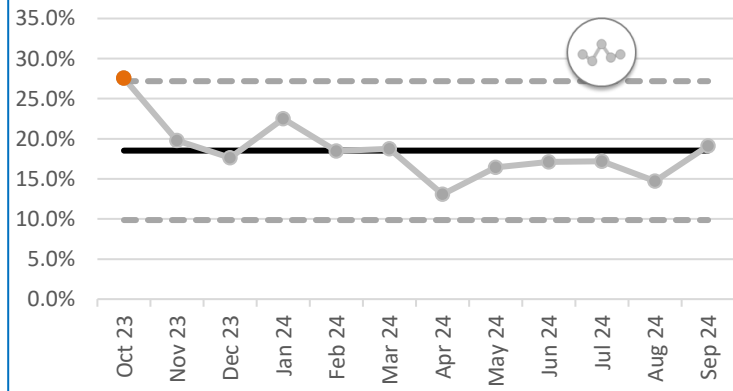


Delayed Discharges Trustwide	Sep-24	SPC Variation	SPC Target
Sum of Delayed Bednights	496	• L •	/
% Bednights occupied by DD	19.1%	• • •	/

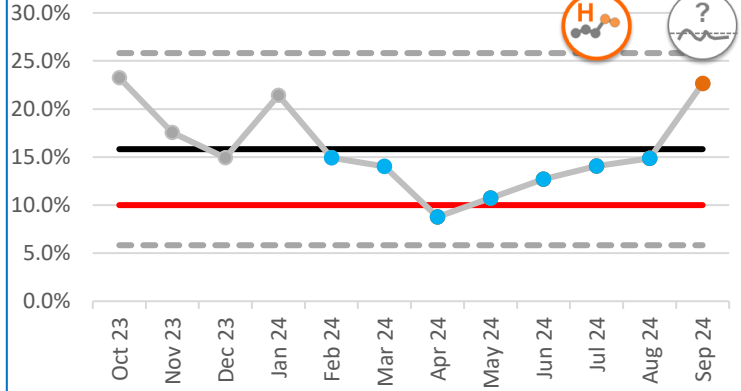
Delayed Discharges Adult Acute & PICU	Sep-24	SPC Variation	SPC Target
Sum of Delayed Bednights	299	• L •	/
% Bednights occupied by DD	22.7%	• H •	?

Delayed Discharges Older Adult	Sep-24	SPC Variation	SPC Target
Sum of Delayed Bednights	197	• • •	/
% Bednights occupied by DD	21.2%	• • •	/

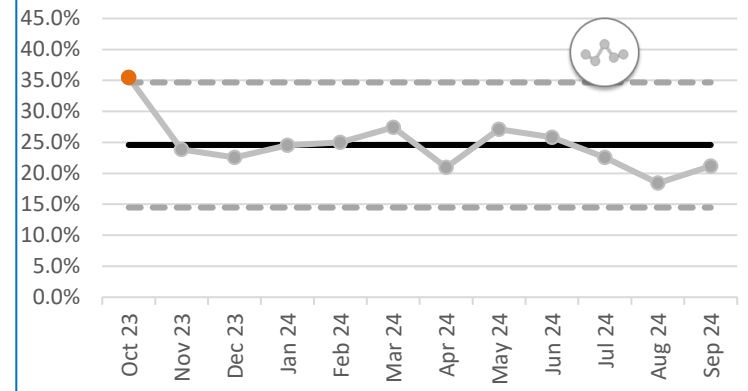
### Delayed discharges % Trustwide



### Delayed discharges % Adult Acute & PICU

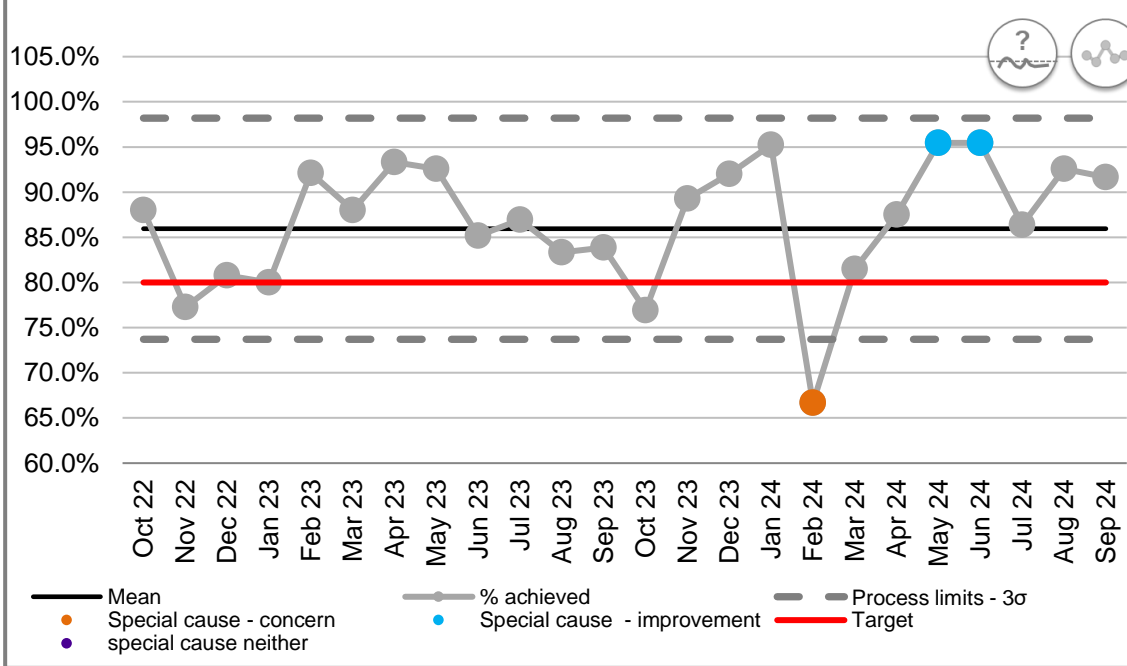


### Delayed discharges % Older Adults





**Adult Acute 72 Hour Follow Up-Adult Acute starting 01/10/22**



**Data Quality Narrative**

Previously, this data was unavailable due to delay in reporting from Rio, however we are now able to provide this for ALL eligible discharges from G1, Dovedale 1, Forest Close and Forest Lodge.

72 hour Follow Up		Sep 2024		
	Target	%	No.	SPC Variation
Adult Acute Wards	80%	91.7%	22/24	...
Older Adult & Rehab Wards	80%	85.7%	6/7	
Trustwide	80%	90.3%	28/31	

**Narrative**

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

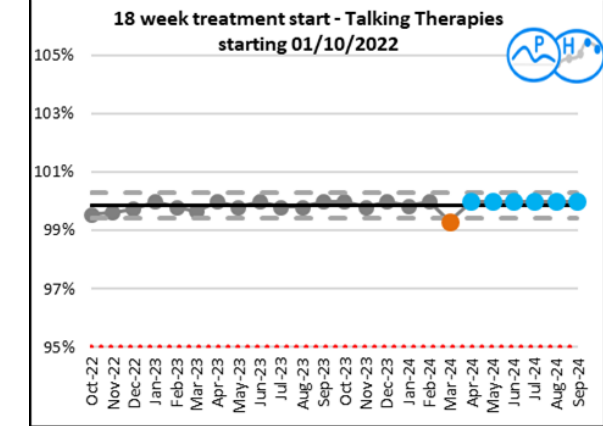
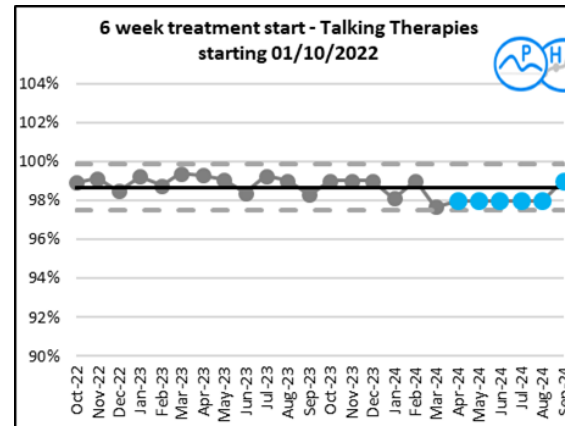
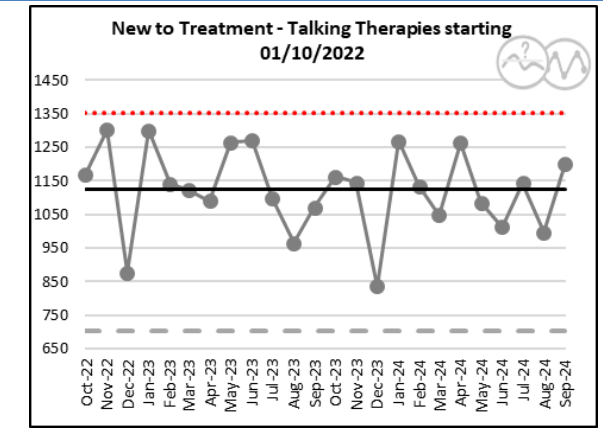
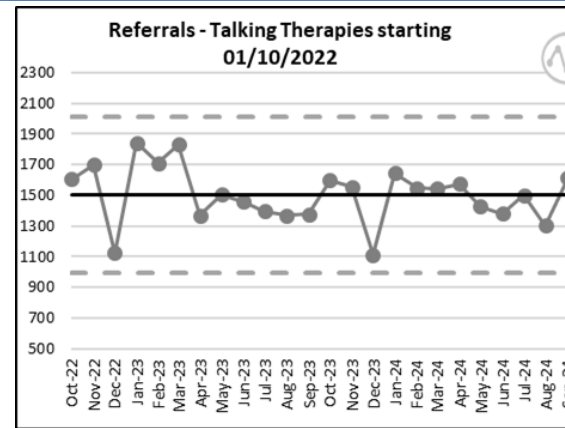
In September, there were 24 discharges from adult acute wards eligible for follow up. Of these 24, 22 were followed up within 72 hours.

In September, there were 7 discharges eligible for follow up from Rehab & Specialist wards. Of these 7, 6 were followed up within 72 hours.

SPC variation and mean for R&S and Trustwide will be included when the required number of data points is available (Sept-25).

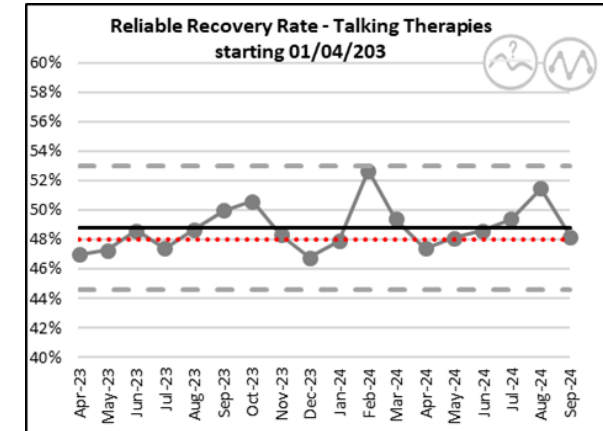
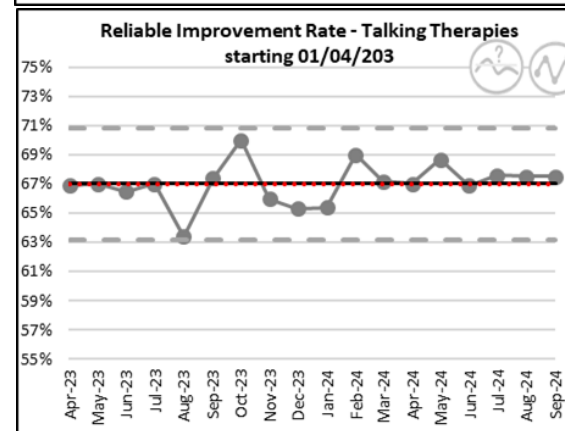
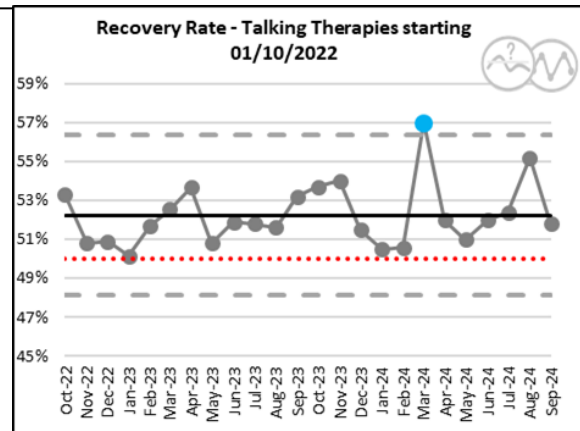
# Sheffield Talking Therapies | Performance Summary

Sheffield Talking Therapies		Sept 24			
Metric	Target 2024/25	<i>n</i>	<i>mean</i>	<i>SPC variation</i>	<i>SPC target</i>
Referrals	/	<b>1614</b>	<b>1504</b>	•••	/
New to Treatment	1352	<b>1201</b>	<b>1124</b>	•••	?
6 week Wait	75%	<b>99%</b>	<b>98.67%</b>	• H •	P
18 week Wait	95%	<b>100%</b>	<b>99.86%</b>	• H •	P
Moving to Recovery Rate	50%	<b>51.8%</b>	<b>52.5%</b>	•••	?
Reliable Improvement Rate*	67%	<b>67.5%</b>	<b>67.02%</b>	•••	?
Reliable Recovery Rate**	48%	<b>48.2%</b>	<b>48.77%</b>	•••	?



## Narrative

- Increase in referrals and access. Service continuing GP engagement work and monitoring referrals data across each GP practice for change
- Continue to exceed national standard for wait time into treatment
- Met all three recovery rate standards
  - \* 67% to be achieved by end of 24/25
  - \*\* 48% to be achieved by end of 24/25



# Safety & Quality

IPQR - Information up to and including  
September 2024



# Protected Characteristics Data Quality

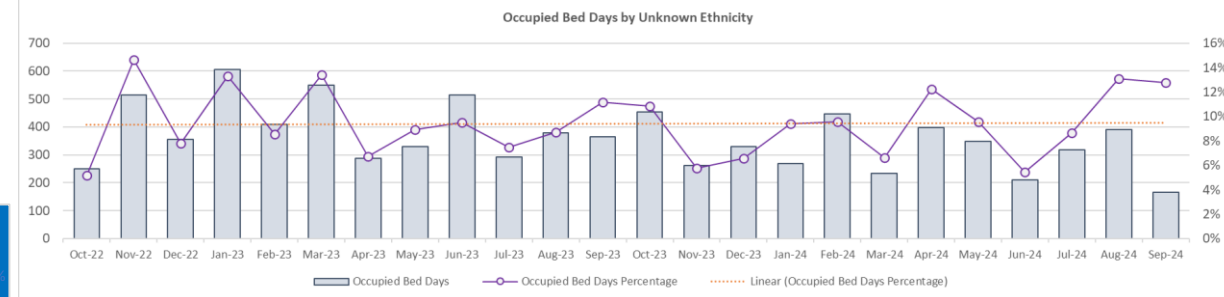
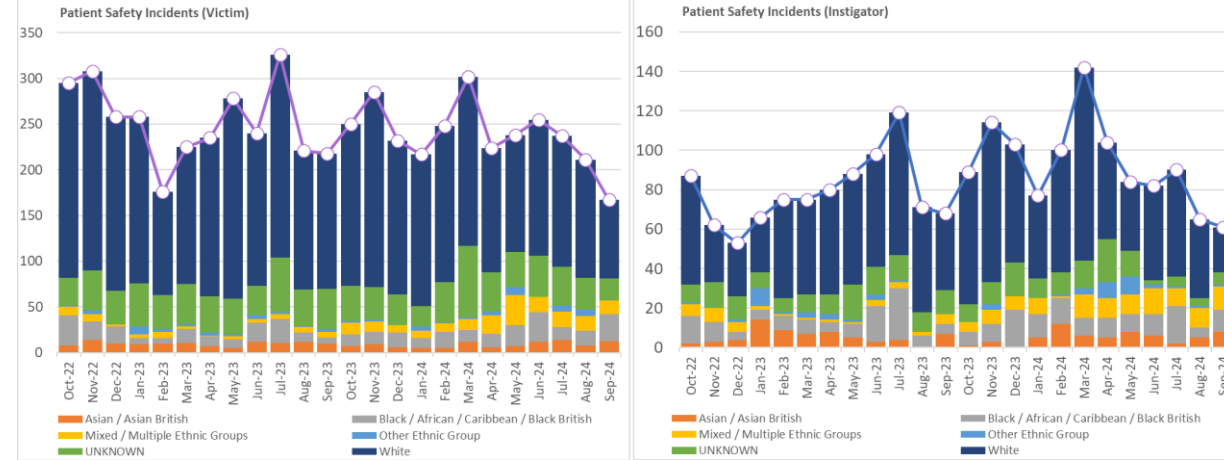
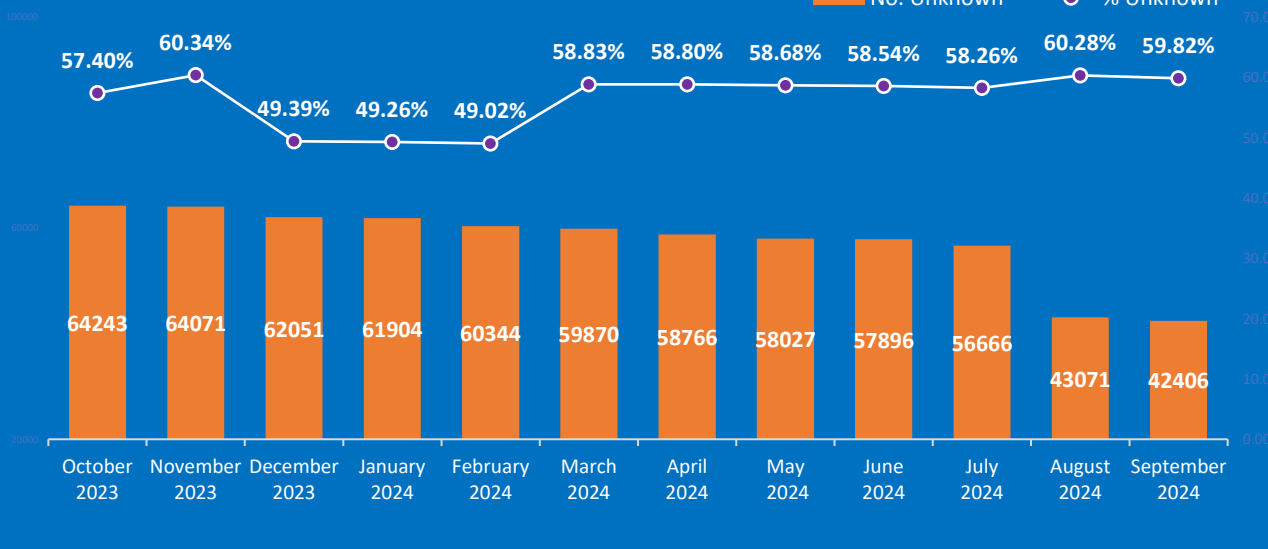
## Electronic Patient Record (EPR) Unknown Demographics



## 2021 Sheffield Census Unknown Demographics



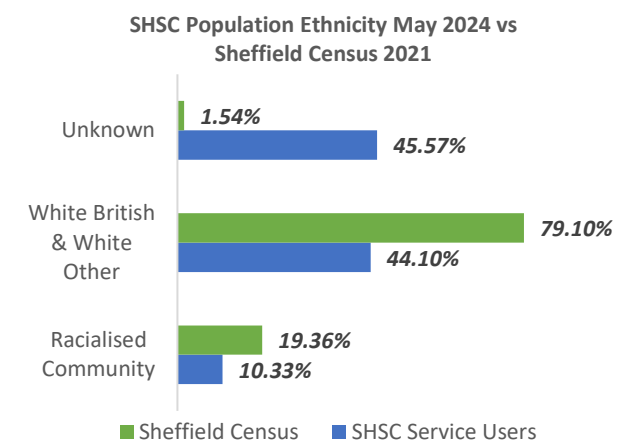
## Service User Unknown Demographics



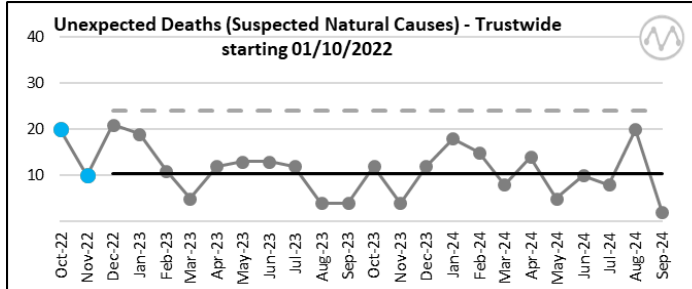
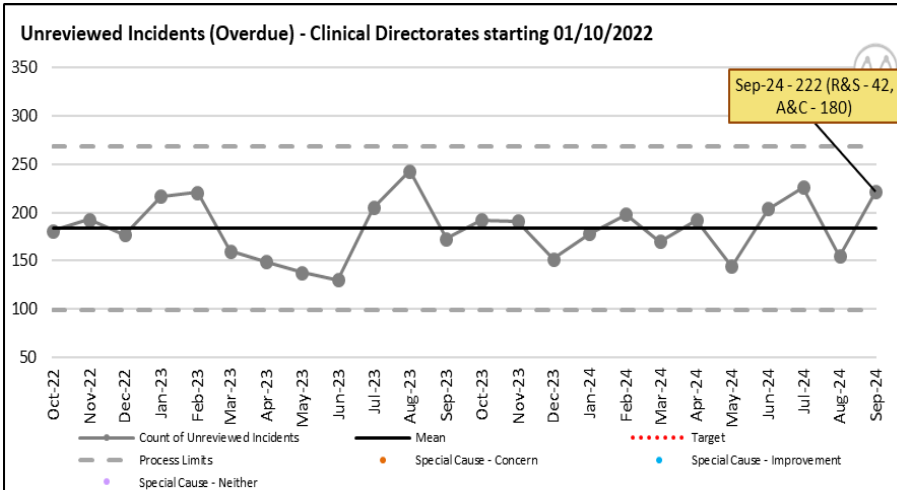
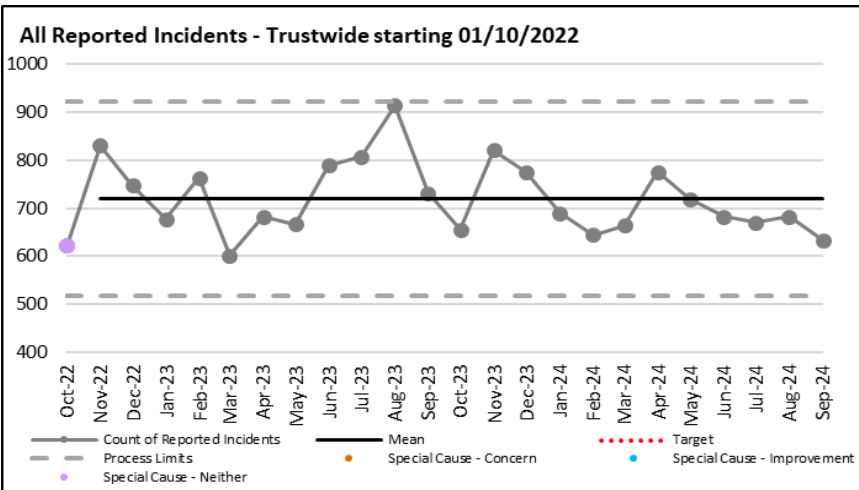
**Narrative**

We continue to only see slight change in incomplete recording or peoples protected characteristics. A project group is formed to formulate an action plan and reduce barriers to collecting this information.

**Older adults and Sheffield Talking Therapies are not included due to recording on different EPR.**

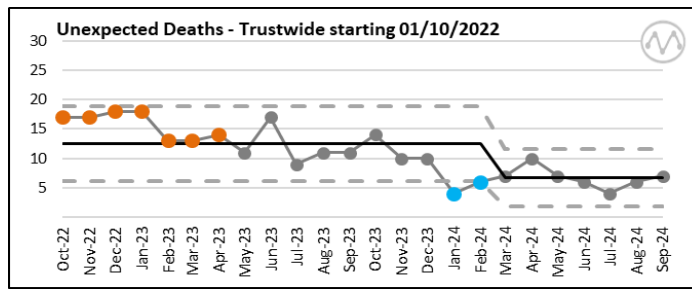


# Safe | All Incidents & Deaths



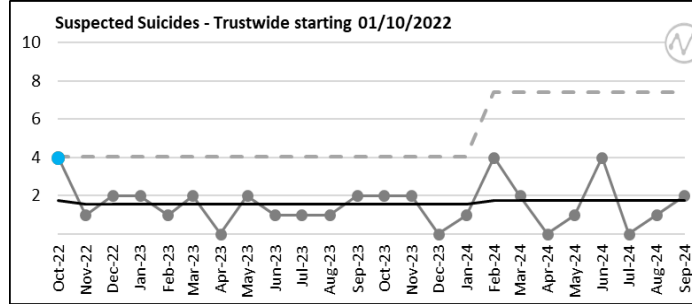
Trustwide	Sep-24		
	n	mean	SPC variation
<b>ALL</b>	<b>625</b>	<b>688</b>	•••
5 = Catastrophic	10	17	•••
4 = Major	1	3	•••
3 = Moderate	83	58	•••
2 = Minor	238	269	•••
1 = Negligible	265	315	•••
0 = Near-Miss	28	19	•••

**Unreviewed Incidents**  
 The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate with 180 outstanding incident reviews and 42 incidents for Rehabilitation and Specialist. We are actively supporting our clinical teams to review these outstanding incidents.

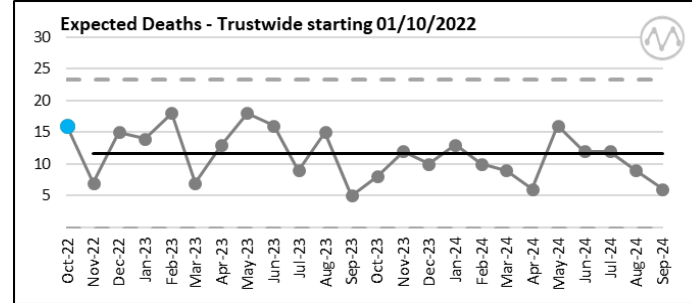


**Deaths Reported Trustwide 1 October 2022 to 30<sup>th</sup> September 2024**

Awaiting Coroners Inquest/Investigation	134
Conclusion - Accidental	4
Conclusion - Alcohol/Drug Related	22
Conclusion - Misadventure	5
Conclusion - Other	4
Conclusion - Natural Causes	5
Conclusion - Open	1
Conclusion - Suicide	19
Lessons Learnt/Incident Closed	7
Natural Causes - No Inquest	649
Ongoing	7
<b>Total</b>	<b>857</b>



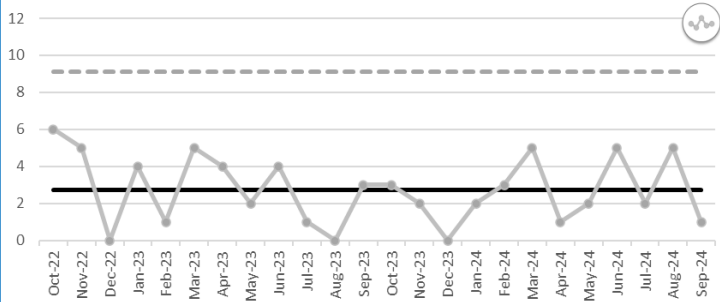
**All Reported Incidents**  
 During September 2024, 83 incidents were rated as moderate under Acute and Community, Medical, Rehabilitation and Specialist Services and Facilities.  
 The majority of incidents reported by clinical directorates were Exploitation Abuse which equates to 25.3% of incidents reported this month, followed by 14.7% for Clinical Specific and 11.9% being Medication related.



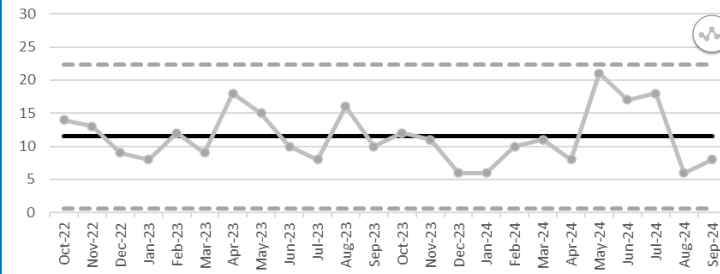
Protecting from avoidable harm	Target	YTD
Never events declared	0	0
Methicillin-resistant Staphylococcus aureus (MRSA & MSSA)	0	0

# Safe | Medication Incidents, Falls & AWOL Patients

Missing Patients Trustwide Informal



AWOL Patients Trustwide Detained



Trustwide	Sep-24		
	n	mean	SPC variation
Detained	8	12	•••
Informal	1	3	•••

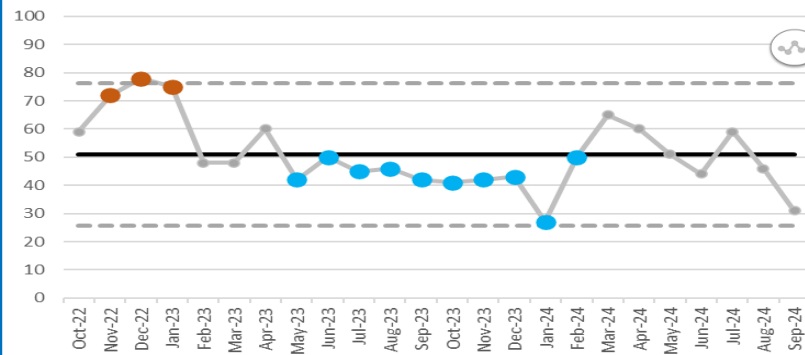
## Missing Persons and AWOL

This month there were 8 reported incidents. 6 of these were for people under formal section reported as AWOL. At the time of reporting:

- 5 people were under section 3 for Acute and Community and 1 person under section 2.
- For Rehabilitation and Specialist Services 1 person was reported under Sec 3; and 1 person was reported as MCA (Dols)

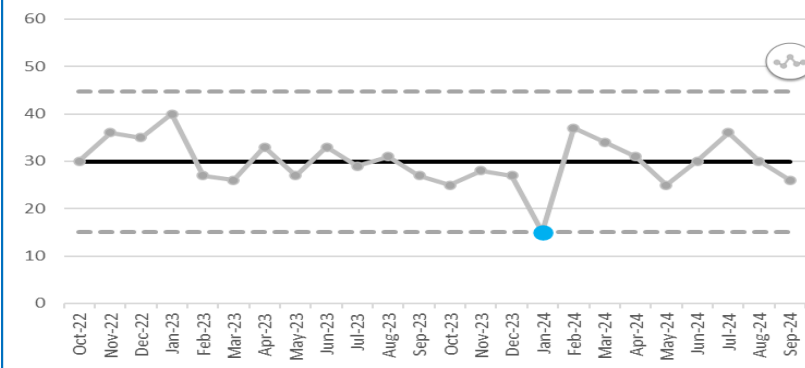
We are working with Mental Health Legislation Group to understand Missing and AWOL incidents and together will be redefining the Trust definitions and reviewing the way incidents of this nature are reported. Expected confirmed definitions in January 2025.

Trustwide Falls Incidents



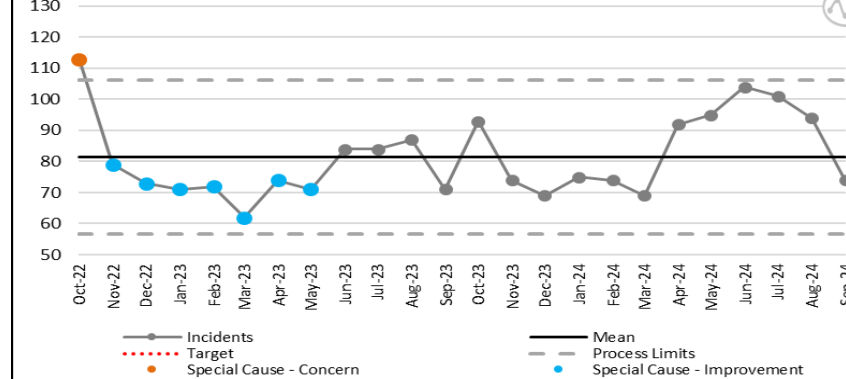
Trustwide FALLS INCIDENTS	Sep-24		
	n	mean	SPC variation
Trustwide	31	51	•••
Acute & Community	1	3	•••
Rehabilitation & Specialist Services	30	46	•••
Nursing Homes	22	33	•••

Trustwide Falls Individual



Trustwide FALLS – PEOPLE	Sep-24		
	n	mean	SPC variation
Trustwide	26	30	•••
Acute & Community	1	3	•••
Rehabilitation & Specialist Services	25	27	•••
Nursing Homes	17	18	•••

Medication Incidents - Trustwide starting 01/10/2022



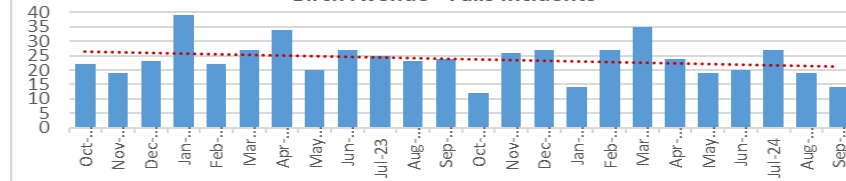
Trustwide	Sep-24		
	n	mean	SPC variation
ALL	74	81	•••
Administration Incidents	13	14	•••
Meds Management Incidents	51	54	•••
Pharmacy Dispensing Incidents	5	6	•••
Prescribing Incidents	5	7	•••
Side Effect/Allergy Incidents	0	0	• L •

**Medication Incidents** The number of medication incidents has continued to decrease since June. The Medicines Optimisation Group review the incidents and will be advising on actions aligned to their findings.

**Falls:** This month saw a significant decrease with 31 incidents for 26 people were reported. In Rehabilitation and Services reported 30 incidents from 25 people and 1 incident was reported under Acute and Community. There was 1 incident reported as moderate. 14 of the 31 incidents were for Birch Avenue (11 people).

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

Birch Avenue - Falls Incidents





# Safe | Intimidation & Assaults

Assaults on Service Users	Sep-24		
	n	mean	SPC variation
Trustwide	12	24	•••
Acute & Community	7	13	•••
Rehabilitation & Specialist	5	11	• L •

Assaults on Staff	Sep-24		
	n	mean	SPC variation
Trustwide	29	43	•••
Acute & Community	18	24	•••
Rehabilitation & Specialist	11	18	• L •

Intimidation to Staff	Sep-24		
	n	mean	SPC variation
Trustwide	39	48	•••
Acute & Community	19	24	•••
Rehabilitation & Specialist	20	19	•••

As part of the People directorate's wellbeing work, they are working with clinical leadership and our Risk department to develop a post incident wellbeing form from workshops held through September. This will help us to establish the level of post incident support needed and required.

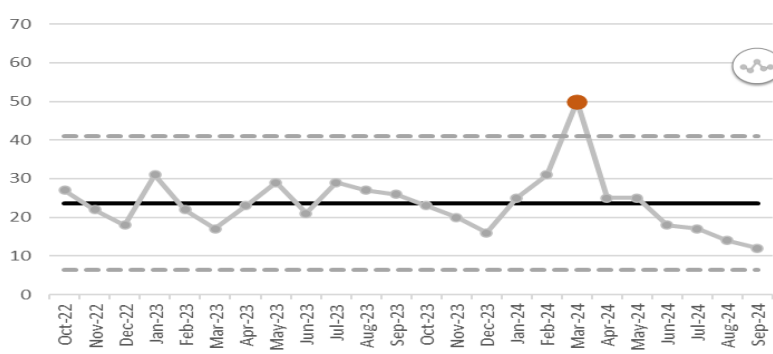
### Assaults on Staff

In September 2024 29 new incidents were reported. Out of these 29 incidents 18 were reported for Acute and Community and 11 were reported for Rehabilitation and Specialist Services 1 incidents have been reported as Moderate.

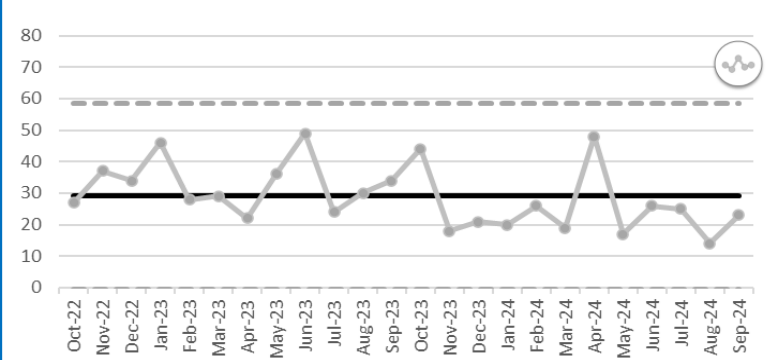
### Assaults on Service Users

Out of the 12 assaults on service user incidents, 0 reported as being moderate. All of the assaults were reported as occurring in bed-based services.

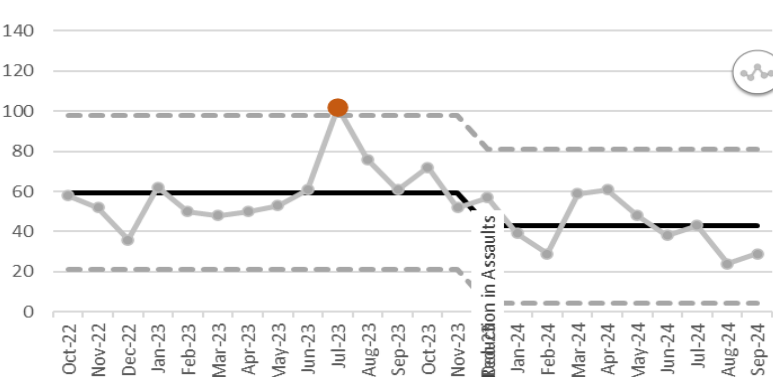
Assault on Service User Trustwide Starting 1/10/2022



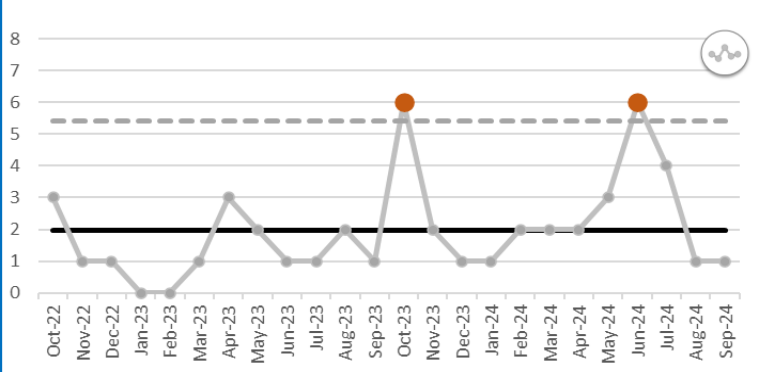
Trustwide - Racial/Cultural Abuse to Staff



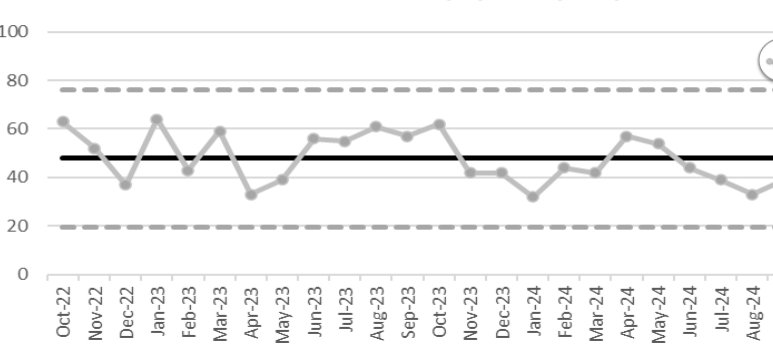
Assault on Staff Trustwide Starting 1/10/2022



Trustwide - Racial/Cultural Abuse to Patient



Intimidation & Other Abuse to Staff (except Physical) Trustwide



### Racial & Cultural Abuse

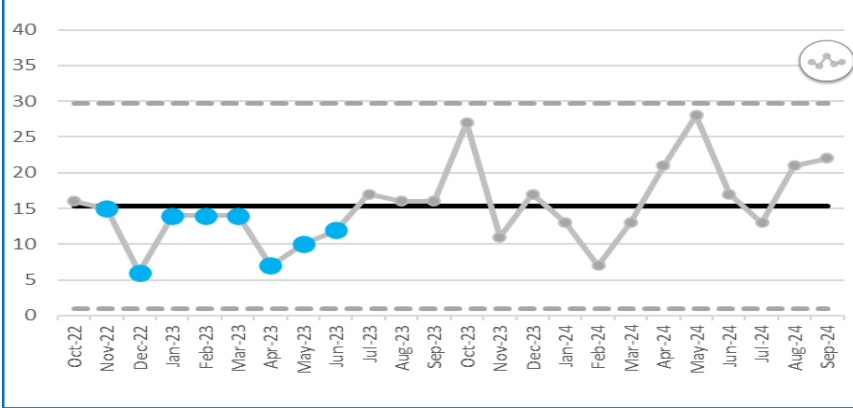
We continue to work with services and our communities to ensure incidents are accurately reported for us to provide support where needed and to gain an accurate view of racial/cultural abuse.

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

### Narrative

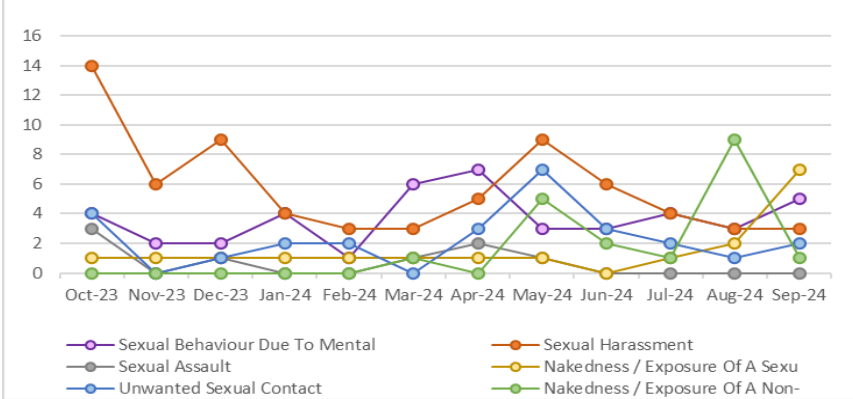
An unofficial, not externally reportable breach occurred in November 2023, involving no shared facilities with separate bedrooms.

Sexual Safety Incidents Trustwide



Trustwide	Sep-24		
	n	mean	SPC variation
Trustwide	22	15	•••
Acute & Community	17	11	•••
Rehabilitation & Specialist	5	4	•••

Most Frequent Reported Sexual Safety Categories



## Narrative

There were 22 sexual safety incidents reported in September 2024, of which 0 incident was reported as Moderate or higher. All sexual safety incidents are reviewed at the clinical service level through the incident huddles and then at a Trust level through the daily incident huddles and PSIRF process.

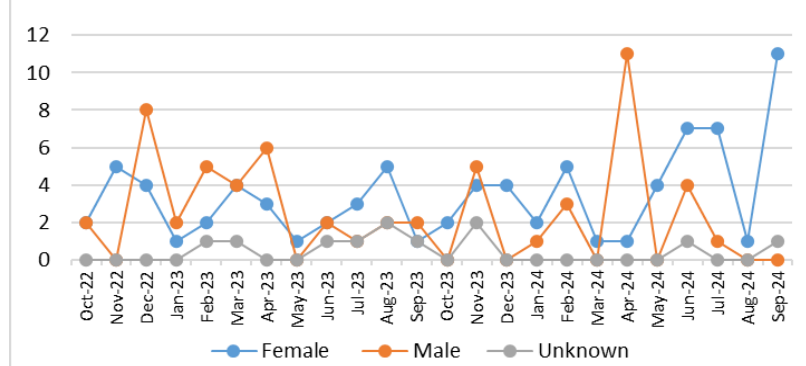
Any incidents involving staff are managed through the staff safeguarding policy. Where an allegation against staff is made, this is managed through the Allegations Against Staff Framework which is part of the safeguarding policy.

Whilst there has been no statistical change in the number of sexual safety incidents, we still consider this to be a priority area. There is a joint approach between the Sexual Safety Clinical work and the People Directorates workforce focus.

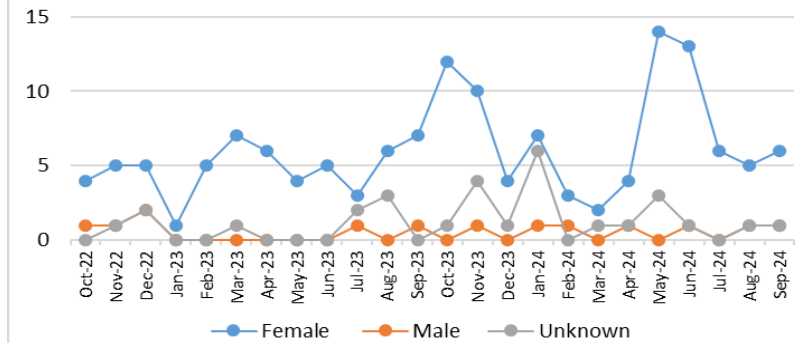
Sexual Safety incidents are under reported nationally across mental health services, so part of our focus currently is on developing the knowledge and confidence of our workforce to report sexual safety incidents.

The sexual safety dashboard is now live and provides a Trust wide and service level breakdown of sexual safety incidents.

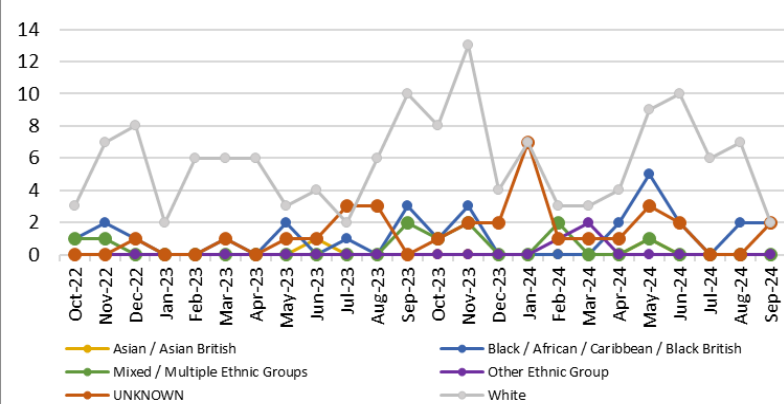
Sexual Safety Incidents – Service User Gender (Victim)



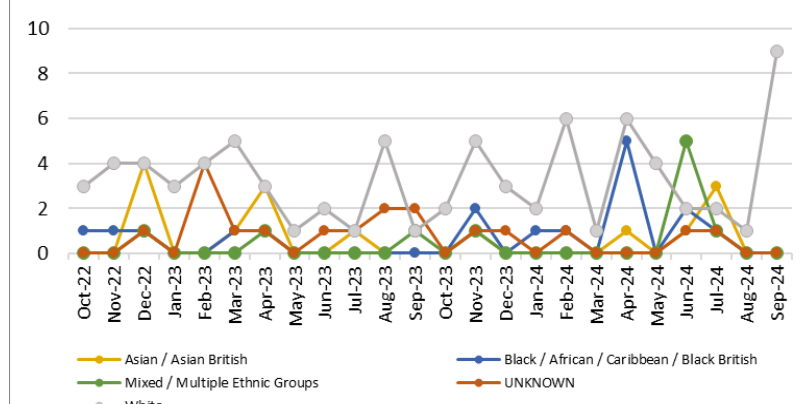
Sexual Safety Incidents – Staff Gender (Victim)



Sexual Safety Incidents – Staff Ethnicity (Victim)



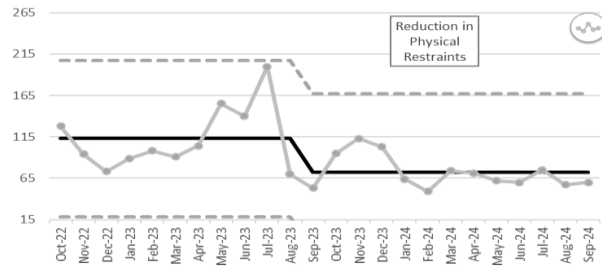
Sexual Safety Incidents – Service User Ethnicity (Victim)



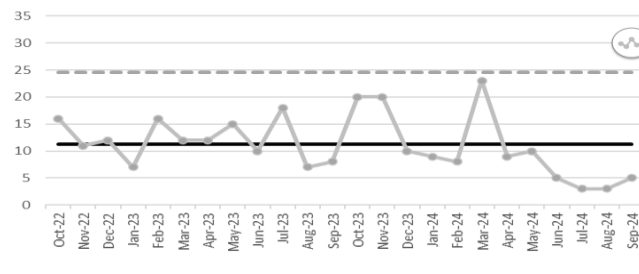


# Safe | Restrictive Practice |

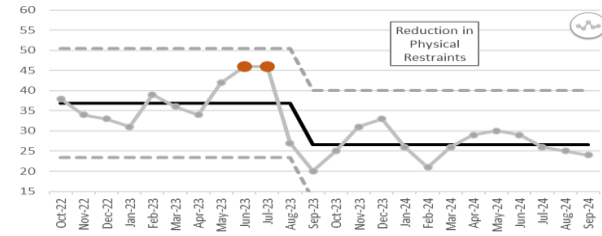
Physical Restraint Incidents – starting 01/10/2022



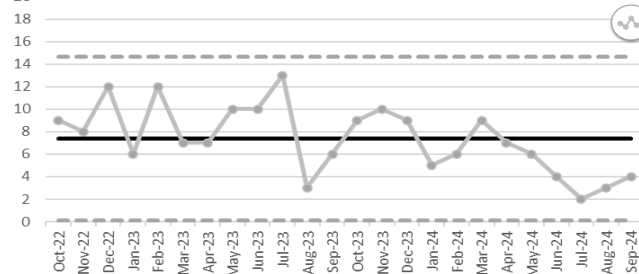
Seclusion (Incidents)– starting 01/10/2022



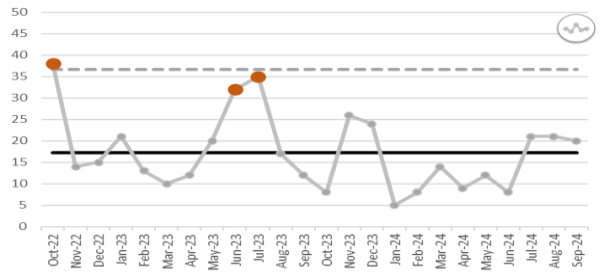
Physical Restraint (People)– starting 01/10/2022



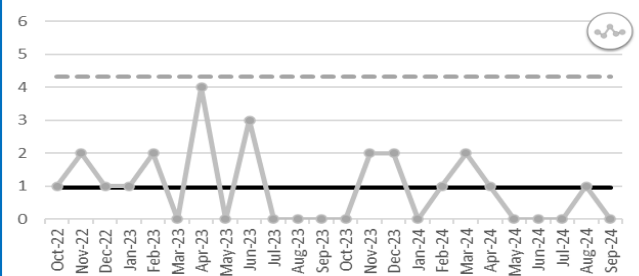
Seclusion (People)– starting 01/10/2022



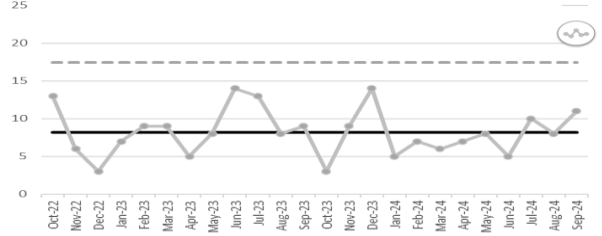
Rapid Tranquillisation (Incidents)– starting 01/10/2022



Trustwide Mechanical Restraint Incidents



Rapid Tranquillisation (People)– starting 01/10/2022



Physical Restraint INCIDENTS	Sep-24		
	n	mean	SPC variation
TRUSTWIDE	60	72	•••
Acute & Community	55	44	•••
Rehabilitation & Specialist	5	20	•••
Physical Restraint PEOPLE	Sep-24		
	n	mean	SPC variation
TRUSTWIDE	24	27	•••
Acute & Community	21	18	•••
Rehabilitation & Specialist	3	9	•••
Rapid Tranquillisation INCIDENTS	Sep-24		
	n	mean	SPC variation
TRUSTWIDE	20	17	•••
Acute & Community	19	11	•••
Rehabilitation & Specialist	1	3	•••
Rapid Tranquillisation PEOPLE	Sep-24		
	n	mean	SPC variation
TRUSTWIDE	11	8	•••
Acute & Community	10	7	•••
Rehabilitation & Specialist	1	1	•••
Seclusion INCIDENTS	Sep-24		
	n	mean	SPC variation
Trustwide	5	11	•••
Acute & Community	4	9	•••
Rehabilitation & Specialist	1	1	•••
Seclusion PEOPLE	Sep-24		
	n	mean	SPC variation
Trustwide	4	7	•••
Acute & Community	3	6	•••
Rehabilitation & Specialist	1	1	•••

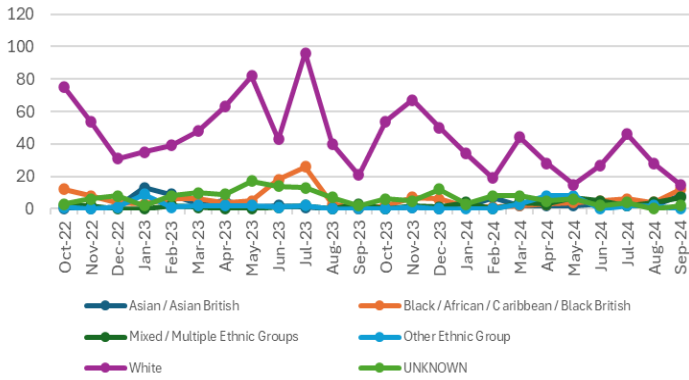
## Narrative

This month saw 5 episodes of seclusion for 4 people, of which no episodes have been recorded being prolonged (48 hours or more). There were also 141 physical restraints reported for 24 people. No mechanical restraints were reported this month.

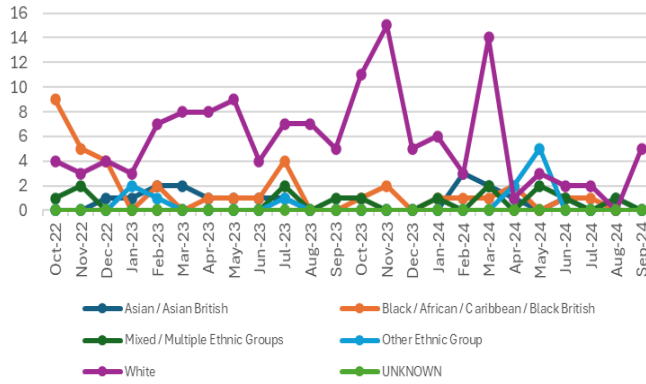
Restrictive practice is reported quarterly through our Least Restrictive Practice Oversight Group and an annual report on our Use of Force has been published after approval in the board committee.

# Race Equity Focus | Incidents

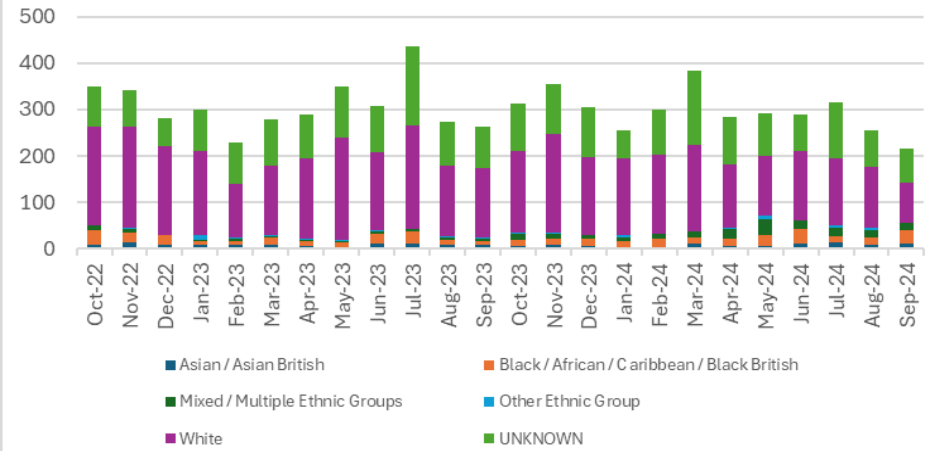
Physical Restraint - Service User Ethnic Group



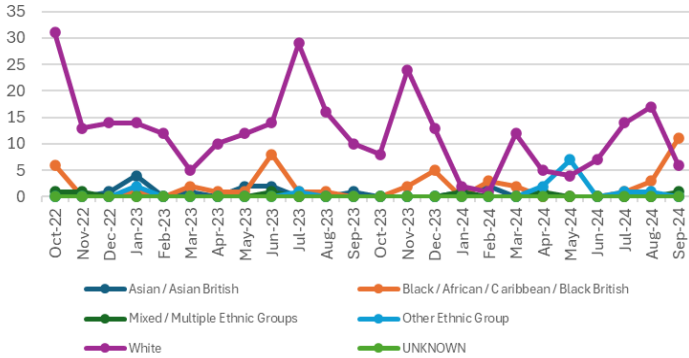
Seclusion - Service User Ethnic Group



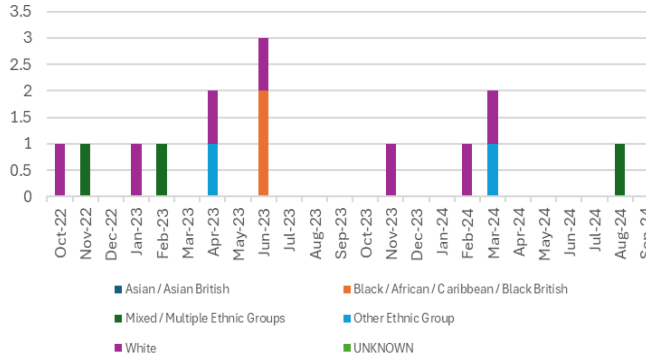
Patient Safety - Service User Ethnic Group



Rapid Tranquilisation - Service User Ethnic Group



Mechanical Restraint - Service User Ethnic Group

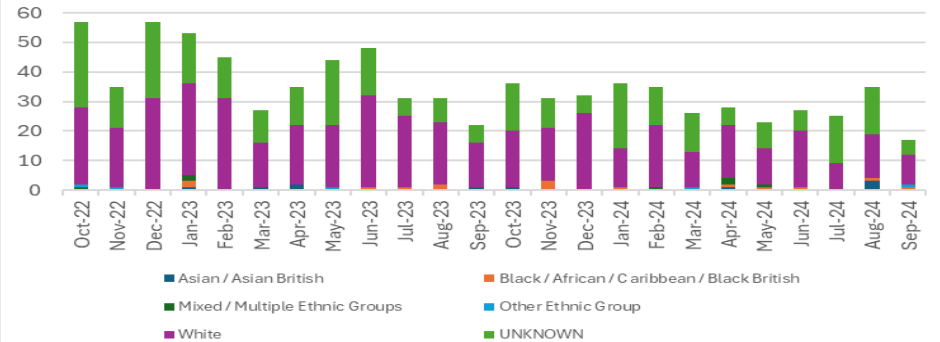


**Patient Safety Incidents** In September 2024, 40% victim were reported for white; 34% were reported as unknown; 2.4% were reported as other Ethnic Group; 7% were reported as Mixed/Multiple Ethnic group; 13.42% were reported as Black/Caribbean/Black British/African and 5.7% were reported as Asian/Asian British.

**Deaths**

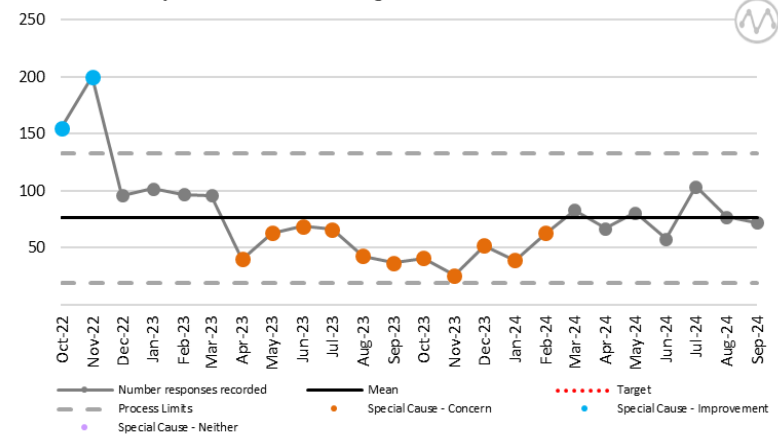
In September 2024 58.8% of deaths were reported for White British people, 29.4% were reported for people from ethnically diverse communities and 11.7% of deaths reported did not have an ethnicity recorded.

Deaths - Service User Ethnic Group



- **Seclusion** – 5 incidents were reported in September 2024 The ethnic group of these five victims were White British Ethnic Group.
- **Rapid Tranquilisation** – In September 2024 – 46 %victims were reported as white, 3.6 % victims were reported as mixed and Black Caribbean, 3.6% were reported as Black or Black British Caribbean 36% were reported as Black Other and 11 % were reported as Not stated/ Other ethnic group.
- **Physical Restraints** – In September 2024, 40%victim were reported as white; 6.7% victim were reported as Other Ethnic Group; 17% victims were reported as Mixed/Multiple Ethnic Group; 13% victim were reported as Asian/ Asian British, and 20%victim were reported as Black/Caribbean/African/ Black British.
- **Mechanical Restraints** – 0 mechanical restraint incidents in September.

Friends and Family Test - Trustwide starting 01/10/2022



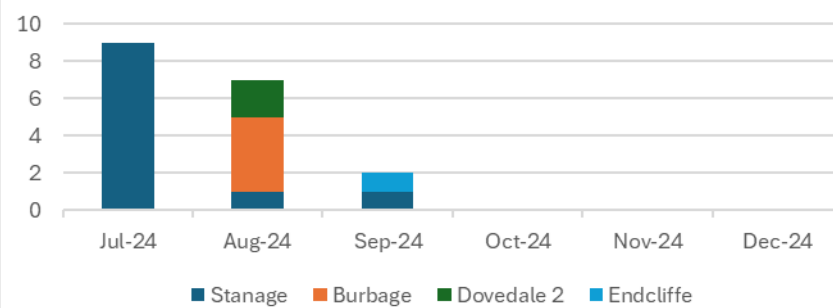
## Friends and Family Test

September 2024 had decreased responses, of 72, submitted in comparison to the month prior (81).

## A few positive responses are listed below

- “All staff are friendly and efficient” – Memory Service
- “The support we have been offered has been amazing. I have been offered a safe space and loads of help” – Crisis Hub
- “The staff have been very kind and supportive, gave plenty of information.” - LTNC Neuro Case Management Service
- “Very good experience with SAANS psychiatric therapy with, very good tailored therapy with understanding, knowledgeable and compassionate psychiatrist” - SAANS
- “Staff are always happy and helpful” - Community Learning Disability Team (CLDT)
- “The psychiatrist was thoughtful and understanding” – CMHT North
- “Staff listened to us and kept us company when sad” - Endcliffe

Safe2Share Submissions



Unit	Submissions	Average assessment
Endcliffe	1	Good
Burbage	1	Moderate

## Safe2Share

The launch of Safe2Share has not seen the expected success with less submissions each month. The implementation group have scheduled re-engagement and training sessions.

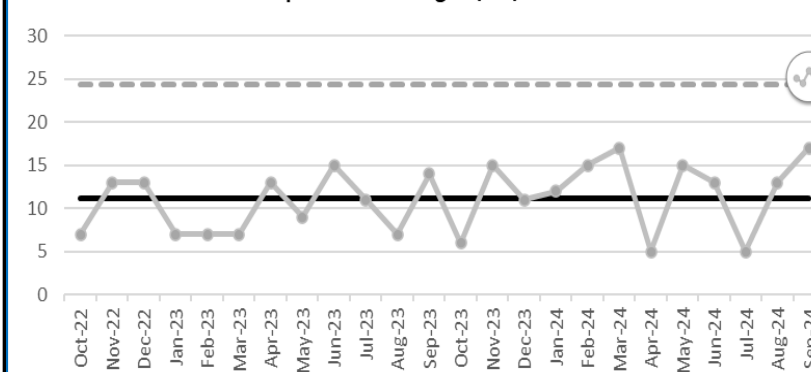
## Compliments

21 compliments have been received. Of these, 19 were for Rehabilitation and Specialist Services and 2 for Acute and Community. These compliments were received for:

- |                            |                                   |
|----------------------------|-----------------------------------|
| Admin and General x 1      | OA Home Treatment x 8             |
| Assertive Outreach Team x2 | Perinatal Mental Health x 2       |
| CMHT South x 1             | Specialist Community Forensic x 1 |
| Dovedale x 1               | Burbage Ward x 1                  |
| STT Southeast x 1          | G1 Ward x 1                       |
| CLDT x 2                   |                                   |

As part of our Quality Objectives, we are developing a range of tools that support reporting to improve understanding of patient experience.

Trustwide Total Complaints - starting 01/08/2022



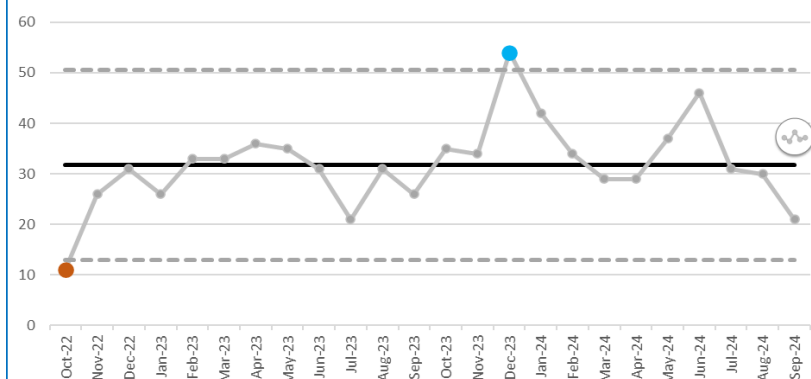
## Complaints

7 formal complaints were received for clinical directorates. 5 for the Rehabilitation & Specialist services and 16 for the Acute & Community services. The highest report complaint category remains as communication.

## Complaints due to be closed in:

- Outstanding 21

Compliments - Trustwide - Starting 01/08/2022



# Safer Staffing

IPQR - Information up to and including  
September 2024

# Safer Staffing

Organisation Name	New Staff Group	Funded Establishment FTE	Staff in Post FTE	Vacancies FTE	Unavailability Total FTE	Substantive Usage FTE (Actual)	Bank Usage FTE	Agency Usage FTE	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	Narrative
Burbage	Registered Nurses	11.59	10.00	1.59	6.99	3.10	1.97	3.73	8.80	2.79	139%	94%	Continued enhanced observations due to client group – reviewed daily in PIPA
Burbage	Unregistered Nurses	23.41	22.27	1.14	3.57	18.21	12.27	0.38	30.87	-7.46	139%	192%	
Dovedale 1	Registered Nurses	11.22	11.60	-0.38	6.00	7.87	0.99	0.15	9.01	2.21	103%	101%	x2 on 1-1 observations at times x3 on 1-1 observations
Dovedale 1	Unregistered Nurses	21.77	19.79	1.98	11.52	9.14	17.25	0.94	27.33	-5.56	125%	247%	
Dovedale 2 Ward	Registered Nurses	12.38	10.24	2.14	3.49	6.33	2.17	0.42	8.91	3.47	72%	95%	Changes in Clinical Establishment Review not reflective in this data.
Dovedale 2 Ward	Unregistered Nurses	25.36	23.37	1.99	8.51	14.55	2.33	0.10	16.98	8.38	100%	100%	
Endcliffe Ward	Registered Nurses	11.36	12.95	-1.59	4.55	7.24	1.88	0.58	9.70	1.66	87%	100%	
Endcliffe Ward	Unregistered Nurses	26.35	23.73	2.62	8.71	13.54	16.59	0.16	30.29	-3.94	135%	173%	
Forest Close 1	Registered Nurses	8.60	8.70	-0.10	3.80	4.85	0.26	0.25	5.35	3.25	127%	100%	
Forest Close 1	Unregistered Nurses	10.69	10.40	0.29	4.77	7.06	0.49	0.00	7.55	3.14	97%	100%	
Forest Close 1a	Registered Nurses	10.10	7.66	2.44	2.40	4.68	1.24	0.00	5.92	4.18	92%	100%	
Forest Close 1a	Unregistered Nurses	18.43	18.03	0.40	6.20	13.81	0.38	0.00	14.18	4.25	121%	100%	
Forest Close 2	Registered Nurses	10.10	7.66	2.44	4.19	4.37	0.59	0.00	4.96	5.14	115%	100%	
Forest Close 2	Unregistered Nurses	10.69	9.99	0.70	2.67	6.79	0.92	0.00	7.71	2.98	108%	100%	
Forest Lodge Assessment	Registered Nurses	9.40	9.83	-0.43	3.80	6.11	0.14	0.06	6.32	3.08	92%	95%	
Forest Lodge Assessment	Unregistered Nurses	12.98	10.53	2.45	2.07	8.82	5.31	0.00	14.12	-1.14	102%	101%	
Forest Lodge Rehab	Registered Nurses	8.00	8.37	-0.37	3.31	4.39	1.41	0.00	5.80	2.20	79%	100%	
Forest Lodge Rehab	Unregistered Nurses	10.62	8.64	1.98	3.37	4.83	3.15	0.00	7.98	2.64	103%	102%	
G1 Ward	Registered Nurses	11.22	13.80	-2.58	3.37	9.64	2.16	0.00	11.79	-0.57	129%	106%	
G1 Ward	Unregistered Nurses	32.09	29.42	2.67	6.30	15.93	10.57	0.39	26.89	5.20	94%	107%	
Stange	Registered Nurses	11.59	12.60	-1.01	6.83	8.23	1.14	0.36	9.74	1.85	105%	99%	
Stange	Unregistered Nurses	23.42	20.96	2.46	6.04	14.48	6.56	0.07	21.11	2.31	107%	124%	
HBPos/ Decisions Unit	Registered Nurses	11.09	15.06	-3.97	6.28	7.47	2.38	0.73	10.59	0.50	0%	0%	
HBPos/ Decisions Unit	Unregistered Nurses	10.85	8.54	2.31	2.67	6.30	7.44	0.00	13.74	-2.89	0%	0%	

### 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	100.67%	0	114	68	3	7	Continued enhanced observations due to client group – reviewed daily in PIPA	17	27
Dovedale 1	97.01%	0	40	17	1	1	High use of bank staff	3	2
Dovedale 2 Ward	78.03%	0	22	13	0	0		1	1
Endcliffe Ward	98.44%	1	36	19	3			2	0
Forest Close 1	95.02%	0	11	4	0	0		2	0
Forest Close 1a	100.06%	0	6	2	0	0		2	0
Forest Close 2	79.87%	0	6	2	0	0		0	0
Forest Lodge Assessment	100.00%	0	28	11	0	1	Agency use to free staff to support patient escorted leave	2	0
Forest Lodge Rehab	96.88%	0	18	3	0	0		0	0
G1 Ward	95.69%	0	25	9	1			11	0
Stanage	99.60%	0	69	42	5	5	Challenging patient mix and supporting absences	10	12
HBPOS/ Decisions Unit		0	19	9	3	0		1	2

## Older Adult

### What is the current staffing situation?

High levels of sickness and both HCSW and Nursing vacancies

### How effectively has the workforce been utilised?

- Staff needing to utilise flexi on many occasions also daily risk assessments with regard to the ability to reduce 1-1 observations in a safe effective manner.

## Rehabilitation & Specialist

### What is the current staffing situation?

HCSW vacancies successfully recruited, awaiting preemployment checks

### How effectively has the workforce been utilised?

Several Staff unable to take their break due to reduce staffing on the ward. Staffing challenges from sickness

## Acute

### What is the current staffing situation?

Deputy Ward Manager vacancies on Dovedale 2 and Stanage

HCSW vacancies on Stanage

Sickness rates have increased on Stanage ward due to burnout and increased levels of stress arising from caring for a particularly complex and challenging individual. Psychological support and reflective practice is being offered to the team

### How effectively has the workforce been utilised?

Due to patient mixes and acuity on wards, staffing has been challenging, requiring additional use of bank and agency staff

# Our People

IPQR - Information up to and including  
September 2024

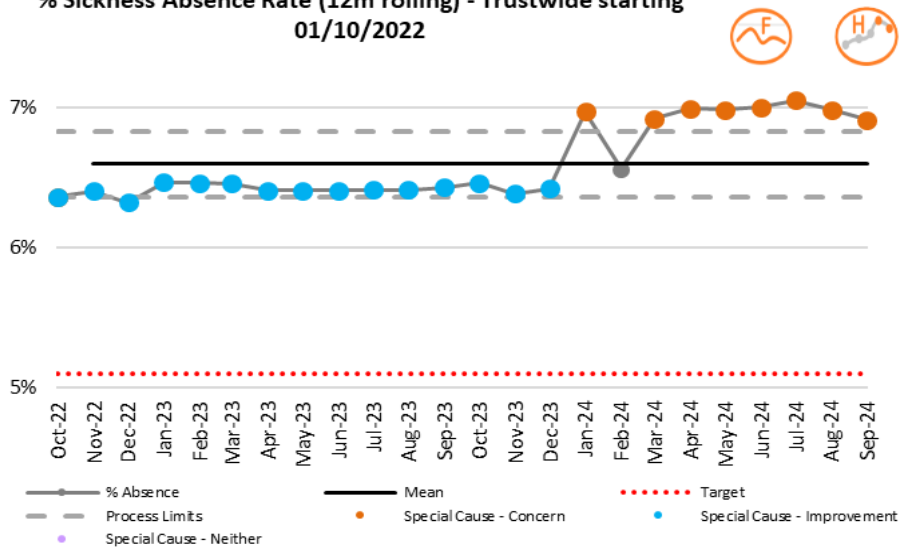


# Well-Led | Workforce Summary

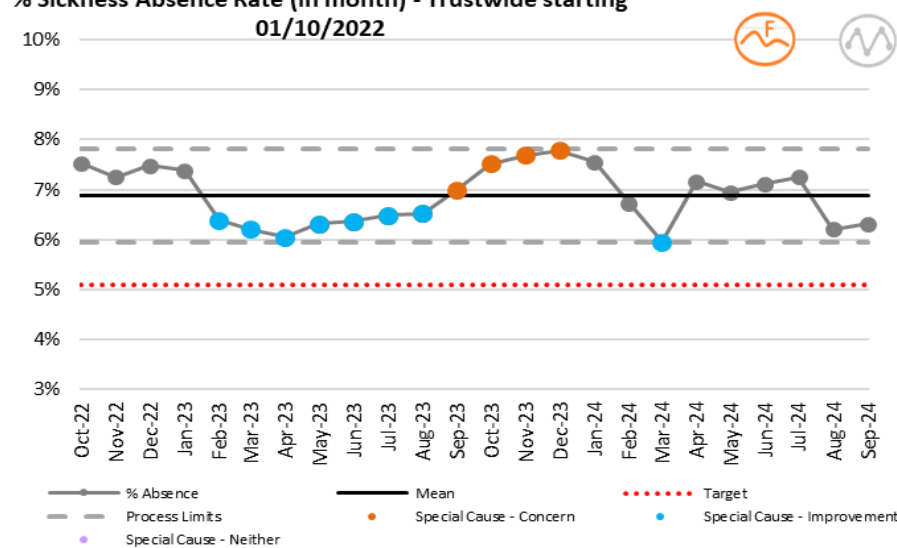
		Sep-24			
Metric	Target	n	mean	SPC variation	SPC target
Sickness 12 Month (%)	5.1%	<b>6.91%</b>	<b>6.60%</b>	• H •	F
Sickness In Month (%)	5.1%	<b>6.32%</b>	<b>6.88%</b>	• • •	F
Long Term Sickness (%)	-	<b>4.68%</b>	<b>4.58%</b>	• • •	/
Short Term Sickness (%)	-	<b>2.23%</b>	<b>2.35%</b>	• • •	/
Headcount Staff in Post	-	<b>2,647</b>	<b>2680.67</b>	• • •	/
WTE Staff in Post	-	<b>2,324.42</b>	<b>2358.01</b>	• • •	/
Turnover 12 months FTE (%)	10.0%	<b>12.84%</b>	<b>16.31%</b>	• L •	F
Training Compliance (%)	80.0%	<b>88.52%</b>	<b>87.87%</b>	• • •	P
Supervision Compliance (%)	80.0%	<b>67.12%</b>	<b>68.33%</b>	• L •	F



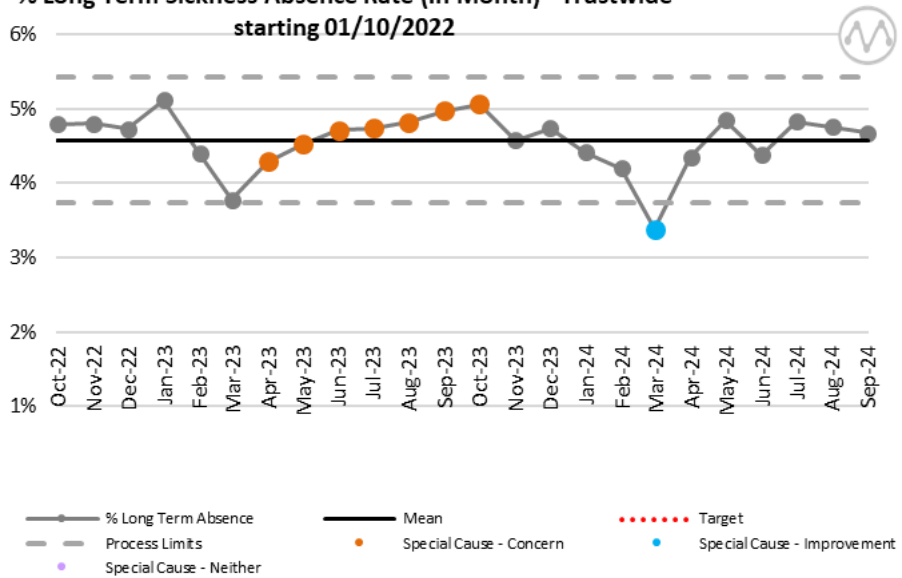
**% Sickness Absence Rate (12m rolling) - Trustwide starting 01/10/2022**



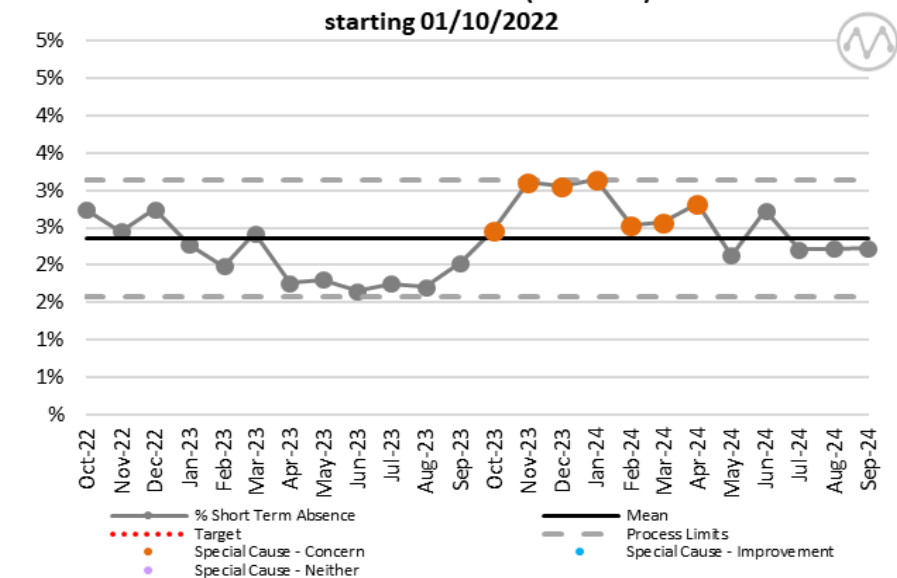
**% Sickness Absence Rate (in month) - Trustwide starting 01/10/2022**



**% Long Term Sickness Absence Rate (In Month) - Trustwide starting 01/10/2022**



**% Short Term Sickness Absence Rate (In Month) - Trustwide starting 01/10/2022**



## Narrative

Consistently above the 5.1% target. The target is set at 5.1% due to budgeted headroom in clinical teams' establishment. SHSC are not an outlier in terms of sickness absence when benchmarked nationally.

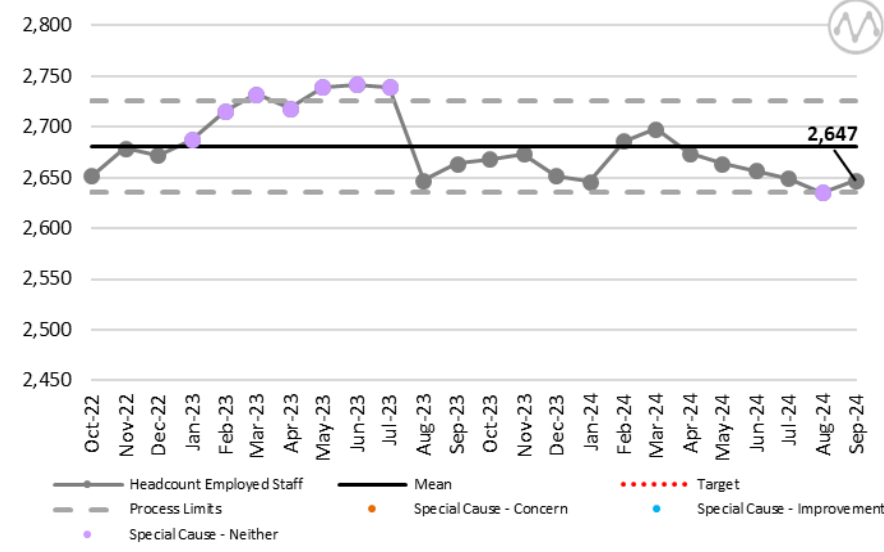
A sickness review was undertaken in the summer and early signs are that this had a positive impact. We expect an increase in sickness over the winter months and we are entering this with a lower rate than the previous 2 years.

Long term sickness has reduced for 2 months in a row, while short term sickness has maintained the same for 3 months in a row.

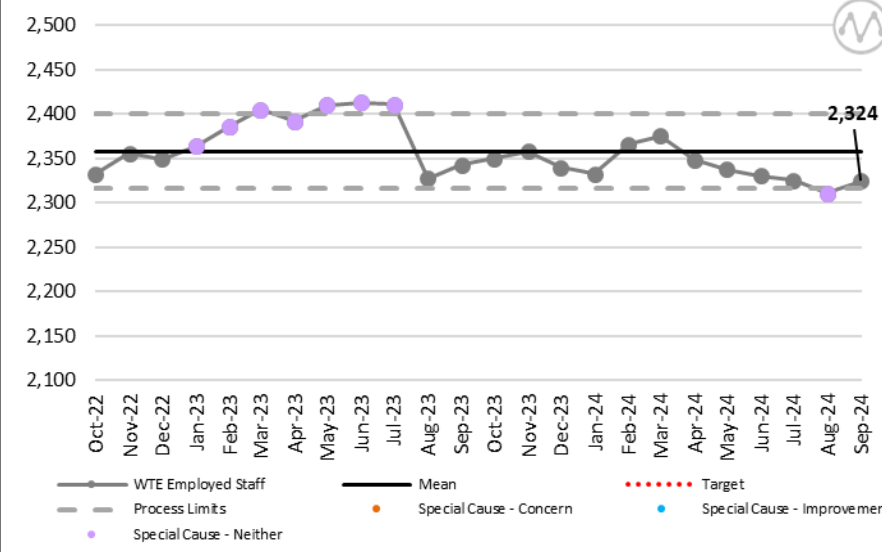
Estates and Facilities are an outlier in Corporate Services with a rate of 9.52%. Clinical Operations has a sickness rate of 7.1% with Acute at 8%.

There are no significant trends to report for in-month sickness absence level. However the 12-month rolling average remains high. HR Business Partnering Team are working with managers in the areas with high sickness absence to ensure that staff are being supported back to work where possible.

Headcount - Trustwide starting 01/10/2022



WTE - Trustwide starting 01/10/2022

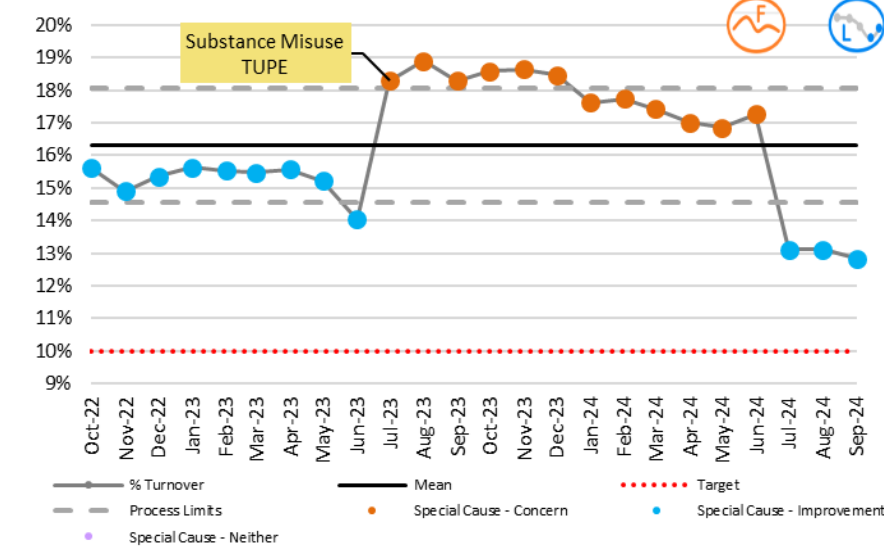


## Narrative

Staffing numbers and WTE has risen for the first time this financial year. This is a good sign given the vacancy control is fully embedded and triangulated with Finance teams and only essential posts are being recruited to.

Turnover has reduced as result of the upturn in staffing numbers real turnover is now in line with the 12-month average as the month where the TUPE transfer occurred is now out of range.

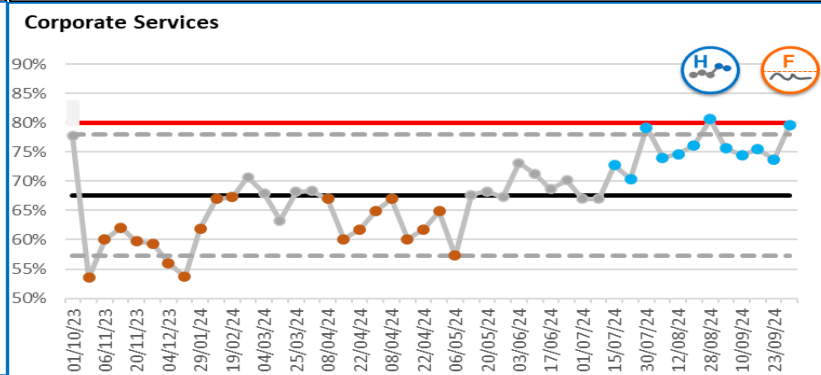
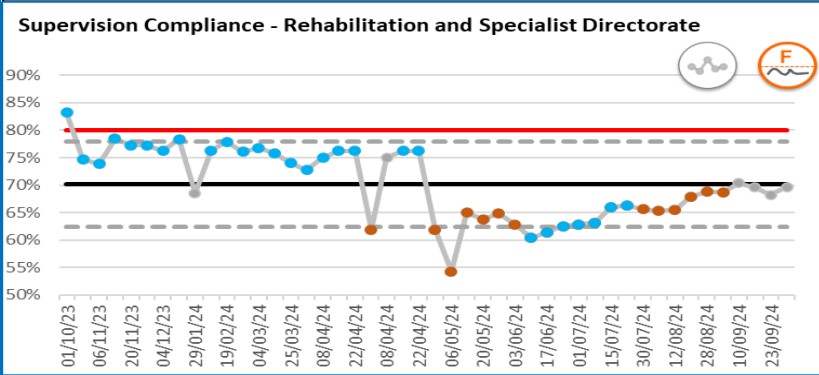
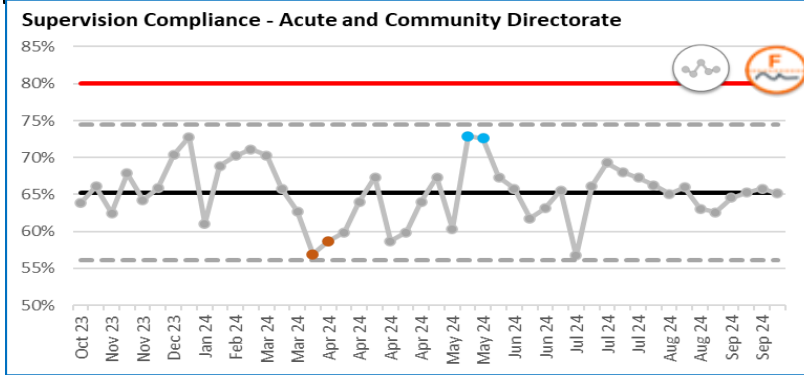
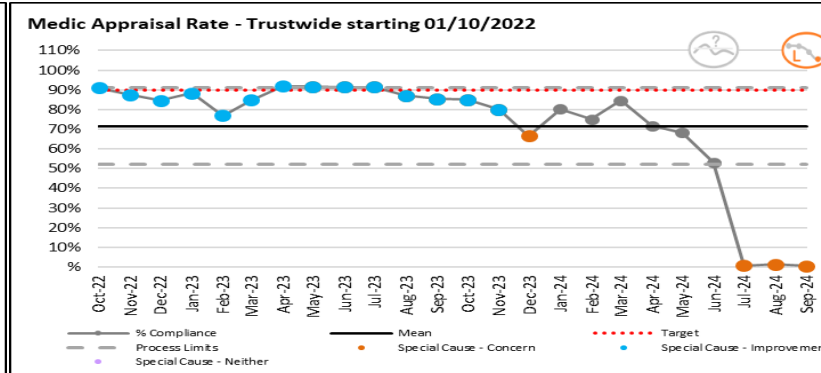
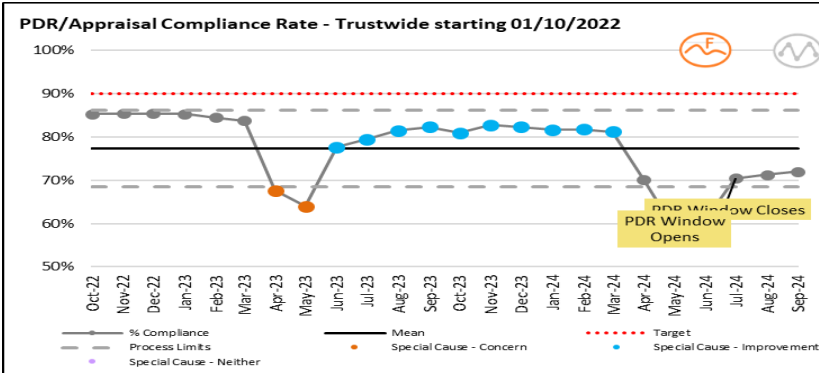
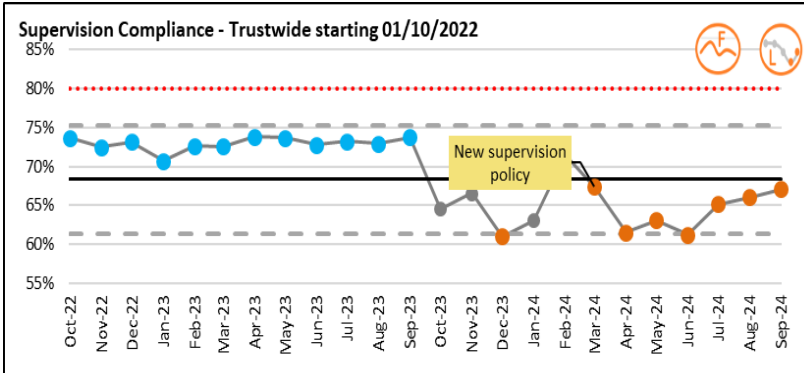
Turnover Rate (12m FTE rate) - Trustwide starting 01/10/2022



**Turnover** is 'a calculation of the average percentage of employees who leave the trust on a rolling 12-month basis.' It is calculated as follows:  $(\text{Leavers whole time equivalent (WTE) in last 12 months} \div \text{average WTE in last 12 months}) \times 100$ .

Average WTE is calculated as follows:  $(\text{WTE at first day of period} + \text{WTE at last day of period}) \div 2$

# Well-Led | Supervision & PDR/Appraisal

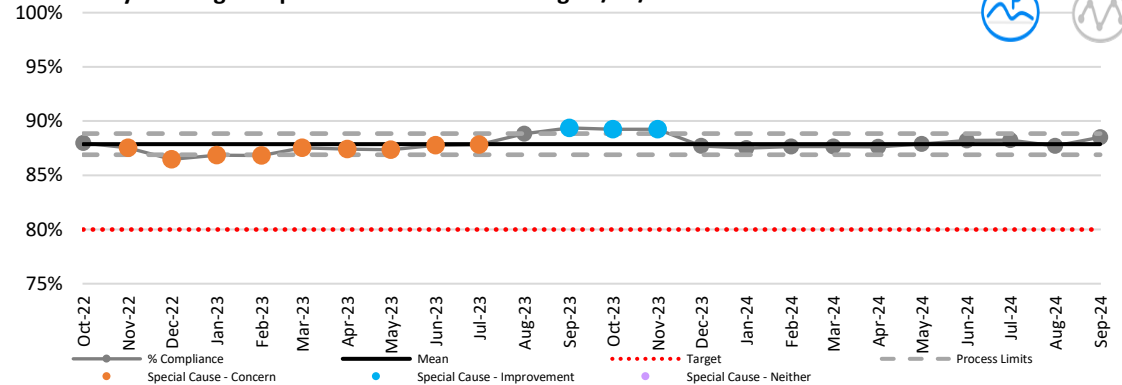


**Aim**  
 We will ensure that 80% staff have received at least one supervision in the last six-week period and 90% of staff have received a PDR in the last 12 months.

**Narrative**  
 As of 30 September 2024, average compliance with the supervision target:  
 Trustwide **67.12%**  
 Clinical Services **65.30%**  
 Supervision recording is moving to ESR in January as per approval at OMG

# Mandatory Training

**Mandatory Training Compliance - Trustwide starting 01/10/2022**



## 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.

## 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).

Mandatory Training reports as at 08/10/2024 - nearest report to end of September position:

### Subjects below 80%

- **Moving and Handling Level 2** 62.9% (down 1.1%)
- **Medicines Management** 65.0% (down 2%)
- **Resus Level 2 (BLS)** 73.0% (down 0.7%)
- **Resus Level 3 (ILS)** 73.1% (up 1.7%)
- **Mental Health Act** 73.8% (up 1.9%)
- **Respect Level 1** 67.6% (down 2.8%)
- **Respect Level 3** 67.1% (down 0.5%)
- **Safeguarding Children Level 3** 65.4% (down 1.3%)
- **Information Governance** 85.7% (target 90%) - up 0.9%
- **Rapid Tranquillisation** 39.9% (up 2%) now yearly instead of 3 yearly and on trajectory to be above 80% within first year

### Teams below 80%

- Bank 76.5% (up 0.8%)
- Birch Avenue 77.8% (down 0.5%)
- HR 79.3% (up 0.1%)

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.

COMPLIANCE – As at date	08/10/2024	Difference from 08/09/2024
<b>Trustwide</b>	<b>88.3%</b>	<b>Down 0.2%</b>
Corporate Services	83.2%	Up 0.4%
Medical Directorate	91.3%	Down 0.2%
Acute & Community – Crisis	89.7%	Up 0.3%
Acute & Community – Acute	92.6%	Up 0.3%
Acute & Community – Community	92.6%	Down 0.5%
Rehab & Specialist – Older Adults	84.2%	Up 0.3%
Rehab & Specialist – Forensic & Rehab	91.9%	Up 0.1%
Rehab & Specialist – Highly Specialist	90.9%	Up 0.1%
Rehab & Specialist – Learning Disabilities	94.0%	Up 0.4%
Rehab & Specialist – Talking Therapies	95.5%	Up 0.1%

# Financial Performance

IPQR - Information up to and including  
September 2024

# Executive Summary

Key Performance Indicator	YTD Plan £'000	YTD Actual £'000	Variance £'000	Annual Plan £'000	24/25 Forecast £'000	Variance £'000
Surplus/(Deficit)	(3,871)	(4,107)	(236)	(6,514)	(6,514)	(0)
Adjusted Plan Surplus/(Deficit)	0	(236)	(236)	(603)	(603)	0
Cash	40,346	35,654	(4,692)	33,897	42,430	8,533
Efficiency Savings	3,177	3,199	22	7,334	7,334	0
Capital	(2,521)	(1,008)	1,513	(10,246)	(4,047)	6,199
				Target	Number	Value
Invoices paid within 30 days (Better Payments Practice Code)			NHS	95%	100.0%	100%
			Non-NHS	95%	99.6%	99.3%

## Narrative

At Month 6, the year-to-date deficit position of £4.107m is £0.236m worse than planned (M5 £0.063m worse). To achieve the planned deficit of £6.514m, the forecast includes additional mitigation/savings required of £1.1m. With the additional risks in the financial position, plans are being developed for £2.1m worth of mitigations so that the current forecast can be achieved. Out of Area spend is the main driver for the deterioration of the financial position, the majority of the year to date overspend is offset by non-recurrent underspends as a result of vacancies and reductions in non-pay spend.

At Month 6 NHS England nationally have given non-recurrent deficit funding to systems with planned deficits (South Yorkshire = £49m) so that systems have enough cash for their agreed plan. This means the system can technically report a breakeven plan position with the additional funding given, this is not additional funding to spend, it is just to offset the agreed spend/plan. SHSC's share of the funding £5.9m means our adjusted planned deficit is £0.6m  
Cash is lower than planned due to not receiving the Fulwood receipt, this is partially offset by Capital spend being lower than planned at this point in the year. After discussions with NHS England regionally colleagues the year end Cash and Capital forecast at Month 6 is based on not spending the Fulwood receipt and deferring to be able to spend the funds in 2025/26.

Value improvement and recovery plans totaling £9.5m have been developed, the current forecast for expected delivery has decreased to £5.1m due to Out of Areas increases. Included in the reporting is £1.1m of fortuitous non-recurrent savings from vacancies and unidentified mitigations of £1.1m as highlighted above.

Report ends  
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# Appendix 1 | SPC Explained

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

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

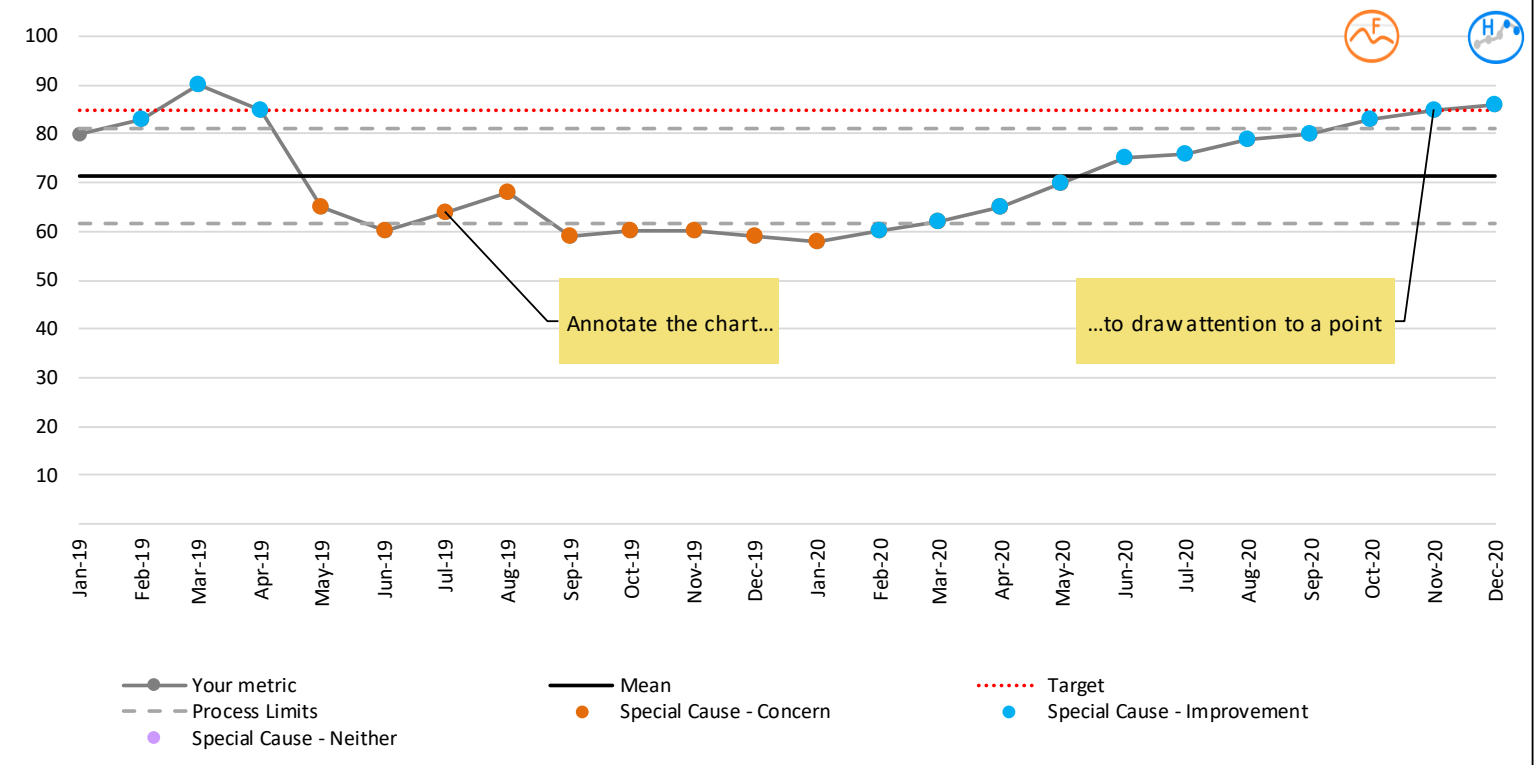
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

Variation Icons The icon which represents the last data point on an SPC chart is displayed.							Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
<b>ICON</b>									
<b>SIMPLE ICON</b>	• • •	• ? H L •	• H •	• L •	• H •	• L •	?	F	P
<b>DEFINITION</b>	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
<b>PLAIN ENGLISH</b>	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.
<b>ACTION REQUIRED</b>	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

<b>Chart Title</b>	SPC Chart Example		<b>Start Date</b>	01/01/2019	
<b>Team/Service</b>	Team/Directorate/Trust		<b>Duration</b>	24	Months
<b>Your Measure</b>	Your metric		<b>Baseline</b>		
<b>Improvement Indicator</b>	High is Good		<b>Min Value</b>	0	
<b>Target</b>	85		<b>Max Value</b>	100	

SPC Chart Example - Team/Directorate/Trust starting 01/01/2019



**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 significant 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 significant change in process. This process is not in control.

## Appendix 3 | SHSC Glossary

A&C	Acute and Community Services
AOT	Assertive Outreach Team
ASD	Autism Spectrum Disorder
AWOL	Absent without Leave
CER	Clinical Establishment Review
CERT	Community Enhancing Recovery Team
CFS	Chronic Fatigue Syndrome
CISS	Community Intensive Support Service
CLDT	Community Learning Disability Team
CMHT	Community Mental Health Team
CMS	Case Management Service
CRFD	Clinically Ready for Discharge
CRHTT	Crisis Resolution Home Treatment Team
DD	Delayed Discharge
DD1	Dovedale 1
DD2	Dovedale 2
DIPQR	Directorate Integrated Performance & Quality Report
DU	Decisions Unit
DWM	Deputy Ward Manager
EI	Early Intervention
EPQR	Executive Performance and Quality Review
EPR	Electronic Patient Record
EWS	Emotional Wellbeing Service
FFT	Family and Friends Test

FTE	Full-Time Equivalent
HAST	Homeless Assessment and Support Team
HBPoS	Health Based Place of Safety
HCA	Healthcare Assistant
HCSW	Healthcare Support Workers
ICB	Integrated Care Board
ILS	Immediate Life Support
IPQR	Integrated Performance and Quality Review
KPI	Key Performance Indicator
LCL	Lower Control Limit
LD	Learning Disabilities
LoS	Length of Stay
LTNC	Long Term Neurological Conditions
MAPPS	Mood, Anxiety and Post-Traumatic Stress Disorder Psychotherapy Service
ME	Myalgic Encephalomyelitis
MH	Mental Health
MoJ	Ministry of Justice
NES	Neurological Enablement Service
NICE	National Institute for Health and Care Excellence
OA	Older Adult
OAPs	Out of Area Placements
OMG	Operational Management Group
OOA	Out of Area
PCT	Personality/Complex Trauma

PDR	Performance Development Review
PICU	Psychiatric Intensive Care Unit
PSIRF	Patient Safety Incident Response Framework
QoCE	Quality of Care Experience
R&S	Rehabilitation and Specialist Services
RMN	Registered Mental Health Nurse
RPU	Referral Point Unit
RtA	Referral to Assessment
RtT	Referral to Treatment
SAANS	Sheffield Adult Autism and Neurodevelopment Service
SCBIRT	Sheffield Community Brain Injury Rehabilitation Team
SCFT	Specialist Community Forensic Team
SNP	Senior Nurse Practitioner
SPA	Single Point of Access
SPC	Statistical Process Control
SPS	Specialist Psychotherapy Service
TUPE	Transfer of Undertakings (Protection of Employment)
U&C	Urgent and Crisis
UCL	Upper Control Limit
WTE	Whole-Time Equivalent
YAS	Yorkshire Ambulance Service
YTD	Year to Date