

Front sheet: Board of Directors
Item number: 14
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Private/public paper:	Public
Report Title:	Integrated Performance and Quality Report November 2024
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Vision and values:	We use the IPQR to ensure that we are always improving the mental, physical and social wellbeing of the people in our communities as effectively as possible. We do this by monitoring the performance and quality of our services, and providing assurance.
Purpose and key actions:	The IPQR is produced every month as part of the SHSC Performance Framework. It provides assurance on key performance and quality indicators. Where performance is worsening or below target, remedial actions will be taken and communicated in the narrative.
Executive summary:	<p>This IPQR contains data to November 2024.</p> <p>People Committee received the IPQR on 14 January. The discussion is summarised as follows:</p> <ul style="list-style-type: none"> • Positive alert regarding the reduction in long term sickness 4 months in a row however will continue to monitor short and long-term sickness levels. • Alert to supervision levels having no significant change on a trust wide basis, however it is anticipated that moving to self-service and having medical appraisals on a separate dashboard will help to improve this metric. • Alert to no significant change to mandatory training levels. • Alert to time to hire as it is above the 60 days ICS target and significantly increased since previously reported. • Alert to case work as levels of ethnically diverse staff in case work has not reduced, however understanding that the way it was reported includes cases still at fact finding stage. This will be reported as 2 separate figures in future reports. <p>Quality Assurance Committee received the IPQR on 15 January. The discussion is summarised as follows:</p> <ul style="list-style-type: none"> • Concerns raised that the vacancy control panel is having a significant impact on shift cover. Assurance received that frontline posts are being prioritised to ensure that ward and community teams' vacancies are being moved forward to mitigate risk. • Limited assurance was given to the committee around the management of enhanced observations and the lack of consistent approach across the wards. However, the Executive Director of Nursing is connecting with the National

Enhanced Observations programme, and a full review of the Policy will be complete by the end of March.

- ADHD and ASD referrals reducing due to the closure of the Derbyshire contract. This will continue to be monitored and reported through the IPQR to show any trends emerging.
- A written report focusing on race health inequalities will come to committee in February 2025 to ascertain if diverse and ethnic minorities are at greater risk of being involved in incidents or having a worse patient experience.

Finance and Performance received the IPQR on 16 January. The discussion is summarised as follows:

- The committee held substantive conversations around key financial performance indicators as part of the substantive finance report item, including delivery of the financial plan and key cost drivers pertaining to that including Out of Area expenditure and overspending recovery plans.
- It was noted that improving activity and waiting times above contracted activity should only be undertaken with additional resources. This is part of delivering on our responsibility to deliver the plan and getting back to break even and financial sustainability and in the context of significant system financial challenges.

NHS Long Term Plan National Metrics

All targets are being met with the exception of adult acute out of area placements (26 people against a target of 20) and Sheffield Talking Therapies reliable improvement rate (63.3% against a target of 66.5%). Out of area placements are being addressed through our Home First Programme and executive escalation of a request for support with social care delays. Talking Therapies were achieving the target until November 2024; analysis of the data is underway to understand why performance has declined.

Specialist Service Waiting Times

Specialist Psychotherapy – Referral to assessment wait time for SPS P/CT returned to common cause variation after 8 months above the mean following improvements to the triage process.

Eating Disorders – A quality improvement project is underway to address high wait list and times; urgent referrals continue to be prioritised accordingly. High DNA rates and staff sickness continue to be a challenge in managing the waiting list. Recruitment is ongoing for a new role funded by the ICB to improve the management of high-risk cases.

Sheffield Psychosexual Therapy Service – Significant and sustained reduction in average RtA wait time following 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%.

Adult Acute Services

Average length of stay is increasing and is now a concern statistically. This is due to multiple reasons including delayed discharges and patients with high lengths of stay who require specific onward placements. This is limiting our regular and contracted bed availability which is increasing out of area bed spot purchasing. Out of area usage is still not meeting the target. System flow issues have been combined into the Home First Programme with the specific target for out of area admissions to be reduced to 6 by February 2025 across Adult Acute & PICU.

Urgent and Emergency Care

Liaison Psychiatry – Referrals for Liaison Psychiatry continue to be high (10% above the mean from the last 2 years) and trending upward. This is driven by an increase in

both A&E and ward referrals (primarily A&E referrals). 1-hour wait time performance remains plateaued at ~60% compliance, underperforming the target of 100%.

111 Crisis Line – Call abandonment rate significantly improved in November due to a correction in how calls are classified. Though not yet achieving the target, performance is now favourable when compared with the national average.

Safety & Quality

The completion rates for protected characteristics within the electronic patient record remains low. A supported learning approach has been adopted, using a foundation of behavioural science for sustainable change. Teams are now involved in a pilot with impact expected to become evident in data from April 2025 onwards. The launch of Rio may impact and slow the results which is foreseen and will be managed appropriately.

A 6-month improvement plan related to service user and carer feedback in addition to a focus on improving completion of Friends and Family Test feedback will bring together in a cohesive manner all the various measures of patient and carer experience. The improvement plan focuses on 3 areas: feedback, governance process and data.

Safer Staffing

An increased number of adult and older adult inpatients required enhanced observations which related to high acuity in some adult wards. This has required staffing above clinical establishment levels. A review of the enhanced observations policy will be complete by March and the Trust is seeking to link with the national work on observations to ensure that the use of enhanced observations is in line with best practice.

Rehabilitation and Specialist services reported effective use of staffing despite 26 members of staff not working for a variety of reasons.

Our People

Sickness

Sickness was 2% above target at 7.1% (7.8% for Clinical Operations, 5.6% for medical staff and 3.3% across Corporate teams); this includes 175 separate sickness episodes for seasonal flu/Covid. The flu vaccination programme is being extended to the end of January to ensure the maximum number of staff receive the vaccine.

Sickness recovery plans are in place for all areas above 5.1%. Long term sickness has fallen for the past 4 months with HR proactively supporting teams and giving advice and support for staff triggering within the policy.

Supervisions and PDRs

Recovery plans are in place for supervision compliance. Electronic Staff Record (ESR) Manager Self-Service will send automated reminders to record supervisions from January 2025 onwards which should improve compliance.

PDR compliance was at 68.1%, significantly below the target of 90%. Whilst small improvements have been seen in the previous 6 months, performance was notably worse in 2024 than 2023. A review of the recording of medical appraisals is underway as these numbers are not currently included in the IPQR reporting on appraisals.

Mandatory Training

Compliance remains a challenge in a number of subjects (see page 33). We are seeing an increase in short notice withdrawals from, or non-attendance at, training courses due to staffing levels and staff sickness. A decision has been made to prioritise Rio training above mandatory training, to prepare for the launch in March.

Appendix attached: Integrated Performance & Quality Report November 2024

Which strategic objective does the item primarily contribute to:				
Effective Use of Resources	Yes	X	No	
Deliver Outstanding Care	Yes	X	No	
Great Place to Work	Yes	X	No	
Ensuring our services are inclusive	Yes	X	No	

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
The IPQR is shared on a regular basis with South Yorkshire ICB and reviewed in the Contracts Management Meeting between the ICB and SHSC for assurance.	
BAF and corporate risk(s):	There are no risks associated with this item.
Any background papers/ items previously considered:	This is the first time the paper has been received.
Recommendation:	<p>The Board is asked to</p> <ul style="list-style-type: none"> • receive and consider the report for assurance • use the report as a basis for discussion around Trust performance and quality of delivery • request remedial action where required.

Good Performance						
Committee		KPI/Area	Refer to (slide)	Current Performance	Trend/Trajectory	
F	Q	NHS Long Term Plan	3		Talking Therapies recovery rate has met its target almost consistently since April 2024.	
F	Q	Waiting Lists	7		Reduced waiting list for SPS, LTNC, Perinatal, Sheffield Psychosexual Therapy and SAANS ASD.	
F	Q	Waiting Times (RtA)	7		Sustained reductions in average wait time referral to assessment for CMHT North, SPS MAPPS, Perinatal, Sheffield Psychosexual Therapy Service, HAST and CFS/ME.	
F	Q	Length of Stay - PICU	9		Endcliffe ward continues to meet the national standard for discharged length of stay.	
F	Q	Average discharged Length of Stay – Forest Close	11		Performance aligns with national benchmarks.	
F	Q	Delayed care	14		Adult Acute & PICU low number of delayed bednights in month.	
F	Q	Talking Therapies – wait times	16		Talking Therapies consistently achieving the 6 and 18 week wait targets.	
	Q	P	Mandatory Training	33		Consistently achieving the trustwide target of 80%.

Performance Concern					
Committee	KPI/Area	Refer to (slide)	Performance	Trend/Trajectory	Recovery Plan?
F Q	NHS Long Term Plan	3		Perinatal access target met for 7 months but not this month. Acute out of area placements not currently meeting revised target. Talking Therapies improvement rate has not met target this month.	Recovery Plan Improving Flow Programme Board
F Q	Waiting Lists	7		Increased waiting lists for CMHT North, Gender, Eating Disorder Service, SAANS ADHD, CLDT, and AOT.	Recovery Plan x 2 (Gender, SAANS) Quality Assurance Committee
F Q	Waiting Times (RtA)	7		Increases in average wait time referral to assessment for Gender and Eating Disorders.	
F Q	Caseloads/Open Episodes	7		Increasing trend/high caseloads in SAANS ADHD, Perinatal, HIT, CLDT, CERT, SCFT, Gender, Memory Service & AOT.	Recovery Plan x 2 (Gender & SAANS) Quality Assurance Committee
F Q	Length of Stay – Adult acute wards	8		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	8-9		Prolonged failure to meet reduction of inappropriate adult acute and PICU out of area placements.	Out of Area Recovery Plan(s) x 3 Quality Assurance Committee
F Q	Health Based Place of Safety breaches	13		Breaches for detained mental health admission on 13 occasions in November 24 (75.8%). 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
F Q	12-hour ED Breaches	13		Failing the target for past 11 months.	Quality Assurance Committee
Q P	Staff sickness	30	 	Consistently failing to meet trust target of 5.1%.	Sickness Group
Q P	Staff Turnover	31		Staff turnover rate failing to meet trust target of 10%	Sickness Group
Q P	Supervision	32		Consistently failing to meet 80% target Trustwide.	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
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Integrated Performance & Quality Report

Information up to and including
November 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 November 2024 reporting, we are using monthly figures from December 2022 to November 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	Cell Format	Description
	• • •	Common cause variation
	• H •	Concern – where low is good
	• L •	Concern – where high is good
	• H •	Improvement – where high is good
	• L •	Improvement – where 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) above UCL or mean, decreasing trend

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

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

The Relationship and Sexual Service’s name changed to the Sheffield Psychosexual Therapy Service on 12th November. There is no change to the service other than the name change which is now reflected in this report.

Board Committee Oversight

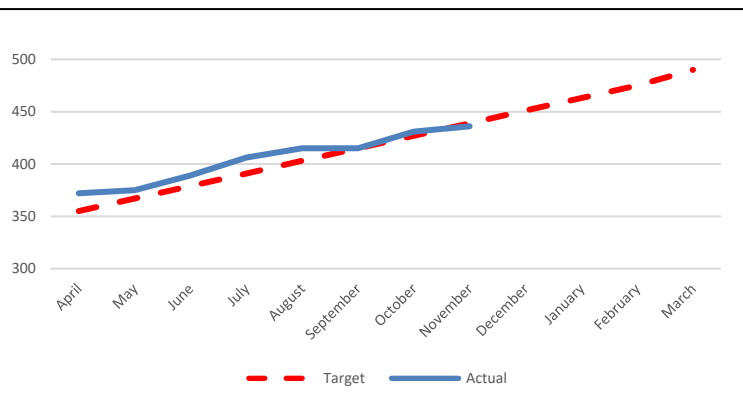
The footer of most pages contains a colour-coded key to quickly identify which KPIs and Metrics are of particular interest to a committee/which committee has oversight.

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

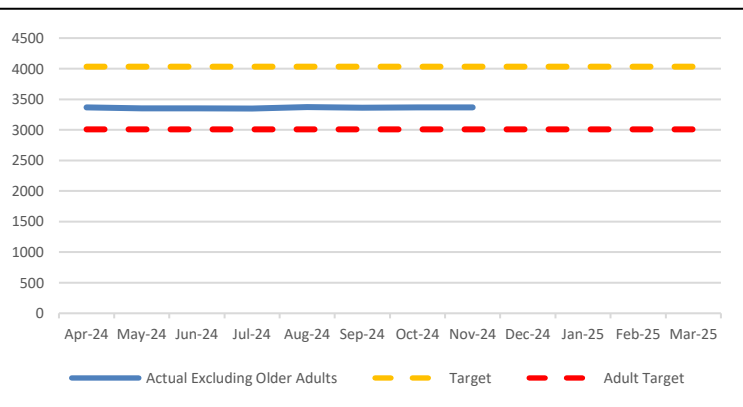
NHS Long Term Plan – national metrics for 2024/25

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

Our target = 490 by March

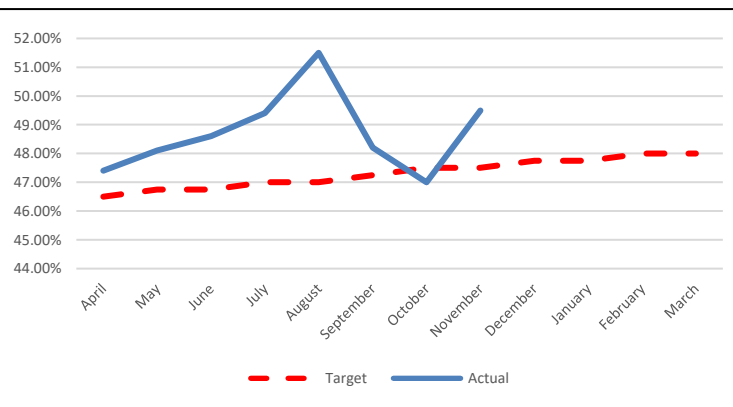


Community: Number of people who receive two or more contacts from NHS commissioned mental health services for adults and older adults with severe mental health illnesses

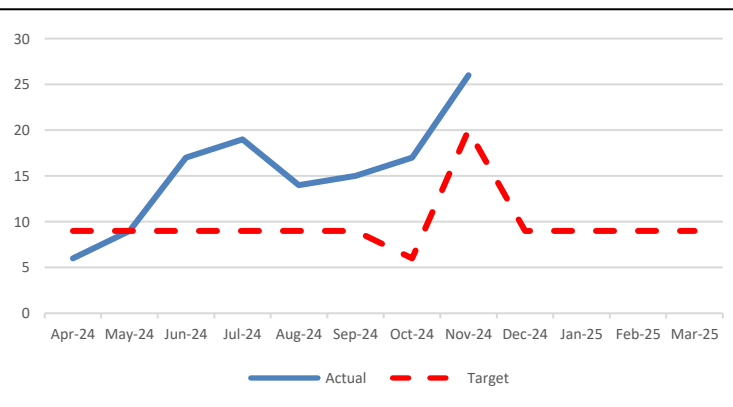


Talking Therapies: Reliable recovery rate for those completing a course of treatment and meeting caseness

Our target = 48% by March

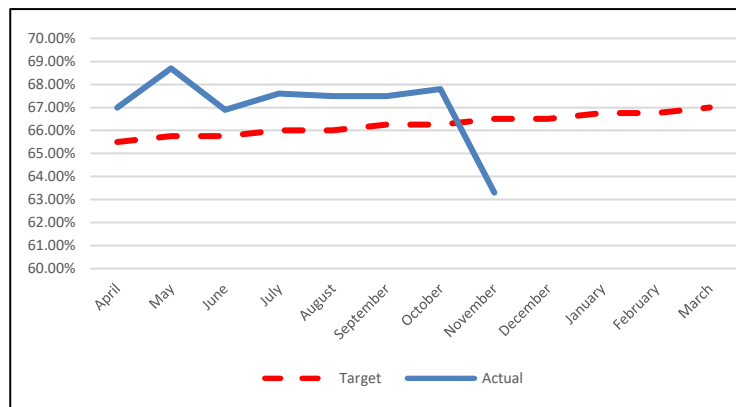


Out of Area: Number of active adult acute OAPs that are either 'internal' or 'external' to the sending provider



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

Our target = 67% by March



Narrative

Perinatal – Continues to meet the target.

Sheffield Talking Therapies – analysis of the monthly data is underway, and this is reviewed in service IPQR meeting.

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.

Out of area placements – The primary driver is social care delayed discharge which accounts for 19% of our older adult beds, 14% of our acute beds and 27% of our rehab beds. Our Home First Programme is now in progress which will result in gatekeeping of all admissions, reduced length of stay to 40 days and less than 10% delayed discharge. Our Executive Team have escalated a request for support with social care delays to our health and care system, which will have impact in November and December.

Service Delivery

IPQR - Information up to and including
November 2024



Responsive | Access & Demand | Referrals

Referrals	Nov-24			
Acute & Community Directorate Service	n	mean	SPC variation	Notes
Urgent & Crisis Service	1065			In April 2024, the new Urgent & Crisis service was formed replacing SPA/EWS, some activity previously documented under CRHTT is now under Urgent & Crisis. SPC mean and variation will be available in the report for May 2025 (when enough time has elapsed to make a comparison).
Adult Home Treatment Team	137			
Liaison Psychiatry	626	565	• H •	9 consecutive points above the mean resulting in high special cause variation. Referrals from A&E continue to be the largest contributor though ward referrals increased in October.
Decisions Unit	110	71	• H •	Referrals continue to climb due to increased work with Yorkshire Ambulance Service (YAS) and new Decisions Unit Triage Nurse role.
Health Based Place of Safety (S136 Suite)	15	23	• • •	Use of third suite began in October but was closed for significant periods meaning overall admissions were not significantly improved.
CMHT North	91	42	• H •	High referrals in CMHT North linked to changes to the Primary & Community Mental Health service. SHSC have met with partners to ensure systems are in place to ensure people get the right care in a timely way.
CMHT South	89	44	• H •	High referrals in CMHT South linked to changes to the Primary & Community Mental Health service. SHSC have met with partners to ensure systems are in place to ensure people get the right care in a timely way.
Early Intervention in Psychosis	46	36	• • •	
Rehab & Specialist Directorate				
Memory Service	114	120	• • •	
Older Adult CMHT	111	113	• • •	Baseline reset to Nov-23 when SPA function removed when changing to Rio. SPC mean and variation now based on data from Nov-23 onwards.
Older Adult Home Treatment	29	24	• • •	Variation returned to common cause, with referral figures back within process limits following a large spike in October.

Responsive | Access & Demand | Referrals

Referrals	Nov-24			Notes
	n	mean	SPC variation	
CERT	2	3	...	
SCFT	2	1	...	
Assertive Outreach Team	1	2	...	
Community LD Team	63	66	...	
CISS	0	2	...	
Psychotherapy Screening (SPS)	48	53	...	
Gender Identity Clinic	35	37	...	
Eating Disorder Service	42	43	...	
SAANS ASD (Sheffield)	36	77	•L•	Referrals from Derbyshire ICB stopped in October 2024 due to the end of the contract which explains the significant decrease in total referrals received into the service against the 24-month mean. As well as the reduction in non-Sheffield referrals, there has also been a sustained reduction in the number of Sheffield referrals received for the last 8 months for ASD and 10 months for ADHD. This continues to be monitored.
SAANS ASD (non-Sheffield)	0	45	•L•	
SAANS ADHD (Sheffield)	36	77	•L•	
SAANS ADHD (non-Sheffield)	1	96	•L•	
Sheffield Psychosexual Therapy Service	10	18	...	
Perinatal MH Service	37	47	...	
HAST	11	15	...	
HAST - Changing Futures	2	2	...	
Health Inclusion Team	161	184	...	
Long Term Neurological Conditions	74	94	•L•	Change in SystmOne & referral process has resulted in some data quality issues since April 2024. Regular data review meetings with the service are taking place to improve data quality.
Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)	53	64	...	The service have changed the way in which referrals are managed when further information is required from the referrer – these referrals are declined & later re-referred. As a result, we have changed the way that we report on this measure to discount re-referrals. Aside from the 53 reported, there were a further 36 re-referrals in November.

Responsive | Access & Demand | Community Services

November 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	106	77	● H ●	9.7	12.0	● L ●	4.0	6.2	● ● ●	722	796	● L ●	
CMHT South	55	50	● ● ●	2.4	7.3	● ● ●	2.0	10.9	● ● ●	832	930	● L ●	
Early Intervention in Psychosis	16	23	● ● ●	N/A			94.7%	88.1%	● ● ●	271	288	● L ●	
Rehab & Specialist Services	n	mean	SPC variation	n	Mean	SPC variation	n	mean	SPC variation	n	mean	SPC variation	
Specialist Psychotherapy - MAPPS	43	65	● L ●	13.4	19.0	● L ●	32.4	91.1	● ● ●	285	323	● L ●	
Specialist Psychotherapy – P/CT	33	51	● L ●	14.8	18.6	● ● ●	49.7	46.8	● ● ●	197	205	● ● ●	
Gender Identity Clinic	2430	2270	● H ●	304.8	229.1	● H ●	N/A			3439	3186	● H ●	
Eating Disorder Service	44	30	● H ●	8.7	4.6	● H ●				205	196	● ● ●	
SAANS ASD (Sheffield only)	910	1047	● L ●	68.1	64.6	● ● ●				2867	2873	● ● ●	
SAANS ASD (Non-Sheffield)	82	1380	● L ●	N/A						545	2772	● L ●	
SAANS ADHD (Sheffield only)	3823	2871	● H ●	262.1						5098	3963	● H ●	
SAANS ADHD (Non-Sheffield)	624	3507	● L ●	N/A						843	4691	● L ●	
Sheffield Psychosexual Therapy Service	41	62	● L ●	17.3	27.6	● L ●				112	127	● L ●	
Perinatal MH Service (Sheffield)	17	28	● L ●	1.0	3.3	● L ●				224	180	● H ●	
HAST	31	30	● ● ●	10.2	10.3	● L ●				85	89	● ● ●	
Health Inclusion Team	109	126	● ● ●	3.3	3.5	● ● ●				1765	1601	● H ●	
LTNC	187	255	● L ●	N/A						N/A			
CFS/ME	N/A			15.1	27.5	● L ●				1031	1276	● ● ●	
Community LD Team	217	169	● H ●	6.5	7.0	● ● ●				732	699	● H ●	
Community Intensive Support	N/A			N/A						3	11	● L ●	
Community Enhancing Recovery	0	0	● ● ●				51	48	● H ●				
Specialist Community Forensic	0	0	● ● ●				24	24	● H ●				
Assertive Outreach Team	14	5	● H ●				77	67	● H ●				
Memory Service	1007							4334	4261	● H ●			
Older Adult CMHT	189				7.6				1345	1367	● L ●		
Older Adult Home Treatment	N/A			N/A			N/A			80	70	● ● ●	

CMHT North waiting list rose significantly in Sept/Oct but has started to reduce in Nov. Waiting list has been cleansed in high-risk but North are still in the process of updating which has impacted on waiting list figures. This is planned to be completed by Feb-25 and should bring the waiting list back down to the mean level. RtA waiting times have improved following the setup of the new care group teams with the last 7 months remaining below the mean. CMHT caseloads continue to reduce following transition to the new way of working (cleansing caseloads and a review of suitable caseload size).

Early Intervention have met the waiting time target in 8 of the last 12 months. The Early Intervention Access & Waiting Time standard is '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.

Specialist Psychotherapy – Referral to assessment wait time for SPS P/CT has returned to common cause variation after 8 months above the mean due to improvements to the triage process.

Eating Disorders – A quality improvement project is underway to address high wait list and wait times; urgent referrals continue to be prioritised accordingly. High DNA rates (22% for Nov-24) and staff sickness continue to be a challenge in managing the waiting list. This affects the RtA wait times as appointments have to be rescheduled. Recruitment is ongoing for a new role funded by the ICB to improve the management of high-risk cases.

SAANS – the non-Sheffield wait list figures for both ASD and ADHD no longer include those from Derby & Derbyshire ICB following the end of the Derbyshire contract in Nov-24. This explains the significant reduction in wait list and caseload figures. The Derbyshire patients will be transferred once DDICB have agreed which provider will accept this waiting list. DDICB waiting list figures: ASD: 1395. ADHD: 3743. DDICB caseload figures: ASD: 2391. ADHD: 4775.

Sheffield Psychosexual Therapy Service – Significant and sustained 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%.

CLDT – Waiting list increased, due to reduced number of physio & psychology allocations. The team is investigating and monitoring.

Memory Service – When compared with the position in Oct-23, the waiting list is slightly higher than the expected range at that point. Caseload is high, having been over the mean for 9 months.

OA CMHT – RtA is in line with position in Oct-23. Waiting list is lower than the expected range for Oct-23.

Safe | Inpatient Wards | Adult Acute & Step Down

Adult Acute (Dovedale 2, Burbage, Stanage)	Nov-24			
	n	mean	SPC variation	SPC target
Admissions	15	27.8	•L•	/
Detained Admissions	14	25.3	•L•	/
% Admissions Detained	93.3%	91.1%	•••	/
Emergency Re-admission Rate (rolling 12 months)	1.9%	3.47%	•L•	/
Transfers in	6	11.0	•L•	/
Discharges	20	29.0	•L•	/
Transfers out	3	10.2	•L•	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	13	13	•••	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	239	311	•L•	/
Bed Occupancy excl. Leave (KH03)	95.8%	94.3%	•••	/
Bed Occupancy incl. Leave	99.7%	99.2%	•••	/
Average beds admitted to	43.9	46.8	•L•	/
Average Discharged Length of Stay (12 month rolling)	46.4	41.7	•H•	F
Average Discharged Length of Stay (discharged in month)	39.6	42.5	•••	?
Live Length of Stay (as at month end)	111.3	83.4	•H•	/
Number of People Out of Area at month end	26	12	•H•	F
Number of Mental Health Out of Area Placements started in the period (admissions)	17	8	•••	?
Total number of Out of Area bed nights in period	679	352	•H•	F

Step Down (Beech)	Nov-24			
	n	mean	SPC variation	SPC target
Admissions	0	4.2	•••	/
Transfers in	0	0.3	•L•	/
Discharges	0	4.1	•••	/
Transfers out	0	0.0	•L•	/
Bed Occupancy excl. Leave (KH03)	85.3%	83.1%	•••	/
Bed Occupancy incl. Leave	90.0%	90.4%	•••	/
Average Discharged Length of Stay (12 month rolling)	69.3	65.9	•H•	/
Live Length of Stay (as at month end)	85.6	58.7	•••	/

Length of Stay Detail – Nov 24

Longest LoS (days) as at month end: 122

Range = 30 to 122

Longest LoS (days) of discharges in month: N/A

Narrative

Admissions/detained admissions low due to the reduction in overall bed base whilst Maple has moved to Dovedale 2. Emergency re-admission rate is low which suggests that discharges are appropriate and not resulting in the need to re-admit.

Delayed discharge bednights is low for Adult Acute, last 9 months below the mean which shows progress since last year. 6 patients are under MOJ, 1 currently delayed.

Discharged Lengths of Stay (12 month rolling) for Adult Acute & Beech, and Beech Discharged LoS is high due to the discharge of a number of long stay clients in recent months. Also increased from an average of 44.8 days in September 2024 for Adult Acute. There are currently 20 patients with a hospital episode stay of over 100 days.

The number of bednights occupied by OOA patients remains high and failing to meet the target.

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 – Nov 24

As at month end	Ward LoS	Patient Episode LoS
Adult Acute MH	639	1335
Stanage	255	929
Burbage	191	1335
Dovedale 2	156	598

Longest LoS (days) of discharges in month:

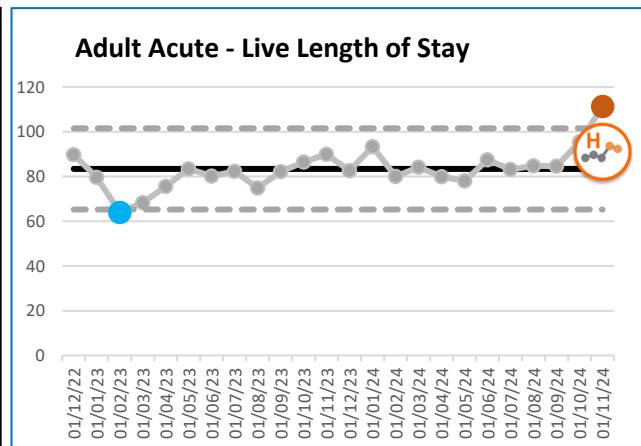
Stanage = 83

Burbage = 74

Maple/DD2 = 80

Please note: the following ward moves affect ward LoS:

Stanage (Mar-24), Burbage (May-24), Maple (Jun-24)



Inpatient Wards | Psychiatric Intensive Care Unit

PICU (Endcliffe)	Nov-24			
	n	mean	SPC variation	SPC target
Admissions	5	4.0	...	/
Transfers in	1	3.5	.L.	/
Discharges	2	2.1	...	/
Transfers out	4	5.0	...	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	0	0.7	.L.	/
Delayed Discharge/Transfer of Care (bed nights occupied by delayed discharge)	0	21.6	.L.	/
Bed Occupancy excl. Leave (KH03)	97.3%	96.7%	...	/
Bed Occupancy incl. Leave	98.7%	97.9%	...	/
Average beds admitted to	9.9	9.8	...	/
Average Discharged Length of Stay (12 month rolling)	54.4	44.4	.H.	P
Live Length of Stay (as at month end)	78.2	72.5	...	/
Number of People Out of Area at month end	9	5	.H.	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	302	154	.H.	F

Narrative

Length of Stay

As at 30/11/2024, there were 4 service users on Endcliffe Ward with a length of stay over the national average (benchmarked) of 71.6 days.

Service users over national benchmark average (71.6):

Admission month	Length of Stay
02/2024	278
06/2024	162
08/2024	120
08/2024	114

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. 3 patients are under MoJ.

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. System flow issues have been combined into the Home First Programme with the specific target for out of area admissions to be reduced from the current average of 16 per month to 6 by Feb 2025 across Adult Acute & PICU.

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

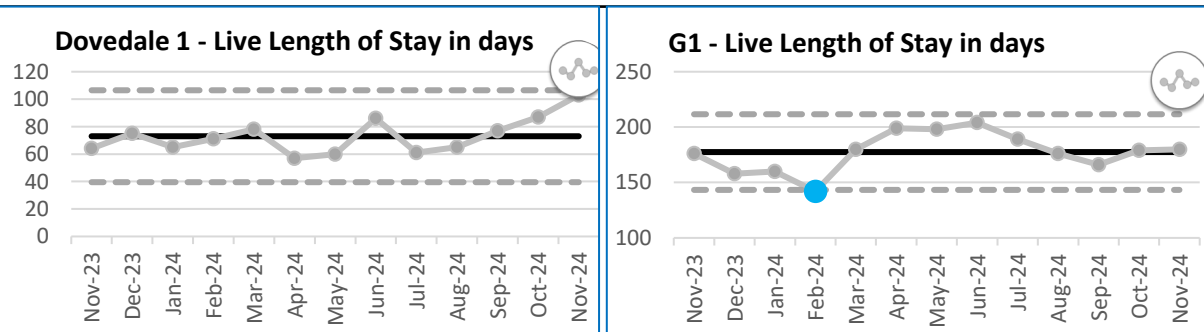
Older Adult Functional (Dovedale 1)	Nov-24			
	n	mean	SPC variation	SPC target
Admissions	4	4.8	•••	/
Transfers in	1	1.0	•••	/
Discharges	3	5.1	•••	/
Transfers out	1	0.7	•••	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	5	2.7	• H •	/
Delayed Discharge/Transfer of Care (bed nights occupied by delayed discharge)	134	52.5	• H •	/
Bed Occupancy excl. Leave (KH03)	96.9%	92.9%	•••	/
Bed Occupancy incl. Leave	99.8%	97.4%	•••	/
Average beds admitted to	15.0	14.6	•••	/
Average Discharged Length of Stay (12 month rolling)	75.0			
Live Length of Stay (as at month end)	103.0	73.0	•••	/

Length of Stay Detail Nov 24 – Dovedale 1

This is the full episodic length of stay within SHSC, rather than the specific ward stay. Average discharged LoS number now reported, with mean and SPC variations to be include when there are 12 data points (Nov-25).

Longest LoS (Live) – 281 days, Range – 1-281 days

Number of delayed discharges, and bed night occupied by delayed discharge showing SPC variation concern with 2 out of 3 successive points near the upper control limit.



Older Adult Dementia (G1)	Nov-24			
	n	mean	SPC variation	SPC target
Admissions	4	4.5	•••	/
Transfers in				
Discharges	4	3.9	•••	/
Transfers out				
Delayed Discharge/Transfer of Care (number of dd)	9	8.8	•••	/
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	143	186.2	•••	/
Bed Occupancy excl. Leave (KH03)	73.3%	84.1%	•••	/
Bed Occupancy incl. Leave	76.9%	85.7%	•••	/
Average beds admitted to	12.2	13.8	•••	/
Average Discharged Length of Stay (12 month rolling)	103.0			
Live Length of Stay (as at month end)	180.0	177.0	•••	/

Length of Stay Detail Nov 24 – G1

This is the full episodic length of stay within SHSC, rather than the specific ward stay. Average discharged LoS number now reported, with mean and SPC variations to be include when there are 12 data points (Nov-25).

Longest LoS (Live) – 1,806 days (Range – 0-1,806 days)

G1 outliers as of 2/12/2024 – There were 4 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.

Date Admitted/ Transferred, Days on to G1

1/6/2024, 184

11/10/2024, 52

15/11/2024, 17

20/11/2024, 12

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

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

Bed Occupancy Mean: 87%

Length of Stay (Discharged) Mean: 87

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

Safe | Inpatient Wards | Rehabilitation & Forensic

Rehab (Forest Close)	Nov-24			
	n	mean	SPC variation	SPC target
Admissions	0	0.8	•••	/
Transfers in	0	1.5	•••	/
Discharges	0	1.5	•••	/
Transfers out	0	0.8	•••	/
Delayed Discharge/Transfer of Care (number of delayed discharges)	8			
Delayed Discharge/Transfer of Care (bed nights occupied by dd)	240			
Bed Occupancy excl. Leave (KH03)	83.9%	87.7%	•••	/
Bed Occupancy incl. Leave	100%	98.6%	•••	/
Average Discharged Length of Stay (12 month rolling)	441.0	328.7	•L•	P
Live Length of Stay (as at month end)	530.2	403.8	•H•	/
Number of Out of Area Placements started in the period (admissions)	0			
Total number of Out of Area bed nights in period	84			
Number of People Out of Area at month end	2			

Forensic Low Secure (Forest Lodge)	Nov-24			
	n	mean	SPC variation	SPC target
Admissions	1	0.8	•••	/
Transfers in	1	0.5	•••	/
Discharges	0	0.5	•••	/
Transfers out	1	0.6	•••	/
Bed Occupancy excl. Leave (KH03)	92.9%	91.9%	•••	/
Bed Occupancy incl. Leave	96.8%	96.9%	•••	/
Average Discharged Length of Stay (12 month rolling)	707.0	654.0	•H•	?
Live Length of Stay (as at month end)	787.6	711.0	•H•	/

Forest Close Narrative

Long Stay Detail

3089 days – MOJ restriction – some leave being taken; awaiting outcome of request for tribunal.

1599 days – MOJ restriction - requires enhanced supported accommodation, placement options are being explored.

1129 days – some leave being taken, aim for discharge in early-to-mid January.

Length of Stay Detail Nov 24 - Forest Close

Longest LoS (days) as at month end: 3089
 Range = 43 to 3089
 Number of discharges in month: 0
 Longest LoS (days) of discharges in month: N/A

Benchmarking Rehab/Complex Care

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

Forest Lodge Narrative

2914 days – Recent relapsed of mental state, taking time to stabilise, slow progression.

2816 days – Transferred to the Rehabilitation Ward, positive progression towards discharge.

2162 days – Slow progress, no clear discharge pathway, possibly back to prison or nursing home.

Length of Stay Detail Nov 24 – Forest Lodge

Longest LoS (days) as at month end: 2914
 Range = 9 to 2914
 Number of discharges in month: 0
 Longest LoS (days) of discharges in month: N/A

Benchmarking Low Secure Beds

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

Responsive | Access & Demand | NHS 111 Option 2 Calls

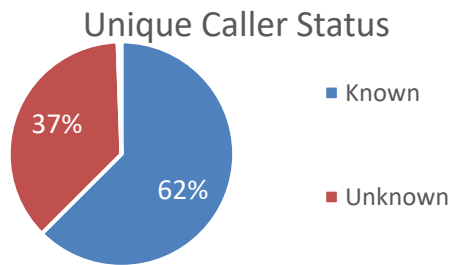
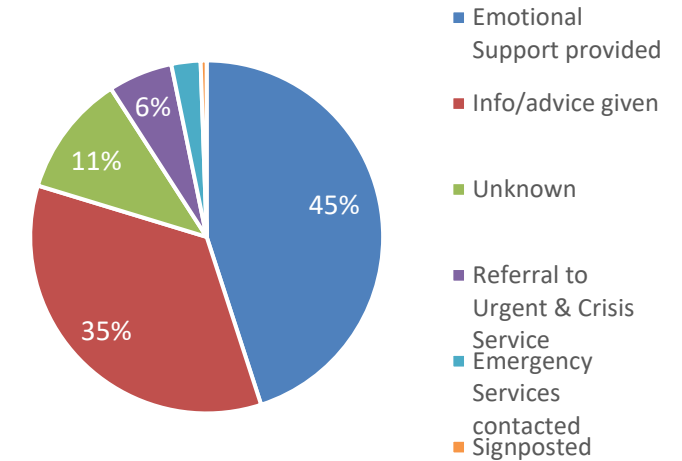
	Target	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24
Total calls received	1700	1339	1820	1656	1649	1684	1555
Proportion of calls abandoned	<= 3%	26.0%	36.4%	24.0%	27.8%	31.3%	18.3%
Number of calls abandoned		348	662	398	459	527	284
Average speed to answer calls (Seconds)	<= 20 Seconds	124.3	118.3	138.0	160.8	182.4	160.8
95th centile call answer time (Seconds)	<= 120 Seconds	488.5	509.5	572.2	592.5	704.4	663.0

	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24
Escalated to U&C	85	70	99	58	68	75
% Escalated to U&C	8.6%	6.0%	7.9%	4.9%	5.9%	5.9%
Presenting needs met	906	1088	1159	1132	1089	1196
% Presenting needs met	91.4%	94.0%	92.1%	95.1%	94.1%	94.1%

Unique Caller Status	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24
Known	484	746	798	726	700	799
Unknown	507	412	460	464	457	472
Repeat callers (10+ calls per week)	4	8	8	8	6	7

Outcome from Contact	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24
Emotional Support provided	463	607	672	617	583	572
Info/advice given	356	391	419	424	432	441
Unknown	47	53	50	57	38	142
Referral to Urgent & Crisis Service	85	70	99	58	68	75
Emergency Services contacted	14	20	16	25	26	34
Signposted	26	17	2	9	10	7

Outcome from Contact



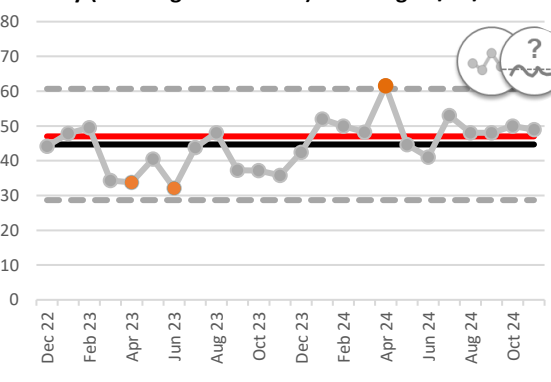
Narrative

Abandonment rate has drastically improved in November. The improvement is due to a change in how calls are classified by NCHA – NHSE confirmed that calls that are answered but the caller then does not speak should be classed as ‘answered’ not ‘abandoned’. This is also why there is a large increase in unknown outcomes. The abandonment rate remains well above the 3% target but is below the national average of 29% according to [NHS 111 Mental Health reporting](#). We are in the process of collecting data relating to call time of abandoned calls so we can analyse the proportion that were abandoned where the call time exceeded the target response of 20 seconds. Speed to answer calls has also improved – it remains well above the target of 20 seconds but NCHA report that they are in line with the national average for mental health 111 call providers.

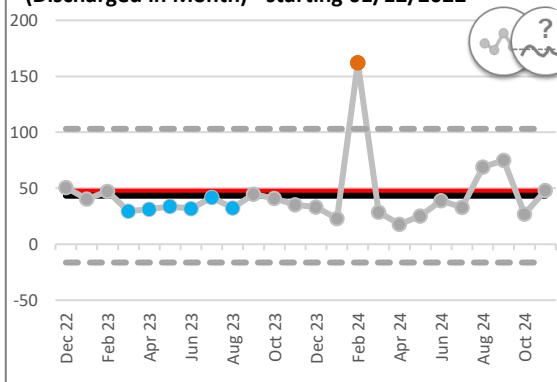
Urgent & Emergency Care Dashboard

Length of Stay

Adult Acute incl. OOA Average Discharged Length of Stay (Discharged in Month) - starting 01/12/2022

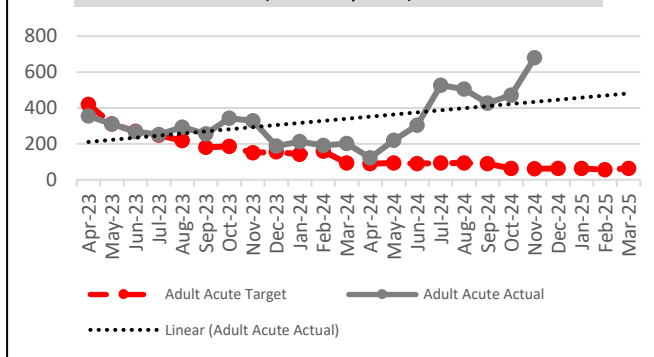


PICU incl. OOA Average Discharged Length of Stay (Discharged in Month) - starting 01/12/2022

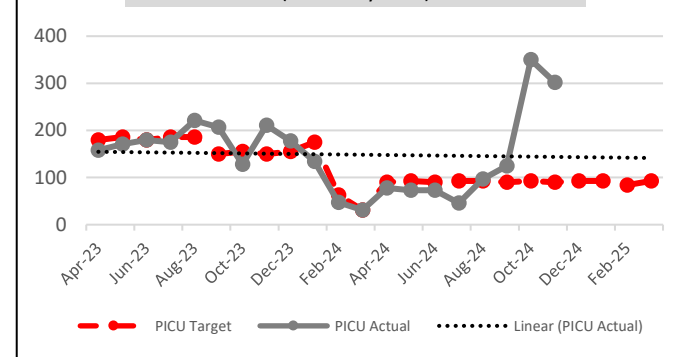


Out of Area

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)

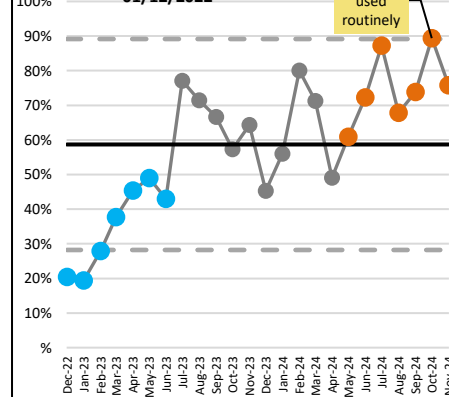
Location	Total Discharges	Average Discharged LoS
Sheffield	348	46
OOA	76	49
Contracted	96	57
Combined	520	49

PICU Discharged LoS (Rolling 12-month average)

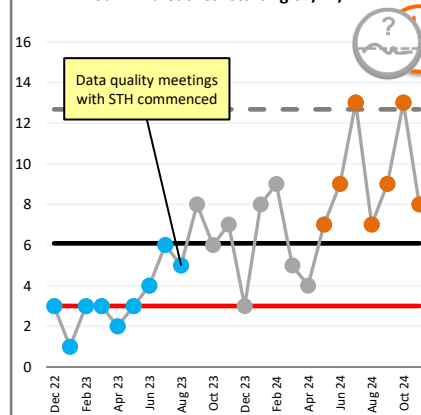
Location	Total Discharges	Average Discharged LoS
Sheffield	80	54
OOA	37	41
Combined	117	50

HBPOS & ED Breaches

HBPOS Repurpose % - HBPOS starting 01/12/2022

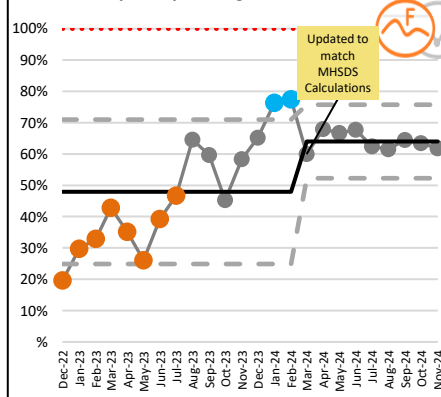


12-hour ED breaches- starting 01/12/22



Liaison Psychiatry wait times compliance

A&E Referrals - Seen F2F within 1 Hour (%) - Liaison Psychiatry starting 01/12/2022



Narrative

The HBPOS "occasions breached" refers to patients that are detained to our HBPOS under s.2 or s.3 of the Mental Health Act. "Total time breached %" is the proportion of the month that the HBPOS was closed to s.135/s.136 admissions due to a breach. There have been occasions when the 3rd HBPOS suite has been breached temporarily. Out of area placements increased over the first four months of year. The primary driver is social care delayed discharge which has risen to 25% of our older adult beds, 20% of our acute beds and 26% of our rehab beds. Our Home First Programme is now in progress which will result in gatekeeping of all admissions, reduced Length of stay to 40 days and less than 10% delayed discharge.

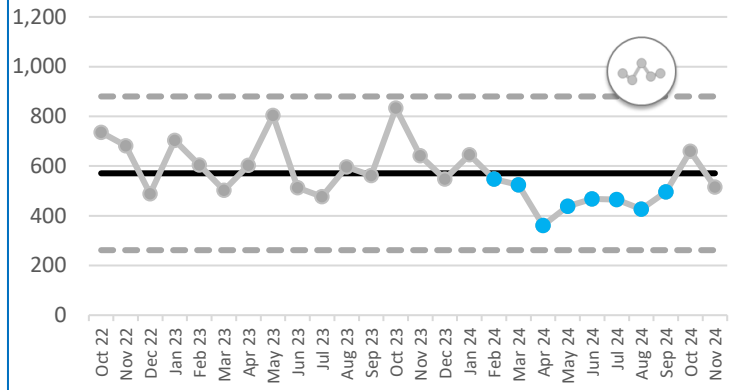
Health Based Place of Safety (HBPOS/136 Beds)	Nov-24
Occasions breached	13
Occasions breached %	75.8%

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

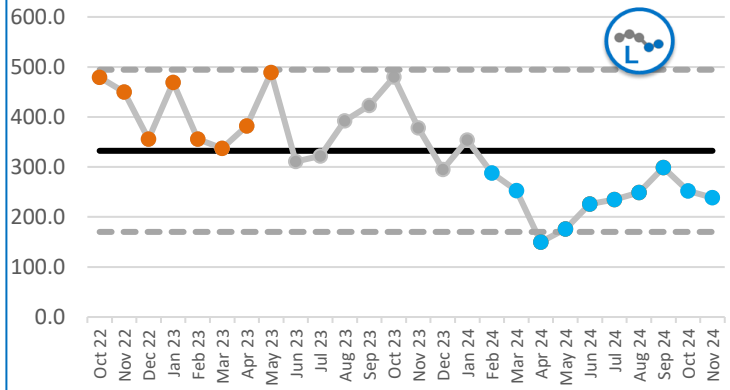
Liaison Psychiatry – A&E referrals seen within 1 hour	Nov-24
% of A&E referrals seen within 1 hour	61.8%

Delayed Care

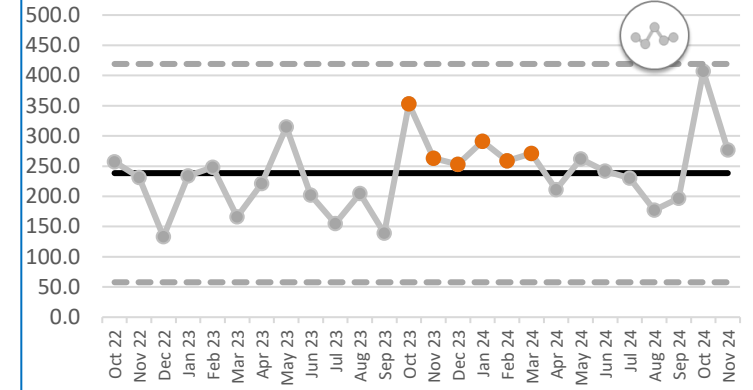
Delayed bednights in month - Trustwide



Delayed Adult Acute & PICU Bednights in month



Delayed Older Adult Bednights in month

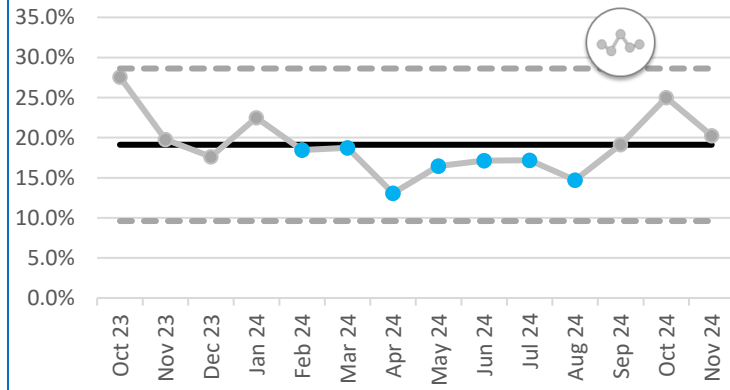


Delayed Discharges Trustwide	Nov-24	SPC Variation	SPC Target
Sum of Delayed Bednights	516	•••	/
% Bednights occupied by DD	20.2%	•••	/

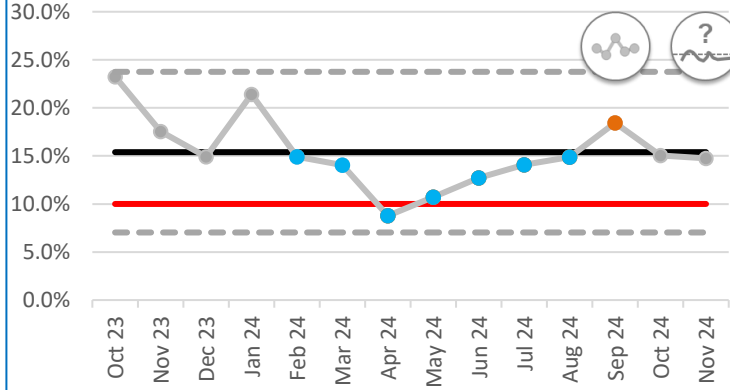
Delayed Discharges Adult Acute & PICU	Nov-24	SPC Variation	SPC Target
Sum of Delayed Bednights	239	• L •	/
% Bednights occupied by DD	14.8%	•••	?

Delayed Discharges Older Adult	Nov-24	SPC Variation	SPC Target
Sum of Delayed Bednights	277	•••	/
% Bednights occupied by DD	29.8%	•••	/

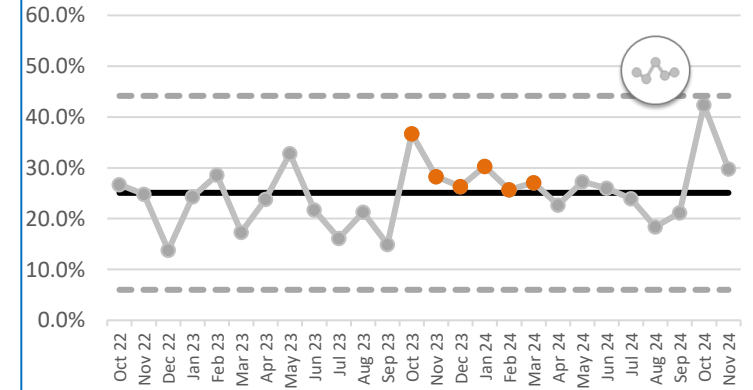
Delayed discharges % Trustwide



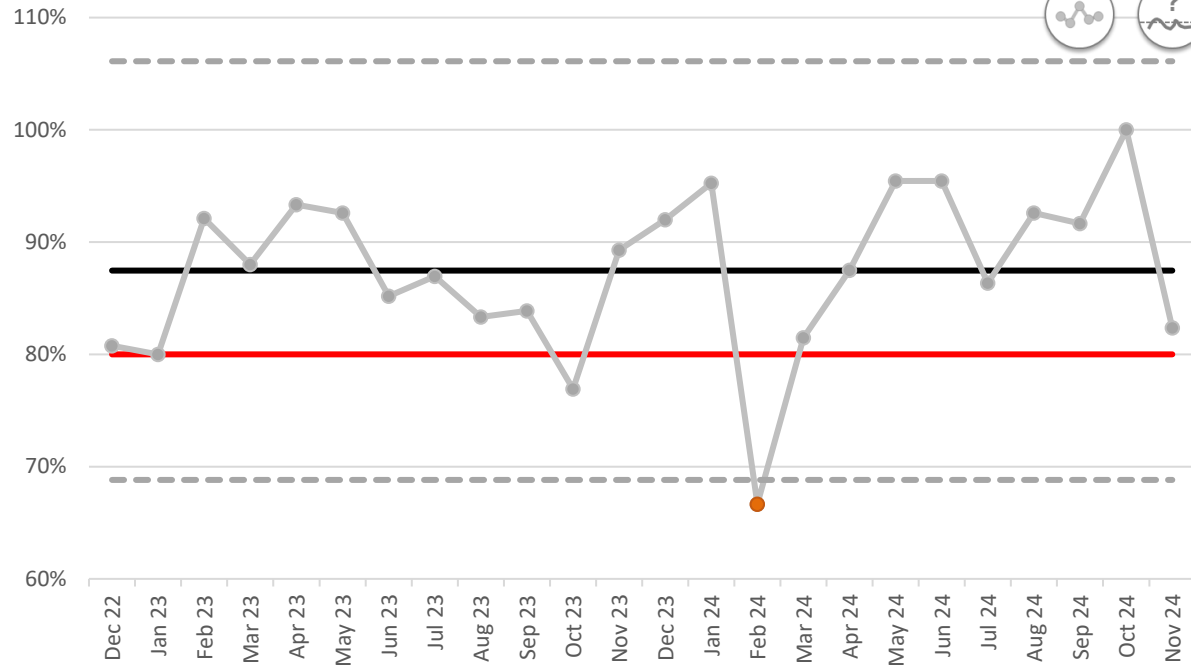
Delayed discharges % Adult Acute & PICU



Delayed Older Adult % of beds



72 Hour Follow up - Acute Adult



Data Quality Narrative

SPC chart above for Adult Acute only. Older Adult, Rehab Wards, and Trustwide SPC charts, including mean and variation icon, will be available from September 2025.

72 hour Follow Up		Nov-2024			
	Target	%	No.	SPC Variation	SPC Target
Adult Acute Wards	80%	82%	14/17	...	?
Older Adult & Rehab Wards	80%	67%	6/9		
Trustwide	80%	77%	20/26		

Narrative

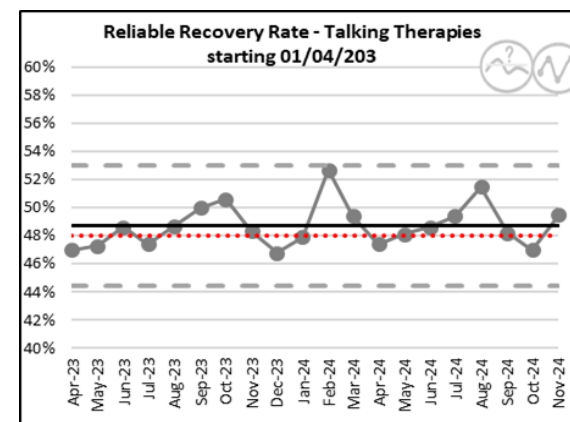
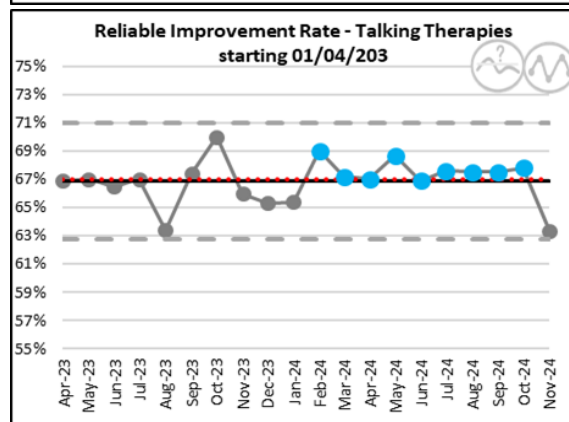
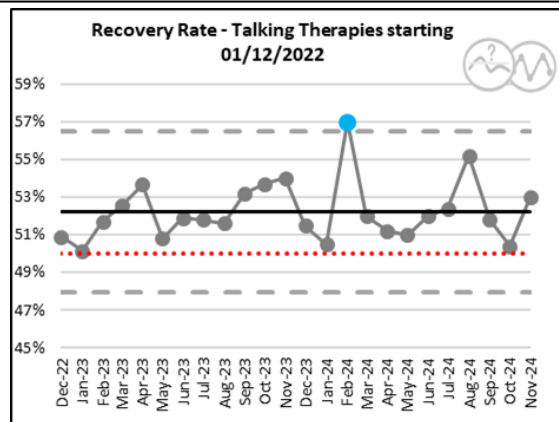
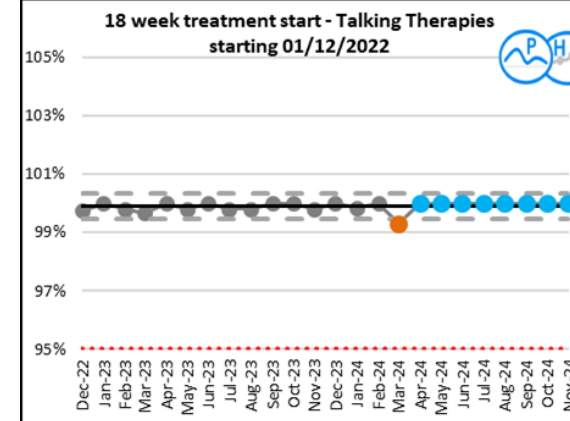
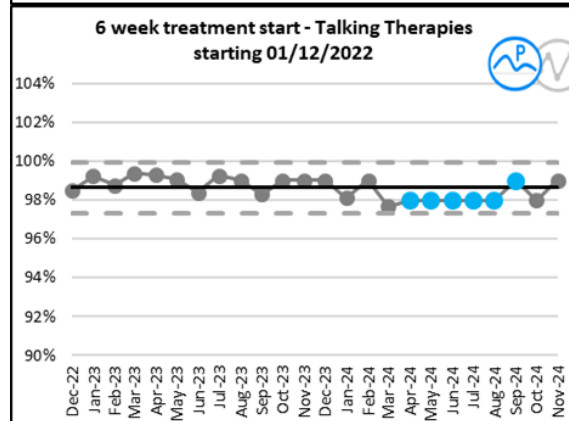
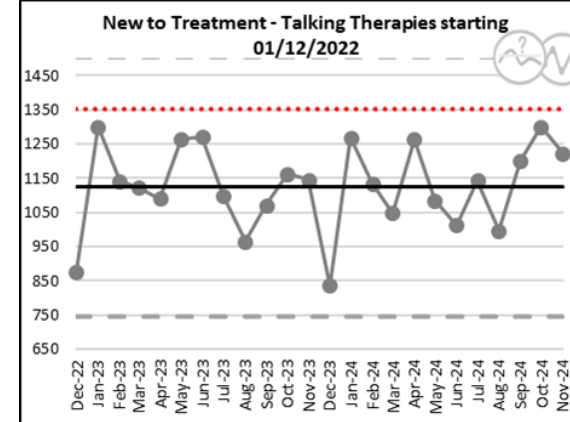
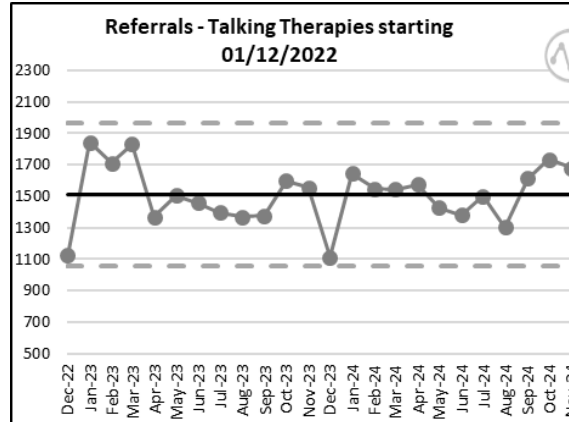
The aim is to deliver safe care through ensuring people leaving inpatient services are seen within 72 hours of being discharged. Those eligible for follow up are defined as having been in an acute bed and have been discharged to home or a new ward in the last three days of the previous month and all but the last three days of this reporting month. Previously this has been reported as discharged patients on CPA.

In November, there were 17 discharges from adult acute wards eligible for follow up. Of these 17, 14 were followed up within 72 hours. There were 9 discharges from older adult acute wards eligible for follow up. Of these, 6 were followed up within 72 hours.

Sheffield Talking Therapies		Nov- 24			
Metric	Target 2024/25	n	mean	SPC variation	SPC target
Referrals	/	1679	1508	•••	/
New to Treatment	1352	1223	1126	•••	?
6 week Wait	75%	99%	98.6%	•••	P
18 week Wait	95%	100%	99.9%	• H •	P
Moving to Recovery Rate	50%	53%	52.2%	•••	?
Reliable Improvement Rate	67%*	63.3%	66.9%	•••	?
Reliable Recovery Rate	48%**	49.5%	48.7%	•••	?

Narrative

- Continuing to exceed the national waiting times standards
- Moving to recovery continues above the 50% target
- Reliable Improvement dropped below the 67% target in November but YTD the service is above the 67% and therefore on track to achieve this by end of 24/25
- Reliable Recovery above the target expected to achieve by end of 24/25
- Service has detailed breakdown of recovery rates each month at IPQR Meetings and Monthly Recovery Rates meetings to identify any themes or concerns



Safety & Quality

IPQR - Information up to and including
November 2024



Protected Characteristics Data Quality

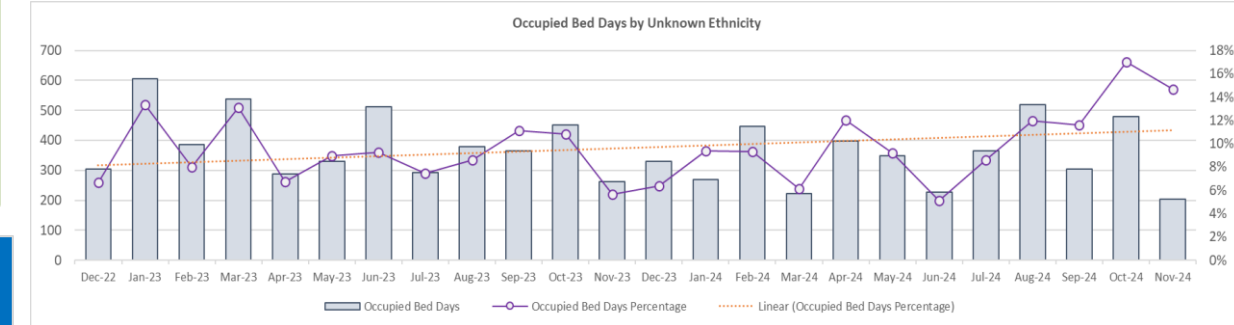
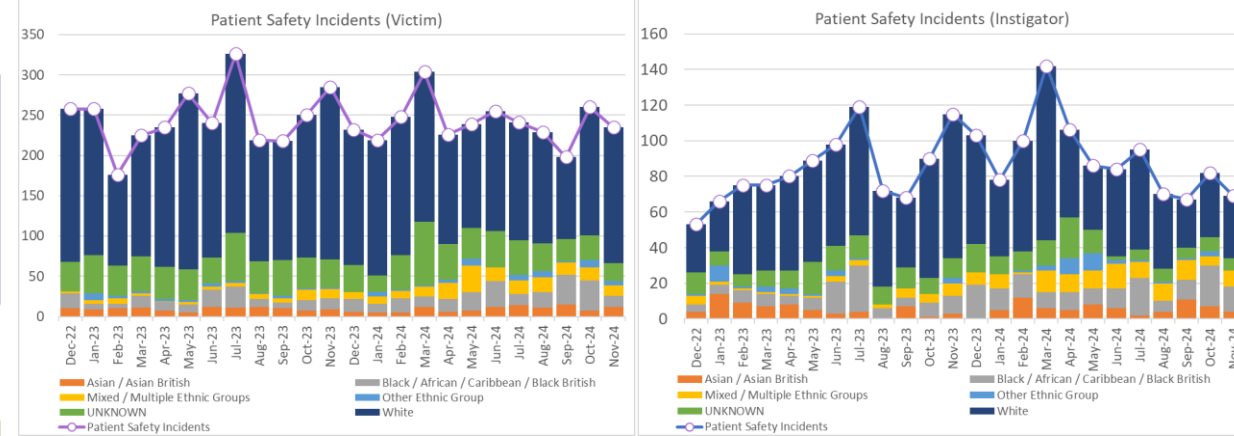
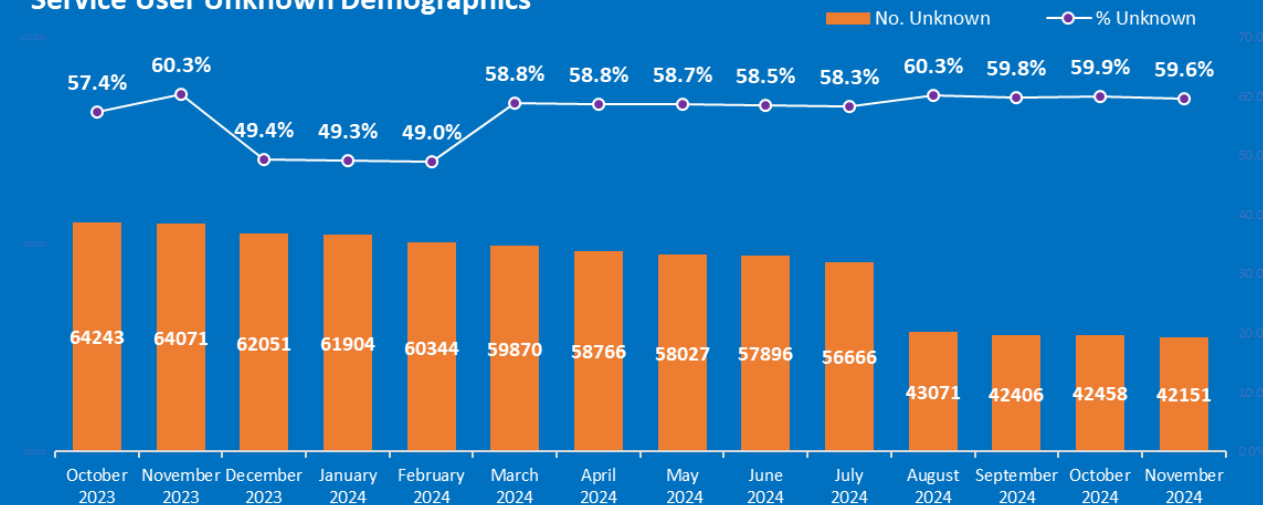
Electronic Patient Record (EPR) Unknown Demographics



2021 Sheffield Census Unknown Demographics



Service User Unknown Demographics



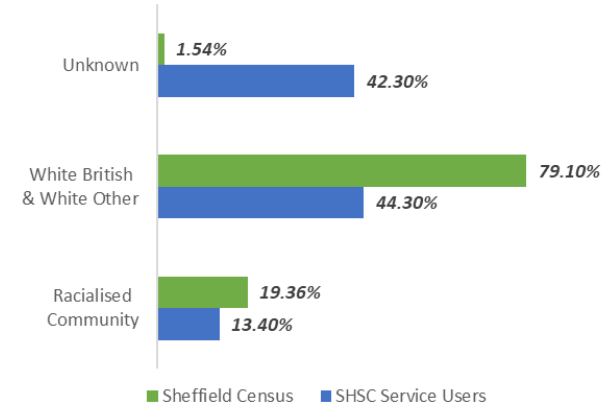
Narrative

As of 16 December 2024, we have continued to see marginal improvement in the percentage of unknown demographics.

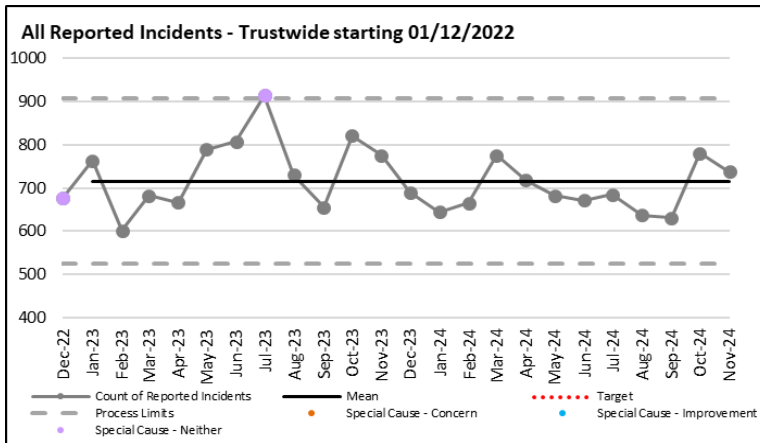
Older adults and Sheffield Talking Therapies are not included due to recording on different EPR.

A project group has been established for improving the recording and understanding of the importance of people's protected characteristics. Improvement work is due to commence in January 2025 with 6 services forming targeted work tailored to them.

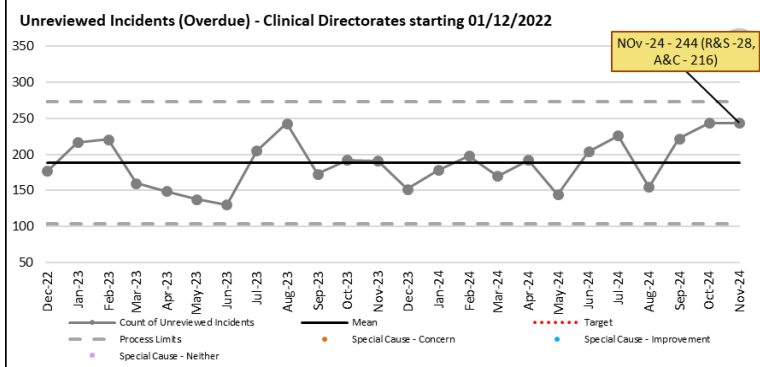
SHSC Population Ethnicity May 2024 vs Sheffield Census 2021



Safe | All Incidents & Deaths



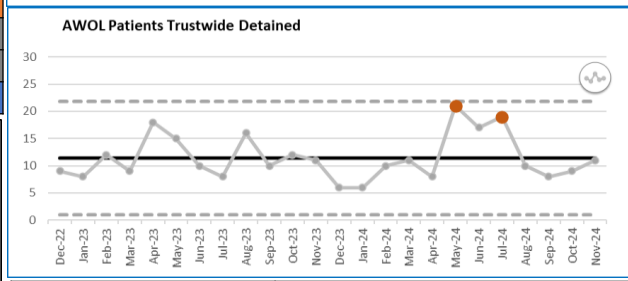
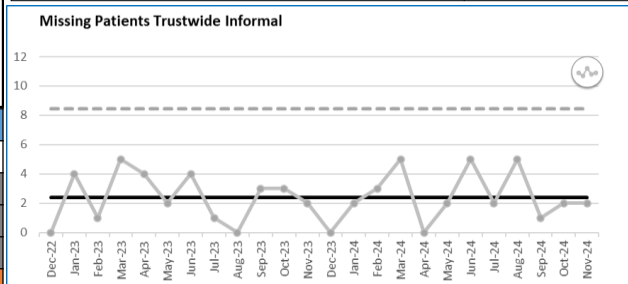
All Incidents	Nov-24		
	n	mean	SPC variation
ALL	738	700	•••
5 = Catastrophic	8	16	•••
4 = Major	2	3	•••
3 = Moderate	187	75	• H •
2 = Minor	238	273	•••
1 = Negligible	292	314	•••
0 = Near-Miss	11	18	• L •



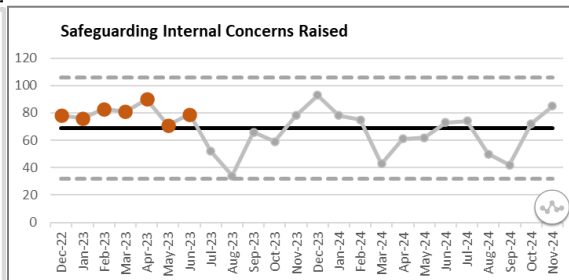
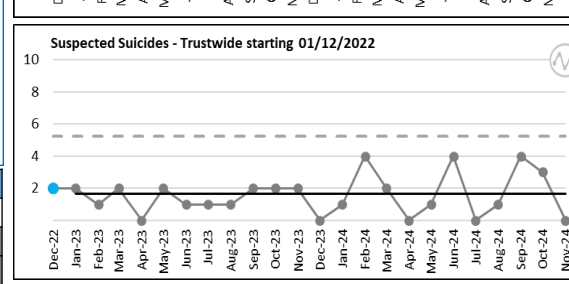
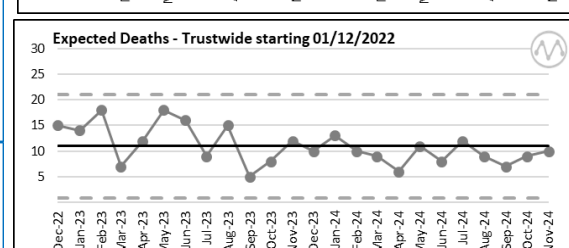
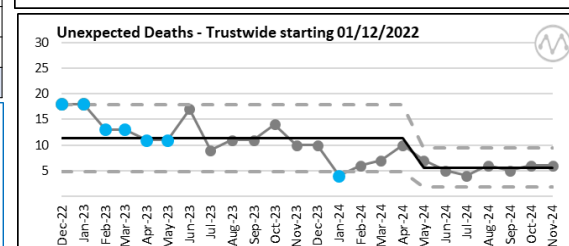
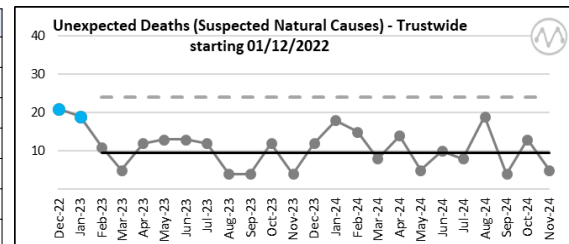
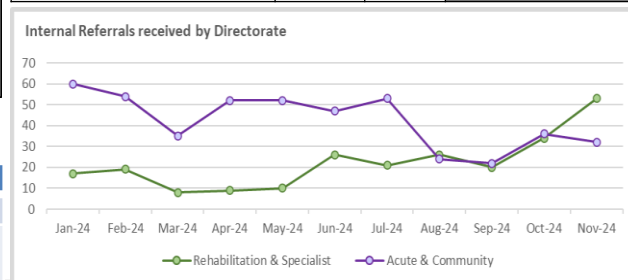
Protecting from avoidable harm	Target	YTD
Never events declared	0	0
Methicillin-resistant Staphylococcus aureus (MRSA & MSSA)	0	0

Deaths Reported – 1st Dec 2022 to 30th Nov 2024

Awaiting Coroners Inquest/Investigation	118
Conclusion - Accidental	4
Conclusion - Alcohol/Drug Related	21
Conclusion - Misadventure	5
Conclusion - Narrative All Other Definit	5
Conclusion - Suicide	19
Lessons Learnt/Incident Closed	5
Natural Causes - No Inquest	618
Conclusion - Road Traffic Collision	1
Grand Total	796



Missing Persons	Nov-24		
	n	mean	SPC variation
Detained	11	11	•••
Informal	2	2	•••



All Reported Incidents

During November 2024, 96.2% of incidents reported by clinical directorates. Of those, self-harm was the most reported incident accounting for 10.56% followed by Physical Assault (5.28%) and falls on level below 1 metre (3.7%).

Unreviewed Incidents

The unreviewed incidents are predominantly accounted for by the Acute and Community Directorate. We are actively supporting our clinical teams to review these outstanding incidents.

Missing Persons and AWOL

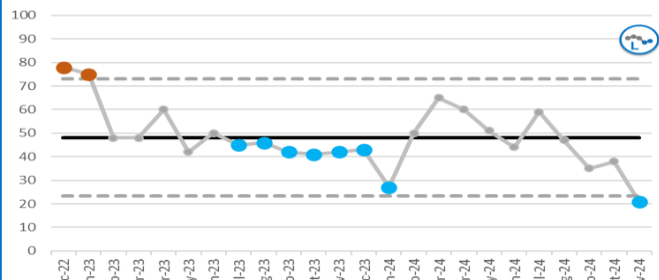
This month there were 11 incidents of people formally detained being AWOL. At the time of reporting: 1 incident was reported as Moderate/ Major for A&C Dovedale 2 Ward. 9 people were on sec 3 and 2 people were reported as informal. Health Legislation Group to understand Missing and AWOL incidents and together will be redefining the Trust definitions and reviewing the way incidents of this nature are reported. Expected confirmed definitions in January 2025.

Safeguarding

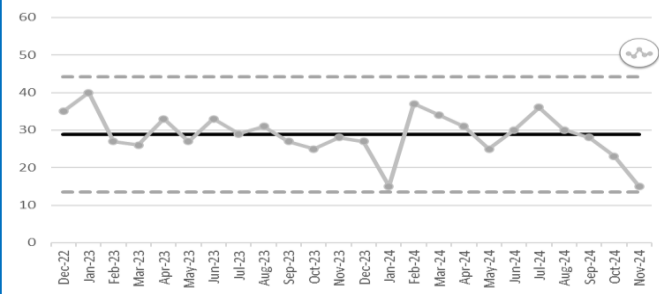
There has been no statistical change in concerns this month. The new Sheffield Adult Safeguarding Partnership (SASP) roles and responsibilities has been in effect from May 2024. Safeguarding concerns reported by SHSC staff are being screened by the Safeguarding team. All potential Safeguarding Concerns that are referred to the local authority (First Contact Team) will be proceeded directly to the Multi-Agency Safeguarding Hub (MASH) for screening. The purpose of the MASH is to quickly gather and process information bringing together different agencies where necessary. Any concerns for children are raised through children's safeguarding hub where they are screened by the duty social worker. Our latest Safeguarding Annual Report is published on our external website <https://www.shsc.nhs.uk/about-us/statements-and-reporting/>

Safe | Medication Incidents, Falls & AWOL Patients

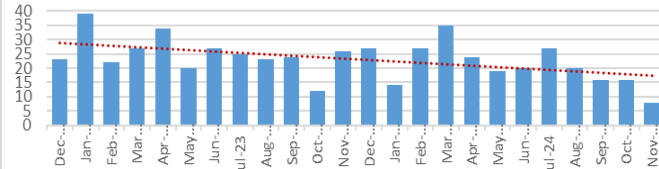
Trustwide Falls Incidents



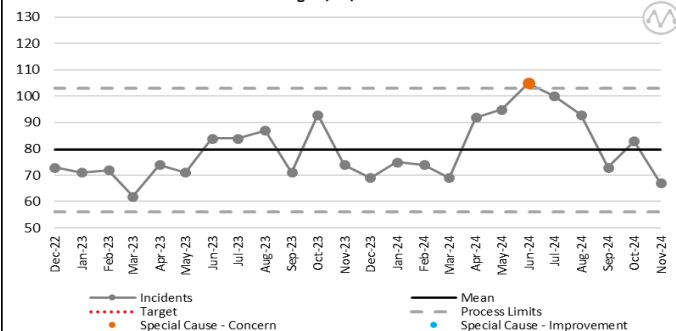
Trustwide Falls Individual



Birch Avenue - Falls Incidents

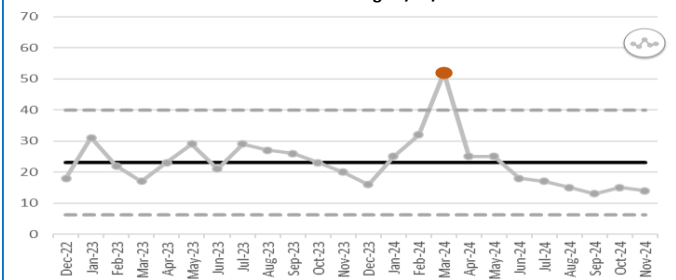


Medication Incidents - Trustwide starting 01/12/2022

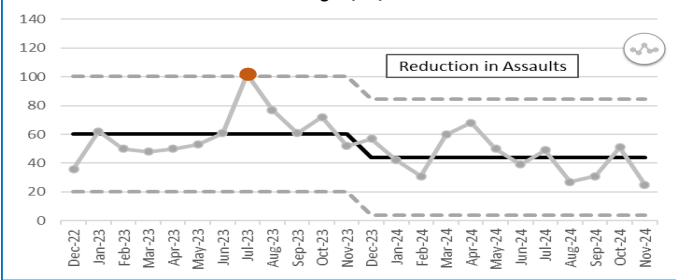


Trustwide	Nov-24		
	n	mean	SPC variation
ALL	69	80	•••
Administration Incidents	15	14	•••
Meds Management Incidents	47	53	•••
Pharmacy Dispensing Incidents	4	6	•••
Prescribing Incidents	3	7	•••
Meds Side Effect/Allergy	0	0	• L •

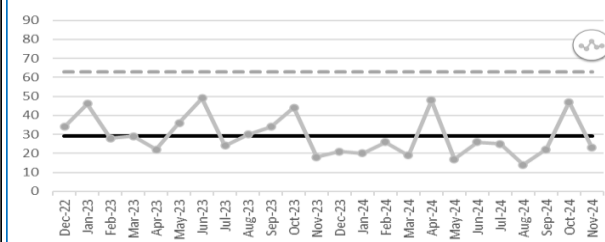
Assault on Service User Trustwide Starting 01/12/2022



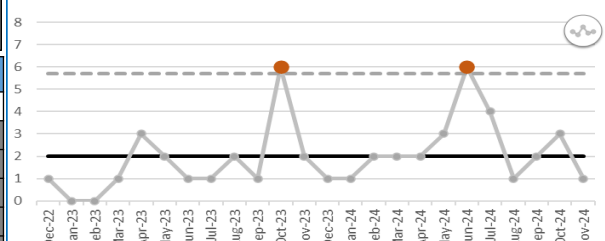
Assault on Staff Trustwide Starting 01/12/2022



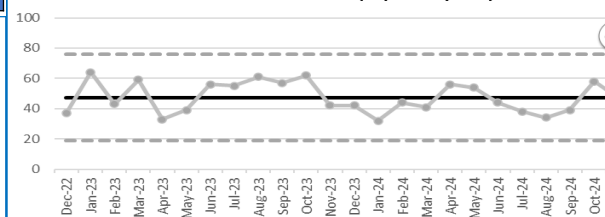
Trustwide - Racial/Cultural Abuse to Staff



Trustwide - Racial/Cultural Abuse to Patient



Intimidation & Other Abuse to Staff (except Physical) Trustwide



Assaults on Service Users	Nov-24		
	n	mean	SPC variation
Trustwide	14	23	•••
Acute & Community	8	12	•••
Rehabilitation & Specialist	6	10	• L •

Assaults on Staff	Nov-24		
	n	mean	SPC variation
Trustwide	25	44	•••
Acute & Community	15	26	•••
Rehabilitation & Specialist	10	18	• L •

Intimidation to Staff	Nov-24		
	N	mean	SPC variation
Trustwide	47	47	•••
Acute & Community	24	25	•••
Rehabilitation & Specialist	23	19	•••

Medication Incidents

The Medicines Optimisation Group review the incidents and will be advising on actions aligned to their findings.

Falls

There was 1 incident reported as major for Woodland view which is currently undergoing investigation. The ethnic group of the person was reported as white British. 8 of the 21 incidents were for Birch Avenue (4 people).

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

Assaults on Staff

3 incidents have been reported as Moderate. Out of which 1 incident was reported for seclusion; 1 for physical assault patient to staff and 1 for unsafe environment (personal safety)

Assaults on Service Users

All the assaults were reported as occurring in bed-based services. 1 incident has been reported as major which is currently under investigation with the relevant authorities made aware of the incident.

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.

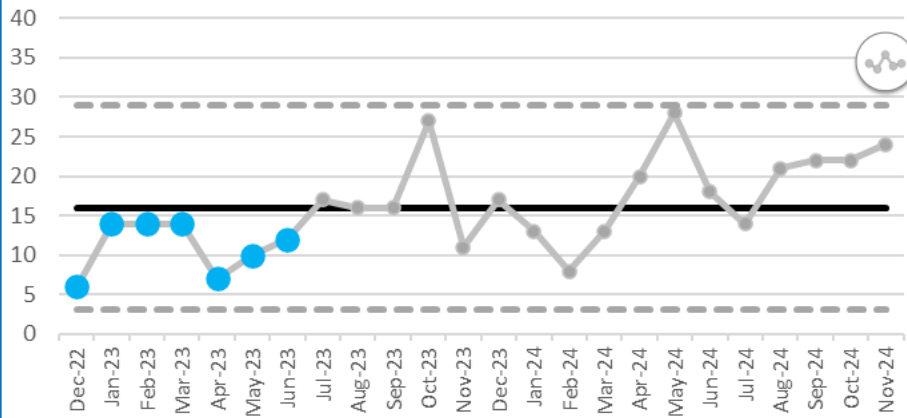
A violence and aggression group has been established with the People directorate in collaboration with the Quality directorate and clinical leadership. Analysis of violence and aggression to staff, service users and others will establish actions and improvement plans through this group.

Trustwide FALLS INCIDENTS	Nov-24		
	n	mean	SPC variation
Trustwide	21	48	• L •
Acute & Community	2	3	•••
Rehabilitation & Specialist Services	19	38	•••
Nursing Homes	14	32	•••

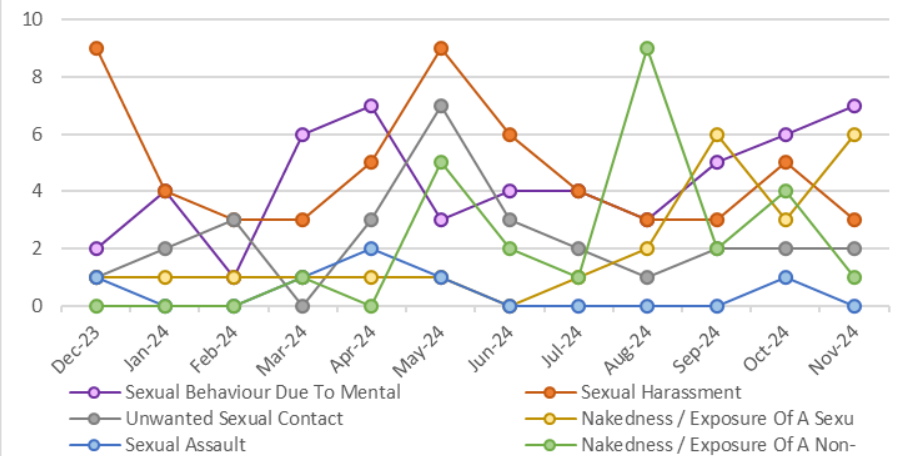
Trustwide FALLS - PEOPLE	Nov-24		
	n	mean	SPC variation
Trustwide	15	29	•••
Acute & Community	2	3	•••
Rehabilitation & Specialist Services	13	24	•••
Nursing Homes	9	18	• L •

Safe | Sexual Safety

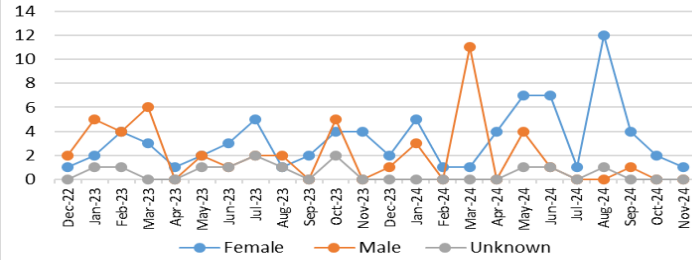
Sexual Safety Incidents Trustwide



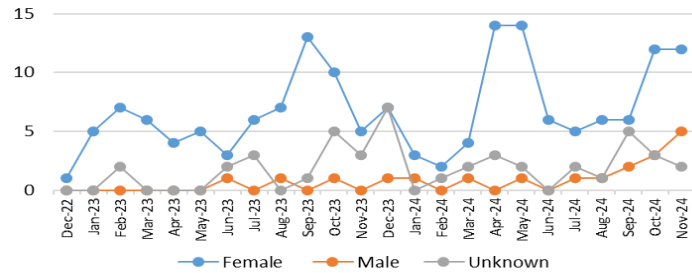
Most Frequent Reported Sexual Safety Categories



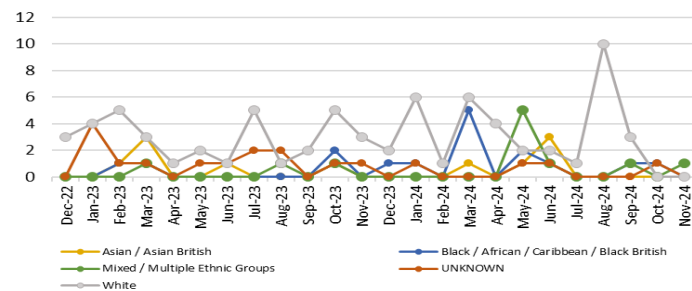
Sexual Safety Incidents – Service User Gender (Victim)



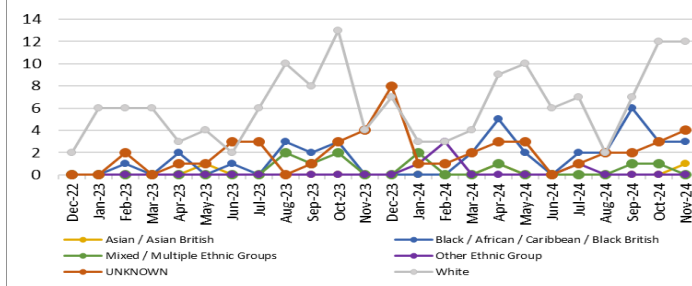
Sexual Safety Incidents – Staff Gender (Victim)



Sexual Safety Incidents – Service User Ethnicity (Victim)



Sexual Safety Incidents – Staff Ethnicity (Victim)



Trustwide	Nov-24		
	n	mean	SPC variation
Trustwide	24	16	•••
Acute & Community	11	12	•••
Rehabilitation & Specialist	13	4	•••

Narrative

There were 24 sexual safety incidents reported in November 2024, of which 1 incidents 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. 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. There is a joint approach between the Sexual Safety Clinical work and the People Directorates workforce focus.

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

Narrative

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

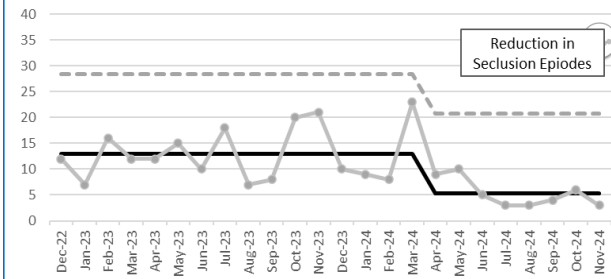
Protecting from avoidable harm	Target	YTD
Reportable Mixed Sex Accommodation (MSA) breaches	0	1

Safe | Restrictive Practice

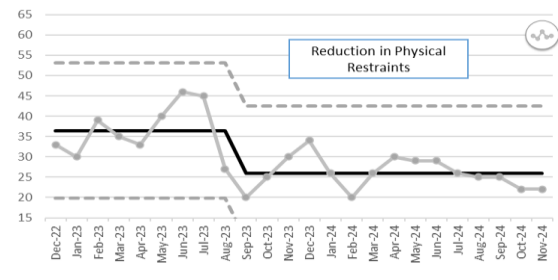
Physical Restraint Incidents – starting 01/12/2022



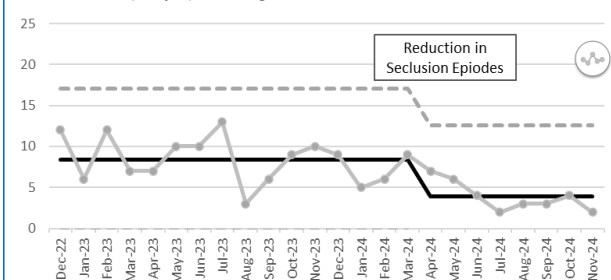
Seclusion (Incidents)– starting 01/12/2022



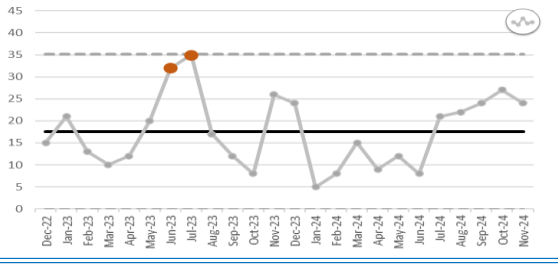
Physical Restraint (People)– starting 01/12/2022



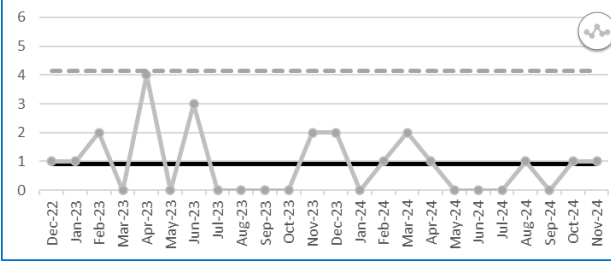
Seclusion (People)– starting 01/12/2022



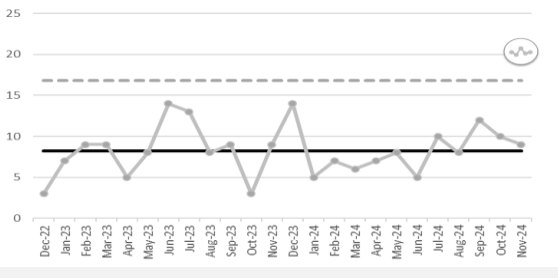
Rapid Tranquillisation (Incidents)– starting 01/12/2022



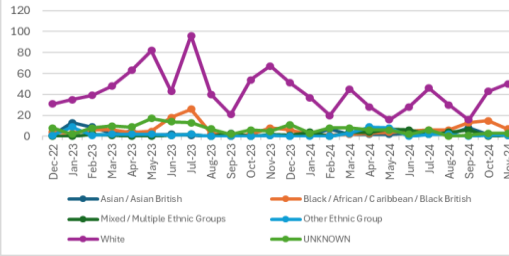
Trustwide Mechanical Restraint Incidents



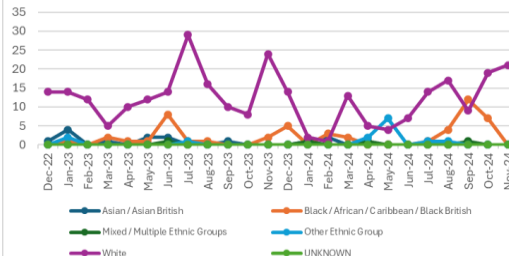
Rapid Tranquillisation (People)– starting 01/12/2022



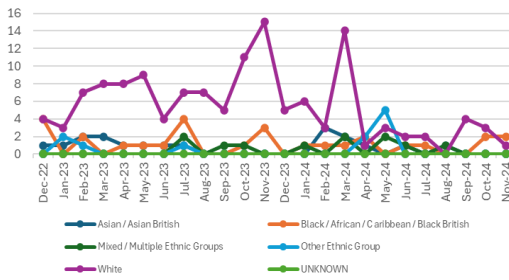
Physical Restraint - Service User Ethnic Group



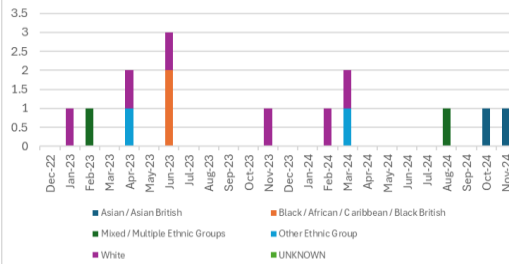
Rapid Tranquillisation - Service User Ethnic Group



Seclusion - Service User Ethnic Group



Mechanical Restraint - Service User Ethnic Group



Physical Restraint INCIDENTS

	Dec-24		
	N	mean	SPC variation
Trustwide (Incidents)	109	76	●●●
Acute & Community (Incidents)	78	53	●●●
Rehabilitation & Specialist (Incidents)	31	19	●●●
Trustwide (People)	31	26	●●●
Acute & Community (People)	22	19	●●●
Rehabilitation & Specialist (People)	9	7	●●●

Rapid Tranquillisation INCIDENTS

	Nov-24		
	N	mean	SPC variation
Trustwide (Incidents)	24	18	●●●
Acute & Community (Incidents)	15	13	●●●
Rehabilitation & Specialist (Incidents)	9	3	●●●
Trustwide (People)	9	8	●●●
Acute & Community (People)	6	7	●●●
Rehabilitation & Specialist (People)	3	1	●●●

Seclusion

	Nov-24		
	N	mean	SPC variation
Trustwide (Incidents)	3	10	●●●
Acute & Community (Incidents)	3	7	●●●
Rehabilitation & Specialist (Incidents)	0	1	●●●
Trustwide (People)	2	7	●●●
Acute & Community (People)	2	5	●●●
Rehabilitation & Specialist (People)	0	0	●●●

Restrictive practice is reported quarterly through our Least Restrictive Practice Oversight Group and an annual report on our Use of Force. The latest reports can be found:

<https://www.shsc.nhs.uk/about-us/statements-and-reporting>

Seclusion

3 incidents were reported in November 2024 The ethnic group of these people at the time of reporting were 33% for White British and 66% for Black/Black British

Rapid Tranquillisation

In November 2024 – 87.5% people were reported as White, and 12.5% people did not have an ethnicity recorded. We are observing a continued increase in the use of Rapid Tranquillisation, this month 1 person on Burbage ward accounts for 7 incidents and 7 incidents were also reported for 1 person on Dovedale.

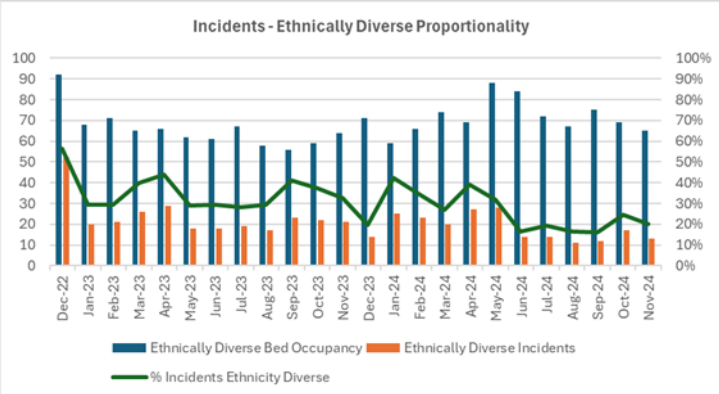
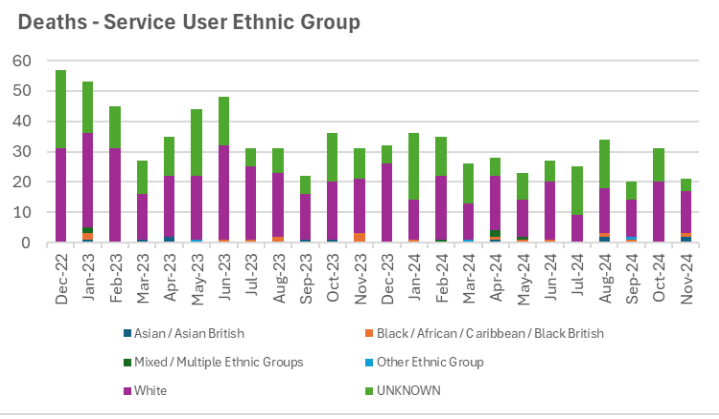
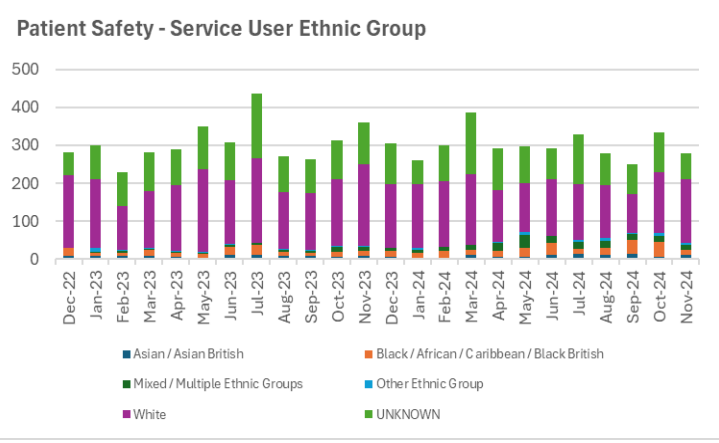
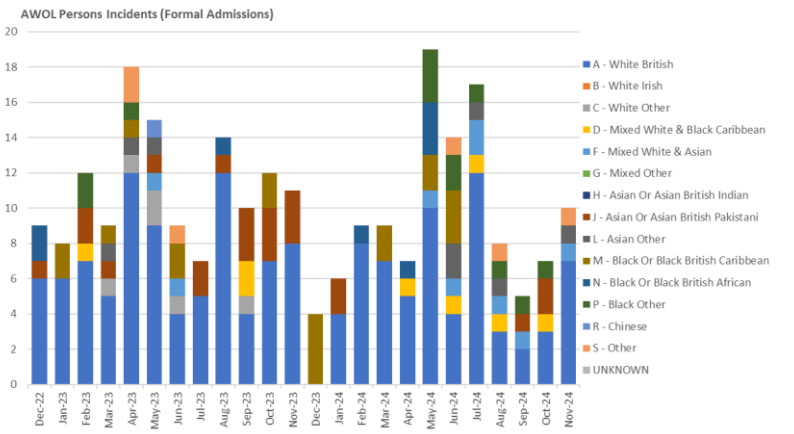
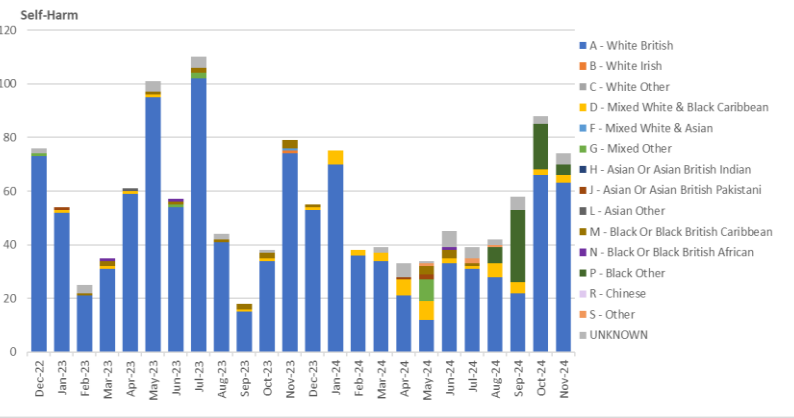
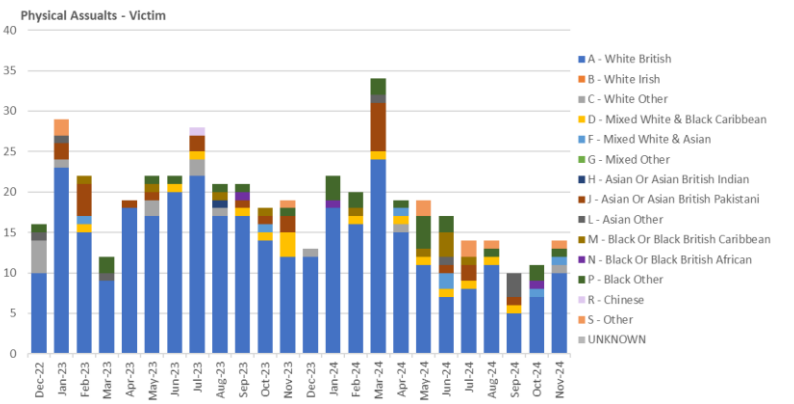
Physical Restraints

In November 2024 79.2% people were reported as white; 1.3% people were reported as Other Ethnic Group 2.6% people were reported as Asian/Asian British, and 10.38% people were reported as Black/Caribbean/African/Black British. 1.3% people reported as Mixed ethnic group and 5.19% reported as Unknown

Mechanical Restraints

1 mechanical restraint incident in November (Asian /Asian British)

Race Equity Focus | Incidents



Patient Safety Incidents

- 4% people – Asian/Asian British
- 5% people – Black / African / Caribbean / Black British
- 4.6% people – Mixed/ Multiple Ethnic Groups
- 1.8% people – bed-based Ethnic group
- 24.2% people – Unknown Ethnicity
- 60.4% people – White

Patient Deaths

- 9.5% people – Asian/Asian British
- 4.8% people – Black / African / Caribbean / Black British
- 19% people – Unknown Ethnicity
- 66.7% people – White

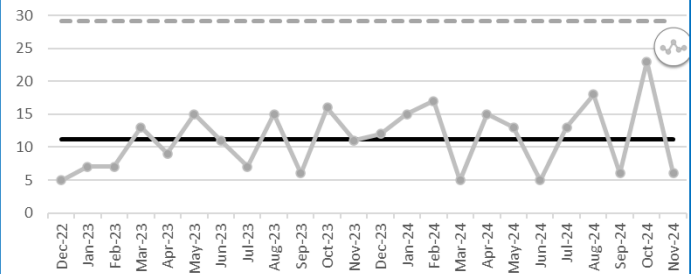
Proportionality

In November 2024, 9.2% of ethnically diverse people admitted to bed-based service were involved in an incident, however this number is likely to be higher due to 23.3% of service users involved in an incident did not have an ethnicity recorded. 12.1% of white people admitted were involved in an incident this month.

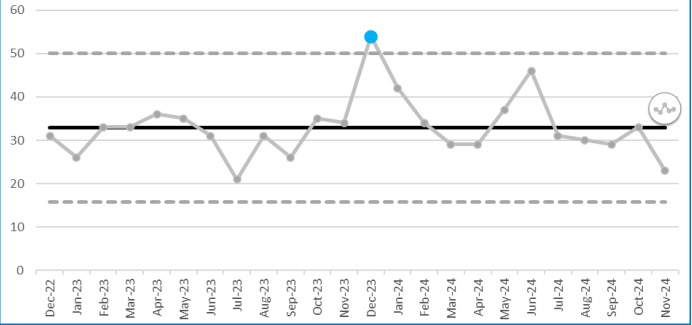
The average percentage of people from ethnically diverse communities who are admitted to SHSC beds involved in incidents is 30.7% of people in the past 2 years. Compared to an average over the two years of 22.6% of white people admitted, suggests ethnically diverse people are more likely to be involved in an incident in our bed-based services.

It is important for us to improve on the data quality of service user demographics (refer to slide 18) for us to be able to accurately demonstrate the proportion for ethnically diverse people involved in incidents.

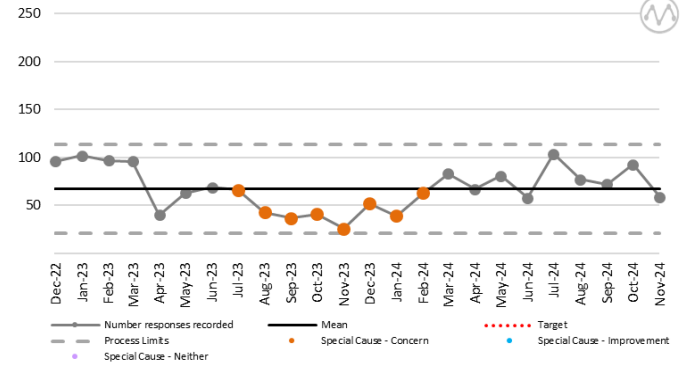
Trustwide Total Complaints - starting 01/12/2022



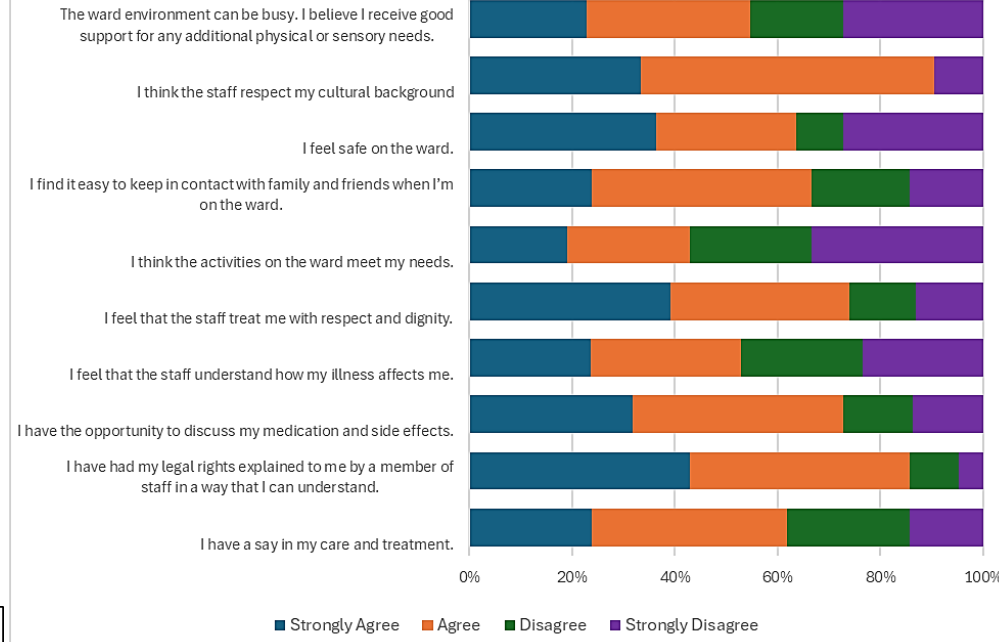
Compliments - Trustwide - Starting 01/12/2022



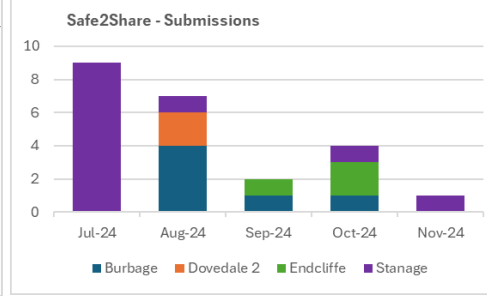
Friends and Family Test - Trustwide starting 01/12/2022



Safe2Share - Question Results



Unit	Submissions	Average assessment
Endcliffe	3	Good
Stange	12	Satisfactory
Burbage	6	Moderate
Dovedale 2	2	Good



Complaints

6 formal complaints were received for clinical directorates. No complaints were received for the Rehabilitation & Specialist services and 6 for the Acute & Community services. The highest report complaint category is Values and Behaviour.

Complaints due to be closed in:

- Outstanding x 5

Compliments

23 compliments have been received. Of these, 15 were for Rehabilitation and Specialist Services and 5 for Acute and Community.

Safe2Share

Engagement and training sessions took place during October and continue into November to improve use of Safe2Share surveys. 1 completed service user surveys were submitted in November 2024; however, it remains that no carer surveys have been completed.

Friends and Family Test

Out of 3,738 active service users, only 59 responses were received in November 2024 resulting in a response rate of 1.57%. This falls significantly below the Trust's target of 5%. Of these, 53 responses were positive, 3 respondents rated the service as "neither good nor poor", 1 respondent rated it as "poor", 1 as very poor" and 1 left it blank." This results in 89.83% positive feedback for November

Positive response examples:

- "I find the dropping service very good because it is the only social time I get in a safe environment and the staff are lovely and helpful" – CMHT North
- "Always seen on time and they listen a lot"- CMHT North

Patient & Carer Experience

As part of our Quality Objectives, we are developing a range of tools that support reporting to improve understanding of patient experience. However, due to resource challenges within the Engagement and Experience Team progress has been slow in the first 3 quarters of this objective. a 6-month improvement plan has been developed to significantly increase productivity and guide stages for completion with target dates.

Safer Staffing

IPQR - Information up to and including
November 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	Redeployment (Inbound)	Redeployment (Outbound)	Total FTE used for period	Total Variance FTE	Average fill rate - Day (%)	Average fill rate - Night (%)	Narrative
Burbage	Registered Nurses	12.38	12.00	0.38	7.31	5.15	0.86	3.78			9.78	2.60	101%	97%	
Burbage	Unregistered Nurses	28.06	20.35	7.71	5.78	14.60	11.18	0.82			26.59	1.47	123%	179%	Regularly go above CER due to client group who are regularly at STH
Dovedale 1	Registered Nurses	11.22	11.60	-0.38	4.59	7.82	2.08	0.05			9.95	1.27	111%	101%	
Dovedale 1	Unregistered Nurses	21.77	15.83	5.94	9.58	8.13	16.75	0.47			25.35	-3.58	127%	236%	High levels of observations continued to due to risk of falls & agitation
Dovedale 2 Ward	Registered Nurses	11.59	10.24	1.35	3.37	6.62	1.54	0.36			8.52	3.07	72%	97%	
Dovedale 2 Ward	Unregistered Nurses	18.98	19.31	-0.33	6.42	13.76	2.12	0.00			15.89	3.09	100%	98%	
Endcliffe Ward	Registered Nurses	11.36	13.95	-2.59	5.62	8.65	1.64	0.66			10.95	0.41	108%	99%	
Endcliffe Ward	Unregistered Nurses	26.35	24.40	1.95	7.77	15.73	8.81	0.56			25.10	1.25	117%	151%	High acuity and levels of observations
Forest Close 1	Registered Nurses	8.60	8.70	-0.10	4.29	4.28	0.44	0.18			4.91	3.69	101%	100%	
Forest Close 1	Unregistered Nurses	10.69	10.40	0.29	3.98	7.19	0.97	0.00			8.16	2.53	112%	100%	
Forest Close 1a	Registered Nurses	10.10	10.93	-0.83	2.70	5.83	0.86	0.09			6.78	3.32	91%	100%	
Forest Close 1a	Unregistered Nurses	18.43	17.23	1.20	6.26	12.84	0.35	0.00			13.20	5.23	117%	100%	
Forest Close 2	Registered Nurses	8.60	7.20	1.40	2.38	5.47	0.07	0.00			5.54	3.06	112%	100%	
Forest Close 2	Unregistered Nurses	10.69	9.99	0.70	2.34	7.52	0.39	0.00			7.91	2.78	110%	100%	
Forest Lodge Assessment	Registered Nurses	9.40	9.72	-0.32	3.52	4.82	0.28	1.30			6.40	3.00	93%	100%	
Forest Lodge Assessment	Unregistered Nurses	12.98	10.34	2.64	4.34	6.06	7.69	0.00			13.75	-0.77	98%	103%	
Forest Lodge Rehab	Registered Nurses	8.00	8.28	-0.28	2.90	5.58	0.84	0.06			6.49	1.52	80%	100%	
Forest Lodge Rehab	Unregistered Nurses	10.62	8.46	2.16	2.19	6.18	1.52	0.00			7.70	2.92	106%	99%	
G1 Ward	Registered Nurses	11.22	11.80	-0.58	4.54	8.73	2.11	0.00			10.83	0.39	129%	106%	High levels of observations, complex patient presenting with aggression
G1 Ward	Unregistered Nurses	32.09	27.62	4.47	11.82	16.04	9.79	0.05			25.87	6.22	89%	106%	
Stanage	Registered Nurses	11.59	13.60	-2.01	5.69	8.68	1.16	0.07			9.91	1.68	101%	100%	
Stanage	Unregistered Nurses	23.42	18.68	4.74	4.58	14.77	5.68	0.00			20.46	2.96	108%	112%	
HBPos/ Decisions Unit	Registered Nurses	11.09	15.06	-3.97	4.37	9.34	1.61	0.89			11.84	-0.75	0%	0%	
HBPos/ Decisions Unit	Unregistered Nurses	10.85	8.54	2.31	2.27	6.14	7.32	0.00			13.46	-2.61	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	100.00%	1	117	92	2	2	On many occasions, there are 50% bank and agency (we have agency block booked nurse and some bank block booked staff to ensure regularity on the ward)	10	55
Dovedale 1	95.00%	0	58	35	3	53	Ward is running on bank HCSW due to vacancies, sickness and some observations and the need to escort to ECT	3	0
Dovedale 2 Ward	99.00%	0	25	9	3	0		4	1
Endcliffe Ward	102.00%	1	36	23	4	0		4	6
Forest Close 1	98.00%	0	9	3	1	3	Known and previously frequently booked Nurse	2	0
Forest Close 1a	100.00%	0	15	7	0	1		9	0
Forest Close 2	86.00%	0	14	7	0	0		3	0
Forest Lodge Assessment	95.00%	0	26	8	0	0		1	0
Forest Lodge Rehab	99.00%	0	9	2	0	0		3	0
G1 Ward	78.10%	0	13	11	0	0		1	1
Stange	99.80%	0	64	29	2	0		4	4
HBPOS/ Decisions Unit		0	35	5	31	0		0	0

Older Adult

What is the current staffing situation?

- High use of bank staff continues following the VCP's suggestion to cover vacancies until new financial year with bank. There are challenges from this for cohesive team working, patient centred care and safe staffing.
- Head of Nursing now completing weekly oversight of 1:1 usage and prompting review of care plans to work towards reducing 1:1 usage where clinically appropriate.

How effectively has the workforce been utilised?

- For a period the ward was not fully occupied. On these occasions we have considered the need to work to CER and have not filled voids where safe to do so. Matron oversight in place. Issues with bank staff cancelling at short notice has been a feature.
- Due to the nature of the ward there are always high levels of intermittent observations.

Rehabilitation & Specialist

What is the current staffing situation?

- 26 staff are off / out of work for numerous reasons. significant delays with long term sickness management and there is a need for us to develop a central tracking system of who is on long term sick, where they are in the sickness process and support to ensure managers are triggering formal processes in a timely manner.

How effectively has the workforce been utilised?

- Head of Nursing completing a mapping of nursing supervision tree within R&S, with view to review with Director and Deputy Director and consider longer term plans to ensure supervision provision and quality.

Acute

What is the current staffing situation?

- Wards continue to be unpredictable with high levels of acuity. We have had a number of seclusions and the need for the patients to be nursed with 2 staff observing.
- We are observing an increase to staff stress and anxiety

How effectively has the workforce been utilised?

- Implemented changes to the way that staff are allocated responsibilities throughout the shift, ensuring that every staff member is allocated 1:1 time with patients who are on therapeutic 1:1, 2:1's. This will allow for all staff to have their breaks and time to reflect and recover
- Supervision is currently below recommended levels of compliance due to acuity and shortage in management cover.

Our People

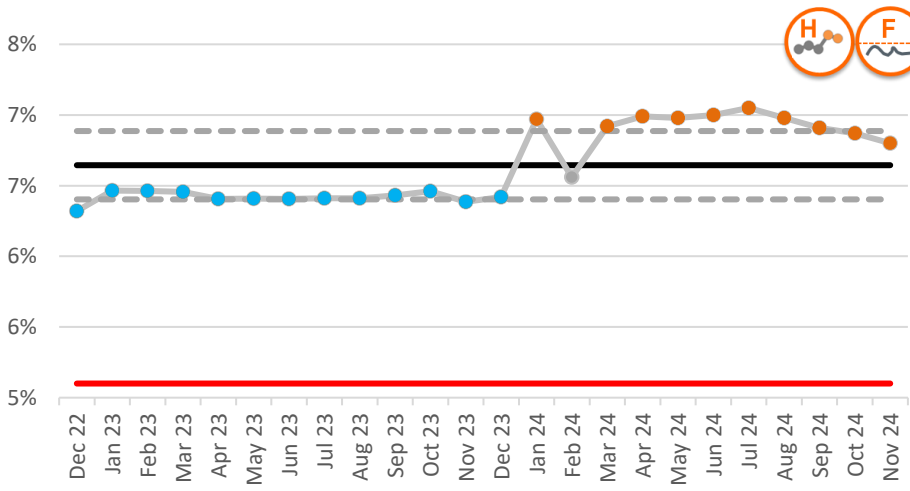
IPQR - Information up to and including
November 2024



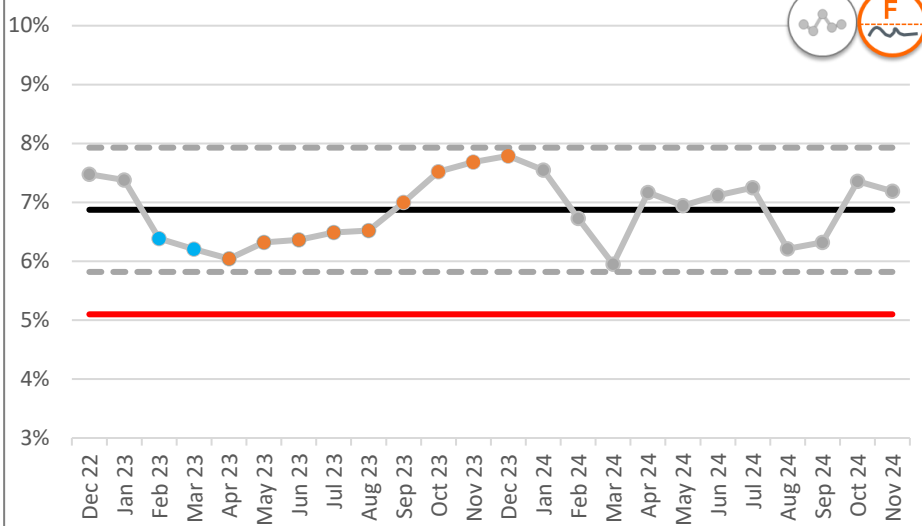
Well-Led | Workforce Summary

		Nov-2024			
Metric	Target	n	mean	SPC variation	SPC target
Sickness 12 Month (%)	5.1%	6.8%	6.6%	•H•	F
Sickness In Month (%)	5.1%	7.2%	6.9%	•••	F
Long Term Sickness (%)	-	4.3%	4.5%	•••	/
Short Term Sickness (%)	-	2.9%	2.4%	•••	/
Headcount Staff in Post	-	2629	2677.3	•••	/
WTE Staff in Post	-	2301.3	2354.3	•••	/
Turnover 12 months FTE (%)	10%	13.3%	16.1%	•L•	F
Training Compliance (%)	80%	88%	87.9%	•••	P
Supervision Compliance (%)	80%	67%	68.1%	•L•	F

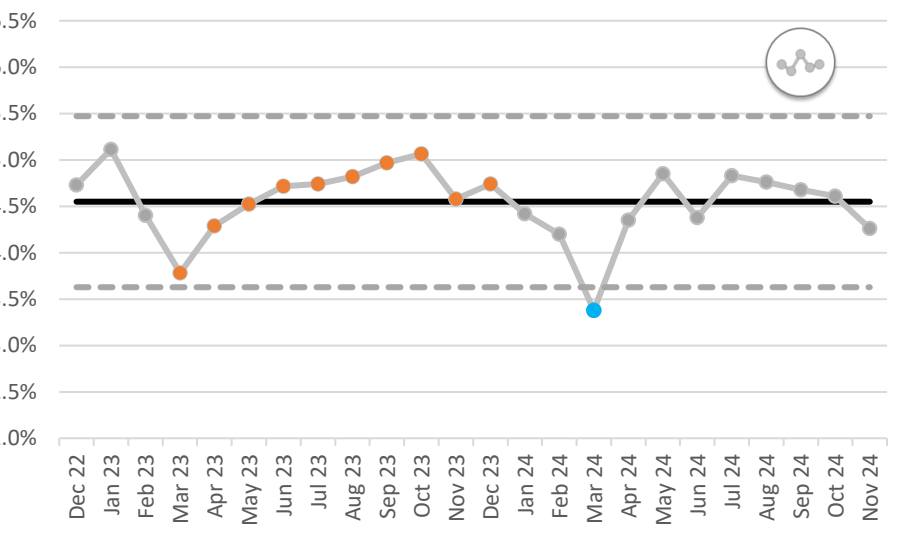
% Sickness Absence Rate (12m rolling) - Trustwide



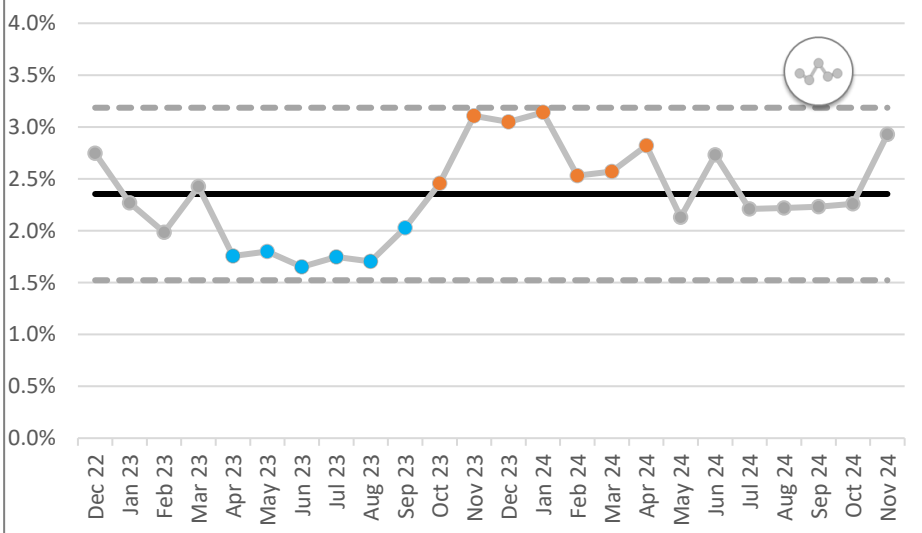
% Sickness Absence Rate (in month) - Trustwide



% Long Term Sickness Absence Rate (In Month) - Trustwide



% Short Term Sickness Absence Rate (In Month) - Trustwide



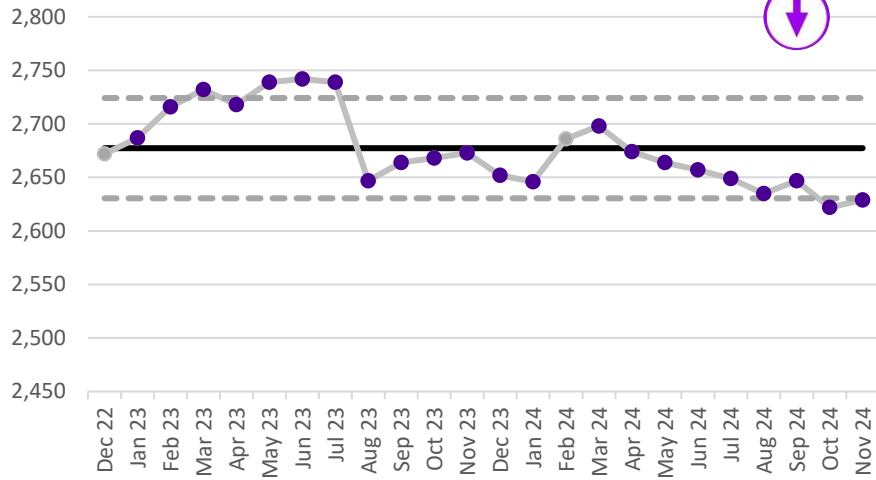
Narrative

Short term sickness increase is due to seasonal flu/coughs/colds/COVID.

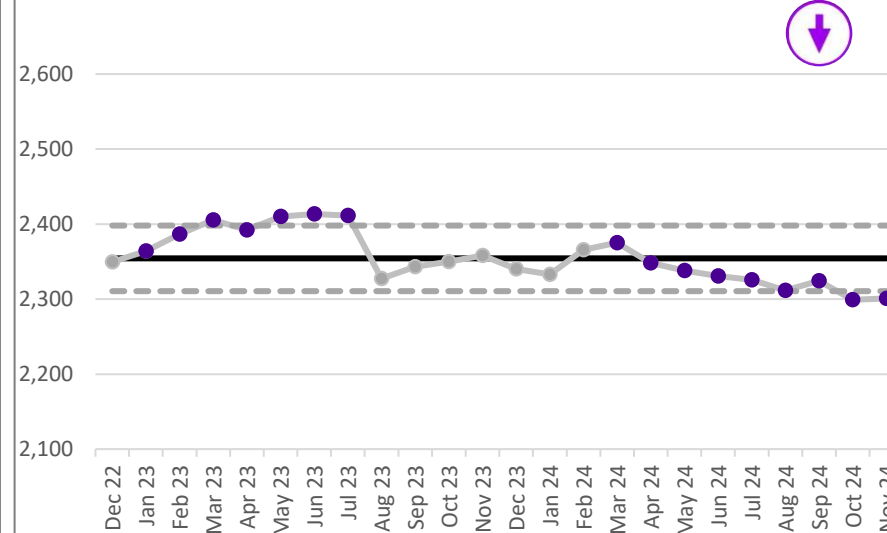
There have been 175 separate sickness episodes for seasonal flu/COVID. The flu vaccination programme is being extended to the end of January to ensure the maximum number of staff receive the vaccine.

Sickness recovery plans are in place for all areas reporting high sickness (above 5.1%). HR is proactively supporting teams by contacting managers and giving advice on staff who are triggering within the policy or need support to return to work. This is driving a reduction in long term sickness absence rate.

Headcount Employed Staff - Trustwide



WTE - Trustwide



Narrative

WTE and headcount have dropped again this month.

The drop is in non-clinical areas and non-critical roles, mainly corporate functions.

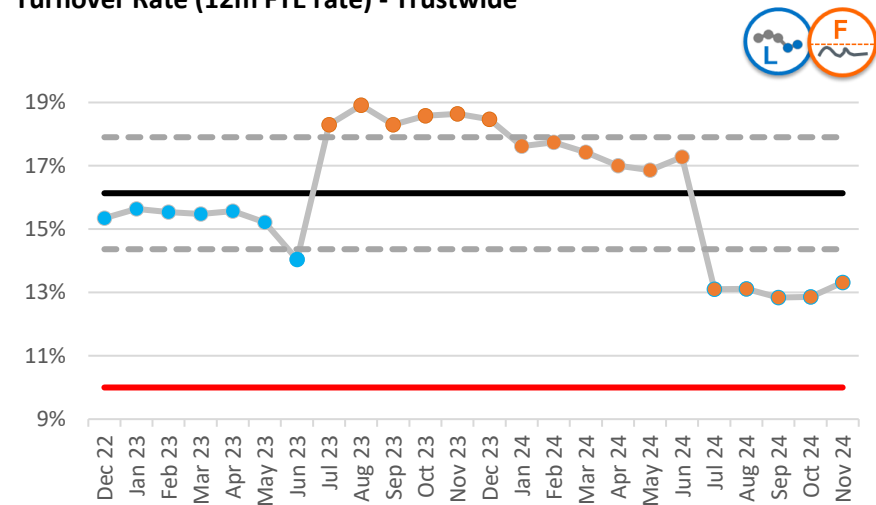
There are no recovery plans in place as recruitment is aligned to current financial plans and vacancies in clinical areas remain low.

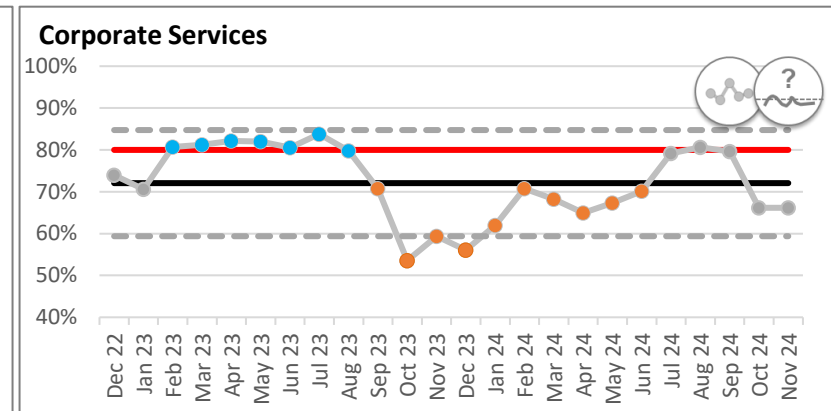
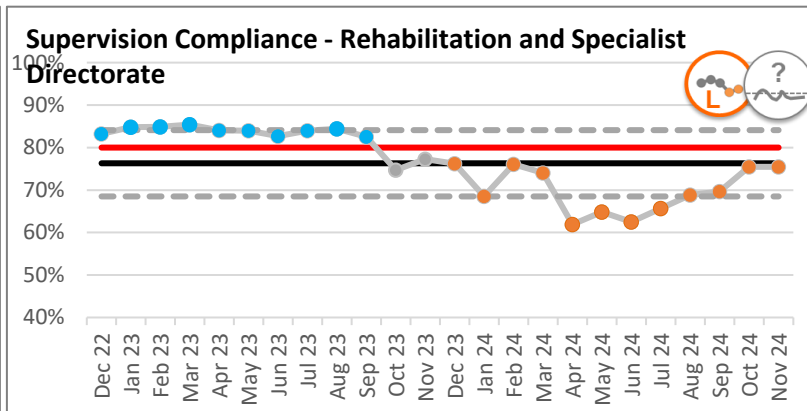
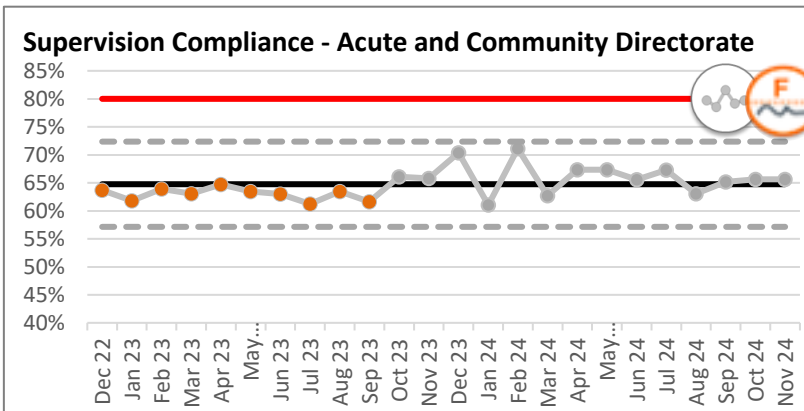
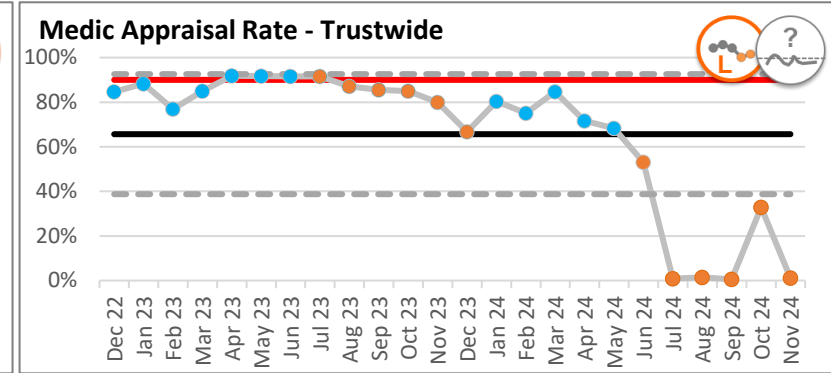
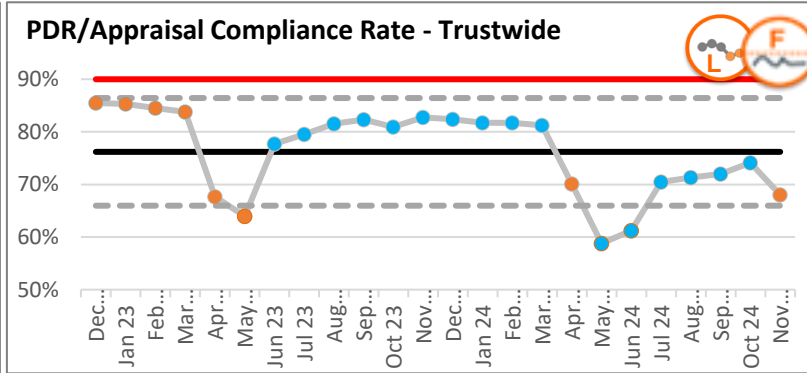
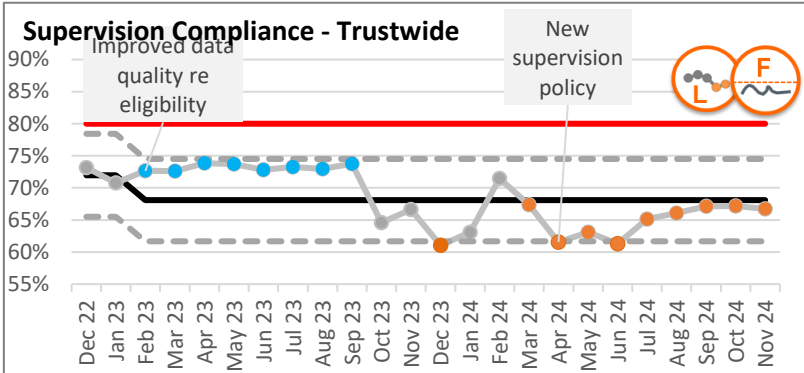
Registered Vacancy rate: 11%

Unregistered Vacancy Rate: 13.95%

Vacancies are currently covered by Bank.
Unfilled shift rate: 4%

Turnover Rate (12m FTE rate) - Trustwide





Aim

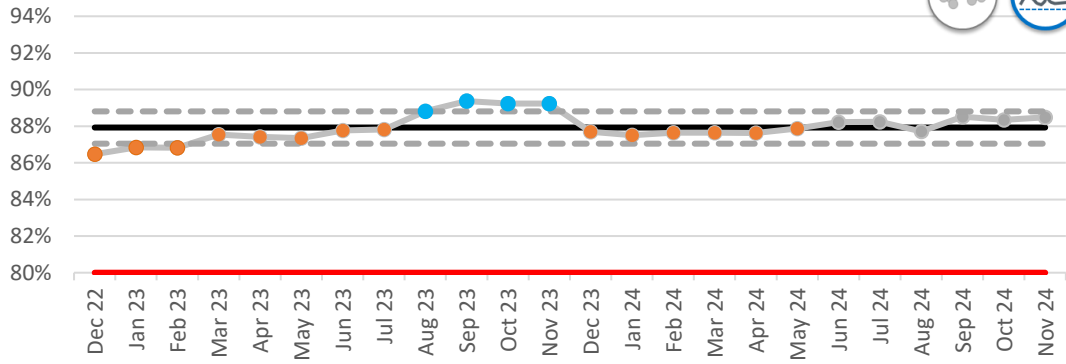
We will ensure that 80% staff have received at least one supervision in the last six-week period and 90% of staff have received a PDR in the last 12 months.

Narrative

Recovery plans are in place for supervision compliance. We will move to Electronic Staff Record (ESR) Manager Self-Service for recording supervisions in January. This system will periodically send out reminders to managers and employees to book in supervisions when they approach non-compliance.

The above data is sourced from ESR. Medic appraisals are recorded in a different system. Work is underway to report on this in addition to ESR records.

Mandatory Training Compliance - Trustwide



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 90% compliance is required.

Narrative

Compliance remains a challenge in the below subjects. We are seeing an increase in short notice withdrawals from, or non-attendance at, training courses due to staffing levels and staff sickness. At Operational Management Group (OMG) on 12th December it was also raised that completion of Rio training may need to be prioritised above mandatory training, so that teams are ready for the launch in March. A risk-based approach will be taken to completing mandatory training during this time.

Subjects below target	Target	Nov-2024
Information Governance	90%	87.0%
Resuscitation Level 2 (BLS)	80%	73.1%
Resuscitation Level 3 (ILS)	80%	77.8%
Mental Health Act	80%	72.4%
Medicines Management	80%	65.2%
Rapid Tranquilisation	80%	55.6%
Safeguarding Children Level 3	90%	64.8%
Respect Level 1	80%	68.2%
Respect Level 3	80%	72.7%
Moving and Handling Level 2	80%	58.3%

Teams below target	Target	Nov-2024
Bank Staffing	80%	77.2%
Birch Avenue	80%	78.9%

	05/11/2024	26/11/2024
Trustwide	88.5%	88.5%
Corporate Services	83.5%	83.4%
Medical Directorate	90.4%	90.0%
Acute & Community – Crisis	91.1%	90.9%
Acute & Community – Acute	89.9%	90.6%
Acute & Community – Community	92.7%	92.4%
Rehab & Specialist – Older Adults	84.9%	84.9%
Rehab & Specialist – Forensic & Rehab	91.5%	91.7%
Rehab & Specialist – Highly Specialist	90.5%	90.0%
Rehab & Specialist – Talking Therapies	95.0%	94.1%

Financial Performance

IPQR - Information up to and including
November 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)	(4,806)	(5,331)	(524)	(6,514)	(6,514)	0
Adjusted Plan Surplus/(Deficit)	0	(524)	(524)	(603)	(603)	0
Cash	40,445	42,056	1,611	33,897	38,766	4,869
Efficiency Savings	4,481	4,481	0	7,334	7,334	0
Capital	(4,453)	(1,663)	2,790	(10,246)	(3,928)	6,318
				Target	Number	Value
Invoices paid within 30 days			NHS	95%	100.0%	100%
(Better Payments Practice Code)			Non-NHS	95%	99.7%	99.4%

Narrative

At Month 8, the year-to-date deficit position of £5.331m is £0.524m worse than planned (M7 £0.734m worse). To achieve the planned deficit of £6.514m, the forecast includes additional mitigation/savings required of £0.9m. 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. With current numbers of Out of Area bed usage in December it is expected that the Out of Area forecast will increase at Month 9 and further mitigations will be required.

As highlighted previously the adjusted plan includes the non-recurrent deficit funding of £5.9m. It is expected that this will have to be returned if the system plan is not achieved.

Cash is higher than planned due to receiving 8/12ths of the non-recurrent deficit funding and the pausing of the Capital programme. This is partially offset with not receiving the Fulwood receipt and aged debts being higher throughout the year compared to plan.

Value improvement and recovery plans totaling £9.5m have been developed. The current forecast for expected delivery is £5.8m, mainly due to Out of Areas plans not being achieved. In line with the current forecast, included in the reporting is fortuitous non-recurrent savings from vacancies and some of the additional mitigations to meet the planned efficiency savings.

Report ends
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Appendix 1 | SPC Explained

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

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

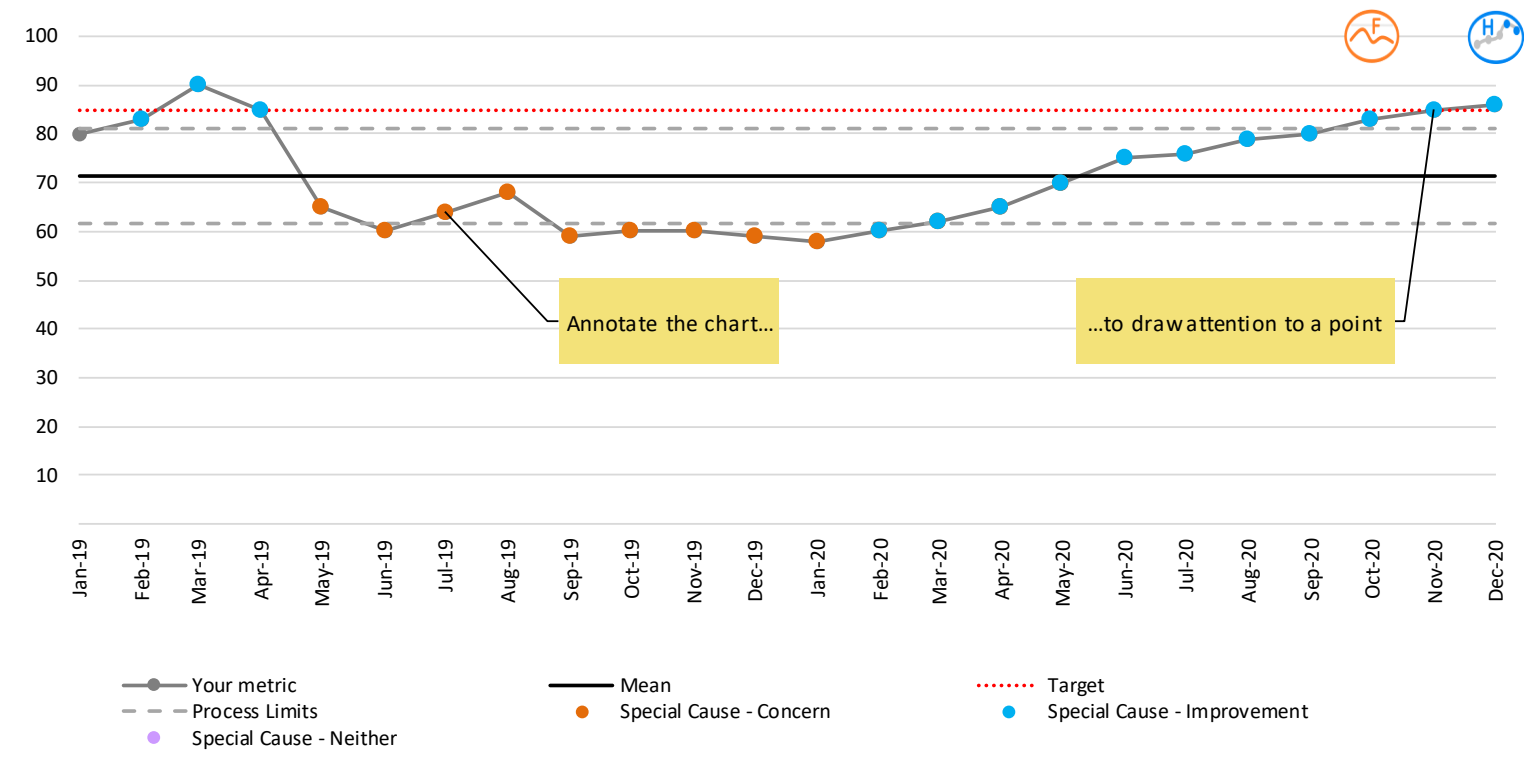
- **Trend:** 6 or more consecutive points trending upwards or downwards
- **Shift:** 7 or more consecutive points above or below the mean
- **Outside control limits:** One or more data points are beyond the upper or lower control limits

Variation Icons The icon which represents the last data point on an SPC chart is displayed.								Assurance Icons If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.		
ICON										
SIMPLE ICON	• • •	• H •	• L •	• H •	• L •	• H •	• L •	?	F	P
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	Nothing to see here!	Something's going on!	Something's going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.	The system will randomly meet and not meet the target/expectation due to common cause variation.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider if the level/range of variation is acceptable.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/ happened; what you can learn and celebrate the improvement or success.	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Appendix 2 | SHSC SPC Chart Anatomy

Chart Title	SPC Chart Example		Start Date	01/01/2019	
Team/Service	Team/Directorate/Trust		Duration	24	Months
Your Measure	Your metric		Baseline		
Improvement Indicator	High is Good		Min Value	0	
Target	85		Max Value	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
CPA	Care Plan Approach
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
DNA	Did not attend
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
NCHA	Nottingham Community Housing Association
NES	Neurological Enablement Service
NHSE	NHS England
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