



Council of Governors  
30th April 2015

## Item 5

# Monthly Performance Report

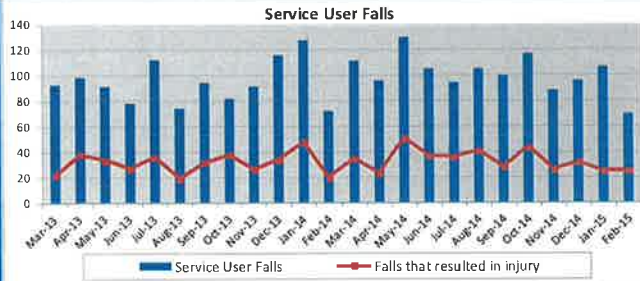
## Summary report for Council of Governors

### Month 11 - Period to end February 2015

Report Issued: April 2015  
See Glossary at end

# Safety Dashboard - Period to February 2015

## Falls - Service Users



### Comment

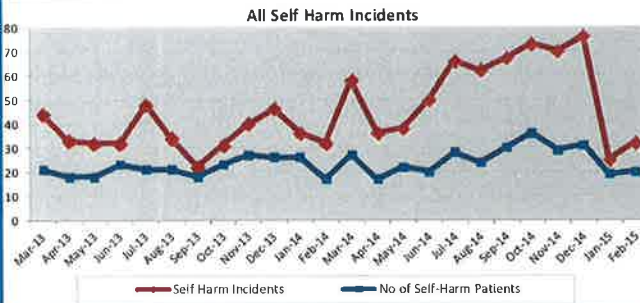
All service user falls recorded on the system, the red line shows how many of those falls resulted in an injury.

The majority of falls and injuries take place in the older adult services like G1, Dovedale 1 & 2, Hurlfield View and the two nursing homes of Birch Avenue and Woodland View. Over the two year period only a single fall has been a serious incident.

Woodland View is the highest reporter of service user falls and also reports the most falls where an injury occurred.

Figures for Feb 15 may rise as additional data is added to the system.

## Self Harm



### Comment

All service user self-harm incidents recorded on Safeguard.

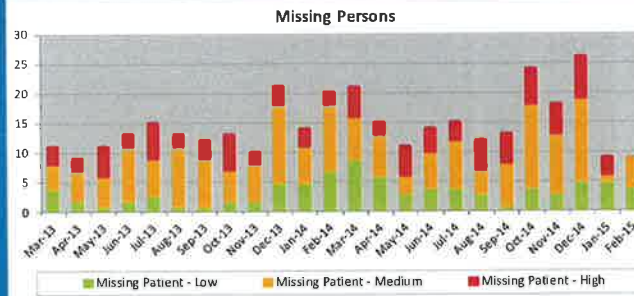
The majority of self harm incidents take place within the Inpatient directorate, Learning Disabilities service is the second highest reporter of self harm incidents.

Rowan Ward is the highest reporter of self-harm incidents in the Trust followed by Burbage ward.

Over the two year period there were 11 x serious incidents as a result of self-harm spread over 9 different teams.

Figures for Feb 15 will rise as additional data is added to the system.

## Missing Persons



### Comment

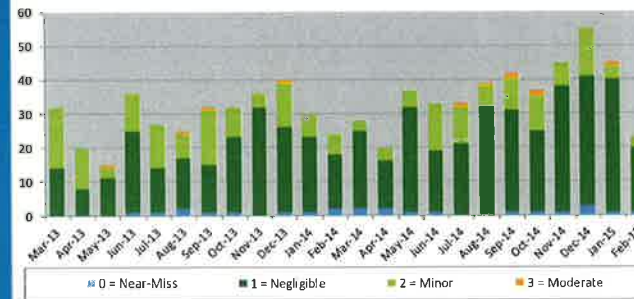
All 'Missing Person' incidents recorded on the system together with the category of the patient.

The vast majority of Missing Persons incidents occur within the Inpatient directorate, primarily on the 4 x adult acute wards of Rowan, Maple, Stanage and Burbage. The majority of those Missing Persons incidents are 'Medium' rated patients. Most Missing Persons' incidents are graded as 2 (Minor) in impact.

Burbage ward is the highest reporter of missing 'Low' category patients Stanage ward is the highest reporter of missing 'Medium' category patients. Maple ward is the highest reporter of missing 'High' category patients.

Figures for Feb 15 may rise as additional data is added to the system.

## Medication Incidents



### Comment

All recorded medication incidents broken down by Actual Impact.

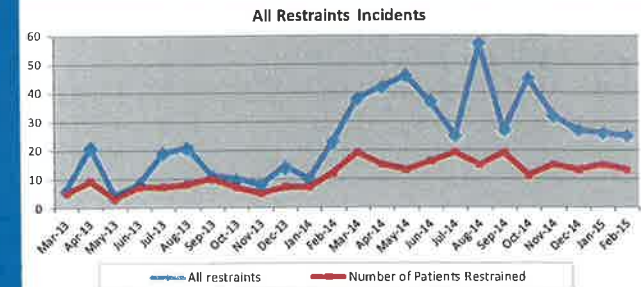
The highest reporter of Medication Incidents is the Inpatient directorate followed by the Learning Disabilities directorate. Most medication incidents are graded as 1 = Negligible.

142 Wensley St is the highest reporter of Medication incidents at dept level. Teams that use the E-Incident system automatically have their medication incidents copied into the Pharmacy team.

There has been zero serious medication incidents reported in the last 2 years.

Figures for Feb 15 may rise as additional data is added to the system.

## Restraints



### Comment

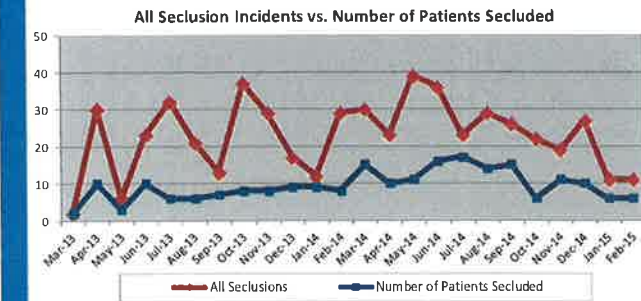
All recorded restraint incidents on Safeguard.

The implementation of Respect training has yielded better reporting of restraint incidents which accounts for the rise in reporting at the start of 2014. Since spring of 2014 however there has been a drop both in the number of restraints and the number of patients restrained. Often, a small number of patients can account for a large number of restraint incidents. The Seclusion Review Group and Restrictive Practices Group are monitoring restraint and seclusion incidents.

The majority of restraint incidents have occurred on ITS, which is comparable with the majority of seclusion incidents.

Figures for Feb 15 may rise as additional data is added to the system.

## Seclusions



### Comment

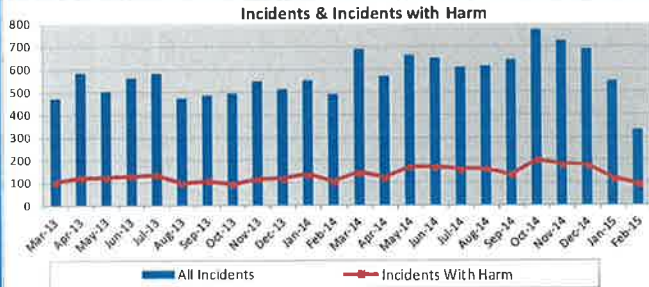
All recorded seclusion incidents on Safeguard.

There has been a noticeable reduction in the number of seclusions since May 2014. As with Restraints there has also been a reduction in the number of unique patients secluded. A Seclusion Review Group meets monthly which monitors the use of seclusions within the organisation.

Figures for Feb 15 may rise as additional data is added to the system.

# Safety Dashboard Part 2 - Period to February 2015

## Incidents & Incidents with Harm



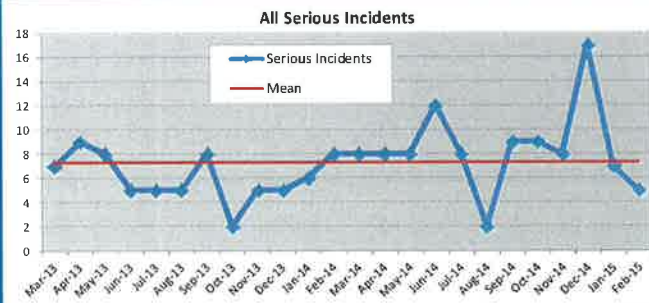
**Comment**  
All recorded incidents on the system are defined as 'Incidents'. Incidents with Harm is all recorded incidents on the system where an injury has been assigned.

The highest reporting team in SHSC over the two year period is Woodland View averaging 51 incidents per month over the two year period. The highest reporting directorate is the inpatient service. Woodland View also reports the highest number of incidents involving harm over the two year period averaging 18 per month.

Nearly 80% of all incidents reported are graded as Near Miss or Negligible in terms of their Actual Impact.

The figures for December 2014 may rise as additional incidents are processed.

## Serious Incidents



**Comment**  
All recorded incidents that have been graded as serious 'SI'.

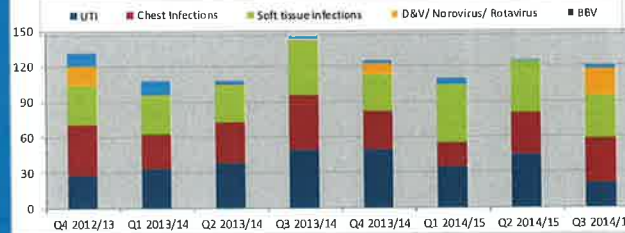
The criteria for a 'serious incident' changed at the beginning of 2013, only incidents where the impact is graded as Major (4) or Catastrophic (5) on the risk rating matrix are classified as a serious incident. Prior to this, Moderate (3) graded incidents were also classed as serious incidents.

Dec 2014 has seen the highest number of serious incidents since the new criteria came in.

Most serious incidents are attributable to unexpected deaths including suicides. The majority of deaths occurred within the Substance Misuse service.

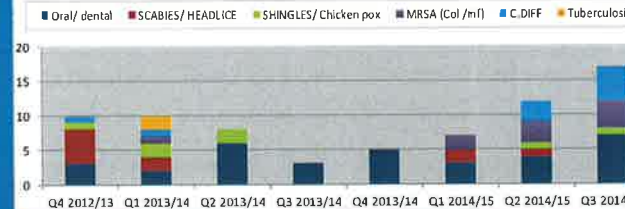
## Infection Control

### Top 5 Infections by Quarter



**Comment**  
Q1 and Q2 of this financial year had zero cases of D&V, the arrival of winter in Q3 has seen a steep rise of D&V cases. Q3 of this year has seen the lowest number of UTIs over the 2 year period.

### Rest of Infections by Quarter



**Comment**  
Some MRSA cases were ongoing meaning they were counted in both Q2 2014/14 and Q3 2014/15. None of the MRSA cases were Bacteraemia but were instead Colonisation/Infection. As with MRSA the C-Diff is counted in each quarter if the case is ongoing, one of the cases started in summer and has now been resolved.

## Deaths

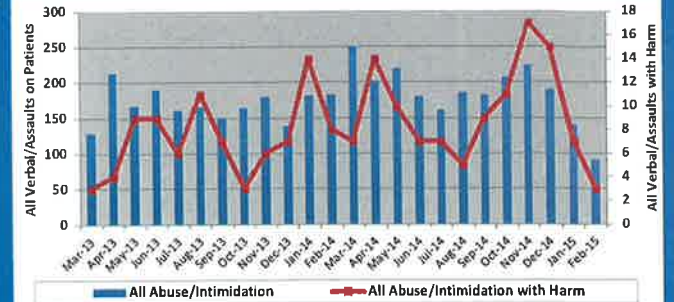
Outcome	2012/13	2013/14	2014/15
Awaiting Coroners Inquest	1	5	44
Closed	18	23	2
Conclusion - Accidental	5	5	1
Conclusion - Alcohol/Drug Related	3	7	9
Conclusion - Misadventure	9	3	1
Conclusion - Narrative	14	10	5
Conclusion - Natural Causes	16	10	9
Conclusion - Suicide	20	14	14
Natural Causes - No Inquest	47	30	46
Ongoing**	-	-	1
Verdict: Open*	1	-	-
<b>Grand Total</b>	<b>134</b>	<b>107</b>	<b>132</b>

All patient deaths recorded on the Safeguard system including the outcome of that death.

\* Open verdicts are no longer used by HM Coroner  
\*\* Ongoing - This incident is a homicide of a non-SHSC service user, whereby it is alleged that a SHSC service user is the perpetrator.

Please note that 2014/15 only contains data up to and including the 13th Mar 2015.

## Verbal, Physical Assault & Intimidation - Patients



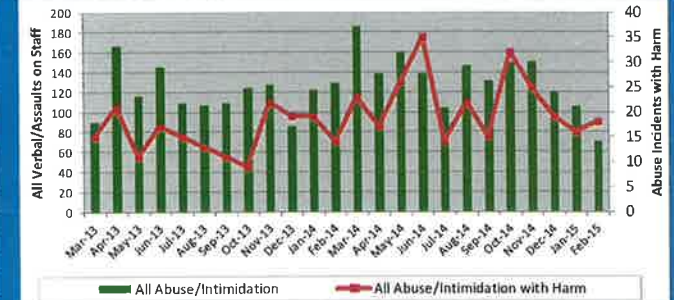
**Comment**  
All recorded verbal/physical abuse or intimidation incidents against service users. This does not include sexual abuse, racial abuse or 'other' abuse incidents. Harm is defined as an incident with an injury assigned to it.

Woodland View, ITS and G1 are the highest reporting teams for these types of incidents. When comparing directorates the Inpatient service is the highest reporter followed by Specialist Services.

In terms of harm the Specialist directorate report the most by a clear margin and Woodland View is the highest reporting team. The most common injury is Laceration/Cut followed by Bruise/Swelling.

The figures for Feb 2015 may rise as more incidents are processed.

## Verbal & Physical Assault & Intimidation - Staff



**Comment**  
All recorded verbal/physical abuse or intimidation incidents against staff. This does not include sexual abuse, racial abuse or 'other' abuse incidents. Harm is defined as an incident with an injury assigned to it.

The highest reporter of assaults on staff is ITS followed by G1 then Woodland View. In terms of assaults where harm occurred the highest reporter is Woodland View followed by Birch Avenue and G1.

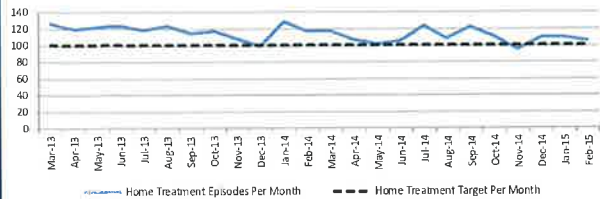
Of the incidents involving harm, the most common injury is Bruise/Swelling.

The figures for Feb 2015 may rise as more incidents are processed centrally.

## SERVICE DELIVERY - PERIOD TO FEBRUARY 2015

### Crisis Resolution - Home Treatment Episodes

Crisis Resolution And Number of Home Treatment Episodes



	Annual Target	Target To Date	YTD	Status (YTD)
Episodes Of Home Treatment	1,202	1,102	1,202	On Track

Episodes Of Home Treatment

#### Comment

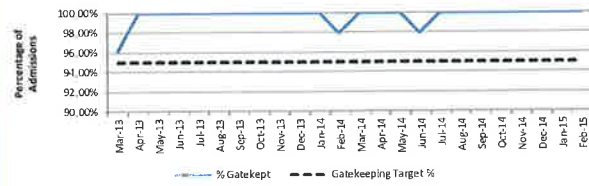
**AIM:** to provide home treatment to people experiencing a mental health crisis as an alternative to hospital admission.

During 2011/12 the Trust achieved 120% of target, 118% in 2012/13 and 118% in 2013/14.

The above information includes all appropriate home treatment interventions provided across a range of Trust services.

### Gate Keeping - Access To Home Treatment

Gatekeeping Of Acute Admissions  
(Excluding Admissions From Other Psychiatric Hospitals)



	Target	Month Actual	YTD	Status (in Mth)
Acute Admissions Assessed For Home Treatment	95.00%	100.00%	99.83%	On Track

Acute Admissions Assessed For Home Treatment

#### Comment

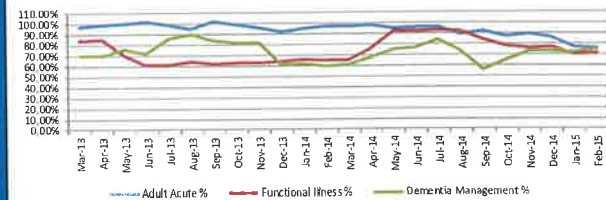
**AIM:** to ensure all people admitted for acute inpatient care are considered and assessed (gate kept) for home treatment prior to decision to admit.

The annual position for 2011/12 was 99.4%, for 2012/13 it was 99.5%, and for 2013/14 it was 99.8%.

100% Gatekeeping has been maintained for the majority of the previous 12 months.

### Bed Occupancy Levels

Inpatient Services - Bed Occupancy Levels (%)



Occupancy Levels	Month Target	Month Actual	YTD	Status (in Mth)
Acute	95.00%	76.09%	89.53%	On Track
Functional Illness	95.00%	70.71%	82.03%	On Track
Dementia Management	95.00%	75.60%	72.26%	On Track

#### Comment

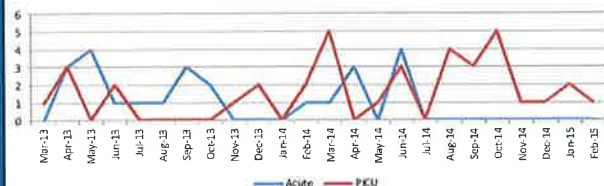
**AIM:** to support safe and effective care through 95% occupancy

**Adult Services:** Since October 2012 occupancy rates have improved from the previous experiences of c.105-108%. The impact of the Crisis House on admission numbers and occupancy levels continues to be monitored. Since October 2013 occupancy has been below 100%, and further reductions have been sustained since April 2014.

**Older Adults:** FMI beds: bed numbers were formally reduced from 44 to 30 from April 2014 onwards, in response to the prolonged under occupancy and a 30% reduction in admissions during 2013-14. This accounts for the increase in percentage occupancy in April 14, as we are reporting against less beds. Even with this formal reduction in bed numbers the service's occupancy rate is positive and reflects the on-going work to incrementally reduce the need for inpatient care through improved community support.

### Out Of Town Admissions

Out Of Town Admissions - Acute And Psychiatric Intensive Care



	Monthly Target	Month Actual	YTD	Status (YTD)
Acute Out of Town Admissions	1-2	0	7	On Track
PICU Out of Town Admissions	1-2	1	21	On Track

Acute Out of Town Admissions  
PICU Out of Town Admissions

#### Comment

**AIM:** to ensure people do not have to leave Sheffield when they need inpatient care.

#### Acute

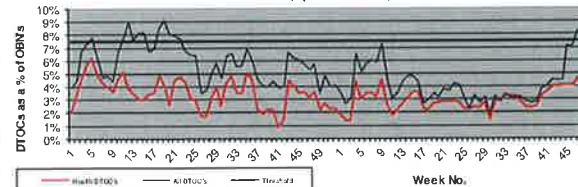
Out of town admissions in April were due to no beds being available (2 occasions) and 1 person needing care in an all male ward. All returned on average in 11-12 days. 4 people were sent out of town in June, with 3 people returning during the month with an average time away from Sheffield of 3.6 days. No-one was sent out of town in July and August.

#### PICU

Increased pressures on the PICU are reported over the Aug-Oct 14 period. This resulted in 12 people being sent out of town due to lack of access within the ITS. The Service Director reports this was due to service capacity issues (ie Ward was full and not able to accommodate the admission requests) and issues relating to delays in access secure services for one patient via the regional gatekeeping process. On average, those sent out of Sheffield returned within 11 days.

### Delayed Discharges

% DTOCs - (April 13 to date)



	Target	Month actual	Q3 Actual	Status (YTD)
% of health delays	under 7.5%	4.30%	2.60%	On Track
% of all delays	under 7.5%	7.60%	3.00%	On Track

% of health delays  
% of all delays

#### Comment

**AIM:** to ensure people are discharged when they are ready to do so.

The annual performance for 2012/13 was 2.9% delays due to health service related reasons, and 4.7% for all delays. Performance for 2013/14 was 3.5% delays due to health reasons, and 6% overall.

In February 2015 increased delays are noted. The main change has been an increase in delays due to social care support reasons notably experienced on Stange Ward. The main issues have been awaiting access to the right housing provision, funding approval for housing provision or awaiting finalisation of SDS support packages. The housing needs have related to either Nursing home, supported accommodation of tenancy. 6 patients on Stange ward experienced a delay in moving to discharge during February. Of these 6, 4 have since been discharged over the first 2 weeks in March.

### CPA 7 Day Follow Up - Post Discharge

Seven Day Follow Up Rate - For CPA Clients Discharged From Inpatient Care



	Target	Month Actual	YTD	Status (in Mth)
Follow Up Rate	95.00%	95.24%	95.67%	On Track
7 Day Follow Up - Rate Post Discharge	95.00%	95.24%	95.67%	On Track

#### Comment

**AIM:** to deliver safe care through ensuring people on CPA are seen within 7 days of being discharged.

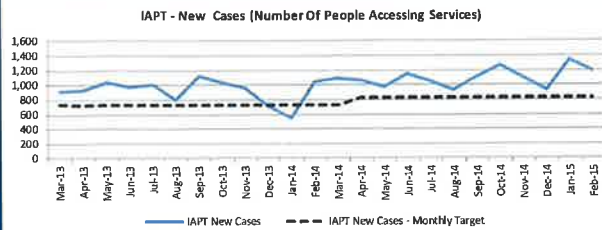
The annual position for 2011/12 was 96.8%, 2012/13 it was 95% and for 2013/14 it was 96.1%.

The 90% position for April was due to the very low numbers of discharge of people on CPA during the month. 10 people were discharged, and 1 person wasn't followed up resulting in a 90% follow up rate. The circumstances relating to this have been previously reported. The target was achieved for May and June resulting in a Q1 average of 96.5%.

The service failed to achieve the standard over Quarter 2. The circumstances behind this have been reported to the Board and the CCG (October 14). The target has been achieved each month since October 2014. Exception reports for individuals not follow up (December and February) have been provided separately.

## SERVICE DELIVERY - PERIOD TO FEBRUARY 2015

### Access - Numbers Entering IAPT Services



	Annual Target	YTD Target	YTD Actual	Status (YTD)
Number Of People Access Service	10,008	9,174	12,150	On Track

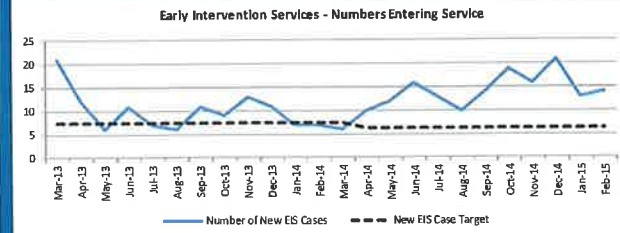
#### Comment

**AIM:** to improve access to psychological therapies for people with common mental health problems

Last year the Service saw 10,735 clients against a target of 8,648. The service continues to have very positive outcomes in respect of supporting clients to leave benefits/ return to work. Over the last year the Service saw 30% more people than planned for.

From April 2014 onwards a revised target was agreed for new people entering the service, reflecting the historical over achievement of the service over the previous 2-3 years. It was agreed to increase the target from 8,648 to 10,000 new clients.

### Access - Early Intervention Services



	Annual Target	YTD Target	YTD	Status (YTD)
Number Cases Per Year	75	69	158	On Track
Overall Caseload	270	270		

#### Comment

**AIM:** to ensure access to services for people experiencing their first episode of psychosis

Annual performance for 2012-13 was 107 new cases, and for 2013/14 was 106 new cases which was 118% of target.

Activity over the last year is more closely aligned to the target thresholds. Following a service review development plans are in place to improve the retention of clients on the EIS pathway.

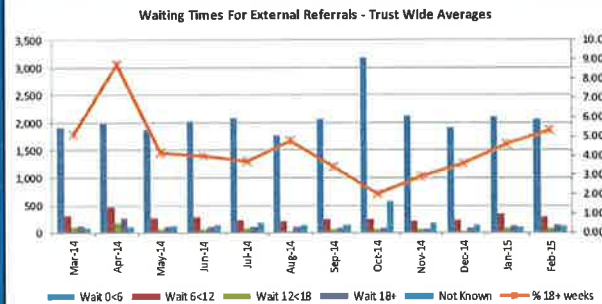
### Social Care - Assessment and Support

	Q4	Q1	Q2	Q3
<b>Self Directed Support &amp; Direct Payments</b>				
Total in receipt of a personal budget	635	622	653	666
<b>Care purchasing</b>				
Number waiting to complete support plans	219	332	175	142
No. of new purchased care packages in the quarter	97	175	210	230
No. of people receiving purchased placement	216	226	246	266
No. of above who are eligible to free after-care under section 117	151	156	170	184
No. of people receiving purchased packages of care following assessment under duties within National Assistance Act 1948 (NAA)	39	39	37	37

#### Data Quality

	Target	Q4	Q1	Q2	Q3
<b>Personal Identifiers</b>	97.00%	100.0%	100.0%	99.90%	99.80%
<b>Outcomes</b>	50.00%	91.0%	86.20%	99.00%	88.70%
CPA - Employment Status		95.0%	97.00%	96.70%	86.80%
CPA - Settled Acc. Status		95.0%	97.40%	97.10%	86.30%
CPA - HoNOS Outcomes		83.0%	84.50%	84.20%	91.70%

### Access - Waiting Times



#### Comment

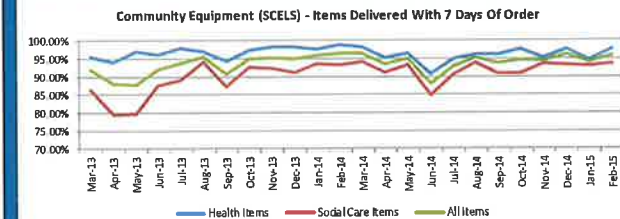
**AIM:** to ensure timely access to services

2,692 new referrals were removed from waiting lists in February 76% of those had waited less than 6 weeks and 5.3% had waited more than 18 weeks.

Of those waiting more than 18 weeks, Memory Management Services, Porterbrook/ Relationship services - account for c.85-90% of those who had waited longer than 18 weeks.

The increase in the numbers of referrals in October was due to the move into the Trust of additional Substance Misuse Services following the successful tendering round earlier in the year. The increase reflects the additional clients moving into the care of the Trust.

### Access To Community Equipment



	Month Target	Month Actual	YTD	Status (YTD)
Delivered In 7 Days				
Health Items	95.00%	97.80%	95.82%	On Track
Social Care Items	95.00%	93.49%	91.58%	On Track
Total (All Items)	95.00%	96.05%	94.03%	On Track

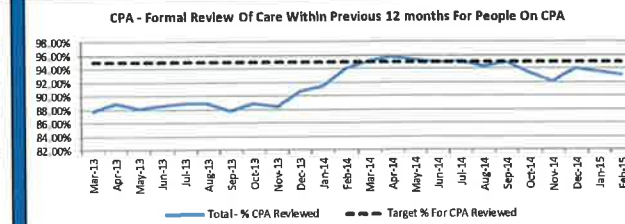
#### Comment

**AIM:** to ensure timely delivery of aids & equipment to support community care

During 2011/12 overall performance was 95.3% for delivery of all items within 7 days. Performance for 2012/13 was 95.2% health items, 89.2% social care. Performance for 2013/14 was 97.1% (Health) and 89.3% (Social Care).

Performance levels were lower in June. This is considered to be due to an increased use of on-line ordering. This has recently been introduced and the service is experiencing an increase in referring staff providing incorrect client details which is resulting in delays in the orders being processed. The importance of ensuring accurate client contact details are entered as part of the ordering process has been raised with referring teams and services. This remains ongoing and is having an impact. Performance has gradually improved through July with the weekly performance position being close to or above 95% for the last 3 weeks in July. The improvement has continued into August.

### Care Co-ordination - Annual CPA Reviews



	Benchmark	Target	Month Actual	Status (In Mth)
Formal Review In Last 12 Months		95.00%	93.14%	On Track

#### Comment

**AIM:** to ensure people managed under CPA receive a review of their care and on-going treatment

The Trust introduced a range of developments during 2013-14 to deliver sustainable improvements to practice to ensure clients received a review of their care on an annual basis (with many clients benefiting from more frequent reviews).

Review rates have been maintained during Quarter 1 & 2 of this year, with the target of 95% achieved each month. At the time of report production the actual month end position is slightly under represented. As more data is processed following reviews completed during the end of the month the actual review rate will be slightly higher than the position reported here.

Therefore while this report suggests the last month was not achieved, when the report is re-run later in the month it is expected to show achievement of the target. This will be reflected in next months report.

GLOSSARY AND DEFINITIONS	
INDICATOR	Comments
Crisis Resolution – Home Treatment episodes	It reflects efforts to provide community based care and support for people experiencing a mental health crisis. The target is to provide 1,202 episodes of home treatment a year. The aim is to provide a higher level of support and intervention than a community mental health team would look to provide and provide care and treatment to allow people to continue in their community setting as opposed to inpatient admission
CAHT Gatekeeping	The aim is to make sure that before we decide to admit someone, that appropriate consideration (an assessment) has been given to if home treatment (see above) would be an appropriate option. This aims to ensure everyone is considered for home treatment before the decision to admit them is taken.
Bed occupancy levels	This measures how many beds are occupied on average over the month – expressed in percentage terms. Bed occupancy is a key measure of safety and quality of experience. The optimum level would be between 90-95%. 100 people in 100 beds = 100% occupancy. When people are on leave sometimes their bed is temporarily given to a new admission. This is why we have occupancy above 100% ie that bed is now supporting 2 people.
Out of town admissions	This measures how many people had to be sent out of Sheffield to access an inpatient bed for acute inpatient care or psychiatric intensive care.
Delayed discharges	This shows how many people have progressed through the discharge planning stages of the inpatient care and are then experiencing a delay that is preventing them from being discharged. It is the numbers of beds occupied by people experiencing a delay, compared against all the occupied beds expressed in percentage terms. It covers all the Trusts inpatient services.
7 day follow up	This measures how many people on the care programme approach who are discharged and then followed up in the community within the next 7 days. This is a key safety measure as the immediate period after discharge is known to be higher risk for the individuals concerned in terms of vulnerability. The aim is to ensure they receive continuity of care from ward back to the community in a timely manner. Follow up care must consist of contact with the service user, either through meeting them or by telephone.
Access – Numbers entering IAPT services	This measures how many new people access IAPT services each month – as a means of measuring access to psychological therapies within Sheffield
Access – early Intervention	This simply measures how many new people access Early intervention Services services each month – as a means of measuring/ monitoring access to evidence based models of service/ care and treatment for people who are experiencing first episodes of psychosis.
Access – waiting times	This measures the time from the date a referral was seen to the date of the first appointment with them. It shows how many people had to wait across different bands of time and overall how many people waited more than 18 weeks.
Access to community equipment	This shows how many people had equipment they needed to support them in their home / community – delivered to them within 7 days of the assessment being made. It is expressed in percentage terms.
Self directed support and direct payments	Reports the numbers of people who are accessing personal budgets and completing support plans as a means to provide for their social care needs with more choice and improved control by the individual.
Care purchasing	Reports the numbers of people who have accessed care purchased by the council to meet their social care needs
Care co-ordination – Annual CPA Reviews	People on the Care programme approach (CPA) should have an annual review of their needs and plan as a minimum. Some people will need and have this more frequently but annually is the basic standard for everyone on CPA. This reports how many people, in percentage terms, have had contact with their individual Care co-ordinator, and then how many people have had a formal review of their care completed.
Data Quality	This measures if we have obtained and recorded basic information about the people we see who are managed under the care programme approach. It also shows how many of those people have had a HoNOS (Health of the Nation Outcome Score) assessment completed.

COMMUNITY MENTAL HEALTH SERVICES DASHBOARD - PERIOD ENDING MARCH 2015

GOAL	2012-13	Annual 2013-14	Monthly average	April	May	June	July	August	September	October	November	December	January	February	March	COMMENTS
<b>PEOPLE WILL HAVE TIMELY ACCESS TO THE RIGHT SERVICES</b>																
Number Of New Referrals Received	463 A Month	5,630	469	469	457	431	495	425	486	562	509	514	499	506	514	We received 5,864 referrals to the adult CMHT's. This year average referral numbers have been around 489 a month. Higher numbers of referrals were experienced over the last 6 months.
Divert / Signpost				58	69	66	69	64	76	82	65	75	86	79	73	The information to the left shows what happens to the referrals received.  Over the last year 15% of the referrals were signposted to other services, 76% were assessed by the Trust (CMHT or other services), 2% resulted in requests for more information and 5.2% the outcome is unclear (this group is being analysed further).
Further Information Required				11	7	12	6	8	7	9	8	8	8	9	15	
MHA / Crisis Assessment/ Accepted for Home Treatment				13	12	7	11	15	12	15	5	6	11	10	9	
SCP - Other SHSC Service				19	20	16	32	12	19	21	21	21	17	19	15	
SCP Assessment				351	332	311	356	312	331	399	380	371	349	357	363	
Invalid/ No Outcome				17	17	19	21	14	41	36	30	33	28	32	39	
How Many People Did We Assess	168 A Month	2,345	195	159	203	185	195	154	188	221	198	153	174	193	185	We are receiving more or less the same number of referrals as before. We have set ourselves a target to see people for an assessment within two weeks of them being referred.
People Will Be Assessed Within 2 Weeks Of Being Referred	23.77%	24.48%	24.48%	20.75%	22.17%	22.16%	27.69%	27.27%	21.28%	19.46%	18.69%	26.80%	22.41%	21.76%	23.24%	
Average Waiting Time From Referral To Initial Assessment - In Days	76.16	43.67	43.67	40.17	47.41	46.39	36.09	38.01	51.19	39.29	43.20	31.52	43.25	33.79	38.29	We are beginning to make progress on this and are seeing people more quickly than we used to. Average waiting times have reduced.
People Will Access The Support They Need - Proportion Of People After Assessment Who Are Supported With Advice Via GP	41.30%	43.75%	43.75%	49.06%	36.45%	40.00%	48.21%	46.10%	35.64%	41.18%	45.45%	47.71%	40.80%	46.11%	40.00%	Following the introduction of the new service model and care pathway, most people we see (c95%) for an assessment are being supported with short term interventions, or back with their GP with advice and support from the CMHTeam.
People Will Access The Support They Need - Proportion Of People After Assessment Who Are Supported With Short Term Interventions	26.15%	46.82%	46.82%	39.62%	54.19%	45.95%	44.10%	48.70%	52.66%	52.94%	52.02%	47.06%	56.32%	49.74%	45.95%	Less than 5% of the people we see directly access ongoing recovery orientated care and support.
People Will Access The Support They Need - Proportion Of People After Assessment Who Are Supported With Full Recovery Services	18.42%	7.29%	7.29%	7.55%	2.96%	5.95%	4.10%	1.95%	3.72%	4.52%	1.01%	2.61%	2.30%	1.04%	2.16%	However, around 50% of the people we felt were suitable for short term support went on to need further support by the Recovery teams. We are working to understand this more as we review the changes to services we have introduced.
People Will Access The Support They Need - Proportion Of People Who Received Short Term Support Who Went On To Need Full Recovery Support	37.50%	47.80%	47.80%	40.88%	55.17%	48.65%	45.13%	49.35%	53.72%	52.94%	52.53%	47.71%	57.47%	50.26%	48.11%	
People Will Receive An Assessment When In A Crisis (No. Of Crisis Assessments)	197 A Month	2,316	193	210	181	175	77	65	39	11	13	12	7	17	9	The number of people supported with Home Treatment to help with their crisis remains stable. Everyone who was admitted to inpatient care was considered for home treatment before they were admitted, to support community care where ever possible.
People At Risk Of Admission Will Be Considered And Assessed For Home Treatment Support	36.5 A Month	504	42	40	48	39	55	59	59	60	76	41	43	48	56	We need to monitor the Crisis Assessment activity to understand if this is more people being assessed, or more assessments with the same number of people.
People Will Access Home Treatment When In A Crisis If Appropriate	71 A Month	889	74	73	67	61	80	70	81	81	64	61	71	71	72	
People Will Access Early Intervention Services If They Need Them	N/A	117	10	10	12	16	13	10	14	19	16	21	13	14	16	

<b>MAKING THE BEST USE OF THE RESOURCES WE HAVE</b>																
Number Of Appointments By Team	10,270	132,848	11,071	10,885	10,878	10,934	11,794	9,894	11,366	12,270	11,738	9,923	11,336	10,699	11,257	While around 50% of the CMHT clients are supported through short-term only 22%-24% of the overall teams work is being allocated to this area of work.  This would indicate that the larger proportion of the teams resource is being directed to support the longer term/ ongoing client group.
Proportion Of Appointments - Short Term Care	22.00%	24.08%	24.08%	22.66%	22.73%	23.22%	22.55%	20.99%	23.20%	23.95%	23.29%	23.99%	22.55%	24.39%	23.76%	
Proportion Of Appointments - Out Of Hours Crisis Support	6.00%	4.53%	4.53%	6.89%	6.63%	5.81%	6.00%	7.63%	5.88%	6.75%	8.30%	8.20%	8.02%	8.12%	7.90%	
Proportion Of Appointments - Home Treatment	16.00%	15.11%	15.11%	13.73%	15.44%	13.34%	14.65%	15.93%	14.83%	18.25%	18.44%	15.12%	17.07%	17.20%	16.71%	
Proportion Of Appointments - Recovery Support	59.00%	56.29%	56.29%	56.71%	55.19%	57.63%	56.80%	55.45%	56.09%	51.05%	49.97%	52.69%	52.36%	50.29%	51.63%	
Appointments Will Not Be Wasted - Proportion Of Appointments Cancelled	6.58%	6.51%	6.51%	6.99%	6.88%	6.89%	6.89%	7.19%	6.26%	6.38%	6.82%	6.69%	6.42%	6.81%	6.44%	Rates of cancelled appointments has remained stable

<b>CARE WILL BE WELL CO-ORDINATED AND FOCUSED ON YOUR NEEDS</b>																
The Duration Of Your Treatment Will Be Kept To A Minimum - Average Duration Of Home Treatment Support	28.9 Days	27.87	27.87	22.88	24.79	23.98	24.72	23.54	26.13	24.73	23.57	23.40	21.97	23.10	17.20	The duration of home treatment support would be within what we would expect (c.3-4 weeks) The information about people discharged from CMHT support will take time to establish a reliable pattern that we can use to understand how services are working.
The Duration Of Your Treatment Will Be Kept To A Minimum - Average Length Of Time Receiving CMHT Support From Care Plan To Discharge	N/A	288.88	288.88	404.57	434.68	435.52	423.62	565.53	512.50	582.54	443.86	512.51	602.94	574.09	653.47	
We Will Consider Your Carers Needs If You Have One - Number Of CPA Clients With No Carer Or Carer Declining Assessment During The Month	55.7 A Month	750	63	73	67	64	19	14	21	30	18	19	23	21	21	This information is based on the circumstances of people who had a CPA Review during the month. The CPA Review will identify in most cases the need to undertake a review, and this should be followed up accordingly. We are exploring ways of trying to monitor performance differently for this agenda.
We Will Consider Your Carers Needs If You Have One - Number Of CPA Clients With Carers Needs Assessed During The Month	5.3 A Month	97	8	10	8	4	11	8	6	14	11	4	8	5	5	
We Will Consider Your Carers Needs If You Have One - Number Of CPA Clients With No Carer Assessment Been Undertaken Or Offered During The Month	12 A Month	58	5	5	2	11	25	6	20	4	6	4	7	4	8	
Your Discharge Plan Should Support Your On Going Recovery - Number Of People Experiencing A 'Re-Admission' Within 12 Weeks Of Being Discharged From The CMHT	17.6 A Month	243	20	20	18	26	31	35	24	24	24	18	34	19	22	We need to monitor this for a while longer, to help understand the circumstances of the individual people, and reach a view if this is higher than we would expect.
Your Discharge Plan Should Support Your On Going Recovery - Number Of Inpatients On CPA Followed Up Within 7 Days Of Discharge	TBC	224	19	9	25	15	90.91%	91.67%	84.62%	96.67%	100.00%	95.24%	100.00%	95.24%	100.00%	



INPATIENT MENTAL HEALTH SERVICES DASHBOARD - PERIOD ENDING MARCH 2015

GOAL	2012-13	Annual 2013-14	Monthly average	April	May	June	July	August	September	October	November	December	January	February	March	COMMENTS
<b>PEOPLE WILL HAVE TIMELY ACCESS TO THE RIGHT SERVICES</b>																
Number of admissions to acute inpatient care - working aged	628 (c.52 per month)	634	53	47	58	54	53	58	64	64	78	42	45	46	62	The number of admissions for our Adult Acute wards remains stable over the longer term, with a range of 45 - 58 being the normal months activity. More recently there has been an increase. Admissions to the two older adult wards can vary, though overall there has been reduced need for admissions since April 2014. This, along with a stable rate of discharges has influenced the reduced occupancy levels for these two wards. From April 2014 the number of beds across the 2 older adult wards was reduced to 30 to reflect the reduced demands and occupancy. The need to send people away from Sheffield to access an Acute bed has remained low.
Number of admissions to acute inpatient care - frail / elderly	144 (c.12 per month)	91	8	10	9	6	5	7	10	5	8	6	7	5	4	
Out of town admissions will be minimal - People sent out of Sheffield because there wasn't a bed locally (Acute Wards)	57 (c.4 to 5 per month)	15	1.25	3	0	4	0	0	0	0	0	0	0	0	0	
<b>CARE WILL BE WELL CO-ORDINATED AND FOCUSED ON YOUR NEEDS</b>																
Length of stay will be kept to a minimum to support independence, social inclusion and recovery (WORKING AGED)	49.5 days	43.9	43.9	32	36	37	48	55	33	29	36	29	40	34	26	Over the longer term the average length of stay is reducing. We are supporting people back home a bit quicker, and are maintaining our follow up support. Re-admissions rates within 28 days remain stable.
Length of stay will be kept to a minimum to support independence, social inclusion and recovery (OLDER ADULT)	120 days	115.9	115	105	109	82	145	99	76	179	75	92	65	177	123	
Your Discharge Plan Should Support Your On Going Recovery - Number of Inpatients on CPA followed up within 7 days of discharge	95% (Target = 95%)	96.4%	96%	90%	96%	100%	90.91%	91.67%	84.62%	96.67%	100.00%	95.24%	100.00%	95.24%	100.00%	
<b>CARE WILL BE SAFE</b>																
Bed occupancy levels will be below 95% - working aged		98%	98%	98%	95%	96.5%	96.6%	89.6%	92.7%	87.10%	89.26%	86.32%	76.80%	76.10%	77.00%	Last year the occupancy levels have remained around or just below 100% within the 4 adult wards, with the last 6 months of the year around 97%. This is an improvement on previous years. The lower rates last year on the 2 older adult wards reflect the reduced demand upon services following improved community services being put in place. The increase from April 2014 onwards is due to reduced bed numbers.
Bed occupancy levels will be below 95% - older adults		66%	66%	76%	92%	92.2%	93.5%	92.2%	83.8%	78.60%	75.78%	76.67%	72.00%	70.70%	70.00%	