



Council of Governors
4th February 2014
Item 7

Monthly Performance Report

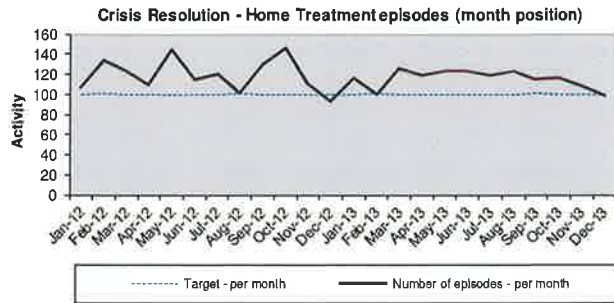
Summary report for Council of Governors

Month 9 - Period to end December 2013

Report Issued: January 2014
See Glossary at end

Service Delivery - Period to December 2013

Crisis Resolution - Home treatment episodes



	Threshold	Target to date	Actual to date	
Episodes of Home Treatment (National Annual target of 1,202)	1202 p.a	901	1,050	Green

Comment

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

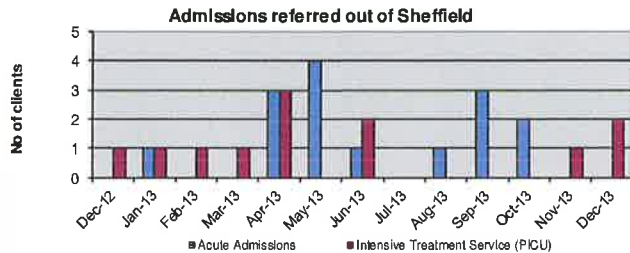
The above information includes all appropriate home treatment interventions provided across a range of Trust services, including the recently established FICS Service.

During 2010-11 the Trust provided 1,361 episodes (113%) and during 2011-12 1,443 episodes (120%). **The annual performance for 2012/13 was 118%.**

The position over Quarter 1 was 122% achievement of target, and Quarter 2 was 119% and Quarter 3 was 108%.

Year to date the position is 117% achievement of target.

Out of town admissions



Note: the above excludes people admitted while away from Sheffield

Comment

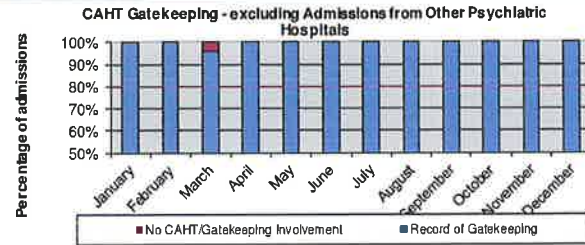
AIM: to ensure people do not have to leave Sheffield when they need inpatient care.

Acute
Since autumn 2012 out of town admissions have reduced significantly for acute care services. In October 2 people were sent outside of Sheffield to access their inpatient care, both returning quickly to a Sheffield Ward. No-one was sent out of Sheffield in November and December.

PICU

Out of town use remains consistent over the last year, with a reduction in the 2nd half of the year. 2 clients were sent outside of Sheffield in December due to high clinical activity that was difficult to manage in the current Ward environment. The Ward refurbishment/

Gate keeping - Access to Home Treatment



(Note - scale adjusted in graph)

	Threshold	Month actual	YTD	
Acute admissions assessed for home treatment	95%	100.0%	100.0%	Green

Comment

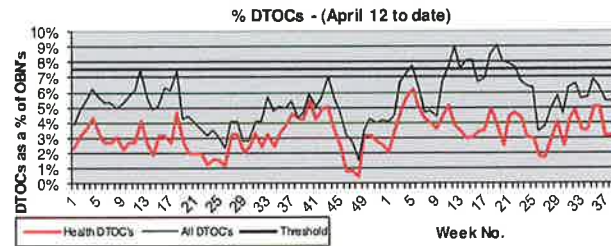
AIM: to ensure all people admitted for acute inpatient care are considered and assessed (gatekept) for home treatment prior to decision to admit.

The annual position for 2009/10 was 94.6%, for 2010/11 was 97.3% and for 2011/12 was 99.4%. **The annual performance for 2012/13 was 99.5%**

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

The position over the last 3 Quarters has been 100% achievement of target.

Delayed discharges



	Threshold	Month actual	Q3 Actual	
% of health delays	under 7.5%	5.7%	5.6%	Green
% of all delays	under 7.5%	3.8%	3.6%	Green

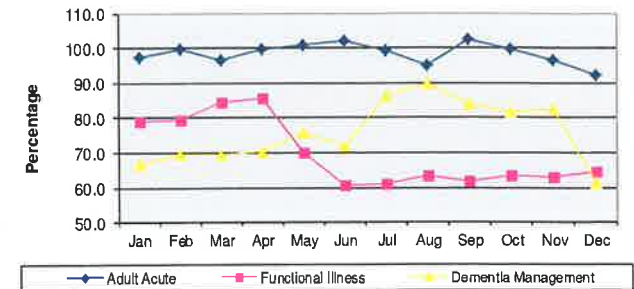
Comment

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.

Q2 overall was higher at 7.3%, with higher rates noted in July & August. Particular challenges exist around the DST process and the right facilities being available. Improvements are noted through Q3, and the Trust is working jointly with the Council in respect of housing strategy developments.

Bed Occupancy levels



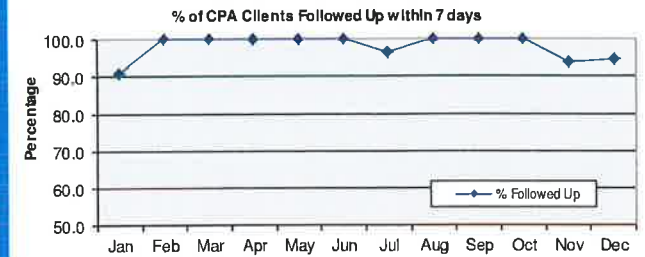
Comment

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 recently opened Crisis House on admission numbers and occupancy levels is being monitored. While noting the improved position compared to previous years pressures continue to be experienced. The last 3-4 months have seen gradual reductions.

Older Adults: FMI beds: occupancy is reported against 44 beds to better monitor the progress of service modernisation plans. Admissions to the 2 FMI Wards have reduced by c.30% since April 13, compared to the previous year. This, along with reduced length of stay experienced by those being admitted is influencing the drop in bed occupancy. G1 experienced very high rates of delayed discharges over Q2, which resulted in an increase in occupancy.

7 Day follow up - post discharge



	Threshold	Month actual	Q3	
7 Day Follow up rate post discharge	95%	93.8%	95.8%	Red

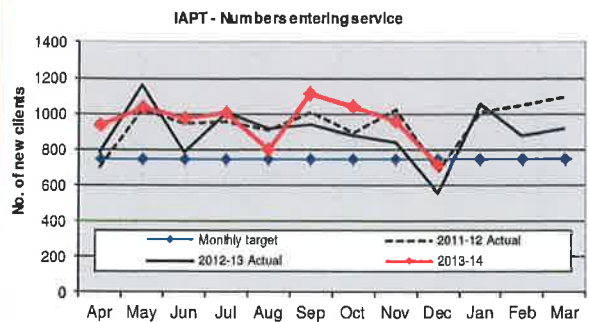
Comment

AIM: to deliver safe care through ensuring people on CPA are seen within 7 days of being discharged. The annual position for 2009/10 - 97.2%, 2010/11 - 96.4% and 2011/12 was 96.8%. **The annual performance for 2012/13 was 95%.**

The position for Q1 was 100%, Q2 was 98.5% and Q3 was 95.8%. Year to date the Trust has achieved the target with a rate of 98.2%.

2 people weren't followed up in Q3. 1 client was actively avoiding further contact with the service (follow up has since occurred) and 1 client was n't seen due to a failure of the service to make contact following staff sickness. The CMHT services have a range of measures in place to ensure follow up support is provided, but in this case the team failed to follow them. This has been reviewed with the team in respect of future practice requirements.

Access - Numbers entering IAPT services



	YTD Target	YTD Actual	Status
New clients - SHA target (5,364 pa)	6,678	8,578	Green

Comment

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

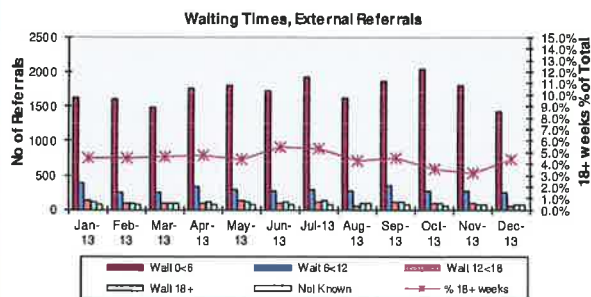
Last year the Service saw 10,735 clients against a target of 8,904. The service continues to have very positive outcomes in respect of supporting clients to leave benefits/return to work.

Over the first Quarter of 2013-14 the service saw 33% more people than plan.

The YTD position is 128%

The reduction in August is part influenced by service capacity issues in respect of vacancies and service developments resulting in staff transfers. These have been addressed through recruitment, however short-term issues have been experienced.

Access - Waiting times



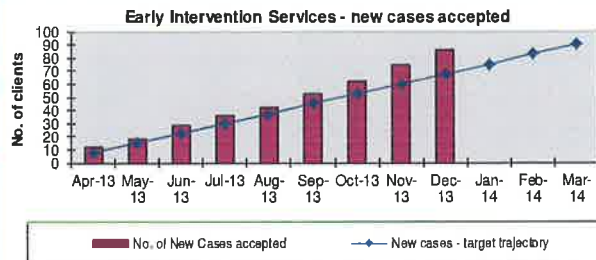
Comment

AIM: to ensure timely access to services

1,882 new referrals were removed from waiting lists in December 75.6% of those had waited less than 6 weeks and 4.4% had waited more than 18 weeks.

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

Access - Early intervention services



Annual Plan	Target to date	Actual to date	Status
a) Maintain capacity at 270 cases	270 pcm	176 avg YTD	Amber
b) 90 new cases per year	67.5	86	Green

Comment

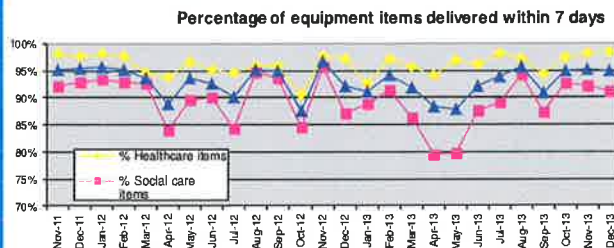
AIM: to ensure access to services for people experiencing their first episode of psychosis

During 2011-12 this increased slightly to 136 new cases. Annual performance for 2012-13 was 107 new cases, which was 119% of target.

Activity over the last year is more closely aligned to the target thresholds. New CMHT models has reduced the numbers of dedicated EIS cases since the Q3 period, which is being reviewed in light of the new service pathways.

The position over Quarter 1 was 129% achievement of target, Q2 was 106% and Q3 was 146%. The YTD position is 127%.

Access to Community equipment



	Threshold	Month actual	Year to date	Status
% Healthcare items delivered within 7 days of assessment	> 95%	98.3%	96.7%	Green

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 health and social care items within 7 days. The annual performance for 2012/13 was 95.2% health items, 89.2% social care and 92.4% overall.

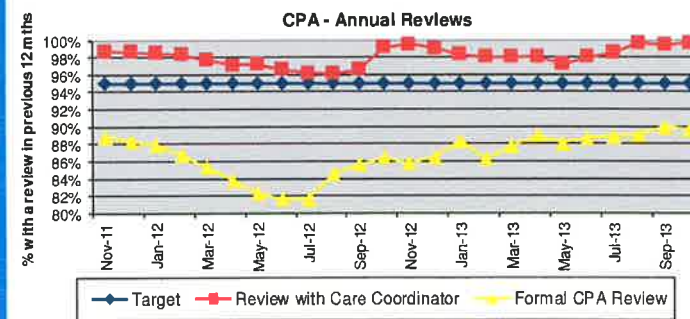
Increasing variability in performance has occurred through the previous year, mainly due to delays in orders reaching the service and occasional high peaks in demands placed on the services. Significant challenges were experienced over the April-May 13 period due to uncertainty over the arrangements for procurement of social care related items. These have been confirmed and backlogs have been progressed.

YTD Performance is 96.6% (Health) and 87.8% (Social Care)

Provision of social care

	NEXT UPDATE IN FEB. RE QUARTER 3				
	Q2	Q3	Q4	Q1	Q2
Self Directed Support & Direct Payments					
Total in receipt of a personal budget	388	418	462	517	532
Number waiting to complete support plans	215	290	312	288	236
Care purchasing					
No. of new purchased care packages in the quarter	103	178	108	103	79
No. of people receiving purchased placement	328	214	226	243	253
No. of people receiving purchased placements who are eligible to free after-care under section 117 (Mental Health Act 1983).	141	128	133	138	147
No. of people receiving purchased packages of care following assessment under duties within National Assistance Act 1948 (NAA).	37	41	43	44	40

Care co-ordination - Annual CPA Reviews



	Threshold	Month actual	Status
Annual Review - meet with Care Co-ordinator	95%	99.7%	Green
Annual Review - formal review of care	95%	88.6%	Red

Data Quality

	2012-13				Target
	Q4	Q1	Q2	Q3	
Data completeness: identifiers					
- 6 personal identifiers	99.8%	100.0%	99.8%	100.0%	97%
Data completeness: outcomes					
CPA - Employment status	83.7%	84.0%	84.0%	91.0%	50.0%
CPA - Settled accommodation status	93.5%	93.6%	93.3%	95.0%	
CPA - HoNOS assessment	65.0%	67.0%	77.1%	83.0%	

Quality and Safety Dashboard - Period to December 2013

Incidents/Complaints/Infection Control

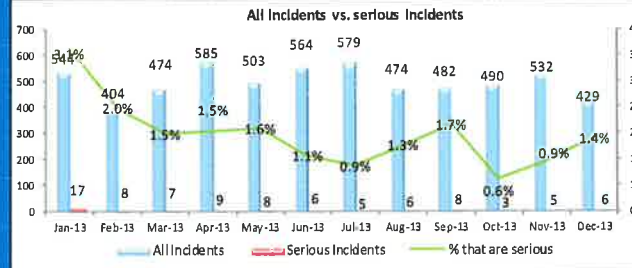
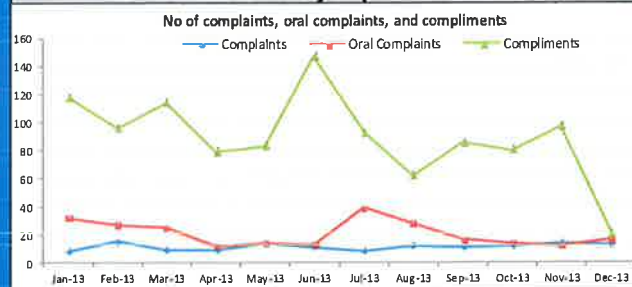
N	Indicator	Result	Last Month
1	MRSA Bacteraemia	0	0
2	C-Diff	0	0
3	Number of Never Events	0	0
4	% of incidents that are Serious	1.4%	0.9%
5	All Incidents Reported	429	532
6	Serious Incidents	6	5
7	Number of Seclusions	25	35
8	Number of new STES Incidents	1	2
9	STES Incidents Closed	3	1
11	All complaints Received	29	26
12	Number of CAS Alerts	23	18

CQC Quality Risk Profile

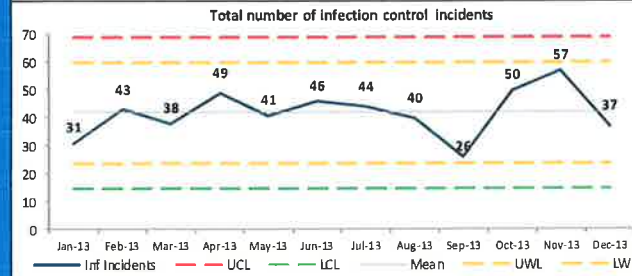
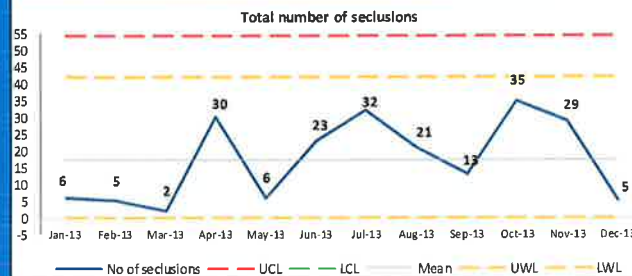
Outcome	Last month	This month
Respecting and involving people who use services		
Consent to care and treatment		
Care and welfare of people who use services		
Meeting Nutritional Needs		
Cooperating with other providers		
Safeguarding people who use services from abuse		
Cleanliness and infection control		
Management of Medicines		
Safety and Suitability of Premises		
Safety, availability and suitability of equipment		
Requirements relating to workers		
Staffing		
Supporting staff		
Assessing/monitoring the quality of service provision		
Complaints		
Records		

For more information on the QRP please contact Tania Baxter on 0114 2263279

Monthly reports



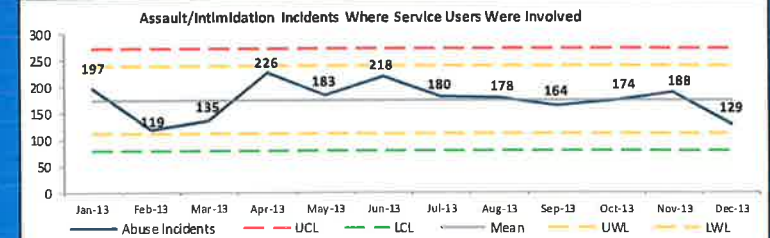
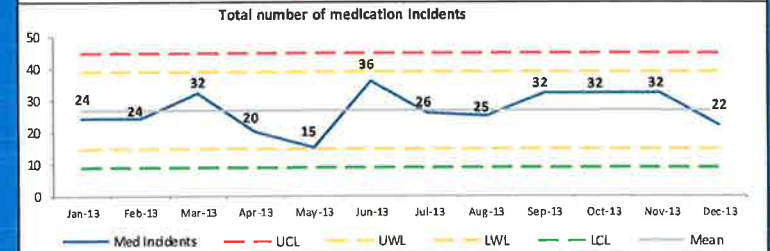
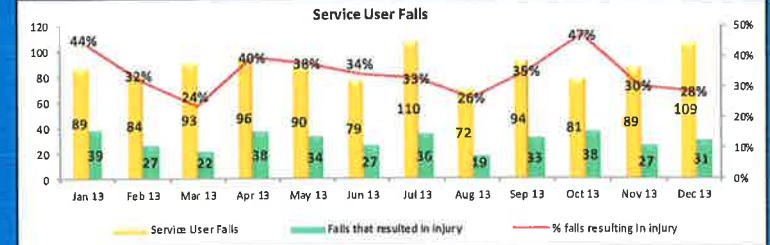
The figure shown for Nov 13 only includes incidents received and recorded as at 13-Dec-2013



Executive Level Serious Incidents

1	Double Homicide (2011) - Community	External inquiry to be commissioned	
3	Suspected Suicide of In-patient	Jury have given verdict	
4	Suspected Suicide of In-patient	Narrative Coroner verdict	
5	Suspected Suicide - Community - Joint with Pethin	Jury inquest over 10 days	
6	Suspected Suicide of In-patient	Service user took own life was the verdict	
Investigation is on schedule			
Investigation may be late			
Investigation is late			

Additional Indicators



About Control Charts

- - - If data goes above this limit it is deemed to be outside of tolerable range.
- - - Same as above but for the lower limit
- Exceeding these limits is acceptable but serves as a warning

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.

DEVELOPING AND PROVIDING MORE INFORMATION TO THE COUNCIL OF GOVERNORS

Earlier in the year work was undertaken with a small group of Governors to develop how the Trust shares and reports to the Governors about how our services are doing and performing. The aim was to get closer to using available information to understand more about what the experience for service users was like.

The following areas were identified and agreed.

- People will have timely access to services (access and waiting times)
- We will make best use of the resources we have
- Care will be well co-ordinated and focussed on your needs
- Your care will be safe
- Delivering improved outcomes and satisfaction

The following pages provide a range of information under the above areas.

The development of the new reporting is an ongoing piece of work within the Trust. We have started with the Community Mental Health Teams, and then the Acute Inpatient services.

To expand on the information reported to the Governors

- More information is being planned for CMHT's and Inpatient services
- Other services will then be included

Ongoing feedback from Governors will continue to shape future reports.

At the October Council of Governors meeting, the information below will be summarised and explained through presentation and discussion.

COMMUNITY MENTAL HEALTH SERVICES DASHBOARD - PERIOD ENDING DECEMBER 2013

GOAL	LAST YEAR	April	May	June	July	August	September	October	November	December	COMMENTS
PEOPLE WILL HAVE TIMELY ACCESS TO THE RIGHT SERVICES											
Number Of New Referrals Received	463 A Month	488	442	432	476	481	458	506	462	466	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.
How Many People Did We Assess	168 A Month	226	195	194	206	156	218	204	207	153	
People Will Be Assessed Within 2 Weeks Of Being Referred	23.77%	20.80%	23.08%	22.68%	24.27%	26.92%	24.31%	26.47%	27.54%	26.14%	We are beginning to make progress on this and are people more quickly than we used to. Average waiting times have reduced.
Average Waiting Time From Referral To Initial Assessment - In Days	76.16	48.69	43.78	44.92	43.22	39.33	51.13	48.62	38.48	36.41	
People Will Access The Support They Need - Proportion Of People After Assessment Who Are Supported With Advice Via GP	41.30%	42.04%	50.77%	41.75%	42.23%	39.74%	41.28%	36.27%	35.27%	39.87%	Following the introduction of the new service model and care pathway, most people we see (88%) for an assessment are being supported with short term interventions, or back with their GP with advice and support from the CMHTeam. Less than 10% of the people we see are in need of ongoing recovery orientated care and support.
People Will Access The Support They Need - Proportion Of People After Assessment Who Are Supported With Short Term Interventions	26.15%	44.25%	36.92%	49.48%	45.63%	52.56%	49.08%	50.49%	56.04%	44.44%	
People Will Access The Support They Need - Proportion Of People After Assessment Who Are Supported With Full Recovery Services	18.42%	11.50%	8.21%	6.70%	9.71%	3.21%	5.05%	7.84%	1.93%	5.88%	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%	45.13%	37.95%	49.48%	47.09%	53.21%	50.92%	51.47%	57.97%	44.44%	
People Will Receive An Assessment When In A Crisis (No. Of Crisis Assessments)	197 A Month	177	195	192	188	212	193	186	178	187	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	48	37	40	40	52	30	28	36	45	
People Will Access Home Treatment When In A Crisis If Appropriate	71 A Month	73	76	77	78	79	69	79	65	61	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 Early Intervention Services If They Need Them	N/A	12	6	12	7	8	13	8	14	13	0

MAKING THE BEST USE OF THE RESOURCES WE HAVE											
Number Of Appointments By Team	10,270	11,129	11,277	10,683	11,798	10,809	11,144	11,908	10,823	9,594	While around 50% of the CMHT clients are supported through short-term only 23%-24% of the overall teams work is being allocated to this area of work.
Proportion Of Appointments - Short Term Care	22.00%	24.40%	22.50%	22.77%	24.00%	23.52%	22.58%	24.35%	25.63%	25.76%	
Proportion Of Appointments - Out Of Hours Crisis Support	6.00%	3.69%	3.68%	4.28%	4.57%	4.78%	3.77%	3.28%	4.44%	5.81%	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 - Home Treatment	16.00%	16.18%	15.96%	16.46%	13.59%	15.64%	15.56%	15.15%	13.46%	15.42%	
Proportion Of Appointments - Recovery Support	59.00%	55.72%	57.86%	56.50%	57.84%	56.06%	58.09%	57.22%	56.46%	53.02%	
Appointments Will Not Be Wasted - Proportion Of Appointments Cancelled	6.58%	5.82%	6.40%	6.13%	6.57%	6.62%	6.24%	6.44%	6.94%	6.96%	Rates of cancelled appointments has remained stable

CARE WILL BE WELL CO-ORDINATED AND FOCUSED ON YOUR NEEDS											
The Duration Of Your Treatment Will Be Kept To A Minimum - Average Duration Of Home Treatment Support	28.9 Days	26.03	28.27	26.59	27.17	29.82	27.18	30.62	20.07	16.21	The duration of home treatment support would be within what we would expect (c.3-4 weeks)
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	178.49	209.72	210.68	214.20	268.45	296.49	325.49	321.78	348.79	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.
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	95	74	59	102	51	82	73	71	57	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	7	9	8	8	7	12	9	12	6	
We Will Consider Your Carers Needs If You Have One - Number Of CPA Clients With No Carer Assessment Been Undertaken Or Offered During	12 A Month	8	6	7	8	1	7	7	2	4	
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	23	25	19	16	20	15	21	12	25	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	18	23	15	26	22	19	14	16	16	0

INPATIENT MENTAL HEALTH SERVICES DASHBOARD - PERIOD ENDING DECEMBER 2013

GOAL	LAST YEAR	April	May	June	July	August	September	October	November	December	COMMENTS
PEOPLE WILL HAVE TIMELY ACCESS TO THE RIGHT SERVICES											
Number of admissions to acute inpatient care - working aged	628 (c.52 per month)	56	48	51	48	73	46	43	43	54	The number of admissions for our Adult Acute wards remains stable, although August was very high. The higher numbers of discharges in July helped the service to maintain reasonable levels of bed occupancy In August (see below) Admissions to the two older adult wards can vary, though overall there has been reduced need for admissions since April. This, along with a stable rate of discharges has influenced the reduced occupancy levels for these two wards. 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)	12	3	7	8	12	6	8	9	9	
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)	3	4	1	0	1	3	2	0	0	
CARE WILL BE WELL CO-ORDINATED AND FOCUSED ON YOUR NEEDS											
Length of stay will be kept to a minimum to support independence, social inclusion and recovery (WORKING AGED)	49.5 days	33	50	44	61	38	63	58	48	44	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)	49.5 days	125	100	91	136	113	150	184	100	68	
Your Discharge Plan Should Support Your On Going Recovery - Number Of Inpatients on CPA followed up within 7 days of discharge	95% (Target = 95%)	100.00%	100.00%	100.00%	96.00%	100.00%	100.00%	100.00%	94.40%	93.80%	
CARE WILL BE SAFE											
Bed occupancy levels will be below 95% - working aged		100%	101%	102%	99%	95%	102%	100%	97%	92%	Generally the occupancy levels have remained around 100% within the 4 adult wards. This is an improvement on previous years, though we continue to aim to reduce them further. The lower rates on the 2 older adult wards reflect the reduced demand upon services following improved community services being put in place.
Bed occupancy levels will be below 95% - older adults		86%	70%	61%	61%	64%	62%	63%	63%	64%	