Monthly Performance Report

Summary report for Council of Governors

Month 5 - Period to end August 2014

Safety Dashboard - Period to August 2014

Falls - Service Users

Service User Falls

Legend: ■ Service User Falls ■ Falls that resulted in injury
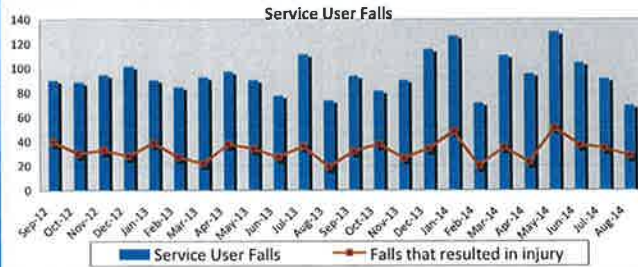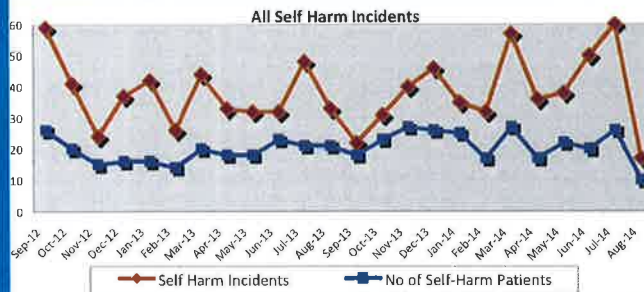
Comment

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

The Trust has seen a reduction in service-user falls and falls with an injury since a peak in May 2014. The majority of falls and injuries take place in the older adult services like G1, Dovedale 1 & 2, Hurlfield View and the the two nursing homes of Birch Avenue and Woodland View. Over the two year period only a single fall has been a serious incident.

Falls assessments are now in place on all units and these are recorded on Insight. This is regularly monitored to ensure that assessments are taking place.

Self Harm

All Self Harm Incidents

Legend: ■ Self Harm Incidents ■ No of Self-Harm Patients

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.

Reporting methods differ between directorates, within the Inpatient directorate the majority of self harm incidents are graded as 1 or Negligible in their impact, within the Community directorate they report more serious or harmful self harm incidents and less of the negligible self harm incidents.

Across the Trust there has been a small rise in the reporting of self harm incidents. Rowan ward and the former Hawthorn ward are the two highest reporters of self harm over the two year period. Of Hawthorn's 119 self harm incidents just a single patient accounted for 105 of the 119.

Figures for Aug 14 will rise as late data is added to the system.

Missing Persons

Missing Persons

Legend: ■ Missing Patient - Low ■ Missing Patient - Medium ■ Missing Patient - High
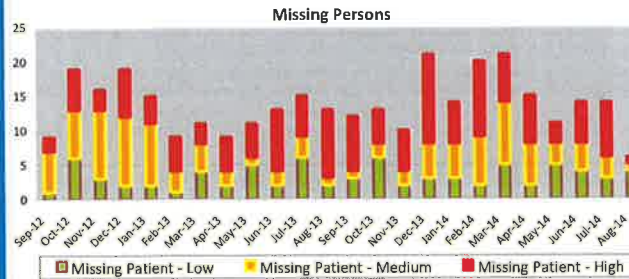
Comment

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 Missing Persons incidents are the 'High' rated patients. Most Missing Persons' incidents are graded as 2 or Minor in impact.

Of the 'High' category patients Maple and Stanage stand out as the highest reporters of missing persons incidents, both had a total of 28 incidents over the 2 year period.

Medication Incidents

Legend: ■ Near-Miss ■ Negligible ■ Minor ■ Moderate ■ Major ■ Catastrophic
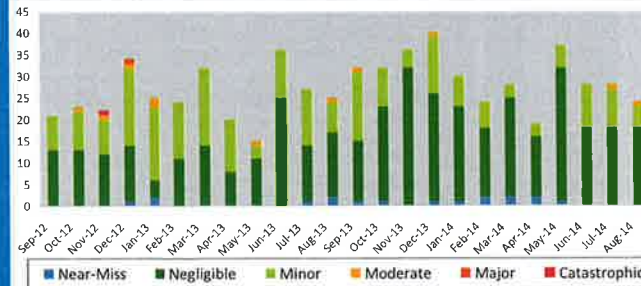
Comment

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. The Pharmacy Team reports the most medication incidents graded higher than 1 / Negligible.
Since the arrival of web incident reporting the Pharmacy Team have been alerted to incidents much more promptly.

There hasn't been a serious medication incident since December 2012 (if using the current definition for a serious incident).

Restraints

All Restraints Incidents

Legend: ■ All restraints ■ Number of Patients Restrained

Comment

All recorded restraint incidents on Safeguard.

Following the implementation of Respect techniques within the Trust, the close monitoring of all restraint and seclusion incidents and due to improved links with ward teams and raised awareness, the number of restraint incidents being reported has increased whilst the actual number of patients being restrained has decreased. The chart above shows the impact on reporting since the commencement of closer working and monitoring.

The majority of restraint incidents have occurred on ITS, which is comparable with the majority of seclusion incidents. The Seclusion Review Group is monitoring restraint and seclusion incidents.

There will be a rise in Restraint incidents as late data is added for the last few months.

Seclusions

All Seclusion Incidents vs. Number of Patients Secluded

Legend: ■ All Seclusions ■ Number of Patients Secluded
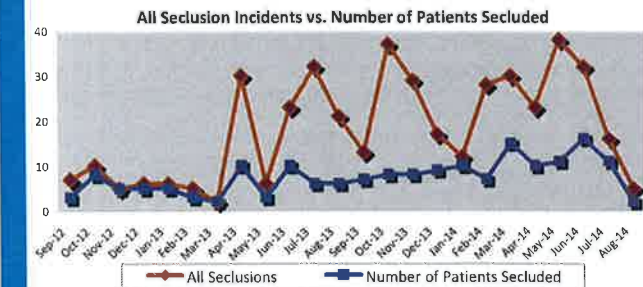
Comment

All recorded seclusion incidents on Safeguard.

The number of recorded Seclusion figures has been subject to peaks and troughs over the last year, this peaks are attributable to the ITS ward where most Seclusion incidents occur. A Seclusion Review Group meets monthly which monitors the use of seclusions within the organisation.

There will be a rise in Seclusion incidents as late data is added for the last few months.

Safety Dashboard Part 2 - Period to August 2014

Incidents & Incidents with Harm

Incidents & Incidents with Harm

Legend: All 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 the ITS ward with Rowan ward a very close second. The highest reporting directorate is the Inpatient service. It is worth noting the vast majority (88%) of incidents with harm are graded Minor or less. The figures for August will rise as more incidents are cleared centrally.

Serious Incidents

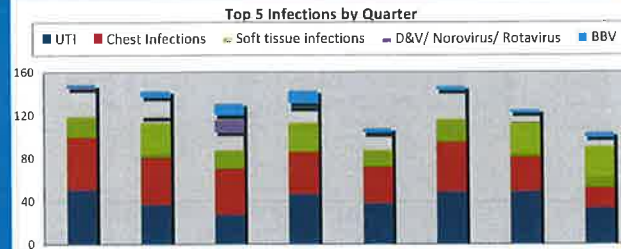### All Serious Incidents

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.

Most serious incidents are attributable to unexpected deaths including suicides. The majority of deaths occur within the Substance Misuse service. Aug 14 is the lowest number of SIs since Oct 2013.
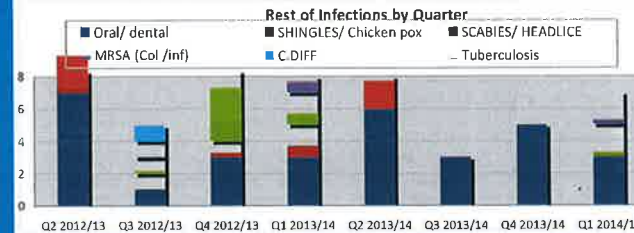
The figures for August will rise as more incidents are cleared centrally.

Infection Control

Top 5 Infections by Quarter

Legend: UTI | Chest Infections | Soft tissue infections | D&V/ Norovirus/ Rotavirus | BBV

Comment

UTIs, chest infection and soft tissues infections incidents remains fairly stable over the preceding 2 years. During the same period there has been a reduction in the number of norovirus outbreaks, this is in part due to a reduction nationally but also because of improved equipment and decontamination processes implemented across the Trust.

Rest of Infections by Quarter

Legend: Oral/ dental | SHINGLES/ Chicken pox | SCABIES/ HEADLICE | MRSA (Col /inf) | C.DIFF | Tuberculosis

Q2 2012/13   Q3 2012/13   Q4 2012/13   Q1 2013/14   Q2 2013/14   Q3 2013/14   Q4 2013/14   Q1 2014/15

Comment

Two of the C.diff identified are attributed to the same individual who had problems with chronic UTI, and repeated courses of antibiotics. All the MRSA's reported were infections identified within soft tissue wounds. The two tuberculosis cases were both closed infections, posing no risk to either staff or patients.

Deaths

Outcome	2012/13	2013/14	2014/15
Awaiting Coroners Inquest	3	21	34
Closed	16	22	4
Conclusion - Accidental	5	4	
Conclusion - Alcohol/Drug Related	3	4	
Conclusion - Misadventure	8	3	
Conclusion - Narrative	13	5	
Conclusion - Natural Causes	16	8	
Conclusion - Suicide	20	9	
Conclusion: Open	1		
Ongoing		1	
Natural Causes - No Inquest	47	29	9
Grand Total	132	106	47

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

NB The figures given under 2014/15 above only include data to 31st August 2014. Figures will update throught the rest of the financial year.

Verbal, Physical Assault & Intimidation - Patients

Legend: All Abuse/Intimidation | All Abuse/Intimidation with Harm
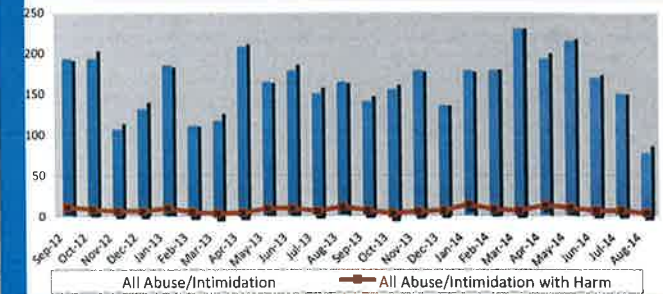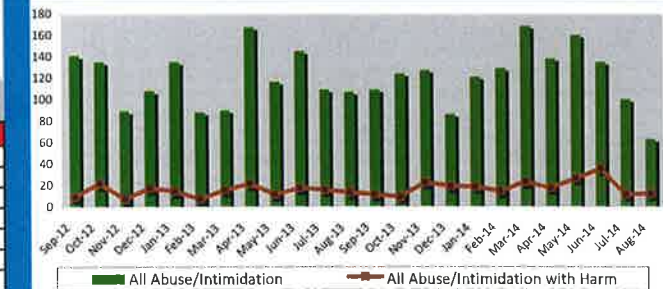
Comment

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.

G1, ITS and the LD ISS are the highest reporting teams for these types of incidents by a clear margin. When comparing directorates the Inpatient service is the highest reporter followed by Specialist Services and Learning Disabilities.

In terms of harm the Specialist directorate report the most by a clear margin and G1 are the highest reporting team. The most common injury is Laceration/Cut followed by Abrassion/Graze.

The figures for August will rise as more incidents are cleared centrally.

Verbal & Physical Assault & Intimidation - Staff

Legend: All Abuse/Intimidation | All Abuse/Intimidation with Harm

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.

As with the Patients the top three reporters here are ITS, G1 and LD ISS. The Inpatient Directorate is by far the highest reporter.

Of the incidents involving harm, the most common injury is Bruise/Swelling which differs from patients where Laceration/Cut was the most common injury.

The figures for August will rise as more incidents are cleared centrally.

Crisis Resolution - Home Treatment Episodes

Crisis Resolution And Number of Home Treatment Episodes

Home Treatment Episodes Per Month — — — Home Treatment Target Per Month
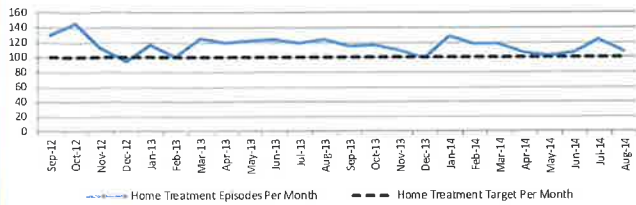
|	Annual Target	Target To Date	YTD	Status (YTD)
Episodes Of Home Treatment	1,202	501	547	

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)

% Gatekept — — — Gatekeeping Target %
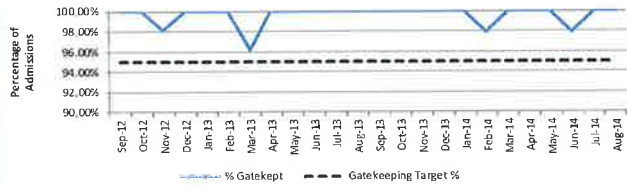
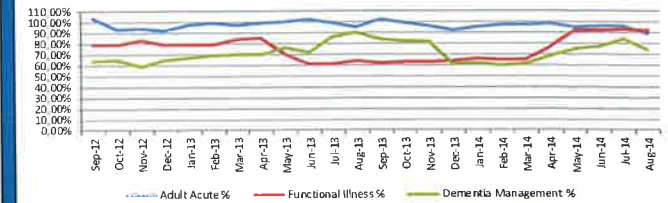|	Target	Month Actual	YTD	Status (In Mth)
Acute Admissions Assessed For Home Treatment	95.00%	100.00%	99.62%	

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 (%)

Adult Acute % — Functional Illness % — Dementia Management %

Occupancy Levels	Month Target	Month Actual	YTD	Status (In Mth)
Acute	95.00%	89.61%	95.31%	
Functional Illness	95.00%	92.26%	89.02%	
Dementia Management	95.00%	74.55%	75.89%	

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%. This is a positive position although pressures continue to be experienced.

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 Pychiatric Intensive Care

Acute — PICU
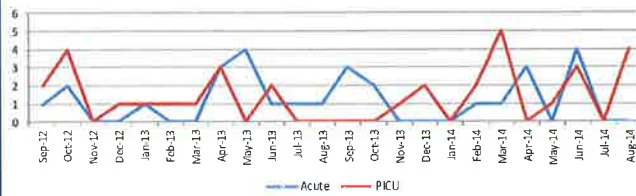
	Monthly Target	Month Actual	YTD	Status (YTD)
Acute Out of Town Admission	1-2	0	7	
PICU Out of Town Admissions	1-2	4	8	

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 occassions) 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
3 people were sent outside of Sheffield in June, with 2 of them returning within the same month, with an average time away from Sheffield of 13 days.

Delayed Discharges

% DTOCs - (April 12 to date)

Health DTOCs — All DTOC's — Threshold

Week No.
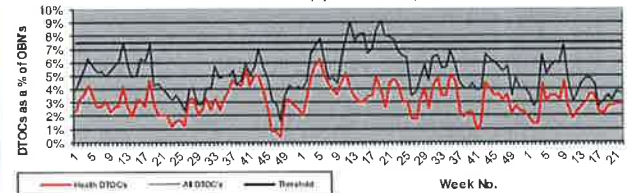
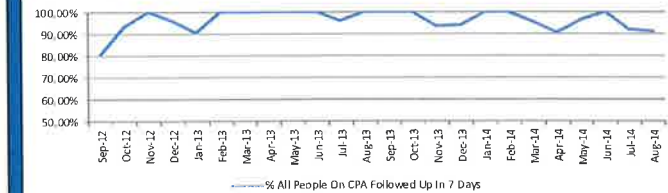|	Target	Month actual	Q1 Actual	
% of health delays	under 7.5%	2.7%	2.8%	
% of all delays	under 7.5%	3.6%	4.7%	

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.

During Q2 in 2013/14 rates overall were 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 were noted through Q3, and this has generally been maintained since then.

CPA 7 Day Follow Up - Post Discharge

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

% All People On CPA Followed Up In 7 Days

Follow Up Rate	Target	Month Actual	YTD	Status (In Mth)
7 Day Follow Up - Rate Post Discharge	95.00%	91.30%	94.29%	

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%.

2 people were not followed up in July. Both clients had appointments for follow up and DNA'd. Subsequently second appointments were arranged which both clients DNA'd. Neither client was accessible by phone. Both clients have since received follow up contact but this was outside of the 7 day target period. 2 pople were not followed up in August and case reviews are being undertaken.

SERVICE DELIVERY - PERIOD TO AUGUST 2014

Access - Numbers Entering IAPT Services

IAPT - New Cases (Number Of People Accessing Services)

Legend: IAPT New Cases — — — IAPT New Cases - Monthly Target
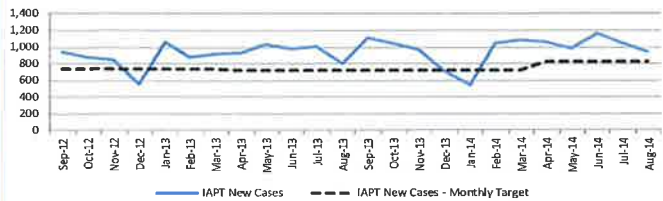
	Annual Target	YTD Target	YTD Actual	Status (YTD)
Number Of People Access Service	10,008	4,170	5,187	

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

Early Intervention Services - Numbers Entering Service

Legend: Number of New EIS Cases — — — New EIS Case Target
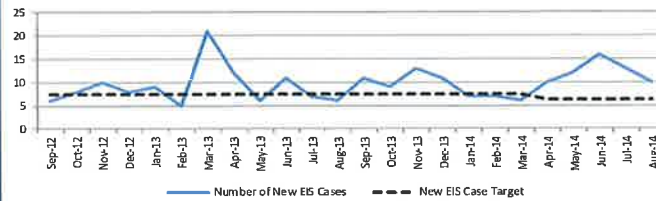
	Annual Target	YTD Target	YTD	Status (YTD)
Number Cases Per Year	75	31	61	
Overall Caseload	270	270		

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

	Q2	Q3	Q4	Q1
Self Directed Support & Direct Payments				
Total in receipt of a personal budget	532	603	635	622
Number waiting to complete support plans	236	204	219	332
Care purchasing				
No. of new purchased care packages in the quarter	79	145	97	175
No. of people receiving purchased placement	253	232	216	226
No. of above who are eligible to free after-care under section 117	147	149	151	156
No. of people receiving purchased packages of care following assessment under duties within National Assistance Act 1948 (NAA).	40	39	39	39

Data Quality

	Target	Q2	Q3	Q4	Q1
Personal Identifiers	97.00%	99.5%	100.0%	100.0%	99.70%
Outcomes	50.00%	84.0%	91.0%	91.0%	96.20%
CPA - Employment Status		92.7%	95.0%	95.0%	97.00%
CPA - Settled Acc. Status		83.1%	95.0%	95.0%	97.40%
CPA - HoNOS Outcomes		77.1%	93.0%	93.0%	94.50%

Access - Waiting Times

Waiting Times For External Referrals - Trust Wide Averages

Legend: Wait 0<6, Wait 6<12, Wait 12<18, Wait 18+, Not Known, % 18+ weeks
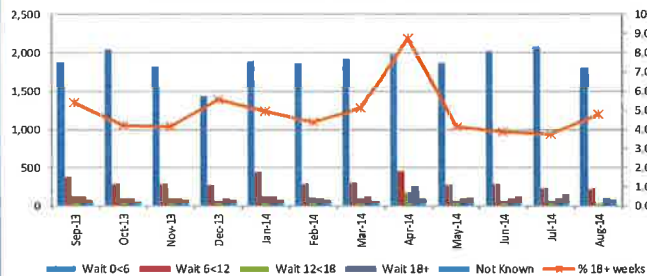
Comment

AIM: to ensure timely access to services

2,259 new referrals were removed from waiting lists in August 80% of those had waited less than 6 weeks and 4.7% 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.

Access To Community Equipment

Community Equipment (SCELS) - Items Delivered With 7 Days Of Order

Legend: Health Items, Social Care Items, All Items
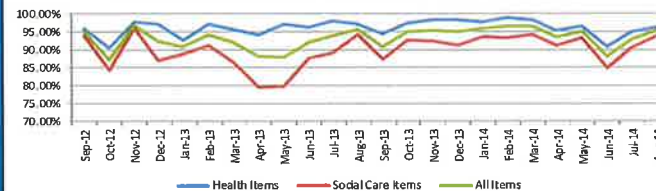
| Delivered In 7 Days	Month Target	Month Actual	YTD	Status (YTD)
Health Items	95.00%	96.30%	94.77%	
Social Care Items	95.00%	93.82%	90.56%	
Total (All Items)	95.00%	95.33%	92.93%	

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

CPA - Formal Review Of Care Within Previous 12 months For People On CPA

Legend: Total - % CPA Reviewed — — — Target % For CPA Reviewed
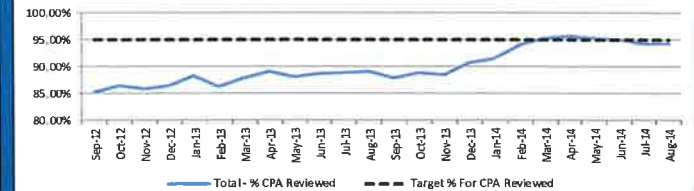
	Target	Month Actual	Status (In Mth)
Formal Review In Last 12 Months	95.00%	94.36%	

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 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.

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 AUGUST 2014

GOAL	LAST YEAR 2012-13	January	February	March	Annual 2013-14	Monthly average	April	May	June	July	August	COMMENTS
PEOPLE WILL HAVE TIMELY ACCESS TO THE RIGHT SERVICES												
Number Of New Referrals Received	463 A Month	439	505	474	5,630	469	469	457	431	495	424	
Divert / Signpost							58	69	66	71	65	The information to the left shows what happens to the referrals received.
Further Information Required							11	7	12	6	12	
MHA / Crisis Assessment/ Accepted for Home Treatment							13	12	7	12	14	In August 15% of the referrals were signposted to other services, 78% seen by the Trust, 3% resulted in requests for more information and 4% the outcome is unclear.
SCP - Other SHSC Service							19	20	16	29	12	
SCP Assessment							351	332	311	355	304	
Invalid/ No Outcome							17	17	19	22	17	
How Many People Did We Assess	168 A Month	189	175	203	2,345	195	159	203	185	198	151	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%	21.16%	26.29%	27.09%	24.48%	24.48%	20.75%	22.17%	22.16%	23.74%	22.52%	
Average Waiting Time From Referral To Initial Assessment - In Days	76.16	47.83	36.65	38.87	43.67	43.67	40.17	47.41	46.39	45.43	41.04	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%	42.86%	38.29%	40.39%	43.75%	43.75%	49.06%	36.45%	40.00%	43.43%	38.41%	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.
People Will Access The Support They Need - Proportion Of People After Assessment Who Are Supported With Short Term Interventions	26.15%	47.62%	53.71%	48.77%	46.82%	46.82%	39.62%	54.19%	45.95%	43.43%	49.01%	
People Will Access The Support They Need - Proportion Of People After Assessment Who Are Supported With Full Recovery Services	18.42%	6.88%	2.29%	7.88%	7.29%	7.29%	7.55%	2.96%	5.95%	4.04%	1.99%	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 Who Received Short Term Support Who Went On To Need Full Recovery Support	37.50%	47.62%	54.86%	49.75%	47.80%	47.80%	40.88%	55.17%	48.65%	44.44%	49.67%	
People Will Receive An Assessment When In A Crisis (No. Of Crisis Assessments)	197 A Month	212	201	196	2,316	193	210	181	175	196	171	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	56	40	52	504	42	40	48	39	46	48	
People Will Access Home Treatment When In A Crisis If Appropriate	71 A Month	82	72	74	889	74	73	67	61	76	74	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	8	7	6	117	10	10	12	16	13	10	

	LAST YEAR 2012-13	January	February	March	Annual 2013-14	Monthly average	April	May	June	July	August	COMMENTS
MAKING THE BEST USE OF THE RESOURCES WE HAVE												
Number Of Appointments By Team	10,270	11,679	10,840	11,006	132,848	11,071	10,885	10,878	10,934	11,761	9,854	
Proportion Of Appointments - Short Term Care	22.00%	24.97%	24.56%	24.01%	24.08%	24.08%	22.66%	22.73%	23.22%	22.60%	21.01%	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 - Out Of Hours Crisis Support	6.00%	4.16%	5.58%	6.67%	4.53%	4.53%	6.89%	6.63%	5.81%	6.02%	7.65%	
Proportion Of Appointments - Home Treatment	16.00%	13.91%	14.53%	15.84%	15.11%	15.11%	13.73%	15.44%	13.34%	14.68%	15.99%	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 - Recovery Support	59.00%	56.97%	55.33%	53.48%	56.29%	56.29%	56.71%	55.19%	57.63%	56.70%	55.35%	
Appointments Will Not Be Wasted - Proportion Of Appointments Cancelled	6.58%	7.02%	6.70%	6.36%	6.51%	6.51%	6.99%	6.88%	6.89%	6.89%	7.18%	Rates of cancelled appointments has remained stable

CARE WILL BE WELL CO-ORDINATED AND FOCUSSED ON YOUR NEEDS

Goal	Last Year	January	February	April	Annual	Monthly	April	May	June	July	August	Comments
The Duration Of Your Treatment Will Be Kept To A Minimum - Average Duration Of Home Treatment Support	28.9 Days	22.96	19.25	22.21	27.87	27.87	22.88	24.79	23.98	24.04	17.92	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	390.25	401.10	415.82	288.88	288.88	404.57	434.68	435.52	420.10	560.61	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	71	69	80	750	63	73	67	64	56	54	This information is based on the circumstances of people whoe had a CPA Review during the month. The CPA Review will identify in most cases the
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	13	6	7	97	8	10	8	4	10	4	need to undertake a review, and this should be followed up accordingly. We are exploring ways of trying to monitor performance differently for this
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	2	4	8	58	5	5	2	11	3	5	agenda.
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	19	19	26	243	20	20	18	26	31	34	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	21	18	19	224	19	9	25	15	21	21	

INPATIENT MENTAL HEALTH SERVICES DASHBOARD - PERIOD ENDING JULY 2014

GOAL	LAST YEAR 2012-13	January	February	April	Annual 2013-14	Monthly average	April	May	June	July	August	COMMENTS
PEOPLE WILL HAVE TIMELY ACCESS TO THE RIGHT SERVICES												
Number of admissions to acute inpatient care - working aged	628 (c.52 per month)	65	50	61	634	53	47	58	54	53	58	The number of admissions for our Adult Acute wards remains stable, with a range of 45 - 58 being the normal months activity. Admissions to the two older adult wards can vary, though overall there has
Number of admissions to acute inpatient care - frail / elderly	144 (c.12 per month)	12	5	5	91	8	10	9	6	5	7	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.
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)	0	1	0	15	1.25	3	0	4	0	0	The need to send people away from Sheffield to access an Acute bed has remained low.
CARE WILL BE WELL CO-ORDINATED AND FOCUSSED ON YOUR NEEDS												
Length of stay will be kept to a minimum to support independence, social inclusion and recovery (WORKING AGED)	49.5 days	47	33	44.6	43.9	43.9	32	36	37	48	55	
Length of stay will be kept to a minimum to support independence, social inclusion and recovery (OLDER ADULT)	120 days	80	111	119	115.9	115	105	109	82	145	99	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.
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%	100%	96%	96.4%	96%	90%	96%	100%	92%	91%	
CARE WILL BE SAFE												
Bed occupancy levels will be below 95% - working aged		95%	97%	97%	98%	98%	98%	95%	96.5%	96.6%	89.6%	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
Bed occupancy levels will be below 95% - older adults		66%	65%	65%	66%	66%	76%	92%	92.2%	93.5%	92.2%	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.