



Council of Governors  
16th December 2014  
Item 5

# Monthly Performance Report

Summary report for Council of Governors

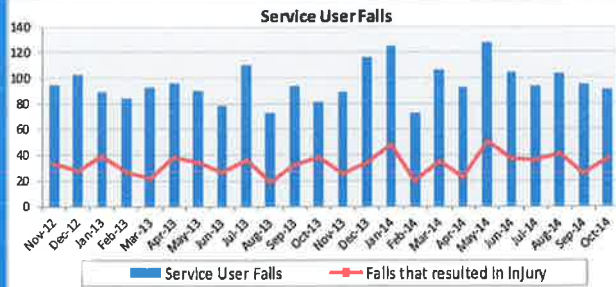
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Month 7 - Period to end October 2014

Report Issued: December 2014  
See Glossary at end

## Safety Dashboard - Period to October 2014

### Falls - Service Users



**Comment**

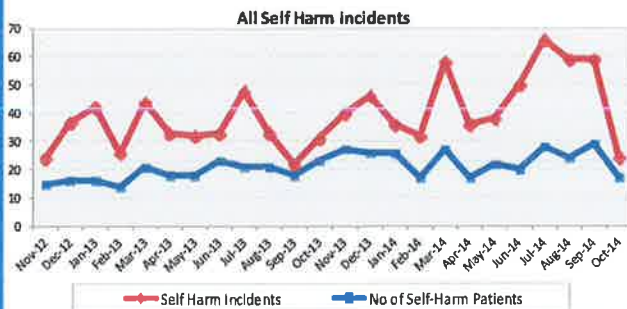
All service user falls recorded on the system, the red line shows how many of those falls resulted in an injury.

The majority of falls and injuries take place in the older adult services like G1, Dovedale 1 & 2, Hurfield 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 Oct 14 may rise as late data is added to the system.

### Self Harm



**Comment**

All service user self-harm incidents recorded on Safeguard.

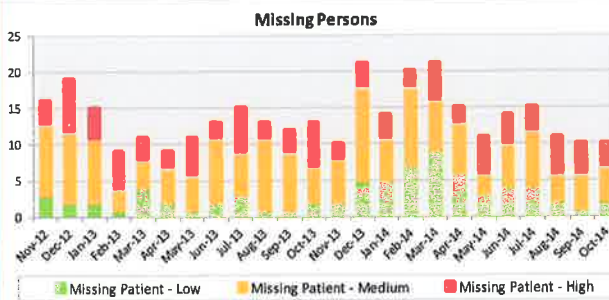
The majority of self harm incidents take place within the Inpatient directorate, Learning Disabilities service is the second highest reporter of self harm incidents.

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

Over the two year period there were 9 x serious incidents as a result of self-harm.

Figures for Oct 14 may rise as late data is added to the system.

### Missing Persons



**Comment**

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

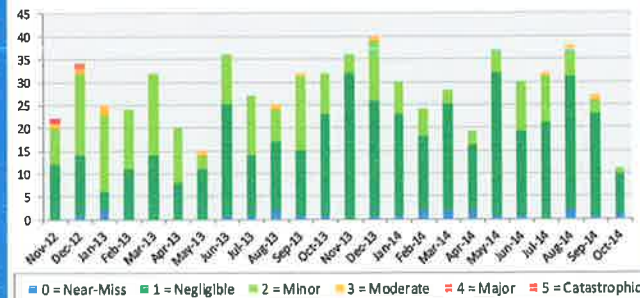
The vast majority of Missing Persons incidents occur within the Inpatient directorate, primarily on the 4 x adult acute wards of Rowan, Maple, Stange and Burbage. The majority of those missing Missing Persons incidents are the 'Medium' rated patients. Most Missing Persons' incidents are graded as 2 or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

The overall number of Missing Persons incidents has been decreasing since its highest level in Mar 2014.

Stange ward are the highest reporters of both 'Medium' and 'High' rated missing persons.

Figures for Oct 14 may rise as late data is added to the system.

### Medication Incidents



**Comment**

All recorded medication incidents broken down by Actual Impact.

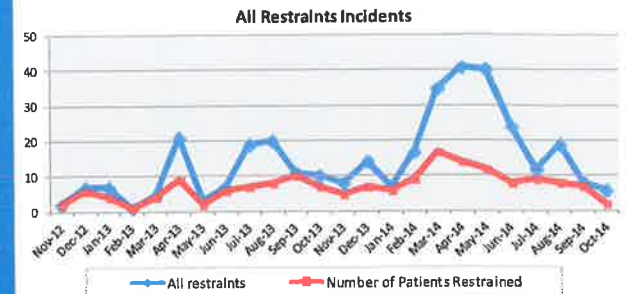
The highest reporter of Medication Incidents is the Inpatient directorate followed by the Learning Disabilities directorate. Most medication incidents are graded as 1 / Negligible.

The Pharmacy department are the highest reporter at dept level. Teams that use the E-incident system automatically have their medication incidents sent to the Pharmacy team. The highest reporting frontline department over the two year period is 142 Wensley St.

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

Figures for Oct 14 may rise as late data is added to the system.

### Restrains



**Comment**

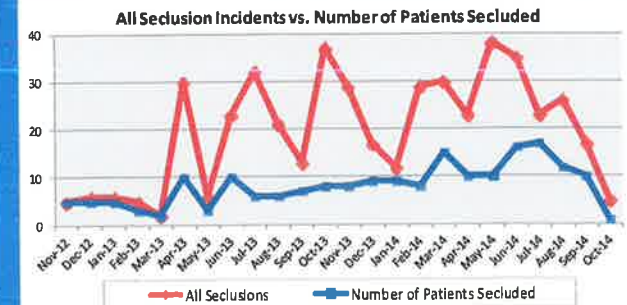
All recorded restraint incidents on Safeguard.

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. As a single patient can create a steep rise in incidents so by including the number of people restrained the chart keeps things in context.

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.

Figures for Oct 14 may rise as late data is added to the system.

### Seclusions



**Comment**

All recorded seclusion incidents on Safeguard.

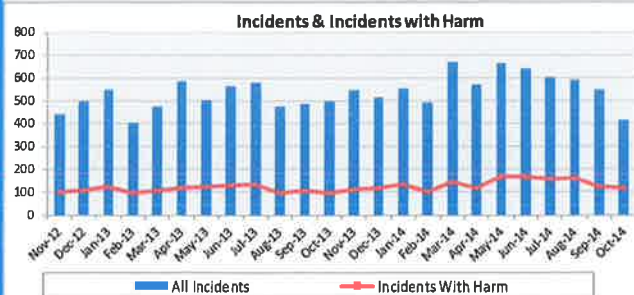
There has been a noticeable reduction in the number of seclusions since May 2014, from Jul 2014 the number of unique patients secluded has been dropping too. Late data for Sep 14 and Oct 14 means we can't make a definitive conclusion for recent months but this would not impact greatly on the figures.

A Seclusion Review Group meets monthly which monitors the use of seclusions within the organisation.

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

## Safety Dashboard Part 2 - Period to October 2014

### Incidents & Incidents with Harm



**Comment**

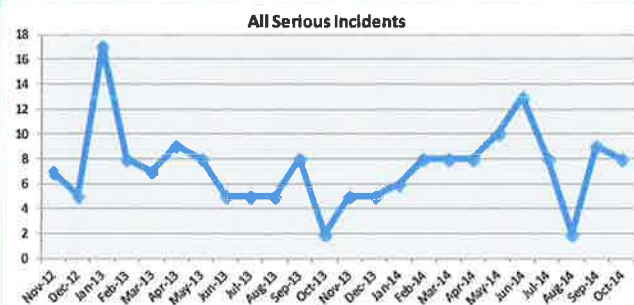
All recorded incidents on the system are defined as 'Incidents'. Incidents with Harm is all recorded incidents on the system where an injury has been assigned.

The highest reporting team in SHSC over the two year period is Woodland View averaging 47 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.

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

The figures for October 2014 may rise as more incidents are cleared centrally.

### Serious Incidents



**Comment**

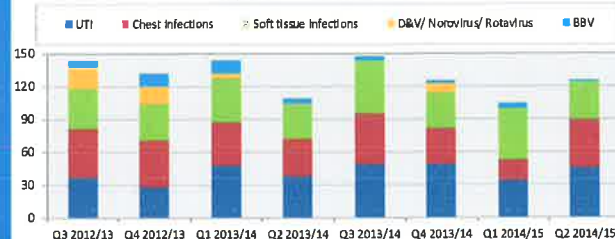
All recorded incidents that have been graded as serious 'SI'.

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.

### Infection Control

#### Top 5 Infections by Quarter



**Comment**

UTIs, chest infection and soft tissues infections incidents remained 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. Blood Borne Virus infections have also improved over the 2 year period.

#### Rest of Infections by Quarter



**Comment**

The C-Diff incidents in the last quarter is a single patient reported in each of the 3 months. The MRSA Col/Inf incidents in the last quarter is a single patient reported in 2 months and a single patient reported once. For C-Diff and MRSA the policy in SHSC is to report it each month if the case is ongoing.

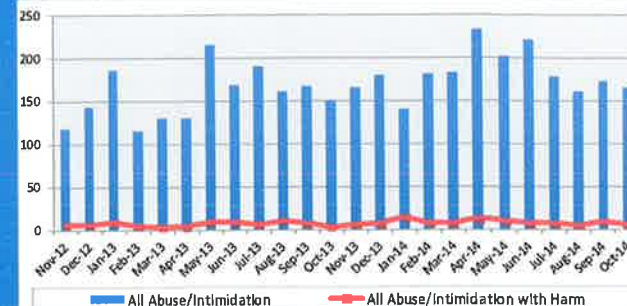
### Deaths

Outcome	2012/13	2013/14	2014/15
Awaiting Coroners Inquest	3	20	43
Closed	16	22	4
Conclusion - Accidental	5	5	
Conclusion - Alcohol/Drug Related	3	4	
Conclusion - Misadventure	8	3	
Conclusion - Narrative	13	5	2
Conclusion - Natural Causes	16	8	
Conclusion - Suicide	20	9	1
Conclusion: Open	1		
Ongoing		1	
Natural Causes - No Inquest	47	29	17
<b>Grand Total</b>	<b>132</b>	<b>106</b>	<b>67</b>

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 11th November 2014. Figures will update throughout the rest of the financial year.

### Verbal, Physical Assault & Intimidation - Patients



**Comment**

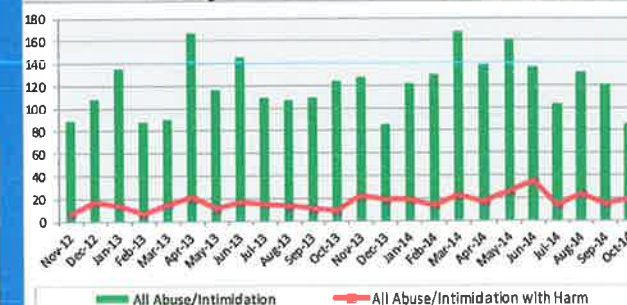
All recorded verbal/physical abuse or intimidation incidents against service users. This does not include sexual abuse, racial abuse or 'other' abuse incidents. Harm is defined as an incident with an injury assigned to it.

Woodland View, G1, and ITS 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 are the highest reporting team. The most common injury is Laceration/Cut followed by Bruise/Swelling.

The figures for October 2014 may rise as more incidents are cleared centrally.

### 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 and the ISS. In terms of assaults where harm occurred the highest reporter is Woodland View followed by Birch Avenue and G1.

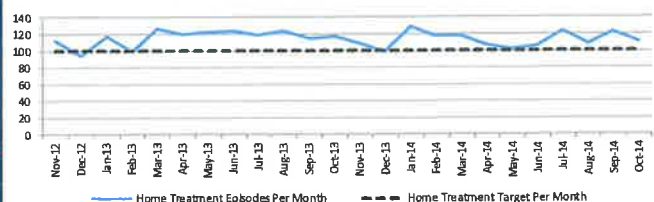
Of the incidents involving harm, the most common injury is Bruise/Swelling which differs from patients where Laceration/Cut was the most common injury.

The figures for October may rise as more incidents are cleared centrally.

## SERVICE DELIVERY - PERIOD TO OCTOBER 2014

### 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	701	781	

#### Comment

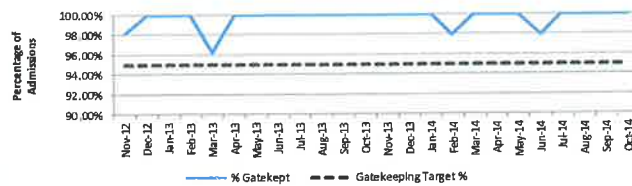
**AIM:** to provide home treatment to people experiencing a mental health crisis as an alternative to hospital admission.

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%	99.74%	

#### Comment

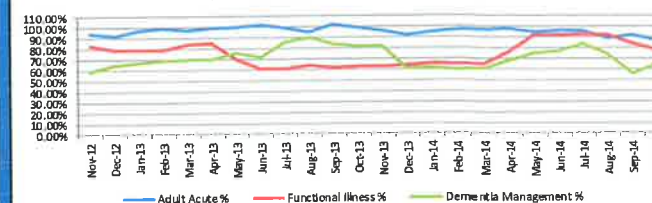
**AIM:** to ensure all people admitted for acute inpatient care are considered and assessed (gate kept) for home treatment prior to decision to admit.

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%	87.10%	93.63%	
Functional Illness	95.00%	78.60%	86.81%	
Dementia Management	95.00%	65.05%	71.57%	

#### Comment

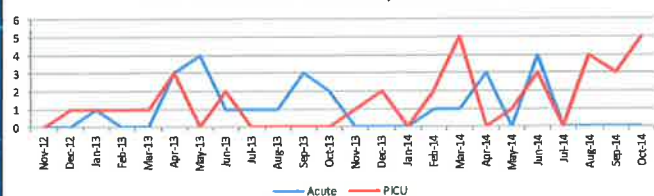
**AIM:** to support safe and effective care through 95% occupancy

**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 Admission:	1-2	0	7	
PICU Out of Town Admissions	1-2	5	16	

#### Comment

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

#### Acute

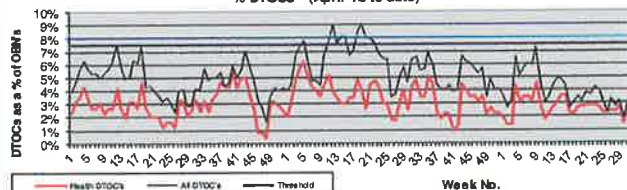
Out of town admissions in April were due to no beds being available (2 occasions) and 1 person needing care in an all male ward. All returned on average in 11-12 days. 4 people were sent out of town in June, with 3 people returning during the month with an average time away from Sheffield of 3.6 days.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

#### PICU

Increased pressures on the PICU are reported over the last 3 months, resulting in 12 people being sent out of town due to lack of access within the ITS. Issues relating to service pressures are being reviewed.

### Delayed Discharges

% DTOCs - (April 12 to date)



	Target	Month actual	Q2 Actual	Status (YTD)
% of health delays	under 7.5%	2.3%	2.7%	
% of all delays	under 7.5%	2.9%	3.7%	

#### Comment

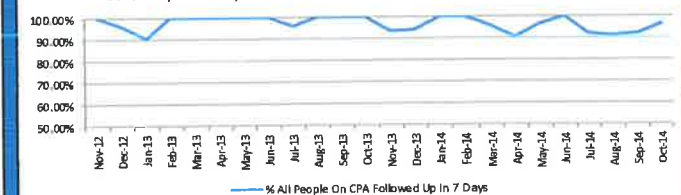
**AIM:** to ensure people are discharged when they are ready to do so.

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



Follow up Rate	Target	Month Actual	YTD	Status (In Mth)
7 Day Follow Up - Rate Post Discharge	95.00%	96.67%	94.41%	

#### 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%.

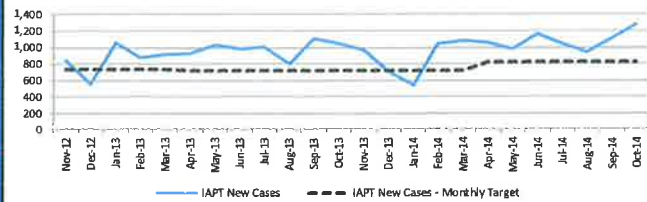
The 90% position for April was due to the very low numbers of discharge of people on CPA during the month. 10 people were discharged, and 1 person wasn't followed up resulting in a 90% follow up rate. The circumstances relating to this have been previously reported. The target was achieved for May and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

The service has failed to achieve the standard over Quarter 2, with performance below the required threshold in each of the three months. The circumstances behind this have been reported to the Board (October 14). The target was achieved in October, with 1 client not followed up. The circumstances are currently being reviewed.

**SERVICE DELIVERY - PERIOD TO OCTOBER 2014**

**Access - Numbers Entering IAPT Services**

**IAPT - New Cases (Number Of People Accessing Services)**



Number Of People Access Service	Annual Target	YTD Target	YTD Actual	Status (YTD)
	10,008	5,838	7,571	Green

**Comment**

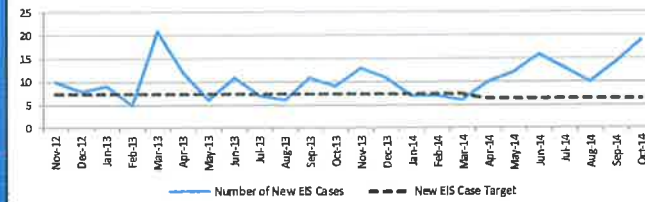
**AIM:** to improve access to psychological therapies for people with common mental health problems

Last year the Service saw 10,735 clients against a target of 8,648. 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**



Number Cases Per Year	Annual Target	YTD Target	YTD	Status (YTD)
Overall Caseload	270	270	94	Green

**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**

	Q3	Q4	Q1	Q2
<b>Self Directed Support &amp; Direct Payments</b>				
Total in receipt of a personal budget	603	635	622	653
<b>Care purchasing</b>				
No. of new purchased care packages in the quarter	145	97	175	210
No. of people receiving purchased placement	232	216	226	246
No. of above who are eligible to free after-care under section 117	149	151	156	170
No. of people receiving purchased packages of care following assessment under duties within National Assistance Act 1948 (NAA).	39	39	39	37

**Data Quality**

	Target	Q3	Q4	Q1	Q2
<b>Personal Identifiers</b>	97.00%	99.9%	100.0%	100.0%	99.80%
<b>Outcomes</b>	50.00%	91.0%	91.0%	95.20%	96.00%
CPA - Employment Status		95.0%	95.0%	97.00%	96.20%
CPA - Settled Acc. Status		95.0%	95.0%	97.40%	97.10%
CPA - HoNOS Outcomes		83.0%	83.0%	94.50%	94.20%

**Access - Waiting Times**

**Waiting Times For External Referrals - Trust Wide Averages**



**Comment**

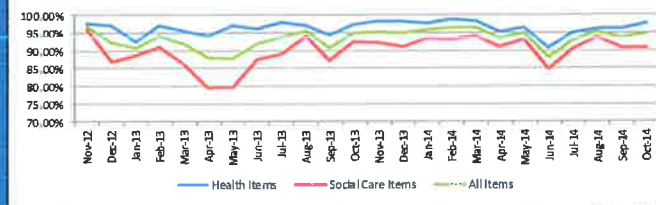
**AIM:** to ensure timely access to services

4,162 new referrals were removed from waiting lists in October. 77.8% of those had waited less than 6 weeks and 2.2% 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) - Rems Delivered With 7 Days Of Order**



Delivered In 7 Days	Month Target	Month Actual	YTD	Status (YTD)
Health Items	95.00%	97.63%	95.45%	Green
Social Care Items	95.00%	90.77%	90.61%	Red
Total (All Items)	95.00%	94.71%	93.35%	Red

**Comment**

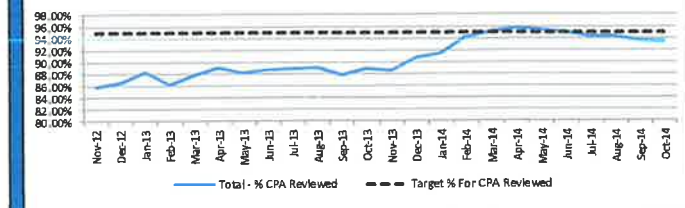
**AIM:** to ensure timely delivery of aids & equipment to support community care

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**



	Target	Month Actual	Status (In Mth)
Formal Review In Last 12 Months	95.00%	93.38%	Red

**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 month's report.

<b>GLOSSARY AND DEFINITIONS</b>	
<b>INDICATOR</b>	<b>Comments</b>
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 OCTOBER 2014

GOAL	2012-13	Annual 2013-14	Monthly average	April	May	June	July	August	September	October	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	This year average referral numbers have been around 475 a month.
Divert / Signpost				58	69	66	69	64	76	86	The information to the left shows what happens to the referrals received.  Over the last four months 15% of the referrals were signposted to other services, 74.3% were assessed by the Trust (CMHT or other services), 1.7% resulted in requests for more information and 5.8% the outcome is unclear (this group is being analysed further).
Further Information Required				11	7	12	6	8	7	13	
MHA / Crisis Assessment/ Accepted for Home Treatment				13	12	7	11	15	12	10	
SCP - Other SHSC Service				19	20	16	32	12	19	22	
SCP Assessment				351	332	311	356	312	331	392	
Invalid/ No Outcome				17	17	19	21	14	41	39	
How Many People Did We Assess	168 A Month	2,345	195	159	203	185	195	154	188	243	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%	19.75%	We are beginning to make progress on this and are seeing people more quickly than we used to. Average waiting times have reduced.
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	42.05	
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%	34.98%	Following the introduction of the new service model and care pathway, most people we see (c90%) 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%	52.67%	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 Full Recovery Services	18.42%	7.29%	7.29%	7.55%	2.96%	5.95%	4.10%	1.95%	3.72%	3.70%	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%	53.09%	
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	32	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	46	48	5	0	
People Will Access Home Treatment When In A Crisis If Appropriate	71 A Month	889	74	73	67	61	76	74	81	79	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	117	10	10	12	16	13	10	14	19	

<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	12,104	
Proportion Of Appointments - Short Term Care	22.00%	24.08%	24.08%	22.66%	22.73%	23.22%	22.55%	20.99%	23.20%	24.19%	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.
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%	6.84%	
Proportion Of Appointments - Home Treatment	16.00%	15.11%	15.11%	13.73%	15.44%	13.34%	14.65%	15.93%	14.83%	18.49%	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%	56.29%	56.29%	56.71%	55.19%	57.63%	56.80%	55.45%	56.09%	50.48%	
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%	6.35%	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	16.56	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	587.35	
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	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	10	
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	31	
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	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%	100.00%	