

TO: 2gether NHS Foundation Trust Board

FROM: David McGrath – Director of Corporate Affairs

DATE: 25th April 2008

SUBJECT: PERFORMANCE DASHBOARD 2007/08 OUTTURN REPORT

1. PURPOSE

To update the Board on performance against key performance measures and targets between April 2007 and March 2008.

2. SUMMARY OF KEY POINTS

- The Trust has met or exceeded 41 of the 51 national and local target areas contained in the performance dashboard during 2007/08.
- All of the key national targets have been fully achieved with the exception of the 7 day follow up after discharge where 94% of all discharges were seen within the target.
- Good progress has been made in the final quarter of the year to move towards the locally agreed workforce targets for staff appraisal and mandatory and statutory training.
- There remains a significant challenge to implement the recently published new guidelines for the Care Programme Approach in 2008/09.

3. RECOMMENDATIONS

- The Board are asked to note the performance report and consider the proposed actions

4. WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?

Supporting clinical care	P	Skilled workforce	
Getting the basics right	P	Using better information	P
Social inclusion		Financial efficiency	
Seeking involvement	P	Legislation	

5. WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective			P
Excelling and improving	P	Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful	P	Efficient	P

6. REVIEWED BY:	
Performance Management Committee	Date 8. April 2008
Forums / Community groups whose views have been sought	
None	Date

7. CONTEXT

The performance report provides the Board with information on the Trusts performance across the following areas:

- Key Performance Indicators.
- Local Delivery Plan Targets.
- Public Sector Agreement Targets.
- National Treatment Agency Targets.
- Foundation Trust Indicators.
- Care Plan Approach Targets.
- Contract Performance
- Workforce Performance Measures
- Finance Performance Measures

In terms of priority the first 4 areas in the above list together with the Key Finance targets constitute national targets that must be delivered if the Trust is to perform well in the Healthcare Commission's Annual Health check. The report consists of the following sections:

- Performance Dashboard.
- Key Performance Indicator Template.
- Commentary on Performance Variances and Proposed Action.
- Statistical Appendix: including waiting times analysis.

The ordering of the Key Performance Indicator Template and Commentary begin with those indicators that have not met target during the period under review. Note that the data for Crisis Intervention, Early Intervention teams and Delayed Transfers is as up to date as possible at the time of writing.

Performance Dashboard

APPENDIX 1

KEY

Performance		Travel (Since Last Report)	
✓	Performance is on or above target	↑	Performance has improved, On target
		↔	Performance maintained
		↓	Performance declined
✗	Performance is not meeting target	↑	Performance has improved
		↑	Performance has improved, Not on target
		↔	Performance maintained
		↓	Performance declined

Assurance (relates to achievement of target as specified)	
1	No plan in place
2	Plan in place but progress insufficient to meet target
3	Plan in place & progress satisfactory to meet target
4	Meeting target - no plan required at this stage
-	Unknown



Data Quality - health warning

Clinical data presented in this report has been taken from the Trust's clinical information systems. There are a small number of areas where data quality needs to be developed. This will be performance managed throughout the planned infrastructure development and the roll out and implementation of the Trust wide clinical information system.

Performance Indicators										
Performance Indicator Set Key Measures						LDP Performance				
		Performance	Travel	Assurance	Responsible		Performance	Travel	Assurance	Responsible
1.1	Mental Health Minimum Data Set implementation	✓	↔	3	ST	2.1	Assertive Outreach trajectory	✓	↔	4 ST
1.2	Drug misuse – 12 week retention rates	✓	↑	3	ST	2.2	AOT key fidelity measures	✓	↔	4 ST
1.3	Inpatient Ethnic data quality	✓	↔	4	ST	2.3	Crisis Intervention trajectory	✓	↑	3 ST
1.4	Suicide rate	✓	↔	3	ST	2.4	Crisis key fidelity measures	✓	↔	4 ST
1.5	7 Day follow up	✗	↑	4	ST	2.5	Number of admissions to inpatient units not assessed by Crisis team	Target agreed	N/A	N/A ST
1.6	Complaints resolution completed within 25 working days	✗	↑	3	DMG	2.6	Early Intervention trajectory	✓	↔	4 ST
1.7	Data Protection completion within 40 days	✓	↔	4	DMG	2.7	EIS key fidelity measures	✓	↔	3 ST
1.8	Freedom of Information within 20 days	✓	↔	4	DMG	2.8	EIS Duration of Untreated Psychosis rate	Target agreed	N/A	N/A ST
Public Sector Agreement Targets						NTA Data				
		Performance	Travel	Assurance	Responsible		Performance	Travel	Assurance	Responsible
3.1	Transition arrangements between age related services	✓	↔	4	ST	4.1	Number of people in inpatient treatment	✓	↑	4 ST
3.2	Employment of community development workers	✓	↑	3	HW	4.2	Waiting Times for Inpatient treatment	✓	↔	2 ST
3.3	Suicide audit	✓	↑	3	HW	4.3	Number of people receiving community services	✓	↔	4 ST
3.4	Infection Control	✓	↔	4	HW	4.4	Waiting times for specialist prescribing	✓	↔	3 ST
3.5	Obesity	✓	↔	4	HW	4.5	Successful completions Inpatients	✓	↔	4 ST
3.6	Smoke free NHS	✓	↔	4	ST	4.6	Successful completions Community	✓	↔	4 ST
Foundation Trust Indicators						Access & Choice				
		Performance	Travel	Assurance	Responsible		Performance	Travel	Assurance	Responsible
5.1	Public Membership	✓	↑	3	DMG	6.1	Total waiting time for patients with mental health problems	Target Plan agreed	N/A	N/A ST
Inpatient Demand and Capacity						CPA Performance				
		Performance	Travel	Assurance	Responsible		Performance	Travel	Assurance	Responsible
7.1	Bed utilisation measures	✓	↔	4	ST	8.1	Patients with copies of their own care plan (enhanced level)	✗	↔	3 ST
7.2	Delayed transfers of care	✗	↓	3	ST	8.2	Risk Relapse Management Plans	✗	↑	2 ST
7.3	Unplanned readmissions to inpatient units	✓	↑	4	ST	8.3	Care Programme Approach Profile. % of caseload on standard or enhanced levels of care	Awaiting National Guidance	N/A	N/A ST
7.4	MHA usage	✓	↔	3	HW	8.4	Average and maximum duration between CPA reviews – enhanced & standard	✗	↑	2 ST
						8.5	Carers assessments	✗	↑	3 ST
						8.6	Progress against Cornwall LD action plan	✓	↔	3 HW
Activity										
		Performance	Travel	Assurance	Responsible					
9.1	Occupied beddays by service	✓	↔	4	ST					
9.2	Community Caseload	✓	↔	4	ST					
9.3	Community Face to Face Contacts	✓	↔	4	ST					
Key Workforce Measures						Key Finance Measures				
		Performance	Travel	Assurance	Responsible		Performance	Travel	Assurance	Responsible
10.1	Establishment	✓	↑	4	KH	11.1	Budget versus Actual	✓	↔	3 SB/ALL
10.3	Sickness rate	✗	↑	2	KH	11.2	Forecast Outturn	✓	↑	3 SB
10.4	Turnover	✓	↔	4	KH	11.3	Income versus Accruals	✓	↔	4 SB
10.5	Bank/agency/overtime used	✓	↔	3	KH/ST	11.4	% away from 1/12ths	✓	↔	4 SB
10.6	% staff with appraisal and PDP within last 12 months	✗	↔	3	KH	11.5	Agency expenditure	✗	↑	3 SB
10.7	% staff compliant with mandatory & statutory training requirements	✗	↑	3	KH	11.6	Reference Cost Position	✓	↔	2 SB
10.8	Number of posts vacant for more than 3 months	✓	↔	3	KH					
			↔							

GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

KEY PERFORMANCE INDICATORS: APRIL 2007 TO MARCH 2008

Performance indicator	Required Standard	Score	Performance Rating	Stretch Target	Data Quality	Commentary	Action
Key Unmet Targets	Nationally set.	Actual value	Traffic light rating	Improvement target	1=Good 5= Poor		
1.2 Drug misuse – 12 week retention rates	85% of cases successfully retained in treatment for 12 weeks.	89% in 2007/2008.	Green	Potentially 90% retention rate	1	See detailed commentary	Active action planning and processes in place
1.5 7 Day follow up	All discharges from inpatient units followed up within 7 days	94% in 2007/2008	Amber	100%	2	See detailed commentary	New discharge policy successfully implemented, continued monitoring
1.6 Complaints resolution completed within 25 working days	Meet the national average	Quarterly report.	Amber	Better than national target.	1	Healthcare Commission advising that quality of response is as important as timeliness of completion	All investigators to be trained in root cause analysis. Standardised letters to be developed. Quarterly progress reports.
2.3 Crisis Intervention trajectory	1021 home treatment episodes per annum	1042 new home treatment cases by the end of March 2008.	Green	Deliver annual target for home treatments	2	See detailed commentary	Teams to ensure information on service access, response times and gate keeping function is collected in a standard way from 1/1/2008
2.6 Early Intervention trajectory	211 cases per annum	138 cases at the end of February 2008. Target 125	Green	Deliver annual target for clients on caseload	1	See detailed commentary	New team established and recovery plan in place.
7.2 Delayed transfers of care	Reduction from 2006/07 level.	25 at the end of March 2008.	Red	Lower than previous period's level.	1	See detailed commentary.	To be raised with Commissioners at March Contract Board meeting.
8.1 Patients with copies of their own care plan (enhanced level)	All patients on enhanced CPA to have copy of own	Not met	Amber	100% by end of 2007/08	3	Partly data collection issue.	Service Units have updated information on Clinical Manager Verbal update to

	care plan						April Board.
8.2 Risk Relapse Management Plans	To be agreed	Not met	Amber	To be agreed.	3	Partly data collection issue.	Service Units have updated information on Clinical Manager Verbal update to April Board.
8.4 Average and maximum duration between CPA reviews – enhanced & standard	Enhanced 6 months. Standard 12 months	Not Met	Red	Enhanced 3 months. Standard 6 months	3	Partly data collection issue.	Service Units have updated information on Clinical Manager Verbal update to April Board.
8.5 Carers assessments	To be agreed	Not met	Red	To be agreed	3	Partly data collection issue.	Targets to be agreed with lead for Carers development
10.3 Sickness Rate	Maximum of 4.6%	6.3% cumulative average for the period January 2007 to February 2008.	Red	4.6%	1	See detailed commentary.	Regular reviews of individuals undertaken to ensure they are being managed in accordance with the Trust's attendance management policy.
10.6 % of staff with appraisal and personal development plan	100% by end of 2007/08	End of year achievement 59%	Amber	100% by end of 2007/08.	2	See detailed commentary	Strategic Service Units have developed action plans to ensure compliance which are being monitored through the Workforce Committee.
10.7 % of staff compliant with mandatory and statutory training requirements	70% by the end of 2007/08	End of year achievement 53%.	Amber	70% by the end of 2007/08	2	See detailed commentary.	Actions agreed at workforce Committee to address concerns about data quality and compliance rates.
Performance Indicator Set Key measures							

1.1 Mental Health Minimum Data Set implementation	Completed submission meets quarterly deadlines	Met	Green	Continual improvements in data quality of key data items	1	Aim to reach top 10% of mental health trusts.	Review quarterly data quality reports, correct errors and omissions
1.3 Inpatient Ethnic data quality	90% of all inpatient cases with complete ethnic coding	95% in 2007/08.	Green	Potentially 98%	1	Need to extended data quality programme to cover community caseloads.	Review of existing levels of completions across teams to inform action plan development and implementation.
1.4 Suicide rate	Lower than national average	1 in first quarter of 2007/08	Green	Maintain zero level	1	Need to demonstrate that the Trust has taken all necessary actions to minimise suicides.	Environmental review, risk assessments and suicide audit. Spot checks and implementation of audit action plan
1.7 Data Protection completion within 40 days	All enquiries completed within 40 days	Met	Green	To be agreed	1	N/A	N/A
1.8 Freedom of Information within 20 days	All enquiries completed within 20 days	Met	Green	To be agreed	1	N/A	N/A
LDP Performance							
2.1 Assertive Outreach trajectory	188 cases per annum	186 average in f2007/08	Green	To be agreed	1	N/A	Stretch targets to be set by teams to reflect service quality improvements
2.2 AOT key fidelity measures	Meet all fidelity criteria	Met	Green		1	N/A	N/A
2.4 Crisis key fidelity measures	Meet all fidelity criteria	Met	Green	N/A	1	N/A	N/A
2.5 Number of admissions to inpatient units not assessed by Crisis team	Zero	Information not currently available	N/A	To be agreed	5	Target plan agreed.	Interim data collection processes set up on 1/1/2008. Data will be analysed in April and presented to May Committee and Board

2.7 EIS key fidelity measures	Meet all fidelity criteria	Met in existing team	Amber	N/A	1	Need to ensure as new services are established they meet the fidelity criteria.	Continued monitoring
2.8 EIS Duration of Untreated Psychosis rate	3 month maximum	Information not currently available	N/A	To be agreed	5	Information Department investigating data quality.	Report to May Performance Management Committee.
Public Sector Agreement Targets							
3.1 Transition arrangements between age related services	Meet HCC requirements	Met	Green	Not appropriate	1	Provide exception report to Board if necessary.	No update.
3.2 Employment of community development workers	Appoint a further 4 community development workers in 2007/08	Met.	Green	Not appropriate	1	Agreement with PCT as part of 2007/08 LDP	Completed
3.3 Suicide audit	Meet Healthcare Commission standard	Met	Green	Fully meet HCC requirements by January 2008	1	Suicide Toolkit Audit to be undertaken on an annual basis.	Completed by January 2008.
3.3 Infection Control	Meet HCC requirements	Met	Green	To be agreed	1	Each case of MRSA to be investigated as a Serious Untoward Incident.	Infection Control adviser to set stretch targets.
3.4 Obesity	Meet HCC requirements	Met	Green	N/A	1	N/A	N/A
3.5 Smoke free NHS	Meet HCC requirements	Met	Green	N/A	1	N/A	Implement improvement plan
National Treatment Agency Targets							
4.1 Number of people in inpatient treatment	185	252 admissions during 2007/2008.	Green	To be agreed	1	Expected end year over performance against	Continued monitoring

						contract	
4.2 Waiting Times for Inpatient treatment	No less than 85% of cases with a maximum wait of 2 weeks	86%	Green	As national target	1	Target achieved.	Continued monitoring
4.3 Number of people receiving community services	750	715 average during 2007/08.	Green	To be agreed	1	Expected end year performance to meet contract level.	Continued monitoring
4.4 Waiting times for specialist prescribing	75% within 3 weeks	85%	Green	To be agreed with service.	1	Note this is a Primary Care Trust Target which we contribute to.	Clarify Trust v Primary care contribution to overall target.
4.5 Successful completions Inpatients	85%	88%	Green	90%	1	N/A	Continued monitoring
4.6 Successful completions Community	85%	95%	Green	90%	1	N/A	Continued monitoring
Foundation Trust Indicators							
5.1 Public Membership	To reach 1800 by October 2007	2142 at end of March 2007	Green	To reach 3600 by October 2008.	1	Further recruitment drive to start in May.	Issue contract.
Access & Choice							
6.1 Total waiting time for patients with mental health problems	Maximum wait of not more than 18 weeks from referral to start of treatment	Information not currently available	Amber	Potentially lower maximum waiting time eg 13 weeks for specific services	4	Development of total waiting time maximum of 6 weeks for all services.	Report on waiting times circulated to strategic service units in January. Work in hand in each SSU.
Inpatient demand and capacity							
7.1 Bed utilisation measures	Occupancy rates and lengths of stays across	N/A	N/A	To be agreed	1	Trends and variances to be reported on a rolling 12	Quarterly exception report to Performance Committee

	ward groupings.					month series, not financial years.	
7.3 Unplanned readmissions to inpatient units	Lower than national average	6.2% during 2007/08	Green	Lower than previous period's level	1	N/A	Quarterly exception report to Performance Committee
7.4 MHA usage	Indicators agreed.	Information report in development	N/A	To be agreed	1	Mental Health Act Committee has identified potential indicators.	Basic data now available. Report to April Performance Committee
Local Care Plan Approach Targets							
8.3 Care Programme Approach Profile. % of caseload on standard or enhanced levels of care	Profile tool	Information	N/A	To be agreed	3	Awaiting national guidance.	Director of Nursing and Social Care to develop CPA profile targets with each service unit.
8.6 Progress against Cornwall LD action plan	Milestones to be met	Milestones met	Green	N/A	1	Agreed action plan in place for 2007/08.	Quarterly update to Performance Committee
Activity							
9.1 Occupied beddays by service	As per contract	Met	Green	To be agreed	1	Currently provided within SLA monitoring report.	See quarterly exception report to Performance Committee
9.2 Community Caseload	As per contract	Met	Green	To be agreed	2	Currently provided within SLA monitoring report.	See quarterly exception report to Performance Committee
9.3 Community Face to Face Contacts	As per contract	Met	Green	To be agreed	4	Data collection issues	Task within data quality improvement plan.
Workforce							
10.1 Establishment	In post staffing level within staffing controls	Standard met	Green	N/A	1	N/A	N/A

10.4 Turnover	Between 12% and 16%	11% rolling 12 month average	Green	N/A	1	N/A	N/A
10.5 Bank/agency/overtime used	Below previous year	N/A	N/A	N/A	2	Data on bank and agency reports higher in-year level which is beginning to drop.	Need to obtain comparative figures relating to the use of overtime.
10.8 Number of posts vacant for more than 3 months	None	None	Green	N/A	1	N/A.	N/A
Key Finance Measures							
11.2 Forecast Outturn	Forecast outturn not significantly different from budget	Detail in Finance report	Green		1	N/A	Continued monitoring
11.3 Income versus Accruals	Less than 10% on all categories	Detail in Finance report	Green		1	N/A	Continued monitoring
11.4 % away from 1/12ths	Less than 5%	Detail in Finance report	Green		1	N/A	Continued monitoring
11.5 Agency expenditure	Below previous periods level	Detail in Finance report	Red		1	Some improvement in latest months figures.	Continued monitoring
11.6 Reference Cost Position	Lower than 100		Green		2	Annual monitoring	Continued monitoring

PERFORMANCE DASHBOARD.

COMMENTARY ON KEY VARIANCES

1. INTRODUCTION.

The following section provides detailed commentary on those Dashboard Indicators that have not met the agreed targets in the period under review. It is however now clear that there are a small number of areas that the Trust needs to focus effort in order to improve performance by the year end.

It is encouraging to report that the introduction of the monthly performance reporting process at Strategic Service Unit level is already leading to an increased level of engagement and ownership of information across the service units.

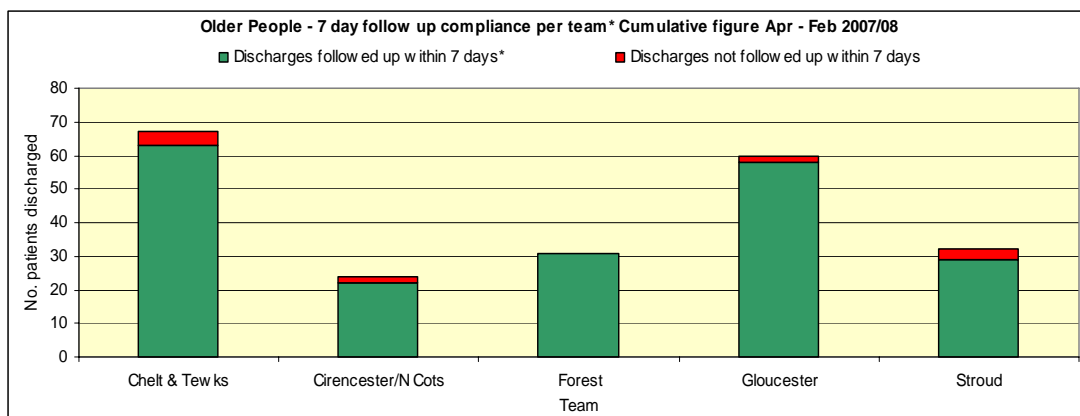
2. DETAILED COMMENTARY.

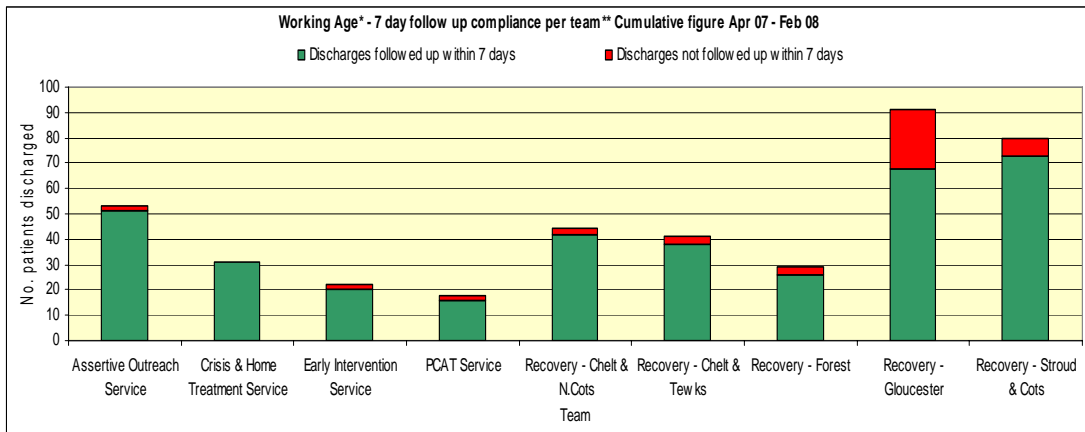
1.2 12 week retention rates in Drug Misuse services.

Recently notified amendments to the methodology employed to calculate retention rates means that the Trust will now be reporting a 89% retention rate for 2007/08 compared with a national target of 85%.

1.5 7 Day follow up after discharge for patients on enhanced care.

There were no breaches of the 7 day follow up target in March. This means that there has not been a single breach during the past 5 months. The Trust has achieved an overall success rate of 94% for the year by the end of March 2008. It is now clear that the process changes introduced by the services are working successfully and have all but eliminated breaches. This places the Trust in a strong position to meet what is expected to be a more challenging target during 2008/09. Early indications are that the target will be amended to all discharges being seen with a face to face contact within 48 hours of discharge.

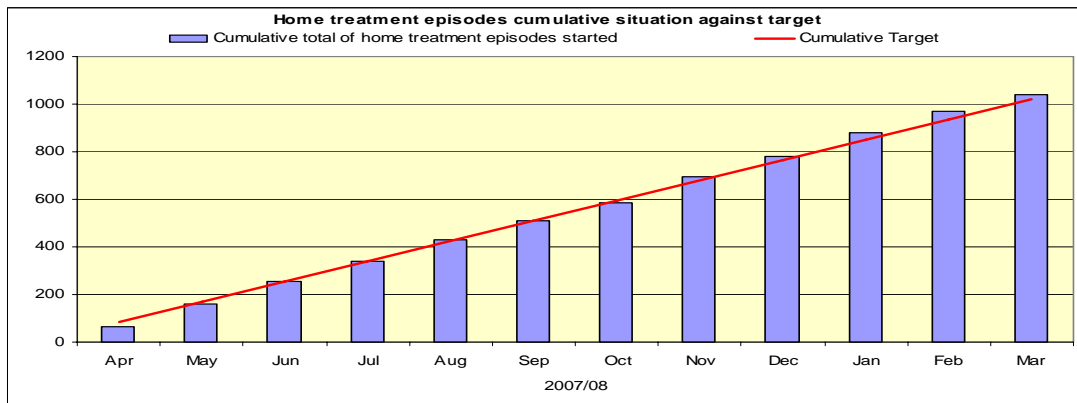




* Where team could not be determined by caseload, clients were allocated according to most likely recovery team based on GP practice

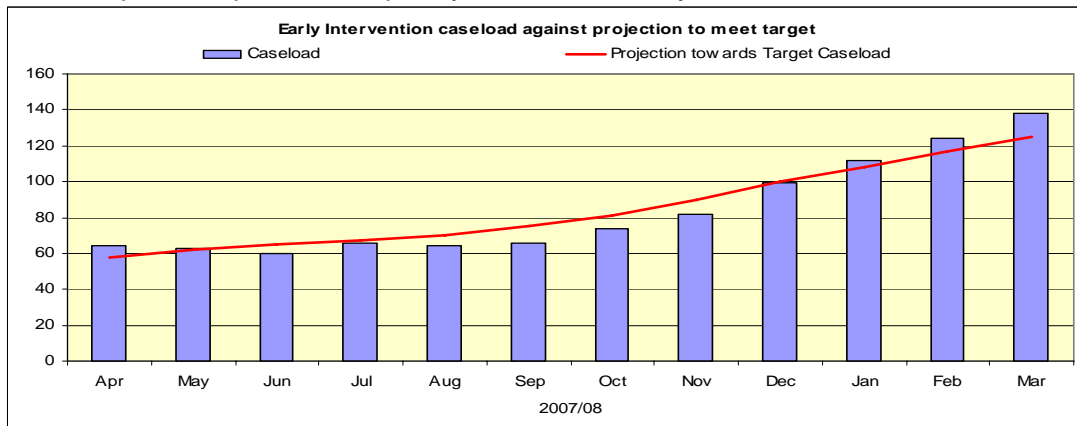
2.3 Crisis Intervention Trajectory.

By the end of March the service had delivered 1042 new home treatment packages against the end of year target of 1021. During the course of the year the teams have consistently increased their capacities and performance to a level where not only are the service volume targets are being met but also all access targets are being delivered and no referrals to the teams are waiting longer than planned for assessment.



2.6 Early Intervention Trajectory.

There were 138 live cases on the early intervention team's caseload at the end of March a 11% over-performance against the end of year target of 125. This excellent end of year result will provide the service with a firm foundation to continue it's expansion up to the planned capacity of 211 cases by the end of December 2008.



7.2 Delayed Transfers of Care.

Delayed transfers within Older Peoples services reduced to 7 at the end of March compared to 10 at the end of February. Most of the delays are concerned with patients requiring nursing home places and the service is working with partner agencies to expedite these transfers.

Although Adult working age services are actively looking at alternative placements for those awaiting transfer the overall number of delayed transfers was still at the relatively high level of 16 at the end of March. 4 of the patients are currently on extended leave while most of the remainder are delayed while waiting for suitable alternative accommodation.

There are still 2 delayed transfers in Learning Disability services.

10.3 Sickness rates.

Aggregate sickness rates for the Trust as a whole were at 6.3% at the end of February. A review of the detailed information by the Workforce Committee has focused on identifying patterns in the incidence of long term and short term absences which will be addressed through local management action and the application of the Trust's attendance policy

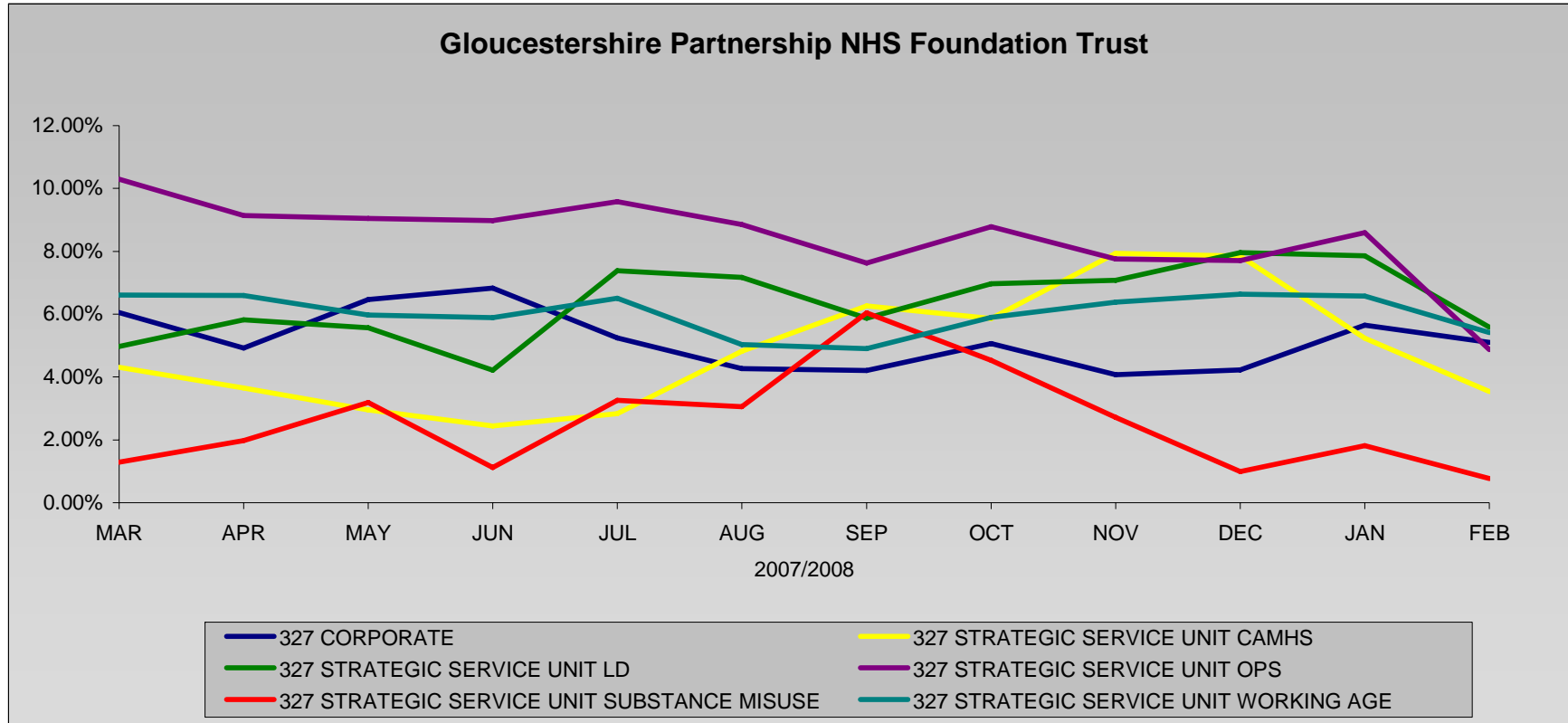
10.6 Staff Appraisal and Personal Development plans.

The latest available data from the system reports that the percentage of staff covered by appraisal and development plans has risen to 59% compared with last months figure of 40%. This is still significantly below the end on year target of 100% but there has been real and significant change in the application of appraisal process across all Trust services in the past 3 months.

10.7 Mandatory and Statutory Training.

The achievement rate on Mandatory and Statutory Training had increased to 53% at the end of March compared with an end of year target of 70%. Similarly to the increase in appraisal rates over the past 3 months this reflects real changes in the availability and take of training opportunities across the Trust.

Appendix 3



Target 4.6%	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	Cumulative % Abs Rate
Corporate	6.05%	4.92%	6.46%	6.83%	5.24%	4.27%	4.21%	5.06%	4.07%	4.23%	5.65%	5.10%	5.16%
Child and Adolescence Mental Health Services	4.31%	3.65%	2.95%	2.44%	2.83%	4.82%	6.26%	5.86%	7.94%	7.85%	5.23%	3.54%	4.82%
Learning Disabilities	4.97%	5.82%	5.57%	4.22%	7.38%	7.17%	5.87%	6.97%	7.08%	7.96%	7.86%	5.59%	6.37%
Older Peoples Services	10.30%	9.14%	9.05%	8.97%	9.58%	8.85%	7.62%	8.78%	7.75%	7.70%	8.59%	4.87%	8.45%
Substance Misuse	1.29%	1.98%	3.19%	1.12%	3.26%	3.06%	6.04%	4.53%	2.71%	0.99%	1.82%	0.77%	2.60%
Working Age Adults	6.61%	6.59%	5.97%	5.89%	6.50%	5.03%	4.90%	5.90%	6.38%	6.64%	6.57%	5.42%	6.04%

* Target 4.6%

**PERFORMANCE REPORT
APRIL 2007 TO MARCH 2008**

STATISTICAL APPENDIX.

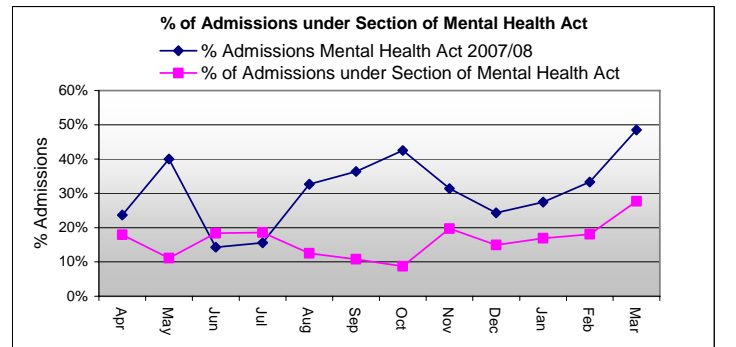
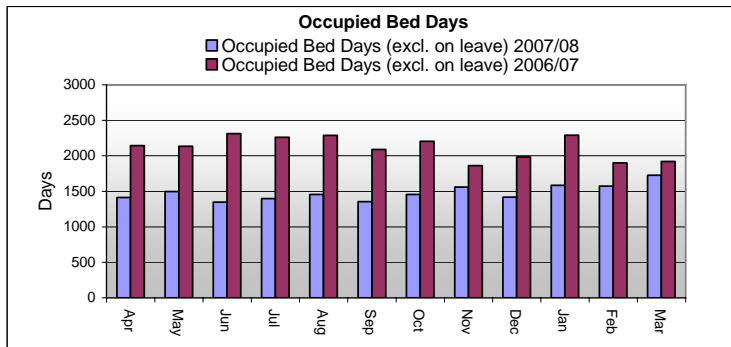
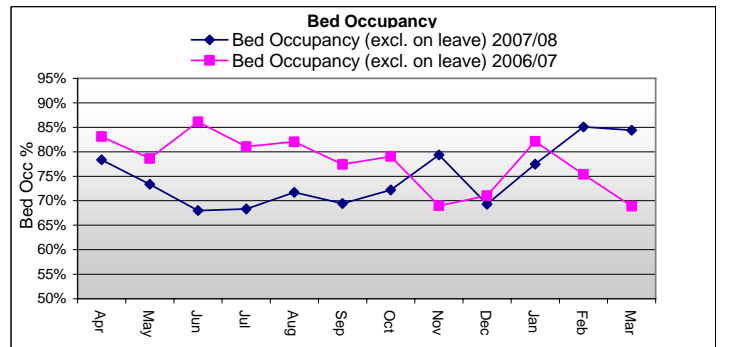
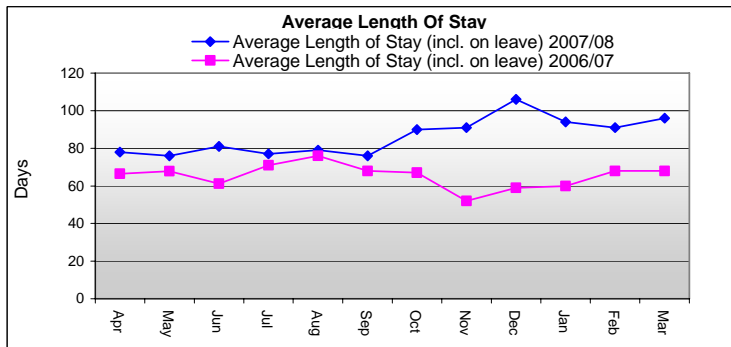
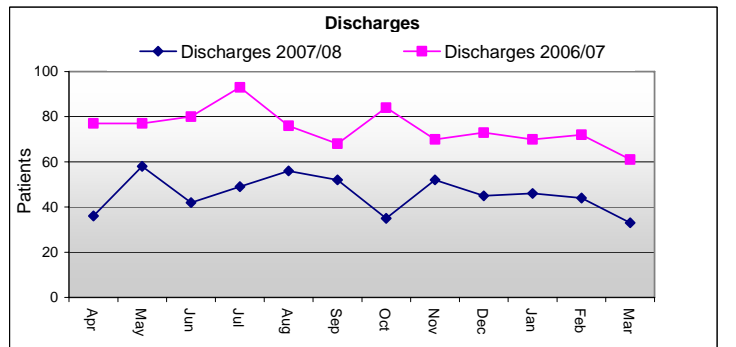
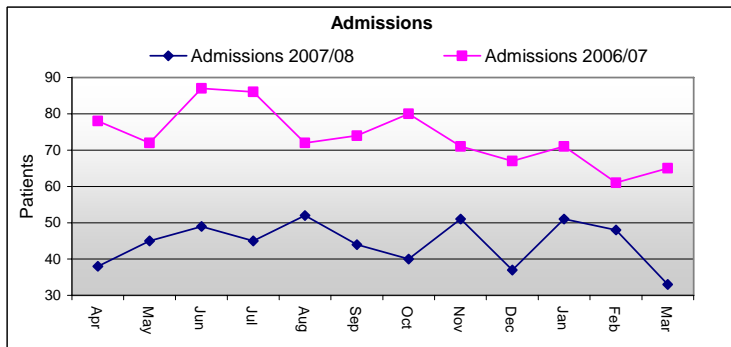
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WORKING AGE ADULTS SERVICES - Acute Wards

Inpatient Focus

BOARD REPORT														
Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Total Number Of Beds	73	60	66	66	66	65	65	65	66	66	66	66	66	65
Admissions	54	38	45	49	45	52	44	40	51	37	51	48	33	44
Discharges	57	36	58	42	49	56	52	35	52	45	46	44	33	46
Bed Occupancy (incl. on leave)	118%	114%	110%	107%	110%	111%	110%	114%	123%	104%	108%	116%	117%	112%
Bed Occupancy (excl. on leave)	76%	78%	73%	68%	68%	72%	69%	72%	79%	69%	77%	85%	84%	75%
Occupied Bed Days (incl. on leave)	2549	2045	2243	2110	2241	2250	2137	2291	2419	2133	2209	2150	2402	2219
Occupied Bed Days (excl. on leave)	1638	1411	1496	1347	1398	1455	1354	1455	1560	1418	1585	1572	1727	1482
Average Length Of Stay (incl. on leave)	65	78	76	81	77	79	76	90	91	106	94	91	96	86
Average Daily No. Patients on leave	30	21	24	25	27	26	26	27	29	23	20	21	22	24
Delayed Transfers	N/A	9	9	8	10	6	10	12	11	13	11	13	14	11
Mental Health Act Admissions	15	9	18	7	7	17	16	17	16	9	14	16	16	14
% Admissions Mental Health Act	28%	24%	40%	14%	16%	33%	36%	43%	31%	24%	27%	33%	48%	31%

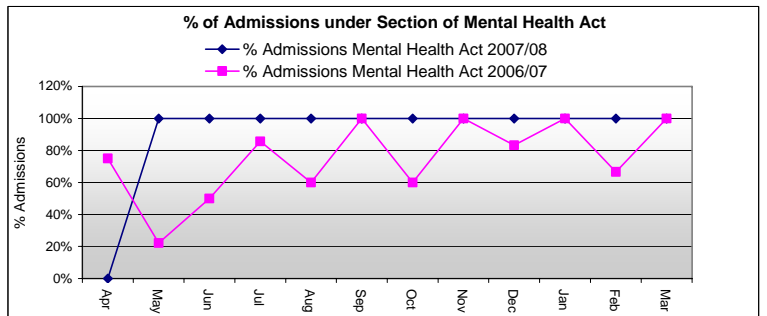
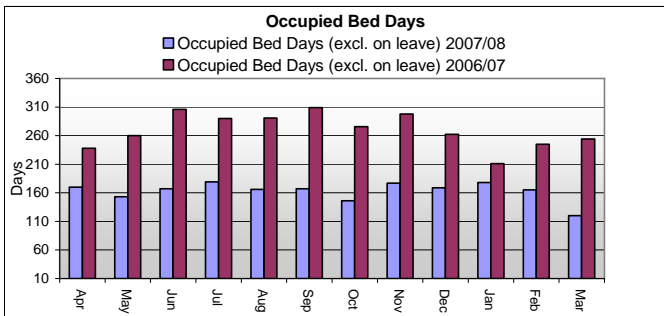
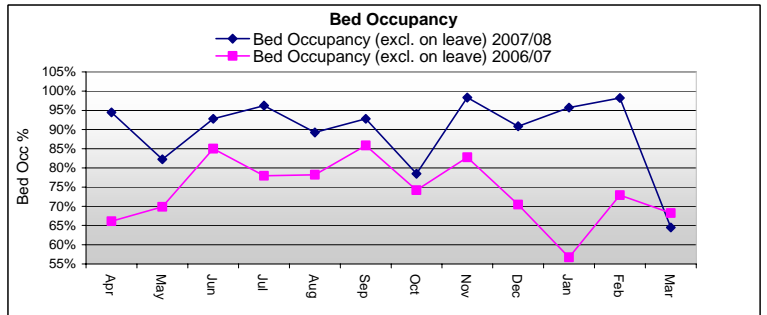
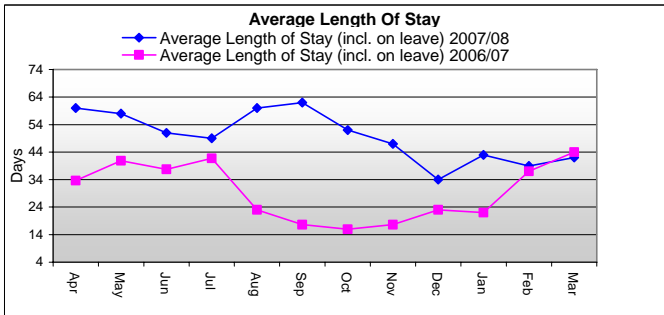
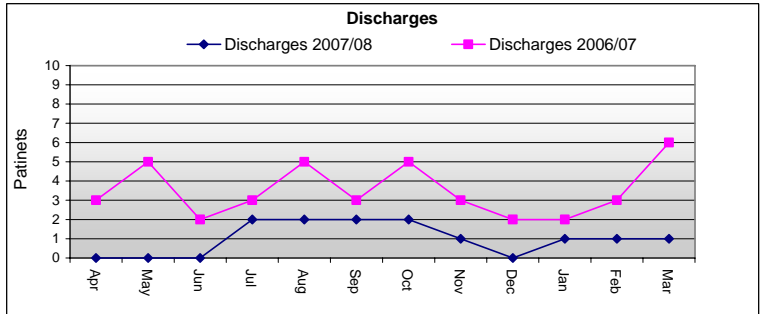
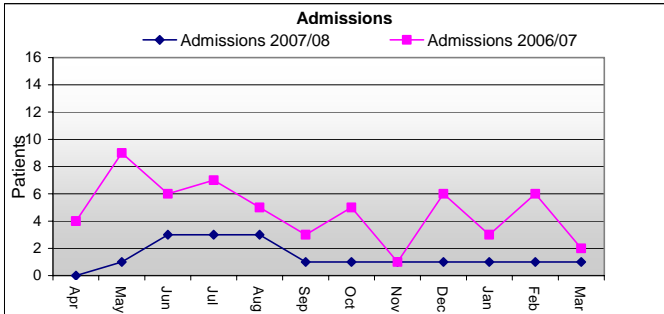


WORKING AGE ADULTS SERVICES - PICU Wards

Inpatient Focus

BOARD REPORT

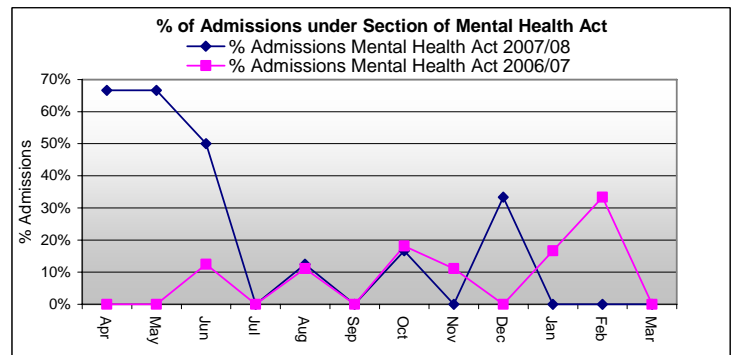
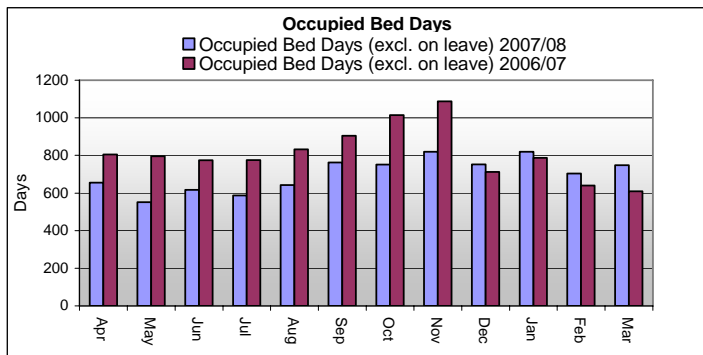
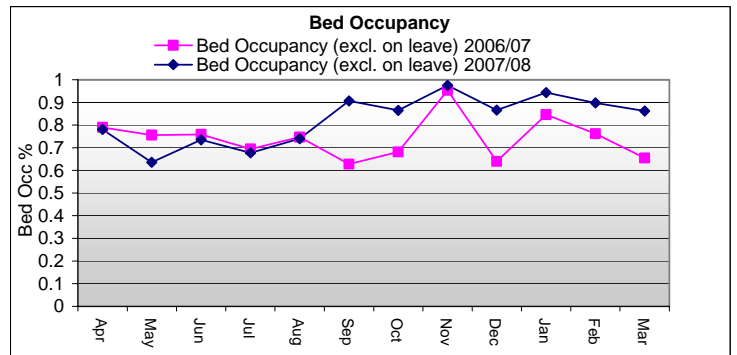
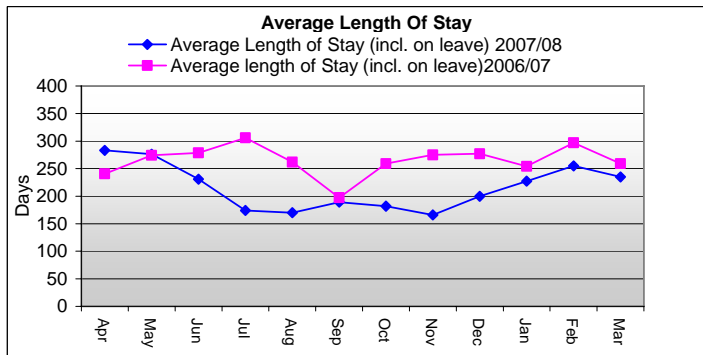
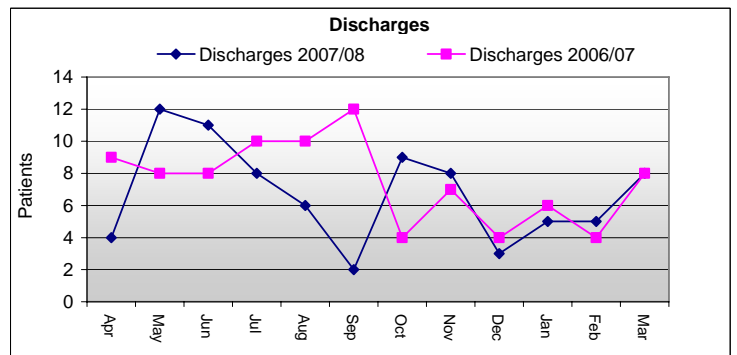
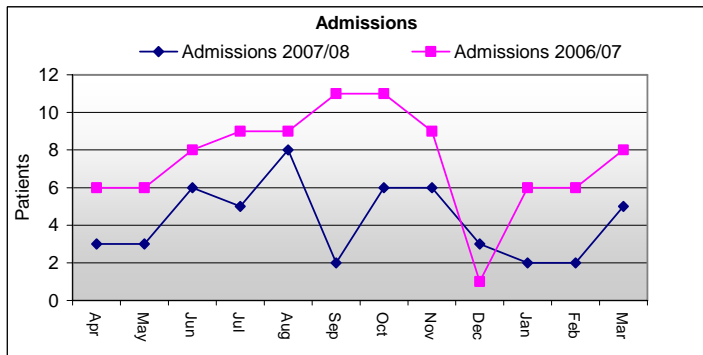
Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Total Number Of Beds	9	6	6	6	6	6	6	6	6	6	6	6	6	6
Admissions	4	0	1	3	3	3	1	1	1	1	1	1	1	1
Discharges	3	0	0	0	2	2	2	2	1	0	1	1	1	1
Bed Occupancy (incl. on leave)	80%	94%	82%	93%	96%	89%	94%	83%	98%	91%	96%	100%	84%	92%
Bed Occupancy (excl. on leave)	78%	94%	82%	93%	96%	89%	93%	78%	98%	91%	96%	98%	65%	89%
Occupied Bed Days (incl. on leave)	213	170	153	167	179	166	169	155	177	169	178	168	157	167
Occupied Bed Days (excl. on leave)	207	170	153	167	179	166	167	146	177	169	178	165	120	163
Average Length Of Stay (incl. on leave)	30	60	58	51	49	60	62	52	47	34	43	39	42	50
Average Daily No. Patients on leave	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Delayed Transfers	0	0	0	0	0	1	1	1	1	1	1	1	1	1
Mental Health Act Admissions	3	0	1	3	3	3	1	1	1	1	1	1	1	1
% Admissions Mental Health Act	75%	0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%



WORKING AGE ADULTS SERVICES - Rehabilitation Wards

Inpatient Focus

BOARD REPORT														
Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Total Number Of Beds	34	28	28	28	28	28	28	28	28	28	28	28	28	28
Admissions	4	3	3	6	5	8	2	6	6	3	2	2	5	4
Discharges	4	4	12	11	8	6	2	9	8	3	5	5	8	7
Bed Occupancy (incl. on leave)	99%	118%	112%	112%	102%	109%	122%	118%	129%	127%	122%	120%	116%	117%
Bed Occupancy (excl. on leave)	69%	78%	64%	73%	68%	74%	91%	87%	98%	87%	94%	90%	86%	82%
Occupied Bed Days (incl. on leave)	1010	990	976	944	885	949	1023	1023	1080	1106	1056	937	1009	998
Occupied Bed Days (excl. on leave)	710	656	552	617	588	642	762	751	819	752	819	704	748	701
Average Length Of Stay (incl. on leave)	265	283	276	231	174	170	189	182	166	200	227	255	235	216
Average Daily No. Patients on leave	10	11	14	11	10	10	9	9	9	11	8	8	8	10
Delayed Transfers	N/A	3	4	2	2	2	3	0	0	0	0	2	2	2
Mental Health Act Admissions	1	2	2	3	0	1	0	1	0	1	0	0	0	1
% Admissions Mental Health Act	25%	67%	67%	50%	0%	13%	0%	17%	0%	33%	0%	0%	0%	20%

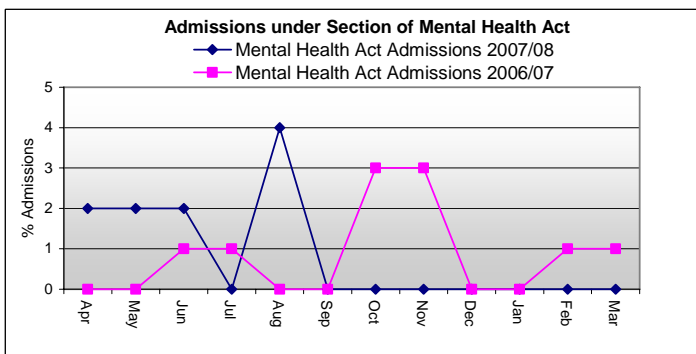
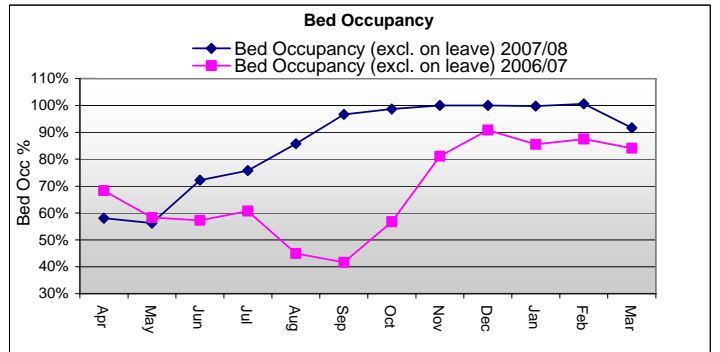
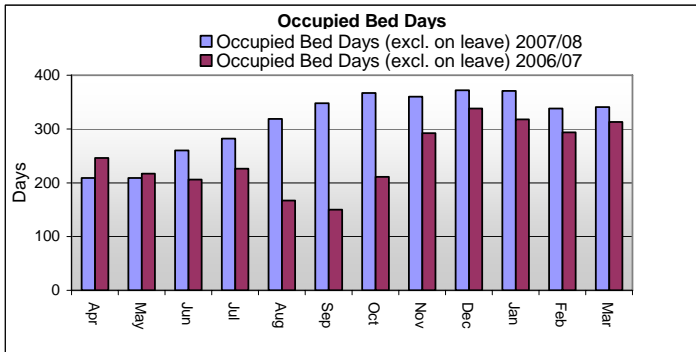
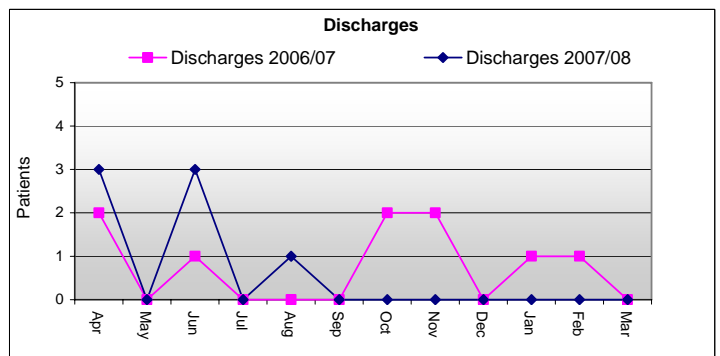
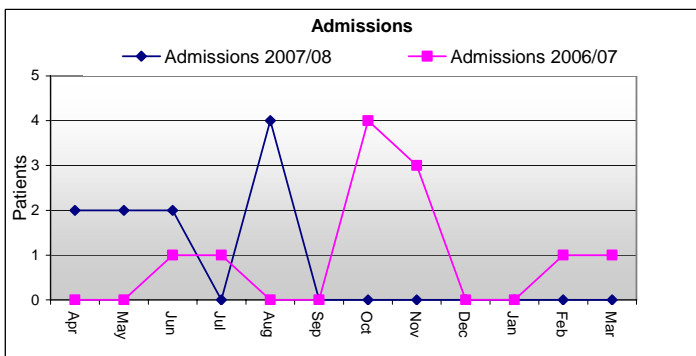


WORKING AGE ADULTS SERVICES - Low Secure Unit - Montpellier Ward

Inpatient Focus

BOARD REPORT

Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Total Number Of Beds	12	12	12	12	12	12	12	12	12	12	12	12	12	12
Admissions	1	2	2	2	0	4	0	0	0	0	0	0	0	1
Discharges	1	3	0	3	0	1	0	0	0	0	0	0	0	1
Bed Occupancy (incl. on leave)	97%	73%	81%	85%	82%	91%	100%	100%	100%	100%	100%	104%	100%	93%
Bed Occupancy (excl. on leave)	82%	58%	56%	72%	76%	86%	97%	99%	100%	100%	100%	101%	92%	86%
Occupied Bed Days (incl. on leave)	354	262	301	306	306	339	360	372	360	372	371	348	372	339
Occupied Bed Days (excl. on leave)	298	209	209	260	282	319	348	367	360	372	371	338	341	315
Average Length Of Stay (incl. on leave)	233	197	202	195	181	109	156	187	217	248	257	297	328	215
Average Daily No. Patients on leave	2	2	3	2	1	1	0	0	0	0	0	0	1	1
Delayed Transfers	N/A	1	1	0	0	1	1	0	0	2	2	1	0	1
Mental Health Act Admissions	1	2	2	2	0	4	0	0	0	0	0	0	0	1
% Admissions Mental Health Act	100%	100%	100%	100%	0%	100%	0%	0%	0%	0%	0%	0%	0%	33%

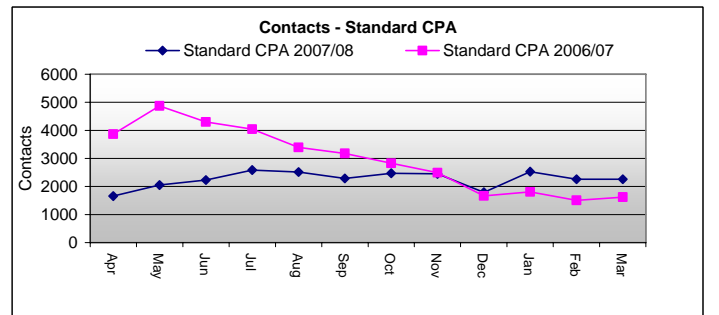
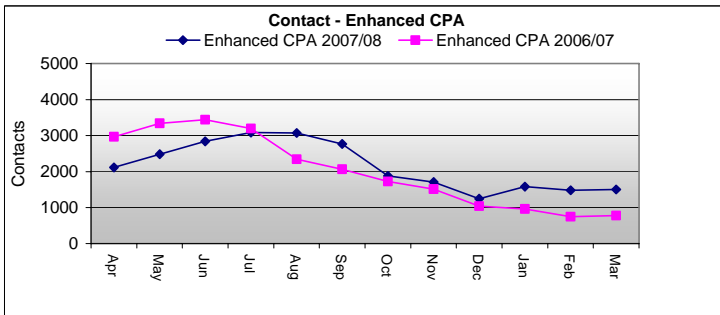
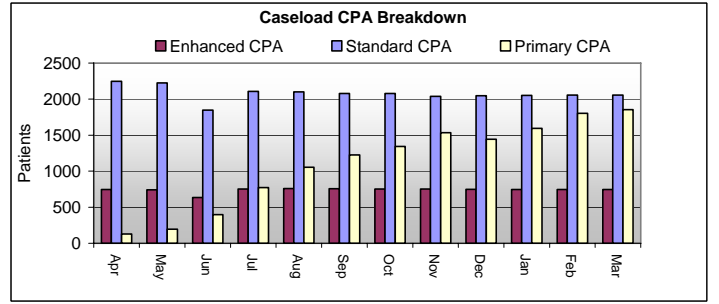
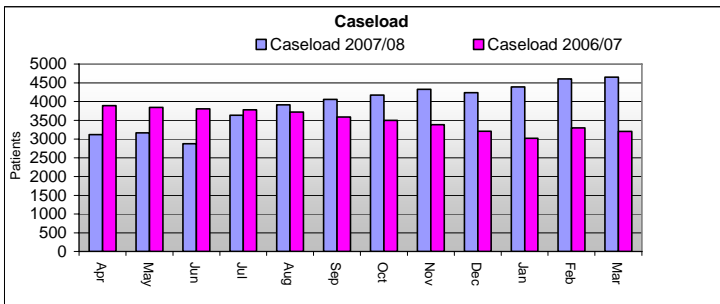
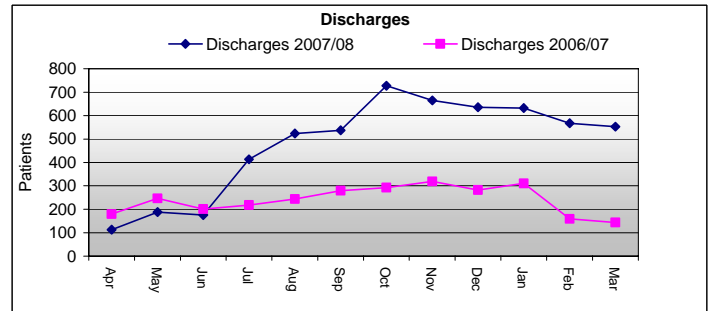
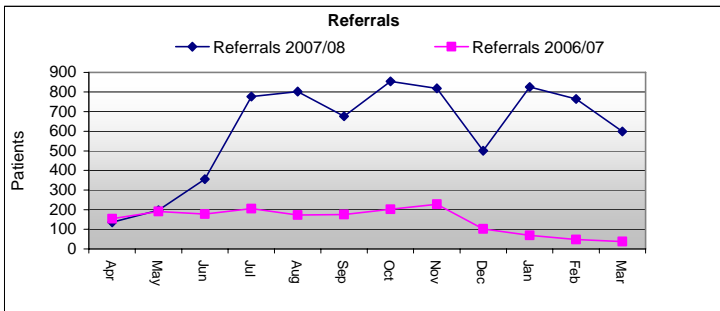


WORKING AGE SERVICES

Community Focus

BOARD REPORT

Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Referrals	147	136	197	355	776	802	676	854	818	501	825	764	599	609
Discharges	240	113	188	175	413	524	537	727	665	636	632	567	553	478
CASELOAD														
Total Caseload	3521	3119	3164	2878	3637	3912	4061	4171	4327	4237	4390	4602	4654	3929
Enhanced CPA	582	744	743	633	755	759	757	753	754	747	745	746	745	740
Standard CPA	2939	2248	2225	1847	2108	2099	2078	2076	2038	2046	2051	2055	2054	2077
Primary CPA	0	127	196	398	774	1054	1226	1342	1535	1444	1594	1801	1855	1112
CONTACTS														
Enhanced CPA	2010	2114	2482	2839	3087	3073	2770	1884	1710	1247	1580	1479	1504	2147
Standard CPA	2964	1657	2051	2230	2587	2514	2289	2471	2447	1796	2529	2259	2258	2257
Primary CPA	0	14	32	91	503	651	810	1050	1152	830	1179	1082	1061	705

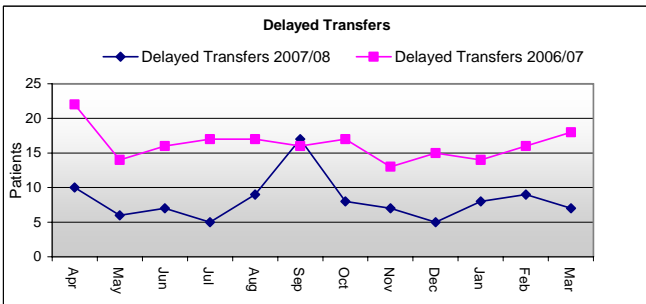
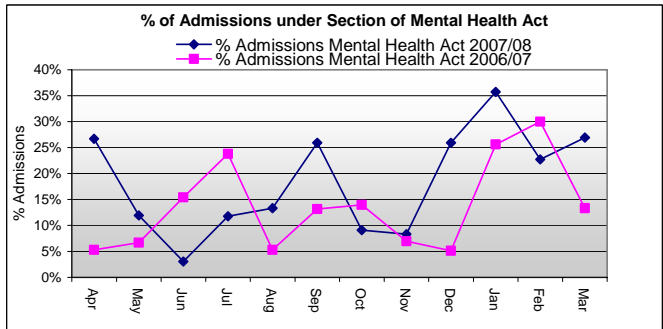
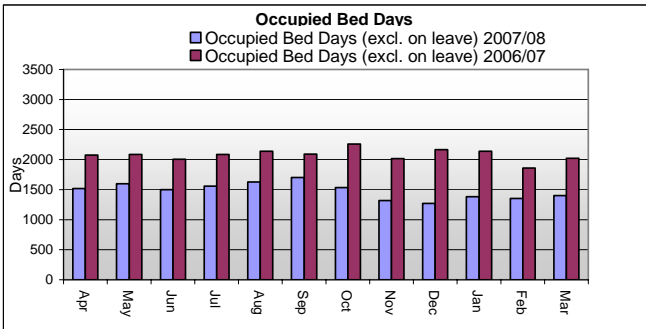
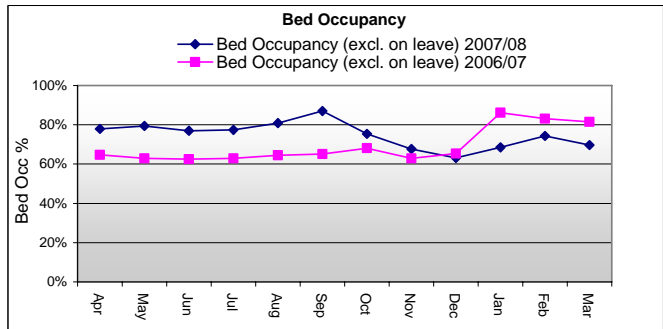
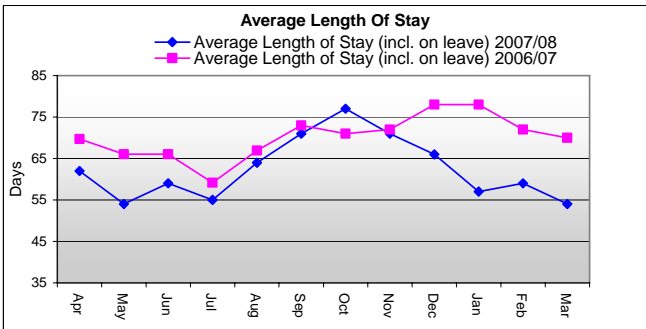
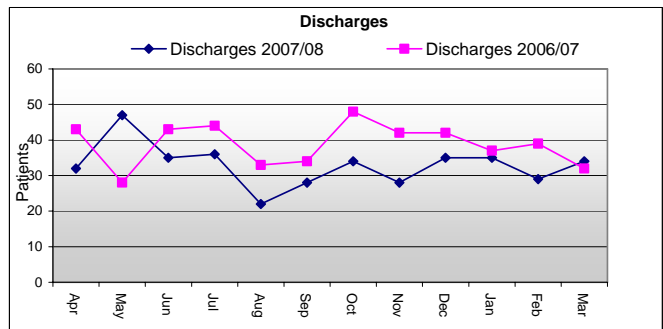
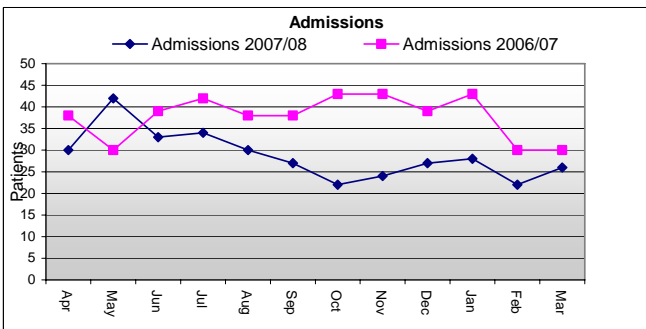


OLDER PEOPLES SERVICES

Inpatient Focus

BOARD REPORT

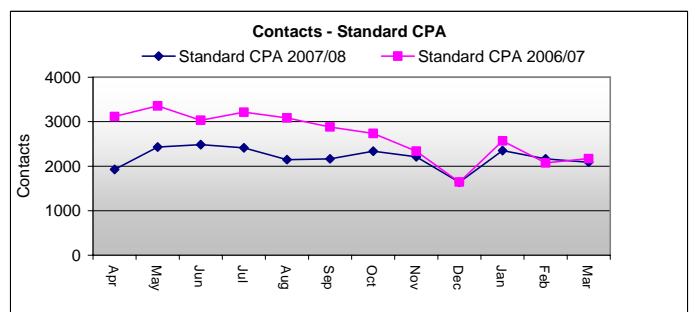
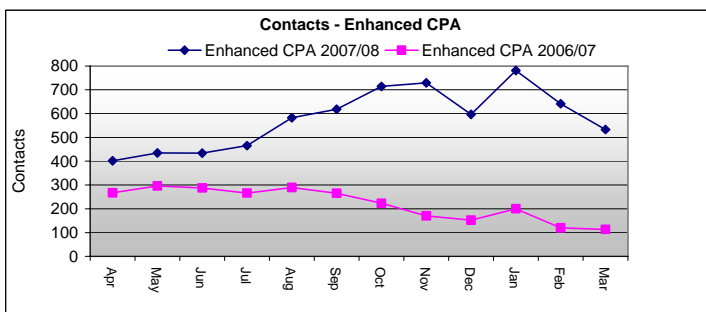
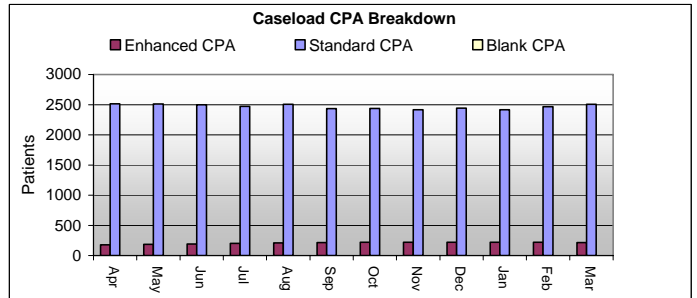
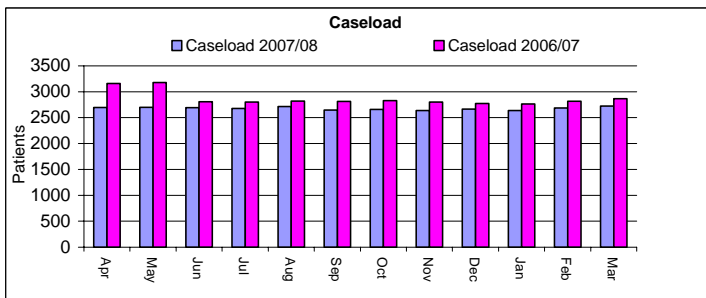
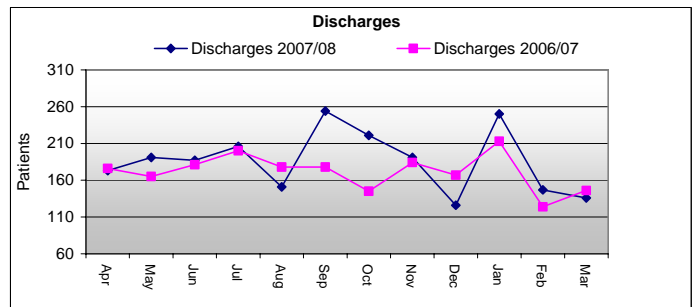
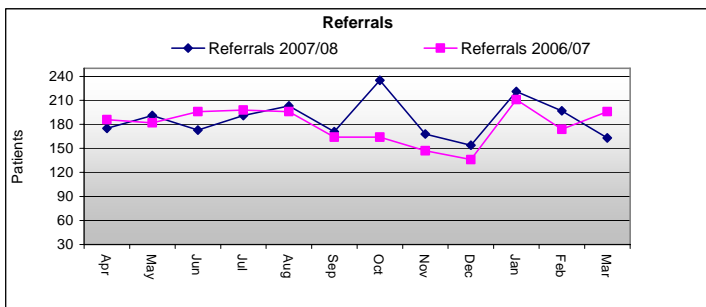
Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Total Number Of Beds	76	65	65	65	65	65	65	66	65	65	65	65	65	65
Admissions	34	30	42	33	34	30	27	22	24	27	28	22	26	29
Discharges	34	32	47	35	36	22	28	34	28	35	35	29	34	33
Bed Occupancy (incl. on leave)	83%	84%	91%	82%	83%	87%	93%	82%	74%	69%	73%	79%	74%	81%
Bed Occupancy (excl. on leave)	75%	78%	79%	77%	77%	81%	87%	75%	68%	63%	69%	74%	70%	75%
Occupied Bed Days (incl. on leave)	1920	1633	1837	1602	1679	1749	1817	1678	1439	1380	1481	1438	1493	1602
Occupied Bed Days (excl. on leave)	1742	1520	1599	1500	1559	1629	1702	1535	1319	1271	1381	1353	1403	1481
Average Length Of Stay (incl. on leave)	70	62	54	59	55	64	71	77	71	66	57	59	54	62
Average Daily No. Patients on leave	6	4	8	3	4	4	5	4	4	5	3	3	3	4
Delayed Transfers	15	10	6	7	5	9	17	8	7	5	8	9	7	8
Mental Health Act Admissions	4	8	5	1	4	4	7	2	2	7	10	5	7	5
% Admissions Mental Health Act	12%	27%	12%	3%	12%	13%	26%	9%	8%	26%	36%	23%	27%	18%



OLDER PEOPLE SERVICES

Community Focus

BOARD REPORT														
Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Referrals	179	175	191	173	191	203	171	235	168	154	221	197	163	187
Discharges	171	173	191	187	206	151	254	221	191	126	250	147	136	186
CASELOAD														
Total Caseload	2869	2694	2698	2692	2676	2716	2647	2657	2638	2663	2638	2687	2722	2677
Enhanced CPA	72	180	185	192	203	212	214	221	222	221	222	220	216	209
Standard CPA	2797	2514	2513	2500	2473	2504	2433	2436	2416	2442	2416	2467	2506	2468
Blank CPA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CONTACTS														
Enhanced CPA	221	402	435	434	465	583	618	714	729	597	781	641	533	578
Standard CPA	2685	1925	2433	2485	2412	2147	2166	2338	2208	1641	2350	2166	2091	2197

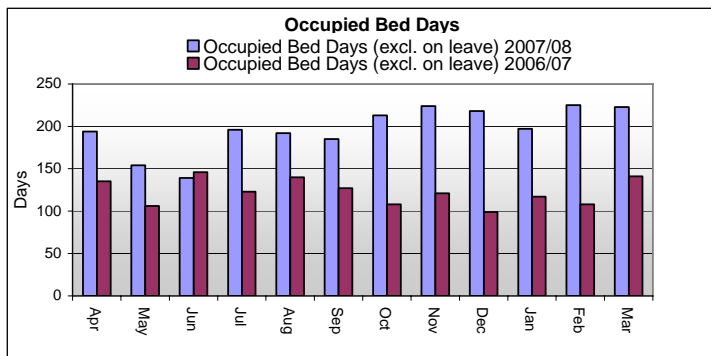
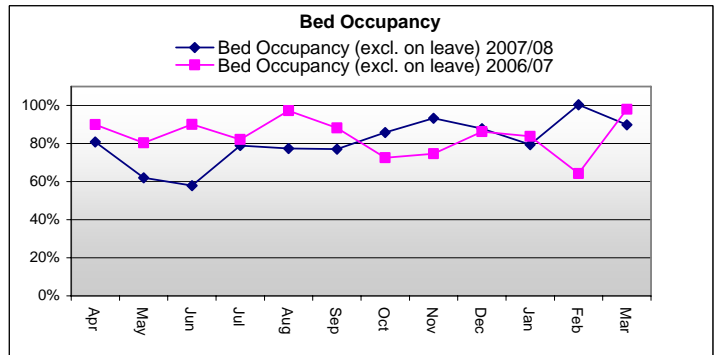
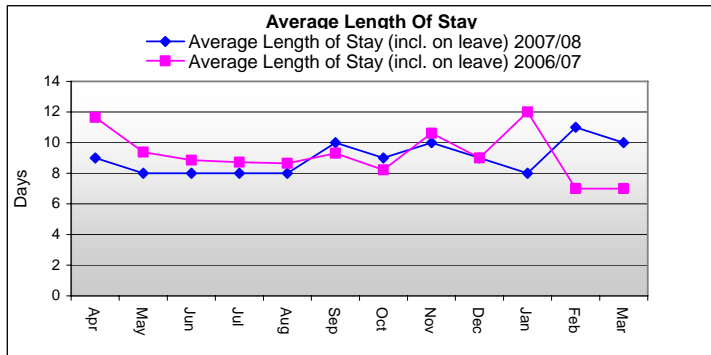
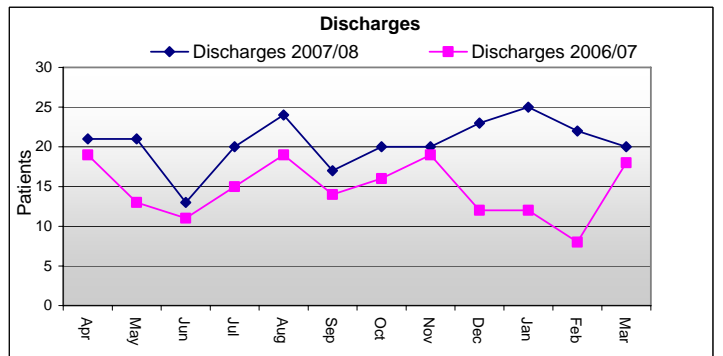
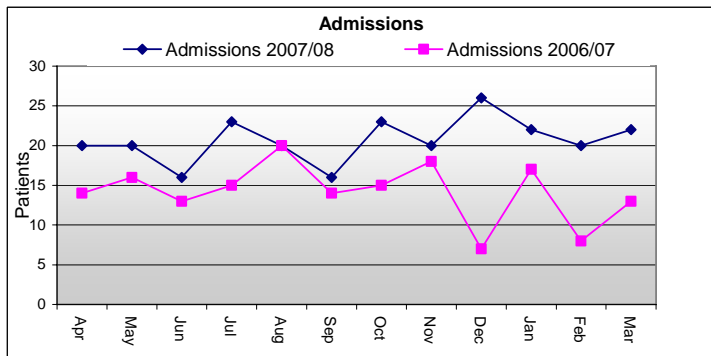


SUBSTANCE MISUSE SERVICES - Sezincote Ward

Inpatient Focus

BOARD REPORT

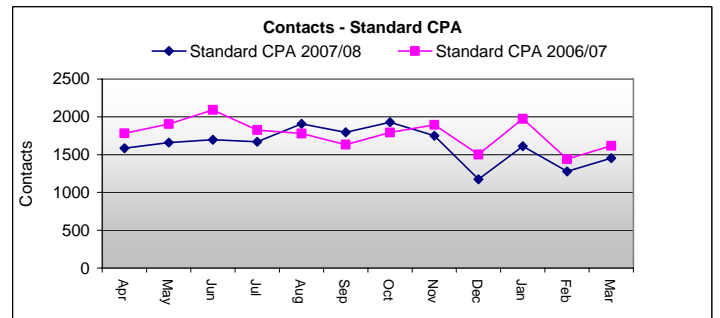
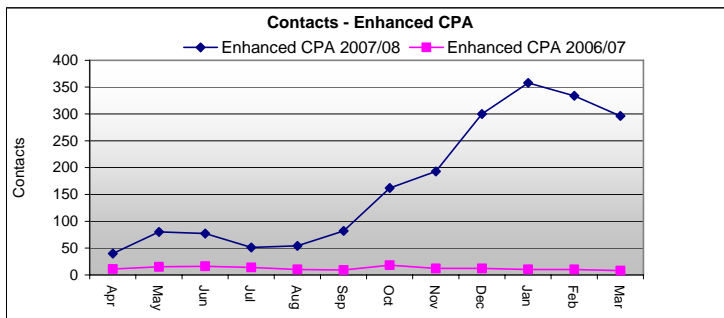
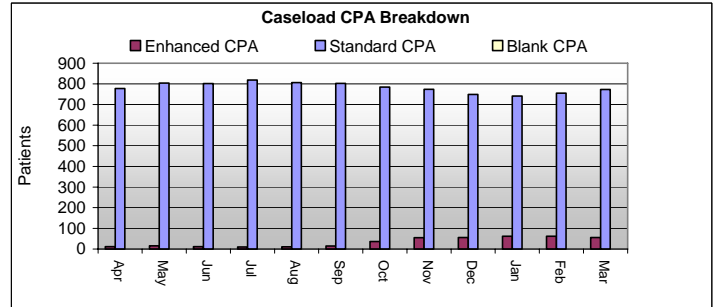
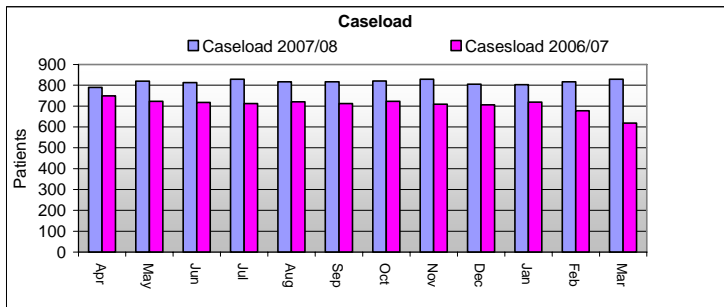
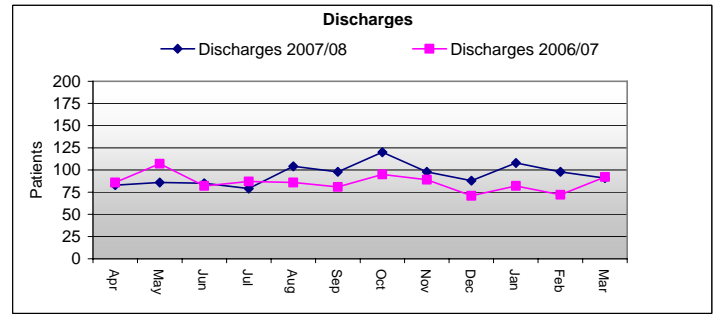
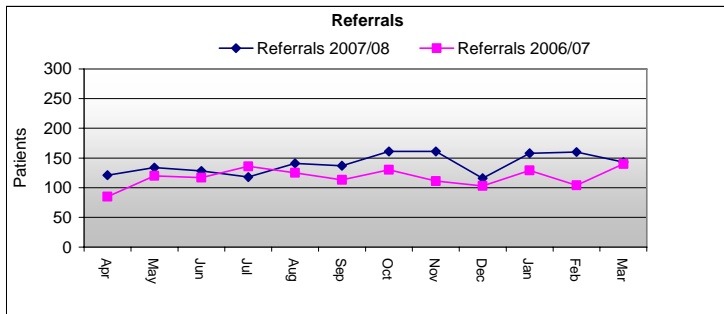
Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Total Number Of Beds	6	8	8	8	8	8	8	8	8	8	8	8	8	8
Admissions	15	20	20	16	23	20	16	23	20	26	22	20	22	21
Discharges	14	21	21	13	20	24	17	20	20	23	25	22	20	21
Bed Occupancy (incl. on leave)	80%	81%	67%	58%	79%	77%	77%	86%	93%	88%	79%	102%	91%	82%
Bed Occupancy (excl. on leave)	79%	81%	62%	58%	79%	77%	77%	86%	93%	88%	79%	100%	90%	81%
Occupied Bed Days (incl. on leave)	143	194	167	139	196	192	185	213	224	218	197	228	225	198
Occupied Bed Days (excl. on leave)	141	194	154	139	196	192	185	213	224	218	197	225	223	197
Average Length Of Stay (incl. on leave)	9	9	8	8	8	8	10	9	10	9	8	11	10	9
Average Daily No. Patients on leave	0	0	0	0	0	0	0	0	0	0	0	0	0	0



SUBSTANCE MISUSE SERVICES

Community Focus

BOARD REPORT														
Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Referrals	118	121	134	128	118	141	137	161	161	116	158	160	143	140
Discharges	86	83	86	85	79	104	98	120	98	88	108	98	91	95
CASELOAD														
Total Caseload	707	790	820	813	829	817	817	821	829	805	803	817	829	816
Enhanced CPA	4	12	16	12	10	11	15	36	55	56	62	62	56	34
Standard CPA	703	778	804	801	819	806	802	785	774	749	741	755	773	782
Blank CPA	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CONTACTS														
Enhanced CPA	12	40	80	77	51	54	82	162	193	300	358	334	296	169
Standard CPA	1770	1584	1659	1698	1670	1907	1795	1929	1750	1175	1611	1277	1453	1626

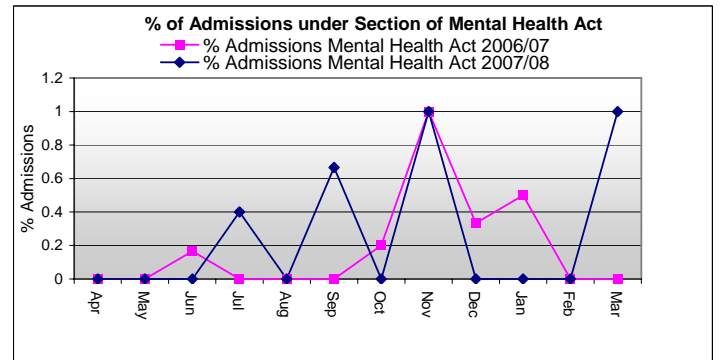
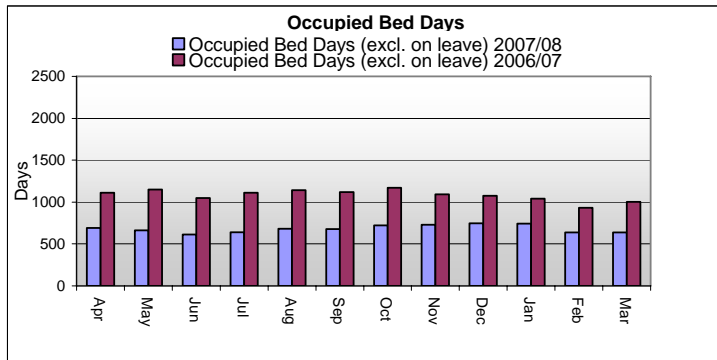
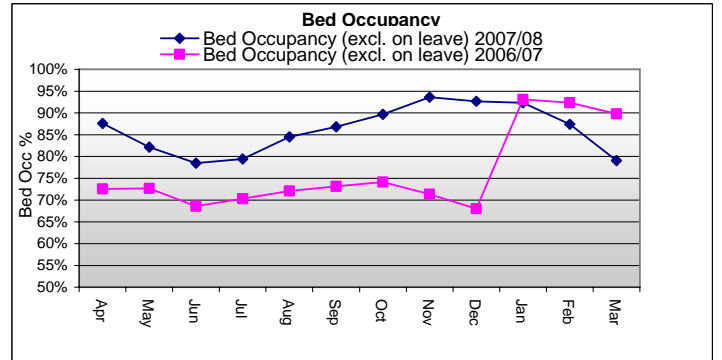
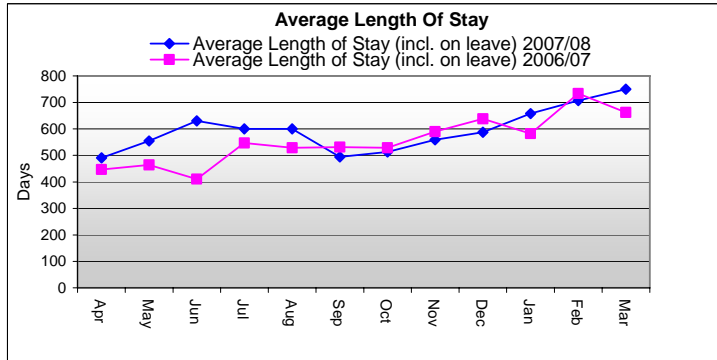
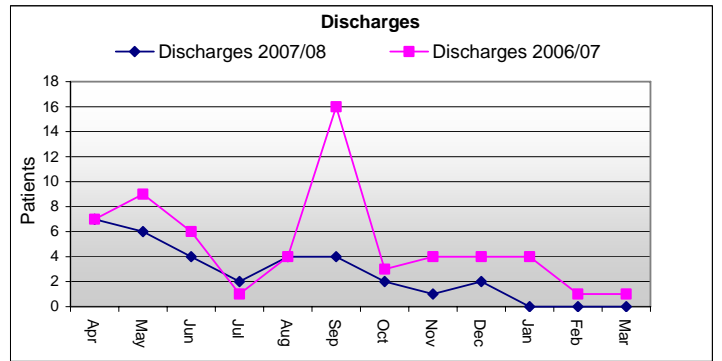
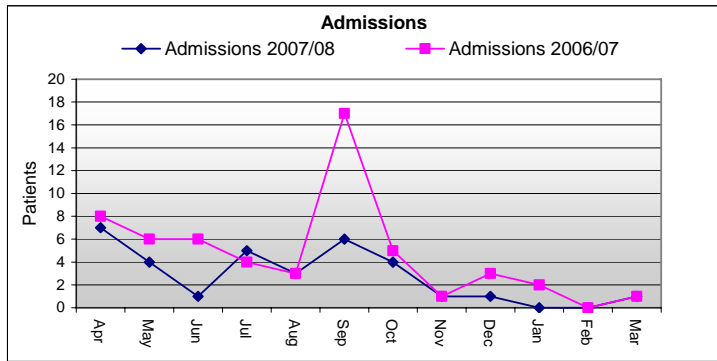


LEARNING DISABILITIES SERVICES

Inpatient Focus

BOARD REPORT

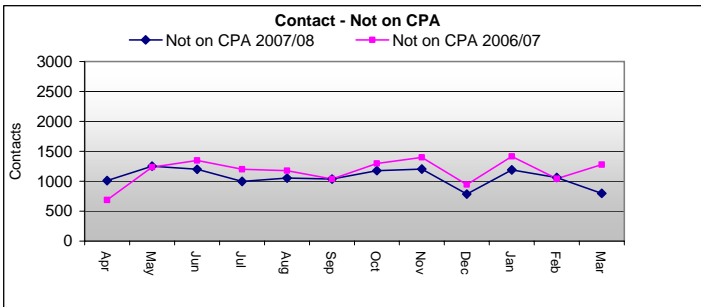
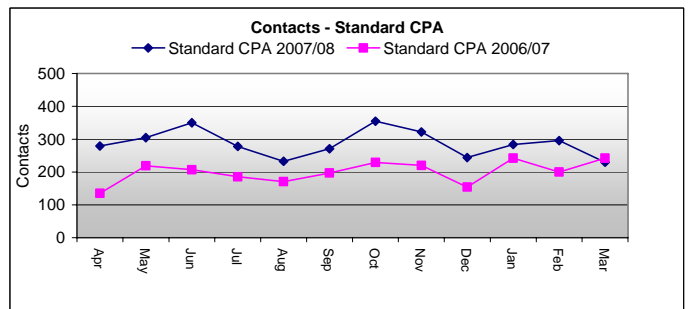
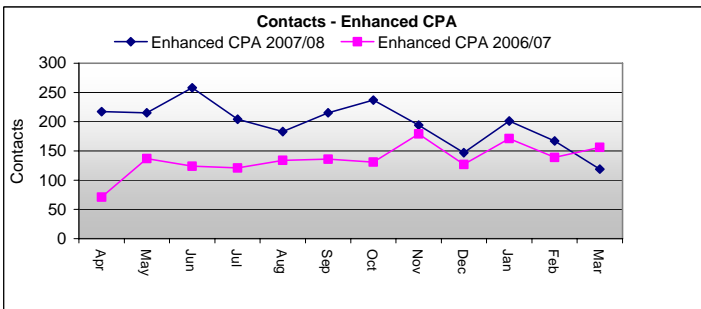
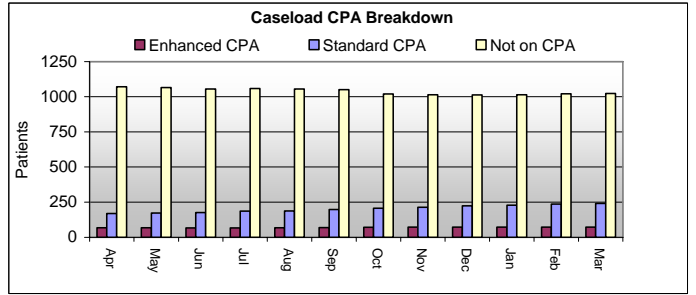
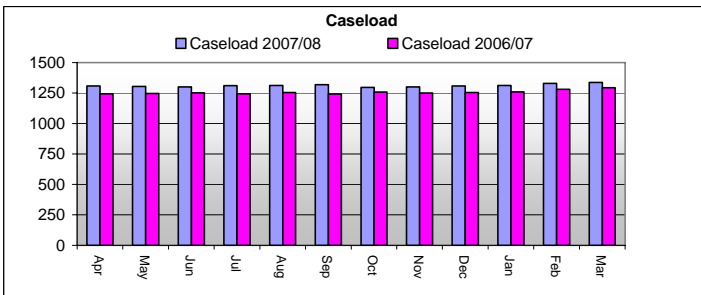
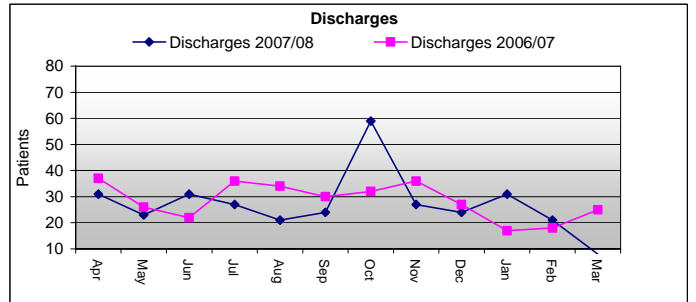
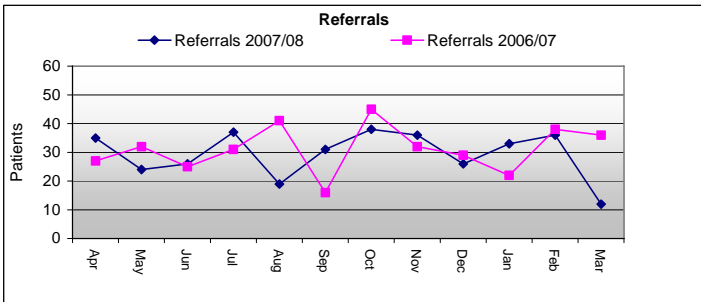
Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Total Number Of Beds	31	26	26	26	26	26	26	26	26	26	26	26	26	26
Admissions	3	7	4	1	5	3	6	4	1	1	0	0	1	3
Discharges	4	7	6	4	2	4	4	2	1	2	0	0	0	3
Bed Occupancy (incl. on leave)	90%	95%	92%	83%	83%	88%	92%	97%	100%	100%	96%	91%	83%	92%
Bed Occupancy (excl. on leave)	87%	88%	82%	78%	79%	84%	87%	90%	94%	93%	92%	87%	79%	86%
Occupied Bed Days (incl. on leave)	845	750	744	646	670	708	716	784	780	802	774	665	671	726
Occupied Bed Days (excl. on leave)	817	691	662	612	640	681	677	723	730	747	744	636	637	682
Average Length Of Stay (incl. on leave)	555	491	555	630	600	600	494	513	559	587	658	707	750	595
Average Daily No. Patients on leave	1	2	3	1	1	1	1	2	2	2	1	1	1	1
Delayed Transfers	n/a	4	2	4	4	5	4	6	6	6	6	2	4	4
Mental Health Act Admissions	0	0	0	0	2	0	4	0	1	0	0	0	1	1
% Admissions Mental Health Act	0%	0%	0%	0%	40%	0%	67%	0%	100%	0%	0%	0%	100%	26%



LEARNING DISABILITY Community Focus

BOARD REPORT

Performance Measure	06/07 Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	07/08 Monthly Average
Referrals	31	35	24	26	37	19	31	38	36	26	33	36	12	29
Discharges	28	31	23	31	27	21	24	59	27	24	31	21	8	27
CASELOAD														
Total Caseload	1257	1308	1305	1300	1311	1312	1318	1297	1300	1308	1313	1329	1336	1311
Enhanced CPA	55	68	68	67	67	68	70	71	72	72	72	72	72	70
Standard CPA	126	169	172	177	186	188	198	207	214	224	228	236	241	203
Not on CPA	1076	1071	1065	1056	1058	1056	1050	1019	1014	1012	1013	1021	1023	1038
CONTACTS														
Enhanced CPA	136	217	215	258	204	183	215	237	194	147	201	167	119	196
Standard CPA	200	279	305	350	278	233	271	355	322	244	284	296	230	287
Not on CPA	1171	1011	1252	1200	998	1051	1037	1176	1203	783	1190	1062	799	1064

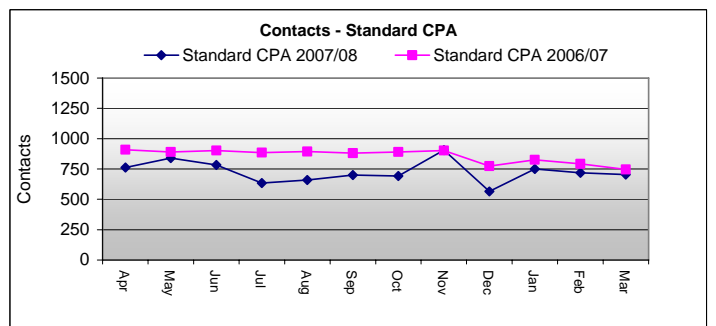
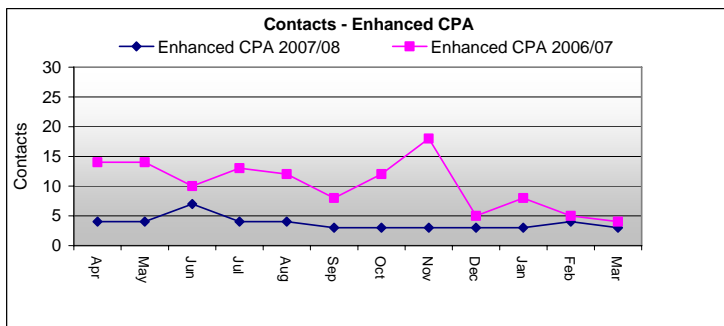
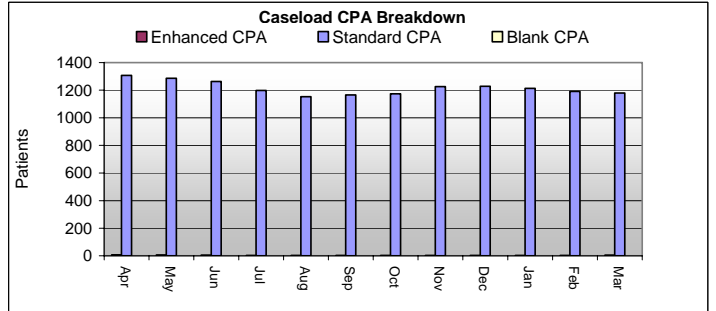
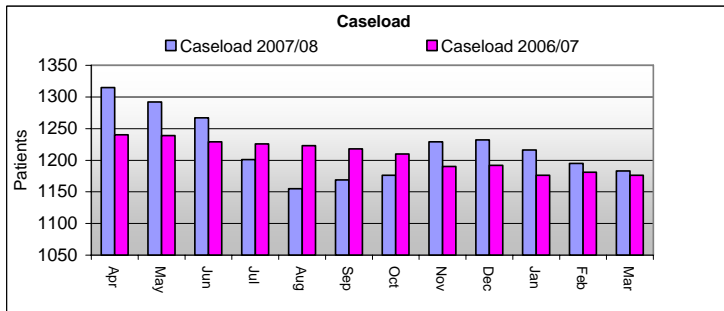
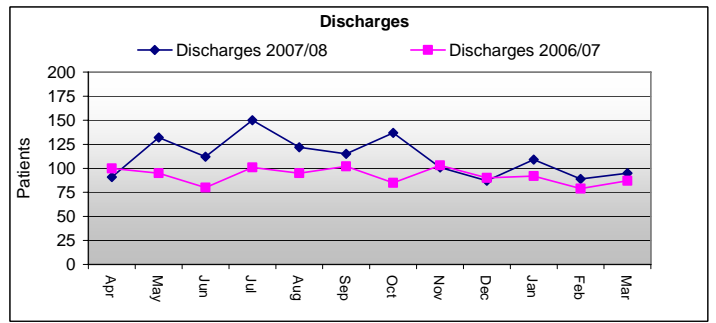
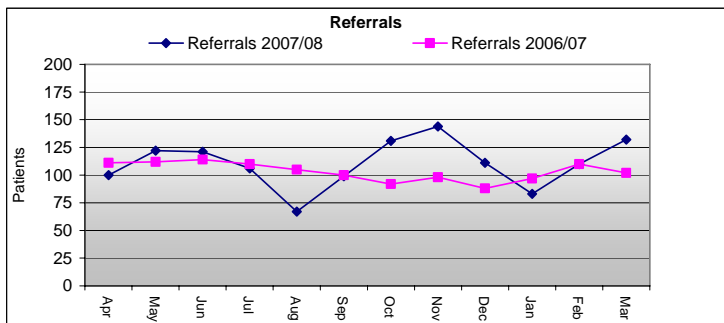


CHILD AND ADOLESCENT SERVICES

Community Focus

BOARD REPORT

Performance Measure	06/07														07/08 Monthly Average
	Monthly Average	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08		
Referrals	103	100	122	121	106	67	99	131	144	111	83	110	132	111	
Discharges	92	91	132	112	150	122	115	137	101	87	109	89	95	112	
CASELOAD															
Total Caseload	1208	1315	1292	1267	1201	1155	1169	1176	1229	1232	1216	1195	1183	1219	
Enhanced CPA	6	7	6	4	3	3	3	3	3	3	3	3	4	4	
Standard CPA	1203	1308	1286	1263	1198	1152	1166	1173	1226	1229	1213	1192	1179	1215	
Blank CPA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CONTACTS															
Enhanced CPA	10	4	4	7	4	4	3	3	3	3	3	4	3	4	
Standard CPA	858	762	840	784	635	660	700	693	906	565	750	720	705	727	



Glossary of terms used in the Performance Dashboard Report

Indicator	Description
Performance Indicator Set Key Measures	
1.1 Mental Health Minimum Data Set Implementation	The mental health minimum data set is a patient level record containing information on diagnosis and treatments received by patients from the Trust. The Trust has a statutory obligation to ensure that this information is sent to the Department of Health in a safe and secure fashion on a quarterly basis
1.2 Drug Misuse 12 week retention rates	This is a key national indicator for all Substance Misuse services in England. The aim is to ensure that all patients receiving community based drug treatment programmes remain in treatment for at least 12 weeks. The current target is that not less than 85% of patients are retained within treatment for at least 12 weeks
1.3 Inpatient ethnic data quality	As a statutory requirement the Trust collects information on the ethnic origin of all individuals who receive treatment from the Trust. The information is used to measure if the take up of services reflects the ethnic make-up of the population of Gloucestershire and can be used in the future planning of services.
1.4 Suicide Rate	This indicator measures the number of suicides in inpatient units and those which take place within 30 days of discharge from the unit.
1.5 7 Day Follow up rate	All discharges from inpatient units must be followed up within 7 days of leaving the unit. Target 100%
1.6 Complaints Resolution	All complaints must be responded to formally within 25 days.
1.7 Data Protection Requests	All requests received under the requirements of the Data Protection Act must be responded to and completed within 40 working days
1.8 Freedom of Information Requests	All requests received under the Freedom of Information Act must be responded to and completed within 20 working days
Local Delivery Plan Performance	
2.1 Assertive Outreach Trajectory	The number of cases supported by the specialist Assertive Outreach Service. Current target 188 cases
2.2 Assertive Outreach Key Fidelity measures.	Each Assertive Outreach team must conform to a national best practice model in terms of overall staffing, skillmix, maximum caseload per staff and operating procedures
2.3 Crisis Intervention Trajectory	The number of new home treatment packages supported by the specialist Crisis Intervention Service. Current target 1021 cases per annum
2.4 Crisis Intervention Key fidelity measures	Each Crisis Intervention team must conform to a national best practice model in terms of overall staffing, skillmix, maximum caseload per staff and operating procedures
2.5 Number of admissions to inpatient units not assessed by Crisis teams	All admissions to the Trusts adult inpatient services must be assessed by the Crisis Intervention Team prior to admission
2.6 Early Intervention Trajectory	The number of cases supported by the specialist Early Intervention in Psychosis service. Current target 125 cases by end of March 2008
2.7 Early Intervention Key Fidelity Measures	Each Early Intervention team must conform to a national best practice model in terms of overall staffing, skillmix, maximum caseload per staff and operating procedures
2.8 Duration of Untreated Psychosis rate	The aim of the Early Intervention Service is to identify cases at or around the onset of psychosis in teenagers and younger adults. The Trust is in the process of agreeing an operational target which will be based on minimising the period between onset and treatment for all cases.

Indicator	Description
Public Sector Agreement Targets	
3.1 Transition arrangements between age related services	This indicator aims to ensure that the Trust's services have clear and agreed operational policies to underpin the transition for individuals from child to adult services and from adult to older peoples services
3.2 Employment of Community Development workers	The Trust has a target to appoint 4 community development workers who will work directly with Black and Ethnic minority patients and communities to enhance the Trust's services to these groups of the population
3.3 Suicide Audit	Each year the Trust undertakes a formal audit designed by the Healthcare Commission to review cases of suicides and disseminate learning and good practice to all services within the Trust.
3.4 Infection control	The Trust needs to meet a series of actions designed by the Healthcare Commission, including named lead officers and operational activities to minimise the risk of hospital acquired infections occurring within any of the Trust's services.
3.5 Obesity	The Trust needs to meet a series of actions designed by the Healthcare Commission, to ensure that all patients care plans cover physical as well as mental health wellbeing and include specific action and advice for individuals.
3.6 Smoke free NHS	This indicator ensures that the Trust complies with current legislation regarding the cessation of smoking at all of its sites.
National Treatment Agency Targets	
4.1 Number of people in Inpatient treatment	The Trust has an agreement with the Commissioners of Substance Misuse Services to provide a minimum number of inpatient de-toxification admissions each year.
4.2 Waiting Times for Inpatient treatment	The current target is that no patient should wait longer than 2 weeks after a decision to admit to the inpatient unit is taken
4.3 Number of people receiving community services	The Trust has an agreement with the Commissioners of Substance Misuse Services to provide a minimum number of community cases each year.
4.4 Waiting Times for Specialist Prescribing	Measures waiting time to the prescription of specialist drugs and medicines for substance misuse patients.
4.5 Successful completions Inpatients	The number of inpatient episodes that successfully complete the planned programme of care.
4.6 Successful completions Community	The number of inpatient episodes that successfully complete the planned programme of care.
Foundation Trust Indicators	
5.1 Public Membership	This indicator reflects the Trust's plans to increase the level of membership from within the wider population of Gloucestershire. The current target is to increase the overall membership to a level of 3600 by the end of October 2008.
Access and Choice	
6.1 Total waiting times for people with mental health problems to receive appropriate treatment	This is a locally agreed indicator currently in development which is aiming to identify the maximum waiting time from initial referral to assessment and the start of an appropriate treatment package. The general maximum waiting time will be set at 6 weeks for routine referrals with variations for specific specialist services, eg Crisis and Home treatment services.
Inpatient Demand and Capacity	
7.1 Bed Utilisation Measures	These indicators measure the efficiency with which the Trust's inpatients beds are used. They include measures such as admissions, discharges, % occupancy of wards and length of stay of inpatient episode. These are included in the Statistical Appendix of the report.

Indicator	Description
7.2 Delayed Transfers of Care	This indicator measures the number of individuals who are assessed as fit for discharge from an inpatient unit but where suitable alternative support or placements are not currently available.
7.3 Unplanned Readmissions to Inpatient Units	This indicator measures unplanned emergency readmissions to inpatient units following a previous discharge. It measures readmissions within 30 and 90 days following the original discharge.
7.4 Mental Health Act Usage	These indicators cover the use of the Mental Health Act by the Trust to formally detain individuals in an inpatient or community setting.
Care Programme Approach Performance	
8.1 Patients with copy of their own care plan	All patients on the enhanced level of the Care Programme Approach are required to have been given an up to date copy of their care plan
8.2 Risk Relapse Management Plans	These plans form an integral part of an individuals overall care plan. They include guidance for carers and staff regarding appropriate action in the event of an emergent or crisis occurring.
8.3 Care Programme Approach Profile	The number of individuals on enhanced and standard level care plans as a proportion of the total caseload.
8.4 Average and Maximum Duration between Care Plan Reviews	This indicator measures the duration between formal multidisciplinary reviews of individual's care plans.
8.5 Carers Assessments	Measures the number of carers who have appropriate assessments and care plans in place.
8.6 Progress against Cornwall Action Plan	This indicator measures progress against the Trust's action plan for 2007/08. The action plan was the outcome of the local review of Learning Disability services undertaken after the investigation into Learning Disability services in Cornwall in 2006/07.
Activity	
9.1 Occupied Beddays	The number of beds occupied by individuals in the Trusts inpatient units in any given period of time.
9.2 Community caseload	The total number of individuals on community team caseloads across the Trust's services.
9.3 Community Face to Face Contacts	The total number of direct contacts undertaken by clinicians with patients in any given time period.
Key Workforce Measures	
10.1 Establishment	The total number of staff employed by the Trust expressed as whole time equivalents.
10.2 Vacancy Abatement Factor	The total number of vacancies expressed as a proportion of the total number of staff at any point in time
10.3 Sickness Rate	The percentage of days lost to sickness absence in any given time period.
10.4 Turnover	This indicator measures the total number of starters and leavers as a proportion of the total workforce in any given period
10.5 Bank/Agency/Overtime used	The whole time equivalent use of bank and agency staff plus the level of overtime worked by existing Trust staff.
10.6 Staff Appraisal and Personal Development Plans	The percentage of staff who have up to date individual appraisal and personal development plans.
10.7 Mandatory and Statutory Training Requirements	The percentage of mandatory and statutory training completed within the recommended timescales.
10.8 Posts vacant for more than 4 months	Vacant posts that have not been filled after 4 months of actively trying to appoint.

Indicator	Description
Key Finance- Measures	
11.1 Budget versus Actual	This indicator measures month on month variances in the actual level of expenditure compared with the agreed budget.
11.2 Forecast Outturn	This indicator predicts the likely end of year financial position.
11.3 Income Versus Accruals	The actual level of income received compared with income accrued but not received.
11.4 % away from 1/12ths	A measure of the monthly variation from 1/12 of the annual budget or income.
11.5 Agency expenditure	The expenditure on temporary agency staffing employed by the Trust
11.6 Reference Cost Position	A calculation which compares the cost to provide services in the Trust compared with the national average. If the Trust's costs were the same as the national average the Reference Cost would equal 100