

TO: 2gether NHS Foundation Trust Board
FROM: Simon Thompson – Director of Operations
DATE: 23rd June 2008
SUBJECT: PERFORMANCE DASHBOARD APRIL TO MAY 2008

1. PURPOSE

To provide the Committee with a commentary on performance against key national and local indicators for the first 2 months of 2008/2009.

2. SUMMARY OF KEY POINTS

- There have been no breaches of the 7 day follow up after discharge during April and May 2008.
- The crisis home treatment service is currently on target to deliver the 1021 cases required by the end of the financial year. They have supported 174 home treatment packages compared to a target of 170 at the end of May.
- The early intervention service has increased its caseload by 9 at the end of May to 141 compared with a target of 144. The service is confident that their projected caseload increase will deliver the December target of 211 cases.
- Sickness rates have continued to reduce with the 12 month rolling average for the Trust at 5.94% at the end of April.
- The proportion of staff with completed appraisals and personal development plans stood at 66% at the end of April.
- The proportion statutory and mandatory training delivered by the Trust reached 55% at the end of May.
- Delayed transfers have reduced within learning disabilities and older peoples services but have increased in working age adult services.

3. RECOMMENDATIONS

The Board is asked to:

- Note the exception report and consider the proposed actions and content of the Board report.

4. WHICH TRUST KEY STRATEGIC OBJECTIVES DOES THIS PAPER PROGRESS OR CHALLENGE?			
Supporting clinical care	P	Skilled workforce	P
Getting the basics right	P	Using better information	P
Social inclusion	P	Financial efficiency	P
Seeking involvement	P	Legislation	P

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

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	Inpatient Ethnic data quality	✓	↔	4	ST	2.2	7 Day follow up	✓	↑	4	ST
1.3	Suicide rate	✓	↔	3	ST	2.3	Crisis Intervention trajectory	✓	↑	3	ST
1.4	Complaints resolution completed within 25 working days	✗	↑	3	DMG	2.4	Number of admissions to inpatient units not assessed by Crisis team	N/A	↔	3	ST
1.5	Data Protection completion within 40 days	✓	↔	4	DMG	2.5	Early Intervention trajectory	✓	↔	4	ST
1.6	Freedom of Information within 20 days	✓	↔	4	DMG	2.6	EIS Duration of Untreated Psychosis rate	N/A	↔	2	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	Suicide audit	✓	↑	3	HW	4.2	Waiting Times for Inpatient treatment	✓	↔	2	ST
3.3	Infection Control	✓	↔	4	HW	4.3	Number of people receiving community services	✓	↔	4	ST
3.4	Obesity	✓	↔	4	HW	4.4	Waiting times for specialist prescribing	✓	↔	3	ST
3.5	Smoke free NHS	✓	↔	4	ST	4.5	Successful completions Inpatients	✓	↔	4	ST
						4.6	Successful completions Community	✓	↔	4	ST
						4.7	Drug misuse – 12 week retention rates	✓	↑	3	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 TO MAY 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		
1.4 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.
7.2 Delayed transfers of care	Reduction from 2007/08 level.	30 at the end of May 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 care plan	Not met	Amber	100% by end of 2008/09	3	The indicators now need to reflect the new Guidance issued by the Department of Health.	The Working Group set up to implement the new national CPA Guidance will review the existing set of indicators and propose an appropriate set for the new Guidance.
8.2 Risk Relapse Management Plans	To be agreed	Not met	Amber	To be agreed.	3	The indicators now need to reflect the new Guidance issued by the Department of Health	The Working Group set up to implement the new national CPA Guidance will review the existing set of indicators and propose an appropriate set for the new Guidance.
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	The indicators now need to reflect the new Guidance issued by the Department of Health	The Working Group set up to implement the new national CPA Guidance will review the existing set of indicators and propose an appropriate set for

							the new Guidance.
8.5 Carers assessments	To be agreed	Not met	Red	To be agreed	3	The indicators now need to reflect the new Guidance issued by the Department of Health	The Working Group set up to implement the new national CPA Guidance will review the existing set of indicators and propose an appropriate set for the new Guidance.
10.3 Sickness Rate	Maximum of 4.6%	5.9% cumulative average for the period May 2007 to April 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 2008/09	End of April achievement 66%	Amber	100% by end of 2008/09.	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 2008/09	End of May achievement 55%.	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.
11.5 Agency expenditure	Below previous periods level	Detail in Finance report	Green		1	Improvement in latest months figures.	Continued monitoring
Performance Indicator Set Key measures							
1.1 Mental Health Minimum Data Set implementation	Completed submission meets quarterly	Met	Green	Continual improvements in data quality of key data	1	Aim to reach top 10% of mental health trusts.	Review quarterly data quality reports, correct errors and omissions

	deadlines			items			
1.2 Inpatient Ethnic data quality	90% of all inpatient cases with complete ethnic coding	95% in final quarter of 2007/08.	Green	Potentially 98%	1	The data quality programme has been extended to cover community caseloads.	Review of existing levels of completions across teams to inform action plan development and implementation.
1.3 Suicide rate	Lower than national average	1 in April 2008	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
1.5 Data Protection completion within 40 days	All enquiries completed within 40 days	Met	Green	To be agreed	1	N/A	N/A
1.6 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	189 in May 2008.	Green	To be agreed	1	N/A	Stretch targets to be set by teams to reflect service quality improvements
2.2 7 Day follow up	All discharges from inpatient units followed up within 7 days	No breaches in April and May 2008	Green	100%	1	Will continue to monitor on monthly basis.	New discharge policy successfully implemented, continued monitoring
2.3 Crisis Intervention trajectory	1021 home treatment episodes per annum	174 new home treatment cases in April and May 2008. Target 170	Green	Deliver annual target for home treatments	1	Will continue to monitor on monthly basis.	Teams to ensure information on service access, response times and gate keeping function is collected in a standard way from 1/1/2008

2.4 Number of admissions to inpatient units not assessed by Crisis team	Zero	Information not currently available	N/A	To be agreed	2	Target plan agreed.	Discussed at May Performance Committee, Indicator values will be reported from July 2008
2.5 Early Intervention trajectory	211 case capacity by December 2008-05-13	141 cases at the end of May 2008. Target 144	Green	Deliver annual target for clients on caseload	1	Will continue to monitor on monthly basis.	New team established and recovery plan in place.
2.6 EIS Duration of Untreated Psychosis rate	3 month maximum	Information not currently available	N/A	To be agreed	5	Information Department investigating data quality.	Discussed at May Performance Committee, Indicator values will be reported from July 2008
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 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.	Aim to complete by January 2009.
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	24 admissions in April v target of 20.	Green	To be agreed for 2008/09 with Commissioners.	1	N/A	Continued monitoring

4.2 Waiting Times for Inpatient treatment	No less than 85% of cases with a maximum wait of 2 weeks	85% at end of April	Green	As national target	1	N/A	Continued monitoring
4.3 Number of people receiving community services	750	756 at end of April	Green	Agreed for 2008/09 with Commissioners	1	N/A	Continued monitoring
4.4 Waiting times for specialist prescribing	75% within 3 weeks	94% at end of April	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%	100% at end of April.	Green	90%	1	N/A	Continued monitoring
4.6 Successful completions Community	85%	82% at end of April	Green	90%	1	N/A	Continued monitoring
4.7 Drug misuse – 12 week retention rates	85% of cases successfully retained in treatment for 12 weeks.	77% at end of April.	Green/Amber	Potentially 90% retention rate	1	N/A	This relates to drug misuse and excludes alcohol patients
Foundation Trust Indicators							
5.1 Public Membership	To reach 1800 by October 2007	3011 at end of May 2008.	Green	To reach 3600 by October 2008.	1	Further recruitment drive to start in May 2008.	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. Verbal report to June Board
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	5.9% during first 2 months of 2008/2009	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. Indicator values will be considered at July 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.
1.7 Progress against Cornwall LD action plan	Milestones to be met	Milestones met	Green	N/A	1	Agreed action plan in place for 2008/09.	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	Currently provided within SLA monitoring report.	See quarterly exception report to Performance Committee
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
11.6 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.

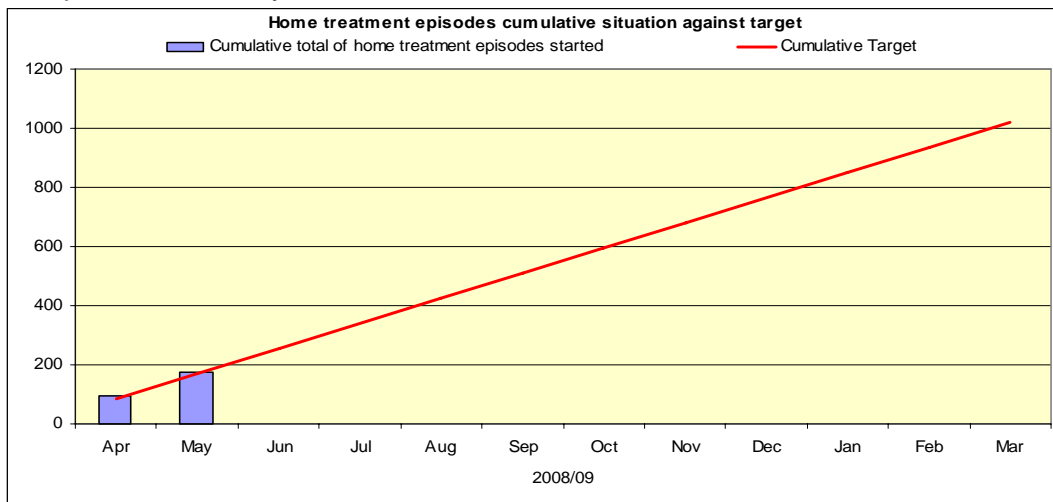
2. DETAILED COMMENTARY.

2.2 7 Day follow up after discharge for patients on enhanced care.

There have been no breaches during the first 2 months of the year.

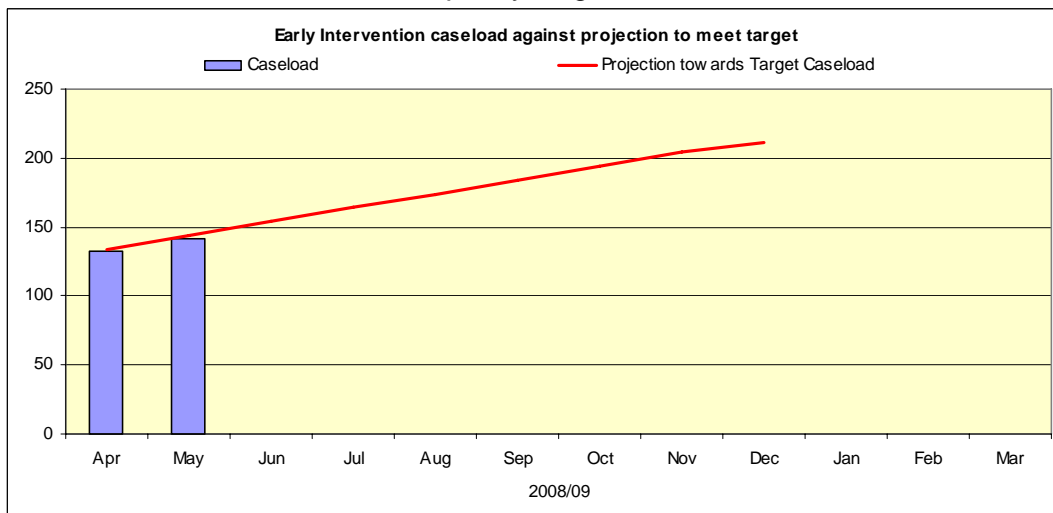
2.3 Crisis Intervention Trajectory.

By the end of May the service had delivered 174 new home treatment packages against the target of 170. Given that the data has been extracted from the system only 1 working day after the month end it is probable that there are a number of cases still to be captured on the system.



2.6 Early Intervention Trajectory.

At the end of May there were 141 cases against the target of 144. The service is confident that it will be able to maintain a net monthly increase of 10 cases per month up to December to meet the final capacity target of 211 cases.



7.2 Delayed Transfers of Care.

Delayed transfers within Older Peoples services reduced to 6 at the end of May compared to 8 at the end of April. 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 20 at the end of May.

The position within learning disability services improved slightly during May with a long term delayed transfer completed from St Mary's. There were, however, still 4 delays, 3 of these in the Westridge unit at the end of May.

10.3 Sickness rates.

Aggregate sickness rates for the Trust as a whole were at 5.9% at the end of April. This continues the gradual month on month reduction since January.

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 66% at the end of April

10.7 Mandatory and Statutory Training.

The achievement rate on Mandatory and Statutory Training had increased to 55% at the end of May compared with an end of year target of 70%.

**PERFORMANCE REPORT
APRIL 2008**

STATISTICAL APPENDIX.

CONTENTS.

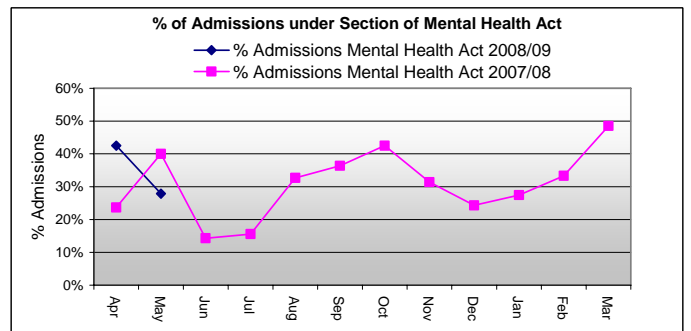
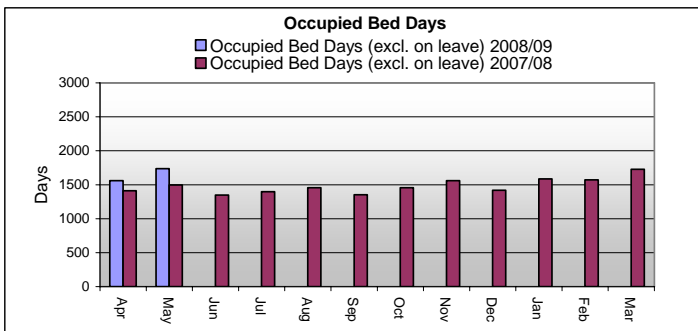
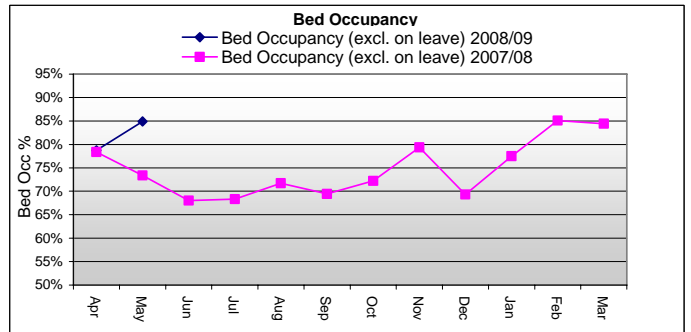
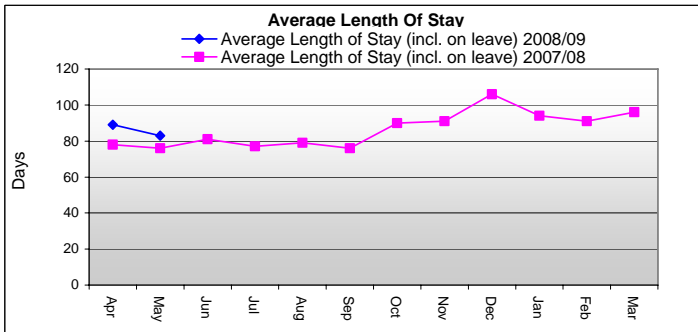
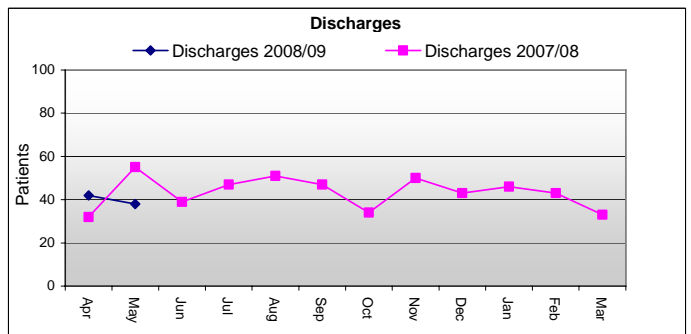
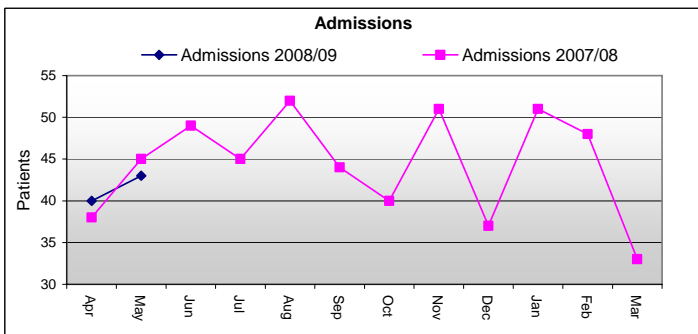
1. Working Age Adults Services.
 - Inpatients activity.
 - Community team activity.
2. Older Peoples Services.
 - Inpatients activity.
 - Community team activity.
3. Substance Misuse Services.
 - Inpatients activity.
 - Community team activity.
4. Learning Disability Services.
 - Inpatients activity.
 - Community Team Activity.
5. Child and Adolescent Psychiatry Services
 - Community team activity.

WORKING AGE ADULTS SERVICES - Acute Wards

Inpatient Focus

BOARD REPORT

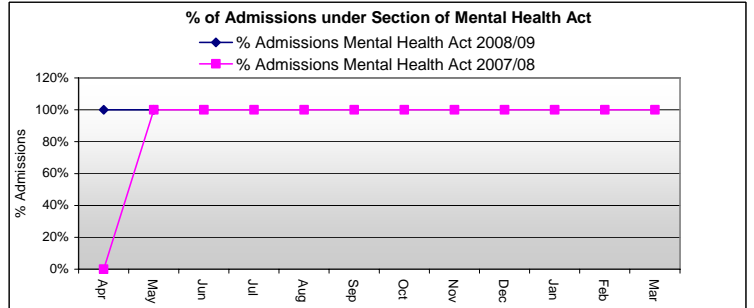
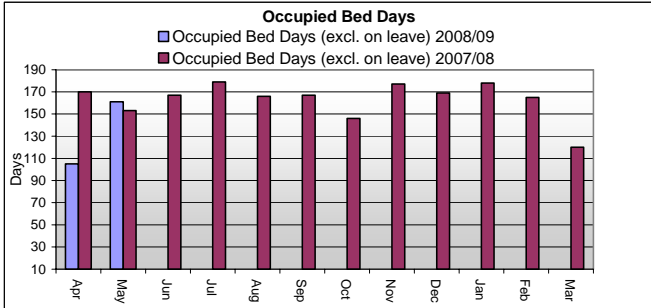
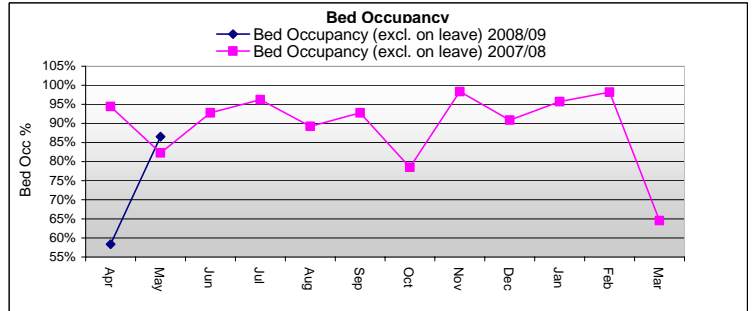
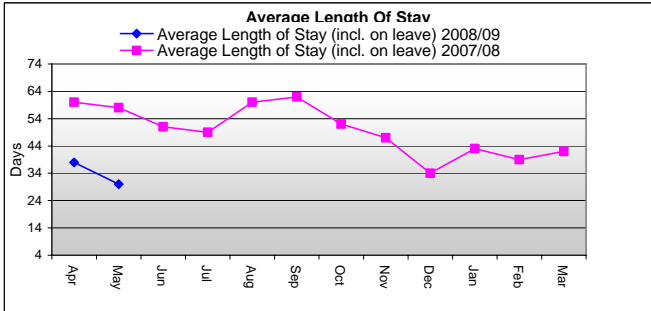
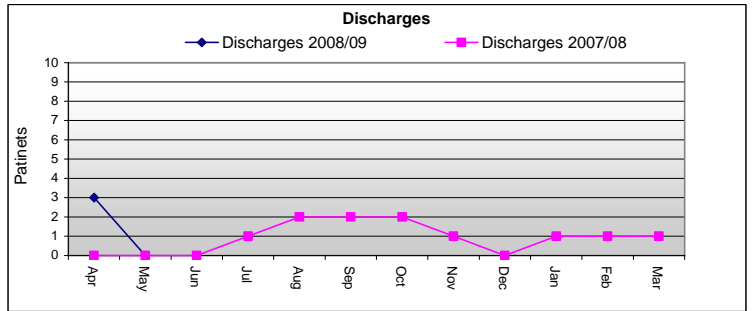
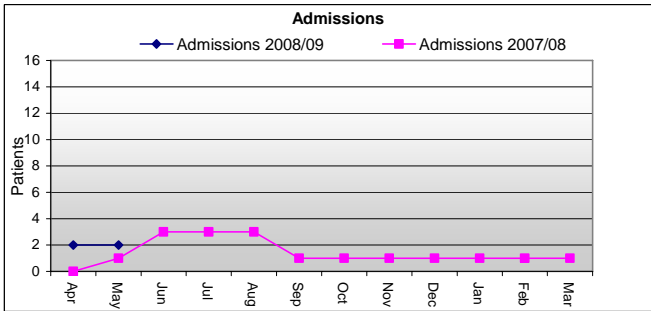
Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Total Number Of Beds	65	66	66											66
Admissions	44	40	43											42
Discharges	43	42	38											40
Bed Occupancy (incl. on leave)	112%	113%	118%											116%
Bed Occupancy (excl. on leave)	75%	79%	85%											82%
Occupied Bed Days (incl. on leave)	2219	2240	2424											2332
Occupied Bed Days (excl. on leave)	1482	1559	1737											1648
Average Length Of Stay (incl. on leave)	86	89	83											86
Average Daily No. Patients on leave	24	23	22											22
Delayed Transfers	11	15	15											15
Mental Health Act Admissions	14	17	12											15
% Admissions Mental Health Act	31%	43%	28%											35%



WORKING AGE ADULTS SERVICES - PICU Wards

Inpatient Focus

BOARD REPORT														
Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Total Number Of Beds	6	6	6											6
Admissions	1	2	2											2
Discharges	1	3	0											2
Bed Occupancy (incl. on leave)	92%	69%	87%											78%
Bed Occupancy (excl. on leave)	89%	58%	87%											72%
Occupied Bed Days (incl. on leave)	167	125	161											143
Occupied Bed Days (excl. on leave)	163	105	161											133
Average Length Of Stay (incl. on leave)	50	38	30											34
Average Daily No. Patients on leave	0	1	0											0
Delayed Transfers	1	1	1											1
Mental Health Act Admissions	1	2	2											2
% Admissions Mental Health Act	92%	100%	100%											100%

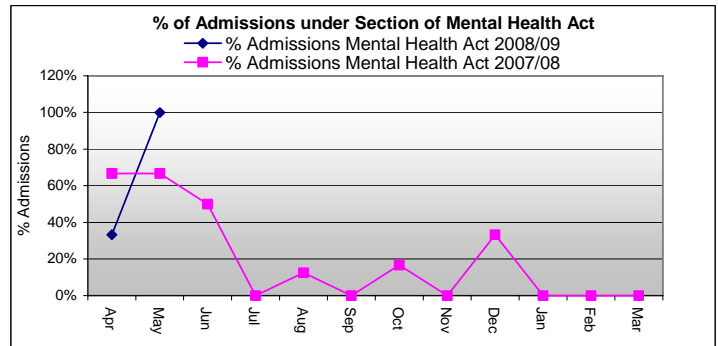
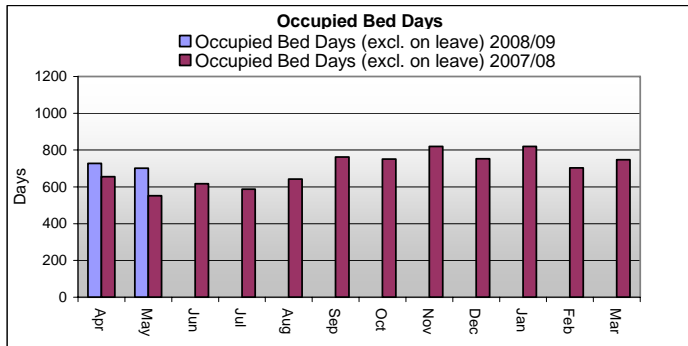
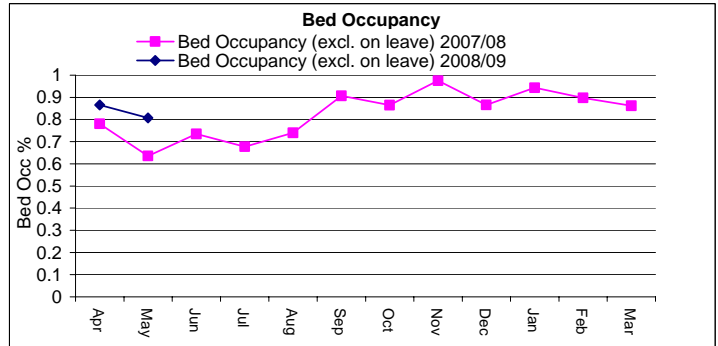
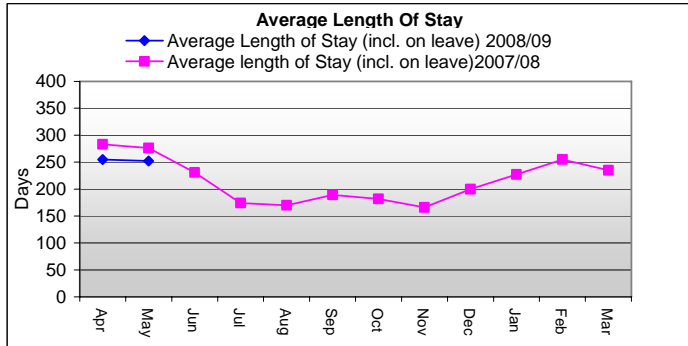
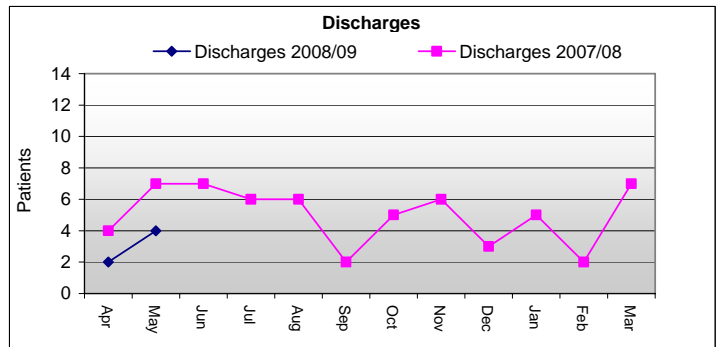
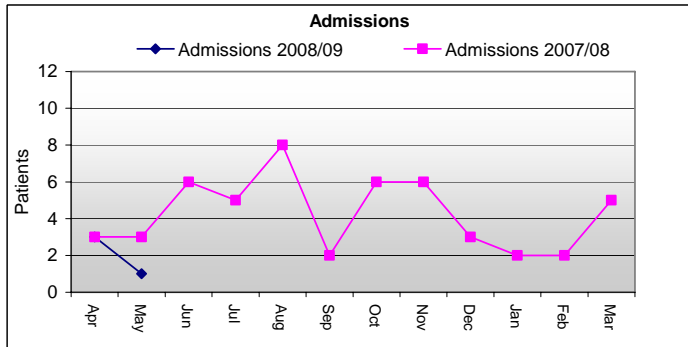


WORKING AGE ADULTS SERVICES - Rehabilitation Wards

Inpatient Focus

BOARD REPORT

Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Total Number Of Beds	28	28	28											28
Admissions	4	3	1											2
Discharges	5	2	4											3
Bed Occupancy (incl. on leave)	117%	114%	114%											114%
Bed Occupancy (excl. on leave)	82%	87%	81%											84%
Occupied Bed Days (incl. on leave)	998	958	986											972
Occupied Bed Days (excl. on leave)	701	727	701											714
Average Length Of Stay (incl. on leave)	216	255	252											254
Average Daily No. Patients on leave	10	8	9											8
Delayed Transfers	2	2	2											2
Mental Health Act Admissions	1	1	1											1
% Admissions Mental Health Act	20%	33%	100%											67%

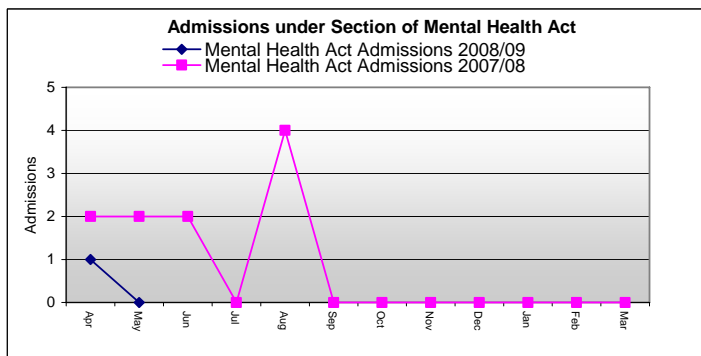
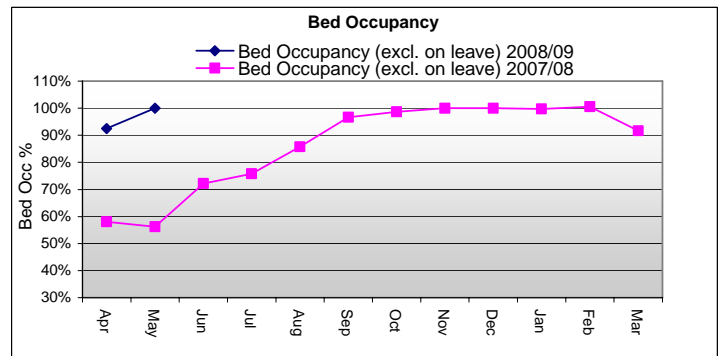
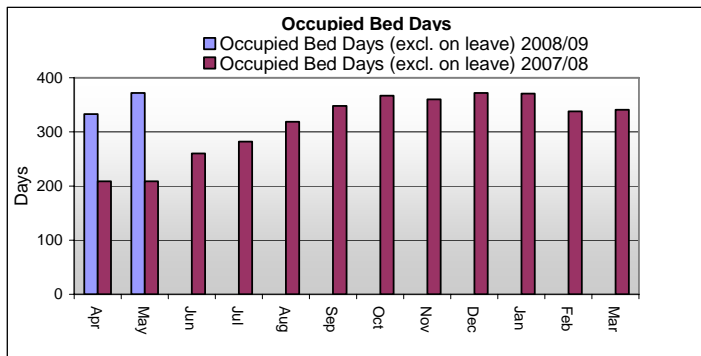
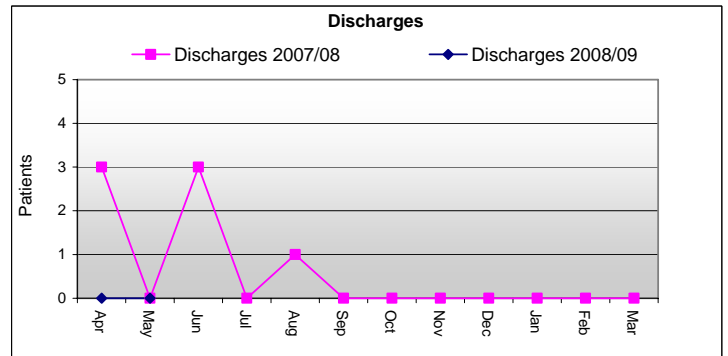
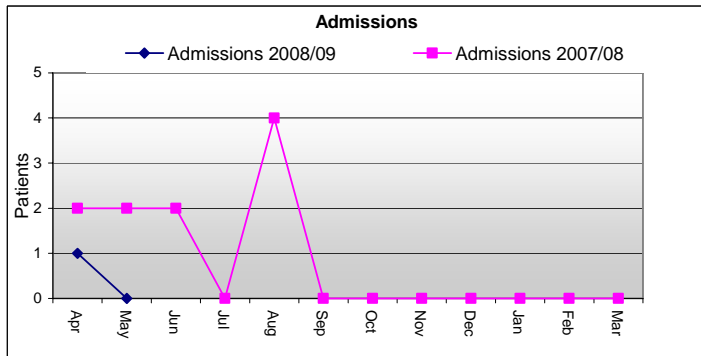


WORKING AGE ADULTS SERVICES - Low Secure Unit - Montpelier Ward

Inpatient Focus

BOARD REPORT

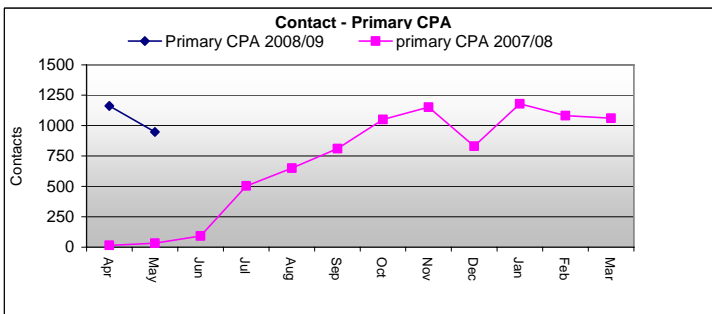
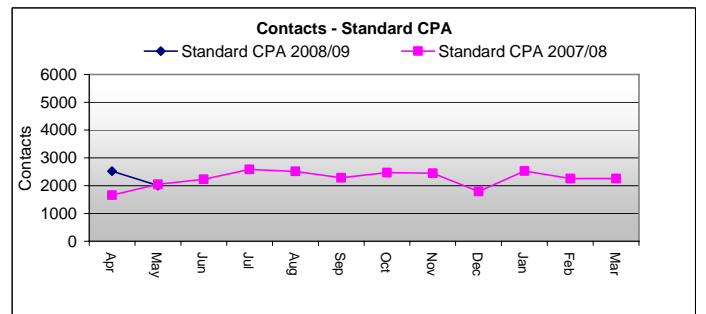
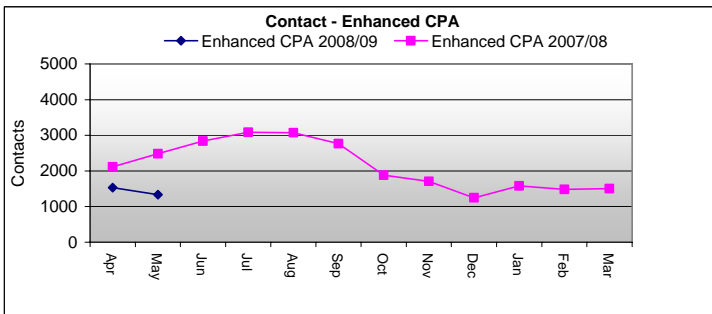
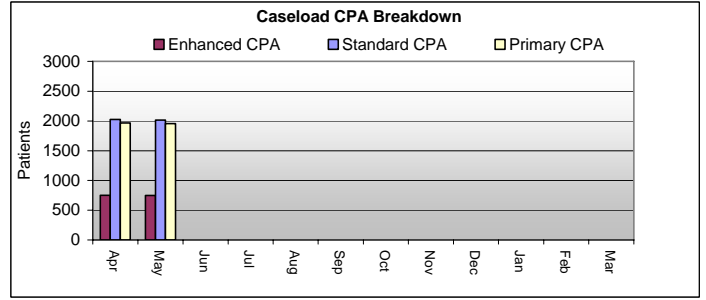
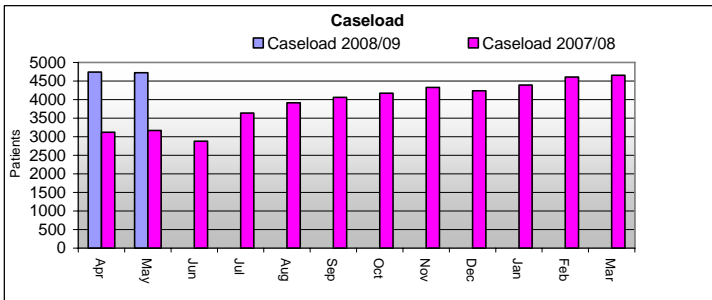
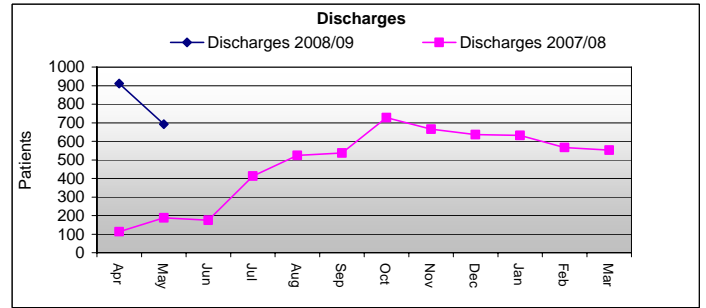
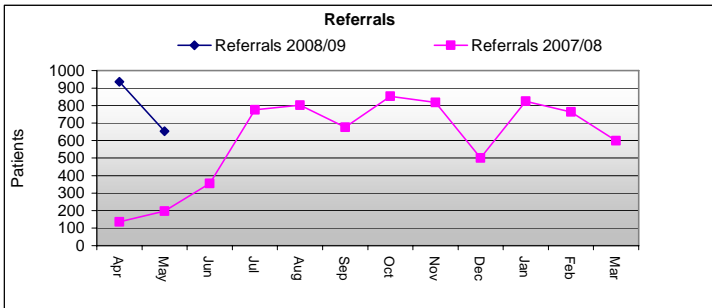
Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Total Number Of Beds	12	12	12											12
Admissions	1	1	0											1
Discharges	1	0	0											0
Bed Occupancy (incl. on leave)	93%	96%	100%											98%
Bed Occupancy (excl. on leave)	86%	93%	100%											96%
Occupied Bed Days (incl. on leave)	339	347	372											360
Occupied Bed Days (excl. on leave)	315	333	372											353
Average Length Of Stay (incl. on leave)	215	329	355											342
Average Daily No. Patients on leave	1	0	0											0
Delayed Transfers	1	0	2											1
Mental Health Act Admissions	1	1	0											1
% Admissions Mental Health Act	33%	0%	0%											0%



WORKING AGE SERVICES

Community Focus

BOARD REPORT														
Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Referrals	609	937	654											796
Discharges	478	911	692											802
CASELOAD														
Total Caseload	3929	4740	4721											4731
Enhanced CPA	740	750	749											750
Standard CPA	2077	2024	2017											2021
Primary CPA	1112	1966	1955											1961
CONTACTS														
Enhanced CPA	2147	1533	1337											1435
Standard CPA	2257	2520	2006											2263
Primary CPA	705	1162	948											1055

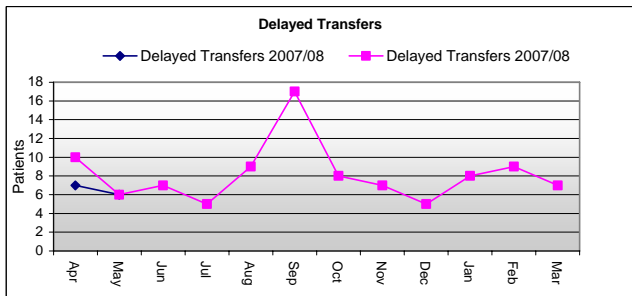
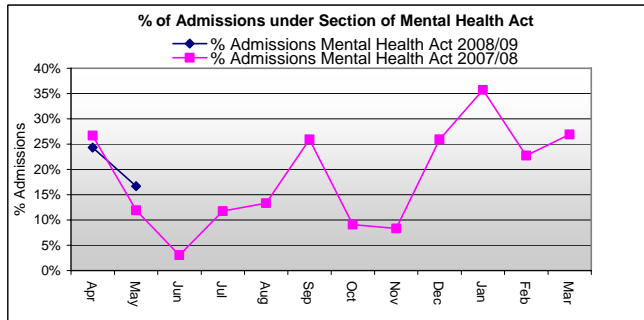
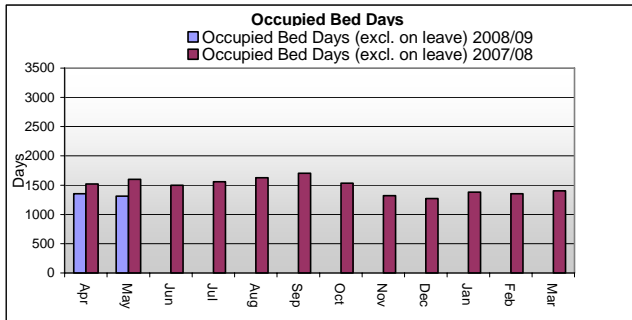
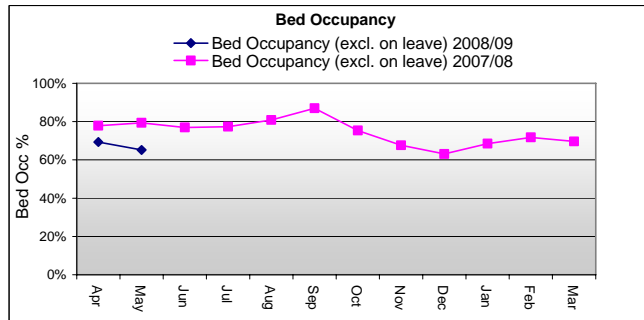
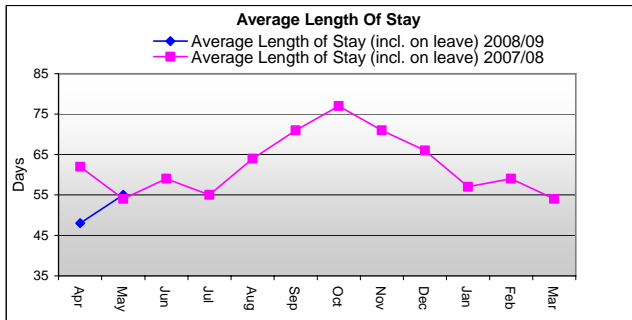
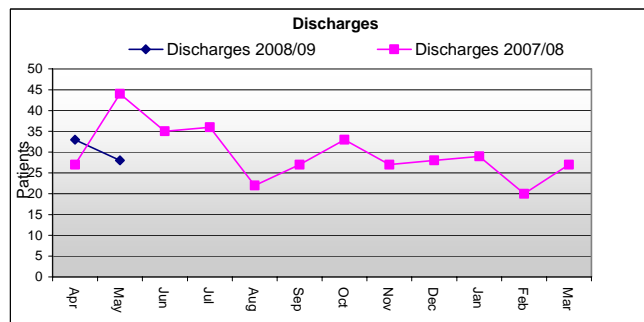
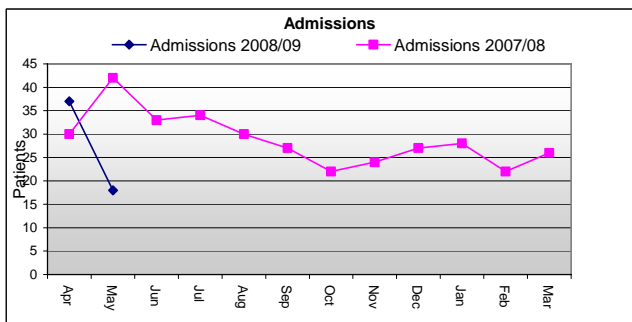


OLDER PEOPLES SERVICES

Inpatient Focus

BOARD REPORT

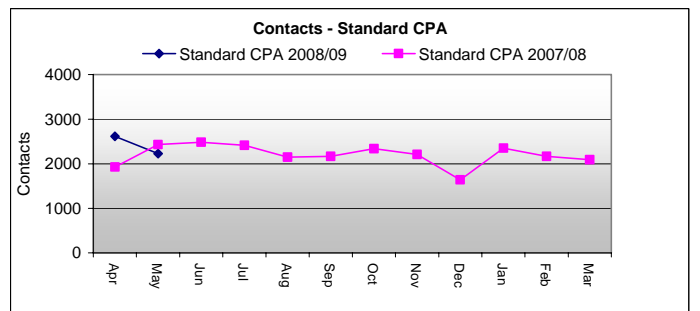
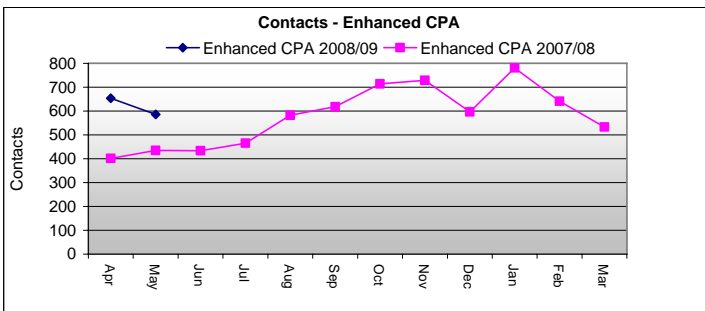
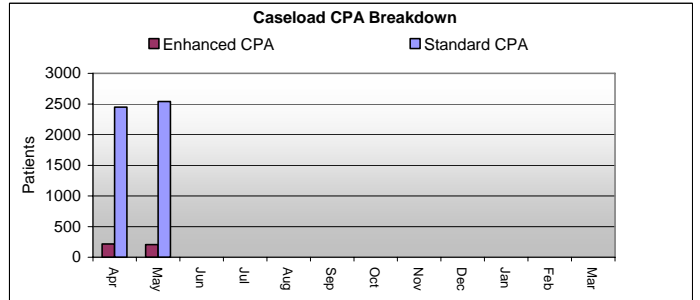
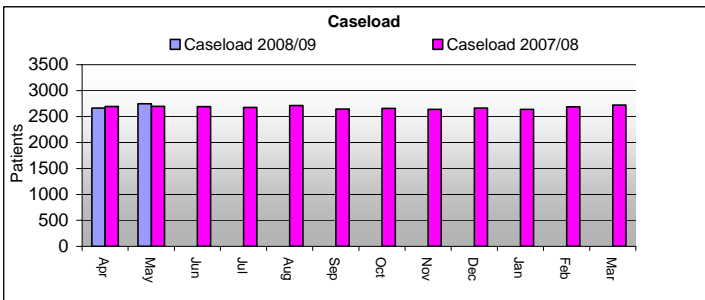
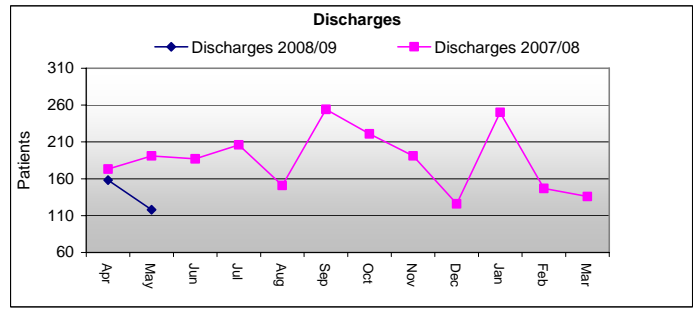
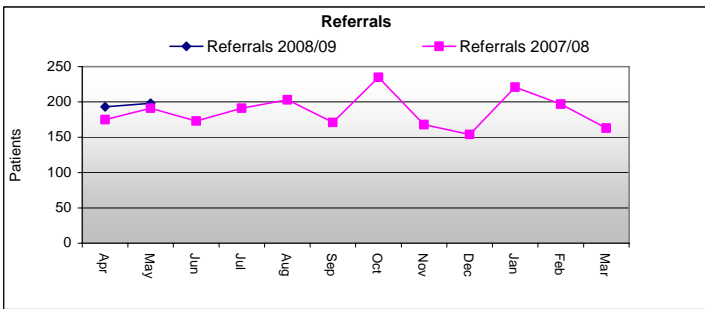
Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Total Number Of Beds	65	65	65											65
Admissions	29	37	18											28
Discharges	30	33	28											31
Bed Occupancy (incl. on leave)	81%	76%	68%											72%
Bed Occupancy (excl. on leave)	75%	69%	65%											67%
Occupied Bed Days (incl. on leave)	1602	1475	1371											1423
Occupied Bed Days (excl. on leave)	1481	1353	1314											1334
Average Length Of Stay (incl. on leave)	62	48	55											52
Average Daily No. Patients on leave	4	4	2											3
Delayed Transfers	8	7	6											7
Mental Health Act Admissions	5	9	3											6
% Admissions Mental Health Act	18%	24%	17%											20%



OLDER PEOPLE SERVICES

Community Focus

BOARD REPORT														
Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Referrals	187	193	198											196
Discharges	186	158	118											138
CASELOAD														
Total Caseload	2677	2666	2747											2707
Enhanced CPA	209	215	207											211
Standard CPA	2468	2451	2540											2496
CONTACTS														
Enhanced CPA	578	654	586											620
Standard CPA	2197	2617	2228											2423

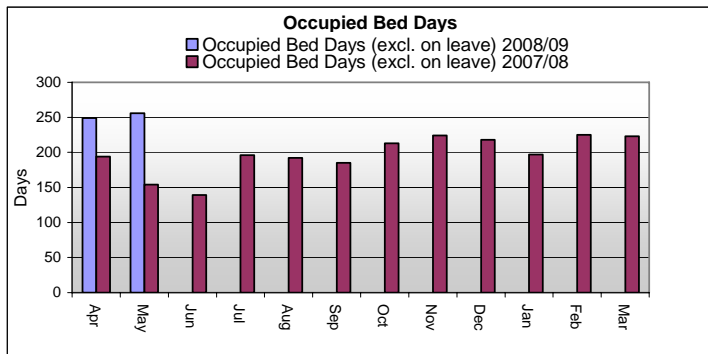
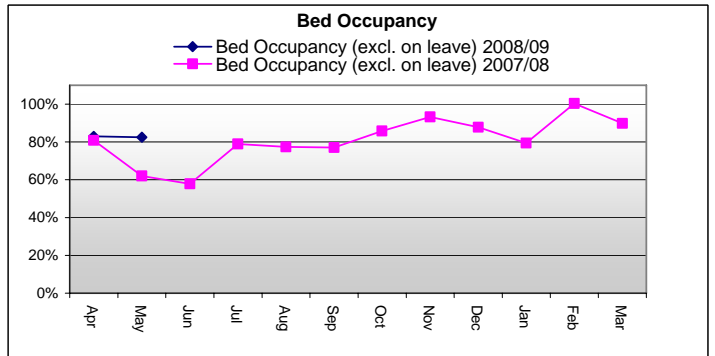
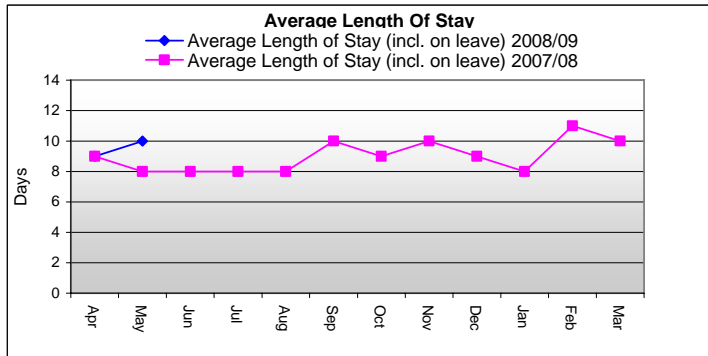
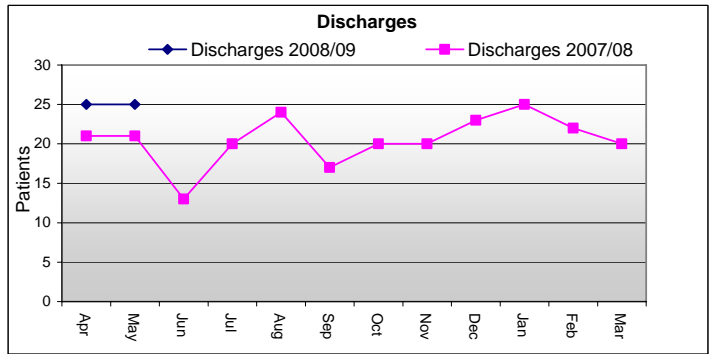
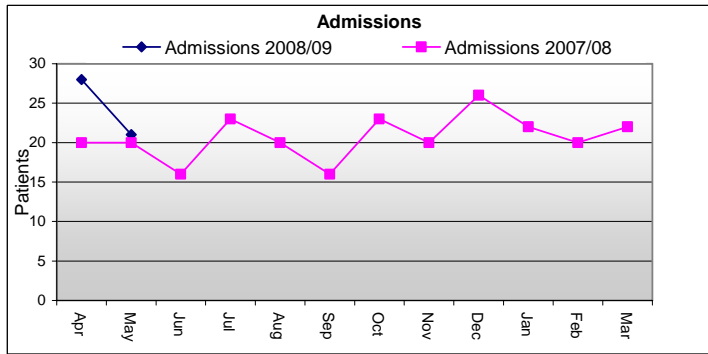


SUBSTANCE MISUSE SERVICES - Sezincote Ward

Inpatient Focus

BOARD REPORT

Performance Measure	07/08 Total	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Total
Total Number Of Beds	8	10	10											10
Admissions	21	28	21											25
Discharges	21	25	25											25
Bed Occupancy (incl. on leave)	82%	83%	83%											83%
Bed Occupancy (excl. on leave)	81%	83%	83%											83%
Occupied Bed Days (incl. on leave)	198	249	256											253
Occupied Bed Days (excl. on leave)	197	249	256											253
Average Length Of Stay (incl. on leave)	9	9	10											10
Average Daily No. Patients on leave	0	0	0											0

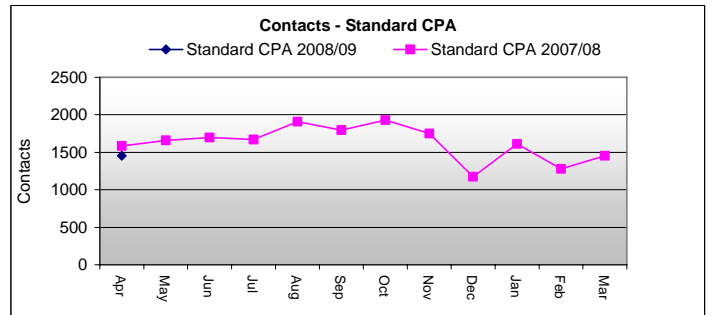
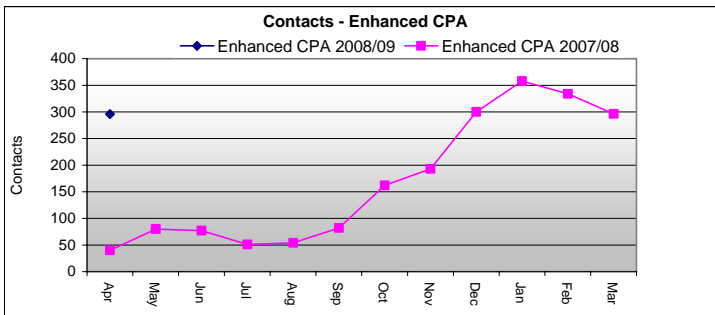
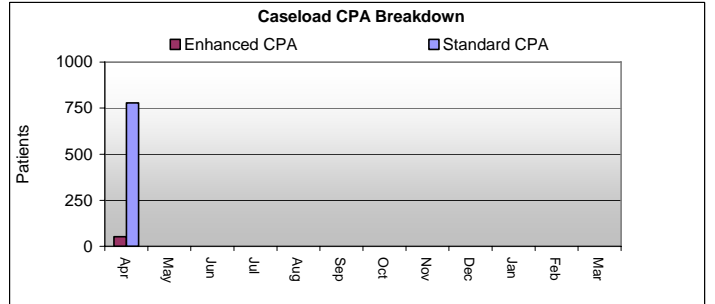
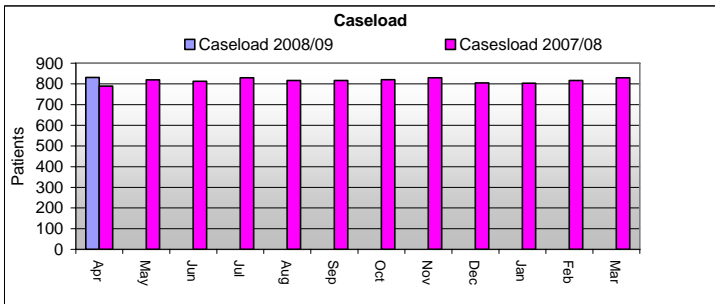
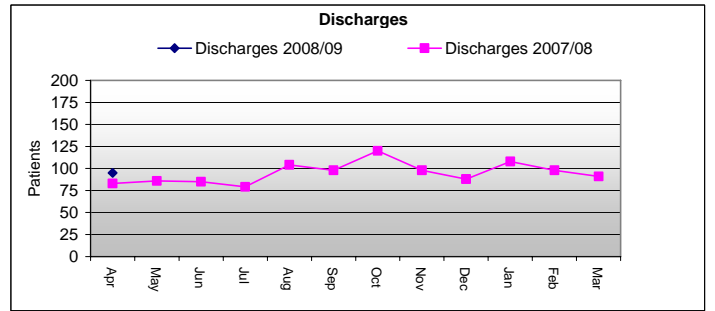
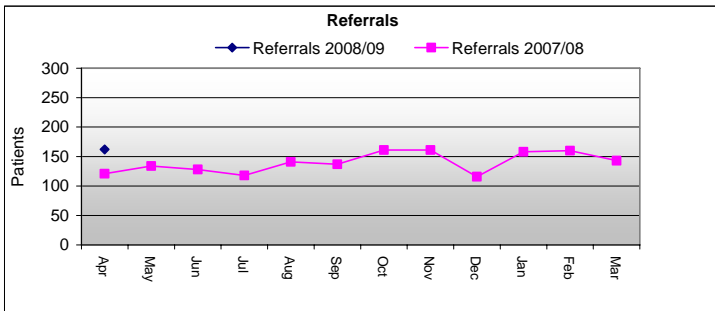


SUBSTANCE MISUSE SERVICES

Community Focus

BOARD REPORT

Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Referrals	140	162												162
Discharges	95	95												95
CASELOAD														
Total Caseload	816	831												831
Enhanced CPA	34	52												52
Standard CPA	782	779												779
CONTACTS														
Enhanced CPA	169	296												296
Standard CPA	1626	1453												1453

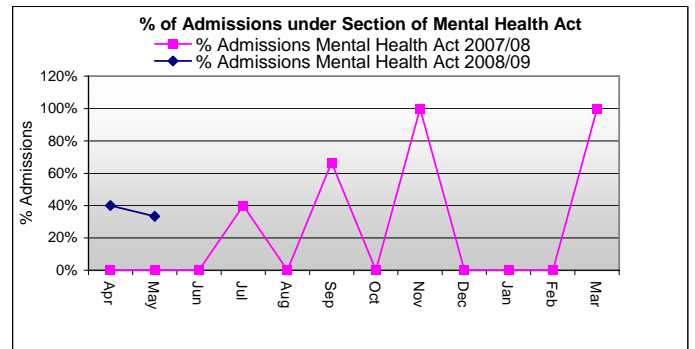
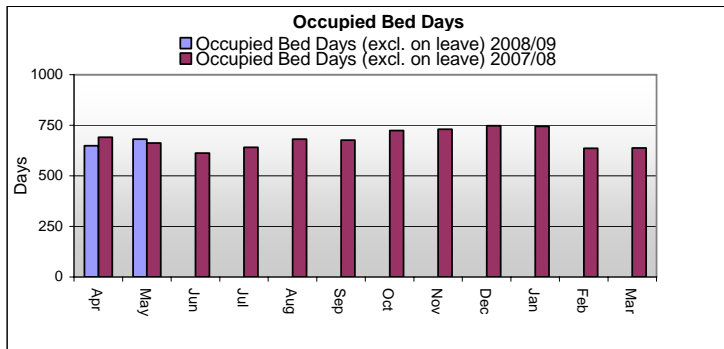
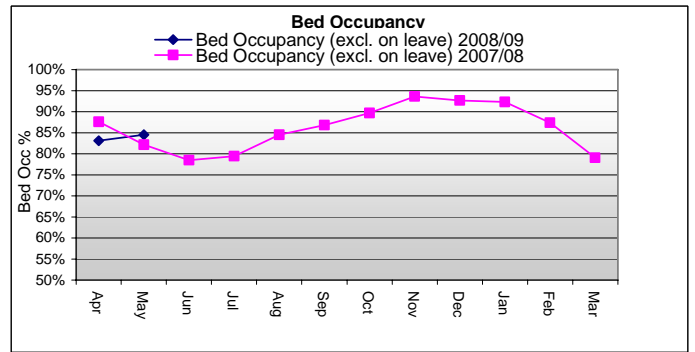
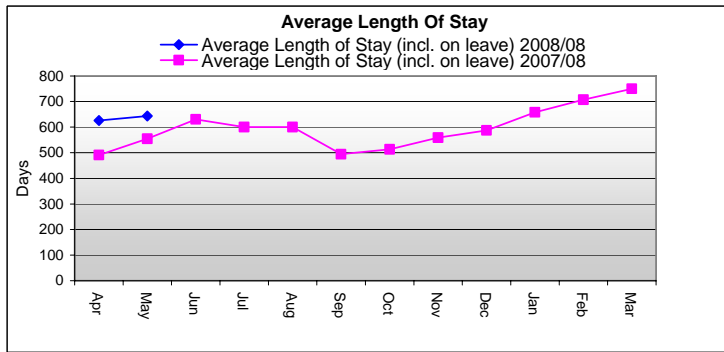
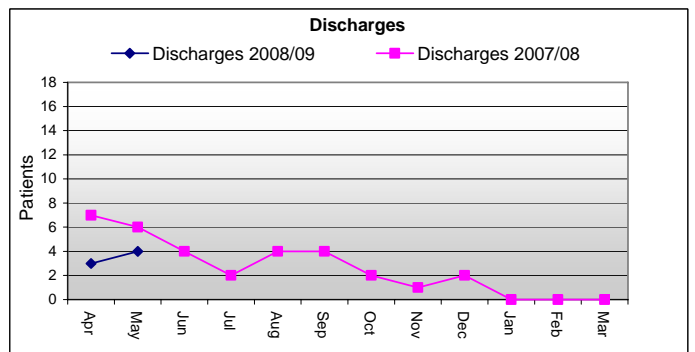
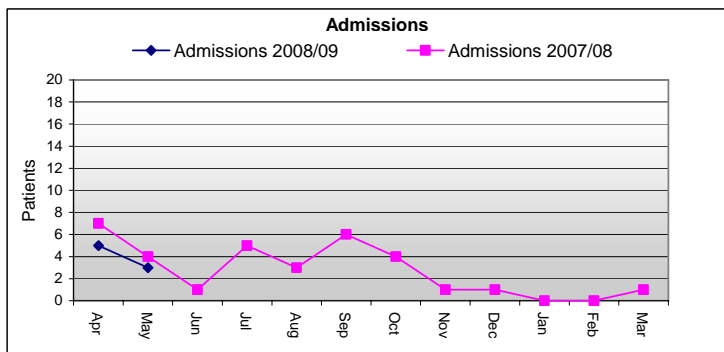


LEARNING DISABILITIES SERVICES

Inpatient Focus

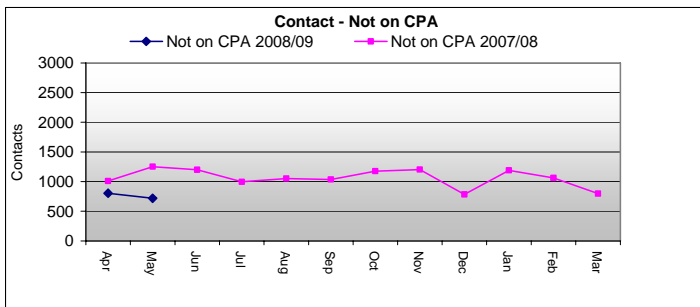
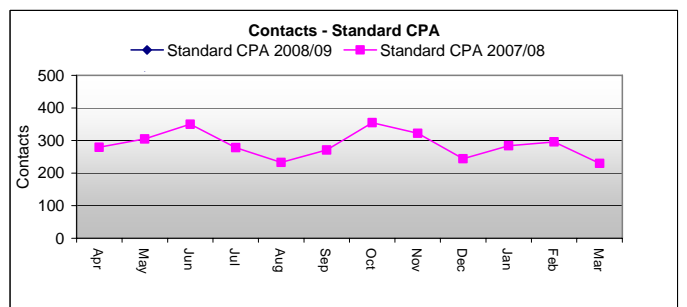
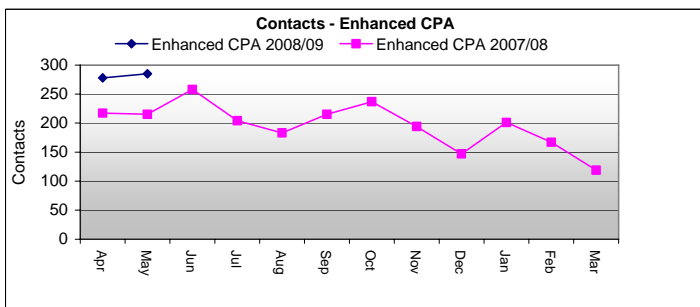
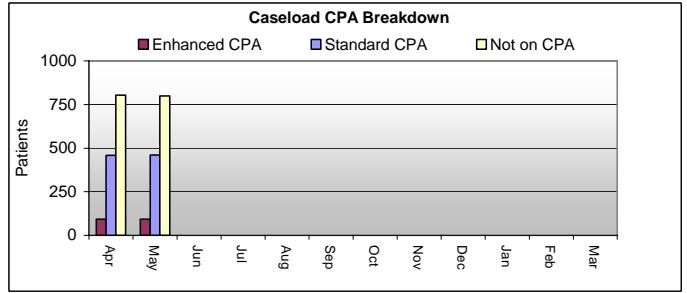
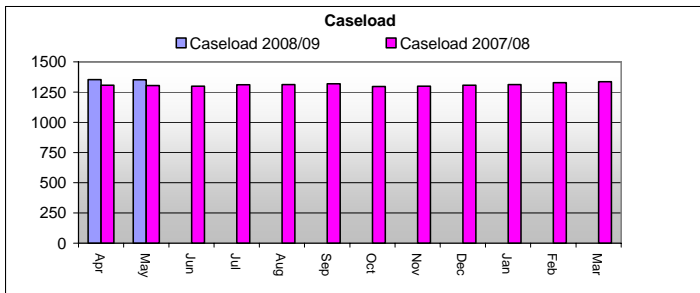
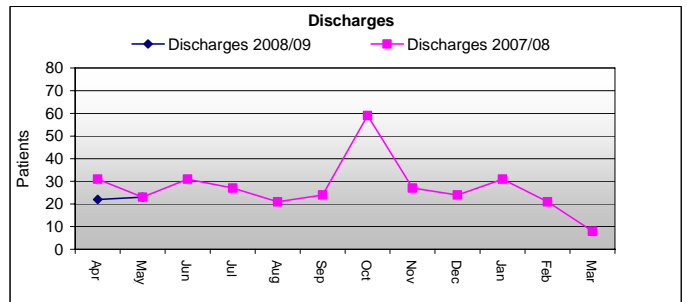
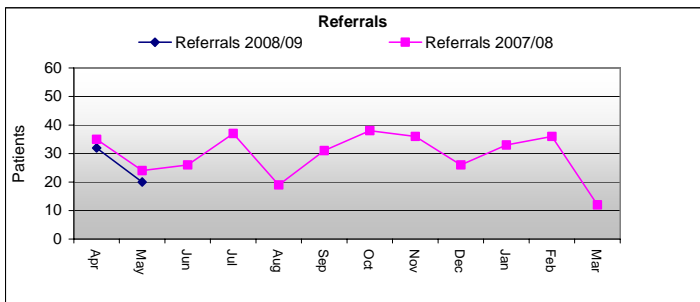
BOARD REPORT

Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Total Number Of Beds	26	26	26											26
Admissions	3	5	3											4
Discharges	3	3	4											4
Bed Occupancy (incl. on leave)	92%	83%	86%											85%
Bed Occupancy (excl. on leave)	86%	83%	84%											84%
Occupied Bed Days (incl. on leave)	726	650	694											672
Occupied Bed Days (excl. on leave)	682	648	681											665
Average Length Of Stay (incl. on leave)	595	626	643											635
Average Daily No. Patients on leave	1	0	0											0
Delayed Transfers	4	6	4											5
Mental Health Act Admissions	1	2	1											2
% Admissions Mental Health Act	26%	40%	33%											37%



LEARNING DISABILITY Community Focus

BOARD REPORT														
Performance Measure	07/08 Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	08/09 Monthly Average
Referrals	29	32	20											26
Discharges	27	22	23											23
CASELOAD														
Total Caseload	1311	1354	1352											1353
Enhanced CPA	70	92	92											92
Standard CPA	203	458	460											459
Not on CPA	1038	804	800											802
CONTACTS														
Enhanced CPA	196	278	285											282
Standard CPA	287	597	514											556
Not on CPA	1064	803	720											762

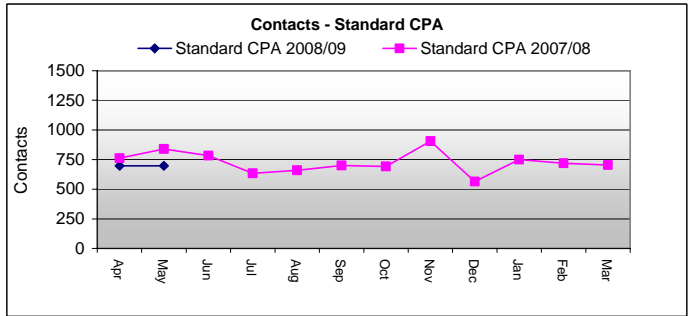
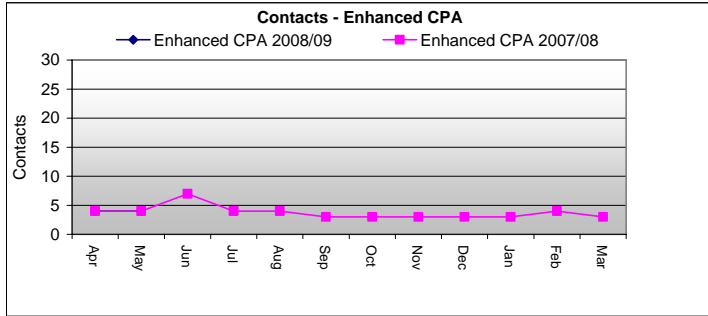
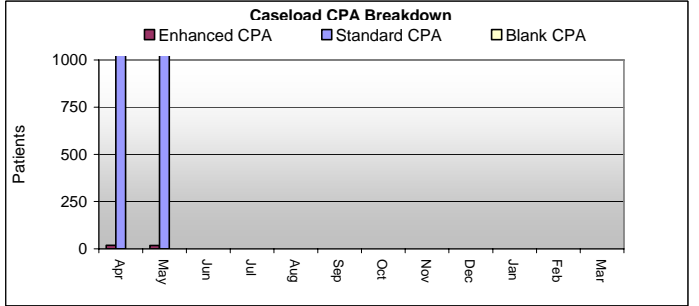
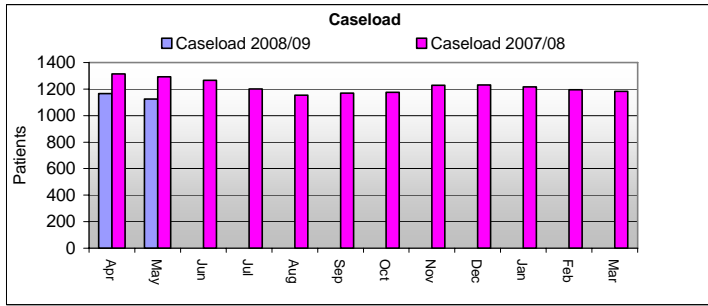
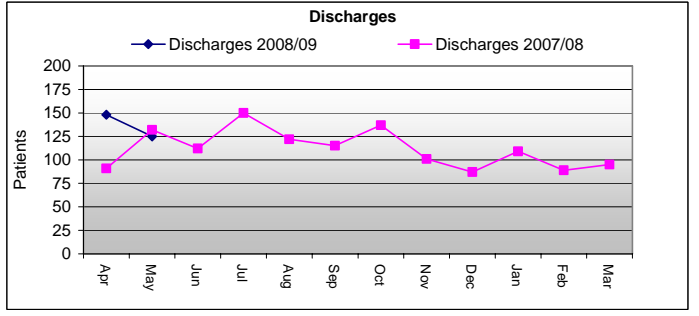
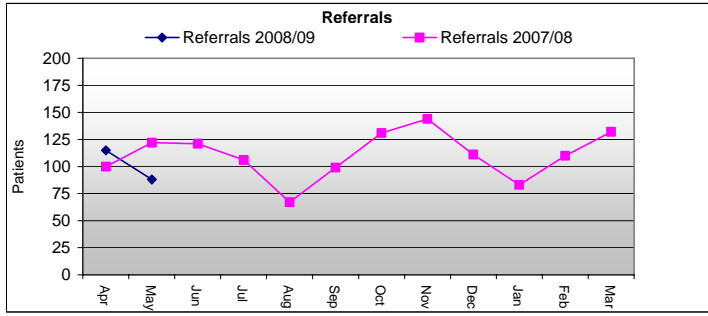


CHILD AND ADOLESCENT SERVICES

Community Focus

BOARD REPORT

Performance Measure	07/08												08/09	
	Monthly Average	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Monthly Average
Referrals	111	115	88											102
Discharges	112	148	125											137
CASELOAD														
Total Caseload	1219	1167	1125											1146
Enhanced CPA	4	18	17											18
Standard CPA	1215	1149	1108											1129
Blank CPA	0	0	0											0
CONTACTS														
Enhanced CPA	0	4	4											4
Standard CPA	0	698	698											698



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