MENTAL HEALTH IN-FOCUS
STRATEGIC COMMISSIONING BOARD

1.0 INTRODUCTION

In January 2018 in recognition of the importance of mental health the Strategic Commissioning Board agreed to prioritise increasing investment in improving mental health outcomes to improve parity of esteem. Work to develop an outcome focussed approach to monitoring is ongoing at both a GM level and within the Pennine Care footprint. This report aims to provide a snapshot of performance and outcome information against the life course.

2.0 STARTING WELL

2.1 Parent Infant Mental Health

The Tameside & Glossop Parent Infant Strategy of 2009 identified the benefits of meeting the mental health of both parents and infants. A robust integrated parent infant mental health pathway, led by the award winning Early Attachment Service, has been in operation ever since. This service provides a clinical service which includes seeing families directly, leading and supervising a range of peer support parenting programmes and offering consultations and training to professionals. The Tameside and Glossop model is not being rolled out across GM.

Case study: Tameside and Glossop Early Attachment Service (EAS)

James was already struggling with anxiety and low mood and had sunk into a deeper depression on discovering his partner of 12 years was pregnant. He was adamant he hadn't wanted a baby and didn't feel ready to be a parent. His work was affected, and his relationship with his partner was strained. He had been referred for therapy to address his depression and anxiety but had begun to feel increasingly suicidal and presented as being at significant risk of harming himself which led to further assessment and risk monitoring by adult mental health services.

The EAS took a whole family approach to addressing these issues encouraging him to bring his partner Alice to appointments. With James and Alice's agreement EAS linked up with the adult mental health practitioners and enhanced midwifery team to support them as they prepared for the baby's birth.

Working with them as a couple allowed some of the difficult feelings between them to be safely talked about and managed and they were able to discuss plans for the birth and beyond which hadn't been possible previously. Jack was born and both parents were immediately delighted by him and continued to attend sessions together with Jack. Following the birth James and Alice came to understand how aspects of their own early life experiences influenced their feelings about bringing a child into the world and being parents.

Extensive work was required to support the family unit, this included sessions with James alone, several antenatal sessions with James and Alice, multidisciplinary case work and contact during the period of time around the birth and finally sessions with James, Alice and Jack in the family home s following the birth. They are now discharged from both Healthy Minds and EAS and are doing well.

(All names and identifying details have been changed to protect confidentiality)

2.2 Off The Record

Off the Record is commissioned to provide a counselling service for children and young people. The main counselling service received 284 new referrals in the 12 months to December 2017 and delivered 2035 counselling sessions. In addition 171 young people accessed the one-to-one counselling drop-in at Off the Record headquarters in Hyde and, at Talk Shop, young people's Drop-In at the Anthony Seddon Fund, 260 recorded interventions with young people and family/carers. The interventions include; 1 to 1 counselling, 20 minute brief intervention counselling and general advice, guidance and signposting to other services.

2.3   Healthy Young Minds (CAMHS)

The Five Year Forward View for Mental Health laid out ambitious plans to improve mental health support for children and young people. One of the key targets is increasing access and reducing waiting times.

(a) HYM Waiting times

The team are continuing to work hard to achieve waiting time targets

KPI	% achievement in February 2018
% of CYP first Contact within 12 weeks	100%
% of CYP commenced treatment within 18 weeks	88.2%

(b) HYM Access

National CYP Increased Access Trajectories

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community Mental Health service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

Greater Manchester extract from NHS Digital published data, December 2017

Area	Actual number of CYP receiving treatment (YTD)	Gap to plan	Total number of CYP with a diagnosable mental health condition	Percentage access rate (annual forecast)
ENGLAND	196,729	-54,477	1,064,328	23.2%
Greater Manchester	13,505	408	59,099	28.6%
NHS Bolton CCG	1,365	-93	6,484	26.4%
NHS Bury CCG	950	50	3,877	30.7%
NHS Oldham CCG	940	60	3,965	29.7%
NHS HMR CCG	1,530	384	5,086	37.7%
NHS Salford CCG	1,590	366	5,445	36.6%
NHS Stockport CCG	1,220	5	5,400	28.3%
NHS Tameside & Glossop CCG	825	-380	5,485	18.9%
NHS Trafford CCG	235	-795	4,593	6.4%
NHS Wigan CCG	900	-401	6,400	17.6%

R Cause for Concern and below National Average;   A Off Target but above National Average;   G Meeting Required Target

Performance in a number of localities, T&G included, is due to data issues and Pennine Care is working with the GM workstream to address improving data quality. In addition to this the system at present only collects NHS activity and therefore support delivered by the VCS and other teams is not collected yet.

A multi-agency Single Point of Entry (SPOE) for CYP has been established and is held daily with representatives from all agencies. This has strengthened inter agency working and understanding which in turn is enhancing the offer between all the agencies involved in supporting young people and their families. In the past around 47% of referrals to CAMHS were 'rejected' as inappropriate for a specialist service whereas now, with this development the vast majority of referrals (98%) are supported into an appropriate service.

2.4 Children and Young People Eating Disorder Service

A new community eating disorder service was commissioned from Pennine Care in 2015/6. It is achieving all KPIs:-

KPI Name	Target Va..	Frequency	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
% of HYM Staff trained in relevant Childrens Safeguarding -L1	>=95%	Monthly	100%	100%	100%	100%	90.9%..	88.2%..	83.3%..	84.8%..	100%..	100%..	91.4%..
% referrals screened within 24 hours	>=80%	Monthly	100%	100%	100%	100%	100%	100%	100%..	100%	100%	100%	100%
% urgent (emergency) referrals seen same day	>=50%	Monthly						100%	0 / 0				
% of those that show positive distance travelled to their GBO.	TBD	Quarterly	Not Due	Not Due	84%	Not Due	Not Due	31.8%	Not Due	Not Due	85.7%	Not Due	Not Due
% CYP successfully redirected upon referral	TBD	Quarterly	Not Due	Not Due		Not Due	Not Due	100%	Not Due	Not Due		Not Due	Not Due
% of Discharge Letters with Summaries sent to GPs within 10 wo..	>=80%	Quarterly	Not Due	Not Due		Not Due	Not Due	100%	Not Due	Not Due	100%	Not Due	Not Due
% of those in treatment completing Outcome Rating Scale (ORS)	>=25%	Quarterly	Not Due	Not Due	36%	Not Due	Not Due	31.3%	Not Due	Not Due	36.1%	Not Due	Not Due
% of those in treatment completing Session Rating Scale (SRS)	>=25%	Quarterly	Not Due	Not Due	52%	Not Due	Not Due	40.6%	Not Due	Not Due	41.7%	Not Due	Not Due
% of those that show achievement of their GBO.	TBD	Quarterly	Not Due	Not Due	84%	Not Due	Not Due	0%	Not Due	Not Due	85.7%	Not Due	Not Due
% of presentations/ referrals to medical and mental health inpati..	TBD	Quarterly	Not Due	Not Due	0%	Not Due	Not Due	0%	Not Due	Not Due	50%..	Not Due	Not Due
Application of EDE-Q	>=25%	Quarterly	Not Due	Not Due	31.9%	Not Due	Not Due	53.1%	Not Due	Not Due	50%	Not Due	Not Due
No of inpatient bed days utilised for ED - Horizon unit.	TBD	Quarterly	Not Due	Not Due	276	Not Due	Not Due	0	Not Due	Not Due	0	Not Due	Not Due
No. of CYP with an agreed transition plan where clinically approp..	TBD	Quarterly	Not Due	Not Due	0	Not Due	Not Due	4	Not Due	Not Due	1	Not Due	Not Due
No. of of sessions undertaken by CYP's keyworker.	TBD	Quarterly	Not Due	Not Due	69	Not Due	Not Due	105	Not Due	Not Due	117	Not Due	Not Due
No. of presentations/ referrals to medical and mental health inpa..	TBD	Quarterly	Not Due	Not Due	0	Not Due	Not Due	0	Not Due	Not Due	4	Not Due	Not Due
Proportion of CYP who have a named keyworker(s), with contact ..	TBD	Quarterly	Not Due	Not Due	100%	Not Due	Not Due	100%	Not Due	Not Due	100%	Not Due	Not Due
% of CYP successfully discharged	TBD	Bi-annual	Not Due	Not Due	Not Due	Not Due	Not Due	100%	Not Due	Not Due	Not Due	Not Due	Not Due
% of CYP in treatment offered/completed a CHI-ESQ at every 6 m..	TBD	Bi-annual	Not Due	Not Due	Not Due	Not Due	Not Due	92%	Not Due	Not Due	Not Due	Not Due	Not Due
% of those in treatment who have completed the CHI-ESQ reporti..	>=25%	Bi-annual	Not Due	Not Due	Not Due	Not Due	Not Due	33.2%	Not Due	Not Due	Not Due	Not Due	Not Due
No of home visits	TBD	Annual	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due
% of families completing adapted CHI-ESQ	>=10%	Annual	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due
% of home visits	TBD	Annual	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due	Not Due
% of those in treatment initiated Goal based outcomes (GBO) wi..	>=25%	Quarterly	Not Due	Not Due	24%	Not Due	Not Due	21.9%	Not Due	Not Due	27.8%	Not Due	Not Due

2.5 Mind support to Children and Young People

Mind have been commissioned by Public Health to deliver 50 wellbeing workshops including therapeutic art sessions and psychoeducational courses and 3000 children and young people have accessed emotional wellbeing and mental health support in schools via their educational service. In addition more than 300 staff and parents accessed training to enable better support for children and young people's emotional wellbeing and mental health needs

3.0 LIVING WELL

3.1 Pennine Care services

An overview of access and waiting times for Pennine Care services is shared below, showing information from other localities for comparison.

ACCESS AND WAITING TIME MONTHLY DASHBOARD : February 2018 - Primary

Service	Instance Name	Target	Reported as	Bury		HMR		Oldham		Stockport		Tameside	
MAS	MAS 6 weeks assessment (CCG) Cumulative	80% per quarter update for T&G & Oldham Q4	Cumulative Qtr	98.3% 58 / 59	▼	100% 80 / 80	►	99.2% 119 / 120	▲	94.1% 64 / 68	▲	100% 35 / 35	▲
MAS	MAS 12 Weeks Referral (CCG) Cumulative	80% per quarter update for T&G & Oldham Q4	Cumulative Qtr	100% 29 / 29	►	96.1% 49 / 51	▲	63% 34 / 54	▲	97.8% 45 / 46	▲	95.7% 22 / 23	▲
EIP	EIT Access Target (CCG) ** Cumulative	50% per quarter	Cumulative	6.7% 1 / 15	▼	0% 0 / 7	▼	12.5% 1 / 8	▲	75% 6 / 8	▲	60% 6 / 10	▲
EIP	EIT Access Target (CCG) in month	50% per quarter	Cumulative	0% 0 / 8	▼	0% 0 / 5	▼	16.7% 1 / 6	▲	100% 4 / 4	▲	75% 3 / 4	▲
HEALTHY YOUNG MINDS	% of CYP first Contact within 12 weeks	95%	In month	98.7% 78 / 79	▼	98.2% 55 / 56	▼	100% 39 / 39	▲	100% 71 / 71	▲	100% 24 / 24	►
HEALTHY YOUNG MINDS	% of CYP commenced treatment within 18 weeks	98%	In month	98.9% 89 / 90	▼	100% 71 / 71	▲	100% 25 / 25	▲	100% 65 / 65	▲	88.2% 30 / 34	▼
A&E	A&E - Seen within 1 hr of referral	75%	In month	48.5% 50 / 103	▼	48.5% 48 / 99	▼	70.1% 101 / 144	▼	53.3% 40 / 75	▼	76.8% 106 / 138	▲
A&E	A&E - Seen within 2 hrs of referral	95%	In month	75.7% 78 / 103	▼	65.7% 65 / 99	▼	86.1% 124 / 144	▲	78.7% 59 / 75	▲	88.4% 122 / 138	▼
A&E	A&E - Discharged within 4 hours	95%	In month	94.3% 66 / 70	▲	90.1% 64 / 71	▲	85.4% 88 / 103	▼	95.3% 81 / 85	▲	97.2% 103 / 106	▲

Service	Instance Name	Target	Reported as	Bury		Oldham		Stockport		Tameside	
IAPT	IAPT Prevalence - Monthly	4.2% per quarter / (PCFT Stockport 2.2%)	In month	412	▲	360	▼	418	▲	523	▲
IAPT	IAPT Prevalence - quarterly	4.2% per quarter / (PCFT Stockport 2.2%)	Cumulative Qtr	Not Due	–	Not Due	–	Not Due	–	Not Due	–
IAPT	IAPT Prevalence % - quarterly	4.2% per quarter / (PCFT Stockport 2.2%)	Cumulative Qtr	Not Due	–	Not Due	–	Not Due	–	Not Due	–
IAPT	IAPT Recovery	50% per month	In month	54.4% 74 / 136	▼	50.8% 94 / 185	▼	58.9% 56 / 95	▲	47.5% 85 / 179	▼
IAPT	IAPT 6 Week completed Treatment (CCG) **	75%	In month	86.8% 125 / 144	▼	87.2% 164 / 188	▼	89.9% 89 / 99	▼	86.1% 161 / 187	▼
IAPT	IAPT 18 Week completed Treatment (CCG)**	95%	In month	100% 144 / 144	►	97.3% 183 / 188	▼	100% 99 / 99	►	100% 187 / 187	▲

Service	Instance Name	Target	Reported as	Bury		HMR		Oldham	
RAID	RAID - A&E Breach Target	98%	Quarterly	Not Due	–	Not Due	–	Not Due	–
RAID	RAID - OP Assessed by end of the next day	95%	Quarterly	Not Due	–	Not Due	–	Not Due	–

Service	Instance Name	Target	Reported as	Bury		HMR		Oldham		Stockport		Tameside		Trafford	
EATING DISORDERS	% Urgent ED Cases seen within 1 week	95%	In month	0% 0 / 0	–	No Cases	–	No Cases	–	No Cases	–	No Cases	–	No Cases	–
EATING DISORDERS	% Routine ED Cases seen within 4 weeks	95%	In month	100% 1 / 1	►	100% 2 / 2	►	100% 2 / 2	►	No Cases	–	No Cases	–	100% 2 / 2	►

3.2 IAPT Access and Waiting Times
Latest published data is shared below
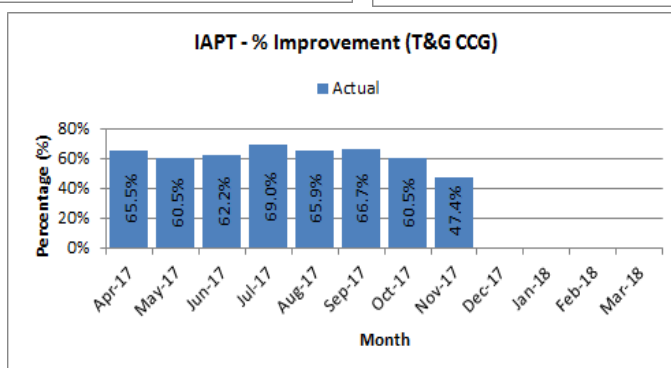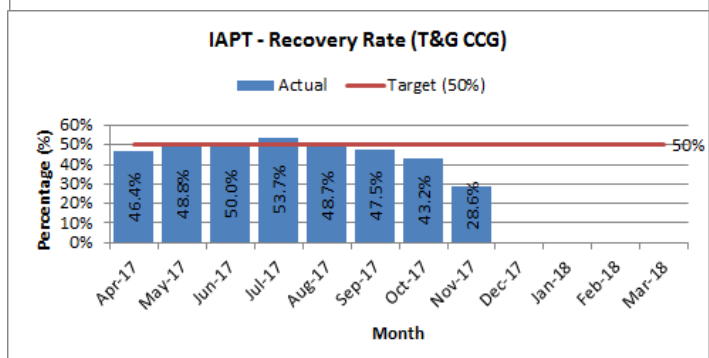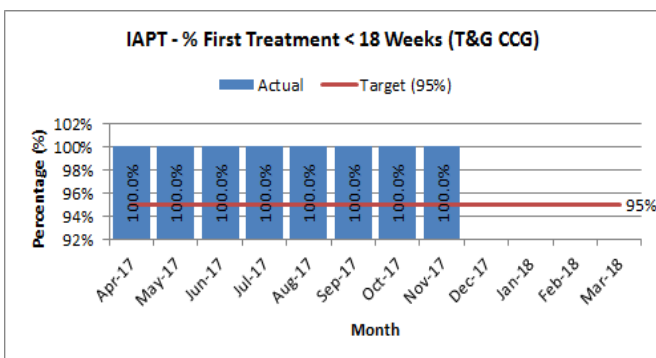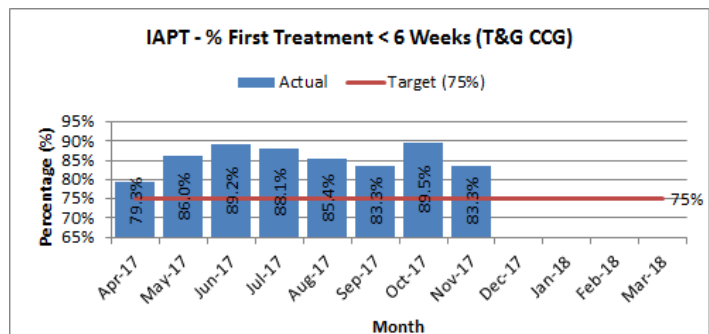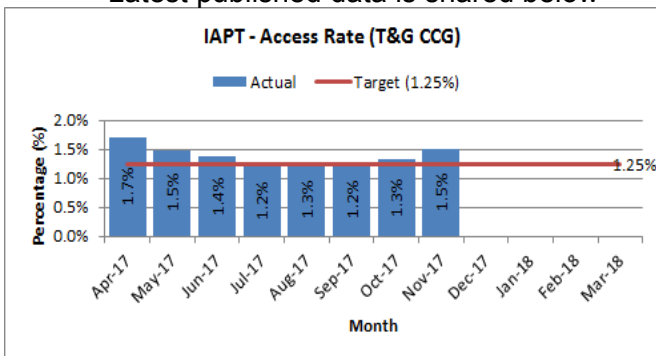
The reduction in performance in November

was due to a waiting list initiative within a review of secondary waits for higher levels of therapy. The Recovery Rate was achieved in December and January and performance in February is described below:-

3.21 IAPT (Healthy Minds) Performance in Feb 2018

KPI	Target	Performance
Prevalence	502 patients	523 patients
Recovery	50%	47.5%
Reliable Improvement	65%	64.7% overall 79.2% planned ending
6 week wait for first appointment (Completed Treatment RTT)	75%	86.1%
18 week wait for first appointment (Completed Treatment RTT)	95%	100%

3.3 Early Intervention in Psychosis

The Early Intervention Team provides a specialist service for people aged 14 to 65 experiencing a first episode of psychosis. The team receive a high number of referrals, all of whom have a comprehensive assessment, with less than a quarter translating into cases.

Performance is as follows:-
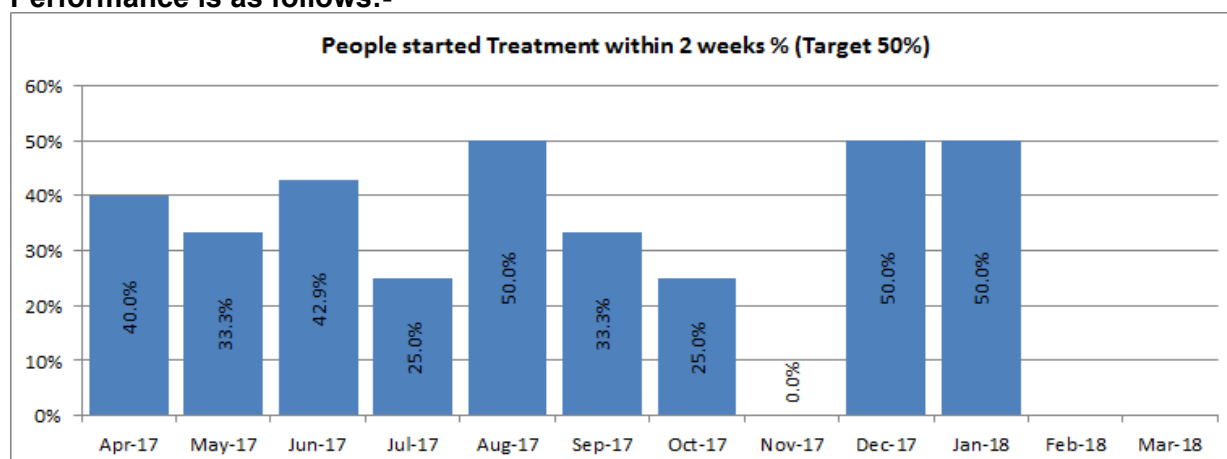
3.4 Mental Health Crisis Care

3.41 Winter Pressures Pilots

Funded by NHSE two pilots were established in order to facilitate rapid access to mental health support and divert pressure away from the Emergency Department. The 2 pilots were

1. Placing a mental health practitioner alongside the triage practitioner within the Emergency Department to facilitate early identification of those presenting with mental health difficulties, and increasing diversion
2. Practitioners from the Pennine Care NHSFT Home Treatment Team working alongside a community voluntary organisation (The Anthony Seddon Fund) providing an afternoon drop in to access professional advice and support.

ED Pilot - Early findings from data have supported that the scheme has reduced the numbers of people entering the department, and the duration of stay. In the first 4 weeks of the project the following outcomes were noted

Outcome	direct to MHA Assessment	deflected to urgent outpatient clinic	direct for informal inpatient admission	assessed by triage practitioner due to high demand on both ED and RAID	referred directly to OPHTT	signposted to support services as no need for RAID at time of present'n	seen by RAID
Numbers of patients	3	3	4	11	2	38	43
	2.8%	2.8%	3.8%	10.7%	1.9%	37%	41%

The Anthony Seddon Fund Pilot - in the first 23 days of Drop In's
- At least 70 people took up appointments with CMHT nurse
- At least 50 different people have seen CMHT nurse
- 3 – 8 appointments per day

Both of these pilots are showing promising results and a request to extend the pilots, with additional outcome data, is being prepared.

3.5 Mental Health In-patient Care

Due to pressures on mental health beds a Task and Finish group has been set up to identify the causes and options to reduce. The first task was to ascertain the bed base commissioned by the CCG within the Pennine Care block contract and activity. The findings are:-

3.51 Pennine Care Bed days 2017/18

	Indicative no of beds	Allocated Bed Days	Actual Bed Days	Over Or (Under) Usage
Bury CCG	33	12,045	15,056	3,011
HMR CCG	40	14,600	15,028	428
Oldham CCG	41	14,965	16,582	1,617
Stockport CCG	38	13,870	13,427	(443)
T&G CCG	40	14,600	14,068	(532)

Admission Date
10/1/2017 12:00:00 AM to 12/31/2017 11:59:59 PM

Number of admissions by borough

Borough	Admissions
Bury	108
Oldham	74
Rochdale	78
Stockport	117
Tameside	110
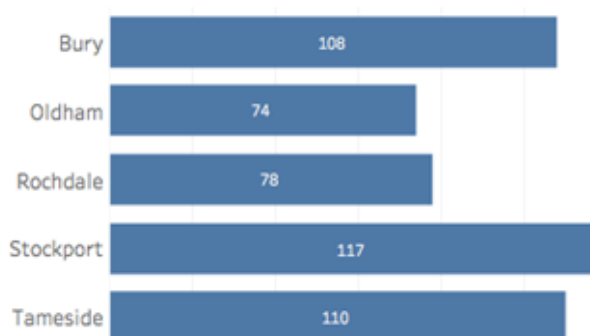
The group is now working to ascertain reasons why there is such a discrepancy in admissions and lengths of stay between CCGs

3.6 Health and Well-being College

The College moves away from the clinical focus offered by many traditional mental health support services; instead offering an educational approach designed to empower people to take control of their own health and wellbeing, while learning new skills, making friends and connecting with others. The recovery-focused courses support people to recognise their potential and make the most of their talents and resources, through self-management. The early outcomes are promising in terms of impact on people's mental health and lives as well as a reduction in use of NHS services.

3.61 Outcomes

Students improvements in health, as measured by the WEMWBS and PAM, highlight the quality of the intervention being provided (for example, all the case study examples above were more activated in terms of taking control of their health care and feeling able to self manage, as well as reporting improved wellbeing (therefore less likely to come back in to the system as they have the skills to self manage).

This was also the pattern across the whole student cohort as highlighted in the table below:

Measure	Pre College	After one academic year
WEMWBS	Below average wellbeing	Average wellbeing (average of 20 point increase) * 3-8 indicates sig. improvement
PAM	Level 1 - does not believe they have activation / important role to play in self-mgt.	Level 3 - believing they have a role to play in self-mgt. and beginning to take action

The three case studies below highlight reduction in secondary care (Community Mental Health Team) contacts since enrolling in the college:

Case examples: Contacts before and after college enrolment
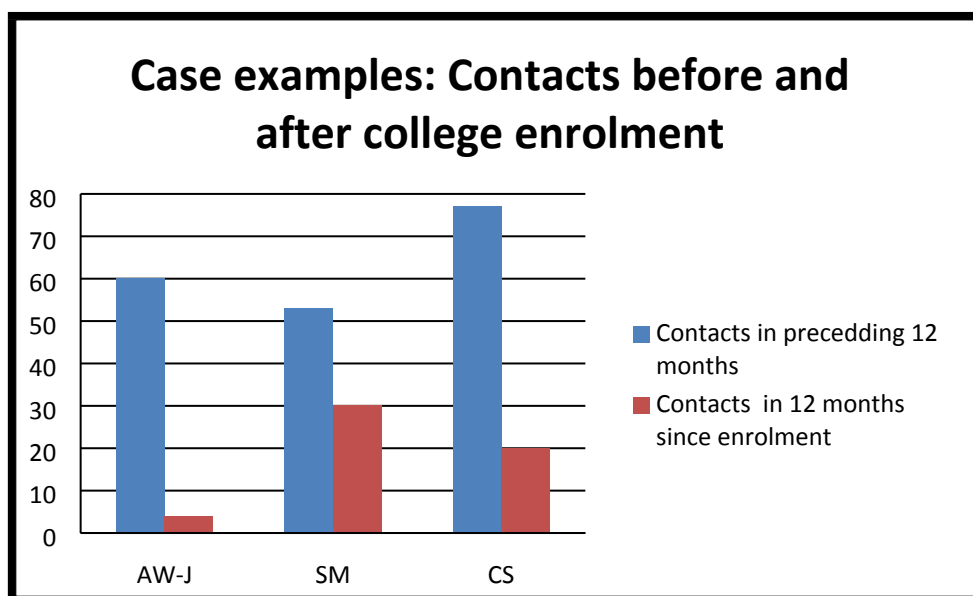
The team have costed what this equates to in monetary terms:-

Student	Reduction in contacts	CMHT Practitioner time saved	Potential staff cost saving
AW-J	56	112 hours	£2,222.08
SM	23	46 hours	£912.64
CS	57	114 hours	£2,261.76

3.62 Qualitative feedback

Further narrative / feedback from both students and staff also demonstrates the impact of the college:

• *"I had a lot of difficulty with my mental health during the term, but the staff at the college were always very supportive of me, especially when I went into crisis whilst at the college. Thank you for all your help and support",* **Student**

• *"Thank you very much for accepting me at the Health and Wellbeing College, I'm really enjoying it. I still have my ups and downs (mainly due to my current job mixed in with and anxiety issues,) and I do sometimes still feel anxious, but I want to especially thank Panita for looking after me one afternoon when I felt almost at breaking point, that meant so much and still does. Thank you to everyone else at the college too. It's lovely to be accepted for who you are, and not having to worry about putting a face on or pretending everything's alright when it really isn't. I'd love to volunteer at the end of the year, or even look to be a Peer Mentor. The thing that holds me back is shyness and lack of confidence, but the more I learn at the college, the more I'm realising that I am good enough and I would be okay. Thank you once again everyone. The college is a lovely, happy and positive place, full of some smashing people who I really feel privileged to have met, and I look forward to the rest of my courses this academic year. Thank you also for taking the time to read this",* **Student**

• *"After attending some of the courses I have now taken the opportunity to return back to work and my confidence has come in loads thanks so much for being part of my recovery",* **Student**

3.7 Tameside, Oldham and Glossop MIND

TOF Mind provide a wide range of services in Tameside and Glossop. In 2017/18 this included:-

- 498 people attended a drop-ins to find out about our services and to speak to a trained TOG Mind practitioner
- Offering information and signposting to relevant services
- 300 people were provided with support and information at our wellbeing centre
- 2000 initial referrals were received
- 545 people accessed counselling with 86.67% reporting they felt counselling had helped improve the issue presented at their first session and 99.25% who would recommend the service
- 112 participants completed L2 Community Mental Health work
- 105 participants completed Youth Mental Health First Aid

3.71 Case Stories

Before I started the [Community Mental Health Work Level 2] course, I was recovering from my second breakdown. I was taking medication, but not engaging in any other type of treatment, and had become in a bit of a rut. Doing a course at TOG Mind made all the difference, knowing it was provided by an organisation that supports and understands mental health, it gave me the confidence and security in knowing that I wouldn't be judged and would be treated fairly.

I was lucky enough to be approached by my line manager who asked me if I'd like to apply for the role of their Health and Social Care apprentice. I jumped at the chance, as I saw this as a great stepping stone. I love that I'm doing a job that can make a massive difference to someone's life, and knowing that I'm helping to make change for the better. I'm also enjoying the learning aspect of my role, every day I'm learning something new, and the training prospects offered by Mind ensure I've always got opportunities to further my knowledge.— Caroline, Health and Social Care Apprentice

4.0 AGEING WELL

4.1 Memory Assessment Service

Since taking forward actions agreed in the redesign of the dementia pathway in 2016 the specialist Memory Assessment Service now consistently meets both the 6 and 12 week Access and Waiting

time targets. In February 2018 45 new referrals were received and 100% or people had a first appointment within 6 weeks. 98% of people received a diagnosis within 12 weeks of referral.

4.2 Dementia 65+ Diagnosis Rate

Since 2012, the NHS has been seeking to ensure that patients suffering from dementia are given a formal diagnosis so they can receive appropriate care and support, including an annual review in primary care. The national target is for two thirds of people with dementia to be formally diagnosed.

T&G expected prevalence for people living with dementia is 2,482. We have diagnosed 2,015; a rate higher than the national target and the rest of GM:

	Rate
Target	66.7
Greater Manchester STP	76.6
Tameside and Glossop	81.2

5.0 PENNINE CARE FOUNDATION TRUST INTEGRATED PERFORMANCE DASHBOARD

5.1 Monthly Quality Reporting

Pennine Care provide a comprehensive monthly performance report. Extracts from this are shared below.

	DESCRIPTION	No In Month	Month Trend		DESCRIPTION	No In Month	Month Trend
External	STEIS CASES	1	▼	Safety	SELF HARM	26	▲
	NEVER EVENTS	0	◄		AWOLS	1	▼
	REGULATION 28	0	◄		SLIPS/TRIPS/FALLS	16	▲
Deaths	SUSPECTED SUICIDE	0	▼		MEDICATION ERROR	1	▼
	HOMICIDE	0	◄	SafeGuarding	SAFEGUARDING ADULTS SCR	0	◄
	GRADE 5 (EXCLUDING SUICIDE)	4	▼		SAFEGUARDING CHILDREN SCR	0	◄
Risk Register	RISK LOW	1	◄	RCA's	RCA COMPLETED	0	◄
	RISK MODERATE	3	◄		RCA < 60 DAYS	0	◄
	RISK HIGH	5	▲		RCA > 60 DAYS	0	◄
	RISK VERY LOW	0	◄				

5.2 Patient Experience

	DESCRIPTION	No In Month	Month Trend		DESCRIPTION	No In Month	Last Month
	PALS TAMESIDE & GLOSSOP	9	▼	Patient Feedback	FFT % Overall	94%	◄
	COMPLIMENTS TAMESIDE & GLOSSOP	1	◄		FFT % Mental Health Services	93%	▲
	COMPLAINTS TAMESIDE & GLOSSOP	4	▼		FFT % Tameside & Glossop	97%	▲

5.3   Tameside & Glossop Pennine Care Mental Health Services Integrated Performance Dashboard

Integrated Dashboard

DOT   ▲ Up   ▼ Down   ▶ Same   ▬ N/A   ▬ N/A   RAG   🟩 Green   🟥 Red   🟦 Nothing to report   ⬜ Not Due

Category	Metric	Target	Frequency	Period	Value	DOT
Access & Waiting Times Standards	% of CYP commenced treatment within 18 weeks	>=98%	Monthly	Feb-18	88.2%	▼
	% of CYP first Contact within 12 weeks	>=95%	Monthly	Feb-18	100%	▶
	% Routine ED Cases seen within 4 weeks	>=95%	Monthly	Feb-18		–
	% Urgent ED Cases seen within 1 week	>=95%	Monthly	Feb-18		–
	EIT Access Target (CCG) ** Cumulative	>=50%	Monthly	Feb-18	60%	▲
	EIT Access Target (CCG) in month	>=50%	Monthly	Feb-18	75%	▲
	IAPT 6 Week completed Treatment (CCG) **	>=75%	Monthly	Feb-18	86.1%	▼
	IAPT 18 Week completed Treatment (CCG)**	>=95%	Monthly	Feb-18	100%	▲
GM KPI Contract	30 Day Readmissions	<=10%	Quarterly	Feb-18	Not Due	–
	30 Day Readmissions Investigations	>=95%	By Exception	Feb-18	No Exception	–
	A&E - Discharged within 4 hours	>=95%	Monthly	Feb-18	97.2%	▲
	A&E - Seen within 1 hr of referral	>=75%	Monthly	Feb-18	76.8%	▲
	A&E - Seen within 2 hrs of referral	>=95%	Monthly	Feb-18	88.4%	▼
	Adult Safeguarding Training	>=90%	Quarterly	Feb-18	Not Due	–
	Children Safeguarding Training	>=90%	Quarterly	Feb-18	Not Due	–
	Discharge Letters to GP within 10 days	>=90%	Bi-annual	Feb-18	Not Due	–
	Discharge Notification within 48 hrs	>=90%	Bi-annual	Feb-18	Not Due	–
	MAS 6 weeks assessment (CCG) Cumulative	>=75%	Monthly	Feb-18	100%	▲
	MAS 12 Weeks Referral (CCG) Cumulative	>=60%	Monthly	Feb-18	95.7%	▲
	Physical Health - Malnourished	>=90%	Bi-annual	Feb-18	Not Due	–
	Physical Health - Nutritional & Weight Assessments	>=90%	Bi-annual	Feb-18	Not Due	–
	Physical Health - Nutritional & Weight Reviewed	>=90%	Bi-annual	Feb-18	Not Due	–
	Physical Health Checks - Inpatients	>=95%	Bi-annual	Feb-18	Not Due	–
	SUI Commissioners Notified (MH)	>=100%	Monthly	Feb-18	100%	▶
	SUI Investigations (MH)	>=100%	Monthly	Feb-18	100%	▶
National Contract Stan..	Duty of Candour	>=100%	Monthly	Feb-18	100%	▶
	Mixed Sex Accomodation Breaches	0	Monthly	Feb-18	1	▼
	Never Events	0	Monthly	Feb-18	0	▶

Category	Metric	Target	Frequency	Period	Value	DOT
Safe & Well Led	Sickness & Absence (CCG)	<=5%	Monthly	Feb-18	4.6%	▼
	IPDR Rates (CCG)	>=85%	Monthly	Feb-18	62.2%	▼
	Mandatory Training (CCG)	>=90%	Monthly	Feb-18	85.5%	▼
	Safe Staffing Levels (CCG)	TBD	Annual	Feb-18	TBD	–
	Bank Use (CCG)	TBD	Annual	Feb-18	Not Due	–
	Agency Use (CCG)	TBD	Annual	Feb-18	Not Due	–
	SFF - Treatment	TBD	Annual	Feb-18	TBD	–
	SFF - Place to work	TBD	Annual	Feb-18	TBD	–
Effective & Resp.	CPA 7 Day Follow Up	>=95%	Monthly	Feb-18	92.3%	▼
	Response to Complaints (MH)	>=95%	Quarterly	Feb-18	Not Due	–
	HYM Admissions to Adult Wards	0	By Exception	Feb-18	No Exception	▶
Local	IAPT Prevalence - Monthly	503	Monthly	Feb-18	523	▲
	IAPT Prevalence - quarterly	1509	Quarterly	Feb-18	Not Due	–
	IAPT Prevalence % - quarterly	>=4.2%	Quarterly	Feb-18	Not Due	–
	IAPT Recovery	>=50%	Monthly	Feb-18	47.5%	▼
	IAPT Local Reliable Improvement	>=65%	Monthly	Feb-18	64.7%	▼