

2015-16 NELFT Mental Health Services

Barking & Dagenham CCG Information Requirements

Monthly Targets

| No | Requirement | Threshold | | Apr | May | Jun | YTD |
|--------|--|-----------|--------------|----------------------------|-------|-------|-----|
| MHS 1 | 4 Hour A&E waiting times | 95% | | 100% | 96.8% | 97.5% | |
| MHS 2 | Average length of stay for Inpatients (trimmed) | < 25 days | Adults | 23.2 | 22.8 | 17.1 | |
| | | | Older Adults | 65.0 | 27 | 56.5 | |
| MHS 3 | Number of readmissions within 28 days of discharge since start of financial year | | Adults | 0 | 3 | 3 | |
| | | | Older Adults | 0 | 0 | 1 | |
| MHS 4 | Cumulative % of readmissions within 28 days of discharge since start of financial year | | Adults | 0.0% | 7.0% | 5.3% | |
| | | | Older Adults | 0.0% | 0.0% | 33.3% | |
| MHS 5 | Delayed Transfer of Care | < 7.5% | Adults | 0.3% | 1.9% | 5.3% | |
| | | | Older Adults | 5.2% | 11.5% | 30.9% | |
| MHS 6 | % occupancy adult acute wards | 90% | Male | 90.1% | 87.2% | 95.8% | |
| | | | Female | 96.6% | 93.5% | 98.9% | |
| MHS 7 | % occupancy older adult acute wards | 90% | Male | 85.0% | 82.3% | 75.0% | |
| | | | Female | 87.3% | 84.4% | 89.6% | |
| MHS 8 | Number of Patients on Memory services Caseload | | | 308 | 318 | 341 | |
| MHS 9 | Number of new patients allocated in Memory Services | | | 119 | 60 | 91 | |
| MHS 10 | Number of people with a new diagnosis of Dementia | | | 16 | 24 | 15 | |
| MHS 11 | Number of referrals received by memory service | | | 110 | 52 | 79 | |
| MHS 12 | Referrals by source for memory services | | | See "memory referrals" tab | | | |
| MHS 13 | Memory services - Time from referral to assessment (days) | | | 51.02 | 39.71 | 51.89 | |
| MHS 14 | Re-referral rate for Tariff in scope services (re referred within 30 days) | | | 10.4% | 11.2% | 14.7% | |
| MHS 15 | Proportion of CPA reviews with a corresponding Clustering review | | | 19.2% | 26.3% | 15.8% | |
| MHS 16 | Indicator of Accommodation problems | | | 249 | 243 | 244 | |

| Requirement | | Threshold | | Q1 | | | YTD |
|-------------|--|---|--|----|--|--------|-----|
| MHS 17 | Number of inpatient admissions that have been gate-kept by crisis resolution/ home treatment team | | Adults | | | 53 | |
| | | | Older Adults | | | 7 | |
| MHS 18 | Percentage of inpatient admissions that have been gate-kept by crisis resolution/ home treatment team | 95% | Adults | | | 100% | |
| | | | Older Adults | | | 100% | |
| MHS 19 | Number of patients on CPA discharged from inpatient care who are followed up within 7 days | | Adults | | | 26 | |
| | | | Older Adults | | | 1 | |
| MHS 20 | % of patients on CPA discharged from inpatient care who are followed up within 7 days | 95% | Adults | | | 100% | |
| | | | Older Adults | | | 100% | |
| MHS 21 | Proportion of service users on CPA with a recording of: 1. Employment Status. 2. Accommodation status. 3. Having a HoNoS assessment in the last 12 months. 4. Having a diagnosis for patients discharged from inpatient care. 5. Having a formal CPA HoNoS review in the past 12 months. 6. Having a Crisis Plan. 7. Having a copy of their care plan | 97% minimum of patients should have this information recorded | ADULTS | | | | |
| | | | Employment status | | | 99.4% | |
| | | | Accommodation Status | | | 99.5% | |
| | | | Having a HoNoS Assessments in the last 12 months | | | 95.2% | |
| | | | Having a diagnosis for patients discharged from inpatient care | | | 51.7% | |
| | | | Having a formal CPA Review in the past 12 months | | | 97.8% | |
| | | | Having a crisis plan | | | 97.5% | |
| | | | A copy of their care plan | | | 99.2% | |
| | | | OLDER ADULTS | | | | |
| | | | Employment status | | | 91.0% | |
| | | | Accommodation Status | | | 92.1% | |
| | | | Having a HoNoS Assessments in the last 12 months | | | 96% | |
| | | | Having a diagnosis for patients discharged from inpatient care | | | 67% | |
| | | | Having a formal CPA Review in the past 12 months | | | 97.8% | |
| | | | Having a crisis plan | | | 100% | |
| | | | A copy of their care plan | | | 100% | |
| MHS 22 | Proportion of adults (18-69) on CPA in settled accommodation | | Settled accommodation | | | 88.2% | |
| MHS 23 | Proportion of adults (18-69) on CPA in employment | | In employment | | | 5.44% | |
| MHS 24 | The number of episodes of AWOL for the number of patients detained under the MHA 1983 | | AWoL of Detained Patients | | | 0 / 53 | |
| MHS 25 | Number of people managed by the memory service with an individual care plan | | | | | | |
| MHS 26 | NELFT to survey carers of all patients in the care of the memory service. Qualitative measure – patient satisfaction survey (from 2014/15) using F&F methodology. | | | | | | |
| MHS 27 | Percentage reduction in self harm and suicide attempts comparing first month of treatment with last month of treatment for clients discharged from Impart in the quarter | | Impart reduction in self harm | | | | |

Former CQUINS Information

| No | Requirement | Threshold | | Q1 | | | YTD |
|--------|---|-----------|---|----|--|--|-----|
| MHS 28 | HTT Carers survey | | | | | | |
| MHS 29 | Inpatient Carers Survey | | | | | | |
| MHS 30 | Complete physical and mental health diagnostic coding (ICD 10) | | Improving physical healthcare: 95% of all hospital inpatients & people on CPA to have set of MH & physical health high mortality ICD 10 codes (for COPD, diabetes, obesity, CHD & Hep C) recorded for 1) their most recent completed inpatient episode or 2) their current episode of community based care | | | | |
| MHS 31 | Reduction of medication errors through medicines reconciliation on admission to hospital | | Mental health trusts must demonstrate medicine reconciliation within care plans within 72hours of admission. Achievement of this indicator will be measured through an audit of care plans using the POMH UK definition and audit tool. This indicator applies to all inpatient services including Adult and Older People as well as admissions to Forensic and learning disability | | | | |
| MHS 32 | Adequate and timely communication between primary and secondary care to ensure high quality care and patients safety - community mental health teams and primary care | | Trust to send letter/care plan to GP within two weeks of CPA review for all community patients on CPA. Letter to include information on physical health conditions and medicines. Target: 95% of CPA patients. | | | | |
| MHS 33 | Mental Health Trusts to implement a comprehensive programme of training in smoking cessation for staff so that at least a third of professional staff have been trained in a recognised brief intervention protocol | | | | | | |
| MHS 34 | Smoking status of service users recorded in electronic patient records | | | | | | |

IAPT Information

| No | Requirement | Threshold | Borough | Q1 | | YTD |
|--------|--|-----------|---------|----|-------|-----|
| MHS 35 | Number of people who have been referred to IAPT for psychological therapies during reporting period | | | | 886 | 886 |
| MHS 36 | The number of IAPT active referrals who have waited more than 28 days from referral/first contact to first treatment/first therapeutic session at the end of the quarter | | | | 40 | |
| MHS 37 | The number of people who have entered psychological therapies (i.e. had first therapeutic session during the reporting quarter) | | | | 700 | |
| MHS 38 | The number of people who have completed treatment and are moving to recovery | | | | 258 | |
| MHS 39 | The number of people who have completed treatment who did not achieve clinical caseness at initial assessment | | | | 0 | |
| MHS 40 | IAPT - The number of people moving off sick pay and benefits during the reporting quarter | | | | 67 | |
| MHS 41 | The proportion of those referred to IAPT services that enter treatment | | | | 79% | |
| MHS 42 | Access to psychological therapies services by people from black and minority ethnic groups | | | | 32.6% | |

CAMHS Information

| No | Requirement | Threshold | | Apr | May | Jun | YTD |
|--------|---|--------------------|---|------------------------------|---------------|---------------|-----|
| MHS 43 | % DNA rate - First appointments | 15% (possibly 12%) | | 6.1% | 16.3% | 25.0% | |
| MHS 44 | % DNA rate - Follow up appointments | 15% (possibly 12%) | | 12.2% | 11.2% | 14.7% | |
| MHS 45 | Quarterly 5x5 Survey report | | | | | | |
| MHS 46 | CAMHS waiting times to emergency assessment | | % CYP requiring emergency assessment seen by the end of the following working day (Serious immediate incident of self - harm, including overdose) | 100% | 100% | 100% | |
| MHS 47 | Number of referrals Received | | | 101 | 97 | 105 | |
| MHS 48 | % of referrals accepted | | | 93.2% | 94.5% | 95.7% | |
| MHS 49 | % of referrals not accepted | | | 6.8% | 5.5% | 4% | |
| MHS 50 | Number of referrals not accepted | | | 7 | 11 | 5 | |
| MHS 51 | Number of LAC referrals received | | | | | | |
| MHS 52 | % of BHR LAC referrals accepted | | | | | | |
| MHS 53 | Number of repeat referrals (within the last 12 months) | | | 18 | 9 | 15% | |
| MHS 54 | Number of Appointments cancelled by provider | | | 30 | 20 | 11% | |
| MHS 55 | Number of inpatients discharged from hospital receiving follow up within 7 days: Split by F2F and telephone contact | | | 1 Tel | no discharges | no discharges | |
| MHS 56 | % of inpatients discharged from hospital receiving follow up within 7 days: Split by F2F and telephone contact | 95% | | 100% | no discharges | no discharges | |
| MHS 57 | Total Caseload | | | 636 | 683 | 705 | |
| MHS 58 | Number of CYP whose cases were closed by team | | | 81 | 76 | 99 | |
| MHS 59 | % of Cases closed by Team | | | 12.7% | 11.1% | 14.0% | |
| MHS 60 | Breakdown of destination on case closure by Team by available RIO reporting category | | | See CAMHS Discharge Dest tab | | | |
| MHS 61 | Number on caseload with EHC Plan | | | | | | |
| MHS 62 | Number of known cases of Child Sexual Exploitation (disclosure does not need to be physically evidenced.) | | | | | | |
| MHS 63 | Number of known cases of Child Sexual Abuse (disclosure does not need to be physically evidenced.) | | | | | | |
| MHS 64 | Number (client total) of initial measures completed. By team | | | 17 | 21 | 22 | |
| MHS 65 | %age (client total) of initial measures completed. By team | | | 20.2% | 27.6% | 26.5% | |
| MHS 66 | Number of follow up mental health measures completed by Team | | | 4 | 6 | 6 | |
| MHS 67 | %age of follow up mental health measures completed by Team | | | 4.8% | 7.9% | 7.2% | |