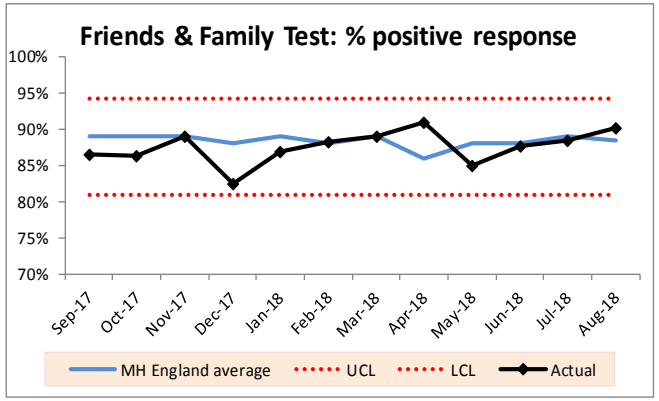
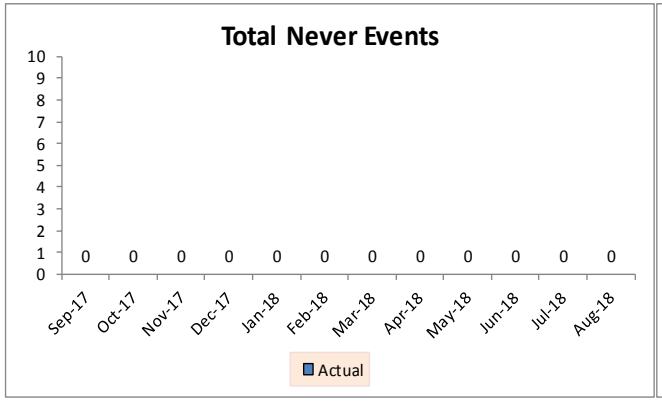
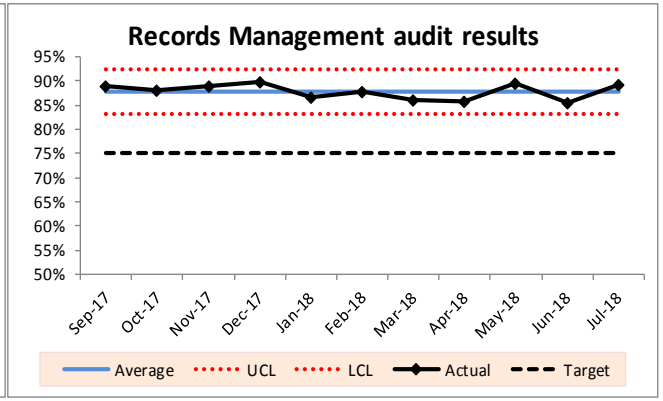
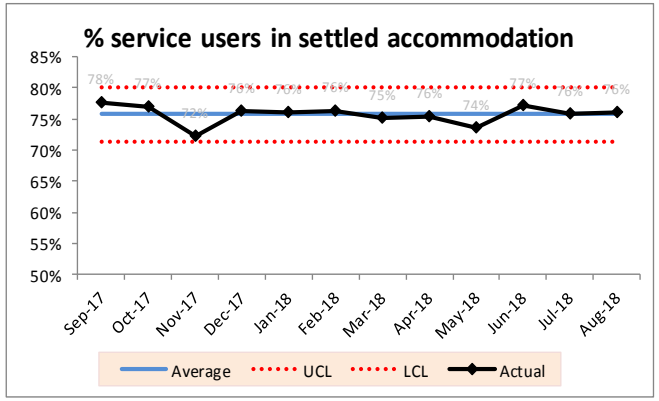
1 ALL SERVICES COMBINED (North Somerset)

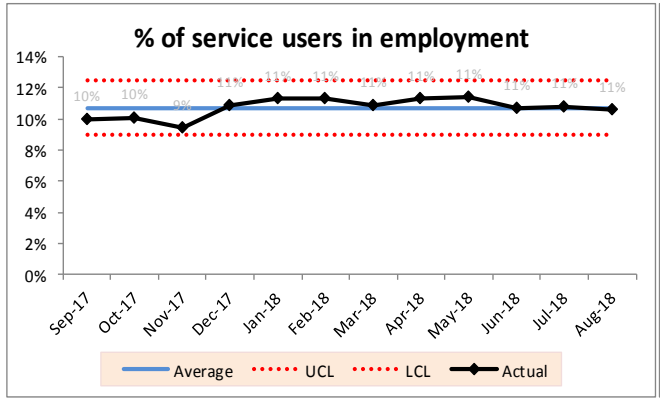
Key Performance Indicators (Records Management = one month in arrears)

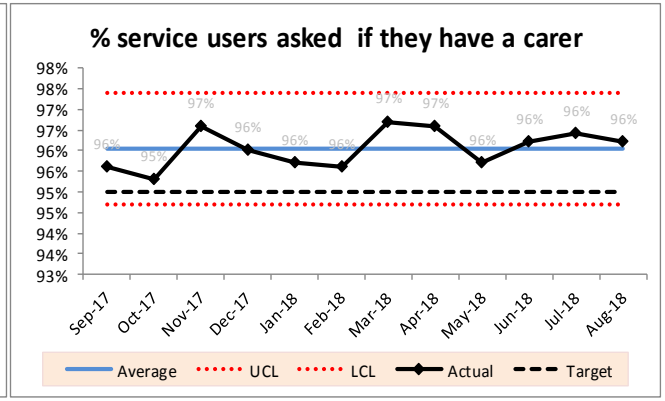


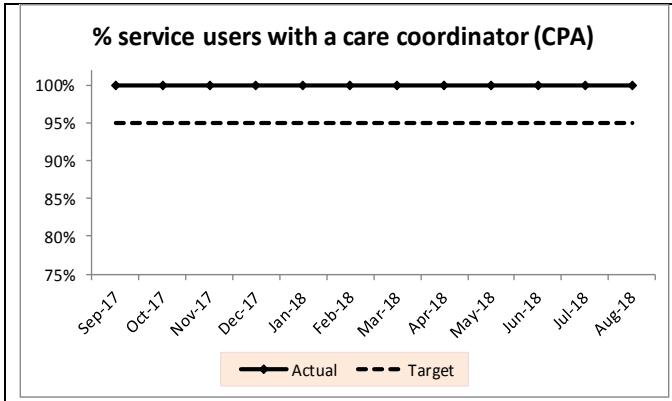


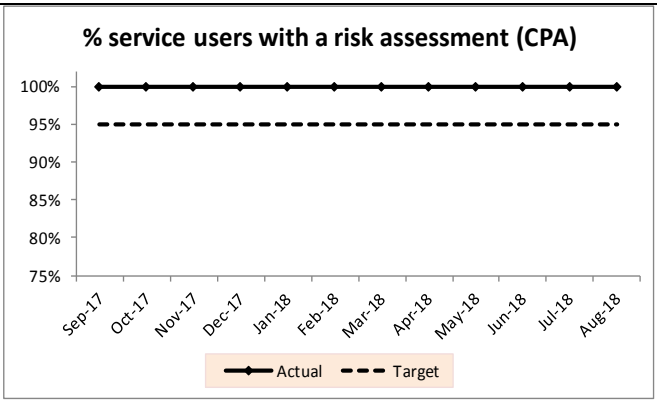


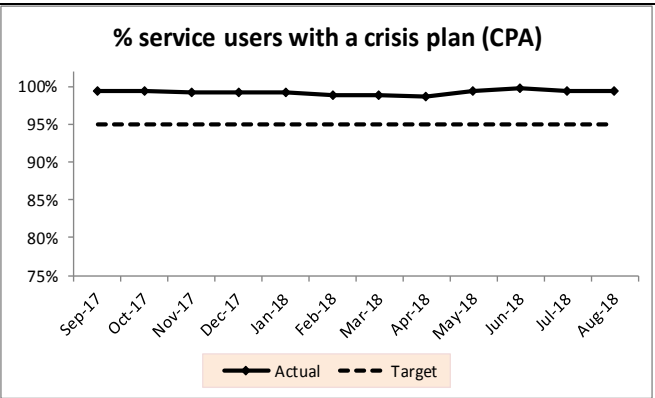










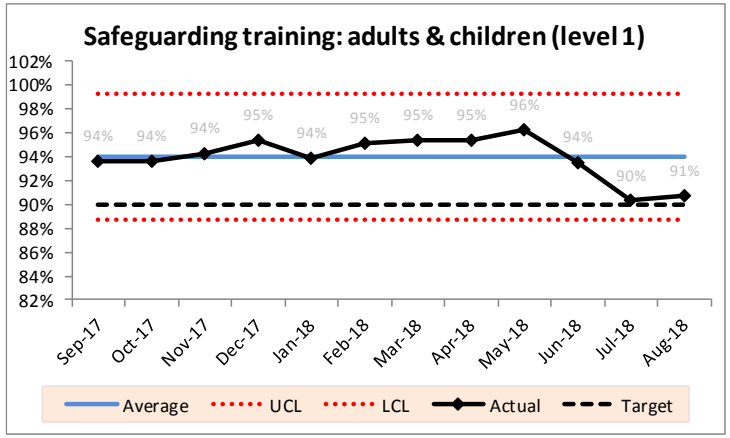
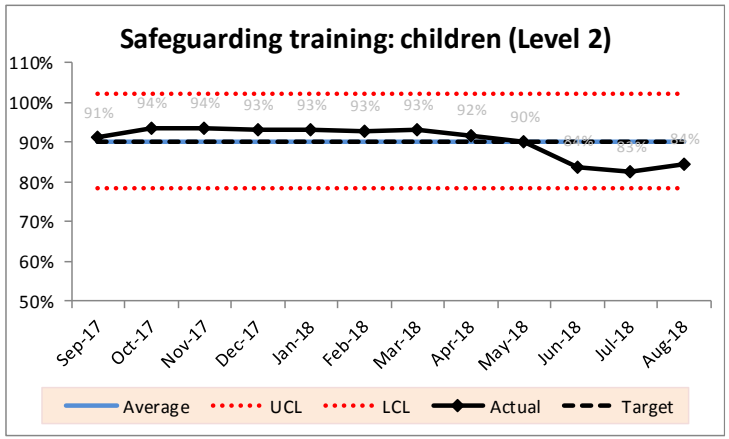
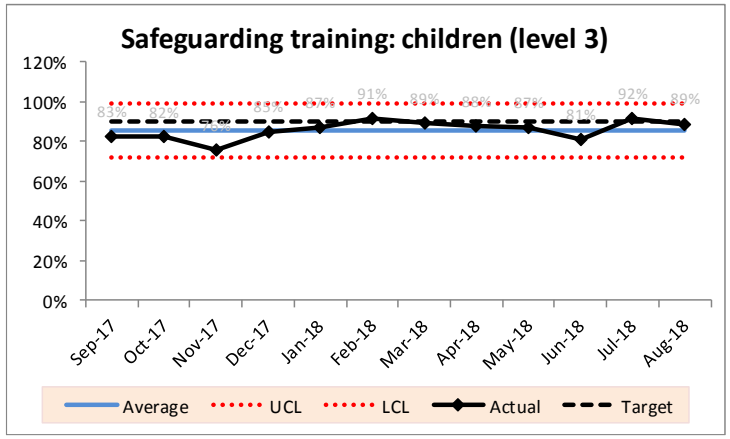


Commentary:

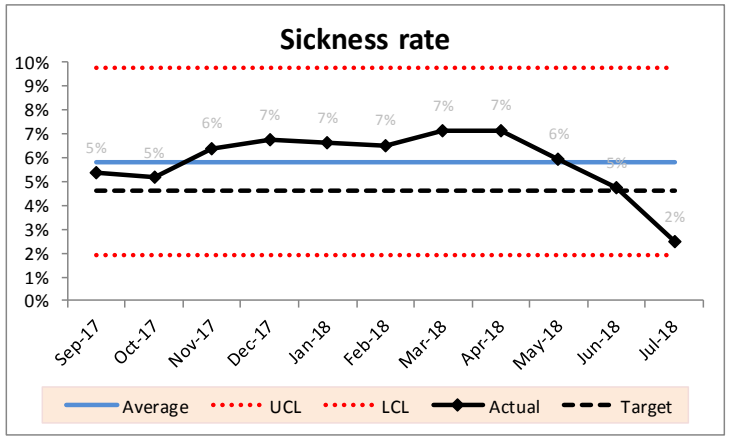
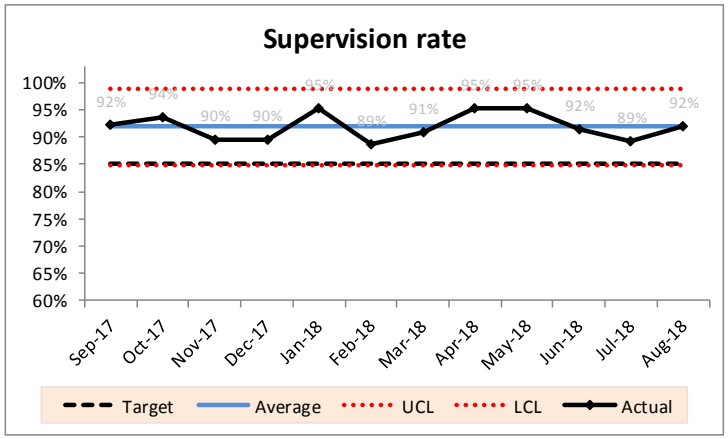
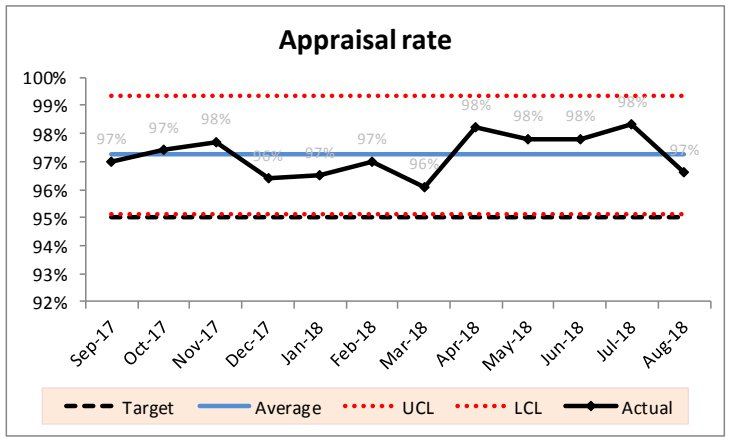
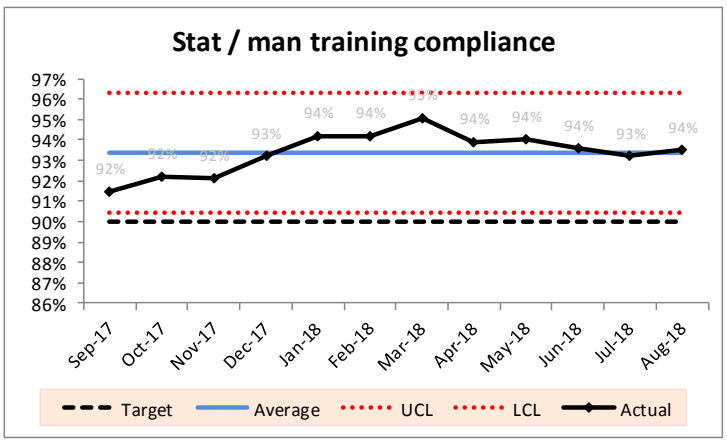
All indicators are on or above target.

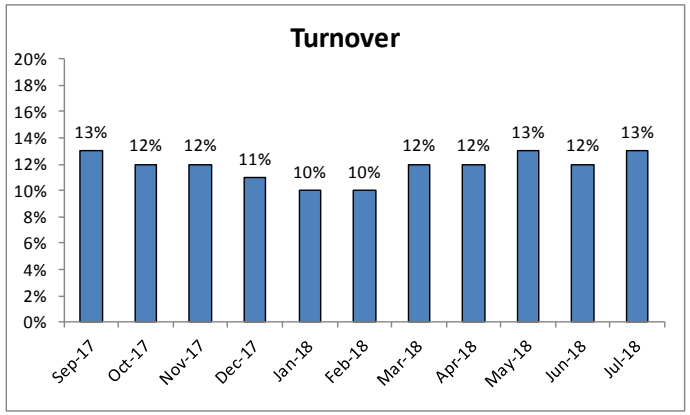
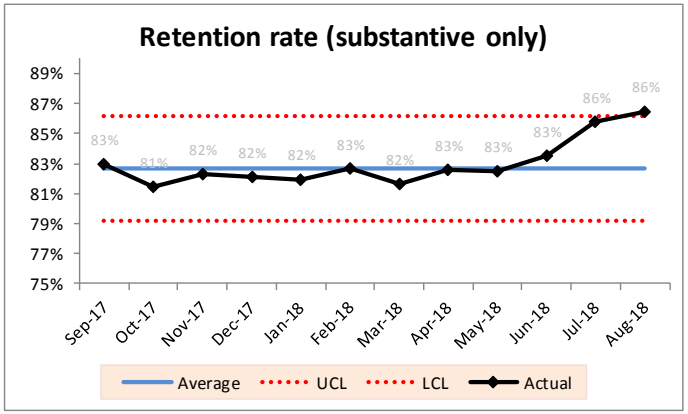
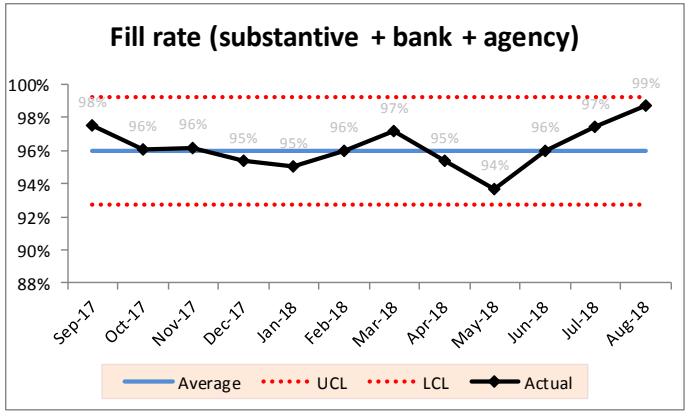
Additionally, there has been a significant improvement in month in the FFT (Friends and Family Test) response rate for the North Somerset LDU (Locality Delivery Unit), returning to green from 12.5% to 18% with 90.2% of people surveyed who would recommend our service.

2 Safeguarding (North Somerset)

Key Performance Indicators	Commentary:
  	Safeguarding Level 3 training has dropped to amber at 88.8% (40/45). All staff are being booked onto courses. Safeguarding Level 2 training has improved slightly to 82.5% (190/235). We are continuing to chase and investigate this report, as staff are reporting that they have completed all requirements, but there is a module attached to the training that is not apparent as part of this.

3 Workforce (North Somerset)

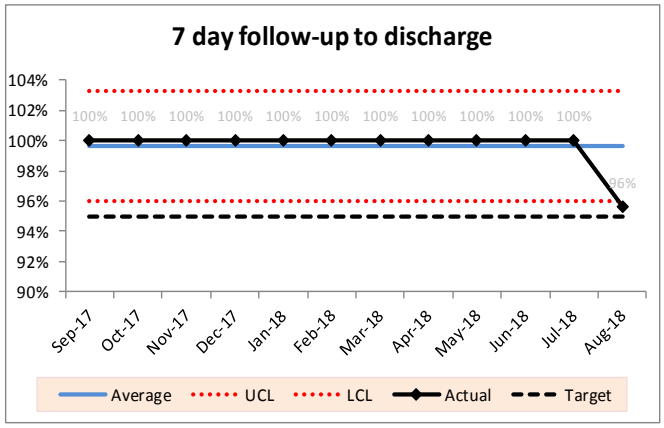
Key Performance Indicators (Sickness = one month in arrears)	Commentary:
   	Following the implementation of a sickness action plan for the Locality a huge improvement in sickness levels has been made. This has been a continuous and sustained improvement over the last few months and the locality sickness level is now at just 2.45% for July. This is the lowest level of sickness recording for the LDU since the current IQ (Information for Quality) system started in April 2013. All other workforce indicators remain above target.

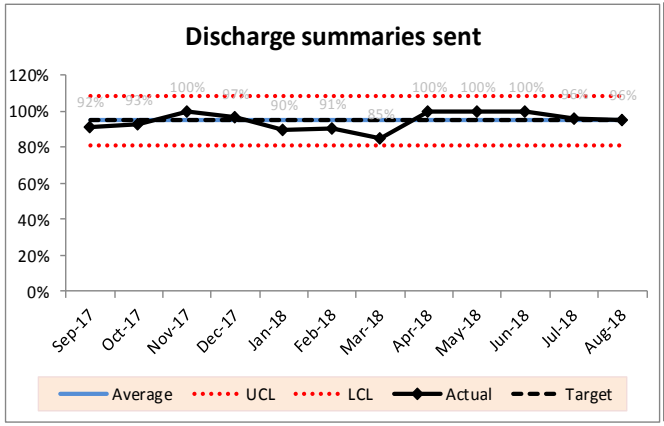
Key Performance Indicators (all indicators = one month in arrears)	Commentary:
  	The LDU retention rate is continuing to show an increasing trend. Recruitment and retention for unregistered staff remains good, but we still face challenges for registered nursing posts, despite reviewing recruitment strategies and adverts. Further work continues to try and attract registered staff to the area.

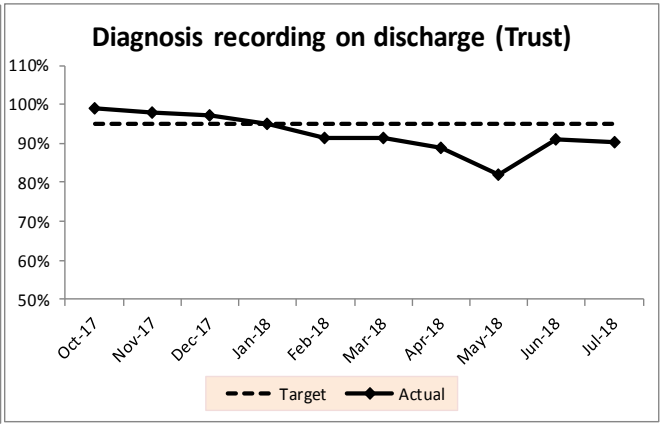
4 INPATIENT SERVICES (North Somerset)

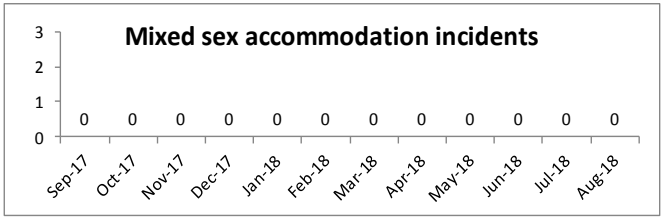
4.1 All units

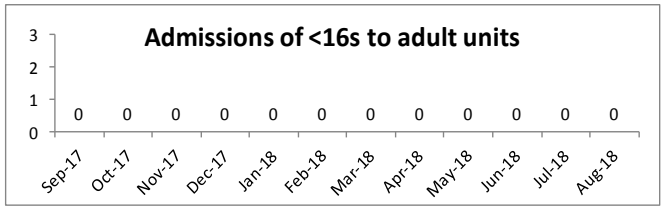
Key Performance Indicators / Activity (Diagnosis on discharge = one month in arrears)











Physical health checks on admissions (placeholder)

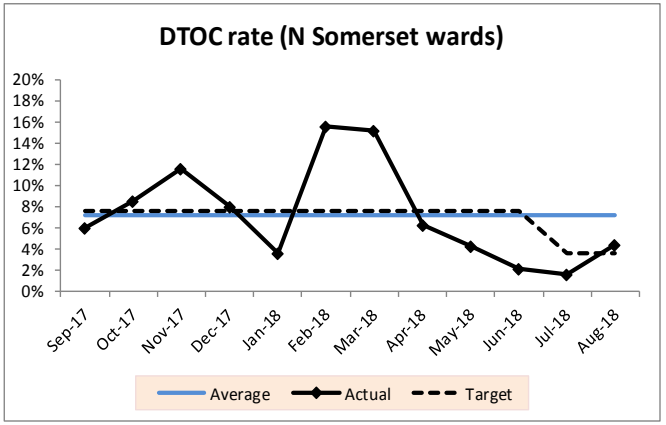
Intended date of discharge (placeholder)

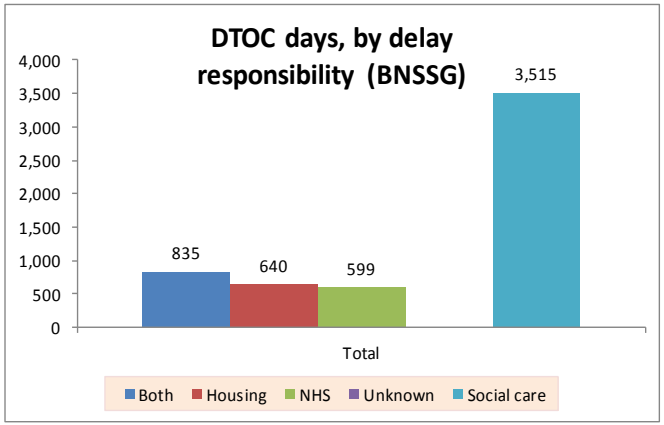
Commentary:

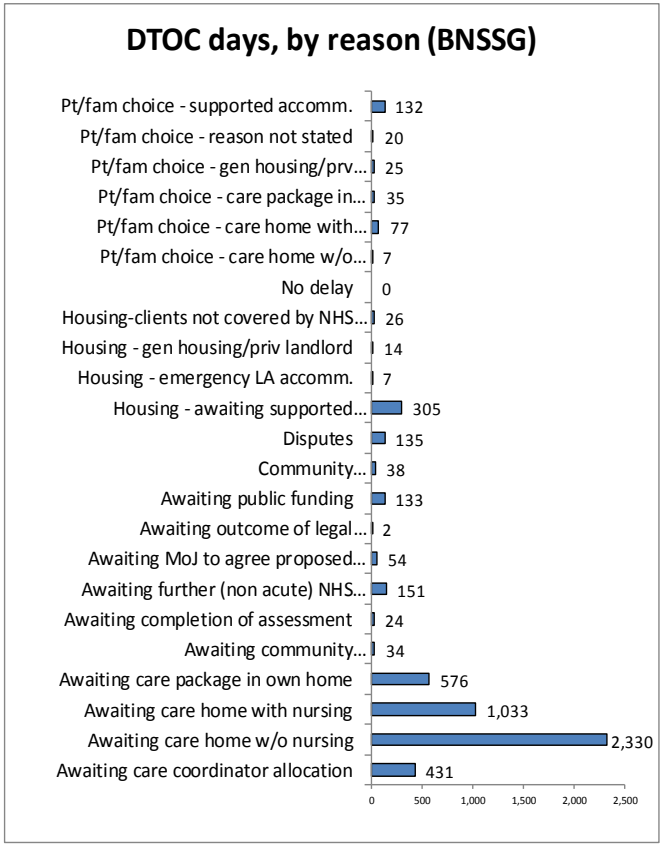
There is slight dip in the 7 day follow-up to discharge – this relates to a single breach on Juniper ward. This is due to the person who was discharged refused to give any contact details to the ward, either telephone number or address that would allow them to complete this action.

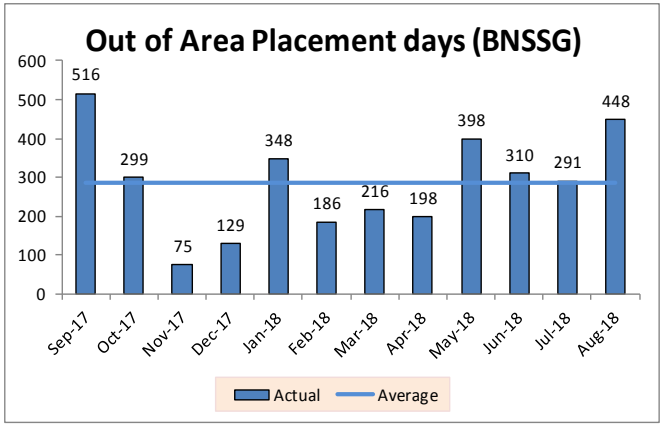
All other performance remains on target.

Physical health checks indicator is currently being developed by the information team, which will capture new recording processes within electronic records as part of development work to adhere to Physical Health CQUIN and reporting.







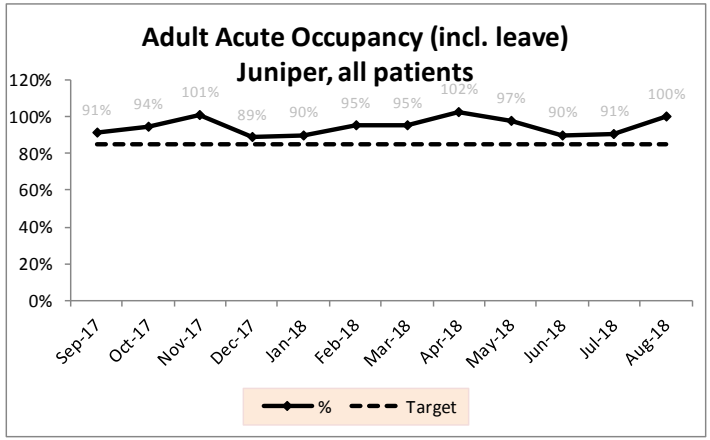


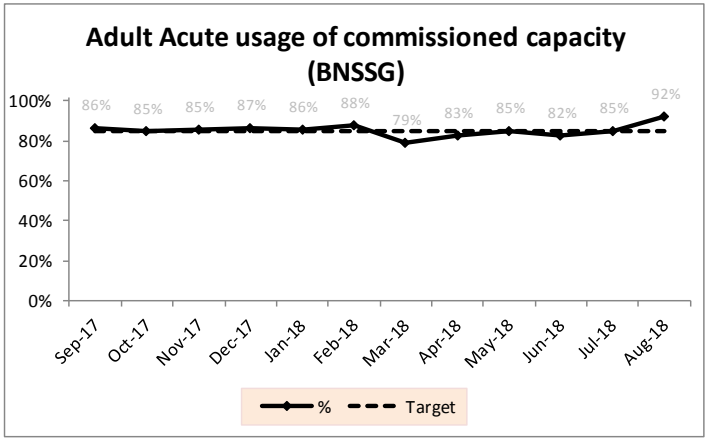
Commentary:

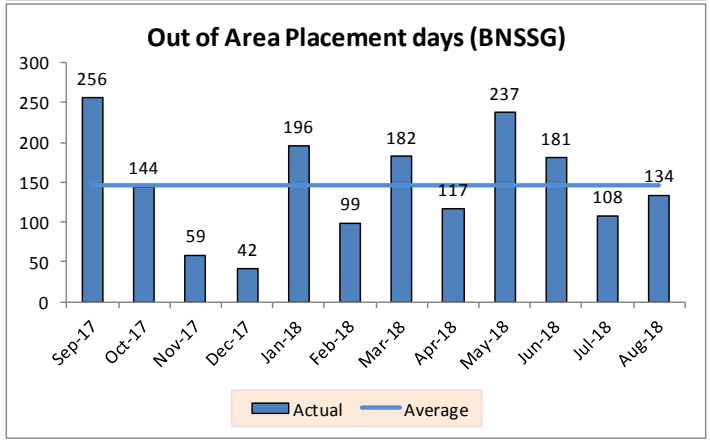
North Somerset Locality currently have 2 DToCs (Delayed Transfers of Care), one of which is a Bristol patient with North Somerset Council funding. Both relate to placements and one is awaiting confirmation of a discharge date as a suitable placement has now been agreed.

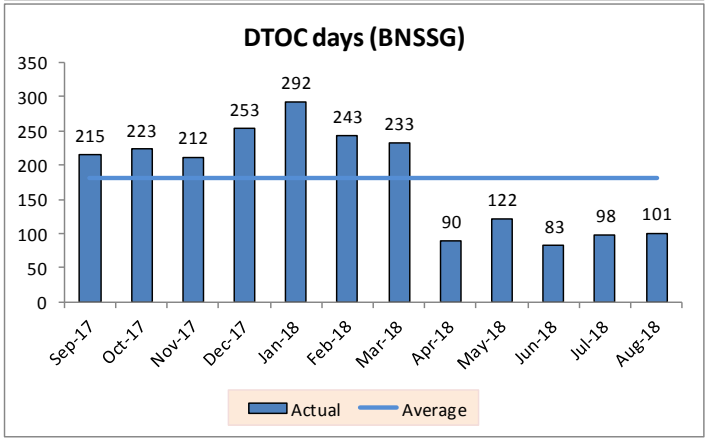
4.2 ADULT ACUTE UNITS

Activity





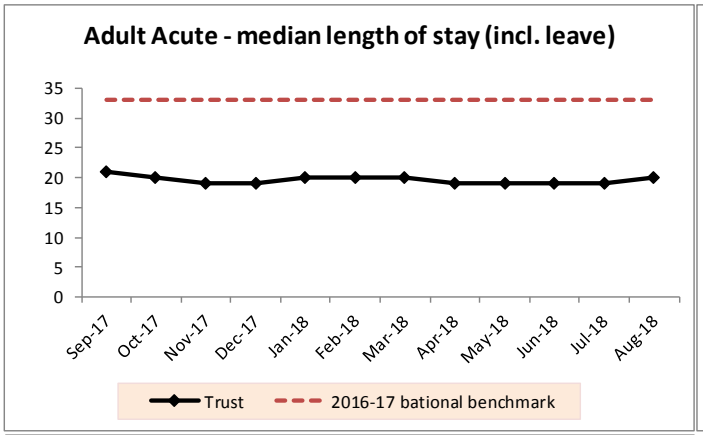
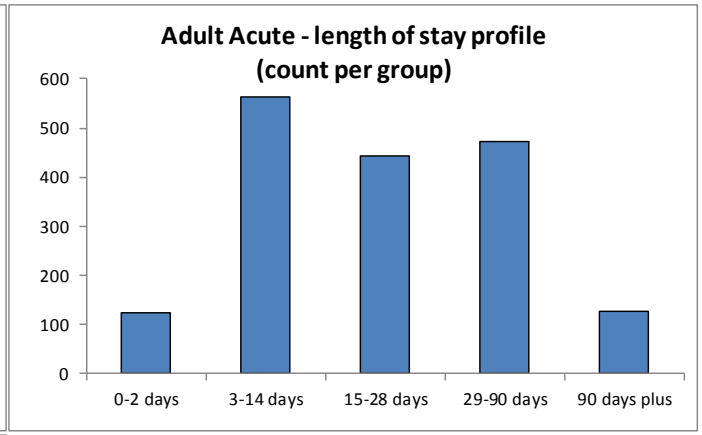
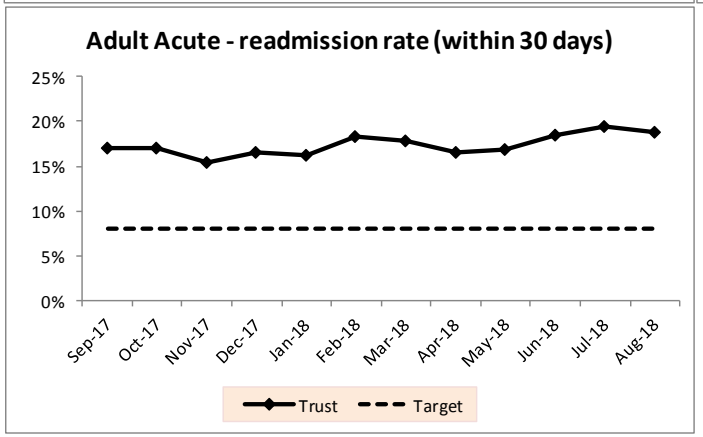




Commentary:

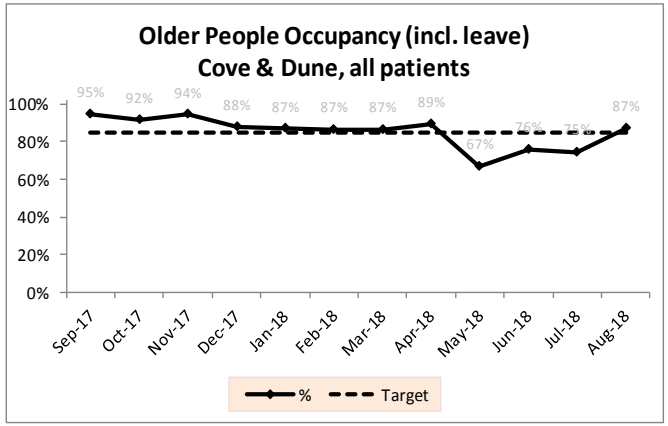
Occupancy on Juniper ward remains consistently higher than the recommended 85% rate.

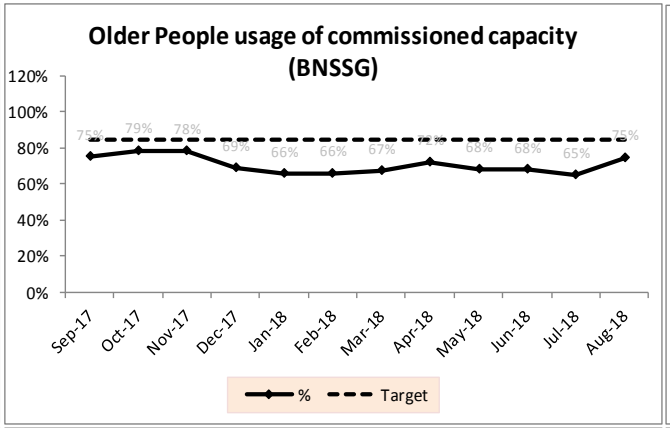
There have been no out of area placement days for North Somerset patients and no DToCs in month.

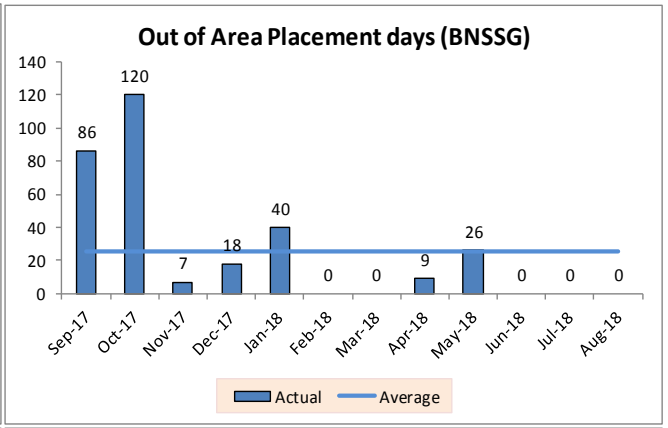
Activity	Commentary:
  	Median length of stay remains significantly below recommended levels and national benchmarking, whilst the ward continues to receive excellent Friends and Family feedback, with 100% of responses recommending the service, a response rate of 42.3%.

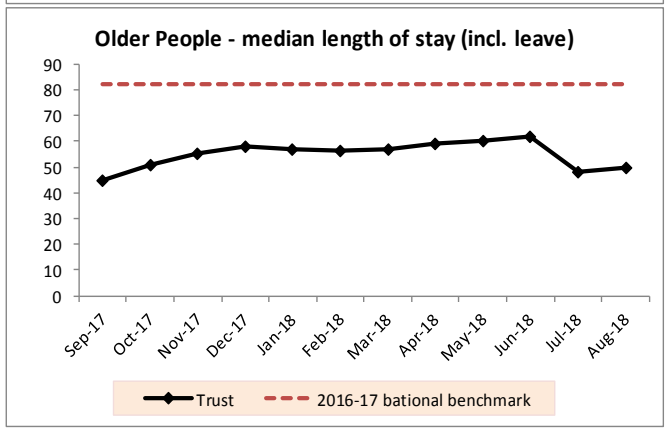
4.3 OLDER PEOPLE UNITS

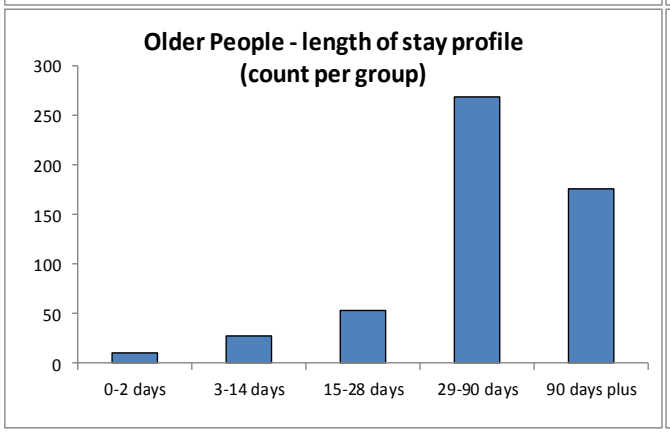
Activity

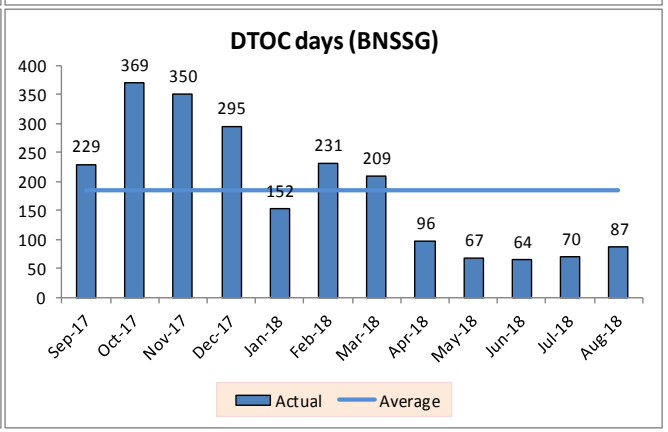


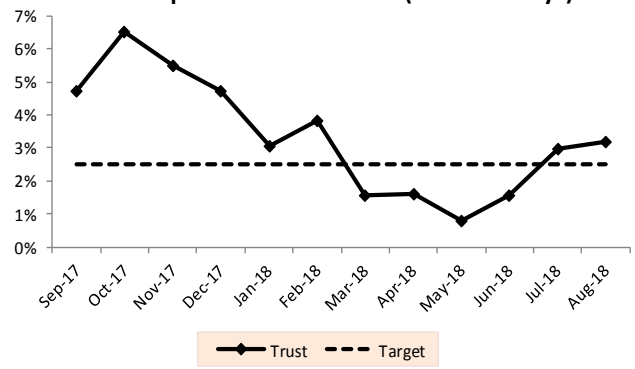










Usage of MUST tool (placeholder)	Falls screen (placeholder)	Older People - readmission rate (within 30 days)
		

Commentary:

Occupancy rates continue to be lower than historical position due to the current non-use of 4 beds on Dune ward.

4 beds were closed to allow the environmental improvements to take place, and have remained unused following this completion whilst the Trust is reviewing the safer staffing establishment required for a 14-bed organic ward (an increase from the previous 10-bedded ward)

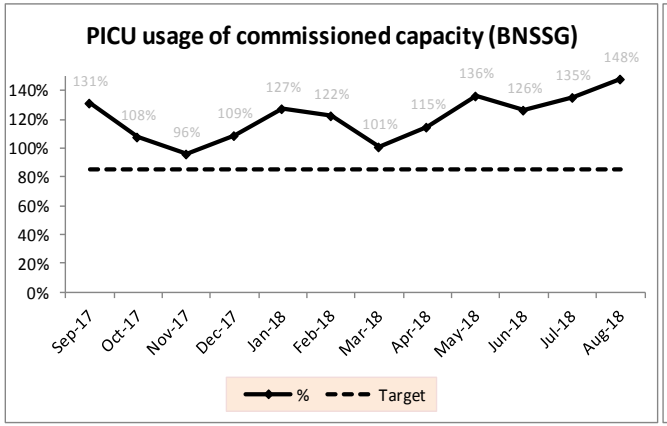
Until this is agreed, the ward continues to operate at 10 beds, and the division (Bristol, North Somerset, South Gloucestershire) monitors bed need, where no older adult has required a private bed.

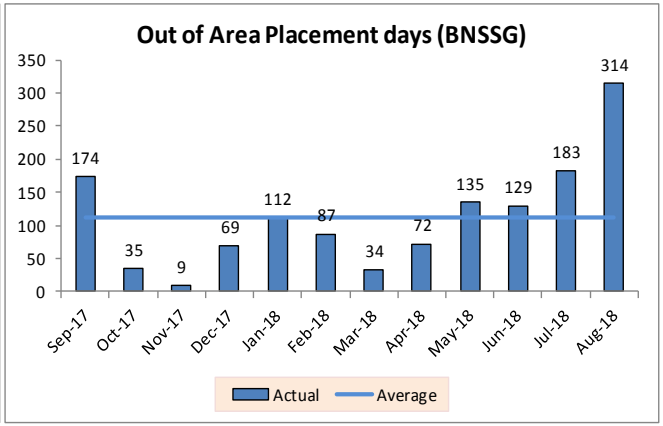
Both Cove and Dune ward continue to receive excellent Friends and Family feedback, and whilst actual numbers of responses each month are smaller than Juniper, due to less patient flow, Dune ward continues to receive 100% recommend rate, and every month since October 2017, and Cove ward has also received 100% recommend rate for every month since October 2017, other than in August, where 1 response neither recommended, nor did not recommend the ward. Response rates continue to be high with a rate of 66.6% (Cove) and 27.2% (Dune) in August.

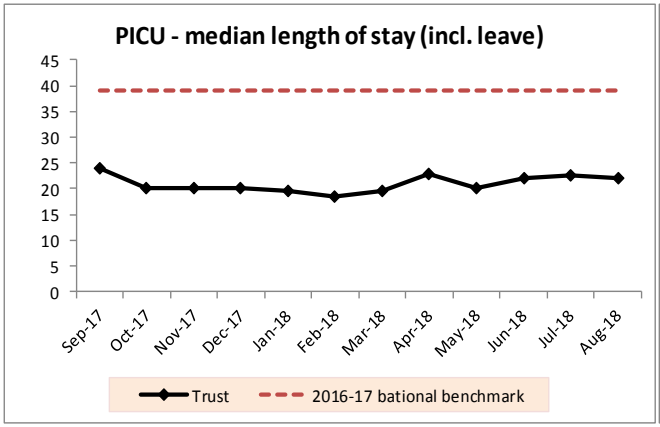
MUST (Malnutrition Universal Screening Tool) and Falls screen indicators are currently being developed by the information team, which will capture recording processes within electronic records as part of development work to adhere to Physical Health CQUIN and reporting.

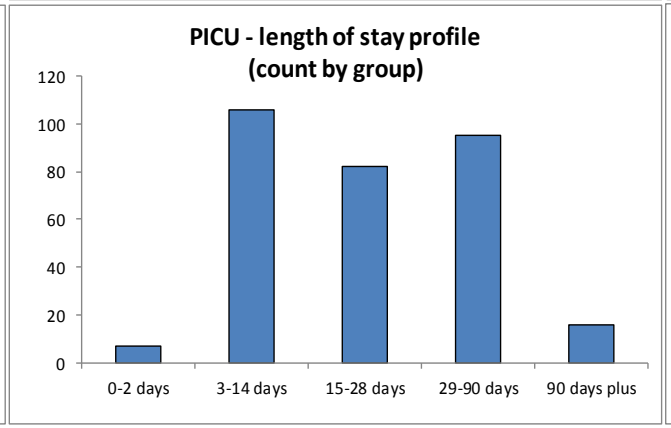
4.4 PICU UNITS

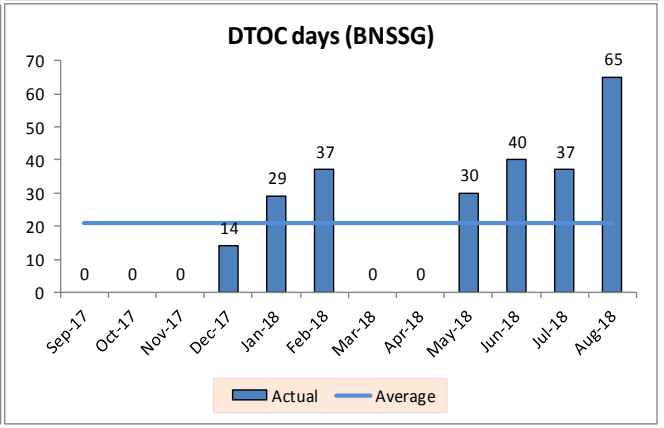
Activity











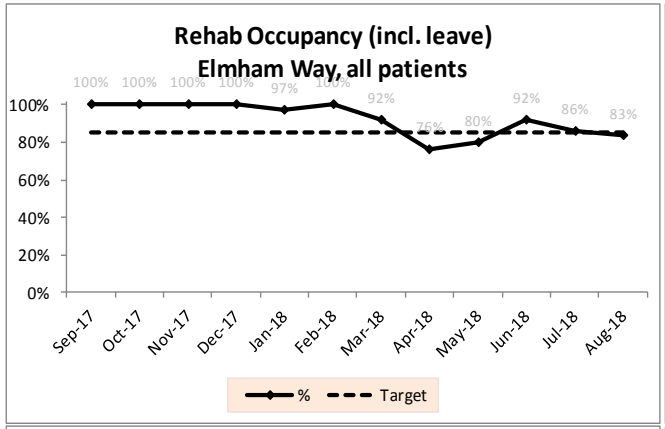
Commentary:

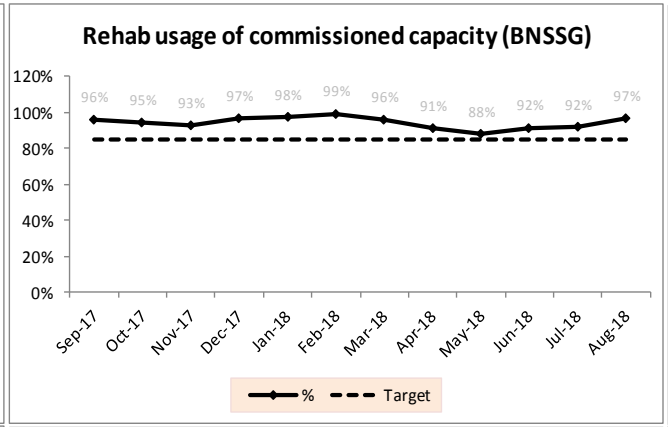
PICU (Psychiatric Intensive Care Unit) beds continue to be managed by Bristol LDU, as the two units are based at Callington Road.

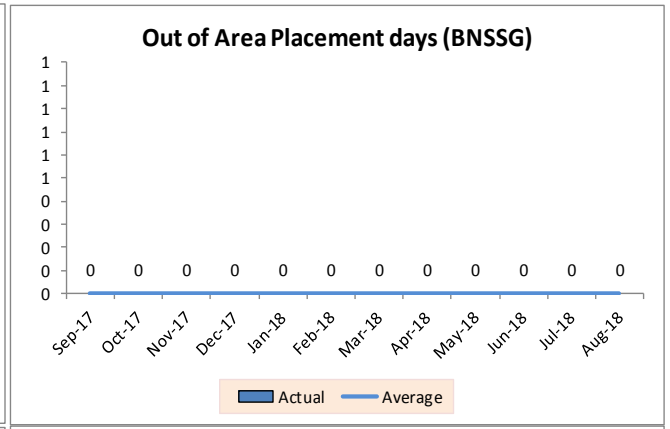
North Somerset usage of PICUs is historically low and occupancy is within the 2 commissioned beds.

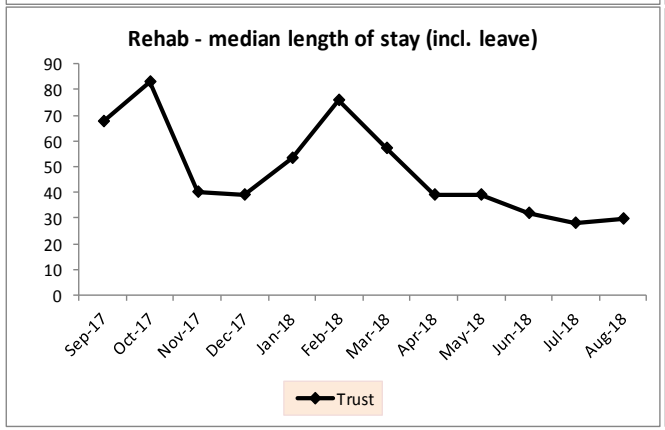
4.5 Rehab Units

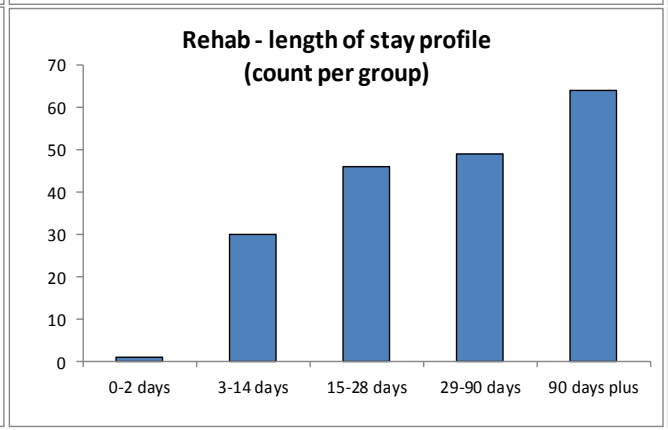
Activity

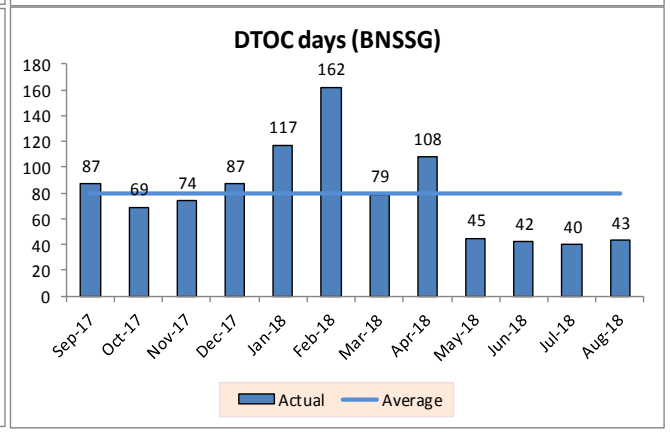










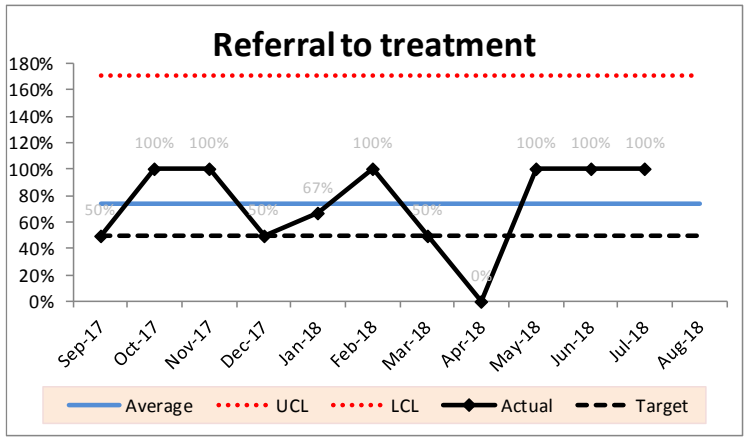
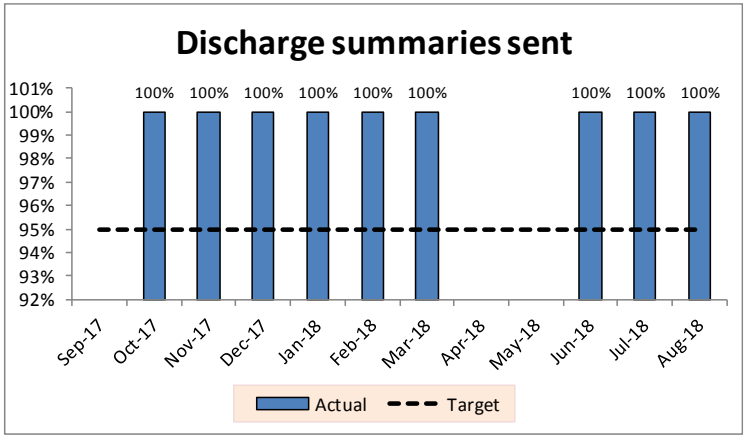
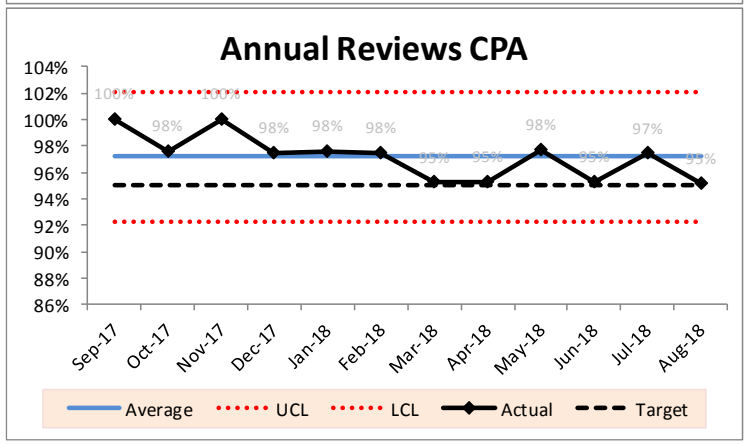
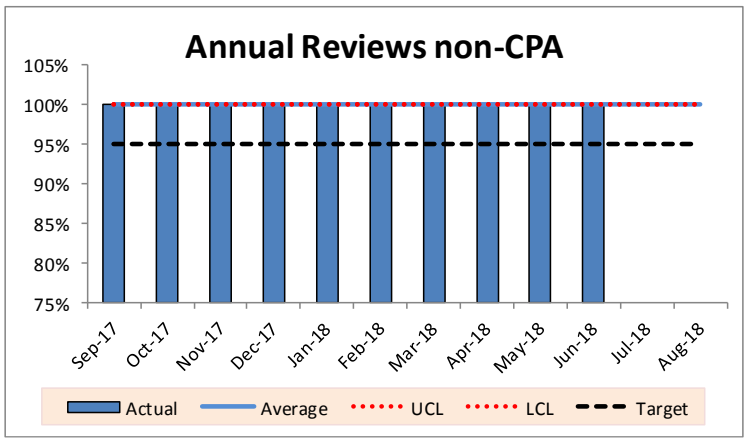


Commentary:

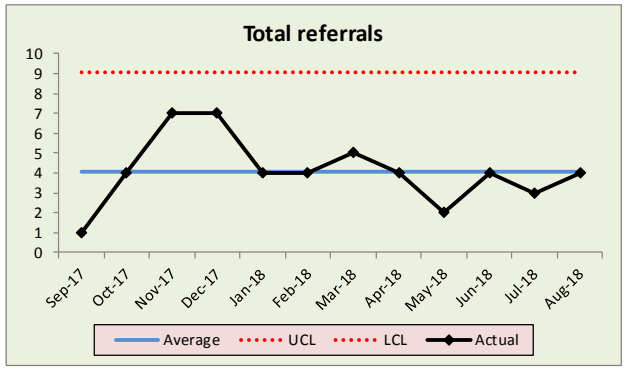
There have been no DToCs on Elmham Way in August.

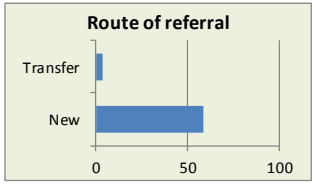
FFT response rates and feedback continue to be excellent on Elmham Way with a response rate of 71.4% in August and 100% recommend rate, which has been consistent in every month since September 17, other than 1 response in July, which neither recommended, nor did not recommend the ward.

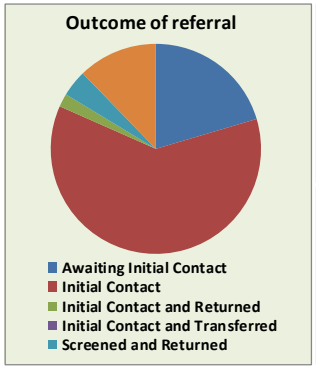
5 EARLY INTERVENTION SERVICES (North Somerset)

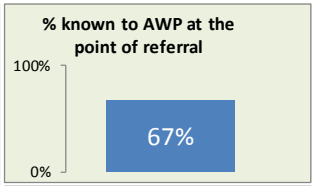
Key Performance Indicators	Commentary:
   	The EI service continues to perform well against all indicators. The referral to treatment (RTT) indicator measures a maximum wait of two weeks from RTT with Treatment delivered in accordance with NICE guidelines for psychosis and schizophrenia. The April 0% rate was due to only 1 person meeting this descriptor in month (each month is generally only 1 or 2 cases), and they were unable to provide treatment due to complex clinical factors.

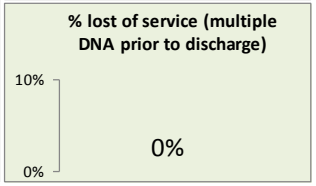
Activity

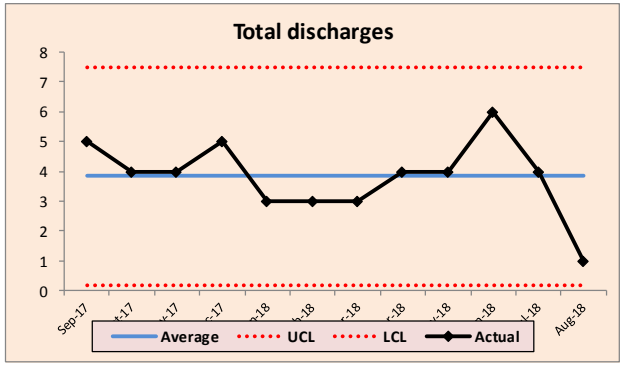


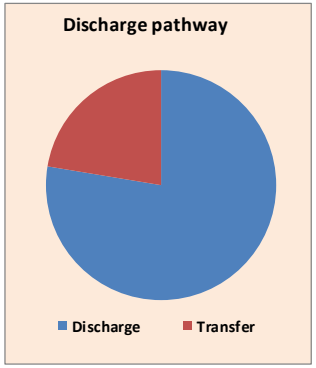


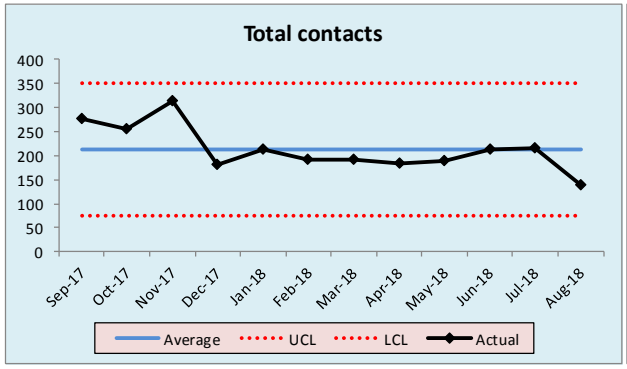


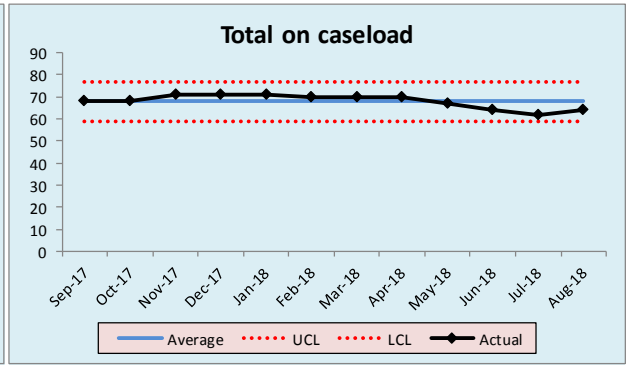






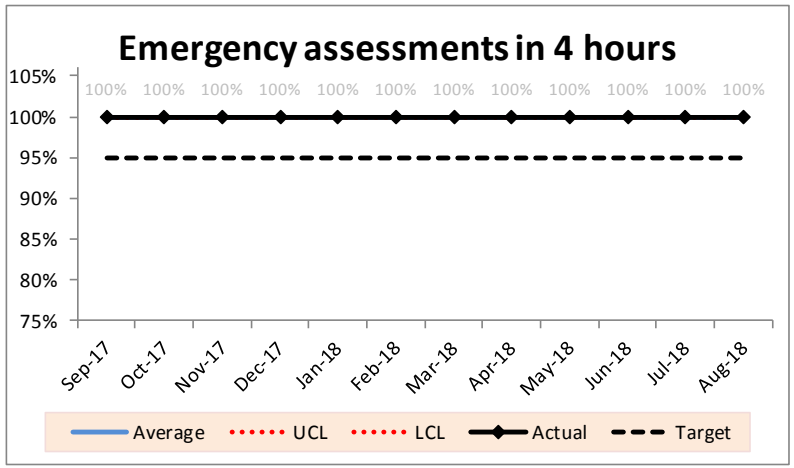
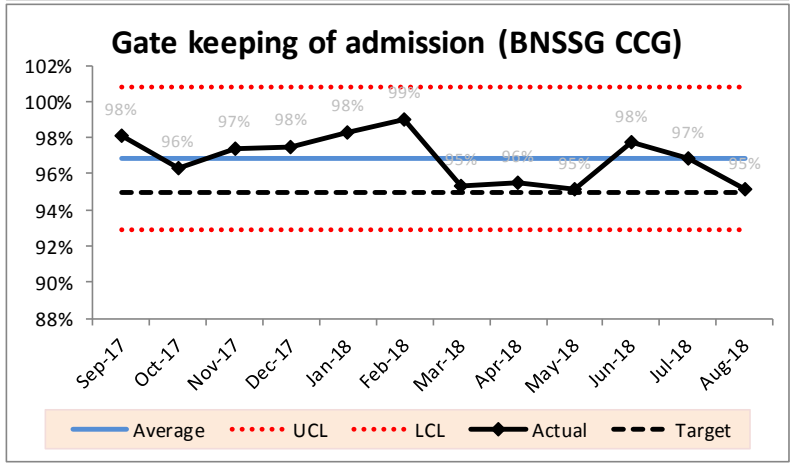
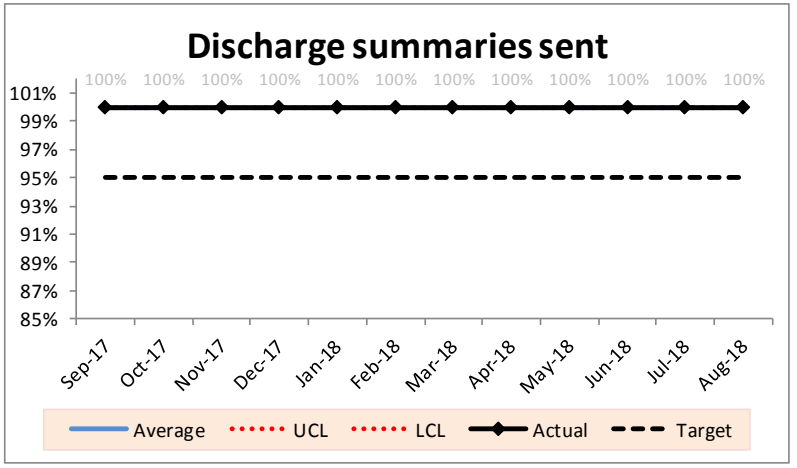




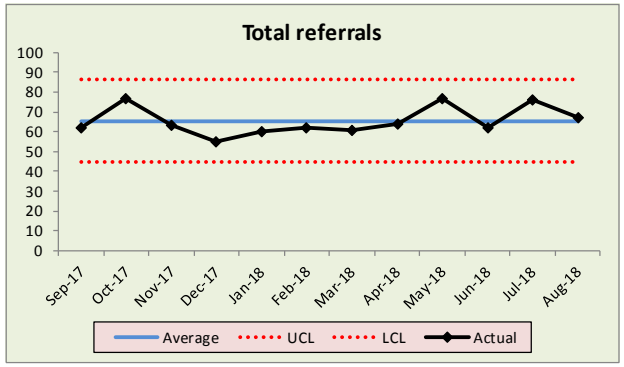


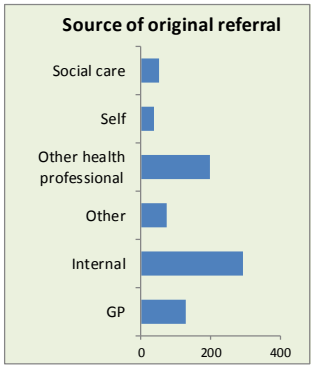
Commentary:

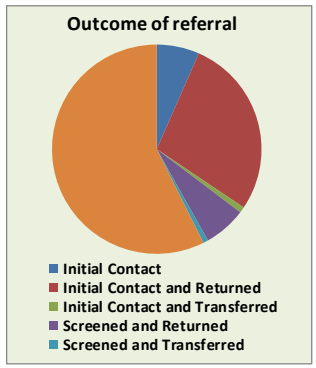
6 INTENSIVE SERVICES (North Somerset)

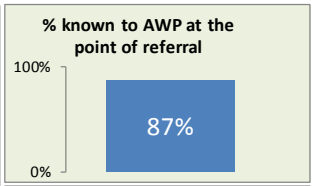
Key Performance Indicators	Commentary:
  	The Intensive Team continue to perform well against all targets, and have been successful in reducing the caseload to a more manageable level. The service continually has a high FFT response rate, at 36.8% in August (and consistently above 30%), with 84% recommending the service whilst 8% did not recommending the service.

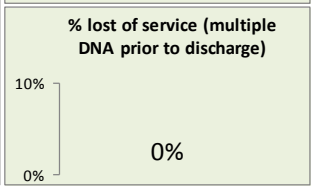
Activity

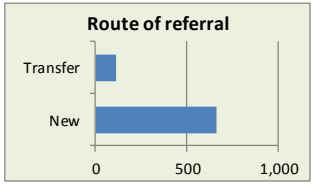


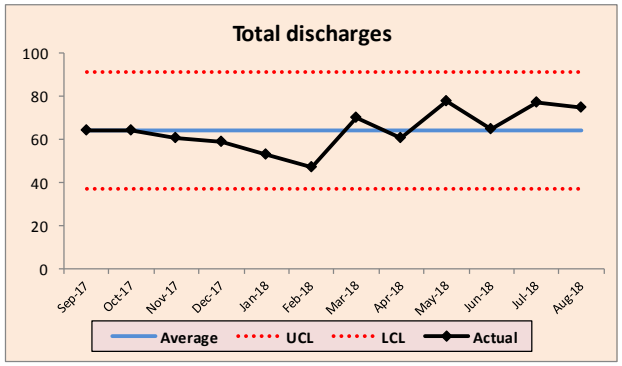


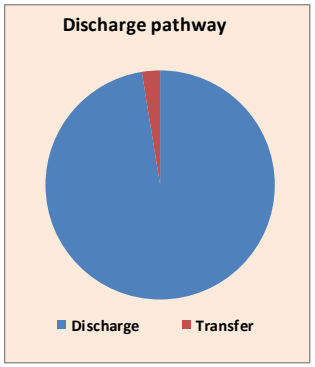


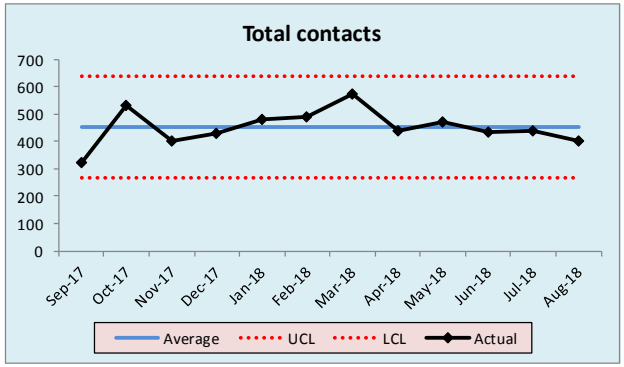


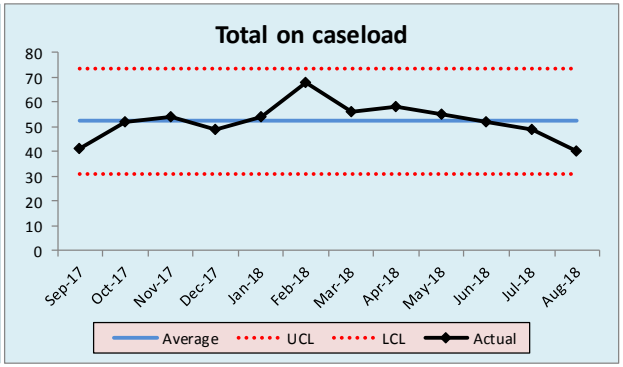






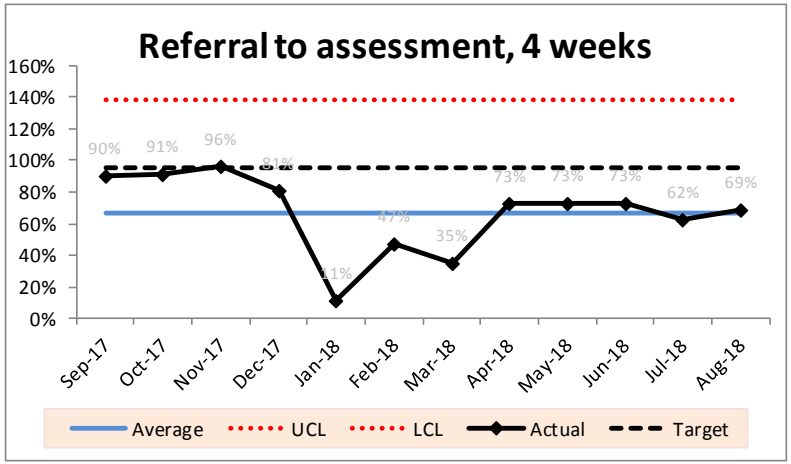
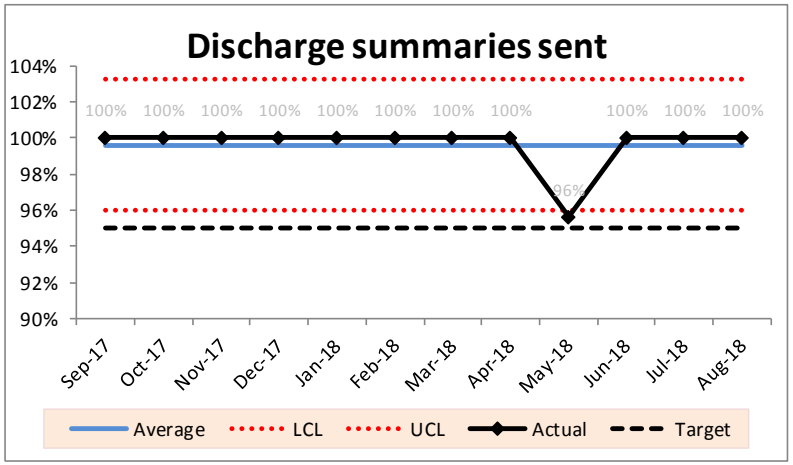
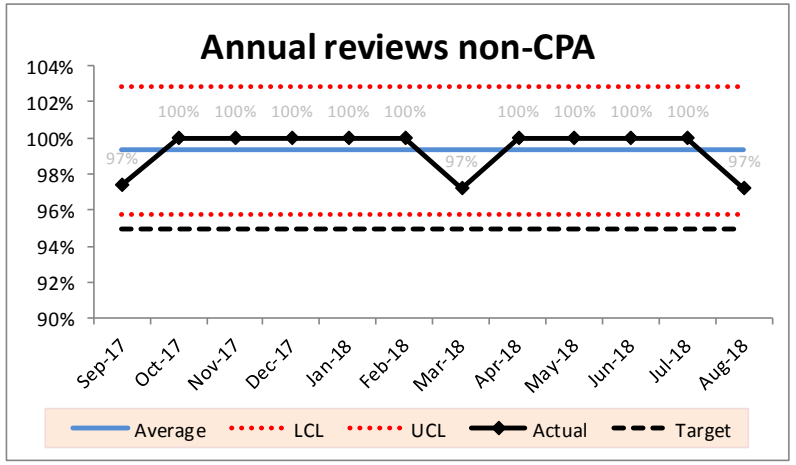






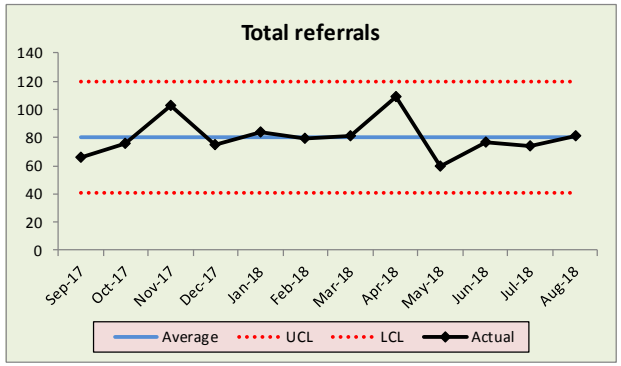
Commentary:

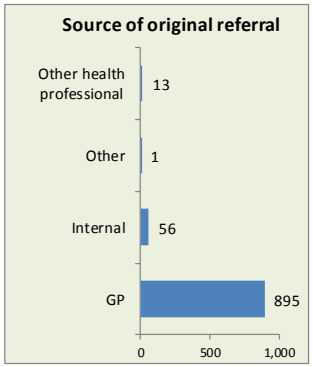
7 MEMORY SERVICES (North Somerset)

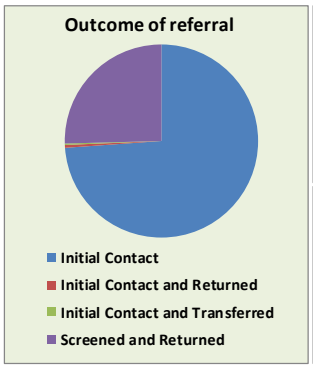
Key Performance Indicators	Commentary:
  	Performance for Memory RTA has improved slightly in August at 69%, this is despite a slight increase in the number of referrals. Memory RTA target was on a decreasing trajectory following N Som CCG ending a temporarily funded Dementia Locally Enhanced Service for GP's. This was short-term funding of payments to GPs for diagnosis in primary care. Since this ceased the rate of referrals has increased and the CCG are unable to provide additional funding to increase the service by a further community psychiatric nurse. The CCG will also not agree to extend the referral to assessment target to 6 weeks which would give us a greater chance of meeting an adjusted target. The team have undertaken successful recruitment of a full-time consultant

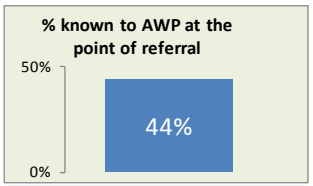
	psychiatrist post, who is due to start 29 October 2018, a further consultant has returned from long-term sick, and a staff grade doctor returns from maternity leave in November 18. All other posts are fully recruited to.

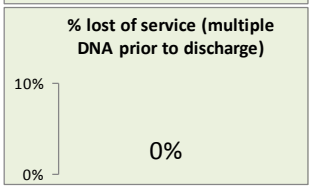
Activity

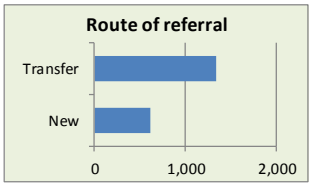


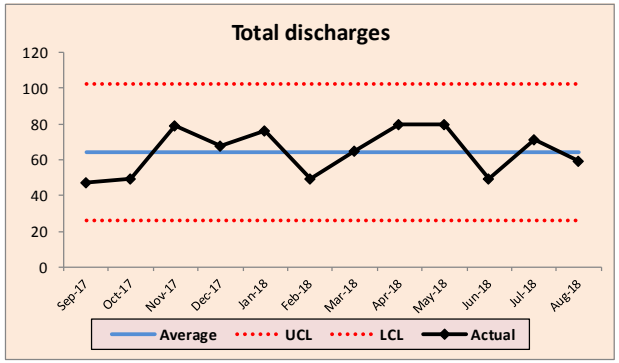


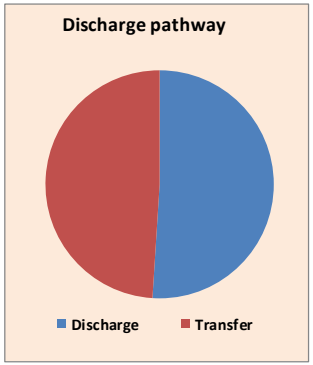


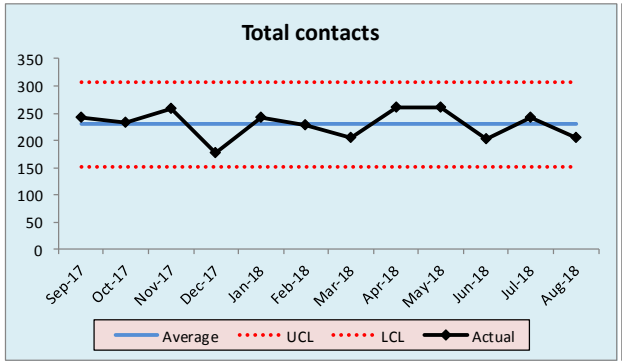


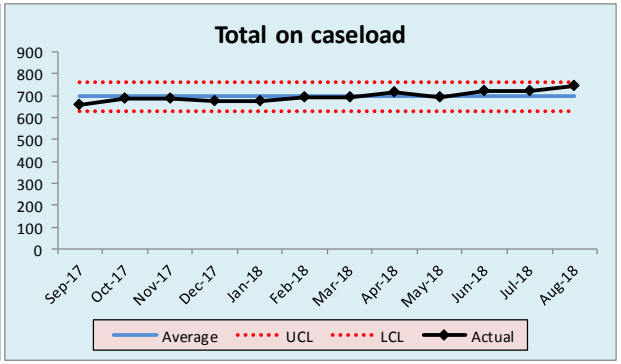








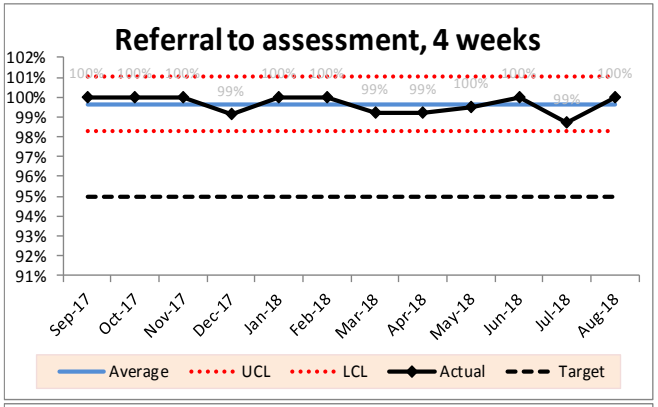


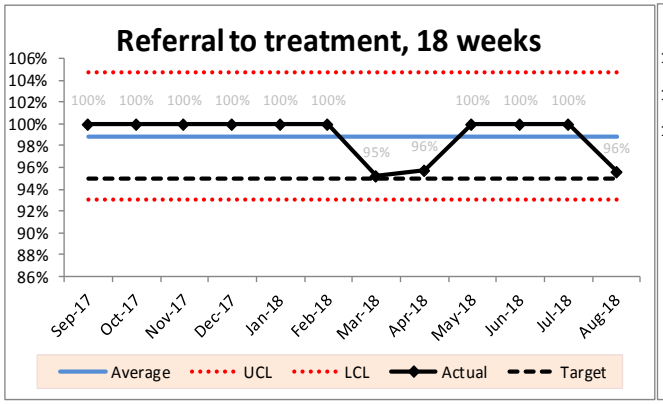


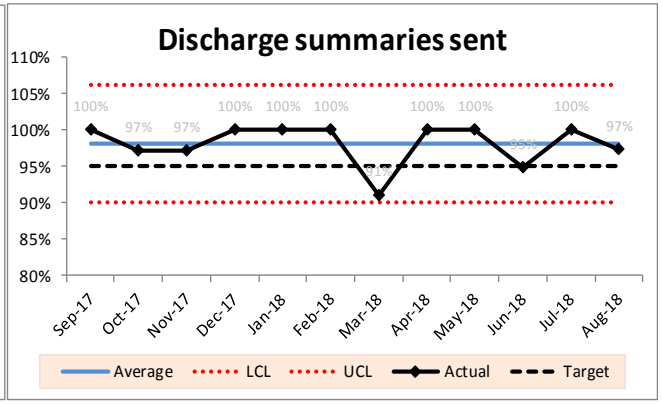
Commentary:

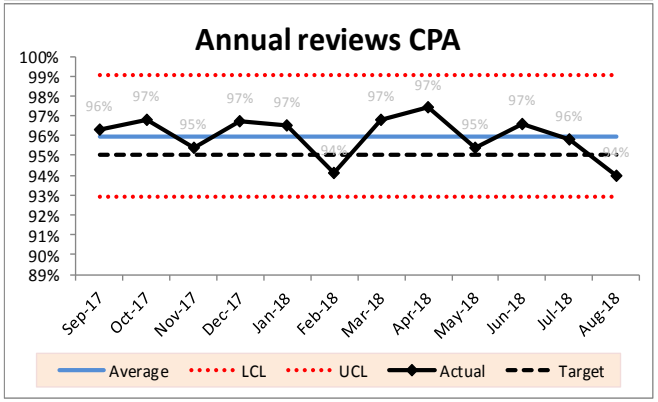
8 COMMUNITY MENTAL HEALTH SERVICES (North Somerset)

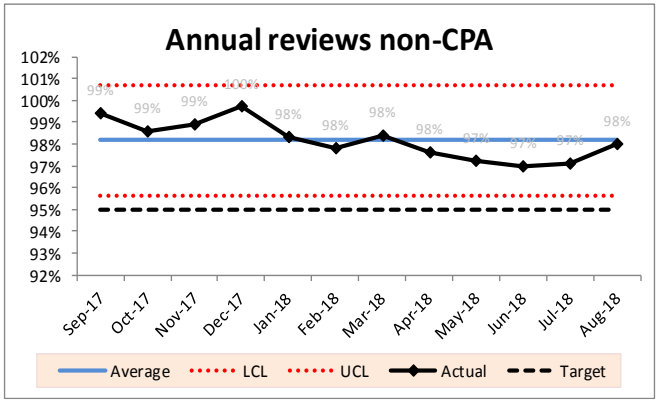
Key Performance Indicators











Commentary:

The Recovery team continue to perform well against indicators despite significant challenges with staff recruitment and some long-term sickness, and therefore the impact on caseload sizes.

In the service out of total caseload of 660 there are currently 22 service users where a CPA review has not occurred within the preceding 12 months, as required by the indicator. Performance is at 93.1% against a target of 95%. The most common reasons for these not happening are:

- the service user cancelling or not attending scheduled review meetings

- difficulty in coordinating attendance of other agencies at reviews
- completed reviews not being properly recorded in the correct format in the electronic records therefore not picked up under reporting mechanisms
- care coordinators cancelling meetings due to pressure of crisis work elsewhere on their caseload
- staff sickness
- high caseloads due to staff vacancies

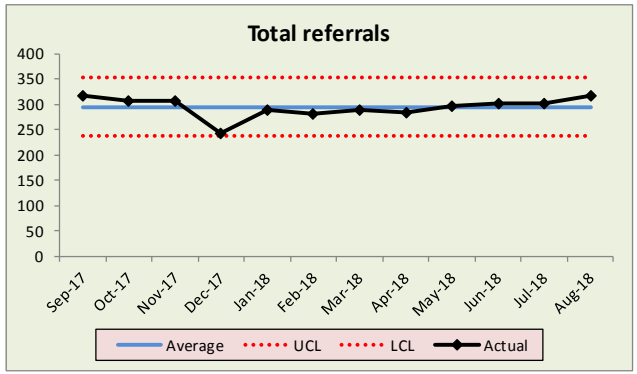
Outstanding CPA reviews are reviewed weekly in team meetings and individually in supervision sessions with care coordinators and action plans are put in place to address identified problems.

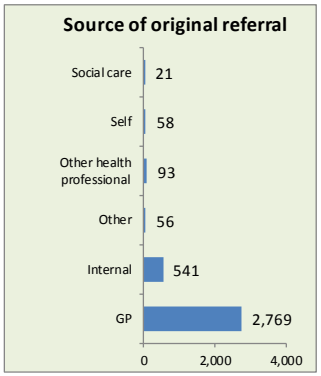
There are significant challenges for this service, with activity and acuity increasing, having a detrimental impact on staff health and well-being in terms of sickness and leavers. Strategies are in place to support safe delivery of this service and to support staff, and further actions to look at longer-term capacity modelling. The challenges within the team have been escalated to the Board and to the CCG through the regular contract and performance meeting.

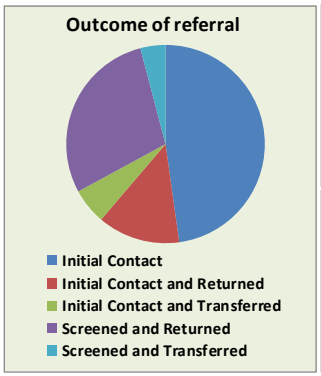
Recruitment, including retention, remains one of the biggest challenges in addressing this, and despite a number of initiatives and revised approaches to adverts and recruitment, posts remain difficult to recruit to. An agency worker has temporarily joined the team, with a further being sought, to assist whilst further attempts at recruitment continue.

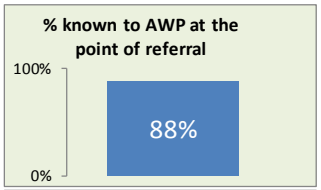
Staff raised significant concerns about their health and well-being through the staff survey, where caseload size and staff numbers were identified as significant factors in this. A team level action plan has been developed by the Operations Manager in discussion with all staff to address these issues and improve their experiences, with managers working with staff on a daily basis to support them.

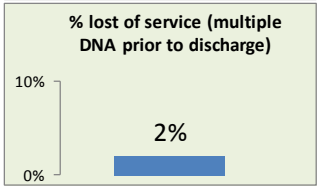
Activity

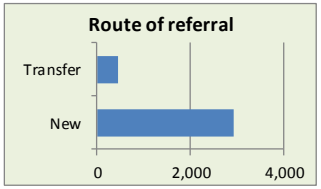


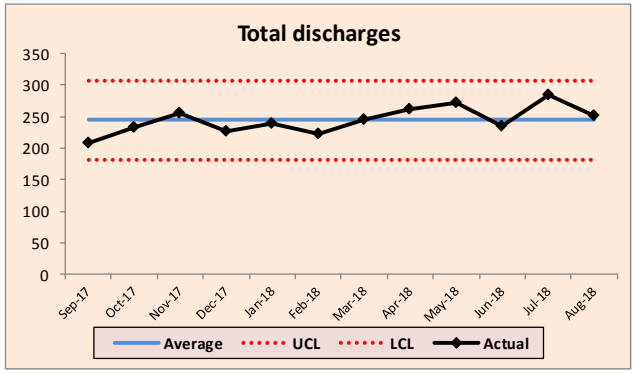


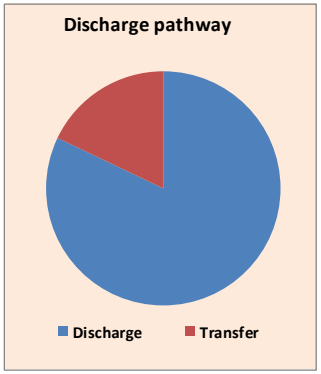


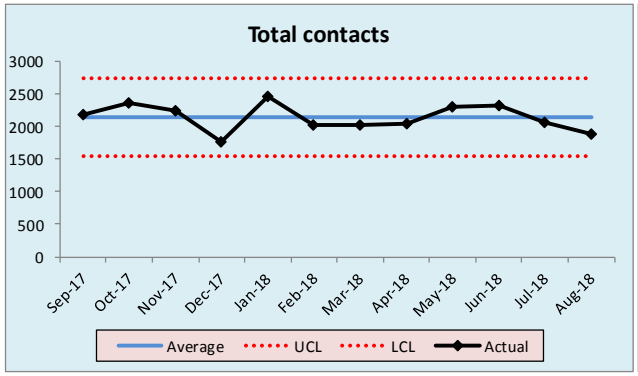


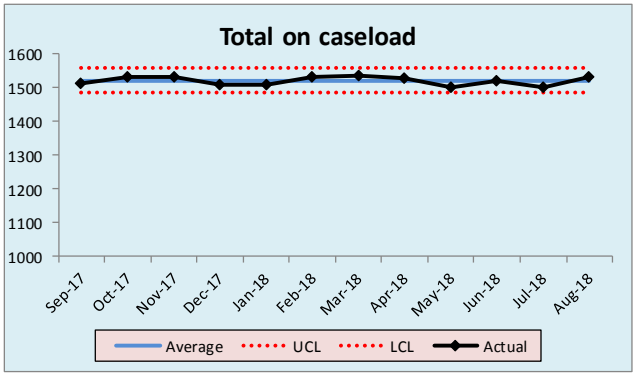






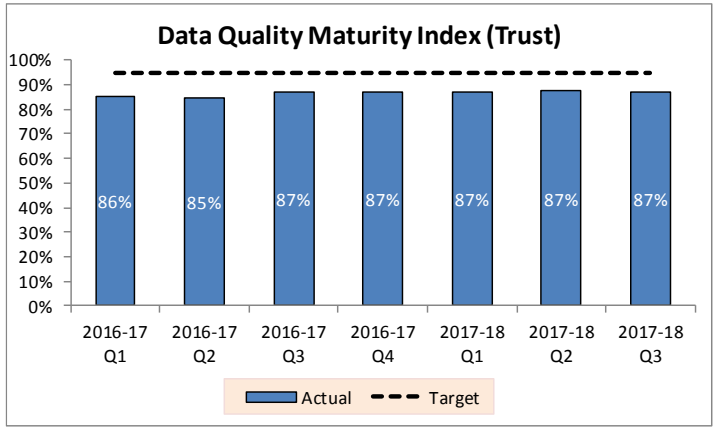
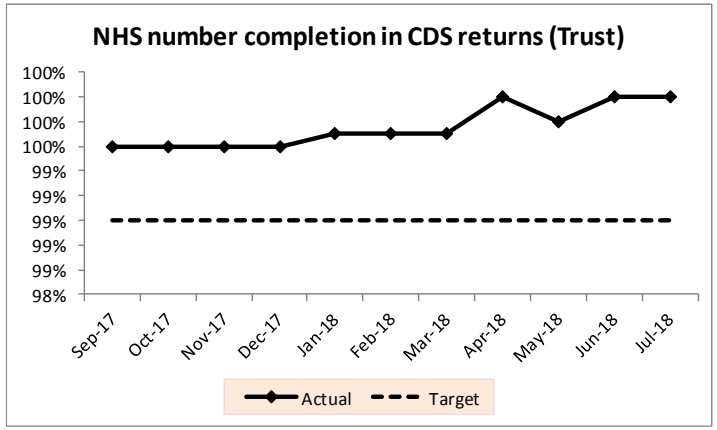
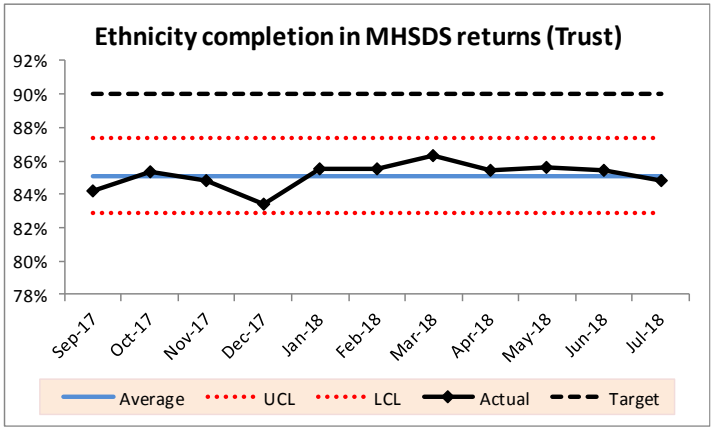


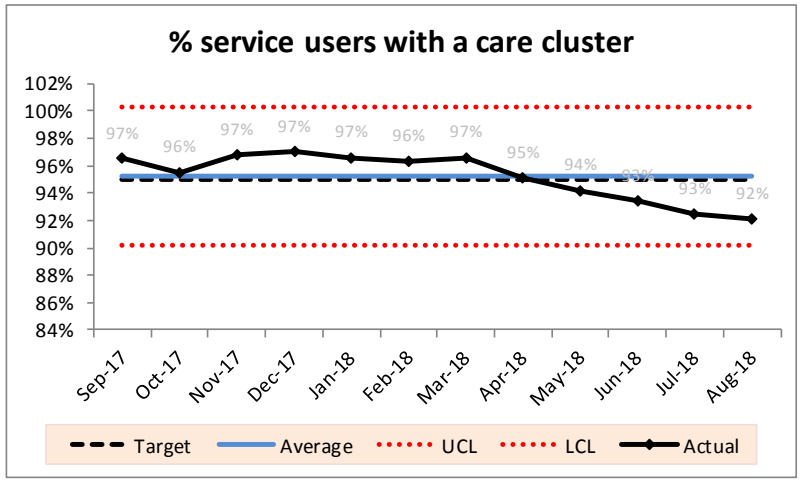
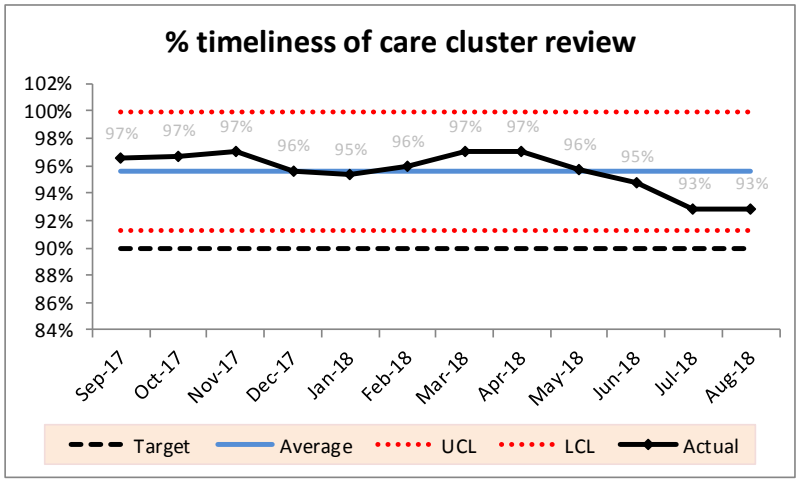
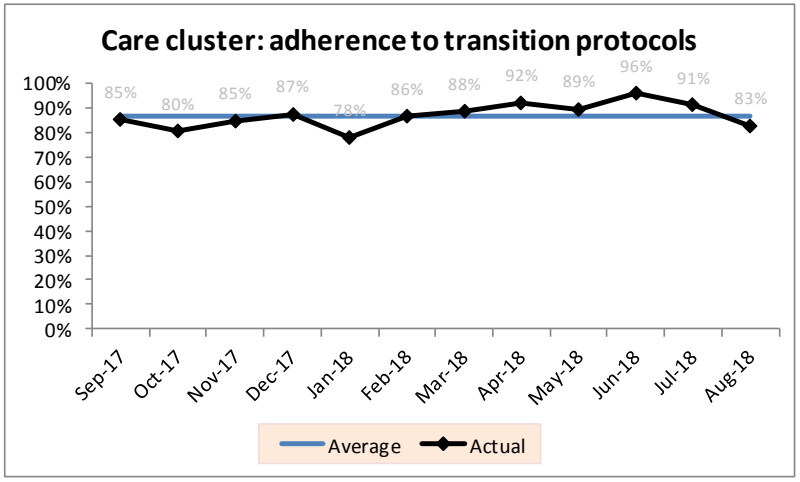
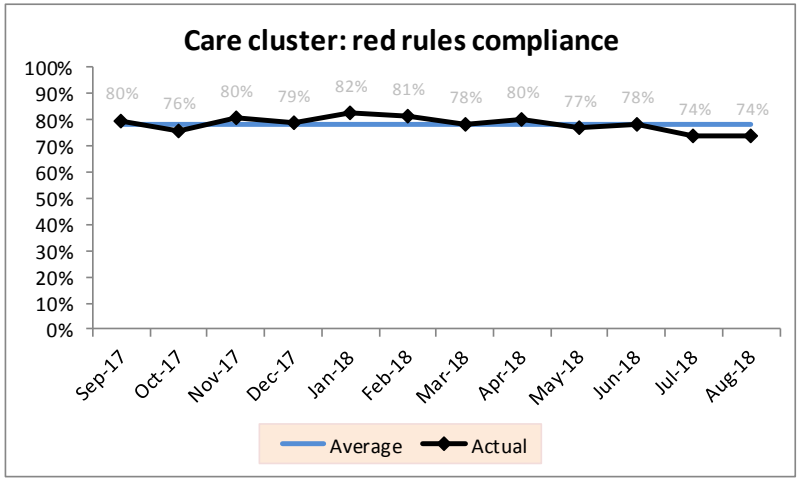




Commentary:

9 DATA QUALITY METRICS (North Somerset)

Key Performance Indicators (all indicators = in arrears)	Commentary:
  	The LDU is above target for recording of ethnicity, at 92.9%.

Key Performance Indicators	Commentary:
   	Care cluster completeness has deteriorated whilst awaiting changes to the denominator for this indicator to be updated in line with the new Standard Operating Procedure introduced for Primary Care Liaison Services, who only now need to cluster if a service user is going to be transferred to a service to receive treatment.