

Performance Dashboard Report & BI Update

Aligned for the period to the end December 2023 (month 9)



In line with the planned Performance Indicator Portfolio reconfiguration, this report presents performance indicators across five domains including **Nationally measured, Specialised & Direct Commissioning, ICS Agreed** and **Board focus. Operational domain** indicators are only presented to the Resources Committee.

In support of these metrics a monthly Operational Performance & Governance summary (with action planning, where appropriate) is routinely presented to the Business Intelligence Management Group (BIMG). An operationally led Quality Forum will also be reporting into BIMG when fully operational and will be led by the Operational Directorate's Operational Governance and Performance Lead. A short presentation was provided to the Resources Committee in December, briefly highlighting the approach, practices and tools adopted within the Trust to manage operational waiting times.

Performance Dashboard Summary

An Executive level observation of operational performance for the period is routinely provided through the Deputy Chief Operating Officer's '*Chief Operating Report*' ([on page 2](#)).

The dashboard ([from page 3](#)) provides a high level view of Key Performance Indicators (KPIs) in exception across the organisation for the period. Indicators within this report are underperforming against their threshold or are showing special cause variation (as defined by Statistical Process Control SPC rules) and therefore warrant escalation and wider oversight. To note, confirmed data quality or administrative issues that are being imminently resolved will inform any escalation decision unless there has been consecutive, unresolved issues across periods. A full list of all indicators (in exception or otherwise) are available to all staff within the dynamic, online server version of this Tableau report. Services are using this tool to monitor wider performance.

Where performance is not achieving the desired results, operational service leads are prioritising appropriately to address issues. Additionally, where appropriate and in response to significant, ongoing and wide-reaching performance issues a single performance improvement plan is held at Directorate level to outline the risks, mitigation and actions.

Finally, areas of note are presented on the last section of the report entitled '**Performance to note**'. Indicators within this section *are not in formal exception* but acknowledge either positive progress such as Talking Therapies, possible areas for caution and monitoring or context to wider indicators that may be in exception.

Business Intelligence Summary Update

Service Line Dashboard deployment continues across inpatient services and community MH & LD services with a plan for completion within 2023/24. There are a number of new project activities that have redirected BI capacity through Q3 such as Working as One (with NewtonEurope), GCC Statutory Delegated Function reporting and the GP OOHs, NHS111 and the Clinical Assessment Service (CAS) tender opportunity. Although these may have delayed activities slightly, progress continues in all areas and there are no major delivery risks to report.

BI are still working through the 2023/24 performance indicator portfolio and planning for 2024/25. More than half of the indicators requiring updates within Phase 1 are deployed, whilst the remainder are all now in various stages of analysis, development and testing. Phase 1 will update 85% of the portfolio. The remaining 15% of indicators in the second phase of development have also begun, but these items require more extensive evaluation of definitions and/or thresholds. These will continue into 2024/25 alongside 2024/25 contract updates.

There is an intention to update the Performance Dashboard escalation approach for 2024/25 as it is acknowledged that whilst SPC is useful context for performance, it could be misleading when used for escalation. A proposal will be brought to BIMG within an updated Performance Management Framework for discussion and ratification.

The system had an extremely busy period over Christmas and New Year, and given that we are now well into Winter, perhaps unsurprisingly that has continued throughout January. Of course the last reporting period has also included two periods of industrial action by junior doctors (as a consequence of which, GHFT closed Cheltenham A&E for strike periods and were only able to open it as an MiiU in the period between strikes), and some significant flooding in the county. Importantly, I'm pleased to report that our emergency resilience systems and processes again stood up to the test; when the flooding in Tewksbury in particular were at their peak, we had a contingency plan in place to evacuate should essential services be compromised (the building itself is built to be resilient to the flood waters), but loss of power or water/ sanitation was possible (although post 2007 floods these are also pretty resilient). Our offer has remained strong, and indeed the six month trend line for CoHo admissions shows a steady rise (an average LoS is down to c28 days), and we have utilised the additional beds we generated to add some extra capacity. As part of the Working as One programme, we were asked to extend our criteria for admission to community hospitals to allow for assessment time of patients on pathway 3 (complex discharge) and this is creating an additional pressure at the back door since when ready these are difficult packages for GCC to source. Our bed occupancy rate is at 97.8% and hasn't been below 92% since Aug 21.

MiiU continue to deliver very strongly, achieving the 4 hours target 99.7% of the time, and our units were reported as being in the top 50 in the country in a recent HSJ article. Albeit skewed by the additional counting of telephone contact activity in December (which previously hadn't been included in our BI data set), Rapid Response have made a good contribution with 554 patient contacts (previous monthly average 325).

Homefirst performance has remained good, invariably achieving the 50 starts a week the service is commissioned to deliver, and average length of stay remains competitive at around 20 days.

Planning for the mobilisation of the new Forest of Dean Hospital continues, and is understandably taking an ever growing focus for us, with the plan to start to adapt to the new bed base in the Forest now in flight.

The pressure on Acute Mental Health beds has remained consistent, although we are on most days able to manage demand and capacity (albeit often very taut), and have demonstrably less reliance on out of area placements than previously. Pleasingly our use of out of area beds has virtually halved compared to previous years, a trend I aim to continue until we have zero and our Length of Stay has improved. Board colleagues are aware, we are now in a much improved position for recruitment at B5 across the Acute wards, which is very encouraging, and indeed the Execs have been pleased to note a very significant drop in the whole trust reliance and expenditure on agency staff (both in Physical and Mental Health areas), which importantly has a positive impact on patient experience (consistency of care).

Unfortunately our recovering trajectory for Core CAMHS has had a set back, with an unexpected surge in referrals taking us to 575 on the waiting list. This time last year the figure was over 700, but board colleagues will recall that we have been on a pleasingly downward trajectory here and were at 503 in Oct 23. In better news we achieved 93% referral to assessment within 4 weeks (target 80%). Unfortunately we are aware of 6 practitioners planning to leave the service over the next 3 months, and so will need to seek recruitment to sustain the recovery we had been seeing; pleasingly we have secured some additional CAMHS consultant support. Sadly the number of referrals to CAMHS neurodiversity (Autism and ADHD) continues to climb, with close to 2000 referrals waiting a first assessment.

Steady recovery is evident in Childrens OT, with a much more stable workforce position and resilient team leadership and team culture which has helped with recruitment and retention. During December the Urgent Referrals (4 week wait) performance was 50% - there were 2 such referrals seen in the month but one had waited longer than 4 weeks due to cancelled and non-attended appointment. Routine Referrals (18 weeks) was achieved 34% of the time so still a way to go, but as recovery continues the service are focussed on tackling the longest waits as a priority to bring the entire list back into balance. In Children's Physio December performance was 91% against the 18 week target (95%).

Performance in Childrens Speech and Language achieved 100% within 4 weeks for urgent referrals and 72% (18 week target) for routine. However it is worth noting that, despite the good work and initiatives in place previously reported, the average waiting time (currently 12 weeks) is increasing, and referrals are also on the rise – and hence also caseload. As well as the Speech Labs digital screening and advice platform waiting list initiative, we have successfully achieved a c£1m investment into Early Language Support for Every Child (ELSEC) to deliver the project over 2 academic years, with the aim of identifying and supporting speech, language and communication needs early and outside of specialist services.

In the Adult ICT physio and OT areas, OT achieved 100% for urgent referrals within 4 weeks and 81.2% for routine (18 weeks). Physio similarly achieved 100% for urgent referrals (4 weeks) and 86.4% for routine at 18 weeks.

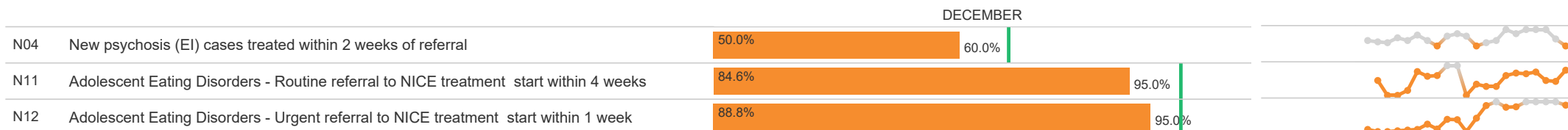
In Podiatry, performance against 18 week RTT target of 95% has achieved 95.4%. That said I still have some concerns about the underlying performance in this area and will be conducting a further review once the new operational lead has established himself.

In MSK Physio the 18 week RTT is at 91.2% (target 95%) and MSKAPS achieved 99.3% against the 18 week target.

KPI Breakdown

Compliant
 Non Compliant

National Contract Domain



Performance Thresholds not being achieved in Month - Note all indicators have been in exception previously in the last twelve months.

N04 - New psychosis (EI) cases treated within 2 weeks of referral

December performance is reported at 50% against a 60% performance threshold and is within SPC (statistical process control) limits. There was 1 non-compliant case reported in December. The care coordinator was allocated within 7 days, however, the patient required hospital admission the day after referral. During the admission the patient was too unwell to be seen by the service and for part of the patient's hospital treatment they were placed out of area. The patient has now been seen by the service.

N11 - Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks

December performance is reported at 84.6% against a performance threshold of 95%. There were 2 non-compliant cases reported in December out of 13. Achieving expected performance levels remains a challenge and the service continues to offer assessments to patients that have been waiting for an extended period based on a clinical decision of non-urgency. The number of adolescents recorded as routine and waiting for treatment has reduced to 36 in December from 38 in November. The Business Intelligence service has produced a waiting list model which provides an indication of capacity required to address the routine treatment waiting list backlog, of which assumptions rely on patients only receiving 20 sessions. Currently 20.4% of the under 19 caseload have received more than 20 treatment appointments. This reflects the challenges within the service of freeing up clinician capacity for patients to be allocated for treatment. The service has adopted a new triage process, and all new patients receive an initial call within 24-72 hours of the service receiving the referral. Self Help guidance is provided as appropriate and recorded as a treatment start in line with relevant SNOMED coding. The service has faced challenges with contacting patients, parents, and families within the time frame due to not responding to calls. As the service is run during week hours, it restricts the opportunity to contact patients, parents, or families. The service has previously offered out of hours calls by bank staff but has been careful not to do this in case the patient is presenting with complexity or risk. Going forward, each patient will be placed onto a handover sheet where the team will seek to contact each patient/parent/carer, to provide guidance following the referral. The service continues to work with BEAT (an Eating Disorders Charity) for those waiting for family-based therapy (FBT) and are referring parents and carers to the Developing Dolphins programme at the point of assessment. To date 120 referrals have been made and 50 spaces remain. The Service continue to work with TIC+ to refer patients to a counselling programme and then discharge from the caseload. Over 180 patients have now been referred to the TiC TEDS programme. TiC regularly attend the service triage, and a support officer is now actively contacting patients to support the referral. A treatment pathway has been secured with the Orri (specialist day treatment clinic) for CYPS aged 16 to 19 that remain on the urgent treatment waiting lists. The Orri can treat 68 young people and all the spaces are now filled. The service is now working with Orri to facilitate discharges following successful treatments episodes. Establishment WTE and skill mix have been reviewed to increase recruitment into hard-to-fill posts. Recent appointments to the service are one band 4 Assistant Clinician. The current vacancies are one Band 7 12-month full time contract and one band 4 Administrator 12-month full time contract. The December 2023 vacancy rate was 4.9%, an increase from the November 2023 rate of 4%. The service continues to rely on bank staff and staff from the wider trust offering additional hours. This set of indicators has a Service Improvement Plan and is on the Performance Governance Tracker. This is on the risk register ID 149 (Score 16).

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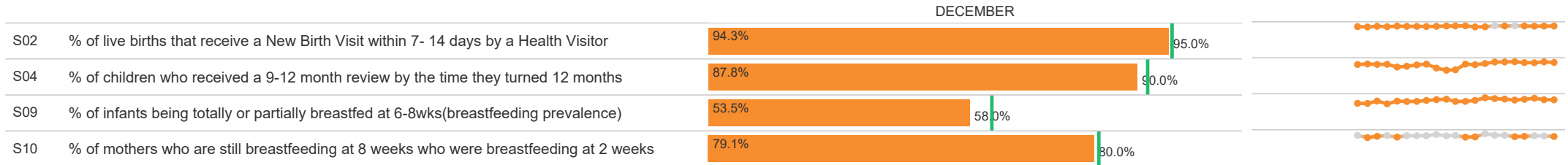
N12 - Adolescent Eating Disorders - Urgent referral to NICE treatment start within 1 week

December performance is reported at 88.8% against a performance threshold of 95%. There was 1 non-compliant case reported in December out of 9. The non-compliant case was treated within 8 days. The service has faced challenges with contacting patients, parents, and families within the time frame due to not responding to calls. As the service is run during week hours, it restricts the opportunity to contact patients, parents, or families. The service has previously offered out of hours calls by bank staff but this was carefully managed and not currently provided due to the risk of patients presenting with complexity and support being unavailable. Going forward, each patient will be placed onto a handover sheet where the team will seek to contact each patient/parent/carer, to provide guidance following the referral. The number of adolescents recorded as urgent and waiting for treatment has reduced to 22 in December from 25 in November. The service has adopted a new triage process, and all new patients receive an initial call within 24-72 hours of the service receiving the referral. Self Help guidance is provided as appropriate and recorded as a treatment start in line with relevant SNOMED coding. The service continues to work with BEAT (an Eating Disorders Charity) for those waiting for family-based therapy (FBT) and are referring parents and carers to the Developing Dolphins programme at the point of assessment. To date 120 referrals have been made and 50 spaces remain. The Service continue to work with TIC+ to refer patients to a counselling programme and then discharge from the caseload. Over 180 patients have now been referred to the TiC TEDS programme. TiC regularly attend the service triage, and a support officer is now actively contacting patients to support the referral. A treatment pathway has been secured with the Orri (specialist day treatment clinic) for CYPS aged 16 to 19 that remain on the urgent treatment waiting lists. The Orri can treat 68 young people and all the spaces are now filled. The service is now working with Orri to facilitate discharges following successful treatments episodes. Establishment WTE and skill mix have been reviewed to increase recruitment into hard-to-fill posts. Recent appointments to the service are one band 4 Assistant Clinician. The current vacancies are one Band 7 12-month full time contract and one band 4 Administrator 12-month full time contract. The December 2023 vacancy rate was 4.9%, an increase from the November 2023 rate of 4%. The service continues to rely on bank staff and staff from the wider trust offering additional hours. This set of indicators has a Service Improvement Plan and is on the Performance Governance Tracker. This is on the risk register ID 149 (Score 16).

KPI Breakdown

■ Non Compliant

Specialised Commissioning Domain



Performance Thresholds not being achieved in Month - Note all indicators have been in exception previously in the last twelve months.

S02 - % of live births that receive a New Birth Visit within 7- 14 days by a Health Visitor

December performance was 94.3% (November was 94.2%) compared to a threshold of 95.0%, with 34 out of 530 babies showing as not seen within the 14 day target timeframe. Performance is within SPC control limits.

Neonatal Intensive Care Unit (NICU) admission is as high as it has consistently been. Readmission x 3 is unusual and may indicate ward pressures and babies being discharged too early. Parental requests to delay visits is likely linked to the Christmas period.

Exceptions were due 14 babies being in NICU, 6 due to parental choice to be seen outside of timeframe, 3 due to hospital re-admission, and 3 due to staffing capacity with an appointment booked. The remainder were due to no access with an appointment now booked, and system record errors where the babies had been seen.

S04 - % of children who received a 9-12 month review by the time they turned 12 months

December performance was 87.8% (November was 89.5%) compared to a threshold of 90.0%, with 80 out of 494 children showing as not having received a 9-12 month review by the time they turned 12 months. Performance is within SPC control limits.

Exceptions were due to staffing capacity issues with appointments scheduled (17 instances); non-attendance of the first appointment (7 instances); non-attendance of the first and second appointment, and then declined appointment (10 instances). Declined appointments (6 instances), completed outside of the county (in Chepstow) (6 instances), and parental delays (5 instances) were the other major factors. The remainder were due to movement in and out of the county (6 instances) and record errors (1 instance).

Action plan –

One locality is having to book a number of first appointments out of timeframe due to staffing capacity. A suggestion has been made to the Team Lead to jump forward to booking on time and create a list to be caught up on rather than continually book behind.

Localities that have particularly high non-attendance (DNA) rates are being looked at to trial alternative offers. For example, non-attendance in Birmingham triggers an automatic home visit to complete the Ages and Stages Questionnaire (ASQ). This is being trialled in Gloucester and Cotswolds from January.

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Non-Exception highlights

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S09 - % of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)

December performance was 53.5% (November was 53.7%) compared to a threshold of 58.0%, with 244 out of 521 babies recorded as not being totally or partially breastfed at 6-8 weeks. Performance is within SPC control limits.

There has been an increase in numbers of babies in Gloucestershire being born prematurely, and requiring long Neonatal Intensive Care Unit (NICU) stays / re-admissions. Health Visiting staff are required to ensure they are using the NICU template correctly to capture feeding status. Staff are reminded through training sessions, newsletters, and team meetings, helping to ensure compliance.

The GHFT Midwifery Service continues to have staffing capacity issues, and this impacts on feeding and tongue tie waiting lists.

Actions –

Two new hospital infant feeding leads were recruited in April, and two new infant feeding support midwives have now joined them in the hospital specialist feeding team.

The service is monitoring and reviewing plans such as referral pathways, training, policies and G-care reviews to ensure feeding statuses improve.

Pilot infant feeding assessment and support clinics have been introduced in target areas of Gloucester and the Forest of Dean – these clinics can refer onto tongue tie services or further specialist support as required.

Face-to-face training for the Breastfeeding Friendly Initiative (BFI) has resumed and should resolve issues identified when patients transfer between Midwifery and Health Visiting teams.

Joint Health Visiting and Midwifery training has recommenced to ensure consistency across the teams. Further dates are planned for 2024, including drop-in sessions to prepare for BFI re-assessment.

The service has been addressing issues raised by Maternity and NICU teams around information and support provided to families. This is crucial – when feeding gets off to a good start, it supports long-term stability above target.

S10 - % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks

December performance was 79.1% (November was 80.6%) compared to a threshold of 80.0%. Performance is within SPC control limits.

Performance has been impacted by staffing turn-over within Health Visiting teams, staff absence due to Covid-19 illness, and tongue-tie referral waiting lists.

The service aims to maintain and enhance performance by promoting breastfeeding groups, and providing advice and training through feeding and tongue-tie keyworkers and leads. The service is also reviewing policies and training to ensure that they remain up to date and optimised.

KPI Breakdown

■ Non Compliant

ICS Agreed Domain



Performance Thresholds not being achieved in Month - *Note this indicator has been in exception previously within the last twelve months.*

L19 - Ensure that reviews of new short or long term packages take place within 8 weeks of commencement

December performance is reported at 46.1% against an 80% performance threshold. There were 7 non-compliant cases reported in December.

Three cases are where the review has been carried out by a Social Care Specialist who cannot access the caseload on the clinical system to add the required entries. The Social Care Specialist is working outside of role and carrying out assessments to cover for Social Worker vacancies. It has not been technically possible to allow access to the caseload.

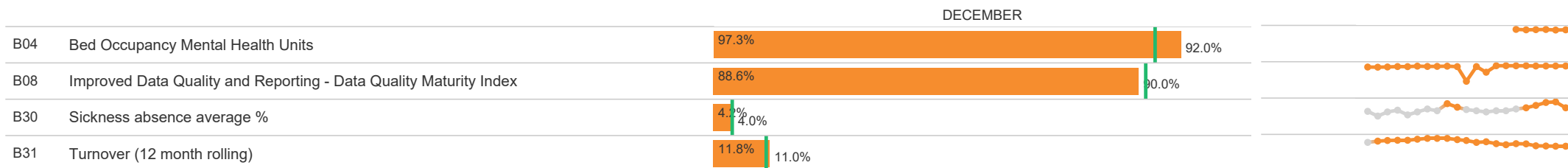
Two cases are reported as anomalies due to the methodology picking up changes in packages. The Business Intelligence team will investigate this with the service.

One case is due to a duplication of entry and will be corrected by the service.

The remaining case is due to a postponement of the review as a family member that needed to attend was unwell. The review has now taken place.

KPI Breakdown

Board Focus Domain



Performance Thresholds not being achieved in Month - Note all indicators have been in exception previously within the last twelve months.

B04 - Bed Occupancy Mental Health Units

Bed occupancy excluding leave for Mental Health Units in December was 97.3% (November was 96.7%) against a threshold of 92%. All wards were above the 92% threshold (with the exception of Laurel House - Rehab). There isn't enough data points for this measure to apply SPC yet, therefore it is currently presented in exception as it is above threshold.

Adult Acute

Wotton Lawn – Abbey Ward: 96.2%

Wotton Lawn Dean Ward: 97.2%

Wotton Lawn – Kingsholm Ward: 99.8%

Wotton Lawn – Priory Ward: 98.7%

From the 2022/23 benchmarking report the national mean for bed occupancy in Adult wards was 92.9%.

Older Adult

Charlton Lane – Chestnut Ward: 97.9%

Charlton Lane – Mulberry Ward: 99.1%

Charlton Lane – Willow Ward: 98.2%

The 2022/23 national average for Older Adult wards is 86.5%.

For both the Adult and Older persons bed establishment, the Trust is below the national mean number of beds per 100k population. Nationally it is 22.7 beds per 100k population for Adult beds, the Trust has 17.1. For Older adult nationally it is 43.5 per 100k, the Trust is 34.3.

PICU

Wotton Lawn – Greyfriars (PICU) 98.6% compared to a national average of 87.6%.

Low Secure

Montpellier – Low Secure: 100% compared to a national average of 88.2%

Other Specialist

Laurel House – Rehab: 91.1%

Honeybourne – Rehab: 93.5%

The national average was 76.5%.

LD Berkeley House: 100%. Learning disability wards are excluded from the Adult and Older persons benchmarking project.

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B08 - Improved Data Quality and Reporting - Data Quality Maturity Index

The latest published performance is 88.6% compared to a threshold of 90% . This is the second month this indicator has been reported and is an amalgamation of Data quality performance across national data sets:

APC: Admitted patient care data set 99.6%
CSDS: Community services data set 84.7%
ECDS: Emergency care data set 74.5%
IAPT: Talking Therapies data set 99.8%
MHSDS: Mental Health services data set 93.6%

Impacting performance is the ECDS and CSDS due to the challenges in configuration and data capture in SystmOne. The aim is for this to be addressed at the Data Quality Governance Forum and future action plans and updates will come from this Forum. To note, improved compliance will come as a result of the Core Assessment work which is within the Clinical Systems Team work plan.

B30 - Sickness absence average %

Sickness absence rate in December 2023 was 4.3%. This does not include data from the e-rostering system (Allocate) because it is not available at the time of reporting. The reported sickness absence rate in November, including e-rostering, was 5.2% compared to a threshold of 4%. November performance is above the SPC chart upper control limit. The figure indicates in-month sickness absence, excluding Bank Staff.

Operations Directorate sickness absence was 4.1% in October and remained the same in November.

Adult Community PH, MH & LD (6.1%)
Countywide (4.6%)
CYPS (4.0%)
MH Urgent Care & IP (6.2%)
Operational Management (1.5%)
PH Urgent Care & IP (6.2%)

Nursing, Therapies and Quality Directorate sickness absence was 4.1% in October and remained the same in November.

The sub-directorates within Nursing, Therapies and Quality that have reported sickness absence above the 4% threshold in November are:

Clinical Governance (5.3%)
Quality Assurance (14.5%)

Strategy and Partnerships Directorate sickness absence was 5.5% in November compared to 6.3% reported in October.

The sub-directorate within Strategy and Partnerships that has reported sickness absence above the 4% threshold in September is:

Engagement (11.3%)

This reflects the sickness absence information on Tableau on 09/01/2023.

B31 - Turnover (12 month rolling)

Turnover FTE (LTR) was 11.8% in December (for the 12 months 1 January 2023 – 31 December 2023) compared to a threshold of 11%. (November was 11.6%). This indicator excludes internal turnover activity within the organisation, so it is only those *leaving the organisation*. BI are exploring alternative methodology for a KPI to monitor internal movement within the Trust.

This is below the SPC control limits. This has shown continual improvement over the last 12 months.

The following indicators are not in exception but are highlighted for note:

o L02 - Talking Therapies (IAPT) access rate: Access to psychological therapies for adults should be improved

December shows a performance of 79.8% against its expected performance threshold, which equates to 1.3% of the prevalent population (922 people) against a performance threshold of 1.8% (1156 people) and is within SPC (statistical process control) limits. There were significantly less referrals received in December (1159) compared to previous months (1533 in November) however is still an improvement on levels in December 2022 (1040). The dropout rate for December was 20.2%. Nationally it has been recognised there are lower referrals into the programme than expected, particularly during and since the pandemic which led to the national targets being remodelled. The ongoing National NHS Talking Therapies rebrand is part of the national solution to increase referrals and access to the programme. Mental Health Analytics for the Southwest Region Mental Health Programme Board have identified that there has been a reduction in referrals in the Southwest region and this is influencing IAPT services being able to meet its access performance threshold. The service has started on a significant piece of work to completely renew their website. Every piece of copy is being re written and updated and they have commissioned four media films to be used on the website and across social media to reflect a new branding. Locally, the service has robust systems to contact clients to book into a first appointment as well as implementing a digital choose and book system to make booking easier. The Service has also been working closely with the communications team to promote the service through social media channels and local events, as well as commissioning a radio Advertising Campaign through Bauer Media Group. This will ensure Gloucestershire wide digital advertising on stations such as Greatest Hits radio. There will be a considerable number of impressions (adverts) per day. All magazine and newspaper advertising has also been renewed. The service has recently employed a marketing manager who will be focused on raising awareness of the service in the local community to increase access, with an aim to also focus on seldom heard (under-represented) groups and those with long term health conditions. There remain challenges in recruitment to the workforce projections set out in our annual plan in March 2023. External recruitment of qualified staff is difficult, leading to a reliance on training new staff to replace those who have left as well as meeting expansion targets. This is being experienced by other IAPT services in the region. Currently there appears to be more of an issue with High Intensity therapists and the service are continually working to improve this. There has been movement of therapists to other providers who are happy to provide a completely online service, however, this is something the service feel is not right for Gloucestershire.

o L03 - CYPS Core CAMHS: Accepted referrals receiving initial appointment within 4 weeks (unadjusted for DNAs and Cancellations)

The 4 weeks KPI compliance has significantly improved over the last 3 months with Dec-23 compliance outperforming the target of 80% at 92%. The new Gateway Assessment model began in November with Core CAMHS piloting a new operating model for referral screening and assessments in order to improve both the waiting time to assessment (pre-gateway assessments were offered on average 7 weeks from referral) and the quality of assessments (f2f assessments replaced telephone triages).

- The new assessment rota has been planned to include all clinical staff from the Core Team and offers on average 40 new assessments per week. This is a significant uplift in the number of slots offered as compared to the pre-Gateway rota, with an average of 25-27 weekly assessments available.
- Further to this, the initial assessment waiting list size decreased to around 60 referrals with an average wait of 17 days.
- The admin process has been reviewed to provide a better waiting list overview, to improve monitoring of long waiters, DNAs and cancellations.
- The admin process around appointment invitations has been reviewed to ensure families receive an appointment letter 2 weeks prior to the appointment. This has reduced the number of short notice cancellations/DNAs.
- A new DNA model has been introduced to improve the timeliness of processing referrals i.e. timely discharge where appropriate or another assessment offered.
- A new courtesy call system has been operating to ensure patients/families are given a reminder about attending the appointments. This has improved the DNA rate.
- The referral screening process has been reviewed to improve the timeliness of decision making esp. for referrals that require further information or a liaison with other professionals or GHC teams. A good example is establishing a consultation model for all referrals between CAMHS CORE and GHC Eating Disorder Teams.

The service is beginning work on the trajectory for Q4 and are unable to say currently whether they will be able to maintain this level of compliance.

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o L07 - Eating Disorders - Wait time for adult assessments will be 4 weeks

December performance is reported at 70.9% against a 95% performance threshold and is within SPC (statistical process control) limits, however, is being highlighted due to concerns around waiting list numbers. There were 9 non-compliant cases reported in December. All 9 cases were referred prior to the new triage system with follow up calls and each patient had remained on the waiting list until an assessment became available. There has been no change in the waiting list since November with the number of adults waiting for assessment remaining at 273. The Business Intelligence service has produced a waiting list model which provides an indication of capacity required to address the routine assessment waiting list backlog and suggests an optimum waiting list number of 33. The service has adopted a new triage process, and all new patients receive an initial call within 24-72 hours of the service receiving the referral. Self Help guidance is provided as appropriate and is recorded as a treatment start in line with relevant SNOMED coding.. The service is currently reviewing the process for adult routine assessments with the Quality Team with the aim of ensuring all routine adults are assessed and offered an initial treatment start. The service is planning to implement a sub assessment team to solely concentrate on routine assessments. The team will be starting to manage the routine adult assessment backlog beginning the week of the 22nd of January 2024. The service continues to work with BEAT (an Eating Disorders Charity) for adults on the momentum programme and with TIC plus for under 25's to refer patients to a counselling programme and then discharge from the caseload. Establishment WTE and skill mix have been reviewed to increase recruitment into hard-to-fill posts. Recent appointments to the service are one band 4 Assistant Clinician. The current vacancies are one Band 7 12-month full time contract and one band 4 Administrator 12-month full time contract. The December 2023 vacancy rate was 4.9%, an increase from the November 2023 rate of 4%. The service continues to rely on bank staff and staff from the wider trust offering additional hours. This set of indicators has a Service improvement Plan and is on the Performance Governance Tracker. This is on the risk register ID 149 (Score 16).

o L08 - Eating Disorders - Wait time for adult psychological interventions will be 16 weeks

December performance is reported at 88.2% against a 95% performance threshold and is within SPC (statistical process control) limits, however, is being highlighted due to concerns around waiting list numbers. There were 2 non-compliant cases reported in December out of 17. At the end of December 2023 there were 113 adult patients with an assessment completed that were waiting for treatment to commence. A decrease from November 2023 at 117. The service continues to focus on reducing waiting times and allocating patients to clinicians for treatment as soon as capacity becomes available. The Business Intelligence service has produced a waiting list model which provides an indication of capacity required to address the routine treatment waiting list backlog, of which assumptions rely on patients only receiving 20 sessions. The model also suggests an optimum waiting list number of 25. Currently 11.8% of the adult caseload have received more than 20 treatment appointments. This reflects the challenges within the service of freeing up clinician capacity for patients to be allocated for treatment. The service has adopted a new triage process, and all new patients receive an initial call within 24-72 hours of the service receiving the referral. Self Help guidance is provided as appropriate and is recorded as a treatment start in line with relevant SNOMED coding. The service is introducing a sub team to manage all adult routine assessments with the aim of ensuring that all routine adults are assessed and offered an initial treatment start. The team is scheduled to start managing the assessment backlog on 22nd January 2024. The service continues to work with BEAT (an Eating Disorders Charity) for adults on the momentum programme and with TIC plus for under 25's to refer patients to a counselling programme and then discharge from the caseload. Establishment WTE and skill mix have been reviewed to increase recruitment into hard-to-fill posts. Recent appointments to the service are one band 4 Assistant Clinician. The current vacancies are one Band 7 12-month full time contract and one band 4 Administrator 12-month full time contract. The December 2023 vacancy rate was 4.9%, an increase from the November 2023 rate of 4%. The service continues to rely on bank staff and staff from the wider trust offering additional hours. This set of indicators has a Service Improvement Plan and is on the Performance Governance Tracker. This is on the risk register ID 149 (Score 16).

o B05 - Bed Occupancy Rate – Physical Health

Bed occupancy for December is 97.5% (November was 98.2%) against a threshold of 92% and is within SPC control limits.

The following wards were above the 92% threshold:

Cirencester Hospital – Windrush Ward (97.9%)

Cirencester Hospital – Coln Ward (99%)

North Cotswold Hospital (97.7%)

Dilke Hospital (97.3%)

Lydney Hospital (96.8%)

Stroud Hospital – Cashes Green Ward (99.1%)

Stroud Hospital – Jubilee Ward (98.7%)

Vale Hospital (99.2%)

Tewkesbury Hospital (94.1%)

This means that no site was below the threshold for December.

The Benchmarking Community Hospital Bed Survey project was run in 2022/23 and national average bed occupancy was 88.4%.