

# Performance Dashboard Report

Aligned for the period to the end March 2020 (month 12)

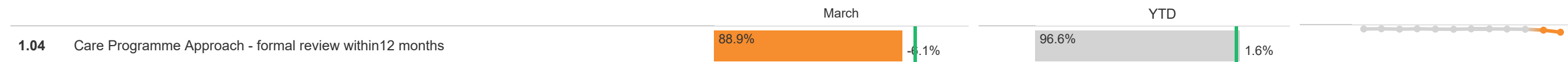
## The Board is asked to:

- Note the aligned Performance Dashboard Report for the period.
- Accept the report as a significant level of assurance that our contract and regulatory performance measures are being met or that appropriate action plans are in place to address areas requiring improvement. Be assured that there is ongoing work to review all of the indicators not meeting the required performance threshold. This includes a review of the measurement and data quality processes as well as clinical delivery and clinical practice issues.

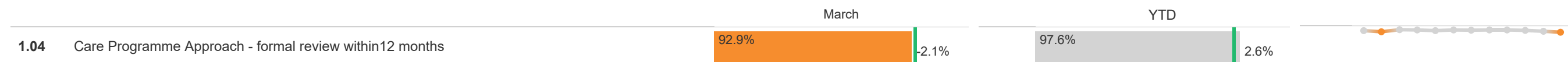
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## KPI Breakdown

### Mental Health - National Requirements Gloucestershire



### Mental Health - National Requirements Herefordshire



**Performance Thresholds not being achieved in Month** - Note all indicators have been in exception previously in 2019/20.

#### 1.04: CPA Approach – Formal review within 12 months

Trustwide this indicator is non-compliant at 89.5%

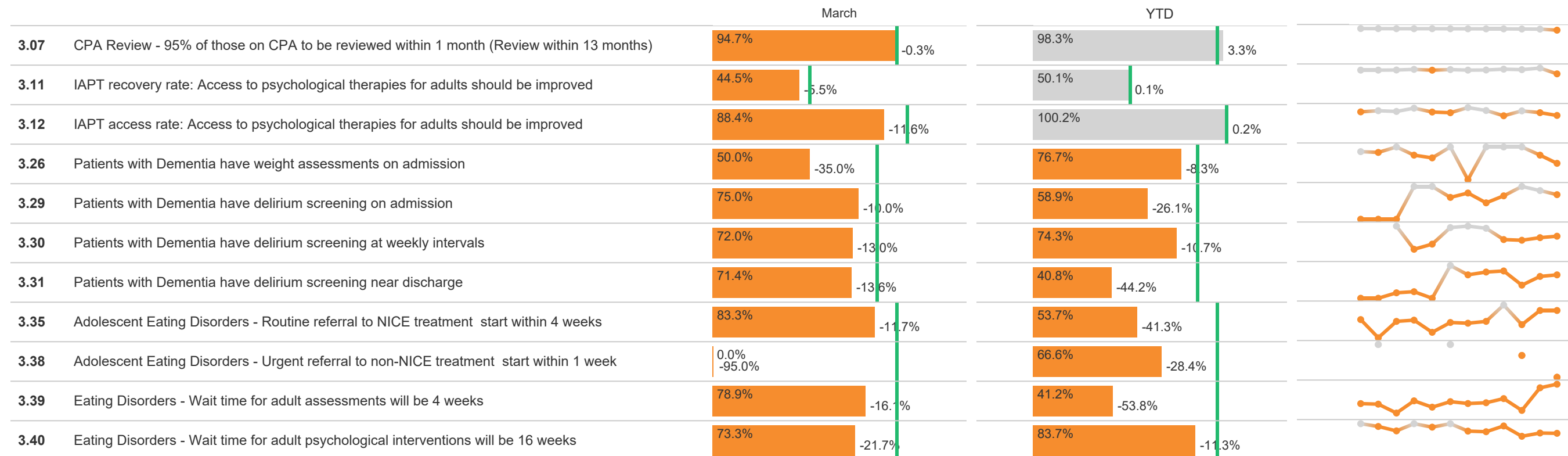
Gloucestershire is non-compliant at 88.9% (103 non-compliant records) with the majority of cases within the Recovery Service (49), AOT Service (11) EI service (11) and CPI service (10). Performance has deteriorated since February when it was reported at 94.3%

Herefordshire is non-compliant at 93.0% (11 non-compliant records) with the majority of cases within the Recovery Service (5) and AOT service (4).

There has been a lack of service response to clarify why this indicator is in exception however it is likely that there may have been reduced data quality checking for this period due to the focus towards Covid-19 priorities.

## KPI Breakdown

### Mental Health - Local Contract Gloucestershire



### Mental Health - Social Care Gloucestershire

There are no Social Care indicators in exception this period.

**Performance Thresholds not being achieved in Month** - Note all indicators with the exception of 3.07, have been in exception previously in 2019/20.

#### 3.07: CPA Review: 95% of those on CPA to be reviewed within 1 month (Review within 13 months)

Performance is just under the 95% threshold at 94.7%. This is the first time it has been non-compliant in the last 2 financial years. This indicator is a subset of 1.04 (for Gloucestershire patients) and of those non-compliant records above there were 48 where the CPA review is not recorded as having taken place within 13 months. Of those 24 were with the Recovery service, 1 with the AOT service, 6 with the EI service and 6 with the CPI service.

There has been a lack of service response to clarify why this indicator is in exception however it is likely that there have been reduced data quality checking for this period due to the focus towards [Covid-19 priorities](#).

#### 3.11: IAPT Recovery rate

Performance for March was uncharacteristically very low. Patients were reluctant to continue treatment due to Covid-19 anxieties and all face to face psychoeducational courses were stopped in the period. It has been reported that patients were offered the option to complete their courses on an individual level via the phone but many declined so were discharged mid-treatment. Going forward, alternative video based step 2 courses are being explored.

Additionally due to [C19 prioritisation](#), the IAPT management team have not yet been able to perform the usual data quality checks for discharges.

#### 3.12: IAPT Access rate

This indicator is below plan for March. The service was asked to cancel assessments and face to face treatments in March [due to the COVID-19 outbreak](#) which would account for the lower than planned access rate.

#### 3.11 & 3.12 Additional Commentary:

The [disruption that Covid-19](#) has caused on IAPT delivery has been recognised at a national reporting level and will reduce expectations for Q1 national reporting.

#### 3.26: Patients with Dementia have weight assessments on admission

There were 2 cases in March where weighing on admission has not been recorded as taking place.

#### 3.29: Patients with Dementia have delirium screening at admission

There was 1 case in March where screening on admission has not been recorded as taking place.

#### 3.30 Patients with Dementia have delirium screening at weekly intervals

There were 19 cases during March where delirium screening has not been recorded as taking place.

#### 3.31 Patients with Dementia have delirium screening near discharge

There were 2 cases in March where screening near discharge has not been recorded as taking place.

**3.26, 3.29, 3.30 & 3.31 Additional Commentary:**

This indicator appears to have been impacted by the transition to a new Management Structure within the Older Adult Service (Charlton Lane). A subsequent performance meeting has occurred with the Older Adult Management team to familiarise themselves with the KPI and reporting requirements however its possible that Covid-19 has detracted from the priority of this indicator. Narrative has not been supplied to confirm this.

**3.35: Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks**

There was 1 non-compliant case in March. An appointment was offered within the required 4 weeks but was cancelled by the client. Treatment began at the next appointment available.

**3.38: Adolescent Eating Disorders: Urgent referral to non-Nice treatment within 1 week**

There was 1 non-compliant case in March. The client was seen within 7 days but the clinical decision that this was an ARFID case was not reached until the 2nd appointment.

**3.39: Eating Disorders: Wait time for Adult Assessments will be 4 weeks**

There were 8 non-compliant cases in March. In all cases the appointment status recorded on the clinical system shows that the delay in assessment is due to patient cancellations and DNAs.

**3.40: Eating Disorders: Wait time for Adult psychological interventions will be 16 weeks**

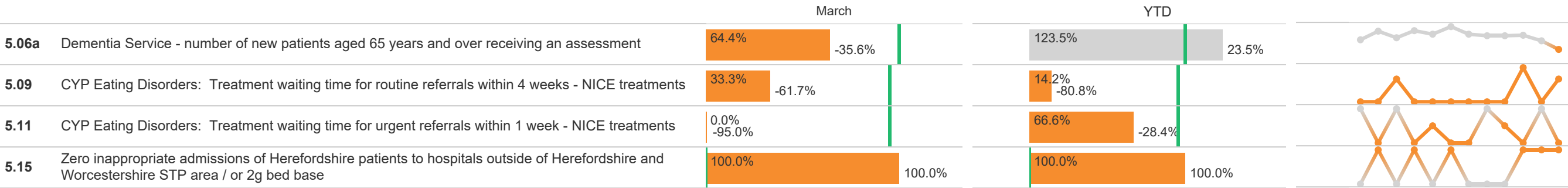
There were 8 non-compliant cases in March. The average wait from assessment to treatment for these clients was 20 weeks. All but 1 of these clients were waiting to start CBT which generally has a longer waiting time than for other treatments.

**3.35, 3.38, 3.39 & 3.40 Additional Commentary:**

An increase in adult ED referrals continues but the service has recognised that more can be done to improve process, waiting list management tools are being better utilised and the service trajectory model has being updated to support the established recovery plan. This trajectory modelling will be used to inform new threshold targets for these indicators for 20/21. At this time it has not been reported how Covid-19 will impact the service response action plan.

KPI Breakdown

Mental Health - Local Contract Herefordshire



**Performance Thresholds not being achieved in Month** - Note this indicator has been in exception previously in 2019/20 however these are different cases.

**5.06a: Dementia service – number of new patients aged 65 and over receiving an assessment**

During March the service were only able to see 29 patients for an assessment.

**5.09: CYP Eating Disorders: Treatment waiting time for routine referrals within 4 weeks – NICE treatments**

There were 2 non-compliant cases in March. One is a data quality error at time of reporting and has been corrected. In the other case, the client was offered an appointment within the required 4 weeks but did not attend. They began treatment within 5 weeks of referral

**5.11: CYP Eating Disorders: Treatment waiting time for urgent referrals within 1 week – NICE treatments**

There was 1 non-compliant case in March. An appointment was offered within 7 days but was cancelled by the client. Treatment began at the next appointment which was 11 days after referral.

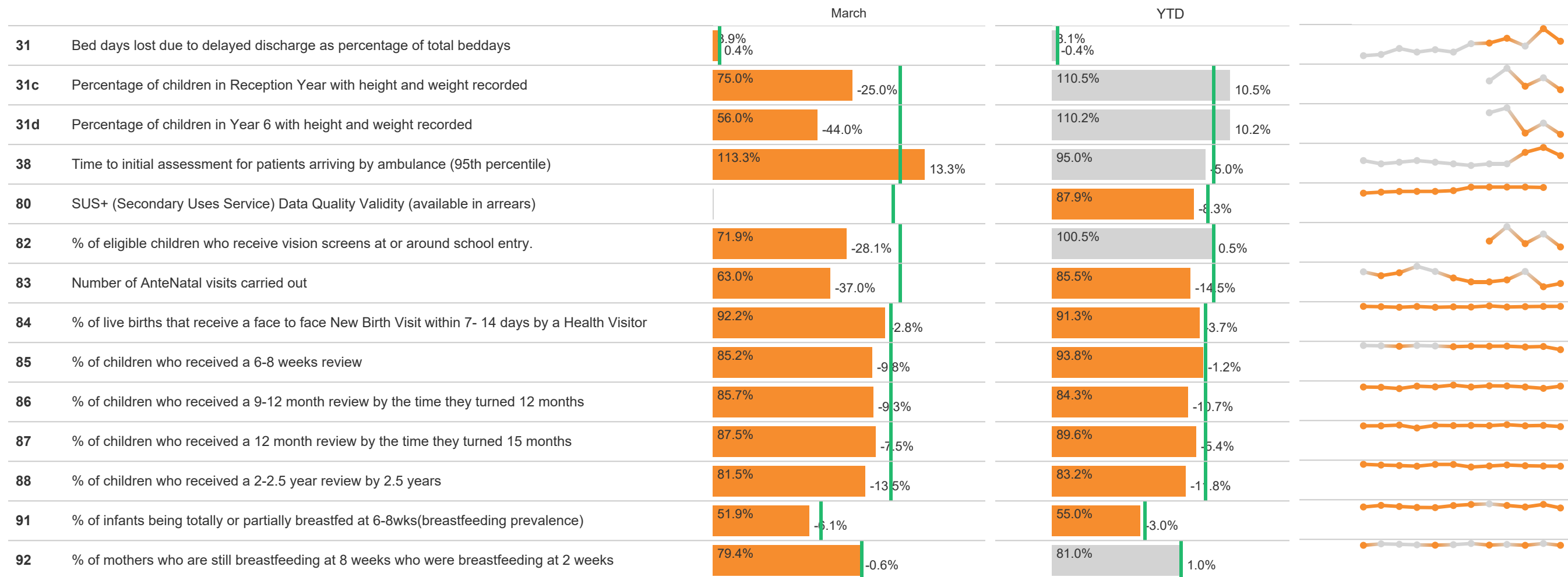
**5.15: Zero inappropriate admissions of Herefordshire patients to hospitals outside of Herefordshire and Worcestershire STP area/or GHC bed base**

There were 3 inappropriate placements during March. One patient to an Acute facility and 2 to PICU units.

“An inappropriate “out of area placement” is nationally defined (Oct, 2018) as a situation in which a person with assessed acute mental health needs, who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of the usual local network of services (an inpatient unit that does not usually admit people living in the catchment area of the persons local community mental health service), and where the person cannot be visited regularly by their care co-ordinator”.

## KPI Breakdown

### Physical Health - National Requirements Gloucestershire



**Performance Thresholds not being achieved in Month** - All indicators have been in exception previously in 2019/20.

#### 31: Bed days lost due to delayed discharge as percentage of total bed days

The 3.5% target was missed in March (3.9%). This is within SPC chart control limits.

Data quality and validation are high priority with more challenge from the Demand and Capacity team on the weekly Wednesday conference calls leading with a view to more accurate reporting of DTOC.

#### 31c: Percentage of children in Reception Year with height and weight recorded

The monthly trajectory of children in reception year to have height and weight measured in of March 2020 has not been achieved however cumulative position is ahead of internal trajectory.

The National Childhood Measurement Programme has been stopped due to the COVID-19 outbreak.

#### 31d: Percentage of children in Year 6 with height and weight recorded

The monthly trajectory of children in Year 6 to have height and weight measured in March 2020 has not been achieved however cumulative position is ahead of internal trajectory.

The National Childhood Measurement Programme has been stopped due to the COVID-19 outbreak.

#### 38: Time to initial assessment for patients arriving by ambulance (95th percentile)

The target of initial assessment within 15 minutes was missed in March 2020 (95th percentile 17 minutes). This is the third consecutive month that the target has been missed since March 2019. There were 14 ambulance arrivals to Minor Injury and Illness Units and three arrivals were recorded as in excess of 15 minutes (Cirencester Hospital 2, Stroud 1). Validations have not been provided by the service due to the COV-19 outbreak. This performance is within SPC chart control limits.

#### 80: SUS+ (Secondary Uses Service) Data Quality Validity (available in arrears)

Performance has improved following resubmission of data. Latest report from NHS Digital shows performance of 88.9% compared to target of 96.3%. There are a number of data quality issues within the Emergency Care Data Set data (missing investigation and treatment codes) and Admitted Patient Care Data Set (missing clinical coding diagnoses) which will be reviewed to improve future performance.

#### 82: Proportion of eligible children who receive vision screens at or around school entry

The monthly trajectory of children to receive vision screens in March 2020 has not been achieved however cumulative position is ahead of internal trajectory.

#### **Additional Commentary for 31c & 31d & 82**

Previous month's commentary for non-compliance: The service have acknowledged that the threshold set for the year to date (50%) was much higher than the same period in 2018/19 (35%) and with hindsight was too ambitious. The rationale for this was to try and finish the programme earlier to allow more time for data cleansing before submission to NHS Digital. However, this meant completing half of the programme within the first 3 months (November to January) which has not been achieved.

It should also be noted that 2 Health and Wellbeing Assistants will be leaving posts in January and February. There will be a gap between leavers and new starters being trained and competent. Consequently the threshold may be missed in the coming months.

#### **83: Number of AnteNatal visits carried out**

The target based on 2018/19 outturn (92) was not achieved in March (58).

Previous month's commentary for non-compliance: A significant number of failed visits have been recorded in February. This is being reviewed to establish reasons.

#### **84: Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor**

The target (95%) was not achieved in March (92.2%). 438 out of 475 visits were completed within the timeframe.

Previous month's commentary for non-compliance: All babies eligible within this cohort, received an offer of NBV contact or the Health Visitor was aware that the baby was in NICU, who were then visited on discharge which was out of the timeframe.

#### **85: Percentage of children who received a 6-8 weeks review**

The target (95%) was not achieved in March 2020 (85.2%). 405 out of 475 reviews were completed within the timeframe.

Previous month's commentary for non-compliance: All babies eligible within this cohort, received an offer of 6-8 week contact. There was a decrease in the number of initial 'no access' visits as well as a decrease in parents choosing to have their appointments out of timeframe.

#### **86: Percentage of children who received a 9-12 month review by the time they turned 12 months.**

The target (95%) was missed in March 2020 (85.7%). 420 out of 490 reviews were completed within the timeframe.

Previous month's commentary for non-compliance: The parents of all children within the cohort were offered the opportunity to receive a 9-12 month review, however there are always a number that decline. Some children were not brought to the first booked appointment, therefore the 2nd appointment was out of timeframe because of parental choice. The Community Nursery Nurses forecast the number of clinics that are required to complete developmental reviews in the coming months and add on a 10% margin to allow for DNA's and re-booking. This can be implicated at times if venues are not available.

#### **87: Percentage of children who received a 12 month review by the time they turned 15 months.**

The target (95%) was missed in March 2020 (87.5%). 429 out of 490 reviews were completed within the timeframe.

Previous month's commentary for non-compliance: The parents of all children within the cohort were offered the opportunity to receive a 12 month review, however there are always a number that decline. Some children were not brought to the first booked appointment, therefore the 2nd appointment was out of timeframe because of parental choice. The Community Nursery Nurses forecast the number of clinics that are required to complete developmental reviews in the coming months and add on a 10% margin to allow for DNA's and re-booking. This can be implicated at times if venues are not available.

#### **88: Percentage of children who received a 2-2.5 year review by 2.5 years.**

The target (95%) was missed in March 2020 (81.5%). 469 out of 575 reviews were completed within the timeframe.

Previous month's commentary for non-compliance: The parents of all children within the cohort were offered the opportunity to receive a 2-2.5 year review, however there are always a number that decline. Some children were not brought to the first booked appointment, therefore the 2nd appointment was out of timeframe because of parental choice.

The Community Nursery Nurses forecast the number of clinics that are required to complete developmental reviews in the coming months and add on a 10% margin to allow for DNA's and re-booking. This can be implicated at times if venues are not available. The Health Visiting Service is currently working with Early Years, in order to promote the importance of the 2 year review with an aim of increasing the number of children that are brought to the appointments and to increase the opportunity for public health and developmental advice to be shared with parents.

#### **91: Percentage of infants being totally or partially breastfed at 6-8 weeks (breastfeeding prevalence)**

The target (58%) was missed in March 2020 (51.9%). 249 out of 479 infants were recorded as totally or partially breastfed.

Previous month's commentary for non-compliance: Reasons for not meeting the target include parents declining the review, children moved into the county which would have been seen and had their review at the earliest opportunity, DNA appointments and then rebooked out of timeframe, movement out, parental choice to have review out of timeframe.

#### **92: % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks**

The target (80%) was missed in March 2020 (79.4%). 244 out of 307 mothers were recorded as still breastfeeding at 8 weeks.

Previous month's commentary for non-compliance: Reasons for not meeting the target include parents declining the review, children moved into the county which would have been seen and had their review at the earliest opportunity, DNA appointments and then rebooked out of timeframe, movement out, parental choice to have review out of timeframe.

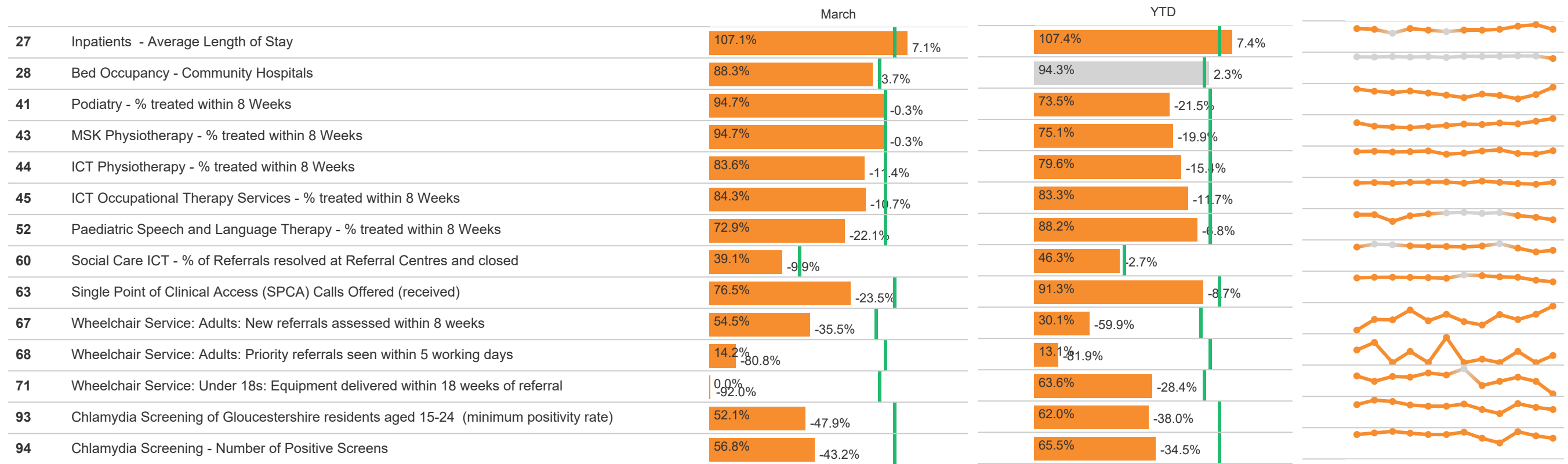
#### **Additional Commentary for 83, 84, 85, 86, 87, 88, 91, 92**

Previous month's commentary for non-compliance: Capacity has been an ongoing issue however the service has now recruited 2.75 WTE Band 6 health visitors. The new starters are in their preceptorship so will be working independently in practice in the coming weeks. The service has an action plan in place to improve reporting covering all key metrics, Public Health Nursing admin are now booking 6-8 week reviews and using text reminders, also promoting the service on social media and on the GHC Health Visiting website page to share the importance of the development reviews.



## KPI Breakdown

### Physical Health Community - Local Requirements Gloucestershire



**Performance Thresholds not being achieved in Month** - Note all indicators with the exception of Indicator 28 Bed Occupancy - Community Hospitals have been in exception previously in 2019/20. This is a direct impact of Covid-19.

#### 27: Inpatients - Average Length of Stay

Average length of stay (AVLOS) has shown a decrease and is now within SPC chart control limits following two months when performance exceeded SPC chart upper control limit. March 2020 AVLOS of 30 days exceeded the threshold based on 2018/19 of 28 days.

The Vale (35.6 days), Cirencester (32.1 days), Tewkesbury (31.6 days), Stroud (28.8 days) and North Cotswolds (28.2 days) all exceeded 28 days (target based on 2018/19).

There were two patients discharged with length of stay over 100 days, one from The Vale (112 days) and one from Cirencester Hospital (107 days).

The number of patients discharged in March 2020 was the highest in 2019/20 (229 compared to average of 187 in previous 11 months) which will have impacted on the AVLOS. It is likely that this was due to the COVID-19 outbreak.

#### 28: Bed Occupancy - Community Hospitals

Bed Occupancy in Community Hospitals has shown a reduction and is now below SPC chart lower control limit. Performance in March was 88.3%, below the threshold of 92%.

This is the lowest level reported in 2019/20 and coincides with the opening of additional beds in Cirencester and Stroud Hospitals as part of the COVID-19 planning. The level of occupancy of the beds was not at the same level that is usually reported.

#### 41: Podiatry - % treated within 8 Weeks

Performance continues to be below 95% target, but improving (94.7% March 2020) however has not been achieved since March 2019. 27 out of 515 patients were seen outside of 8 weeks.

Previous month's commentary for non-compliance: the current action plan, has a focus on three main areas:

1. SystemOne process review and redesign to improve data quality and performance reporting.
2. Review and redesign care pathway by speciality level to improve efficiency including;
3. Redesign of workforce model based on demand and capacity modelling.

#### 43: MSK Physiotherapy - % treated within 8 Weeks

Performance remains below target (95%) at 94.7% in March 2020. 63 out of 1,197 patients were seen outside of the 8 week target.

Previous month's commentary for non-compliance: Ongoing discussions continue regarding the mismatch of demand versus capacity, noting this is a similar issue across both Community MSK therapy providers.



**44: ICT Physiotherapy - % treated within 8 Weeks**

In March 83.6% of patients were seen within 8 weeks compared to target of 95%.  
54 out of 330 patients were seen outside of 8 weeks.

Previous month's commentary for non-compliance: There is an ongoing issue with vacancy recruitment, with overall pressure across all localities. Locum cover now available in some places, new allocations now distributed by management. Locums catch up with patients waiting which in turn affects the longest waiters and Referral to Treatment.

**45: ICT Occupational Therapy Services - % treated within 8 Weeks**

In March 84.3% of patients were seen within 8 weeks compared to target of 95%.  
56 out of 358 patients were seen outside of 8 weeks.

Previous month's commentary for non-compliance: Vacancies, particularly in Gloucester locality and in more junior roles (i.e. Band 5) have also impacted on target achievement. The service has secured clinicians via temporary contract and are actively seeking locums, recognising there is a further 2 years in the re-structuring of the service model to align to the revised commissioning intentions and resources available. Recruitment difficulties continue due to the OT review.

**52: Paediatric Speech and Language Therapy - % treated within 8 Weeks**

The 95% target has been missed in March 2020 (72.9%). 43 out of 159 patients were seen outside of 8 weeks. Performance has dropped below SPC chart lower control limits.

Previous month's commentary for non-compliance: Capacity is an ongoing issue with 2 members of the team currently on maternity leave, a further 2 posts have been vacant since November. Actions include recruitment with 1 new starter commencing in post in March and 1 in June/July and a plan to increase availability of drop-in sessions if accommodation can be sourced.

**60: Social Care ICT - % of Referrals resolved at Referral Centres and closed**

The 49.0% threshold (based on 2018/19) was not been achieved in March 2020 (39.1%) and is below SPC chart control limits.

This measure is an indication of the role of the referral centre in supporting the Adult Social Care demand management strategy. Adult Social Care colleagues and ICT managers are not seeking to actively drive this figure up (or down). A low figure might indicate a failure to signpost away when appropriate; a high figure may suggest failure to properly respond to referrals or perhaps a % of inappropriate referrals. Performance should be 40 – 50%.

Note that when comparing with previous years the 2020 data will be lower due to a change in process, whereby the Adult Social Care helpdesk complete an initial triage of referrals and then send the referrals they consider to be appropriate, rather than referrals being fed to the referral centres via the ERIC system. From January 2020 onwards the ERIC referrals will not be included in these figures.

**63: Single Point of Clinical Access - Calls Offered (received)**

The threshold (based on 2018/19) of 3,279 calls was missed by 768 calls in March 2020. This level of calls is below the SPC chart lower control limit.

**67: Wheelchair Service: Adults: New referrals assessed within 8 weeks**

Target continues to be missed. 6 out of 11 referrals were assessed within the 8 week timeframe.

**68: Wheelchair Service: Adults: Priority referrals seen within 5 working days**

Target continues to be missed. 7 priority referrals were received in March, 1 were seen within 5 working days.

**71: Wheelchair Service: Under 18s: Equipment delivered within 18 weeks of referral**

Target continues to be missed. The one patient who had equipment delivered was provided with this outside of 18 weeks of referral.

**Additional Commentary for 67, 68, and 71**

The wheelchair service has recognised performance and data quality issues which are being addressed through a service recovery action plan. As such it is difficult to confidently comment on this data.

**93: Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)**

The minimum positivity rate for Chlamydia Screening of Gloucestershire residents aged 15-24 continues to be below threshold compared to 2018/19. The rate remains within SPC chart control limits and is close to the recalculated mean.

**94: Number of Positive Screens - GCS and Joint responsibility**

Number of positive screens continue to be below threshold compared to 2018/19. This remains within SPC chart control limits and is close to the recalculated mean. This influences the (reducing) positivity rate (metric 93).

**Additional Commentary for 93 & 94**

A change in coding was introduced in the Sexual Health clinical system in April 2019. This has reduced the number of positive screens, some of which were incorrectly coded previously. However some online positives are still not being recorded correctly and this will continue to be reviewed with the service to improve the reporting.