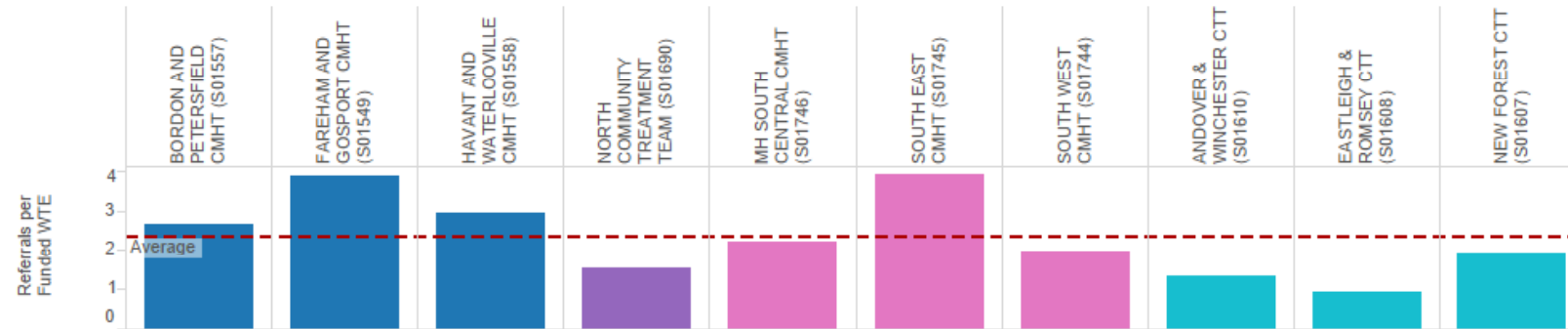


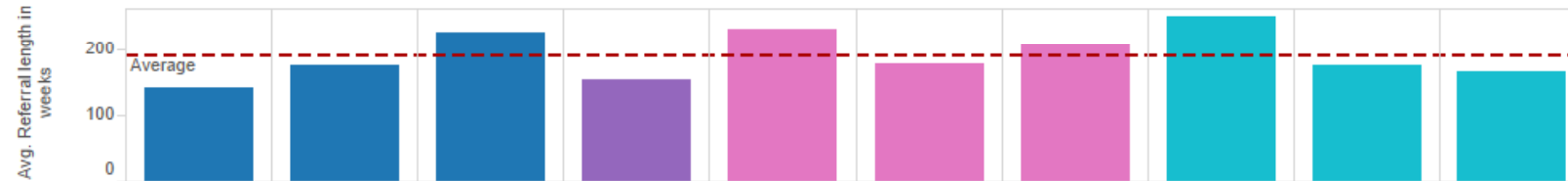
Clinician dashboards

Referral Metrics (for the last complete calendar month)

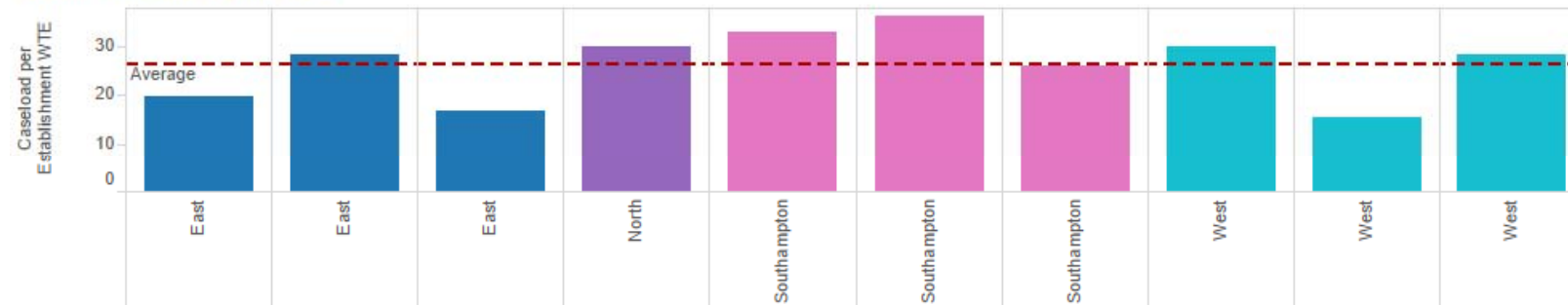
Referrals per Funded WTE



Average referral length (weeks) for the current caseload

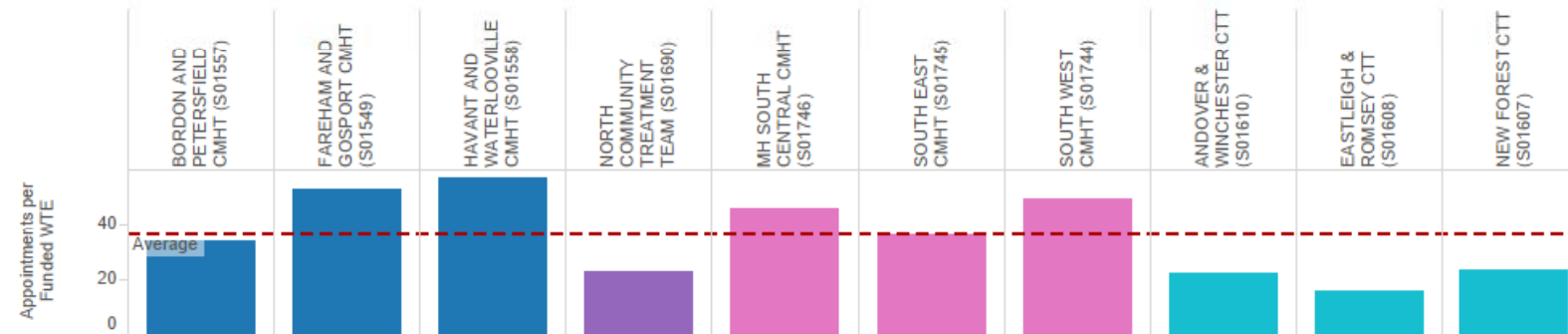


Current Caseload per Funded WTE



Appointment Metrics (for the last complete calendar month)

Attended appointments per Funded WTE



Average appointment duration (minutes)



Average appointments per referral per week



Performance Measures

	East			North	Southampton			West		
	BORDON AND PETERSFIELD CMHT (S01557)	FAREHAM AND GOSPORT CMHT (S01549)	HAVANT AND WATERLOOVILLE CMHT (S01558)	NORTH COMMUNITY TREATMENT TEAM (S01690)	MH SOUTH CENTRAL CMHT (S01746)	SOUTH EAST CMHT (S01745)	SOUTH WEST CMHT (S01744)	ANDOVER & WINCHESTER CTT (S01610)	EASTLEIGH & ROMSEY CTT (S01608)	NEW FOREST CTT (S01607)
Waiting Times : Current waiters (90%)	100.0%	92.3%	95.6%	90.5%	75.7%	76.6%	98.0%	76.8%	89.8%	89.1%
DNA rate (12.5%)	12.9%	13.2%	14.2%	16.8%	13.3%	15.0%	17.0%	12.1%	17.2%	7.3%
CPA 12 month reviews (95%)	100.0%	96.2%	100.0%	97.2%	99.2%	93.3%	98.7%	100.0%	100.0%	97.8%
Mental Health Risk Assessments (95%)	93.7%	97.2%	98.3%	96.0%	89.2%	91.5%	92.8%	96.5%	97.0%	92.6%

Data Quality Measures

Current caseload	333	1,135	551	1,292	1,066	1,163	721	824	379	823
% Caseload not seen in last 52 weeks (0%)	0.3%	0.0%	0.0%	0.2%	0.6%	1.3%	0.1%	0.0%	0.3%	0.0%
CPA 12 month reviews DQ errors (2%)	0%	33%	8%	14%	11%	23%	18%	4%	0%	7%
% Appointments outcomed < 2 days (95%)	75.6%	85.9%	91.9%	90.6%	83.5%	81.6%	85.4%	86.4%	74.7%	63.7%
% Un-Outcomed Appointments (5%)	4.3%	4.0%	1.5%	1.6%	10.5%	9.1%	3.8%	0.9%	3.1%	0.7%
% Un-Validated Progress Notes (2%)	8.6%	5.7%	1.1%	2.1%	4.1%	5.0%	5.9%	3.9%	3.9%	3.3%
% MHSDS Identifiers (95%)	100.0%	99.8%	99.9%	99.7%	99.4%	99.8%	99.5%	99.8%	99.7%	99.7%
% MHSDS Outcomes (60%)	74.7%	85.1%	98.4%	93.4%	81.9%	71.5%	76.6%	93.4%	95.0%	81.5%
% Cluster Recorded (95%)	91.4%	96.6%	97.0%	93.4%	85.8%	80.8%	88.1%	90.7%	92.6%	86.5%

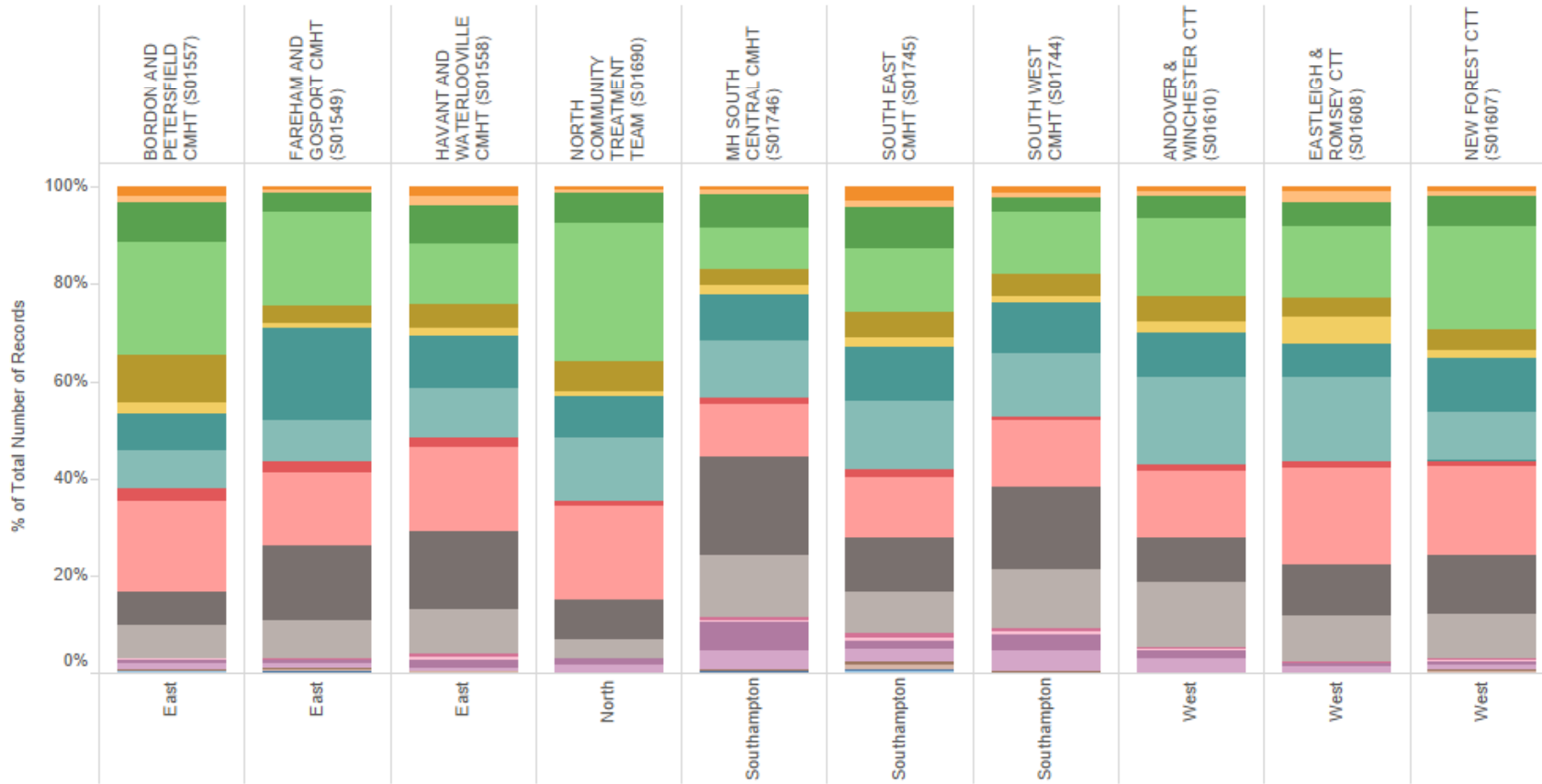
Comparison Measures

Current caseload per Funded WTE	19.86	28.47	16.94	30.22	33.10	36.20	26.12	30.17	15.61	28.45
Referrals last month per Funded WTE	2.7	3.9	3.0	1.5	2.2	3.9	2.0	1.3	0.9	2.0
Average length of current referrals in weeks	141.2	175.5	226.5	154.1	232.0	176.4	207.7	250.0	175.5	165.7
Current caseload per Funded WTE	19.9	28.5	16.9	15.1	33.1	36.2	26.1	15.1	7.8	14.2
Appointments per Funded WTE	33.3	52.2	56.3	22.6	45.2	35.6	49.0	22.3	16.1	23.5
Avg. appointments per referral per week	0.5	0.5	0.7	0.4	0.4	0.3	0.5	0.5	0.6	0.5



Clustering analysis - Current caseload

Profile of current caseloads by current Mental Health Clusters



Cluster colours explained

- P01
- P04
- P07
- P10
- P13
- P16
- P19
- P02
- P05
- P08
- P11
- P14
- P17
- P20
- P03
- P06
- P09
- P12
- P15
- P18
- P21



Outcomes

Home > Ad hoc analysis > Mental Health - Mental Health Outcomes (Secondary Care)

Mental Health - Mental Health Outcomes (Secondary Care)

WORKBOOK • By Langton, Sarah • 113 views • ☆ 0 • Extract: 7 Feb 2017, 15:30

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Sort by Sheet (First-Last)

- Mental Health Outcomes - Completed episode outcomes
20 views ☆ 0
- Mental Health Outcomes - Completed outcome comparison
16 views ☆ 0
- Mental Health Outcomes - Completed Team comparison
15 views ☆ 0
- Mental Health Outcomes - Completed average first and last score comparison
- Mental Health Outcomes - PHQ9 Recovery Rates
12 views ☆ 0
- Mental Health Outcomes - Data Quality completed episode with a single score
12 views ☆ 0
- Mental Health Outcomes - Data Quality number of assessments
13 views ☆ 0
- Mental Health Outcomes - Current caseload validation
9 views ☆ 0
- Mental Health Outcomes - Completed episodes of care validation

08:14
24/02/2017

(All)
Last 24 months
(All)
(All)
(All)

- (All)
 - CORE - 10V1
 - DIALOG Prom
 - EQ-5D-5L Prom
 - GAD - 7
 - H.A.O. PROM
 - PHQ - 9
 - QPR Prom
 - WASAS
-

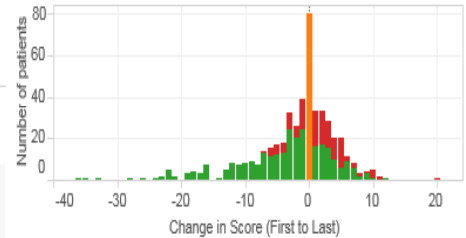
defined as the first and last of 2 or more scores within a completed episode of care (Inpatient - Admission to Discharge, Community - Referral to Discharge allocation discharge).

Improvement is where a patient's last score has improved by a score of 1 or more compared to their first. Deterioration is where a patient's last score has worsened by a score of 1 or more compared to their first. No change is where a patient's last score was the same as their first score.

Analysis of completed episodes of care paired scores for the selected time period

	Deterioration	Improvement	No change
% completed episodes of care paired scores	26.1%	57.5%	16.4%
Discharged paired scores	127	280	80

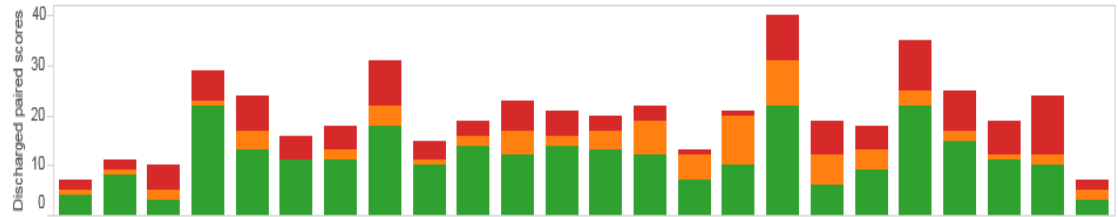
Patient counts by change in score (first to last score)



Patient percentage change status colours explain...

- Improvement
- No change
- Deterioration

Analysis of completed episodes of care paired scores over the last 24 months



Deterioration	29%	18%	50%	21%	29%	31%	28%	29%	27%	16%	26%	24%	15%	14%	8%	5%	23%	37%	28%	29%	32%	37%	50%	29%
No change	14%	9%	20%	3%	17%	11%	13%	7%	11%	22%	10%	20%	32%	38%	48%	23%	32%	22%	9%	8%	5%	8%	29%	
Improvement	57%	73%	30%	76%	54%	69%	61%	58%	67%	74%	52%	67%	65%	55%	54%	48%	55%	32%	50%	63%	60%	58%	42%	43%

Bed management boards

- inpatients by ward, name, Rio number, care coordinator, community consultant, risk levels from risk summary, diagnosis and individual HoNOS scale scores (accommodation indicator).
- Risk level – daily reassessment to identify early discharge
- Diagnosis (100% completion on HES) for pathways, eg identifying BPD on admission & supporting discharge
- HoNOS (93% completion) allows us to know whether accommodation, substance misuse, living skills, physical health, etc, are an issue at the earliest stage so we can plan/monitor interventions to promote discharge.
- New fields:
 - Out-of-area with consultant/telephone number
 - Planned discharge date

Client name	Age	Cons	Care Coord	Admission	Proposed Discharge Date	MHA	Status	Diagnosis	Risk level	MyCrisis Plan	HoNOS													Admission objectives	Plan
											agitation	self-harm	substance	cognitive	phys hth	psychosis	depress	other sym	relnshps	ADL	accom	activity			
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy	Dd/mm/yyyy	Section 3 - Admission for treatment	Occupier	psychosis	medium															Review current medication with the view of commencement of depot medication. - Maintain and manage safety. - Transfer back to xxx when depot medication is of a therapeutic level.	Assessment by xxx
											3	0	9	2	3	3	0	3	2	3	0	2			
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy		Section 3 - Admission for treatment	Leave	EUPD/psychosis									6	1	0	0	2	0		Stabilise and reduce psychotic symptoms, distress and agitation	10 of 12 ECT - on leave
											3	0	0	0	0										
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy			Leave																		
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy			Leave																		
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy	Dd/mm/yyyy		Occupier	bipolar disorder	high															Xxx has been transferred back to Trinity from Huntercombe.	ECT. Physical problems
											3	0	0	2	1	3	0	3	0	0	0	0			
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy		Section 3 - Admission for treatment	Occupier	EUPD	high	Dd-mm														Increased S17 leave with relatives; she feels she is not ready to go out alone yet; agreed to be shadowed by OT staff to help her feel confident about going out alone.	
											0	4	0	0	0	3	2	2	9	0	9	0			
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy			Occupier	EUPD	medium															1) To maintain xxx initial safety 2) To reduce carers burnout	For referral to specialist placement.
											0	0	0	0	0	1	0	0	0	0	0	0			
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy		Section 3 - Admission for treatment	Occupier	psychosis	low-moderate															reduce quetiapine to 50mg BD, continue other meds as charted: 1 hour unescorted leave to start with, 2 hours leave with Mother	
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy		Section 3 - Admission for treatment	Occupier	BAD	low															none	leave and nearing discharge
											0	0	0	0	0	0	2	0	0	1	0	1			
	Nn years	Dr Bloggs		Dd/mm/yy			Occupier	Psychosis	low															Assess mental state and treat if needed.	Xxxx would like to know when xxx is being discharged so she can arrange accommodation and support for her. Xxx would like an update on xxx care at point of discharge.
											3	9	9	9	9	3	9	3	9	9	9	2	9		
	Nn years	Dr Bloggs		Dd/mm/yy		Section 2 - Admission for assessment	Occupier	psychosis	medium															Why admitted? Non-compliant with medication in community	NFA - contact with xxxx
											2	0	9	0	9	3	0	2	9	2	9	3			
	Nn years	Dr Bloggs		Dd/mm/yy			Occupier	acute psychosis	medium															assessment of mental state; stressed with divorce/abdo pain	antipsychotic
	Nn years	Dr Bloggs		Dd/mm/yy			Occupier	Depression	high															Maintain immediate safety; Medical review and titration of medication; Further assessment in a safe environment; Exploration of triggers leading to relapse in order to develop WRAP and Crisis plans.	Xxx is going home to test the water.
											0	4	4	0	0	0	4	0	0	1	0	1			
	Nn years	Dr Bloggs		Dd/mm/yy		Section 3 - Admission for treatment	Occupier	bipolar disorder/dmg related psychosis	low															Deemed acute ready on 14/02/17 – transferred to xxxx.	Leave - Cco delay
											1	0	0	0	0	0	0	0	0	0	0	2	2		
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy			Occupier	psychosis	low															Further assessment physical and mental state; Review treatment plan	Best interests re accommodation ?flat with care package
											2	0	0	2	4	1	3	1	3	4	4				
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy	30 January 2017	Section 3 - Admission for treatment	Occupier	psychosis & depression	low															Further assessment mental state: Review treatment plan	ECT Refer to xxxx
											4	0	2	2	0	3	2	3	3	3	2	2			
	Nn years	Dr Bloggs	OTHER, AN	Dd/mm/yy		Section 3 - Admission for treatment	Occupier	EUPD	high															Transfer from xxxx – informal admission – transfer as she was in vulnerable position in relation to other patients in xxx.	high cost placement referral
											2	3	3	0	3	2	2	0	2	0	3	0			
	Nn years	Dr Bloggs		Dd/mm/yy		Section 3 - Admission for treatment	Occupier	EUPD	medium	no														medication review. currently on quetiapine. it is noted that xxx has always had poor compliance with this. she attributes this to side effect of feeling heavy and sedated. As yet xxx has denied trying any other alternative; for further assessment of mood mental state and risk; a brief period of stability in order to reduce current level of chaos; to enable the family to recharge and reduce the risk of burnout, therefore a period initially negotiated with xxxx and the family of 3-5 days.	Not specified - homeless, substances, self-harm
											3	9	2	0	0	9	2	3	3	3	3	3			

Risk factors for suicide

Demographic factors

- Male
- Increasing age
- Low socioeconomic status
- Unmarried, separated, widowed
- Living alone
- Unemployed

Background history

- Deliberate self-harm (*especially with high suicide intent*)
- Childhood adversity (*eg. sexual abuse*)
- Family history of suicide
- Family history of mental illness

Clinical history

- Mental illness diagnosis (*eg. depression, bipolar disorder, schizophrenia*)
- Personality disorder diagnosis (*eg. borderline personality disorder*)
- Physical illness, especially chronic conditions and/or those associated with pain and functional impairment (*eg. multiple sclerosis, malignancy, pain syndromes*)
- Recent contact with psychiatric services
- Recent discharge from psychiatric in-patient facility

Psychological and psychosocial factors

- Hopelessness
- Impulsiveness
- Low self-esteem
- Life event
- Relationship instability
- Lack of social support

Current 'context'

- Suicidal ideation
- Suicide plans
- Availability of means
- Lethality of means

Risk factors for violence

Demographic factors

- Male
- Young age
- Socially disadvantaged neighbourhoods
- Lack of social support
- Employment problems
- Criminal peer group

Background history

- Childhood maltreatment
- History of violence
- First violent at young age
- History of childhood conduct disorder
- History of non-violent criminality

Clinical history

- Psychopathy
- Substance abuse
- Personality disorder
- Schizophrenia
- Executive dysfunction
- Non-compliance with treatment

Psychological and psychosocial factors

- Anger
- Impulsivity
- Suspiciousness
- Morbid jealousy
- Criminal/violent attitudes
- Command hallucinations
- Lack of insight

Current 'context'

- Threats of violence
- Interpersonal discord/instability
- Availability of weapons

Risk level

- **Low** – no significant current indicators of risk
- **Medium** – current indicators of risk are present, but the risk outcome is unlikely to occur unless additional risk factors intervene
- **High** – current indicators of risk are present, suggesting that the risk outcome could occur at any time

Tableau – currently provides data on completion of risk assessment within past year (completion rates now above 95%)

Community clinician board

- Patient by Name, Rio number, ward, care coordinator, GP & practice
- Risk levels from risk summary (self & others)
- Diagnosis/pathway
- Individual HoNOS scale scores & PROM/PREM (date)
- Pathway achievements (e.g. NICE quality standards for psychosis)
 - Last physical health review
 - CBT/DBT (& brief interventions, e.g. ECS, WIT & Insight/PSI)
 - Family work (& PSI) & Carer psychoeducation
 - Medication - Clozapine considered/HDAT
 - Employment status
- Last review by CCo & medic date