

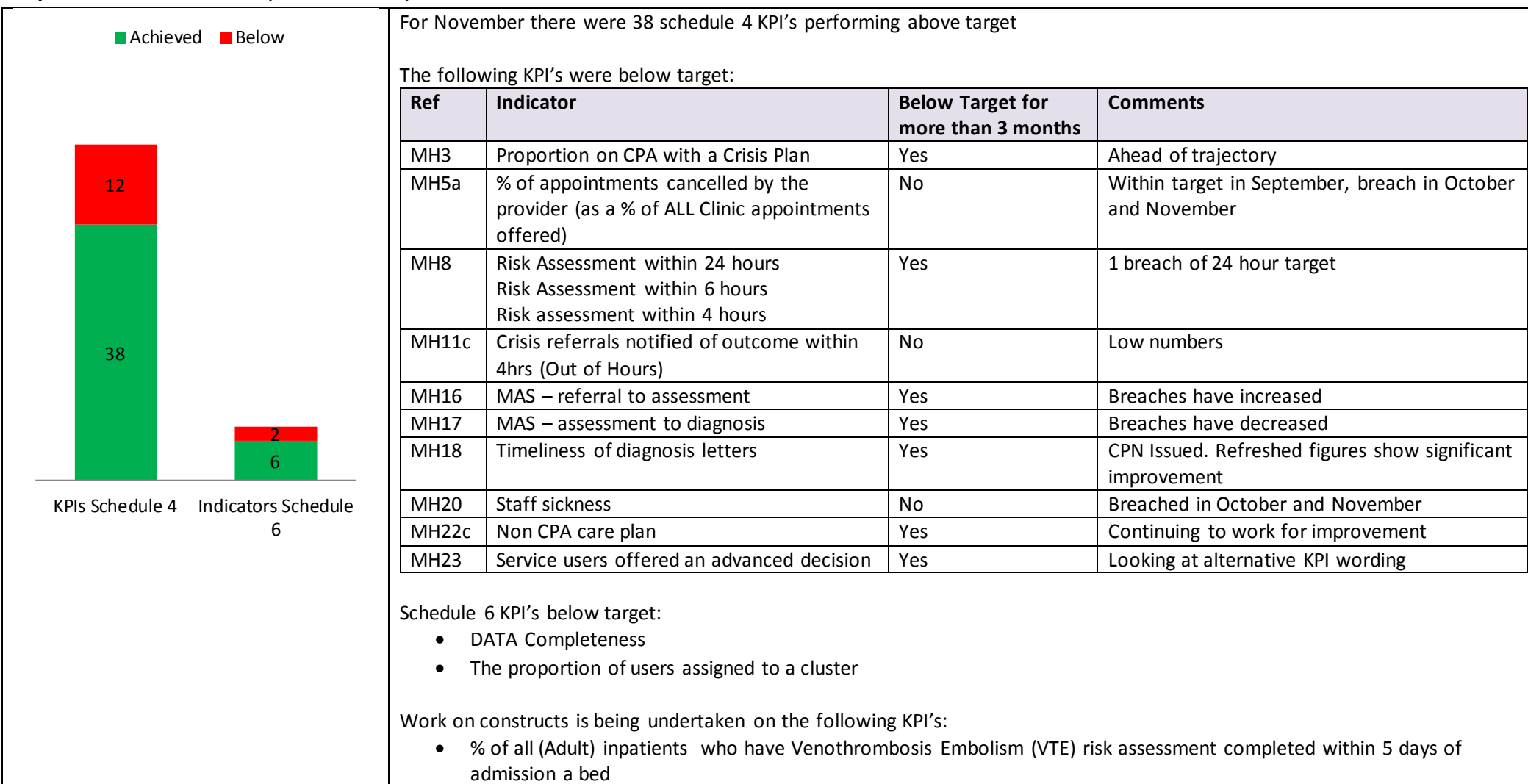
South Essex Mental Health Commissioning Reporting
November 2018 Hotspots

1.0 Introduction

The purpose of this report is to provide a summary of the current KPIs and service activity performing below target.

2.0 SUMMARY

Key Performance Indicators (Schedule 4 & 6)



Activity YTD below target by more than 10%

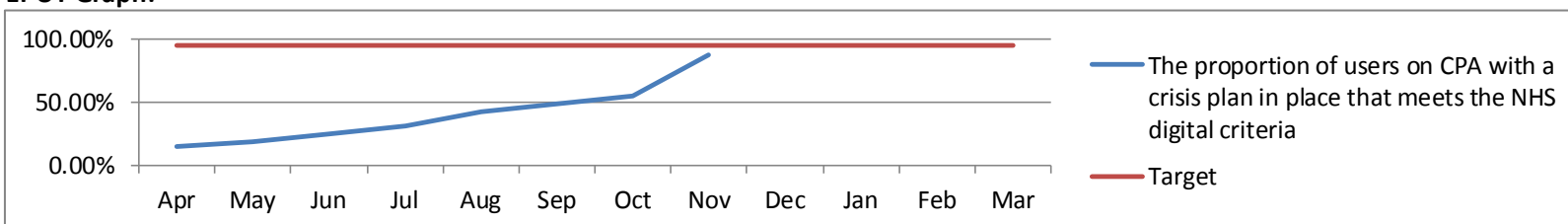
| 2017-18 EPUT Mental Health Activity schedule (CTRG) | EPUT | | | |
|-----------------------------------------------------|----------------------|-----------------------|-------|------------------------------------------------------------------------------------------------------------|
| | Nov | YTD | YTD % | Comments |
| First Response | 705 (target 939) | 6233 (target 7508) | 83% | FRT activity should not be reviewed alone as linked with RWB. RWB and FRT together are 13% above target. |
| OP CMHT | 917 (target 1226) | 8010 (target 9808) | 82% | Remains below target. However Memory service activity has continued to increase and is currently 86% above |

| | | | | |
|------------------------------------------|---------------------|-----------------------|-----|----------------------------------------------------------------------------------------------|
| | | | | target. |
| Com Rehabilitation (Rehab Recovery Team) | 208 (target 414) | 1294 (target 3312) | 39% | Remains below target. This service is now part of IOT and work underway to change reporting. |
| Psychotherapy | 336 (target 784) | 2627 (target 6273) | 42% | APN issued |
| Specialist PD | 336 (target 784) | 473 (target 1665) | 28% | APN issued |
| Eating Disorder Total | 442 (target 506) | 2794 (target 4045) | 69% | CPN issued and Spec being revised |

3.0 Schedule 4 KPI's below target (overall trend below target)

| KPI | Threshold | 17/18 OT | Sep 18 | Oct 18 | Nov-18 | Trend | CCGs |
|-----------------------------------------------------------------------------------------------------------|-----------|----------|--------|--------|--------|-------|--------------------------------------------|
| MH3 The proportion of users on CPA with a crisis plan in place that meets the NHS digital criteria | 95% | 12.19% | 49% | 55% | 87% | ↑ | BB: 80% CPR: 92% SOS: 87% TH: 90% |

EPUT Graph:



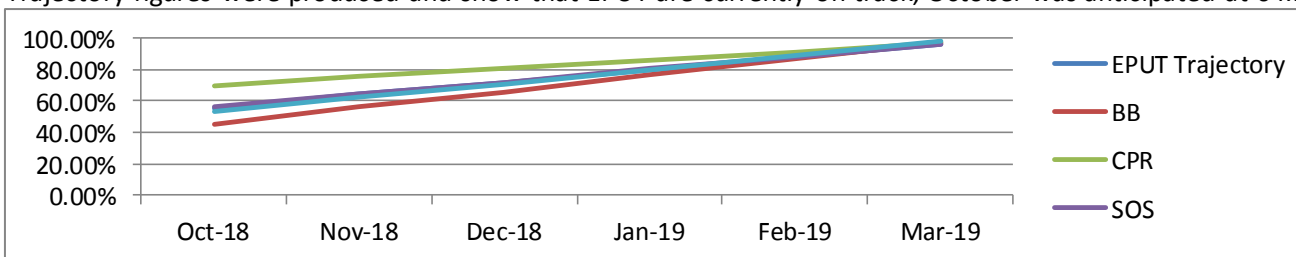
Comments

Performance is improving month on month overall and for each CCG ahead of trajectory. As at 5th December target reaches 99%. Commissioners have reviewed the requests for the construct exclusion criteria and have agreed to support the following exclusions:

- All patients whose first contact with EPUT is for inpatient dementia care
- All patients only open to older people in patient service (as first contact with services)

Trajectory Graph from Oct18 – Mar-19:

Trajectory figures were produced and show that EPUT are currently on track, October was anticipated at 64.29% therefore EPUT are ahead of trajectory.



| Action Plan | Lead | Timescale | Progress |
|---------------------------------------------------------------------------------|------|-----------|--------------------------------------------------------------------------------------------------|
| 1. Crisis plan to be embedded in eCPA care plan to assist with staff completion | JL | June 2018 | Complete: The hyperlink has now been embedded in the form. |
| 2. National comparison to be undertaken | NJ | June 2018 | Complete. Performance for England is 11% and EPUT are in fact one of the best performers at 42%. |

| | | | |
|---------------------------------------------------------------------------------------------------------|----|-----------|----------------------------------------|
| 3. Operational staff to complete crisis plan at next patient appointment (where clinically appropriate) | SW | Ongoing | Complete and now business as usual |
| 4. EPUT to review if a trajectory can be developed | NJ | August 18 | Complete and shared with commissioners |

| KPI | Threshold | 17/18 OT | Sep 18 | Oct 18 | Nov 18 | Trend | CCGs |
|--------------------------------------------------------------------------------------------------|------------------------------------------|----------|--------|--------|--------|-------|-----------------------------------------|
| MH8 Risk Assessment inc Risk Management plan in place within 24 / 6/ 4 hours of admission | 100% within 24 hours | 96.72% | 97% | 99% | 99% | ↑ | BB: 100% TH: 100% CPR: 100% SOS: 97% |
| | 95% within 6 hours (Ass Unit) - DQIP | | 94% | 85% | 91% | ↑ | BB: 100% TH: 73% CPR: 100% SOS: 80% |
| | 95% within 4 hours (exc Ass Unit) - DQIP | | 81% | 83% | 85% | | BB: 93% TH: 75% CPR: 89% SOS: 75% |

| |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Comments |
| There was 1 reported breach for the 24 hour KPI in October: <ul style="list-style-type: none"> Investigation has found there was no risk assessment completed on the risk assessment paperwork (form 2.1), however a handover document was completed that identified the person's risk. |

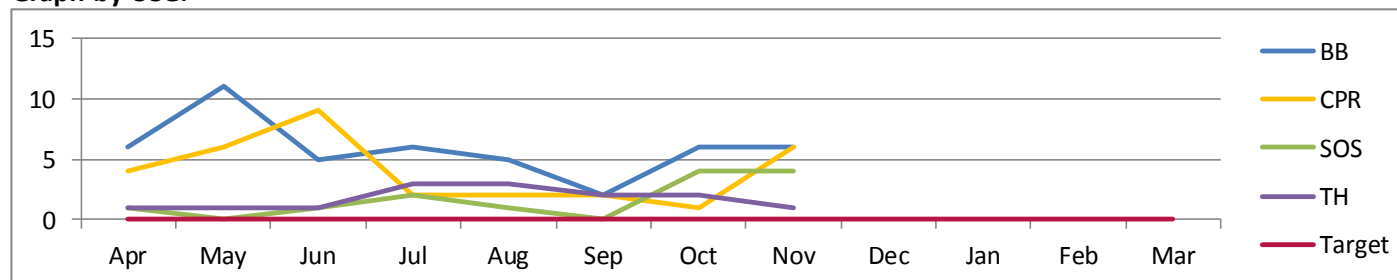
| Action Plan | Lead | Timescale | Progress |
|---------------------------------------------------------------------------------------------------------------------|------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Senior staff to continue to remind staff these must be completed | Operations | Ongoing | Reminded staff about the use of 2.1 |
| 2. Discussion to be held with medical staff regarding recording risk assessment within the MDT risk assessment form | Operations | TBC | Medical Director has been informed of this issue. Medical Director to raise with Clinical Directors to ensure they follow the correct process. |

| KPI | Threshold | 17/18 OT | Sep 18 | Oct 18 | Nov 18 | Trend | CCGs |
|--------------------------------------------------------------------------------|-----------|----------|--------|--------|--------|-------|-----------------------------------------------------|
| MH11c % Crisis referrals notified of outcome within 4hrs (Out of Hours) | 95% | | 100% | 86% | 93% | ↑ | BB: 100% CPR: 100% SOS: 100% TH: 0% (1 pt) |

| |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Comments |
| In November, there were 14 out of hour referrals of which 1 breached. Narrative to follow Work is underway to look at the best way of reporting this, as there can be difficulty responding to referrers out of hours. |

| KPI | Threshold | 17/18 OT | Sep 18 | Oct 18 | Nov 18 | Trend | CCGs |
|-------------------------------------------------------------------------------------------------|-----------|----------------------|--------|--------|--------|-------|------------------------------|
| MH16 Total Number waiting over 30 working days (6 weeks) from receipt of referral to assessment | 0 | Average 12 per month | 6 | 13 | 17 | ↑ | BB: 6 TH: 1 CPR: 6 SOS: 4 |

Graph by CCG:



Comments

This indicator was previously discussed at the KPI hot spots meeting and agreed that commissioners will review if there is a national threshold. The National guidance quoted was the MSNAP guidance; whilst it does have a 0-6 week standard, this is a category 2 standard so not obligatory. NHSE target for delivering on the 0-6 week pathway remains 2020 however if the proposed clinical model has clinical sign-off we can move to implementation by the end of Q4.

Not all delays are avoidable as some of the delays are based on patient choice and availability, therefore EPUT would like to review the target of 0.

There were 17 breaches in November:

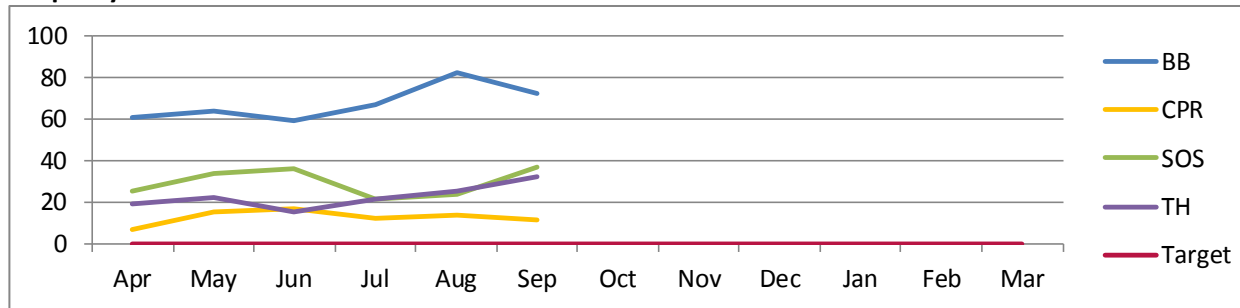
- 3x patient cancelled
- 5x patient choice
- 2x DNA's
- 1x team delay
- 1x assessment booked on 6th December. There was a delay due to not receiving patient consent to assessment, assessment could not be completed until resolved
- 1x assessment rebooked for 14th December. Delay was due to family bereavement
- 1x seen 3rd December. Delay was due to administrative error referral sent to the wrong team.
- 2x to be discharged; 1x patient was accepted by SUH memory clinic and 1x patient did not want to progress, their assessment has subsequently been re-referred and they were assessed on the 4th of December.
- 1x assessment booked 12th Nov. Initial cognitive assessment was booked for 17/10/2018 and changed by the family to allow them to be available to support the patient.

| Action Plan | Lead | Timescale | |
|--------------------------------------------------------------|------|-----------|---------------------------------------------------------------|
| 1. Senior manager to look at quicker ways of getting medical | SR | TBC | EPUT are looking into access to Clinical Record Viewer. There |

| | | | |
|----------------------------------------------------------------------------------|---------------|--|---------------------------------------------------------------------|
| history from GP. Suggested solution access to clinical record viewed on SystmOne | | | are discussions underway around additional smart cards and support. |
| 2. Commissioners to look at national target | Commissioners | | |

| KPI | Threshold | 17/18 OT | Sep 18 | Oct 18 | Nov 18 | Trend | CCGs |
|----------------------------------------------------------------------------------------|-----------|-----------------------|--------|--------|--------|-------|-------------------------------------|
| MH17 Total number waiting over 6 weeks from assessment to diagnosis appointment | 0 | Average 117 per month | 153 | 138 | 137 | - | BB: 78 / TH: 25 CPR: 8 / SOS: 26 |

Graph by CCG:



Comments

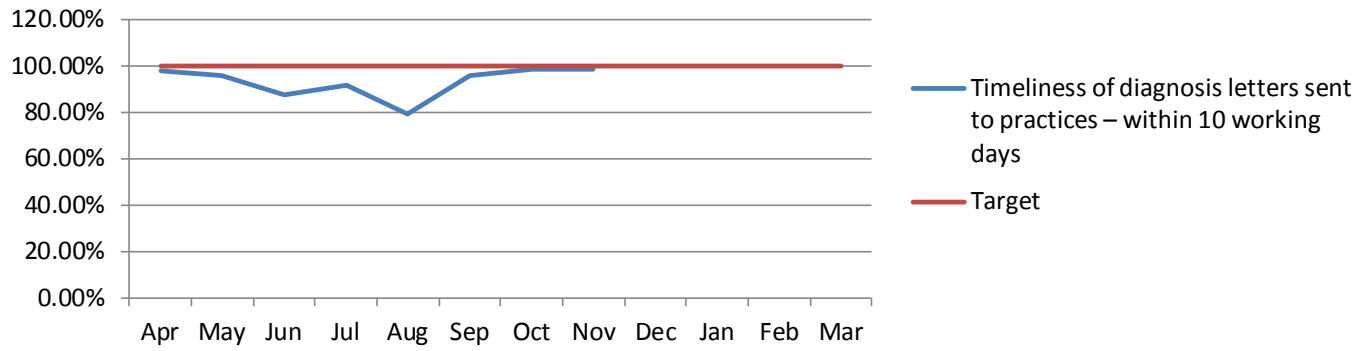
Discussed at the KPI hot spots meeting and agreed that commissioners will review if there is a national threshold. The National guidance quoted was the MSNAP guidance; whilst it does have a 0-6 week standard, this is a category 2 standard so not obligatory. NHSE target for delivering on the 0-6 week pathway remains 2020 however if the proposed clinical model has clinical sign-off we can move to implementation by the end of Q4.

The DDRs are not in the gift of EPUT to deliver alone. The AD for Dementia Frailty and West Community Mental Health continues to be involved in weekly discussions regarding the DDRs for CPR and as a Trust EPUT are actively implementing all of the actions identified in trying to raise them in those areas which are below target. There has been a marked increase in DDR and Southend continues to be above target. It is overall recognised by the CCGs that as a Trust there are no fundamental issues in how we are finding assessing and diagnosing, it is however recognised that there are fundamental issues regarding GPs referring, diagnosing by use of the DiAdem and putting onto the QOF register in a timely manner.

The work of the Transformation Work Stream Diagnostic sub-group continues. The CCGs and EPUT have had 2 further meetings and confirmed that delay is mostly accounted for by wait for scans from the acute providers. It has been identified that there is no leverage that the CCGs can exert to reduce wait times and that alternative providers is not a solution. A collaborative EPUT and CCG document has been drafted with recommendations for an alternative clinical pathway; this is awaiting clinical sign-off. The proposed 6 week pathway is with the clinical leads within the CCG. Internally we are undertaking a series of internal service reconfiguration sessions to enable capacity within our internal systems when approved. Mobilisation within the SE will be initiated in January as scanning is not currently causing delay in that locality.

| KPI | Threshold | 17/18 OT | Sep 18 | Oct 18 | Nov 18 | Trend | CCGs |
|---------------------------------------------------------------------------------|-----------|----------|--------|--------|--------|-------|-----------------------------------------------|
| MH18 Timeliness of diagnosis letters sent to practices – within 10 working days | 100% | 74.32% | 96% | 99% | 98% | - | BB: 100% CPR: 95% SOS: 100% TH: 100% |

EPUT Graph:



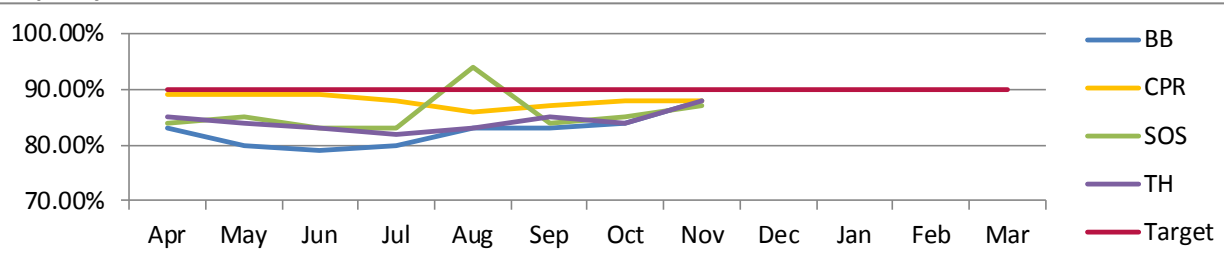
Comments

CPN has been issued, please see RAP update.

Refreshed figures show a significant improvement in the last few months.

| KPI | Threshold | 17/18 OT | Sep 18 | Oct 18 | Nov 18 | Trend | CCGs |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|--------|--------|--------|-------|--------------------------------------------|
| MH22c % of Community Mental Health Service users on NON CPA with a care plan (excluding those in first 28 days of treatment) | 90% | N/A target change | 86% | 88% | 88% | - | BB: 88% CPR: 88% SOS: 87% TH: 88% |

Graph by CCG:



Comments

An audit was undertaken and results were shared with commissioners. Identified via audit of breaches that some areas are not completing the standard non CPA care plan paperwork but adding care plans into correspondence which cannot be counted by the system. Some areas are not required to use the non-CPA care plan template on Mobius at the moment as it was not designed for some areas (for example for those patients attending a Depot well-being clinic such as the one in Southend. The nurse who runs the Southend clinic currently uses a letter template similar to that used by medical staff in outpatients and this is then filed on Mobius under correspondence which means the system is unable to find it for reporting purposes).

The audit found there were some care plans in letters that the system could not count, as well as not counting Psychology and OT care plans. There were also patients identified as breaches under the Forensic services, however those patients should be on CPA. The Forensic patients were discharged and are no longer being counted in the indicator. We are now able to include the Psychology and OT Care Plans as data has been added to PSD tables and script updated to allow us to do this. This construct has now been implemented and figures have been refreshed.

| Action Plan | Lead | Timescale | |
|------------------------------------------------------------------------------------------------------------|------|-----------|-------------------------------------------------------------------------------------------------------------|
| 1. Staff to be reminded to completed correct paperwork | SW | July 2018 | All staff have been written to by locality managers reminding them not to add care plans to correspondence. |
| 2. Weekly exception list review by all ward and team managers | SW | Ongoing | Established |
| 3. Review with all areas adding care plans to correspondence sections to be undertaken | SW | July 2018 | Completed with psychology and OT. |
| 4. Senior Managers to meet with the Mobius Clinical Change Managers to review non-CPA care plan on Mobius. | SW | Sept 2018 | Complete |

| KPI | Threshold | 17/18 OT | Sep 18 | Oct 18 | Nov-18 | Trend | CCGs |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------|--------|-------------|------------------|---------------------------------------------|--------------------------------------------|
| MH23 % of Service Users offered an advanced decision | 25% Q1 50% Q2 75% Q3 100% Q4 | N/A | 24% | 28% | 27% | - | BB: 25% CPR: 26% SOS: 31% TH: 28% |
| Comments | | | | | | | |
| Initial plan developed to meet compliance was to write to all patients offering an advanced decision, however following the first wave of letters sent it was agreed this was not the best approach. Commissioners have agreed this will not continue and EPUT to write a proposal for alternative ways of how we can take this KPI forward. | | | | | | | |
| Action Plan | | | | Lead | Timescale | | |
| 1. Increased communication to all clinical areas | | | | SW | June 2018 | Raised at operational Task and Finish Group | |
| 2. Send service users a letter on the caseload offering them an advanced decision | | | | SW | Oct 2018 | First wave completed but then suspended | |
| 3. Training for staff to be arranged | | | | LB | Nov 2018 | Complete | |
| 4. KPI wording to be reviewed | | | | SW / NJ | Jan 2019 | | |

4.0 Schedule 4 KPI's that were previously hotspots and have now met target

| KPI | Threshold | Sep 18 | Oct 18 | Nov 18 | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|--------|--------|------------------------------------------|
| MH11b - % Crisis referrals notified of outcome within 4hrs (9am-5pm Mon-Fri, or next working day following weekend) | 95% | 85% | 88% | 96% | |
| MH19 Number of patients admitted to the Assessment and Treatment Unit who were not on the "At risk of Admission Register" prior to admission. | 0 | 0 | 1 | 0 | |
| MH22a % of Community Mental Health Services users being seen by FRT with a care plan | 95% | 71% | 91% | 95% | CPN Issued. EPUT have now met target. |

5.0 Schedule 4 KPI's below target (no trend / breaches for less than 3 months)

| KPI | Threshold | Sep 18 | Oct 18 | Nov 18 | Comments |
|----------------------------------------------------------------------------------------------|-----------|--------|--------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MH5a % of appointments cancelled by the provider (as a % of ALL Clinic appointments offered) | 7% | 4% | 9% | 10% | Increased investigated with the following identified as top 3 main reasons: <ul style="list-style-type: none"> • Sickness (48%) • Special / Emergency leave (25%) • Admin error (10%) |
| MH20 Staff sickness | 4.8% | 3.7% | 6.4% | 6.5% | Across EPUT there has been an increase in sickness levels for October and November 2018. This continues to be monitored at executive level. |

6.0 Schedule 6 KPI's below target

| KPI | Threshold | Sep 18 | Oct 18 | Nov 18 | Comments |
|------------------------------------------------------------------------------------|-----------|--------|--------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MH51 DATA Completeness- % of MHMDS Records of adults (18-69) on CPA at month end | 80% | 78% | 75.4% | 77.5% | From validating the breach list, it appears that not every section required on Mobius has been completed when staff have inputted information. Staff have been reminded of the importance of putting an entry in every field. Each month going forward, the breach list will be validated to address and correct the reasons behind this. |
| MH40 The proportion of users assigned to a cluster | 95% | 95% | 95% | 94% | A member of the Operational Performance team has been assigned to this area of performance going forward, to investigate the reasons for the slight dip in Performance and to meet with teams on a regular basis to ensure users are assigned to a cluster on assessment. |

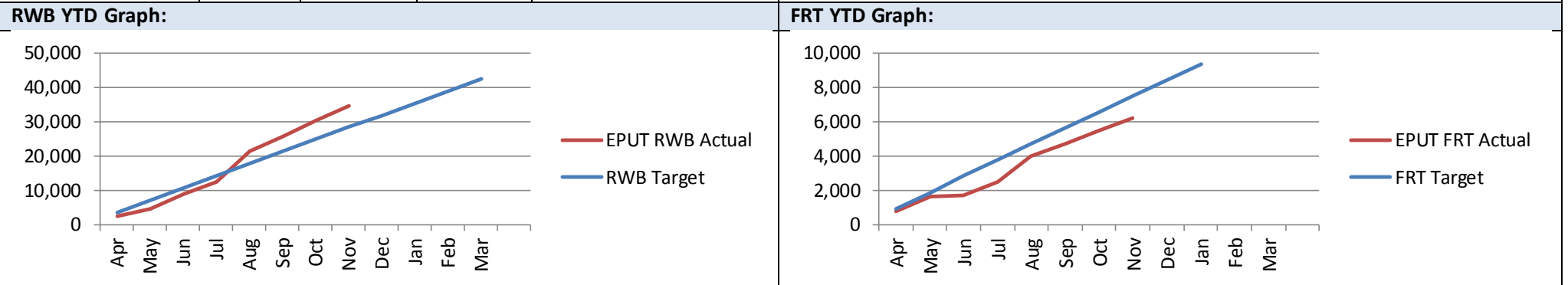
7.0 Schedule 6 KPI's that were previously hotspots and have now met target

None for November 2018

8.0 Schedule 2 Activity

8.1 Recovery and Wellbeing and First Response Teams

| Service | Activity (Monthly) | | | CCGs below Nov 2018 | Comments |
|------------------------------|--------------------|--------------|-------|---------------------|---------------------------------------------------------------------------------------------------------------------|
| | Target | Month Figure | Trend | | |
| Recovery and Wellbeing (RWB) | 3552 | 4089 | ↑ | TH | Activity for recovery and wellbeing and first response teams are split into medical, nursing and OT. |
| First Response Teams (FRT) | 939 | 704 | ↓ | All | While FRT activity is below YTD target it should be noted that activity overall for FRT and RWB is 13% above target |



8.2 Psychology

| Service | Activity (Monthly) | | | CCGs below Nov 2018 | YTD Graph |
|-----------------------------------------------|--------------------|--------------|-------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Target | Month Figure | Trend | | |
| Psychology | 453 | 866 | ↑ | None | <p>The graph displays two data series: 'EPUT Psychology Target' (blue line) and 'EPUT Psychology Actual' (red line). The x-axis represents months from April to March, and the y-axis represents activity counts from 0 to 8000. The target line shows a steady, linear increase from approximately 500 in April to 5500 in March. The actual line starts at the same point in April but rises more steeply, reaching 2000 by June, 4000 by August, 4200 by September, 6000 by October, and 6800 by November, demonstrating a significant and consistent over-performance against the target.</p> |
| Comments: | | | | | |
| Psychology remains significantly above target | | | | | |

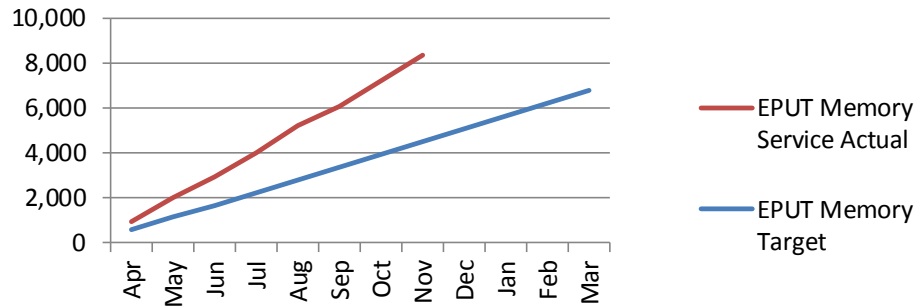
8.3 Crisis and RAID Services

| Service | Activity (Monthly) | | | CCGs below Nov 2018 | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Target | Month Figure | Trend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Crisis Home Resolution Treatment Team (CRHT) | 1351 | 1404 | ↑ | BB | YTD CRHT is 15% above activity target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rapid Assessment, Interface and Discharge (RAID) | 295 | 250 | ↓ | CPR and SOS | YTD RAID is 8% below activity target, under reporting of activity has been identified as the number of referrals seen is less than activity being reported. This has been raised to the Team Manager to review with staff and remind of the importance of activity reporting. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CRHT Graph: | | | | RAID Graph: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <caption>CRHT Graph Data</caption> <thead> <tr> <th>Month</th> <th>EPUT CRHT Actual</th> <th>EPUT Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>1500</td><td>1500</td></tr> <tr><td>May</td><td>4500</td><td>4500</td></tr> <tr><td>Jun</td><td>7500</td><td>7500</td></tr> <tr><td>Jul</td><td>10500</td><td>10500</td></tr> <tr><td>Aug</td><td>13500</td><td>13500</td></tr> <tr><td>Sep</td><td>16500</td><td>16500</td></tr> <tr><td>Oct</td><td>19500</td><td>19500</td></tr> <tr><td>Nov</td><td>22500</td><td>22500</td></tr> <tr><td>Dec</td><td>25500</td><td>25500</td></tr> <tr><td>Jan</td><td>28500</td><td>28500</td></tr> <tr><td>Feb</td><td>31500</td><td>31500</td></tr> <tr><td>Mar</td><td>34500</td><td>34500</td></tr> </tbody> </table> | | | | Month | EPUT CRHT Actual | EPUT Target | Apr | 1500 | 1500 | May | 4500 | 4500 | Jun | 7500 | 7500 | Jul | 10500 | 10500 | Aug | 13500 | 13500 | Sep | 16500 | 16500 | Oct | 19500 | 19500 | Nov | 22500 | 22500 | Dec | 25500 | 25500 | Jan | 28500 | 28500 | Feb | 31500 | 31500 | Mar | 34500 | 34500 | <table border="1"> <caption>RAID Graph Data</caption> <thead> <tr> <th>Month</th> <th>EPUT RAID Actual</th> <th>EPUT Target</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>300</td><td>300</td></tr> <tr><td>May</td><td>600</td><td>600</td></tr> <tr><td>Jun</td><td>900</td><td>900</td></tr> <tr><td>Jul</td><td>1200</td><td>1200</td></tr> <tr><td>Aug</td><td>1500</td><td>1500</td></tr> <tr><td>Sep</td><td>1800</td><td>1800</td></tr> <tr><td>Oct</td><td>2100</td><td>2100</td></tr> <tr><td>Nov</td><td>2400</td><td>2400</td></tr> <tr><td>Dec</td><td>2700</td><td>2700</td></tr> <tr><td>Jan</td><td>3000</td><td>3000</td></tr> <tr><td>Feb</td><td>3300</td><td>3300</td></tr> <tr><td>Mar</td><td>3600</td><td>3600</td></tr> </tbody> </table> | | Month | EPUT RAID Actual | EPUT Target | Apr | 300 | 300 | May | 600 | 600 | Jun | 900 | 900 | Jul | 1200 | 1200 | Aug | 1500 | 1500 | Sep | 1800 | 1800 | Oct | 2100 | 2100 | Nov | 2400 | 2400 | Dec | 2700 | 2700 | Jan | 3000 | 3000 | Feb | 3300 | 3300 | Mar | 3600 | 3600 |
| Month | EPUT CRHT Actual | EPUT Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | 1500 | 1500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 4500 | 4500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | 7500 | 7500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | 10500 | 10500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | 13500 | 13500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | 16500 | 16500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 19500 | 19500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | 22500 | 22500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | 25500 | 25500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | 28500 | 28500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | 31500 | 31500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | 34500 | 34500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | EPUT RAID Actual | EPUT Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | 300 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 600 | 600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | 900 | 900 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | 1200 | 1200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | 1500 | 1500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | 1800 | 1800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 2100 | 2100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | 2400 | 2400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | 2700 | 2700 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | 3000 | 3000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | 3300 | 3300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | 3600 | 3600 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

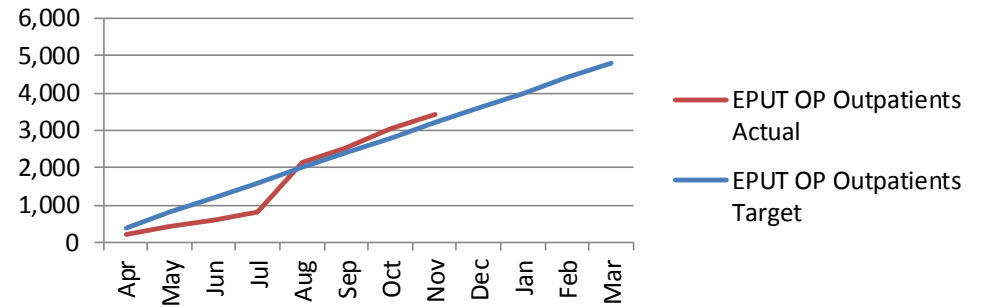
8.4 Older People Services

| Service | Activity (Monthly) | | | CCGs below Nov 2018 | Comments |
|-------------------|--------------------|--------------|-------|---------------------|--------------------------------------------------------------------------------------------------------------------|
| | Target | Month Figure | Trend | | |
| Memory Service | 565 | 1043 | ↑ | CPR | 85% above target YTD |
| DIST (East) | 391 | 758 | ↑ | | 82% above target YTD |
| Care Home Liaison | 343 | 656 | ↑ | SOS | 89% above target TYD |
| OP CMHT | 1226 | 917 | ↓ | BB, SOS, TH | Remains below target. However Memory service activity has continued to increase and is currently 86% above target. |
| OP Outpatients | 400 | 356 | ↑ | BB, CPR, SOS | 7% above target TYD |
| OP Day Care | 167 | 268 | ↑ | BB | 86% above target YTD |

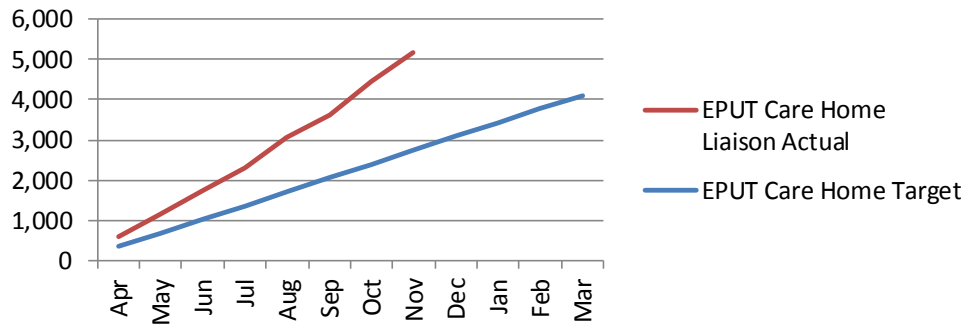
Memory Service Graph:



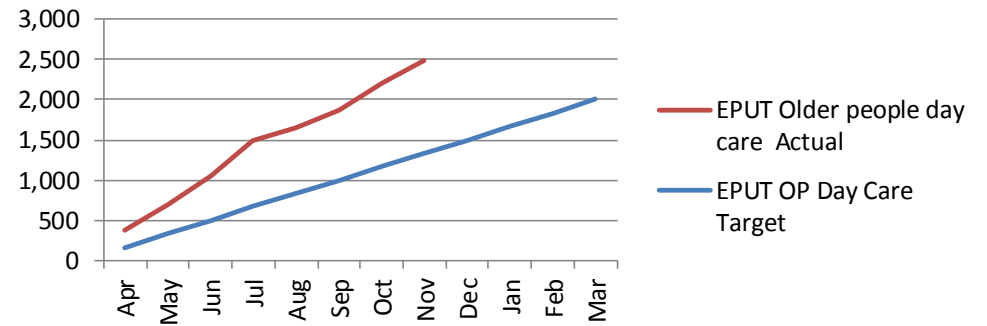
OP Outpatients Graph:

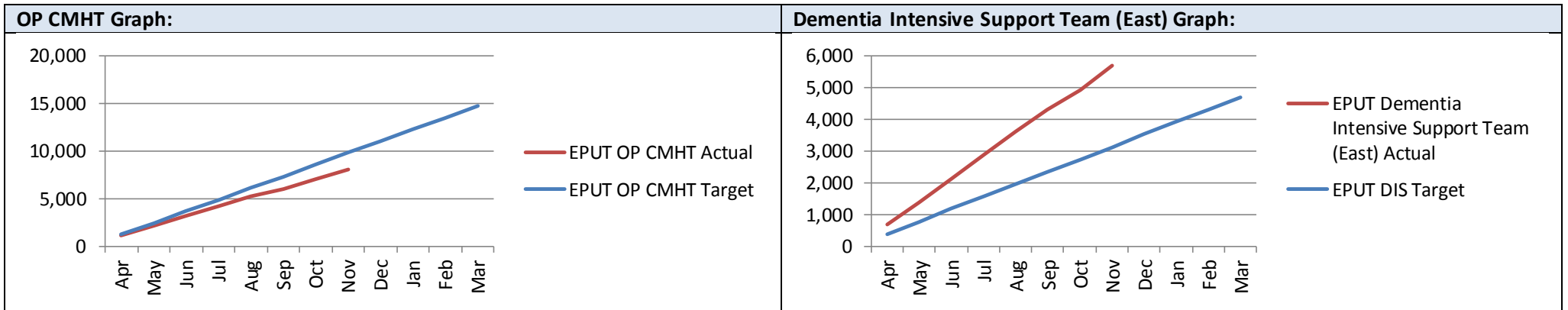


Care Home Liaison Graph:



OP Day Care Graph:



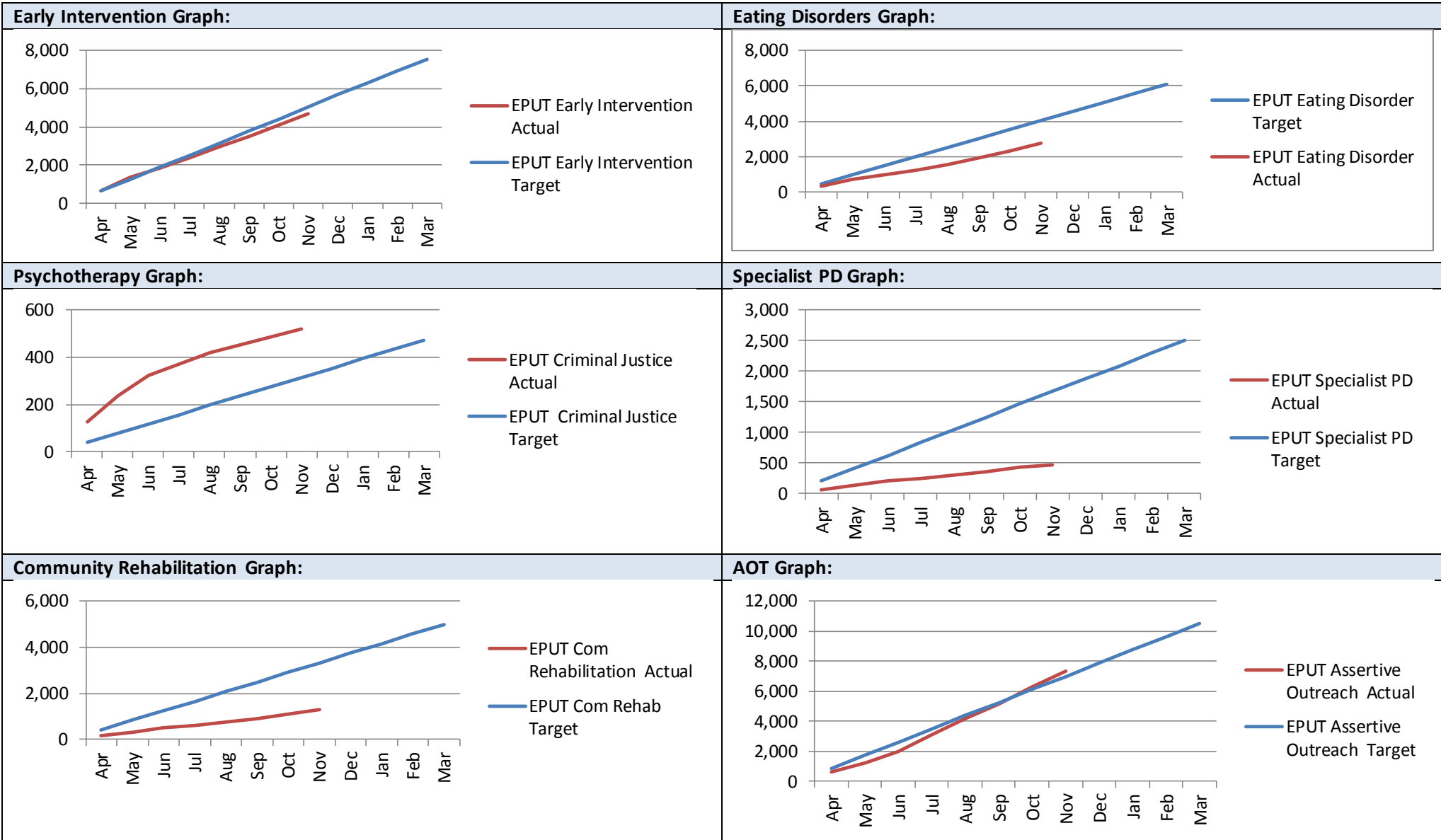


8.5 Asperger's Services

| Service | Activity (Monthly) | | CCGs below Nov 2018 | Comments |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|---------------------|----------------------|
| | Target | Month Figure & Trend | | |
| Specialist Asperger's | 105 | 87 ↓ | BB, SOS, TH | 15% above target YTD |
| Specialist Asperger's Graph: | | | | |
| <p>Y-axis: 0, 500, 1,000, 1,500</p> <p>X-axis: Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar</p> <p>Legend: EPUT Specialist Asperger's Actual (red), EPUT Target (blue)</p> | | | | |

8.6 Other Specialist Services (overall below contractual activity target)

| Service | Activity (Monthly) | | CCGs below Nov 2018 | Comments |
|------------------------|--------------------|----------------------|------------------------|--------------------------------------------------------------------------------------------------------|
| | Target | Month Figure & Trend | | |
| Early Intervention | 630 | 599 ↓ | BB, SOS and TH | 7% below target YTD |
| Eating Disorders | 506 | 442 ↓ | CPR, SOS and TH | CPN open, please see RAP for detailed action plan. Day care is 18% above target. |
| Specialist PD | 208 | 51 ↓ | All below | APN open |
| Psychotherapy | 784 | 336 ↓ | All below | APN open |
| AOT | 873 | 1068 ↑ | SOS | AOT is 5% above target YTD Community Rehabilitation remains below target. |
| Comm Rehabilitation | 414 | 208 ↓ | BB, SOS and TH | These services are now part of IOT and work underway to change reporting (with exception of Thurrock). |



8.7 Inpatient Services

Data by CCG is provided in Appendix 1

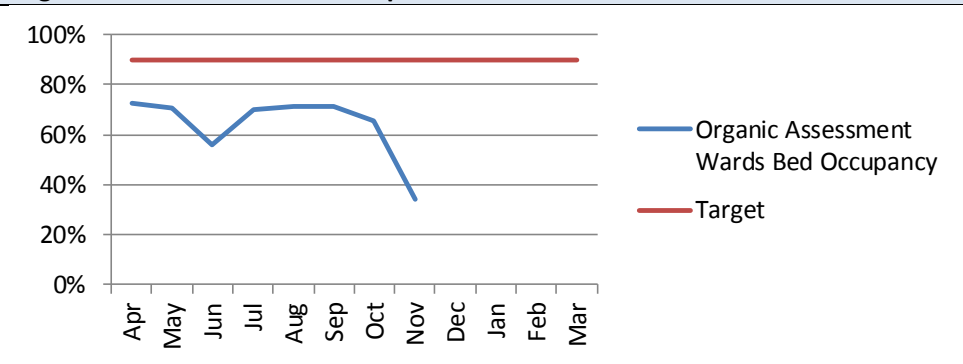
8.7.1 Adult Wards

| Service | Target | % Bed Occupancy | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|-------------------------------------------------------------------------------------------------------|---------------|------------|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|-----|-----|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------|------------|-----|-----|----|-----|----|-----|-----|-----|----|-----|-----|-----|-----|-----|----|-----|----|-----|-----|-----|----|-----|----|----|-----|----|----|-----|----|----|-----|----|----|-----|----|----|
| Adult Inpatients 52 beds (Grangewaters and Cedar) | 85% | 101% | PICU is significantly above target and weekly reports are provided to commissioners who monitor this. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult Inpatients 10 beds (Thorpe) (not commissioned) | N/A | 59% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PICU | 70% | 123% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessment Unit | 60% | 91% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult Inpatients 52 beds (Grangewaters and Cedar) Graph: | | | Adult Inpatients 10 beds (Thorpe) Graph: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <caption>Adult Inpatient (Grangewaters and Cedar) Bed Occupancy Data</caption> <thead> <tr> <th>Month</th> <th>Occupancy (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>100</td><td>85</td></tr> <tr><td>May</td><td>102</td><td>85</td></tr> <tr><td>Jun</td><td>98</td><td>85</td></tr> <tr><td>Jul</td><td>98</td><td>85</td></tr> <tr><td>Aug</td><td>100</td><td>85</td></tr> <tr><td>Sep</td><td>95</td><td>85</td></tr> <tr><td>Oct</td><td>98</td><td>85</td></tr> <tr><td>Nov</td><td>100</td><td>85</td></tr> <tr><td>Dec</td><td>98</td><td>85</td></tr> <tr><td>Jan</td><td>98</td><td>85</td></tr> <tr><td>Feb</td><td>98</td><td>85</td></tr> <tr><td>Mar</td><td>98</td><td>85</td></tr> </tbody> </table> | | | Month | Occupancy (%) | Target (%) | Apr | 100 | 85 | May | 102 | 85 | Jun | 98 | 85 | Jul | 98 | 85 | Aug | 100 | 85 | Sep | 95 | 85 | Oct | 98 | 85 | Nov | 100 | 85 | Dec | 98 | 85 | Jan | 98 | 85 | Feb | 98 | 85 | Mar | 98 | 85 | <table border="1"> <caption>Adult Inpatients (Thorpe) Bed Occupancy Data</caption> <thead> <tr> <th>Month</th> <th>Occupancy (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>60</td></tr> <tr><td>May</td><td>65</td></tr> <tr><td>Jun</td><td>78</td></tr> <tr><td>Jul</td><td>78</td></tr> <tr><td>Aug</td><td>58</td></tr> <tr><td>Sep</td><td>62</td></tr> <tr><td>Oct</td><td>55</td></tr> <tr><td>Nov</td><td>60</td></tr> <tr><td>Dec</td><td>60</td></tr> <tr><td>Jan</td><td>60</td></tr> <tr><td>Feb</td><td>60</td></tr> <tr><td>Mar</td><td>60</td></tr> </tbody> </table> | Month | Occupancy (%) | Apr | 60 | May | 65 | Jun | 78 | Jul | 78 | Aug | 58 | Sep | 62 | Oct | 55 | Nov | 60 | Dec | 60 | Jan | 60 | Feb | 60 | Mar | 60 | | | | | | | | | | | | | |
| Month | Occupancy (%) | Target (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | 100 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 102 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | 98 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | 98 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | 100 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | 95 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 98 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | 100 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | 98 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | 98 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | 98 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | 98 | 85 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Occupancy (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | 78 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | 78 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | 58 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 55 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PICU Graph: | | | Assessment Unit Graph: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Month | Occupancy (%) | Target (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | 125 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 95 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | 105 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | 100 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | 110 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | 115 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 125 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | 125 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | 125 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | 125 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | 125 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | 125 | 70 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month | Occupancy (%) | Target (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | 95 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 95 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | 90 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | 100 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | 90 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | 80 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 85 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | 90 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | 90 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | 90 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | 90 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | 90 | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

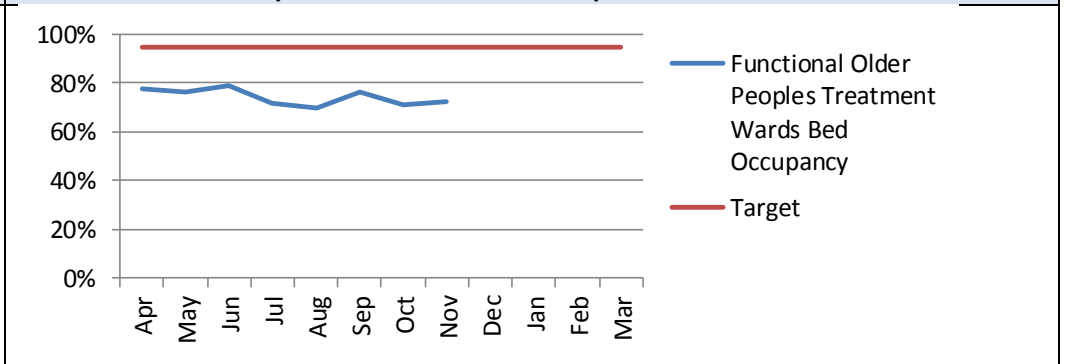
8.7.3 Inpatients – Older People

| Service | Target | % Bed Occupancy | Comments |
|------------------------------------------|--------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organic Assessment Wards | 90% | 34% | <p>The low occupancy rate is a positive move as a result of changes to the way we manage people in the community. This has led to the agreed merger of Meadowview and Maple in November and therefore an adjustment will need to be made to reflect those changes.</p> <p>The November data was particularly low due to the recent ward moves with all patients on Maple ward having to be discharged and increase support in community in order to facilitate the Maple ward closure and prevent transfers from Maple to Meadowview during that November period.</p> <p>Gloucester ward was also moving to Thurrock in November so likewise we reduced admission in November to enable as little disruption as possible to existing patients</p> |
| Functional Older Peoples Treatment Wards | 95% | 73% | EPUT are managing the demand of inpatient beds. |

Organic Assessment Wards Graph:



Functional Older Peoples Treatment Wards Graph:



Report Produced by
Lauren Matthews
 Business Analysis and Reporting Project Manager
 On behalf of

Nicola Jones
AD Business Analysis and Reporting
21st December 2018

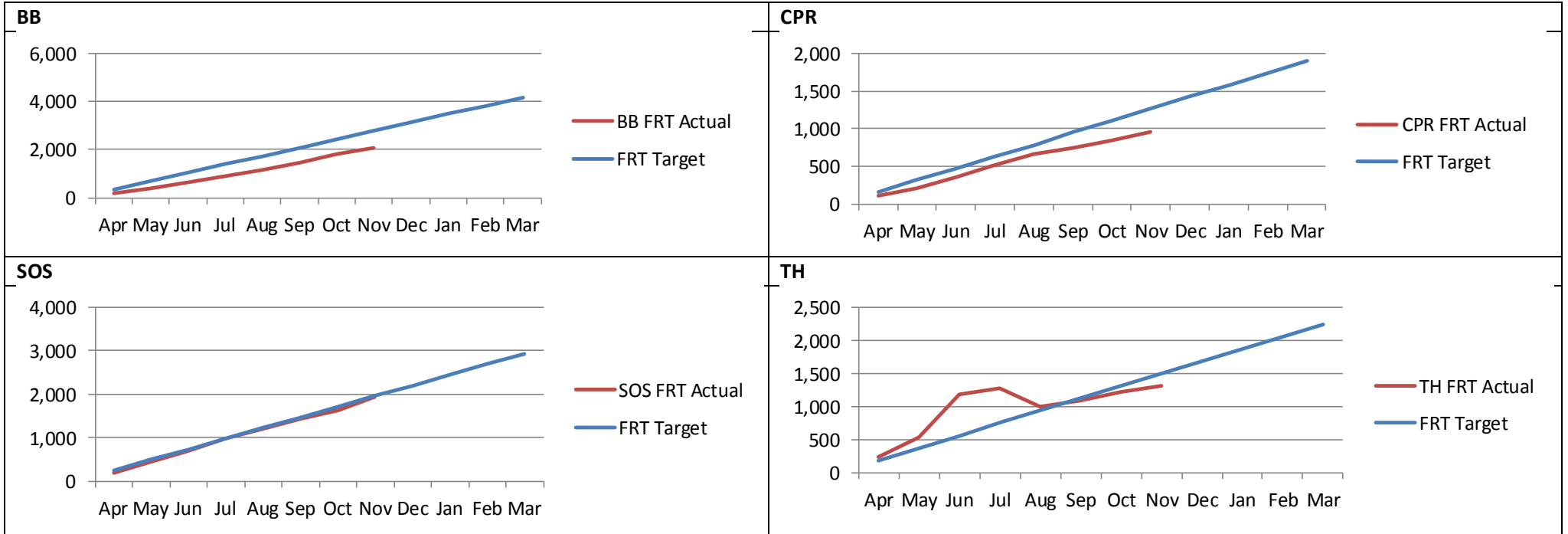
| | Inpatient Beds | 2017-18 Occupancy | BB | | | CPR | | | Southend | | | Thurrock | | |
|----------------------------------------------------------------|----------------------------------------|----------------------|------|------|--|------|------|--|----------|------|--|----------|------|--|
| | No | | Nov | YTD | | Nov | YTD | | Nov | YTD | | Nov | YTD | |
| Adult Inpatients 52 Beds (Grangewaters and CedarWillow) | % occupancy | 85% | | | | | | | | | | | | |
| | Occupied bed days - with leave | | 452 | 3757 | | 489 | 3596 | | 650 | 4903 | | 198 | 1908 | |
| | Average Number of Patients | | 13.0 | 0.0 | | 15.1 | 15.1 | | 19.5 | 19.5 | | 5.2 | 5.2 | |
| | Actual Number of Patients at Month End | | 14 | 14.0 | | 18 | 18.0 | | 18 | 18.0 | | 7 | 7.0 | |
| | Short Term Leave (up to 3 nights) | | 2 | 33 | | 2 | 44 | | 13 | 71 | | 0 | 3 | |
| | Long Term Leave (4 Nights and above) | | 61 | 570 | | 34 | 340 | | 53 | 432 | | 43 | 241 | |
| | Occupied bed days - without leave | | 389 | 3154 | | 453 | 3212 | | 584 | 4400 | | 155 | 1664 | |
| | | | | | | | | | | | | | | |
| PICU 10 Beds (Hadleigh) | % occupancy | 70% | | | | | | | | | | | | |
| | Occupied bed days - with leave | | 159 | 620 | | 55 | 437 | | 102 | 1296 | | 54 | 378 | |
| | Average Number of Patients | | 5.3 | 5.3 | | 1.8 | 0.0 | | 3.4 | 3.4 | | 1.8 | 1.8 | |
| | Actual Number of Patients at Month End | | 4 | 4 | | 1 | 1 | | 3 | 3 | | 4 | 4 | |
| | Short Term Leave (up to 3 nights) | | 0 | 0 | | 0 | 0 | | 0 | 5 | | 0 | 0 | |
| | Long Term Leave (4 Nights and above) | | 0 | 0 | | 0 | 0 | | 0 | 12 | | 0 | 14 | |
| | Occupied bed days - without leave | | 159 | 620 | | 55 | 437 | | 102 | 1279 | | 54 | 364 | |
| | | | | | | | | | | | | | | |

| | Inpatient Beds | 2017-18 Occupancy | BB | | | CPR | | | Southend | | Thurrock | | |
|------------------------------------------------------------------------------------|----------------------------------------|----------------------|-----|------|--|-----|------|--|----------|------|----------|-----|------|
| | No | | Nov | YTD | | Nov | YTD | | Nov | YTD | Nov | YTD | |
| Organic Assessment Wards - 36Beds (Meadowview & Maple) | % occupancy | 90% | | | | | | | | | | | |
| | Occupied bed days - with leave | | 276 | 2534 | | 152 | 2047 | | 132 | 955 | | 12 | 663 |
| | Average Number of Patients | | 6.8 | 0.0 | | | 8.3 | | | 5.1 | | 0.0 | 0.0 |
| | Actual Number of Patients at Month End | | 5 | 5 | | 3 | 3 | | 1 | 1 | | 0 | 0 |
| | Short Term Leave (up to 3 nights) | | 0 | 2 | | 0 | 4 | | 0 | 0 | | 0 | 0 |
| | Long Term Leave (4 Nights and above) | | 72 | 207 | | 0 | 38 | | 0 | 0 | | 12 | 208 |
| | Occupied bed days - without leave | | 204 | 2325 | | 152 | 2005 | | 132 | 955 | | 0 | 455 |
| | | | | | | | | | | | | | |
| Functional Older Peoples Treatment Wards - 49 Beds (Beech & Gloucester) | % occupancy | 95% | | | | | | | | | | | |
| | Occupied bed days - with leave | | 247 | 2795 | | 213 | 2436 | | 448 | 3290 | | 255 | 1188 |
| | Average Number of Patients | | 7.2 | 7.2 | | 7.0 | 0.0 | | 14.0 | 14.0 | | 7.4 | 0.0 |
| | Number of Patients at Month End | | 9 | 9 | | 9 | 9 | | 15 | 15 | | 8 | 8 |
| | Short Term Leave (up to 3 nights) | | 0 | 31 | | 3 | 32 | | 5 | 19 | | 2 | 10 |
| | Long Term Leave (4 Nights and above) | | 32 | 302 | | 1 | 114 | | 23 | 203 | | 31 | 108 |
| | Occupied bed days - without leave | | 215 | 2462 | | 209 | 2290 | | 420 | 3068 | | 222 | 1070 |
| | | | | | | | | | | | | | |

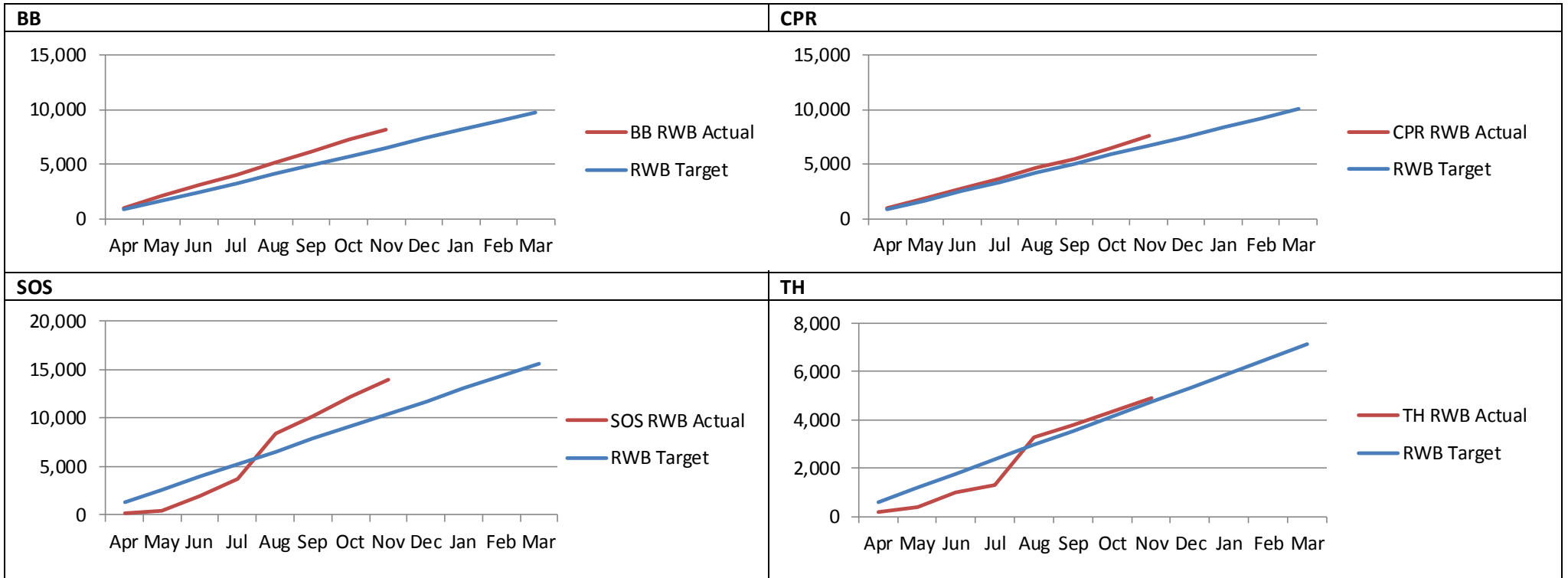
| | Inpatient Beds | 2017-18 Occupancy | BB | | | CPR | | Southend | | Thurrock | |
|--------------------------------------------------------------------------|---------------------------------------------------------|------------------------------|-----------|------|--|------------|-----|-----------------|------|-----------------|-----|
| | No | | Nov | YTD | | Nov | YTD | Nov | YTD | Nov | YTD |
| Assessment - 20 Beds | % occupancy | 60% | | | | | | | | | |
| | No. of Assessments | | 24 | 272 | | 11 | 128 | 29 | 227 | 16 | 138 |
| | No. of discharges of patients with a LOS of over 3 days | | 9 | 118 | | 3 | 52 | 16 | 115 | 10 | 59 |
| | Occupied bed days - with leave | | 185 | 1550 | | 81 | 817 | 174 | 1320 | 106 | 799 |
| | Short Term Leave (up to 3 nights) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| | Long Term Leave (4 Nights and above) | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | 0 |
| | Occupied bed days - without leave | | 185 | 1550 | | 81 | 817 | 174 | 1320 | 106 | 799 |
| | | | | | | | | | | | |
| Adult Inpatients 10 Beds (Thorpe) Non commissioned beds | % occupancy | | | | | | | | | | |
| | Occupied bed days - with leave | | 200 | 1785 | | 32 | 252 | 20 | 550 | 114 | 662 |
| | Average Number of Patients | | 6.4 | 0.0 | | | 1.0 | 0.7 | 0.0 | 3.7 | 0.0 |
| | Actual Number of Patients at Month End | | 6 | 6 | | 1 | 1 | 1 | 1 | 4 | 4 |
| | Short Term Leave (up to 3 nights) | | 4 | 27 | | 0 | 2 | 0 | 3 | 2 | 2 |
| | Long Term Leave (4 Nights and above) | | 5 | 49 | | 0 | 4 | 0 | 0 | 0 | 27 |
| | Occupied bed days - without leave | | 191 | 1709 | | 32 | 246 | 20 | 547 | 112 | 633 |

ACTIVITY GRAPHS BY CCG

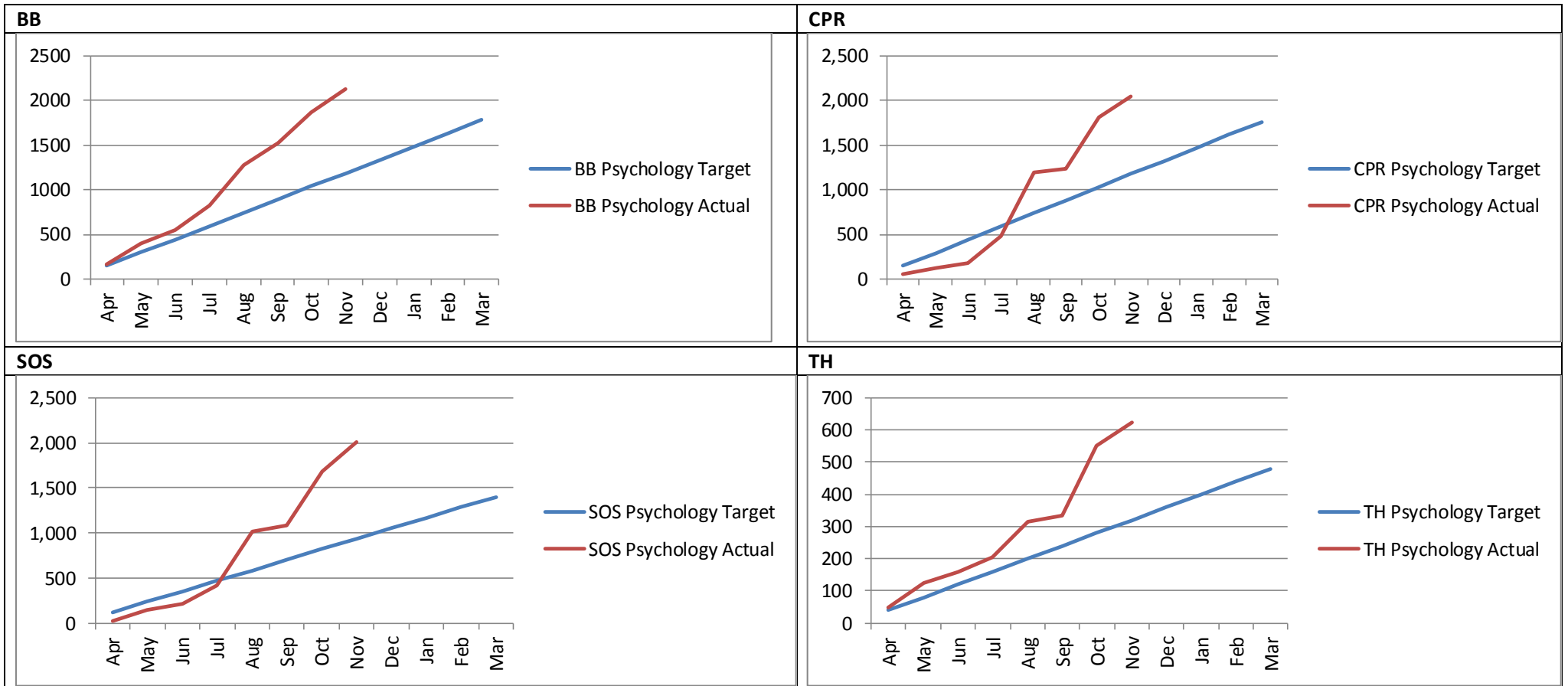
First Response Teams



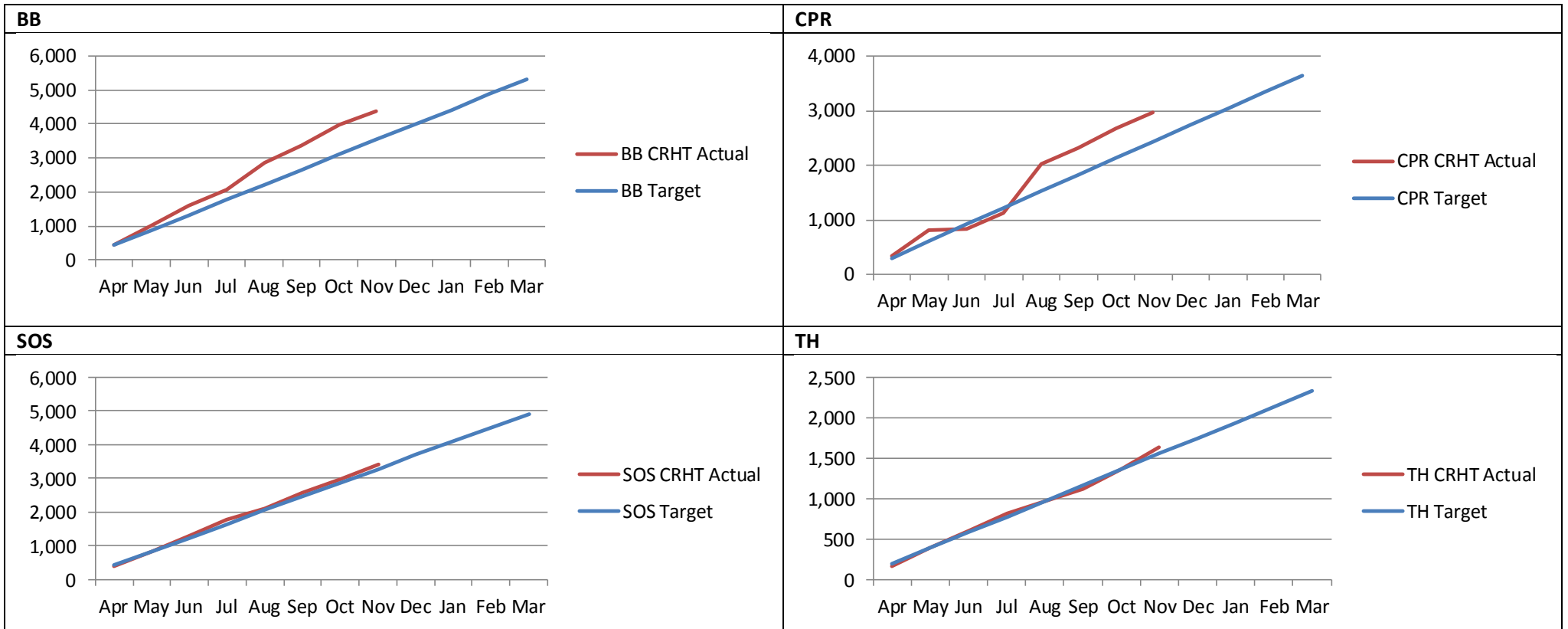
Recovery and Wellbeing



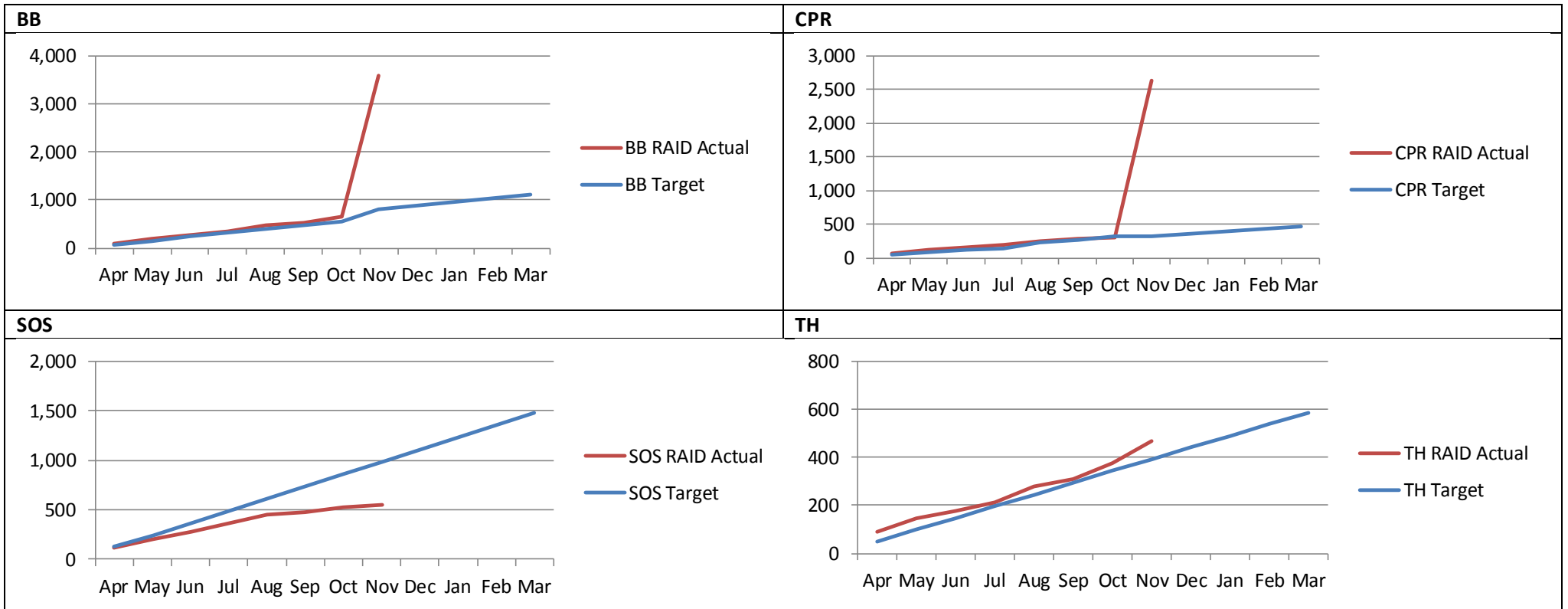
Psychology



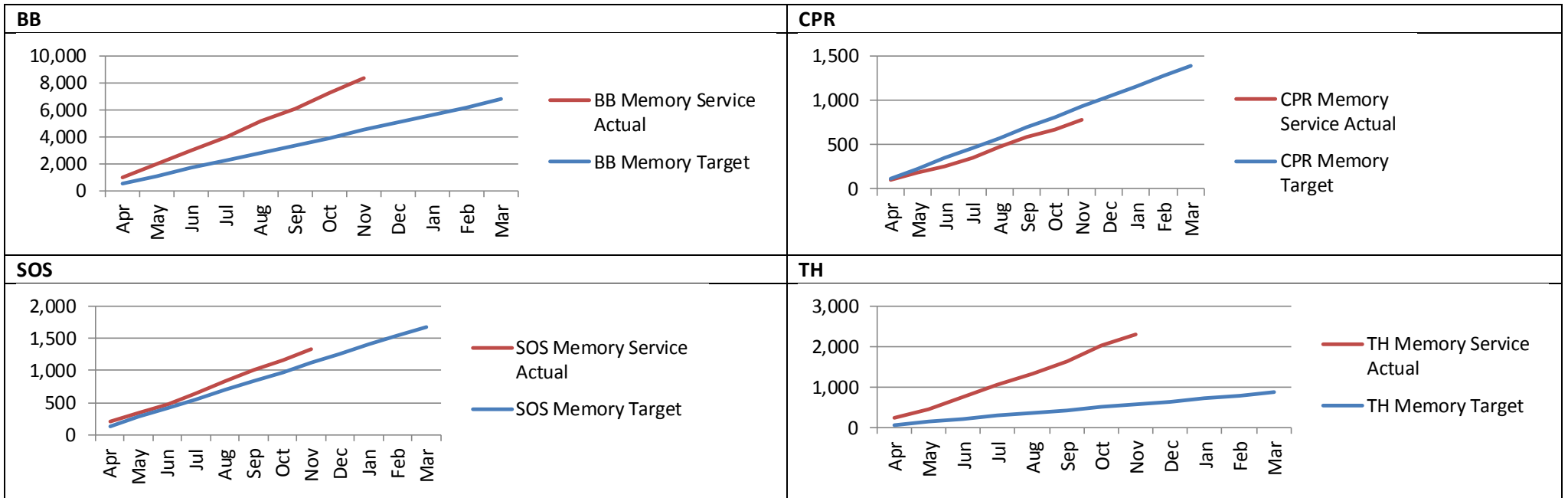
CRHT



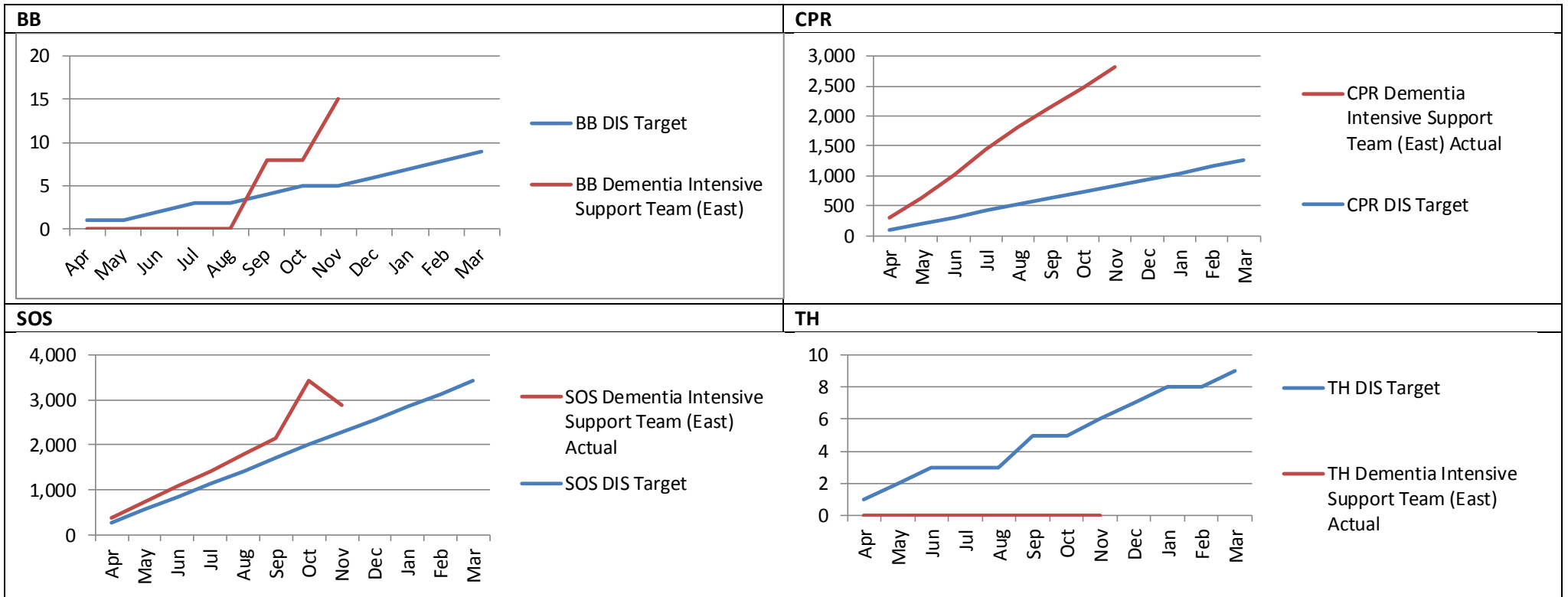
RAID



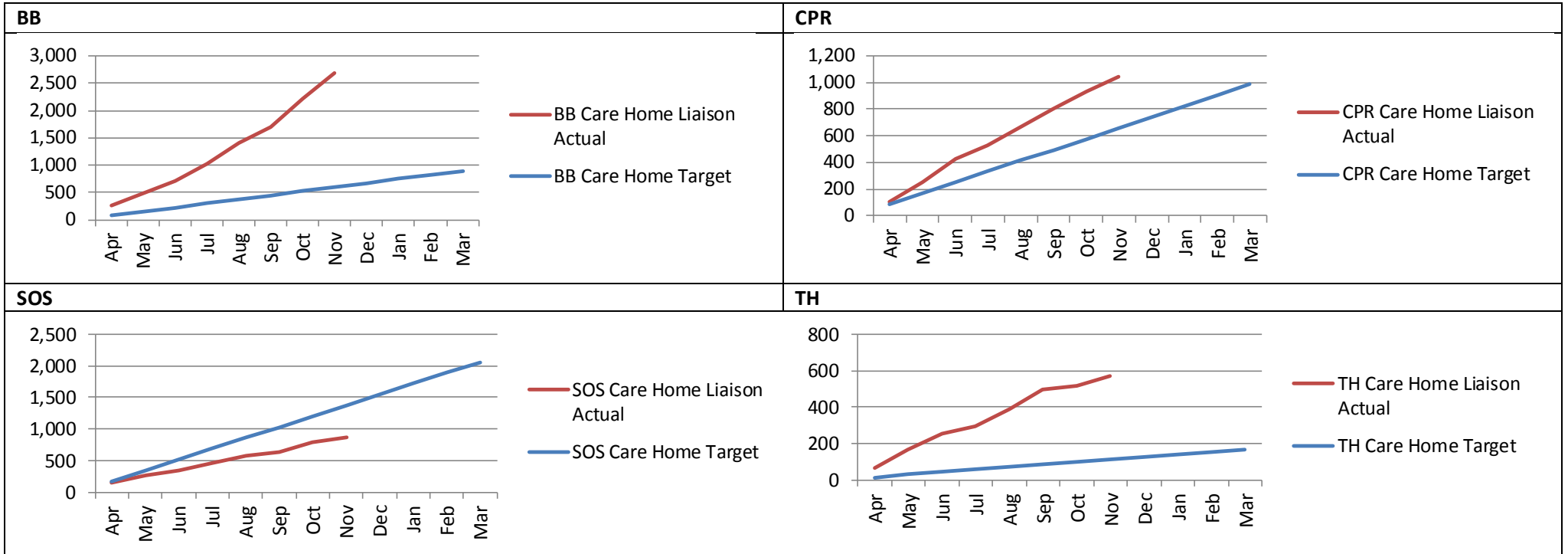
Memory Service



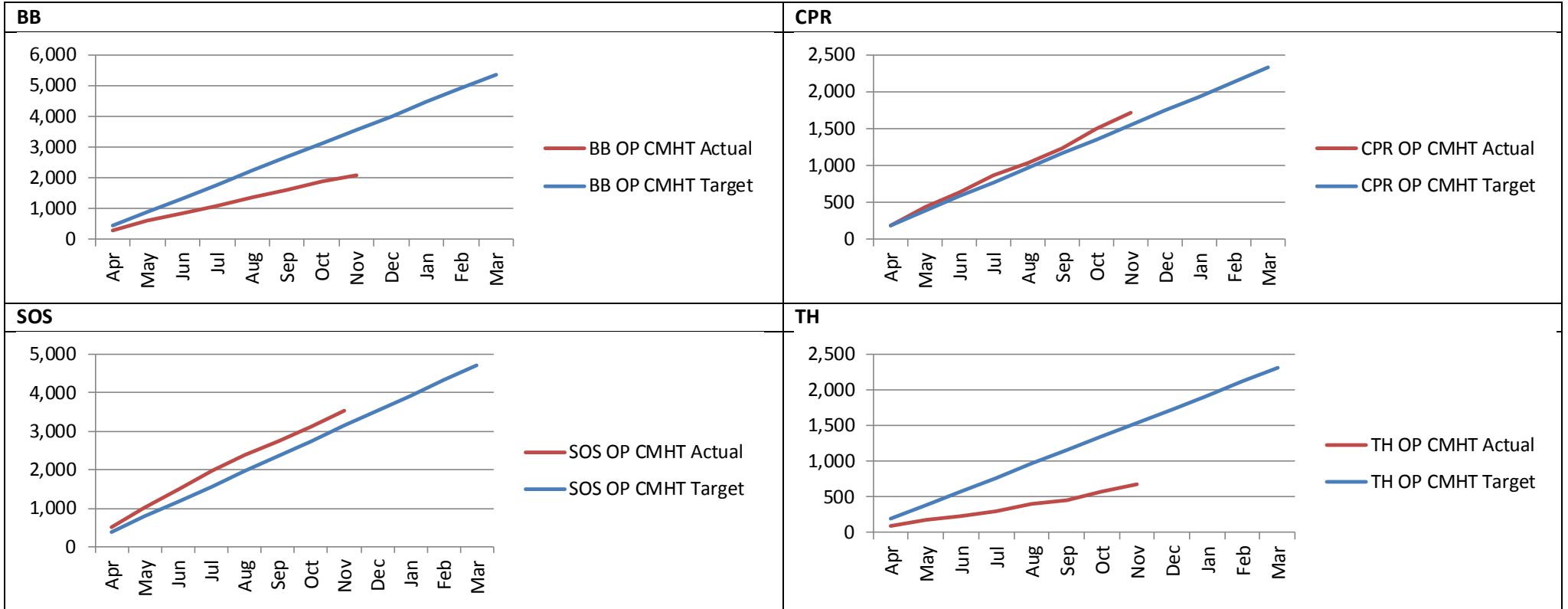
Dementia Intensive Support Team (DIST)



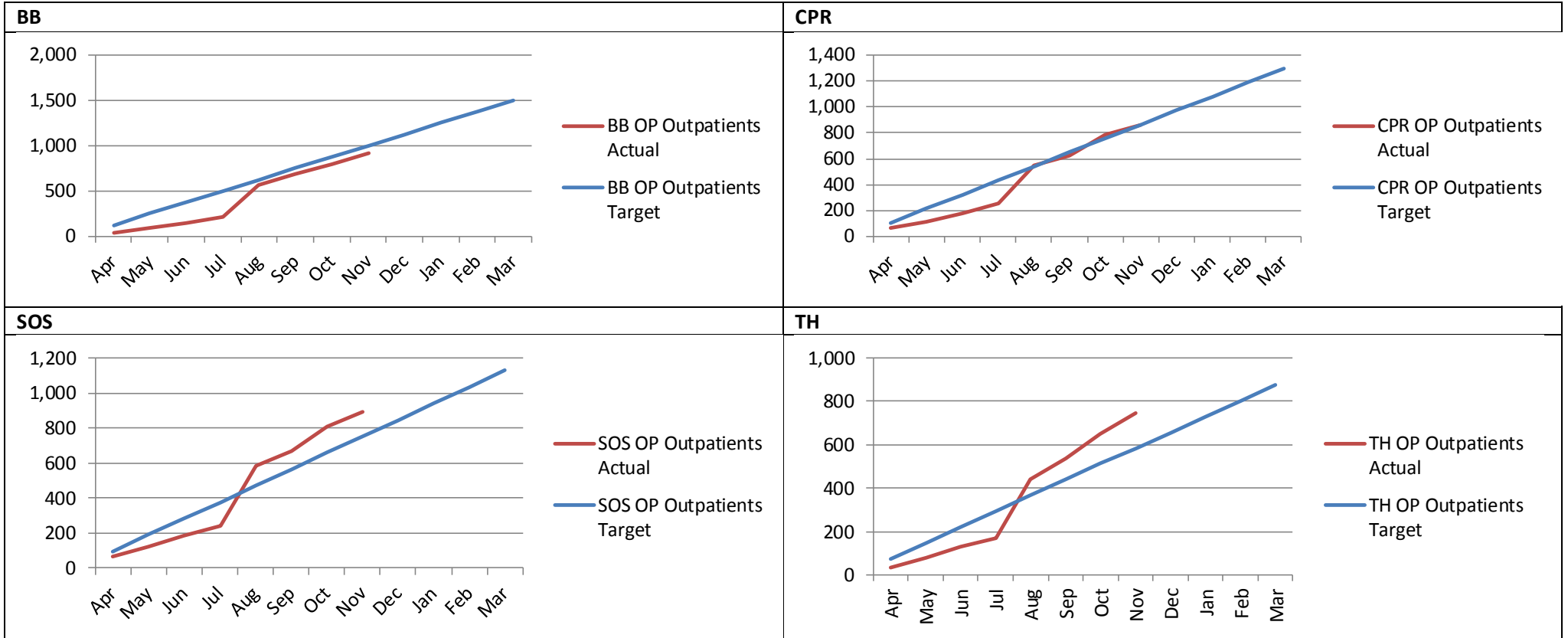
Care Home Liaison



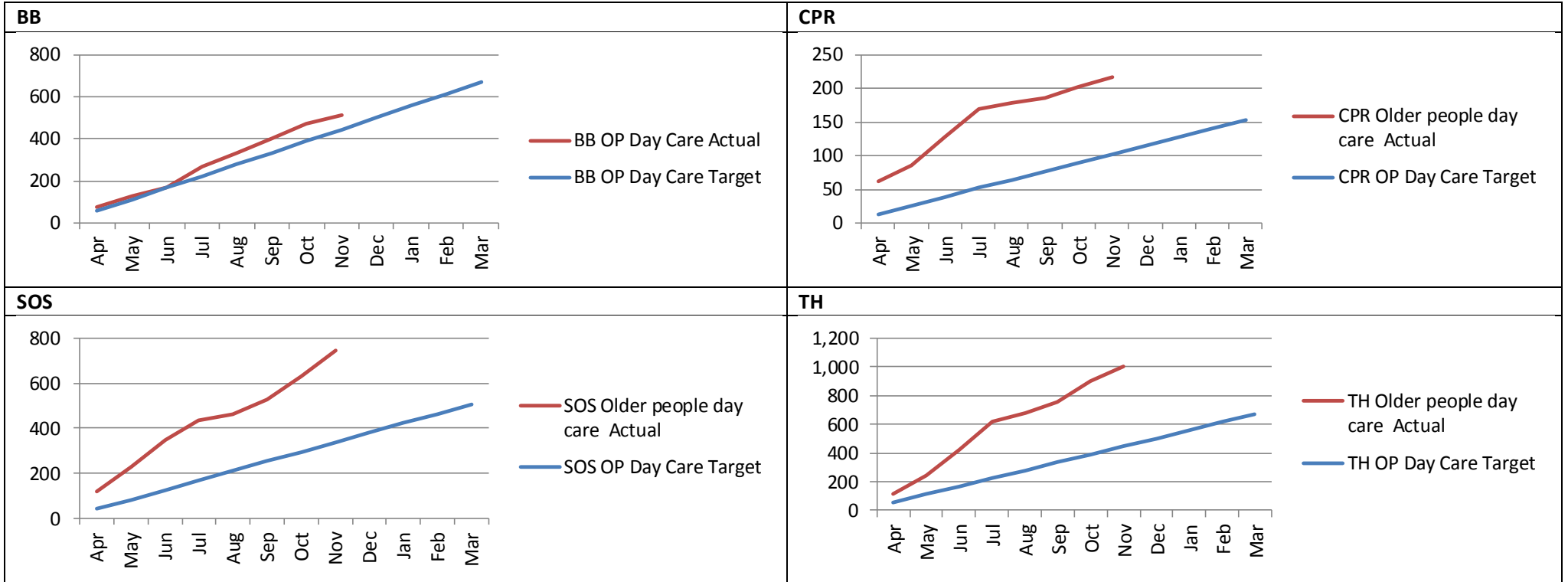
Older People's CMHT



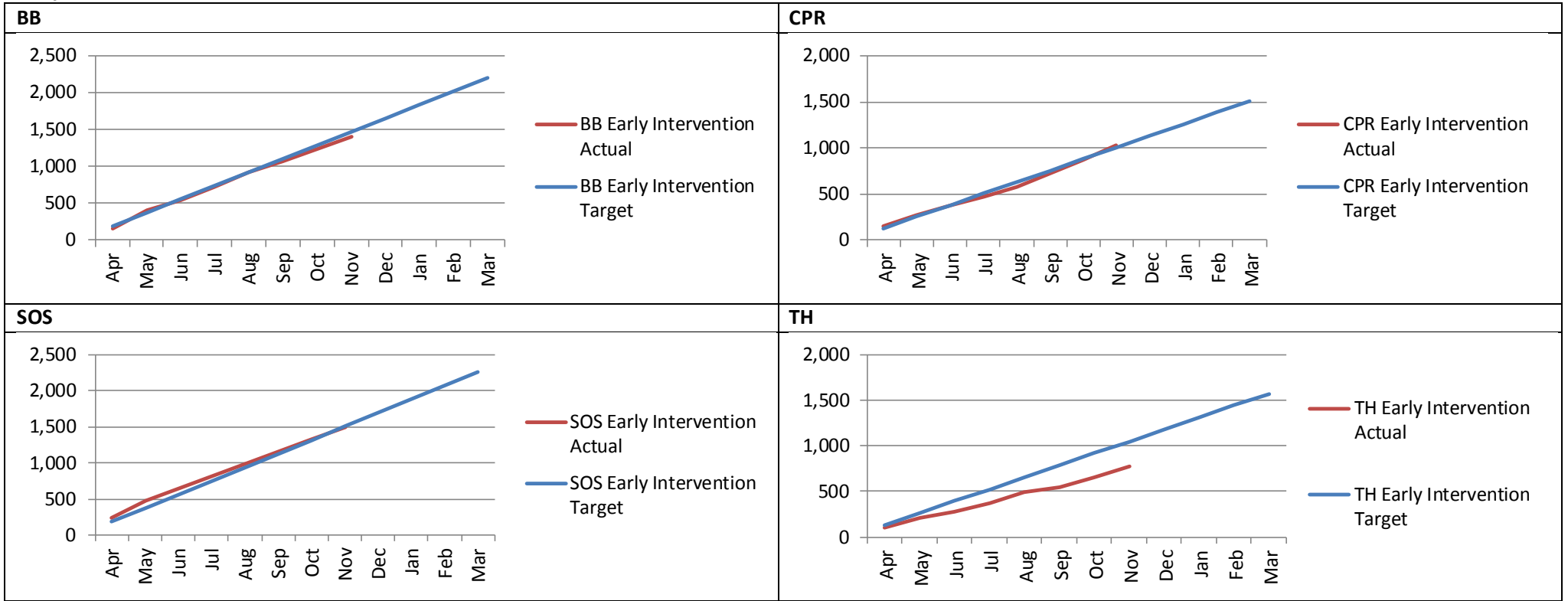
Older People Outpatients



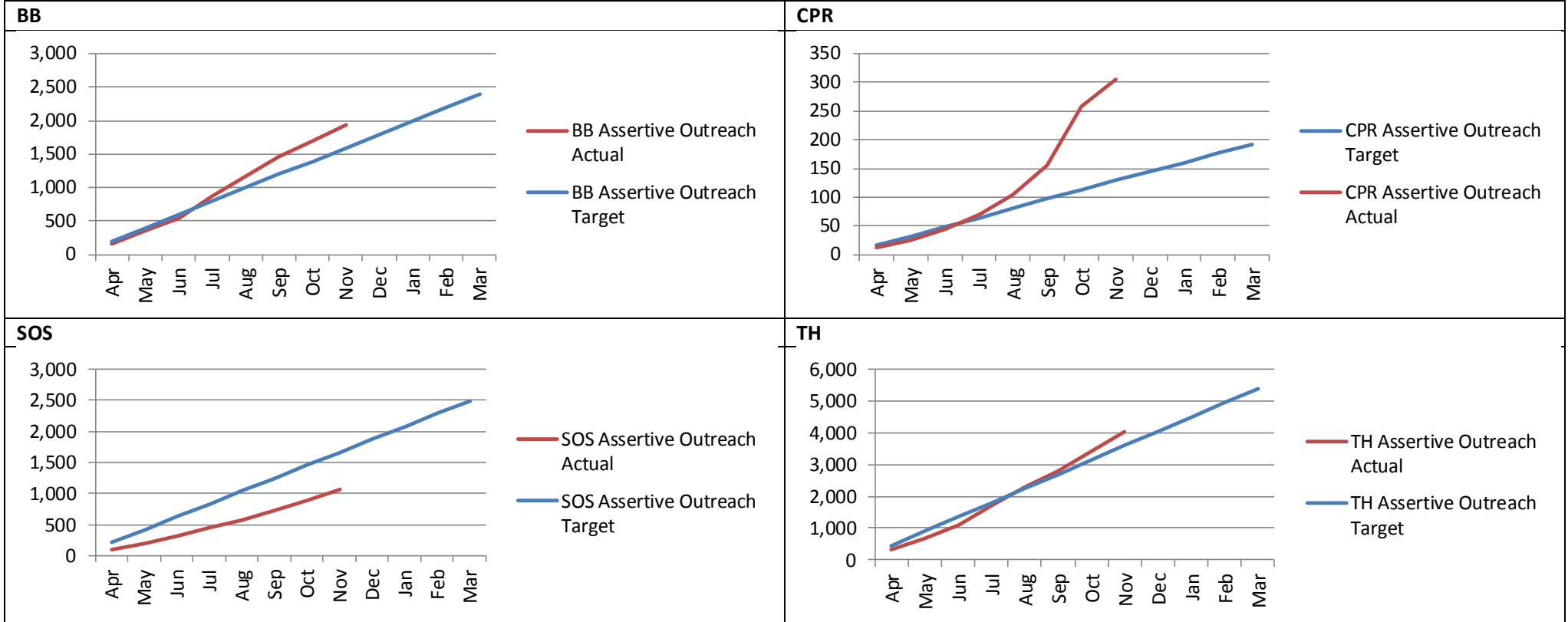
Older People Day Care



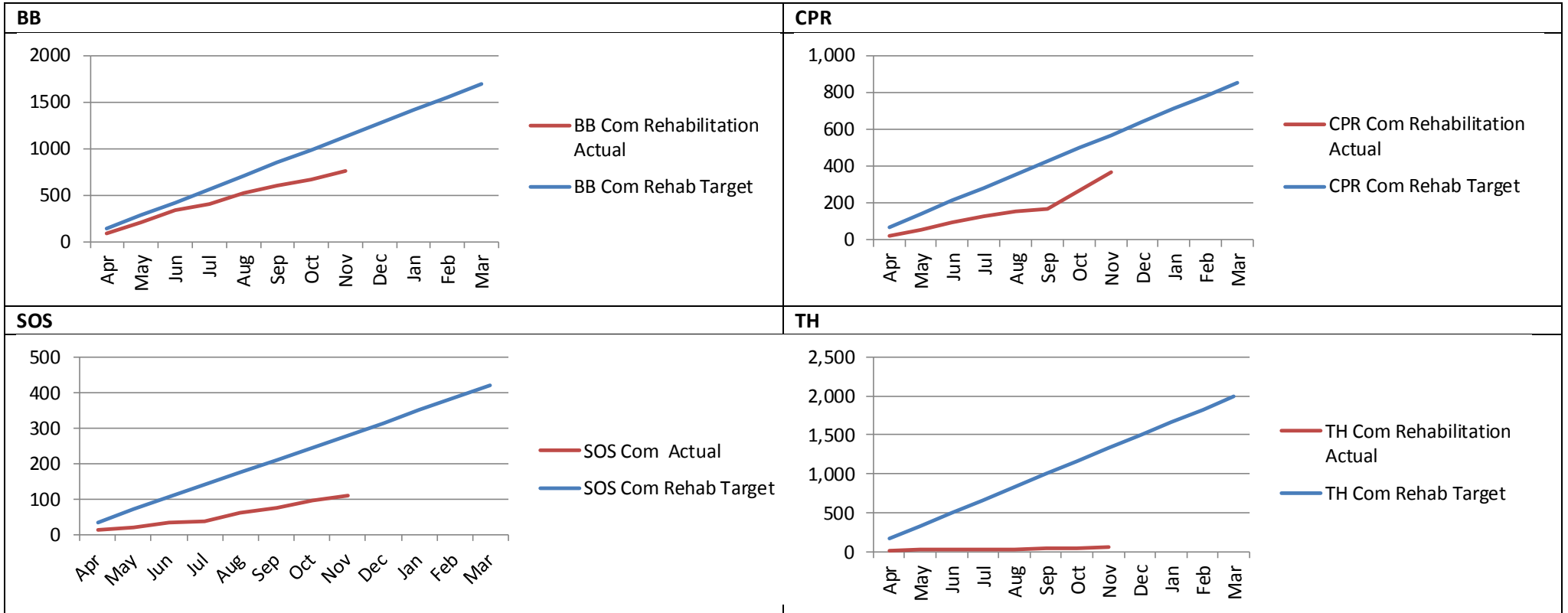
Early Intervention



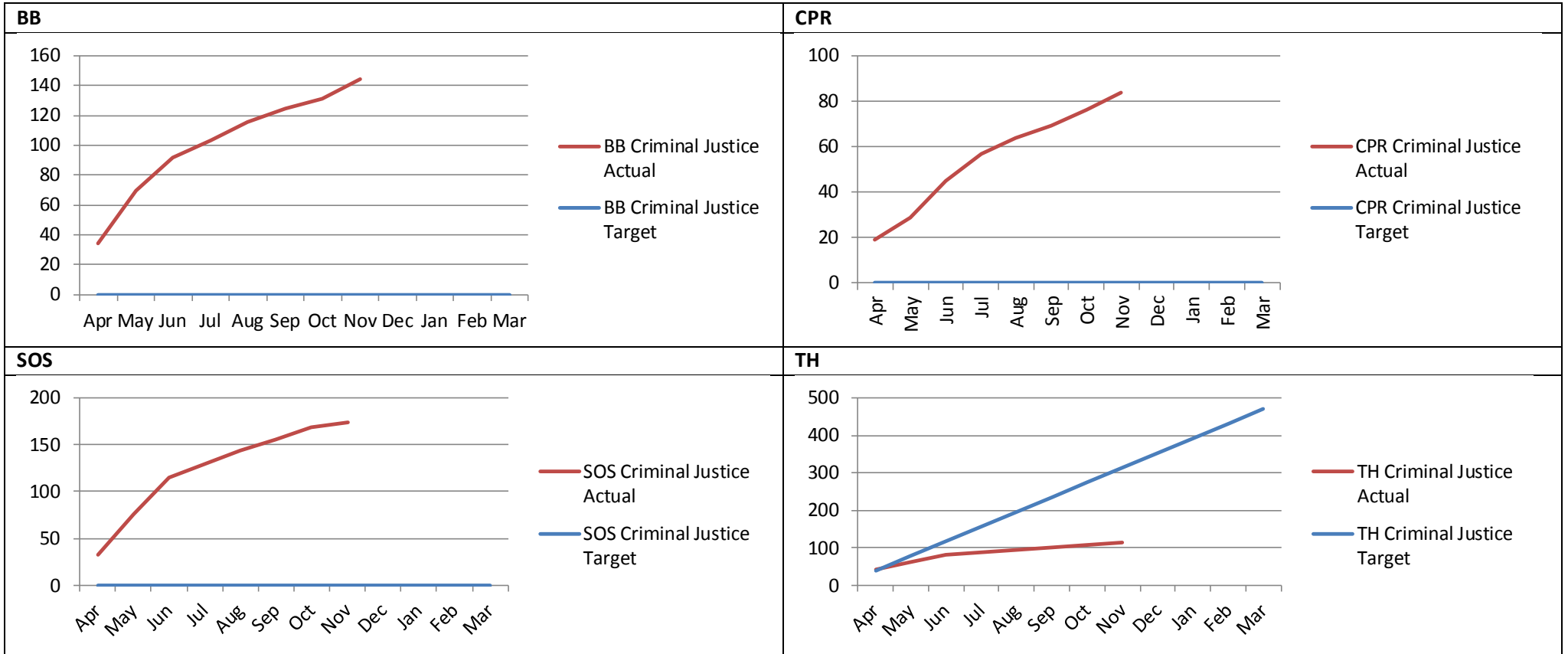
Assertive Outreach



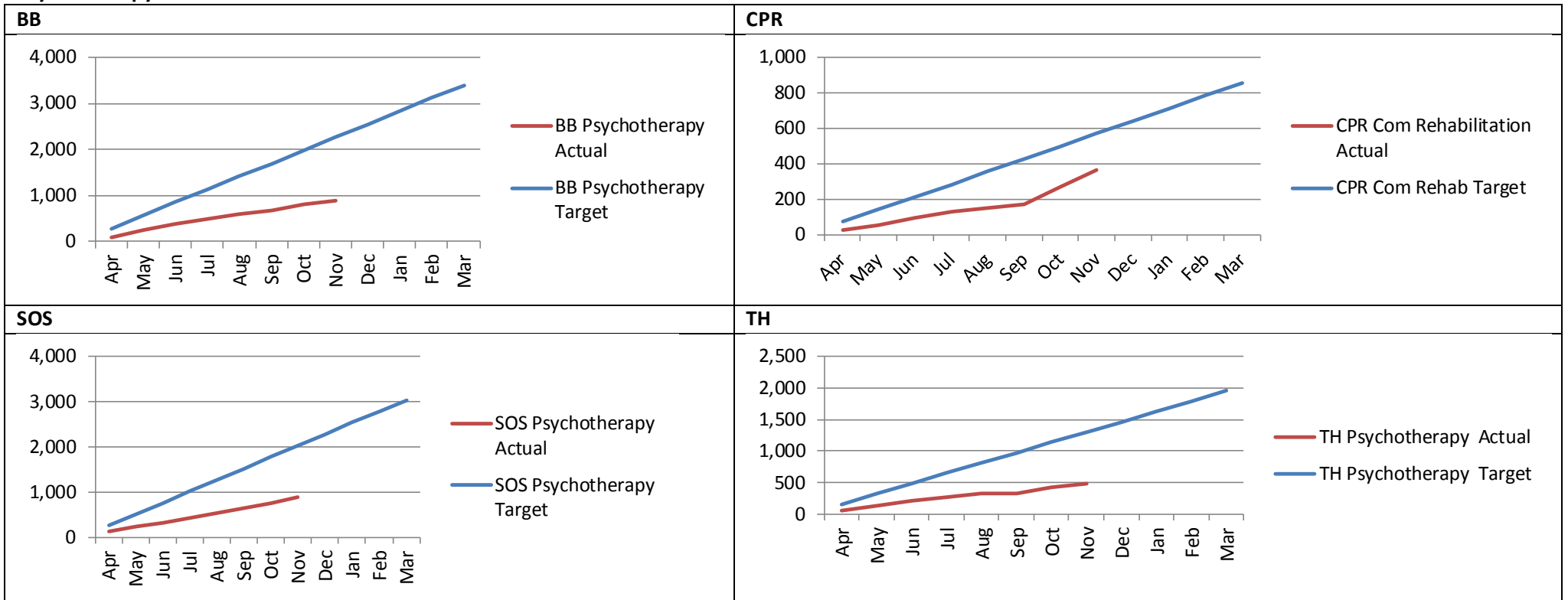
Comm Rehabilitation



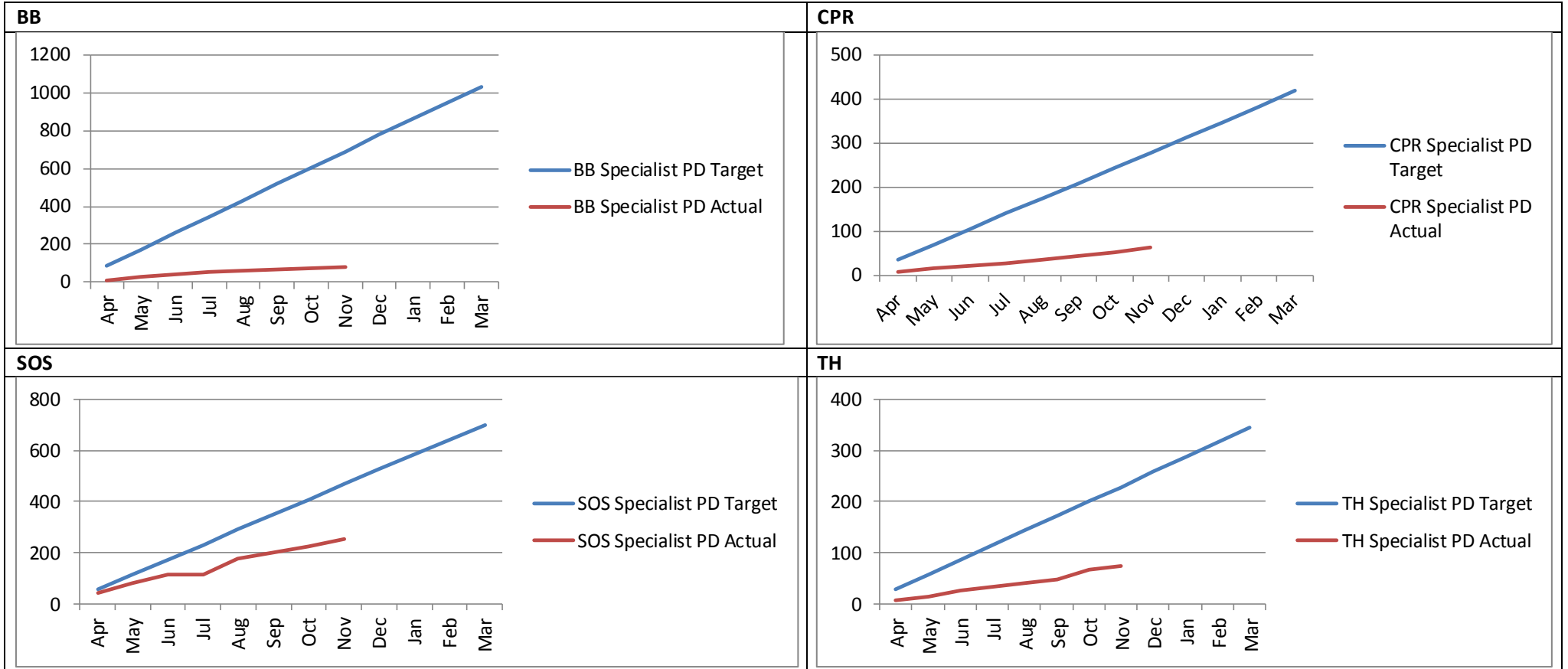
Criminal Justice



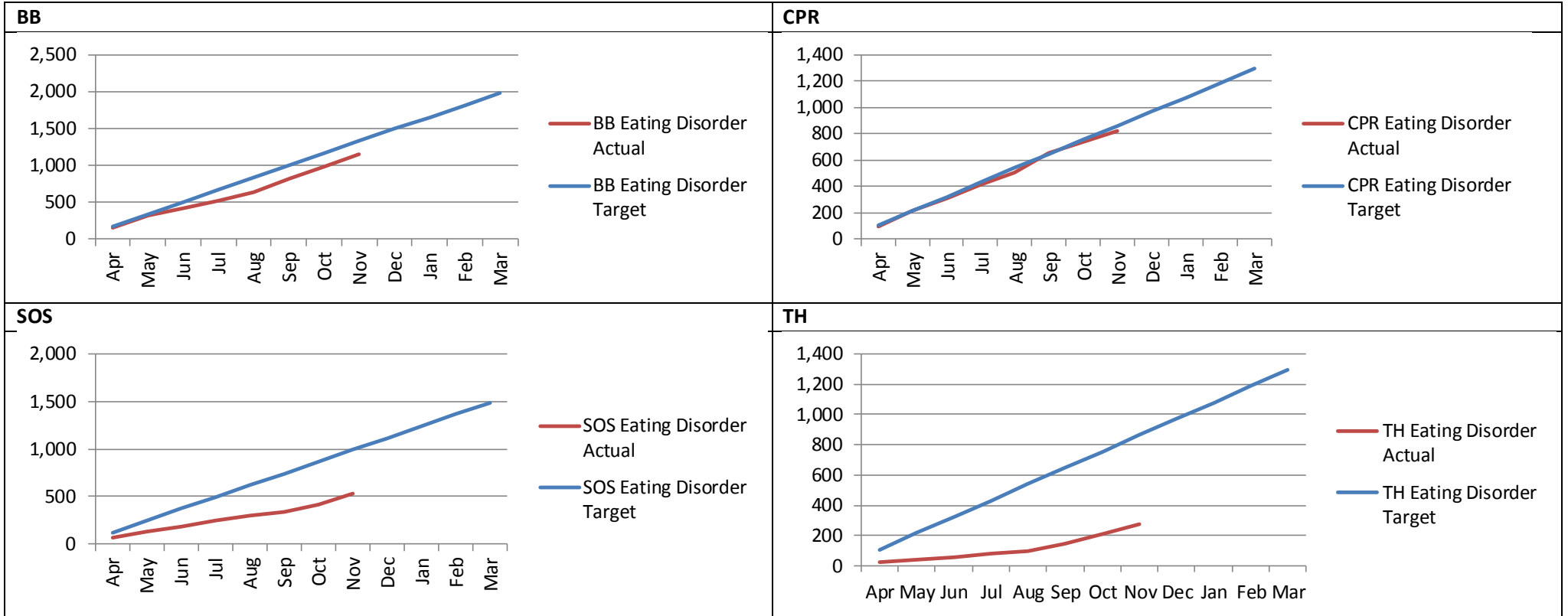
Psychotherapy



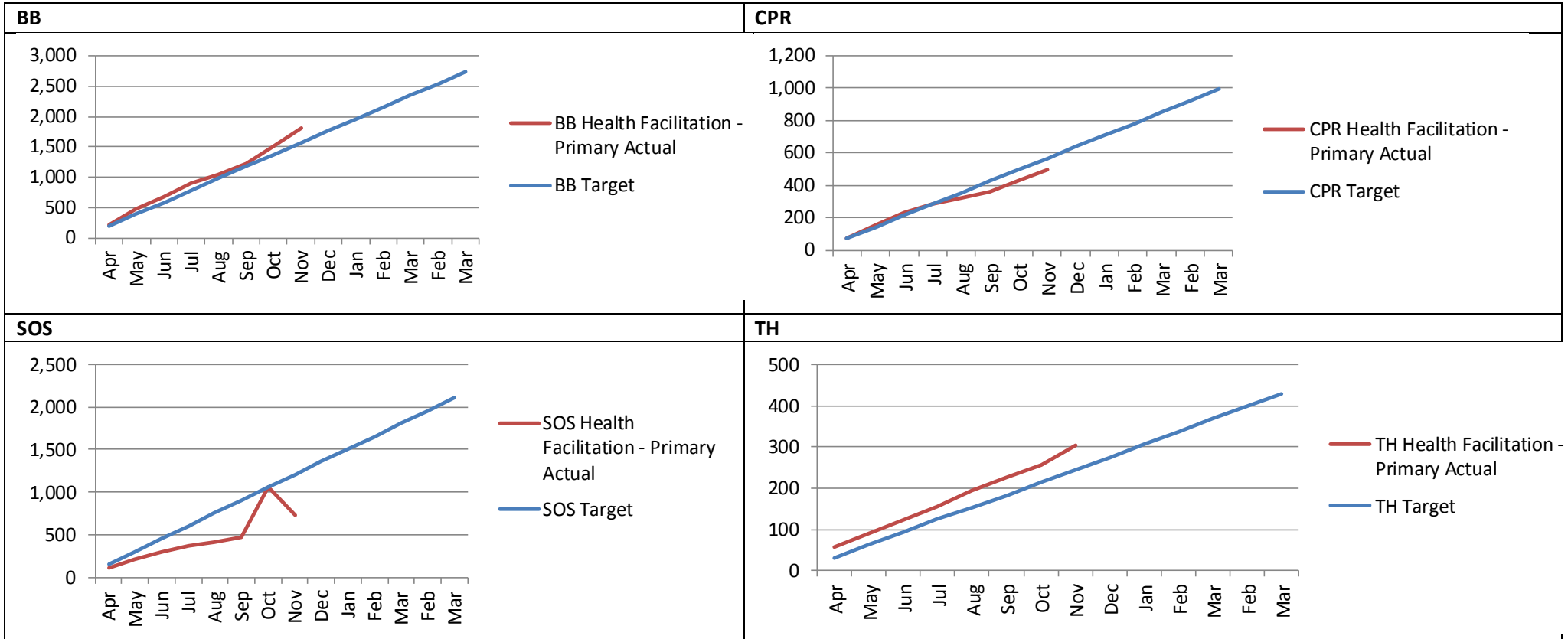
Specialist PD



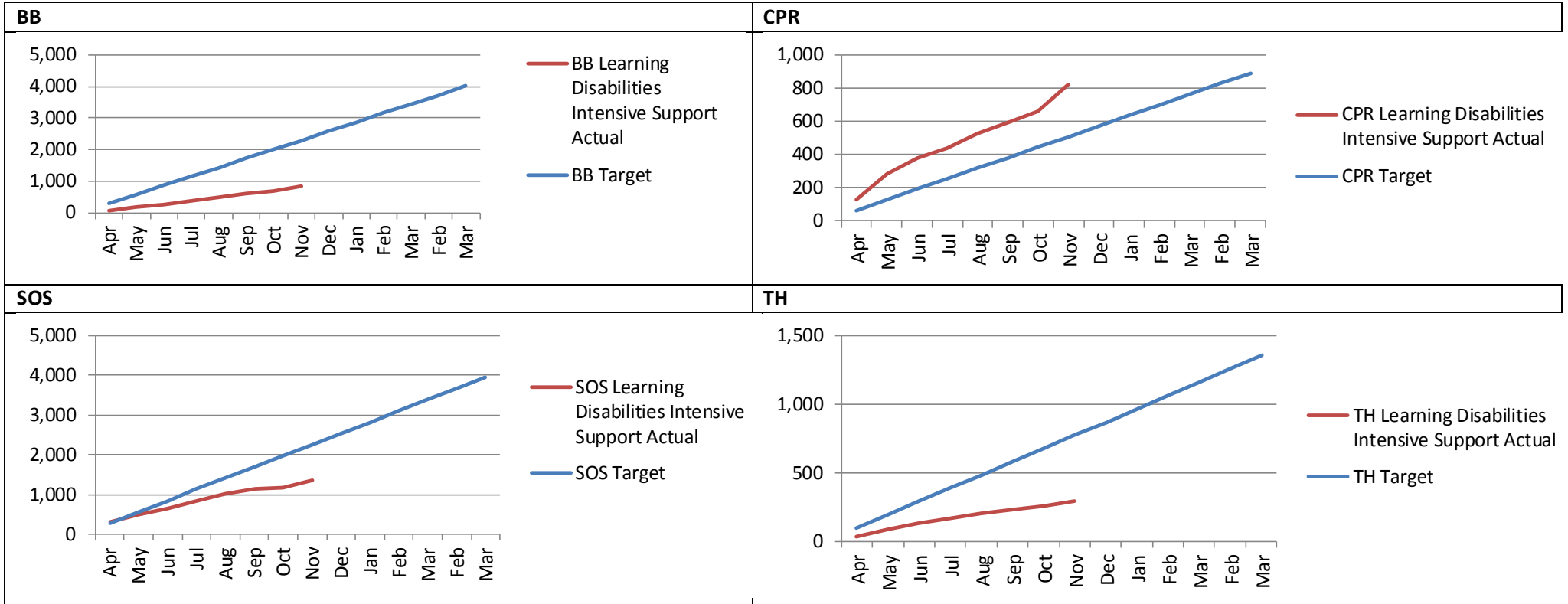
Eating Disorders



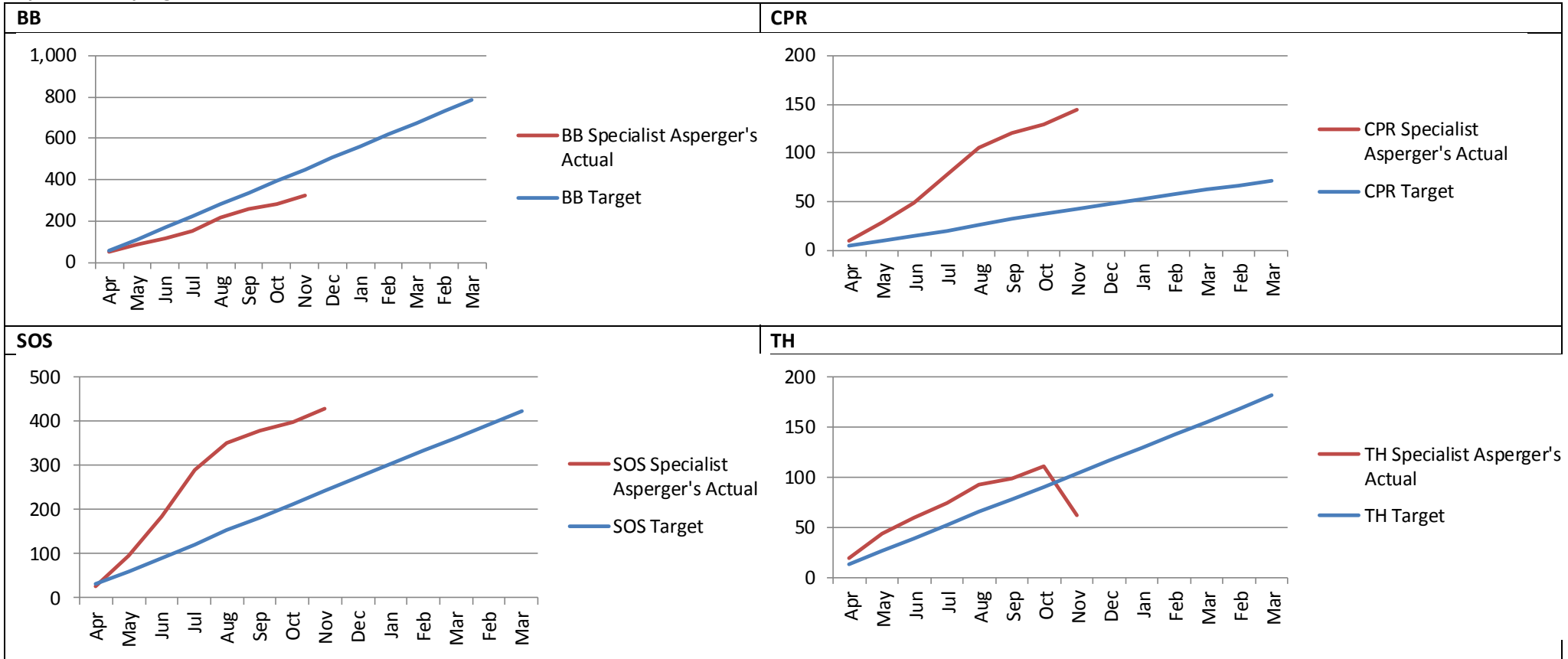
Health Facilitation



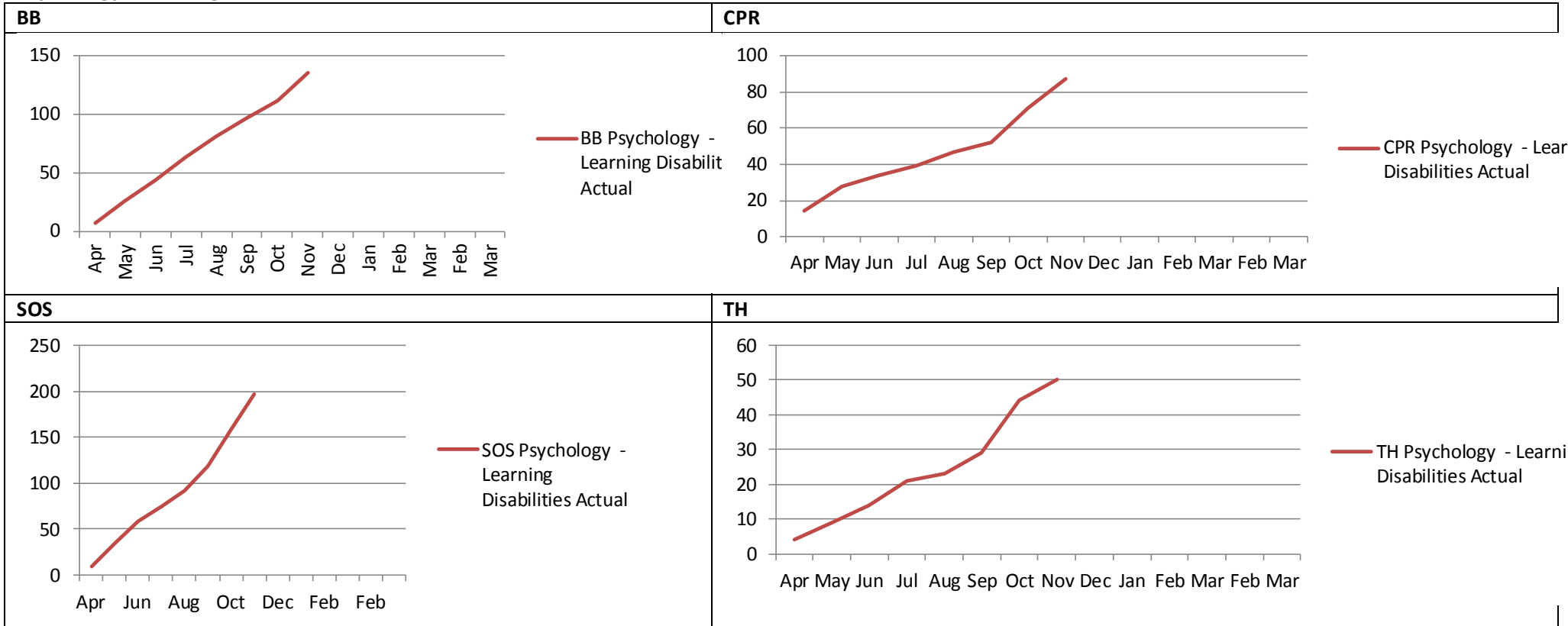
Learning Disabilities Intensive Support



Specialist Asperger's



Psychology – Learning Disabilities



END