

NHS Benchmarking Network

Covid-19 Monthly Tracker

Mental Health, Learning Disability & Autism Services

June 2020



Org Code: COV079

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Introduction and background

The Covid-19 pandemic has changed the way healthcare providers operate. The UK was put into lockdown on March 23rd 2020 leading to restrictions in movement for the population and an emphasis on essential activities. Healthcare activities have been severely impacted with a national focus on management of Covid-19 patients. This prioritisation has also impacted NHS mental health providers with services disrupted and new protocols introduced on how care could be provided. The recovery from the immediate disruption due to Covid-19 is ongoing with new approaches to delivering care now evident. In this context the NHS Benchmarking Network have requested data from mental health provider member organisations so that the disruption, recovery, and transformative impact of Covid-19 can be quantified and monitored across the UK. The purpose of the NHS Benchmarking Network's Covid-19 Monthly Tracker is to monitor the changes that have manifested within mental health services as a result of the pandemic. These include:

- changes in demand, as people may be less inclined to access services and referrals are impacted
- changes in capacity due to the impact on inpatient provision, community teams, sickness absence in the workforce, and redeployment of staff and premises to support the Covid-19 response
- changes in how services operate when social distancing restrictions are in place, including the delivery of care remotely via telephone and video mediums

This report provides data from June 2020 and shows time series comparisons against 2018/19 figures and April and May 2020 positions. The following page explains how to read the report. In order to provide a fair comparison for monthly figures (for example number of referrals received during the month), annual figures from 2018/19 have been calculated pro-rata based on days in the month (30 days for June).

This collection includes the following areas:

- IAPT
- Adult and Older Adult mental health services
- CAMHS
- Learning disability services for children and adults

We are grateful for the response from mental health provider organisations to these exceptional circumstances and a recognition of the need to be sighted on how mental health services have changed as a result of the pandemic. Future data collections will take place at the end of each month and reports will also be issued to providers on a monthly basis.



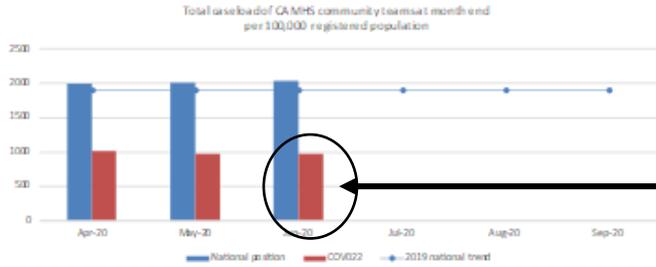
How to read this report

This is an example page from the report. Please note this is for illustrative purposes only and does not show your organisation's positions. There is consistent colour coding throughout the report. Charts and tables in **red** shows your organisation's position.

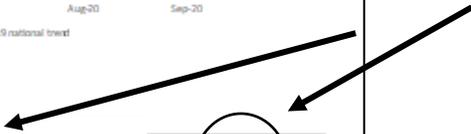
National time series for 2018/19 (line) and national and local monthly positions for 2020 (columns)



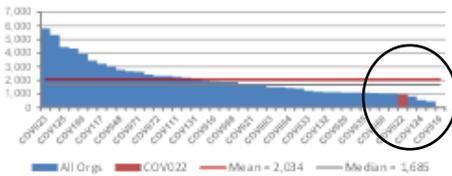
CAMHS – Community Services



Your organisation's position for the latest month is illustrated 3 times



CAMHS caseload at 30th June 2020 per 100,000 registered population

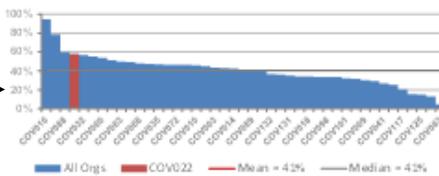


	2018/19	Jun 20	Change
National average	1895	2034	7%
COV022	805	973	21%

Positions for the latest month of collection show all respondents to this metric, and your organisation's position relative to these



Percentage of CAMHS caseload at 30th June 2020 who had a clinical contact during the month



2019 data for time series not available

This box shows when comparative data was not collected during 2018/19. In this case, there will also be no national trend line on the chart above



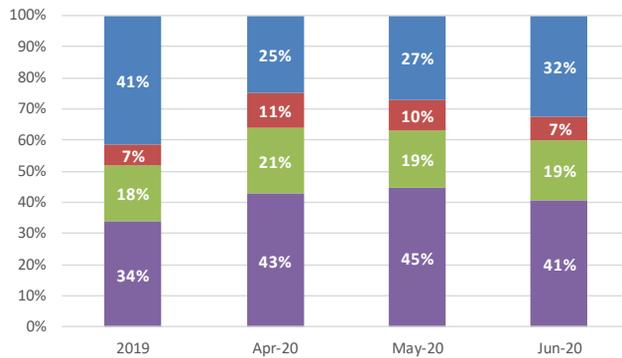


Key findings –
emerging national trends

Key findings – community mental health teams

Referrals to community mental health teams for adults and children and young people have been at lower levels in April, May and June 2020 than in a comparable period last year. These figures are explored later in the report. In addition to fewer overall referrals, the source of referrals into community teams has changed with reduced access from primary care and reduction in CAMHS referrals following the closure of schools. This was most pronounced during the earlier months of the pandemic. The illustrations below show how these changes have played out for three key referral sources. Referrals from Primary Care remain notably below pre-Covid levels in all areas.

Adult community mental health services



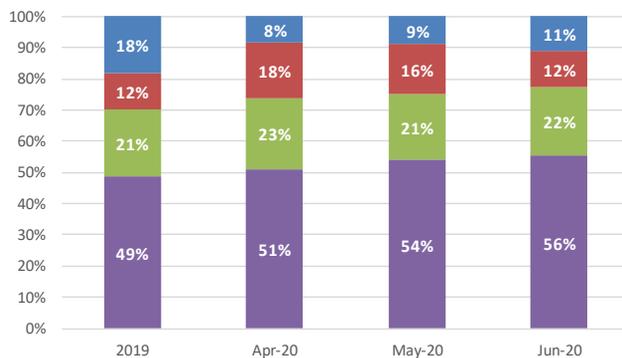
■ Primary Care

■ Self and Carer

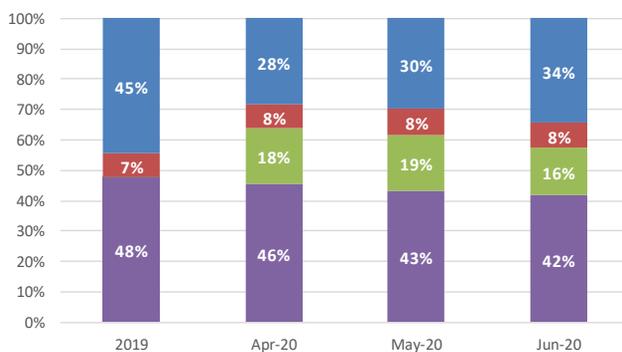
■ Services in same Trust

■ All Other Referral sources

Crisis teams for adults



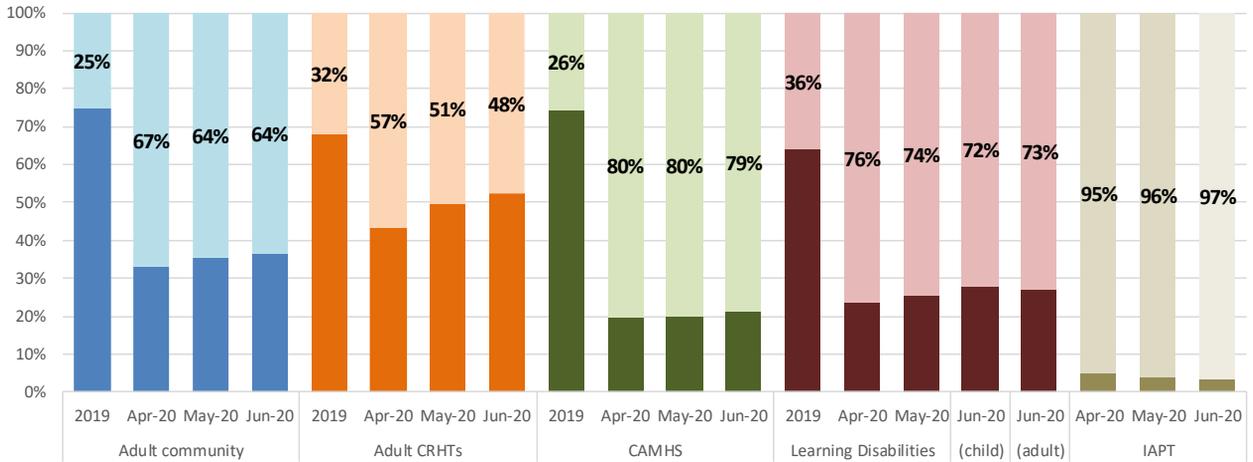
CAMHS



Key findings – community mental health teams

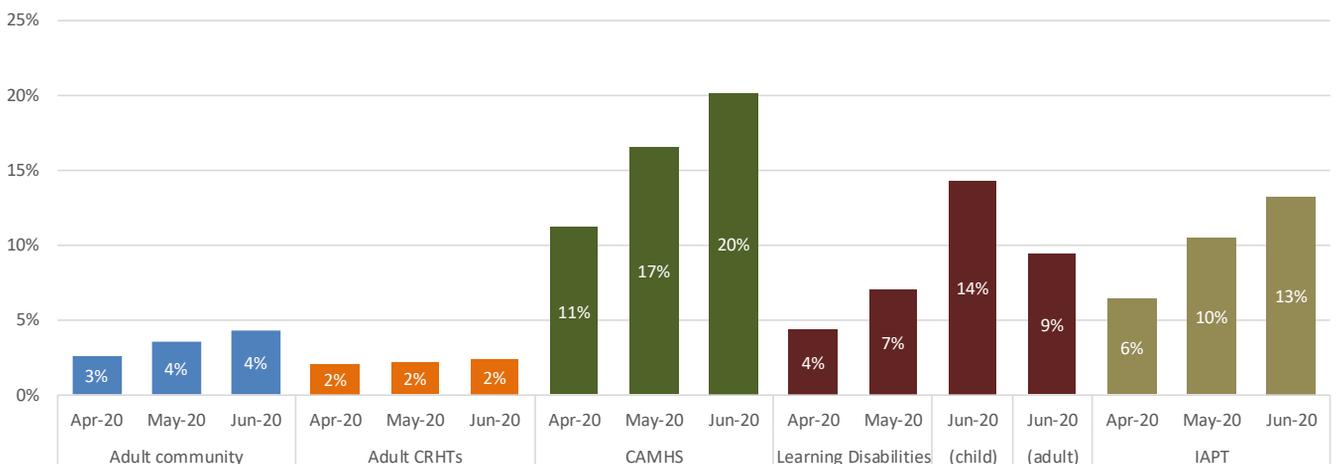
The move to non-face to face contacts highlighted in last month’s report has been sustained in June 2020. Previously, the majority of contacts were delivered in a face to face manner, across all team types. Now, the reverse is true, and across adult and children’s teams, most activity continues to be delivered in a non-face to face format. Within IAPT, activity is now almost exclusively delivered in a non-face to face format. The pale areas and percentage figures show the non-face to face contact rates for each team type for 2019, and for each month of the NHS Benchmarking Network’s Covid-19 collection. These are national averages; charts later in the report explore your organisation’s own positions.

National average: format of contacts delivered - 2019 and 2020



While many services are now utilising digital technologies for delivery of contacts, there is much variation across the country. This is explored later in the report. The chart below shows the national average position by team type, for April, May and June 2020. Figures are continuing to increase, suggesting logistical concerns at the start of the pandemic may now be being overcome in some areas. CAMHS continues to lead the way, building on progress that had already begun prior to lockdown. Services for children with learning disabilities also report a strong digital offer, along with IAPT.

National average: proportion of contacts delivered using digital technologies



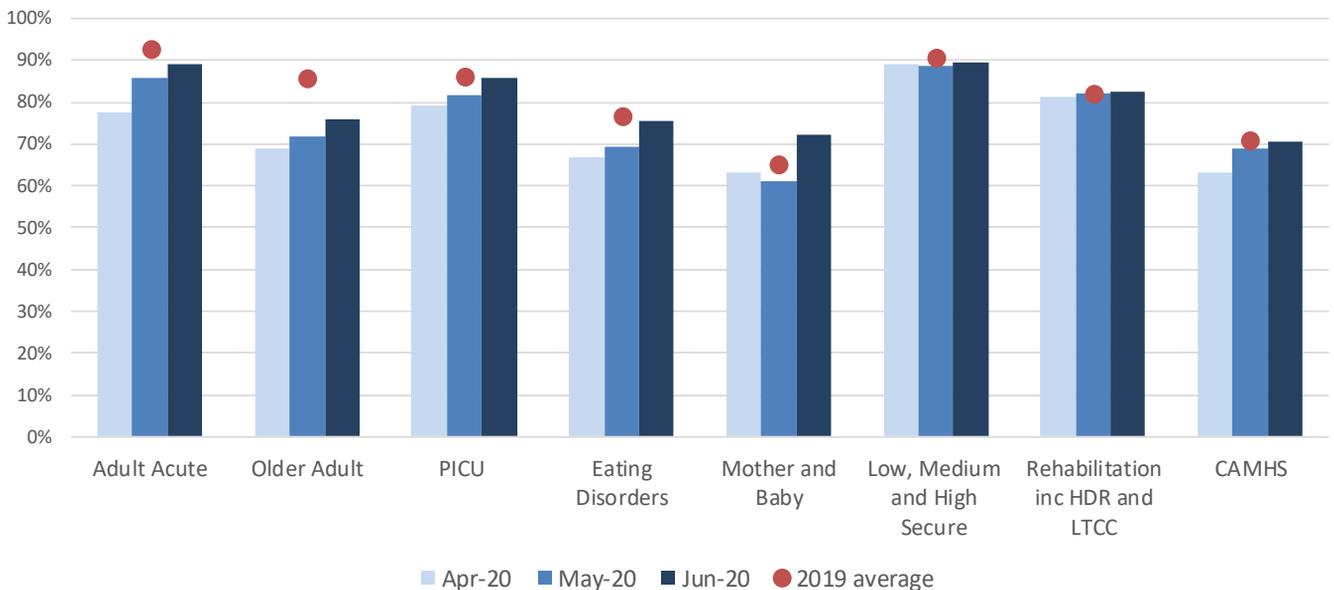
Key findings – inpatient care

There have been reductions in bed numbers, admission rates and overall bed occupancy across a number of mental health specialties. Acute beds for working age and older adults saw the greatest drop in bed occupancy in April, and although occupancy levels are starting to increase, these wards are still below previous positions in many areas. In particular, beds for older adults remain at an occupancy level notably below last year’s positions.

There has been less reduction in bed occupancy reported in specialist bed types including eating disorders and mother and baby. The latter reported higher bed occupancy in June 2020 than the 2018/19 average. Additionally, low, medium and high secure beds, and those providing rehabilitation support have maintained occupancy at pre-pandemic rates throughout the period. This may be due to the longer lengths of stay seen in these cohorts, and fewer opportunities than in acute settings in terms of discharging patients to community support at an earlier stage.

Occupancy for CAMHS beds has recovered well, returning in June to the bed occupancy rate reported in 2019.

National position: bed occupancy by bed type (excluding leave)



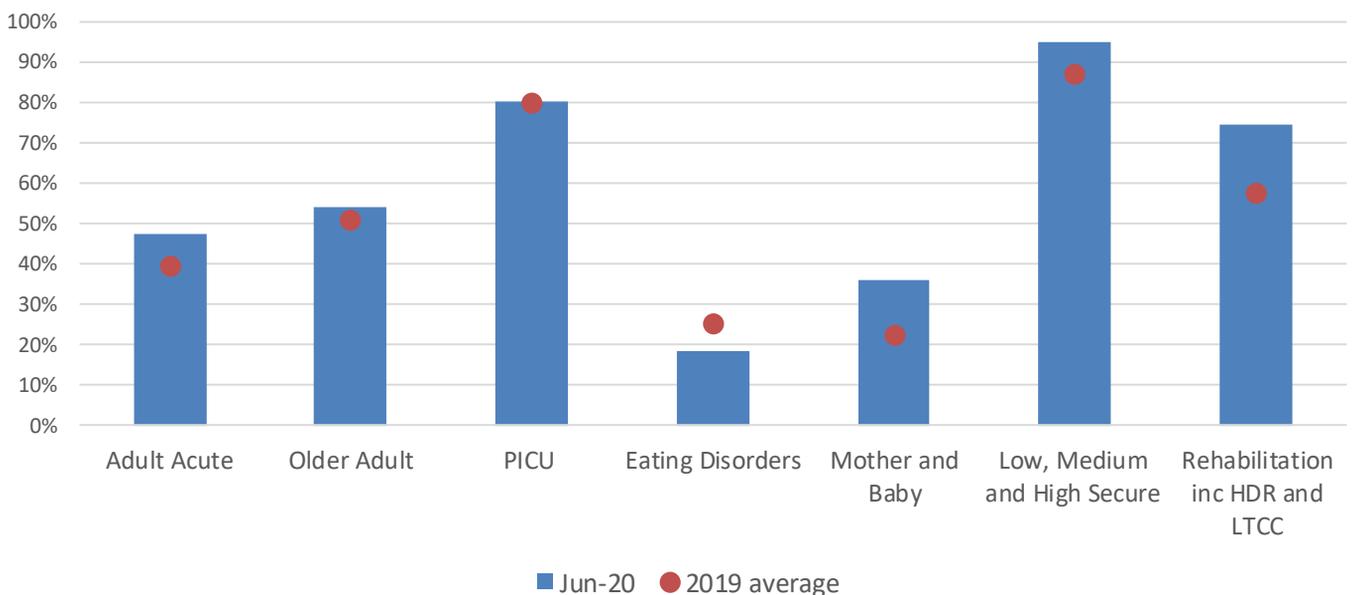
Key findings – inpatient care

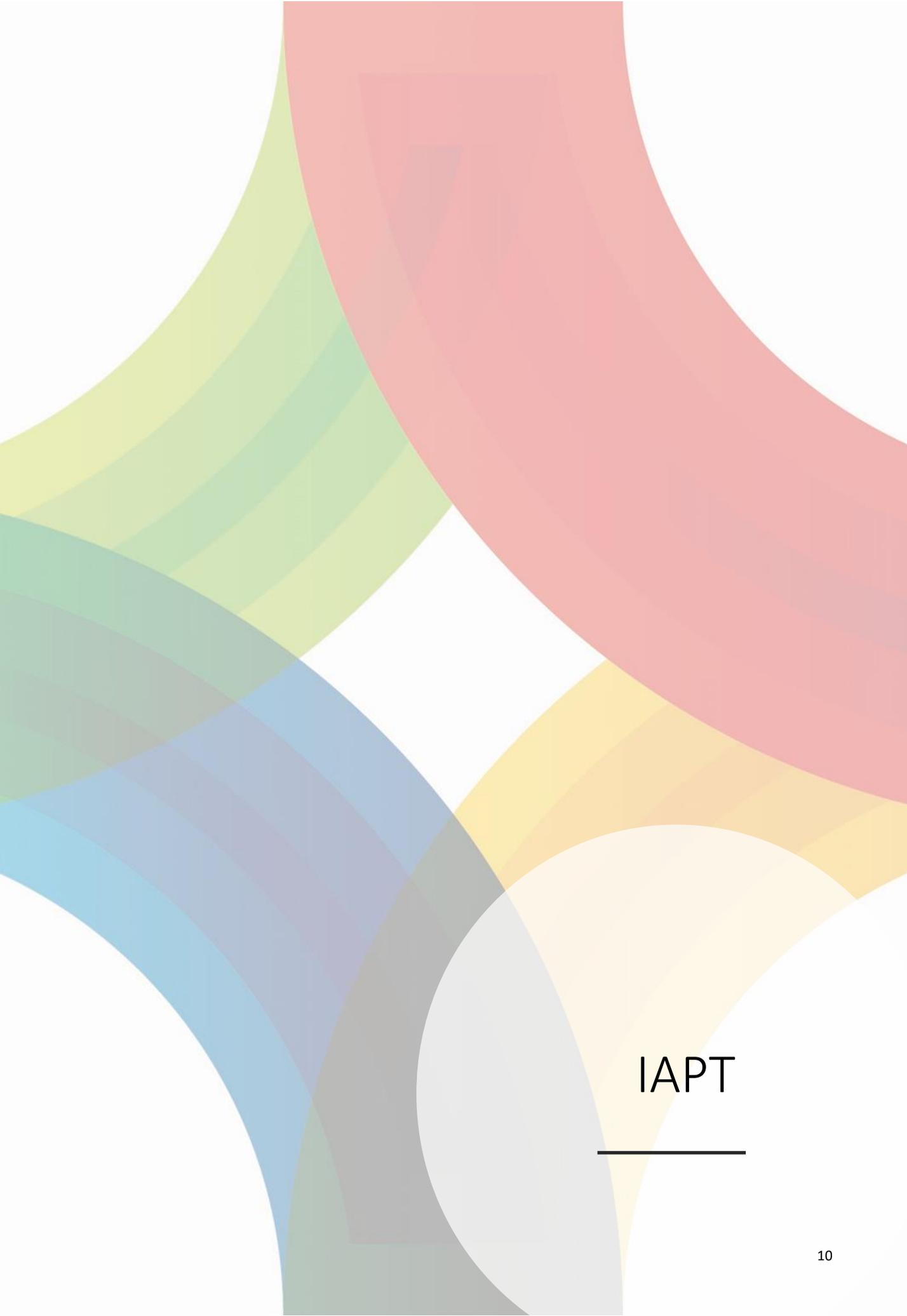
The table below shows the net difference between admissions and discharges by bed type. Negative figures show times when there were more discharges than admissions within the period, for example in April 2020, almost every bed type reported more discharges than admissions. This may have been due to a concerted effort to discharge as many patients as possible from an inpatient environment to minimise risk of infection, while also avoiding admissions for some patients. However since then, the equilibrium has been restored. May 2020 saw most bed types finishing up with more admissions than discharges during the month as beds begin to fill once more. This has continued into June 2020.

	Apr-20	May-20	Jun-20
Adult Acute	-6%	13%	6%
Older Adult	-45%	11%	15%
PICU	12%	25%	21%
Eating Disorders	-18%	14%	33%
Mother and Baby	-68%	14%	11%
Low, Medium and High Secure	4%	16%	3%
Rehabilitation	-99%	-59%	-39%
Other Specialist Adult Mental Health	-22%	8%	27%
CAMHS	-3%	24%	18%

Data on mental health act usage has been collected for the month of June 2020. The blue bars show the proportion of admissions to each bed type which involved patients who were detained at the point of their admission. The red dots show national average positions for 2019. Rates of detained admissions (as a proportion of all admissions to adult acute beds) exceed previous levels. Although this is largely due to the smaller number of admissions occurring at this time, it also reflects a rise in background detention rates (per capita) which is shown later in the report.

National position: Proportion of admissions under the Mental Health Act in month (patient detained at the point of admission)





IAPT



IAPT

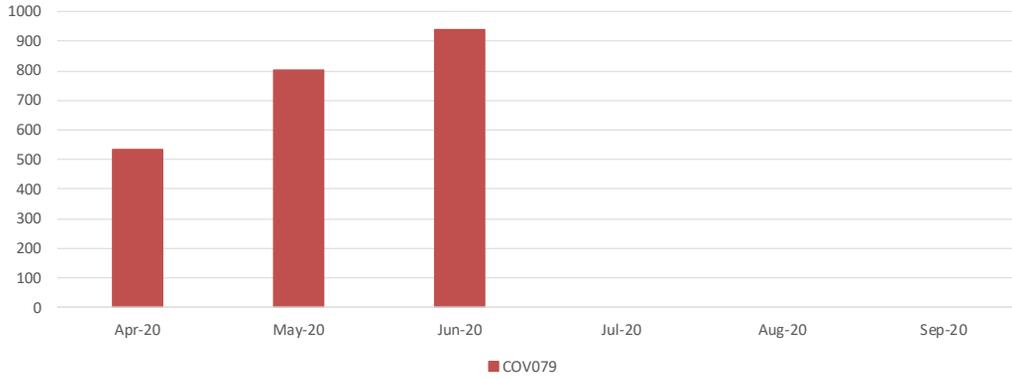
NHS Benchmarking data is not available for IAPT in 2018/19 so monthly time-series comparisons are not available for headline referral volumes and the number of patients seen by services. Some comparative analysis is though possible in exploring referral acceptance rates and also in exploring the medium for care delivery.

Referral acceptance rates in IAPT were noticeably higher in all three months of the Covid collection compared to the same period in 2019. Acceptance rates rose to around 90% from historic pre-pandemic levels of 70%.

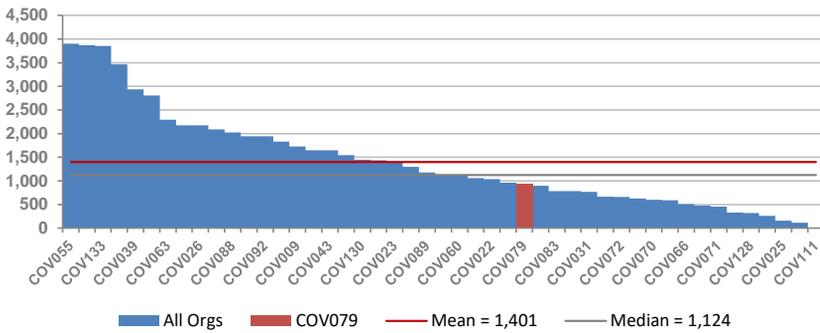
IAPT has shown the strongest adoption of virtual contacts. Face to face activity has stopped entirely in almost all services with telephone and video-based contacts now being the de-facto routes for delivering care. In June 2020, around 13% of contacts were delivered through digital medium. Overall, 97% of contacts were delivered in a non-face to face format.



Total referrals received by IAPT

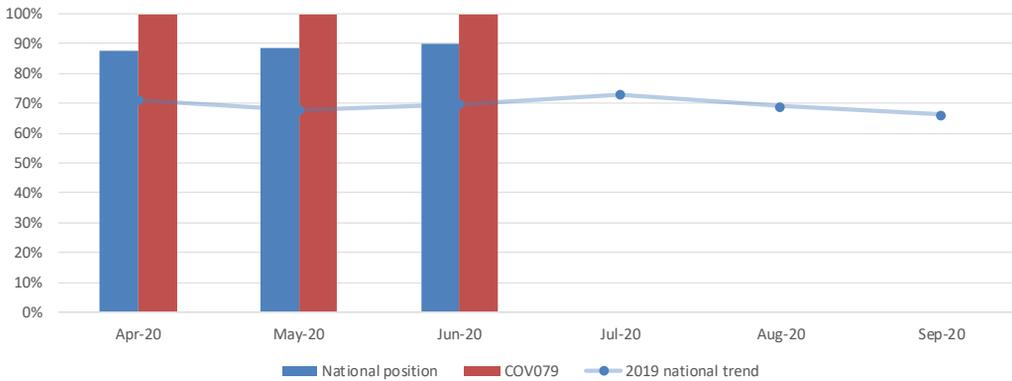


Total referrals received by IAPT during June 2020

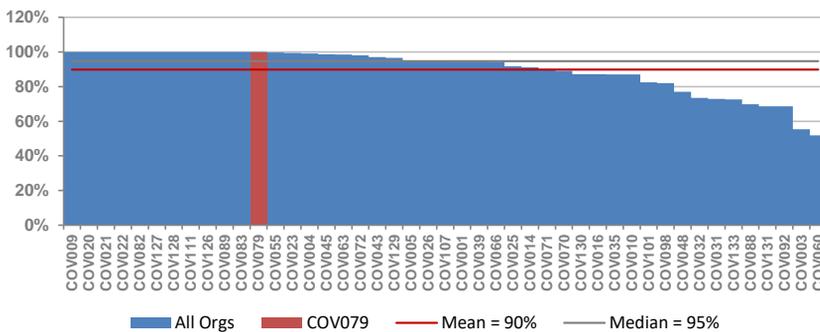


2019 data for time series not available

IAPT referral acceptance rate

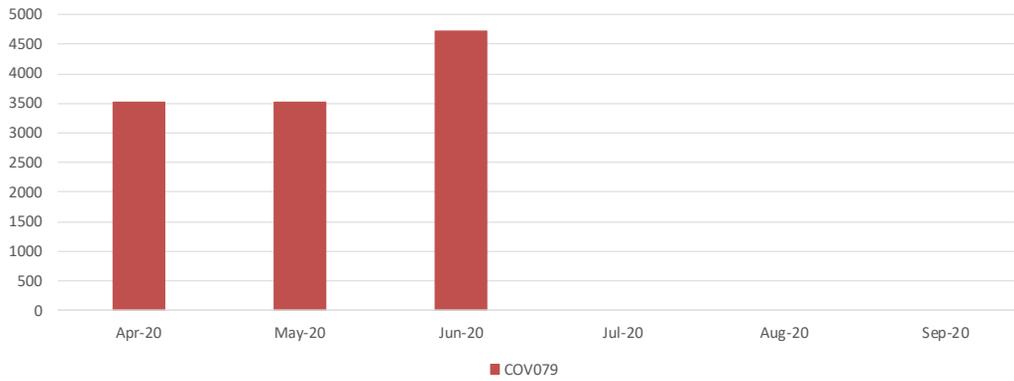


IAPT referral acceptance rate during June 2020

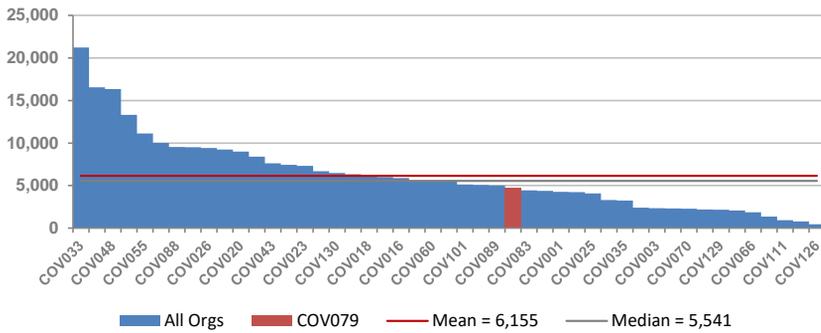


2019 data for time series not available

Total contacts delivered by IAPT

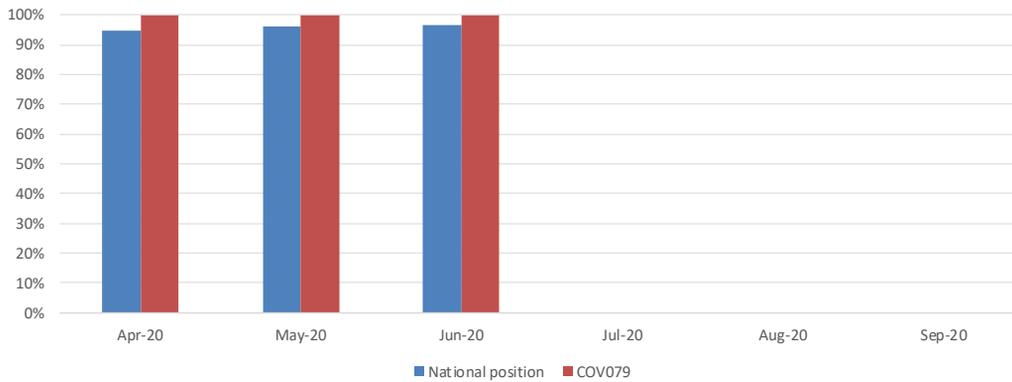


Total number of contacts delivered by IAPT during June 2020

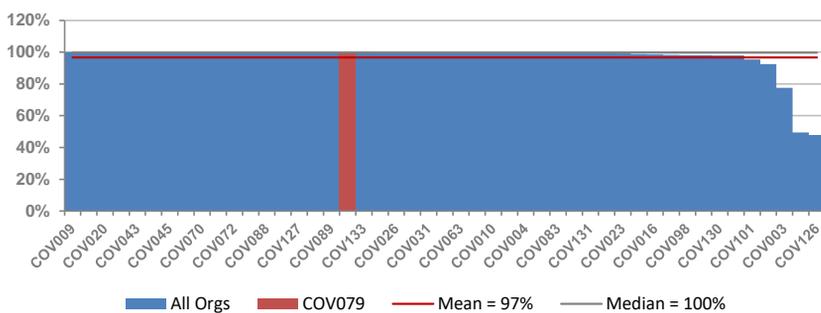


2019 data for time series not available

Percentage of IAPT contacts delivered in a non-face to face format

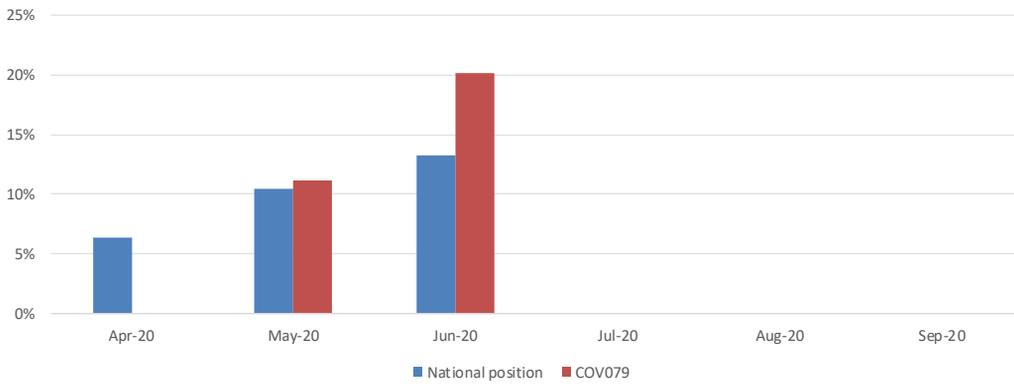


Percentage of IAPT contacts delivered in a non-face to face format during June 2020

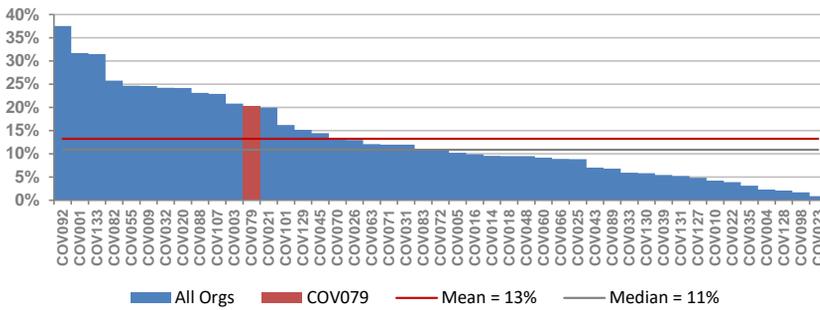


2019 data for time series not available

Percentage of IAPT contacts delivered digitally (e.g. using video)



Percentage of IAPT contacts delivered digitally (e.g. using video) during June 2020



2019 data for time series not available





Mental Health - community

Mental Health – Community Services

Although activity levels within adult community mental health teams remain below pre-Covid levels, each month has shown a gradual recovery of the position. In June 2020, referral rates were 17% lower than in the corresponding period in 2019, compared to around 33% lower in May and 44% lower in April.

As referral rates have started to rise, the initial increase in referral acceptance has started to reduce, and in June 2020 reached 84%, only marginally above the 2018/19 position of 82%. This is an expected consequence of the recovery of referral rates.

Community caseloads remain below 2019 rates, and an area for further scrutiny. In June 2020, caseloads were 13% smaller than pre-Covid levels, compared to 15/17% smaller in April and May. This too may reflect the smaller number of referrals being received, and a slow down in new patients being added to caseloads for an episode of care, as well as patients being discharged from caseloads at the beginning of the pandemic. The national impact of this situation is estimated at a potential impact of a net increase of 100,000 patients discharged from CMHT care over this period.

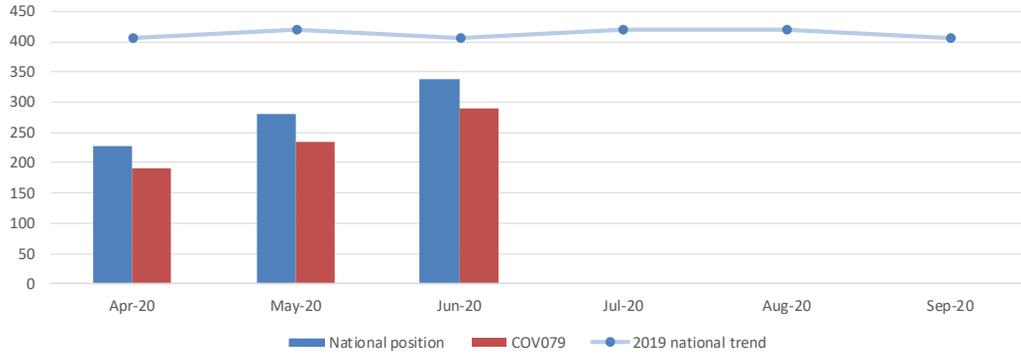
However, around half of people on caseloads received support during this time, measured as those who had a clinical contact within the month. Although corresponding figures for 2019 are not available, providers reported that 63% of their caseloads in March 2019 had received a face to face contact in the 3 months prior to that date. Contact rates have recovered well following a drop in the first months of lockdown. In June 2020 rates were only 5% below previously reported figures. This may reflect the wider adoption of non-face to face contact methods. Two thirds of contacts were delivered by telephone or digital means during June 2020, though the majority of these were telephone based. Contacts delivered by digital / video means remained around 4% this month.

The process of being added to caseload normally requires 2 face to face contacts to have taken place within community mental health services. This approach has been disrupted by the pandemic and we will work closely with NHS Benchmarking Network members to monitor how caseload management and care coordination continues in a situation where most care is delivered in a non-face to face manner.

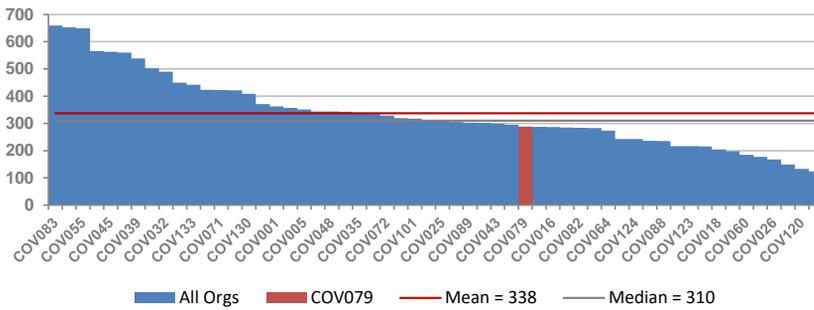


Mental Health – Community Services

Total referrals received by adult and older adult community mental health services per 100,000 registered population

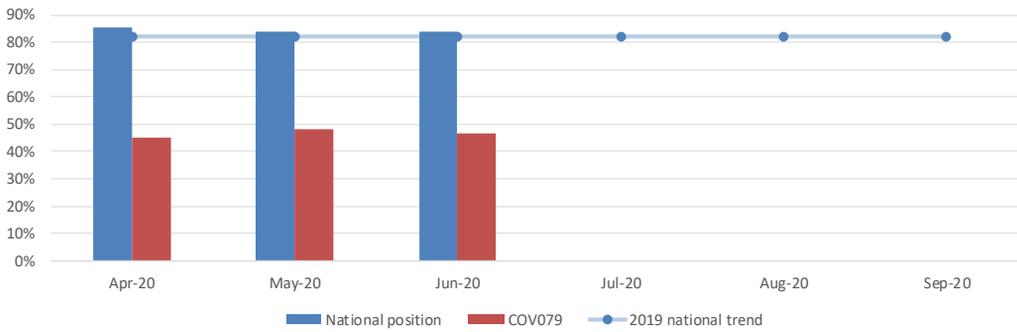


Total referrals received by adult and older adult community mental health services during June 2020 per 100,000 registered population

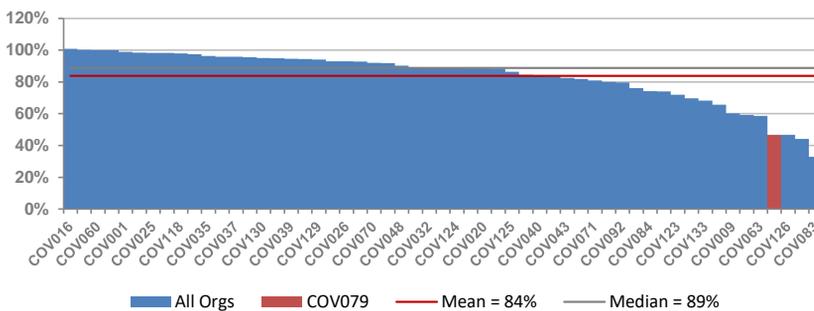


	2018/19	Jun-20	Change
National average	407	338	-17%
COV079	504	289	-43%

Referral acceptance rates across adult and older adult community mental health services



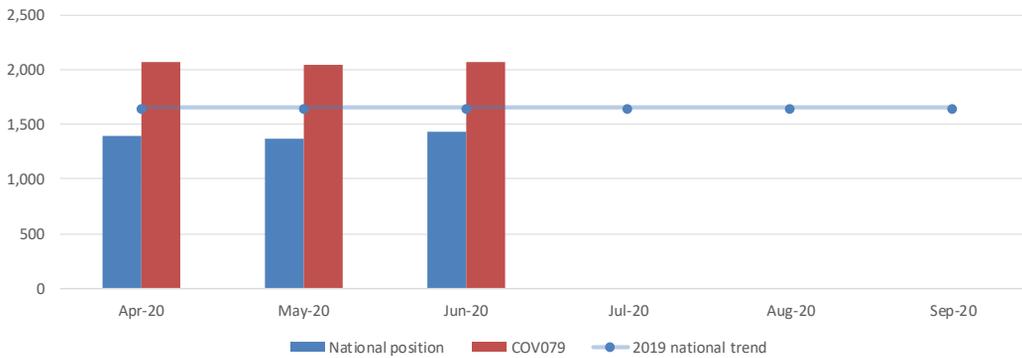
Referral acceptance rates across adult and older adult community mental health services during June 2020



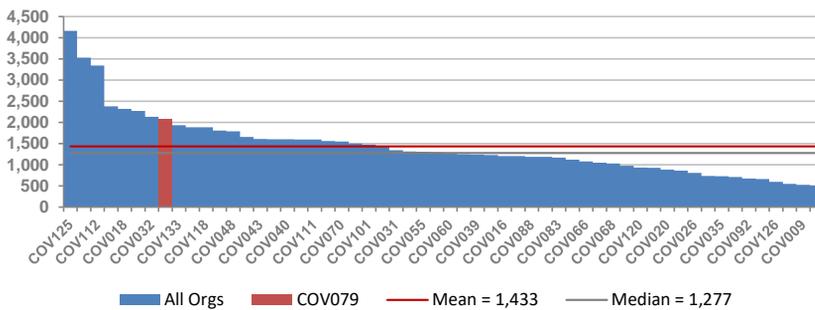
	2018/19	Jun-20	Change
National average	82%	84%	2%
COV079	17%	47%	182%

Mental Health – Community Services

Total caseload of adult and older adult community mental health services at month end per 100,000 registered population

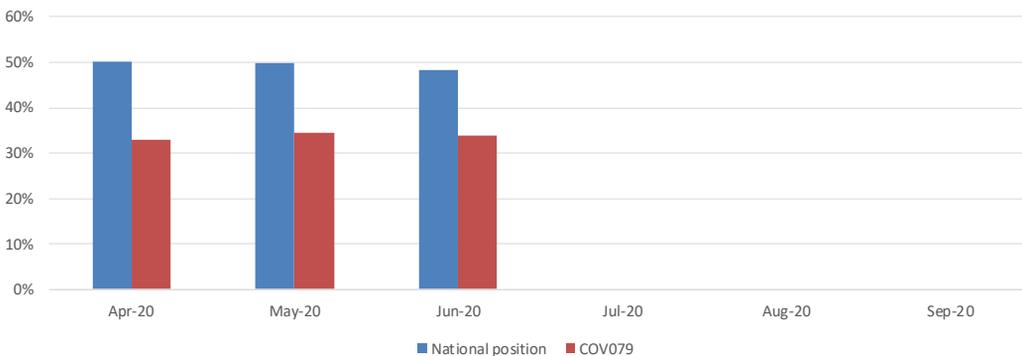


All adult and older adult community mental health services - Caseload as at 30th June 2020 per 100,000 registered population

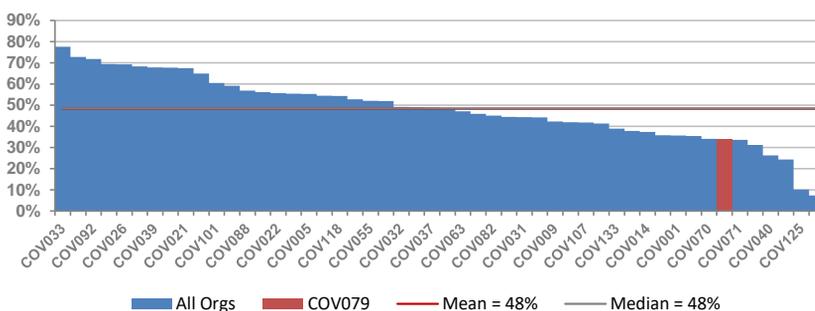


	2018/19	Jun-20	Change
National average	1652	1433	-13%
COV079	1527	2075	36%

Percentage of patients in contact with adult and older adult community mental health services who had a clinical contact during the month



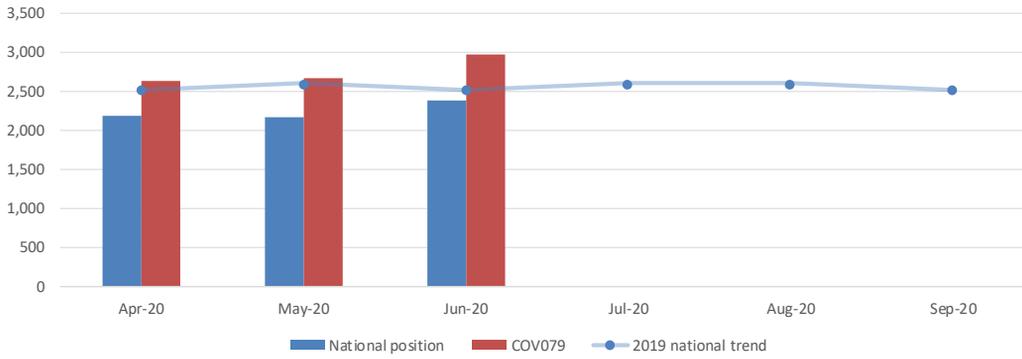
Percentage of caseload of adult and older adult community mental health services at 30th June 2020 who had a clinical contact during the month



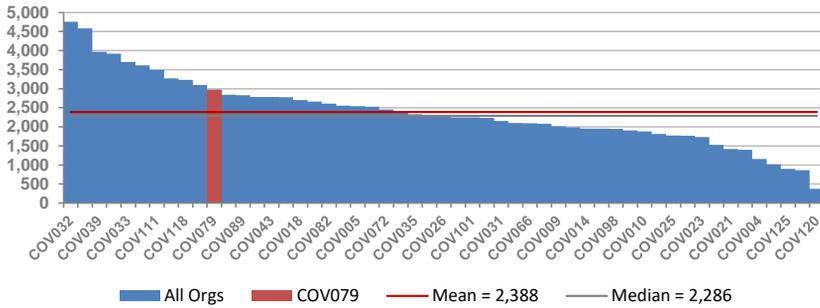
2019 data for time series not available

Mental Health – Community Services

Total contacts delivered by adult and older adult community mental health services per 100,000 registered population

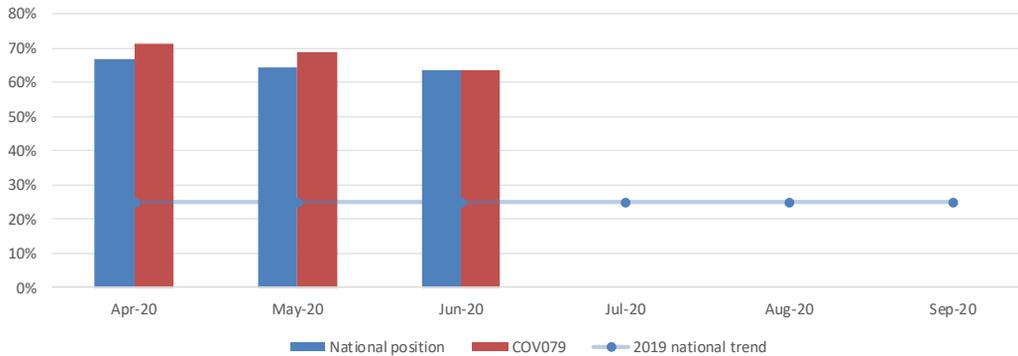


Total contacts delivered by adult and older adult community mental health services during June 2020 per 100,000 registered population

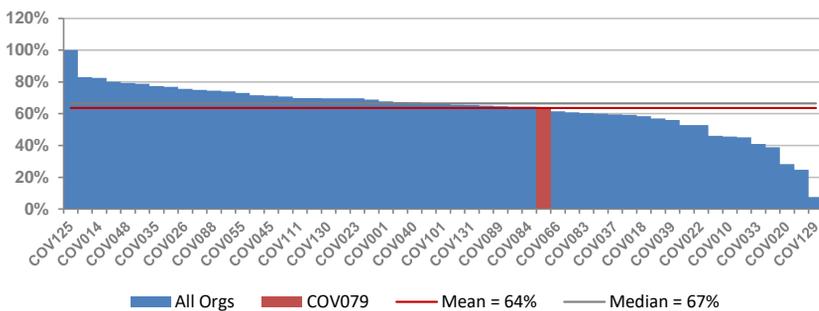


	2018/19	Jun-20	Change
National average	2519	2388	-5%
COV079	2691	2977	11%

Percentage of contacts delivered in a non-face to face format by adult and older adult community mental health services



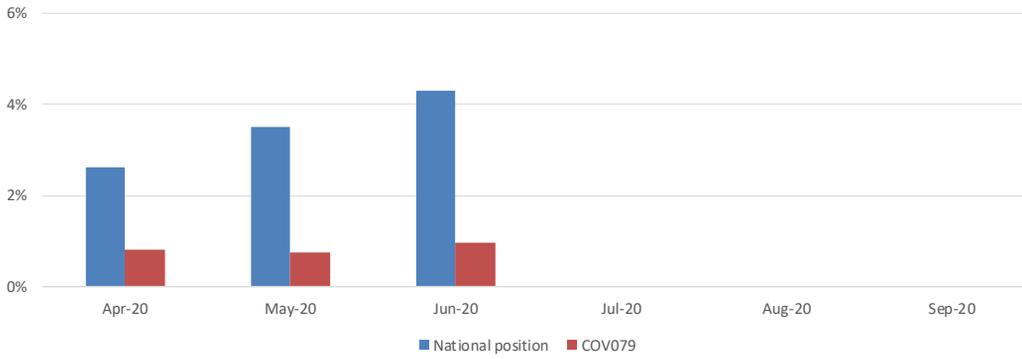
Percentage of adult and older adult community mental health services contacts delivered in a non-face to face format during June 2020



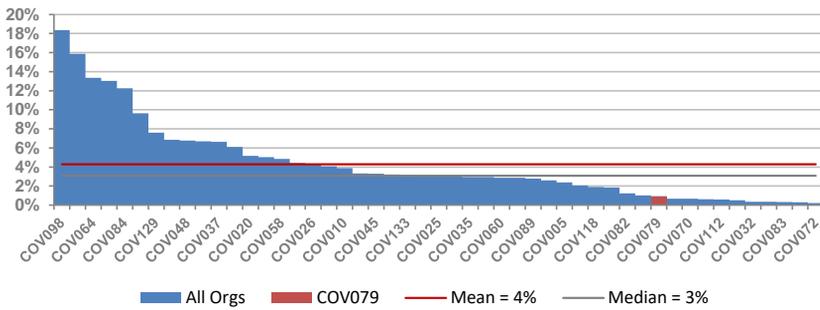
	2018/19	Jun-20	Change
National average	25%	64%	153%
COV079	33%	64%	94%

Mental Health – Community Services

Percentage of contacts delivered digitally (e.g. using video) by adult and older adult community mental health services



Percentage of contacts delivered digitally (e.g. using video) during June 2020 by adult and older adult community mental health services



2019 data for time series not available





Mental Health – crisis services

Mental Health – Crisis Resolution and Home Treatment Services

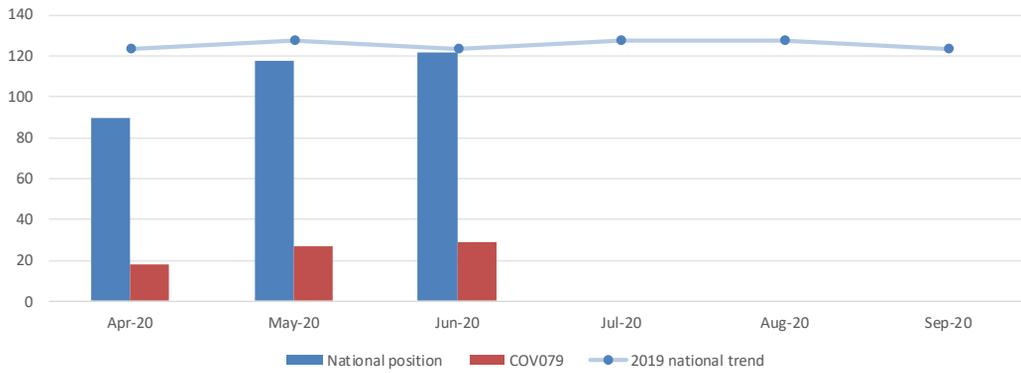
Crisis Resolution and Home Treatment (CRHT) teams reported a substantial fall in referral numbers during April, with a rate 27% lower than during a comparable period in 2019. However, May and June 2020 saw a notable increase, and this month crisis referrals were only 2% below previously reported levels. Additionally, referral acceptance rates remain high at 93%, and represent some of the highest referral acceptance rates seen in mental health services.

Although referrals have increased, CRHT contacts remain around 10% below previous levels. There has also been a switch towards use of non-face to face contacts, though not to the extent demonstrated in other community teams. CRHT teams delivered approximately half of their contacts in a non-face to face manner in June 2020.

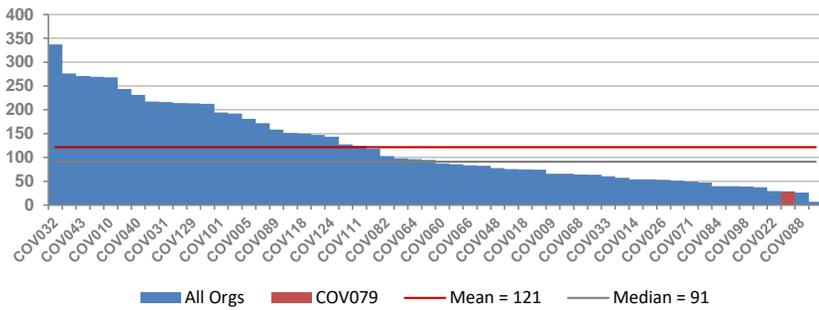


Mental Health – Crisis Resolution and Home Treatment Services

Total referrals received by CRHTs during the month per 100,000 registered population

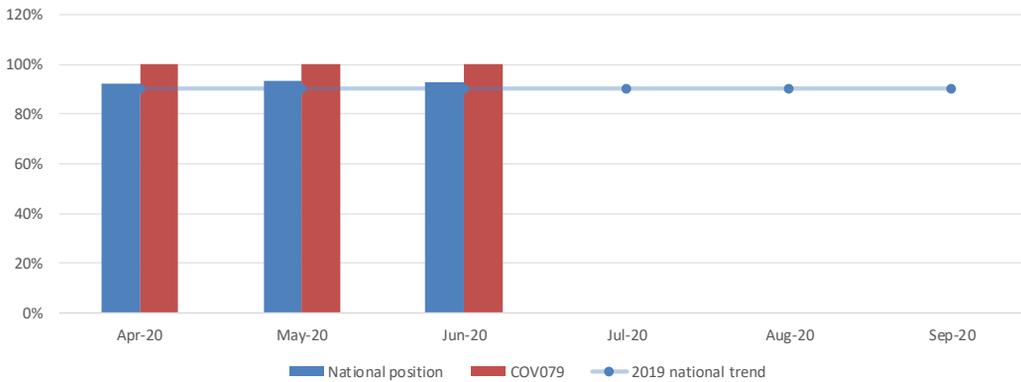


Total referrals received by CRHTs during June 2020 per 100,000 registered population

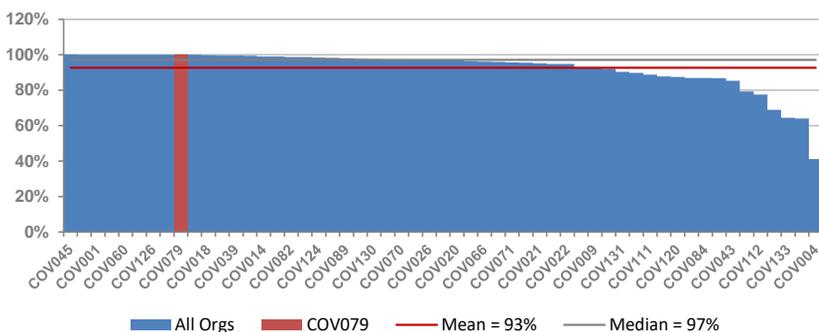


	2018/19	Jun-20	Change
National average	123	121	-2%
COV079	29	29	-1%

Referral acceptance rates across CRHTs



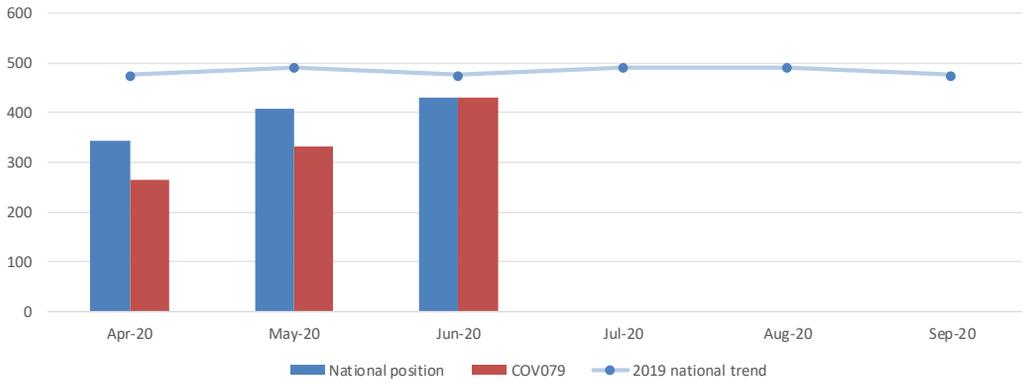
Referral acceptance rates across CRHTs during June 2020



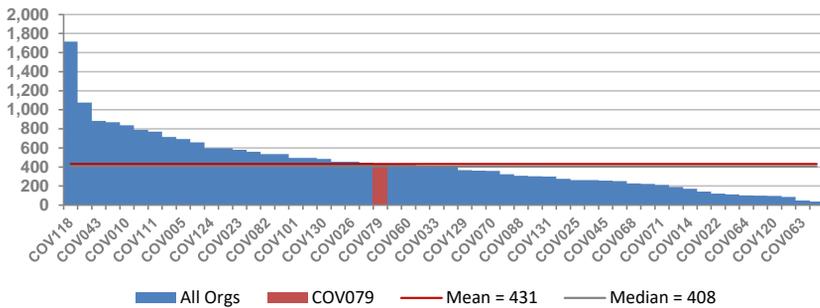
	2018/19	Jun-20	Change
National average	90%	93%	3%
COV079	85%	100%	17%

Mental Health – Crisis Resolution and Home Treatment Services

Total contacts delivered by CRHTs per 100,000 registered population

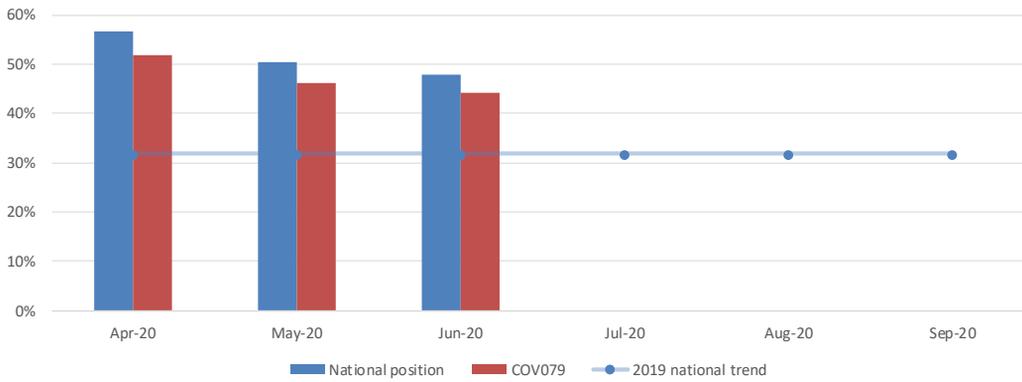


Total contacts delivered by CRHTs during June 2020 per 100,000 registered population

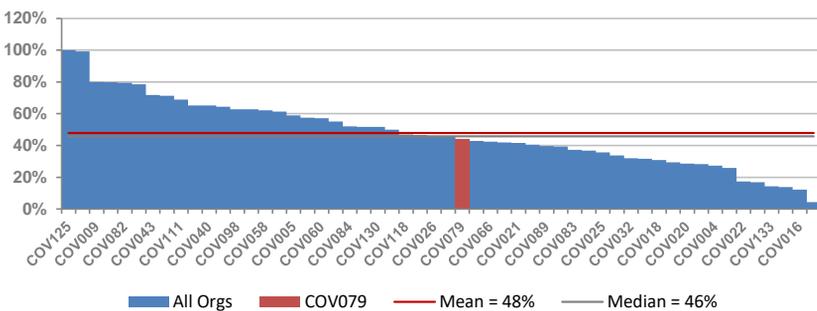


	2018/19	Jun-20	Change
National average	476	431	-10%
COV079	447	432	-3%

Percentage of contacts delivered in a non-face to face format by CRHTs



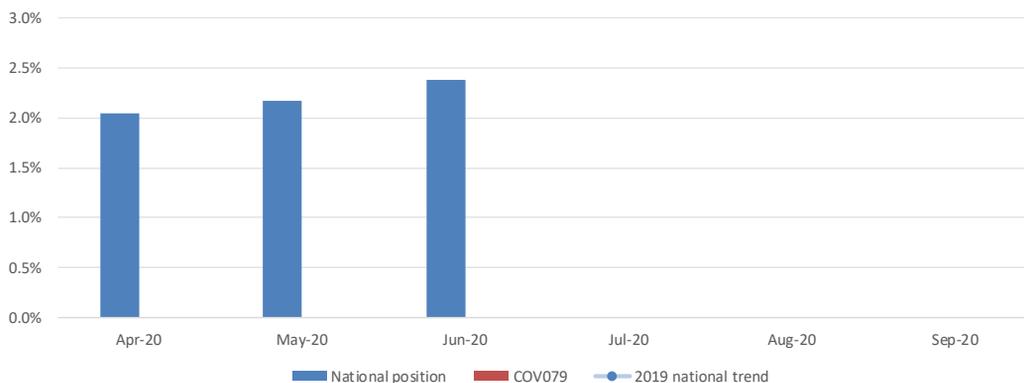
Percentage of CRHT contacts delivered in a non-face to face format during June 2020



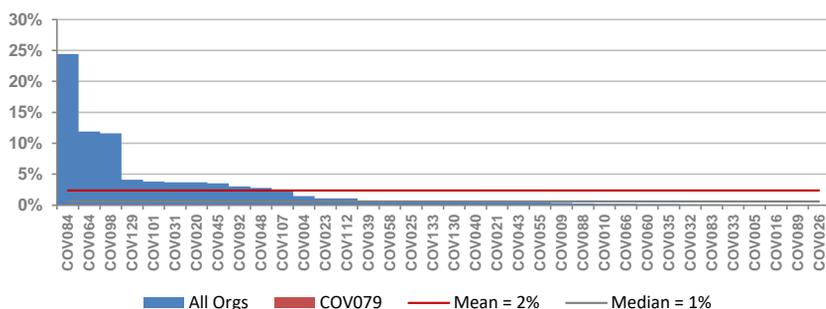
	2018/19	Jun-20	Change
National average	32%	48%	50%
COV079	46%	44%	-4%

Mental Health – Crisis Resolution and Home Treatment Services

Percentage of contacts delivered digitally (e.g. using video) by CRHTs



Percentage of contacts delivered digitally (e.g. using video) by CRHTs during June 2020



2019 data for time series not available





Mental Health – Adult Acute inpatient

Mental Health – Inpatient Services: Adult Acute

Inpatient activity has reduced during the three months of data collection, but to a lesser extent than community-based activity. There has also been a reduction in available bed stock during this period where providers were able to provide comparable data with 2020. This data suggests in some areas that capacity has been downsized. Explanations provided by Trusts and Health Boards confirms some transfer of beds to physical healthcare services as acute overflow capacity, reductions in capacity due to the ring-fencing of specific Covid-19 isolation and contagion wards, some wards being closed due to staffing constraints, and also due to concerns about the physical quality of infrastructure.

As noted earlier, bed occupancy excluding leave has also fallen during this period. Occupancy fell below 70% in late March, but rose to 89% in June 2020, compared to historic positions of 93%.

In line with fewer beds and lower bed occupancy, a corresponding drop in admissions has also been reported, though by June 2020 rates were back to previous levels.

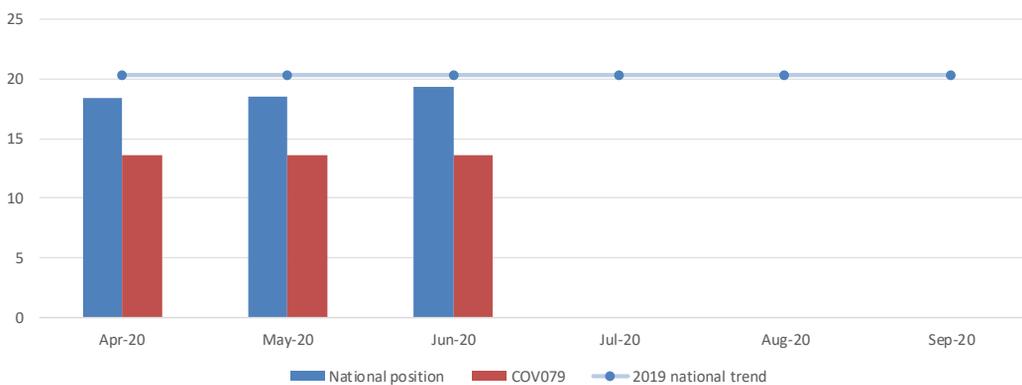
Discharge rates in June 2020 remain lower than in corresponding periods in 2019, suggesting that most additional discharge activity took place in March 2020, enabling the reduced bed occupancy positions evident since the beginning of 2020/21. Feedback from providers suggests a large scale and concerted discharge process took place in the last two weeks of March 2020.

Mental Health Act activity is a new metric for this month. Rates are shown per 100,000 registered population, and as a proportion of admissions. Both reported an increase during June 2020, reflecting fewer beds in the system, and an understandable prioritisation for admissions of patients who are being detained under the MHA. These figures will be monitored closely in coming months.

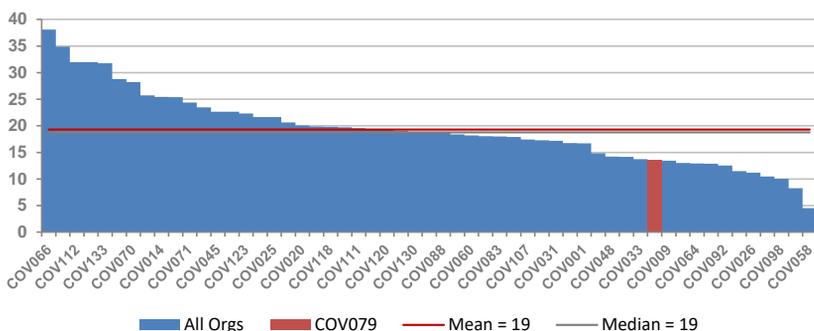


Mental Health – Inpatient Services: Adult Acute

Adult acute beds per 100,000 registered population

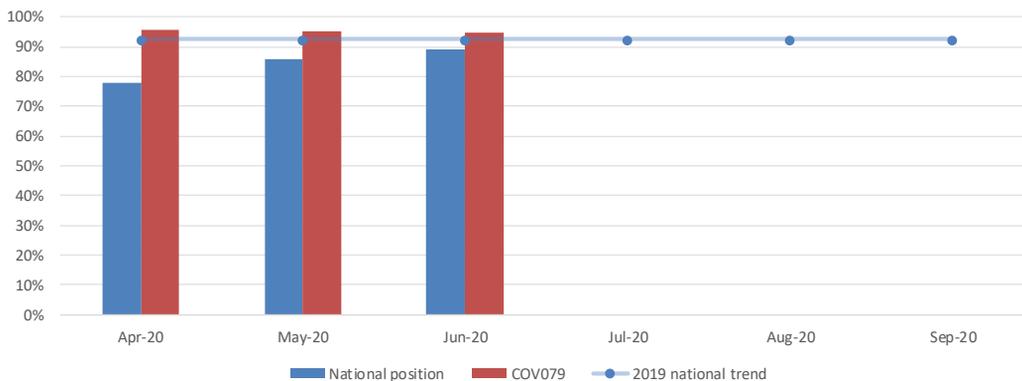


Adult Acute beds per 100,000 registered population during June 2020

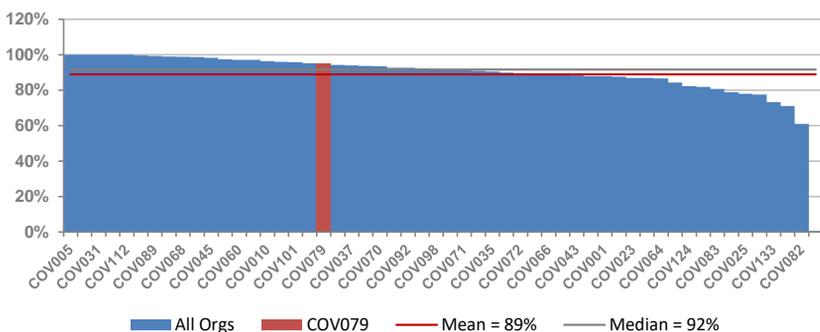


	2018/19	Jun-20	Change
National average	20.4	19.3	-5%
COV079	12.3	13.6	10%

Adult acute bed occupancy rate excluding leave



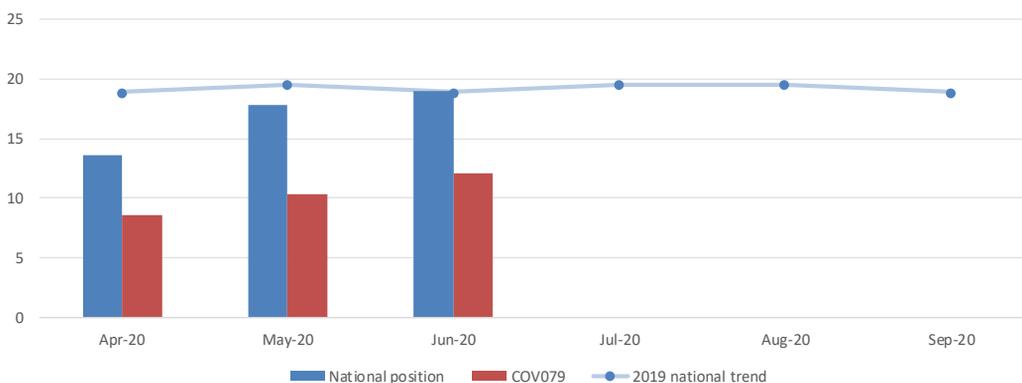
Adult Acute bed occupancy rate during June 2020 excluding leave



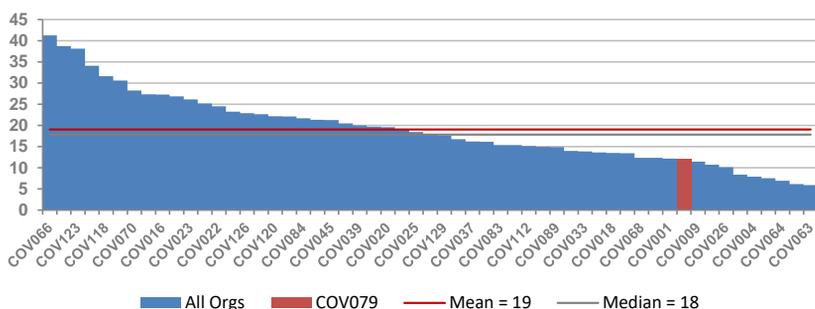
	2018/19	Jun-20	Change
National average	93%	89%	-4%
COV079	97%	95%	-3%

Mental Health – Inpatient Services: Adult Acute

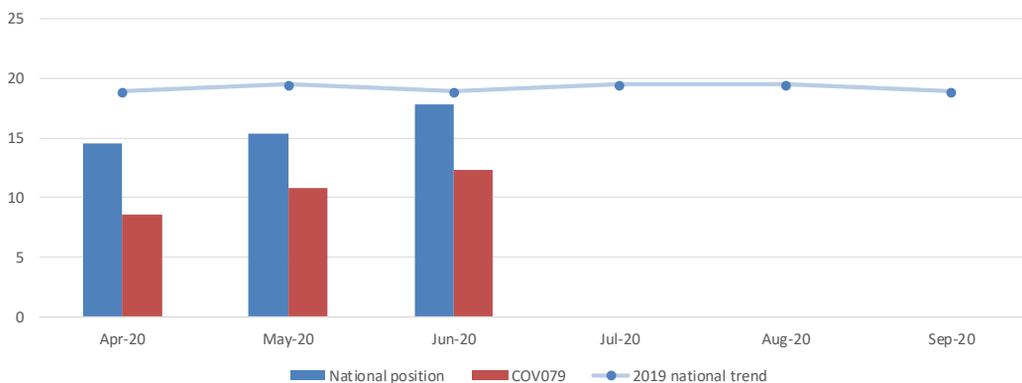
Adult acute admissions per 100,000 registered population



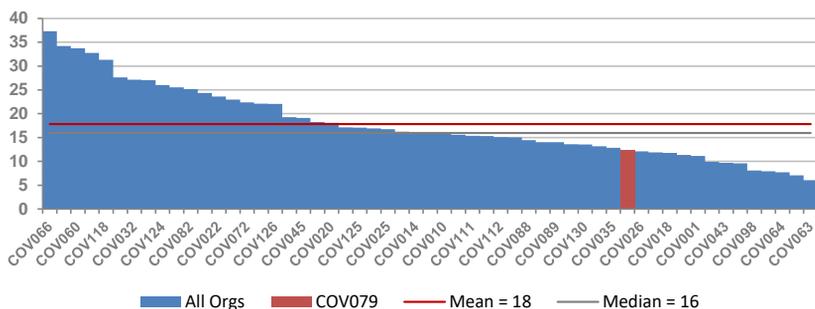
Adult Acute admissions per 100,000 registered population during June 2020



Adult acute discharges per 100,000 registered population

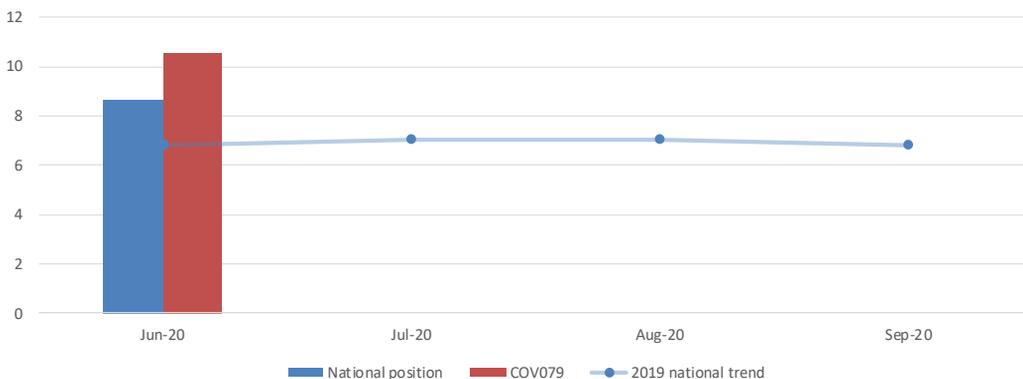


Adult Acute discharges per 100,000 registered population during June 2020

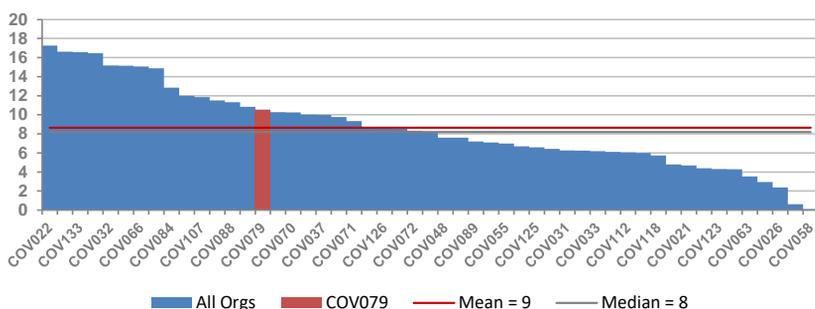


Mental Health – Inpatient Services: Adult Acute

Adult Acute admissions under the mental health act per 100,000 registered population

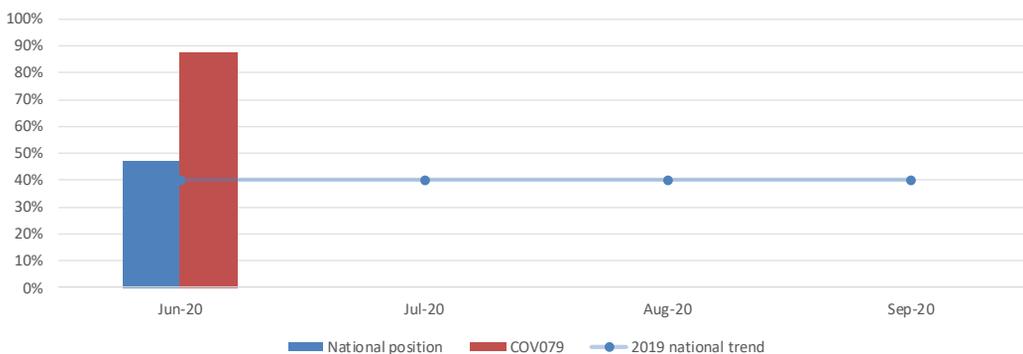


Adult acute admissions under the mental health act per 100,000 registered population

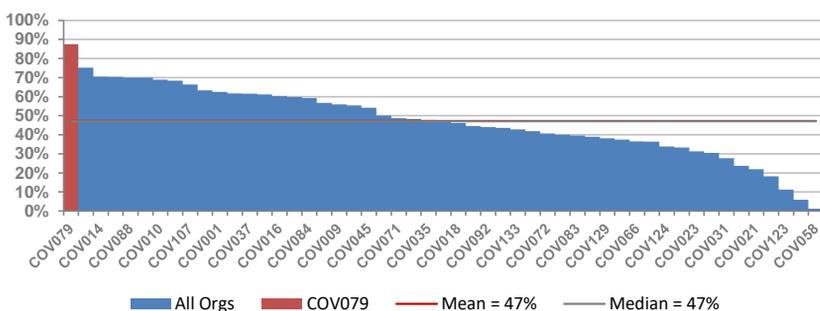


	2018/19	Jun-20	Change
National average	6.8	8.6	27%
COV079	9.1	10.5	15%

Adult acute admissions under the mental health act as a proportion of all adult acute admissions



Adult acute admissions under the mental health act as a proportion of all adult acute admissions



	2018/19	Jun-20	Change
National average	40%	47%	18%
COV079	79%	88%	11%



Mental Health – Older Adult inpatient

Mental Health – Inpatient Services: Older Adult

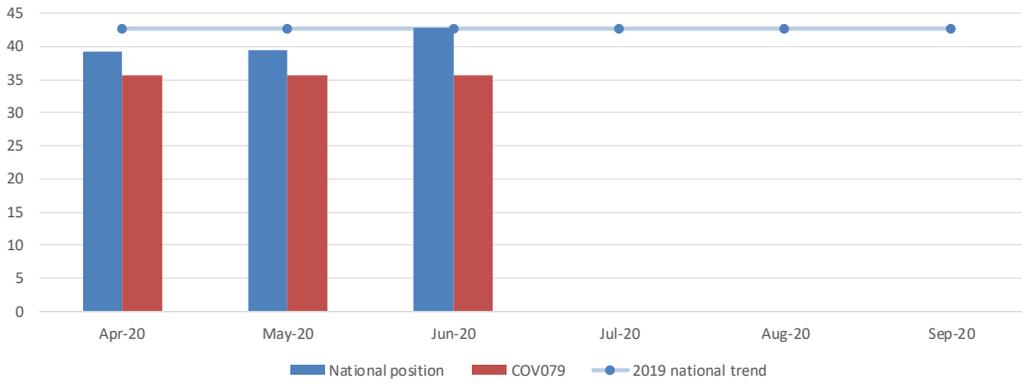
Older Adult bed numbers have remained largely unchanged, though bed occupancy was considerably lower than expected based on historic data. In June 2020, bed occupancy excluding leave remained around 76%, compared to a normal position of 86%. However this does reflect an ongoing recovery within this sector, following historic falls to 69% in April 2020.

Admission rates in June 2020 exceeded those of historical trend data. It is unclear from this data, whether these admissions include readmissions for patients discharged earlier in the pandemic, or admissions for new patients whose health may have deteriorated in recent months. These admissions have been facilitated by the bed occupancy mentioned above, and this figure is therefore likely to continue to recover in coming months.

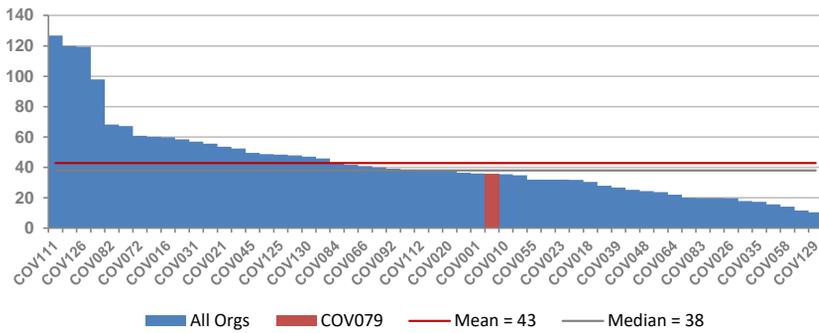


Mental Health – Inpatient Services: Older Adult

Older adult beds per 100,000 registered population

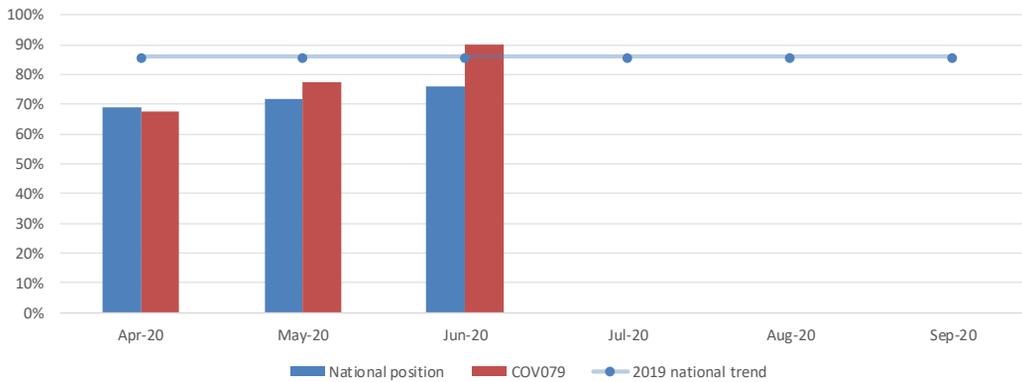


Older Adult beds per 100,000 registered population during June 2020

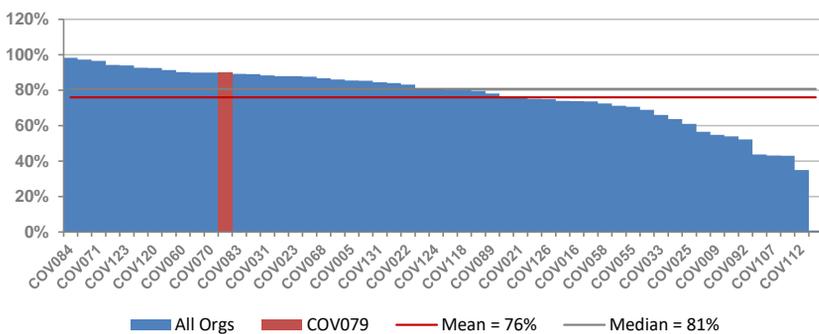


	2018/19	Jun-20	Change
National average	42.8	42.8	0%
COV079	35.6	35.6	0%

Older adult bed occupancy rate excluding leave



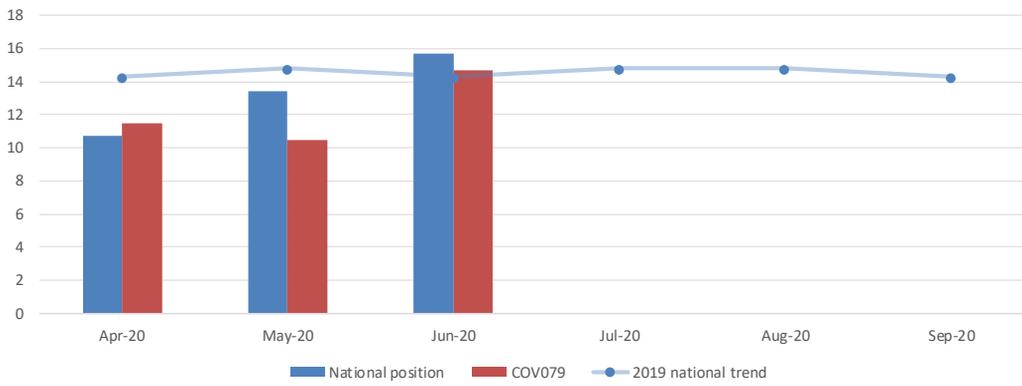
Older Adult bed occupancy rate during June 2020 excluding leave



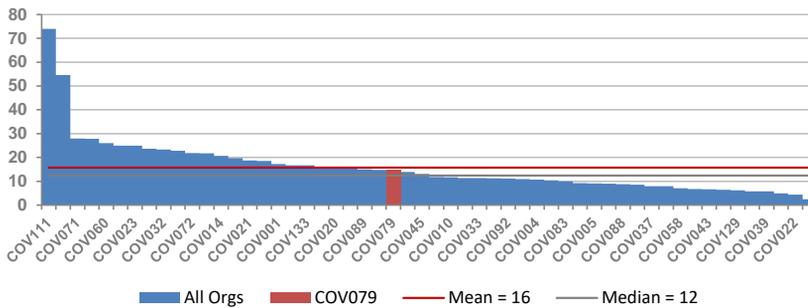
	2018/19	Jun-20	Change
National average	86%	76%	-11%
COV079	90%	90%	0%

Mental Health – Inpatient Services: Older Adult

Older adult admissions per 100,000 registered population

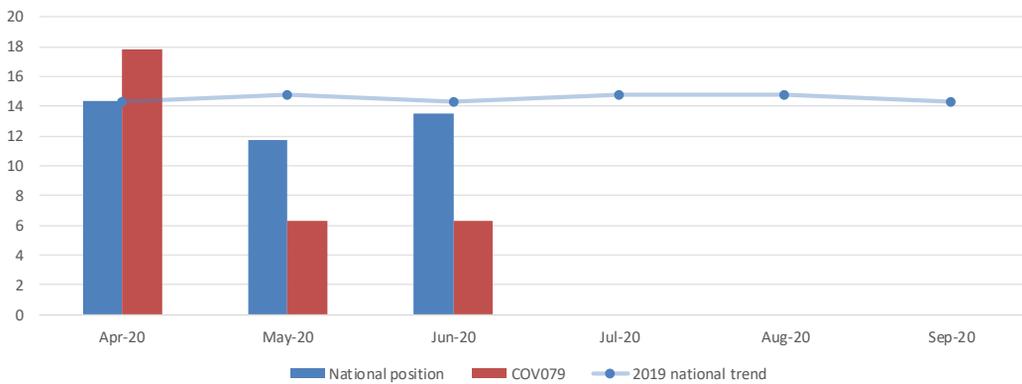


Older Adult admissions per 100,000 registered population during June 2020

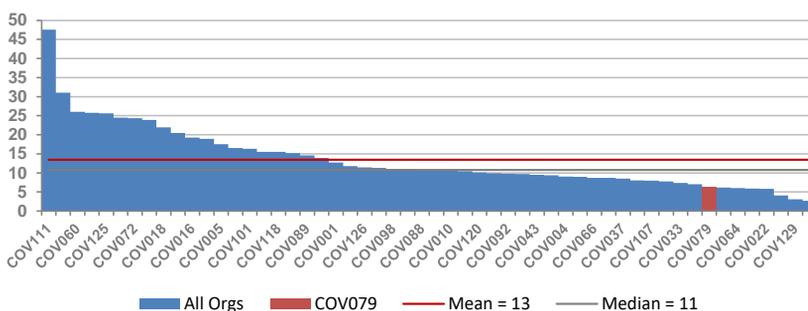


	2018/19	Jun-20	Change
National average	14.3	15.7	10%
COV079	9.5	14.7	53%

Older adult discharges per 100,000 registered population



Older Adult discharges per 100,000 registered population during June 2020



	2018/19	Jun-20	Change
National average	14.3	13.5	-6%
COV079	10.2	6.3	-38%



CAMHS



CAMHS referrals have seen the largest reduction of any mental health service, with 52% fewer referrals received in April 2020 compared to the same period last year. This is likely linked to the closures of schools, and therefore the reduction in referrals from the education system. During 2018/19, these referrals represented 13% of all referrals into CAMHS. Although referral rates increased during May and June 2020, rates were still 20% below previous levels. The relative lack of access to primary care and other services such as Speech and Language Therapy during this period no doubt also contributed to the drop in referral volumes.

A positive finding for the CAMHS sector is the increase in referral acceptance rates seen during this period. The 76% average acceptance rate from the last few years increased to 86% during April and May 2020, highlighting the ability of CAMHS to respond positively to referrals coming in during this time, and mitigating the impact of falling caseloads. By June 2020, the acceptance rate had dropped to 82%, in response to the rising number of referrals. If this continues, previous acceptance rates may once again become the norm as referral rates return to previous levels.

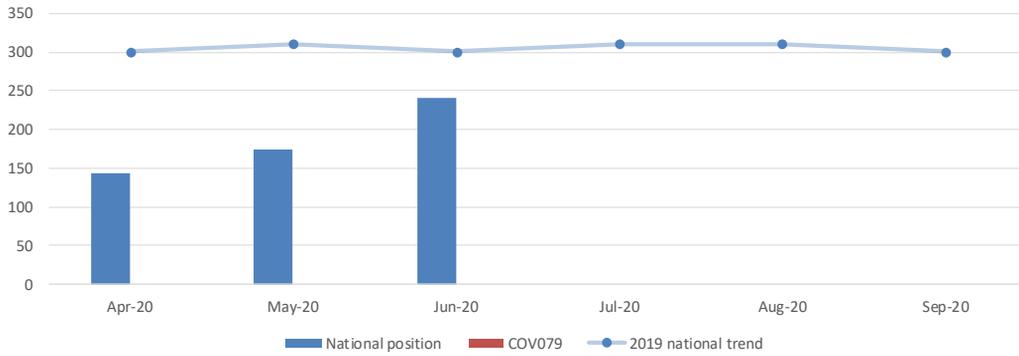
CAMHS caseloads in June 2020 exceeded previous levels, and around 43% of children and young people on caseload received a clinical contact during the month. Contact rates in June 2020 have increased by around 8%, which is a positive finding for the CAMHS sector at this time. Levels of activity reflect strong adoption of digital consultations with approximately 20% of all contacts delivered through this medium in June 2020.

Bed occupancy within CAMHS inpatient units decreased to around 63% in April 2020. However, June's figure of 71% brings the sector back to previous historical trend levels.

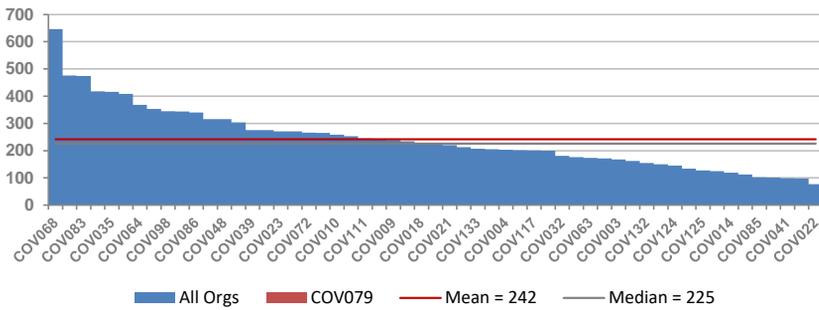


CAMHS – Community Services

Total referrals received by CAMHS community teams during the month per 100,000 registered population

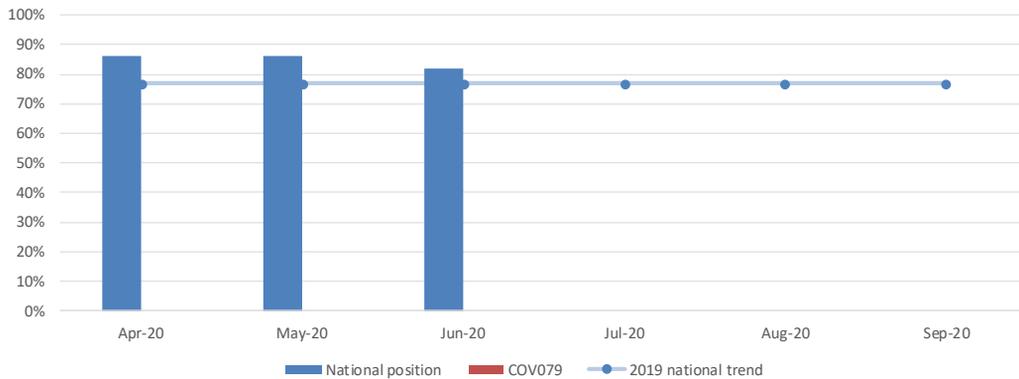


Total referrals received by CAMHS community teams during June 2020 per 100,000 registered population

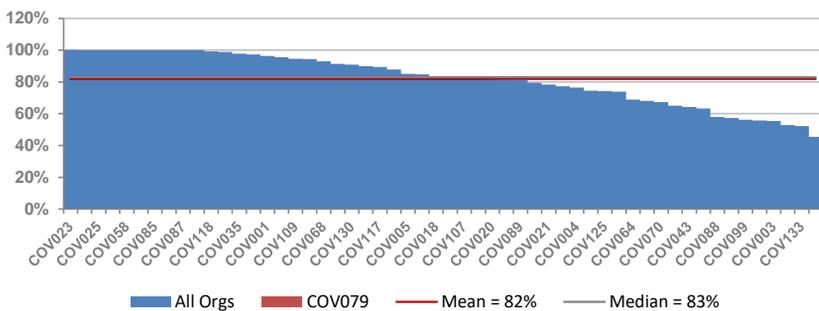


	2018/19	Jun-20	Change
National average	301	242	-20%
COV079	-	0	-

Referral acceptance rates across CAMHS community teams



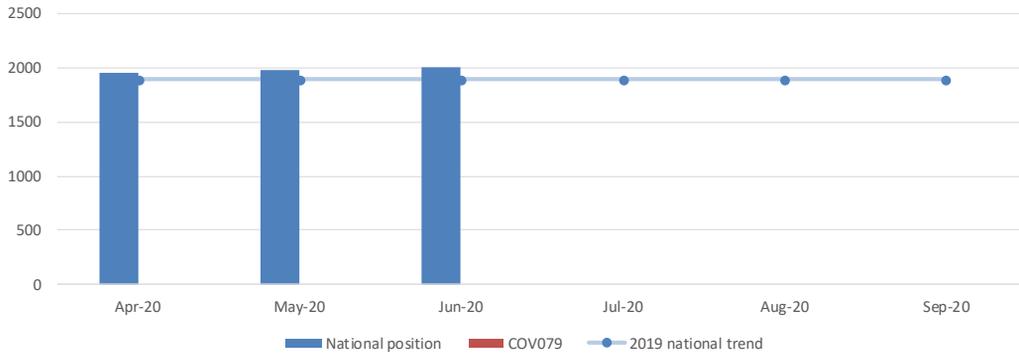
Referral acceptance rate across CAMHS community teams during June 2020



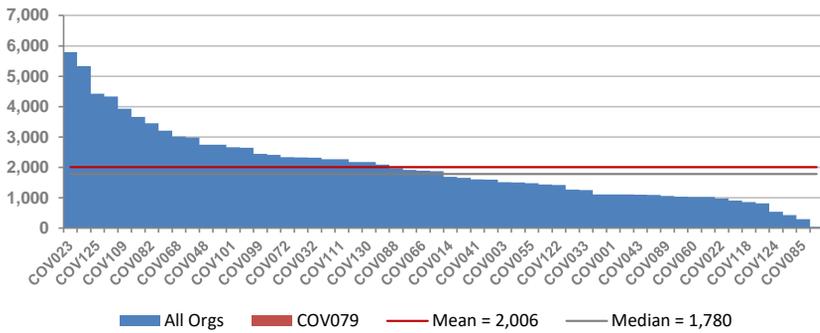
	2018/19	Jun-20	Change
National average	77%	82%	7%
COV079	-	-	-

CAMHS – Community Services

Total caseload of CAMHS community teams at month end per 100,000 registered population

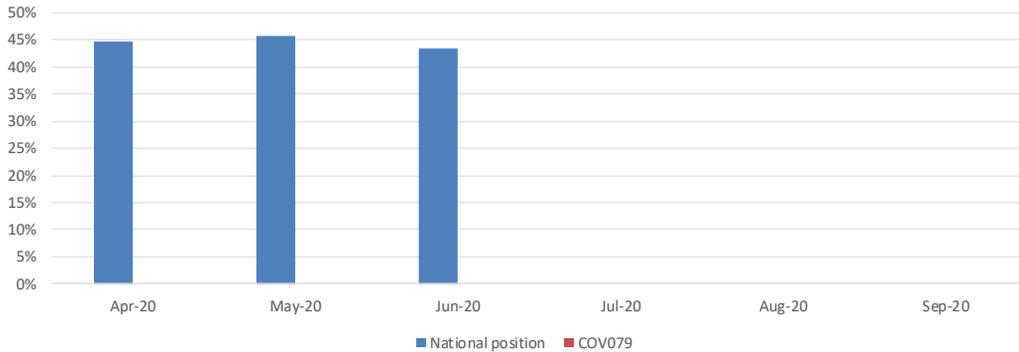


CAMHS caseload as at 30th June 2020 per 100,000 registered population

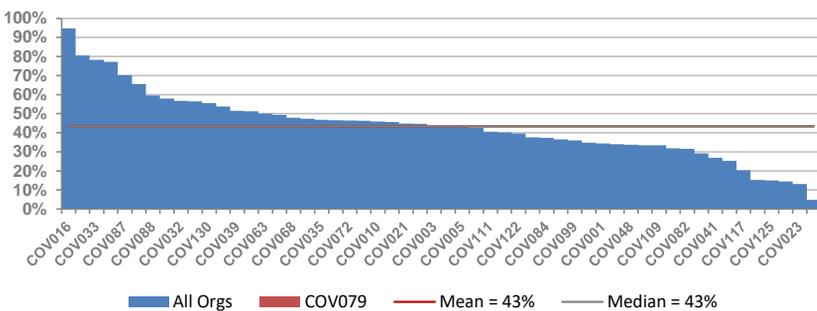


	2018/19	Jun-20	Change
National average	1890	2006	6%
COV079	-	0	-

Percentage of patients in contact with CAMHS community teams who had a clinical contact during the month



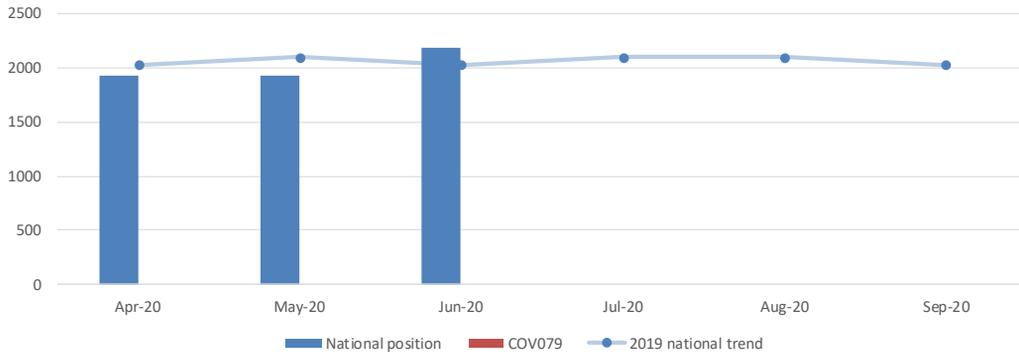
Percentage of CAMHS caseload at 30th June 2020 who had a clinical contact during the month



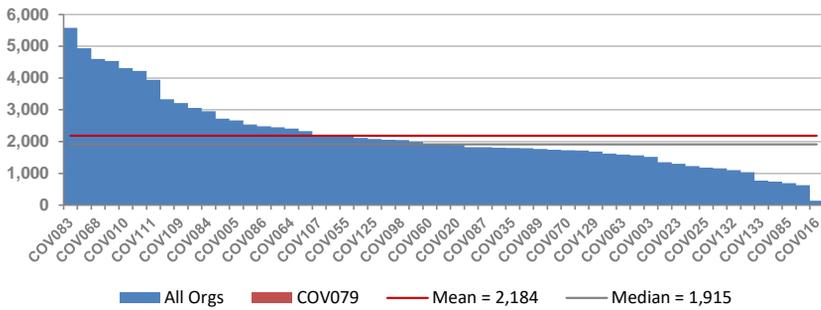
2019 data for time series not available

CAMHS – Community Services

Total contacts delivered by CAMHS community teams per 100,000 registered population

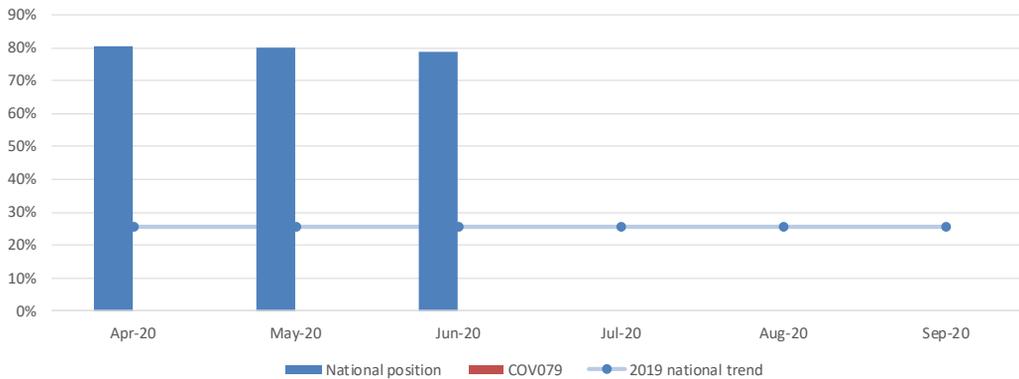


Total contacts delivered by CAMHS community teams during June 2020 per 100,000 registered population

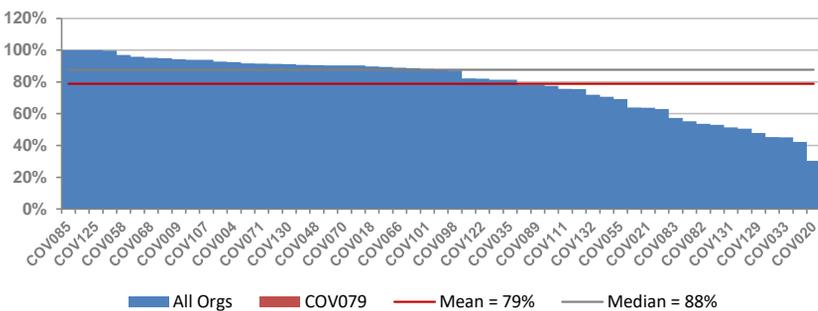


	2018/19	Jun-20	Change
National average	2028	2184	8%
COV079	-	0	-

Percentage of contacts delivered in a non-face to face format by CAMHS



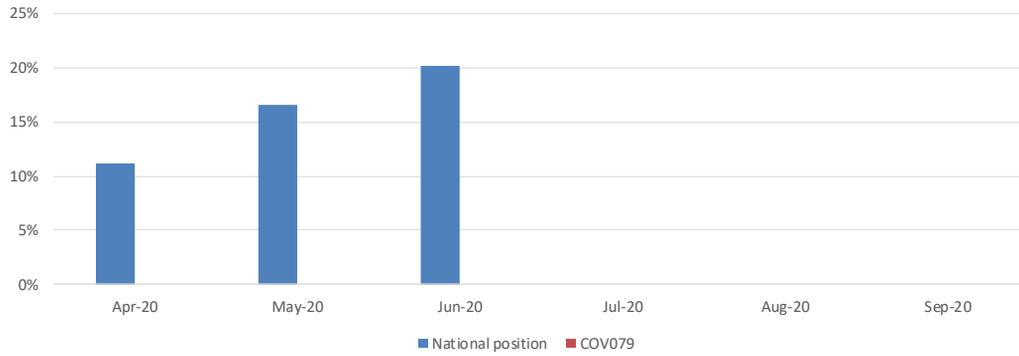
Percentage of CAMHS community team contacts delivered in a non-face to face format during June 2020



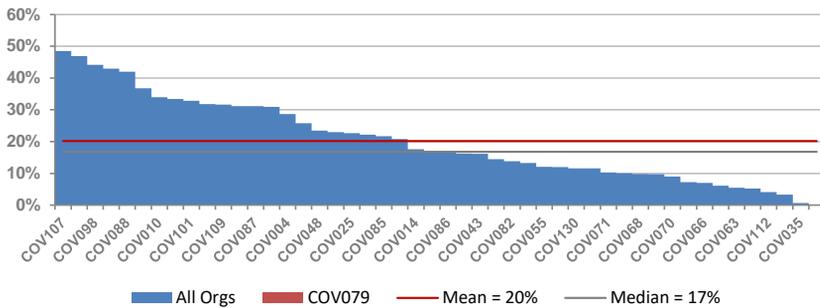
	2018/19	Jun-20	Change
National average	26%	79%	207%
COV079	-	-	-

CAMHS – Community Services

Percentage of CAMHS community team contacts delivered digitally (e.g. using video)



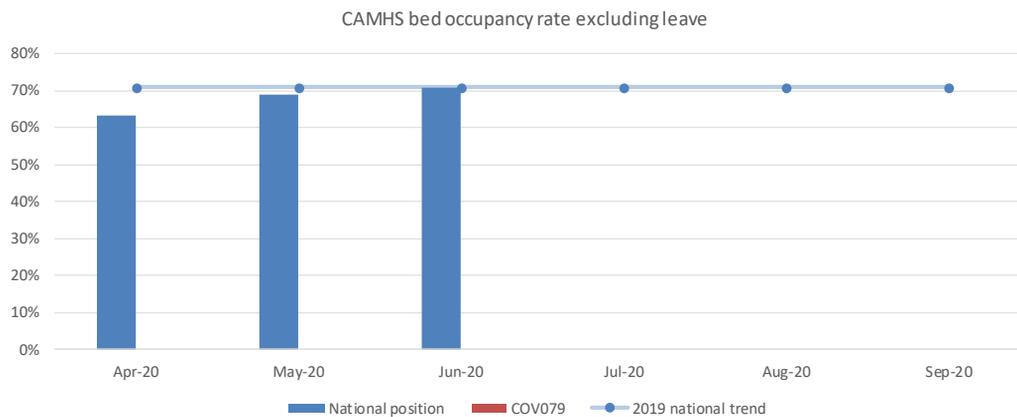
Percentage of CAMHS community team contacts delivered digitally (e.g. using video) during June 2020



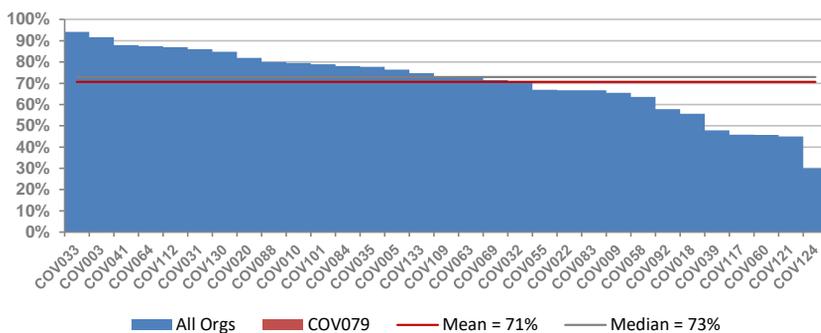
2019 data for time series not available



CAMHS – Inpatient Services



CAMHS bed occupancy rate during June 2020 excluding leave



	2018/19	Jun-20	Change
National average	71%	71%	0%
COV079	-	-	-





Learning Disabilities and ASD

LD and ASD – Adult and child

Services for people with a learning disability and / or Autism rightly remain high profile during the pandemic. People with a learning disability have excess mortality compared to the general population and the need to monitor service access and service delivery during the pandemic is of paramount importance.

From June 2020, metrics include services for both adults and children.

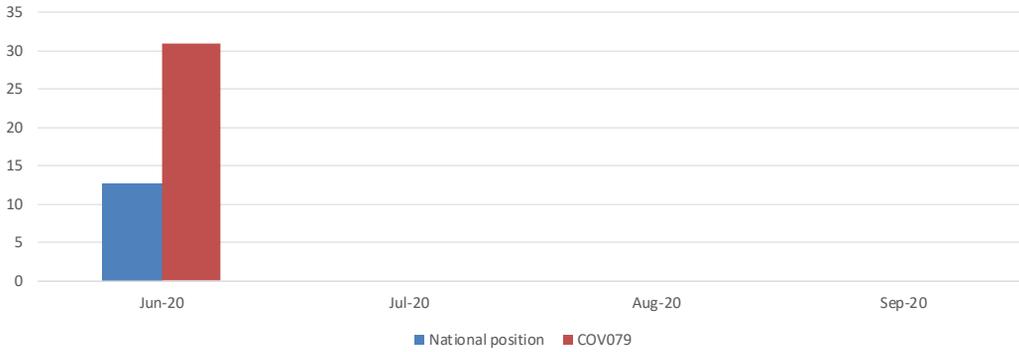
In adult services, around 41% of service users on caseload received a clinical contact during the month, which is in line with other service types. Similarly, there has been a bold switch to non-face to face appointments. Most of these are telephone based, but around 9% of all contacts were delivered through digital means. Within children's services, digital use is greater, with 14% of contacts on average delivered in this format.

In inpatient services, adult beds saw occupancy rates of 70% on average during June 2020. This is higher than seen in children's beds, though it should be noted that only a very small number of providers have dedicated learning disability beds for children and young people.

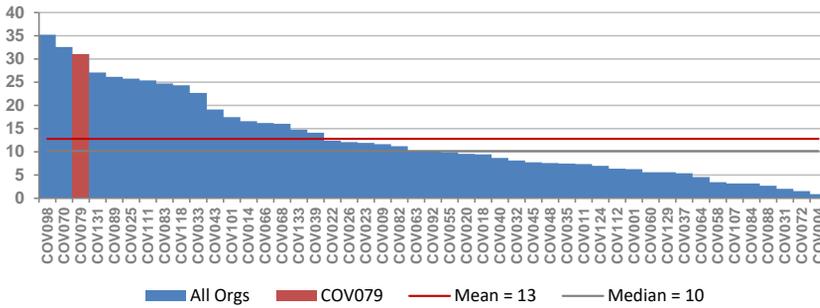


LD and ASD – Community services (adult)

Total referrals received by adult learning disability services during the month per 100,000 registered population

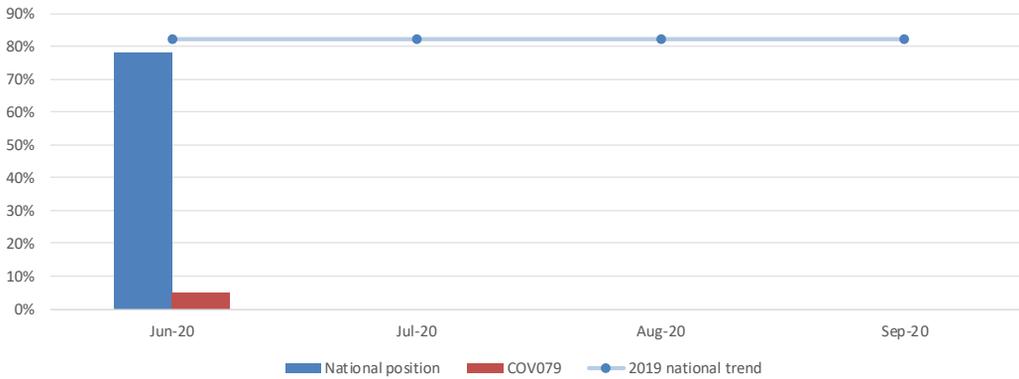


Total referrals received by adult learning disability services during June 2020 per 100,000 registered population

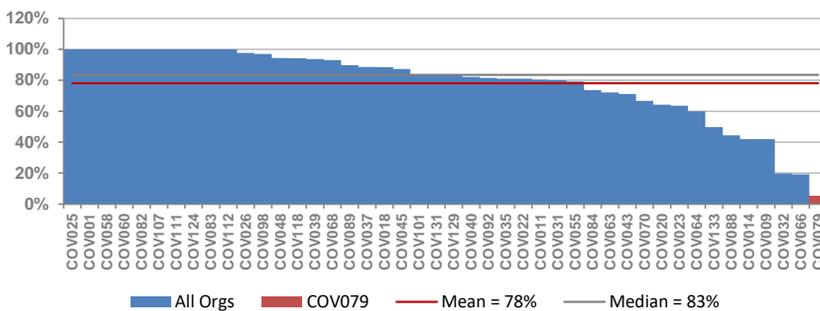


2019 data for time series not available

Referral acceptance rates across adult learning disability services during the month



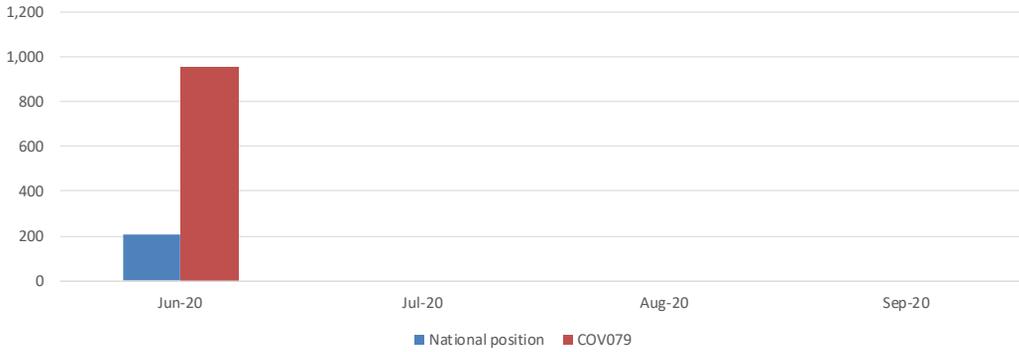
Referral acceptance rates across adult learning disability services during June 2020



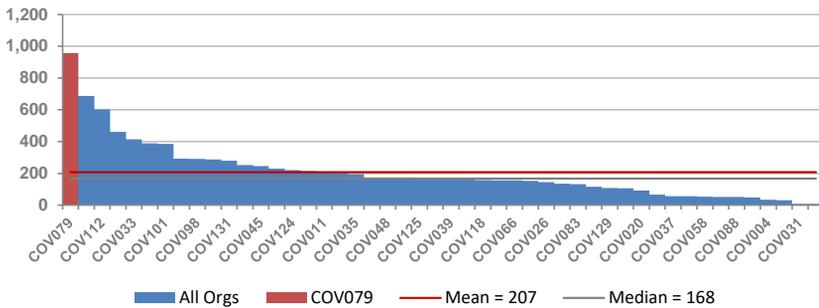
	2018/19	Jun-20	Change
National average	82%	78%	-5%
COV079	78%	5%	-93%

LD and ASD – Community services (adult)

Adult learning disability services caseload as at 30th June 2020 per 100,000 registered population

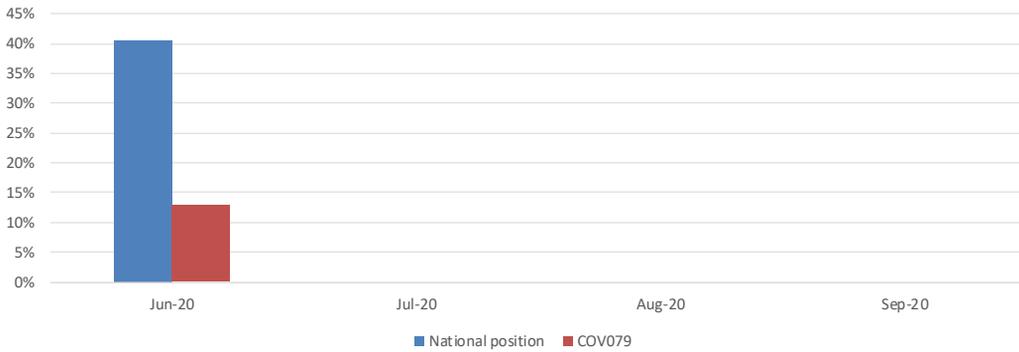


Adult learning disability services caseload as at 30th June 2020 per 100,000 registered population

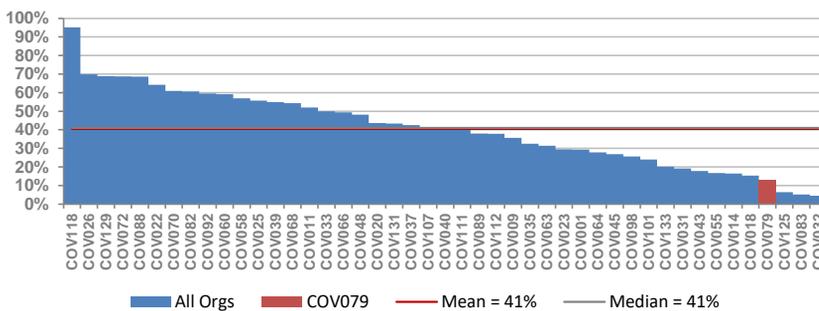


2019 data for time series not available

Percentage of caseload of adult learning disability services who had a clinical contact during the month



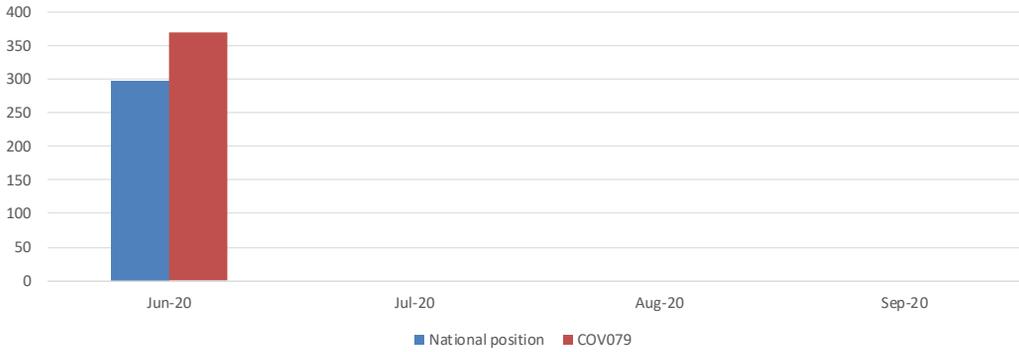
Percentage of caseload of adult learning disability services at 30th June 2020 who had a clinical contact during the month



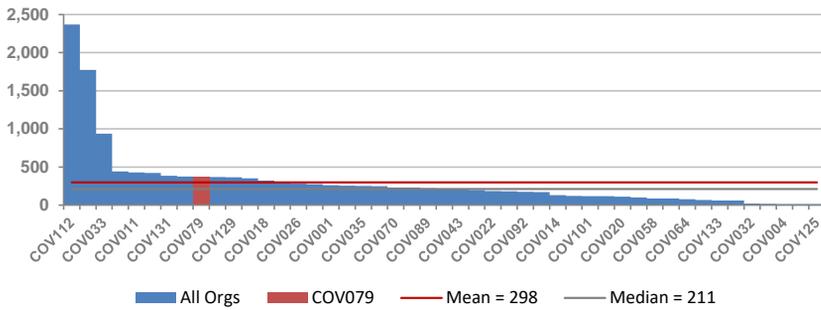
2019 data for time series not available

LD and ASD – Community services (adult)

Total contacts delivered by adult learning disability services in the month per 100,000 registered population

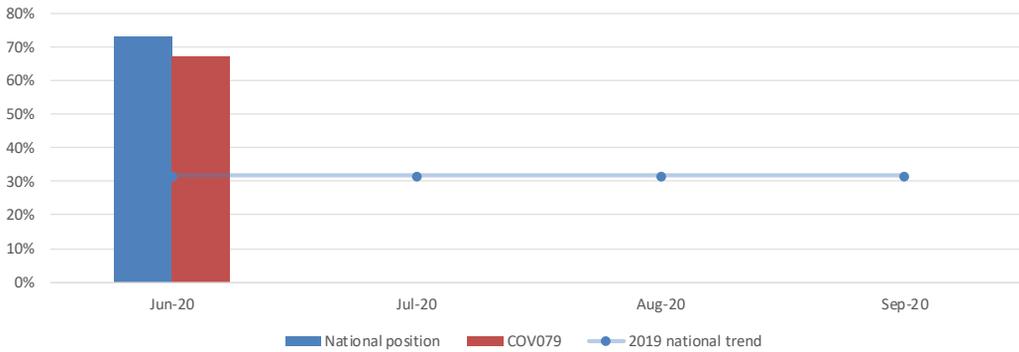


Total contacts delivered by adult learning disability services during June 2020 per 100,000 registered population

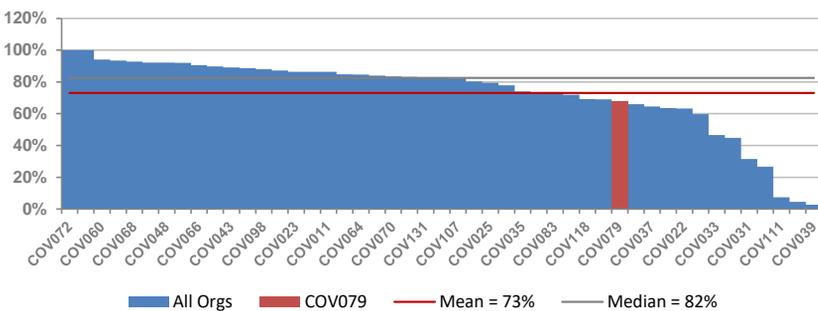


2019 data for time series not available

Percentage of adult learning disability services contacts delivered in a non-face to face format during the month



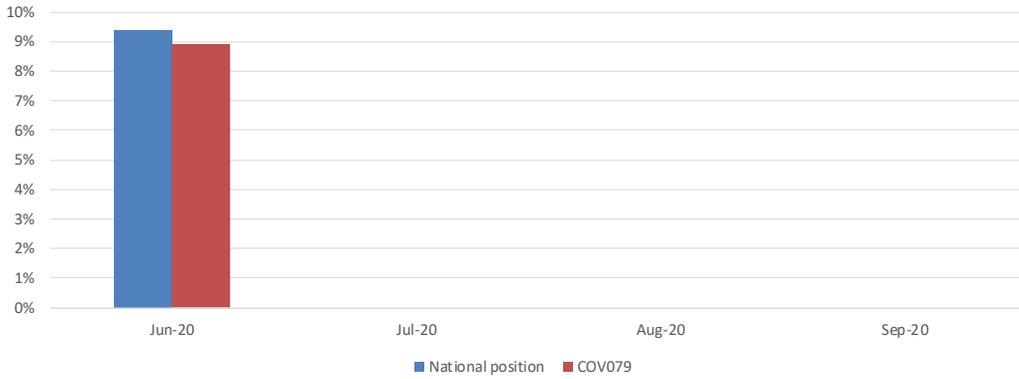
Percentage of adult learning disability services contacts delivered in a non-face to face format during June 2020



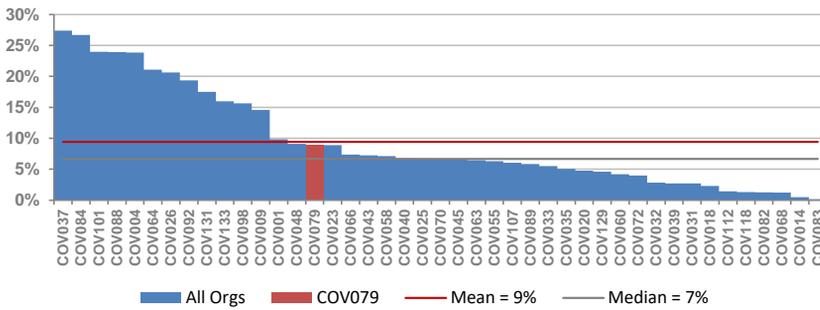
	2018/19	Jun-20	Change
National average	32%	73%	130%
COV079	22%	68%	204%

LD and ASD – Community services (adult)

Percentage of adult learning disability services contacts delivered digitally during the month



Percentage of adult learning disability services contacts delivered digitally (e.g. using video) during June 2020

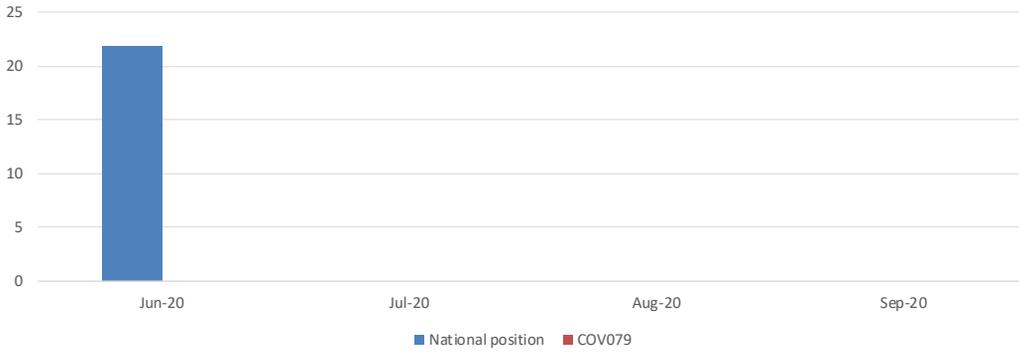


2019 data for time series not available

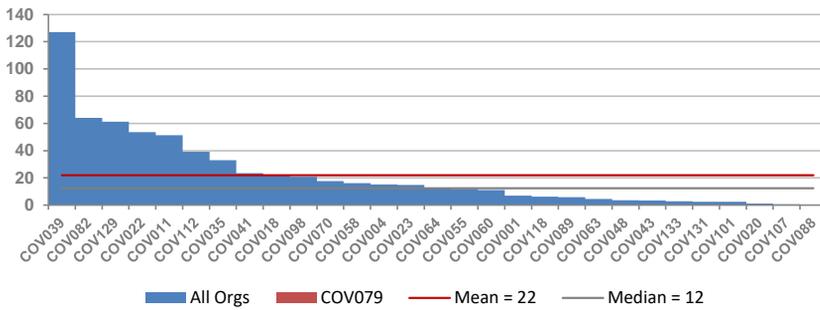


LD and ASD – Community services (child)

Total referrals received by child learning disability services during the month per registered 100,000 population

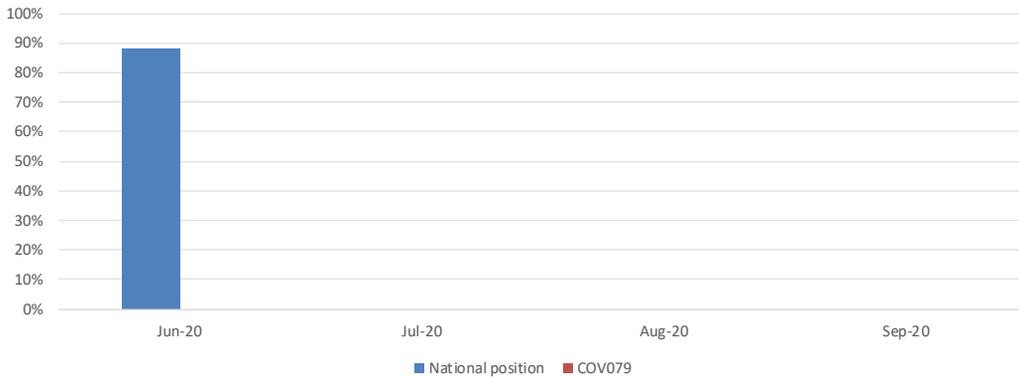


Total referrals received by child learning disability services during June 2020 per 100,000 registered population

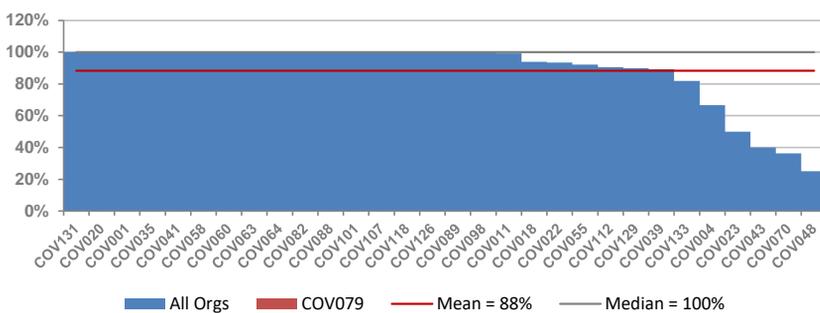


2019 data for time series not available

Referral acceptance rates across child learning disability services during the month



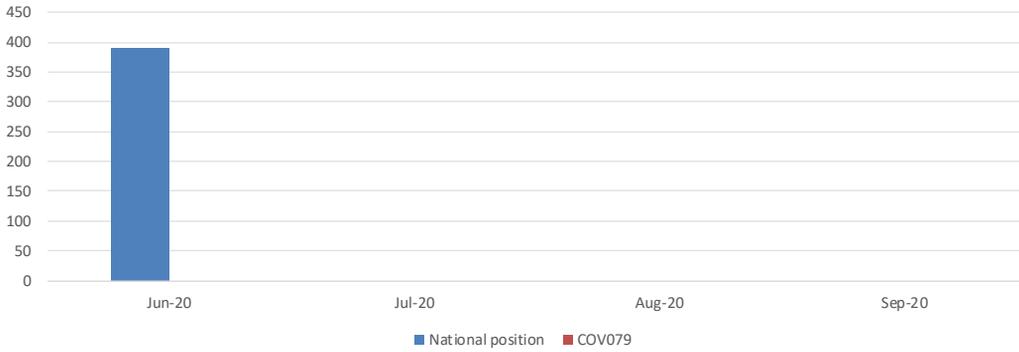
Referral acceptance rates across child learning disability services during June 2020



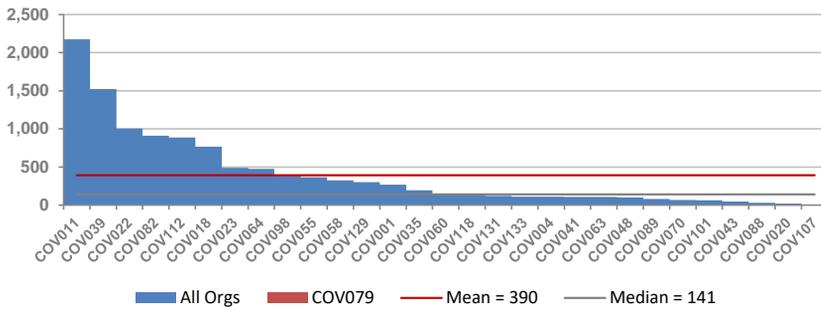
2019 data for time series not available

LD and ASD – Community services (child)

Child learning disability services caseload as at 30th June 2020 per 100,000 registered population

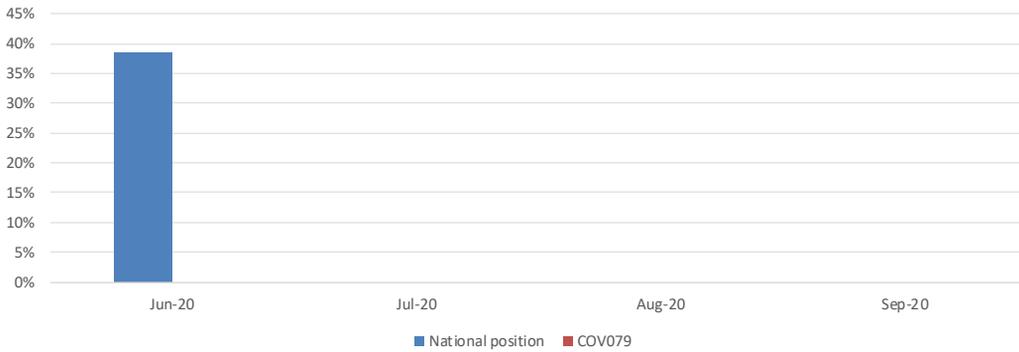


Child learning disability services caseload as at 30th June 2020 per 100,000 registered population

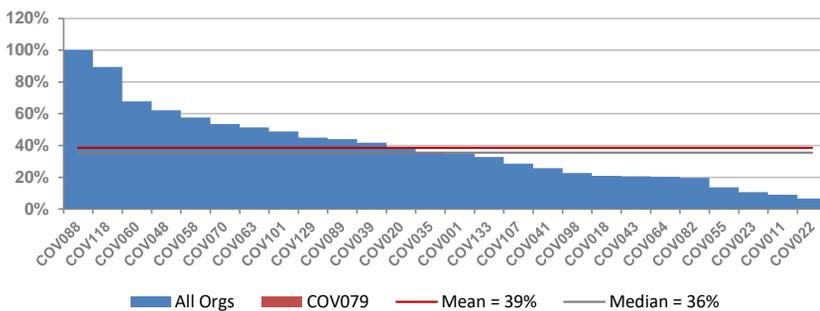


2019 data for time series not available

Percentage of caseload of child learning disability services who had a clinical contact during the month



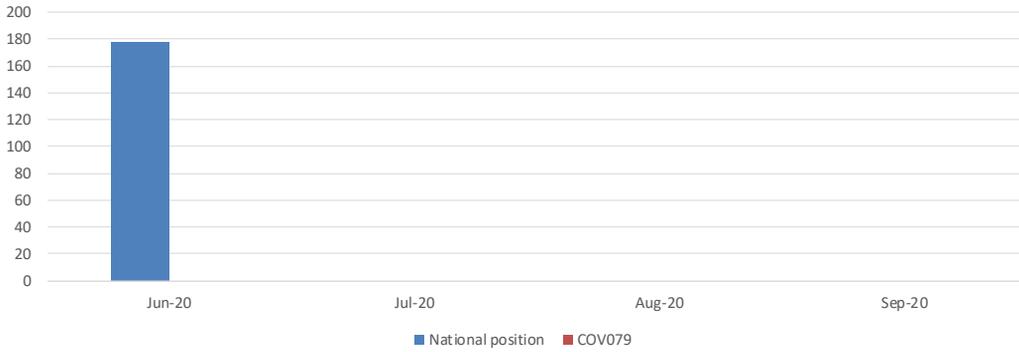
Percentage of caseload of child learning disability services at 30th June 2020 who had a clinical contact during the month



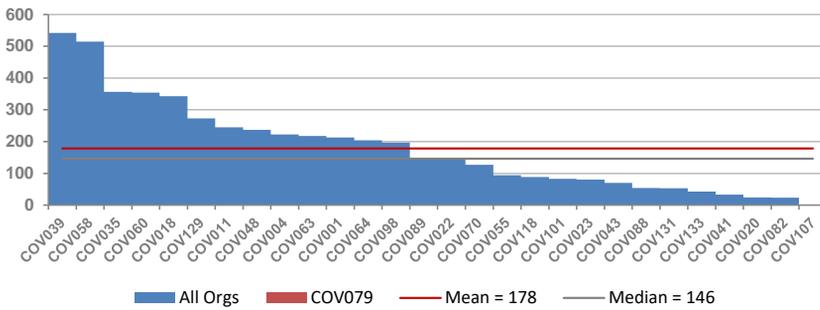
2019 data for time series not available

LD and ASD – Community services (child)

Total contacts delivered by child learning disability services in the month per 100,000 registered population

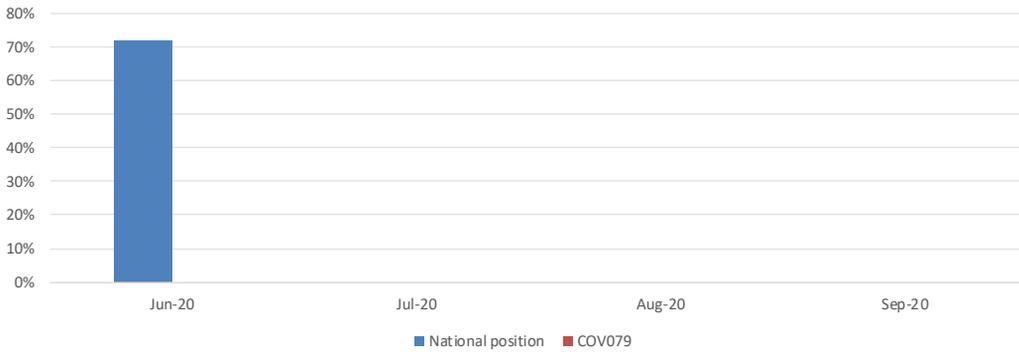


Total contacts delivered by child learning disability services during June 2020 per 100,000 registered population

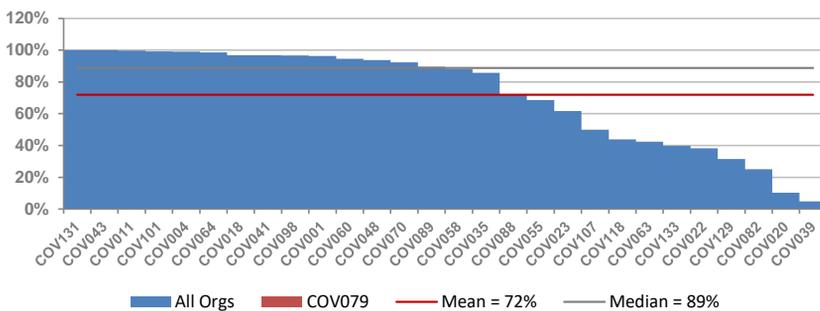


2019 data for time series not available

Percentage of child learning disability services contacts delivered in a non-face to face format during the month



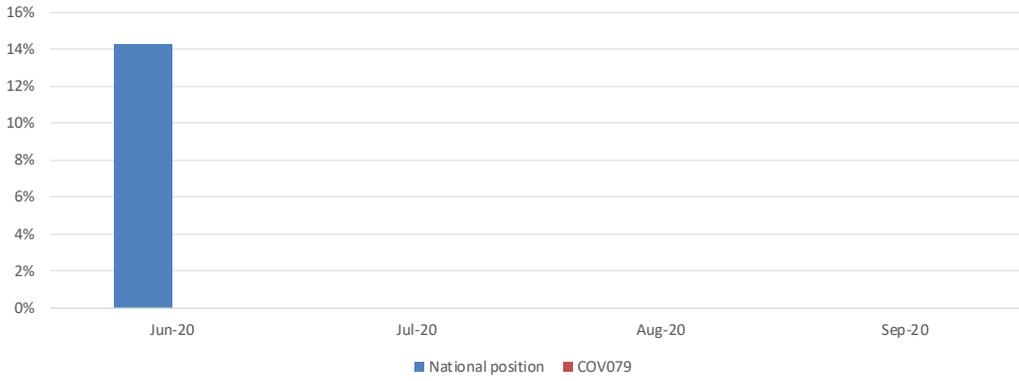
Percentage of child learning disability services contacts delivered in a non-face to face format during June 2020



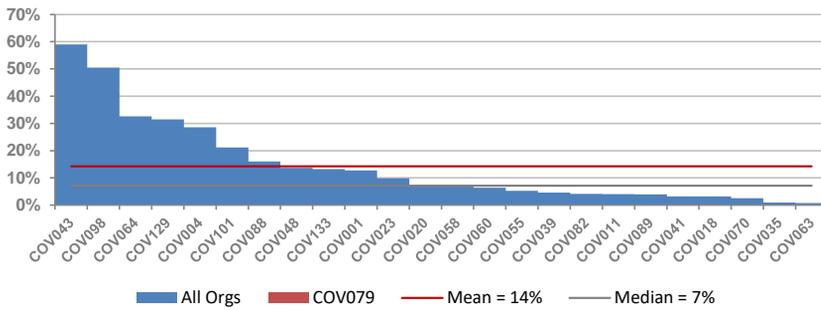
2019 data for time series not available

LD and ASD – Community services (child)

Percentage of child learning disability services contacts delivered digitally during the month



Percentage of child learning disability services contacts delivered digitally (e.g. using video) during June 2020

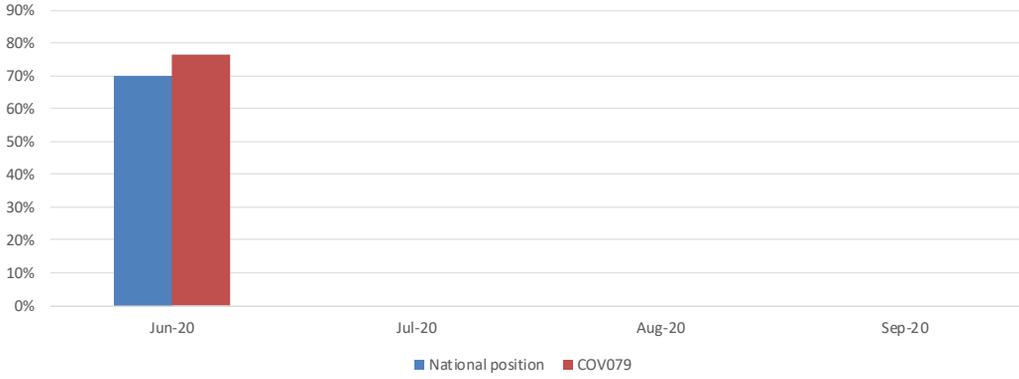


2019 data for time series not available

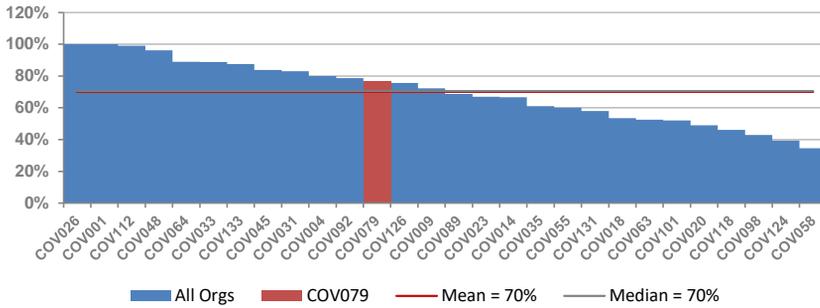


LD and ASD – Inpatient services (adult)

Adult learning disability bed occupancy rate during the month (excluding leave)



Adult learning disability bed occupancy rate during June 2020 excluding leave

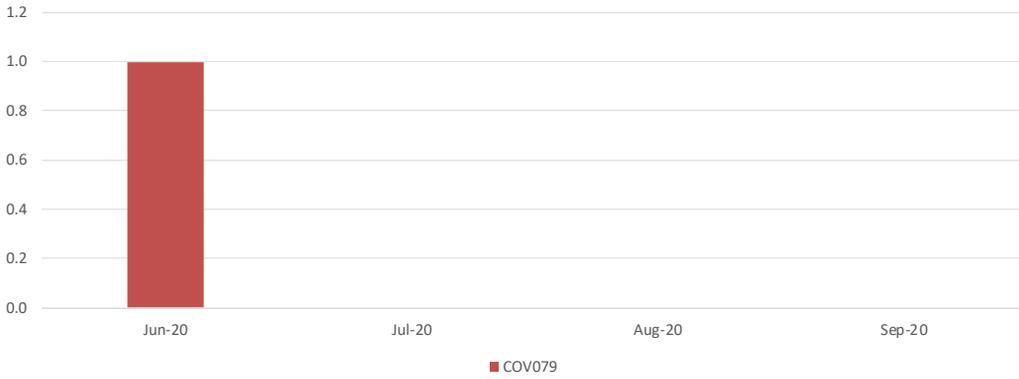


2019 data for time series not available

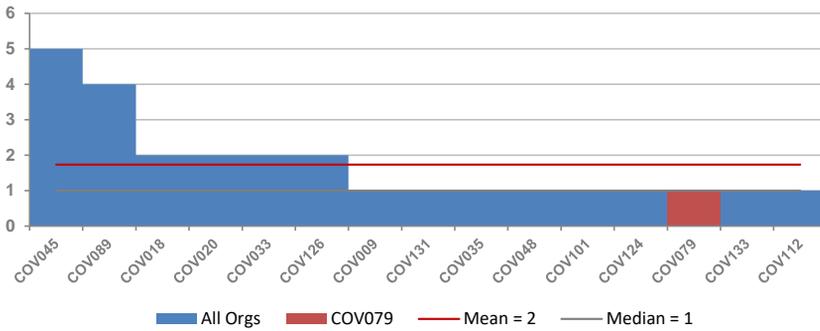


LD and ASD – Inpatient services (adult)

Adult learning disability admissions during the month

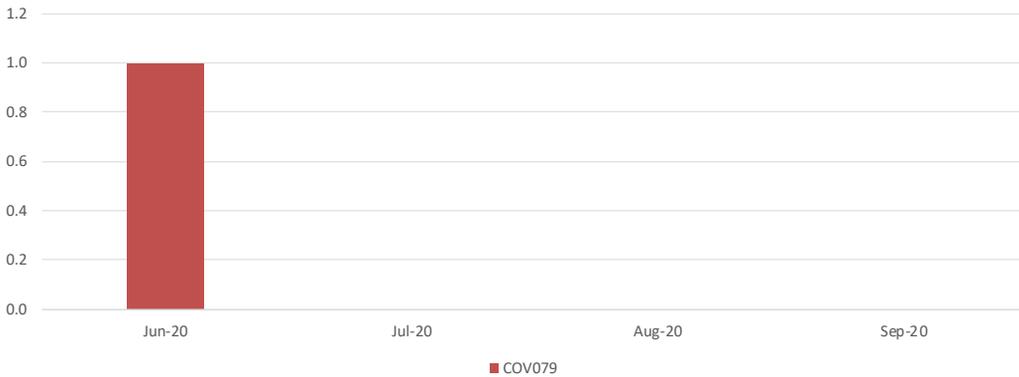


Adult learning disability admissions during June 2020

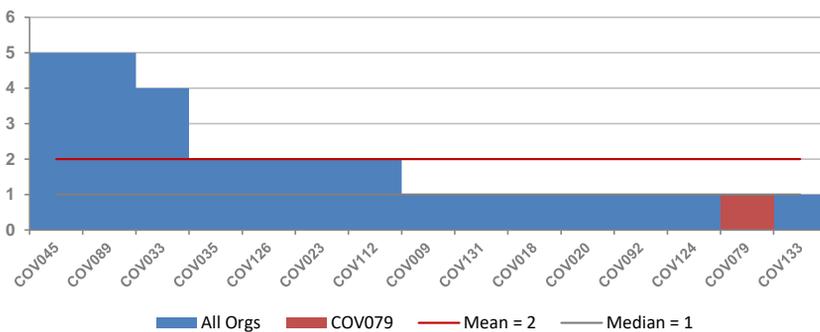


2019 data for time series not available

Adult learning disability discharges during the month



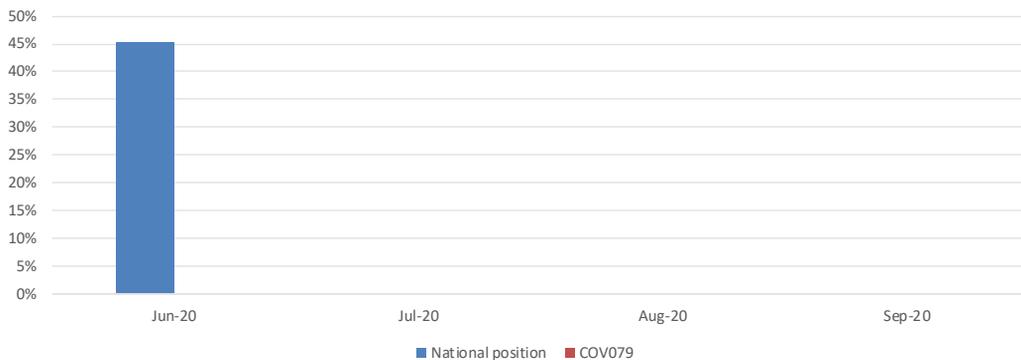
Adult learning disability discharges during June 2020



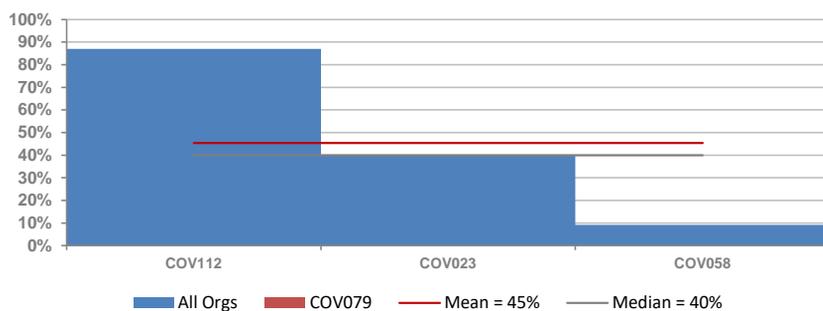
2019 data for time series not available

LD and ASD – Inpatient services (child)

Child learning disability bed occupancy rate during the month (excluding leave)



Child learning disability bed occupancy rate during June 2020 excluding leave

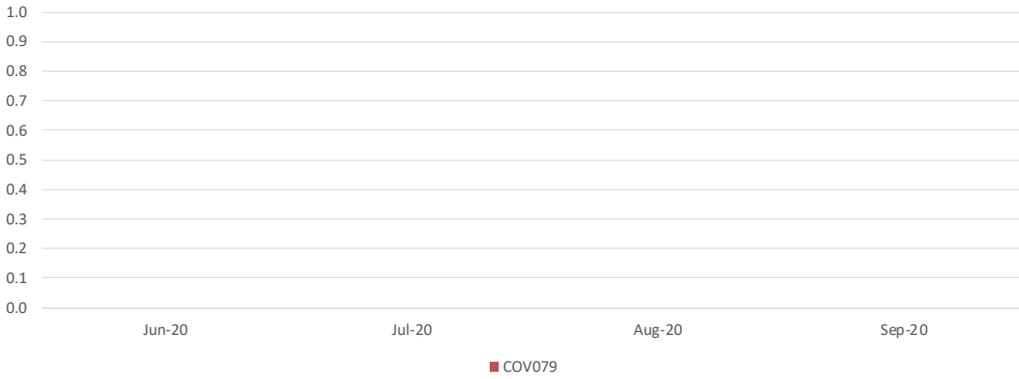


2019 data for time series not available

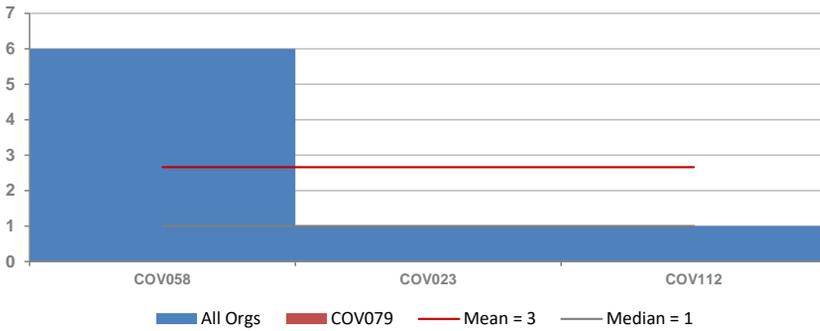


LD and ASD – Inpatient services (child)

Child learning disability admissions during the month

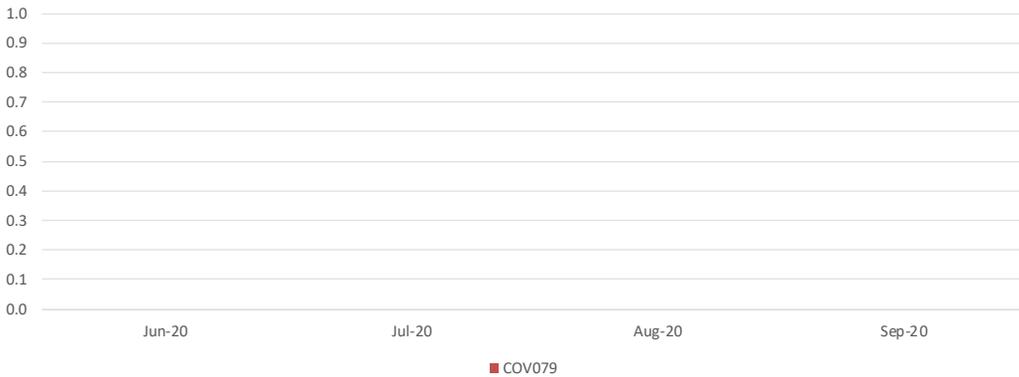


Child learning disability admissions during June 2020

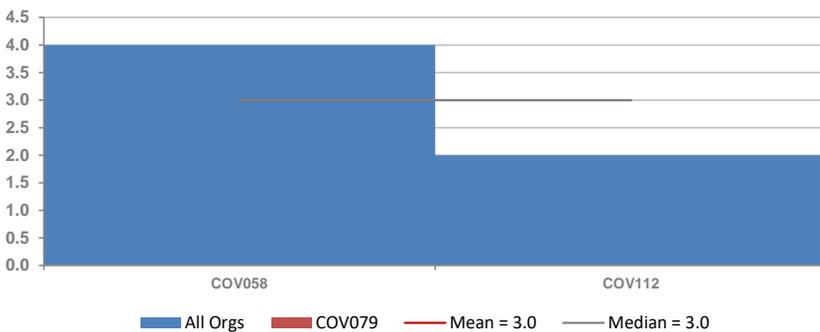


2019 data for time series not available

Child learning disability discharges during the month



Child learning disability discharges during June 2020



2019 data for time series not available



Conclusions

Conclusions

This report provides an analysis of June 2020 demand, capacity and activity within mental health and learning disability services for children and adults. 71 submissions were received and we are grateful to all organisations who provided data to give the analysis significant critical mass.

There have been notable changes reported by mental health services during the lockdown period. Referral rates for community mental health services have reduced substantially and there have been changes in referral patterns, as the wider health, social care and education sectors have adapted their own offers. Lack of access to primary care is a particularly relevant issue in interpreting core referral volumes and subsequent caseload levels in mental health services. This report features data from April to June 2020, and a story of gradual recovery is now evident in many metrics relating to community services at the end of this quarter's data.

Inpatient care has also been impacted with evidence of a reduction in bed numbers taking place during March and April 2020. The process played out in terms of access to inpatient care with more discharges and fewer admissions during April, though this drop was temporary and figures for May and June show admissions, and occupancy, increasing once more. Still, bed occupancy rates remain below historic levels for adult acute, PICU and older peoples' services. Long-term rehabilitation and secure services have been impacted to much lesser extents by the pandemic and demonstrate occupancy at close to historic rates.

A positive finding of this work has been the resilience of services, and the way they have been able to innovate to continue to care for and support their client groups. The use of non-face to face appointments, including new digital technologies, has been embraced with great speed and continues to accelerate. This has helped to mitigate substantial reductions in community contacts that might otherwise have been seen. However, a major strategic change has taken place, with fewer people accessing services, receiving care coordination support, and around three quarters of all clinical care now being delivered in a non-face to face manner. Most people now receive their care via telephone support with digital contact rates being in single figures apart from CAMHS and IAPT services, and teams supporting children and young people with learning disabilities.

This work will continue with monthly data collections taking place at the end of each month. Further details can be found on the NHS Benchmarking Network's Mental Health Resources page: <https://www.nhsbenchmarking.nhs.uk/mhresources>

We welcome feedback from participants on any questions relating to this work which can be addressed to the NHS Benchmarking Network team:

Stephen Watkins | Director | s.watkins@nhs.net

Zoë Morris | Programme Manager | zoe.morris@nhs.net

Ellie Fox | Project Coordinator | e.fox4@nhs.net



Coronavirus Daily SitRep Dashboard

Monday, 03 August 2020



Covid Specific

[Staff Absence](#)

[Staff Covid & Antibody Testing](#)

[PPE & IMST Equipment](#)

[Business Continuity &
Emergency Planning Command Escalations/Feedback](#)

Inpatients

[Covid Inpatient cases, deaths & recoveries](#)
[Beds Used Levels \(Over/Under\)](#)

[Safe staffing](#)

[PH Monitoring & Oxygen Availability](#)

[Admissions & % Detained](#)

[Adult Acute Out of Area Numbers & Admissions](#)
[PICU Out of Area Numbers & Admissions](#)

Access & Crisis Services

[Referrals to SPA](#)

[Referrals to Liaison](#)

[Referrals to Central AMHP](#)

[136 Admissions](#)

[DU Admissions](#)

Community Services

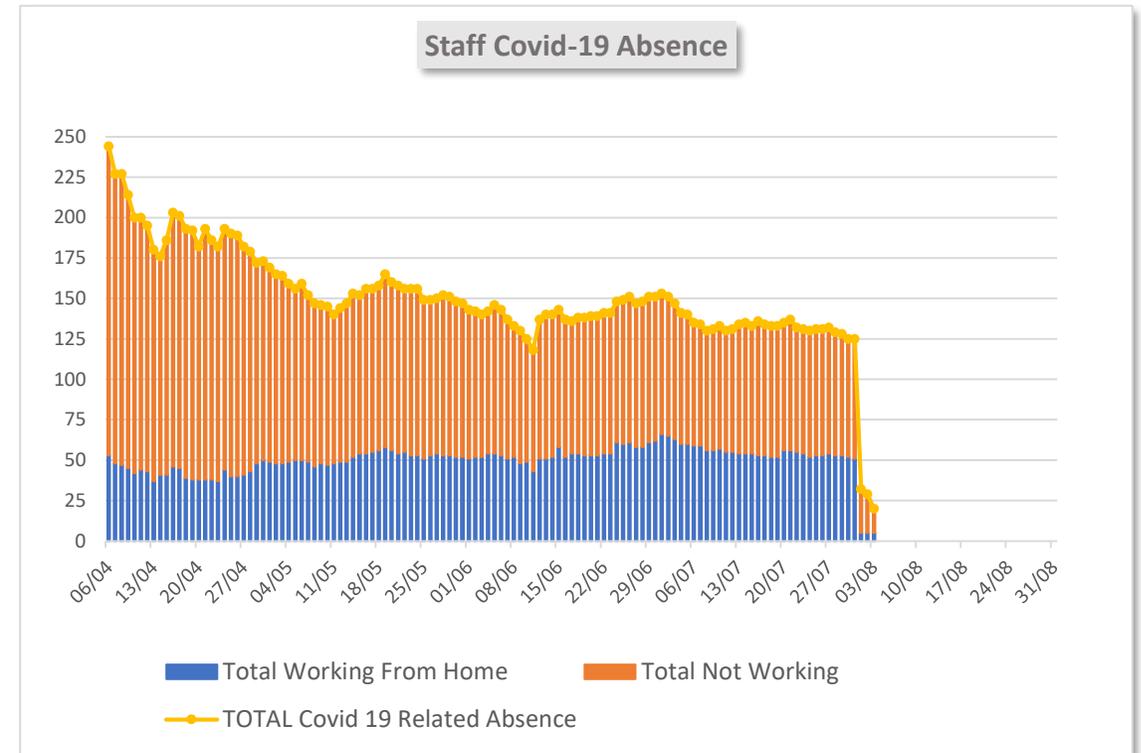
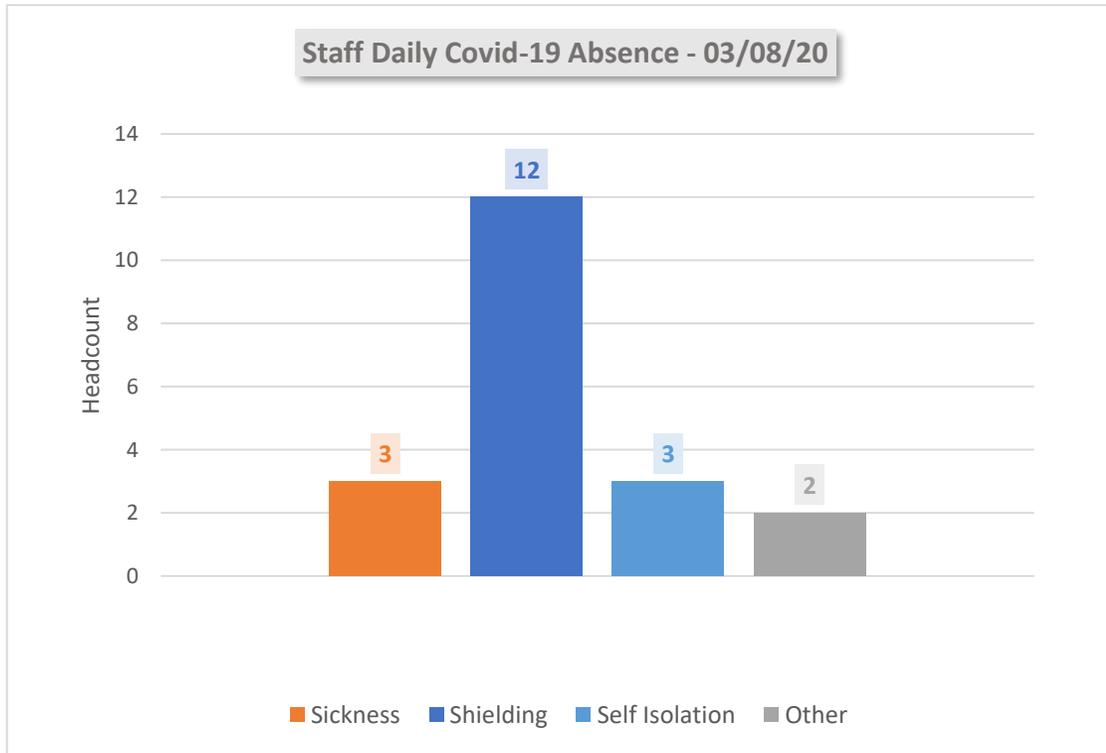
[Referrals to Home Treatment](#)

[Referrals to OA Home Treatment](#)

[Referrals to IAPT](#)

[SHSC Statistical Process Control \(SPC\) Chart Guidance](#)

Staff Absence



Narrative

2 staff due to return in next 24 hours.

2 staff due to return in next 48 hours.

Shielding Staff: Shielding is paused from the 1st August so all people shielding in the UK can return to work as long as they have had a risk assessment. A forum for managers has been held and FAQs sent out. However in line with the directive from NHS England, we are expected to make reasonable adjustments and support home working where possible and if this isn't possible to enable continued absence with pay. For these reasons we may expect absence/shielding figures to reduce from August, but realistically expect there to be continuing medical suspensions for some staff. **The data is currently suggesting most people have returned to work, but there may be a delay in the updating of forms/records.**

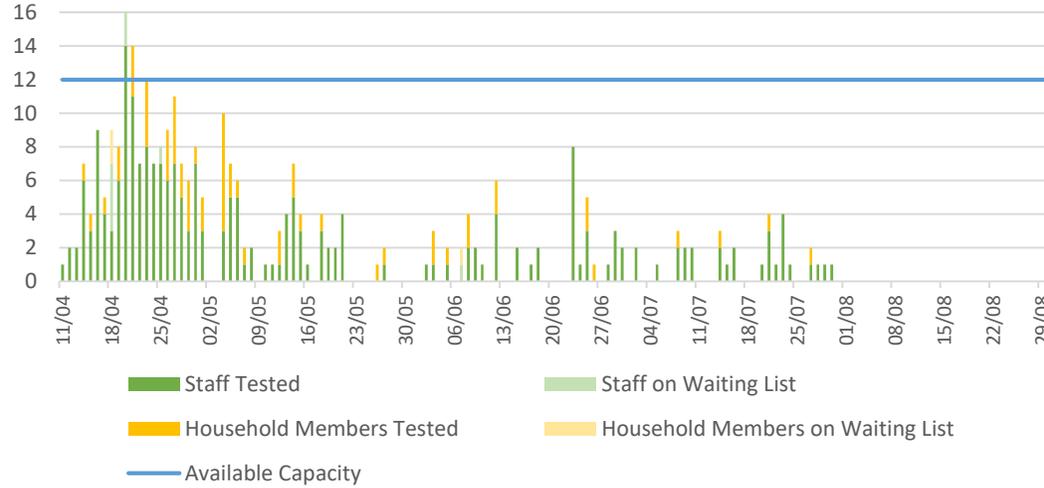
NB: Categories for recording of Covid related staff absence changed from Saturday 30 May. 'Other' category includes Covid related Carer Leave and those abroad and unable to travel due to restrictions. Total Covid Absence, Working and Not Working remain comparable across this change.

Staff Covid & Antibody Testing

Staff Covid Testing - 03/08/20



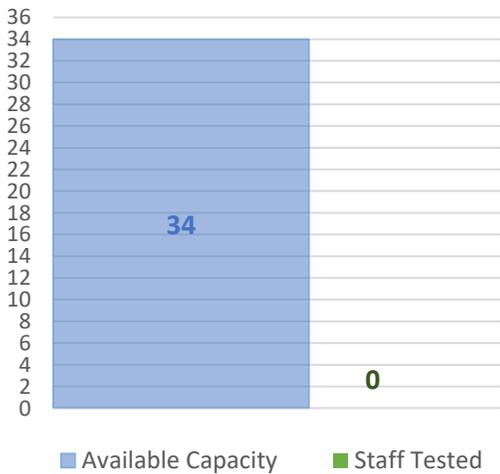
Staff Covid Testing



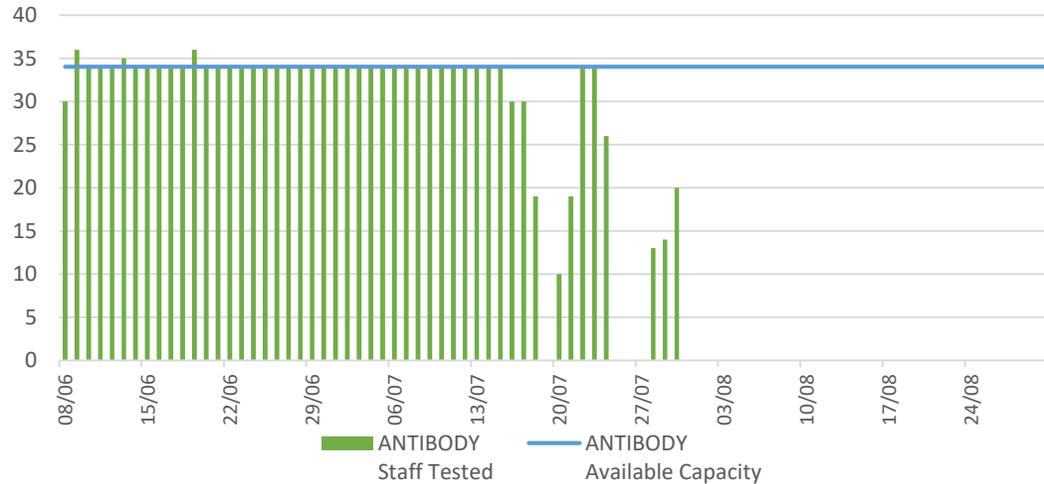
Narrative

No tests today.

Antibody Testing - 03/08/20



Staff Antibody Testing



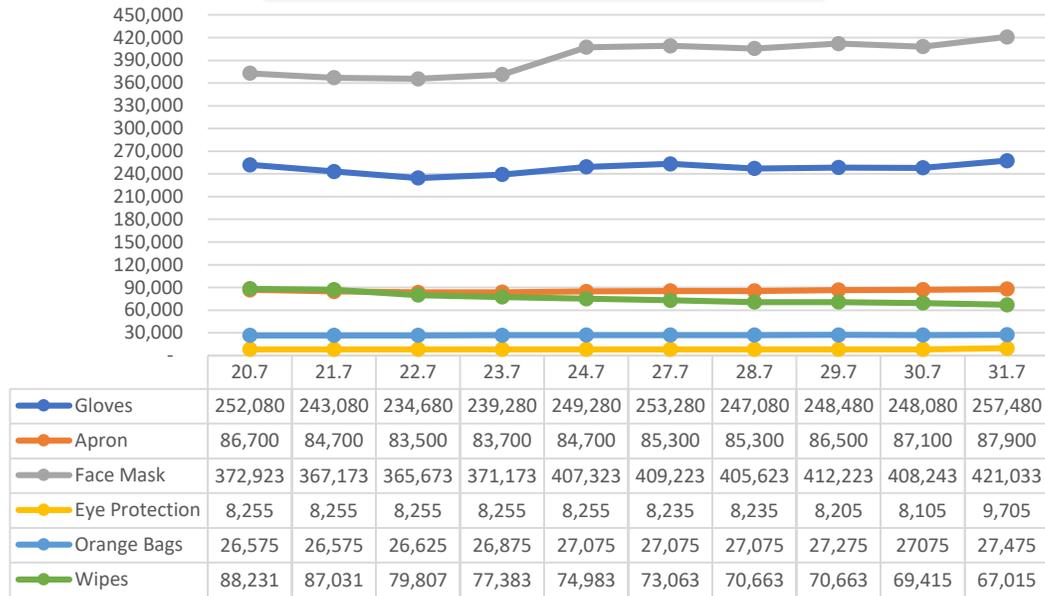
Narrative

No antibody clinic today 3 August 2020.

There were no antibody test clinics scheduled 25, 26 or 27 July. Demand has dropped as significant numbers have already had the test. There will continue to be a number of site based clinics over the coming weeks and a Fulwood clinic later in August to pick up the last of the demand. The last weekend clinics were held at Longley weekend of 18/19 July 2020.

PPE & IMST Equipment | Business Continuity & Escalations

PPE Stock Held - last 2 weeks information



Narrative/Exception Reporting

IMST Equipment

All of the COVID19 mobile device requests (at present) have currently been met and colleagues have been asked to revert to the standard ordering process for laptop devices, based on the COVID19 funding and stock coming to an end.

IT Service Desk currently has 10 laptops in stock/surplus. This stock is for repairs and replacements when issues are reported to the IT Service Desk.

If the situation changes significantly in the future, we will revert back to daily or weekly reporting.

Business Continuity & QEIA Status

EQIA ID	EQIA Name	Status	EQIA ID	EQIA Name	Status
1.1	STEP Service - stand down	Reviewed 02/07/20	1.12 (2.1)	Change in Pharmacy top up arrangements	Reviewed 29/05/20
1.2	Decisions Unit - stand down	Reviewed 02/07/20	1.13 (2.2)	IAPT switch from Insight to IAPTus (national IAPT database)	Reviewed 02/07/20
1.3	Memory Service - stand down	Reviewed 02/07/20	1.14 (2.3)	Changes to Mandatory Training	Reviewed 02/07/20
1.4	Inpatient sites closed to visitors	No longer required	1.15	Birch Avenue - Older Adults	Pending approval
1.5	Joining the 2 HT Teams into one	No longer required	1.16	Mental health professional helpline - set up	Reviewed 02/07/20
1.6	ICC Pathway model introduced	Reviewed 05/06/20	1.17	Attend anywhere virtual Clinic	Reviewed 02/07/20
1.7	ECT - stand down	Reviewed 02/07/20	1.18	Bungalow 3 Forest Close - 3 step down beds (approved at Gold, review in 1 month)	Reviewed 02/07/20
1.9	SAS Alarm plan suspension	No longer required	1.10	Eating Disorders Service (SEDS) - stand down	Reviewed 02/07/20

Emergency Planning Command Escalations/Feedback

BRONZE to SILVER

No escalations.

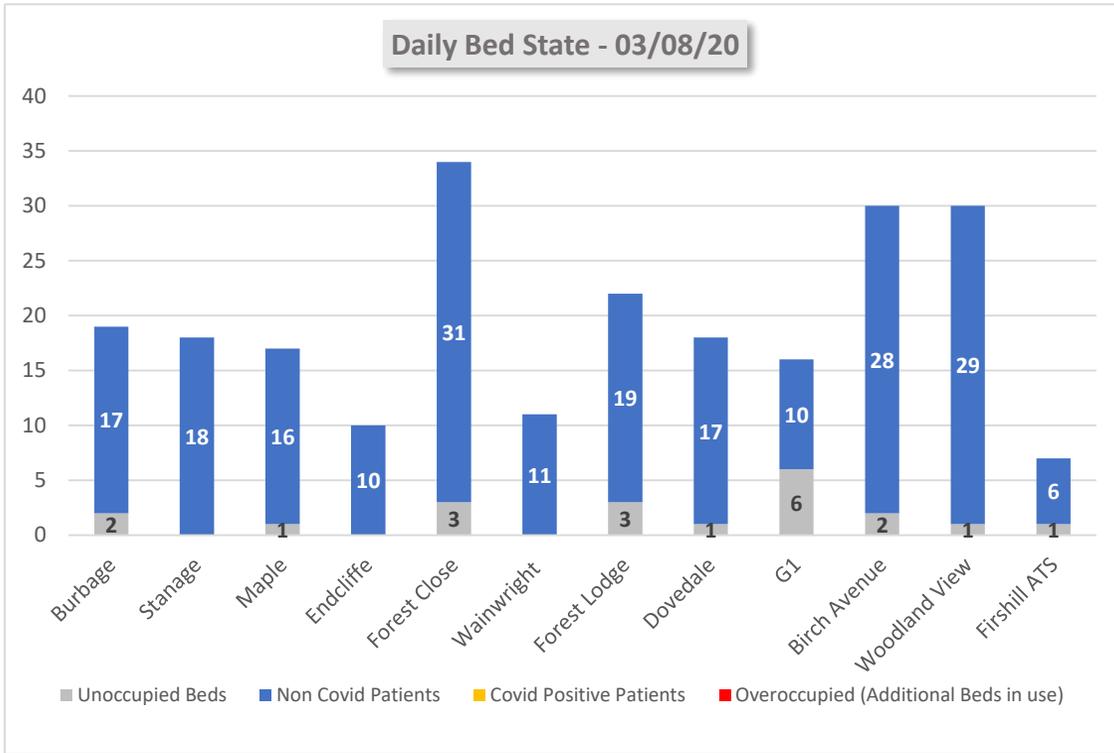
SILVER to GOLD

No escalations.

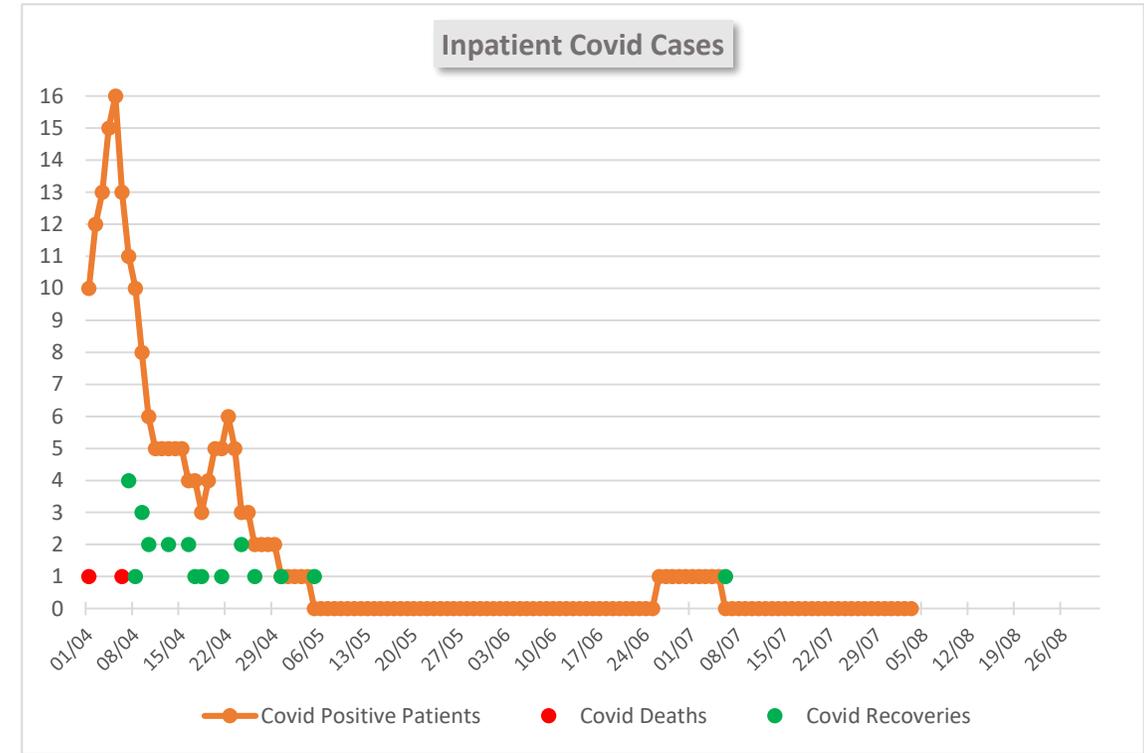
GOLD to GOLD & GOLD FEEDBACK

No feedback received yet.

Inpatients – Bed State



Narrative



Narrative

Safe staffing

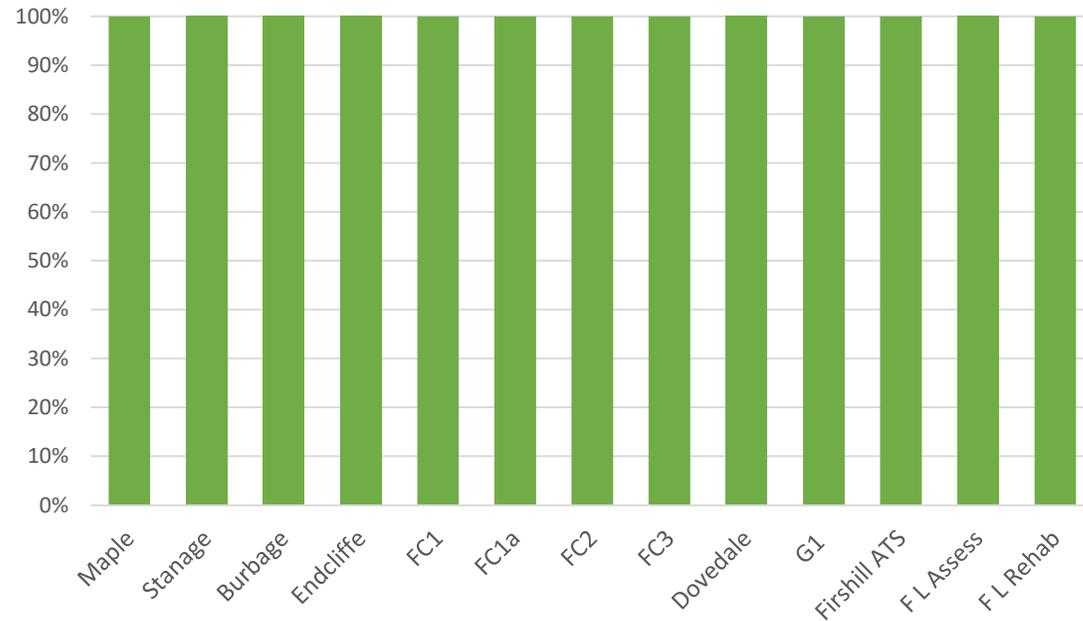
Known position for future shifts as at 15:00 on: 03/08/2020				Gap Reporting				
	Able to meet minimum safe staffing levels?	Meeting preferred staffing levels?	Preceptor Nurse in Charge?	Medical	Registered Nursing	Support Worker	Housekeeper	Comment
Burbage	Yes	Yes	No					
Stanage	Yes	Yes	No					
Maple	No	No	No			1		Late 1x SW short - Stanage on standby to support if required. Escalated to Bank and Agency / Flow notified for support.
Endcliffe	No	No	No		1			Late 1x Q short (can bring mid shift qualified into numbers if required) - escalated to Bank and Agency / Flow notified for support.
Forest Close 1	Yes	Yes	No					
Forest Close 1A	Yes	Yes	No					
Forest Close 2	Yes	Yes	No					
Wainwright	Yes	Yes	No					
Forest Lodge Assessment	Yes	Yes	No					
Forest Lodge Rehab	Yes	No	No			1		Late 1x SW short - Escalated to Bank and Agency / Flow notified for support.
Dovedale	Yes	Yes	No					
G1	Yes	Yes	No					
Birch Avenue	Yes	Yes	No					
Woodland View	Yes	Yes	No					
Firhill ATS	Yes	Yes	No					

Narrative/Exception Reporting

The above issues are identified today **Monday 3 August**. Senior management are aware of the situation, and all areas with gaps are seeking cover through bank, agency and potential swaps.

PH Monitoring & Oxygen Availability

PH Monitoring Compliance by Ward -03/08/20



Narrative

Physical Health Daily SitRep reporting monitoring asks 6 questions about compliance with PH standards on inpatient areas. The above daily chart indicates which wards are compliant/non-compliant with those standards.

All exceptions are addressed by Senior Management.

	HX Large (2300L)			CD Small (460L)		
	Number of Cylinders Trustwide	Hours of Oxygen available		Number of Cylinders Trustwide	Hours of Oxygen available	
		LARGE	Flow Rate 15		Flow Rate 4	SMALL
FULL (100%)	10	25:30	95:50	30	15:00	57:30
HALF (50%)	1	1:16	4:47	4	1:00	3:48
LOW (25%)	0	0:00	0:00	0	0:00	0:00
TOTALS	11	26:46	100:37	34	16:00	61:18

Narrative

Admissions & % Detained

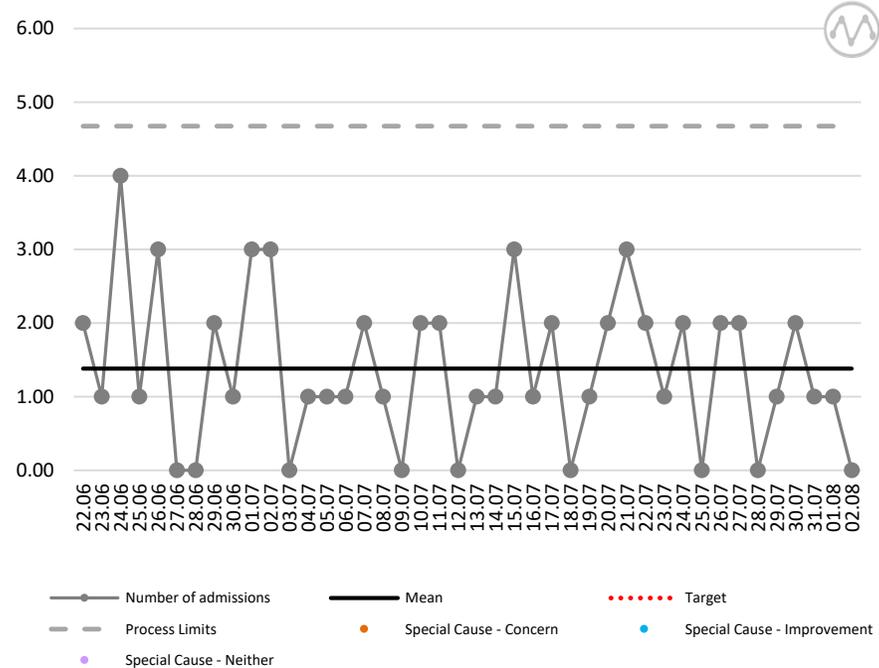
Admissions: 31 July 2020

1

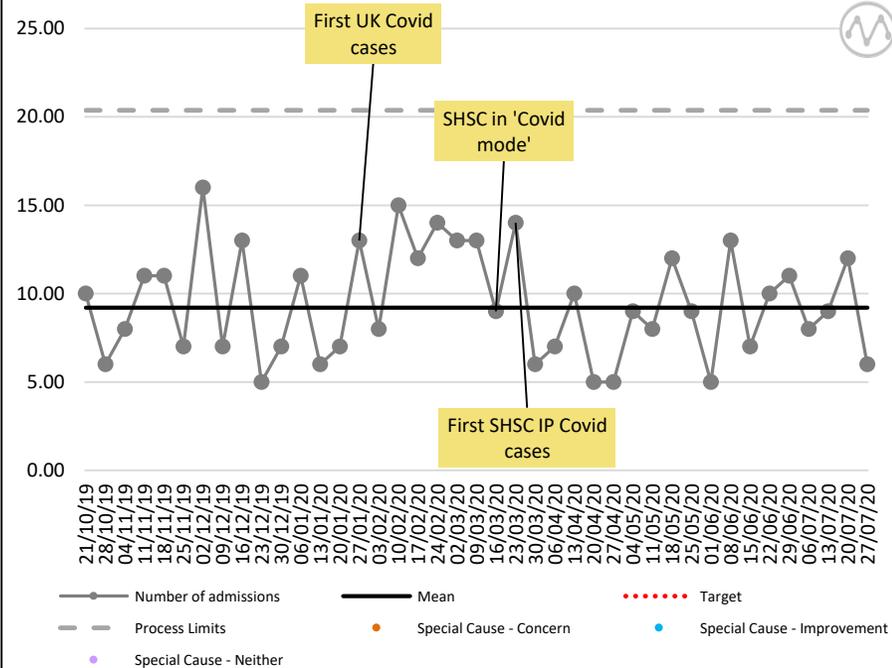
Of which detained: 31 July 2020

1

DAILY Admissions - Adult Acute Wards starting 22/06/2020



Admissions - Adult Acute Wards incl. SM starting 21/10/2019



Narrative

There was one admission to Burbage on Friday 31 July, and one admission to Stanage on Saturday 1 August. Both were detentions under MHA.

SPC Observations

SPC Observations

[GO TO THE SPC/SHSC ICON GUIDE HERE >](#)

Out of Area Adult Acute Numbers & Admissions

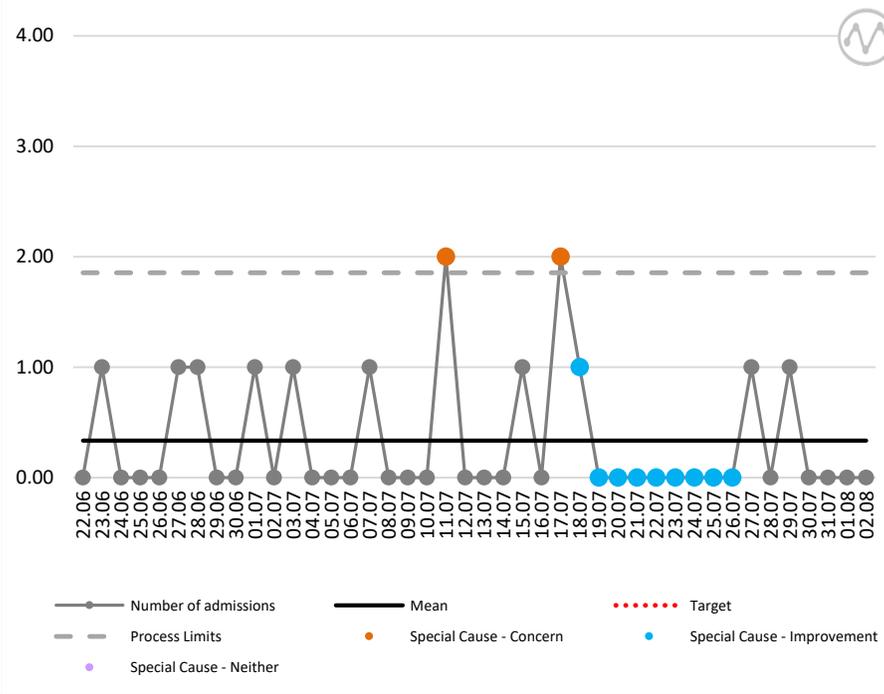
Acute OOA Admissions:
31 July 2020

0

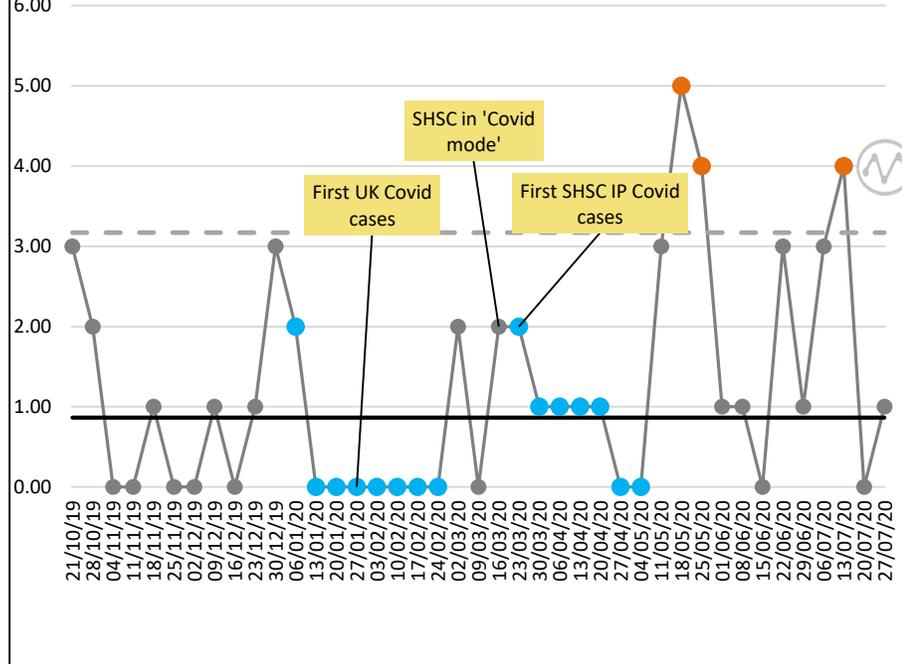
Acute Patients OOA as at:
31 July 2020

11

DAILY Admissions - Out of Area Acute Beds starting 22/06/2020

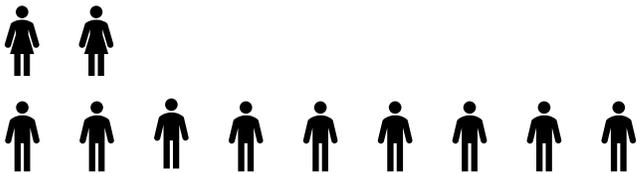


WEEKLY Out of Area Placements - Adult Acute Out of Area starting 21/10/2019



Narrative

There are currently 11 Sheffield service users placed in Out of Area Acute beds, due to lack of available suitable beds in Sheffield.



SPC Observations

- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. **There are 2 points above the UCL.**
- **Trend:** When there is a run of 6 increasing or decreasing sequential points this may indicate a significant change in the process. There were 8 consecutive days without the need to send a service user out of city for an acute bed.

SPC Observations

- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. **There are 3 points above the UCL.**
- **Trend:** When there is a run of 6 increasing or decreasing sequential points this may indicate a significant change in the process.
- **Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.

[GO TO THE SPC/SHSC ICON GUIDE HERE >](#)

Out of Area PICU Numbers & Admissions

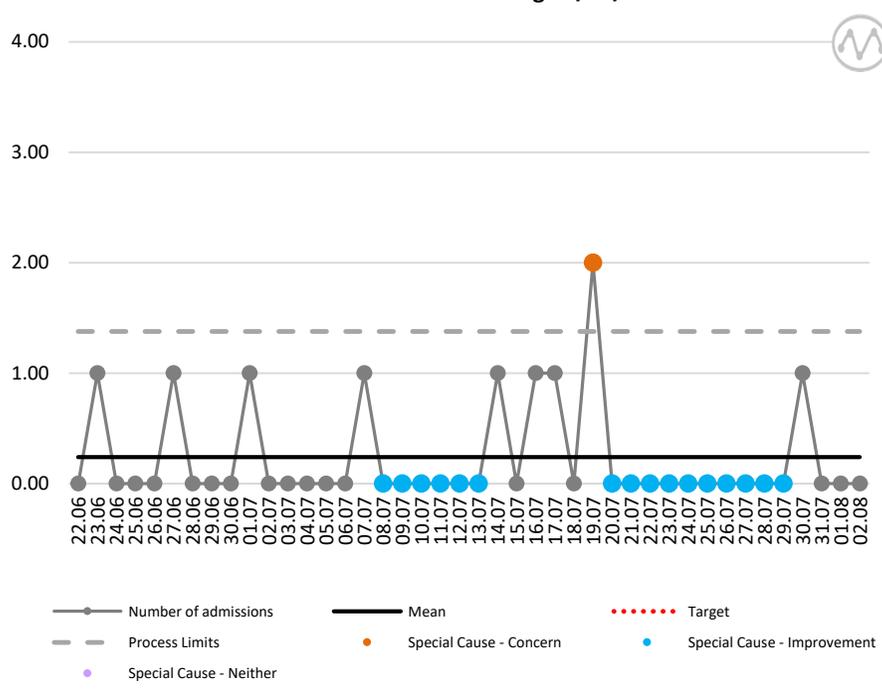
PICU OOA Admissions:
30 July 2020

0

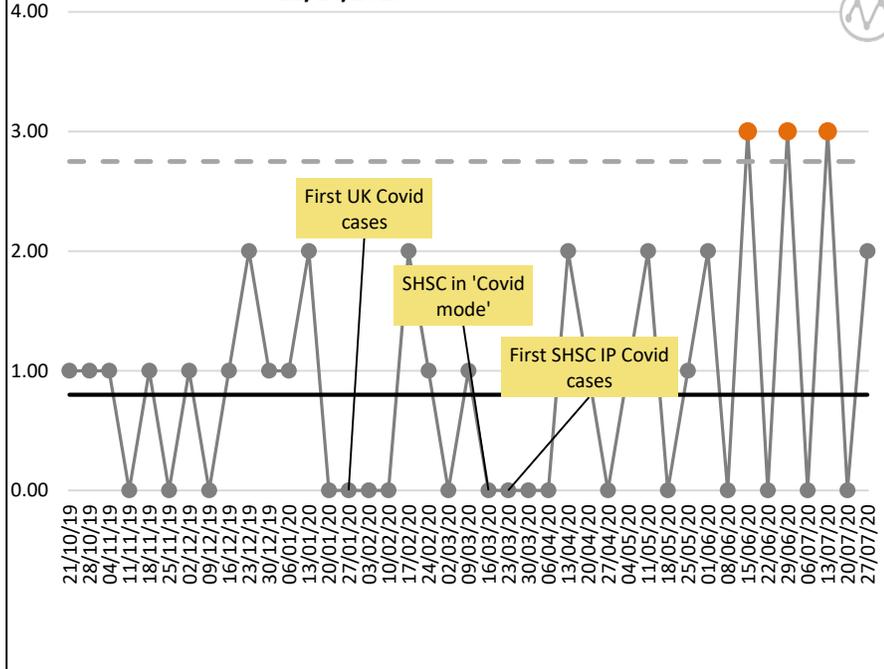
PICU Patients OOA as at:
30 July 2020

10

DAILY Admissions - Out of Area PICU Beds starting 22/06/2020



WEEKLY Out of Area Placements - PICU Out of Area starting 21/10/2019



Narrative

There are currently 10 Sheffield service users placed in Out of Area PICU beds, due to lack of available suitable beds in Sheffield.



SPC Observations

- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There is 1 point above the UCL.
- **Trend:** When there is a run of 6 increasing or decreasing sequential points this may indicate a significant change in the process. There have been 10 consecutive days without the need to send a service user out of city for a PICU bed.

SPC Observations

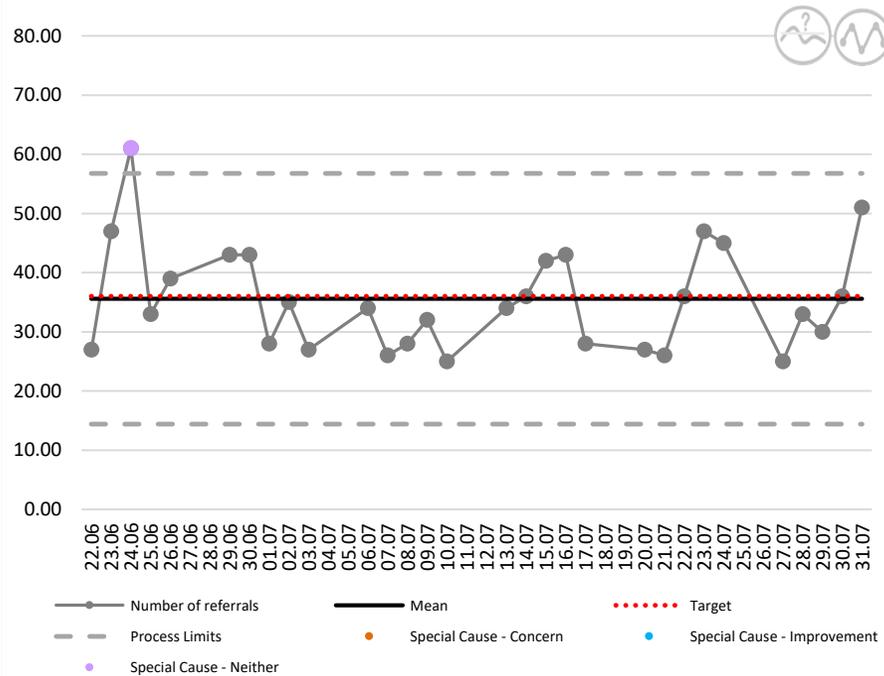
- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 3 points above the UCL, indicating that 3 out of area PICU placements in a 7 day period is out of the ordinary.

[GO TO THE SPC/SHSC ICON GUIDE HERE >](#)

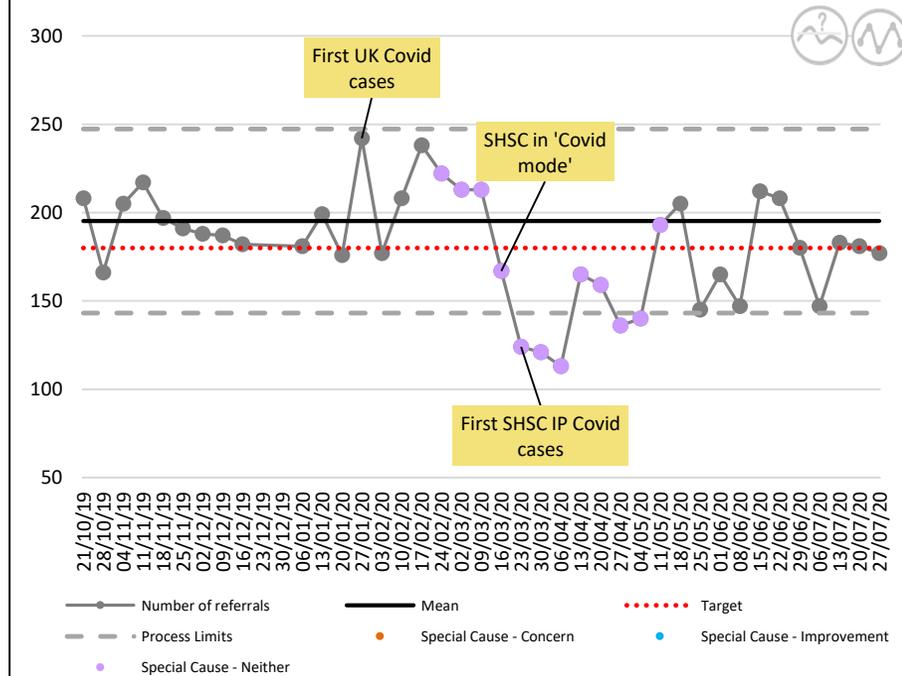
Referrals to SPA: 31 July 2020

51

DAILY Referrals to SPA - SPA/EWS starting 22/06/2020



WEEKLY Referrals to SPA - SPA/EWS starting 21/10/2019



Narrative

NB Weekends are removed from the Daily SPC chart, and Christmas and New Year week figures have been removed from the weekly SPC chart so that the mean, upper and lower control limits are not skewed by these figures.

SPC Observations

- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. **There is 1 point above the UCL.**

SPC Observations

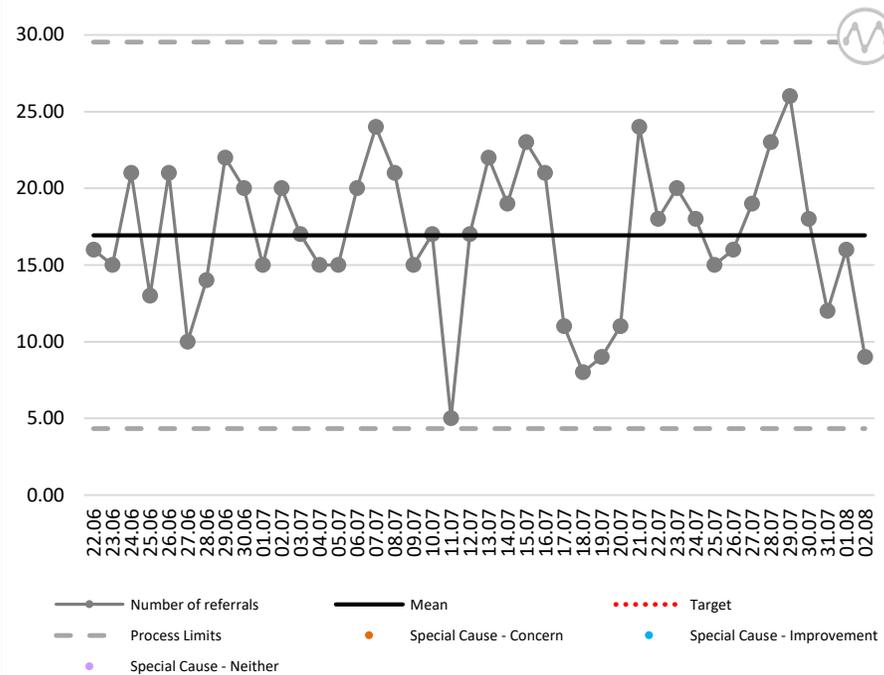
- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 5 points below the LCL.
- **Trend:** When there is a run of 6 increasing or decreasing sequential points this may indicate a significant change in the process.
- **Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.

[GO TO THE SPC/SHSC ICON GUIDE HERE >](#)

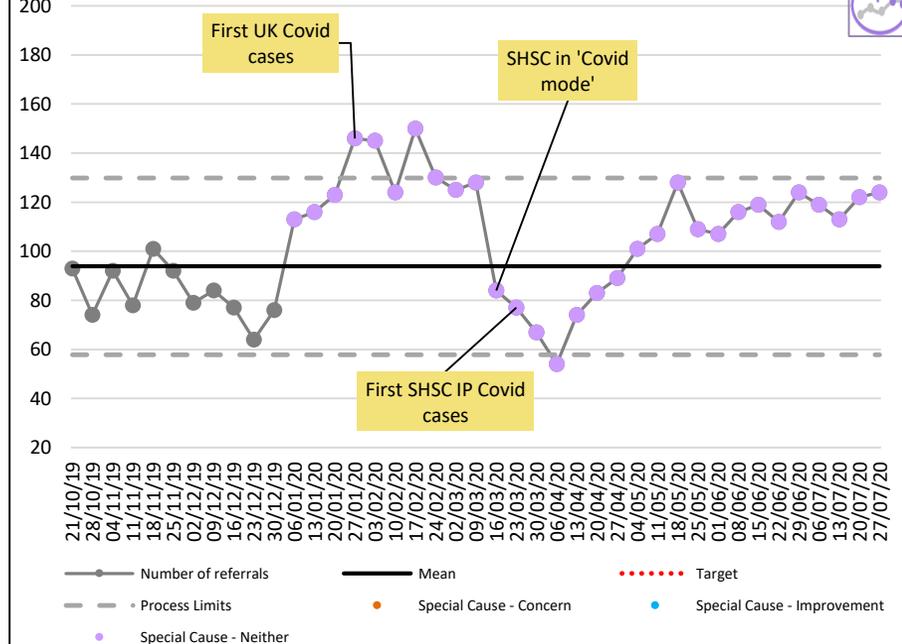
Referrals to Liaison: 31 July 2020

12

DAILY Referrals - Liaison Psychiatry starting 22/06/2020



WEEKLY Referrals to Liaison Psychiatry - Liaison starting 21/10/2019



Narrative

SPC Observations

SPC Observations

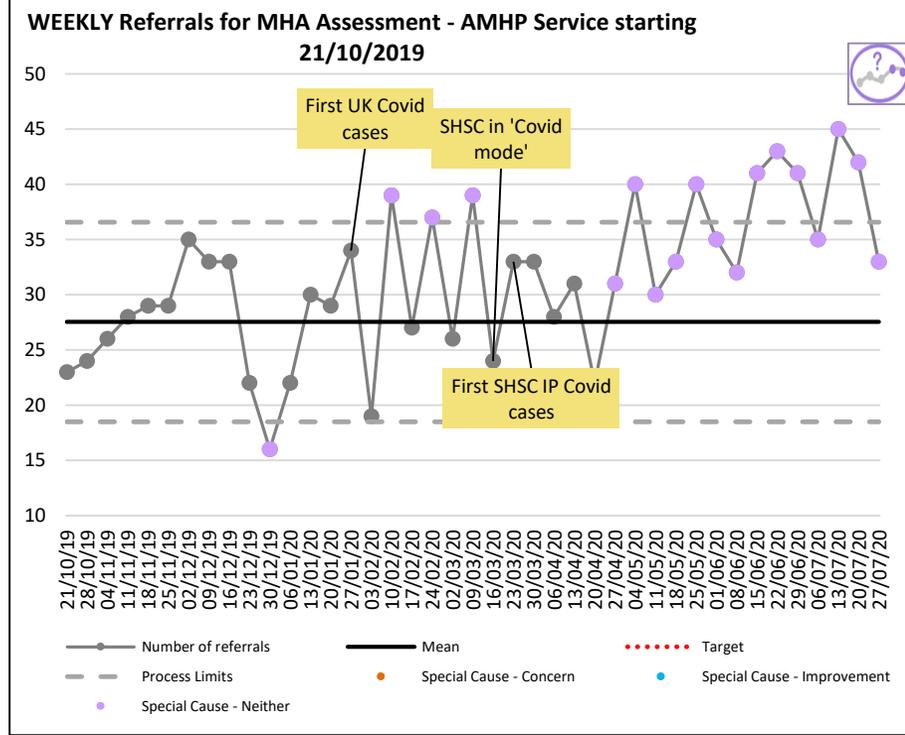
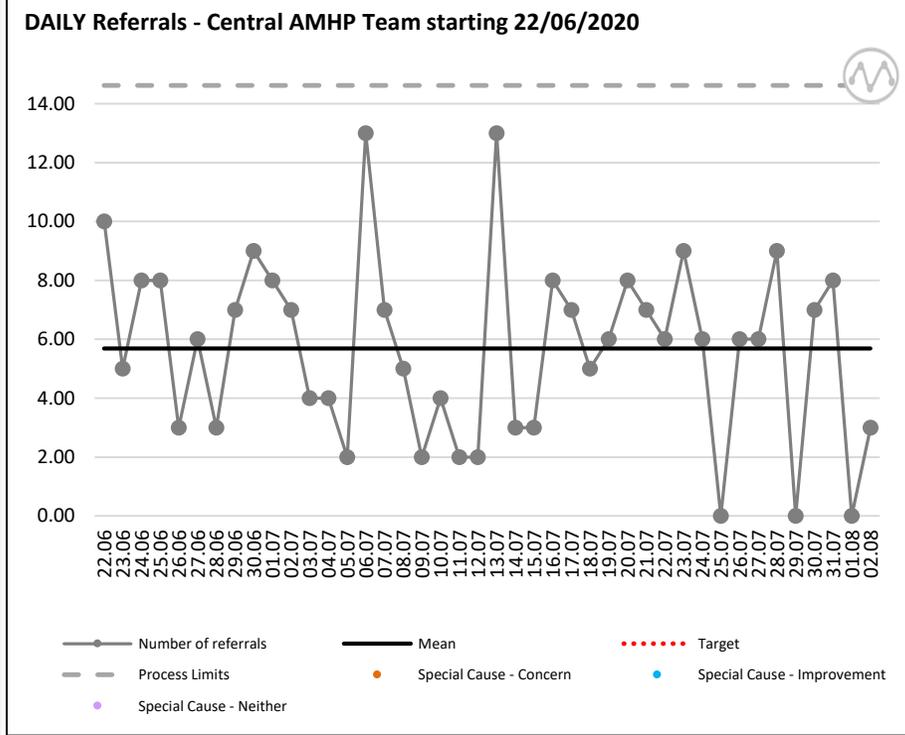
- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 4 points above the UCL and 1 point below the LCL.
- **Trend:** When there is a run of 6 increasing or decreasing sequential points this may indicate a significant change in the process.
- **Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.

[GO TO THE SPC/SHSC ICON GUIDE HERE >](#)

Referrals to Central AMHP

Referrals to AMHP: 31 July 2020

8



Narrative

W/C 20/7/20 was another week of high referrals with a continued weekly shift above the pre-Covid mean, and the number of points above the upper control limits.

SPC Observations

SPC Observations

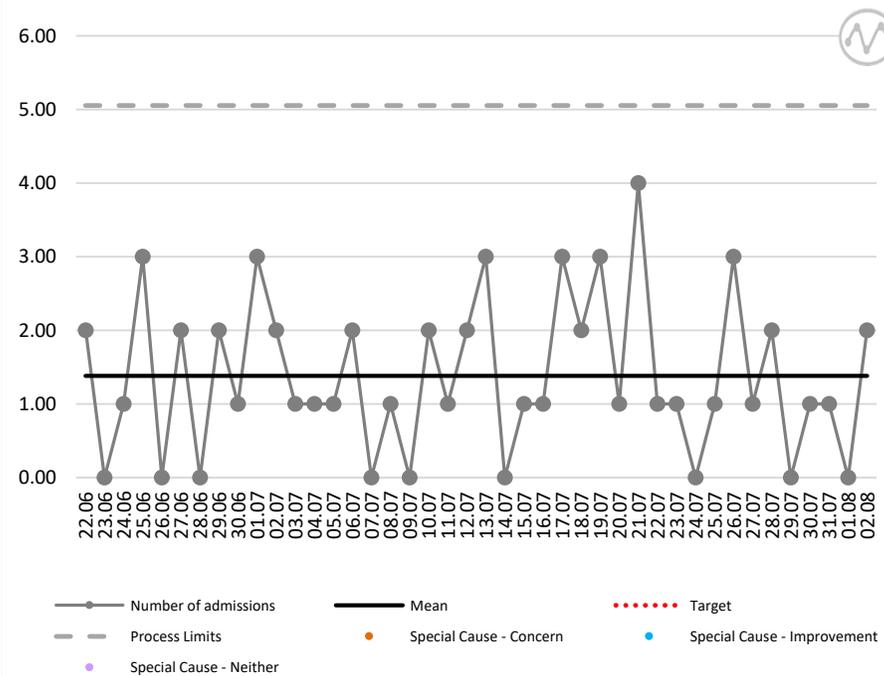
- Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 10 points above the UCL and 1 point below the LCL.
- Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.

[GO TO THE SPC/SHSC ICON GUIDE HERE >](#)

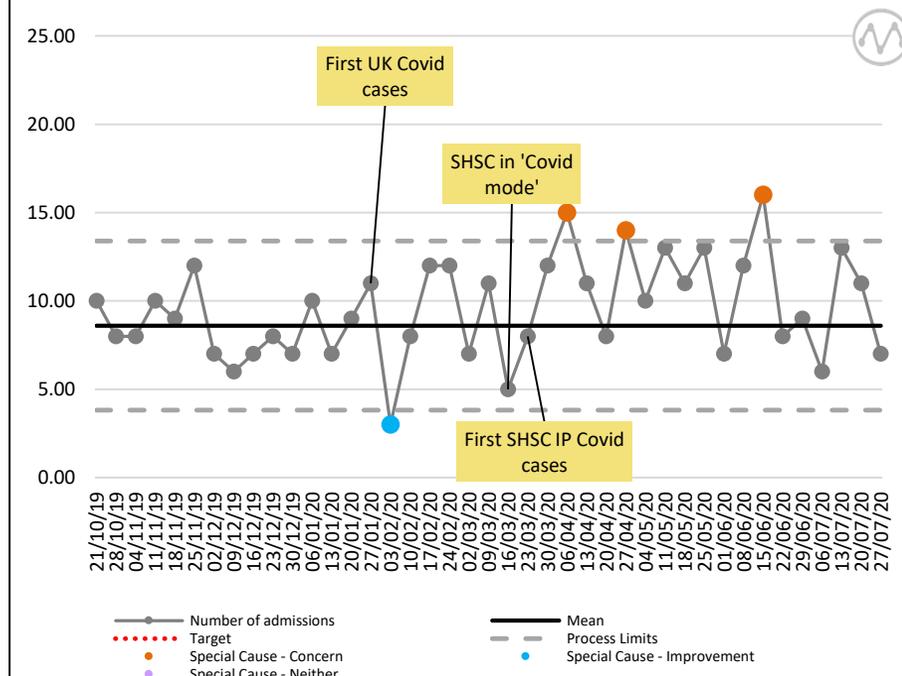
136 Suite Admissions: 31 July 2020

1

DAILY Admissions - 136 Suite HBPOs starting 22/06/2020



WEEKLY 136 Admissions - 136 Suite HBPOs starting 21/10/2019



Narrative

SPC Observations

SPC Observations

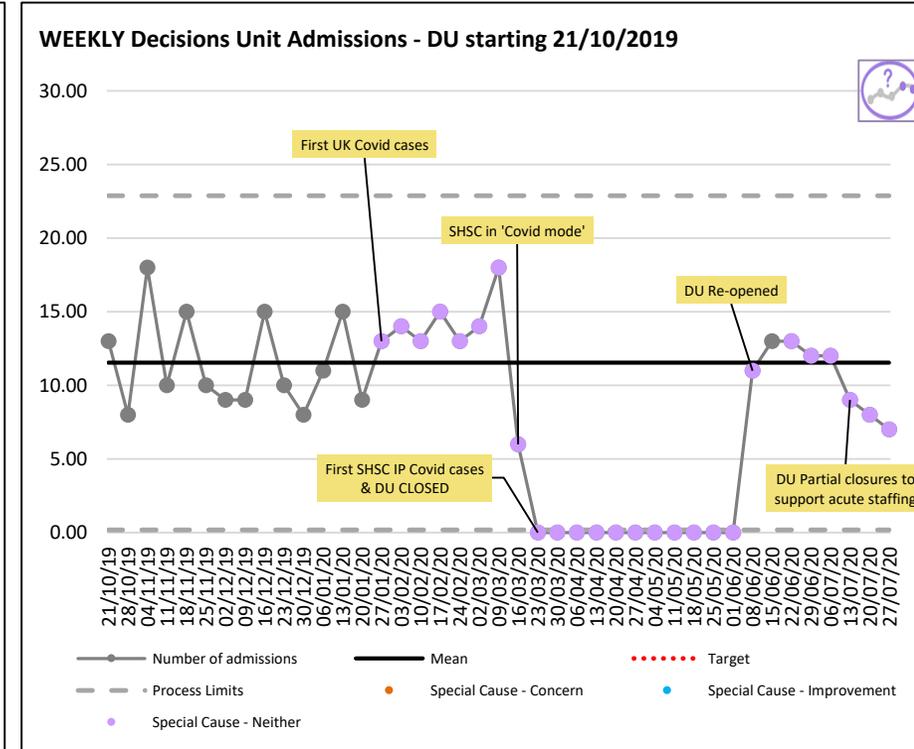
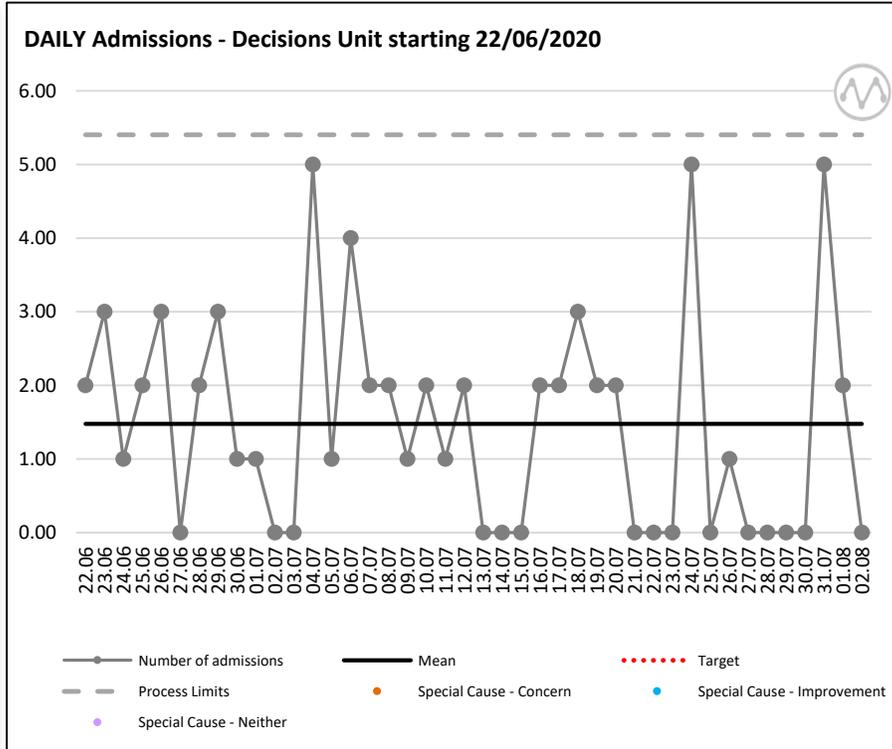
- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 3 points above the UCL and 1 point below the LCL.

[GO TO THE SPC/SHSC ICON GUIDE HERE >](#)

Decisions Unit Admissions

DU Admissions:
31 July 2020

5



Narrative

Having re-opened w/c 8 June 2020, the DU has been operating flexibly since 13 July 2020 to allow movement of staff into acute ward areas as needed. This is reflected in the SPC chart data, and the weekly chart has been annotated to show the partial closure from 13/7. There is an evident downward weekly trend from that point.

SPC Observations

- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 2 points above the UCL.

SPC Observations

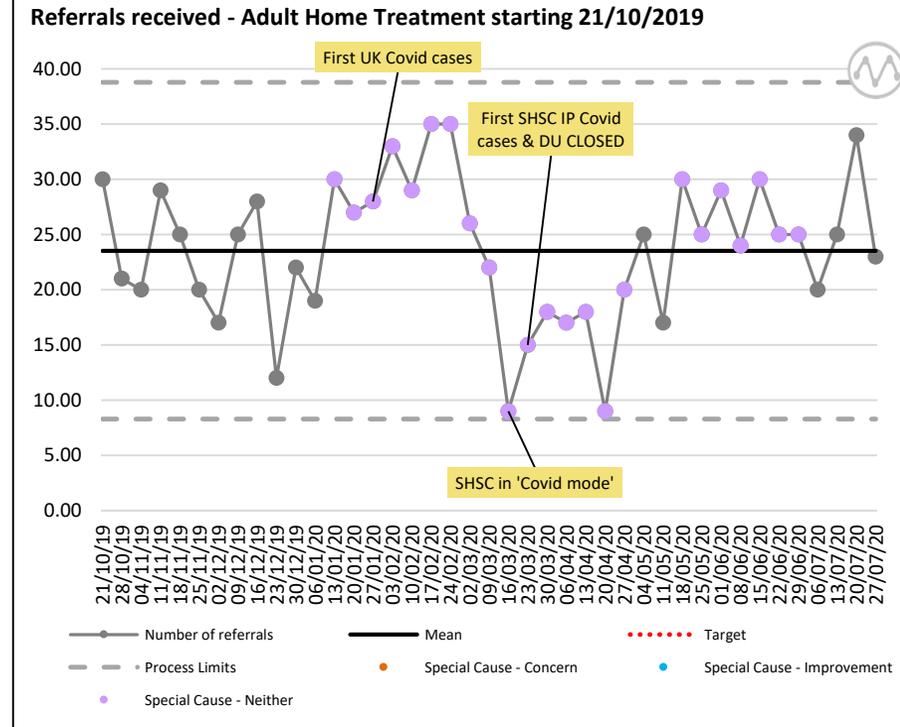
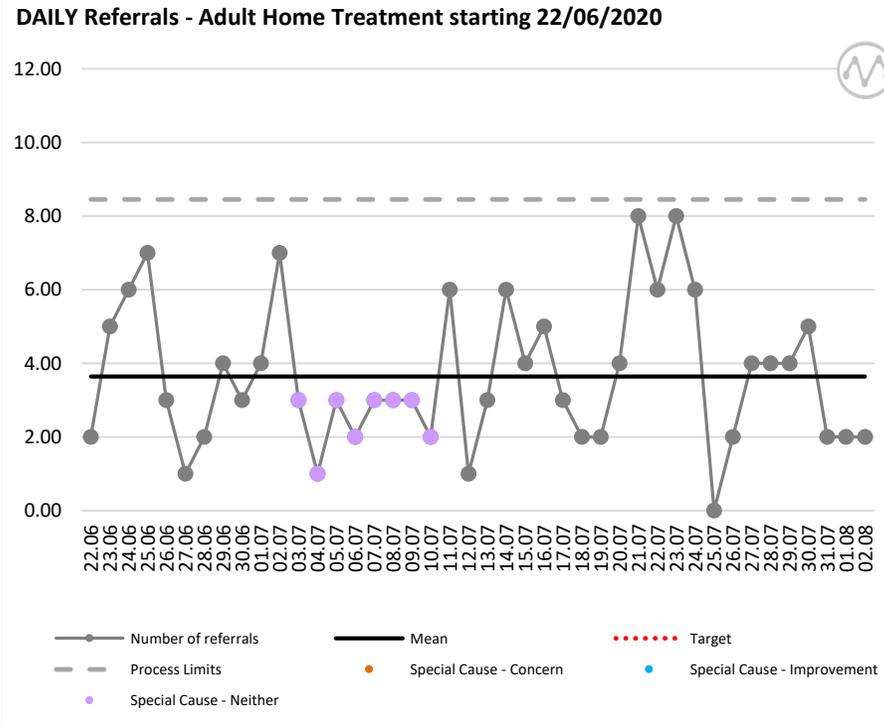
- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 11 points below the LCL.
- **Trend:** When there is a run of 6 increasing or decreasing sequential points this may indicate a significant change in the process.
- **Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.

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Referrals to Adult Home Treatment

Adult HTT Referrals: 31 July 2020

2



Narrative

SPC Observations

- **Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.

SPC Observations

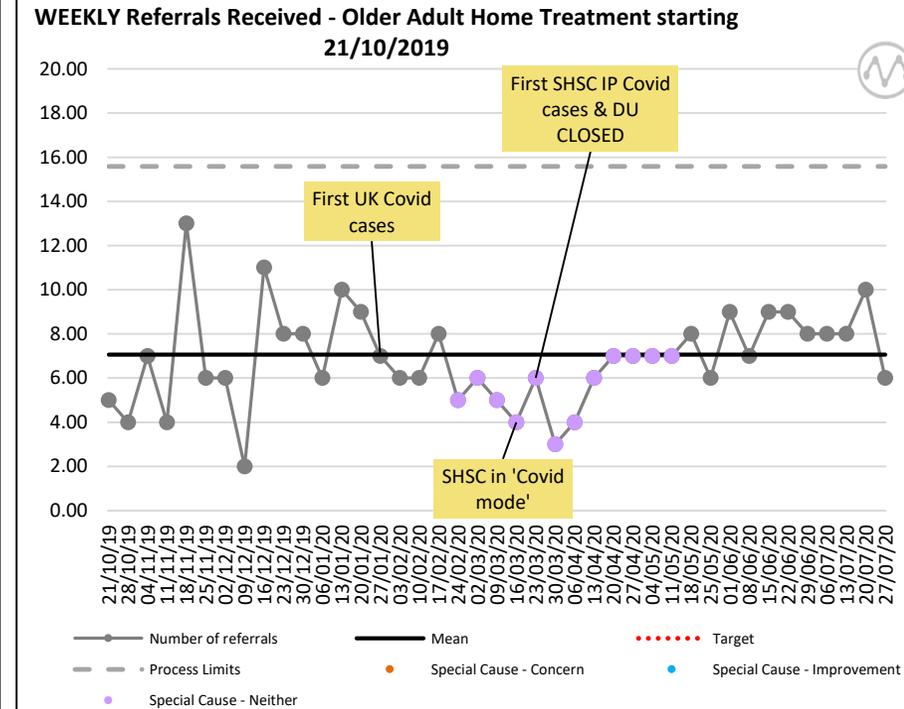
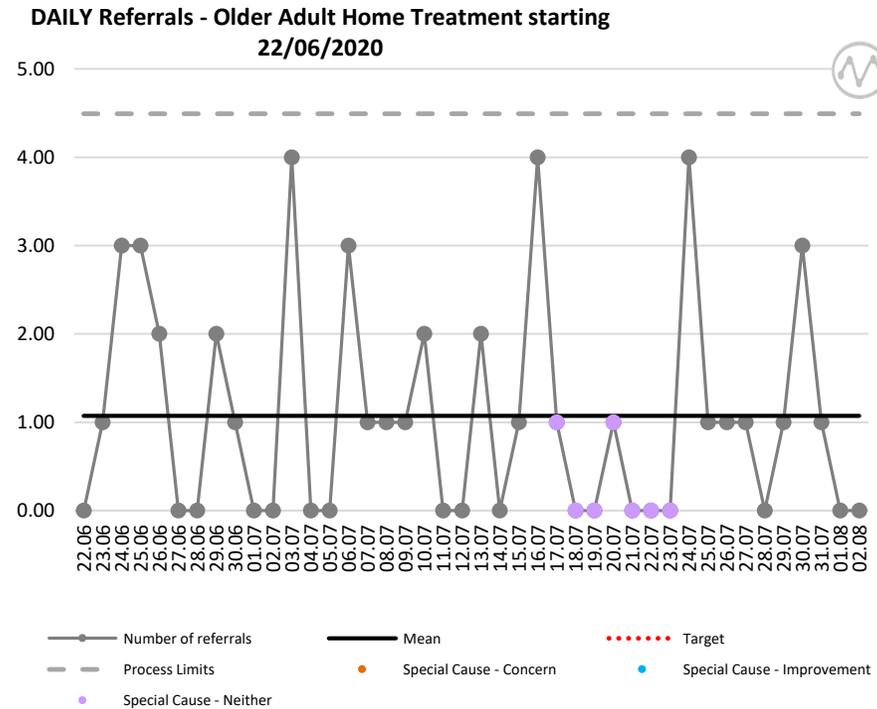
- **Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.

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Referrals to Older Adult Home Treatment

Older Adult HTT Referrals: 31 July 2020

1



Narrative

SPC Observations

- **Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.

SPC Observations

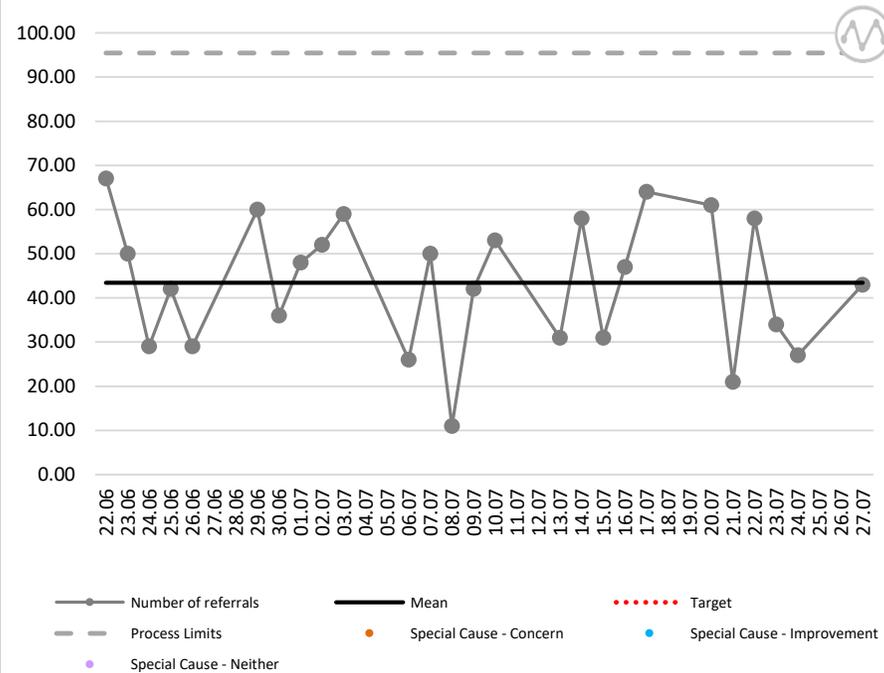
- **Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process.

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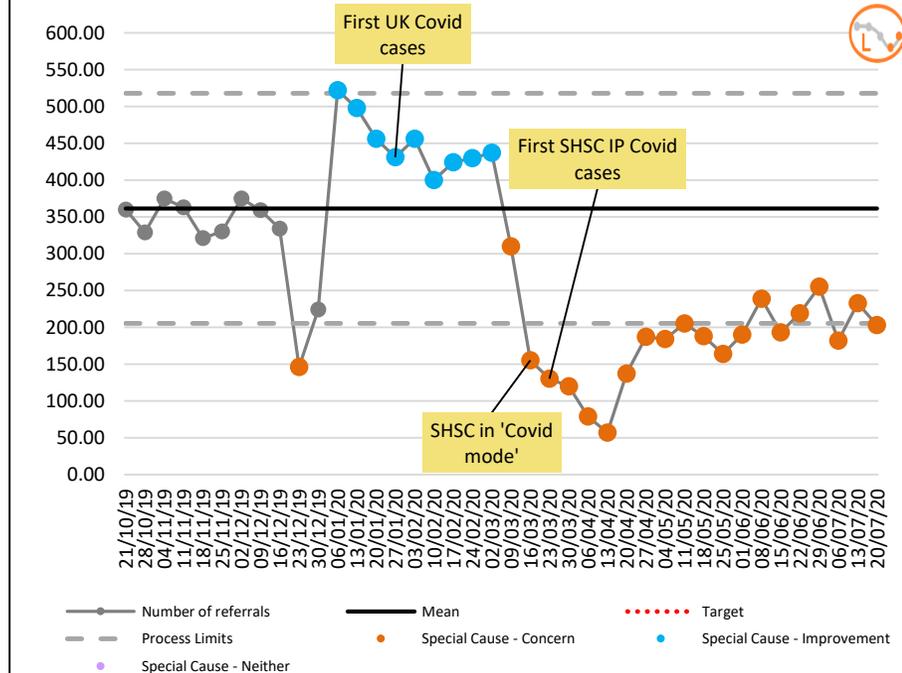
IAPT Referrals: 27 July 2020

43

DAILY Referrals - IAPT starting 22/06/2020



WEEKLY Referrals Received - IAPT starting 21/10/2019



Narrative

NB Daily data will show the previous week's daily position, and weekly data will be a week behind other information presented in this report.

The weekly information excludes Saturday and Sunday – any online referrals received at the weekends are processed in Monday's numbers.

SPC Observations

SPC Observations

- **Single Point:** Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. **There is 1 point above the UCL and 16 points below the LCL.**
- **Trend:** When there is a run of 6 increasing or decreasing sequential points this may indicate a significant change in the process.
- **Shift:** When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process

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Contact: Deborah Cundey
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SPC Explained

- *NB - all the **weekly** SPC charts in this report are created using a 15 point baseline. This means that the process limits are set using the 15 weeks from 21/10/2019 to 27/01/20. This decision was taken to enable the process limits to be set by a 'normal' period of activity pre-Covid 19.*
- *NB - all the **daily** SPC charts in this report are created without a baseline. This means that the process limits are set using all the available visible data point.*
- An SPC chart is a time series graph with three reference lines - the mean, upper and lower control limits. The limits help us understand the variability of the data.
- We use them to distinguish between natural variation (**common cause**) in performance and unusual patterns (**special cause**) in data which are unlikely to have occurred due to chance and require investigation.
- They can also provide assurance on whether a target or plan will reliably be met or whether the process is incapable of meeting the target without a change.
- Special Cause Variation is statistically significant patterns in data which may require investigation, including:
 - **Trend:** 6 or more consecutive points trending upwards or downwards
 - **Shift:** 7 or more consecutive points above or below the mean
 - **Outside control limits:** One or more data points are beyond the upper or lower control limits



SPC ‘the SHSC way’ Icon Guide

Variation Icons

The icon which represents the last data point on an SPC chart is displayed.

ICON						
DEFINITION	Common Cause Variation	Special Cause Variation where neither High nor Low is good	Special Cause Concern where Low is good	Special Cause Concern where High is good	Special Cause Improvement where High is good	Special Cause Improvement where Low is good
PLAIN ENGLISH	Nothing to see here!	Something’s going on!	Your aim is low numbers but you have some high numbers.	Your aim is high numbers but you have some low numbers	Your aim is high numbers and you have some.	Your aim is low numbers and you have some.
ACTION REQUIRED	Nothing	Investigate to find out what is happening/happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/happened; what you can learn and whether you need to change something.	Investigate to find out what is happening/happened; what you can learn and celebrate the improvement or success.	Investigate to find out what is happening/happened; what you can learn and celebrate the improvement or success.



SPC ‘the SHSC way’ Icon Guide

Assurance Icons

If there is a target or expectation set, the icon displays on the chart based on the whole visible data range.

ICON			
DEFINITION	Target Indicator – Pass/Fail	Target Indicator – Fail	Target Indicator – Pass
PLAIN ENGLISH	The system will randomly meet and not meet the target/expectation due to common cause variation. Sometimes you meet the target, sometimes you don't.	The system will consistently fail to meet the target/expectation.	The system will consistently achieve the target/expectation.
ACTION REQUIRED	Consider whether this is acceptable and if not, you will need to change something in the system or process.	Change something in the system or process if you want to meet the target.	Understand whether this is by design (!) and consider whether the target is still appropriate, should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.



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