Leicestershire Partnership **NHS**
NHS Trust

Trust Board
30 May 2023

Board Performance Report
April 2023 (Month 1)

The metrics in this report relate to the following bricks in the Step Up to Great Strategy

EXCEPTION REPORTS SUMMARY

EXCEPTION REPORTS - Consistently Failing Target

Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Adult CMHT Access (Six weeks routine) - Complete pathway	>=95%	Mar-23	55.3%	58.1%	F		6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Mar-23	60.4%	78.2%	F	
Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Mar-23	58.1%	61.7%	F		Cognitive Behavioural Therapy - No of waiters	0	Apr-23	0	0	F	L
Memory Clinic (18 week Local RTT) - Complete pathway	>=92%	Mar-23	21.9%	9.0%	F	L	Dynamic Psychotherapy - No of waiters	0	Apr-23	8	10	F	L
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Mar-23	56.9%	57.8%	F	L	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - No of waiters	0	Mar-23	0	9	F	L
ADHD (18 week local RTT) - Complete pathway	>=95%	Mar-23	25.0%	33.3%	F		CAMHS - No of waiters	0	Apr-23	234	234	F	H
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Mar-23	0.3%	0.5%	F	L	All LD - No of waiters	0	Apr-23	35	34	F	L
CINSS (20 Working Days) - Complete Pathway	>=95%	Mar-23	58.3%	56.0%	F	H	Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Mar-23	785	720	F	H
Continence - Complete Pathway	>=95%	Mar-23	50.8%	56.7%	F		Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Apr-23	4	4	F	L
Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Mar-23	56.1%	55.4%	F	L	Vacancy Rate	<=10%	Apr-23	13.2%	13.5%	F	
Community Paediatrics (18 weeks) - Complete pathway	>=92%	Mar-23	16.5%	10.1%	F		Agency Costs	<=£641,666	Apr-23	£2,628,635	£3,023,461	F	
Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Mar-23	0.0%	4.8%	F	L	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Apr-23	81.4%	84.2%	F	H

EXCEPTION REPORTS - Consistently Achieving Target						
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Average Length of stay - Community Hospitals	<=25	Apr-23	22.7	19.3		
Gatekeeping	>=95%	Apr-23	98.6%	100.0%		
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Apr-23	7.9%	8.3%		
Core Mandatory Training Compliance for substantive staff	>=85%	Apr-23	94.7%	94.3%		
% of staff from a BME background	>=22.5%	Apr-23	25.9%	25.9%		

EXCEPTION REPORTS MATRIX SUMMARY

		Assurance		
		Achieving Target (P)	**Inconsistently Achieving Target** (?)	**Not Achieving Target** (F)
Variation/Trend	**Special Cause - Improvement** (H)(L)	Normalised Workforce Turnover (Rolling previous 12 months) Core Mandatory Training Compliance for substantive staff % of staff from a BME background		*Waiting Times* : CINSS CBT DPS TSPPD LD Safe Staffing % clinical supervision
	Common Cause	Average Length of stay - Community Hospitals Gatekeeping		*Waiting Times:* Adult CMHT ADHD Continence Community Paediatrics Diagnostics Agency Costs Vacancy Rate
	Special Cause - Concern (H)(L)			*Waiting Times:* Memory Clinic ADHD CAMHS Access AASD CAMHS 52 weeks Community Paediatrics (assessment 52 weeks)

SUMMARY

WORKFORCE

Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Apr-23	7.9%	8.3%	P	L
Vacancy Rate	<=10%	Apr-23	13.2%	13.5%	F	
Sickness Absence (in arrears)	<=4.5%	Mar-23	5.1%	5.3%	?	
Agency Costs	<=£641,666	Apr-23	£2,628,635	£3,023,461	F	

QUALITY & SAFETY

Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Serious incidents	0	Apr-23	0	1	?	
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Apr-23	4	4	F	L
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Apr-23	2	1		

FINANCE (Metrics TBC)

Board Performance Report
Summary Dashboard

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Quality Account	TRUST	Monthly	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period	>=95%	Apr-23	98.6%	100.0%		P		
	TRUST	Yearly	The Trusts "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period		21/22	6.4	6.9				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 0-15 years		Apr-23	0	0				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Apr-23	5.5%	4.1%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Apr-23	1223	1278				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Apr-23	64.6%	61.7%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Apr-23	6	5				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Apr-23	0.5%	0.4%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Jan-23	80.0%	88.0%				
CQUINS		Quarterly	CCG 1: Staff flu vaccinations	Min- 70% Max- 90%	Q4	53.6%	52.3%				
		Quarterly	CCG 9: Cirrhosis and fibrosis tests for alcohol dependent patients	Min- 20% Max- 35%	Q4	71.4%	100.0%				
		Quarterly	CCG 10a: Routine Outcome monitoring in CYP and Perinatal MH services	Min- 10% Max- 40%	Q4	13.0%	12.5%				
		Quarterly	CCG 10b: Routine Outcome monitoring in CMHT (inc MHSOP)	Min- 10% Max- 40%	Q4	6.0%	6.0%				
		Quarterly	CCG 12: Biopsychosocial assessments in MH Liaison services	Min- 60% Max- 80%	Q4	96.0%	99.0%				
		Quarterly	CCG 13: Malnutrition Screening Achieving 70% screening in inpatient hospitals	Min=50% Max=70%	Q4	74.1%	73.5%				
		Quarterly	CCG 14: Assessment, diagnosis, and treatment of lower leg wounds Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment	Min=25% Max= 50%	Q4	28.5%	26.3%				
		Quarterly	CCG 15: Assessment and documentation of pressure ulcer risk Achieving 60% assessment in inpatient hospitals	Min=40% Max= 60%	Q4	72.8%	72.9%				
		Quarterly	PSS 6: Delivery of formulation or review within six weeks of admission, as part of a dynamic assessment process for admissions within Tier 4 CYPMH settings	Min: 50% Max: 80%	Q3	100.0%	100.0%				
		Quarterly	PSS 7: Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings	Min: 65% Max: 80%	Q3	100.0%	100.0%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
NHS Oversight	TRUST	Monthly	2-hour urgent response activity	>=70%	Apr-23	74.1%	94.6%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Apr-23	19.6%	20.4%				
	CCG	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Apr-23	33	33				
	CCG	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Apr-23	7	6				
		Monthly	Overall CQC rating (provision of high quality care)		2021/22	2					
		Monthly	CQC Well Led Rating		2021/22	2					
		Monthly	NHS SOF Segmentation Score		2022/23	2					
	NHSE	Monthly (In Arrears)	Potential under-reporting of patient safety incidents - Number of months in which patient safety incidents or events were reported to the NRLS		Feb-23	100.0%	100.0%				
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Apr-23	0	1				
	TRUST	Monthly	MRSA Infection Rate		Apr-23	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Apr-23	4	0				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Mar-23	0	0				
			VTE Risk Assessment								
	GOV	Monthly	Percentage of people aged 65 and over who received a flu vaccination		Feb-23	80.8%	80.4%				
			Proportions of patient activities with an ethnicity code								

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Access Waiting Times - DMH	TRUST	Monthly (In Arrears)	Adult CMHT Access (Six weeks routine) - Complete pathway	>=95%	Mar-23	55.3%	58.1%		F		
	TRUST	Monthly (In Arrears)	Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Mar-23	58.1%	61.7%		F		
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Complete pathway	>=95%	Mar-23	21.9%	9.0%		F	L	
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Mar-23	56.9%	57.8%		F	L	
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Complete pathway	>=95%	Mar-23	25.0%	33.3%		F		
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Mar-23	0.3%	0.5%		F	L	
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral	>=60%	Mar-23	60.0%	72.2%		?		
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (20 Working Days) - Complete Pathway	>=95%	Mar-23	58.3%	56.0%		F	H	
	TRUST	Monthly (In Arrears)	Continence - Complete Pathway	>=95%	Mar-23	50.8%	56.7%		F		
Access Waiting Times - FYPCLD	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Mar-23	0.0%	N/a		?	L	
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Mar-23	100.0%	90.9%		?	H	
	TRUST	Monthly (In Arrears)	Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Mar-23	56.1%	55.4%		F	L	
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Complete pathway	>=92%	Mar-23	16.5%	10.1%		F		
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Mar-23	0.0%	4.8%		F	L	
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) - No of Referrals - (18 weeks) - Complete pathway		Mar-23	41	42				
	TRUST	Monthly (In Arrears)	6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Mar-23	60.4%	78.2%		F		

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits	TRUST	Monthly	Cognitive Behavioural Therapy - No of waiters	0	Apr-23	0	0		(F)	(L)	
	TRUST	Monthly	Cognitive Behavioural Therapy - Longest waiter (weeks)		Apr-23	49	50				
	TRUST	Monthly	Dynamic Psychotherapy - No of waiters	0	Apr-23	8	10		(F)	(L)	
	TRUST	Monthly	Dynamic Psychotherapy - Longest waiter (weeks)		Apr-23	109	104				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - No of waiters	0	Mar-23	0	9		(F)	(L)	
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - Longest waiter (weeks)		Mar-23	0	188				
	TRUST	Monthly	CAMHS - No of waiters	0	Apr-23	234	234		(F)	(H)	
	TRUST	Monthly	CAMHS - Longest waiter (weeks)		Apr-23	113	109				
	TRUST	Monthly	All LD - No of waiters	0	Apr-23	35	34		(F)	(L)	
	TRUST	Monthly	All LD - Longest waiter (weeks)		Apr-23	131	127				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Mar-23	785	720		(F)	(H)	
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Mar-23	88	96				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Apr-23	95.2%	94.5%		(?)	(H)	
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Apr-23	89.0%	90.1%		(?)		
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Apr-23	22.7	19.3		(P)		
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Apr-23	6.2%	3.3%		(?)		
	TRUST	Monthly	Gatekeeping	>=95%	Apr-23	98.6%	100.0%		(P)		
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Apr-23	0	0				

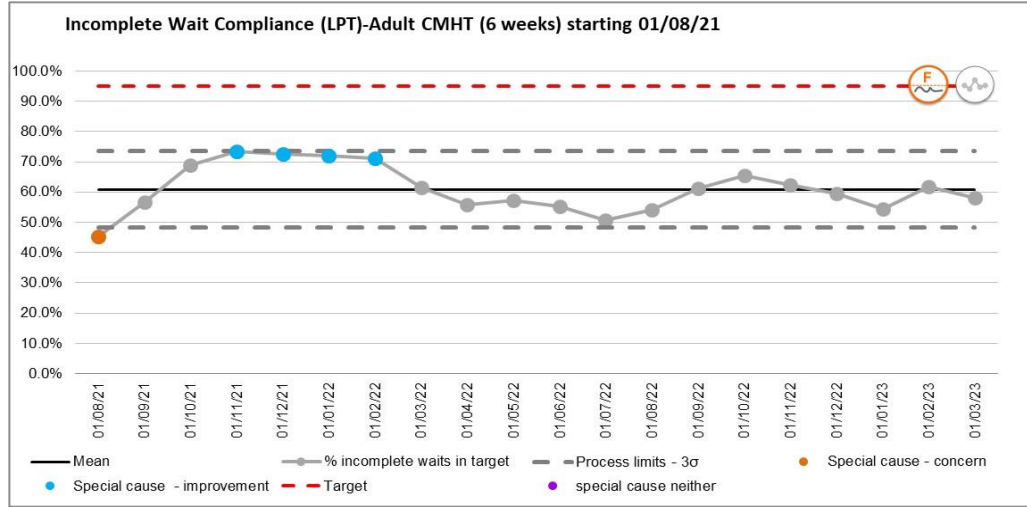| Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
	TRUST	Monthly	Covid Positive Following Swab During Admission - 15 and over		Apr-23	14	26				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Apr-23	5.4%	7.8%				
	TRUST	Monthly	Serious incidents		Apr-23	0	1			⬤	
	TRUST	Monthly	Complaints		Apr-23	24	20				
	TRUST	Monthly	Concerns		Apr-23	53	68				
	TRUST	Monthly	Compliments		Apr-23	136	60				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Apr-23	4	4		F	L	
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Apr-23	2	1				
	TRUST	Monthly	Care Hours per patient day		Apr-23	11.1	11.0				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Apr-23	22	10			⬤	
Quality & Safety	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Apr-23	0	0			⬤	
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Apr-23	0	0			⬤	
	TRUST	Monthly	Total number of Restrictive Practices		Apr-23	133	103				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Mar-23	109	90			⬤	
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Mar-23	22	11			⬤	
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Mar-23	3	7			⬤	
	TRUST	Monthly (In Arrears)	No. of repeat falls		Mar-23	56	47			H	
	TRUST	Monthly	No. of Medication Errors		Apr-23	50	52				
	CCG	Monthly	LD Annual Health Checks completed - YTD		Apr-23	1.8%	78.3%				
	CCG	Monthly	LeDeR Reviews completed within timeframe - Allocated		Apr-23	9	18				
	CCG	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Apr-23	4	5				
	CCG	Monthly	LeDeR Reviews completed within timeframe - On Hold		Apr-23	4	2				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
HR Workforce	TRUST	Monthly	Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Apr-23	7.9%	8.3%		P	L	
	TRUST	Monthly	Vacancy Rate	<=10%	Apr-23	13.2%	13.5%		F		▢
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Mar-23	5.1%	5.3%		?		
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Mar-23	£820,664	£783,157				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Mar-23	5.3%	5.3%				
	TRUST	Monthly	Agency Costs	<=£641,666	Apr-23	£2,628,635	£3,023,461		F		▢
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Apr-23	94.7%	94.3%		P	H	
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Apr-23	85.2%	85.0%		?	H	
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Apr-23	25.9%	25.9%		P	H	
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Apr-23	n/a	53.8%				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Apr-23	81.4%	84.2%		F	H	▢

EXCEPTION REPORT - Adult CMHT Access (Six weeks routine) - Incomplete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
DMH	>=95%	55.8%	57.1%	55.3%	50.6%	54.1%	61.3%	65.5%	62.4%	59.6%	54.4%	61.7%	58.1%

Incomplete Wait Compliance (LPT)-Adult CMHT (6 weeks) starting 01/08/21

Legend: Mean | % incomplete waits in target | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target | special cause neither

Analytical Commentary

The metric is showing common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
60.9%	48.0%	74.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

Caseload reviews are being prioritised at team level based on workforce available. There are challenges around staffing levels.
Service continues to undertake weekend clinics to support the caseload reviews.
Caseload data is being analysed and progress will be reviewed on a monthly basis via the DMH Finance, Planning and Performance Meeting.
The transformation programme is progressing and updates are reported through the DMH Transformation DMT.

Leicestershire Partnership NHS
NHS Trust

EXCEPTION REPORT - Adult CMHT Access (Six weeks routine) - Complete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
DMH	>=95%	63.4%	56.7%	57.5%	53.2%	56.3%	57.1%	66.4%	69.7%	65.1%	63.2%	58.1%	55.3%

Complete Wait Compliance (LPT)-Adult CMHT (6 weeks) starting 01/08/21

Legend: Mean — % Complete waits in target — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Analytical Commentary

The metric is showing common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
62.3%	51.0%	73.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

Caseload reviews are being prioritised at team level based on workforce available. There are challenges around staffing levels.
 Service continues to undertake weekend clinics to support the caseload reviews.
Caseload data is being analysed and progress will be reviewed on a monthly basis via the DMH Finance, Planning and Performance Meeting.
The transformation programme is progressing and updates are reported through the DMH Transformation DMT.

EXCEPTION REPORT - MHSOP - Memory Clinics (18 weeks local RTT) - Complete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
DMH	>=92%	41.2%	39.7%	31.6%	27.7%	17.0%	18.8%	9.6%	22.1%	17.6%	5.0%	9.0%	21.9%

Complete Wait Compliance (LPT)-MHSOP Memory Clinics (18 weeks) starting 01/08/21

Analytical Commentary

The metric is showing a special cause variation of a concerning nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.
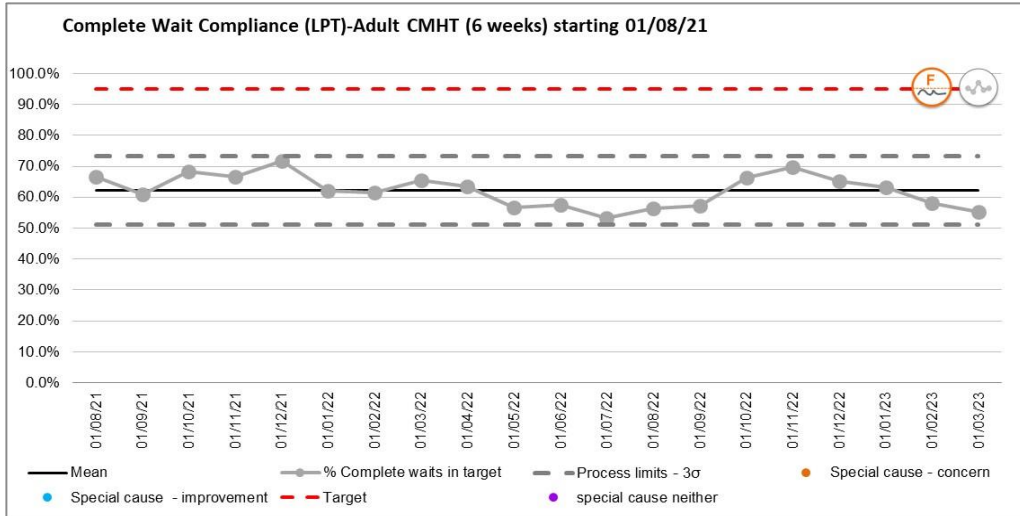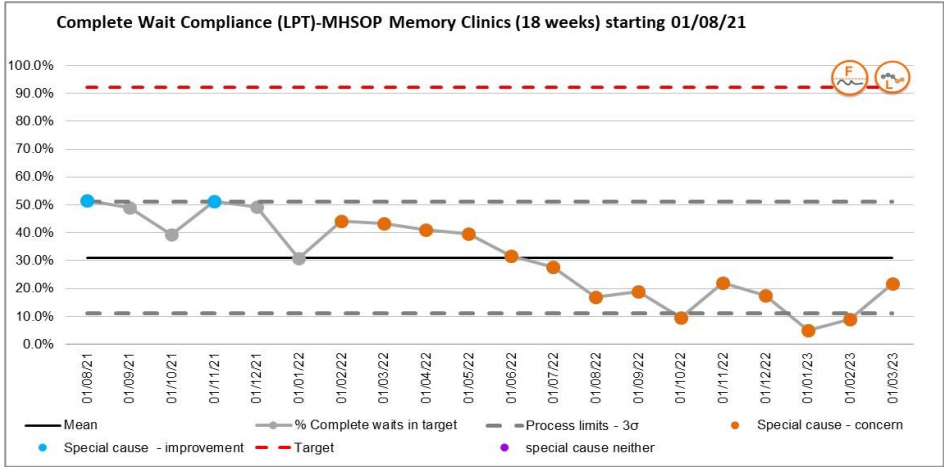
Mean	Lower Process Limit	Upper Process Limit
31.0%	11.0%	51.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

1) 2.0WTE admin staff vacancies is affecting the speed in which they can complete tasks – this is affecting the outward performance of the team's clinical work – delays in letters (admin staff working weekends to catch up – now 2 weeks behind). 1 VCF approved and advert pending, 2nd VCF awaiting exec VCF panel.

2) Extra bank holidays reduced clinic days and on 2 BH occasions no staff volunteering to work the overtime clinics.

3) Performance was increased to 288 new patients in March and 433 follow ups and in April, 282 new patients and 600 follow ups which is great, we should see this reflected in numbers as we get to end of May due to admin catching up with the work.

4) On going work happening with nurses and medics to ensure that pts with mild cognitive impairment diagnosis are being discharged and not offered further review appointments. I am presenting to the best practice group (ICB and G.P forum) on June 11th to gain their support and buy to this pathway.

5) As it stands 1578 pts are on the RTT, with the 187 that needed to be added back on, the 230 approx. referrals each month and admin delays we have still managed to achieve a decrease in the total number from 1688 to 1578 in the last month.

EXCEPTION REPORT - MHSOP - Memory Clinics (18 weeks local RTT) - Incomplete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
DMH	**>=92%**	62.9%	64.9%	62.9%	63.2%	64.8%	63.6%	65.9%	61.4%	61.1%	58.6%	57.8%	56.9%

Incomplete Wait Compliance (LPT)-MHSOP Memory Clinics (18 weeks) starting 01/08/21

Legend: — Mean; —●— % Incomplete waits in target; —■— Process limits - 3σ; ● Special cause - concern; ● Special cause - improvement; -- Target; ● special cause neither

Analytical Commentary

The metric is showing a special cause variation of a concerning nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.
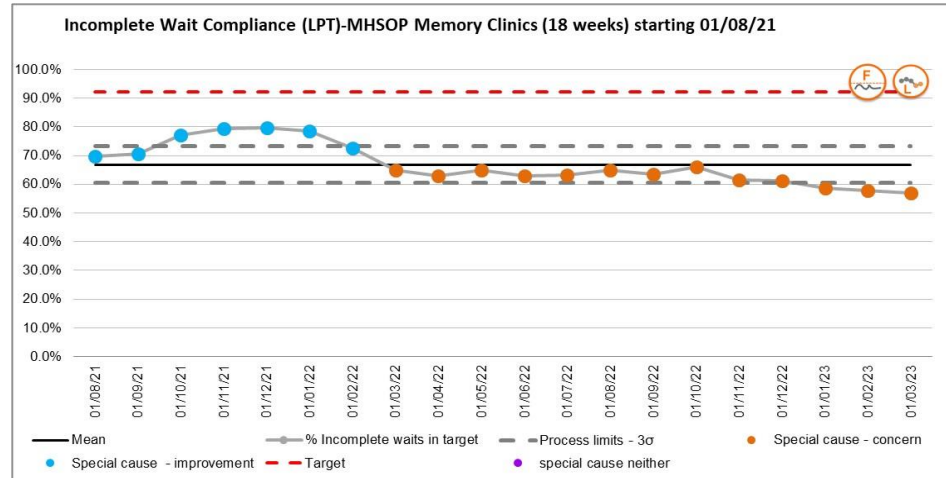
Mean	Lower Process Limit	Upper Process Limit
66.8%	61.0%	73.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

1) 2.0WTE admin staff vacancies is affecting the speed in which they can complete tasks – this is affecting the outward performance of the team's clinical work – delays in letters (admin staff working weekends to catch up – now 2 weeks behind). 1 VCF approved and advert pending, 2nd VCF awaiting exec VCF panel.

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4) On going work happening with nurses and medics to ensure that pts with mild cognitive impairment diagnosis are being discharged and not offered further review appointments. I am presenting to the best practice group (ICB and G.P forum) on June 11th to gain their support and buy to this pathway.

5) As it stands 1578 pts are on the RTT, with the 187 that needed to be added back on, the 230 approx. referrals each month and admin delays we have still managed to achieve a decrease in the total number from 1688 to 1578 in the last month.

EXCEPTION REPORT - ADHD (18 weeks local RTT) - Complete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
DMH	>=92%	38.9%	5.3%	6.3%	11.1%	5.9%	8.7%	0.0%	0.0%	20.0%	11.8%	33.3%	25.0%

Complete Wait Compliance (LPT)-ADHD (18 weeks) starting 01/08/21

Legend: Mean | % Complete waits in target | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target | special cause neither

Analytical Commentary

The metric is showing common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.
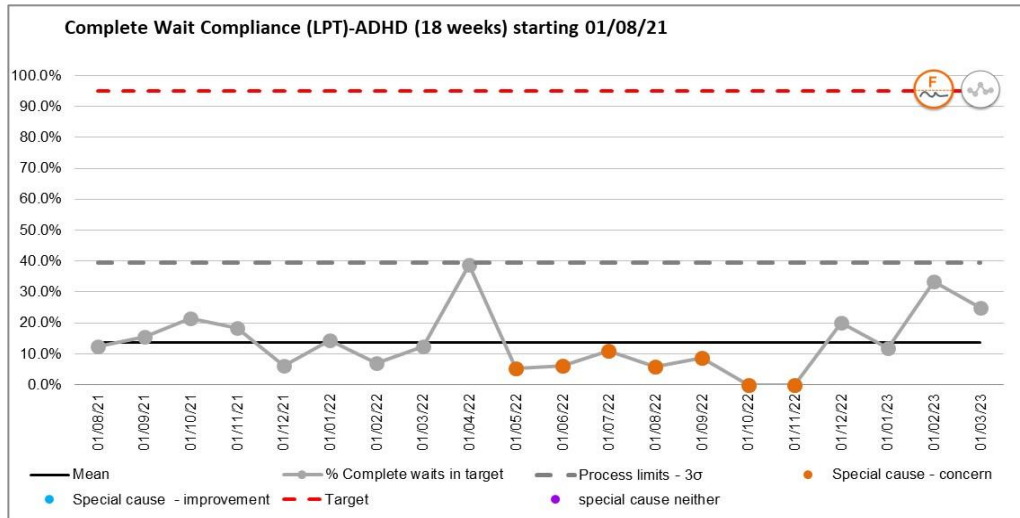
Mean	Lower Process Limit	Upper Process Limit
13.7%	-12.0%	40.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

ADHD workshop arranged with NHFT including clinicians from the service and commissioners to share learning and challenges and think together about service models

Non – recurrent funding to the value of £930k over 3 years.

Agreed recruitment of 1.5wte NMPs and 1wte Specialist Pharmacist approved by DMT Dec 2022 – value £525k

£405k proposal being developed(QB testing & roll out of NMP training in community)

Continue work on primary and secondary care model

Through transformation review how the secondary care model would fit within the neighbourhood teams.

EXCEPTION REPORT - ADHD (18 weeks local RTT) - Incomplete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
DMH	>=92%	15.2%	9.5%	1.6%	0.5%	0.3%	0.2%	0.4%	0.6%	0.6%	0.5%	0.5%	0.3%

Incomplete Wait Compliance (LPT)-ADHD (18 weeks) starting 01/08/21

Analytical Commentary

The metric is showing a special cause variation of a concerning nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

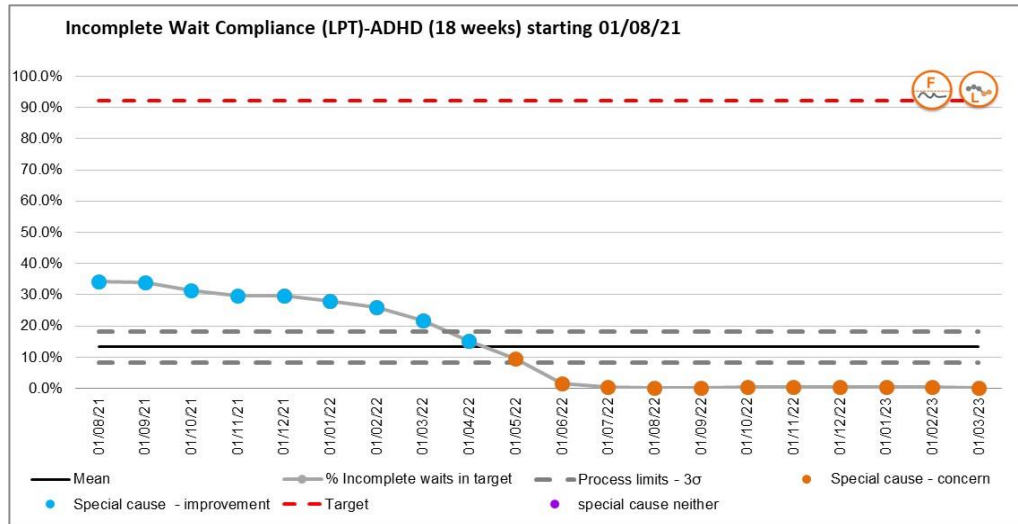| Mean	Lower Process Limit	Upper Process Limit
13.3%	8.0%	18.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

ADHD workshop arranged with NHFT including clinicians from the service and commissioners to share learning and challenges and think together about service models

Non – recurrent funding to the value of £930k over 3 years.

Agreed recruitment of 1.5wte NMPs and 1wte Specialist Pharmacist approved by DMT Dec 2022 – value £525k

£405k proposal being developed(QB testing & roll out of NMP training in community)

Continue work on primary and secondary care model

Through transformation review how the secondary care model would fit within the neighbourhood teams.

EXCEPTION REPORT - CINNS (20 working days) - Complete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CHS	>=95%	22.8%	25.8%	29.3%	28.5%	13.4%	17.9%	25.6%	41.1%	49.7%	55.0%	56.0%	58.3%

Complete Wait Compliance (LPT)-CINNS (20 working days) starting 01/08/21

Analytical Commentary

The metric is showing a special cause variation of an improving nature due to higher values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.
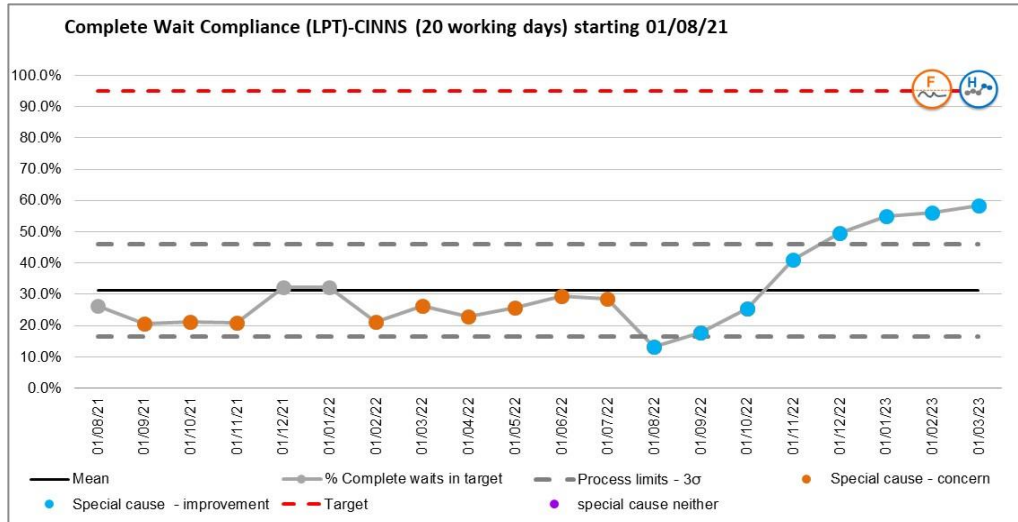
	Mean	Lower Process Limit	Upper Process Limit
	31.2%	16.0%	46.0%

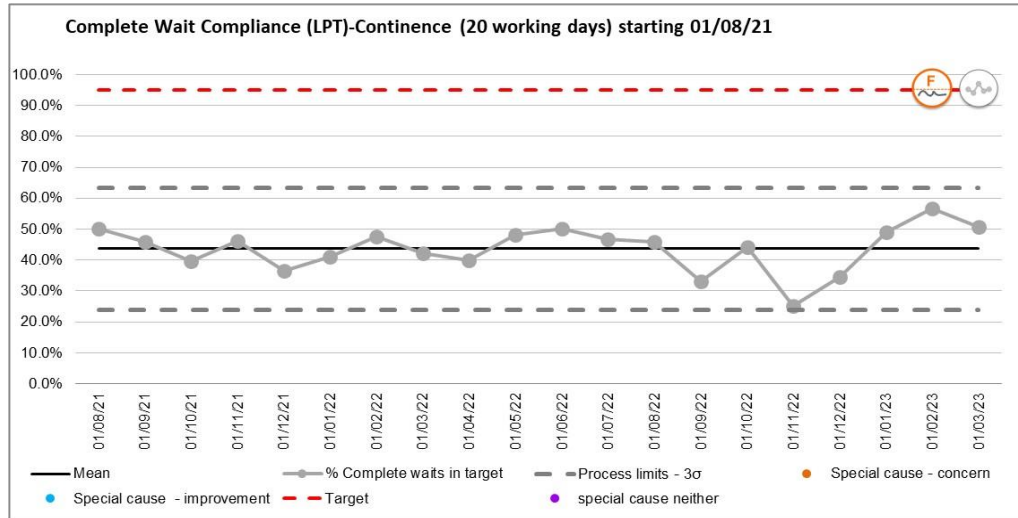**Operational Commentary** (e.g. referring to risk, finance, workforce)

Currently awaiting response from ICB re amending the contractual waiting times target to 6 weeks to be more realistic and measurable in line with elective care and national CSDS defined targets. The service will be compliant with waiting times if this is agreed.

The following key improvement actions are in progress:
- CINSS leads reviewing contacts and clock stops with data of individual staff over rolling 6 months to monitor and manage underperformance.
- Monitoring quality impact, focussing on re referrals, awaiting MWIOM reporting.
- Bridges principles are being included in initial assessment and supervision and D/C to ensure patients are passed to self management in a timely manner.
- Job planning pilot continues with testing of populating forms.
- Following OD listening event Band 7's now leading on; detailed actions with the teams and task and finish groups.
- PTL ongoing focus on data quality of patients that have not got open referral but have open care, and those open for 90 days with no clinical contact ,working with BAT team to close those on an old unit.
- Review new patient assessment acuity and follow up acuity for clock stops.
- Review of first to follow up ratio.

EXCEPTION REPORT - Continence (20 working days) - Complete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
CHS	>=95%	39.8%	48.2%	50.1%	46.7%	45.9%	33.0%	44.3%	25.2%	34.6%	48.9%	56.7%	50.8%

Complete Wait Compliance (LPT)-Continence (20 working days) starting 01/08/21

Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
43.7%	24.0%	63.0%

**Operational Commentary** (e.g. referring to risk, finance, workforce)

Currently awaiting response from ICB re amending the contractual waiting times target to 18 weeks to be more realistic and measurable in line with elective care and national CSDS defined targets. The service will be compliant with waiting times if this is agreed.

The following key improvement actions are in progress:
- Changes in triage process to ensure swifter pathway to assessment for patients and improvement in waiting times.
- Proactive recruitment of Continence nurse in pipeline to backfill places due to retirement and progression (2.8WTE).
- Number of patient waiting 1157 but only 73 waiting over 50 plus days, service adjusted HARMS matrix to ensure patients are seen promptly.

EXCEPTION REPORT - CAMHS Access (13 weeks) - Incomplete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
FYPC	**>=92%**	90.3%	90.6%	90.9%	92.1%	79.9%	62.3%	54.9%	55.5%	58.6%	58.3%	55.4%	56.1%
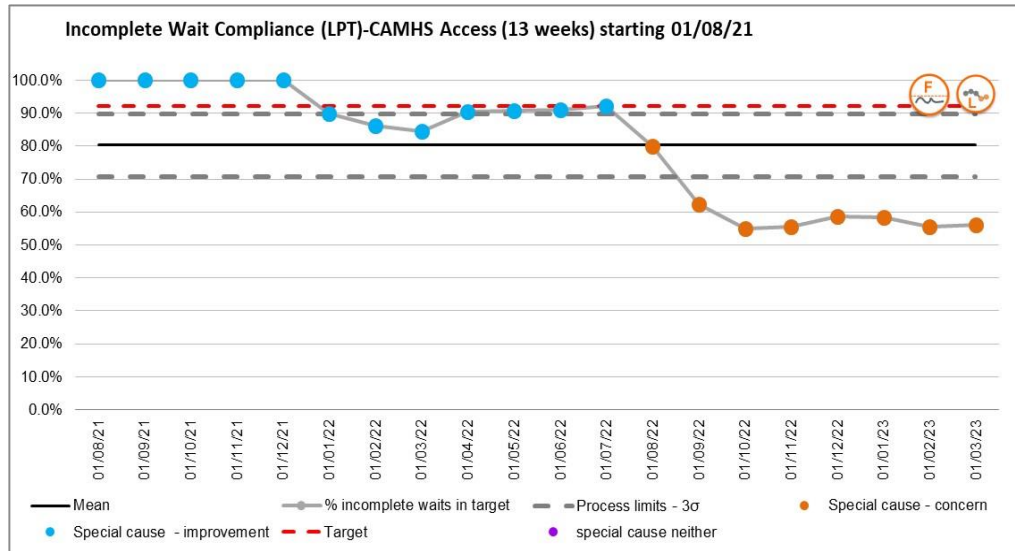
Analytical Commentary

The metric is showing a special cause variation of a concerning nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
80.3%	71.0%	90.0%

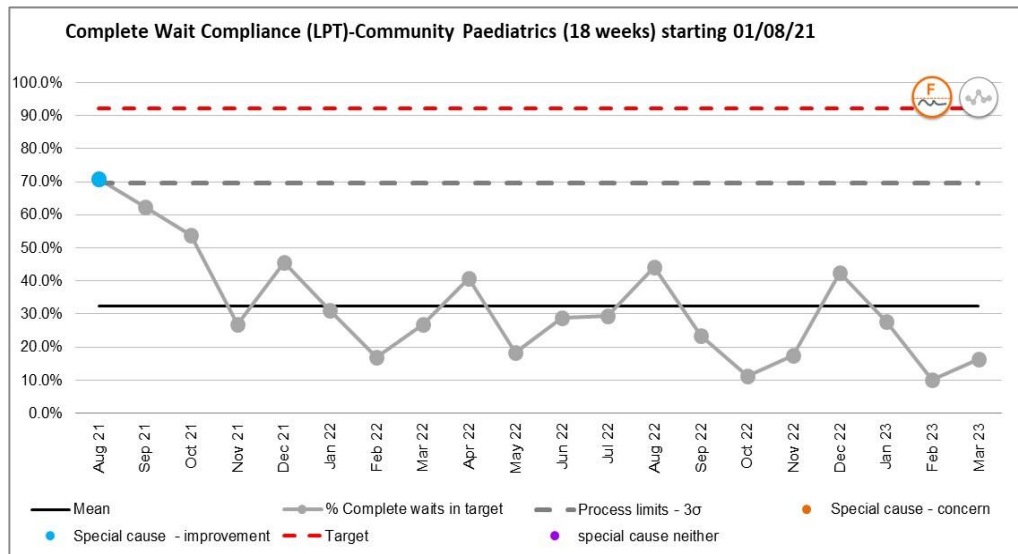**Operational Commentary** (e.g. referring to risk, finance, workforce)

The service continues to receive more referrals than they have capacity to see. The non-recuerent investment into the service slows the rate of increase in the waiting list but the trajectory will continue to rise. It is expected that the service will hit over 2 year waits in the next couple of months.

The service is operating a priority waiting list with some CYP prioritised to be seen within the 18 week RTT. The remaining CYP have been sent a letter explaining the long waits and what to do if the acuity of symptoms increase.

The majority of the long waits are for neurodevelopmental assessment for Autism and ADHD. A system business case for £5 million investment for a neurodevelopmental service for both paediatrics and CAMHS was submited this year but has not been successful. The project team are now assessing possible mitigation solutions to address the long waits.

EXCEPTION REPORT - Community Paediatrics (18 weeks) - Complete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
FYPCLD	>=92%	40.9%	18.3%	29.0%	29.5%	44.3%	23.5%	11.2%	17.6%	42.5%	27.7%	10.1%	16.5%

Complete Wait Compliance (LPT)-Community Paediatrics (18 weeks) starting 01/08/21

Legend: Mean — % Complete waits in target — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
32.3%	-0.1%	70.0%

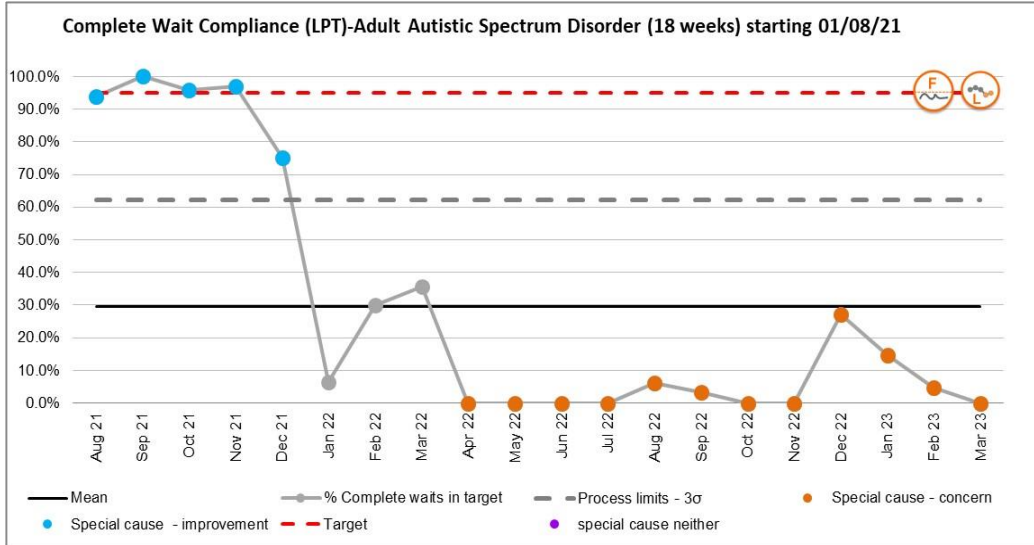**Operational Commentary** (e.g. referring to risk, finance, workforce)

The service continues to receive more referrals than they have capacity to see. The non-recuerent investment into the service slows the rate of increase in the waiting list but the trajectory will continue to rise. It is expected that the service will hit over 2 year waits in the next couple of months.

The service is operating a priority waiting list with some CYP prioritised to be seen within the 18 week RTT, this will maintain the KPI at around 30% mean level. The remaining CYP have been sent a letter explaining the long waits and what to do if the acuity of symptoms increase.

The majority of the long waits are for neurodevelopmental assessment for Autism and ADHD. A system business case for £5 million investment for a neurodevelopmental service for both paediatrics and CAMHS was submited this year but has not been successful. The project team are now assessing possible mitigation solutions to address the long waits.

EXCEPTION REPORT - Adult Autistic Spectrum Disorder (18 weeks) - Complete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
FYPCLD	>=95%	0.0%	0.0%	0.0%	0.0%	6.3%	3.4%	0.0%	0.0%	27.3%	14.8%	4.8%	0.0%

Complete Wait Compliance (LPT)-Adult Autistic Spectrum Disorder (18 weeks) starting 01/08/21

Legend: Mean — % Complete waits in target — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Analytical Commentary

The metric is showing a special cause variation of a concerning nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.
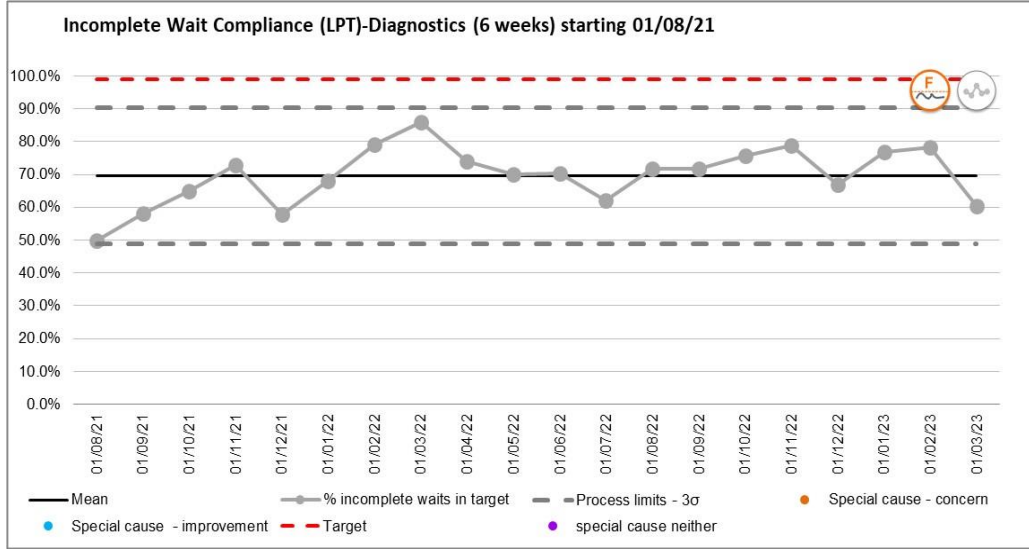
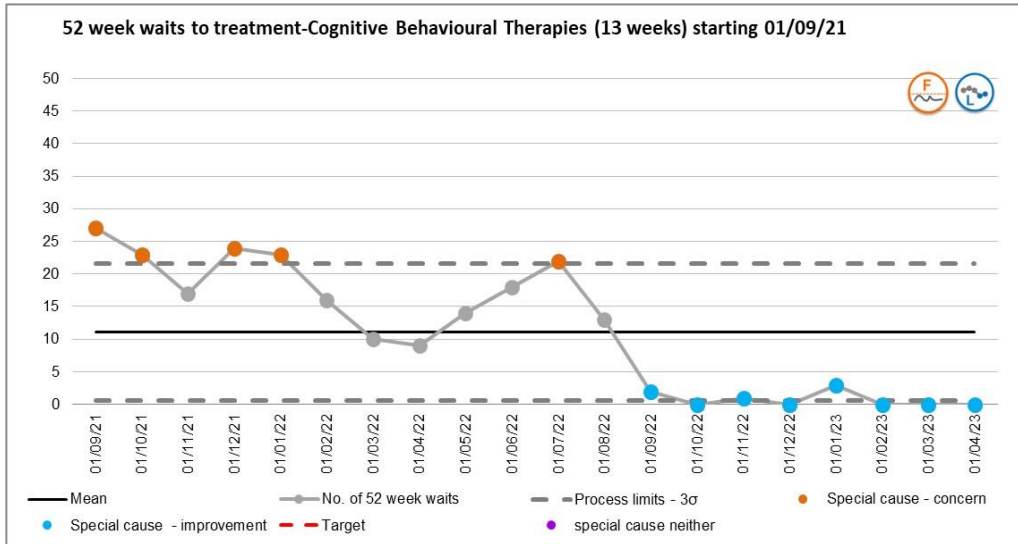| Mean	Lower Process Limit	Upper Process Limit
29.5%	-0.03%	62.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

The service are expecting to show improvement in the performance target from May 2023 and then a continued improvement over the year. This is due to efficiency changes to the pathway and an increase in the workforce through non-recurrent investment.

EXCEPTION REPORT - 6-week wait for diagnostic procedures - Incomplete pathway

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
FYPC	**>=99%**	74.1%	70.1%	70.4%	62.0%	71.8%	71.8%	75.6%	78.7%	66.8%	76.9%	78.2%	60.4%

Incomplete Wait Compliance (LPT)-Diagnostics (6 weeks) starting 01/08/21

Legend: Mean — % incomplete waits in target — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Analytical Commentary

The metric is showing common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

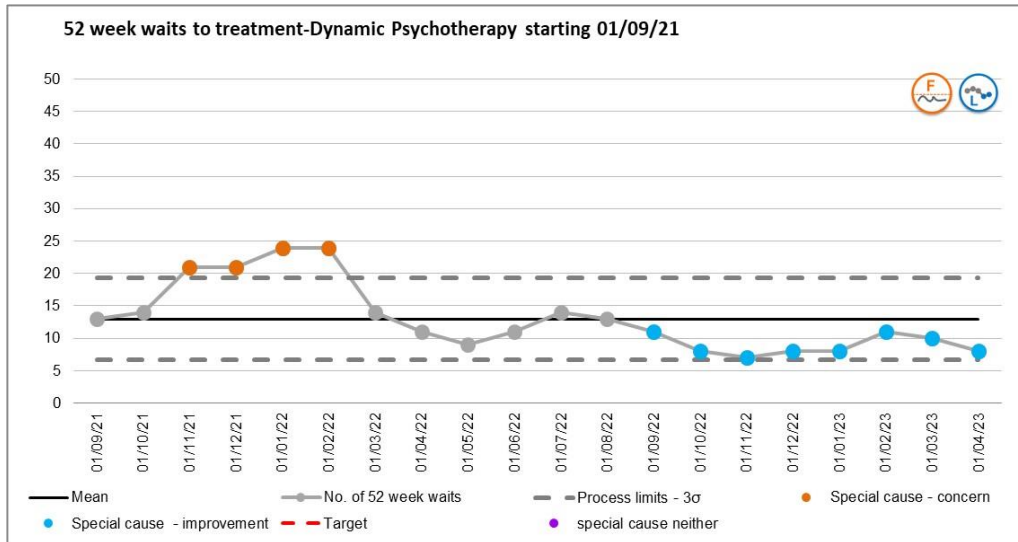| Mean	Lower Process Limit	Upper Process Limit
69.7%	49.0%	90.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

The service is operating with a high percentage of the workforce on maternity or long term sick. The directorate has agreed to backfill by 2 additional audiologists this should change the impact to special cause improvement the impact will be seen from Quarter 2 2023/24 assumming there is successful recruitment.

EXCEPTION REPORT - Cognitive Behavioural Therapy - No of waiters over 52 weeks

	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
DMH	**0**	14	18	22	13	2	0	1	0	3	0	0	0

52 week waits to treatment-Cognitive Behavioural Therapies (13 weeks) starting 01/09/21

Legend: Mean — No. of 52 week waits — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Analytical Commentary

The metric is showing special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.
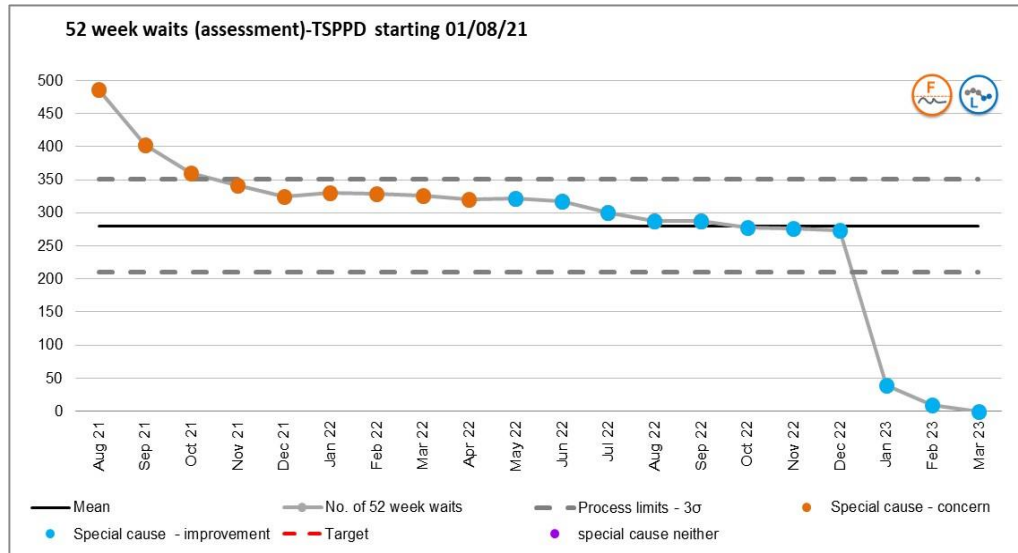
Mean	**Lower Process Limit**	**Upper Process Limit**
11.1	0.6	21.6

Operational Commentary (e.g. referring to risk, finance, workforce)

Service has achieved against target during the past quarter and is now working towards a 35 week trajectory to start treatment, largely due to new staff joining the team.
There continues to be good flow through the department with higher numbers of patients being referred, assessed, and entering treatment.
Continued recruitment to vacancies.

EXCEPTION REPORT - Dynamic Psychotherapy - No of waiters over 52 weeks

	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
DMH	0	9	11	14	13	11	8	7	8	8	11	10	8

52 week waits to treatment-Dynamic Psychotherapy starting 01/09/21

Legend: Mean — No. of 52 week waits — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Analytical Commentary

The metric is showing special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.
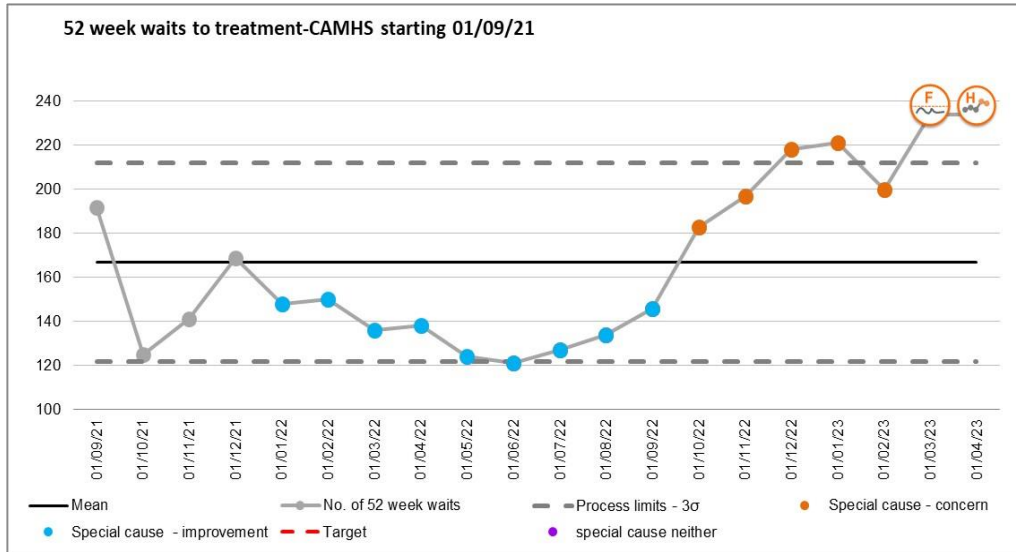
	Mean	Lower Process Limit	Upper Process Limit
	13.0	6.7	19.3

Operational Commentary (e.g. referring to risk, finance, workforce)

All staff now involved in linking with community teams which will have an impact on therapy offers.

Challenges around staff retirements and sickness have increased waiting times.

Interviewed and appointed to an 8b vacancy, however, this is an internal appointment, therefore, the service will recruit to that and other vacancies.

EXCEPTION REPORT - Therapy Service for People with Personality Disorder (assessment) - No of waiters over 52 weeks

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
DMH	0	320	321	317	300	288	287	278	276	274	40	9	0

52 week waits (assessment)-TSPPD starting 01/08/21

Legend: Mean — No. of 52 week waits — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Analytical Commentary

The metric is showing special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

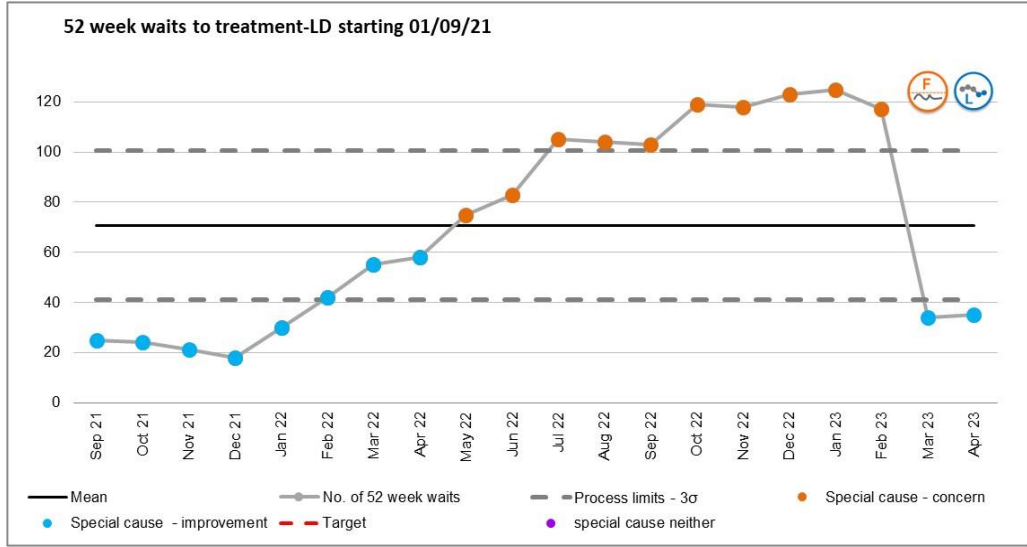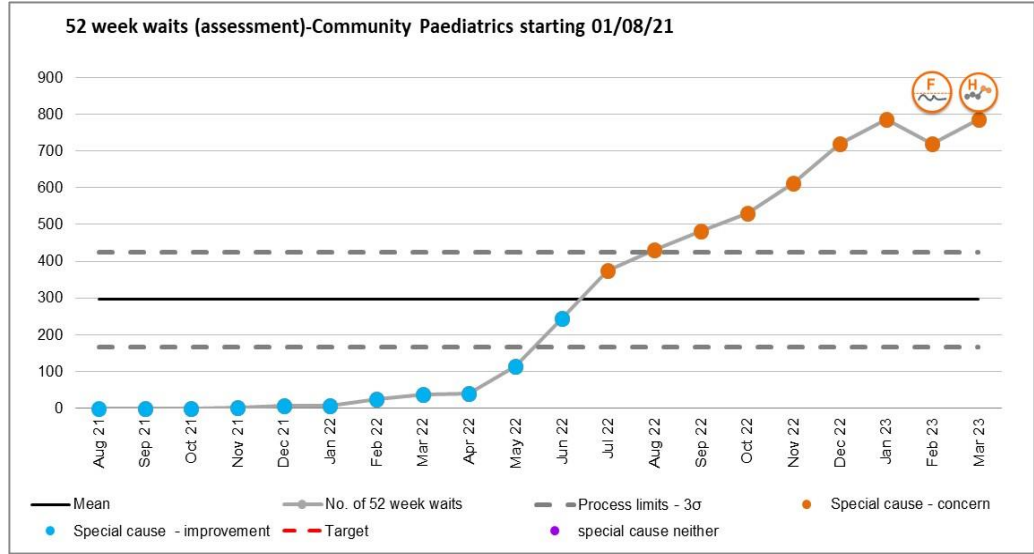| Mean	Lower Process Limit	Upper Process Limit
280.5	210.45	350.45

Operational Commentary (e.g. referring to risk, finance, workforce)

• The trajectory of predicted waiting times for both access and treatment for 23/24 has been developed and is being finalised with the service.
• Recruited into 3.9 WTE previously vacant Band 6 posts for the shortened SCM pathway which will increase treatment capacity.
• Reviewing the way in which the Shortened SCM programme is delivered to determine if there are any ways in which capacity can be increased to allow more timely flow through the service.
• Identifying whether there are further opportunities to tailor the intensity of interventions to meet level of need and considering how other provision may assist (e.g., Step 3.5, VCSE).
• Exploring opportunities that transformation presents with regards to how TSPPD services are delivered more closely with locality teams.
• The complete pathway compliance rate has improved during March to 70% but fell during April to 57.9%, this is still a substantial improvement on previous months.
• Incomplete pathway compliance is 73% which is encouraging in terms of the future compliance rate.
• There are no 52 week breaches for assessment and the longest waiter is 44 weeks

EXCEPTION REPORT - CAMHS - No of waiters over 52 weeks

	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
FYPCLD	0	124	121	127	134	146	183	197	218	221	200	234	234

52 week waits to treatment-CAMHS starting 01/09/21

- Mean
- No. of 52 week waits
- Process limits - 3σ
- Special cause - concern
- Special cause - improvement
- Target
- special cause neither

Analytical Commentary

The metric is showing special cause variation of a concerning nature due to higher values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

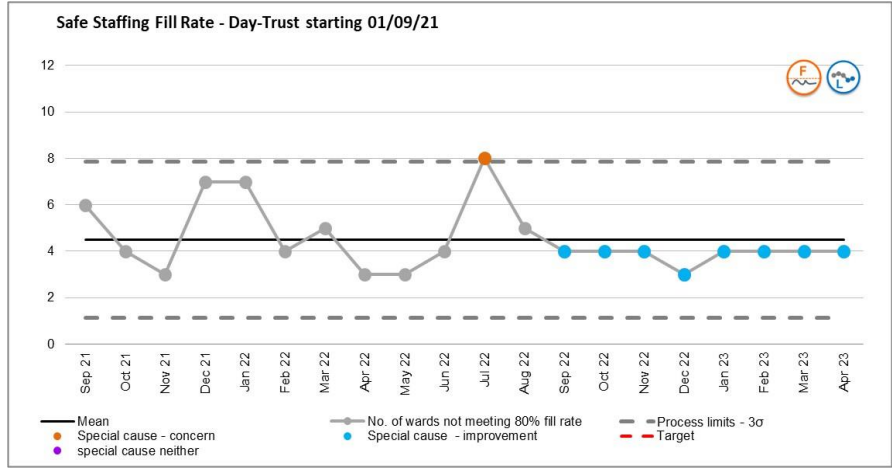| Mean	Lower Process Limit	Upper Process Limit
166.9	121.82	211.98

Operational Commentary (e.g. referring to risk, finance, workforce)

This increase in the number of CYP waiting over 52 weeks is linked to the number of children waiting for a neurodevelopmental Assessment. The System Neurodevelopmental Project and current business plan for investment in 2023/24 and the following 2 years of increased funding was designed to reduce these waits, this has not been successful this financial year.

The general CAMHS waits will be addressed through the latest round of MHIS funding and this will have some impact to the waits, however, with no further neurodevelopmental investment it is predicted that this will continue to rise. The neurodevelopmental project team are considering mitigation solutions for this year.

Leicestershire Partnership NHS
NHS Trust

EXCEPTION REPORT - LD - No of waiters over 52 weeks

	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
FYPCLD	0	75	83	105	104	103	119	118	123	125	117	34	35

52 week waits to treatment-LD starting 01/09/21

Legend:
- Mean
- No. of 52 week waits
- Process limits - 3σ
- Special cause - concern
- Special cause - improvement
- Target
- special cause neither

Analytical Commentary

The metric is showing special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
70.7	41.02	100.38

Operational Commentary (e.g. referring to risk, finance, workforce)

The service are working to improve these waits through service improvements and efficiencies with a steady improvement predicted.

EXCEPTION REPORT - Community Paediatrics (assessment) - No of waiters over 52 weeks

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
DMH	0	40	114	245	374	431	482	531	611	720	785	720	785

52 week waits (assessment)-Community Paediatrics starting 01/08/21

Legend: Mean — No. of 52 week waits — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Analytical Commentary

The metric is showing special cause variation of a concerning nature due to higher values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
295.9	167.8	424

Operational Commentary (e.g. referring to risk, finance, workforce)

The service are utilising the non-recurrent investment to recruit additional ADHD nurses, SALT's and educational psychology support to release capacity from the paediatricians to enable them to see more new referrals. The investment will slow down the rate of increase but is not sufficient to reverse the trend of an increase to the numbers waiting over 52 weeks.

To note it is expected that there will be over 2 year waits in the next couple of months.

EXCEPTION REPORT - Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day

	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
TRUST		3	4	8	5	4	4	4	3	4	4	4	4
DMH		3	3	4	4	3	3	4	2	3	2	2	2
LD	0	0	1	1	0	0	0	0	0	1	1	1	1
CHS		0	0	2	1	1	1	0	0	0	0	0	0
FYPC		0	0	1	0	0	0	0	1	0	1	1	1

Safe Staffing Fill Rate - Day-Trust starting 01/09/21

Legend:
- ▬ Mean
- ● Special cause - concern
- ● special cause neither
- ─●─ No. of wards not meeting 80% fill rate
- ● Special cause - improvement
- ▬ ▬ Process limits - 3σ
- ▬ ▬ Target

Analytical Commentary

The metric is showing special cause variation of an improving nature due to lower values. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.
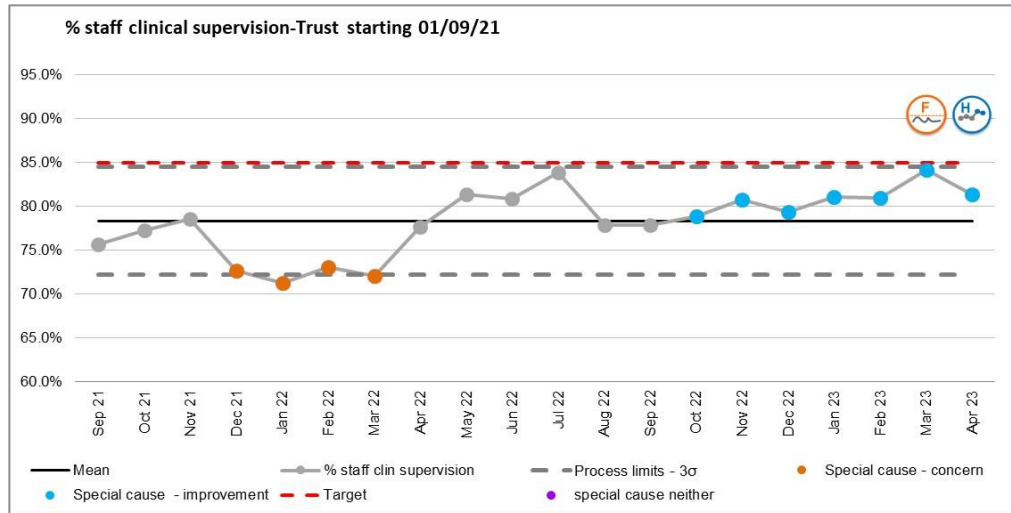
Mean	Lower Process Limit	Upper Process Limit
4.5	1.14	7.86

Operational Commentary (e.g. referring to risk, finance, workforce)

No. of wards not meeting >80% fill rate for RNs – Day was 4 wards
DMH
Kirby - Medication Administration Technicians and Nurse Associates are not reflected in the fill rates hence rates not achieved, RN to Patient ratio is 1:12/1:10 as per staffing model.
Thornton - planned staffing reduced to 2 RN's due to reduction in beds, hence reduced fill rates on days.
Both wards had in excess of 190% fill rate of HCSW on day shifts to counteract the RN fill rate

FYPC/LD
Langley
Ward Sister and Matron have been working clinically as the second RN on the day shift
Had a 75.8% fill rate of RNs in the day and over 96.7% of HCSW to counteract this

Grange
Had fill rate of both RN and HCSW below 80% however this service was also being staffed by Gillivers due to that service being closed for refurbishment.
This is demonstrated by the fill rate for Gillivers being 96.8% for RN fill and 59.1% for HCSW for day shifts.

EXCEPTION REPORT - Vacancy Rate

	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
TRUST		14.1%	14.3%	14.3%	15.5%	14.3%	13.6%	18.0%	12.7%	13.4%	13.2%	13.5%	13.2%
DMH	<=10%	20.0%	20.4%	20.2%	22.5%	21.9%	20.0%	26.9%	14.5%	15.6%	15.1%	15.5%	15.1%
CHS		14.3%	14.5%	14.4%	14.8%	15.6%	15.7%	17.8%	16.1%	14.5%	14.1%	14.3%	14.1%
FYPCLD		11.0%	12.5%	13.4%	13.5%	10.0%	10.7%	15.8%	10.2%	12.0%	12.4%	12.1%	12.0%
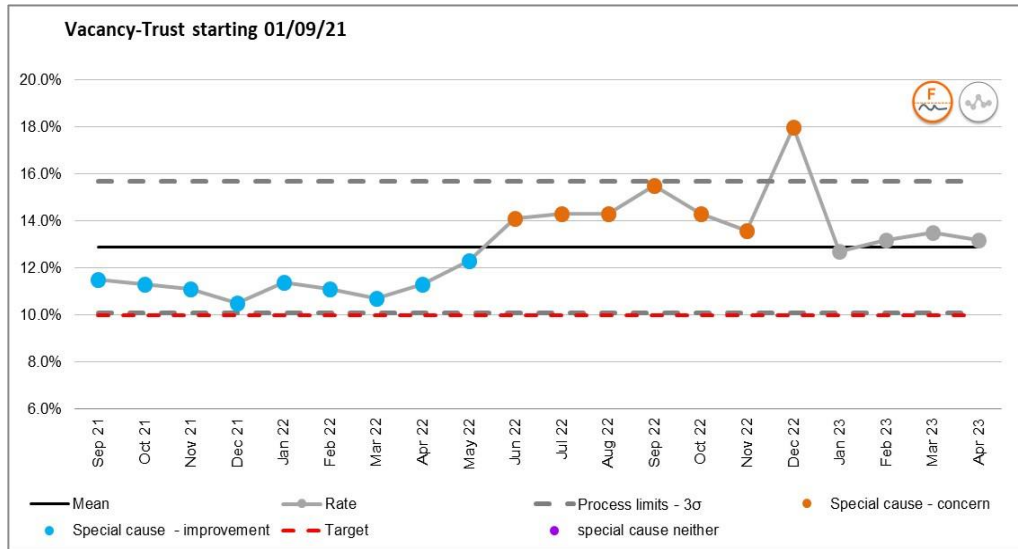
Vacancy-Trust starting 01/09/21

Analytical Commentary

The metric is showing common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
12.9%	10.0%	16.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

The vacancy rate is impacted by joiners and leavers, and by changes to the budgeted establishment. In April 2022 there was an increase to the budgeted establishment creating more vacancies and throughout 2022 the vacancy rate remained high. Vacancy levels vary significantly according to the staff group and service line. Current vacancies are concentrated in the Registered Nursing and HCA workforce.

As part of the Trust-wide Workforce, Recruitment and Agency Programme there are two workstreams contributing to a reduction in the vacancy rate:
- Recruitment & Retention Workstream - KPIs: Increase HCAs on Bank, reduce vacancies, sustainable pipeline
- Growth & Development Workstream - KPIs: Improve retention, embed new roles and skill mixing

This work is overseen by the Recruitment and Retention Workstream of the Workforce, Recruitment and Agency Reduction Programme.

EXCEPTION REPORT - Agency Costs

	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
TRUST	<=£641,666	£2,711,773	£3,000,167	£2,893,923	£2,523,943	£2,661,362	£2,677,028	£2,653,661	£2,723,956	£2,507,308	£2,640,025	£3,023,461	£2,628,635
DMH		£1,224,818	£1,408,802	£1,526,766	£1,188,581	£1,203,370	£1,402,819	£1,280,009	£1,235,580	£1,056,684	£1,114,900	£1,038,686	£1,123,693
CHS		£749,938	£704,708	£585,326	£559,765	£547,955	£628,639	£684,110	£798,737	£798,241	£809,239	£1,041,707	£915,267
FYPCLD		£670,481	£750,275	£634,793	£635,642	£718,462	£587,461	£536,528	£587,339	£591,990	£593,238	£820,253	£524,887
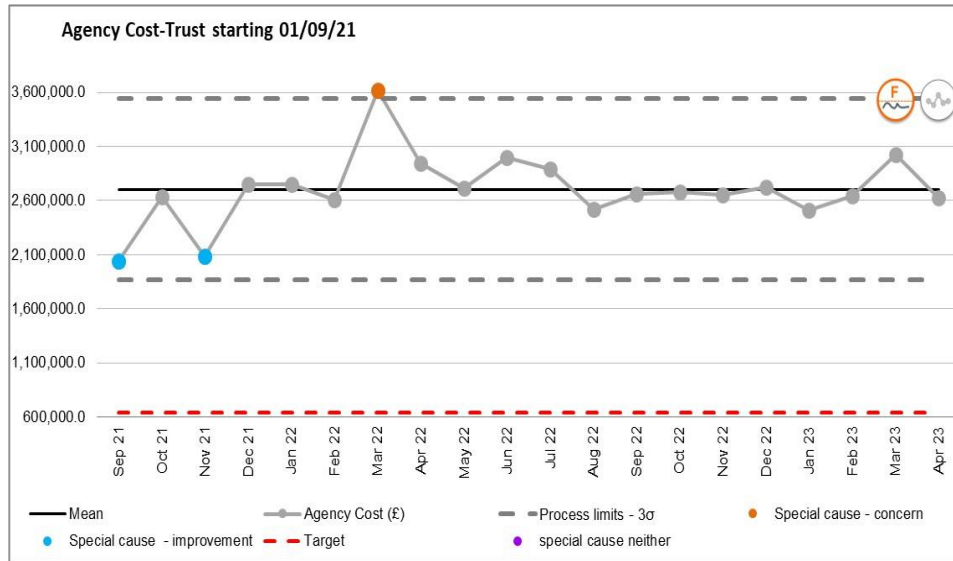
Agency Cost-Trust starting 01/09/21

Legend: Mean | Agency Cost (£) | Process limits - 3σ | Special cause - concern | Special cause - improvement | Target | special cause neither

Analytical Commentary

The metric is showing a common cause variation with no significant change. The metric will consistently fail to meet the target as demonstrated by the target line falling below the process limits.

Mean	Lower Process Limit	Upper Process Limit
2704623.1	1863862.2	3545383.8

Operational Commentary (e.g. referring to risk, finance, workforce)

As part of the Trust-wide Workforce, Recruitment and Agency Programme there are three workstreams contributing to agency spend reduction:
- Recruitment & Retention Workstream - KPIs: Increase HCAs on Bank, Reduce vacancies, sustainable pipeline
- Agency Reduction Workstream - KPIs: Stop off-framework use, reduce agency spend
- Growth & Development Workstream - KPIs: Improve retention, embed new roles and skill mixing

EXCEPTION REPORT - % of staff who have undertaken clinical supervision within the last 3 months

	Target	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
TRUST		81.4%	80.9%	83.9%	77.9%	77.9%	78.9%	80.8%	79.4%	81.1%	81.0%	84.2%	81.4%
DMH	>=85%	77.2%	76.2%	76.7%	75.0%	75.0%	74.8%	76.5%	76.3%	78.4%	79.0%	80.9%	78.9%
CHS		81.3%	82.3%	83.3%	78.6%	78.6%	81.1%	82.9%	80.3%	82.7%	82.6%	88.2%	83.0%
FYPCLD		86.4%	85.1%	85.3%	81.0%	81.0%	82.2%	83.6%	82.0%	82.3%	81.8%	84.0%	82.8%

% staff clinical supervision-Trust starting 01/09/21

Legend: Mean — % staff clin supervision — Process limits - 3σ — Special cause - concern — Special cause - improvement — Target — special cause neither

Analytical Commentary

The metric is showing common cause variation of an improving nature due to higher values. The metric will consistently fail to meet the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
78.4%	72.0%	85.0%

Operational Commentary (e.g. referring to risk, finance, workforce)

Clinical supervision governance and assurance: Clinical supervision data is reviewed monthly at Training Education and Development Group. At this group directorate representatives have been updating the outcomes from their directorate management team deep dive reviews into the continuing below target compliance. Each directorate reviews the data monthly and action is taken. Good practice is being shared. The main challenge that is put forward as the rationale is that staff are not recording supervision on uLearn once it has been completed. All directorates have identified reminding/ensuring staff have recorded their supervision as an action in their Workfore DMT meetings.

SPC Business Rules

Assurance: Failing

Assurance	Variation	Understanding the Icons	Business Rule
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is expected to consistently Fail the Target and is showing a Special Cause for Concern. An exception page is required on the Board Performance Report to support actions and delivery of a performance improvement.
		Common Cause - no significant change. Assurance indicates consistently (F)ailing the target.	Metric is expected to consistently Fail the Target and is showing Common Cause variation. An exception page is required on the Board Performance Report to support actions and delivery of a performance improvement.
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.	Metric is expected to consistently Fail the Target and is showing a special cause variation for improvement. An exception page is required on the Board Performance Report to support actions and delivery of a performance improvement.
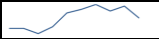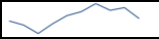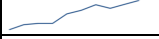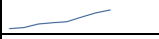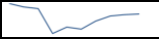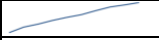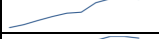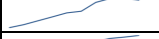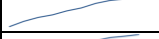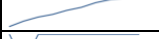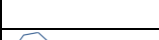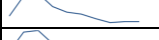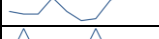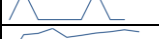
Assurance: Hit and Miss

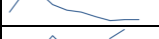| Assurance	Variation	Understanding the Icons	Business Rule
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates the metric may achieve or fail the target due to random variation.	There is no assurance that the metric will consistently achieve the target and is showing a Special Cause for Concern. Metric to be monitored at Directorate Performance Reviews.
		Common Cause - no significant change. Assurance indicates the metric may achieve or fail the target due to random variation.	There is no assurance that the metric will consistently achieve the target and is in Common Cause Variation. Metric to be monitored at Directorate Performance Reviews.
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates the metric may achieve or fail the target due to random variation.	There is no assurance that the metric will consistently achieve the target and is showing a Special Cause for Improvement. Metric to be monitored at Directorate Performance Reviews.

Assurance: Achieving

Assurance	Variation	Understanding the Icons	Business Rule
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is expected to consistently Achieve the Target and is showing a Special Cause for Concern. Metric to be monitored at Directorate Performance Reviews.
		Common Cause - no significant change. Assurance indicates consistently (P)assing the target.	Metric is expected to consistently Achieve the Target and is showing Common Cause variation. Metric to be monitored at Directorate Performance Reviews.
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.	Metric is expected to consistently Achieve the Target and is showing a special cause variation for improvement. Metric to be monitored at Directorate Performance Reviews.

Appendix - Mental Health Core Data Pack

Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline
(B1) Discharges followed up within 72hrs - LLR		Jan-23	80.0%	87.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Jan-23	80.0%	88.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	3477	Jan-23	11610	11430	
(D1) Community Mental Health Access (2+ contacts) - LPT		Jan-23	11580	11400	
(E1) CYP access (1+ contact) - LLR	11176	Jan-23	13075	12805	
(E1) CYP access (1+ contact) - LPT		Jan-23	6255	n/a	
(E4) CYP eating disorders waiting time - Routine - LLR		Q3	56.5%		
(E4) CYP eating disorders waiting time - Routine - LPT	>=95%	Q3	57.3%	39.4%	
(E5) CYP eating disorders waiting time - Urgent - LLR		Q3	87.2%		
(E5) CYP eating disorders waiting time - Urgent - LPT	>=95%	Q3	88.1%	87.5%	
(G3) EIP waiting times - MHSDS - LLR		Jan-23	78.6%	78.4%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Jan-23	79.1%	80.5%	
(I1) Individual Placement Support - LLR	637	Jan-23	415	390	
(I1) Individual Placement Support - LPT		Jan-23	410	385	
(K2) OOA bed days - inappropriate only - LLR		Jan-23	0	0	
(K2) OOA bed days - inappropriate only - LPT		Jan-23	0	0	
(L1) Perinatal access - rolling 12 months - LLR	1231	Jan-23	935	945	
(L1) Perinatal access - rolling 12 months - LPT		Jan-23	920	935	
(L2) Perinatal access - year to date - LLR	1049	Jan-23	770	735	
(L2) Perinatal access - year to date - LPT		Jan-23	765	730	
(N1) Data Quality - Consistency - LLR		Jan-23	100.0%	100.0%	
(N1) Data Quality - Consistency - LPT		Jan-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LLR		Jan-23	83.3%	83.3%	
(N2) Data Quality - Coverage - LPT	>=95%	Jan-23	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Jan-23	21.3%	21.3%	
(N3) Data Quality - Outcomes - LPT	>=40%	Jan-23	21.5%	21.5%	
(N4) Data Quality - DQMI score - LLR		Dec-22	62.5	61.5	
(N4) Data Quality - DQMI score - LPT	90.0	Dec-22	94.0	94.0	
(N5) Data Quality - SNOMED CT - LLR		Jan-23	95.6%	96.6%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Jan-23	99.4%	99.8%	