

Trust Board
25 July 2023











Board Performance Report June 2023 (Month 3)

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%	May-23	48.1%	56.9%			6-week wait for diagnostic procedures - Incomplete pathway	>=99%	May-23	43.5%	50.3%		
Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	May-23	52.0%	54.7%			Dynamic Psychotherapy - No of waiters	0	Jun-23	7	9		
Memory Clinic (18 week Local RTT) - Complete pathway	>=92%	May-23	14.4%	15.6%			Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - No of waiters	0	May-23	0	0		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	May-23	62.1%	56.5%			CAMHS - No of waiters	0	Jun-23	225	236		
ADHD (18 week local RTT) - Complete pathway	>=95%	May-23	0.0%	0.0%			All LD - No of waiters	0	Jun-23	19	22		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	May-23	0.6%	0.4%			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	May-23	1319	1186		
CINSS (20 Working Days) - Complete Pathway	>=95%	May-23	51.1%	53.0%			Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Jun-23	1	3		
Continence - Complete Pathway	>=95%	May-23	48.1%	57.6%			Vacancy Rate	<=10%	Jun-23	17.5%	14.2%		
Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	May-23	54.3%	59.0%			Agency Costs	<=£2,432,000	Jun-23	£2,540,910	£2,853,592		
Community Paediatrics (18 weeks) - Complete pathway	>=92%	May-23	35.4%	31.4%			% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Jun-23	82.8%	83.5%		
Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	May-23	38.1%	7.1%									

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	Jun-23	21.3	21.9		
Gatekeeping	>=95%	Jun-23	100.0%	100.0%		
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Jun-23	7.9%	7.9%		
Core Mandatory Training Compliance for substantive staff	>=85%	Jun-23	96.0%	95.4%		
% of staff from a BME background	>=22.5%	Jun-23	26.1%	26.0%		

EXCEPTION REPORTS MATRIX SUMMARY

		Assurance		
		Achieving Target 	Inconsistently Achieving Target 	Not Achieving Target 
Variation/Trend	Special Cause - Improvement 	Normalised Workforce Turnover (Rolling previous 12 months) Core Mandatory Training Compliance for substantive staff % of staff from a BME background	% clinical supervision	<i>Waiting Times</i> : CINSS / DPS 52 Wks / TSPPD 52 Wks assessment / LD Safe Staffing
	Common Cause 	Average Length of stay - Community Hospitals Gatekeeping	Agency Costs	<i>Waiting Times</i> : Adult CMHT (Incomplete) / ADHD (Complete) / Continence / Community Paediatrics (Complete) / AASD
	Special Cause - Concern 			<i>Waiting Times</i> : Adult CMHT (Complete) / Memory Clinic (Comp/Incom) / ADHD (Incomplete) / CAMHS Access / Diagnostics / CAMHS 52 weeks / Community Paediatrics 52 wks assessment Vacany Rate

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%	Jun-23	7.9%	7.9%		
Vacancy Rate	<=10%	Jun-23	17.5%	14.2%		
Sickness Absence (in arrears)	<=4.5%	May-23	4.9%	4.8%		
Agency Costs	<=£2,432,000	Jun-23	£2,540,910	£2,853,592		

QUALITY & SAFETY						
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Serious incidents		Jun-23	2	3		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Jun-23	1	3		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Jun-23	1	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%	Jun-23	100.0%	100.0%				
	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		Jun-23	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Jun-23	6.5%	3.6%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Jun-23	1280	1299				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Jun-23	63.8%	63.7%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Jun-23	8	12				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Jun-23	0.6%	0.9%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Mar-23	78.0%	84.0%				
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%	71.4%				
		Quarterly	CCG 10a: Routine Outcome monitoring in CYP and Perinatal MH services	Min- 10% Max- 40%	Q4	13.0%	13.0%				
		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%	96.0%				
		Quarterly	CCG 13: Malnutrition Screening Achieving 70% screening in inpatient hospitals	Min=50% Max=70%	Q4	74.1%	74.1%				
		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%	28.5%				
		Quarterly	CCG 15: Assessment and documentation of pressure ulcer risk Achieving 60% assessment in inpatient hospitals	Min=40% Max= 60%	Q4	72.8%	72.8%				
		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%	Q4	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%	Q4	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%	Jun-23	72.1%	78.9%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Jun-23	25.4%	18.9%				
	CCG	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Jun-23	30	28				
	CCG	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Jun-23	8	7				
		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		Apr-23	100.0%	100.0%				
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Jun-23	0	Not Published				
	TRUST	Monthly	MRSA Infection Rate		Jun-23	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Jun-23	3	1				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Apr-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%	May-23	48.1%	56.9%				
	TRUST	Monthly (In Arrears)	Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	May-23	52.0%	54.7%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Complete pathway	>=95%	May-23	14.4%	15.6%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	May-23	62.1%	56.5%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Complete pathway	>=95%	May-23	0.0%	0.0%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	May-23	0.6%	0.4%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral	>=60%	May-23	81.8%	66.7%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (20 Working Days) - Complete Pathway	>=95%	May-23	51.1%	53.0%				
	TRUST	Monthly (In Arrears)	Continence - Complete Pathway	>=95%	May-23	48.1%	57.6%				
Access Waiting Times - FYPCLD	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	May-23	66.7%	n/a				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	May-23	66.7%	100.0%				
	TRUST	Monthly (In Arrears)	Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	May-23	54.3%	59.0%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Complete pathway	>=92%	May-23	35.4%	31.4%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	May-23	38.1%	7.1%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) - No of Referrals - (18 weeks) - Complete pathway		May-23	46	37				
	TRUST	Monthly (In Arrears)	6-week wait for diagnostic procedures - Incomplete pathway	>=99%	May-23	43.5%	50.3%				

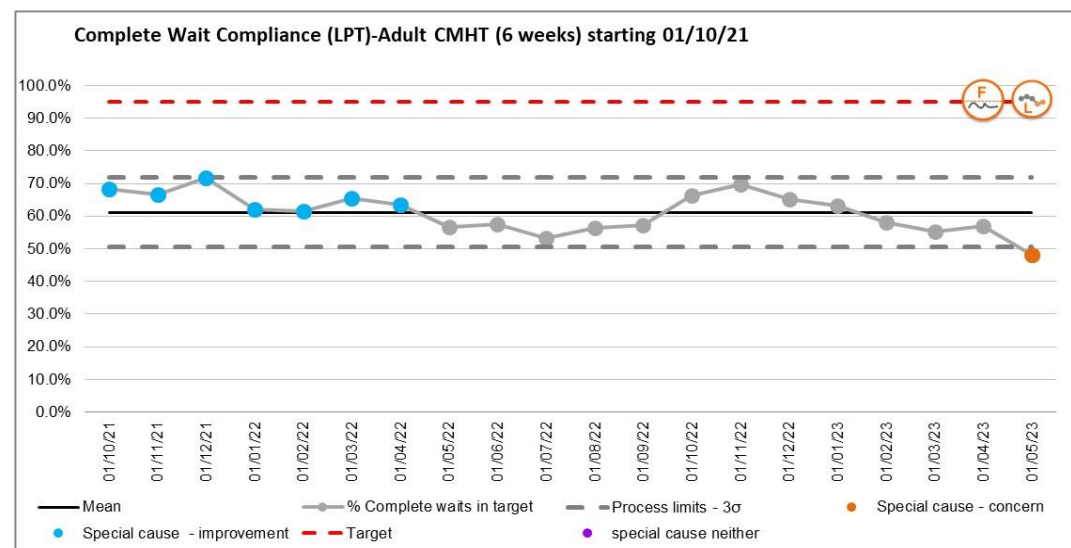
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits	TRUST	Monthly	Cognitive Behavioural Therapy - No of waiters	0	Jun-23	1	0				
	TRUST	Monthly	Cognitive Behavioural Therapy - Longest waiter (weeks)		Jun-23	106	45				
	TRUST	Monthly	Dynamic Psychotherapy - No of waiters	0	Jun-23	7	9				
	TRUST	Monthly	Dynamic Psychotherapy - Longest waiter (weeks)		Jun-23	70	113				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - No of waiters	0	May-23	0	0				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - Longest waiter (weeks)		May-23	0	0				
	TRUST	Monthly	CAMHS - No of waiters	0	Jun-23	225	236				
	TRUST	Monthly	CAMHS - Longest waiter (weeks)		Jun-23	104	100				
	TRUST	Monthly	All LD - No of waiters	0	Jun-23	19	22				
	TRUST	Monthly	All LD - Longest waiter (weeks)		Jun-23	139	135				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		May-23	1319	1186				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		May-23	106	101				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Jun-23	88.6%	97.5%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Jun-23	93.6%	90.6%				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Jun-23	21.3	21.9				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Jun-23	3.0%	4.1%				
	TRUST	Monthly	Gatekeeping	>=95%	Jun-23	100.0%	100.0%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Jun-23	0	1				

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 & Safety	TRUST	Monthly	Covid Positive Following Swab During Admission - 15 and over		Jun-23	7	6				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Jun-23	1.5%	1.8%				
	TRUST	Monthly	Serious incidents		Jun-23	2	3				
	TRUST	Monthly	Complaints		Jun-23	28	19				
	TRUST	Monthly	Concerns		Jun-23	58	46				
	TRUST	Monthly	Compliments		Jun-23	191	161				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Jun-23	1	3				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Jun-23	1	1				
	TRUST	Monthly	Care Hours per patient day		Jun-23	11.1	11.3				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Jun-23	9	9				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Jun-23	0	1				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Jun-23	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Jun-23	204	208				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		May-23	91	81				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		May-23	18	18				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		May-23	4	6				
	TRUST	Monthly (In Arrears)	No. of repeat falls		May-23	40	53				
	TRUST	Monthly	No. of Medication Errors		Jun-23	75	57				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Jun-23	10.4%	4.7%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Jun-23	3	23				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Jun-23	10	11				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Jun-23	6	3				

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%	Jun-23	7.9%	7.9%				
	TRUST	Monthly	Vacancy Rate	<=10%	Jun-23	17.5%	14.2%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	May-23	4.9%	4.8%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		May-23	£815,903	£737,725				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	May-23	4.8%	4.8%				
	TRUST	Monthly	Agency Costs	<=£2,432,000	Jun-23	£2,540,910	£2,853,592				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Jun-23	96.0%	95.4%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Jun-23	85.7%	85.6%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Jun-23	26.1%	26.0%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Jun-23	n/a	n/a				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Jun-23	82.8%	83.5%				

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

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
DMH	>=95%	57.5%	53.2%	56.3%	57.1%	66.4%	69.7%	65.1%	63.2%	58.1%	55.3%	56.9%	48.1%



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
61.2%	51.0%	72.0%

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

Referrals rates are increasing across all teams. Medical staffing vacancies identified within all teams.

South Leicestershire CMHT staffing has been added to the risk register, improving position on staffing. Risk reviewed monthly by the Service Manager.

Caseload reviews are being prioritised at team level and Agency NMP has been recruited to accelerate the caseload reviews.

Service continues to undertake weekend clinics to support the caseload reviews.

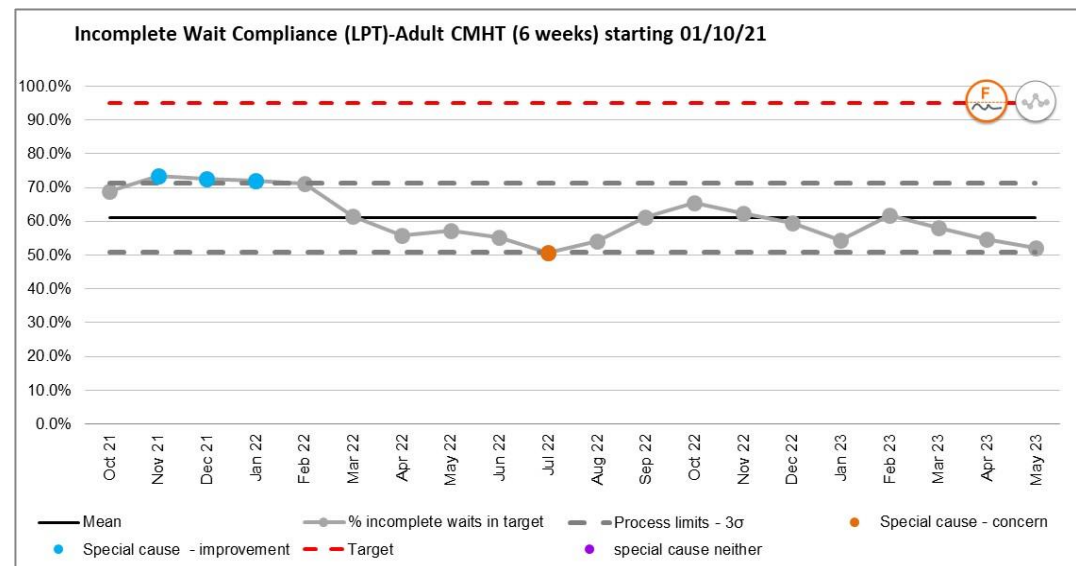
There are challenges around staffing levels regarding sustaining caseload reviews both in teams and as additional work. We are progressing a programme of work around this.

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 continues to progress in line with agreed timelines.

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

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
DMH	>=95%	55.3%	50.6%	54.1%	61.3%	65.5%	62.4%	59.6%	54.4%	61.7%	58.1%	54.7%	52.0%



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
61.1%	51.0%	71.0%

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

Referrals rates are increasing across all teams. Medical staffing vacancies identified within all teams.

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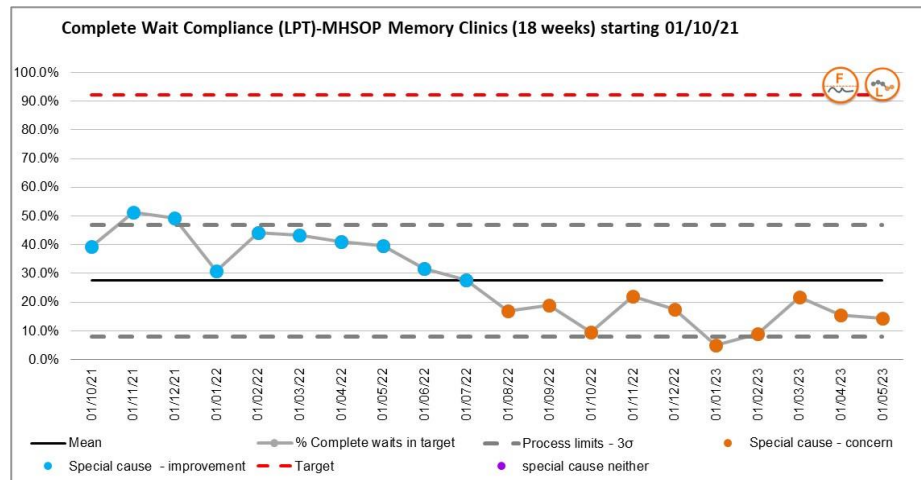
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The transformation programme continues to progress in line with agreed timelines.

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

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
DMH	>=92%	31.6%	27.7%	17.0%	18.8%	9.6%	22.1%	17.6%	5.0%	9.0%	21.9%	15.6%	14.4%



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
27.5%	8.0%	47.0%

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

Additional non-recurrent funding available, recruiting to 1.2WTE Occupational Therapists, Band 4 admin wait list coordinator and 1.0WTE Band 6 Nurse.- both posts are out to advert.

The service presented a service update at the Best Practice Reference Group. GP Chair, Dr Johnson was particularly complementary regarding the update.

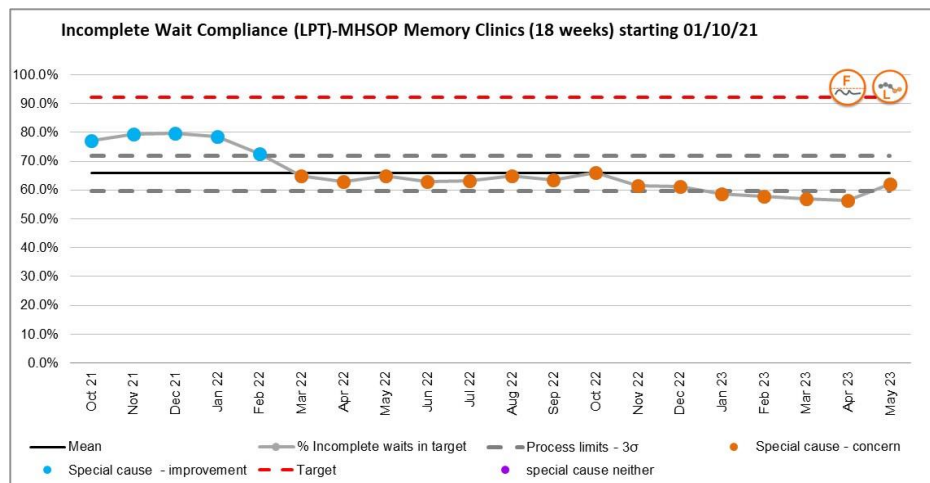
Expanding community clinics space has been established in Lutterworth, Coalville and Rutland and Fielding Palmer in Lutterworth. Clinics being planned to start across areas in next 4 weeks.

Established a Healthcare Support Worker breach process to keep people safe whilst waiting.

- 26/05 SM met with UHL radiology SM to discuss CT head referral process and the development of this pathway- will be some delay in achieving this as waiting for UHL HIS changes to take place first, but all in agreement for nursing staff to have ICE access – UHL will provide training for staff.
- 03/07 SM met with MHLS to discuss pathway developments for those diagnosed by Geriatricians whilst in UHL. Plan to begin QI project of 3-month F/U post UHL discharge to take place with SPR geriatrician and MHLS ACP.
- Meeting on 11/07 with LPT Volunteering lead to discuss options for volunteer to support patient's/NOK with a call ahead of the appointment to confirm attendance and explain video consultation process where applicable - possibility of recruiting a multi lingual volunteer. This was agreed and role description being developed ahead of role going to advert.
- Meeting on 14/07 with Ujala to discuss costing up them to support the team to create the 4 basic letter templates in the main languages that are used across LLR after this was highlighted as need at the time out day – help to reduce DNA's. Ujala now costing this up.

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

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
DMH	>=92%	62.9%	63.2%	64.8%	63.6%	65.9%	61.4%	61.1%	58.6%	57.8%	56.9%	56.5%	62.1%



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
62.1%	60.0%	72.0%

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

Additional non-recurrent funding available, recruiting to 1.2WTE Occupational Therapists and Band 4 admin wait list coordinator, 1.0WTE Band 6 Nurse- all posts are out to advert.

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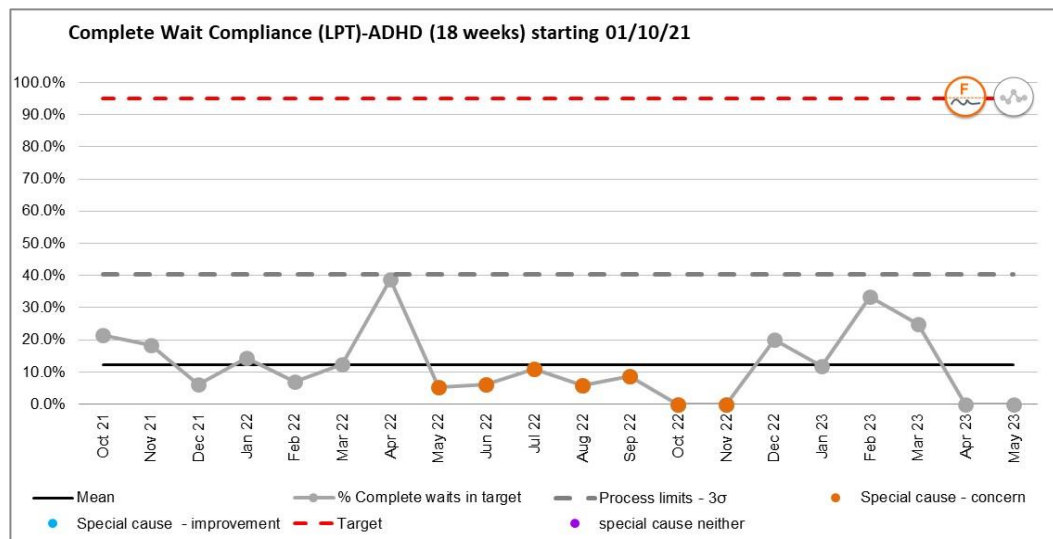
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- Meeting on 14/07 with Ujala to discuss costing up them to support the team to create the 4 basic letter templates in the main languages that are used across LLR after this was highlighted as need at the time out day – help to reduce DNA's. Ujala are costing this up.

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

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



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
12.3%	-16.0%	40.0%

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

Paper summarising discussions and outcomes of joint workshop with NHFT is in development and will be presented

A workforce model has been agreed with DMH, local authority and ICB for the non-recurrent funding to the value of £930k over 3 years. Awaiting draft grant scheme sign off.

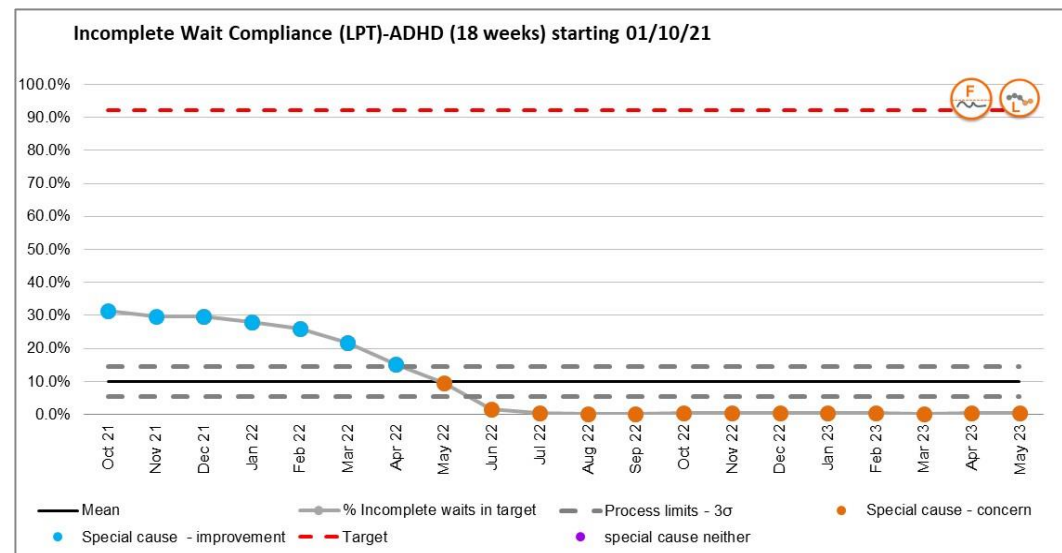
Continue work on primary and secondary care model.

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

To prioritise inputting the outstanding referrals- currently working to a backlog of approx. 5 weeks.

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

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



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
11.6%	8.0%	16.0%

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

Paper summarising discussions and outcomes of joint workshop with NHFT is in development and will be presented

A workforce model has been agreed with DMH, local authority and ICB for the non-recurrent funding to the value of £930k over 3 years. Awaiting draft grant scheme sign off.

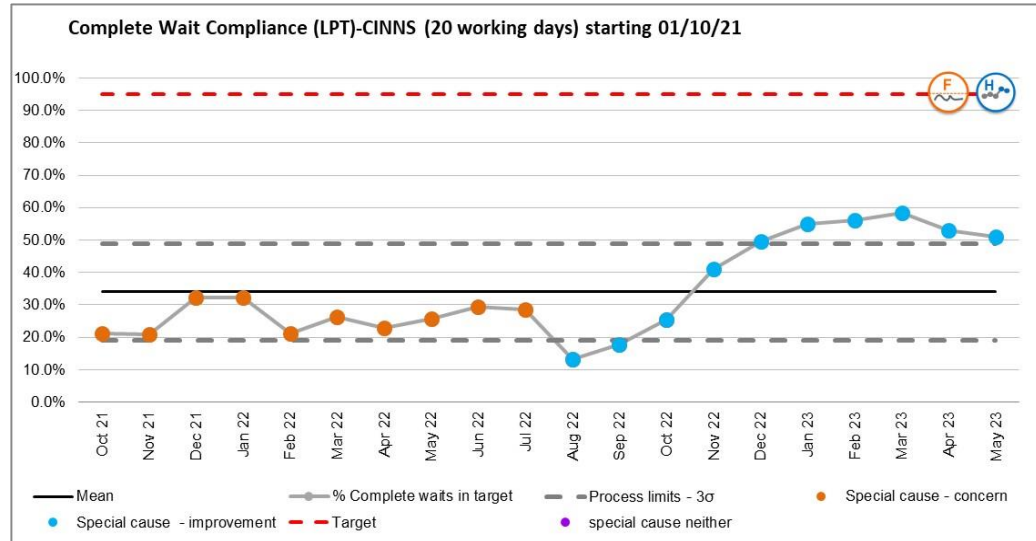
Continue work on primary and secondary care model.

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

To prioritise inputting the outstanding referrals- currently working to a backlog of approx. 5 weeks.

EXCEPTION REPORT - CINNS (20 working days) - Complete pathway (Month in arrears)

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
CHS	>=95%	29.3%	28.5%	13.4%	17.9%	25.6%	41.1%	49.7%	55.0%	56.0%	58.3%	53.0%	51.1%



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
34.1%	19.0%	49.0%

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

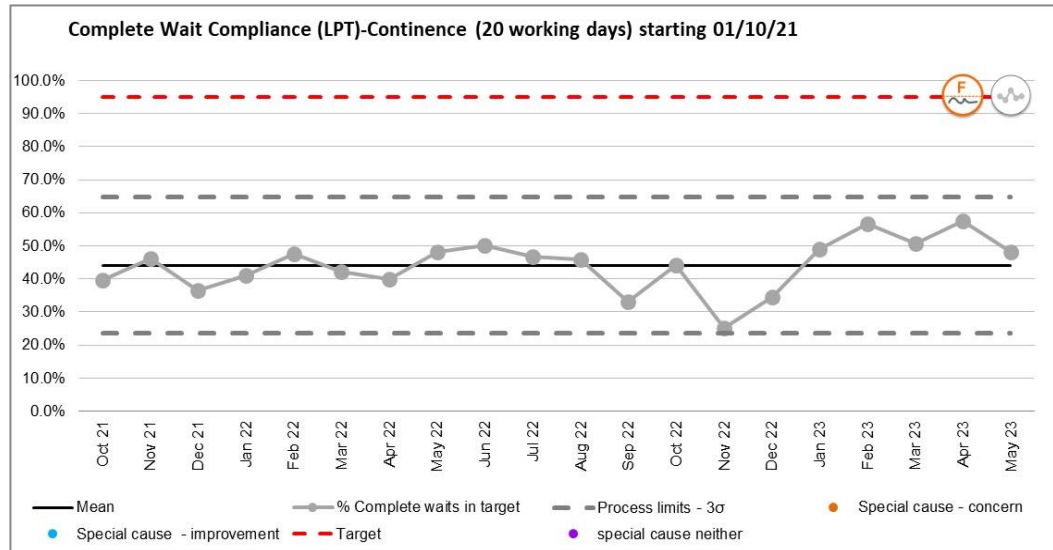
Newly proposed contractual waiting times target of 6 weeks has been approved by the ICB, work taking place to align reporting against new waiting times target.

The following key improvement actions are in progress:

- CINSS leads reviewing individual staff activity over rolling 6 months to monitor and manage underperformance
- Monitoring quality impact, focussing on re-referrals and awaiting MWIOM reporting
- Bridges principles are being included in initial assessment, supervision and discharge to ensure patients are transferred to self management in a timely manner
- Job planning pilot continues, currently linking in with business team prior to roll out to the team.
- Following staff listening event, Band 7's are now leading on detailed actions with the teams and task and finish groups. Current changes to management of internal referrals and joint assessments are planned to attempt to further ease pressure on staff time. Close monitoring of compliance data and movement of pts into cancellations to reduce long waiters also being operationalised.
- PTL ongoing focus on data quality
- Review of first to follow up ratio
- Recent gap analysis from ISDN shows CINSS are 49.5% staffed for stroke and 38.6% staffed for Neuro in comparison with national guidelines.

EXCEPTION REPORT - Continence (20 working days) - Complete pathway (Month in arrears)

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
CHS	>=95%	50.1%	46.7%	45.9%	33.0%	44.3%	25.2%	34.6%	48.9%	56.7%	50.8%	57.6%	48.1%



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
44.2%	24.0%	65.0%

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

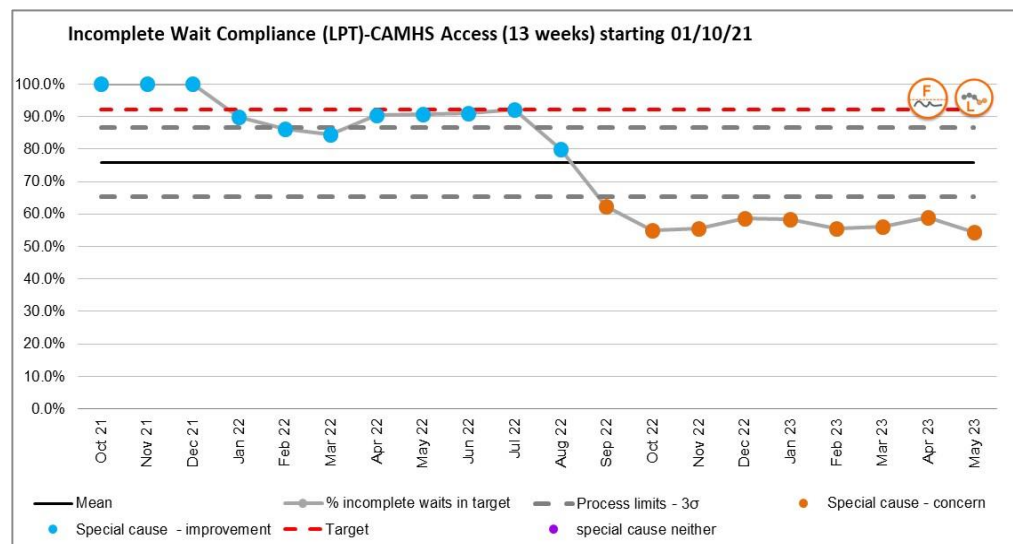
Newly proposed contractual waiting times target of 18 weeks has been approved by the ICB, work taking place to align reporting against new waiting times target.

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.
- PTL reviews have been re-launched and any appointments booked near breach date are being reviewed.
- Proactive recruitment of Continence nurse in pipeline to backfill places due to retirement and progression (2.8WTE).

EXCEPTION REPORT - CAMHS Access (13 weeks) - Incomplete pathway (Month in arrears)

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
FYPC	>=92%	90.9%	92.1%	79.9%	62.3%	54.9%	55.5%	58.6%	58.3%	55.4%	56.1%	59.0%	54.3%



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
76.0%	65.0%	87.0%

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

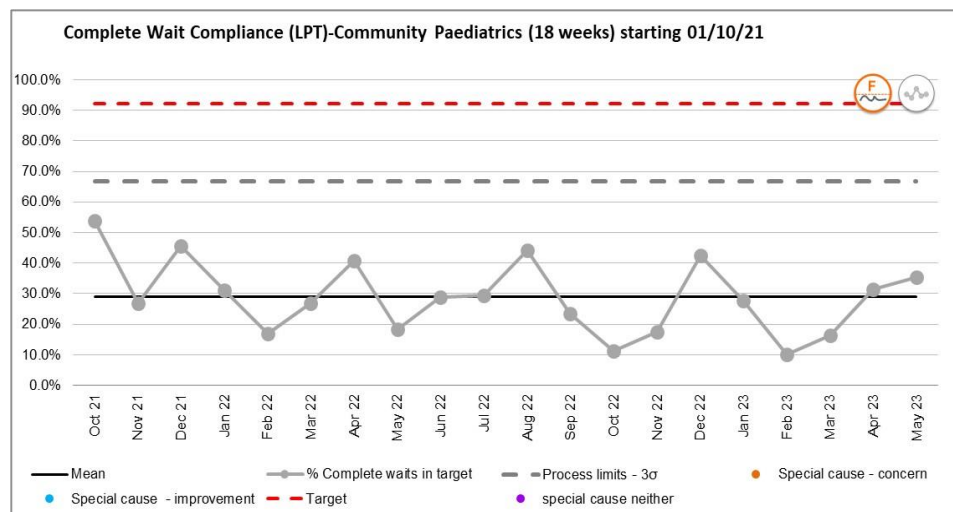
The service has had a sustained increase in referrals, which has meant that the service has not been offering enough appointment slots to meet capacity.

The actions being taken are:

1. Using MHIS investment the service are currently recruiting 6 additional staff to Access which will increase the weekly capacity above the current weekly demand and therefore start to address the backlog. It is expected that this will start to have an impact from September 2023 and the trajectory anticipates recovery of target March 2024.
2. To support the additional staff within CAMHS Westcotes Lodge will be opening in July 2023 with 7 additional clinical rooms including 1 suitable for group work.
3. The service has met with the Triage and Navigation Service, Early Help and Relate to establish improved referral management to the most suitable service for the CYP, this is expected to reduce the demand to CAMHS and we anticipate to see an impact immediately.
4. The increase in demand is reflected in the increase in CYP being referred for Neurodevelopment diagnosis and intervention. A revised business case is being developed for next financial year bidding process. The ND team are utilising what resources they have to start to develop a specific ND service.

EXCEPTION REPORT - Community Paediatrics (18 weeks) - Complete pathway (Month in arrears)

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
FYPCLD	>=92%	29.0%	29.5%	44.3%	23.5%	11.2%	17.6%	42.5%	27.7%	10.1%	16.5%	31.4%	35.4%



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
29.0%	-0.1%	67.0%

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

It is likely that there will be no significant change to the current performance figures due to the service seeing the urgent referrals within 18 weeks offsetting the long waits for the routine referrals.

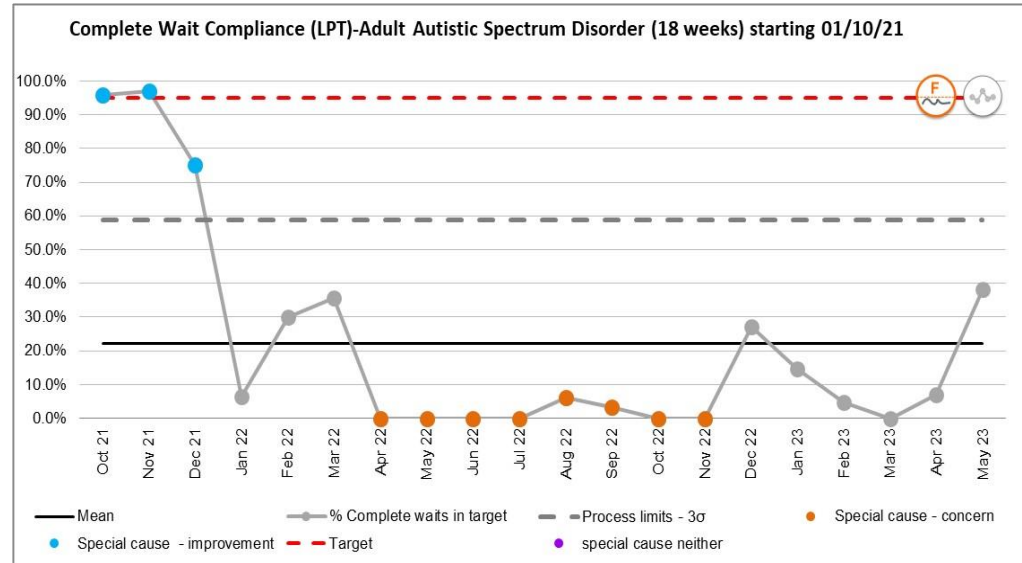
The service continues to receive more referrals than they have capacity to see. The non-recurrent investment into the service will slow the rate of increase in the waiting list but the trajectory will continue to rise. The service now have over 2 year waits for first appointment for routine referrals. The CYP who are waiting longer than 18 weeks 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 submitted this year but has not been successful. The service has been given internal non-recurrent investment which will be used for the following actions:

1. Recruitment of additional staff, paediatricians to increase the number of clinics, SALT to reduce the backlog of ASD diagnostic waits and to lead the process to release time for the paediatricians to do direct clinical appointments, and ADHD nurses to reduce the number of follow-ups for the paediatricians to improve the flow and increase the number of new appointments.
2. Support the establishment of a new Neurodevelopmental service across CAMHS and Community Paediatrics including a new SystmOne Unit which will improve data collection and new MDT pathways.

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

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
FYPCLD	>=95%	0.0%	0.0%	6.3%	3.4%	0.0%	0.0%	27.3%	14.8%	4.8%	0.0%	7.1%	38.1%



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.

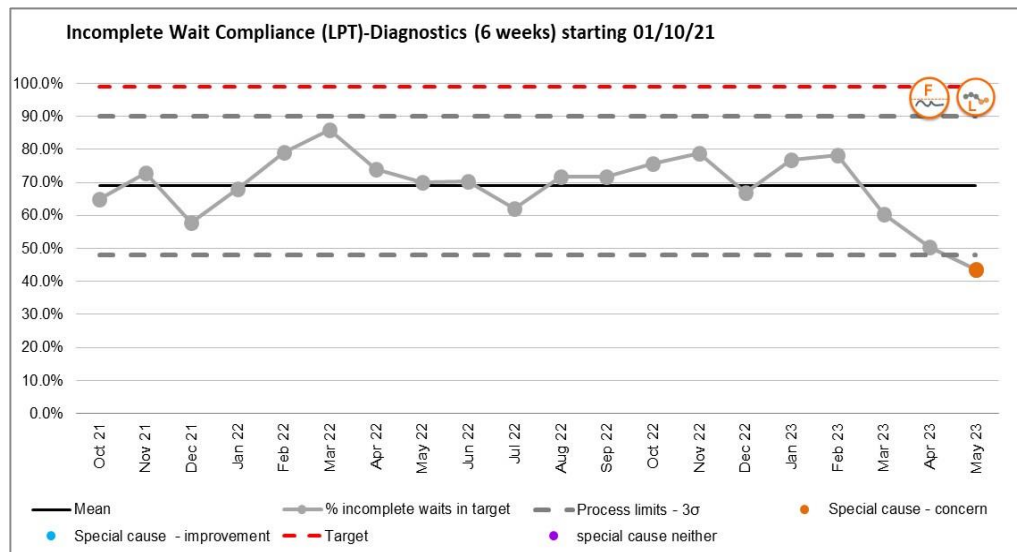
Mean	Lower Process Limit	Upper Process Limit
22.1%	-0.15%	59.0%

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 (Month in arrears)

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
FYPC	>=99%	70.4%	62.0%	71.8%	71.8%	75.6%	78.7%	66.8%	76.9%	78.2%	60.4%	50.3%	43.5%



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
69.0%	48.0%	90.0%

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

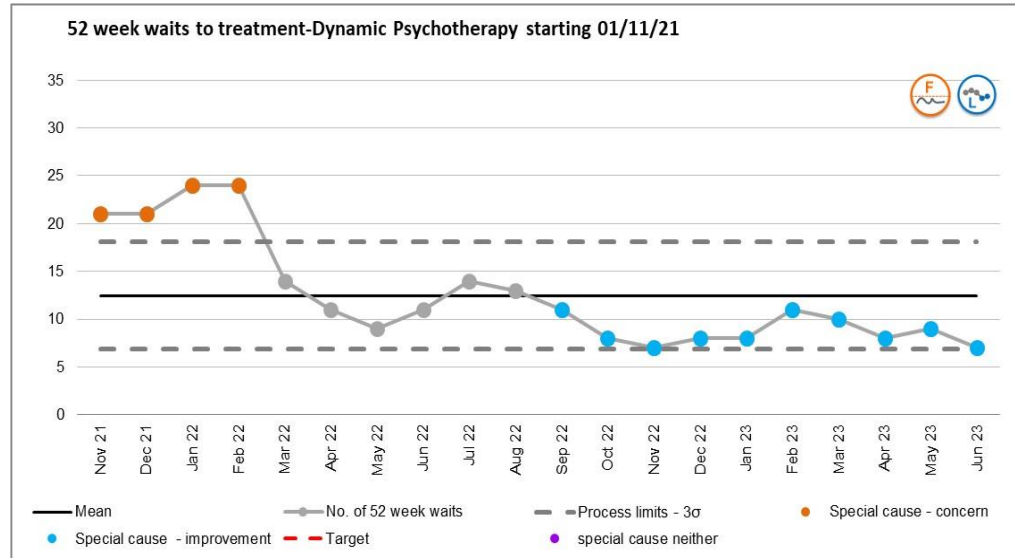
Audiology is operating with a high percentage of the workforce on maternity or pregnancy related sickness (this equates up to 50% of the workforce). Non-recurrent internal investment had been used to backfill by 2 additional audiologists who were due to start in October 2023, unfortunately one candidate has now dropped out and we are going out to advert again. The new audiologist will commence a period of service induction prior to starting full clinic caseload. The service are exploring other ways to increase capacity as there is a shortage of further available workforce.

In addition the service has the the following actions:

1. Purchase of new national standard audiology equipment which will reduce the necessity for some patients to attend a second appointment and therefore increase capacity, this has been ordered and we are awaiting delivery.
2. To skill mix using the hearing screening staff to do some of the clinical appointments releasing the audiologists to do the more complex testing.

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

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



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.

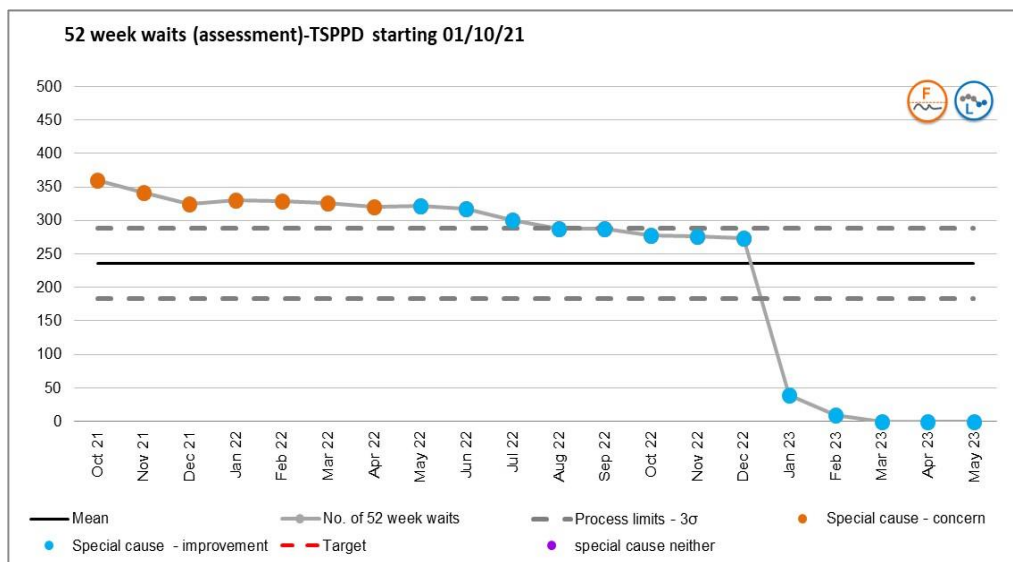
Mean	Lower Process Limit	Upper Process Limit
12.5	6.85	18.05

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

Recruitment challenges. 1.6WTE 8B, 1.0WTE 8a, 2.0WTE Band 7 vacancies. Actively recruiting to these posts.
Ongoing job planning work to effectively use capacity.
Data quality work and training support in place to support accurate recording of data and information.
Transformation is impacting job plans as there are increasing requirements to provide consultation and supervision at team level.
Challenges around staff retirements and sickness have increased waiting times.

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

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



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
236.0	183.64	288.36

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

The trajectory of predicted waiting times for both access and treatment for 23/24 is in development.

Recruited into 4.9 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 and work with CMHTs).

Exploring opportunities that transformation presents with regards to how TSPPD services are delivered more closely with locality teams.

Reviewing referral management and S1 processes to ensure the service is efficient.

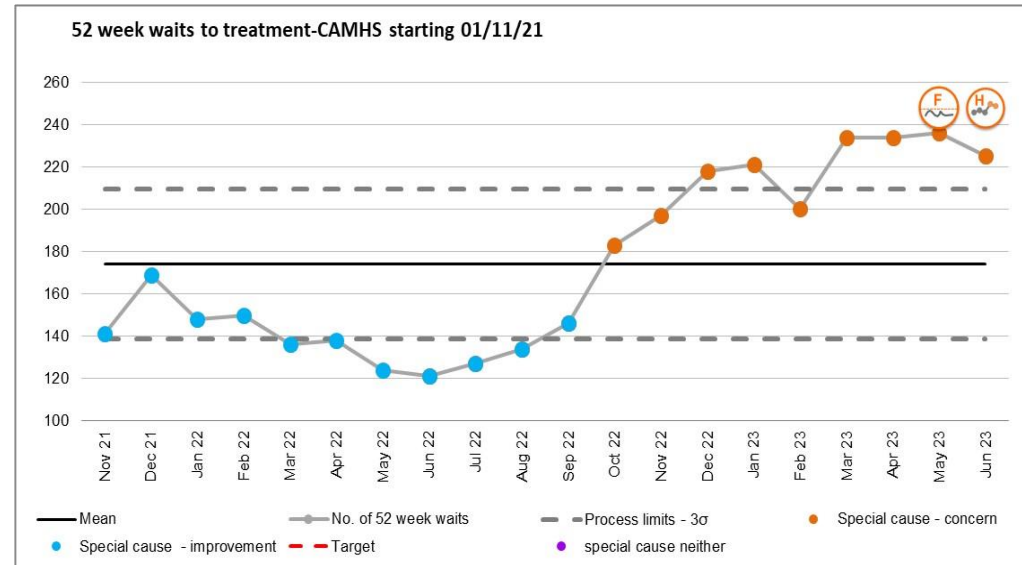
Weekly meetings with the Business Team to review data quality.

Job planning work underway which will inform the capacity modelling for the service.

Meeting with Clinical leads and Director of Mental Health to review the challenge of the number of referrals into the service.

EXCEPTION REPORT - CAMHS - No of waiters over 52 weeks

	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
FYPCLD	0	127	134	146	183	197	218	221	200	234	234	236	225



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
174.1	138.82	209.38

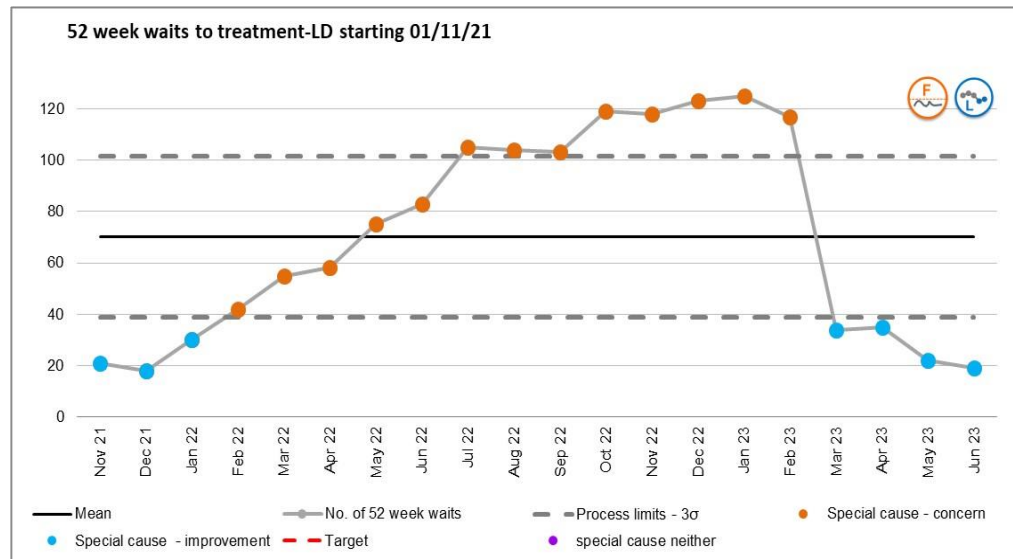
Operational Commentary (e.g. referring to risk, finance, workforce)

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 and a new bid is being prepared for 2024/25 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.

EXCEPTION REPORT - LD - No of waiters over 52 weeks

	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
FYPCLD	0	105	104	103	119	118	123	125	117	34	35	22	19



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.

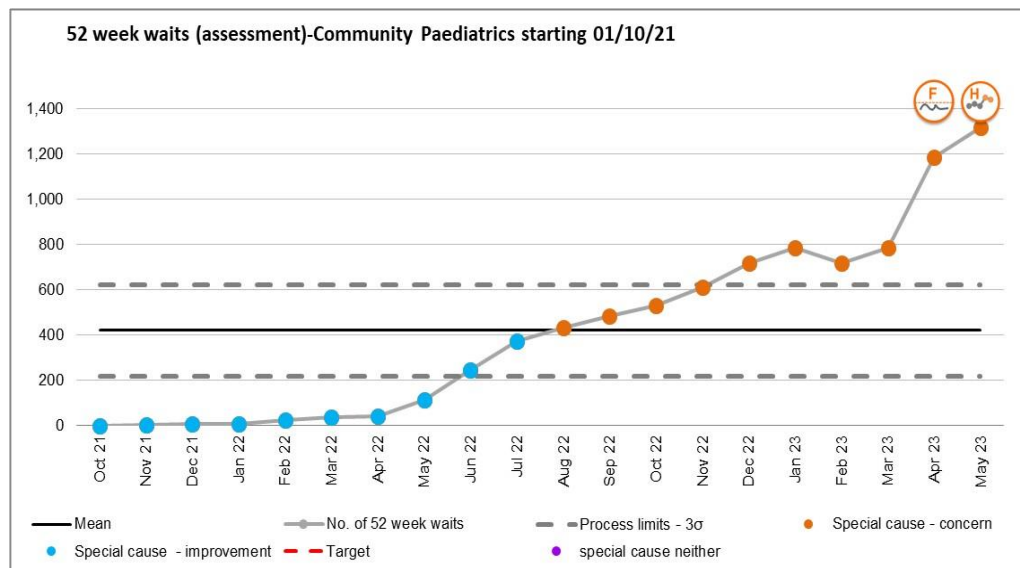
Mean	Lower Process Limit	Upper Process Limit
70.3	38.94	101.66

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 (Month in arrears)

	Target	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
FYPCLD	0	245	374	431	482	531	611	720	785	720	785	1186	1319



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
421.5	218.29	624.01

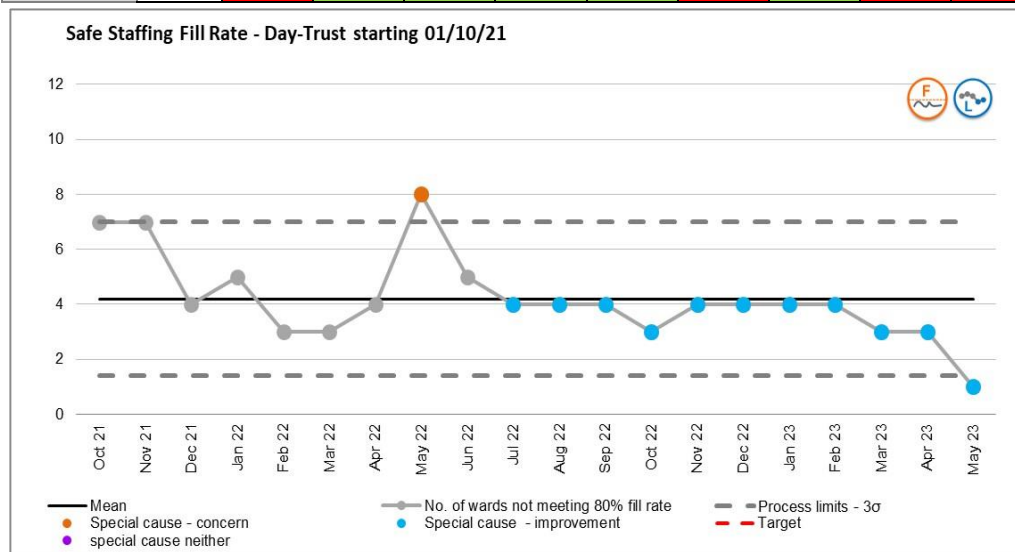
Operational Commentary (e.g. referring to risk, finance, workforce)

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 some CYP are now waiting over 2 years.

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

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



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
4.2	1.40	7.0

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

No. of wards not meeting >80% fill rate for RNs – Day was 1 ward, which a decrease for 2 consecutive months (4 in April and 3 in May 2023) 23 and also the lowest number of wards since Oct 2021

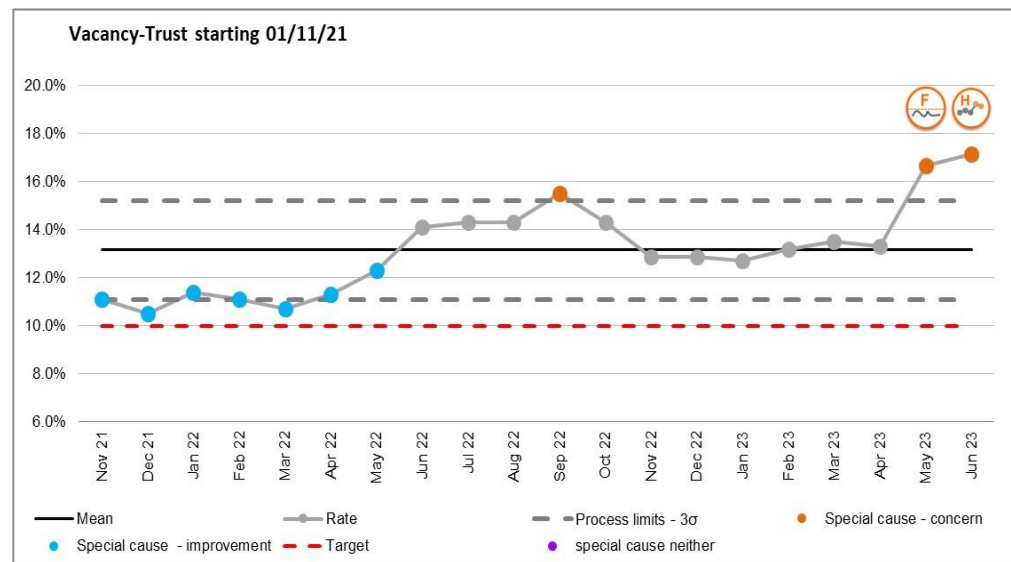
DMH

Thornton - had a fill rate of 74.6% due to planned staffing reduced to 2 RN's due to reduction in beds, hence reduced fill rates on days.

The ward had an excess of 200% fill rate of HCSW on day shifts to counteract the RN fill rate.

EXCEPTION REPORT - Vacancy Rate

	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
TRUST	<=10%	14.3%	15.5%	14.3%	13.6%	12.9%	12.7%	13.4%	13.2%	13.5%	13.3%	16.7%	17.2%
DMH		20.2%	22.5%	21.9%	20.0%	15.4%	14.5%	15.6%	15.1%	15.5%	15.7%	20.0%	19.8%
CHS		14.4%	14.8%	15.6%	15.7%	15.6%	16.1%	14.5%	14.1%	14.3%	14.4%	16.5%	16.5%
FYPCLD		13.4%	13.5%	10.0%	10.7%	11.0%	10.2%	12.0%	12.4%	12.1%	13.6%	18.3%	18.6%



Analytical Commentary

The metric is showing a 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
13.2%	11.0%	15.0%

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 and May 2023 there was a planned increase to the budgeted establishment of 339fte, creating more vacant posts to recruit to. This increased establishment is predominantly due to inpatient safer staffing reviews and investment in mental health and virtual wards, all of which is accounted for in our 2023/24 operational plan. Vacancy levels vary significantly according to the staff group and service line, but are concentrated in the Registered Nursing and Healthcare Assistant workforce.

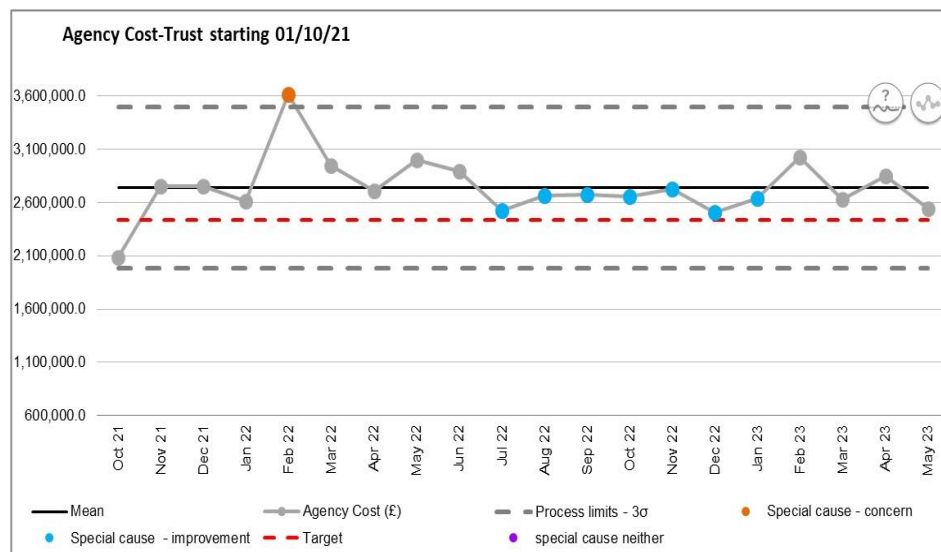
As part of the Trust-wide Workforce, Recruitment and Agency Programme there are two workstreams contributing to a reduction in the vacancy rate:

- Recruitment & Retention Workstream - KPIs: Increase HCAs on Bank, reduce vacancies, sustainable pipeline
- Growth & Development Workstream - KPIs: Improve retention, embed new roles and skill mixing

The People and Culture Committee are responsible for providing assurance to the Trust Board on the mitigation of risks relating to the Trust vacancy rate and risks are contained in ORR risk 84.

EXCEPTION REPORT - Agency Costs

	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
TRUST	<=£2,432,000	£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	£2,853,592	£2,540,910
DMH		£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	£1,185,111	£1,008,044
CHS		£585,326	£559,765	£547,955	£628,639	£684,110	£798,737	£798,241	£809,239	£1,041,707	£915,267	£945,115	£845,562
FYPCLD		£634,793	£635,642	£718,462	£587,461	£536,528	£587,339	£591,990	£593,238	£820,253	£524,887	£520,578	£581,556



Analytical Commentary

The metric is showing a common cause variation with no significant change. There is no assurance that the metric will consistently achieve the target and is in common cause variation.

Mean	Lower Process Limit	Upper Process Limit
2740355	1985412.2	3495297.7

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

According to LPT's operational finance plan, planned agency spend for 2023/24 is £29,184,000. The planned spend for each month shows a month-on-month decrease in planned spend as actions to reduce the volume and cost of agency use come to place. However for this purposes of the report, the target shown is the total planned spend divided equally across the 12 months.

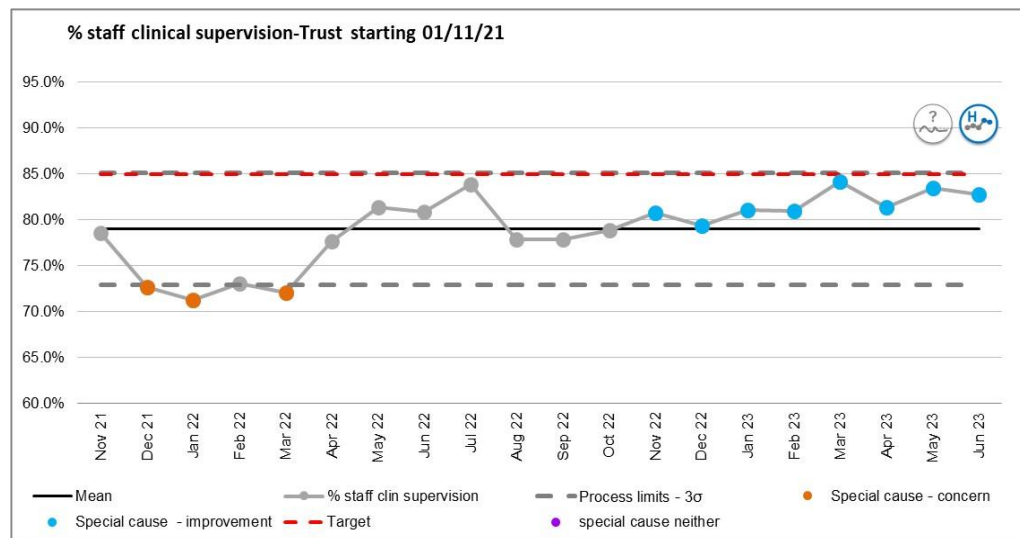
As part of the Trust-wide Workforce, Recruitment and Agency Programme there are three workstreams contributing to agency spend reduction:

- 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

The People and Culture Committee are responsible for providing assurance to the Trust Board on the mitigation of risks relating to the Trust agency spend and risks are contained in ORR risk 85.

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

	Target	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
TRUST	>=85%	83.9%	77.9%	77.9%	78.9%	80.8%	79.4%	81.1%	81.0%	84.2%	81.4%	83.5%	82.8%
DMH		76.7%	75.0%	75.0%	74.8%	76.5%	76.3%	78.4%	79.0%	80.9%	78.9%	80.4%	83.2%
CHS		83.3%	78.6%	78.6%	81.1%	82.9%	80.3%	82.7%	82.6%	88.2%	83.0%	85.1%	82.2%
FYPCLD		85.3%	81.0%	81.0%	82.2%	83.6%	82.0%	82.3%	81.8%	84.0%	82.8%	85.9%	83.7%



Analytical Commentary

The metric is showing special cause variation of an improving nature due to higher values. There is no assurance that the metric will consistently achieve the target as demonstrated by the target line falling above the process limits.

Mean	Lower Process Limit	Upper Process Limit
79.0%	73.0%	85.0%







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

Good quality supervision will support LPT in achieving its vision of “creating high quality, compassionate care and wellbeing for all”, embedding our values and behaviours in everything we do and supporting the health and wellbeing of our people. There is no limit to how frequently staff can receive supervision. However, there is a minimum requirement expected by the Trust of once every 3 months clinical supervision. This metric measures the percentage of substantive staff who have received clinical supervision within the last 3 months.







Clinical supervision compliance data is reviewed monthly at the Trust-wide Training Education and Development Group. At this group, directorate representatives feedback on discussions from their directorate management team meetings, highlighting good practice and escalating concerns/risks. The main challenge cited is staff 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 Workforce 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		Mar-23	74.0%	86.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Mar-23	78.0%	84.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	3509	Mar-23	11810	11745	
(D1) Community Mental Health Access (2+ contacts) - LPT		Mar-23	11765	11705	
(E1) CYP access (1+ contact) - LLR	11499	Mar-23	13965	13400	
(E1) CYP access (1+ contact) - LPT		Mar-23	6355	6295	
(E4) CYP eating disorders waiting time - Routine - LLR		Q4	71.1%	56.5%	
(E4) CYP eating disorders waiting time - Routine - LPT	>=95%	Q4	75.8%	57.3%	
(E5) CYP eating disorders waiting time - Urgent - LLR		Q4	82.4%	87.2%	
(E5) CYP eating disorders waiting time - Urgent - LPT	>=95%	Q4	82.1%	88.1%	
(G3) EIP waiting times - MHSDS - LLR		Mar-23	64.0%	69.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Mar-23	62.7%	68.2%	
(I1) Individual Placement Support - LLR	764	Mar-23	585	450	
(I1) Individual Placement Support - LPT		Mar-23	575	440	
(K2) OOA bed days - inappropriate only - LLR		Mar-23	210	75	
(K2) OOA bed days - inappropriate only - LPT		Mar-23	195	65	
(L1) Perinatal access - rolling 12 months - LLR	1259	Mar-23	940	935	
(L1) Perinatal access - rolling 12 months - LPT		Mar-23	935	925	
(L2) Perinatal access - year to date - LLR	1259	Mar-23	855	805	
(L2) Perinatal access - year to date - LPT		Mar-23	855	800	
(N1) Data Quality - Consistency - LLR		Mar-23	90.0%	86.7%	
(N1) Data Quality - Consistency - LPT		Mar-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LLR		Mar-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LPT	>=95%	Mar-23	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Mar-23	21.4%	21.6%	
(N3) Data Quality - Outcomes - LPT	>=40%	Mar-23	21.5%	21.7%	
(N4) Data Quality - DQMI score - LLR		Feb-23	62	61.5	
(N4) Data Quality - DQMI score - LPT	90.0	Feb-23	95.0	94.0	
(N5) Data Quality - SNOMED CT - LLR		Mar-23	95.5%	96.8%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Mar-23	99.5%	99.5%	