DD

Trust Board – 26.09.23
Board Performance Report August 2023 (Month 5)

Purpose of the report
To provide the Trust Board with the Trust's performance against KPI's for August 2023 Month 5.

Analysis of the issue
The report is presented to Executive Management Team each month, prior to it being released to level 1 committees.

Proposal
The following should be noted by the Trust Board with their review of the report and looking ahead to the next reporting period:
- The Clinical Supervision performance metric indicates an improvement in SPC assurance analysis and shows that the metric will now either achieve or miss the target due to random variation. The exception page for this metric will be removed next month.
- The Agency Costs exception page has been added back into the report at the request of EMB to allow for exceptional monitoring outside of the standard SPC rules for generating an exception page.

Decision required
The Trust Board is asked to
- Approve the performance report

Governance table

For Board and Board Committees:	Trust Board
Paper sponsored by:	Sharon Murphy, Director of Finance and Performance
Paper authored by:	Prakash Patel, Head of Information
Date submitted:	18.09.23
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	N/A
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	None
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Standard month end report

STEP up to GREAT strategic alignment*:		
	High **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	x
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	

Organisational Risk Register considerations:	List risk number and title of risk	69 - If we do not appropriately manage performance, it will impact on the Trust's ability to effectively deliver services, which could lead to poor quality care and poor patient experience
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	None identified	

Trust Board
26 September 2023

Board Performance Report
August 2023 (Month 5)

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

| S High Standards | T Transformation | E Equality, Leadership, Culture | P Patient Involvement | G Well-governed | A Access to Services |

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%	Jul-23	62.1%	56.3%	F		6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Jul-23	38.1%	41.7%	F	L
Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Jul-23	58.8%	52.3%	F		Dynamic Psychotherapy - No of waiters	0	Aug-23	9	8	F	L
Memory Clinic (18 week Local RTT) - Complete pathway	>=92%	Jul-23	27.0%	26.3%	F		CAMHS - No of waiters	0	Aug-23	358	321	F	H
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jul-23	64.2%	65.8%	F		All LD - No of waiters	0	Aug-23	17	15	F	L
ADHD (18 week local RTT) - Complete pathway	>=95%	Jul-23	33.3%	0.0%	F		Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Jul-23	1640	1498	F	H
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jul-23	0.3%	0.5%	F	L	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Aug-23	0	2	F	L
CINSS (20 Working Days) - Complete Pathway	>=95%	Jul-23	56.9%	60.7%	F	H	Vacancy Rate	<=10%	Aug-23	18.5%	18.1%	F	H
Continence - Complete Pathway	>=95%	Jul-23	23.7%	27.0%	F		Agency Costs	<=£2,432,000	Aug-23	£2,539,262	£2,615,416	?	
Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Jul-23	49.1%	49.8%	F	L	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Aug-23	83.9%	82.9%	?	H
Community Paediatrics (18 weeks) - Complete pathway	>=92%	Jul-23	27.0%	37.2%	F								
Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Jul-23	72.2%	88.9%	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	Aug-23	20	20.2	P	
Gatekeeping	>=95%	Aug-23	100.0%	100.0%	P	
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Aug-23	8.0%	7.6%	P	L
Core Mandatory Training Compliance for substantive staff	>=85%	Aug-23	95.8%	96.0%	P	H
% of staff from a BME background	>=22.5%	Aug-23	26.5%	26.2%	P	H

		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	% clinical supervision	*Waiting Times* : CINSS / AASD / DPS 52 Wks / LD Safe Staffing
	Common Cause	Average Length of stay - Community Hospitals Gatekeeping	Agency Costs Early Intervention in Psychosis	*Waiting Times:* Adult CMHT (Complete/Incomplete) / Memory Clinic (Complete/Incomplete) /ADHD (Complete) / Continence / Community Paediatrics (Complete)
	Special Cause - Concern (H / L)			*Waiting Times:* 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%	Aug-23	8.0%	7.6%	P	L
Vacancy Rate	<=10%	Aug-23	18.5%	18.1%	F	H
Sickness Absence (in arrears)	<=4.5%	Jul-23	5.0%	4.8%	?	
Agency Costs	<=£2,432,000	Aug-23	£2,539,262	£2,615,416	?	

QUALITY & SAFETY

Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Serious incidents		Aug-23	1	2		L
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Aug-23	0	2	F	L
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Aug-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%	Aug-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		Aug-23	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Aug-23	7.7%	5.1%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Aug-23	1356	1134				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Aug-23	63.9%	62.1%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Aug-23	16	5				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Aug-23	1.2%	0.4%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	May-23	84.0%	85.0%				
CQUINS		Quarterly	CQUIN01: Staff flu vaccinations	Min- 75% Max- 80%							
		Quarterly	CQUIN12: Assessment and documentation of pressure ulcer risk	Min- 70% Max- 85%	Q1	71.7%					
		Quarterly	CQUIN13: Assessment diagnosis and treatment of lower leg wounds	Min- 25% Max- 50%	Q1	60.6%					
		Quarterly	CQUIN14: Malnutrition screening for community hospital inpatients	Min- 70% Max- 90%	Q1	76.6%					
		Quarterly	CQUIN15a: Routine outcome monitoring in community mental health services - Paired Overall	Min- 20% Max- 50%	Q1	13.6%					
		Quarterly	CQUIN15a: Routine outcome monitoring in community mental health services - Paired Prom	Min- 2% Max- 10%	Q1	3.0%					
		Quarterly	CQUIN15b: Routine outcome monitoring in CYP and community perinatal mental health services	Min=20% Max=50%	Q1	27.0%					
		Quarterly	CQUIN16: Reducing the need for restrictive practice in CYPMH inpatient settings	Min=70% Max= 90%	Q1	100.0%					
		Quarterly	CQUIN17: Reducing the need for restrictive practice in adult/older adult acute mental health inpatient settings	Min=75% Max= 90%	Q1	94.9%					

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	2-hour urgent response activity	>=70%	Aug-23	80.6%	85.7%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Aug-23	29.9%	28.7%				
	CCG	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Aug-23	27	29				
	CCG	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Aug-23	5	7				
		Monthly	Overall CQC rating (provision of high quality care)		2021/22	2					
		Monthly	CQC Well Led Rating		2021/22	2					
NHS Oversight		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		Jun-23	100.0%	100.0%				
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Aug-23	0	0				
	TRUST	Monthly	MRSA Infection Rate		Aug-23	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Aug-23	0	1				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Jul-23	1	2				
			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								

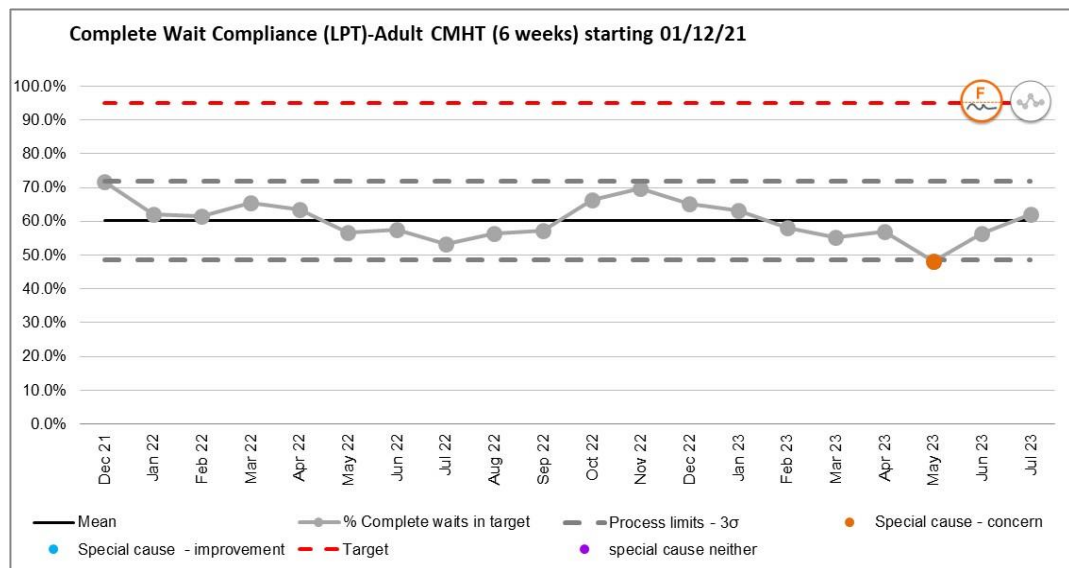| Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Access Waiting Times - DMH	TRUST	Monthly (In Arrears)	Adult CMHT Access (Six weeks routine) - Complete pathway	>=95%	Jul-23	62.1%	56.3%		F		
	TRUST	Monthly (In Arrears)	Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Jul-23	58.8%	52.3%		F		
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Complete pathway	>=95%	Jul-23	27.0%	26.3%		F		
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jul-23	64.2%	65.8%		F		
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Complete pathway	>=95%	Jul-23	33.3%	0.0%		F		
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jul-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%	Jul-23	66.7%	88.9%		?		
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (20 Working Days) - Complete Pathway	>=95%	Jul-23	56.9%	60.7%		F	H	
	TRUST	Monthly (In Arrears)	Continence - Complete Pathway	>=95%	Jul-23	23.7%	27.0%		F		
Access Waiting Times - FYPCLD	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Jul-23	n/a	n/a		?		
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Jul-23	n/a	100.0%		?		
	TRUST	Monthly (In Arrears)	Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Jul-23	49.1%	49.8%		F	L	
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Complete pathway	>=92%	Jul-23	27.0%	37.2%		F		
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Jul-23	72.2%	88.9%		F	H	
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) - No of Referrals - (18 weeks) - Complete pathway		Jul-23	56	46				
	TRUST	Monthly (In Arrears)	6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Jul-23	38.1%	41.7%		F	L	

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	Aug-23	2	1		?	L	
	TRUST	Monthly	Cognitive Behavioural Therapy - Longest waiter (weeks)		Aug-23	54	53				
	TRUST	Monthly	Dynamic Psychotherapy - No of waiters	0	Aug-23	9	8		F	L	
	TRUST	Monthly	Dynamic Psychotherapy - Longest waiter (weeks)		Aug-23	68	75				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - No of waiters	0	Jul-23	0	0		?	L	
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - Longest waiter (weeks)		Jul-23	0	0				
	TRUST	Monthly	CAMHS - No of waiters	0	Aug-23	358	321		F	H	
	TRUST	Monthly	CAMHS - Longest waiter (weeks)		Aug-23	113	110				
	TRUST	Monthly	All LD - No of waiters	0	Aug-23	17	15		F	L	
	TRUST	Monthly	All LD - Longest waiter (weeks)		Aug-23	93	88				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Jul-23	1640	1498		F	H	
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Jul-23	127	123				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Aug-23	85.5%	86.9%		?		
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Aug-23	90.8%	90.1%		?		
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Aug-23	20.0	20.2		P		
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Aug-23	3.5%	2.9%		?		
	TRUST	Monthly	Gatekeeping	>=95%	Aug-23	100.0%	100.0%		P		
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Aug-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		Aug-23	13	4				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Aug-23	4.1%	1.1%				
	TRUST	Monthly	Serious incidents		Aug-23	1	2			(L)	
	TRUST	Monthly	Complaints		Aug-23	22	21				
	TRUST	Monthly	Concerns		Aug-23	52	53				
	TRUST	Monthly	Compliments		Aug-23	153	154				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Aug-23	0	2		(F)	(L)	(red)
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Aug-23	1	1				
	TRUST	Monthly	Care Hours per patient day		Aug-23	11.2	11.2				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Aug-23	18	12			(trend)	
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Aug-23	3	1			(trend)	
Quality & Safety	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Aug-23	0	0			(trend)	
	TRUST	Monthly	Total number of Restrictive Practices		Aug-23	137	83				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Jul-23	109	100			(trend)	
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Jul-23	13	20			(trend)	
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Jul-23	6	4			(trend)	
	TRUST	Monthly (In Arrears)	No. of repeat falls		Jul-23	45	57			(trend)	
	TRUST	Monthly	No. of Medication Errors		Aug-23	65	86				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Aug-23	21.2%	15.3%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Aug-23	8	6				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Aug-23	6	7				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Aug-23	6	6				

NHS
Leicestershire Partnership
NHS Trust

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%	Aug-23	8.0%	7.6%		P	L	
	TRUST	Monthly	Vacancy Rate	<=10%	Aug-23	18.5%	18.1%		F	H	
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Jul-23	5.0%	4.8%		?		
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Jul-23	£859,002	£787,487				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Jul-23	4.9%	4.8%				
	TRUST	Monthly	Agency Costs	<=£2,432,000	Aug-23	£2,539,262	£2,615,416		?		
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Aug-23	95.8%	96.0%		P	H	
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Aug-23	86.3%	85.4%		?	H	
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Aug-23	26.5%	26.2%		P	H	
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Aug-23	n/a	n/a				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Aug-23	83.9%	82.9%		?	H	

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	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
DMH	>=95%	56.3%	57.1%	66.4%	69.7%	65.1%	63.2%	58.1%	55.3%	56.9%	48.1%	56.3%	62.1%

Complete Wait Compliance (LPT)-Adult CMHT (6 weeks) starting 01/12/21

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.
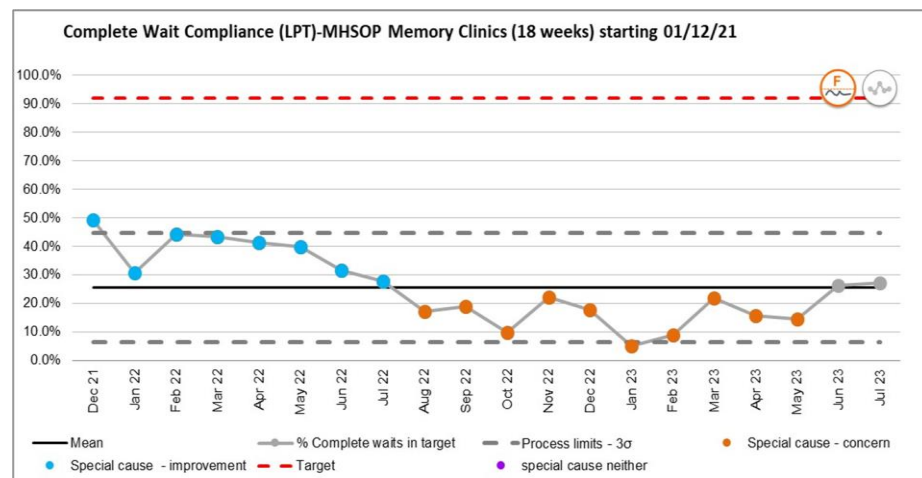
Mean	Lower Process Limit	Upper Process Limit
60.3%	49.0%	72.0%

Operational Commentary (e.g. referring to risk, finance, workforce)
- Continue to receive high numbers of referrals into community teams.
- There are challenges around staffing levels regarding sustaining caseload reviews both in teams and as additional work. The service is progressing a programme of work around this.
- Service continues to undertake weekend clinics to support the caseload reviews.
- The transformation programme continues to progress in line with agreed timelines and implementation is imminent.

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
DMH	>=95%	54.1%	61.3%	65.5%	62.4%	59.6%	54.4%	61.7%	58.1%	54.7%	52.0%	52.3%	58.8%
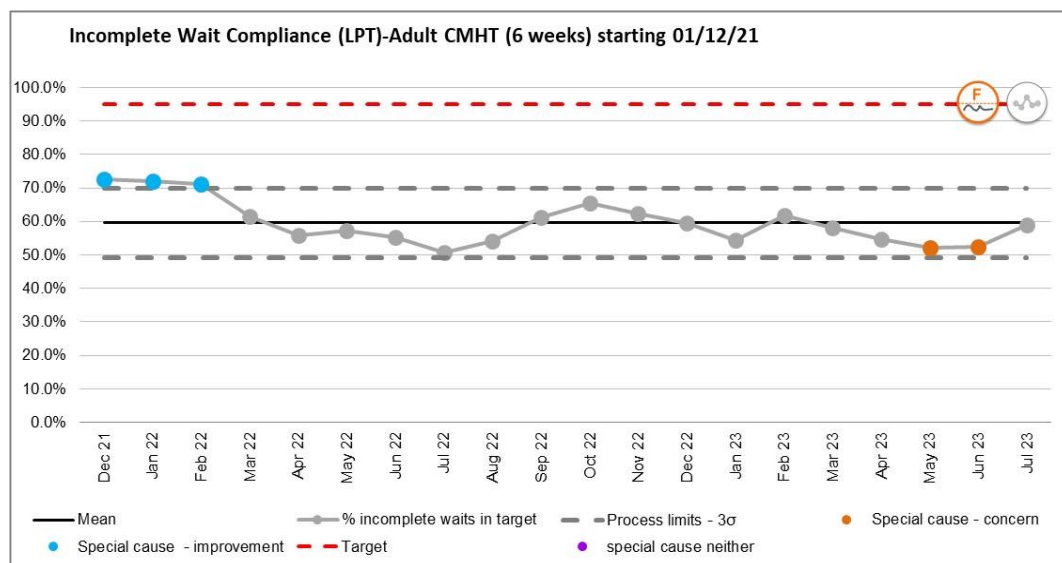
Incomplete Wait Compliance (LPT)-Adult CMHT (6 weeks) starting 01/12/21

— 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 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.
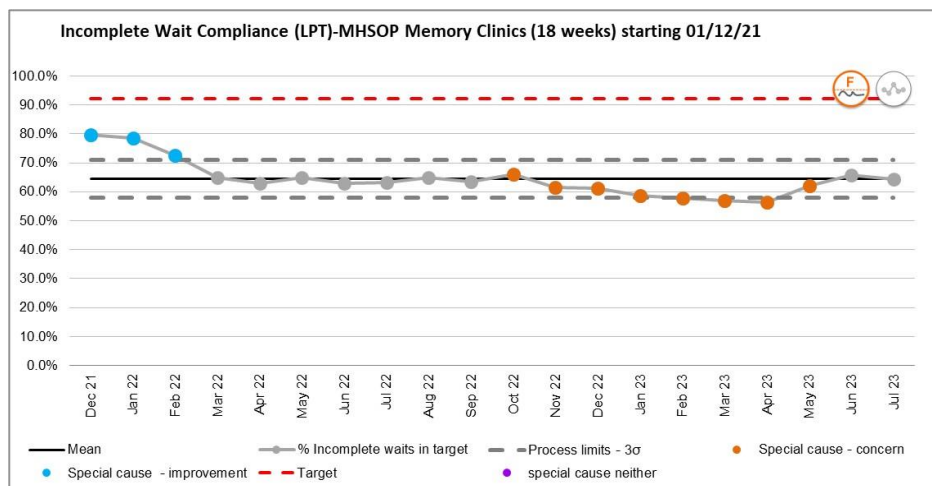
Mean	Lower Process Limit	Upper Process Limit
59.6%	49.0%	70.0%

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

- Continue to receive high numbers of referrals into community teams.
- There are challenges around staffing levels regarding sustaining caseload reviews both in teams and as additional work. The service is progressing a programme of work around this.
- Service continues to undertake weekend clinics to support the caseload reviews.
- The transformation programme continues to progress in line with agreed timelines and implementation is imminent.

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

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
DMH	>=92%	17.0%	18.8%	9.6%	22.1%	17.6%	5.0%	9.0%	21.9%	15.6%	14.4%	26.3%	27.0%

Complete Wait Compliance (LPT)-MHSOP Memory Clinics (18 weeks) starting 01/12/21

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.
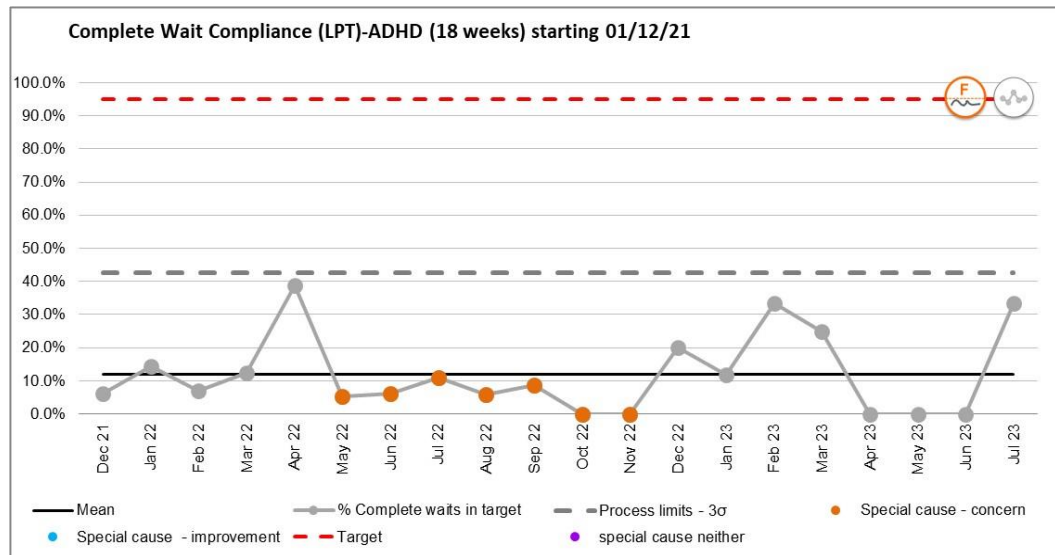
Mean	Lower Process Limit	Upper Process Limit
25.6%	6.0%	45.0%

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

- Trajectory to achieve system Dementia Diagnosis Rate (DDR) has been developed.
- Recruited 1.0WTE Band 6 Deputy Team Lead to support the leadership framework.
- Job plans now developed for all staff within the team.
- Role description completed for 2 x volunteering roles. Roles will be to contact patients and next of kin who have appointments booked to reduce DNAs, also supporting awareness work.
- Primary care DDR reconciliation in progress.
- Commissioning Lead is commencing a collaborative piece of work between LPT and primary care to address DDR rates in care homes.
- Dementia awareness sessions held with under represented groups.

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

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
DMH	>=92%	64.8%	63.6%	65.9%	61.4%	61.1%	58.6%	57.8%	56.9%	56.5%	62.1%	65.8%	64.2%

Incomplete Wait Compliance (LPT)-MHSOP Memory Clinics (18 weeks) starting 01/12/21

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 above the process limits.
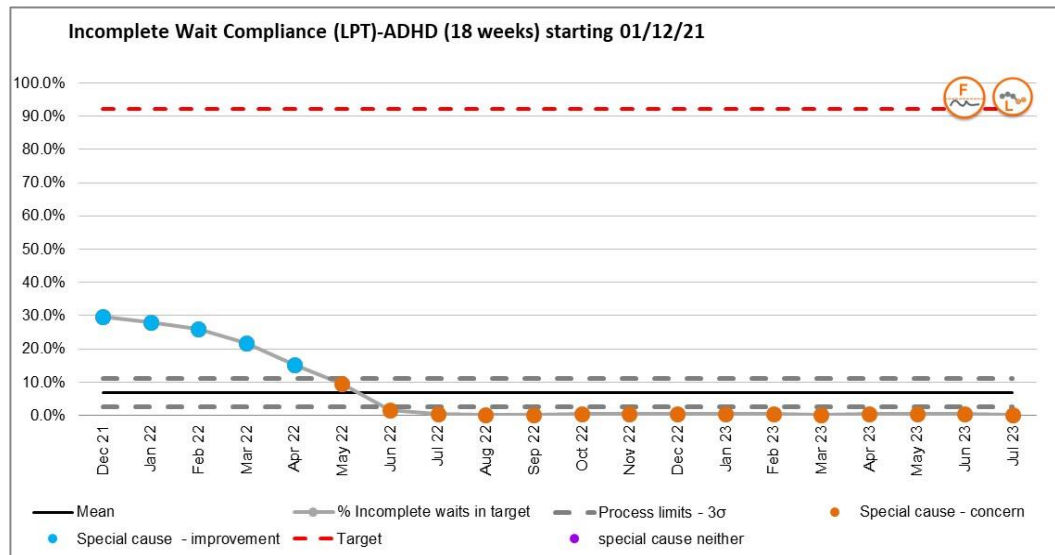
Mean	Lower Process Limit	Upper Process Limit
64.4%	58.0%	71.0%

Operational Commentary (e.g. referring to risk, finance, workforce)
- Trajectory to achieve system Demential Diagnosis Rate (DDR) has been developed.
- Recruited 1.0WTE Band 6 Deputy Team Lead to support the leadership framework.
- Job plans now developed for all staff within the team.
- Role description completed for 2 x volunteering roles. Roles will be to contact patients and next of kin who have appointments booked to reduce DNAs, also supporting awareness work.
- Commissioning Lead is commencing a collaborative piece of work between LPT and primary care to address DDR rates in care homes.
- Dementia awareness sessions held with under represented groups.

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

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

Complete Wait Compliance (LPT)-ADHD (18 weeks) starting 01/12/21

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.

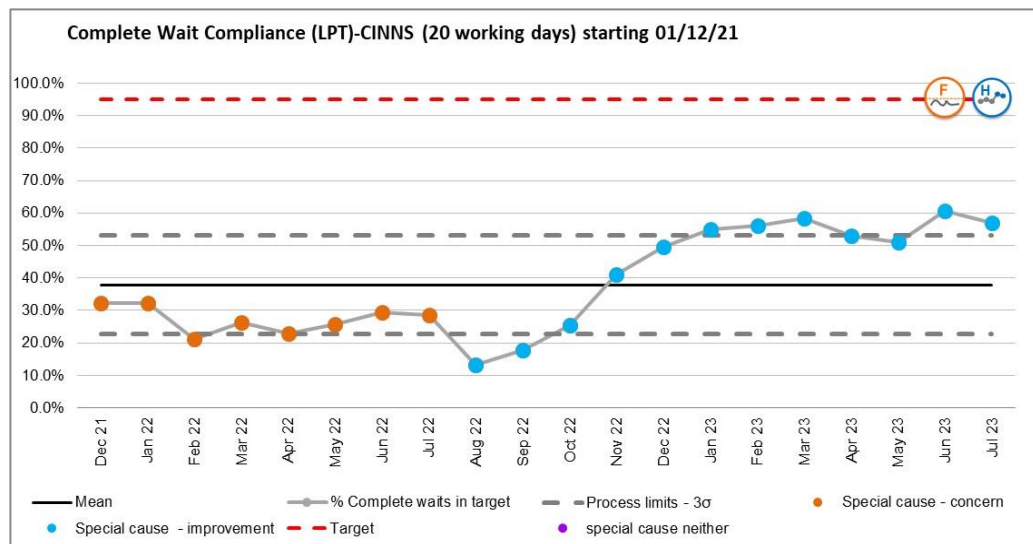| Mean	Lower Process Limit	Upper Process Limit
12.0%	-19.0%	43.0%

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

- ADHD waiting times have been escalated through regional NHSE and via the Executive Management Board.
- 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. Recruitment has commenced.
- Reviewing pathways for patients already open to community mental health teams. Half day time out session to be arranged to develop new pathways.
- Service attending Best Practice Clinical Reference Group in October to provide primary care colleagues with a service update and develop communication.
- Issues identifyed with supply of medication which will impact on waiting lists. This issue has been added to the local risk register.
- Exploring options in relation to implementing additional waiting list clinics.

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

Incomplete Wait Compliance (LPT)-ADHD (18 weeks) starting 01/12/21

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
6.9%	3.0%	11.0%

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

- ADHD waiting times have been escalated through regional NHSE and via the Executive Management Board.
- 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. Recruitment has commenced.
- Reviewing pathways for patients already open to community mental health teams. Half day time out session to be arranged to develop new pathways.
- Service attending Best Practice Clinical Reference Group in October to provide primary care colleagues with a service update and develop communication.
- Issues identified with supply of medication which will impact on waiting lists. This issue has been added to the local risk register.
- Exploring options in relation to implementing additional waiting list clinics.

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

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
CHS	>=95%	13.4%	17.9%	25.6%	41.1%	49.7%	55.0%	56.0%	58.3%	53.0%	51.1%	60.7%	56.9%

Complete Wait Compliance (LPT)-CINNS (20 working days) starting 01/12/21

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
37.9%	23.0%	53.0%

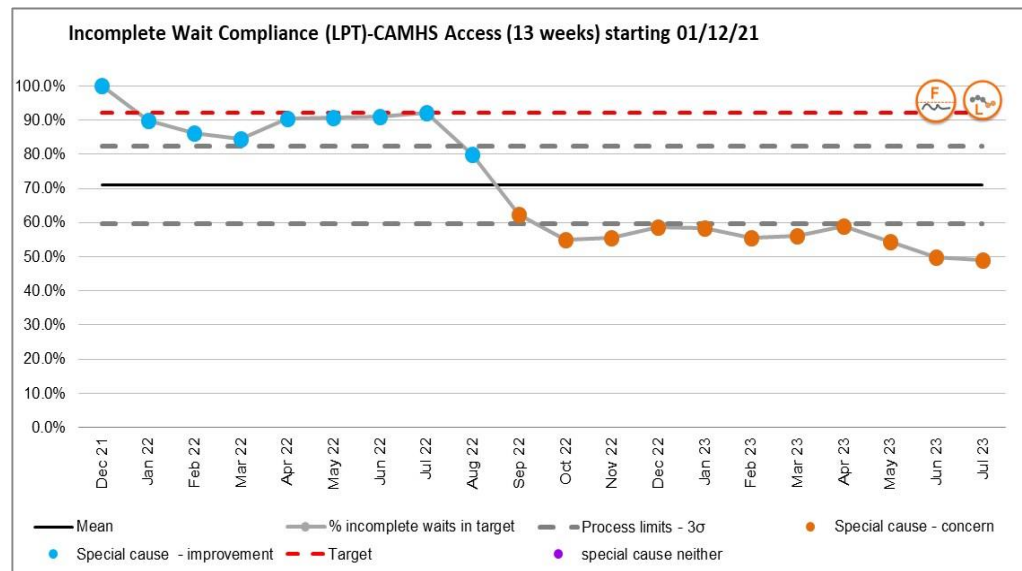**Operational Commentary** (e.g. referring to risk, finance, workforce)

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:
- Job planning pilot currently on hold, linking in with business team re, demand and capacity prior to roll out to the team – meetings to start week of 29/8/23.
- Following OD listening event Band 7's 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.
- TI task and finish group also looking at existing and possible new competencies for TI's ensuring appropriate flow to TI' s from qualified staff.
- PTL ongoing focus on data quality, identifying patients that have not got open referral but have open care episode, and those open for 90 days with no clinical contact.
- Monitoring clinical and none clinical activity work on going with BAT team.
- 3 day/D2A team picking up NP assessments, as capacity allows, if staff are off sick to prevent increased wait times.
- 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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
CHS	>=95%	45.9%	33.0%	44.3%	25.2%	34.6%	48.9%	56.7%	50.8%	57.6%	48.1%	27.0%	23.7%
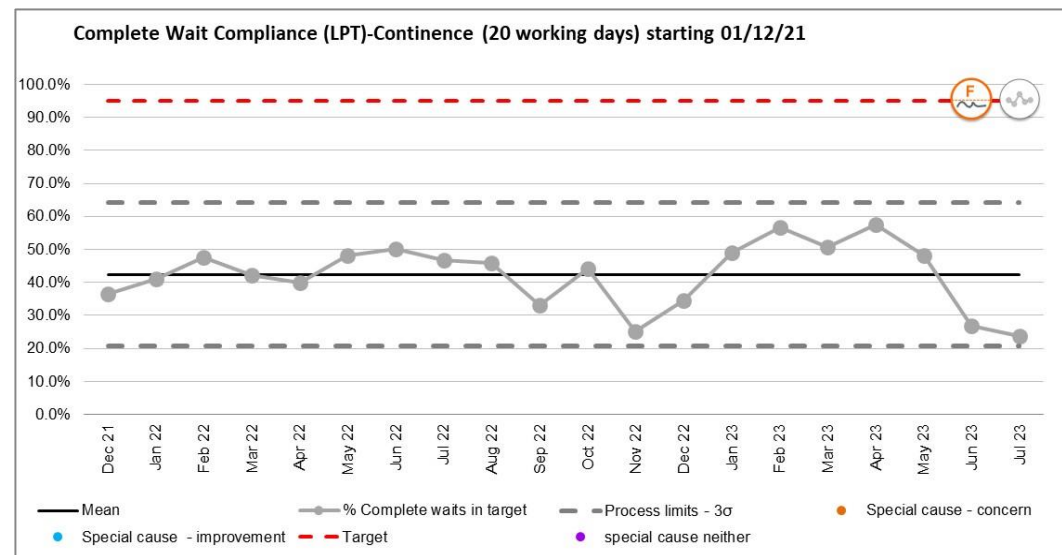
Complete Wait Compliance (LPT)-Continence (20 working days) starting 01/12/21

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
42.4%	21.0%	64.0%

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:
- New mini triage process has been trialled but alterations to the process needed as unable to contact a number of patients.
- PTL reviews have been re-launched and any appointments booked near breach date are being reviewed.
- Engaging with care homes to standardise referrals sent via them as they are one of our biggest referral sources.

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

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
FYPC	>=92%	79.9%	62.3%	54.9%	55.5%	58.6%	58.3%	55.4%	56.1%	59.0%	54.3%	49.8%	49.1%

Incomplete Wait Compliance (LPT)-CAMHS Access (13 weeks) starting 01/12/21

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
70.9%	60.0%	82.0%

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. 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.
3. 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.

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
FYPCLD	>=92%	44.3%	23.5%	11.2%	17.6%	42.5%	27.7%	10.1%	16.5%	31.4%	35.4%	37.2%	27.0%
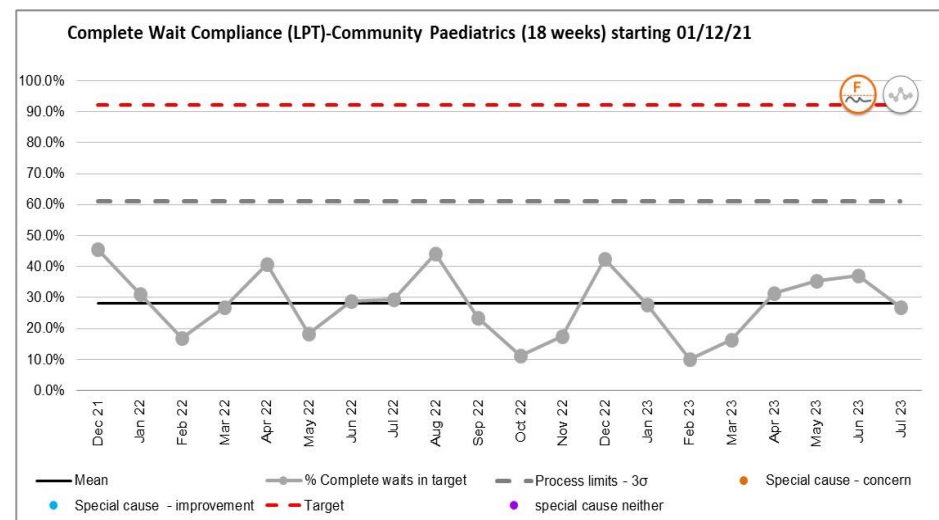
Complete Wait Compliance (LPT)-Community Paediatrics (18 weeks) starting 01/12/21

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.

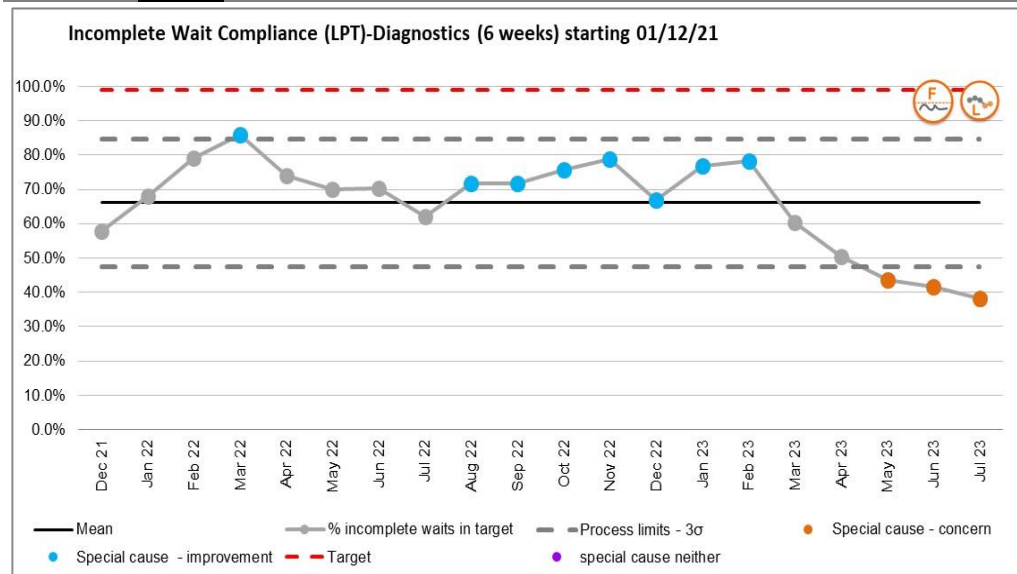| Mean	Lower Process Limit	Upper Process Limit
28.1%	-0.05%	61.0%

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

It is likely that there will be no significant change to the current perfomance 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 submited 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, 2 additional paediatricians to increase the number of clinics (commencing in post August/September), 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.

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
FYPCLD	>=95%	6.3%	3.4%	0.0%	0.0%	27.3%	14.8%	4.8%	0.0%	7.1%	38.1%	88.9%	72.2%
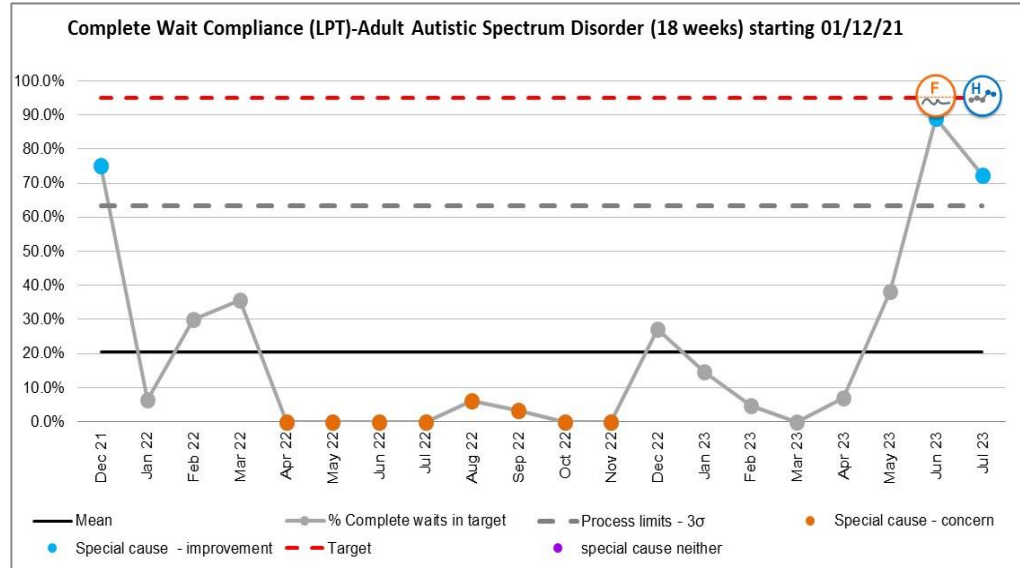
Complete Wait Compliance (LPT)-Adult Autistic Spectrum Disorder (18 weeks) starting 01/12/21

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 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
20.5%	-0.22%	63.0%

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	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
FYPC	>=99%	71.8%	71.8%	75.6%	78.7%	66.8%	76.9%	78.2%	60.4%	50.3%	43.5%	41.7%	38.1%

Incomplete Wait Compliance (LPT)-Diagnostics (6 weeks) starting 01/12/21

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.
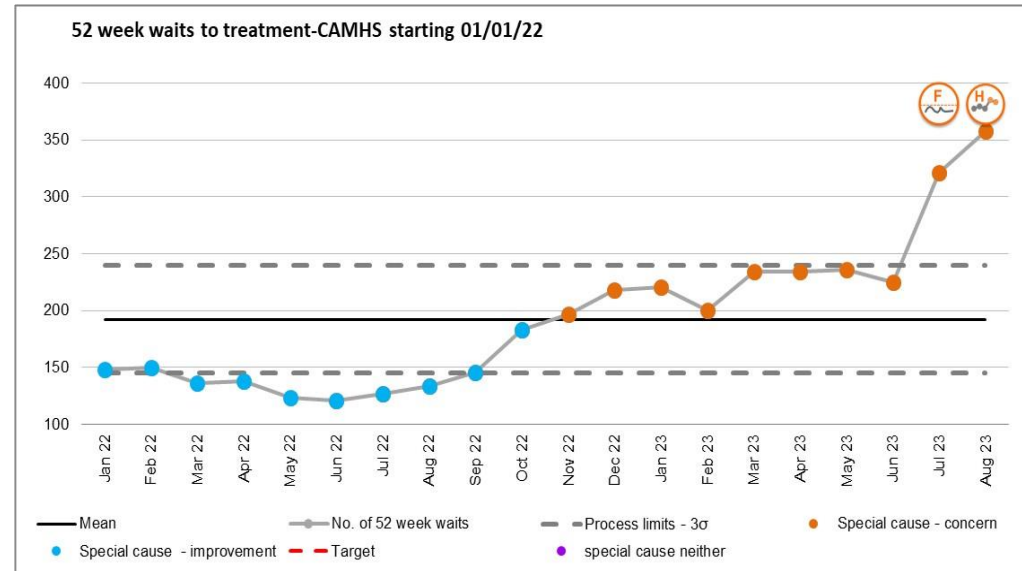
Mean	Lower Process Limit	Upper Process Limit
66.1%	47.0%	85.0%

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 neccessity for some patients to attend a second appointment and therefore increase capacity.
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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
DMH	0	11	8	7	8	8	11	10	8	9	7	8	9
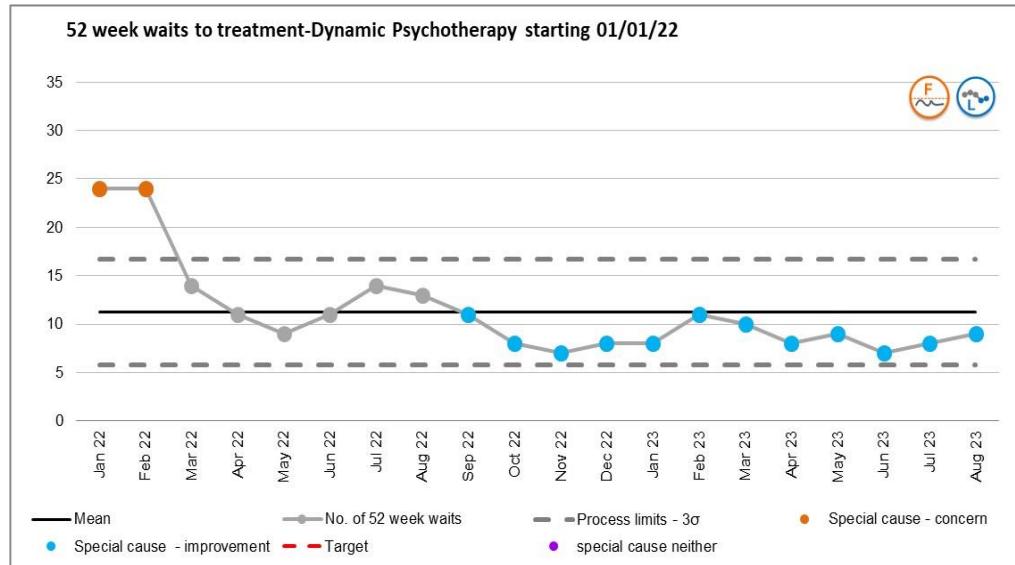
52 week waits to treatment-Dynamic Psychotherapy starting 01/01/22

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.
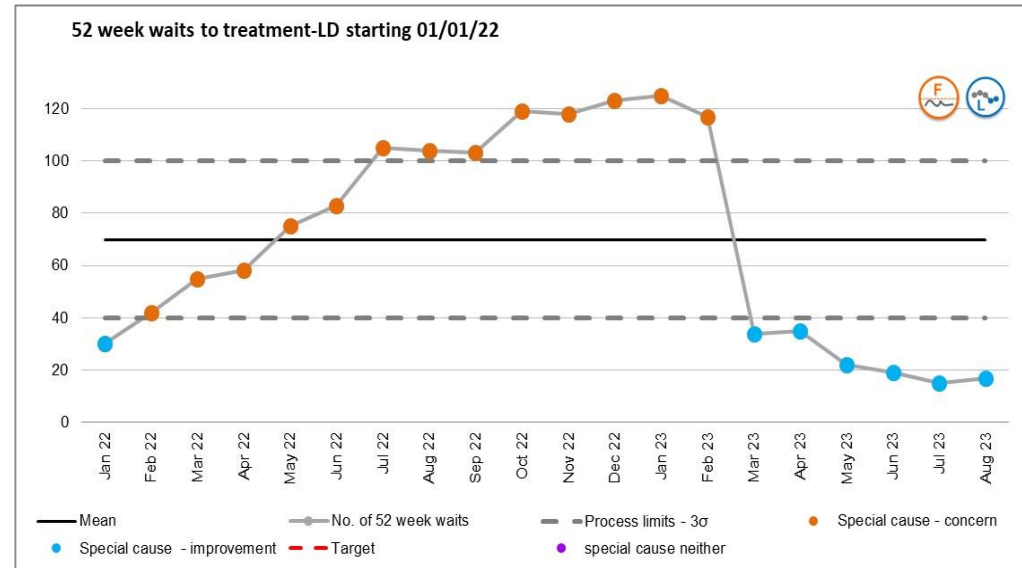
Mean	Lower Process Limit	Upper Process Limit
11.2	5.74	16.66

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

- Recruitment challenges continue. Actively recruiting to vacancies.
- Challenges around staff retirements and sickness abcense have increased waiting times.
- The service is breaching the 52 week target due to limitations in capacity. Ongoing job planning work to effectively use capacity.
- Data quality system support and training in place to assist with accurate recording of data and information.

EXCEPTION REPORT - CAMHS - No of waiters over 52 weeks

	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
FYPCLD	0	146	183	197	218	221	200	234	234	236	225	321	358

52 week waits to treatment-CAMHS starting 01/01/22

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.
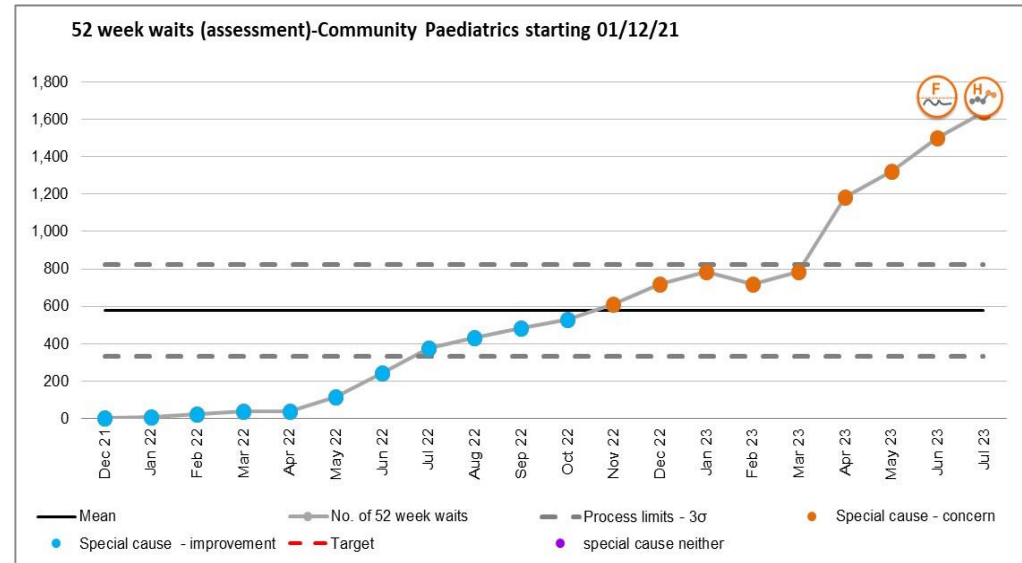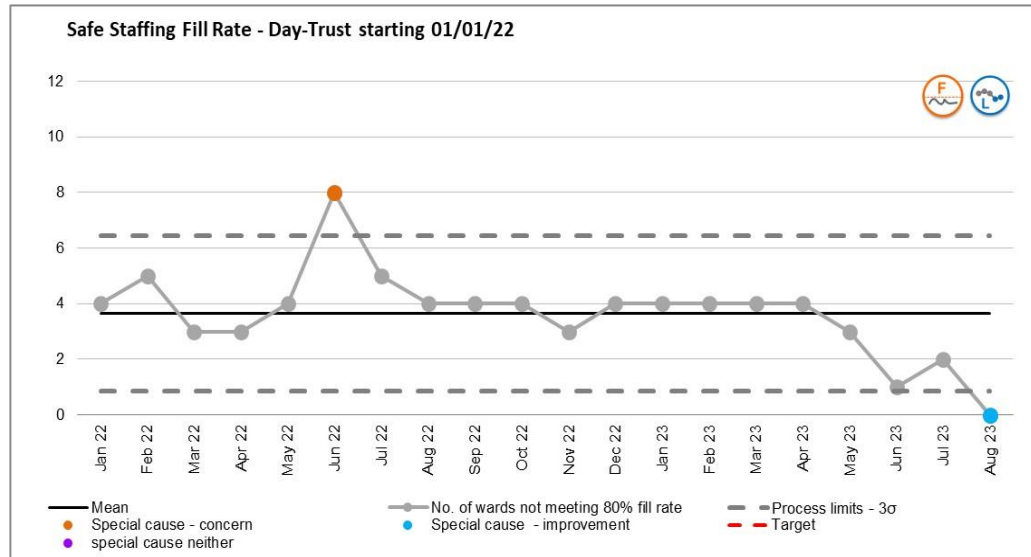
Mean	Lower Process Limit	Upper Process Limit
192.6	145.5	239.59

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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
FYPCLD	0	103	119	118	123	125	117	34	35	22	19	15	17

52 week waits to treatment-LD starting 01/01/22

Legend: Mean — No. of 52 week waits — Process limits - 3σ — Special cause - concern (orange) — Special cause - improvement (blue) — Target (red) — special cause neither (purple)

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.
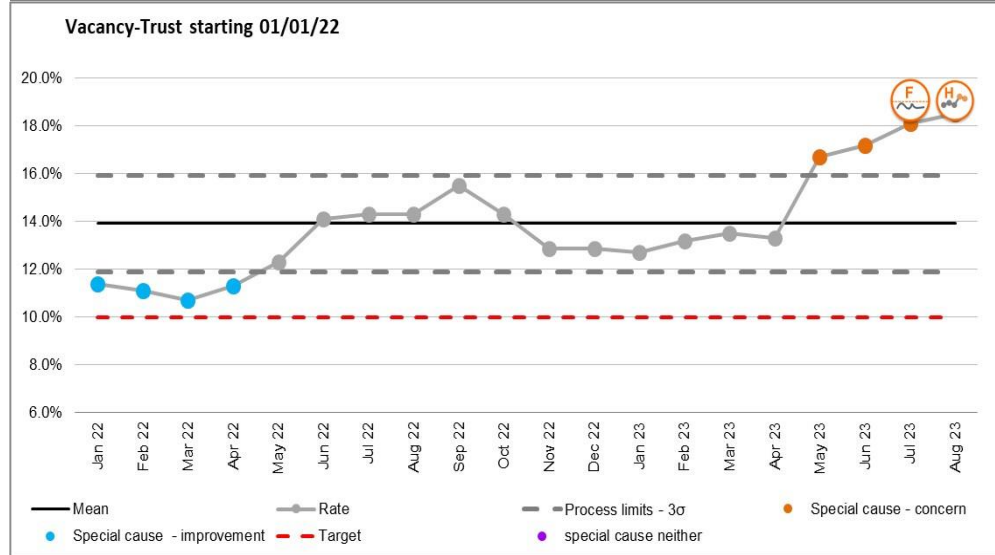
Mean	Lower Process Limit	Upper Process Limit
70	39.5	100.05

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.

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EXCEPTION REPORT - Community Paediatrics (assessment) - No of waiters over 52 weeks *(Month in arrears)*

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
FYPCLD	0	431	482	531	611	720	785	720	785	1186	1319	1498	1640

52 week waits (assessment)-Community Paediatrics starting 01/12/21

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
577.9	330.94	824.86

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.

NHS
Leicestershire Partnership
Trust

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

Safe Staffing Fill Rate - Day-Trust starting 01/01/22

Legend:
— Mean
—●— No. of wards not meeting 80% fill rate
— — Process limits - 3σ
● Special cause - concern
● Special cause - improvement
● 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
3.7	0.85	6.5

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

No. of wards not meeting >80% fill rate for RNs Day was 0 wards which is a decrease from 2 wards in July 2023. This is lowest reporting month since the start of this chart.

EXCEPTION REPORT - Vacancy Rate

	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
TRUST		14.3%	13.6%	12.9%	12.7%	13.4%	13.2%	13.5%	13.3%	16.7%	17.2%	18.1%	18.5%
DMH	<=10%	21.9%	20.0%	15.4%	14.5%	15.6%	15.1%	15.5%	15.7%	20.0%	19.8%	21.5%	22.2%
CHS		15.6%	15.7%	15.6%	16.1%	14.5%	14.1%	14.3%	14.4%	16.5%	16.5%	16.4%	15.8%
FYPCLD		10.0%	10.7%	11.0%	10.2%	12.0%	12.4%	12.1%	13.6%	18.3%	18.6%	18.9%	20.8%

Vacancy-Trust starting 01/01/22

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
13.9%	12.0%	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. Year to date there has been a planned increase to the budgeted establishment of 351fte (37.9fte in the last month), 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

Time to recruit has deteriorated over last 12 months. The reasons for this have been explored and are well understood. In Aug 2023 a command and control structure was introduced to support recruitment activity, and a risk summit - chaired by the CEO - was held on 1st Sept to identify further actions and support.. An action plan and twice-weekly monitoring of progress is in place.

The People and Culture Commitee 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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Jul-23
TRUST	<=£2,432,000	£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	£2,615,416	£2,539,262
DMH		£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	£926,354	£924,065
CHS		£547,955	£628,639	£684,110	£798,737	£798,241	£809,239	£1,041,707	£915,267	£945,115	£845,562	£1,006,433	£1,048,524
FYPCLD		£718,462	£587,461	£536,528	£587,339	£591,990	£593,238	£820,253	£524,887	£520,578	£581,556	£482,534	£406,714
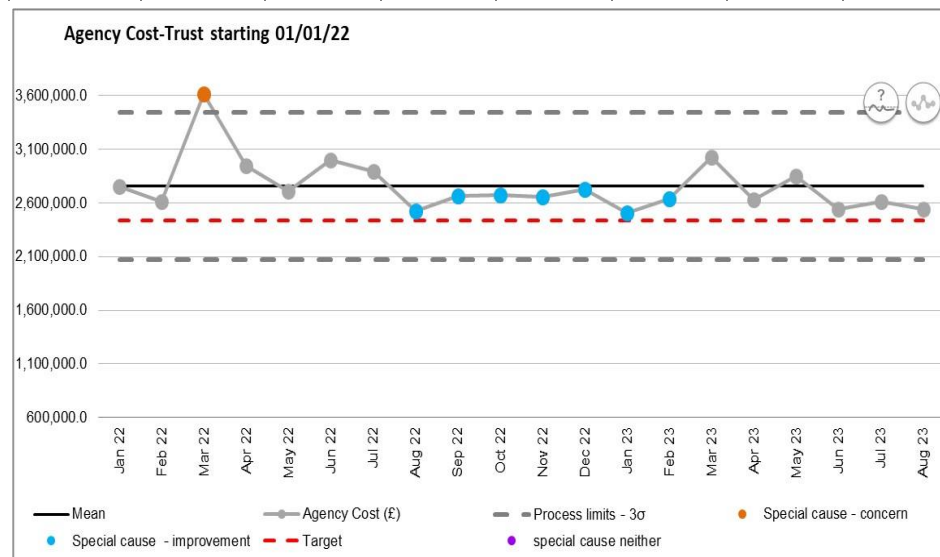
Agency Cost-Trust starting 01/01/22

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
2756134.1	2073274.39	3438993.7

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 into place. However for the purposes of this report, the target shown is the total planned spend divided equally across the 12 months. As at Month 5 (end of August 2023) the Trust are below the planned spend on agency staffing.

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 Commitee 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	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
TRUST		77.9%	78.9%	80.8%	79.4%	81.1%	81.0%	84.2%	81.4%	83.5%	82.8%	82.9%	83.9%
DMH	>=85%	75.0%	74.8%	76.5%	76.3%	78.4%	79.0%	80.9%	78.9%	80.4%	83.2%	82.1%	85.2%
CHS		78.6%	81.1%	82.9%	80.3%	82.7%	82.6%	88.2%	83.0%	85.1%	82.2%	83.3%	84.9%
FYPCLD		81.0%	82.2%	83.6%	82.0%	82.3%	81.8%	84.0%	82.8%	85.9%	83.7%	84.5%	82.2%

% staff clinical supervision-Trust starting 01/01/22
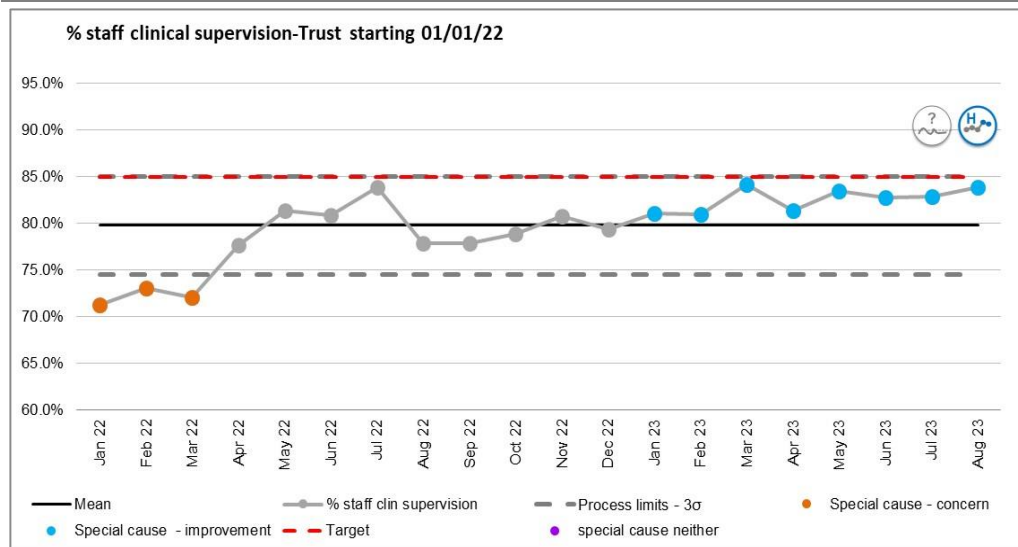
Analytical Commentary

The metric is showing a common cause variation of an improving nature due to higher values. There is no assurance that the metric will consistently achieve the target and is showing a Special cause for improvement.

Mean	Lower Process Limit	Upper Process Limit
79.8%	75.0%	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 heath 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 for 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 Workfore DMT meetings.

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	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		May-23	83.0%	84.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	May-23	84.0%	85.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	3538	May-23	12665	12590	
(D1) Community Mental Health Access (2+ contacts) - LPT		May-23	12620	12555	
(E1) CYP access (1+ contact) - LLR	12008	May-23	13680	13490	
(E1) CYP access (1+ contact) - LPT		May-23	6585	6445	
(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		May-23	61.0%	57.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	May-23	61.0%	55.0%	
(I1) Individual Placement Support - LLR	160	May-23	315	250	
(I1) Individual Placement Support - LPT		May-23	310	245	
(K2) OOA bed days - inappropriate only - rolling quarter - LLR		May-23	140	215	
(K2) OOA bed days - inappropriate only - rolling quarter - LPT		May-23	135	200	
(L1) Perinatal access - rolling 12 months - LLR	1259	May-23	975	965	
(L1) Perinatal access - rolling 12 months - LPT		May-23	965	960	
(L2) Perinatal access - year to date - LLR	210	May-23	310	225	
(L2) Perinatal access - year to date - LPT		May-23	310	225	
(N1) Data Quality - Consistency - LLR		May-23	97.0%	93.0%	
(N1) Data Quality - Consistency - LPT		May-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LLR		May-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LPT	>=95%	May-23	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		May-23	22.0%	19.0%	
(N3) Data Quality - Outcomes - LPT	>=40%	May-23	22.0%	20.0%	
(N4) Data Quality - DQMI score - LLR		Apr-23	62.5	62.1	
(N4) Data Quality - DQMI score - LPT	90.0	Apr-23	95.0	95.1	
(N5) Data Quality - SNOMED CT - LLR		May-23	93.0%	90.0%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	May-23	99.0%	99.0%	