

Trust Board – 28.11.23

Board Performance Report October 2023 (Month 7)

Purpose of the report

To provide the Trust Board with the Trust's performance against KPI's for October 2023 Month 7.

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 exception page has been removed after performance indicated an improvement in SPC assurance analysis in last month's BPR and shown that the metric will either achieve or miss the target due to random variation
- An anomaly in the recording of part two of CQUIN 15a (i.e. paired PROM) has been identified and the 3% reported in Qtr. 1 has been updated. The ability to separate out the paired prompts from the paired overall is not feasible at this moment in time but remains a priority for finding a solution to aid reporting.
- The Agency Costs exception page is retained in 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:	20.11.23	
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 Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	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 28 November 2023













Board Performance Report October 2023 (Month 7)

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%	Sep-23	50.9%	53.5%			6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Sep-23	35.8%	36.6%		
Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Sep-23	45.1%	49.2%			Dynamic Psychotherapy - No of waiters	0	Oct-23	10	11		
Memory Clinic (18 week Local RTT) - Complete pathway	>=92%	Sep-23	33.0%	36.5%			CAMHS - No of waiters	0	Oct-23	397	355		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Sep-23	68.8%	66.7%			All LD - No of waiters	0	Oct-23	10	8		
ADHD (18 week local RTT) - Complete pathway	>=95%	Sep-23	14.3%	9.1%			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Sep-23	1834	1729		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Sep-23	0.1%	0.7%			Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Oct-23	3	2		
CINSS (20 Working Days) - Complete Pathway	>=95%	Sep-23	38.8%	45.2%			Vacancy Rate	<=10%	Oct-23	19.4%	20.6%		
Continence - Complete Pathway	>=95%	Sep-23	14.3%	16.3%									
Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Sep-23	52.0%	45.6%									
Community Paediatrics (18 weeks) - Complete pathway	>=92%	Sep-23	40.5%	41.0%									
Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Sep-23	90.0%	53.8%									

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	Oct-23	21.8	20.5		
Gatekeeping	>=95%	Oct-23	100.0%	97.9%		
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Oct-23	8.3%	8.1%		
Core Mandatory Training Compliance for substantive staff	>=85%	Oct-23	96.0%	95.8%		
Staff with a Completed Annual Appraisal	>=80%	Oct-23	86.8%	86.3%		
% of staff from a BME background	>=22.5%	Oct-23	27.1%	26.8%		

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 Complete Appraisal % of staff from a BME background		Waiting Times : AASD / LD
	Common Cause 	Average Length of stay - Community Hospitals Gatekeeping		Waiting Times: Adult CMHT (Complete/Incomplete) / Memory Clinic (Complete/Incomplete) / ADHD (Complete) / CINSS / Community Paediatrics (Complete) / DPS 52 Wks Safe Staffing
	Special Cause - Concern 			Waiting Times: ADHD (Incomplete) / Continence / 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%	Oct-23	8.3%	8.1%		
Vacancy Rate	<=10%	Oct-23	19.4%	20.6%		
Sickness Absence (in arrears)	<=4.5%	Sep-23	5.1%	5.2%		
Agency Costs	<=£2,432,000	Oct-23	£2,522,962	£2,604,396		

QUALITY & SAFETY						
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Serious incidents		Oct-23	0	0		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Oct-23	3	2		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Oct-23	1	1		

FINANCE (Metrics TBC)

Board Performance Report Summary Dashboard




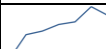








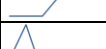





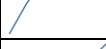






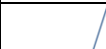


Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Quality Account	TRUST	Monthly	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period	>=95%	Oct-23	100.0%	97.9%				
	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		22/23	6.6	6.4				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 0-15 years		Oct-23	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Oct-23	5.4%	7.2%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Oct-23	1377	1384				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Oct-23	66.6%	66.3%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Oct-23	14	10				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Oct-23	1.0%	0.7%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Jul-23	79.0%	82.0%				
CQUINS		Quarterly	CQUIN01: Staff flu vaccinations	Min- 75% Max- 80%							
		Quarterly	CQUIN12: Assessment and documentation of pressure ulcer risk	Min- 70% Max- 85%	Q2	74.3%	71.7%				
		Quarterly	CQUIN13: Assessment diagnosis and treatment of lower leg wounds	Min- 25% Max- 50%	Q2	60.2%	60.6%				
		Quarterly	CQUIN14: Malnutrition screening for community hospital inpatients	Min- 70% Max- 90%	Q2	75.0%	76.6%				
		Quarterly	CQUIN15a: Routine outcome monitoring in community mental health services - Paired Overall	Min- 20% Max- 50%	Q2	10.8%	13.6%				
		Quarterly	CQUIN15a: Routine outcome monitoring in community mental health services - Paired Prom	Min- 2% Max- 10%	Q2	Not Known	Not Known				
		Quarterly	CQUIN15b: Routine outcome monitoring in CYP and community perinatal mental health services	Min=20% Max=50%	Q2	20.2%	27.0%				
		Quarterly	CQUIN16: Reducing the need for restrictive practice in CYPMH inpatient settings	Min=70% Max= 90%	Q2	100.0%	100.0%				
		Quarterly	CQUIN17: Reducing the need for restrictive practice in adult/older adult acute mental health inpatient settings	Min=75% Max= 90%	Q2	94.1%	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
NHS Oversight	TRUST	Monthly	2-hour urgent response activity	>=70%	Oct-23	82.8%	83.7%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Oct-23	23.0%	23.6%				
	CCG	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Oct-23	24	26				
	CCG	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Oct-23	3	3				
		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	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		Aug-23	Not Published	Not Published				
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Oct-23	0	0				
	TRUST	Monthly	MRSA Infection Rate		Oct-23	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Oct-23	0	1				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Sep-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%	Sep-23	50.9%	53.5%				
	TRUST	Monthly (In Arrears)	Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Sep-23	45.1%	49.2%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Complete pathway	>=95%	Sep-23	33.0%	36.5%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Sep-23	68.8%	66.7%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Complete pathway	>=95%	Sep-23	14.3%	9.1%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Sep-23	0.1%	0.7%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral	>=60%	Sep-23	70.0%	46.2%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (20 Working Days) - Complete Pathway	>=95%	Sep-23	38.8%	45.2%				
	TRUST	Monthly (In Arrears)	Continence - Complete Pathway	>=95%	Sep-23	14.3%	16.3%				
Access Waiting Times - FYPCLD	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Sep-23	100.0%	100.0%				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Sep-23	100.0%	90.0%				
	TRUST	Monthly (In Arrears)	Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Sep-23	52.0%	45.6%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Complete pathway	>=92%	Sep-23	40.5%	41.0%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Sep-23	90.0%	53.8%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) - No of Referrals - (18 weeks) - Complete pathway		Sep-23	60	64				
	TRUST	Monthly (In Arrears)	6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Sep-23	35.8%	36.6%				

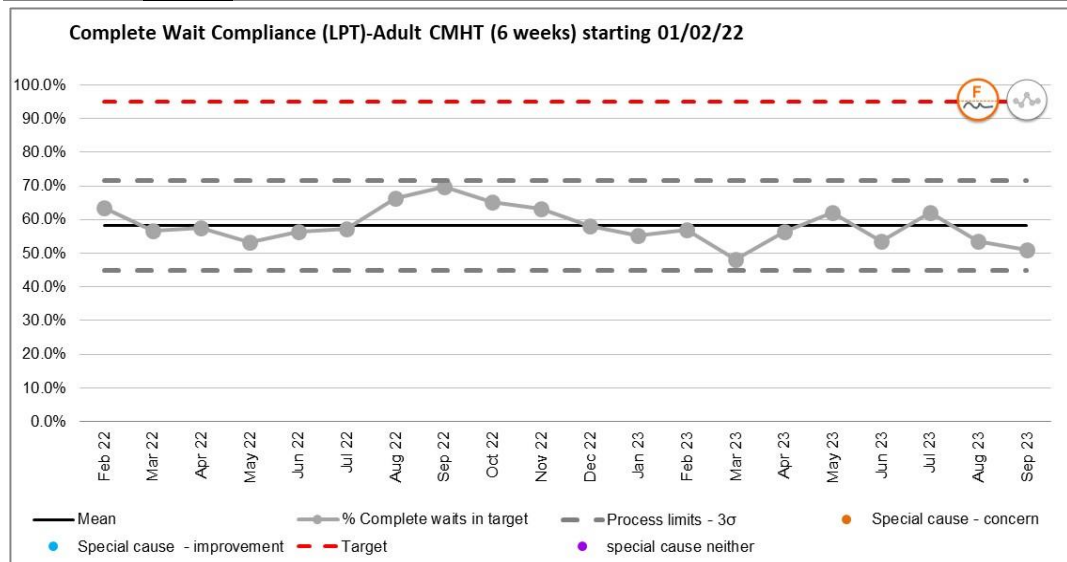
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits	TRUST	Monthly	Cognitive Behavioural Therapy - No of waiters	0	Oct-23	7	5				
	TRUST	Monthly	Cognitive Behavioural Therapy - Longest waiter (weeks)		Oct-23	59	55				
	TRUST	Monthly	Dynamic Psychotherapy - No of waiters	0	Oct-23	10	11				
	TRUST	Monthly	Dynamic Psychotherapy - Longest waiter (weeks)		Oct-23	77	73				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - No of waiters	0	Sep-23	0	0				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - Longest waiter (weeks)		Sep-23	0	0				
	TRUST	Monthly	CAMHS - No of waiters	0	Oct-23	397	355				
	TRUST	Monthly	CAMHS - Longest waiter (weeks)		Oct-23	103	99				
	TRUST	Monthly	All LD - No of waiters	0	Oct-23	10	8				
	TRUST	Monthly	All LD - Longest waiter (weeks)		Oct-23	73	97				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Sep-23	1834	1729				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Sep-23	136	132				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Oct-23	84.5%	81.1%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Oct-23	90.8%	83.9%				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Oct-23	21.8	20.5				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Oct-23	4.5%	3.8%				
	TRUST	Monthly	Gatekeeping	>=95%	Oct-23	100.0%	97.9%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Oct-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
Quality & Safety	TRUST	Monthly	Covid Positive Following Swab During Admission - 15 and over		Oct-23	5	8				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Oct-23	1.6%	3.1%				
	TRUST	Monthly	Serious incidents		Oct-23	0	0				
	TRUST	Monthly	Complaints		Oct-23	16	15				
	TRUST	Monthly	Concerns		Oct-23	57	46				
	TRUST	Monthly	Compliments		Oct-23	159	193				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Oct-23	3	2				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Oct-23	1	1				
	TRUST	Monthly	Care Hours per patient day		Oct-23	11.7	12.1				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Oct-23	13	12				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Oct-23	1	0				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Oct-23	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Oct-23	152	110				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Sep-23	110	126				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Sep-23	15	24				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Sep-23	5	11				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Sep-23	48	40				
	TRUST	Monthly	No. of Medication Errors		Oct-23	76	84				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Oct-23	33.9%	29.0%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Oct-23	8	6				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Oct-23	2	9				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Oct-23	2	6				

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%	Oct-23	8.3%	8.1%				
	TRUST	Monthly	Vacancy Rate	<=10%	Oct-23	19.4%	20.6%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Sep-23	5.1%	5.2%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Sep-23	£871,192	£877,602				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Sep-23	5.0%	4.9%				
	TRUST	Monthly	Agency Costs	<=£2,432,000	Oct-23	£2,522,962	£2,604,396				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Oct-23	96.0%	95.8%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Oct-23	86.8%	86.3%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Oct-23	27.1%	26.8%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Oct-23	36.6%	n/a				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Oct-23	85.5%	83.0%				

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
DMH	>=95%	66.4%	69.7%	65.1%	63.2%	58.1%	55.3%	56.9%	48.1%	56.3%	62.1%	53.5%	50.9%



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.

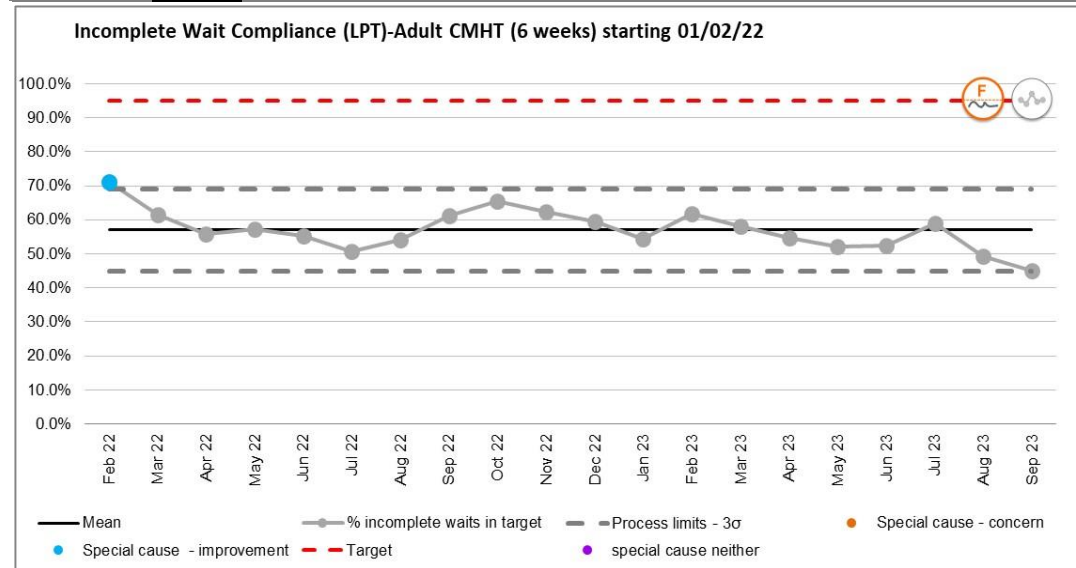
Mean	Lower Process Limit	Upper Process Limit
58.3%	45.0%	72.0%

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

- Industrial action continues to impact capacity to assess and treat patients within waiting times thresholds.
- A caseload review project is continuing. The project team have been out to visit teams sharing methodology and scoping out plans to further progress caseload reviews. Updates are being shared through FPP and the INO Meetings.
- There are challenges around staffing levels across all teams, both nursing and medical. Teams are linking with the recruitment team to develop more attractive adverts, in the new neighbourhood model.
- The transformation implementation programme continues to progress with focus on the pilot for the front door being established.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
DMH	>=95%	65.5%	62.4%	59.6%	54.4%	61.7%	58.1%	54.7%	52.0%	52.3%	58.8%	49.2%	45.1%



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.

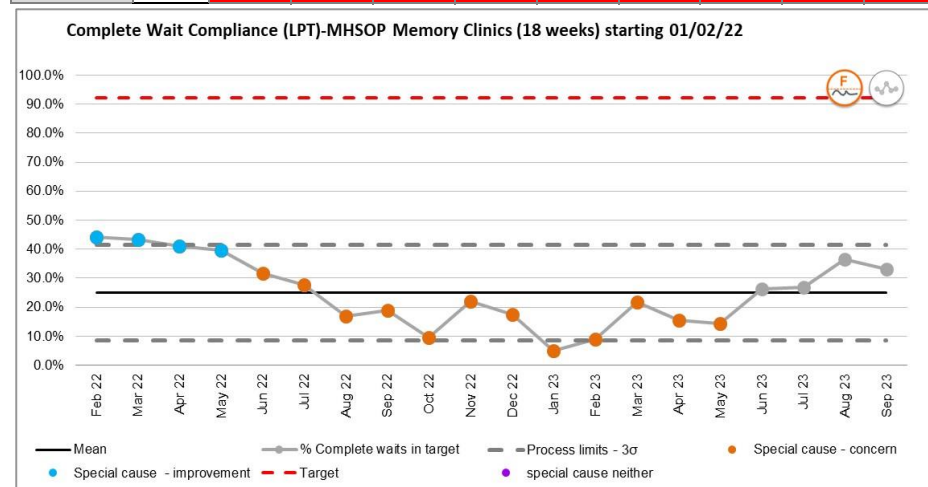
Mean	Lower Process Limit	Upper Process Limit
57.0%	45.0%	69.0%

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

- Industrial action continues to impact capacity to assess and treat patients within waiting times thresholds.
- A caseload review project is continuing. The project team have been out to visit teams sharing methodology and scoping out plans to further progress caseload reviews. Updates are being shared through FPP and the INO Meetings.
- There are challenges around staffing levels across all teams, both nursing and medical. Teams are linking with the recruitment team to develop more attractive adverts, in the new neighbourhood model.
- The transformation implementation programme continues to progress with focus on the pilot for the front door being established.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
DMH	>=92%	9.6%	22.1%	17.6%	5.0%	9.0%	21.9%	15.6%	14.4%	26.3%	27.0%	36.5%	33.0%



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.

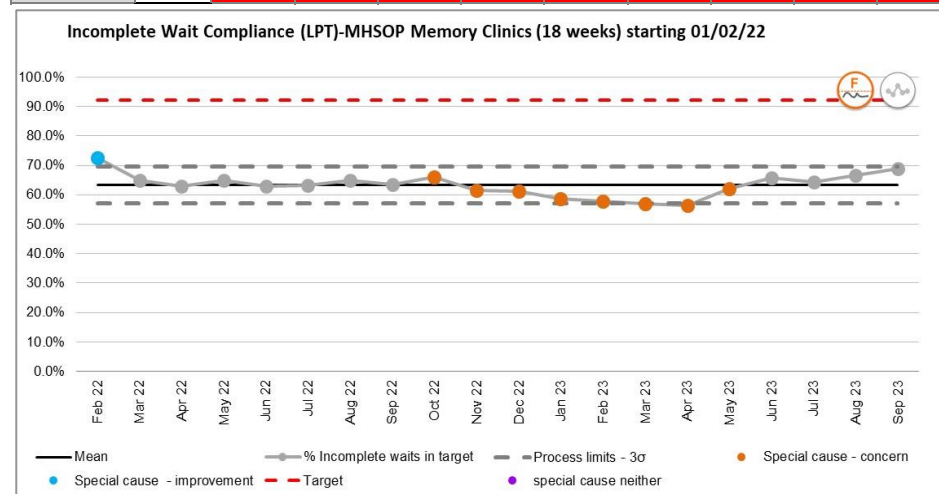
Mean	Lower Process Limit	Upper Process Limit
25.1%	7.0%	42.0%

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

- Senior leadership are working on service remodel of whole team caseload utilising weekend clinic capacity to deliver diagnosis and medication review follow ups, therefore, improving efficiency and reducing the length of time patients wait for a diagnosis following assessment.
- Recruiting to 1.0WTE vacancies and reviewing investment plans to recruit further.
- Expanding community clinics established in Lutterworth, Coalville and Rutland.
- Continuing breach process to review people whilst waiting for any escalations.
- Role description completed for 2 x volunteering roles. One role will be to contact patients and next of kin who have appointments booked to reduce DNAs. Currently out to advert.
- System approach to Dementia Diagnosis Rate (DDR), reconciliation work taking place in primary care and ICB looking at DDR reconciliation in care homes, LPT utilising weekend capacity to deliver diagnosis.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
DMH	>=92%	65.9%	61.4%	61.1%	58.6%	57.8%	56.9%	56.5%	62.1%	65.8%	64.2%	66.7%	68.8%



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.

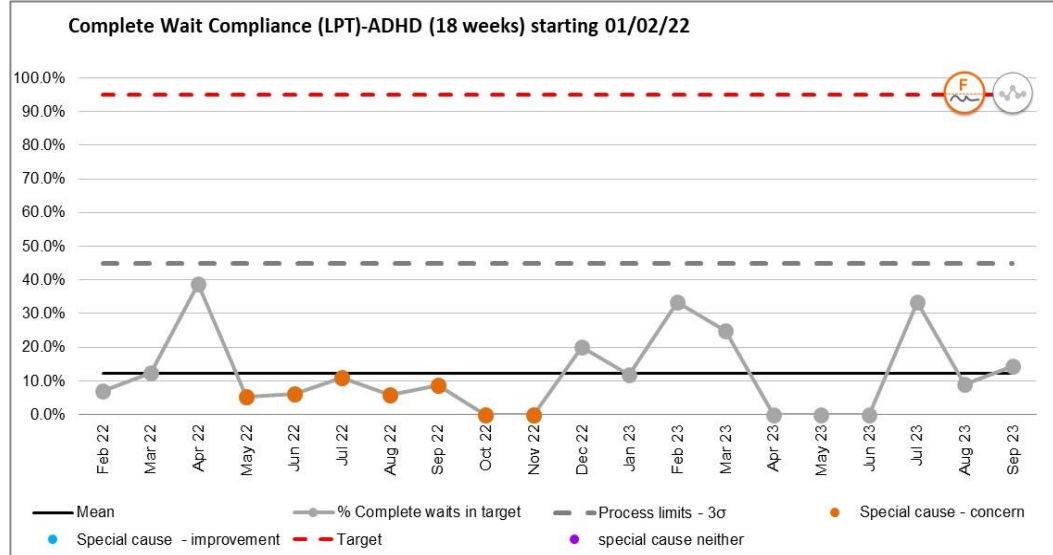
Mean	Lower Process Limit	Upper Process Limit
63.3%	57.0%	69.0%

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

- Senior leadership are working on service remodel of whole team caseload utilising weekend clinic capacity to deliver diagnosis and medication review follow ups, therefore, improving efficiency and reducing the length of time patients wait for a diagnosis following assessment.
- Recruiting to 1.0WTE vacancies and reviewing investment plans to recruit further.
- Expanding community clinics established in Lutterworth, Coalville and Rutland.
- Continuing breach process to review people whilst waiting for any escalations.
- Role description completed for 2 x volunteering roles. One role will be to contact patients and next of kin who have appointments booked to reduce DNAs. Currently out to advert.
- System approach to Demential Diagnosis Rate (DDR), reconciliation work taking place in primary care and ICB looking at DDR reconciliation in care homes, LPT utilising weekend capacity to deliver diagnosis.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
DMH	>=92%	0.0%	0.0%	20.0%	11.8%	33.3%	25.0%	0.0%	0.0%	0.0%	33.3%	9.1%	14.3%



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.

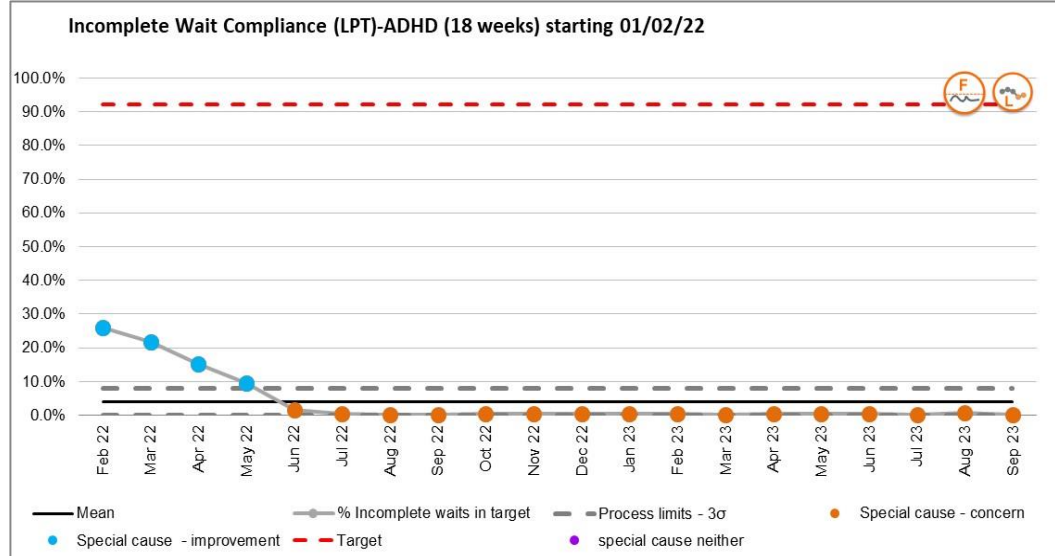
Mean	Lower Process Limit	Upper Process Limit
12.1%	-21.0%	45.0%

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

- Referral rates for the service remain high and continue to increase.
- A refreshed demand & capacity exercise reveals a substantial increase in workforce is required to manage the current demand and reduce the waiting lists.
- Major issues with national supplies of ADHD medication continue. Unlikely to be resolved until January 2024. Added to local risk register. A LPT task and finish group has been established to review the medication supply issues and associated comms.
- Recruitment to vacant NMP and Specialist Pharmacist roles continues.
- Review of secondary care model and reduction in treatment waits for those with co-morbidities. Half day timeout session scheduled to agree pathway.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
DMH	>=92%	0.4%	0.6%	0.6%	0.5%	0.5%	0.3%	0.4%	0.6%	0.5%	0.3%	0.7%	0.1%



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.

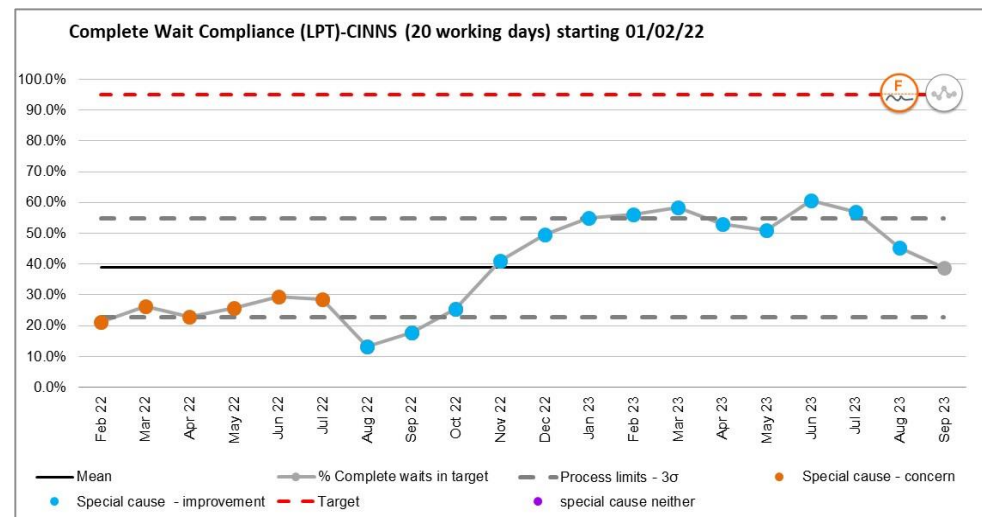
Mean	Lower Process Limit	Upper Process Limit
4.0%	0.0%	8.0%

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

- Referral rates for the service remain high and continue to increase.
- A refreshed demand & capacity exercise reveals a substantial increase in workforce is required to manage the current demand and reduce the waiting lists.
- Major issues with national supplies of ADHD medication continue. Unlikely to be resolved until January 2024. Added to local risk register. A LPT task and finish group has been established to review the medication supply issues and associated comms.
- Recruitment to vacant NMP and Specialist Pharmacist roles continues.
- Review of secondary care model and reduction in treatment waits for those with co-morbidities. Half day timeout session scheduled to agree pathway.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
CHS	>=95%	25.6%	41.1%	49.7%	55.0%	56.0%	58.3%	53.0%	51.1%	60.7%	56.9%	45.2%	38.8%



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
38.8%	23.0%	55.0%

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

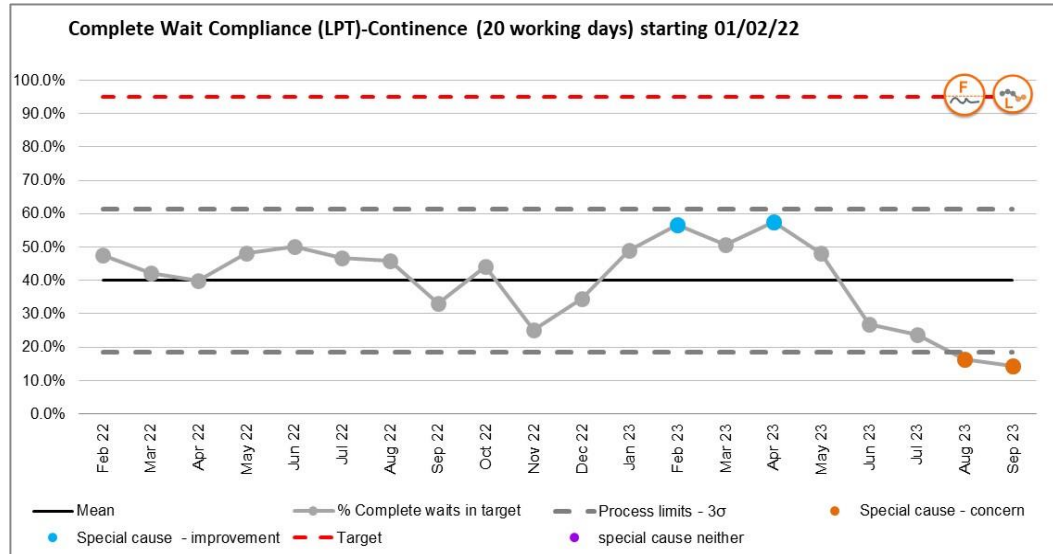
Newly proposed contractual waiting times target of 6 weeks has been approved by the ICB, the new waiting times have been built and are ready to be reported on once the CV has been progressed by the LPT and ICB Contracting Teams.

The following key improvement actions are in progress:

- Updated triage process for clarity in decision making around pts with pressure ulcers.
- Additional training for staff member to prevent further errors of this kind.
- Review and revise expectations around documentation.
- Delegation of clinical tasks from qualified staff to TI and between TI's.
- Review skill mix and roles and responsibilities of B7 team. Consider operational/admin roles to release clinical lead time to care.
- Work with BAT to team to fully explore demand and capacity. Understanding capacity fully will allow realistic expectations on staff time and improve staff wellbeing.
- Roll out job planning across service
- Recruitment – B6 rotational Physio – recruited to, awaiting start date. B6 Static – interview 7/11/23. B6 OT static – Interview 31/10/23. TI4 – Interview 6/11/23. B3 – recruited to awaiting start date.
- Explore digital offer for appropriate referrals to further facilitate health education and self-management
- Continue to monitor impact of change using the EQIA

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
CHS	>=95%	44.3%	25.2%	34.6%	48.9%	56.7%	50.8%	57.6%	48.1%	27.0%	23.7%	16.3%	14.3%



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
40.1%	19.0%	61.0%

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

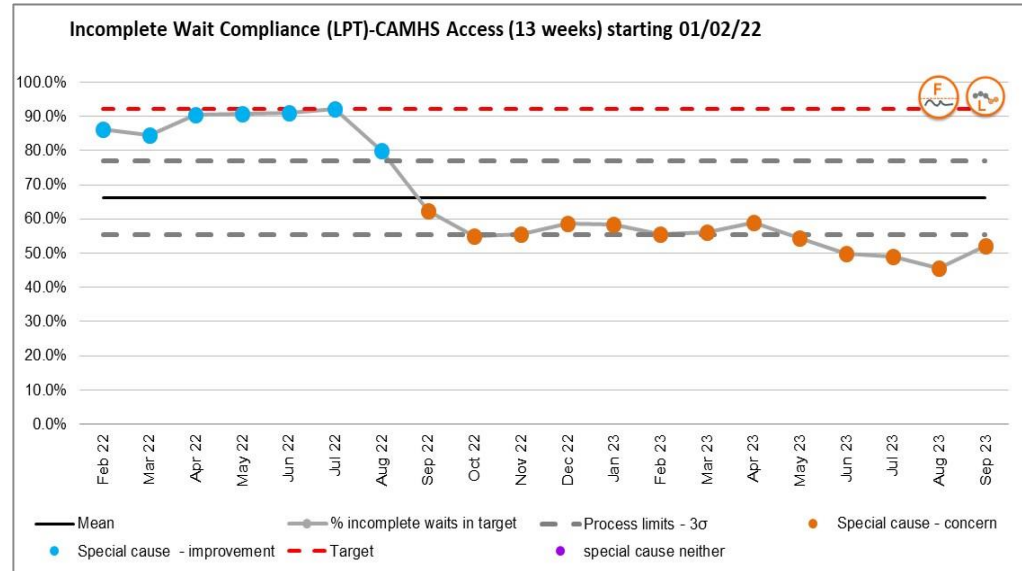
Newly proposed contractual waiting times target of 18 weeks has been approved by the ICB, the new waiting times have been built and are ready to be reported on once the CV has been progressed by the LPT and ICB Contracting Teams.

The following key improvement actions are in progress:

- Ongoing review of activity against service targets. Review number of assessments and follow ups completed by each staff member. Line management providing support to clinicians in order to hit targets. Reviewing number of follow up attempts completed prior to discharge.
- Implementing changes for low-risk patients and encouraging patients to self-help model before prescribing products. Patients being reviewed against harm matrix to identify routine and high priority patients, those identified as high priority receive urgent appointment, those identified as routine are sent routine self-help letter.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
FYPC	>=92%	54.9%	55.5%	58.6%	58.3%	55.4%	56.1%	59.0%	54.3%	49.8%	49.1%	45.6%	52.0%



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
66.3%	55.0%	77.0%

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

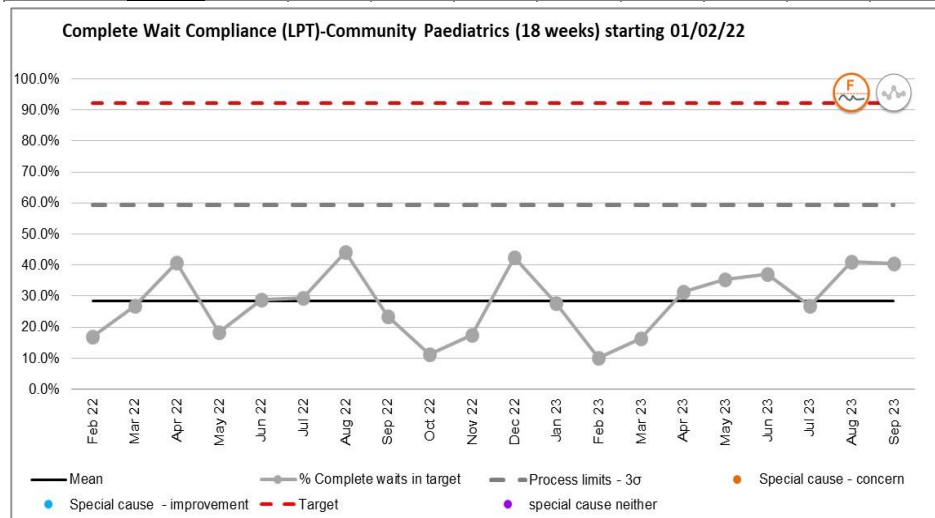
The service has expanded capacity to meet increased demand see through 2022/23.

The actions being taken are:

1. Using MHIS investment the service have recruited 6 additional staff to Access which has increased the weekly capacity to over 60 assessment slots per week. The impact of this is the number of CYP waiting for an initial assessment continues to fall, with the number down below 500 from a high of over 110 at the beginning of the year. The conversion of failed pathways will continue to yield low performance until December when appointments will routinely be offered pre the 13 week target.
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.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
FYPCLD	>=92%	11.2%	17.6%	42.5%	27.7%	10.1%	16.5%	31.4%	35.4%	37.2%	27.0%	41.0%	40.5%



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
28.4%	-0.03%	59.0%

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.

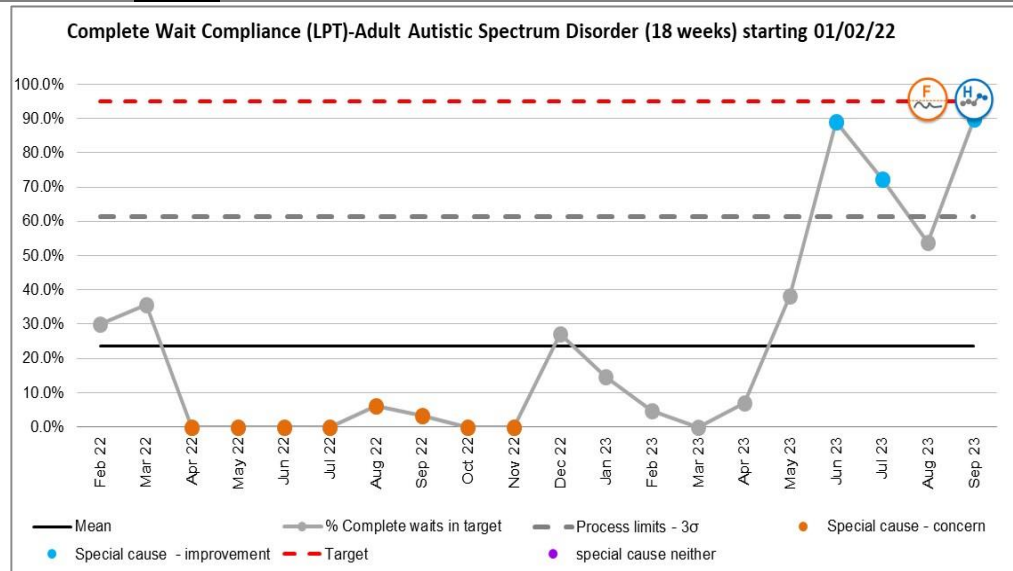
The service continues to receive more referrals than they have capacity to see. The non-recurrent investment into the service will slow the rate of increase in the waiting list but the trajectory will continue to rise. The service now have over 2 year waits for first appointment for routine referrals. The CYP who are waiting longer than 18 weeks have been sent a letter explaining the long waits, signposting for support whilst waiting and also outlining steps to be taken if the referral becomes more urgent.

The majority of the long waits are for neurodevelopmental assessment for Autism and ADHD.

1. Through non-recurrent internal investment, recruitment of additional staff to support the ASD and ADHD pathway to increase patient flow to allow increased uptake of new cases. This has slowed the rate of waiting list increase but not reversed it
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.
3. A review of the current pathways and associated requests for second opinions, disputes over assessment outcomes, referrals following private diagnosis
4. Development of a part digitisation of the physical health monitoring required for CYP prescribed medication for ADHD
5. An increased digital offer to support families whilst waiting and post assessment.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
FYPCLD	>=95%	0.0%	0.0%	27.3%	14.8%	4.8%	0.0%	7.1%	38.1%	88.9%	72.2%	53.8%	90.0%



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
23.6%	-0.14%	61.0%

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

Significant impact of increased referrals - 866 2021/22, an increase of 57% from 2019/20.

Capacity and demand model have been updated to take account of both increased referrals and additional staff.

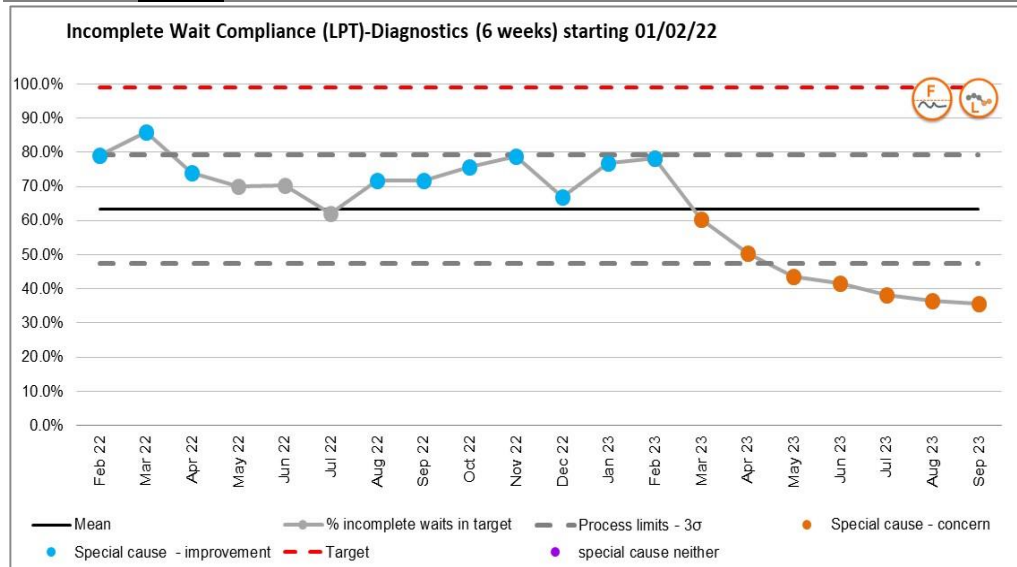
The service has utilised funding to recruit additional capacity to support undertaking assessments.

Consultant psychologist interviews planned.

The service has seen an increase in the performance, however this position will stabilise through the next few months and focus will subsequently shift towards the follow-up and wait to diagnosis.

EXCEPTION REPORT - 6-week wait for diagnostic procedures - Incomplete pathway (Month in arrears)

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
FYPC	>=99%	75.6%	78.7%	66.8%	76.9%	78.2%	60.4%	50.3%	43.5%	41.7%	38.1%	36.6%	35.8%



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
63.4%	47.0%	79.0%

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

in light of the recent recommendations received for improvements to sound treating/soundproofing in all 6 Audiology clinic rooms, there is likely to be further reduction in clinic capacity in the next 3-6 months if the capital bid is approved and estate modification progresses. The increase in referrals is being sustained post COVID in comparison to 2019/20. 16% increase in referrals for 2022/23 in comparison to 2019/20. 2023/24 referrals are on track to match 2022/23.

Mitigation to reduce backlog and achieve sustainable position.

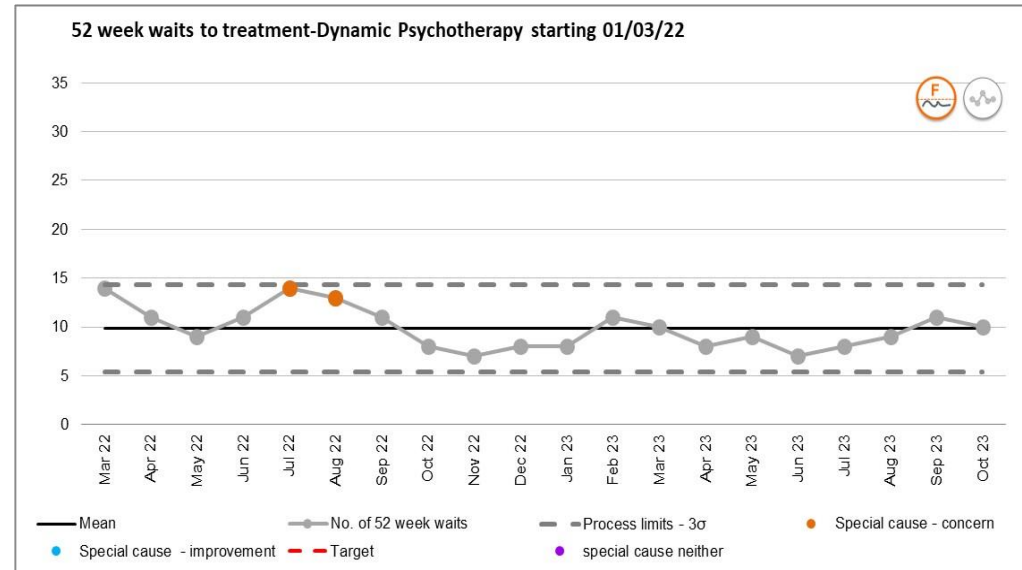
Non-recurrent investment to increase capacity by 2 WTE, Current local staffing difficulty is impacting recovery and additional staff are being financially risk managed.

Pace of recovery has been impacted due to 1 WTE Band 6 withdrawing from recruitment and retirement of staff.

The service has live recruitment, and delays will require adjustment the trajectory.

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

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



Analytical Commentary

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

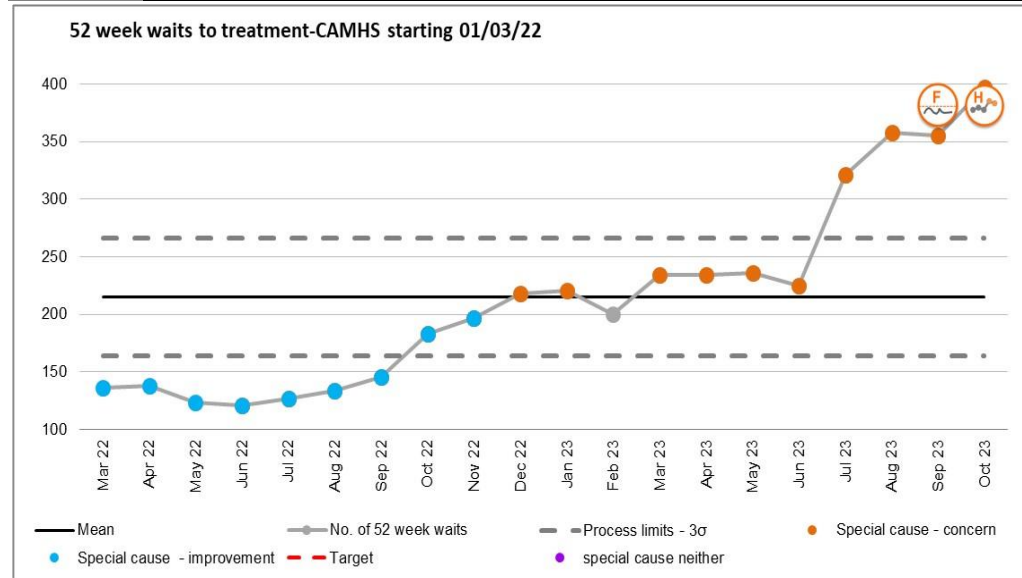
Mean	Lower Process Limit	Upper Process Limit
9.9	5.37	14.33

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

- Recruitment to vacancies is underway, but there are vacancies and recruitment lead times that will impact on capacity.
- Plan to focus on assessment capacity over the coming months with a plan that treatment waits will begin to significantly reduce in the new year.
- Job planning is now in place and regular reviews are taking place to ensure that clinician capacity is used effectively.

EXCEPTION REPORT - CAMHS - No of waiters over 52 weeks

	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
FYPCLD	0	197	218	221	200	234	234	236	225	321	358	355	397



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
215.3	164.15	266.35

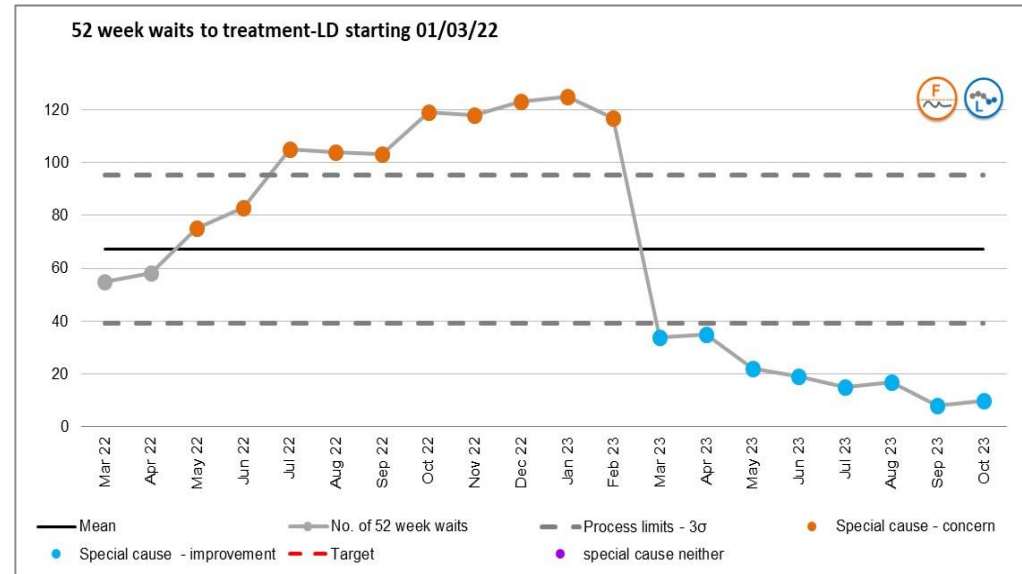
Operational Commentary (e.g. referring to risk, finance, workforce)

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	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
FYPCLD	0	118	123	125	117	34	35	22	19	15	17	8	10



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
67.3	39.11	95.39

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

The service implemented a referral assessment service "Access" in January 2022.

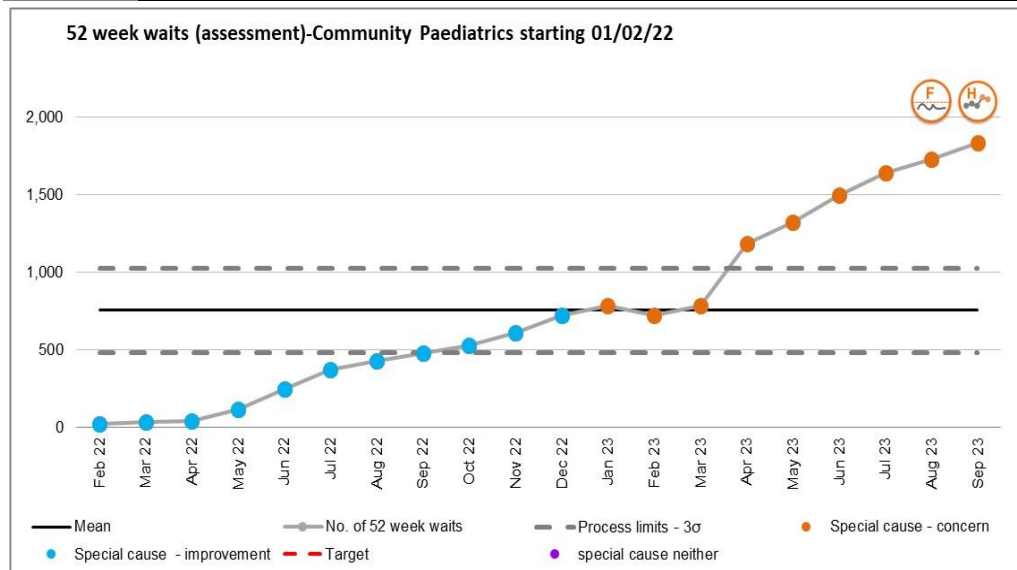
The service had seen a steady increase in performance from November 2022, through to April 2023.

Capacity due to waiting times for treatment and workforce sickness has impacted KPI delivery & will continue to impact the KPI in the months ahead as the backlog is cleared.

Vacancies and complexity of patients has impacted on waiting times for treatment.

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

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
FYPCLD	0	531	611	720	785	720	785	1186	1319	1498	1640	1729	1834



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
755.4	484.08	1026.72

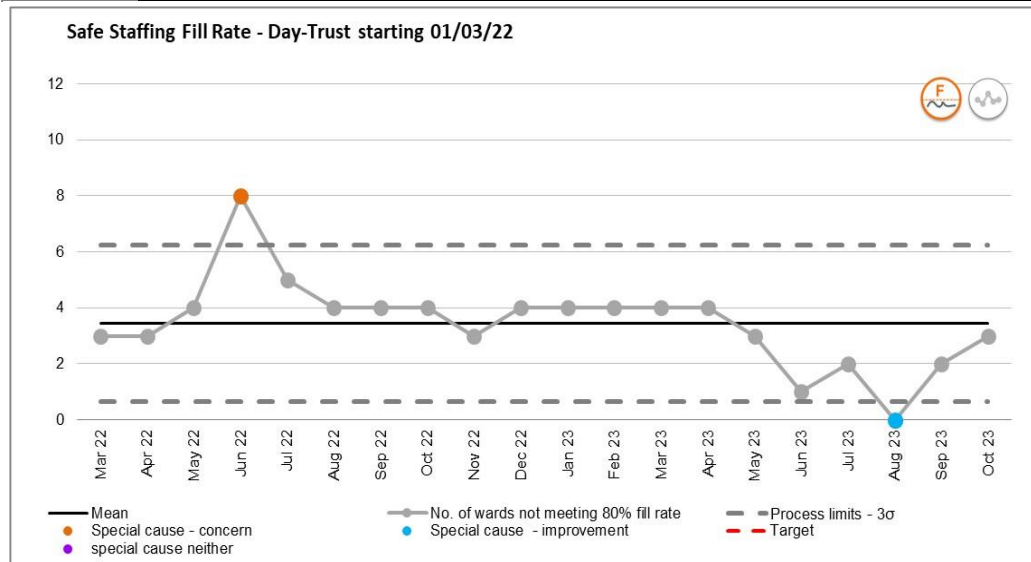
Operational Commentary (e.g. referring to risk, finance, workforce)

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



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
3.5	65.00	6.3

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

No. of wards not meeting >80% fill rate for RNs – Day was 3 wards

LD

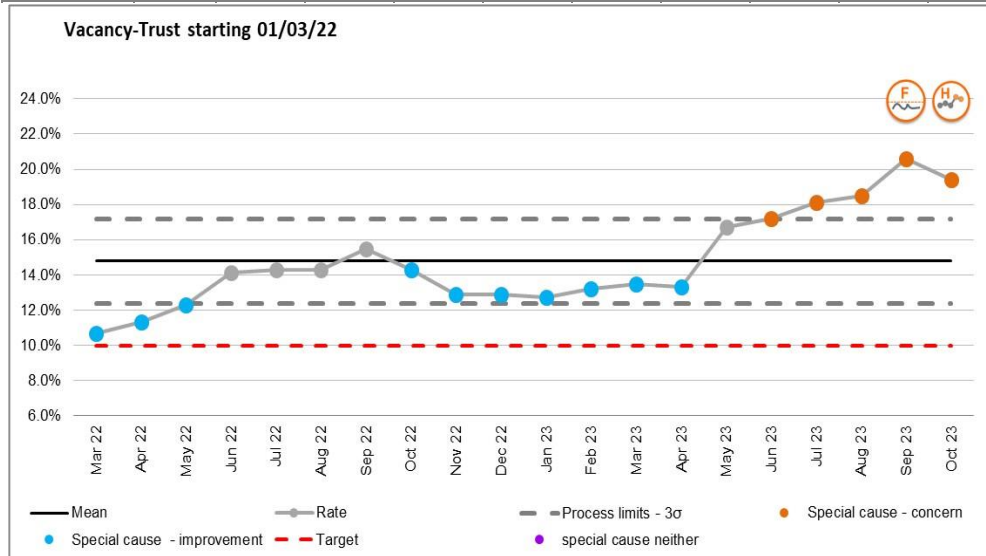
The Grange (Short Breaks service) had a fill rate of 73% of RN's in the day. This was due to the Grange being closed for refurbishment during the month and staff groups being amalgamated with Gilivers.

DMH

Kirby had fill rate of 78.8% of Rns on days and Aston had fill rate of 77.4%

EXCEPTION REPORT - Vacancy Rate

	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
TRUST	<=10%	12.9%	12.7%	13.4%	13.2%	13.5%	13.3%	16.7%	17.2%	18.1%	18.5%	20.6%	19.4%
DMH		15.4%	14.5%	15.6%	15.1%	15.5%	15.7%	20.0%	19.8%	21.5%	22.2%	22.1%	20.8%
CHS		15.6%	16.1%	14.5%	14.1%	14.3%	14.4%	16.5%	16.5%	16.4%	15.8%	23.4%	23.0%
FYPCLD		11.0%	10.2%	12.0%	12.4%	12.1%	13.6%	18.3%	18.6%	18.9%	20.8%	18.7%	17.8%



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
14.8%	12.0%	17.0%

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 **563.7fte** (212.7fte in the last two months - the majority of which relates to additional posts in community hospitals to staff additional bed capacity), 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.

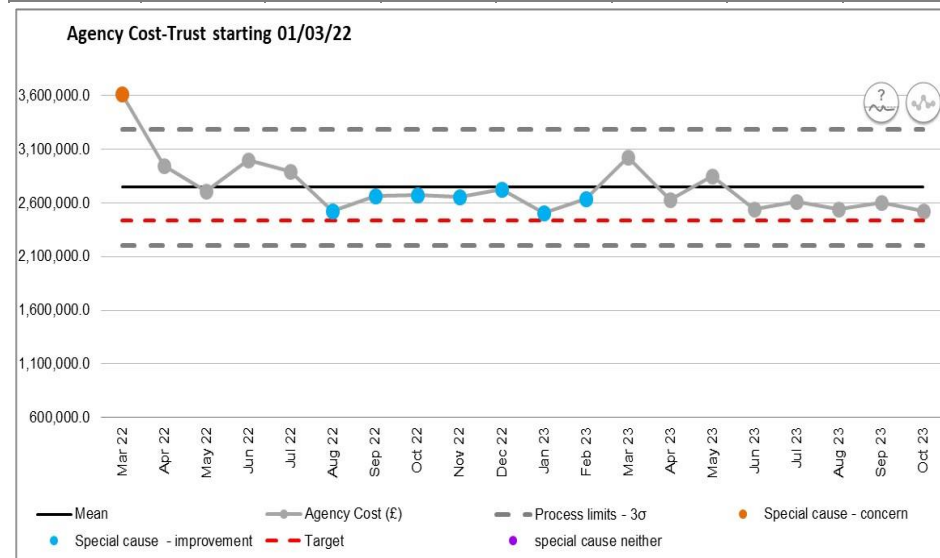
As part of the Trust-wide Workforce, Recruitment and Agency Programme there are two workstreams contributing to a reduction in the vacancy rate:

- 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 94.

EXCEPTION REPORT - Agency Costs

	Target	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
TRUST	<=£2,432,000	£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	£2,604,396	£2,522,962
DMH		£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	£870,418	£1,034,661
CHS		£684,110	£798,737	£798,241	£809,239	£1,041,707	£915,267	£945,115	£845,562	£1,006,433	£1,048,524	£1,048,827	£1,024,130
FYPCLD		£536,528	£587,339	£591,990	£593,238	£820,253	£524,887	£520,578	£581,556	£482,534	£406,714	£442,666	£302,453



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
2744358.5	2201404	3287312.9

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 94.

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		Jul-23	78.0%	81.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Jul-23	79.0%	82.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	4115	Jul-23	12795	12725	
(D1) Community Mental Health Access (2+ contacts) - LPT		Jul-23	12735	12670	
(E1) CYP access (1+ contact) - LLR	12517	Jul-23	14010	13335	
(E1) CYP access (1+ contact) - LPT		Jul-23	6815	6720	
(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		Jul-23	73.0%	73.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Jul-23	73.0%	73.0%	
(I1) Individual Placement Support - LLR	320	Jul-23	415	360	
(I1) Individual Placement Support - LPT		Jul-23	410	355	
(K2) OOA bed days - inappropriate only - rolling quarter - LLR		Jul-23	0	5	
(K2) OOA bed days - inappropriate only - rolling quarter - LPT		Jul-23	0	5	
(L1) Perinatal access - rolling 12 months - LLR	1259	Jul-23	1020	1010	
(L1) Perinatal access - rolling 12 months - LPT		Jul-23	1015	1005	
(L2) Perinatal access - year to date - LLR	420	Jul-23	470	400	
(L2) Perinatal access - year to date - LPT		Jul-23	470	400	
(N1) Data Quality - Consistency - LLR		Jul-23	100.0%	83.0%	
(N1) Data Quality - Consistency - LPT		Jul-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LLR		Jul-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LPT	>=98%	Jul-23	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Jul-23	21.0%	22.0%	
(N3) Data Quality - Outcomes - LPT	>=50%	Jul-23	21.0%	23.0%	
(N4) Data Quality - DQMI score - LLR		Apr-23	62.5	62.1	
(N4) Data Quality - DQMI score - LPT	95.0	Apr-23	95.0	95.1	
(N5) Data Quality - SNOMED CT - LLR		Jul-23	97.0%	95.0%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Jul-23	100.0%	100.0%	