

Trust Board 30 January 2024













Board Performance Report December 2023 (Month 9)

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%	Nov-23	53.9%	49.6%			6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Nov-23	30.6%	36.3%		
Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Nov-23	51.1%	47.1%			Dynamic Psychotherapy - No of waiters	0	Dec-23	5	7		
Memory Clinic (18 week Local RTT) - Complete pathway	>=92%	Nov-23	34.4%	31.8%			CAMHS - No of waiters	0	Dec-23	462	429		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Nov-23	69.3%	69.7%			All LD - No of waiters	0	Dec-23	2	3		
ADHD (18 week local RTT) - Complete pathway	>=95%	Nov-23	0.0%	15.4%			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Nov-23	2208	1986		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Nov-23	0.3%	0.4%			Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Dec-23	1	0		
CINSS (20 Working Days) - Complete Pathway	>=95%	Nov-23	30.9%	28.7%			Vacancy Rate	<=10%	Dec-23	17.9%	18.2%		
Continence - Complete Pathway	>=95%	Nov-23	28.4%	17.5%									
Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Nov-23	82.5%	54.8%									
Community Paediatrics (18 weeks) - Complete pathway	>=92%	Nov-23	37.1%	34.5%									
Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Nov-23	90.0%	73.3%									

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	Dec-23	20.5	21.4		
Gatekeeping	>=95%	Dec-23	98.8%	98.9%		
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Dec-23	8.0%	8.7%		
Core Mandatory Training Compliance for substantive staff	>=85%	Dec-23	96.6%	96.3%		
Staff with a Completed Annual Appraisal	>=80%	Dec-23	92.1%	86.9%		
% of staff from a BME background	>=22.5%	Dec-23	27.8%	27.6%		

EXCEPTION REPORTS MATRIX SUMMARY

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






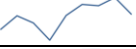










SUMMARY

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%	Dec-23	8.0%	8.7%		
Vacancy Rate	<=10%	Dec-23	17.9%	18.2%		
Sickness Absence (in arrears)	<=4.5%	Nov-23	5.2%	5.3%		
Agency Costs	<=£2,432,000	Dec-23	£2,502,448	£2,451,249		

QUALITY & SAFETY						
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Serious incidents		Dec-23	0	0		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Dec-23	1	0		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Dec-23	0	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%	Dec-23	98.8%	98.9%				
	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		Dec-23	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Dec-23	8.2%	4.9%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Dec-23	1306	1439				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Dec-23	64.4%	65.7%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Dec-23	9	10				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Dec-23	0.7%	0.7%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Oct-23	85.0%	89.0%				
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%	Dec-23	84.5%	83.1%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Dec-23	22.1%	22.5%				
	CCG	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Dec-23	25	24				
	CCG	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Dec-23	4	4				
		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		Oct-23	Not Published	Not Published				
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Dec-23	Not Published	Not Published				
	TRUST	Monthly	MRSA Infection Rate		Dec-23	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Dec-23	1	1				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Nov-23	1	1				
			VTE Risk Assessment								
	GOV	Monthly (YTD)	Percentage of people aged 65 and over who received a flu vaccination		Nov-23	76.9%					
			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%	Nov-23	53.9%	49.6%				
	TRUST	Monthly (In Arrears)	Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Nov-23	51.1%	47.1%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Complete pathway	>=95%	Nov-23	34.4%	31.8%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Nov-23	69.3%	69.7%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Complete pathway	>=95%	Nov-23	0.0%	15.4%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Nov-23	0.3%	0.4%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral	>=60%	Nov-23	67.9%	64.3%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (20 Working Days) - Complete Pathway	>=95%	Nov-23	30.9%	28.7%				
	TRUST	Monthly (In Arrears)	Continence - Complete Pathway	>=95%	Nov-23	28.4%	17.5%				
Access Waiting Times - FYPCLD	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Nov-23	100.0%	100.0%				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Nov-23	87.5%	91.7%				
	TRUST	Monthly (In Arrears)	Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Nov-23	82.5%	54.8%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Complete pathway	>=92%	Nov-23	37.1%	34.5%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Nov-23	90.0%	73.3%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) - No of Referrals - (18 weeks) - Complete pathway		Nov-23	60	64				
	TRUST	Monthly (In Arrears)	6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Nov-23	30.6%	36.3%				

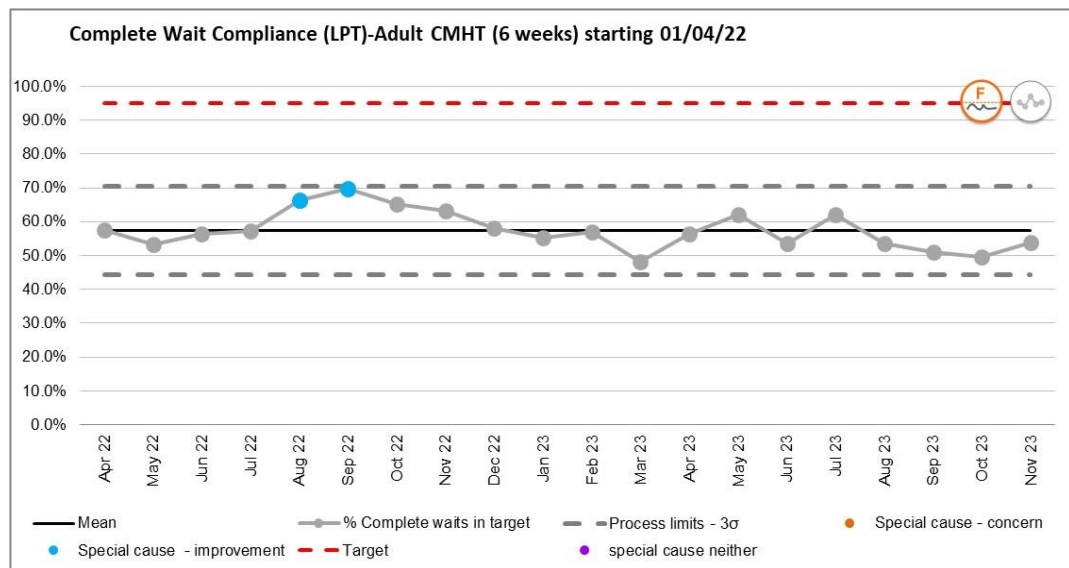
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits	TRUST	Monthly	Cognitive Behavioural Therapy - No of waiters	0	Dec-23	21	13				
	TRUST	Monthly	Cognitive Behavioural Therapy - Longest waiter (weeks)		Dec-23	68	64				
	TRUST	Monthly	Dynamic Psychotherapy - No of waiters	0	Dec-23	5	7				
	TRUST	Monthly	Dynamic Psychotherapy - Longest waiter (weeks)		Dec-23	86	81				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - No of waiters	0	Nov-23	0	0				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - Longest waiter (weeks)		Nov-23	0	0				
	TRUST	Monthly	CAMHS - No of waiters	0	Dec-23	462	429				
	TRUST	Monthly	CAMHS - Longest waiter (weeks)		Dec-23	108	106				
	TRUST	Monthly	All LD - No of waiters	0	Dec-23	2	3				
	TRUST	Monthly	All LD - Longest waiter (weeks)		Dec-23	74	69				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Nov-23	2208	1986				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Nov-23	145	140				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Dec-23	79.9%	83.6%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Dec-23	92.0%	94.5%				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Dec-23	20.5	21.4				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Dec-23	3.1%	3.8%				
	TRUST	Monthly	Gatekeeping	>=95%	Dec-23	98.8%	98.9%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Dec-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		Dec-23	30	5				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Dec-23	9.8%	1.7%				
	TRUST	Monthly	Serious incidents		Dec-23	0	0				
	TRUST	Monthly	Complaints		Dec-23	22	24				
	TRUST	Monthly	Concerns		Dec-23	44	57				
	TRUST	Monthly	Compliments		Dec-23	201	212				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Dec-23	1	0				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Dec-23	0	1				
	TRUST	Monthly	Care Hours per patient day		Dec-23	12.0	11.8				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Dec-23	12	6				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Dec-23	1	0				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Dec-23	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Dec-23	182	136				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Nov-23	97	100				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Nov-23	15	12				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Nov-23	10	6				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Nov-23	40	40				
	TRUST	Monthly	No. of Medication Errors		Dec-23	53	73				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Dec-23	46.5%	35.7%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Dec-23	3	4				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Dec-23	0	0				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Dec-23	2	2				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
HR Workforce	TRUST	Monthly	Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Dec-23	8.0%	8.7%				
	TRUST	Monthly	Vacancy Rate	<=10%	Dec-23	17.9%	18.2%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Nov-23	5.2%	5.3%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Nov-23	£903,962	£965,983				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Nov-23	5.1%	5.0%				
	TRUST	Monthly	Agency Costs	<=£2,432,000	Dec-23	£2,502,448	£2,451,249				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Dec-23	96.6%	96.3%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Dec-23	92.1%	86.9%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Dec-23	27.8%	27.6%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Dec-23	47.0%	44.6%				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Dec-23	84.2%	84.7%				

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
DMH	>=95%	65.1%	63.2%	58.1%	55.3%	56.9%	48.1%	56.3%	62.1%	53.5%	50.9%	49.6%	53.9%



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.

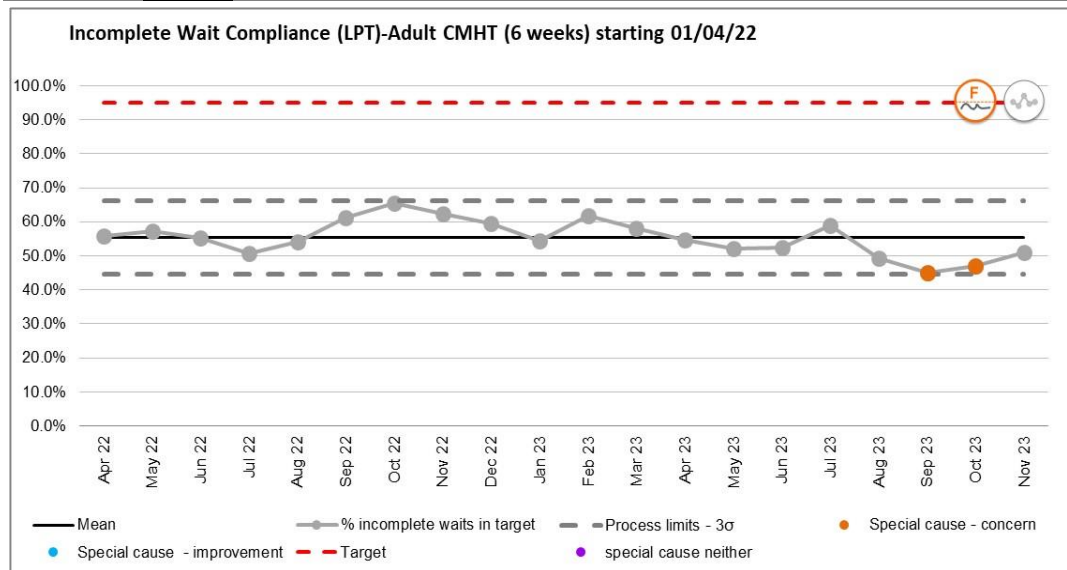
Mean	Lower Process Limit	Upper Process Limit
57.4%	44.0%	71.0%

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

- Vacancies across all teams, particularly in relation to registered posts. Recruitment to un-registered nursing posts is progressing.
- The caseload review project team are continuing to engage all teams. Priority actions are; development of a dashboard and establishing a QI conversation starter project and to focus on City Teams during quarter 4.
- The transformation implementation programme continues to progress. Pilot site at West Leicestershire commences on 22nd January 2024 for one week.

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
DMH	>=95%	59.6%	54.4%	61.7%	58.1%	54.7%	52.0%	52.3%	58.8%	49.2%	45.1%	47.1%	51.1%



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.

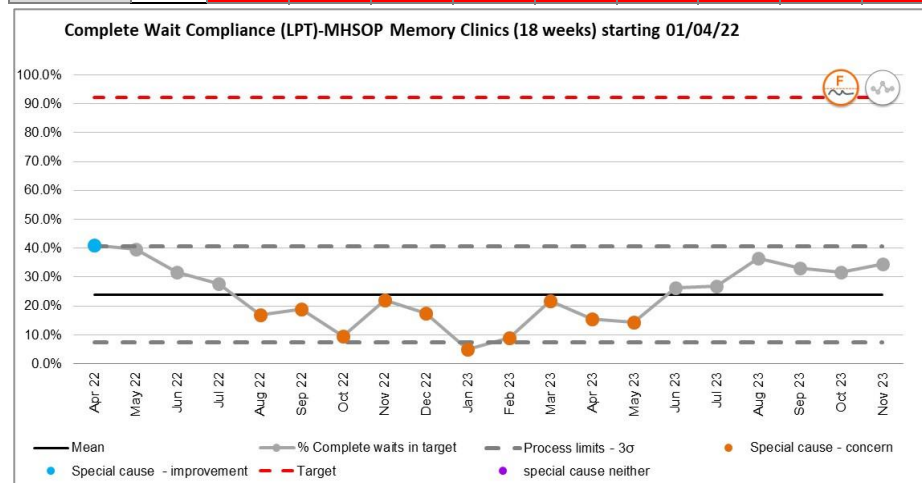
Mean	Lower Process Limit	Upper Process Limit
55.3%	44.0%	66.0%

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

- Vacancies across all teams, particularly in relation to registered posts. Recruitment to un-registered nursing posts is progressing.
- The caseload review project team are continuing to engage all teams. Priority actions are; development of a dashboard and establishing a QI conversation starter project and to focus on City Teams during quarter 4.
- The transformation implementation programme continues to progress. Pilot site at West Leicestershire commences on 22nd January 2024 for one week.

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
DMH	>=92%	17.6%	5.0%	9.0%	21.9%	15.6%	14.4%	26.3%	27.0%	36.5%	33.0%	31.8%	34.4%



Analytical Commentary

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

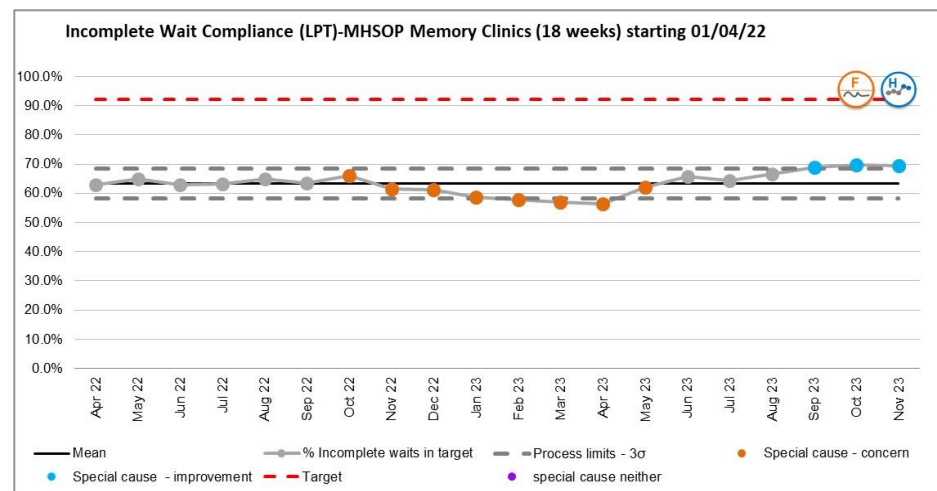
Mean	Lower Process Limit	Upper Process Limit
24.0%	7.0%	41.0%

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

- Continuing breach process to review people whilst waiting for any escalations. A review of this process is taking place to evaluate if any further improvements can be made.
- Care Home Pathway proposal has been agreed for a 6 month trial period, which will allow for patients who move to a care home setting whilst they are waiting, to have a shortened assessment, increasing capacity within the service.
- MDT Triage Project approved for expansion for a further 6 months.
- Quality Summit due took place on 14th December, positive feedback received.

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
DMH	>=92%	61.1%	58.6%	57.8%	56.9%	56.5%	62.1%	65.8%	64.2%	66.7%	68.8%	69.7%	69.3%



Analytical Commentary

The metric is showing 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.

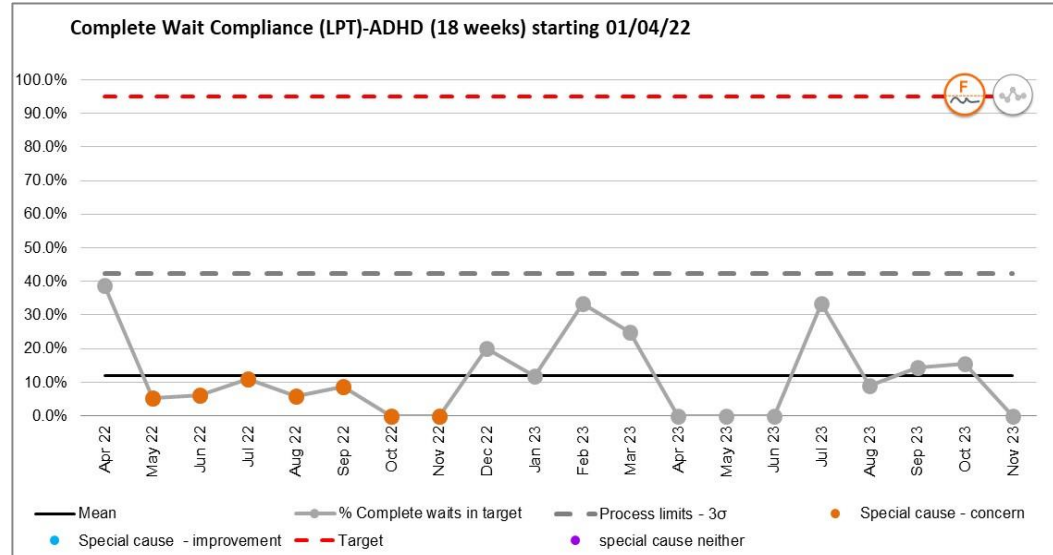
Mean	Lower Process Limit	Upper Process Limit
63.4%	58.0%	68.0%

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

- Continuing breach process to review people whilst waiting for any escalations. A review of this process is taking place to evaluate if any further improvements can be made.
- Care Home Pathway proposal has been agreed for a 6 month trial period, which will allow for patients who move to a care home setting whilst they are waiting, to have a shortened assessment, increasing capacity within the service.
- MDT Triage Project approved for expansion for a further 6 months.
- Quality Summit due took place on 14th December, positive feedback received.

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
DMH	>=92%	20.0%	11.8%	33.3%	25.0%	0.0%	0.0%	0.0%	33.3%	9.1%	14.3%	15.4%	0.0%



Analytical Commentary

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

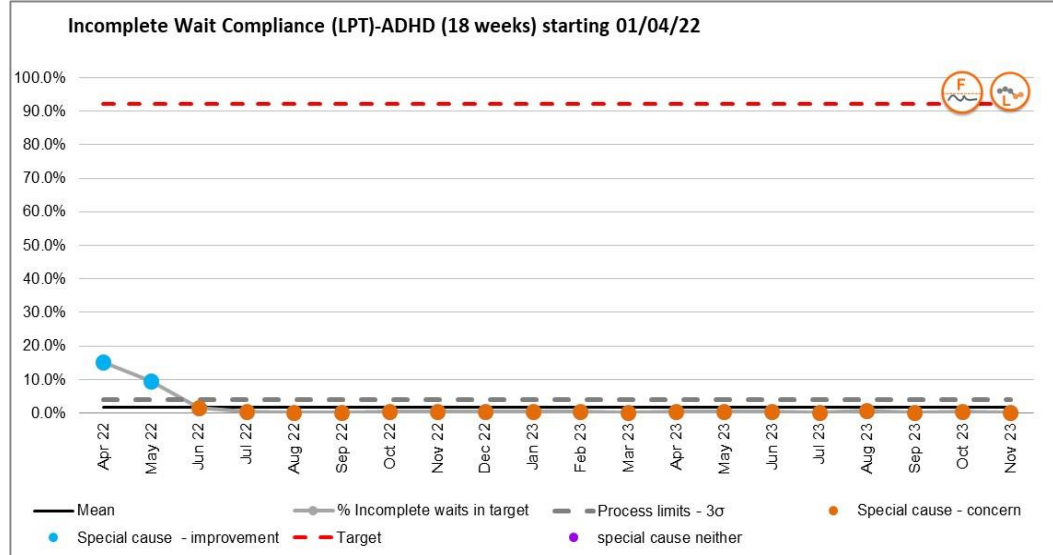
Mean	Lower Process Limit	Upper Process Limit
11.9%	-19.0%	42.0%

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

- Referral rates for the service continue to increase.
- NHSE have requested a stocktake of children, young people and adults to better understand demand and capacity for each team.
- Work is underway to develop a business case for investment, this will require some significant work.
- ICB are developing a specification for private ADHD providers within LLR (to include the full pathway from assessment to annual reviews).

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

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



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.

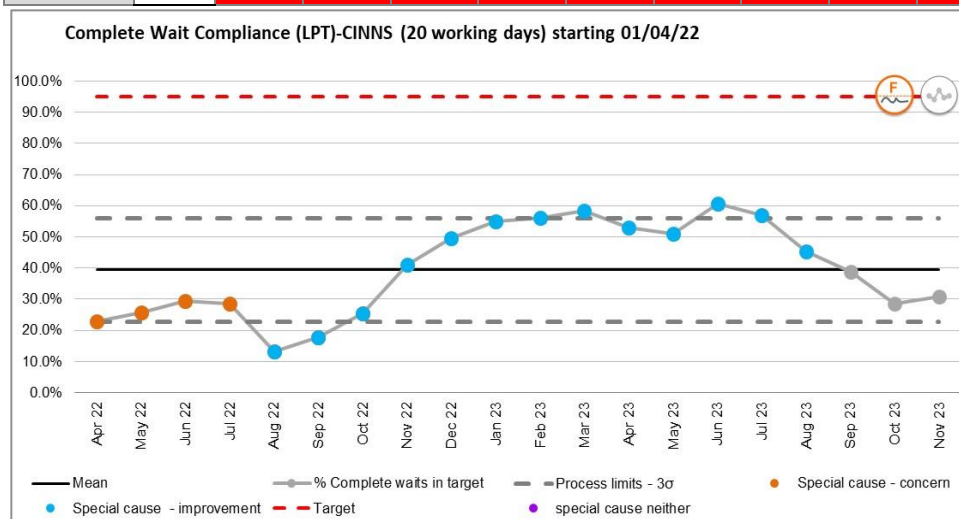
Mean	Lower Process Limit	Upper Process Limit
1.7%	-0.1%	4.0%

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

- Referral rates for the service continue to increase.
- NHSE have requested a stocktake of children, young people and adults to better understand demand and capacity for each team.
- Work is underway to develop a business case for investment, this will require some significant work.
- ICB are developing a specification for private ADHD providers within LLR (to include the full pathway from assessment to annual reviews).

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
CHS	>=95%	49.7%	55.0%	56.0%	58.3%	53.0%	51.1%	60.7%	56.9%	45.2%	38.8%	28.7%	30.9%



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
39.4%	23.0%	56.0%

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

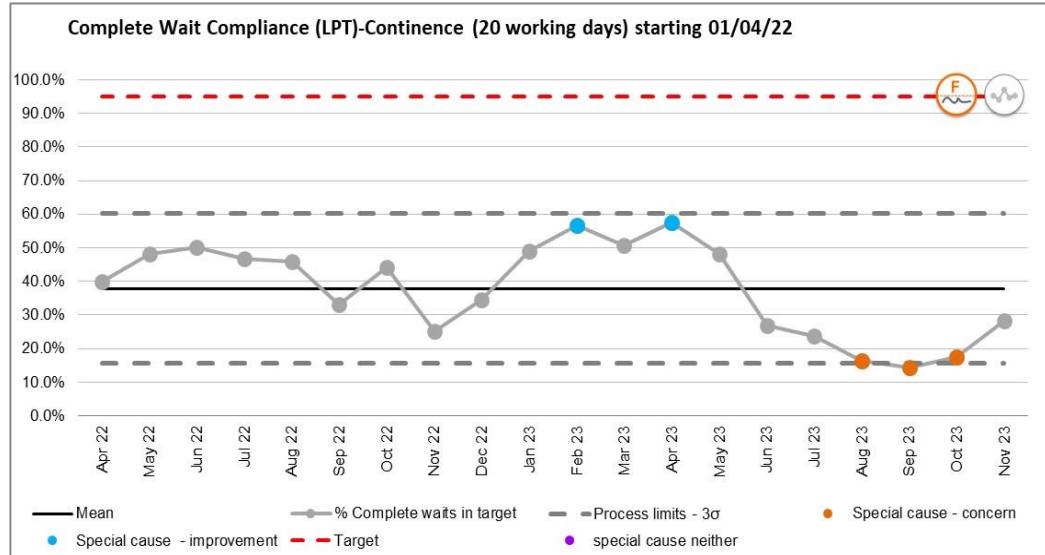
Newly proposed contractual waiting times target of 6 weeks has been approved by the ICB, the new waiting times have been built and are ready to be reported on once the signed CV has been signed and returned by the ICB Contracting Team. Complete compliance against the new 6 week waiting times target for November 2023 was 46.4%.

The following key improvement actions are in progress:

- 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.
- Roll out job planning across service.
- Review of triage to ensure process is as efficient as possible.
- Recruitment – interviews were held throughout November, awaiting start dates.
- 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	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
CHS	>=95%	34.6%	48.9%	56.7%	50.8%	57.6%	48.1%	27.0%	23.7%	16.3%	14.3%	17.5%	28.4%



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
37.9%	16.0%	60.0%

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

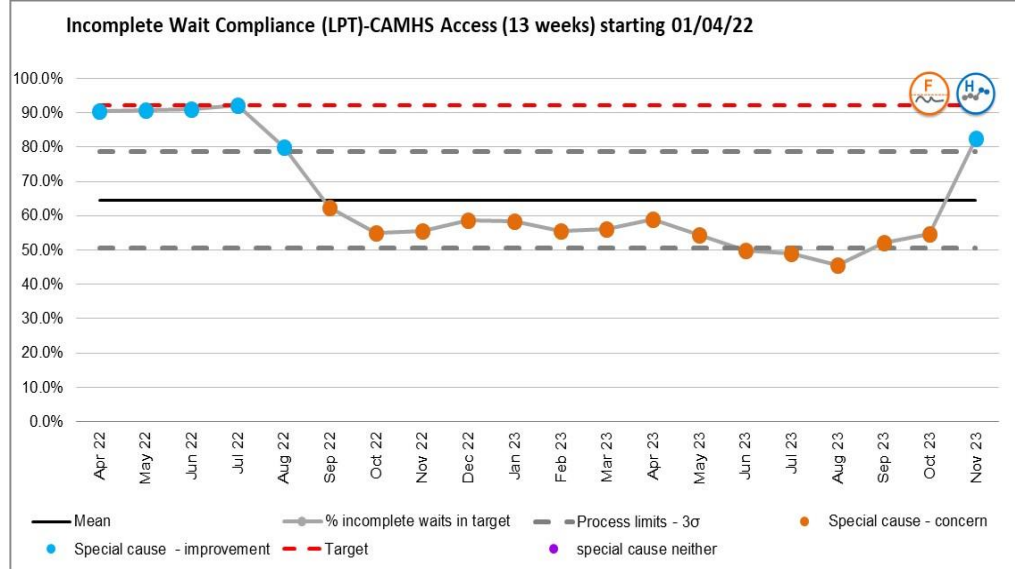
Newly proposed contractual waiting times target of 18 weeks has been approved by the ICB, the new waiting times have been built and are ready to be reported on once the signed CV has been signed and returned by the ICB Contracting Team. Complete compliance against the new 18 week waiting times target for November 2023 was 98.5%.

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.
- Ongoing monitoring of DNA's, to problem solve any anomalies or trends identified. Review of DNA process across service.

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
FYPC	>=92%	58.6%	58.3%	55.4%	56.1%	59.0%	54.3%	49.8%	49.1%	45.6%	52.0%	54.8%	82.5%



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
64.6%	51.0%	79.0%

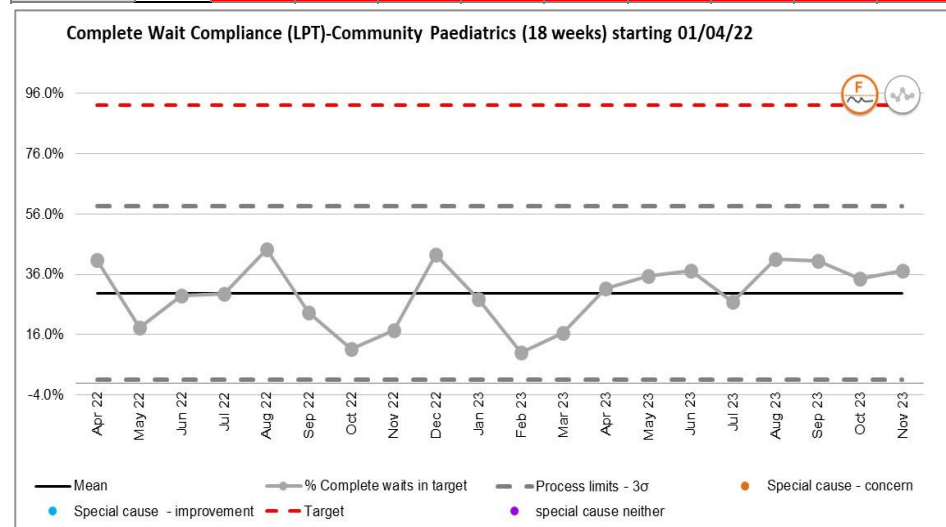
Operational Commentary (e.g. referring to risk, finance, workforce)

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 300 from a high of over 1100 at the beginning of the year. The service is now offering appointments within the 13 week target and therefore performance is rapidly improving
3. The increase in demand is reflected in the increase in CYP being referred for Neurodevelopment diagnosis and intervention. A revised business case has been submitted for inclusion in the 2024/25 LLR Operational Plan. The ND team are utilising current resource to start to develop a specific ND service.

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
FYPCLD	>=92%	42.5%	27.7%	10.1%	16.5%	31.4%	35.4%	37.2%	27.0%	41.0%	40.5%	34.5%	37.1%



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
32.4%	-4.0%	69.0%

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.

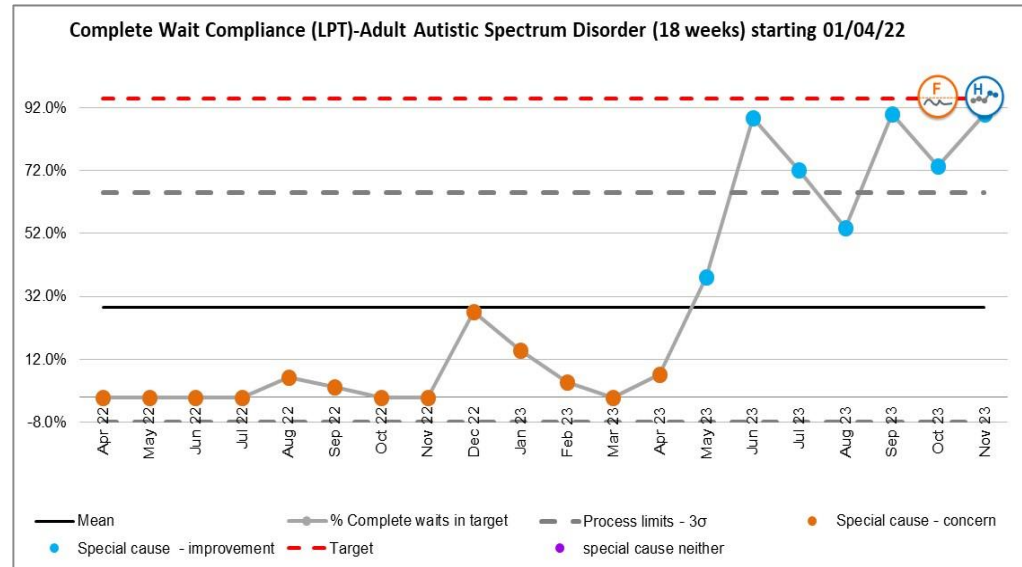
The service continues to receive more referrals than they have capacity to see. The non-recurrent investment into the service in 23/24 will slow the rate of increase in the waiting list but the trajectory will continue to rise. The service now have over 2 year waits for first appointment for routine 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.

A business case for investment into the ND pathway has been submitted. Work is underway to develop a single CYP ND SystemOne module with associated pathways to allow for improved pathway efficiency and accurate reporting of ND performance.

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
FYPCLD	>=95%	27.3%	14.8%	4.8%	0.0%	7.1%	38.1%	88.9%	72.2%	53.8%	90.0%	73.3%	90.0%



Analytical Commentary

The metric is showing 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
28.5%	-0.80%	65.0%

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

Local data shows 100% KPI delivery in Nov/Dec

2023/24 referrals expected to rise over 1000+ or 82% increase from 2019/20.

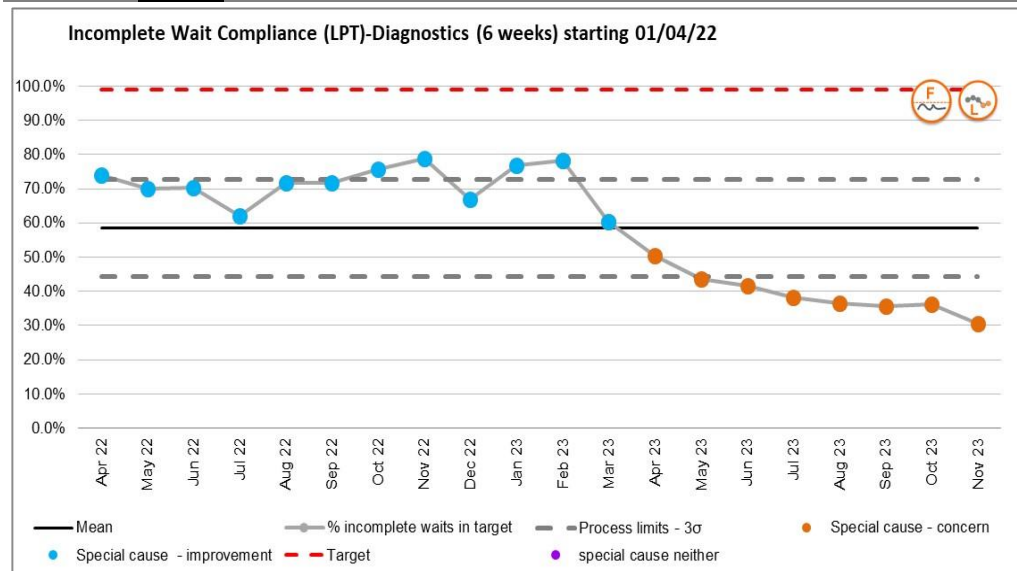
The service has seen an increase in the KPI performance, however this position will be impacted over the coming months due to the increased no's of patients waiting for review and the shift to focus capacity on diagnosis and follow-up waits.

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

Sickness and difficulties recruiting to psychology/vacant posts impacted on capacity from Sept through to Dec.

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
FYPC	>=99%	66.8%	76.9%	78.2%	60.4%	50.3%	43.5%	41.7%	38.1%	36.6%	35.8%	36.3%	30.6%



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
58.5%	44.0%	73.0%

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

Ongoing and sustained high demand for audiological assessment.

Two continuing risks for the audiology service for environment (successful capital bid to sound proof or sound treat rooms part of comprehensive appropriate estate identification project underway) and lack of identified and ring-fenced budget to support testing equipment.

Investment for 2 WTE posts identified for 23/24.

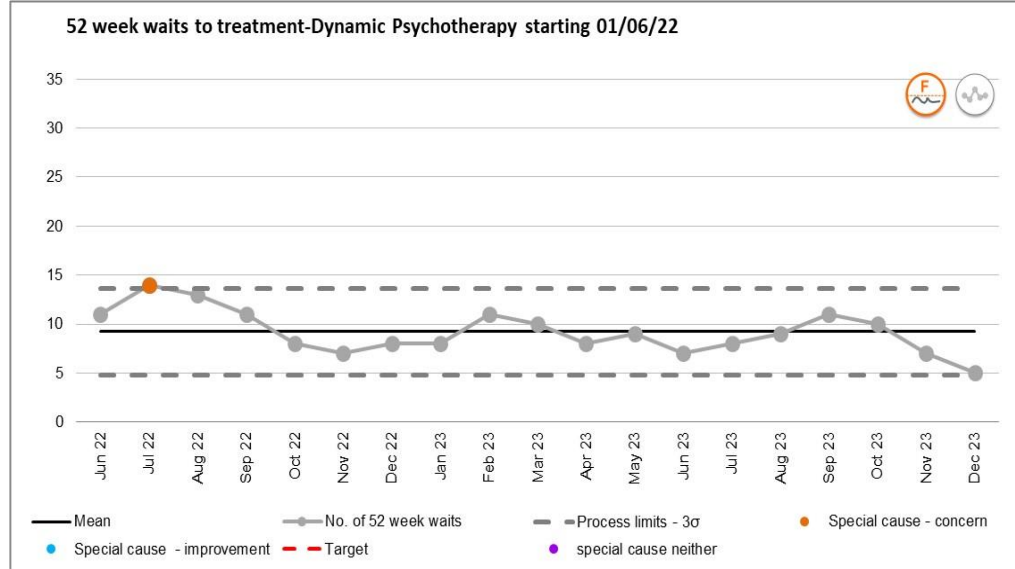
Significant workforce supply issues hindering recruitment to posts.

1 WTE to commence in January – reset of trajectory to commence in light of this post.

High level of scrutiny currently taking place post-ICB review resulting in establishment of Bronze cells and comprehensive improvement plan in place (with assurance fed to DMT through twice weekly touchpoints). System partnership working required to assure safe management of waiting lists, conversations being supported by Associate Medical Director.

EXCEPTION REPORT - Dynamic Psychotherapy (treatment)- No of waiters over 52 weeks

	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
DMH	0	8	11	10	8	9	7	8	9	11	10	7	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 below the process limits.

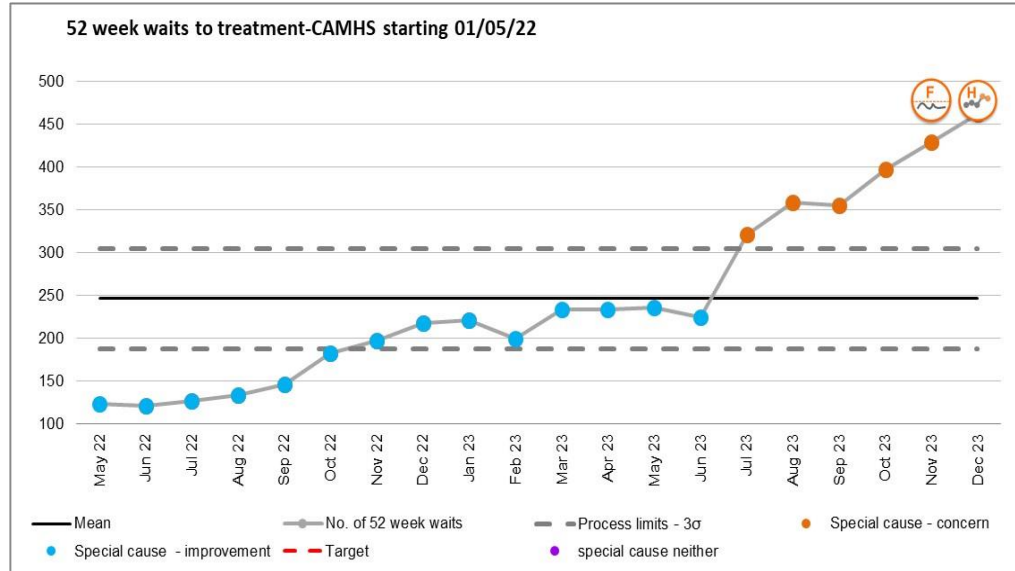
Mean	Lower Process Limit	Upper Process Limit
9.2	4.78	13.64

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

- Some of the longest waiters (for individual treatment) have now been offered appointments as a new staff member has joined the team
- Job planning is now in place and regular reviews are taking place to ensure that clinician capacity is used effectively.
- There are workforce factors, however, recruitment is ongoing and there are some new starters due in post in January.

EXCEPTION REPORT - CAMHS (treatment)- No of waiters over 52 weeks

	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
FYPCLD	0	221	200	234	234	236	225	321	358	355	397	429	462



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
246.1	188.14	304.06

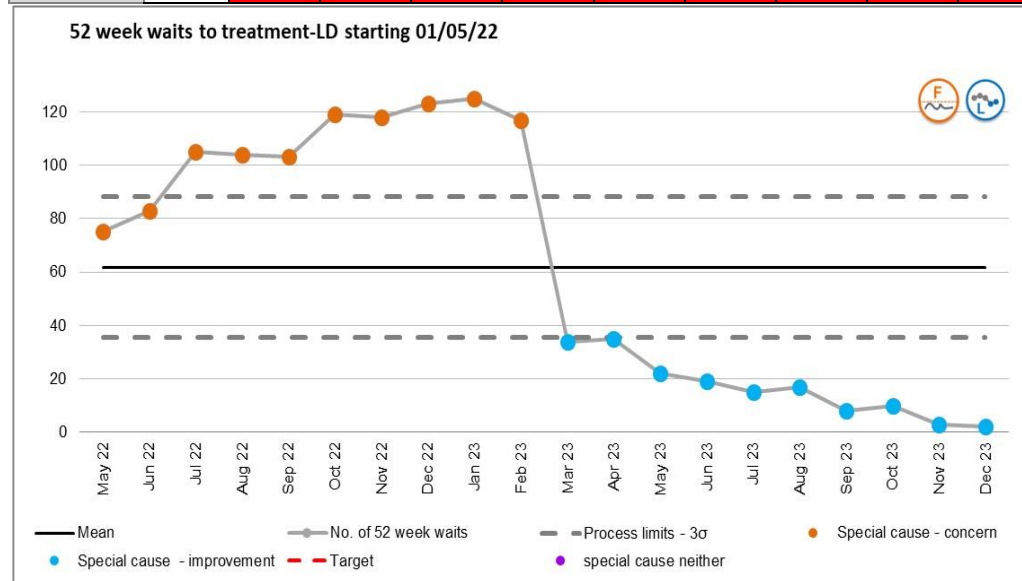
Operational Commentary (e.g. referring to risk, finance, workforce)

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 has been submitted for 2024/25 financial year.

The general CAMHS waits have been addressed through the latest round of MHIS funding and this has had some impact to the waits, however, with no further neurodevelopmental investment it is predicted that this will continue to rise.

EXCEPTION REPORT - LD (treatment)- No of waiters over 52 weeks

	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
FYPCLD	0	125	117	34	35	22	19	15	17	8	10	3	2



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
61.9	35.39	88.31

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 significant increase in performance from March 2022, through to Dec 2023. Remaining 2 longest waiters are for Mental Health Pathway- awaiting psychological input.

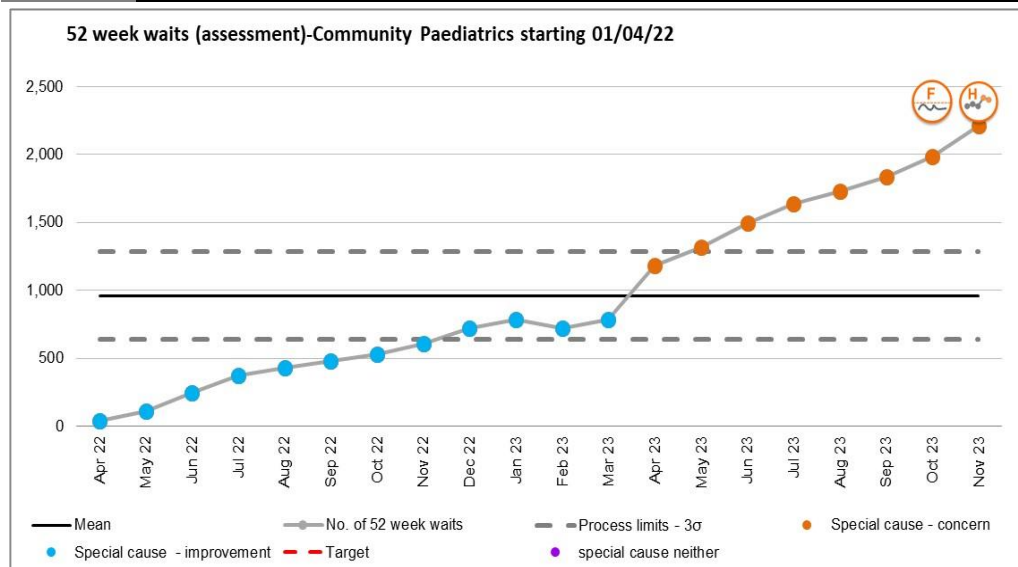
Both patients open to pathway; 1 in active treatment receiving nursing interventions and the other has received OT and nursing interventions.

Long standing vacancies in psychology and physio 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. Improvements to the TAG assessment for waiting patients has been agreed at CRG to ensure changes in risk are clearly monitored while patients are on the waiting list.

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

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
FYPCLD	0	720	785	720	785	1186	1319	1498	1640	1729	1834	1986	2208



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
961.9	640.18	1283.62

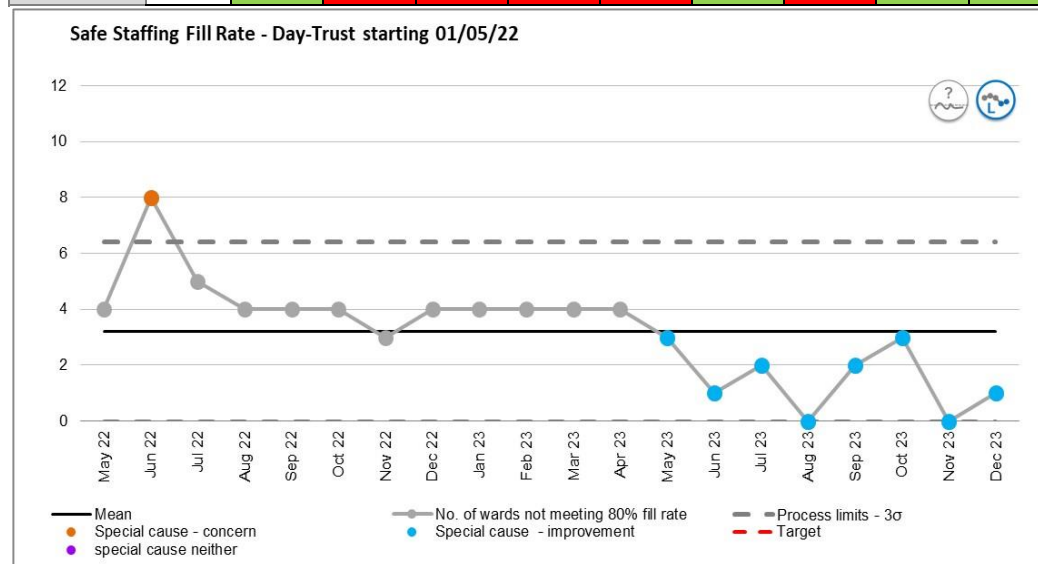
Operational Commentary (e.g. referring to risk, finance, workforce)

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. A revised business case for investment into the ND pathway has been submitted for consideration in the 24/25 planning round.

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

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



Analytical Commentary

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

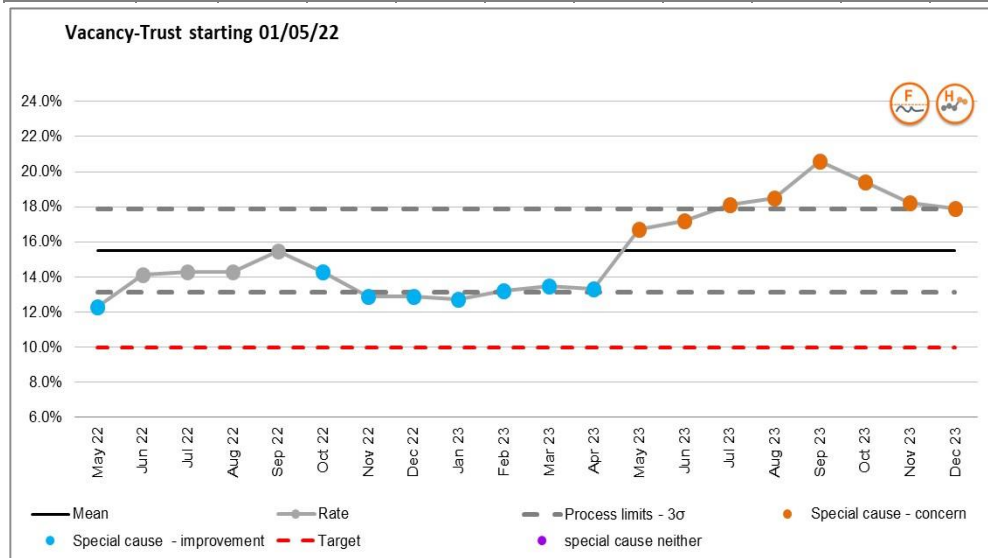
Mean	Lower Process Limit	Upper Process Limit
3.2	-2.0	6.4

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

There was 1 area reporting RN fill rate on the day shift at below 80%. This was within FYPC/LD at Grange 1. Grange 1 and the neighbouring property Gillivers provide short breaks, patients are risk assessed regarding the staffing required to meet their needs and therefore the service does not always have a Registered Nurse. The two services also support each other and for December 2024 Gillivers had an RN fill rate in the day of 115.7%.

EXCEPTION REPORT - Vacancy Rate

	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
TRUST	<=10%	13.4%	13.2%	13.5%	13.3%	16.7%	17.2%	18.1%	18.5%	20.6%	19.4%	18.2%	17.9%
DMH		15.6%	15.1%	15.5%	15.7%	20.0%	19.8%	21.5%	22.2%	22.1%	20.8%	19.3%	19.2%
CHS		14.5%	14.1%	14.3%	14.4%	16.5%	16.5%	16.4%	15.8%	23.4%	23.0%	20.8%	19.6%
FYPCLD		12.0%	12.4%	12.1%	13.6%	18.3%	18.6%	18.9%	20.8%	18.7%	17.8%	18.1%	18.1%



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
15.5%	13.0%	18.0%

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 **525fte**. 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. Year to date staff in post has increased by 163fte.

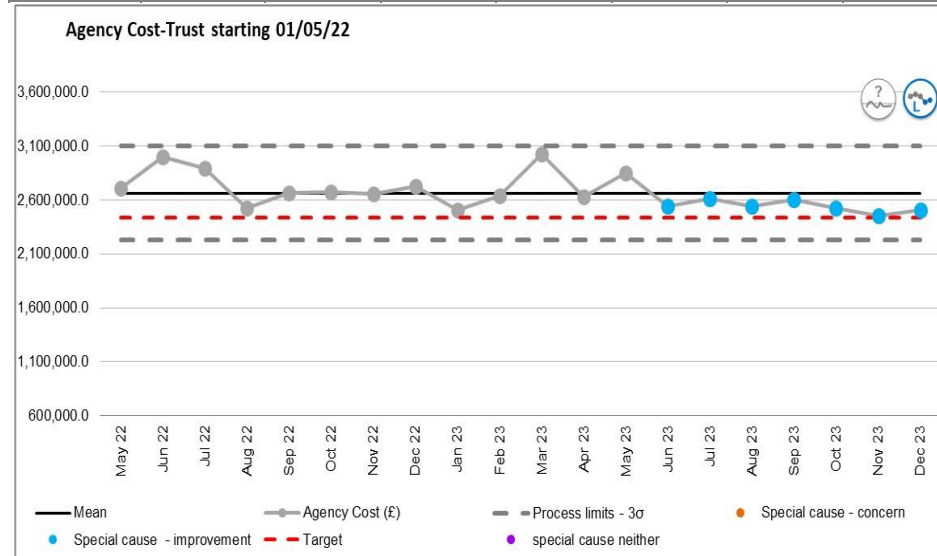
As part of the Trust-wide Workforce, Recruitment and Agency Programme there are two workstreams contributing to a reduction in the vacancy rate:

- 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 and ORR risk 95.

EXCEPTION REPORT - Agency Costs

	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
TRUST	<=£2,432,000	£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	£2,451,249	£2,502,448
DMH		£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	£970,285	£962,229
CHS		£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	£1,026,664	£1,096,216
FYPCLD		£591,990	£593,238	£820,253	£524,887	£520,578	£581,556	£482,534	£406,714	£442,666	£302,453	£347,533	£394,746



Analytical Commentary

The metric is showing a special cause variation of an improving nature due to lower 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
2663773.9	2230225.91	3097321.7

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

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

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

- Recruitment & Retention Workstream - KPIs: Increase HCAs on Bank, Reduce vacancies, sustainable pipeline
- Agency Reduction Workstream - KPIs: Stop off-framework use, reduce agency spend
- Growth & Development Workstream - KPIs: Improve retention, embed new roles and skill mixing







The People and Culture Committee are responsible for providing assurance to the Trust Board on the mitigation of risks relating to the Trust agency spend and risks are contained in ORR risk 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		Oct-23	84.0%	86.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Oct-23	85.0%	89.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	5626	Oct-23	12860	12765	
(D1) Community Mental Health Access (2+ contacts) - LPT		Oct-23	12795	12705	
(E1) CYP access (1+ contact) - LLR	13280	Oct-23	14475	13970	
(E1) CYP access (1+ contact) - LPT		Oct-23	7260	7020	
MHSDS CYP ED Routine (Interim) - LLR		Oct-23	100.0%	56.5%	
MHSDS CYP ED Routine (Interim) - LPT	>=95%	Oct-23	100.0%	57.3%	
MHSDS CYP ED Urgent (Interim) - LLR		Oct-23	100.0%	87.2%	
MHSDS CYP ED Urgent (Interim) - LPT	>=95%	Oct-23	100.0%	88.1%	
(G3) EIP waiting times - MHSDS - LLR		Oct-23	63.0%	65.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Oct-23	62.0%	61.0%	
(I1) Individual Placement Support - LLR	559	Oct-23	515	485	
(I1) Individual Placement Support - LPT		Oct-23	510	480	
(K2) OOA bed days - inappropriate only - rolling quarter - LLR		Sep-23	0	0	
(K2) OOA bed days - inappropriate only - rolling quarter - LPT		Sep-23	0	0	
(L1) Perinatal access - rolling 12 months - LLR	1259	Oct-23	995	1025	
(L1) Perinatal access - rolling 12 months - LPT		Oct-23	985	1020	
(L2) Perinatal access - year to date - LLR	735	Oct-23	630	590	
(L2) Perinatal access - year to date - LPT		Oct-23	620	580	
(N1) Data Quality - Consistency - LLR		Oct-23	97.0%	97.0%	
(N1) Data Quality - Consistency - LPT		Oct-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LLR		Oct-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LPT	>=98%	Oct-23	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Oct-23	22.0%	21.0%	
(N3) Data Quality - Outcomes - LPT	>=50%	Oct-23	22.0%	21.0%	
(N4) Data Quality - DQMI score - LLR		Aug-23	61.7	60.7	
(N4) Data Quality - DQMI score - LPT	95.0	Aug-23	94.0	94.0	
(N5) Data Quality - SNOMED CT - LLR		Oct-23	94.0%	95.0%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Oct-23	100.0%	100.0%	