

Trust Board 26 March 2024













Board Performance Report February 2024 (Month 11)

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%	Jan-24	59.3%	65.0%			6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Jan-24	23.1%	25.2%		
Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Jan-24	46.7%	45.4%			Dynamic Psychotherapy - No of waiters	0	Feb-24	5	7		
Memory Clinic (18 week Local RTT) - Complete pathway	>=92%	Jan-24	27.4%	23.3%			CAMHS - No of waiters	0	Feb-24	516	489		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jan-24	66.0%	70.0%			All LD - No of waiters	0	Feb-24	2	1		
ADHD (18 week local RTT) - Complete pathway	>=95%	Jan-24	0.0%	0.0%			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Jan-24	2573	2396		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jan-24	0.1%	0.2%			Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Feb-24	1	0		
CINSS (6 weeks) - Complete Pathway	>=95%	Jan-24	43.2%	43.7%			Vacancy Rate	<=10%	Feb-24	15.8%	16.4%		
Continence (18 weeks) - Complete Pathway	>=95%	Jan-24	98.1%	18.7%			Sickness Absence	<=4.5%	Jan-24	5.3%	5.5%		
Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Jan-24	99.1%	95.8%									
Community Paediatrics (18 weeks) - Complete pathway	>=92%	Jan-24	49.1%	46.5%									
Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Jan-24	28.6%	100.0%									

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	Feb-24	21.5	24.6		
Gatekeeping	>=95%	Feb-24	100.0%	98.7%		
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Feb-24	8.8%	8.4%		
Core Mandatory Training Compliance for substantive staff	>=85%	Feb-24	96.9%	96.7%		
Staff with a Completed Annual Appraisal	>=80%	Feb-24	93.3%	92.4%		
% of staff from a BME background	>=22.5%	Feb-24	28.4%	28.1%		

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		<i>Waiting Times</i> : Memory Clinic (Complete) / Memory Clinic (Incomplete) / Continence / CAMHS Access / 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) / ADHD (Complete/Incomplete) / Community Paediatrics (Complete) / AASD / CINSS / DPS 52 Wks / Safe Staffing Sickness Absence
	Special Cause - Concern 			<i>Waiting Times</i> : Diagnostics / CAMHS 52 weeks / Community Paediatrics 52 wks assessment Vacancy Rate

SUMMARY










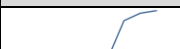
WORKFORCE						
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Feb-24	8.8%	8.4%		
Vacancy Rate	<=10%	Feb-24	15.8%	16.4%		
Sickness Absence (in arrears)	<=4.5%	Jan-24	5.3%	5.5%		
Agency Costs	<=£2,432,000	Feb-24	£2,482,176	£2,777,194		

QUALITY & SAFETY						
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Serious incidents		Feb-24	0	0		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Feb-24	1	0		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Feb-24	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%	Feb-24	100.0%	98.7%				
	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		Feb-24	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Feb-24	4.7%	6.9%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Feb-24	1391	1456				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Feb-24	65.9%	64.7%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Feb-24	3	15				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Feb-24	0.2%	1.0%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Dec-23	89.0%	83.0%				
CQUINS		Quarterly	CQUIN01: Staff flu vaccinations	Min- 75% Max- 80%							
		Quarterly	CQUIN12: Assessment and documentation of pressure ulcer risk	Min- 70% Max- 85%	Q3	72.4%	74.3%				
		Quarterly	CQUIN13: Assessment diagnosis and treatment of lower leg wounds	Min- 25% Max- 50%	Q3	64.5%	60.2%				
		Quarterly	CQUIN14: Malnutrition screening for community hospital inpatients	Min- 70% Max- 90%	Q3	71.0%	75.0%				
		Quarterly	CQUIN15a: Routine outcome monitoring in community mental health services - Paired Overall	Min- 20% Max- 50%	Q3	9.6%	10.8%				
		Quarterly	CQUIN15a: Routine outcome monitoring in community mental health services - Paired Prom	Min- 2% Max- 10%	Q3	Not Known	Not Known				
		Quarterly	CQUIN15b: Routine outcome monitoring in CYP and community perinatal mental health services	Min=20% Max=50%	Q3	19.9%	20.2%				
		Quarterly	CQUIN16: Reducing the need for restrictive practice in CYPMH inpatient settings	Min=70% Max= 90%	Q3	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%	Q3	96.7%	94.1%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
NHS Oversight	TRUST	Monthly	2-hour urgent response activity	>=70%	Feb-24	84.7%	86.1%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Feb-24	23.2%	20.4%				
	CCG	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Feb-24	24	25				
	CCG	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Feb-24	5	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		Dec-23	Not Published	Not Published				
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Feb-24	0	0				
	TRUST	Monthly	MRSA Infection Rate		Feb-24	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Feb-24	1	1				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Jan-24	0	1				
			VTE Risk Assessment								
	GOV	Monthly (YTD)	Percentage of people aged 65 and over who received a flu vaccination		Jan-24	78.4%	78.0%				
			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%	Jan-24	59.3%	65.0%				
	TRUST	Monthly (In Arrears)	Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Jan-24	46.7%	45.4%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Complete pathway	>=95%	Jan-24	27.4%	23.3%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jan-24	66.0%	70.0%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Complete pathway	>=95%	Jan-24	0.0%	0.0%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jan-24	0.1%	0.2%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral	>=60%	Jan-24	60.0%	73.7%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (6 weeks) - Complete Pathway	>=95%	Jan-24	43.2%	43.7%				
	TRUST	Monthly (In Arrears)	Continence (18 weeks) - Complete Pathway	>=95%	Jan-24	98.1%	18.7%				
Access Waiting Times - FYPCLD	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Jan-24	100.0%	n/a				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Jan-24	90.0%	100.0%				
	TRUST	Monthly (In Arrears)	Children and Young People's Access (13 weeks) - Incomplete pathway	>=92%	Jan-24	99.1%	95.8%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Complete pathway	>=92%	Jan-24	49.1%	46.5%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Complete pathway	>=95%	Jan-24	28.6%	100.0%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) - No of Referrals - (18 weeks) - Complete pathway		Jan-24	51	42				
	TRUST	Monthly (In Arrears)	6-week wait for diagnostic procedures - Incomplete pathway	>=99%	Jan-24	23.1%	25.2%				

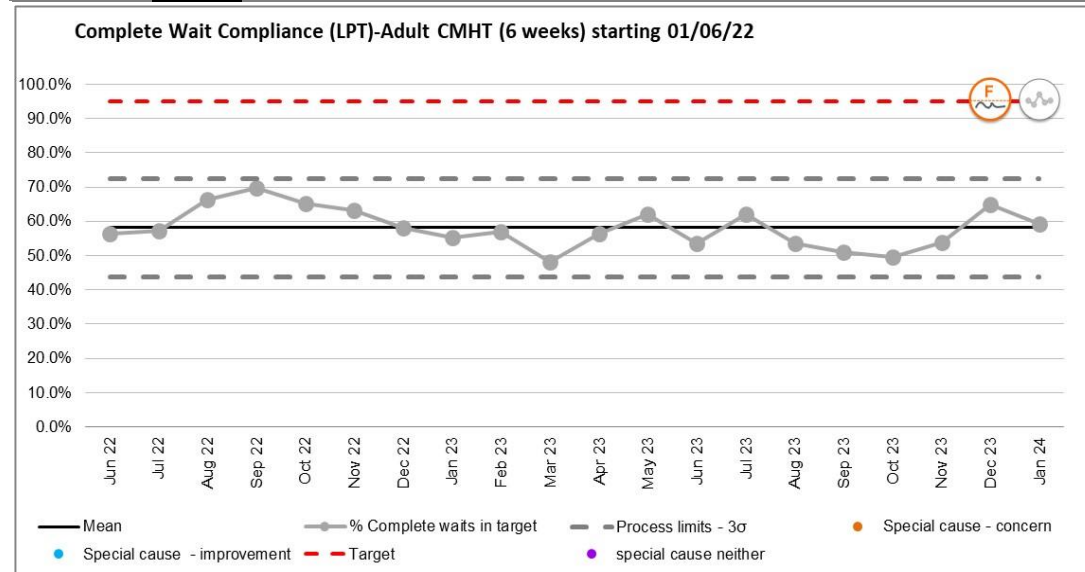
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits	TRUST	Monthly	Cognitive Behavioural Therapy - No of waiters	0	Feb-24	25	22				
	TRUST	Monthly	Cognitive Behavioural Therapy - Longest waiter (weeks)		Feb-24	68	65				
	TRUST	Monthly	Dynamic Psychotherapy - No of waiters	0	Feb-24	5	7				
	TRUST	Monthly	Dynamic Psychotherapy - Longest waiter (weeks)		Feb-24	90	85				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - No of waiters	0	Jan-24	0	0				
	TRUST	Monthly (In Arrears)	Therapy Service for People with Personality Disorder - assessment waits over 52 weeks - Longest waiter (weeks)		Jan-24	0	0				
	TRUST	Monthly	CAMHS - No of waiters	0	Feb-24	516	489				
	TRUST	Monthly	CAMHS - Longest waiter (weeks)		Feb-24	117	112				
	TRUST	Monthly	All LD - No of waiters	0	Feb-24	2	1				
	TRUST	Monthly	All LD - Longest waiter (weeks)		Feb-24	58	53				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Jan-24	2573	2396				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Jan-24	140	149				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Feb-24	84.5%	80.4%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Feb-24	95.1%	94.0%				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Feb-24	21.5	24.6				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Feb-24	3.3%	3.2%				
	TRUST	Monthly	Gatekeeping	>=95%	Feb-24	100.0%	98.7%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Feb-24	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		Feb-24	3	14				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Feb-24	1.8%	4.0%				
	TRUST	Monthly	Serious incidents		Feb-24	0	0				
	TRUST	Monthly	Complaints		Feb-24	11	16				
	TRUST	Monthly	Concerns		Feb-24	50	43				
	TRUST	Monthly	Compliments		Feb-24	184	149				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Feb-24	1	0				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Feb-24	1	1				
	TRUST	Monthly	Care Hours per patient day		Feb-24	12.1	12.1				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Feb-24	4	6				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Feb-24	1	1				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Feb-24	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Feb-24	131	147				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Jan-24	134	98				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Jan-24	9	17				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Jan-24	12	12				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Jan-24	36	48				
	TRUST	Monthly	No. of Medication Errors		Feb-24	67	60				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Feb-24	64.3%	51.2%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Feb-24	5	6				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Feb-24	7	0				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Feb-24	3	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%	Feb-24	8.8%	8.4%				
	TRUST	Monthly	Vacancy Rate	<=10%	Feb-24	15.8%	16.4%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Jan-24	5.3%	5.5%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Jan-24	£1,004,499	£1,024,196				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Jan-24	5.2%	5.1%				
	TRUST	Monthly	Agency Costs	<=£2,432,000	Feb-24	£2,482,176	£2,777,194				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Feb-24	96.9%	96.7%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Feb-24	93.3%	92.4%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Feb-24	28.4%	28.1%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Feb-24	46.6%	47.4%				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Feb-24	89.3%	86.6%				

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
DMH	>=95%	58.1%	55.3%	56.9%	48.1%	56.3%	62.1%	53.5%	50.9%	49.6%	53.9%	65.0%	59.3%



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.

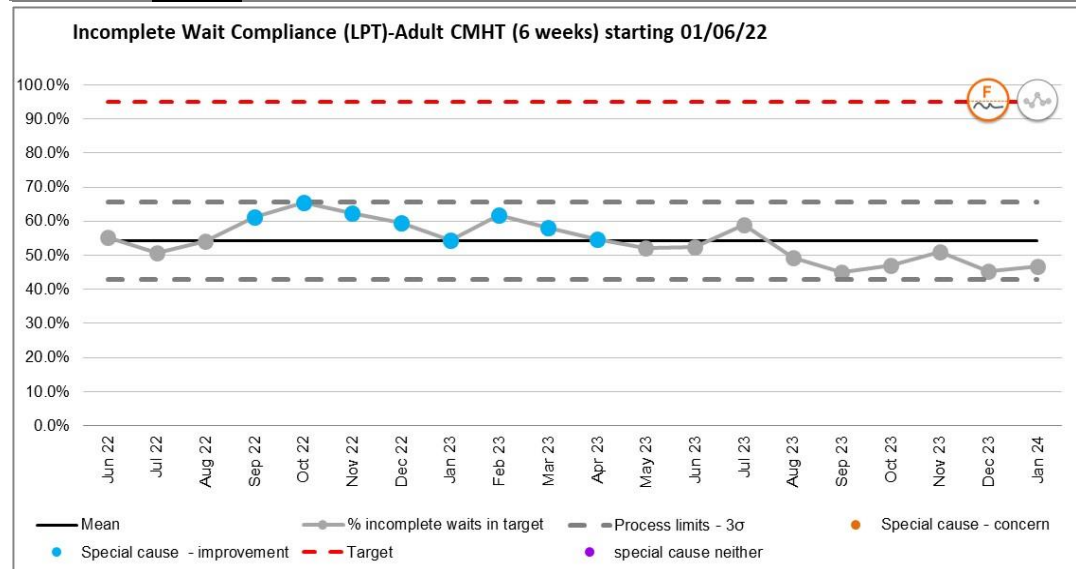
Mean	Lower Process Limit	Upper Process Limit
58.1%	44.0%	73.0%

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

- Reviewing all of the vacancies, skill mix, new roles and funding through the Clinical Reference Group as part of the new clinical offer within the Mental Health Neighbourhood Teams.
- 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. To focus on City Teams during quarter 4.
- The transformation implementation programme continues to progress.

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
DMH	>=95%	61.7%	58.1%	54.7%	52.0%	52.3%	58.8%	49.2%	45.1%	47.1%	51.1%	45.4%	46.7%



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.

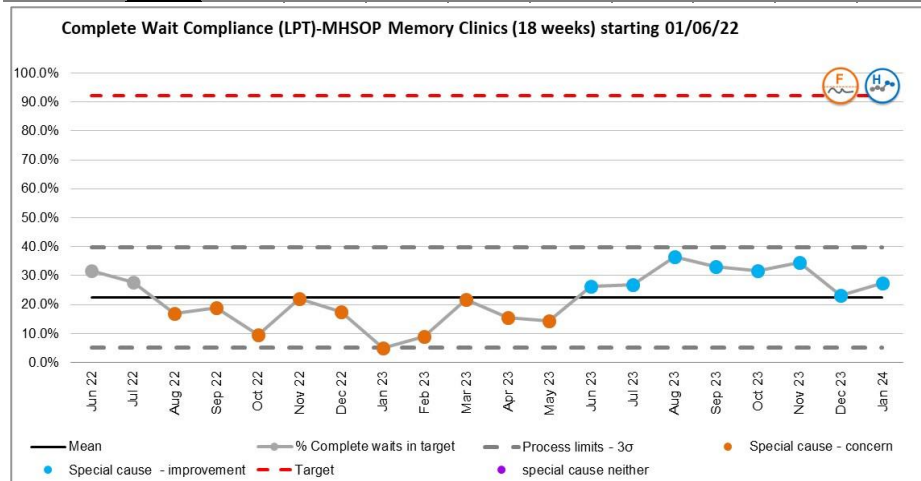
Mean	Lower Process Limit	Upper Process Limit
54.3%	43.0%	66.0%

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

- Reviewing all of the vacancies, skill mix, new roles and funding through the Clinical Reference Group as part of the new clinical offer within the Mental Health Neighbourhood Teams.
- 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. To focus on City Teams during quarter 4.
- The transformation implementation programme continues to progress.

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
DMH	>=92%	9.0%	21.9%	15.6%	14.4%	26.3%	27.0%	36.5%	33.0%	31.8%	34.4%	23.3%	27.4%



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.

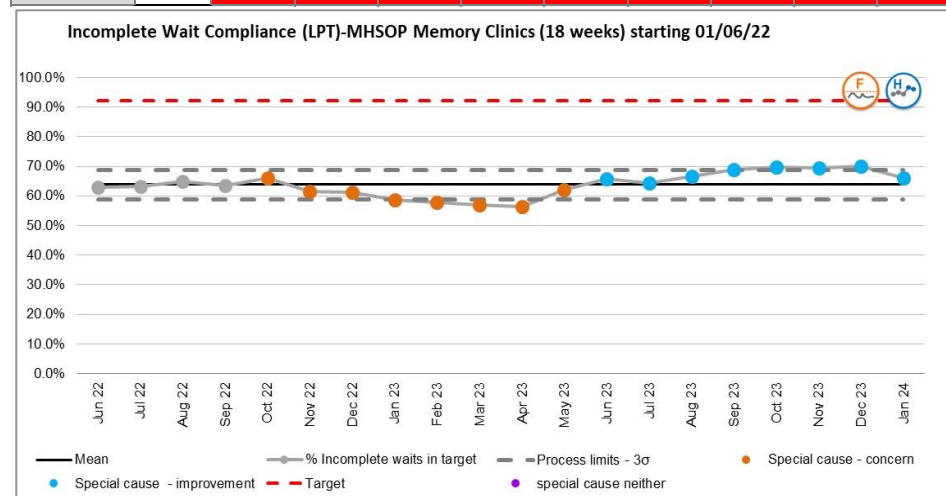
Mean	Lower Process Limit	Upper Process Limit
22.5%	5.0%	40.0%

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

- Senior leadership are working with the team on service remodel to develop whole team caseload utilising weekend clinic capacity to deliver diagnosis and medication review follow ups, therefore, improving efficiency.
- Completed review of budgets and skill mix. Recruiting to Band 3 Healthcare Support Worker role.
- 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.
- System approach to DDR, Graham Johnson leading reconciliation work in primary care and ICB looking at DDR reconciliation in care homes.

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
DMH	>=92%	57.8%	56.9%	56.5%	62.1%	65.8%	64.2%	66.7%	68.8%	69.7%	69.3%	70.0%	66.0%



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.

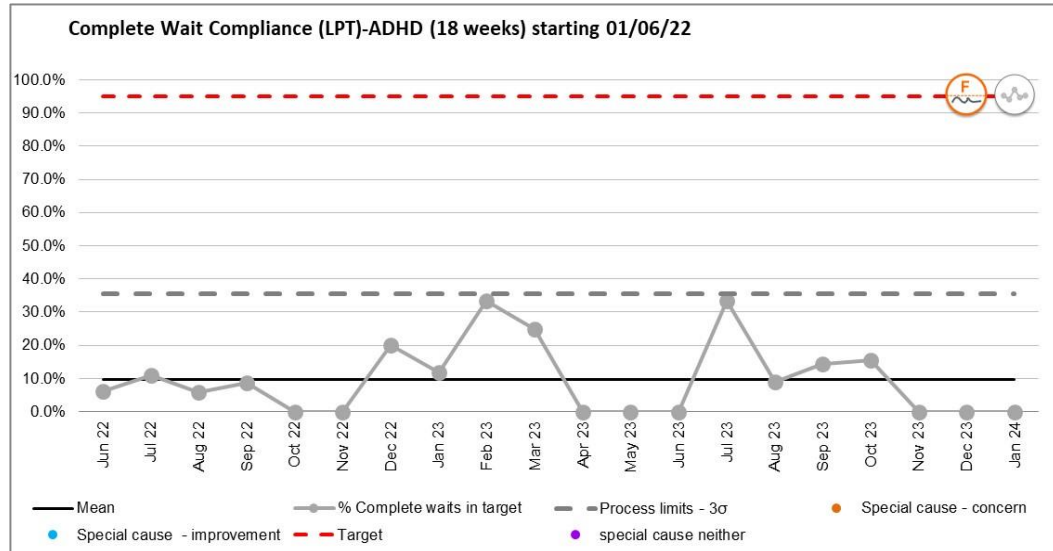
Mean	Lower Process Limit	Upper Process Limit
63.7%	59.0%	69.0%

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

- Senior leadership are working with the team on service remodel to develop whole team caseload utilising weekend clinic capacity to deliver diagnosis and medication review follow ups, therefore, improving efficiency.
- Completed review of budgets and skill mix. Recruiting to Band 3 Healthcare Support Worker role.
- 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.
- System approach to DDR, Graham Johnson leading reconciliation work in primary care and ICB looking at DDR reconciliation in care homes.

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
DMH	>=92%	33.3%	25.0%	0.0%	0.0%	0.0%	33.3%	9.1%	14.3%	15.4%	0.0%	0.0%	0.0%



Analytical Commentary

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

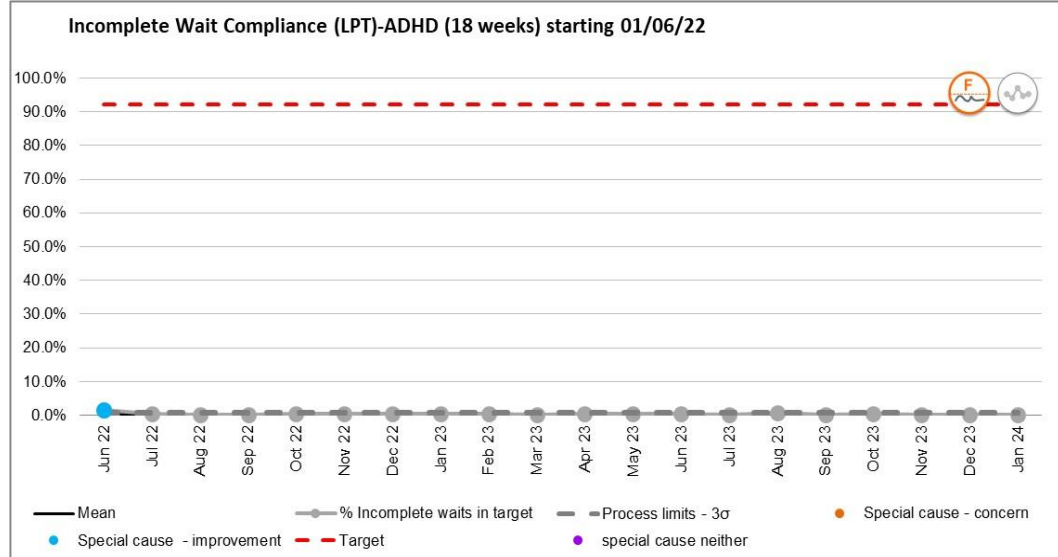
Mean	Lower Process Limit	Upper Process Limit
9.7%	-16.0%	35.0%

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

- Work is underway to develop the business case. Demand and capacity has been refreshed and will be factored into the business case.
- Review of secondary care model and reduction in treatment waits for those with co-morbidities. Data will be provided to the service in relation to patients open to - secondary care whilst waiting for ADHD assessment.
- Neurodevelopment (ND) Subgroup established by the ICB, which includes young people, children and adults. This will feed into the Regional ND group. One meeting has taken place to date.

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
DMH	>=92%	0.5%	0.3%	0.4%	0.6%	0.5%	0.3%	0.7%	0.1%	0.4%	0.3%	0.2%	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.

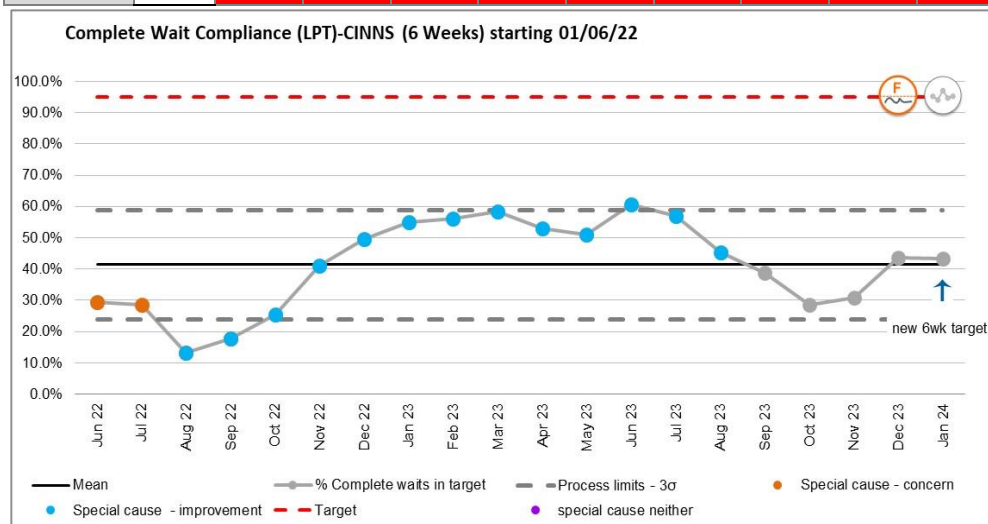
Mean	Lower Process Limit	Upper Process Limit
0.5%	0.0%	0.1%

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

- Work is underway to develop the business case. Demand and capacity has been refreshed and will be factored into the business case.
- Review of secondary care model and reduction in treatment waits for those with co-morbidities. Data will be provided to the service in relation to patients open to - secondary care whilst waiting for ADHD assessment.
- Neurodevelopment (ND) Subgroup established by the ICB, which includes young people, children and adults. This will feed into the Regional ND group. One meeting has taken place to date.

EXCEPTION REPORT - CINNS (6 weeks) - Complete pathway (Month in arrears)

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
CHS	>=95%	56.0%	58.3%	53.0%	51.1%	60.7%	56.9%	45.2%	38.8%	28.7%	30.9%	43.7%	43.2%



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
41.4%	24.0%	59.0%

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

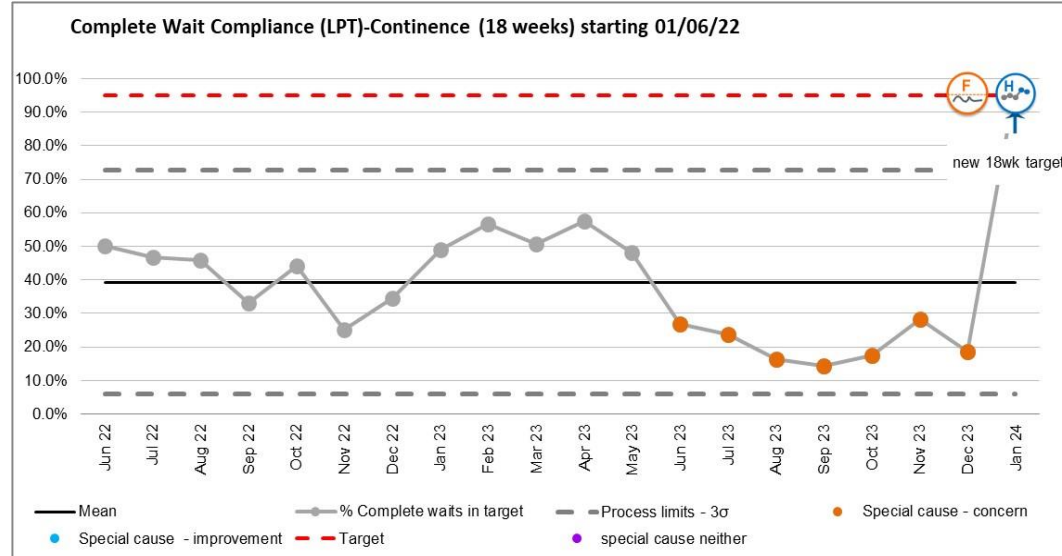
Complete compliance against the new 6 week waiting times target for January 2023 was 43.2%.

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.
- 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 against identified roles in order to increase capacity and meet demand more effectively.
- 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 (18 weeks) - Complete pathway (Month in arrears)

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
CHS	>=95%	56.7%	50.8%	57.6%	48.1%	27.0%	23.7%	16.3%	14.3%	17.5%	28.4%	18.7%	98.1%



Analytical Commentary

The metric is showing a special cause variation of a 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
36.8%	14.0%	59.0%

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

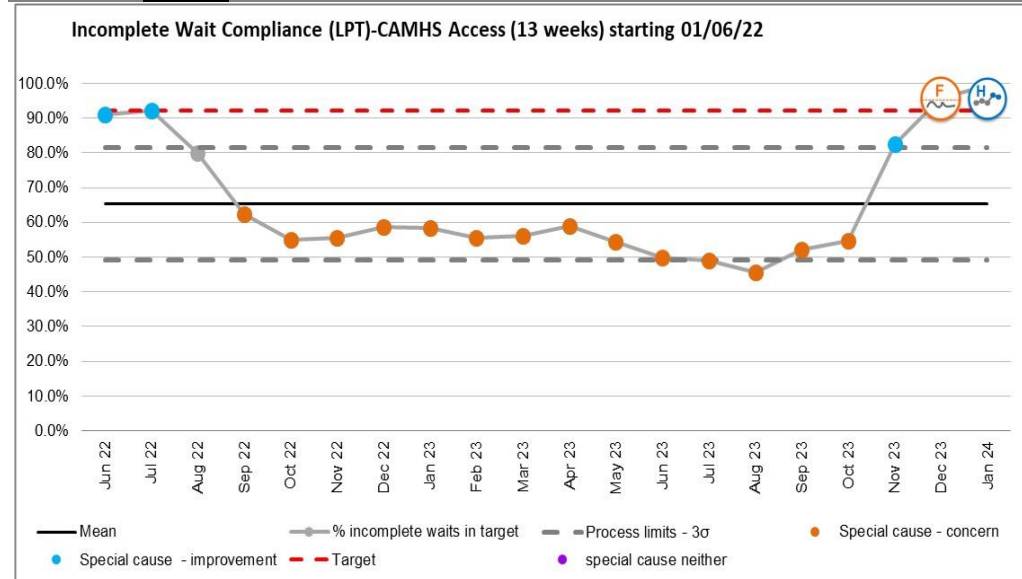
Complete compliance against the new 18 week waiting times target for December 2023 was 98.3%.

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	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
FYPC	>=92%	55.4%	56.1%	59.0%	54.3%	49.8%	49.1%	45.6%	52.0%	54.8%	82.5%	95.8%	99.1%



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
65.3%	49.0%	82.0%

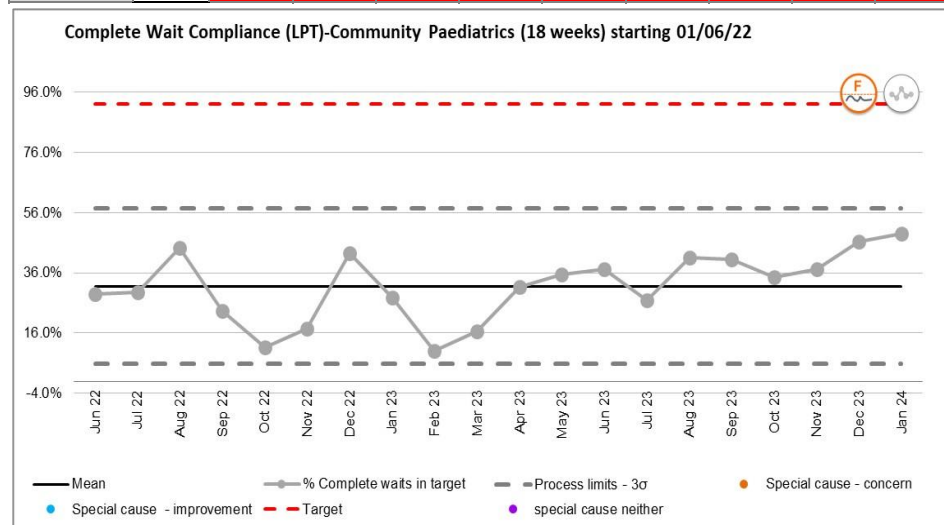
Operational Commentary (e.g. referring to risk, finance, workforce): Recovery due to extra capacity to clear backlog and reduce average waits.

MHS schemes to expand the capacity of the service and extend hours of operation through 23/24 have been delivered and have enabled significant progress in reducing the number and length of time of CYP waiting for assessment. Work to reduce the backlog is now complete and we expect to meet the KPI delivery in the months ahead.

Capacity released from Access backlog work to be directed to addressing internal waits.

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
FYPCLD	>=92%	10.1%	16.5%	31.4%	35.4%	37.2%	27.0%	41.0%	40.5%	34.5%	37.1%	46.5%	49.1%



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
31.6%	6.0%	57.0%

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 has an increased backlog of 5400+ patients. Out of these 2350+ are waiting for an Autism Assessment, and 2300+ are waiting for a ADHD Assessment. 86% of total waits as a result are linked to Neurodevelopment assessments.

The service continues to receive a high number of referrals i.e., demand each month.

Recruitment of 4.4 WTE non-medical prescribers is complete and has enabled transfer of ADHD patients from community paediatricians to NMPs. The second wave of patient transfer is currently taking place.

The service are working to increase Consultant capacity and run extra clinics to ensure timely follow-ups are completed.

Service review on safer caseloads is helping to increase clinic new and follow-up appointments.

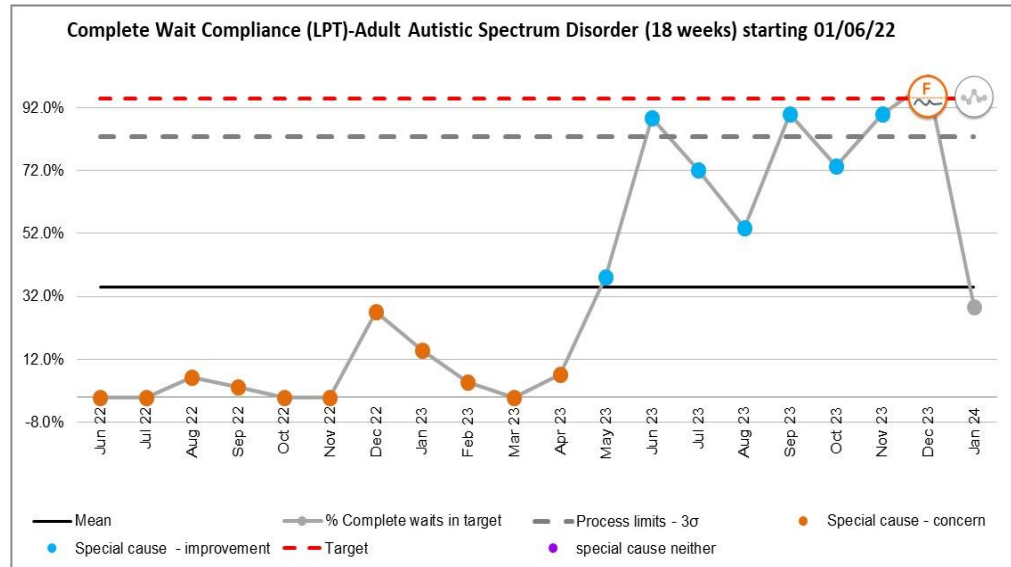
A business case for investment into the ND pathway has been re-submitted to include a pre-commitment funding case.

Development of new SystmOne unit underway to transfer patients over to and streamline processes and increase productivity.

Job descriptions and recruitment plan in place once confirmation of any additional funding is agreed.

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
FYPCLD	>=95%	4.8%	0.0%	7.1%	38.1%	88.9%	72.2%	53.8%	90.0%	73.3%	90.0%	100.0%	28.6%



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.

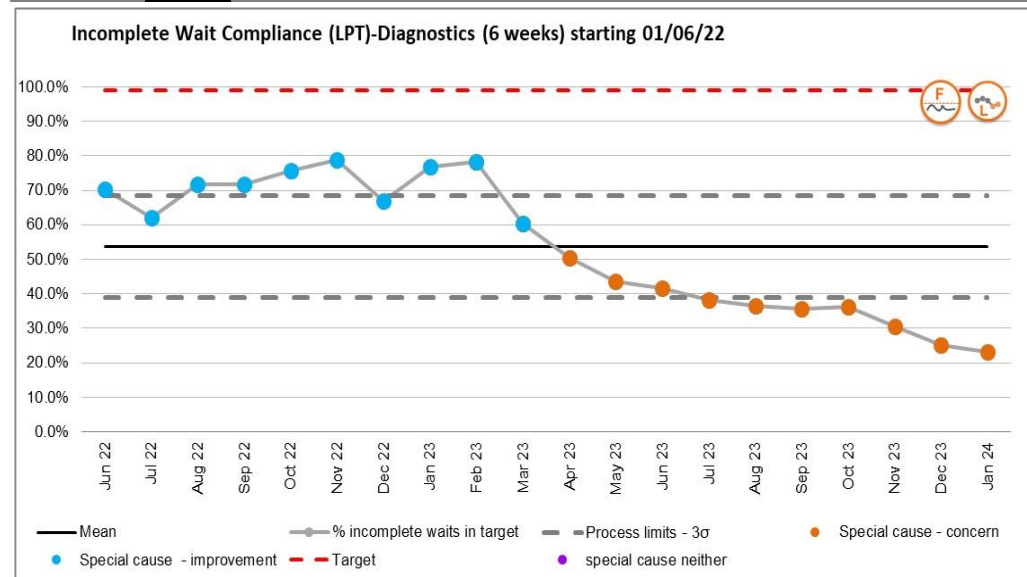
Mean	Lower Process Limit	Upper Process Limit
34.9%	-13.0%	83.0%

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

Drop in performance due to:
 Autism assessor (1WTE) off on long-term since August 23 now returned to work and completing four first assessments each week from mid-February.
 Highly specialised autism assessor (1WTE) off sick since December 23.
 1WTE Admin off sickness since end of December 23.
 Consultant on leave in December for 6 weeks.
 Clinical lead nurse for AAAS in acting up post, operational lead for AAAS and SAT until July 24.
 Difficulty recruiting to vacant Psychology posts. Unable to recruit to psychology assistant posts due to supervision requirements.
 Skill mix review and proposed plan to recruit to shared LDA psychology lead to provide clinical supervision and complex ax.

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
FYPC	>=99%	78.2%	60.4%	50.3%	43.5%	41.7%	38.1%	36.6%	35.8%	36.3%	30.6%	25.2%	23.1%



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
53.7%	39.0%	68.0%

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

The waiting list has increased due to the ongoing and sustained high demand for audiological assessment.

Non-recurrent investment for 2 WTE posts identified for 23/24, however significant workforce supply issues hindering recruitment to posts.

Alternative suitable testing venues being sought, using existing internal and external provider venues. Joint weekly LPT/UHL meetings through January to secure clinically suitable estate, progress is slow. Soundproofing at Shephed Health Centre to commence in March 2024 supported by capital bid, estimated completion date of 12 weeks. EMB now approved use of additional diagnostic venue in Market Harborough for a period of 6 months- mobilisation plan to utilise space to be agreed by 18 March 2024.

Successful capital bid monies available for soundproofing suitably sized rooms following internal scoping exercise.

Recruitment: 0.8 WTE commenced in January 2024.

UHL Audiology capacity now commenced with Sunday clinics from 10 March 2024 for children requiring reassessment due to inadequate LPT estate for testing. Impact and numbers seen to be monitored via weekly FYPC/LDA DMT operational meeting.

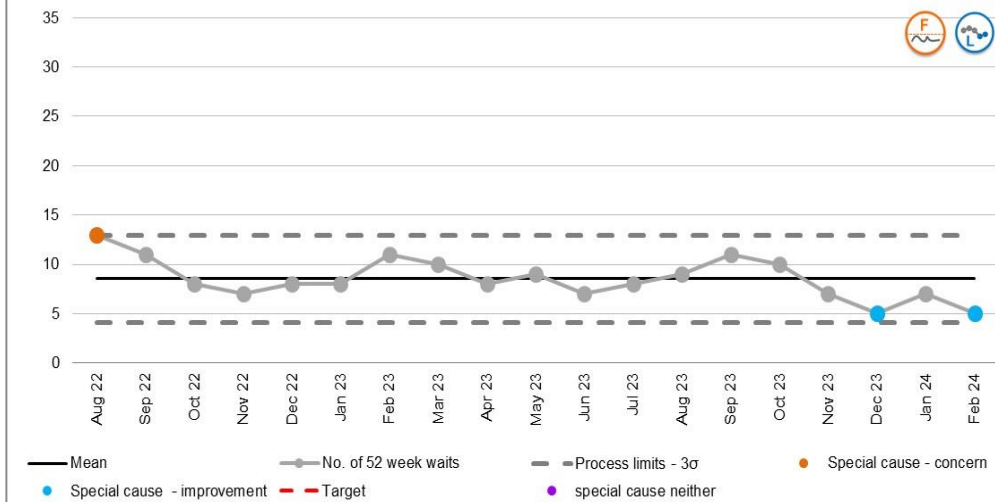
SBAR to reduce referrals to the service from Healthy Together and Speech and Language Therapy approved at Group 2 leadership meeting and to be approved at DMT for mobilisation from March 2024. Referrals from these services amount to approx 50% of referral demand.

ICB led systems approach to waiting list management in partnership with UHL Paediatric Audiology - action plan and regional bronze cell in place for governance. Plan for mutual aid for Audiology backlog of 13 week+ CYP waiting, s directed by regional Planned Care diagnostics team, now being progressed with Xyla as an independent provider- if approved re governance, quality and finance elements, potential start date using UHL estate at weekends from April 2024.

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

	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
DMH	0	10	8	9	7	8	9	11	10	7	5	7	5

52 week waits to treatment-Dynamic Psychotherapy starting 01/08/22



Analytical Commentary

The metric is showing a 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.

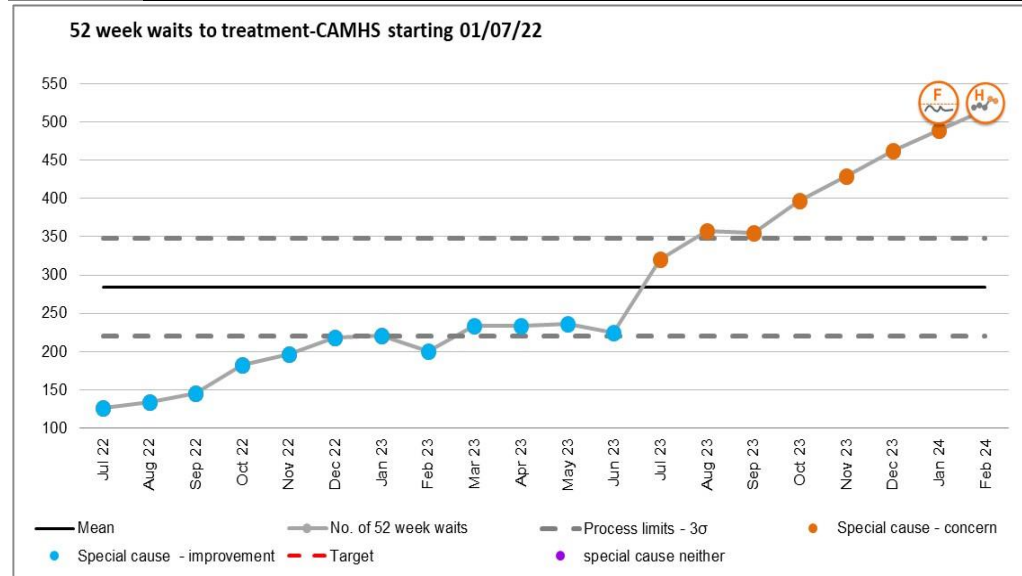
Mean	Lower Process Limit	Upper Process Limit
8.5	4.09	12.96

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

- Referrals have remained high across the last quarter
- Vacancies within the service, however, 4 staff recruited and commenced in post in January which will reduce waiting times.
- Some of the patients waiting the longest (for individual treatment) have now been offered appointments as new staff members have joined the team.
- Job planning is in place and regular reviews are taking place to ensure that clinician capacity is used effectively.

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

	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
FYPCLD	0	234	234	236	225	321	358	355	397	429	462	489	516



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
284.1	219.84	348.36

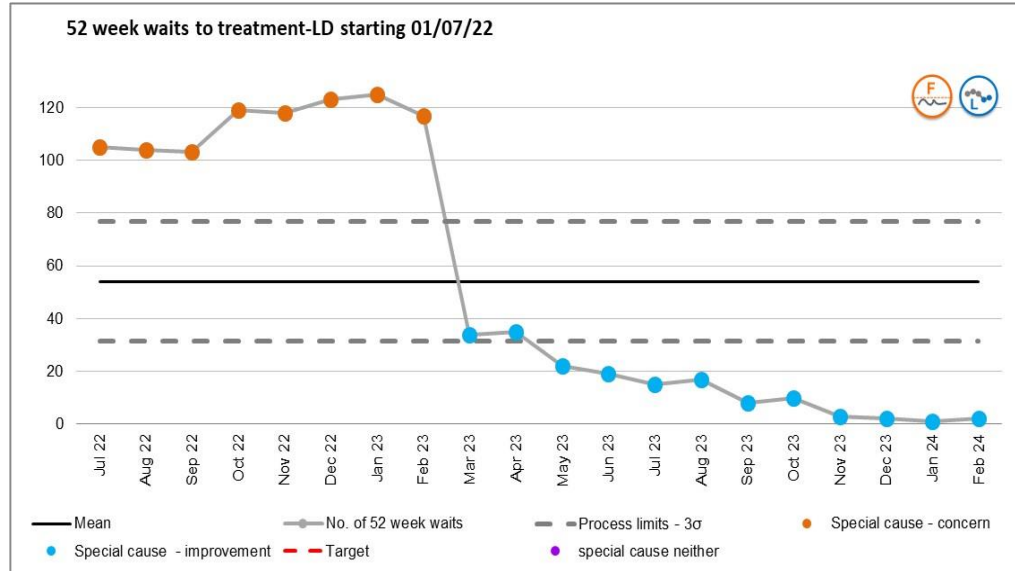
Operational Commentary (e.g. referring to risk, finance, workforce):

This increase in the number of CYP waiting over 52 weeks is linked to the number of children waiting for a neurodevelopmental Assessment. Awaiting outcome of submitted business case for 24/25.

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	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
FYPCLD	0	34	35	22	19	15	17	8	10	3	2	1	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.

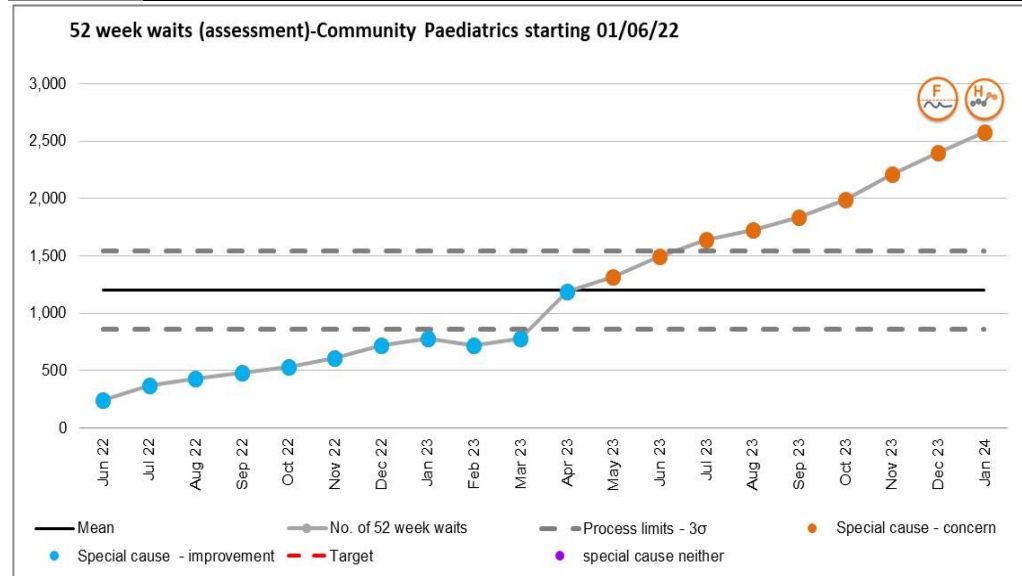
Mean	Lower Process Limit	Upper Process Limit
54.1	31.56	76.64

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

KPI delivery impacted since May owing to unsustainable processes; waiting times for community treatment and workforce sickness.
 Phased re-introduction of f2f assessments in response to Si learning (impacting capacity).
 Overdue and backlog will continue to impact KPI delivery. Patients accepted for initial assessment have a future booked appointments
 Targeted focus on post assessment treatment waits.
 Update to S1 to enable efficient triage processes.
 Waiting list review processes being implemented.
 Positive recruitment in hard to recruit teams.

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

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
FYPCLD	0	720	785	1186	1319	1498	1640	1729	1834	1986	2208	2396	2573



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
1202.7	858.53	1546.77

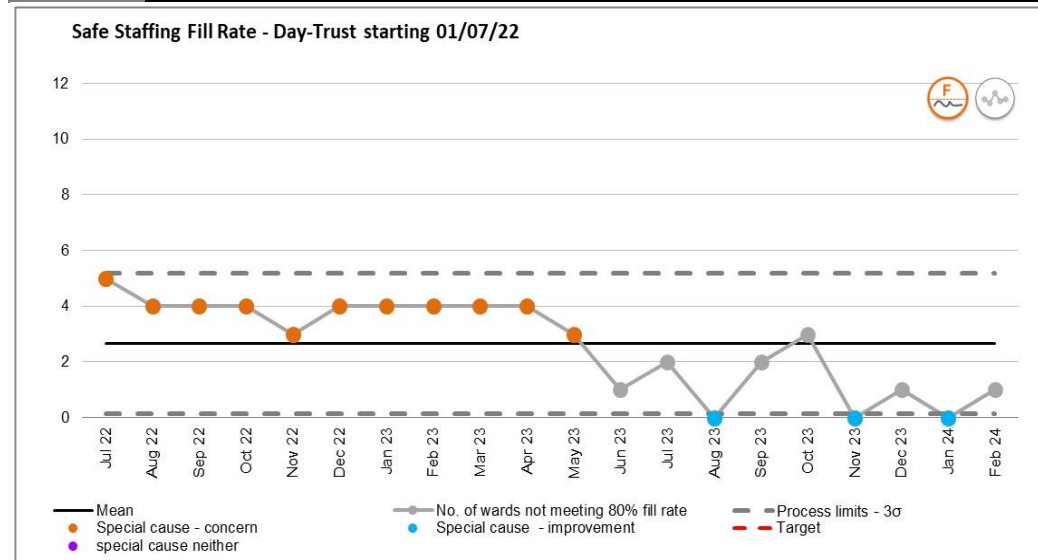
Operational Commentary (e.g. referring to risk, finance, workforce):

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	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
TRUST	0	4	4	3	1	2	0	2	3	0	1	0	1
DMH		2	2	2	1	0	0	0	2	0	0	0	0
LD		1	1	0	0	1	0	2	1	0	1	0	1
CHS		0	0	0	0	0	0	0	0	0	0	0	0
FYPC		1	1	1	0	1	0	0	0	0	0	0	0



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 showing a special cause for improvement.

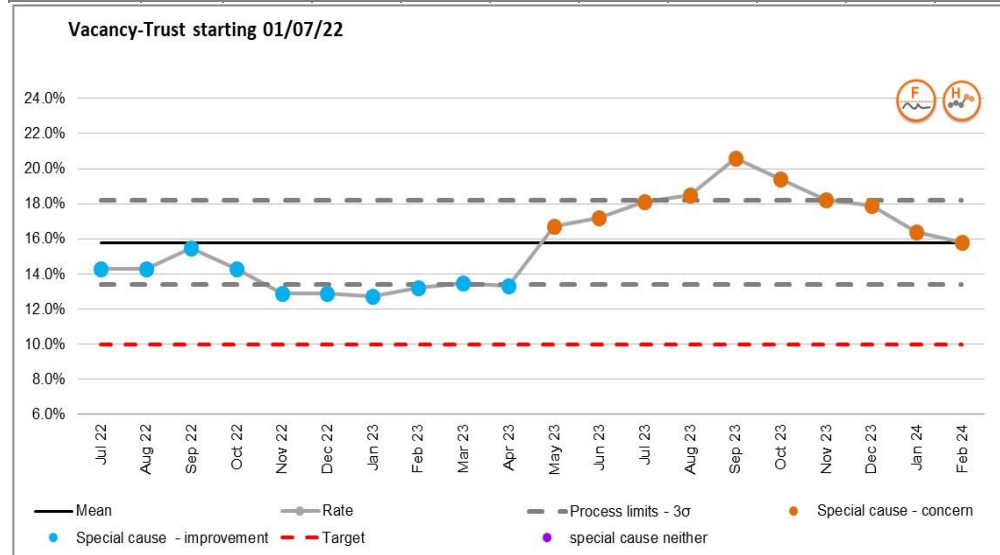
Mean	Lower Process Limit	Upper Process Limit
2.7	13.0	5.2

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

The Gillivers and Grange, Short breaks did not always meet the planned staffing fill rate. Staffing is flexed both skill mix and numbers to meet the needs of the patients who are admitted for respite, this has resulted in a reduced number of actual staff.

EXCEPTION REPORT - Vacancy Rate

	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
TRUST	<=10%	13.5%	13.3%	16.7%	17.2%	18.1%	18.5%	20.6%	19.4%	18.2%	17.9%	16.4%	15.8%
DMH		15.5%	15.7%	20.0%	19.8%	21.5%	22.2%	22.1%	20.8%	19.3%	19.2%	18.1%	17.9%
CHS		14.3%	14.4%	16.5%	16.5%	16.4%	15.8%	23.4%	23.0%	20.8%	19.6%	18.2%	17.8%
FYPCLD		12.1%	13.6%	18.3%	18.6%	18.9%	20.8%	18.7%	17.8%	18.1%	18.1%	15.5%	14.7%



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
15.7%	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 629fte. This increased establishment is predominantly due to inpatient safer staffing reviews and investment in mental health and virtual wards, 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 404.3fte.

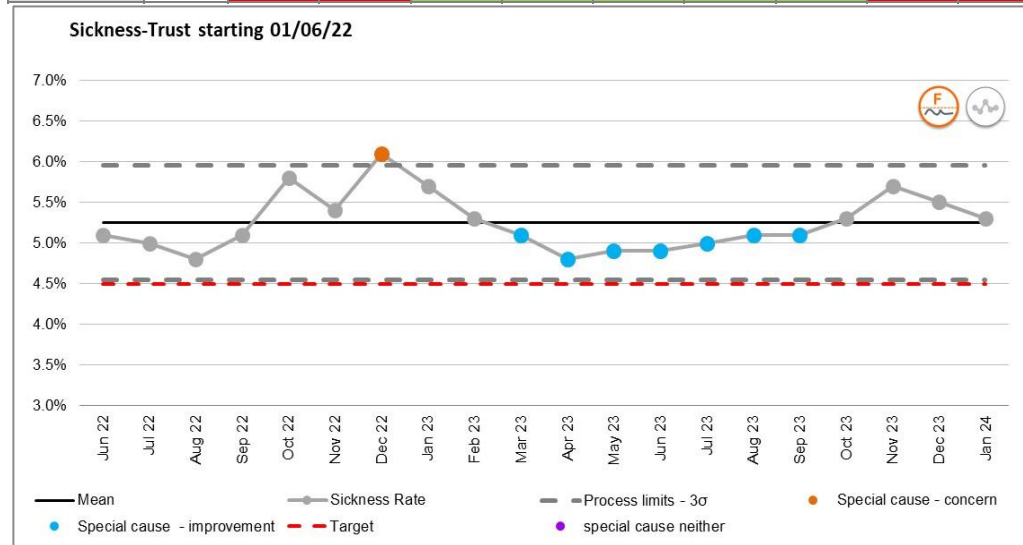
As part of the Trust-wide Workforce, Recruitment and Agency Programme there are two workstreams contributing to a reduction in the vacancy rate:

- 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 - Sickness Absence (Month in arrears)

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
TRUST	<=4.5%	5.3%	5.1%	4.8%	4.9%	4.9%	5.0%	5.1%	5.1%	5.3%	5.7%	5.5%	5.3%
DMH		6.5%	6.1%	6.3%	6.1%	6.0%	6.1%	5.6%	5.5%	6.0%	6.8%	6.1%	5.9%
CHS		4.7%	4.7%	4.6%	5.2%	5.7%	5.8%	6.6%	6.0%	5.7%	5.6%	5.7%	5.9%
FYPCLD		5.2%	4.7%	4.0%	4.3%	4.1%	4.1%	4.1%	4.8%	5.3%	5.7%	5.9%	5.4%



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 below the process limits.

Mean	Lower Process Limit	Upper Process Limit
5.3%	5.0%	6.0%

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

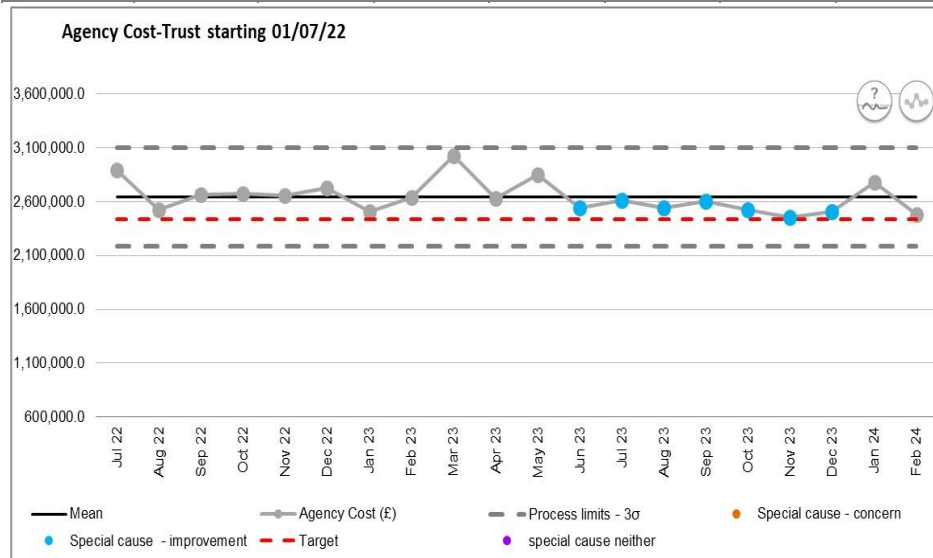
LPT are committed to providing a safe and healthy working environment and to promoting the wellbeing of its staff. Research suggests that work is essential in promoting good health, wellbeing and self-esteem. The Trust recognises the importance of having a robust policy that encourages staff to maintain good physical and mental health and facilitates staff to return to work following a period of either a short or long-term sickness. The Executive Team have agreed to retain the target of having <4.5% of staff on sickness absence for 2024/25, recognising that this is something we need to work towards over time.

Data on sickness absence is shared at operationally on a monthly basis and high-level reports monitoring trends and patterns are provided to Strategic Workforce Group. Concerns are escalated to Trust Board via the People and Culture Committee.

The People and Culture Committee are responsible for providing assurance to the Trust Board on the mitigation of risks relating to staff health and wellbeing and sickness absence levels. The risk is contained in ORR risk 74.

EXCEPTION REPORT - Agency Costs

	Target	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
TRUST	<=£2,432,000	£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	£2,777,194	£2,482,176
DMH		£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	£915,668	£844,175
CHS		£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	£1,200,238	£1,238,337
FYPCLD		£820,253	£524,887	£520,578	£581,556	£482,534	£406,714	£442,666	£302,453	£347,533	£394,746	£505,784	£333,412



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
2641145.4	2183079.7	3099210.9

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		Dec-23	88.0%	84.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Dec-23	89.0%	83.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	5955	Dec-23	12920	12855	
(D1) Community Mental Health Access (2+ contacts) - LPT		Dec-23	12865	12800	
(E1) CYP access (1+ contact) - LLR	13789	Dec-23	16065	15095	
(E1) CYP access (1+ contact) - LPT		Dec-23	7750	7335	
MHSDS CYP ED Routine (Interim) - LLR		Dec-23	91.0%	56.5%	
MHSDS CYP ED Routine (Interim) - LPT	>=95%	Dec-23	91.0%	57.3%	
MHSDS CYP ED Urgent (Interim) - LLR		Dec-23	100.0%	87.2%	
MHSDS CYP ED Urgent (Interim) - LPT	>=95%	Dec-23	100.0%	88.1%	
(G3) EIP waiting times - MHSDS - LLR		Dec-23	72.0%	66.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Dec-23	69.0%	66.0%	
(I1) Individual Placement Support - LLR	719	Dec-23	575	555	
(I1) Individual Placement Support - LPT		Dec-23	570	545	
(K2) OOA bed days - inappropriate only - rolling quarter - LLR		Nov-23	50	20	
(K2) OOA bed days - inappropriate only - rolling quarter - LPT		Nov-23	0	0	
(L1) Perinatal access - rolling 12 months - LLR	1259	Dec-23	1040	990	
(L1) Perinatal access - rolling 12 months - LPT		Dec-23	1035	985	
(L2) Perinatal access - year to date - LLR	944	Dec-23	760	690	
(L2) Perinatal access - year to date - LPT		Dec-23	750	680	
(N1) Data Quality - Consistency - LLR		Dec-23	97.0%	97.0%	
(N1) Data Quality - Consistency - LPT		Dec-23	100.0%	100.0%	
(N2) Data Quality - Coverage - LLR		Dec-23	100.0%	83.0%	
(N2) Data Quality - Coverage - LPT	>=98%	Dec-23	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Dec-23	21.0%	21.0%	
(N3) Data Quality - Outcomes - LPT	>=50%	Dec-23	21.0%	21.0%	
(N4) Data Quality - DQMI score - LLR		Oct-23	61.5	62	
(N4) Data Quality - DQMI score - LPT	95.0	Oct-23	94.0	95.0	
(N5) Data Quality - SNOMED CT - LLR		Dec-23	91.0%	93.0%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Dec-23	100.0%	100.0%	