











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 (6 weeks routine) - Incomplete pathway	>=95%	Jan-25	45.6%	56.1%			ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jan-25	4607	4607		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jan-25	59.4%	62.1%			MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jan-25	27	27		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jan-25	0.9%	0.3%			All CAMHS - Treatment waits - No of waiters	0	Feb-25	938	913		
CINSS (6 weeks) - Incomplete Pathway	>=95%	Jan-25	48.1%	48.0%			of which: CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Feb-25	894	849		
Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Jan-25	15.6%	14.8%			All LD - Treatment waits - No of waiters	0	Feb-25	8	6		
Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Jan-25	23.0%	24.9%			All Community Children's Services - Treatment waits - No of waiters	0	Feb-25	1939	1862		
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Feb-25	53	56			of which: Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Feb-25	249	307		
Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Feb-25	47	50			Adult Eating Disorders Community - Treatment waits - No of waiters	0	Feb-25	14	11		
Dynamic Psychotherapy - Treatment waits - No of waiters	0	Feb-25	5	4			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Jan-25	4895	4740		
Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Feb-25	451	467			Vacancy Rate	<=10%	Feb-25	12.4%	13.1%		
Medical/Neuropsychology - Treatment waits - No of Waiters	0	Feb-25	81	84			Sickness Absence	<=4.5%	Jan-25	5.9%	6.0%		

EXCEPTION REPORTS - Consistently Achieving Target						
Indicator	Monthly Target	Data As At	Current Reporting	Previous Reporting	SPC Assurance	SPC Trend
Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Feb-25	85.1%	85.9%		
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Feb-25	7.7%	8.0%		
Core Mandatory Training Compliance for substantive staff	>=85%	Feb-25	98.4%	98.4%		
Staff with a Completed Annual Appraisal	>=80%	Feb-25	94.3%	94.3%		
% of staff from a BME background	>=22.5%	Feb-25	31.7%	31.6%		

EXCEPTION REPORTS MATRIX SUMMARY

		Assurance		
		Achieving Target 	Inconsistently Achieving Target 	Not Achieving Target
Variation/Trend	Special Cause - Improvement 	Normalised Workforce Turnover Core Mandatory Training Compliance for substantive staff Complete Appraisal % of staff from a BME background		<i>Waiting Times :</i> CMHT 52 Wks / TSPPD 52 wks / MHSOP Memory Clinic 52 Wks / Adult ED Community 52 wks Vacancy Rate
	Common Cause 	Occupancy Rate - Mental Health Beds (excluding leave)		<i>Waiting Times:</i> Adult CMHT / ADHD / DPS 52 wks / Medical_Neuro 52 wks / Paediatrics ND 52 wks / LD 52 Wks
	Special Cause - Concern 			<i>Waiting Times:</i> Memory Clinic / Stroke & Neuro / Community Paediatrics / Children's Audiology / CBT 52 weeks / ADHD 52 weeks / CAMHS 52 weeks / CAMHS ND 52 weeks / Community Childrens 52 wks/ Community Paediatrics 52 wks assessment / Sickness Absence

SUMMARY


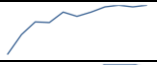
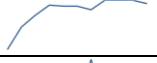




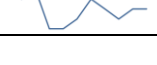




WORKFORCE						
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Feb-25	7.7%	8.0%		
Vacancy Rate	<=10%	Feb-25	12.4%	13.1%		
Sickness Absence (in arrears)	<=4.5%	Jan-25	5.9%	6.0%		
Agency Costs	<=£2,077,250	Feb-25	£1,339,895	£1,563,021		

QUALITY & SAFETY						
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Feb-25	2	2		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Feb-25	1	0		

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-25	100.0%	100.0%				
	TRUST	Yearly	The Trust's "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		23/24	6.3	6.6				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 0-15 years		Feb-25	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Feb-25	6.7%	5.2%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Feb-25	1491	1747				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Feb-25	66.6%	66.2%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Feb-25	16	24				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Feb-25	1.1%	1.4%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Dec-24	70.0%	78.0%				
	TRUST	Monthly	2-hour urgent response activity	>=70%	Feb-25	84.8%	83.1%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Feb-25	33.8%	29.2%				
	TRUST	Monthly	Out of Area Placement - Inappropriate Bed Days	0	Feb-25	187	179				
	TRUST	Monthly	Percent of IHA plans sent to LA in month by 19th working day of being taken into care - Rutland		Feb-25	0.5	n/a				
	TRUST	Monthly	Percent of IHA plans sent to LA in month by 19th working day of being taken into care - County		Feb-25	37.5%	36.7%				
	TRUST	Monthly	Percent of IHA plans sent to LA in month by 19th working day of being taken into care - City		Feb-25	71.4%	41.2%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
NHS Oversight	TRUST	Monthly	(5-18yrs) Percent of RHAs sent to LA in month within 12 months of previous assessment - Rutland		Feb-25	n/a	100.0%				
	TRUST	Monthly	(5-18yrs) Percent of RHAs sent to LA in month within 12 months of previous assessment - County		Feb-25	100.0%	97.3%				
	TRUST	Monthly	(5-18yrs) Percent of RHAs sent to LA in month within 12 months of previous assessment - City		Feb-25	95.5%	100.0%				
	TRUST	Monthly	(0-4yrs) Percent of RHAs sent to LA in month within 6 months of previous assessment - Rutland		Feb-25	n/a	n/a				
	TRUST	Monthly	(0-4yrs) Percent of RHAs sent to LA in month within 6 months of previous assessment - County		Feb-25	100.0%	100.0%				
	TRUST	Monthly	(0-4yrs) Percent of RHAs sent to LA in month within 6 months of previous assessment - City		Feb-25	94.4%	85.7%				
	ICB	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Feb-25	25	26				
	ICB	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Feb-25	2	2				
		Monthly	Overall CQC rating (provision of high quality care)		2021/22	2					
		Monthly	CQC Well Led Rating		2021/22	2					
		Quarterly	NHS SOF Segmentation Score		Q3	2	2				
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Feb-25	1	1				
	TRUST	Monthly	MRSA Infection Rate		Feb-25	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Feb-25	4	1				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Jan-25	0	0				
	GOV	Monthly (YTD)	Percentage of people aged 65 and over who received a flu vaccination		Jan-25	75.1%	74.3%				
			VTE Risk Assessment								
			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 (6 weeks routine) - Incomplete pathway	>=95%	Jan-25	45.6%	56.1%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jan-25	59.4%	62.1%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jan-25	0.9%	0.3%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral - complete pathway	>=60%	Jan-25	41.7%	47.4%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (6 weeks) - Incomplete Pathway	>=95%	Jan-25	48.1%	48.0%				
	TRUST	Monthly (In Arrears)	Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete Pathway	>=95%	Jan-25	15.7%	19.2%				
Access Waiting Times - FYPCLDA	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Jan-25	100.0%	40.0%				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Jan-25	18.2%	50.0%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Jan-25	15.6%	14.8%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Incomplete pathway	>=95%	Jan-25	97.6%	100.0%				
	TRUST	Monthly (In Arrears)	Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Jan-25	23.0%	24.9%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits - DMH	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Feb-25	53	56				
	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - Longest Waiter		Feb-25	210	167				
	TRUST	Monthly	Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Feb-25	47	50				
	TRUST	Monthly	Cognitive Behavioural Therapy- Treatment waits - Longest waiter (weeks)		Feb-25	75	87				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - No of waiters	0	Feb-25	5	4				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - Longest waiter (weeks)		Feb-25	64	60				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Feb-25	451	467				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - Longest waiter (weeks)		Feb-25	179	185				
	TRUST	Monthly	Medical/Neuropsychology - Treatment waits - No of Waiters	0	Feb-25	81	84				
	TRUST	Monthly	Medical/Neuropsychology- Treatment waits - Longest Waiter		Feb-25	137	133				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jan-25	4607	4467				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - Longest waiter (weeks)		Jan-25	312	374				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jan-25	27	19				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks -Longest waiter (weeks)		Jan-25	131	126				

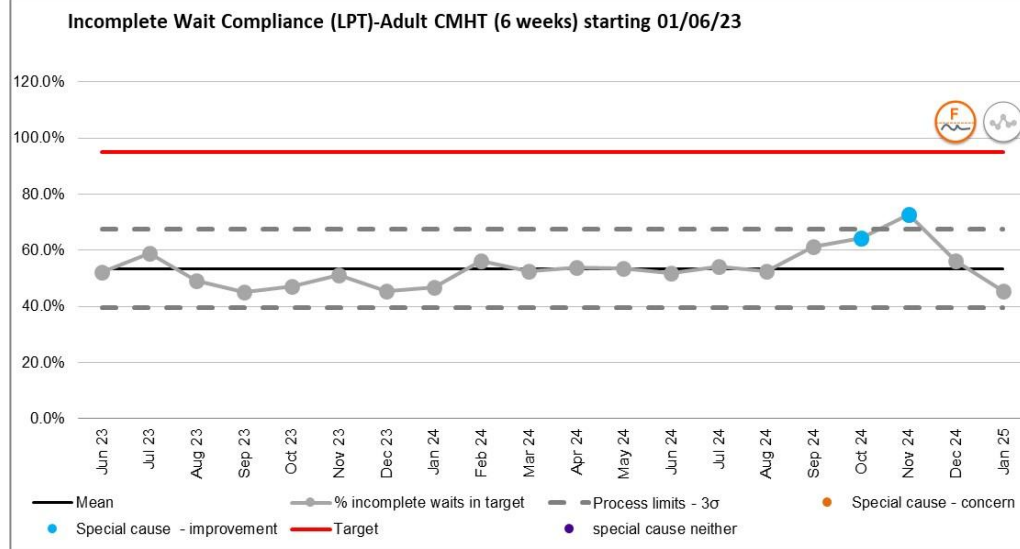
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits - FYPCLDA	TRUST	Monthly	All CAMHS - Treatment waits - No of waiters	0	Feb-25	938	913				
	TRUST	Monthly	All CAMHS - Treatment waits - Longest waiter (weeks)		Feb-25	171	167				
	TRUST	Monthly	<i>of which:</i> CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Feb-25	894	849				
	TRUST	Monthly	CAMHS Neurodevelopment - Treatment waits - Longest waiter (weeks)		Feb-25	171	167				
	TRUST	Monthly	All LD - Treatment waits - No of waiters	0	Feb-25	8	6				
	TRUST	Monthly	All LD - Treatment waits - Longest waiter (weeks)		Feb-25	87	83				
	TRUST	Monthly	All Community Children's Services - Treatment waits - No of waiters	0	Feb-25	1939	1862				
	TRUST	Monthly	All Community Children's Services - Treatment waits - Longest waiter (weeks)		Feb-25	228	224				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Feb-25	249	307				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - Longest waiter (weeks)		Feb-25	228	224				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - No of waiters	0	Feb-25	14	11				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - Longest waiter (weeks)		Feb-25	74	84				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Jan-25	4895	4740				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Jan-25	170	165				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Feb-25	85.1%	85.9%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Feb-25	95.7%	95.8%				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Feb-25	24.4	25.2				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Feb-25	6.3%	3.7%				
	TRUST	Monthly	Gatekeeping	>=95%	Feb-25	100.0%	100.0%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Feb-25	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-25	4	7				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Feb-25	1.4%	1.5%				
	TRUST	Monthly	Complaints		Feb-25	28	22				
	TRUST	Monthly	Concerns		Feb-25	37	44				
	TRUST	Monthly	Compliments		Feb-25	177	141				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Feb-25	2	2				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Feb-25	1	0				
	TRUST	Monthly	Care Hours per patient day		Feb-25	11.4	11.6				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Feb-25	5	2				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Feb-25	1	0				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Feb-25	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Feb-25	129	135				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Jan-25	141	109				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Jan-25	19	13				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Jan-25	9	11				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Jan-25	61	28				
	TRUST	Monthly	No. of Medication Errors		Feb-25	110	104				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Feb-25	70.9%	61.4%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Feb-25	5	8				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Feb-25	12	13				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Feb-25	7	7				

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-25	7.7%	8.0%				
	TRUST	Monthly	Vacancy Rate	<=10%	Feb-25	12.4%	13.1%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Jan-25	5.9%	6.0%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Jan-25	£1,231,767	£1,240,263				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Jan-25	5.5%	5.4%				
	TRUST	Monthly	Agency Costs	<=£2,077,250	Feb-25	£1,339,895	£1,563,021				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Feb-25	98.4%	98.4%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Feb-25	94.3%	94.3%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Feb-25	31.7%	31.6%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Feb-25	43.8%	42.9%				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Feb-25	91.5%	91.8%				

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

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
DMH	>=95%	56.1%	52.6%	53.8%	53.4%	52.0%	54.3%	52.6%	61.2%	64.4%	72.8%	56.1%	45.6%



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
53.5%	39.0%	68.0%

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

Hub and spoke consultant model supporting MDTs continues to be trialled across an increased number of teams. Pilot and testing completed, now rolling out across all neighbourhoods. Evaluation work taking place. Expected outcome is that patients have access to the most appropriate service to meet their needs whilst improving service efficiency. Action is now complete and ongoing PDSA review is in place.

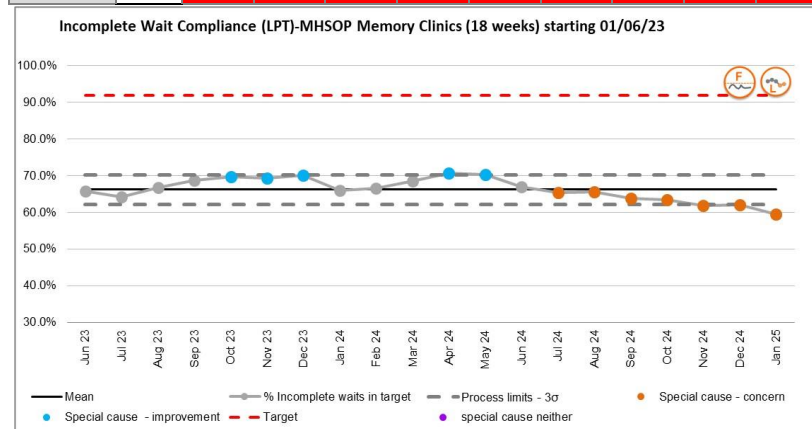
Work continues to progress on 2024/25 caseloads review programme. To review and complete caseload review for city central and then transition the remaining caseload to the new city east / city west structure. Expected outcomes are reduced consultant caseloads to bring these within agreed thresholds which will support increased retention of medical staff and improve patient flow. This is a long term target with a completion date of March 2025.

Phased implementation of the new front door. Steering Group now established. Long term action due to complete June 2025 with the expected outcome to improve access to services. Once fully operational this will positively impact OP waiting times based on outputs of pilot work.

Continued recruitment to Consultant posts with the aim to increase capacity.

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

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
DMH	>=92%	66.5%	68.5%	70.7%	70.3%	66.9%	65.4%	65.5%	63.9%	63.4%	61.9%	62.1%	59.4%



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
66.3%	62.0%	70.0%

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

2 full weeks of follow up appointments only has been completed. Impact on waits for diagnosis / treatment to be analysed alongside impact on DDR rate. Expected to increase the number of patients receiving diagnosis and treatment.

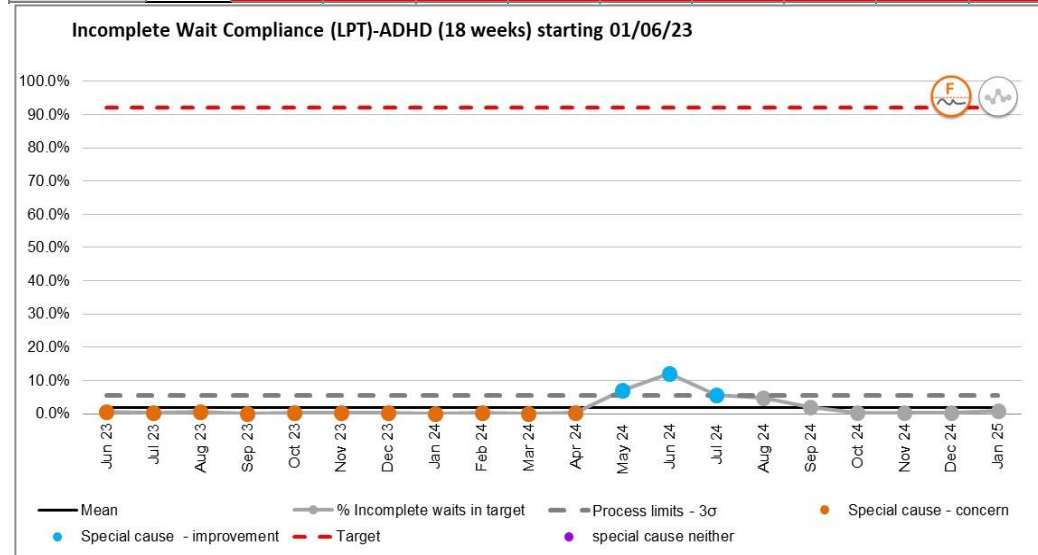
Commence roll out of Rapid Access Clinics w/c 11th March 1 clinic per week, with a second clinic commencing 1st April – delay in start dates due to medic clinics already having been booked and avoidance of cancelling clinics. Expected outcomes are increased efficiency, flow and better patient experience.

Health inequalities data review work commenced – deep dive required to plan actions. Working on analysis of DNA data to identify themes to allow for associated actions and to share plans with the Mental Health Collaborative. Anticipated outcomes are reduction in DNAs and short notice cancellations, improved patient experience.

Engagement with 2025/26 LLR Operational Planning round. Options appraisal developed and discussed at FPP with a view to increasing capacity. Expected completion date of April 2025. Awaiting formal outcome of ICB decisions on future non-recurrent investment as 3.0WTE staff on fixed term contracts until end of Mar 25 – these roles are pivotal in the rapid access clinics.

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

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
DMH	>=92%	0.2%	0.1%	0.2%	6.9%	12.0%	5.6%	4.9%	2.0%	0.2%	0.4%	0.3%	0.9%



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
1.8%	-0.02%	0.06%

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

An options appraisal has been presented to EMB, further work continues on feasibility of the long term options. Expected outcomes are to develop a more efficient pathway with shorter waits for assessment and treatment, ensuring patients are sign posted to the most appropriate service to meet their needs. Long term action, due by March 2025.

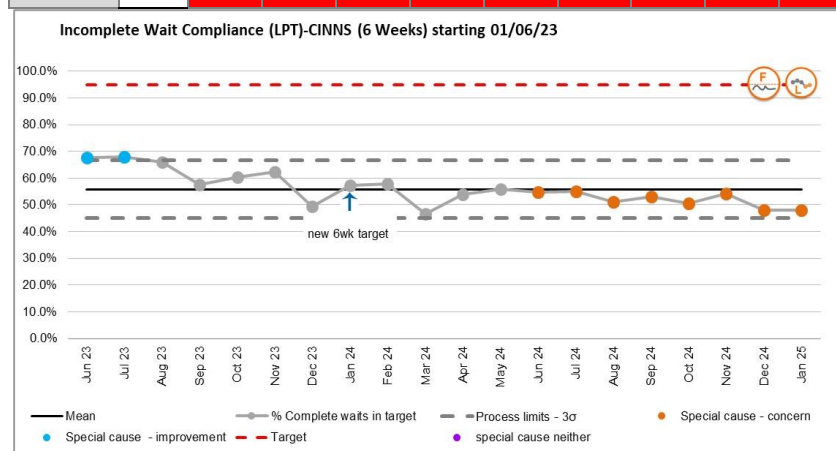
Continue to monitor ADHD medication supply issues and impact on waiting times / capacity. Expected outcomes are to understand the impact on treatment waits within the service. Some medications are now coming back into stock although some shortages are likely to continue until October 2025.

Ceasing of non-recurrent funding from 1st April 2025 to be escalated to the ICB due to the impact on waiting times and capacity within the service.

Understanding of other systems ADHD pathways and models. Agree a rescheduled date with colleagues at NHFT with LPT FYPC.LDA, expected completion date of September 2025, with the expected outcome of capturing and sharing best practice and lessons learnt to inform future service developments.

EXCEPTION REPORT - CINSS (6 weeks) - Incomplete pathway (Month in arrears)

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
CHS	>=95%	57.8%	46.7%	54.0%	56.0%	54.8%	55.0%	51.1%	53.1%	50.5%	54.1%	48.0%	48.1%



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
55.9%	45.0%	67.0%

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

Key actions identified below with the aim of improving service compliance against wait times:

1. Benchmarking (provision and times) - Meeting completed with Cambridgeshire and Peterborough Neuro Rehabilitation and Stroke Early Supported Discharge Integrated Community Team 24/01/25. Ideas for change to be collated and explored. Contact has been made with a community neurology service in Newcastle who are also looking at benchmarking – awaiting contact back from this service to start this work. **Expected Outcome / Impact:** Confirmation service is in line with other comparable services and potential for alternative options for caseload management.

2. External review if required (paid) - Possible options for external review being explored. To be considered following completion of above action. **Expected Outcome / Impact:** Dependent on outcome of benchmarking and level of data/assurance this provides.

3. Explore further opportunity in time allocation e.g. DC letters, travel time etc - CINSS discharge letter being reviewed. Allocation of time to be actioned alongside benchmarking. Discussed at CINSS whole team event 22/01/25 and feedback received from the team – feedback collated and themed, further clarification on some ideas being sought from the team. Actions underway including exploring templates for documentation of strength and ROM, additional prompts on the MCA template, reviewing of standardised cognitive assessment report SystemOne letter template, chasing CINSS safeguarding meetings, use of Easy companion app for recording mileage, purchasing of additional cognitive standardised assessments and setting up of IPADS for psychology standardised cognitive assessment use to reduce travel time for staff and increase efficiency of service offer to patients. The CINSS discharge letter template is also being reviewed from an efficiency and quality perspective.

Expected Outcome / Impact: Small improvements in efficiency and time allocation (significant changes already made at start of refocus).

4. Review of the holistic assessment and the number of assessments performed to establish if there is a QI opportunity of a risk based approach. – Meeting completed 25/11/24 to review trust and legal mandatory assessments – CINSS are already using a risk based approach to aspects of parts of the holistic assessment, other aspects of the holistic clinical assessment/trust mandatory expectations cannot be reduce further due to being legal requirement. Actions being completed to explore clinical reasoning forms with ICELS by CHS OT professional Lead.

Expected Outcome / Impact: Potential reduction in assessment and documentation and associated time efficiency if clinically safe.

5. Recruitment to existing vacancies / skill mix opportunities if the posts are not recruitable to - A record of vacancies that have been difficult to recruit to and alternative options considered/actioned be completed.

Current vacancies: B5 OT vacancy (static) – skill mixed from B7 CSOT as unable to recruit 4 times and unable to recruit to B6 OT. Liaison with CHS OT professional lead completed in December 2024 and January 2025. Budget is being reviewed for possible funding for additional B5 rotational OT position. Vacancy closes 21.02.25, currently 8 applicants and 4 not suitable as no access to cars. B6 PT vacancy (static) - skill mixed from B5 to B6 development post. Out to advert. **Expected Outcome / Impact:** Full recruitment and increased capacity

6. Right staff right job – we heard that staff are taking on additional roles as no one else is able to do them e.g. MH support - Staff encouraged to attend CINSS MDT to discuss patients where there are identified risks/concerns. Gaps in service provision within LLR identified and continue to be escalated: Mental health input for patients with a brain injury diagnosis, spasticity pathway, Opcare, Medequip, psychology input for patients that don't have therapy needs (CINSS would not accept) and not under the care of a UHL consultant. Discussed at CINSS whole team event 22/01/25 and feedback received from the team. Further clarification being sought on some feedback and actions formulated as above. **Expected Outcome / Impact:** Improved use of clinical time focused on stroke/neuro therapy specialism

7. Mapping of additional staff required if there are no further capacity opportunities - Review of staffing to be included in benchmarking exercises. Mapping of optimal staffing to be considered following above actions.

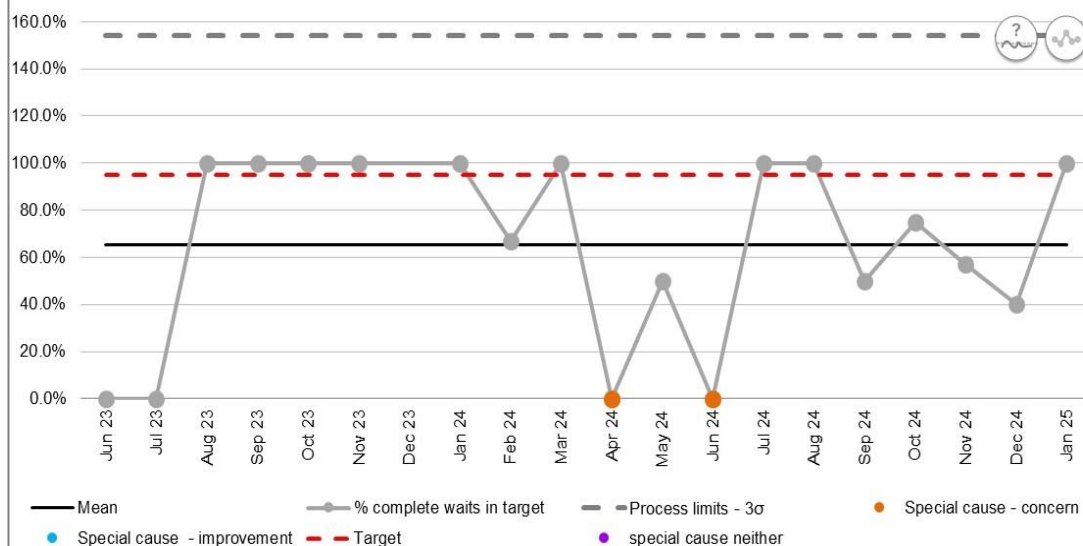
Expected Outcome / Impact: Dependent on all of the above actions

EXCEPTION REPORT - CAMHS Eating Disorder (one week) - Complete pathway (Month in arrears)

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
FYPCLDA	>=95%	66.7%	100.0%	0.0%	50.0%	0.0%	100.0%	100.0%	50.0%	75.0%	57.1%	40.0%	100.0%

NB. Blank cells = no patients waiting

Complete Wait Compliance (LPT)-CAMHS ED (1 week) starting 01/06/23



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 common cause variation.

Mean	Lower Process Limit	Upper Process Limit
65.2%	-24.0%	124.0%

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

A weekly clinical waiting list review meeting has been reinstated in the team, facilitated by the clinical lead and senior clinical nurse/ duty team lead. This provides clinical oversight of the waiting lists, monitors acuity and ensures clinical prioritisation of cases based on MEED guidelines and clinical judgement. This facilitates the timely allocation of cases based on the above. For urgent cases where allocation isn't possible due to capacity, this ensures that all support mechanisms are in place to maintain patient safety.

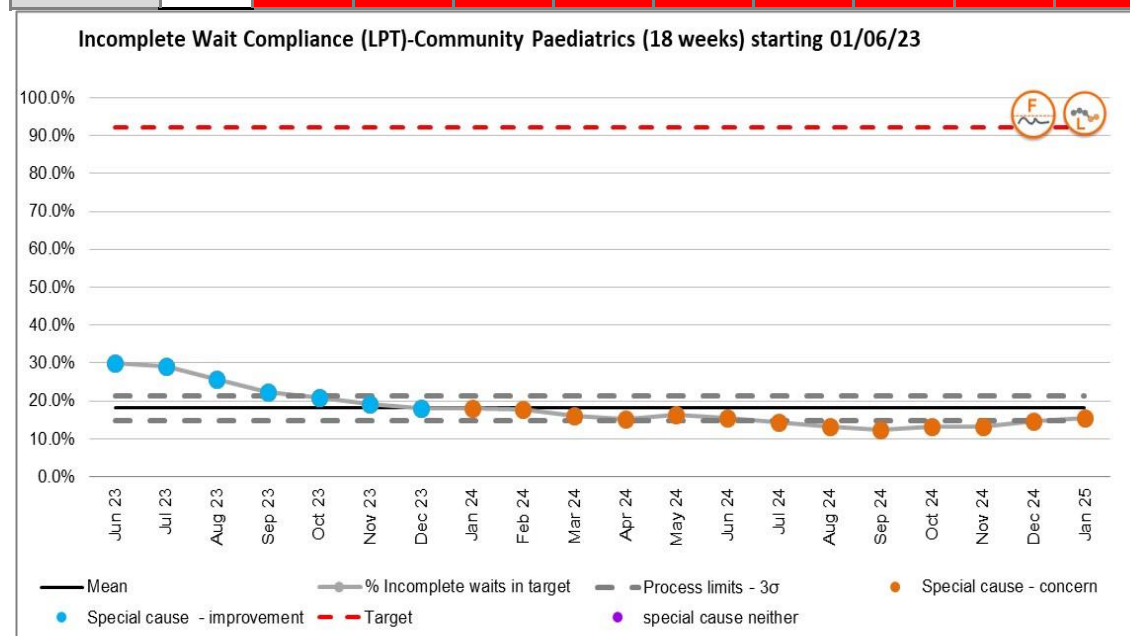
Completing demand and capacity exercise enabling reviewing job plans against ledgers and supporting the service to identify unused slots.

ARFID and service leads have met with First Steps (VCS) to work through service offer to identify and address any duplications and improve pathways between services. Next step is to develop a joint process.

Strengthening systems and processes to track patients from referral to first appointment, including reviewing the duty process (point of referral). No fails in January.

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

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
FYPCLDA	>=92%	17.7%	16.1%	15.3%	16.5%	15.4%	14.5%	13.4%	12.5%	13.2%	13.4%	14.8%	15.6%



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.

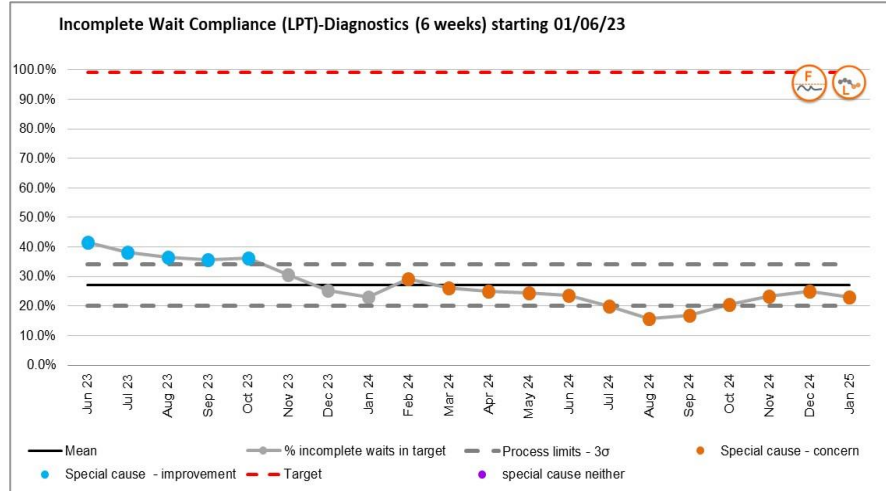
Mean	Lower Process Limit	Upper Process Limit
18.1%	15.0%	21.0%

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

This is a multidisciplinary pathway (with a multi-referral point for access). The KPI is directly impacted by the ND waits, please see the Community Paediatric ND and CAMHS ND exception reports for further detail. Triage system in place based on acuity of clinical need and safe caseload management. After award of the ND precommitment monies, some clinicians on boarded to support increased activity and flow. Majority of CYP waiting are for neurodevelopmental assessment, the service continues to prioritise referrals at triage as Urgent or Routine. Urgent patients are offered appointments within 18 weeks. Service is part of urgent system work to understand and mitigate the impact of the closure of ADHD Solutions who were contracted to provide pre-diagnostic support for CYP on the ND waiting list.

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

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
FYPCLDA	>=99%	29.2%	26.1%	24.9%	24.4%	23.7%	20.0%	15.7%	16.9%	20.4%	23.3%	24.9%	23.0%



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
27.0%	20.0%	34.0%

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

Ongoing monthly scrutiny for management of quality issues relating to estates and waiting lists through LLR System Bronze Cell chaired by ICB. System planning, with longer term vision being explored via ICB Steering Group.

A fully revised trajectory was completed and agreed by DMT on 5th March. This received support from the Director of Planned Care (LLR) at the ICB.

Estimated recovery to 13+ week wait is October 2025

Estimated recovery to 6+ week wait is January 2026

Insourcing - supplier commenced delivery of clinics from 18/01/25. The clinics are now booking to 10 per day. In total over 16 shifts, 137 patient appointments complete and there have been 11 Was Not Brought.

Hearing Centre Market Harborough and DMU leased agreements are still in place. The service plan to cease these arrangements as capital works are completed at Beaumont Leys and Health Centre (BLHC) and Hynca Lodge

BLHC and Hynca Lodge will use awarded capital funding to accommodate updated and new clinic estate - due for completion in 2025 (6 week delay at B Leys HC due to soundproofing company not on procurement framework. Plan for work at BLHC to be completed by June, and operational July/August).

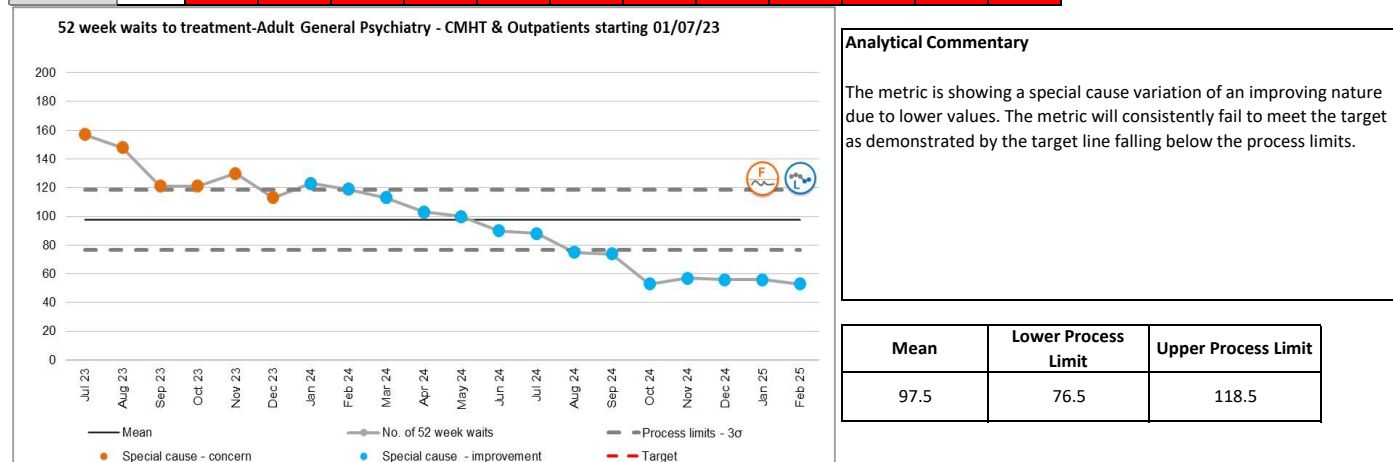
System approach - working with UHL in response to CQC/NHSE/ICB requirement for IQIPs registration, and process mapping, delivered through monthly steering group. Expected to commence IQIP benchmarking in Sep 2025.

UHL clinical lead working 0.4 working in the interim to support LPT service. Acting up arrangement will be in place when UHL interim ceases. UHL will instead support through supervision.

EXCEPTION REPORT - Adult General Psychiatry - Community Mental Health Teams and Outpatients (treatment)

- No of waiters over 52 weeks

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
DMH	0	119	113	103	100	90	88	75	74	53	57	56	53



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

CMHT – 52 Weeks

The longest waits for treatment remain focused around psychology and outpatients (medical staff).

Psychology

Identified longer waits in 4 specific teams due to periods of minimal staffing. As a result of recruitment initiatives resource has increased and the number of patients waiting are projected to reduce with agreed targets in place, all patients breaching 52 weeks estimated to be seen by November 2025 at the latest.

The waiting list for each team is reviewed monthly through the Patient Tracker protocol, providing oversight and explanation.

New ways of discussing cases with psychological professions, e.g. Consultant MDT, facilitate better ways of considering needs and mitigate against excessive referrals to psychology.

All patients on the psychology waiting list have a risk management plan in place, and wider team support appropriate to the level of need.

Outpatients

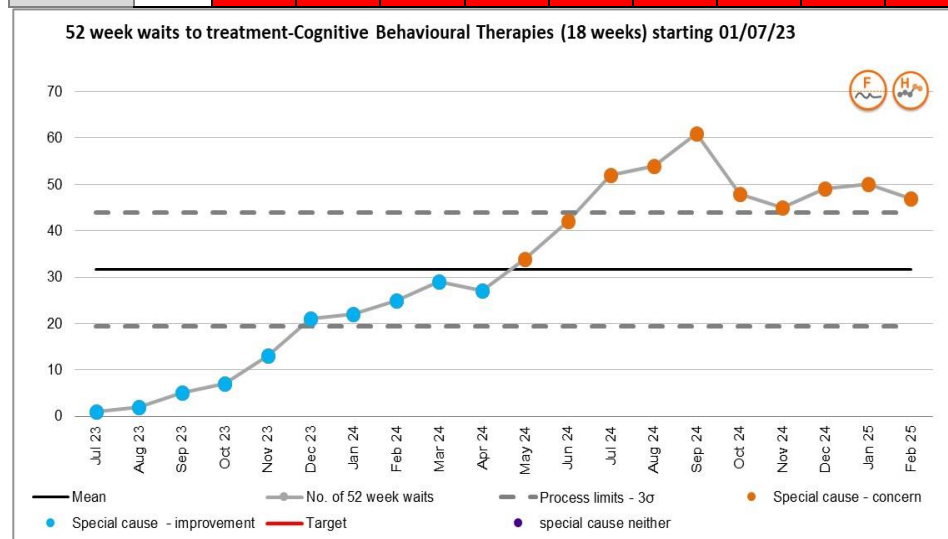
The longest waits for outpatient appointments are due to limitations in medic capacity.

Substantive recruitment to Consultant posts progressing. Expected outcome is increased capacity and improved consistency of care for patients. Recruitment is ongoing.

Work continues to progress the caseloads review programme. Expected outcomes are reduced consultant caseloads to bring these within agreed thresholds which will support increased retention of medical staff and improve patient flow.

EXCEPTION REPORT - Cognitive Behavioural Therapy (treatment) - No of waiters over 52 weeks

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
DMH	0	29	27	34	42	52	54	61	48	45	49	50	47



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
31.7	19.4	44.0

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

The CBT service continues to target efforts to reduce DNA rates for assessment appointments as a service priority and will require continued cooperation from the teams, setting expectations for patients referred to CBT.

The service is also working hard and introducing new processes to reduce the overall number of patients held on the assessment waiting list as this was unsustainable

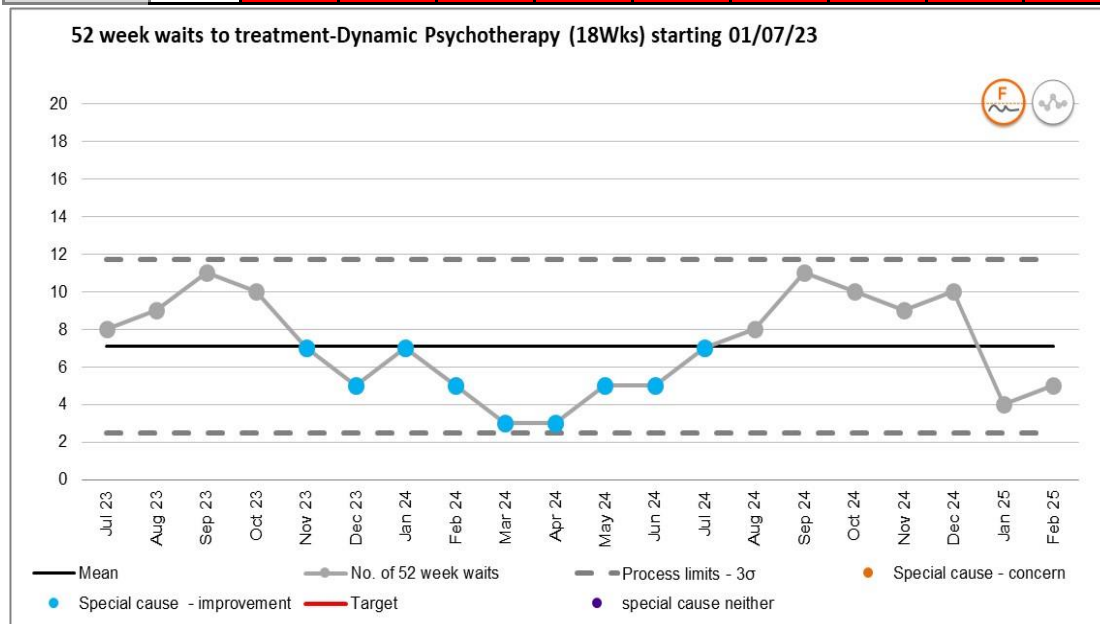
All referrals to CBT to go through Neighbourhood Mental Health Teams, the new front door for referrals and to be part of the consultor process. The implementation plan to be agreed at the Neighbourhood Steering Group Meeting. Expected outcome development of a joined up approach to access which will improve flow and ensure patients are seen by the most appropriate service at the earliest point in referral. This is a long term action, completion of action end of March 2025.

Implementation of the clinical framework, team providing more psychological informed stabilisation work. Expected outcome is to provide support within the Neighbourhood Mental Health Teams, providing effective this in the most appropriate setting with the most appropriate clinical input. Action to be completed by end of March 2025.

CBT input provided into the fortnightly meeting between Vita Health and MHCAP. The expected outcome is to enable referrals to be directed to the most appropriate service offer in a timely and efficient way, reducing inappropriate referrals. This is an ongoing action whilst plans are embedded

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

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
DMH	0	3	3	5	5	7	8	11	10	9	10	4	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
7.1	2.48	11.72

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

Referrals have remained high. Caseload review work in CMHTs is increasing referrals.

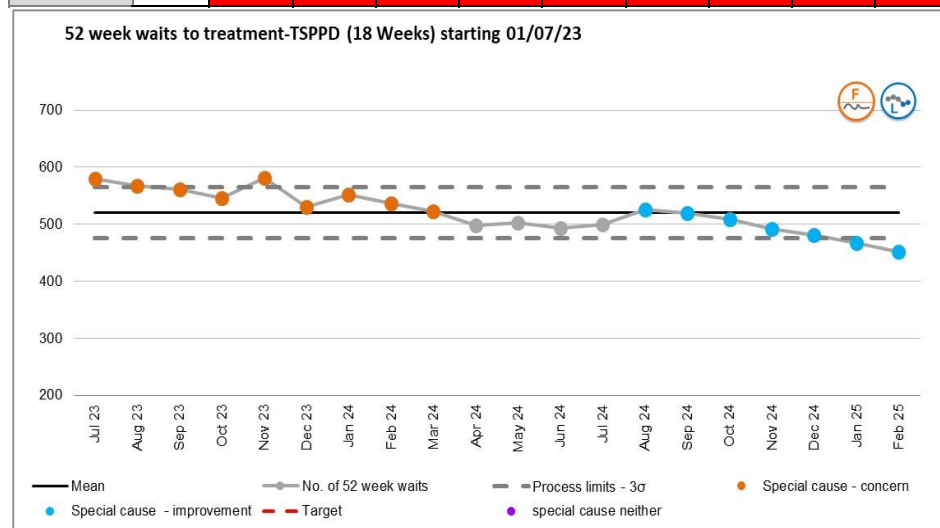
Plans in place for the patients with the longest waits for treatment.

All referrals to DPS to go through Neighbourhood Mental Health Teams, the new front door for referrals and to be part of the consultor process. The implementation plan to be agreed at Neighbourhood Steering Group. Expected outcome of a joined up approach to access which will improve flow and ensure patients are seen by the most appropriate service at the earliest point in referral. Action due to complete at the end of March 2025.

Recruitment to 2.0 WTE clinical vacancies is progressing with the expected outcome of increasing capacity to reduce the waiting list. Recruitment is progressing which will increase capacity and reduce waiting times.

EXCEPTION REPORT - Therapy Service for People with Personality Disorder (treatment) - No of waiters over 52 weeks

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
DMH	0	523	498	503	494	499	526	520	509	492	481	467	451



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
520.8	476.42	565.18

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

Development of consultation and training support to community services to enhance the primary care offer (small scale). Next steering group meeting with VCSE planned for 25th Feb, aim to start to co-produce principals for working with people with personality disorder, prototype training, develop operational model for training and consultation offer. Next VCSE and Primary Care SIG in March 2025 to offer further co-production in these areas. Oversight meeting to be arranged March 25. Advertising of 2 x 8A Psychologist posts. Long term action due October 2025 with the expected outcome to provide support to primary care to prevent referrals for low level support entering secondary care services.

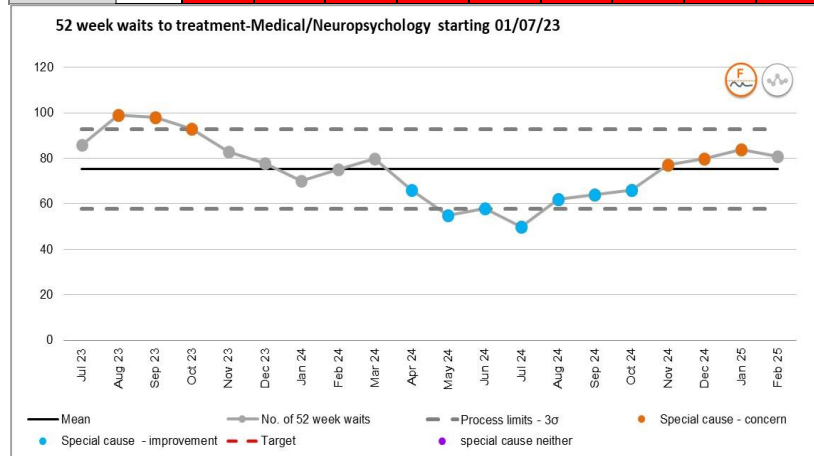
All TSPPD referrals to come through Neighbourhood Teams with agreed directorate wide secondary care referral criteria. Business as usual will be provided by the Mental Health Neighbourhood Teams during the transition period. Continue TSPPD Specialist Consultant weekly meeting to manage TSPPD referrals. Scope out whether CAP representative. Expected outcome is reduced waiting time for secondary mental health input as we focus on the severity of need best served. Expected completion date end of April 2025.

Agree a clinical model for current TSPPD waiting list and governance processes. Scale up new waiting list initiative after trial ends target date to begin full implementation. Expected outcome will be improved service offer, increased efficiency, and reduced waits. Expected completion date December 2025.

Design new Neighbourhood Team clinical model to be tailored to meet the needs of those with personality difficulties. Meetings in place to take forward. Plan to develop a model for working with people with moderate personality disorders within Neighbourhood Teams. Action due to complete at the end of April 2025.

EXCEPTION REPORT - Medical/Neuropsychology (treatment)- No of waiters over 52 weeks

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
DMH	0	80	66	55	58	50	62	64	66	77	80	84	81



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
75.3	57.8	92.8

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

Medical Psychology

Appointed two psychologists to the new cancer posts, which should help reduce some of the pressure on the general medical team, as these referrals currently sit there and often need priority support

A meeting with the UHL Pain Service is being arranged to discuss how to progress and manage the high level of referrals. A new capacity and demand summary is being prepared for this.

There are discussions with high referrers within UHL to think about alternative ways to manage these waits.

There are no waits for assessment and treatment within the specialisms with dedicated funding.

Neuropsychology 52 weeks

There are long waits to access and receive neuropsychology and paediatric neuropsychology outpatient assessment within the Neuropsychology Service with several 52 week breaches identified [6 in paediatric neuropsychology; 3 in adult neuropsychology – some waiting longer than 12 months are due to treatment requirements or pt request]. There is a plan and trajectory, waits are coming down.

Recruiting to 8B role as per the recruitment plan. This will create additional clinical capacity to address waiting times. This post has been recruited to and due to start in March 2025.

Assistant Psychologist providing telephone triage to support waiting list validation, contact is being made with those on the waiting list for over 6 months to ensure treatment remains relevant. Expected outcome is to increase capacity by ensuring the waiting list is an accurate illustration of those who still wish to access the service. Reducing DNAs and cancellations. This action is ongoing.

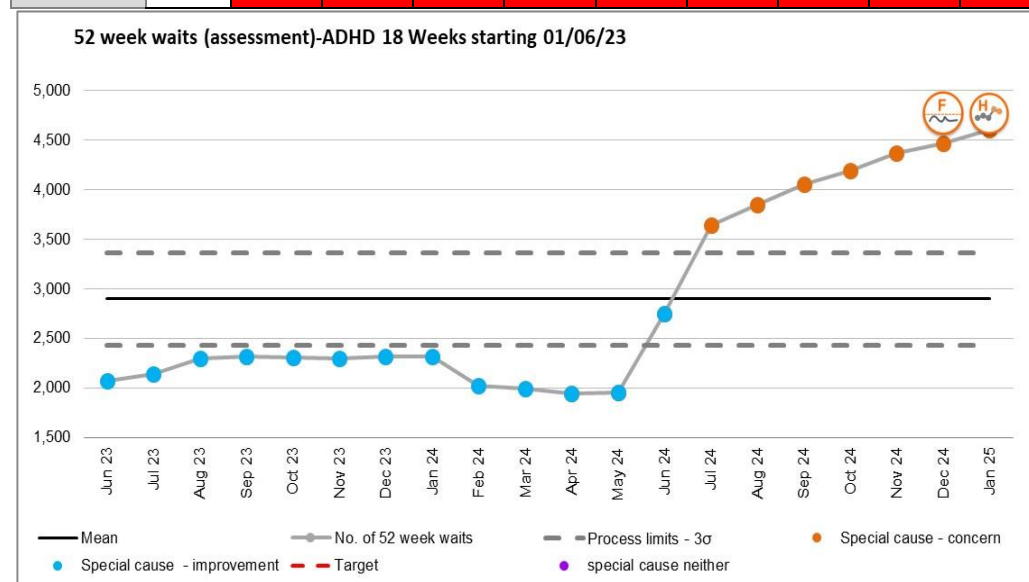
Submitting business cases in particular areas of high referrals. Awaiting outcome from UHL

Repeat assessments to be offered by assistant psychologists if clinically suitable to reduce the need for qualified appointments from 2 appts to 1 appt. Action is ongoing.

Joint Medical Psychology and Neuropsychology Action - Monthly complex case discussions with staff in NHS Talking Therapies (VITA Minds) to facilitate and support people to be seen in the most appropriate services, reduce duplication of work. Ongoing QI project. At the end of a 6 month pilot evaluation – to review data and continue to provide.

EXCEPTION REPORT - ADHD 18 weeks (assessment)- No of waiters over 52 weeks (Month in arrears)

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
DMH	0	2018	1989	1945	1956	2749	3638	3851	4051	4193	4372	4467	4607



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
2895.7	2431.3	3360.0

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

An options appraisal has been presented to EMB, further work continues on feasibility of the long term options. Expected outcomes are to develop a more efficient pathway with shorter waits for assessment and treatment, ensuring patients are sign posted to the most appropriate service to meet their needs. Long term action, due by March 2025.

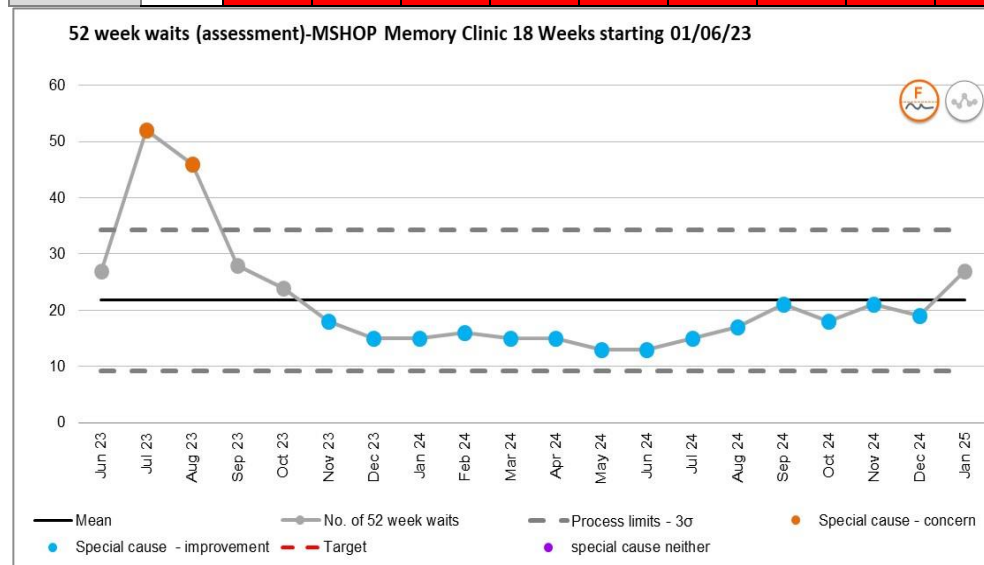
Continue to monitor ADHD medication supply issues and impact on waiting times / capacity. Expected outcomes are to understand the impact on treatment waits within the service. Some medications are now coming back into stock although some shortages are likely to continue until October 2025.

Ceasing of non-recurrent funding from 1st April 2025 to be escalated to the ICB due to the impact on waiting times and capacity within the service.

Understanding of other systems ADHD pathways and models. Agree a rescheduled date with colleagues at NHFT with LPT FYPC.LDA, expected completion date of September 2025, with the expected outcome of capturing and sharing best practice and lessons learnt to inform future service developments.

EXCEPTION REPORT - MHSOP Memory Clinics 18 weeks (assessment)- No of waiters over 52 weeks (Month in arrears)

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
DMH	0	16	15	15	13	13	15	17	21	18	21	19	27



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
21.8	9.2	34.4

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

2 full weeks of follow up appointments only has been completed. Impact on waits for diagnosis / treatment to be analysed alongside impact on DDR rate. Expected to increase the number of patients receiving diagnosis and treatment.

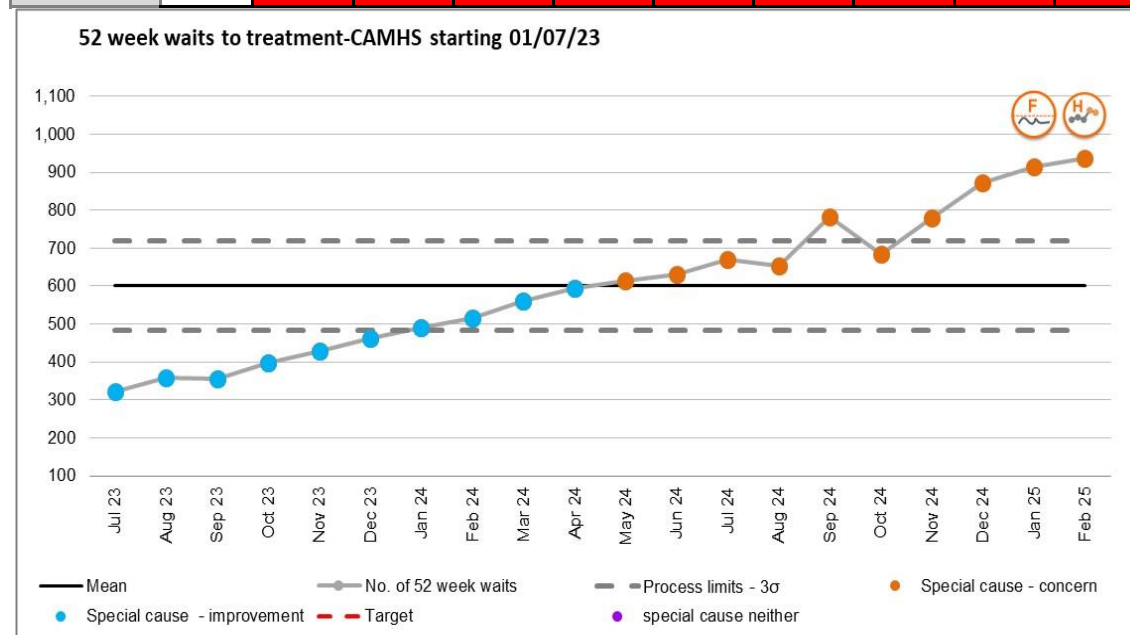
Commence roll out of Rapid Access Clinics w/c 11th March 1 clinic per week, with a second clinic commencing 1st April – delay in start dates due to medic clinics already having been booked and avoidance of cancelling clinics. Expected outcomes are increased efficiency, flow and better patient experience.

Health inequalities data review work commenced – deep dive required to plan actions. Working on analysis of DNA data to identify themes to allow for associated actions and to share plans with the Mental Health Collaborative. Anticipated outcomes are reduction in DNAs and short notice cancellations, improved patient experience.

Engagement with 2025/26 LLR Operational Planning round. Options appraisal developed and discussed at FPP with a view to increasing capacity. Expected completion date of April 2025. Awaiting formal outcome of ICB decisions on future non-recurrent investment as 3.0WTE staff on fixed term contracts until end of Mar 25 – these roles are pivotal in the rapid access clinics.

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

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
FYPCLDA	0	561	593	614	632	669	654	781	684	779	873	913	938



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
600.9	482.32	719.48

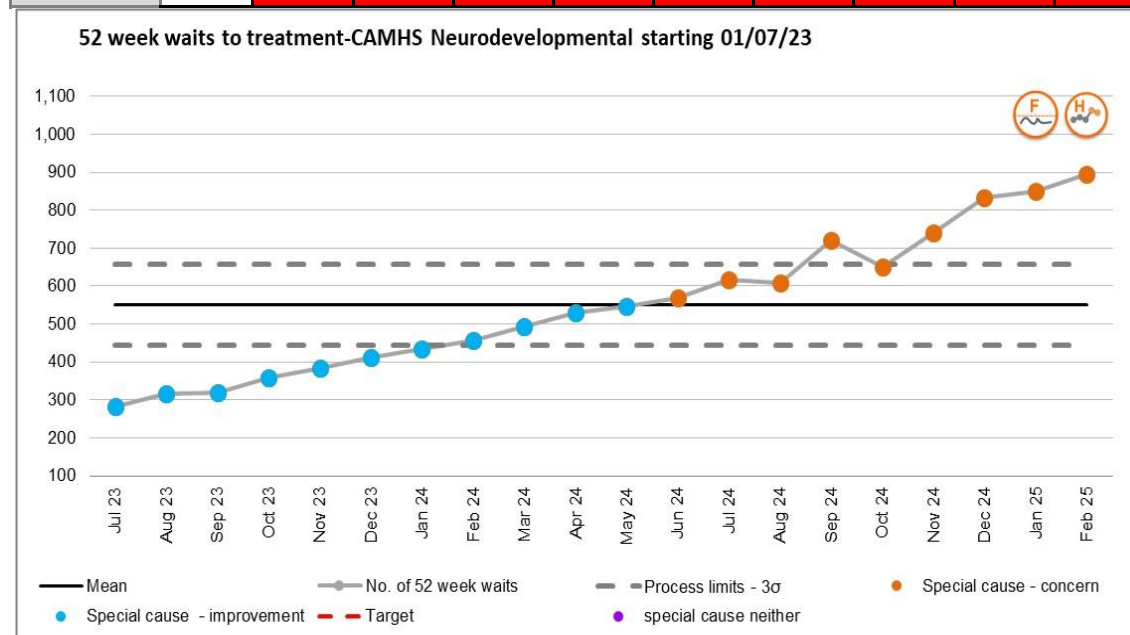
Operational Commentary (e.g. referring to risk, finance, workforce):

The number of CYP waiting over 52 weeks is linked to the number of children waiting for a neurodevelopmental assessment, treatment and groupwork. Migration of the ND pathway into single SystmOne unit continues throughout the remainder of the 2024/25 (Majority of 52+ week waits are in relation to the neurodevelopmental pathway).

The leadership team in CAMHS undertake monthly caseload reviews and prioritise the longest waiting CYP. The service has a robust duty system in place that monitors risk while CYP wait for an assessment or intervention. A digital review has created additional capacity to see CYP. The weekly PTL monitors prioritisation of those most at risk as well as those closest to 18 yrs to assist with transition to adult services. Service part of urgent system work to understand and mitigate the impact of the closure of ADHD Solutions who were contracted to provide pre-diagnostic support for CYP on the ND waiting list

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

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
FYPCLDA	0	492	530	546	570	618	608	720	651	739	832	849	894



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.

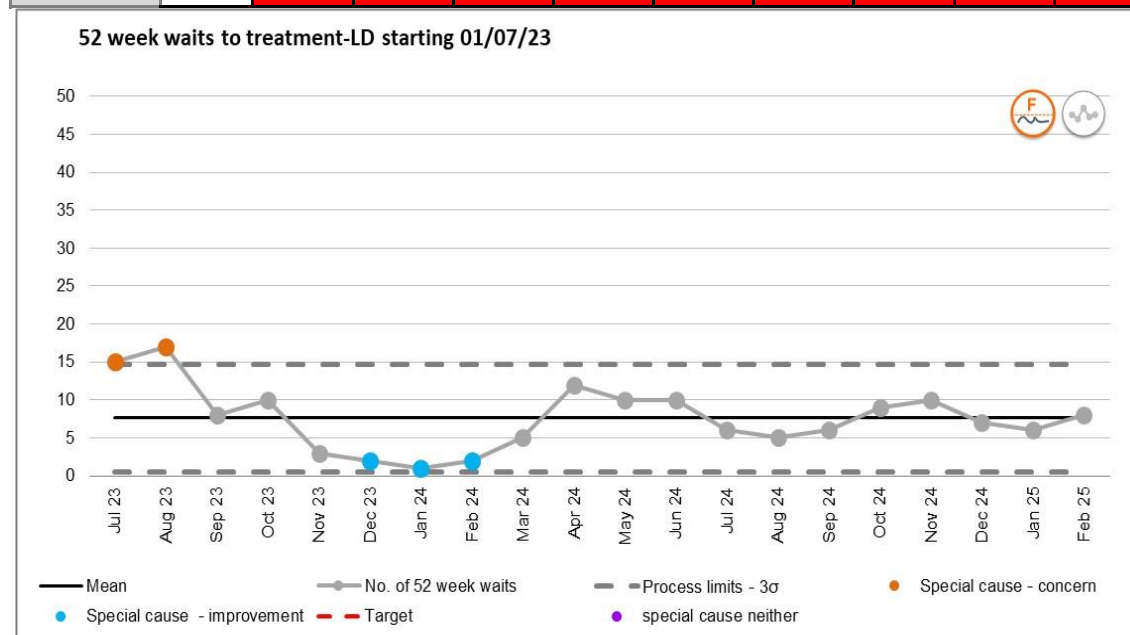
Mean	Lower Process Limit	Upper Process Limit
550.6	442.75	658.35

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

NMPs have been recruited into post to support the ADHD medication waiting list and clinics and increased ADHD Adult Transition clinics for transition of 17.5+ CYP. Cases are reviewed under the duty rating system e.g. 3 or 6 monthly and have access to duty clinicians and/or CAP line if presentation or risks escalation to crisis if required. Service continues to be part of urgent System work to understand and mitigate the impact of the close of ADHD Solutions.

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

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
FYPCLDA	0	5	12	10	10	6	5	6	9	10	7	6	8



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
7.6	0.46	14.74

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

LD Community All 8 patients on treatment pathways - awaiting psychology intervention - of these 4 are in active treatment with other disciplines in Community LD Services; 3 have had treatment completed from other disciplines.

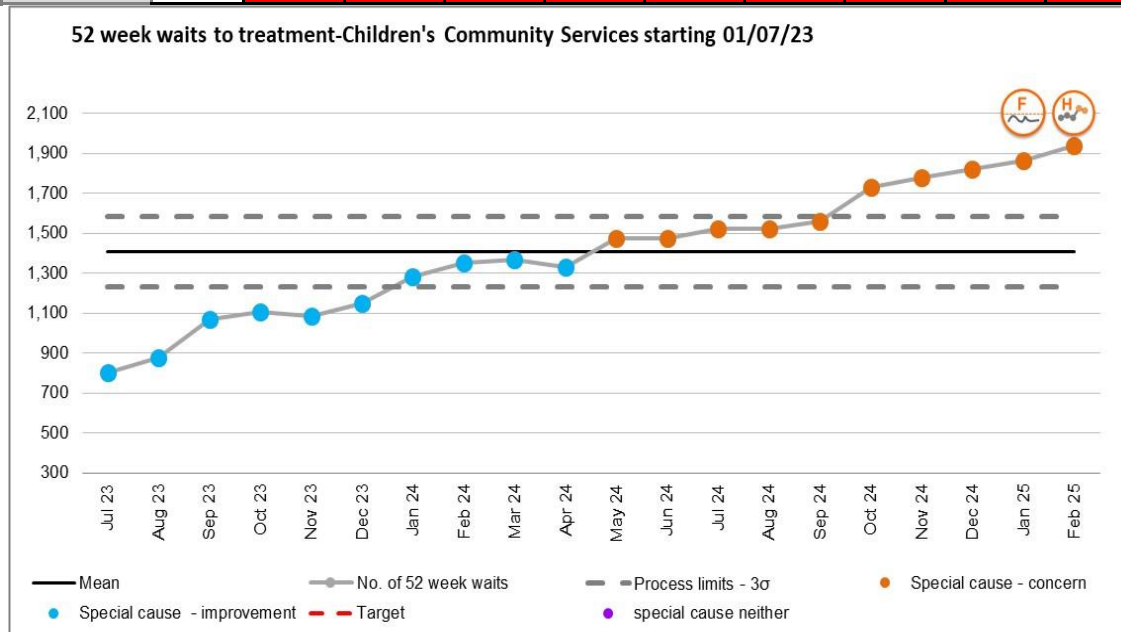
All patients are genuine waiters. Difficulty in allocating due to psychology capacity and complexity of patients.

Successful candidate to fill vacancy withdrew application. Advert currently out for 0.48b and 1.4 8a.

Delay in Consultant Psychologist MPAC picking up some complex psychology cases due to sick leave.

EXCEPTION REPORT - Children's Community Services (treatment)- No of waiters over 52 weeks

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
FYPCLDA	0	1369	1330	1476	1474	1524	1524	1560	1731	1780	1818	1862	1939



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
1405.2	1228.38	1582.02

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

ND: as detailed in ND, Comm Paeds, and CAMHS exception reports.

CYP Contenance: Service developing individual trajectories for the small number of CYP still waiting over 52 weeks (approx. 3).

CYP Physio: CYP waiting owing to tone management clinic capacity within Comm Paeds.

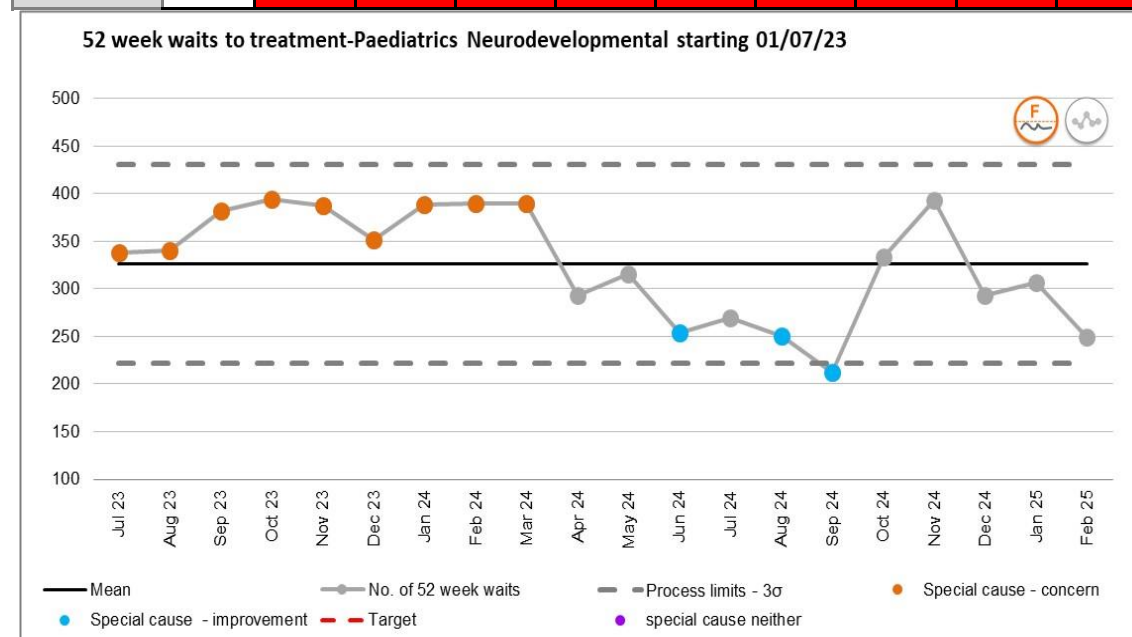
CYP SALT: Presentation scheduled for CYP Partnership Group (May) to socialise and escalate growing internal waits and risk to System and CYP. Challenge of balance between addressing access waits and meeting KPI and addressing internal waits that risk the KPI.

CYP Audiology:

Implementation of new process has removed 52 week waits as anticipated. Will continue to monitor to ensure this stays the same. See more detailed exception report.

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

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
FYPCLDA	0	390	293	316	254	270	251	212	334	393	293	307	249



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.

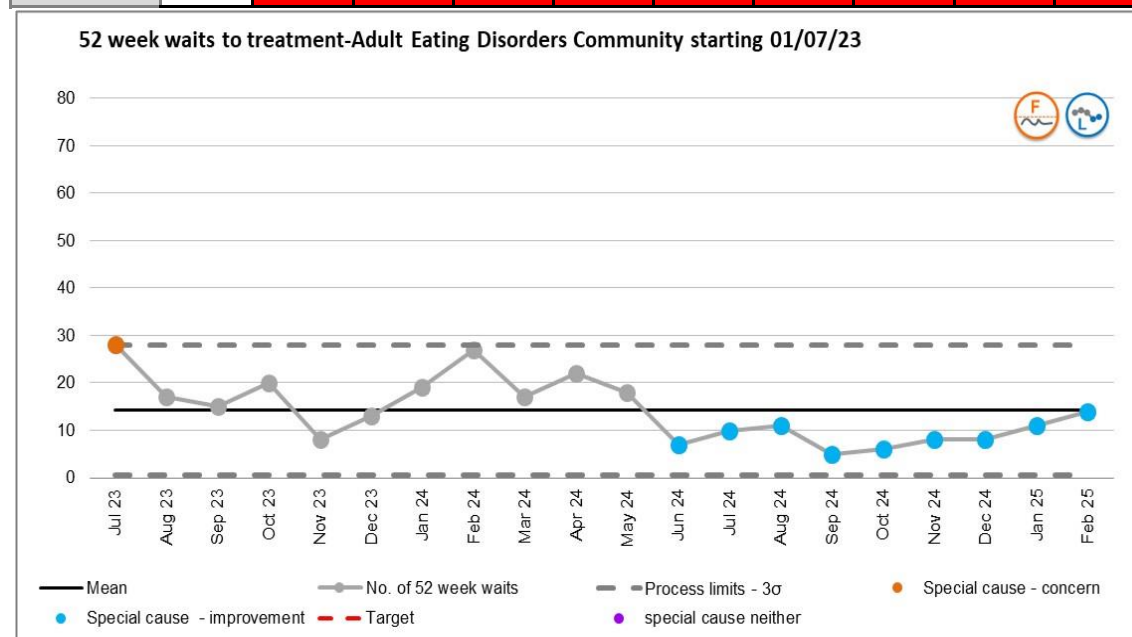
Mean	Lower Process Limit	Upper Process Limit
326.7	222.4	431.0

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

Lead professional to continue seeing patients awaiting diagnosis. Clinic co-ordinators contact to arrange an appointment, however, families are encouraged to refer to signposting information received for additional support whilst waiting to be seen. Paediatricians are completing 6 monthly/annual health checks on the CYP whilst they are waiting the conclusion of the ASD diagnosis. Reduction in 52 weeks is a result of waiting list validation to provide an accurate position around waiting times. Service continues to be part of urgent system work to understand and mitigate the impact of the closure of ADHD Solutions who were contracted to provide pre-diagnostic support for CYP on the ND waiting list

EXCEPTION REPORT - Adult Eating Disorders Community (treatment)- No of waiters over 52 weeks

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
FYPCLDA	0	17	22	18	7	10	11	5	6	8	8	11	14



Analytical Commentary

The metric is showing special cause variation of a 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.

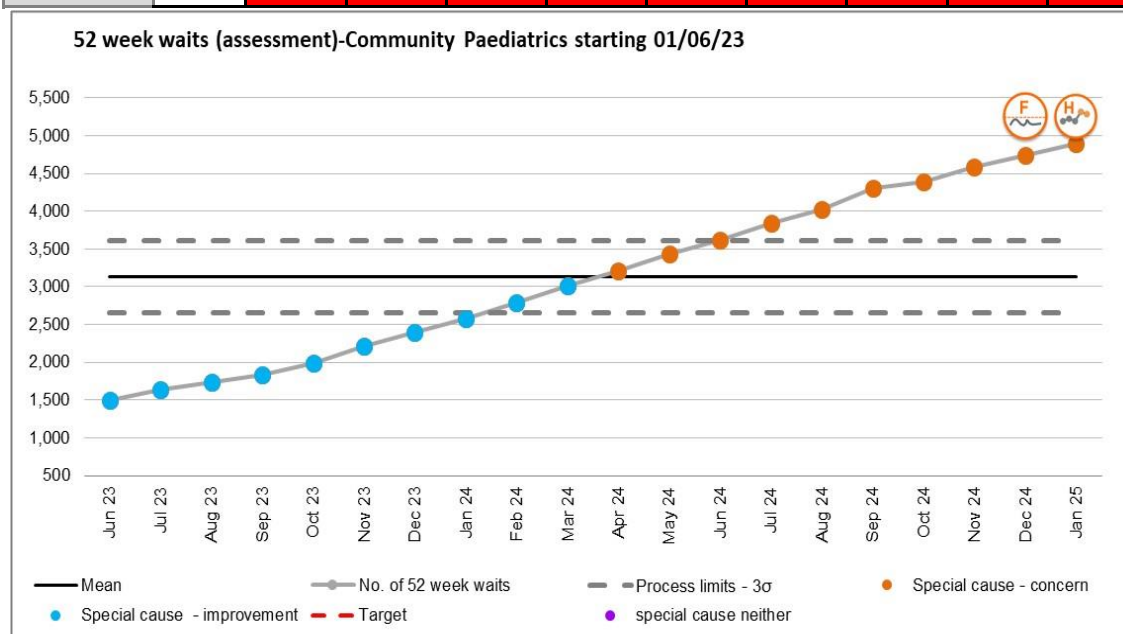
Mean	Lower Process Limit	Upper Process Limit
14.2	0.48	27.92

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

Individual trajectories have been developed and are reviewed regularly to closely grip the reasons for waits at patient level and to agree options to expedite. The service have had 2 new starters 1 now has a caseload and the other is about to pick up a caseload. 3rd therapist to start 20/01/2025 with a period of induction before caseload. This increase in capacity will help to manage overall wait times as well as over 52 week waiters. A number of 52 week waiters are as a result of patient choice over appointment slot and readiness to engage in treatment. Service escalated via Access Delivery Group. Meetings scheduled to discuss and ensure implemetation of RTT/clock stop in light of patient choice and Access Policy - service due to start trialling application to reduce waits.

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

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
FYPCLDA	0	2784	3012	3214	3436	3618	3846	4017	4303	4392	4586	4740	4895



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.

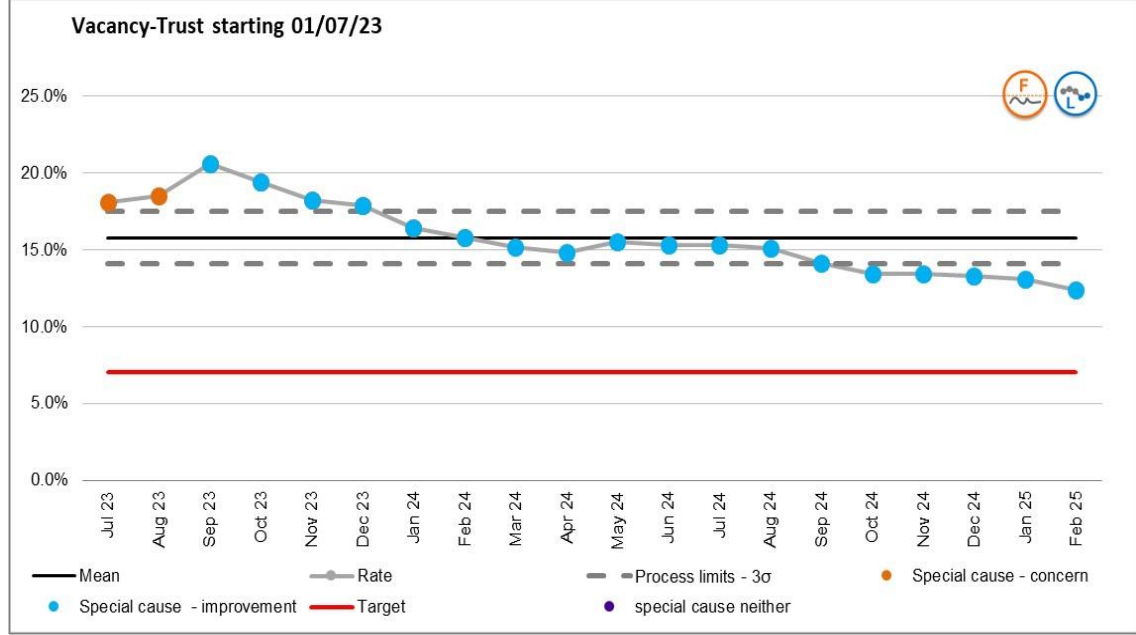
Mean	Lower Process Limit	Upper Process Limit
3135.4	2659.77	3610.93

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

The service have utilised additional investment to recruit ADHD nurses, SALTs and 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 not sufficient to reverse the trend of increase in numbers waiting over 52 weeks. To note some CYP are now waiting over 3 years. With this skill mix, we will continue to revise the assessment pathways for ASD/ADHD. Referral demand continues to remain at a high level in line with the national picture above the capacity of the service. Majority of waits relate to requests for neurodevelopmental assessment, the service continues to prioritise referrals at triage as Urgent or Routine. Urgent patients are offered appointments within 18 weeks. Service still part of urgent System work to understand and mitigate the impact of the close of ADHD Solutions. Intention to focus a transformation workstream to capture the work taking place within the service. Ongoing increase in scrutiny from NHSE and MP/Media, impacting capacity of service leadership and wider leaders in Directorate.

EXCEPTION REPORT - Vacancy Rate

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
TRUST	<=10%	15.2%	14.8%	15.5%	15.3%	15.3%	15.1%	14.1%	13.4%	13.4%	13.3%	13.1%	12.4%
DMH		17.1%	17.3%	17.3%	17.5%	17.4%	16.5%	17.2%	16.4%	15.9%	15.7%	16.4%	15.5%
CHS		16.8%	17.0%	18.2%	15.8%	15.9%	16.1%	15.4%	14.1%	13.4%	13.1%	12.9%	12.4%
FYPCLD		14.4%	13.8%	14.4%	15.0%	14.9%	14.7%	13.3%	13.0%	13.9%	14.2%	12.7%	11.9%



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
15.8%	14.0%	17.0%

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

The reduction in the vacancy rate slowed during the summer which coincided with the implementation of the new recruitment system - JobTrain. We also saw a slow down during December, which is typical for that time of year, but despite this the vacancy rate continued to decrease. The vacancy rate for DMH increased in January but this was due to additional posts being added to the establishment (new Band 4 Community Connector roles) as opposed to a reduction of staff in post.

The recruitment plan reset for 2024-25, based on what we believe to be realistically achievable, building on the success of 2023/24 which saw LPT slightly exceed its planned recruitment. During 2024-25 we anticipate a 4-5% reduction in the vacancy rate delivery of which is reflected in overall performance. This work is monitored through the Trust-wide Workforce, Recruitment and Agency Programme, which reports into Strategic Workforce Group and People and Culture Committee.

BAE06: If we do not adequately utilise workforce resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.

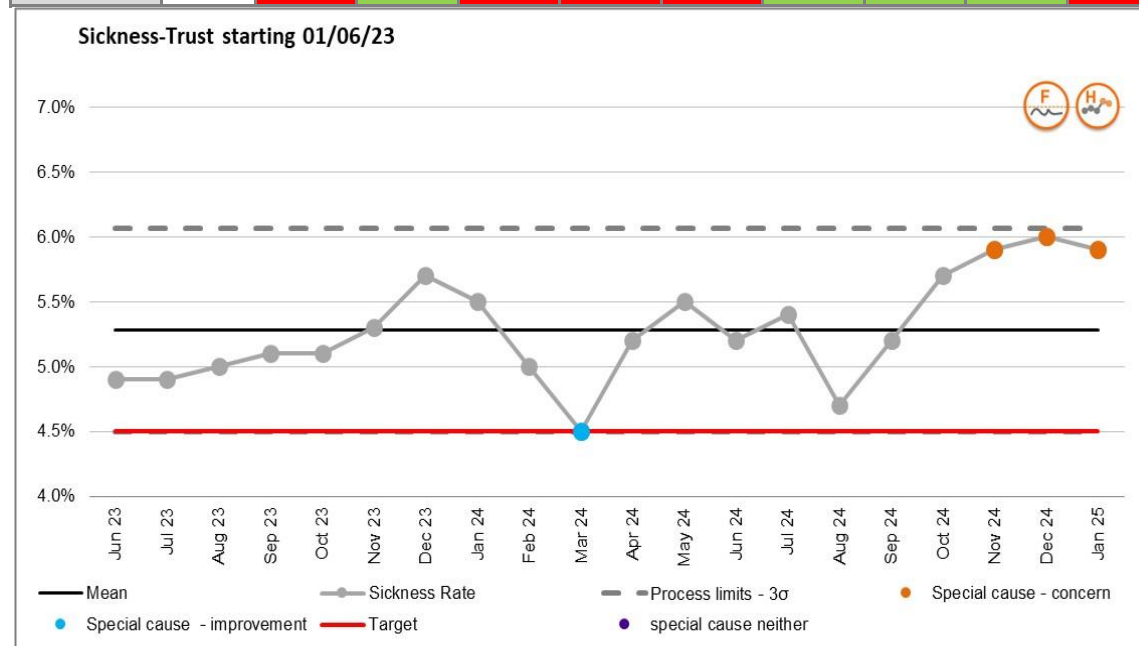
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~~PAE06: If we do not adequately utilise workforce resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.~~

EXCEPTION REPORT - Sickness Absence *(Month in arrears)*

	Target	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
TRUST	<=4.5%	5.0%	4.5%	5.2%	5.5%	5.2%	5.4%	4.8%	5.2%	5.7%	5.9%	6.0%	5.9%
DMH		5.4%	4.9%	6.0%	5.7%	5.9%	6.6%	6.2%	6.4%	6.8%	6.4%	6.3%	7.0%
CHS		5.7%	5.6%	6.3%	6.6%	5.8%	5.9%	5.1%	5.7%	6.2%	6.7%	6.9%	6.7%
FYPCLD		5.2%	4.0%	4.6%	5.1%	4.5%	4.4%	3.8%	4.3%	5.0%	5.6%	5.5%	5.0%



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
5.3%	5.0%	6.0%

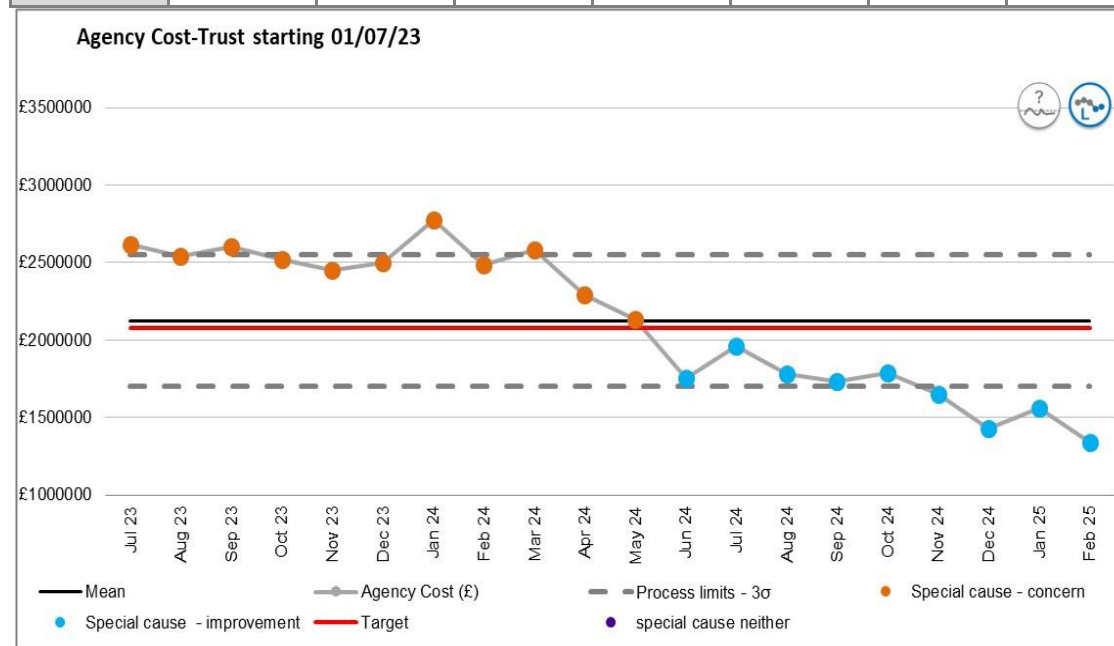
Operational Commentary (e.g. referring to risk, finance, workforce)

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 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 People and Culture Committee.

EXCEPTION REPORT - Agency Costs

	Target	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
TRUST	<=£2,077,250	£2,579,215	£2,292,669	£2,132,787	£1,752,134	£1,960,763	£1,781,388	£1,733,239	£1,790,193	£1,652,392	£1,430,863	£1,563,021	£1,339,895
DMH		£806,231	£840,096	£871,314	£752,736	£810,906	£744,967	£700,309	£699,373	£662,096	£613,750	£570,697	£512,094
CHS		£1,288,658	£1,021,658	£998,084	£912,570	£902,070	£844,311	£728,299	£796,173	£726,933	£645,533	£779,216	£653,190
FYPCLD		£495,653	£329,532	£229,894	£171,221	£193,354	£182,845	£280,540	£252,964	£273,926	£175,987	£197,407	£159,573



Analytical Commentary

The metric is showing a special cause variation of 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
2125183.1	1698569.64	2551796.56

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

Planned agency spend for 2024-25 is £24,927,000. 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 fruition. However for this purposes of the report, the target shown is the total planned spend divided equally across the 12 months.

Reductions in agency spend over the last three months have been driven by a reduced need for agency HCAs and reducing/stopping use of off-framework agency nurses. This work is monitored through the Trust-wide Workforce, Recruitment and Agency Programme, which reports into Strategic Workforce Group and People and Culture Committee.







BAF06: If we do not adequately utilise workforce resourcing strategies, we will have poor recruitment, retention and representation, resulting in high agency usage.

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-24	68.0%	76.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Dec-24	70.0%	78.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	6846	Dec-24	14465	14380	
(D1) Community Mental Health Access (2+ contacts) - LPT		Dec-24	14420	14325	
(E1) CYP access (1+ contact) - LLR	14553	Dec-24	17805	17730	
(E1) CYP access (1+ contact) - LPT		Dec-24	9195	8740	
MHSDS CYP ED Routine (Interim) - LLR		Dec-24	58.0%	54.0%	
MHSDS CYP ED Routine (Interim) - LPT	>=95%	Dec-24	61.0%	56.0%	
MHSDS CYP ED Urgent (Interim) - LLR		Dec-24	63.0%	63.0%	
MHSDS CYP ED Urgent (Interim) - LPT	>=95%	Dec-24	63.0%	63.0%	
(G3) EIP waiting times - MHSDS - LLR		Dec-24	57.0%	66.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Dec-24	56.0%	64.0%	
MHSDS Individual Placement & Support (IPS, Rolling 12 month) - LLR	663	Dec-24	725	715	
MHSDS Individual Placement & Support (IPS, Rolling 12 month) - LPT		Dec-24	730	710	
OAPs active at the end of the period (inappropriate only) - rolling quarter - LLR		Dec-24	5	5	
OAPs active at the end of the period (inappropriate only) - rolling quarter - LPT		Dec-24	0	0	
OAPs Bed Days (inappropriate only) - LLR		Dec-24	445	410	
OAPs Bed Days (inappropriate only) - LPT		Dec-24	210	240	
(L1) Perinatal access - rolling 12 months - LLR	1259	Dec-24	1235	1230	
(L1) Perinatal access - rolling 12 months - LPT		Dec-24	1245	1235	
MHSDS Restrictive Interventions per 1000 bed days - LLR		Dec-24	-	-	
MHSDS Restrictive Interventions per 1000 bed days - LPT		Dec-24	23	23	
(N1) Data Quality - Consistency - LLR		Dec-24	87.0%	87.0%	
(N1) Data Quality - Consistency - LPT		Dec-24	100.0%	100.0%	
(N2) Data Quality - Coverage - LLR		Dec-24	83.0%	100.0%	
(N2) Data Quality - Coverage - LPT	>=98%	Dec-24	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Dec-24	23.0%	22.0%	
(N3) Data Quality - Outcomes - LPT	>=50%	Dec-24	23.0%	22.0%	
(N4) Data Quality - DQMI score - LLR		Oct-24	60.2%	61.2%	
(N4) Data Quality - DQMI score - LPT	>=95%	Oct-24	93.0%	93.0%	
(N5) Data Quality - SNOMED CT - LLR		Dec-24	97.0%	93.0%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Dec-24	100.0%	100.0%	