











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%	Mar-25	51.1%	51.7%			ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Mar-25	4898	4757		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Mar-25	59.7%	58.9%			MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Mar-25	25	14		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Mar-25	4.5%	2.5%			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Mar-25	5335	5044		
CINSS (6 weeks) - Incomplete Pathway	>=95%	Mar-25	44.0%	47.9%			All LD - Treatment waits - No of waiters	0	Apr-25	3	6		
Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Mar-25	15.0%	15.2%			Adult Eating Disorders Community - Treatment waits - No of waiters	0	Apr-25	11	19		
Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Mar-25	30.8%	31.0%			Vacancy Rate	<=10%	Apr-25	10.5%	12.1%		
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Apr-25	52	53			Sickness Absence	<=4.5%	Mar-25	5.0%	5.5%		
Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Apr-25	53	50			Agency Costs	<=£922,333	Apr-25	£1,202,759	£1,564,366		
Dynamic Psychotherapy - Treatment waits - No of waiters	0	Apr-25	7	4									
Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Apr-25	401	435									
Medical/Neuropsychology - Treatment waits - No of Waiters	0	Apr-25	93	81									

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%	Apr-25	83.5%	85.5%		
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Apr-25	7.3%	7.4%		
Core Mandatory Training Compliance for substantive staff	>=85%	Apr-25	98.1%	98.2%		
Staff with a Completed Annual Appraisal	>=80%	Apr-25	94.5%	94.1%		
% of staff from a BME background	>=22.5%	Apr-25	32.1%	31.8%		

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 Agency Cost / Vacancy Rate
	Common Cause 	Occupancy Rate - Mental Health Beds (excluding leave)	Adult ED Community 52 wks Sickness Absence	<i>Waiting Times:</i> Adult CMHT / ADHD / Stroke & Neuro / Children's Audiology / DPS 52 wks / LD 52 Wks
	Special Cause - Concern 			<i>Waiting Times:</i> Memory Clinic / Community Paediatrics / CBT 52 weeks / Medical_Neuro 52 wks / ADHD 52 weeks / Community Paediatrics 52 wks assessment

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%	Apr-25	7.3%	7.4%		
Vacancy Rate	<=10%	Apr-25	10.5%	12.1%		
Sickness Absence (in arrears)	<=4.5%	Mar-25	5.0%	5.5%		
Agency Costs	<=£922,333	Apr-25	£1,202,759	£1,564,366		

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	Apr-25	1	1		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Apr-25	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%	Apr-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		Apr-25	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Apr-25	7.0%	8.4%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Apr-25	1606	1623				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Apr-25	68.0%	67.5%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Apr-25	22	36				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Apr-25	1.4%	2.2%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Feb-25	90.0%	88.0%				
NHS Oversight	TRUST	Monthly	2-hour urgent response activity	>=70%	Apr-25	86.8%	86.5%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Apr-25	22.0%	27.9%				
	TRUST	Monthly	Out of Area Placement - Inappropriate Bed Days	0	Apr-25	205	365				
	ICB	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Apr-25	28	27				
	ICB	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Apr-25	1	1				
		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		Apr-25	1	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
	TRUST	Monthly	MRSA Infection Rate		Apr-25	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Apr-25	1	0				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Mar-25	0	0				
	GOV	Monthly (YTD)	Percentage of people aged 65 and over who received a flu vaccination		Mar-25		75.2%				
			VTE Risk Assessment								
Operational Planning	TRUST	Monthly	Average Length of Stay in Adult Acute MH Beds	<=56.3	Apr-25	52.1					
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=23.5	Apr-25	25.3	25.4				
	TRUST	Monthly	Community Care Contacts - CHS	Plan=82335	Apr-25	84118					
	TRUST	Monthly	Community Care Contacts - FYPC	Plan=11913	Apr-25	10460					
	TRUST	Monthly	Community Services Waiting List over 52 weeks	Target =0 Plan=5459	Apr-25	5526					
Access Waiting Times - DMH	TRUST	Monthly (In Arrears)	Adult CMHT Access (6 weeks routine) - Incomplete pathway	>=95%	Mar-25	51.1%	51.7%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Mar-25	59.7%	58.9%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Mar-25	4.5%	2.5%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral - complete pathway	>=60%	Mar-25	61.9%	60.0%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (6 weeks) - Incomplete Pathway	>=95%	Mar-25	44.0%	47.9%				
	TRUST	Monthly (In Arrears)	Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete Pathway	>=95%	Mar-25	25.4%	23.4%				
Access Waiting Times - FYPC/LDA	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Mar-25	50.0%	57.1%				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Mar-25	20.0%	33.3%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Mar-25	15.0%	15.2%				
	TRUST	Monthly (In Arrears)	Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Mar-25	30.8%	31.0%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Looked After Children	TRUST	Monthly	Percent of IHA plans sent to LA in month by 19th working day of being taken into care (City/County/Rutland)		Apr-25	16.7%	50.0%				
	TRUST	Monthly	(5-18yrs) Percent of RHAs sent to LA in month within 12 months of previous assessment (City/County/Rutland)		Apr-25	100.0%	100.0%				
	TRUST	Monthly	(0-4yrs) Percent of RHAs sent to LA in month within 6 months of previous assessment (City/County/Rutland)		Apr-25	100.0%	91.7%				
52 Week Waits - DMH	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Apr-25	52	53				
	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - Longest Waiter		Apr-25	180	175				
	TRUST	Monthly	Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Apr-25	53	50				
	TRUST	Monthly	Cognitive Behavioural Therapy- Treatment waits - Longest waiter (weeks)		Apr-25	85	80				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - No of waiters	0	Apr-25	7	4				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - Longest waiter (weeks)		Apr-25	74	69				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Apr-25	401	435				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - Longest waiter (weeks)		Apr-25	183	179				
	TRUST	Monthly	Medical/Neuropsychology - Treatment waits - No of Waiters	0	Apr-25	93	81				
	TRUST	Monthly	Medical/Neuropsychology- Treatment waits - Longest Waiter		Apr-25	146	141				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Mar-25	4898	4757				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - Longest waiter (weeks)		Mar-25	387	383				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Mar-25	25	14				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks -Longest waiter (weeks)		Mar-25	139	83				

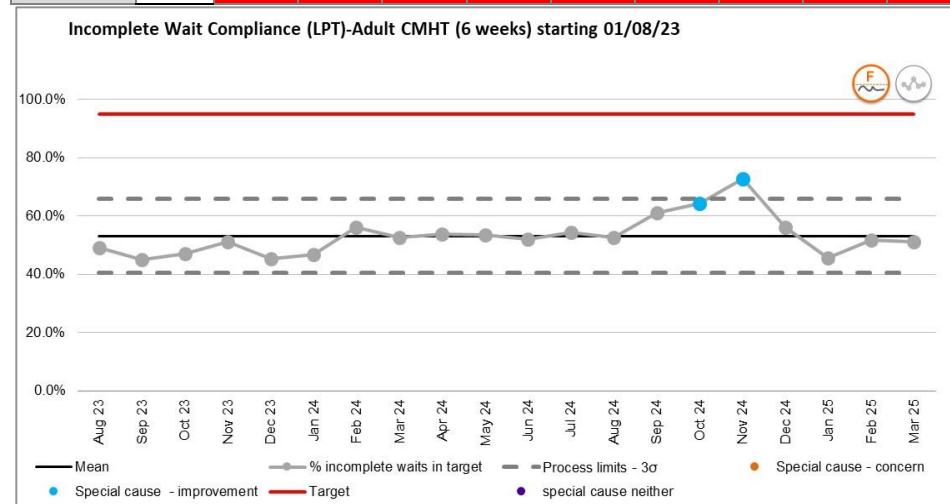
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits - FYPCDA	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Mar-25	5335	5044				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Mar-25	183	174				
	TRUST	Monthly	Community Paediatrics Treatment (excl ND) - No of waiters	0	Apr-25	40	33				
	TRUST	Monthly	Community Paediatrics Treatment (excl ND) - Longest waiter		Apr-25	133	128				
	TRUST	Monthly	All Neurodevelopment (inc CAMHS, SALT, PAEDS) - Treatment waits - No of waiters	0	Apr-25	1205	1155				
	TRUST	Monthly	All Neurodevelopment (inc CAMHS, SALT, PAEDS) - Treatment waits - Longest waiter (weeks)		Apr-25	237	232				
	TRUST	Monthly	CAMHS - Treatment waits (excl ND) - No of waiters	0	Apr-25	93	73				
	TRUST	Monthly	CAMHS - Treatment waits (excl ND) - Longest waiter (weeks)		Apr-25	68	77				
	TRUST	Monthly	All LD - Treatment waits - No of waiters	0	Apr-25	3	6				
	TRUST	Monthly	All LD - Treatment waits - Longest waiter (weeks)		Apr-25	81	91				
	TRUST	Monthly	Children's SALT Communication & Dysphagia - No of waiters	0	Apr-25	1704	1692				
	TRUST	Monthly	Children's SALT Communication & Dysphagia - Longest waiter		Apr-25	114	163				
	TRUST	Monthly	Children's Physiotherapy - No of waiters	0	Apr-25	14	10				
	TRUST	Monthly	Children's Physiotherapy - Longest waiter		Apr-25	102	98				
	TRUST	Monthly	Children's Continence - No of waiters	0	Apr-25	0	0				
	TRUST	Monthly	Children's Continence - Longest waiter		Apr-25	16	45				
	TRUST	Monthly	Audiology - No of waiters	0	Apr-25	0	1				
	TRUST	Monthly	Audiology - Longest waiter		Apr-25	41	67				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - No of waiters	0	Apr-25	11	19				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - Longest waiter (weeks)		Apr-25	67	72				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Apr-25	83.5%	85.5%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Apr-25	95.1%	94.3%				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Apr-25	5.7%	6.0%				
	TRUST	Monthly	Gatekeeping	>=95%	Apr-25	100.0%	100.0%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Apr-25	0	0				
Quality & Safety	TRUST	Monthly	No. of Complaints		Apr-25	21	23				
	TRUST	Monthly	No. of Concerns		Apr-25	44	39				
	TRUST	Monthly	No. of Compliments		Apr-25	144	125				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Apr-25	1	1				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Apr-25	1	1				
	TRUST	Monthly	Care Hours per patient day		Apr-25	11.7	11.4				
	TRUST	Monthly	No. of Long term Segregations		Apr-25	1	0				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Apr-25	6	2				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Apr-25	1	1				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Apr-25	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Apr-25	152	138				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Mar-25	110	128				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Mar-25	10	11				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Mar-25	12	6				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Mar-25	72	39				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
	TRUST	Monthly	No. of Medication Errors		Apr-25	95	131				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Apr-25	3.6%	81.5%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Apr-25	11	4				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Apr-25	10	15				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Apr-25	8	7				
HR Workforce	TRUST	Monthly	Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Apr-25	7.3%	7.4%				
	TRUST	Monthly	Vacancy Rate	<=10%	Apr-25	10.5%	12.1%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Mar-25	5.0%	5.5%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Mar-25	£1,033,401	£1,023,003				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Mar-25	5.5%	5.5%				
	TRUST	Monthly	Agency Costs	<=£922,333	Apr-25	£1,202,759	£1,564,366				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Apr-25	98.1%	98.2%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Apr-25	94.5%	94.1%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Apr-25	32.1%	31.8%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%							
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Apr-25	92.4%	93.2%				

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

	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
DMH	>=95%	53.8%	53.4%	52.0%	54.3%	52.6%	61.2%	64.4%	72.8%	56.1%	45.6%	51.7%	51.1%



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
53.1%	40.0%	66.0%

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

Daily huddles in place in the majority of the Neighbourhood teams. Hub and spoke consultant MDT in place with Community specialist teams connecting with all Neighbourhood teams. Expected outcome is that patients have access to the most appropriate service to meet their needs whilst improving service efficiency.

Work continues to progress the caseloads review programme in 2025/26. A Medical workforce transformation action plan has been developed with programmes of work identified to review caseload and patient cohorts in outpatient clinics. 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 April 2026.

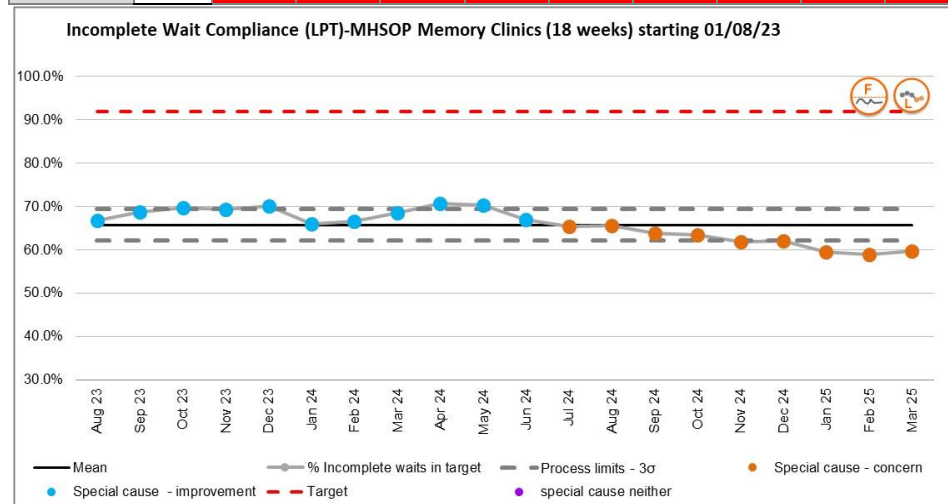
The plan is to roll out the caseload review methodology into the other NH's and complete by the end of March 2026. This has commenced in Melton and further work is planned to take this across all teams. Further work is underway to ensure that there is appropriate clinical pathways for those patients identified in the OPD caseloads who are on Clozapine or require a depot to ensure they have timely access to their treatment. This is being led by the Head of Nursing and should be completed by the end of July 2025.

Phased implementation of the new 'front door' with Steering Group established. Action due to complete June 2025 with the expected outcome to improve access to services. Once fully operational this will positively impact on outpatient 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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
DMH	>=92%	70.7%	70.3%	66.9%	65.4%	65.5%	63.9%	63.4%	61.9%	62.1%	59.4%	58.9%	59.7%



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
65.7%	62.0%	69.0%

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

Plan to implement rapid access clinics between now and June 25 is going well, noted improvement in numbers waiting and length of wait where patients diagnosed in fast access clinics.

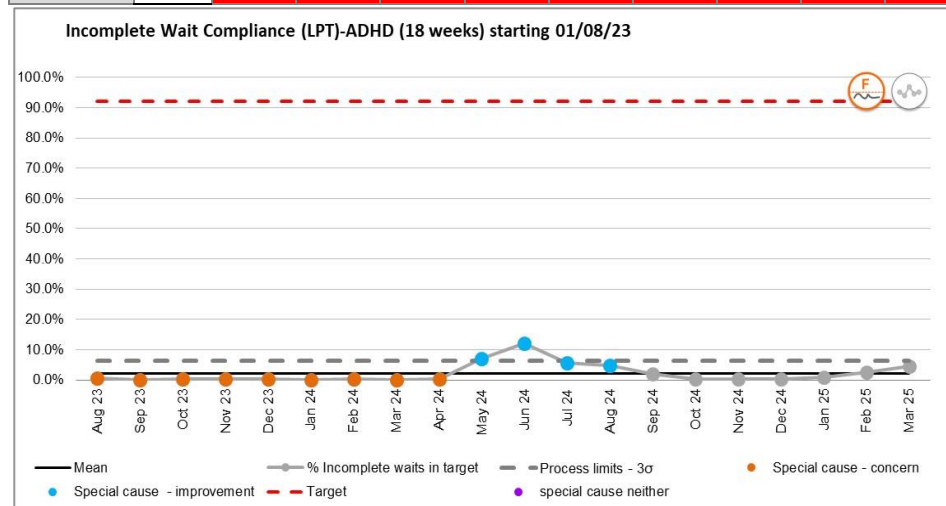
Meeting arranged with business team to work on capacity and demand in rapid access clinics in context of no opportunity to provide any weekend assessment slots in 2025/26. Team Lead/Manager feedback that clinical team are fully engaged, morale is high, and this has increased productivity and flow.

Work underway to triage waiting list and identify those for advanced dementia pathway which will enable a shortened assessment and more timely diagnosis. Proposal to be presented to FPP with full detail of proposed pathway development to include trajectory of how implementation will increase capacity.

Health inequalities data review work continues – 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.

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

	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
DMH	>=92%	0.2%	6.9%	12.0%	5.6%	4.9%	2.0%	0.2%	0.4%	0.3%	0.9%	2.5%	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 above the process limits.

Mean	Lower Process Limit	Upper Process Limit
2.1%	-2.0%	6.0%

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.

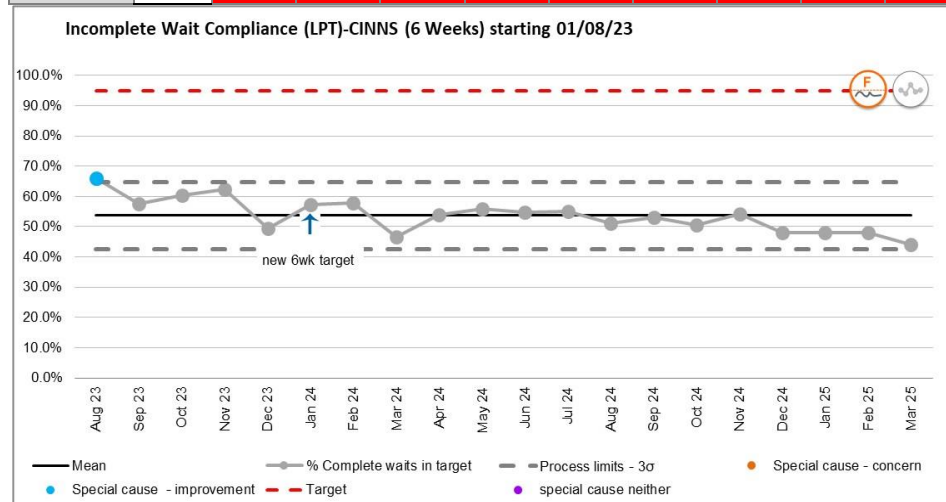
Continue to monitor ADHD medication supply issues and impact on waiting times / capacity. Expected outcomes are to understand the impact on treatment waits within the service. Some medications are now coming back into stock although some shortages are likely to continue until October 2025.

Ceasing of non-recurrent funding from 1st April 2025 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 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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
CHS	>=95%	54.0%	56.0%	54.8%	55.0%	51.1%	53.1%	50.5%	54.1%	48.0%	48.1%	47.9%	44.0%



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
53.7%	43.0%	65.0%

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

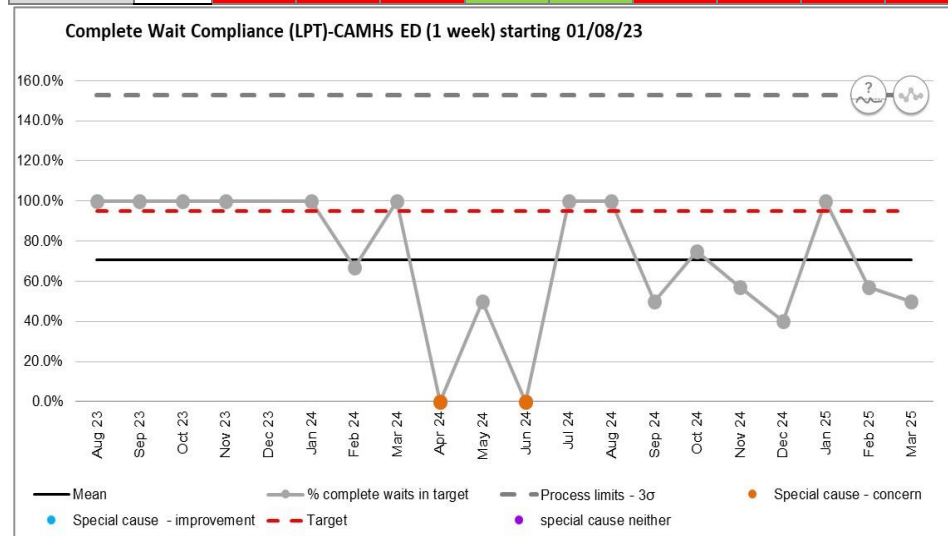
Key actions identified below with the aim of improving service compliance against wait times:

- 1. Benchmarking (provision and times)** - Meeting completed with Cambridgeshire and Peterborough Neuro Rehabilitation and Stroke Early Supported Discharge Integrated Community Team. Further benchmarking opportunities through CSP – survey completed, awaiting results. Awaiting contact back from service in Newcastle to start this work. Expected Outcome / Impact: Understanding of where service is in line with other comparable services and potential for alternative options for caseload management.
- 2. External review if required (paid)** - Options for external review being explored. 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. Actions underway including exploring templates for documentation. 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.** Actions being progressed 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 not recruited to** - Service taking relevant actions to recruit against vacancies. Expected Outcome / Impact: Full recruitment and increased capacity
- 6. Right staff right job** - Staff encouraged to attend CINSS MDT to discuss patients where are identified risks/concerns. Gaps in service provision within LLR identified and continue to be escalated. Feedback from CINSS whole team event taken on board and subsequent actions being progressed. 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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
FYPCLDA	>=95%	0.0%	50.0%	0.0%	100.0%	100.0%	50.0%	75.0%	57.1%	40.0%	100.0%	57.1%	50.0%

NB. Blank cells = no patients waiting



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
70.8%	11.0%	153.0%

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.

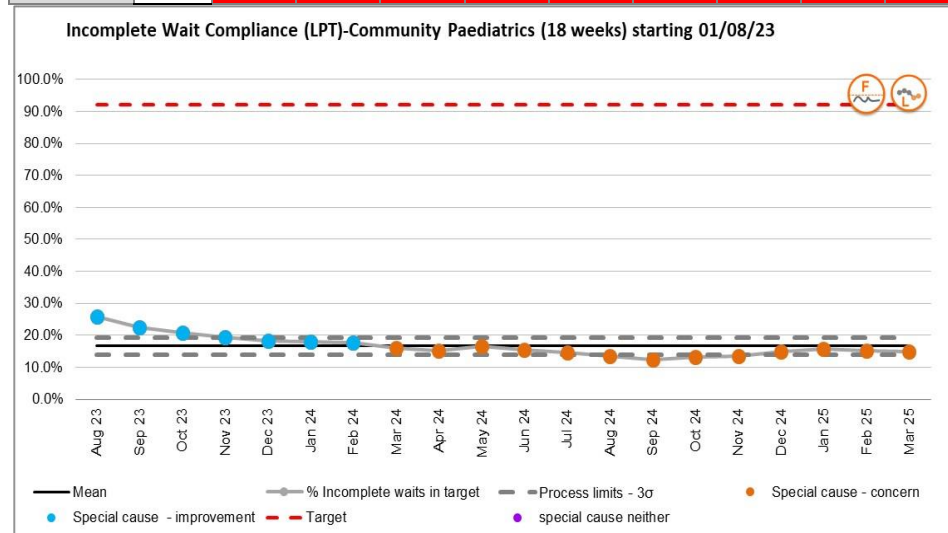
Strengthening systems and processes to track patients from referral to first appointment, including reviewing the duty process (point of referral).

KPI performance narrative - 50%, 3 breaches of 6 for May:

- 1 fail was caused by a DNA'd appointment - patient in A&E.
- 1 fail was caused the patient being non-contactable - multiple attempts made on day of referral and further issues in the patient being available to be part of the telephone triage.
- 1 fail was a breach by one day owing to capacity and being the first available slot.

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

	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
FYPCLDA	>=92%	15.3%	16.5%	15.4%	14.5%	13.4%	12.5%	13.2%	13.4%	14.8%	15.6%	15.2%	15.0%



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
16.7%	14.0%	19.0%

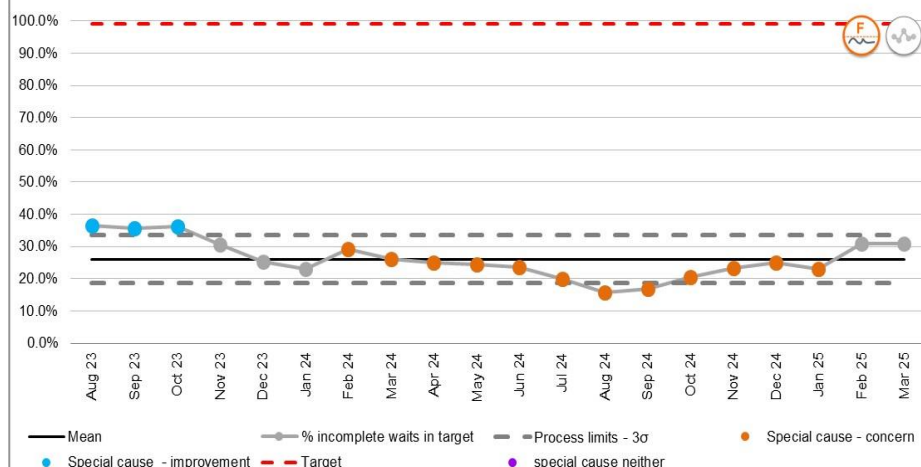
Operational Commentary (e.g. referring to risk, finance, workforce):

This is a multidisciplinary pathway (with a multi-referral point for access). The KPI is directly impacted by ND waits. 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. Service leadership seeking to steer developments. Still awaiting outcome of the new benchmarking.

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

	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
FYPCLDA	>=99%	24.9%	24.4%	23.7%	20.0%	15.7%	16.9%	20.4%	23.3%	24.9%	23.0%	31.0%	30.8%

Incomplete Wait Compliance (LPT)-Diagnostics (6 weeks) starting 01/08/23



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
26.1%	19.0%	34.0%

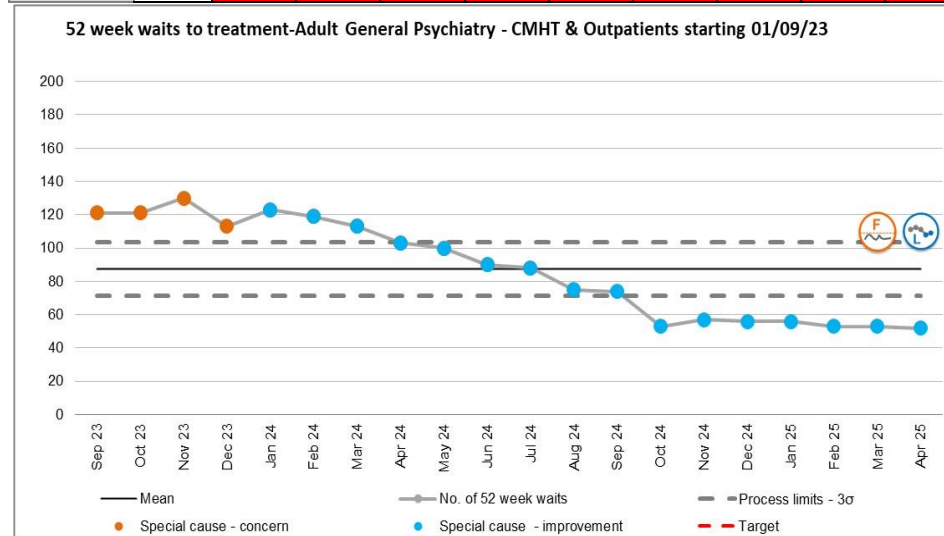
Operational Commentary (e.g. referring to risk, finance, workforce):

The service remains fragile. System level assurance and governance group remains active, conversations ongoing and progressing around a future direction of the service provision. Waiting list validation is ongoing with a focus on the mitigation lists. Service currently doesn't hold any 52 week waiters, priority is being given to those patients who are the longest waits within the service to ensure patients don't approach 52 week. Currently off the planned trajectory by almost 300 patients. Notice served on 1 leased estate which ends in June 2025, arrangements at another leased estate was not continued once initial agreement came to an end, despite negotiations by LPT. Planned milestones being met at refurbished estate at Beaumont Leys and plans beginning for refurbishment at Hynca Lodge. Meetings have occurred with ICB around updating service specification, a updated version in draft format is with ICB for review.

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

- No of waiters over 52 weeks

	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
DMH	0	103	100	90	88	75	74	53	57	56	53	53	52



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
87.5	71.4	103.6

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

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. Monthly focused performance meeting to scrutinise data and plan actions.

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

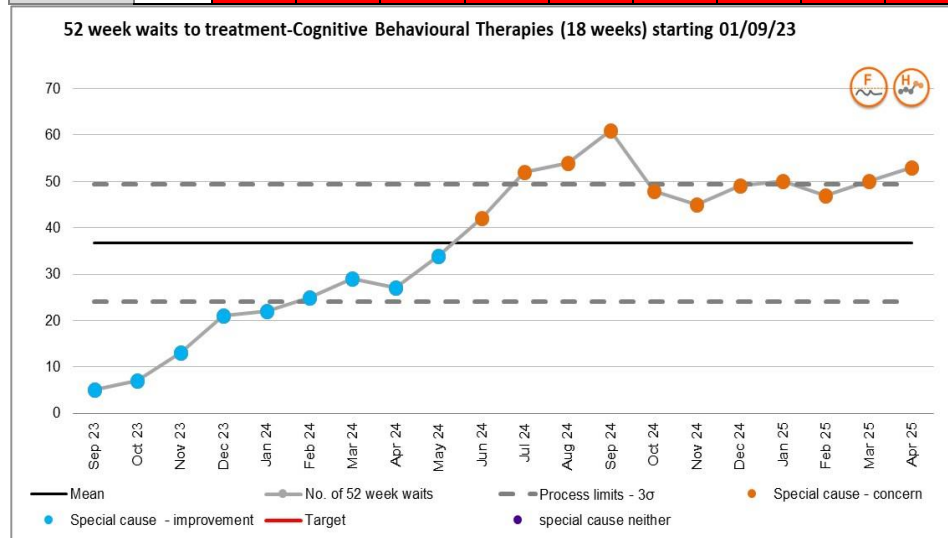
The longest waits for outpatient appointments are due to limitations in medical capacity.

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 new ways of working which positively impact on wait times. 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	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
DMH	0	34	42	52	54	61	48	45	49	50	47	50	53



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
36.7	24.1	49.3

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

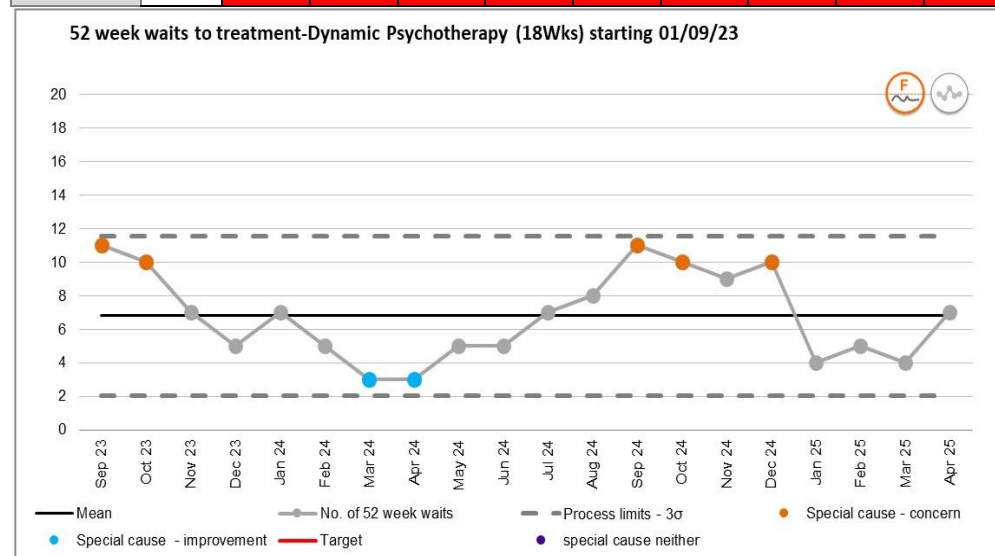
The CBT service continues to target efforts to reduce DNA rates for assessment appointments as a service priority and will require continued cooperation from Neighbourhood teams, setting expectations for patients referred to CBT.

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

CBT now has representation at all of the neighbourhood mental health team's psychological consultant meetings and contribute to clinical discussions on formulation and psychological interventions which reduces the numbers of referrals for people not ready or able to be helped by a CBT intervention.

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

	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
DMH	0	5	5	7	8	11	10	9	10	4	5	4	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 below the process limits.

Mean	Lower Process Limit	Upper Process Limit
6.8	2.04	11.56

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

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

Patients with the longest waits for treatment are those waiting for individual psychotherapy and MBTi group.

The longest waiters for individual treatment have waited longer than average because of particular requirements (times they are available / experienced therapist needed / preference for gender of therapist). Some of these do now have dates to begin therapy.

The MBTi waiters who have waited more than 52 weeks are mainly people who were offered a start in an MBTi group but could not join the group offered initially and therefore needed to wait for another group to begin. The team are planning for an extra MBTi group to start because of an increase in people waiting for this treatment. Action complete end of August 2025.

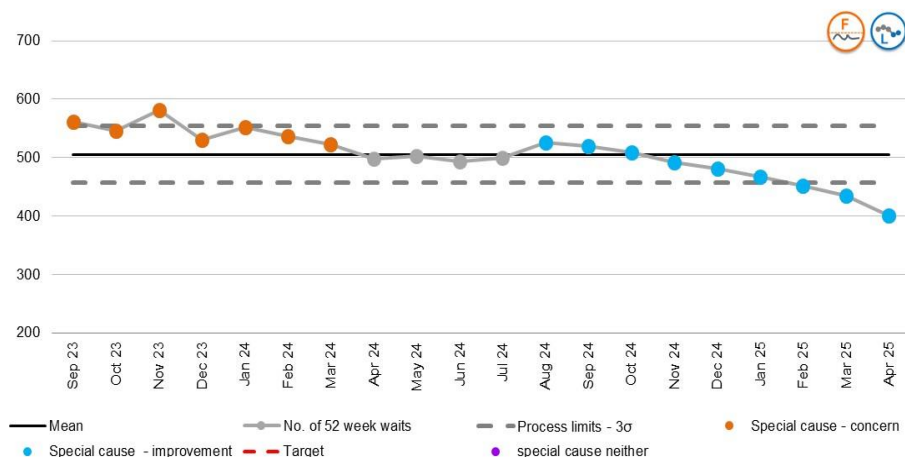
Planning to start a new analytic group which will increase capacity. Action complete end of August 2025.

Recruitment to 1.0 WTE vacancy is in progress: planning to interview on 23rd June with the expected outcome of increasing capacity to reduce the waiting list.

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

	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
DMH	0	503	494	499	526	520	509	492	481	467	451	435	401

52 week waits to treatment-TSPPD (18 Weeks) starting 01/09/23



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
505.3	456.5	554.0

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). 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.

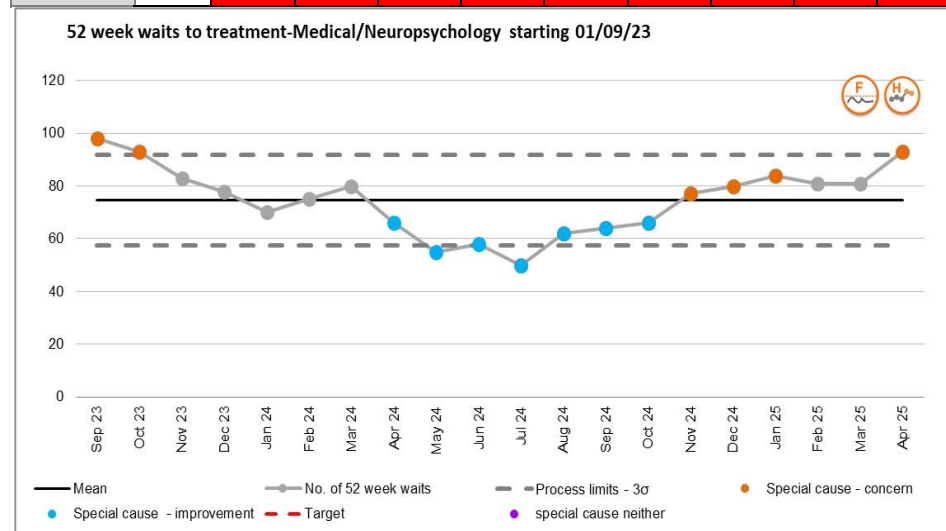
All TSPPD referrals to come through Neighbourhood Teams with agreed directorate wide secondary care referral criteria. Business as usual will be provided by the Mental Health Neighbourhood Teams during the transition period. Continue TSPPD Specialist Consultant weekly meeting to manage TSPPD referrals. 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.

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	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
DMH	0	55	58	50	62	64	66	77	80	84	81	81	93



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
74.7	57.5	91.9

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

Medical Psychology

There continue to be long waits for general medical psychology (approx. 52 weeks) and pain psychology (about 104 weeks). There are no waits for assessment and treatment within the specialisms with dedicated funding. Although high demand in the renal service risks growing waits going forward.

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. Two meetings with the UHL Pain Service to consider how to progress and manage the high level of referrals. A new capacity and demand summary being prepared for this, highlighting the gap in staffing funded to meet demand.

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

Neuropsychology 52 weeks

On trajectory for waiting time in adult neuropsychology to continue to reduce.

8b roles has been recruited to and starting to see patients which will reduce the waiting time.

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. 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.

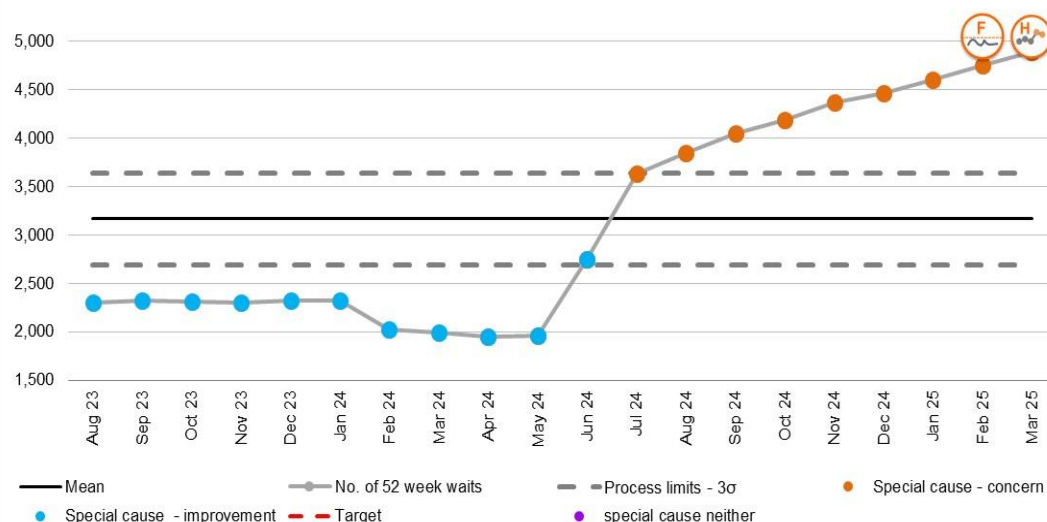
Repeat assessments to be offered by assistant psychologists if clinically suitable to reduce the need for qualified appointments from 2 appts to 1 appt. Action is ongoing.

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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
DMH	0	1945	1956	2749	3638	3851	4051	4193	4372	4467	4607	4757	4898

52 week waits (assessment)-ADHD 18 Weeks starting 01/08/23



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
3167.6	2694.1	3641.0

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.

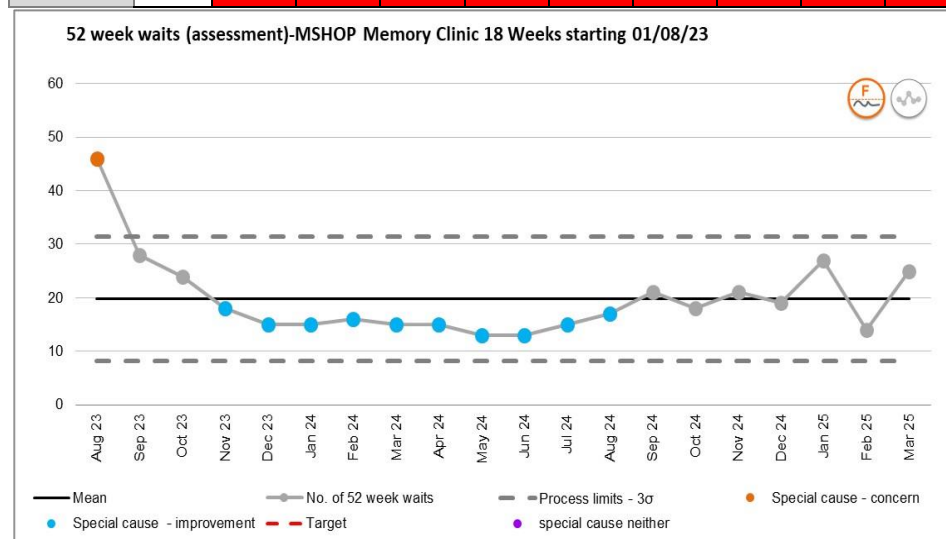
Continue to monitor ADHD medication supply issues and impact on waiting times / capacity. Expected outcomes are to understand the impact on treatment waits within the service. Some medications are now coming back into stock although some shortages are likely to continue until October 2025.

Ceasing of non-recurrent funding from 1st April 2025 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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
DMH	0	15	13	13	15	17	21	18	21	19	27	14	25



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
19.8	8.1	31.4

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

Plan to implement rapid access clinics between now and June 25 is going well, noted improvement in numbers waiting and length of wait where patients diagnosed in fast access clinics.

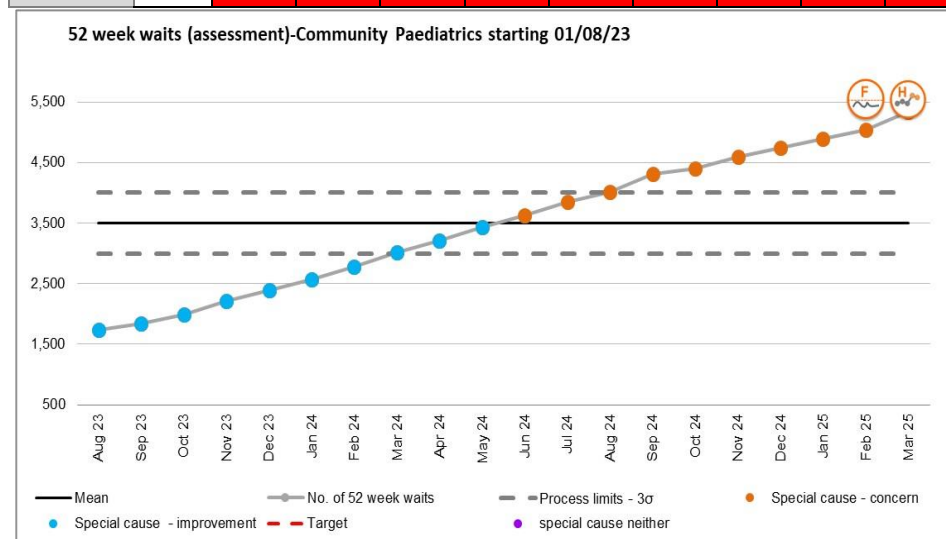
Meeting arranged with business team to work on capacity and demand in rapid access clinics in context of no opportunity to provide any weekend assessment slots in 2025/26. Team Lead/Manager feedback that clinical team are fully engaged, morale is high, and this has increased productivity and flow.

Work underway to triage waiting list and identify those for advanced dementia pathway which will enable a shortened assessment and more timely diagnosis. Proposal to be presented to FPP with full detail of proposed pathway development to include trajectory of how implementation will increase capacity.

Health inequalities data review work continues – 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.

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

	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
FYPCLDA	0	3214	3436	3618	3846	4017	4303	4392	4586	4740	4895	5044	5335



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
3497.4	2992.56	4002.24

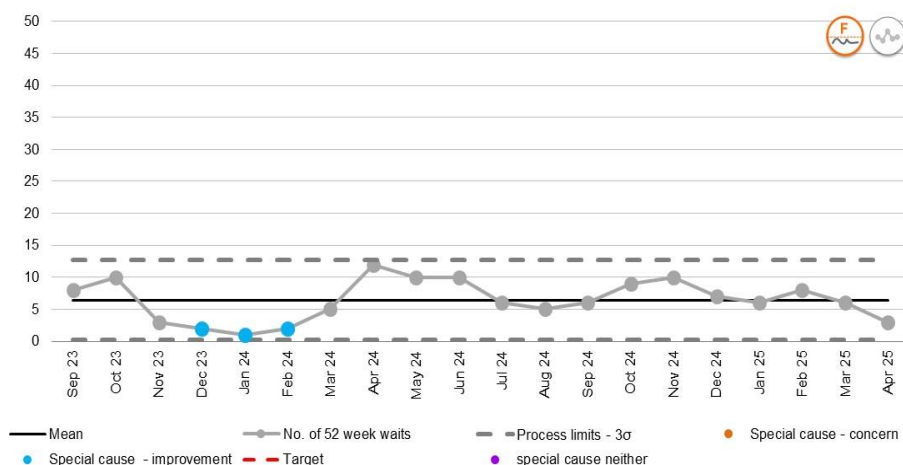
Operational Commentary (e.g. referring to risk, finance, workforce):

These numbers continue to include both 'core' and ND waits, from May 2025 we do anticipate that all over 52 week waits will be in connection with referrals for ND. The service have utilised additional investment to recruit ADHD nurses, SALT and psychology support to release capacity to enable paediatricians to focus on 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 with some CYP 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 and exceed 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 with those classified as urgent offered appointments within 18 weeks. Service working with the System to understand and rapidly mitigate the impact of the close of ADHD Solutions. Targeted transformation workstream mobilisation to give closer focus to the transformation taking place in the service and its impact. Awaiting the outcome of the national benchmarking and ADHD taskforce to guide transformation objectives. Working with NHFT to understand learnings from within Group.

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

	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
FYPCLDA	0	10	10	6	5	6	9	10	7	6	8	6	3

52 week waits to treatment-LD starting 01/09/23



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
6.5	0.2	12.8

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

As of 09/05/25 the number of patients waiting has reduced from 3 to 1.

Reduction in number of over 52 week waits.

Primary reason of patients waiting over 52 weeks relates to complexity and senior staff availability.

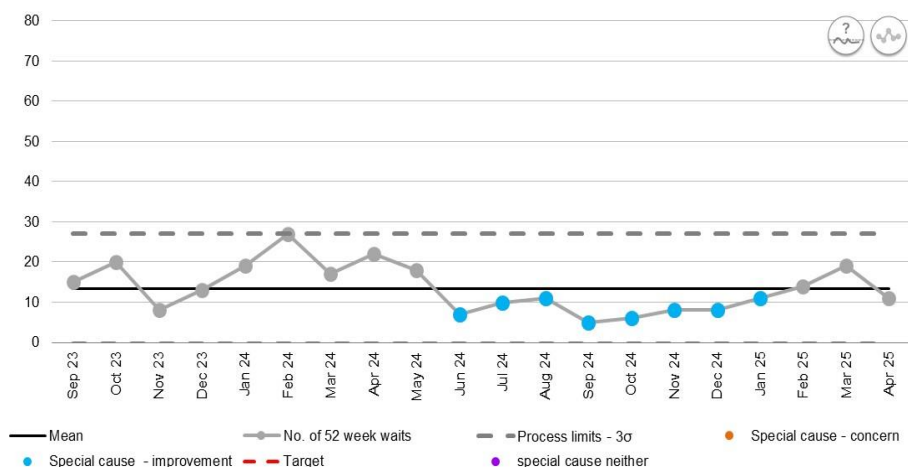
Successful recruitment in March to 0.48b and 1 wte B7/8a preceptorship [0.4 wte B7/8a preceptorship remains out to advert], once on-boarded and inducted this will increase capacity to support reduced waiting times.

Plan improve patient flow by implementing 18-week Therapeutic Break Pathway Model; onboarding of new recruits.

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

	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
FYPCLDA	0	18	7	10	11	5	6	8	8	11	14	19	11

52 week waits to treatment-Adult Eating Disorders Community starting 01/09/23



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.

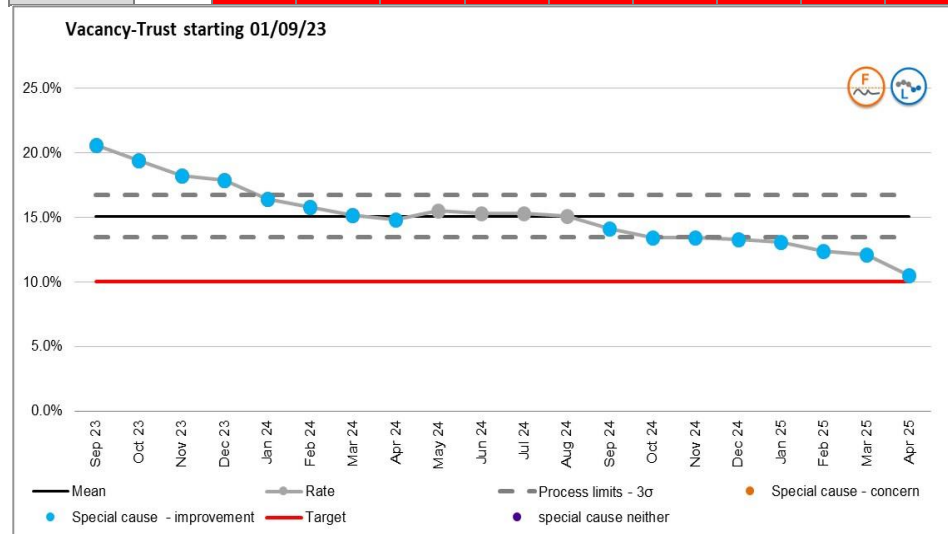
Mean	Lower Process Limit	Upper Process Limit
13.5	-0.27	27.17

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

11 patients were waiting over 52 weeks. Most of these patients have now been offered a therapy appointment. The service continues to review its application of the LPT Access policy to ensure patients are being reviewed and managed in line with its requirements. All patients are now offered My Guidance at first offer of support / information giving. Those who do not take up this offer are reviewed by assessors and may be discharged. Some have also been offered transfer to First Steps, who are now commissioned to provide interventions to under-25s but have declined this option. Approach to DNA also reviewed and has been signed off and is in use. Service SOP to be updated to reference change in process.

EXCEPTION REPORT - Vacancy Rate

	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
TRUST	<=10%	15.5%	15.3%	15.3%	15.1%	14.1%	13.4%	13.4%	13.3%	13.1%	12.4%	12.1%	10.5%
DMH		17.3%	17.5%	17.4%	16.5%	17.2%	16.4%	15.9%	15.7%	16.4%	15.5%	14.9%	13.2%
CHS		18.2%	15.8%	15.9%	16.1%	15.4%	14.1%	13.4%	13.1%	12.9%	12.4%	12.8%	11.0%
FYPCLD		14.4%	15.0%	14.9%	14.7%	13.3%	13.0%	13.9%	14.2%	12.7%	11.9%	11.3%	9.0%



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
15.1%	13.0%	17.0%

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

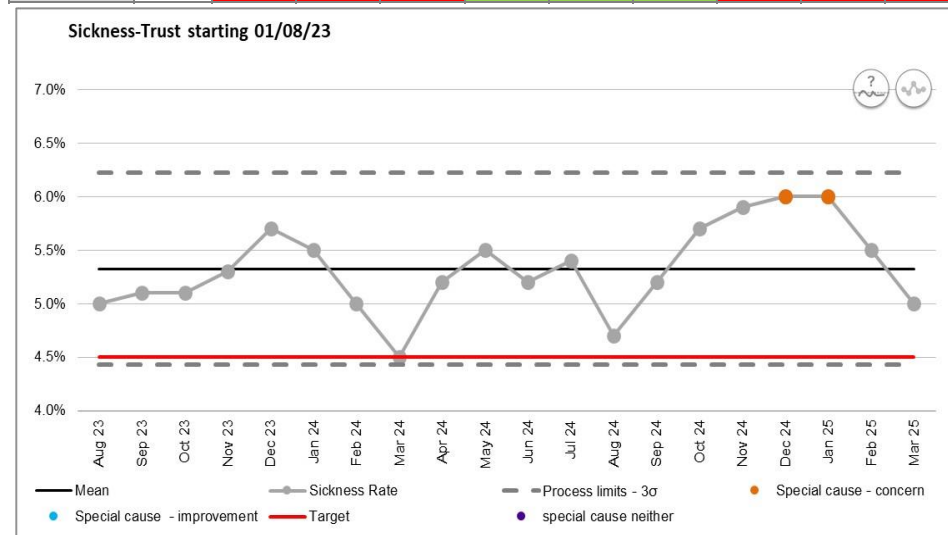
At April-25, the vacancy rate has improved compared with the previous month and now sits at 10.5%. This is partially a result of the resetting of budgeted establishment at the start of the new financial year which saw the establishment reduce by 72fte. The number of substantive staff in post also increased by 46fte.

During 2025-26 our workforce plan shows a reduction in the vacancy rate from the 2024/25 outturn position of 12.1% down to 9.9% by year end. This work is overseen by the Agency Reduction Group and Workforce Development Group which report into People and Culture Committee.

BAF4.1 - 1 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	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
TRUST	<=4.5%	5.2%	5.5%	5.2%	5.4%	4.8%	5.2%	5.7%	5.9%	6.0%	6.0%	5.5%	5.0%
DMH		6.0%	5.7%	5.9%	6.6%	6.2%	6.4%	6.8%	6.4%	6.3%	7.1%	6.4%	5.7%
CHS		6.3%	6.6%	5.8%	5.9%	5.1%	5.7%	6.2%	6.7%	6.9%	6.7%	5.8%	5.2%
FYPCLD		4.6%	5.1%	4.5%	4.4%	3.8%	4.3%	5.0%	5.6%	5.5%	5.2%	5.1%	4.6%



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
5.3%	4.0%	6.0%

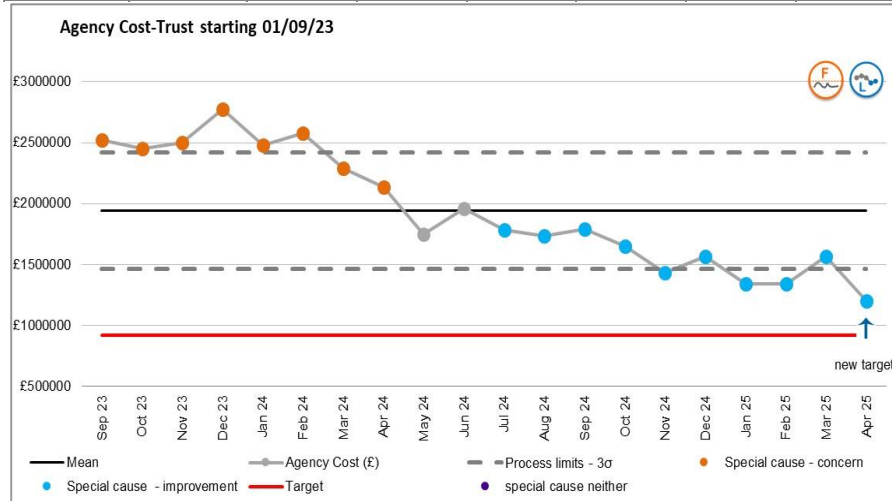
Operational Commentary (e.g. referring to risk, finance, workforce)

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 target for 2024/25 is to have a YTD sickness absence rate of no more than 4.5%.

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

EXCEPTION REPORT - Agency Costs

	Target	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
TRUST	<=£922,333	£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	£1,564,366	£1,202,759
DMH		£871,314	£752,736	£810,906	£744,967	£700,309	£699,373	£662,096	£613,750	£570,697	£512,094	£876,766	£615,701
CHS		£998,084	£912,570	£902,070	£844,311	£728,299	£796,173	£726,933	£645,533	£779,216	£653,190	£538,428	£446,756
FYPCLD		£229,894	£171,221	£193,354	£182,845	£280,540	£252,964	£273,926	£175,987	£197,407	£159,573	£143,524	£134,518



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
1942580.4	1465097.1	2420063.7

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

Planned agency spend for 2025-26 is £11,068,000. The planned spend for each month shows a month-on-month decrease 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 12 months have been driven by a reduced need for agency staff and reductions to the rates payable to agency staff. Plans are in place for 2025/26 to enable us to continue to reduce agency spend. This work is overseen by the Agency Reduction Group and Workforce Development Group which report into People and Culture Committee.

BAF4.1 - 1 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.







SPC Business Rules

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.

SPC Business Rules

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
MHSDS 72hr Follow-Up - LLR		Feb-25	89.0%	83.0%	
MHSDS 72hr Follow-Ups - LPT	>=80%	Feb-25	90.0%	88.0%	
MHSDS CMHealth 2+ Contacts - LLR	6935	Feb-25	14690	14575	
MHSDS CMHealth 2+ Contacts - LPT		Feb-25	14630	14510	
MHSDS CMH referrals-spells waiting for a full clock stop - LLR		Feb-25	12245	12255	
MHSDS CMH referrals-spells waiting for a full clock stop - LPT		Feb-25	12250	12255	
MHSDS CMH referrals-spells waiting more than 104 weeks for a 2nd contact - LLR		Feb-25	255	265	
MHSDS CMH referrals-spells waiting more than 104 weeks for a 2nd contact - LPT		Feb-25	250	270	
MHSDS open CMH referrals-spells waiting for a 2nd contact - LLR		Feb-25	3395	3335	
MHSDS open CMH referrals-spells waiting for a 2nd contact - LPT		Feb-25	3400	3335	
MHSDS CYP 1+ Contacts - LLR	14553	Feb-25	17870	17905	
MHSDS CYP 1+ Contacts - LPT		Feb-25	9755	9545	
MHSDS CYP referrals-spells waiting for a full clock stop - LLR		Feb-25	8430	7985	
MHSDS CYP referrals-spells waiting for a full clock stop - LPT		Feb-25	7900	7625	
MHSDS CYP referrals-spells waiting more than 104 weeks for a 1st contact - LLR		Feb-25	565	480	
MHSDS CYP referrals-spells waiting more than 104 weeks for a 1st contact - LPT		Feb-25	545	455	
MHSDS open CYP CMH referrals-spells waiting for a 1st contact - LLR		Feb-25	2500	2250	
MHSDS open CYP CMH referrals-spells waiting for a 1st contact - LPT		Feb-25	2250	2185	
MHSDS CYP ED Routine (Interim) - LLR		Feb-25	36.0%	43.0%	
MHSDS CYP ED Routine (Interim) - LPT	>=95%	Feb-25	36.0%	43.0%	
MHSDS CYP ED Urgent (Interim) - LLR		Feb-25	64.0%	62.0%	
MHSDS CYP ED Urgent (Interim) - LPT	>=95%	Feb-25	64.0%	62.0%	
MHSDS EIP 2 Week Waits - LLR		Feb-25	43.0%	43.0%	
MHSDS EIP 2 Week Waits - LPT	>=60%	Feb-25	47.0%	44.0%	
MHSDS Individual Placement & Support (IPS, Rolling 12 month) - LLR	695	Feb-25	740	735	
MHSDS Individual Placement & Support (IPS, Rolling 12 month) - LPT		Feb-25	740	735	
OAPs Bed Days (inappropriate only) - LLR		Feb-25	370	435	
OAPs Bed Days (inappropriate only) - LPT		Feb-25	190	170	
OAPs active at the end of the period (inappropriate only) - rolling quarter - LLR		Feb-25	0	5	
OAPs active at the end of the period (inappropriate only) - rolling quarter - LPT		Feb-25	0	0	
MHSDS Perinatal Access - (Rolling 12 month) - LLR	1259	Feb-25	1215	1225	
MHSDS Perinatal Access - (Rolling 12 month) - LPT		Feb-25	1220	1230	
MHSDS Restrictive Interventions per 1000 bed days - LLR		Feb-25	-	-	
MHSDS Restrictive Interventions per 1000 bed days - LPT		Feb-25	20	19	
MHSDS - Data Quality Consistency - LLR		Feb-25	92.0%	88.0%	
MHSDS - Data Quality Consistency - LPT		Feb-25	100.0%	100.0%	
MHSDS - Data Quality Coverage - LLR		Feb-25	83.0%	83.0%	
MHSDS - Data Quality Coverage - LPT	>=98%	Feb-25	100.0%	100.0%	
MHSDS - Data Quality DQMI - LLR		Dec-24	49.4%	50.2%	
MHSDS - Data Quality DQMI - LPT	>=95%	Dec-24	93.0%	93.0%	
MHSDS - Data Quality Outcomes - LLR		Feb-25	23.0%	23.0%	
MHSDS - Data Quality Outcomes - LPT	>=50%	Feb-25	23.0%	23.0%	
MHSDS - Data Quality SNoMED CT - LLR		Feb-25	95.0%	97.0%	
MHSDS - Data Quality SNoMED CT - LPT	>=100%	Feb-25	100.0%	100.0%	