

## Trust Board 28 May 2024

### Board Performance Report April 2024 (Month 1)

The metrics in this report relate to the following bricks in the Step Up to Great Strategy









**EXCEPTION REPORTS SUMMARY**

EXCEPTION REPORTS - Consistently Failing Target													
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Mar-24	52.6%	56.1%			Medical/Neuropsychology - Treatment waits - No of Waiters	0	Apr-24	66	80		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Mar-24	68.5%	66.5%			All CAMHS - Treatment waits - No of waiters	0	Apr-24	593	561		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Mar-24	0.1%	0.2%			of which: CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Apr-24	530	492		
Stroke & Neuro (6 weeks) - Incomplete Pathway	>=95%	Mar-24	46.7%	57.8%			All LD - Treatment waits - No of waiters	0	Apr-24	12	5		
CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Mar-24	100.0%	66.7%			All Community Children's Services - Treatment waits - No of waiters	0	Apr-24	1330	1369		
Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Mar-24	16.1%	17.7%			of which: Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Apr-24	293	390		
Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Mar-24	26.1%	29.2%			Adult Eating Disorders Community - Treatment waits - No of waiters	0	Apr-24	22	17		
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Apr-24	113	119			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Mar-24	3012	2784		
Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Apr-24	27	29			Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Apr-24	1	1		
Dynamic Psychotherapy - Treatment waits - No of waiters	0	Apr-24	3	3			Vacancy Rate	<=10%	Apr-24	14.8%	15.2%		
Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Apr-24	498	523			Sickness Absence	<=4.5%	Mar-24	4.5%	5.0%		
							Agency Costs	<=£2,077,250	Apr-24	£2,292,669	£2,579,215		

EXCEPTION REPORTS - Consistently Achieving Target						
Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	SPC Assurance	SPC Trend
Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral - complete pathway	>=60%	Mar-24	77.8%	76.5%		
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Apr-24	9.0%	9.0%		
Core Mandatory Training Compliance for substantive staff	>=85%	Apr-24	97.2%	96.8%		
Staff with a Completed Annual Appraisal	>=80%	Apr-24	92.9%	93.1%		
% of staff from a BME background	>=22.5%	Apr-24	28.8%	28.7%		

## EXCEPTION REPORTS MATRIX SUMMARY

		Assurance		
		Achieving Target 	Inconsistently Achieving Target 	Not Achieving Target 
Variation/Trend	<b>Special Cause - Improvement</b> 	Core Mandatory Training Compliance for substantive staff  Complete Appraisal  % of staff from a BME background		<i>Waiting Times</i> : Memory Clinic / CAMHS ED (1wk complete) / CMHT 52 Wks / DPS 52 wks / LD 52 Wks  Vacancy Rate
	<b>Common Cause</b> 		Average Length of stay - Community Hospitals  Gatekeeping  Safe Staffing  Sickness Absence	<i>Waiting Times</i> : Adult CMHT / ADHD / TSPPD 52 wks / Medical_Neuro 52 wks / Adult ED Community 52 wks  Agency Cost
	<b>Special Cause - Concern</b> 	Normalised Workforce Turnover		<i>Waiting Times</i> : Stroke & Neuro / Community Paediatrics / Children's Audiology / CBT 52 weeks / CAMHS 52 weeks / CAMHS ND 52 weeks / Community Childrens 52 wks/ Paediatrics ND 52 wks / 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-24	9.0%	9.0%		
Vacancy Rate	<=10%	Apr-24	14.8%	15.2%		
Sickness Absence (in arrears)	<=4.5%	Mar-24	4.5%	5.0%		
Agency Costs	<=£2,077,250	Apr-24	£2,292,669	£2,579,215		

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-24	1	1		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Apr-24	1	1		

FINANCE (Metrics TBC)

## Board Performance Report Summary Dashboard

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Quality Account	TRUST	Monthly	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period	>=95%	Apr-24	100.0%	92.4%				
	TRUST	Yearly	The Trusts "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period		22/23	6.6	6.4				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 0-15 years		Apr-24	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Apr-24	5.9%	8.3%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Apr-24	1427	1457				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Apr-24	68.1%	68.8%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Apr-24	10	7				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Apr-24	0.7%	0.5%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Feb-24	83.0%	85.0%				
CQUINS		Quarterly	CQUIN01: Staff flu vaccinations	Min- 75% Max- 80%	Q4	46.6%	46.4%				
		Quarterly	CQUIN12: Assessment and documentation of pressure ulcer risk	Min- 70% Max- 85%	Q4	71.9%	72.4%				
		Quarterly	CQUIN13: Assessment diagnosis and treatment of lower leg wounds	Min- 25% Max- 50%	Q4	67.6%	64.5%				
		Quarterly	CQUIN14: Malnutrition screening for community hospital inpatients	Min- 70% Max- 90%	Q4	70.8%	71.0%				
		Quarterly	CQUIN15a: Routine outcome monitoring in community mental health services - Paired Overall	Min- 20% Max- 50%	Q4	12.9%	9.6%				
		Quarterly	CQUIN15a: Routine outcome monitoring in community mental health services - Paired Prom	Min- 2% Max- 10%	Q4	Not Known	Not Known				
		Quarterly	CQUIN15b: Routine outcome monitoring in CYP and community perinatal mental health services	Min=20% Max=50%	Q4	16.1%	19.9%				
		Quarterly	CQUIN16: Reducing the need for restrictive practice in CYPMH inpatient settings	Min=70% Max= 90%	Q4	100.0%	100.0%				
		Quarterly	CQUIN17: Reducing the need for restrictive practice in adult/older adult acute mental health inpatient settings	Min=75% Max= 90%	Q4	95.0%	96.7%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
NHS Oversight	TRUST	Monthly	2-hour urgent response activity	>=70%	Apr-24	81.5%	84.7%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Apr-24	23.0%	22.7%				
	TRUST	Monthly	Out of Area Placement - Inappropriate Bed Days	0	Apr-24	120	80				
	ICB	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Apr-24	24	25				
	ICB	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Apr-24	5	5				
		Monthly	Overall CQC rating (provision of high quality care)		2021/22	2					
		Monthly	CQC Well Led Rating		2021/22	2					
		Monthly	NHS SOF Segmentation Score		2022/23	2	2				
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Apr-24	1	Not Published				
	TRUST	Monthly	MRSA Infection Rate		Apr-24	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Apr-24	1	2				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Mar-24	0	1				
	GOV	Monthly (YTD)	Percentage of people aged 65 and over who received a flu vaccination		Mar-24	n/a	78.6%				
Access Waiting Times - DMH	TRUST	Monthly (In Arrears)	Adult CMHT Access (Six weeks routine) - Incomplete pathway	>=95%	Mar-24	52.6%	56.1%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Mar-24	68.5%	66.5%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Mar-24	0.1%	0.2%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral - complete pathway	>=60%	Mar-24	77.8%	76.5%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	Stroke & Neuro (6 weeks) - Incomplete Pathway	>=95%	Mar-24	46.7%	57.8%				
	TRUST	Monthly (In Arrears)	Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete Pathway	>=95%	Mar-24	38.4%	34.8%		n/a	n/a	

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 - FYPCLDA	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Mar-24	100.0%	66.7%				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Mar-24	83.3%	84.6%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Mar-24	16.1%	17.7%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Incomplete pathway	>=95%	Mar-24	95.4%	96.8%				
	TRUST	Monthly (In Arrears)	Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Mar-24	26.1%	29.2%				
52 Week Waits - DMH	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Apr-24	113	119				
	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - Longest Waiter		Apr-24	287	283				
	TRUST	Monthly	Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Apr-24	27	29				
	TRUST	Monthly	Cognitive Behavioural Therapy- Treatment waits - Longest waiter (weeks)		Apr-24	73	71				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - No of waiters	0	Apr-24	3	3				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - Longest waiter (weeks)		Apr-24	59	76				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Apr-24	498	523				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - Longest waiter (weeks)		Apr-24	219	219				
	TRUST	Monthly	Medical/Neuropsychology - Treatment waits - No of Waiters	0	Apr-24	66	80				
	TRUST	Monthly	Medical/Neuropsychology- Treatment waits - Longest Waiter		Apr-24	115	115				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - waits over 52 weeks - No of waiters	0	Mar-24	1989	2018		SPC to follow next month		
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - waits over 52 weeks - Longest waiter (weeks)		Mar-24	189	177				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - waits over 52 weeks - No of waiters	0	Mar-24	15	16		SPC to follow next month		
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - waits over 52 weeks -Longest waiter (weeks)		Mar-24	88	84				



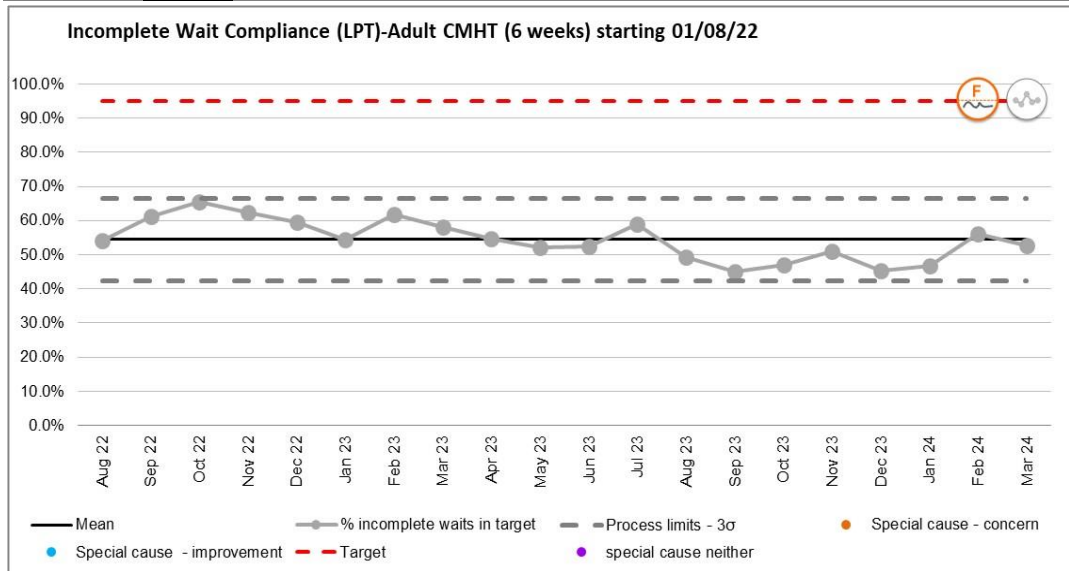
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits - FYPCLDA	TRUST	Monthly	All CAMHS - Treatment waits - No of waiters	0	Apr-24	593	561				
	TRUST	Monthly	All CAMHS - Treatment waits - Longest waiter (weeks)		Apr-24	146	142				
	TRUST	Monthly	<i>of which:</i> CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Apr-24	530	492				
	TRUST	Monthly	CAMHS Neurodevelopment - Treatment waits - Longest waiter (weeks)		Apr-24	146	142				
	TRUST	Monthly	All LD - Treatment waits - No of waiters	0	Apr-24	12	5				
	TRUST	Monthly	All LD - Treatment waits - Longest waiter (weeks)		Apr-24	65	62				
	TRUST	Monthly	All Community Children's Services - Treatment waits - No of waiters	0	Apr-24	1330	1369				
	TRUST	Monthly	All Community Children's Services - Treatment waits - Longest waiter (weeks)		Apr-24	254	249				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Apr-24	293	390				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - Longest waiter (weeks)		Apr-24	254	249				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - No of waiters	0	Apr-24	22	17				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - Longest waiter (weeks)		Apr-24	74	77				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Mar-24	3012	2784				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Mar-24	145	143				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Apr-24	84.8%	84.2%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Apr-24	93.8%	93.1%				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Apr-24	24.0	23.6				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Apr-24	5.0%	4.8%				
	TRUST	Monthly	Gatekeeping	>=95%	Apr-24	100.0%	92.4%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Apr-24	0	0				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Quality & Safety	TRUST	Monthly	Covid Positive Following Swab During Admission - 15 and over		Apr-24	5	3				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Apr-24	1.6%	0.9%				
	TRUST	Monthly	Complaints		Apr-24	13	26				
	TRUST	Monthly	Concerns		Apr-24	46	38				
	TRUST	Monthly	Compliments		Apr-24	210	201				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Apr-24	1	1				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Apr-24	1	1				
	TRUST	Monthly	Care Hours per patient day		Apr-24	12.2	12.0				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Apr-24	10	4				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Apr-24	0	0				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Apr-24	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Apr-24	149	132				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Mar-24	93	121				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Mar-24	16	15				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Mar-24	8	5				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Mar-24	50	39				
	TRUST	Monthly	No. of Medication Errors		Apr-24	73	71				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Apr-24	2.3%	82.7%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Apr-24	6	7				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Apr-24	6	4				
TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Apr-24	2	3					

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
HR Workforce	TRUST	Monthly	Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Apr-24	9.0%	9.0%				
	TRUST	Monthly	Vacancy Rate	<=10%	Apr-24	14.8%	15.2%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Mar-24	4.5%	5.0%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Mar-24	£861,138	£895,676				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Mar-24	5.1%	5.2%				
	TRUST	Monthly	Agency Costs	<=£2,077,250	Apr-24	£2,292,669	£2,579,215				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Apr-24	97.2%	96.8%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Apr-24	92.9%	93.1%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Apr-24	28.8%	28.7%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Apr-24	n/a	n/a				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Apr-24	89.6%	89.0%				

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

	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
<b>DMH</b>	<b>&gt;=95%</b>	<b>54.7%</b>	<b>52.0%</b>	<b>52.3%</b>	<b>58.8%</b>	<b>49.2%</b>	<b>45.1%</b>	<b>47.1%</b>	<b>51.1%</b>	<b>45.4%</b>	<b>46.7%</b>	<b>56.1%</b>	<b>52.6%</b>



**Analytical Commentary**

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

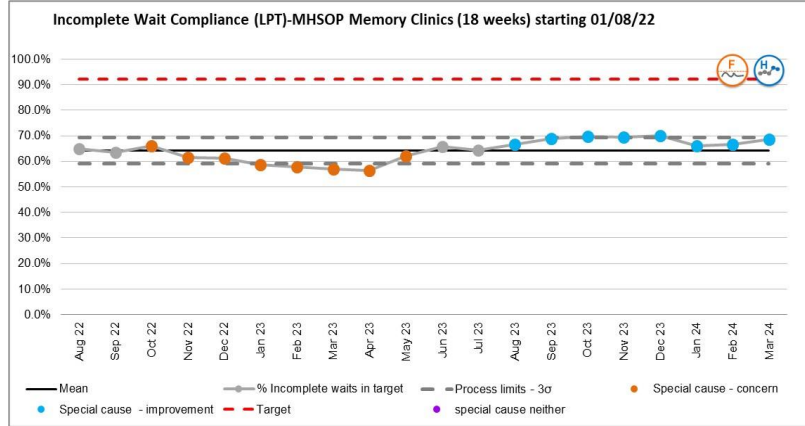
Mean	Lower Process Limit	Upper Process Limit
54.4%	42.0%	66.0%

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

- A renewed trajectory is in development.
  - A task and finish group has been established which meets regularly to review cancelled clinic data, appointment planners and ensure compliance with the Service SOP.
  - The final workforce planning meeting is scheduled on 22nd April to agree updated workforce plan, skill mix review of vacancies and finalise City East and City West budgets.
  - The interviews for Community Manager posts took place. Recruited to 3 posts, advert to go back out for remaining vacancy.
  - Caseload reviews will be a priority for all new Community Managers coming into post.
  - Caseload review summary for 2023/24 project completed and shared at INO.
  - The transformation implementation programme continues to progress. A fourth phase of the front door pilot commences next Monday. QI process ongoing, outcomes will be fed into INO and CRG with final report presented at FPP.
  - Phase 2 Conusler - Hub and spoke conusler model review underway following workshop on the 17th April 24.
- Substantive recruitment to Consultant posts underway.

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

	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
DMH	>=92%	56.5%	62.1%	65.8%	64.2%	66.7%	68.8%	69.7%	69.3%	70.0%	66.0%	66.5%	68.5%



**Analytical Commentary**

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

Mean	Lower Process Limit	Upper Process Limit
64.2%	59.0%	69.0%

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

Exploring the extension of Nurse led clinicals across all teams. Melton, Rutland and Harborough to be prioritised. Team Manager is working with leads and matron to operationalise.

Reviewing outpatient capacity and barriers to discharge. Team Manager linking in with Neighbourhood Leads.

When AMAT audits are completed, the care plan review date is also reviewed to support flow through the service.

Business team support by creating a waiting times A4 paper summary for each service with MHSOP community. These details all 2, 4 & 6 week breaches, longest wait on high priority, longest wait on routine and how many patients for each criteria are waiting in each team. This is for both CMHT and Outpatients.

The summaries are discussed with the Team Lead and Managers in the monthly Business & Performance meetings. Team Leads and Managers then use these individual reports to pick up on prioritising patients, reviewing caseload and process and sharing the information in the individual team meetings with the staff teams.

Twice monthly PTL meetings with business team support, team lead, team manager and admin manager to allocate longest waiters to appointments. Reviewing with a view to moving towards weekly meetings. PLT meetings remain weekly in Memory service due to high number of waiters and referrals.

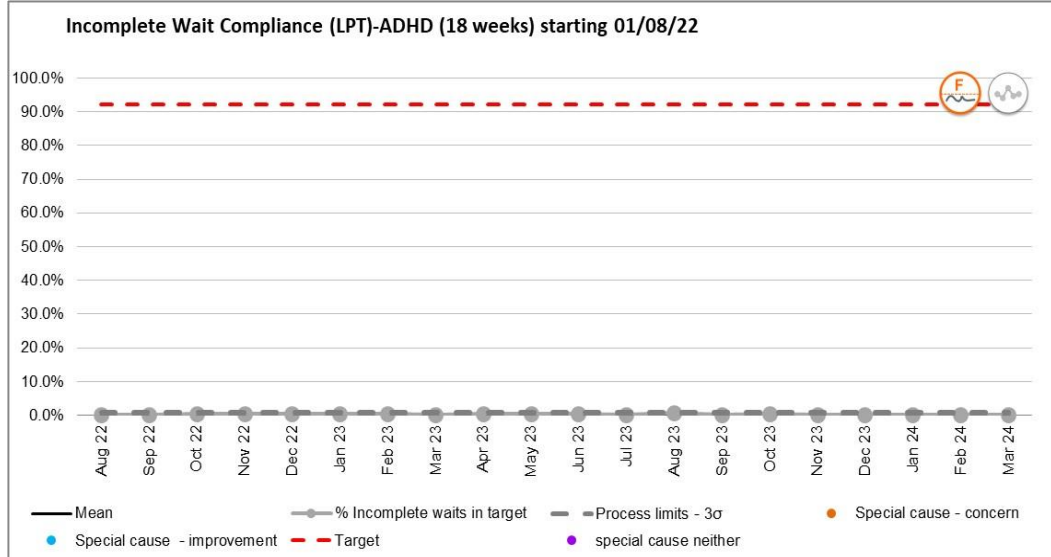
Any patient that is breaching either 2, 4 or 6 week wait will be contacted as per breach call process and any risks identified, so that increased support can be put into place, if patient cannot wait and the team do not have capacity to assess then the patient will be reviewed in the Unscheduled Care Service.

Team leads working with clinicians to review caseloads in each supervision to maintain consistent approach to discharges.

Caseload capped at 25 to allow for more intense and high quality interventions that mean that patients are more often achieving collaborative goals agreed in care plan and so can be discharged in a timely manner.

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

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



**Analytical Commentary**

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

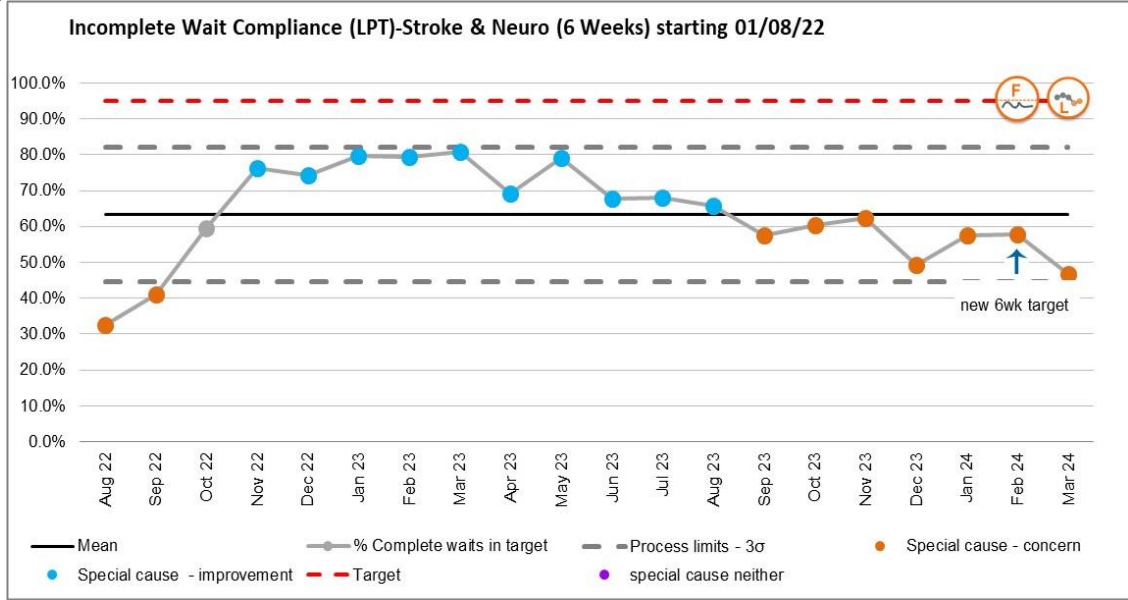
Mean	Lower Process Limit	Upper Process Limit
0.4%	0.0%	0.1%

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

- A draft summary of the business case was presented to FPP on 11th April. Some additions required before taking to DMT for sign off. The business case and slide pack will then be taken to Exec Team.
- Demand and capacity has been refreshed and factored into the business case.
- Due to the raising demand, there are delays with admin outcoming clinical triages. Additional hours / overtime are being used to reduce the backlog.
- Visit to Northampton's ADHD team to learn more about their pathway is to be rescheduled.
- Review of secondary care model and reduction in treatment waits for those with co-morbidities. Data will be provided to the service in relation to patients open to secondary care whilst waiting for ADHD assessment.
- Neurodevelopment (ND) Subgroup established by the ICB, which includes young people, children and adults. This will feed into the Regional ND group. Terms of reference for this group are being drafted to clarify the purpose of the group.

**EXCEPTION REPORT - Stroke & Neuro (6 weeks) - Incomplete pathway (Month in arrears)**

	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
CHS	>=95%	69.2%	79.0%	67.8%	67.9%	65.9%	57.5%	60.3%	62.3%	49.3%	57.4%	57.8%	46.7%



**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
63.2%	44.0%	82.0%

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

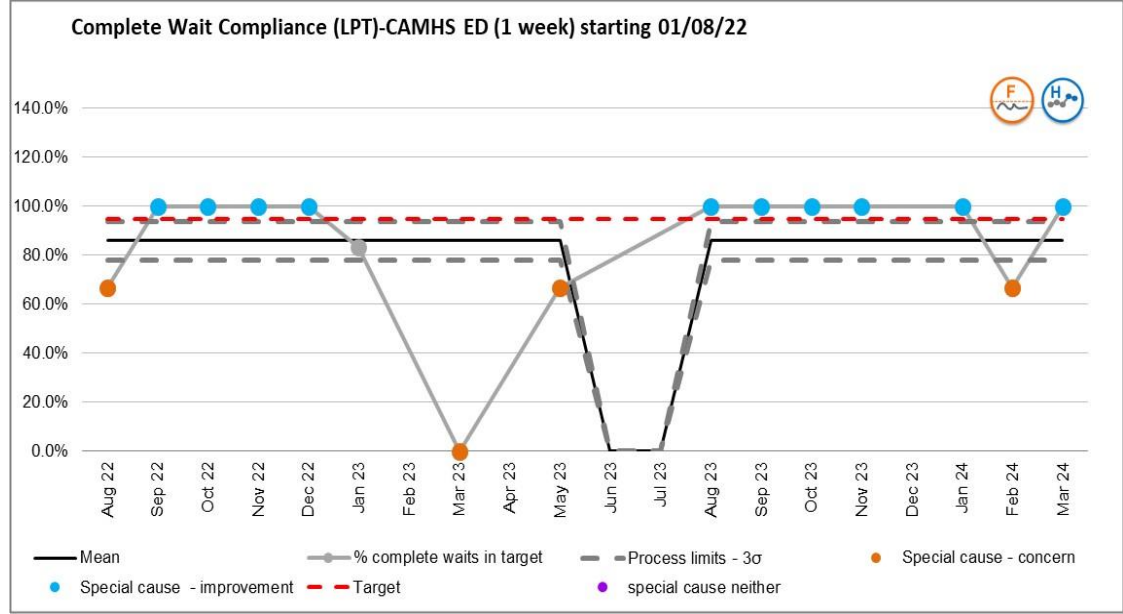
Key actions identified below with the aim of improving service compliance against wait times:

- Review and revise expectations around documentation.
- Delegation of clinical tasks from qualified staff to TI and between TI's.
- Review admin roles and responsibilities.
- Roll out job planning across service.
- Recruitment –B5 development post recruited to, in post. Vacancy B7 OT, out to advert for 3rd time, to consider future development post if unsuccessful on this occasion. B8A post going through vacancy control.
- Explore digital offer for appropriate referrals to further facilitate health education and self-management.
- Continue to monitor impact of change using the EQIA.

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

	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
FYPCLDA	>=95%		66.7%			100.0%	100.0%	100.0%	100.0%		100.0%	66.7%	100.0%

NB. Blank cells = no patients waiting



**Analytical Commentary**

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

Mean	Lower Process Limit	Upper Process Limit
85.9%	78.0%	94.0%

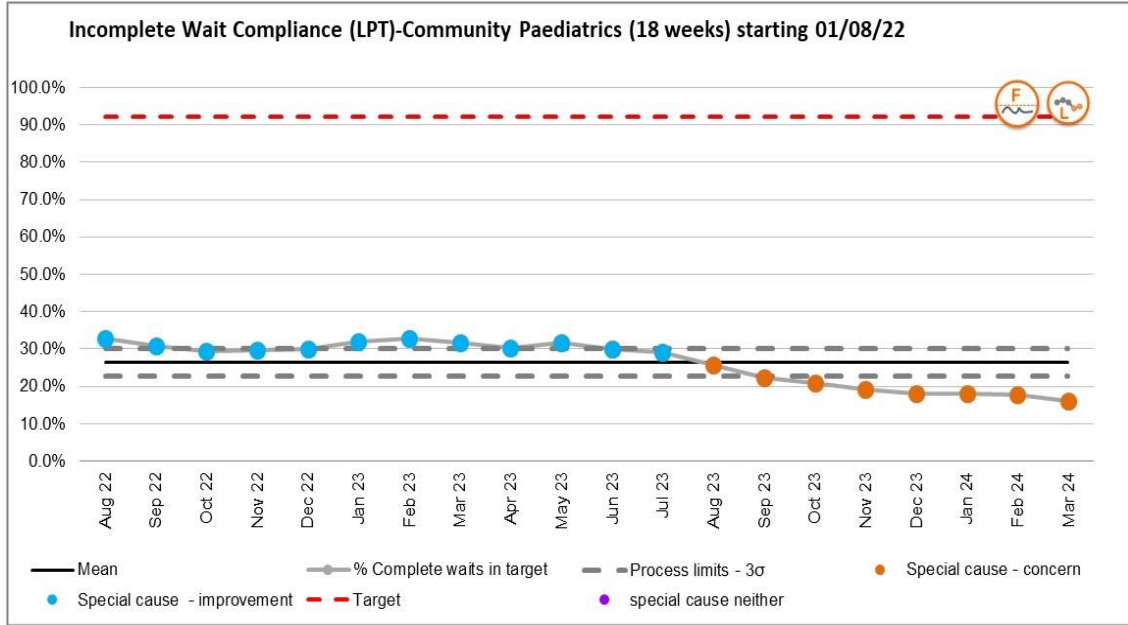
**Operational Commentary (e.g. referring to risk, finance, workforce):**

The KPI has been met and is 100%.



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

	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
FYPCLDA	>=92%	30.4%	31.8%	30.1%	29.2%	25.7%	22.4%	20.9%	19.3%	18.2%	18.0%	17.7%	16.1%



**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.

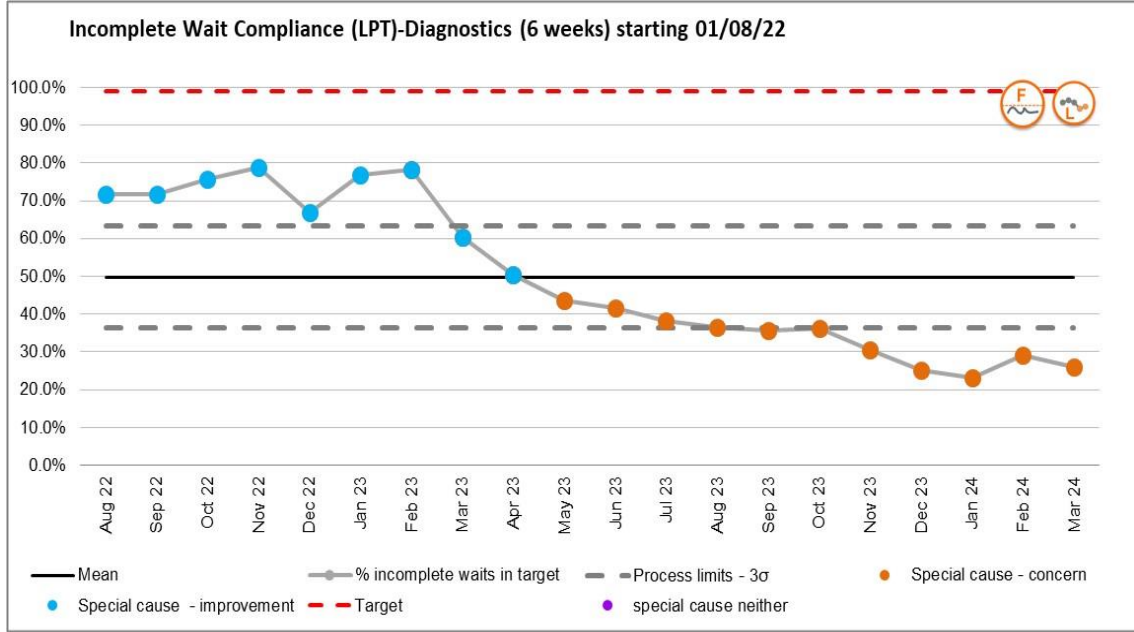
Mean	Lower Process Limit	Upper Process Limit
26.5%	23.0%	30.0%

**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 comm paed and CAMHS ND exception reports for further detail.

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

	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
FYPCLDA	>=99%	50.3%	43.5%	41.7%	38.1%	36.6%	35.8%	36.3%	30.6%	25.2%	23.1%	29.2%	26.1%



**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
49.8%	36.0%	63.0%

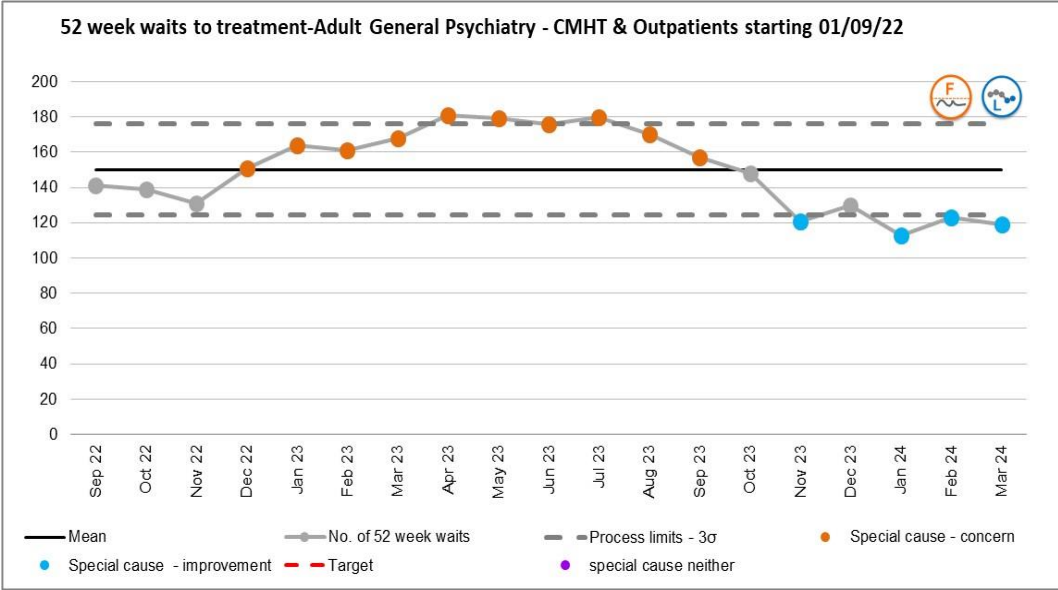
**Operational Commentary (e.g. referring to risk, finance, workforce):**

R&R scheme now approved and in use to support weekend clinics, utilising UHL estates. Rota currently set up until August 2024, however further work required with UHL colleagues to extend rota beyond this date. Further mutual aid has been requested.

- Procurement of in-sourcing has commenced: service spec written by service, with procurement team to progress next steps. Funding to be identified to support procurement.
- Work at Shephed health centre has recommenced, new ETA for build completion is 17th July 2024. Meeting held with DMU leads to discuss practical next steps to operationalise. Staff induction booked 3rd July with planned date for first clinic 8th July (4 days a week). Delay with mobilisation of MH hearing centre due to concerns with calibration of equipment.
- Clinical protocols have received subject matter expert review and sign-off internally through CRG.
- Changes to service referral process, reducing the number of referrals into service and increasing clinical capacity by utilising Band 3 senior audiologist assistant and signed off at CRG, to be implemented in practice by service.

**EXCEPTION REPORT - Adult General Psychiatry - Community Mental Health Teams and Outpatients (treatment)  
- No of waiters over 52 weeks**

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
<b>DMH</b>	<b>0</b>	<b>179</b>	<b>176</b>	<b>180</b>	<b>170</b>	<b>157</b>	<b>148</b>	<b>121</b>	<b>130</b>	<b>113</b>	<b>123</b>	<b>119</b>	<b>113</b>



**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.

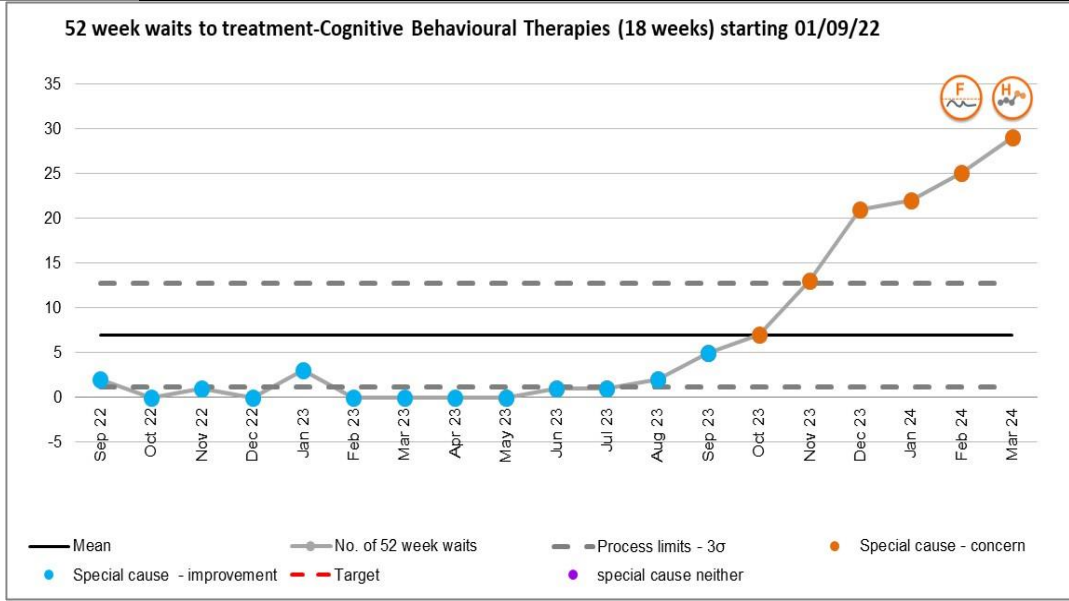
Mean	Lower Process Limit	Upper Process Limit
150.1	124.39	175.8

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

- Continue with substantive consultant recruitment
- Continuing with caseload review programme

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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
DMH	0	0	1	1	2	5	7	13	21	22	25	29	27



**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.

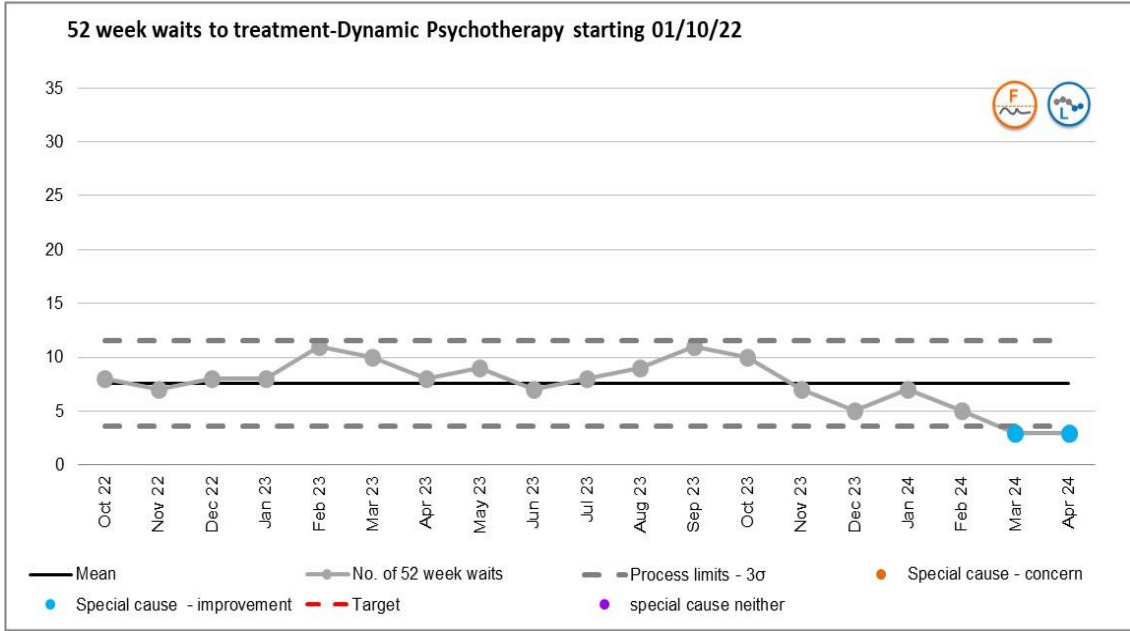
Mean	Lower Process Limit	Upper Process Limit
6.9	1.18	12.7

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

- The total number of people waiting for treatment has increased in line with the increase in referrals into the service, impact of this on trajectories is being monitored. Top 10 longest waiters in December have all now been taken into treatment.
- The service had previously successfully reduced waits over 52 weeks for treatment and were close to achieving a 35 week wait for treatment however this is no longer the case.
- Work completed on new trajectories based on 52 weeks wait target.
- Have successfully recruited to Band 7 vacancy and out to advert with B8a vacancy.

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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
DMH	0	9	7	8	9	11	10	7	5	7	5	3	3



**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.

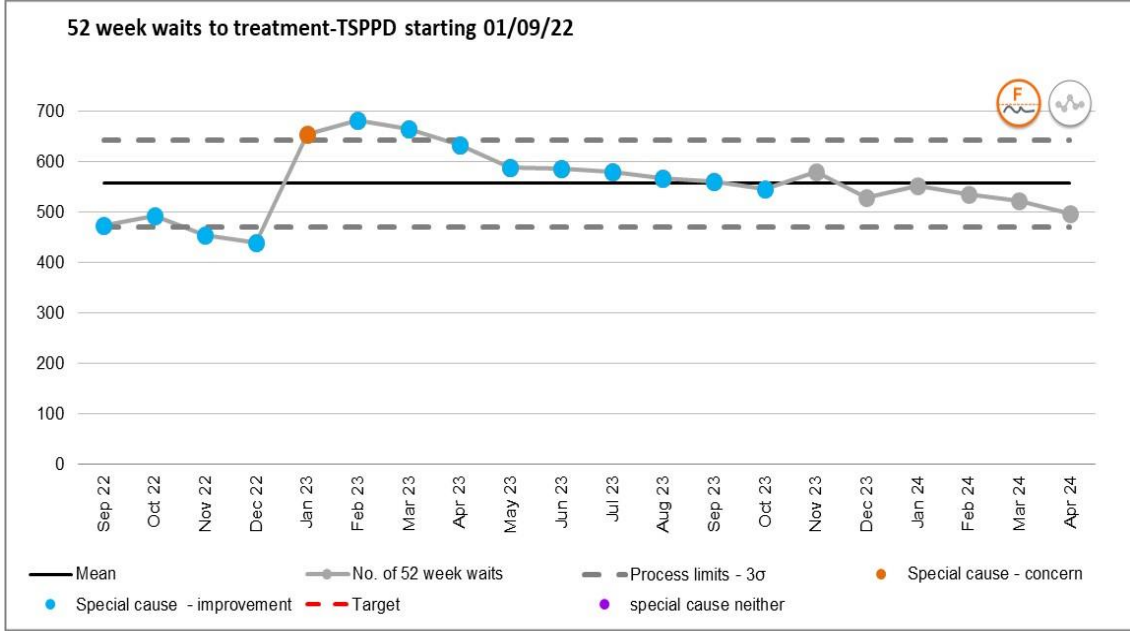
Mean	Lower Process Limit	Upper Process Limit
7.6	3.59	11.57

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

- 2 staff on long-term sickness absence and 1.0WTE vacancy which is due to be advertised. 0.8WTE recruited to, due to commence in post August 2024.
- Some of the longest waiters (for individual treatment) have now been offered appointments as new staff members have joined the team.
- The individuals breaching the 52 week target are waiting due to clinical requirements, the numbers are very small.
- Continued plan to focus on assessment capacity over the coming months with a plan that treatment waits will begin to significantly reduce.
- Job planning is now in place and regular reviews are taking place to ensure that clinician capacity is used effectively.
- Assurance is in place for accurate recording of clinical activity leading to a more accurate picture of clinical activity.

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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
DMH	0	589	586	580	567	561	546	581	530	552	536	523	498



**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.

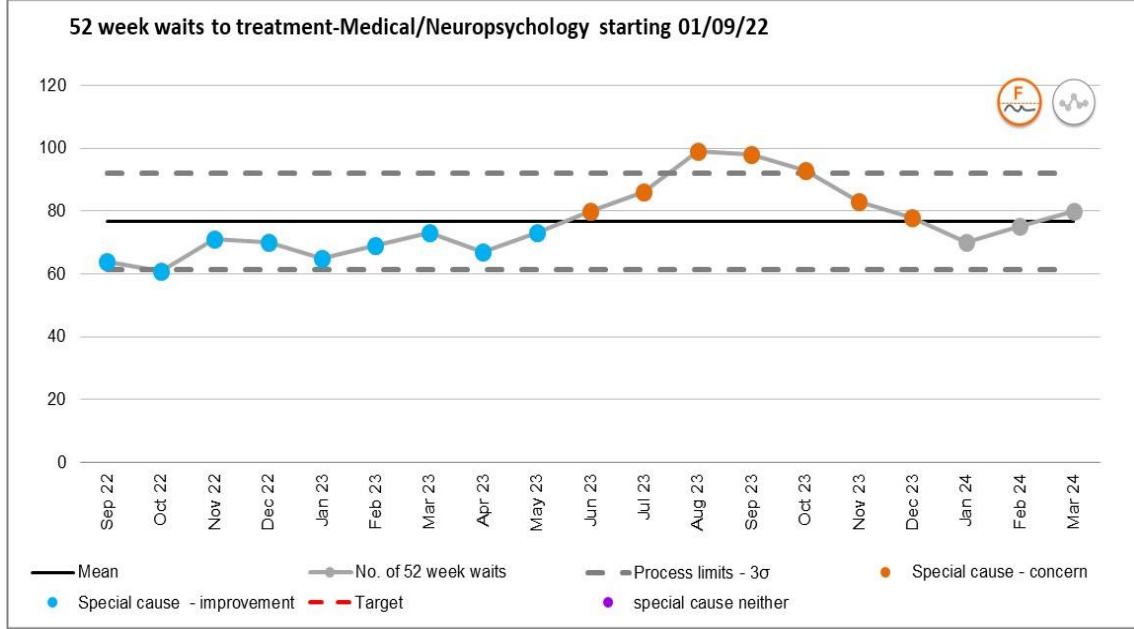
Mean	Lower Process Limit	Upper Process Limit
557.5	471.21	643.69

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

- Working to try to ensure equitable access to treatment across localities, however treatment waits are consistently long across all localities.
- Discussion planned to take place at the Clinical Reference Group for 12th March to discuss defining the secondary care offer for personality difficulties as part of transformation to more adequately meet needs. Further discussions will then take place with DMT.
- Ongoing work with ICB regarding proposals for a provision for people with milder personality difficulties to sit at a lower tier of provision to meet the increasing demand for provision and reduce waiting times.

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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
DMH	0	73	80	86	99	98	93	83	78	70	75	80	66



**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
76.6	61.21	91.95

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

Medical Psychology 52 weeks:

- A Demand and Capacity exercise was completed which highlighted a significant capacity gap, with an additional 4.0 WTE required to meet the current demand and an additional 6.2 WTE required to clear the waiting list backlog over 12 months.
- Seeing high referrals for pain and also generally. If the number of pain referrals continue to increase this will become a problem. There are new staff starting, but not in the pain service.
- Discussions with UHL are ongoing with regards to increasing funding into the Medical Psychology service, and other ideas have been discussed in order to reduce demand if we cannot increase capacity.
- Surges in discharges can be seen where groups and the pain management programme are finished.
- When trainees start placements there can be increases in numbers taken on for treatment.

Neuropsychology 52 weeks:

Outpatient Neurology

- Internal candidates recruited to vacant post in January 2024, currently building up caseload.
- Some long waiters have declined input due to personal circumstances.
- Offering training and liaison with UHL teams to reduce the need for referrals where possible
- Offering group work jointly with medical psychology for people with neurological conditions
- Psychologist from CINSS service has joined weekly referral meeting so that any referrals that are also known to the CINSS team can be seen through this route

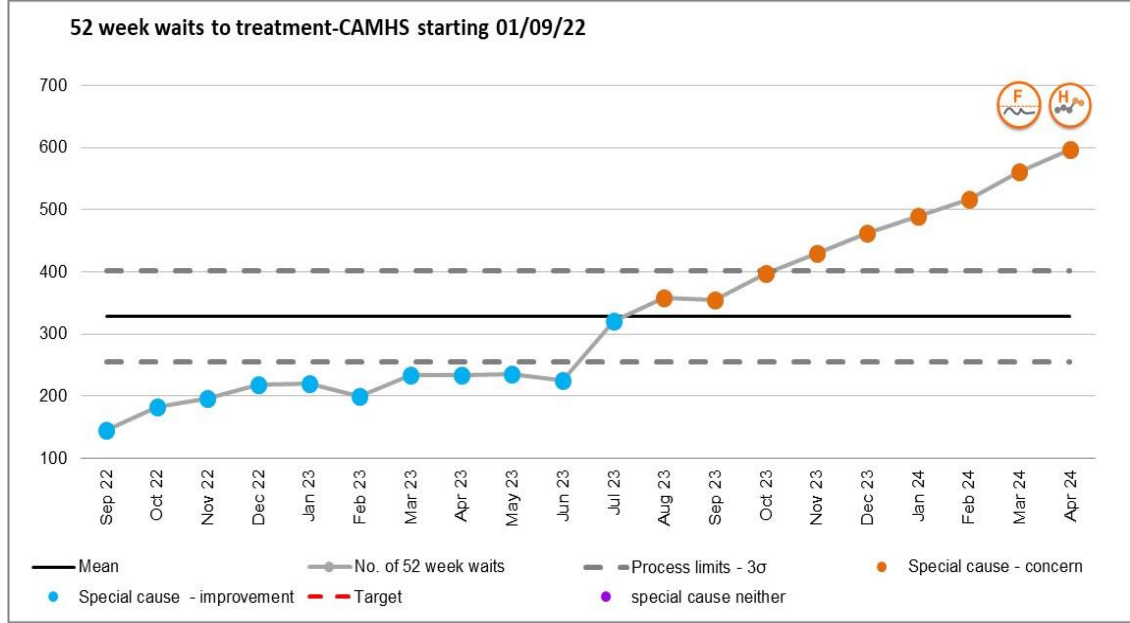
Paediatric Neuropsych

- Staff member (0.5) has recently left the service
- Have transitioned any 16+ yo referrals to adult neuro wait list where there are more staff to provide support
- Have amalgamated an assistant psychologist time and gone out for recruitment for 0.8 8b role to create a more substantive role but not been successful – aim to go out for 8b role in next 2 weeks



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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
<b>FYPCLDA</b>	<b>0</b>	236	225	321	358	355	397	429	462	489	516	561	596



**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
328.9	256.1	401.7

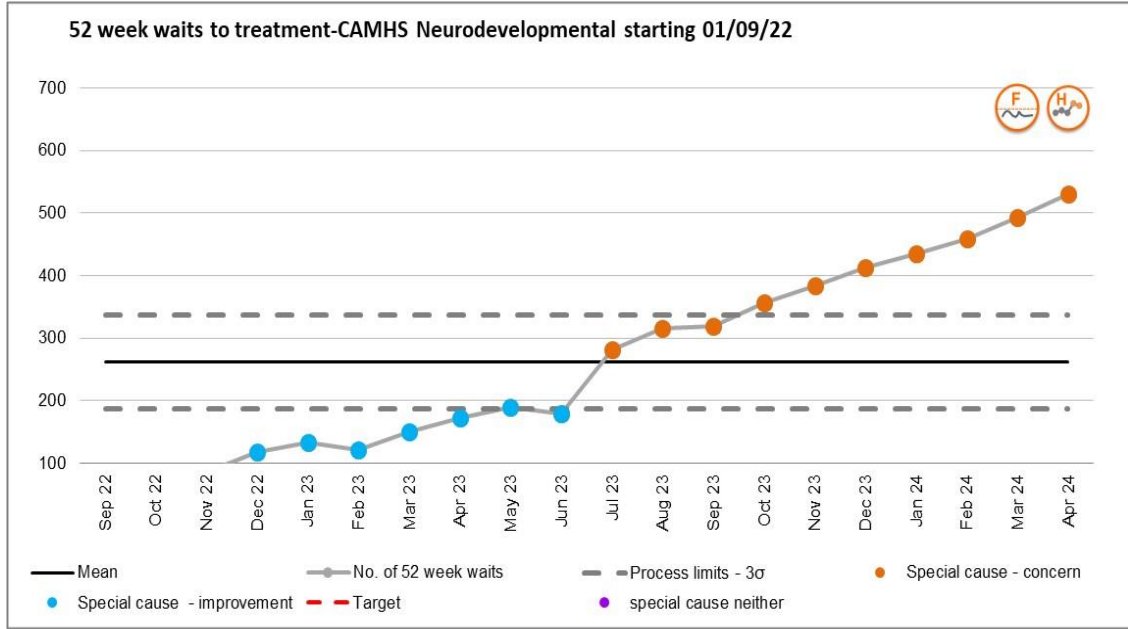
**Operational Commentary (e.g. referring to risk, finance, workforce):**

This increase in the number of CYP waiting over 52 weeks is linked to the number of children waiting for a Neurodevelopmental Assessment. Awaiting outcome of submitted business case for 24/25, as well as impact of migration into one unit.

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

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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
FYPCLDA	0	189	179	282	316	319	357	383	412	435	458	492	530



**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.

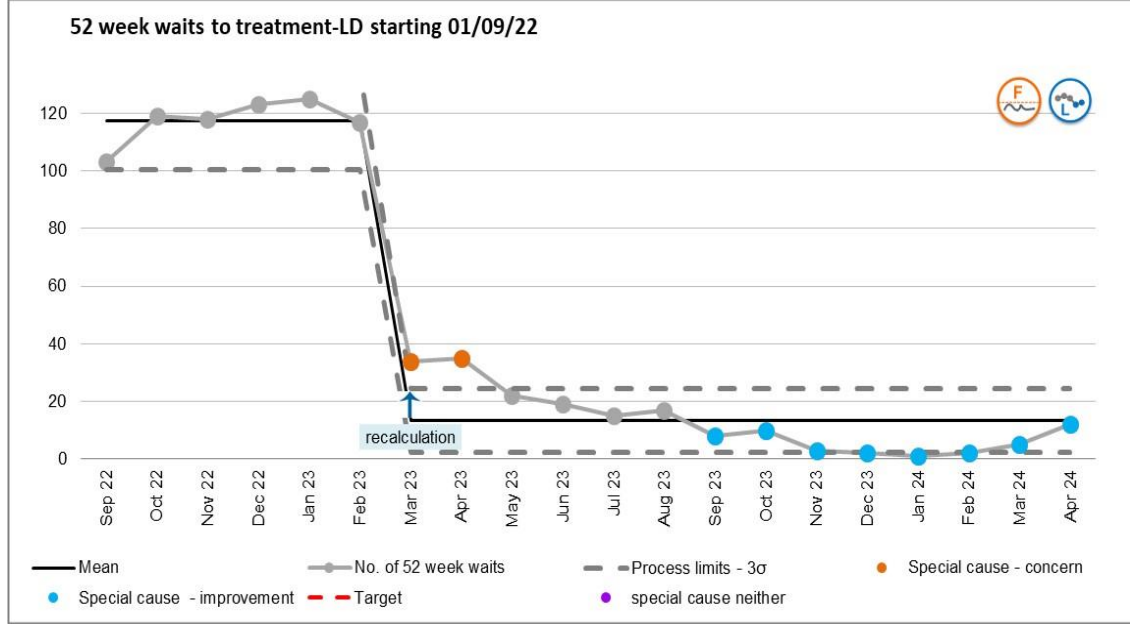
Mean	Lower Process Limit	Upper Process Limit
328.9	256.1	401.7

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

Awaiting outcome of business case which will determine resource and capacity to begin to address backlog and growing numbers, with ND identified as significant system risk. Duty system in place to support patients whilst waiting, along with individual risk assessment that informs prioritisation. Features strongly in our transformation work, with a dedicated workstream.

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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
<b>FYPCLDA</b>	<b>0</b>	<b>22</b>	<b>19</b>	<b>15</b>	<b>17</b>	<b>8</b>	<b>10</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>12</b>



**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
13.2	2.17	24.26

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

The service implemented a referral assessment team “Access” in January 2022.

The service had seen a significant increase in performance from March 2022, through to Dec 2023.

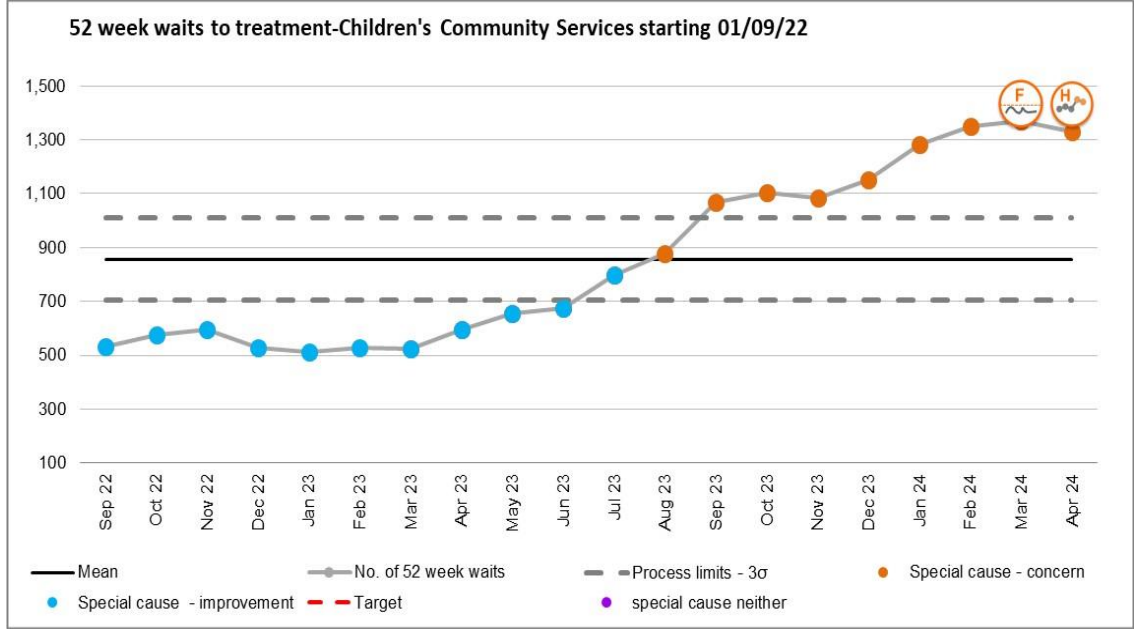
2 longest waiters are for Trauma Pathway- Both patients in active treatment on pathway however awaiting psychological input

Long standing vacancies in psychology -successful recruitment of newly qualifieds start date Oct 24

Vacancies and complexity of patients has impacted on waiting times for treatment across all disciplines. Workforce sickness and unsustainable practices being addressed and resolved (new leadership being on-boarded). Improvements to the TAG assessment for waiting patients has been agreed at CRG to ensure changes in risk are clearly monitored while patients are on the waiting list. Patients are actively tracked through the weekly PTL meeting.

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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
<b>FYPCLDA</b>	<b>0</b>	654	674	800	878	1068	1104	1083	1150	1283	1351	1369	1330



**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.

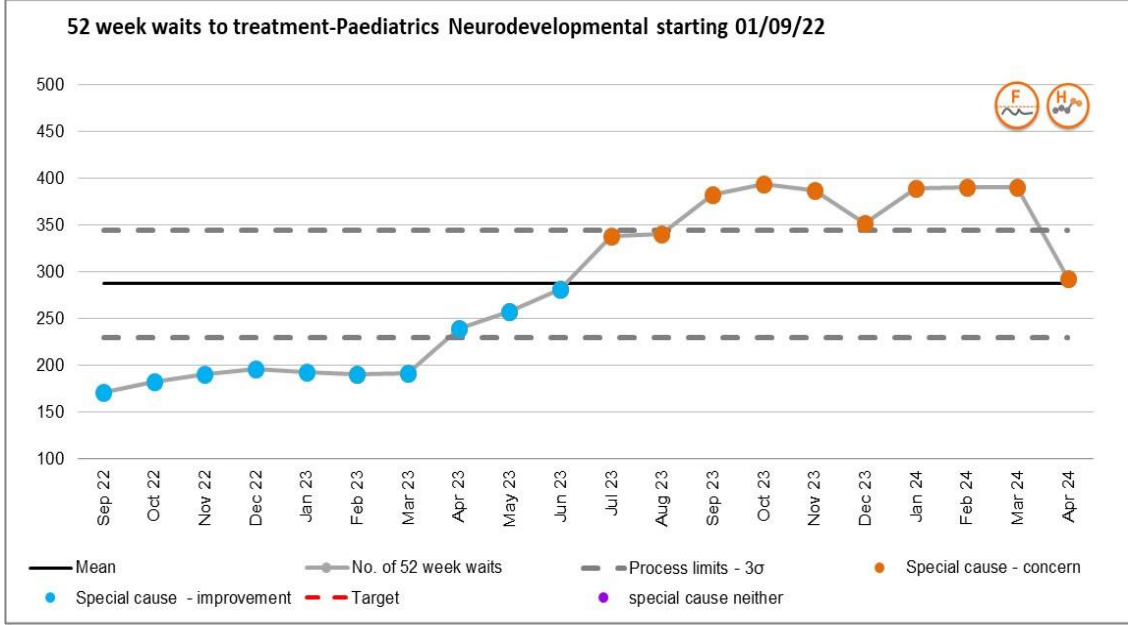
Mean	Lower Process Limit	Upper Process Limit
856.5	704.04	1008.96

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

ND: (as details in ND, Comm Paeds, and CAMHS exception reports) Awaiting outcome of ND business case which will determine resource and capacity to begin to address backlog and growing numbers of the ND cohort, which is the primary reason for our 52 week waits. ND identified as significant system risk. Duty system in place to support patients whilst waiting, along with individual risk assessment that informs prioritisation. Features strongly in our transformation work, with a dedicated workstream. All services showing 52+ week waits: Teething problems re new BPR format and requirement to include all services showing 52+ week waits, aware narrative on SALT, OT, PT and audiology is missing, this is being rectified.

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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
<b>FYPCLDA</b>	<b>0</b>	<b>257</b>	<b>281</b>	<b>338</b>	<b>340</b>	<b>382</b>	<b>394</b>	<b>387</b>	<b>352</b>	<b>389</b>	<b>390</b>	<b>390</b>	<b>293</b>



**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.

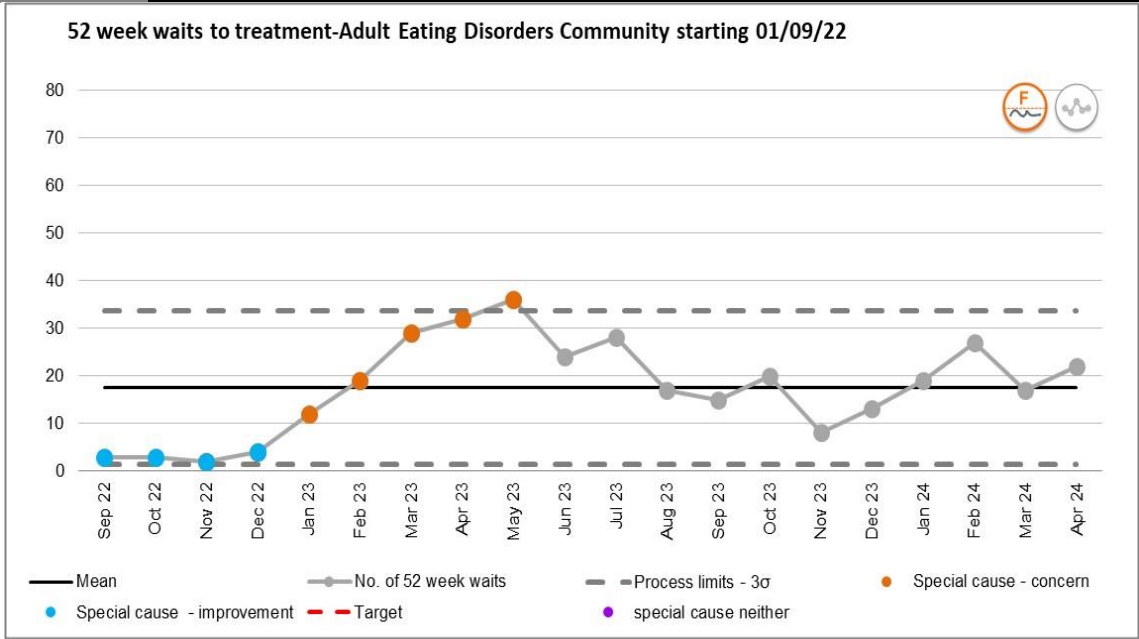
Mean	Lower Process Limit	Upper Process Limit
287.4	230	344.8

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

Awaiting outcome of business case which will determine resource and capacity to begin to address backlog and growing numbers, with ND identified as significant system risk. Duty system in place to support patients whilst waiting, along with individual risk assessment that informs prioritisation. Features strongly in our transformation work, with a dedicated workstream.

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

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
FYPCLDA	0	36	24	28	17	15	20	8	13	19	27	17	22



**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.

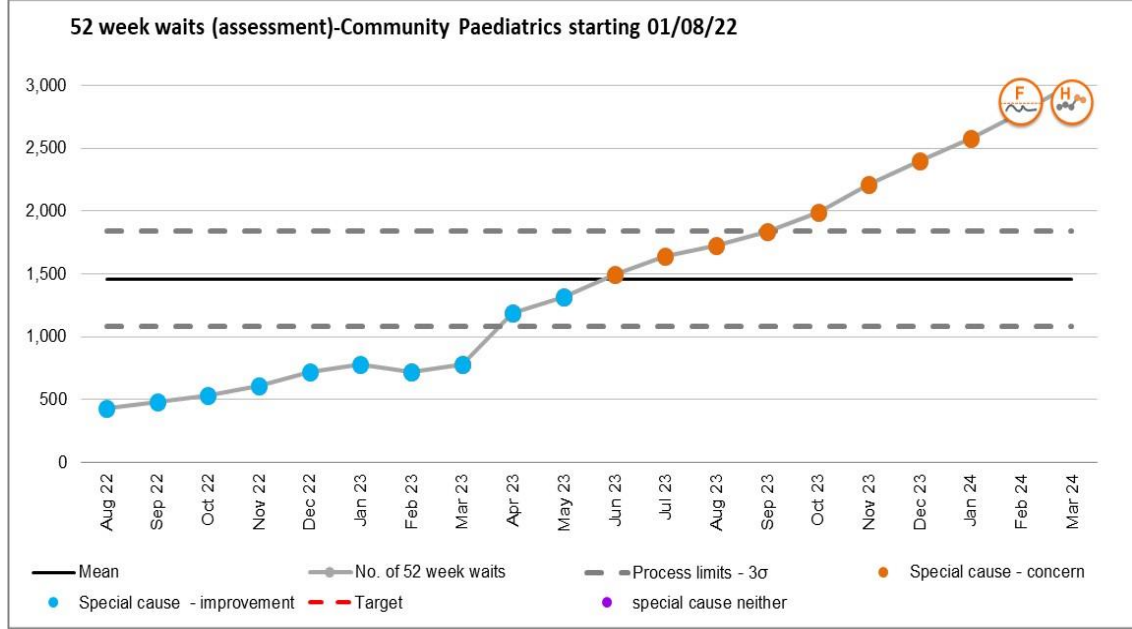
Mean	Lower Process Limit	Upper Process Limit
17.5	1.4	33.6

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

PTLs in place (bi-weekly) supported by the business team. Service review taking place to ascertain most effective and efficient pathways. Exploring the implementation of a stepped approach for delivering treatment. Groups in place to support patients whilst waiting, this ensures patients are seen regularly and that they have regular check-ins on wellbeing and status. If a patient deteriorates, process in place to re-RAG rate and expediate on waiting list.

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

	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
FYPCLDA	0	1186	1319	1498	1640	1729	1834	1986	2208	2396	2573	2784	3012



**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
1461.5	1081.96	1841.04

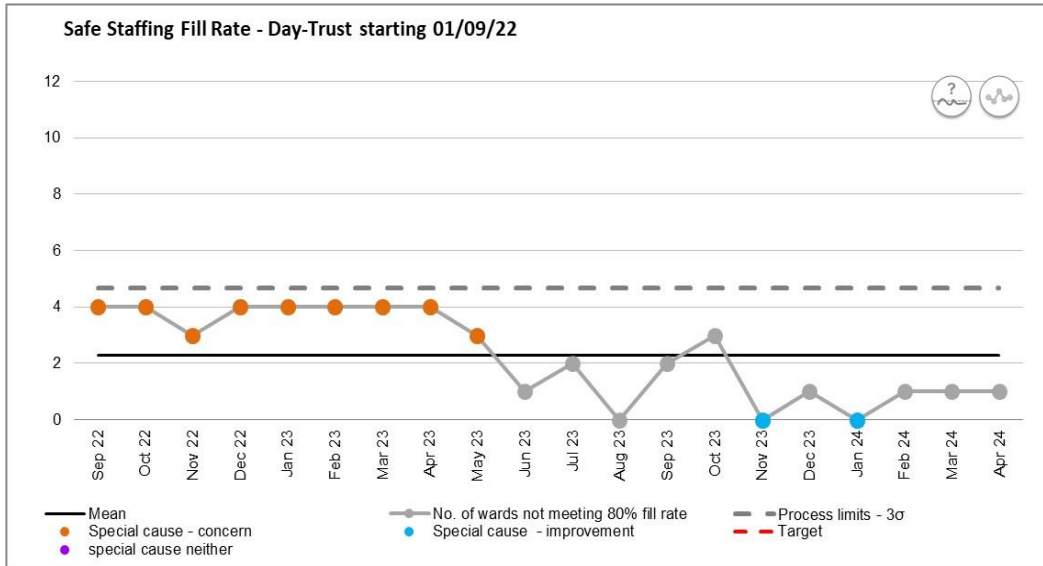
**Operational Commentary (e.g. referring to risk, finance, workforce):**

The service are utilising the non-recurrent investment to recruit additional ADHD nurses, SALT's and educational psychology support to release capacity from the paediatricians to enable them to see more new referrals. The investment will slow down the rate of increase but is not sufficient to reverse the trend of an increase to the numbers waiting over 52 weeks.

To note some CYP are now waiting over 2 years. A revised business case for investment into the ND pathway has been submitted for consideration in the 24/25 planning round.

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

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



**Analytical Commentary**

The metric is showing a common cause variation with no significant change. There is no assurance that the metric will consistently achieve the target and is in common cause variation.

Mean	Lower Process Limit	Upper Process Limit
2.5	7.0	4.8

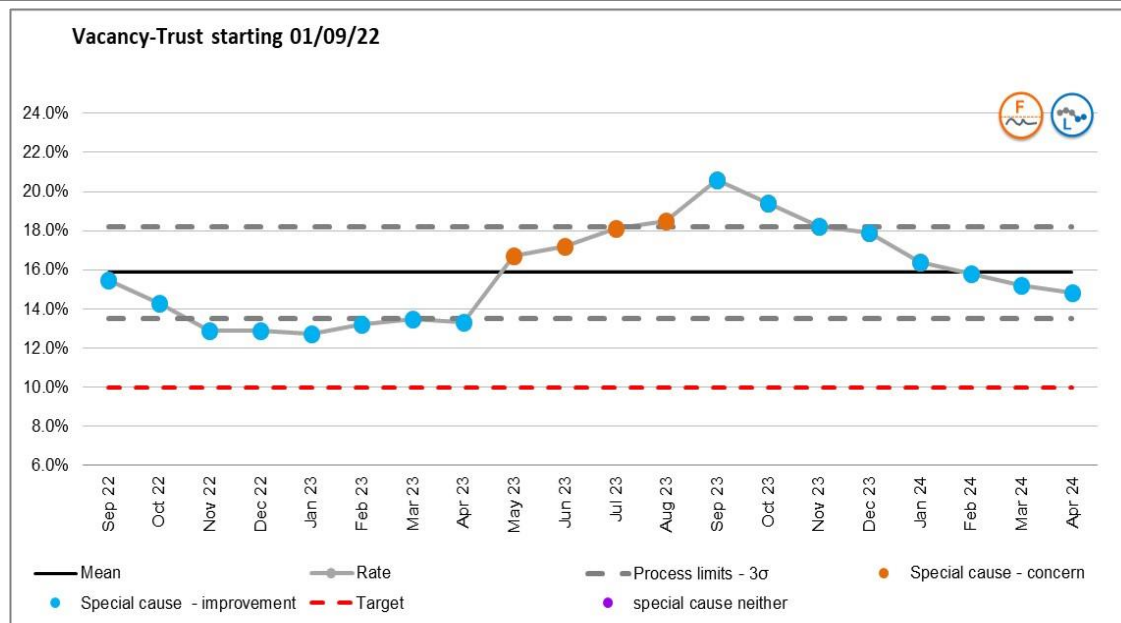
**Operational Commentary** (e.g. referring to risk, finance, workforce)

The Agnes Unit and Short Breaks did not meet planned staffing at all times, but was safely staffed. Staffing is flexed both skill mix and numbers to meet the needs of the patients who are admitted for respite, or within the pods in the Agnes Unit, this has resulted in a reduced number of actual staff.



## EXCEPTION REPORT - Vacancy Rate

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
TRUST	<b>&lt;=10%</b>	16.7%	17.2%	18.1%	18.5%	20.6%	19.4%	18.2%	17.9%	16.4%	15.8%	15.2%	14.8%
DMH		20.0%	19.8%	21.5%	22.2%	22.1%	20.8%	19.3%	19.2%	18.1%	17.9%	17.1%	17.3%
CHS		16.5%	16.5%	16.4%	15.8%	23.4%	23.0%	20.8%	19.6%	18.2%	17.8%	16.8%	17.0%
FYPCLD		18.3%	18.6%	18.9%	20.8%	18.7%	17.8%	18.1%	18.1%	15.5%	14.7%	14.4%	13.8%



### 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
15.8%	13.0%	18.0%

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

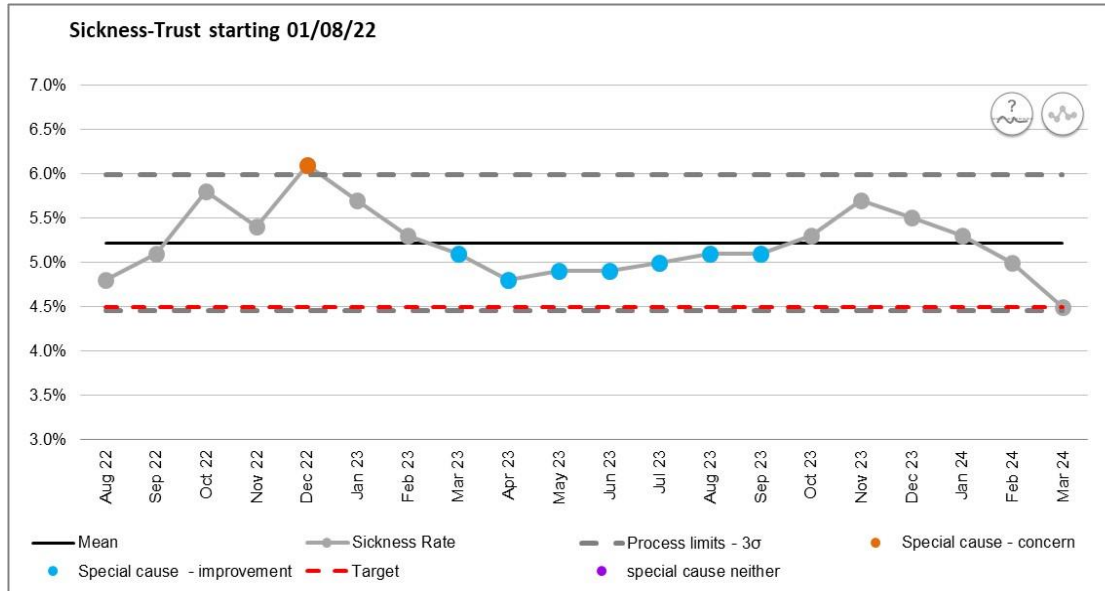
The recruitment plan has been reset for 2024-25 and is based on what we believe to be realistically achievable, building on the success of 2023/24 which saw LPT slightly exceeds its planned recruitment. During 2024-25 we anticipate a 4-5% reduction in the vacancy rate.

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.

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

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



### Analytical Commentary

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

Mean	Lower Process	Upper Process Limit
5.2%	4.0%	6.0%

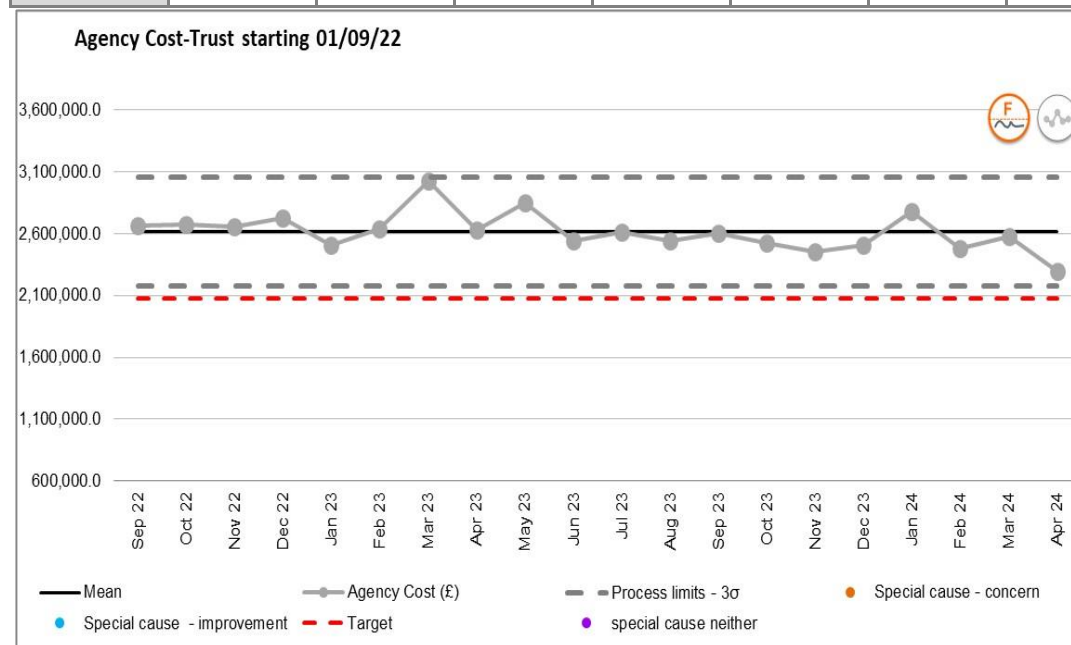
### Operational Commentary (e.g. referring to risk, finance, workforce)

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 Executive Team have agreed to retain the target of having <4.5% of staff on sickness absence for 2024-25, recognising that this is something we need to work towards over time.

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

## EXCEPTION REPORT - Agency Costs

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
<b>TRUST</b>	<b>&lt;=£2,077,250</b>	<b>£2,853,592</b>	<b>£2,540,910</b>	<b>£2,615,416</b>	<b>£2,539,262</b>	<b>£2,604,396</b>	<b>£2,522,962</b>	<b>£2,451,249</b>	<b>£2,502,448</b>	<b>£2,777,194</b>	<b>£2,482,176</b>	<b>£2,579,215</b>	<b>£2,292,669</b>
<b>DMH</b>		£1,185,111	£1,008,044	£926,354	£924,065	£870,418	£1,034,661	£970,285	£962,229	£915,668	£844,175	£806,231	£840,096
<b>CHS</b>		£945,115	£845,562	£1,006,433	£1,048,524	£1,048,827	£1,024,130	£1,026,664	£1,096,216	£1,200,238	£1,238,337	£1,288,658	£1,021,658
<b>FYPCLD</b>		£520,578	£581,556	£482,534	£406,714	£442,666	£302,453	£347,533	£394,746	£505,784	£333,412	£495,653	£329,532



### 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
2613846.3	2173114.63	30554577.8

### 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 place. However for this purposes of the report, the target shown is the total planned spend divided equally across the 12 months.

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
		<p>Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.</p>	<p>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.</p>
		<p>Common Cause - no significant change. Assurance indicates consistently (F)ailing the target.</p>	<p>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.</p>
		<p>Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (F)ailing the target.</p>	<p>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.</p>

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
		<p>Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.</p>	<p>Metric is expected to consistently Achieve the Target and is showing a Special Cause for Concern. Metric to be monitored at Directorate Performance Reviews.</p>
		<p>Common Cause - no significant change. Assurance indicates consistently (P)assing the target.</p>	<p>Metric is expected to consistently Achieve the Target and is showing Common Cause variation. Metric to be monitored at Directorate Performance Reviews.</p>
		<p>Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates consistently (P)assing the target.</p>	<p>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.</p>

## 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		Feb-24	85.0%	83.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Feb-24	83.0%	85.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	6284	Feb-24	13035	12965	
(D1) Community Mental Health Access (2+ contacts) - LPT		Feb-24	12965	12915	
(E1) CYP access (1+ contact) - LLR	14298	Feb-24	17845	16740	
(E1) CYP access (1+ contact) - LPT		Feb-24	8175	7950	
MHSDS CYP ED Routine (Interim) - LLR		Feb-24	100.0%	56.5%	
MHSDS CYP ED Routine (Interim) - LPT	>=95%	Feb-24	100.0%	57.3%	
MHSDS CYP ED Urgent (Interim) - LLR		Feb-24	-	87.2%	
MHSDS CYP ED Urgent (Interim) - LPT	>=95%	Feb-24	-	88.1%	
(G3) EIP waiting times - MHSDS - LLR		Feb-24	78.0%	72.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Feb-24	74.0%	69.0%	
(I1) Individual Placement Support - LLR	879	Feb-24	625	600	
(I1) Individual Placement Support - LPT		Feb-24	615	590	
(K2) OOA bed days - inappropriate only - rolling quarter - LLR		Jan-24	105	80	
(K2) OOA bed days - inappropriate only - rolling quarter - LPT		Jan-24	15	0	
(L1) Perinatal access - rolling 12 months - LLR	1259	Feb-24	1075	1065	
(L1) Perinatal access - rolling 12 months - LPT		Feb-24	1065	1065	
(L2) Perinatal access - year to date - LLR	1154	Feb-24	905	850	
(L2) Perinatal access - year to date - LPT		Feb-24	895	845	
(N1) Data Quality - Consistency - LLR		Feb-24	96.0%	100.0%	
(N1) Data Quality - Consistency - LPT		Feb-24	100.0%	100.0%	
(N2) Data Quality - Coverage - LLR		Feb-24	83.0%	83.0%	
(N2) Data Quality - Coverage - LPT	>=98%	Feb-24	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Feb-24	21.0%	21.0%	
(N3) Data Quality - Outcomes - LPT	>=50%	Feb-24	21.0%	21.0%	
(N4) Data Quality - DQMI score - LLR		Dec-23	62.5	47.3	
(N4) Data Quality - DQMI score - LPT	95.0	Dec-23	95.0	94.0	
(N5) Data Quality - SNOMED CT - LLR		Feb-24	93.0%	93.0%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Feb-24	100.0%	100.0%	