


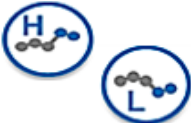




EXCEPTION REPORTS SUMMARY

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%	Jul-24	54.3%	52.0%			ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jul-24	3638	3638		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jul-24	65.4%	66.9%			MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jul-24	15	15		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jul-24	5.6%	12.0%			All CAMHS - Treatment waits - No of waiters	0	Aug-24	654	669		
CINSS (6 weeks) - Incomplete Pathway	>=95%	Jul-24	55.0%	54.8%			of which: CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Aug-24	608	618		
Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Jul-24	14.5%	15.4%			All LD - Treatment waits - No of waiters	0	Aug-24	5	6		
Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Jul-24	20.0%	23.7%			All Community Children's Services - Treatment waits - No of waiters	0	Aug-24	1524	1524		
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Aug-24	88	90			of which: Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Aug-24	251	270		
Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Aug-24	54	52			Adult Eating Disorders Community - Treatment waits - No of waiters	0	Aug-24	11	10		
Dynamic Psychotherapy - Treatment waits - No of waiters	0	Aug-24	8	7			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Jul-24	3846	3618		
Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Aug-24	526	499			Vacancy Rate	<=10%	Aug-24	15.1%	15.3%		
Medical/Neuropsychology - Treatment waits - No of Waiters	0	Aug-24	62	50			Sickness Absence	<=4.5%	Jul-24	5.3%	5.2%		

EXCEPTION REPORTS - Consistently Achieving Target						
Indicator	Monthly Target	Data As At	Current Reporting	Previous Reporting	SPC Assurance	SPC Trend
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Aug-24	8.8%	8.9%		
Core Mandatory Training Compliance for substantive staff	>=85%	Aug-24	96.9%	96.7%		
Staff with a Completed Annual Appraisal	>=80%	Aug-24	92.9%	92.6%		
% of staff from a BME background	>=22.5%	Aug-24	30.1%	29.7%		

## 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 / ADHD / CMHT 52 Wks / DPS 52 wks / TSPPD 52 wks / MHSOP Memory Clinic 52 Wks / Paediatrics ND 52 wks  Vacancy Rate
	<b>Common Cause</b> 			<i>Waiting Times:</i> Adult CMHT / Medical_Neuro 52 wks / Adult ED Community 52 wks / LD 52 Wks  Sickness Absence
	<b>Special Cause - Concern</b> 	Normalised Workforce Turnover		<i>Waiting Times:</i> Stroke & Neuro / Community Paediatrics / Children's Audiology / CBT 52 weeks / ADHD 52 weeks / CAMHS 52 weeks / CAMHS ND 52 weeks / Community Childrens 52 wks/ Community Paediatrics 52 wks assessment

## 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%	Aug-24	8.8%	8.9%		
Vacancy Rate	<=10%	Aug-24	15.1%	15.3%		
Sickness Absence (in arrears)	<=4.5%	Jul-24	5.3%	5.2%		
Agency Costs	<=£2,077,250	Aug-24	£1,781,388	£1,960,763		

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	Aug-24	1	2		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Aug-24	0	0		

FINANCE (Metrics TBC)

## Board Performance Report Summary Dashboard

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Quality Account	TRUST	Monthly	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period	>=95%	Aug-24	100.0%	97.4%				
	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		Aug-24	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Aug-24	12.4%	7.7%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Aug-24	1743	1801				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Aug-24	69.3%	70.1%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Aug-24	12	14				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Aug-24	0.7%	0.8%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Mar-24	85.0%	83.0%				
NHS Oversight	TRUST	Monthly	2-hour urgent response activity	>=70%	Aug-24	85.3%	87.4%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Aug-24	35.6%	23.3%				
	TRUST	Monthly	Out of Area Placement - Inappropriate Bed Days	0	Aug-24	120	237				
	ICB	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Aug-24	26	26				
	ICB	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Aug-24	0	0				
		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		Q2	2	2				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Aug-24	1	1				
	TRUST	Monthly	MRSA Infection Rate		Aug-24	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Aug-24	1	1				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Jul-24	0	0				
	GOV	Monthly (YTD)	Percentage of people aged 65 and over who received a flu vaccination			n/a	n/a				
			VTE Risk Assessment								
			Proportions of patient activities with an ethnicity code								
Access Waiting Times - DMH	TRUST	Monthly (In Arrears)	Adult CMHT Access (6 weeks routine) - Incomplete pathway	>=95%	Jul-24	54.3%	52.0%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Jul-24	65.4%	66.9%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Jul-24	5.6%	12.0%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral - complete pathway	>=60%	Jul-24	87.5%	72.7%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (6 weeks) - Incomplete Pathway	>=95%	Jul-24	55.0%	54.8%				
	TRUST	Monthly (In Arrears)	Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete Pathway	>=95%	Jul-24	34.8%	25.4%				
Access Waiting Times - FYPCLDA	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Jul-24	100.0%	0.0%				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Jul-24	78.6%	62.5%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Jul-24	14.5%	15.4%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Incomplete pathway	>=95%	Jul-24	100.0%	98.6%				
	TRUST	Monthly (In Arrears)	Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Jul-24	20.0%	23.7%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
52 Week Waits - DMH	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Aug-24	88	90				
	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - Longest Waiter		Aug-24	232	228				
	TRUST	Monthly	Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Aug-24	54	52				
	TRUST	Monthly	Cognitive Behavioural Therapy- Treatment waits - Longest waiter (weeks)		Aug-24	78	73				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - No of waiters	0	Aug-24	8	7				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - Longest waiter (weeks)		Aug-24	98	93				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Aug-24	526	499				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - Longest waiter (weeks)		Aug-24	241	237				
	TRUST	Monthly	Medical/Neuropsychology - Treatment waits - No of Waiters	0	Aug-24	62	50				
	TRUST	Monthly	Medical/Neuropsychology- Treatment waits - Longest Waiter		Aug-24	130	129				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jul-24	3638	2749				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - Longest waiter (weeks)		Jul-24	275	270				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Jul-24	15	13				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks -Longest waiter (weeks)		Jul-24	104	100				
	TRUST	Monthly	All CAMHS - Treatment waits - No of waiters	0	Aug-24	654	669				
	TRUST	Monthly	All CAMHS - Treatment waits - Longest waiter (weeks)		Aug-24	145	140				
	TRUST	Monthly	<i>of which:</i> CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Aug-24	608	618				
	TRUST	Monthly	CAMHS Neurodevelopment - Treatment waits - Longest waiter (weeks)		Aug-24	145	140				
	TRUST	Monthly	All LD - Treatment waits - No of waiters	0	Aug-24	5	6				

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	All LD - Treatment waits - Longest waiter (weeks)		Aug-24	64	77				
	TRUST	Monthly	All Community Children's Services - Treatment waits - No of waiters	0	Aug-24	1524	1524				
	TRUST	Monthly	All Community Children's Services - Treatment waits - Longest waiter (weeks)		Aug-24	253	249				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Aug-24	251	270				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - Longest waiter (weeks)		Aug-24	253	249				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - No of waiters	0	Aug-24	11	10				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - Longest waiter (weeks)		Aug-24	86	82				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Jul-24	3846	3618				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Jul-24	160	155				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Aug-24	87.7%	86.0%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Aug-24	90.2%	92.6%				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Aug-24	22.8	21.3				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Aug-24	4.8%	4.4%				
	TRUST	Monthly	Gatekeeping	>=95%	Aug-24	100.0%	97.4%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Aug-24	0	1				

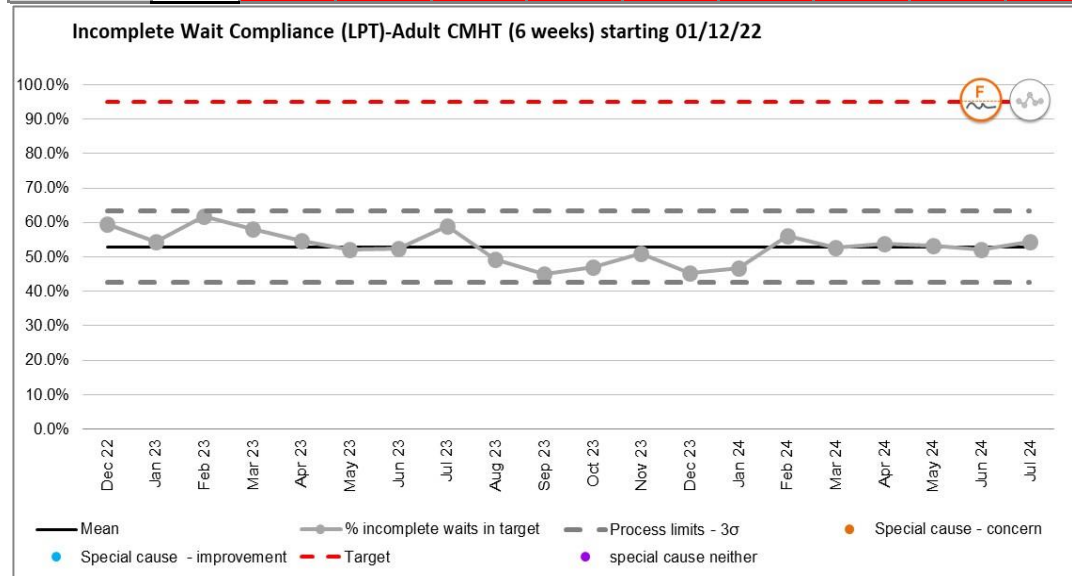


Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Quality & Safety	TRUST	Monthly	Covid Positive Following Swab During Admission - 15 and over		Aug-24	10	3				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Aug-24	3.9%	1.7%				
	TRUST	Monthly	Complaints		Aug-24	22	22				
	TRUST	Monthly	Concerns		Aug-24	36	38				
	TRUST	Monthly	Compliments		Aug-24	215	165				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Aug-24	1	2				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Aug-24	0	0				
	TRUST	Monthly	Care Hours per patient day		Aug-24	12.2	12.2				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Aug-24	6	5				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Aug-24	1	0				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Aug-24	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Aug-24	192	183				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Jul-24	120	95				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Jul-24	13	3				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Jul-24	10	11				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Jul-24	42	35				
	TRUST	Monthly	No. of Medication Errors		Aug-24	93	107				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Aug-24	24.6%	18.3%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Aug-24	6	3				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Aug-24	2	4				
TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Aug-24	4	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%	Aug-24	8.8%	8.9%				
	TRUST	Monthly	Vacancy Rate	<=10%	Aug-24	15.1%	15.3%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Jul-24	5.3%	5.2%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Jul-24	£1,011,795	£957,954				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Jul-24	5.2%	5.3%				
	TRUST	Monthly	Agency Costs	<=£2,077,250	Aug-24	£1,781,388	£1,960,763				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Aug-24	96.9%	96.7%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Aug-24	92.9%	92.6%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Aug-24	30.1%	29.7%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Aug-24	n/a	n/a				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Aug-24	88.9%	90.9%				

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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
<b>DMH</b>	<b>&gt;=95%</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>	<b>53.8%</b>	<b>53.4%</b>	<b>52.0%</b>	<b>54.3%</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
52.9%	43.0%	63.0%

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

Hub and spoke consultant model testing taking place. Commenced testing in West Leicestershire and City East. Review outcomes and agree future plans.

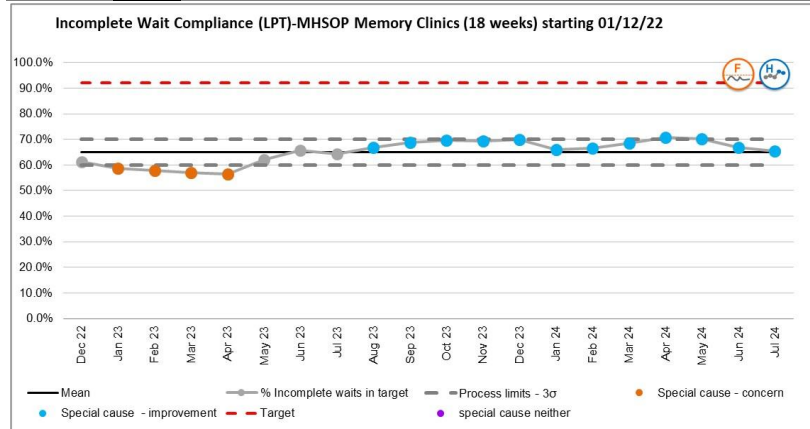
Work continues to progress on 2024/25 caseloads review programme. To review and complete caseload review for city central and then transition the remaining caseload to the new city east / city west structure.

Recruitment taking place to the Community Connector roles.

Substantive recruit to Consultant posts progressing.

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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
<b>DMH</b>	<b>&gt;=92%</b>	<b>66.7%</b>	<b>68.8%</b>	<b>69.7%</b>	<b>69.3%</b>	<b>70.0%</b>	<b>66.0%</b>	<b>66.5%</b>	<b>68.5%</b>	<b>70.7%</b>	<b>70.3%</b>	<b>66.9%</b>	<b>65.4%</b>



**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
65.1%	60.0%	70.0%

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

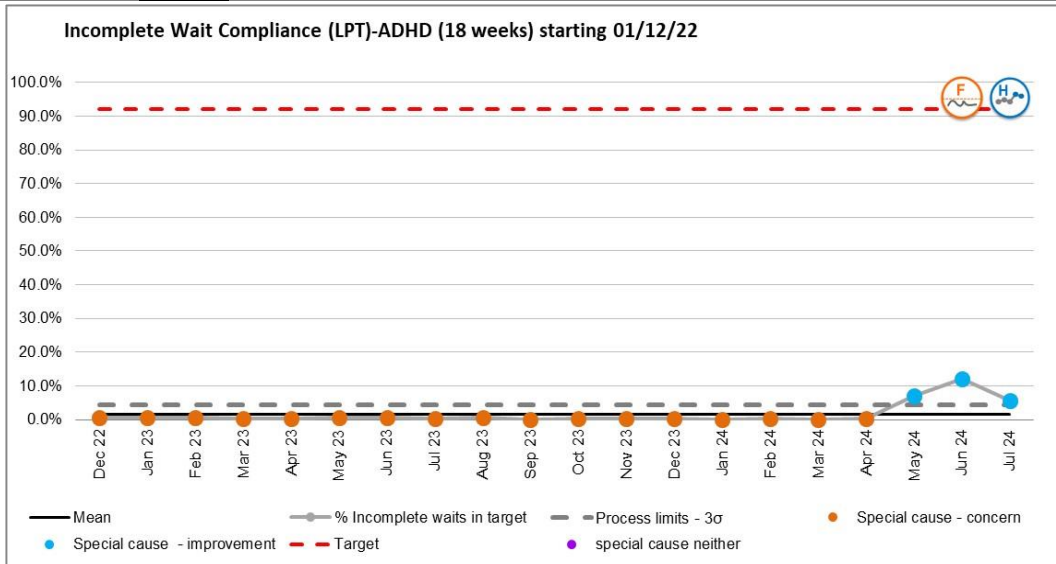
Workforce analysis in place to understand workforce retention issues.

2.4WTE Band 6 vacancies recruited to.

With the non-recurrent monies, the clinical and operational team are scoping out one stop shop pilot. Continuing to review options around skill mix following meeting with NHFT.

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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
<b>DMH</b>	<b>&gt;=92%</b>	<b>0.7%</b>	<b>0.1%</b>	<b>0.4%</b>	<b>0.3%</b>	<b>0.2%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>0.1%</b>	<b>0.2%</b>	<b>6.9%</b>	<b>12.0%</b>	<b>5.6%</b>



**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
1.5%	-0.01%	0.04%

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

The investment business case was presented to EMB and Trust-wide CRG. Now going to System Executive Group. Full day workshop agreed with ICB to progress business case discussions.

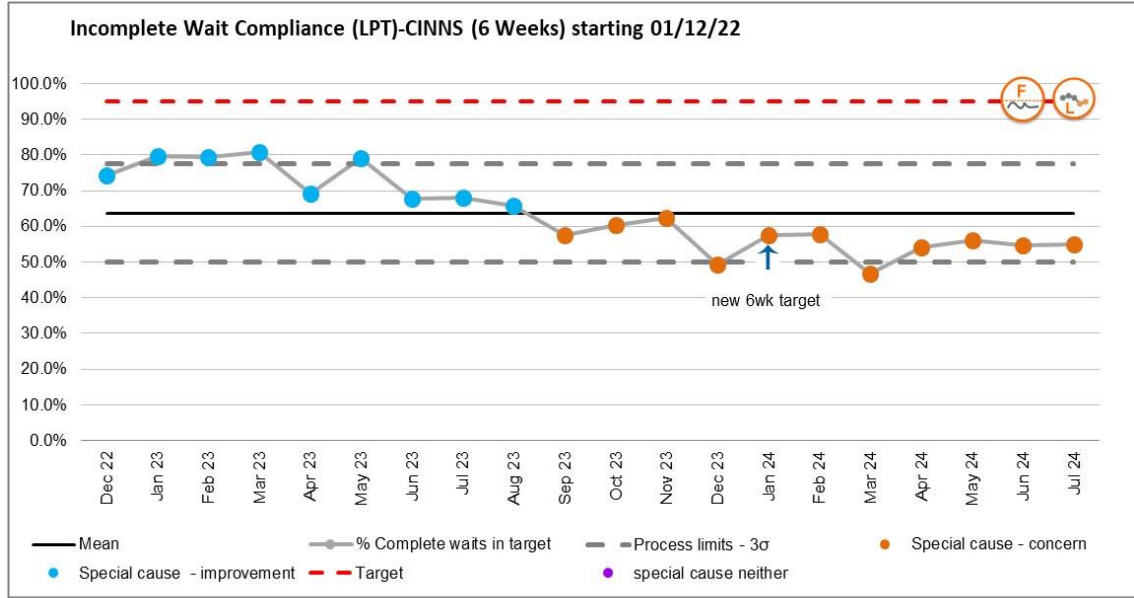
Recruitment plan in place to recruit to 1.0WTE Band 8a vacancy.

New staff recruited through the non-recurrent funding will focus on treatment waiting list. Monitor impact on waiting times and feedback to the local authority and wider system.

Transformational work identified as part of improving the pathway to be taken forward (moving annual reviews to primary care, secondary care model and review of workforce). Long term action to be addressed through transformational work. Initial action plan required with implementation plans.

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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
<b>CHS</b>	<b>&gt;=95%</b>	<b>65.9%</b>	<b>57.5%</b>	<b>60.3%</b>	<b>62.3%</b>	<b>49.3%</b>	<b>57.4%</b>	<b>57.8%</b>	<b>46.7%</b>	<b>54.0%</b>	<b>56.0%</b>	<b>54.8%</b>	<b>55.0%</b>



**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
63.7%	50.0%	78.0%

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

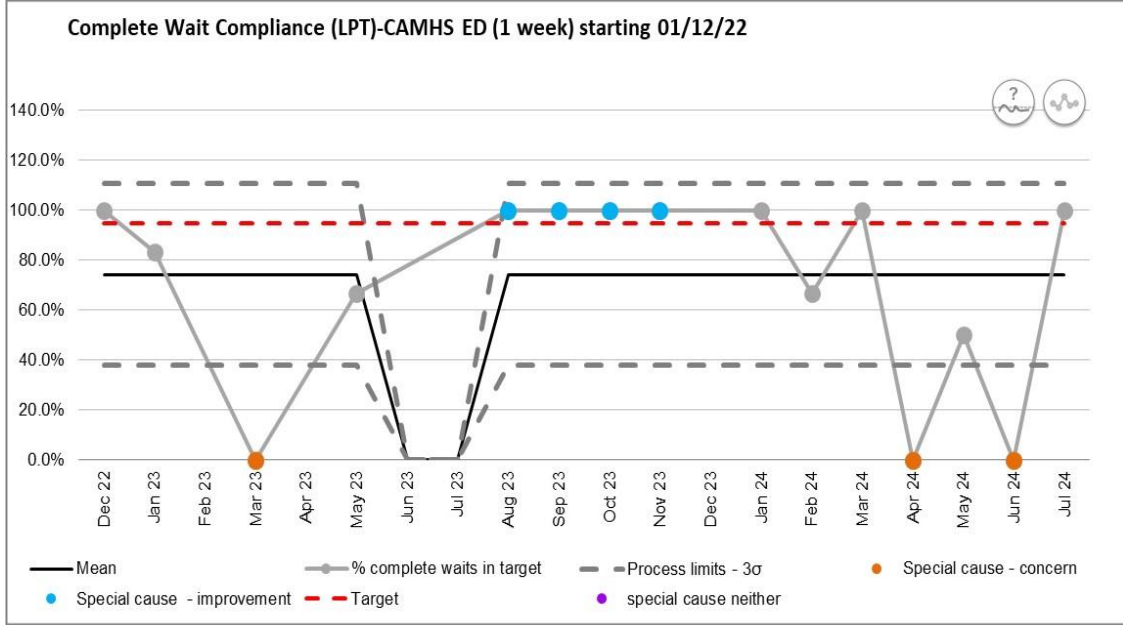
Key actions identified below with the aim of improving service compliance against wait times:

- Review and revise expectations around documentation.
- Delegation of clinical tasks from qualified staff to TI and between TI's.
- Roll out job planning across service.
- Recruitment – B7 OT Vacancy out to advert as a 12 month secondment as unable to recruit x3 to permanent post. Band 6 OT vacancy; position recruited to, moving through recruitment and aim to start in October. B6 PT vacancy x2 – 1 out to advert and 1 awaiting advertising (rotation with UHL). Admin vacancy is currently out to advert.
- Explore digital offer for appropriate referrals to further facilitate health education and self-management.
- Continue to monitor impact of change using the EQIA.
- Map patient journey through the service
- Data quality review and mapping
- Revisit the demand and capacity across the team

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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
<b>FYPCLDA</b>	<b>&gt;=95%</b>	100.0%	100.0%	100.0%	100.0%		100.0%	66.7%	100.0%	0.0%	50.0%	0.0%	100.0%

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.

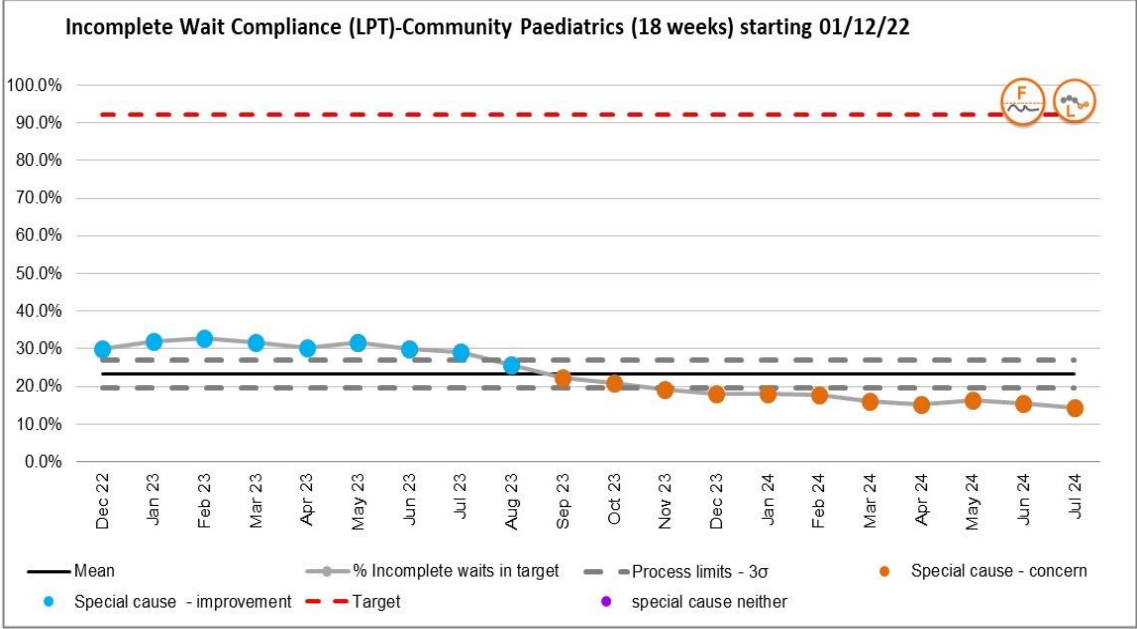
Mean	Lower Process Limit	Upper Process Limit
74.4%	38.0%	110.0%

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

Weekly waiting list and performance oversight meeting in place to ensure targets are met - both Head of Service and Service Group Manager attend.  
 The service is undertaking a demand and capacity exercise, which will include reviewing job plans against ledgers, supporting the service to identify unused slots.  
 ARFID lead is linking in with First Steps to work through the service offer to reduce any duplications and to improve pathways between the two services.  
 The service will be strengthening the systems and processes of tracking patients from referral to first appt, which includes the duty process being strengthened (point of referral). Additional training for ARFID is also being established to increase the number of clinicians supporting this pathway.

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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
<b>FYPCLDA</b>	<b>&gt;=92%</b>	<b>25.7%</b>	<b>22.4%</b>	<b>20.9%</b>	<b>19.3%</b>	<b>18.2%</b>	<b>18.0%</b>	<b>17.7%</b>	<b>16.1%</b>	<b>15.3%</b>	<b>16.5%</b>	<b>15.4%</b>	<b>14.5%</b>



**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
23.4%	20.0%	27.0%

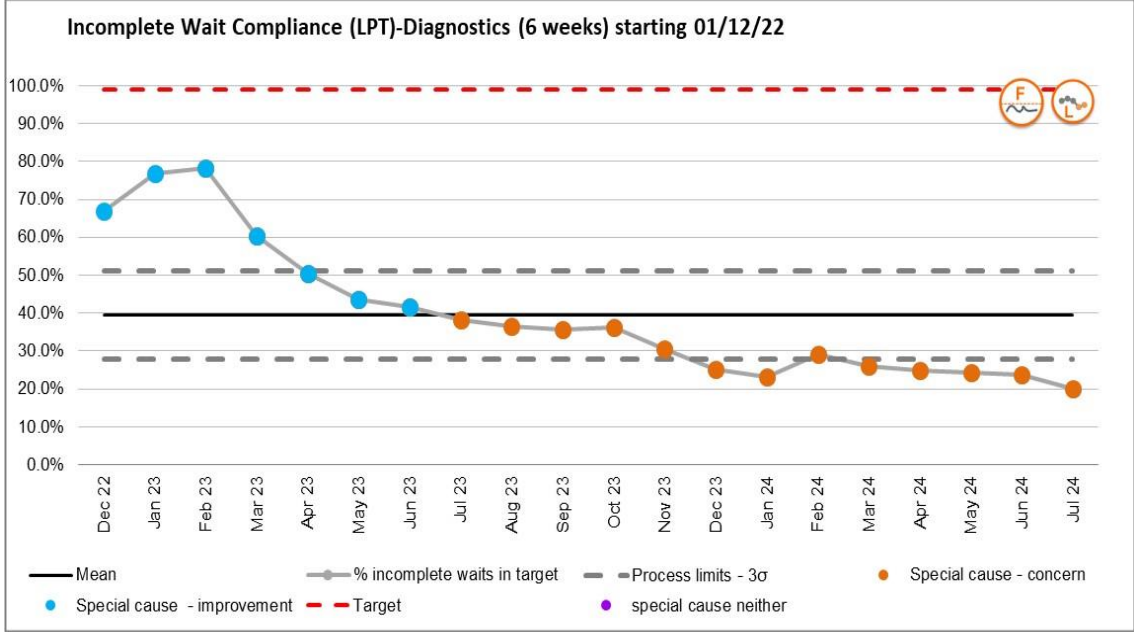
**Operational Commentary (e.g. referring to risk, finance, workforce):**

This is a multidisciplinary pathway (with a multi referral point for access). The KPI is directly impacted by the ND waits, please see the Community Paediatric ND and CAMHS ND exception reports for further detail. Triage system in place based on acuity of clinical need and safe caseload management. After award of the precommitment monies for the ND business case, mobilisation and recruitment underway.



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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
<b>FYPCLDA</b>	<b>&gt;=99%</b>	<b>36.6%</b>	<b>35.8%</b>	<b>36.3%</b>	<b>30.6%</b>	<b>25.2%</b>	<b>23.1%</b>	<b>29.2%</b>	<b>26.1%</b>	<b>24.9%</b>	<b>24.4%</b>	<b>23.7%</b>	<b>20.0%</b>



**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.

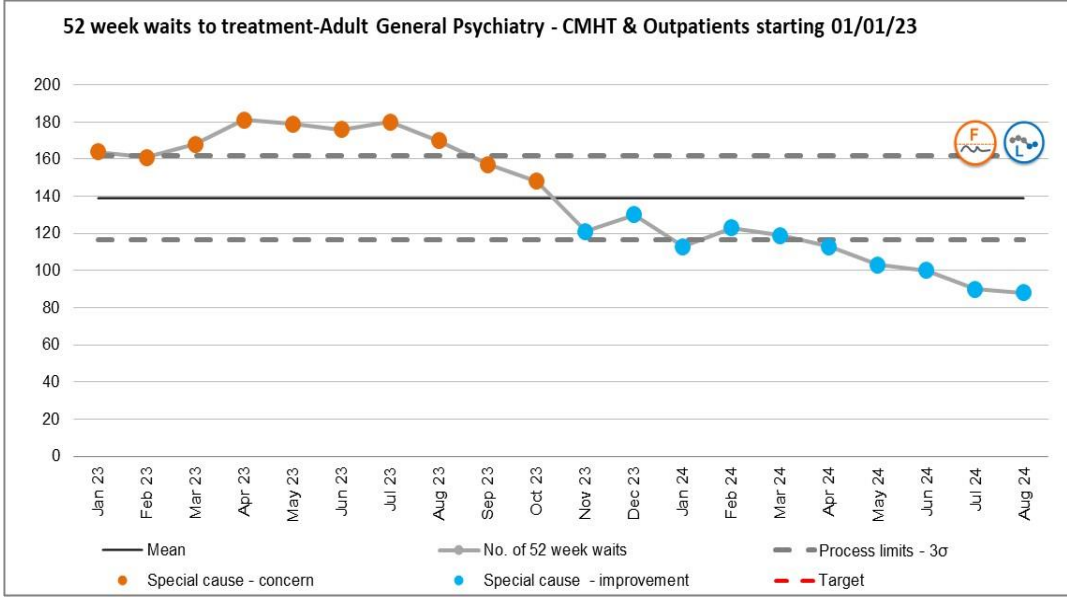
Mean	Lower Process Limit	Upper Process Limit
39.6%	28.0%	51.0%

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

Ongoing monthly scrutiny for management of quality issues relating to estates and waiting lists through Bronze cell chaired by ICB. Agreed trajectory with ICB currently on target. However, this is based on estate and staffing coming online over the remainder of 2024. A summary here:  
 External insourcing - desktop review has been completed with preferred supply identified and awaiting final signoff. Shepshed HC completed. Continued liaison with H and S and estates underway to make weekend clinics at Shepshed viable. LPT have asked UHL is they have available weekend capacity in the interim.  
 Hearing Centre Market Harborough from 07/07/2024 and at DMU from 19/08/2024 both operational. These soundproofed venues should reduce numbers added to the mitigation list and offer capacity to address CYP already on the mitigation list.  
 Hynca Lodge and Beaumont Leys HC are having structural surveys completed to establish their viability as the long term estate option using agreed capital spend.  
 System approach with UHL in response to CQC/NHSE/ICB request for IQIPs registration, delivered through monthly steering group, which commenced 27th Aug 2024  
 Staff returning to the service from maternity leave as planned, and new Band 3 staff member being onboarded will increase capacity.  
 Loss of Service Clinical Lead will impact on clinical capacity (0.4 days/week) and oversight of IQIP readiness. Contingency plan being progressed with UHL offering supervision in the interim.

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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
<b>DMH</b>	<b>0</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>	<b>103</b>	<b>100</b>	<b>90</b>	<b>88</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
139.2	116.5	161.9

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

Hub and spoke consultant model testing taking place. Commenced testing in West Leicestershire and City East. Review outcomes and agree future plans.

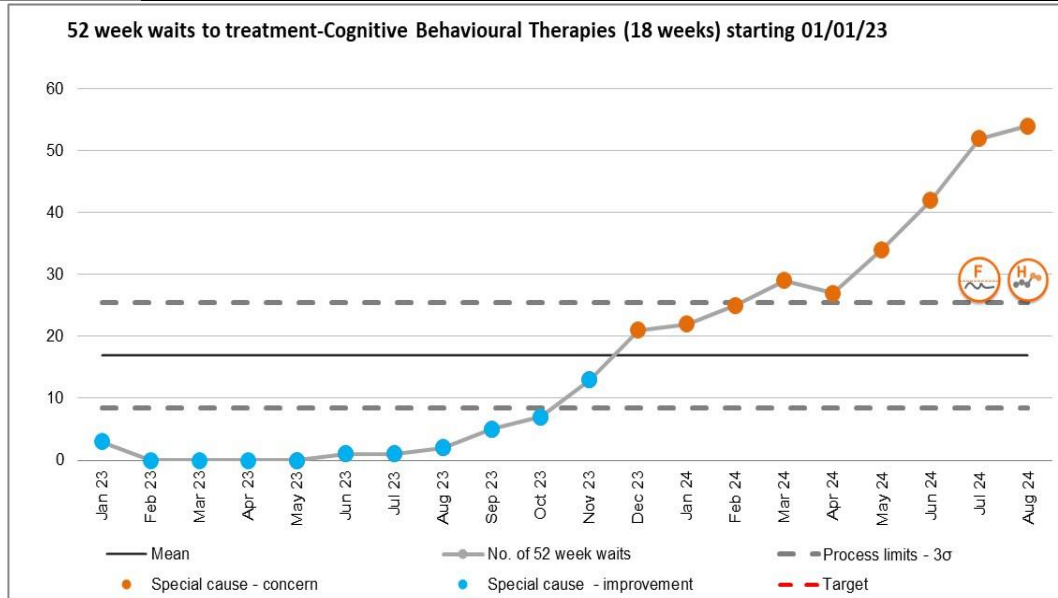
Work continues to progress on 2024/25 caseloads review programme. To review and complete caseload review for city central and then transition the remaining caseload to the new city east / city west structure.

Recruitment taking place to the Community Connector roles.

Substantive recruit to Consultant posts progressing.

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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
<b>DMH</b>	<b>0</b>	<b>5</b>	<b>7</b>	<b>13</b>	<b>21</b>	<b>22</b>	<b>25</b>	<b>29</b>	<b>27</b>	<b>34</b>	<b>42</b>	<b>52</b>	<b>54</b>



**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
16.9	8.36	25.4

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

All referrals to CBT will go through Neighbourhood Mental Health Teams, the new front door process for those teams and the consultant process. An implementation plan is to be agreed at the Steering Group Meeting.

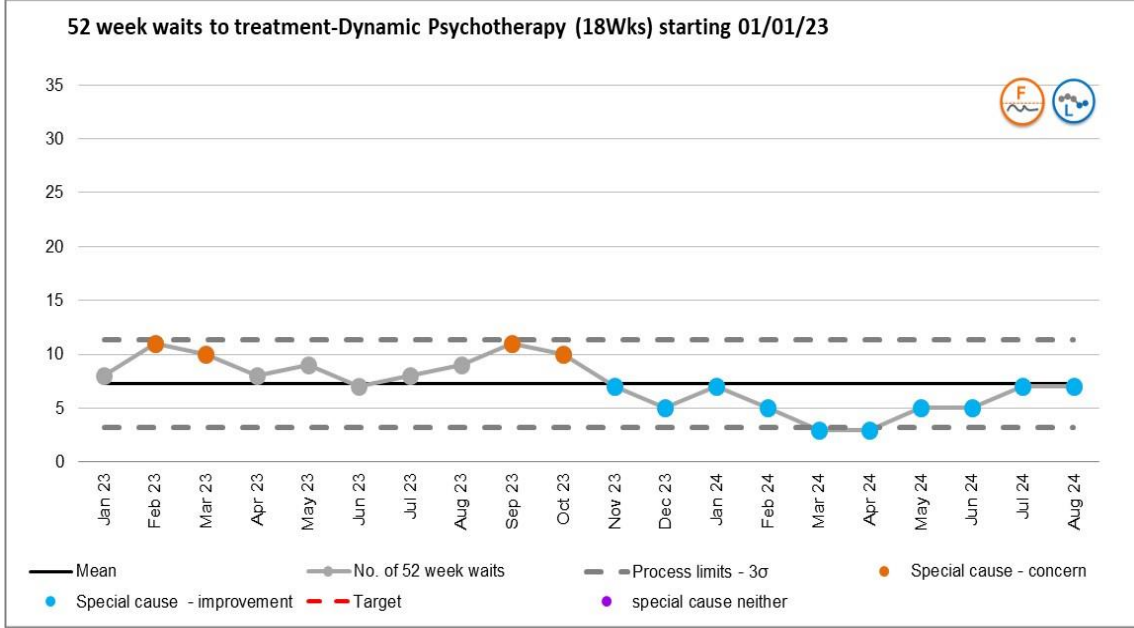
Planning an away day in the autumn to include CBT to agree processes and shared understandings of the consultant process.

Waiting list has increased significantly in the past 12 months. Demand and capacity exercise has commenced to understand future service provision requirements.

CBT input provided into the fortnightly meeting between Vita Health and MHCAP.

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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
<b>DMH</b>	<b>0</b>	<b>11</b>	<b>10</b>	<b>7</b>	<b>5</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>8</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
7.3	3.19	11.31

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

All referrals to DPS will go through Neighbourhood Mental Health Teams, the new front door process for those teams and the consultor process. Agree implementation plan at Steering Group Meeting.

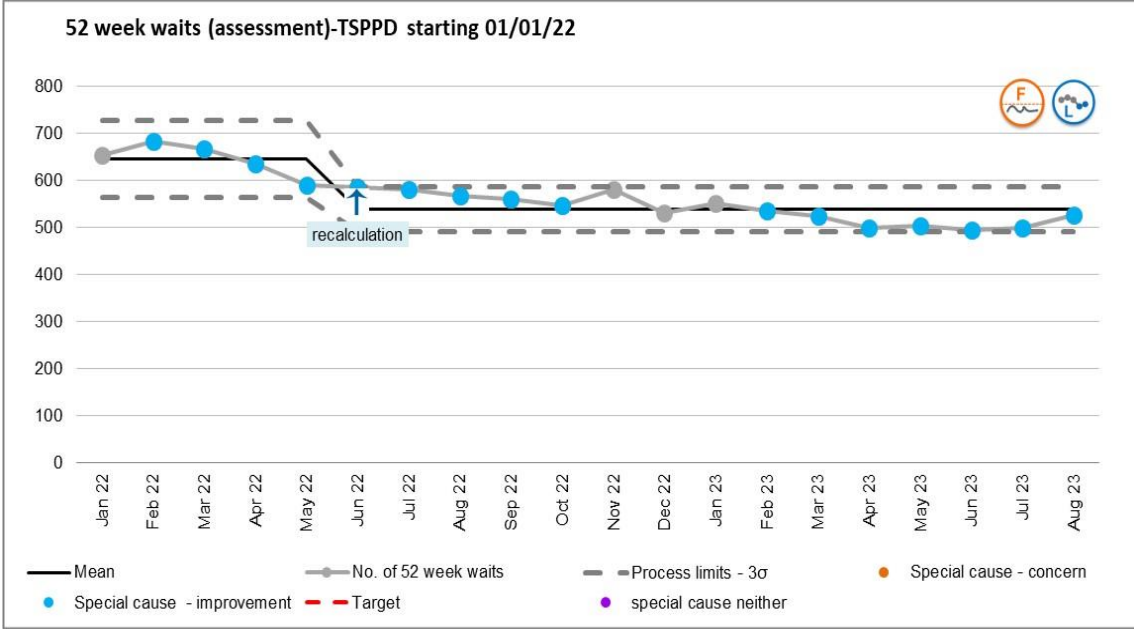
Planning an away day in the autumn to include DPS to agree processes and shared understandings of the consultor process.

Some of the patients waiting for the longest time (for individual treatment) have now been offered appointments as new staff members have joined the team.

2.0WTE clinical vacancies - progressing recruitment.

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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
DMH	0	561	546	581	530	552	536	523	498	503	494	499	526



**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
538.8	491.68	585.92

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

Caseload review work is increasing referrals, as well as new locum and junior doctors commencing in other services increasing referrals.

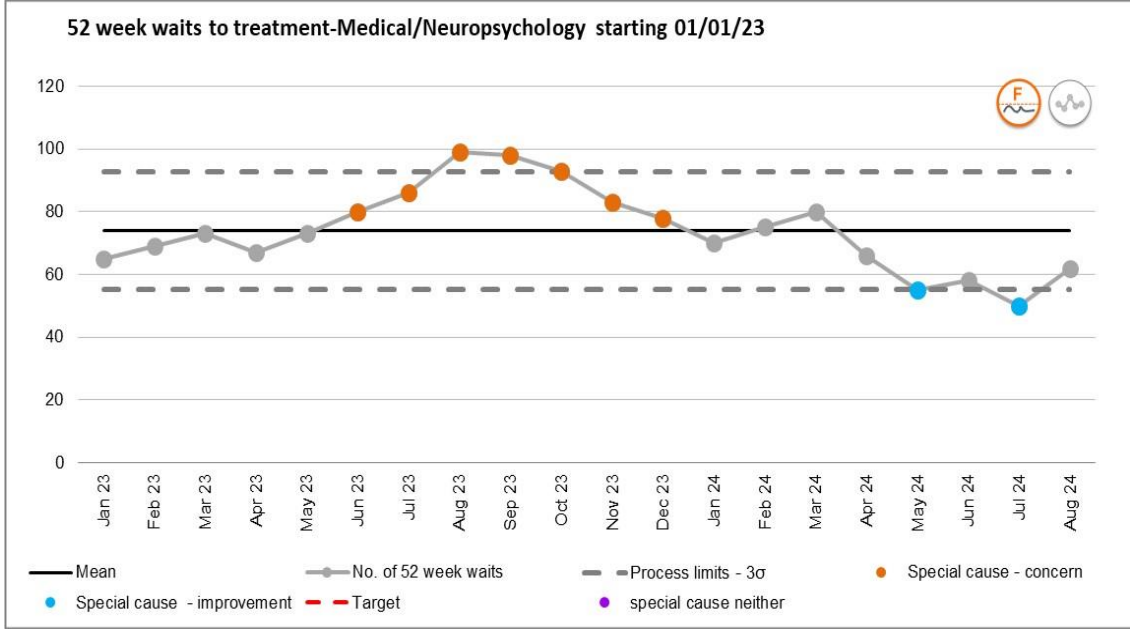
Development of consultation and training support to community services to enhance the primary care offer (small scale). To agree implementation plan at Integrated Neighbourhood 7 (IN7) Steering Group. Recruitment is progressing.

All TSPPD referrals to come through Neighbourhood Teams and agree the directorate wide secondary care referral criteria. Business as usual will be provided by the Mental Health Neighbourhood Teams during the transition period. To agree implementation plan at IN7 steering Group meeting and establish T & F groups.

Agree a clinical model for the current TSPPD waiting list and governance processes. Agree implementation plan at IN7 Steering Group and establish T&F group.

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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
DMH	0	98	93	83	78	70	75	80	66	55	58	50	62



**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
74.0	55.38	92.62

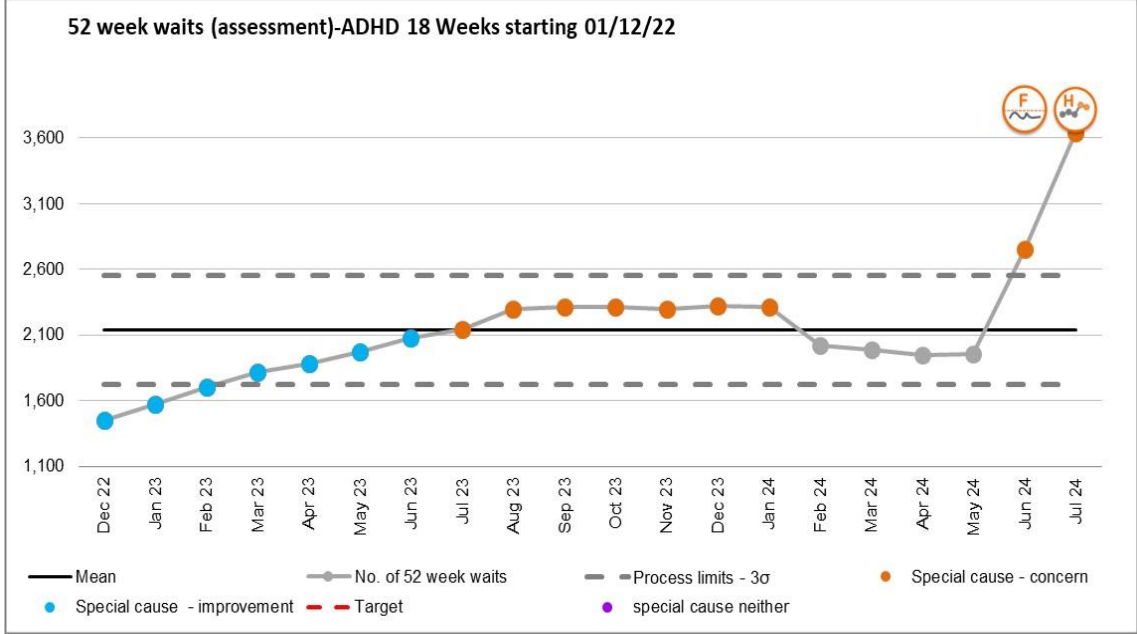
**Operational Commentary (e.g. referring to risk, finance, workforce)**

*Medical Psychology 52 weeks:*  
 A demand and capacity exercise has 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. Discussions taking place with UHL but unlikely to receive additional investment in upcoming planning round.

*Neuropsychology 52 weeks:*  
 Re-evaluated the waiting list and receiving support from suitably qualified colleagues in outpatient neurology.  
 Recruiting to 8B role as per the recruitment plan.  
 Have transitioned all 16+ year referrals to adult neurology waiting list where there is greater capacity.  
 Assistant Psychologist is 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.

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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
DMH	0	2300	2317	2310	2298	2318	2317	2018	1989	1945	1956	2749	3638



**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
2138.4	1722.32	2554.48

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

The investment business case was presented to EMB and Trust-wide CRG. Now going to System Executive Group. Full day workshop agreed with ICB to progress business case discussions. Increase in number of patients waiting over 52 weeks is due to a data quality intervention. This has not impacted on the length of wait for patients but has aligned local and organisational reporting.

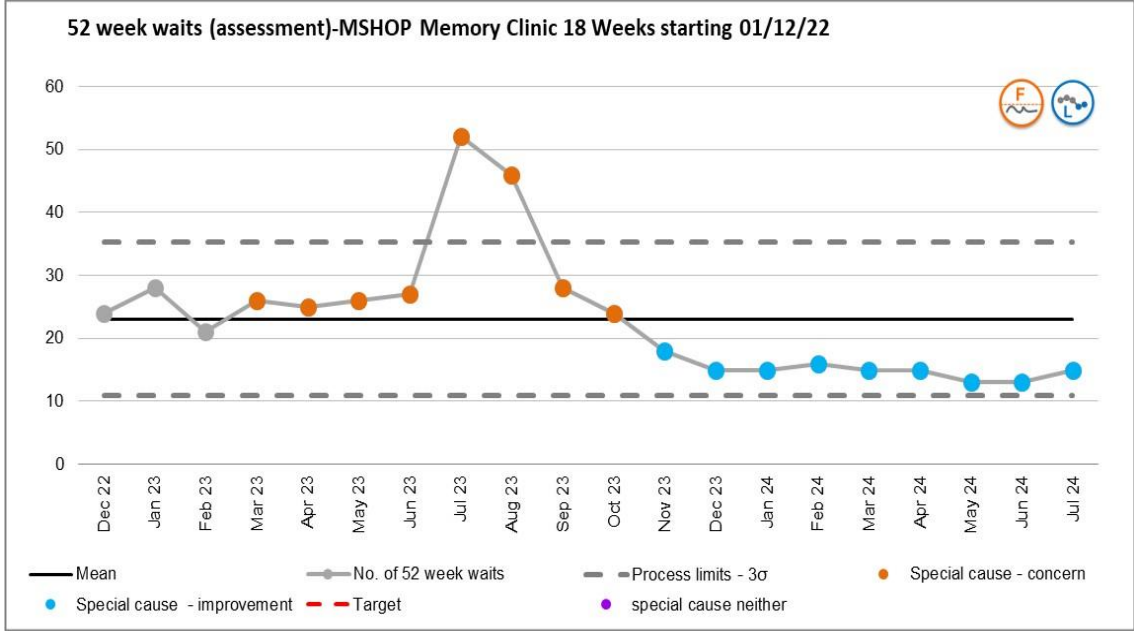
Recruitment plan in place to recruit to 1.0WTE Band 8a vacancy.

New staff recruited through the non-recurrent funding will focus on treatment waiting list. Monitor impact on waiting times and feedback to the local authority and wider system.

Transformational work identified as part of improving the pathway to be taken forward (moving annual reviews to primary care, secondary care model and review of workforce). Long term action to be addressed through transformational work. Initial action plan required with implementation plans.

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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
DMH	0	46	28	24	18	15	15	16	15	15	13	13	15



**Analytical Commentary**

The metric is showing 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 below the process limits.

Mean	Lower Process Limit	Upper Process Limit
23.1	10.92	35.28

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

Workforce analysis in place to understand workforce retention issues.

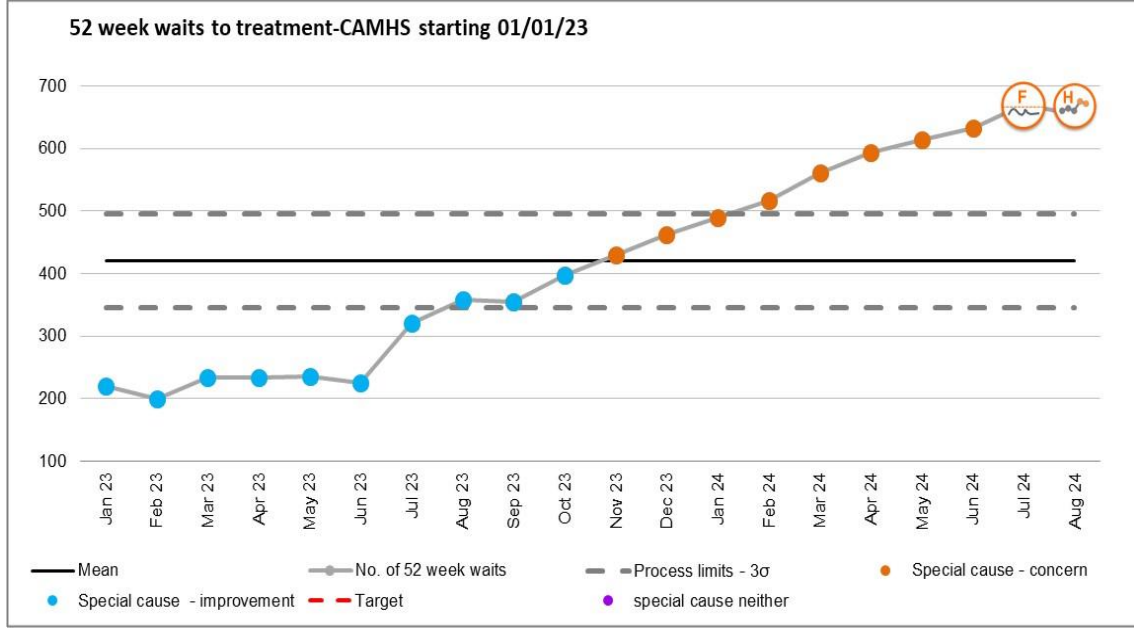
2.4WTE Band 6 vacancies recruited to.

With the non-recurrent monies, the clinical and operational team are scoping out one stop shop pilot. Continuing to review options around skill mix following meeting with NHFT.



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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
FYPC LDA	0	355	397	429	462	489	516	561	593	614	632	669	654



**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
420	345.38	494.62

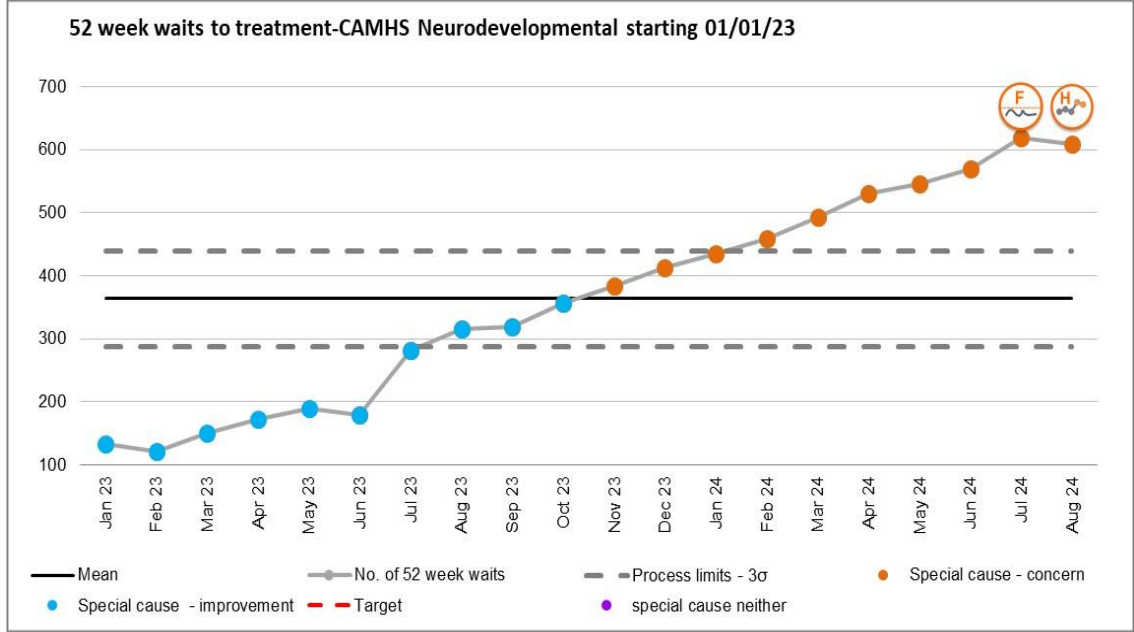
**Operational Commentary (e.g. referring to risk, finance, workforce):**

This increase in the number of CYP waiting over 52 weeks is linked to the number of children waiting for a Neurodevelopmental Assessment and therefore treatment. Migration into single SystemOne unit continues to schedule so as to identify this cohort more clearly.

General CAMHS waits have been addressed through the latest round of MHIS funding and this has had some impact. Duty system whilst waiting for treatment, first a letter sent, then telephone call, or Face2Face appointment if identified. Patients are prioritised based on acuity of presentation/risks, followed by routine. Further prioritisation on those closest to 18 yrs to assist with transition to other services. Focus over last 12 months has been clearing backlog of access patients, and currently the focus is on treatment wait lists. Of the 52-week waiters, 10 relate to outpatients - 3 possible discharges as DNA first apt and 2 not wanting to engage in therapy. 3 specific interventions for EMDR and psychology – awaiting allocation.

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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
FYPC LDA	0	319	357	383	412	435	458	492	530	546	570	618	608



**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.

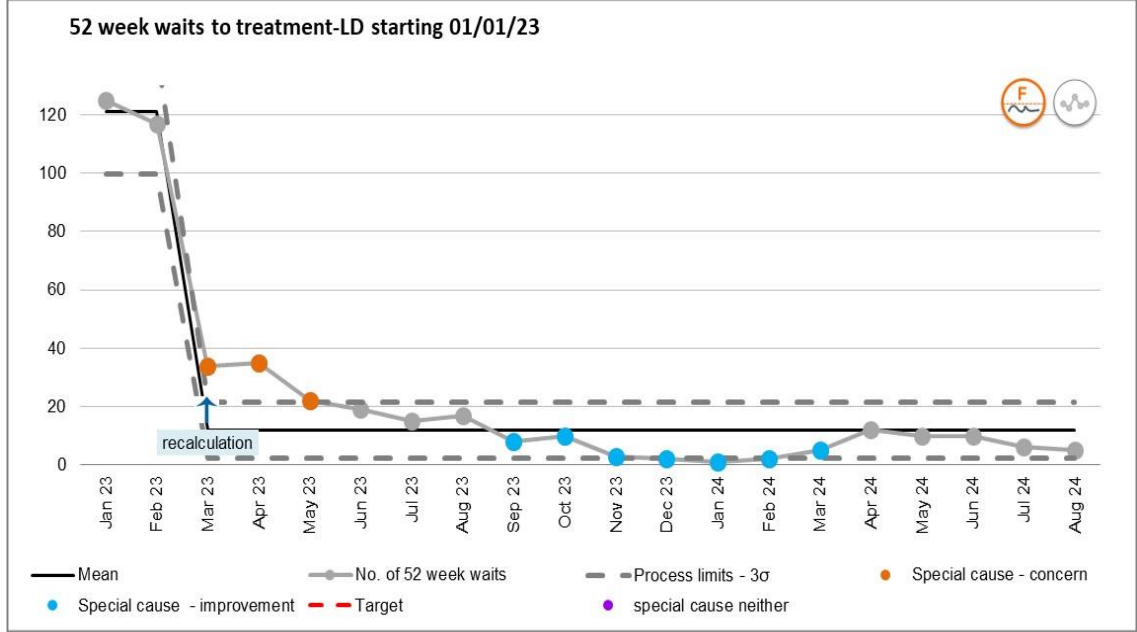
Mean	Lower Process Limit	Upper Process Limit
363.7	288.33	438.97

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

Precommitment monies now released. Mobilisation and recruitment underway. Waits will continue to rise as full funds were not awarded and demand continues to grow, however, the precommitment monies will enable staff to start to work through backlog of long waiters. 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&A (treatment)- No of waiters over 52 weeks

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
<b>FYPCLDA</b>	<b>0</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>	<b>10</b>	<b>10</b>	<b>6</b>	<b>5</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 below the process limits.

Mean	Lower Process Limit	Upper Process Limit
12	2.46	21.54

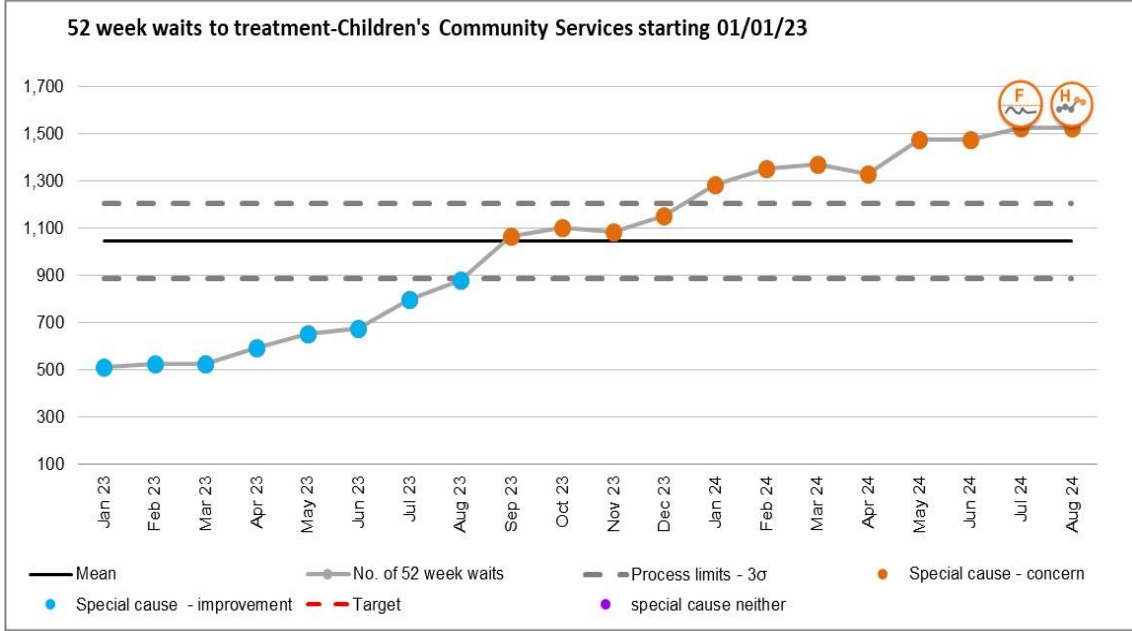
**Operational Commentary (e.g. referring to risk, finance, workforce):**

**LD Community** - All pts are genuine waiters. Difficulty in allocating 2 pts to appropriate clinicians due to complexity and risk involved. Clinical review of the 5 longest waiters to be completed to determine current need for treatment.  
 All psychology community vacancies have now been recruited to and awaiting start dates (September 24).

**SAT** – 0 patients are waiting 52 weeks due to roll out of My Guidance a digital self directed workshop which went live at the end of Oct.

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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
<b>FYPCLDA</b>	<b>0</b>	<b>1068</b>	<b>1104</b>	<b>1083</b>	<b>1150</b>	<b>1283</b>	<b>1351</b>	<b>1369</b>	<b>1330</b>	<b>1476</b>	<b>1474</b>	<b>1524</b>	<b>1524</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
1045	885.21	1204.69

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

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

**CYP Contenance:** Ongoing increase in referrals, year on year. Increased demand for services. Previously embedded in Diana as part of overall service specification. Work underway to develop specific service specification and KPIs, being completed in partnership with the ICB. Roll out 100/month digital or ages/stages reviews due annual review. Increase in service capacity completion through recruitment.

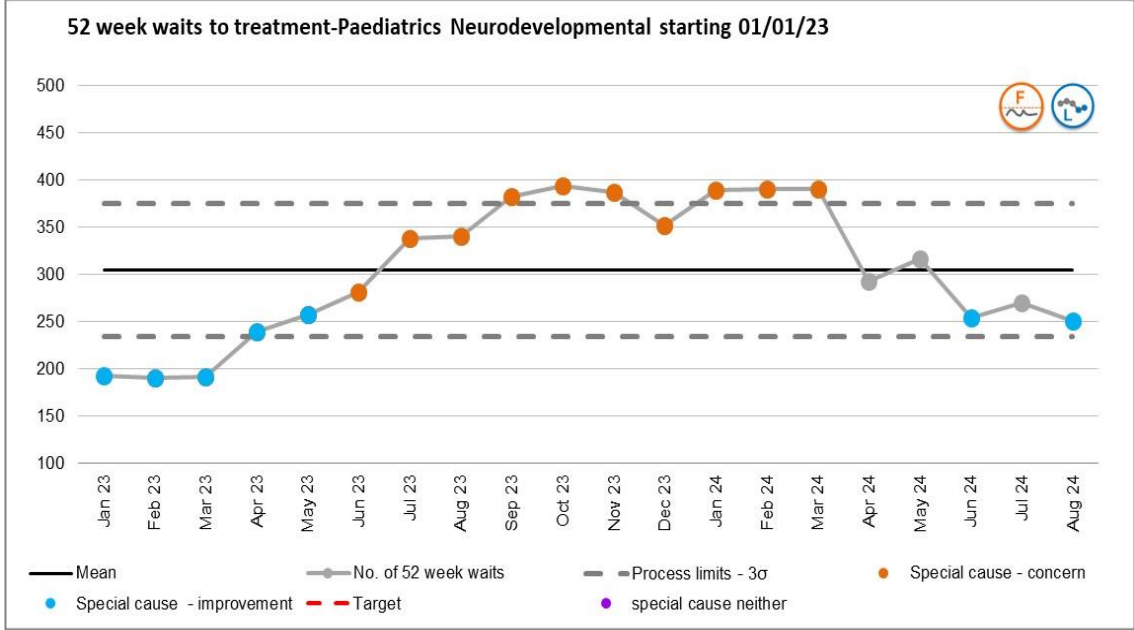
**CYP Physio:** Recruitment for band 6 physio posts completed, to full establishment. Centralised booking system is now fully operational.

**CYP SALT:** Mobilisation of ELSEC pathway as part of national SEND-AP Change Programme (which is new pathway for low need). ELSEC will offer first appointments to reduce pressure on core service. Service spec updated to reflect nature of service. Impact of ELSEC pathfinder anticipated in the next few months.

**CYP Audiology:** This wait relates to the bank and Downs Syndrome surveillance pathways where CYP are required to receive a 6 month or annual review of their hearing status. Current protocol means they are offered a review the following year after WNB/no response to PB2, with the outcome that CYP are not discharged and consistently breach 52 week compliance. SBAR to propose implementation of discharge in line with Discharge and WNB policy, if agreed will bring 52 week wait to 0 from date of implementation. Important to note the impact of statutory EHCP completion and growing high demand on the therapy services. Volume of EHCP completion requests continues to grow year on year with a 6-week statutory target monitored by LA.

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

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
<b>FYPCLDA</b>	<b>0</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>	<b>316</b>	<b>254</b>	<b>270</b>	<b>251</b>



**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.

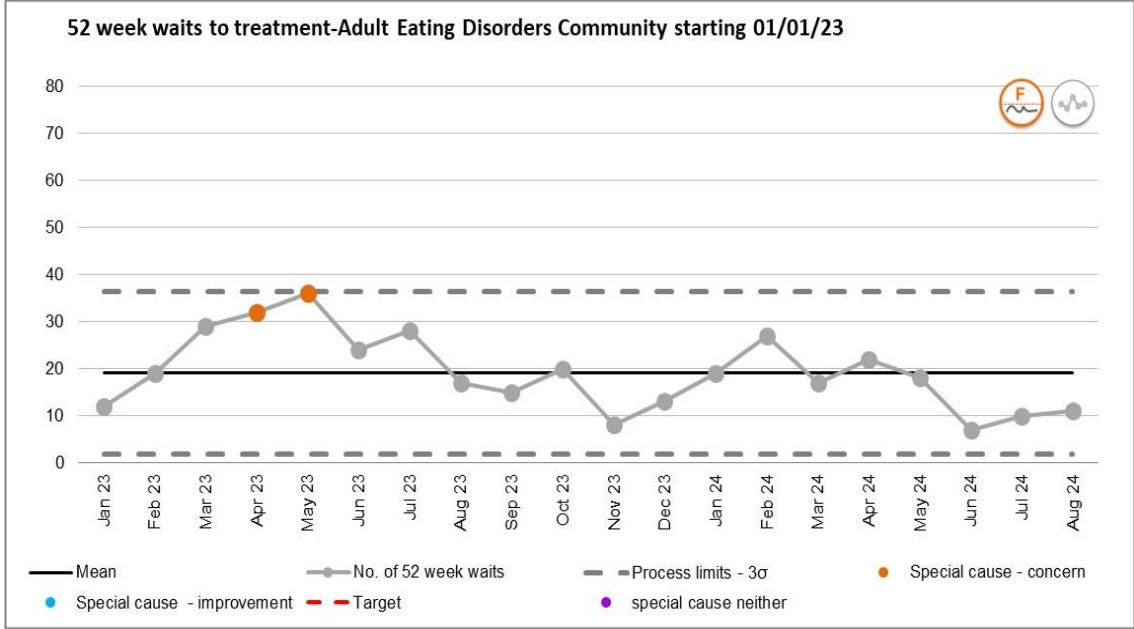
Mean	Lower Process Limit	Upper Process Limit
305	234.67	375.23

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

See previous detail re ND business case outcome in CAMHS exception reports. 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	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
FYPCLDA	0	15	20	8	13	19	27	17	22	18	7	10	11



**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.

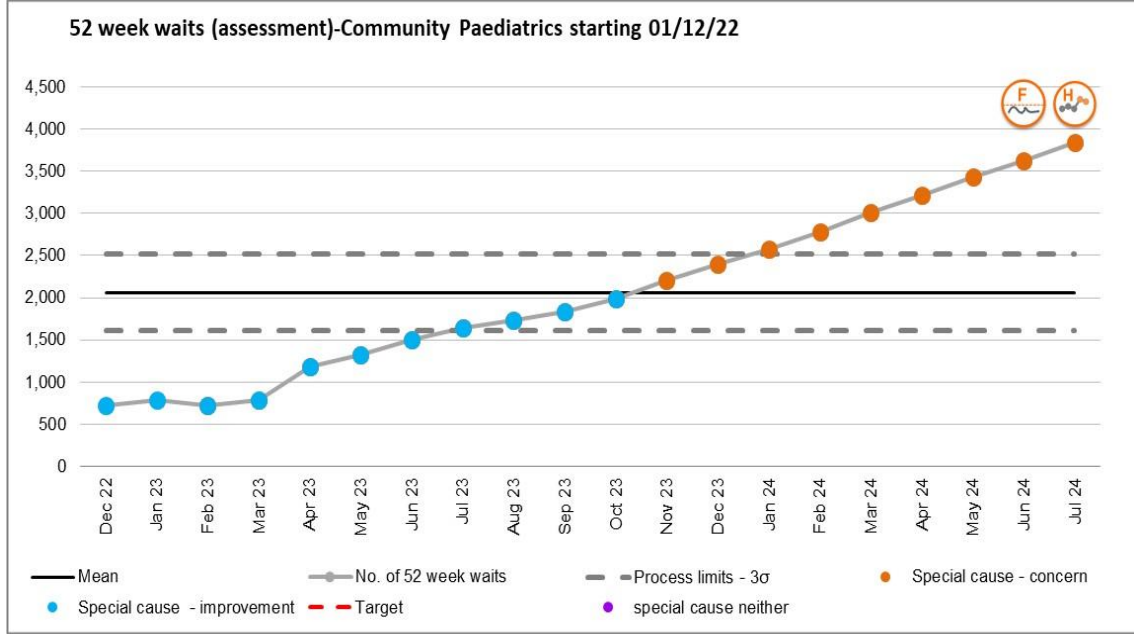
Mean	Lower Process Limit	Upper Process Limit
19.2	1.98	36.42

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

Individual trajectories have been developed and are reviewed regularly to closely grip the reasons for waits at patient level and to agree options to expedite. The service currently has 3 vacancies for therapists and this is compromising capacity and increasing the risk of longer waits.

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

	Target	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
<b>FYPCLDA</b>	<b>0</b>	1729	1834	1986	2208	2396	2573	2784	3012	3214	3436	3618	3846



**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.

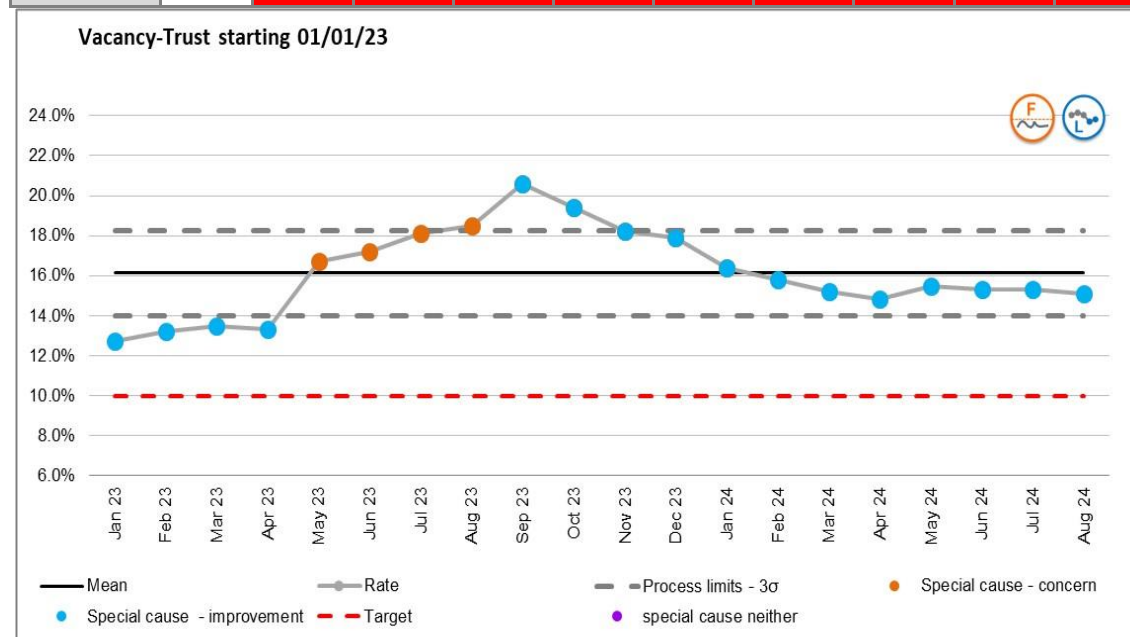
Mean	Lower Process Limit	Upper Process Limit
2064.5	1608.61	2520.29

**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 3 years. See outcome of ND business case already cited. With this skill mix, we hope to revise assessment pathways for ASD/ADHD – pilot under way with ADHD nursing team to demonstrate efficiency and improvement to patient journey, if ADHD nurse specialist completes assessment and diagnosis.

## EXCEPTION REPORT - Vacancy Rate

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
TRUST	<b>&lt;=10%</b>	20.6%	19.4%	18.2%	17.9%	16.4%	15.8%	15.2%	14.8%	15.5%	15.3%	15.3%	15.1%
DMH		22.1%	20.8%	19.3%	19.2%	18.1%	17.9%	17.1%	17.3%	17.3%	17.5%	17.4%	16.5%
CHS		23.4%	23.0%	20.8%	19.6%	18.2%	17.8%	16.8%	17.0%	18.2%	15.8%	15.9%	16.1%
FYPCLD		18.7%	17.8%	18.1%	18.1%	15.5%	14.7%	14.4%	13.8%	14.4%	15.0%	14.9%	14.7%



**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
16.1%	14.0%	18.0%

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

The reduction in the vacancy rate has slowed in recent months due to increases to the budgeted establishment, particularly in CHS (full effect of 2023/24 safer staffing uplift) and FYPC.LDA (Mental Health Support Teams In Schools investment) and investment in the Neurodevelopmental Pathway. The number of actual staff in post continues to increase each month.

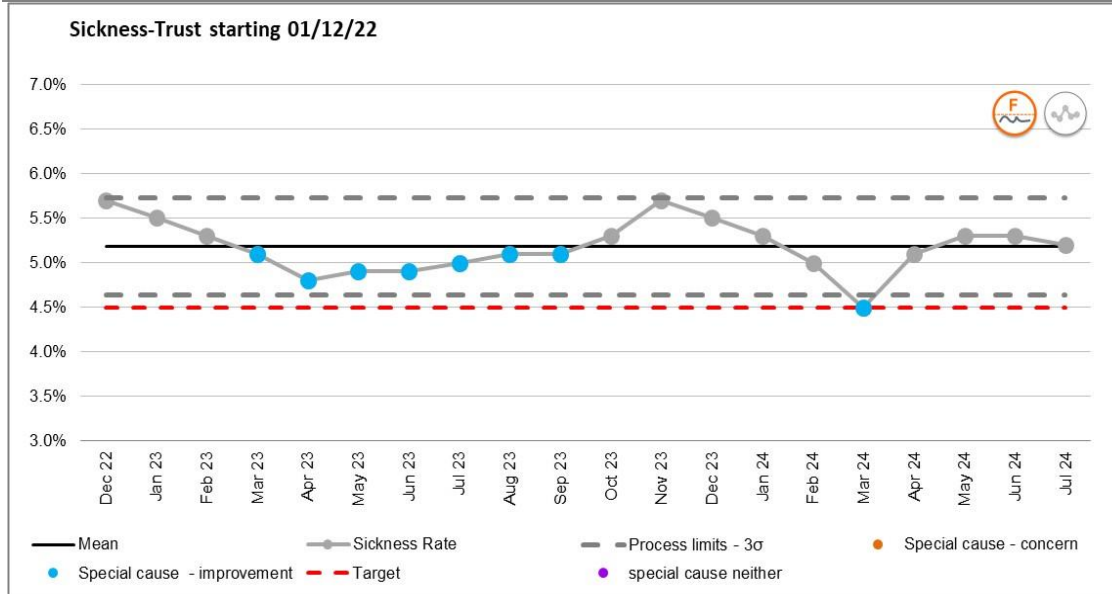
The recruitment plan reset for 2024-25, based on what we believe to be realistically achievable, building on the success of 2023/24 which saw LPT slightly exceeds its planned recruitment. During 2024-25 we anticipate a 4-5% reduction in the vacancy rate delivery of which is reflected in overall performance.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

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	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
TRUST	<=4.5%	5.1%	5.1%	5.3%	5.7%	5.5%	5.3%	5.0%	4.5%	5.1%	5.3%	5.3%	5.2%
DMH		5.6%	5.5%	6.0%	6.8%	6.1%	5.9%	5.4%	4.9%	6.0%	5.9%	5.8%	5.8%
CHS		6.6%	6.0%	5.7%	5.6%	5.7%	5.9%	5.7%	5.6%	6.3%	6.4%	6.2%	6.0%
FYPCLD		4.1%	4.8%	5.3%	5.7%	5.9%	5.4%	5.2%	4.0%	4.4%	4.7%	4.6%	4.5%



### Analytical Commentary

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

Mean	Lower Process	Upper Process Limit
5.2%	5.0%	6.0%

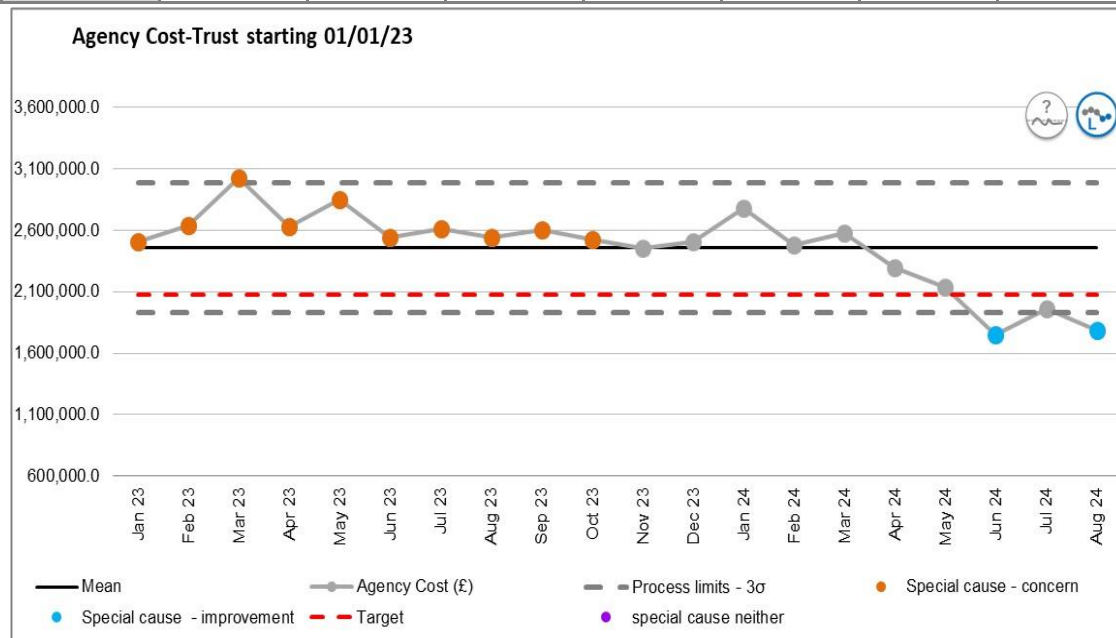
### Operational Commentary (e.g. referring to risk, finance, workforce)

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

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

## EXCEPTION REPORT - Agency Costs

	Target	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
<b>TRUST</b>	<b>&lt;=£2,077,250</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>£2,132,787</b>	<b>£1,752,134</b>	<b>£1,960,763</b>	<b>£1,781,388</b>
<b>DMH</b>		£870,418	£1,034,661	£970,285	£962,229	£915,668	£844,175	£806,231	£840,096	£871,314	£752,736	£810,906	£744,967
<b>CHS</b>		£1,048,827	£1,024,130	£1,026,664	£1,096,216	£1,200,238	£1,238,337	£1,288,658	£1,021,658	£998,084	£912,570	£902,070	£844,311
<b>FYPCLD</b>		£442,666	£302,453	£347,533	£394,746	£505,784	£333,412	£495,653	£329,532	£229,894	£171,221	£193,354	£182,845



### Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
2459399.5	1934309.06	2984489.9

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







Planned agency spend for 2024-25 is £24,927,000. The planned spend for each month shows a month-on-month decrease in planned spend as actions to reduce the volume and cost of agency use come to fruition. However for this purposes of the report, the target shown is the total planned spend divided equally across the 12 months.

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

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

# SPC Business Rules

## Assurance: Failing

Assurance	Variation	Understanding the Icons	Business Rule
		<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
		<p>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.</p>	<p>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.</p>
		<p>Common Cause - no significant change. Assurance indicates the metric may achieve or fail the target due to random variation.</p>	<p>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.</p>
		<p>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.</p>	<p>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.</p>

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		Mar-24	84.0%	86.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Mar-24	85.0%	83.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	6449	Mar-24	12875	12895	
(D1) Community Mental Health Access (2+ contacts) - LPT		Mar-24	12965	12955	
(E1) CYP access (1+ contact) - LLR	14553	Mar-24	18780	17790	
(E1) CYP access (1+ contact) - LPT		Mar-24	8310	8190	
MHSDS CYP ED Routine (Interim) - LLR		Mar-24	-	56.5%	
MHSDS CYP ED Routine (Interim) - LPT	>=95%	Mar-24	-	57.3%	
MHSDS CYP ED Urgent (Interim) - LLR		Mar-24	-	87.2%	
MHSDS CYP ED Urgent (Interim) - LPT	>=95%	Mar-24	-	88.1%	
(G3) EIP waiting times - MHSDS - LLR		Mar-24	73.0%	78.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Mar-24	72.0%	74.0%	
(I1) Individual Placement Support - LLR	959	Mar-24	665	620	
(I1) Individual Placement Support - LPT		Mar-24	660	615	
(K2) OOA bed days - inappropriate only - rolling quarter - LLR		Mar-24	145	105	
(K2) OOA bed days - inappropriate only - rolling quarter - LPT		Mar-24	115	40	
(L1) Perinatal access - rolling 12 months - LLR	1259	Mar-24	1065	1065	
(L1) Perinatal access - rolling 12 months - LPT		Mar-24	1075	1065	
(L2) Perinatal access - year to date - LLR	1259	Mar-24	950	895	
(L2) Perinatal access - year to date - LPT		Mar-24	950	895	
(N1) Data Quality - Consistency - LLR		Mar-24	90.0%	90.0%	
(N1) Data Quality - Consistency - LPT		Mar-24	100.0%	100.0%	
(N2) Data Quality - Coverage - LLR		Mar-24	100.0%	100.0%	
(N2) Data Quality - Coverage - LPT	>=98%	Mar-24	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Mar-24	22.0%	21.0%	
(N3) Data Quality - Outcomes - LPT	>=50%	Mar-24	21.0%	21.0%	
(N4) Data Quality - DQMI score - LLR		Feb-24	62.5	47.7	
(N4) Data Quality - DQMI score - LPT	95.0	Feb-24	95.0	95.0	
(N5) Data Quality - SNOMED CT - LLR		Mar-24	92.0%	93.0%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Mar-24	100.0%	100.0%	