










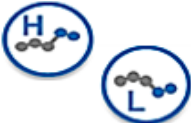




EXCEPTION REPORTS SUMMARY

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%	Sep-24	61.2%	52.6%			ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Sep-24	4051	4051		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Sep-24	63.9%	65.5%			MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Sep-24	21	21		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Sep-24	2.0%	4.9%			All CAMHS - Treatment waits - No of waiters	0	Oct-24	684	781		
CINSS (6 weeks) - Incomplete Pathway	>=95%	Sep-24	53.1%	51.1%			of which: CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Oct-24	651	720		
Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Sep-24	12.5%	13.4%			All LD - Treatment waits - No of waiters	0	Oct-24	9	6		
Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Sep-24	16.9%	15.7%			All Community Children's Services - Treatment waits - No of waiters	0	Oct-24	1731	1560		
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Oct-24	74	75			of which: Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Oct-24	334	212		
Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Oct-24	48	61			Adult Eating Disorders Community - Treatment waits - No of waiters	0	Oct-24	6	5		
Dynamic Psychotherapy - Treatment waits - No of waiters	0	Oct-24	10	11			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Sep-24	4303	4017		
Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Oct-24	509	520			Vacancy Rate	<=10%	Oct-24	13.4%	14.1%		
Medical/Neuropsychology - Treatment waits - No of Waiters	0	Oct-24	66	64									

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%	Oct-24	8.3%	8.6%		
Core Mandatory Training Compliance for substantive staff	>=85%	Oct-24	97.5%	97.5%		
Staff with a Completed Annual Appraisal	>=80%	Oct-24	93.7%	93.7%		
% of staff from a BME background	>=22.5%	Oct-24	33.1%	30.2%		

## EXCEPTION REPORTS MATRIX SUMMARY

		Assurance		
		Achieving Target 	Inconsistently Achieving Target 	Not Achieving Target 
<b>Variation/Trend</b>	<b>Special Cause - Improvement</b> 	Core Mandatory Training Compliance for substantive staff  Complete Appraisal  % of staff from a BME background		<i>Waiting Times</i> : CMHT 52 Wks / TSPPD 52 wks / MHSOP Memory Clinic 52 Wks / Adult ED Community 52 wks  Vacancy Rate
	<b>Common Cause</b> 	Normalised Workforce Turnover		<i>Waiting Times</i> : Adult CMHT / Memory Clinic / ADHD / DPS 52 wks / Medical_Neuro 52 wks / Paediatrics ND 52 wks / LD 52 Wks
	<b>Special Cause - Concern</b> 			<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%	Oct-24	8.3%	8.6%		
Vacancy Rate	<=10%	Oct-24	13.4%	14.1%		
Sickness Absence (in arrears)	<=4.5%	Sep-24	5.1%	4.7%		
Agency Costs	<=£2,077,250	Oct-24	£1,790,193	£1,733,239		

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	Oct-24	1	2		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Oct-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%	Oct-24	100.0%	98.8%				
	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		Oct-24	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Oct-24	6.0%	6.7%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Oct-24	1831	1787				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Oct-24	68.3%	69.8%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Oct-24	24	17				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Oct-24	1.3%	1.0%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Aug-24	77.0%	79.0%				
NHS Oversight	TRUST	Monthly	2-hour urgent response activity	>=70%	Oct-24	85.5%	86.8%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Oct-24	28.9%	26.7%				
	TRUST	Monthly	Out of Area Placement - Inappropriate Bed Days	0	Oct-24	121	177				
	ICB	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Oct-24	28	24				
	ICB	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Oct-24	3	1				
		Monthly	Overall CQC rating (provision of high quality care)		2021/22	2					
		Monthly	CQC Well Led Rating		2021/22	2					
		Quarterly	NHS SOF Segmentation Score		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		Oct-24	0	1				
	TRUST	Monthly	MRSA Infection Rate		Oct-24	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Oct-24	3	4				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Sep-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%	Sep-24	61.2%	52.6%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Sep-24	63.9%	65.5%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Sep-24	2.0%	4.9%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral - complete pathway	>=60%	Sep-24	75.0%	72.2%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (6 weeks) - Incomplete Pathway	>=95%	Sep-24	53.1%	51.1%				
	TRUST	Monthly (In Arrears)	Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete Pathway	>=95%	Sep-24	27.7%	25.3%				
Access Waiting Times - FYPCLDA	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Sep-24	50.0%	100.0%				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Sep-24	50.0%	80.0%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Sep-24	12.5%	13.4%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Incomplete pathway	>=95%	Sep-24	100.0%	100.0%				
	TRUST	Monthly (In Arrears)	Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Sep-24	16.9%	15.7%				

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	Oct-24	74	75				
	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - Longest Waiter		Oct-24	179	241				
	TRUST	Monthly	Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Oct-24	48	61				
	TRUST	Monthly	Cognitive Behavioural Therapy- Treatment waits - Longest waiter (weeks)		Oct-24	85	80				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - No of waiters	0	Oct-24	10	11				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - Longest waiter (weeks)		Oct-24	71	102				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Oct-24	509	520				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - Longest waiter (weeks)		Oct-24	221	246				
	TRUST	Monthly	Medical/Neuropsychology - Treatment waits - No of Waiters	0	Oct-24	66	64				
	TRUST	Monthly	Medical/Neuropsychology- Treatment waits - Longest Waiter		Oct-24	120	128				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Sep-24	4051	3851				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - Longest waiter (weeks)		Sep-24	346	279				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Sep-24	21	17				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks -Longest waiter (weeks)		Sep-24	113	109				
	TRUST	Monthly	All CAMHS - Treatment waits - No of waiters	0	Oct-24	684	781				
	TRUST	Monthly	All CAMHS - Treatment waits - Longest waiter (weeks)		Oct-24	153	149				
	TRUST	Monthly	<i>of which:</i> CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Oct-24	651	720				
	TRUST	Monthly	CAMHS Neurodevelopment - Treatment waits - Longest waiter (weeks)		Oct-24	153	149				
	TRUST	Monthly	All LD - Treatment waits - No of waiters	0	Oct-24	9	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 - FYPC LDA	TRUST	Monthly	All LD - Treatment waits - Longest waiter (weeks)		Oct-24	74	68				
	TRUST	Monthly	All Community Children's Services - Treatment waits - No of waiters	0	Oct-24	1731	1560				
	TRUST	Monthly	All Community Children's Services - Treatment waits - Longest waiter (weeks)		Oct-24	261	257				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Oct-24	334	212				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - Longest waiter (weeks)		Oct-24	261	257				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - No of waiters	0	Oct-24	6	5				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - Longest waiter (weeks)		Oct-24	81	90				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Sep-24	4303	4017				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Sep-24	162	158				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Oct-24	84.6%	87.2%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Oct-24	87.0%	86.5%				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Oct-24	22.8	22.7				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Oct-24	5.1%	5.8%				
	TRUST	Monthly	Gatekeeping	>=95%	Oct-24	100.0%	98.8%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Oct-24	0	0				

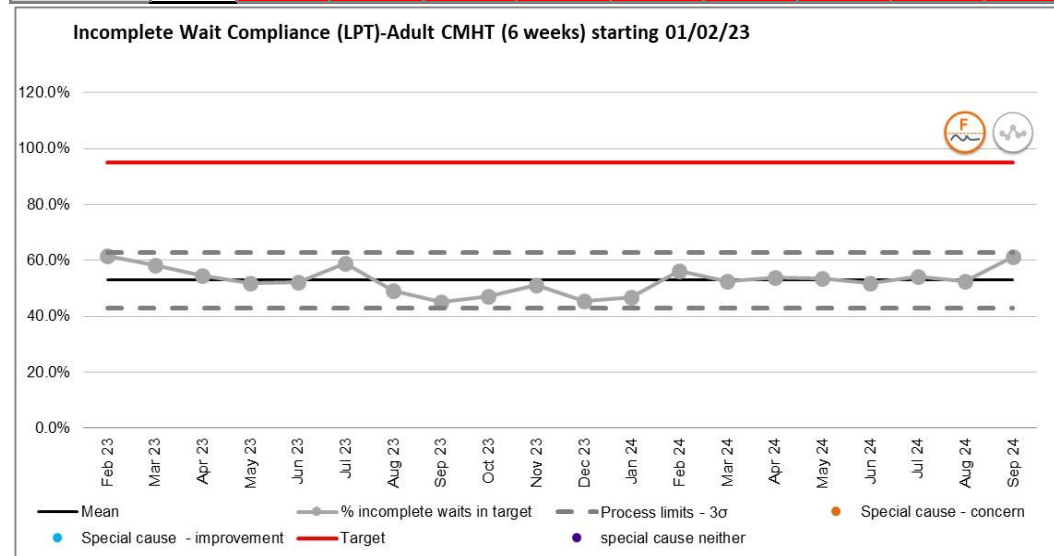


Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Quality & Safety	TRUST	Monthly	Covid Positive Following Swab During Admission - 15 and over		Oct-24	11	8				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Oct-24	4.2%	2.5%				
	TRUST	Monthly	Complaints		Oct-24	30	18				
	TRUST	Monthly	Concerns		Oct-24	44	47				
	TRUST	Monthly	Compliments		Oct-24	210	199				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Oct-24	1	2				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Oct-24	0	0				
	TRUST	Monthly	Care Hours per patient day		Oct-24	13.3	12.5				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Oct-24	10	3				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Oct-24	1	0				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Oct-24	0	1				
	TRUST	Monthly	Total number of Restrictive Practices		Oct-24	174	149				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Sep-24	105	126				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Sep-24	9	5				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Sep-24	11	12				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Sep-24	48	43				
	TRUST	Monthly	No. of Medication Errors		Oct-24	98	108				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Oct-24	35.1%	30.6%				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Oct-24	0	4				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Oct-24	6	0				
TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Oct-24	4	4					

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%	Oct-24	8.3%	8.6%				
	TRUST	Monthly	Vacancy Rate	<=10%	Oct-24	13.4%	14.1%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Sep-24	5.1%	4.7%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Sep-24	£994,602	£935,957				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Sep-24	5.2%	5.2%				
	TRUST	Monthly	Agency Costs	<=£2,077,250	Oct-24	£1,790,193	£1,733,239				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Oct-24	97.5%	97.5%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Oct-24	93.7%	93.7%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Oct-24	33.1%	30.2%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Oct-24	32.5%	7.4%				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Oct-24	89.6%	89.6%				

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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
<b>DMH</b>	<b>&gt;=95%</b>	47.1%	51.1%	45.4%	46.7%	56.1%	52.6%	53.8%	53.4%	52.0%	54.3%	52.6%	61.2%



**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 supporting MDTs continues to be trialled across an increased number of teams. Initial testing outcomes will be reviewed and future plans agreed in light of findings. Expected outcome is that patients have access to the most appropriate service to meet their needs whilst improving service efficiency. This is a long term target with a completion date of March 2025.

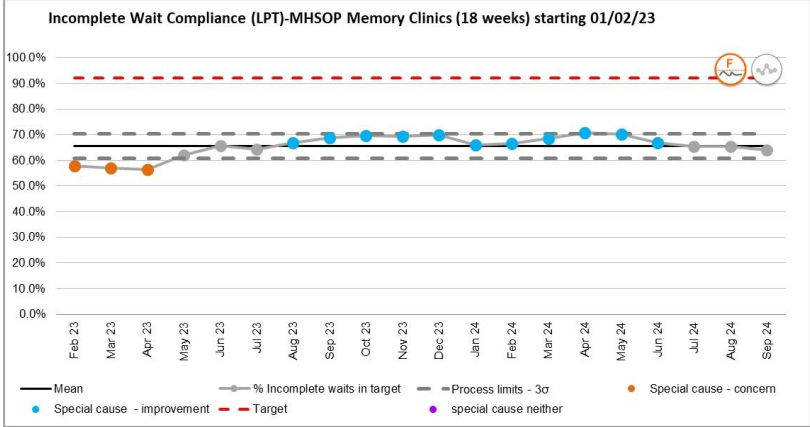
Work continues to progress on 2024/25 caseloads review programme. City Central caseload has transitioned fully to new City East / City West structure. Caseload reviews of City Central legacy caseloads continues with the review team. Expected outcomes are reduced consultant caseloads to bring these within agreed thresholds which will support increased retention of medical staff and improve patient flow. This is a long term target with a completion date of March 2025.

Substantive recruitment to Consultant posts continues to be explored. Expected outcome is an increase in capacity and improved consistency of care for patients.

Reviewing and agreeing a renewed trajectory to monitor progress against waiting times. The expected outcome is to predict future waiting times and identify any potential bottle necks. The renewed trajectory is to be included in future versions of the directorate slide pack for oversight.

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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
DMH	>=92%	69.7%	69.3%	70.0%	66.0%	66.5%	68.5%	70.7%	70.3%	66.9%	65.4%	65.5%	63.9%



**Analytical Commentary**

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

Mean	Lower Process Limit	Upper Process Limit
65.6%	61.0%	70.0%

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

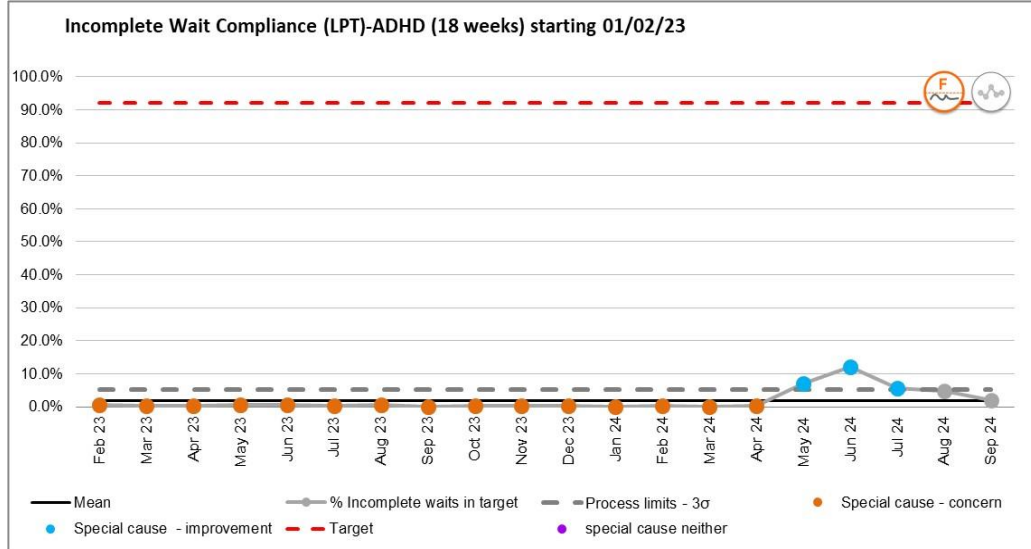
Workforce analysis to be undertaken to understand workforce retention issues. Expected outcome is improved recruitment and retention to provide consistent workforce and increased capacity. Action due to complete in December 2024.

With the non-recurrent monies, the clinical and operational team are scoping out One Stop Shop pilot. Currently reviewing options around skill mix following meeting with NHFT. Expected outcomes would be increased efficiency, flow and patient experience. Initial work underway, timescales to be established.

Reviewing capacity and demand and trajectory to reduce waiting times. Data to be reviewed to assess outcomes – will form part of paper to review clinic expectation. Developing a paper to take to FFP/DMT regarding revised new assessment option. Outcome expected to support improved waiting times compliance and identify bottle necks, help retain staff / reduce absence and so speed up the time taken to get a diagnosis. Paper expected to be complete and shared by December 2024.

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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
<b>DMH</b>	<b>&gt;=92%</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>	<b>4.9%</b>	<b>2.0%</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
1.8%	-0.02%	0.05%

**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. Half day workshop took place with ICB to progress business case discussions on 7th November and explore transformation opportunities across the system. Outcomes and actions are currently in development. Expected outcome if business case is supported would be increased investment and transformation opportunities into the service and clinical pathway, enabling increased capacity over time and so better meet demand. Timescales are to be confirmed, anticipated long term action.

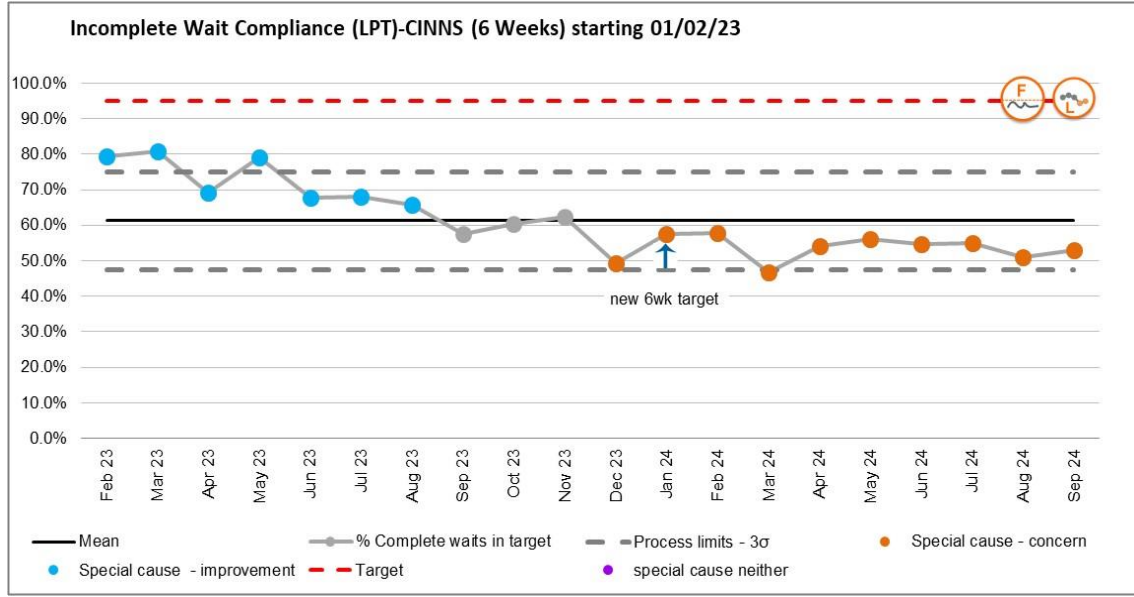
Recruitment of 1.00 wte Band 8a completed with expected outcome of increase clinical capacity once in post.

New staff recruited through the non-recurrent funding focusing on treatment waiting list. Monitoring impact on waiting times and feeding back to local authority and wider system. Expected outcome is improved flow. Long term action to be completed by March 2025.

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). Expected outcomes are more efficient pathways with shorter waits for assessment and treatment, ensuring patients sign posted to most appropriate service to meet their needs. Long term action to be addressed through transformational work, action plan to be completed by January 2025.

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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
CHS	>=95%	60.3%	62.3%	49.3%	57.4%	57.8%	46.7%	54.0%	56.0%	54.8%	55.0%	51.1%	53.1%



**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
61.3%	47.0%	75.0%

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

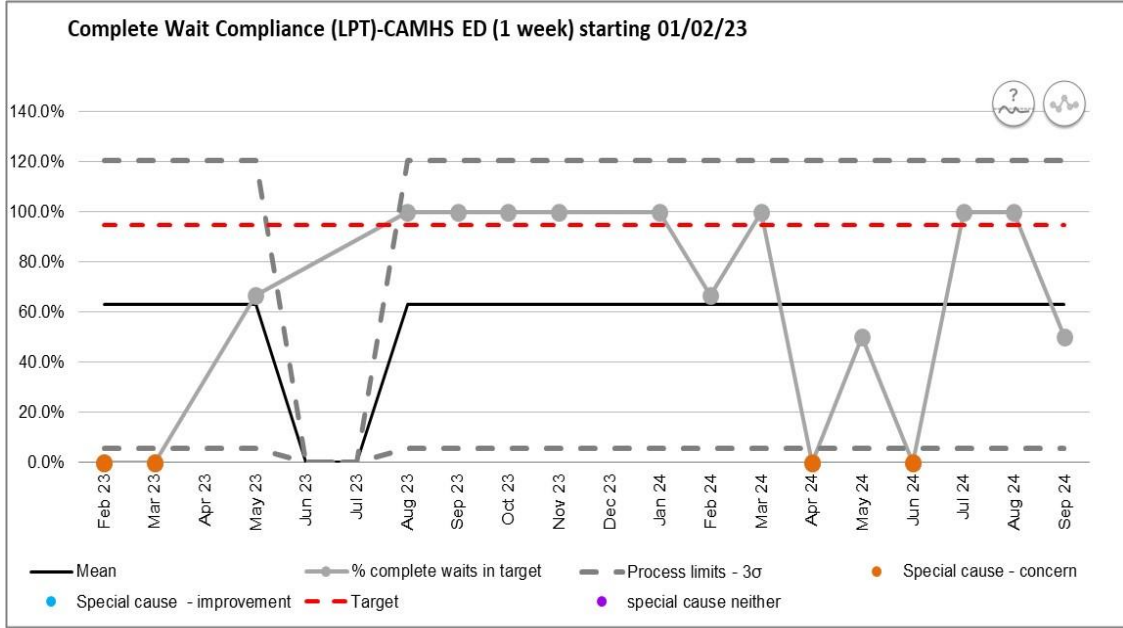
Key actions identified below with the aim of improving service compliance against wait times:  
 Deep dive work with Business and Transformation Team (BATT) completed and presented at DMT on 17.10.2024, next steps and actions are:

1. Benchmarking (provision and times)
2. External review if required (will require funding)
3. Explore further opportunities to maximise time allocation e.g. DC letters, travel time etc
4. Review of the holistic assessment and the number of assessments that are performed to establish if there is a QI opportunity through a risk-based approach.
5. Recruitment to existing vacancies / skill mix opportunities if the posts are not recruitable to
6. Right staff right job – potential for staff to take on additional roles as no one else is able to do them e.g. MH support
7. Mapping of additional staff required if there are no further capacity opportunities.

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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
FYPC LDA	>=95%	100.0%	100.0%		100.0%	66.7%	100.0%	0.0%	50.0%	0.0%	100.0%	100.0%	50.0%

NB. Blank cells = no patients waiting



**Analytical Commentary**

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

Mean	Lower Process Limit	Upper Process Limit
61.9%	7.0%	1.2%

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

Weekly waiting list and performance oversight meeting in place to track any improvements and support target delivery - both Head of Service and Service Group Manager attend. Fortnightly PTL in place to have oversight of the waiting lists, which is supported by the Directorate Business Team.

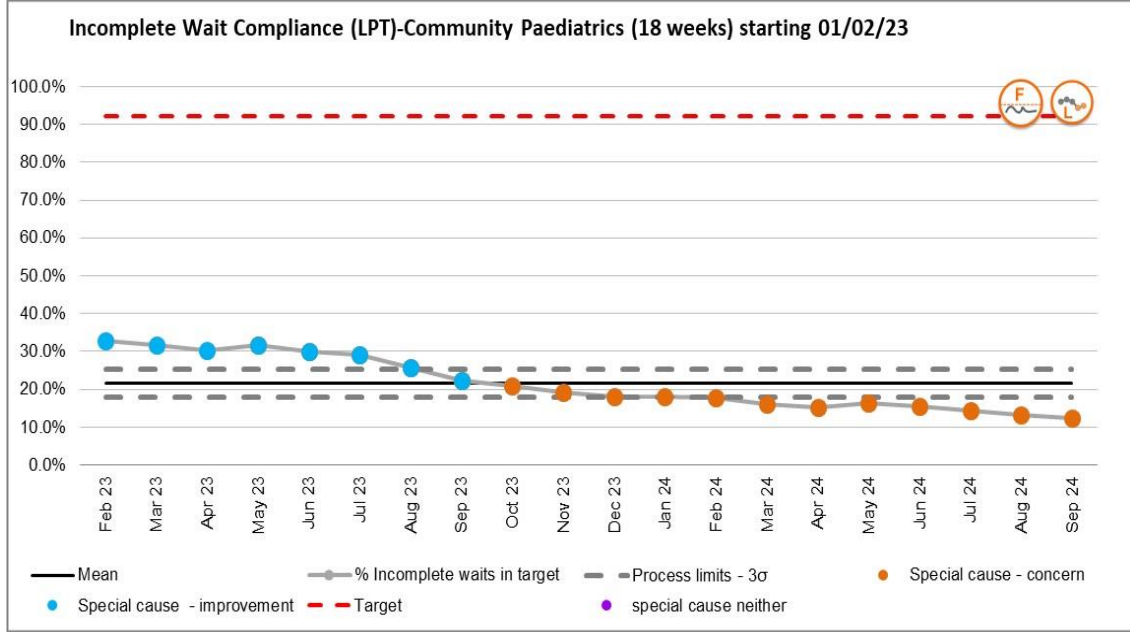
The service are completing a demand and capacity exercise, which will include reviewing job plans against ledgers, supporting the service to identify unused slots.

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

The service is strengthening systems and processes that track patients from referral to first appointment, which includes the duty process being strengthened (point of referral). The 2 fails for September were related to the ARFID pathway, with one patient admitted to the LRI before their target date. Additional training for ARFID has been delivered on the 16th October & 6th November to increase the amount of staff able to assess patients referred for ARFID.

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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
<b>FYPCLDA</b>	<b>&gt;=92%</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>	<b>13.4%</b>	<b>12.5%</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
21.6%	18.0%	25.0%

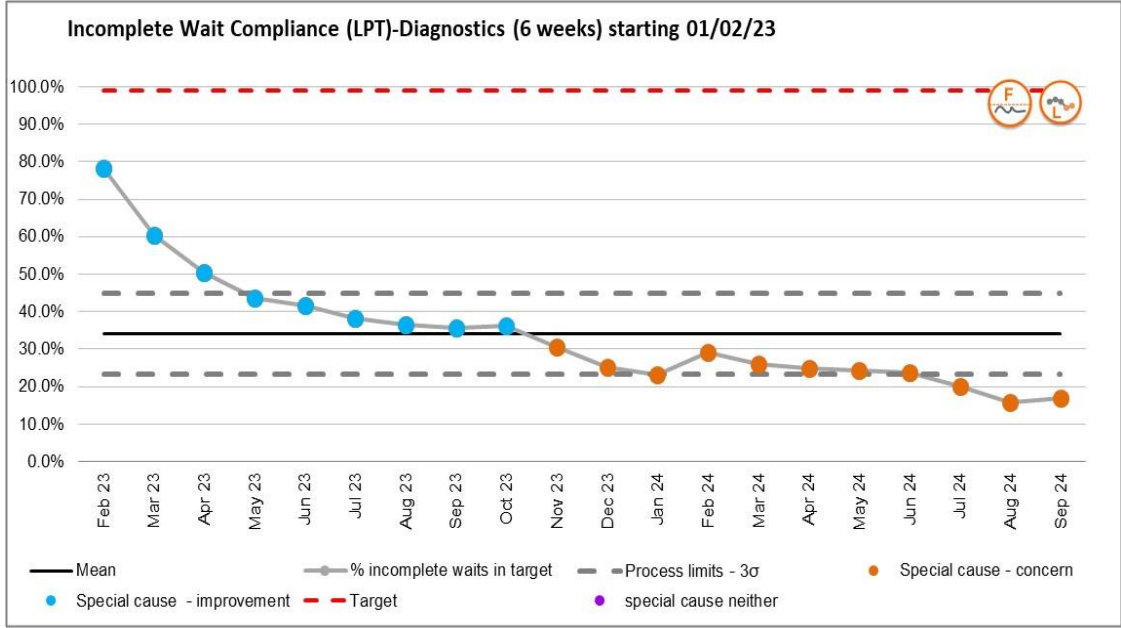
**Operational Commentary (e.g. referring to risk, finance, workforce):**

This is a multidisciplinary pathway (with a multi-referral point for access). The KPI is directly impacted by the ND waits, please see the Community Paediatric ND and CAMHS ND exception reports for further detail. Triage system in place based on acuity of clinical need and safe caseload management. After award of the ND precommitment monies, some clinicians have on boarded and will be supporting increased activity and flow.



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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
<b>FYPCDA</b>	<b>&gt;=99%</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>	<b>15.7%</b>	<b>16.9%</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
34.0%	23.0%	45.0%

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

Ongoing monthly scrutiny for management of quality issues relating to estates and waiting lists through LLR System Bronze Cell chaired by ICB. Agreed trajectory with ICB currently showing slight negative variation due to unexpected reduction in clinical capacity (see final point) and delays to onboarding insourced staff.

Insourcing - preferred supplier awarded and awaiting staff vetting (delay in UHL support to complete) and onboarding. Liaison with H&S and Estates teams to ensure weekend clinics at Shepshed are viable. UHL weekend clinic continue where staff able to work extra hours.

Hearing Centre Market Harborough (from 07/07/2024) and DMU (from 19/08/2024) now operational. These soundproofed venues are expected to reduce numbers added to the mitigation list and offer capacity to offer appointments to CYP already on the mitigation list.

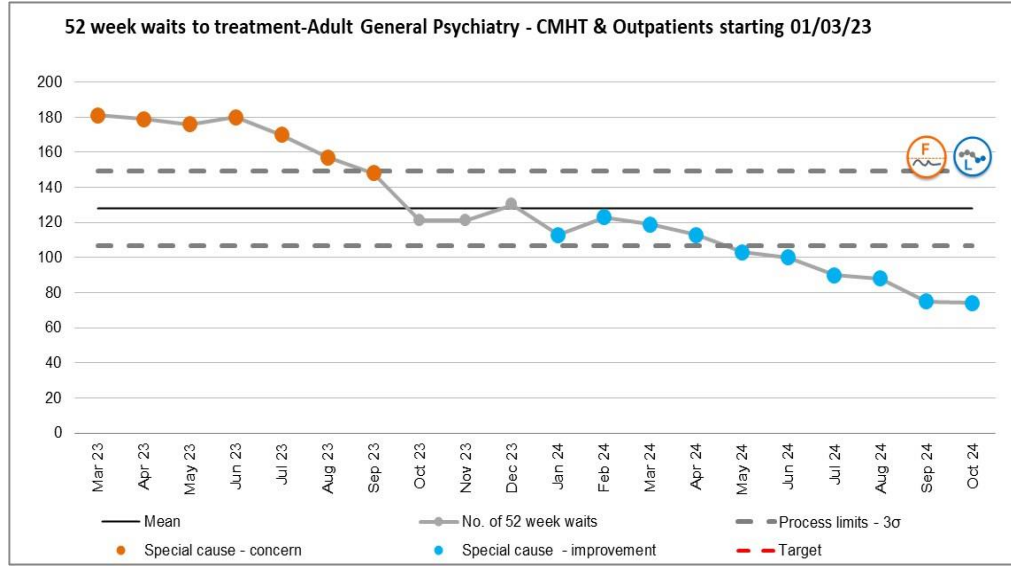
Baumont Leys HC and Hynca Lodge will use awarded capital funding to accommodate updated and new clinic estate. These are due for completion in 2025.

System approach with UHL in response to CQC/NHSE/ICB requirement for IQIPs registration, delivered through monthly steering group, which commenced 27th Aug 2024. Visit to Birmingham completed enabling team to assess a service that has completed accreditation.

Loss of Service Clinical Lead is impacting 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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
<b>DMH</b>	<b>0</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>	<b>75</b>	<b>74</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
128.1	106.6	149.5

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

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

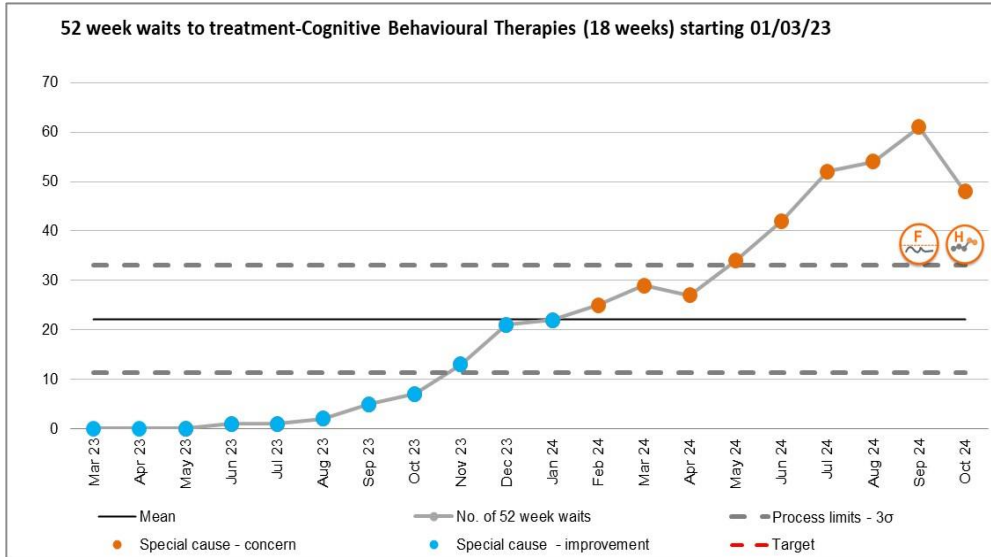
**Psychology**  
Identified longer waits in 4 specific teams due to periods of minimal staffing. As a result of recruitment initiatives resource has increased in 3 of 4 identified teams and the number of patients waiting are projected to reduce accordingly. The waiting list for each team is reviewed monthly through the Patient Tracker protocol, providing oversight and explanation.

**Outpatients**  
Substantive recruit to Consultant posts progressing. Expected outcome is an increased capacity and consistency of care for patients. Recruitment action to be completed by November 2024, with timescales for commencement in post to be confirmed.

Work continues to progress on 2024/25 caseloads review programme. City Central caseload has transitioned fully to new City East / City West structure. Caseload reviews of City Central legacy caseloads continues with the review team. Expected outcomes are reduced consultant caseloads to bring these within agreed thresholds which will support increased retention of medical staff and improve patient flow. This is a long term target with a completion date of March 2025.

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

	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
<b>DMH</b>	<b>0</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>	<b>61</b>	<b>48</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
22.2	11.28	33.1

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

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

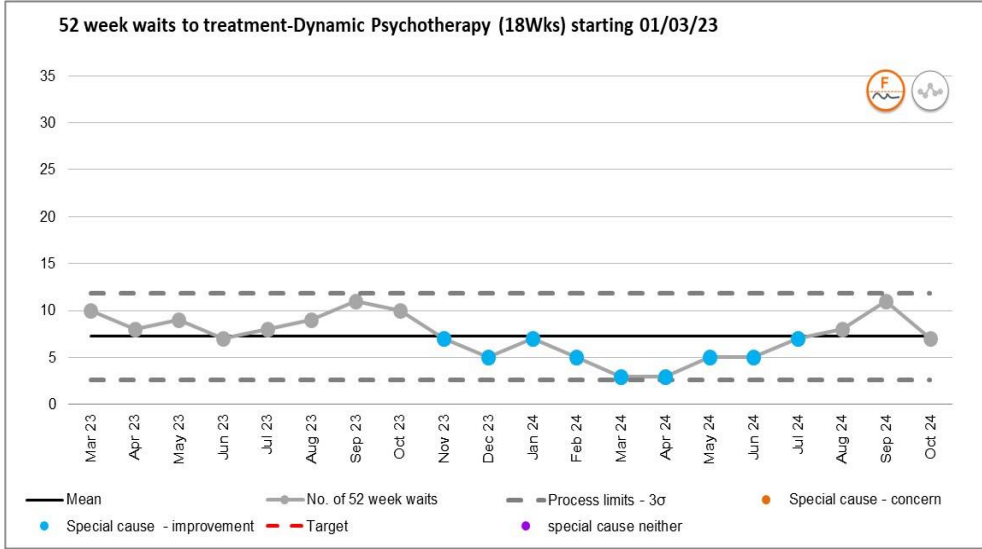
Planning away day took place on 15th October to include all psychological therapies. Expected outcome is to support the embedding of new service developments an team cohesiveness across all psychological therapies, with the aim of improving quality of service provision and enabling patients to be directed to the most appropriate psychological intervention. Action complete and outcomes to be shared through Directorate DMT November 2024.

Waiting list has increased significantly in the past 12 months. Demand and capacity exercise has commenced to understand future service provision requirements. Findings and paper to be shared December 2024.

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

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

	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
<b>DMH</b>	<b>0</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>	<b>11</b>	<b>10</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
7.3	2.63	11.87

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

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

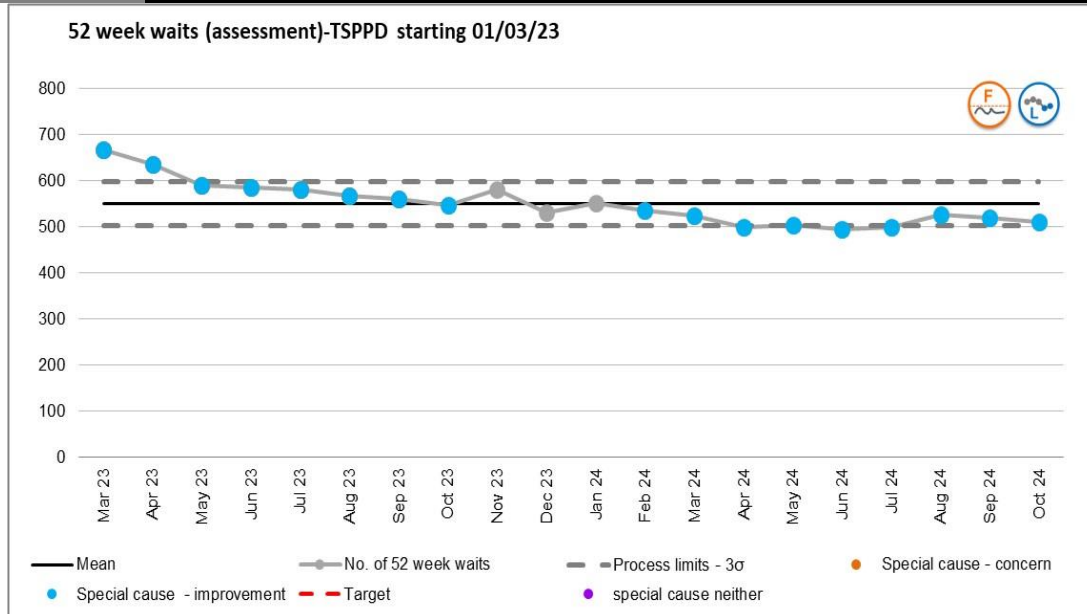
Planning away day took place on 15th October to include all psychological therapies. Expected outcome is to support the embedding of new service developments and team cohesiveness across all psychological therapies, with the aim of improving quality of service provision and enabling patients to be directed to the most appropriate psychological intervention. Action complete and outcomes to be shared through Directorate DMT November 2024.

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. Others are longest waiters are waiting to see a therapist with specific experience due to complex presentation and the need for MBTI treatment. A group commenced in late summer which has addressed some of the longest waits for treatment and work is underway to schedule a further group to continue to reduce these waits for treatment.

Recruitment to 2.00 wte clinical vacancies is progressing with the expected outcome of increasing capacity to reduce the waiting list. Recruitment to be completed by Jan 2025.

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

	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
DMH	0	581	530	552	536	523	498	503	494	499	526	520	509



**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
550.0	501.7	598.3

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

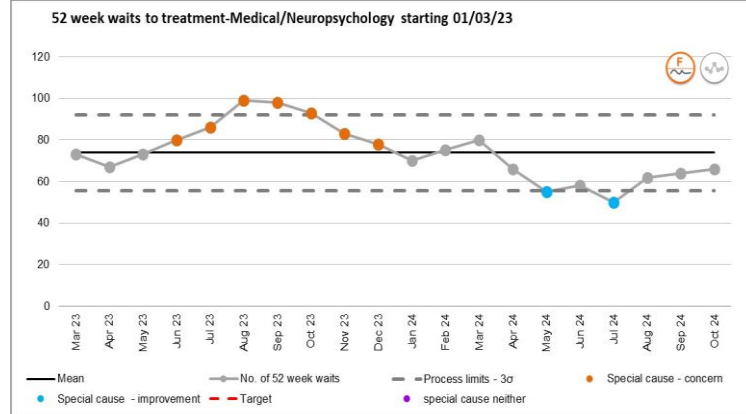
Development of consultation and training support to community services to enhance the primary care offer (small scale). The implementation plan is to be agreed at the Integrated Neighbourhood 7 (IN7) Steering Group. Recruitment is continuing to progress. Expected outcome is to provide support to primary care to prevent referrals for low level support entering secondary care services. Long term action with a due date of May 2025.

All TSPPD referrals to come through Neighbourhood Teams with agreed directorate wide secondary care referral criteria. Business as usual will be provided by the Mental Health Neighbourhood Teams during the transition period. Implementation plan to be agreed at IN7 Steering Group Meeting and established Task & Finish Group. The expected outcome is to reduce waiting times for TSPPD secondary mental health input with a service focus on the severity of need best served. Expected completion date of December 2025.

Agree a clinical model for the current TSPPD waiting list and governance processes. Implementation plan to be agreed at IN7 Steering Group Meeting and establish Task & Finish Group. Expected outcome is to improve service offer, increase efficiency, and reduce waits. Expected completion date of December 2025.

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

	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
DMH	0	83	78	70	75	80	66	55	58	50	62	64	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 below the process limits.

Mean	Lower Process Limit	Upper Process Limit
73.8	55.74	91.86

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

A demand and capacity exercise has highlighted a significant capacity gap within the General Medical Service and Pain elements of the service, 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 to consider additional capacity but unlikely to receive investment in upcoming planning round. If investment was supported, expected outcomes would be increased capacity resulting and reduced waiting times. Timescales are determined by UHL.

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

**Neuropsychology 52 weeks**

Recruiting to 8B role as per the recruitment plan. This will create additional clinical capacity to address waiting times. Recruitment is due to complete in November 2024.

Have transitioned all 16+ year referrals to adult neurology waiting list where there is greater capacity. This will create capacity in target areas and help to reduce waiting times. Work is ongoing, action complete.

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. Expected outcome is to increase capacity by ensuring the waiting list is an accurate illustration of those who still wish to access the service. Reducing DNAs and cancellations. This action is ongoing.

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

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

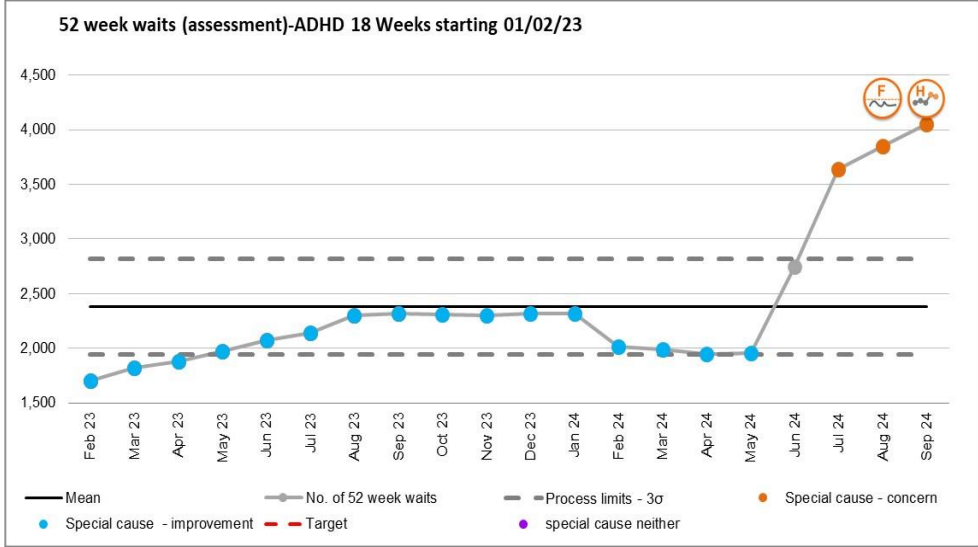
Reviewing application of DNA policy to ensure attendance at appointments is managed. Due for completion Dec 2024

FND service is now up and running and accepting referrals – appropriate patients have been moved across to this pathway reducing the overall number of people on the waiting list. Work ongoing. Action complete

Monthly complex case discussions with staff in IAPT services to facilitate and support people to be seen in the most appropriate services, reduce duplication of work. Ongoing QI project. At the end of a 6 month pilot evaluation – to review data and continue to provide.

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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
<b>DMH</b>	<b>0</b>	<b>2310</b>	<b>2298</b>	<b>2318</b>	<b>2317</b>	<b>2018</b>	<b>1989</b>	<b>1945</b>	<b>1956</b>	<b>2749</b>	<b>3638</b>	<b>3851</b>	<b>4051</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
2382.5	1943.55	2821.35

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

The longest waiter has increased from 279 to 346 weeks in from last month’s report as a patient moved from Sheffield and was placed at LPT from the original referral date after this was confirmed by Sheffield.

The investment business case was presented to EMB and Trust-wide CRG. Now going to System Executive Group. Half day workshop took place with ICB to progress business case discussions on 7th November and explore transformation opportunities across the system. Outcomes and actions are currently in development. Expected outcome if business case is supported would be increased investment and transformation opportunities into the service and clinical pathway, enabling increased capacity over time and so better meet demand. Timescales are to be confirmed, anticipated long term action.

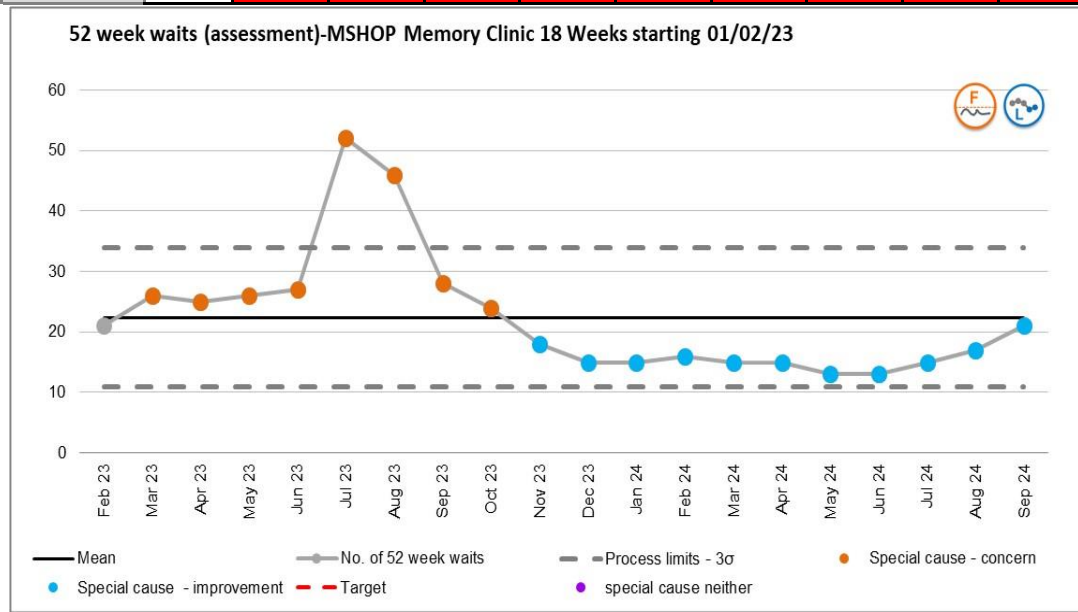
Recruitment of 1.00 wte Band 8a completed with expected outcome of increase clinical capacity once in post.

New staff recruited through the non-recurrent funding focusing on treatment waiting list. Monitoring impact on waiting times and feeding back to local authority and wider system. Expected outcome is improved flow. Long term action to be completed by March 2025.

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). Expected outcomes are more efficient pathways with shorter waits for assessment and treatment, ensuring patients sign posted to most appropriate service to meet their needs. Long term action to be addressed through transformational work, action plan to be completed by January 2025.

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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
DMH	0	24	18	15	15	16	15	15	13	13	15	17	21



**Analytical Commentary**

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

Mean	Lower Process Limit	Upper Process Limit
22.4	10.92	33.88

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

Workforce analysis to be undertaken to understand workforce retention issues. Expected outcome is improved recruitment and retention to provide consistent workforce and increased capacity. Action due to complete in December 2024.

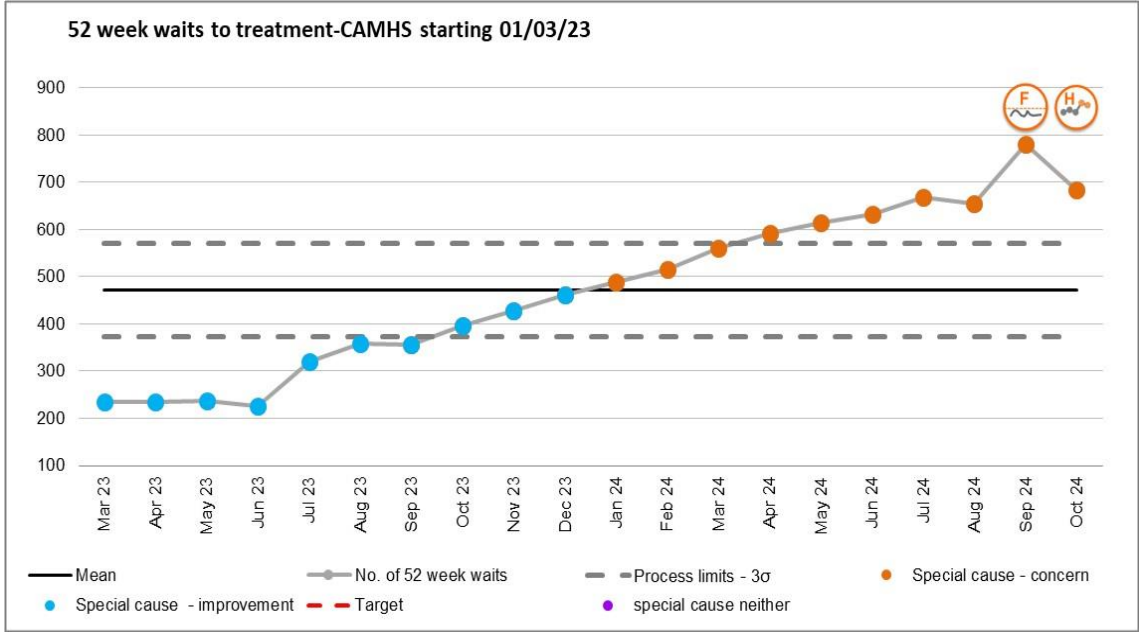
With the non-recurrent monies, the clinical and operational team are scoping out One Stop Shop pilot. Currently reviewing options around skill mix following meeting with NHFT. Expected outcomes would be increased efficiency, flow and patient experience. Initial work underway, timescales to be established.

Reviewing capacity and demand and trajectory to reduce waiting times. Data to be reviewed to assess outcomes – will form part of paper to review clinic expectation. Developing a paper to take to FFP/DMT regarding revised new assessment option. Outcome expected to support improved waiting times compliance and identify bottle necks, help retain staff / reduce absence and so speed up the time taken to get a diagnosis. Paper expected to be complete and shared by December 2024.



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

	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
FYPCLDA	0	429	462	489	516	561	593	614	632	669	654	781	684



**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
472.2	373.92	570.48

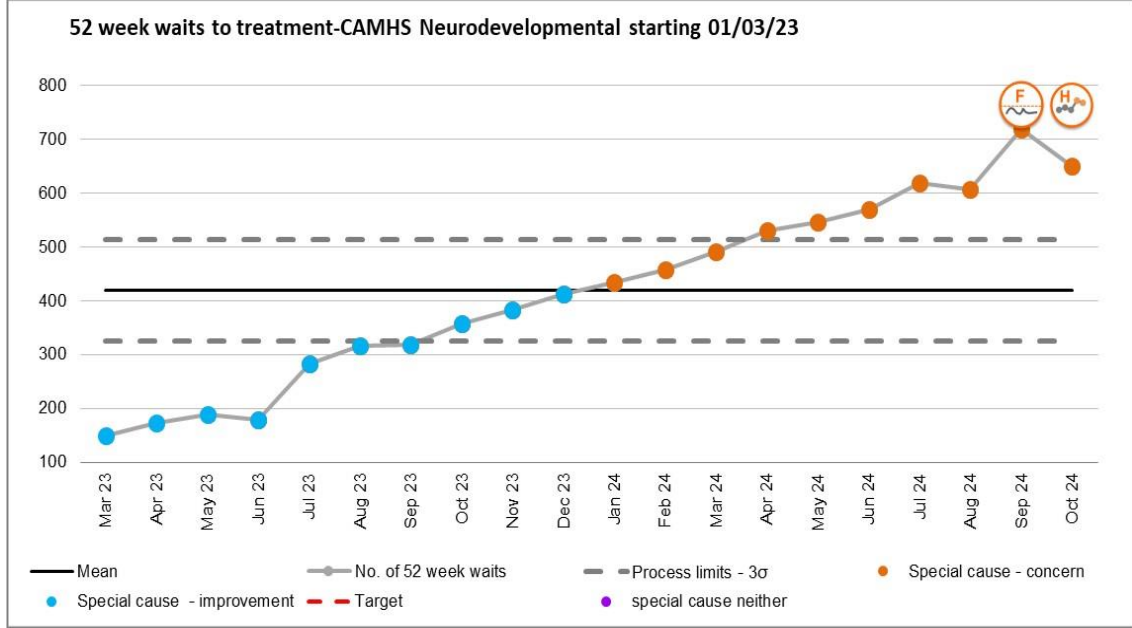
**Operational Commentary (e.g. referring to risk, finance, workforce):**

The decrease in the number of CYP waiting over 52 weeks is linked to the number of children waiting for a Neurodevelopmental Assessment, treatment and groupwork offered appointments. Migration into single SystmOne unit continues to schedule so as to identify this cohort more clearly.

The leadership team in CAMHS undertake monthly caseload reviews and prioritise the longest waiting CYP. The service has a robust duty system in place that monitors risk while CYP wait for an assessment or intervention. A digital review has created additional capacity to see CYP. The weekly PTL monitors prioritisation of those most at risk as well as those closest to 18 yrs to assist with transition to adult services.

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

	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
FYPC LDA	0	383	412	435	458	492	530	546	570	618	608	720	651



**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.

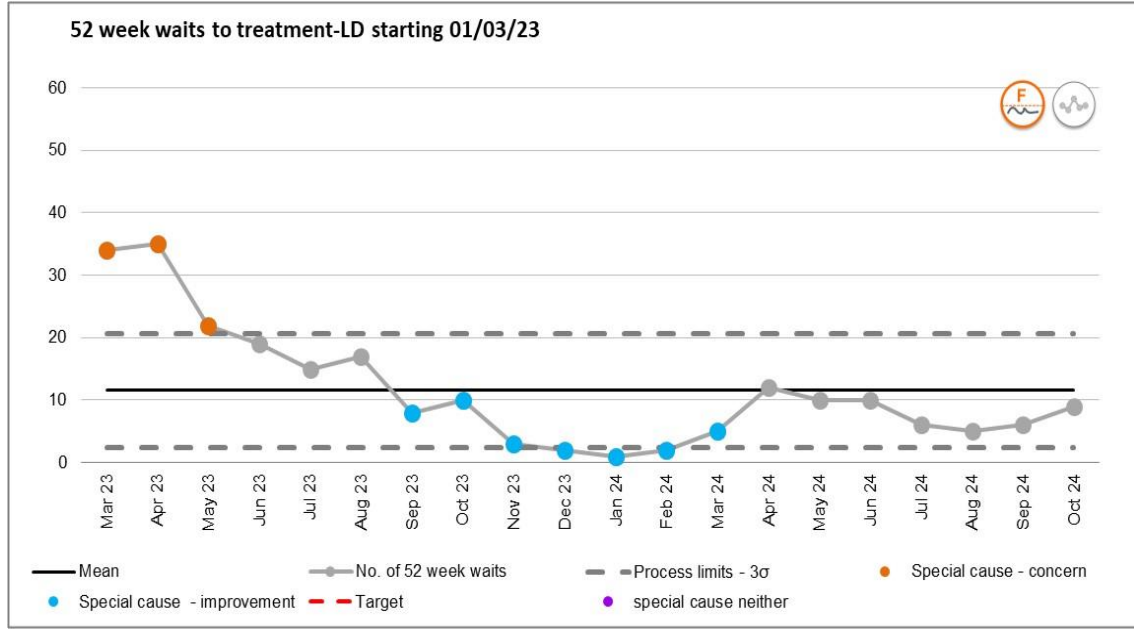
Mean	Lower Process Limit	Upper Process Limit
419.4	324.34	514.46

**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. There has been a decrease in numbers waiting over 52 weeks due to an increase in slots for new assessments and ADHD medication clinics.

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

	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
<b>FYPCLDA</b>	<b>0</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>	<b>6</b>	<b>9</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.

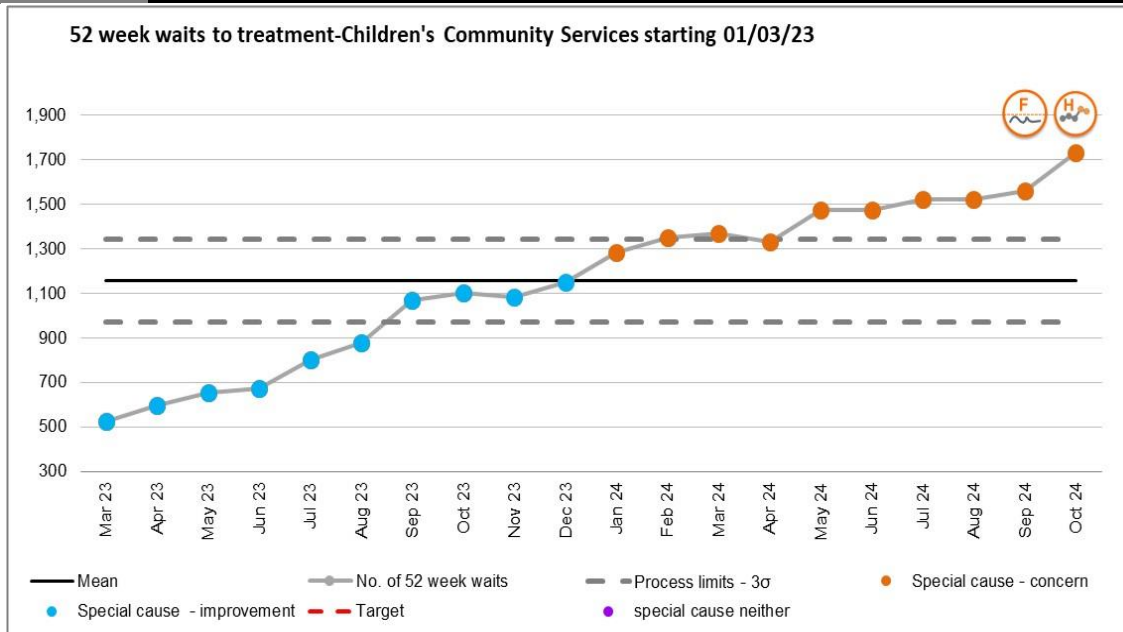
Mean	Lower Process Limit	Upper Process Limit
11.6	2.45	20.65

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

LD Community -All 9 patients waiting over 52 weeks are waiting for psychology. Difficulty in allocating due to psychology capacity & complexity /risk involved. Successful candidate to fill vacancy withdrew application. Two trainee psychologists started last month and will pick up three less complex cases from December 2024. Consultant Psychology MPAC submitted portfolio and is due to pick up some complex psychology cases. Psychology implementing 18 week therapeutic break model to improve patient flow.

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

	Target	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
FYPCLDA	0	1083	1150	1283	1351	1369	1330	1476	1474	1524	1524	1560	1731



### 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
1157.6	971.4	1343.8

### 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 through recruitment.

**CYP Physio:** Recruitment for B6 physio posts completed, to full establishment. Centralised booking system now fully operational.

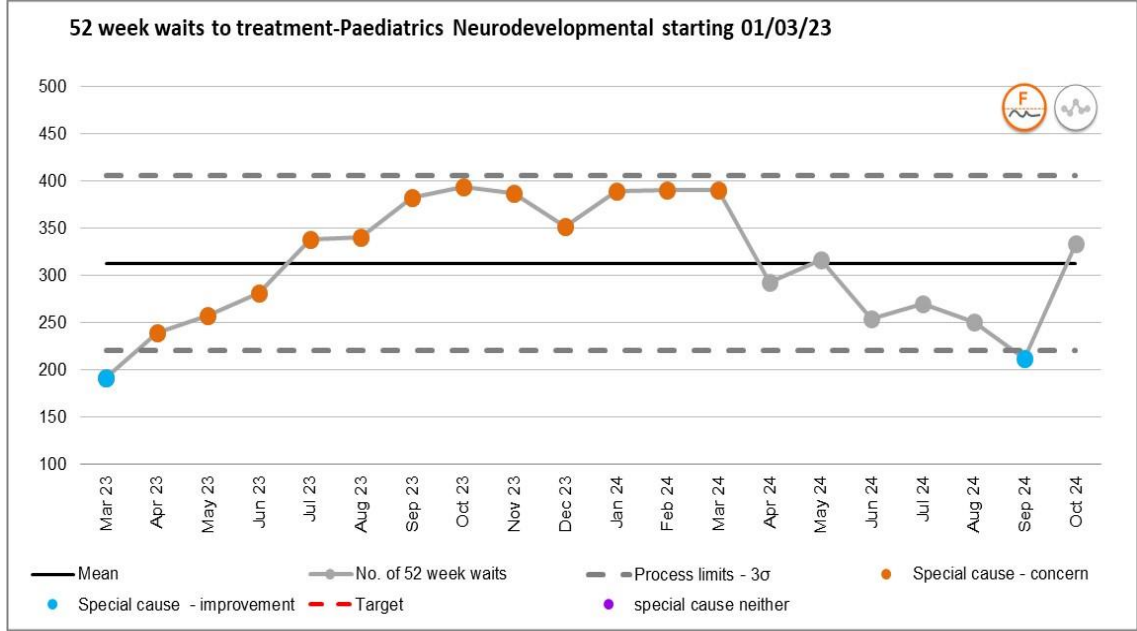
**CYP SALT:** Mobilisation of ELSEC pathway as part of national SEND-AP Change Programme (which is new pathway for low need). ELSEC will offer first appointments to reduce pressure on core service. Service spec updated to reflect nature of service. Impact of ELSEC pathfinder anticipated in the next few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

**CYP Audiology:** This wait relates to the bank and Downs Syndrome surveillance pathways where CYP require 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 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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
<b>FYPCLDA</b>	<b>0</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>	<b>212</b>	<b>334</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.

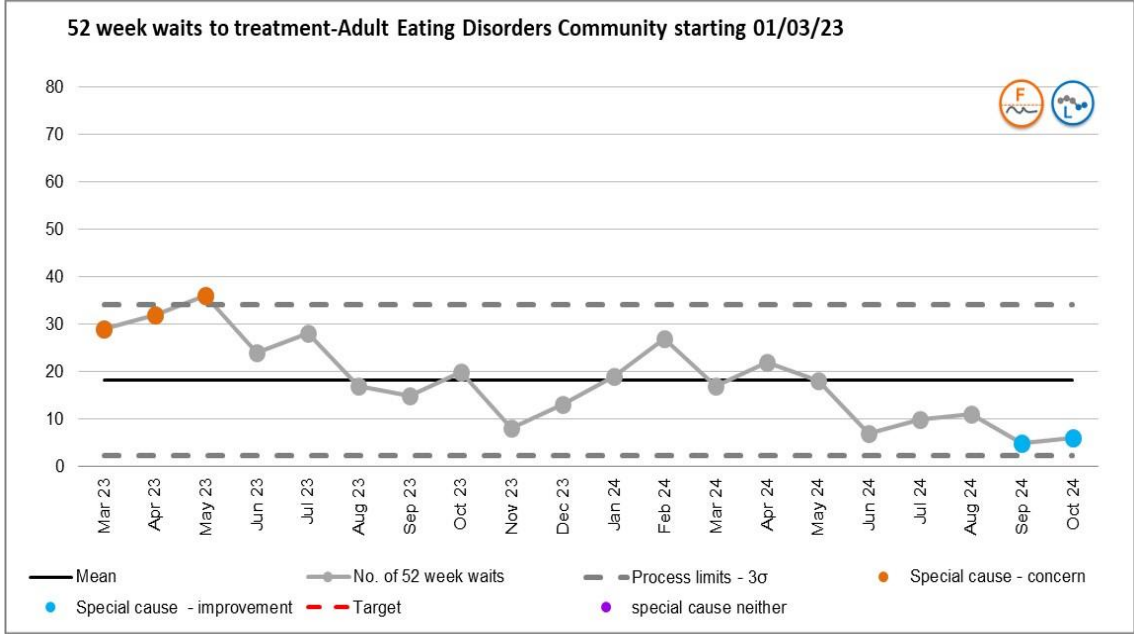
Mean	Lower Process Limit	Upper Process Limit
313.1	220.65	405.45

**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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
FYPCLDA	0	8	13	19	27	17	22	18	7	10	11	5	6



**Analytical Commentary**

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

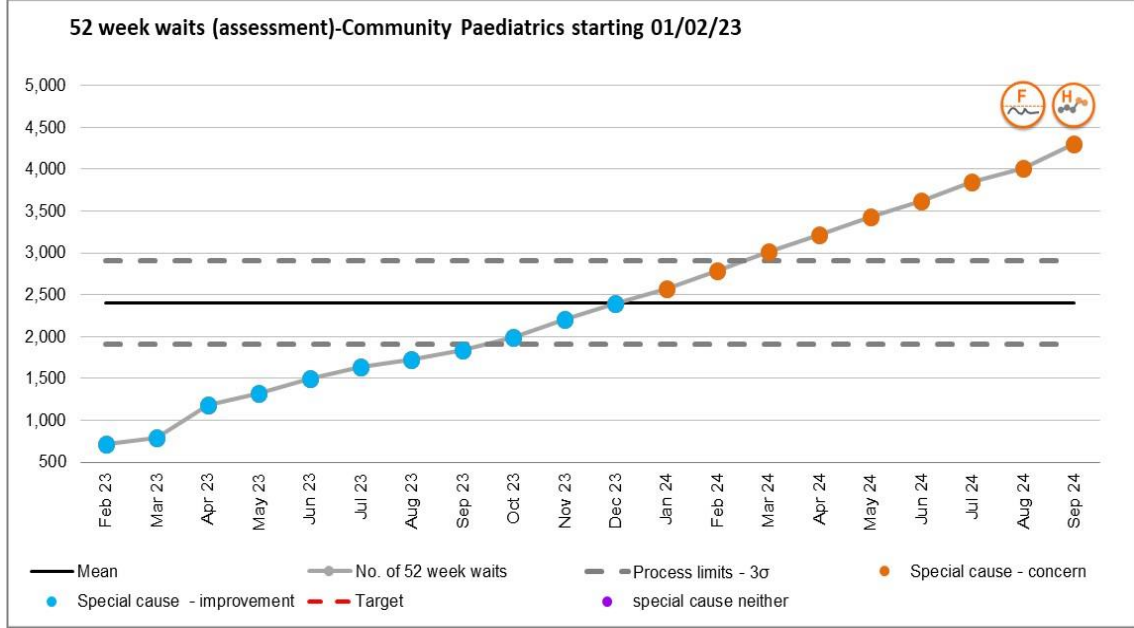
Mean	Lower Process Limit	Upper Process Limit
18.2	2.38	34.02

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

Individual trajectories have been developed and are reviewed regularly to closely grip the reasons for waits at patient level and to agree options to expedite. The service have had 2 new starters, currently in the induction and training process and a 3rd person has been recruited and is going through the onboarding process. The service expect to see an impact of this recruitment from Jan 25.

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

	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
FYPCLDA	0	1986	2208	2396	2573	2784	3012	3214	3436	3618	3846	4017	4303



**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.

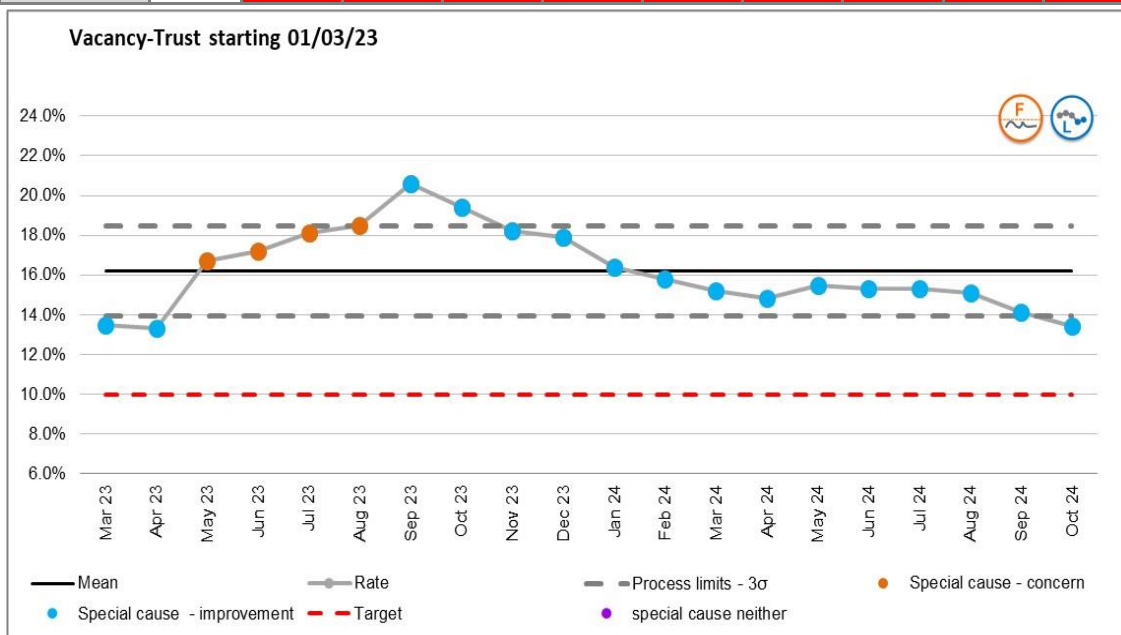
Mean	Lower Process Limit	Upper Process Limit
2405.2	1903.58	2906.82

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

The service are utilising the non-recurrent investment to recruit additional ADHD nurses, SALTs 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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
TRUST	<b>&lt;=10%</b>	18.2%	17.9%	16.4%	15.8%	15.2%	14.8%	15.5%	15.3%	15.3%	15.1%	14.1%	13.4%
DMH		19.3%	19.2%	18.1%	17.9%	17.1%	17.3%	17.3%	17.5%	17.4%	16.5%	17.2%	16.4%
CHS		20.8%	19.6%	18.2%	17.8%	16.8%	17.0%	18.2%	15.8%	15.9%	16.1%	15.4%	14.1%
FYPCLD		18.1%	18.1%	15.5%	14.7%	14.4%	13.8%	14.4%	15.0%	14.9%	14.7%	13.3%	13.0%



### Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
16.2%	14.0%	18.0%

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

The reduction in the vacancy rate slowed during the summer which coincided with the implementation of the new recruitment system - JobTrain. However the last two months have seen recruitment activity return to normal levels and consequently there has been significant decreases in the vacancy rate.

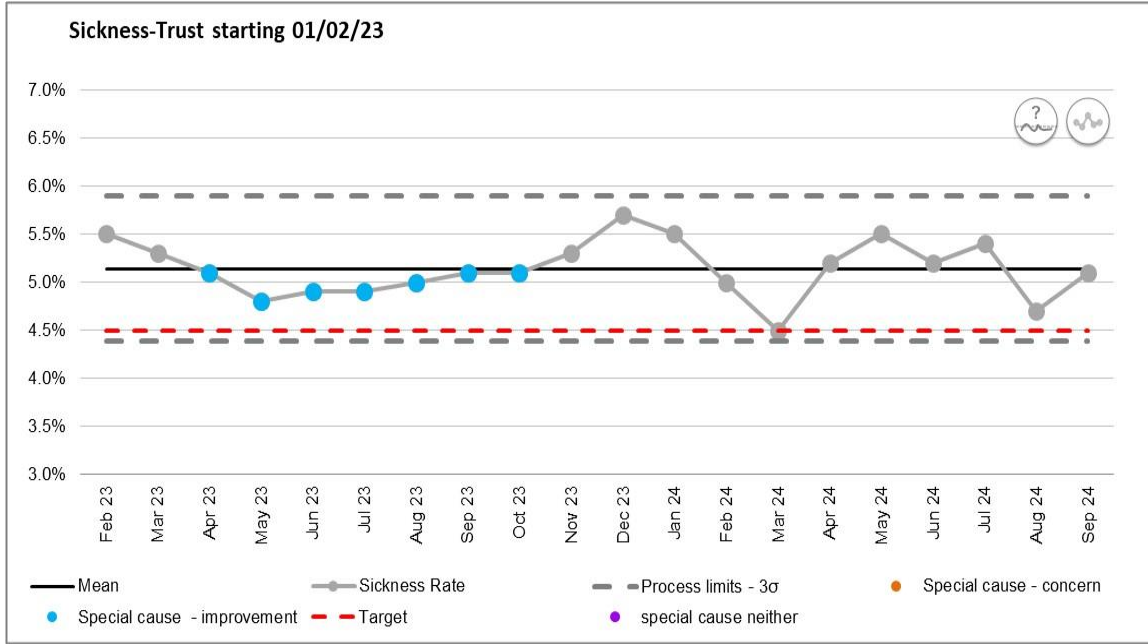
The recruitment plan reset for 2024-25, based on what we believe to be realistically achievable, building on the success of 2023/24 which saw LPT slightly exceed its planned recruitment. During 2024-25 we anticipate a 4-5% reduction in the vacancy rate delivery of which is reflected in overall performance.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

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	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
TRUST	<=4.5%	5.3%	5.7%	5.5%	5.3%	5.0%	4.5%	5.2%	5.5%	5.2%	5.4%	4.7%	5.1%
DMH		6.0%	6.8%	6.1%	5.9%	5.4%	4.9%	6.0%	5.7%	5.9%	6.6%	6.1%	6.3%
CHS		5.7%	5.6%	5.7%	5.9%	5.7%	5.6%	6.3%	6.6%	5.8%	5.9%	5.1%	5.7%
FYPCLD		5.3%	5.7%	5.9%	5.4%	5.2%	4.0%	4.6%	5.1%	4.5%	4.4%	3.8%	4.2%



**Analytical Commentary**

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

Mean	Lower Process Limit	Upper Process Limit
5.1%	4.0%	6.0%

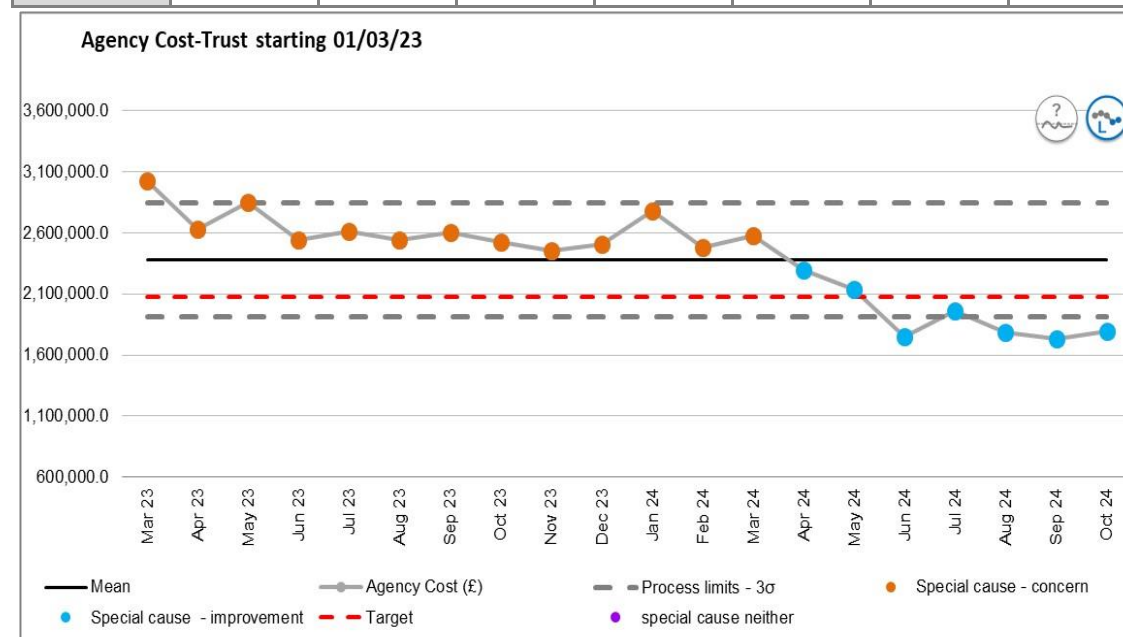
**Operational Commentary (e.g. referring to risk, finance, workforce)**

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	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
<b>TRUST</b>	<b>&lt;=£2,077,250</b>	£2,451,249	£2,502,448	£2,777,194	£2,482,176	£2,579,215	£2,292,669	£2,132,787	£1,752,134	£1,960,763	£1,781,388	£1,733,239	£1,790,193
<b>DMH</b>		£970,285	£962,229	£915,668	£844,175	£806,231	£840,096	£871,314	£752,736	£810,906	£744,967	£700,309	£699,373
<b>CHS</b>		£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	£728,299	£796,173
<b>FYPCLD</b>		£347,533	£394,746	£505,784	£333,412	£495,653	£329,532	£229,894	£171,221	£193,354	£182,845	£280,540	£252,964



**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
2378204.5	1910661.01	2845747.8

**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 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		Aug-24	76.0%	79.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Aug-24	77.0%	79.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	6582	Aug-24	13970	13770	
(D1) Community Mental Health Access (2+ contacts) - LPT		Aug-24	13970	13775	
(E1) CYP access (1+ contact) - LLR	14553	Aug-24	17610	17760	
(E1) CYP access (1+ contact) - LPT		Aug-24	8515	8530	
MHSDS CYP ED Routine (Interim) - LLR		Aug-24	-	-	
MHSDS CYP ED Routine (Interim) - LPT	>=95%	Aug-24	-	-	
MHSDS CYP ED Urgent (Interim) - LLR		Aug-24	-	-	
MHSDS CYP ED Urgent (Interim) - LPT	>=95%	Aug-24	-	-	
(G3) EIP waiting times - MHSDS - LLR		Aug-24	76.0%	85.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Aug-24	76.0%	85.0%	
(I1) Individual Placement Support - LLR	294	Aug-24	465	420	
(I1) Individual Placement Support - LPT		Aug-24	465	425	
(K2) OOA bed days - inappropriate only - rolling quarter - LLR		Jul-24	0	0	
(K2) OOA bed days - inappropriate only - rolling quarter - LPT		Jul-24	0	5	
(L1) Perinatal access - rolling 12 months - LLR	1259	Aug-24	1160	1135	
(L1) Perinatal access - rolling 12 months - LPT		Aug-24	1165	1140	
(N1) Data Quality - Consistency - LLR		Aug-24	80.0%	80.0%	
(N1) Data Quality - Consistency - LPT		Aug-24	60.0%	60.0%	
(N2) Data Quality - Coverage - LLR		Aug-24	83.0%	83.0%	
(N2) Data Quality - Coverage - LPT	>=98%	Aug-24	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Aug-24	21.0%	22.0%	
(N3) Data Quality - Outcomes - LPT	>=50%	Aug-24	21.0%	22.0%	
(N4) Data Quality - DQMI score - LLR		Jul-24	61.2%	58.3%	
(N4) Data Quality - DQMI score - LPT	>=95%	Jul-24	93.0%	94.0%	
(N5) Data Quality - SNOMED CT - LLR		Aug-24	95.0%	95.0%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Aug-24	100.0%	100.0%	