


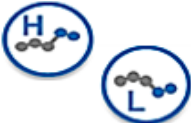

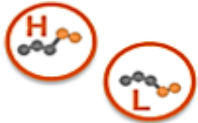


EXCEPTION REPORTS SUMMARY

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%	Nov-24	72.8%	64.4%			ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Nov-24	4372	4372		
Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Nov-24	61.9%	63.4%			MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Nov-24	21	21		
ADHD (18 week local RTT) - Incomplete pathway	>=92%	Nov-24	0.4%	0.2%			All CAMHS - Treatment waits - No of waiters	0	Dec-24	873	779		
CINSS (6 weeks) - Incomplete Pathway	>=95%	Nov-24	54.1%	50.5%			of which: CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Dec-24	832	739		
Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Nov-24	13.4%	13.2%			All LD - Treatment waits - No of waiters	0	Dec-24	7	10		
Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Nov-24	23.3%	20.4%			All Community Children's Services - Treatment waits - No of waiters	0	Dec-24	1818	1780		
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Dec-24	57	53			of which: Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Dec-24	293	393		
Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Dec-24	49	45			Adult Eating Disorders Community - Treatment waits - No of waiters	0	Dec-24	8	8		
Dynamic Psychotherapy - Treatment waits - No of waiters	0	Dec-24	10	9			Community Paediatrics - assessment waits over 52 weeks - No of waiters	0	Nov-24	4586	4392		
Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Dec-24	481	492			Vacancy Rate	<=10%	Dec-24	13.3%	13.4%		
Medical/Neuropsychology - Treatment waits - No of Waiters	0	Dec-24	80	77									

EXCEPTION REPORTS - Consistently Achieving Target						
Indicator	Monthly Target	Data As At	Current Reporting	Previous Reporting	SPC Assurance	SPC Trend
Average Length of stay - Community Hospitals	<=25	Dec-24	23.4	23.4		
Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Dec-24	8.0%	8.1%		
Core Mandatory Training Compliance for substantive staff	>=85%	Dec-24	97.6%	97.6%		
Staff with a Completed Annual Appraisal	>=80%	Dec-24	94.5%	94.5%		
% of staff from a BME background	>=22.5%	Dec-24	31.5%	31.2%		

EXCEPTION REPORTS MATRIX SUMMARY

		Assurance		
		Achieving Target 	Inconsistently Achieving Target 	Not Achieving Target 
Variation/Trend	Special Cause - Improvement 	Normalised Workforce Turnover Core Mandatory Training Compliance for substantive staff Complete Appraisal % of staff from a BME background		<i>Waiting Times:</i> Adult CMHT / CMHT 52 Wks / TSPPD 52 wks / MHSOP Memory Clinic 52 Wks / Adult ED Community 52 wks Vacancy Rate
	Common Cause 	Average Length of stay - Community Hospitals		<i>Waiting Times:</i> Memory Clinic / ADHD / DPS 52 wks / Medical_Neuro 52 wks / Paediatrics ND 52 wks / LD 52 Wks
	Special Cause - Concern 			<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%	Dec-24	8.0%	8.1%		
Vacancy Rate	<=10%	Dec-24	13.3%	13.4%		
Sickness Absence (in arrears)	<=4.5%	Nov-24	5.9%	5.7%		
Agency Costs	<=£2,077,250	Dec-24	£1,430,863	£1,652,392		

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	Dec-24	2	2		
Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Dec-24	2	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%	Dec-24	98.5%	98.7%				
	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		Dec-24	0.0%	0.0%				
	TRUST	Monthly	The percentage of inpatients discharged with a subsequent inpatient admission within 30 days - 16+ years		Dec-24	6.0%	7.7%				
	TRUST	Monthly	The number of patient safety incidents reported within the Trust during the reporting period		Dec-24	1585	1730				
	TRUST	Monthly	The rate of patient safety incidents reported within the Trust during the reporting period		Dec-24	68.6%	69.2%				
	TRUST	Monthly	The number of such patient safety incidents that resulted in severe harm or death		Dec-24	16	26				
	TRUST	Monthly	The percentage of such patient safety incidents that resulted in severe harm or death		Dec-24	1.0%	1.5%				
	MHSDS	Monthly (a quarter in arrears)	72 hour Follow Up after discharge (Aligned with national published data)	>=80%	Oct-24	74.0%	79.0%				
	TRUST	Monthly	2-hour urgent response activity	>=70%	Dec-24	85.3%	83.5%				
	TRUST	Monthly	Daily discharges as % of patients who no longer meet the criteria to reside in hospital		Dec-24	28.4%	26.8%				
	TRUST	Monthly	Out of Area Placement - Inappropriate Bed Days	0	Dec-24	254	149				
	TRUST	Monthly	Percent of IHA plans sent to LA in month by 19th working day of being taken into care - Rutland		Dec-24	100.0%	100.0%				
	TRUST	Monthly	Percent of IHA plans sent to LA in month by 19th working day of being taken into care - County		Dec-24	45.0%	55.6%				
	TRUST	Monthly	Percent of IHA plans sent to LA in month by 19th working day of being taken into care - City		Dec-24	60.0%	58.3%				
	ICB	Monthly	Reliance on specialist inpatient care for adults with a learning disability and/or autism		Dec-24	27	28				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
NHS Oversight	ICB	Monthly	Reliance on specialist inpatient care for children with a learning disability and/or autism		Dec-24	1	2				
		Monthly	Overall CQC rating (provision of high quality care)		2021/22	2					
		Monthly	CQC Well Led Rating		2021/22	2					
		Quarterly	NHS SOF Segmentation Score		Q2	2	2				
	MHRA	Monthly	National Patient Safety Alerts not completed by deadline		Dec-24	1	1				
	TRUST	Monthly	MRSA Infection Rate		Dec-24	0	0				
	TRUST	Monthly	Clostridium difficile infection rate		Dec-24	0	2				
	UHL	Monthly (In Arrears)	E.coli bloodstream infections		Nov-24	0	0				
	GOV	Monthly (YTD)	Percentage of people aged 65 and over who received a flu vaccination		Nov-24	71.8%	61.4%				
			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%	Nov-24	72.8%	64.4%				
	TRUST	Monthly (In Arrears)	Memory Clinic (18 week Local RTT) - Incomplete pathway	>=92%	Nov-24	61.9%	63.4%				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - Incomplete pathway	>=92%	Nov-24	0.4%	0.2%				
	TRUST	Monthly (In Arrears)	Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral - complete pathway	>=60%	Nov-24	47.6%	68.8%				
Access Waiting Times - CHS	TRUST	Monthly (In Arrears)	CINSS (6 weeks) - Incomplete Pathway	>=95%	Nov-24	54.1%	50.5%				
	TRUST	Monthly (In Arrears)	Speech Therapy - Voice, Respiratory and Dysfluency - Routine (6 weeks) - Incomplete Pathway	>=95%	Nov-24	25.1%	33.0%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
Access Waiting Times - FYPCLDA	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (one week) - Complete pathway	>=95%	Nov-24	57.1%	75.0%				
	TRUST	Monthly (In Arrears)	CAMHS Eating Disorder (four weeks) - Complete pathway	>=95%	Nov-24	55.6%	81.8%				
	TRUST	Monthly (In Arrears)	Community Paediatrics (18 weeks) - Incomplete pathway	>=92%	Nov-24	13.4%	13.2%				
	TRUST	Monthly (In Arrears)	Adult Autistic Spectrum Disorder (without a Learning Disability) Assessment Clinic (Aspergers) (18 weeks) - Incomplete pathway	>=95%	Nov-24	100.0%	100.0%				
	TRUST	Monthly (In Arrears)	Childrens Audiology (6 week wait for diagnostic procedures) - Incomplete pathway	>=99%	Nov-24	23.3%	20.4%				
52 Week Waits - DMH	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - No of Waiters	0	Dec-24	57	53				
	TRUST	Monthly	Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment waits - Longest Waiter		Dec-24	162	158				
	TRUST	Monthly	Cognitive Behavioural Therapy - Treatment waits - No of waiters	0	Dec-24	49	45				
	TRUST	Monthly	Cognitive Behavioural Therapy- Treatment waits - Longest waiter (weeks)		Dec-24	83	78				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - No of waiters	0	Dec-24	10	9				
	TRUST	Monthly	Dynamic Psychotherapy - Treatment waits - Longest waiter (weeks)		Dec-24	71	65				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - No of waiters	0	Dec-24	481	492				
	TRUST	Monthly	Therapy Service for People with Personality Disorder - Treatment waits - Longest waiter (weeks)		Dec-24	230	226				
	TRUST	Monthly	Medical/Neuropsychology - Treatment waits - No of Waiters	0	Dec-24	80	77				
	TRUST	Monthly	Medical/Neuropsychology- Treatment waits - Longest Waiter		Dec-24	129	125				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Nov-24	4372	4193				
	TRUST	Monthly (In Arrears)	ADHD (18 week local RTT) - assessment waits over 52 weeks - Longest waiter (weeks)		Nov-24	354	350				
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks - No of waiters	0	Nov-24	21	18				

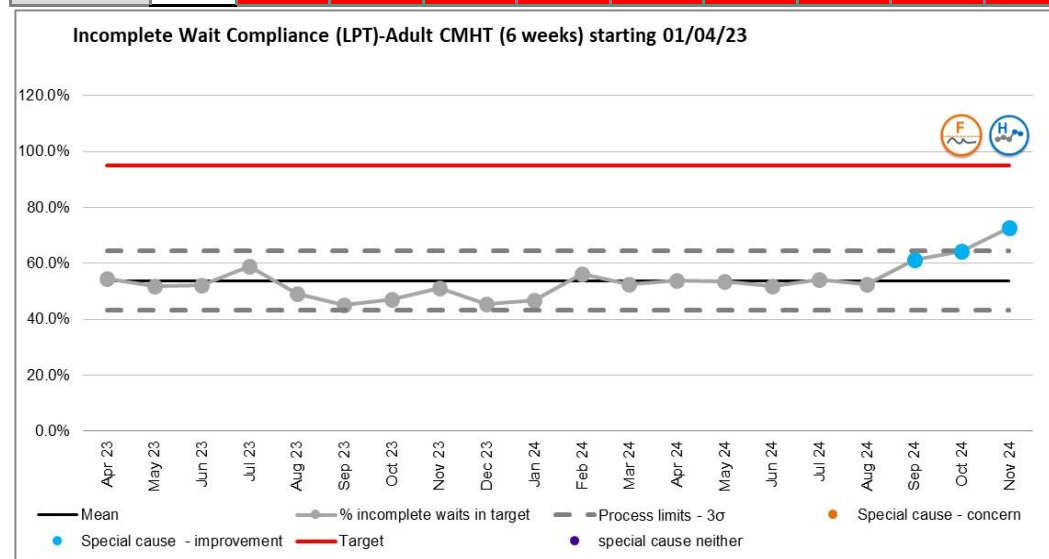
Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
	TRUST	Monthly (In Arrears)	MHSOP Memory Clinics (18 week local RTT) - assessment waits over 52 weeks -Longest waiter (weeks)		Nov-24	122	118				
52 Week Waits - FYPCLDA	TRUST	Monthly	All CAMHS - Treatment waits - No of waiters	0	Dec-24	873	779				
	TRUST	Monthly	All CAMHS - Treatment waits - Longest waiter (weeks)		Dec-24	162	158				
	TRUST	Monthly	<i>of which:</i> CAMHS Neurodevelopment - Treatment waits - No of waiters	0	Dec-24	832	739				
	TRUST	Monthly	CAMHS Neurodevelopment - Treatment waits - Longest waiter (weeks)		Dec-24	162	158				
	TRUST	Monthly	All LD - Treatment waits - No of waiters	0	Dec-24	7	10				
	TRUST	Monthly	All LD - Treatment waits - Longest waiter (weeks)		Dec-24	79	77				
	TRUST	Monthly	All Community Children's Services - Treatment waits - No of waiters	0	Dec-24	1818	1780				
	TRUST	Monthly	All Community Children's Services - Treatment waits - Longest waiter (weeks)		Dec-24	220	265				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - No of waiters	0	Dec-24	293	393				
	TRUST	Monthly	<i>of which:</i> Paediatric Neurodevelopmentals - Treatment waits - Longest waiter (weeks)		Dec-24	220	265				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - No of waiters	0	Dec-24	8	8				
	TRUST	Monthly	Adult Eating Disorders Community - Treatment waits - Longest waiter (weeks)		Dec-24	80	75				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - No of waiters		Nov-24	4586	4392				
	TRUST	Monthly (In Arrears)	Community Paediatrics - assessment waits over 52 weeks - Longest waiter (weeks)		Nov-24	161	167				
Patient Flow	TRUST	Monthly	Occupancy Rate - Mental Health Beds (excluding leave)	<=85%	Dec-24	83.9%	85.0%				
	TRUST	Monthly	Occupancy Rate - Community Beds (excluding leave)	>=93%	Dec-24	90.7%	87.2%				
	TRUST	Monthly	Average Length of stay - Community Hospitals	<=25	Dec-24	23.4	23.4				
	TRUST	Monthly	Delayed Transfers of Care	<=3.5%	Dec-24	3.5%	4.8%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
	TRUST	Monthly	Gatekeeping	>=95%	Dec-24	98.5%	98.7%				
	TRUST	Monthly	Admissions to adult facilities of patients under 18 years old	0	Dec-24	0	0				
Quality & Safety	TRUST	Monthly	Covid Positive Following Swab During Admission - 15 and over		Dec-24	2	5				
	TRUST	Monthly	Covid Positive Following Swab During Admission - Hospital Acquired Rate		Dec-24	0.7%	1.6%				
	TRUST	Monthly	Complaints		Dec-24	19	21				
	TRUST	Monthly	Concerns		Dec-24	37	39				
	TRUST	Monthly	Compliments		Dec-24	214	215				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Day	0	Dec-24	2	2				
	TRUST	Monthly	Safe staffing - No. of wards not meeting >80% fill rate for RNs - Night	0	Dec-24	2	0				
	TRUST	Monthly	Care Hours per patient day		Dec-24	12.2	12.3				
	TRUST	Monthly	No. of episodes of seclusions >2hrs		Dec-24	7	4				
	TRUST	Monthly	No. of episodes of prone (Supported) restraint		Dec-24	1	2				
	TRUST	Monthly	No. of episodes of prone (Unsupported) restraint		Dec-24	0	0				
	TRUST	Monthly	Total number of Restrictive Practices		Dec-24	157	144				
	TRUST	Monthly (In Arrears)	No. of Category 2 pressure ulcers developed or deteriorated in LPT care		Nov-24	123	131				
	TRUST	Monthly (In Arrears)	No. of Category 3 pressure ulcers developed or deteriorated in LPT care		Nov-24	21	14				
	TRUST	Monthly (In Arrears)	No. of Category 4 pressure ulcers developed or deteriorated in LPT care		Nov-24	9	12				
	TRUST	Monthly (In Arrears)	No. of repeat falls		Nov-24	29	25				
	TRUST	Monthly	No. of Medication Errors		Dec-24	103	97				
	TRUST	Monthly	LD Annual Health Checks completed - YTD		Dec-24	53.2%	45.6%				

Section	Source	Reporting Frequency	Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline YTD	SPC Assurance	SPC Trend	Exception Report
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Allocated		Dec-24	4	9				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - Awaiting Allocation		Dec-24	14	9				
	TRUST	Monthly	LeDeR Reviews completed within timeframe - On Hold		Dec-24	4	4				
HR Workforce	TRUST	Monthly	Normalised Workforce Turnover (Rolling previous 12 months)	<=10%	Dec-24	8.0%	8.1%				
	TRUST	Monthly	Vacancy Rate	<=10%	Dec-24	13.3%	13.4%				
	TRUST	Monthly (In Arrears)	Sickness Absence	<=4.5%	Nov-24	5.9%	5.7%				
	TRUST	Monthly (In Arrears)	Sickness Absence Costs		Nov-24	£1,155,762	£1,163,466				
	TRUST	Monthly (In Arrears)	Sickness Absence - YTD	<=4.5%	Nov-24	5.4%	5.2%				
	TRUST	Monthly	Agency Costs	<=£2,077,250	Dec-24	£1,430,863	£1,652,392				
	TRUST	Monthly	Core Mandatory Training Compliance for substantive staff	>=85%	Dec-24	97.6%	97.6%				
	TRUST	Monthly	Staff with a Completed Annual Appraisal	>=80%	Dec-24	94.5%	94.5%				
	TRUST	Monthly	% of staff from a BME background	>=22.5%	Dec-24	31.5%	31.2%				
	TRUST	Monthly	Staff flu vaccination rate (frontline healthcare workers)	>=80%	Dec-24	42.0%	39.2%				
	TRUST	Monthly	% of staff who have undertaken clinical supervision within the last 3 months	>=85%	Dec-24	92.5%	92.5%				

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
DMH	>=95%	45.4%	46.7%	56.1%	52.6%	53.8%	53.4%	52.0%	54.3%	52.6%	61.2%	64.4%	72.8%



Analytical Commentary

The metric is showing a 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
53.8%	43.0%	64.0%

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

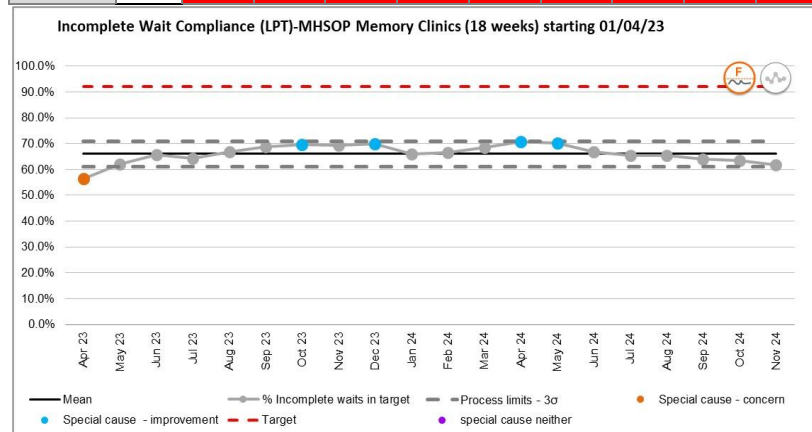
Hub and spoke consultant model supporting MDTs continues to be trialled across an increased number of teams. Initial testing outcomes will be reviewed and future plans agreed in light of findings. Expected outcome is that patients have access to the most appropriate service to meet their needs whilst 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.

Recruited to all Community Connector posts. Developing a plan to roll out new front door across all neighbourhoods. Expected outcome is improved access to service and increased capacity. This is a long term action with a completion date of March 2025.

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
DMH	>=92%	70.0%	66.0%	66.5%	68.5%	70.7%	70.3%	66.9%	65.4%	65.5%	63.9%	63.4%	61.9%



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
66.1%	61.0%	71.0%

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

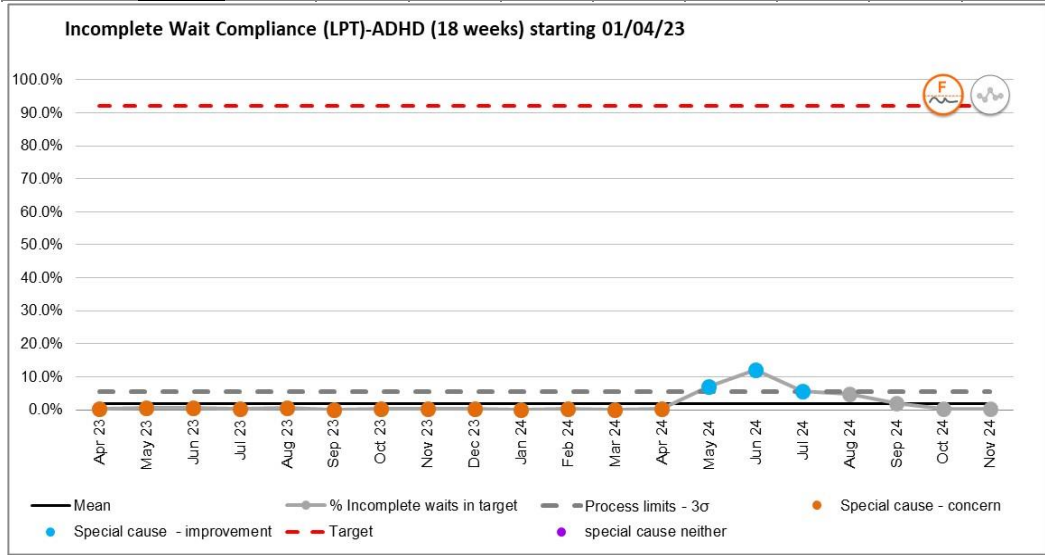
With non-recurrent monies for 2024/25, the clinical and operational team have initiated One Stop Shop pilot which took place on 30th November 2024. Positive verbal feedback received and roll out has commenced of weekly one-stop shop clinics. QI methodology used alongside an agreed set of metrics to track progress. Expected outcomes are increased efficiency, improved flow and better patient experience. Evaluation of the project will be completed to ascertain benefits realisation. Timescales are to trial for 6 months.

Health inequalities data review work commenced – deep dive required to plan actions. Working on analysis of DNA data to identify themes to allow for associated actions to be identified which will be shared with the Mental Health Collaborative. Anticipated outcomes are reduction in DNAs and short notice cancellations, and an improved patient experience. Action due end of March 2025.

Recruited to 2.0 w.t.e. nursing posts which will increase capacity.

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
DMH	>=92%	0.2%	0.1%	0.2%	0.1%	0.2%	6.9%	12.0%	5.6%	4.9%	2.0%	0.2%	0.4%



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)

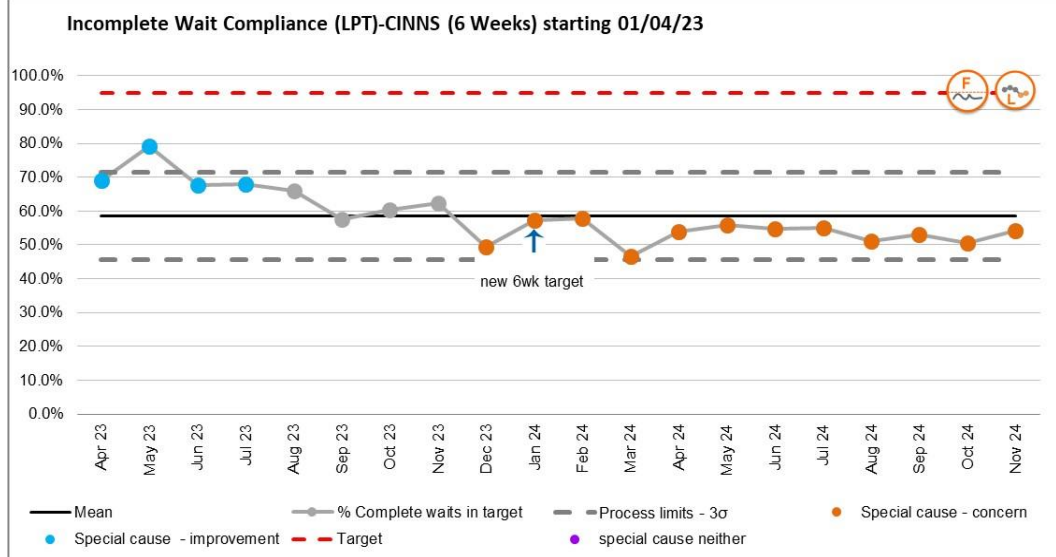
An investment business case has been developed and discussions with the ICB are ongoing in terms of direction of travel. Expected outcomes are to develop a more efficient pathway with shorter waits for assessment and treatment, ensuring patients are sign posted to the most appropriate service to meet their needs. Long term action, due by March 2025.

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

New staff recruited through non-recurrent funding allocation 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.

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
CHS	>=95%	49.3%	57.4%	57.8%	46.7%	54.0%	56.0%	54.8%	55.0%	51.1%	53.1%	50.5%	54.1%



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
58.5%	46.0%	71.0%

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

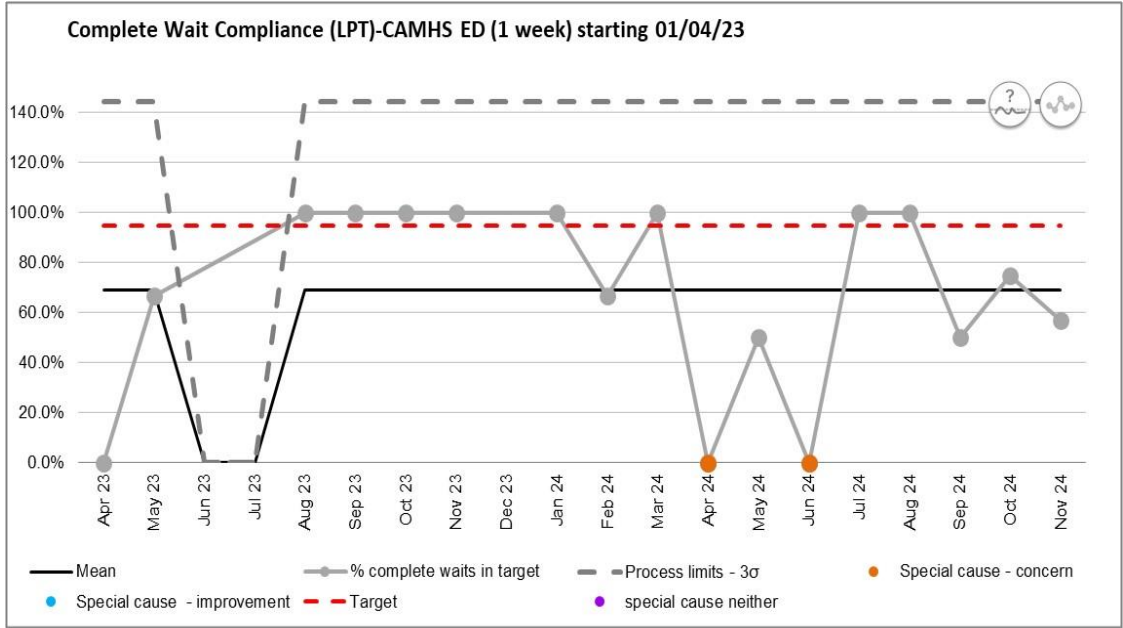
Key actions identified below with the aim of improving service compliance against wait times:
 Deep dive work with Business and Transformation Team (BATT) completed and presented at DMT on 17.10.2024, next steps and actions are:

1. Benchmarking (provision and times) - contact made with services in Cambridgeshire and Birmingham to share best practice. Meeting between CINSS and Cambridgeshire being arranged for early 2025, awaiting response from Birmingham.
2. Options for external review (will require funding) being explored.
3. Exploring further opportunities to maximise time allocation e.g. travel time, review of discharge letters. To be considered alongside any benchmarking opportunities identified.
4. Review of holistic assessment and number of assessments performed to establish any QI opportunity through a risk-based approach. Meeting November 2024 to review trust and legal mandatory assessments. Initial actions agreed.
5. Recruitment to existing vacancies / skill mix opportunities where difficult to recruit. Vacancies difficult to recruit to to be reviewed and alternative options explored.
6. Right staff right job – potential for staff to take on additional roles where no one else is available e.g. MH support. ‘Clinical co-ordination of care responsibilities’ rolled out December 2023 and provided clear guidance on CINSS responsibilities and advice on signposting to other services. Staff encouraged to attend CINSS MDT to discuss patients where there are identified risks/concerns. Gaps in service provision within LLR identified and continue to be escalated: Mental health input for patients with a brain injury diagnosis, spasticity pathway, Opcare, Medequip.
7. Mapping of additional staff required if there are no further capacity opportunities. Review of staffing to be included in benchmarking exercises. Mapping of optimal staffing to be considered following above actions.

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
FYPCLDA	>=95%		100.0%	66.7%	100.0%	0.0%	50.0%	0.0%	100.0%	100.0%	50.0%	75.0%	57.1%

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
68.9%	-0.07%	145.0%

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

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

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

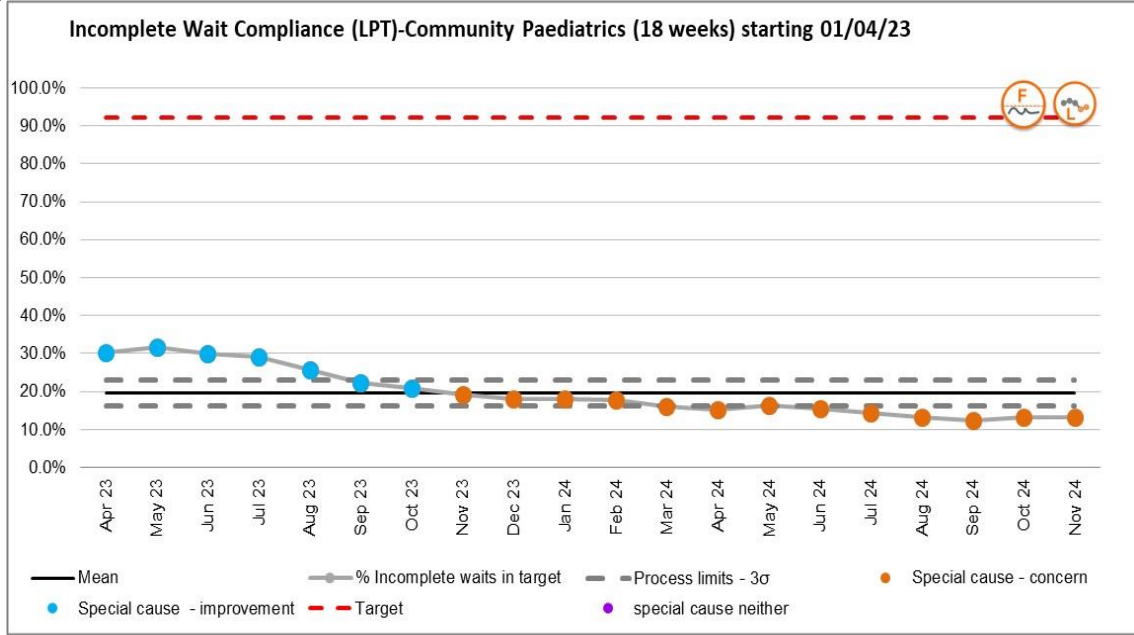
ARFID and service leads have met with First Steps (VCS) to work through service offer to identify and address any duplications and improve pathways between services. Next step is to develop a joint process.

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

For all urgent breaches in October and November 2024, attempts were made on the day of referral to complete the telephone assessment. For October, both urgent breaches were related to patient choice and would have otherwise passed. For November, all breaches related to delays in reaching families on the day of referral, inability to do this severely compromises the ability to meet the 1 week target. For two cases, it is unclear if the clinician made further attempts to contact the family that day or the day after (possible recording error) and telephone triage was conducted later that week. This will be reviewed and any actions required implemented to ensure data is correctly recorded and that there is visibility of actions.

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
FYPCLDA	>=92%	18.2%	18.0%	17.7%	16.1%	15.3%	16.5%	15.4%	14.5%	13.4%	12.5%	13.2%	13.4%



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
19.7%	16.0%	23.0%

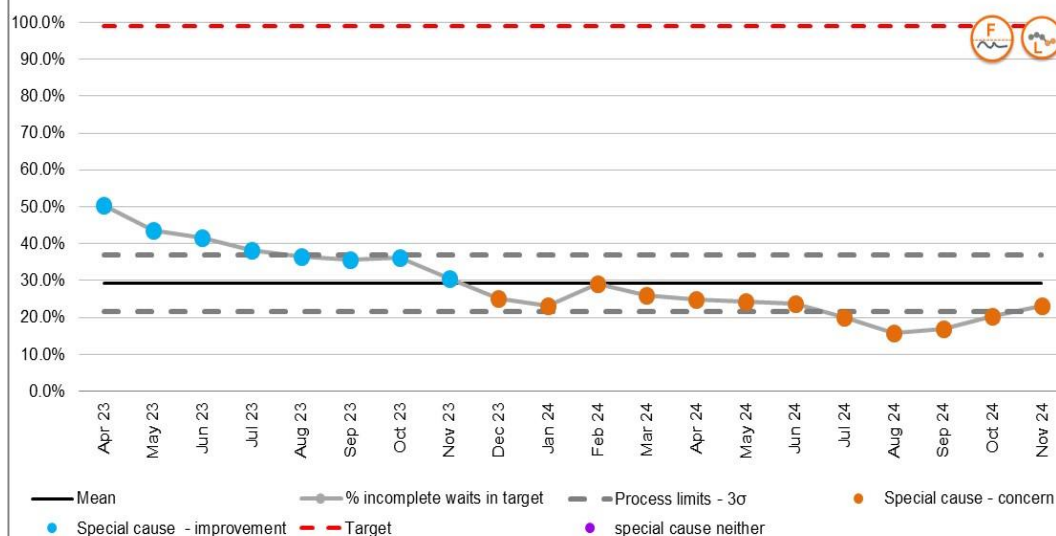
Operational Commentary (e.g. referring to risk, finance, workforce):

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

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
FYPCLDA	>=99%	25.2%	23.1%	29.2%	26.1%	24.9%	24.4%	23.7%	20.0%	15.7%	16.9%	20.4%	23.3%

Incomplete Wait Compliance (LPT)-Diagnostics (6 weeks) starting 01/04/23



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
29.3%	22.0%	37.0%

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 and NHSE showing as off-trajectory, variance has been escalated through DMT and relates to delays to in-sourcing, changes to referral in criteria for health visitors, and new estate mobilisation.

In-sourcing - supplier will commence delivery of clinics from 18/01/25. In-sourcing is expected to come in over budget owing to the costs of management for opening and closing the venue. Lone worker devices installed and small minor works completed.

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. Anticipated capacity reduced to three days a week due to a lack of demand for estate in that area.

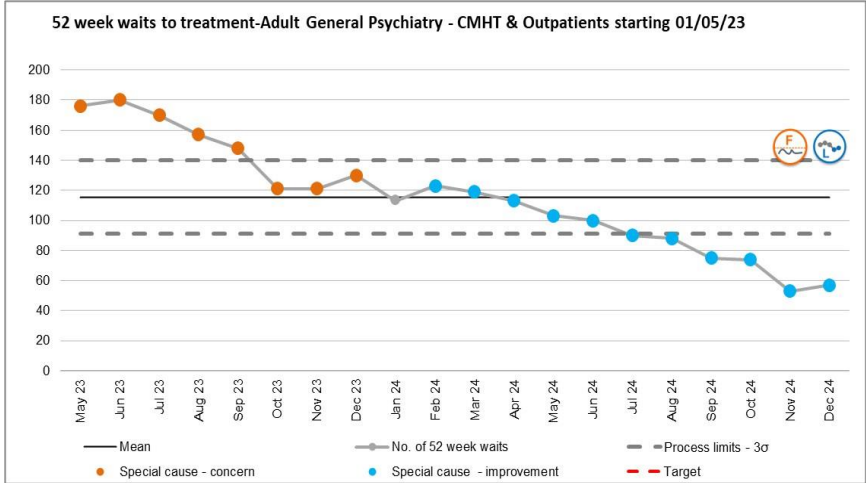
Beaumont Leys HC and Hynca Lodge will use awarded capital funding to accommodate updated and new clinic estate - due for completion in 2025 (awaiting confirmation on track and to confirm timeline).

System approach - working with UHL in response to CQC/NHSE/ICB requirement for IQIPs registration, delivered through monthly steering group. Visit to Birmingham completed enabling team to identify best practice from an accredited service.

Loss of Service Clinical Lead has impacted on clinical capacity (0.4 days/week) and oversight of IQIP readiness. UHL clinical lead working 0.4 working in the interim. Job match for Lead Audiologists did not meet Band 7 requirement and is being revised to address.

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

	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
DMH	0	113	123	119	113	103	100	90	88	75	74	53	57



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
115.6	91.3	139.8

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

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

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

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

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

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

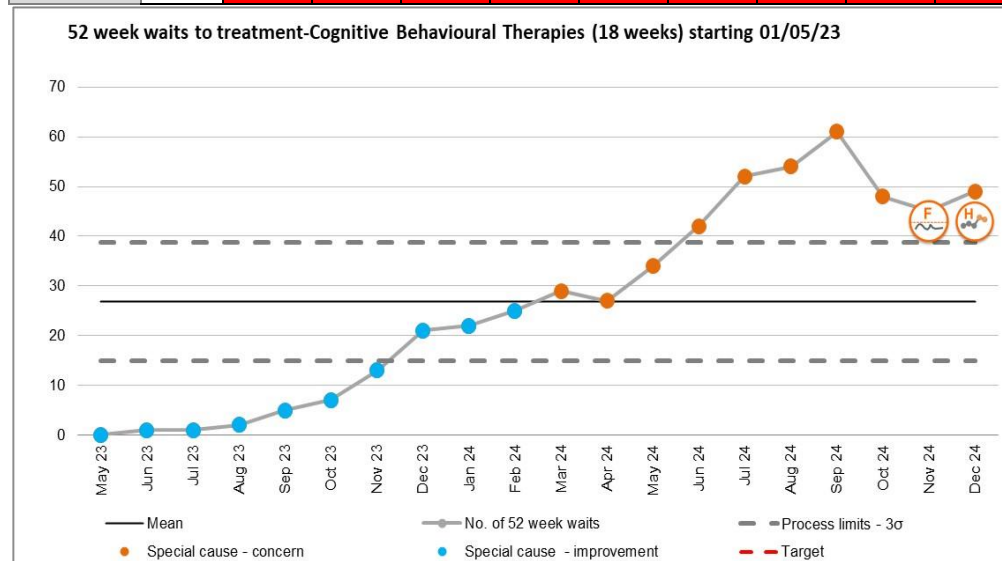
Outpatients
The longest waits for outpatient appointments are due to limitations in medical capacity.

Substantive recruit to consultant posts progressing. Expected outcome is an increased capacity and consistency of care for patients. Recruitment is ongoing.

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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
DMH	0	22	25	29	27	34	42	52	54	61	48	45	49



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
26.9	15.00	38.8

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

High numbers of referrals continue, the service continues to offer double the normal number of assessment slots, however, meeting demand remains a challenge.

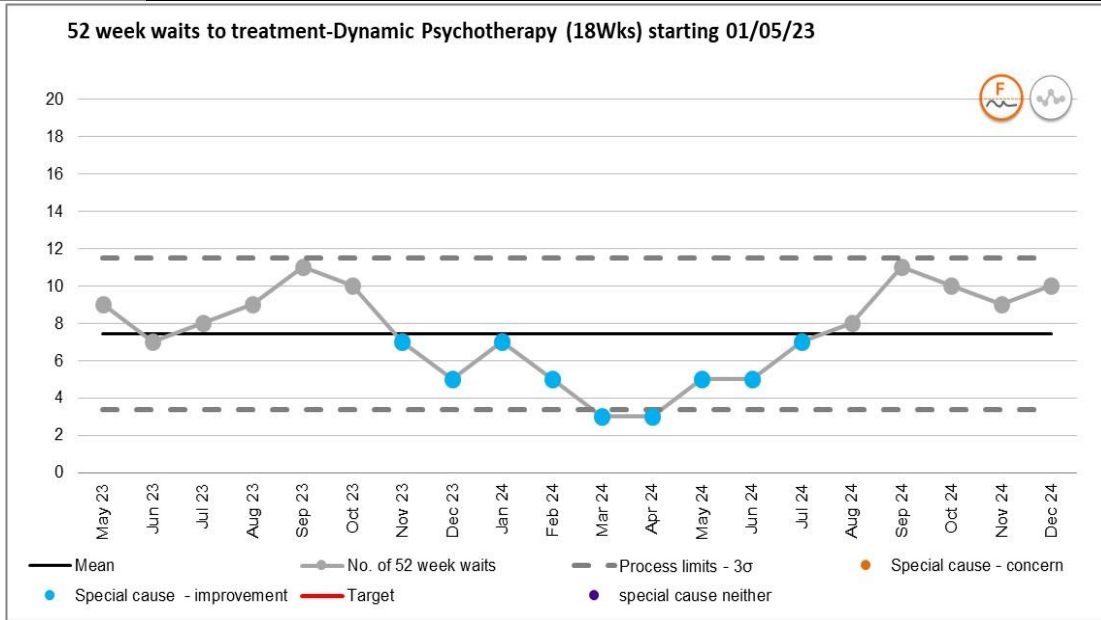
All referrals to CBT to go through Neighbourhood Mental Health Teams, the new front door for referrals and to be part of the consultant process. The implementation plan to be agreed at the Neighbourhood Steering Group Meeting. Expected outcome is to develop a joined up approach to access which will improve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

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

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

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

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



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
7.5	3.39	11.51

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

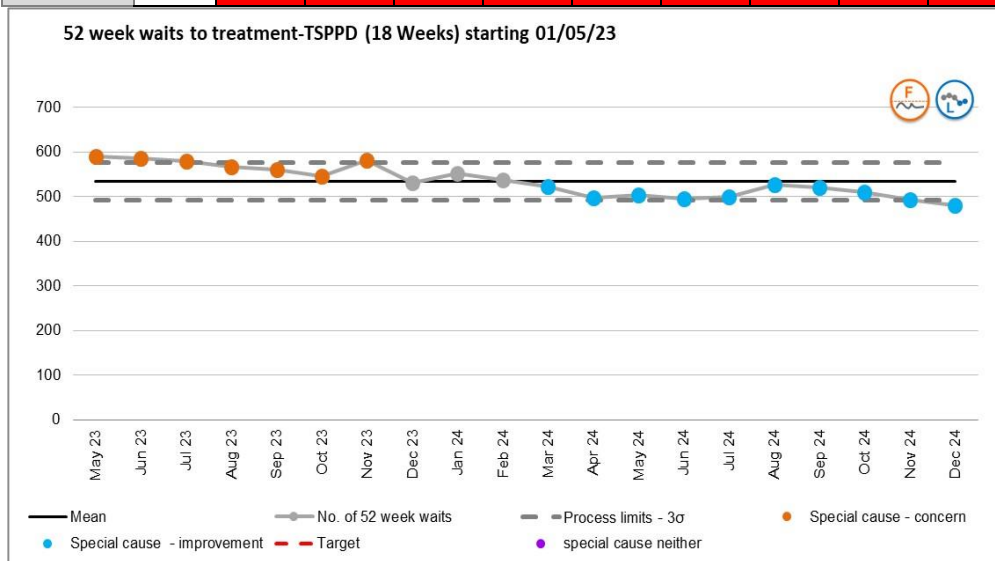
All referrals to DPS to go through Neighbourhood Mental Health Teams, the new front door for referrals and to be part of the consultor process. The implementation plan to be agreed at Neighbourhood Steering Group. Expected outcome of a joined up approach to access which will improve flow and ensure patients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

Some of patients waiting longest (for individual treatment) now offered appointments as new staff members have joined the team. Other are waiting to see a therapist with specific experience due to complex presentation and need for MBTi treatment. Group commenced in late summer addressed some of the longest waits for treatment and work underway to schedule further group to continue to reduce these waits for treatment by end of January 2025.

Recruitment to 2.0 w.t.e clinical vacancies is progressing with the expected outcome of increasing capacity to reduce the waiting list. Recruitment to be completed by end of January 2025

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

	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
DMH	0	552	536	523	498	503	494	499	526	520	509	492	481



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
533.7	492.21	575.09

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 continuing to progress. Expected outcome is input to primary care to prevent referrals for low level support coming into secondary care services. Long term action due May 2025.

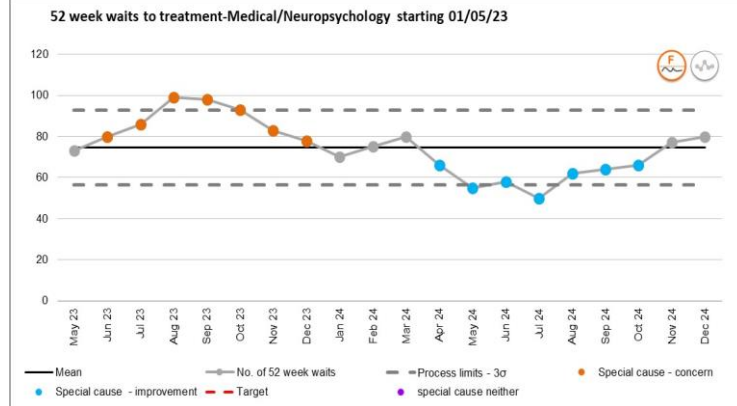
All TSPPD referrals to come through Neighbourhood Teams with agreed directorate wide secondary care referral criteria. Business as usual will be provided by the Mental Health Neighbourhood Teams during the transition period. Implementation plan to be agreed at IN7 Steering Group Meeting and established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

Agree a clinical model for current TSPPD waiting list and governance processes. Implementation plan to be agreed at IN7 Steering Group Meeting and establish Task & Finish Group. Expected outcome will be improved service offer, increased efficiency, and reduced waits. Expected completion date December 2025.

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

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

	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
DMH	0	70	75	80	66	55	58	50	62	64	66	77	80



Analytical Commentary

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

Mean	Lower Process Limit	Upper Process Limit
74.7	56.31	92.99

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

Medical Psychology
There has been a team effort to ensure assessments are completed within 18 weeks, which has been successful, but waits to treatment in General Medical and Pain remain over 52 weeks for many patients.

A member of the team covering General Medical and Pain now on maternity leave, which will impact on waits for assessments, particularly in pain services.

A demand and capacity exercise has highlighted a significant capacity gap within General Medical Service and Pain elements of the service, with an additional 4.0 w.t.e. required to meet the current demand and an additional 6.2 w.t.e. 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 supported, expected outcomes would be increased capacity resulting and reduced waiting times. Without this numbers waiting and waiting times are unlikely to significantly improve. Timescales and opportunity for investment will be determined by UHL.

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

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

Neuropsychology 52 weeks
Recruiting to 8B role as per the recruitment plan. This will create additional clinical capacity to address waiting times. The 8b recruitment was successful with the provisional start date of March 2025.

All referrals for those aged 16+ have transitioned 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.

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

Submitting business cases to UHL in particular areas of high referrals: awaiting outcome.

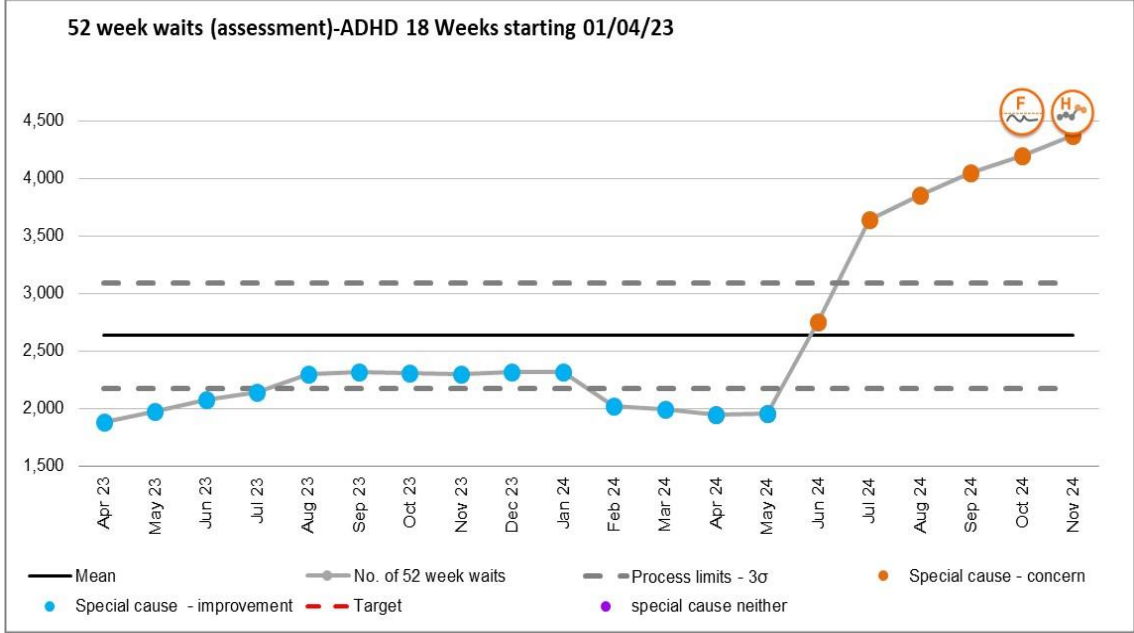
Repeat assessments to be offered by assistant psychologists (where clinically suitable) to reduce the need for qualified appointments from 2 appts to 1 appt. Action ongoing.

Reviewing application of DNA policy to ensure attendance at appointments is managed. DNA policy reviewed – all SOPs and local policies now going through the governance / sign off process.

Joint Medical Psychology and Neuropsychology Action - Monthly complex case discussions with staff in NHS Psychological Therapies to facilitate people to be seen in most appropriate services and reduce duplication. Ongoing QI project and will be evaluated at end of a 6 month pilot. This will enable a decision to be made on future options.

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
DMH	0	2318	2317	2018	1989	1945	1956	2749	3638	3851	4051	4193	4372



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
2637.8	2176.58	3093.02

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

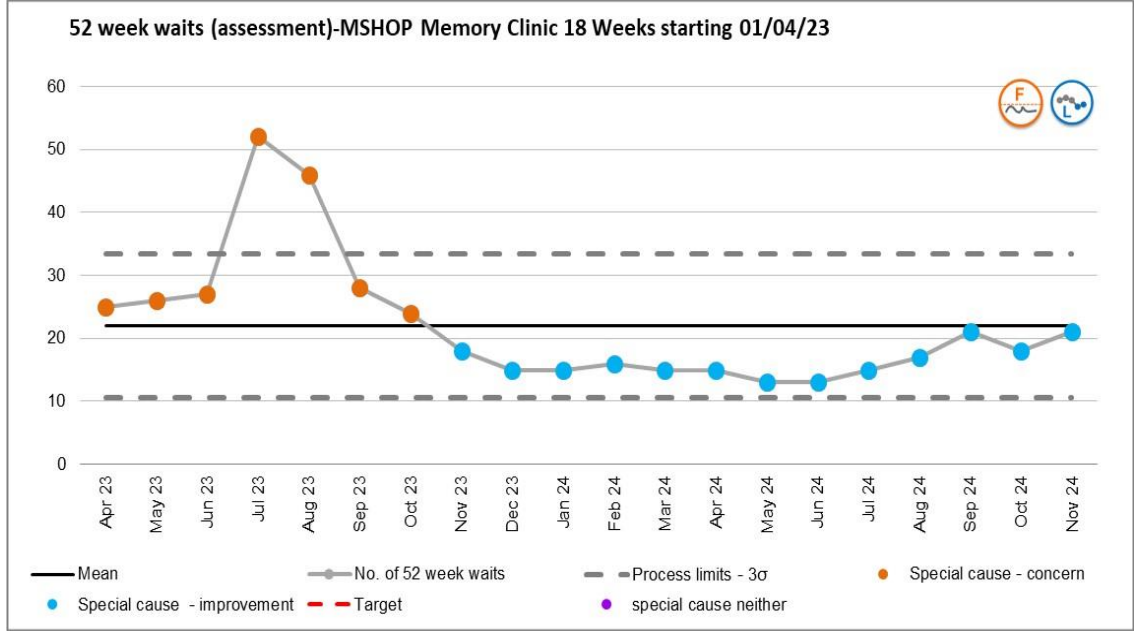
An investment business case has been developed and discussions with the ICB are ongoing in terms of direction of travel. Expected outcomes are to develop a more efficient pathway with shorter waits for assessment and treatment, ensuring patients are sign posted to the most appropriate service to meet their needs. Long term action, due by March 2025.

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

New staff recruited through non-recurrent funding allocation 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.

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
DMH	0	15	15	16	15	15	13	13	15	17	21	18	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
22.0	10.52	33.48

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

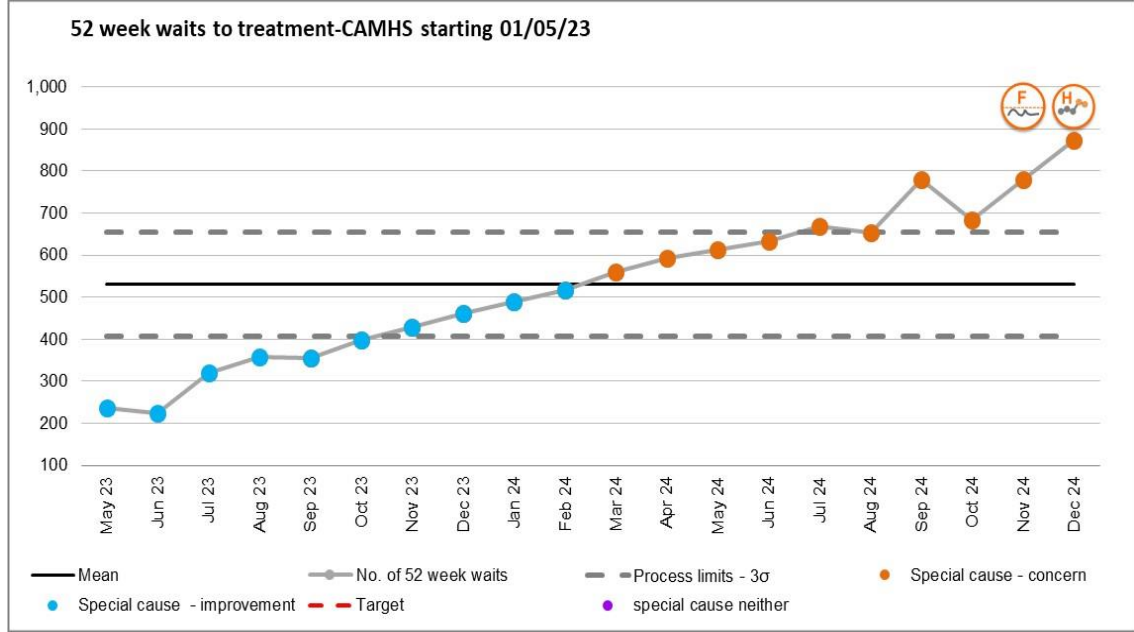
With non-recurrent monies for 2024/25, the clinical and operational team have initiated One Stop Shop pilot which took place on 30th November 2024. Positive verbal feedback received and roll out has commenced of weekly one-stop shop clinics. QI methodology used alongside an agreed set of metrics to track progress. Expected outcomes are increased efficiency, improved flow and better patient experience. Evaluation of the project will be completed to ascertain benefits realisation. Timescales are to trial for 6 months.

Health inequalities data review work commenced – deep dive required to plan actions. Working on analysis of DNA data to identify themes to allow for associated actions to be identified which will be shared with the Mental Health Collaborative. Anticipated outcomes are reduction in DNAs and short notice cancellations, and an improved patient experience. Action due end of March 2025.

Recruited to 2.0 w.t.e. nursing posts which will increase capacity.

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

	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
FYPCLDA	0	489	516	561	593	614	632	669	654	781	684	779	873



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
531.4	406.94	655.86

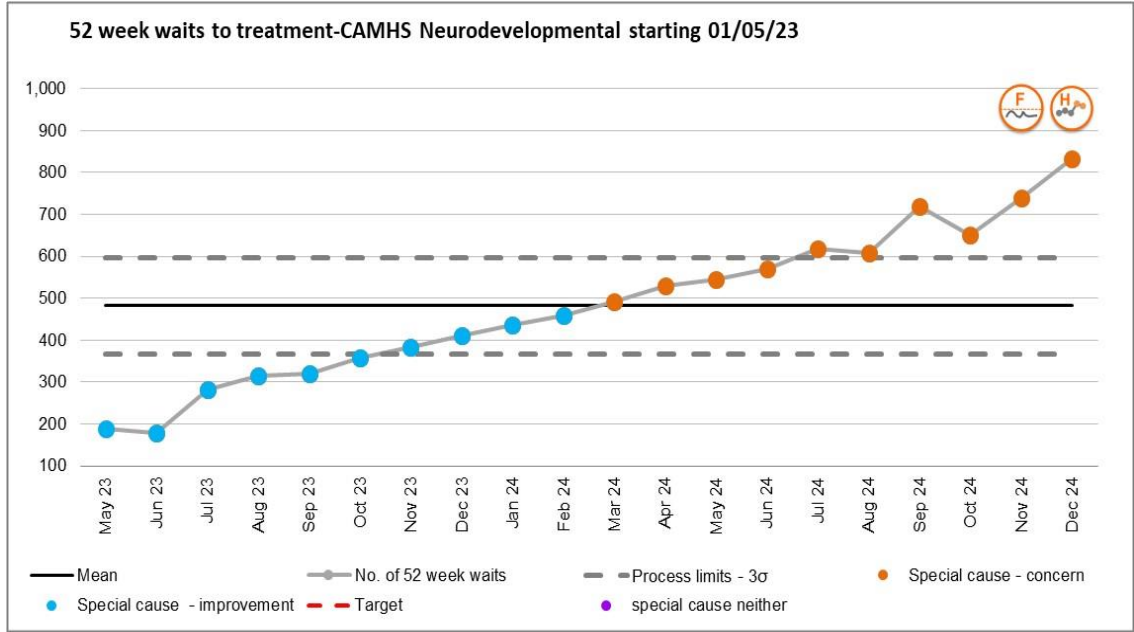
Operational Commentary (e.g. referring to risk, finance, workforce):

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

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

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

	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
FYPCLDA	0	435	458	492	530	546	570	618	608	720	651	739	832



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.

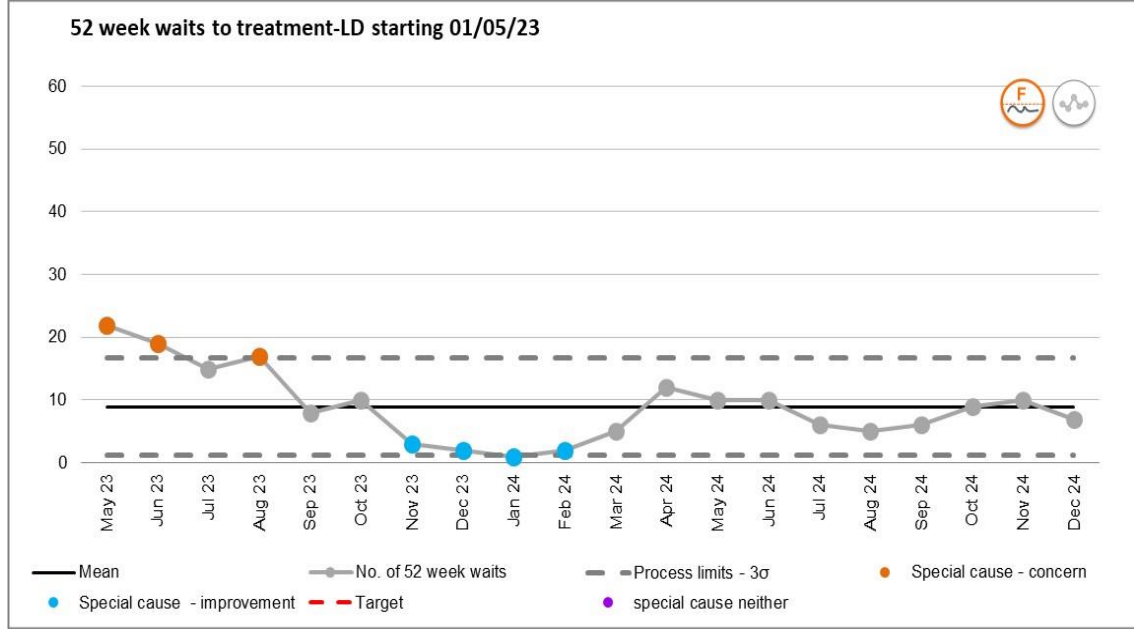
Mean	Lower Process Limit	Upper Process Limit
481.8	366.86	596.74

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

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

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

	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
FYPCLDA	0	1	2	5	12	10	10	6	5	6	9	10	7



Analytical Commentary

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

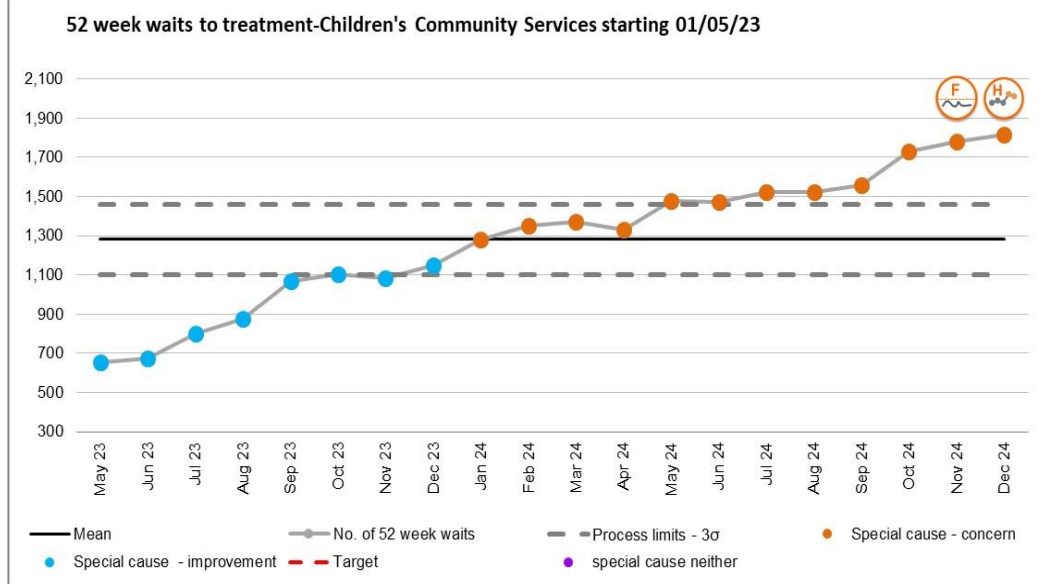
Mean	Lower Process Limit	Upper Process Limit
9	1.25	16.65

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

LD Community 7 patients have been waiting 52 weeks (reduction from 10) all awaiting psychology input. Difficulty in allocating due to psychology capacity and complexity of patients (1.2 w.t.e.8b in service). Delay in Consultant psychologist MPAC picking up some complex psychology cases due to sick leave; now on phased return. Implementing 18 week therapeutic break model to improve patient flow.

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

	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
FYPCLDA	0	1283	1351	1369	1330	1476	1474	1524	1524	1560	1731	1780	1818



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
1281.6	1101.23	1461.87

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.

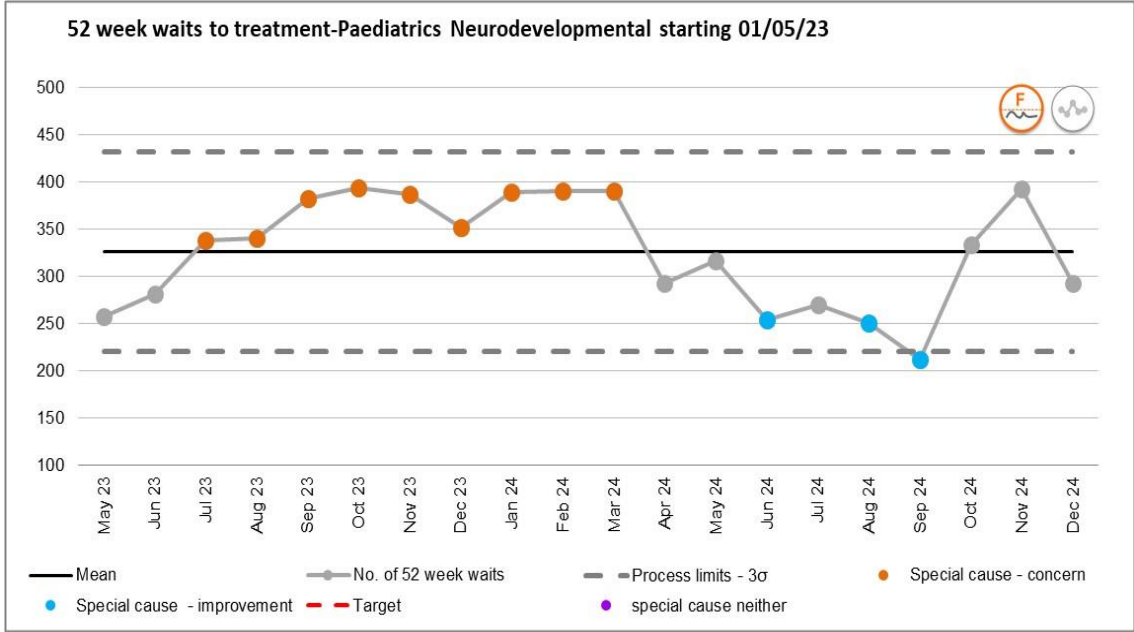
CYP SALT: Mobilisation of ELSEC pathway as part of national SEND-AP Change Programme (which is new pathway for low need). ELSEC will offer first appointments to reduce pressure on core service. Service spec updated to reflect nature of service. Impact of ELSEC pathfinder seen in 300 children now on ELSEC caseload instead of core SLT caseload.

CYP Audiology: This wait relates to the 'bank' (a historical term used to identify CYP that have conditions that require more frequent monitoring of hearing owing to potential fluctuating loss relating to their condition) 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. For explanation of 'bank' shared with Anne Senior.

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	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
FYPC LDA	0	389	390	390	293	316	254	270	251	212	334	393	293



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.

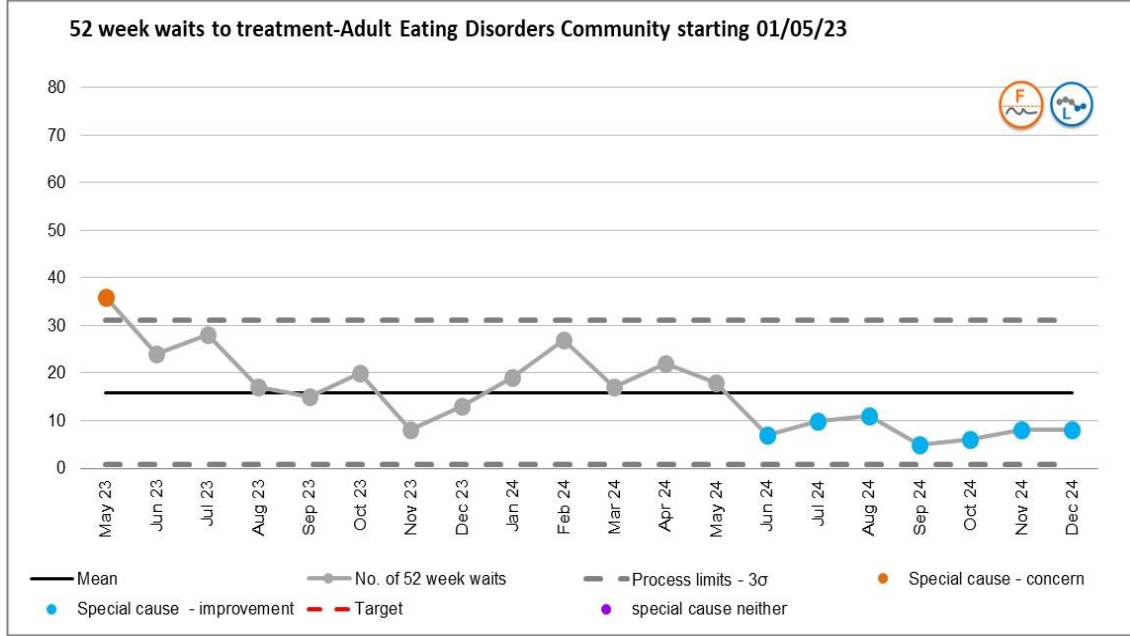
Mean	Lower Process Limit	Upper Process Limit
325.8	220.24	431.36

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

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

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

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



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.

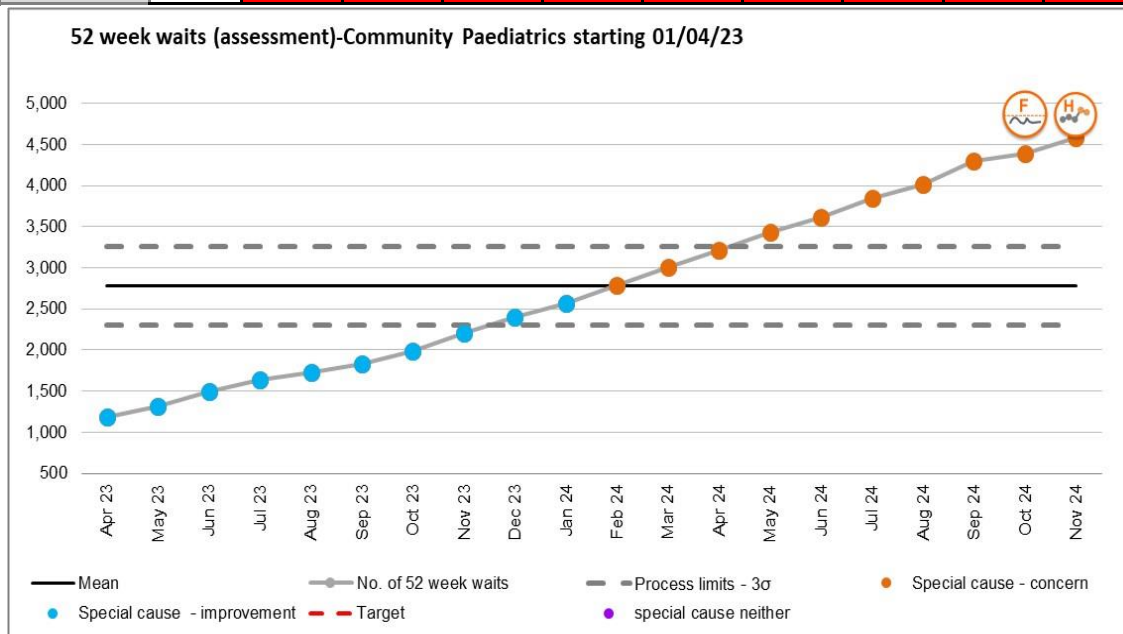
Mean	Lower Process Limit	Upper Process Limit
16.0	0.83	31.07

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

Individual trajectories have been developed and are reviewed regularly to closely grip the reasons for waits at patient level and to agree options to expedite. The service have had 2 new starters 1 now has a caseload and the other is about to pick up a caseload. 3rd therapist to start 20/01/2025 with a period of induction before caseload. This increase in capacity will help to manage overall wait times as well as over 52 week waiters.

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

	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
FYPCLDA	0	2396	2573	2784	3012	3214	3436	3618	3846	4017	4303	4392	4586



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.

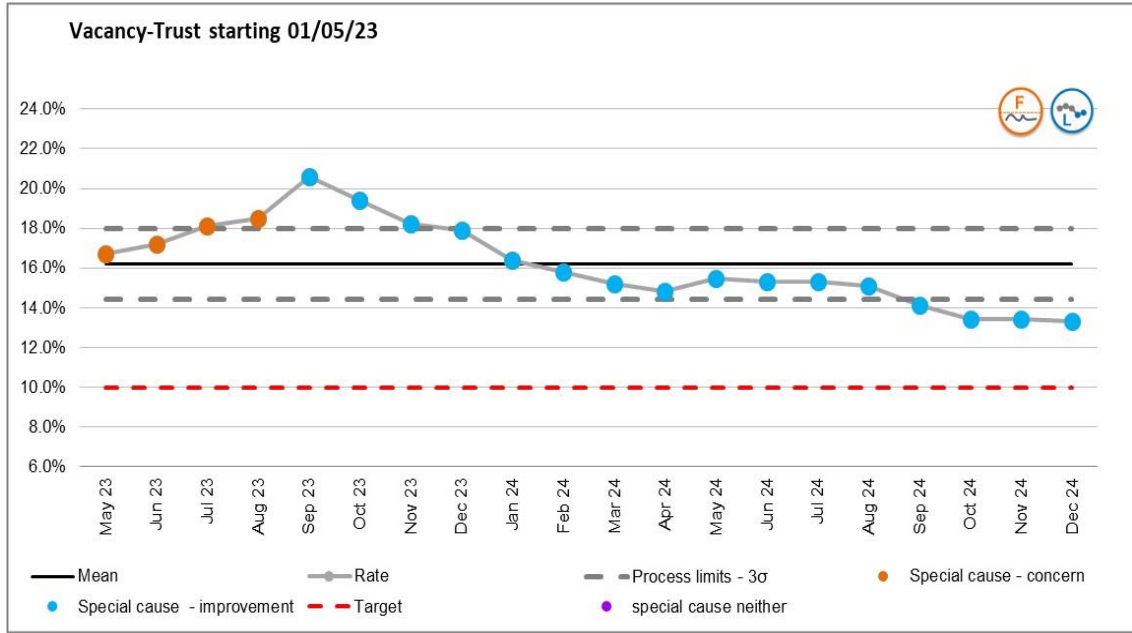
Mean	Lower Process Limit	Upper Process Limit
2778.9	2302.85	3254.85

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

The service have utilised additional investment to recruit ADHD nurses, SALTs and psychology support to release capacity from the paediatricians to enable them to see more new referrals. The investment will slow down the rate of increase but not sufficient to reverse the trend of increase in numbers waiting over 52 weeks. To note some CYP are now waiting over 3 years. With this skill mix, we will continue to revise the assessment pathways for ASD/ADHD. Referral demand continues to remain at a high level in line with the national picture above the capacity of the service. Majority of waits relate to requests for neurodevelopmental assessment, the service continues to prioritise referrals at triage as Urgent or Routine. Urgent patients are offered appointments within 18 weeks. Service part of urgent System work to understand and mitigate the impact of the close of ADHD Solutions.

EXCEPTION REPORT - Vacancy Rate

	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
TRUST	<=10%	16.4%	15.8%	15.2%	14.8%	15.5%	15.3%	15.3%	15.1%	14.1%	13.4%	13.4%	13.3%
DMH		18.1%	17.9%	17.1%	17.3%	17.3%	17.5%	17.4%	16.5%	17.2%	16.4%	15.9%	15.7%
CHS		18.2%	17.8%	16.8%	17.0%	18.2%	15.8%	15.9%	16.1%	15.4%	14.1%	13.4%	13.1%
FYPCLD		15.5%	14.7%	14.4%	13.8%	14.4%	15.0%	14.9%	14.7%	13.3%	13.0%	13.9%	14.2%



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)

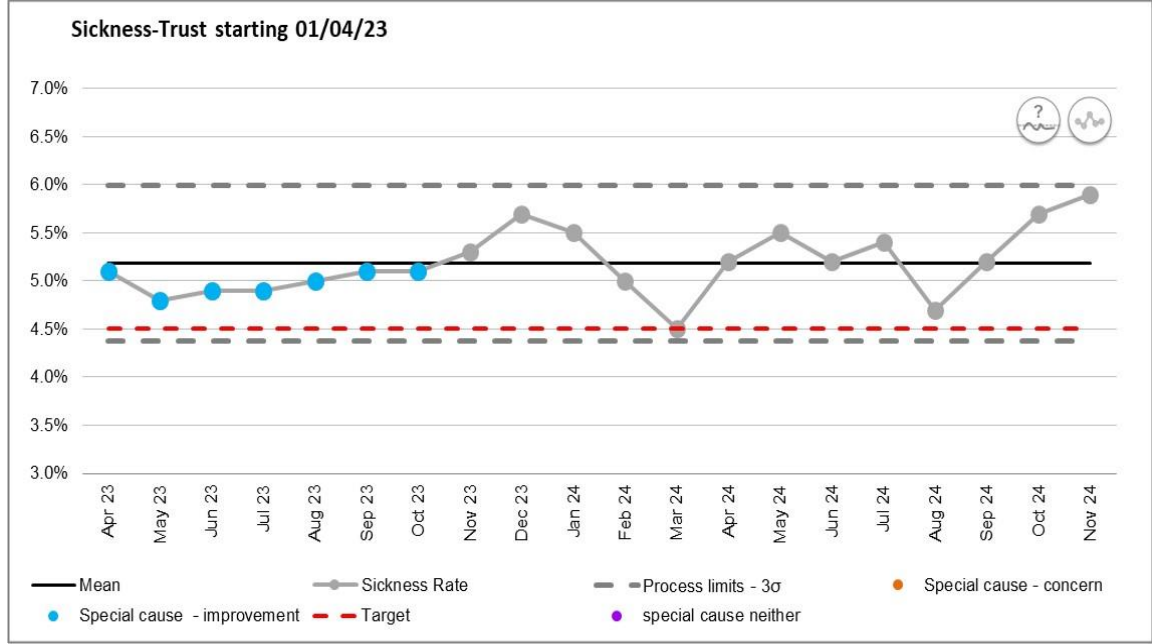
The reduction in the vacancy rate slowed during the summer which coincided with the implementation of the new recruitment system - JobTrain. We also saw a slow down during December, which is typical for that time of year, but despite this the vacancy rate did continue to decrease. We forecast more new starters joining the Trust in January 2025, compared to December 2024.

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	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
TRUST	<=4.5%	5.5%	5.3%	5.0%	4.5%	5.2%	5.5%	5.2%	5.4%	4.7%	5.2%	5.7%	5.9%
DMH		6.1%	5.9%	5.4%	4.9%	6.0%	5.7%	5.9%	6.6%	6.2%	6.4%	6.8%	6.3%
CHS		5.7%	5.9%	5.7%	5.6%	6.3%	6.6%	5.8%	5.9%	5.1%	5.7%	6.2%	6.6%
FYPCLD		5.9%	5.4%	5.2%	4.0%	4.6%	5.1%	4.5%	4.4%	3.8%	4.3%	5.0%	5.6%



Analytical Commentary

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

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

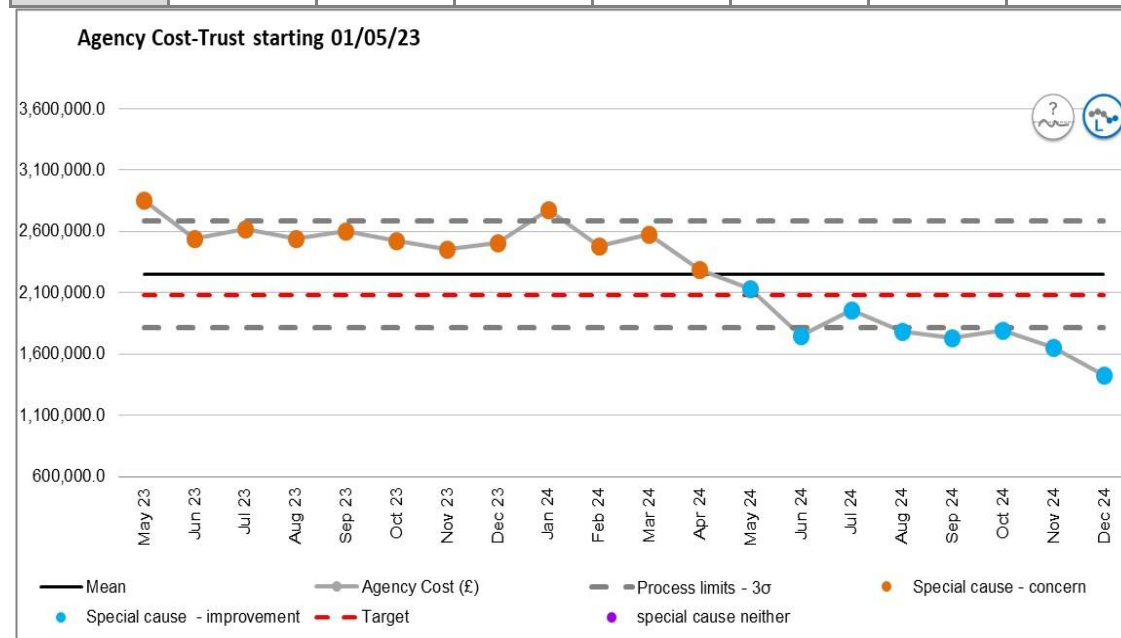
Operational Commentary (e.g. referring to risk, finance, workforce)

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

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

EXCEPTION REPORT - Agency Costs

	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
TRUST	<=£2,077,250	£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	£1,652,392	£1,430,863
DMH		£915,668	£844,175	£806,231	£840,096	£871,314	£752,736	£810,906	£744,967	£700,309	£699,373	£662,096	£613,750
CHS		£1,200,238	£1,238,337	£1,288,658	£1,021,658	£998,084	£912,570	£902,070	£844,311	£728,299	£796,173	£726,933	£645,533
FYPCLD		£505,784	£333,412	£495,653	£329,532	£229,894	£171,221	£193,354	£182,845	£280,540	£252,964	£273,926	£175,987



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
2249762.4	1818682.1	2680842.5

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
		Special Cause of a concerning nature due to (H)igher or (L)ower values. Assurance indicates the metric may achieve or fail the target due to random variation.	There is no assurance that the metric will consistently achieve the target and is showing a Special Cause for Concern. Metric to be monitored at Directorate Performance Reviews.
		Common Cause - no significant change. Assurance indicates the metric may achieve or fail the target due to random variation.	There is no assurance that the metric will consistently achieve the target and is in Common Cause Variation. Metric to be monitored at Directorate Performance Reviews.
		Special Cause of an improving nature due to (H)igher or (L)ower values. Assurance indicates the metric may achieve or fail the target due to random variation.	There is no assurance that the metric will consistently achieve the target and is showing a Special Cause for Improvement. Metric to be monitored at Directorate Performance Reviews.

Assurance: Achieving

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

Appendix - Mental Health Core Data Pack

Indicator	Monthly Target	Data As At	Current Reporting Period	Previous Reporting Period	Sparkline
(B1) Discharges followed up within 72hrs - LLR		Oct-24	73.0%	76.0%	
(B1) Discharges followed up within 72hrs - LPT	>=80%	Oct-24	74.0%	79.0%	
(D1) Community Mental Health Access (2+ contacts) - LLR	6714	Oct-24	14375	14315	
(D1) Community Mental Health Access (2+ contacts) - LPT		Oct-24	14315	14260	
(E1) CYP access (1+ contact) - LLR	14553	Oct-24	17910	17960	
(E1) CYP access (1+ contact) - LPT		Oct-24	8675	8545	
MHSDS CYP ED Routine (Interim) - LLR		Oct-24	55.0%	50.0%	
MHSDS CYP ED Routine (Interim) - LPT	>=95%	Oct-24	57.0%	50.0%	
MHSDS CYP ED Urgent (Interim) - LLR		Oct-24	67.0%	-	
MHSDS CYP ED Urgent (Interim) - LPT	>=95%	Oct-24	67.0%	-	
(G3) EIP waiting times - MHSDS - LLR		Oct-24	70.0%	77.0%	
(G3) EIP waiting times - MHSDS - LPT	>=60%	Oct-24	71.0%	76.0%	
(I1) Individual Placement Support - LLR	412	Oct-24	555	515	
(I1) Individual Placement Support - LPT		Oct-24	560	515	
(K2) OOA bed days - inappropriate only - rolling quarter - LLR		Oct-24	0	0	
(K2) OOA bed days - inappropriate only - rolling quarter - LPT		Oct-24	0	0	
(L1) Perinatal access - rolling 12 months - LLR	1259	Oct-24	1220	1190	
(L1) Perinatal access - rolling 12 months - LPT		Oct-24	1225	1195	
(N1) Data Quality - Consistency - LLR		Oct-24	87.0%	83.0%	
(N1) Data Quality - Consistency - LPT		Oct-24	100.0%	80.0%	
(N2) Data Quality - Coverage - LLR		Oct-24	100.0%	100.0%	
(N2) Data Quality - Coverage - LPT	>=98%	Oct-24	100.0%	100.0%	
(N3) Data Quality - Outcomes - LLR		Oct-24	22.0%	22.0%	
(N3) Data Quality - Outcomes - LPT	>=50%	Oct-24	22.0%	22.0%	
(N4) Data Quality - DQMI score - LLR		Aug-24	61.8%	61.2%	
(N4) Data Quality - DQMI score - LPT	>=95%	Aug-24	93.0%	93.0%	
(N5) Data Quality - SNOMED CT - LLR		Oct-24	93.0%	94.0%	
(N5) Data Quality - SNOMED CT - LPT	>=100%	Oct-24	100.0%	100.0%	