

Introduction

Key themes to consider this month:

Unless otherwise specified, all data is for August 2022

Consistency and improvement:

We continue to have sustained challenges across our much of Care Services because of workforce availability (absence and increasing levels of vacancies), high levels of demand for access into services and ongoing recovery of Covid related backlogs.

We have mitigating and monitoring actions in place to minimise the impact on the safety and quality of care we deliver to the people who use our services. (An improved process evaluating the quality impact of ongoing workforce challenges is being developed as part of the Safer Staffing arrangements we have in place and will be reported thematically through the autumn and winter period).

One area of most concern currently, and has been for some time, is the Community and Wellbeing Service. Across the Health and Social Care system in Leeds we continue to operate in 'Silver' command. We continue to experience system pressures at various times, often linked with ongoing Covid infection rates. This approach enables us to respond immediately to these system pressures and take necessary action to support the wider system. More latterly the focus has been on the forthcoming Winter Planning, to identify where we expect the pressures to be and how we might respond as an Organisation, Leeds System and wider into the ICB system.

As a result of the continued challenges and pressure on services, performance is affected in some areas. Whilst some improvements against key performance indicators have been seen in some services, consistency, and improvement in other areas of the Trust is a fluctuating picture.

Areas where performance has been impacted/are below target are the percentage of appropriate crisis referrals seen face-to-face for assessment within 4 hours of referral, the percentage of service users seen at least 5 times in the first week of receiving Crisis Resolution and Intensive Support Service (CRISS) support, the percentage of assessments attempted by Liaison In-Reach within 24 hours, the percentage of referrals to Community Learning Disability Teams seen within 4 weeks and the percentage of referrals to the Memory Assessment Service (MAS) seen within 8 weeks.

However, there are some services where, despite significant challenges, access and response standards have been maintained. They include the percentage of referrals to the Early Intervention in Psychosis service seen within 2 weeks, the percentage of referrals to Community Mental Health Teams seen within 15 days, the percentage of referrals to MAS with a diagnosis recorded within 12 weeks and the percentage of inpatient discharges followed up within 3 days.

Work in Progress:

As part of the reset and recovery of Care Services work, services have been using some of the available national demand and capacity modelling tools. Services have started this work and it is providing good insight into the management of waiting lists, the resources required to bring them back to sustainable levels, the length of time it will take to reach a position of recovery to business as usual and has highlighted where more focus is needed on recording of information. A presentation with updates on this work was given to Heads of Operations, with an invitation to take up the offer of support in this area reiterated to services that have yet to participate.

Updates on action plans and progress against these, will be presented as part of the CQPR Appendix accompanying the Chief Operating Officer Report tabled at public board meetings. The August report is the second report to include this section, for which services have provided an update on their plans to address backlogs and address waiting times.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Jun 2022	Jul 2022	Aug 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	58.0%	54.6%	56.4%
Percentage of ALPS referrals responded to within 1 hour	-	65.7%	65.2%	66.1%
Percentage of S136 referrals assessed within 3 hours of arrival	-	26.7%	15.2%	10.7%
Number of S136 referrals assessed	-	45	46	56
Number of S136 detentions over 24 hours	0	1	4	3
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	75.0%	36.1%	24.7%	30.6%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	87.1%	80.4%	88.0%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	41.2%	42.7%	44.3%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Jun 2022	Jul 2022	Aug 2022
Gender Identity Service: Number on waiting list	-	3,626	3,666	3,718
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	34.34	20.85	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	78.9%	55.3%	75.6%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	16.9%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	38.9%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	50.0%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)	85.0%	54.1%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	766	727	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	17.6%	-	-
Services: Our acute patient journey	Target	Jun 2022	Jul 2022	Aug 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	88.9%	81.7%	88.7%
Crisis Assessment Unit (CAU) length of stay at discharge	-	10.38	10.33	7.18
Liaison In-Reach: attempted assessment within 24 hours	90.0%	86.5%	85.8%	74.3%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	98.2%	97.6%	97.5%
Becklin Ward 1 (Female)	-	97.0%	96.8%	98.2%
Becklin Ward 3 (Male)	-	98.6%	99.1%	99.3%
Becklin Ward 4 (Male)	-	96.5%	96.9%	96.9%
Becklin Ward 5 (Female)	-	101.8%	98.1%	94.4%
Newsam Ward 4 (Male)	-	96.8%	97.2%	98.8%
Older adult (total)	-	85.1%	87.8%	94.2%
The Mount Ward 1 (Male Dementia)	-	90.6%	96.0%	95.8%
The Mount Ward 2 (Female Dementia)	-	79.6%	80.4%	94.4%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Jun 2022	Jul 2022	Aug 2022
The Mount Ward 3 (Male)	-	86.9%	89.2%	92.2%
The Mount Ward 4 (Female)	-	83.1%	85.2%	95.0%
Percentage of delayed transfers of care	-	12.3%	10.7%	9.6%
Total: Number of out of area placements beginning in month	-	2	3	1
Total: Total number of bed days out of area (new and existing placements from previous months)	140	158	166	122
Acute: Number of out of area placements beginning in month	-	0	0	0
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	11	42	15
PICU: Number of out of area placements beginning in month	-	2	2	1
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	87	34	14
Older people: Number of out of area placements beginning in month	-	0	1	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	60	90	93
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	67.9%	-	-
Services: Our Community Care	Target	Jun 2022	Jul 2022	Aug 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	83.3%	81.5%	83.9%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80.0%	84.3%	80.7%	86.1%
Number of service users in community mental health team care (caseload)	-	3,992	3,927	3,886
Percentage of referrals seen within 15 days by a community mental health team	80.0%	83.4%	81.7%	82.5%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	74.9%	70.3%	67.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	63.9%	55.9%	58.9%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	69.2%	93.3%	78.9%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	58.3%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	39.5%	-	-
Services: Clinical Record Keeping	Target	Jun 2022	Jul 2022	Aug 2022
Percentage of service users with NHS Number recorded	-	99.1%	98.9%	98.9%
Percentage of service users with ethnicity recorded	-	75.3%	75.3%	74.9%
Percentage of service users with sexual orientation recorded	-	30.9%	31.1%	31.0%
DQMI (MHSDS) % Quality %	95.0%	88.1%	92.2%	91.4%

* SPA calls answered within 1 minute includes calls to the 0800 number only from April 2022.

** Reporting of the Deaf CAMHS time to first contact measure has recommenced as of April 2022 following work by the service to resolve some recording issues affecting this indicator.

Services: Reset and Recovery

	Baseline Time to First Contact (Q3 19/20)	Avg. Time to First Contact (Days)			Waiting List Month End		
		Jun 2022	Jul 2022	Aug 2022	Jun 2022	Jul 2022	Aug 2022
ADHD	271.8	395.4	455.2	319.1	2,136	2,246	2,371
Chronic Fatigue Service	116.7	138.0	140.0	139.8	171	175	181
CMHT OPS	37.1	36.0	42.6	26.9	132	114	140
CMHTs Adult	48.6	48.0	41.3	44.5	481	502	494
DEAF CAMHS	42.4	34.3	20.9		14	5	7
Gambling Services		63.2	45.1	57.3	123	119	123
Gender Services	182.4	936.8	678.4	600.1	2,904	2,981	2,969
LADS	83	139.5	164.6	151.5	338	352	380
Leeds LD Community	47.5	48.6	83.9	36.6	187	163	107
Liaison Out Patients	70.1	65.1	55.5	36.4	105	111	121
Memory Assessment Service	52.5	47.3	50.1	52.4	441	468	508
Perinatal Community	16	21.0	16.5	17.9	64	65	89
Veterans	36.9	101.6	87.6	94.6	38	41	36

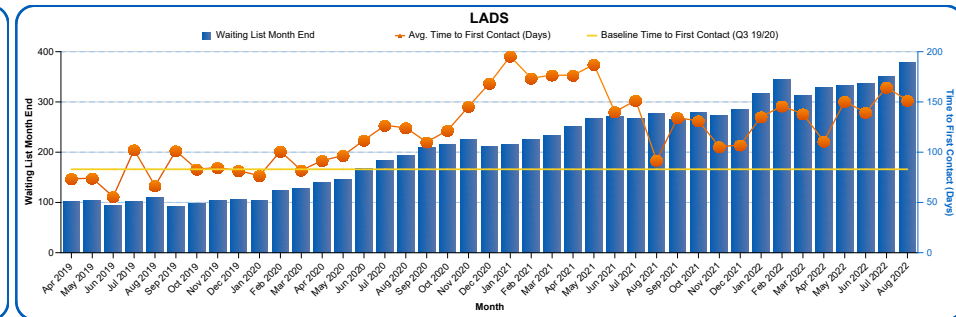
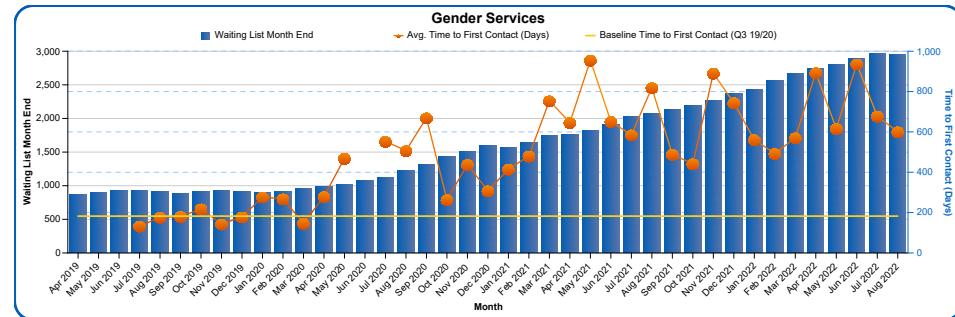
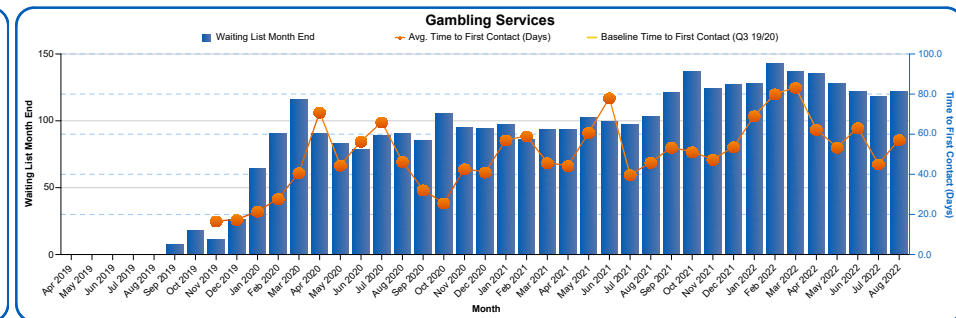
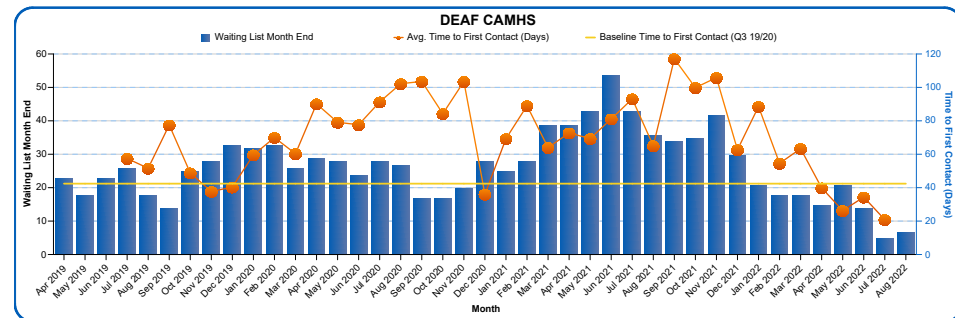
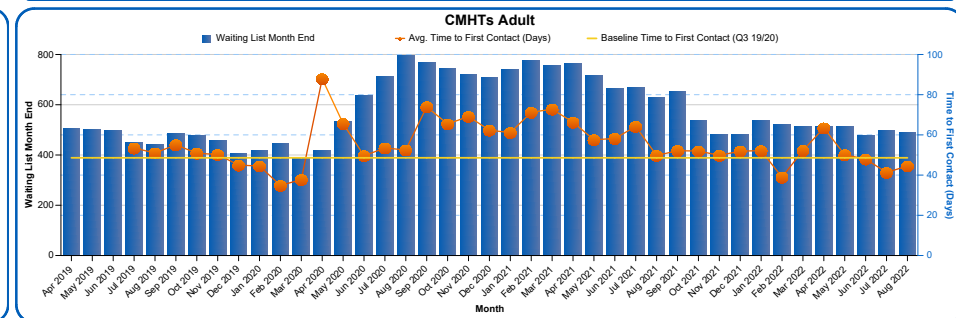
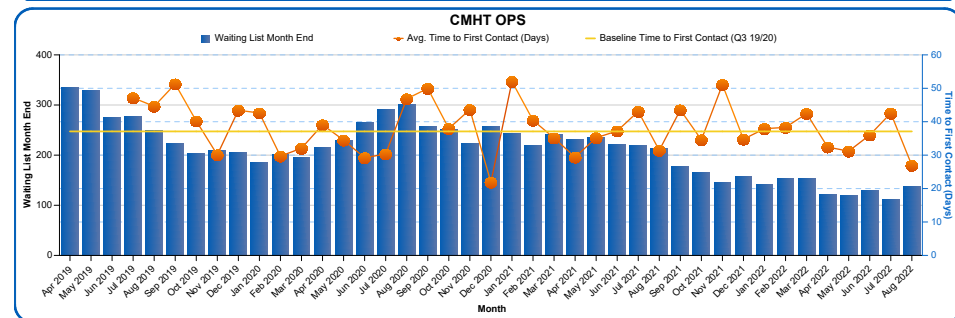
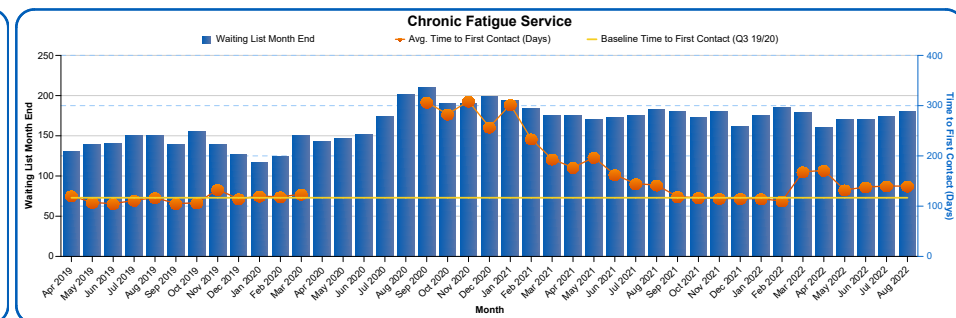
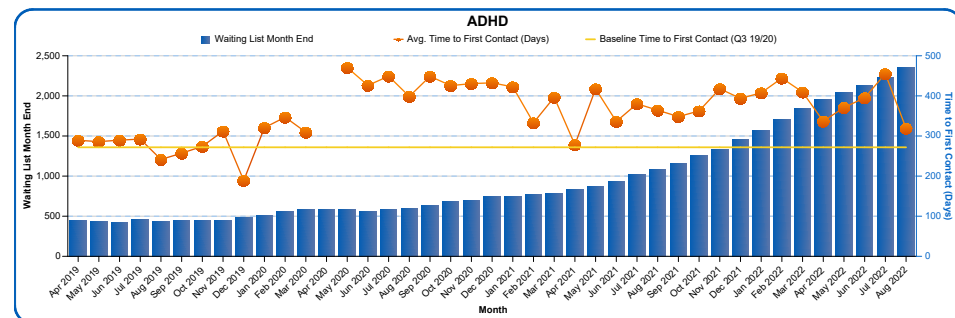
* The measure 'Baseline Time to First Contact (Q3 19/20)' relates to the average time (in days) from referral to first face to face contact only for referrals with a first contact between October and December 2020.

** The measure 'Avg. Time to First Contact (Days)' relates to the average time from referral to first face to face or telemedicine contact.

*** Where there is no data point for the measure 'Avg. Time to First Contact (Days)' this is because the service did not see any service users for a first contact in that month.

**** The baseline measure for the Gambling Service has been removed as this service was new in Q3 19/20 and therefore, the waiting time to be seen is not reflective of this service's time to first contact.

Services: Reset and Recovery (continued)

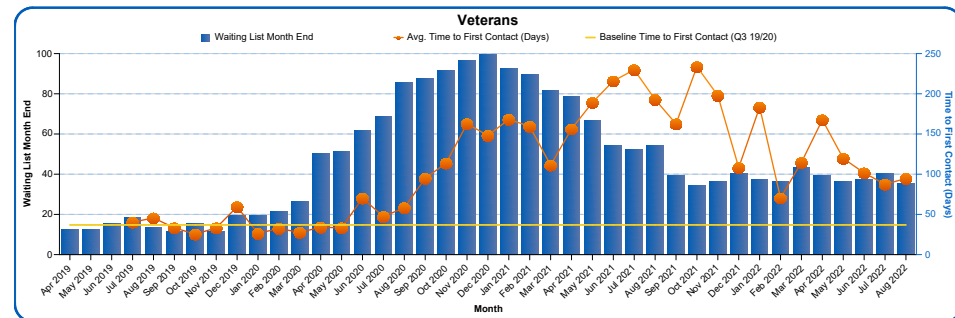
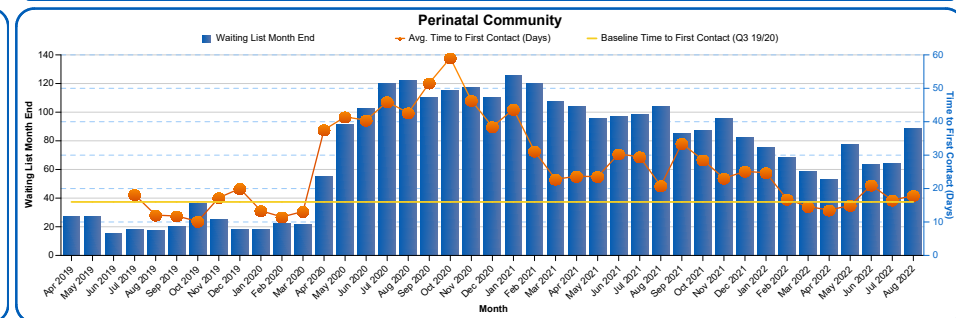
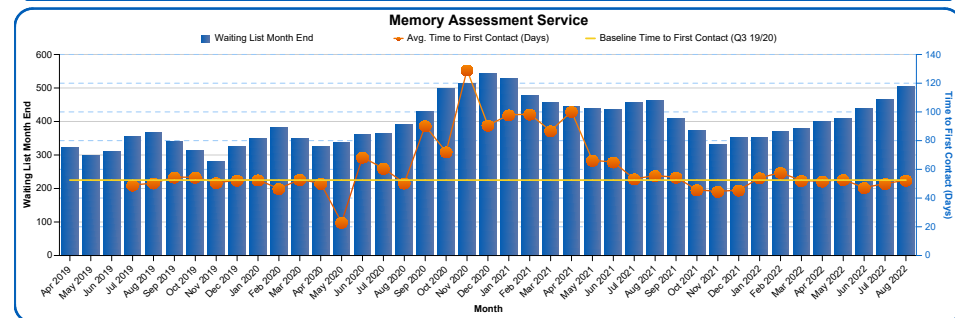
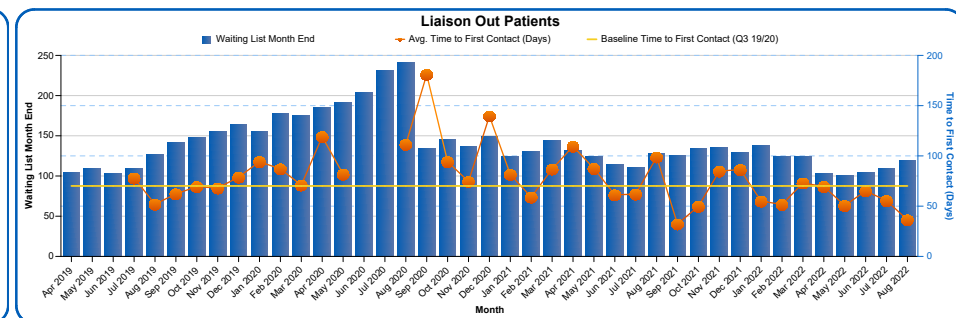
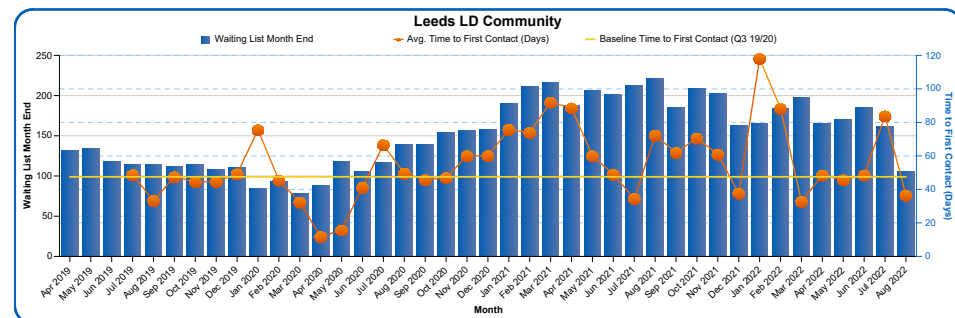


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Services: Reset and Recovery (continued)



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Services: Reset and Recovery

ADHD: The average time to 1st contact reduced in August but was still 50 days above the 19/20 baseline. This reduction in average time has been due to service users moving out of area as up to 20% of those waiting were students. There have also been some significant staff vacancies including 50% of the nursing establishment and the substantive Consultant Psychiatrist. The Consultant gap has been covered by a locum which is working well at present, with the permanent post recruited to, with them due to start in November 2022.

The service is completing some work on Capacity and Flow and has engaged with Primary Care and system wide colleagues to start discussions on system redesign. As part of this work the ICS has commenced a 'deep dive' which is expected to take 18 months.

CFS: The average time to first contact (assessment) has remained the same this month despite an increase in referrals to the service. The service is fully recruited but sickness has impacted on capacity and availability of our therapists. We have reduced our group capacity to focus on 1-1 interventions and short-term posts have been advertised but we have been unsuccessful in attempts to cover long term sickness. We do not anticipate any significant change in the waiting times or list until such time staff return into post.

CMHT OPS/MAS: We have seen a slight increase in the average time to first contact within these services. This has been as a result of staffing vacancies and sickness, in addition to different practices across the localities. This variation in practice is being explored by the Senior Management Team to ensure a consistent approach to referrals. It is anticipated that this work, in addition to addressing the vacancies and sickness, will enable the service to be more responsive to referrals.

We have seen a steady increase in the waiting list over the past year and a slight reduction in our response rates. This is predominantly due to staffing vacancies and sickness within the service. As previously mentioned there has also been some issues regarding the quality of the data in some of the localities which is being addressed by the service. The response rates have also been adversely affected by the wait for CT/MRI scanning, which has now all but been resolved with the provision of these tests resuming back to pre-pandemic response times.

CMHTs Adult: There has been a slight improvement on the average time to first contact within CMHTs over recent months, however the waiting list remains at a similar level. This is despite remaining in business continuity with high rates of vacancies. Significant work has been undertaken to re-model the service in light of vacancies etc. The service has been supported by other service lines to bolster their staffing compliment. This, together with ongoing recruitment and the support of the VCSE organisations is expected to see the service gradually recover from its current position later this calendar year.

Deaf CAMHS: The service has seen a significant improvement on the waiting time, half that of the baseline year. The waiting list is at its lowest for over three years. Significant work has been undertaken to get to this position.

Gambling Services: Extra resource has been committed to the service in order to complete front end assessments which have successfully and consistently reduced the waiting time since the start of Quarter 1. There had been an increase in referrals during August which contributed to a slightly longer time to first contact during this period. The service has had 4 vacancies due to staff leaving and commencing maternity leave which has slightly impacted wait times during this period. We anticipate that we will continue to improve the wait times as the staffing position improves.

Gender Services: The level of referrals for the Gender service remains high at over 100 per month, with a significant increase in August. There has been a delay in registering all referrals onto Care Director as a result of the increased volume. The service is taking steps to recover this position over the next few months. The service has seen some slight delays over the summer months due to sickness and vacancies, however they continue to implement the strategy developed as a result of the new investment from NHSE last year.

LADS: The service continues to experience high rates of referrals which impact significantly on the waiting list. The monthly referrals have seen an increase of approximately 33% this year compared to a similar period in 21/22. The service intends to review the referral and assessment processes to improve flow and reduce the time it takes from referral to diagnosis.

LD Community: The CLDT waiting time has continued to reduce over the past 12-18 months to a more stable position. We have recently seen a spike in the waiting times as a result of staff vacancies and sickness. There has also been an increased backlog for service users requiring further assessment of their complex needs i.e. IQ assessments to establish eligibility. We have also seen the level of complexity and acuity of referrals increase, which has dramatically increased alongside some system and process concerns which have led to a lack of flow and discharge and has collectively meant that the waiting list has not reduced to fully manageable levels.

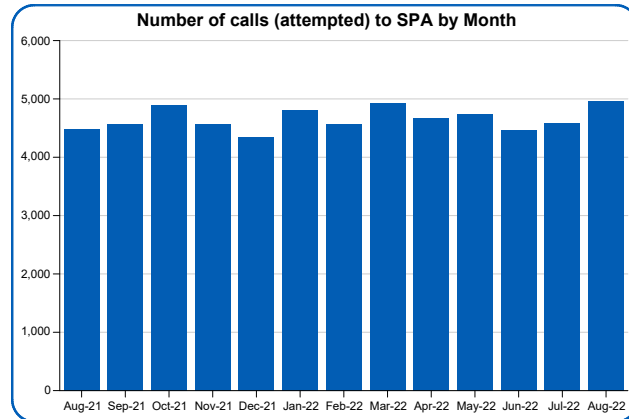
We are confident that, with some recent recruitment alongside a psychiatry review and some other planned interventions that we will start to see a gradual reduction in

the waiting list over the next quarter in LD services. The CLDT plan for Management of the waiting list includes:

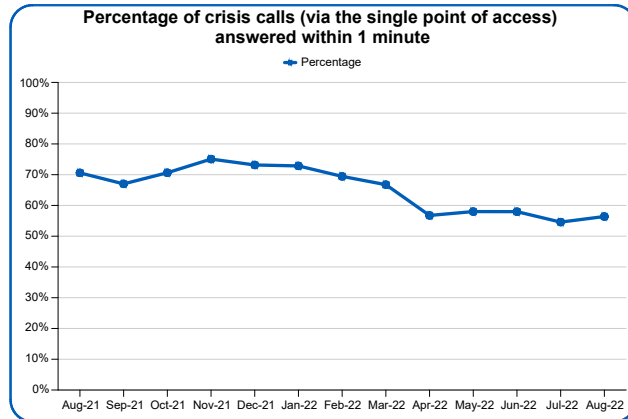
Liaison Outpatients: There has been a further reduction in the average time to first contact over the reporting period. We have however, seen an increase in waiting lists which correlates with an increase in referrals to the service. The team are maximising all available capacity by mainly utilising the virtual platform, Attend Anywhere, in order to improve our waiting list.

Veterans: The waiting list for Veterans (CTS) has remained consistent around the 30-40 mark. The increased waiting times have been as a result of a concentration of referrals within one area (North East). We have flexed staff across the region as much as possible and have tried to recruit multiple times with limited success. We anticipate that we will be able to reduce our waiting list significantly by 2023 which has been agreed with our NHS England commissioners.

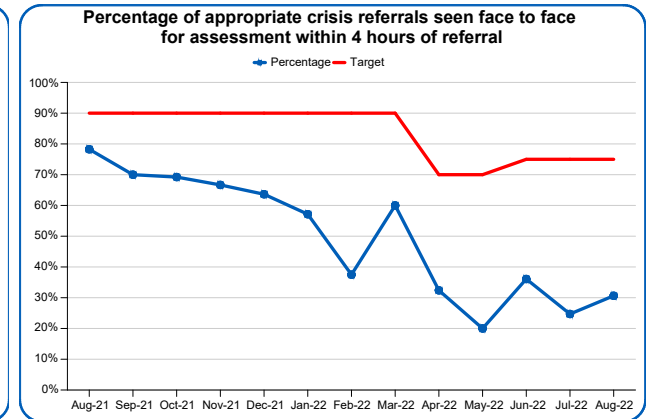
Services: Access & Responsiveness: Our Response in a crisis



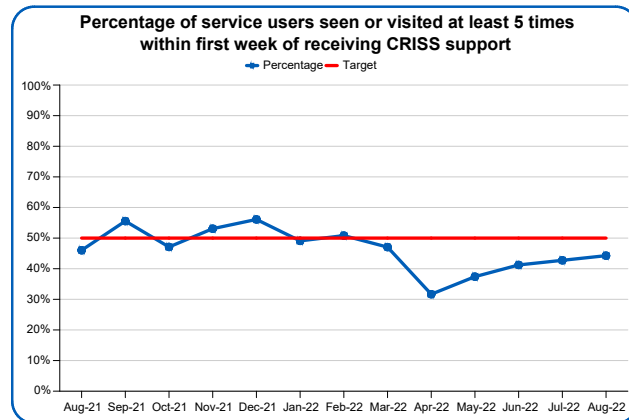
Number of calls : August 4,977



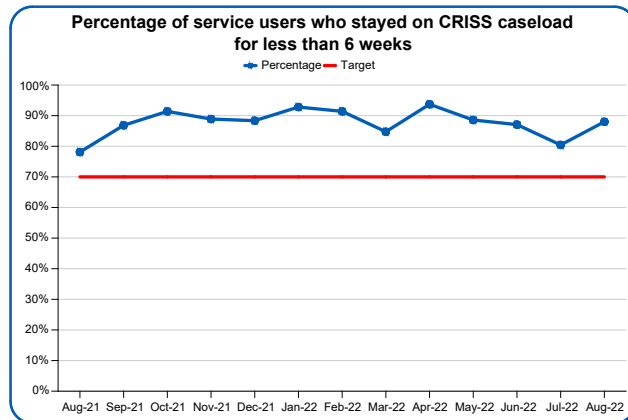
Local target - within 1 minute: August 56.4%



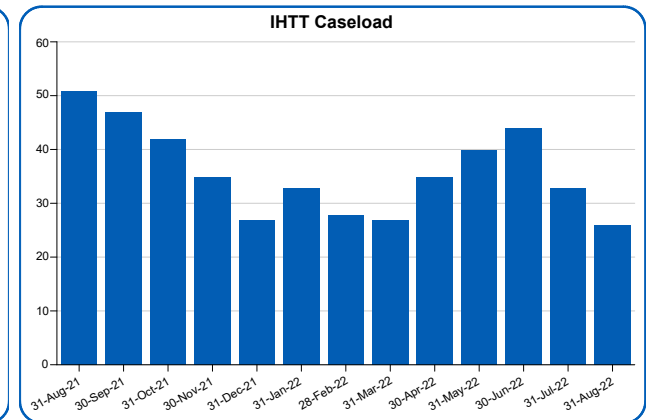
Contactual Target 75%: August 30.6%



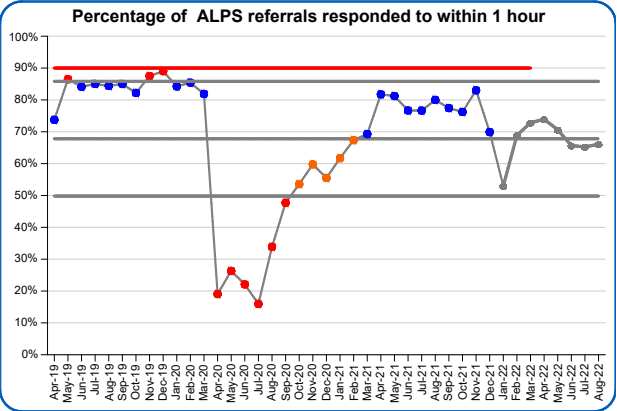
Contractual Target 50%: August 44.3%



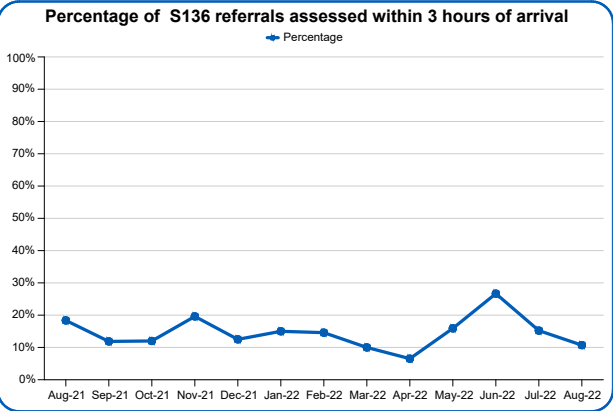
Contractual Target 70%: August 88.0%



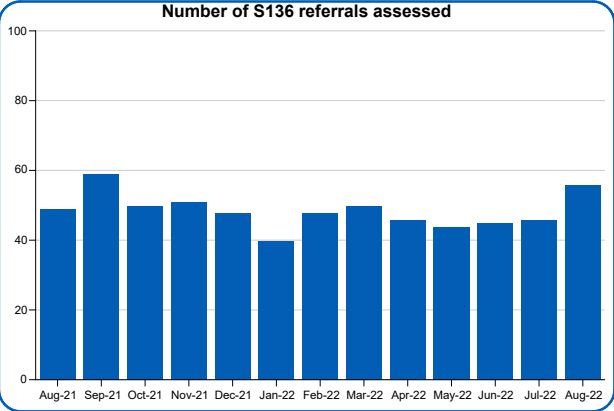
Caseload: August 26



Contractual Target : August 66.1%



Contractual Target : August 10.7%



Total referrals assessed: August 56

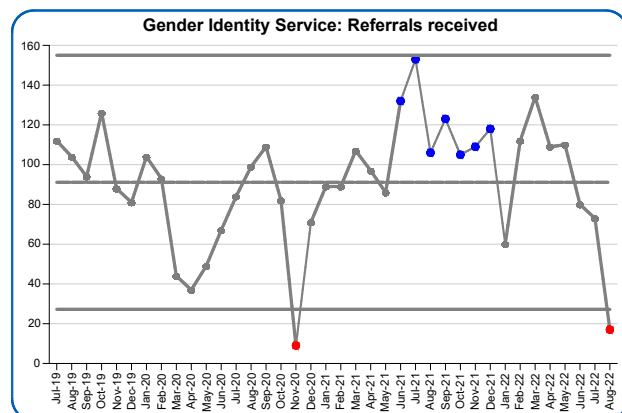
Services: Access & Responsiveness: Our Response in a crisis

There has been a marginal improvement in the performance of the Acute Liaison Psychiatry Service with 66.1% of people seen within one hour of referral. We are focussed on making improvements of at least 10% heading into the winter period and will be setting out how best we achieve and maintain this in October.

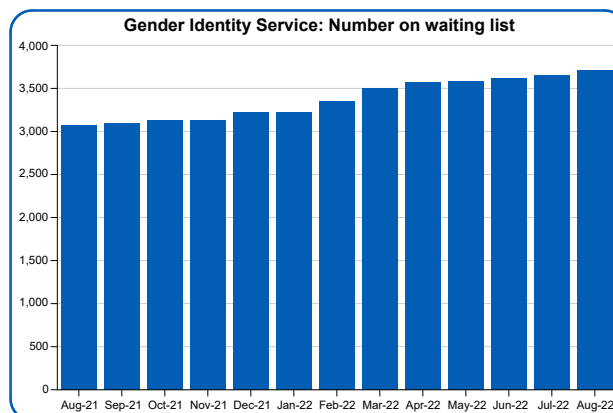
Demand was higher this month and operational difficulties remain with the team not being permanently based within the Emergency Department. We have received confirmation that a Capital Bid to improving the experience of patients in mental health crisis who present to Leeds Urgent, and Emergency Care Services has been approved and we are working with acute colleagues on this scheme. We also continue to work with system partners to ensure we deploy the resources and expertise needed in the Acute hospital setting appropriately to enable swifter and better discharge of people with mental health issues.

Performance against the Crisis assessment within 4-hour response has increased in August to 30.6% but remains well below the standard we work to. The service continues to report that in reality they are seeing considerably more people in Crisis on a face to face basis than those reported. Work has identified a process issue between Clinical Triage within SPA and the Crisis Assessment team. This is now being addressed and it is anticipated that this delay in the process will be resolved within the next two months at which point the service will a significant increase in the reported response rates. A recovery trajectory is being finalised and will be available to member of the Finance and Performance Group in October 2022/November 2022.

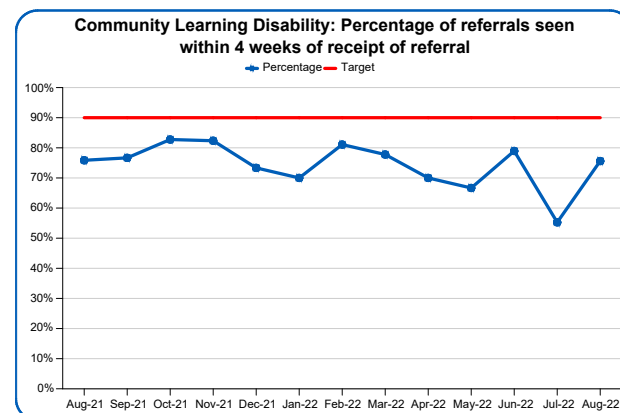
The percentage of service users seen at least 5 times during the first week of receiving Crisis Resolution and Intensive Support Service input, has improved slightly in August to 44.3% of service users receiving the required level of input. On initial engagement some people are found not to require intensive support and are transferred to Community Mental Health Teams (CMHT) and therefore do not require 5 contacts. Some service users referred on to CMHTs from the Intensive Support Service (ISS), do not require the intensity of ISS as an alternative to admission, for example, wrap around care over the weekend for Clozapine titration.



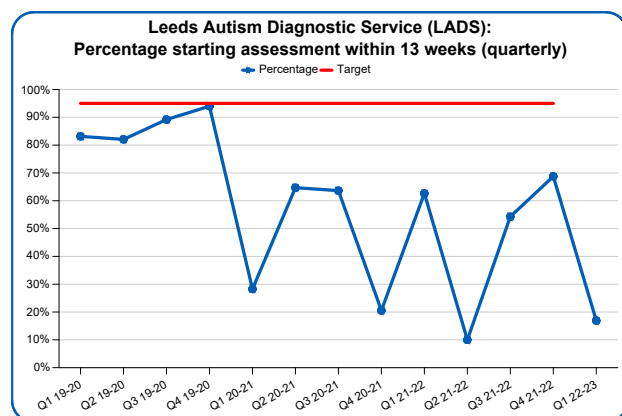
Total referrals: August 17



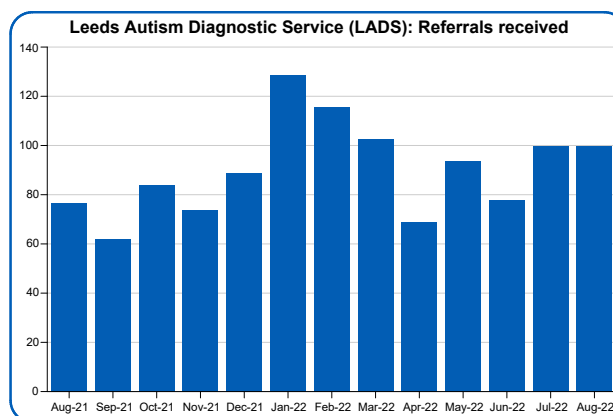
Number on waiting list: August 3,718



Contractual Target 90%: August 75.6%



Contractual Target : Q1 16.9%



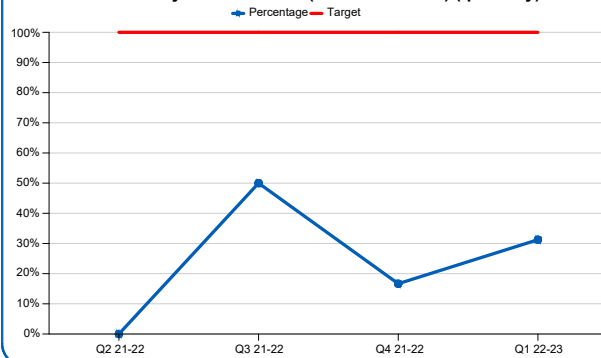
Local measure: August 100

SPC Chart Key

- - - Average
 - - - Upper process limit
 - - - Lower process limit
 - - - Target
 - - - Actual

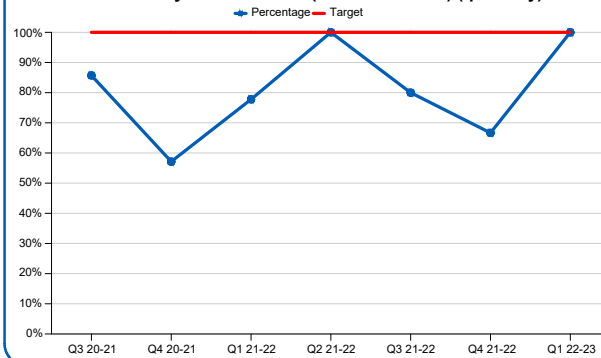
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)

Leeds CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA/GB0) (quarterly)



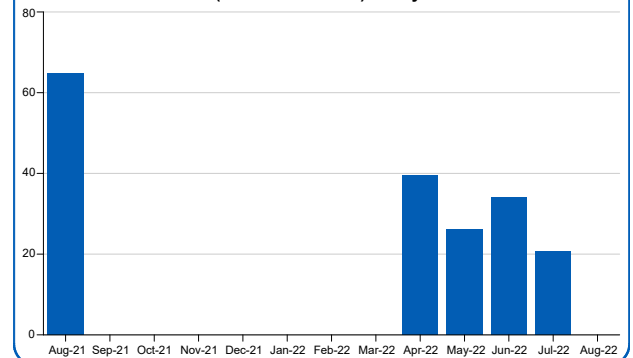
Contractual Target 100%: Q1 31.2%

York CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA/GB0) (quarterly)



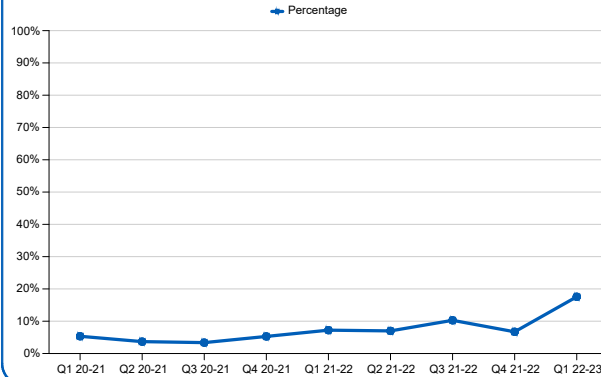
Contractual Target 100%: Q1 100.0%

Deaf CAMHS: average wait from referral to first face to face contact (inc. telemedicine) in days



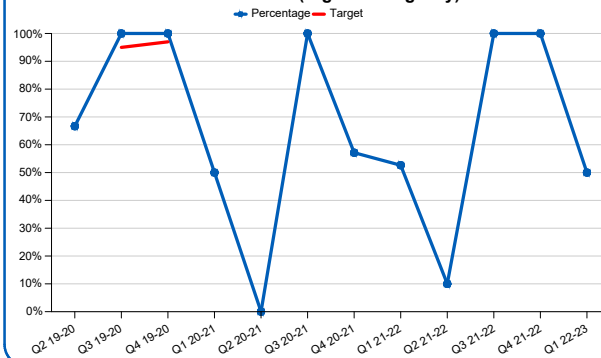
Local measure: August

Perinatal Community: Face to Face DNA Rate



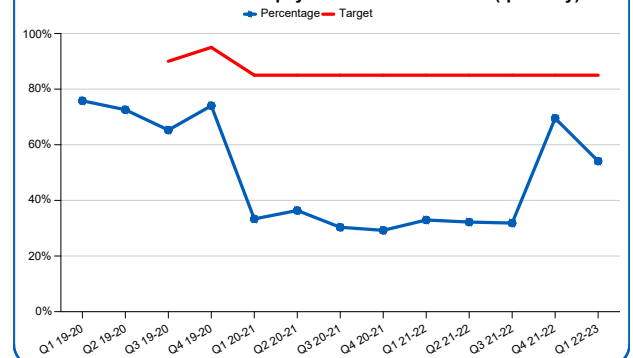
Contractual measure: Q1 17.6%

Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency)



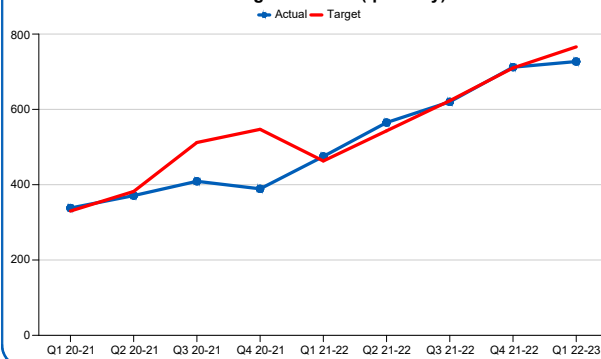
Contractual Target tba: Q1 50.0%

Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)



Contractual Target 85%: Q1 54.1%

Perinatal: Total number of distinct women seen in a rolling 12 months (quarterly)



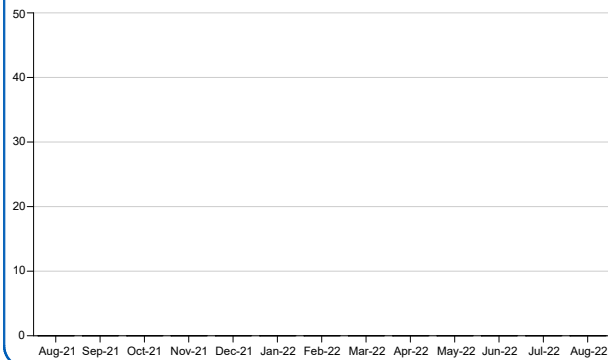
Local measure 766: Q1 727

Services: Our Regional and Specialist Services

The percentage of referrals seen within 4 weeks of receipt of referral saw a significant dip down to 55 % in July due to some very particular and unexpected absences and pressures in the team. The compliance has recovered in August to a more usual 75% (although still short of the 90% target). Due to the small numbers involved this only equates to around 6 patients with good reasons for not meeting the target timescale, mostly related with delays in getting adequate information to determine eligibility. We have also had a recent meeting with the Leeds ICB about service specifications and a discussion took place about how relevant and meaningful this target is with a view to moving towards a more outcome focussed set of measures.

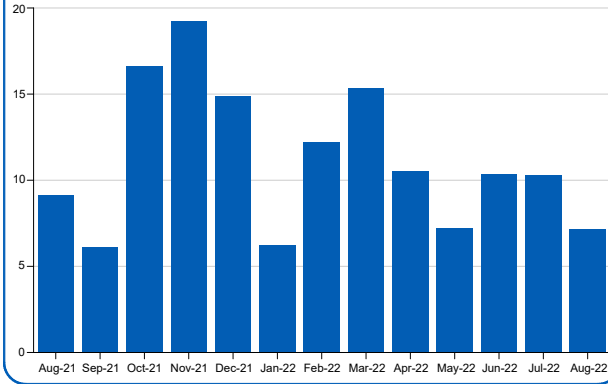
Services: Our acute patient journey

Number of admissions to adult facilities of patients who are under 16 years old



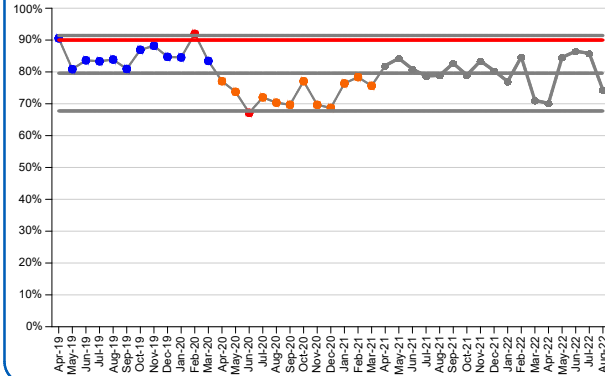
National (NOF) No target : August 0

Crisis Assessment Unit (CAU): Average length of stay at discharge (days)



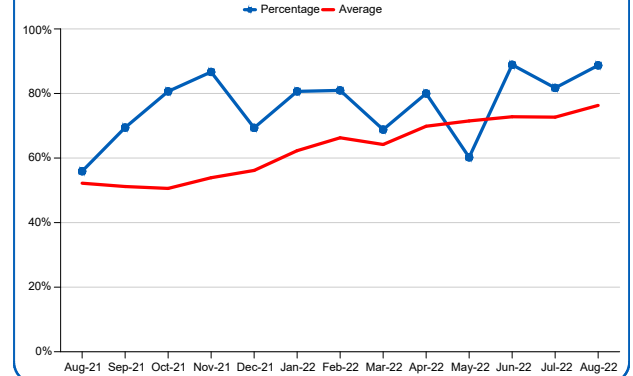
Local measure: August 7 days

Liaison In Reach: attempted assessment within 24 hours



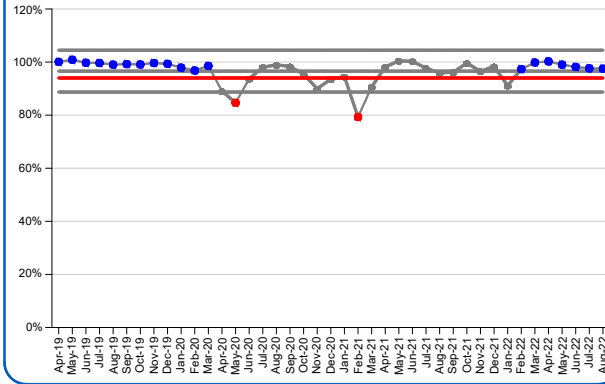
Contractual Target 90%: August 74.3%

Bed Occupancy: Crisis Assessment Unit (CAU)



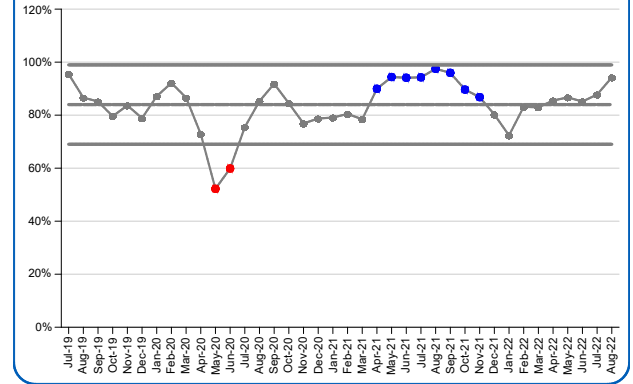
Local measure: August 88.7%

Bed Occupancy: Adult Acute Inpatients



Contractual Target 94%: August 97.5%

Bed Occupancy: Older Peoples Inpatients

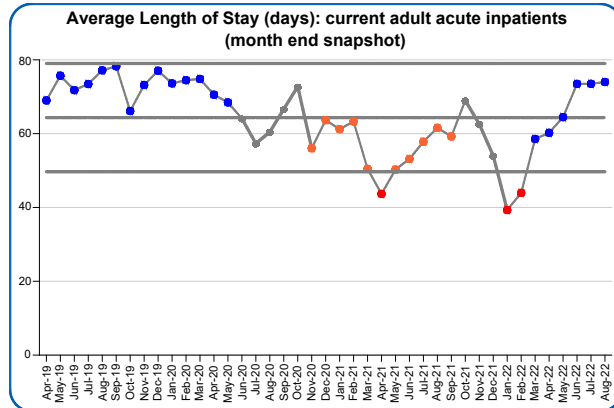


Local measure and target : August 94.2%

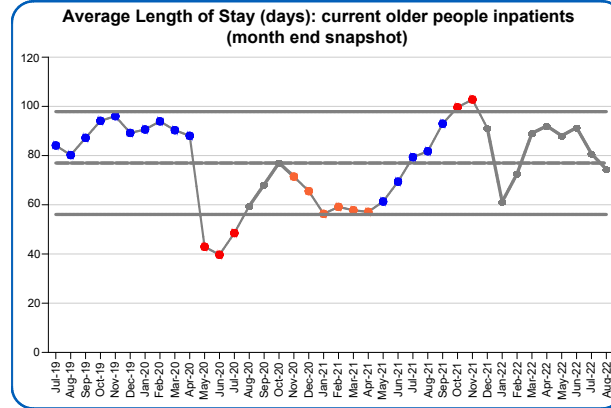
SPC Chart Key



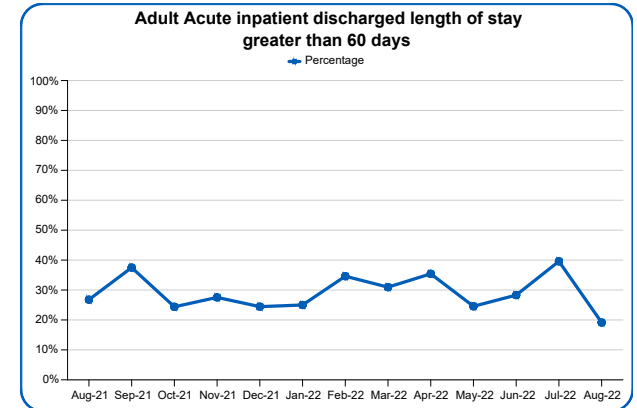
Services: Our acute patient journey (continued)



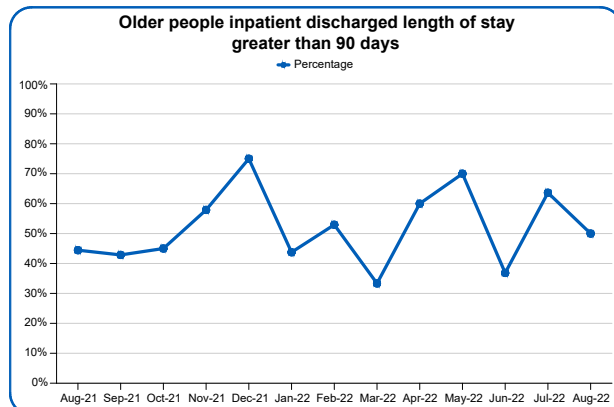
Local tracking measure: August 74 days



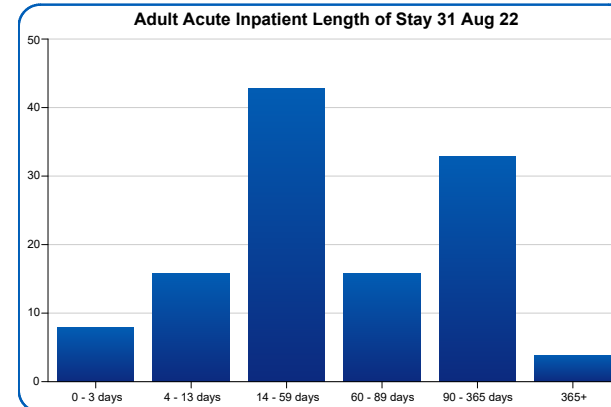
Local tracking measure: August 74 days



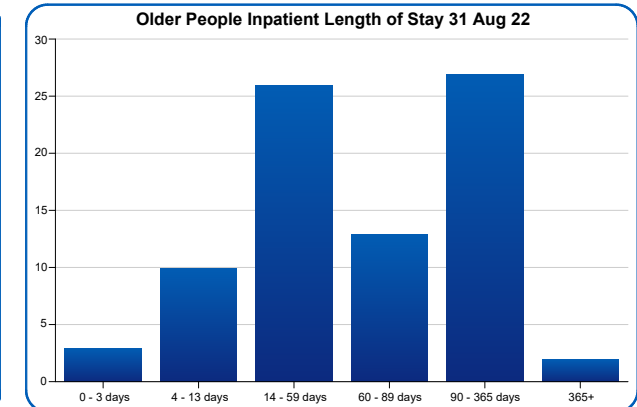
National (LTP): August 19.1%



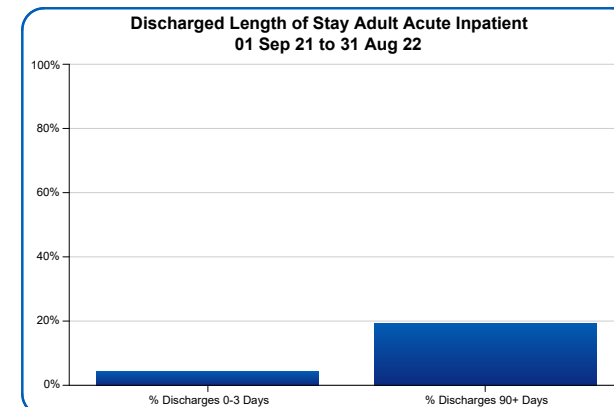
National (LTP): August 50.0%



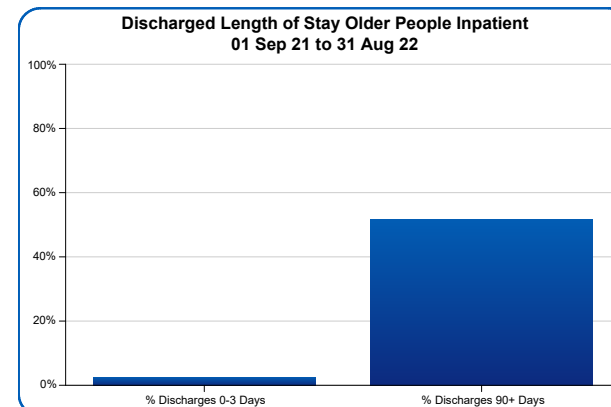
Local activity: 37 people with LOS 90+ days



Local activity: 29 people with LOS 90+ days



Local activity: % discharged LOS 90+ days = 19.6%

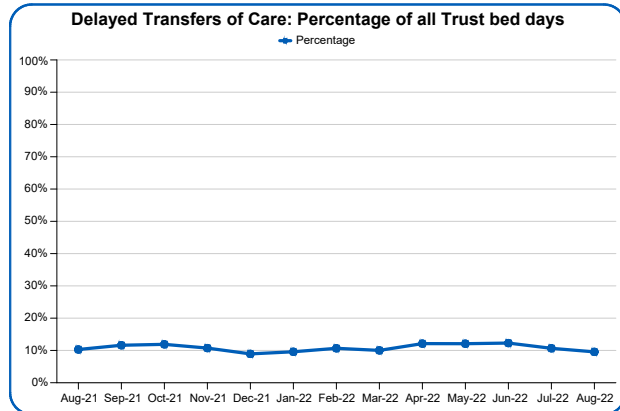


Local activity: % discharged LOS 90+ days = 51.8%

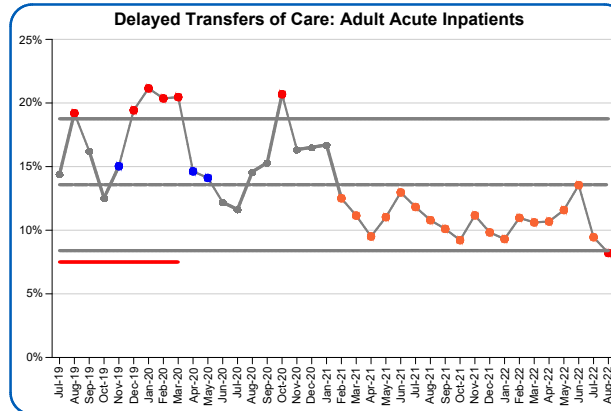
SPC Chart Key



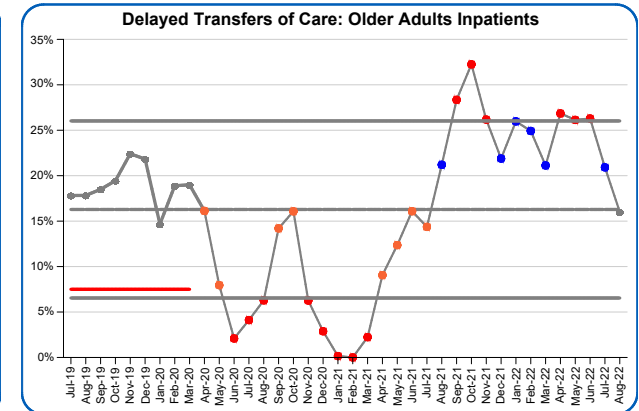
Services: Our acute patient journey (continued)



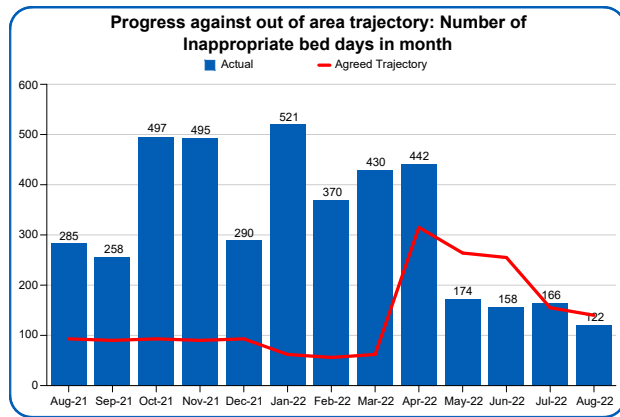
Local tracking measure: August 9.6%



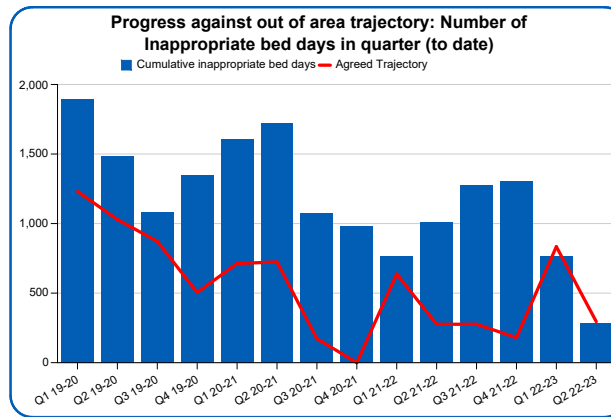
Local tracking measure: August 8.2%



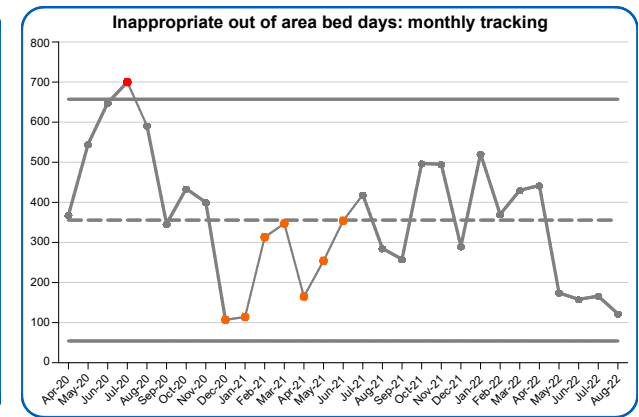
Local tracking measure: August 16.0%



Nationally agreed trajectory (140): August 122 bed days



Nationally agreed trajectory (Q2: 295): Q2 288 bed days

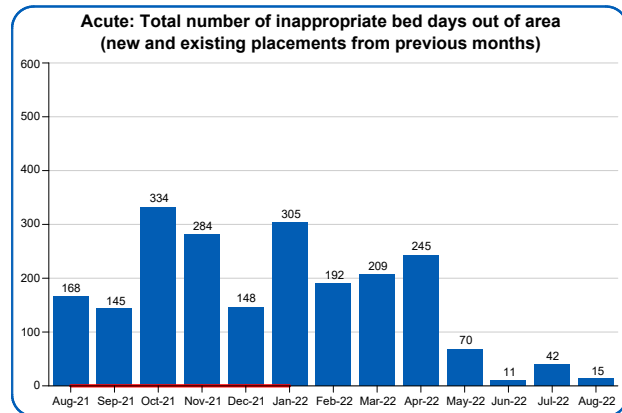


Local tracking measure: August 122 bed days

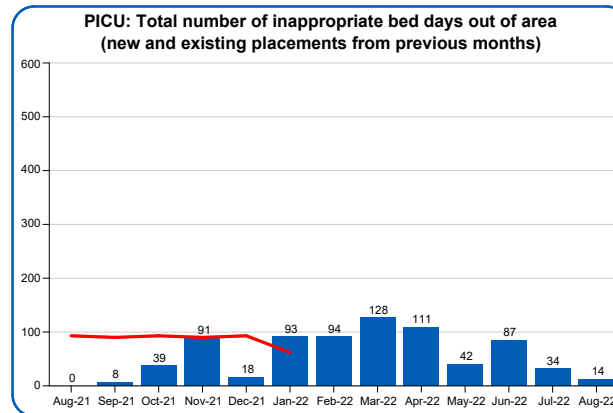
SPC Chart Key

- Average
- Upper process limit
- Lower process limit
- Actual
- Target

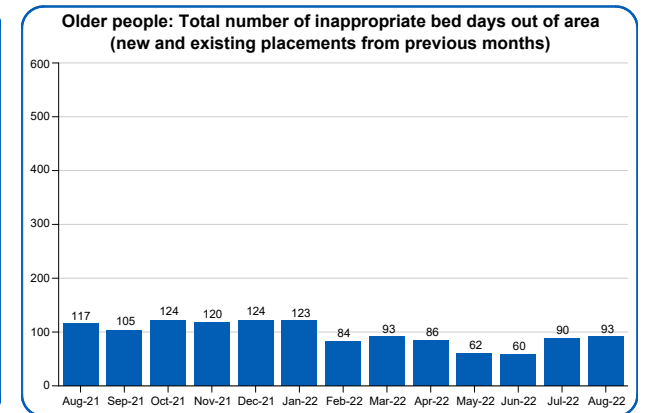
Services: Our acute patient journey (continued)



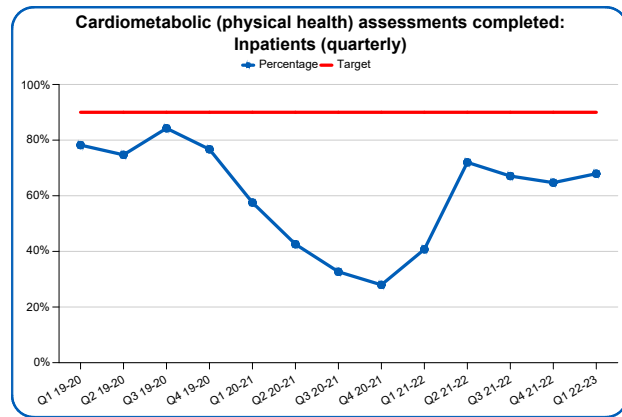
Nationally agreed trajectory (): August 15 days



Nationally agreed trajectory (): August 14 days



Local measure : August 93 days



Contractual target 90%: Q1 67.9%

Services: Our acute patient journey

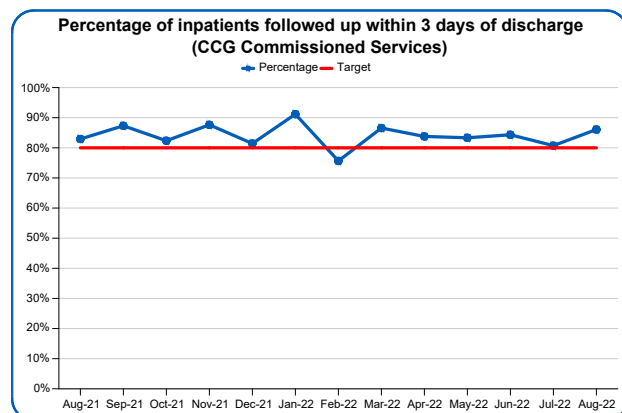
Within the Liaison In reach service, achievement of the 24-hour assessment target has seen a decline in performance with 74.3% of people being seen within 24-hour response time. Staffing challenges, including sickness and vacancies have impacted on capacity to respond. However, we are seeing signs of recovery in September with a reduction in team sickness. This will be a key area of focus for us in the coming weeks and months to ensure that we can maximise our response over the course of the winter period.

Bed occupancy within the Adult Acute inpatient service in August has decreased slightly to 97.5%, falling within the target range of 94-98%. Length of stay in Adult Acute services is continuing to increase which has previously reflected the situation with delayed transfers of care in the service. In recent weeks we have seen a reduction in DTOC combined with increased LOS which correlates with clinical reports of admitted people being more unwell requiring longer periods of crisis recovery and stabilisation.

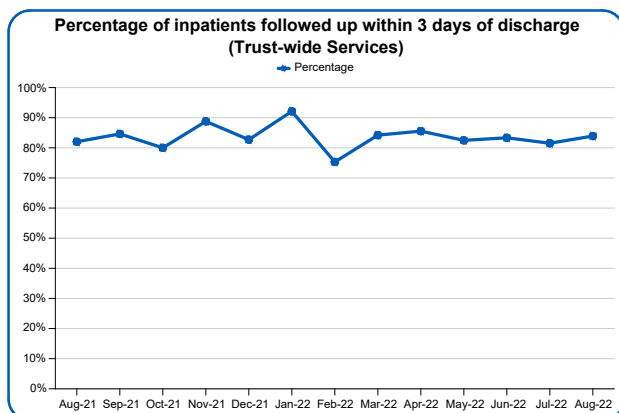
Out of Area Placements continue to be at a level below the agreed trajectory. The ongoing work of the Capacity and Demand team together with clinicians and managers, continues to result in very few people being admitted out of area. We saw a slight increase in demand in July as a response to ward closures, due to Covid and high demand for beds.

The percentage of inpatient bed days where the service user's transfer of care or discharge has decreased in August to 9.6%. Within the Adult Acute service, the reasons for these delays range from Ministry of Justice restrictions, housing, community packages of care and access to specialist placements. In Older Adult services, which carries most of the Trust's delays, these are related to sourcing residential or nursing placements.

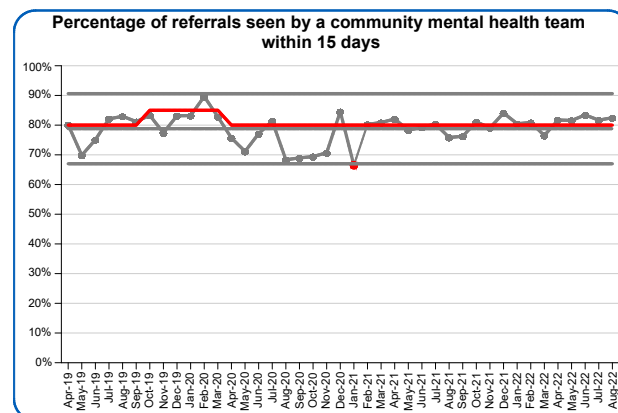
Services: Our community care



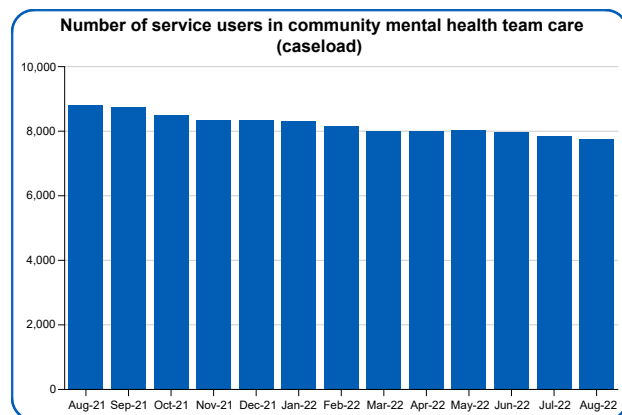
Contractual target 80%: August **86.1%**



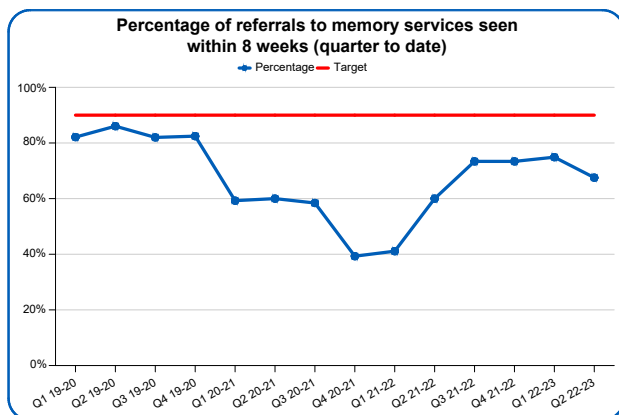
Local Tracking Measure 80%: August **83.9%**



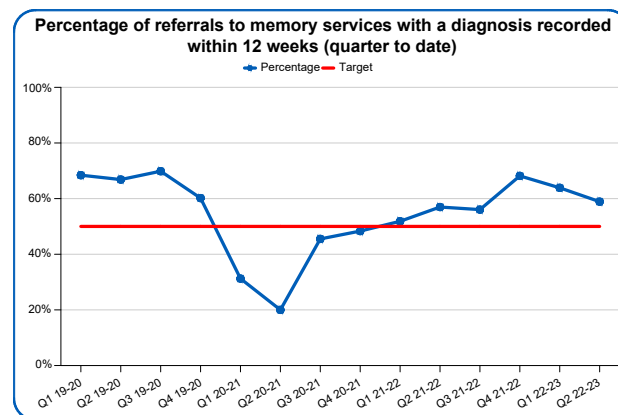
Contractual target 80%: August **82.5%**



Local measure : August **3,886**



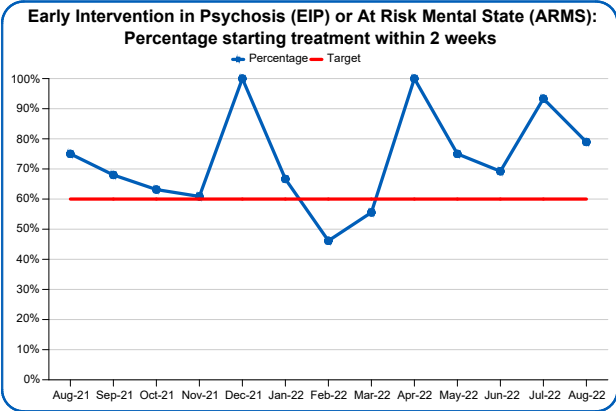
Contractual target 90%: Q2 22-23 **67.5%**



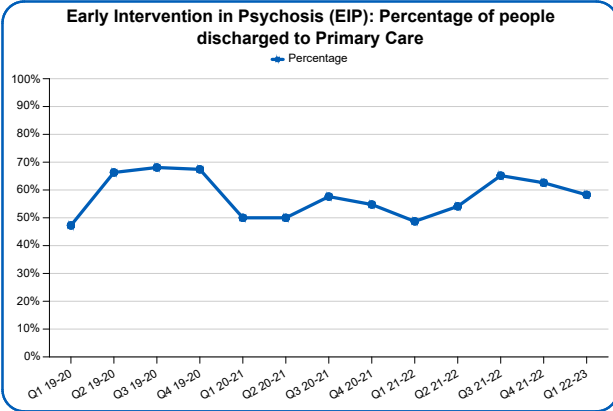
Contractual target 50%: Q2 22-23 **58.9%**

SPC Chart Key

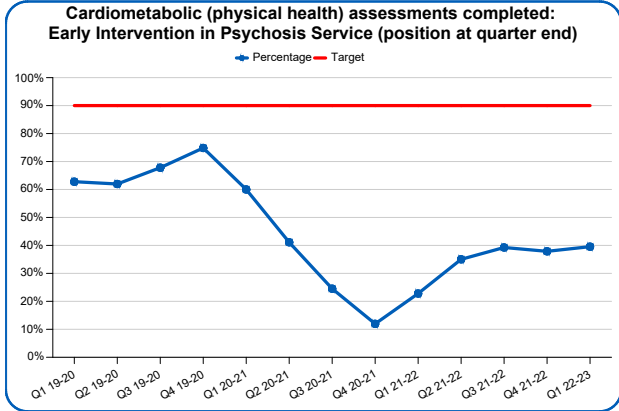
- Average
- Upper process limit
- Lower process limit
- Target
- Actual



Contractual target 60%: August **78.9%**



Contractual target tbc: Q1 **58.3%**



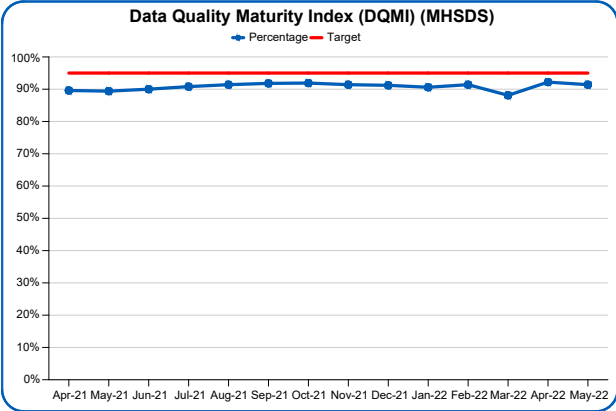
Contractual target 90%: Q1 **39.5%**

Services: Our community care

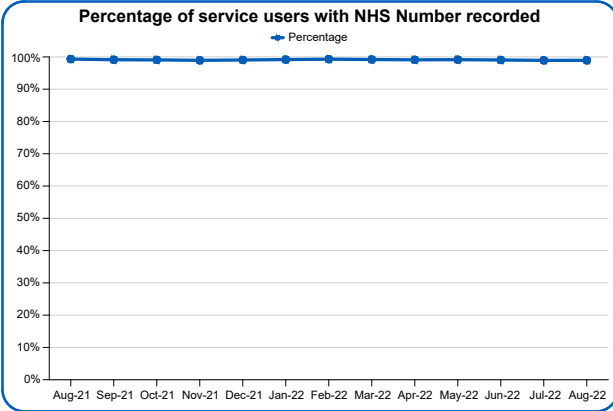
The Trust has achieved the 80% target for follow-up within 3 days, achieving 86.1% for CCG commissioned services and 83.9% Trust wide. We continue to routinely follow up all breaches of the standard during the month.

We have seen a continued increase in referrals to MAS and we have largely maintained our clinical contacts at a consistent level. There has been a reduction in the numbers of people seen within the agreed 8 weeks for an assessment which is partly due to staff unavailability, predominantly due to increased vacancies over this period. This has also had a negative impact on the 12-week diagnosis target.

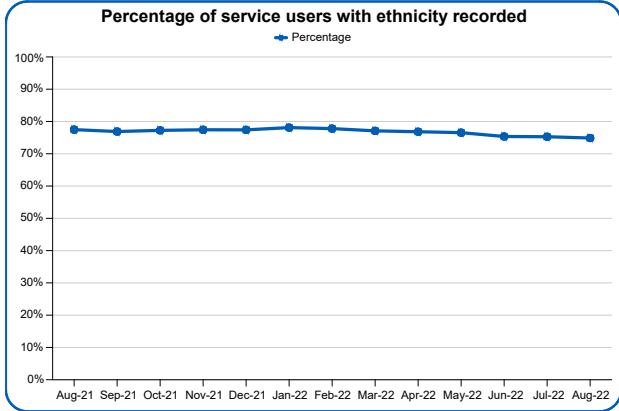
We are continuing to work with the Continuous Improvement Team to evaluate the service to refine how we deliver the service and understand the local variation in service delivery. The team have identified some data quality issues in one locality that they are working on to improve which has also impacted on the performance data.



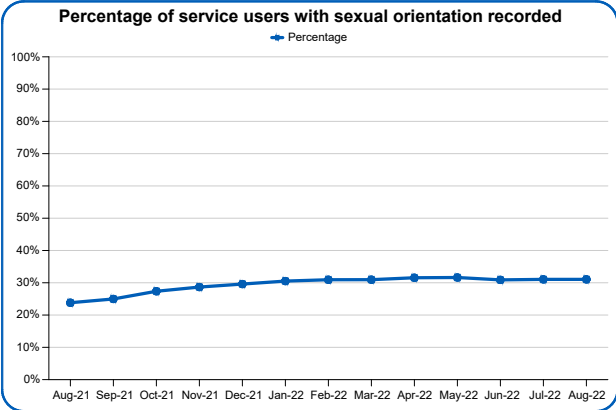
CQUIN / NHSOF Target 95%: May **91.4%**



Local measure: August **98.9%**



Local measure: August **74.9%**



Local measure: August **31.0%**

Services: Clinical Record Keeping

Our Informatics team continue to support staff in achieving expected standards of data quality with further support and training on our CareDirector Electronic Patient Record system. At the end of August 98.9% of care records had an NHS number recorded (no change), 74.9% ethnicity (slight decrease) and 31.0% sexual orientation (slight decrease). This will be an area of operational focus for us in October where a session specific to this will identify how best we can make sustained improvements in capturing this information.