

Introduction

Key themes to consider this month:

Unless otherwise specified, all data is for June 2022

Consistency and improvement:

Services have continued to face ongoing challenges during June with the effects of the pandemic and the associated backlogs still being felt, even with additional investment starting from April in some areas. The Trust's Community Mental Health Service continues to work in business continuity mode, with the Working Age Adult teams experiencing difficulties with staffing. More broadly across the Trust, staffing difficulties persist, which has been compounded by a rise in the number of COVID-19 cases, resulting in some wards and services needing to shut to new patients. Whilst some situation monitoring and escalation arrangements have been stood down, the Trust continues to remain vigilant and is monitoring staffing pressures and COVID-19 cases closely. The Trust is currently exploring the available options that will help address staffing pressures, and is actively making progress with these, including bringing staff in from outside the organisation with the necessary expertise to alleviate some of the pressure.

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, the percentage of referrals to the Memory Assessment Service (MAS) seen within 8 weeks, the percentage of referrals to the Perinatal Community service seen for assessment within 2 weeks of referral, the percentage of people assessed with HoNOSCA and Goal Based Outcomes, within 7 days of admission to a Children and Younger People's ward, and, the percentage of inpatients and early intervention in psychosis service users with a cardio-metabolic assessment.

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. Initial contact has been made with a small number of services as a result.

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 June report is the first report to include this section, with Recovery reporting one month in arrears to allow services sufficient time to reflect on progress in order to provide high quality updates on work against plans to date.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Apr 2022	May 2022	Jun 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	56.7%	58.0%	58.0%
Percentage of ALPS referrals responded to within 1 hour	-	73.9%	70.7%	65.7%
Percentage of S136 referrals assessed within 3 hours of arrival	-	6.5%	15.9%	26.7%
Number of S136 referrals assessed	-	46	44	45
Number of S136 detentions over 24 hours	0	1	0	1
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	75.0%	32.4%	20.0%	36.1%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	93.7%	88.6%	87.1%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	31.7%	37.4%	41.2%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Apr 2022	May 2022	Jun 2022
Gender Identity Service: Number on waiting list	-	3,584	3,593	3,626
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	39.85	26.31	34.34
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	70.0%	66.7%	78.9%
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	Apr 2022	May 2022	Jun 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	80.0%	60.2%	88.9%
Crisis Assessment Unit (CAU) length of stay at discharge	-	10.54	7.26	10.38
Liaison In-Reach: attempted assessment within 24 hours	90.0%	70.1%	84.6%	86.5%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	100.2%	99.0%	98.2%
Becklin Ward 1 (Female)	-	98.9%	100.4%	97.0%
Becklin Ward 3 (Male)	-	100.0%	98.1%	98.6%
Becklin Ward 4 (Male)	-	100.0%	100.6%	96.5%
Becklin Ward 5 (Female)	-	98.5%	100.3%	101.8%
Newsam Ward 4 (Male)	-	104.0%	95.5%	96.8%
Older adult (total)	-	85.5%	86.7%	85.1%
The Mount Ward 1 (Male Dementia)	-	55.3%	71.9%	90.6%
The Mount Ward 2 (Female Dementia)	-	90.9%	84.9%	79.6%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Apr 2022	May 2022	Jun 2022
The Mount Ward 3 (Male)	-	92.6%	93.0%	86.9%
The Mount Ward 4 (Female)	-	96.0%	91.7%	83.1%
Percentage of delayed transfers of care	-	12.1%	12.1%	12.3%
Total: Number of out of area placements beginning in month	-	7	2	2
Total: Total number of bed days out of area (new and existing placements from previous months)	255	442	174	158
Acute: Number of out of area placements beginning in month	-	6	1	0
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	245	70	11
PICU: Number of out of area placements beginning in month	-	1	1	2
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	111	42	87
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	86	62	60
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	-	-	67.9%
Services: Our Community Care	Target	Apr 2022	May 2022	Jun 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	85.5%	82.5%	83.3%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80.0%	83.8%	83.3%	84.3%
Number of service users in community mental health team care (caseload)	-	4,006	4,026	3,992
Percentage of referrals seen within 15 days by a community mental health team	80.0%	81.7%	81.6%	83.4%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	77.3%	74.1%	74.9%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	68.3%	69.0%	63.9%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	100.0%	75.0%	69.2%
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	Apr 2022	May 2022	Jun 2022
Percentage of service users with NHS Number recorded	-	99.1%	99.1%	99.1%
Percentage of service users with ethnicity recorded	-	76.8%	76.5%	75.3%
Percentage of service users with sexual orientation recorded	-	31.6%	31.6%	30.9%
DQMI (MHSDS) % Quality %	95.0%	90.6%	91.4%	88.1%

* 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		
		Mar 2022	Apr 2022	May 2022	Mar 2022	Apr 2022	May 2022
ADHD	271.8	409.5	336.9	370.9	1,852	1,973	2,055
Chronic Fatigue Service	116.7	168.2	171.1	132.2	180	162	172
CMHT OPS	37.1	42.4	32.4	31.2	153	125	127
CMHTs Adult	48.6	52.2	63.4	50.1	514	513	509
DEAF CAMHS	42.4	63.4	39.9	26.3	18	15	21
Gambling Services		83.3	62.3	53.5	139	137	131
Gender Services	182.4	570.8	893.3	616.5	2,679	2,756	2,813
LADS	83	138.1	110.9	150.5	316	334	335
Leeds LD Community	47.5	32.8	48.5	45.7	188	153	153
Liaison Out Patients	70.1	73.1	69.5	50.6	126	104	102
Memory Assessment Service	52.5	52.2	51.8	52.8	370	387	410
Perinatal Community	16	14.6	13.6	15.0	59	54	78
Veterans	36.9	114.6	167.7	119.6	44	40	37

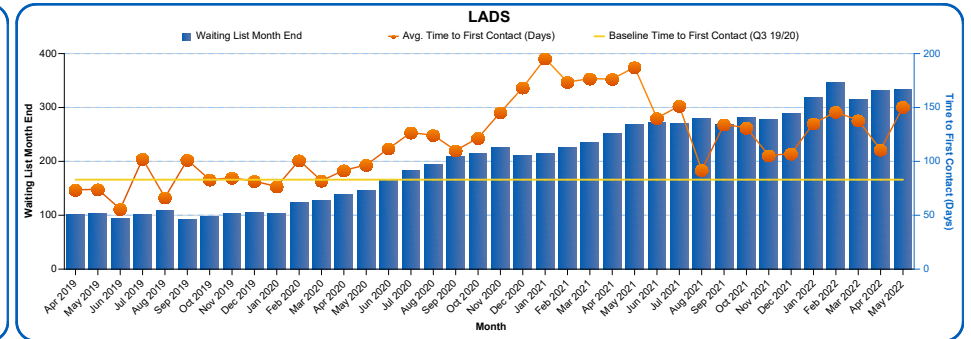
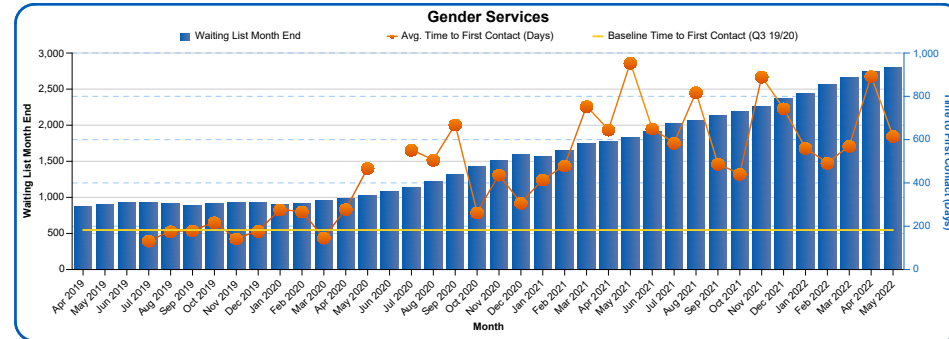
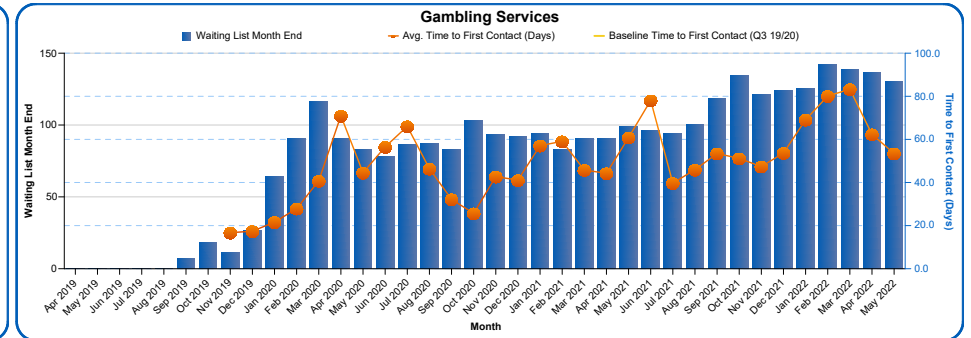
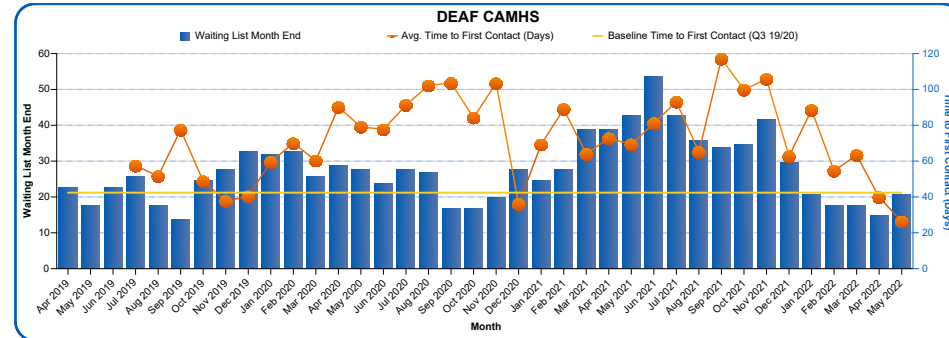
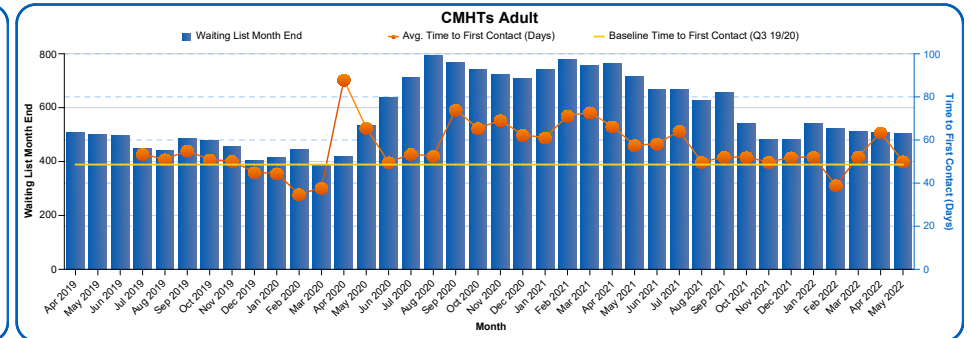
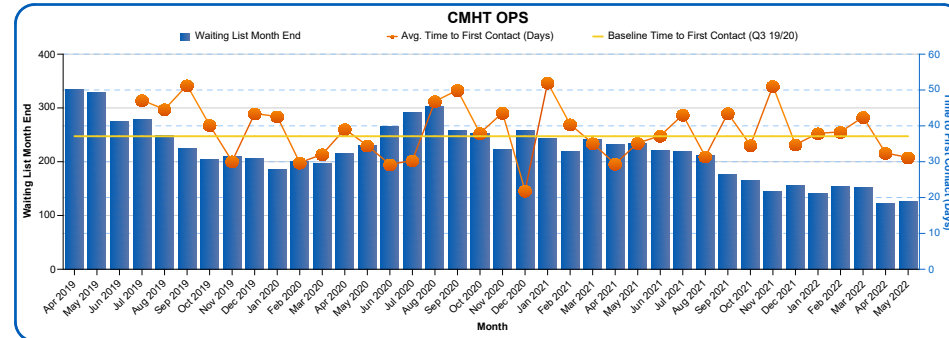
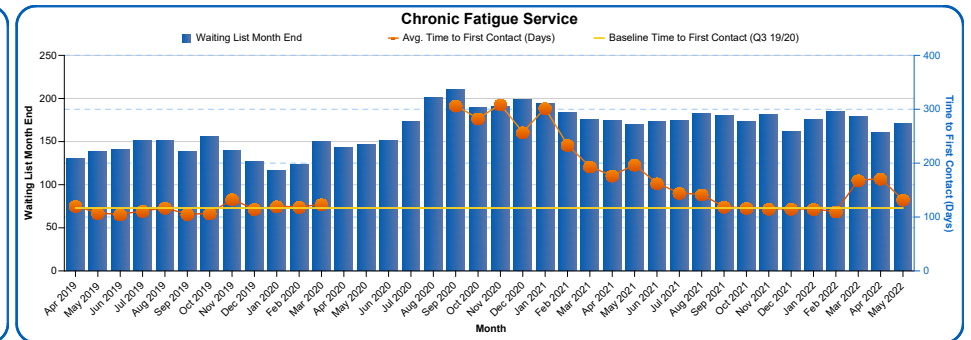
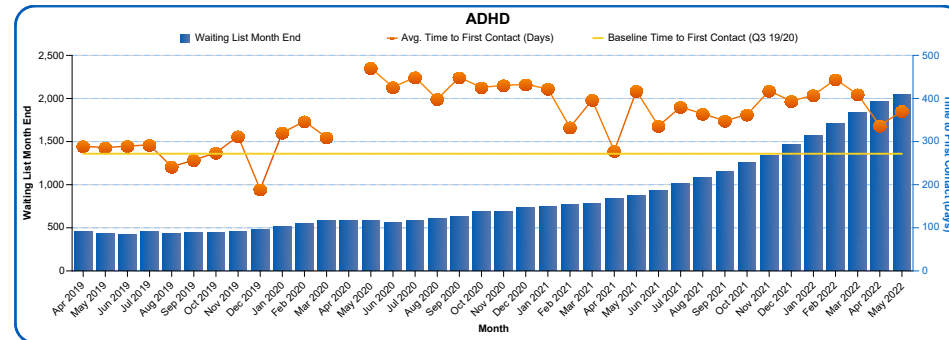
* The measure 'Baseline Time to First Contact (Q3 19/20)' relates to the average time (in days) from referral to first face to face contact only for referrals with a first contact between October and December 2020.

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

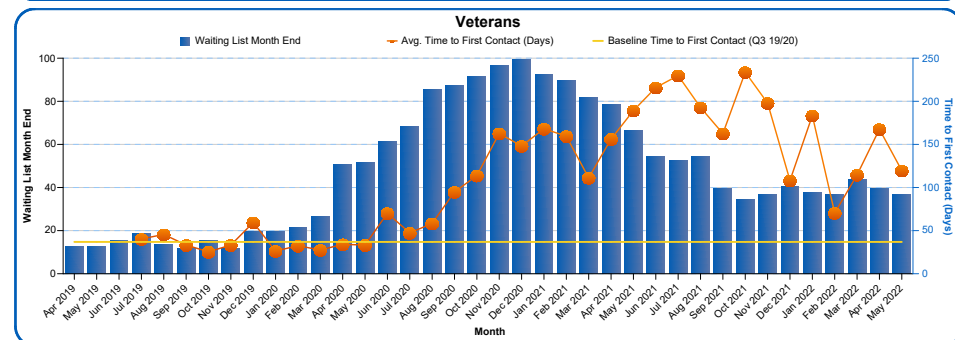
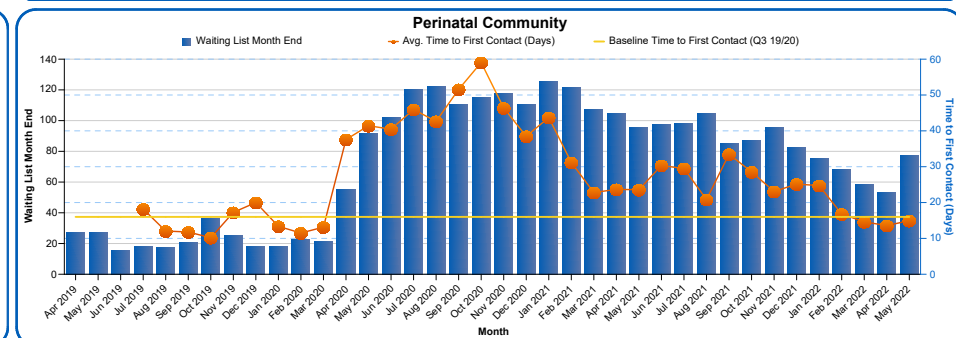
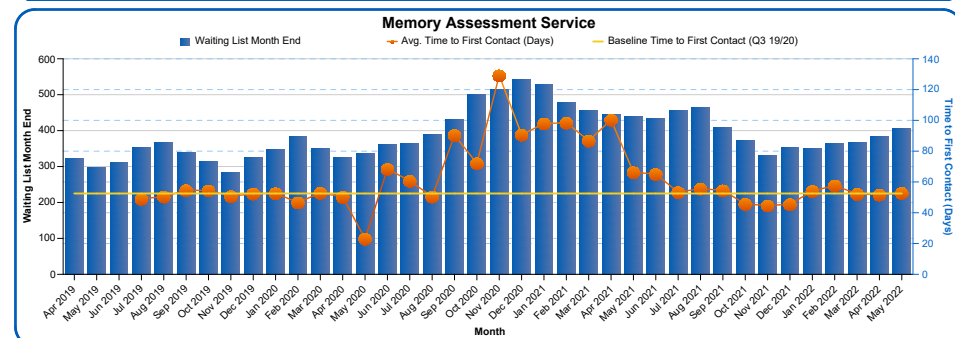
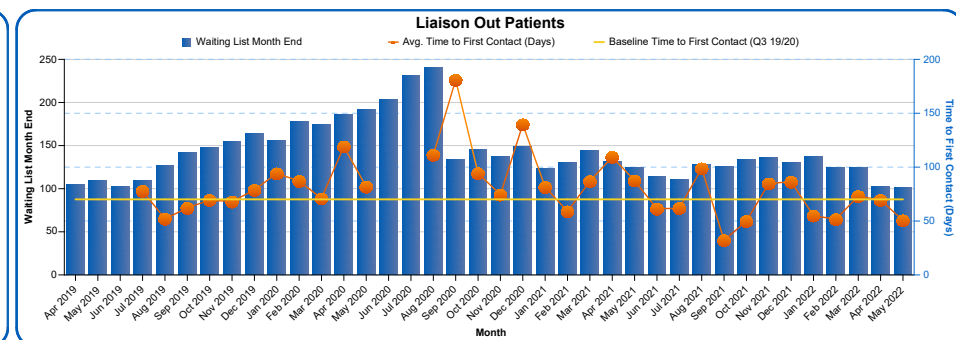
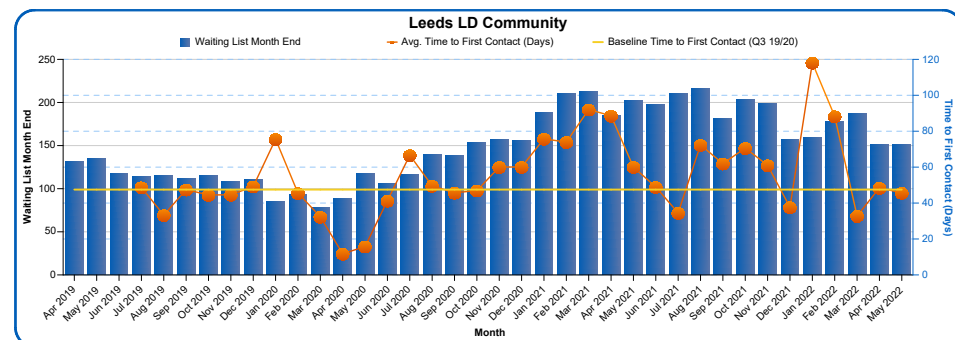
*** Where there is no data point for the measure 'Avg. Time to First Contact (Days)' this is because the service did not see any service users for a first contact in that month.

**** 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)



Services: Reset and Recovery (continued)



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Services: Reset and Recovery

ADHD: The waiting list continues to increase despite some non-recurrent investment. From Q2 to Q4 in 21/22 there was a 41% uplift in referrals (538 from 379). This has contributed to a minor slowing of the increase. The service is working with the Performance team on Capacity and Flow projections but to reduce the waiting list to acceptable levels, significant investment and system redesign is required. ICS Deep Dive and Leeds based work have both commenced, however with no time frame/resource commitment as yet.

CFS: The average time to first contact (assessment) has decreased this month although the waiting list remains high due to new referrals coming through the service and internal waiting list for 1-1 therapy. The service is fully recruited but sickness has impacted on capacity. There is ongoing work with Informatics to review the service demand and capacity planning.

CMHT OPS/MAS: 1) Modelling work with Informatics has recently commenced focusing on MAS waiting list/waiting times within the service and across the pathway. 2) Recent reset plans have been developed within MAS/CMHT and are on-going. 3) The pressures within Leeds Teaching Hospitals Trust (LTHT) in relation to CT Head Scans has had significant impact and pressure upon the MAS pathway contributing to amendments within the MAS (diagnostic) pathway been implemented temporarily to reduce the number of people requiring a CT Head Scan. 4) Direct liaison with Senior Management within LTHT and LYPFT has taken place and regular contact at locality level with Radiology is on-going, with weekly monitoring of the improving position of waiting times for CT Head Scans. 5) Work with procurement to source an alternative provider to alleviate such pressures across the pathway was explored, unfortunately those identified declined. 6) Whilst there are still some vacant posts within both MAS and CMHT, with variation across localities, there has been some recent successful recruitment across two of the four localities which, with time will have a positive impact upon service delivery.

CMHTs Adult: The numbers waiting is a mixture of those referred for care coordination are awaiting transfer, this includes those from specialist services (e.g. Aspire, Assertive Outreach) and out of area (none-acute Rehab, Medium Secure) and those waiting for assessment. The service can only support transfers for those from acute services due to business continuity, however they do remain with their 'referring' service/team. Assessments continued to be carried out within 4 to 6 weeks, with plans to introduce a Working Age Adult Community Mental Health Service city wide assessment & brief intervention team to help mitigate some of the staffing challenges.

Deaf CAMHS: The trajectory for Deaf CAMHS is that waiting times will decrease. This has been broadly evident since January 2022 with a slight rise in waiting times during May 2022. Staffing levels have been affected in all three Northern sites which has impacted on the ability to complete face to face assessments in a timely manner. The plan is to meet with the operational manager to discuss the waiting times and how these can be improved further.

Gambling Services: The waiting list has fluctuated over the last 2 years as a result of staff availability. Since w/c 25/05/22, extra resource has been committed to front end assessments which has successfully brought the waiting list down by half. Waiting time is currently 2-4 weeks (dependent on complexity).

Gender Services: Contacts across the whole service from March 2021 - May 2022 (not including DNAs and cancellations) are steadily rising in line with the re-establishment of the service post Covid and additional staffing resource. Referral numbers continue at a steady pace, averaging at approximately 120 referrals per month. This continues to be concerning as when the service does reach the target of seeing 47 new referrals per month, there will still be only a minimal impact upon the waiting list. The service received additional investment following data modelling of impact on waiting list against current waiting list data. The modelling assumed a continued month on month increase of 45 people being added to the waiting list, compared to an increase of 27 per month with the additional investment. By May 2022, the waiting list was forecast to reach 3803 and with additional investment for this to reach 3659 people waiting. The actual figure in May 2022 was 3568, despite a gradually increasing referral trend.

LADS: An overall increase in referrals 65% uplift (348 from 210) from Q2 to Q4 in 21/22. Non recurrent funds are helping, and the waiting list has reduced to 231 (w/c 27/06/22) from 338 at the end of May. Work has also been done with Performance regarding tracking, and continues.

LD Community: The CLDT waiting list has reduced over the past 12 months (from over 200 in May 2021 to 143 in May 2022). In addition there has been a 3 month consecutive reduction in the waiting list from 185 in March 2022 to 143 in May 2022. There are however also a further 57 people on the ART duty desk awaiting further information. This is the highest number that ART has ever had on the duty desk.

Some of the reasons behind these waiting lists include: vacancies / long term absence, particularly psychology (creating a backlog of people awaiting further assessment / IQ to establish eligibility), psychiatry, OT, nursing, CTM as well as the SLT reduction in capacity. In addition to this, the level of complexity and acuity of referrals, which has dramatically increased alongside some system and process concerns which have led to a lack of flow and discharge, has collectively meant that the waiting list has not reduced to fully manageable levels.

The CLDT plan for Management of the waiting list includes:

ART: 1) Currently undergoing a detailed review of the ART function of the CLDT process. From early May we temporarily moved 0.6 Band 4 into the ART function to assist with information gathering and from mid-June a Band 5 nurse is working remotely for 6 months to support process. 2) A new (12 month Fixed term post) Consultant Psychologist is providing consistent input from mid-May helping to get assessments up and running. 3) The Clinical Team Manager now chairing ART meetings has introduced an additional meeting on a weekly basis to address new referrals and prioritise decision making to avoid more being added to the lengthy list awaiting decision. 4) In order to provide guidance to new staff in ART, a Proforma (tool used to gather data to support diagnosis of Learning Disability (LD)) is to be streamlined and guidance notes added. 5) In order to reduce the time spent gathering additional information, the Operations Manager is planning to formally request that referrers (GPs, Social Workers (SW) / Care managers, LD and Autism service, LTHT, LADs, CMHT etc.) provide evidence of LD with referral (using information from revised proforma). This will include information like EHCPs, SW reports, school / academic history, milestones achieved etc.

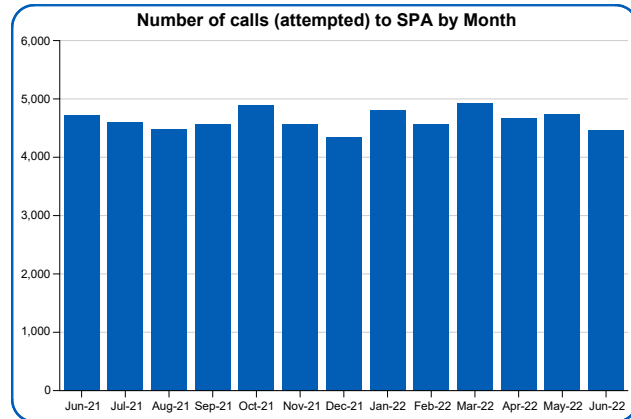
CLDT: 1) Caseload flow review. Using revised Management supervision tools to support clinicians to clearly think about service users on caseload and where they are in their input. Supervisors to challenge to decide "have we done enough? Is there any added value in continued input?" This will lead to creating increased discharge and therefore flow to pick up from the waiting list. 2) Need to support supervisors' confidence in challenging especially if from a different discipline. Considering a model of supervision where a senior clinician from the same discipline attends Management supervision at least whilst getting embedded. 3) We are also exploring a number of other initiatives to support flow and capacity including re-establishing clinics to bring people in for GATE and offering advice to address needs.

Liaison Outpatients: There has been a reduction in the average time to first contact that correlates with a reduction in waiting lists. Referrals to the service are consistent with shorter internal waiting times for therapy.

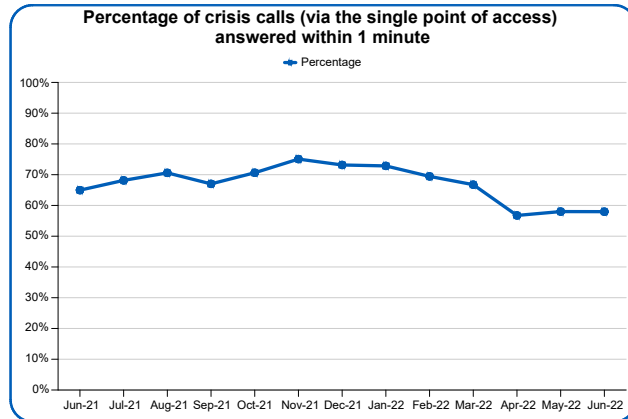
Perinatal Community: The waiting list for the Perinatal Community Service shows 78 service users waiting to be seen for a first contact as of the end of May. In reality, the service work to a quick turnaround when offering appointments, due to the need to see people quickly. Whilst there may be people still to be seen, all referrals are responded to within 2 working days, and the service user offered an appointment. Service users without an attended first face to face or video appointment, in reality have got a first appointment booked with the service, that they are yet to attend.

Veterans: CQPR shows a waiting list of 46 however the CTS waiting list w/c 25/05/22 was 29. The waiting list has reduced from 50 but plateaued to 20-30 for the last few months. This is due to staff availability and a concentration of referrals in the same region (North East). We have flexed staff across the region as much as possible and have tried to recruit multiple times. We now have some therapy provision starting in August. The target date for clearing the waiting list is March '23 as discussed with NHS England commissioners. HIS does not have a waiting list as the service contacts the referrer and makes the first visit within 2-5 days on average.

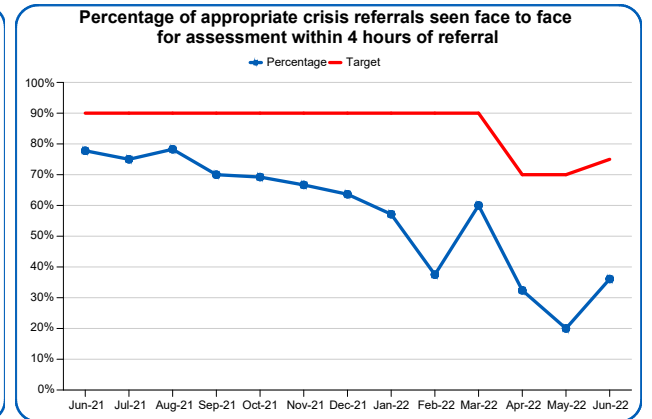
Services: Access & Responsiveness: Our Response in a crisis



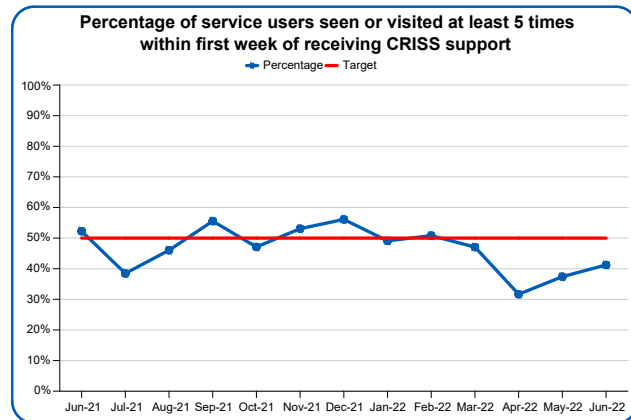
Number of calls : June 4,481



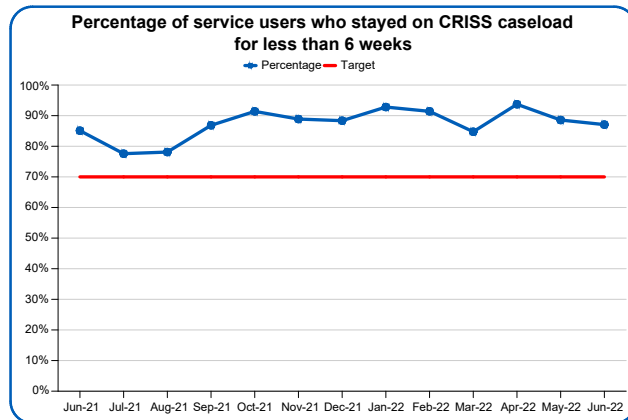
Local target - within 1 minute: June 58.0%



Contactual Target 75%: June 36.1%

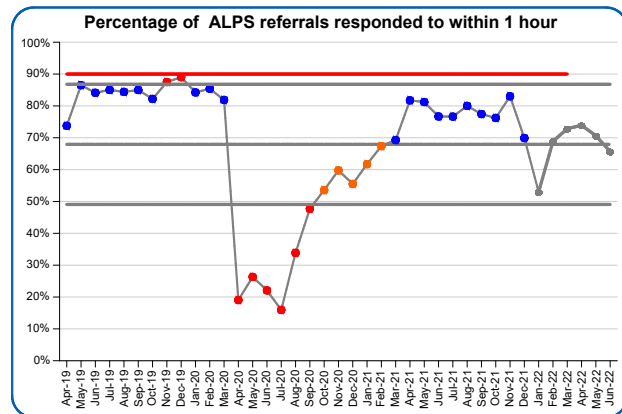


Contractual Target 50%: June 41.2%

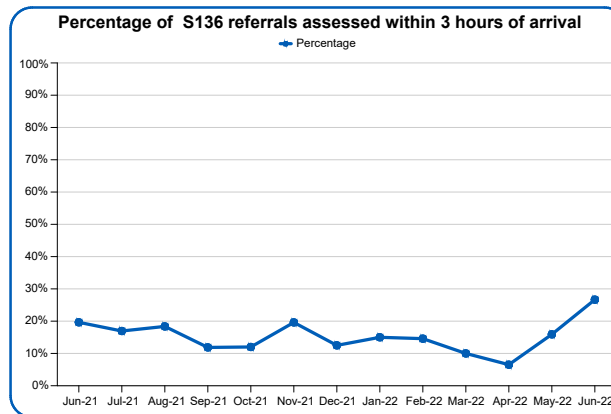


Contractual Target 70%: June 87.1%

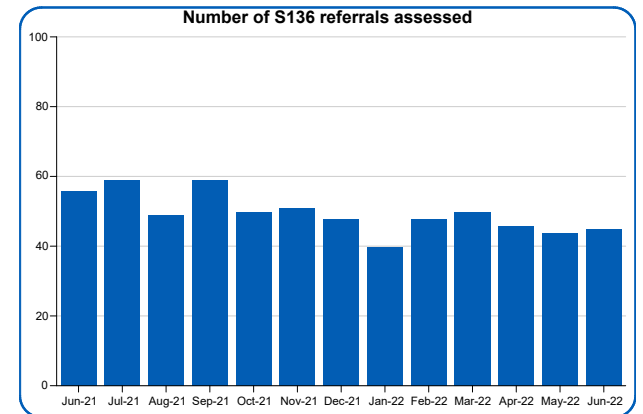
Services: Access & Responsiveness: Our Response in a crisis (continued)



Contractual Target : June 65.7%



Contractual Target : June 26.7%



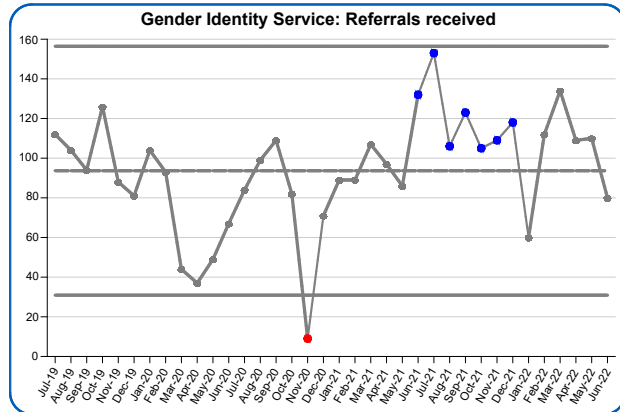
Total referrals assessed: June 45

Services: Access & Responsiveness: Our Response in a crisis

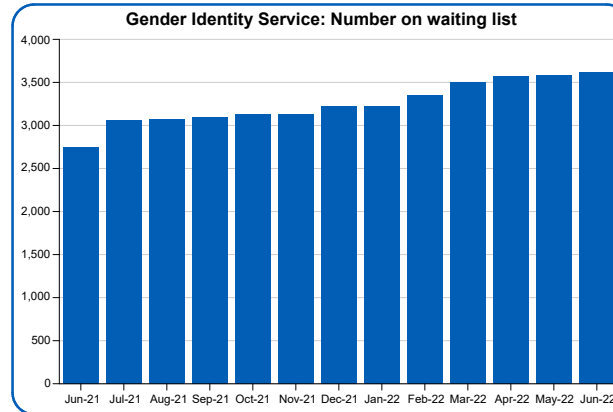
There has been a further decline in the performance of the Acute Liaison Psychiatry Service with 65.7% of people seen within one hour of referral. Referrals have been consistently high and operational difficulties remain with the team not being permanently based within the Emergency Department. Of note, the team have been required to respond differently to the Acute Trust pressures and there has been a focus on creating capacity by discharging from inpatient wards rather than response times.

Performance against the Crisis assessment within 4-hour response has increased in June to 36.1% but remains below target. A process issue has been identified within the service 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 reach the trajectory.

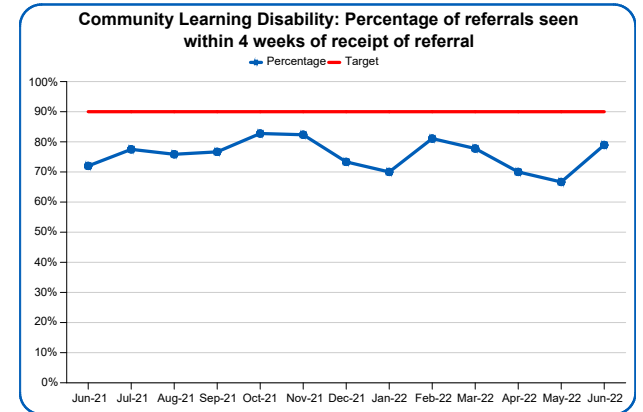
The percentage of service users seen at least 5 times during the first week of receiving Crisis Resolution and Intensive Support Service input, has improved in June with 41.2% of service users receiving the required level of input. On initial engagement some people are found not to require intensive 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.



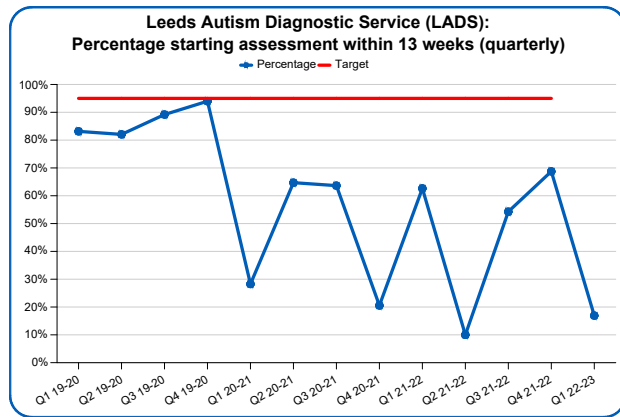
Total referrals: June 80



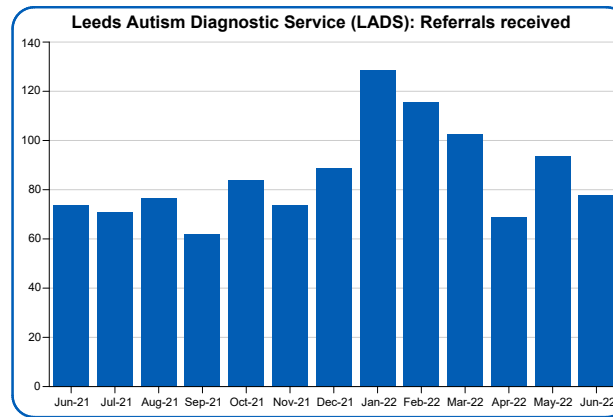
Number on waiting list: June 3,626



Contractual Target 90%: June 78.9%



Contractual Target : Q1 16.9%



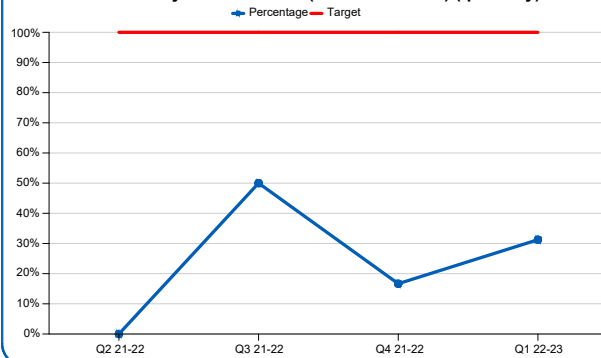
Local measure: June 78

SPC Chart Key

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

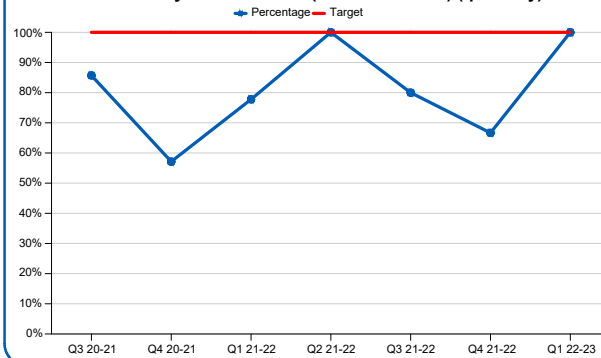
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)

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



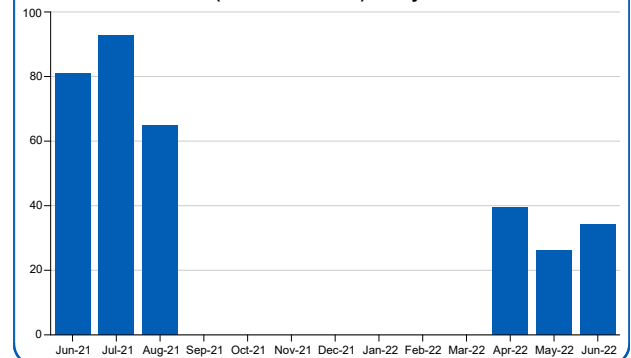
Contractual Target 100%: Q1 31.2%

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



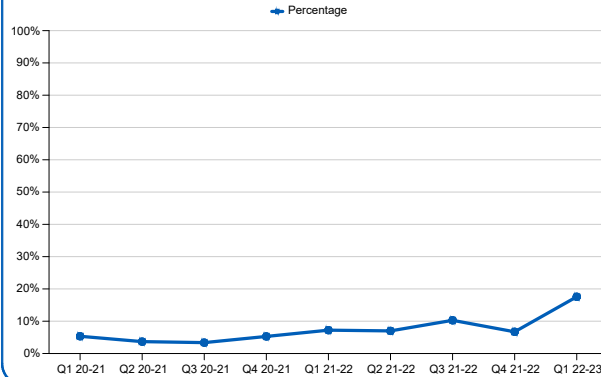
Contractual Target 100%: Q1 100.0%

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



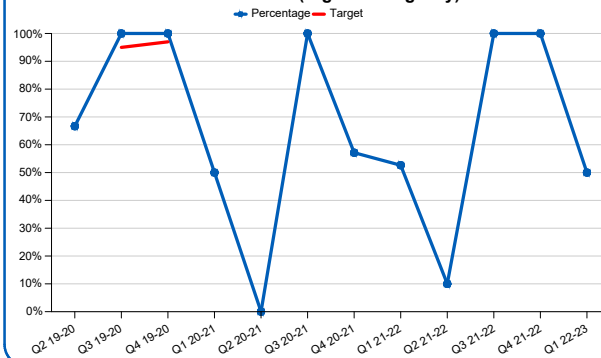
Local measure: June 34

Perinatal Community: Face to Face DNA Rate



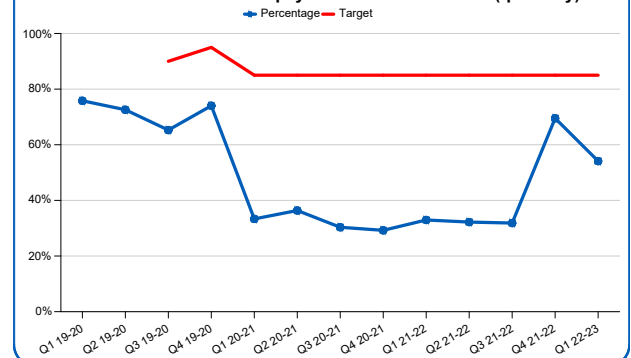
Contractual measure: Q1 17.6%

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



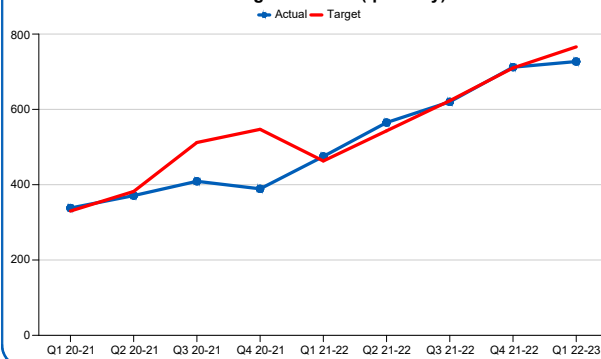
Contractual Target tba: Q1 50.0%

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 people admitted to Children and Younger People's inpatient services, with both a Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and Goal Based Outcomes (GBO) assessment completed within 7 days of admission, fell below target in Quarter 1, with 38.9% of service users (against a 100% target) having the required assessments. In some cases, where service users had declined to participate in the GBO assessments, these were left in an incomplete state and could not be counted. Some admin errors also affected performance reported. In addition, this KPI has been affected by the service going through a period of readjustment following the Leeds-based CAMHS service moving to the newly built Red Kite View, and a Children and Younger People's Psychiatric Intensive Care ward, within the unit being opened also. Now that the service is more settled and the PICU service is becoming embedded, it is anticipated that an improvement in performance will be seen in the future.

The wait to assessment target within Community Learning Disability Teams was not met in June, but has shown a significant increase with 78.9% of referrals (against a 90% target), seen within the 4-week timeframe. This measure was affected by standards of recording on the clinical system again this month with several referrals having been seen within the 4-week timeframe without the necessary recording in place. Service users waiting for face to face IQ assessments, which could not be progressed during the pandemic, did receive contact from the service but after the 4-week period. Other service users' first contact was delayed due to the time taken to gather more information about the referral or the service user was unavailable due to other health needs.

Reporting on the Deaf CAMHS service time to first face to face or video contact recommenced in April, following an internal piece of work led by the service to address issues with referrals waiting and recording of associated data. Following this piece of work, an improvement is clearly visible in the time to first contact throughout Quarter 1, compared to the period before September 2021, when reporting on this measure was paused.

In the Leeds Autism Diagnostic Service, referral numbers hit a peak in January 22 and remain higher than pre-pandemic, although referral numbers have reduced since the peak in January. The additional non-recurrent resource via secondees in Quarter 3 and Quarter 4 21/22 has had an impact on capacity, however demand is still high. The service has also recruited to additional recurrent posts; Psychologist, Autism Practitioner and Speech & Language Therapist. In Quarter 1, the service has also retained some non-recurrent support via secondees and temporary posts including medic, nursing and Assistant Psychologist. The team have also worked with Informatics colleagues to improve data capture and recording, work which is ongoing. The service are linking in with the 3rd sector event at LYPFT to support system wide thinking and are contributing the Integrated Care Board Neuro-Developmental Service Deep Dive.

Following noticeable increases during the early part of 2022, the Gender Identity Service waiting list is not showing the same level of growth during Quarter 1. This is a positive sign, and possible indication that the additional investment in the service is having the desired effect. The number of referrals received by the service has been following a downward trend throughout Quarter 1, resulting in the service having better than expected waiting list levels.

In Perinatal Services the percentage of women waiting less than 2 weeks for first contact (routine) in Q1 was 54.1%, this is below the 85% target. 4 out of 8 women (50.0%) waited less than 48hrs following an urgent referral. Increased sickness and other leave have impacted on the service capacity to meet contractual targets in June. However, a new system has now been implemented to ensure that all women receive a telephone triage assessment within the required response time.

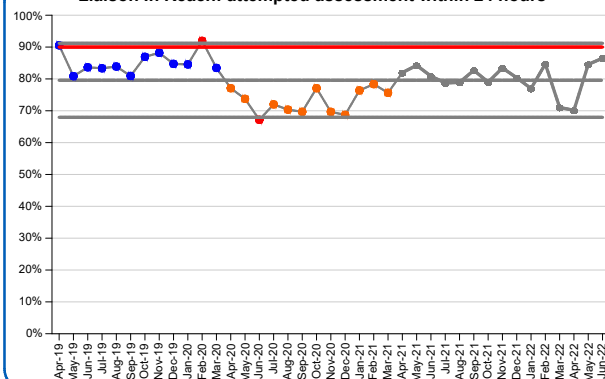
Services: Our acute patient journey

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



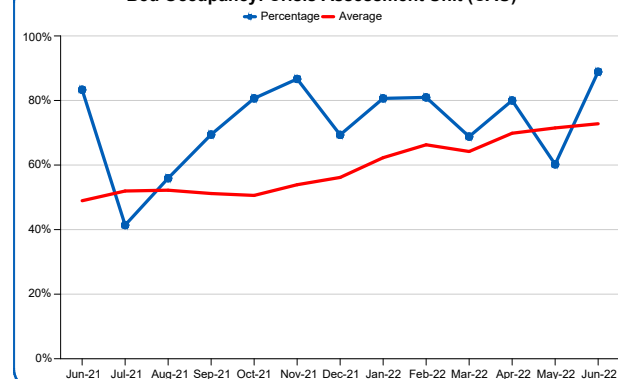
National (NOF) No target : June 0

Liaison In Reach: attempted assessment within 24 hours



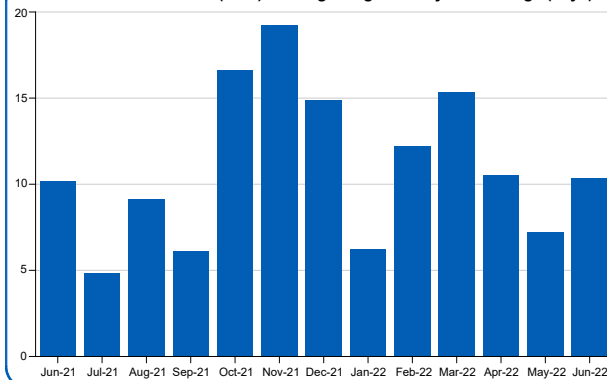
Contractual Target 90%: June 86.5%

Bed Occupancy: Crisis Assessment Unit (CAU)



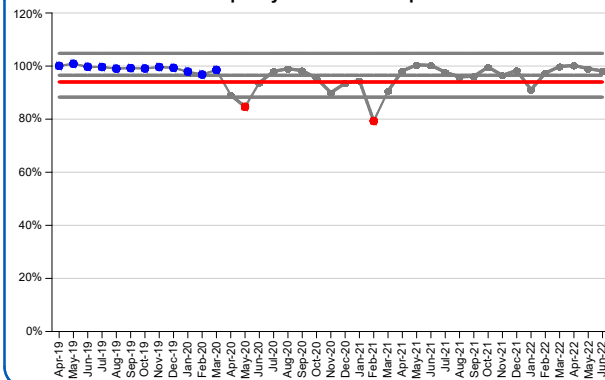
Local measure: June 88.9%

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



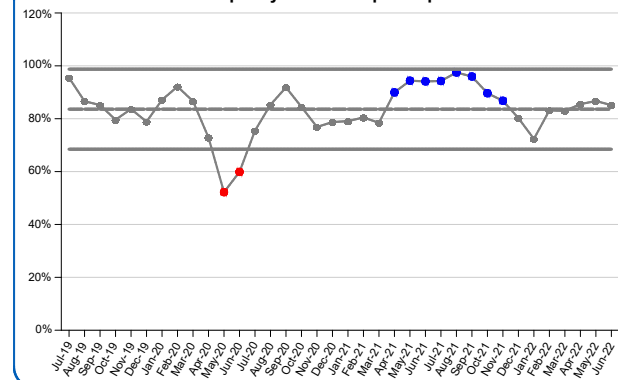
Local measure: June 10 days

Bed Occupancy: Adult Acute Inpatients



Contractual Target 94%: June 98.2%

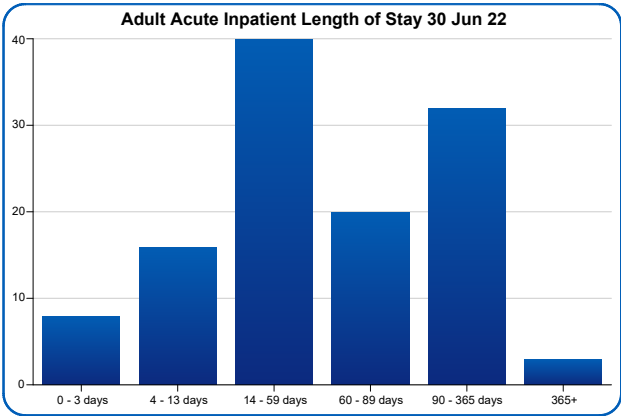
Bed Occupancy: Older Peoples Inpatients



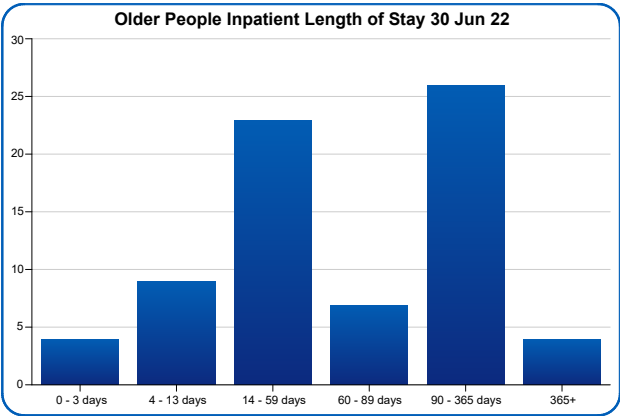
Local measure and target : June 85.1%

SPC Chart Key

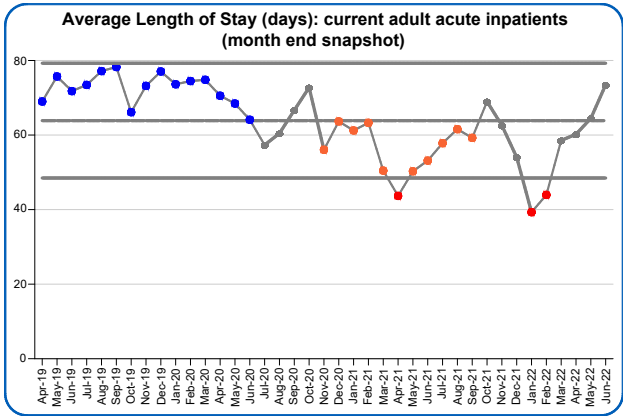
- Average
- Lower process limit
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- Actual
- Target



Local activity: 35 people with LOS 90+ days



Local activity: 30 people with LOS 90+ days

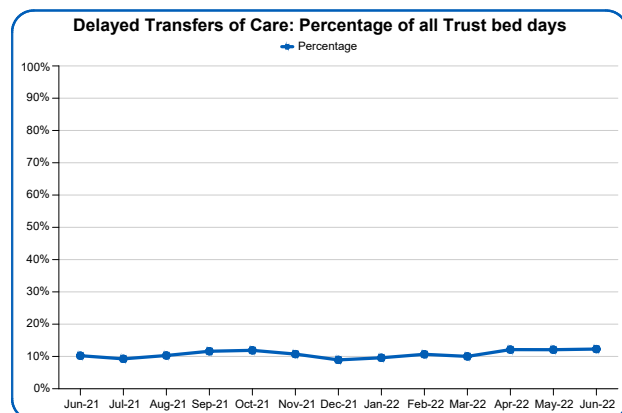


Local tracking measure: June 73 days

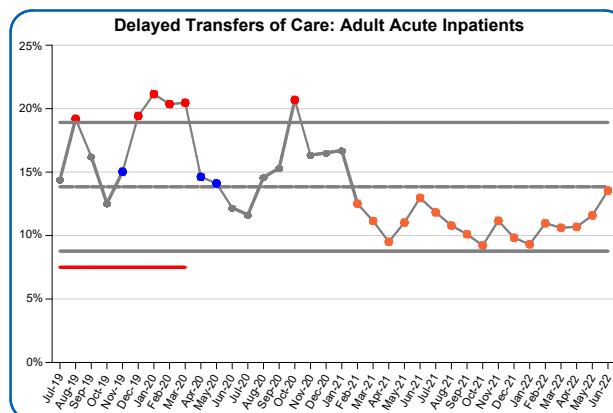
SPC Chart Key

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

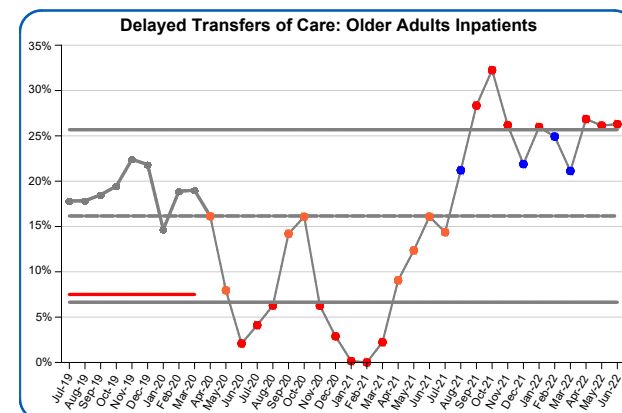
Services: Our acute patient journey (continued)



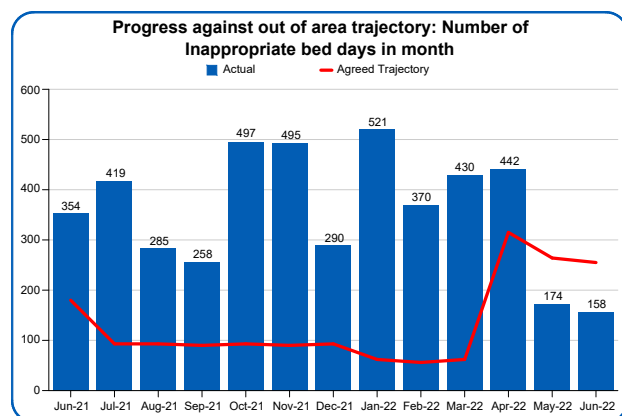
Local tracking measure: June 12.3%



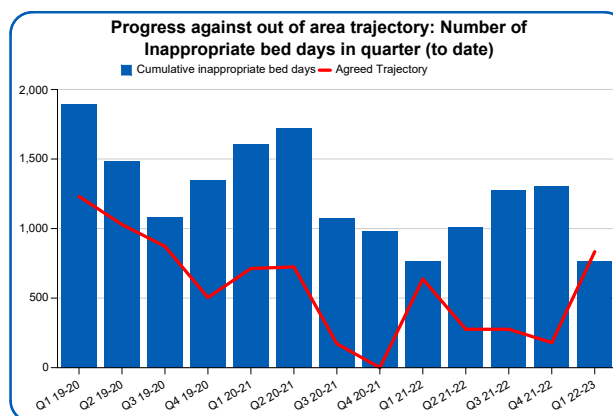
Local tracking measure: June 13.5%



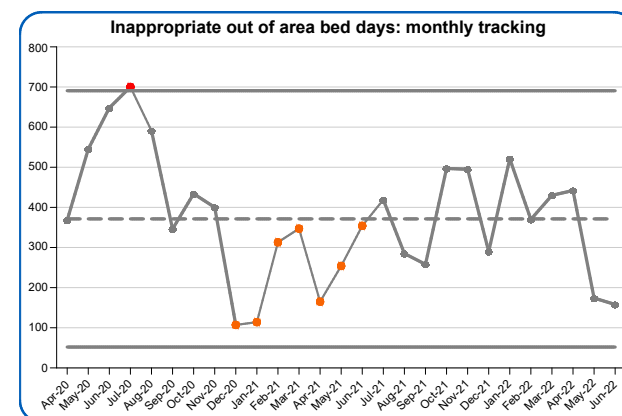
Local tracking measure: June 26.3%



Nationally agreed trajectory (255): June 158 bed days



Nationally agreed trajectory (Q1: 834): Q1 774 bed days

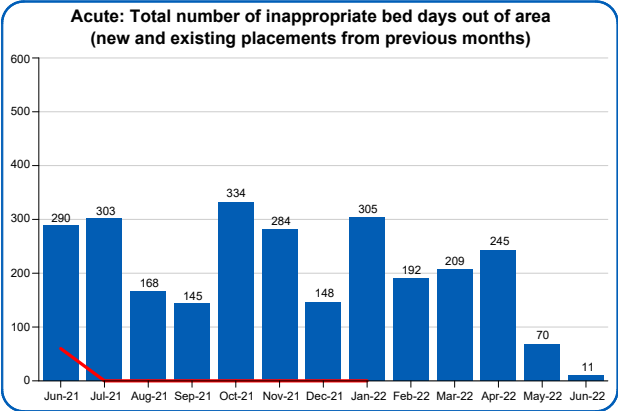


Local tracking measure: June 158 bed days

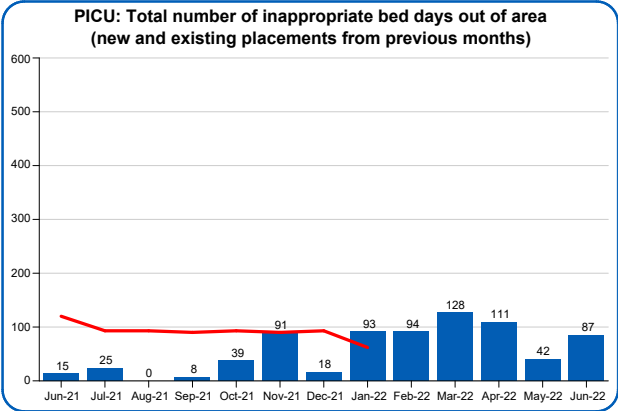
SPC Chart Key

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

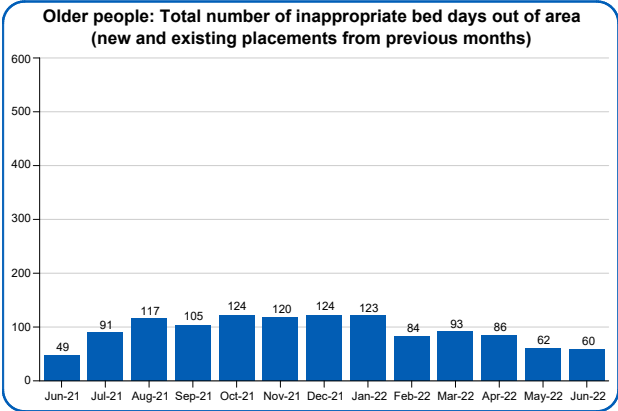
Services: Our acute patient journey (continued)



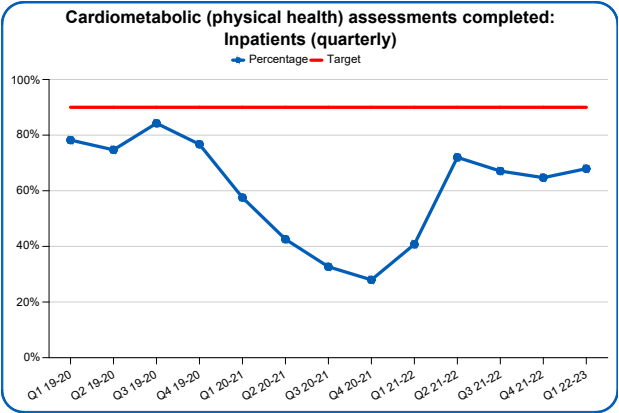
Nationally agreed trajectory (): June 11 days



Nationally agreed trajectory (): June 87 days



Local measure : June 60 days



Contractual target 90%: Q1 67.9%

Services: Our acute patient journey

Within the Liaison Inreach service, achievement of the 24-hour assessment target has improved again this month (to 86.5%), and is more in line with performance seen over the previous 12 months.

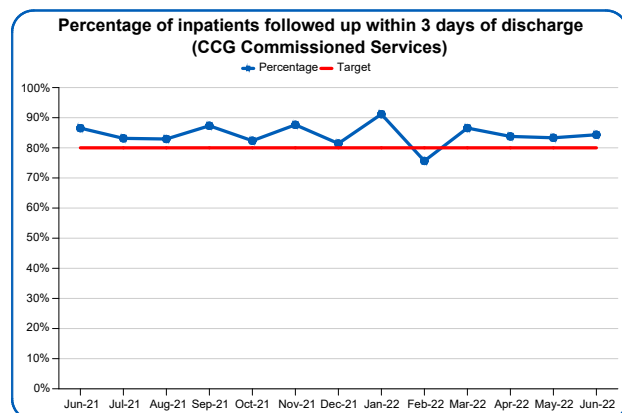
Bed occupancy within the Adult Acute inpatient service in June has decreased slightly to 98.2%, but continues to exceed the target range of 94-98%. Length of stay in Adult Acute services is continuing to increase which reflects the situation with delayed transfers of care in the service.

In June, there continues to be a low number of new Out of Area Placements (OAPs) starting in month. A decrease in the number of bed days, including those for placements starting before June, can also be seen. It is worth noting, that the OAP trajectory has been met in June. Both a reduction in new placements and bed days, are a positive indication of progress being made towards achieving the recently revised OAPs trajectory, which aims to eliminate OAPs by 2024. Within Older Adult services, there are currently three people in Out of Area beds; 1 service user will be repatriated to a bed at LYPFT when one becomes available, 1 service user will likely be discharged back to community care, and 1 service user is currently awaiting progress on referrals made to specialist care homes for people with Dementia.

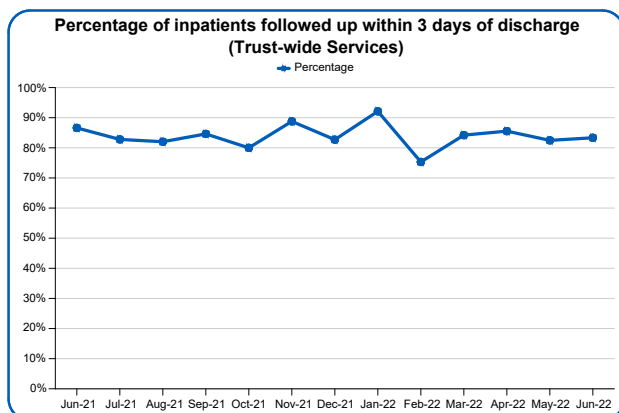
The percentage of inpatient bed days where the service user's transfer of care or discharge is delayed has been maintained. Long-standing delayed transfers of care within Adult Acute service are largely due to the need for supported accommodation. In Older Adult services, which carries the majority of the Trust's delays, these are related to sourcing residential or nursing placements.

The cardio-metabolic assessment target for inpatients was not met in Quarter 1, with 67.9% of service users having the required assessment in place (against a 90% target). A more comprehensive update on cardio-metabolic assessments will be presented to the next Finance & Performance Committee by the Head of Physical Health and Deputy Director for Service Delivery.

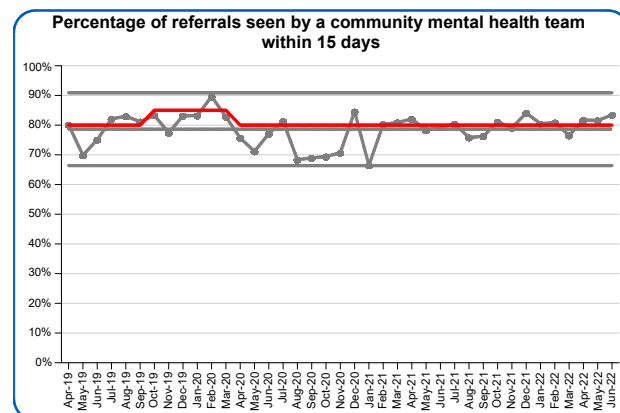
Services: Our community care



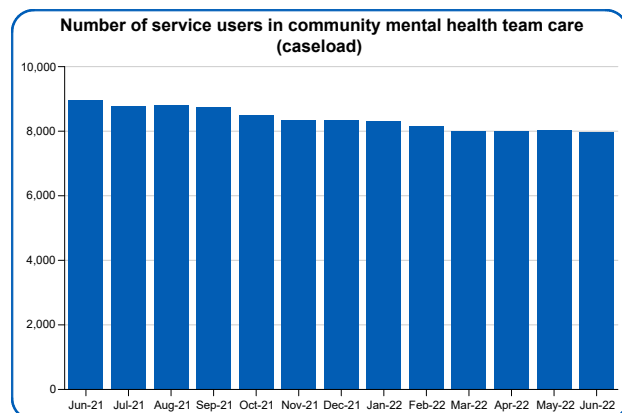
Contractual target 80%: June **84.3%**



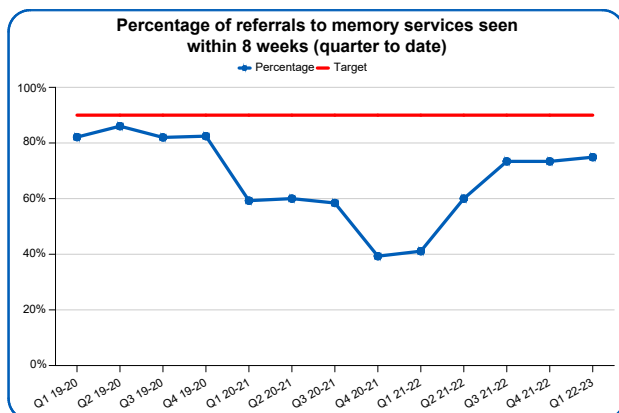
Local Tracking Measure 80%: June **83.3%**



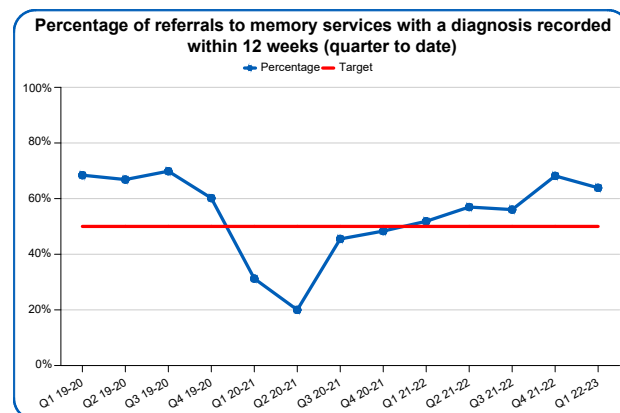
Contractual target 80%: June **83.4%**



Local measure : June **3,992**



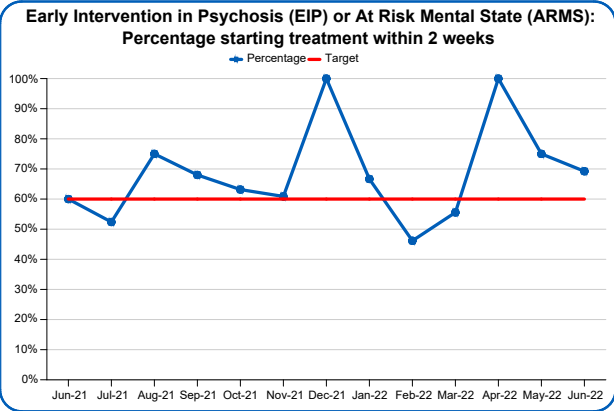
Contractual target 90%: Q1 22-23 **74.9%**



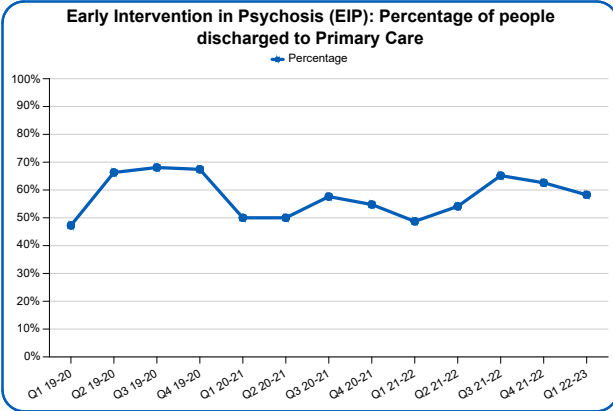
Contractual target 50%: Q1 22-23 **63.9%**

SPC Chart Key

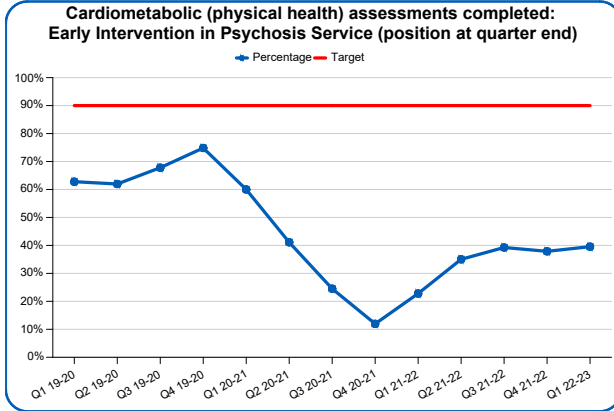
- - - Average
 - - - Lower process limit
 - - - Target
 - - - Upper process limit
 - - - Actual



Contractual target 60%: June 69.2%



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 84.3% for CCG commissioned services and 83.3% Trust wide. We continue to routinely follow up all breaches of the standard during the month.

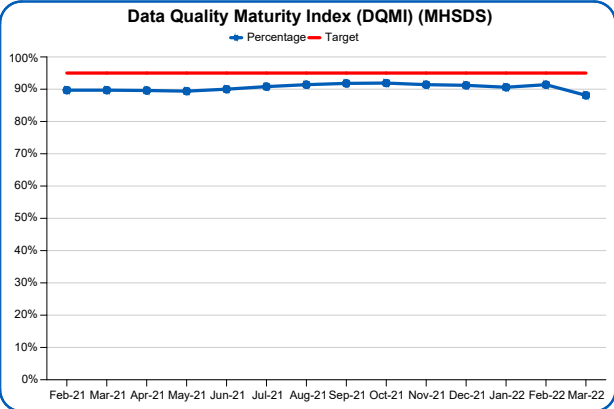
As of the end of Quarter 1, the percentage of referrals seen for assessment within the Memory Assessment Service (MAS) within 8 weeks, was 74.9% (against a 90% target). May saw a further increase in sickness across the service, rising to 7.8% from 7.7% in April. At the time of writing, no finalised sickness absence figures for June were available. However, in June the West Locality were experiencing pressures within the workforce, some of which was planned sickness on top of routine unplanned sickness, Maternity leave, annual leave, and vacant posts, which combined, produced significant challenge, and contributed to reductions in performance. Pressure because of medical staff capacity continued into June.

All localities saw a rise in caseload size, and an increase in referrals with some variation across the localities. The South South East (SSE) Locality experienced a small increase in the number of referrals received; from 90 in May to 94 in June. The North Locality experienced a significant increase in the number of referrals received; from 60 in May to 80 in June. Whilst the East North East (ENE) saw a decrease in referrals, they did see an increase in caseload size to 339 at the end of June from 315 at the end of May. Internal transfers from the Community Mental Health Teams can increase caseloads, in addition to the allocation of service users from new referrals.

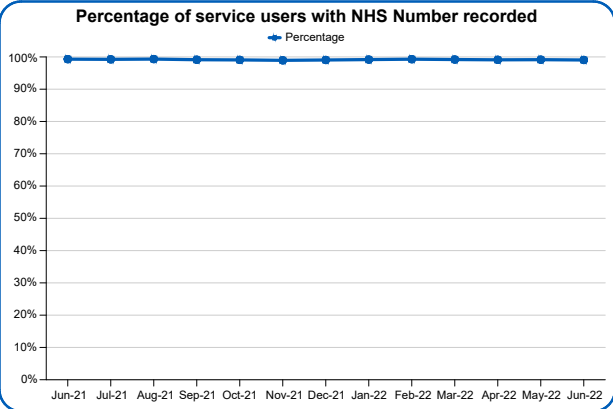
Two out of the four localities saw some recent, successful recruitment which, following a period of induction will have a positive impact upon service delivery. Other vacancies are currently out to advert.

Work is underway with the Continuous Improvement Team to look at the recent pathway changes within the MAS. Whilst this is very much in the early stages, the scoping work is taking place, and data/information is being collated to identify/support any change that is required.

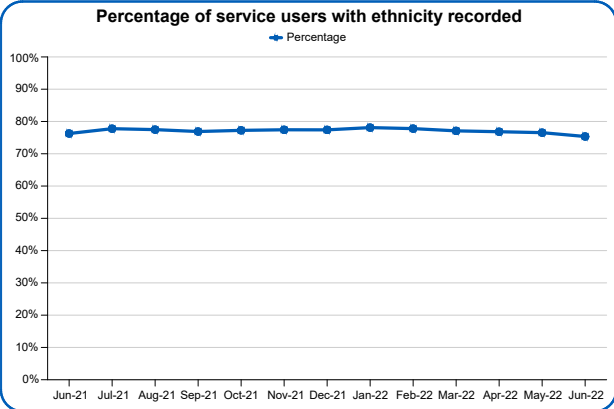
The cardio-metabolic assessment target for service users under the care of our Early Intervention in Psychosis Service was not met in Quarter 1, with 39.5% of service users having the required assessment in place (against a 90% target). A more comprehensive update on cardio-metabolic assessments will be presented to the next Finance & Performance Committee by the Head of Physical Health and Deputy Director for Service Delivery.



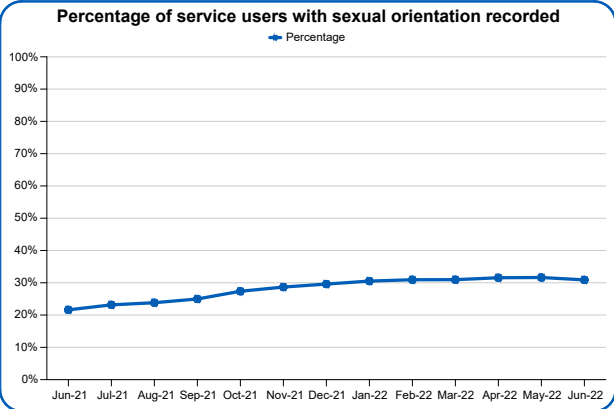
CQUIN / NHSOF Target 95%: March 88.1%



Local measure: June 99.1%



Local measure: June 75.3%



Local measure: June 30.9%

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 June 99.1% of care records had an NHS number recorded (no change), 75.3% ethnicity (slight decrease) and 30.9% sexual orientation (slight decrease).