Introduction

Key themes to consider this month: **Unless otherwise specified, all data is for May 2022**

Consistency and improvement:
Services have continued to be challenged during May with the effects of the pandemic and the associated backlogs still being felt. The Trust's Community Mental Health Service continues to work in business continuity mode, with the Working Age Adult teams experiencing significant difficulties with staffing. As a result of the continued pressures, services continue to be challenged and performance is affected as a result. 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 measures that have remained above target despite the circumstances in which teams are operating such as 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.

Workforce:
As of 16th June, 92.7% of staff had received their first COVID vaccination dose (3,639 people), and 89.8% (3,523 people) their second dose. As of the date above, 81.1% of eligible staff (2,854 people) had received a booster vaccination. Whilst restrictions at the national level have been eased across the country, the Trust continues to closely monitor coronavirus cases and the impact of measures such as test and trace and self-isolation on our ability to safely staff services.

Work in Progress:
As part of the reset and recovery work, services have been using some of the available national demand and capacity modelling tools. Around a half a dozen services have already 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. Updates on this work are currently being compiled for a presentation to Heads of Operations with plans for the next steps also being proposed. These next steps are likely to include a small number of tracking measures to help services identify when things may be going off plan.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Mar 2022	Apr 2022	May 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	66.8%	56.7%	58.0%
Percentage of ALPS referrals responded to within 1 hour	-	72.8%	73.9%	70.7%
Percentage of S136 referrals assessed within 3 hours of arrival	-	10.0%	6.5%	15.9%
Number of S136 referrals assessed	-	50	46	44
Number of S136 detentions over 24 hours	0	16	1	0
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	70.0%	60.0%	32.4%	20.0%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	84.7%	93.7%	88.6%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	47.1%	31.7%	37.4%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	**Target**	**Mar 2022**	**Apr 2022**	**May 2022**
Gender Identity Service: Number on waiting list	-	3,513	3,584	3,593
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	-	-	-
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	77.8%	70.0%	66.7%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	95.0%	68.8%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	26.7%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	100.0%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)	85.0%	69.5%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	710	712	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	6.7%	-	-
Services: Our acute patient journey	**Target**	**Mar 2022**	**Apr 2022**	**May 2022**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	68.8%	80.0%	60.2%
Crisis Assessment Unit (CAU) length of stay at discharge	-	15.36	10.54	7.26
Liaison In-Reach: attempted assessment within 24 hours	90.0%	71.1%	70.1%	84.6%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	99.8%	100.2%	99.0%
Becklin Ward 1 (Female)	-	101.5%	98.9%	100.4%
Becklin Ward 3 (Male)	-	98.5%	100.0%	98.1%
Becklin Ward 4 (Male)	-	100.0%	100.0%	100.6%
Becklin Ward 5 (Female)	-	99.0%	98.5%	100.3%
Newsam Ward 4 (Male)	-	100.2%	104.0%	95.5%
Older adult (total)	-	83.0%	85.5%	86.7%
The Mount Ward 1 (Male Dementia)	-	58.1%	55.3%	71.9%
The Mount Ward 2 (Female Dementia)	-	84.7%	90.9%	84.9%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Mar 2022	Apr 2022	May 2022
The Mount Ward 3 (Male)	-	86.4%	92.6%	93.0%
The Mount Ward 4 (Female)	-	95.5%	96.0%	91.7%
Percentage of delayed transfers of care	-	10.0%	12.1%	12.1%
Total: Number of out of area placements beginning in month	-	11	7	2
Total: Total number of bed days out of area (new and existing placements from previous months)	264	430	442	174
Acute: Number of out of area placements beginning in month	-	8	6	1
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	209	245	70
PICU: Number of out of area placements beginning in month	-	3	1	1
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	128	111	42
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)	-	93	86	62
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	64.7%	-	-
Services: Our Community Care	**Target**	**Mar 2022**	**Apr 2022**	**May 2022**
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	84.2%	85.5%	82.5%
Percentage of inpatients followed up within 3 days of discharge (CCG commissioned services only)	80.0%	86.6%	83.8%	83.3%
Number of service users in community mental health team care (caseload)	-	4,010	4,006	4,026
Percentage of referrals seen within 15 days by a community mental health team	80.0%	76.5%	81.7%	81.6%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	73.4%	77.3%	74.1%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	68.2%	68.3%	69.0%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	55.6%	100.0%	75.0%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	62.6%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	37.9%	-	-
Services: Clinical Record Keeping	**Target**	**Mar 2022**	**Apr 2022**	**May 2022**
Percentage of service users with NHS Number recorded	-	99.2%	99.1%	99.1%
Percentage of service users with ethnicity recorded	-	77.1%	76.8%	76.5%
Percentage of service users with sexual orientation recorded	-	31.0%	31.6%	31.6%
DQMI (MHSDS) % Quality %	95.0%	91.2%	90.6%	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.

	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	1,853	1,974	2,056
Chronic Fatigue Service	116.7	168.2	171.1	132.2	181	163	173
CMHT OPS	37.1	42.4	32.4	31.2	151	122	124
CMHTs Adult	48.6	52.2	63.4	50.1	510	511	519
DEAF CAMHS	42.4	63.4	39.9	26.3	18	15	21
Gambling Services		83.3	62.3	53.5	139	137	130
Gender Services	182.4	570.8	893.3	616.5	2,678	2,755	2,810
LADS	83	138.1	110.9	150.5	315	336	338
Leeds LD Community	47.5	32.8	48.5	45.7	185	149	143
Liaison Out Patients	70.1	73.1	69.5	50.6	124	103	98
Memory Assessment Service	52.5	52.2	51.8	52.8	368	388	411
Perinatal Community	16	14.6	13.6	15.0	49	44	67
Veterans	36.9	27.6	66.8	37.8	47	43	46

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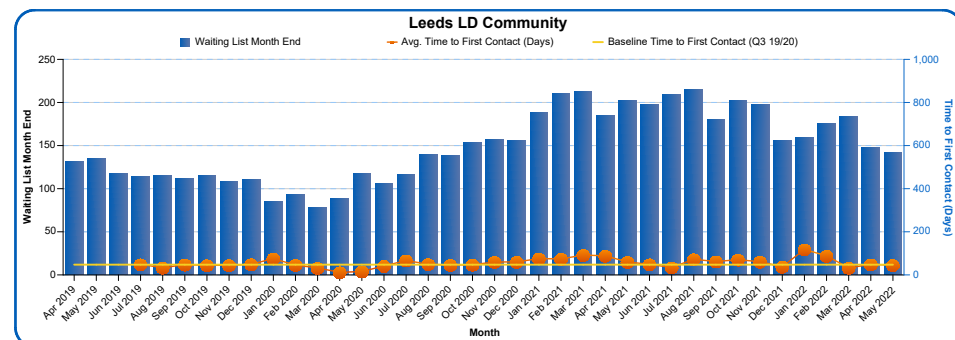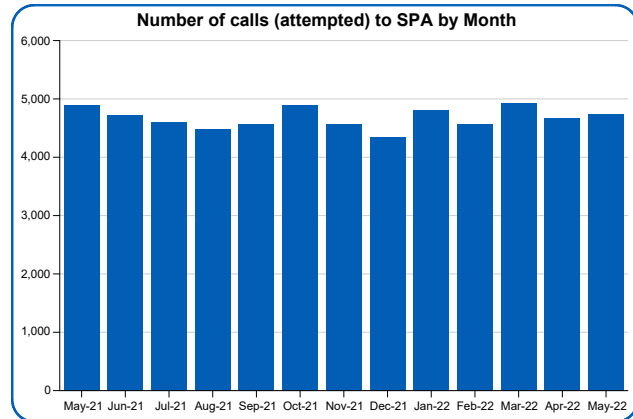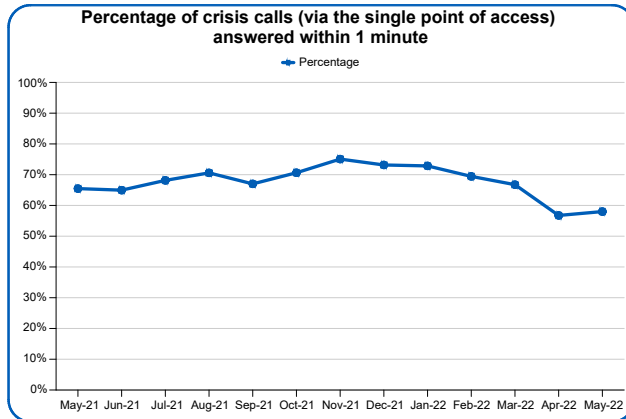
*** Where there is no data point for the measure 'Avg. Time to First Contact (Days)' this is because the service did not see any service users for a first contact in that month.

**** 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.
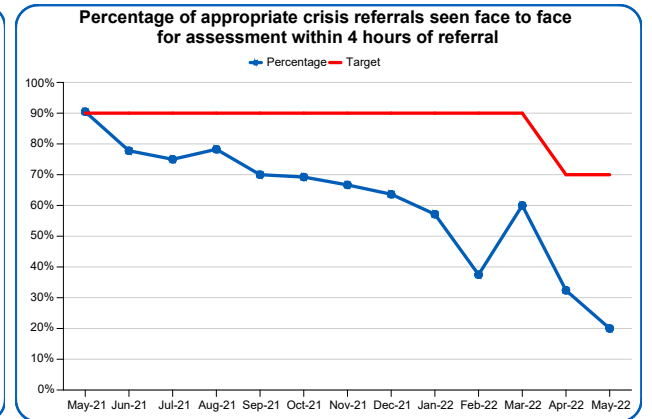
ADHD

Chronic Fatigue Service

CMHT OPS

CMHTs Adult

DEAF CAMHS

Gambling Services

Gender Services

LADS

Leeds LD Community

Liaison Out Patients

Memory Assessment Service

Perinatal Community

Veterans

* 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.

Number of calls (attempted) to SPA by Month

Number of calls : May 4,753

Percentage of crisis calls (via the single point of access) answered within 1 minute

Local target - within 1 minute: May 58.0%

Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral

Contactual Target 70%: May 20.0%

Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support
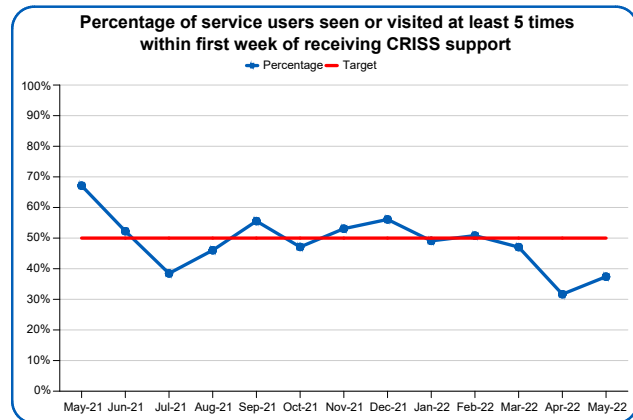
Contractual Target 50%: May 37.4%

Percentage of service users who stayed on CRISS caseload for less than 6 weeks
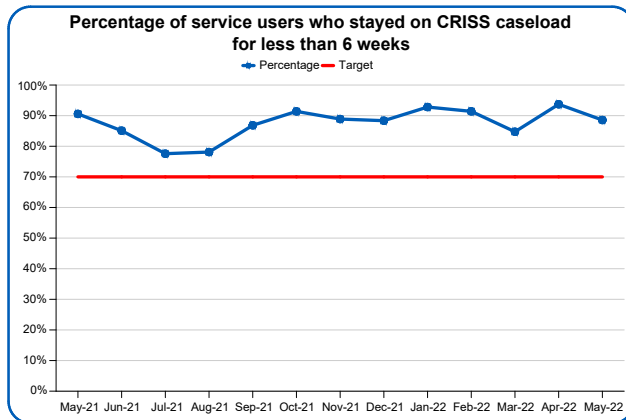
Contractual Target 70%: May 88.6%

Percentage of ALPS referrals responded to within 1 hour

Percentage of S136 referrals assessed within 3 hours of arrival

Number of S136 referrals assessed
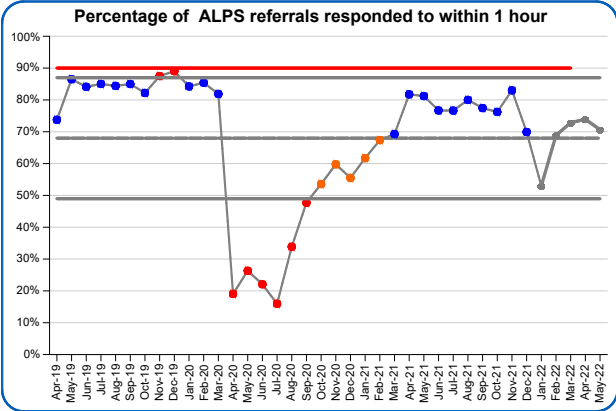
Contractual Target : May 70.7%
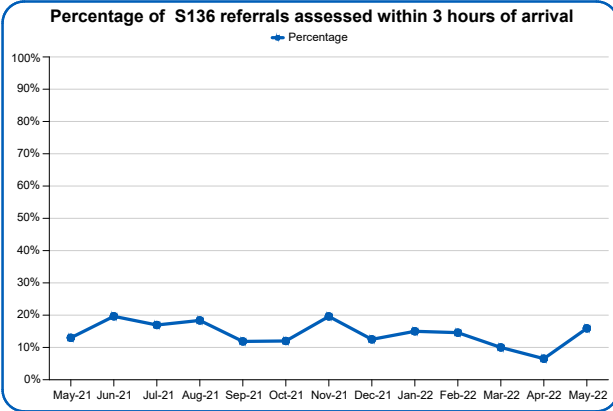
Contractual Target : May 15.9%
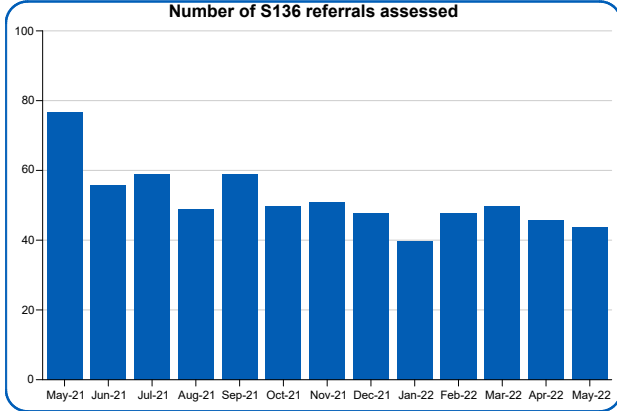
Total referrals assessed: May 44

Services: Access & Responsiveness: Our Response in a crisis

The Acute Liaison Psychiatry Service are continuing to work towards a 1-hour response time for all referrals, despite removal of the target for this service in 22/23. Performance in May has decreased slightly which is not unusual considering the slight variation month-on-month historically. The service continue to be based off-site which produces some challenges in responding to referrals within the 1-hour target. The service will continue to do their best to try to achieve maximum compliance within the 1-hour response time.

Performance against the Crisis assessment within 4-hour response has unfortunately decreased again in May. The service have reviewed their data in relation to this target and identified a number of issues affecting it including the way staffing are using the clinical system to identify applicable referrals and the timeliness of handover following phone triage. The service is completing a piece of work to look at every referral that comes into the service daily, over a period of one month. This will help identify any further issues and lessons learnt will help contribute to changes in process accordingly.
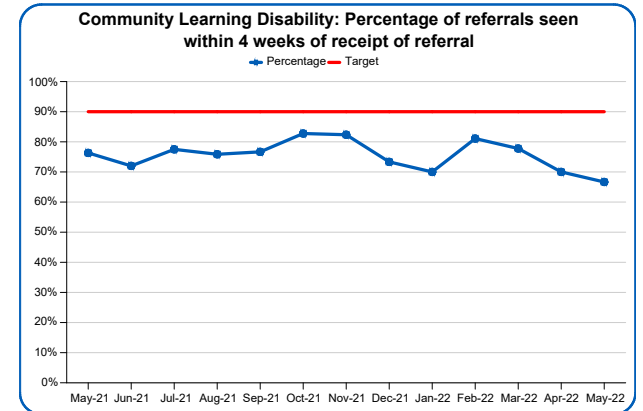
The number of service users being seen five times within the first week of receiving Crisis Resolution and Intensive Support Service (CRISS) involvement, has improved slightly in May. This is a target that the service has found difficult to achieve consistently during the previous 12 months. However, not all service users require the level of intensity of support suggested by the target, but do need support from CRISS. The service consider it worth exploring trying to separate out those service users needing the level of support that requires five contacts per week, in order to more accurately reflect the service given to this cohort of service users.
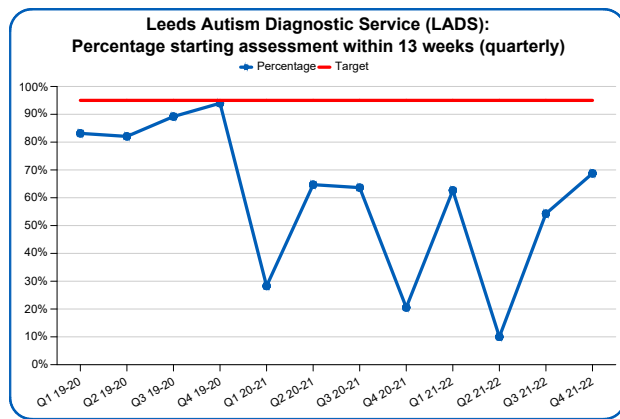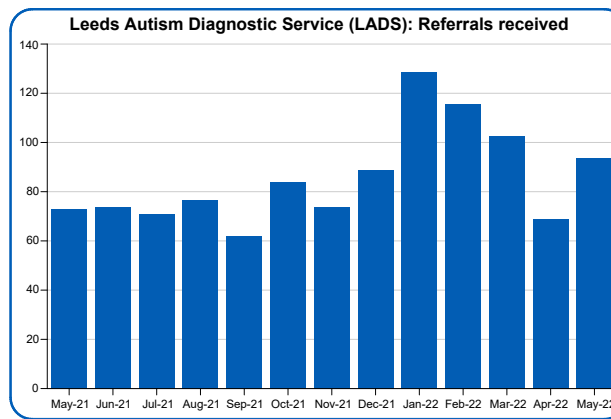
Gender Identity Service: Referrals received

Total referrals: May 110

Gender Identity Service: Number on waiting list
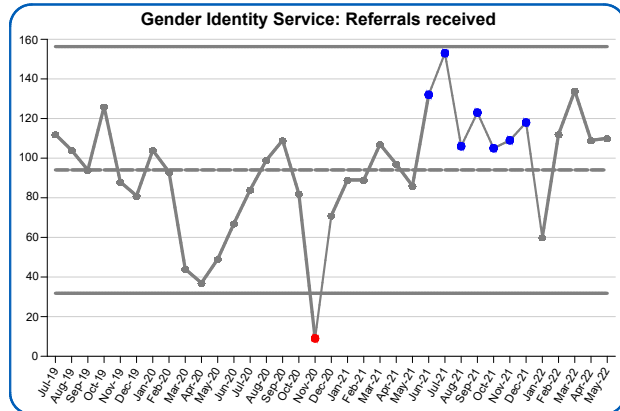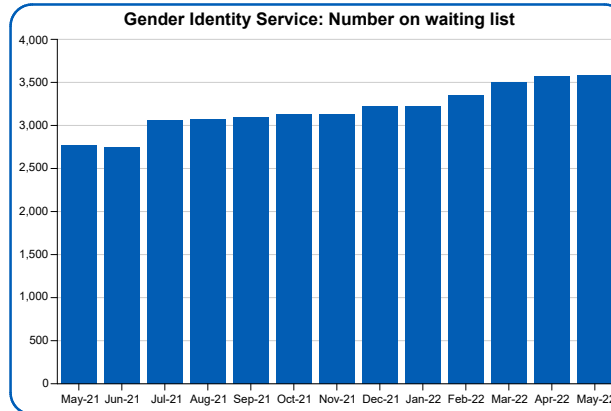
Number on waiting list: May 3,593

Community Learning Disability: Percentage of referrals seen within 4 weeks of receipt of referral

Contractual Target 90%: May 66.7%

Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)

Contractual Target 95%: Q4 68.8%

Leeds Autism Diagnostic Service (LADS): Referrals received

Local measure: May 94

SPC Chart Key

- – – Average
- —— Lower process limit
- —— Target
- —— Upper process limit
- —•— Actual

CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA/GBO) (quarterly)
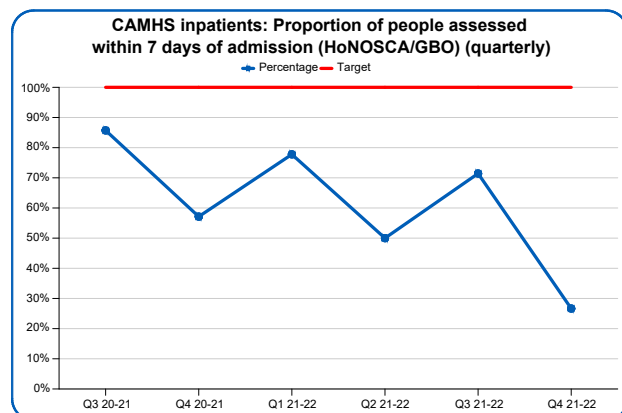
Contractual Target 100%: Q4 26.7%

Perinatal Community: Face to Face DNA Rate
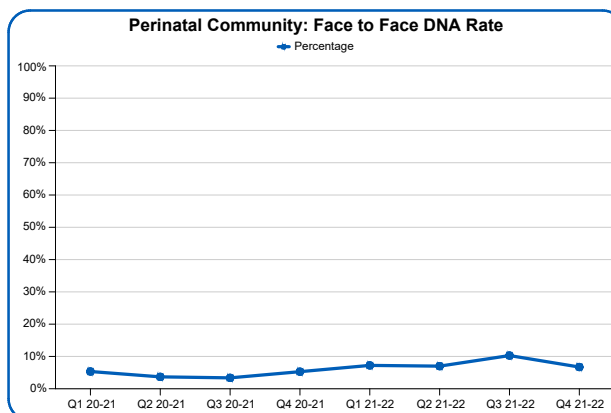
Contractual measure: Q4 6.7%

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

Local measure: May 26

Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency)
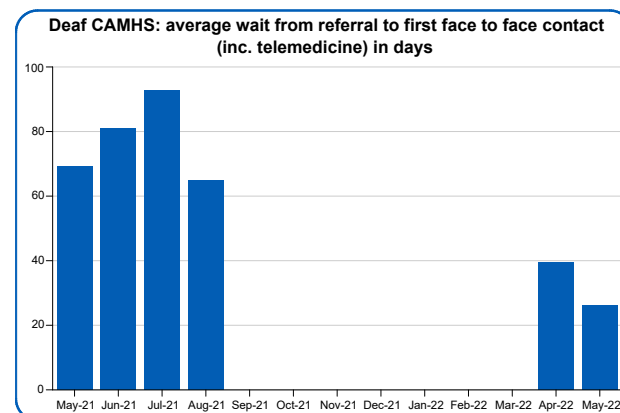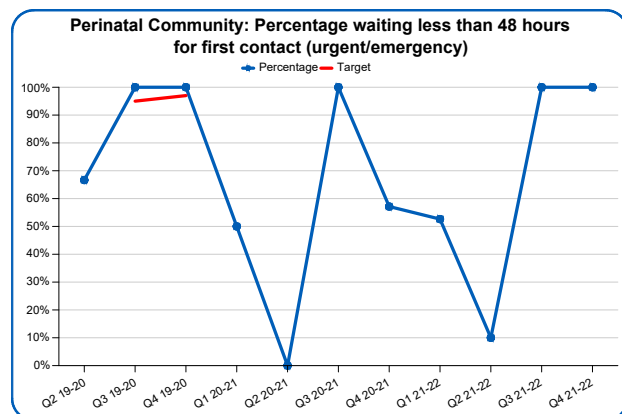
Contractual Target tba: Q4 100.0%

Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for bio psychosocial assessment (quarterly)
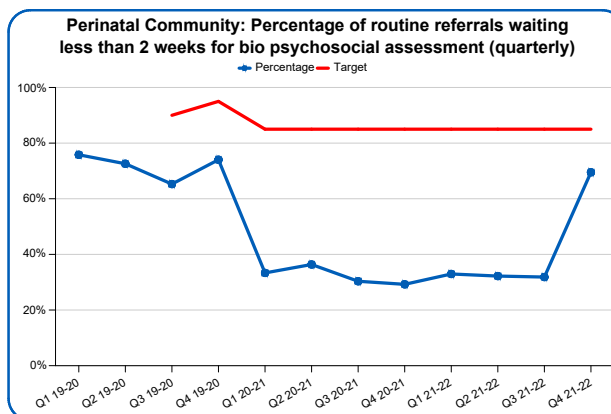
Contractual Target 85%: Q4 69.5%

Perinatal: Total number of distinct women seen in a rolling 12 months (quarterly)
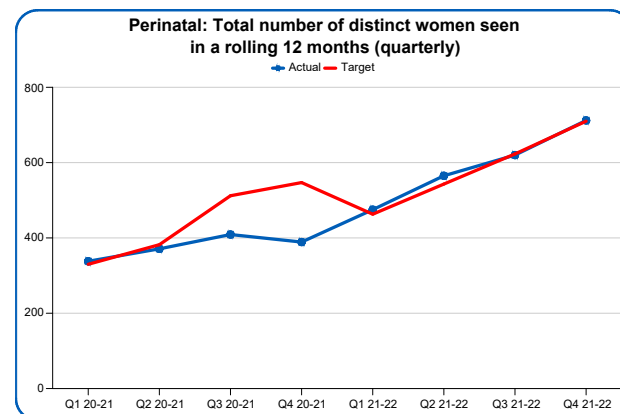
Local measure 710: Q4 712

Services: Our Regional and Specialist Services

The wait to assessment target within Community Learning Disability Teams was not met in May, and has unfortunately decreased again this month with 66.7% 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. A recent data quality audit conducted by the Informatics Department has identified this issue also and the service are already engaged with the Continuous Improvement Team to address difficulties in this area. Results of the audit have been shared within the team. 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 receive a learning disability diagnosis from the service user's GP.
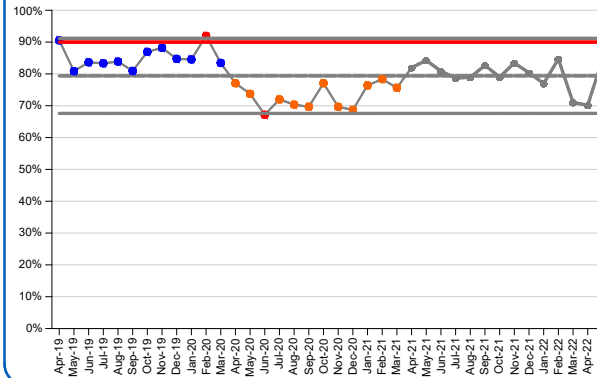
Services: Our acute patient journey

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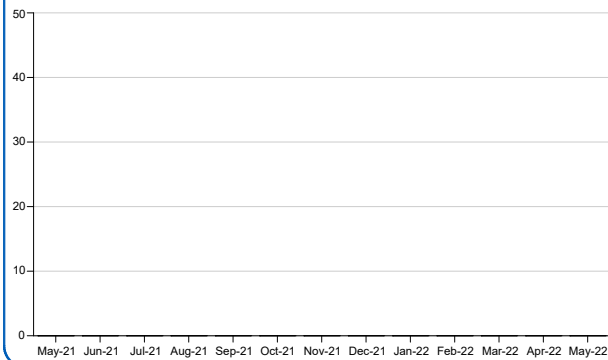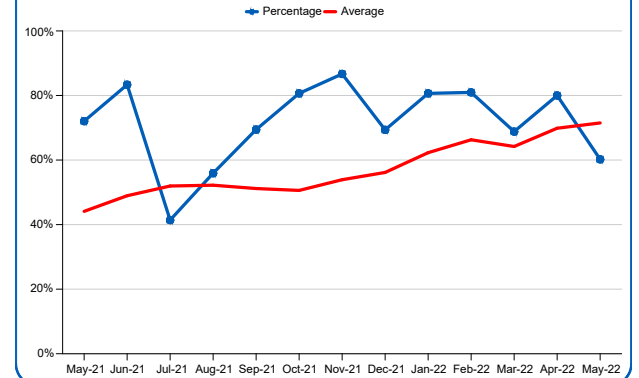

National (NOF) No target : May 0
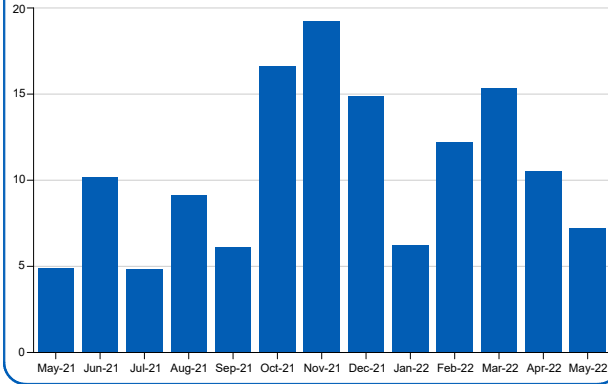
Liaison In Reach: attempted assessment within 24 hours

Contractual Target 90%: May 84.6%
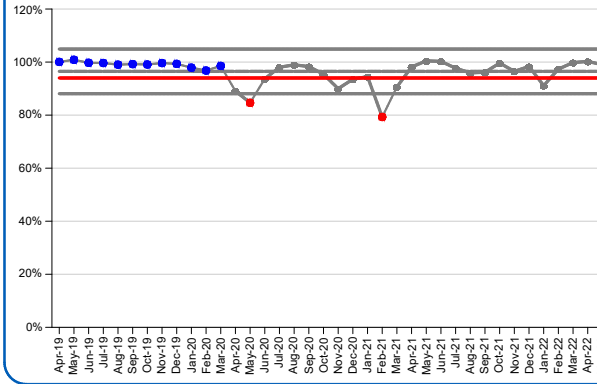
Bed Occupancy: Crisis Assessment Unit (CAU)

Local measure: May 60.2%

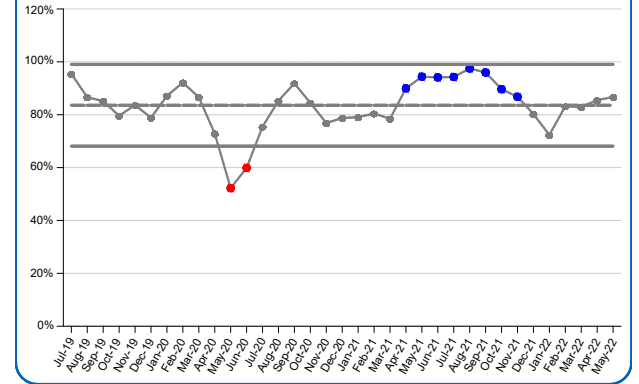### Crisis Assessment Unit (CAU): Average length of stay at discharge (days)

Local measure: May 7 days

Bed Occupancy: Adult Acute Inpatients

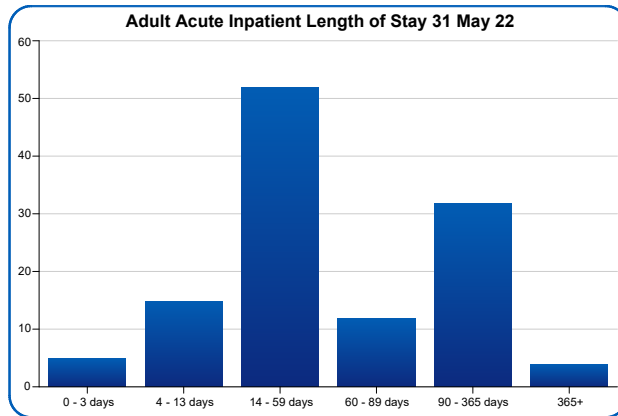Contractual Target 94%: May 99.0%

Bed Occupancy: Older Peoples Inpatients
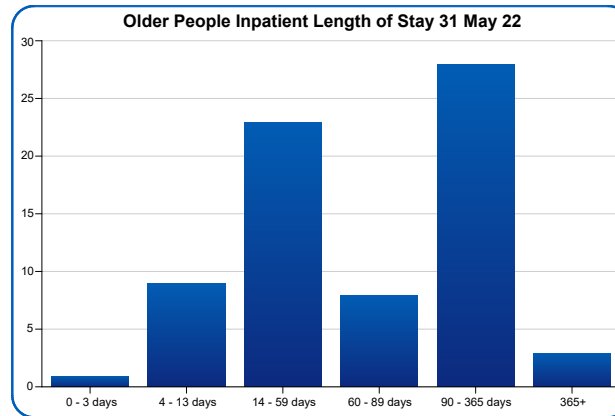

Local measure and target : May 86.7%

SPC Chart Key

- – – Average
- —— Lower process limit
- —— Target
- —— Upper process limit
- —•— Actual

Adult Acute Inpatient Length of Stay 31 May 22

Local activity: 36   people with LOS 90+ days

Older People Inpatient Length of Stay 31 May 22

Local activity: 31   people with LOS 90+ days

Average Length of Stay (days): current adult acute inpatients (month end snapshot)
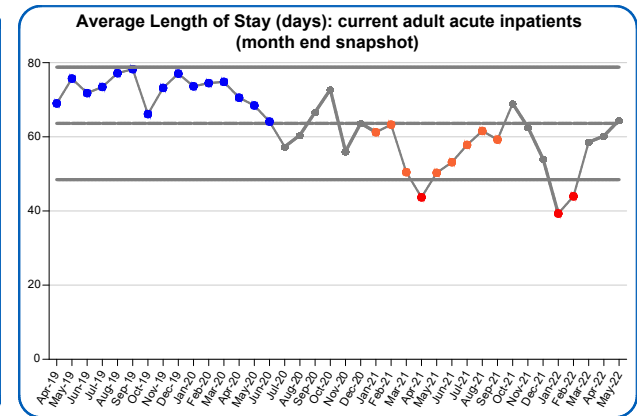
Local tracking measure: May 64 days

**Discharged Length of Stay Adult Acute Inpatient
01 Jun 21 to 31 May 22**

Local activity: % discharged LOS 90+ days = 18.5%

**Discharged Length of Stay Older People Inpatient
01 Jun 21 to 31 May 22**
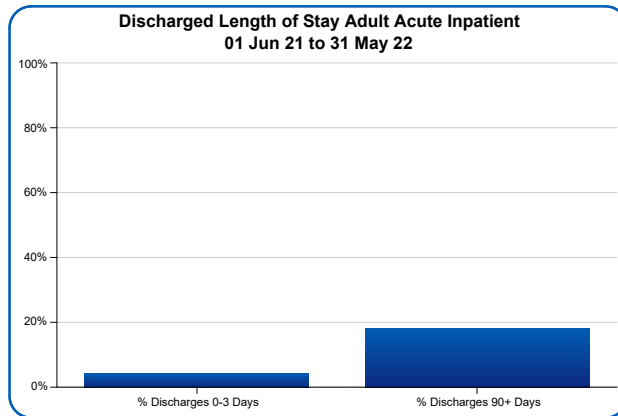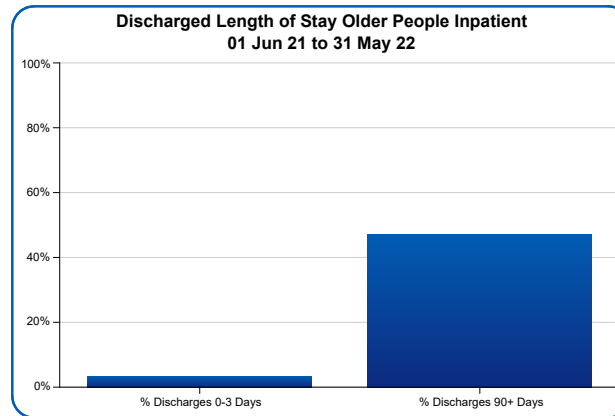
Local activity: % discharged LOS 90+ days = 47.3%

SPC Chart Key

– – – Average
———— Lower process limit
———— Target
———— Upper process limit
—•— Actual

Delayed Transfers of Care: Percentage of all Trust bed days

Local tracking measure: May 12.1%
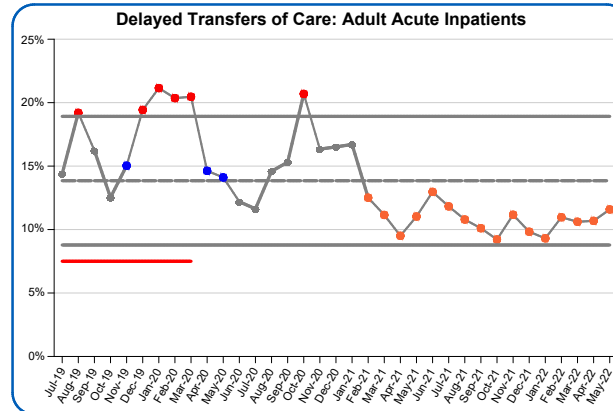
Delayed Transfers of Care: Adult Acute Inpatients

Local tracking measure: May 11.6%

Delayed Transfers of Care: Older Adults Inpatients

Local tracking measure: May 26.1%

Progress against out of area trajectory: Number of Inappropriate bed days in month
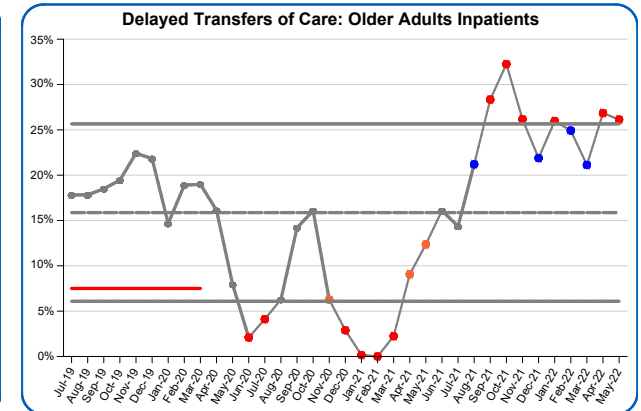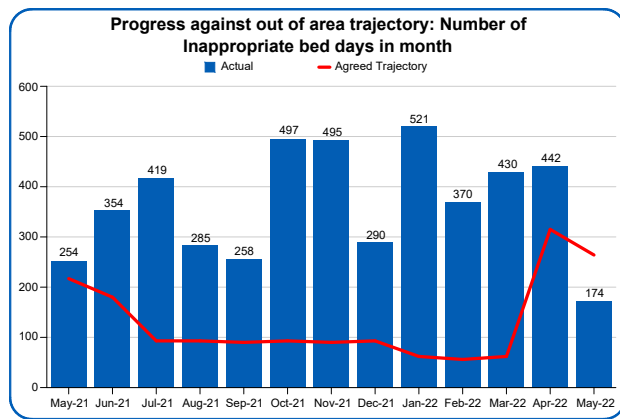
Nationally agreed trajectory (264): May 174 bed days

Progress against out of area trajectory: Number of Inappropriate bed days in quarter (to date)
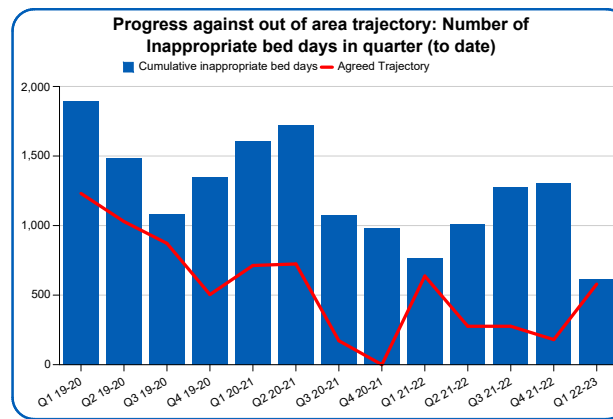
Nationally agreed trajectory (Q1: 579): Q1 616 bed days

Inappropriate out of area bed days: monthly tracking
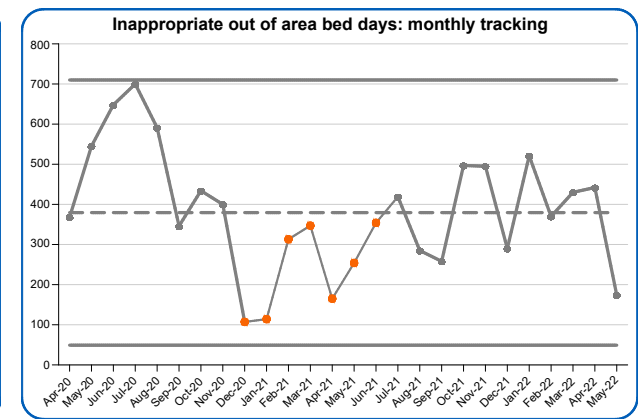
Local tracking measure: May 174 bed days

SPC Chart Key

- – – – Average
- ——— Lower process limit
- ——— Target
- ——— Upper process limit
- —•— Actual

Acute: Total number of inappropriate bed days out of area (new and existing placements from previous months)
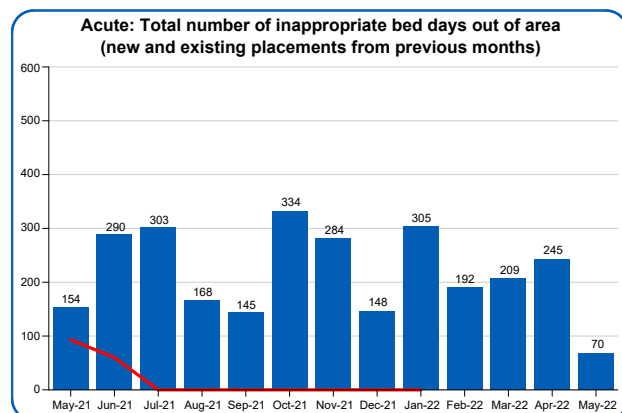
Nationally agreed trajectory (): May 70 days

PICU: Total number of inappropriate bed days out of area (new and existing placements from previous months)
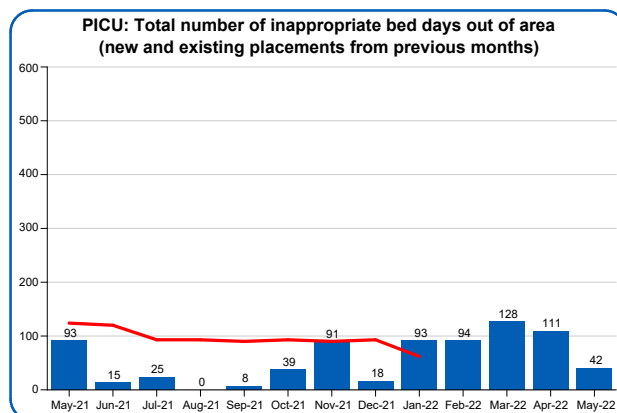
Nationally agreed trajectory (): May 42 days

Older people: Total number of inappropriate bed days out of area (new and existing placements from previous months)
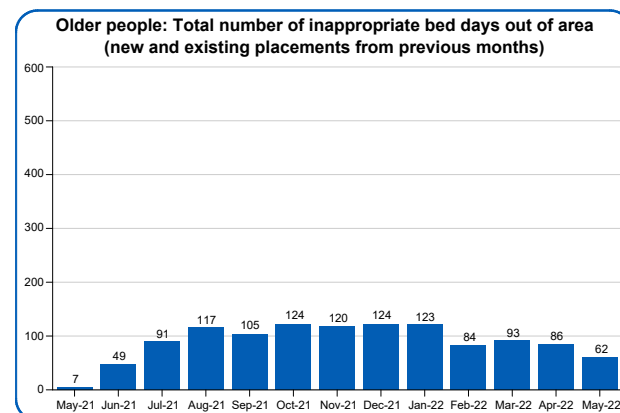
Local measure : May 62 days

Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)
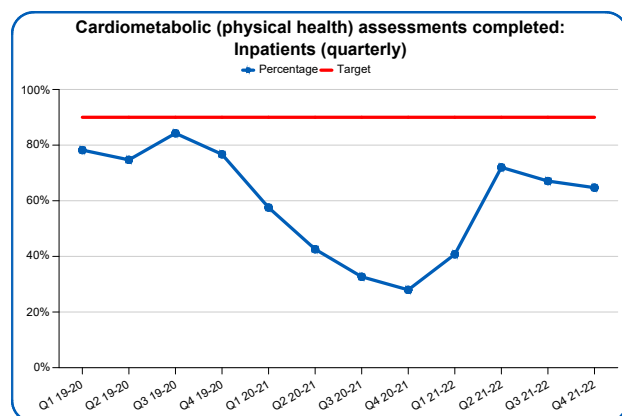
Contractual target 90%: Q4 64.7%

Services: Our acute patient journey

Within the Liaison Inreach service, achievement of the 24-hour assessment target has recovered (to 84.6%), and is more in line with performance seen over the previous 12 months. The service continues to face difficulties across the wider healthcare system around the movement of patients to their next stage of care, increased input needed for mentally unwell patients in the general hospital, contacting partner services, and moving people on and out of the system. Despite all of these factors, the service have made good progress this month towards achieving this target.

Bed occupancy within the Adult Acute inpatient service in May has decreased slightly to 99.0% and continues to exceed the target range of 94-98%. Length of stay in Adult Acute services is continuing to increase which reflects the high number of delayed transfers of care within the service. Several service users are experiencing lengthy delayed transfers of care, which are largely due to transfers to other types of care, rather than discharges to a place of residence.
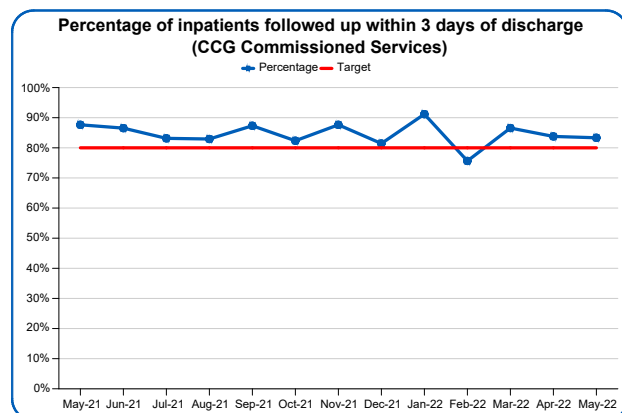
The number of new placements starting in month is beginning to show a decrease following a period of high out of area demand with only two placements starting in May. Similarly, the number of out of area bed days in month, including those from placements starting before May, is also showing a welcome decrease. Currently, there are no out of area placements within the Adult Acute service and progress is being made with some of the longstanding Older Adult placements.

Several actions combined has contributed to the decrease in Out of Area placements. A daily multiagency senior oversight group, full operation of OASIS (crisis house), work to reduce variation and increase formulation in conjunction with the Acute Care Excellence programme, an increase in intensive discharge facilitation, increase in housing workers time available to the service and peer support discharge facilitators providing advice and support across wards have all helped bring about a reduction in levels of OAPs.
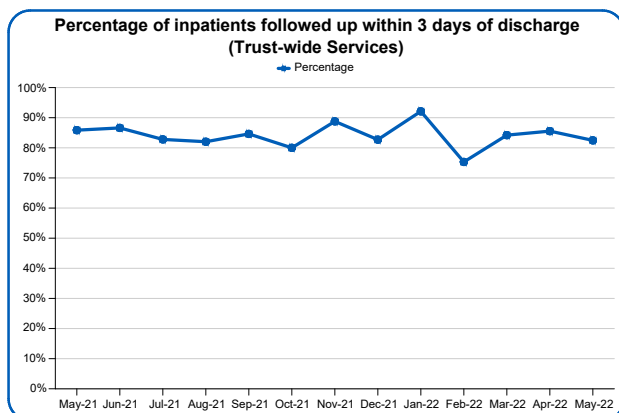
The percentage of inpatient bed days where the service user's transfer is delayed has been maintained. As above delayed transfers of care within Adult Acute service are largely internal, whereas in Older Adult services, which carries the majority of the Trust's delays, these are related to sourcing residential or nursing placements.

The Trust now has a revised 22/23 trajectory for Out of Area Placements, which has been amended to take account of the national shift to eliminate Out of Area Placements by 2024.
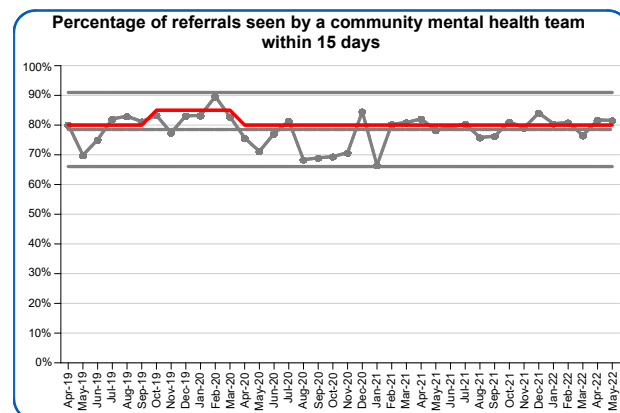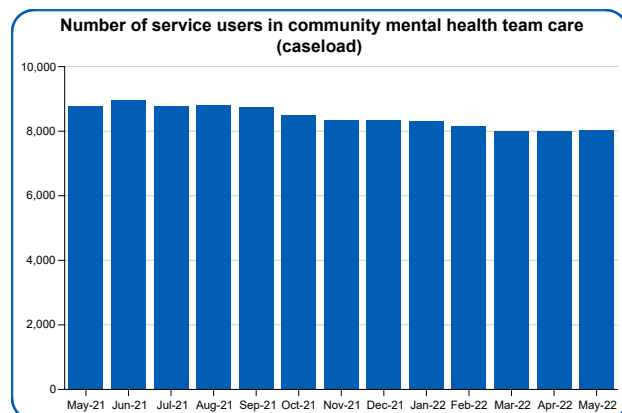
Percentage of inpatients followed up within 3 days of discharge (CCG Commissioned Services)

Contractual target 80%: May 83.3%

Percentage of inpatients followed up within 3 days of discharge (Trust-wide Services)

Local Tracking Measure 80%: May 82.5%

Percentage of referrals seen by a community mental health team within 15 days

Contractual target 80%: May 81.6%

Number of service users in community mental health team care (caseload)

Local measure : May 4,006

Percentage of referrals to memory services seen within 8 weeks (quarter to date)
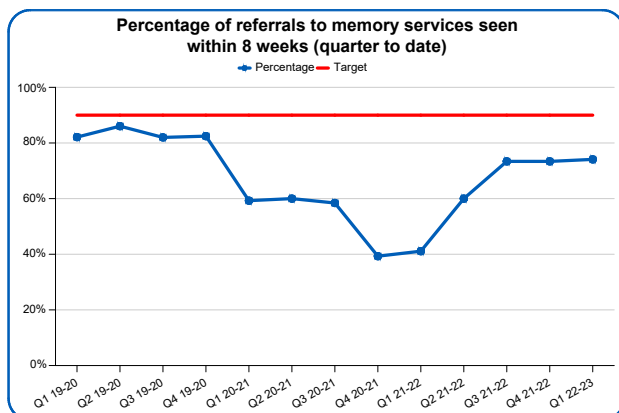
Contractual target 90%: Q1 22-23 74.1%

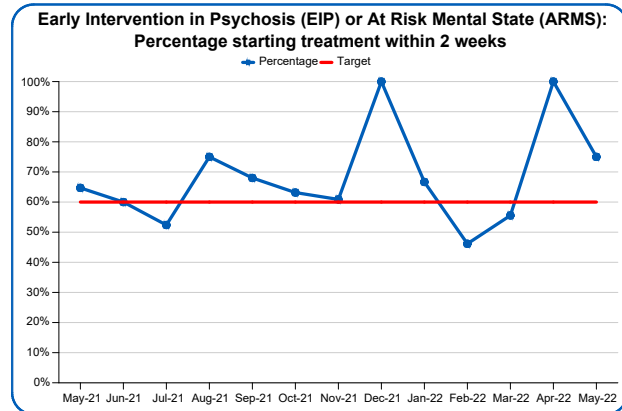### Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)
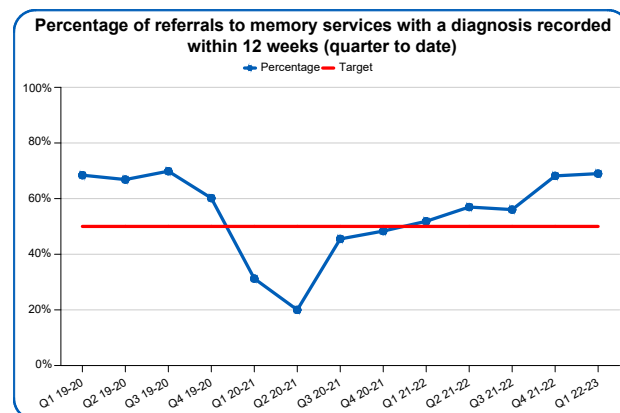
Contractual target 50%: Q1 22-23 69.0%

SPC Chart Key

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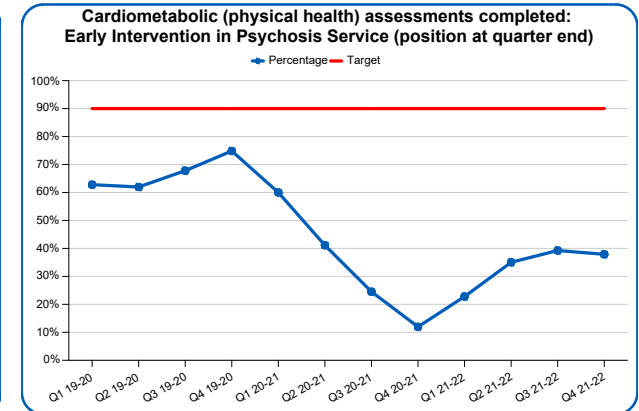——— Lower process limit
——— Target
——— Upper process limit
—•— Actual

Early Intervention in Psychosis (EIP) or At Risk Mental State (ARMS): Percentage starting treatment within 2 weeks

Contractual target 60%: May 75.0%

Early Intervention in Psychosis (EIP): Percentage of people discharged to Primary Care
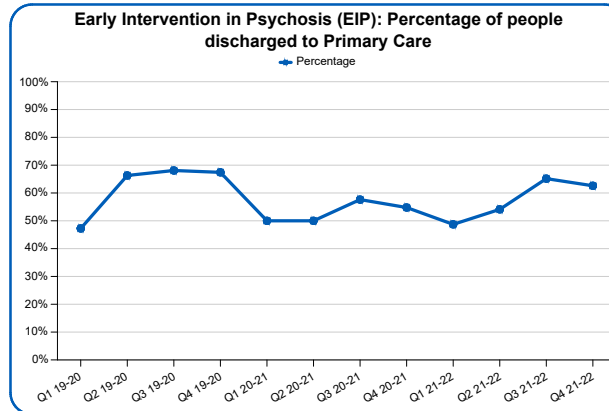
Contractual target tbc: Q4 62.6%

Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (position at quarter end)
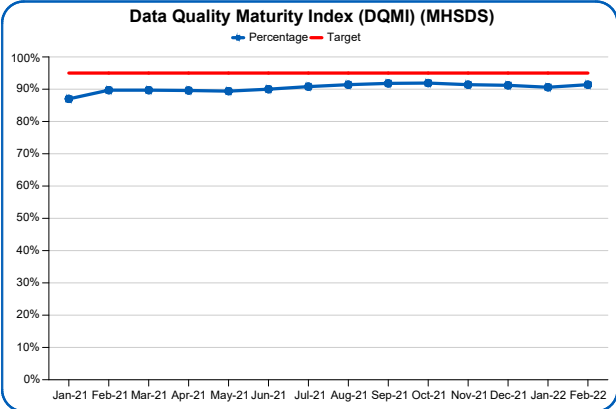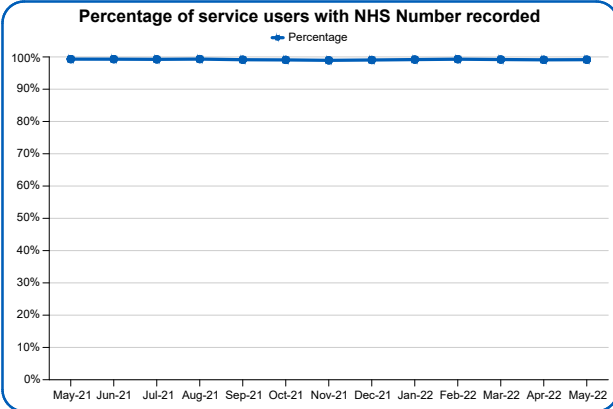

Contractual target 90%: Q4 37.9%

Services: Our community care

The Trust has achieved the 80% target for follow-up within 3 days, achieving 83.3% for CCG commissioned services and 82.5% Trust wide. We continue to routinely follow up all breaches of the standard during the month.
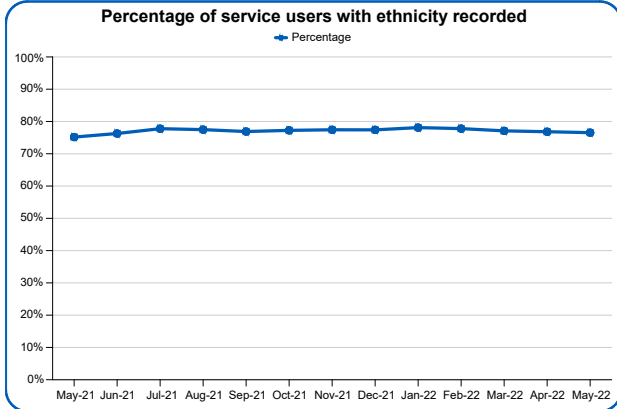
The percentage of referrals seen for assessment within the Memory Assessment Service (MAS) showed little change for the quarter-to-date as of May, with 74.1% of referrals seen within 8 weeks, (against a 90% target). The service saw an increase in referrals in May to 359, 60 over the average seen in the previous 11 months, with variation in referrals received by each locality. The North of the City saw no increase in referrals between April and May, whilst the West saw an increase from 67 in April to 99 in May. Both the East North East (ENE) and South South East (SSE) teams saw an increase in referrals with the ENE seeing the largest increase. In line with this, caseloads increased across the service to 1,252 referrals. Both the SSE and West teams experienced increases in sickness whilst the ENE team continued to see decreasing sickness absence levels. Both the ENE and SSE teams continue to carry vacancies and difficulties persisted with medical capacity during this period.
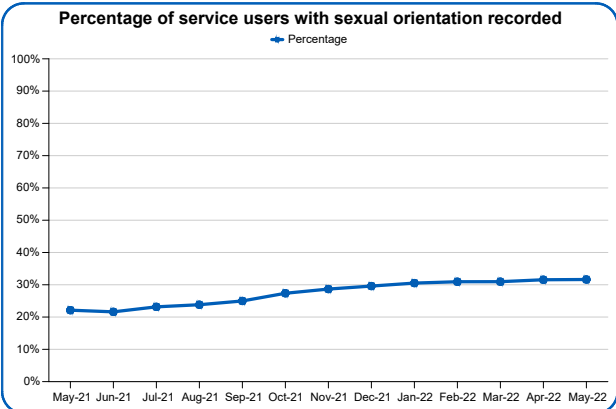
Data Quality Maturity Index (DQMI) (MHSDS)

CQUIN / NHSOF Target 95%: February 91.4%

Percentage of service users with NHS Number recorded

Local measure: May 99.1%

Percentage of service users with ethnicity recorded

Local measure: May 76.5%

Percentage of service users with sexual orientation recorded

Local measure: May 31.6%

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 May 99.1% of care records had an NHS number recorded (no change), 76.5% ethnicity (very slight decrease) and 31.5% sexual orientation (no change).

Action to be taken: It was recommended to the May Operational Delivery Group, that the group review the NHS Digital publication on the data quality of protected characteristics and other vulnerable groups. The publication was recommended due to the useful information contained within it including explanations of why collecting this information is important and how to go about gathering it in a sensitive way.