

Introduction

Key themes to consider this month:

Unless otherwise specified, all data is for December 2022

Consistency and improvement:

Throughout November and December, and into January, the Trust has continued to experience many of the same challenges that were included in the last performance report. Most notably, the difficulties around staffing have intensified with several services across the Trust experiencing staffing shortages. Care Services have been working hard to maintain safe and effective services; balancing competing demands of maintaining adequate staffing numbers, which on occasion requires staff to move to other areas sometimes unfamiliar to them, with the need to look after staff wellbeing and preserve team identity and resilience. The potential for redeployment or being moved to other areas of Care Services, is reported to be a growing concern for staff which can only add to existing pressures.

Positive steps have been taken to improve the service we are offering in several ways. The Trust has secured provision of beds at The Priory Hospital, in Middleton St George, near Darlington. This will help ensure continuity of service and provide some certainty for staff around capacity where demand is unrelenting. Safeguarding provision of inpatient beds will also ensure that where the need for admission is identified, we are able to offer the right level of support to those people that need it. Within the Older Adult Community Mental Health and Memory Assessment Services, of the two CTM posts successfully recruited to late last year, one is now established in post, with a start date to be agreed for the other. Changes made to the care model within the Crisis Service, now embedded, coincide with noticeable improvements in timely access to crisis assessment within the 4-hour timeframe. A significant jump in performance can be seen between November and December; changes to the handling of crisis calls were initially implemented in October. Similarly, within Working Age Adult Community Mental Health Teams, the creation of a city-wide duty, triage and assessment team also coincides with an improvement in timely access to first contact within the 15-day timeframe.

Despite the many challenges, positive action has been taken within several services to prevail and improve, in the face of difficult circumstances over the last few months. Several factors have provided a continually shifting backdrop to the work of our Care Services, and as a result, fluctuation in some key performance indicators can be observed.

Areas where performance has been impacted/are below target are; the percentage of assessments attempted by Liaison In-Reach within 24 hours, the percentage of referrals to the Early Intervention in Psychosis (EIP) service seen within 2 weeks, 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, and the percentage of referrals to the MAS receiving a diagnosis within 12 weeks of referral.

However, there are some services where, despite significant challenges, access and response standards have been maintained or improved. The percentage of inpatient discharges followed up within 3 days continues to be above target. Significant improvement can be seen in the percentage of appropriate crisis referrals seen face-to-face for assessment within 4 hours of referral and the percentage of referrals to Community Mental Health Teams (CMHTs) seen within 15 days. The percentage of service users seen at least 5 times in the first week of receiving Crisis Resolution and Intensive Support Service (CRISS) support has been met. The percentage of referrals being seen by the Acute Liaison Psychiatry Service within 1 hour has been maintained.

Work in Progress:

Work on Recovery to address Covid backlogs alongside ongoing, and in some cases increasing demand for services, has meant sufficient focus on Recovery planning is proving difficult. Persistent difficulties with reaching required staffing levels, filling vacant posts, and recovering from sickness as well as long-term absence, is providing ongoing challenge to achieving a stabilised staffing position.

The Working Age Adult CMHTs have been progressing one of the service's business continuity actions around focussing the caseload and devising a sustainable model of care for those referrals which need a more intense level of input. This will help ensure that the right level of support is being accessed by our service users. Options are being explored along with the implications for partner organisations and other services within LYPFT.

Throughout November and December, work on supporting Care Services with mechanisms to have greater oversight of operational issues throughout the Winter period was completed by Informatics. Additional information provision was made available for routine monitoring to assist with anticipating areas of pressure, assessing the potential impact, and identifying different options for responding to the various challenges we are likely to face.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Oct 2022	Nov 2022	Dec 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	46.5%	48.6%	42.7%
Percentage of ALPS referrals responded to within 1 hour	-	86.5%	76.7%	75.7%
Percentage of S136 referrals assessed within 3 hours of arrival	-	30.3%	25.0%	19.4%
Number of S136 referrals assessed	-	33	56	31
Number of S136 detentions over 24 hours	0	1	0	0
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	85.0%	56.6%	51.9%	79.3%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	83.5%	73.7%	86.5%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	41.8%	48.1%	50.9%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Oct 2022	Nov 2022	Dec 2022
Gender Identity Service: Number on waiting list	-	4,001	3,986	4,010
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	7.13	27.65	17.78
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	80.0%	81.1%	75.0%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	-	0.0%
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	-	70.6%
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	-	90.9%
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	-	-	94.3%
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	830	-	-	726
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	-	13.1%
Services: Our acute patient journey	Target	Oct 2022	Nov 2022	Dec 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	108.4%	77.8%	72.0%
Crisis Assessment Unit (CAU) length of stay at discharge	-	11.92	11.17	18.1
Liaison In-Reach: attempted assessment within 24 hours	90.0%	75.5%	68.9%	77.5%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	97.7%	100.1%	97.3%
Becklin Ward 1 (Female)	-	101.2%	103.3%	96.0%
Becklin Ward 3 (Male)	-	91.2%	99.7%	98.8%
Becklin Ward 4 (Male)	-	96.5%	98.4%	101.4%
Becklin Ward 5 (Female)	-	100.1%	99.5%	91.3%
Newsam Ward 4 (Male)	-	99.8%	99.3%	99.5%
Older adult (total)	-	94.2%	92.6%	96.4%
The Mount Ward 1 (Male Dementia)	-	92.3%	98.6%	97.5%
The Mount Ward 2 (Female Dementia)	-	94.2%	94.9%	98.9%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Oct 2022	Nov 2022	Dec 2022
The Mount Ward 3 (Male)	-	94.3%	83.2%	95.0%
The Mount Ward 4 (Female)	-	95.4%	96.3%	95.5%
Percentage of delayed transfers of care	-	13.4%	12.8%	12.4%
Total: Number of out of area placements beginning in month	-	10	13	10
Total: Total number of bed days out of area (new and existing placements from previous months)	109	446	557	369
Acute: Number of out of area placements beginning in month	-	5	8	7
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	303	306	225
PICU: Number of out of area placements beginning in month	-	5	5	2
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	73	221	100
Older people: Number of out of area placements beginning in month	-	0	0	1
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	70	30	44
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	-	-	64.3%
Services: Our Community Care	Target	Oct 2022	Nov 2022	Dec 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	84.8%	83.5%	82.2%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	84.7%	84.8%	81.5%
Number of service users in community mental health team care (caseload)	-	3,885	3,791	3,734
Percentage of referrals seen within 15 days by a community mental health team	80.0%	72.8%	76.5%	87.3%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	52.5%	51.3%	53.4%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	45.7%	45.0%	45.2%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	58.8%	77.8%	54.5%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	-	60.4%
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	-	78.3%
Services: Clinical Record Keeping	Target	Oct 2022	Nov 2022	Dec 2022
Percentage of service users with NHS Number recorded	-	99.0%	99.0%	99.0%
Percentage of service users with ethnicity recorded	-	74.8%	74.7%	74.9%
Percentage of service users with sexual orientation recorded	-	32.7%	33.3%	33.9%
Services: Clinical Record Keeping - DQMI	Target	Jul 2022	Aug 2022	Sep 2022
DQMI (MHSDS) % Quality %	95.0%	88.2%	88.3%	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		
		Sep 2022	Oct 2022	Nov 2022	Sep 2022	Oct 2022	Nov 2022
ADHD	271.8	191.4	52.5	538.6	2,515	2,639	2,780
CMHT OPS	37.1	28.0	36.0	29.8	135	115	126
CMHTs Adult	48.6	48.6	44.9	39.0	526	485	439
Chronic Fatigue Service	116.7	152.1	139.8	130.0	181	187	186
DEAF CAMHS	42.4	20.1	7.1	27.6	7	21	17
Gambling Services		57.2	96.9	55.8	142	143	141
Gender Services	182.4	518.4	717.1	738.9	3,191	3,329	3,443
LADS	83	181.5	189.8	221.5	376	412	458
Leeds LD Community	47.5	48.6	47.3	38.8	121	109	124
Liaison Out Patients	70.1	95.0	46.3	65.6	118	116	117
Memory Assessment Service	52.5	61.9	65.7	66.2	554	533	503
Perinatal Community	16	24.4	25.2	22.7	87	86	97
Veterans	36.9	387.1	109.7	182.7	36	31	29

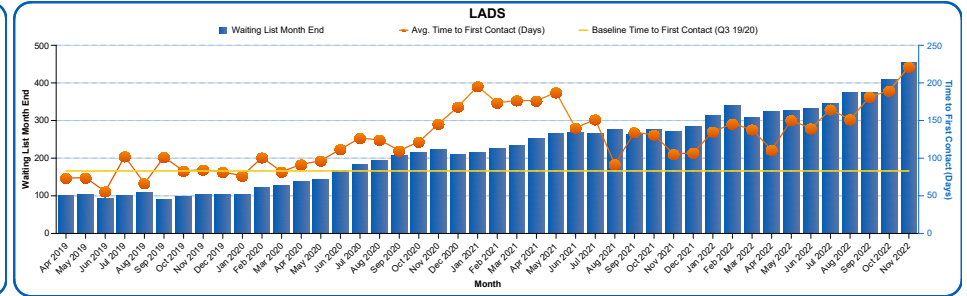
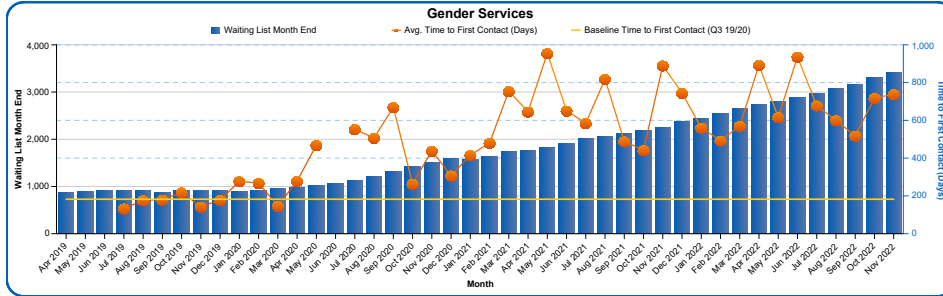
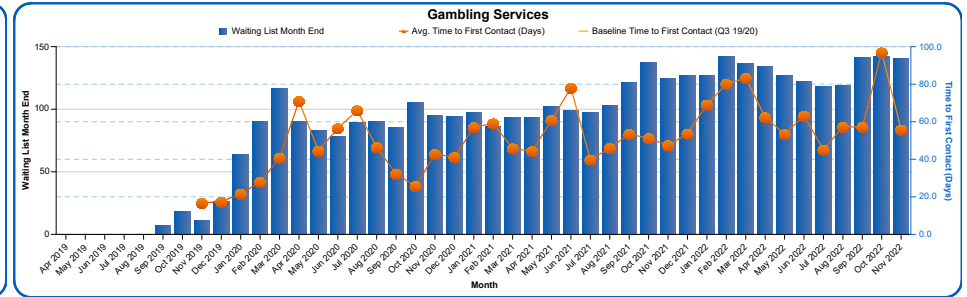
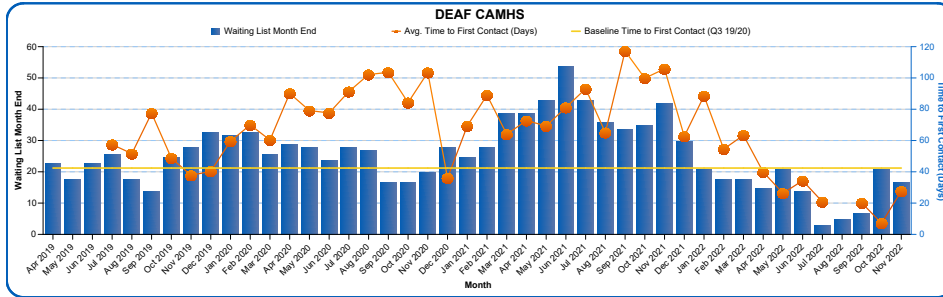
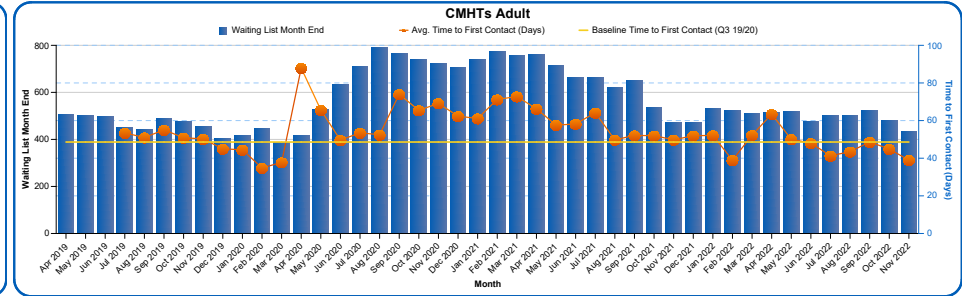
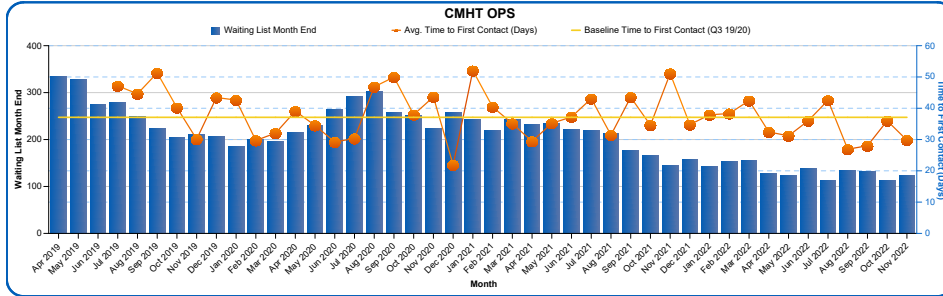
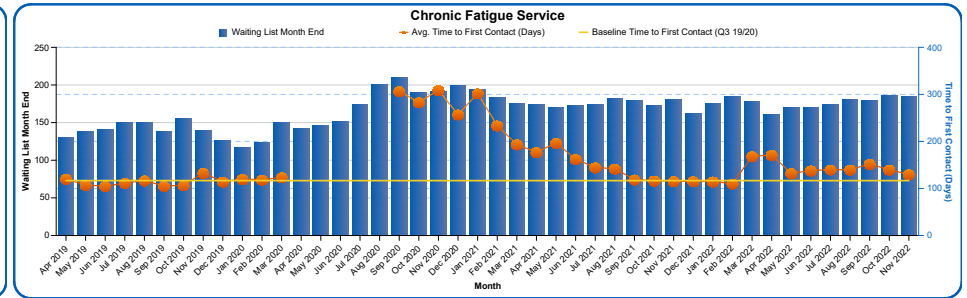
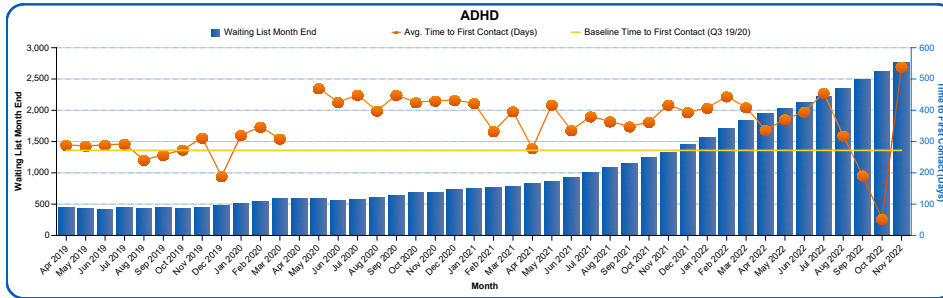
* The measure 'Baseline Time to First Contact (Q3 19/20)' relates to the average time (in days) from referral to first face to face contact only for referrals with a first contact between October and December 2020.

** 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)



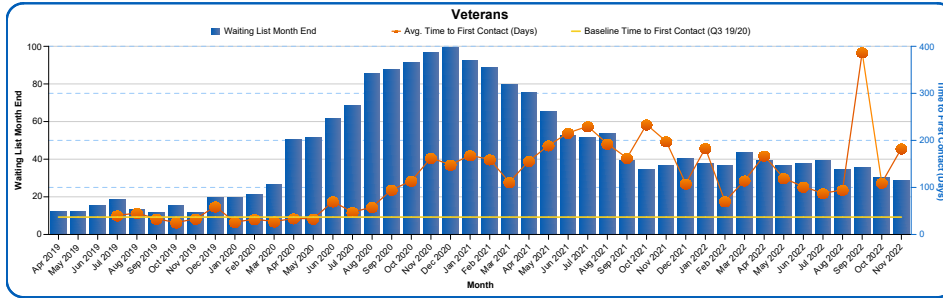
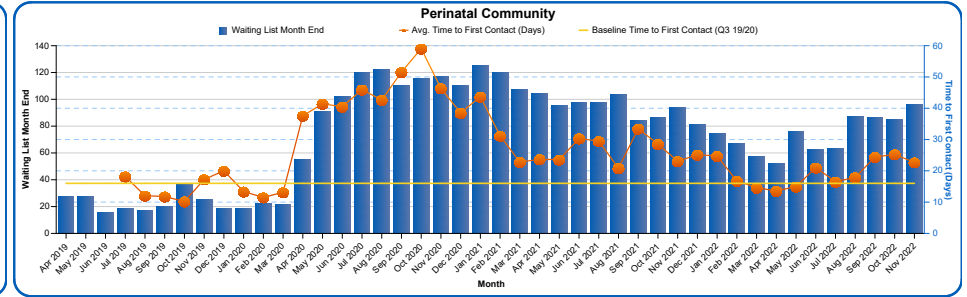
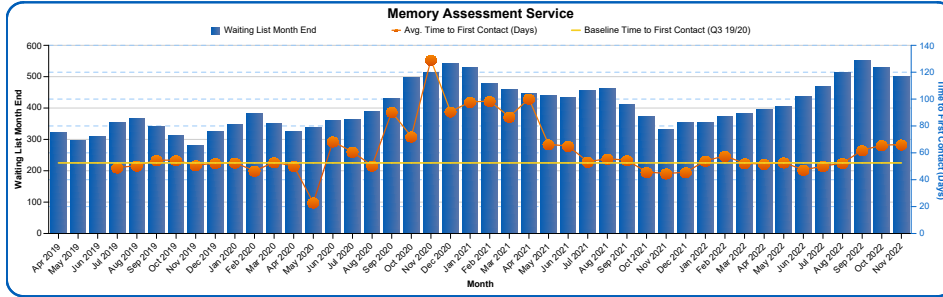
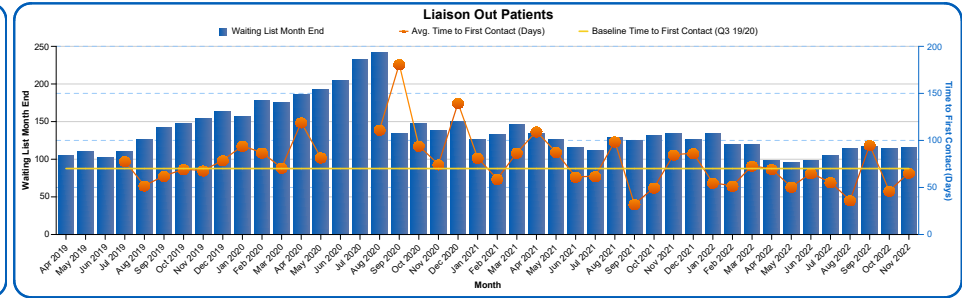
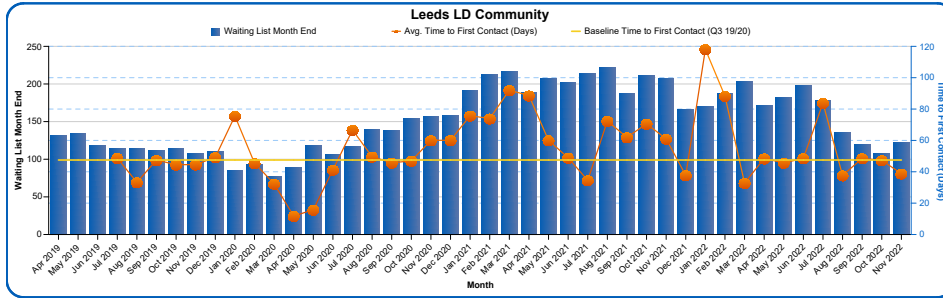
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Services: Reset and Recovery (continued)



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Services: Reset and Recovery

ADHD: The waiting list continues to increase and currently stands over 2800 (Jan '23). This is an increase of c.300 since September '22. The annual review list is at 608 with around 50% overdue. There is also a delay on commencing medication and titration upon receipt of a diagnosis (151). The service Clinical Lead has now started and has been able to undertake a review of the service. It has been clear for a long time that the service capacity is far too low to meet referral demand. Annual service capacity is 264 but demand is currently 1560. Whilst the system shows a wait of 271 days to first appointment, the reality is that the last person on the waiting list will have to wait 10 years under the current situation and capacity. Therefore, a radical approach is required urgently to start to improve this situation.

Non-recurrent investment has been approved which is being used for the following; 1) Employment of 2 additional consultant Programmed Activities to support the Annual Review waiting list. 2) Extension of locum consultant, 3) Developing an Annual Review pilot with primary care employing pharmacists, 4) Exploration of use of private providers to clear 100 referrals off the waiting list. 100 equates to 1 month's referrals going onto the waiting list. In addition, the service has recruited 1 of 2 nurse vacancies and is also looking at a revised approach to annual reviews which could support diversion of staff to medication or assessments. In summary, all actions to date and ongoing are having no impact in terms of reducing the waiting list.

CFS: The average time to first assessment has decreased in November to 130.0 days (139.8 days in October) although the waiting list remains high due to new referrals coming through the service, and internal waiting list for 1-1 therapy. The service has made the decision not to outsource work to an alternative provider due to diagnostic concerns and potential treatment variations. We have seen a small increase in team capacity with an additional medical session and the uptake of some overtime for our therapy staff which has had a positive impact this month.

CMHT OPS: Please refer to the narrative provided for MAS as management is shared between the two services.

CMHTs Adult: The service has seen an improvement over the last three months in both waiting list levels and the average wait to first contact. The average wait to first contact is now below the pre-pandemic benchmark of Q3 19/20 but remains longer than what the Service aim to see people within. The Service remains in business continuity and therefore the waiting time for assessment remains above optimum levels. Longer waits for assessment are being mitigated by changes to clinical triage, which from October has been improved as a part of establishing a city-wide duty, triage and assessment team in line with business continuity actions. A very noticeable change can be seen between October and November's waiting list levels and the average wait to first contact which is indicative of some of the positive changes being made within the service. There is however an increased risk and trajectory that waits will increase again as a result of an increase in colleagues leaving the service. To mitigate this, the organisation is progressing a set of actions that will stabilise and create resilience for the service in the short, medium and long-term. Waiting times will also include those referrals for care coordination.

Deaf CAMHS: At present NDCAMHS is reporting a wait for initial appointment as 18 days. This may be negatively impacted in January due to new patient clinic cancellation to support reduced clinical capacity which is negatively impacting on follow up appointments. This clinical capacity was significantly impacted by two psychologists on long-term sick who are now progressing to phased returns. The position will be reviewed in February when outcomes of return to work is better understood. If ongoing impact to wait for first appointment is forecast then the service will produce a trajectory for recovery, though at present it is well within the constitutional standard of 18 weeks. If any urgent referrals are received then they will be seen as a priority, though the service is not one which typically receives urgent referrals.

Gambling Services: The waiting list and waiting times for the Gambling Service are stable. Time to assessment is 5-6 weeks but the system data shows this to be longer as telephone assessment is not counted. Time to first appointment therefore includes commencement of treatment. First contact is based on face-to-face and video contacts only, though the service might have a telephone contact with the service user initially. The service has increased the number of assessments to try and reduce waiting times and increase numbers on group treatment which worked. A higher number of referrals were received in December however.

Gender Services: The administrative backlog in processing of referrals in August/September has now been fully recovered and waiting list numbers from October onwards reflect the full waiting list. Q3 waiting list data is relatively static in combination with an increased caseload and increased referral rate. Note that the effect of referral rate on number of people waiting is between 15 and 24 months (based on the number of days waiting from referral to first contact). The administrative team continue to refine and improve processes, including clinic booking, to increase productivity. It is acknowledged nationally that there is a deficit in capacity for gender identity clinics in relation to demand.

LADS: In the Leeds Autism Diagnostic Service, referral numbers continue to be higher than pre-pandemic. The waiting list is now over 400. There is additional non-recurrent resource via secondees, however demand is still beyond capacity. Referrals seen in December were made in June. Internal waits are not shown in this data but we know time to complete the pathway is c.18 months. The service is working with the Leeds ICB Office and WY deep dive to explore long-term opportunities. In

the short-term, non-recurrent cases are being considered for submission.

Leeds LD Community: Rebound therapy at Ventures (4 Woodland Square) has now restarted and the tests on the hydrotherapy pool are now complete with a plan to restart this in January 2023.

Liaison Out Patients: There has been an increase in the average time to first contact whilst the waiting list has changed very little. Referrals to the service are consistent with shorter internal waiting times for therapy.

MAS: The Service has reviewed waiting times data for the Service produced using the national demand and capacity modelling tools, but further work is needed to understand how to use this further in conjunction with information already available. It does demonstrate that the teams are undertaking more post-diagnostic support appointments than as modelled at the Community Redesign.

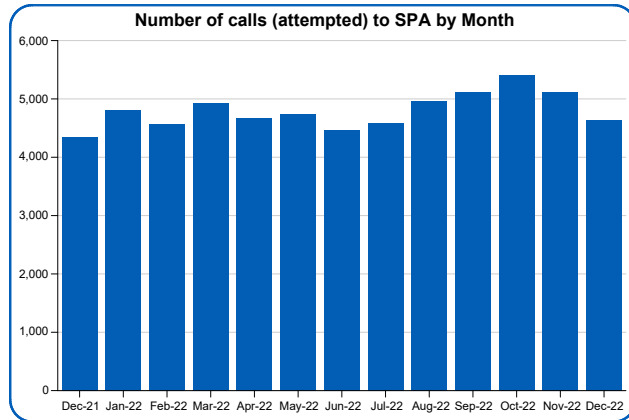
Work was recently explored to scope the possibility of engaging a private provider to enhance MAS capacity in the short-term. Unfortunately, upon further exploration this was not felt to be appropriate or supportive of the current MAS pathway. Scoping work is underway to explore alternative options to meet current capacity and demand, factoring in the use of additional resource/hours and overtime clinics as a possibility.

Recent success with recruitment into the CTM vacancies, of which one is established in post, will have a positive impact upon teams and continued input into and oversight of waiting times, and capacity/demand supportive of service delivery.

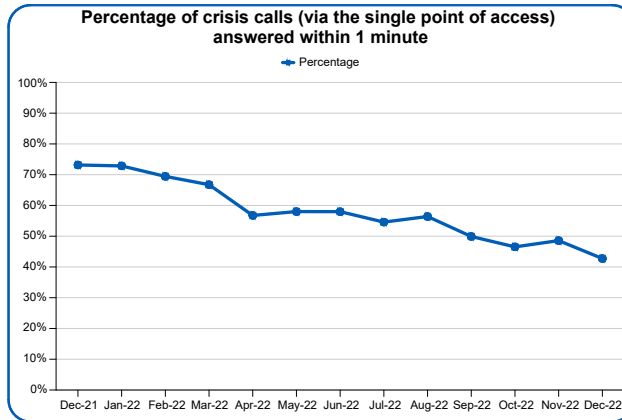
Perinatal Community: The waiting list for the Perinatal Community Service shows 97 service users waiting to be seen for a first contact as of the end of November. In reality, the service works to a quick turnaround when offering appointments, due to the need to see people quickly. Whilst there may be people still to be seen, all referrals are responded to and triaged within 2 working days and a timely appointment is offered. 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: There has been significant improvement in the reduction of the waiting list and waiting time for CTS, despite a high number of leavers following the bid process for a new Integrated Veterans Mental Health Service to commence in April. Clinical case reviews supported by the Clinical Lead have helped flow of service users. 7 members of staff including CTM have left or are leaving CTS. This is largely due to the integration of services and loss of team identity. The short-term gaps are being supported by Veterans HIS staff flexing. Both CTS and HIS are going through mobilisation with a Management of Change to commence shortly.

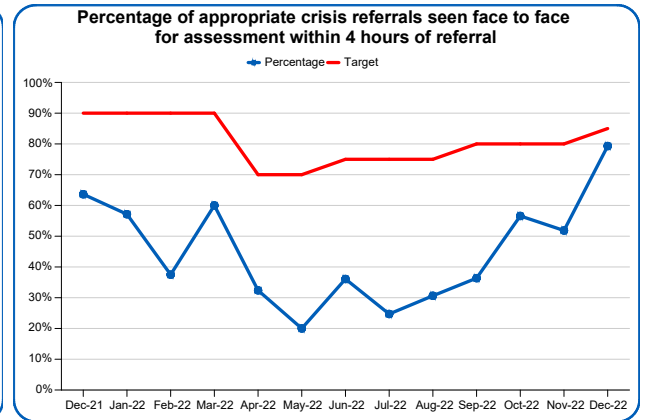
Services: Access & Responsiveness: Our Response in a crisis



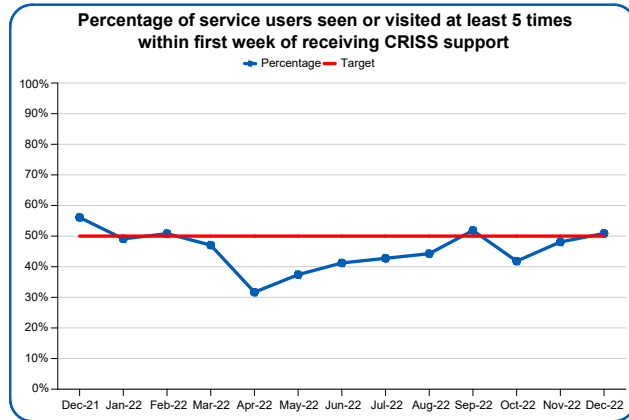
Number of calls : December 4,649



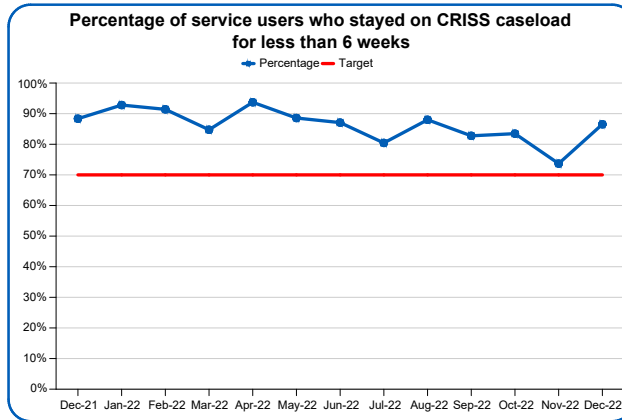
Local target - within 1 minute: December 42.7%



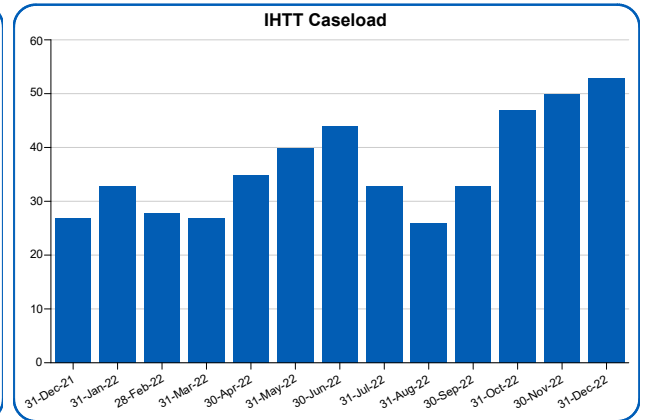
Contactual Target 85%: December 79.3%



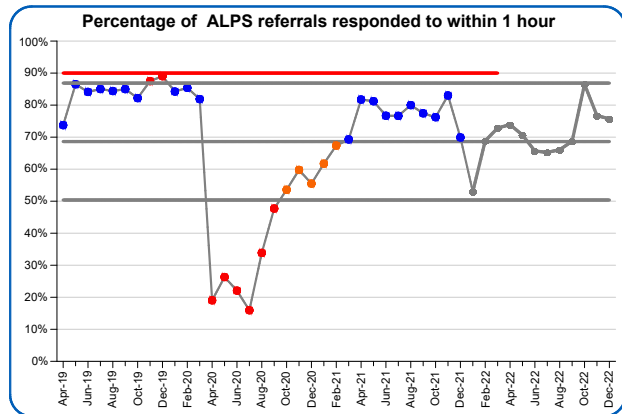
Contractual Target 50%: December 50.9%



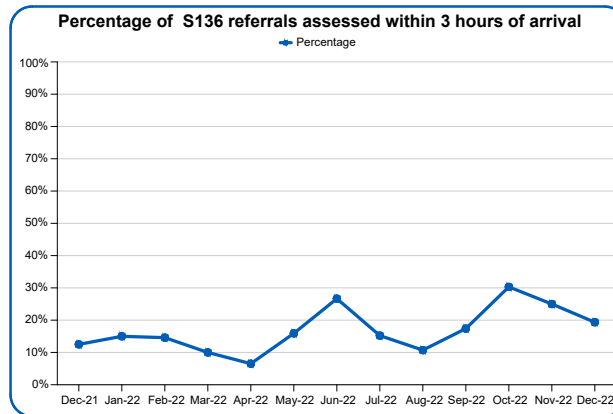
Contractual Target 70%: December 86.5%



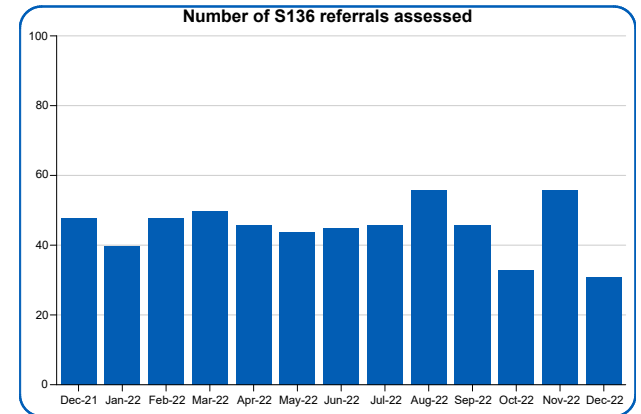
Caseload: December 53



Contractual Target : December 75.7%



Contractual Target : December 19.4%

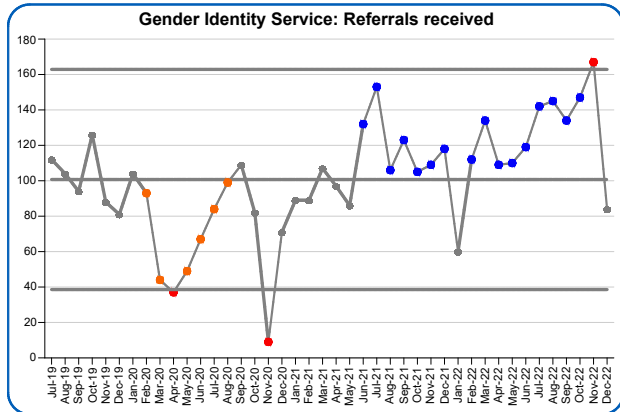


Total referrals assessed: December 31

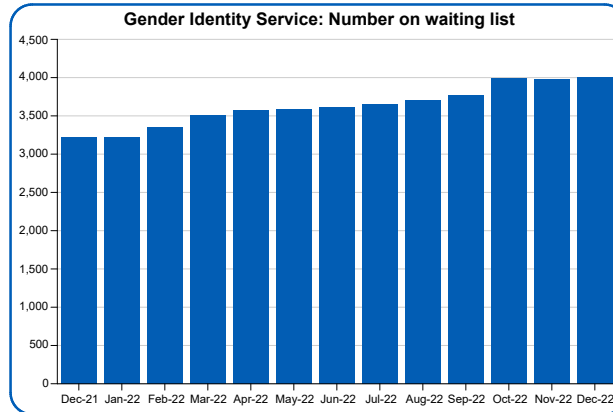
Services: Access & Responsiveness: Our Response in a crisis

Whilst no longer a formal KPI, we continue to monitor, report on, and provide commentary for the percentage of referrals made to the Emergency Department, that are responded to within 1 hour. The service continues to work towards a 1-hour response time despite this not being a formally contracted timeframe. However, the service faces many of the same challenges as previously reported that prevent higher levels of performance from being achieved. Sickness rates have been high in the last few months which has impacted performance. In addition, staff are no longer based within the Emergency Departments of Leeds hospitals which introduces delays to response times. Additional pressure is coming from the recently redesigned Same Day Emergency Care pathway which has resulted in additional referrals being directed to the Acute Liaison Psychiatry Service, which places more demand on the service.

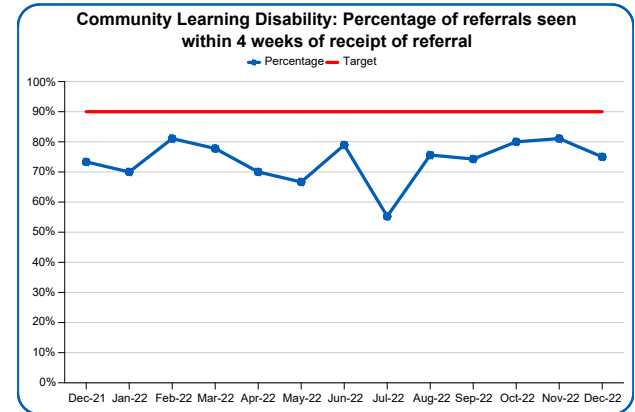
Following changes to the Crisis Service model in October, there has been considerable improvement in performance against the Crisis 4-hour KPI. In December, the service saw 79.3% of referrals within 4-hours, a significant increase in performance from November. This is further continuation of an upward trajectory in the performance of this KPI since May, when the lowest level of performance for the 13-month period can be observed (20.0%). Work on the pathway criteria, to refine the referrals directed through this route so service users are receiving the most appropriate care, has contributed to the improvements in performance over recent months. Changes to internal processes, including the handling and routing of calls to the Crisis Service, has also been a factor in driving this improvement. Considering the high levels of sickness within the service and levels of demand, this is a noteworthy achievement.



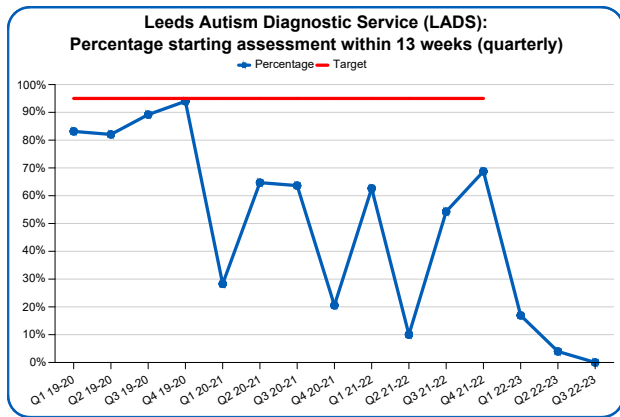
Total referrals: December 84



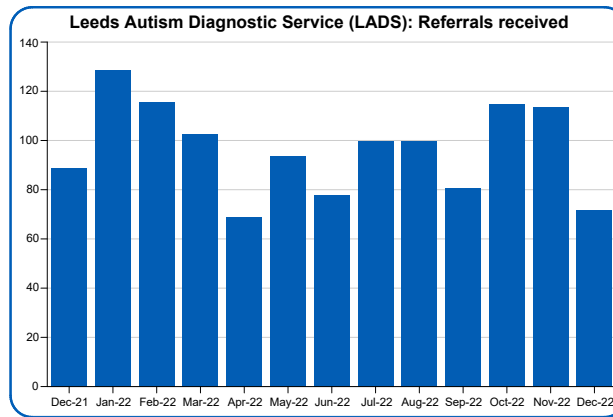
Number on waiting list: December 4,010



Contractual Target 90%: December 75.0%



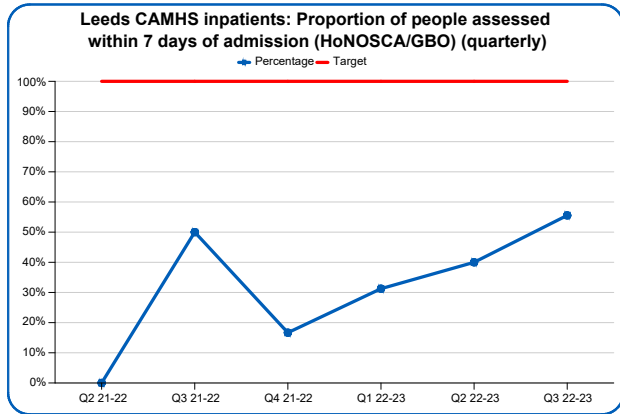
Contractual Target : Q3 0.0%



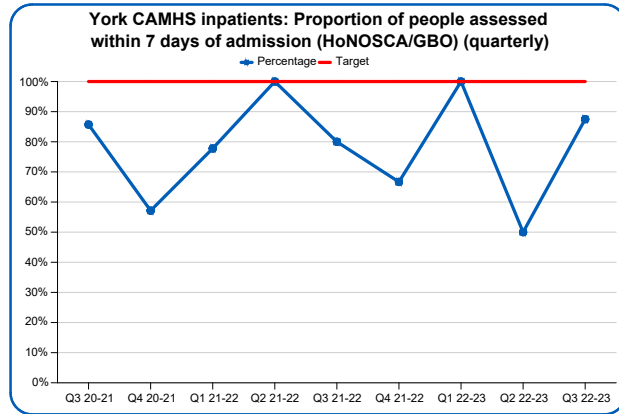
Local measure: December 72

SPC Chart Key

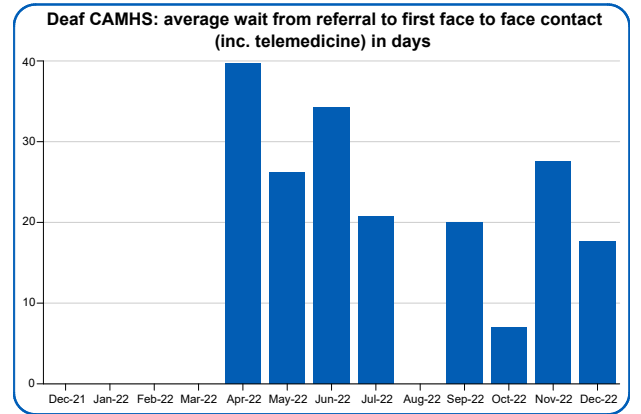
- Average
- Upper process limit
- Lower process limit
- Actual
- Target



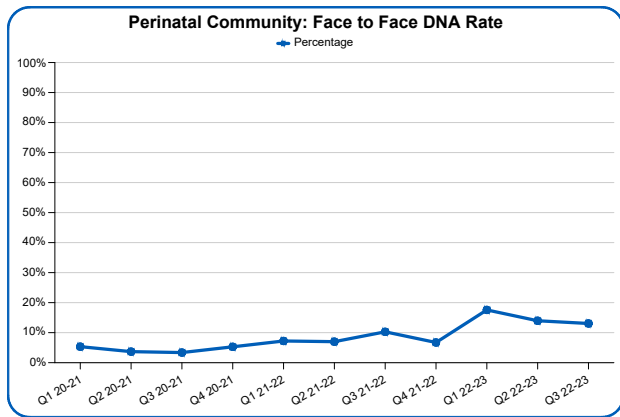
Contractual Target 100%: Q3 55.6%



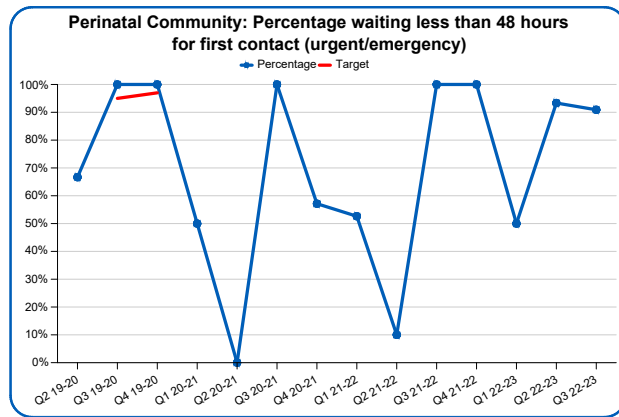
Contractual Target 100%: Q3 87.5%



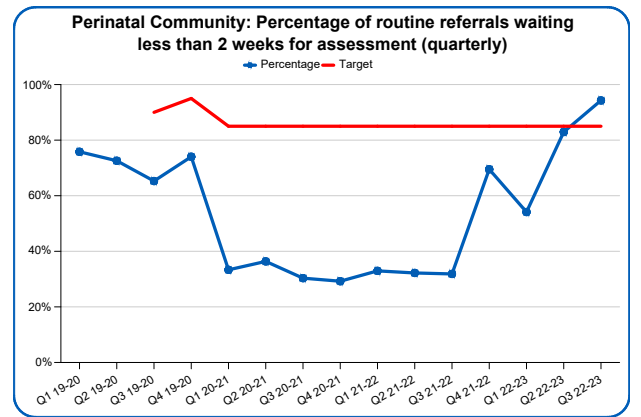
Local measure: December 18



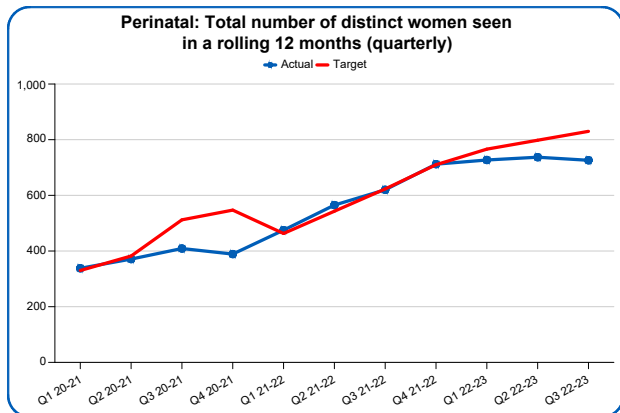
Contractual measure: Q3 13.1%



Contractual Target tba: Q3 90.9%



Contractual Target 85%: Q3 94.3%



Local measure 830: Q3 726

Services: Our Regional and Specialist Services

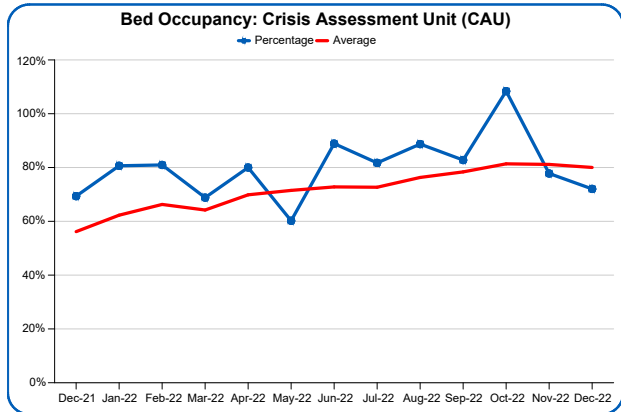
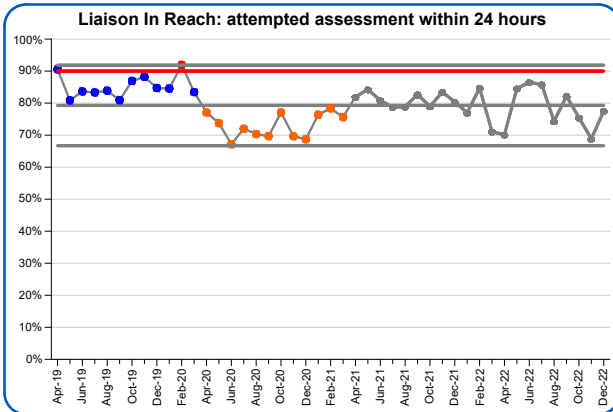
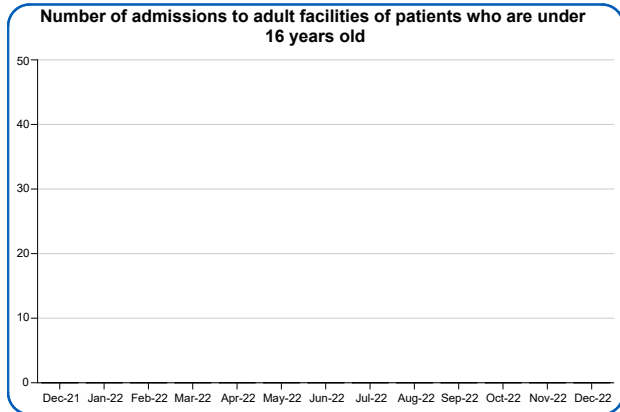
The percentage of assessments completed within 4 weeks of referral to a Community Learning Disability Team has decreased slightly (to 75.0%) and remains broadly in line with previous reporting periods. The service continues to be challenged by delays imposed by the stage of the referral process where eligibility for the service must be established. Ongoing challenges with fully meeting this target (and its relevance) have led to contractual discussions with the ICB, the Contracts Team and Informatics about developing more meaningful, outcome focussed KPIs for our service specification. In addition, the service has been operating with vacancies, staff redeployed to other services, absence, and challenges with medical cover.

Within the Children and Younger People (CYP) Service, levels of completion of Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) and Goal Based Outcomes (GBO) within 7 days of admission, is mixed across the service. The Leeds CYP Service has shown continued improvement from Quarter 4 21/22, with performance improving each quarter since. The York CYP Service has seen more varied levels of completion, with recovery in Quarter 3 to levels of performance more typical for the service. In some cases, service users are admitted who are very unwell and decline to participate in the completion of these tools, despite attempts from the service to try to engage them. Some service users find it difficult to engage with this element of care due to learning difficulties, so it is not always possible to complete these tools within the first 7 days.

Whilst no longer a formal KPI, we continue to monitor, report on, and provide commentary for the percentage of referrals to the Leeds Autism Diagnostic Service (LADS), that start assessment within 13 weeks of referral. Timely access to assessment is unfortunately a deteriorating situation, though the service continues to work towards more timely access standards. The service is experiencing particularly high levels of referrals in some months; this fluctuation in demand has knock-on effects for the service being able to progress referrals through the pathway consistently. The service is focussed on progressing referrals already in the pathway, so performance against the assessment standard has decreased as a result. Sufficient capacity does not currently exist in the team; one member of staff has recently retired with one person recruited that has not started yet. The higher levels of demand in some months coupled with staffing issues, are making access targets impossible to achieve currently.

The Perinatal Community Service are seeing variation in the level of referrals sent to the service. The Improving Access to Psychological Therapies (IAPT) programme is resulting in some referrals to the service. The Maternal Mental Health pilot service is also taking referrals, but the numbers received by the service are not sufficient to meet the ambitions set out in the Long-Term Plan. The service has a communication plan in place to try to help raise awareness of the service on offer. Referrals are now being accepted from Children's Centres and the service are working into library hubs to improve accessibility. The annual birth rate had dipped which is expected to have an impact on the number of referrals received by the service.

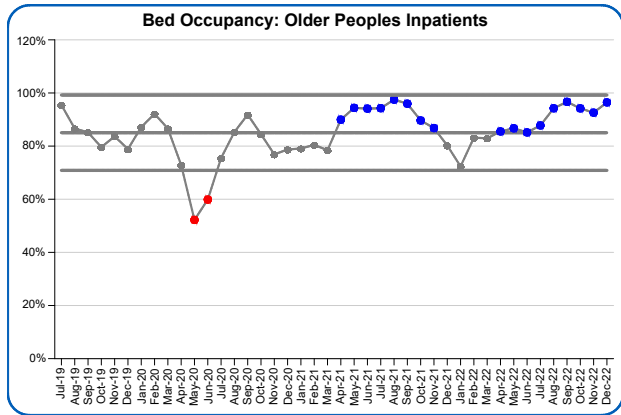
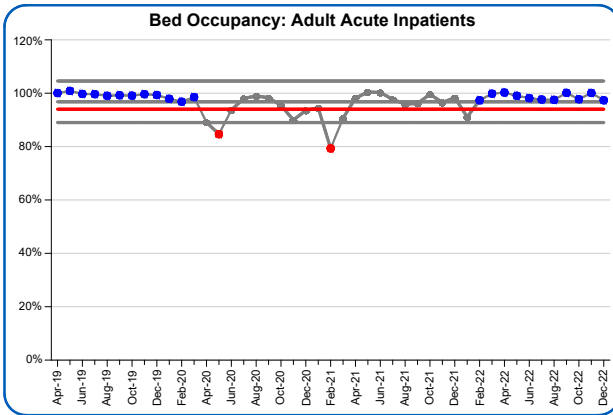
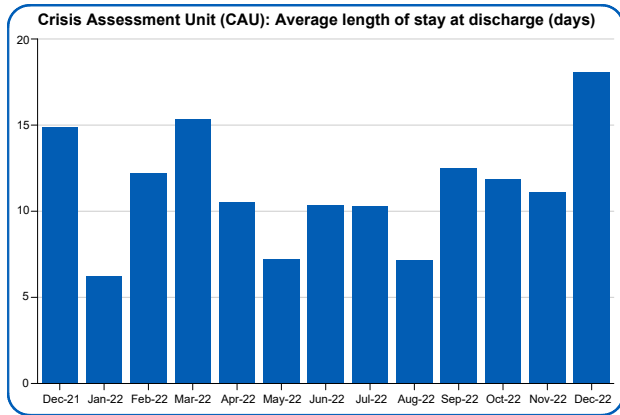
Services: Our acute patient journey



National (NOF) No target : December 0

Contractual Target 90%: December 77.5%

Local measure: December 72.0%



Local measure: December 18 days

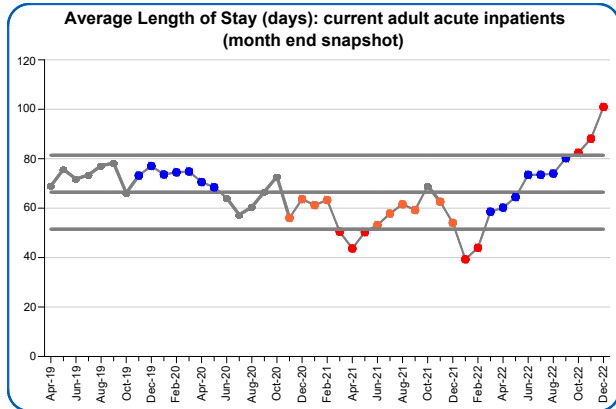
Contractual Target 94%: December 97.3%

Local measure and target : December 96.4%

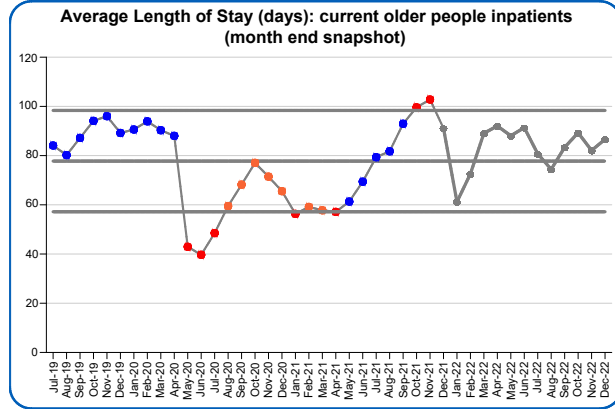
SPC Chart Key

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

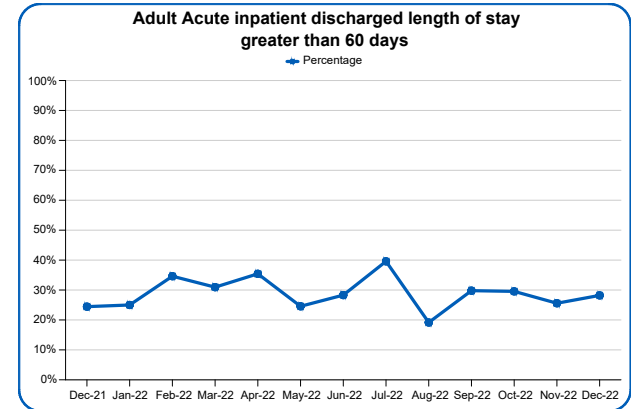
Services: Our acute patient journey (continued)



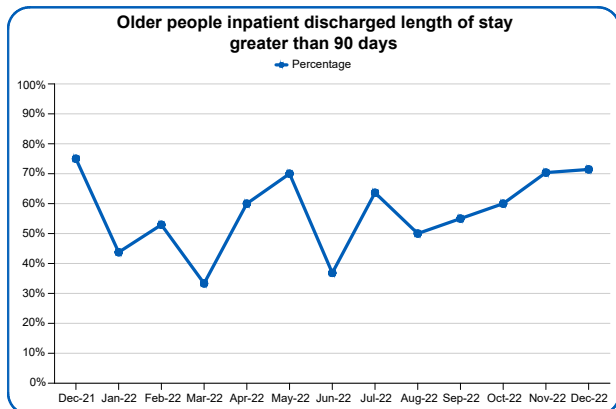
Local tracking measure: December 101 days



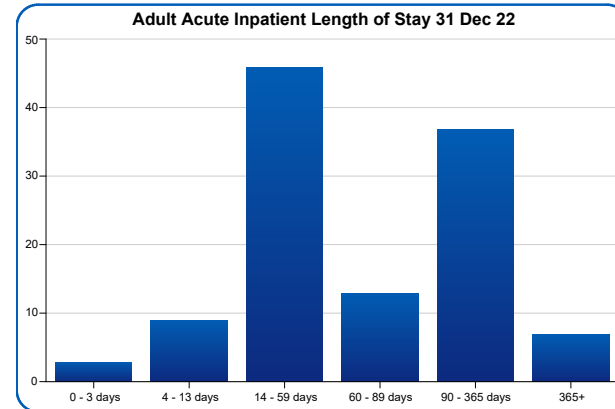
Local tracking measure: December 87 days



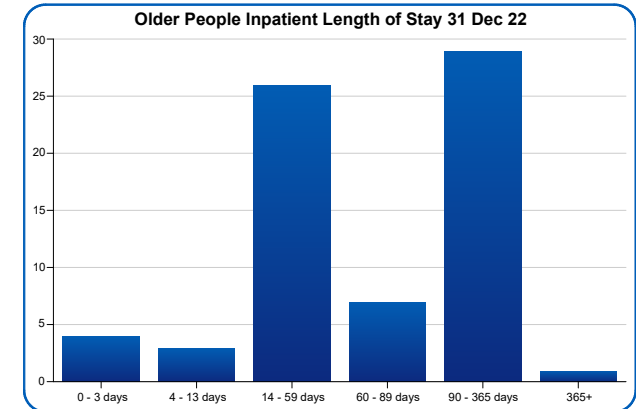
National (LTP): December 28.2%



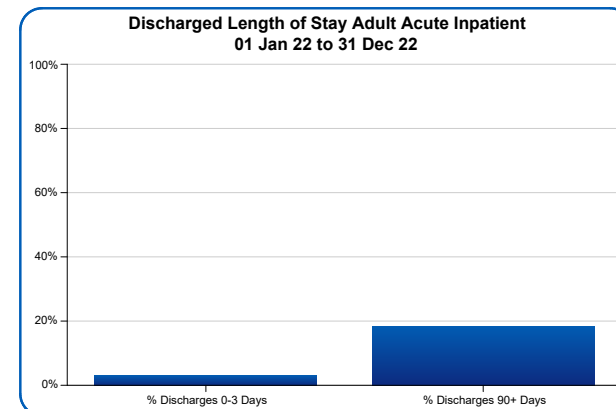
National (LTP): December 71.4%



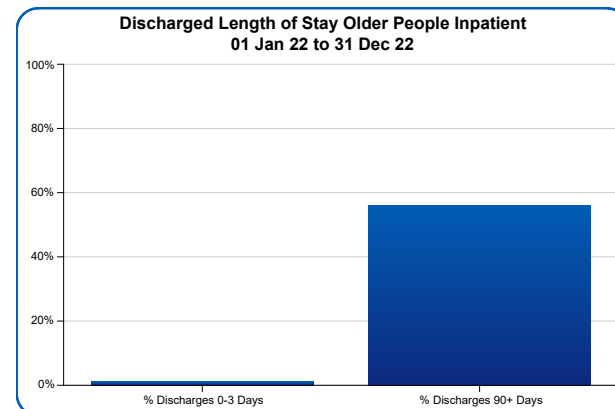
Local activity: 44 people with LOS 90+ days



Local activity: 30 people with LOS 90+ days



Local activity: % discharged LOS 90+ days = 18.8%

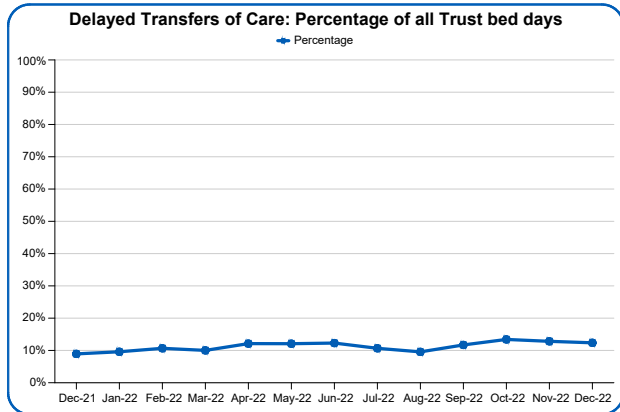


Local activity: % discharged LOS 90+ days = 56.2%

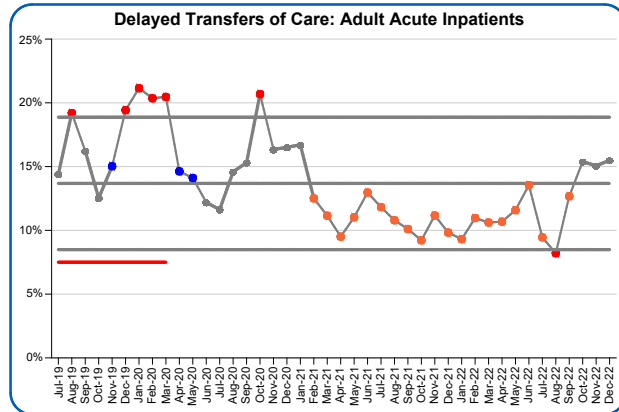
SPC Chart Key

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

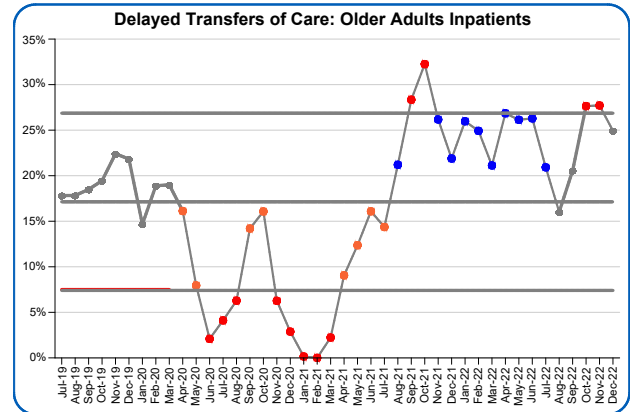
Services: Our acute patient journey (continued)



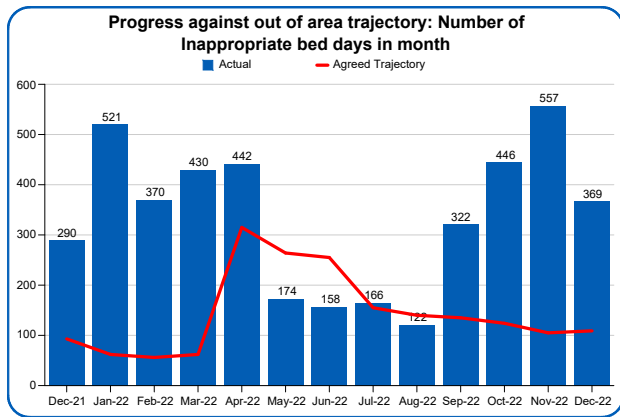
Local tracking measure: December 12.4%



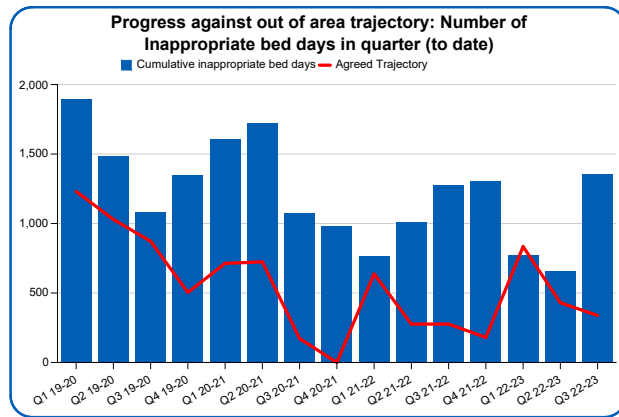
Local tracking measure: December 15.5%



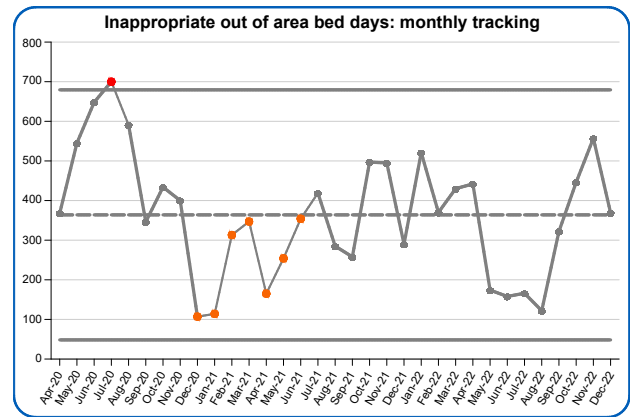
Local tracking measure: December 24.9%



Nationally agreed trajectory (109): December 369 bed days



Nationally agreed trajectory (Q3: 338): Q3 1,359 bed days

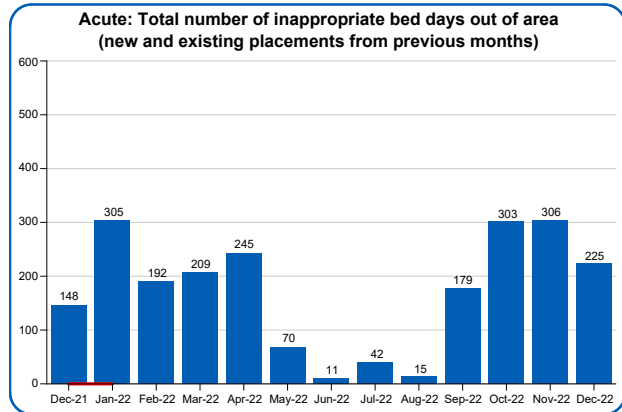


Local tracking measure: December 369 bed days

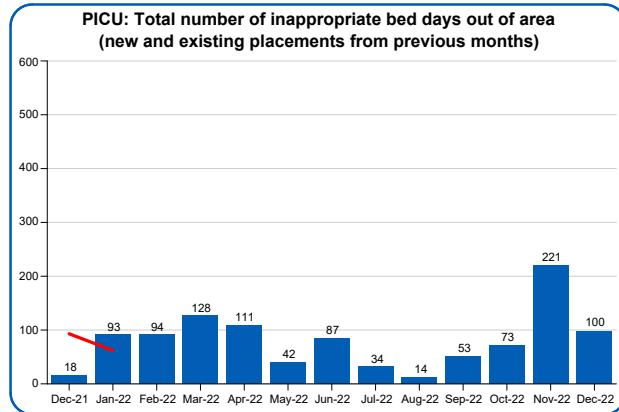
SPC Chart Key

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

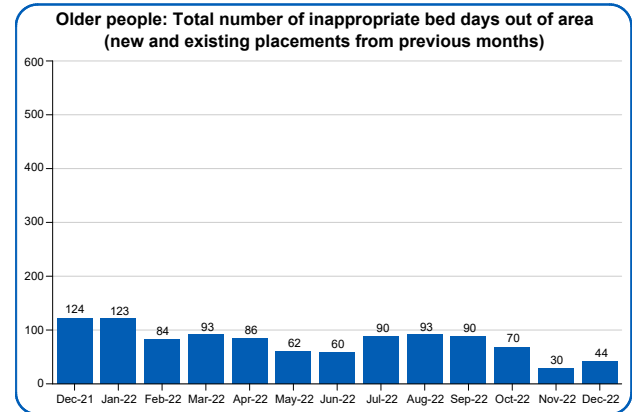
Services: Our acute patient journey (continued)



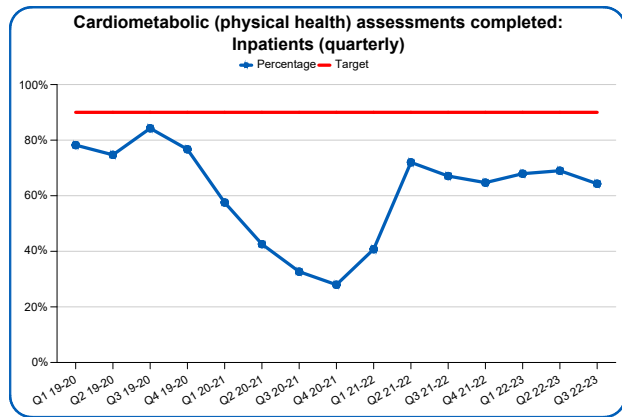
Nationally agreed trajectory (): December 225 days



Nationally agreed trajectory (): December 100 days



Local measure : December 44 days



Contractual target 90%: Q3 64.3%

Services: Our acute patient journey

Liaison Inreach referrals with assessment attempted within 24 hours has seen performance improve in December, following a dip in November. In December, reduced attendances at the Emergency Department, and a reduction in referrals to the Inreach team, resulted in more referrals being seen within the 24-hour timeframe. The ALPS team provide out of hours cover for the Inreach team, and with the reduction in A&E referrals, additional ALPS capacity was available for Inreach assessments.

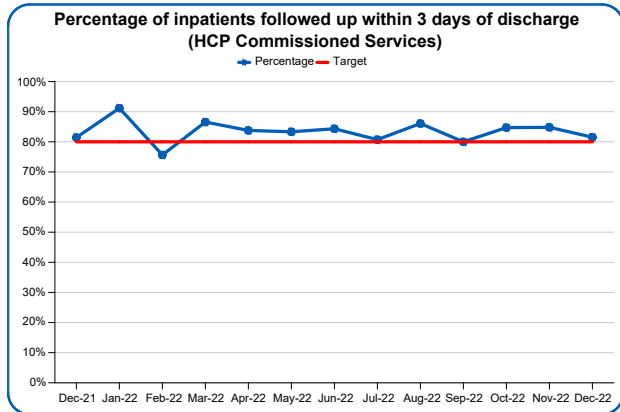
Cardiometabolic assessment completion levels for inpatients has remained broadly in line with previous quarters. Within the Working Age Adult Inpatient Service, efforts are being made to complete cardiometabolic assessments more promptly than before. The service is working with junior doctors to address completion; recent improvement work has seen performance pick up going into Quarter 4. In the Older Adult Inpatient Service, one of the wards has consistently maintained levels of performance whilst staffing changes on the other ward have made it more difficult to get close to target. A new lead for cardiometabolic assessments has been identified on the ward where performance is lower. The main challenge has been the completion of elements led by medical staff; though this has been addressed with the Clinical Team Manager and consultant recently. Improvements in completion of cardiometabolic assessments meeting KPI requirements are already visible into Quarter 4 as a result.

Bed occupancy within the Adult Acute inpatient service in October has decreased slightly to 97.3%, falling within 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.

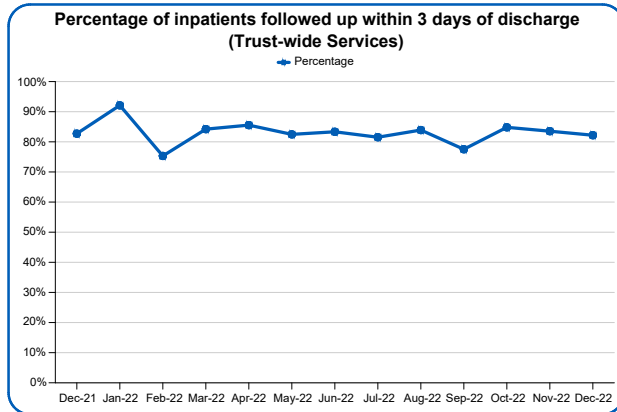
Delayed Transfers of Care levels have been maintained at the Trust level throughout Quarter 3. In the Working Age Adult Inpatient Service, delays have remained steady whereas in the Older Adult Inpatient Service, delay levels have decreased in December. The Older Adult Service are exploring options for a temporary designated social worker to assist with discharge and flow of patients from Older Adult Wards.

The Trust's Out of Area Placements (OAPs) decreased in December, both in terms of the number of OAPs beginning in the month, and the overall number of bed days spent out of area for all placements, regardless of when they started. A further decrease in OAP days is expected into January. The Trust has secured provision of out of are beds for the last month from the independent sector, near Darlington, which is helping to provide assurance that inpatient care is available for those people that need it where it is not available locally. Daily meeting to review out of area care provision is helping with management of flow and repatriation of service users where appropriate.

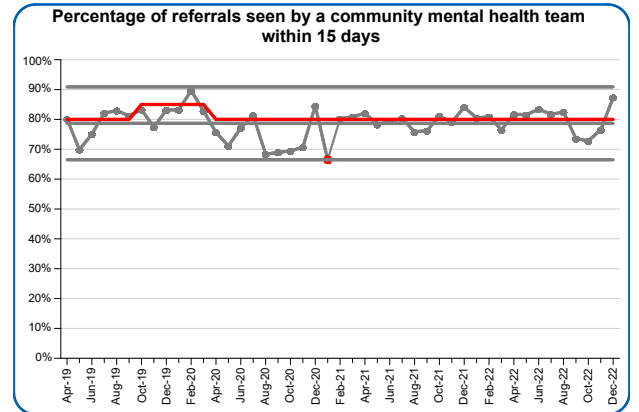
Services: Our community care



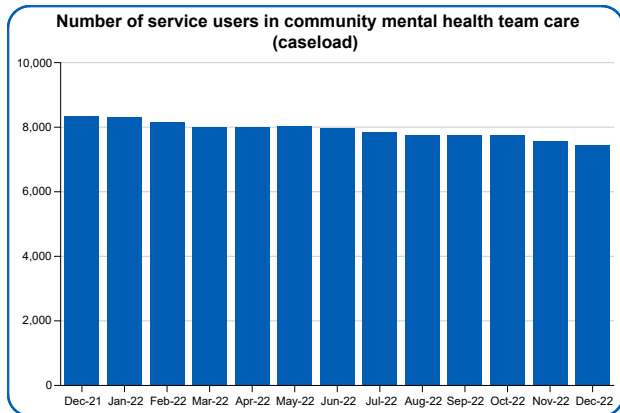
Contractual target 80%: December **81.5%**



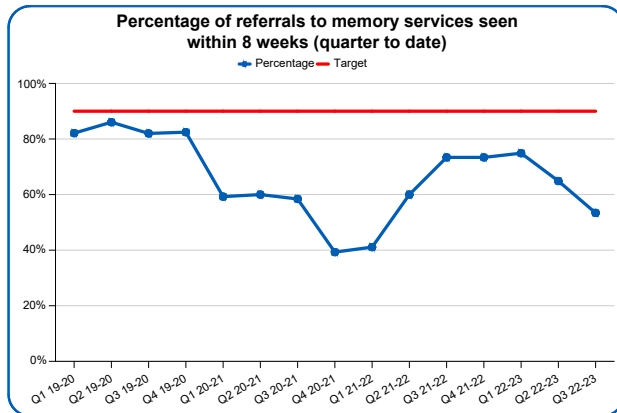
Local Tracking Measure 80%: December **82.2%**



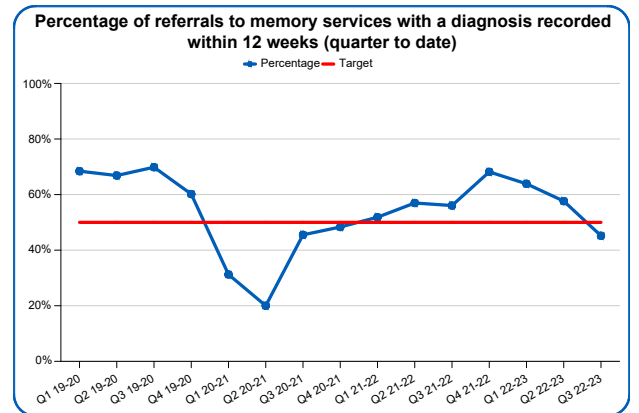
Contractual target 80%: December **87.3%**



Local measure : December **3,734**



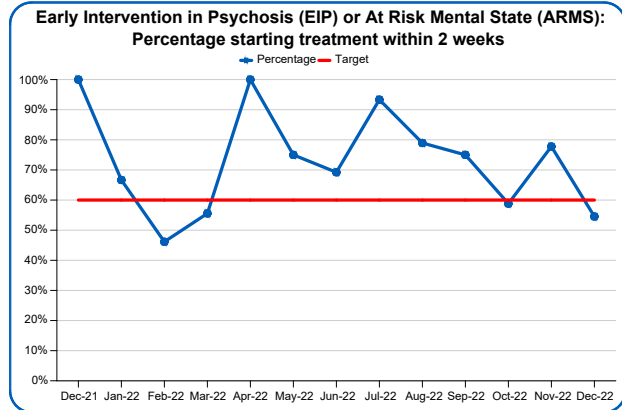
Contractual target 90%: Q3 22-23 **53.4%**



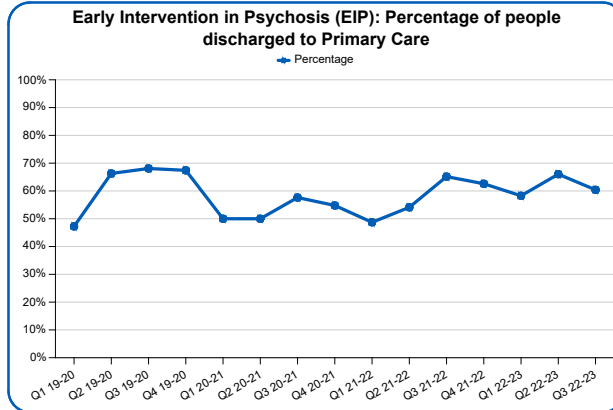
Contractual target 50%: Q3 22-23 **45.2%**

SPC Chart Key

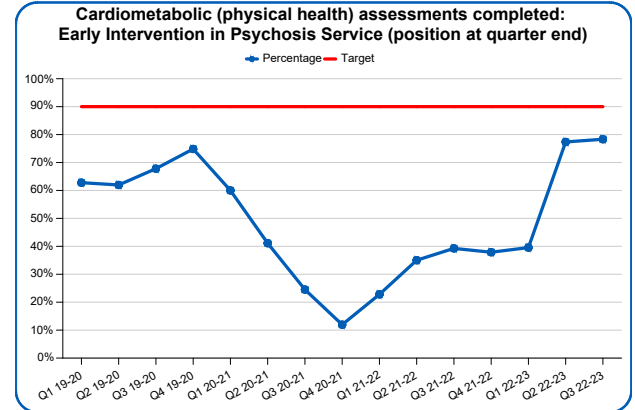
- Average
- Upper process limit
- Lower process limit
- Actual
- Target



Contractual target 60%: December **54.5%**



Contractual target tbc: Q3 **60.4%**



Contractual target 90%: Q3 **78.3%**

Services: Our community care

The Trust has achieved the 80% target for follow-up within 3 days, achieving 81.5% for HCP commissioned services and 82.2% Trust wide. We continue to routinely follow up all breaches of the standard during the month.

High levels of clinical complexity accounted for the majority of clients that fell outside of the 14-day RTT in the Early Intervention in Psychosis (EIP) Service. The average RTT for these clients was around 30 days (for clients that did meet RTT, the average wait was around 8 days). This reflects multiple attempts at assessment and multiple assessments in some cases, multi-agency working (which has been challenging amongst sickness and festive leave) and in one case, challenges in securing an interpreter. There were also unusually high levels of sickness absence at Aspire during December, making assessment, triage and allocations more challenging in the context of wider pressures.

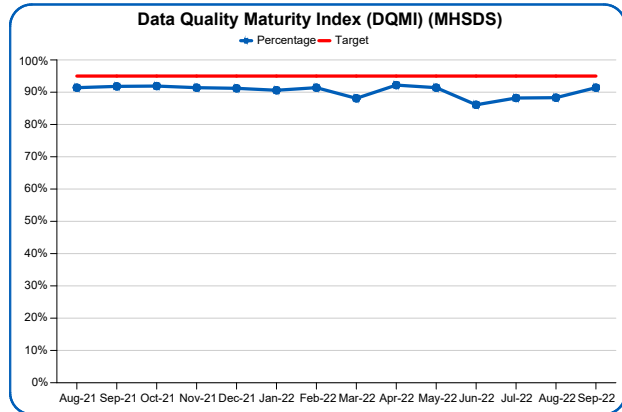
In one instance, a delay in correct recording accounted for one of the clients missing RTT by one day, this was an individual mistake that has been addressed. The ongoing challenges persist with caseloads being high, as well as referrals being 30% higher than they should be. This extra pressure means that allocations for assessments and for care coordination are taking longer.

In the EIP Service, everyone on the First Episode Psychosis caseload has been offered a Community Physical Health Appointment, so the remaining 22% will be made up of new referrals yet to have the screening, those out of contact, and those that have refused on two or more occasions.

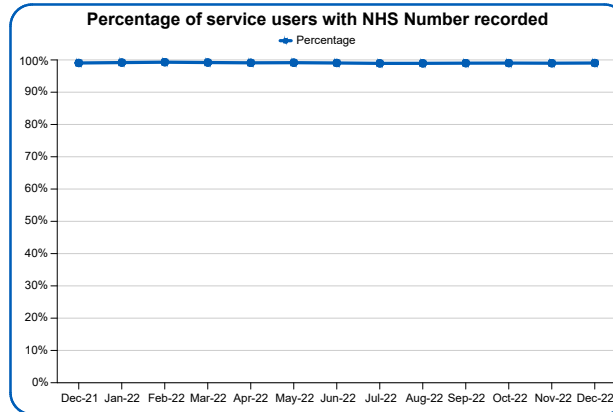
In the Memory Assessment Service (MAS) there are ongoing staffing pressures related to staff availability with significant challenges being faced in one locality needing additional support/resource from other areas where available. A review of systems and processes within teams, including data recording is being addressed as a priority and continues to be ongoing. In the West locality, there is only one nurse in post; it has not been possible to backfill one other post on long-term absence. Additional support has been sourced from other areas of the Trust where available. All the above challenges have impacted upon the service's ability to assess referrals within the 8-week timeframe, which is reflected in a further decrease in performance in Quarter 3.

In addition, due to pressures in other areas of Care Services, medical staff have been moved away from MAS to provide critical medical cover. This has had an impact on the levels of referrals being diagnosed within 12 weeks of their referral. Again, a further decrease in performance in Quarter 3, reflects the ongoing staffing challenges faced by MAS across the city, and the demand for staff in other areas of the organisation.

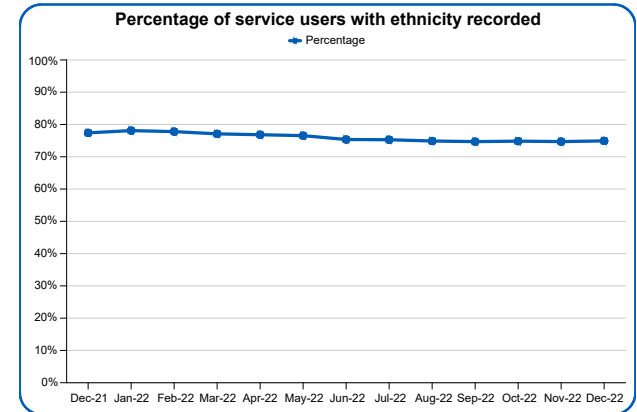
Services: Clinical Record Keeping



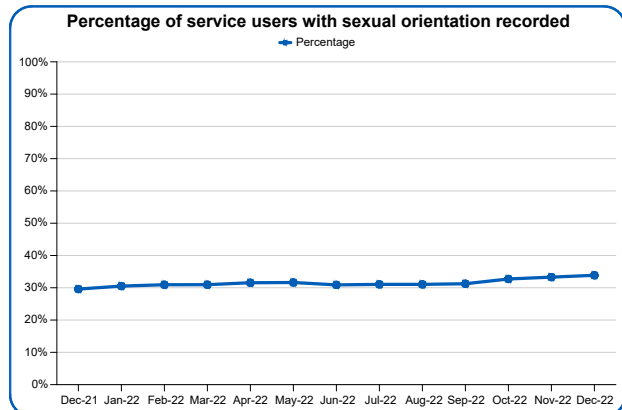
CQUIN / NHSOF Target 95%: September **91.4%**



Local measure: December **99.0%**



Local measure: December **74.9%**



Local measure: December **33.9%**

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 December 99.0% of care records had an NHS number recorded (no change), 74.9% ethnicity (slight increase) and 33.9% sexual orientation (slight increase).