

## Introduction

### Key themes to consider this month:

Unless otherwise specified, all data is for October 2022

#### Consistency and improvement:

As the Trust moves into Quarter 3, increasing focus is being given to anticipating areas of pressure on services during the Winter period, the potential impact, and ways the Organisation might respond. Winter Planning work is now well underway within the Trust to put measures in place to monitor our services and identify different options for responding to the various challenges we are likely to face. In addition to the existing local and system pressures, the cost-of-living crisis has the potential to increase and intensify demand on the NHS during this period. Work has already started to promote support available with the cost-of-living crisis to service users as well as staff to try to help alleviate its effects.

Services have continued to operate under challenging conditions but positive steps have been taken within some services to address vacancies, explore services changes and work with partner organisations to make service improvements. We continue to take actions to minimise the impact on the safety and quality of care we deliver to the people who use our services. Previous concerns remain for the Community and Wellbeing Service which is continuing to operate in business continuity mode. However, redeployment of staff into this service and changes to the way the service has oversight of referrals and performance will have a positive impact.

As a result of the continued challenges and pressure on services, performance is affected in several 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 Mental Health Teams (CMHTs) seen within 15 days, 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 and significant improvement can be seen in the percentage of referrals being seen by the Acute Liaison Psychiatry Service within 1 hour.

#### Work in Progress:

Care Services have continued to build upon the demand and capacity work started earlier this year which utilised some of the national demand and capacity modelling tools. Several services have seen improvements in their waiting lists and waiting times either as a direct result of the capacity and demand work or indirectly through investigation prompted by the original exercise. This work has provided 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. Awareness has increased in relation to how data can be used in this way and several conversations have been prompted by it as a result, though some services are yet to participate.

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

## Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Aug 2022	Sep 2022	Oct 2022
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	56.4%	49.9%	46.5%
Percentage of ALPS referrals responded to within 1 hour	-	66.1%	68.7%	86.5%
Percentage of S136 referrals assessed within 3 hours of arrival	-	10.7%	17.4%	30.3%
Number of S136 referrals assessed	-	56	46	33
Number of S136 detentions over 24 hours	0	3	1	1
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	80.0%	30.6%	36.4%	56.6%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	88.0%	82.8%	83.5%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	44.3%	51.9%	41.8%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Aug 2022	Sep 2022	Oct 2022
Gender Identity Service: Number on waiting list	-	3,718	3,774	4,001
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	-	20.08	7.13
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	75.6%	74.3%	80.0%
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	4.0%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	42.9%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	93.3%	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	-	82.9%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	798	-	737	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	14.0%	-
Services: Our acute patient journey	Target	Aug 2022	Sep 2022	Oct 2022
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	88.7%	82.8%	108.4%
Crisis Assessment Unit (CAU) length of stay at discharge	-	7.18	12.53	11.92
Liaison In-Reach: attempted assessment within 24 hours	90.0%	74.3%	82.2%	75.5%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	97.5%	100.1%	97.7%
Becklin Ward 1 (Female)	-	98.2%	105.3%	101.2%
Becklin Ward 3 (Male)	-	99.3%	98.8%	91.2%
Becklin Ward 4 (Male)	-	96.9%	97.2%	96.5%
Becklin Ward 5 (Female)	-	94.4%	99.2%	100.1%
Newsam Ward 4 (Male)	-	98.8%	100.0%	99.8%
Older adult (total)	-	94.2%	96.7%	94.2%
The Mount Ward 1 (Male Dementia)	-	95.8%	92.9%	92.3%
The Mount Ward 2 (Female Dementia)	-	94.4%	94.2%	94.2%

## Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Aug 2022	Sep 2022	Oct 2022
The Mount Ward 3 (Male)	-	92.2%	100.3%	94.3%
The Mount Ward 4 (Female)	-	95.0%	97.2%	95.4%
Percentage of delayed transfers of care	-	9.6%	11.7%	13.4%
Total: Number of out of area placements beginning in month	-	1	13	10
Total: Total number of bed days out of area (new and existing placements from previous months)	124	122	322	446
Acute: Number of out of area placements beginning in month	-	0	10	5
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	15	179	303
PICU: Number of out of area placements beginning in month	-	1	3	5
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	14	53	73
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	90	70
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	-	69.0%	-
Services: Our Community Care	Target	Aug 2022	Sep 2022	Oct 2022
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	83.9%	77.5%	84.8%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	86.1%	80.0%	84.7%
Number of service users in community mental health team care (caseload)	-	3,886	3,881	3,885
Percentage of referrals seen within 15 days by a community mental health team	80.0%	82.5%	73.6%	72.8%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	67.5%	64.9%	52.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	58.9%	57.6%	45.7%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	78.9%	75.0%	58.8%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	66.0%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	90.0%	-	77.4%	-
Services: Clinical Record Keeping	Target	Aug 2022	Sep 2022	Oct 2022
Percentage of service users with NHS Number recorded	-	98.9%	99.0%	99.0%
Percentage of service users with ethnicity recorded	-	74.9%	74.7%	74.8%
Percentage of service users with sexual orientation recorded	-	31.0%	31.2%	32.7%
Services: Clinical Record Keeping - DQMI	Target	May 2022	Jun 2022	Jul 2022
DQMI (MHSDS) % Quality %	95.0%	91.4%	86.1%	88.2%

\* 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		
		Aug 2022	Sep 2022	Oct 2022	Aug 2022	Sep 2022	Oct 2022
ADHD	271.8	319.1	191.4	52.5	2,371	2,515	2,639
Chronic Fatigue Service	116.7	139.8	152.1	139.8	182	181	187
CMHT OPS	37.1	26.9	28.0	39.1	138	135	123
CMHTs Adult	48.6	43.5	48.6	45.1	504	516	477
DEAF CAMHS	42.4		20.1	7.1	5	7	21
Gambling Services		57.3	57.2	96.9	120	142	144
Gender Services	182.4	600.1	518.4	717.1	3,103	3,189	3,280
LADS	83	151.5	181.5	189.8	378	378	414
Leeds LD Community	47.5	37.7	48.6	47.3	129	115	90
Liaison Out Patients	70.1	36.4	95.0	46.3	115	118	116
Memory Assessment Service	52.5	52.4	61.9	66.0	504	542	531
Perinatal Community	16	17.9	24.4	25.2	89	88	87
Veterans	36.9	94.6	387.1	109.7	35	36	31

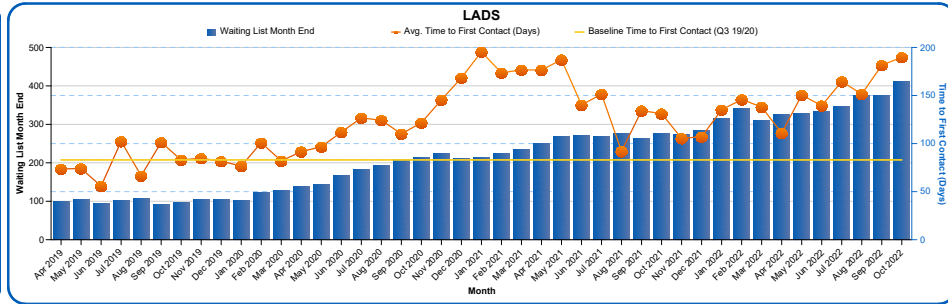
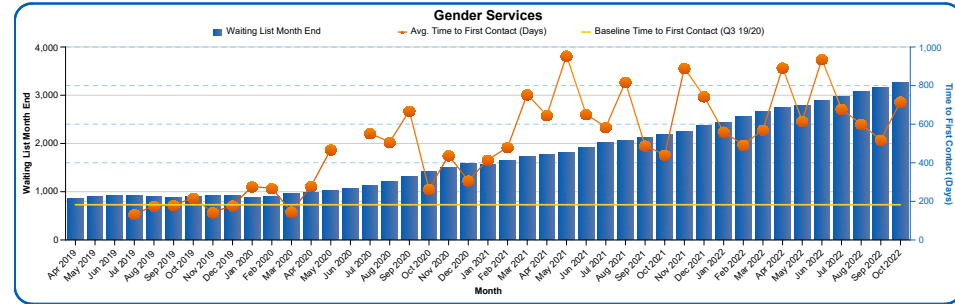
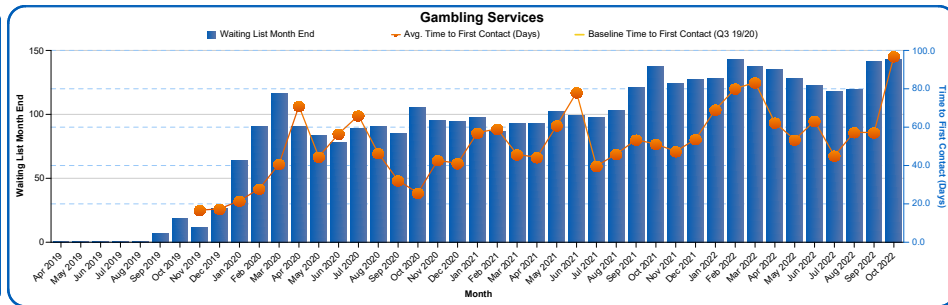
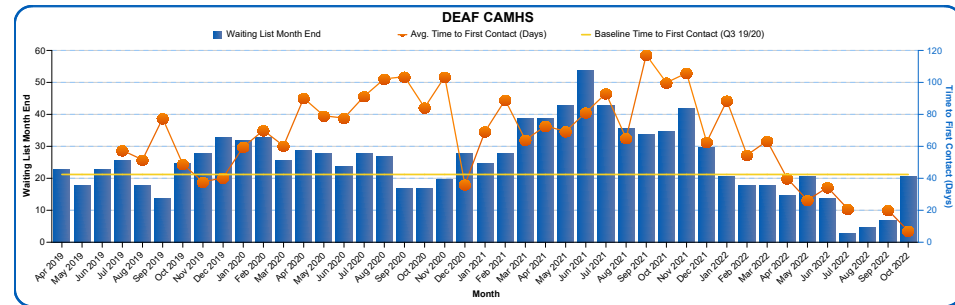
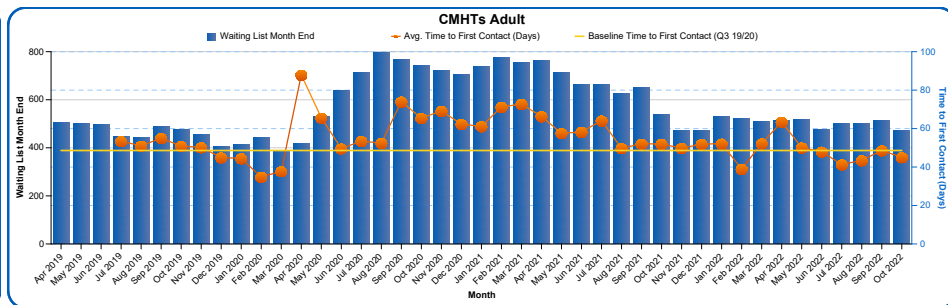
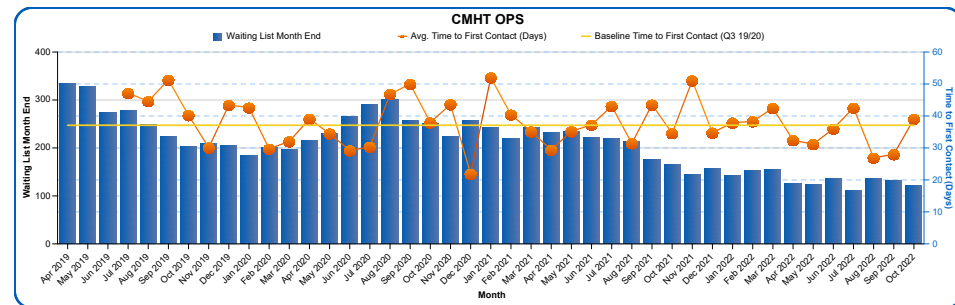
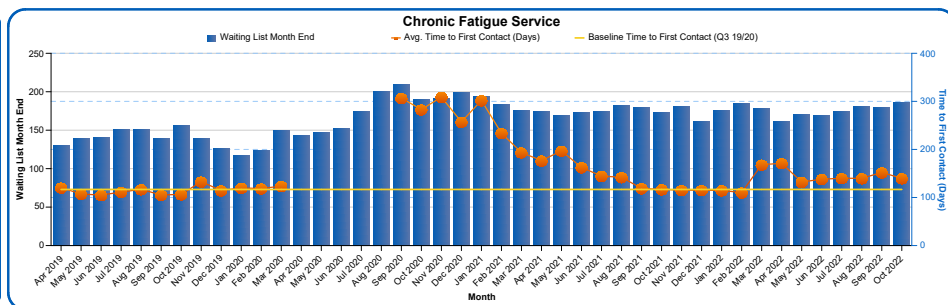
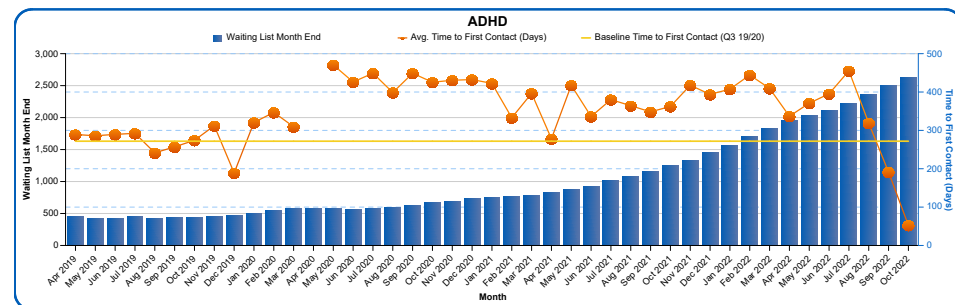
\* The measure 'Baseline Time to First Contact (Q3 19/20)' relates to the average time (in days) from referral to first face to face contact only for referrals with a first contact between October and December 2020.

\*\* 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)



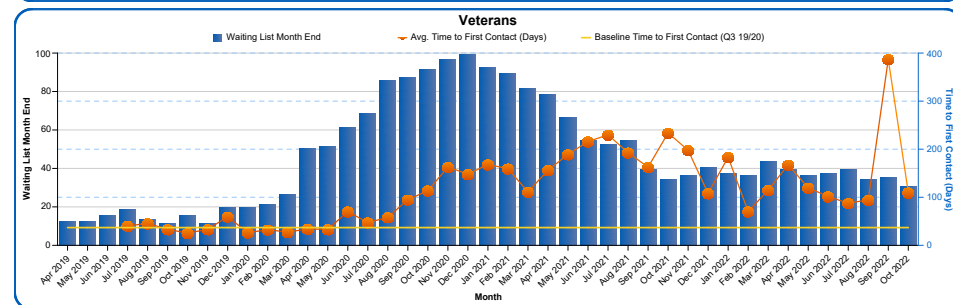
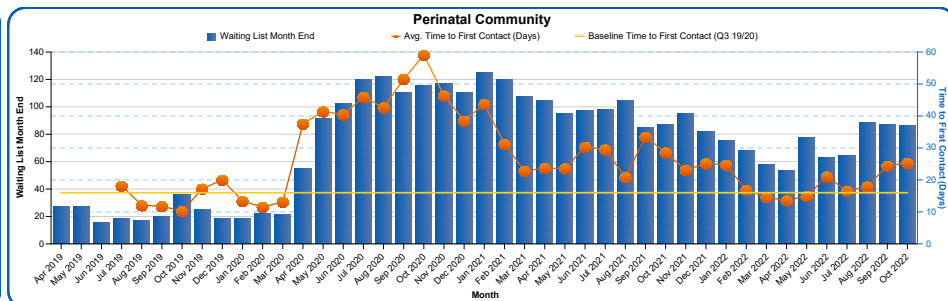
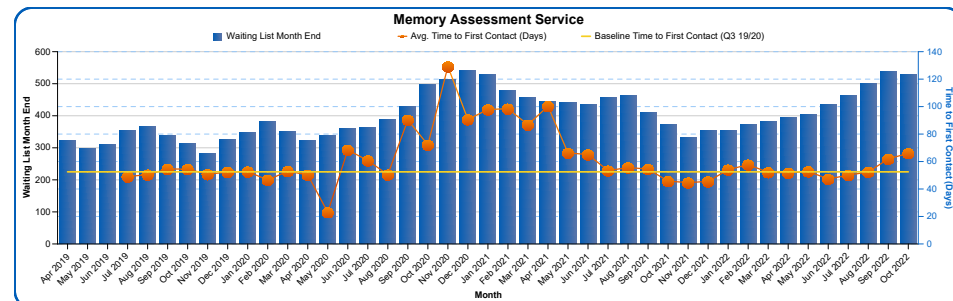
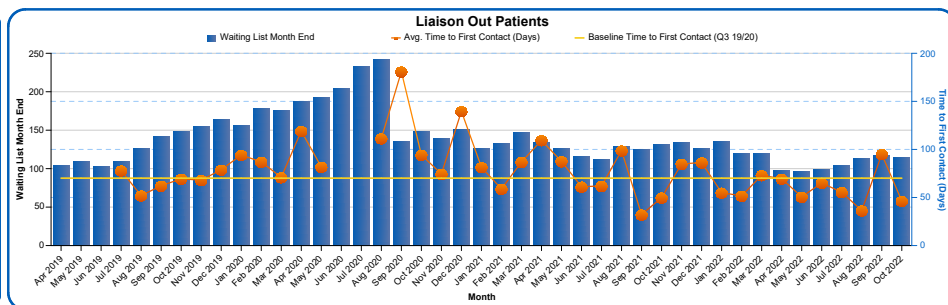
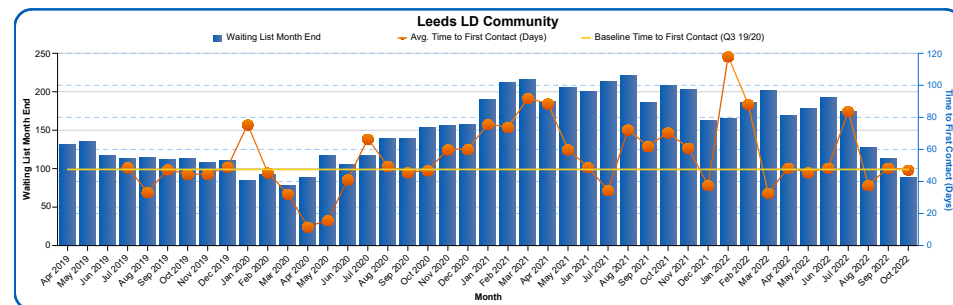
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## Services: Reset and Recovery

**ADHD:** The waiting list continues to increase and currently stands at 2,601 (07/11/222). This is an increase of 253 since 28th August. The annual review list is at 606 with around 50% overdue. There is also a delay on commencing medication and titration upon receipt of a diagnosis. The service has been operating without a Clinical Lead since June and both nurse posts are currently vacant following unsuccessful recruitment. Both nurses left to work in the private sector. The Consultant gap has been covered by a locum which is working well and is now being extended to the end of March. The permanent post of Consultant and Clinical Lead started his induction in the Trust this week. The service is working on Capacity and Flow and has engaged with primary care and system wide colleagues to start discussions on system redesign.

This is being incorporated into the non-recurrent investment paper which was approved to support quality and service user experience by reducing the time from diagnosis to commencement of medication and slowing the rate of waiting list increase. Value approved is £387k. Actions approved to support this are: 1) Employment of 2 additional consultant Programmed Activities to support the Annual Review waiting list, 2) Extension of locum consultant, 3) Direct employment of a pharmacist to support annual reviews, 4) Developing an Annual Review pilot with primary care employing pharmacists, 5) 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. The specific benefits of investment would be: 1) Annual review waiting list is reduced to a manageable level meaning those eligible are seen within or close to 12 months. This is the result of the combination of actions in this area including a 12-month pilot with primary care. 2) Medication and titration is more timely after diagnosis. A full capacity assessment is needed once the new Clinical lead is in post to determine the impact in 3 months, but initial estimate is that an additional 75 will be removed from the medication list with the locum extension. 3) An additional 100 service users can access a diagnostic assessment with a wait time reduced by 3 months. The impact on the waiting list is effectively 1 months' worth of referrals dealt with.

**CFS:** The average time to first assessment has decreased in October to 139.8 days (152 days in September) 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 that has had a positive impact this month.

**CMHTs Adult:** The service has seen an improvement over the last three months in waiting times performance. The Service remains in business continuity and therefore the waiting time for assessment remains longer than what the Service aim to see people within. 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. Waiting times will also include those referrals for care coordination (of which we have 10 out of area; 5 are in locked rehab).

**Deaf CAMHS:** The Service has recovered from longer waits for initial contact with two main actions: 1) The Clinical Operations Manager and CTMs reviewed the process by which first contacts were recorded on the system. An updated process was shared with the teams to ensure accurate recording of face to face and video contacts. 2) Where previously clinicians opted for telephone or video as the initial contact with children and younger people and their families, the updated process is for these to all be completed via video consultation allowing the recording of a formal first contact. In addition to this the vacant Head of Operations post for Children and Younger People Services has now been filled, which provides important oversight of the service, including the above.

**Gender Services:** Time to first contact had been gradually reducing, however, there has been a significant increase in October. This is likely to be due to the increased numbers of referrals during the Autumn 2018 period. The number of referrals on the waiting list continues to gradually increase as anticipated, however this may be under reported due to the referral processing backlog. Referrals appear to be decreasing; however, this is due to a processing backlog resulting from admin staff absence in August and September. Additional bank admin has been deployed and has reached around the mid-September point of the backlog. Anecdotally there does not appear to be a change in referral rate.

The service is utilising £28k pay underspend from vacancy this financial year to temporarily increase hormone clinic, psychology and speech and language therapy sessions.

**LADS:** The waiting list is currently at 349 (which shows an increase of 69 since the end of August). Referral rates are maintained at around 100 per month. An experienced and valued nurse has just retired but recruitment has been successful which will minimise any gaps in provision. The service has non-recurrent investment which is supporting an uplift of 2 appointments per week to 10 assessments but there is still a short fall of 7 slots per week (average 17 referrals accepted per week). A non-recurrent investment paper was supported to employ an additional consultant for 2 Programmed Activities per week which will provide an extra assessment slot, as well as use of Bank to allow the retiree to work 1-2 days after a break. This costs maximum £21k and reduces the shortfall of assessments per week to 5-6. The service held an Away Day with city and Trust partners on 8th November to explore service improvement options both with and without investment.

**LD Community:** Within the Learning Disability Community Service, waiting lists are steadily reducing with several factors contributing to this. We have recruited to

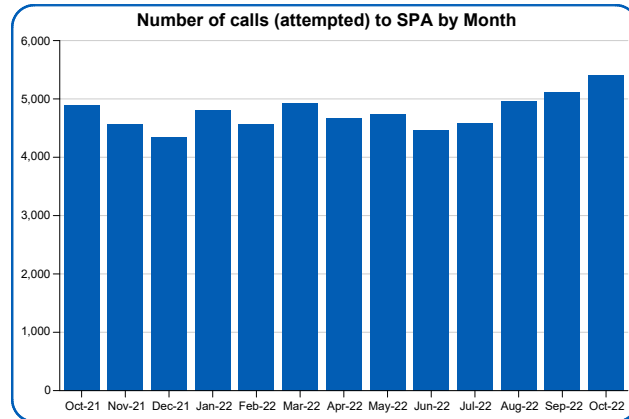
vacant Occupational Therapist and Psychology posts where we are starting to see increased allocations from the waiting lists. Everyone on the waiting lists across the disciplines are reviewed every 3 months by the Clinical Lead or delegated colleague and updates given to the Clinical Team Manager regarding whether the RAG rating has changed from Green / Amber to Red - requiring allocation, or whether the need is no longer current, and can therefore be discharged from the waiting list.

There were a significant number of people (approximately 25) awaiting IQ assessments to establish eligibility where other means to assess were not valid. This was due to not being able to administer the Wechsler Adult Intelligence Scale (WAIS) wearing Personal Protective Equipment (PPE) as this invalidated the result. The eligibility waiting list has reduced now to 7 people. We are reviewing our RAG rating criteria and processes and will be taking this through our Clinical Governance procedures. In addition, Rebound Therapy is reopening at Ventures and there are imminent plans to start the process of reopening the hydrotherapy service.

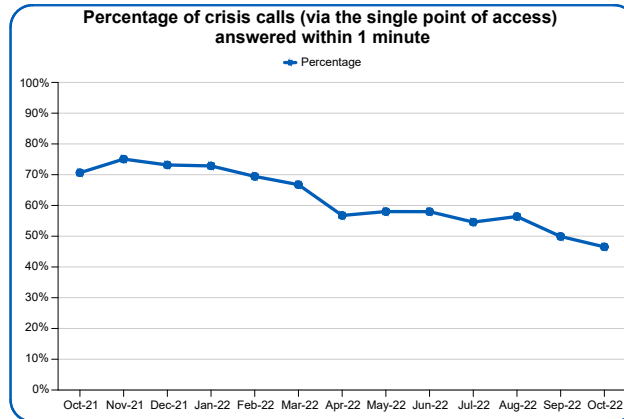
**MAS:** MAS has reviewed waiting times data for the Service produced using the national demand and capacity modelling tools, but further work is needed to understand how to use this further in conjunction with information already available. It does demonstrate that the teams are undertaking more post-diagnostic support appointments than as modelled at the Community Redesign. Work is underway to scope the possibility of engaging a private provider to enhance MAS capacity in the short-term, whom the Service has met with once, although this does require further exploration.



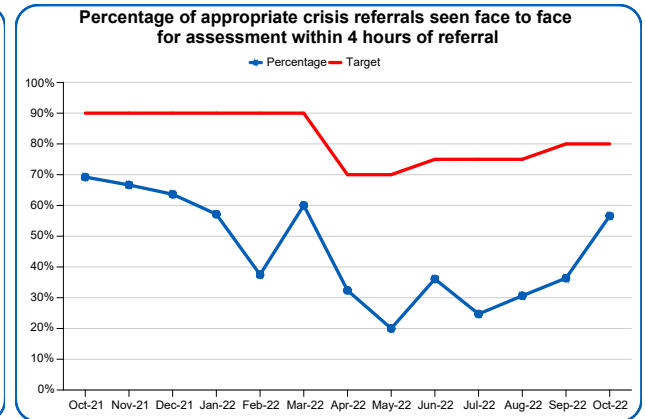
## Services: Access & Responsiveness: Our Response in a crisis



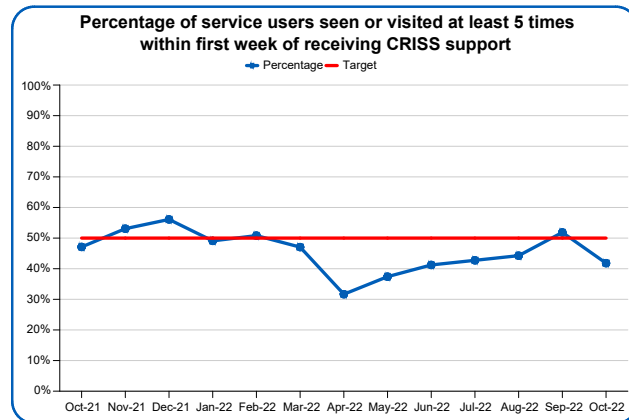
Number of calls : October 5,418



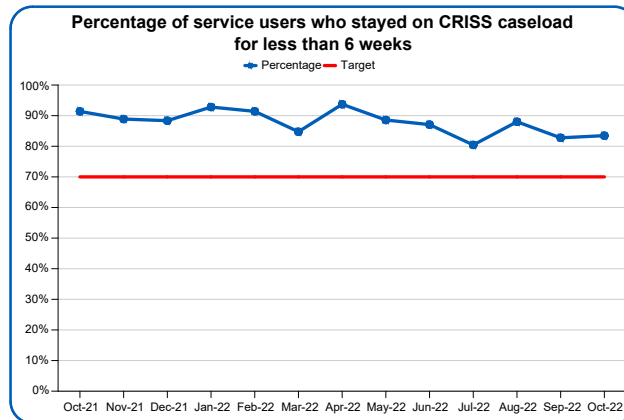
Local target - within 1 minute: October 46.5%



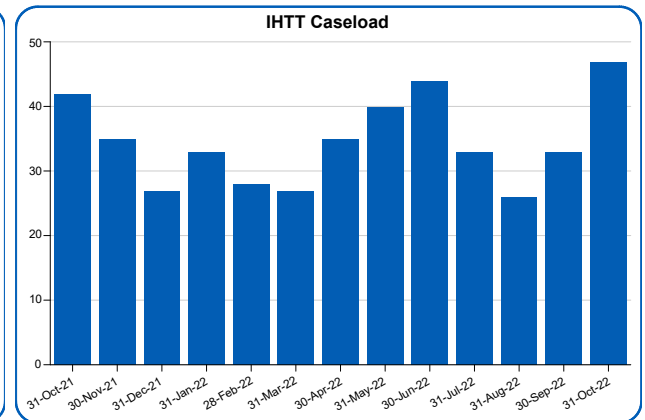
Contactual Target 80%: October 56.6%



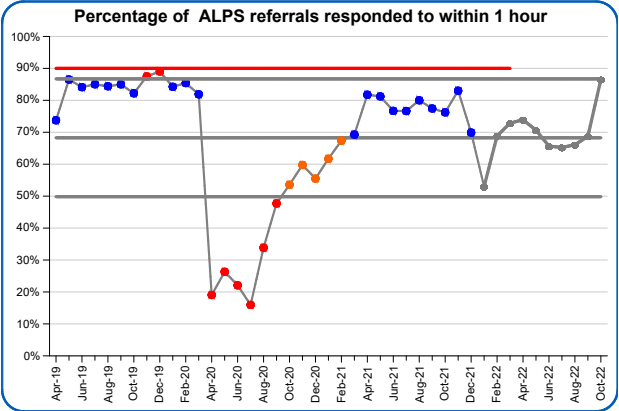
Contractual Target 50%: October 41.8%



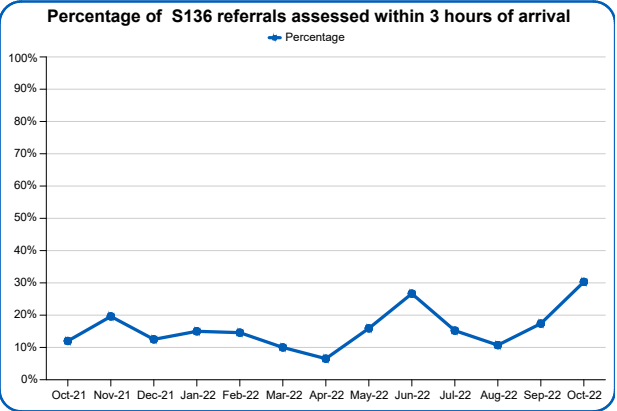
Contractual Target 70%: October 83.5%



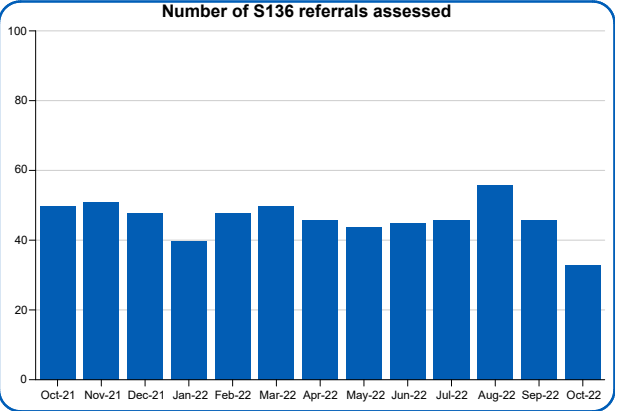
Caseload: October 47



Contractual Target : October 86.5%



Contractual Target : October 30.3%



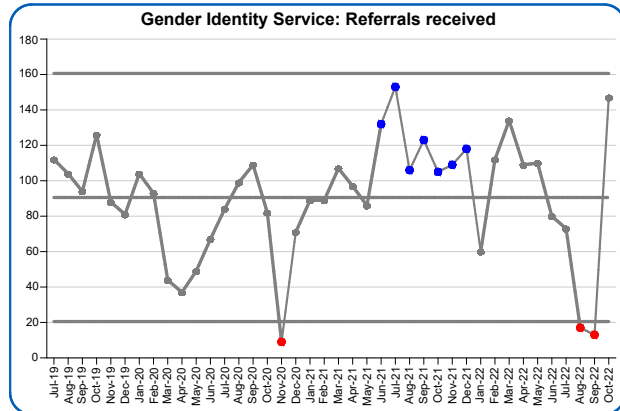
Total referrals assessed: October 33

## Services: Access & Responsiveness: Our Response in a crisis

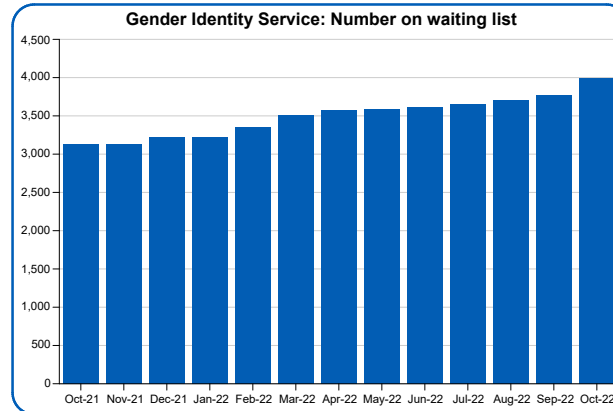
There has been a substantial improvement in the performance of the Acute Liaison Psychiatry Service in October with 86.5% of people seen within one hour of referral. Working closely with our Acute Trust colleagues in the Emergency Departments, we have prioritised those who are fit for assessment rather than deploying resources to assess those who may not be ready to be seen (for example patients who are intoxicated). Sickness absence also reduced in October which increased capacity within the team to meet demand.

Following changes in the Crisis Resolution and Intensive Support Service (CRISS), performance against the crisis assessment within 4-hours KPI continues to increase (to 57.3%) in line with the trajectory set for this indicator in 22/23. We are anticipating staffing challenges in December across the service line which may have an impact on the planned trajectory. However, we are aiming to mitigate this through contingency planning and workforce review.

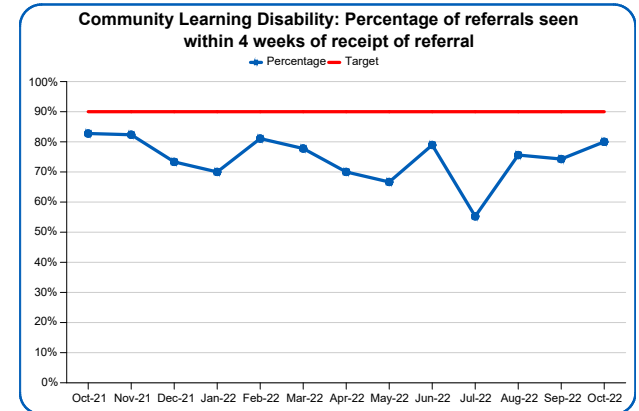
Within CRISS, achievement of the frequency of contact KPI reduced in October (to 41.8%). Some of the factors identified that are affecting this are increased referrals from Out of Area Placements (OAP) and inpatient services, with periods of shared care impacting on contacts. Staff sickness has also been an issue with some staff isolating due to COVID, increasing our video conferencing offer rather than face to face contact. We are continuing to review the data weekly to understand fluctuations in contact figures and factors having an impact. We are also currently in the middle of a Multi-Disciplinary Team pilot within the South locality with the aim of looking at efficiencies and pathway blockages.



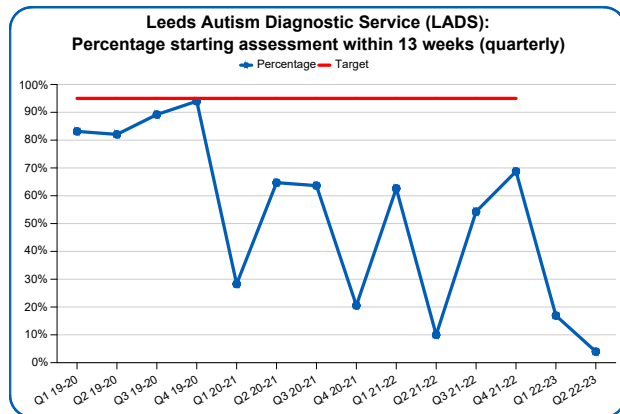
Total referrals: October **147**



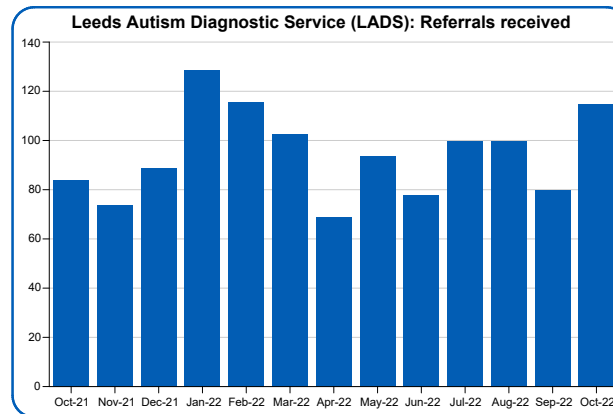
Number on waiting list: October **4,001**



Contractual Target 90%: October **80.0%**



Contractual Target : Q2 **4.0%**

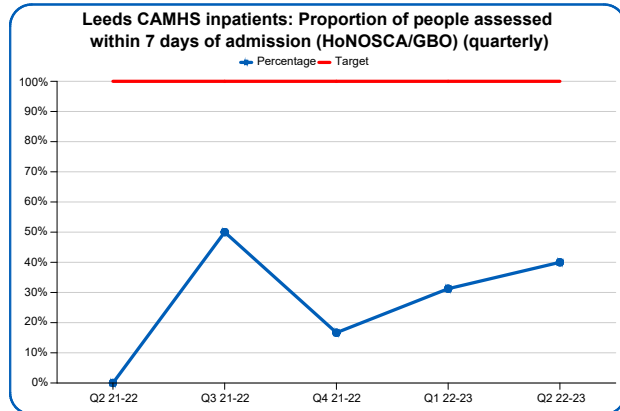


Local measure: October **115**

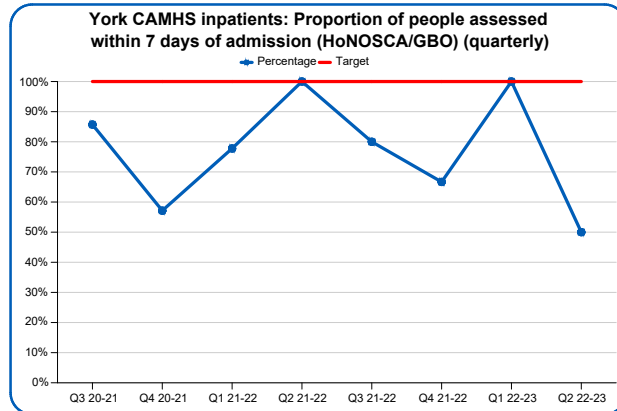
SPC Chart Key

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

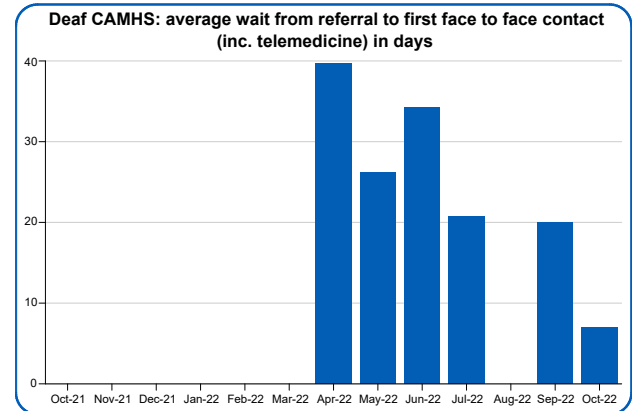
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services (continued)



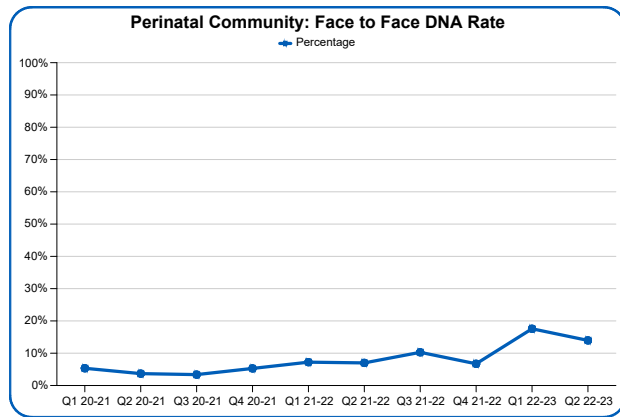
Contractual Target 100%: Q2 **40.0%**



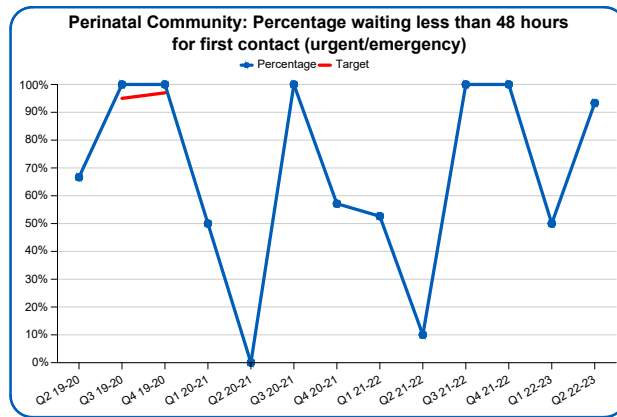
Contractual Target 100%: Q2 **50.0%**



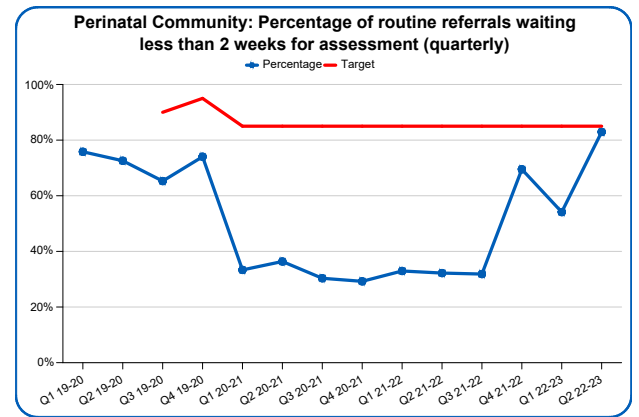
Local measure: October **7**



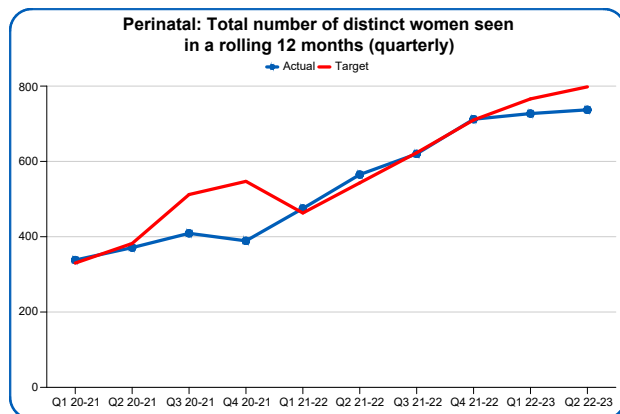
Contractual measure: Q2 **14.0%**



Contractual Target tba: Q2 **93.3%**



Contractual Target 85%: Q2 **82.9%**



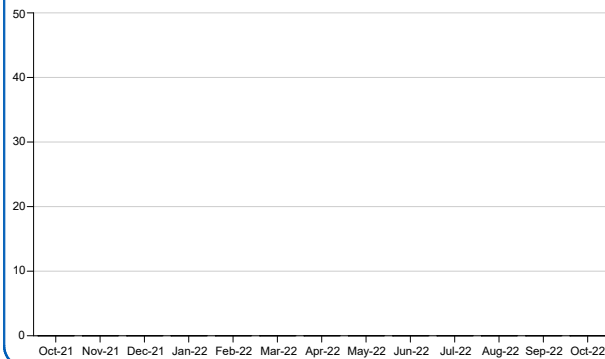
Local measure 798: Q2 **737**

## Services: Our Regional and Specialist Services

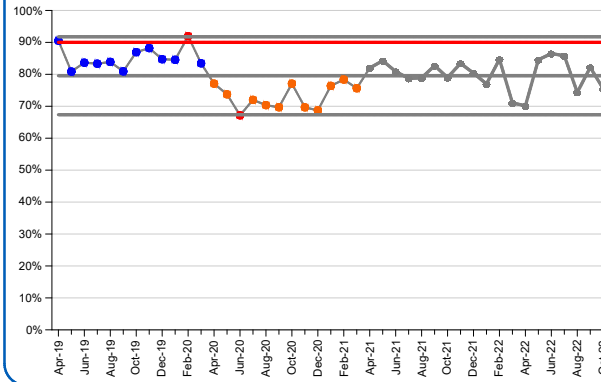
The percentage of assessments completed within 4 weeks of referral to a Community Learning Disability Team has increased slightly (to 80.0%) and remains broadly in line with previous reporting periods. The service continues to address recording issues previously identified, and are challenged by delays imposed by the stage of the referral process where eligibility for the service must be established. This month the non-compliance equates to just 4 cases with reasons including delays in gathering information regarding diagnosis of Learning Disability from the referrer and other sources. Referrals accepted were also affected by Psychiatry appointment availability and capacity. 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.

## Services: Our acute patient journey

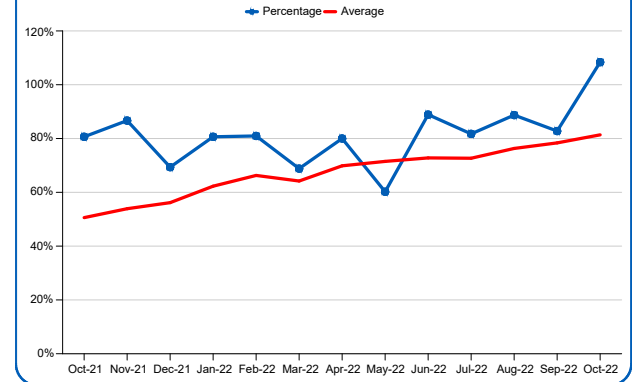
Number of admissions to adult facilities of patients who are under 16 years old



Liaison In Reach: attempted assessment within 24 hours



Bed Occupancy: Crisis Assessment Unit (CAU)

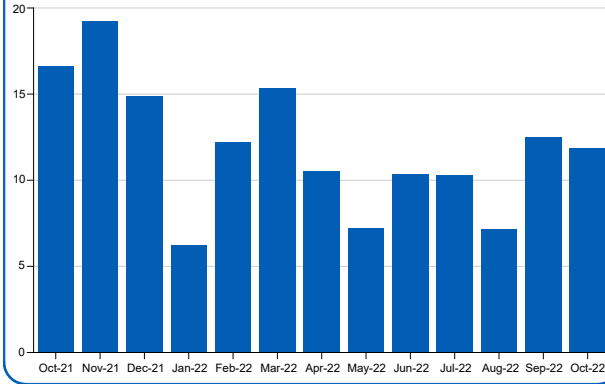


National (NOF) No target : October 0

Contractual Target 90%: October 75.5%

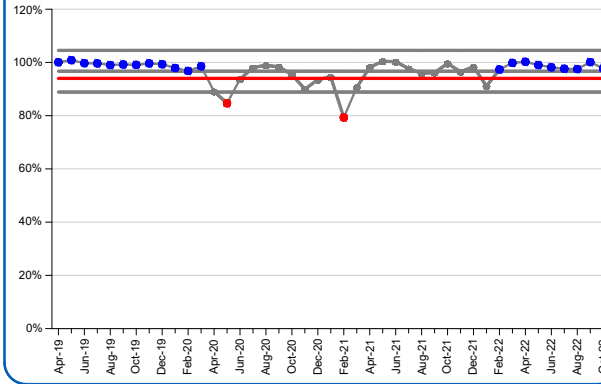
Local measure: October 108.4%

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



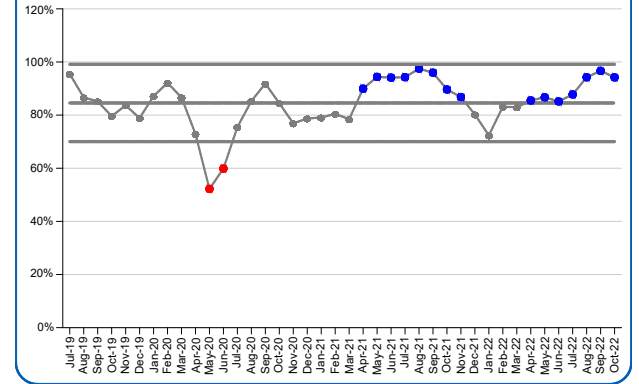
Local measure: October 12 days

Bed Occupancy: Adult Acute Inpatients



Contractual Target 94%: October 97.7%

Bed Occupancy: Older Peoples Inpatients

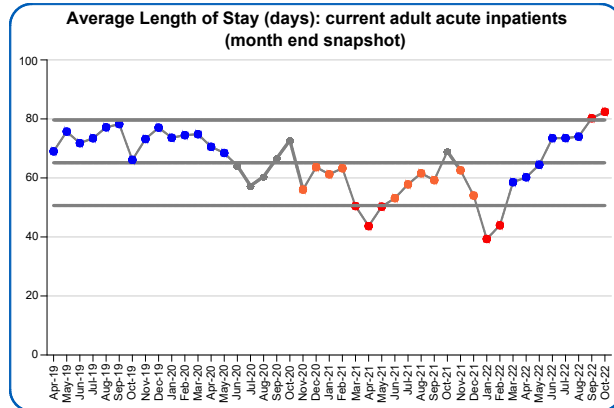


Local measure and target : October 94.2%

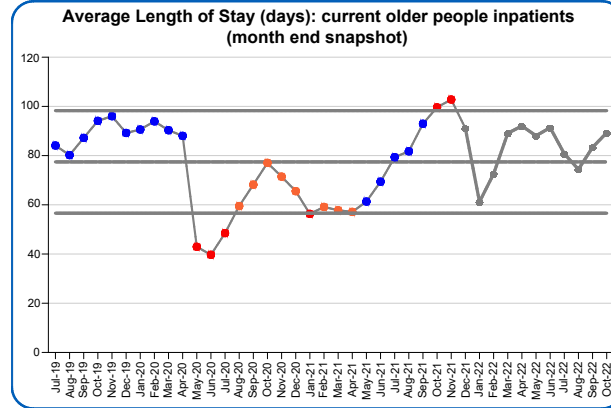
### SPC Chart Key

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

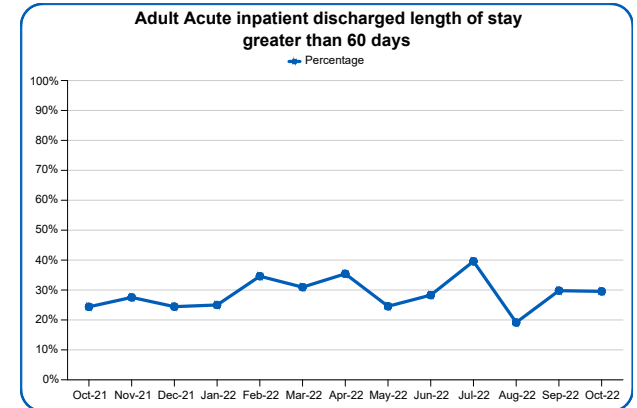
Services: Our acute patient journey (continued)



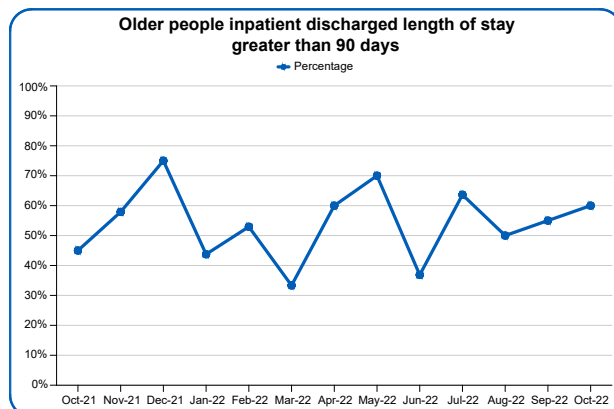
Local tracking measure: October **82 days**



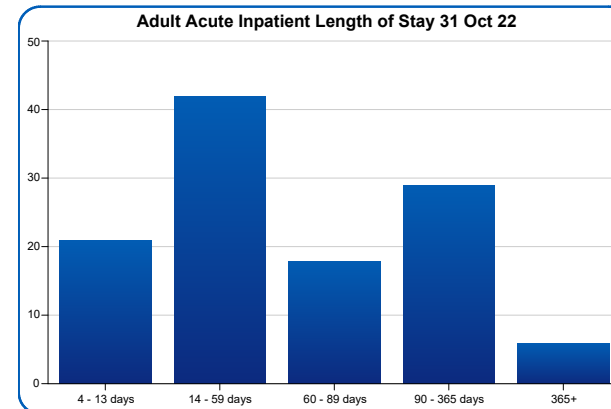
Local tracking measure: October **89 days**



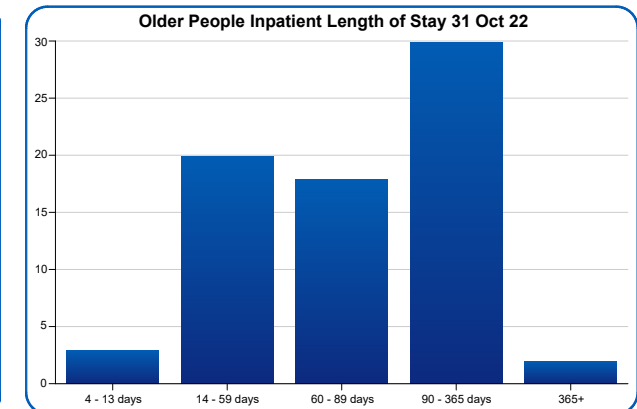
National (LTP): October **29.5%**



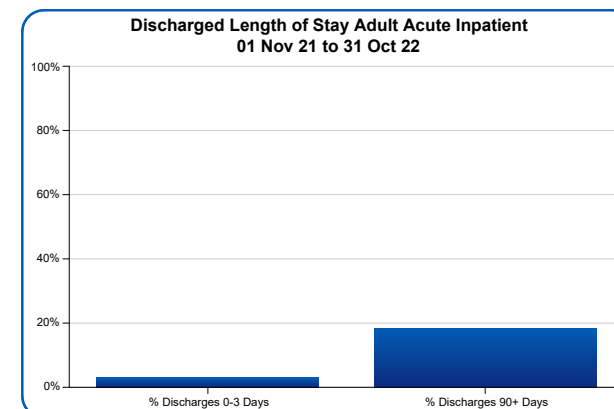
National (LTP): October **60.0%**



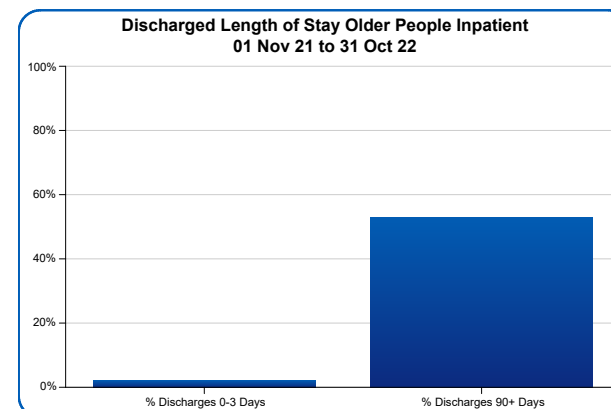
Local activity: **35** people with LOS 90+ days



Local activity: **32** people with LOS 90+ days



Local activity: % discharged LOS 90+ days = **18.6%**



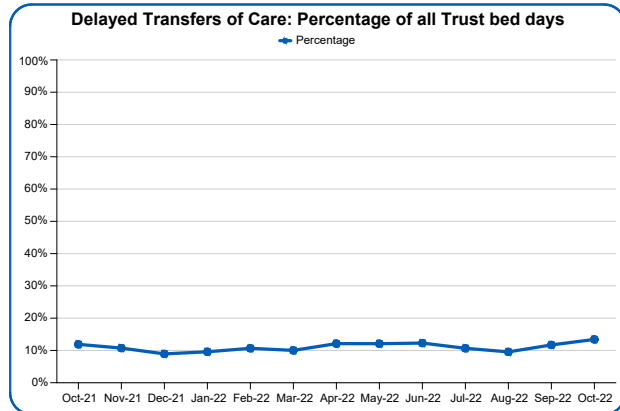
Local activity: % discharged LOS 90+ days = **53.3%**

SPC Chart Key

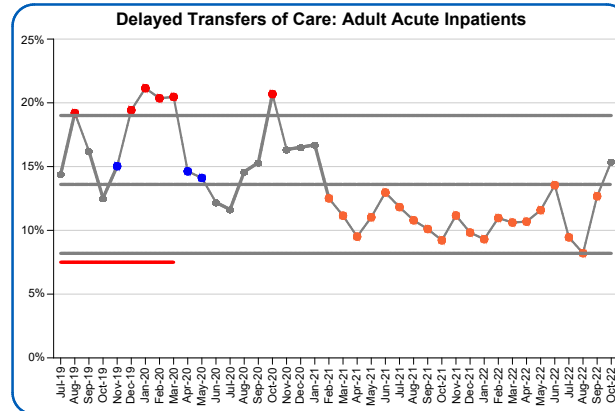




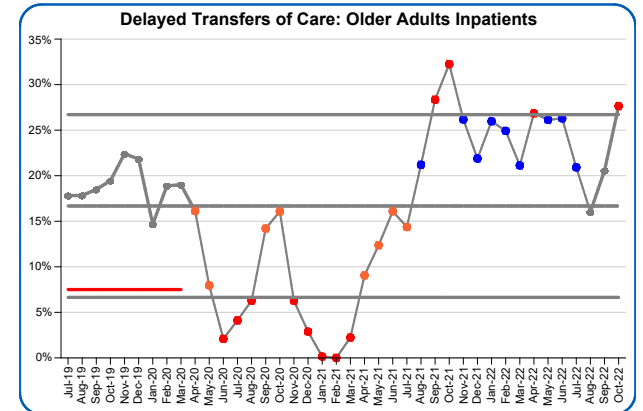
## Services: Our acute patient journey (continued)



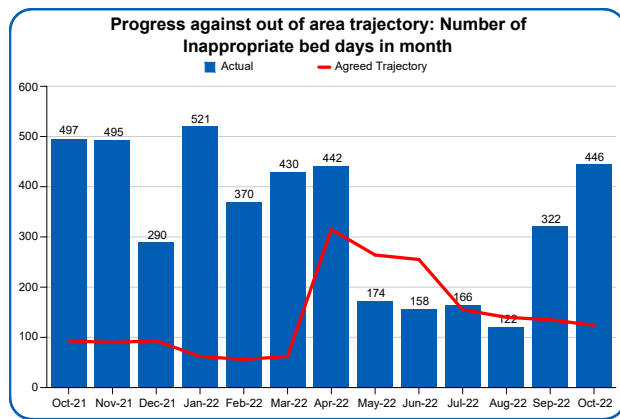
Local tracking measure: October 13.4%



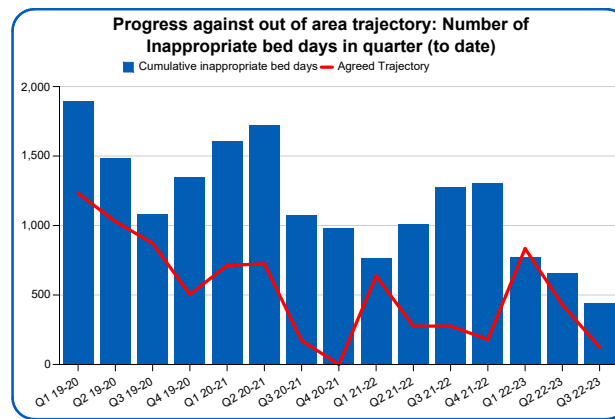
Local tracking measure: October 15.4%



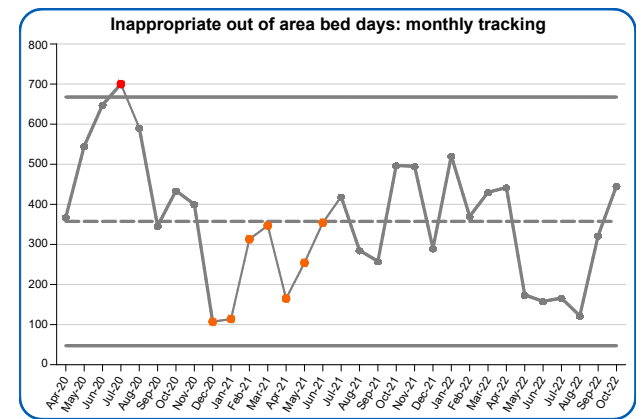
Local tracking measure: October 27.6%



Nationally agreed trajectory (124): October 446 bed days



Nationally agreed trajectory (Q3: 124): Q3 446 bed days

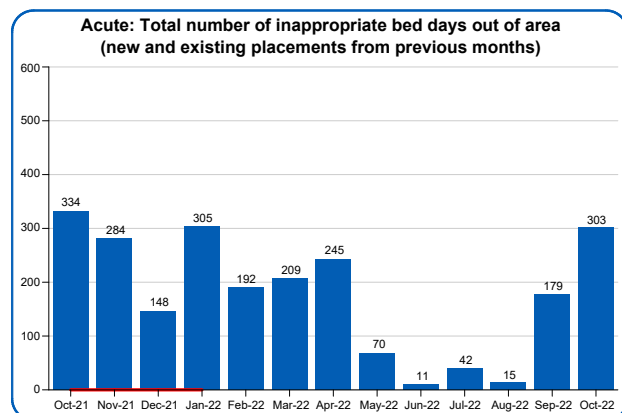


Local tracking measure: October 446 bed days

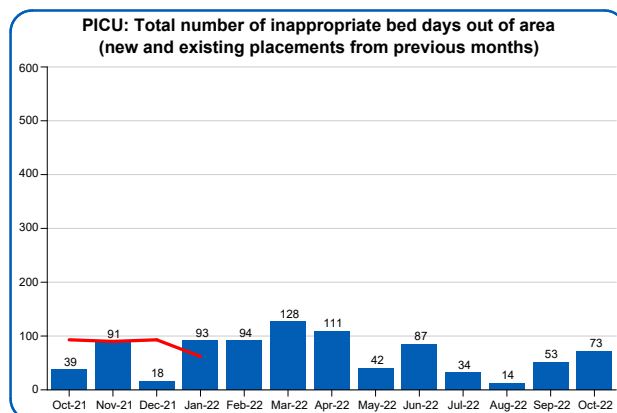
### SPC Chart Key

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

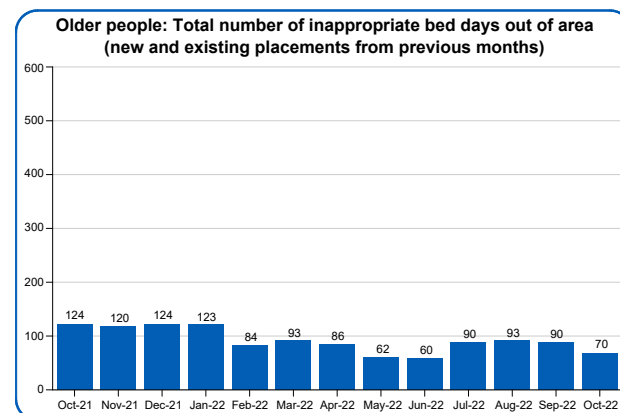
## Services: Our acute patient journey (continued)



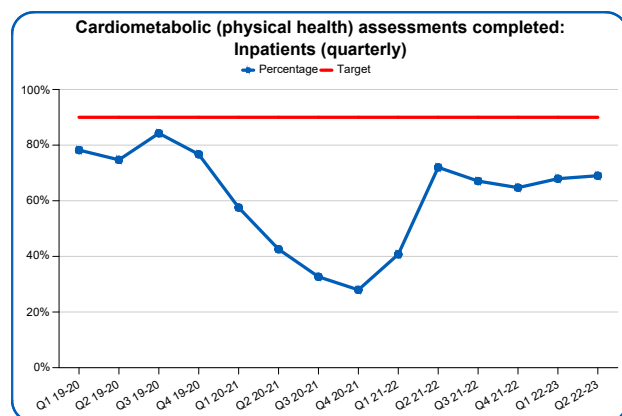
Nationally agreed trajectory (): October **303 days**



Nationally agreed trajectory (): October **73 days**



Local measure : October **70 days**



Contractual target 90%: Q2 **69.0%**

## Services: Our acute patient journey

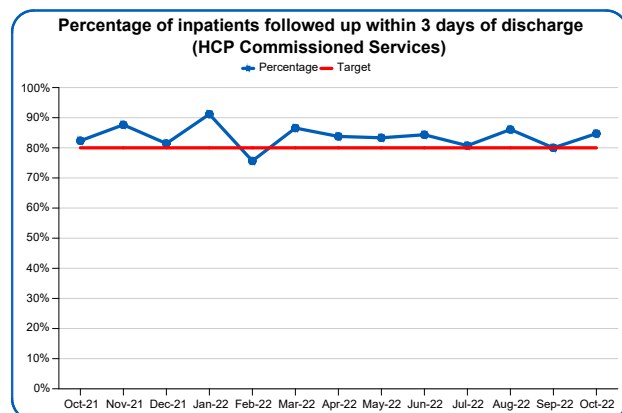
Within the Liaison In-reach service, achievement of the 24-hour assessment standard is below the 90% target but remains within normal variation at 75.2% for October. The KPI continues to be affected by the demand for an inreach service for people detained under the Mental Health Act on general wards run by LTHT which reduces responsiveness for new referrals. The older age liaison team have 3.0 WTE band 6 nurse vacancies and in addition to some maternity leave and long-term sickness, the team are challenged with reduced capacity. Recruitment is underway and we aim to have some new staff in post by the end of the year.

Bed occupancy within the Adult Acute inpatient service in October has decreased slightly to 97.7%, 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.

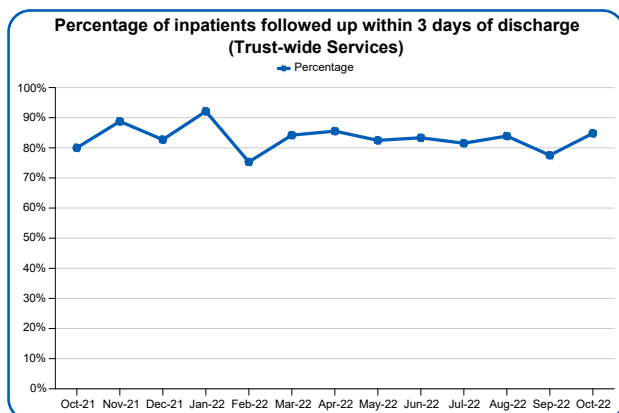
Bed days for out of area placements have exceed the trajectory in October, which reflects the situation in clinical services, particularly working age where the demand for out of area placements is high. Ongoing issues with increased acuity and observations in conjunction with staffing challenges as well as delayed transfers of care are highlighted by the level of need for beds with other providers.

The percentage of inpatient bed days where the service user's transfer of care or discharge has increased in October to 13.4%. Within the Adult Acute service the reasons for these delays range from the need for low secure beds and beds in other care settings to access to specialist placements. In Older Adult services, which carries the majority of the Trust's delays, these are related to sourcing residential or nursing placements, securing packages of care in the community as well as patient or family choice.

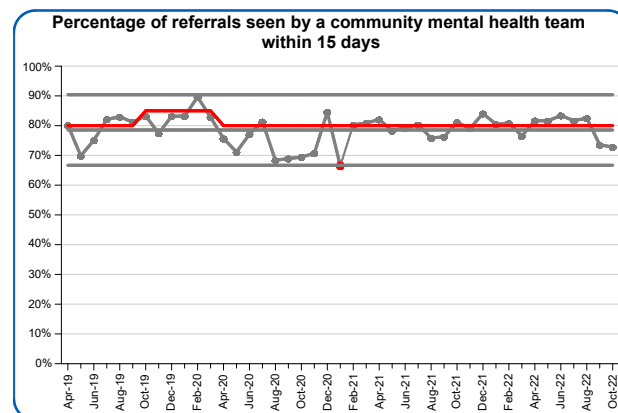
## Services: Our community care



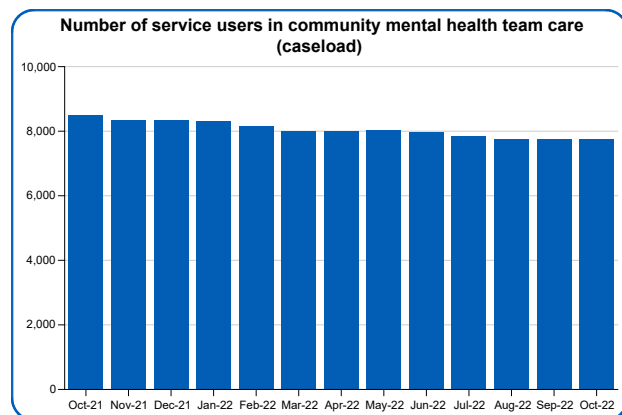
Contractual target 80%: October **84.7%**



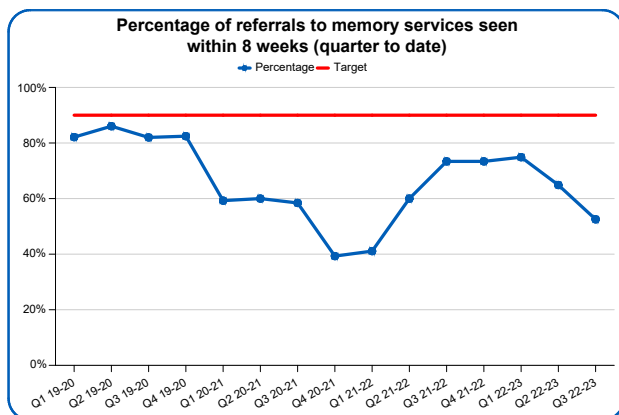
Local Tracking Measure 80%: October **84.8%**



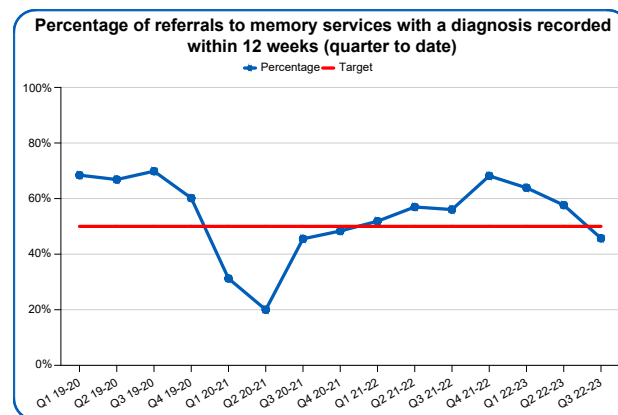
Contractual target 80%: October **72.8%**



Local measure : October **3,881**



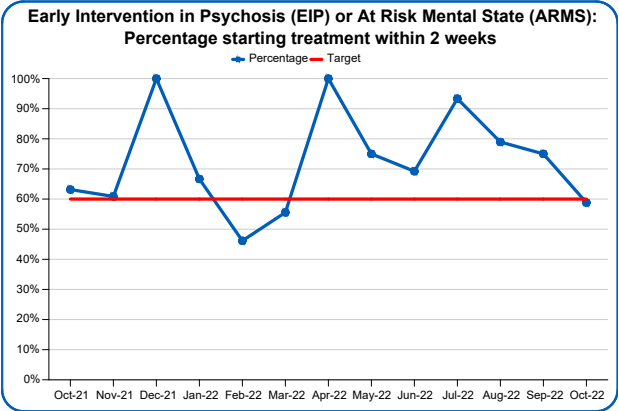
Contractual target 90%: Q3 22-23 **52.5%**



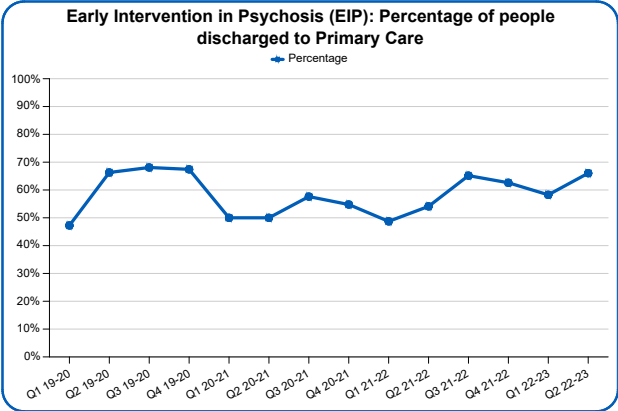
Contractual target 50%: Q3 22-23 **45.7%**

### SPC Chart Key

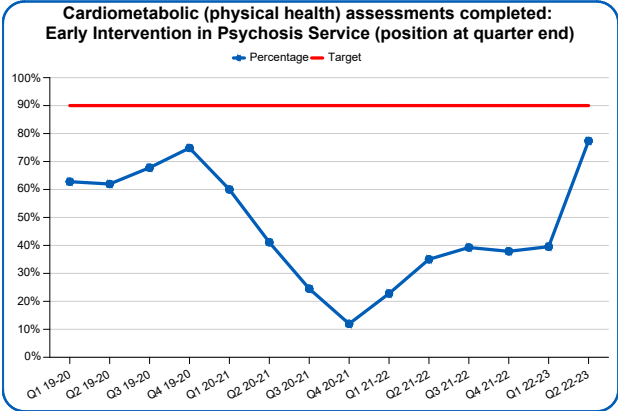
- - - Average  
 - - - Lower process limit  
 - - - Target  
 - - - Upper process limit  
 ● Actual



Contractual target 60%: October **58.8%**



Contractual target tbc: Q2 **66.0%**



Contractual target 90%: Q2 **77.4%**

## Services: Our community care

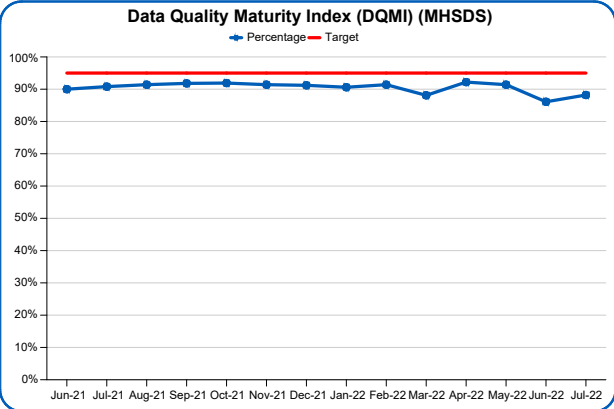
The Trust has achieved the 80% target for follow-up within 3 days, achieving 84.7% for HCP commissioned services and 84.8% Trust wide. We continue to routinely follow up all breaches of the standard during the month.

Unfortunately, due to the sustained pressure within CMHTs, a further, albeit slight decline, can be seen in the percentage of referrals seen for assessment within 15 days, with 72.2% of people seen within the time-frame. Within the working age adult teams, staff have been redeployed into the CMHTs, and some newly qualified staff started in post. However, the training of the new staff highlighted some recording issues affecting this indicator. In addition, there has not been a full CTM compliment and there has been long-term sickness within the service. Staffing shortages have affected the duty desk and triage functions, and with staff availability generally resulting in the need to reduce assessment appointments, the processing of new referrals has been difficult to cover. The service has now centralised the duty, triage and assessment function which will have a dedicated team manager to monitor activity and performance and streamline the clinical and administrative processes. This will improve oversight more broadly but also performance against this KPI.

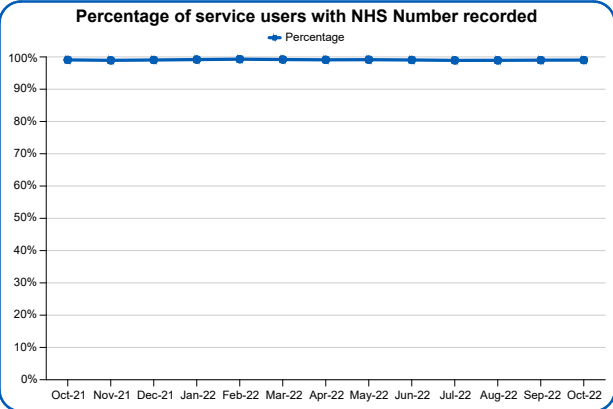
In relation to the assessment within 15 days KPI above, within older adult teams, we continue to see some variation across localities, largely due to system and process issues. Attempts to resolve this have been difficult to sustain and require an ongoing focus. Regular oversight and monitoring of this target is essential which is a particular challenge for the older adult CMHTs given two of the team managers in post are unavailable currently (one due to maternity leave and the second due to sickness absence with notice submitted). We have been supported to recruit to both posts on a substantive basis and are therefore more hopeful of attracting the right candidates with interviews scheduled for the 28th of November. The CMHTs are understaffed with Band 5 Registered Nurses but have tried to compensate for this by being over staffed at the Band 6 level. With support from the Workforce Team, the service are continuing to focus on recruitment and retention in order to try to improve this situation. Our newly appointed Practice Development Nurse is now in post and will have a focus on CMHT caseload management and triage processes which is a welcome additional resource.

Throughout 22/23, the Early Intervention in Psychosis Service has sustained performance over and above the 60% target for people to be seen within 2-weeks. Performance has taken a dip this month to 58.8%, which is the only time this year performance has fallen below target. A combination of factors has led to the Referral to Treatment (RTT) not being achieved in October. Service user engagement challenges (including individuals in transient housing situations and mistrust in services) was a factor, along with complexity with service users already on caseload (there has been a reported increase in referrals for inpatient admissions). These factors alongside reduced assessment capacity as a result of sickness (both covid and flu) and a number of new starters coming into post during October half-term requiring additional support have made an impact. At the time of writing, performance against the target, month-to-date, is 100%.

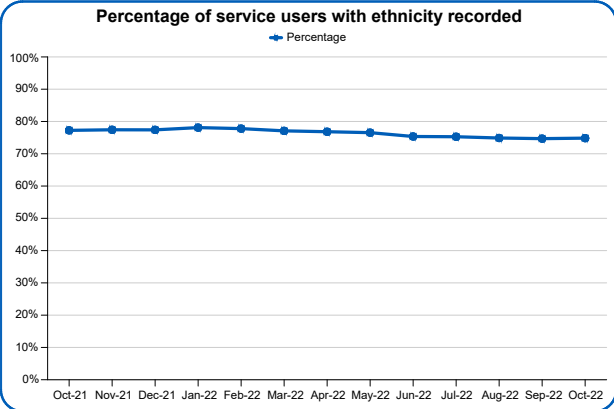
Within our Memory Assessment Service (MAS), several issues continue to impact the service's ability to sustain and improve levels of performance. Of note this month, is the further decrease in the number of people being seen for assessment within 8 weeks of referral (51.9% quarter-to-date). An unusual dip in performance against the diagnosis within 12 weeks KPI can also be seen (44.8% quarter-to-date), which is the first time the service has been below target in just over 18 months. In relation to both KPIs above, we continue to see some variation across localities, largely due to system and process issues. Attempts to resolve this have been difficult to sustain and require an ongoing focus. Changes to the pathway introduced 12 months ago to try and alleviate some pressure have been evaluated with some support from the Continuous Improvement team. Learning from this will be incorporated in future development of the pathway. Analysis of the pathway demonstrates sufficient capacity, but an increased amount of nursing time spent on post diagnostic support, as opposed to assessment activity which requires further consideration then action. We are hoping to focus some of our new Practice Development Nurse time into the pathway to help to understand this further. The service are carrying some staffing vacancies and unavailability which has a more pronounced impact given the relatively small sized teams. Some temporary actions have been identified to support this.



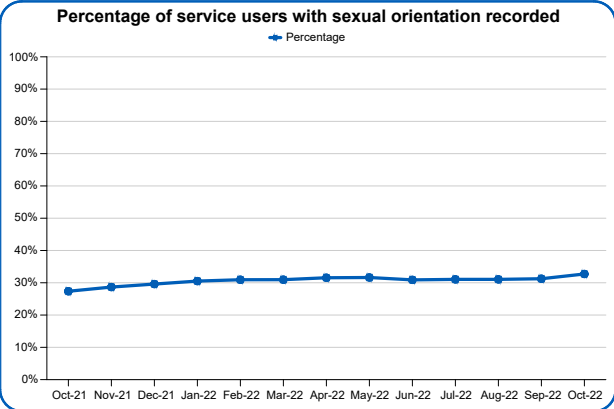
CQUIN / NHSOF Target 95%: July **88.2%**



Local measure: October **99.0%**



Local measure: October **74.8%**



Local measure: October **32.7%**

## 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 October 99.0% of care records had an NHS number recorded (no change), 74.8% ethnicity (slight decrease) and 32.7% sexual orientation (slight increase).