Introduction

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

Consistency and improvement:
During February and into March, the Trust has continued to experience pressures related to staff availability due to vacancy and sickness absence, movement of staff between services to support stabilisation and recovery, in addition to ongoing, and increasing demand in some services. Covid outbreaks have hit some services forcing them to close temporarily for new referrals. 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. In several services, Clinical Team Managers (CTMs) have been supporting their teams by joining the rostered staffing numbers, in some cases for weeks at a time, which is starting to reduce.

Positive steps have been taken to improve the service we are offering in several ways. The Working Age Adult Community Mental Health service has continued to take steps towards moving out of business continuity and into a period of recovery and stabilisation. Caseloads continue to reduce and staff deployed into the service is contributing to being able to look towards moving out of business continuity. Similarly, the Older Adult Inpatient service has during February also been looking ahead to moving out of business continuity and into a period of recovery and stabilisation. The Trust has continued its use of beds at The Priory Hospital, in Middleton St George, near Darlington where admission to a Leeds hospital has not been possible. This has helped ensure continuity of service and provide some certainty for staff around capacity where demand has continued to be high. 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.

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 appropriate crisis referrals seen face-to-face for assessment within 4 hours of referral, the percentage of assessments attempted by Liaison In-Reach within 24 hours, the percentage of inpatient discharges followed up within 3 days, the percentage of referrals to Community Mental Health Teams (CMHTs) seen within 15 days, 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 service users seen at least 5 times in the first week of receiving Crisis Resolution and Intensive Support Service (CRISS) support and the percentage of referrals to the Early Intervention in Psychosis (EIP) service seen within 2 weeks have been met. The percentage of referrals being seen by the Acute Liaison Psychiatry Service within 1 hour has been maintained.

Work in Progress:
The Working Age and Older Adult inpatient services are planning a series of Multi-Agency Discharge Events (MADEs) with a view to bringing together all agencies from across the ICB patch. The MADEs intend to improve service user flow throughout the system, identify and address delays, and challenge and improve discharge processes. The next MADE is being held in May for Older Adult services.

In order to help address the issues our staff, service users and families face when trying to find suitable ongoing care facilities for discharge, the Older Adult service has been working with local partners to further develop post-discharge care options available. It has been identified that a significant proportion of our discharges are to care homes outside Leeds, which this work will help tackle to ensure people are being cared for in their local area. So far work on The Willows, Dolphin Manor and Paisley Lodge, in conjunction with local partners, has produced positive results with some LYPFT service users moving into these homes follow discharge.

Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Dec 2022	Jan 2023	Feb 2023
Percentage of crisis calls (via the single point of access) answered within 1 minute *	-	42.7%	41.8%	42.0%
Percentage of ALPS referrals responded to within 1 hour	-	75.7%	69.5%	76.6%
Percentage of S136 referrals assessed within 3 hours of arrival	-	19.4%	33.3%	30.0%
Number of S136 referrals assessed	-	31	30	30
Number of S136 detentions over 24 hours	0	0	0	0
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	85.0%	79.3%	57.9%	45.9%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	86.5%	80.3%	87.0%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	50.9%	61.2%	56.5%

Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Dec 2022	Jan 2023	Feb 2023
Gender Identity Service: Number on waiting list	-	4,010	4,048	4,147
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days **	-	17.78	56.42	30.44
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	75.0%	50.0%	82.8%
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	Dec 2022	Jan 2023	Feb 2023
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	72.0%	25.8%	46.4%
Crisis Assessment Unit (CAU) length of stay at discharge	-	18.1	5.67	4.79
Liaison In-Reach: attempted assessment within 24 hours	90.0%	77.5%	73.3%	53.2%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	97.3%	95.5%	98.7%
Becklin Ward 1 (Female)	-	96.0%	93.0%	99.0%
Becklin Ward 3 (Male)	-	98.8%	97.9%	97.9%
Becklin Ward 4 (Male)	-	101.4%	98.3%	99.7%
Becklin Ward 5 (Female)	-	91.3%	89.6%	98.2%
Newsam Ward 4 (Male)	-	99.5%	99.2%	98.8%
Older adult (total)	-	96.4%	96.7%	98.4%
The Mount Ward 1 (Male Dementia)	-	97.5%	98.2%	94.6%
The Mount Ward 2 (Female Dementia)	-	98.9%	95.7%	97.6%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Dec 2022	Jan 2023	Feb 2023
The Mount Ward 3 (Male)	-	95.0%	91.9%	99.1%
The Mount Ward 4 (Female)	-	95.5%	100.9%	100.8%
Percentage of delayed transfers of care	-	12.4%	13.8%	15.6%
Total: Number of out of area placements beginning in month	-	10	16	8
Total: Total number of bed days out of area (new and existing placements from previous months)	84	369	499	466
Acute: Number of out of area placements beginning in month	-	7	9	5
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	225	286	268
PICU: Number of out of area placements beginning in month	-	2	7	2
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	100	151	168
Older people: Number of out of area placements beginning in month	-	1	0	1
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	44	62	30
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	90.0%	64.3%	-	-
Services: Our Community Care	**Target**	**Dec 2022**	**Jan 2023**	**Feb 2023**
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	82.2%	84.6%	72.7%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	81.5%	84.5%	72.1%
Number of service users in community mental health team care (caseload)	-	3,734	3,613	3,468
Percentage of referrals seen within 15 days by a community mental health team	80.0%	87.3%	72.0%	43.7%
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	90.0%	53.4%	54.0%	52.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	45.2%	42.2%	42.0%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	54.5%	88.2%	66.7%
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**	**Dec 2022**	**Jan 2023**	**Feb 2023**
Percentage of service users with NHS Number recorded	-	99.0%	99.1%	99.1%
Percentage of service users with ethnicity recorded	-	74.9%	75.5%	75.7%
Percentage of service users with sexual orientation recorded	-	33.9%	34.8%	35.2%
Services: Clinical Record Keeping - DQMI	**Target**	**Sep 2022**	**Oct 2022**	**Nov 2022**
DQMI (MHSDS) % Quality %	95.0%	91.4%	91.9%	91.8%

* 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		
		Nov 2022	Dec 2022	Jan 2023	Nov 2022	Dec 2022	Jan 2023
ADHD	271.8	538.6		638.2	2,780	2,897	3,060
Chronic Fatigue Service	116.7	130.0	108.5	113.9	187	192	190
CMHT OPS	37.1	29.8	22.5	35.9	116	126	137
CMHTs Adult	48.6	39.0	62.4	98.6	438	520	566
DEAF CAMHS	42.4	27.6	17.8	56.4	17	19	21
Gambling Services		55.8	69.1	72.0	140	151	145
Gender Services	182.4	738.9	432.5	533.7	3,453	3,510	3,562
LADS	83	221.5	192.8	237.9	459	459	499
Leeds LD Community	47.5	38.8	104.7	85.9	137	128	129
Liaison Out Patients	70.1	65.6	61.2	59.9	118	116	95
Memory Assessment Service	52.5	66.2	57.0	61.1	513	537	538
Perinatal Community	16	22.7	20.3	21.7	78	62	68
Veterans	36.9	182.7	62.3	154.2	29	24	15

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

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

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

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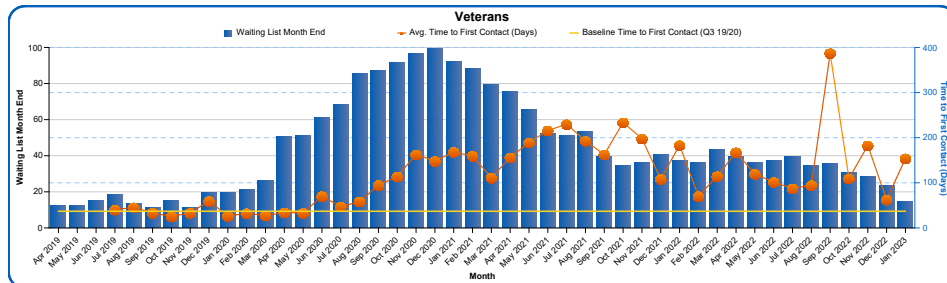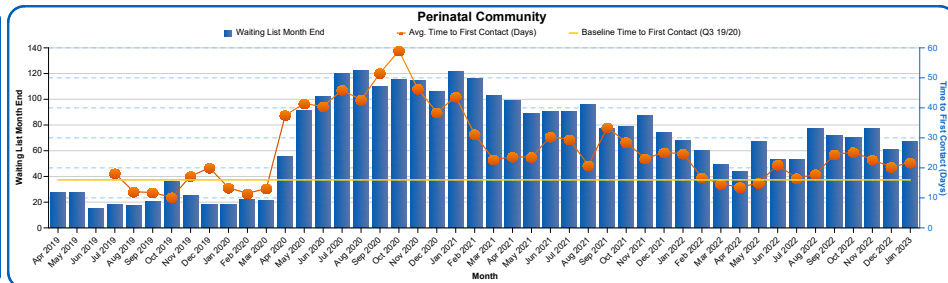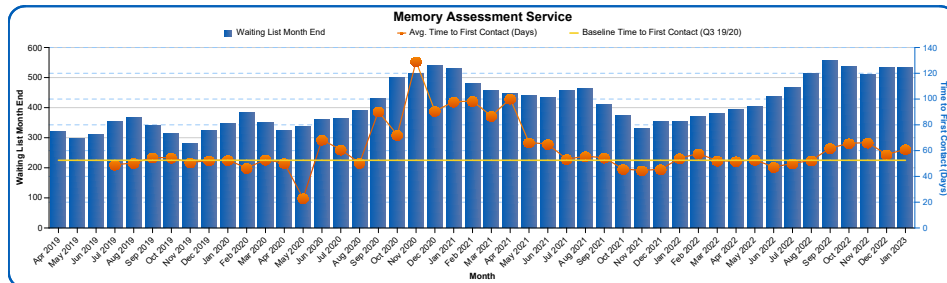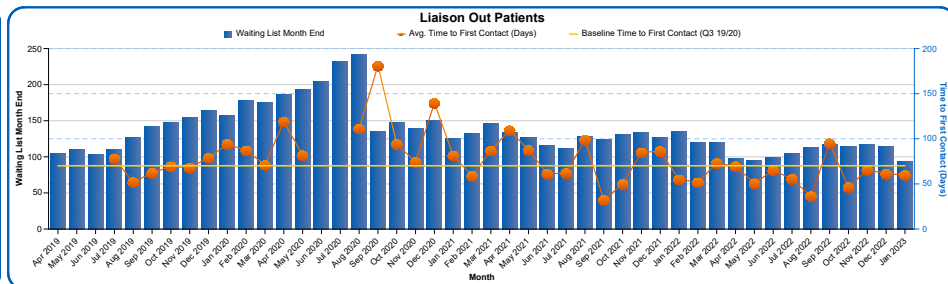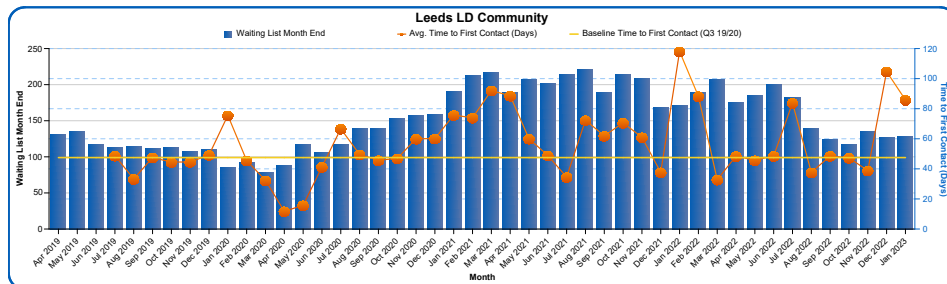
ADHD

Chronic Fatigue Service

CMHT OPS

CMHTs Adult

DEAF CAMHS

Gambling Services

Gender Services

LADS

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Leeds LD Community

Liaison Out Patients

Memory Assessment Service

Perinatal Community

Veterans

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

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Services: Reset and Recovery

ADHD: The waiting list continues to increase and currently stands over 3,000 (Feb '23). This is an increase of approximately 500 since September '22. The annual review list is at 617 with around 50% overdue. There is also a delay on commencing medication and titration upon receipt of a diagnosis (176). 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 1,560. 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 13 years under the current situation and capacity, and this estimate increases month by month. Therefore, a radical approach is required urgently to start to improve this situation.

Non-recurrent investment has been approved for 22/23 – we are revising the plan for that to request that the non-recurrent funding is extended beyond 31st March 2023 and that recurrent funding is considered where possible. The service continues to work in collaboration with ICB colleagues but some of the identified actions need more time to implement and embed and the service is extremely limited in terms of developments without any assigned funding. 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 contact decreased in December to 108.5 days (130 days in November) but increased slightly in January 2023 due to some reduction in therapy team staffing. 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 the addition of a medical session.

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

CMHTs Adult: A significant deterioration in the waiting time during December and January can be seen. December was as a result of capacity, with reduced workforce, annual leave and sickness. For January this is attributed to capacity but also the executive supported decision to suspend allocations, creating waiting lists, to allow for the teams/clinicians to review their current caseloads and protect their own wellbeing. This is a temporary measure, with upcoming deployment and wider community services connectivity & offer being implemented for long term stability and recovery. Great benefit is already being seen, in understanding and providing the required capacity to support transfers/discharges of service users from the service, reducing the overall caseload. There was predicted risk and trajectory the wait position would worsen. However, with deployment getting properly up and running by March with a specific focus on Triage, Assessment and Brief Intervention in each of the localities again, the trajectory is predicted to be one of an improving picture with reduced waits.

Deaf CAMHS: At present NDCAMHS is reporting a wait for initial appointment as 56 days. As reported in December, the waiting time in January is showing the impact of new patient clinic cancellation. With Psychology staff continuing to progress with return to work the service is not forecasting a significant decline in the wait to be seen. No further new patient clinics have been cancelled and the wait should maintain at the current time for first appointment.

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 yet. Time to first appointment therefore includes commencement of treatment. 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 seen in December and January however.

Gender Services: The number of people waiting for first appointment continues to increase in line with that predicted. The rate of increase has reduced following additional investment, this despite an increasing referral rate. Excluding December referrals (due to seasonal variation), the number of referrals per month has increased by around 50% since February 2022. It is accepted that the referral rate exceeds service capacity. The Operational Manager continues to work closely with the administrative and clinical teams to refine and improve processes, including clinic booking, to increase productivity. Work has commenced around demand and capacity to improve and maintain flow through the service. The service may need to reduce the number of new appointments offered for first assessment to prevent significant waits accruing in other clinic lists, such as doctor's appointments and hormone treatment. 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 440. 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 approximately 18 months. The service is working with the Leeds ICB Office and West Yorkshire deep dive to explore long-term opportunities. In the short-term, non-recurrent cases are being considered for submission, however this needs to be considered for 23/24 and recurrent

funding needs to be considered rather than non-recurrent only.

Leeds LD Community: Waiting lists for Community Learning Disability Teams (CLDTs) are reducing gradually, however with increased vacancies and redeployment these may increase again in the short term. CTMs manage the waiting lists with Clinical Leads from the individual disciplines, having 3 monthly reviews with each Clinical Lead where they (or a delegated colleague) have made telephone contact with the service users/carers to update on their situation.

Work is to be undertaken to review the use of the Red Amber Green (RAG) rating which was introduced in CLDT at the start of the pandemic. A meeting with CTMs and Clinical Leads with the Clinical Operations Manager (COM) and Allied Health Professionals (AHP) lead taking place in late March. Currently all service users rated red after a GATE assessment are allocated and generally amber and green rated are added to the waiting lists due to capacity issues. There are concerns regarding the risk of service user health deteriorating whilst waiting hence the regular waiting list reviews but other possible solutions will be explored in the meeting in March. We have introduced a case-flow tool to help clinicians in supervision identify with their supervisor where they are 'stuck' and problem solve interventions to move service users through to discharge creating greater capacity.

We have a meeting planned in early April with Informatics to look at some work around demand and capacity. Increasing staffing to backfill for various leave situations amongst Speech and Language Therapy (SALT) is being pursued and an options appraisal has been developed to consider best use of psychology resource in order to deliver psychological interventions by reviewing psychology structure in the teams. Recruitment to nursing posts remains a challenge and current Band 5 vacancies will be filled with newly qualified preceptees later in the year. We are looking at recruitment of Nurse Associates to increase capacity.

Liaison Out Patients: There has been a reduction in the average time to first contact due to an increase in staffing resource whilst the waiting list shows little change. Referrals to the service are consistent with shorter internal waiting times for therapy.

MAS: Currently due to the high numbers of those waiting for Post-Diagnostic Support (PDS) across the city, it was agreed at Community Operational/Governance that a city-wide approach would be taken to focus on those referrals wating for PDS. Clinics on Saturdays were introduced to help with this, in order that the service could continue to assess new referrals and prevent further backlogs for PDS, which would take up assessment slots.
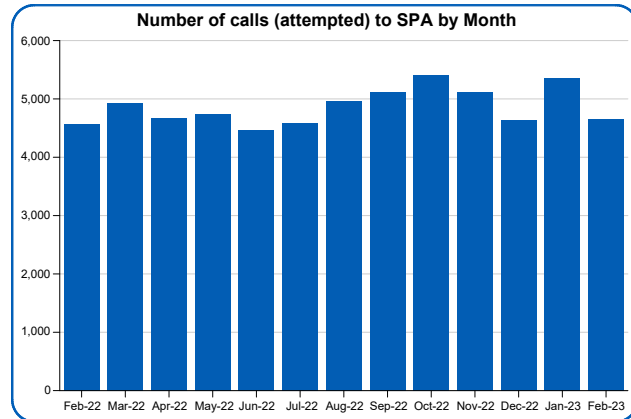
Whilst Saturday PDS clinics have bene sporadic due to staff availability, the service has reduced those waiting from what was initially 240 across the city to 156, with clinics booked in throughout March. Levels of referrals waiting for assessment have been impacted by medic availability in MAS due to the need for consultant/medic input needed in the more urgent care services across the pathway.

Perinatal Community: The waiting list for the Perinatal Community Service shows 68 service users waiting to be seen for a first contact as of the end of January. Whilst there may be people still to be seen, all referrals are offered and triaged within the day of referral using the new Duty and assessment element of the service. This also enables the team to respond to urgent referrals more efficiently. For those service users that are routine assessments, an appointment is offered within 14 days. January data shows a 21.7 days to first face to face, February is 18 days so this figure is improving. So for accuracy, 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.
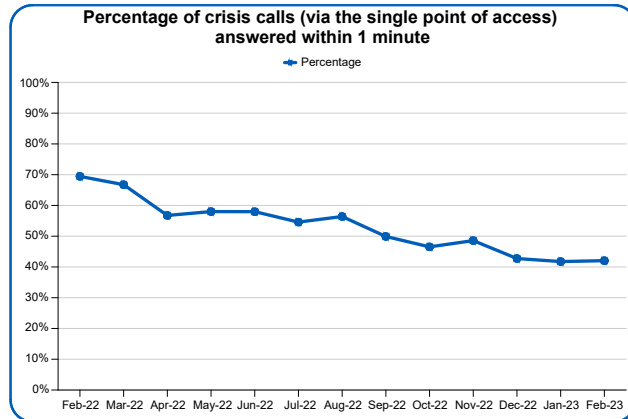
Veterans: There has been significant improvement in the reduction of the waiting list and waiting time for CTS (currently 6 new referrals on waiting list), despite a high number of leavers following the bid process for a new Integrated Veterans Mental Health Service to commence in April. Clinical case reviews supported by the Clinical Lead have helped flow of service users. 7 members of staff including the Clinical Team Manager (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. Management of Change processes have commenced for HIS and CTS and exit plans are underway for the new service – LYPFT will be responsible for delivery of the Enhanced Pathway across the North of England and Core Pathway within South & West Yorkshire as part of the Provider Collaborative. Waiting list and the waiting time baseline will need to be 're-set' for April 2023 as a result.
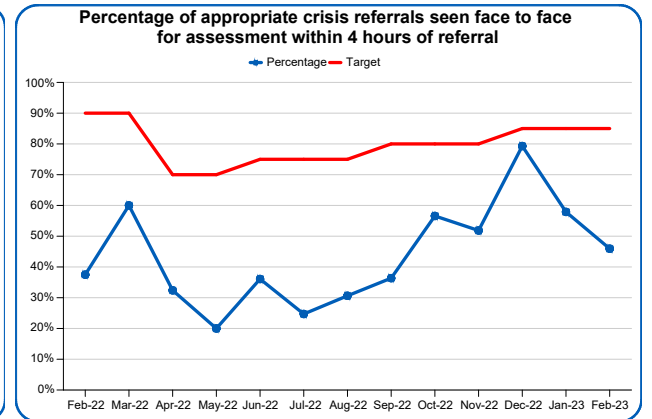
Number of calls (attempted) to SPA by Month

Number of calls : February 4,657

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

Local target - within 1 minute: February 42.0%

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

Contactual Target 85%: February 45.9%

Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support
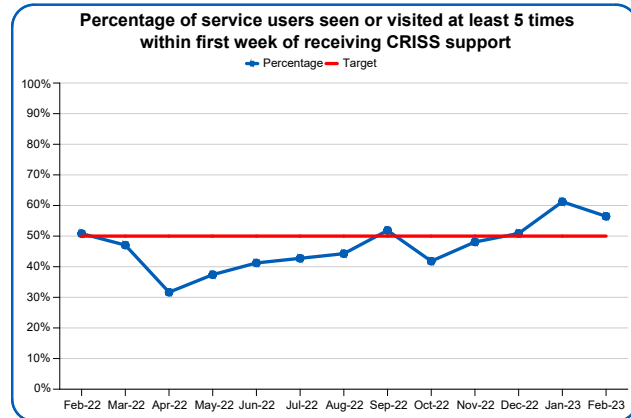
Contractual Target 50%: February 56.5%

Percentage of service users who stayed on CRISS caseload for less than 6 weeks
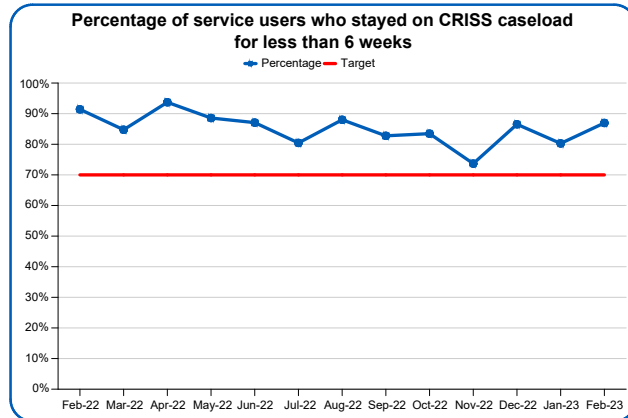
Contractual Target 70%: February 87.0%
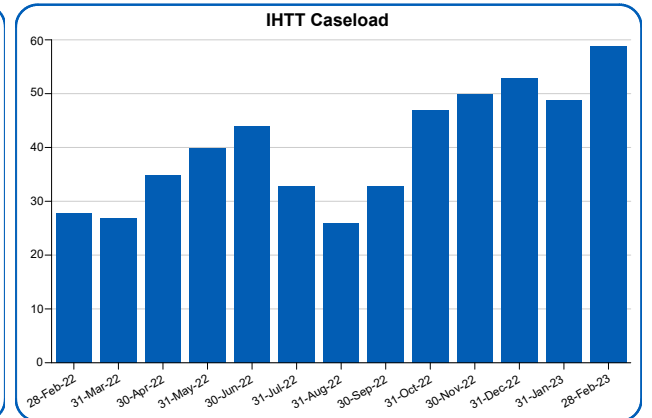
IHTT Caseload

Caseload: February 59

Percentage of ALPS referrals responded to within 1 hour

Contractual Target : February 76.6%

Percentage of S136 referrals assessed within 3 hours of arrival

Contractual Target : February 30.0%

Number of S136 referrals assessed
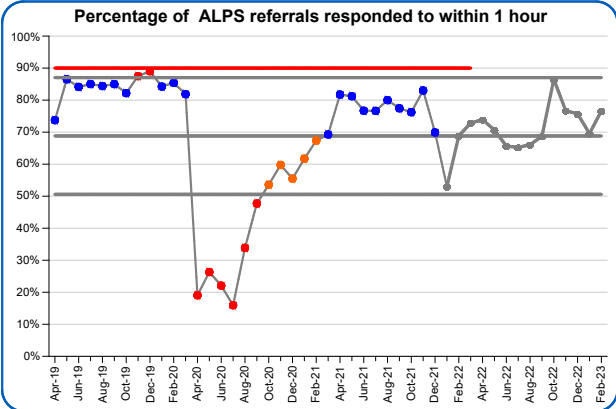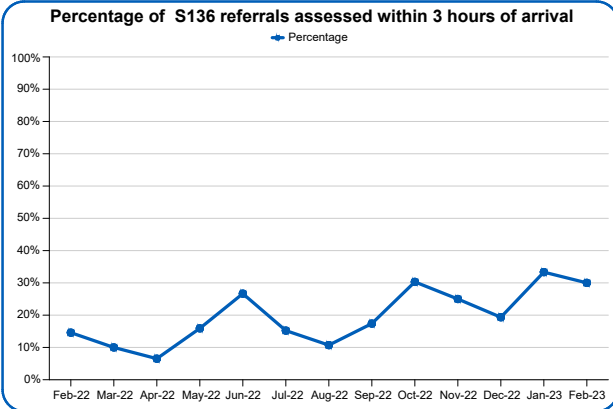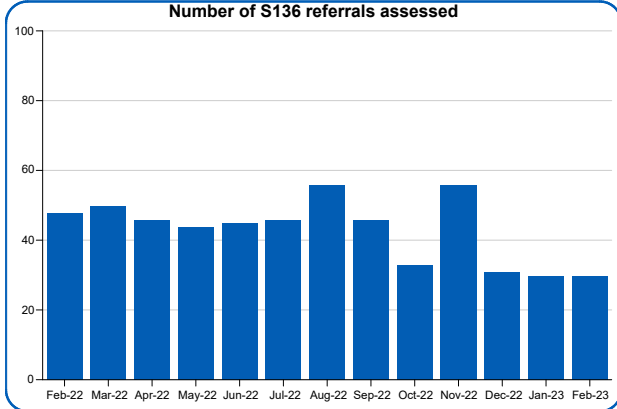
Total referrals assessed: February 30

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 (ED), 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 some of the same challenges as previously reported that prevent higher levels of performance from being achieved. The team had to contend with a number of short-term sickness absences throughout February, though improvement in levels of sickness absence have been seen over the last three months. ALPS are also supporting 2 secondments and have a member of staff on a phased return. Two band 6 nurses are starting with the service at the end of March which will increase capacity to respond to referrals. ALPS continue to be based outside ED. Although there are plans to develop a team base in SJUH with capital monies, the 1-hour target is affected by additional travel at the moment. That said, the overall performance for February remained strong (76.6% seen within 1 hour) despite a slightly higher level of referrals in comparison to the last 12 months.

Within the Crisis service, staffing issues resulting from vacancies and sickness absence have affected resource available to carry out crisis assessments within the 4-hour timescale. The level of sickness absence, however, has been improving over the last three months. During the month, two members of staff were on maternity leave and the service lost five members of staff in January. Performance is consistent with the last few months of 2022 but with fewer assessments completed in December, January and February's performance appears to have dipped considerably from the December position. Crisis staffing remains in a difficult position as Clinical Team Managers are working as part of rostered staff due to staff shortages, however some vacant posts have been filled. It is anticipated that CTMs will continue to work in this way over the coming months, however steps have been taken already to reduce the number of days each week that they are work as part of rostered staff numbers.
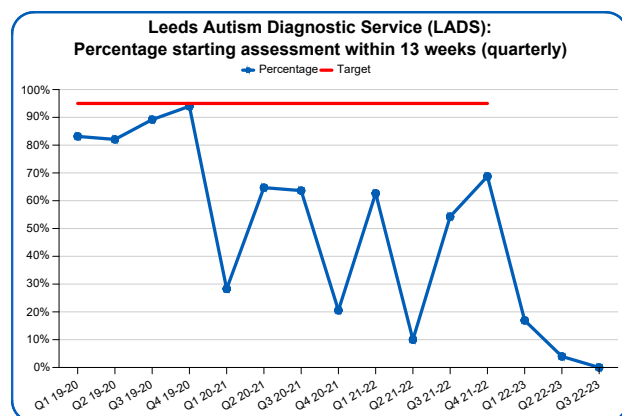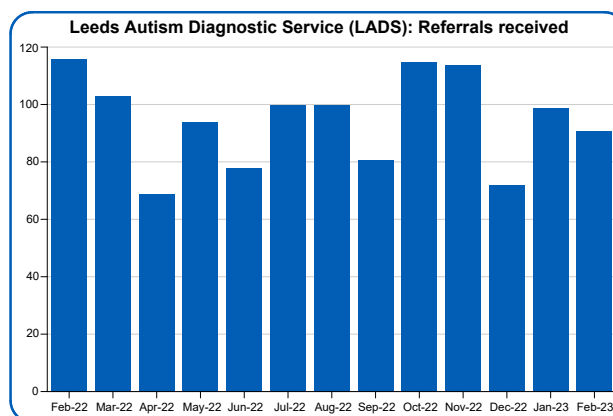
Gender Identity Service: Referrals received

Total referrals: February 115

Gender Identity Service: Number on waiting list
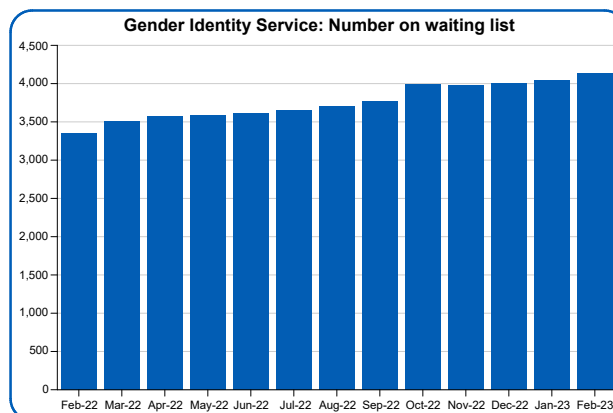
Number on waiting list: February 4,147

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

Contractual Target 90%: February 82.8%

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

Contractual Target : Q3 0.0%

Leeds Autism Diagnostic Service (LADS): Referrals received
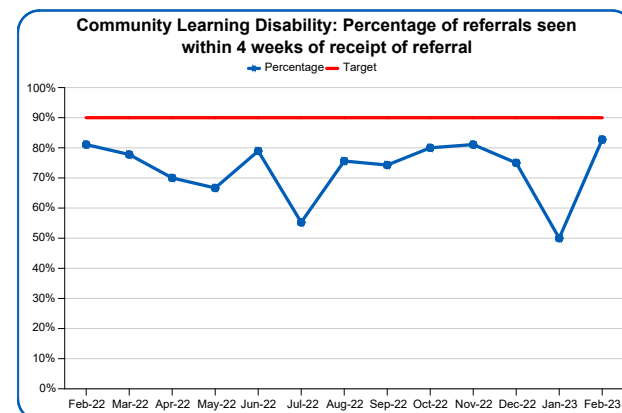
Local measure: February 91

SPC Chart Key

– – – Average

——— Lower process limit

——— Target

——— Upper process limit

——•— Actual

Leeds CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA/GBO) (quarterly)
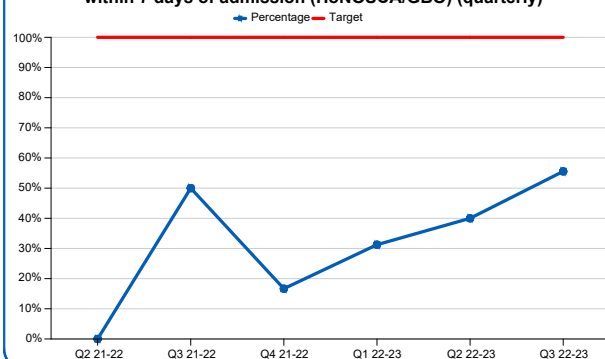
Contractual Target 100%: Q3 55.6%

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

Contractual Target 100%: Q3 87.5%

Deaf CAMHS: average wait from referral to first face to face contact (inc. telemedicine) in days
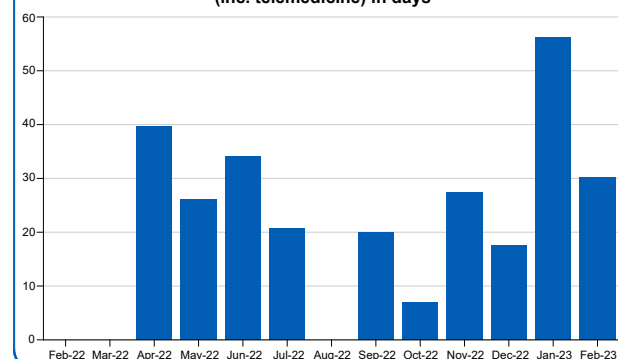
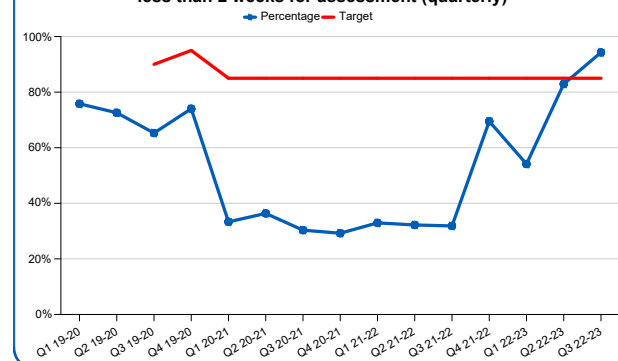Local measure: February 30

Perinatal Community: Face to Face DNA Rate
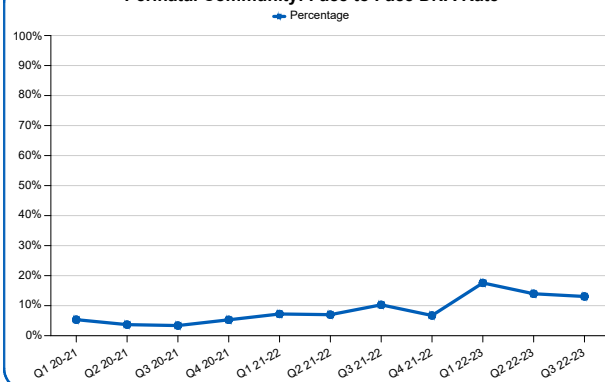
Contractual measure: Q3 13.1%

Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency)
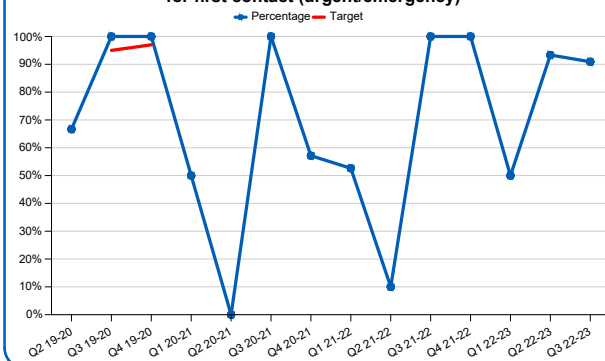
Contractual Target tba: Q3 90.9%

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

Contractual Target 85%: Q3 94.3%

**Perinatal: Total number of distinct women seen in a rolling 12 months (quarterly)**
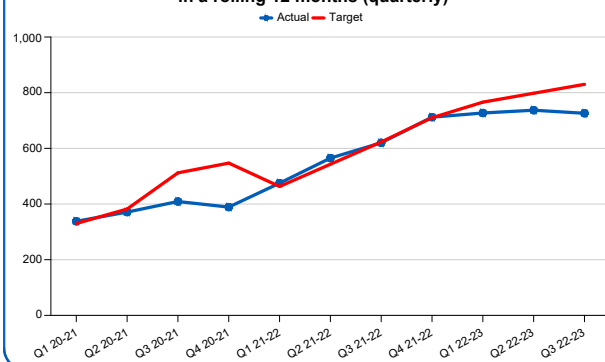
Local measure 830: Q3 726

Services: Our Regional and Specialist Services

The Community Learning Disability Team has agreed with the ICB and LYPFT contracts team that the 28-day (4 week) referral to first contact measure will be replaced for the 23/24 contract round. The service has been working with the Clinical Lead and Clinical Director on developing new measures based on the STEEEP model that will be more meaningful than this. The 28-day target is susceptible to external factors that mean it is challenging to meet the 90% target due to the numbers of referrals. Each month, the 10-20% that do not meet this threshold usually amounts to 4-6 service users and is almost always patients where we are awaiting information in relation to eligibility.

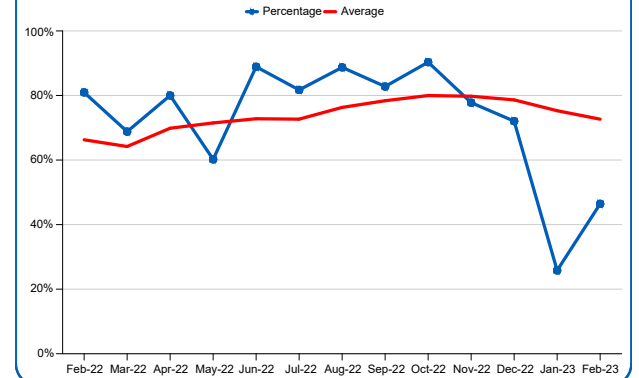**Number of admissions to adult facilities of patients who are under 16 years old**
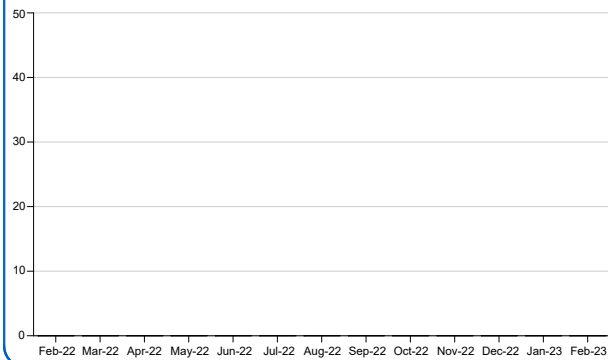
National (NOF) No target : February 0

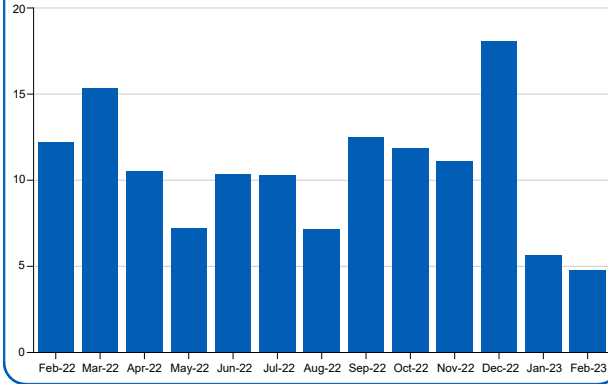**Liaison In Reach: attempted assessment within 24 hours**
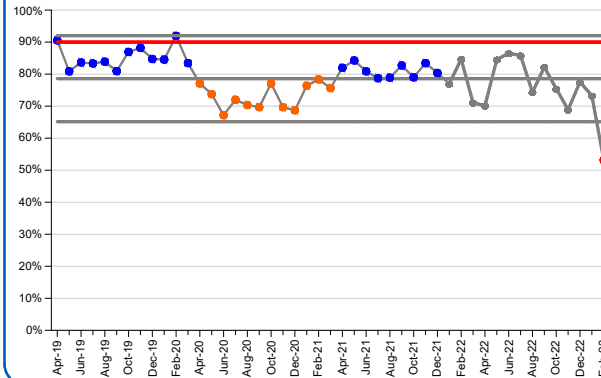
Contractual Target 90%: February 53.2%

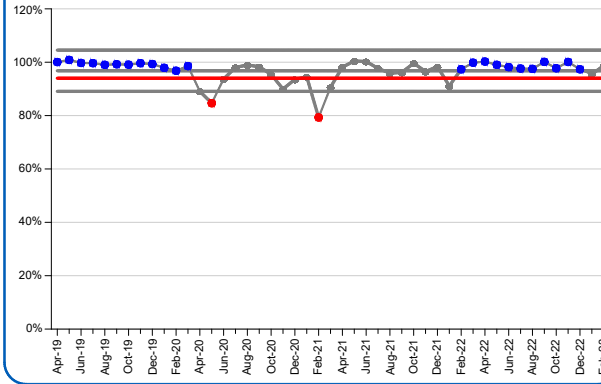**Bed Occupancy: Crisis Assessment Unit (CAU)**

Local measure: February 46.4%

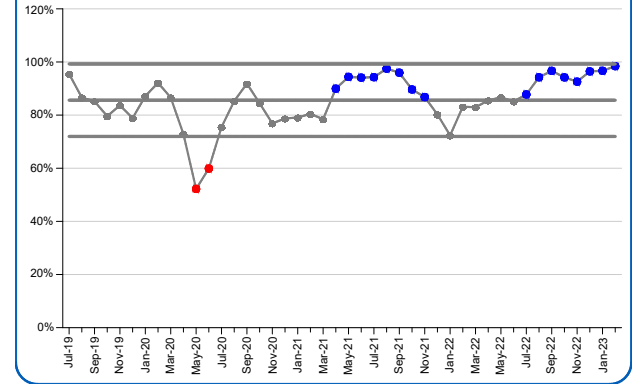**Crisis Assessment Unit (CAU): Average length of stay at discharge (days)**

Local measure: February 5 days

Bed Occupancy: Adult Acute Inpatients

Contractual Target 94%: February 98.7%

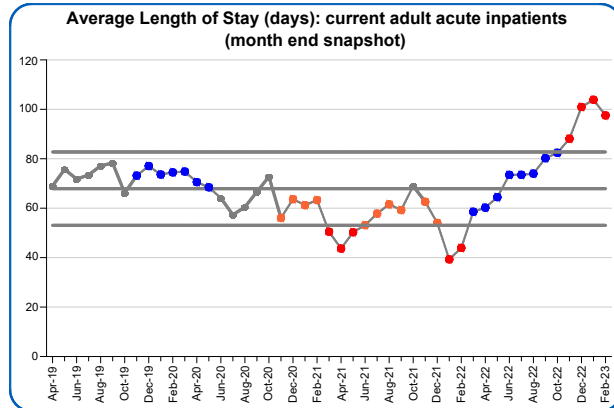**Bed Occupancy: Older Peoples Inpatients**

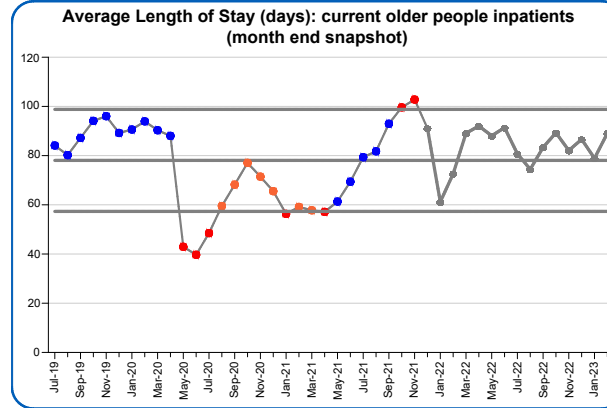Local measure and target : February 98.4%

SPC Chart Key

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

Average Length of Stay (days): current adult acute inpatients (month end snapshot)

Local tracking measure: February 98 days

Average Length of Stay (days): current older people inpatients (month end snapshot)

Local tracking measure: February 89 days

Adult Acute inpatient discharged length of stay greater than 60 days

National (LTP): February 37.8%

Older people inpatient discharged length of stay greater than 90 days

National (LTP): February 60.0%

Adult Acute Inpatient Length of Stay 28 Feb 23
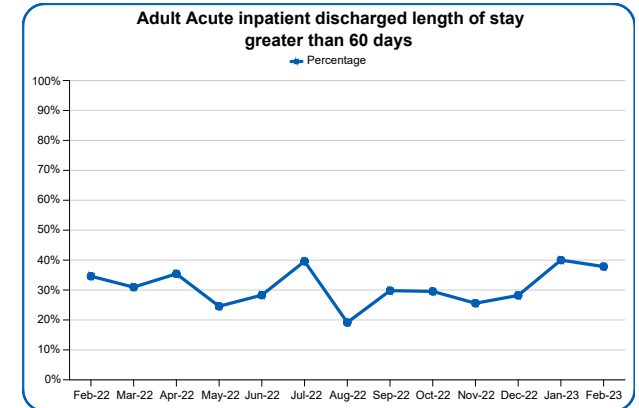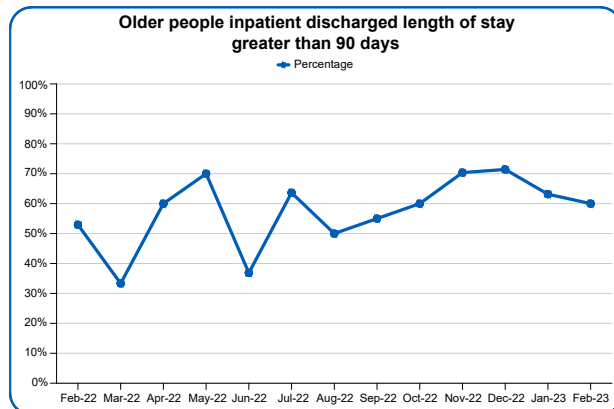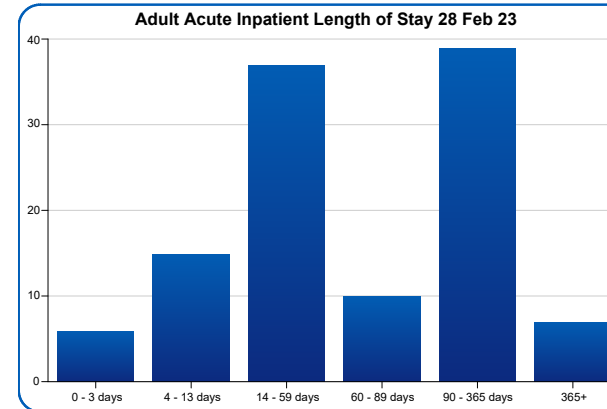
Local activity: 46   people with LOS 90+ days

Older People Inpatient Length of Stay 28 Feb 23
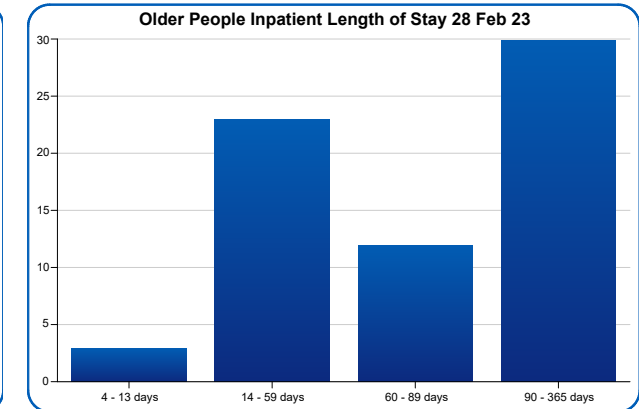
Local activity: 30   people with LOS 90+ days
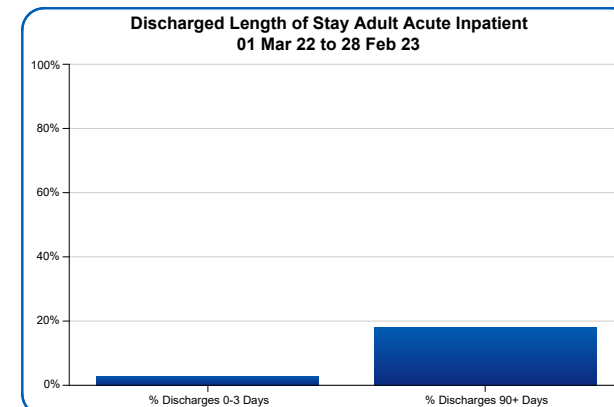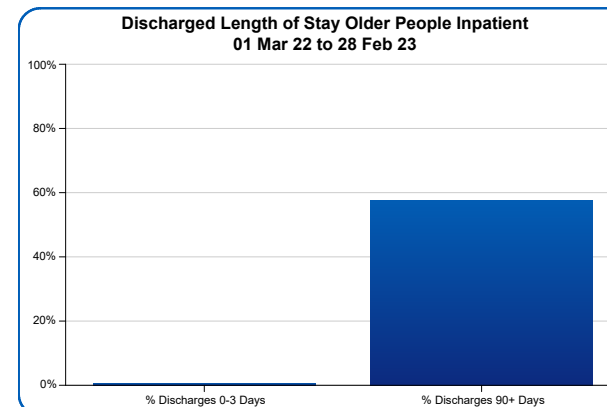
Discharged Length of Stay Adult Acute Inpatient 01 Mar 22 to 28 Feb 23

Local activity: % discharged LOS 90+ days =   18.3%

Discharged Length of Stay Older People Inpatient 01 Mar 22 to 28 Feb 23

Local activity: % discharged LOS 90+ days =   57.9%

SPC Chart Key

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

Delayed Transfers of Care: Percentage of all Trust bed days

Local tracking measure: February 15.6%

Delayed Transfers of Care: Adult Acute Inpatients

Local tracking measure: February 16.7%

Delayed Transfers of Care: Older Adults Inpatients

Local tracking measure: February 24.3%

Progress against out of area trajectory: Number of Inappropriate bed days in month
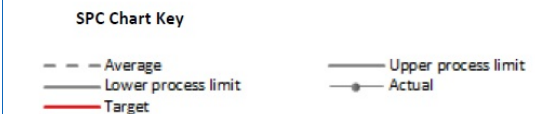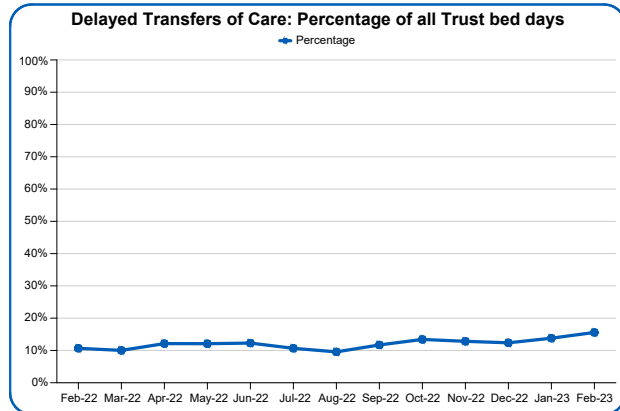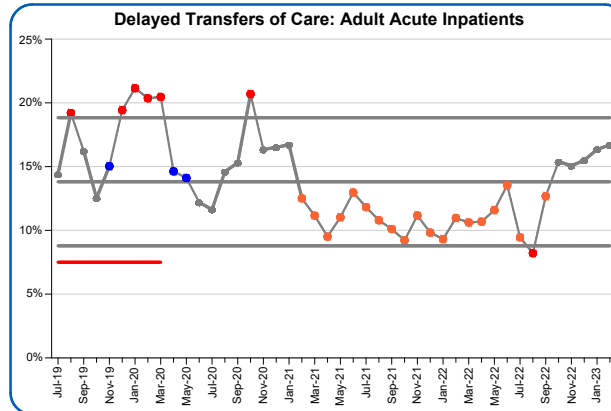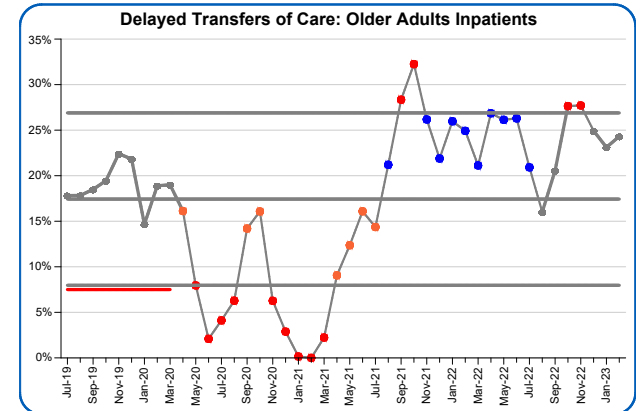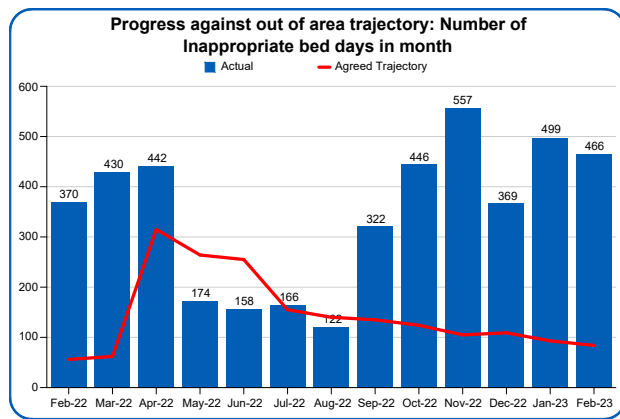
Nationally agreed trajectory (84): February 466 bed days

Progress against out of area trajectory: Number of Inappropriate bed days in quarter (to date)
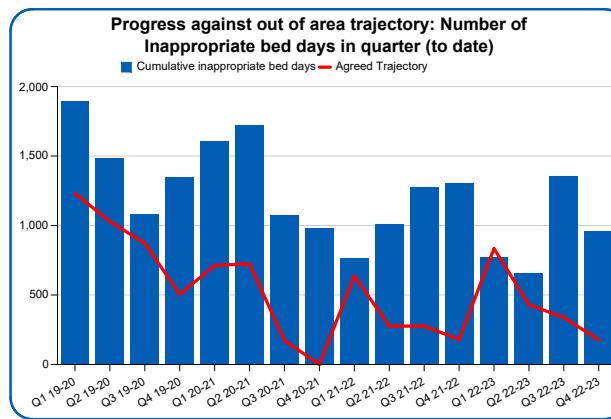
Nationally agreed trajectory (Q4: 177): Q4 965 bed days

Inappropriate out of area bed days: monthly tracking
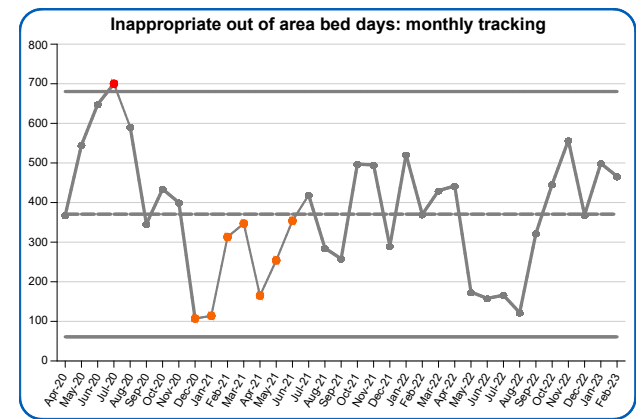
Local tracking measure: February 466 bed days

SPC Chart Key

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

**Acute: Total number of inappropriate bed days out of area
(new and existing placements from previous months)**

Feb-22 192, Mar-22 209, Apr-22 245, May-22 70, Jun-22 11, Jul-22 42, Aug-22 15, Sep-22 179, Oct-22 303, Nov-22 306, Dec-22 225, Jan-23 286, Feb-23 268

Nationally agreed trajectory (): February 268 days

**PICU: Total number of inappropriate bed days out of area
(new and existing placements from previous months)**

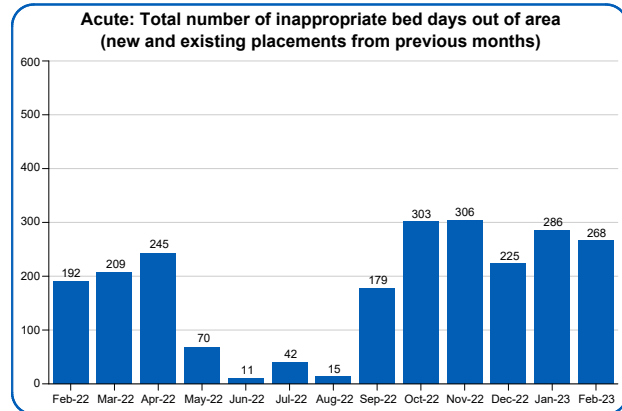Feb-22 94, Mar-22 128, Apr-22 111, May-22 42, Jun-22 87, Jul-22 34, Aug-22 14, Sep-22 53, Oct-22 73, Nov-22 221, Dec-22 100, Jan-23 151, Feb-23 168
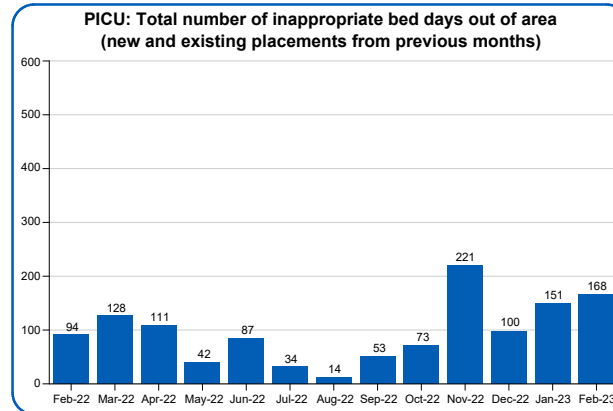
Nationally agreed trajectory (): February 168 days

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

Feb-22 84, Mar-22 93, Apr-22 86, May-22 62, Jun-22 60, Jul-22 90, Aug-22 93, Sep-22 90, Oct-22 70, Nov-22 30, Dec-22 44, Jan-23 62, Feb-23 30

Local measure : February 30 days

**Cardiometabolic (physical health) assessments completed:
Inpatients (quarterly)**

Percentage — Target
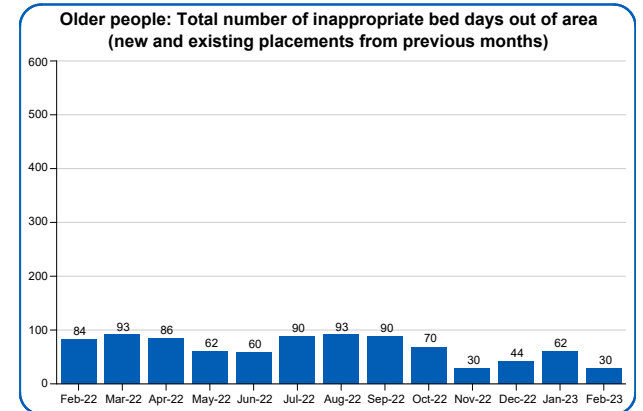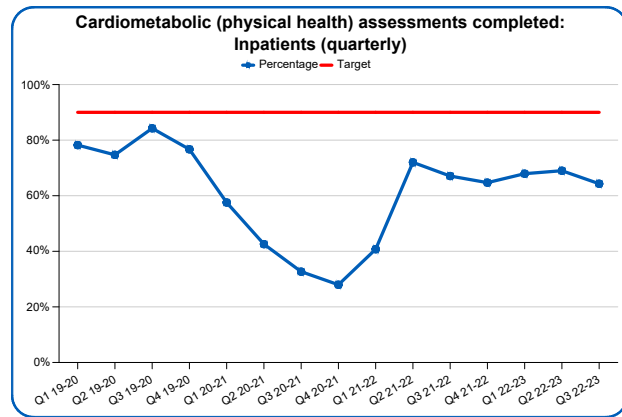
Contractual target 90%: Q3 64.3%

Services: Our acute patient journey

Liaison Inreach referrals with assessment attempted within 24 hours has seen performance dip in February following an improvement in December which was sustained into January. There are currently challenging capacity issues in the Older Age Liaison Service caused by low staffing numbers in work. Currently, there are 4 Band 6 Full-Time vacancies caused by secondments, maternity leave and a leaver. There have been multiple rounds of recruitment which have been unsuccessful. As well as the nursing vacancies, the Older Age Liaison team is also without a registrar, due to gaps on the registrar rotation. There has also been a high level of sickness in February though this has been reducing over the last three months. In terms of operational and clinical management, we continue to be responsive to clinical need and respond quickly to any urgent clinical needs. The team have been supported by other Liaison teams.

Bed occupancy within the Adult Acute inpatient service in February has increased to 98.7%, falling above the target range of 94-98%. Length of stay in Adult Acute services is still above normal levels of variation for the last 3+ years, but is starting to decrease in February. Levels of delayed transfers of care however continue to increase which is reflected in the level of occupancy within the service.

Delayed Transfers of Care levels have increased to 15.6% in February, higher than any of the preceding 12 months. In the Working Age Adult Inpatient Service, delays have been on an increasing trajectory since November (February 16.7%) whereas in the Older Adult Inpatient Service, delay levels decreased in December and January before increasing slightly in February (24.3%).

Within the Working Age Adult service, planning is underway for discharge initiative work across the ICB including a Multi Agency Discharge Event (MADE) event being held for Acute services. The MADE event intends to bring all agencies together to support and facilitate the discharge of service users across our services. The change to male beds in Rehabilitation & Recovery has had a positive impact on the delays in the Acute service with a reduction in delays by 4 males within one week in March. This has also impacted on our male OAPs and we currently have no male working age adult placed out of area. Looking at the delays in February, the highest number is attributable to people waiting for further non-acute care, this cohort of people have significant and complex physical and mental health needs. The cohort of people awaiting supported accommodation have significant risk histories as well as ongoing mental health complexities and are required to go through acceptance from landlords which can be both time consuming and challenging.

The Older Adult Service are exploring options to try to improve routine processes within the service that will improve flow and working with local partners to improve options available for onwards care provision following discharge, to reduce delays. The Delayed Transfer of Care rate across our older adult wards has on average been 20% throughout the year. The Head of Operations, together with clinical colleagues have been working with members of the Frailty population board to highlight the issues our staff, service users and families face when trying to find suitable ongoing care facilities for discharge. It has been identified that 37% of our discharges to care homes (based on a 3-month period) are outside Leeds – highlighting the urgent need for further development and commissioning of care home capacity that can meet the needs of people with complex and challenging conditions.

The evaluation of the Willows unit (a collaboration with Leeds City Council (LCC), Leeds Community Healthcare and LYPFT) was positive, resulting in the identification of Dolphin Manor as an additional unit to provide care. This was originally scheduled to open in May 23 and is now further potentially delayed until July 23. The delay is due to LCC building works and is being escalated to city leaders through Executive team members. Paisley Lodge, opened in November 22, in Leeds to provide specialist dementia care home provision. So far they have accepted 4 transfers for people from the Mount. The primary reason for delays is due to suitable care home provision, with the secondary reason being access to packages of care. We are hopeful that the introduction of a dedicated Social Worker for the Mount will help to alleviate some of the latter.
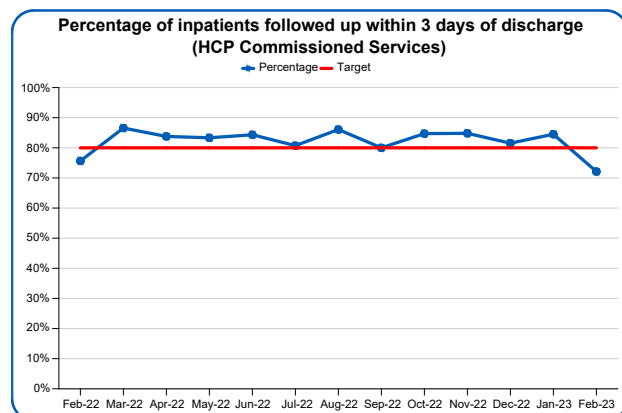
Internally the service are planning a MADE 'super' event in May 2023. MADEs are a method of addressing the challenges in a system to: 1) Support improved patient flow across the system, 2) Recognise and unblock delays, and 3) Challenge, improve and simplify complex discharge processes.

This event will involve system partners (service users, social care, housing, primary care, community services, voluntary sector) who will observe several wards and departments to understand where service users are along their agreed pathway, what barriers are stopping them moving to the next stage and identify solutions to overcome these. These solutions will then form part of an action plan to address these. Following this 'super' MADE, regular MADEs will be held to review progress and to continue to challenge barriers in the system.
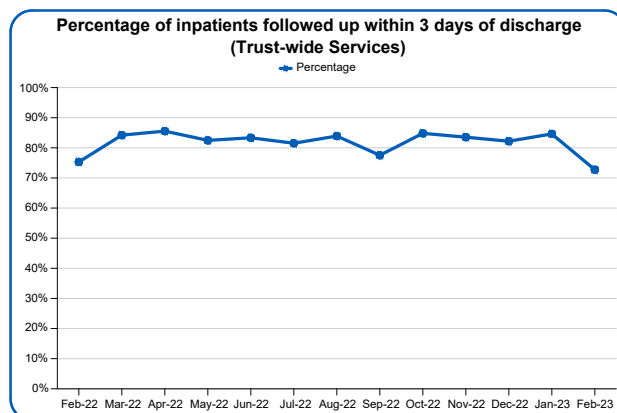
The Trust's Out of Area Placements (OAPs) decreased in February, both in terms of the number of OAPs beginning in the month, and the overall number of bed days

spent out of area for all placements, regardless of when they started. Contracted out of area provision was fully in use in February with demand for out of area PICU beds exceeding contracted provision at times. The Trust continues to utilise provision of out of area beds 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, having the contracted beds has also helped to increase the time that the case manager can spend attending CPA and ward review meetings and has developed good working relationships with the teams.
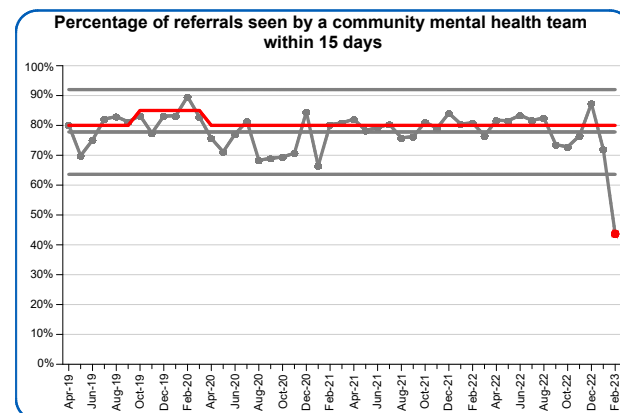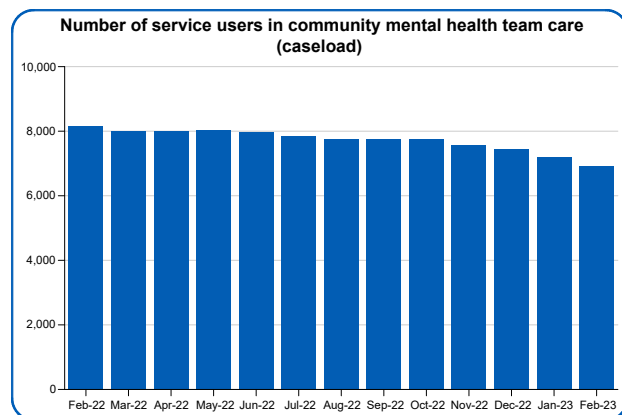
Percentage of inpatients followed up within 3 days of discharge (HCP Commissioned Services)

Contractual target 80%: February 72.1%

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

Local Tracking Measure 80%: February 72.7%

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

Contractual target 80%: February 43.7%

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

Local measure : February 3,468

Percentage of referrals to memory services seen within 8 weeks (quarter to date)
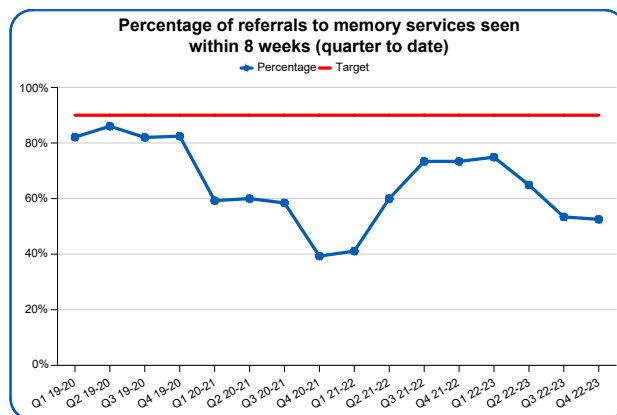
Contractual target 90%: Q4 22-23 52.5%

Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)
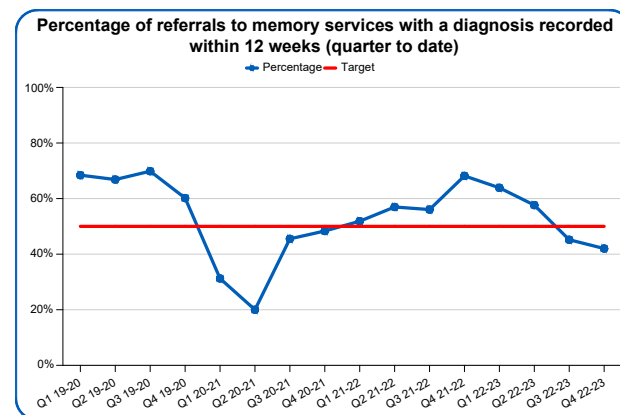
Contractual target 50%: Q4 22-23 42.0%

SPC Chart Key

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

Early Intervention in Psychosis (EIP) or At Risk Mental State (ARMS): Percentage starting treatment within 2 weeks
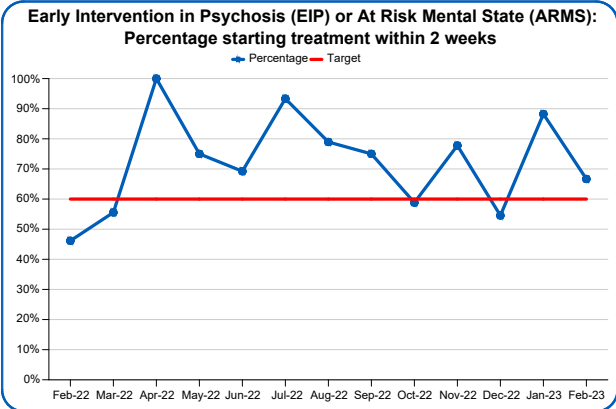
Contractual target 60%: February 66.7%

Early Intervention in Psychosis (EIP): Percentage of people discharged to Primary Care
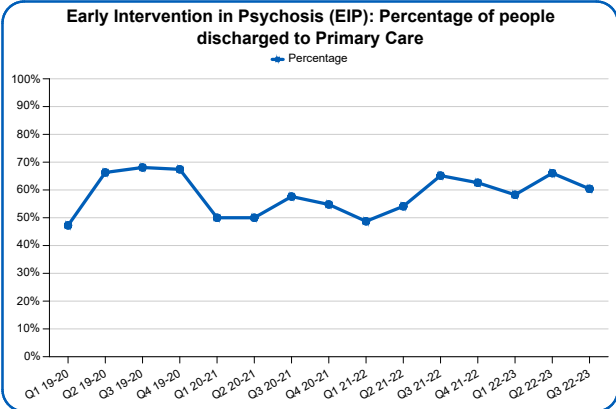
Contractual target tbc: Q3 60.4%

Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (position at quarter end)
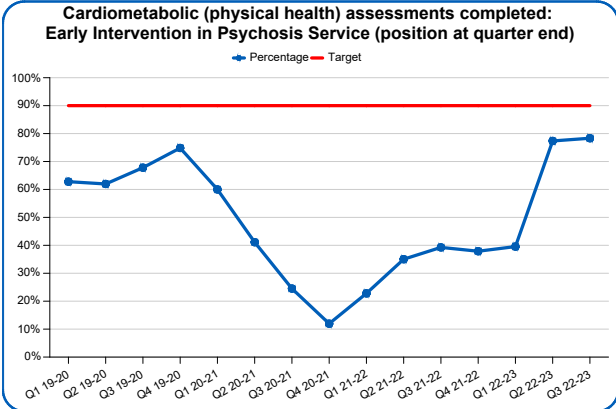
Contractual target 90%: Q3 78.3%
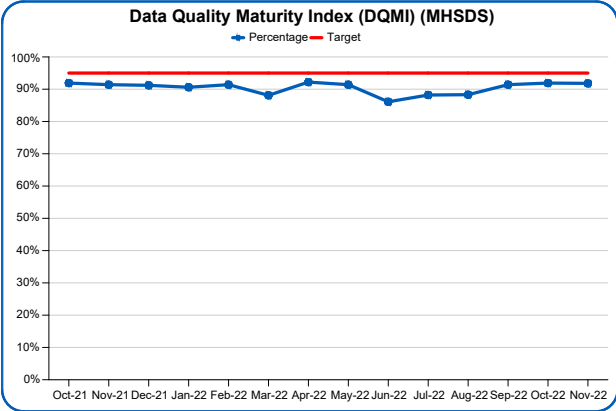
Services: Our community care

The Trust has not achieved the 80% target for follow-up within 3 days, achieving 72.1% for HCP commissioned services and 72.7% Trust wide. One third of the total breaches were due to be followed up by services currently in a period of stabilisation and recovery. Attempted contact was made with several referrals where the patient could not be reached, or the service user was contacted outside the three-day timeframe. We continue to routinely follow up all breaches of the standard during the month.

In February, a further, significant deterioration in achieving the 15-day KPI for the Working Age Adult service has resulted from reduced workforce and sickness. This is therefore directly attributed to the capacity available to meet this KPI during February along with the executive supported decision to pause allocations to allow for the service to review service users under the care of the service. This is a temporary measure, with upcoming deployment and wider community services connectivity and offer being implemented for long term stability and recovery. There was a predicted risk and trajectory the wait position would worsen. However, with new and additional deployment from the end of February, with a specific focus for these colleagues to deliver Triage, Assessment and Brief Intervention in each of the localities again, the trajectory is predicted to be one on an improving picture which will see the service come out of Business Continuity from 6th March 2023.
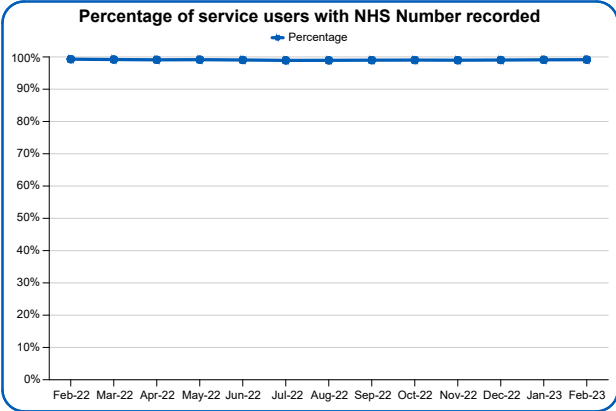
Within the Older Adult Service, recent attempts to recruit to managerial posts have been successful which will ensure that leadership is available to provide necessary oversight, including over performance in this area. Staffing pressures persist in relation to staff unavailability due to vacancies, sickness, also challenges with variation across the localities. Posts that were unsuccessfully recruited to have gone back out to advert. There continues to be significant challenge in one locality with this team needing additional support from other areas where available. A review of systems and processes within teams, including data cleansing, is being addressed as a priority and is ongoing. One of the CMHTs is seeing significant decline in achieving the 15-day KPI and continues to be affected by sickness absence and vacancy pressures with this team needing additional support from other areas where available. The CTMs are also working clinically within CMHT to support capacity and demand.

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. It has been agreed that the MAS service will focus more on the backlog of Post-Diagnostic Support referrals in order not to generate more significant backlogs in the future. As a result, fewer referrals are being seen for assessment during this period, and the reduced medic capacity required in more urgent parts of the pathway, is impacting on levels of referrals being assessed within the 8-week timeframe. A review of systems and processes within teams, including data recording is being addressed as a priority and continues to be ongoing. All the above challenges have resulted in a further albeit slight decrease in performance in Quarter 4 to-date (52.5%).
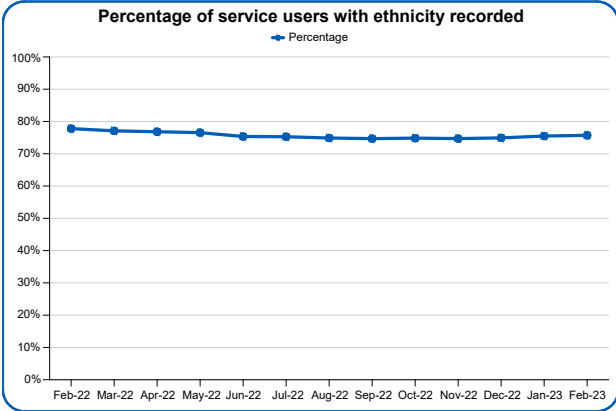
Due to pressures in other areas of Care Services, medical staff have been moved away from MAS to provide critical medical cover. This has had an impact on the levels of referrals being diagnosed within 12 weeks of their referral. Again, a further decrease in performance in Quarter 4 to-date (42.0%), reflects the ongoing staffing challenges faced by MAS across the city, and the demand for staff in other areas of the organisation. Within the South locality, the Practice Development Nurse has been tasked with an improvement piece of work around the process for accessing head scans which supports the diagnostic process.
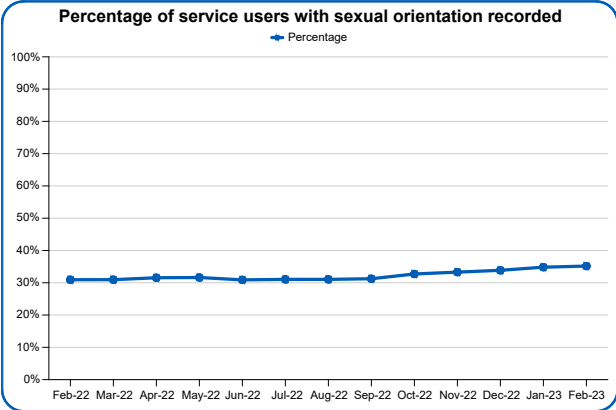
Data Quality Maturity Index (DQMI) (MHSDS)

CQUIN / NHSOF Target 95%: November 91.8%

Percentage of service users with NHS Number recorded

Local measure: February 99.1%

Percentage of service users with ethnicity recorded

Local measure: February 75.7%

Percentage of service users with sexual orientation recorded

Local measure: February 35.2%

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 February 99.1% of care records had an NHS number recorded (no change), 75.7% ethnicity (very slight increase) and 35.2% sexual orientation (slight increase and the highest level reported to date).