

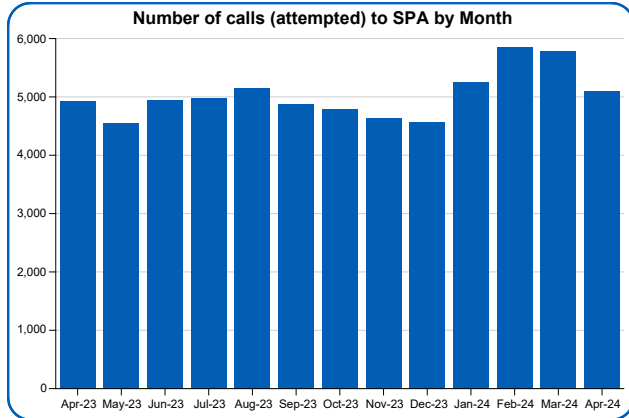
## Service Performance - Chief Operating Officer

| Services: Access & Responsiveness: Our response in a crisis   | Target        | Feb 2024 | Mar 2024 | Apr 2024 |
|---|---------------|----------|----------|----------|
| Percentage of crisis calls (via the single point of access) answered within 1 minute                        | -             | 38.8%    | 34.5%    | 32.3%    |
| Percentage of ALPS referrals responded to within 1 hour   | -             | 76.9%    | 78.9%    | 82.1%    |
| Percentage of S136 referrals assessed within 3 hours of arrival   | -             | 8.6%     | 10.3%    | 14.0%    |
| Number of S136 referrals assessed   | -             | 35       | 39       | 43       |
| 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      | 90.0%         | 77.8%    | 66.7%    | 60.7%    |
| Percentage of service users who stayed on CRISS caseload for less than 6 weeks                              | 70.0%         | 90.4%    | 84.8%    | 89.1%    |
| Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support   | 50.0%         | 46.5%    | 43.9%    | 36.8%    |
| Percentage of CRISS caseload where source of referral was acute inpatients                                  | -             | 6.8%     | 11.8%    | 9.3%     |
| Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services                  | Target        | Feb 2024 | Mar 2024 | Apr 2024 |
| Gender Identity Service: Number on waiting list   | -             | 5,626    | 5,745    | 5,821    |
| Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days            | -             | 212.08   | 140.44   | 143.85   |
| Community LD: Percentage of referrals seen within 4 weeks of receipt of referral                            | 90.0%         | 75.0%    | 51.4%    | 60.5%    |
| Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)          | -             | -        | 24.4%    | -        |
| CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)      | 100.0%        | -        | 40.0%    | -        |
| Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly) | -             | -        | 90.3%    | -        |
| Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)   | -             | -        | 93.5%    | -        |
| Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)                   | 863           | -        | 966      | -        |
| Perinatal Community: Face to Face DNA Rate (quarterly)  | -             | -        | 7.9%     | -        |
| Services: Our acute patient journey   | Target        | Feb 2024 | Mar 2024 | Apr 2024 |
| Number of admissions to adult facilities of patients who are under 16 years old                             | -             | 0        | 0        | 0        |
| Crisis Assessment Unit (CAU) bed occupancy  | -             | 96.0%    | 100.0%   | 94.4%    |
| Crisis Assessment Unit (CAU) length of stay at discharge  | -             | 45.14    | 26       | 27       |
| Liaison In-Reach: attempted assessment within 24 hours  | 90.0%         | 81.6%    | 80.6%    | 86.7%    |
| Bed Occupancy rates for (adult acute excluding PICU) inpatient services:                                    | 94.0% - 98.0% | 99.2%    | 100.2%   | 100.4%   |
| Becklin Ward 1 (Female)   | -             | 100.6%   | 99.9%    | 102.6%   |
| Becklin Ward 3 (Male)   | -             | 100.0%   | 100.7%   | 99.2%    |
| Becklin Ward 4 (Male)   | -             | 100.2%   | 101.8%   | 99.7%    |
| Becklin Ward 5 (Female)   | -             | 97.2%    | 98.8%    | 99.8%    |
| Newsam Ward 4 (Male)  | -             | 98.2%    | 99.8%    | 100.5%   |
| Older adult (total)   | -             | 99.8%    | 96.3%    | 98.5%    |
| The Mount Ward 1 (Male Dementia)  | -             | 99.3%    | 98.9%    | 101.4%   |
| The Mount Ward 2 (Female Dementia)  | -             | 106.4%   | 99.6%    | 100.2%   |

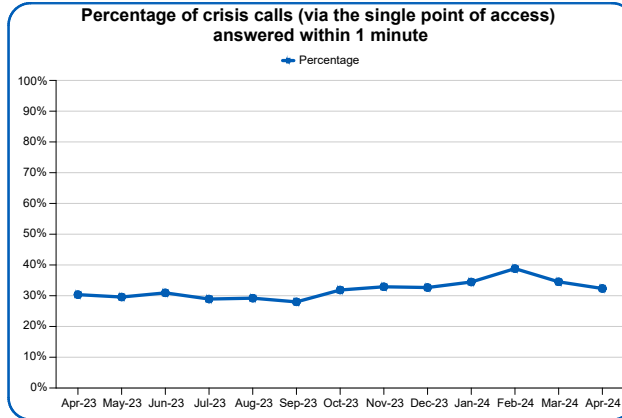
## Service Performance - Chief Operating Officer

| Services: Our acute patient journey  | Target | Feb 2024 | Mar 2024 | Apr 2024 |
|--|--------|----------|----------|----------|
| The Mount Ward 3 (Male)  | -      | 94.5%    | 87.7%    | 91.0%    |
| The Mount Ward 4 (Female)  | -      | 100.5%   | 100.5%   | 102.4%   |
| Percentage of delayed transfers of care  | -      | 19.2%    | 15.9%    | 17.3%    |
| Out of Area Trajectory Active Placements at Month End  | 34     | -        | -        | 38       |
| Total: Number of out of area placements beginning in month   | -      | 29       | 17       | 20       |
| Total: Total number of bed days out of area (new and existing placements from previous months)                     | -      | 1,124    | 1,250    | 1,156    |
| Acute: Active Placements at Month End  | -      | -        | -        | 31       |
| Acute: Number of out of area placements beginning in month   | -      | 22       | 10       | 12       |
| Acute: Total number of bed days out of area (new and existing placements from previous months)                     | -      | 933      | 998      | 927      |
| PICU: Active Placements at Month End   | -      | -        | -        | 5        |
| PICU: Number of out of area placements beginning in month  | -      | 7        | 6        | 6        |
| PICU: Total number of bed days out of area (new and existing placements from previous months)                      | -      | 191      | 250      | 204      |
| Older people: Active Placements at Month End   | -      | -        | -        | 2        |
| Older people: Number of out of area placements beginning in month  | -      | 0        | 1        | 2        |
| Older people: Total number of bed days out of area (new & existing placements from previous months)                | -      | 0        | 2        | 25       |
| Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)                                    | 80.0%  | -        | 69.4%    | -        |
| Services: Our Community Care   | Target | Feb 2024 | Mar 2024 | Apr 2024 |
| Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)               | 80.0%  | 68.1%    | 75.3%    | 87.2%    |
| Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)                   | 80.0%  | 77.6%    | 75.7%    | 86.3%    |
| Number of service users in community mental health team care (caseload)  | -      | 3,284    | 3,231    | 3,225    |
| Percentage of referrals to memory services seen within 8 weeks (quarter to date)                                   | 70.0%  | 71.6%    | 74.9%    | 75.6%    |
| Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)             | 50.0%  | 39.6%    | 42.1%    | 41.1%    |
| Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks | 60.0%  | 63.6%    | 69.6%    | 41.2%    |
| Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)                | -      | -        | 66.2%    | -        |
| Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)       | 90.0%  | -        | 77.1%    | -        |
| Services: Clinical Record Keeping  | Target | Feb 2024 | Mar 2024 | Apr 2024 |
| Percentage of service users with NHS Number recorded   | -      | 99.3%    | 99.3%    | 99.3%    |
| Percentage of service users with ethnicity recorded  | -      | 81.7%    | 81.7%    | 81.6%    |
| Percentage of service users with sexual orientation recorded   | -      | 47.6%    | 47.6%    | 47.4%    |
| Services: Clinical Record Keeping - DQMI   | Target | Nov 2023 | Dec 2023 | Jan 2024 |
| DQMI (MHSDS) % Quality %   | 95.0%  | 92.4%    | 92.4%    | 92.3%    |

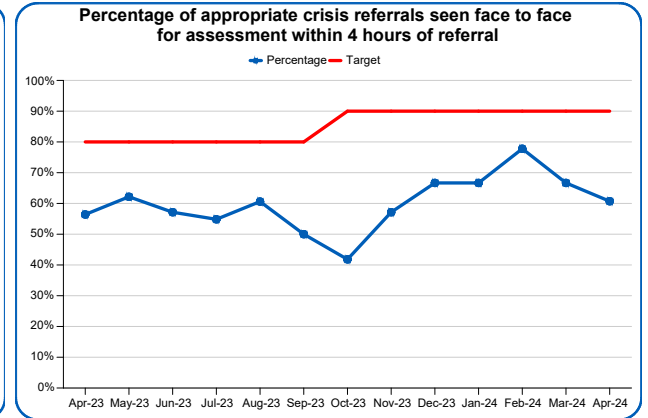
Services: Access & Responsiveness: Our Response in a crisis



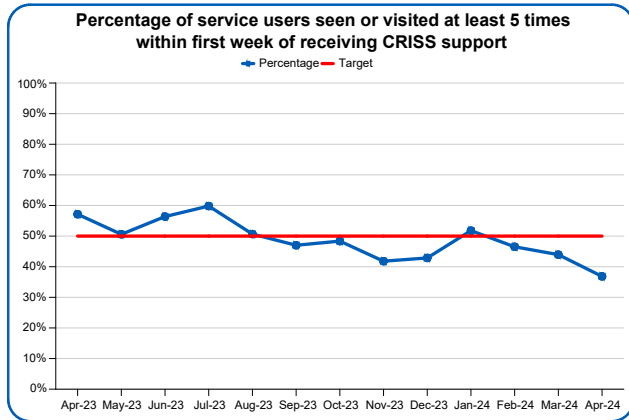
Number of calls : April 5,112



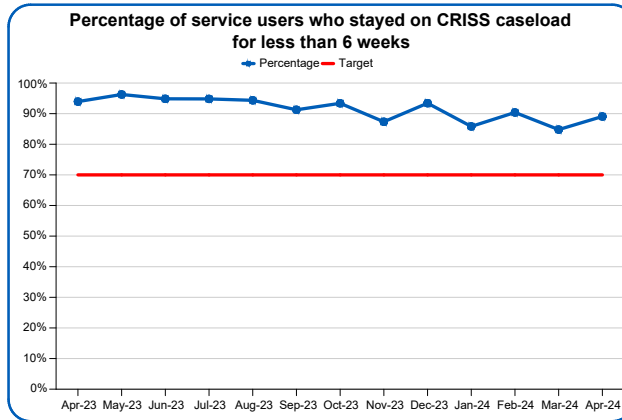
Local target - within 1 minute: April 32.3%



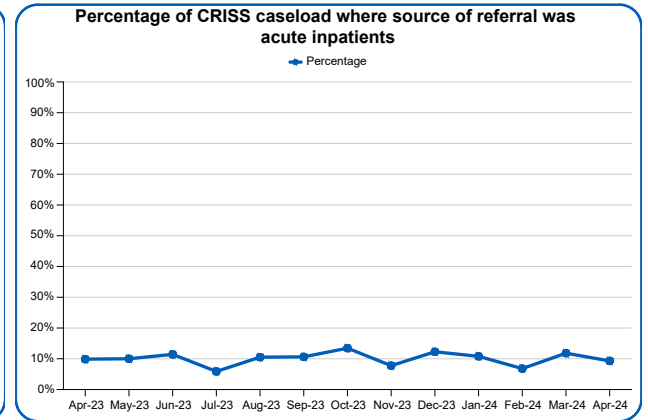
Contactual Target 90%: April 60.7%



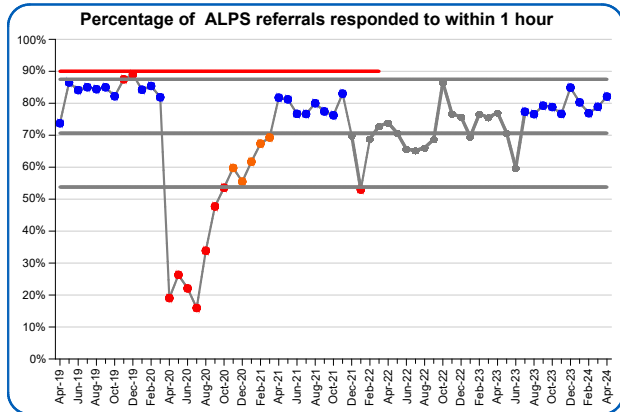
Contractual Target 50%: April 36.8%



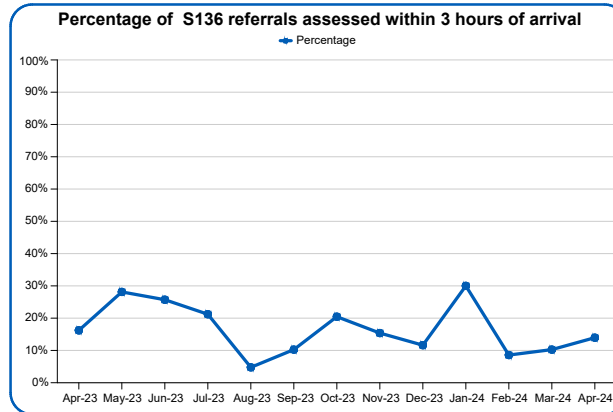
Contractual Target 70%: April 89.1%



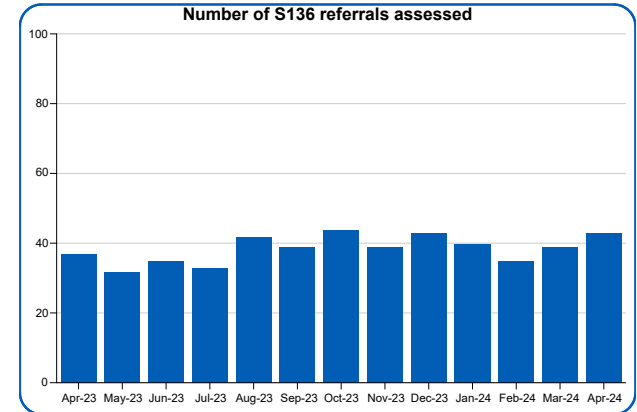
Contractual Target tba: April 9.3%



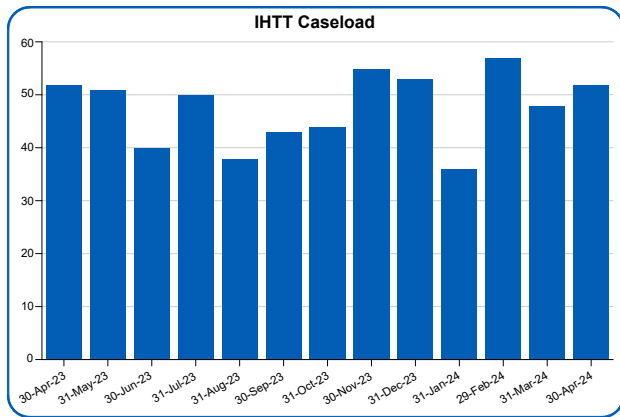
Contractual Target : April 82.1%



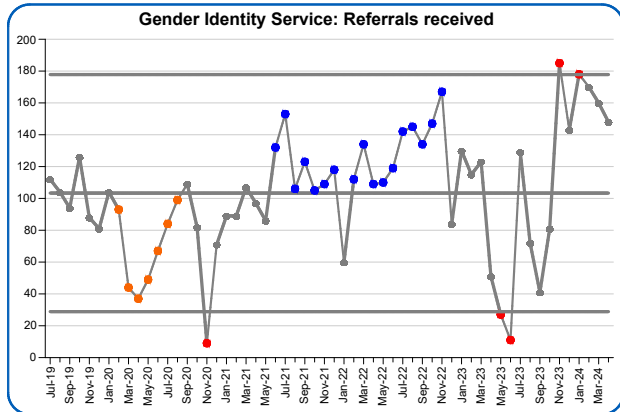
Contractual Target : April 14.0%



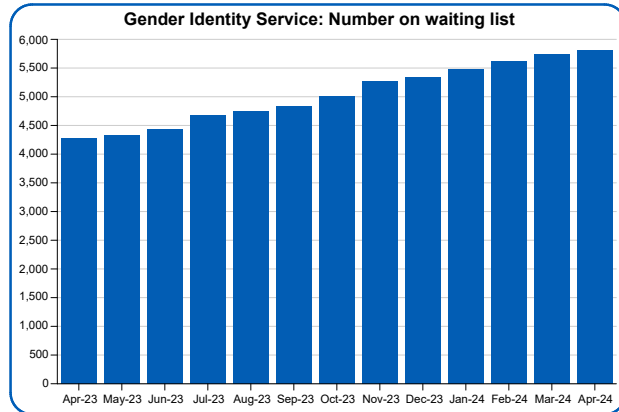
Total referrals assessed: April 43



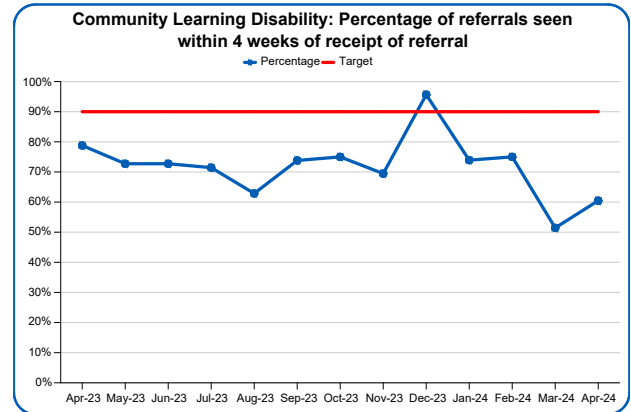
Caseload: April 52



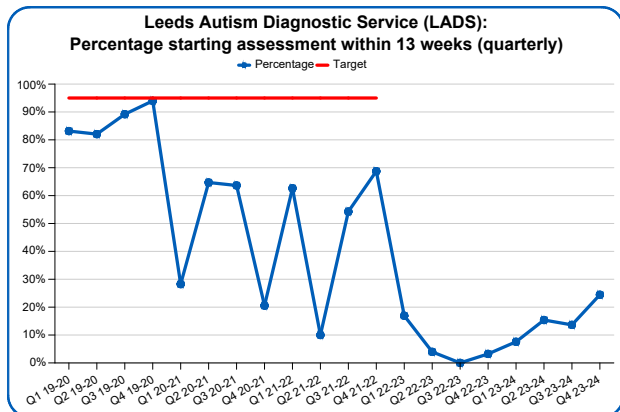
Total referrals: April 148



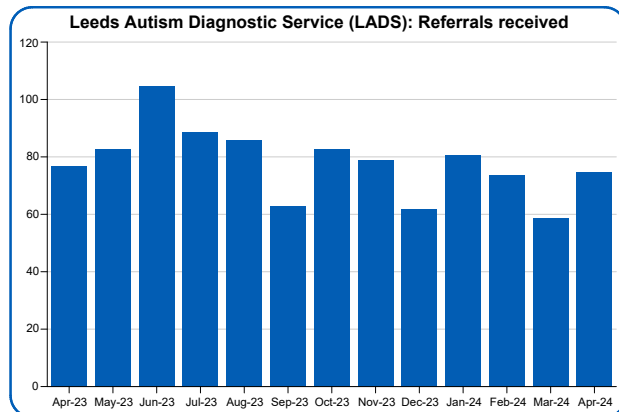
Number on waiting list: April 5,821



Contractual Target 90%: April 60.5%



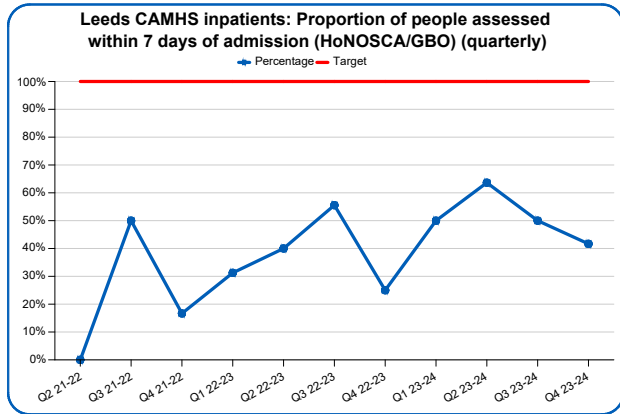
Contractual Target : Q4 24.4%



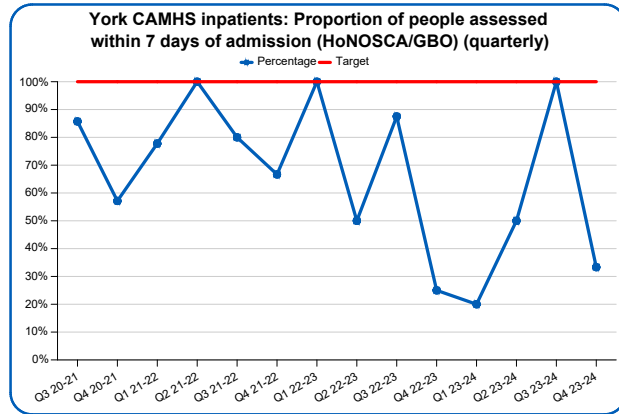
Local measure: April 75

SPC Chart Key

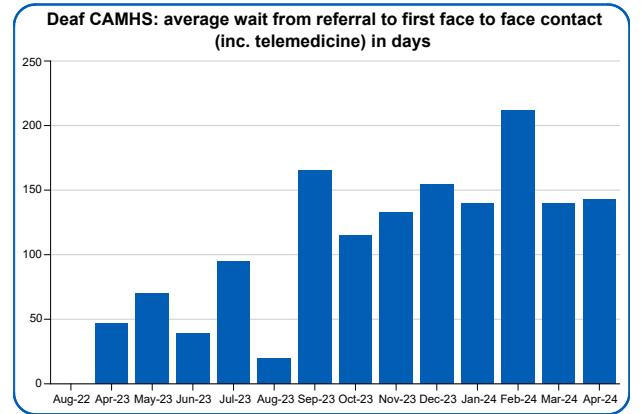
- Average
- Upper process limit
- Lower process limit
- Actual
- Target



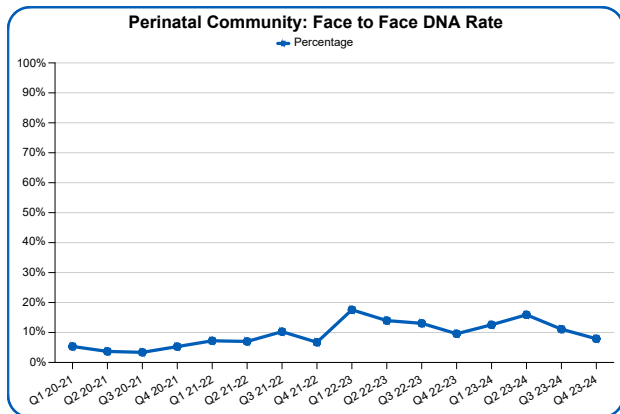
Contractual Target 100%: Q4 41.7%



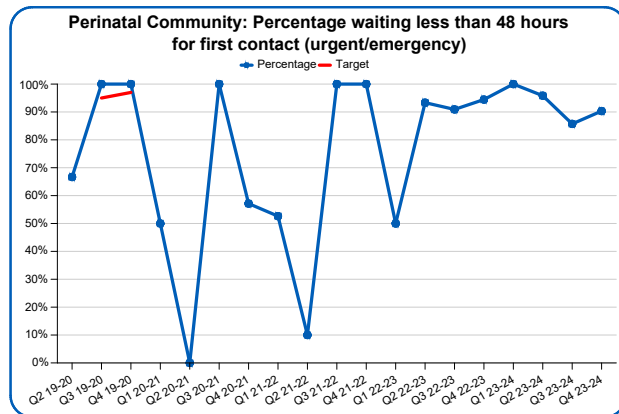
Contractual Target 100%: Q4 33.3%



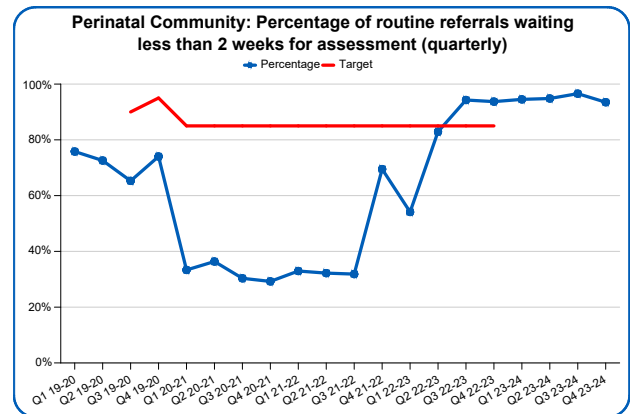
Local measure: April 144



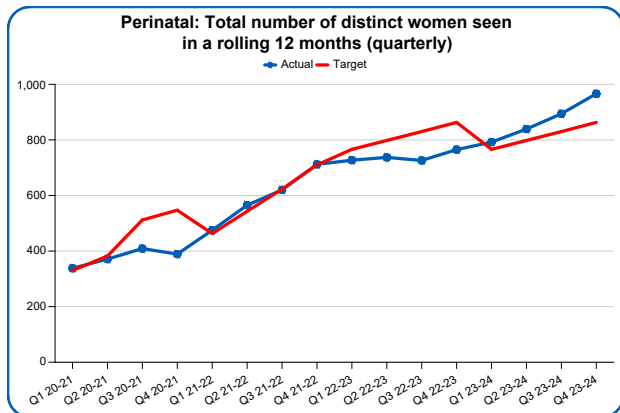
Contractual measure: Q4 7.9%



Contractual Target tba: Q4 90.3%

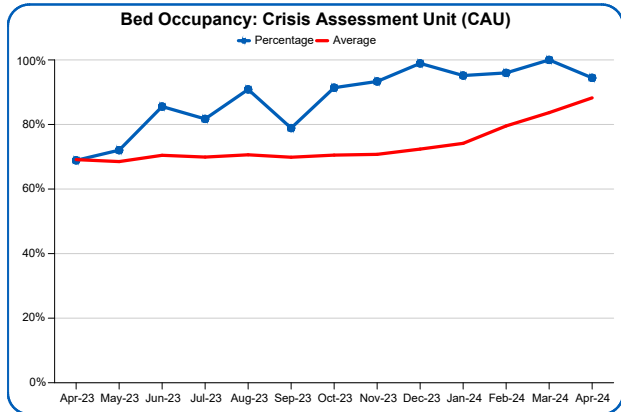
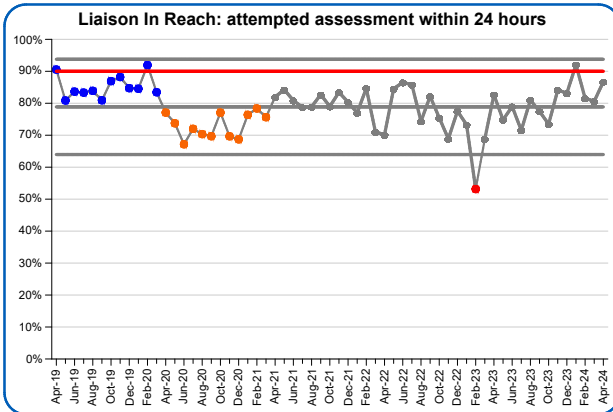
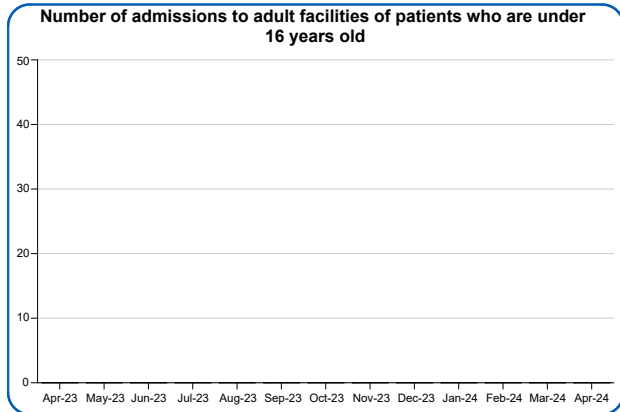


Contractual Target : Q4 93.5%



Local measure 863: Q4 966

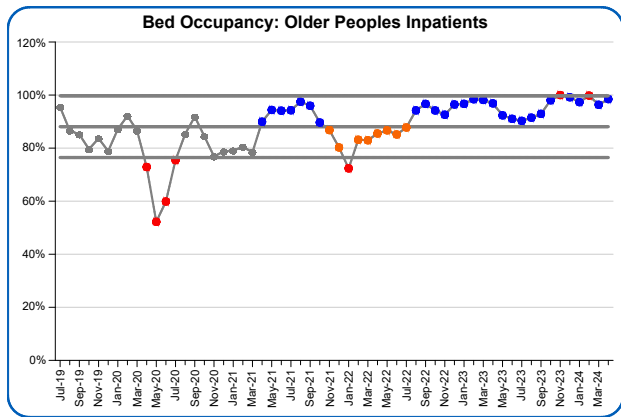
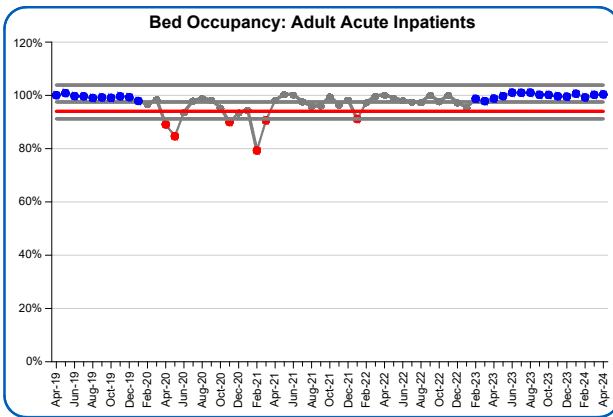
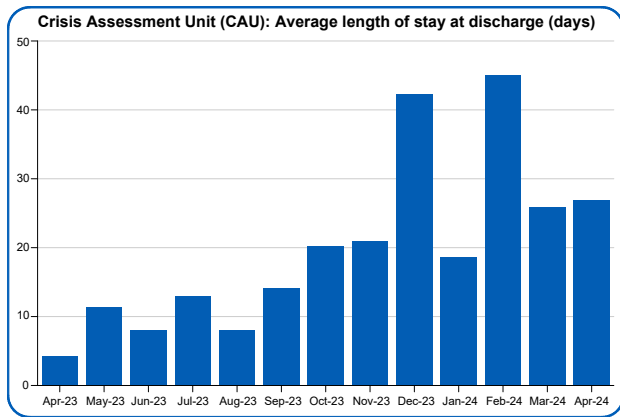
Services: Our acute patient journey



National (NOF) No target : April 0

Contractual Target 90%: April 86.7%

Local measure: April 94.4%



Local measure: April 27 days

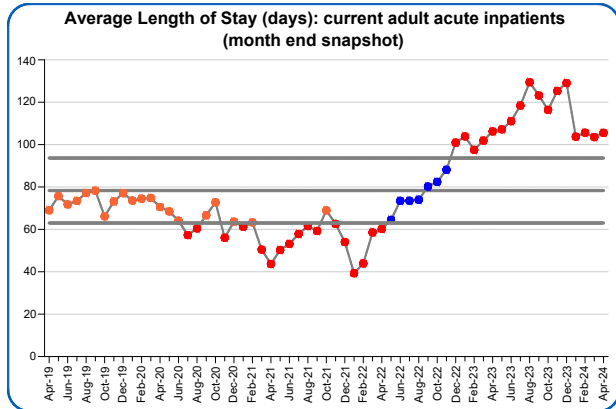
Contractual Target 94%: April 100.4%

Local measure and target : April 98.5%

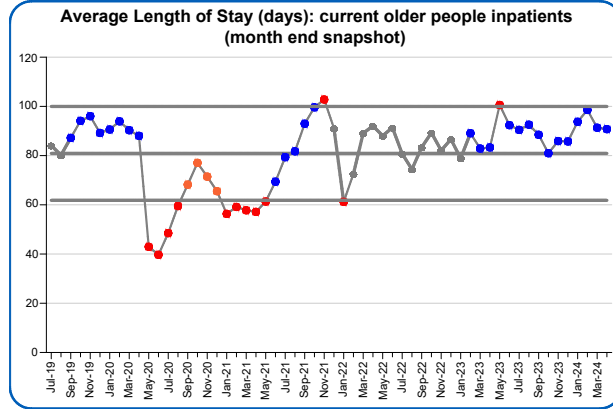
SPC Chart Key

- Average
- Lower process limit
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- Actual
- Target

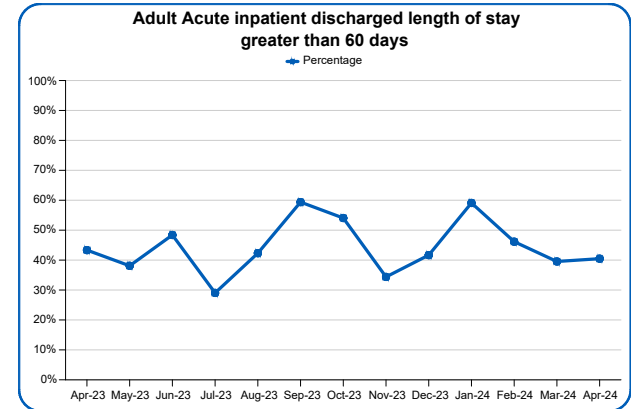
Services: Our acute patient journey (continued)



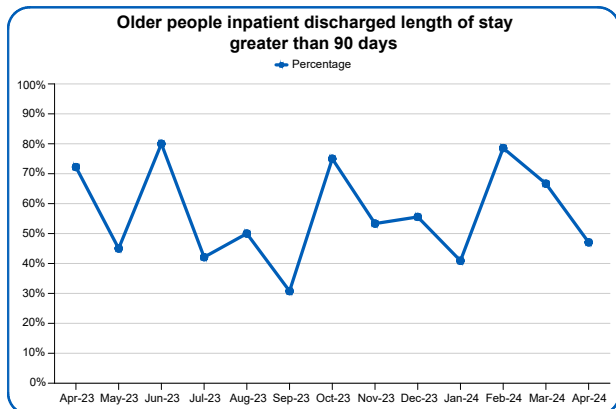
Local tracking measure: April 106 days



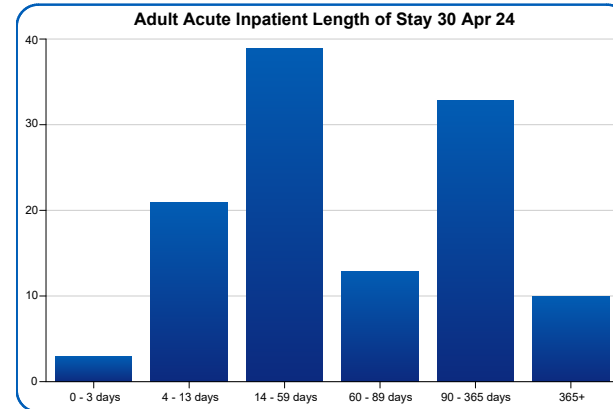
Local tracking measure: April 91 days



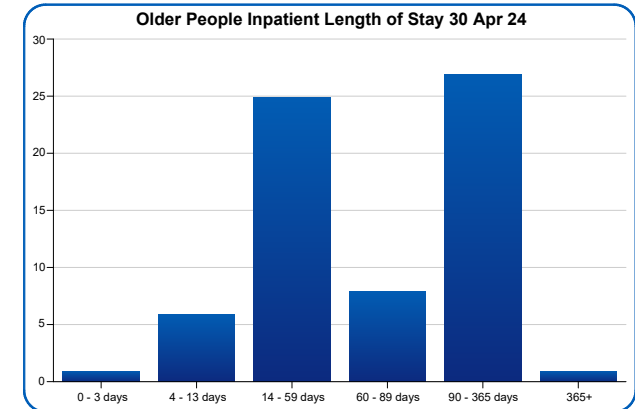
National (LTP): April 40.5%



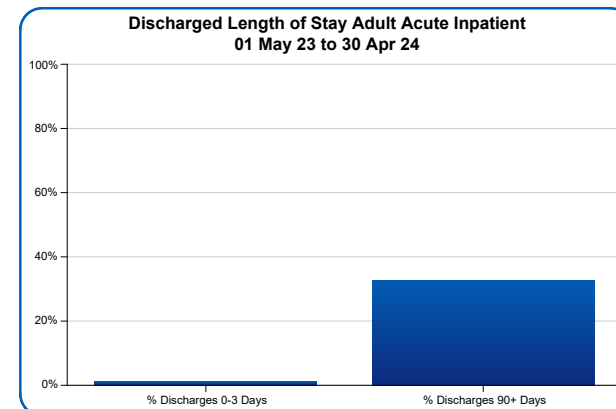
National (LTP): April 47.1%



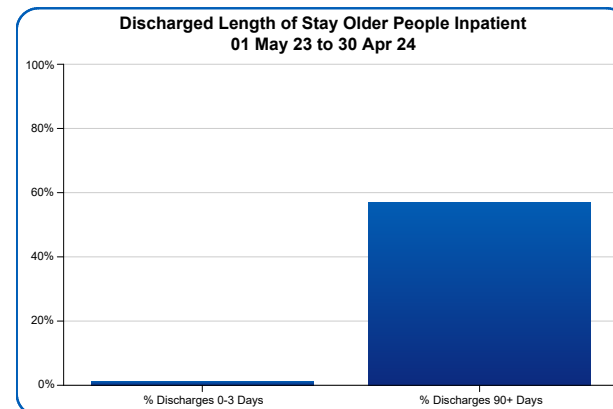
Local activity: 43 people with LOS 90+ days



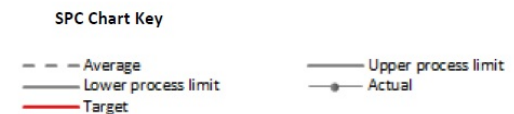
Local activity: 28 people with LOS 90+ days



Local activity: % discharged LOS 90+ days = 33.0%

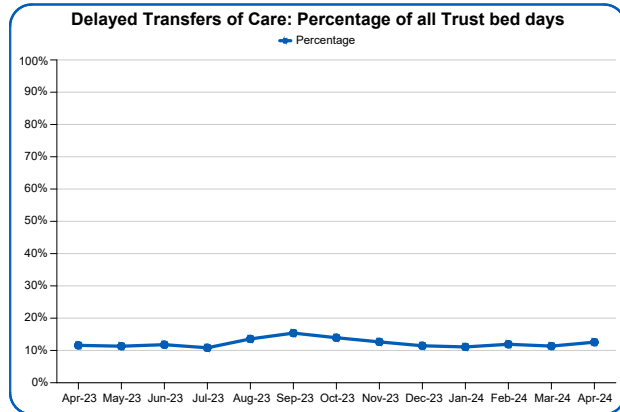


Local activity: % discharged LOS 90+ days = 57.3%

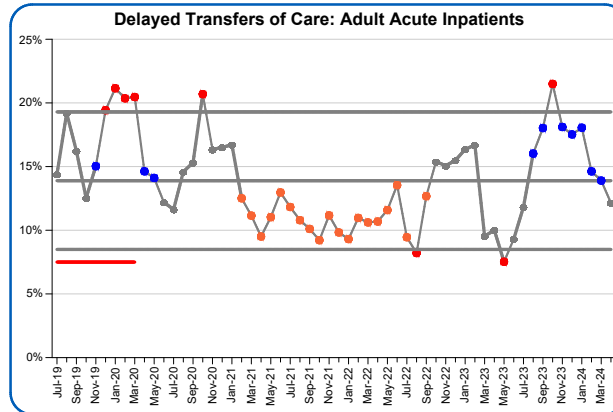




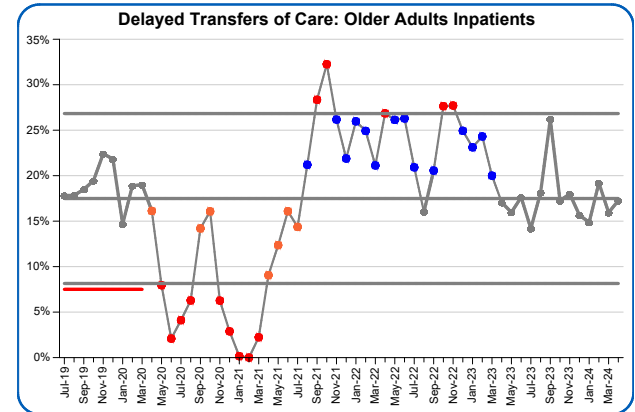
Services: Our acute patient journey (continued)



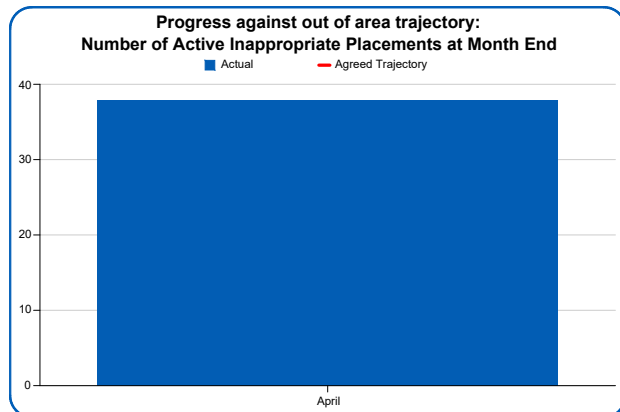
Local tracking measure: April 12.6%



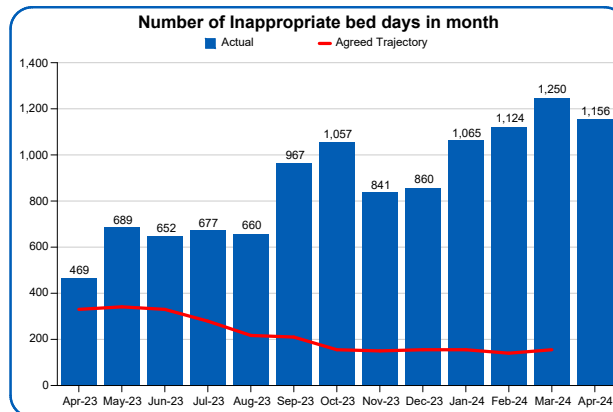
Local tracking measure: April 12.1%



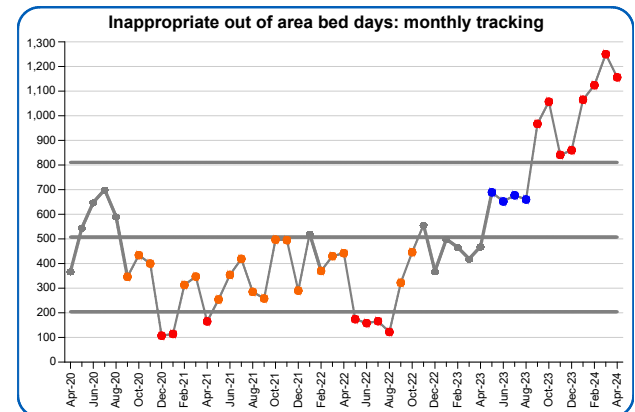
Local tracking measure: April 17.3%



Nationally agreed trajectory (April: 34): April 38 active placements



Local tracking measure: April 1,156 bed days

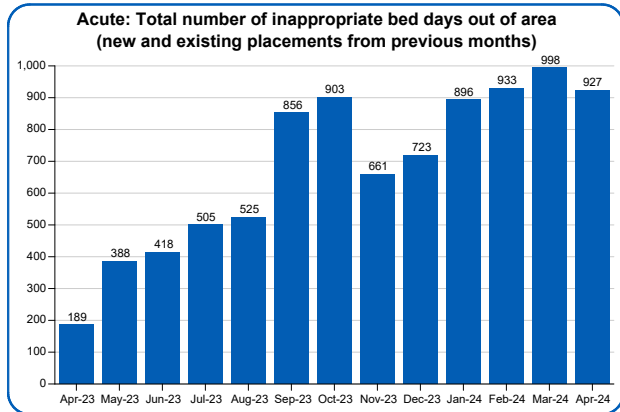


Local tracking measure: April 1,156 bed days

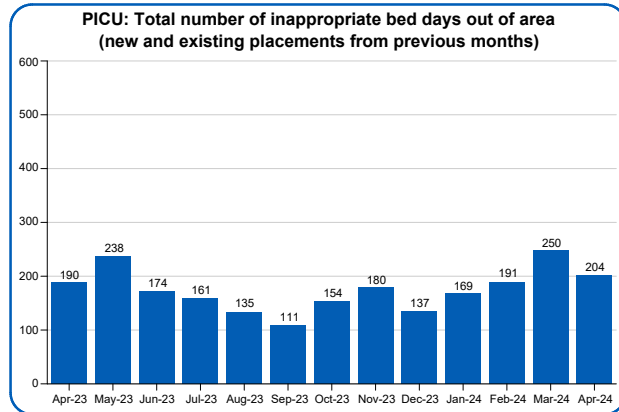
SPC Chart Key

- Average
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- Target

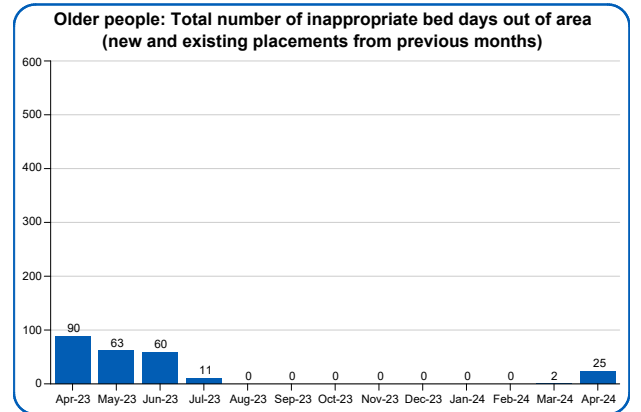
Services: Our acute patient journey (continued)



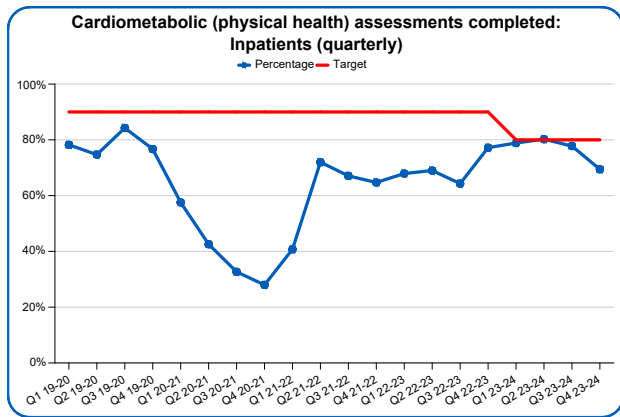
Nationally agreed trajectory (): April 927 days



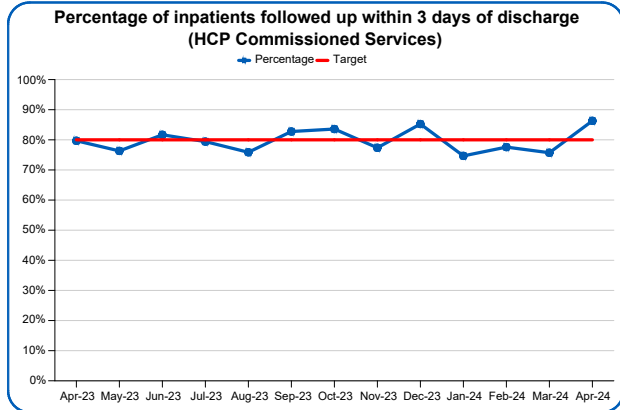
Nationally agreed trajectory (): April 204 days



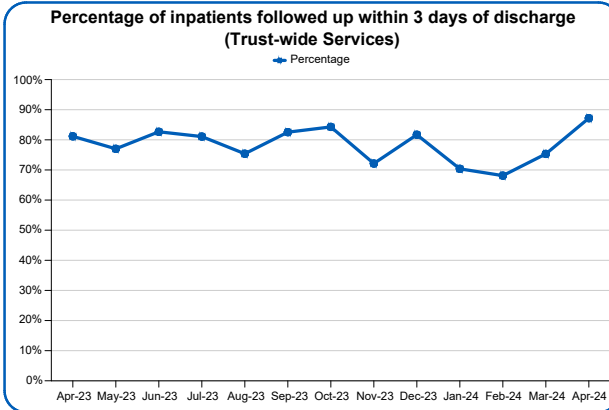
Local measure : April 25 days



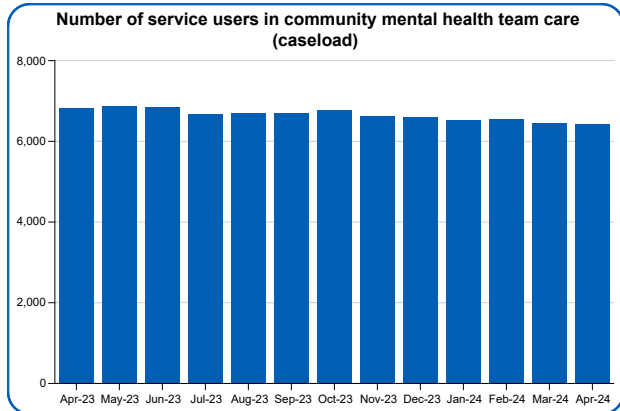
Contractual target 80%: Q4 69.4%



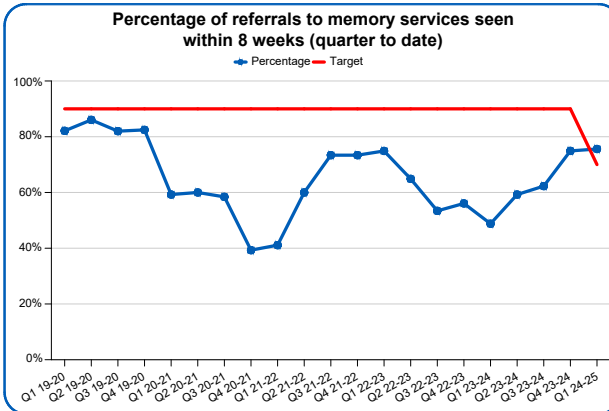
Contractual target 80%: April **86.3%**



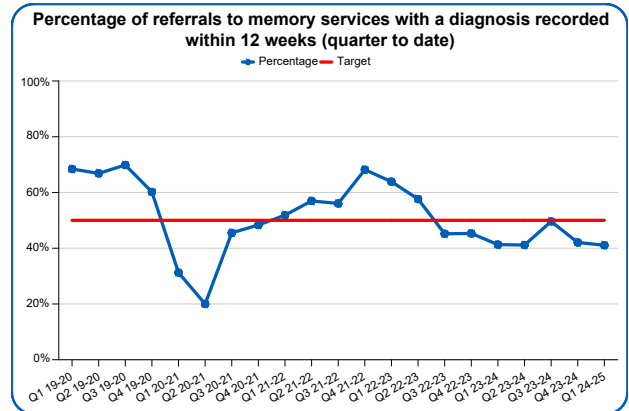
Local Tracking Measure 80%: April **87.2%**



Local measure : April **3,225**



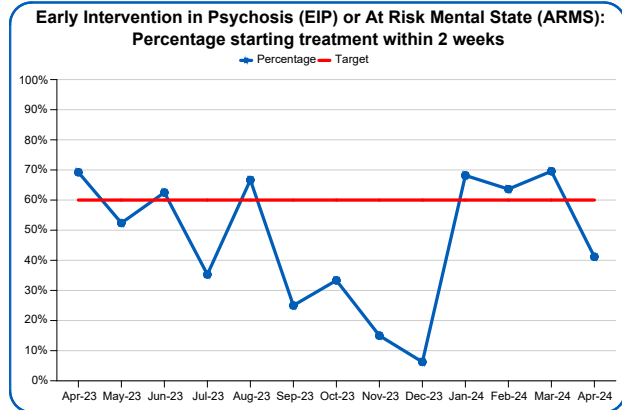
Contractual target 70%: Q1 24-25 **75.6%**



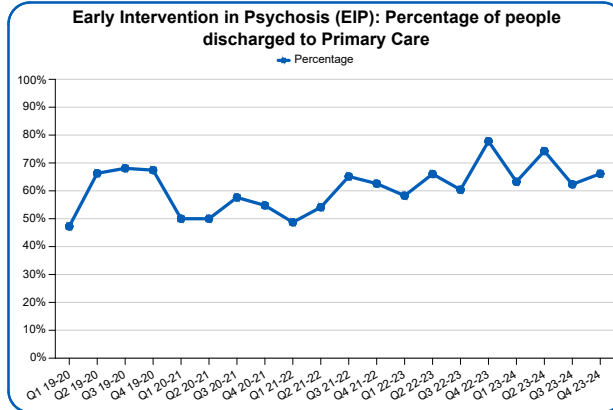
Contractual target 50%: Q1 24-25 **41.1%**

SPC Chart Key

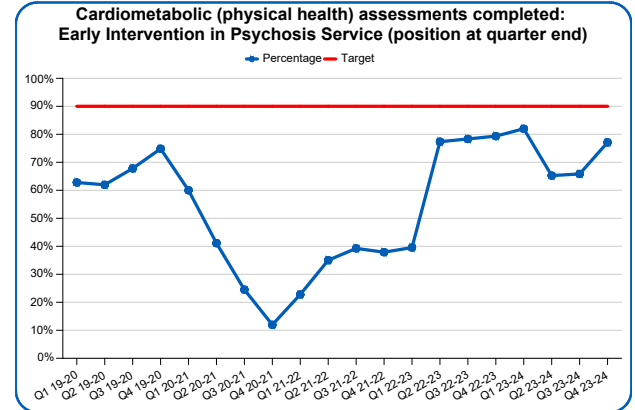
- Average
- Upper process limit
- Lower process limit
- Target
- Actual



Contractual target 60%: April 41.2%

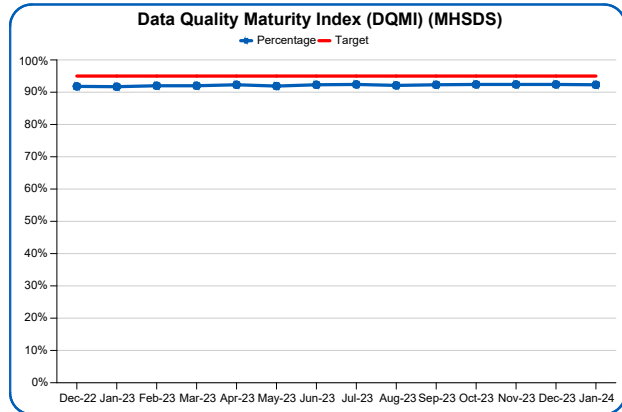


Contractual target tbc: Q4 66.2%

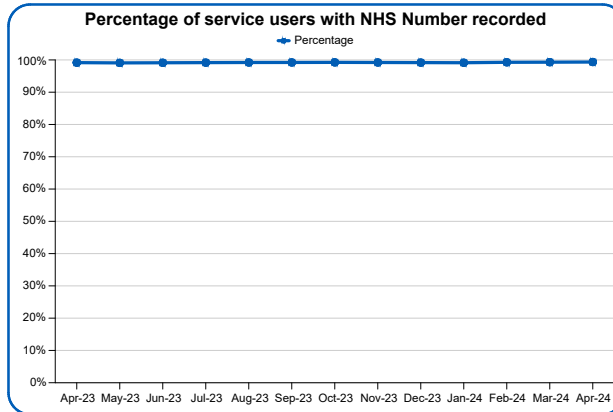


Contractual target 90%: Q4 77.1%

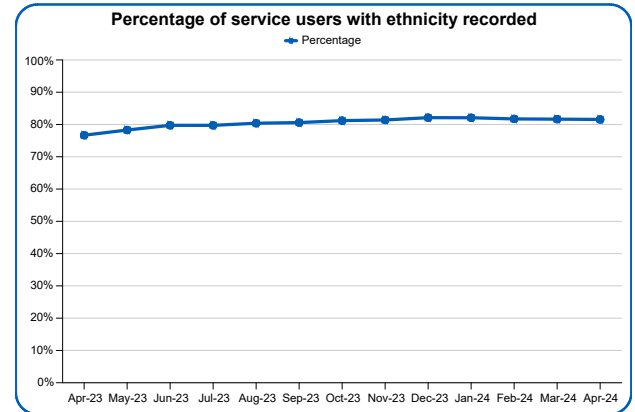
Services: Clinical Record Keeping



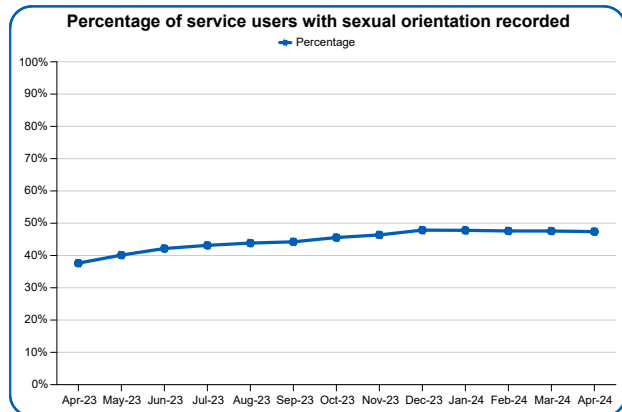
CQUIN / NHSOF Target 95%: January **92.3%**



Local measure: April **99.3%**



Local measure: April **81.6%**



Local measure: April **47.4%**