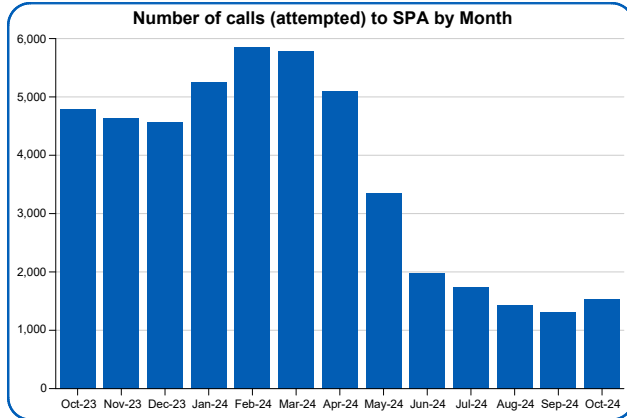# Service Performance - Chief Operating Officer

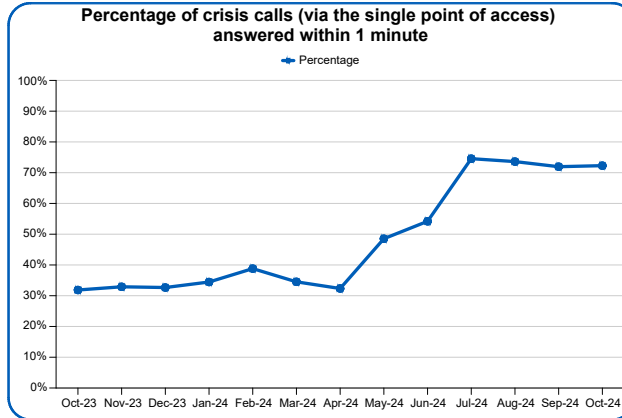| Services: Access & Responsiveness: Our response in a crisis	Target	Aug 2024	Sep 2024	Oct 2024
Percentage of crisis calls (via the single point of access) answered within 1 minute	-	73.6%	71.9%	72.3%
Percentage of ALPS referrals responded to within 1 hour	-	77.8%	78.6%	65.2%
Percentage of S136 referrals assessed within 3 hours of arrival	-	9.7%	8.2%	9.4%
Number of S136 referrals assessed	-	31	49	53
Number of S136 detentions over 24 hours	0	0	1	1
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	90.0%	57.4%	51.2%	65.9%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	85.5%	86.2%	85.3%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	39.5%	34.8%	36.5%
Percentage of CRISS caseload where source of referral was acute inpatients	-	22.0%	10.5%	7.9%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	**Target**	**Aug 2024**	**Sep 2024**	**Oct 2024**
Gender Identity Service: Number on waiting list	-	6,074	6,143	6,200
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	190.94	179.22	200.24
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	90.0%	55.6%	70.7%	83.7%
Leeds Autism Diagnostic Service (LADS): Assessment to Diagnostic Decision within 26 Weeks (quarterly)	-	-	48.5%	-
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	-	34.6%	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	-	100.0%	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	-	88.0%	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	-	94.7%	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	920	-	1,020	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	-	10.8%	-
Services: Our acute patient journey	**Target**	**Aug 2024**	**Sep 2024**	**Oct 2024**
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	100.5%	99.4%	97.3%
Crisis Assessment Unit (CAU) length of stay at discharge	-	41.25	61	28.5
Liaison In-Reach: attempted assessment within 24 hours	90.0%	74.5%	79.8%	84.5%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	94.0% - 98.0%	100.3%	100.0%	99.8%
Becklin Ward 1 (Female)	-	104.7%	102.7%	102.1%
Becklin Ward 3 (Male)	-	98.9%	97.5%	98.5%
Becklin Ward 4 (Male)	-	99.0%	98.9%	100.4%
Becklin Ward 5 (Female)	-	99.0%	100.5%	99.0%
Newsam Ward 4 (Male)	-	99.7%	100.2%	99.1%
Older adult (total)	-	96.7%	94.6%	91.1%
The Mount Ward 1 (Male Dementia)	-	98.6%	103.8%	97.9%

Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Aug 2024	Sep 2024	Oct 2024
The Mount Ward 2 (Female Dementia)	-	91.8%	69.8%	74.4%
The Mount Ward 3 (Male)	-	95.6%	101.2%	90.3%
The Mount Ward 4 (Female)	-	99.8%	100.0%	99.2%
Percentage CRFD	-	37.2%	38.3%	39.7%
Out of Area Trajectory Active Placements at Month End	16	20	18	22
Total: Number of out of area placements beginning in month	-	12	11	13
Total: Total number of bed days out of area (new and existing placements from previous months)	-	533	557	604
Acute: Active Placements at Month End	-	15	14	19
Acute: Number of out of area placements beginning in month	-	8	7	9
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	421	429	453
PICU: Active Placements at Month End	-	5	4	3
PICU: Number of out of area placements beginning in month	-	3	4	4
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	104	128	151
Older people: Active Placements at Month End	-	0	0	0
Older people: Number of out of area placements beginning in month	-	1	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	8	0	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	-	72.2%	-
Services: Our Community Care	**Target**	**Aug 2024**	**Sep 2024**	**Oct 2024**
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	81.2%	76.5%	73.5%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	85.5%	74.6%	75.3%
Number of service users in community mental health team care (caseload)	-	3,250	3,300	3,313
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	70.0%	76.0%	76.8%	76.5%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	62.8%	59.4%	64.3%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	53.3%	85.0%	55.0%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	-	54.7%	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	80.0%	-	82.9%	-
Services: Clinical Record Keeping	**Target**	**Aug 2024**	**Sep 2024**	**Oct 2024**
Percentage of service users with NHS Number recorded	-	99.4%	99.3%	99.4%
Percentage of service users with ethnicity recorded	-	81.1%	81.2%	81.5%
Percentage of service users with sexual orientation recorded	-	46.5%	46.8%	46.8%
Services: Clinical Record Keeping - DQMI	**Target**	**May 2024**	**Jun 2024**	**Jul 2024**
DQMI (MHSDS) % Quality %	95.0%	89.2%	88.0%	90.5%

Number of calls (attempted) to SPA by Month

Number of calls : October 1,548

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

Percentage

Local target - within 1 minute: October 72.3%

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

Percentage — Target
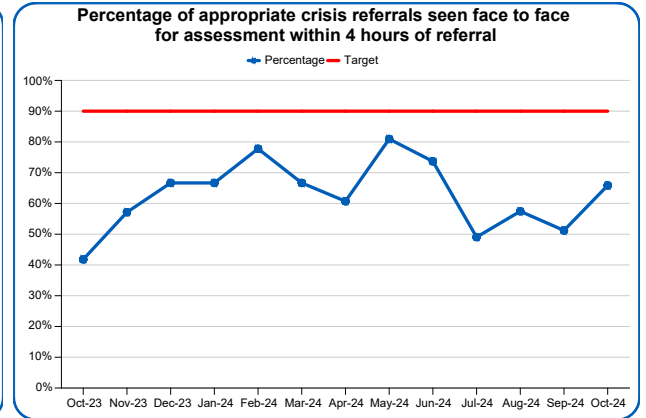
Contactual Target 90%: October 65.9%

Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support

Percentage — Target
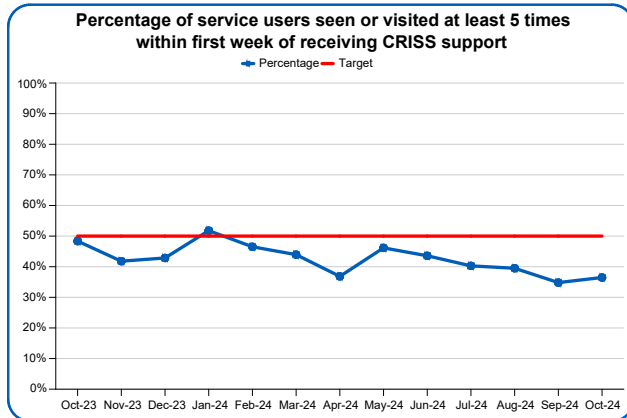
Contractual Target 50%: October 36.5%

Percentage of service users who stayed on CRISS caseload for less than 6 weeks

Percentage — Target
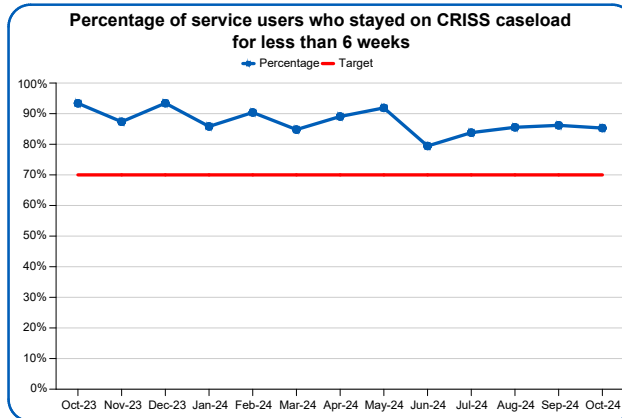
Contractual Target 70%: October 85.3%

Percentage of CRISS caseload where source of referral was acute inpatients

Percentage
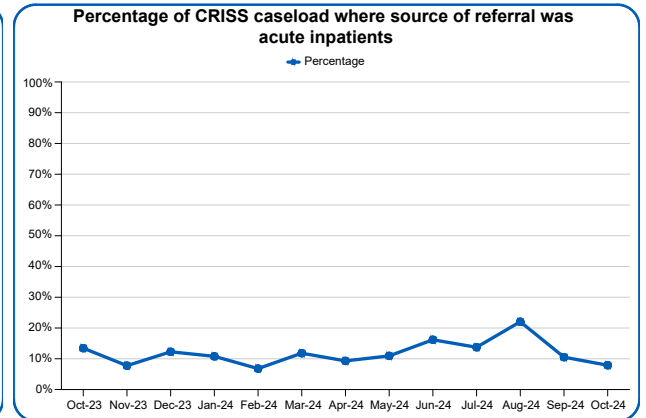
Contractual Target tba: October 7.9%

Percentage of ALPS referrals responded to within 1 hour

Contractual Target : October 65.2%

Percentage of S136 referrals assessed within 3 hours of arrival
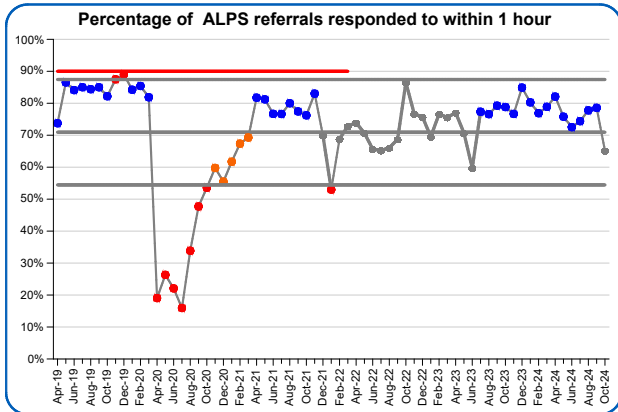
Contractual Target : October 9.4%
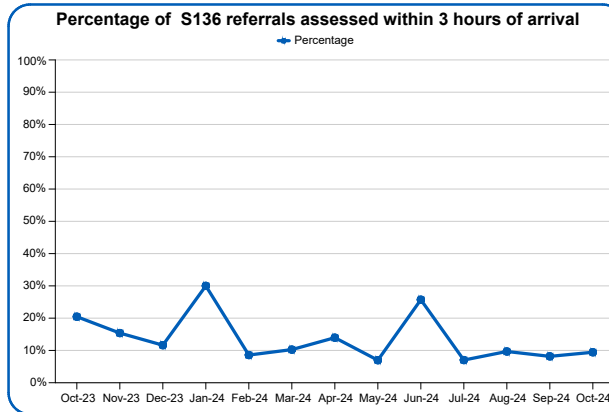
Number of S136 referrals assessed
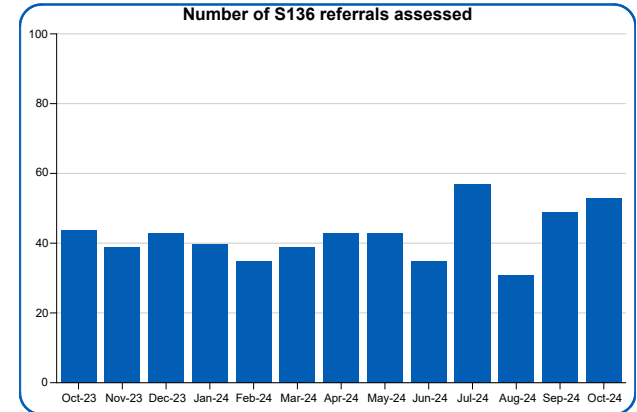
Total referrals assessed: October 53

IHTT Caseload

Caseload: October 52

Gender Identity Service: Referrals received
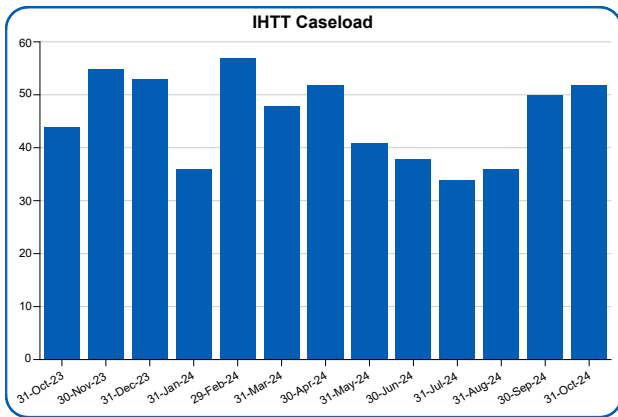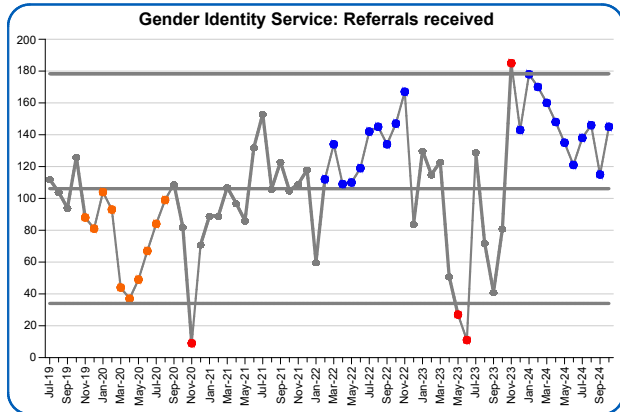
Total referrals: October 145

Gender Identity Service: Number on waiting list
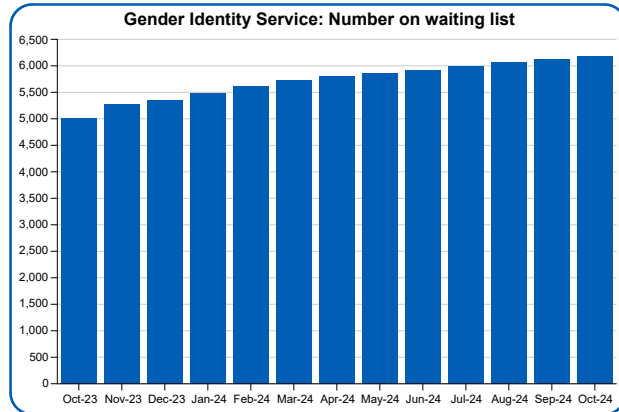
Number on waiting list: October 6,200
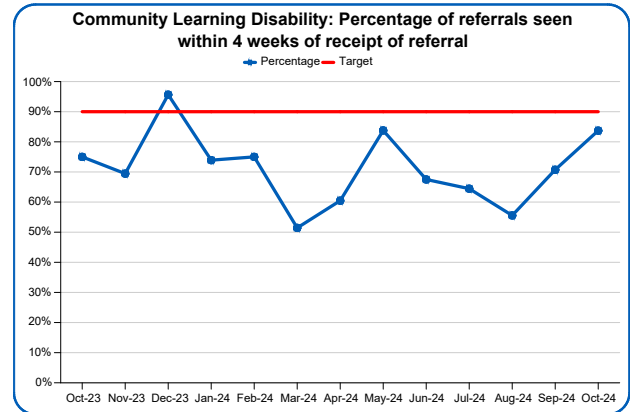
Community Learning Disability: Percentage of referrals seen within 4 weeks of receipt of referral

Contractual Target 90%: October 83.7%

Leeds Autism Diagnostic Service (LADS): Percentage diagnosed or discharged within 26 weeks of assessment (quarterly)

Contractual Target : Q2 48.5%

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

Contractual Target : Q2 34.6%

Leeds Autism Diagnostic Service (LADS): Referrals received
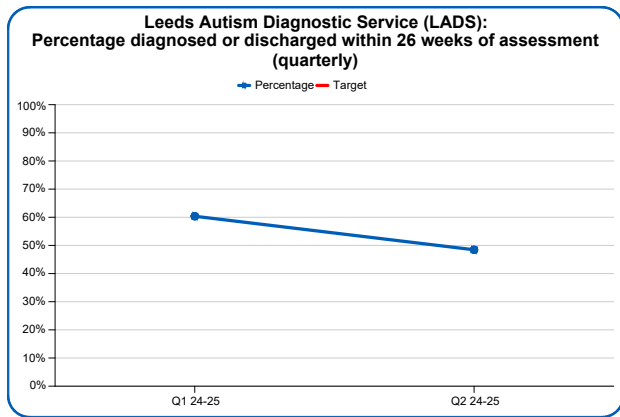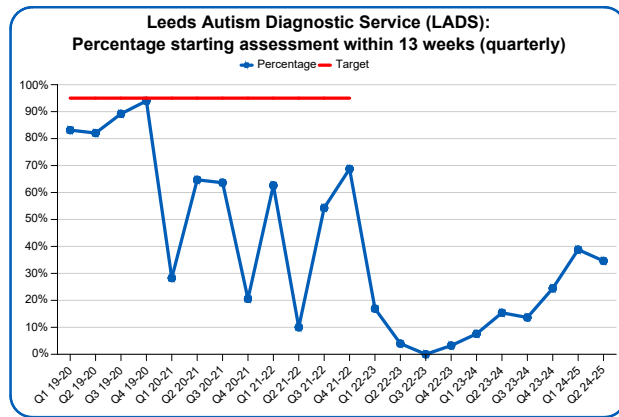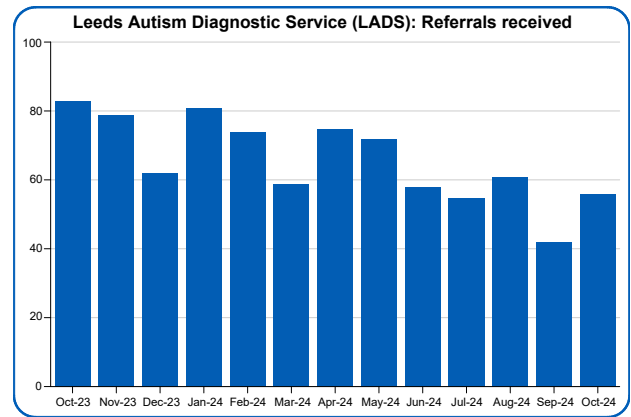
Local measure: October 56

SPC Chart Key

- – – Average
- —— Upper process limit
- —— Lower process limit
- —•— Actual
- —— Target
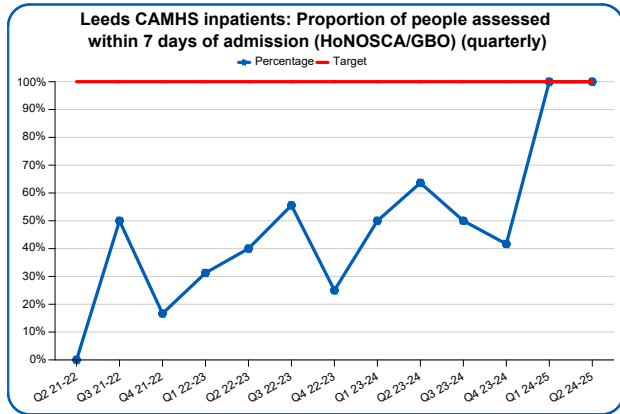
Leeds CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA/GBO) (quarterly)

Contractual Target 100%: Q2 100.0%

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

Contractual Target 100%: Q2 100.0%

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

Local measure: October 200

Perinatal Community: Face to Face DNA Rate
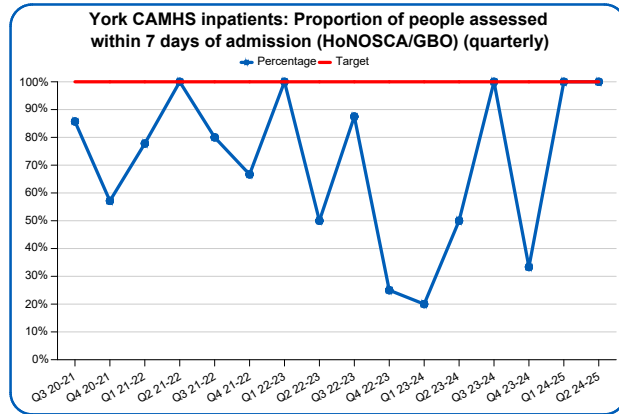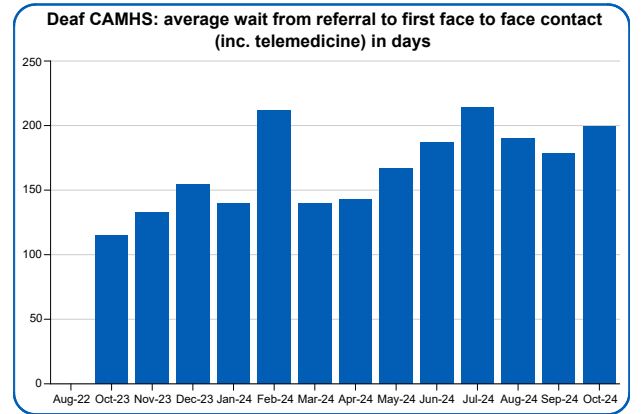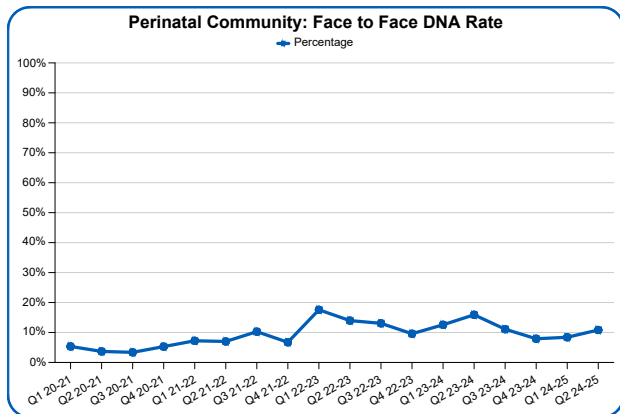
Contractual measure: Q2 10.8%

Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency)

Contractual Target tba: Q2 88.0%

Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)
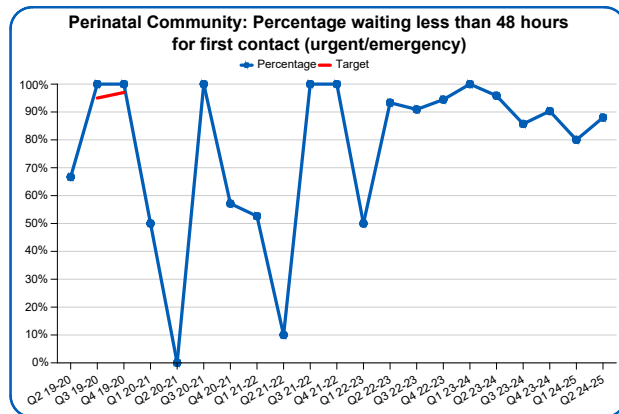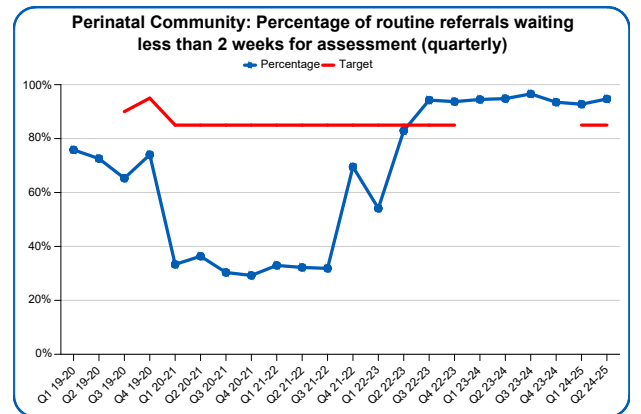
Contractual Target 85%: Q2 94.7%

Perinatal: Total number of distinct women seen in a rolling 12 months (quarterly)
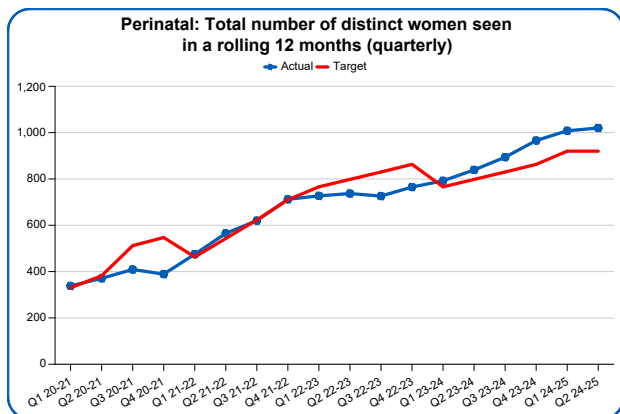
Local measure 920: Q2 1,020

Number of admissions to adult facilities of patients who are under 16 years old
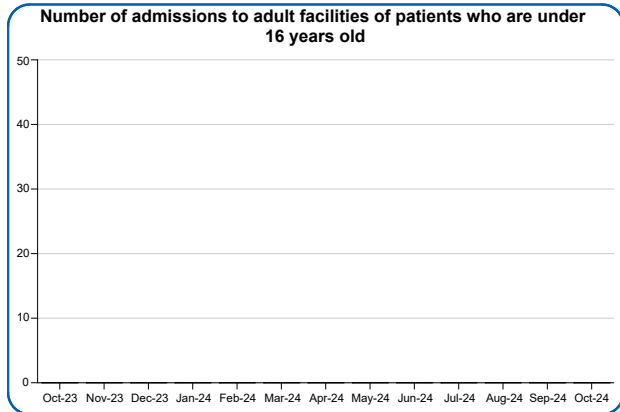
National (NOF) No target : October 0
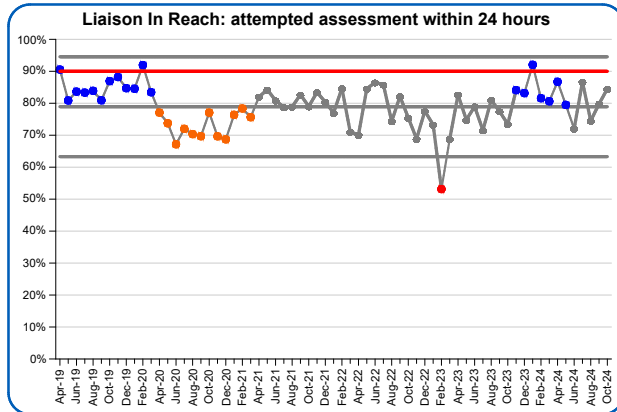
Liaison In Reach: attempted assessment within 24 hours

Contractual Target 90%: October 84.5%

Bed Occupancy: Crisis Assessment Unit (CAU)

Local measure: October 97.3%

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

Local measure: October 28 days

Bed Occupancy: Adult Acute Inpatients
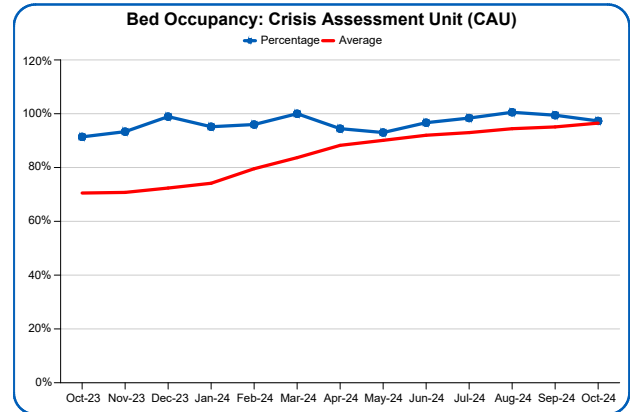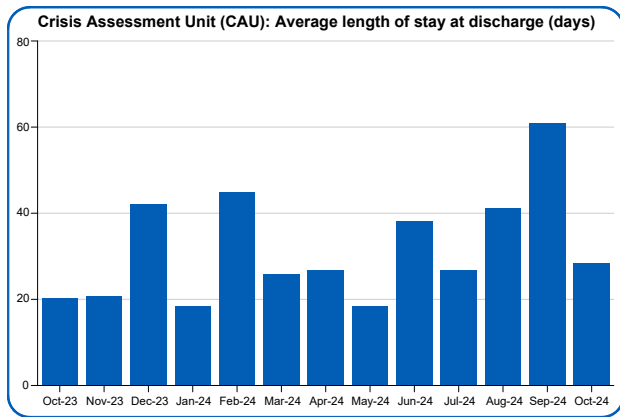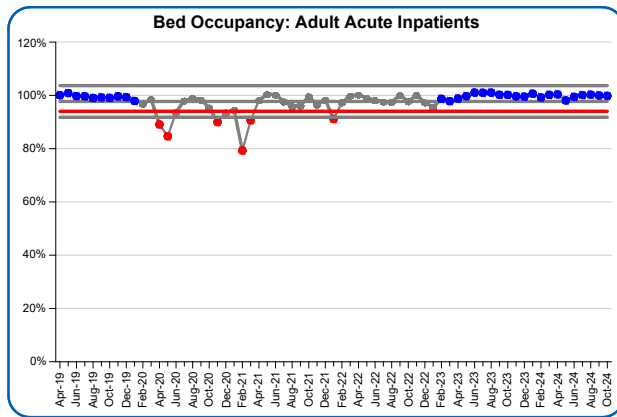
Contractual Target 94%: October 99.8%

Bed Occupancy: Older Peoples Inpatients
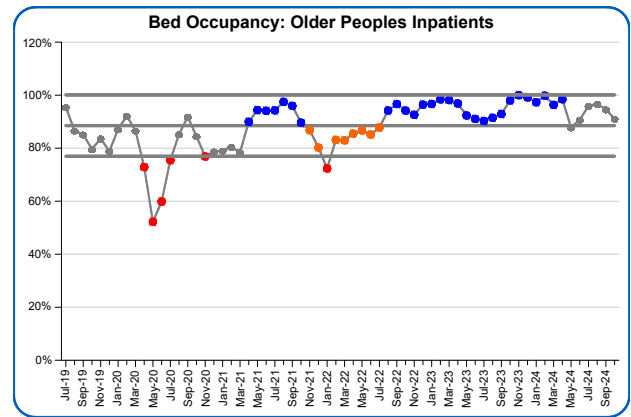
Local measure and target : October 91.1%

SPC Chart Key

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

Average Length of Stay (days): current adult acute inpatients (month end snapshot)
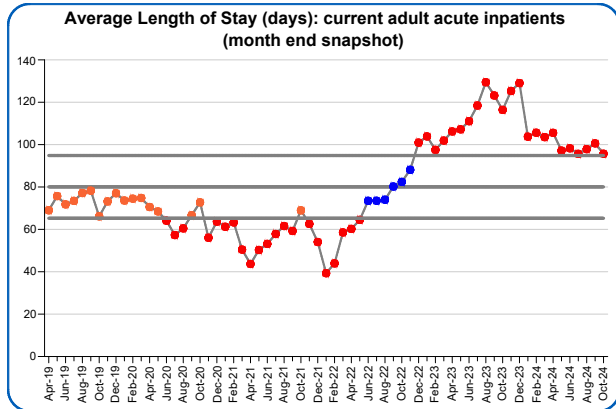
Local tracking measure: October 96 days

Average Length of Stay (days): current older people inpatients (month end snapshot)
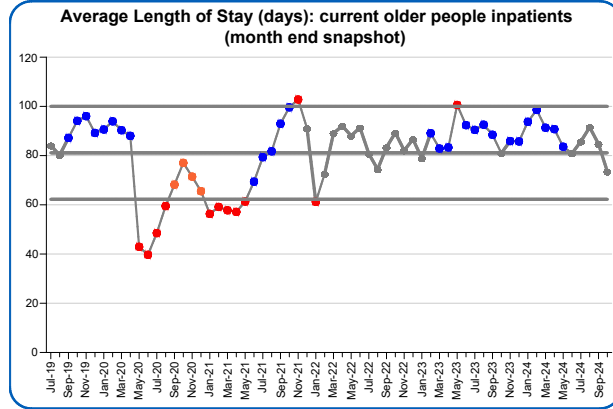
Local tracking measure: October 74 days

Adult Acute inpatient discharged length of stay greater than 60 days

National (LTP): October 36.2%

Older people inpatient discharged length of stay greater than 90 days
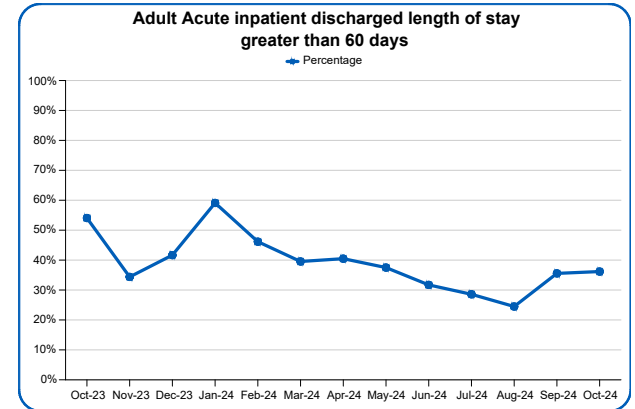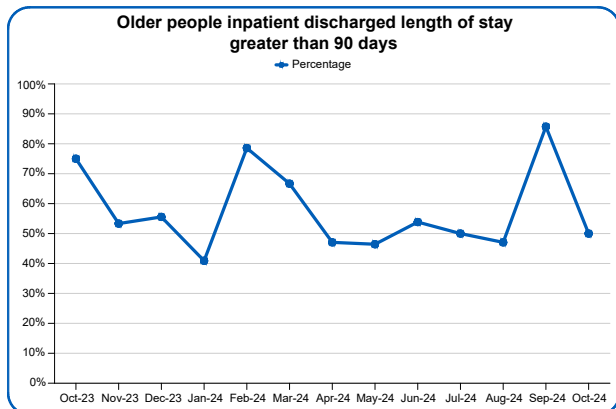
National (LTP): October 50.0%

Adult Acute Inpatient Length of Stay 31 Oct 24
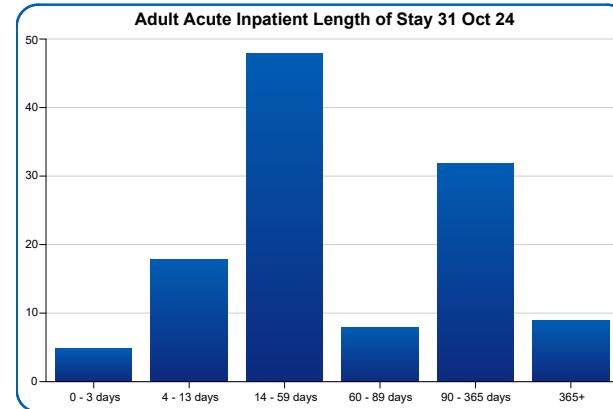
Local activity: 41 people with LOS 90+ days

Older People Inpatient Length of Stay 31 Oct 24
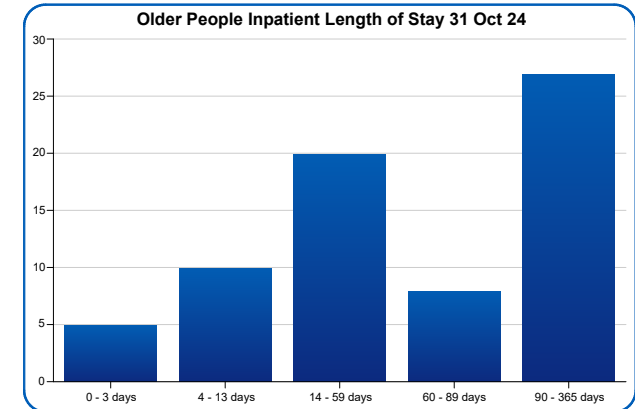
Local activity: 27 people with LOS 90+ days

Discharged Length of Stay Adult Acute Inpatient 01 Nov 23 to 31 Oct 24

Local activity: % discharged LOS 90+ days = 28.9%

Discharged Length of Stay Older People Inpatient 01 Nov 23 to 31 Oct 24
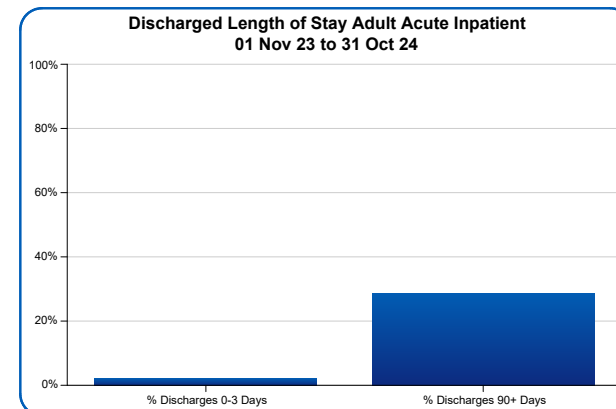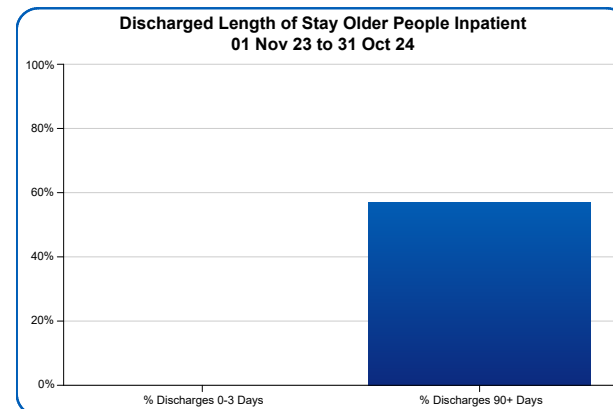
Local activity: % discharged LOS 90+ days = 57.2%

SPC Chart Key

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

Clinically Ready for Discharge: Percentage of all Trust bed days

Local tracking measure: October 18.0%
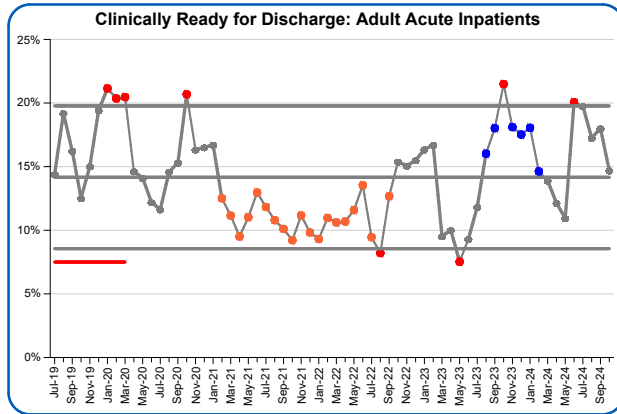
Clinically Ready for Discharge: Adult Acute Inpatients

Local tracking measure: October 14.7%

Clinically Ready for Discharge: Older Adults Inpatients

Local tracking measure: October 39.7%

**Progress against out of area trajectory:
Number of Active Inappropriate Placements at Month End**
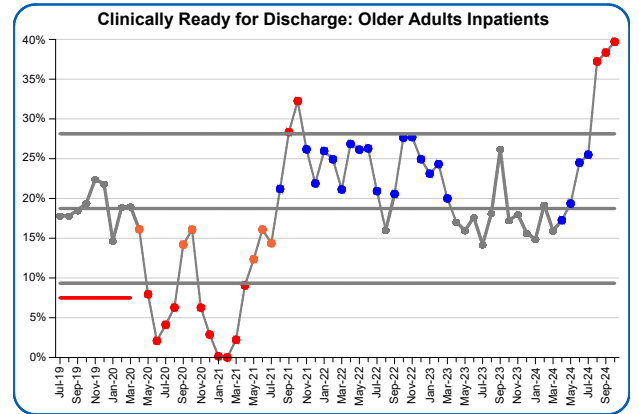
Actual — Agreed Trajectory
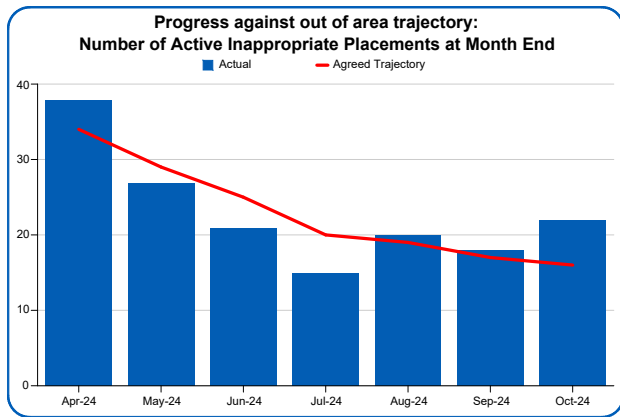
Nationally agreed trajectory (October: 16): October 22 active placements

Number of Inappropriate bed days in month

Actual — Agreed Trajectory

Local tracking measure: October 604 bed days

Inappropriate out of area bed days: monthly tracking
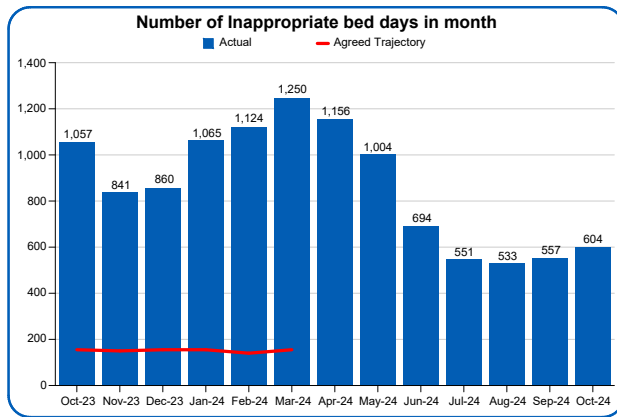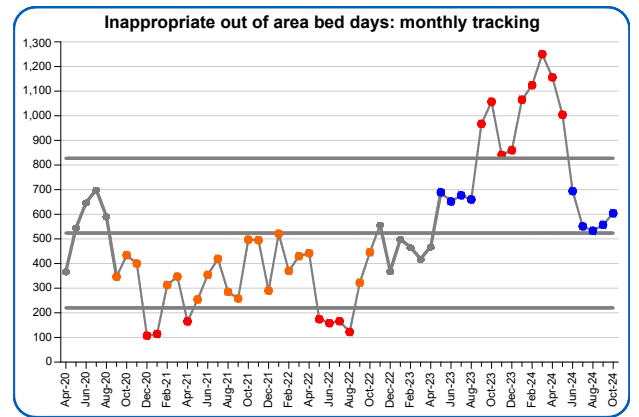
Local tracking measure: October 604 bed days

SPC Chart Key

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

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

Month	Value
Oct-23	903
Nov-23	661
Dec-23	723
Jan-24	896
Feb-24	933
Mar-24	998
Apr-24	927
May-24	821
Jun-24	598
Jul-24	475
Aug-24	421
Sep-24	429
Oct-24	453
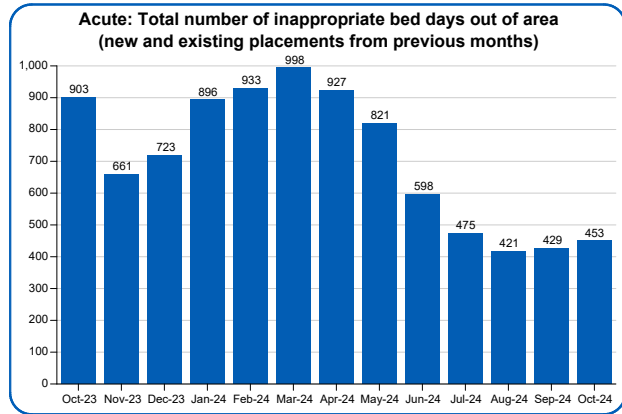
Nationally agreed trajectory (): October 453 days

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

Month	Value
Oct-23	154
Nov-23	180
Dec-23	137
Jan-24	169
Feb-24	191
Mar-24	250
Apr-24	204
May-24	169
Jun-24	96
Jul-24	76
Aug-24	104
Sep-24	128
Oct-24	151
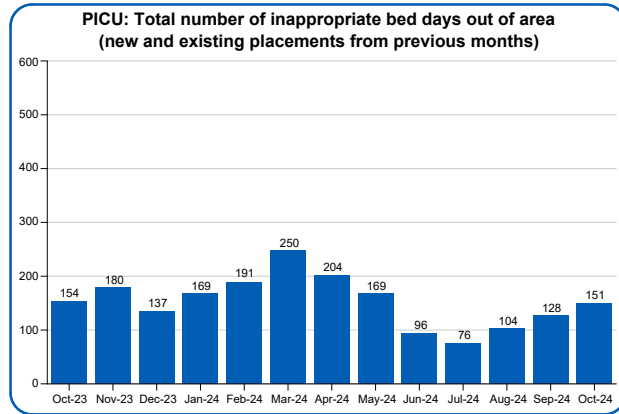
Nationally agreed trajectory (): October 151 days

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

Month	Value
Oct-23	0
Nov-23	0
Dec-23	0
Jan-24	0
Feb-24	0
Mar-24	2
Apr-24	25
May-24	14
Jun-24	0
Jul-24	0
Aug-24	8
Sep-24	0
Oct-24	0
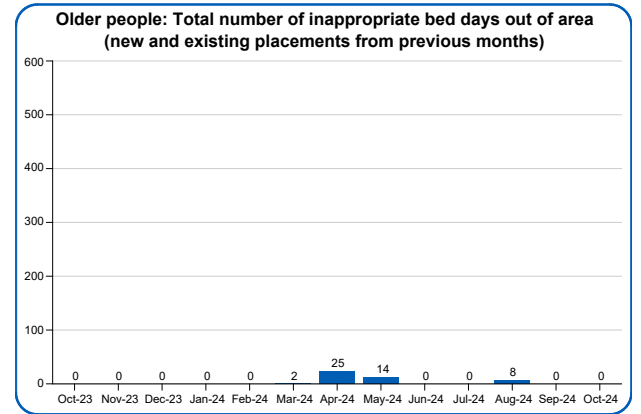
Local measure : October 0 days

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

Legend: Percentage — Target

Contractual target 80%: Q2 72.2%

Percentage of inpatients followed up within 3 days of discharge (HCP Commissioned Services)
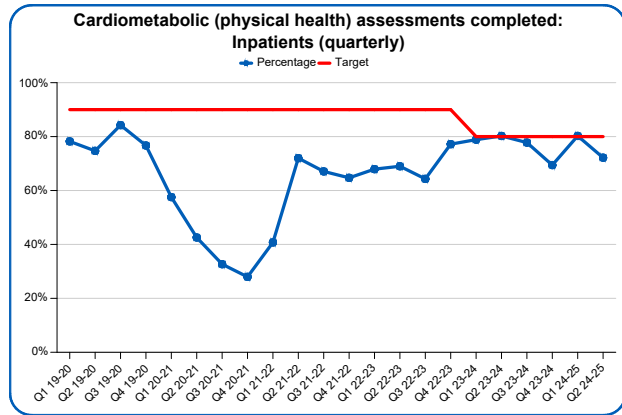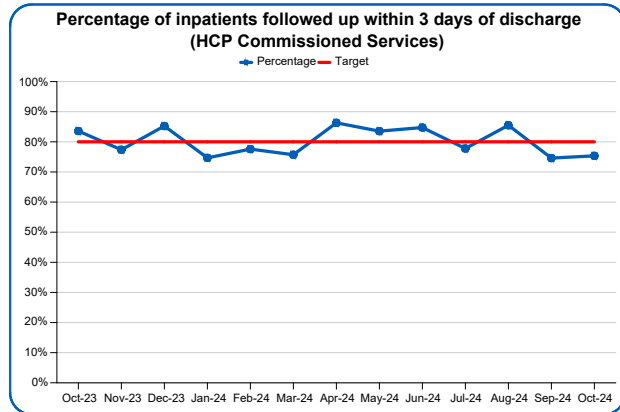
Contractual target 80%: October 75.3%

Percentage of inpatients followed up within 3 days of discharge (Trust-wide Services)
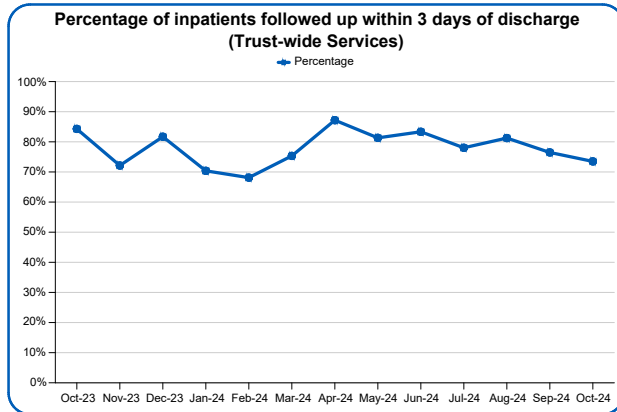
Local Tracking Measure 80%: October 73.5%

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

Local measure : October 3,225

Percentage of referrals to memory services seen within 8 weeks (quarter to date)
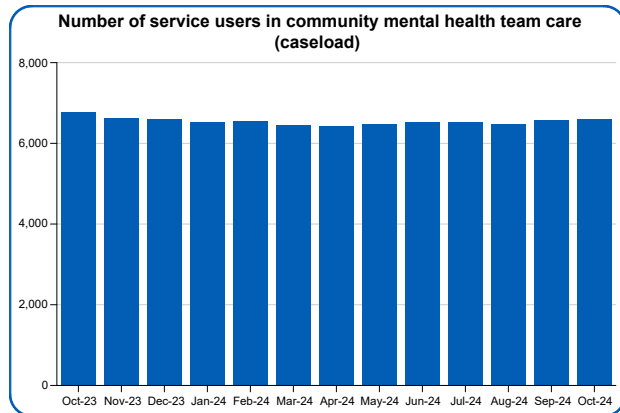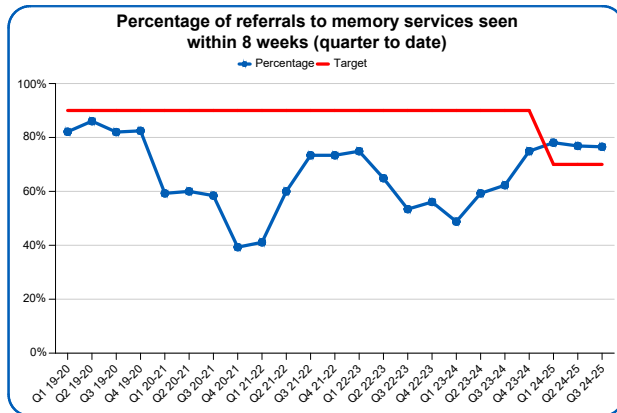
Contractual target 70%: Q3 24-25 76.5%

Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)
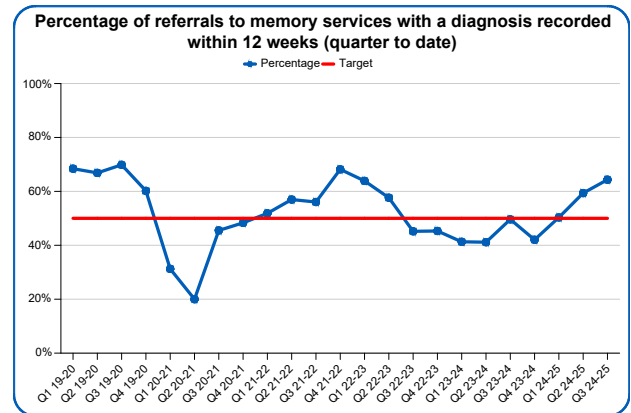
Contractual target 50%: Q3 24-25 64.3%

SPC Chart Key

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

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

Percentage ━ Target
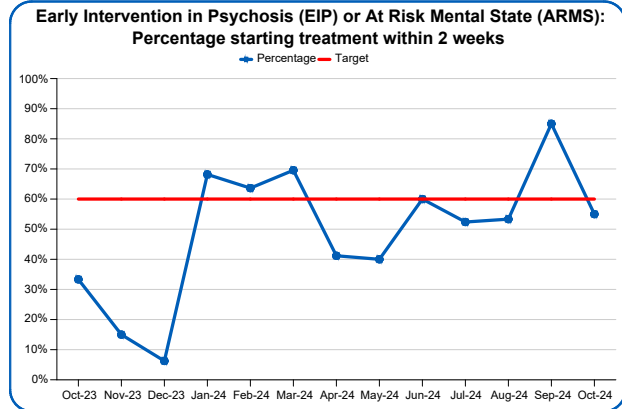
Contractual target 60%: October 55.0%

Early Intervention in Psychosis (EIP): Percentage of people discharged to Primary Care

Percentage
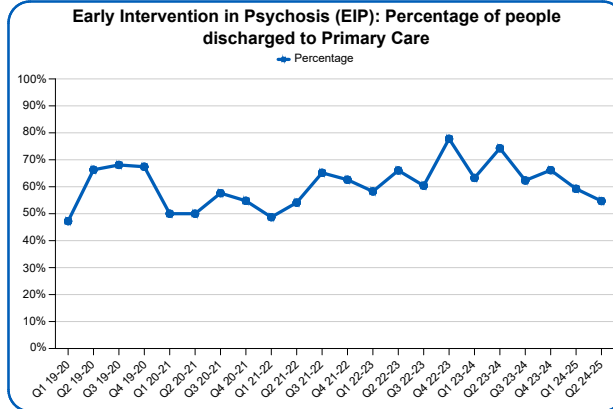
Contractual target tbc: Q2 54.7%

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

Percentage ━ Target
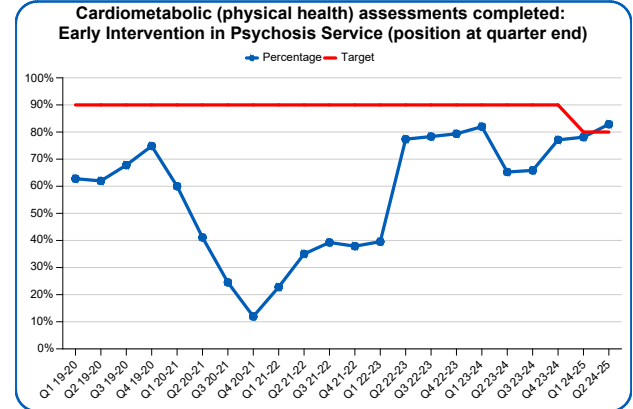
Contractual target 80%: Q2 82.9%

Data Quality Maturity Index (DQMI) (MHSDS)
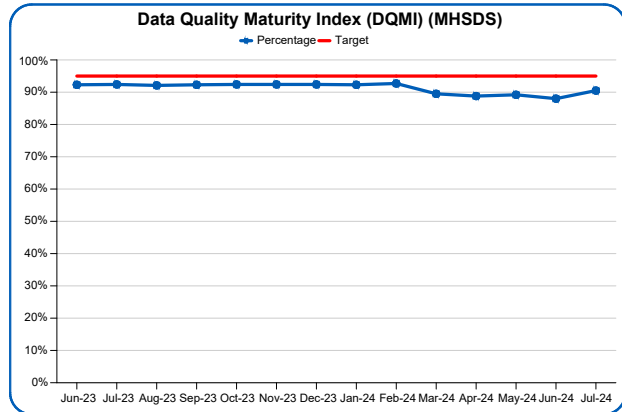
CQUIN / NHSOF Target 95%: July 90.5%

Percentage of service users with NHS Number recorded

Local measure: October 99.4%

Percentage of service users with ethnicity recorded

Local measure: October 81.5%

Percentage of service users with sexual orientation recorded
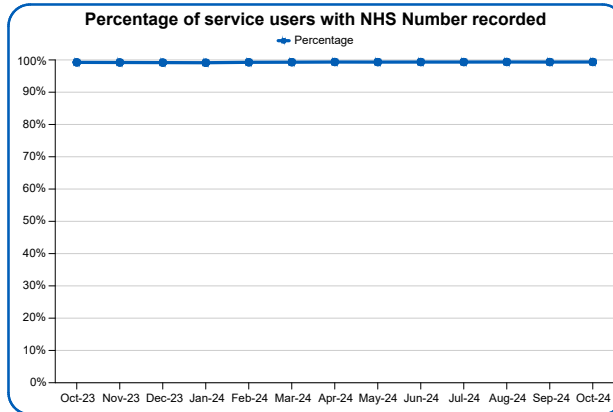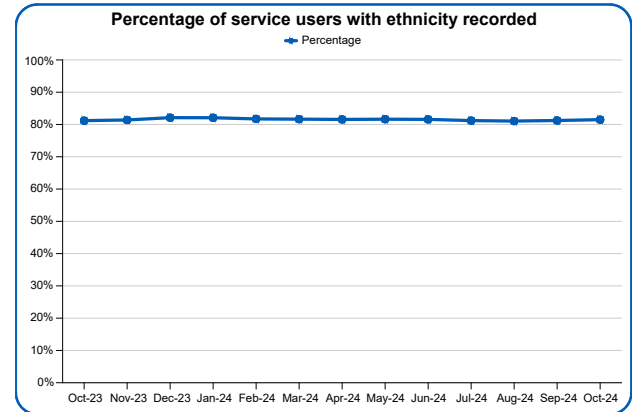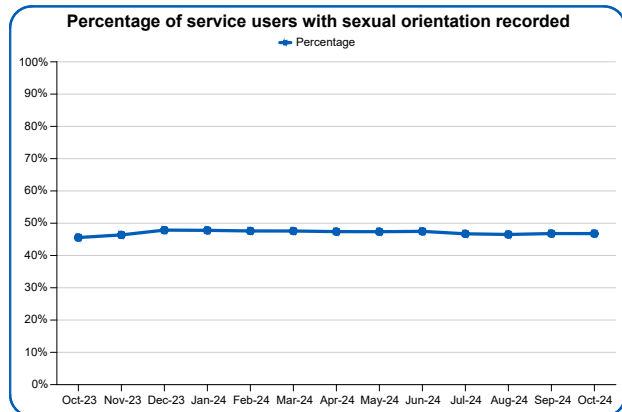
Local measure: October 46.8%

Glossary

Services: Access & Responsiveness: Our response in a crisis

Percentage of crisis calls (via the single point of access) answered within 1 minute	Of all the telephone calls made to our crisis line that were answered, the proportion that were answered within 1 minute.
Percentage of ALPS referrals responded to within 1 hour	Of all the referrals from Accident & Emergency, to the Acute Liaison Psychiatry Service (ALPS) that were assessed, the proportion that were assessed within 1-hour.
Percentage of S136 referrals assessed within 3 hours of arrival	Of all the Section 136 (S136) referrals assessed, the proportion that were assessed within 3-hours of arrival at the Place of Safety
Number of S136 referrals assessed	The number of Section 136 (S136) referrals receiving their first face-to-face mental health assessment after they were detained under S136.
Number of S136 detentions over 24 hours	Number of Section 136 (S136) detentions that exceeded the 24-hour review period.
Percentage of appropriate crisis referrals seen face to face for assessment within 4 hours of referral	Of all the referrals receiving a face-to-face assessment following referral to the crisis service, the proportion that were assessed within 4-hours of referral.
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	Of all the referrals discharged from Crisis Resolution or Intensive Support Service (CRISS), the proportion that had a length of referral of 6-weeks or less at the time of discharge.
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	Of all the referrals discharged from Crisis Resolution or Intensive Support Service (CRISS) that were open for at least 7-days, the proportion that had at least 5 successful face-to-face contacts during the first 7-days of service involvement.
Percentage of CRISS caseload where source of referral was acute inpatients	Of all the referrals open to the Intensive Support Service (ISS) at the end of the period, the proportion that were an inpatient at the time of referral.

Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services

Gender Identity Service: Number on waiting list	The number of referrals open at the end of the period where the service user was waiting for an assessment
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	For all the referrals in Deaf Child and Adolescent Mental Health Services (CAMHS) receiving their first face-to-face or video contact during the period, the average number of days between referral and the first contact.
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	Of all the referrals to a Community Learning Disability Team that received their first attended, direct contact in the period, the proportion where the contact took place within 28-days of referral.
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	Of all the Leeds Autism Diagnostic Service (LADS) referrals receiving their first direct, attended assessment taking place face-to-face or by video, with an 'Autism Assessment' intervention recorded as part of the contact in the period, the proportion where the assessment took place within 91-days of referral.
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	Of all the admissions to a Child and Adolescent Mental Health Services (CAMHS) ward that received either a Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) or Goal Based Outcomes (GBO) assessment, the proportion where either assessment took place within 7-days of admission.
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	Of all the referrals to the Perinatal Community service with an 'Emergency' or 'Urgent' referral priority that received a first direct, attended contact in the period, the proportion where the contact took place within 48-hours of referral.
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	Of all the referrals to the Perinatal Community service with a 'Routine' referral priority that received a first direct, attended face-to-face or video contact in the period, the proportion where the contact took place within 14-days of referral.
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	The total number of women with a direct, attended, face-to-face or video contact, during the 12-months ending in the period; women seen multiple times are counted once.
Perinatal Community: Face to Face DNA Rate (quarterly)	Of all the face-to-face, attended and did not attend (DNA), contacts with the Perinatal Community Team in the period, the proportion of face-to-face contacts that the service user did not attend.

Services: Our acute patient journey	
Number of admissions to adult facilities of patients who are under 16 years old	Number of admissions to inpatient services, excluding Child and Adolescent Mental Health Services (CAMHS), where the service user was aged under 16 on the day of admission.
Crisis Assessment Unit (CAU) bed occupancy	Of the total number of available beds on the ward and the number of days each bed was available, the proportion of those days where a bed was occupied. For example, on a 10-bed ward in the month of April where no beds were unavailable due to maintenance/repairs, etc., there are 300 available bed days. Where there were service users in beds for 150 of those days, this would result in 50% occupancy.
Crisis Assessment Unit (CAU) length of stay at discharge	For all the discharges from the Crisis Assessment Unit in the period, the average number of days each service user stayed on the ward.
Liaison In-Reach: attempted assessment within 24 hours	Of all the service users assessed by Hospital Mental Health Inreach following referral from Leeds Teaching Hospitals Trust (LTHT), the proportion that were assessed within 24-hours of referral.
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	Of the total number of beds available in the period on Adult Acute wards, excluding Psychiatric Intensive Care Unit (PICU), the proportion where a service user was occupying the bed.
Bed Occupancy rates for individual wards (multiple measures)	Of the total number of beds available in the period on the ward, the proportion where a service user was occupying the bed, including any leave days.
Percentage of CRFD	Of the total number of occupied bed days in the period, the proportion where the service user was ready for discharge from inpatient care.
Out of Area Trajectory Active Placements at Month End (multiple measures)	The total number of out of area placements active at the end of the period, where the placement was not the result of patient choice e.g. where a staff member needed inpatient care.
Total: Number of out of area placements beginning in month (multiple measures)	The total number of all out of area placements that begin during the period.
Total: Total number of bed days out of area (new and existing placements from previous months) (multiple measures)	The total number of occupied bed days that take place as part of an out of area placement during the period, regardless of whether the placement started during or before the period.
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	Of the number of service user on a ward at the end of the period, the proportion with all elements of the cardiometabolic assessment completed within the same admission, and during the previous 12-months.
Services: Our Community Care	
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	Of all discharges from Trust inpatient services, the proportion where the service user received a direct, attended, face-to-face, video or telephone contact within 3-days of discharge (excluding day of discharge).
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	Of all discharges from Trust Leeds Healthcare Partnership (HCP) commissioned inpatient services, the proportion where the service user received a direct, attended, face-to-face, video or telephone contact within 3-days of discharge (excluding day of discharge).
Number of service users in community mental health team care (caseload)	Number of service users allocated to a named member of staff in an Adult or Older People's community team at the end of the period (waiting list allocations are excluded).
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	Of the number of service users referred to the Memory Assessment Service (MAS) from an external source that do not have a prior Dementia diagnosis, that receive a first direct, attended face-to-face or video contact, the proportion that receive the first contact within 8-weeks of referral.
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	Of all the referrals where the service user receives a Dementia diagnosis in the period, the proportion where the diagnosis was given within 12-weeks of referral.
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	Of the referrals where a care coordinator allocation starts in the period, or the first direct, attended, face-to-face, video or telephone contact in the referral took place in the period, the proportion where the latest of these two events, took place within 14-days of referral.
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	Of all the referrals discharged from the Early Intervention in Psychosis service in the period, the proportion where the service user was referred back to Primary Care.
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	Of the total number of referrals open to the Early Intervention in Psychosis (EIP) service with a care coordinator allocation active at the end of the period, the proportion with all elements of the cardiometabolic assessment completed during the previous 12-months.

Services: Clinical Record Keeping	
Percentage of service users with NHS Number recorded	Of all the referrals open during the period, the proportion where the service user's NHS number is recorded on their CareDirector record.
Percentage of service users with ethnicity recorded	Of all the referrals open during the period, the proportion where the service user's ethnicity is recorded on their CareDirector record. Where a service user declines to provide an answer, this is counted as complete; however, any ethnicity recorded as 'Unknown' is not counted as complete.
Percentage of service users with sexual orientation recorded	Of all the referrals open during the period, the proportion where the service user's sexual orientation is recorded on their CareDirector record. Where a service user declines to provide an answer or their sexual orientation is recorded as 'Unknown', this is counted as incomplete.
Services: Clinical Record Keeping - DQMI	
DQMI (MHSDS) % Quality %	The Data Quality Maturity Index (DQMI), is a weighted score based on the completeness and quality of several fields in the Trust's Mental Health Services Dataset (MHSDS) submissions to NHS Digital. The score is derived by NHS Digital from the MHSDS submission and published on their website 3-4 months later.