

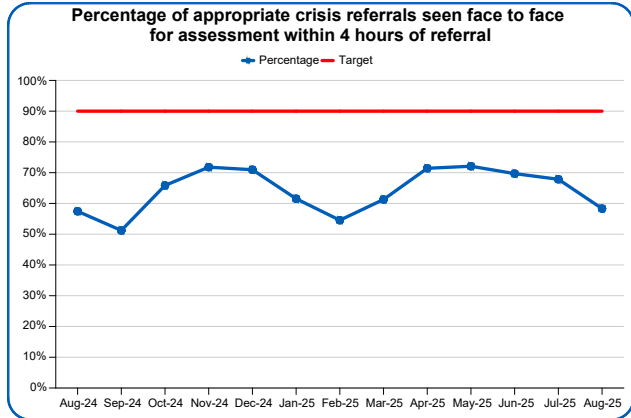
## Service Performance - Chief Operating Officer

Services: Access & Responsiveness: Our response in a crisis	Target	Jun 2025	Jul 2025	Aug 2025
Percentage of ALPS referrals responded to within 1 hour	-	72.5%	60.2%	64.2%
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%	69.7%	67.9%	58.3%
Percentage of service users who stayed on CRISS caseload for less than 6 weeks	70.0%	92.7%	88.0%	86.7%
Percentage of service users seen or visited at least 5 times within first week of receiving CRISS support	50.0%	33.6%	35.4%	33.3%
Percentage of CRISS caseload where source of referral was acute inpatients	-	7.5%	11.5%	8.7%
Services: Access & Responsiveness to Learning Disabilities, Regional & Specialist Services	Target	Jun 2025	Jul 2025	Aug 2025
Gender Identity Service: Number on waiting list	-	6,756	6,879	6,899
Deaf CAMHS: average wait from referral to first face to face (inc. telemedicine) contact in days	-	189.36	153.44	225.55
Community LD: Percentage of referrals seen within 4 weeks of receipt of referral	75.0%	64.5%	64.0%	69.7%
Leeds Autism Diagnostic Service (LADS): Assessment to Diagnostic Decision within 26 Weeks (quarterly)	-	64.7%	-	-
Leeds Autism Diagnostic Service (LADS): Percentage starting assessment within 13 weeks (quarterly)	-	14.5%	-	-
CAMHS inpatients: Proportion of people assessed within 7 days of admission (HoNOSCA / GBO) (quarterly)	100.0%	81.2%	-	-
Perinatal Community: Percentage waiting less than 48 hours for first contact (urgent/emergency) (quarterly)	-	75.0%	-	-
Perinatal Community: Percentage of routine referrals waiting less than 2 weeks for assessment (quarterly)	85.0%	87.5%	-	-
Perinatal Community: Total number of distinct women seen in rolling 12 months (quarterly)	950	936	-	-
Perinatal Community: Face to Face DNA Rate (quarterly)	-	8.5%	-	-
Services: Our acute patient journey	Target	Jun 2025	Jul 2025	Aug 2025
Number of admissions to adult facilities of patients who are under 16 years old	-	0	0	0
Crisis Assessment Unit (CAU) bed occupancy	-	73.3%	89.2%	84.9%
Crisis Assessment Unit (CAU) length of stay at discharge	-	17.75	14.79	11.17
Liaison In-Reach: attempted assessment within 24 hours	90.0%	82.0%	82.4%	84.9%
Bed Occupancy rates for (adult acute excluding PICU) inpatient services:	-	101.2%	101.5%	101.3%
Becklin Ward 1 (Female)	-	105.2%	105.6%	103.2%
Becklin Ward 3 (Male)	-	100.2%	97.5%	99.7%
Becklin Ward 4 (Male)	-	100.5%	104.8%	102.8%
Becklin Ward 5 (Female)	-	100.5%	99.9%	101.2%
Newsam Ward 4 (Male)	-	99.8%	99.5%	99.7%
Older adult (total)	-	85.9%	84.1%	91.3%
The Mount Ward 1 (Male Dementia)	-	88.6%	76.3%	95.2%
The Mount Ward 2 (Female Dementia)	-	56.7%	59.8%	80.4%
The Mount Ward 3 (Male)	-	98.0%	93.5%	88.5%
The Mount Ward 4 (Female)	-	93.3%	97.5%	99.2%

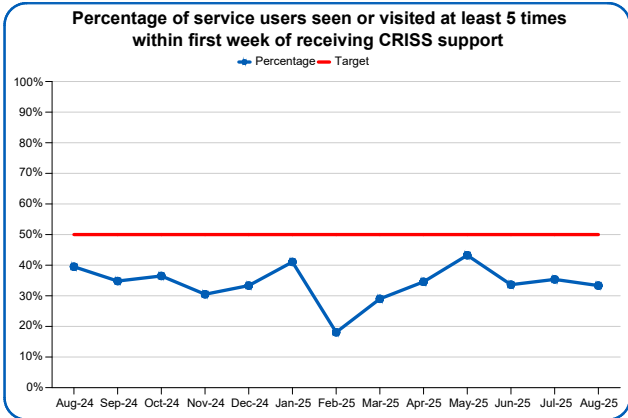
## Service Performance - Chief Operating Officer

Services: Our acute patient journey	Target	Jun 2025	Jul 2025	Aug 2025
Percentage of Occupied Bed Days Clinically Ready for Discharge	-	34.5%	32.9%	29.6%
Out of Area Trajectory Active Placements at Month End	11	31	36	36
Total: Number of out of area placements beginning in month	-	23	23	15
Total: Total number of bed days out of area (new and existing placements from previous months)	-	703	990	1,037
Acute: Active Placements at Month End	-	25	32	33
Acute: Number of out of area placements beginning in month	-	16	20	13
Acute: Total number of bed days out of area (new and existing placements from previous months)	-	591	840	951
PICU: Active Placements at Month End	-	6	4	3
PICU: Number of out of area placements beginning in month	-	7	3	2
PICU: Total number of bed days out of area (new and existing placements from previous months)	-	112	150	86
Older people: Active Placements at Month End	-	0	0	0
Older people: Number of out of area placements beginning in month	-	0	0	0
Older people: Total number of bed days out of area (new & existing placements from previous months)	-	0	0	0
Cardiometabolic (physical health) assessments completed: Inpatients (quarterly)	80.0%	56.5%	-	-
Services: Our Community Care	Target	Jun 2025	Jul 2025	Aug 2025
Percentage of inpatients followed up within 3 days of discharge (Trust Level monthly local tracking)	80.0%	83.7%	74.1%	85.0%
Percentage of inpatients followed up within 3 days of discharge (HCP commissioned services only)	80.0%	85.7%	72.4%	84.7%
Number of service users in community mental health team care (caseload)	-	3,526	3,506	3,522
Percentage of referrals to memory services seen within 8 weeks (quarter to date)	70.0%	70.2%	84.5%	80.9%
Percentage of referrals to memory services with a diagnosis recorded within 12 weeks (quarter to date)	50.0%	55.6%	51.1%	50.4%
Early intervention in psychosis (EIP) or at risk mental state (ARMS): Percentage starting treatment within 2 weeks	60.0%	50.0%	62.5%	64.3%
Early intervention in psychosis (EIP) : Percentage of people discharged to primary care (quarterly)	-	67.2%	-	-
Cardiometabolic (physical health) assessments completed: Early Intervention in Psychosis Service (quarterly)	80.0%	54.3%	-	-
Services: Clinical Record Keeping	Target	Jun 2025	Jul 2025	Aug 2025
Percentage of service users with NHS Number recorded	-	99.7%	99.7%	99.7%
Percentage of service users with ethnicity recorded	-	81.0%	81.0%	81.1%
Percentage of service users with sexual orientation recorded	-	46.1%	45.8%	45.5%
Services: Clinical Record Keeping - DQMI	Target	Mar 2025	Apr 2025	May 2025
DQMI (MHSDS) % Quality %	95.0%	91.3%	90.6%	-

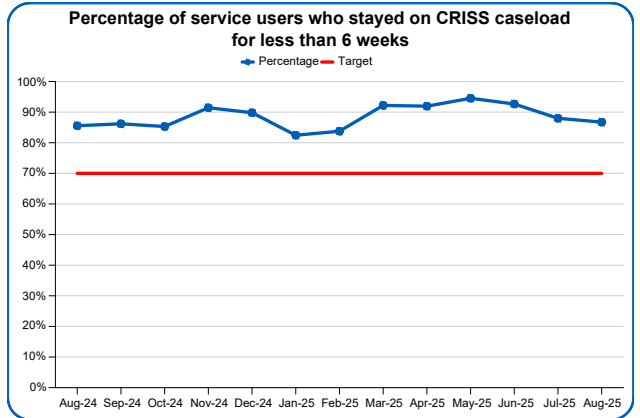
Services: Access & Responsiveness: Our Response in a crisis



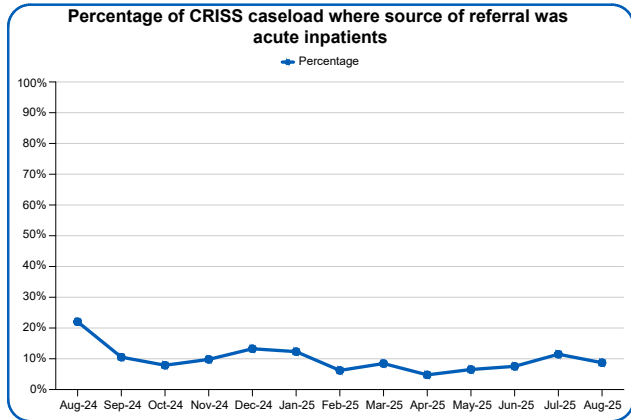
Contractual Target 90%: August 58.3%



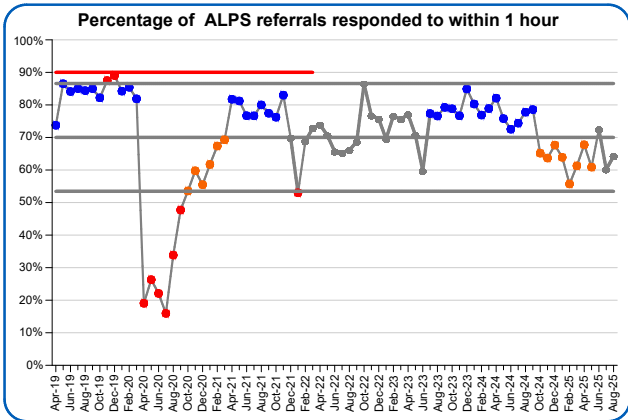
Contractual Target 50%: August 33.3%



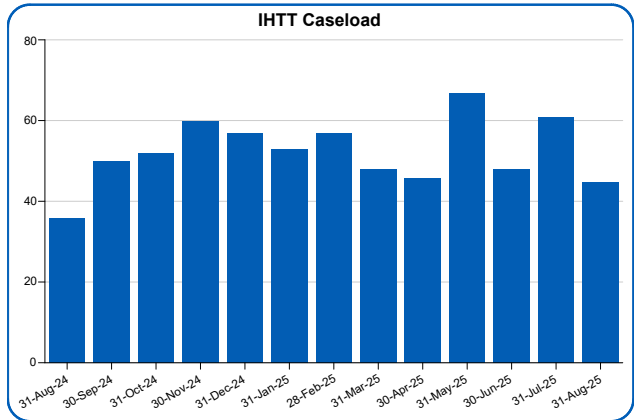
Contractual Target 70%: August 86.7%



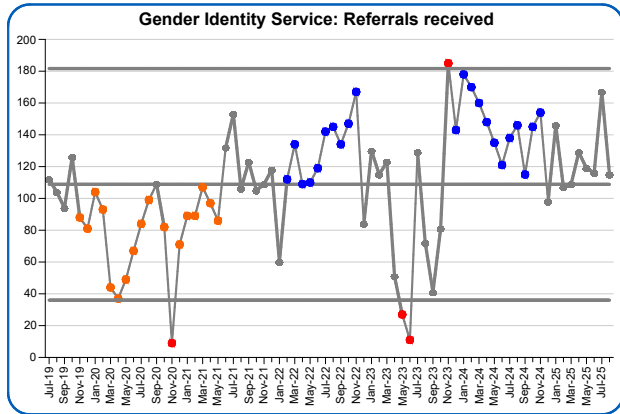
Contractual Target tba: August 8.7%



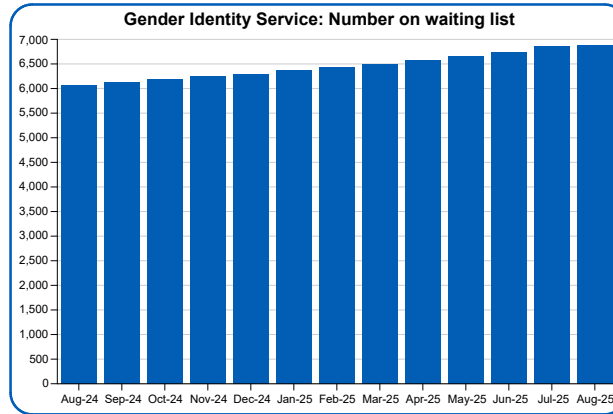
Contractual Target : August 64.2%



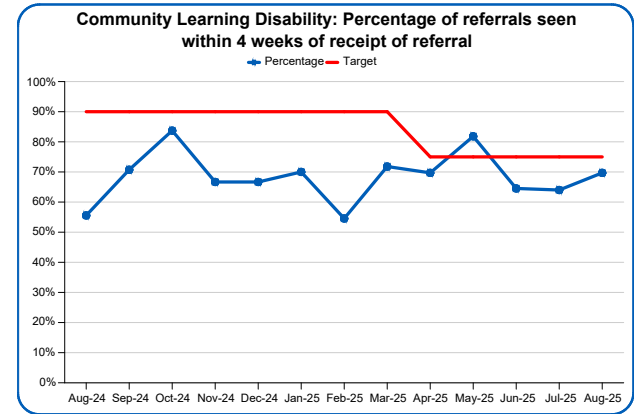
Caseload: August 45



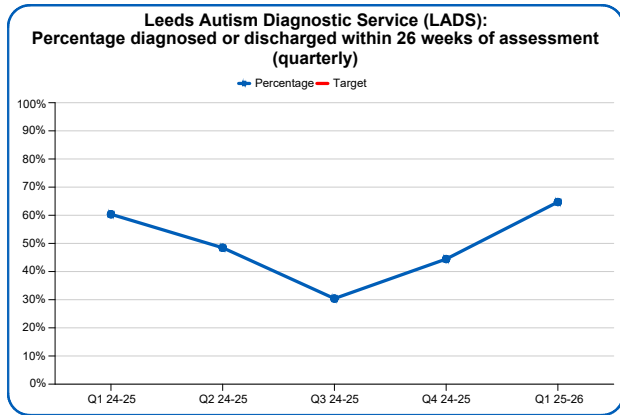
Total referrals: August 115



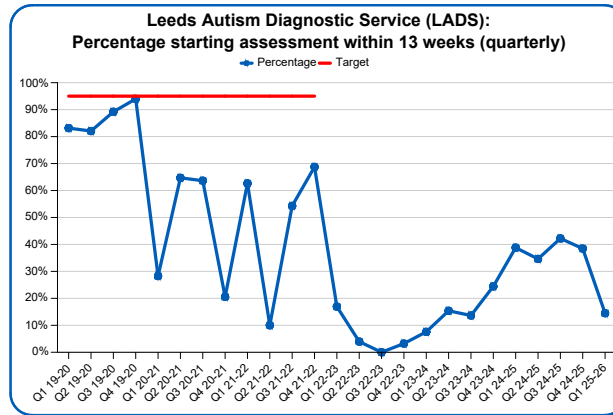
Number on waiting list: August 6,899



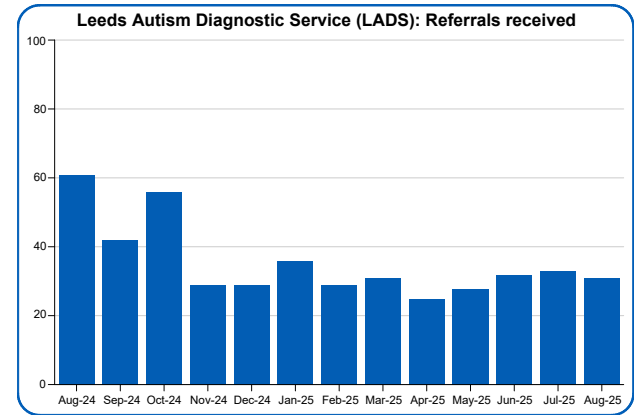
Contractual Target 75%: August 69.7%



Contractual Target : Q1 64.7%



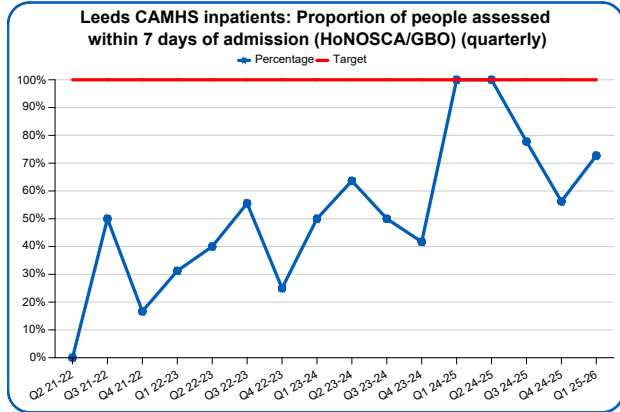
Contractual Target : Q1 14.5%



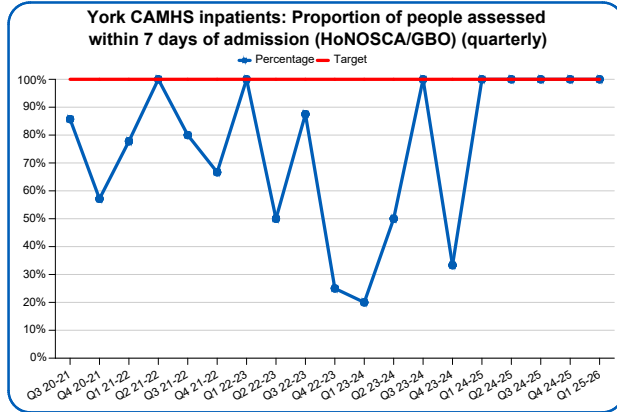
Local measure: August 31

SPC Chart Key

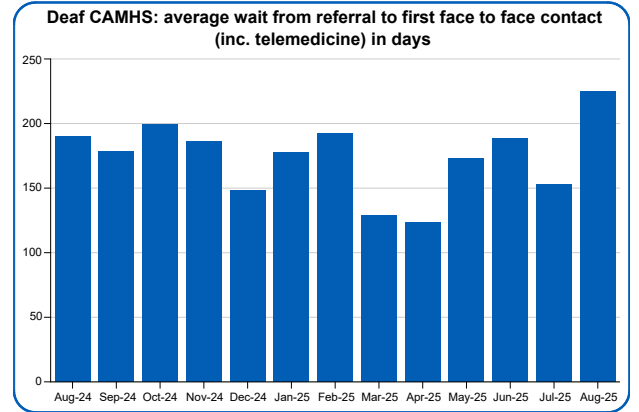
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- Actual
- Target



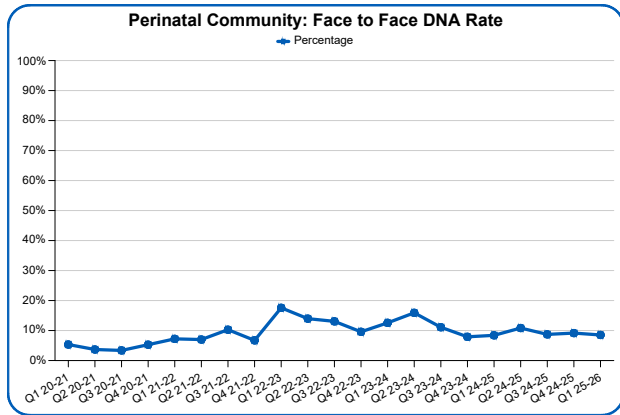
Contractual Target 100%: Q1 72.7%



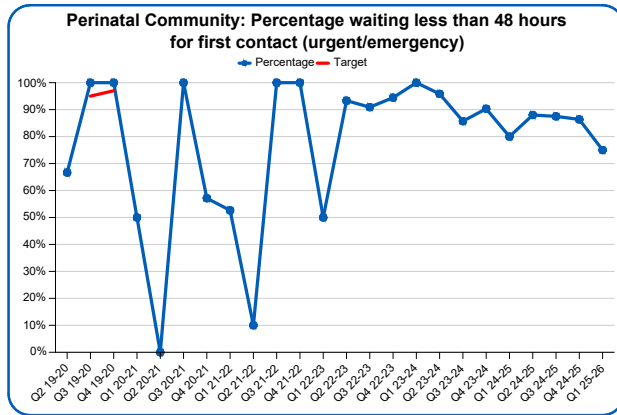
Contractual Target 100%: Q1 100.0%



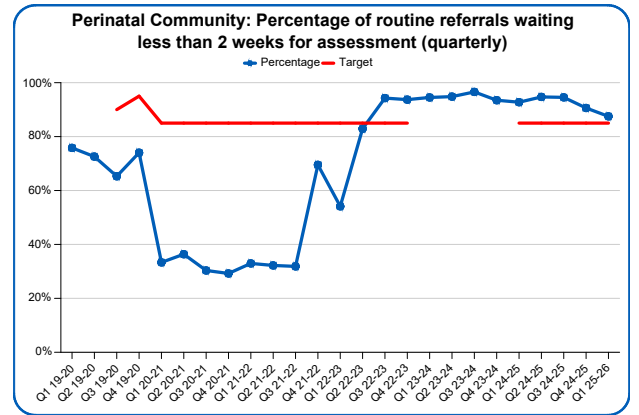
Local measure: August 226



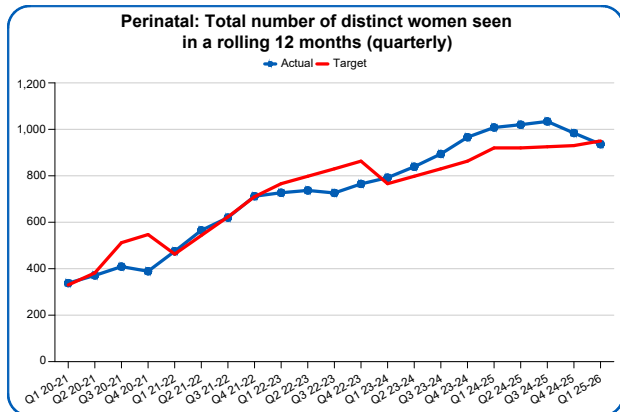
Contractual measure: Q1 8.5%



Contractual Target tba: Q1 75.0%

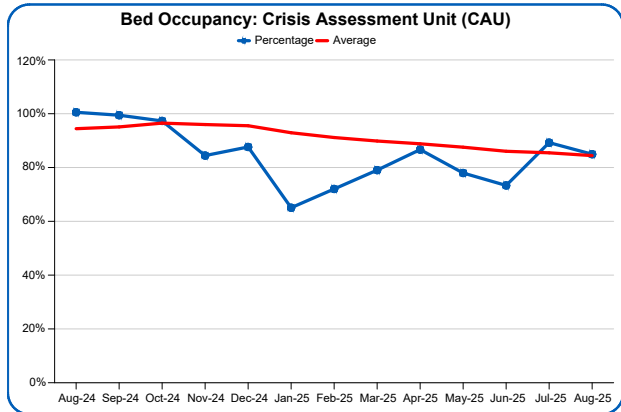
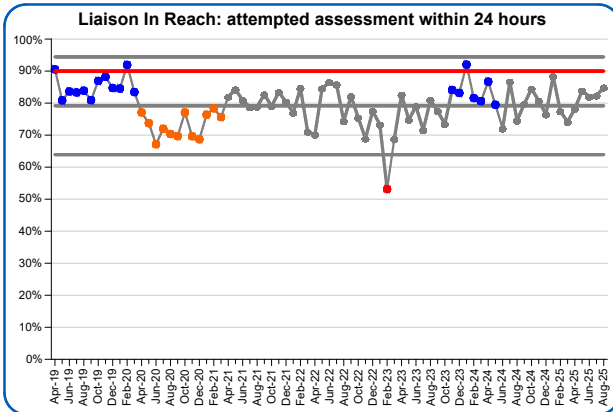
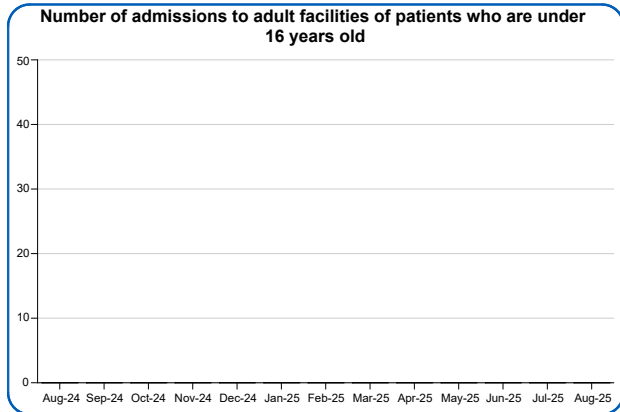


Contractual Target 85%: Q1 87.5%



Local measure 950: Q1 936

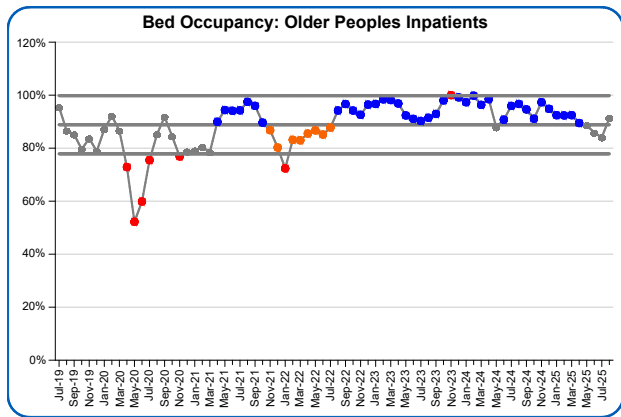
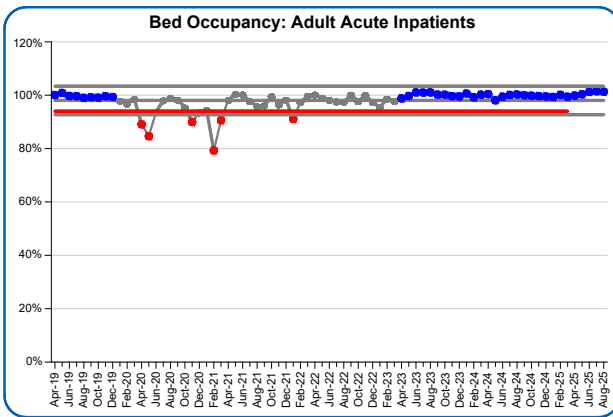
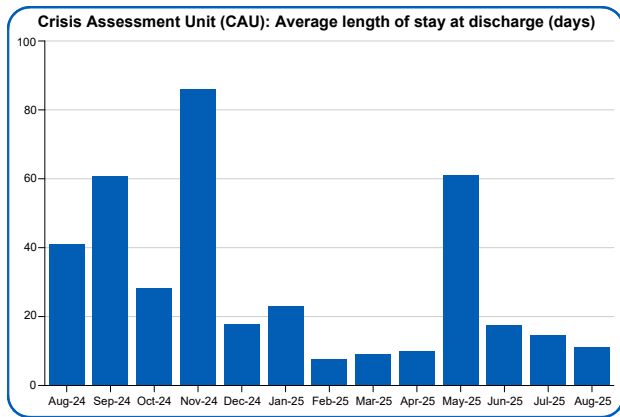
Services: Our acute patient journey



National (NOF) No target : August 0

Contractual Target 90%: August 84.9%

Local measure: August 84.9%



Local measure: August 11 days

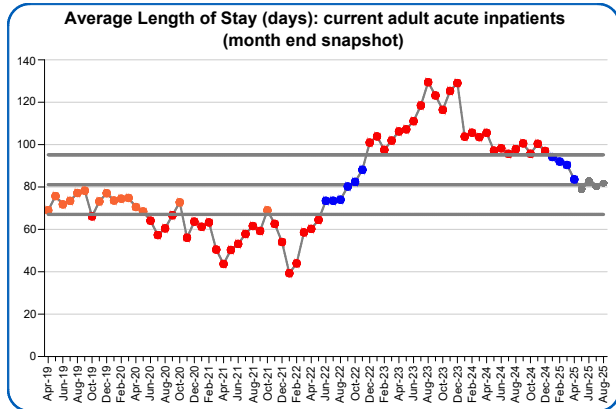
Contractual Target : August 101.3%

Local measure and target : August 91.3%

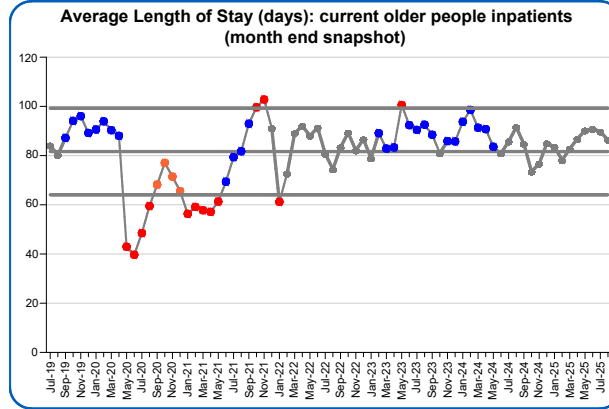
SPC Chart Key

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

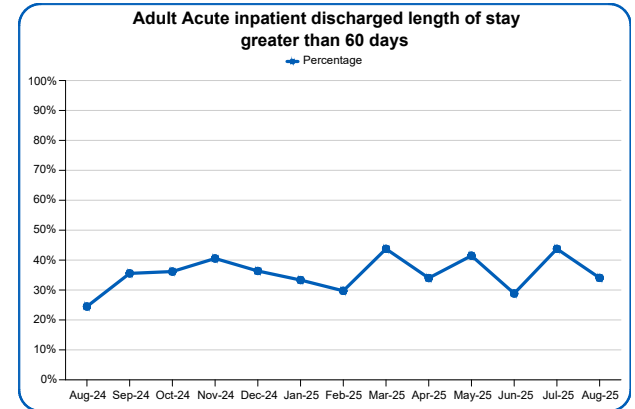
Services: Our acute patient journey (continued)



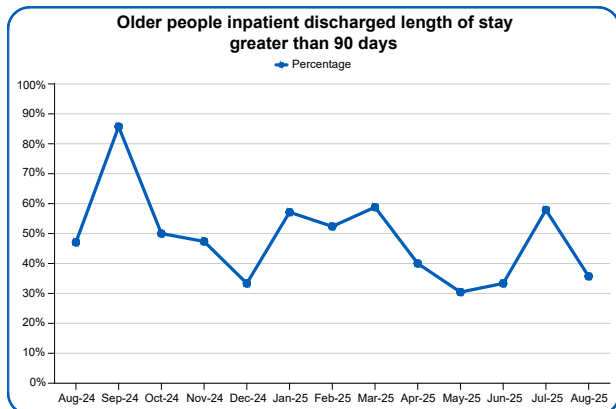
Local tracking measure: August 82 days



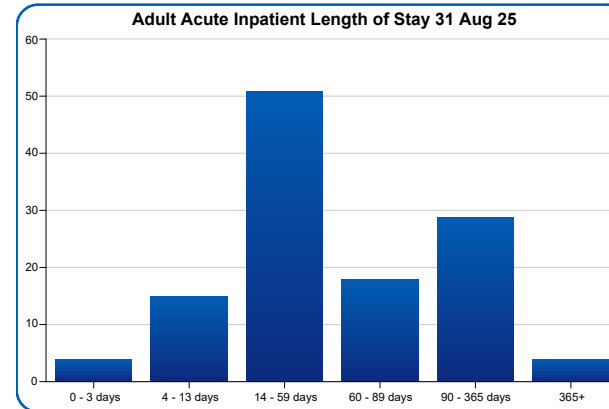
Local tracking measure: August 86 days



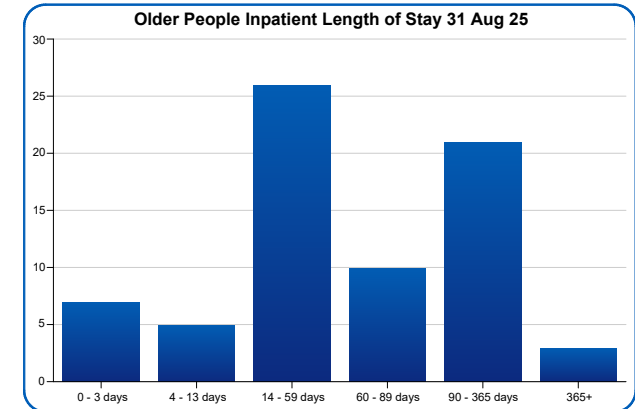
National (LTP): August 34.0%



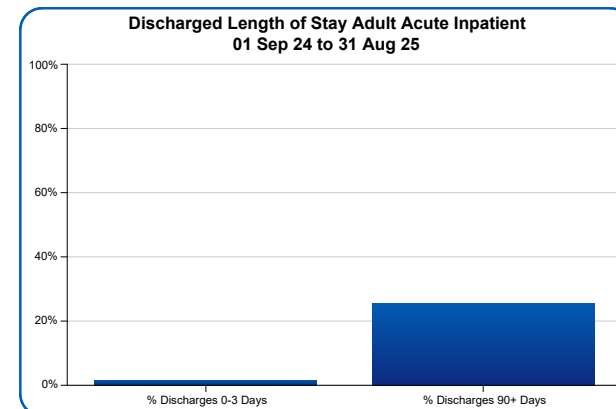
National (LTP): August 35.7%



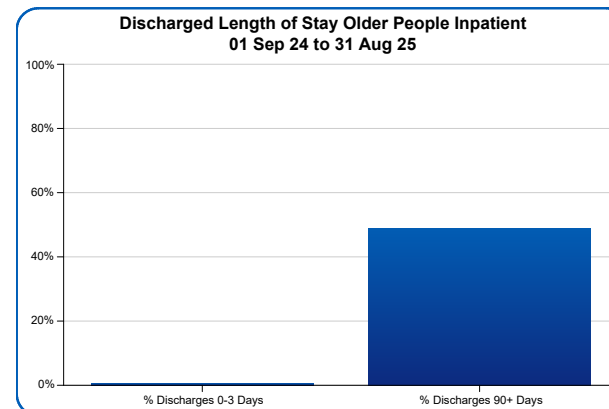
Local activity: 33 people with LOS 90+ days



Local activity: 24 people with LOS 90+ days



Local activity: % discharged LOS 90+ days = 25.9%

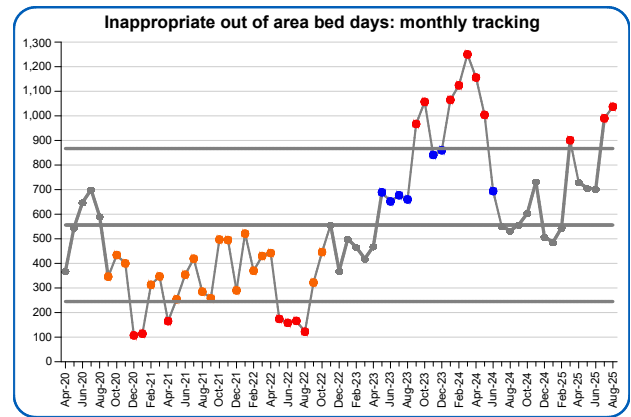
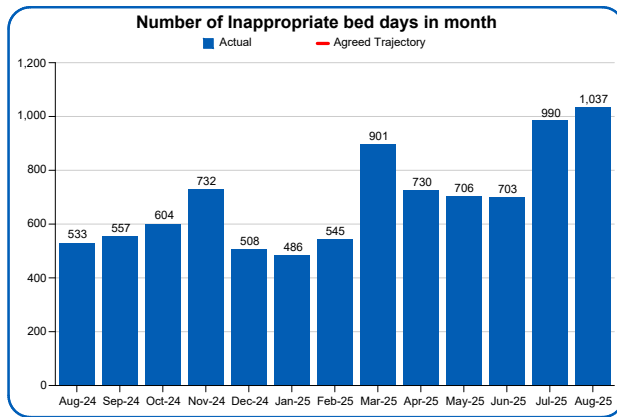
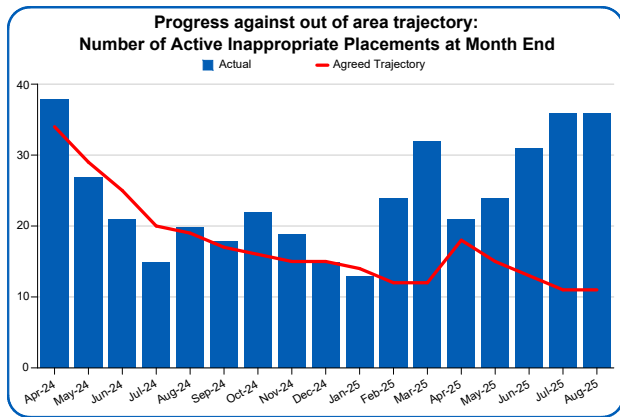
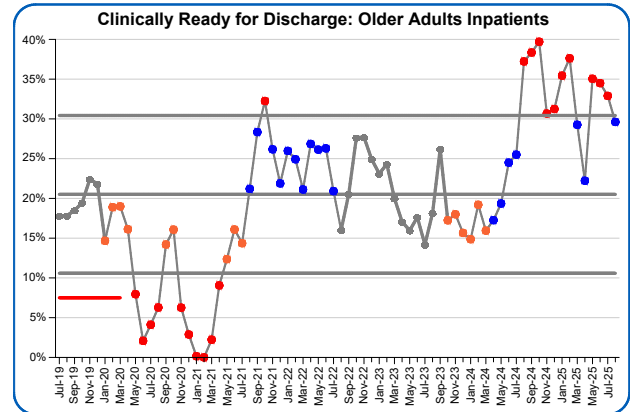
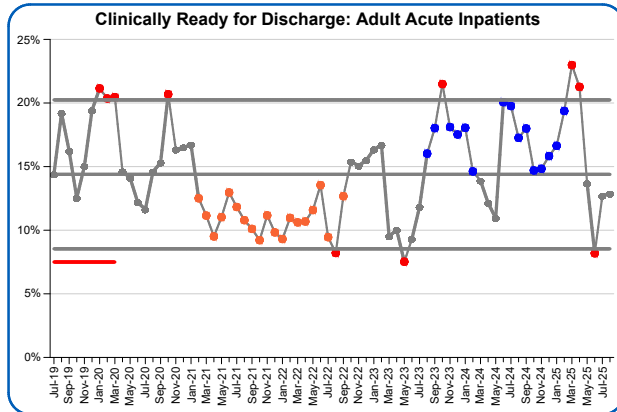
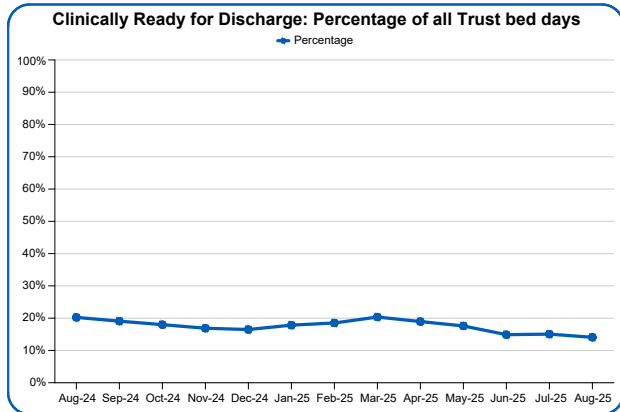


Local activity: % discharged LOS 90+ days = 49.1%

SPC Chart Key

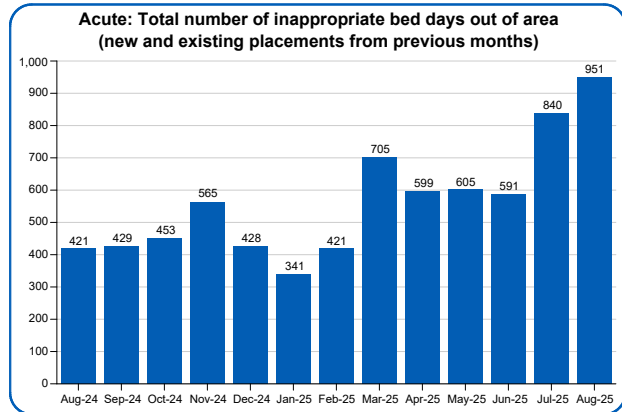
- Average
- Lower process limit
- Upper process limit
- Actual
- Target

Services: Our acute patient journey (continued)

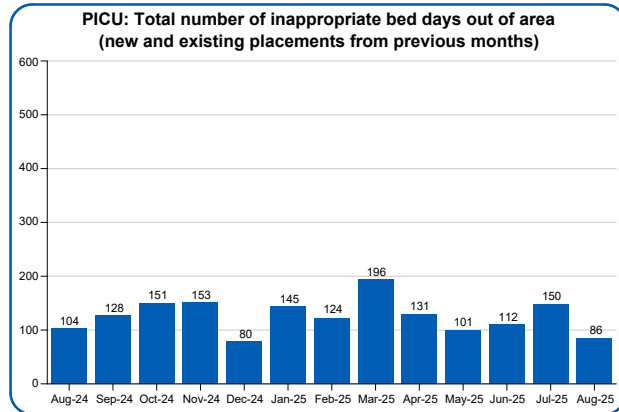


- SPC Chart Key**
- Average
  - Upper process limit
  - Lower process limit
  - Actual
  - Target

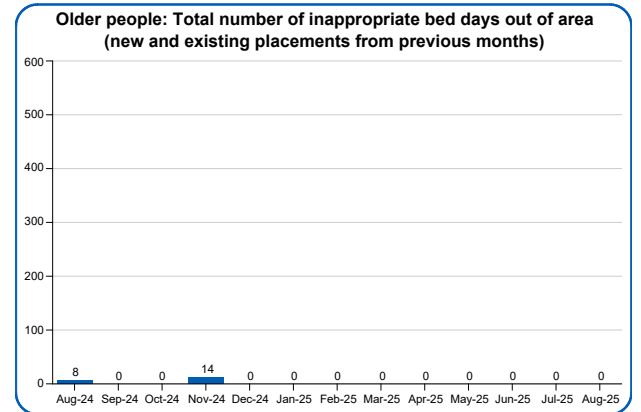
Services: Our acute patient journey (continued)



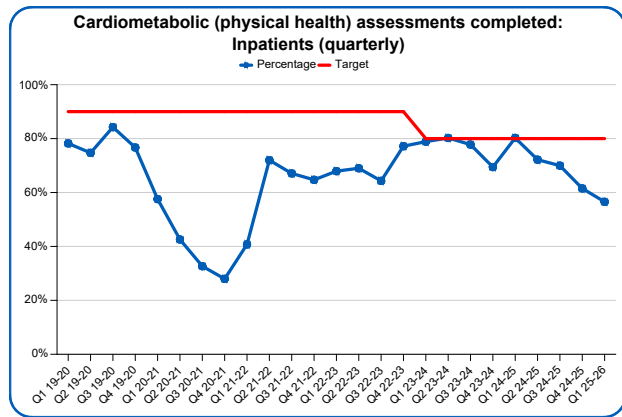
Nationally agreed trajectory (): August 951 days



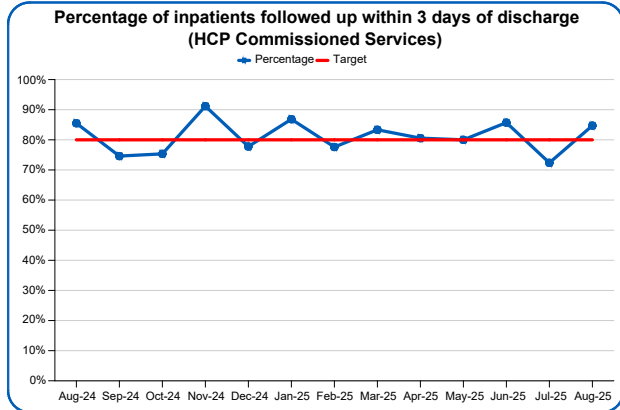
Nationally agreed trajectory (): August 86 days



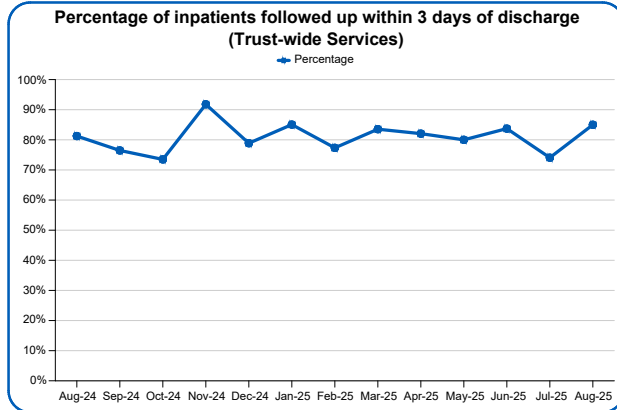
Local measure : August 0 days



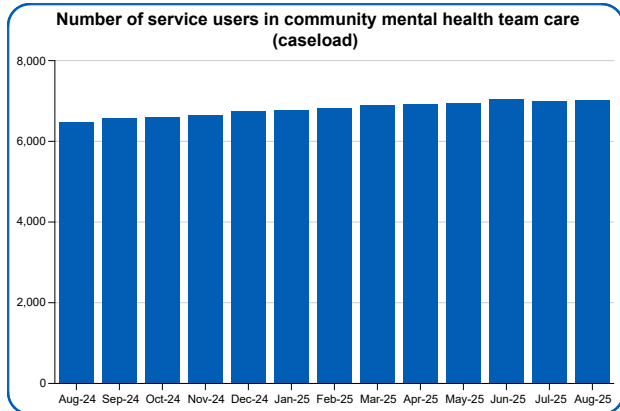
Contractual target 80%: Q1 56.5%



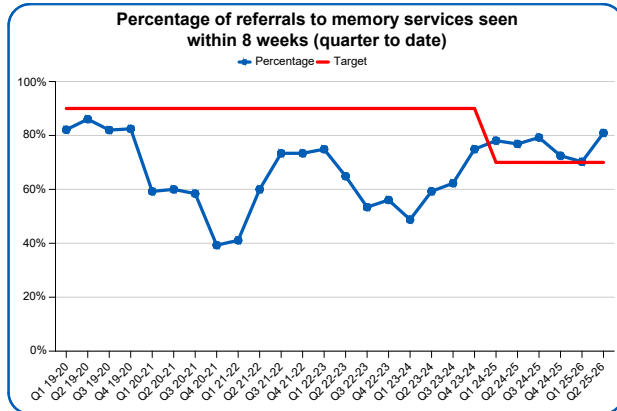
Contractual target 80%: August 84.7%



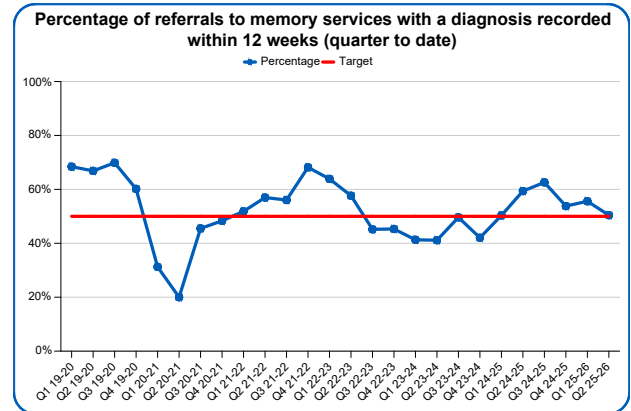
Local Tracking Measure 80%: August 85.0%



Local measure : August 3,250



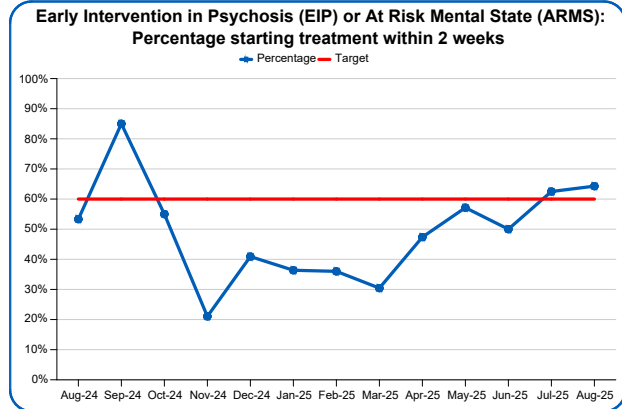
Contractual target 70%: Q2 25-26 80.9%



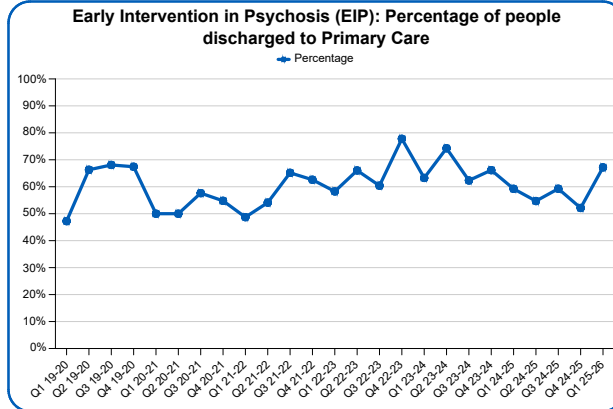
Contractual target 50%: Q2 25-26 50.4%

SPC Chart Key

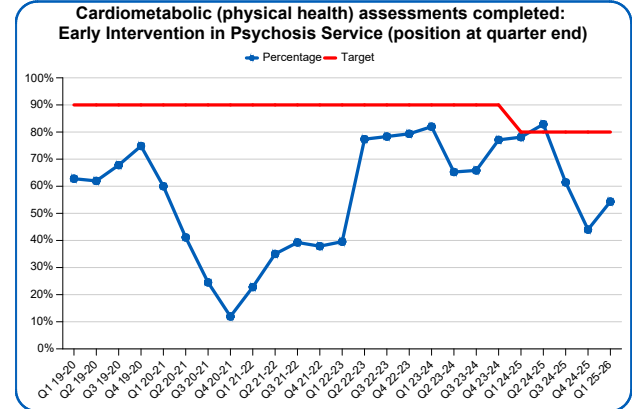
- Average
- Upper process limit
- Lower process limit
- Actual
- Target



Contractual target 60%: August 64.3%

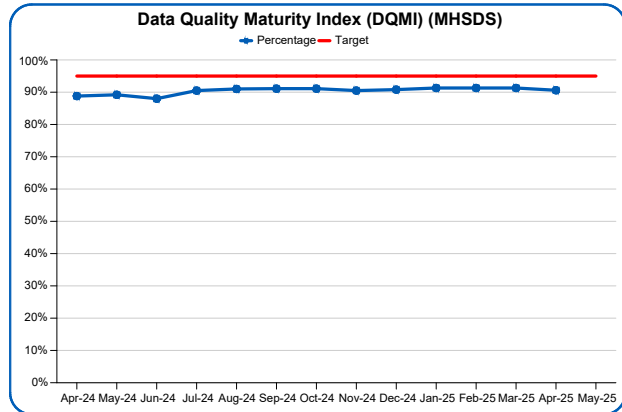


Contractual target tbc: Q1 67.2%

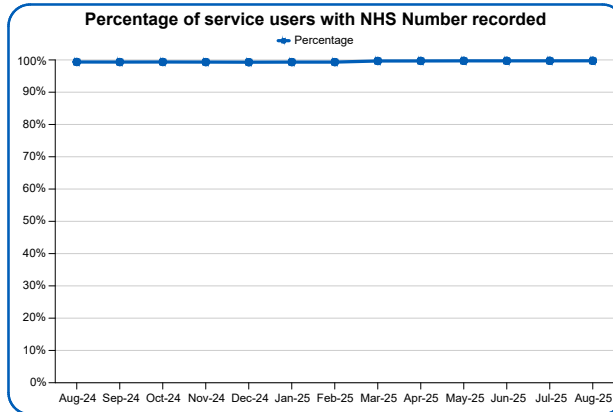


Contractual target 80%: Q1 54.3%

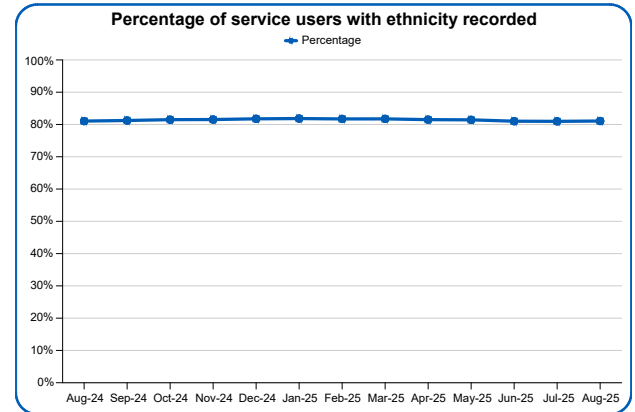
Services: Clinical Record Keeping



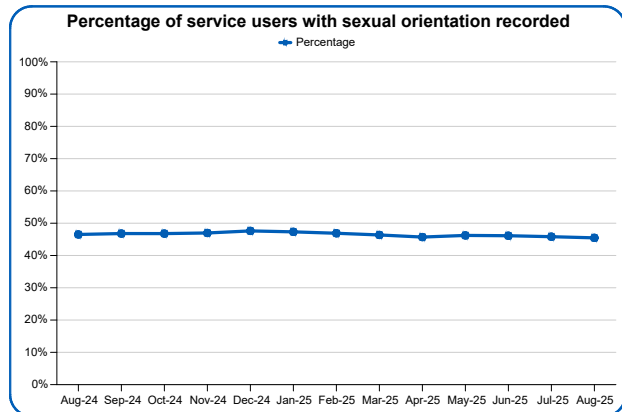
CQUIN / NHSOF Target 95%: May



Local measure: August 99.7%



Local measure: August 81.1%



Local measure: August 45.5%

## Services: Clinical Record Keeping

Data Quality Maturity Index (DQMI) - A DQMI score is unavailable for May 2025, the latest month's DQMI score release as of the Service Performance Report latest reporting period (August 2025) as no Mental Health Services Dataset (MHSDS) submission was made for May 2025. The MHSDS dataset submissions are cumulative for the financial year; submissions have been made for June onwards which have included any records that would have been included in the May submission so no records have been missed from the MHSDS for May 2025.

## 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.
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 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 Occupied Bed Days Clinically Ready for Discharge	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.
Cardiomatabolic (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 cardiomatabolic assessment completed within the same admission, and during the previous 12-months.
<b>Services: Our Community Care</b>	
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.
Cardiomatabolic (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 cardiomatabolic assessment completed during the previous 12-months.
<b>Services: Clinical Record Keeping</b>	
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	Of all the referrals open during the period, the proportion where the service user's ethnicity is recorded on their

recorded	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.
<b>Services: Clinical Record Keeping - DQMI</b>	
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.