

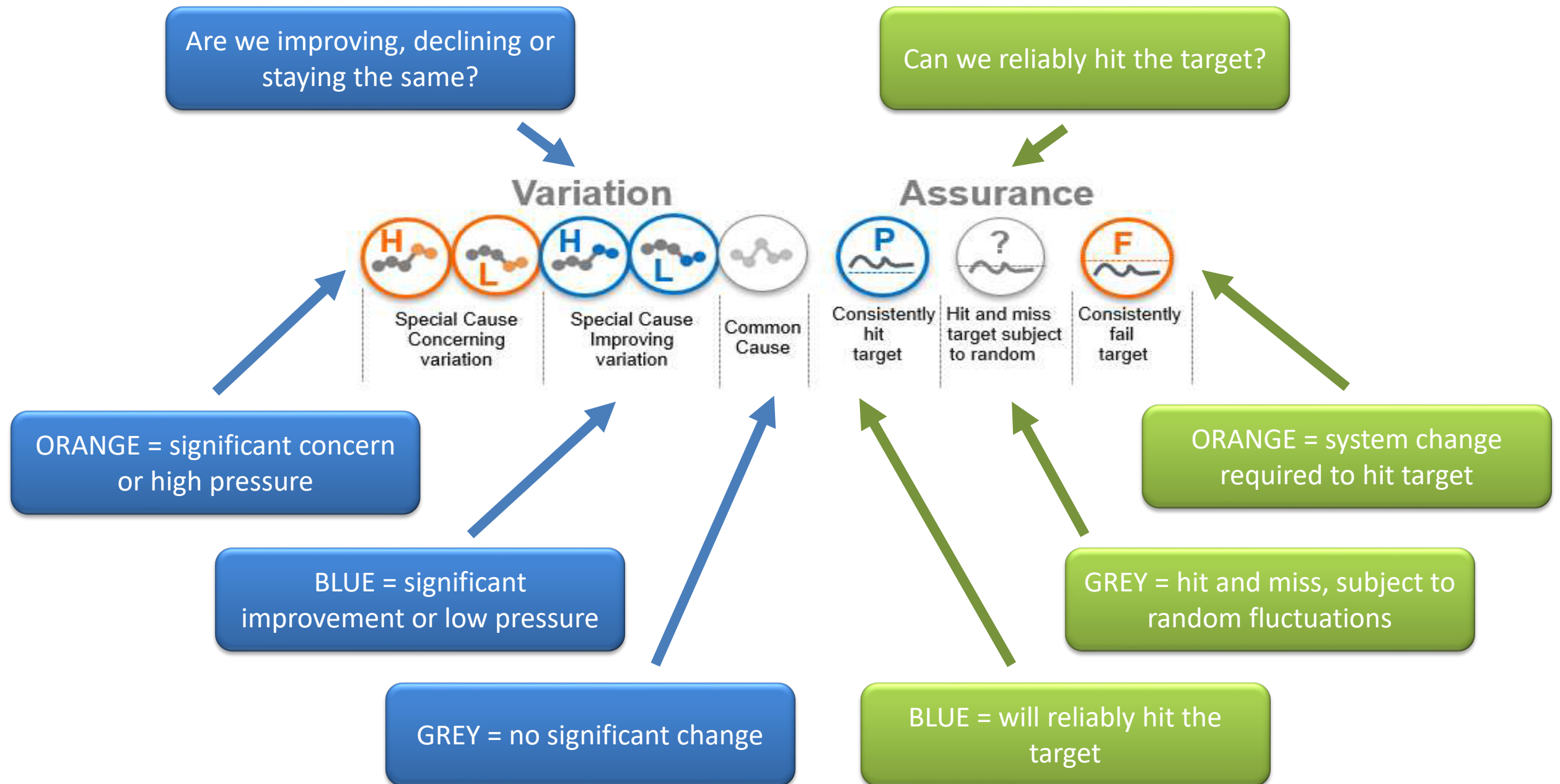
## A note on the charts used in this data pack

Within this data pack there has been a concerted move to using Statistical Process Control (SPC) charts where this is the most appropriate way of visualising data. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included. It is important to note that whilst the variation and assurance symbols are predominantly associated with SPC charts, we have taken the approach of standardising their use within this document across all data types to ensure consistency of language and approach. We have also included 'action status' symbols to highlight the current response to the data displayed in each chart.

































Following is a description of the meaning of the symbols used throughout this document.

Variation			Assurance			Action Status			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target	Watching brief – continue to observe in order to better understand the current position	Improvement – continue actions to support improvement until steady state achieved	Deterioration or maintained under-performance – instigate or review actions to ensure drivers of current position are mitigated	Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain

## A note on SPC charts – high level key



## Workforce Dashboard (January 2023)

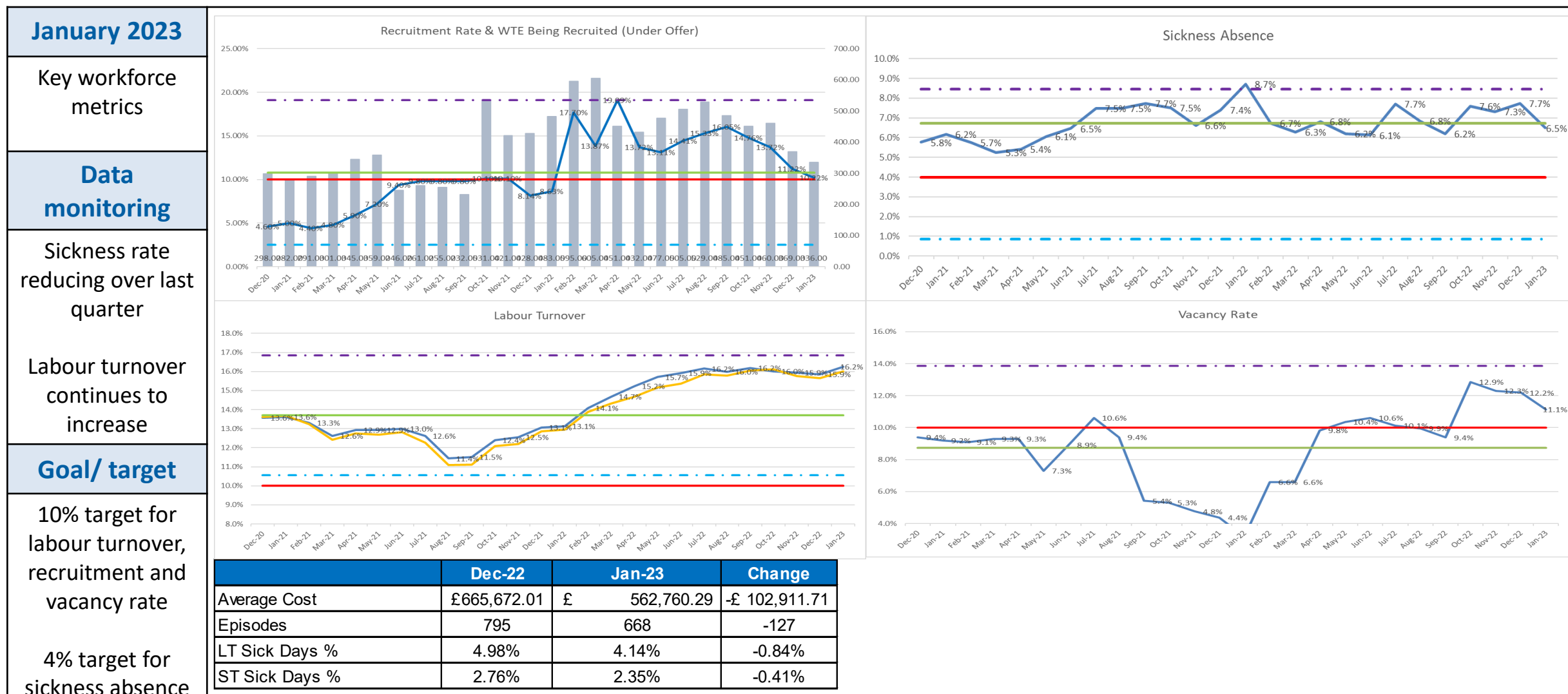
Metric	Goal & Assurance/ Action status		Current & Variation		Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%	 	10.22%	 	Recruitment rate increasing from start of new financial year, now above target
Key Workforce Metrics – Sickness Rate	4%	 	6.48%	 	Sickness rate reduced by 1.3% from December
Key Workforce Metrics – Labour Turnover (LTO) Rate	10%	 	16.24%	 	LTO continues to be above target but has remained static since April.
Key Workforce Metrics – Vacancy Rate	10%	 	11.14%	 	Vacancy rate is now above the 10% target
Mandatory Training Summary	80%	 	87.86%	 	Overall compliance remains above 80%
Appraisal Rates Summary	80%	 	59.22%	 	Appraisal compliance has dropped significantly due to a technical recording issue which has now been resolved
Clinical Supervision Rates Summary	80%	 	82.53%	 	Compliance rate has been consistently above target
<b>Safer Staffing</b> – Compliance Levels/ Heat Map/ Working Time Directive Breaches / Bank and Agency - Fill Rates/ Booking reasons	-	 	-	 	Fill rates and bank and agency usage remain high due to Specialing, COVID impact. Working Time Directive breaches still difficult to manage

<b>Lead Director</b>	Bob Champion	<b>Narrative agreed at</b>	Quality Director call out	<b>Action Status</b>	
<b>Owner/Source</b>	Michelle Holland	<b>Accountable Committee</b>	FBIC / QSC / Workforce Committee	Overall – Watching Brief	

## Bradford District Care

### NHS Foundation Trust

KPI	Target	Mean	Lower Control Limit	Upper Control Limit



Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
The SPC charts are to monitor the current trends around labour turnover (LTO), sickness, vacancy and recruitment rates.	The charts show normal variation within the SPC ranges for all elements (with exception of sickness), however all figures are towards the upper control limits. Sickness has been climbing yet has reduced by 1.3% in January.	<ul style="list-style-type: none"> <li>Sickness absence reduced from December, yet remains higher than pre-COVID rates mainly due to the additional short term Covid cases, and a higher proportion of long term cases relating to anxiety, stress and depression than before the pandemic.</li> <li>Labour turnover reduced slightly this month, yet remains above target. Remains concentrated across all operational services</li> </ul>	<p><b>Sickness</b> – COVID-19 monitoring continues via daily absence reporting submissions to NHS Improvement, with process for managing Long COVID symptoms in place. Anxiety, stress and depression still at high levels for non-COVID absence - continue to promote the Trust Health and Wellbeing offer. A Health &amp; Wellbeing lead is being appointed to support teams with team risk assessments and bespoke interventions to improve wellbeing.</p> <p><b>Labour turnover</b> –Exit questionnaire via Electronic Staff Record (ESR). Will monitor and review update of this new approach and analysis data at team /ward level to gain a better understanding of reasons for leaving. Concerns have been raised around the risk of staff leaving to undertake agency roles due to cost of living rise and requiring more flexibility. An Agency usage scrutiny group has been formed to monitor and review agency spend in line with turnover, recruitment and vacancy.</p>



<b>Lead Director</b>	Phillipa Hubbard	<b>Narrative agreed at</b>	Quality Director call out	<b>Action Status</b>
<b>Owner/Source</b>	Grainne Eloi / Alix Jeavons	<b>Accountable Committee</b>	Quality & Safety	Under-performance

January 2023	Month	Safer Staffing (green)	Safer Staffing (amber)	Safer Staffing (red)
Safer Staffing – Compliance Levels	Nov-20	86.4%	14.9%	0.0%
	Dec-20	85.9%	17.2%	0.0%
	Jan-21	85.1%	16.8%	0.0%
	Feb-21	85.6%	14.6%	0.0%
Data Monitoring	Mar-21	87.8%	13.2%	0.0%
	Apr-21	84.7%	12.0%	0.0%
	May-21	87.1%	12.0%	0.0%
	Jun-21	84.8%	13.6%	0.0%
Improving fill rate of required shifts over last quarter	Jul-21	83.2%	14.1%	0.0%
	Aug-21	82.6%	14.9%	0.0%
	Sep-21	83.6%	14.4%	0.0%
	Oct-21	87.3%	12.2%	0.0%
Goal/Target	Nov-21	86.4%	15.3%	0.0%
	Dec-21	79.4%	12.9%	0.0%
	Jan-22	80.4%	16.8%	0.0%
	Feb-22	82.1%	20.6%	0.0%
100% filled at appropriate levels.	Mar-22	82.2%	19.6%	0.0%
	Apr-22	82.6%	17.9%	0.0%
	May-22	81.9%	17.8%	0.0%
	Jun-22	84.6%	17.4%	0.0%
Amber - % of shifts filled below requested levels	Jul-22	78.3%	18.1%	0.0%
	Aug-22	78.2%	15.4%	0.0%
	Sep-22	78.9%	21.7%	0.0%
	Oct-22	77.2%	21.8%	0.0%
Red - % of shifts unfilled with Registered Staff	Nov-22	80.3%	21.1%	0.0%
	Dec-22	78.0%	22.0%	0.0%
	Jan-23	83.3%	16.7%	0.0%







Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
Proportion of required shifts filled to required levels of safety.	Shows no shifts recorded as 'red' – i.e. no registered staff on shift.	High patient acuity on some wards leading to reliance on temporary staff. There are a number of shifts being covered by band 7 and above workers in order to meet safer staffing levels however these hours are not being captured on the roster.	Monitored through daily lean management. Safer staffing group reviews and escalate concerns to Quality and Safety Committee.
Red shifts would indicate no registered staff assigned to work on a particular shift	Amber shifts (i.e. no. of staff working is lower than required staffing level) show a fluctuating trend.		Workforce Planning surgeries held with each ward to review and plan staffing levels. Work is underway to calculate the additional hours being worked by band 7 and over workers and a plan is being put in place to determine how this could be paid.

<b>Lead Director</b>	Phillipa Hubbard	<b>Narrative agreed at</b>	Quality Director call out	<b>Action Status</b>
<b>Owner/Source</b>	Alix Jeavons / Grainne Eloi	<b>Accountable Committee</b>	Quality & Safety	Under-performance














January 2023	Heat Map - Inpatient Wards																		
Safer Staffing – Compliance Levels																			
Data Monitoring																			
Care Hours Per Patient per Day increasing over last quarter (which will have positive impact on quality of service delivery)		Registered Safe Staffing						Unregistered Safe Staffing						Care Hour per Patient Day					
		Fill Rate	% of Temp	Fill Rate	% of Temp	Sickness	AL %	Fill Rate	% of Temp	Fill Rate %	% of Temp	Sickness	AL %	Planned Registered	Actual Registered	Planned Unregistered	Actual Unregistered	Actual	
	Inpatient Ward	% Days	staff Days	% Nights	Staff Nights	%	Roster	% Days	staff Days	Nights	Staff Nights	%	Roster	CHPPD	CHPPD	CHPPD	CHPPD	CHPPD Total	
	Fern	86.59%	19.72%	93.33%	76.79%	0.90%	1.87%	140.67%	61.14%	155.83%	83.96%	2.62%	2.92%	3.1	3.1	3.9	10.5	13.6	
	Heather	82.22%	14.86%	93.33%	85.71%	1.24%	2.59%	145.71%	69.61%	171.67%	90.94%	2.41%	3.34%	3.1	2.9	4.3	8.6	11.5	
	Bracken	83.33%	20.00%	90.00%	77.78%	8.20%	6.70%	111.11%	32.27%	100.67%	74.17%	4.40%	6.57%	3.2	2.8	5.8	6.4	9.1	
	Ashbrook	92.05%	24.69%	88.33%	101.89%	7.86%	4.43%	128.13%	50.81%	128.33%	86.15%	3.06%	4.80%	3.2	2.6	4.2	10.2	12.9	
	Maplebeck	76.83%	33.33%	95.00%	80.70%	10.04%	3.32%	142.99%	72.78%	146.19%	87.30%	4.30%	4.11%	2.9	2.1	3.7	8.6	10.7	
	Oakburn	89.89%	22.50%	108.33%	80.00%	1.41%	6.30%	126.64%	67.59%	126.19%	86.79%	3.66%	1.94%	2.9	2.8	3.7	7.2	10.0	
	Baildon	98.33%	1.69%	100.00%	23.33%	0.00%	8.37%	108.89%	45.92%	100.00%	38.89%	4.22%	6.69%	3.5	4.2	7.0	8.4	12.6	
Ilkley	100.00%	0.00%	100.00%	30.00%	8.06%	5.97%	103.33%	31.18%	100.00%	44.44%	4.73%	6.08%	5.0	5.5	8.3	9.2	14.8		
Thornton	68.57%	29.17%	96.67%	98.28%	1.05%	5.96%	140.21%	58.87%	128.67%	84.97%	0.73%	4.29%	5.3	5.7	11.0	16.3	22.0		
Goal/Target	Assessment & Treatment Unit (LD)	74.12%	22.22%	115.38%	73.33%	0.46%	6.51%	166.50%	71.77%	225.83%	91.51%	7.71%	2.80%	5.1	5.0	11.6	23.3	28.3	
90% for fill rates,  10% for annual leave,  4% for sickness	Clover (PICU)	73.47%	40.28%	65.12%	96.43%	3.98%	2.61%	170.00%	63.31%	172.86%	81.27%	3.46%	5.04%	7.0	7.0	10.5	18.8	25.9	
	Step Forward (Rehab)	80.00%	25.00%	100.00%	100.00%	0.54%	10.13%	123.33%	40.54%	102.22%	83.70%	3.23%	5.75%	3.5	2.9	4.6	3.3	6.2	
	Dementia Assessment Unit (DAU)	95.00%	12.28%	98.33%	45.76%	0.93%	7.92%	157.89%	61.67%	178.33%	76.95%	4.39%	6.50%	7.4	5.1	17.4	11.9	17.0	
	Total	83.93%	20.68%	93.79%	77.26%	3.58%	5.24%	139.57%	60.07%	144.95%	81.99%	3.72%	4.50%	3.8	3.5	6.3	10.1	13.6	
	This is based on the total number required in the month against the total number who worked																		
RAG Ratings																			
Fill ratesAnnual LeaveSickness																			
Over 100% - Blue>14.1% - Red>5% - Red																			
>90% - Green10-14% - Amber4-5% - Amber																			
80-90% - Amber<10 - Green<4 - Green																			
<80% - Red																			

Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
A heatmap to outline the fill rates, annual leave and sickness levels, against Care Hours Per Patient Day.	<p>Overfill of Unregistered staff to compensate for areas where Registered staff requirements cannot be matched.</p> <p>Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used.</p>	<p>High volume of night shifts continue to be filled with temporary staff.</p> <p>Registered staff fill rates deteriorating with some wards still experiencing high number of vacancies – particularly registered nurses.</p> <p>High patient acuity continues to be experienced across acute wards.</p> <p>High sickness levels recorded across Ashbrook, Oakburn, Assessment and Treatment Unit (ATU) and Dementia Assessment Unit.</p> <p>Fatigue around the pandemic is also still present.</p>	<ul style="list-style-type: none"> <li>Recruitment of bank and agency staff to Airedale Centre for Mental Health wards, helping to stabilise staffing levels.</li> <li>Extra psychological support being provided for staff on Bracken ward due to high levels of sickness.</li> <li>Acute wards at Lynfield Mount Hospital – Recruitment taking place for band 3 and 4 staff (including activity co-ordinators).</li> <li>Focus on staff retention after student training.</li> <li>A review of staff working across different shifts has been undertaken.</li> <li>A patient safety lead has been recruited to engage with wards.</li> <li>Workforce Planning surgeries held with each ward to review and plan staffing levels.</li> <li>Model roster 3 business case approved and monitoring plan in place.</li> </ul>

# Safeguarding Dashboard (January 2023)









Metric	Goal & Assurance/ Action status		Current & Variation		Average
Safeguarding Adult Referrals	N/A		13	N/A	9.1
Safeguarding Children Referrals	N/A		19 (Bradford)	N/A	22.6 (Bradford)
Duty Calls regarding adults	N/A		107 (Bradford)	N/A	91.2 (Bradford)
Duty Calls regarding children	N/A		42 (Bradford)	N/A	54.2 (Bradford)

# Serious Incidents, Duty of Candour & Mortality Dashboard (January 2023)









Metric	Goal & Assurance/ Action status		Current & Variation		Average
Serious Incidents	N/A		3		2.7
Duty of Candour incidents	0		0		1.0
Suicides	N/A		1		1.4
Expected Deaths	N/A		12		12.9
Unexpected Deaths	N/A		8		6.8
COVID related deaths – community	N/A		1	N/A	2.8
COVID related deaths – inpatients	N/A		0	N/A	0.1
Structured Judgement Reviews	N/A		0	N/A	N/A










# Incidents Dashboard (January 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
All incidents	N/A 	924 	921.3
Violence & Aggression	N/A 	181 	195.9
Medication Errors	0 	39 	45.9
Near Misses	N/A 	8 	19.1











# Staff and Service User Feedback Dashboard (January 2023)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Formal Complaints	0		5		5.9
Concerns	0		40		52.4
Compliments	N/A		6		41.1
Freedom To Speak Up	N/A		15	N/A	N/A
Friends & Family Test	90%		92.9%	-	-

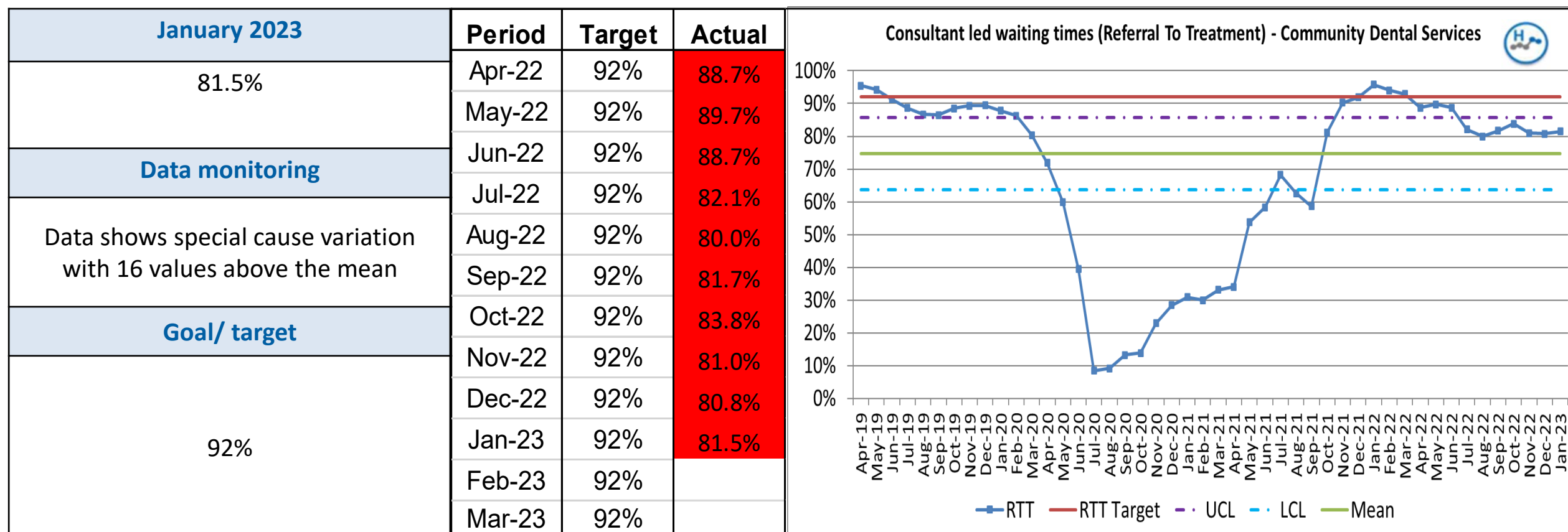
# Quality of Care Delivery Dashboard (January 2023)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Infection Prevention & Control – Covid-19 positive cases (inpatients)	0		12	N/A	N/A
Pressure Ulcers associated with omissions in care	0		30	N/A	21
Insulin Errors	0		5	N/A	3.5
Facilities Summary (RIDDOR, Water Safety, Nutrition Standards)	N/A		0	N/A	N/A
Medical device maintenance	95%		68.7% (high risk) 72.4% (all)	N/A	N/A
Ligature assessments	100%		100%	N/A	100%
Clinical Audit	100%		100%	N/A	N/A

# NHS Oversight Framework Metrics Dashboard (January 2023)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Urgent Community Response – 2 hour response	70%		86%		
Consultant led waiting times (incomplete) - Referral to Treatment	92%	 	81.5%		74.7%
Patients waiting more than 52 weeks (incomplete)	0		1		
Patients waiting more than 78 weeks (incomplete)	0		0		
Patients waiting more than 104 weeks (incomplete)	0		0		
Improving Access to Psychological Therapies (IAPT) Access Rate	1020	 	731		
Inappropriate out of area bed days	0 (Q4)		670		

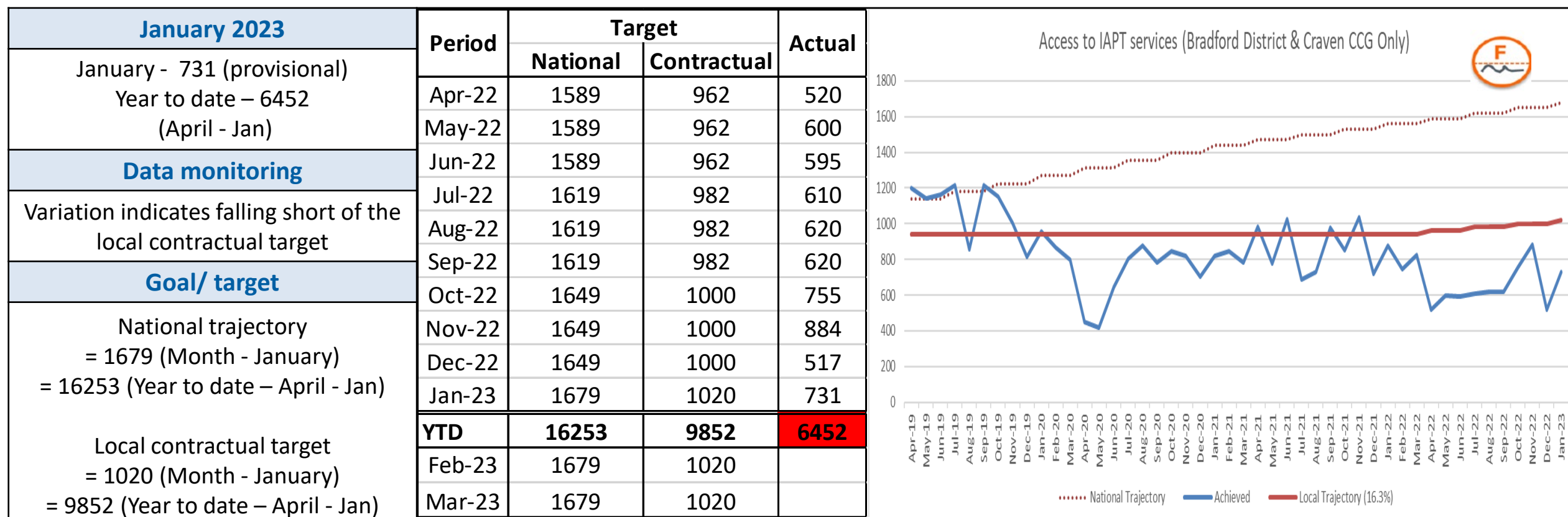
<b>Lead Director</b>	Kelly Barker	<b>Narrative agreed at</b>	Senior Leadership Team	<b>Action Status</b>
<b>Owner/Source</b>	Business Intelligence	<b>Accountable Committee</b>	Quality & Safety Committee	Underperformance



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Community dental service: Proportion of patients waiting less than 18 weeks to commence treatment - patients who require dental treatment under general anaesthetic (GA)	81.5% of patients are waiting less than 18 weeks in January 2023 314 patients waiting Longest wait is 55.71 weeks 1 patient waiting more than 52 weeks	<ul style="list-style-type: none"> <li>Hospital operating lists for dental service suspended in March 2020 as a result of COVID-19. Most operating lists reinstated in quarter 1 of 2021/22. However capacity is still a challenge as COVID-19 infection prevention and control protocols reduce the number of patients seen per operating session.</li> <li>Cancellation of some theatre sessions, including in December 2022 due to winter pressures.</li> </ul>	<ul style="list-style-type: none"> <li>Working closely with Bradford Teaching Hospitals Foundation Trust and Airedale Foundation Trust to ensure dental lists are maintained and to increase the number of patients per operating theatre session in accordance with infection prevention guidance and complexity of case mix.</li> <li>Weekly exodontia (tooth extraction) session at Airedale General Hospital restarting in March 2023.</li> </ul>	All referrals received are triaged; waiting lists are validated and monitored on a weekly basis.	<ul style="list-style-type: none"> <li>Demand increasing from all referrers.</li> <li>Managing patients within COVID guidelines and hospital staffing issues mean that performance will continue to fluctuate.</li> <li>Due to winter pressures in both acute trusts, unable to secure additional theatre sessions January to March 2023 to support waiting list reduction.</li> </ul>



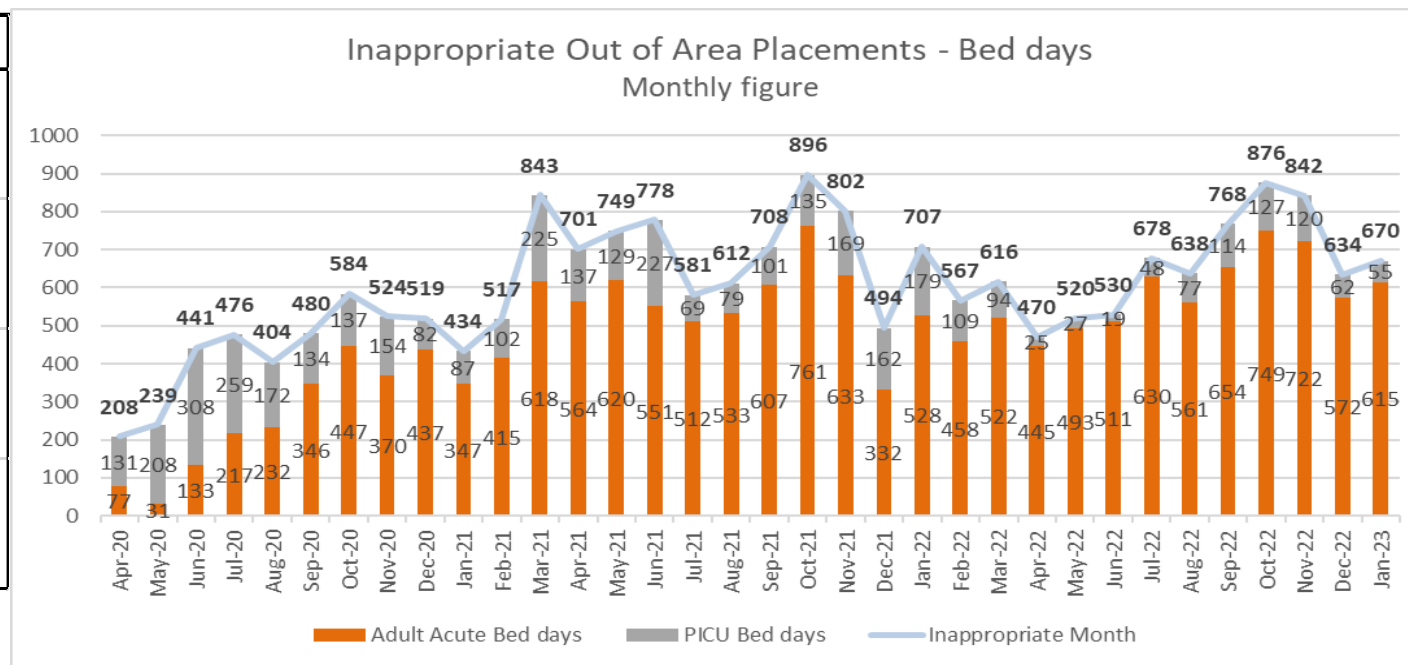
<b>Lead Director</b>	Kelly Barker	<b>Narrative agreed at</b>	Senior Leadership Team	<b>Action Status</b>
<b>Owner/Source</b>	Business Intelligence	<b>Accountable Committee</b>	Quality & Safety Committee	Underperformance



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Number of people who first receive Improving Access to Psychological Therapies (IAPT) recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period.	<ul style="list-style-type: none"> <li>COVID-19 resulted in 65% reduction in referrals. Referrals returned to pre-COVID levels but number of referrals received in December 2022 were lower than the usual seasonal trend.</li> <li>Commissioned activity is below the national access target.</li> </ul>	<ul style="list-style-type: none"> <li>Increased complexity impacting session length and reducing need for group therapy.</li> <li>High levels of long term and short term sickness absence.</li> <li>High labour turnover and vacancies, with national shortage of qualified staff. Loss of qualified practitioners to independent sector providers, particularly to roles that are 'remote only'.</li> <li>Enrolment Team changes, due to not meeting IAPT manual standards, have impacted on access rate.</li> </ul>	<ul style="list-style-type: none"> <li>Changes to self referral process to reduce assessment duration and increase therapy capacity.</li> <li>Outsourcing activity to private provider to support backlog and waits. Non recurrent monies being utilised to mobilise increased activity.</li> <li>Focus on IAPT workforce issues at West Yorkshire level, including consideration of a West Yorkshire 'virtual' IAPT offer on behalf of all places to increase service resilience and allow places to focus on face to face provision in their locality.</li> <li>Working with communications on advertising, to increase referrals.</li> </ul>	Monthly waiting list meeting in place, with review of outliers.	<ul style="list-style-type: none"> <li>Have not been able to recruit to additional posts funded as part of the 2022/23 operational plan and unable to increase people accessing treatment from 11,316 in 2021/22 to 13,164 by 2023/24 as planned.</li> </ul>

















<b>Lead Director</b>	Kelly Barker	<b>Narrative agreed at</b>	Senior Leadership Team	<b>Action Status</b>
<b>Owner/Source</b>	Business Intelligence	<b>Accountable Committee</b>	Quality & Safety Committee	Underperformance

<b>January 2023</b>	Period	Trajectory	Actual
670 bed days	Q1	2063	1520
<b>Data monitoring</b>	Q2	1406	2084
Meeting 2022/23 trajectory	Q3	0	2352
<b>Goal/ target</b>	Q4	0	670 (Jan)
2063 Q1			
1406 Q2			
0 Q3			
0 Q4			

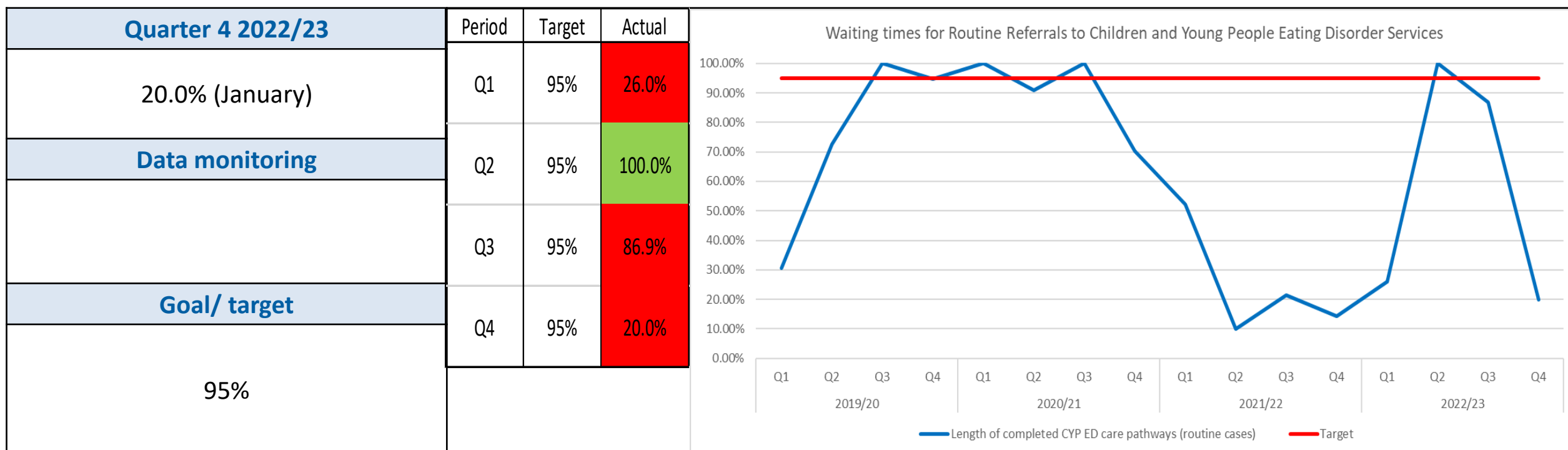


Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area	<p><b>Adult acute:</b> 38 patients out of area in January (615 bed days).</p> <p><b>Psychiatric Intensive Care Unit (PICU):</b> 3 patients out of area in January (55 bed days).</p>	<ul style="list-style-type: none"> <li>High levels of acuity on adult acute wards.</li> <li>Actions to maintain COVID safe ward environments – capacity reduced by 10 beds to support isolation and cohorting of patients.</li> </ul>	<ul style="list-style-type: none"> <li>Independent sector contract initiated January 2021, extended for 2022/23, with assurance framework in place to oversee quality and maximise capacity available.</li> <li>Workshop was held with Bradford and Craven place partners in mid October to address flow through mental health inpatient beds.</li> <li>Additional support in place over the winter period includes enhanced staffing in the Intensive Home Treatment Team to manage demand and extension of the hours of the bed management team service.</li> </ul>	<ul style="list-style-type: none"> <li>Daily communication cells, chaired at general manager and head of nursing level, across inpatient services, focussing on staffing and deployment and on expediting discharges to free up capacity.</li> <li>West Yorkshire system wide work on adult acute mental health pathway and PICU pathway.</li> </ul>	<p>2022/23 trajectory assumed:</p> <ul style="list-style-type: none"> <li>continuation of COVID cohorting arrangements</li> <li>anticipated reductions in length of stay</li> <li>expected impact of six crisis respite beds being mobilised by Bradford and Craven Health and Care Partnership and Bradford Council</li> <li>application of continuity principles from September 2022 under which independent sector block contract beds would not be considered as inappropriate out of area placements.</li> </ul> <p>Trust internal trajectory revised to reflect delay in opening of crisis beds, delays in achieving length of stay reductions and application of continuity principles from April 2023, subject to approval.</p>

# NHS Long Term Plan Mental Health Metrics Dashboard (January 2023)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Children & young people's eating disorder waiting times – urgent	95%		100%		
Children & young people's eating disorder waiting times - routine	95%		20.0%		
IAPT Recovery Rate	50%	 	50.3%		52.8%
Waiting times IAPT i) 6 weeks	75%	 	67.4%		93.0%
Waiting times IAPT ii) 18 weeks	95%	 	99.1%		99.4%
IAPT waiting >90 days between 1st & 2nd Treatment	<10%		23.3%		
Waiting times – first episode of psychosis	60%	 	83.3%		79.9%
Data Quality – Mental Health Services Dataset (MHSDS) Score	90% 2022/23		94.1%		

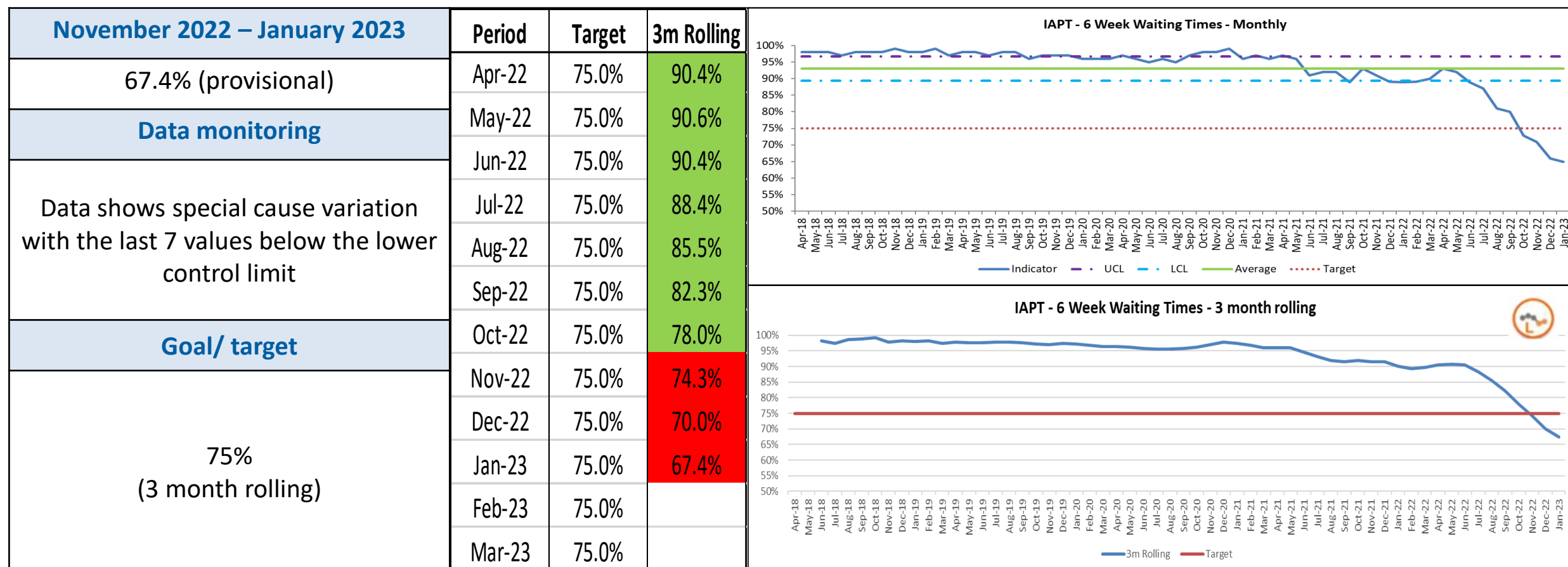
<b>Lead Director</b>	Kelly Barker	<b>Narrative agreed at</b>	Senior Leadership Team	<b>Action Status</b>
<b>Owner/Source</b>	Business Intelligence	<b>Accountable Committee</b>	Quality & Safety Committee	Underperformance



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
The proportion of children and young people with eating disorders (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment	<p>National access standard was met in quarter 2 of 2022/23 for the first time since quarter 3 of 2020/21.</p> <p>Relatively small numbers results in variation. In January 2023, 1 out of 5 children and young people waited less than four weeks to start treatment.</p>	<ul style="list-style-type: none"> <li>Significant increase in referrals as a result of the COVID-19 pandemic. Commissioned resource is for 50 cases per year but demand increased to 100 cases per year.</li> <li>Changing profile of children and young people with higher complexity and acuity of presentations</li> <li>Inpatient capacity challenges - increase in the number of acutely unwell patients being cared for in the community</li> </ul>	Service Development funding approved in 2021/22 and additional staff commenced in post during quarters 3 and 4 of 2021/22.	Core CAMHS support and respond to eating disorder cases with consultation from the eating disorder team if referrals are in excess of eating disorder capacity.	Forward trajectory agreed as part of 2022/23 operational plan. Forecast to meet 95% target from quarter 4 of 2022/23 onwards.



<b>Lead Director</b>	Kelly Barker	<b>Narrative agreed at</b>	Senior Leadership Team	<b>Action Status</b>
<b>Owner/Source</b>	Business Intelligence	<b>Accountable Committee</b>	Quality & Safety Committee	Underperformance

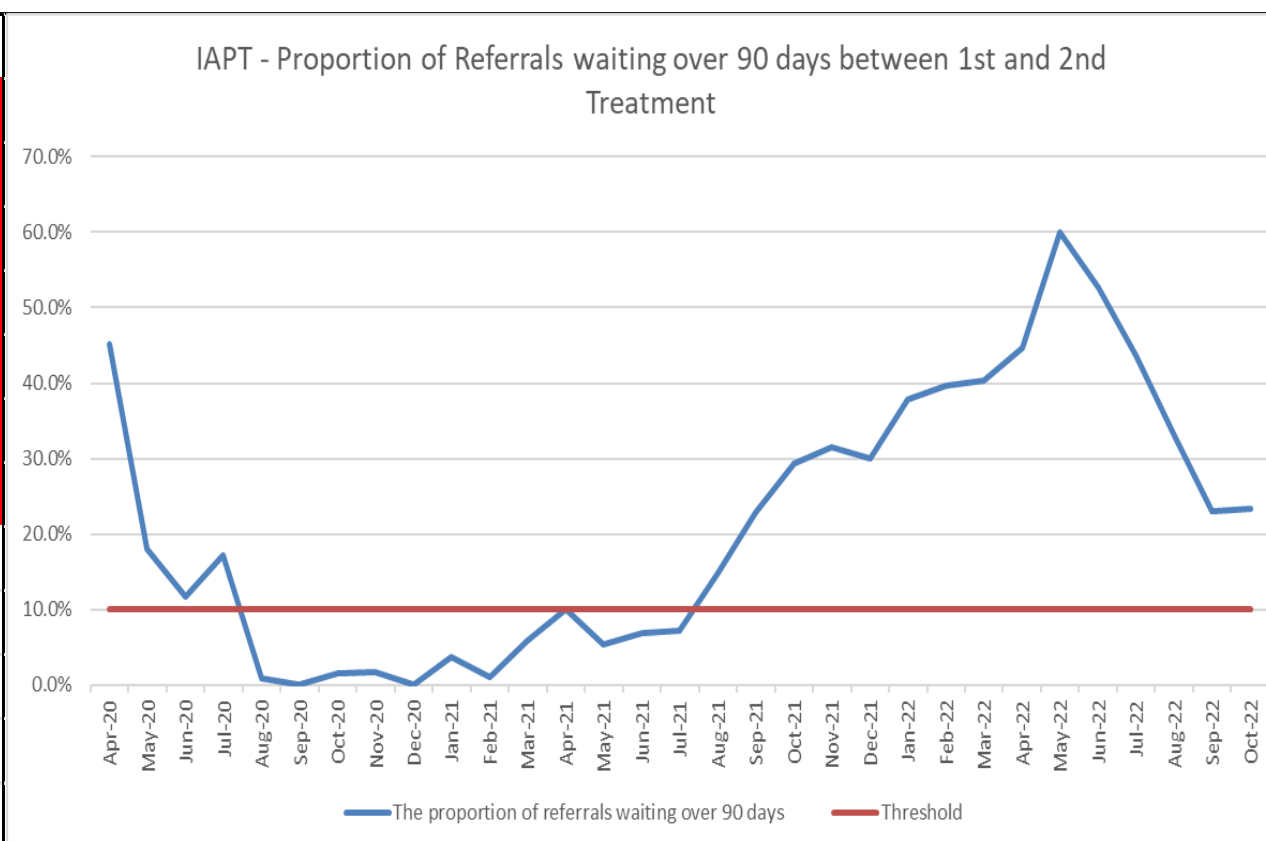


Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Improving access to psychological therapies (IAPT) - Proportion of people completing treatment who waited less than 6 weeks from referral to 1 <sup>st</sup> treatment.	Data shows special cause variation with the last 7 values below the lower control limit	<ul style="list-style-type: none"> <li>Increasing intensity and waits in steps 2 and 3 (4 months). 30% of step 3 are Post Traumatic Stress Disorder (PTSD).</li> <li>High levels of long term and short term sickness absence.</li> <li>High labour turnover. Several vacancies, with national shortage of qualified staff. Loss of qualified practitioners to independent sector providers, particularly to roles that are 'remote only'.</li> </ul>	<ul style="list-style-type: none"> <li>Changes to self referral process to reduce assessment duration and increase therapy capacity.</li> <li>Outsourcing activity to private provider to support backlog and waits. Non recurrent monies being utilised to mobilise increased activity.</li> <li>Work undertaken to improve administration processes.</li> </ul>	Monthly waiting list meeting in place, with review of outliers.	Revised pathway in place. Performance forecast to meet the 75% target by quarter 1 of 2023/24.









<b>Lead Director</b>	Kelly Barker	<b>Narrative agreed at</b>	Senior Leadership Team	<b>Action Status</b>
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October 2022	Period	Target	Actual
23.3%	Apr-22	10%	44.6%
Note: Oct 2022 is the latest published data	May-22	10%	60.0%
	Jun-22	10%	52.6%
	Jul-22	10%	43.7%
	Aug-22	10%	33.0%
<b>Data monitoring</b>	Sep-22	10%	23.0%
	Oct-22	10%	23.3%
<b>Goal/ target</b>	Nov-22	10%	
<10%	Dec-22	10%	
	Jan-23	10%	
	Feb-23	10%	
	Mar-23	10%	



























Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Improving access to psychological therapies (IAPT) - Proportion of referrals waiting over 90 days between 1 <sup>st</sup> and 2 <sup>nd</sup> treatment.	There is some variation. The proportion of referrals waiting over 90 days increased from July 2021 to May 2022 but is now decreasing.	<ul style="list-style-type: none"> <li>Increasing intensity and waits in steps 2 and 3 (4 months) and reduced need for group therapy. 30% of step 3 are PTSD.</li> <li>High levels of long term and short term sickness absence.</li> <li>High labour turnover. Several vacancies, with national shortage of qualified staff. Loss of qualified practitioners to independent sector providers, particularly to roles that are 'remote only'.</li> </ul>	<ul style="list-style-type: none"> <li>Changes to self referral process to reduce assessment duration and increase therapy capacity.</li> <li>Outsourcing activity to private provider to support backlog and waits. Non recurrent monies being utilised to mobilise increased activity.</li> <li>Work undertaken to improve administration processes.</li> </ul>	Monthly waiting list meeting in place, with review of outliers.	<ul style="list-style-type: none"> <li>Forecast to achieve target by quarter 1 2023/24.</li> </ul>

## Metrics Dashboard (December 2022)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Use of Mental Health Act (MHA) – Sections free from fundamental errors	98%  	100% 	99.5%
Use of MHA – Sections Reviewed on time	98%  	100% 	99.2%

# Incidents Dashboard (December 2022)

Metric	Goal & Assurance/ Action status	Current & Variation	Average per month
Full Interventions	0  	67 	51
Full Interventions Males only	0  	10 	34
Full Interventions Females only	0  	57 	28
Full interventions Male & Female tracked	0 	NA	NA
Prone Restraint	0  	0 	0.3
Rapid Tranquillisation	0 	34 	24
Seclusion	0  	5 	5
Restrictions and Segregation totals	0  	26 (down from 38) 	36
Blanket Restrictions	0 	26 (down from 38) N/A	35
Individual Restrictions	0 	0 (0 in last dashboard) N/A	1
Long-Term Segregation	0 	0 (0 for 10 months consecutive) N/A	0.3









# Training Dashboard (December 2022)

Metric Training	Goal & Assurance/ Action status	Current & Variation	Average
Teams where Training Compliance is below 80% *	80%	226 staff (up from 128)	
Care Programme Approach (CPA) Roles & Responsibilities	80%	92.84%	80.70%
CPA Care Planning	80%	95.19%	84.50%
CPA Clinical Risk	80%	88.62%	83.20%
Mental Capacity Act	80%	91.03%	95.60%
Mental Health Act Qualified Staff	80%	92.46%	87.70%
Mental Health Act for Health Care Support Workers	80%	88.20%	86.30%

**\*Comment on change:** The report now includes staff bank workers: this is to ensure training reports are consistent

This has affected compliance particularly for both Mental Capacity Act training (2037 staff in scope at the end of November compared to 2387 staff end of December) and Mental Health Act for Health Care Support Workers training (237 staff in scope at the end of November compared to 502 staff end of December)

## Committee Dashboard (January 2023)

Metric	Goal & Action status	Current Performance	Comment
<b>Theme 1</b> – Looking After Our People	- 	- 	Indicators include: Staff Survey overall scores, labour turnover, sickness rate
<b>Theme 2</b> – Belonging in the Organisation	- 	- 	Indicators include: Equality Diversity & Inclusion, Workforce Race Equality Standard, Workforce Disability Equality Standard, appraisal and clinical supervision compliance
<b>Theme 3</b> – New ways of working and delivering care	- 	- 	Indicators currently include: bank and agency data
<b>Theme 4</b> – Growing for the future	- 	- 	Indicators include: recruitment, vacancies, new roles/skill mix, mandatory training, Leadership & Management Development Passport/management data