

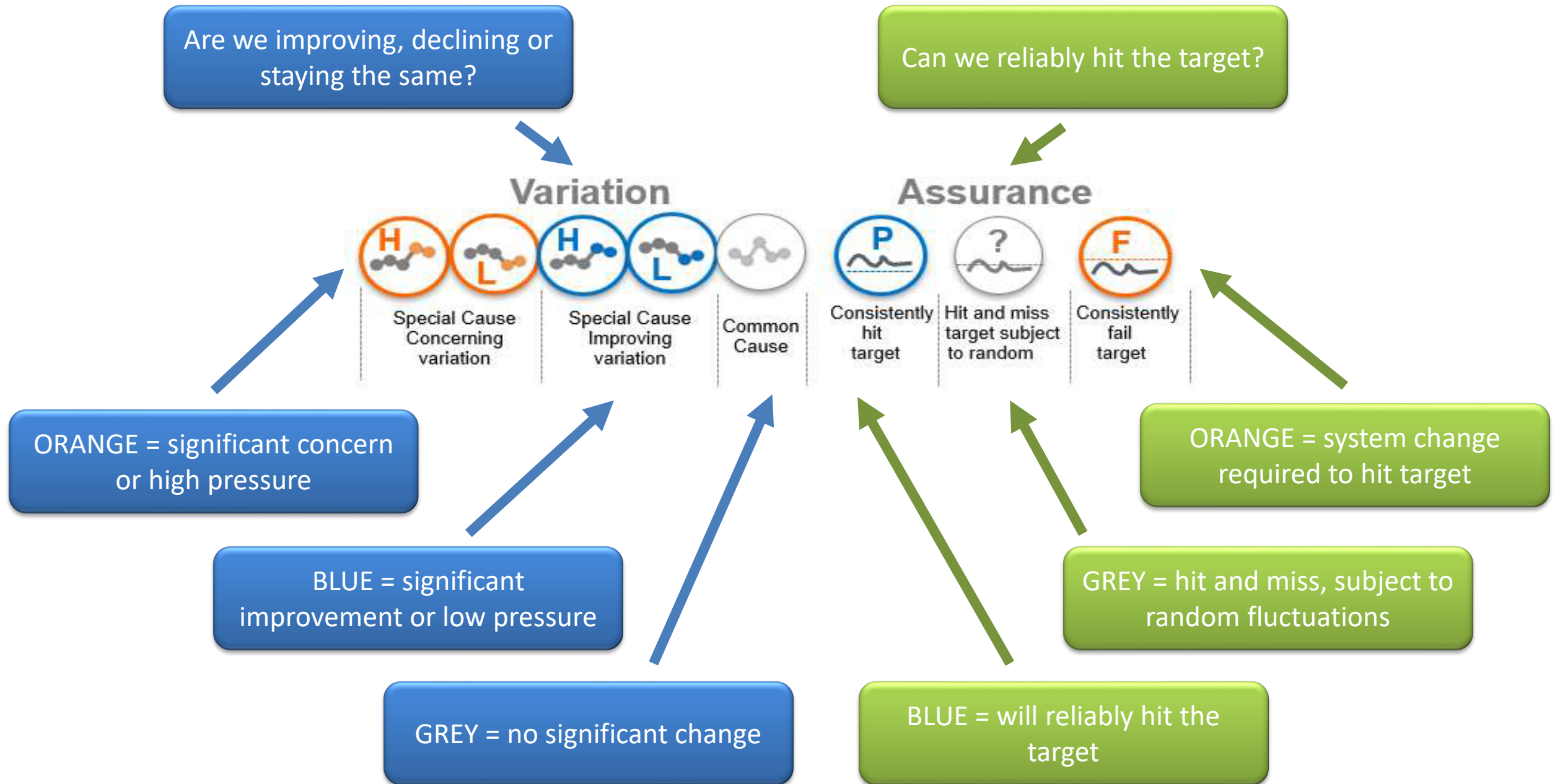
A note on the charts used in this data pack

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 (March 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%	13.78%	Recruitment rate increased from start of 2022/23 and has remained above target
Key Workforce Metrics – Sickness Rate	4%	5.97%	Sickness rate reduced by 0.2% from February
Key Workforce Metrics – Labour Turnover (LTO) Rate	10%	15.32%	LTO continues to be above target but has stabilised
Key Workforce Metrics – Vacancy Rate	10%	10.36%	Vacancy rate has been above the 10% target since October 2022 but is improving
Mandatory Training Summary	80%	88.67%	Overall compliance remains above 80%
Appraisal Rates Summary	80%	62.17%	Appraisal compliance has dropped significantly due to a technical recording issue which has now been resolved
Clinical Supervision Rates Summary	80%	80.84%	Compliance rate has been consistently above target
Safer Staffing – 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

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

KPI	Target	Mean	Lower Control Limit	Upper Control Limit
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March 2023

Key workforce metrics

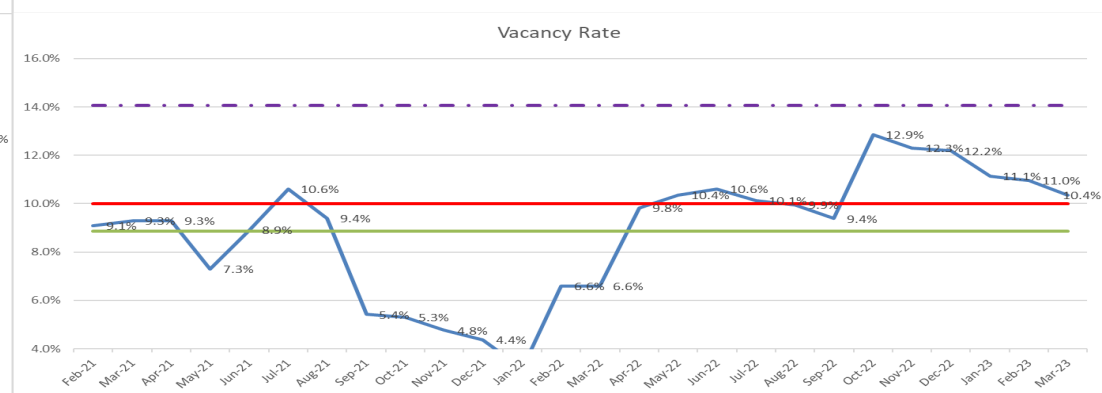
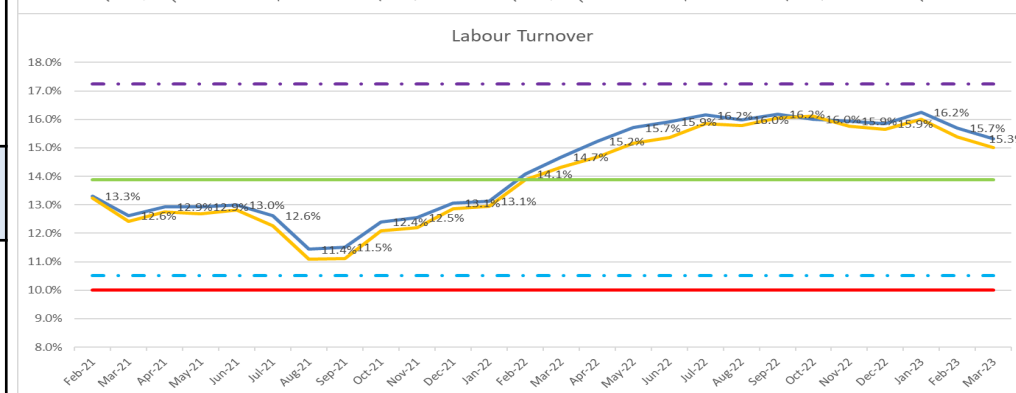
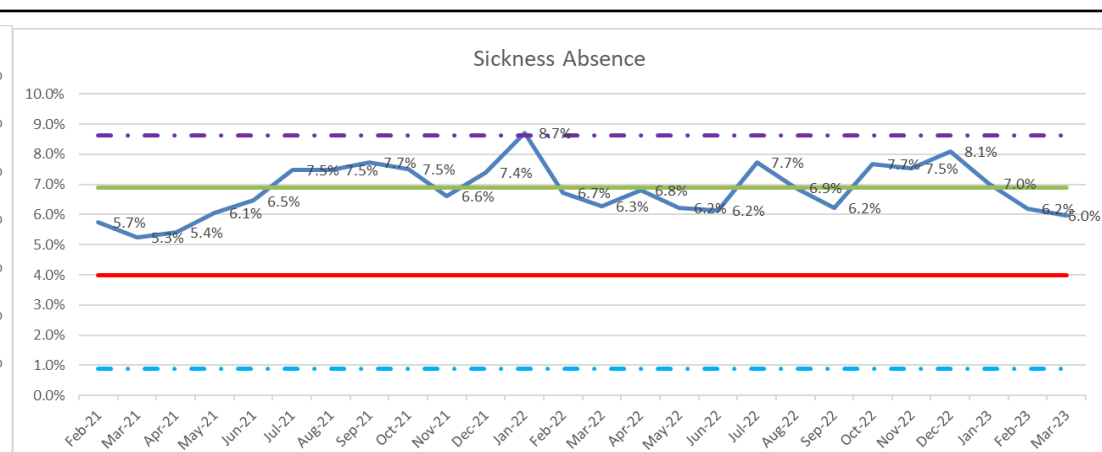
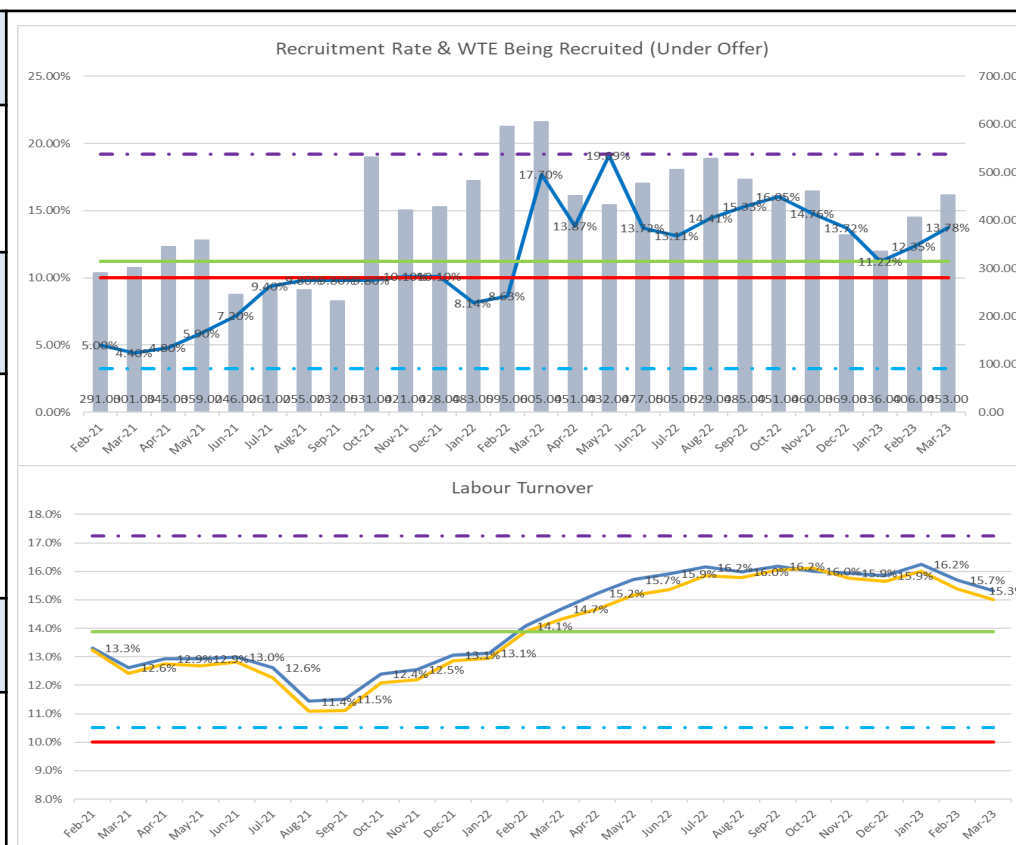
Data monitoring

Sickness rate reducing over last quarter

Goal/ target

10% target for labour turnover, recruitment and vacancy rate

4% target for sickness absence



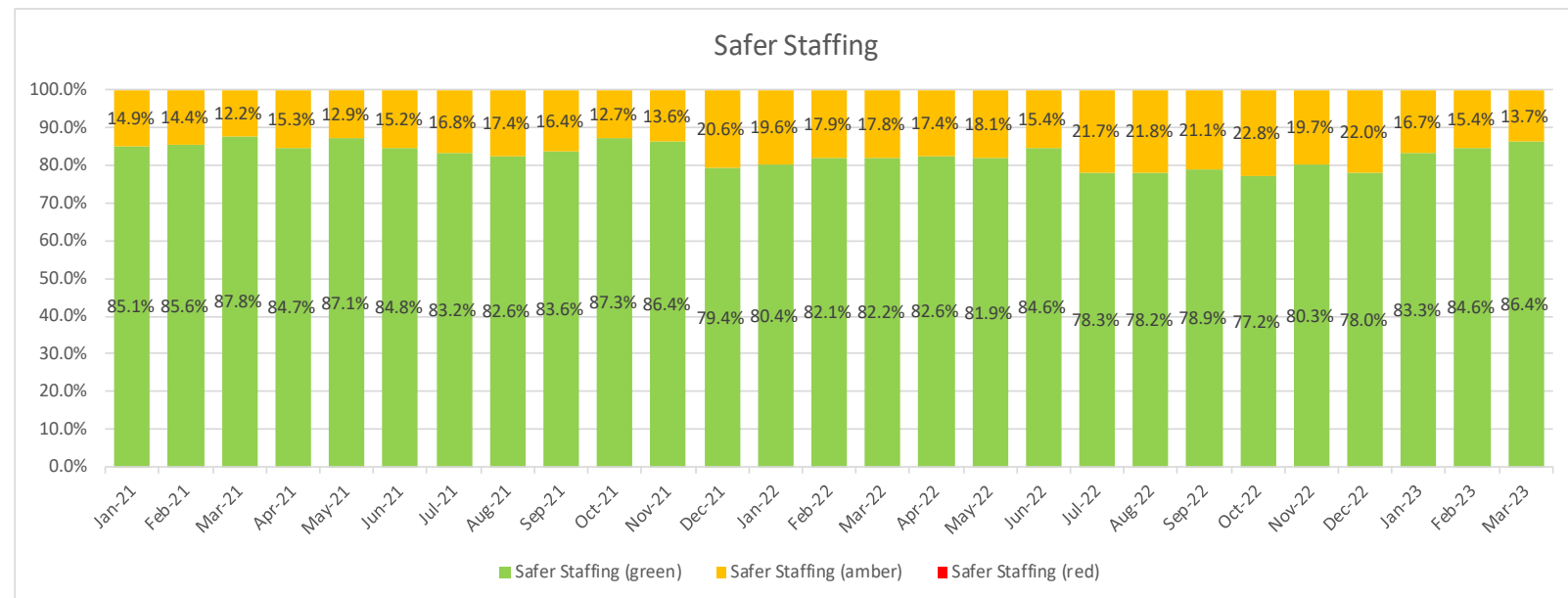
	Feb-23	Mar-23	Change
Average Cost	£507,008.93	£ 510,948.70	£ 3,939.77
Episodes	553	643	90
LT Sick Days %	4.25%	3.64%	-0.60%
ST Sick Days %	1.96%	2.33%	0.37%

Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
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<p>The SPC charts are to monitor the current trends around labour turnover (LTO), sickness, vacancy and recruitment rates.</p>	<p>The charts show normal variation within the SPC ranges for all elements (with exception of sickness).</p>	<ul style="list-style-type: none"> Sickness absence reduced from February, 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. Labour turnover reduced slightly this month, yet remains above target. Remains concentrated across all operational services 	<p><u>Sickness</u> – 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: continuing to promote the Trust Health and Wellbeing offer. A Health & Wellbeing lead is being appointed to support teams with team risk assessments and bespoke interventions to improve wellbeing.</p> <p><u>Labour turnover</u> – Exit questionnaire via 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. The agency usage scrutiny group monitors and reviews agency spend in line with turnover, recruitment and vacancy.</p>
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Lead Director	Phillipa Hubbard	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Grainne Eloi/ Kelly Barker	Accountable Committee	Quality & Safety	Under-performance

March 2023	Month	Safer Staffing (green)	Safer Staffing (amber)	Safer Staffing (red)
Safer Staffing – Compliance Levels	Jan-21	85.1%	14.9%	0.0%
	Feb-21	85.6%	14.4%	0.0%
	Mar-21	87.8%	12.2%	0.0%
Data Monitoring	Apr-21	84.7%	15.3%	0.0%
	May-21	87.1%	12.9%	0.0%
	Jun-21	84.8%	15.2%	0.0%
Improving fill rate of required shifts over last quarter	Jul-21	83.2%	16.8%	0.0%
	Aug-21	82.6%	17.4%	0.0%
	Sep-21	83.6%	16.4%	0.0%
	Oct-21	87.3%	12.7%	0.0%
	Nov-21	86.4%	13.6%	0.0%
Goal/Target	Dec-21	79.4%	20.6%	0.0%
	Jan-22	80.4%	19.6%	0.0%
	Feb-22	82.1%	17.9%	0.0%
	Mar-22	82.2%	17.8%	0.0%
	Apr-22	82.6%	17.4%	0.0%
	May-22	81.9%	18.1%	0.0%
	Jun-22	84.6%	15.4%	0.0%
	Jul-22	78.3%	21.7%	0.0%
	Aug-22	78.2%	21.8%	0.0%
	Sep-22	78.9%	21.1%	0.0%
	Oct-22	77.2%	22.8%	0.0%
	Nov-22	80.3%	19.7%	0.0%
100% filled at appropriate levels.	Dec-22	78.0%	22.0%	0.0%
	Jan-23	83.3%	16.7%	0.0%
	Feb-23	84.6%	15.4%	0.0%
Amber - % of shifts filled below requested levels	Mar-23	86.4%	13.7%	0.0%
Red - % of shifts unfilled with Registered Staff				







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.	Monitored through daily lean management
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.	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.	Safer staffing group reviews and escalate concerns to Quality and Safety Committee
			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.

Lead Director	Phillipa Hubbard	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Kelly Barker / Grainne Eloi	Accountable Committee	Quality & Safety	Under-performance

March 2023	Heat Map - Inpatient Wards																	
Safer Staffing – Compliance Levels																		
Data Monitoring																		
Goal/Target																		
Care Hours Per Patient per Day increasing over last quarter (which will have positive impact on quality of service delivery)																		
90% for fill rates, 10% for annual leave, 4% for sickness																		
	Registered Safe Staffing						Unregistered Safe Staffing						Care Hour per Patient Day					
Inpatient Ward	Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Planned Registered CHPPD	Actual Registered CHPPD	Planned Unregistered CHPPD	Actual Unregistered CHPPD	Actual CHPPD Total	
Fern	92.68%	14.47%	96.67%	82.76%	0.00%	3.85%	108.11%	61.88%	121.67%	78.08%	1.94%	6.48%	3.1	3.1	3.9	10.5	13.6	
Heather	97.78%	11.36%	96.67%	82.76%	0.00%	4.33%	128.57%	60.00%	152.78%	90.55%	2.59%	5.43%	3.1	2.9	4.3	8.6	11.5	
Bracken	94.44%	7.06%	98.33%	66.10%	4.28%	5.17%	123.38%	54.44%	122.67%	72.83%	6.92%	7.00%	2.9	2.5	5.2	5.7	8.2	
Ashbrook	85.06%	33.78%	93.33%	100.00%	1.22%	10.20%	134.76%	68.65%	132.78%	92.05%	6.12%	5.22%	3.2	2.6	4.2	10.2	12.9	
Maplebeck	75.29%	51.56%	100.00%	88.33%	2.88%	8.06%	123.89%	69.29%	127.27%	81.95%	4.04%	6.00%	2.9	2.1	3.7	8.6	10.7	
Oakburn	95.51%	29.41%	98.33%	69.49%	0.75%	3.80%	130.00%	65.89%	132.38%	95.32%	2.07%	3.99%	3.1	3.0	3.9	7.6	10.5	
Baildon	98.33%	5.08%	100.00%	60.00%	0.00%	9.25%	113.33%	41.18%	103.33%	52.69%	5.70%	4.73%	3.9	4.6	7.7	9.4	14.0	
Ilkley	96.67%	6.90%	100.00%	53.33%	4.78%	18.24%	102.22%	54.35%	101.11%	48.35%	4.29%	7.63%	5.0	5.5	8.3	9.2	14.8	
Thornton	72.97%	31.48%	96.67%	94.83%	0.79%	6.97%	125.52%	52.28%	121.33%	79.12%	0.66%	5.15%	4.7	5.1	9.8	14.5	19.5	
Assessment & Treatment Unit (LD)	75.32%	6.90%	150.00%	84.44%	8.85%	10.91%	164.73%	66.12%	278.33%	95.21%	5.57%	5.09%	5.1	5.0	11.6	23.3	28.3	
Clover (PICU)	77.78%	24.68%	70.79%	77.78%	0.59%	5.27%	148.10%	54.34%	147.62%	82.90%	3.77%	2.67%	7.0	7.0	10.5	18.8	25.9	
Step Forward (Rehab)	100.00%	45.00%	100.00%	100.00%	0.43%	11.14%	117.78%	55.66%	101.11%	89.01%	5.43%	5.72%	4.4	3.6	5.8	4.1	7.7	
Dementia Assessment Unit (DAU)	88.14%	21.15%	98.33%	64.41%	7.43%	13.50%	160.00%	61.50%	173.89%	78.91%	2.27%	7.61%	8.3	5.7	19.6	13.4	19.1	
Total	87.94%	21.91%	96.52%	79.55%	2.27%	7.87%	133.30%	60.58%	141.59%	83.51%	3.78%	5.49%	3.9	3.6	6.4	10.2	13.8	
<i>This is based on the total number required in the month against the total number who worked</i>																		
RAG Ratings Fill rates Over 100% - Blue >90% - Green 80-90% - Amber <80% - Red Annual Leave >14.1% - Red 10-14% - Amber <10 - Green Sickness >5% - Red 4-5% - Amber <4 - Green																		

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









Safeguarding Dashboard (March 2023)

Metric	Goal & Assurance/ Action status	Current & Variation		Average
Safeguarding Adult Referrals	N/A 	21	N/A	9.1
Safeguarding Children Referrals	N/A 	23 (Bradford)	N/A	21.2 (Bradford)
Duty Calls regarding adults	N/A 	114 (Bradford)	N/A	97.3 (Bradford)
Duty Calls regarding children	N/A 	53 (Bradford)	N/A	54.0 (Bradford)









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

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Serious Incidents	N/A	3	2.7
Duty of Candour incidents	0	1	1.0
Suicides	N/A	1	1.4
Expected Deaths	N/A	9	12.8
Unexpected Deaths	N/A	6	6.8
COVID related deaths – community	N/A	1 N/A	2.6
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 	816 	919.9
Violence & Aggression	N/A 	138 	194.4
Medication Errors	0 	43 	45.8
Near Misses	N/A 	12 	19.1

Staff and Service User Feedback Dashboard (March 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Formal Complaints	0 	4 	5.9
Concerns	0 	41 	52.1
Compliments	N/A 	16 	40.5
Freedom To Speak Up	N/A 	15 N/A	N/A
Friends & Family Test	90% 	92.1% -	-

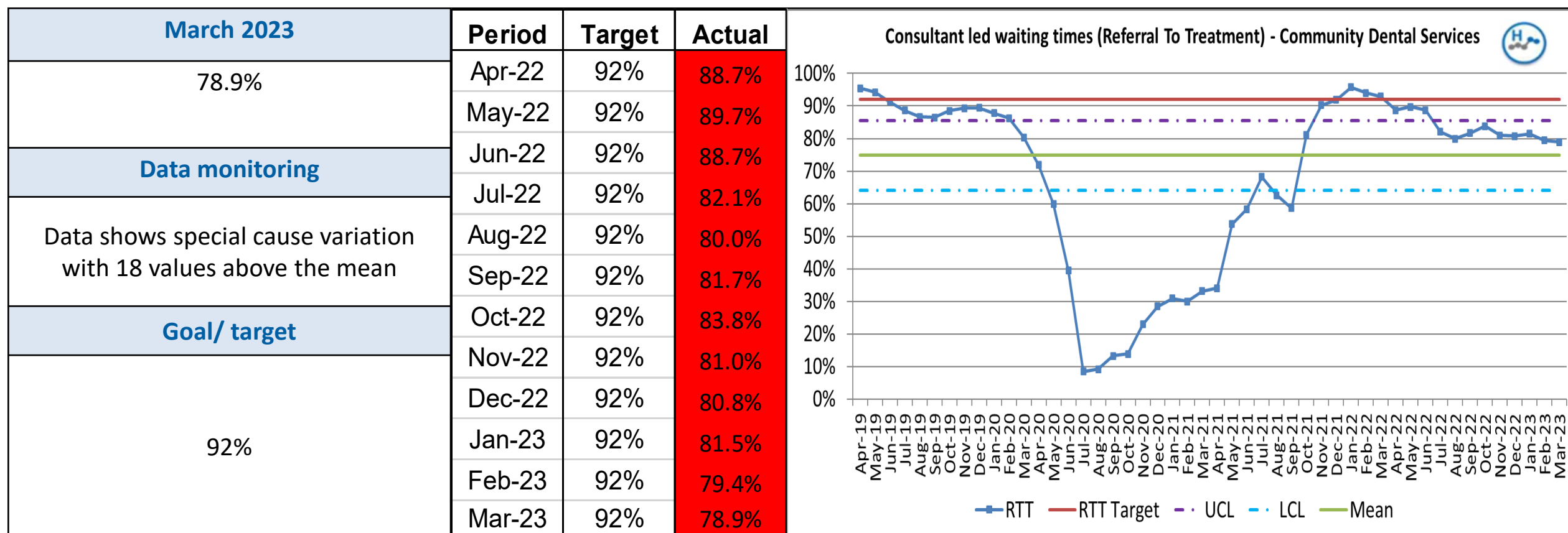
Quality of Care Delivery Dashboard (March 2023)

Metric	Goal & Assurance/ Action status	Current & Variation		Average
Infection Prevention & Control – Covid-19 positive cases (inpatients)	0	11	N/A	N/A
Pressure Ulcers associated with omissions in care	0	7	N/A	21
Insulin Errors	0	2	N/A	3.5
Facilities Summary (RIDDOR, Water Safety, Nutrition Standards)	N/A	0	N/A	N/A
Medical device maintenance	95%	88.8% (high risk) 71.3% (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 (March 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Urgent Community Response – 2 hour response	70%	88.0%	
Consultant led waiting times (incomplete) - Referral to Treatment	92%	78.9%	74.9%
Patients waiting more than 52 weeks (incomplete)	0	0	
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	767	
Inappropriate out of area bed days	0 (Q4)	2240	

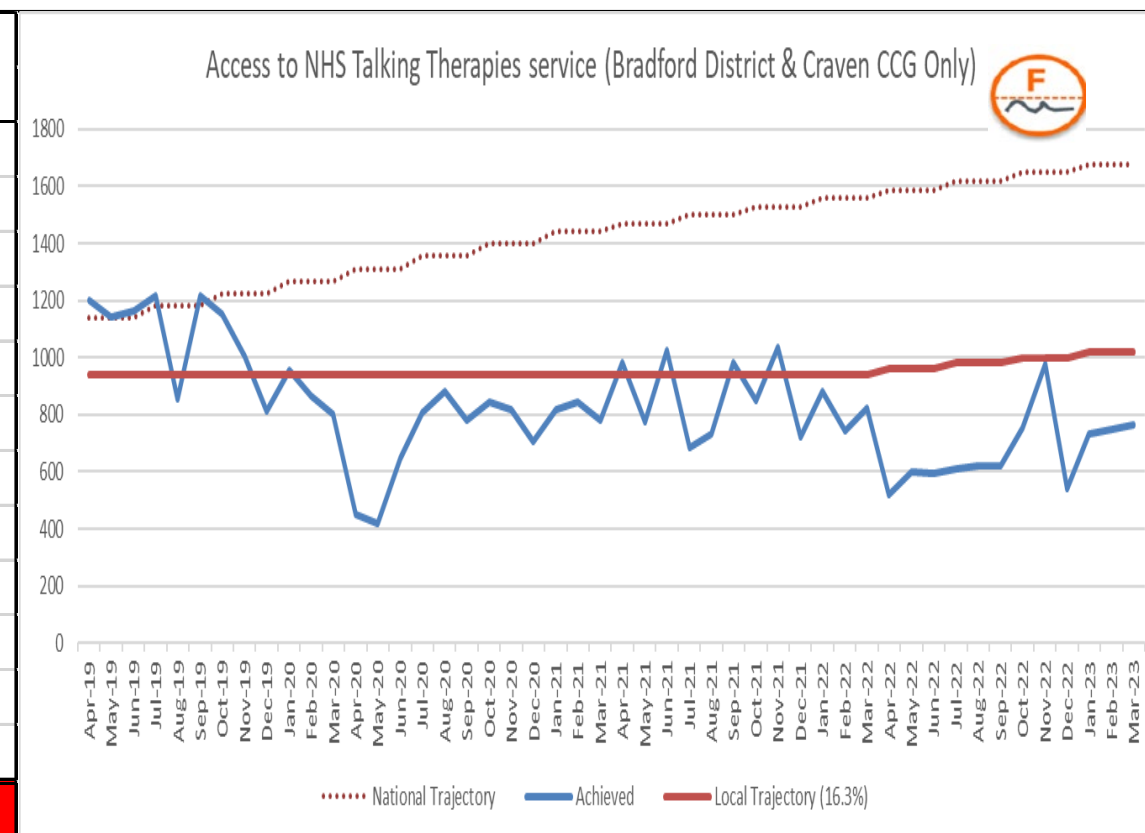
Lead Director	Kelly Barker	Narrative agreed at	Senior Leadership Team	Action Status
Owner/Source	Business Intelligence	Accountable Committee	Quality & Safety Committee	Underperformance



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)	78.9% of patients are waiting less than 18 weeks in March 2023 290 patients waiting Longest wait is 42.14 weeks 0 patients waiting more than 52 weeks	<ul style="list-style-type: none"> 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. Cancellation of some theatre sessions, including in December 2022 due to winter pressures. 	<ul style="list-style-type: none"> 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. Weekly exodontia (tooth extraction) session at Airedale General Hospital restarted in March 2023. 	All referrals received are triaged; waiting lists are validated and monitored on a weekly basis.	<ul style="list-style-type: none"> Demand increasing from all referrers. Managing patients within COVID guidelines and hospital staffing issues mean that performance will continue to fluctuate. Due to winter pressures in both acute trusts, unable to secure additional theatre sessions January to March 2023 to support waiting list reduction.

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

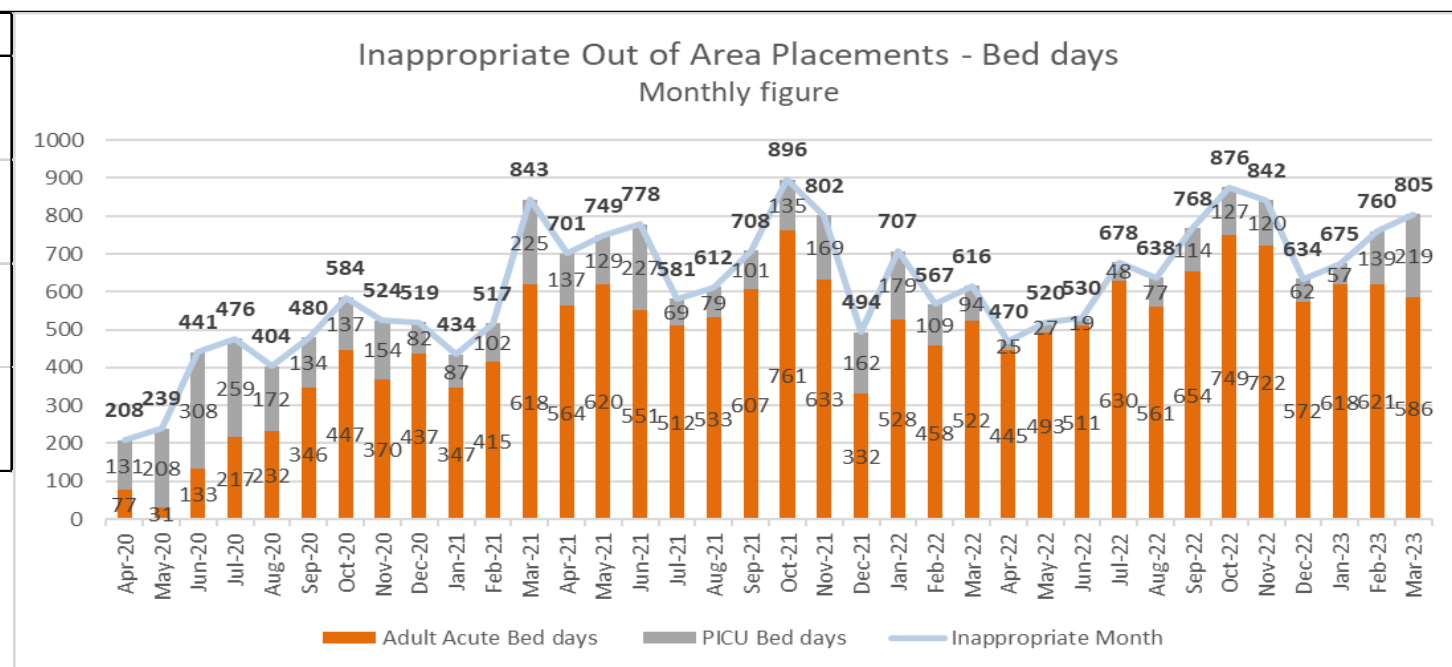
March 2023	Period	Target		Actual
		National	Contractual	
March - 767 (provisional)	Apr-22	1589	962	520
Year to date – 8082	May-22	1589	962	600
(April 2022 – March 2023)	Jun-22	1589	962	595
Data monitoring	Jul-22	1619	982	610
Variation indicates falling short of the local contractual target	Aug-22	1619	982	620
Goal/ target	Sep-22	1619	982	620
National trajectory = 1679 (Month - March)	Oct-22	1649	1000	755
= 19611 (Year to date – April - March)	Nov-22	1649	1000	975
Local contractual target = 1020 (Month - March)	Dec-22	1649	1000	540
= 11892 (Year to date – April - March)	Jan-23	1679	1020	731
	Feb-23	1679	1020	749
	Mar-23	1679	1020	767
	YTD	19611	11892	8082



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Number of people who first receive NHS Talking Therapies for Anxiety and Depression (formerly Improving Access to Psychological Therapies) recognised advice and signposting or start a course of talking therapy within the reporting period.	<ul style="list-style-type: none"> 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. Commissioned activity is below the national access target. 	<ul style="list-style-type: none"> Increased complexity impacting session length and reducing need for group therapy. High levels of long term and short term sickness absence. 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'. 	<ul style="list-style-type: none"> Changes to self referral process to reduce assessment duration and increase therapy capacity. Outsourcing activity to private provider to support backlog and waits. Focus on Talking Therapies workforce issues at West Yorkshire level. Working with communications on advertising, to increase referrals. During 2023/24, work will be undertaken to transform the model and align to core community mental health transformation. 	Monthly waiting list meeting in place, with review of outliers.	Forward trajectory, reflecting Mental Health Investment Standard funding and workforce challenges, has been agreed as part of the 2023/24 operational plan.

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

January – March 2023	Period	Trajectory	Actual
2240 bed days	Q1	2063	1520
Data monitoring	Q2	1406	2084
	Q3	0	2352
Goal/ target	Q4	0	2240
2063 Q1			
1406 Q2			
0 Q3			
0 Q4			



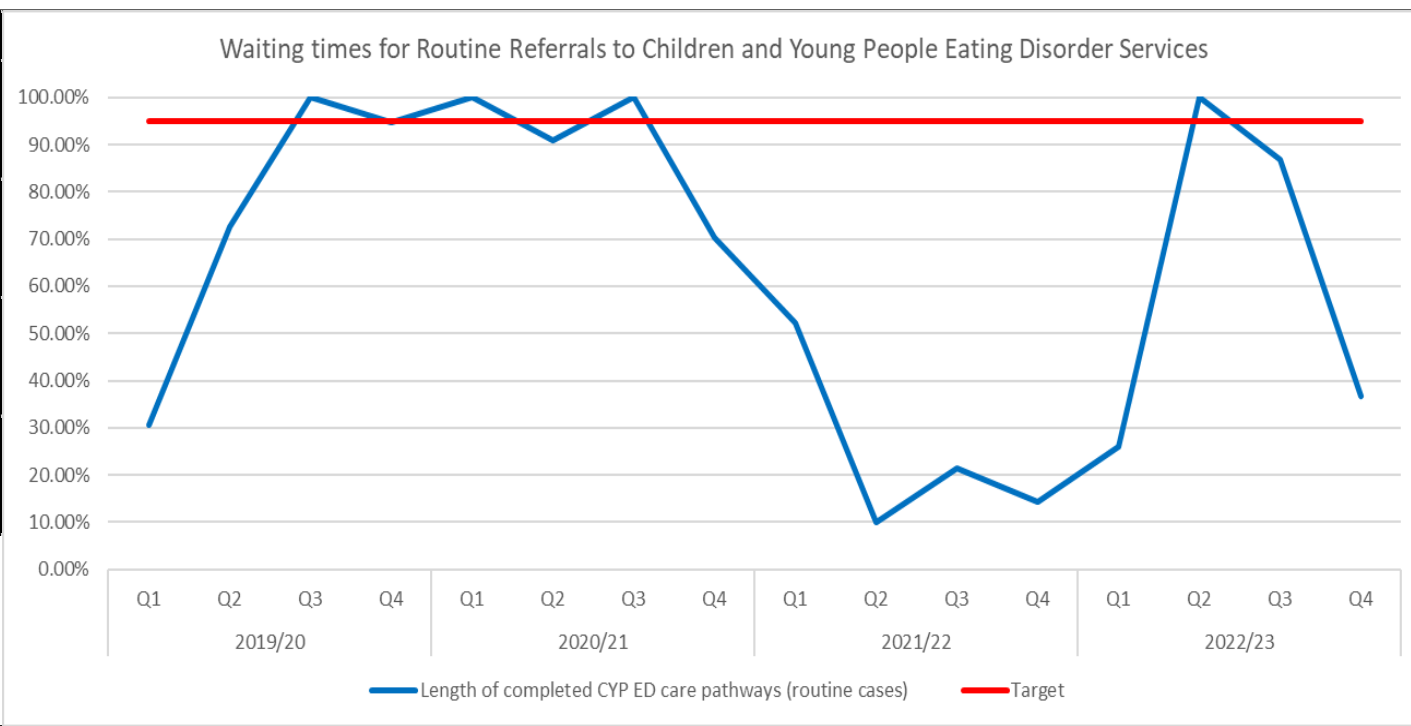
Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area	<p>Adult acute: 35 patients out of area in March (586 bed days).</p> <p>Psychiatric Intensive Care Unit (PICU): 10 patients out of area in March (219 bed days).</p>	<ul style="list-style-type: none"> High levels of acuity on adult acute wards. Actions to maintain COVID safe ward environments – capacity reduced by 10 beds to support isolation and cohorting of patients. 	<ul style="list-style-type: none"> Independent sector contract, with assurance framework in place to oversee quality and maximise capacity available. 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. Tactical actions to improve inpatient flow being taken, including targeted intervention for service users with the longest length of stay. 	<ul style="list-style-type: none"> Daily communication cells, chaired at deputy director and head of nursing level, across inpatient services, focussing on staffing and deployment and on expediting discharges to free up capacity. West Yorkshire system wide work on adult acute mental health pathway and PICU pathway. 	<ul style="list-style-type: none"> Improved flow through adult acute mental health inpatient beds, reduction in occupied bed days and reduction in out of area bed days are key priorities in the 2023/24 operational plan: a forward trajectory has been agreed. Four crisis respite beds, being mobilised by Bradford Council and Bradford and Craven Health and Care Partnership, are due to open in May 2023. The 2023/24 operational plan assumes application of the continuity principles from 1 April 2023, under which beds block contracted from an independent sector provider would no longer be reported as inappropriate out of area placements.

NHS Long Term Plan Mental Health Metrics Dashboard (March 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%	36.8%	
NHS Talking Therapies for Anxiety and Depression (formerly IAPT) Recovery Rate	50%	57.5%	52.8%
Waiting times NHS Talking Therapies for Anxiety and Depression (formerly IAPT) i) 6 weeks	75%	71.1%	92.4%
Waiting times NHS Talking Therapies for Anxiety and Depression (formerly IAPT) ii) 18 weeks	95%	99.4%	99.3%
NHS Talking Therapies for Anxiety and Depression (formerly IAPT) waiting >90 days between 1st & 2nd Treatment	<10%	5.6%	
Waiting times – first episode of psychosis	60%	82.6%	79.9%
Data Quality – Mental Health Services Dataset (MHSDS) Score	90% 2022/23	93.9%	

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

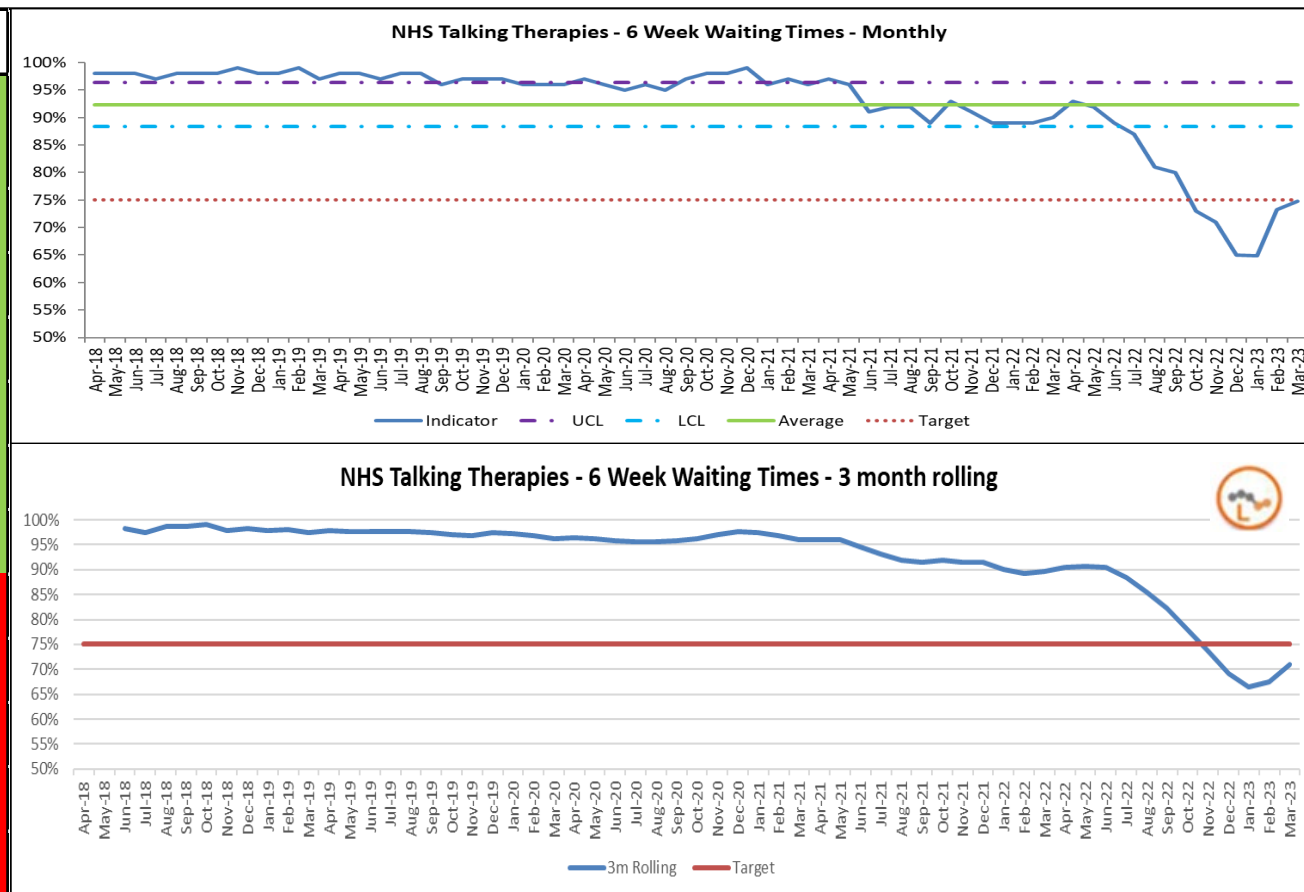
Quarter 4 2022/23	Period	Target	Actual
36.8%	Q1	95%	26.0%
Data monitoring	Q2	95%	100.0%
	Q3	95%	86.9%
Goal/ target	Q4	95%	36.8%
95%			



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	National access standard was met in quarter 2 of 2022/23 for the first time since quarter 3 of 2020/21. Relatively small numbers results in variation. In quarter 4 of 2022/23, 7 out of 19 children and young people waited less than four weeks to start treatment.	<ul style="list-style-type: none"> 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. Changing profile of children and young people with higher complexity and acuity of presentations Inpatient capacity challenges - increase in the number of acutely unwell patients being cared for in the community 	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.	Forecast to meet 95% target from quarter 1 of 2023/24 onwards.







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

January 2023 – March 2023	Period	Target	3m Rolling
71.1% (provisional)	Apr-22	75.0%	90.4%
Data monitoring	May-22	75.0%	90.6%
Data shows special cause variation with the last 9 values below the lower control limit	Jun-22	75.0%	90.4%
	Jul-22	75.0%	88.4%
	Aug-22	75.0%	85.5%
	Sep-22	75.0%	82.3%
Goal/ target	Oct-22	75.0%	78.0%
75% (3 month rolling)	Nov-22	75.0%	73.7%
	Dec-22	75.0%	69.0%
	Jan-23	75.0%	66.5%
	Feb-23	75.0%	67.5%
Mar-23	75.0%	71.1%	



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
NHS Talking Therapies for Anxiety and Depression (formerly Improving Access to Psychological Therapies) - Proportion of people completing treatment who waited less than 6 weeks from referral to 1 st treatment.	Data shows special cause variation with the last 9 values below the lower control limit	<ul style="list-style-type: none"> Increasing intensity and waits in steps 2 and 3 (4 months). 30% of step 3 are Post Traumatic Stress Disorder (PTSD). High levels of long term and short term sickness absence. 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'. 	<ul style="list-style-type: none"> Changes to self referral process to reduce assessment duration and increase therapy capacity. Outsourcing activity to private provider to support backlog and waits. Non recurrent monies being utilised to mobilise increased activity. Work undertaken to improve administration processes. 	Monthly waiting list meeting in place, with review of outliers.	Revised pathway in place. Performance forecast to meet the 75% target from 2023/24 quarter 1.

Metrics Dashboard (February 2023)

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%  	98.5% 	99.2%

Incidents Dashboard (February 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average per month
Full Interventions	0	67	51
Full Interventions Males only	0	20	35
Full Interventions Females only	0	47	28
Full interventions Male & Female tracked	0	NA	NA
Prone Restraint	0	0	0.3
Rapid Tranquillisation	0	35	24
Seclusion	0	4	5
Restrictions and Segregation totals	0	35 (up from 26)	35
Blanket Restrictions	0	34 (up from 26) N/A	35
Individual Restrictions	0	1 (up from 0) N/A	1
Long-Term Segregation	0	0 (0 for 12 months consecutive) N/A	0

Training Dashboard (February 2023)

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%	93.29%	80.70%
CPA Care Planning	80%	95.53%	84.50%
CPA Clinical Risk	80%	91.50%	83.20%
Mental Capacity Act	80%	92.67%	95.60%
Mental Health Act Qualified Staff	80%	92.27%	87.70%
Mental Health Act for Health Care Support Workers	80%	87.32%	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 (March 2023)

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

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

March 2023	<h2>Theme 2 – Belonging in the Organisation</h2>
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Equality	2021/22	2020/21	Status
Improved Performance against the WRES indicators:			
Relative likelihood of white staff being appointed from shortlisting	0.97	2.41	Improvement
Relative likelihood of BAME staff entering the formal disciplinary	3.21	2.64	Increase
Relative likelihood of white staff accessing non-mandatory training	1.10	1.02	Increase
Improved Performance against the WDES indicators:			
Relative likelihood of Disabled staff being appointed from shortlisting	0.80	0.93	Decrease
Relative likelihood of Disabled staff entering the formal capability	0.54	0.00	Increase
Equality	2021/22	2020/21	Status
Improved Mean Gender Pay Gap	7.55%	9.39%	Improvement
Improved Median Gender Pay Gap	-5.78%	-3.77%	Improvement

Summary

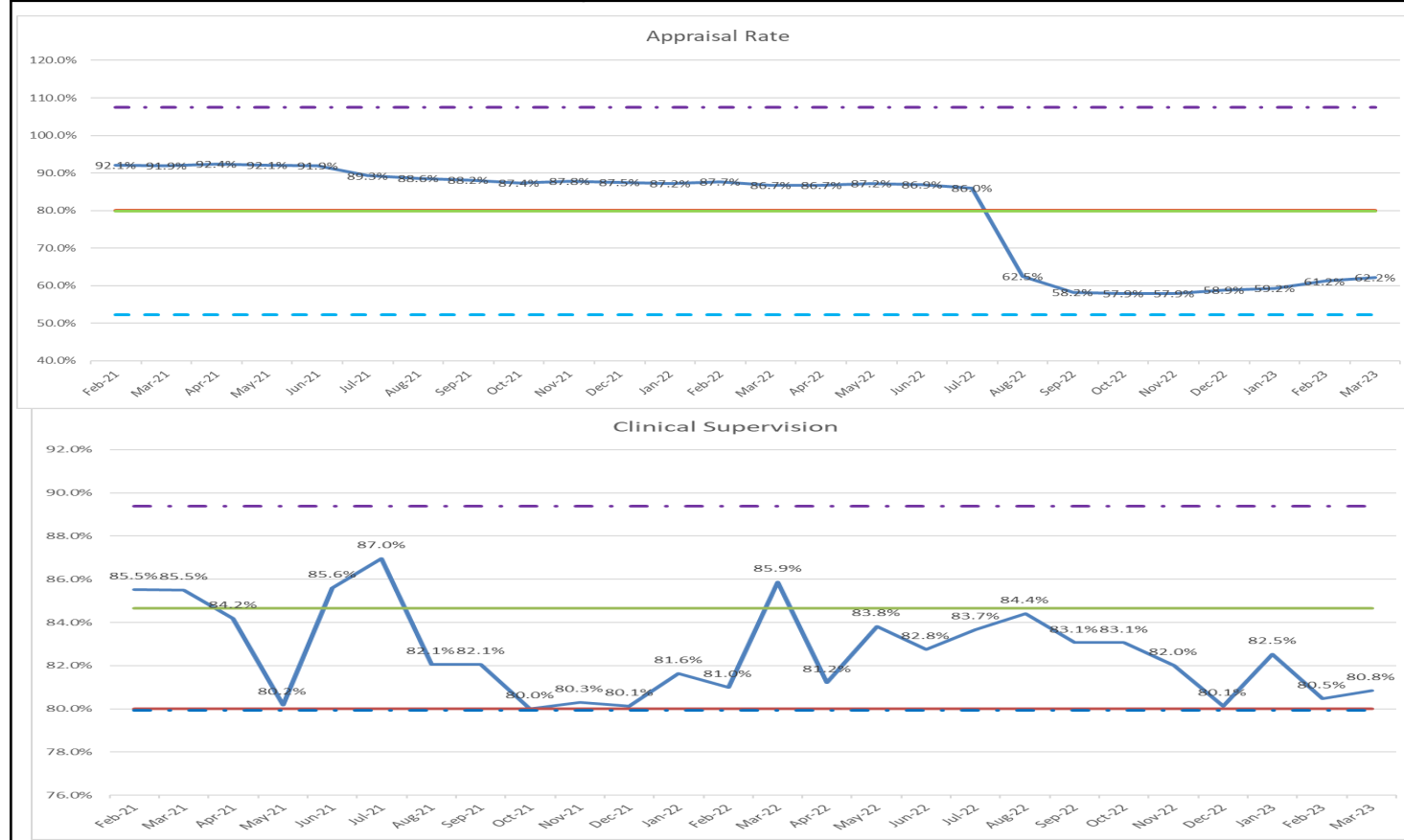
Between 2020/21 and 2021/22, two of the Workforce Race Equality System (WRES) indicators and two of the Workforce Disability Equality Scheme (WDES) indicators deteriorated. Actions to address this are embedded into the Workforce Diversity, Inclusion and Equality plan and are now being delivered. For example; the involvement of Black and Ethnic Minority staff in recruiting appointments at band 8a and above, a review of the disciplinary process has been completed and the Trust is part of an Integrated Care System project team which is reviewing and updating recruitment and selection processes.

The WRES/WDES submissions for 2021/22 were made in August 2022. Gender Pay Gap figures for 2021/22 were submitted in March 2022.

Following feedback received from the national WRES team, a revised WRES action plan is being presented to the Workforce and Equality Committee, which reflects all the work being carried out by the Trust to address the inequalities identified in the WRES data.

Lead Director	Bob Champion	Narrative agreed at	Quality Director call out	Action Status
Owner/Source	Michelle Holland	Accountable Committee	Workforce Committee	Steady state

March 2023 Theme 2 – Belonging in the Organisation



Org L3	Appraisal Requirement Volume	Compliance Volume	Compliance Percentage
453 Business Performance (Level 3)	23	14	61.00%
453 Clinical Administration Hubs (Level 3)	201	170	85.00%
453 Community Adult Physical Health Services (Level 3)	664	327	49.00%
453 Community Children's Services Care Group (Level 3)	324	235	73.00%
453 Estates & Facilities (Level 3)	172	104	60.00%
453 Finance (Level 3)	26	6	23.00%
453 Human Resources (Level 3)	100	46	46.00%
453 IM & T (Level 3)	52	21	40.00%
453 Medical Administration (Level 3)	47	17	36.00%
453 Mental Health Care Group (Level 3)	1320	898	68.00%
453 Nursing Quality and Governance (Level 3)	40	20	50.00%
453 Operations Management (Level 3)	19	9	47.00%
453 Professions Leads (Level 3)	7	4	57.00%
453 Specialist Services & Nursing (Level 3)	35	20	57.00%
453 Trust Exec Office (Level 3)	20	8	40.00%
453 Trust Management (Level 3)	32	17	53.00%
Total	3082	1916	62.17%

Care Group	No	Yes	Grand Total	% Compliance
453 Community Adults Services Care Group (Level 3)	95	380	475	80.00%
453 Community Children's Services Care Group (Level 3)	30	144	174	82.76%
453 Mental Health Care Group (Level 3)	154	640	794	80.60%
453 Nursing Quality and Governance (Level 3)	8	9	17	52.94%
453 Specialist Children's Services (Level 3)	2	46	48	95.83%
Grand Total	289	1219	1508	80.84%

Summary

Appraisal: Appraisal compliance has fallen significantly. A recording error meant that previous figures also mistakenly included supervisions recorded within the Electronic Staff Record (ESR). This issue has now been rectified and supervisions excluded from the figures, therefore the figures for August 2022 are the new baseline from which compliance will be measured. Compliance has increased slightly to 62.17% in March 2023.

Action: Managers to be reminded that appraisals are required to be recorded appropriately in ESR, and refreshed guidance to be issued on what data is available to maintain oversight of compliance rates through Manager Self-service.

Clinical Supervision: Compliance had been maintained, with 1 Care Group falling below target. Any lower compliance is mainly due to high workload and reduced staffing levels due to vacancy and sickness.

Actions: Monitoring and review of compliance levels continues on a weekly basis, with reminders to services issued on the requirement to accurately record in ESR as part of Manager self-service processes. Services continue to plan/ book clinical supervision meetings in with staff.