











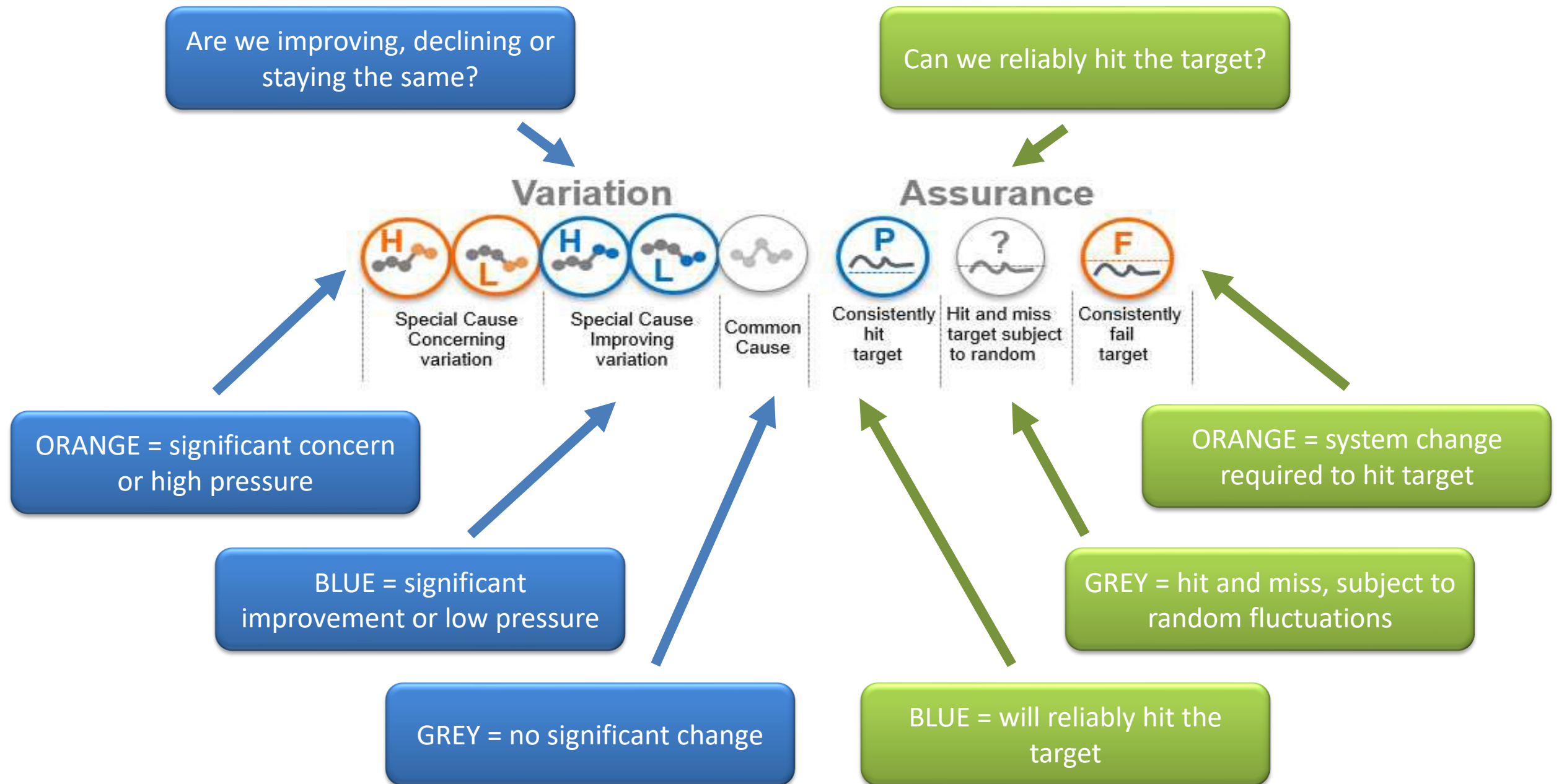
## A note on the charts used in this data pack

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 (September 2022)

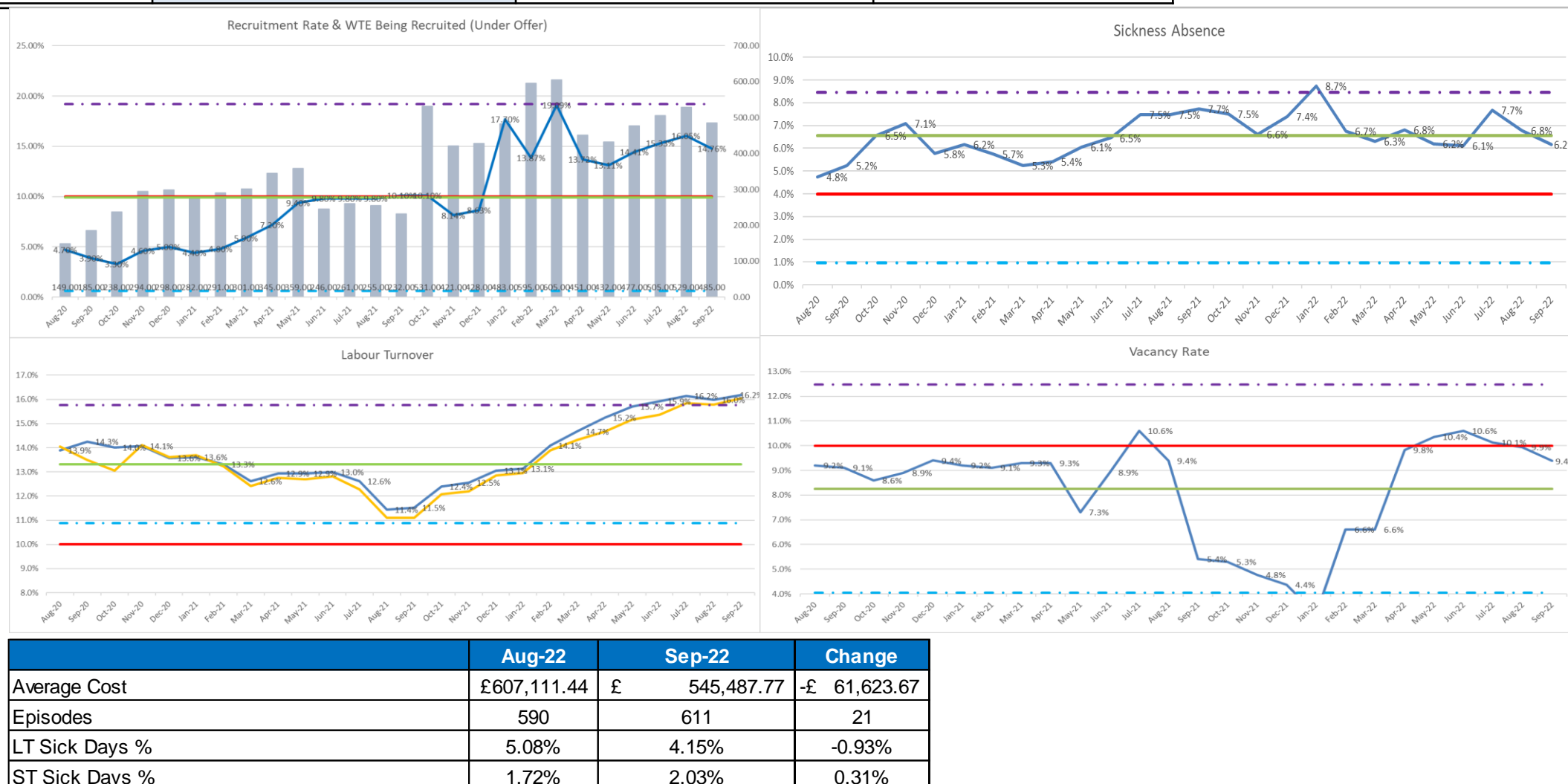
Metric	Goal & Assurance/ Action status		Current & Variation		Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		14.76%		Recruitment rate increasing from start of new financial year, now above target
Key Workforce Metrics – Sickness Rate	4%		6.17%		Sickness rate reduced by 0.6% from August
Key Workforce Metrics – Labour Turnover (LTO) Rate	10%		16.17%		LTO continues to be above target but has remained static since April.
Key Workforce Metrics – Vacancy Rate	10%		9.38%		Vacancy rate remained the same, and both below target and LTO rate
Mandatory Training Summary	80%		84.59%		Overall compliance remains above 80%
Appraisal Rates Summary	80%		58.21%		Appraisal compliance has dropped significantly due to a technical recording issue which has now been resolved.
Clinical Supervision Rates Summary	80%		83.06%		Compliance rate had 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>	Finance, Business & Investment, Quality & Safety, Workforce & Equality	Overall – Watching Brief

## Bradford District Care NHS Foundation Trust

KPI	Target	Mean	Lower Control Limit	Upper Control Limit

<b>September 2022</b>
Key workforce metrics
<b>Data monitoring</b>
Sickness rate reducing over last quarter
Labour turnover rate continues to increase
<b>Goal/ target</b>
10% target for labour turnover, recruitment and vacancy rates, and 4% target for sickness absence

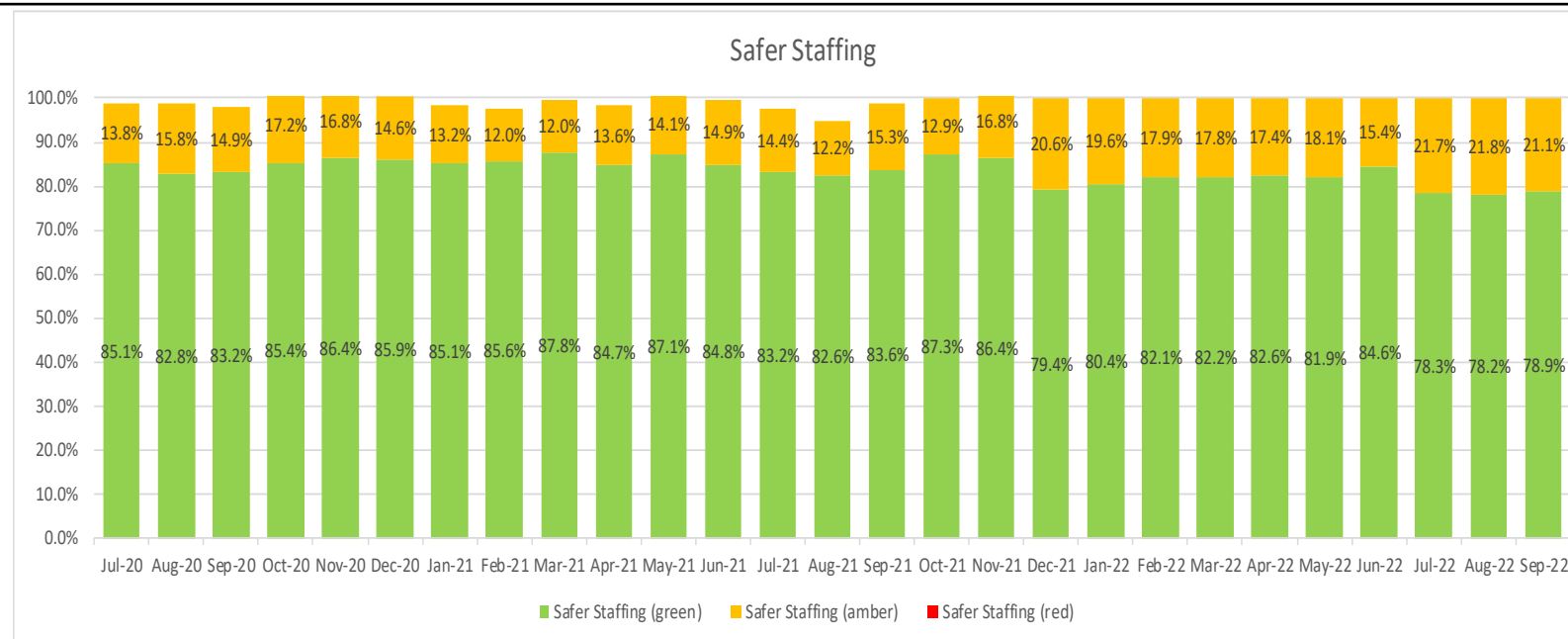


Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
SPC charts to monitor the current trends around labour turnover (LTO), sickness, vacancy and recruitment rates.	The charts show normal variation within the SPC ranges for all elements (with exception of sickness), however all figures are towards the upper control limits. Sickness has been climbing however has reduced by 0.6% in September.	<ul style="list-style-type: none"> <li>Sickness absence reduced from August, 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 has increased again this month, and 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 in place for managing long COVID symptoms. 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 / Kelly Barker	<b>Accountable Committee</b>	Quality & Safety	Under-performance

<b>September 2022</b>	<b>Month</b>	<b>Safer Staffing (green)</b>	<b>Safer Staffing (amber)</b>	<b>Safer Staffing (red)</b>
<b>Safer Staffing – Compliance Levels</b>	Jul-20	85.1%	13.8%	0.0%
	Aug-20	82.8%	15.8%	0.0%
	Sep-20	83.2%	14.9%	0.0%
	Oct-20	85.4%	17.2%	0.0%
<b>Data Monitoring</b>	Nov-20	86.4%	16.8%	0.0%
	Dec-20	85.9%	14.6%	0.0%
	Jan-21	85.1%	13.2%	0.0%
	Feb-21	85.6%	12.0%	0.0%
<b>Improving fill rate of required shifts over last quarter</b>	Mar-21	87.8%	12.0%	0.0%
	Apr-21	84.7%	13.6%	0.0%
	May-21	87.1%	14.1%	0.0%
	Jun-21	84.8%	14.9%	0.0%
<b>Goal/Target</b>	Jul-21	83.2%	14.4%	0.0%
	Aug-21	82.6%	12.2%	0.0%
	Sep-21	83.6%	15.3%	0.0%
	Oct-21	87.3%	12.9%	0.0%
	Nov-21	86.4%	16.8%	0.0%
	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%
<b>100% filled at appropriate levels.</b>	Jul-22	78.3%	21.7%	0.0%
	Aug-22	78.2%	21.8%	0.0%
	Sep-22	78.9%	21.1%	0.0%
<b>Amber - % of shifts filled below requested levels</b>				
<b>Red - % of shifts unfilled with Registered Staff</b>				







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. 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.
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.		

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














September 2022	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	80.77%	20.63%	93.10%	79.63%	0.00%	4.02%	146.21%	79.25%	157.76%	76.50%	1.46%	5.99%	3.1	2.9	3.7	5.3	8.3
	Heather	84.71%	18.06%	82.76%	79.17%	3.97%	3.14%	111.33%	66.37%	130.46%	85.90%	2.34%	2.16%	2.8	2.5	2.7	5.3	7.8
	Bracken	77.01%	25.37%	79.31%	91.30%	3.79%	5.14%	131.75%	37.75%	113.10%	74.39%	3.85%	5.01%	3.0	2.8	5.3	6.6	9.3
	Ashbrook	86.75%	27.78%	79.31%	89.13%	4.16%	5.49%	165.03%	68.54%	160.92%	83.21%	4.12%	3.70%	3.0	2.6	3.3	6.2	8.8
	Maplebeck	75.00%	29.82%	84.48%	75.51%	0.89%	6.31%	143.50%	64.06%	150.25%	83.61%	2.96%	3.83%	2.8	2.1	3.4	5.1	7.1
	Oakburn	84.71%	33.33%	89.66%	59.62%	2.76%	2.53%	158.04%	76.55%	167.00%	93.22%	4.02%	3.56%	2.8	2.3	3.4	5.9	8.2
	Baildon	93.10%	1.85%	103.45%	50.00%	2.67%	7.73%	149.43%	41.54%	121.84%	62.26%	0.00%	6.95%	4.2	4.6	7.0	8.7	13.3
	Ilkley	100.00%	3.45%	100.00%	27.59%	0.89%	8.62%	100.00%	48.28%	98.85%	44.19%	2.74%	6.21%	3.4	3.7	5.6	6.5	10.2
	Thornton	66.67%	25.93%	86.21%	102.00%	7.59%	1.08%	138.96%	48.60%	113.10%	80.49%	3.25%	2.00%	5.8	6.4	12.2	18.4	24.9
	Assessment & Treatment Unit (LD)	61.64%	11.11%	79.31%	60.87%	8.41%	8.64%	151.56%	64.60%	192.24%	87.89%	8.25%	6.20%	7.9	7.8	17.2	33.5	41.3
	Clover (PICU)	76.84%	19.18%	65.85%	74.07%	0.43%	2.41%	149.26%	49.17%	155.67%	87.66%	3.50%	5.05%	6.7	5.5	10.1	16.2	21.8
	Step Forward (Rehab)	87.93%	1.96%	100.00%	41.38%	0.44%	2.39%	131.03%	23.68%	100.00%	72.41%	3.23%	4.73%	3.7	4.0	5.0	5.3	9.3
Dementia Assessment Unit (DAU)	78.05%	20.31%	81.03%	70.21%	1.20%	6.44%	139.01%	45.06%	111.49%	48.45%	7.22%	5.15%	8.1	6.5	18.9	34.3	40.8	
Total	80.28%	19.20%	83.94%	72.24%	2.94%	4.71%	141.50%	58.04%	139.71%	79.54%	3.82%	4.43%	3.8	3.4	5.8	9.2	12.6	
	This is based on the total number required in the month against the total number who worked																	
	RAG Ratings																	
	Fill rates						Annual Leave						Sickness					
	Over 100% - Blue						>14.1% - Red						>5% - Red					
	>90% - Green						10-14% - Amber						4-5% - 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 (September 2022)









Metric	Goal & Assurance/ Action status		Current & Variation		Average
Safeguarding Adult Referrals	N/A		9	N/A	6.2
Safeguarding Children Referrals	N/A		22 (Bradford) 9 (Wakefield)	N/A	23.1 (Bradford) 10.1 (Wakefield)
Duty Calls regarding adults	N/A		103 (Bradford) 0 (Wakefield)	N/A	82.0 (Bradford) 0.0 (Wakefield)
Duty Calls regarding children	N/A		53 (Bradford) 11 (Wakefield)	N/A	53.1 (Bradford) 18.7 (Wakefield)

# Serious Incidents, Duty of Candour & Mortality Dashboard (September 2022)









Metric	Goal & Assurance/ Action status		Current & Variation		Average
Serious Incidents	N/A		4		2.7
Duty of Candour incidents	0		1		1.0
Suicides	N/A		3		1.4
Expected Deaths	N/A		16		13.0
Unexpected Deaths	N/A		12		6.6
COVID related deaths – community	N/A		1	N/A	3.0
COVID related deaths – inpatients	N/A		0	N/A	0.1
Structured Judgement Reviews	N/A		1	N/A	N/A










# Incidents Dashboard (September 2022)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
All incidents	N/A 	664 	924.4
Violence & Aggression	N/A 	127 	197.7
Medication Errors	0 	31 	46.3
Near Misses	N/A 	22 	19.7

# Staff and Service User Feedback Dashboard (September 2022)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Formal Complaints	0		7		5.8
Concerns	0		52		52.8
Compliments	N/A		30		42.5
Freedom To Speak Up	N/A		13	N/A	N/A
Friends & Family Test	90%		92.2%	-	-

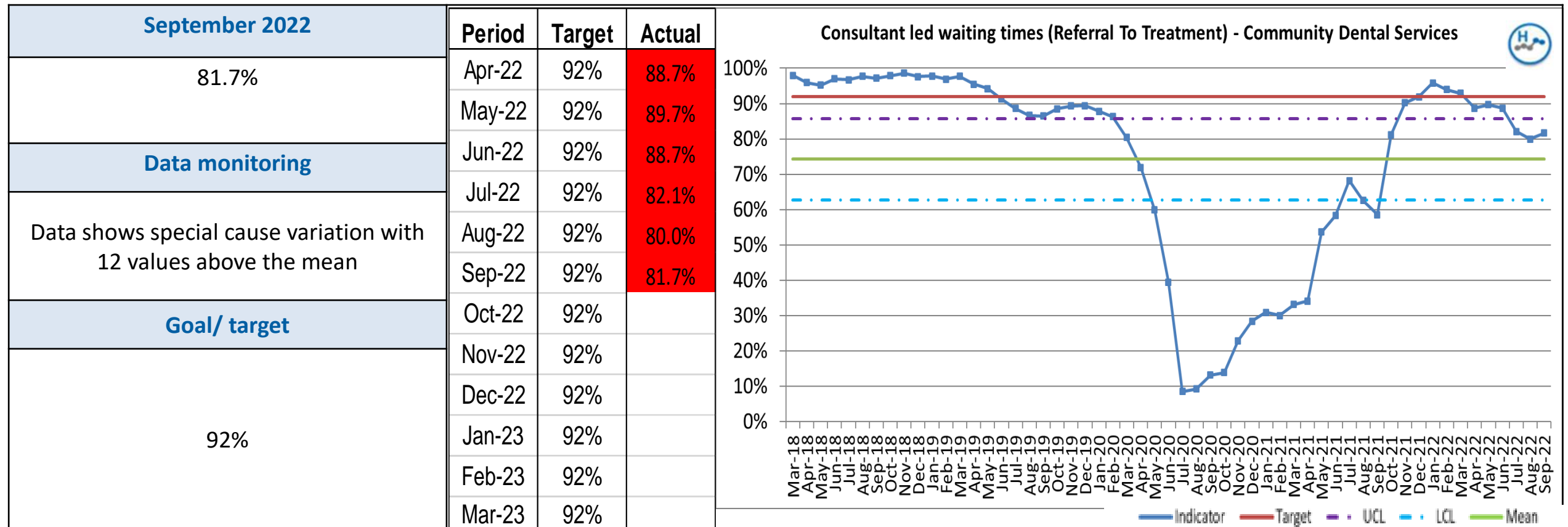
# Quality of Care Delivery Dashboard (September 2022)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Infection Prevention & Control	0		10	N/A	N/A
Pressure Ulcers	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
Equipment maintenance	95%		85.3% High risk 78.4% 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 (September 2022)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Urgent Community Response – 2 hour response	70% (from Dec 22)		100%		
Consultant led waiting times (incomplete) - Referral to Treatment	92%		81.7%		74.2%
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	982		586		
Inappropriate out of area bed days	1406 (Q2)		2087		

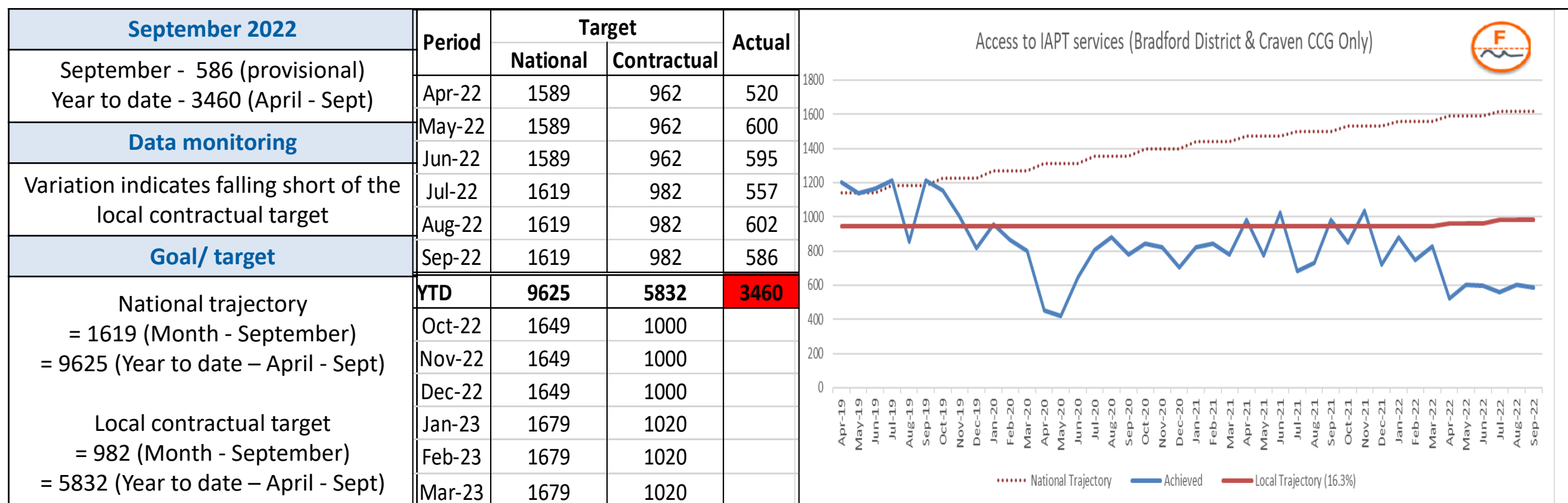
<b>Lead Director</b>	Kelly Barker	<b>Narrative agreed at</b>	Senior Leadership Team	<b>Action Status</b>
<b>Owner/Source</b>	Business Intelligence	<b>Accountable Committee</b>	Quality & Safety Committee	Underperformance



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)	<p>81.7% of patients are waiting less than 18 weeks in September 2022</p> <p>247 patients waiting</p> <p>Longest wait is 35.57 weeks</p> <p>0 patients waiting more than 52 weeks</p>	<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>Reduction in theatre sessions in April, May and June due to bank holidays.</li> <li>Cancellation of some theatre sessions.</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.</li> <li>Exploring access to additional operating lists. Three additional lists to be provided in October/November 2022.</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> </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 now returned to pre-COVID levels.</li> <li>Commissioned activity is below the national access target.</li> </ul>	<ul style="list-style-type: none"> <li>Increasing intensity in steps 2 and 3 and reduced need for group therapy.</li> <li>High levels of sickness, now reducing as staff return from long term sickness.</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> <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>Developing relationships with private providers 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> </ul>	Monthly waiting list meeting in place, with review of outliers.	<ul style="list-style-type: none"> <li>Access rates forecast to increase to 943 people per month from October 2022.</li> <li>As part of the 2022/23 operational plan, funding agreed to increase people accessing treatment from 11,316 in 2021/22 to 13,164 by 2023/24. Whilst the local access rate will still be below the national Long Term Plan ambition, this reflects the workforce challenges faced in recruiting qualified practitioners, together with increased complexity that impacts session length.</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

















2022/23 Quarter 2	Period	Trajectory	Actual
2087 bed days	Q1	2063	1520
<b>Data monitoring</b>			
Meeting 2022/23 trajectory	Q2	1406	2087
	Q3	0	
<b>Goal/ target</b>			
2063 Q1	Q4	0	
1406 Q2			
0 Q3			
0 Q4			

**Inappropriate Out of Area Placements - Bed days**  
Monthly figure

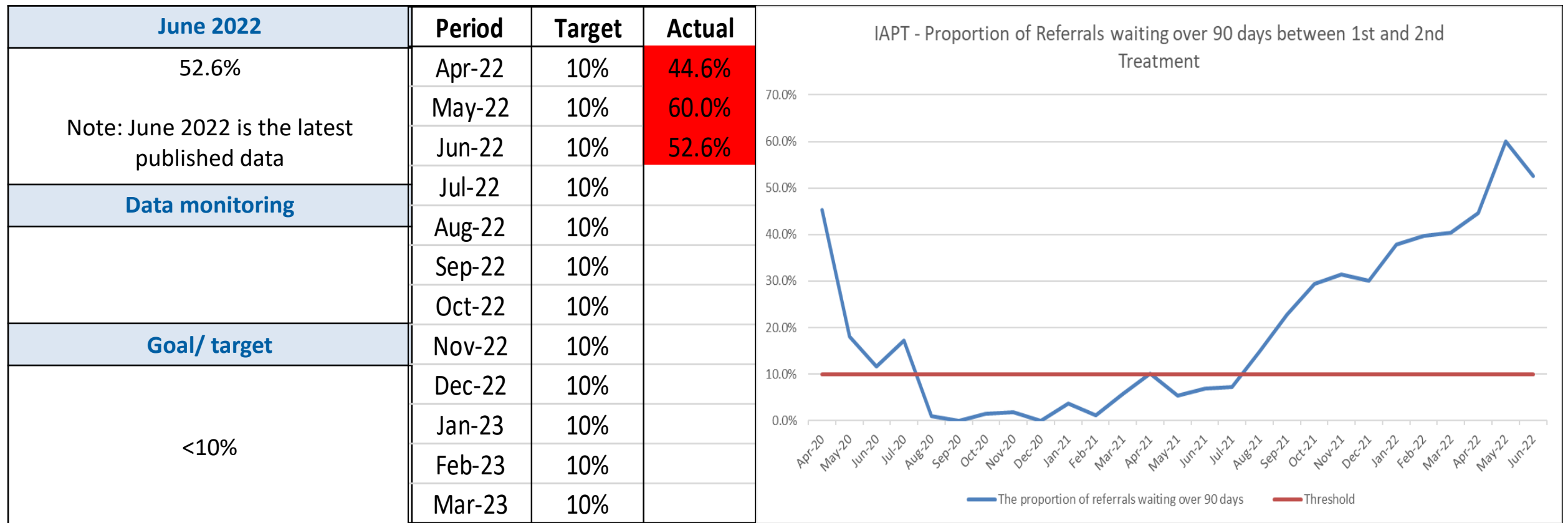
Month	Adult Acute	PICU	Inappropriate
Apr-20	131	208	77
May-20	208	239	31
Jun-20	133	308	441
Jul-20	217	259	476
Aug-20	232	172	404
Sep-20	346	134	480
Oct-20	447	137	584
Nov-20	370	154	524
Dec-20	437	82	519
Jan-21	347	87	434
Feb-21	415	102	517
Mar-21	618	225	843
Apr-21	564	137	701
May-21	620	129	749
Jun-21	551	227	778
Jul-21	512	69	581
Aug-21	533	79	612
Sep-21	607	101	708
Oct-21	761	135	896
Nov-21	633	169	802
Dec-21	332	162	494
Jan-22	528	179	707
Feb-22	458	109	567
Mar-22	522	94	616
Apr-22	445	25	470
May-22	493	27	520
Jun-22	511	19	530
Jul-22	630	48	678
Aug-22	561	77	638
Sep-22	657	114	771

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> 39 patients out of area in September (657 bed days).</p> <p><b>Psychiatric Intensive Care Unit (PICU):</b> 6 patients out of area in September (114 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> <li>In 2022/23 quarters 1 and 2, the trajectory does not meet the national expectation of the elimination of out of area placements.</li> <li>High demand for female beds in September 2022.</li> </ul>	<ul style="list-style-type: none"> <li>Quality improvement work on purposeful admission and safe discharge, supported by the Kaizen Promotion Office.</li> <li>Independent sector contract initiated January 2021, extended for 2022/23, with assurance framework in place to oversee quality and maximise capacity available.</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 assumes:</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 November.</p>

# NHS Long Term Plan Mental Health Metrics Dashboard (September 2022)







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%		100%		
IAPT Recovery Rate	50%	 	50.8%		53.0%
Waiting times IAPT i) 6 weeks	75%	 	83.3%		94.9%
Waiting times IAPT ii) 18 weeks	95%	 	99.4%		99.4%
IAPT waiting >90 days between 1st & 2nd Treatment	<10%		52.6%		
Waiting times – first episode of psychosis	60%	 	81.1%		79.6%
Data Quality – Mental Health Services Dataset (MHSDS) Score	90% 2022/23		90.7%		

<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 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 has increased since July 2021.	<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 sickness, now reducing as staff return from long term sickness.</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>Developing relationships with private providers to support backlog and waits. Non recurrent monies being utilised to mobilise increased activity.</li> </ul>	Monthly waiting list meeting in place, with review of outliers.	<ul style="list-style-type: none"> <li>Investment agreed as part of the 2022/23 operational plan to increase access, with a trajectory that reflects the workforce challenges faced in recruiting qualified practitioners, together with increased complexity that impacts session length.</li> <li>Forecast to achieve target by quarter 1 2023/24.</li> </ul>

## Metrics Dashboard (August 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 (August 2022)

Metric	Goal & Assurance/ Action status		Current & Variation		Average per month
Full Interventions	0	 	34		51
Full Interventions Males only	0	 	10		34
Full Interventions Females only	0	 	24		28
Full interventions Male & Female tracked	0		NA		NA
Prone Restraint	0	 	0		0.3
Rapid Tranquillisation	0	 	18		24
Seclusion	0	 	2		5
Restrictions and Segregation totals	0		24 (down from 39)	N/A	54
Blanket Restrictions	0		24 (down from 37 )	N/A	53
Individual Restrictions	0		0 (down from 2)	N/A	1
Long-Term Segregation	0		0 (0 for 6 months)	N/A	0.3

# Training Dashboard (August 2022)

Metric Training	Goal & Assurance/ Action status		Current & Variation	Average
Teams where Training Compliance is below 80%	80%		163 staff (up from 36)	
Care Programme Approach (CPA) Roles & Responsibilities	80%		93.01%	80.70%
CPA Care Planning	80%		96.44%	84.50%
CPA Clinical Risk	80%		82.21%	83.20%
Mental Capacity Act	80%		94.02%	95.60%
Mental Health Act Qualified Staff	80%		90.86%	87.70%
Mental Health Act for Health Care Support Workers	80%		95.65%	86.30%

## Committee Dashboard (September 2022)

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