

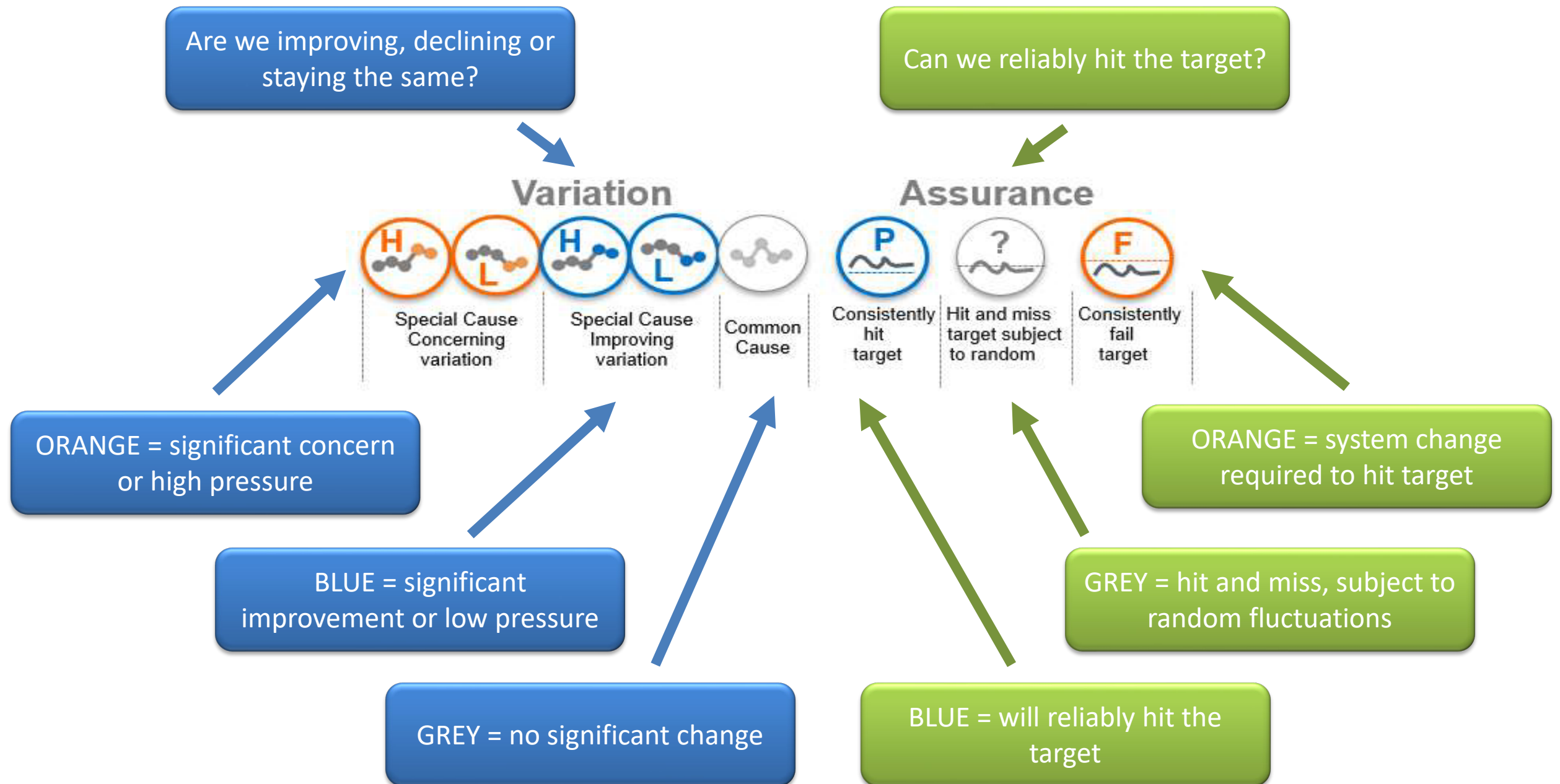
A note on the charts used in this data pack

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 (May 2023)

Metric	Goal & Assurance/ Action status		Current & Variation		Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%	 	13.46%		Recruitment rate increased from start of 2022/23 and has remained above target
Key Workforce Metrics – Sickness Rate	4%	 	5.54%		Sickness rate has been reducing since December 2022
Key Workforce Metrics – Labour Turnover (LTO) Rate	10%	 	14.36%		LTO continues to be above target but has stabilised
Key Workforce Metrics – Vacancy Rate	10%	 	7.66%		Vacancy rate is now below the 10% target
Mandatory Training Summary	80%	 	93.48%		Overall compliance remains above 80%
Appraisal Rates Summary	80%	 	63.85%		Appraisal compliance has dropped significantly due to a technical recording issue which has now been resolved
Clinical Supervision Rates Summary	80%	 	84.40%		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	Quality & Safety Committee / Workforce Committee	Overall – Watching Brief

KPI	Target	Mean	Lower Control Limit	Upper Control Limit

May 2023	<table><thead><tr><th></th><th>Apr-23</th><th>May-23</th><th>Change</th></tr></thead><tbody><tr><td>Average Cost</td><td>£556,007.98</td><td>£ 520,054.36</td><td>-£ 35,953.62</td></tr><tr><td>Episodes</td><td>562</td><td>517</td><td>-45</td></tr><tr><td>LT Sick Days %</td><td>4.57%</td><td>4.00%</td><td>-0.57%</td></tr><tr><td>ST Sick Days %</td><td>1.71%</td><td>1.54%</td><td>-0.17%</td></tr></tbody></table>					Apr-23	May-23	Change	Average Cost	£556,007.98	£ 520,054.36	-£ 35,953.62	Episodes	562	517	-45	LT Sick Days %	4.57%	4.00%	-0.57%	ST Sick Days %	1.71%	1.54%	-0.17%
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10% Targets for labour turnover, Recruitment and Vacancy Rates																								
4% Target for Sickness Absence																								

Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
The SPC charts are to monitor the current trends around labour turnover, sickness, vacancy and recruitment rates.	The charts show normal variation within the SPC ranges for all elements (with exception of sickness in January 2022). Labour turnover reduced slightly in May 2023, and has now dropped just below target.	Sickness absence reduced from April, 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.	<u>Sickness</u> – COVID-19 monitoring continues via daily absence reporting submissions to NHS England, 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 & Wellbeing lead is being appointed to support teams with team risk assessments and bespoke interventions to improve wellbeing.

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

May 2023	
Safer Staffing – Compliance Levels	
Data Monitoring	
Improving fill rate of required shifts over last quarter	
Goal/Target	
100% filled at appropriate levels.	
Amber - % of shifts filled below requested levels	
Red - % of shifts unfilled with Registered Staff	

Month	Safer Staffing (green)	Safer Staffing (amber)	Safer Staffing (red)
Mar-21	87.8%	12.2%	0.0%
Apr-21	84.7%	15.3%	0.0%
May-21	87.1%	12.9%	0.0%
Jun-21	84.8%	15.2%	0.0%
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%
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%
Dec-22	78.0%	22.0%	0.0%
Jan-23	83.3%	16.7%	0.0%
Feb-23	84.6%	15.4%	0.0%
Mar-23	86.4%	13.7%	0.0%
Apr-23	82.5%	17.5%	0.0%
May-23	87.8%	12.2%	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.	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	Alix Jeavons / Grainne Eloi	Accountable Committee	Quality & Safety	Under-performance

May 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)																		
Goal/Target																		
90% for fill rates, 10% for annual leave, 4% for sickness																		
		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	Actual	Planned	Actual	
	Inpatient Ward	% Days	staff Days	% Nights	Staff Nights	%	Roster	% Days	staff Days	% Nights	Staff Nights	%	Roster	Registered CHPPD	Registered CHPPD	Unregistered CHPPD	Unregistered CHPPD	Actual CHPPD Total
	Fern	90.24%	13.51%	100.00%	85.00%	2.12%	7.02%	139.33%	69.86%	154.17%	83.24%	0.55%	5.14%	3.1	3.1	3.9	10.5	13.6
	Heather	91.11%	13.41%	95.00%	89.47%	0.74%	1.29%	108.10%	55.07%	120.00%	74.54%	0.89%	2.63%	3.1	2.9	4.3	8.6	11.5
	Bracken	106.67%	2.08%	98.33%	52.54%	1.24%	5.48%	125.37%	42.46%	131.33%	77.16%	6.40%	2.71%	2.6	2.3	4.8	5.2	7.5
	Ashbrook	92.05%	32.10%	91.67%	100.00%	4.76%	6.59%	122.75%	53.45%	116.67%	80.95%	4.43%	4.90%	3.1	2.5	3.9	9.7	12.2
	Maplebeck	86.21%	44.00%	77.27%	73.53%	3.11%	4.60%	132.89%	47.16%	147.14%	83.82%	1.98%	2.06%	2.9	2.1	3.7	8.6	10.7
	Oakburn	100.00%	20.00%	95.00%	78.95%	0.99%	4.56%	102.65%	49.14%	115.24%	87.60%	2.89%	3.98%	2.9	2.8	3.7	7.2	10.0
	Baildon	98.33%	3.39%	100.00%	26.67%	0.00%	3.39%	106.67%	20.83%	100.00%	51.11%	0.65%	8.28%	5.0	6.0	10.0	12.1	18.0
	Ilkley	101.67%	3.28%	100.00%	20.00%	0.00%	12.85%	100.00%	35.56%	97.78%	37.50%	2.37%	7.07%	3.5	3.9	5.8	6.5	10.3
	Thornton	80.25%	10.77%	127.27%	82.14%	0.00%	4.41%	118.85%	41.85%	110.84%	77.72%	0.31%	2.83%	6.0	6.5	12.6	18.6	25.1
	Assessment & Treatment Unit (LD)	76.71%	10.71%	176.67%	88.68%	2.56%	16.98%	122.51%	59.01%	192.65%	87.40%	4.61%	3.73%	10.2	10.1	23.2	46.6	56.7
	Clover (PICU)	83.48%	19.79%	73.33%	39.39%	0.81%	2.75%	154.07%	52.17%	175.24%	79.35%	1.69%	3.98%	7.0	7.0	10.5	18.8	25.9
	Step Forward (Rehab)	96.67%	36.21%	100.00%	66.67%	7.13%	4.78%	126.67%	49.12%	101.11%	85.71%	6.45%	2.69%	3.2	2.6	4.2	3.0	5.6
	Dementia Assessment Unit (DAU)	98.33%	13.56%	100.00%	65.00%	5.70%	6.17%	165.32%	59.76%	190.00%	77.78%	0.27%	4.47%	6.7	4.6	15.7	10.7	15.3
	Total	91.89%	17.33%	100.16%	71.17%	2.17%	5.85%	127.36%	51.45%	138.37%	78.84%	2.48%	3.90%	3.8	3.5	6.2	9.9	13.4
	This is based on the total number required in the month against the total number who worked																	
	Fill rates >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, Ashbrook, Step Forward Centre and Dementia Assessment Unit. Fatigue around the pandemic is also still present.	- 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 (May 2023)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Safeguarding Adult Referrals	N/A		10	N/A	12.0
Safeguarding Children Referrals	N/A		20 (Bradford)	N/A	21.2 (Bradford)
Duty Calls regarding adults	N/A		110 (Bradford)	N/A	100.9 (Bradford)
Duty Calls regarding children	N/A		52 (Bradford)	N/A	55.7 (Bradford)

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

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Serious Incidents	N/A		2		2.7
Duty of Candour incidents	0		1		0.9
Suicides	N/A		2		1.4
Expected Deaths	N/A		5		12.7
Unexpected Deaths	N/A		13		6.9
Structured Judgement Reviews	N/A		0	N/A	N/A

Incidents Dashboard (May 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
All incidents	N/A 	796 	914.8
Violence & Aggression	N/A 	123 	193.4
Medication Errors	0 	16 	45.5
Near Misses	N/A 	6 	18.6

Staff and Service User Feedback Dashboard (May 2023)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Formal Complaints	0		8		6.0
Concerns	0		69		52.5
Compliments	N/A		14		39.9
Freedom To Speak Up	N/A		15	N/A	N/A
Friends & Family Test	90%		95.7%	-	-

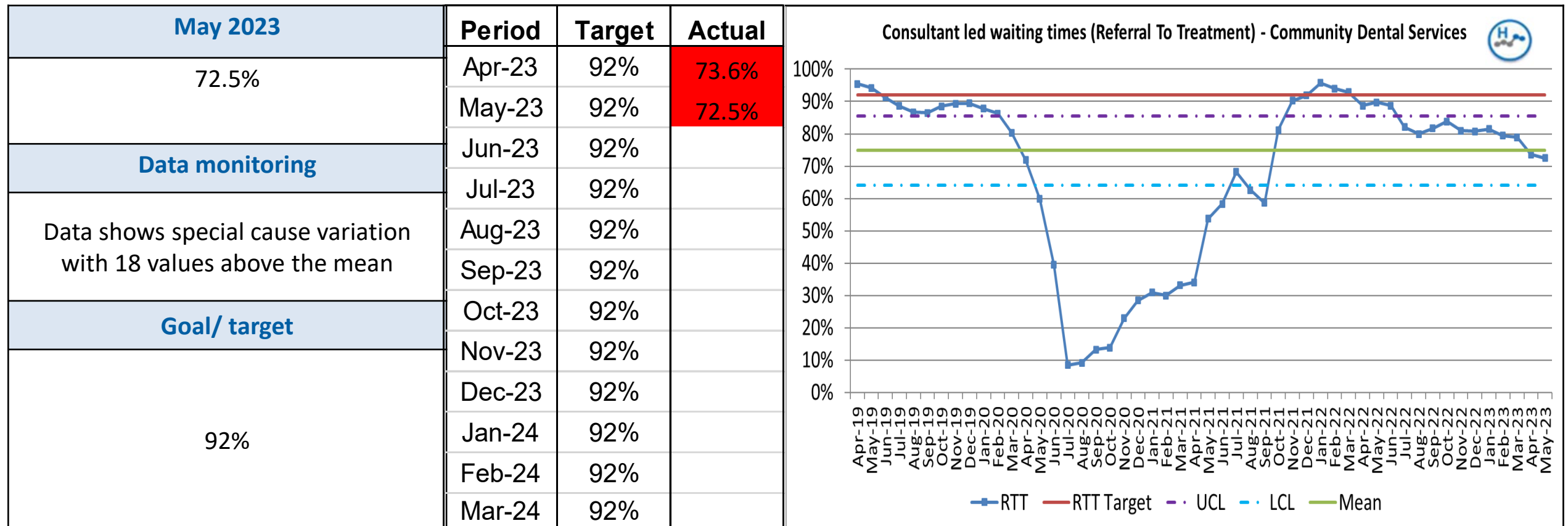
Quality of Care Delivery Dashboard (May 2023)

Metric	Goal & Assurance/ Action status		Current & Variation		Average
Infection Prevention & Control	0		1	N/A	N/A
Pressure Ulcers	0		22	N/A	21
Insulin Errors	0		1	N/A	3.5
Facilities Summary (RIDDOR, Water Safety, Nutrition Standards)	N/A		0	N/A	N/A
Medical device maintenance	95%		92.9% (high risk) 71.2% (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 (May 2023)

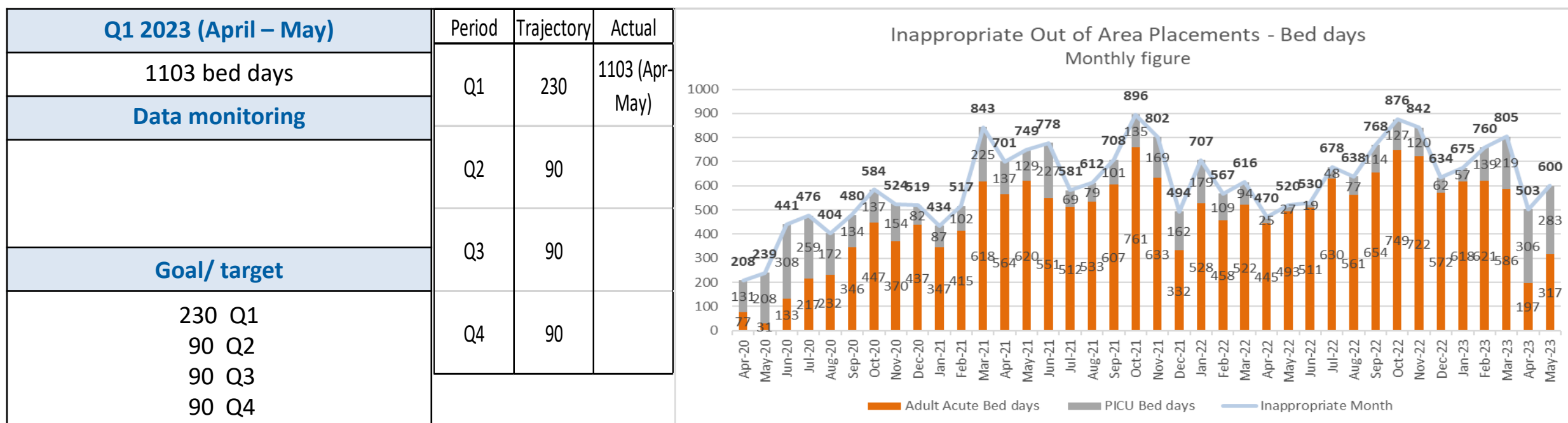
Metric	Goal & Assurance/ Action status		Current & Variation		Average
Urgent Community Response – 2 hour response	70%		83%		
Consultant led waiting times (incomplete) - Referral to Treatment	92%	 	72.5% 		74.8%
Patients waiting more than 52 weeks (incomplete)	0		0		
Patients waiting more than 78 weeks (incomplete)	0		0		
Patients waiting more than 104 weeks (incomplete)	0		0		
NHS Talking Therapies for Anxiety and Depression (formerly known as Improving Access to Psychological Therapies - IAPT) Access Rate	730	 	739		
Inappropriate out of area bed days	230 (Q1)		1103		

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	72.5% of patients are waiting less than 18 weeks in May 2023 335 patients waiting Longest wait is 43.0 weeks 0 patients waiting more than 52 weeks	- Cancellation of sessions due to capacity of theatre and general anaesthetics services, compounded by ongoing industrial action. - Theatre sessions reduced in April and May 2023 due to number of bank holidays. - Pressures in both acute providers mean that securing additional theatre sessions is challenging.	- Working closely with Bradford Teaching Hospitals Foundation Trust and Airedale Foundation Trust to ensure dental lists are maintained and to secure any additional capacity. - The service continues to systematically review the pathway, validating waiting lists and ensuring patients are ready for hospital care. - Work commenced across West Yorkshire to address dental paediatric general anaesthesia access.	All referrals received are triaged; waiting lists are validated and monitored on a weekly basis.	- Increasing number of referrals being received. - Hospital staffing issues mean that performance will continue to fluctuate.

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

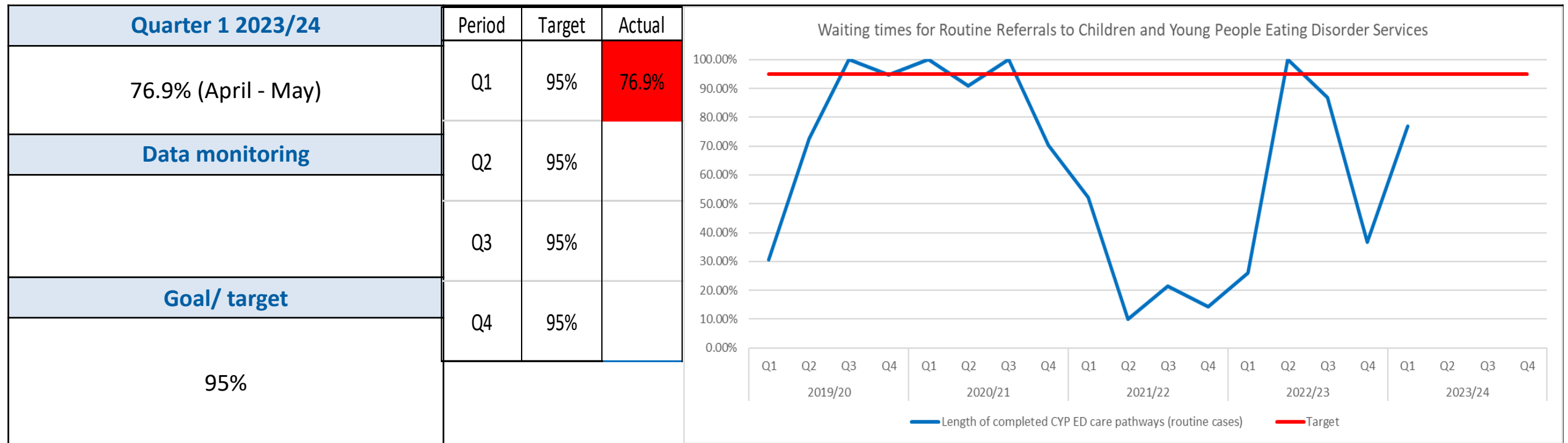


Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area	Adult acute: 19 patients out of area in May (317 bed days). Psychiatric Intensive Care Unit (PICU): 13 patients out of area in May (283 bed days). Continuity principles have been applied from 1 April 2023, under which beds block contracted from an independent sector provider are no longer reported as inappropriate out of area placements.	- High levels of acuity on adult acute wards. - Unexpected pressures in PICU. A proportion of these were due to service users requiring seclusion whilst the Trust suites were unavailable. - Since December 2022, increased levels of violence and aggression, with a greater number of patients requiring increased conditions of relational security.	Schemes agreed as part of 2023/24 transformation plan, including: - Crisis beds - opened on 22 May, phased occupancy predicted - Flow improvements - Model Roster 3 – phased reduction in length of stay from moving to 7 day working - Targeted intervention for service users with longest lengths of stay.	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.	- Forward trajectory (for inappropriate and total number of out of area bed days) agreed as part of 2023/24 operational plan. Bed usage is being tracked through operational performance management structures. - The profile for out of area placements is volatile and driven by multiple factors. - The community mental health transformation programme for 2023/24 and 2024/25 is being refocused and prioritised, phased in accordance with the highest impact on organisational challenges.

NHS Long Term Plan Mental Health Metrics Dashboard (May 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%		76.9%		
NHS Talking Therapies for Anxiety and Depression Recovery Rate	50%	 	54.4%		53.0%
Waiting times NHS Talking Therapies for Anxiety and Depression i) 6 weeks	75%	 	76.6%		91.9%
Waiting times NHS Talking Therapies for Anxiety and Depression ii) 18 weeks	95%	 	98.9%		99.3%
NHS Talking Therapies for Anxiety and Depression waiting more than 90 days between 1st and 2nd Treatment	<10%		6.3%		
Waiting times – first episode of psychosis	60%	 	65.7%		79.1%
Data Quality – Mental Health Services Dataset (MHSDS) Score	90% 2022/23		93.2%		

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
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 1 of 2023/24, 10 out of 13 children and young people waited less than four weeks to start treatment.	- 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	West Yorkshire system wide work on pathways, as part of the West Yorkshire children's and young people's services provider collaborative.	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.

Metrics Dashboard (April 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Use of Mental Health Act (MHA) – Sections free from fundamental errors	98%  	98.8% 	99.5%
Use of MHA – Sections Reviewed on time	98%  	100% 	99.2%

Incidents Dashboard (April 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average per month
Full Interventions	0  	122 	51
Full Interventions Males only	0  	53 	35
Full Interventions Females only	0  	69 	28
Full interventions Male & Female tracked	0 	NA 	NA
Prone Restraint	0  	0 	0.3
Rapid Tranquillisation	0 	50 	24
Seclusion	0  	8 	5
Restrictions and Segregation totals	0  	31 (down from 35) 	35
Blanket Restrictions	0 	30 (down from 35) N/A	35
Individual Restrictions	0 	1 (no change) N/A	1
Long-Term Segregation	0 	0 (0 for 12 months consecutive) N/A	0

Training Dashboard (April 2023)

Metric Training	Goal & Assurance/ Action status	Current & Variation	Average
Teams where Training Compliance is below 80%	80% 	137 staff (down from 200)	
Mental Capacity Act	80%  	93.03% 	95.60%
Mental Health Act Qualified Staff	80%  	92.18% 	87.70%
Mental Health Act for HCSWs	80%  	86.86% 	86.30%

Committee Dashboard (May 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
Owner/Source	Michelle Holland	Accountable Committee	Workforce Committee	Overall – Watching Brief

May 2023	Theme 2 – Belonging in the Organisation
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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

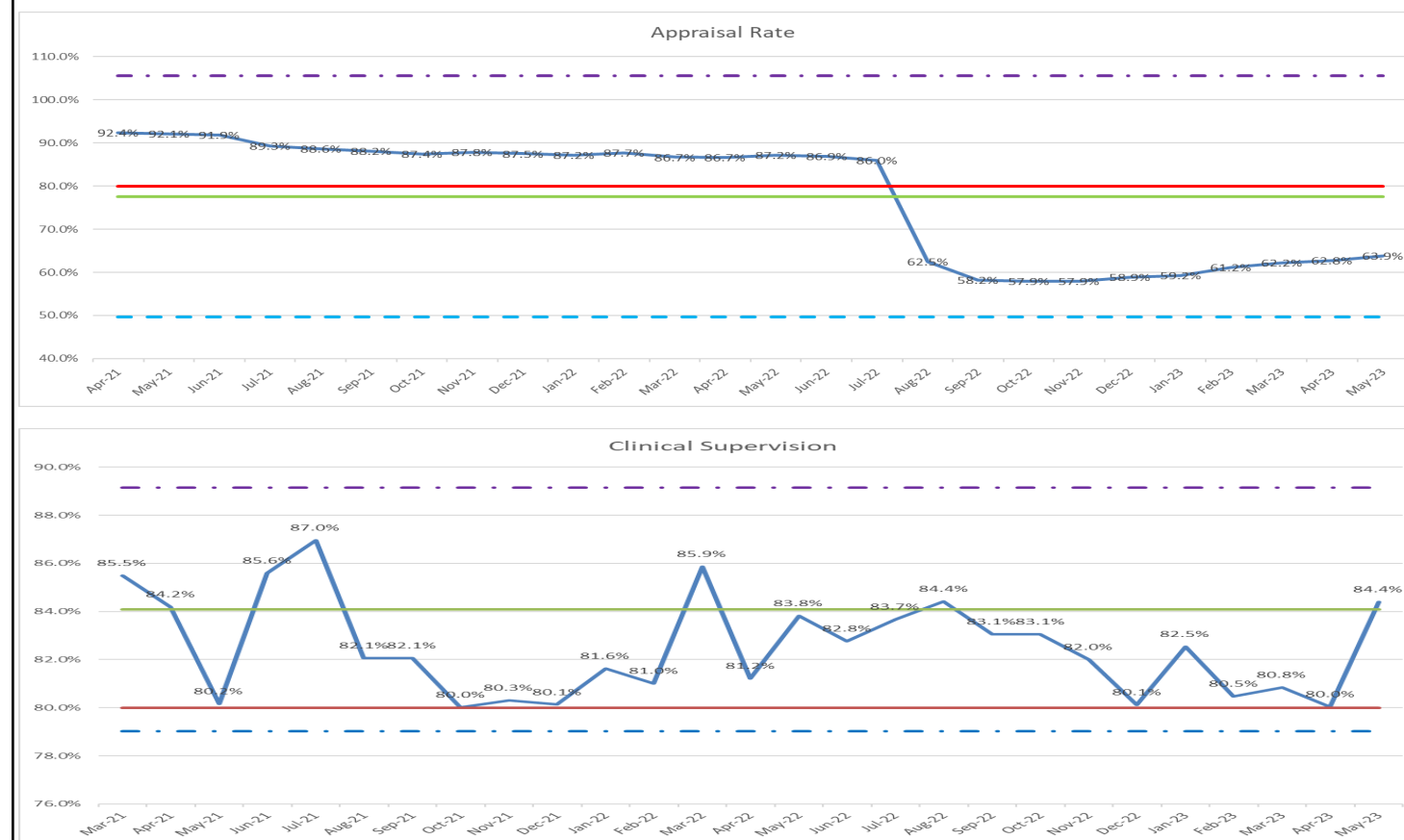
Between 2020/21 and 2021/22, two of the Workforce Race Equality System (WRES) indicators and two of the Workforce Disability Equality Scheme (WDES) indicators deteriorated. Actions to address this are embedded into the Workforce Diversity, Inclusion and Equality plan and are now being delivered. For 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 2022/23 WRES, WDES and Gender Pay Gap figures will be available for the July Workforce and Equality Committee.

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

May 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)	192	164	85.00%
453 Community Adult Physical Health Services (Level 3)	669	331	49.00%
453 Community Children's Services Care Group (Level 3)	329	243	74.00%
453 Digital Services (Level 3)	50	27	54.00%
453 Estates & Facilities (Level 3)	175	119	68.00%
453 Finance (Level 3)	25	10	40.00%
453 Human Resources (Level 3)	102	50	49.00%
453 Medical Administration (Level 3)	48	20	42.00%
453 Mental Health Care Group (Level 3)	1327	916	69.00%
453 Nursing Quality and Governance (Level 3)	73	41	56.00%
453 Operations Management (Level 3)	17	6	35.00%
453 Specialist Services & Nursing (Level 3)	8	3	38.00%
453 Trust Exec Office (Level 3)	19	8	42.00%
453 Trust Management (Level 3)	33	21	64.00%
Total	3090	1973	63.85%

Care Group	No	Yes	Grand Total	% Compliance
453 Community Adults Services Care Group (Level 3)	89	391	480	81.46%
453 Community Children's Services Care Group (Level 3)	3	198	201	98.51%
453 Mental Health Care Group (Level 3)	135	636	771	82.49%
453 Nursing Quality and Governance (Level 3)	2	14	16	87.50%
Grand Total	229	1239	1468	84.40%

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 shown a small but steady increase each month although at 63.85% in May 2023 is still significantly below the target of 80% compliance.

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 no Care Groups 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.