

Table 1a – Summary of SPC Indicator Performance and Assurance

	Passing	Inconsistent	Failing	No Target
Improving	<p>BME Staff Proportion NHS Talking Therapies 18 week treatment target NHS Talking Therapies 6 weeks treatment target Staff Turnover</p>	<p>Agency Spend (£k) Leavers within 12 months</p>	<p>Appraisal Rate Diagnostic 6-week target (DM01) Patient Safety Training Training Compliance</p>	<p>DQMI - CSDS</p>
No Change	<p>Patient Ethnicity Recording UCR 2hour Performance</p>	<p>DQMI - IAPT Duty of Candour Positive Patient Feedback Sickness Absence Starters and Leaver Net Movement</p>	<p>Eating Disorders 4-week Routine Target</p>	<p>"Other Not Known" Leaving reasons BAME Staff Turnover DM01 Equity ND Waiting times (over 5s) NHS Talking Therapies Screening within 2 weeks Non-RTT 18 week equity NT Contacts NT Referrals NT Staff funding utilised NT Vacancies, Sickness & Maternity WTE Number of complaints PSII Equity RTT 18 week equity RTT 52 week equity</p>
Deteriorating			<p>18-week waiting list target (non-RTT) 18-week waiting list target (RTT) 52 week waiting times (RTT) 65 week waiting times (RTT) 78 week waiting times (RTT) DQMI - MHSDS</p>	<p>LMWS Access NT Productivity</p>

Table 1b – Non-SPC Indicator Summary

No Concern	Concern
<ul style="list-style-type: none"> cDiff Infections Deteriorating Patient Incidents Fall Incidents Meatal Tear Incidents Medicines Code Assurance Checks MRSA Infections MSA Breaches NCAPOP Audits Never Events NICE implemented from 2019 NICE implemented from 2020 NT Clinical Triage Incidents Overdue PSII Actions Pressure Ulcers Incidents Priority 2 Audits Total Audits completed 	<ul style="list-style-type: none"> CAS Alerts Outstanding Eating Disorders 1-week Urgent Target Number of PSIIIs RIDDOR incidents

Table 2 – Indicator movements since previous report

Indicator	Previous Report	This Report	Narrative
NHS Talking Therapies 18 week treatment target	Passing, No significant change	Passing, Improving	Indicator has improved since last report (October 24). This indicator is consistently meeting the 95% target
UCR 2hour Performance	Passing, Improving	Passing, No change	Indicator has fallen from slightly from last month; however, December 2024 data is still above the 70% target and above the Mean average (75%).
NT Productivity	No significant change	No Target, Deteriorating	The last four months have seen a deterioration in performance. The value for December 2024 is above the mean, consistent with the last 7 months.
DQMI - MHSDDS	Inconsistent, Deteriorating	Failing, Deteriorating	Indicator is deteriorating and failing the target consistently. There has been little improvement over the past six months, with performance hovering around 88% against a target of 95%.

Indicator	Previous Report	This Report	Narrative
Leavers within 12 months	Inconsistent, No significant change	Inconsistent, Improving	A significant improvement has been seen in December 2024 with performance improving to 6% (from nearly 20% the previous two months). The indicator is consistently hitting and missing the target (20%)
Sickness absence	Inconsistent, Deteriorating	Inconsistent, No change	December 2024 performance has seen the performance narrowly missing the target, performance (and assurance) remains inconsistent.
Appraisal Rate	Failing, No significant change	Failing, Improving	The general trend for this target has seen improvements over the 8 months. Overall performance is still below the 90% target.
Agency Spend (£k)	Inconsistent, No significant change	Inconsistent, Improving	Indicator performance is showing several consecutive months of being below the mean average performance.

Note: Shortened Indicator names are being used in Tables 1a, 1b and 2. More descriptive naming conventions can be cross referenced in Appendix II.

Safe

By safe, we mean people are protected from abuse and avoidable harm

Summary

There is an encouraging position on incident management across the Trust and further improvements expected as we embark on a review of the Patient Safety Incident Response Plan (PSIRP) for 2025-26. Positively we are also seeing the transformation in the systems approach / human factors thinking in our investigations and the embedding of the new investigation methodologies in line with the new national patient safety syllabus.

Work is underway to review KPIs for 2025-26 to reflect the evolution of how we are addressing patient safety across the Trust in line with the Patient Safety Incident Response Framework (PSIRF). Greater focus is underway to further evolve the Trust Improvement Groups to provide greater assurance in relation to our top safety priorities. Finally, we intend to formalise learning forums, for example, the patient safety summit, as a critical part of our learning culture.

Indicator Updates

Overdue PSII Actions



What is the trend that we see?

There have been 11 overdue PSII actions in the financial year to December 2024. The first four months (Apr-July) saw the bulk of these (10 [91%]). Since July there has been one more (Sept). This is an encouraging reduction in the number as we progress through to the end of Q3.

What is being done about it?

There is an action to ensure that all new staff receive Psychosis symptom awareness training. Due to ongoing Quality and Value Redesign work, this action may no longer be applicable

When do we expect to see improvement?

The Clinical Lead for CYPMHS will discuss this with the Quality Lead and Clinical Lead for CBU with a plan to close the action and identify any further work that may be required.

Patient Safety Incident Investigations



What is the trend that we see?

In December, there were two Patient Safety Incidents declared. The first was an unexpected death for the Chapeltown Neighbourhood Team and the second a Community Acquired Community Onset Methicillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia where the patient had input from the Continence Urology and Colorectal Service.

Five PSI investigations were closed.

What is being done about it?

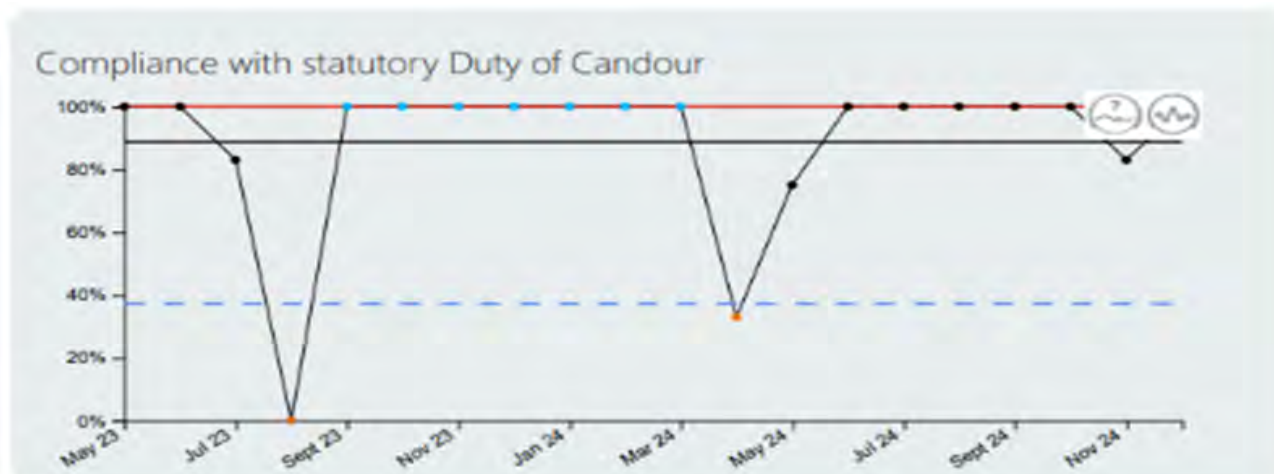
The two December PSI's will be subject to a full Patient Safety Incident Investigation in line with the Patient Safety Incident Response Plan to identify system learning and improvement. Learning will be shared via the six-monthly Patient Safety Report.

Recommendations and actions have been uploaded to the Datix Incident Reporting System for monitoring and assurance.

When do we expect to see improvement?

Learning will be identified through the PSII investigations and SMART actions agreed and progressed. Learning themes will also be shared via the six-monthly Patient Safety Report.

Duty of Candour



What is the trend that we see?

The trend over the financial year shows no significant change. The target is inconsistently meeting the target. Sept 23 – Mar 24 & May 24- October 24 saw compliance with the target. There was one breach in November 2024, this was due to the conversation not taking place until the due date. Quality Assurance of the letter were required prior to being sent (draft letters are requested two working days before the due date)

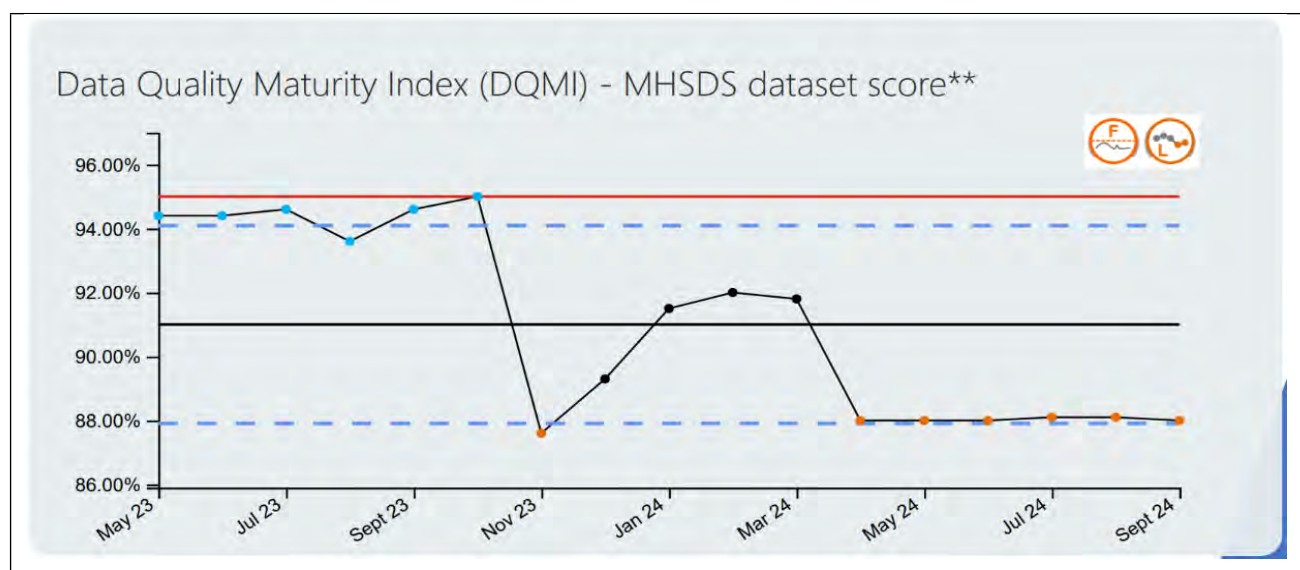
What is being done about it?

New Duty of Candour Letter templates have been launched to improve the process and support the quality of the information contained in the letters.

When do we expect to see improvement?

We will be monitoring progress regularly. We anticipate seeing meaningful improvements over the next few months.

DQMI – Mental Health Services Data Set



What is the trend that we see?

In November 2023, NHS England launched a new version of the Mental Health Services Data Set (MHSDS), and since that date, DQMI performance has dropped for all Trusts. On investigation, there are two key data items that are affecting our score, and in both cases, the data that we have submitted does not reflect the scores then calculated and displayed by NHSE Data Teams in the DQMI reporting suites.

We have also discovered some areas where additional data mapping is required to ensure that data items are submitted against the correct categories. These areas have a smaller impact on overall DQMI score than the distorted data described above.

What is being done about it?

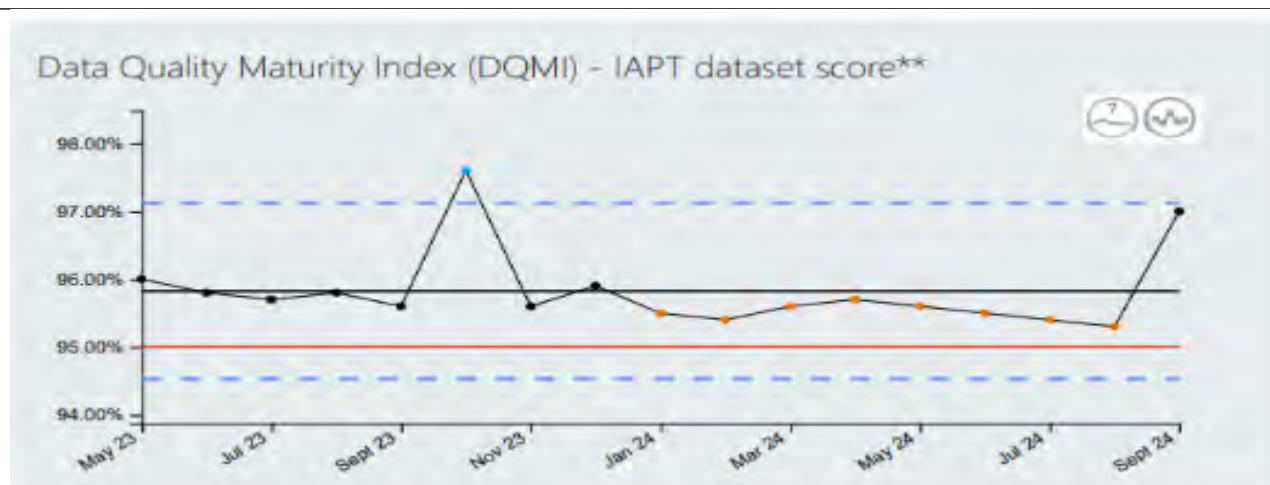
We have highlighted the areas of data distortion to the national team for investigation and correction.

We have identified the data fields that need mapping and are allocating this work to analysts in the BI team.

When do we expect to see improvement?

We are awaiting a timetable for issue resolution from NHSE for the distorted data items. The data mapping exercise is aiming to be completed during February 2025.

DQMI – IAPT dataset score



What is the trend that we see?

The 95% target for the IAPT DQMI has been met since May 2023, however variation in the overall score means the lower control limit is below the target and we therefore cannot be assured that we are consistently able to meet the target.

What is being done about it?

The next Performance Brief will provide an update on the work being done to raise the lower confidence limit above the target level.

When do we expect to see improvement?

March 2025.

Caring

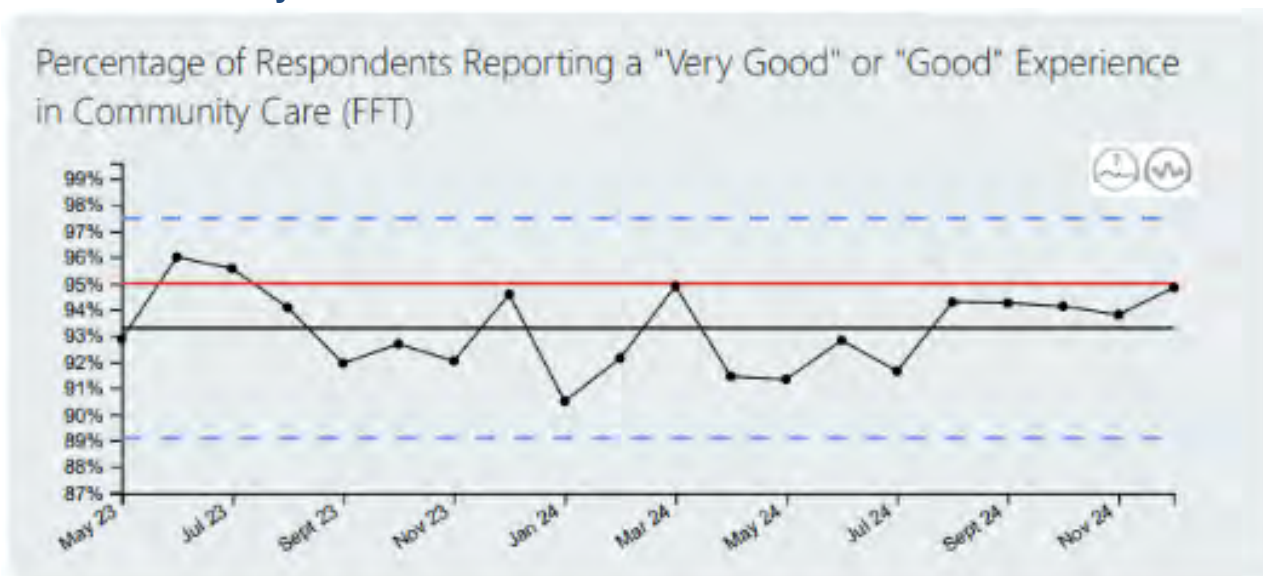
By caring, we mean staff involving and treating people with compassion, kindness, dignity, and respect.

Summary

It is positive to note the progress within the Trust in ensuring internal processes reflect the Parliamentary and Health Service Ombudsman (PHSO) Standards and work is continuing to re-establish the offer of a face-to-face meeting with patients and families in order to explore their feedback.

Indicator Updates

Friends and Family Test Results



What is the trend that we see?

Performance has stabilised over the last few months, with December seeing an improvement that is now very close to reaching the target.

What is being done about it?

While there is currently no engagement officer in post to oversee this data, steps are being taken to support the team in monitoring and providing feedback on these findings.

When do we expect to see improvement?

We anticipate improvements in monitoring and feedback mechanisms in the near future. Regular updates will be provided as progress continues.

Complaints



What is the trend that we see?

October, November and December show a lower number of complaints compared to the mean average, indicating a reduction in complaints, although not statistically significant (expected variation). The data falls within the control limits, reflecting stable performance.

What is being done about it?

The Patient Experience and Engagement Team has focused on encouraging the resolution of issues as concerns where possible, promoting early resolution. This approach has contributed to the decrease in complaints and an increase in concerns during November and December compared to earlier months in 2024.

When do we expect to see improvement?

Performance is currently within control limits. Efforts are being made to narrow the control limits. We anticipate observing positive changes in the near future as initiatives take effect.

Effective

By effective, we mean people's care, treatment and support achieves good outcomes, promotes a good quality of life, and is based on the best available evidence

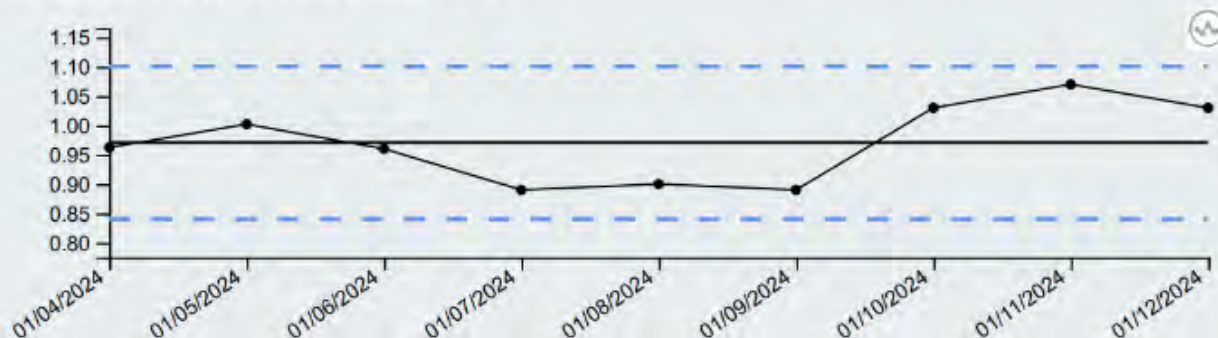
Summary

There are no key escalations for the Effective domain this quarter. A paper is presented to Quality Committee in February reflecting the outputs of the joint workshop held between Quality Committee and QAIG, and subsequent conversations with key stakeholders, regarding proposed improvements to the KPIs within this domain to better reflect the Trust position against the definition of Effective above in 25/26.

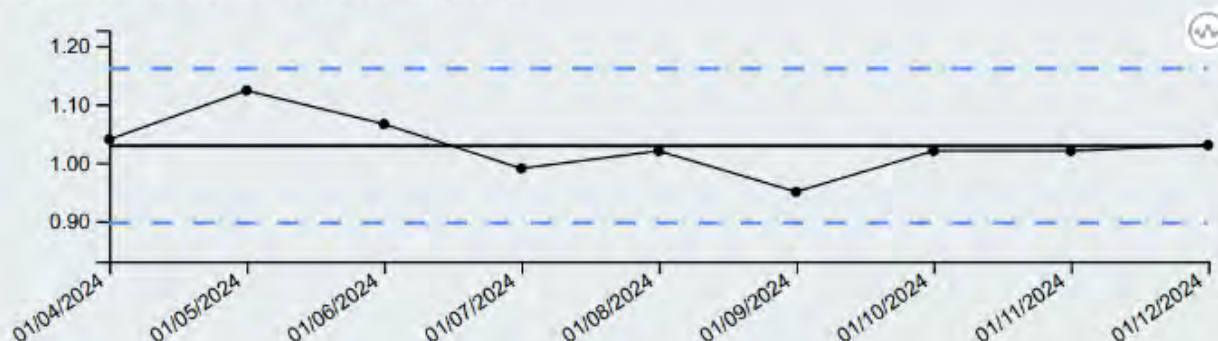
Indicator Updates

Health Equity - Difference in access to services living in IMD1 Vs IMD2-10

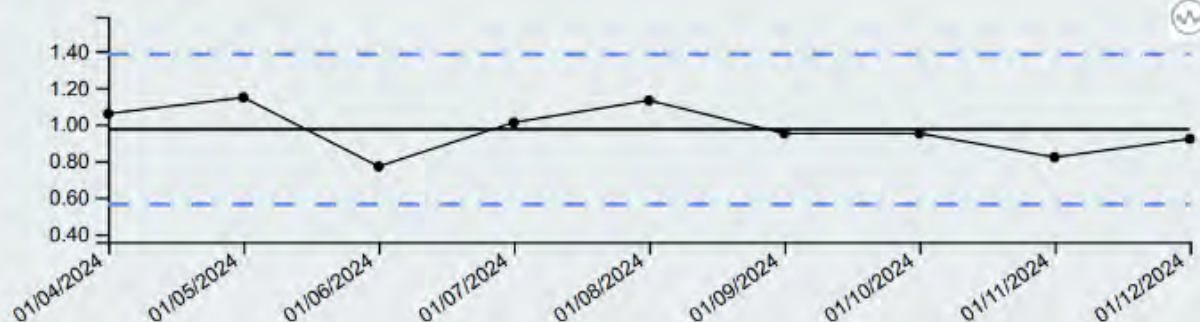
Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 18 week standard



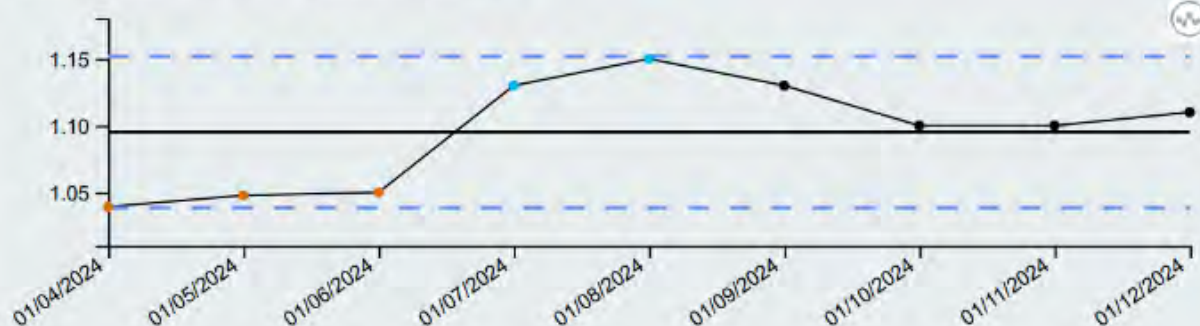
Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 52 week standard



Difference in access to services for patients living in IMD1 vs IMD2-10 - DM01 Services



Difference in access to services for patients living in IMD1 vs IMD2-10 - Non-Consultant 18 week standard



What is the trend that we see?

There are no significant negative differences in waiting times between IMD1 (most deprived) and patients in IMD2-10. Although it is encouraging that we are currently providing equal care, it is important to be mindful that waits impact patients differently. Evidence shows that those in IMD 1 often seek help at a later stage in their health condition, meaning they often enter the waiting list in a poorer state of health. This can lead to more rapid deterioration in health whilst waiting for care and poorer health outcomes. People living in IMD 1 are also at higher risk from adverse outcomes from long waits due to social disadvantage such as loss of income or employment whilst waiting for medical treatment.

What is being done about it?

In the last quarter consultant-led 18-week standard waits have changed to a negative difference in waiting times between IMD1 (most deprived population) and IMD 2-10. This will be monitored to understand whether this standard variation or a developing trend. This is particularly important to monitor as we instigate further work to address waiting times to ensure these are implemented equitably and processes are embedded to address barriers to access for people living in deprivation.

When do we expect to see improvement?

As the work on waiting lists documented under the Responsive domain progresses this will continue to be closely monitored to identify if this appears to be deviating from standard variation.

Audit

Breakdown across the organisation of audits registered to date is:

	Registered	Postponed	Abandoned	Uncompleted
Adult Business Unit	12	1	0	8
Children's Business Unit	66	0	2	42
Specialist Business Unit	76	3	4	50
Corporate Services	5	6	0	4

What is the trend that we see?

166 audits have been registered to date for the 2024-25 Annual Audit Plan. This is an increase of 17 since Quarter 2. As services add audits to the Annual Audit Plan throughout the year, the total number of audits registered increases, which will affect the data reported each quarter.

There remains a high proportion of audits that are not completed across all business units, although this may be conflated by the fact the current system requires services to individually update the Trust centrally.

What is being done about it?

A new annual audit plan will be launched in Quarter 4 to help improve reporting of registered audits for 2025-2026.

Further training sessions have been planned to support improvement of audit registration, completion, and learning from outcomes.

Reporting of audits is being reviewed in Q3 to provide improved audit data reporting.

When do we expect to see improvement?

It is likely that we will not see an improvement until 2025-2026 when the new annual audit plan is being utilised and training sessions completed.

NICE

Year issued	2015-2016	2017-2018	2021-2022	2022-2023	2023-2024	2024-2025
Number Open	1	4	4	2	3	14

What is the trend that we see?

We currently have 28 open NICE guidance. They have all had their initial assessment, have been reviewed, and have action plans in place to achieve concordance. One guidance is overdue (NG197 Shared Decision Making) which has 3 outstanding actions attached to it which are in progress. There is no risk to patient safety assessed from this, and the two-year completion is an internal standard.

What is being done about it?

The increase in numbers is due to some NICE Guidance being reopened to check for concordance alongside service change. NICE meetings are held monthly to review and update actions. Membership of this group has been increased to ensure any actions are completed timely.

When do we expect to see improvement?

The number of open NICE Guidance fluctuates depending on new guidance issued. Improvement should be seen by the end of Quarter 1 in the number that are open. Quality Committee received an update in November 2024 regarding the agreed action for the overdue compliance with NICE guidance NG197 with a proposed timescale for compliance of June 2025.

Responsive

By responsive, we mean services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice, and continuity of care

Summary

Although patients continue to wait long times to access treatment in some of our services, strong improvements are becoming more visible, particularly in our services with greatest concerns. These include Podiatry, Tier 3 Weight Management, CAMHS, Audiology and MSK.

The total number of people waiting for care to start is continuing to decrease towards more sustainable levels. A total of 27,428 people were waiting for care to start at the end of December 2024, compared to 30,480 at the start of the financial year. The total number of patients waiting more than 52 weeks is now showing early signs of decreasing, with 4,035 people waiting longer than a year at the end December, compared to 4,377 in August 2024.

Strong improvement also continues for people waiting more than 6 weeks for diagnostic tests. Talking Therapies teams within Leeds Mental Wellbeing Service have continued to improve performance against targets, as evidenced in the Data Pack in Appendix 1.

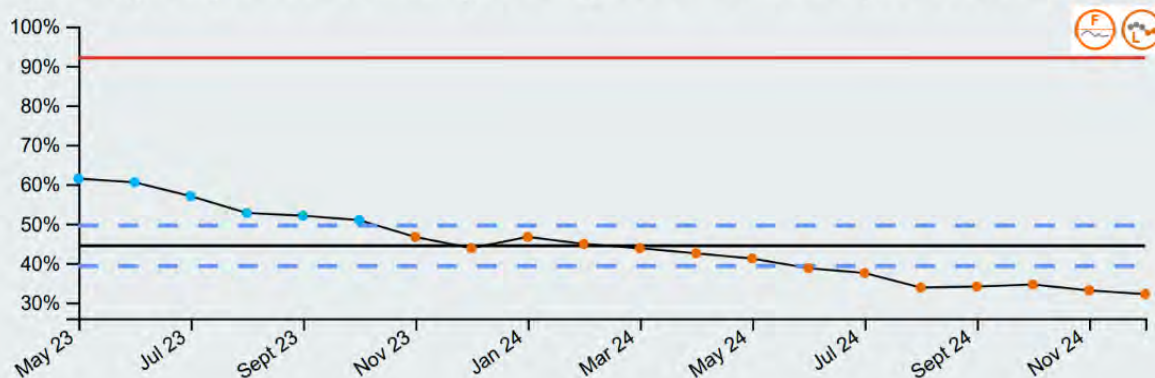
On the whole, the three business units have responded very well to the changes in governance and oversight of waiting list management during this financial year, and this response has been a fundamental part of the recent improvements, particularly as services share ideas, and drive towards consistent management of waiting lists. We believe that this puts that organisation in a strong position to support intensive focus to reducing waiting lists during the final quarter of this year.

Indicator Updates

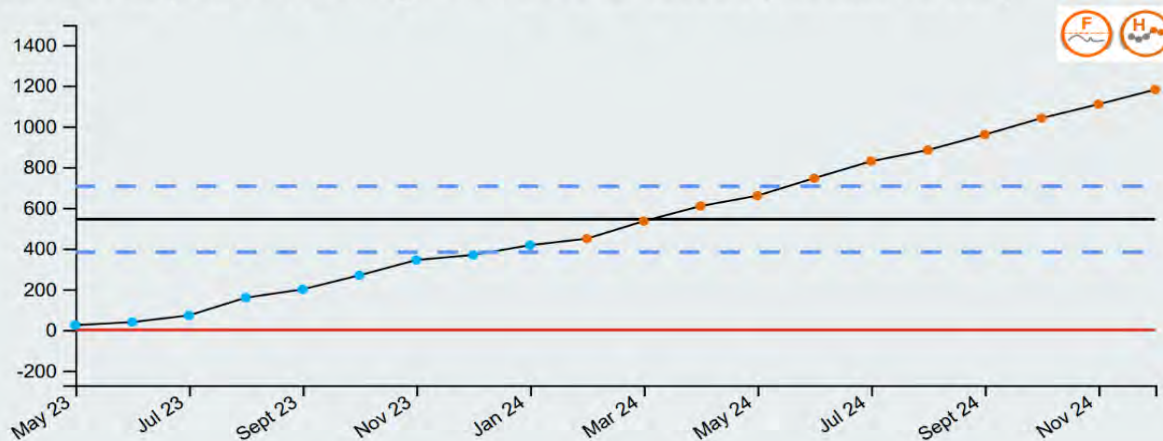
This section gives updates on specific indicators that meet criteria in the Responsive Domain.

Percentage of patients currently waiting under 18 weeks (consultant-led)

Percentage of patients currently waiting under 18 weeks (Consultant-Led)



Number of patients waiting more than 52 Weeks (Consultant-Led)



What is the trend that we see?

Performance continues its long-term decline both in the Percentage of patients waiting less than 18 weeks, and the number of people waiting more than 52 weeks.

The key services affecting this performance are ICAN Paediatric Clinics (primarily PND) where demand for Pre-School Neurodevelopmental (Autism) diagnosis outstrips available capacity and Community Gynaecology where waiting times are long due to the length of wait that people experience under LTHT care prior to transfer to LCH care. The 65 & 78 week waits show a similar picture to the 52-week measure. As our current focus as a Trust is all patients waiting more than 52 weeks for care, we are focussing on that in this report.

What is being done about it?

For ICAN Clinics, the primary driver of the demand continues to be for Paediatric Neuro-Developmental (PND) Assessments in under 5s. The service is planning to implement a revised set of referral criteria, which early modelling suggests might reduce the numbers of families that are offered an assessment by up to 50%. However, the service is acutely aware of the impact that this will have on families who do not meet these criteria but are still facing severe difficulties due to their child's additional needs. The service is designing a new 'Needs-led' pathway, to run alongside the assessment and diagnosis pathway, which will provide first-line support to all families that are referred, regardless of whether they meet the criteria for diagnosis.

The pathway for diagnosis is also being redesigned to focus on assessments being conducted and led by Paediatricians, supported by effective information gathering from other disciplines and leveraging capacity in other CBU services. The proposed pathways have been modelled to help understand the capacity required to meet current and future demand, and this will be used to inform a business case requesting permanent ICB investment in the new model.

In terms of Gynaecology, the service has reached an early-stage agreement between LTHT, the ICB and LCH to begin outsourcing a significant volume of patients currently waiting on LTHT held waiting lists. This will allow LTHT clinical teams to focus on reducing their waiting lists, with the aim that patients will be transferred to LCH before they have waited 10 weeks from referral, allowing LCH teams to organise treatment within the final 18-week target.

All patients waiting more than 65 weeks are awaiting deep implants, however equipment issues have limited the services access to ultrasound equipment temporarily. We are awaiting confirmation of timelines for the repair of equipment.

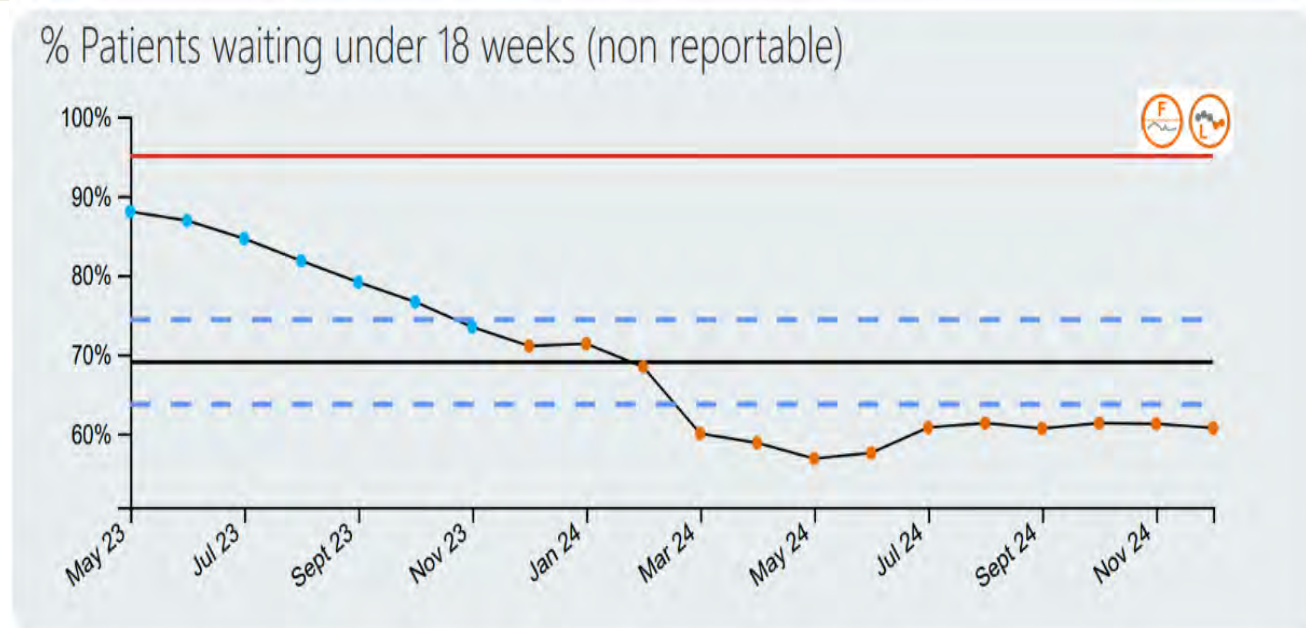
The service is planning to use funding from the Waiting List Campaign to further reduce waiting lists in Q4.

When do we expect to see improvement?

For ICAN Clinics, we expect the finalised business case to be ready by during Q4, which will also include similar modelling relating to the school-age assessment pathway provided by CAMHS.

For Gynaecology, the service is planning to see all patients having waited more than 26 weeks by the end of March 2025 using the waiting list campaign funding available. The service is unlikely however to fully recover the RTT 18-week waiting time target by this date, as LTHT have advised that patients on this pathway are currently waiting on average 12 weeks before triage, and current capacity doesn't allow them to reduce this to below the intended 10 weeks during this time frame.

% Patients waiting under 18 weeks (non-reportable)



What is the trend that we see?

Performance has continued to hold steady but remains significantly below the target of 95%. This, however, does hide some areas of good improvement and recovery for some services.

For example, the Neighbourhood Team Therapy service currently holds no waiting times greater than 18 weeks and is now more consistently achieving this target weekly. Performance improvements have also been strong in Speech and Swallowing (who no longer have patients waiting more than 65 weeks), CUCs, Podiatry, MSK, CAMHS, Cardiac, Tier 3 Weight Management, Tissue Viability, Community Falls and Children's Therapy Services. The total number of patients now waiting more than 65 weeks is showing early signs of reducing, falling to 3,167 at the end of December 2024, from 3,245 at the end of October. At the end of December, 90% of these were children awaiting ND assessments in both our Pre-School and School Age assessment teams.

Waiting list validation work continues to improve in services, with more services now completing weekly validations. As of the end of December 28% of records have been validated for accuracy, compared to 23% in October

What is being done about it?

This update focuses on updates in Podiatry, Colorectal Urology and Continence (CUCs) and Community Dental,

Podiatry

Although the total number of people waiting for care to start is yet to show any significant change, there have been strong reductions in recent months in the number of patients waiting longer than 52 weeks. Because of improvement work in the service, this fell from 520 people at the end of October, to 314 by the end of December. The service has been working to prioritise bookings for patients who have waited this long and is planning to take advantage of non-recurrent investment to offer additional clinical activity this quarter. This activity will be focussed exclusively on patients with waiting times more than 40 weeks.

The service is also contacting patients with long waiting time to see if symptoms have resolved, and whether an appointment is still required. This will lead to further reductions in the waiting list size during this quarter but will rely on the availability of administrators to contact patients and process discharges.

Colorectal, Urology and Continence (CUCS)

In November and December, the number of people waiting more than 52 weeks began to rise (from 7 in October to 24 in December), as well as the number of patients waiting more than 18 weeks, and the service is looking to make use of upcoming additional finance during this Quarter to offer weekend clinics in key geographical locations. The service is also looking to adopt a more formal 'Opt-In' process for patients as part of Quality and Value.

Dental

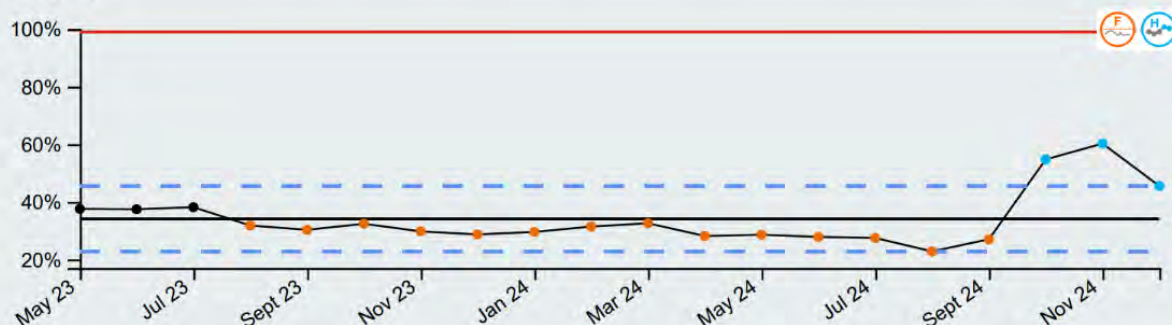
Waiting Times for Community Dental remain a national and regional problem, and these challenges are replicated in LCH. Collaborative work across the region is hoped to contribute to improvements, and there have been some signs that additional clinical space at LTHT might now be made available to support offering additional appointments. Further work is on-going to increase capacity including the option of additional weekend clinics. At the end of December 2025, a total of 2,668 people were awaiting routine assessments within the service.

When do we expect to see improvement?

The Waiting List Campaign running during this quarter has set an ambition to have now patient waiting more than 40 weeks by the end of this quarter, and bespoke data modelling will be used to set improvement trajectories for services in achieving this goal. Services are currently developing and submitting plans for making use of additional funding, and delivery against trajectory will be tracked weekly for each service.

Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)

Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)



What is the trend that we see?

Performance continues to improve in recent months, following waiting list review work. The total number of people waiting has now fallen to 520, which is the lowest total number since July 2020.

What is being done about it?

The next stage of work will focus on continuing to reduce the waiting list to see everyone within the 6-week target. The Business Intelligence Team will be supporting the service with some modelling work to assess what additional capacity might be required, and the service plans to make use of temporary waiting list funding to increase capacity during Quarter 4.

When do we expect to see improvement?

Depending on the success of temporary recruitment, further improvements should be visible during Q4, but it is not predicted that the service will reach the target of 99% during this Quarter alone. Detailed modelling has yet to be conducted to set a forecasted target date for recovery, but this modelling will be conducted during Q4 as part of the Waiting List Improvement Initiative.

CAMHS Eating Disorder Response Times

Number of CAMHS Eating Disorder patients breaching the 1-week standard for urgent care



What is the trend that we see?

Performance against both the urgent and routine targets continues to be below target, and this is being driven by demand that outstrips capacity. The service is currently commissioned to support 100 cases per year but has received an average of 140 referrals per year since 2022. Currently there are 11 routine patients awaiting assessment, and 2 urgent patients.

What is being done about it?

The service is rebalancing the number of assessment appointments compared to treatment appointments, which will lead to improvements in starting new cases, but may lead to reductions in the frequency of treatment appointments for patients already on the caseload. Routine patients may have assessment appointments rescheduled if required for urgent cases, and this has increased slightly in November and December.

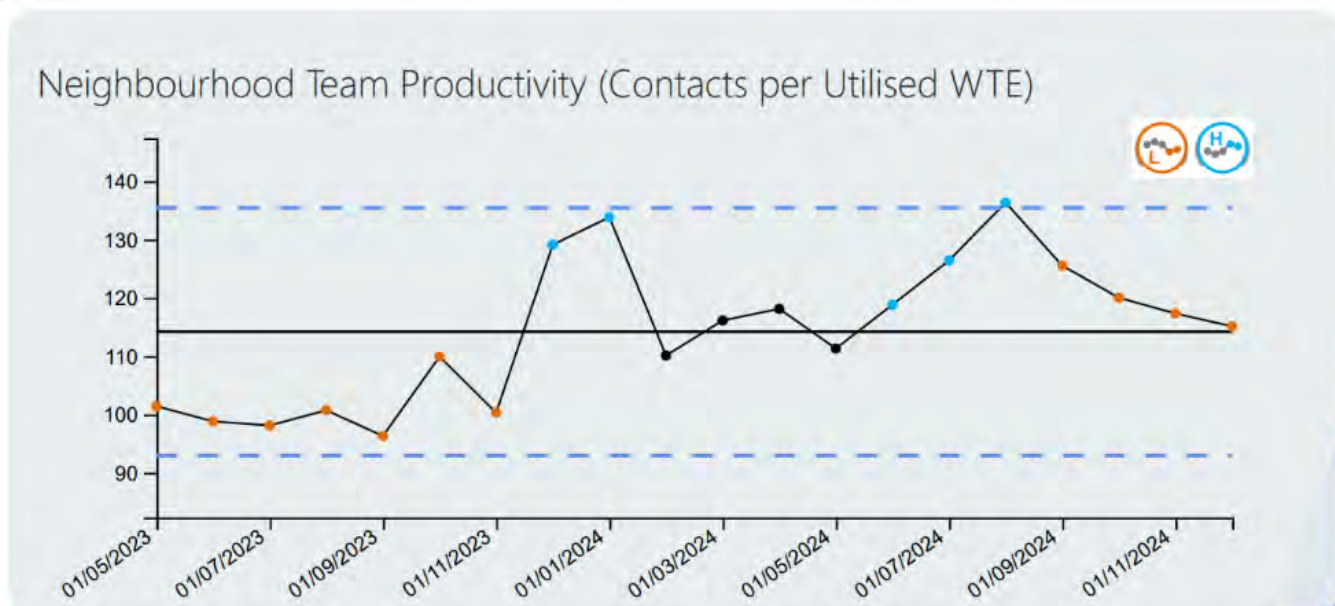
The service is conducting a deep-dive data review to present to ICB commissioners in March 2025, following which options for future arrangements will be considered, but there is no current commitment from commissioners to increase funding for this service.

Some work is also being conducted to understand the current demand patterns for ARFID support. ARFID is a non-commissioned service offer for patients with eating disorders, and the service continues to receive referrals for this support. The deep dive has been asked to present some data to commissioners on the volume of this currently unmet demand.

When do we expect to see improvement?

We are not expecting to see any long-term improvement to this indicator during this financial year.

Neighbourhood Team Productivity



What is the trend that we see?

Over the previous seven months productivity as defined by this measure has been consistently above the average, highlighting a significant positive change. However, the most recent four months have witnessed a statistically significant downward trend (evidenced by five consecutive downward moving data points). Although a detailed investigation has yet to be conducted, the number of face-to-face contacts delivered within the service during the most recent four months has also decreased. Although not significant, when combined with elevated levels of sickness seen in the service in November and December, these factors would combine to impact this measure.

What is being done about it?

A summary of actions to improve sickness rates is given elsewhere in this report.

When do we expect to see improvement?

As per the updates below on staff sickness, improvements should begin to appear during Q4 and may be amplified as the service starts to move out of the winter season.

Well-Led

By well-led, we mean leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture

Summary

Well led measures indicate an overall picture that is broadly either positive or improving. An exception to this is the Trust's sickness absence position which is seeing both heightened focus and an expected seasonal high rate of absence.

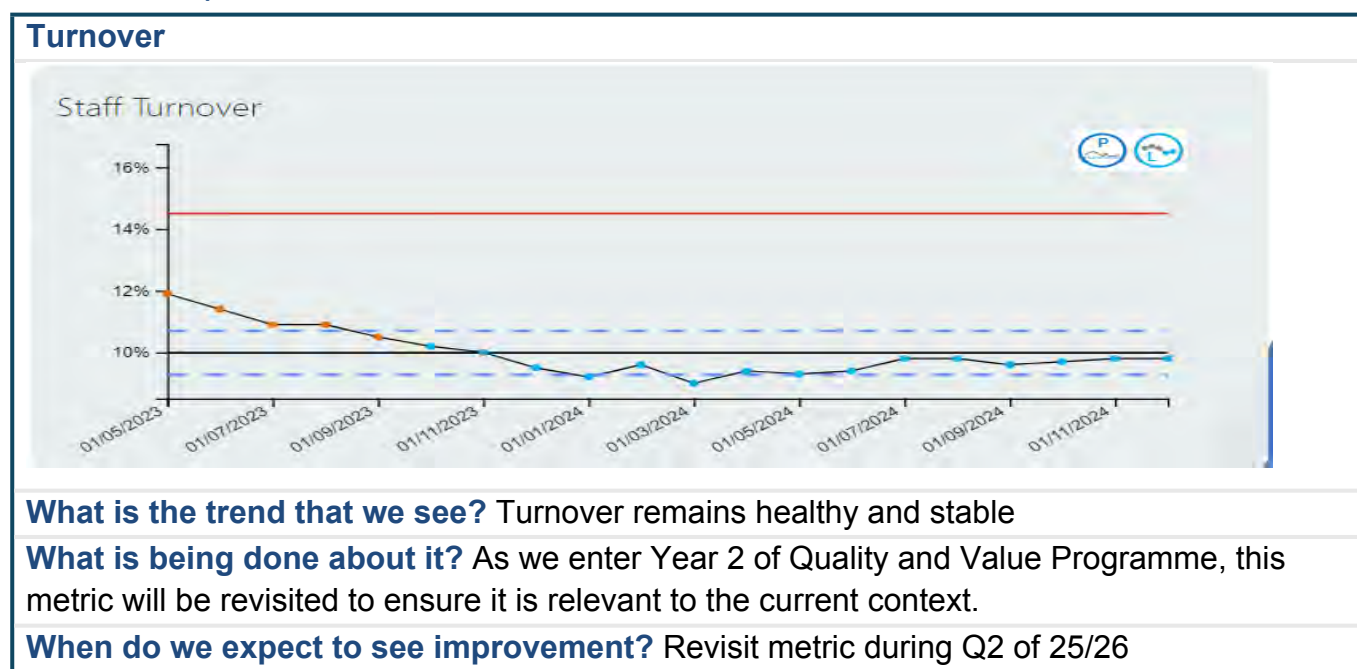
Staff movement in terms of turnover, staff leaving within 12 months of joining LCH and net movement is not a cause for concern. Turnover is consistently healthy.

Sickness absence levels during the winter months continue to be above target, correlating with seasonal variations. HR continue to support Managers with managing absence management and there has been an increase in volume of cases progressing through the formal stages of the Wellbeing at Work Policy.

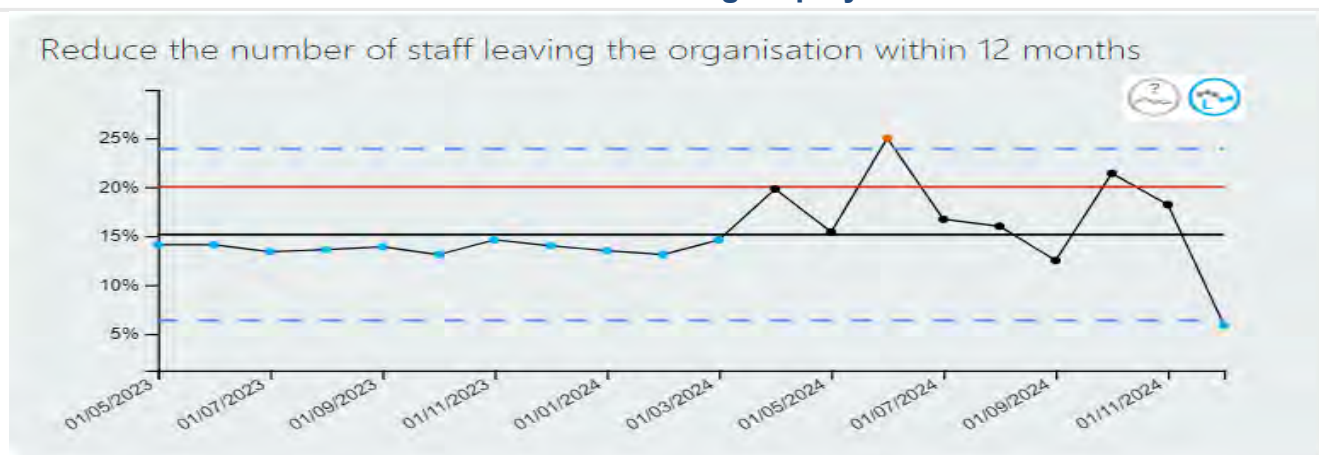
Compliance rates for both statutory and mandatory training and appraisal have been trending consistently upwards during 2024/25. Although neither is yet achieving target, both are making good progress following targeted work by services.

Well Led KPIs are currently under review to ensure that targets for 2025/26 remain aligned with organisational context as well as the consistently improved position in areas such as turnover

Indicator Updates



Turnover – Leavers within 12 months of starting employment



What is the trend that we see?

Performance up to March 2024 was improving and consistently meeting the target. April 2024- November 2024 saw an inconsistent pattern of passing/failing the target. December 2024 has seen a significant improvement in meeting the target. This may be impacted by the December holiday period.

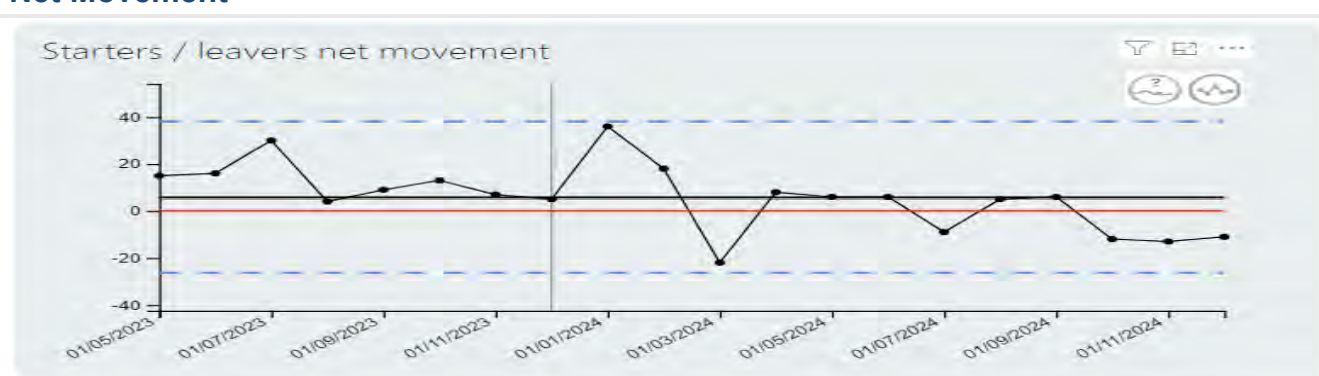
What is being done about it?

A deep dive covering a 5-year period has been completed on this metric and there are no immediate concerns to report. The Director of Workforce is considering the findings which will be discussed with the Trust Leadership Team before making any changes to this metric.

When do we expect to see improvement?

It is anticipated that the findings will be reviewed thoroughly, and relevant insights will be shared in due course. Regular updates will be communicated as progress is made.

Net Movement

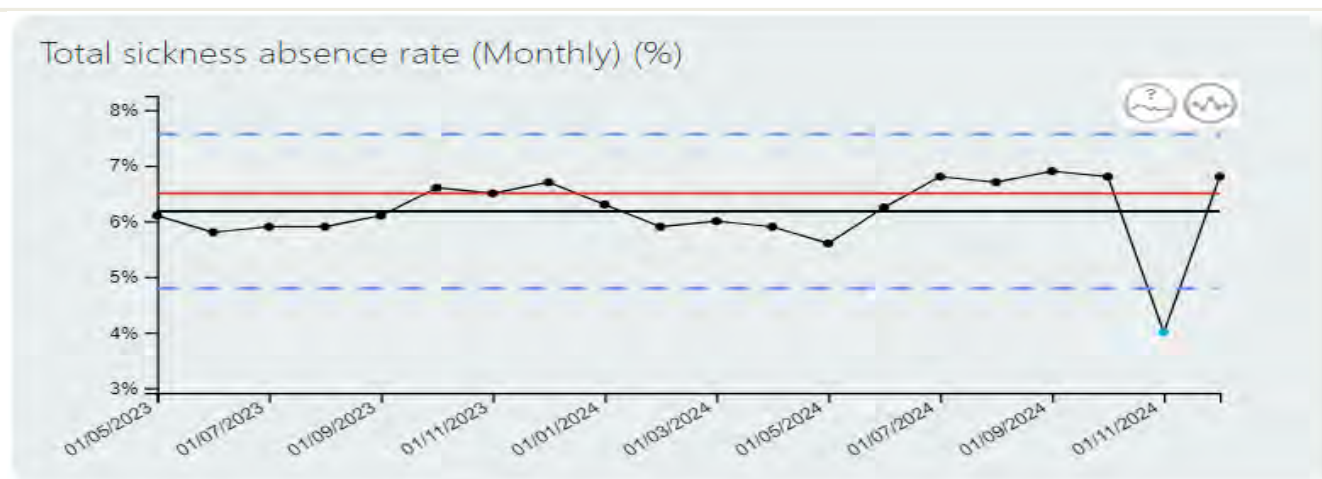


What is the trend that we see? Due to the work of the Quality and Value Programme and vacancy control processes the Trust has seen a shift to a negative staff movement i.e. the number of starters – v – leavers since the start of the financial year.

What is being done about it? This will continue to be monitored as we start Year 2 of the Quality and Value programme

When do we expect to see improvement? Revisit metric during Q2 of 25/26

Sickness



What is the trend that we see?

- The last six months (apart from November) has seen absenteeism above target. This has followed similar trend to the same period last year when absence rates were above 6.5% threshold, with latter months attributable to seasonal variations.
- The increase is primarily attributed to LTS with anxiety/stress/depression/other psychiatric illness remaining the leading sickness reason.
- ABU sickness absence continues to trend highest across the different business units, but Ops and CBU have seen an upwards shift in their sickness absence rates in the last 6-8 months.

What is being done about it?

Resources are being used for those going through organisational change, in particular workforce changes, with internal and external support from HR, ODI and Senior Managers.

HR are supporting managers with long term sickness cases, and there has been an increase in Panel Hearings in line with the Wellbeing at Work Policy.

When do we expect to see improvement?

The upsurge in absence comes at a time when employees are under increasing pressure with organisational change processes, alongside recruitment and retention challenges. External factors like the cost-of-living crisis have had profound impacts on many employees' wellbeing and we have found from recent absence meetings that external stresses alongside work related stress have contributed to this increase in absence. The Wellbeing support and offer has been revised and a focus on Supporting the Wellbeing of Others when Leading Change has been made readily available to all managers and employees.

Based on historic trends we should see a reduction in both long term and short-term cases as we enter the new season. The data is not suggesting any unexplained cause for concern or that this increase in trend should continue.

Appraisal Compliance



What is the trend that we see?

Performance has improved considerably since September 2024, following targeted efforts in both ABU and SBU and consistent compliance in CBU. This has resulted in the highest overall appraisal rate in the trust since 2021.

What is being done about it?

ABU and SBU teams have been set challenges and targets as part of the trust's performance panel. ABU have featured this as a 'spotlight' in their own performance meetings and have been targeting and engaging with teams with low compliance. A similar approach has been taken in SBU where the leadership team have reached out to low performing areas and offered support as well as stepped approach to improve compliance. The focus in both areas has not just been compliance but ensuring appraisals are individual and meaningful and that managers feel supported in holding appraisal conversations.

When do we expect to see improvement?

With stepped targets not achieved in all areas we expect improvements to continue into Q1 and a further move towards our 90% target.

Statutory and Mandatory Training Compliance



What is the trend that we see?

Performance has improved marginally since July 2024, and tends to hover just below the target at or around the high 80%

What is being done about it?

In December there was some targeted communications with staff who were not compliant with Patient Safety eLearning (Level 1 and 2) and Oliver McGowan eLearning. There were also some general communications within Corporate Teams about ensuring any outstanding subjects be completed during the Christmas period where possible.

Also, for context, in November a new requirement (Food Safety Awareness). This was a new requirement for most ABU staff as well as colleagues who work at Hannah House. This would have had an impact on overall compliance levels. Colleagues have been given a grace period until the end of Feb 2025 to complete their Food Safety Training.

When do we expect to see improvement?

We expect performance to continue to improve towards the 90% KPI. To aid this even further a new MaST dashboard is being developed by the Workforce Reporting Team. This will allow Subject Matter Experts and Managers to easily see who is out of compliance by training topic.

Finance

By finance, we mean the Trust's financial position is well managed

Prior Year £k	Key Financial Indicators	M09 Year To Date			Full Year		
		Plan £k	Actuals £k	Variance £k	Plan £k	Forecast £k	Variance £k
(267)	Adjusted (Surplus)/Deficit	(765)	(1,275)	510	(1,005)	(1,005)	0
43,534	Closing cash balance	41,585	49,118	(7,533)	40,941	42,941	(2,000)
(15,875)	Capital Expenditure CDEL	(7,806)	(4,622)	(3,184)	(15,020)	(8,240)	(6,780)
	<i>Quality & Value Programme</i>						
3,674	Recurrent savings	9,903	6,355	3,548	13,200	8,472	4,728
4,578	Non Recurrent savings	1,935	6,153	(4,218)	2,578	7,306	(4,728)
8,252	Total savings	11,838	12,508	(670)	15,778	15,778	0
	<i>Temporary staffing</i>						
3,793	Agency	2,832	1,587	1,245	3,783	2,208	1,575
5,259	Bank	3,859	4,087	(228)	5,159	5,362	(203)
9,052	Total temporary staffing	6,691	5,674	1,017	8,942	7,570	1,372
153,936	Total Gross staff costs	119,394	118,311	1,083	159,151	157,894	1,257
2.5%	Agency as a % of gross staff costs	2.4%	1.3%	-1.0%	2.4%	1.4%	-1.0%

Income & Expenditure: Year to date the Trust has shown a positive financial improvement with a £189k increase in its year-to-date position from month 8, resulting in a year-to-date surplus of £500k. This improvement is attributed to ongoing effective grip and control measures. The Trust continues to forecast delivery of the plan.

Cash: The Trust's cash position remains strong, with a year-to-date closing balance of £49.1m, surpassing the planned figure by £7.53m. This positive variance is mainly due to additional income from interest, outstanding LCC invoices, and lower-than-expected capital expenditures, particularly from reduced lease costs. Looking ahead, the Trust anticipates maintaining this favourable position, with a forecast year-end cash balance of £42.9m.

Capital Expenditure: Expenditure remained behind plan as of December, primarily due to delays in finalising the lease agreement for St Georges and the impact of lease remeasurements. The forecast expenditure by the end of March 2025 remains at £8.2m. Capital planning for 2025/26 is ongoing, with consideration being given to bringing forward certain projects to offset any unavoidable slippage. A key risk to the forecast continues to be the signing of the St Georges lease, which is

under regular review. The Trust is also expecting £210k additional PDC funding before the end of the year.








Quality & Value Programme: The Trust remains on track to deliver its planned efficiency savings and is forecast to meet its full-year target. However, there is significant risk from non-recurrent savings, forecast at £7.3m versus a planned £2.6m. Ongoing work through the Q&V programme aims to identify recurrent savings and reduce the risk to the 2025/26 financial plans.




Temporary staffing: Year-to-date, the Trust has successfully kept agency expenditure below the financial plan. In December, agency spending amounted to £109k, a £40k reduction compared to Month 8. While the Domestic Service continues to depend on agency staff to cover vacancies and sickness, the Trust is forecasting overall agency expenditure being £1,531k below the planned budget by year-end. This indicates the Trust's continued focus on optimising workforce costs while maintaining necessary service delivery.

Performance Brief

Appendix 1 - Data Pack












Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart, you may want to change something to reduce the variation in performance.
	Special cause variation of a CONCERNING nature where the measure is significantly HIGHER.	Something's going on! Your aim is to have low numbers, but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one-off event that you can explain? Or do you need to change something?
	Special cause variation of a CONCERNING nature where the measure is significantly LOWER.	Something's going on! Your aim is to have high numbers, but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	Something good is happening! Your aim is high numbers, and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	Something good is happening! Your aim is low numbers, and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one-off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

Assurance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits, then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction , then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction , then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

ASSURANCE

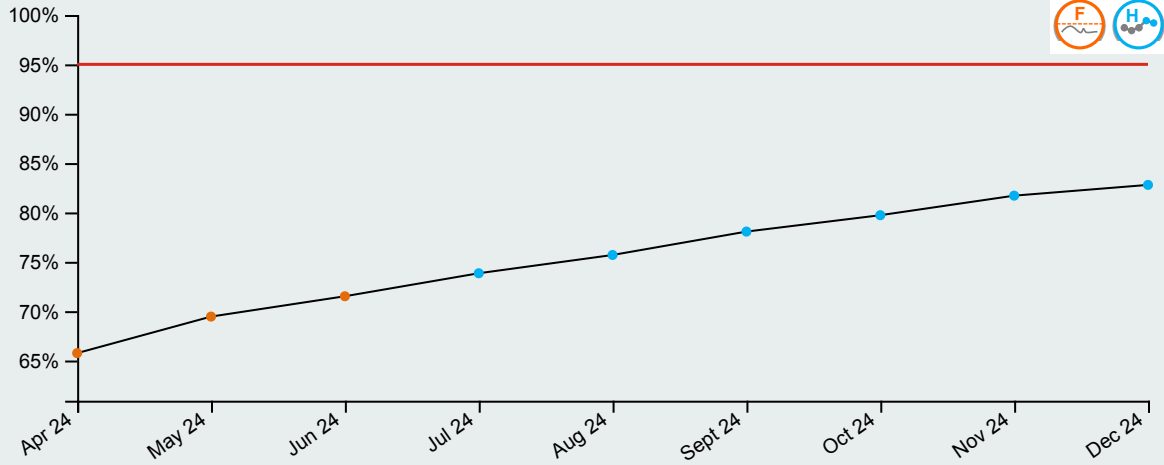
Variation/Performance

				
	<p>Excellent Celebrate and Learn</p> <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers, and you have some. You are consistently achieving the target because the current range of performance is above the target. 	<p>Good Celebrate and Understand</p> <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers, and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	<p>Concerning Celebrate but Act</p> <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers, and you have some. HOWEVER, your target lies above the current process limits so we know that the target will not be achieved without change. 	<p>Excellent Celebrate</p> <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers, and you have some. There is currently no target set for this metric.
	<p>Excellent Celebrate and Learn</p> <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers, and you have some. You are consistently achieving the target because the current range of performance is below the target. 	<p>Good Celebrate and Understand</p> <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers, and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	<p>Concerning Celebrate but Act</p> <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers, and you have some. HOWEVER, your target lies below the current process limits so we know that the target will not be achieved without change. 	<p>Excellent Celebrate</p> <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers, and you have some. There is currently no target set for this metric.
	<p>Good Celebrate and Understand</p> <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER, you are consistently achieving the target because the current range of performance exceeds the target. 	<p>Average Investigate and Understand</p> <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. Your target lies within the process limits so we know that the target may or may not be achieved. 	<p>Concern Investigate and Act</p> <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER, your target lies outside the current process limits and the target will not be achieved without change. 	<p>Average Understand</p> <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. There is currently no target set for this metric.
	<p>Concerning Investigate and Understand</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers, and you have some high numbers. HOWEVER, you are consistently achieving the target because the current range of performance is below the target. 	<p>Concerning Investigate and Act</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers, and you have some high numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	<p>Very Concerning Investigate and Act</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers, and you have some high numbers. Your target lies below the current process limits so we know that the target will not be achieved without change. 	<p>Concerning Investigate</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers, and you have some high numbers. There is currently no target set for this metric.
	<p>Concerning Investigate and Understand</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers, and you have some low numbers. HOWEVER, you are consistently achieving the target because the current range of performance is above the target. 	<p>Concerning Investigate and Act</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers, and you have some low numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	<p>Very Concerning Investigate and Act</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers, and you have some low numbers. Your target lies above the current process limits so we know that the target will not be achieved without change. 	<p>Concerning Investigate</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers, and you have some low numbers. There is currently no target set for this metric.

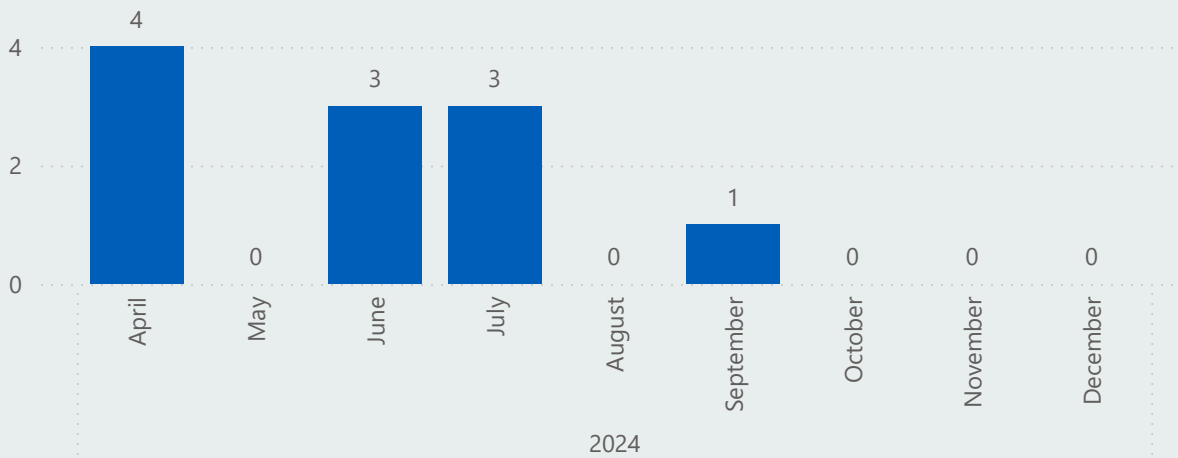
Safe - Patient Safety



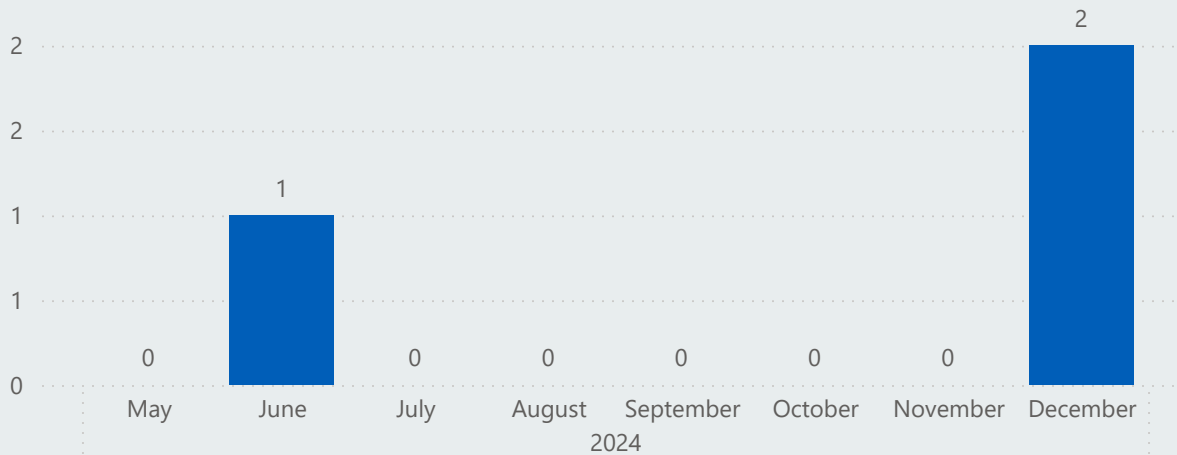
Compliance in Level 1 and 2 Patient Safety Training



Number of overdue PSII actions



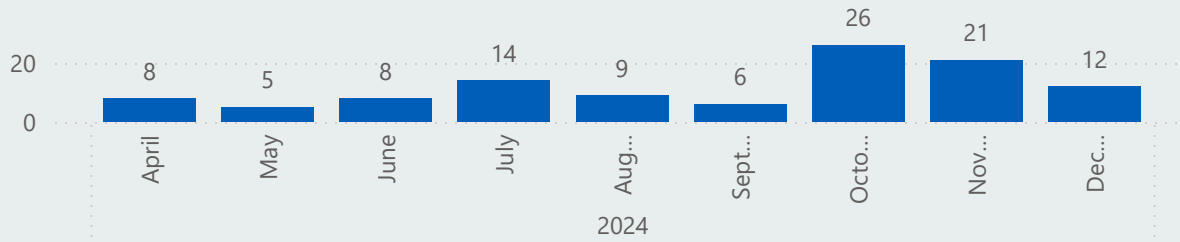
Number of Patient Safety Incident Investigations (PSII)



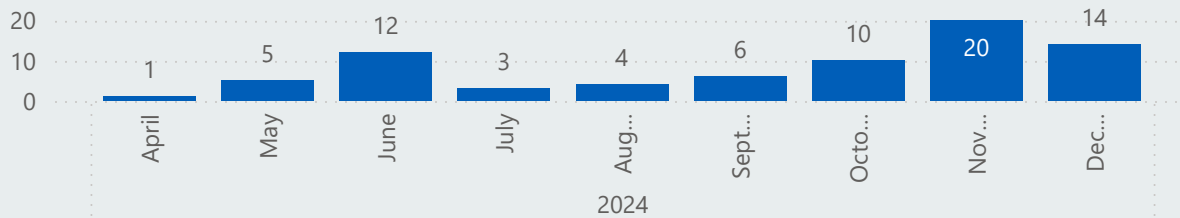
Safe - Patient Safety



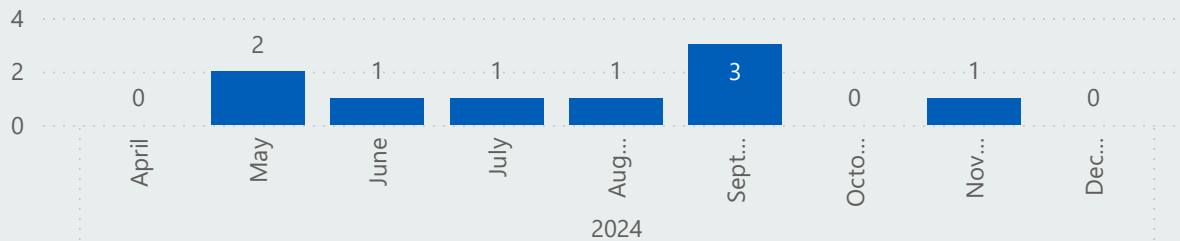
Number of incidents by PSIRP priority - Pressure Ulcers



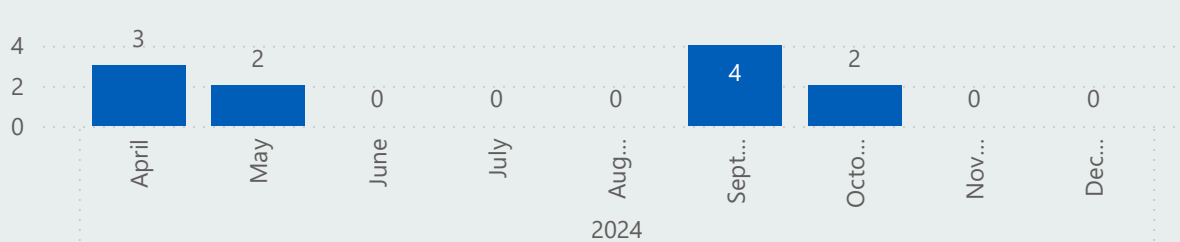
Number of incidents by PSIRP priority - Falls



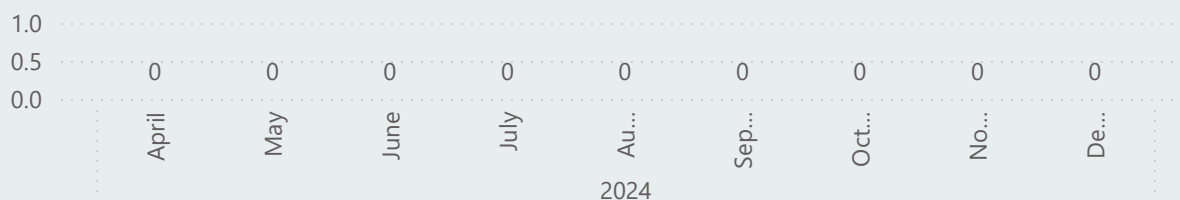
Number of incidents by PSIRP priority - Deteriorating Patient



Number of incidents by PSIRP priority - Meatal Tear



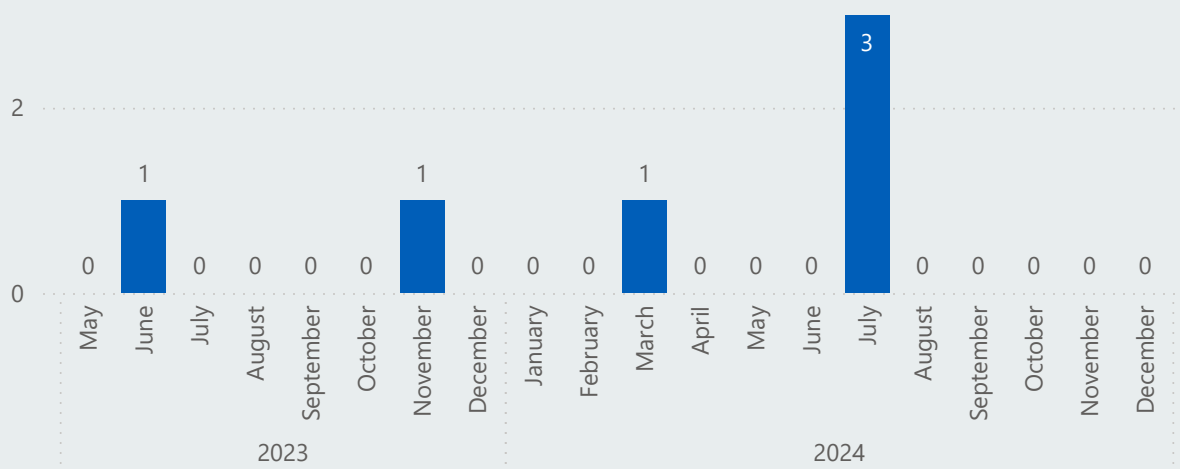
Number of incidents by PSIRP priority - Clinical Triage in Neighbourhood Teams



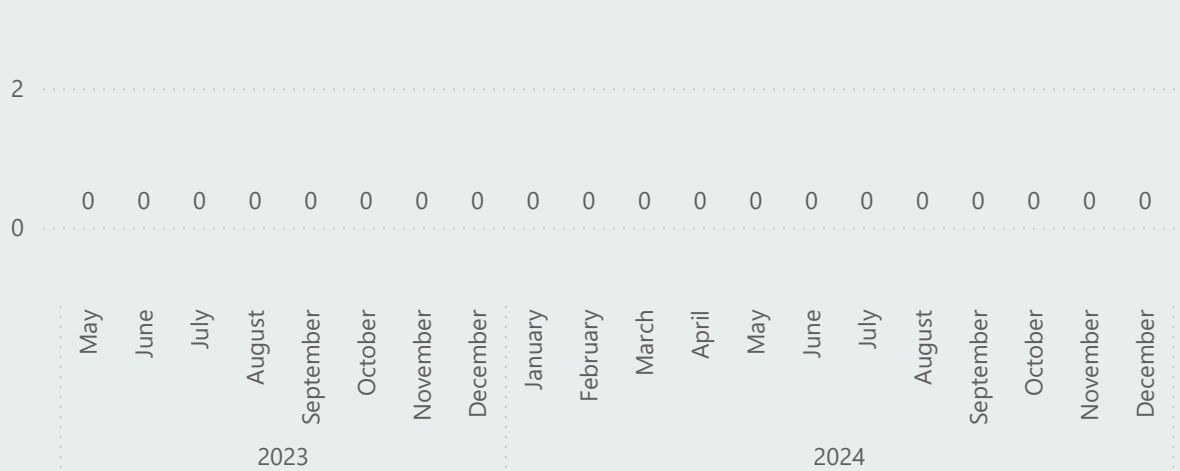
Safe - IPC



Attributed MRSA Bacteraemia - infection rate**



Clostridium Difficile - infection rate**



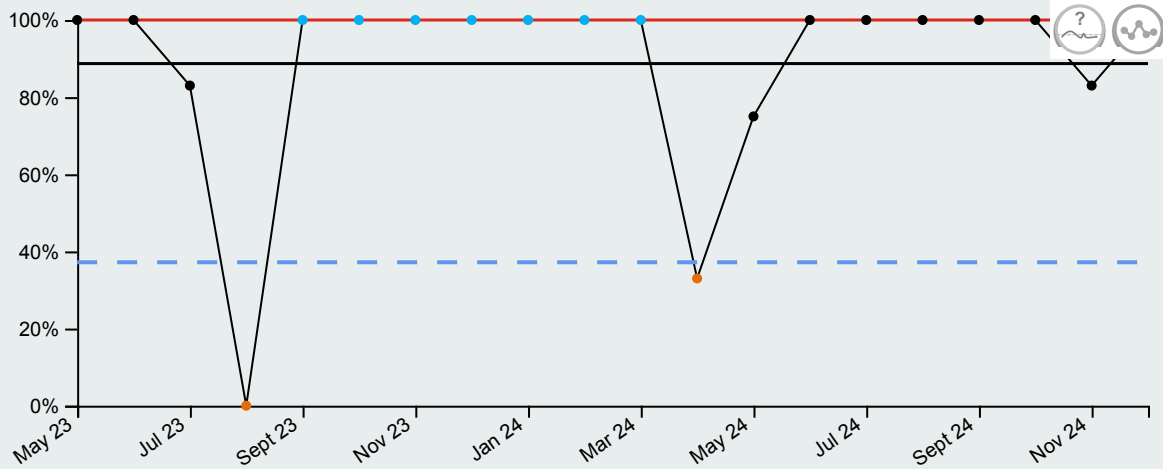
Incidents of E.Coli, bacteraemia

There is not enough data yet to show this chart

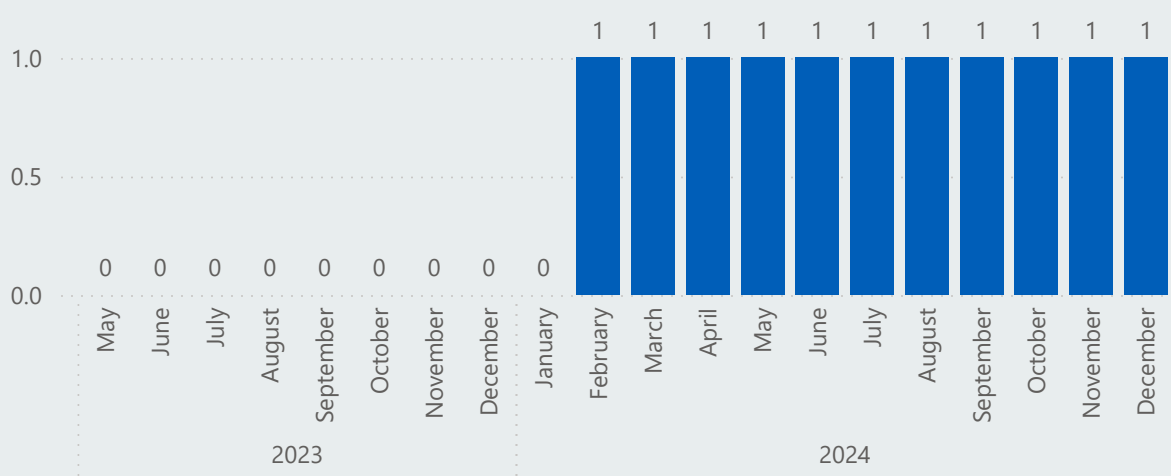
Safe - Other



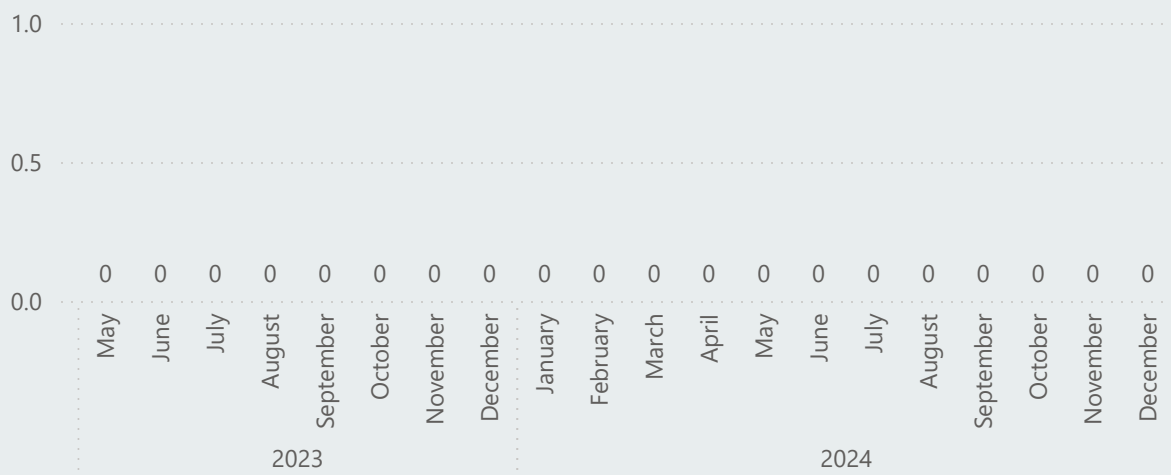
Compliance with statutory Duty of Candour



CAS Alerts Outstanding**

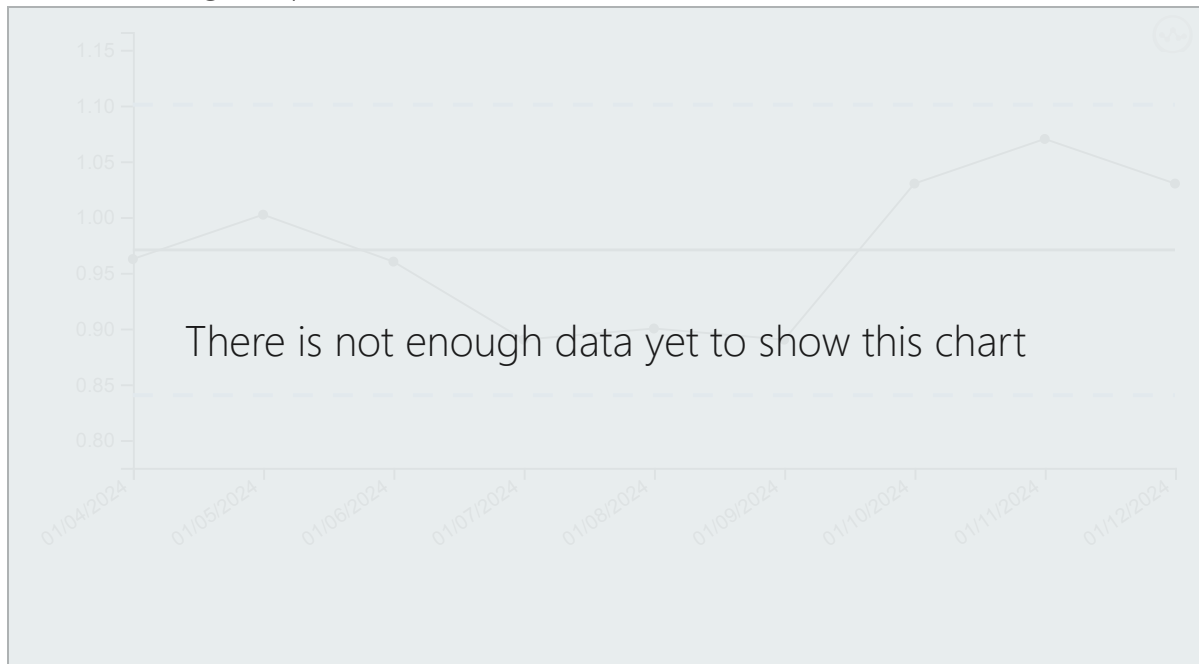


Never Event Incidence**

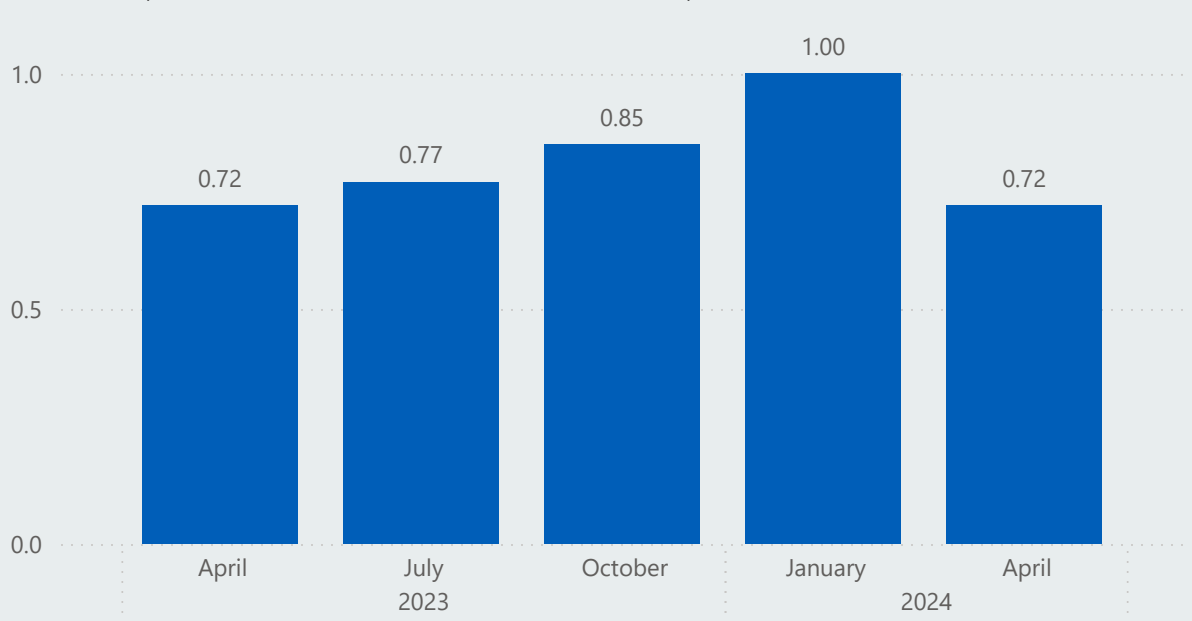


Safe - Safer Staffing

Safer Staffing – Inpatient Services



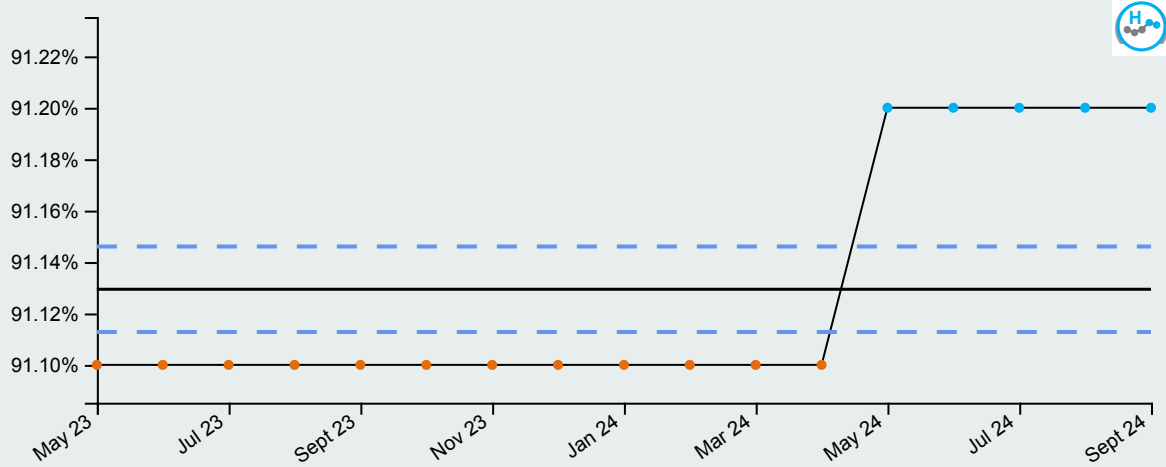
Number of teams who have completed Medicines Code Assurance Check since 1 April 2023 versus total number of expected returns



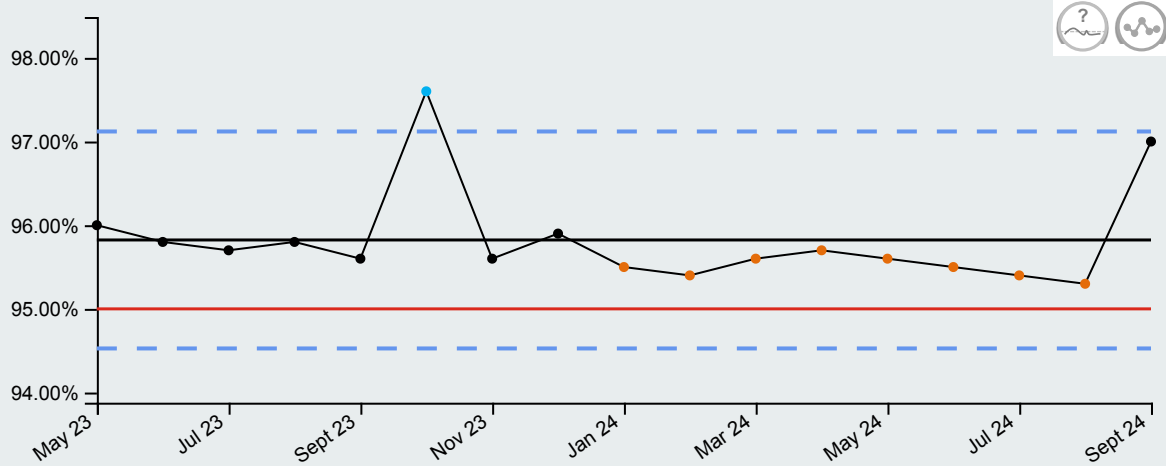
Safe - DQMI



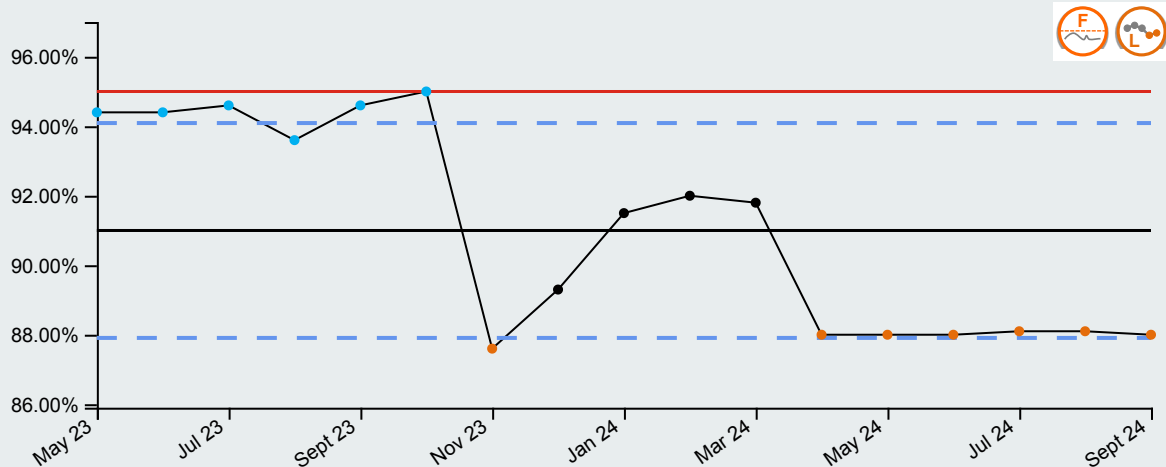
Data Quality Maturity Index (DQMI) - CSDS dataset score**



Data Quality Maturity Index (DQMI) - IAPT dataset score**

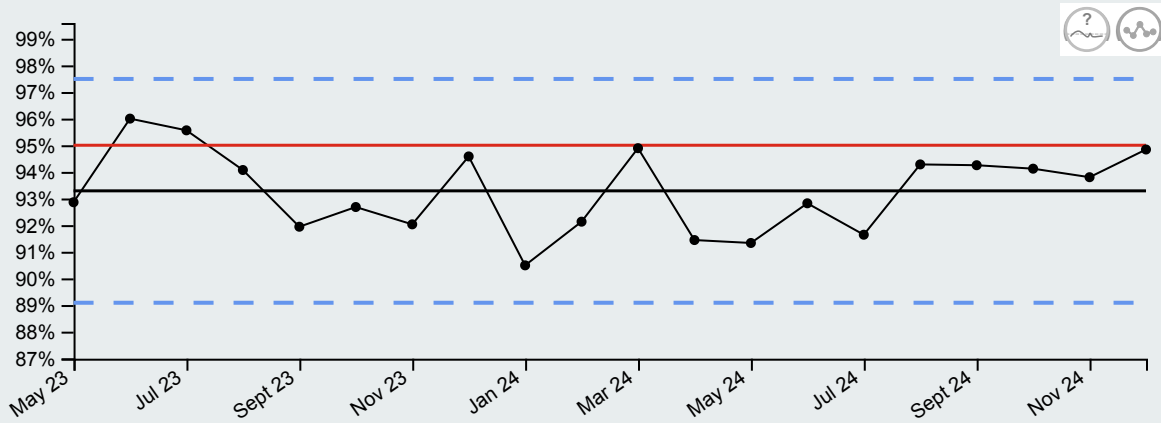


Data Quality Maturity Index (DQMI) - MHSDS dataset score**

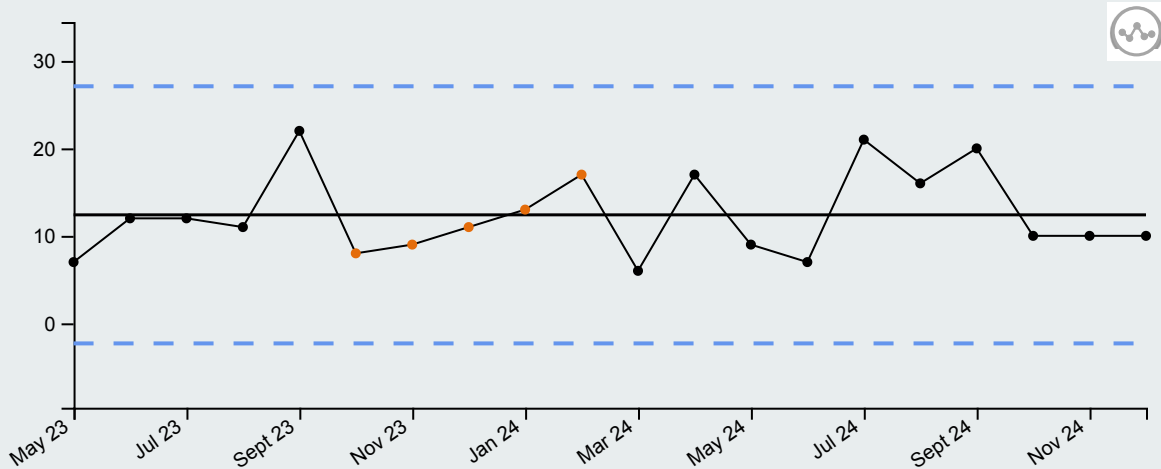


Caring Domain

Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)



Total Number of Formal Complaints Received



Mixed Sex Accommodation Breaches

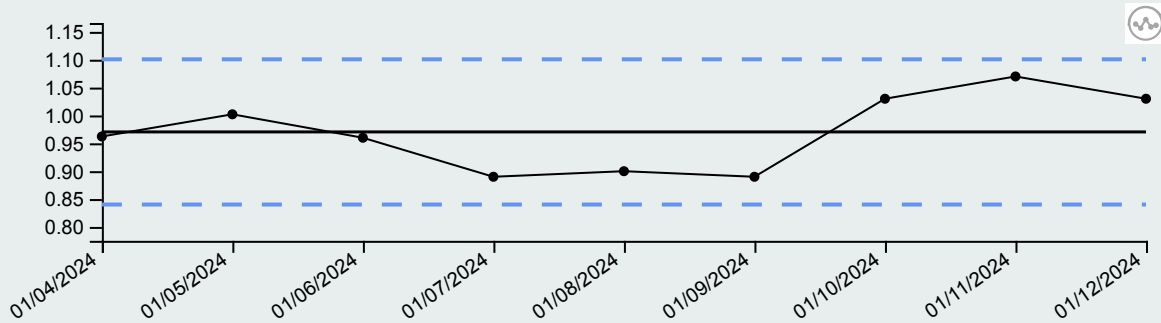
No breaches Reported



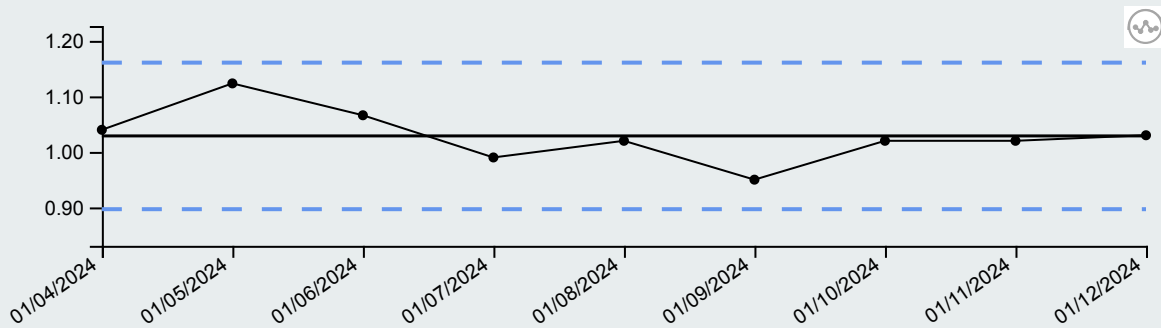
Effective - Equity



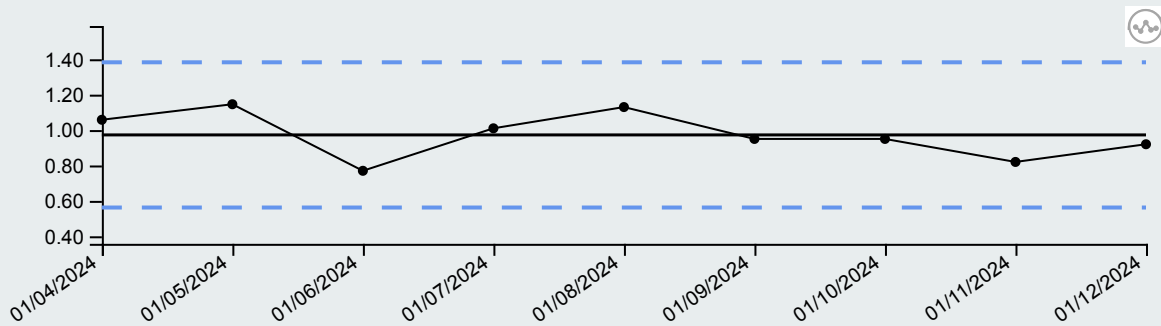
Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 18 week standard



Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 52 week standard



Difference in access to services for patients living in IMD1 vs IMD2-10 - DM01 Services



Difference in access to services for patients living in IMD1 vs IMD2-10 - Non-Consultant 18 week standard

