NHS
Mersey Care
NHS Foundation Trust

Community and Mental Health Services

Executive Performance Report
May 2023

NHS Oversight Framework 2023-24

Overall trust quality rating	Good
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Outstanding

System Oversight Framework Segment Score: 2	
1	Maximum Autonomy
2	Targeted Support
3	Mandated Support
4	Special Measures

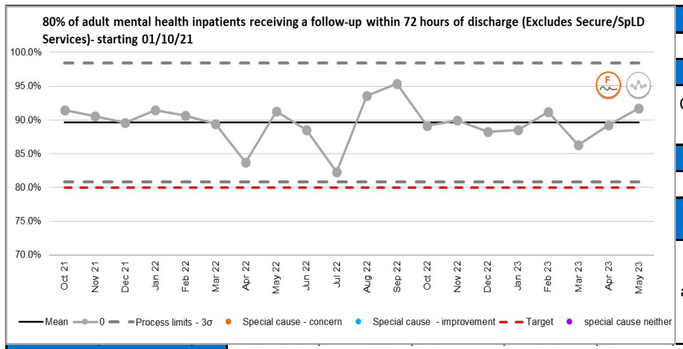
Operational Plan Metric		NHS Oversight Framework Monthly Metrics	Target/ Latest National Median Available	Mersey Care NHS Foundation Trust - Overall Position													Trendline - April 2021 Onwards
				May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Oversight Theme: Quality, access and outcomes - Transforming community services and improving discharge																	
Our Services	Clinical excellence	2 Hour Urgent Response Times - Frailty Services within Mid Mersey and Community Division	TBC	82.86%	93.33%	51.22%	50.88%	61.73%	77.67%	76.43%	87.63%	85.00%	72.65%	80.71%	87.00%	81.31%	
Oversight Theme: Quality, access and outcomes - Embed outpatient transformation																	
Our Services	Be digitally inclusive	% of all outpatient activity delivered remotely via telephone or video consultation *The data provided includes all Telephone Contacts not just Telephone Consultations	TBC	34.95%	38.28%	32.83%	32.73%	30.10%	31.64%	31.87%	32.49%	32.88%	32.35%	33.93%	29.86%	29.80%	
	Clinical excellence	Number of incidents where a service user has waited 12 hours or more from the decision to admit within an A&E department to be admitted to their agreed bed.	0	0	0	1	1	3	9	0	1	2	1	1	0	0	
Oversight Theme: Quality, access and outcomes - Deliver the mental health ambitions outlined in the NHS Long Term Plan, expanding and transforming core mental health services																	
Our Services	Clinical excellence	95% of Children and Young Persons with eating disorders seen within 1 week (urgent)	95%	No Urgent Referrals Received	No Urgent Referrals Received	No Urgent Referrals Received	No Urgent Referrals Received	No Urgent Referrals Received	No Urgent Referrals Received	No Urgent Referrals Received	No Urgent Referrals Received	No Urgent Referrals Received	No Urgent Referrals Received	100.00%	No Urgent Referrals Received	No Urgent Referrals Received	
		95% of Children and Young Persons with eating disorders seen within 4 weeks (routine)	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.88%	92.86%	94.44%	
		80% of adult mental health inpatients receiving a follow-up within 72 hours of discharge (Excludes Secure/SpLD Services)	80%	91.25%	88.52%	82.27%	93.60%	95.33%	89.12%	89.91%	88.24%	88.48%	91.21%	86.32%	89.25%	91.74%	
		IAPT - Proportion of people completing treatment who move to recovery (Internal Reporting) - Monthly	50%	46.21%	45.78%	45.04%	40.78%	49.77%	47.90%	47.16%	45.37%	47.97%	50.05%	51.28%	51.00%	51.29%	
		IAPT - Waiting time to begin treatment (from IAPT minimum dataset) within 6 weeks	75%	98.81%	99.31%	98.35%	98.34%	98.89%	98.56%	98.79%	99.48%	97.95%	99.34%	99.04%	98.49%	98.29%	
		IAPT - Waiting time to begin treatment (from IAPT minimum dataset) within 18 weeks	95%	99.91%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	
		Admissions to adult facilities of patients who are under 18 years old	0	0	0	0	1	0	0	0	0	0	1	0	0	0	
		First episode of psychosis begin treatment with a NICE-recommended package of care within 2 weeks of referral (Part B - MHSDS Dataset) *From June 2021 data has been derived from local reporting rather than the published data due to issues with NHS Digital reporting due to the joint MHSDS National Submission	60% From April 2020	85.09%	75.45%	77.27%	74.31%	66.35%	64.10%	57.35%	66.38%	56.25%	57.73%	59.65%	66.10%	72.57%	
		Data Quality Maturity Index (DQMI) - MHSDS Dataset Score - 36 items	95%	90.70%	93.60%	94.00%	90.08%	93.70%	92.80%	92.10%	92.90%	92.60%	91.30%	92.20%	Latest Data Relates to February 2023		
		Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
Oversight Theme: People - Supporting the health and wellbeing of staff and taking action on recruitment and retention																	
Our Services	Clinical excellence	Sickness (In-month)	4.43%	7.80%	8.11%	8.82%	8.18%	7.81%	8.23%	8.30%	9.35%	8.53%	7.13%	7.30%	7.05%	7.26%	R
		Turnover (In-month)	1.32%	1.11%	0.85%	1.09%	1.11%	1.37%	1.05%	0.83%	0.98%	1.03%	0.80%	1.35%	0.95%	0.75%	
		Number of people working in the NHS who have had a "flu vaccination" * Frontline Staff Only - Number of staff vaccinated and Overall % of Frontline Staff	TBC	5474/60.72%	5470/60.82%	5416/60.79%	5586/61.0%	4695/60.10%	4633/60.07%	4657/60.14%	4529/60.18%	4524/60.42%	4550/60.35%	4537/60.40%	4451/60.49%	4404/60.46%	
		Inappropriate Out of Area Placement (In-Month)	0 from April 2022	3	0	0	0	0	0	0	0	0	0	0	0	0	
Our People	Be a great place to work for all	% of Jobs Advertised as Flexible	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Oversight Theme: People - Supporting the health and wellbeing of staff and taking action on recruitment and retention																	
Our People	Be a great place to work for all	Proportion of staff in senior leadership roles (Band 8a - 9) who are (a) from a BME background - All Staff (Local Data) - Includes those Not Known/ Not Stated	Average Combined MH/ LD and Community Trusts: 9.85%	4.99%	5.19%	5.14%	5.20%	5.20%	5.18%	5.20%	5.45%	5.64%	5.54%	5.61%	5.46%	5.51%	
		Proportion of staff in senior leadership roles (Band 8a - 9) who are (a) from a BME background - Clinical Staff (Local Data) - Includes those Not Known/ Not Stated	Average Combined MH/ LD and Community Trusts: 10.5%	5.40%	5.62%	5.57%	5.52%	5.49%	5.29%	5.34%	5.70%	5.90%	5.75%	5.71%	5.59%	5.68%	
		Proportion of staff in senior leadership roles (Band 8a - 9) who are (a) from a BME background - Non-Clinical Staff (Local Data) - Includes those Not Known/ Not Stated	Average Combined MH/ LD and Community Trusts: 9.2%	4.05%	4.13%	4.08%	4.44%	4.49%	4.92%	4.84%	4.84%	4.96%	4.98%	5.35%	5.11%	5.04%	
		Proportion of staff in senior leadership roles (Band 8a - 9) who are (b) women - Substantive Only	TBC	73.18%	73.10%	73.70%	73.99%	74.05%	74.33%	74.51%	74.17%	74.04%	74.20%	74.42%	74.27%	74.25%	

NHS Oversight Framework 2023-24

Operational Plan Metric		NHS Oversight Framework Monthly Metrics	Target/ Latest National Median Available	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Oversight Theme: Finance and Use of Resources - Systems to manage within financial envelopes																
Our Resources	Achieve financial sustainability	Cost Improvement Plan (CIP) delivery - CIP budget vs actual - CIP Variance	0%	0.00%	0.00%	0.00%	-1.42%	3.11%	-1.69%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Performance against financial plan - Net Surplus budget vs actual	May 2023 Budget - £599,000	£ -	£ 570,000	£ 570,000	£ 570,000	£ 570,000	£ 570,000	£ 570,000	£ 570,000	£ 570,000	£ 570,000	£ 570,000	£ 726,000	£ 598,000
		Underlying financial position - Net Surplus/(Deficit)	TBC	£ -	£ 570,000	£ 1,140,000	£ 1,710,000	£ 2,280,000	£ 2,850,000	£ 3,420,000	£ 3,990,000	£ 6,522,000	£ 12,828,000	£ 17,140,000	£ 727	£ 1,326
		Underlying financial position - Cash balance	TBC	£ 94,709,000	£ 95,511,000	£ 94,960,000	£ 98,237,000	£ 104,403,000	£ 98,881,000	£ 106,341,000	£ 104,511,000	£ 98,430,000	£ 99,837,000	£ 89,471,000	£ 94,207,000	£ 93,889,000
NHS Oversight Framework Quarterly Metrics			Target	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Trendline								
Oversight Theme: Quality, access and outcomes - Deliver the mental health ambitions outlined in the NHS Long Term Plan, expanding and transforming core mental health services																
		IAPT - Proportion of people completing treatment who move to recovery (from IAPT minimum dataset) - Quarterly This metric is for information only as it is monitored above on a monthly basis. It is not included in the % of Metrics Achieved/ Not Achieved.	50%	46.46%	44.95%	46.61%	50.08%									

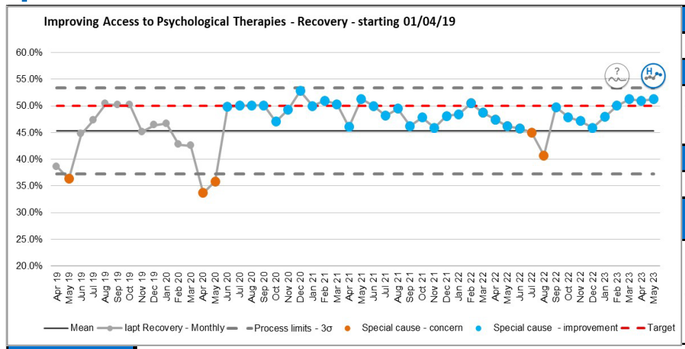
NHS Oversight Framework Annual Metrics			Target - 2020 Positions	2020	2021	2022	Trendline
Oversight Theme: Leadership and Capability - Leadership							
Our People	Be a great place to work for all	PLACEHOLDER - Staff Survey - Aggregate score for NHS Staff Survey questions that measure perception of leadership culture (Metric in Development)	TBC				
Oversight Theme: People - Supporting the health and wellbeing of staff and taking action on recruitment and retention							
Our People	Be a great place to work for all	Staff Survey - Safety Culture Theme	Combined MH/ LD and Community Trusts: 6.2	7.1	6.3	6.3	
		Staff Survey **(Internal Interpretation of the Metric)** Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from ... Q14a. Patients/ Service Users, their relatives or other members of the public Q14b. Managers Q4c. Other Colleagues **(Lower is better)**	Average Combined MH/ LD and Community Trusts: 16.3%	15.35%	17.23%	15.67%	
Oversight Theme: People - Supporting the health and wellbeing of staff and taking action on recruitment and retention							
Our People	Be a great place to work for all	Staff Survey - Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age? **(Higher is better).**	Average Combined MH/ LD and Community Trusts: 59.80%	88.07%	59.60%	59.50%	
		Staff Survey - Proportion of people who report that in the last three months they have come to work despite not feeling well enough to perform their duties? **(Lower is better).**	Average Combined MH/ LD and Community Trusts: 54.70%	46.55%	56.60%	57.20%	
		Staff Survey - Percentage of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns? **(Higher is better).**	Average Combined MH/ LD and Community Trusts: 66.30%	66.32%	61.70%	59.50%	
		Staff Survey - Staff Engagement Theme	Combined MH/ LD and Community Trusts: 7.0	7.2	7.0	7.0	

System Oversight Framework 23-24 Statistical Process Control Charts - Our Services/ People



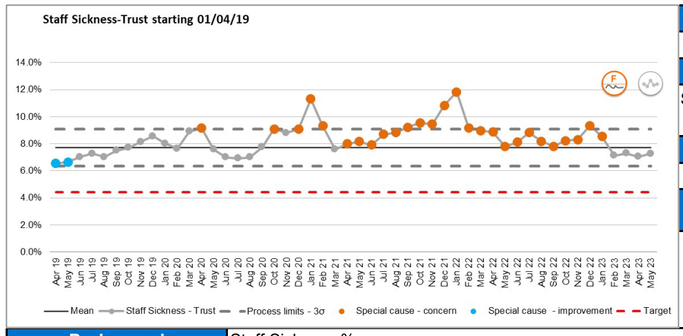
May-23
91.74%
Variance Type
Common Cause Variation
NOF Target
80.00%
Target Achievement
Consistently achieving target (high is good)

Background	80% of adult mental health inpatients receiving a follow-up within 72 hours of discharge (Excludes Secure/SpLD Services)
Issues	Not Applicable
Actions	Divisions to continue to follow-up service users within 72 hours of discharge.
Mitigations	Not Applicable - Target has been consistently achieved.



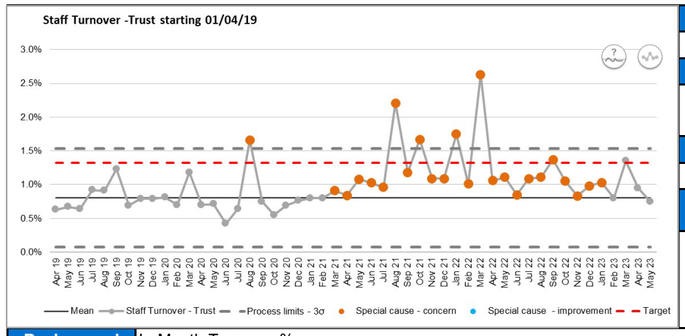
May-23
51.29%
Variance Type
Special Cause - Concern
NOF Target
50%
Target Achievement
Not consistently achieving target (high is good)

Background	Improving Access to Psychological Therapies - Recovery
Issues	Continually achieving target
Actions	Work continues within the service to increase further our recovery rates. We continue to address the Action Plan agreed by the Senior Management Team last year. Clinical Leads and Supervisors continue to review individual recovery rates to look at ways to help each therapist in improving their own recovery rates. Monthly reports are sent to all managers to support conversations with staff about their own recovery rates.
Mitigations	IAPT team performance on this metric continues to be scrutinised within the Divisional performance meeting.



Apr-23
6.97%
Variance Type
Special Cause - Concern
NOF Target
4.43%
Target Achievement
Consistently above target (low is good)

Background	Staff Sickness %
Issues	Overall lost capacity in the Trust is running at 7.26%, this figure relates to colleague sickness, Covid-19 related colleague sickness and colleagues who are self-isolating. This is an increase on last month of 0.21% as we reported 7.05% in April.
Actions	A task and finish group is being established, chaired by the Director of Operations (or deputy) to undertake a review of absence, and make proposals to the Executive Management Team about different innovative approaches that the trust may wish to undertake.
Mitigations	Additional investment being sourced to reduce waiting time for health and wellbeing interventions and allocation of specialist capacity to deliver an ergonomics review within secure division where absence remains very high. Continued focus of the HR team to ensure accountability from managers to manage absence in accordance with the revised policy and ensuring that return to work discussions are being undertaken in a timely manner. Empactis implementation plan under development, eroster roll out continuing, and implementation of flexible rostering in Secure/SPLD commenced in February 2022.



May-23
0.75%
Variance Type
Special Cause - Improvement
NOF Target
1.32%
Target Achievement
Consistently below target (low is good)

Background	In-Month Turnover %
Issues	The overall Trust position reported for May 23 is 0.75%. This is an improvement in the position compared to the Trust level turnover rate of 0.95% in April 23. The Trust is over performing compared to the NOF targets for national median (1.32%) and peer position (1.34%).
Actions	On-going monitoring
Mitigations	On-going monitoring and scrutiny of hot spot areas

Patient Recorded Outcome Measures (PROMs) and Patient Recorded Experience

NHS Improvement

Operational Plan Metric		NHS Oversight Framework Monthly Metrics - Experience	Target/ Latest National Median Available	Peer Position	Overall Trust Position												
					May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Trendline - April 2021 Onwards
Our People	Work side by side with service users and carers	Mental Health Friends and Family Test: (% positive)	89.00%	90.37%	91.09%	90.02%	91.37%	92.13%	90.98%	89.20%	92.80%	85.69%	87.38%	92.03%	89.95%	91.22%	90.44%	
		Community Friends and Family Test: (% Positive)	96.00%	97.30%	96.02%	95.19%	96.74%	98.25%	98.74%	98.05%	94.60%	92.79%	92.56%	91.81%	90.03%	96.23%	96.06%	
		NHS Oversight Framework Quarterly Metrics - Experience	Target		Overall Trust Position				Mental Health Care Division				Secure Care Division				
					Q1 2022	Q2 2022	Q3 2022	Q4 2023	Q1 2022	Q2 2022	Q3 2022	Q4 2023	Q1 2022	Q2 2022	Q3 2022	Q4 2023	
		Triangle of Care - % Self-Assessed as "Green" (of applicable criteria)	For Information		89.31%	89.11%	89.14%	89.87%	83.73%	85.45%	84.99%	85.22%	94.13%	93.45%	93.91%	94.69%	
		NHS Oversight Framework Annual Metrics - Experience	Target		2019	2020	2021	2022	Trendline								
		Care Quality Commission - Community Mental Health Survey	2022 - National Average 6.7		6.88	6.99/7.26	6.91	6.70									

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Community and Mental Health Services

Our Services

Executive Lead: Trish Bennett

Executive Summary – NHS Oversight Framework 2022 and Our Services

Accountable Director: Trish Bennett, Executive Director of Nursing and Operations

Mental Health Care Division – Donna Robinson, Director of Mental Health / Divisional Director of Mental Health Care

Suicides in an Inpatient Mental Health Bed

1. There has been 1 incident of an adult unexpected death from Liverpool Place in the reporting period. This incident involved a 49-year-old female service user, who was admitted to Harrington Ward informally on 14/05/2023 due to low mood and suicidal ideation. At 08:29 am on 15/05/2023 staff attempted to check on service user within bathroom space and did not gain response, staff reported difficulty in opening the door at which point staff identified a white strap protruding from the top corner of the door. Staff responded to the incident, CPR (cardiopulmonary resuscitation) commenced immediately, and Emergency Services were summoned. Service user was declared deceased by Paramedics at approximately 09:00 am.

2. 72 Hour Review was completed and has been shared with ICB (Integrated Care Board) and CQC (Care Quality Commission). The learning highlighted a need for further review of the Door Top Alarm system which has taken place via Service Line and Divisional Safety Huddle and is ongoing. Positive practice was identified with Supportive Observations noted as being unpredictable and the emergency response by staff was very timely and the CPR noted as good.

3. A Memorandum of Understanding Meeting has taken with Merseyside Police who are liaising with Staff regarding relevant statements to be provided for HM Coroner. A full learning review is to take place.

4. There was another unexpected death on a Knowsley Ward, but this is being reviewed as an unexpected natural cause death.

Mental Health Care Division Ligature Incidents

5. There have been 130 ligature incidents reported in this period – which is a decrease from the last data period of March 2023 which saw 173 incidents reported. This includes 79 incidents from Liverpool and Sefton wards and 49 incidents from Warrington and Halton and St Helens and Knowsley. The remaining 2 are reported incidents from Urgent Care – these were both reported moderate harm from ligatures pre contact with services. All other incidents were low or no harm. With 125 no harm and 3 low harms.

6. The highest reporting areas had 38 incidents each, 1 in Liverpool and 1 in St Helens all causing low or no harm and attributable to a small group of service users on the wards who have specialised care plans with high acuity.

7. There were 4 ligatures from a point in the reporting period further to the death detailed above. All were no harm and saw swift intervention by staff before suspension from the

ligature due to either Door Top Alarm activation or staff completing regular supportive observations.

Number of Restraints associated with Self-Harm Incidents

8. There were 52 incidents reported during the period regarding restraints linked with self-harm which occurred in an inpatient area. This is increase from 30 in April 2023. These were all low or no harm incidents. Linked to the move to RADAR, managers have been working with the clinical teams around improving reporting of incidents of physical intervention, assaults, and rapid tranquilisation to ensure that there are accurate representations of acuity.

9. The Divisional Reducing Restrictive Practice Team continue to support all wards to embed the 6 key interventions from the guide. 20 out of 26 wards now have action plans for the interventions. Plans are in place to visit the remaining 6 wards this month.

Physical Health Screening for New Admissions

10. The Division did not achieve the 95% target for all places achieving 93.16% for May 2023. The Divisional trajectory for May 2023 was 94%, with teams narrowly missing this by 0.84%.

11. Processes regarding the management of physical health screening are in place across the division with continued engagement with ward teams, particularly focusing on areas requiring improvement.

12. Continued improvement is projected month on month to meet the KPI target.

13. Revised projected targets to reach 95% compliance

April	May	June
90%	94%	95%

% of Service Users on the Early Intervention in Psychosis Caseload with a diagnosis of First Episode of Psychosis and have a cluster of 10-14,16 and 17 with an Annual Physical Health Check completed.

% of Service Users on the Adult Community Mental Health Team Caseload on CPA with a diagnosis of Psychosis and with a Cluster 10-14,16 and 17 with an Annual Physical Health Check completed.

14. The Division did not achieve the annual physical health check target of 90% for Early Intervention in Psychosis and 75% target for Adult Community Mental Health achieving 76.09% and 64.05% respectively for May 2023. Oversight continues to be provided by community physical health team particularly in relation to embedding of processes to effectively manage annual physical health checks. The trajectory, however continues to be exceeded with the target being 69% with May 2023. Data cleansing continues to be undertaken as well as targeted support from community physical health team where there are hot spots. There has been an improvement in CPA caseload performance figures for May with an 11.33% increase within month. Processes are

continuing to be embedded, with hot spots identified and supported. Targeted support by the community physical health team has supported the improvement performance for May 2023, particularly within Mid Mersey place.

Delayed Discharges

15. For May 2023, the Division reported 9.73% delayed discharges, which is above the target of 7.5%. This is an increased position from the April 2023 (8.89%). The service facilitated service line Multi Agency Discharge Events (MADE) events in May 2023 to support flow which were successful in creating capacity. The Division has robust processes to monitor oversight of capacity and flow as the service supports weekly RADAR and partnership interface meetings which feed into the weekly Mental Health Capacity and Flow meeting with system wide senior leads. The Division is currently operating a daily escalation to support capacity and patient flow with a target approach for those cases reported as a delayed discharge.

Hospital Re-admissions within 30 days - Adult Mental Health Services Reported Month in Arrears

16. For the month of May 2023, the Division reported a readmission rate of 11.68% this is above the target of 9.6% however a reduced figure compared with the April 2022 position of 15.79%. All readmission information has been shared with the relevant Multi-Disciplinary Teams. The divisional response maintains the process where all service users discharged from hospital aim to be followed up within 48 hours by a face-to-face contact unless agreed otherwise by the Multi-Disciplinary Team prior to discharge.

Liaison Response Times (all contacts) of 1 hour in Accident and Emergency.

17. For May 2023, the service has seen an overall increase in response times from 80.79% to 84.23%. Both Southport and Whiston AED's where within target for the month of May 2023. Across Whiston, RLUH and Aintree the Core 24 services have seen an increase in referrals with Aintree seeing a 21.7% increase from the month of April 2023. The city has seen an increase in visitors due to events, in addition to several Bank holiday weekends which has contributed to the increase in activity. The Core 24 service has flexed across from Ward Liaison to support flow when possible, however there has been high acuity at night when there is a reduced workforce which has impacted on timescales being met. Work continues to support diversion from AED inclusive of Section 136 and assessment within the First Response Hub where appropriate to support flow within the acute trusts. It is not likely that trajectory will be met in the month of June due to continued workforce pressures particularly around sickness and vacancies. All plans have been reviewed to support mobilisation of workforce to the areas where anticipated increased activity will be.

Liaison Response Times (all contacts) of 24 hour on Acute Wards.

18. For May 2023, the service reported 92.11% for AED liaison response times. This is a worsened position from April 2023 of 94.59%. There has been an increase in acuity across the ward referrals in addition to the increase in activity within the AED departments which has resulted in mobilisation of staff to the AED to support flow. It is anticipated that this position will improve during Q2 pending return to work and successful recruitment.

Crisis Line

Overall Call to Crisis Line both NM/MM	Presented	Handled	Abandoned
April 2023	5011	3894	1117 = 22.29%
May 2023	5467	4120	1347 = 24.64%

19. There has been an increase in calls to the Crisis Line within the month of May along with an increase in complexity, the Mental Health Urgent Care Service line continue to review and monitor any trends. There continues to be increased activity from High Intensity Users and work continues with the Mental Health Community Service line to support with trajectories to reduce the frequency. The service has seen an increase in overall percentage for abandoned calls however there has been an increase in the total calls handled, there continues to be monitoring of hotspots for abandoned calls to determine if there is any link between workforce pressures and abandoned calls. This is contrary to previous years when Bank Holidays normally reflect in a reduction in present calls. The telephony system is now live this has brought both lines together and allows for calls to overflow to each area and the ability to soft transfer to Assistant Psychologists for service users that require that low level support to release the Mental Health practitioner to take calls. It is anticipated that this will continue to support the reduction of abandoned calls.

136 - % of Service Users seen within 4 hours by an Approved Mental Health Professional (AMHP)

20. The service did not achieve the 100% target for Service Users being seen within 4 hours by an Approved Mental Health Professional (AMHP) with 15.38% for May 2023. Across both Mid-Mersey and North Mersey the AMPH breaches have been attributed in the main by delays in AMPH attending due to acuity within the AMPH service this equated to 28 Service Users. Other delays included service users not being medically fit or Section 12 approved Medic availability.

S136 - % of Service Users with Rights Read

21. The percentage of service users having their rights successfully read was 93.3% for May 2023. Across both Mid-Mersey and North Mersey Rights read breaches where due to a combination of service users refusing to accept or not have capacity to understand.

Eating Disorder Service: Treatment commencing within 18 weeks of referral

22. The service did not meet the 95% treatment target achieving 38.5% for May 2023. 135 people were waiting for treatment resulting in average waits for treatment at 38.1 weeks. Group therapy programmes are continuing via Online Consultation.

23. Actions being taken:

- Staff are working to capacity.
- The service is offering a blended approach i.e., service users are offered a choice of face to face, telephone or digital appointment via Attend Anywhere or Zoom.
- At assessment, the service is continuing to provide self-help material to service users and SHARoN (if appropriate).
- Levels of complexity and acuity remain high in the service. The service continues to be responsive, and patients are prioritised based on clinical need. The service continues to receive referrals for low weight patients that have required prioritisation. Supporting this cohort continues to utilise huge amount of resource impacting on throughput.
- SHARoN – The service continues to use the SHARoN platform to facilitate online peer support to clients on the waiting list and those actively engaged in therapy as well as their carers.
- The service has received non-recurrent money to address the waiting times. The clinical lead is in discussion with psychotherapist, exploring the possibility of funding a 16-week CAT (Cognitive Analytic Therapy) group with non-recurrent money.
- 1.0 WTE Clinical Psychologist has commenced maternity leave (Feb 2023), a second member of staff (1.0 WTE Clinical Psychologist) went on maternity leave (June 2023). Recruitment for maternity cover was unsuccessful.
- 3.0 WTE Assistant Psychologist (AP) (fixed term till 31st Sept 2023) have handed their resignation. 4.0 WTE AP have been recruited to (awaiting pre-employment checks, 1 post is permanent from transformation money the 3 are 12-months fix-term).
- 2.0 WTE CBT (Cognitive Behavioural Therapy) band 7 and 2.0 Clinical psychologist (band 7/8a) preceptorship posts – have had to be re-advertised (second attempt).
- 0.8 WTE CBT (Cognitive Behavioural Therapy) therapist started 22nd May 2023
- 1.0 WTE (band 7) psychotherapist started on 12th June 2023.
- The service remains on the risk register and is subject to internal governance due to increasing waiting times.
- Clinical Lead working with project manager (PM) to support the implementation of the BC (Business Case). Recruitment is on-going
- Medical monitoring workstream have developed a draft model. Workforce to be identified before submitting for division sign off.

- Deputy for the ED (eating disorder) service is leading on widening the skill-mix and broadening the MDT (Multi-Disciplinary Team) workstream. Occupational therapist role and family therapist to be advertised as soon as JD are approved by A4C consistency panel.
- Project Manager to arrange an additional 2 workstreams, (1) Estates, to address estates challenges given the service expansion. (2) IT workstream, to implement IT systems to support medical monitoring clinical pathway.

Adult Eating Disorder Service - Referral to First appointment (7 weeks)

24. The service did not meet the 95% target achieving 80% for May 2023. Three service users accounted for the 7 week breaches target in May 2023 with an average waiting time of 54.66 days (range 51 to 61 days). The mean average waiting time for assessment in May 2023 was 36.1 days with a range of 3 to 61 days. This had reduced from an average waiting time of 66.1 days in April 2023. Colleagues continue to work to capacity and all available assessment appointments had been offered.

25. Actions being taken:

- The service has reintroduced an opt-in system for assessment (starting February 2023) with the aim to reduce the number of assessment appointments lost through DNA (Did not Attend). Since this was implemented, in February 2023, only a small number (n=4) of patients have not opted-in for assessment.
- The Service also reviewed its cancellation and DNA policy and made changes in keeping with the Liverpool & Sefton EDS (Eating Disorder Service) Service. Routine patients, with low risk are now discharged if they do not attend initial assessment rather than being asked to opt back in or offered another appointment. This aims to increase available appointments for others on the waiting list and reduce waiting times. This change was implemented in February 2023 and will therefore only have started to impact figures from May.
- The service recruited to one new post in December 2022 and four new posts in January 2023 and staff in these posts will be able to support assessment. However, as two of these posts were recruited internally and the service also lost two staff in the same period there has only been an increase in staffing currently by 1WTE. Two of the staff in the new posts have been receiving training to complete assessments under supervision and have now started to offer assessments which has increased the capacity for assessments in May.
- The Service is still carrying vacancies which has created additional pressure, but plans are in place to recruit to these as soon as possible.
- In addition to these existing actions, the service has recently had a change of admin support and as part of this change, we have agreed that the admin team will now support the service in monitoring un-outcome appointments to help reduce reporting errors due to this.

Secure Care Division - Steve Newton, Divisional Director

Quality Review Visits

26. As the end of May 2023 97.92% of teams within the Division have a QRV rating of good or good plus.

Physical Health Screening for Admissions

27. Performance remains consistently high at 100% for the last quarter.

To reduce the amount of time by 20% and the number of (cumulative days) services users by 10% are nursed in long term segregation by March 2024

28. The trajectory target required of cumulative days of long-term segregation was achieved at the end of May 2023 with 19,466 days against a target of 19,544 days. There is a new target to reduce the number of patients nursed in LTS for more than 12 months to 11 at the end of the year, as at the end of May 2023 this stands at 15. Good progress continues with the four quality measures in relation to LTS including barriers to change checklist, physical health appointments and annual checks continue to be achieved. The ambition is to achieve 100% compliance with The Hope(s) training by the end of March 2024, at the end of April 2023 91% had been achieved.

Moderate or Higher Harm Incidents

29. Moderate or higher harm incidents increased slightly to 15 in May 2023, learning from incidents is key to ensuring the reduction in harm incidents in maintained.

Physical Restraints Associated with Self-Harm

30. During May 2023, there were 38 incidents of restraint associated with self harm, the majority of the increase relates specifically to one new admission to an LD inpatient ward. Quality improvement work is ongoing to further improve this reduction with a focus on meaningful activity. Work with the centre for perfect care continues and all incidents are discussed and monitored in the weekly Divisional Safety Huddle and at the monthly Reducing Restrictive Practice Monitoring Group.

Ligature Incidents

31. During May 2023, there were 54 ligature incidents in comparison to 15 in April 23. Work with the centre for perfect care continues and all incidents are discussed and monitored in the weekly Divisional Safety Huddle and the monthly Reducing Restrictive Practice Monitoring Group.

Ethnicity Recording Improvement Plan

32. The Division recognise the priority for the completeness rate for ethnicity reporting and are currently having a focus on this across all services. As at the end of May 2023, the number of records without an ethnicity recorded remained at 4.2%. Remedial action is ongoing to further decrease this shortfall. Monthly checks will continue with the focus starting with the inpatient services and then reviewing the community services. The

division will continue to work closely with the Business Intelligence team to further refine ethnicity reporting to support decision-making.

Bed Management

33. The Division continues to have a weekly bed management meeting, providing high level decision making supporting flow through all services. Bed pressures remain in place for male MI medium and low secure services, and we continue to work closely with PROSPECT colleagues to manage this. Delayed discharges - Clinically ready for discharge remains green at 3.09%, however, significant delays continue for LD services due to placement, recruitment and funding issues with community providers – we continue to work closely with commissioners and Transforming Care Leads.

34. Conversations are ongoing with Commissioners regarding Edenfield continuing to be closed to admissions, initial progress is being made for the Greater Manchester men awaiting a step down to medium secure services, with alternative placements being identified.

DIVISIONAL PEOPLE MEASURES

Sickness Absence

35. As at the end of May 2023 sickness absence had increased slightly from 9.83% in April 2023 to 10.32% in May 2023. The Division has an action plan which has been presented to the Trust Improving Attendance Steering Group and supports the email to try and maintain a sickness level below 10%. Management actions are in place supported by the Division's Senior Leadership Team and specific occupational health support is being discussed with Trust colleagues.

Mandatory, Role Specific and Suicide Prevention Training

36. Level 1 – 3 adults and children's safeguarding compliance rates remain green at the end of May 2023.

37. Core Mandatory achieved the Trust target of 95% with 95.39% compliance. Role specific remains under the 90% target at 86.73%, actions are in place to improve compliance.

Clinical Supervision

38. Clinical supervision remains a priority for the Division and the target of 90% is consistently achieved, for both clinical staff and professional clinical staff at the end of April 2023 compliance was 93.02% and 95.94% respectively.

PACE

39. The PACE progress is being with a completion rate of 11.80% at the end of May 2023 a programme to ensure compliance will support achievement in 2023/24.

Qualified Nurse Vacancies

40. At the end of May 2023 qualified nurse vacancies across the Division decreased to 22.54%. High secure remains high remains higher at 33.30%. Assertive recruitment continues including the recruitment of international nurses (3 have started), recruitment and retention premia offers, golden handshakes, refer a friend incentive, recruitment events and increased advertising.

High Secure Services

41. High Secure Services continue to perform well: Sickness Absence for the month is 11.48%. The meaningful activity offer for patients continues to increase, supported by the opening of the life rooms with an average offer of 26.56 hours and an average uptake of 20.30 hours. There is a continued reduction of long term segregation which has reduced to 24 at the time of reporting. The average length of stay for patients in high secure increased over Covid from 5.9 years to 6.67 years currently, work continues to reduce LoS and it is envisaged that the new rehabilitation offer will support this.

Community Care Division – Lee McMenamy, Divisional Director

Improving Access to Psychological Therapies - Proportion of people completing treatment who move to recovery

42. The proportion of patients completing treatment who moved to recovery remained within target for the fourth consecutive month increasing from 51% in April to 51.29% in May against the target of 50%.

43. This has continued to be achieved in-line with the improvement trajectory as a result of focussed transformation and comprehensive service improvement plans.

Patient Recorded Outcome Measures (PROMs)

Friends & Family Test

44. The percentage of positive friends & family remained within target at 96.06% in May against a target of 96%.

CHILD HEALTH VISITING MEASURES

Percentage of Birth Visits completed

45. The percentage of Birth Visits Sefton completed within 10-14 days remained static at 93.3% in May. Out of a cohort of 194 babies, there were 181 visits completed on time and 11 visits completed after 14 days, despite being offered within time scales. This was due to a combination of no access visits and cancellations by parents and two birth visits were not completed due to babies being hospital inpatients.

46. The Operational Lead for Sefton is continuing weekly reviews to ensure a consistent approach to booking and completing appointments using best practice. In addition, the service is utilising good practice from Liverpool place to support improvement and ensuring all templates are correctly coded against national and local agreements.

47. The total number of Birth Visits completed after 14 days in Sefton remains within target increasing from 3.9% in April to 5.7% in May. This is due to the work completed by the Senior Leadership team with the team managers as above to ensure appointments are scheduled correctly.

48. The total number of Birth Visits completed in Sefton for the month of May increased to from 98.9% in April to 99% in May against a target of 100%. The remaining 1% equated to two babies who were hospital inpatients.

49. The total number of Birth Visits completed for Liverpool during the month of May saw remained static at 99.2% in May. The remaining 0.8% equated to two babies (twins) that were hospital inpatients.

Percentage of 6 – 8 week reviews completed by 8 weeks

50. The percentage of 6–8-week reviews completed by 8 weeks in Sefton increased from 92.40% in April to 95.60% in May against a target of 95%.

51. Out of a cohort of 181 there were 173 visits completed on time. The remaining not completed within target equates to six visits completed late due to a combination of visits cancelled by parents or failed encounters. Two were not completed as one baby was a hospital inpatient and one family declined the service.

52. The Clinical and Operational Service Managers are supporting the team managers to ensure these appointments are booked in using the correct process which is monitored in the weekly data review meeting. Hotspot teams now have individualised plans in place which are being monitored weekly with the team.

% 12 month reviews completed by 12 & 15 months

53. The percentage of 12-month reviews completed within 12 months in Sefton increased from 95.30% in April to 95.50% in May. Out of a cohort of 247 this equated to 236 being completed on time.

54. Of the remaining 11 not completed within timeframe, four were completed after 12 months and five not completed on time due to multiple failed encounters. Two were not completed after families declined the service. Non-engagement procedures have been followed.

55. Booking processes continue to be reviewed to ensure there is sufficient timeframe for contacts to be undertaken within target. Skill mix has been developed and are now delivering this contact across Sefton to Universal families

56. The total number of 12-month reviews completed by 15 months has decreased from 98.30% in April to 97.80% in May. The service managers continue to monitor this contact weekly with team managers to improve performance.

% of known Breastfeeding Status 6-8 week

57. During the month of May there has been an increase in Breastfeeding rates at 6-8 week contact in both Liverpool and Sefton. Liverpool increased from 93.70% in April to 96.50% in May and Sefton increased from 94.70% in April to 98.90% in May against a target of 95%.

58. We continue to work with our infant feeding leads to promote breastfeeding and target the areas where the rates remain lowest.

Delayed Transfers of Care

59. During May, of the 2069 bed days occupied, a total of 442 (21.4%) were due to a delay. This remains above the target of 7.5%, although an increase of 2.5% from last month, it is a decrease of 13.5% from the peak of 34% on January. Of the 442 days delayed, 415 (94%) were attributable to Social Care and 27 days (6%) attributable to both.

60. The most common reason for delays was “awaiting residential/nursing home” with a total of 195 days, followed by “awaiting care package at home” with 98 and “awaiting social work assessment” with 31 days each. These three reasons account for 78.1% of the total delays. Work continues via the MADE event to target these areas, and support from ECIST to review of greater flow to support the wider system.

Pressure Ulcers

61. During May there was a reduction in the number of patients who had a deterioration in their pressure ulcer from Cat 2 to Cat 3 from seven in April to four in May.

62. Deterioration from Cat 3 to Cat 4 increased from 1 in April to 3 in May. There continues to be a decreasing trend over the past 4 months, and this will continue to be monitored monthly.

63. Data continues to be reviewed within the Pressure Ulcer Harm Free Group meetings and this will now include the trustwide data. Training and competency levels are monitored in the community division core competency group and this shows an improving picture overall across the division with additional focus on senior review and supervision to ensure training is put into practice.

Falls per 1,000 Occupied Bed Days

64. The number of inpatient falls per 1,000 occupied bed days remained within target for the fifth consecutive month showing a continued improvement reducing from 3.00% in April to 2.9% in May.

65. The wards are working collaboratively with the Longmoor House Patient Clinical Coordinators and LUFHT to ensure referral information related to patient falls risk is included in documentation but also the appropriate patients for reablement are transferred to support patient safety.

66. The Senior Clinical Nurse is working with the MDT to ensure the action plan attached to the learning from the Longmoor House falls thematic review is completed and is on track for closure 30th June 2023.

67. ECIST are currently supporting Longmoor House with improvement related to capacity and patient flow. ECIST will be ready to present back the improvement action plan 3rd July.

68. Work continues within the division to further reduce this as part of the Trust Falls reduction programme with standardisation of Falls risk assessment and subsequent care pathways for patients.

DIVISIONAL WAITING TIMES

SPEECH AND LANGUAGE THERAPY (SALT)

69. The percentage of patients waiting within target wait time in Community Care division increased for the fifth consecutive month from 73.86% in April to 75.84% in May.

Liverpool

70. The percentage of patients waiting within target wait time reduced from 67.32% in April to 60.40% in May.

71. The service was impacted by the three Bank Holidays during May and by lost capacity due the sickness absence.

72. Staff have continued to be offered additional hours and weekend working although uptake has been low. In addition, the service is continuing to review non-essential meetings and training to ensure a focus on patient waiting times and continues to pursue additional locum support however, to date has been unsuccessful.

73. The service have been successful in recruiting two Therapists who are commencing the onboarding process.

74. Following the recent organisational change two individuals are due to move from managerial roles into frontline patient facing clinical roles from 1st June. This will increase capacity which will in turn help with reducing waiting times.

75. The service is undertaking a job planning activity to review patient and non patient activity by band. This will look to remove inefficiencies and duplication, acknowledge the challenges on staff, and challenge current productivity levels.

76. Once true potential productivity is known, the service will work with BI to produce an improvement / recovery trajectory.

South Sefton

77. The percentage of patients waiting with in target wait time increased from 66.7% in April to 71.1% in May.

78. Sefton SALT Services aligned to Sefton Place from 1st May 23. The service are currently progressing data quality, validating caseloads and waiting lists.

79. The service has successfully inducted a Therapist into the team.

Knowsley

80. The percentage of patients waiting within target wait time increased for the third consecutive month from 76.89% in April to 86.81% May.

81. A robust clinical triage process remains in place to maintain safety. Priority is being given to urgent Dysphagia referrals where clinically indicated.

82. A focus from the team to support routine patients waiting commenced in April to reduce waiting times within this cohort which is supporting the increase number of patients with being seen within target.

PHYSIOTHERAPY SERVICE

83. The percentage of patients waiting within target wait time in Community Care division reduced from 88.34% in April to 85.15% in May.

Liverpool

84. The percentage of patients waiting within target reduced from 87.88% in April to 77.33% in May.

85. Whilst the service had recovered from lost capacity, two staff members left the service during April. Recruitment has commenced and the service are working with agencies to temporarily recruit locum staff to support capacity.

86. The service was impacted by Bank Holidays during May which have delayed recovery times, however the service is expected to be within target by the end of July.

87. The service is undertaking a job planning activity to review patient and non patient activity by band. This will look to remove inefficiencies and duplication, acknowledge the challenges on staff, and challenge current productivity levels.

88. Once true potential productivity is known, the service will work with BI to produce an improvement / recovery trajectory.

Sefton

89. The percentage of patients waiting within target increased for the second consecutive month from 79.17% in March to 78.57% in April.

90. The team continues to see a sustained increase in referrals, as a result of change in external clinical pathways and are working additional hours to ensure patients receive timely assessment.

PODIARY

91. The percentage of patients waiting within target wait time in Community Care division remained static at 89.12% in May.

Liverpool

92. The percentage of patients waiting within target reduced from 87.88% in April to 82.40% in May.

93. Lost capacity due to sickness and challenges with recruiting to long term vacancies has impacted on the services capacity.

94. Patients triaged are clinically prioritised with all urgent patients seen within target.

95. The Service have worked with BI to enable all caseloads to be live on IMP. This allows potential build up of routine patient waiting lists to be more visible and allow growing patient risks to be more visible and managed accordingly.

96. The service has successfully recruited two agency staff. To help with capacity Team Leaders pick up new clinics and there is a pause on non-essential team management tasks.

97. It is anticipated that the service will be within target by the end of July.

98. The service is undertaking a job planning activity to review patient and non patient activity by band. This will look to remove inefficiencies and duplication, acknowledge the challenges on staff, and challenge current productivity levels.

99. Once true potential productivity is known, the service will work with BI to produce an improvement / recovery trajectory.

FALLS SERVICE

100. The percentage of patients waiting within target wait time in Community Care division reduced from 90.32% in April to 81.85% in May.

Liverpool

101. The percentage of patients waiting within target reduced from 85.0% in April to 73.33% in May

102. This was a result of increased lost capacity, the service being unable to fill vacancies and the onboarding of two students into the service.

103. The service has successfully recruited bank on a long-term placement and also enabling staff to work additional hours over weekends.

104. It is anticipated that the service will be within target by the end of June.

Knowsley

105. The percentage of patients waiting within target has decreased from from100% in April to 89.80% in May.

106. There is an expectation that the compliance to meet the target may vary month to month due to the number of referrals continuing to exceed the proposed activity indicated in the contract. This has been highlighted to commissioners and is currently being monitored via patient access and Knowsley council via quarterly meetings.

107. The team continue to utilise clinics as first line appointment option. Domiciliary visits are also utilised where appropriate.

WHEELCHAIR WAITING TIMES TO HANDOVER

108. The percentage of service users that received an assessment within 12 weeks of referral reduced from 96.04% in April to 86.22% in May and the percentage of service users waiting within target wait time for delivery of their wheelchair increased from 88.54% in April to 91.38% in May.

Liverpool

109. The percentage of service users who received their chairs within 18 weeks of referral increased from 89.86% in April to 91.94% in May against a target of 92%.

110. A total of 2 patients breached referral to handover this month. Both patients have alternative equipment in situ and are safe.

111. The 18-week handover KPI remains a challenge to meet due to the number of external factors including supplier delays, contractor availability, delays in other health care appointments such as opticians and GP's which are all required before wheelchairs can be provided.

Knowsley

112. The percentage of services users that were assessed within 12 weeks of referral increased from 87.50% in April to 90.80% in May.

113. Delays remain due to the timeframe from suppliers taking longer to provide bespoke equipment.

114. Timeframes are also impacted due to availability of planned specialist seating clinics with suppliers and their availability to support additional ones. The team are to review current demand for the specialist seating clinics to establish adequacy and establish improvement plans.

BLADDER AND BOWEL

115. The percentage of patients waiting within target wait time increased from 60.51% in April to 64.16% in May.

116. 173 new patient assessments were completed in May and 111 (12% increase from April) were seen within 28 days. The service are continuing to review caseloads and apply new EMIS templates to improve the recording of patients assessments to demonstrate KPI compliance.

117. A new SOP is being developed to support the team to manage the new processes in place and distinguish the differences between the product delivery service and direct patient care (assessments and reviews).

DIETETICS

118. The percentage of patients waiting within target wait time in Community Care division reduced from 87.37% in April to 84.31% in May.

Knowsley

119. The percentage of patients waiting within target decreased from 75.84% in April to 72.11% in May.

120. The service continues to be impacted by lost capacity due vacancy and sickness absence during May.

121. Whilst the service is clinically prioritising patients, those who have waited the longest are also being prioritised.

122. There is an increased focus on improving the efficiency of triage processes and prioritisation of urgent and routine patients plus ongoing caseload cleansing.

123. Vacancies are being mitigated by agency staff, and an additional 2 WTE agency staff commenced with the team during May. 1 WTE is to support adult caseload backlog of routine review patient pathways and with longer than 18 week waits and 1 WTE is to support paediatric caseload.

124. Currently the service is undertaking an in-depth AHP safer staffing review with AHP trust leads, expected within 3-4 months. BI are also supporting with capacity and demand work to support trajectory of recovery within the next few weeks.

CYPMHS

CYP Waiting Times

125. During May across the Mid Mersey CYPMHS services 59.9% (increase from 58% in April) of referrals for first appointment were seen within target. With 99% seen within 18 weeks.

126. Warrington and Halton are the teams outside of target due to workforce challenges and capacity pressures. A performance improvement plan is in place which considers mutual aid, outsourcing and recovery of the front door target by increasing the capacity across the team. Warrington CYPMHS waiting list has reduced from 185 in April to 103 waiters in May.

127. Across the Mid Mersey CYPMHS services 97% of CYP waiting for treatment were seen within target.

Crisis

128. CYPMHS Response Team received 248 emergency referrals in May which was an increase from 194 in April.

129. During 2022/2023 (April – March) the service received 2770 emergency referrals of which 21 were S136 presentations. This equates to less than 1% of the total emergency referrals received during the year.

DIVISIONAL PEOPLE MEASURES

SICKNESS ABSENCE

130. The Divisional Sickness Absence rate remains above the Trust target at 6.60%, increasing from 6.37% in April. Long term sickness continues to account for the majority at 4.56% an increase from 4.39% in April. Short term sickness during May increased slightly to 2.04% compared to 1.95% in April.

131. Mental Health reasons continues to account for the majority of sickness absence followed this month by cough, cold, flu and other known cause not classified elsewhere.

132. The HR team continue to work with managers to ensure colleagues are supported back to work or through the policy as necessary. There are also a number of stage 3 sickness meetings being arranged.

133. Regular support is provided to managers by the HR team to review sickness absence within their teams, review the data and support possible hotspot areas. In addition, bespoke divisional training is provided each month for managers on the Supporting Health and Wellbeing (Absence) policy.

134. Absence levels continue to be monitored and reviewed daily through divisional ORG, regularly at Operational and HR reviews and at the Trusts Improving Attendance meeting.

CORE MANDATORY / ROLE SPECIFIC / DIVISIONAL SPECIFIC TRAINING

135. Community Care Division Core Mandatory Training compliance remains above the Trust target although there was a slight decrease to 96.22% in May from 96.20% in April.

136. Role specific training compliance reduced from 90.19% in April to 89.72% in May. Divisional specific training remains in target and above the Trust average, increasing from 93.41% in April to 93.55% in May.

137. Compliance rates continue to be focussed upon through the Divisional People SLT and Workforce meetings.

CLINICAL SUPERVISION

138. Clinical supervision reduced from 89.02% in March to 87.18% in April.

139. Clinical supervision continues to be a high priority within the division with compliance consistently above 80% and many teams achieving 100%. The appointment to Clinical Lead Nurse posts within the structure has offered additional support and supervision for teams and the opportunity to ensure that the quality of supervision is maintained and valuable. This is monitored within team and placed based safety huddles and performance meetings.

140. In May 2023, the alignment of previous Mid Mersey Services with the Trust Clinical Supervision platform and policy was completed. A single reporting structure for these will commence in June 2023.

RECRUITMENT TIME TO HIRE

141. The Recruitment Time to Hire increased from 52.4 days in April to 55.4 days in May. Areas of highest increase are time to send conditional offer increased from shortlist, increased from 4.5 to 6.1 days, ID appointment offered to OH check complete increased from 12.9 to 14.6 days and checks ok to starting letter increased from 6.1 to 11.6 days.

142. Resource issues within the recruitment team have impacted on parts of the recruitment processes times increasing but will shortly be resolved. Information is shared within the division regarding areas of the process out of tolerance so that any operational issues can also be highlighted and improved.

PACE

143. Compliance reduced from 72% in April to 66% in May. Focus continues to be given to this area within the Division.

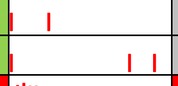
Operational Performance and Quality Metrics

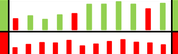
Operational Plan Metric		Operational Performance and Quality Metrics - Monthly	Target	Overall Trust Position			Trendline - April 2021 Onwards	Mental Health Care Division			Secure Care Division			Community Care Division		
				Mar-23	Apr-23	May-23		Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23
Our Services	Clinical excellence	Number of teams that are rated as 'Good' and 'Good Plus' on Quality Review Visit Rating	TBC	Under Development	96.45%	97.08%		Under Development	94.59%	96.05%	Under Development	100.00%	97.92%	Under Development	96.26%	97.28%
		Number of teams that are rated as 'Need Support' and 'Requires Improvement' on Quality Review Visit Rating	TBC	Under Development	3.55%	2.92%		Under Development	5.41%	3.95%	Under Development	0.00%	2.08%	Under Development	3.74%	2.72%
		Level 1 - Safeguarding Adults Compliance		96.49%	96.98%	96.96%		98.05%	97.93%	98.32%	95.56%	96.56%	96.26%	96.89%	97.65%	97.27%
		Level 1 - Safeguarding Children Compliance	90%	96.57%	96.78%	96.86%		97.63%	97.68%	98.07%	95.94%	96.28%	96.09%	97.19%	97.53%	97.37%
		Level 2/3 - Safeguarding Adults Compliance	90%	93.64%	93.89%	93.64%		94.76%	94.91%	95.11%	91.55%	91.74%	90.76%	94.01%	94.42%	94.22%
		Level 2 - Safeguarding Childrens Compliance	90%	96.83%	96.58%	96.50%		97.82%	97.55%	97.35%	96.29%	96.44%	96.26%	96.24%	96.29%	96.14%
		Level 3 - Safeguarding Childrens Compliance	90%	92.79%	92.99%	93.29%		93.47%	93.55%	94.11%	92.38%	92.59%	91.76%	92.58%	92.98%	93.43%
		Number of incidents that have been reported to STEIS	TBC	17	29	33		3	10	7	13	16	22	1	3	4
		Safer Staffing levels	For Information	97.79%	101.81%	101.71%		96.99%	100.92%	99.69%	97.94%	102.32%	103.14%	115.99%	109.03%	108.01%
		Number of Incidents that have caused Moderate Harm or higher	TBC	179	194	184		73	40	44	9	15	15	113	137	123
		Number of All Ligature Incidents	2020/21 Year End - 62 2021/22 - Baseline	166	95	188		173	80	130	18	15	54	0	0	4
		Number of physical restraints associated with self-harm	2020/21 Year End - 47 2021/22 - Baseline	48	52	96		37	31	57	18	20	38		1	1
		Number of Suicides within an Inpatient Mental Health Bed	Zero	0	0	2		0	0	2	0	0	0			
	Care Co-ordination	Physical Health Screening for New Admissions	95%	87.58%	93.49%	93.30%		87.42%	93.45%	93.16%	100.00%	100.00%	100.00%			
		% of Service Users on the Early Intervention in Psychosis Caseload with a diagnosis of First Episode of Psychosis and have a cluster of 10-14,16 and 17 with an Annual Physical Health Check completed. This includes all screening and intervention requirements.	90%	74.27%	76.63%	76.09%		74.27%	76.63%	76.09%						
		% of Service Users on the Adult Community Mental Health Team Caseload on CPA with a diagnosis of Psychosis and with a Cluster 10-14,16 and 17 with an Annual Physical Health Check completed. This includes all screening and intervention requirements.	75%	51.07%	52.72%	64.05%		51.07%	52.72%	64.05%						
		Total Number of Suicides (reported on STEIS)	No Target	2	Data not available	2		2	Data not available	2	0	Data not available	0	0	Data not available	0
		Suicide Level 1 Training Mid Mersey Division Reporting on Suicide Prevention Training	90%	95.52%	95.71%	95.72%		96.15%	96.58%	96.72%	93.51%	93.80%	93.56%	97.30%	97.26%	97.16%
		Hospital Re-admissions within 30 days - Adult Mental Health Services - Reported Month in Arrears	2020 Benchmark - 9.6%	15.79%	11.68%	Due June 2023		15.79%	11.68%	Due June 2023						
		% of Delayed Discharges	7.5%	7.87%	6.94%	7.56%		9.25%	8.89%	9.73%	3.48%	3.29%	3.09%	27.26%	18.89%	21.36%
		Liaison Response Times (all contacts) of 1 hour in Accident and Emergency	90%	83.33%	80.79%	84.23%		83.33%	80.79%	84.23%						
		Liaison Response Times (all contacts) of 24 hours on acute wards	95%	92.92%	94.59%	92.11%		92.92%	94.59%	92.11%						

Operational Performance and Quality Metrics

Operational Plan Metric	Operational Performance and Quality Metrics - Monthly	Target	Overall Trust Position			Trendline - April 2021 Onwards	Mental Health Care Division			Secure Care Division			Community Care Division		
			Mar-23	Apr-23	May-23		Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23
	Total Calls to Crisis Line	For Information	Data Not Available	6188	6660		Data Not Available	6188	6660						
	Total Calls Abandoned	For Information	Data Not Available	378	434		Data Not Available	378	434						
	Abandon Rate %	For Information	Data Not Available	6.11%	6.52%		Data Not Available	6.11%	6.52%						
	Gatekeeping Assessments	95%	97.87%	96.34%	97.63%		97.87%	96.34%	97.63%						
	To reduce the amount of time (cumulative days) services users are nursed in long term segregation by 10% by March 2023 - Secure Only	May 23 Target 19544 19875 days March 2023	19875	20550	19466					19875	20550	19466			
	To reduce the number of service users who have been nursed in long term segregation for over 12 months by 20% by March 2023 - Secure Only	Target 11 by March 2024	14	15	15					14	15	15			
	To ensure a 'Barriers to Change Checklist' is completed and regularly reviewed for all service users nursed in long term segregation - Secure Only	100%	100%	100%	100%					100%	100%	100%			
	To ensure every service user nursed in long term segregation is provided the opportunity to have a monthly physical health check - Secure Only	100%	100%	100%	100%					100%	100%	100%			
	To ensure every service user nursed in long term segregation has the opportunity to attend all physical health care appointments - Secure Only	100%	100%	100%	100%					100%	100%	100%			
	To ensure every service user nursed in long term segregation for over a period of 12 months has a thorough independent MDT review - Secure Only	100%	100%	100%	100%					100%	100%	100%			
	Number of Supine Restraint Incidents - SpLD Only	2023/24 Year End Target 302 incidents	302	21	34					302	21	34			

Operational Performance and Quality Metrics

Operational Performance and Quality Metrics - Monthly	Target	Overall Trust Position			Trendline - April 2020 Onwards	Mental Health Care Division			Community Care Division		
		Mar-23	Apr-23	May-23		Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23
Pressure Ulcers Cat 2 to Cat 3 - Community Division Only	0	4	6	5					4	7	4
Pressure Ulcers Cat 3 to Cat 4 - Community Division Only	0	1	1	3					1	1	3
Number of new pressure ulcers reported whilst on caseload **category 4**	For Information	2	0	0					2	0	0
Number of pressure ulcers observed during skin inspection on admission to caseload **category 4**	For Information	1	2	3					1	2	3
Number of new pressure ulcers reported whilst on caseload **category 3**	For Information	10	9	2					10	8	2
Number of pressure ulcers observed during skin inspection on admission to caseload **category 3**	For Information	18	14	11					18	14	11
Falls: Number per 1,000 Occupied Bed Days (Longmore House Only)	5.70	3.86	3.00	2.90					3.86	3.00	2.90
Medication Errors Resulting in Major Harm	0	0	0	0					0	0	0
Catheter Acquired Urine Tract Infections	0	1	0	0					1	0	0
% of routine referrals currently waiting within set wait time	92%	69.63%	67.63%	66.28%		67.78%	61.23%	66.28%	69.68%	69.68%	66.28%
S136 - % of Service Users seen within 4 hours by an Approved Mental Health Professional (AMHP)	100%	24.14%	25.58%	15.38%		24.14%	25.58%	15.38%			
S136 - % of Service Users with Rights Read	100%	96.72%	90.20%	93.33%		96.72%	90.20%	93.33%			
Placeholder Metric to be confirmed - Safeguarding, Children in Care (CIC) and Special Educational Needs and Disability (SEND)											

Operational Performance and Quality Metrics - Quarterly	Target	Overall Trust Position			Trendline - Q1 2020 Onwards	Mental Health Care Division			Community Care Division		
		Q2 2022	Q3 2022	Q4 2022		Q2 2022	Q3 2022	Q4 2022	Q2 2022	Q3 2022	Q4 2022
IAPT: The number of people who have entered psychological therapies (at the end of the reporting quarter) as a proportion of prevalence.	4.75%	3.37%	3.44%	3.86%					3.37%	3.44%	3.86%
Falls Management: All adults who have had a fall within the last 12 months to be risk assessed using an appropriate tool (Inpatients Only) * Metric amended from Q2 by CCG for Risk Assessment to be completed within 24 hours from admission. (North Mersey Only)	98.0%	84.68%	95.09%	94.59%		84.68%	95.09%	94.59%			
Falls Management: Of the patients identified as at risk of falling to have a care plan in place (North Mersey Only)	98.0%	100.00%	84.85%	91.84%		100.00%	84.85%	91.84%			
Communication - All discharge communication from inpatient episodes are sent to General Practice within 24 hours from discharge (North Mersey Only)	95.0%	96.31%	93.43%	96.85%		96.31%	93.43%	96.85%			
Communication - Outpatients All clinic/outpatient correspondence/ letters sent to General Practice following the patient's appointment, including discharge from service within 10 working days (excluding weekends and bank holidays). (North Mersey Only)	95.0%	81.36%	80.05%	76.02%		81.36%	80.05%	76.02%			

Operational Plan Waiting Times Metrics - Reduce Variation in Waiting Times and improve access to therapies (Clinical Excellence)

Waiting Times	Target	Mental Health Care Division Mar-23	Apr-23	May-23	Trendline - April 2021 Onwards
Eating Disorder Service. Assessments taking place within 4 weeks of referral (North Mersey Only)	95%	80.00%	96.43%	100.00%	
Eating Disorder Service: Treatment commencing within 18 weeks of referral (North Mersey Only)	95%	30.46%	28.57%	38.52%	
Adult Eating Disorder Service - Referral to First appointment (7 weeks) (Mid Mersey)	95%	21.43%	10.00%	80.00%	

		Liverpool CCG Target - 8 Weeks			South Sefton CCG Target - 18 Weeks			St Helens CCG Target TBC			Knowsley CCG Target TBC			Overall Community Care Position		
Waiting Times	Target	Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23
Speech and Language Therapy Waiting Times - Treatment commencing within CCG Target of referral - Incompletes	92%	66.52%	67.32%	60.40%	79.17%	78.57%	79.25%				73.66%	76.89%	86.81%	72.21%	73.86%	75.84%
Fall Services Waiting Times - Treatment commencing within CCG Target of referral - Incompletes (Knowsley CV measure from 10 days to 4 weeks April 2023)	92%	93.08%	85.00%	77.33%							60.71%	100.00%	89.80%	78.10%	90.32%	81.85%
Physiotherapy Waiting Times - Treatment commencing within CCG Target of referral - Incompletes	92%	89.70%	87.88%	82.40%	88.71%	89.20%	89.95%							89.34%	88.34%	85.15%
Occupational Therapy Waiting Times - Treatment commencing within CCG Target of referral - Incompletes	92%	94.14%	93.65%	92.23%	96.67%	97.06%	99.02%							94.55%	94.26%	93.68%
Podiatry Waiting Times - Treatment commencing within CCG Target of referral - Incompletes	92%	94.88%	83.25%	82.56%	98.03%	98.62%	99.36%	90.83%	89.23%	92.00%	97.03%	96.89%	96.07%	95.98%	89.14%	89.12%
Dietetics Waiting Times - Treatment commencing within CCG Target of referral - Incompletes	92%	95.14%	93.33%	90.31%	98.33%	97.85%	97.43%				71.65%	75.84%	72.11%	86.81%	87.37%	84.31%
Wheelchairs - The percentage of service users that receive an assessment within 12 weeks of referral	92%	97.73%	96.04%	86.22%										97.73%	96.04%	86.22%
Wheelchairs - The percentage of service users that receive delivery of their wheelchair within 18 weeks of referral	92%	86.15%	89.86%	91.94%							95.60%	87.50%	90.80%	91.67%	88.54%	91.28%
Bladder and Bowel Services - Percentage of referrals accepted to the service that are seen and assessed within 28 days of receipt of the referral	92%	62.50%	64.30%	64.16%										62.50%	60.51%	64.16%
Paediatric Integrated Community Team - % of routine referrals currently waiting within set wait time	92%							100.00%	100.00%	100.00%	95.80%	98.44%	96.83%	95.80%	98.88%	97.66%

Walk In Centre		4 hour Target / 2021-22 Average	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
South Liverpool Treatment Centre	Seen in 4 hours	95%	92.52%	92.77%	93.67%	89.83%	92.37%	94.29%	94.18%	91.50%	94.30%	93.79%	95.96%	94.61%	96.78%	93.47%	93.32%
	Total Attendances	3176	2876	2654	2734	2763	2740	2783	2679	2763	2559	2995	2577	2468	2463	2544	2933
Old Swan	Seen in 4 hours	95%	98.48%	98.10%	97.84%	97.38%	98.00%	92.83%	95.04%	96.00%	96.03%	95.83%	96.64%	97.84%	97.13%	97.49%	98.15%
	Total Attendances	4304	4401	4005	4111	4015	4208	4119	3969	4395	4130	4290	3597	3382	3521	3425	3626
City Centre	Seen in 4 hours	95%	97.99%	98.76%	97.56%	97.85%	98.35%	91.66%	90.89%	93.20%	92.70%	93.58%	93.66%	93.63%	92.20%	90.67%	93.94%
	Total Attendances	1193	1838	1838	1926	1811	1755	1902	2251	3044	2752	2446	2319	2387	2463	2089	2309
Smithdown	Seen in 4 hours	95%	98.14%	99.10%	98.09%	96.08%	97.94%	96.33%	96.88%	96.00%	97.50%	94.34%	96.54%	98.16%	97.73%	96.82%	97.29%
	Total Attendances	2655	2681	2344	2563	2348	2229	1746	1955	2435	2730	3253	2111	1958	2288	1951	2065
Litherland	Seen in 4 hours	95%	94.90%	90.41%	88.97%	86.55%	95.49%	93.93%	97.22%	93.80%	91.80%	89.02%	98.99%	95.55%	96.91%	97.79%	97.46%
	Total Attendances	4322	3556	3400	3637	3402	3179	4163	3090	3177	3249	3606	3062	2876	3106	3122	3498
Halewood	Seen in 4 hours	95%	99.852%	99.86%	100%	99.00%	98.00%	100.00%	98.50%	99.00%	98.70%	97.55%	98.32%	99.29%	97.86%	97.90%	98.07%
	Total Attendances	1402	1355	1387	1370	1399	1423	1355	1400	1610	1581	1676	1430	1414	1683	1525	1500
Kirkby	Seen in 4 hours	95%	98.45%	96.62%	95.28%	88.49%	86.99%	97.05%	98.70%	98.70%	97.90%	95.34%	97.88%	98.27%	98.05%	98.68%	97.81%
	Total Attendances	3039	2390	2903	3008	2869	2252	2812	2210	2269	2897	3366	2825	2603	3020	2645	2784
Huyton	Seen in 4 hours	95%	99.41%	99.16%	99.15%	99.31%	98.05%	98.82%	98.20%	93.60%	98.60%	97.34%	98.72%	98.38%	98.46%	98.17%	98.42%
	Total Attendances	2738	3024	2136	2344	2331	2763	2284	2688	2831	2472	2593	2183	2157	2404	2027	2285
Average - All WIC	Average - Seen in 4 Hours		97.47%	96.85%	96.32%	94.31%	95.65%	95.61%	96.20%	95.23%	95.94%	94.60%	97.09%	96.97%	96.89%	96.37%	96.81%
Total - All WC	Total Attendances		22121	20667	21693	20938	20549	21164	20242	22524	22370	24225	20104	19245	20948	19328	21000

Length of stay in Secure Services across the Lead Provider Collaborative (Prospect)

Operational Plan Metrics			Target	Prospect Commissioning - Cheshire and Mersey Lead Provider Collaborative			
				Feb-23	Mar-23	Apr-23	May-23
Our Services	Clinical Excellence	Length of Stay for Discharged Patients Cumulative (days) - Mental Health MSU	National Benchmark - 730 days 2021/22 Year End - 872 days	1005	993	761	566
		Length of Stay for Discharged Patients Cumulative (days) - Mental Health LSU	National Benchmark - 707 days 2021/22 Year End - 991 days	804	746	0	879
		Length of Stay for Discharged Patients Cumulative (days) - Learning Disability MSU	National Benchmark - 1494 days 2021/22 Year End - 1197 days	894	894	0	N/A
		Length of Stay for Discharged Patients Cumulative (days) - Learning Disability LSU	National Benchmark - 1379 days 2021/22 Year End - 1072 days	1504	1504	28	N/A

PROSPECT management team are actively focusing on length of stay outliers to try and address barriers to discharge.

Children's Health Visiting, Vaccination and Influenza

			Liverpool			Sefton								
Children's Health Visiting	**Liverpool Target**	**Sefton Target**	**Mar-23**	**Apr-23**	**May-23**	**Mar-23**	**Apr-23**	**May-23**						
% Birth Visits completed within 14 days	93.50%	95.00%	94.8%	95.4%	96.0%	87.70%	93.90%	93.30%						
% Birth Visits completed after 14 days	6.50%	5.00%	3.5%	3.9%	3.3%	8.19%	3.9%	5.7%						
% Birth Visits completed	100.00%	100.00%	98.30%	99.30%	99.20%	98.20%	98.90%	99.00%						
% 6-8 week reviews completed by 8 weeks	93.50%	95.00%	96.5%	94.0%	96.8%	93.20%	92.40%	95.60%						
% 12 month reviews completed by 12 months	92.50%	98.00%	95.2%	95.1%	96.3%	94.70%	95.30%	95.50%						
% 12 month reviews completed by 15 months	92.50%	98.00%	97.1%	94.4%	95.8%	94.70%	98.30%	97.80%						
% of 2.5 year reviews completed between 2 and 2.5 years	92.00%	85.00%	92.5%	92.9%	93.8%	86.70%	95.90%	91.80%						
% of Breast Feeding Prevalence	30.00%	30.00%	41.7%	40.9%	44.5%	38.60%	32.20%	37.90%						
% of Known 6-8 Week Breast Feeding Status	95.00%	95.00%	98.5%	93.70%	96.5%	97.60%	94.70%	98.90%						
Vaccination and Influenza	**End of School Year Target - August 2022**		**Mar-23**	**Apr-23**	**May-23**	**Mar-23**	**Apr-23**	**May-23**	**Knowsley**			**St Helens**		
									Mar-23	**Apr-23**	**May-23**	**Mar-23**	**Apr-23**	**May-23**
HPV Vaccination Dose 1 (Year 8) Female	80%		7.95%	29.82%	53.21%	59.78%	62.28%	65.00%	29.55%	39.30%	48.08%	57.54%	58.70%	59.40%
HPV Vaccination Dose 2 (Year 9) Female	80%		0.25%	0.28%	0.28%	0.12%	0.12%	0.12%	0.16%	0.33%	57.19%	0.08%	0.08%	49.75%
HPV Vaccination Dose 1 (Year 8) Male	80%		4.72%	17.27%	42.15%	51.27%	53.79%	55.71%	22.49%	32.52%	41.33%	48.32%	50.67%	51.26%
HPV Vaccination Dose 2 (Year 9) Male	80%		0.14%	0.10%	0.10%	0.06%	0.06%	0.06%	0.30%	0.45%	51.95%	0.17%	0.17%	40.03%
Men ACWY (Year 9)	80%		48.61%	57.47%	62.87%	0.26%	8.16%	29.23%	10.79%	21.58%	43.39%	0.09%	13.91%	31.90%
Men ACWY (Year 11)	90%		79.03%	79.19%	79.27%	75.33%	75.42%	75.62%	To Be Developed					
School Leaver Booster	90%		49.14%	57.94%	62.51%	0.32%	1.33%	28.26%	To Be Developed					
Fluenz Vaccination (Reception)	70%								29.31%	29.30%	29.48%	38.96%	38.96%	38.98%
Fluenz Vaccination (Year 1)	70%								35.48%	35.48%	35.53%	44.62%	44.62%	44.71%
Fluenz Vaccination (Year 2)	70%								34.82%	34.82%	34.97%	46.02%	46.02%	46.01%
Fluenz Vaccination (Year 3)	70%								39.48%	39.48%	39.58%	47.22%	47.22%	47.24%
Fluenz Vaccination (Year 4)	70%								37.75%	37.75%	37.75%	47.44%	47.44%	47.49%
Fluenz Vaccination (Year 5)	70%								37.84%	37.84%	37.89%	44.65%	44.65%	44.65%
Fluenz Vaccination (Year 6)	70%								35.26%	35.26%	35.36%	41.19%	41.16%	41.21%
Fluenz Vaccination (Year 7)	70%								14.59%	14.60%	14.60%	30.22%	30.22%	30.22%

Our Perfect Care Goals

Perfect Care Goal Domain	Monthly Metric	Target	Division Metric Relates To	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Zero Falls in our Care	Falls: Number per 1,000 Occupied Bed Days	5.7	Community	7.34	4.07	5.51	3.13	3.77	7.37	6.16	3.57	8.03	3.51	5.23	3.86	3.00	2.90
	Falls: Number per 1,000 Occupied Bed Days	Baseline 2021/22 - 3.44	Community, Mental Health and Secure	4.04	2.78	3.83	3.87	2.66	3.48	3.11	3.23	3.66	3.97	3.42	2.90	2.48	2.24
	Falls Management: All adults who have had a fall within the last 12 months to be risk assessed using an appropriate tool within 24 hours (Inpatients Only) (Monthly in Quarter)	98%	Mental Health (North Mersey & Mid Mersey from Q2 2022)	82.35%	88.89%	84.91%	100%	83.19%	65.93%	59.05%	93.44%	96.43%	82.05%	80.75%	78.60%	88.38%	88.49%
	Falls Management: Of the patients identified as at risk of falling to have a care plan in place	98%	Mental Health (North Mersey)	100%	100%	98.11%	100%	100%	100%	100%	77.27%	78.26%	100%	96.30%	88.89%	100%	100%
	Falls Training Compliance	90%	Community, Mental Health (North Mersey), Corporate and Secure	88.74%	88.98%	91.01%	92.78%	93.94%	94.92%	95.30%	96.52%	96.92%	96.75%	97.38%	97.80%	97.58%	97.31%
Zero Restrictive Practice	Number of physical restraints associated with self-harm	Baseline 2021/22 - 710	Community, Mental Health and Secure	40	43	39	86	61	64	79	76	24	32	48	55	48	93
	To reduce the amount of time (cumulative days) services users are nursed in long term segregation by 10% by March 2024 - Secure Only	May 23 Target 19544 17890 days March 2023	Secure	19184	18044	18377	18915	19688	19608	19828	20596	18740	19256	19138	19875	20550	19466
	To reduce the number of service users who have been nursed in long term segregation for over 12 months by 20% by March 2023 - Secure Only	Target 11 by March 2024	Secure	17	17	17	17	16	16	16	19	19	14	14	14	15	15
	To ensure a 'Barriers to Change Checklist' is completed and regularly reviewed for all service users nursed in long term segregation - Secure Only	100%	Secure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	To ensure every service user in long term segregation is provided the opportunity to access fresh air and exercise on a daily basis	100%	Secure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	To ensure every service user nursed in long term segregation has the opportunity to attend all physical health care appointments - Secure Only	100%	Secure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	To ensure every service user nursed in long term segregation for over a period of 12 months has a thorough independent MDT review - Secure Only	100%	Secure	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Number of Supine Restraint Incidents - SpLD Only	2020/21 -703 Incidents 2021/22 - 531 Incidents	Secure	32	63	79	99	134	158	168	175	207	215	241	302	21	34
Zero Suicide	Number of All Ligature Incidents	Baseline 2021/22 - 1583	Community, Mental Health and Secure	126	130	69	140	111	128	125	81	119	127	166	191	95	188
	eRisk Training (All clinical staff)	90%	Community, Mental Health and Secure	79.87%	81.86%	83.48%	86.07%	88.45%	89.58%	91.09%	92.78%	92.72%	93.14%	93.74%	94.26%	94.43%	94.61%
	Suicide Level 1 Training All Staff	90%	Community, Mental Health and Secure	93.78%	93.87%	93.74%	93.72%	94.33%	94.89%	95.26%	95.51%	95.36%	94.67%	95.12%	95.52%	95.71%	95.72%
	Suicide Level 1 Training (Non-clinical staff and Community physical health staff only)	90%		Reporting to be confirmed and developed													
	Number of Suicides within an Inpatient Bed	Baseline 2021/22 - 12	Mental Health and Secure	0	1	0	0	0	0	0	0	0	0	0	0	2	2
	Total Number of Suicides (reported on STEIS)	Baseline 2021/22 - 53	Community, Mental Health and Secure	4	10	1	11	8	9	4	2	5	3	0	2	5	2
	Number of safety plans offered (Inpatient and Community) - Local / Mid Mersey Only	95%		Reporting to be confirmed and developed													

BHAG Domain	Quarterly Metric	Target	Trust Position				
			Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Comments
Zero Harm from Medication	All medication error incidents to include classification of harm	100%	100%	100%	100%	100%	Datix has been updated to capture classification . Therefore, 2022/23 Metric will be: Zero Moderate / Severe Harm incidents relating to medicines.
	Zero moderate/severe harm incidents for medicines given by injection	100%	Not Applicable	Data for Q2, Q3 and Q4 to be confirmed and reviewed once available.			Injectables Fields was discussed at Datix User Group. Feedback awaited. Moderate/ Severe harm incidents relating to medicines to be confirmed and reviewed. There were none in Q1 2021/22.
	All inpatient acute prescriptions for antibiotics to be reviewed within 72 hours	100%	Results from Antimicrobial Audits to be provided.				AMR audit to be extended to include Longmore House. Date for this to be confirmed.
	All incidents of rapid tranquillisation will have a (trauma focussed) MDT review within 48 hours	100%	Pilot starting at Clock View - Date To Be Confirmed				Pilot has been agreed with Dr Ruth at Clock View but has not progressed due to lack of Psychologist on team and COVID pressures - to be picked up again

BHAG Domain	Annual Metric	Target	Trust Position			
			2019	2020	2021	Comments
Zero Acceptance of Racism, Discriminatory and Disrespectful Behaviours	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	Average Combined MH/ LD and Community Trusts: 7.61%	6.37%	6.17%	7.00%	Lower is better. Data is from Q16b from Annual Staff Survey.

Ethnicity Recording - Data Completeness

Mental Health Care Division Caseload split by BAME/White service users as at 31st May 2023

Service Line	BAME	White	Not Known	Not Stated	Total	% BAME	% White	% Not Known		% Not Stated	
Addiction Services	42	715	17	5	779	**5.4%**	91.8%	2.2%	▲	0.6%	◀▶
Adult Mental Illness	1324	19942	1101	647	23014	**5.8%**	86.7%	4.8%	▼	2.8%	◀▶
Complex Care	220	7812	238	109	8379	**2.6%**	93.2%	2.8%	▼	1.3%	◀▶
CRHT - Local Division	10	120	10	6	146	**6.8%**	82.2%	6.8%	▼	4.1%	▼
Eating Disorders	33	391	31	2	457	**7.2%**	85.6%	6.8%	▼	0.4%	▲
Liaison Psychiatry	9	117	5	2	133	**6.8%**	88.0%	3.8%	▼	1.5%	▼
MH Recovery & Rehabilitation Service	3	25	1	0	29	**10.3%**	86.2%	3.4%	◀▶	0.0%	▲
Perinatal Psychiatry	42	302	12	4	360	**11.7%**	83.9%	3.3%	▲	1.1%	▲
Psychotherapy	5	126	0	0	131	**3.8%**	96.2%	0.0%	◀▶	0.0%	◀▶
Specialist Brain Injury Rehab MDT	1	37	0	2	40	**2.5%**	92.5%	0.0%	◀▶	5.0%	▼
Specialist Dietetics	7	148	3	4	162	**4.3%**	91.4%	1.9%	▲	2.5%	▲
Later Life and Memory Service	66	3362	155	234	3817	**1.7%**	88.1%	4.1%	▼	6.1%	▲
Grand Total	**1762**	**33097**	**1573**	**1015**	**37447**	**4.7%**	**88.4%**	**4.2%**	▼	**2.7%**	◀▶

Key

▼	Position has deteriorated since last repo
▲	Position has improved since last reporte
◀▶	Position has remained unchanged since

Community Division - Mental Health Services Caseload split by BAME/White service users as at 31st May 2023

Service Line	BAME	White	Not Known	Not Stated	Total	% BAME	% White	% Not Known		% Not Stated	
Childrens Services	22187	118895	4824	40441	186347	**11.91%**	63.80%	2.59%	▲	21.70%	▼
Integrated Community Nursing	253	3415	338	497	4503	**5.62%**	75.84%	7.51%	▼	11.04%	▲
Treatment Rooms	122	4925	1097	441	6585	**1.85%**	74.79%	16.66%	▼	6.70%	▲
Therapy Services	912	19066	636	4830	25444	**3.58%**	74.93%	2.50%	▲	18.98%	▲
ICRAS	55	630	148	239	1072	**5.13%**	58.77%	13.81%	▼	22.29%	▲
Sefton Place	56	4426	2568	2	7052	**0.79%**	62.76%	36.42%	▲	0.03%	▲
Specialist Nursing	194	5120	5237	4917	15468	**1.25%**	33.10%	33.86%	▲	31.79%	▼
Child and Adolescent Psychiatry (MM)	102	2807	119	71	3099	**3.29%**	90.58%	3.84%	▼	2.29%	▲
IAPT (MM)	0	0	9558	0	9558	**0.00%**	0.00%	100.00%	◀▶	100.00%	◀▶
Grand Total	**23881**	**159284**	**24525**	**51438**	**259128**	**9.22%**	**61.47%**	**9.46%**	▼	**19.85%**	▼

Secure Care Divison Caseload split by BAME/White service users as at 31st May 2023

Service Line	BAME	White	Not Known	Not Stated	Total	% BAME	% White	% Not Known		% Not Stated	
HSS - Mental Health	47	151	1	0	199	**23.6%**	75.9%	0.5%	◀▶	0.0%	◀▶
MSU - Mental Health	9	45	0	1	55	**16.4%**	81.8%	0.0%	◀▶	1.8%	▼
LSU - Mental Health	18	82	0	1	101	**17.8%**	81.2%	0.0%	◀▶	1.0%	◀▶
LSU - Learning Disability	2	34	0	0	36	**5.6%**	94.4%	0.0%	◀▶	0.0%	◀▶
MSU - Learning Disability	1	27	0	0	28	**3.6%**	96.4%	0.0%	◀▶	0.0%	◀▶
ESS - Learning Disability	0	5	0	0	5	**0.0%**	100.0%	0.0%	◀▶	0.0%	◀▶
Stepdown Auden Unit - Mental Health	0	10	0	0	10	**0.0%**	100.0%	0.0%	◀▶	0.0%	◀▶
Beacon - HMP Garth	3	27	2	0	32	**9.4%**	84.4%	6.3%	▲	0.0%	◀▶
Community Forensic Outreach Service	3	48	2	1	54	**5.6%**	88.9%	3.7%	◀▶	1.9%	◀▶
Community Forensic Psychology Service	2	16	3	0	21	**9.5%**	76.2%	14.3%	◀▶	0.0%	◀▶
Community Learning Disability Services including LD Inpatient Units (Byron Ward/ Wavertree Bungalow) and SSTs	121	1391	114	31	1657	**7.3%**	83.9%	6.9%	▲	1.9%	▲
Forensic Psychiatry	2	53	3	1	59	**3.4%**	89.8%	5.1%	▲	1.7%	▼
Learning Disabilities	35	1855	76	520	2486	**1.4%**	74.6%	3.1%	▼	20.9%	▼
Grand Total	**243**	**3744**	**201**	**555**	**4743**	**5.1%**	**78.9%**	**4.2%**	◀▶	**11.7%**	▼

NHS
Mersey Care
NHS Foundation Trust

Community and Mental Health Services

Our People

Executive Lead: Amanda Oates

Executive Summary – System Oversight Framework 2022 and Our People

Accountable Director: Amanda Oates, Executive Director of Workforce

BACKGROUND

1. In line with the Trust newly developed people plan 2022 – 2025, the narrative for the Our People section of the Executive Performance report has been updated to reflect the four pillars and key workstreams that will support delivery of Mersey Care becoming a great place to work for all. This will continue to be developed with a wider range of metrics and narrative over the next quarter.

GROWING FOR THE FUTURE

Vacancies

2. The trust overall vacancy position has decreased in month 2 to 7.69% from 9.93% in month 1. Registered nursing vacancies has decreased to 12.02%. The decrease in both trust vacancy rate and registered nursing is due to an adjustment to remove any associated vacancies for the new investments as these are not considered live at present.

3. Our hot spot areas continue to relate to registered mental health nurses in inpatient setting across Mental Health Care and Secure Care Divisions, registered nurses in the Walk in Centres, District Nursing and Health Visitors and consultant medical posts mainly within Mental Health Care Division. Action plans are in place to reduce these vacancies whilst in the short term the gaps are offset by bank, agency, medical locums and existing staff working additional hours.

4. Throughout May 2023 the temporary staffing team received requests to fill 19,610 shifts and covered 14,250 shifts covered with either bank or agency. This was a 72.7% fill rate and split between 11,980 shifts covered by bank and 2282 shifts covered by agency.

5. Within each of division, there was some significant increases also in requests for qualified shift cover from the previous month with MHCD and CCD being the exception as their requests reduced slightly.

    - SCD: 2152 requested, 871 filled (compared to April - 1841 shift requests, 793 shifts filled)
    - SLD: 161 requested, 118 filled (compared to April – 139 shift requests, 99 shifts filled)
    - MMD: 2649 requested, 1955 filled (compared to April - 2441 shift requests, 1815 shifts filled)
    - MHCD: 1209 requested, 952 filled (compared to April – 1211 shift requests, 896 shifts filled)
    - CCD: 1308 requested, 964 filled (compared t0 April = 1416 shift requests, 1000 shifts filled)

Recruitment Activity and Time to Hire

6. The time to hire (TTH) for May 2023 increased from 48.1 days to 56.7 days. Analysis has been done on time to hire to understand the increase. Whilst it is difficult to pinpoint any one reason, given we had 3 bank holidays in May, this will will have impacted TTH due to time lost for the team. Furthermore, given the number of offers being put on the system from both normal recruitment and recruitment events, ID appointments were significantly increased in May compared to April. 312 appointments were held in month which equates to approx. 156 hours in month for ID appointments alone.

7. The team are currently in the process of recruiting 2 wte (1 permanent & 1 fixed term for 12 months) who will support activity and be assigned to divisional work based on activity levels. The additional investment in the team will be used to support increased demand on the team around specific recruitment campaigns as well to work as part of the team to support bringing new starters into the Trust at the earliest opportunity.

8. There are currently 1188 applicants within the recruitment process (2 June 2023) for both substantive and bank workers which is similar to the previous month.

9. The above activity identifying 1188 candidates currently in the recruitment process is an increase of 15% compared to June 2022.

10. The Trust attended 1 job fair in May but no recruitment events were held. However, there are at least 8 events planned throughout June 2023 as well as some training sessions as part of the ARRIVE programme and interview skills training.

11. Breakdown by divisions for substantive recruitment (candidates) is as follows:

    403 in Community Care (↑ on last month)
    214 in Mental Health Care (↓ on last month)
    226 in Secure Care (↓ on last month
    112 in Corporate (↓ on last month)
    201 bank (↓ on last month)
    32 volunteers (↑ on last month)

12. The new system, Great with Talent, was introduced on 8th May. The system issues new starters questionnaires to colleagues after 60 days of joining the organisation. This will provide rich information relating to attraction to the trust and their on-boarding process.

13. Exit questionnaires are issued to colleagues who have indicated they are leaving the trust. The system issues a link to the questionnaire once a leavers form has been received. The aim of this is to allow a colleague the opportunity to provide feedback to the trust on reasons why they are leaving and time for a meaningful conversation between the manager (or alternative if required) and individual.

14. Given this is still a new system we do not currently have any meaningful data to share given the number of surveys completed to date. However, it is anticipated we will have some themes to share next month. As of 18 June 2023, we have 131 open exit questionnaires (colleagues received the link but not left yet) and also 53 completed questionnaires (28.8% completion rate)

Retention and turnover

15. The overall Trust position reported for May 2023 is 0.75%. This is an improving position compared to the Trust level turnover rate of 0.95% in April 2023. The Trust is performing more favourably than the NOF targets for national median (1.32%) and peer position (1.34%).

16. At a divisional level for May 2023 the following are reported:

Improving position in all divisions – Inside of NHS Oversight Framework targets:

- Community Care: 0.83% from 0.99%
- Mental Health Care: 0.91% from 1.11%
- Secure Care 0.57% from 0.70%
- Corporate: 0.64% from 0.96%
- IM 0.19% from 0.72%

Training

17. The provision of appropriate and up to date knowledge, skills and behaviours to our workforce is vital to the delivery of our strategy.

18. The Core Mandatory is above the overall trust target at 95.80%, 0.15% increase from previous month and 0.80% above 95% target. Targeted training recovery plans are continuing to improve this position across all divisions and close performance monitoring continues.

19. The Role Specific Mandated training is below the overall trust target at 88.48%, 0.90% decrease on the previous month and 1.52% below the 90% target. A risk assessment remains in place, risk rating of 16 reduced to 12 based upon improvements in compliance, close monitoring of performance continues across all divisions and training recovery plans are in place.

20. The Clinical Divisional training compliance figures are continuing to show a steady increase since their inclusion in May. Overall performances are now showing above the KPI target at 92.71%, 2.71% above 90% target. Divisional training recovery plans are continuing to improve this position across all divisions and close performance monitoring continues.

NEW WAYS OF WORKING

21. Agreement has been reached on the new opening hours of the Temporary Staffing Office with the divisions and Executive Nursing Team as this has worked well over the past few months with no impact on service delivery.

22. The development of Empactis Absence Manager software is continuing at pace with the pilot going well and some minor issues being resolved as they arise to ensure we are ready for the full roll out trust wide. Training and communication plans are in place to support the roll out.

23. The implementation of ward guardian into our health roster system continues in a small number of wards which will ensure roster development and allocation of staff is based on best practice principles and to drive down bank and agency costs. This will then be rollout wider across the trust.

24. Support continues for Integrated Care Teams across the Merseyside footprint. Sefton, Liverpool and St Helens have accessed support for development workshops and staff collaboratives.

25. The Mersey Care organisational design principles and Values Stream continue to be embedded in Divisional change programmes and the Trust Wide Services development work.

LOOKING AFTER OUR PEOPLE

Sickness

26. Staff sickness increased from 7.05% in April 2023 to 7.26% in May 2023.

The following Division has seen an improvement in performance as at month 2:

IM	-0.21% (2.48% in April 2023 to 2.27% in May 2023)

The following divisions has seen a slight deterioration in performance as at month 2:

Secure Care	+0.45% (9.87% in April 2023 to 10.32% in May 2023)
Community Care	+0.10% (6.51% in April 2023 to 6.61% in May 2023)
Mental Health Care	+0.31% (7.69% in April 2023 to 8.00% in May 2023)
Corporate	+0.12% (4.91% in April 2023 to 5.03% in May 2023)

27. At a Trust level there are currently 37 staff absent reporting Long Covid, which will be managed in line with the Trust's supporting attendance policies, broken down as follows:

- 12 cases Community Care Division
- 1 case Corporate Division
- 1 case Informatics Merseyside
- 9 cases Mental Health Care Division
- 14 cases Secure Care Division

28. The number of cases decreased by 4 in May 2023 compared to April 2023. We had 1 new case in Secure Care Division, 1 new case in Mental Health Care Division and 1 new case and 1 miss reported as returned last month in Community Care Division. IM and Corporate remain the same.

29. The Improving absence (sickness) review group chaired by the Director of Operations continue to meet and have agreed a set of actions and an update provided to Executive Committee in May 2023.

Occupational Health and Wellbeing

24. Demand on services continues to exceed available capacity. This is in part due to sustained increases in service requests and in part due to unfilled vacancies. Attempts to secure additional capacity are underway:
    - 1 week OH Physician secured via agency in July.
    - 1 bank OH Advisor secured via an agency as backfill for 1.0 wte vacancy.

- Further 1.0 OH Advisor being sourced to help tackle increased demand during July.
- Temp additional counselling and CBT resources have been extended until 1st August.
- Staff are working additional hours to help increase capacity.

25. Capacity demand analysis has been completed which will be used to inform a business case for the future service model which is to be completed by the end of July 23.

26. Board decision made to discontinue Empactis Health Manager (EHM) and replace with a more suitable system to support the OHW function. Procurement exercise to follow. In the meantime, the service will continue to use the available EHM functionality supported by various work-arounds for all other deliverables.

27. OHW risks to be considered at next weeks Corporate Safety huddle before going to Executive Safety Huddle later this month. Risks have been divided into OH Psychological services and Core OH Services (nurse, Dr & Physio). OH risk expected to increase to 20 due to ongoing capacity challenges and lengthy waits for appointments. Psychological services risk currently 16 and will be monitored closely to determine the impact of the decommissioning of the Cheshire & Mersey resilience Hub which closes to new referrals later this month.

28. The service has been successful in retaining it's Safe, Effective, Quality Occupational Health Services (SEQOHS) accreditation which is the industry standard and recognises quality and safety in service provided.

29. Following a visit to Saturn House, the Estates team are working up a proposal for consideration which involves rehousing the OHW team along with the Clinical Skills and Immunisation Teams in Saturn house. The current lease for Switch House ends in August 2024.

Employee Relations

30. In May 2023, there were 9 new cases that progressed into formal investigation 7 were in Secure Care Division, 1 in Community Care Division and 1 in Mental Health Care Division. There has been a total of 22 cases to date in 2023.

Appraisal (PACE)

1. The new window period for PACE completions opened on the 3rd April 2023 and will remain open until 31.12.23. Monthly trajectory targets have been set at 10% each month aiming to be at 90% by end of December. By the end of May the total number of completions were 8%, 12% below the monthly trajectory target. Presentations are being given at all divisional workforce senior leadership meetings, including an update at the workforce development education group and corporate co-ordination group, to raise the profile and remind staff to book dates in advance for their appraisals with their teams in order to reach the monthly trajectory targets. This is also a key performance measure within the monthly people and culture plan dashboards.

Team Health

30. The QRV team continue to assess the quality of the Team Canvas as part of their annual visits to clinical services, to ensure continuous improvement and development.

The aspiration is that all teams will be supported to achieve a good or good plus rating in their QRV review; currently 81% of all clinical Team Canvas templates completed have achieved a good or good plus rating, demonstrating an increase in quality.

31. The pilot of the diagnostic tool TED (Team Effectiveness Diagnostic) has been completed. 28 teams have utilised the diagnostic survey. The tool offers additional support to teams before, during and after they embark on development activities. The tool also provides resources and exercises to support teams to improve and develop that the Team Leader can introduce independently. Feedback has been positive with all teams finding the insight helpful. The trust will continue to utilise the TED tool as part of the Team Health portfolio.

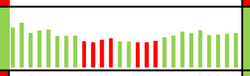
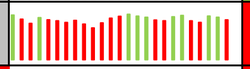
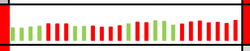
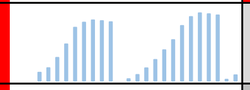
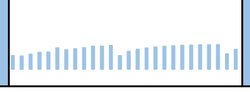
LEADERSHIP DEVELOPMENT

32. All Band 7 and above new starters/ newly promoted are invited to attend the Arrive Managers Induction. Attendance is mandatory in recognition of the importance of a good start to all management posts. The initial six month pilot of this approach will be due for report out in July 2023.
33. Strive and Thrive continue to be delivered across all Divisions. There are now also stand alone LEO (Leading Empowered Organisations) programmes for Multi- Ethnic colleagues as part of our positive action to reduce discrepancy of numbers for non-white colleagues accessing leadership development and leadership roles.
34. The Mersey care Leadership Competency Framework has been refreshed and added to PACE for all band 7 and above managers to complete. The framework focusses on what al Mersey Care leaders need to "Know", "Be" and "Do". It is scored in the same way as our CARES values as part of the PACE review.
35. Work has begun on the development of an Operational Excellence for Leaders accountability framework. This will be launched in line with the Operational Excellence framework from Q2 2023/24. This will give clarity to all managers on their leadership duties and create a structure for discussions around support and training required to meet the individual accountabilities.

Belonging

36. Working with our Freedom to Speak Up Guardian for Cultural Competence we have been developing a methodology for interventions when cultural awareness is impacting upon employee and ultimately patient and service user experience. The methodology is being piloted in Rowan View.
37. Throughout February to April a large-scale education piece as part of our building capacity and knowledge programme on anti-racism has been undertaken in partnership with our Think Wellbeing Service across all places. Interactive education sessions co-delivered by OE and the Services leads to over 250 colleagues.
38. Working with our networks and colleagues in EDI, we are working to develop plans for Black History Month, South Asian Heritage month and a recognition event for our Network themselves.
39. Our new and improved Thank you systems launched in April which not only makes it easier for staff to recognise each other but also offers the choice of a postcard specifically thanking the individual for Speaking Up and allows the option of linking the work done to one of our Perfect Care Goals including Anti-racism. Feeling safe to speak up is critical to developing the psychological safety to enable belonging.

2022-23 Workforce Metrics

Operational Plan Metric	2022-23 Workforce Metrics	Target	Overall Trust Position			Trendline - April 2021 Onwards	Mental Health Care Division			Secure Care Division			Community Care Division		
			Mar-23	Apr-23	May-23		Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23	Mar-23	Apr-23	May-23
Be a great place to work for all	% Sickness - Internal Target	6.00%	7.30%	7.05%	7.26%		8.11%	7.69%	8.00%	9.66%	9.87%	10.32%	6.81%	6.51%	6.61%
	Completion of Core Mandatory Training (CSTF) (Reported by Subject)	95%	95.50%	95.65%	95.77%		96.34%	96.24%	96.64%	94.99%	95.37%	95.39%	96.13%	96.40%	96.22%
	Completion of Role Specific Mandatory (CSTF)	90%	90.21%	89.38%	88.43%		90.38%	89.39%	89.13%	89.15%	88.69%	86.73%	91.15%	90.19%	89.72%
	Completion Divisional Specific Training (MCFT)	90%	92.04%	92.52%	92.69%		93.04%	93.47%	93.74%	89.56%	89.81%	89.89%	92.91%	93.41%	93.55%
	Clinical Supervision completed in line with Trust Policy (every 8 weeks) - All Clinical Staff - Combined Local, Secure/SpLD and Community Division Only	90%	90.62%	88.85%	Not Available		90.68%	86.74%	Not Available	93.68%	93.02%	Not Available	88.55%	87.37%	Not Available
	Clinical Supervision completed in line with Trust Policy (every 8 weeks) - Professional Staff Only - Combined Local, Secure/SpLD and Community Division Only	90%	90.62%	88.75%	Not Available		89.78%	86.32%	Not Available	95.94%	95.94%	Not Available	89.02%	87.18%	Not Available
	Recruitment Time to Hire (days) - Combined Local, Secure/SpLD and Community Division Only	45 days	51.30	48.01	56.70		52.30	44.10	58.80	56.00	33.00	55.50	49.60	52.40	55,4
	Personal Achievement and Contribution Evaluation (PACE LITE) 2023-24 - (Attainment within Window)/ Personal Development Review	Additional 10% per month from Apil 2023 to December 2023		2.00%	8.12%			1.00%	6.52%		5.00%	11.80%		2.00%	10.62%
	Vacancy rate (Qualified nurses) **	10%	8.91%	14.89%	12.02%				18.63%			24.33%			4.04%
	Vacancy rate (Consultant Doctors) **	TBC	34.12%	33.80%	32.16%										
	Vacancy rate (HCA) **	5%	3.94%	9.85%	4.08%				19.15%			-13.04%			4.78%
	Information Governance (Window Attainment)	95% June 2022 (National) - Achieved Data refreshed from April 22 Target 95% March 2023	97.22%	60.92%	78.50%		97.60%	68.14%	83.97%	96.95%	57.18%	73.04%	97.81%	66.58%	82.83%

** Excludes vacancies as a result of new monies

Staff Ethnicity - May 2023

Staff in Post by Division & Band Range 31/05/2023 - Substantive Staff only

Division	Bands	BAME	% BAME	Not Known	% Not Known	Not Stated	% Not Stated	White	% White	Grand Total
Community Care Division	Bands 1-4	58	4%	2	0%	53	4%	1,383	92%	1,496
	Bands 5-7	172	7%	1	0%	83	3%	2,254	90%	2,510
	Bands 8-9	14	5%	0	0%	13	5%	260	91%	287
		244	**6%**	**3**	**0%**	**149**	**3%**	**3,897**	**91%**	**4,293**
Corporate Services Division	Bands 1-4	61	7%	1	0%	29	3%	840	90%	931
	Bands 5-7	36	6%	0	0%	6	1%	519	93%	561
	Bands 8-9	21	8%	1	0%	12	5%	215	86%	249
Corporate Services Division Total		**118**	**7%**	**2**	**0%**	**47**	**3%**	**1,574**	**90%**	**1,741**
Mental Health Care Division	Bands 1-4	92	7%	1	0%	22	2%	1,113	91%	1,228
	Bands 5-7	90	8%	2	0%	32	3%	1,059	90%	1,183
	Bands 8-9	8	4%	0	0%	5	3%	169	93%	182
Mental Health Care Division Total		**190**	**7%**	**3**	**0%**	**59**	**2%**	**2,341**	**90%**	**2,593**
NHS Informatics Merseyside	Bands 1-4	13	13%	0	0%	3	3%	83	84%	99
	Bands 5-7	10	7%	0	0%	12	8%	125	85%	147
	Bands 8-9	0	0%	0	0%	4	10%	38	90%	42
NHS Informatics Merseyside Total		**23**	**8%**	**0**	**0%**	**19**	**7%**	**246**	**85%**	**288**
Secure Care Division	Bands 1-4	103	7%	0	0%	17	1%	1,114	90%	1,234
	Bands 5-7	51	0%	1	0%	16	2%	597	90%	665
	Bands 8-9	6	5%	0	0%	1	1%	124	95%	131
Secure Care Division Total		**160**	**8%**	**1**	**0%**	**34**	**2%**	**1,835**	**90%**	**2,030**
Overall Mersey Care NHS Foundation Trust - Non AFC		**75**	**38%**	**0**	**0%**	**12**	**6%**	**109**	**56%**	**196**
Grand Total		**810**	**7%**	**9**	**0%**	**320**	**3%**	**10,002**	**90%**	**11,141**

Promotions 01/03/2023 - 31/05/2023 - Substantive Staff only

Bands		BAME	%	Not Known	%	Not Stated	%	White	%	Total
Bands 1-4		5	4%	2	2%	2	2%	113	94%	120
Bands 5-7		32	18%	0	3%	5	3%	141	79%	178
Bands 8-9		3	7%	1	2%	1	2%	38	90%	42
Non AfC		0	0%	0	0%	8	2%	292	0%	0
Grand Total		**40**	**12%**	**0**	**2%**	**8**	**2%**	**292**	**86%**	**340**

Starters 01/03/2023 - 31/05/2023 - Substantive Staff only

Bands		BAME	%	Not Known	%	Not Stated	%	White	%	Total
Bands 1-4		42	19%	0	0%	4	2%	181	80%	0
Bands 5-7		17	13%	1	1%	1	1%	116	86%	0
Bands 8-9		1	8%	0	0%	0	0%	11	92%	0
Non AfC		2	50%	0	0%	0	0%	2	50%	0
Grand Total		**62**	**16%**	**1**	**1%**	**5**	**1%**	**310**	**82%**	**0**

Leavers 01/03/2023 - 31/05/2023 - Substantive Staff only

Bands		BAME	%	Not Known	%	Not Stated	%	White	%	Total
Bands 1-4		4	3%	0	0%	3	2%	146	95%	
Bands 5-7		14	8%	1	1%	6	3%	153	88%	174
Bands 8-9		1	5%	0	0%	2	9%	19	86%	22
Non AfC		1	50%	0	0%	0	0%	1	50%	2
Grand Total		**20**	**6%**	**1**	**1%**	**11**	**3%**	**319**	**91%**	**351**

* Data reported is Substantive Staff only
* Non AfC Bands includes VSM, Medics and Others, e.g., Local Payscales

NHS
Mersey Care
NHS Foundation Trust

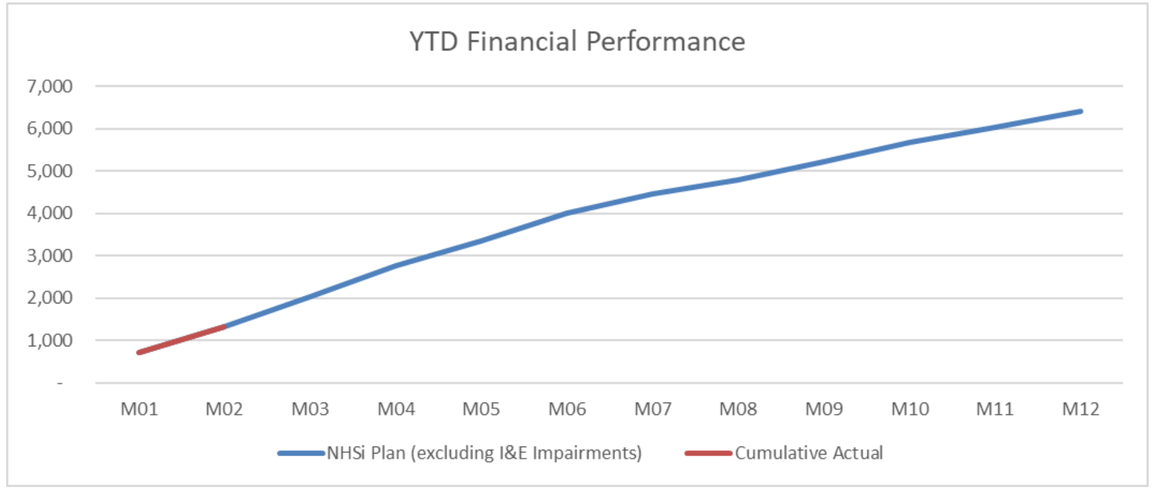
Community and Mental Health Services

Our Resources

Executive Lead: Rob Collins

TRUST FINANCIAL OVERVIEW

Statement of Comprehensive Income (SoCI)	YTD		
	Plan	Actual	Variance
Contract Income	99,651	99,122	**(528)**
Informatics Merseyside Income	983	323	**(661)**
Operational Income	4,047	4,749	**702**
Lead Provider Collaborative Income	13,017	13,107	**91**
Total Income	**117,697**	**117,301**	**(396)**
Employee Expenses	(88,511)	(89,331)	**(820)**
Non Pay Expenses	(26,509)	(25,113)	**1,396**
EBITDA (Earnings before interest, tax, depreciation and amortisation)	**2,677**	**2,857**	**180**
EBITDA Margin %	**2.27%**	**2.44%**	**0.2%**
Capital Charges	(585)	(689)	**(104)**
Public Dividend Capital	(938)	(938)	**0**
Interest Payable	(693)	(698)	**(5)**
Interest Receivable	705	754	**49**
Carbon Credits	0	0	**0**
I&E Surplus	**1,166**	**1,286**	**120**
I&E Surplus Margin %	**0.99%**	**1.10%**	**0%**
Peppercorn Rents in Depreciation	(161)	(191)	**(31)**
Receipt of capital donation	0	151	**151**
Adjusted financial performance surplus/(deficit)	**1,326**	**1,326**	**(0)**



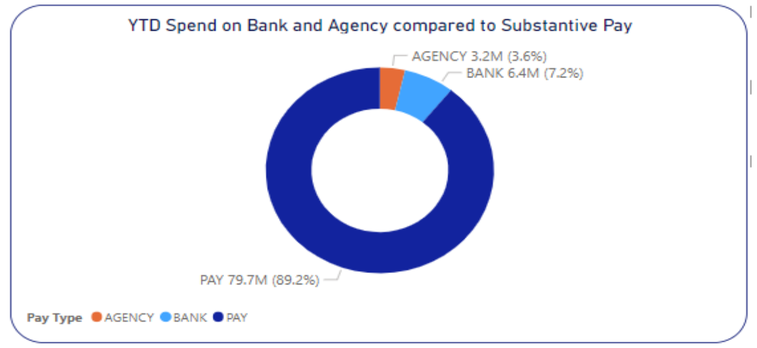
The Trust is reporting an adjusted surplus position of £1.326m in the year to date which is in line with plan.

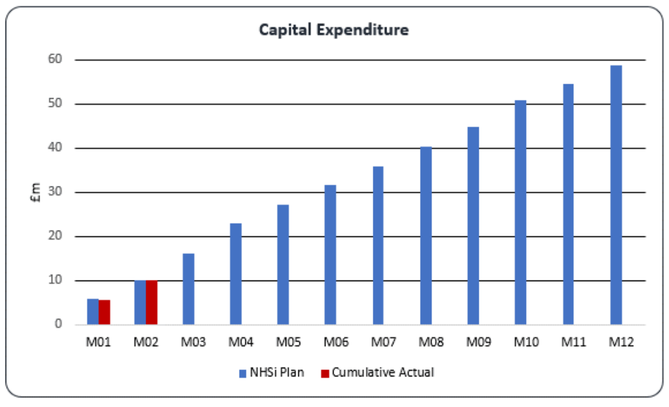
The Trust position includes the financial performance for the Lead Provider Collaborative (LPC). The LPC reports a breakeven position at month 2.

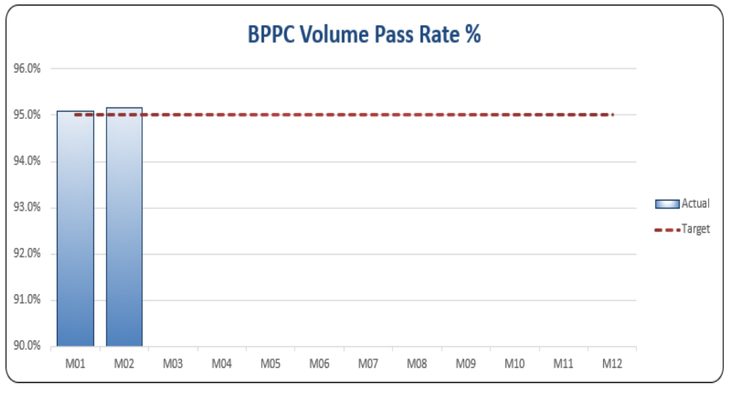
2023/24 Planning guidance suggests that Agency expenditure should be capped at 3.7% of total pay expenditure. Increased monitoring and targeted improvement plans will be set in specific areas in relation to the conversion of agency spend to bank spend, supported by a pilot to strengthen the temporary resourcing team. As at month 2, Agency expenditure totals 3.6% of total pay.

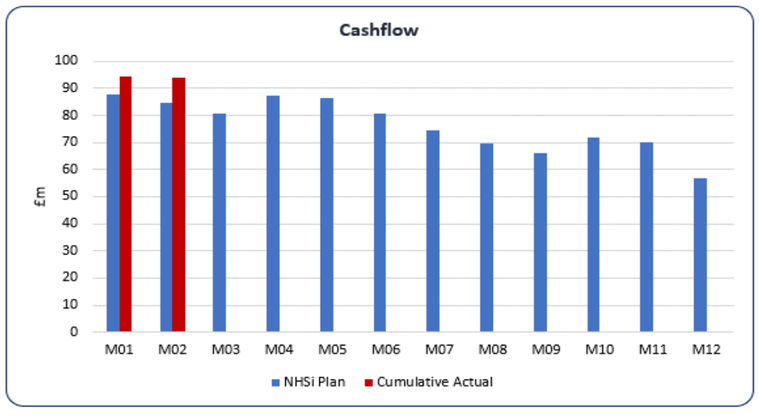
Capital expenditure to May is £10.174m which is £0.432m more than plan. The total value of the capital programme has increased by £4.177m from £57.509m to £61.686m including the over commitment of £0.525m.

The cash balance at the end of May is £93.899m.









Our Resources - % Activity Video Consultations/ Telephone Contacts

* Telephone Contacts includes ALL Telephone Contacts

Operational Plan Metric		Mental Health Care Division	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Our Services	Be digitally inclusive	Addictions	33.99%	35.03%	37.51%	31.80%	30.18%	32.35%	29.39%	33.12%	31.46%	30.24%	26.83%	28.43%
		Adult Mental Health	27.56%	29.52%	28.46%	27.58%	28.51%	27.47%	28.55%	28.21%	28.46%	35.48%	24.28%	26.29%
		Complex Care	40.31%	42.09%	42.29%	41.82%	39.20%	40.15%	41.47%	39.43%	38.71%	39.08%	35.53%	35.63%
		Eating Disorders	71.07%	71.78%	72.85%	64.98%	66.15%	59.42%	59.24%	52.69%	54.71%	55.54%	51.79%	52.06%
		Perinatal Psychiatry	27.65%	36.95%	34.41%	35.51%	39.91%	44.89%	50.83%	43.54%	48.28%	42.63%	45.93%	41.83%
		Psychotherapy	58.41%	63.03%	56.00%	52.06%	56.63%	39.81%	58.49%	37.24%	30.11%	34.97%	28.80%	22.42%
		Specialist Brain Injury Rehab Inpatient	2.53%	6.72%	3.14%	4.79%	5.03%	3.05%	0.73%	5.62%	6.31%	5.85%	3.83%	6.94%
		Later Life and Memory Service			46.61%	43.39%	45.97%	43.72%	48.18%	44.16%	41.73%	41.30%	39.72%	37.41%
		Total	**38.96%**	**40.30%**	**32.78%**	**32.11%**	**32.87%**	**32.17%**	**33.72%**	**32.58%**	**32.19%**	**37.00%**	**28.36%**	**29.41%**

Operational Plan Metric		Secure Care Division	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Our Services	Be digitally inclusive	Learning Disabilities	29.89%	30.68%	36.33%	38.72%	38.46%	38.25%	37.73%	37.44%	37.74%	37.12%	35.22%	35.63%
		Forensic Psychiatry			8.70%	4.62%	1.39%	2.29%	0.00%	0.55%	0.50%	1.20%	0.00%	0.00%
		Total	**29.89%**	**30.68%**	**35.84%**	**37.05%**	**36.41%**	**36.64%**	**35.61%**	**35.99%**	**36.06%**	**35.83%**	**33.98%**	**34.08%**

Operational Plan Metric		Community Care Division	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Our Services	Be digitally inclusive	Community Matrons	21.28%	19.76%	21.14%	17.37%	15.39%	16.34%	17.94%	21.12%	17.26%	18.66%	18.84%	14.98%
		LAC and Safeguarding	55.45%	59.59%	59.87%	58.31%	54.61%	63.73%	53.54%	48.59%	54.31%	54.28%	56.01%	45.55%
		SALT	33.79%	35.90%	38.39%	40.49%	35.64%	31.90%	18.55%	41.49%	33.51%	31.95%	33.86%	33.91%
		Physiotherapy	12.21%	11.96%	15.81%	12.73%	13.57%	10.43%	13.09%	13.26%	14.67%	13.18%	14.18%	12.97%
		Health Visiting	60.30%	60.35%	58.52%	57.16%	56.88%	56.96%	56.78%	52.98%	54.18%	54.44%	49.75%	50.36%
		IAPT				64.63%	68.15%	64.22%	66.55%	66.26%	65.42%	63.11%	64.40%	57.08%
		Child and Adolescent Psychiatry				34.26%	29.90%	30.86%	26.07%	28.24%	23.70%	25.18%	22.89%	23.49%
		Community Health Services				21.63%	19.35%	18.86%	18.34%	17.34%	18.11%	17.32%	17.41%	17.16%
		Total	**35.53%**	**37.18%**	**34.29%**	**32.50%**	**28.04%**	**30.45%**	**31.36%**	**31.55%**	**32.85%**	**32.19%**	**32.08%**	**29.76%**