

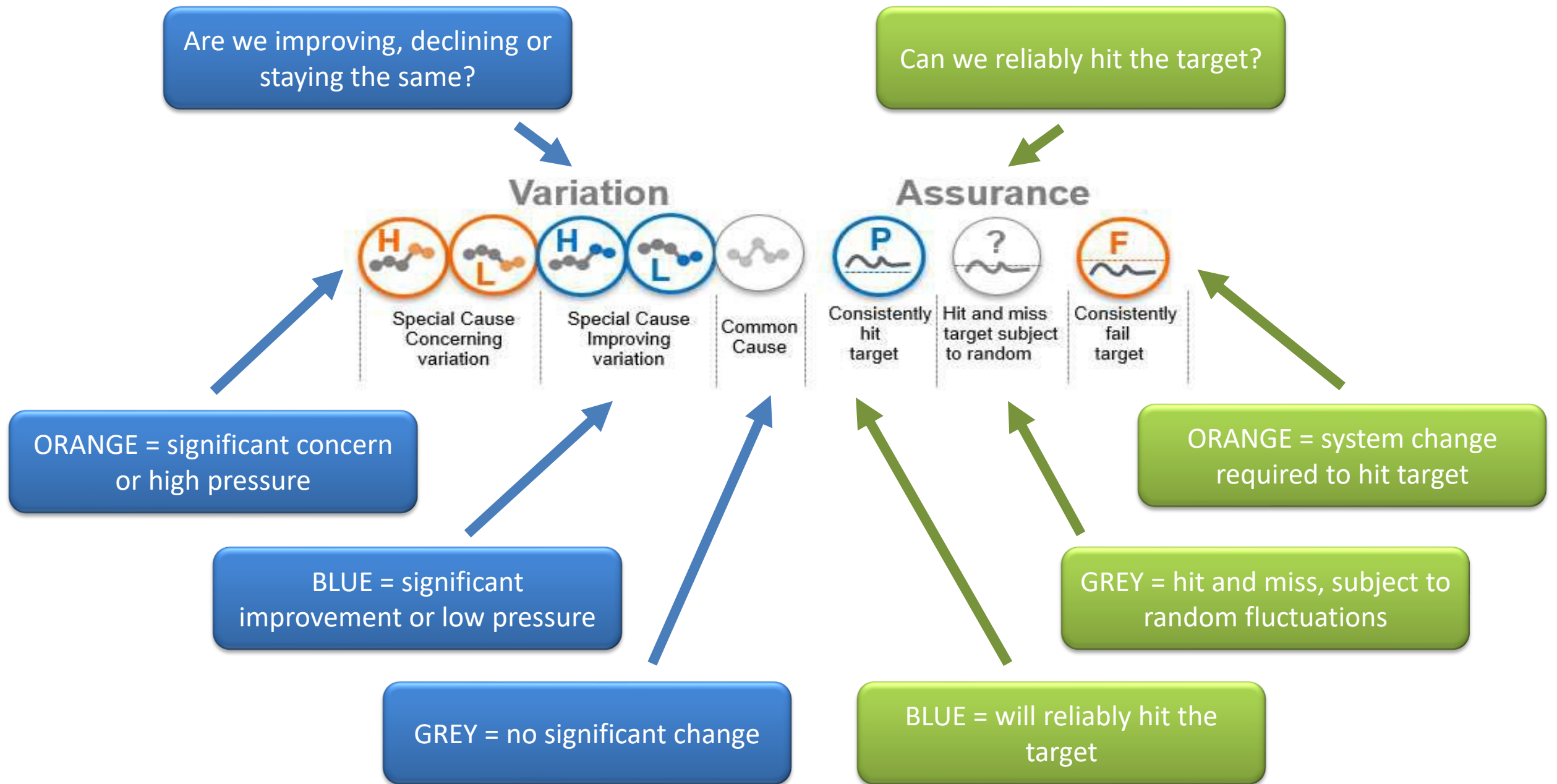
## A note on the charts used in this data pack

Within this data pack there has been a concerted move to using Statistical Process Control (SPC) charts where this is the most appropriate way of visualising data. Where SPC charts are not deemed the most appropriate use of data, alternative charts and display mechanisms have been included. It is important to note that whilst the variation and assurance symbols are predominantly associated with SPC charts, we have taken the approach of standardising their use within this document across all data types to ensure consistency of language and approach. We have also included 'action status' symbols to highlight the current response to the data displayed in each chart.

Following is a description of the meaning of the symbols used throughout this document.

Variation			Assurance			Action Status			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target	Watching brief – continue to observe in order to better understand the current position	Improvement – continue actions to support improvement until steady state achieved	Deterioration or maintained under-performance – instigate or review actions to ensure drivers of current position are mitigated	Steady state – continue to monitor achievement of level of performance which is satisfactory, and which requires no intervention to maintain

# A note on SPC charts – high level key



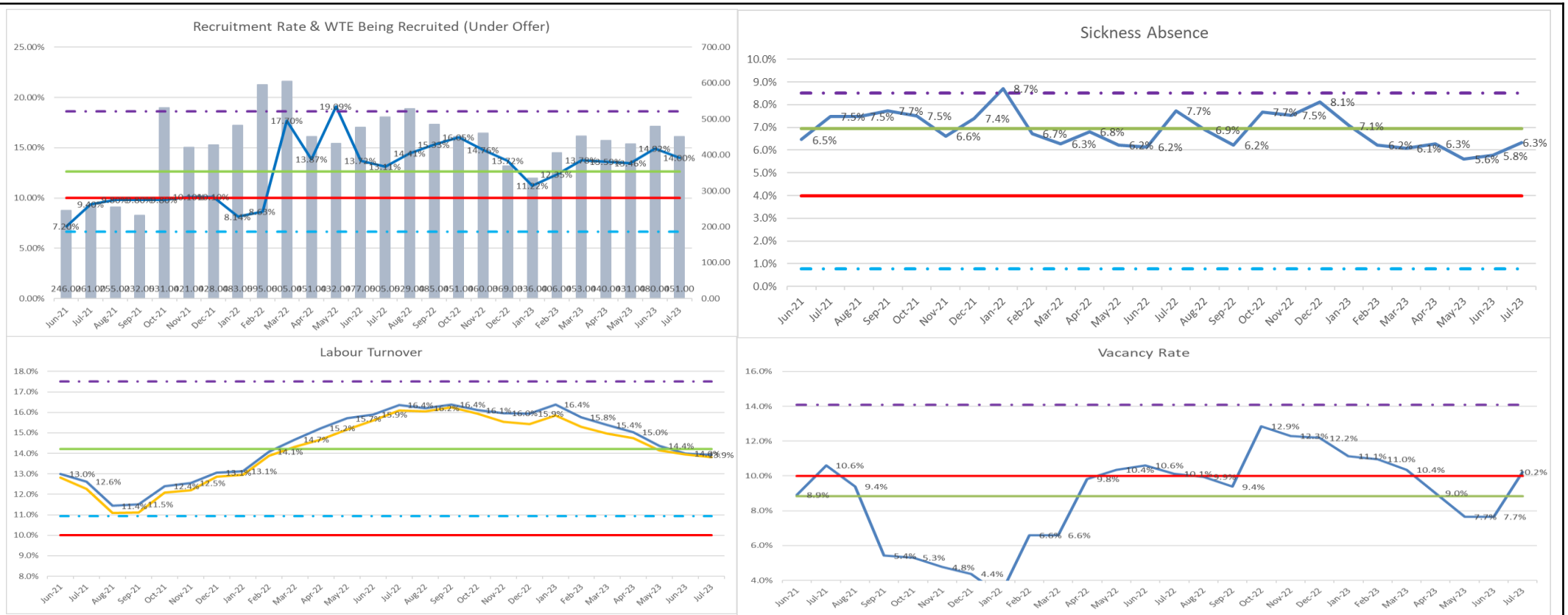
# Workforce Dashboard (July 2023)

Metric	Goal & Assurance/ Action status		Current & Variation	Highlights/ Exceptions
Key Workforce Metrics – Recruitment Rate	10%		14.00%	Recruitment rate increasing from start of new financial year, now above target
Key Workforce Metrics – Sickness Rate	4%		6.34%	Sickness rate increased by 0.6% from June.
Key Workforce Metrics –LTO Rate	10%		13.93%	LTO continues to be above target but has remained static since April.
Key Workforce Metrics –Vacancy Rate	10%		10.23%	Vacancy rate is now just above the 10% target
Mandatory Training Summary	80%		89.12%	Overall compliance remains above 80%
Appraisal Rates Summary	80%		65.77%	Appraisal compliance has dropped significantly however this is due to a technical issue which has now been resolved.
Clinical Supervision Rates Summary	80%		81.97%	Compliance rate had been consistently above target.
<b>Safer Staffing</b> – Compliance Levels/ Heat Map/ WTD Breaches / Bank and Agency - Fill Rates/ Booking reasons	-		-	Fill rates and bank and agency usage remain high due to Specialing, COVID impact. WTD breaches still difficult to manage

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

KPI	Target	Mean	Lower Control Limit	Upper Control Limit
—	—	—	—	—

<b>July 2023</b>
Key workforce metrics
Data monitoring
Sickness rate reducing over last quarter
LTO rate continues to increase
Goal/ target
10% Targets for LTO, Recruitment and Vacancy Rates, and 4% Target for Sickness Absence



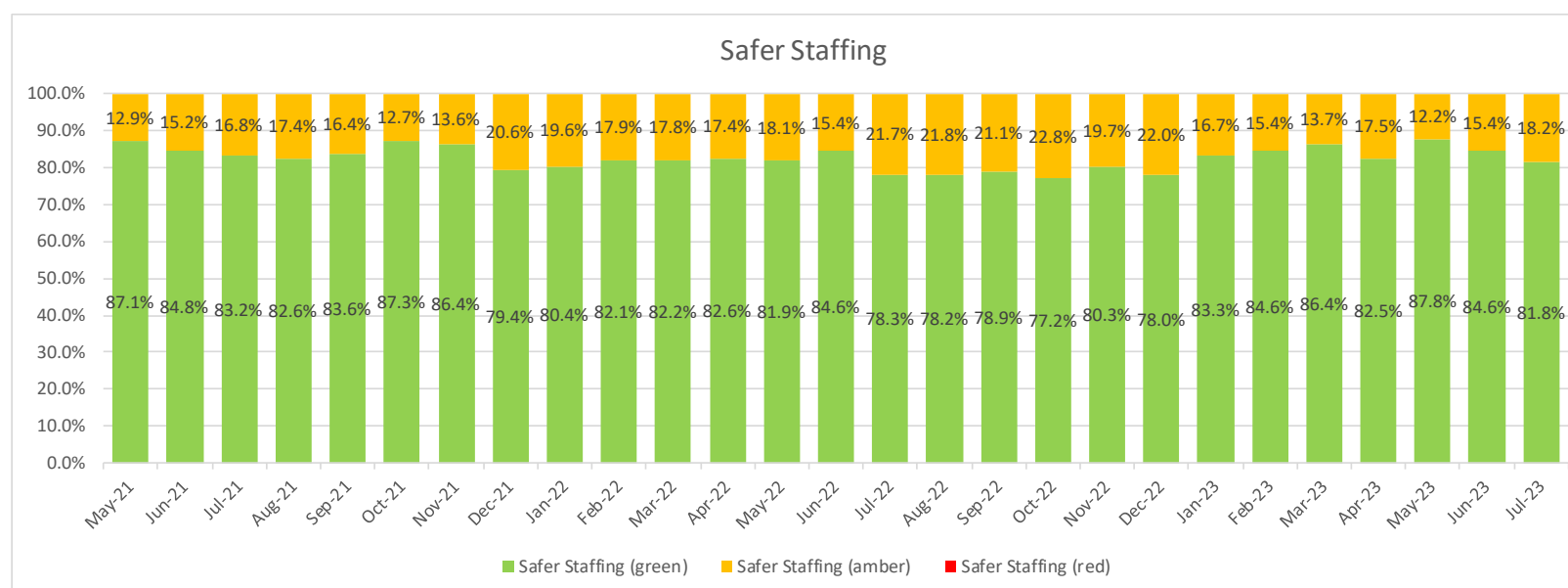
	Jun-23	Jul-23	Change
Average Cost	£530,456.03	£ 578,184.70	£ 47,728.68
Episodes	520	589	69
LT Sick Days %	4.40%	4.62%	0.22%
ST Sick Days %	1.36%	1.72%	0.36%

Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
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The SPC charts are to monitor the current trends around LTO, Sickness, Vacancy and Recruitment rates.	The charts show normal variation within the SPC ranges for all elements (with exception of Sickness), however all figures are towards the upper control limits. Sickness has been climbing and has increased by 0.6% in July.	Sickness absence increased slightly from June, and remains higher than pre-COVID rates mainly due to the additional short term Covid cases, and a higher proportion of long term cases relating to Anxiety, Stress and Depression than before the pandemic.  Labour turnover reduced slightly this month, and remains concentrated across all operational services	<u>Sickness</u> – COVID-19 monitoring continues via daily absence reporting submissions to NHSI, with process for managing Long COVID symptoms in place . Anxiety, stress and depression still at high levels for non-COVID absence - Continue to promote the Trust Health and Wellbeing offer. A Health & Wellbeing lead is being appointed to support teams with team risk assessments and bespoke interventions to improve wellbeing. <u>Labour turnover</u> –Exit questionnaire via ESR. Will monitor and review update of this new approach and analysis data at team /ward level to gain a better understanding of reasons for leaving. Concerns have been raised around the risk of staff leaving to undertake agency roles due to cost of living rise and requiring more flexibility. An Agency usage scrutiny group has been formed to monitor and review agency spend in line with turnover, recruitment and vacancy.
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<b>Lead Director</b>	Phillipa Hubbard	<b>Narrative agreed at</b>	Quality Director call out	<b>Action Status</b>
<b>Owner/Source</b>	Grainne Eloi/ Kelly Barker	<b>Accountable Committee</b>	Quality & Safety	Under-performance

July 2023	Month	Safer Staffing (green)	Safer Staffing (amber)	Safer Staffing (red)
Safer Staffing – Compliance Levels	May-21	87.1%	12.9%	0.0%
	Jun-21	84.8%	15.2%	0.0%
	Jul-21	83.2%	16.8%	0.0%
	Aug-21	82.6%	17.4%	0.0%
Data Monitoring	Sep-21	83.6%	16.4%	0.0%
	Oct-21	87.3%	12.7%	0.0%
	Nov-21	86.4%	13.6%	0.0%
	Dec-21	79.4%	20.6%	0.0%
Improving fill rate of required shifts over last quarter	Jan-22	80.4%	19.6%	0.0%
	Feb-22	82.1%	17.9%	0.0%
	Mar-22	82.2%	17.8%	0.0%
	Apr-22	82.6%	17.4%	0.0%
Goal/Target	May-22	81.9%	18.1%	0.0%
	Jun-22	84.6%	15.4%	0.0%
	Jul-22	78.3%	21.7%	0.0%
	Aug-22	78.2%	21.8%	0.0%
	Sep-22	78.9%	21.1%	0.0%
	Oct-22	77.2%	22.8%	0.0%
	Nov-22	80.3%	19.7%	0.0%
	Dec-22	78.0%	22.0%	0.0%
	Jan-23	83.3%	16.7%	0.0%
	Feb-23	84.6%	15.4%	0.0%
	Mar-23	86.4%	13.7%	0.0%
	Apr-23	82.5%	17.5%	0.0%
	May-23	87.8%	12.2%	0.0%
Jun-23	84.6%	15.4%	0.0%	
Jul-23	81.8%	18.2%	0.0%	



Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
Proportion of required shifts filled to required levels of safety.  Red shifts would indicate no registered staff assigned to work on a particular shift	Shows no shifts recorded as 'red' – i.e. no registered staff on shift.  Amber shifts (i.e. no. of staff working is lower than required staffing level), show a fluctuating trend.	High Patient Acuity on some wards leading to reliance on temporary staff. There are a number of shifts being covered by band 7 and above workers in order to meet safer staffing levels however these hours are not being captured on the roster.	Monitored through daily lean management Safer staffing group reviews and escalate concerns to QSC Workforce Planning surgeries held with each ward to review and plan staffing levels (to include forecast for winter pressures and stabilisation solutions) Work is underway to calculate the additional hours being worked by band 7 and over workers and a plan is being put in place to determine how this could be paid.

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

### Heat Map - Inpatient Wards

July 2023		Heat Map - Inpatient Wards																
Safer Staffing – Compliance Levels		Registered Safe Staffing						Unregistered Safe Staffing						Care Hour per Patient Day				
Data Monitoring		Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Fill Rate % Days	% of Temp staff Days	Fill Rate % Nights	% of Temp Staff Nights	Sickness %	AL % Roster	Planned Registered CHPPD	Actual Registered CHPPD	Planned Unregistered CHPPD	Actual Unregistered CHPPD	Actual CHPPD Total
Care Hours Per Patient per Day increasing over last quarter (which will have positive impact on quality of service delivery)	Inpatient Ward																	
	Fern	88.31%	7.35%	95.00%	73.68%	1.17%	4.91%	98.67%	50.00%	103.33%	82.26%	3.35%	4.24%	3.1	3.1	3.9	10.5	13.6
	Heather	87.78%	11.39%	96.67%	72.41%	0.99%	1.71%	101.47%	45.41%	113.33%	76.47%	2.95%	4.41%	3.1	2.9	4.3	8.6	11.5
	Bracken	82.22%	6.76%	96.67%	70.69%	3.23%	10.01%	163.40%	60.88%	172.00%	80.23%	7.15%	6.24%	2.8	2.4	5.0	5.4	7.8
	Ashbrook	74.07%	23.33%	93.33%	96.43%	6.58%	2.07%	103.72%	43.08%	98.33%	82.49%	5.72%	5.91%	3.1	2.5	3.9	9.7	12.2
	Maplebeck	82.14%	24.64%	123.33%	75.68%	2.16%	6.59%	110.39%	47.45%	122.38%	80.54%	2.68%	5.08%	2.9	2.1	3.7	8.6	10.7
	Oakburn	85.23%	44.00%	96.67%	74.14%	0.75%	8.08%	95.22%	62.31%	103.83%	86.64%	3.77%	4.41%	2.9	2.8	3.7	7.2	10.0
	Baildon	88.33%	9.43%	100.00%	36.67%	0.00%	7.20%	120.00%	37.96%	110.00%	66.67%	5.11%	1.83%	4.4	5.2	8.7	10.5	15.8
	Ilkley	95.00%	10.53%	100.00%	20.00%	1.13%	11.88%	101.11%	31.87%	100.00%	43.33%	4.92%	5.16%	3.9	4.3	6.5	7.2	11.5
	Thornton	66.67%	6.52%	186.67%	91.07%	1.96%	5.91%	144.21%	53.28%	119.44%	76.74%	0.21%	3.44%	5.3	5.7	11.0	16.3	22.0
	Assessment & Treatment Unit (LD)	83.33%	7.69%	190.00%	85.96%	3.55%	11.08%	88.28%	37.91%	117.33%	71.02%	1.79%	4.52%	13.5	13.4	31.0	62.1	75.5
	Clover (PICU)	81.58%	34.41%	113.33%	44.12%	1.20%	6.72%	177.14%	64.52%	200.95%	83.89%	1.87%	6.81%	7.0	7.0	10.5	18.8	25.9
	Step Forward (Rehab)	98.33%	38.98%	100.00%	56.67%	6.79%	0.27%	123.33%	40.54%	101.11%	84.62%	5.05%	1.56%	3.2	2.6	4.2	3.0	5.6
	Dementia Assessment Unit (DAU)	93.33%	10.71%	96.67%	48.28%	3.64%	6.91%	198.61%	62.94%	191.11%	71.80%	2.24%	5.80%	6.1	4.1	14.3	9.7	13.9
<b>Total</b>	<b>84.47%</b>	<b>19.09%</b>	<b>108.60%</b>	<b>68.98%</b>	<b>2.52%</b>	<b>6.32%</b>	<b>126.77%</b>	<b>52.83%</b>	<b>131.14%</b>	<b>77.75%</b>	<b>3.35%</b>	<b>4.83%</b>	<b>3.8</b>	<b>3.5</b>	<b>6.2</b>	<b>9.9</b>	<b>13.4</b>	

*This is based on the total number required in the month against the total number who worked*

**Fill rates**

>100% - Blue  
>90% - Green  
80-90% - Amber  
<80% - Red

**RAG Ratings Annual Leave**





>14.1% - Red  
10-14% - Amber  
<10 - Green

**Sickness**

>5% - Red  
4-5% - Amber  
<4 - Green

Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
A heatmap to outline the fill rates, annual leave and sickness levels, against Care Hours Per Patient Day.	<p>Overfill of Unregistered staff to compensate for areas where Registered staff requirements cannot be matched.</p> <p>Some areas of high sickness (mainly unregistered staff) leading to high % of temporary staff being used.</p>	<p>High volume of night shifts continue to be filled with temporary staff.</p> <p>Registered staff fill rates deteriorating with some wards still experiencing high number of vacancies – particularly registered nurses.</p> <p>High Patient Acuity continues to be experienced across Acute wards.</p> <p>High sickness levels recorded across Ashbrook and SFC.</p> <p>Fatigue around the pandemic is also still present.</p>	<ul style="list-style-type: none"> <li>Recruitment of bank and agency staff to ACMH wards, helping to stabilise staffing levels.</li> <li>Extra psychological support being provided for staff on Bracken ward due to high levels of sickness.</li> <li>Acute wards at LMH – Recruitment taking place for band 3 and 4 staff – (including Activity Co-ordinators).</li> <li>There needs to be a focus on staff retention after student training.</li> <li>A review of staff working across different shifts has been undertaken.</li> <li>A patient safety lead has been recruited to engage with wards</li> <li>Workforce Planning surgeries held with each ward to review and plan staffing levels</li> <li>Model roster 3 business case approved and monitoring plan in place</li> </ul>

# Safeguarding Dashboard (July 2023)









Metric	Goal & Assurance/ Action status	Current & Variation		Average (rolling 13 months)
Safeguarding Adult Referrals	N/A 	10	N/A	12.9
Safeguarding Children Referrals	N/A 	25	N/A	21.9
Duty Calls regarding adults	N/A 	86	N/A	102.7
Duty Calls regarding children	N/A 	72	N/A	57.4

# Serious incidents, DoC & Mortality Dashboard (July 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Serious Incidents	N/A	3	2.7
Duty of Candour incidents	0	0	0.9
Suicides	N/A	3	1.4
Expected Deaths	N/A	3	12.5
Unexpected Deaths	N/A	4	6.9
Structured Judgement Reviews	N/A	1 N/A	N/A



# Incidents Dashboard (July 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
All incidents	N/A 	869 	913.0
Violence & Aggression	N/A 	204 	193.2
Medication Errors	0 	20 	44.5
Near Misses	N/A 	3 	18.3











# Staff and Service User Feedback Dashboard (July 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Formal Complaints	0	7	6.0
Concerns	0	66	53.0
Compliments	N/A	20	39.4
Freedom To Speak Up	N/A	15 N/A	N/A
Friends & Family Test	90%	95.4% -	-

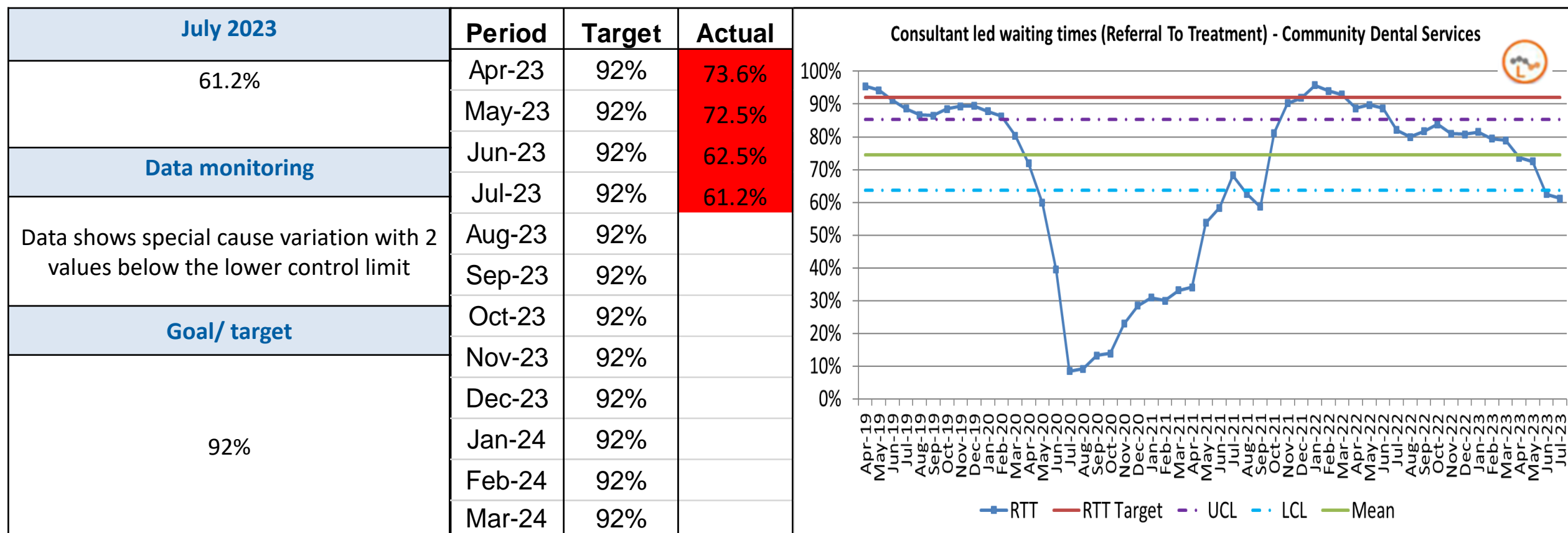
# Quality of Care Delivery Dashboard (July 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Infection Prevention & Control	0	1 N/A	N/A
Pressure Ulcers	0	11 N/A	21
Insulin Errors	0	5 N/A	3.5
Facilities Summary (RIDDOR, Water Safety, Nutrition Standards)	N/A	0 N/A	N/A
Equipment maintenance	95%	86.9% (high risk) 73.1% (all) N/A	N/A
Ligature assessments	100%	100% N/A	100%
Clinical Audit	100%	100% N/A	N/A

# NHS Oversight Framework Metrics Dashboard (July 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Urgent Community Response – 2 hour response	70% 	71%	
Consultant led waiting times (incomplete) - Referral to Treatment	92%  	62.5% 	74.6%
Patients waiting more than 52 weeks (incomplete)	0 	0	
Patients waiting more than 78 weeks (incomplete)	0 	0	
Patients waiting more than 104 weeks (incomplete)	0 	0	
NHS Talking Therapies for Anxiety and Depression (formerly known as Improving Access to Psychological Therapies - IAPT) Access Rate	730  	865	
Inappropriate out of area bed days	90 (Q2) 	694	

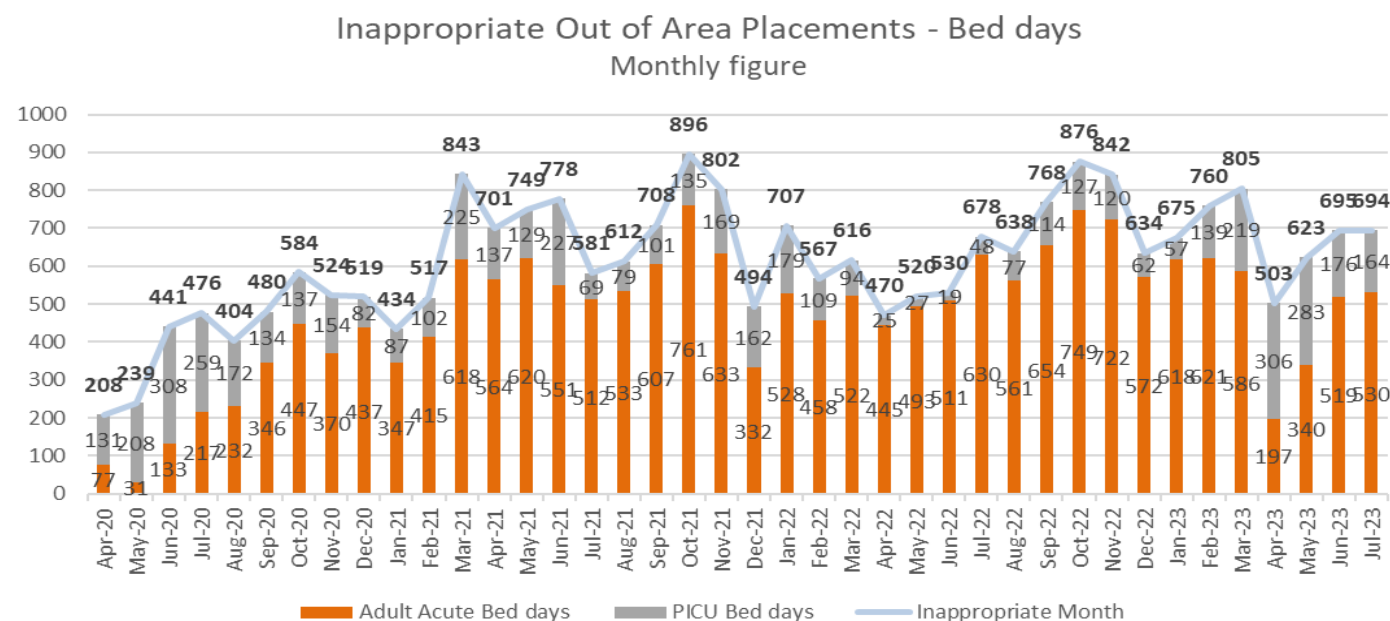
<b>Lead Director</b>	Kelly Barker	<b>Narrative agreed at</b>	Senior Leadership Team	<b>Action Status</b>
<b>Owner/Source</b>	Business Intelligence	<b>Accountable Committee</b>	Quality & Safety Committee	Underperformance



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Community dental service: Proportion of patients waiting less than 18 weeks to commence treatment - patients who require dental treatment under general anaesthetic	61.2% of patients are waiting less than 18 weeks in July 2023 320 patients waiting less than 18 weeks Longest wait is 51.71 weeks 0 patients waiting more than 52 weeks	<ul style="list-style-type: none"> <li>• Cancellation of sessions due to capacity of theatre and general anaesthetics services, compounded by ongoing industrial action.</li> <li>• Theatre sessions reduced in April and May 2023 due to number of bank holidays created a backlog.</li> <li>• Pressures in both acute providers mean that securing additional theatre sessions is challenging.</li> </ul>	<ul style="list-style-type: none"> <li>• Working closely with Bradford Teaching Hospitals Foundation Trust and Airedale Foundation Trust to ensure dental lists are maintained and to secure any additional capacity.</li> <li>• The service continues to systematically review the pathway, validating waiting lists and ensuring patients are ready for hospital care.</li> <li>• Work commenced across West Yorkshire to address dental paediatric general anaesthesia access.</li> </ul>	<ul style="list-style-type: none"> <li>• All referrals received are triaged; waiting lists are validated and monitored on a weekly basis.</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing number of referrals being received.</li> <li>• Hospital staffing issues mean that performance will continue to fluctuate.</li> </ul>

<b>Lead Director</b>	Kelly Barker	<b>Narrative agreed at</b>	Senior Leadership Team	<b>Action Status</b>
<b>Owner/Source</b>	Business Intelligence	<b>Accountable Committee</b>	Quality & Safety Committee	<span style="border: 1px solid orange; padding: 2px;">X</span> Underperformance

Q2 2023 (July)	Period	Trajectory	Actual
694 bed days	Q1	230	1821
<b>Data monitoring</b>	Q2	90	694 (Jul)
<b>Goal/ target</b>	Q3	90	
230 Q1	Q4	90	
90 Q2			
90 Q3			
90 Q4			

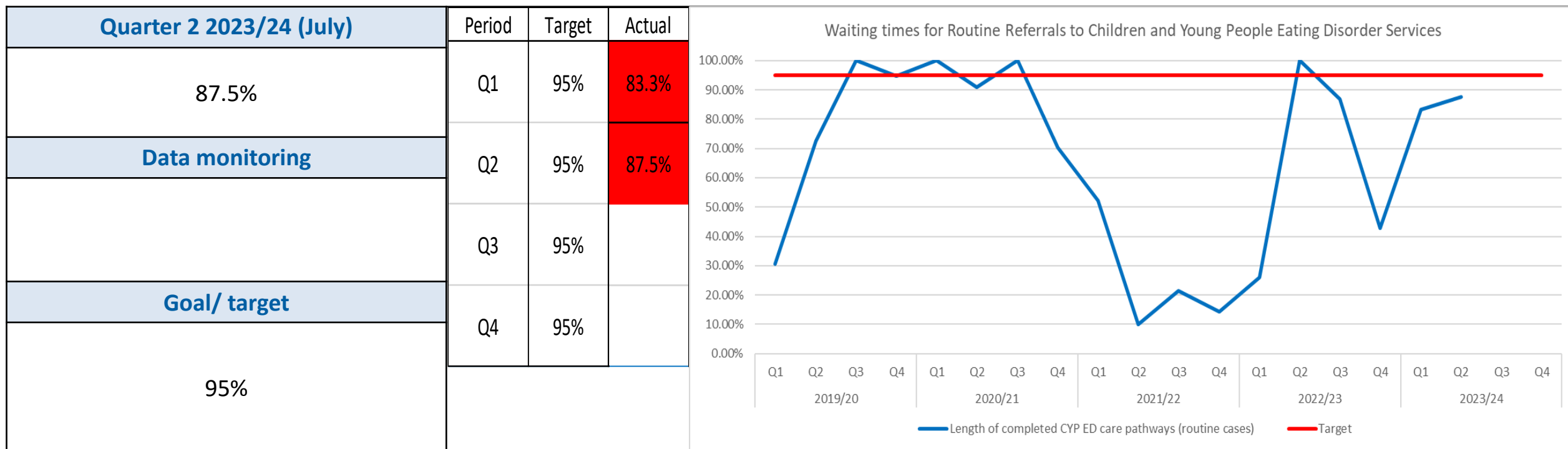


Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
Inappropriate out of area placements for adult mental health services – number of bed days patients have spent out of area	<p><b>Adult acute:</b> 27 patients out of area in July (530 bed days).</p> <p><b>Psychiatric Intensive Care Unit (PICU):</b> 6 patients out of area in July (164 bed days).</p> <p>Continuity principles have been applied from 1 April 2023, under which beds block contracted from an independent sector provider are no longer reported as inappropriate out of area placements.</p>	<ul style="list-style-type: none"> <li>High levels of acuity on adult acute wards.</li> <li>Unexpected pressures in PICU in Q1, resulting in an average of 8 OAPs (240 bed days).</li> <li>Since December 2022, increased levels of violence and aggression, with a greater number of patients requiring increased conditions of relational security.</li> </ul>	<p>Schemes agreed as part of 2023/24 transformation plan, including:</p> <ul style="list-style-type: none"> <li>Model Roster 3 – phased reduction in length of stay from moving to 7 day working.</li> <li>Targeted intervention for service users with longest lengths of stay.</li> <li>Daily discharge comms cell to monitor and expedite discharges.</li> </ul>	<ul style="list-style-type: none"> <li>LA beds at Hollingwood Lane, planned to open in October increasing the available beds from 6 to 8.</li> <li>Crisis beds - opened in May, has already resulted in 14 admissions avoidance.</li> </ul>	<ul style="list-style-type: none"> <li>Forward trajectory (for inappropriate and total number of out of area bed days) agreed as part of 2023/24 operational plan. Bed usage is being tracked through operational performance management structures.</li> <li>The community mental health transformation programme for 2023/24 and 2024/25 is being refocused and prioritised, phased in accordance with the highest impact on organisational challenges.</li> <li>Strategic review of top 10 service users across Acute and PICU (Clinically led)</li> </ul>

# NHS Long Term Plan Mental Health Metrics Dashboard (July 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average
Children & young people’s eating disorder waiting times – urgent	95%	100%	
Children & young people’s eating disorder waiting times - routine	95%	87.5%	
NHS Talking Therapies for Anxiety and Depression Recovery Rate	50%	50.3%	52.8%
Waiting times NHS Talking Therapies for Anxiety and Depression i) 6 weeks	75%	84.2%	91.6%
Waiting times NHS Talking Therapies for Anxiety and Depression ii) 18 weeks	95%	98.9%	99.3%
NHS Talking Therapies for Anxiety and Depression waiting more than 90 days between 1st and 2nd Treatment	<10%	5.9%	
Waiting times – first episode of psychosis	60%	71.7%	79.0%
Data Quality – Mental Health Services Dataset (MHSDS) Score	95% 2023/24	94.0%	

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



Detail	What does the chart say?	Issues	Actions	Mitigation	Forward view
The proportion of children and young people with eating disorders (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment	National access standard was met in quarter 2 of 2022/23 for the first time since quarter 3 of 2020/21.  <b>Relatively small numbers results in variation.</b> In quarter 2 of 2023/24, 7 out of 8 children and young people waited less than four weeks to start treatment.	<ul style="list-style-type: none"> <li>Significant increase in referrals as a result of the COVID-19 pandemic. Commissioned resource is for 50 cases per year but demand increased to 100 cases per year.</li> <li>Changing profile of children and young people with higher complexity and acuity of presentations</li> <li>Inpatient capacity challenges - increase in the number of acutely unwell patients being cared for in the community</li> </ul>	West Yorkshire system wide work on pathways, as part of the West Yorkshire children's and young people's services provider collaborative.	Core CAMHS will support and respond to any increased demand with consultation from the eating disorder team if referrals are in excess of capacity.	Forecast to meet 95% target from quarter 1 of 2023/24 onwards. Although the forecast was not met in Q1, we are on track to achieve that in Q2.



## Metrics Dashboard (up to June 2023)

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

# Incidents Dashboard (up to June 2023)

Metric	Goal & Assurance/ Action status	Current & Variation	Average per month
Full Interventions	0	62	51.2
Full Interventions Males only	0	36	34.6
Full Interventions Females only	0	26	28.3
Full interventions Male & Female tracked	0	NA	NA
Prone Restraint	0	1	0.3
Rapid Tranquillisation	0	21	24.6
Seclusion	0	5	5
Restrictions and Segregation totals	0	30 (down from 31)	35
Blanket Restrictions	0	27 (down from 30) N/A	34
Individual Restrictions	0	1 (no change) N/A	1
Long-Term Segregation	0	2 (up from 0) N/A	0

# Training Dashboard (up to June 2023)

Metric Training	Goal & Assurance/ Action status	Current & Variation	Average
Teams where Training Compliance is below 80% (p19)	80%	137 staff (down from 200)	
Mental Capacity Act (p20)	80%	93.02%	95.60%
Mental Health Act Qualified Staff (p21)	80%	94.05%	87.70%
Mental Health Act for HCSWs (p22)	80%	87.75%	86.30%

# Workforce & Equality Committee Dashboard

Metric	Goal & Action status	Current Performance	Comment
<b>Theme 1</b> – Looking After Our People	-	-	Indicators include: Staff Survey Overall scores, Labour Turnover, Sickness rate
<b>Theme 2</b> – Belonging in the Organisation	-	-	Indicators currently include: EDI, WRES, WDES data and Appraisal and Clinical Supervision compliance
<b>Theme 3</b> – New ways of working and delivering care	-	-	Indicators currently include: Bank and agency data
<b>Theme 4</b> – Growing for the future	-	-	Indicators include: Recruitment, vacancies, new roles/skill mix, mandatory training and LMDP/ Management data

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

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

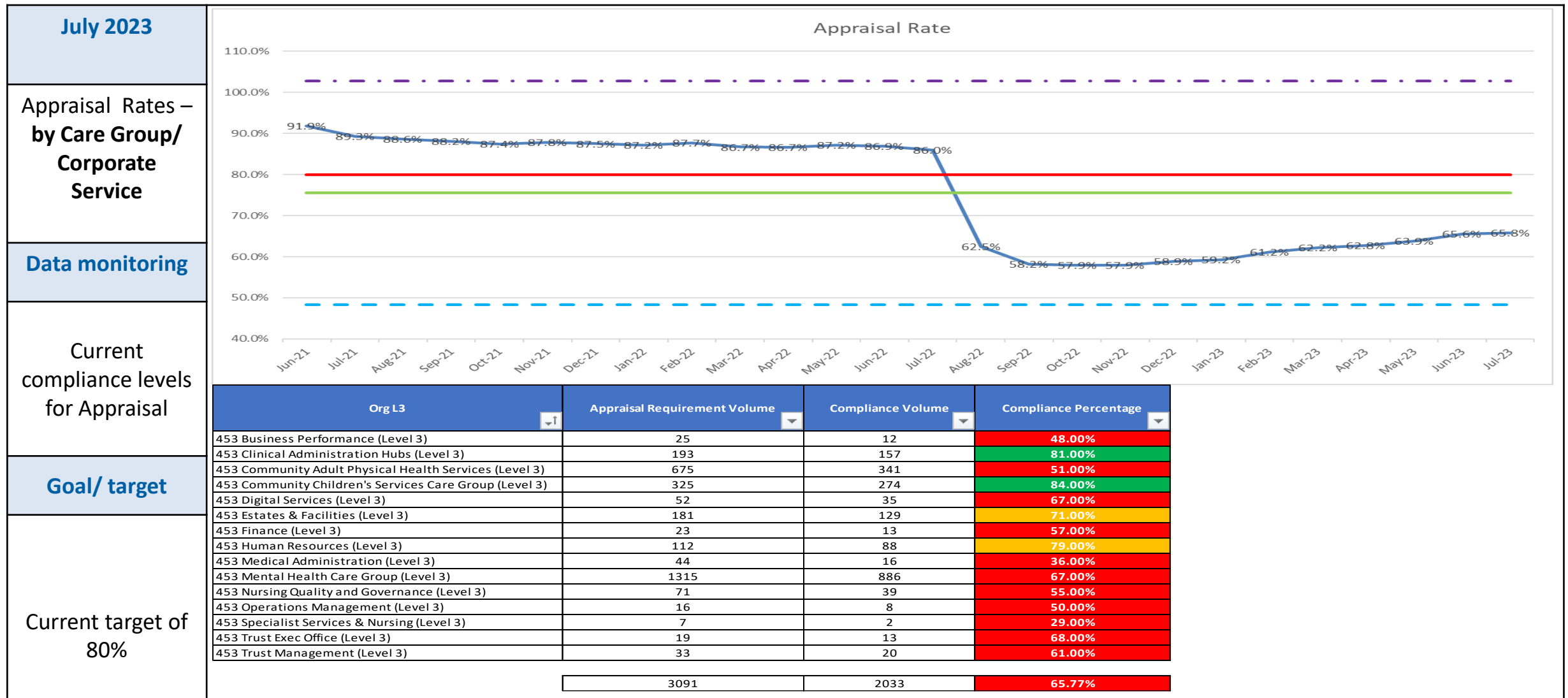
### Summary

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

The 2022/23 WRES, WDES and Gender Pay Gap figures will be available for the July Workforce and Equality Committee.

<b>Lead Director</b>	Bob Champion	<b>Narrative agreed at</b>	Quality Director call out	<b>Action Status</b>
<b>Owner/Source</b>	Michelle Holland	<b>Accountable Committee</b>	Quality & Safety / Workforce Committee	Watching Brief

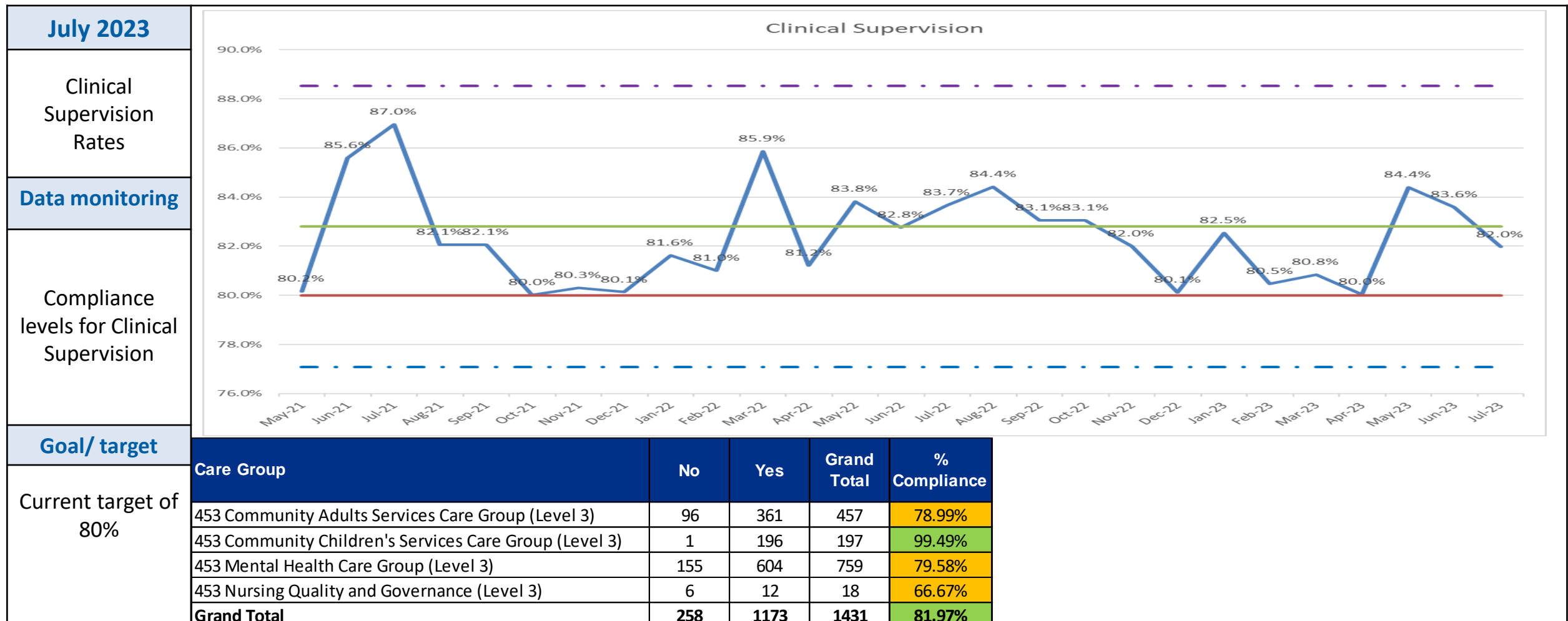
KPI	Target	Mean	Lower Control Limit	Upper Control Limit



Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
The SPS chart shows the appraisal rates for the last 20 months and the table highlights the appraisal rates across each individual care group.	August 2022 dip due to recording error. Community Children's Services appraisal rate has increased to 84% and is now showing green along with Clinical Administration Hubs. Human Resources' appraisal rate has increased by 21% since last month and has now moved to amber and has joined Estates and Facilities.	The overall compliance rate at 65.77% has remained static from last month (65.60%). There have been improvements in some areas but deteriorations in others. Out of 15 services only 4 are either green or amber with red scores ranging from 29% to 68% compliance.	Appraisal training for both managers and staff is available on a monthly basis. All guidance and documentation is available on Sharepoint. Regular communications are issued via e-update and screen savers to raise awareness of the importance of appraisals and the support available to enable quality appraisal conversations to take place.

<b>Lead Director</b>	Bob Champion/ Phil Hubbard	<b>Narrative agreed at</b>	Quality Director call out	<b>Action Status</b>
<b>Owner/Source</b>	Grainne Eloi/ Kelly Barker / Michelle Holgate/ Michelle Holland	<b>Accountable Committee</b>	Quality & Safety / Workforce Committee	Improvement

KPI	Target	Mean	Lower Control Limit	Upper Control Limit



Detail	What does the chart say?	Issues	Actions / Mitigation / Forward view
Shows monthly compliance rates at month end for levels of Clinical Supervision Rates recorded in ESR.	Shows the percentage compliance by care group, with fluctuating a trend from Dec 20.	Compliance has been maintained, however there are 3 Care Groups falling below target. Any lower compliance is mainly due to high workload and reduced staffing levels due to vacancy and sickness.	Continue to monitor and review compliance levels on a weekly basis, to ensure process for recording is embedded.  Services to continue to plan/ book clinical supervision meetings in with staff.