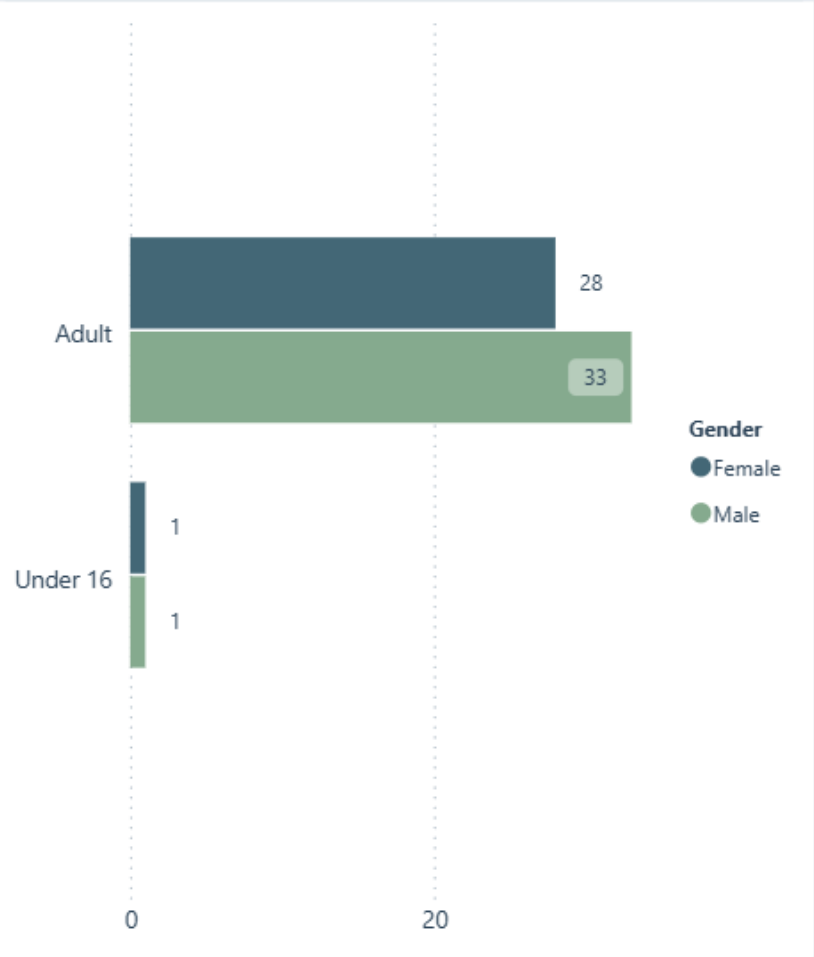
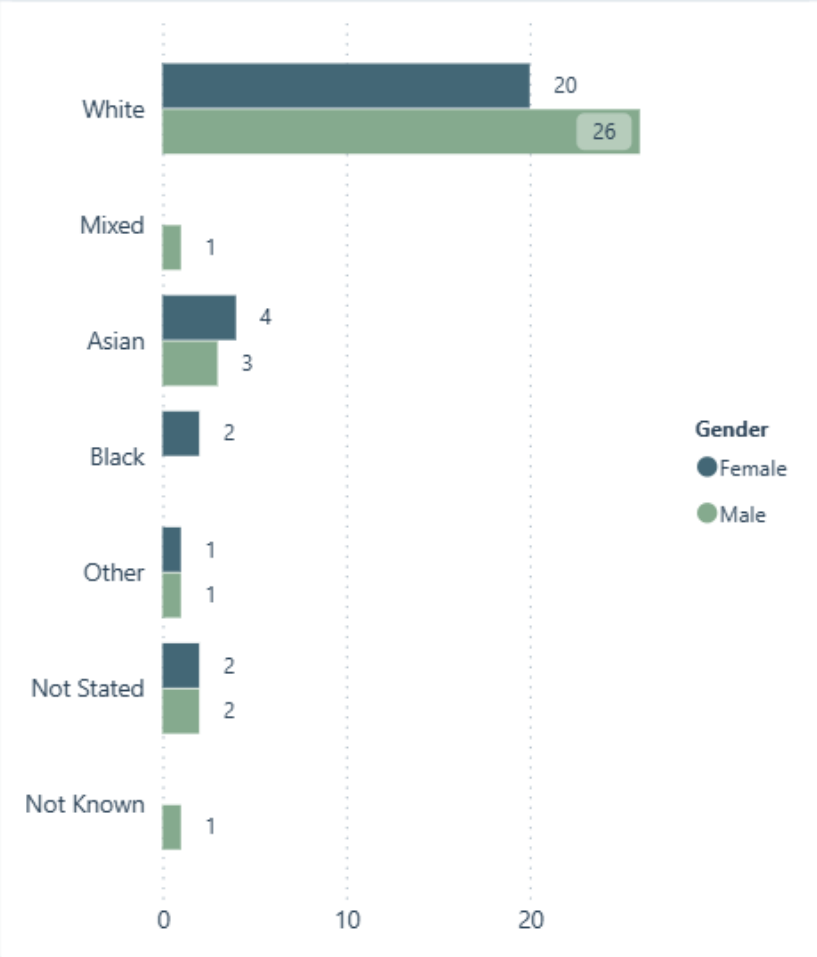


Indicator	Alt Ref	Metric	Female	Male
OP01 (N)		People first episode in psychosis started treatment in 2 wks	29	34
			46.03%	53.97%

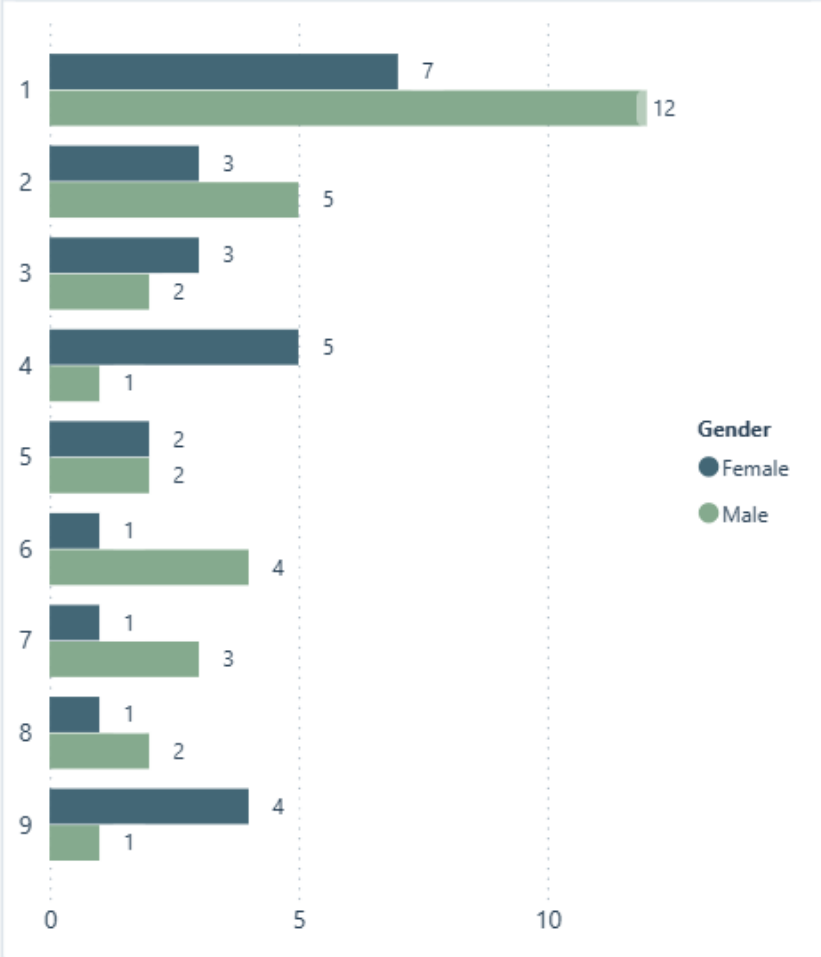
Gender By Age Group



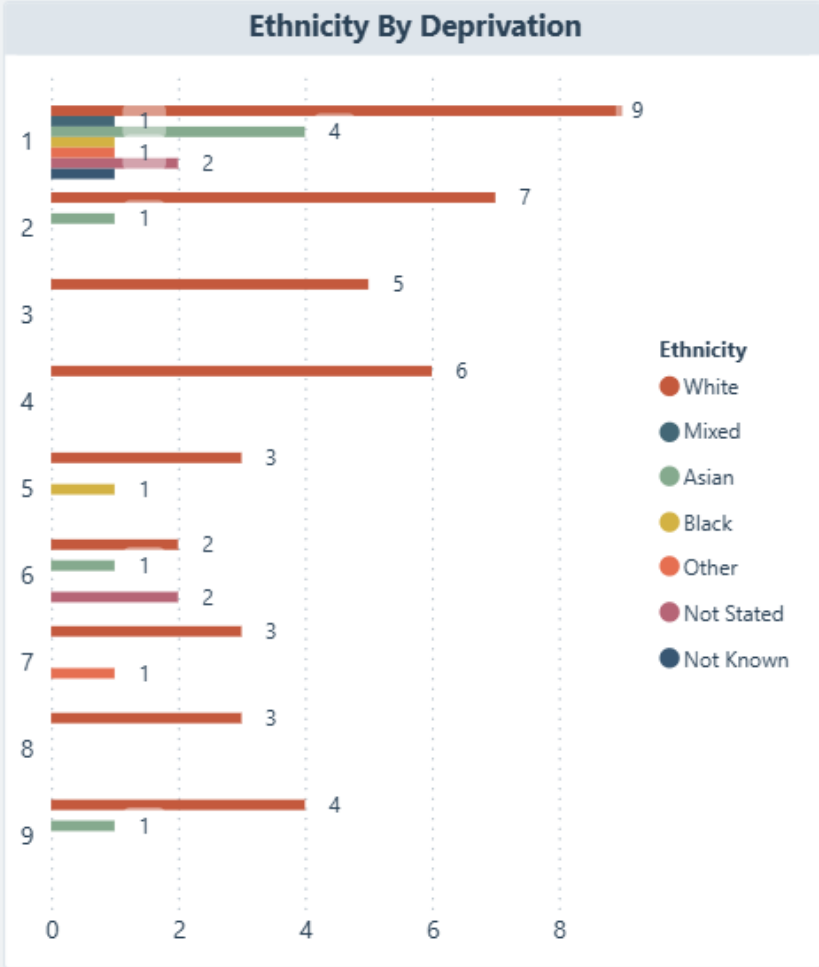
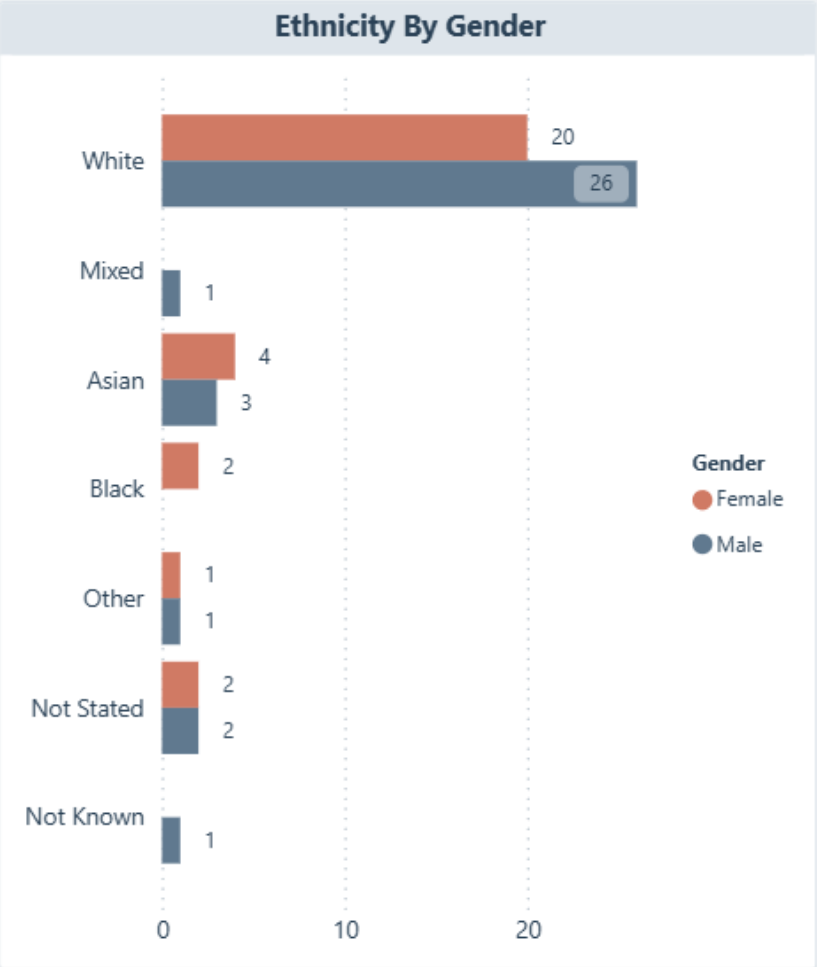
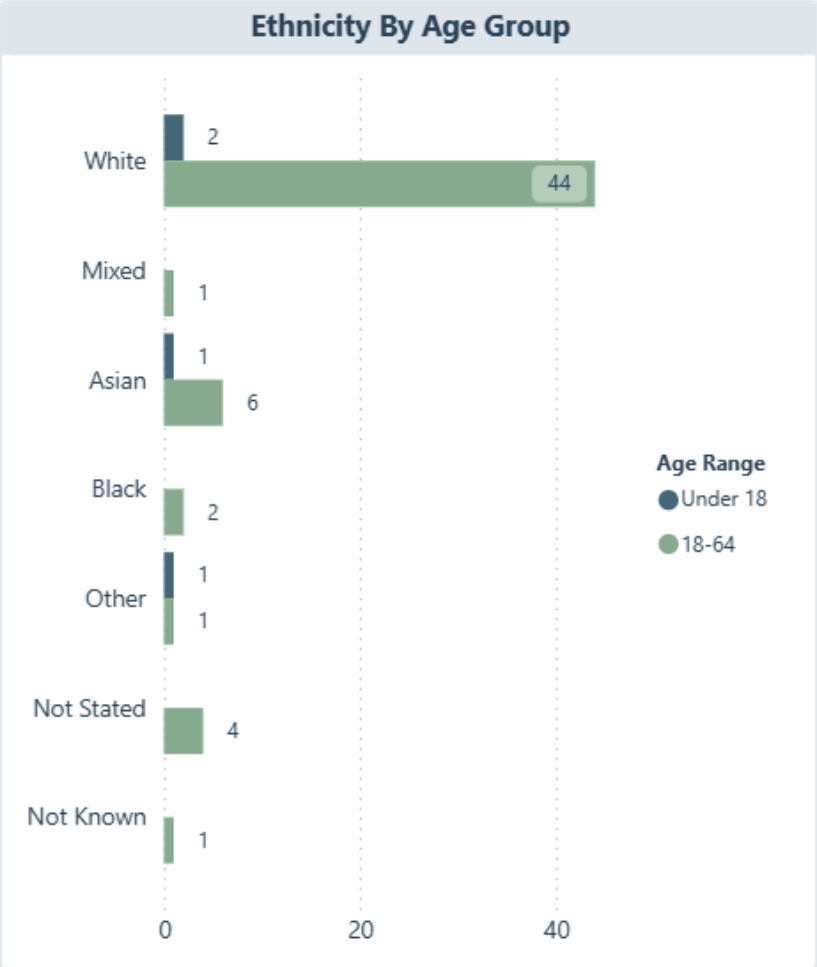
Gender By Ethnicity



Gender By Deprivation

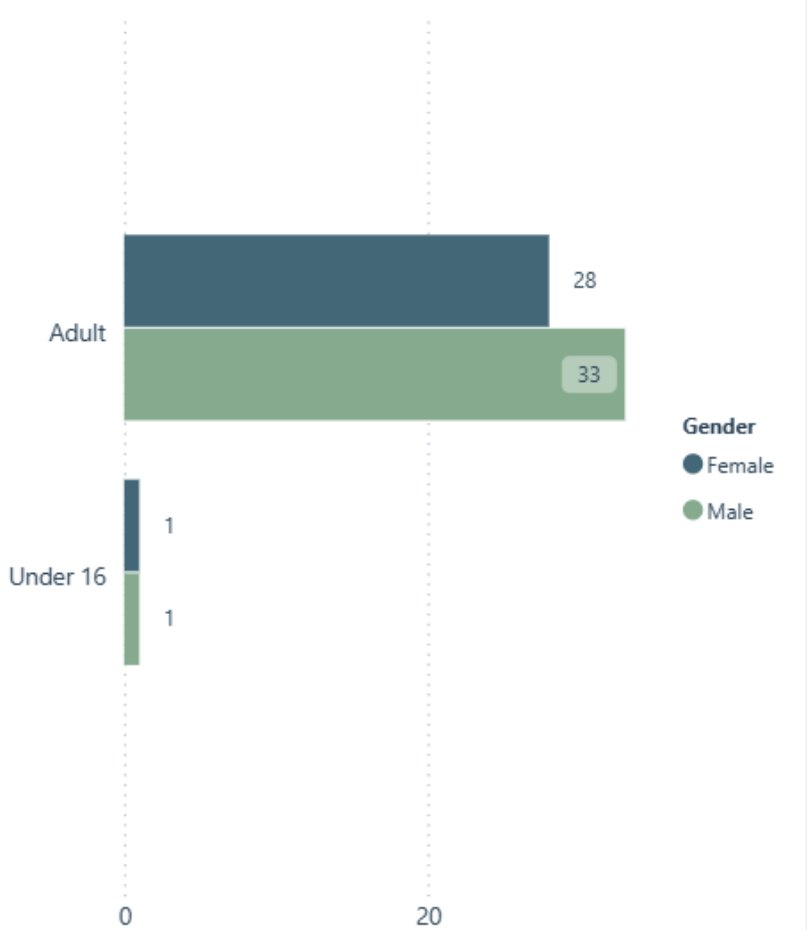


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP01 (N)		People first episode in psychosis started treatment in 2 wks	46	1	7	2	2	4	1
			73.02%	1.59%	11.11%	3.17%	3.17%	6.35%	1.59%

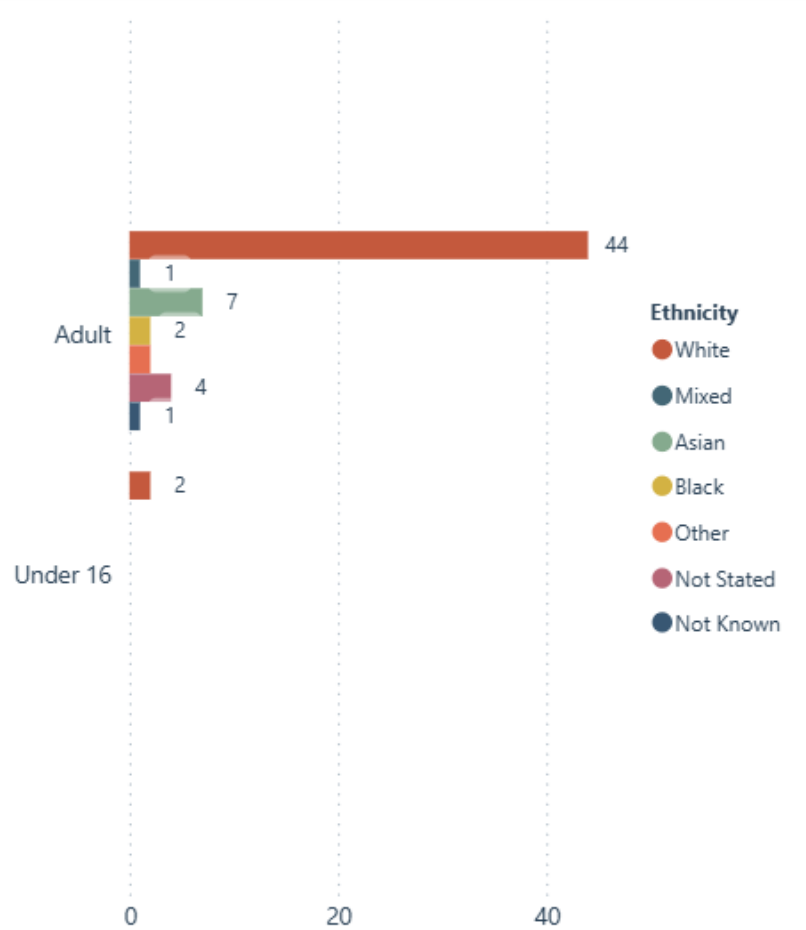


Indicator	Alt Ref	Metric	Adult	Under 16
OP01 (N)		People first episode in psychosis started treatment in 2 wks	61	2
			96.83%	3.17%

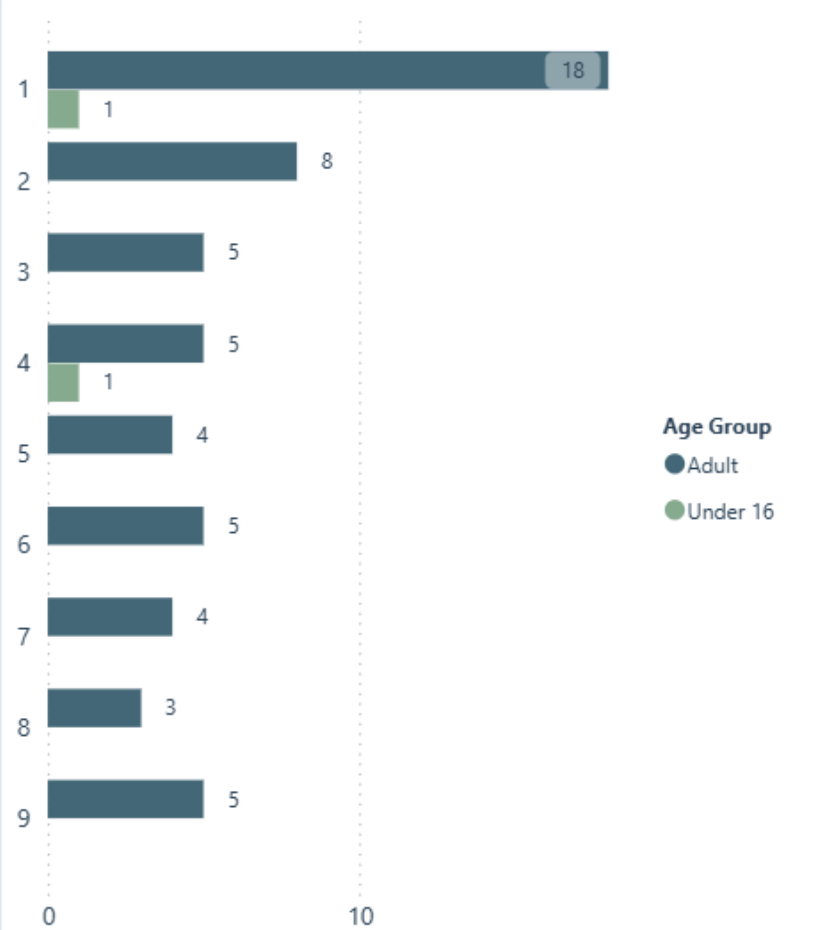
Age Group by Gender



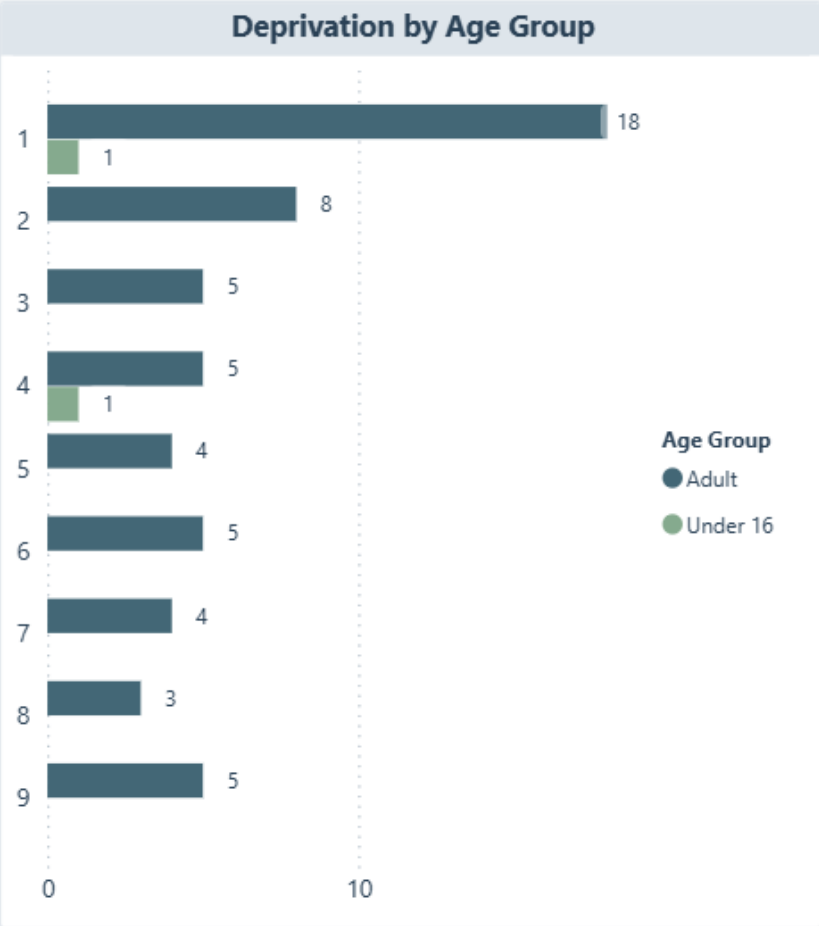
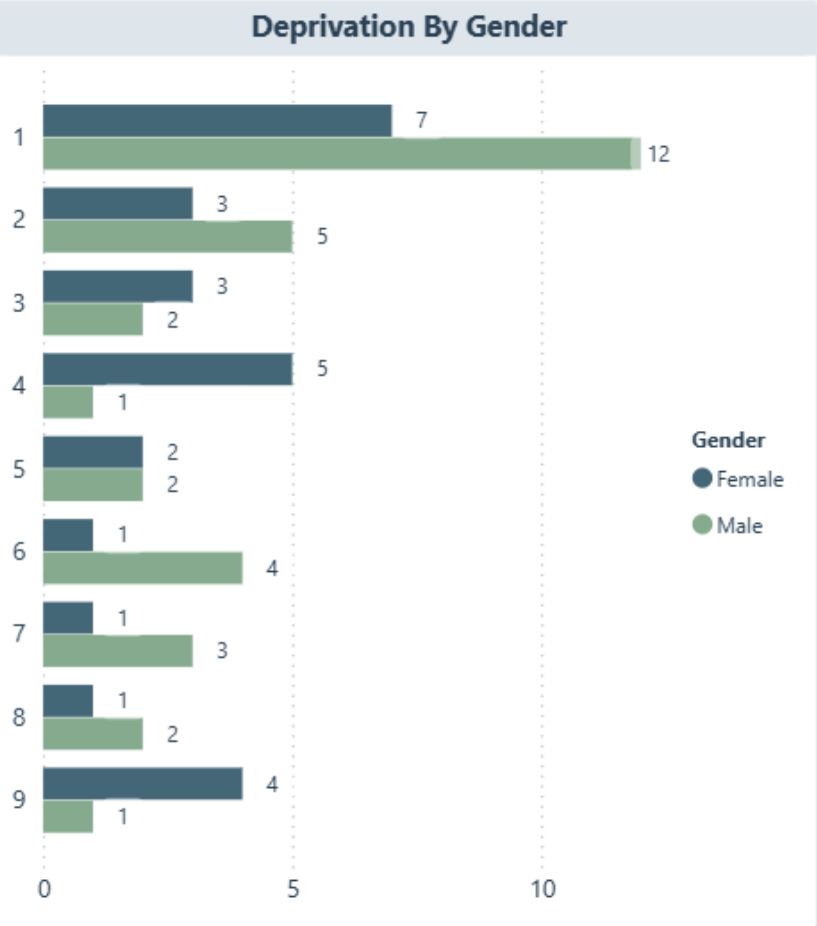
Age Group By Ethnicity



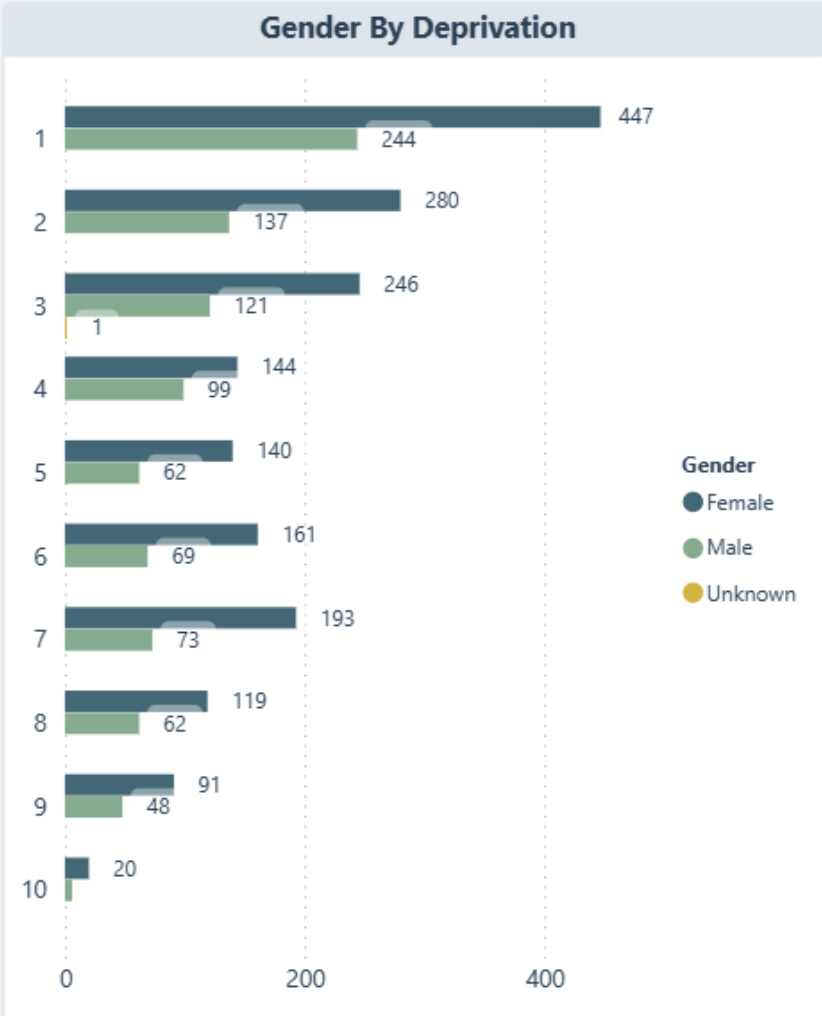
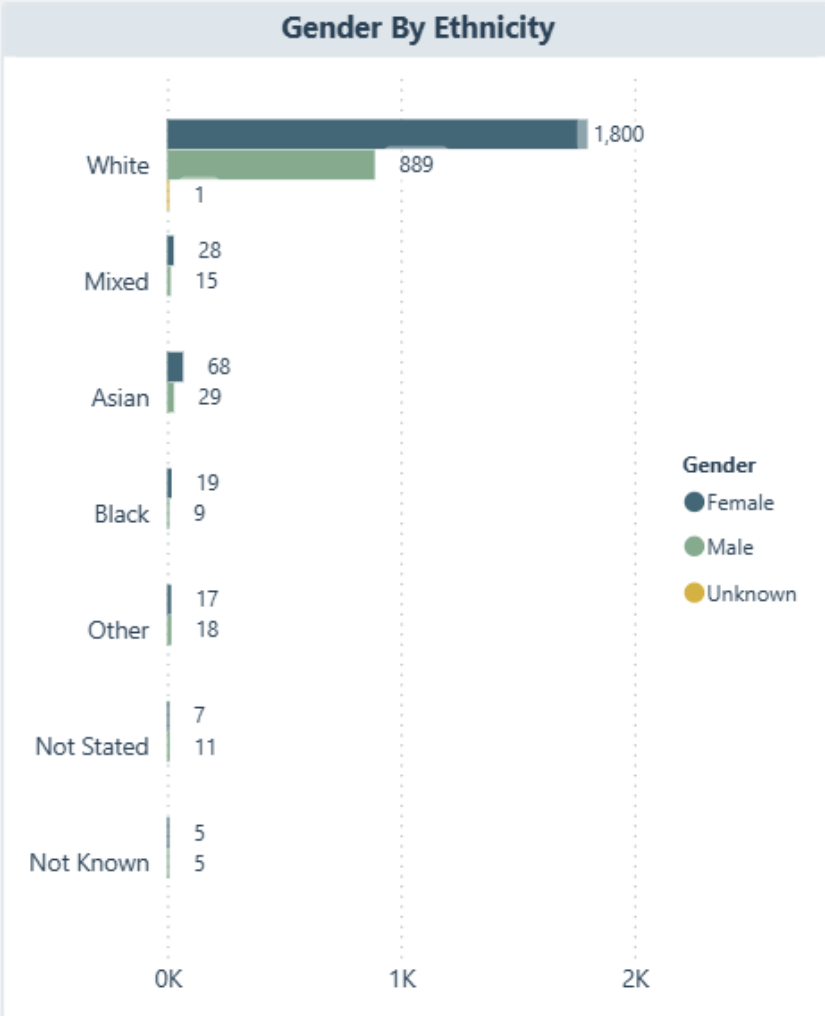
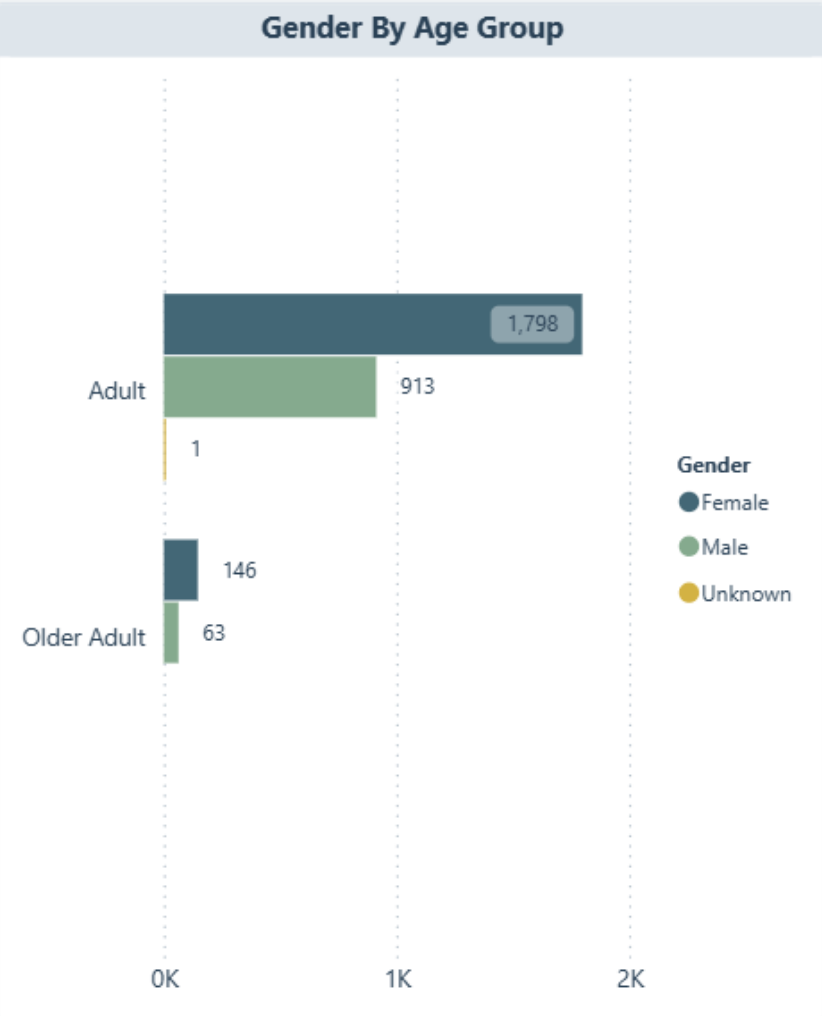
Age Group By Deprivation



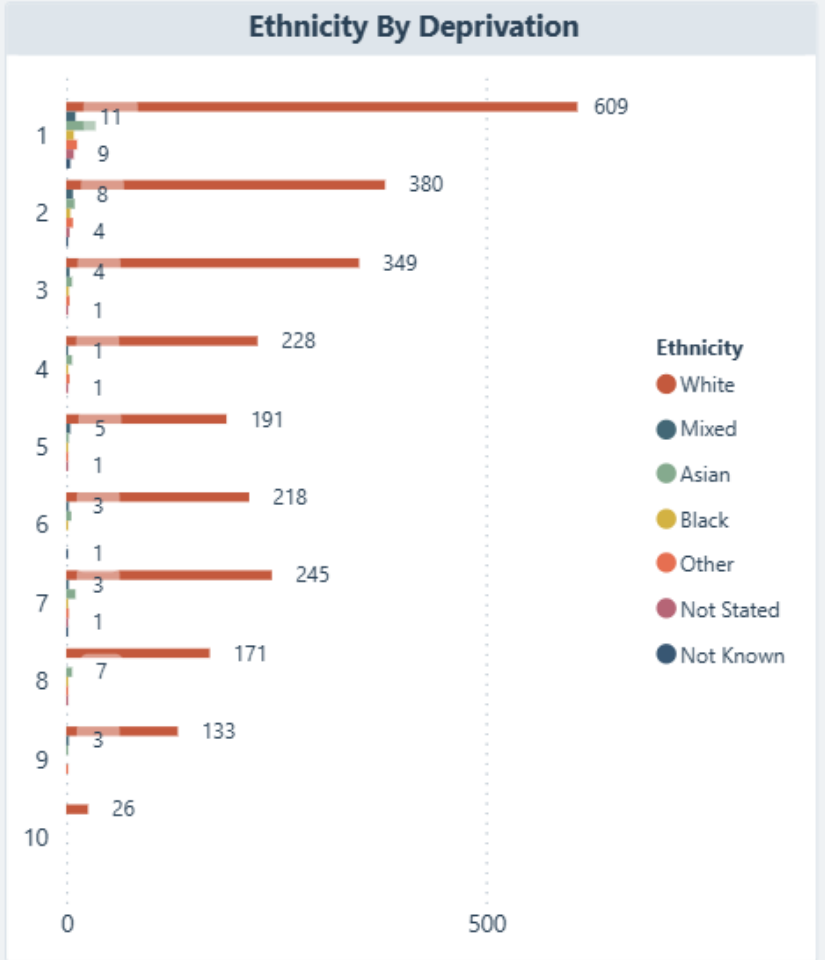
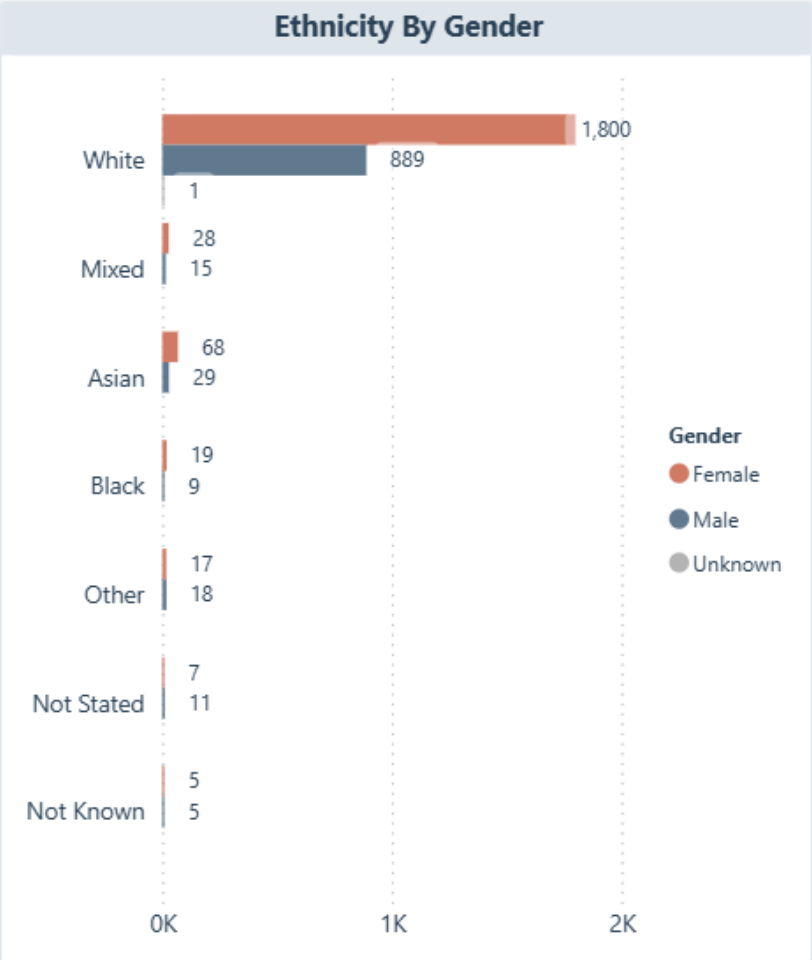
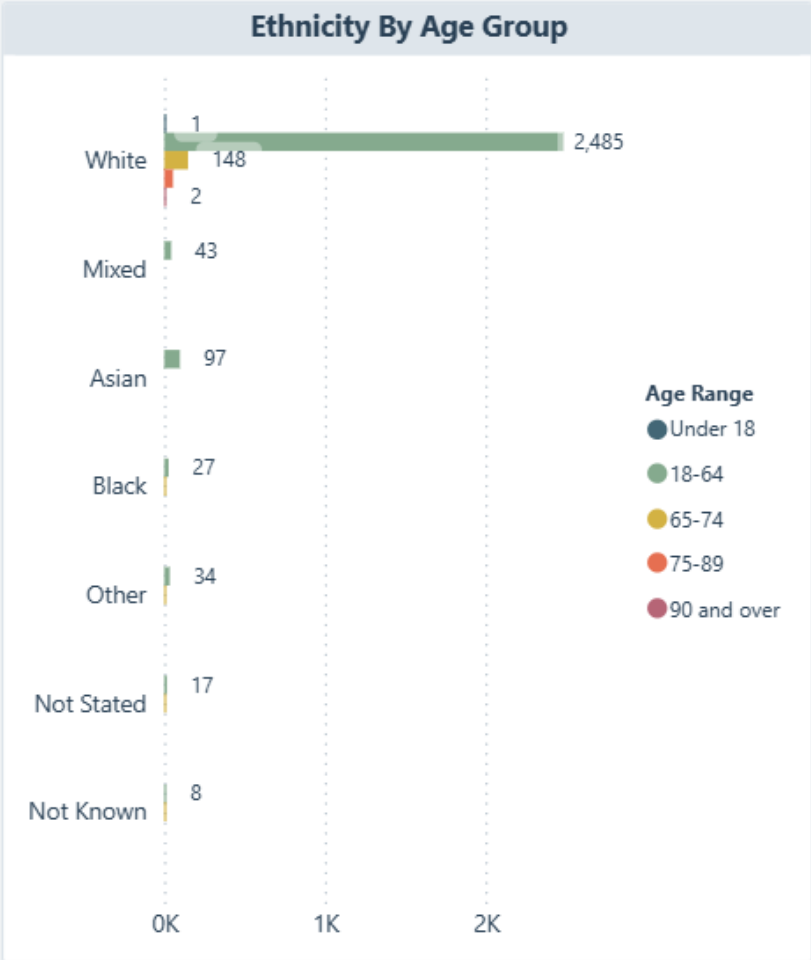
Indicator	Alt Ref	Metric								
OP01 (N)		People first episode in psychosis started treatment in 2 wks								
Not Recorded	1	2	3	4	5	6	7	8	9	
4	19	8	5	6	4	5	4	3	5	
6.35%	30.16%	12.70%	7.94%	9.52%	6.35%	7.94%	6.35%	4.76%	7.94%	



Indicator	Alt Ref	Metric	Female	Male	Unknown
OP02 (N)		People completing Talking Therapies moving to recovery	1,944	976	1
			66.55%	33.41%	0.03%

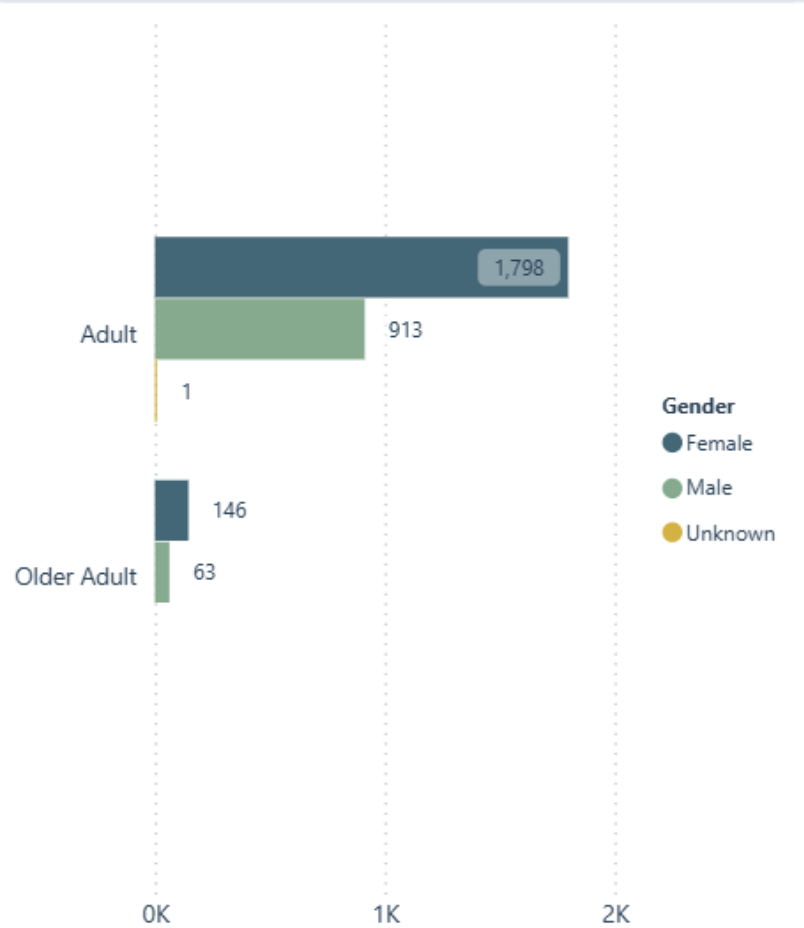


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP02 (N)		People completing Talking Therapies moving to recovery	2,690	43	97	28	35	18	10
			92.09%	1.47%	3.32%	0.96%	1.20%	0.62%	0.34%

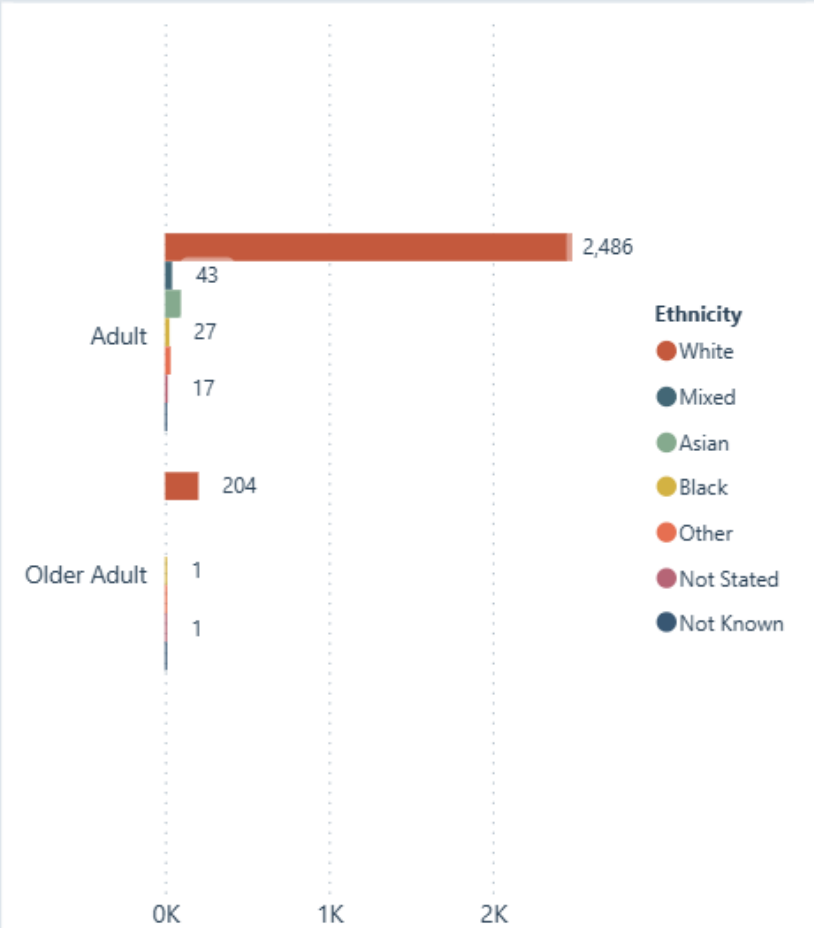


Indicator	Alt Ref	Metric	Adult	Older Adult
OP02 (N)		People completing Talking Therapies moving to recovery	2,712	209
			92.84%	7.16%

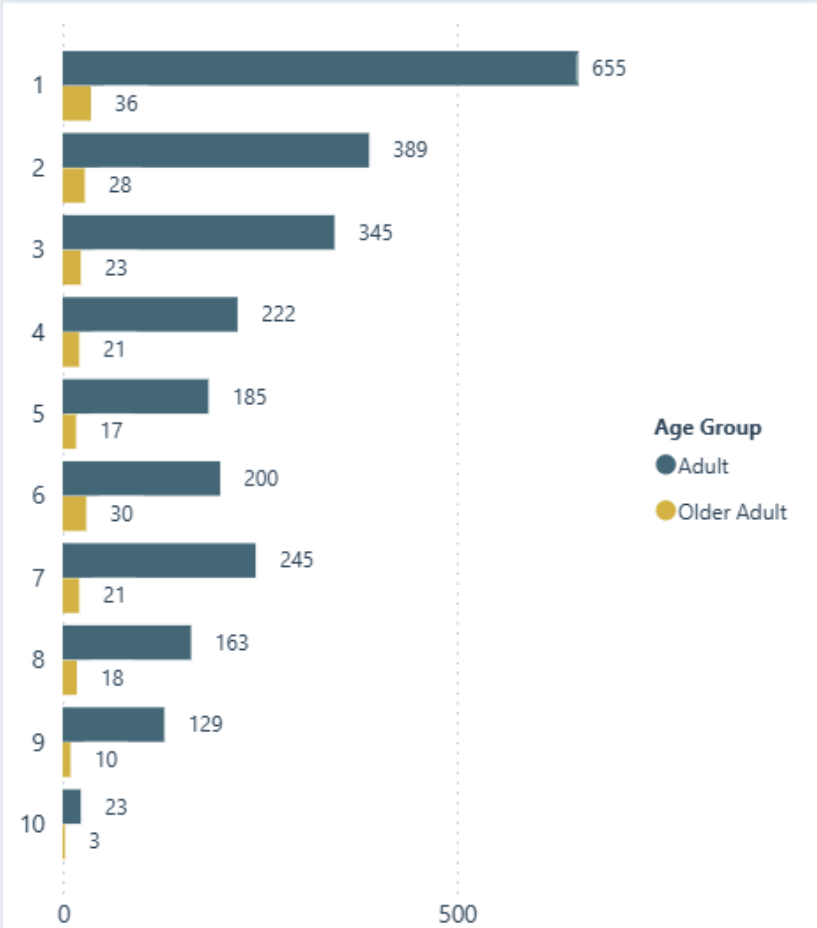
Age Group by Gender



Age Group By Ethnicity



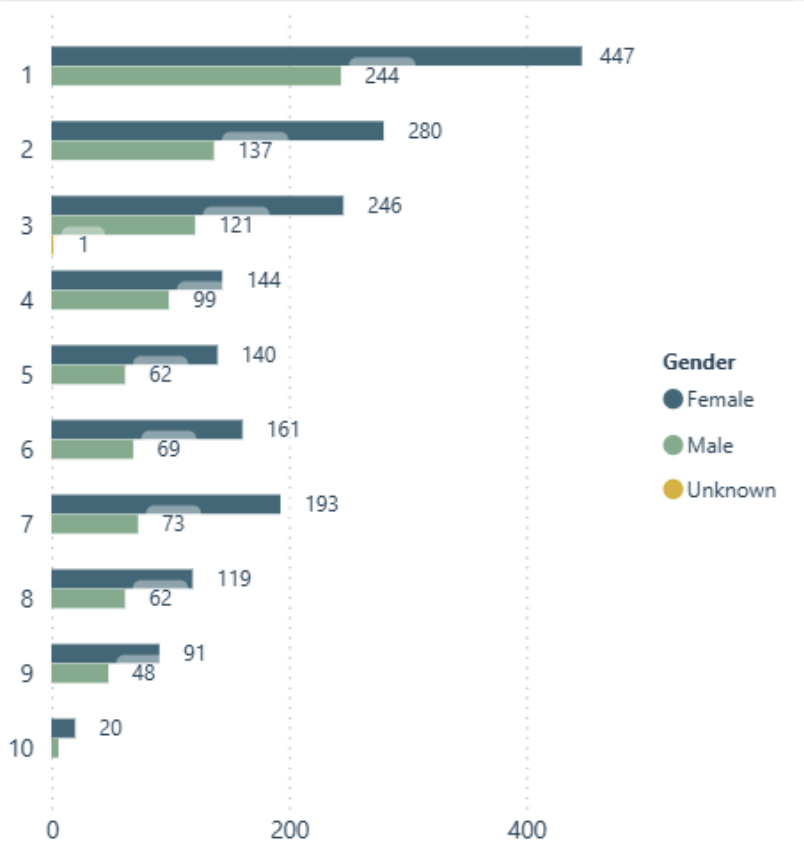
Age Group By Deprivation



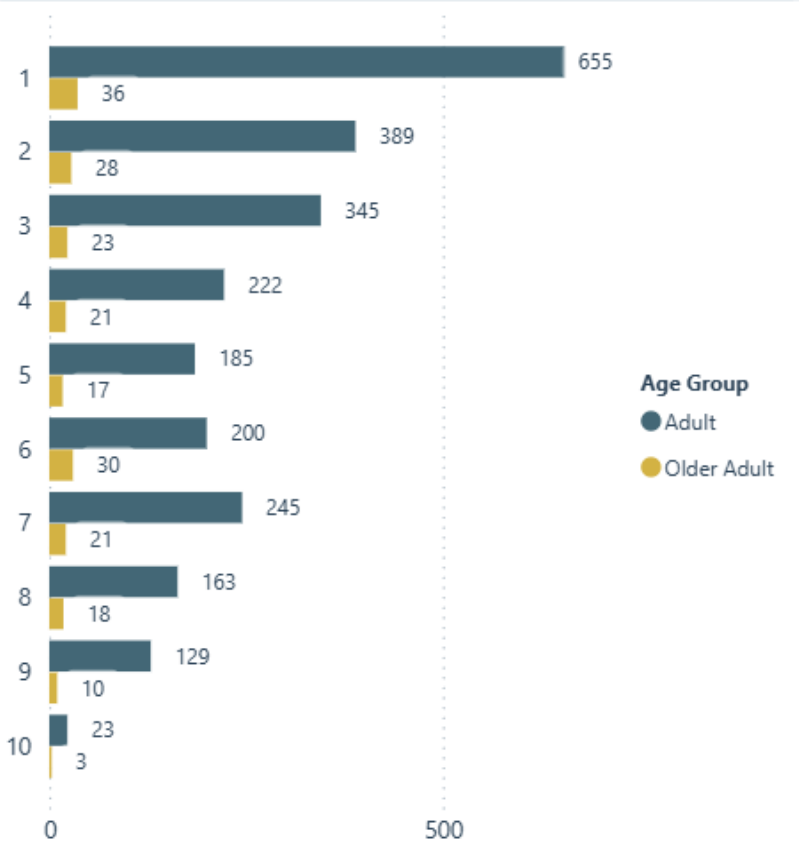
Indicator	Alt Ref	Metric
OP02 (N)		People completing Talking Therapies moving to recovery

Not Recorded	1	2	3	4	5	6	7	8	9	10
158	691	417	368	243	202	230	266	181	139	26
5.41%	23.66%	14.28%	12.60%	8.32%	6.92%	7.87%	9.11%	6.20%	4.76%	0.89%

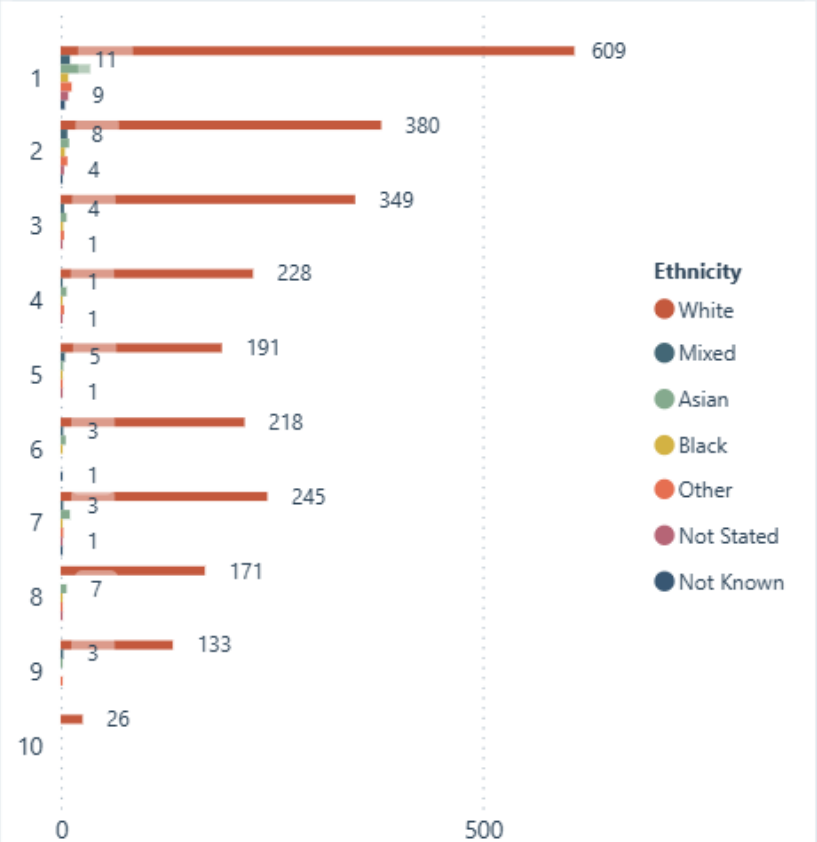
Deprivation By Gender



Deprivation by Age Group

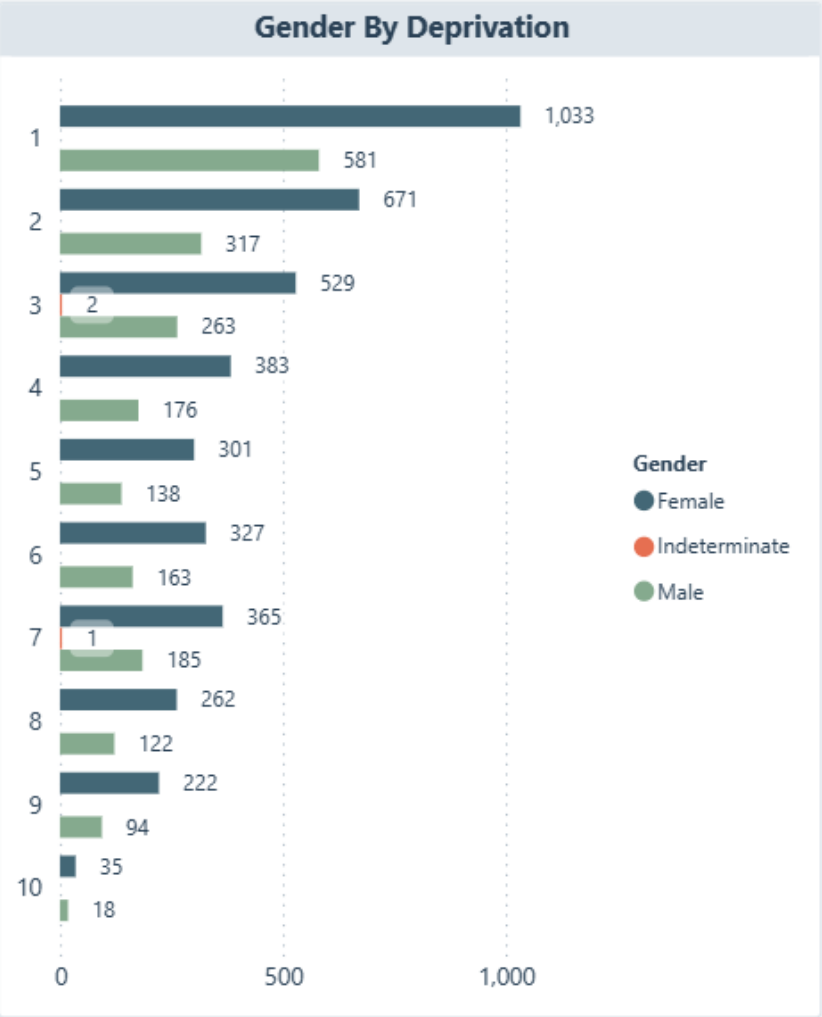
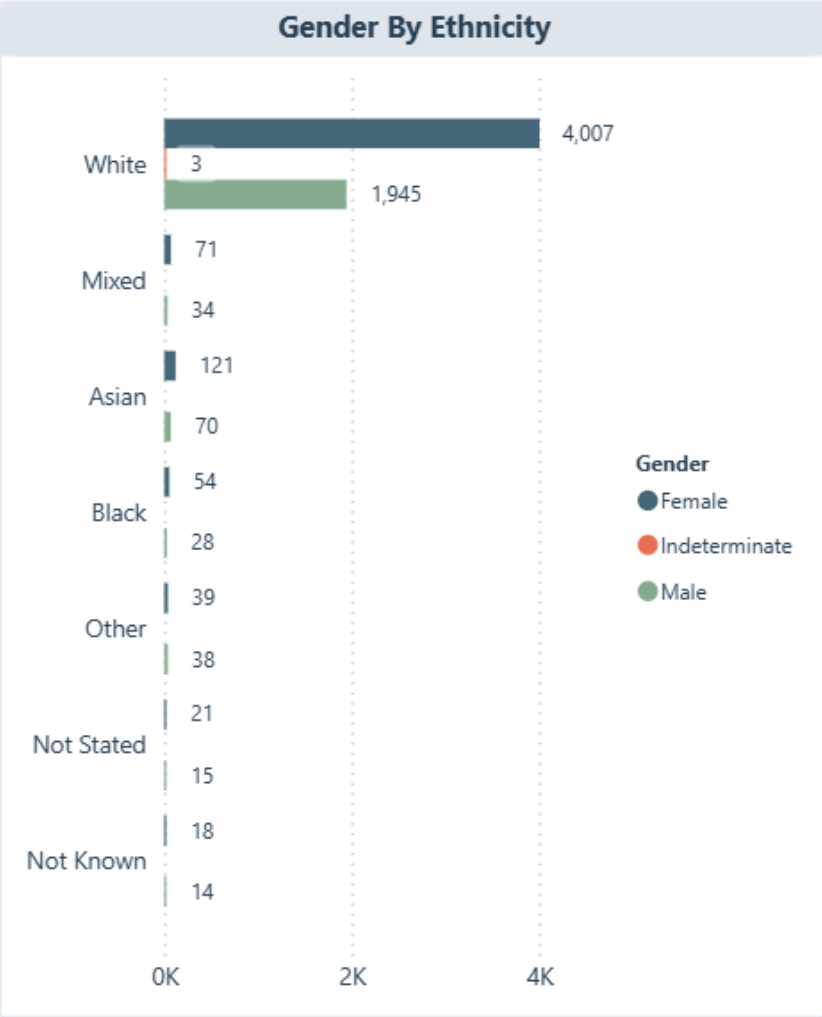
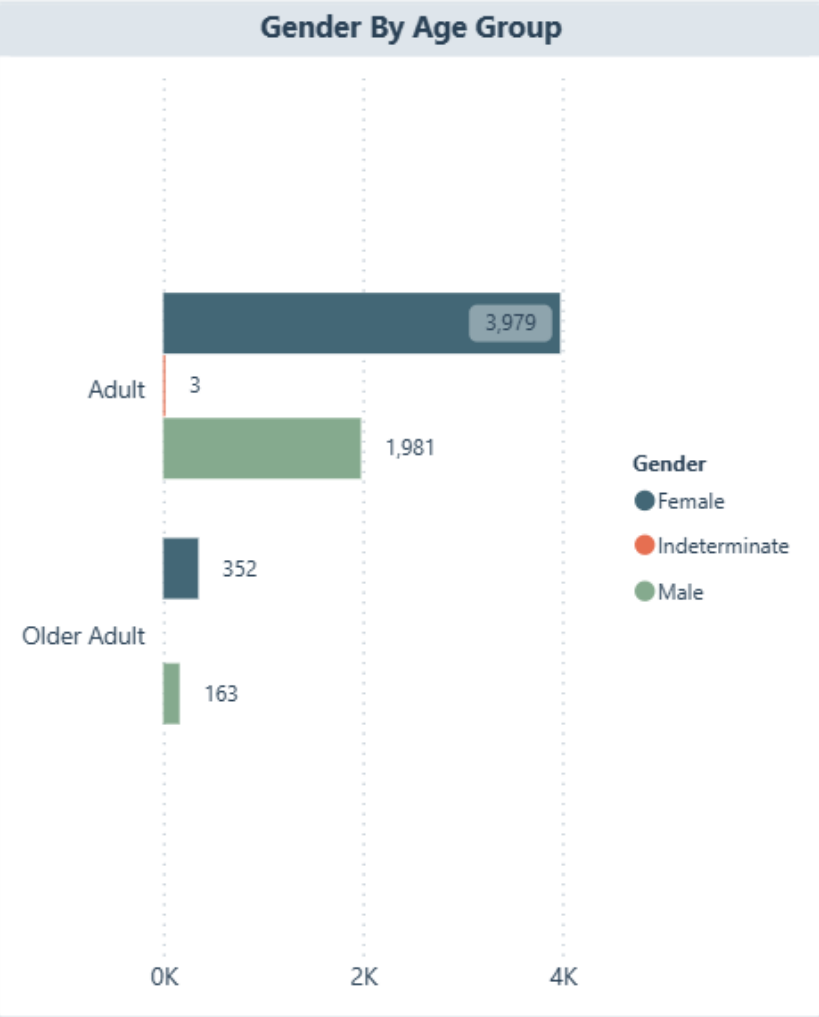


Deprivation By Ethnicity

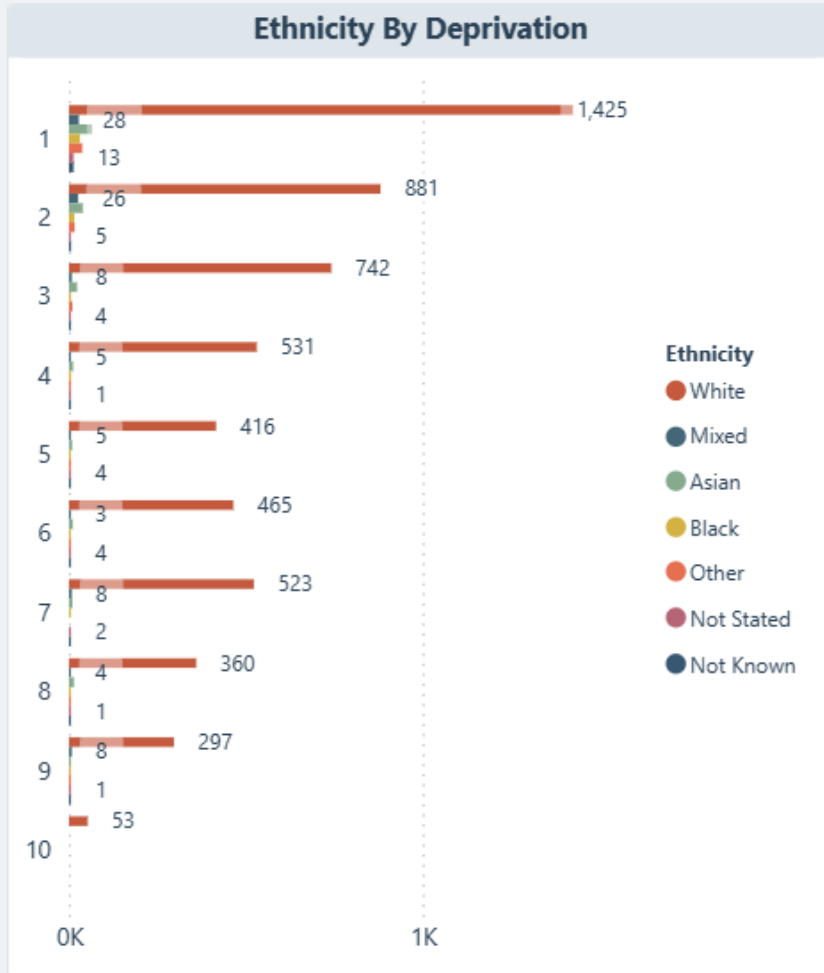
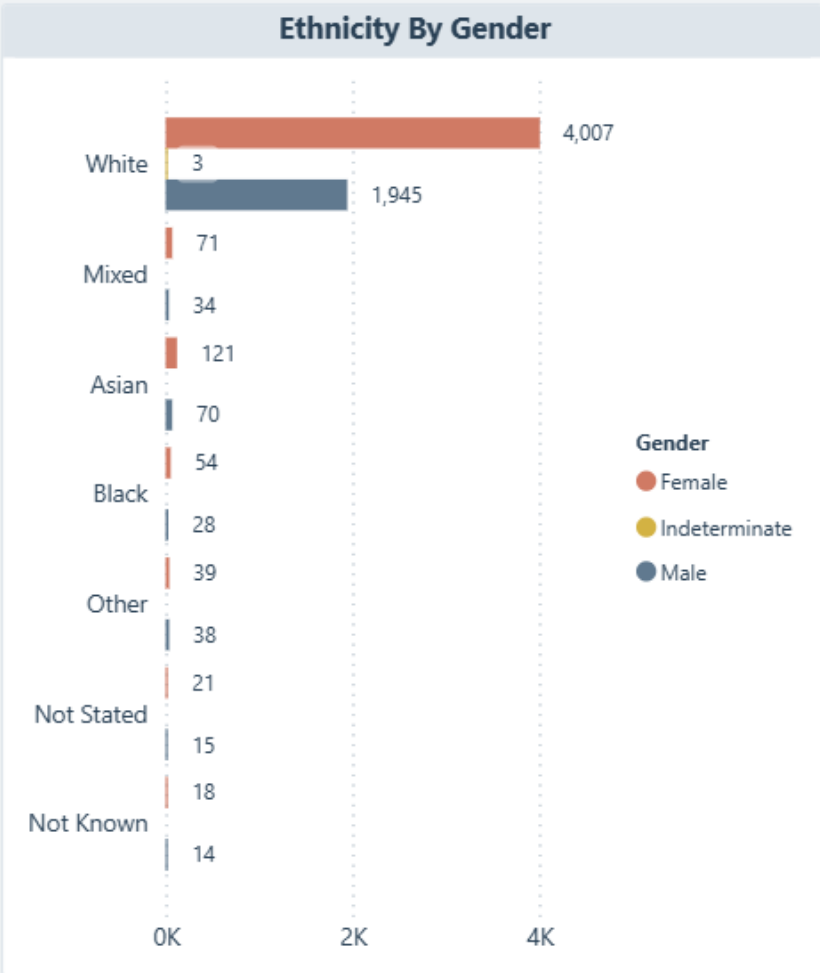
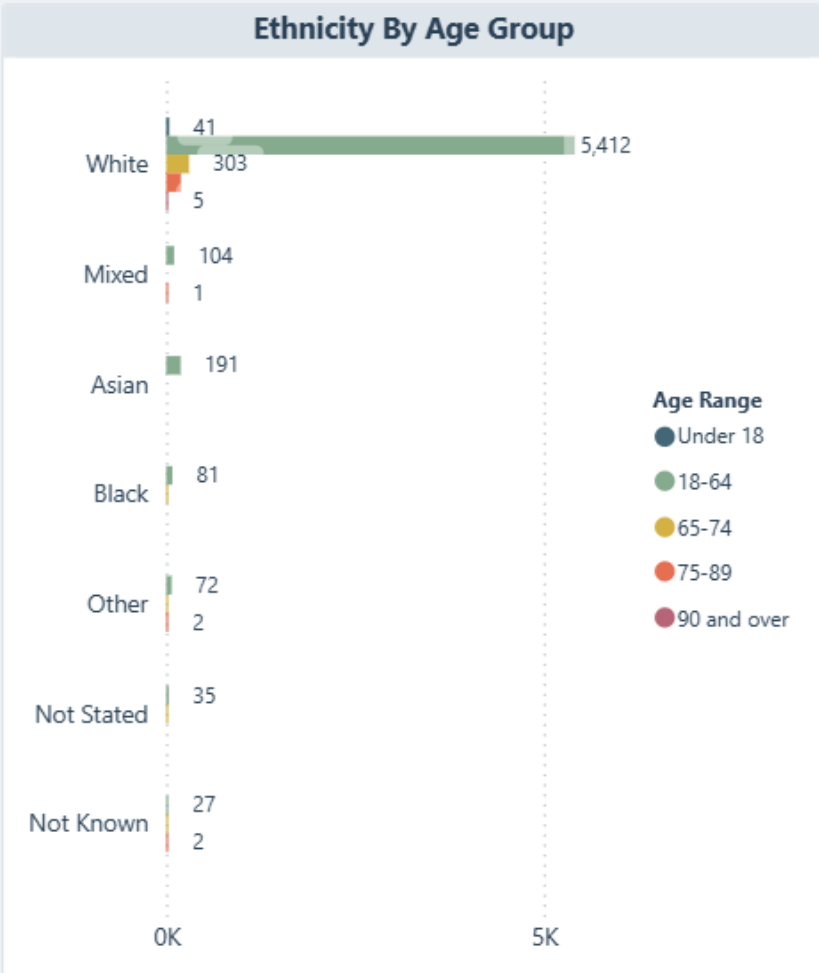




Indicator	Alt Ref	Metric	Female	Indeterminate	Male
OP03 (N)		People accessing Talking Therapies	4,331	3	2,144
			66.86%	0.05%	33.10%

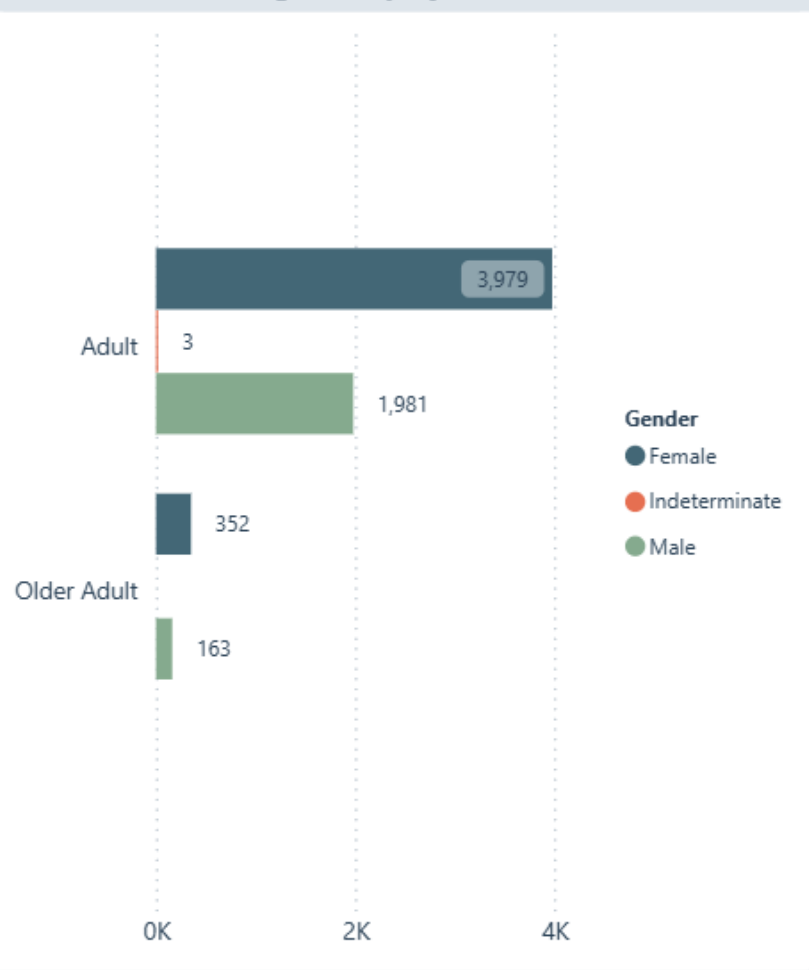


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03 (N)		People accessing Talking Therapies	5,955	105	191	82	77	36	32
			91.93%	1.62%	2.95%	1.27%	1.19%	0.56%	0.49%

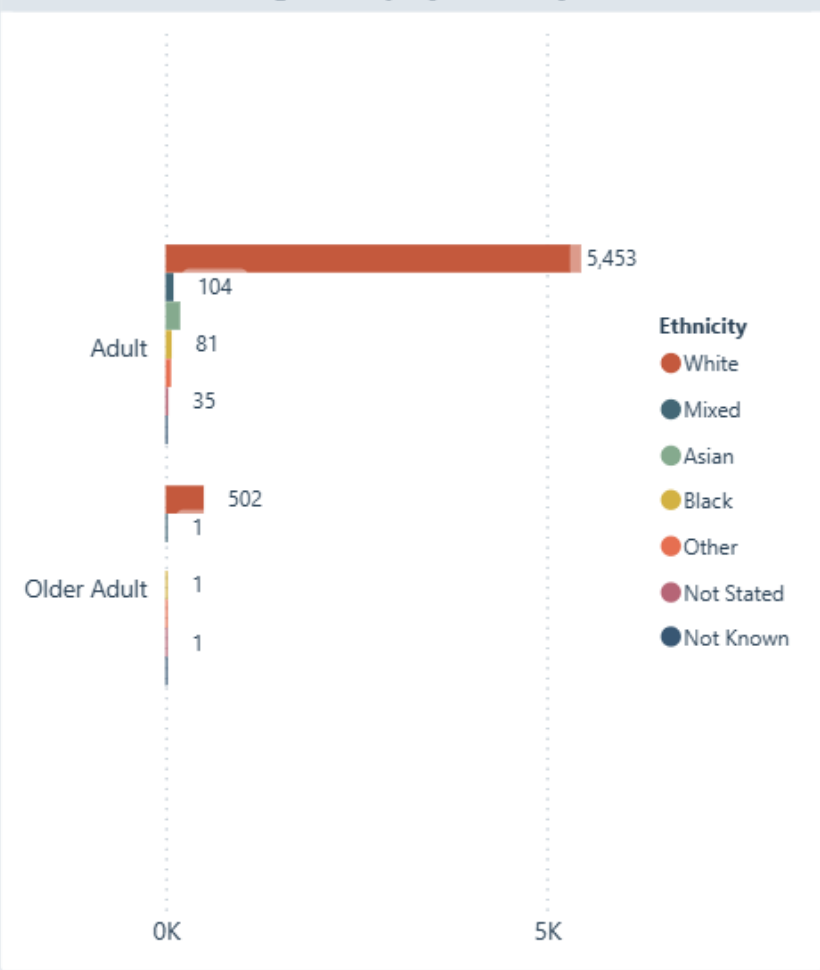


Indicator	Alt Ref	Metric	Adult	Older Adult
OP03 (N)		People accessing Talking Therapies	5,963	515
			92.05%	7.95%

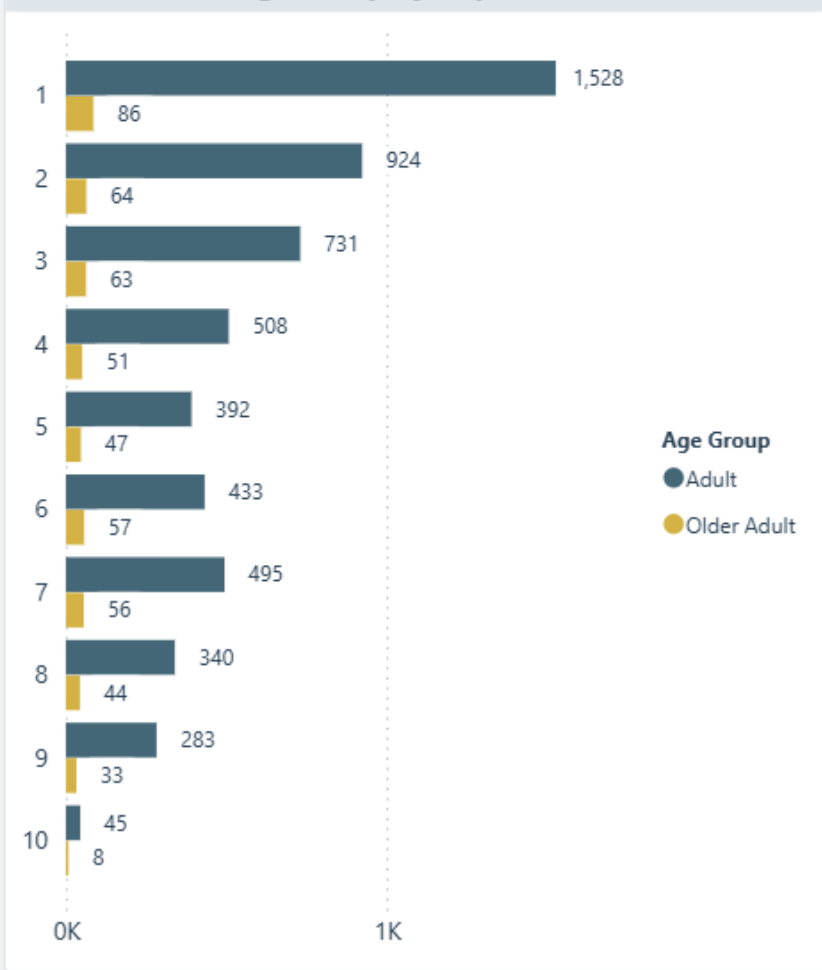
Age Group by Gender



Age Group By Ethnicity

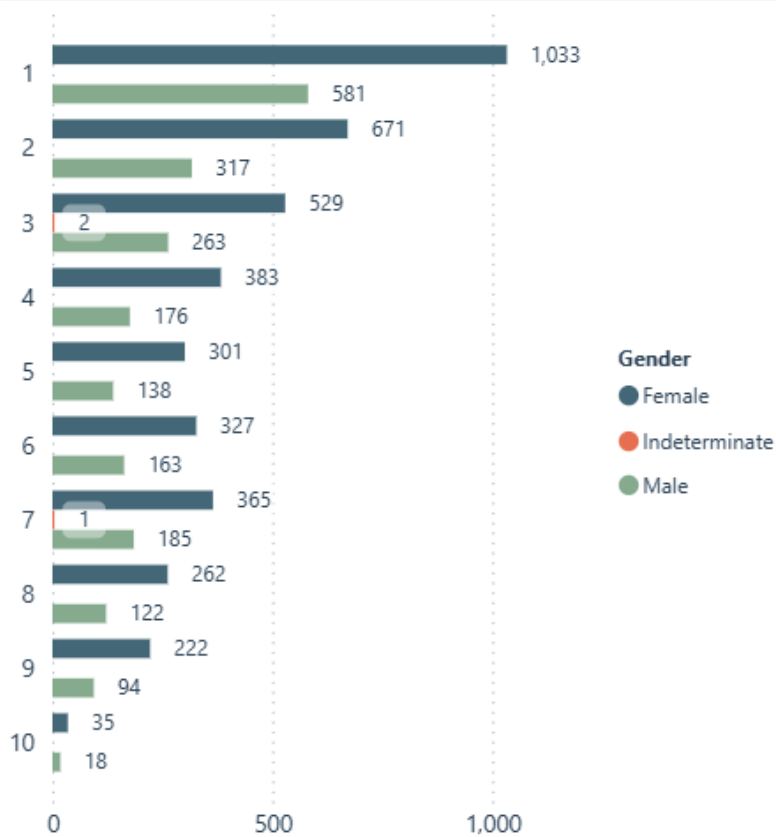


Age Group By Deprivation

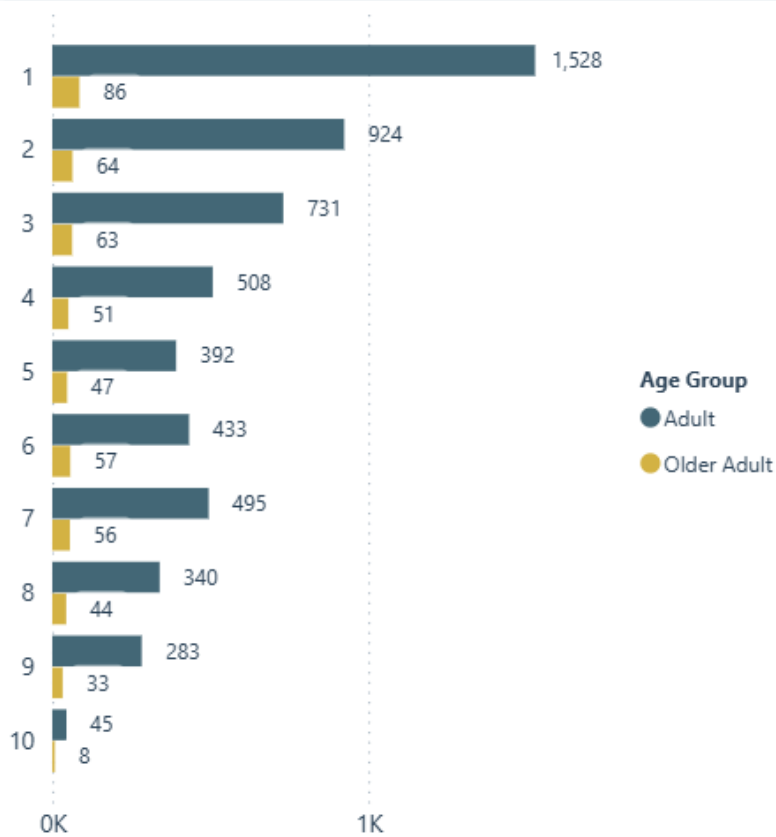


Indicator	Alt Ref	Metric										
OP03 (N)		People accessing Talking Therapies										
		Not Recorded	1	2	3	4	5	6	7	8	9	10
		290	1,614	988	794	559	439	490	551	384	316	53
		4.48%	24.92%	15.25%	12.26%	8.63%	6.78%	7.56%	8.51%	5.93%	4.88%	0.82%

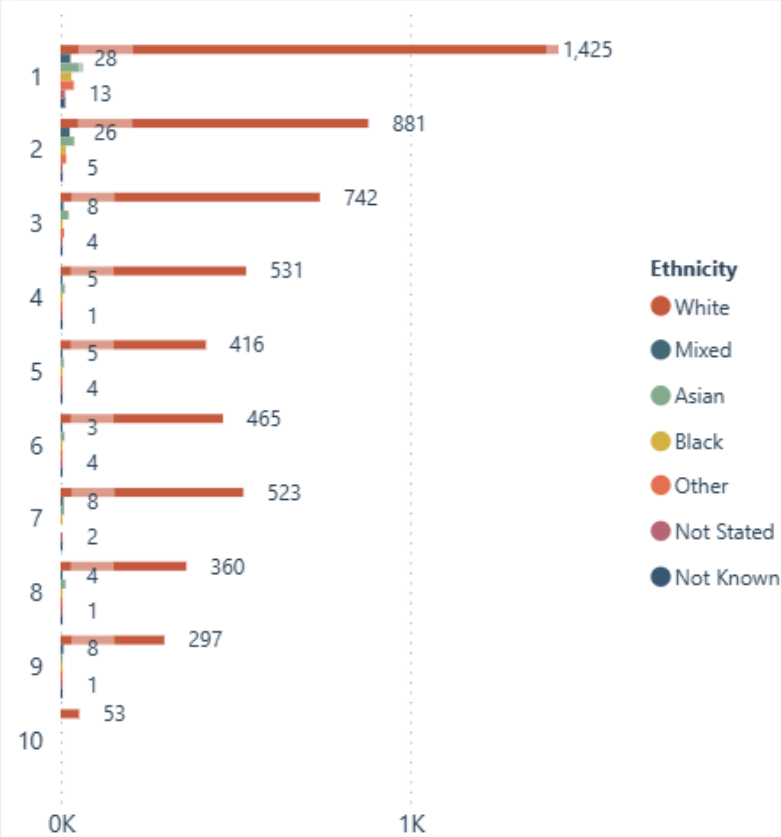
Deprivation By Gender



Deprivation by Age Group

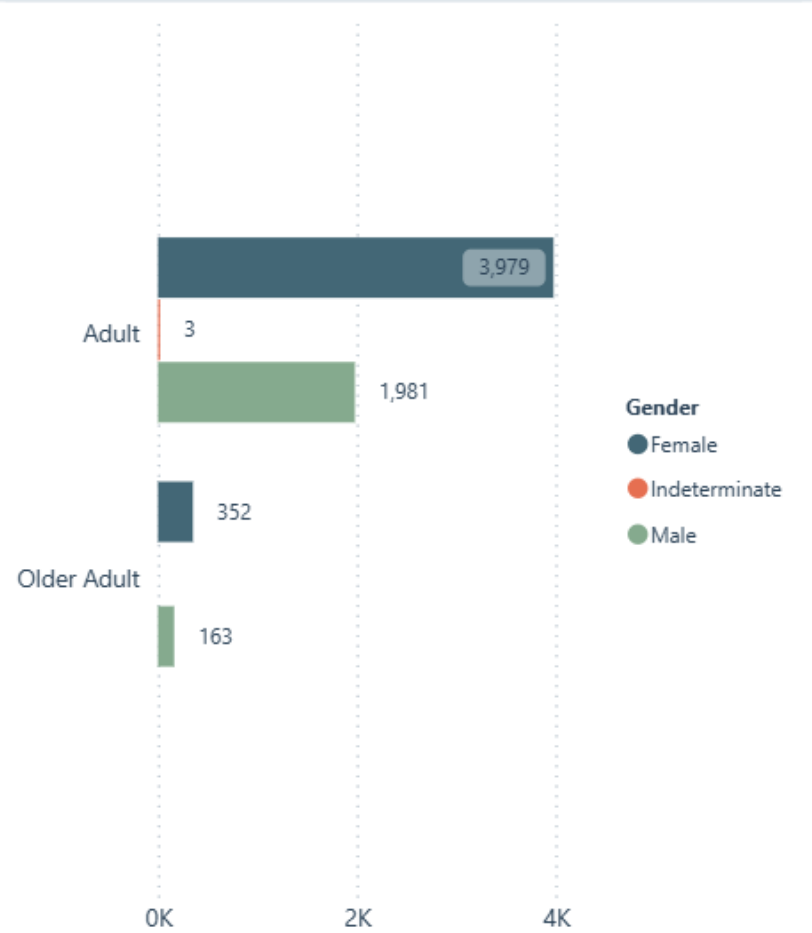


Deprivation By Ethnicity

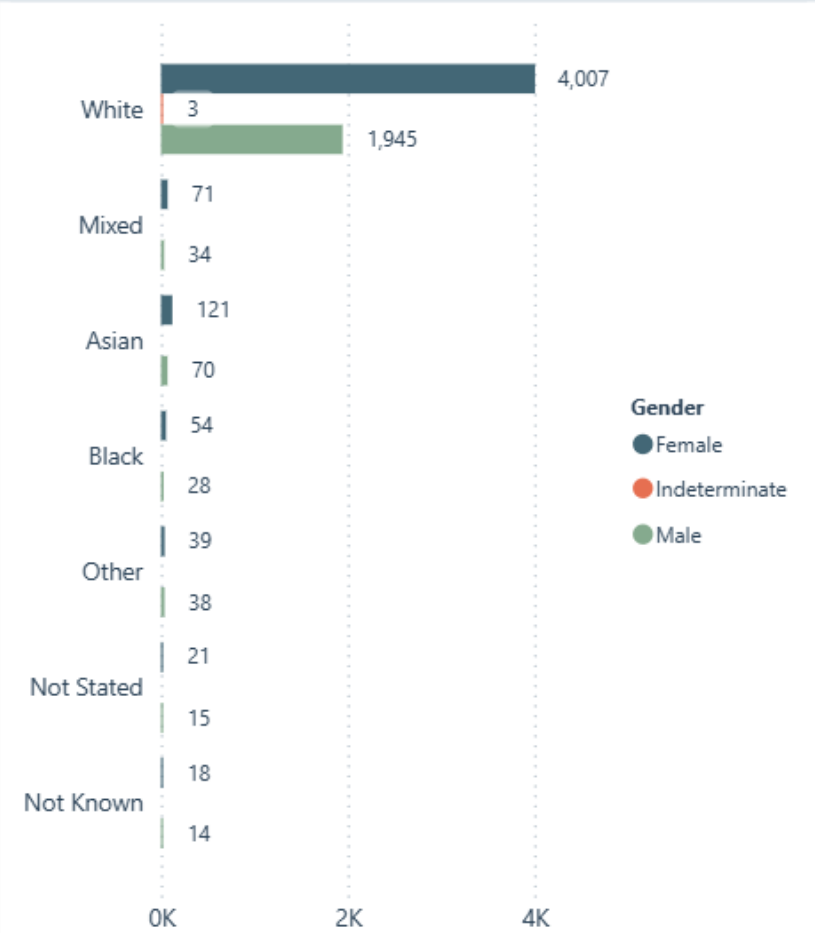


Indicator	Alt Ref	Metric	Female	Indeterminate	Male
OP03a (L)		People accessing Talking Therapies - Cumulative Annual	4,331	3	2,144
			66.86%	0.05%	33.10%

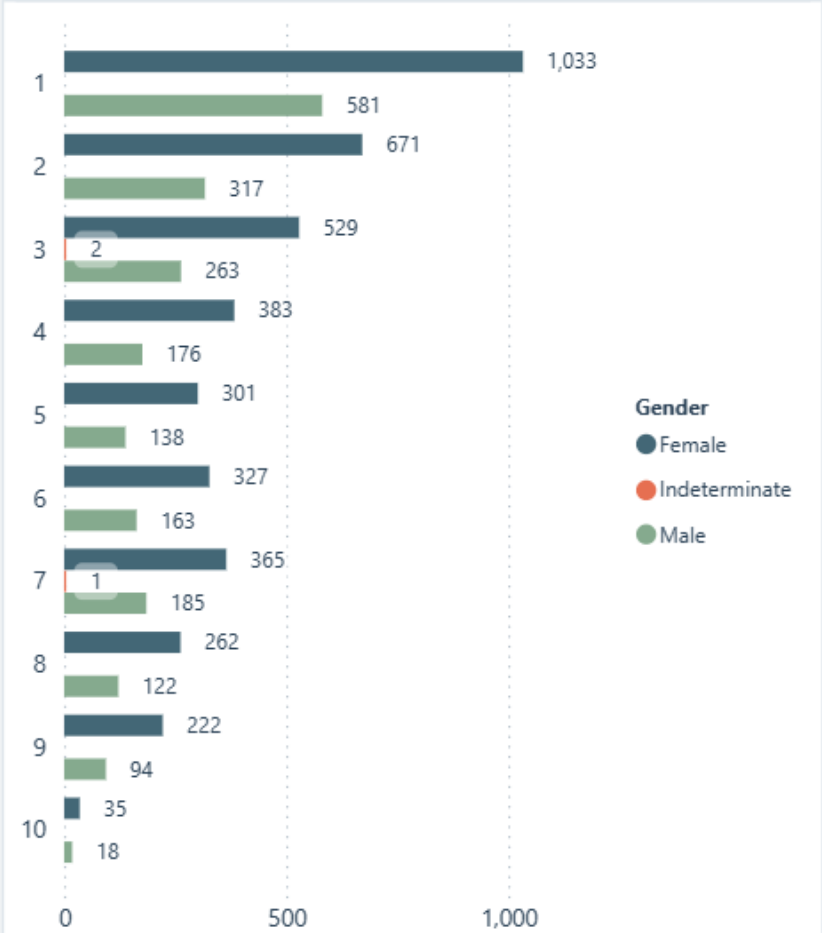
Gender By Age Group



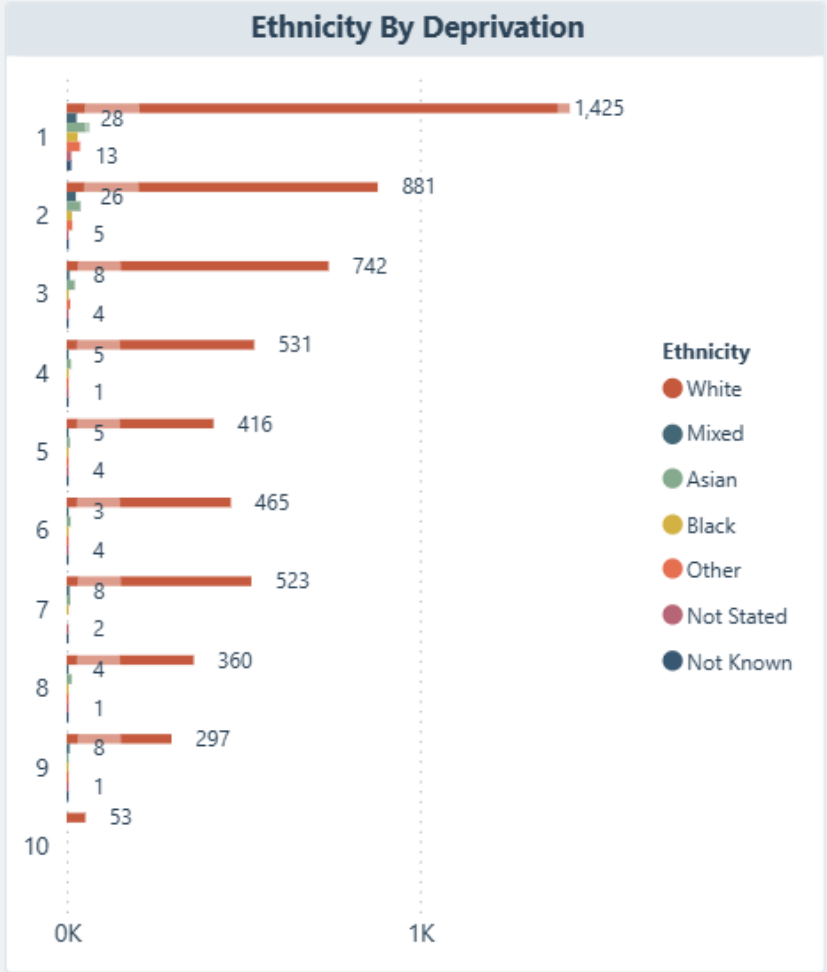
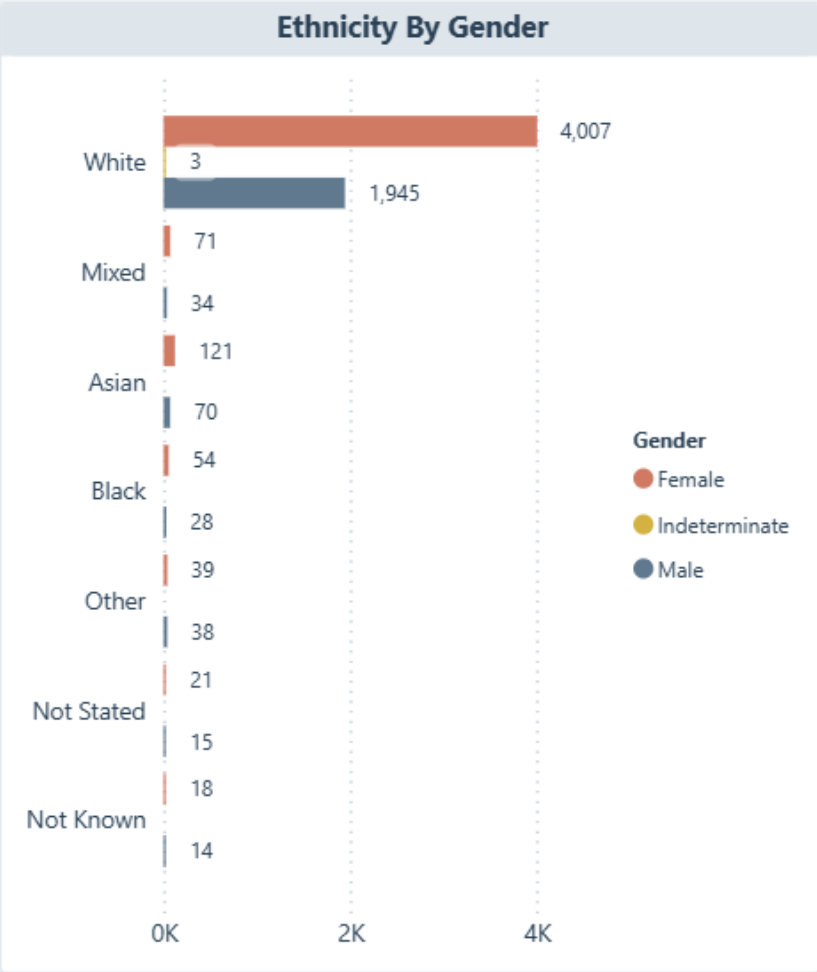
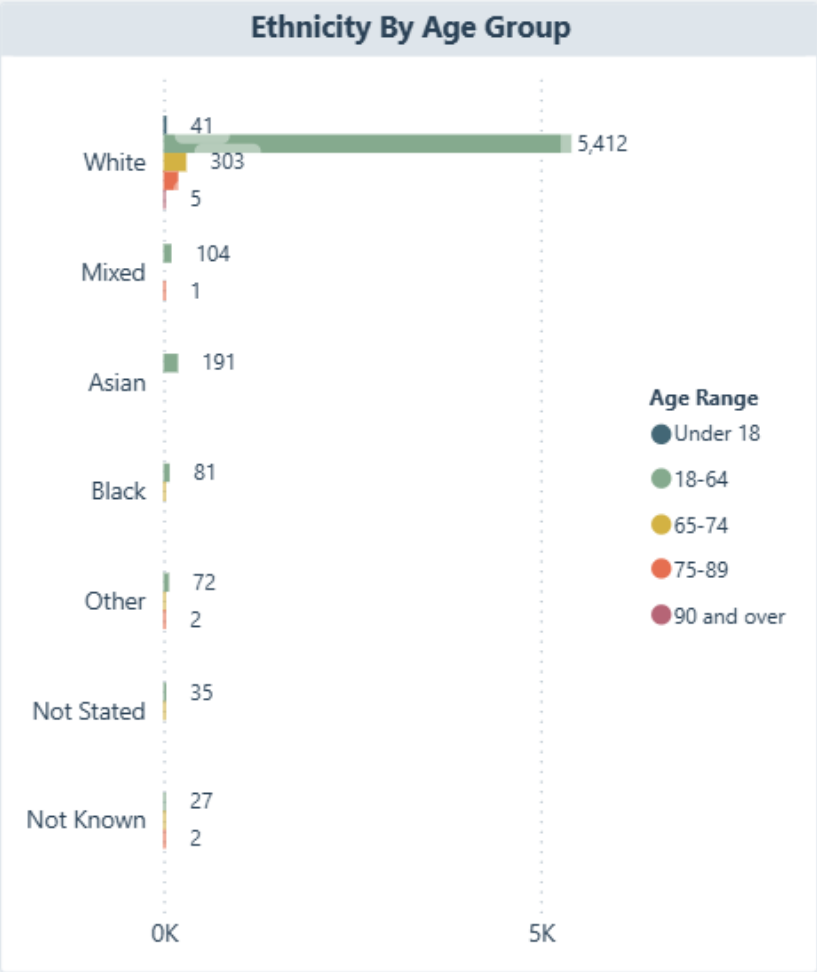
Gender By Ethnicity



Gender By Deprivation

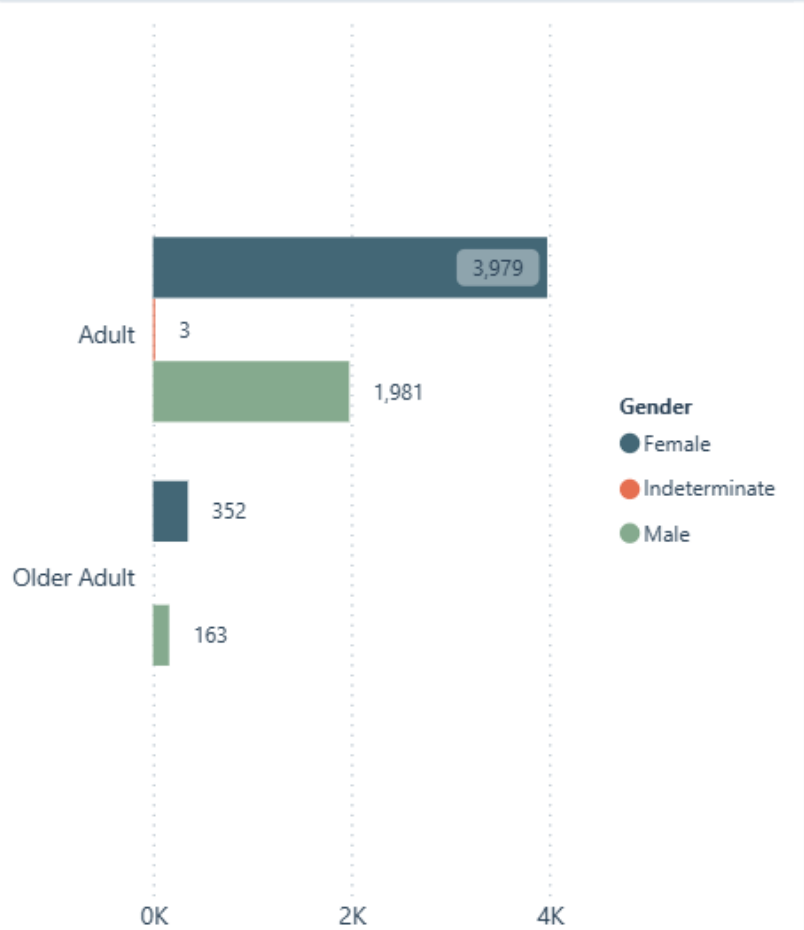


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03a (L)		People accessing Talking Therapies - Cumulative Annual	5,955	105	191	82	77	36	32
			91.93%	1.62%	2.95%	1.27%	1.19%	0.56%	0.49%

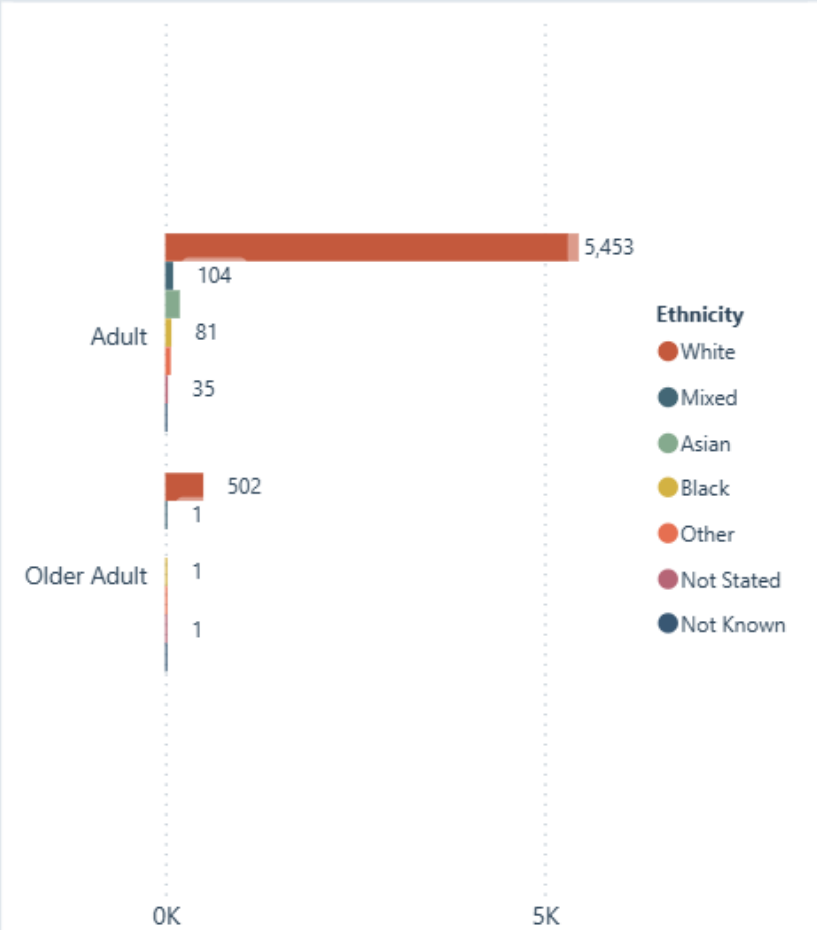


Indicator	Alt Ref	Metric	Adult	Older Adult
OP03a (L)		People accessing Talking Therapies - Cumulative Annual	5,963	515
			92.05%	7.95%

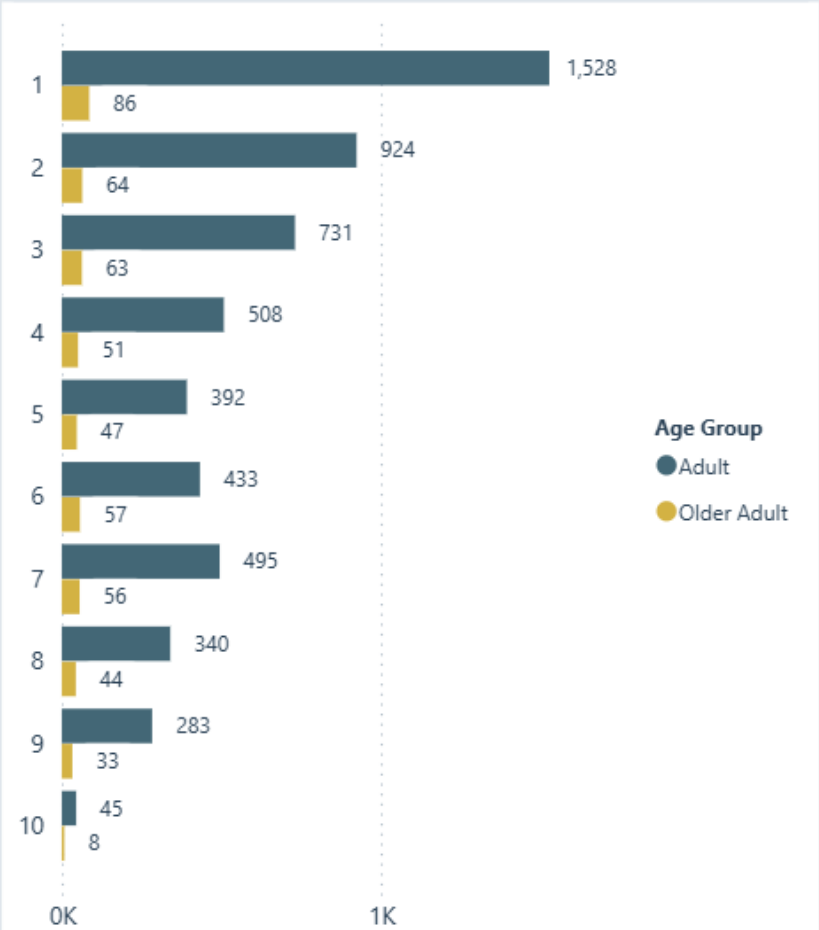
Age Group by Gender



Age Group By Ethnicity

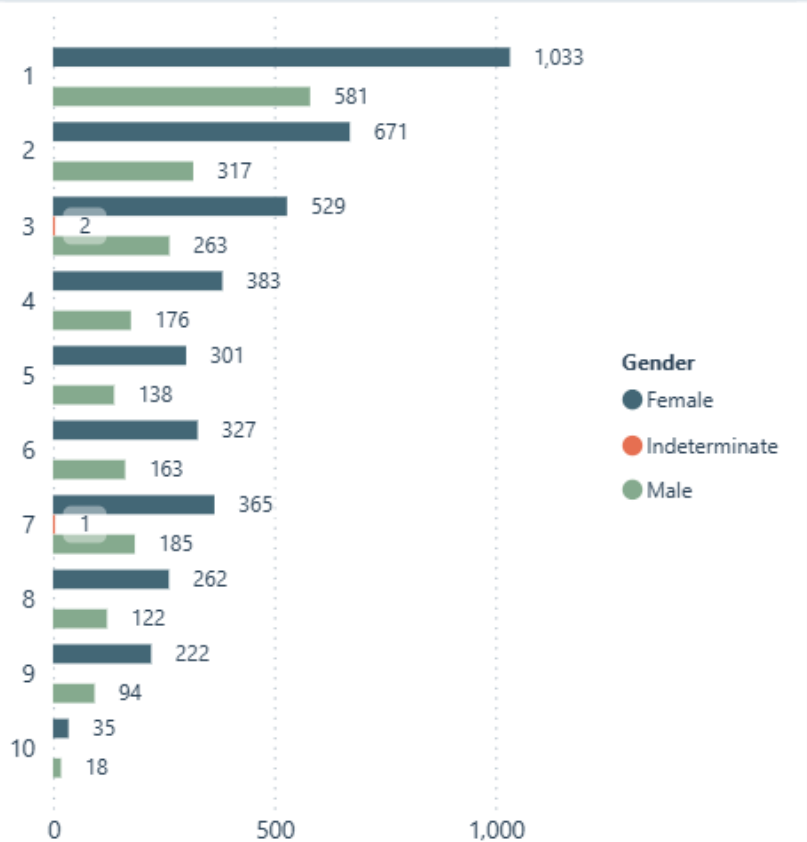


Age Group By Deprivation

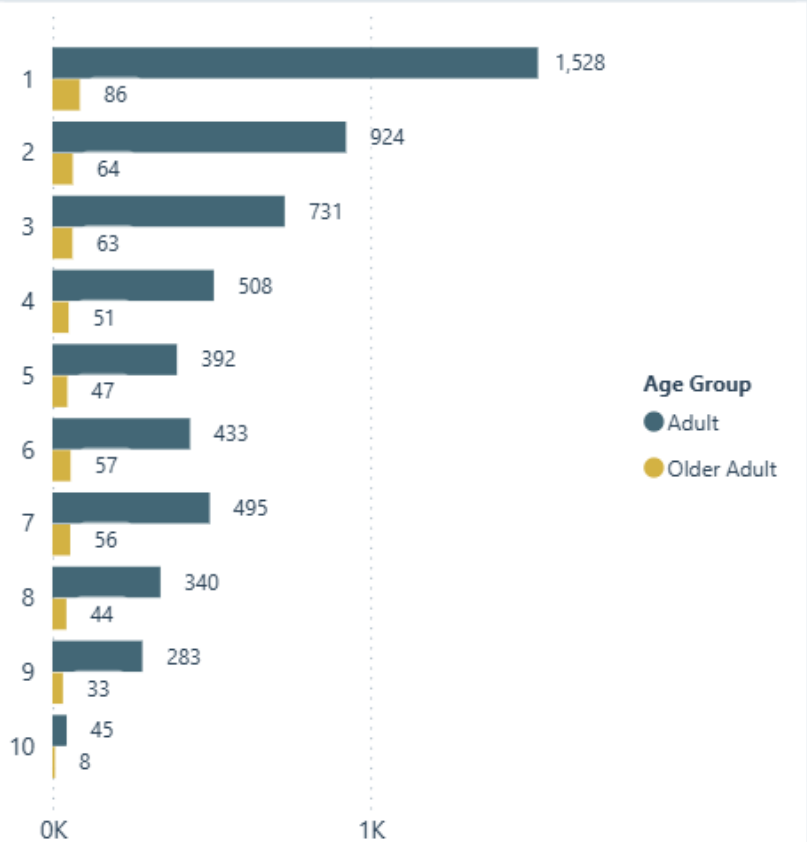


Indicator	Alt Ref	Metric									
OP03a (L)		People accessing Talking Therapies - Cumulative Annual									
	Not Recorded	1	2	3	4	5	6	7	8	9	10
	290	1,614	988	794	559	439	490	551	384	316	53
	4.48%	24.92%	15.25%	12.26%	8.63%	6.78%	7.56%	8.51%	5.93%	4.88%	0.82%

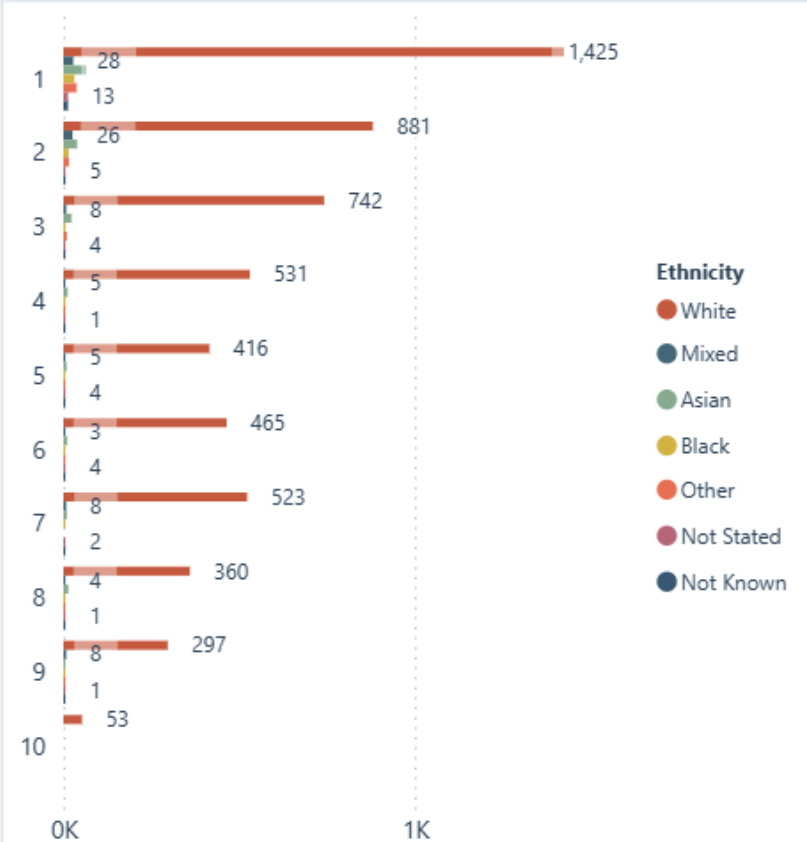
Deprivation By Gender



Deprivation by Age Group

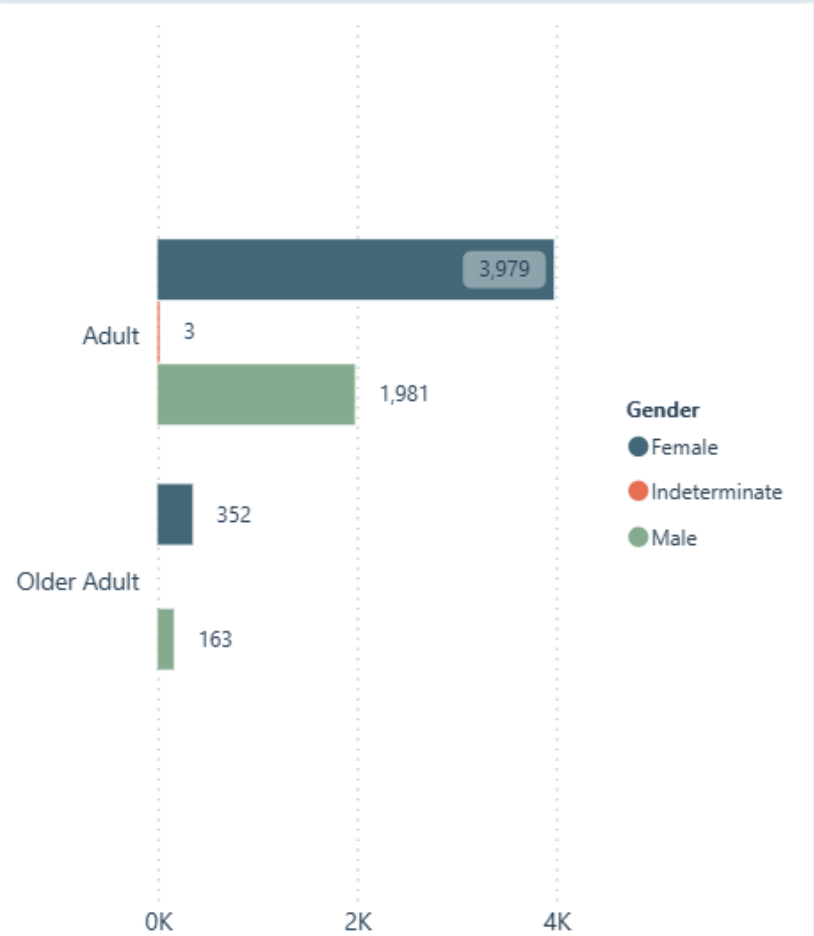


Deprivation By Ethnicity

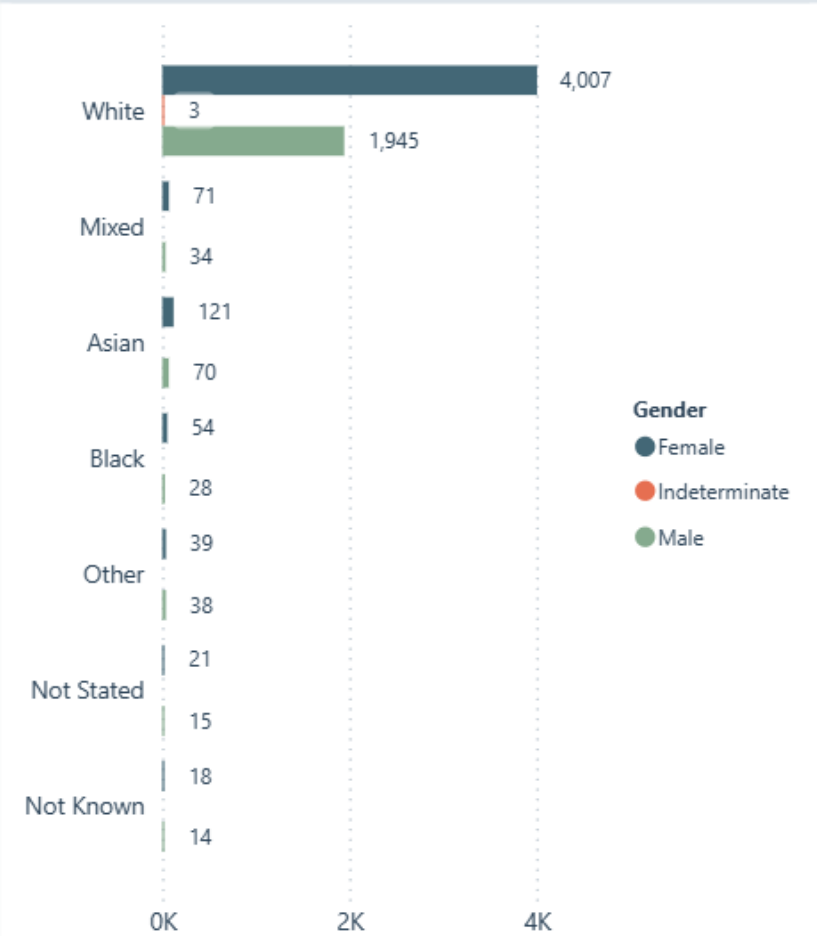


Indicator	Alt Ref	Metric	Female	Indeterminate	Male
OP03b (L)		People accessing Talking Therapies - Cumulative Quarterly	4,331	3	2,144
			66.86%	0.05%	33.10%

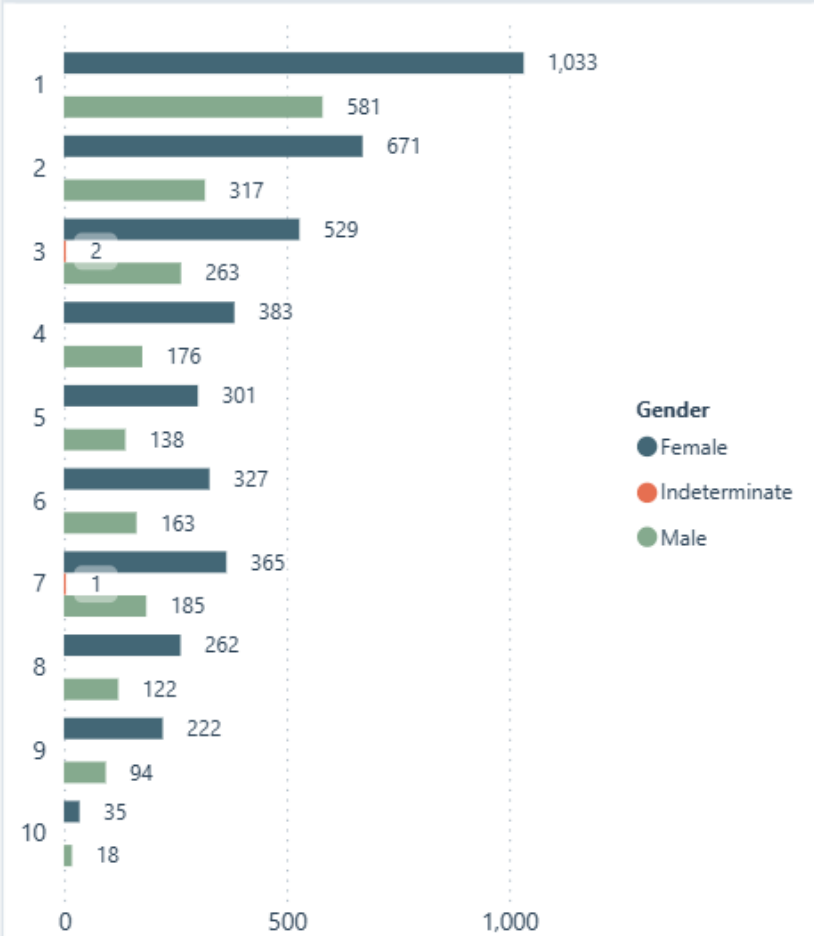
Gender By Age Group



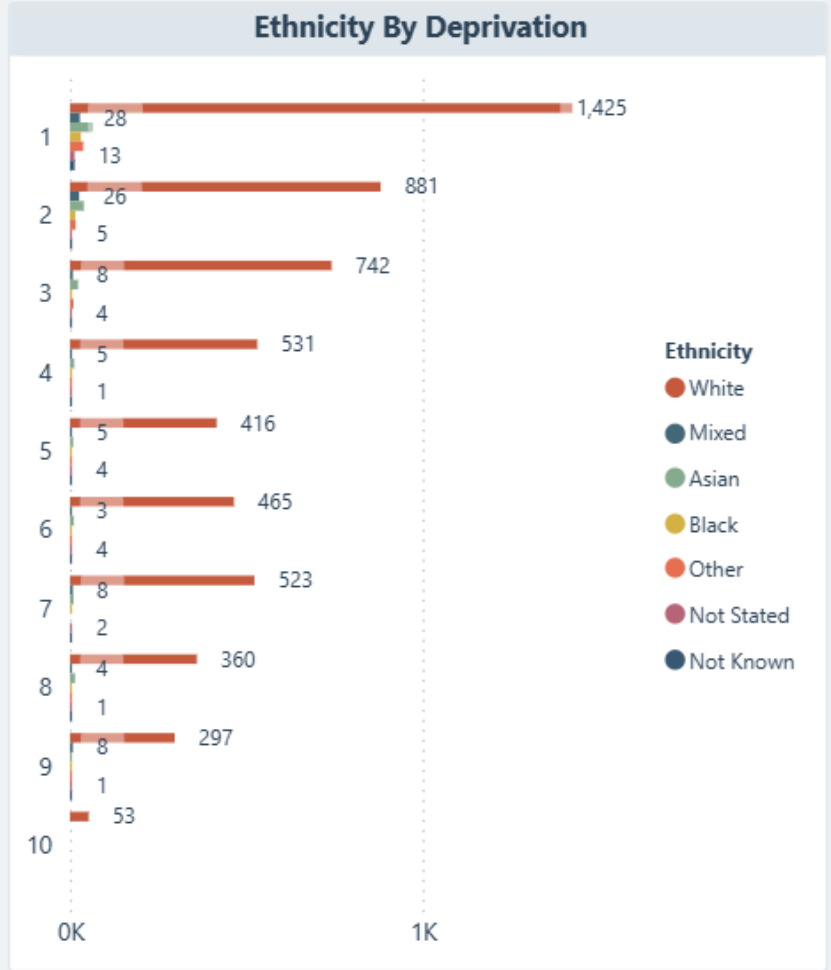
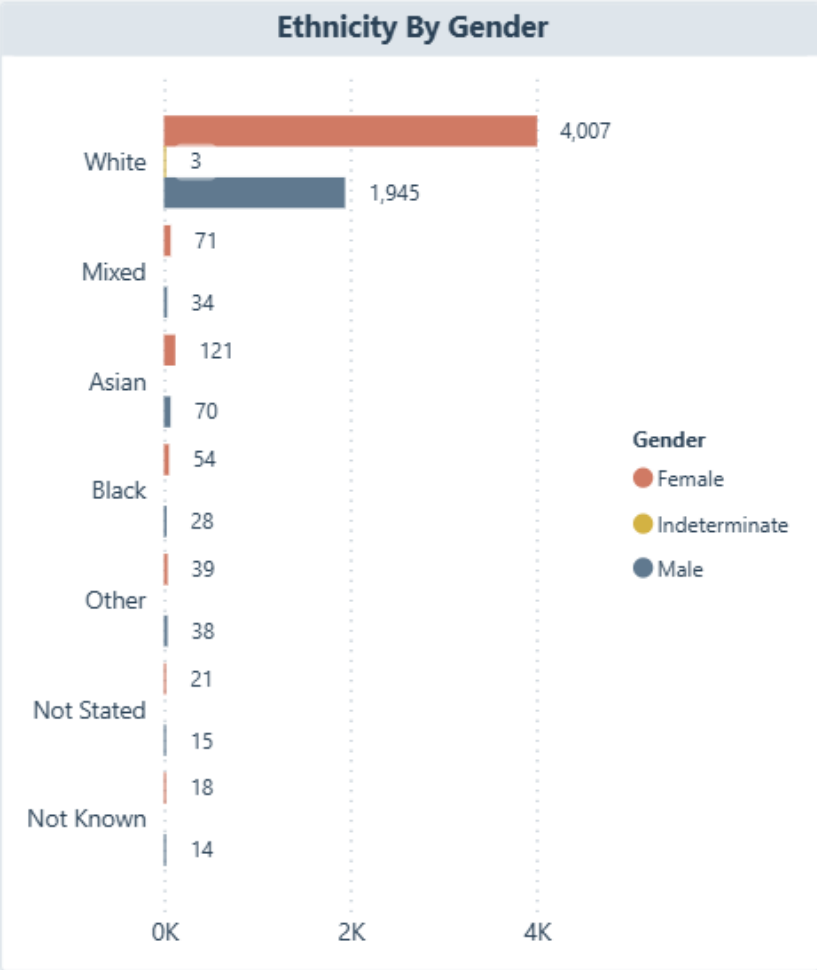
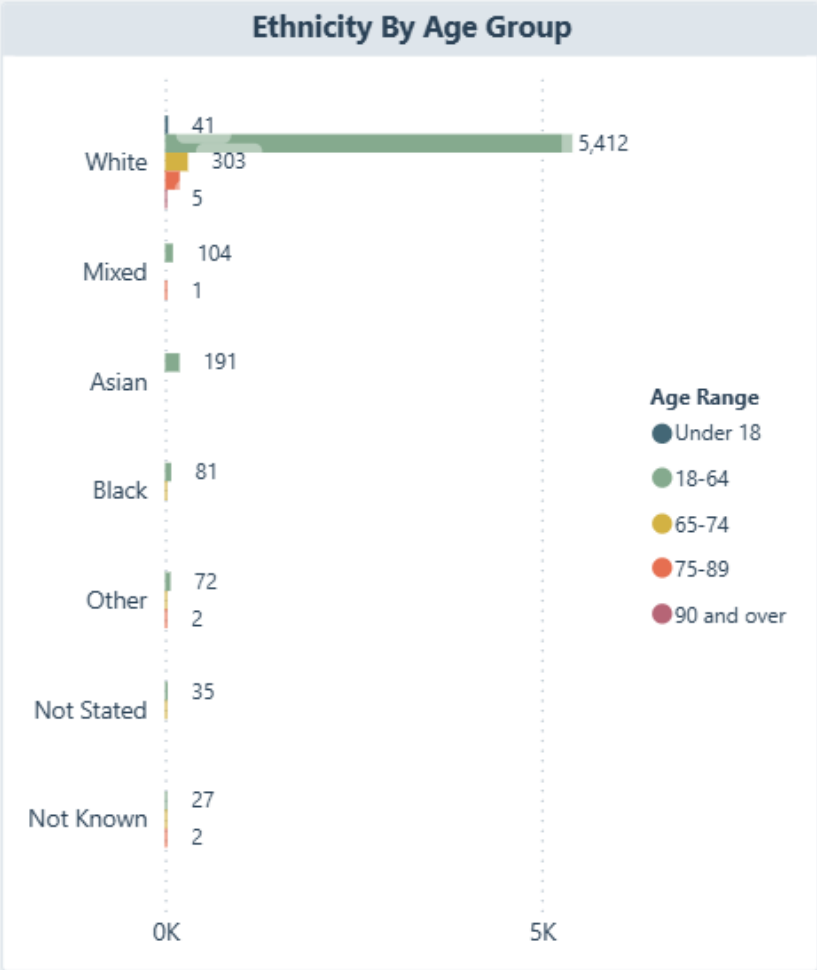
Gender By Ethnicity



Gender By Deprivation

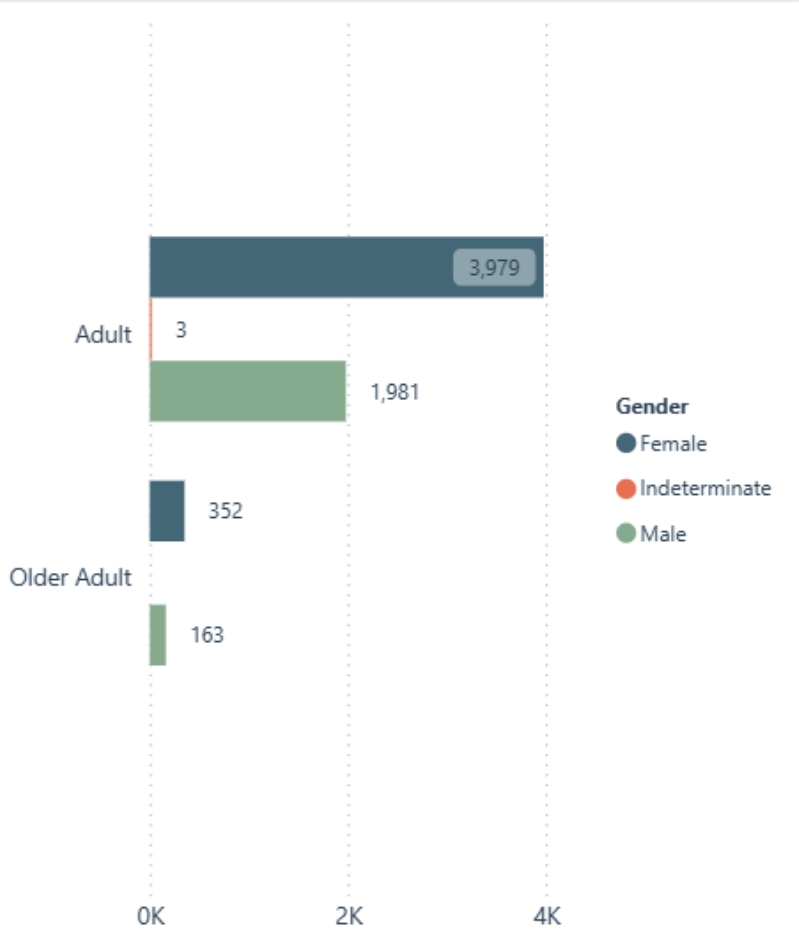


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03b (L)		People accessing Talking Therapies - Cumulative Quarterly	5,955	105	191	82	77	36	32
			91.93%	1.62%	2.95%	1.27%	1.19%	0.56%	0.49%

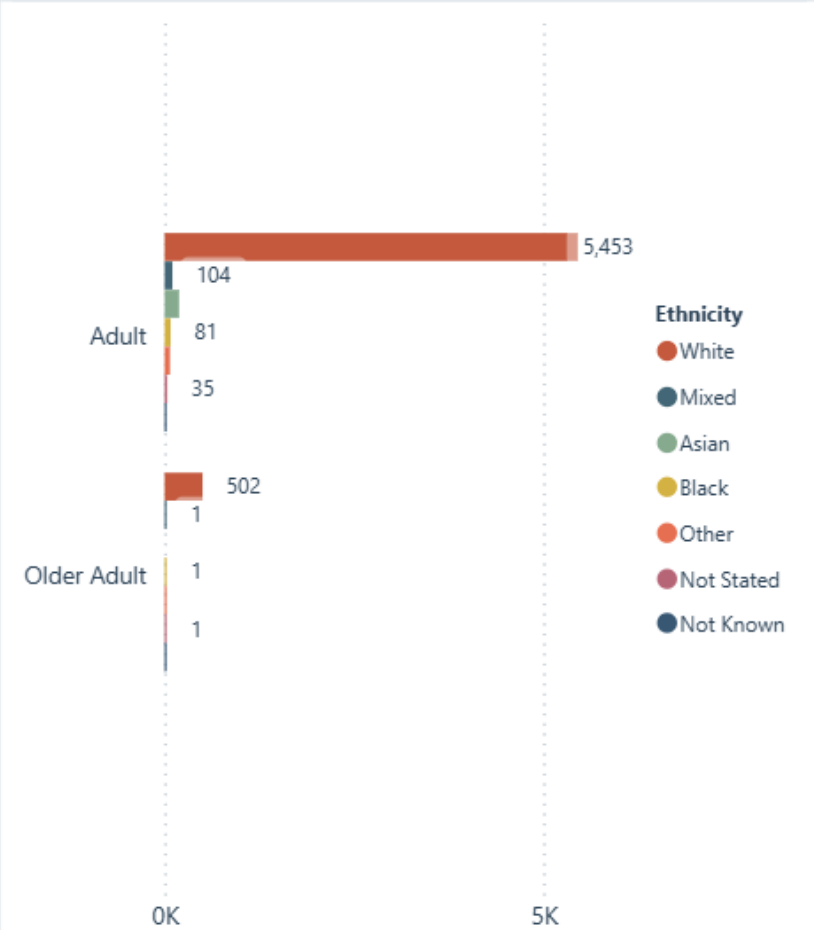


Indicator	Alt Ref	Metric	Adult	Older Adult
OP03b (L)		People accessing Talking Therapies - Cumulative Quarterly	5,963	515
			92.05%	7.95%

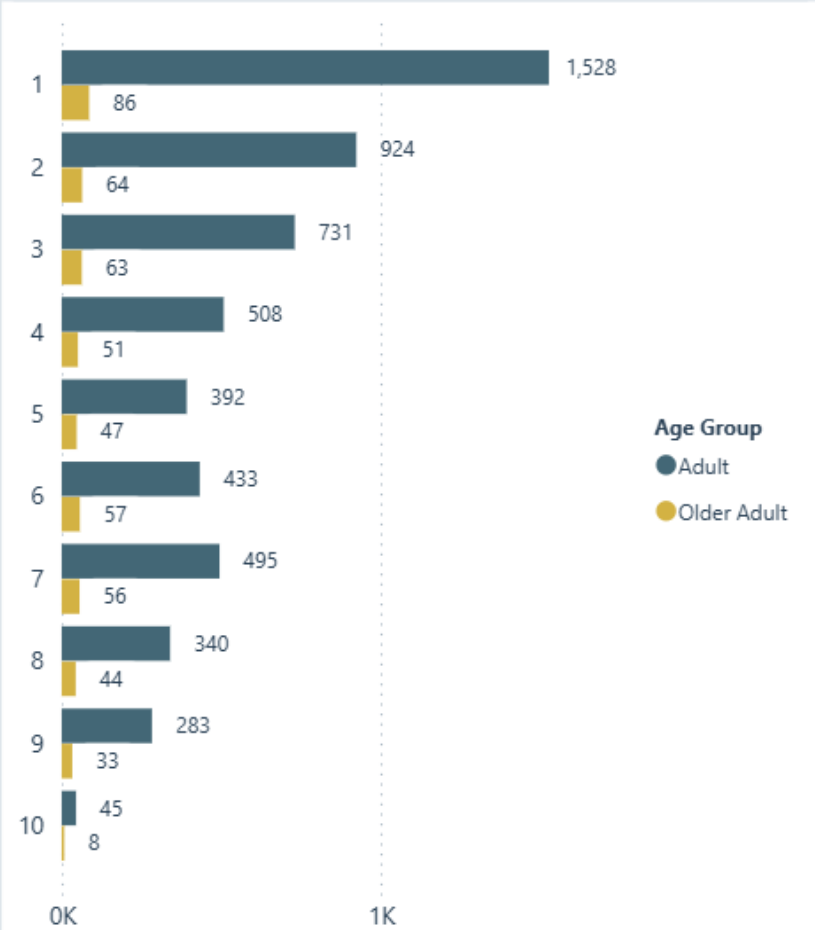
Age Group by Gender



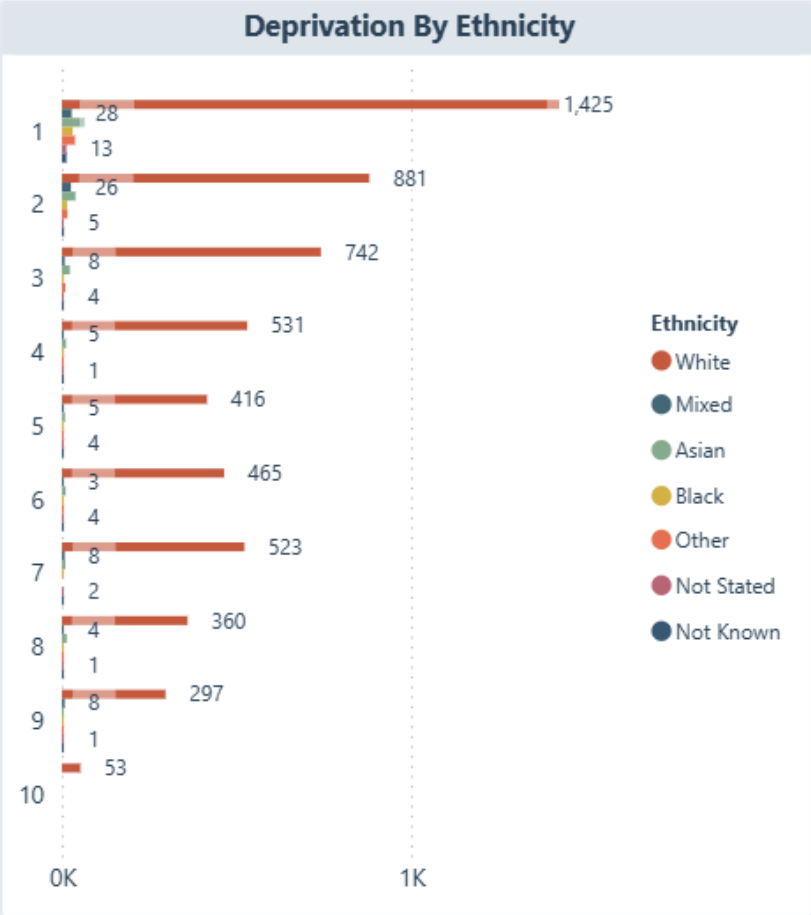
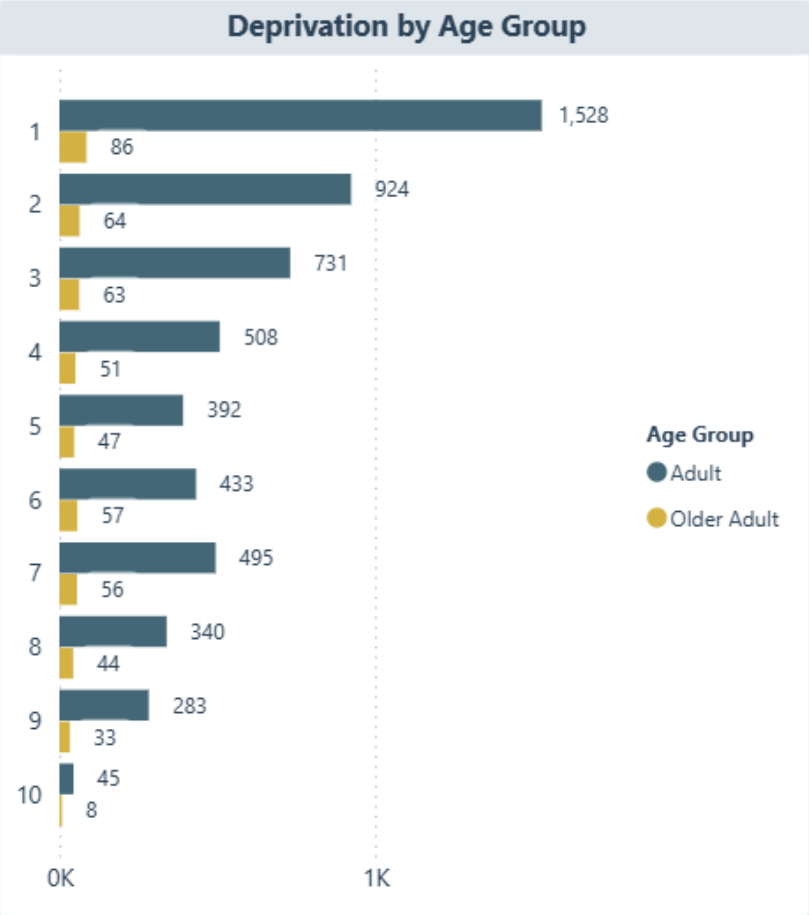
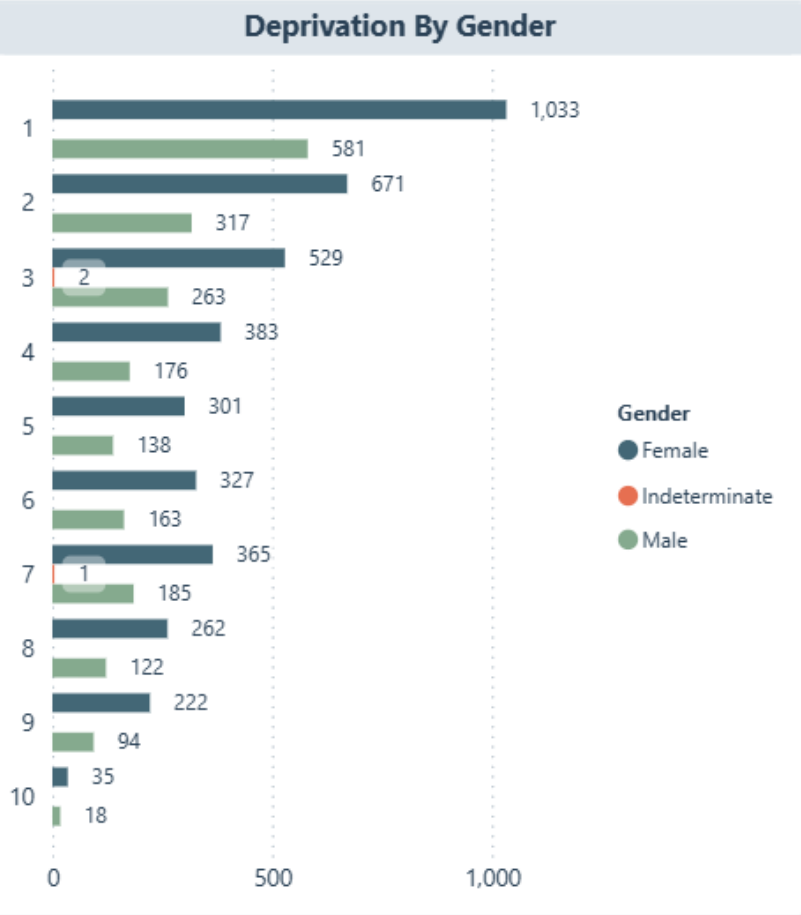
Age Group By Ethnicity



Age Group By Deprivation

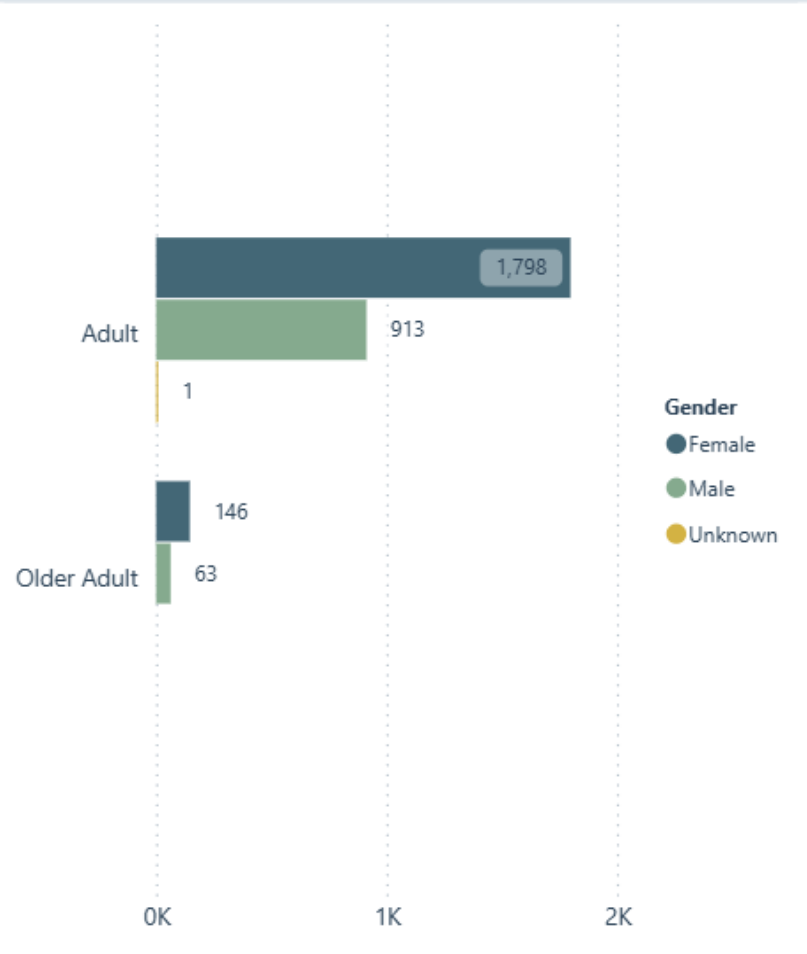


Indicator	Alt Ref	Metric									
OP03b (L)		People accessing Talking Therapies - Cumulative Quarterly									
Not Recorded		1	2	3	4	5	6	7	8	9	10
290		1,614	988	794	559	439	490	551	384	316	53
4.48%		24.92%	15.25%	12.26%	8.63%	6.78%	7.56%	8.51%	5.93%	4.88%	0.82%

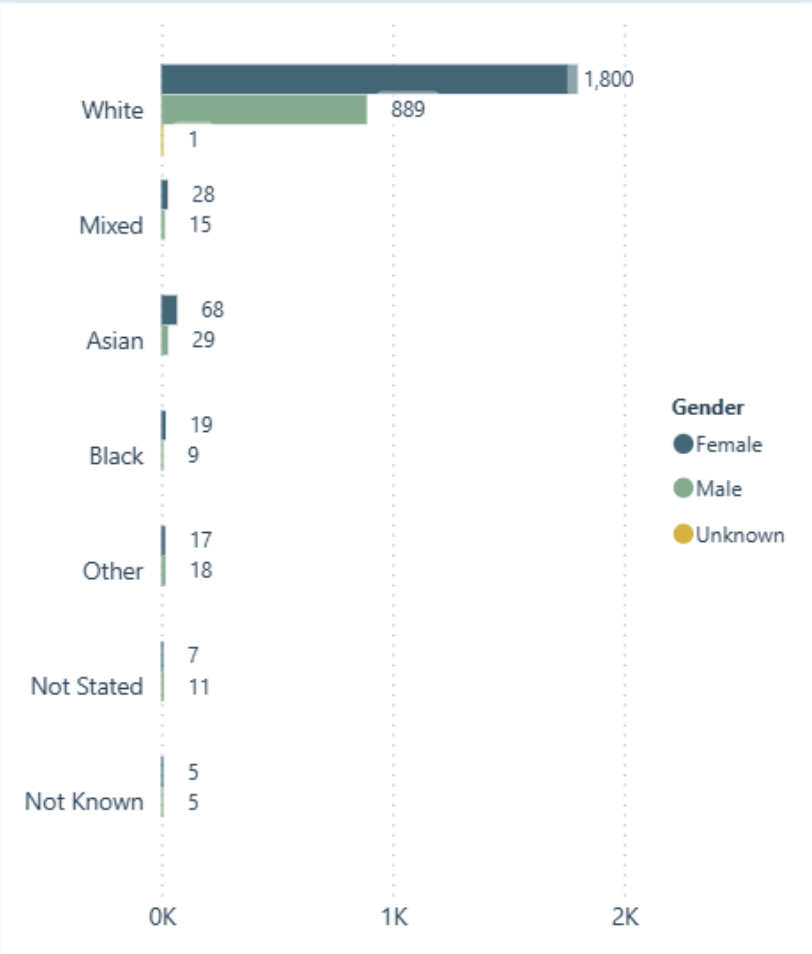


Indicator	Alt Ref	Metric	Female	Male	Unknown
OP03c (N)		Reliable recovery rate within Talking Therapies	1,944	976	1
			66.55%	33.41%	0.03%

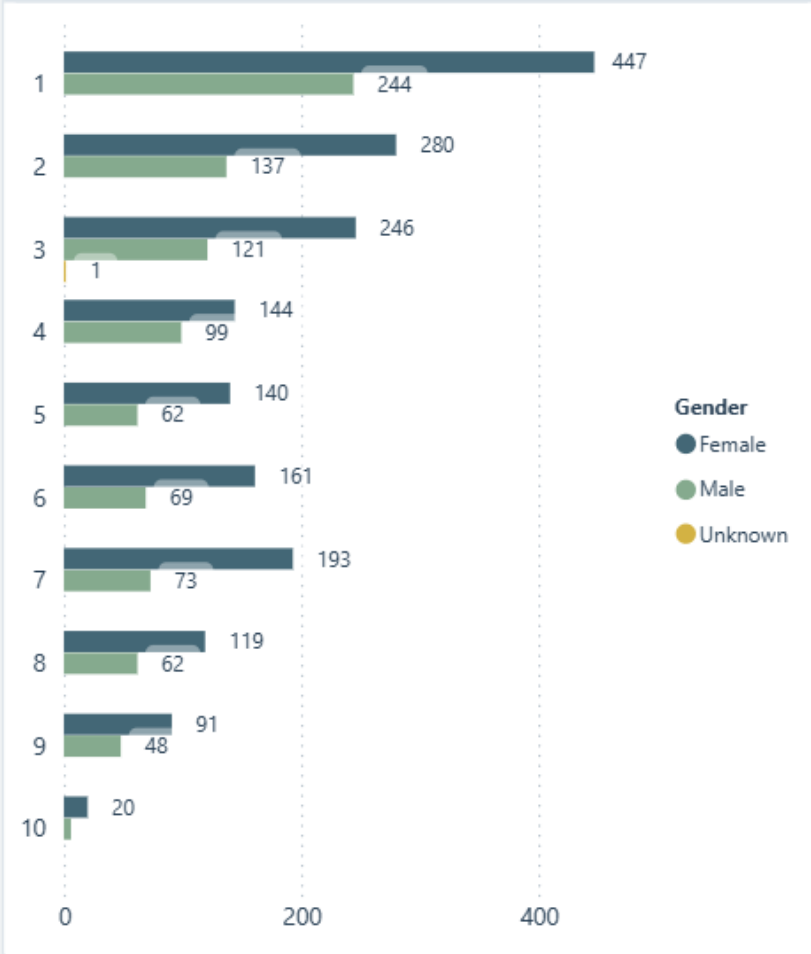
Gender By Age Group



Gender By Ethnicity

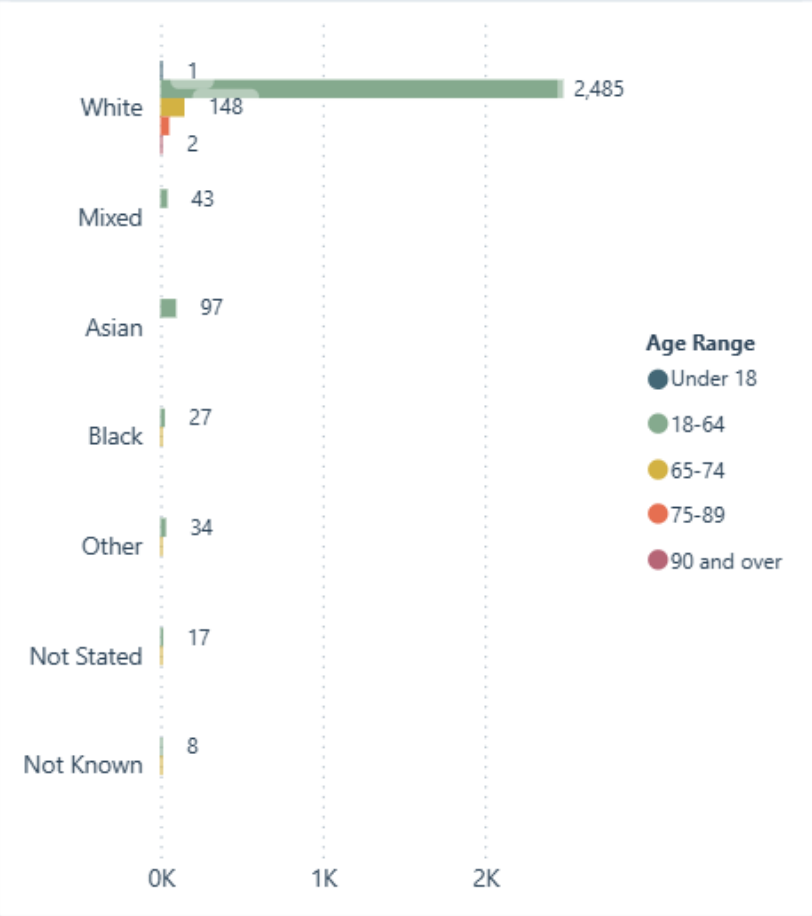


Gender By Deprivation

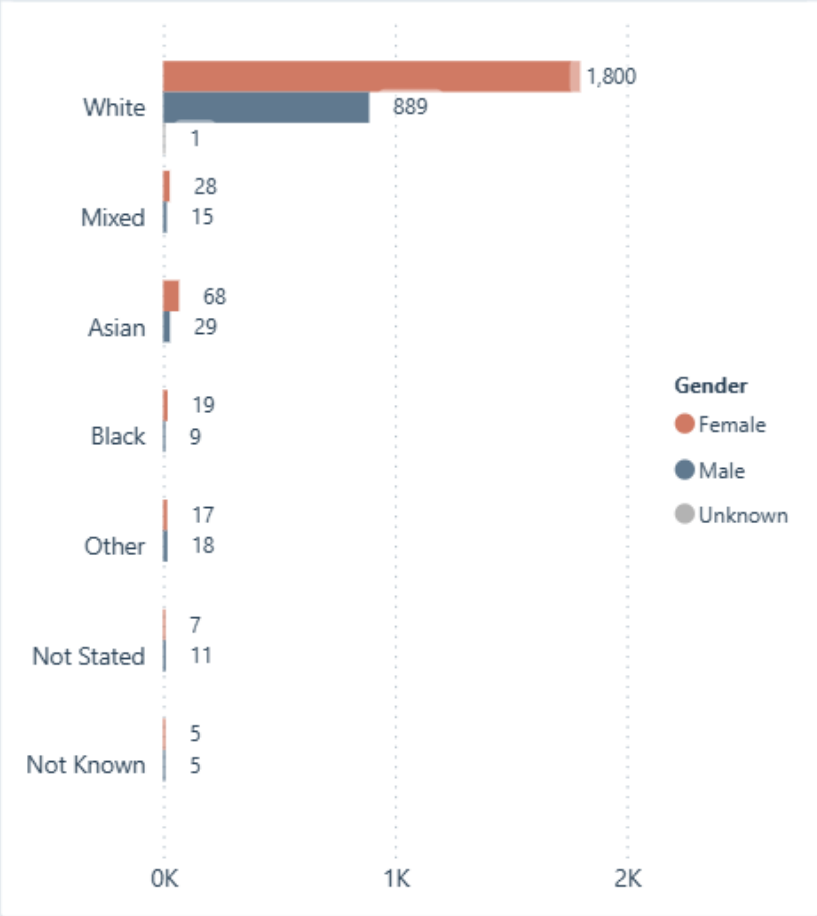


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03c (N)		Reliable recovery rate within Talking Therapies	2,690	43	97	28	35	18	10
			92.09%	1.47%	3.32%	0.96%	1.20%	0.62%	0.34%

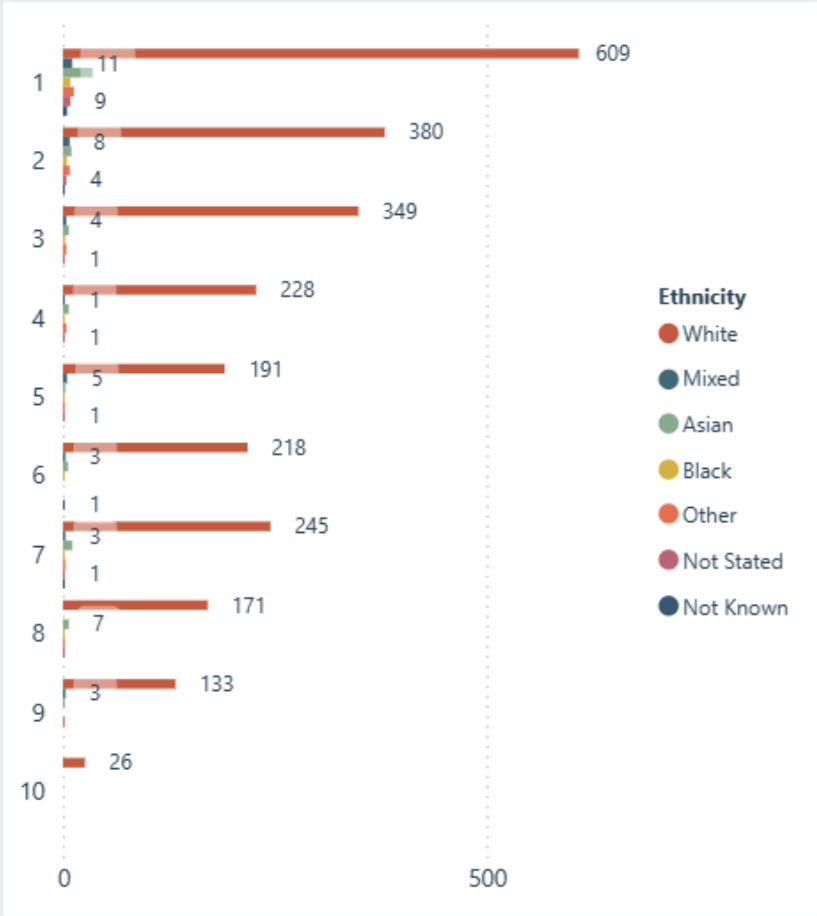
Ethnicity By Age Group



Ethnicity By Gender

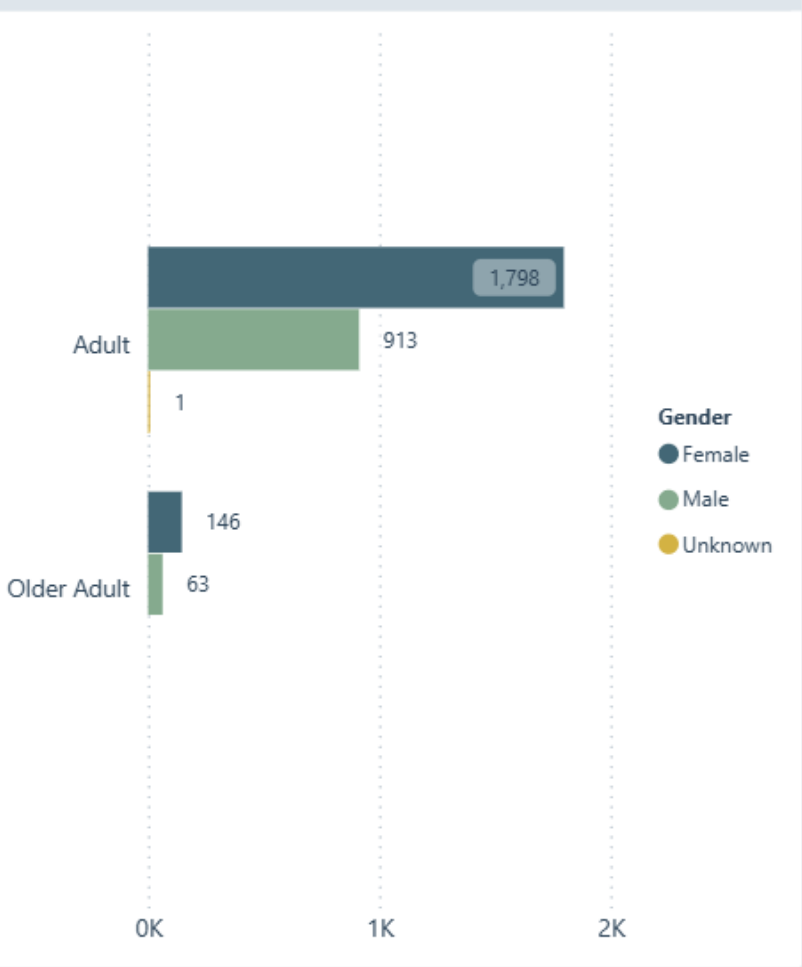


Ethnicity By Deprivation

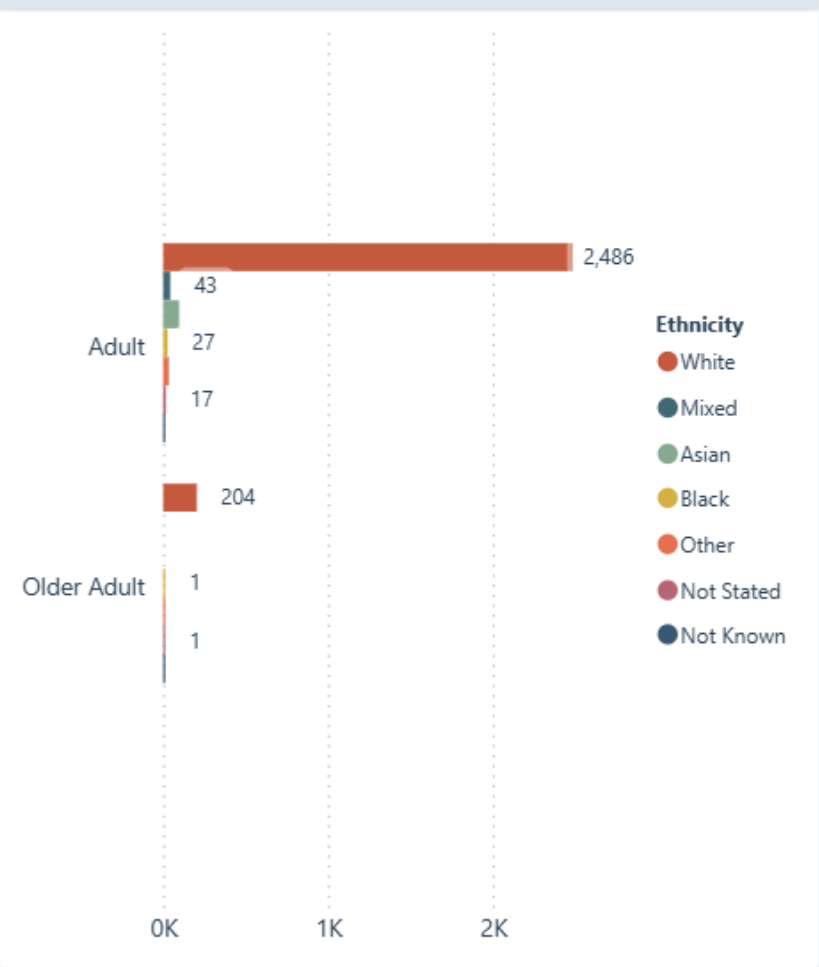


Indicator	Alt Ref	Metric	Adult	Older Adult
OP03c (N)		Reliable recovery rate within Talking Therapies	2,712	209
			92.84%	7.16%

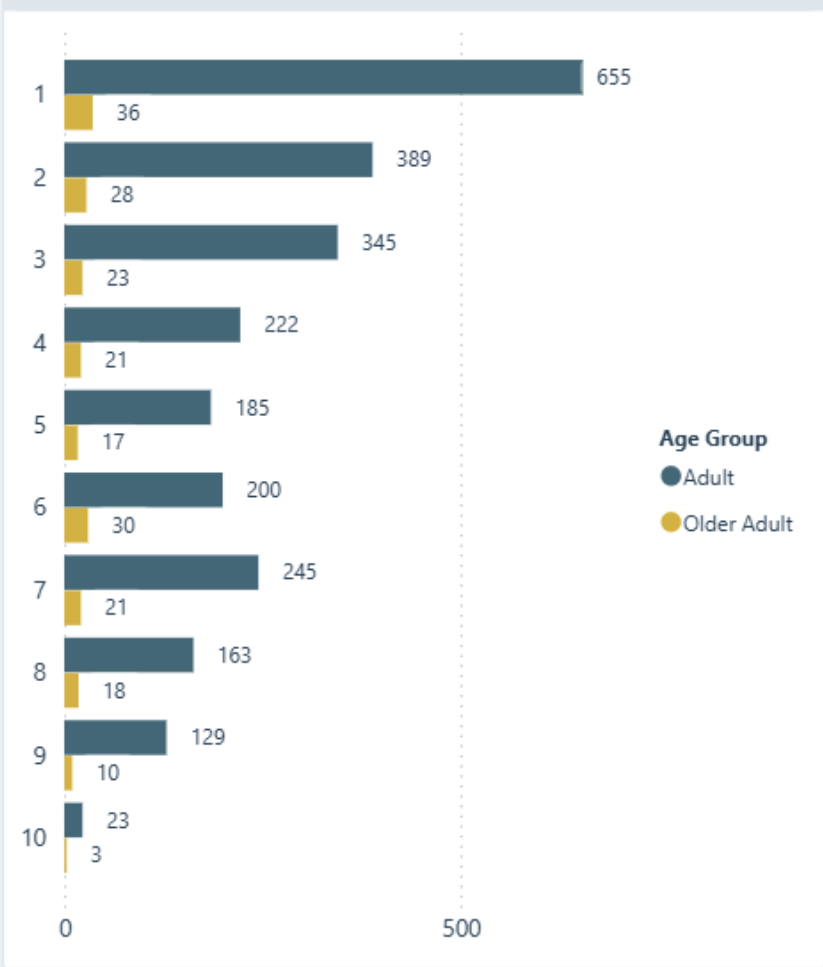
Age Group by Gender



Age Group By Ethnicity

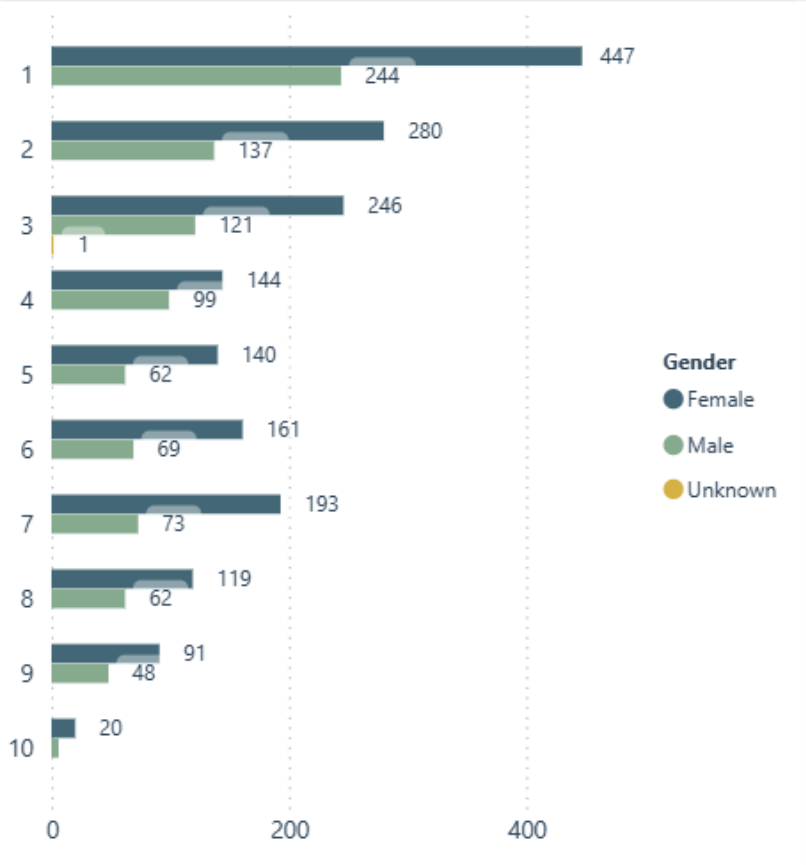


Age Group By Deprivation

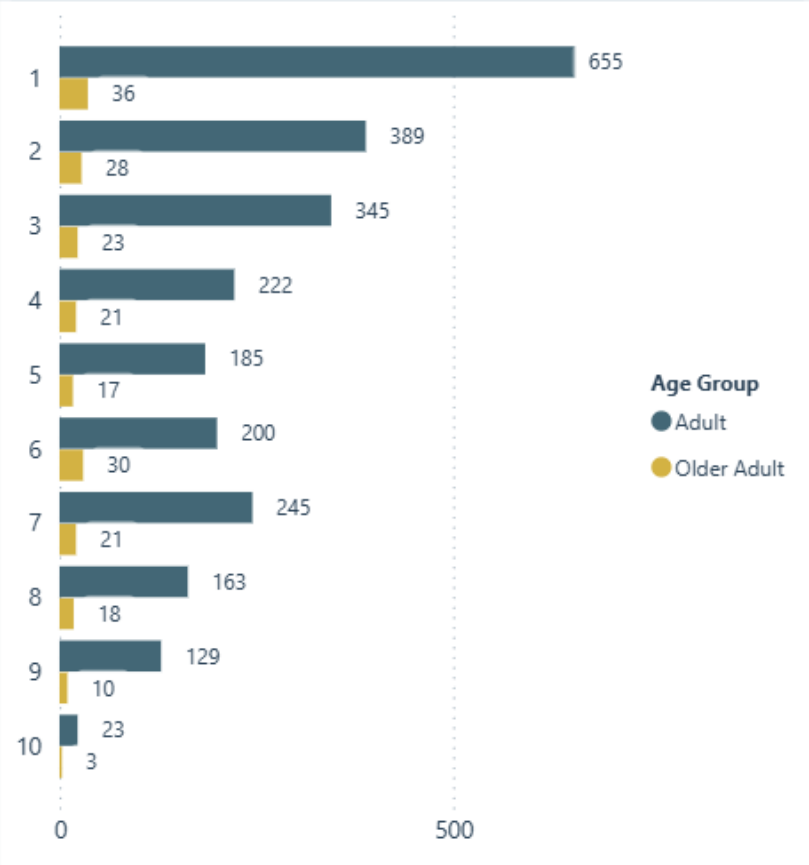


Indicator	Alt Ref	Metric									
OP03c (N)		Reliable recovery rate within Talking Therapies									
	Not Recorded	1	2	3	4	5	6	7	8	9	10
	158	691	417	368	243	202	230	266	181	139	26
	5.41%	23.66%	14.28%	12.60%	8.32%	6.92%	7.87%	9.11%	6.20%	4.76%	0.89%

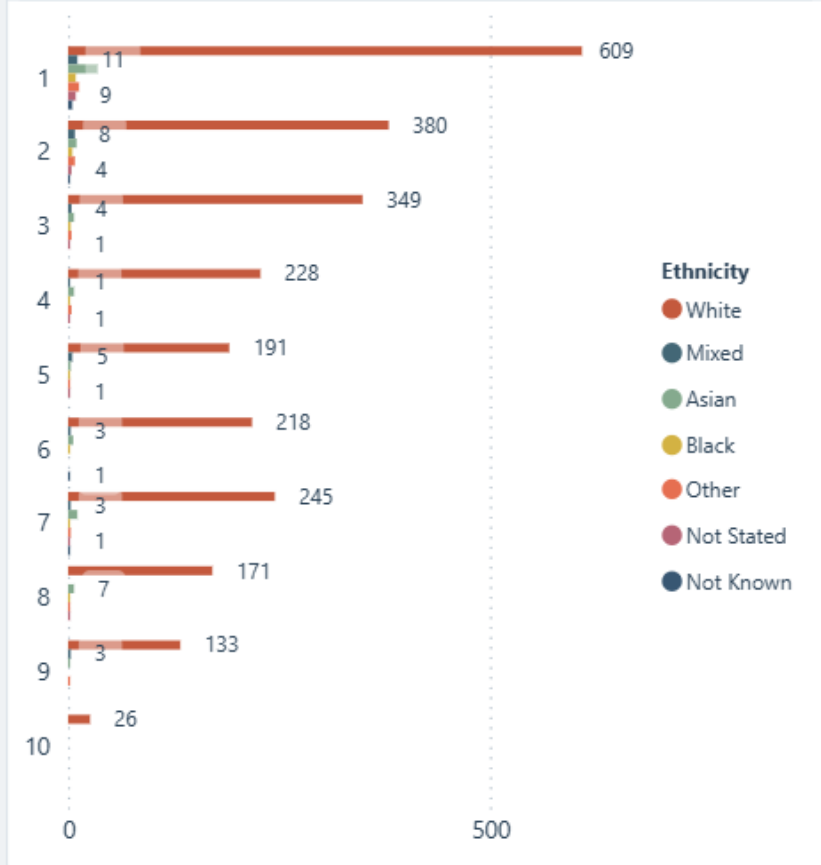
Deprivation By Gender



Deprivation by Age Group

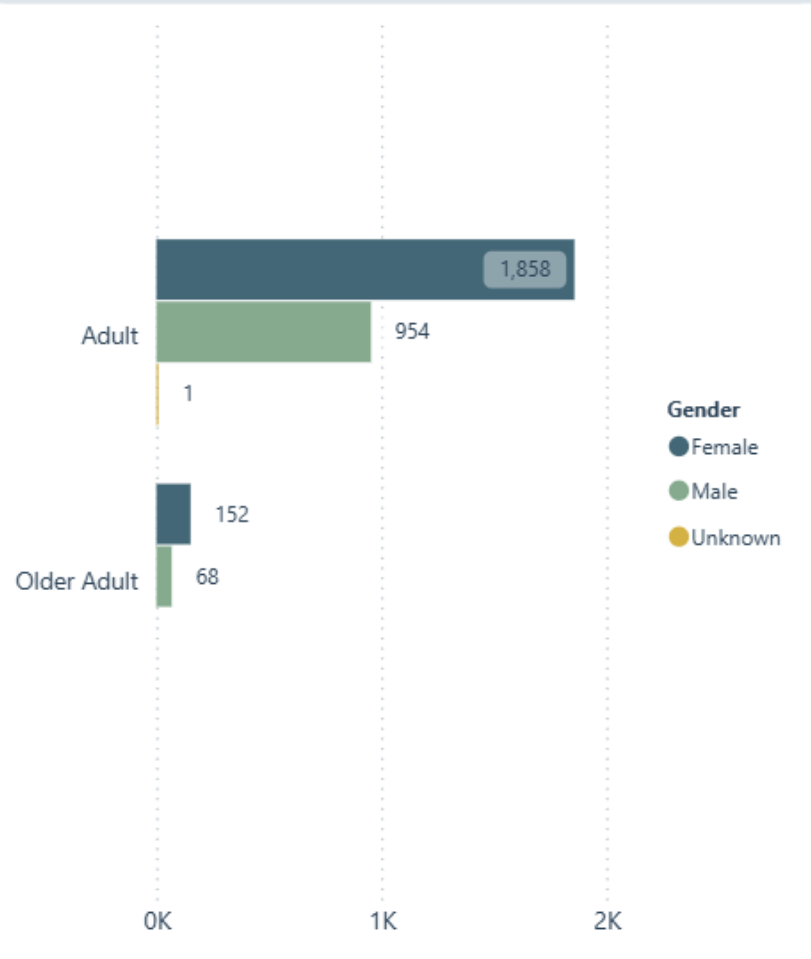


Deprivation By Ethnicity

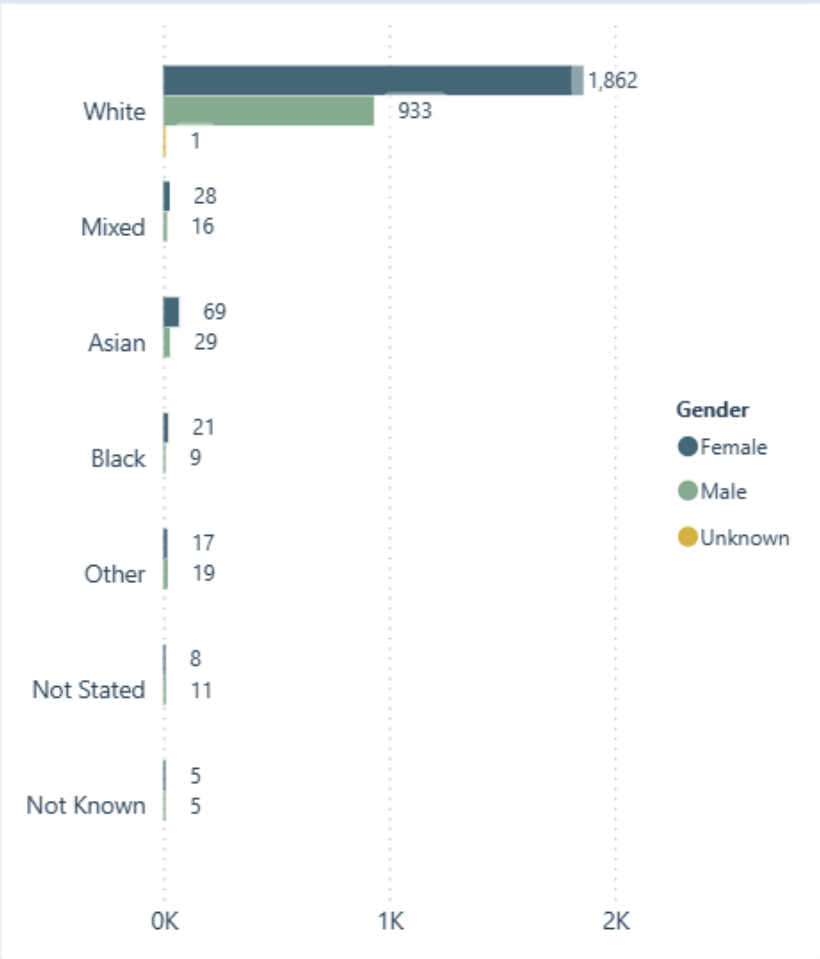


Indicator	Alt Ref	Metric	Female	Male	Unknown
OP03d (N)		Reliable Improvement rate within Talking Therapies	2,010	1,022	1
			66.27%	33.70%	0.03%

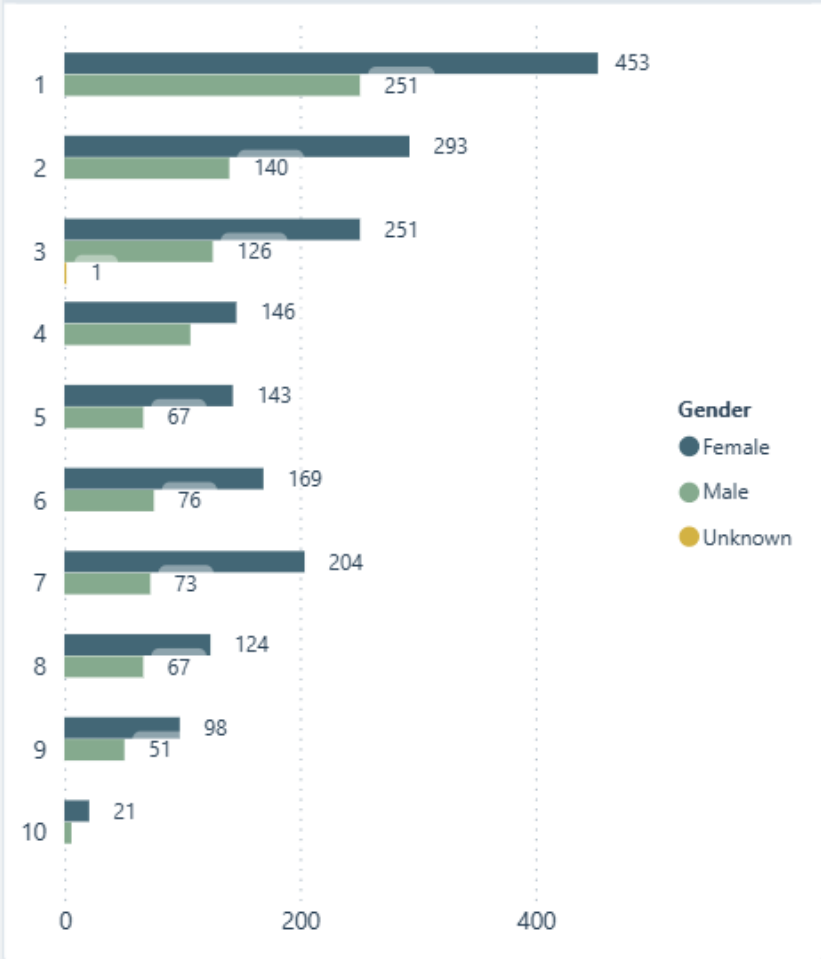
Gender By Age Group



Gender By Ethnicity

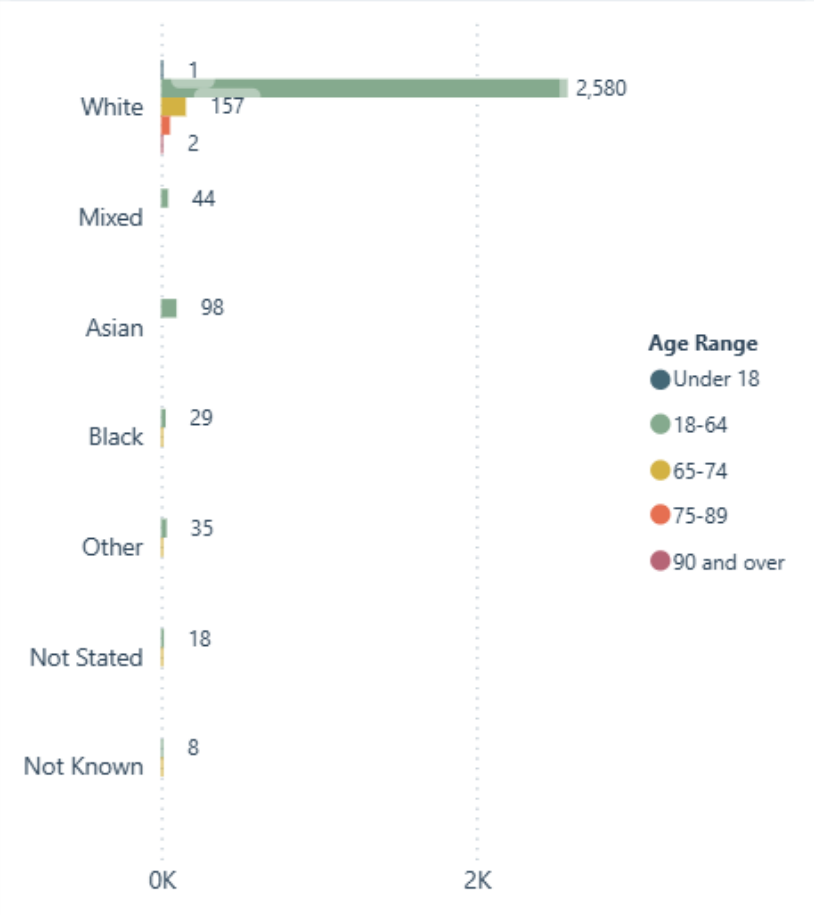


Gender By Deprivation

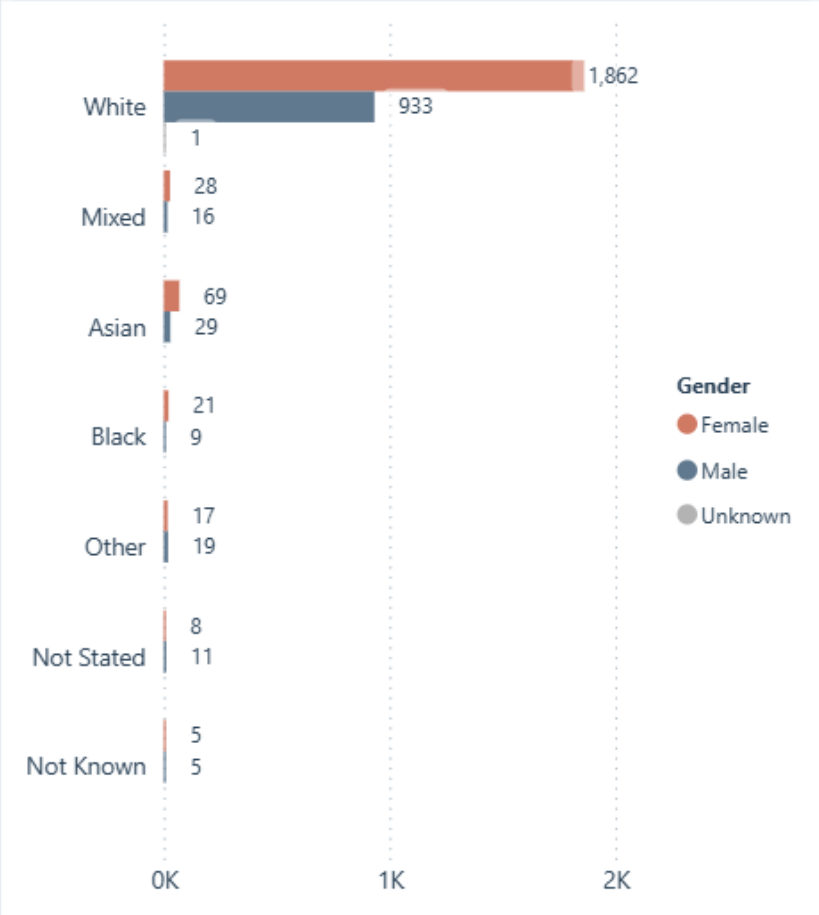


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP03d (N)		Reliable Improvement rate within Talking Therapies	2,796	44	98	30	36	19	10
			92.19%	1.45%	3.23%	0.99%	1.19%	0.63%	0.33%

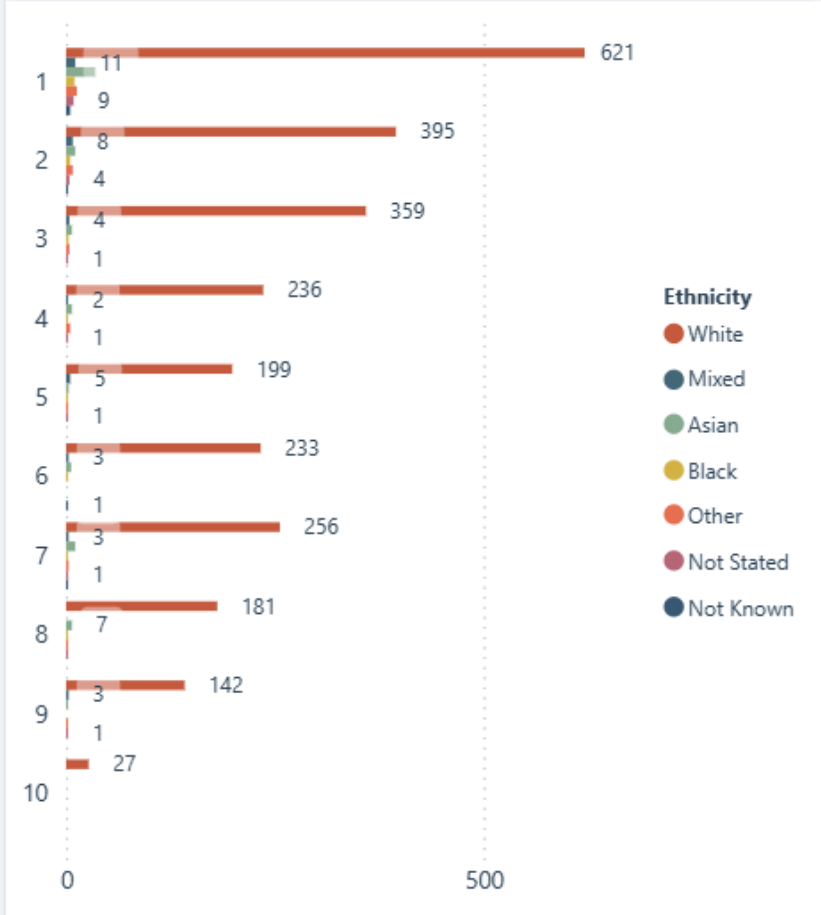
Ethnicity By Age Group



Ethnicity By Gender

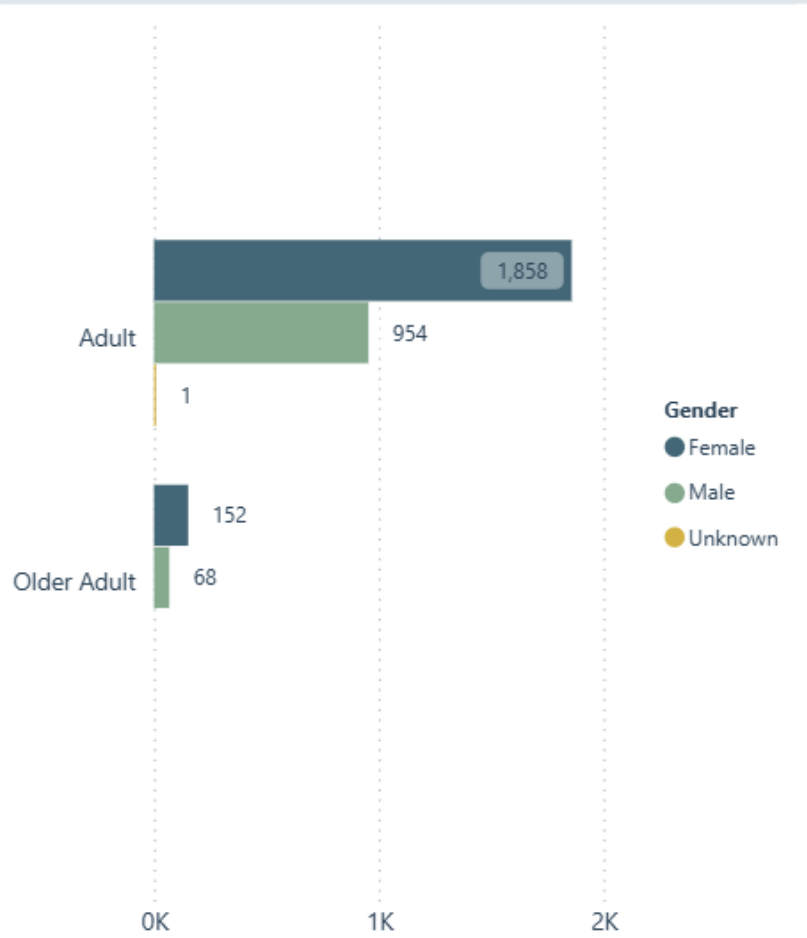


Ethnicity By Deprivation

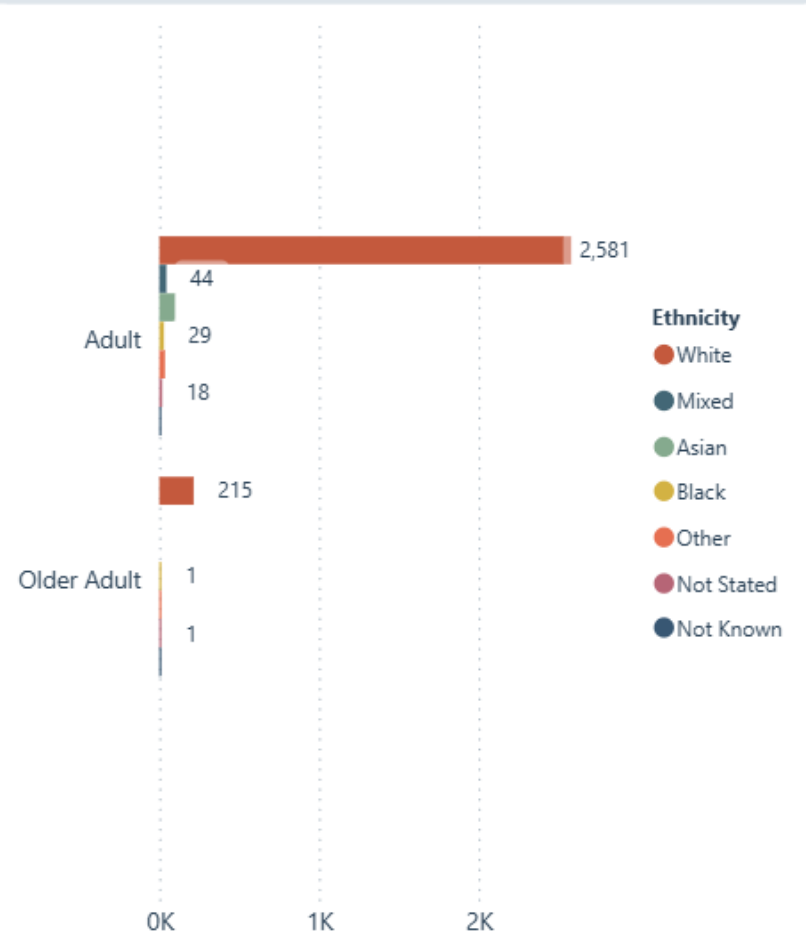


Indicator	Alt Ref	Metric	Adult	Older Adult
OP03d (N)		Reliable Improvement rate within Talking Therapies	2,813	220
			92.75%	7.25%

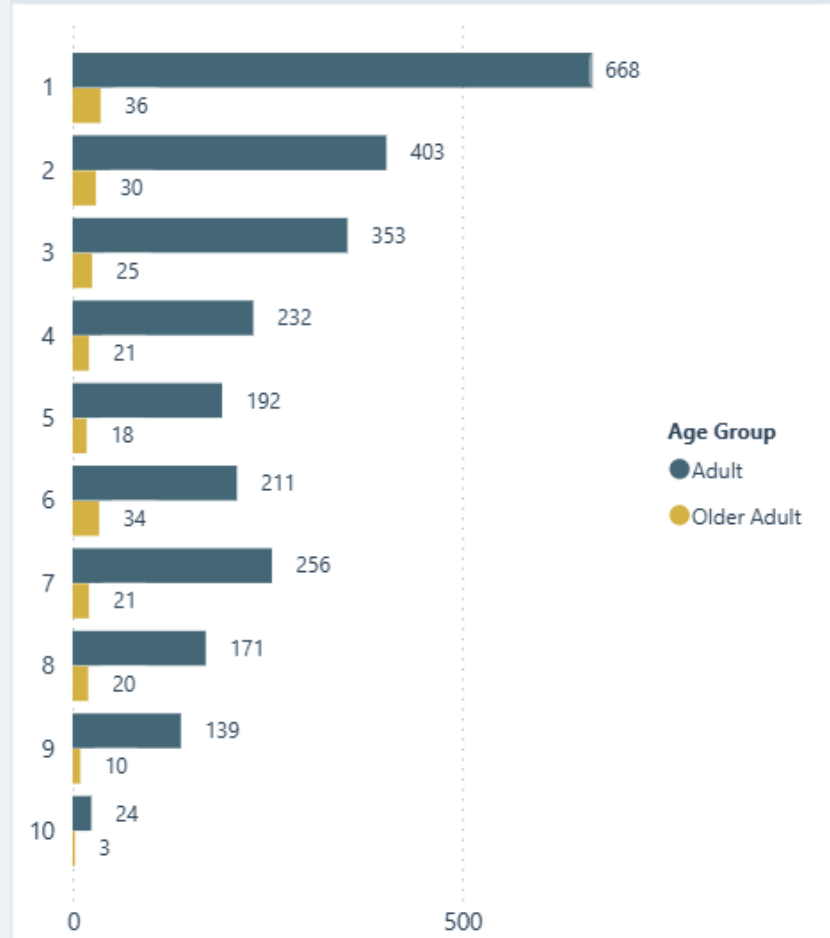
Age Group by Gender



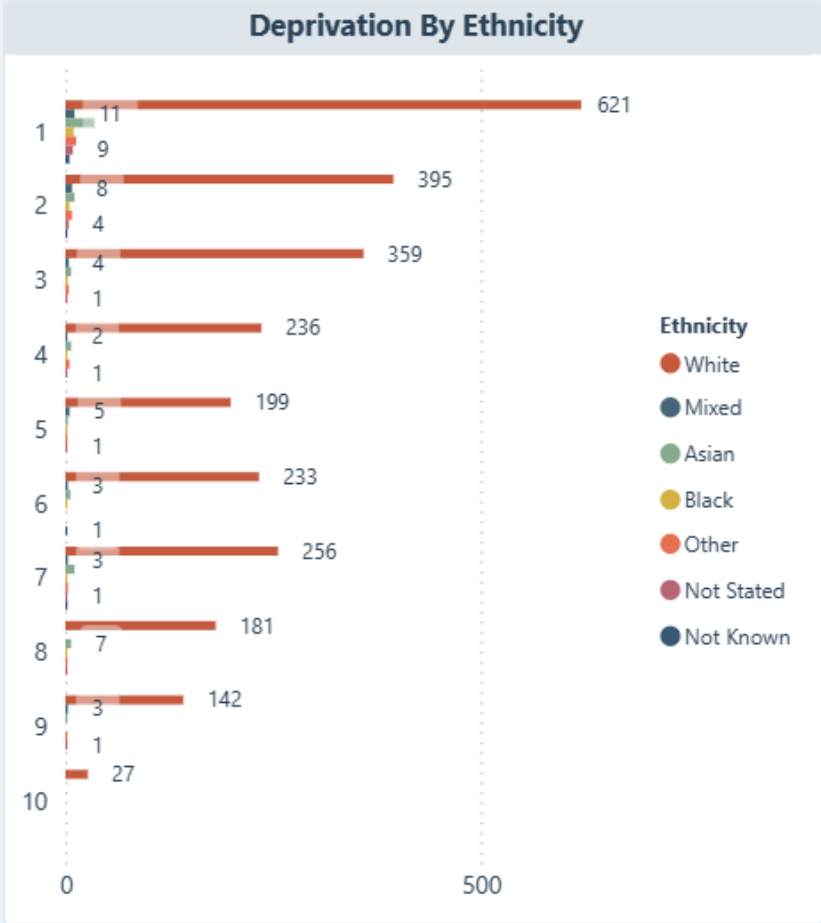
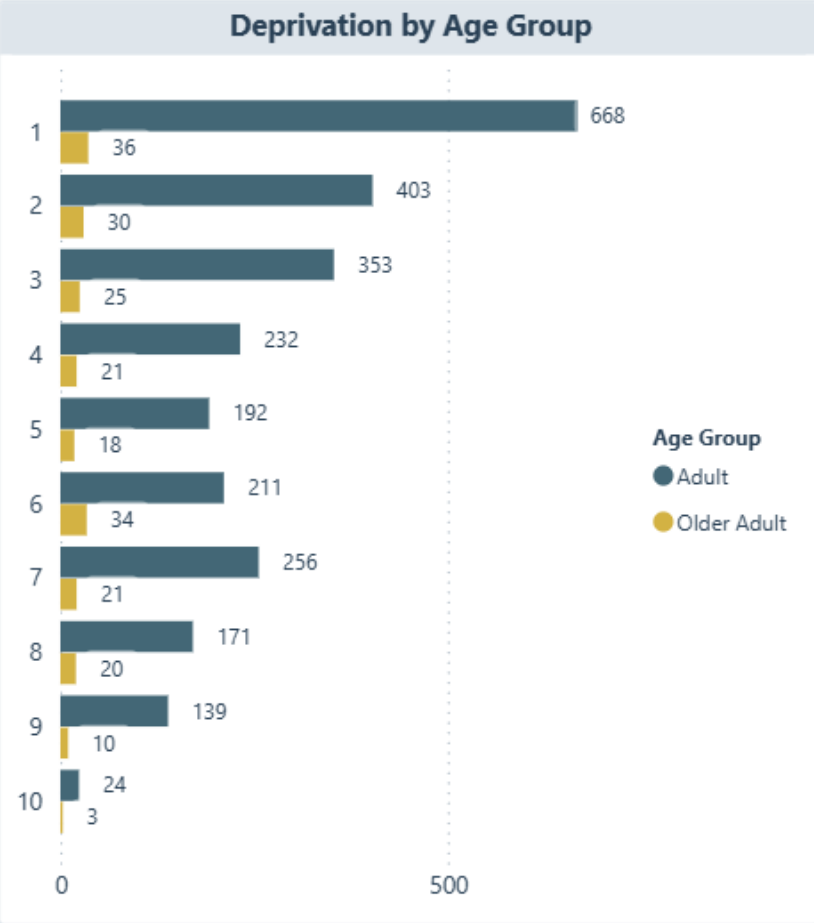
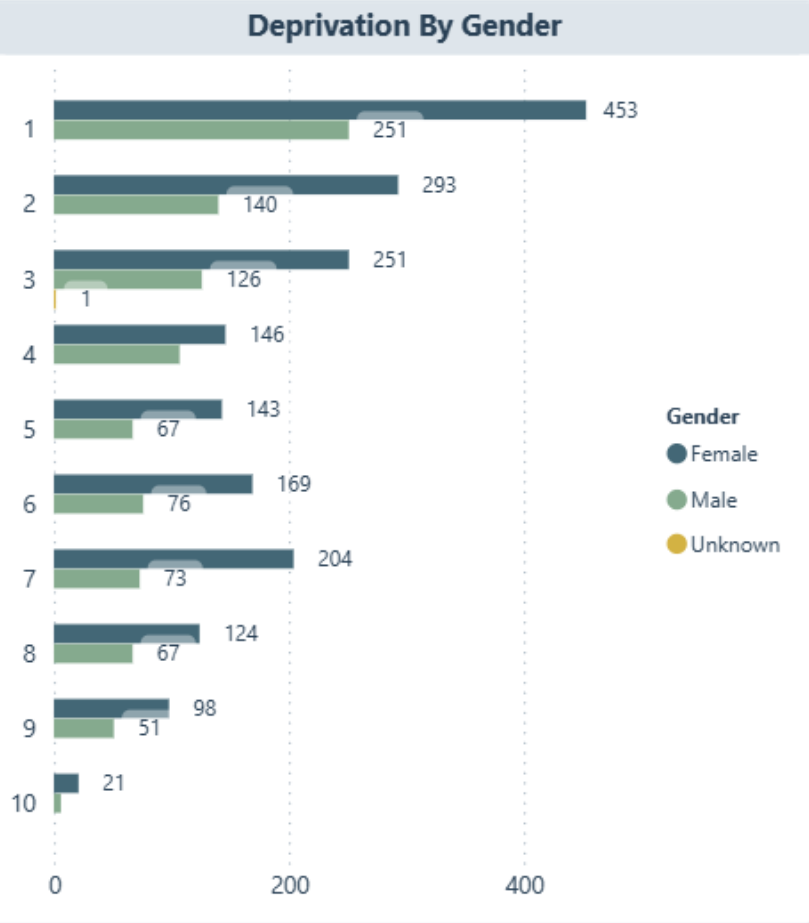
Age Group By Ethnicity



Age Group By Deprivation

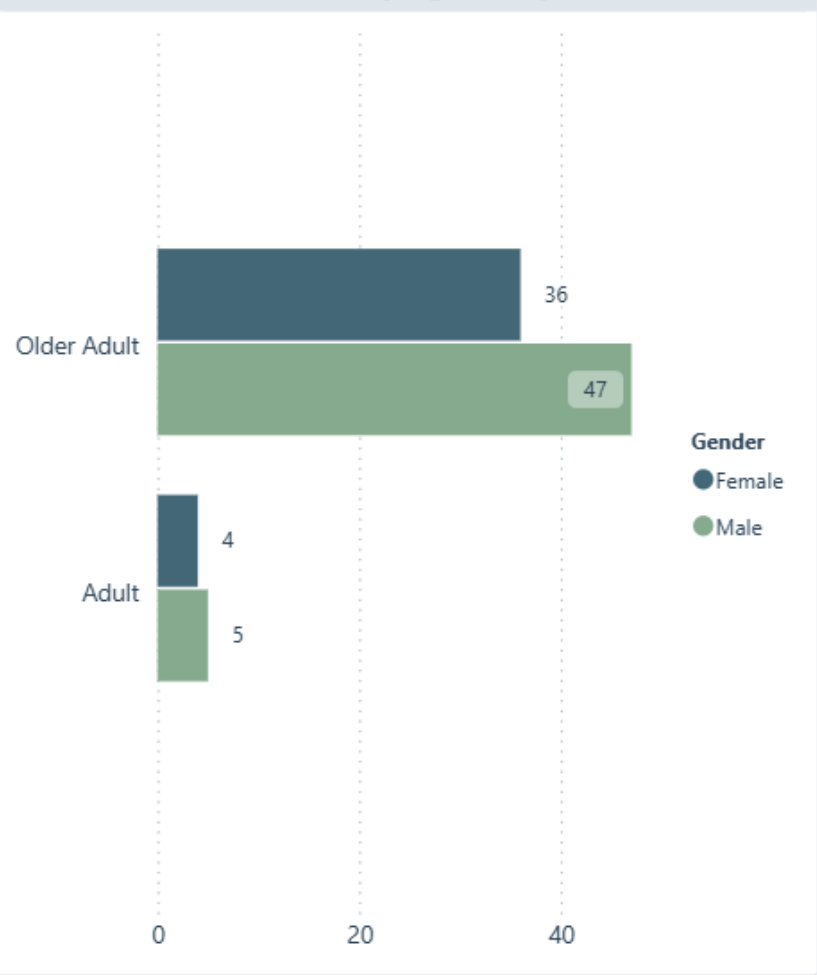


Indicator	Alt Ref	Metric									
OP03d (N)		Reliable Improvement rate within Talking Therapies									
Not Recorded		1	2	3	4	5	6	7	8	9	10
166		704	433	378	253	210	245	277	191	149	27
5.47%		23.21%	14.28%	12.46%	8.34%	6.92%	8.08%	9.13%	6.30%	4.91%	0.89%

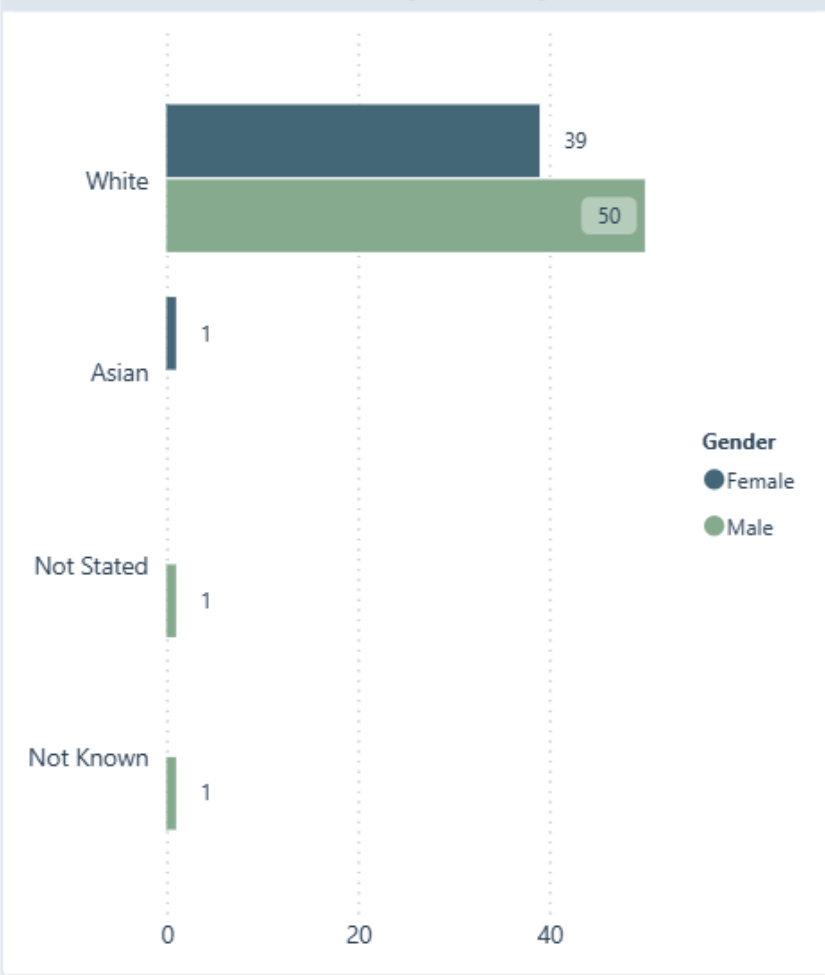


Indicator	Alt Ref	Metric	Female	Male
OP05 (N)		People in physical health crisis assessed within 2 hours	40	52
			43.48%	56.52%

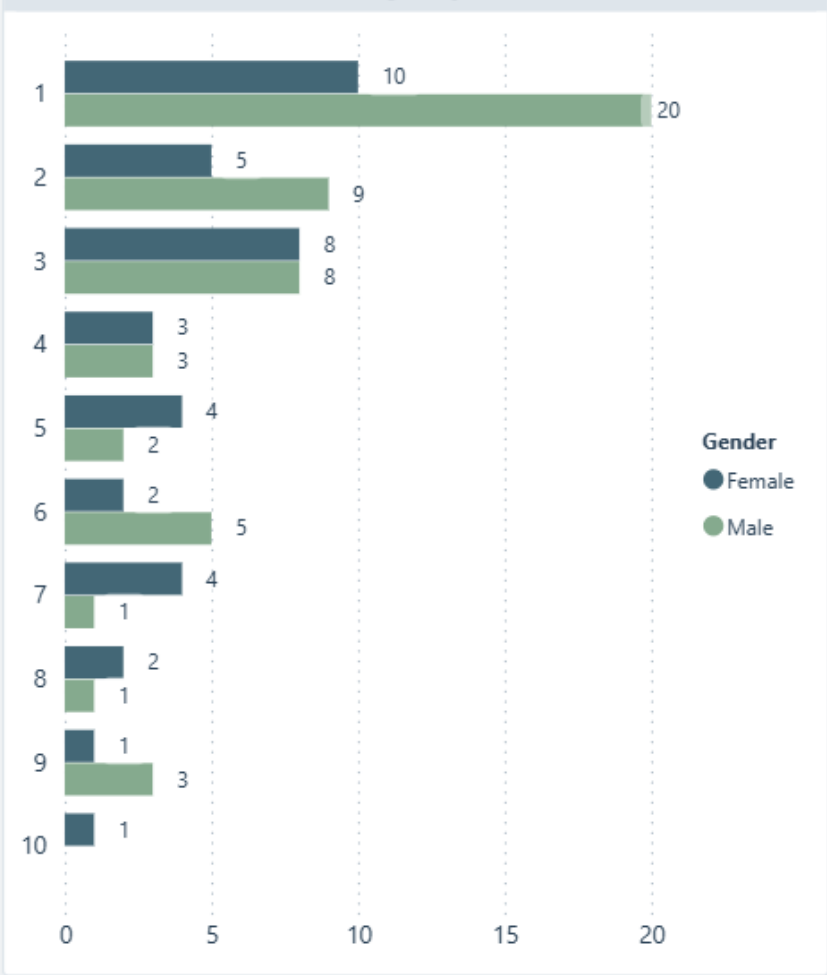
Gender By Age Group



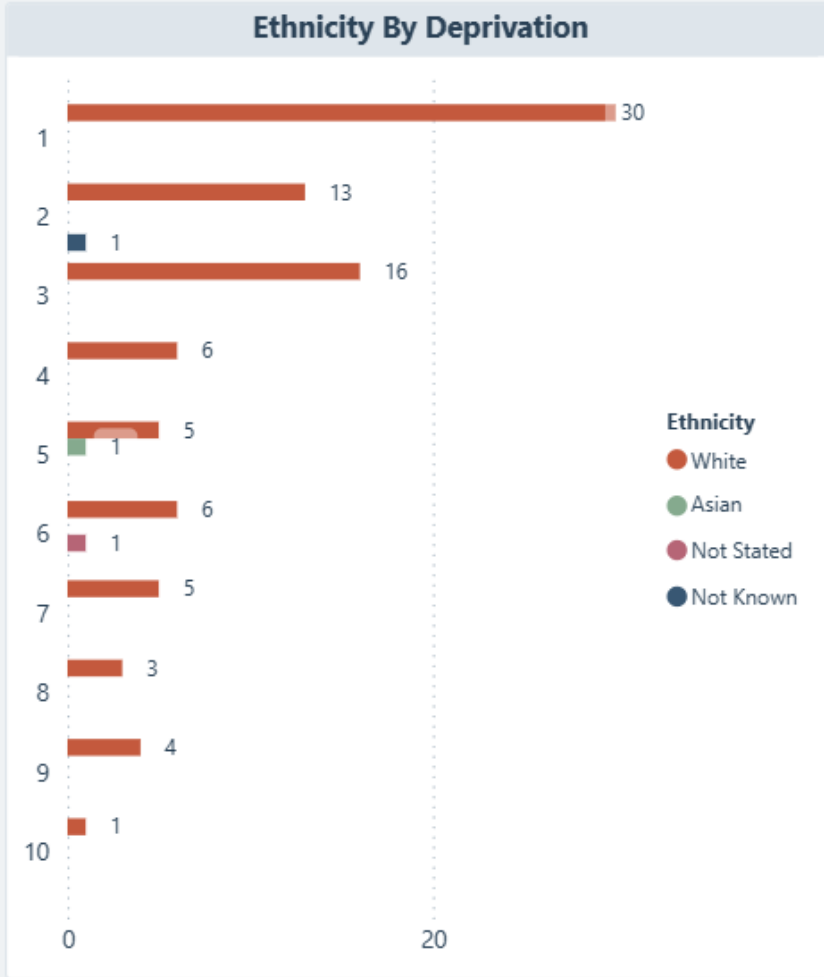
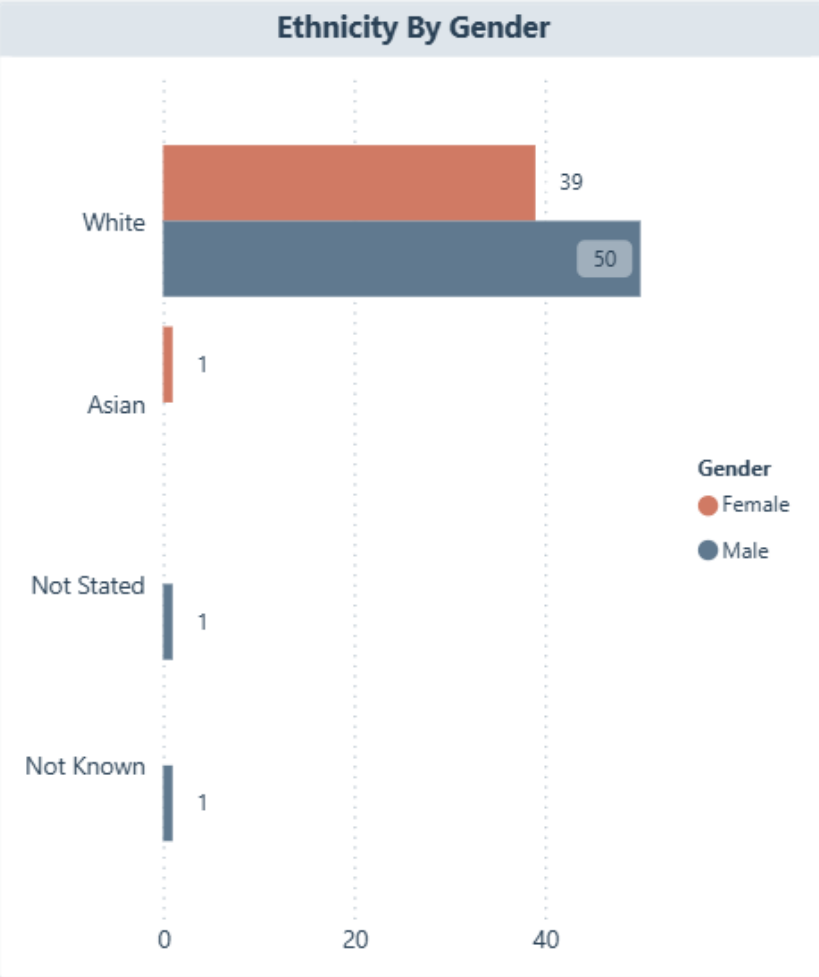
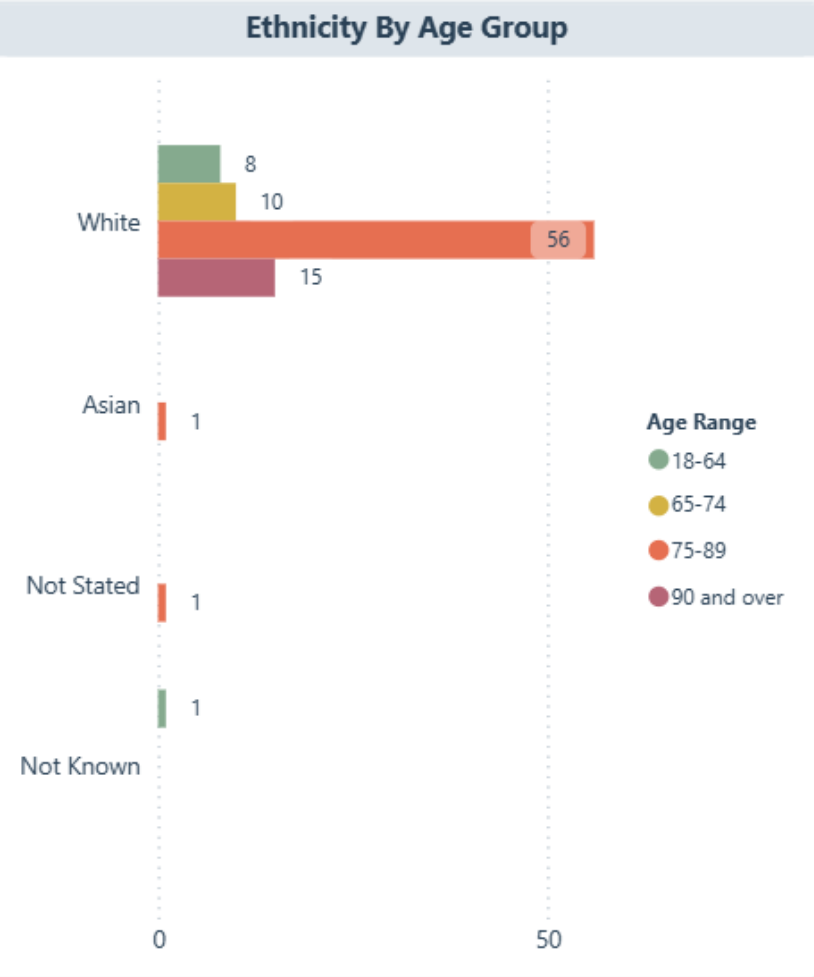
Gender By Ethnicity



Gender By Deprivation

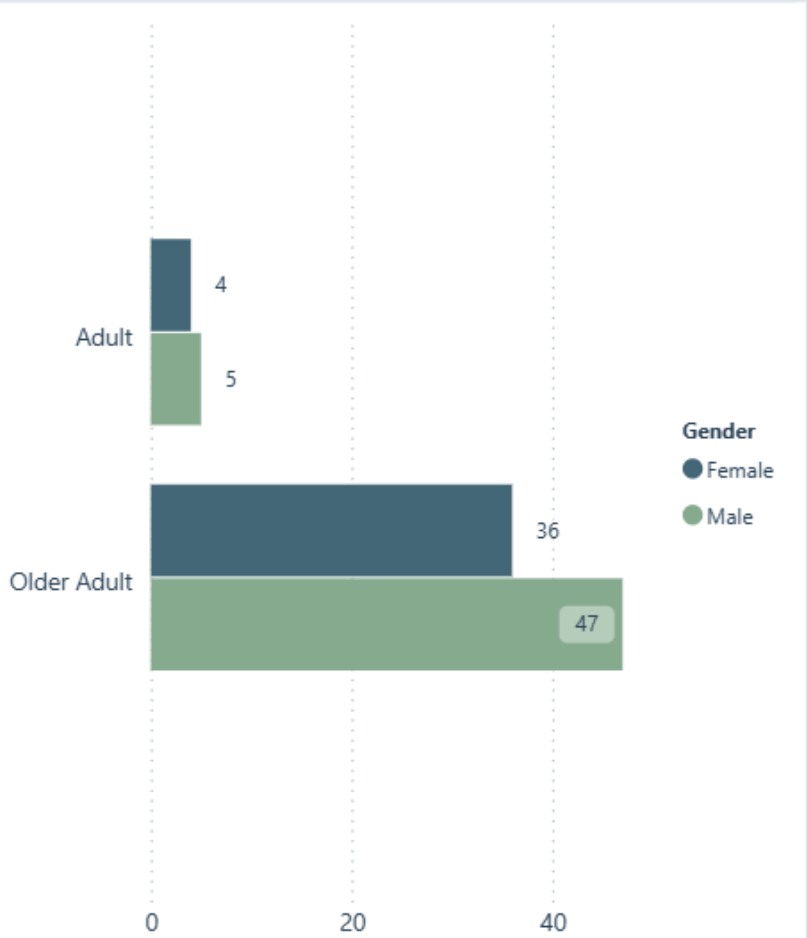


Indicator	Alt Ref	Metric	White	Asian	Not Stated	Not Known
OP05 (N)		People in physical health crisis assessed within 2 hours	89	1	1	1
			96.74%	1.09%	1.09%	1.09%

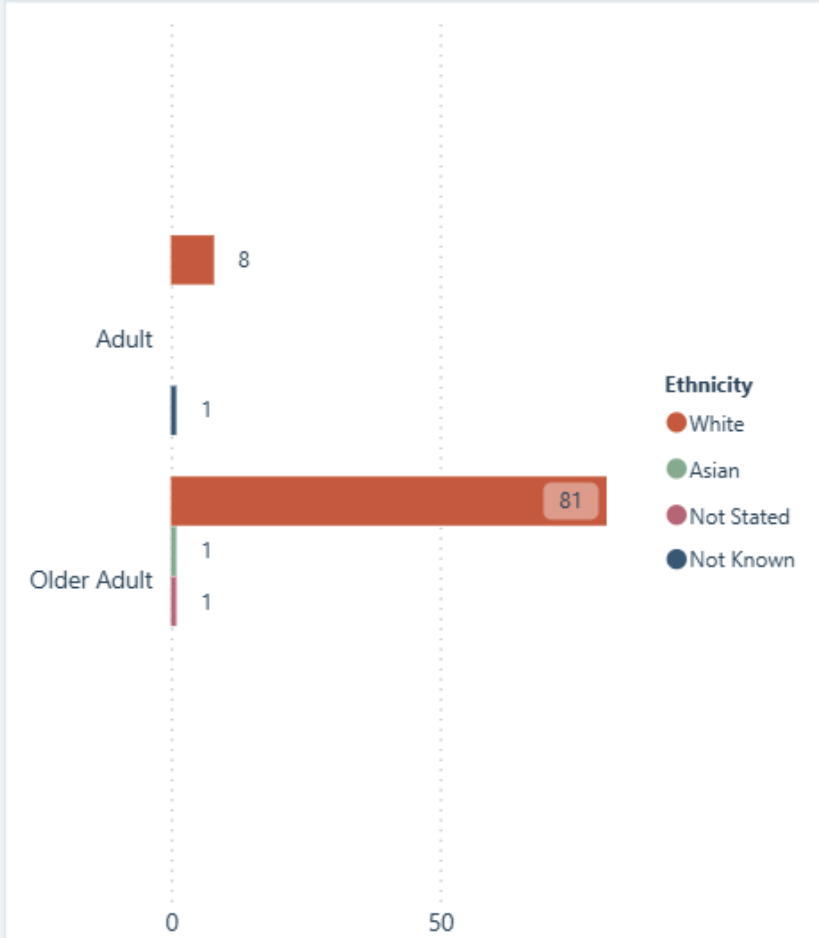


Indicator	Alt Ref	Metric	Adult	Older Adult
OP05 (N)		People in physical health crisis assessed within 2 hours	9	83
			9.78%	90.22%

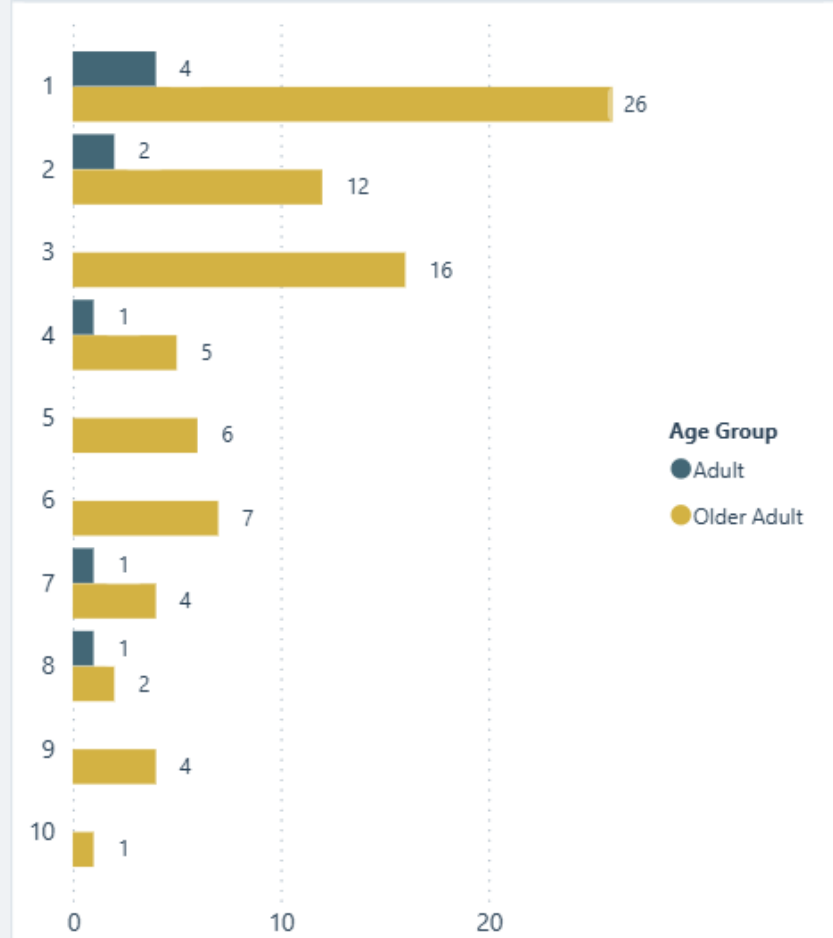
Age Group by Gender



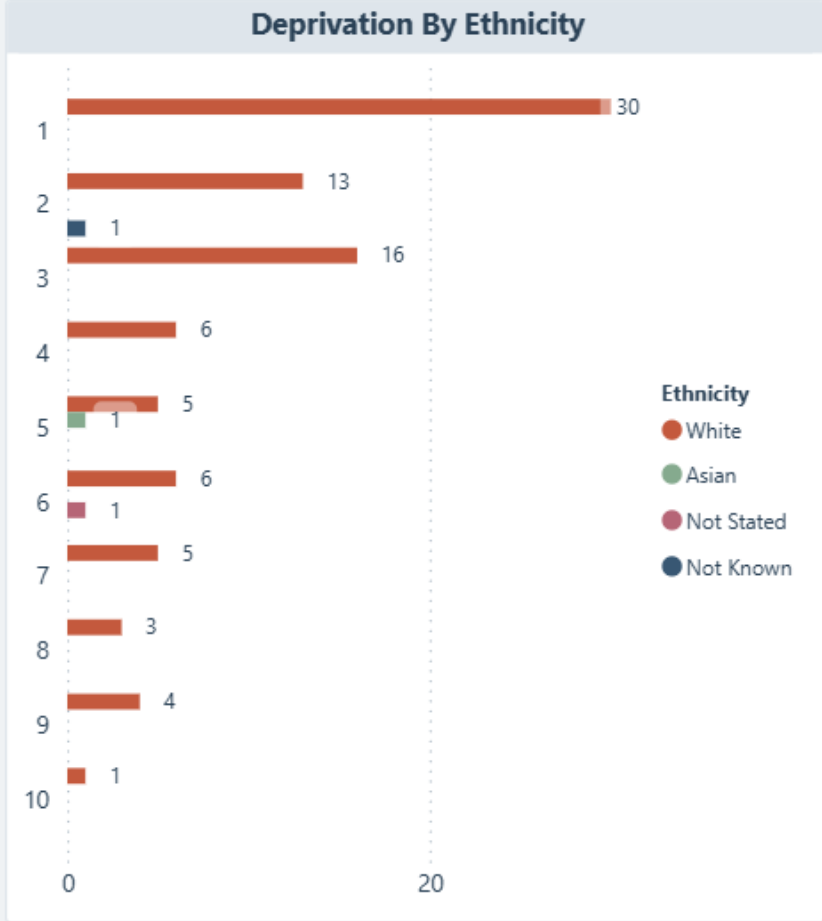
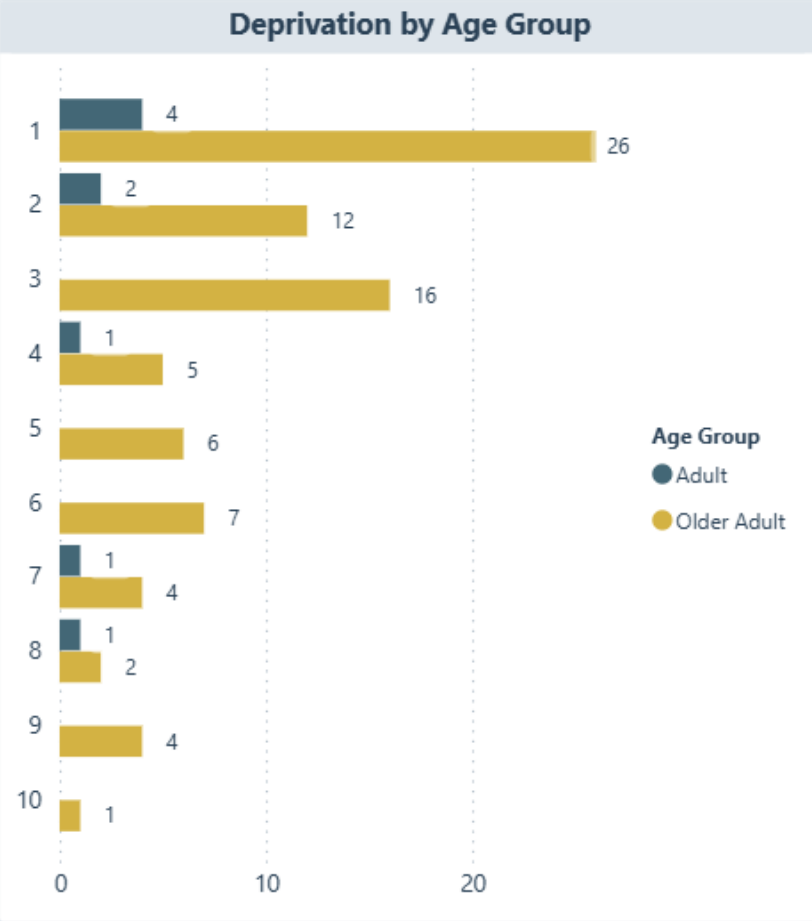
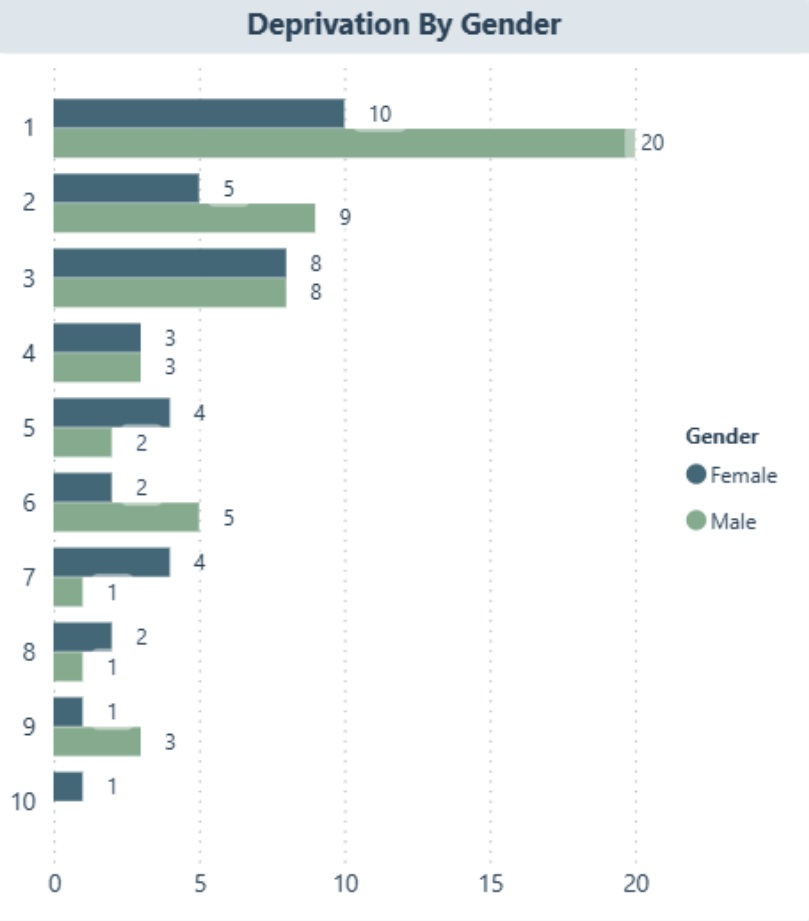
Age Group By Ethnicity



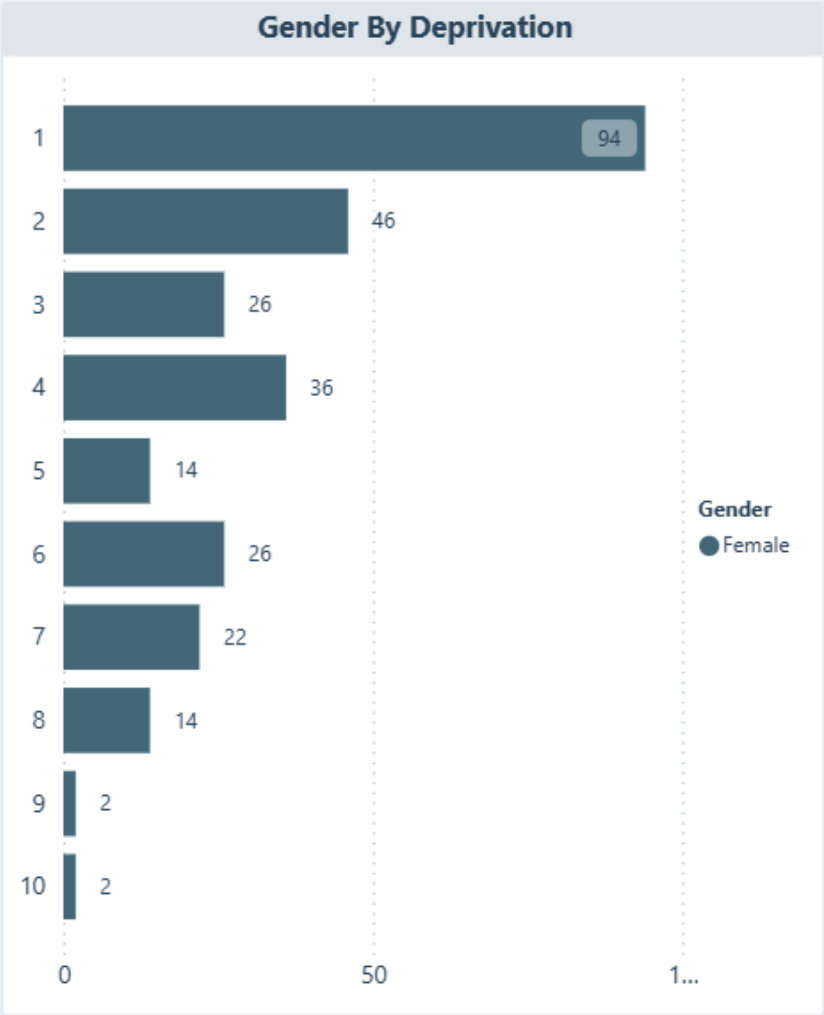
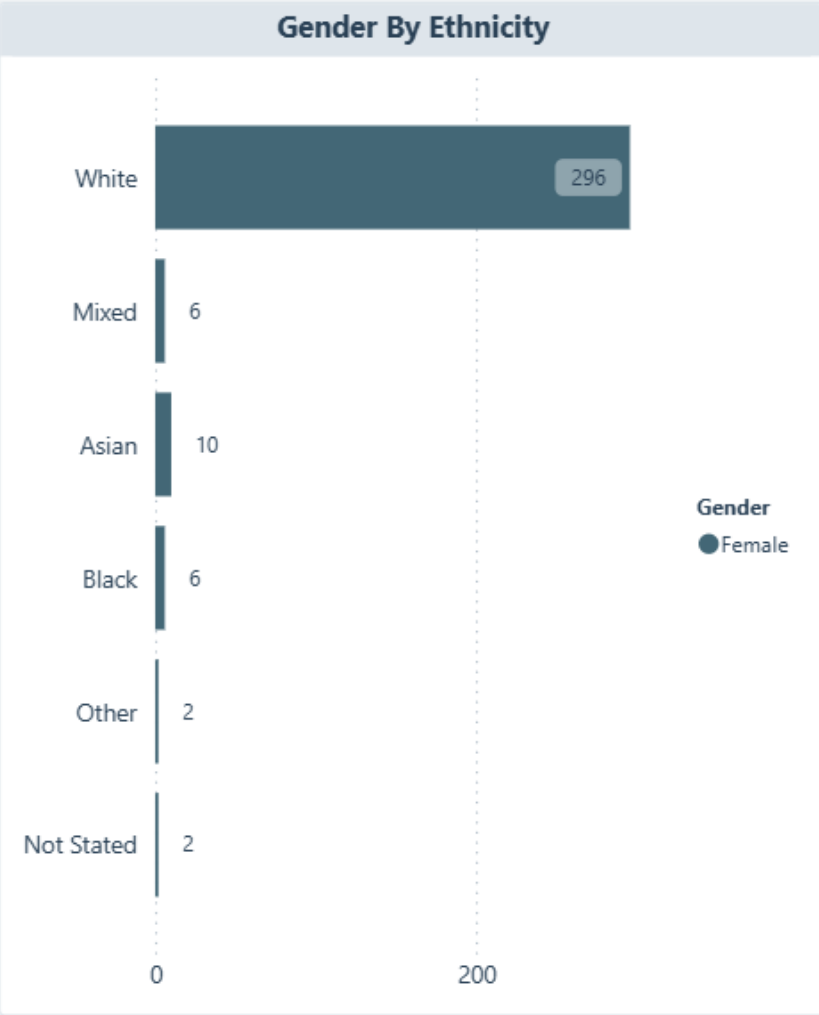
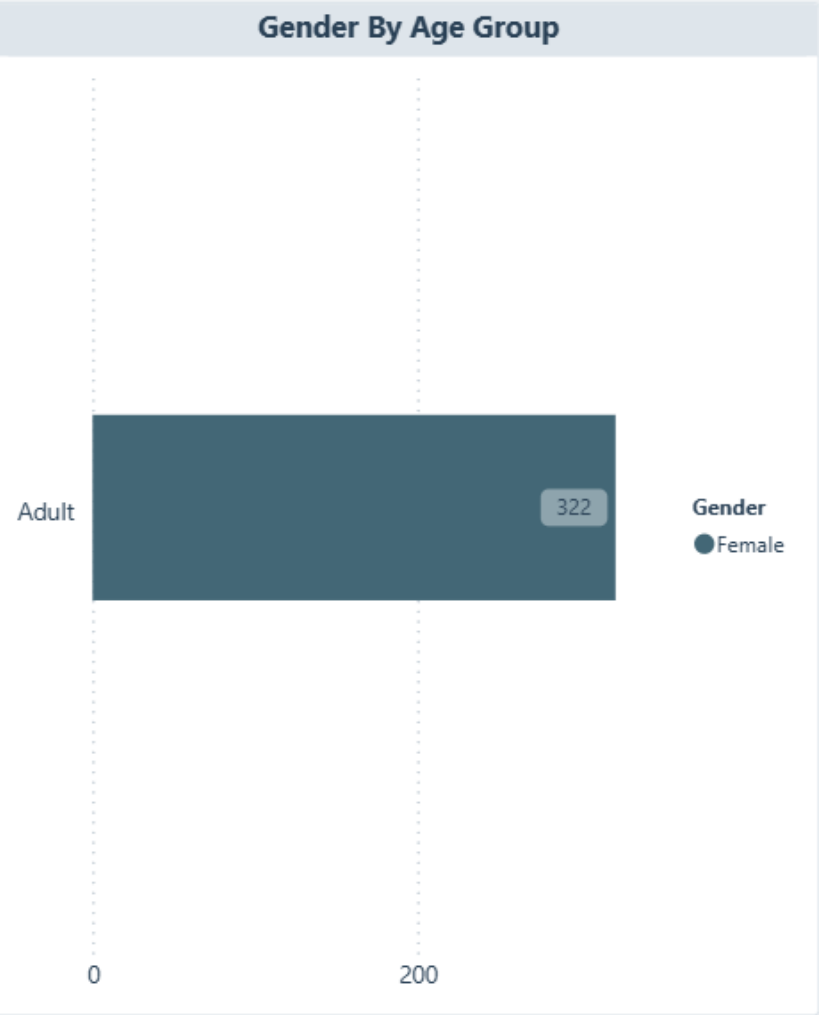
Age Group By Deprivation



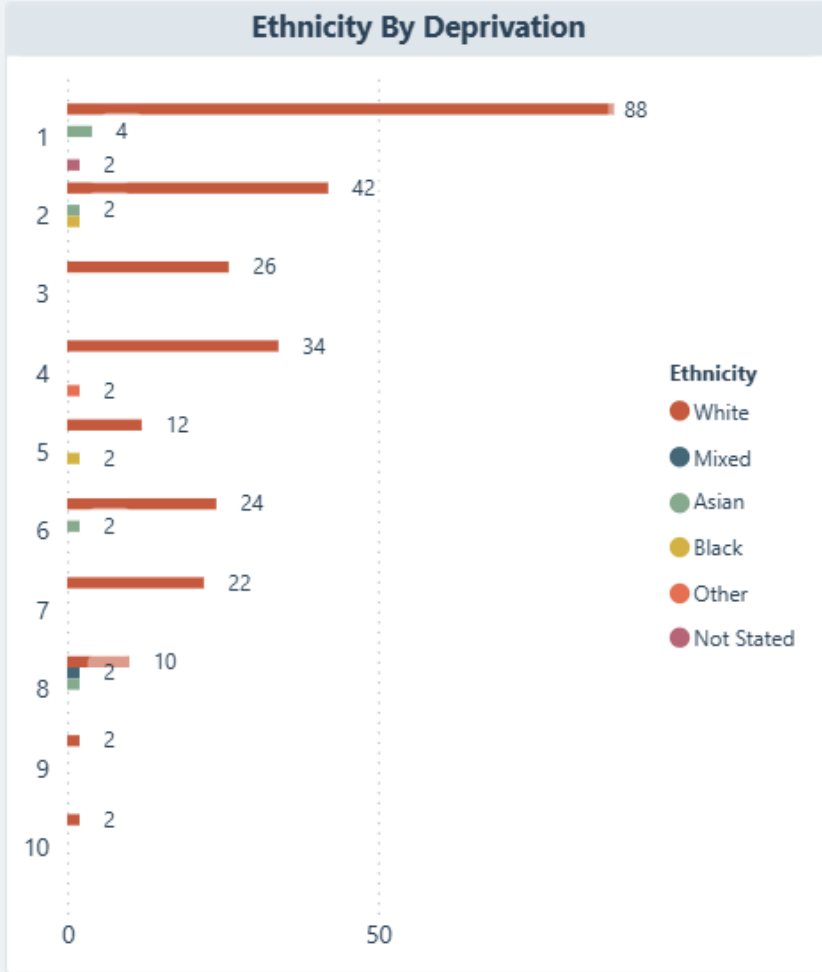
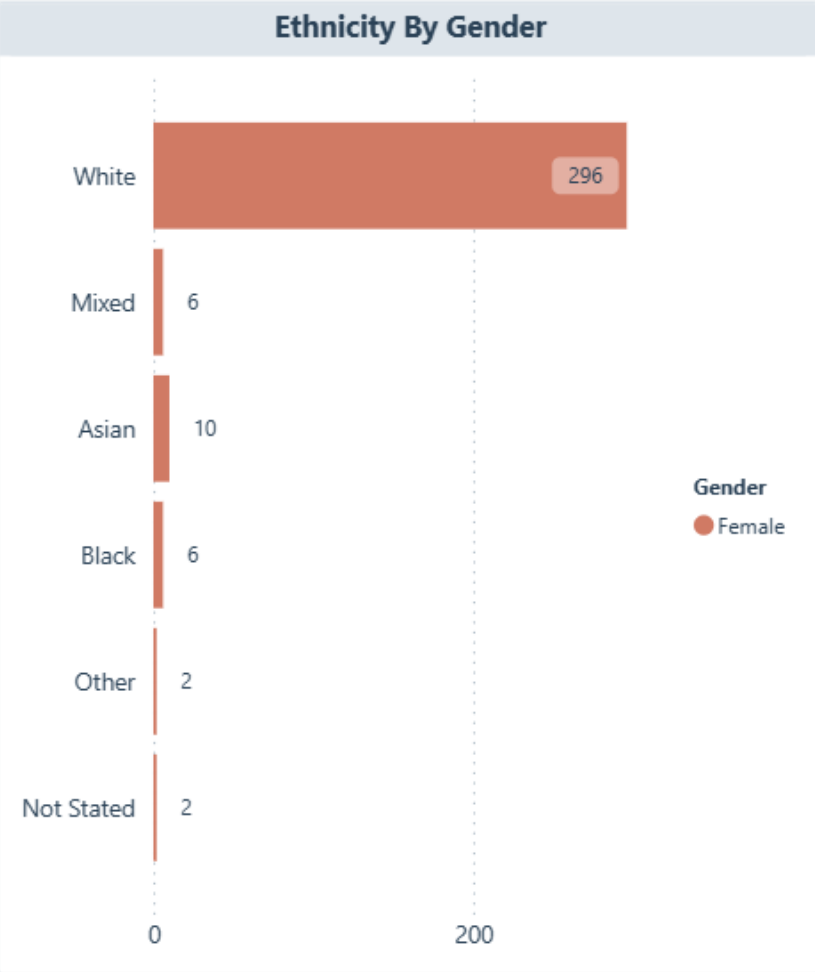
Indicator	Alt Ref	Metric									
OP05 (N)		People in physical health crisis assessed within 2 hours									
		1	2	3	4	5	6	7	8	9	10
		30	14	16	6	6	7	5	3	4	1
		32.61%	15.22%	17.39%	6.52%	6.52%	7.61%	5.43%	3.26%	4.35%	1.09%



Indicator	Alt Ref	Metric	Female
OP07b (L)		Women supported by perinatal MH service (Rolling 12M)	322
			100.00%

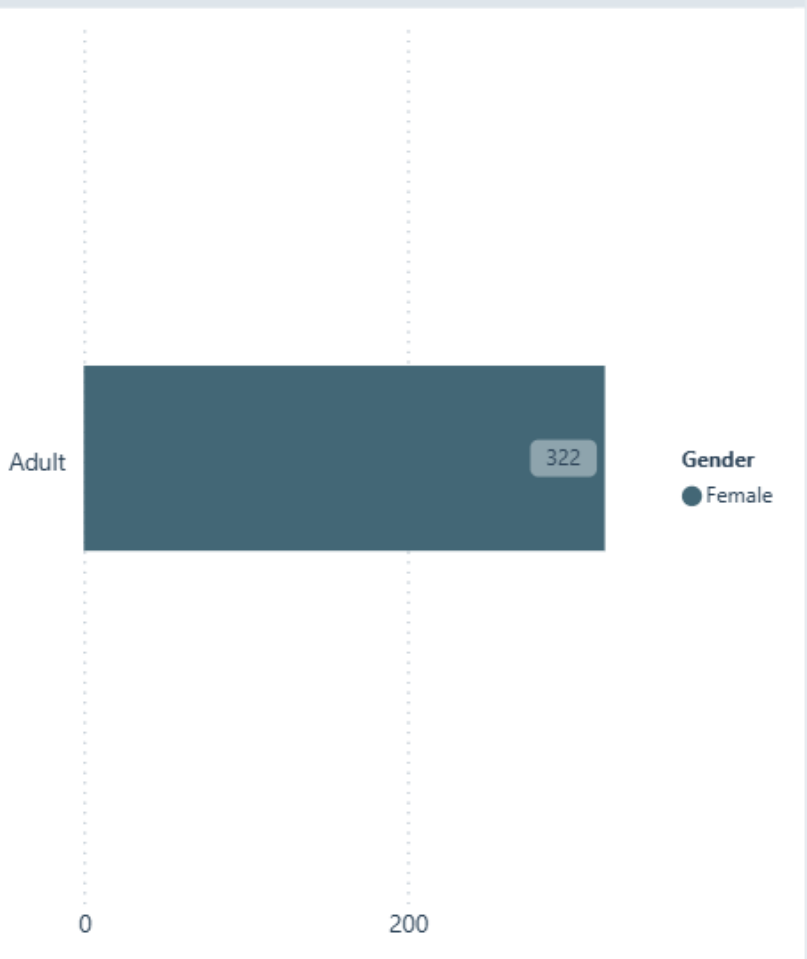


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated
OP07b (L)		Women supported by perinatal MH service (Rolling 12M)	296	6	10	6	2	2
			91.93%	1.86%	3.11%	1.86%	0.62%	0.62%

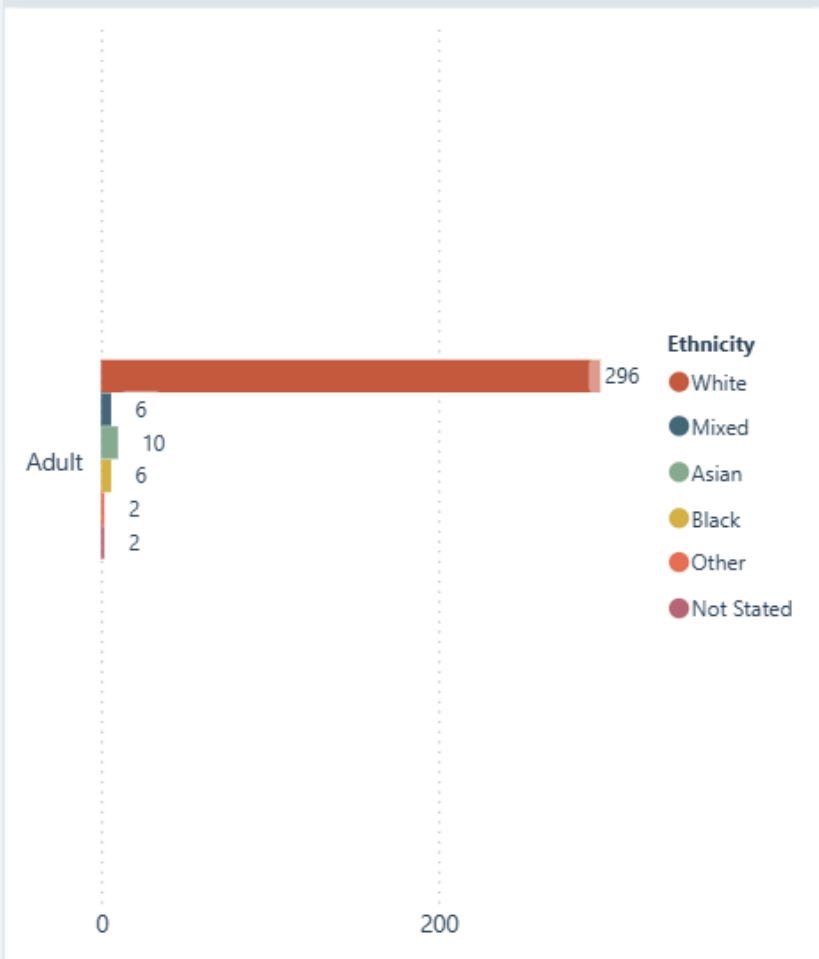


Indicator	Alt Ref	Metric	Adult
OP07b (L)		Women supported by perinatal MH service (Rolling 12M)	322
			100.00%

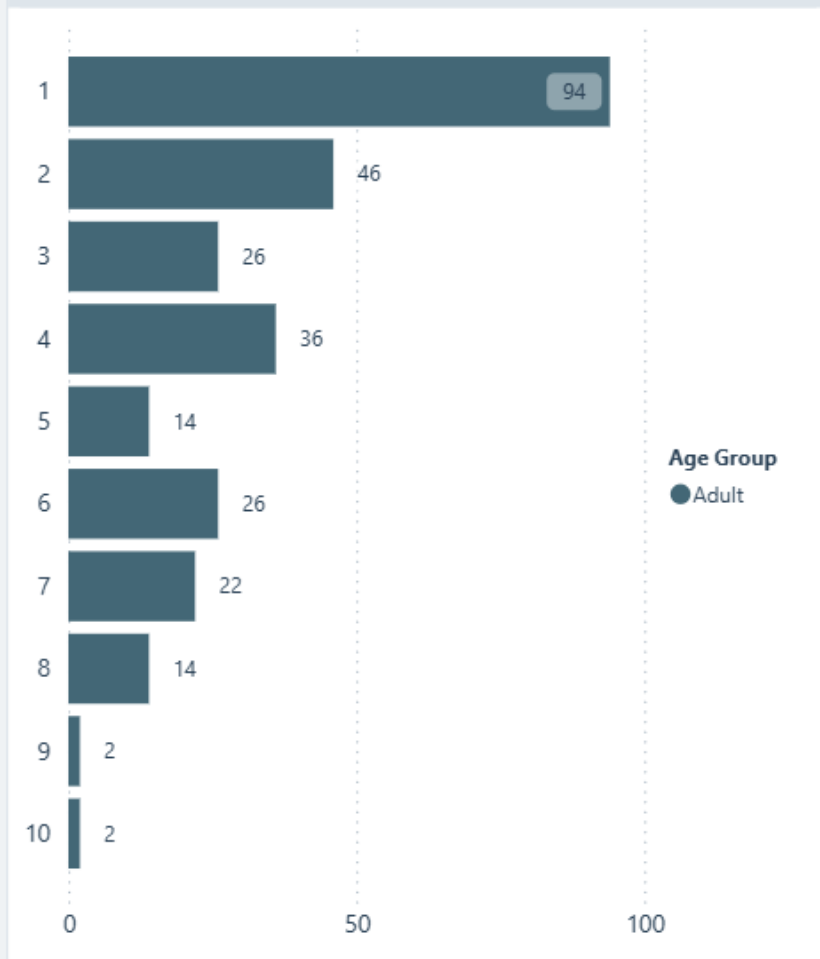
Age Group by Gender



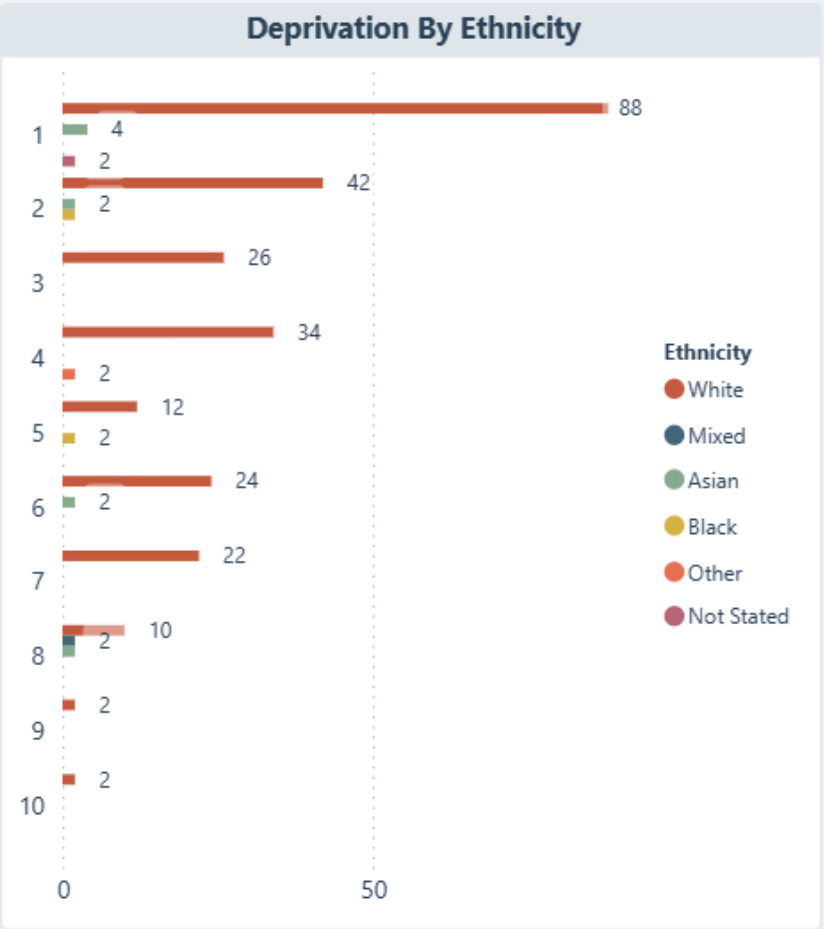
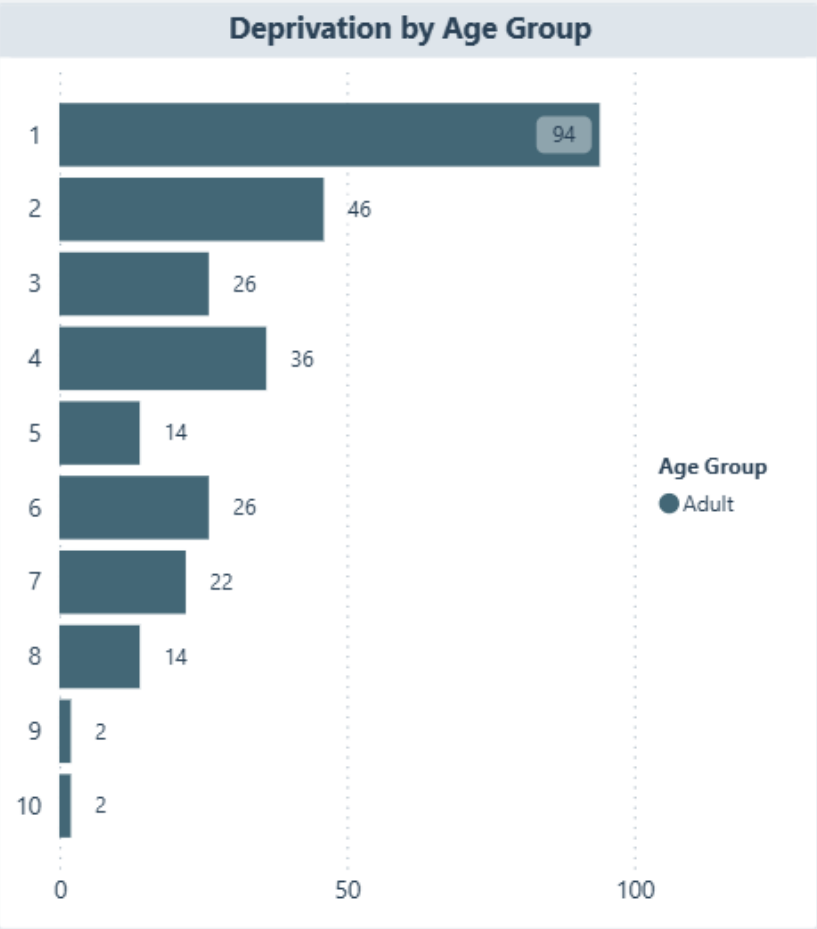
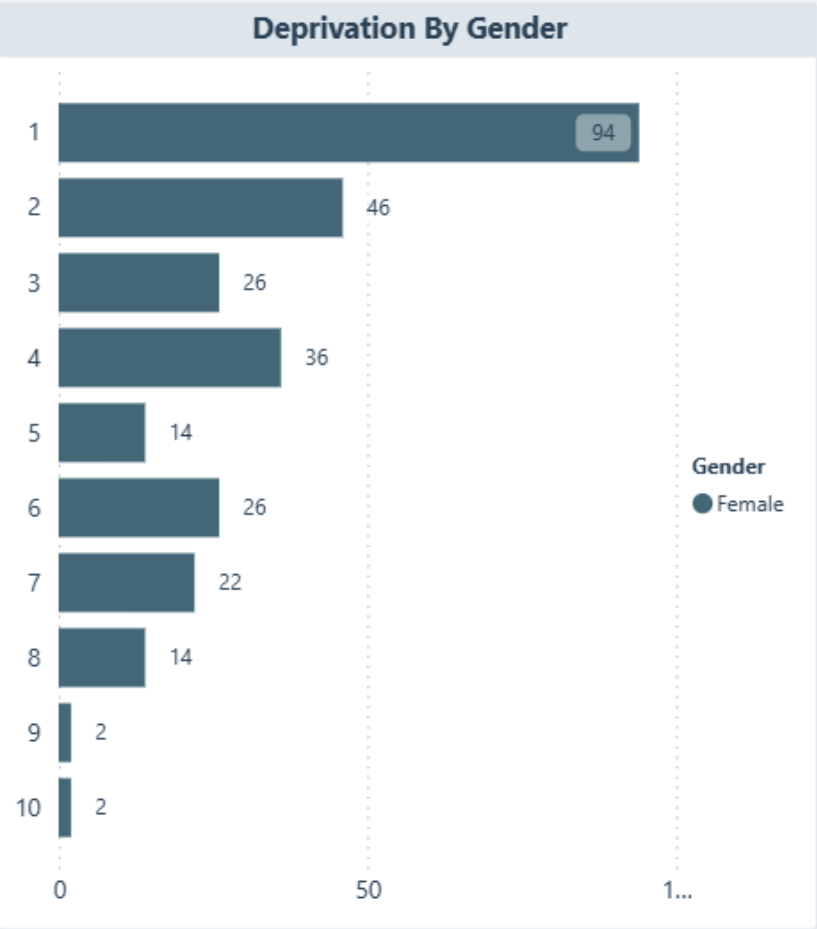
Age Group By Ethnicity



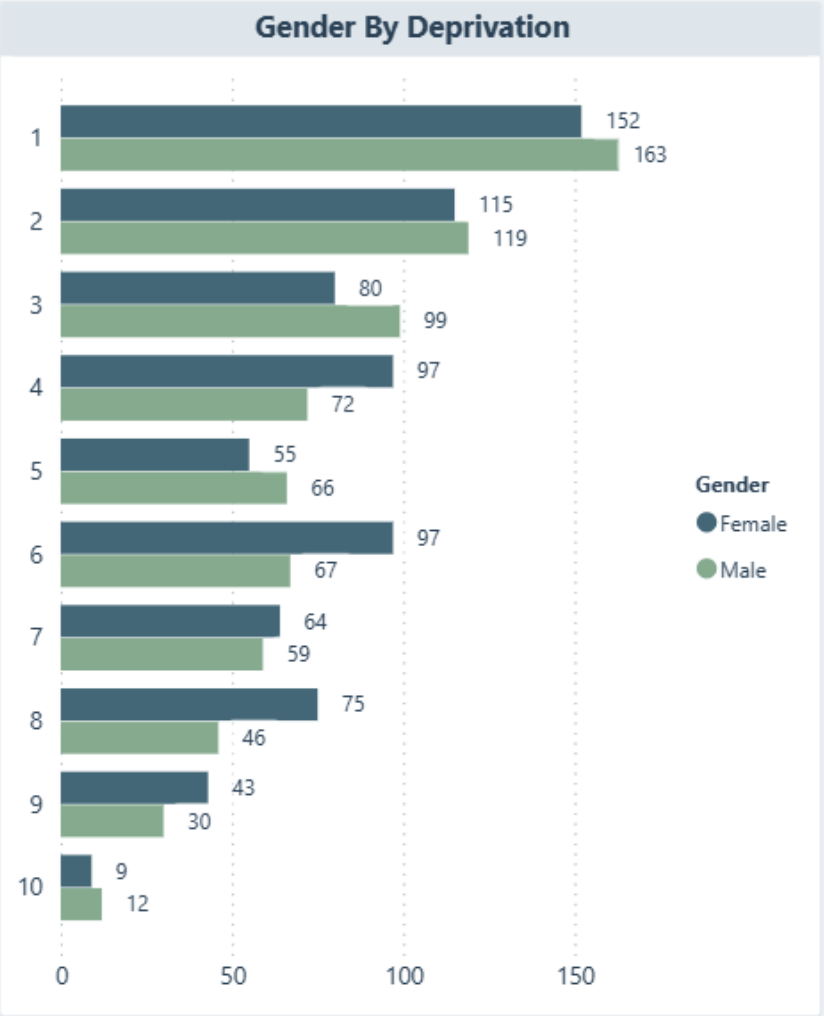
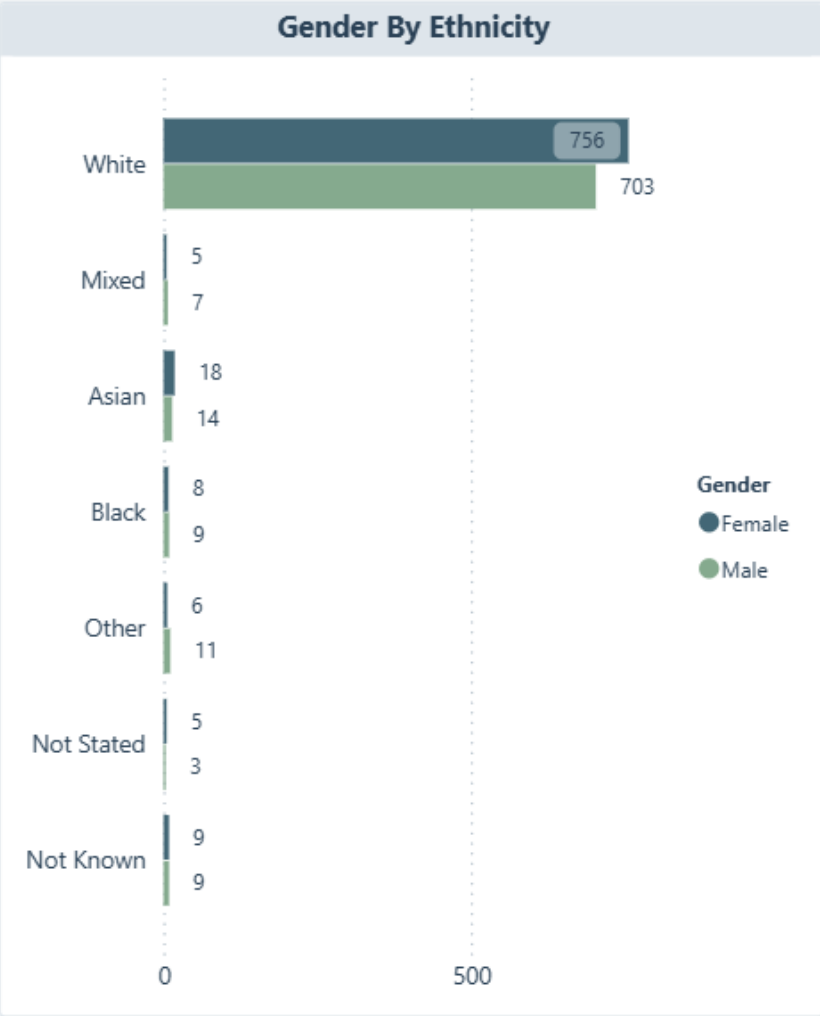
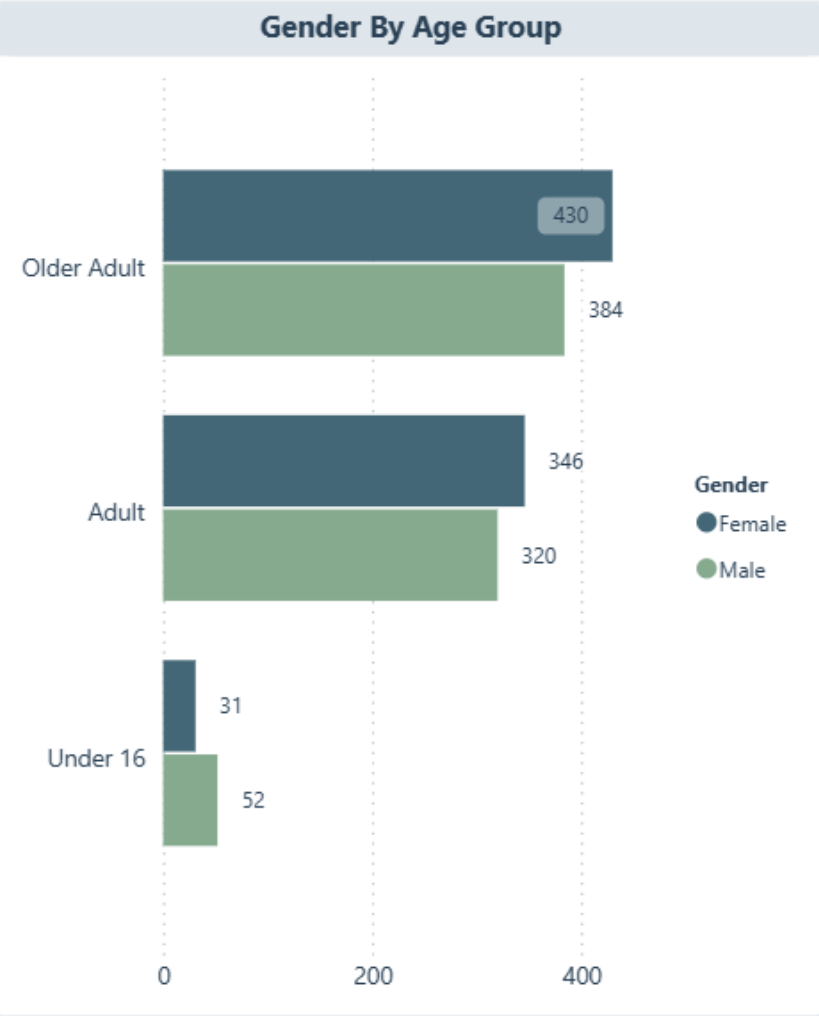
Age Group By Deprivation



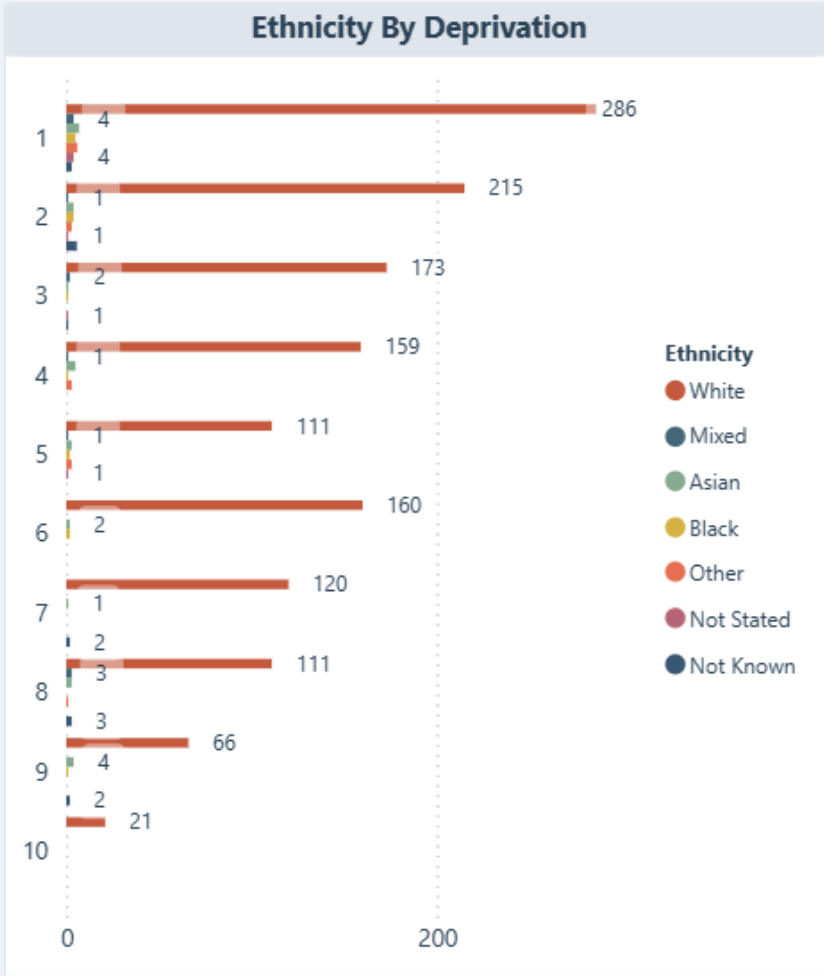
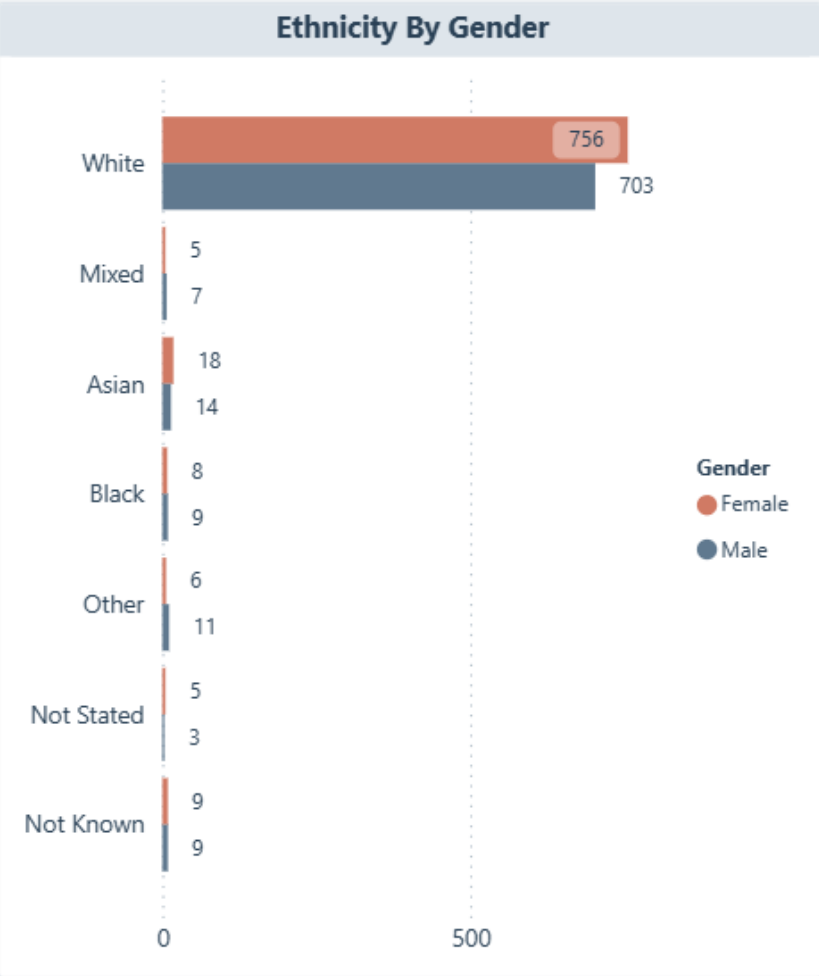
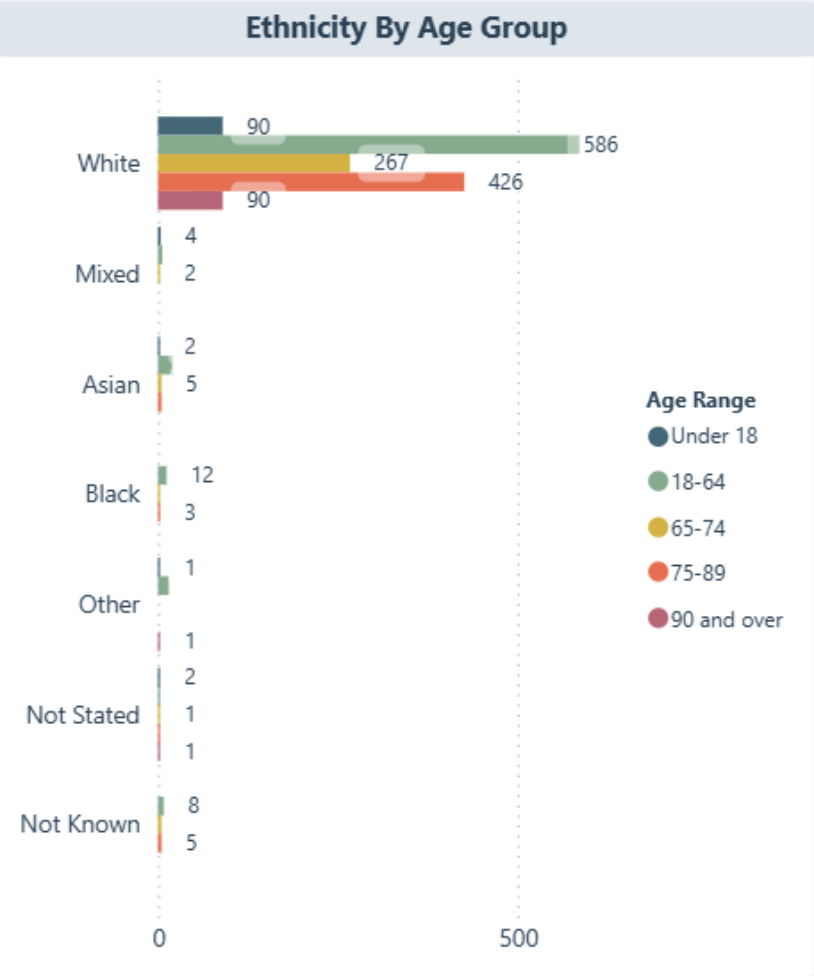
Indicator	Alt Ref	Metric									
OP07b (L)		Women supported by perinatal MH service (Rolling 12M)									
Not Recorded		1	2	3	4	5	6	7	8	9	10
40		94	46	26	36	14	26	22	14	2	2
12.42%		29.19%	14.29%	8.07%	11.18%	4.35%	8.07%	6.83%	4.35%	0.62%	0.62%



Indicator	Alt Ref	Metric	Female	Male
OP08b (L)		18 wks RTT for AHP led Physical Services	807	756
			51.63%	48.37%

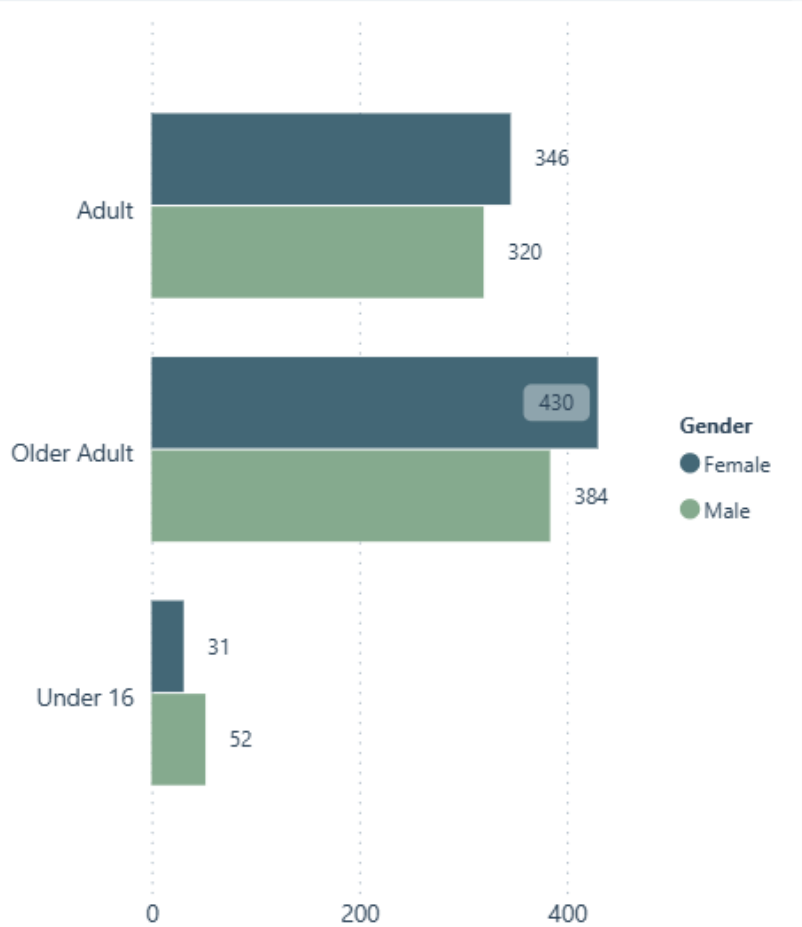


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP08b (L)		18 wks RTT for AHP led Physical Services	1,459	12	32	17	17	8	18
			93.35%	0.77%	2.05%	1.09%	1.09%	0.51%	1.15%

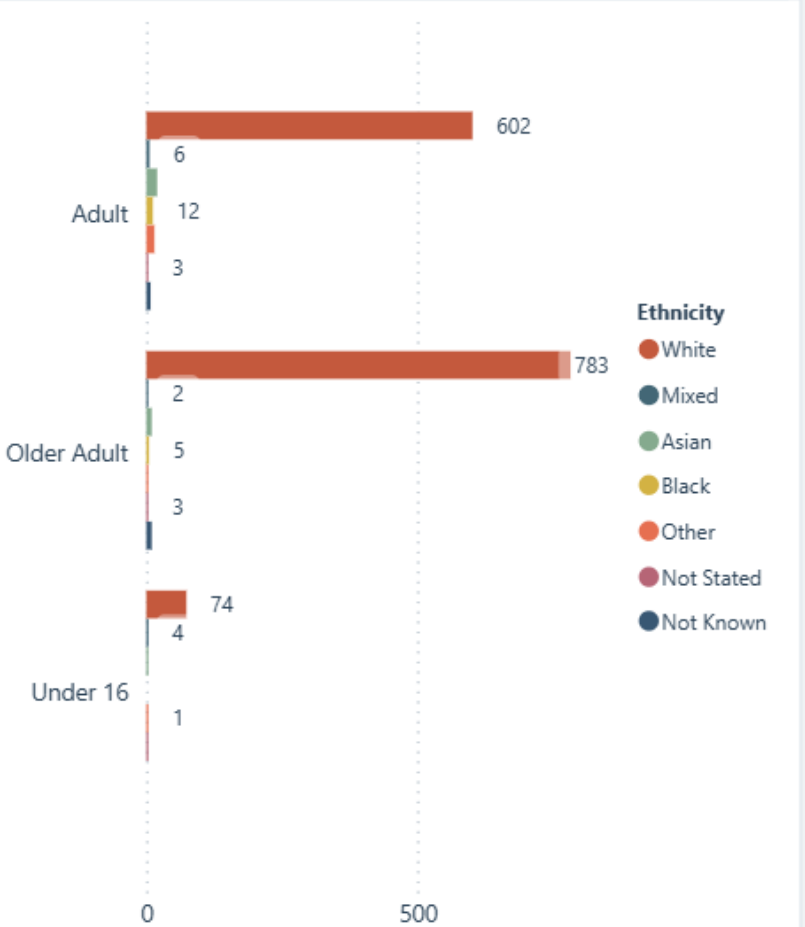


Indicator	Alt Ref	Metric	Adult	Older Adult	Under 16
OP08b (L)		18 wks RTT for AHP led Physical Services	666	814	83
			42.61%	52.08%	5.31%

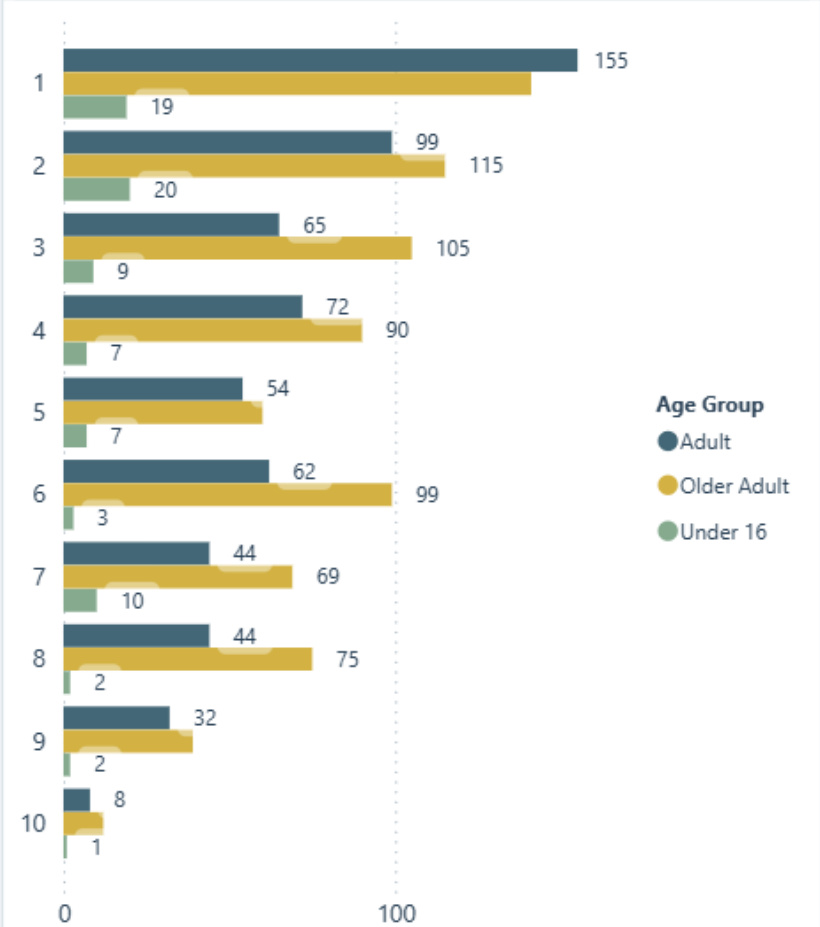
Age Group by Gender



Age Group By Ethnicity



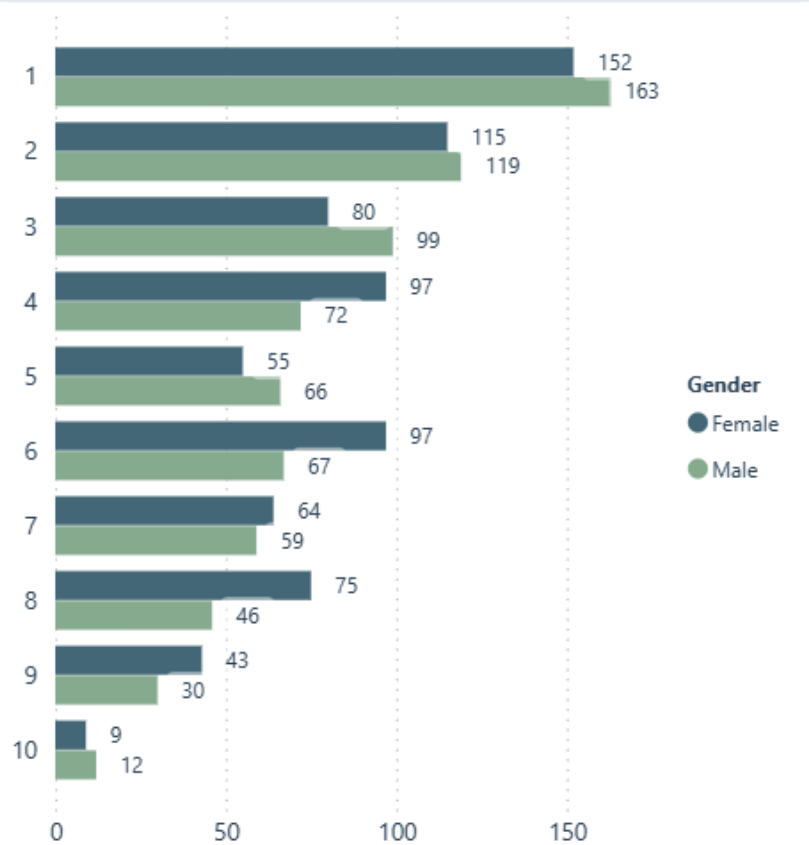
Age Group By Deprivation



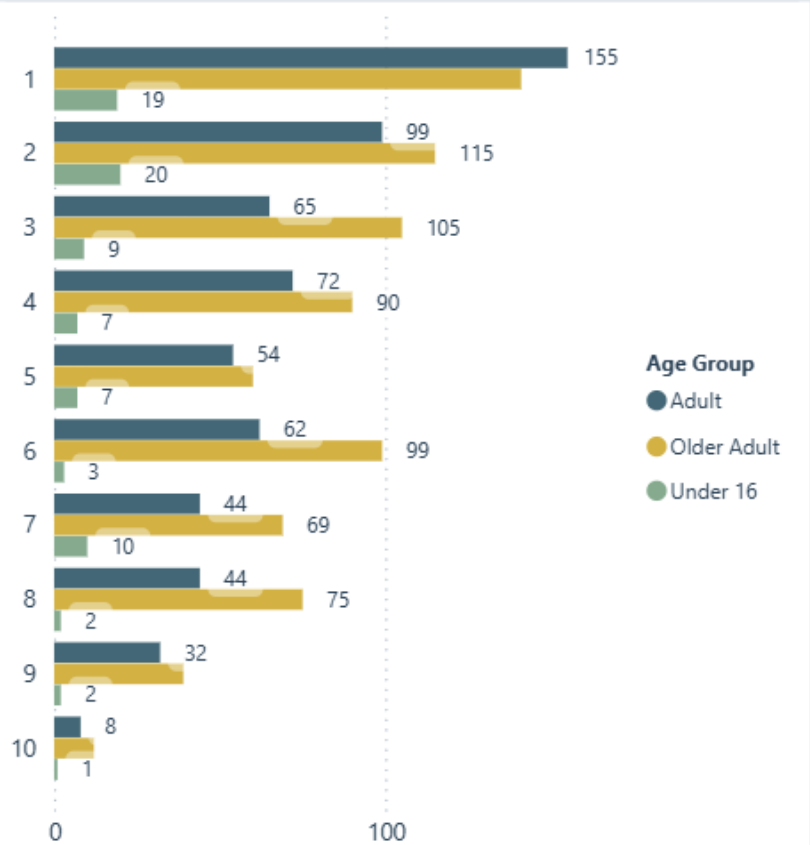
Indicator	Alt Ref	Metric
OP08b (L)		18 wks RTT for AHP led Physical Services

Not Recorded	1	2	3	4	5	6	7	8	9	10
43	315	234	179	169	121	164	123	121	73	21
2.75%	20.15%	14.97%	11.45%	10.81%	7.74%	10.49%	7.87%	7.74%	4.67%	1.34%

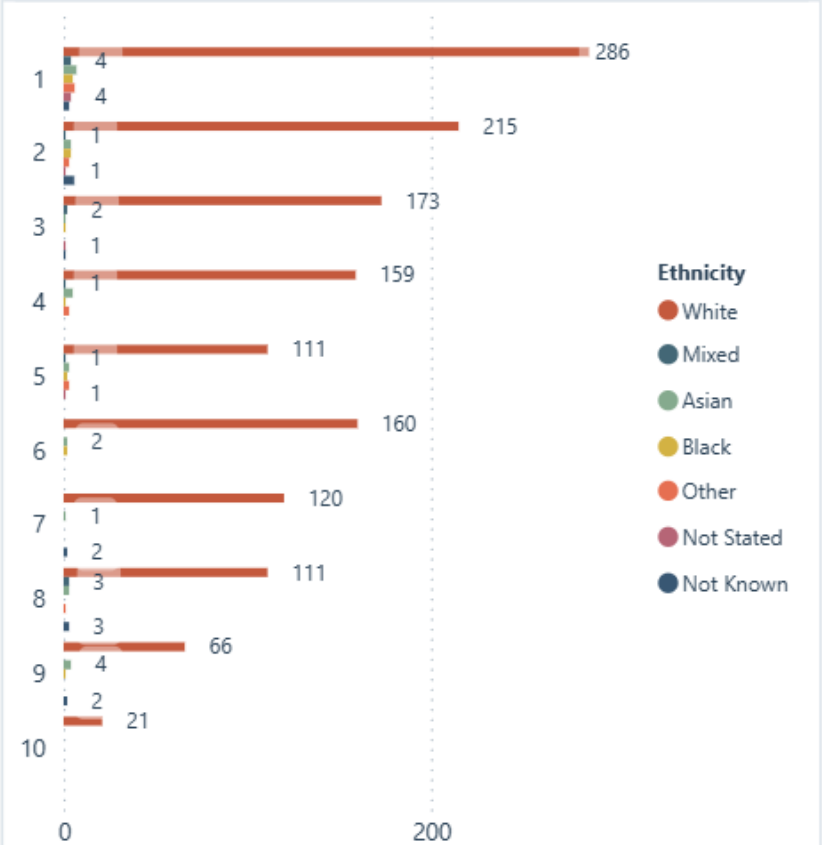
Deprivation By Gender



Deprivation by Age Group

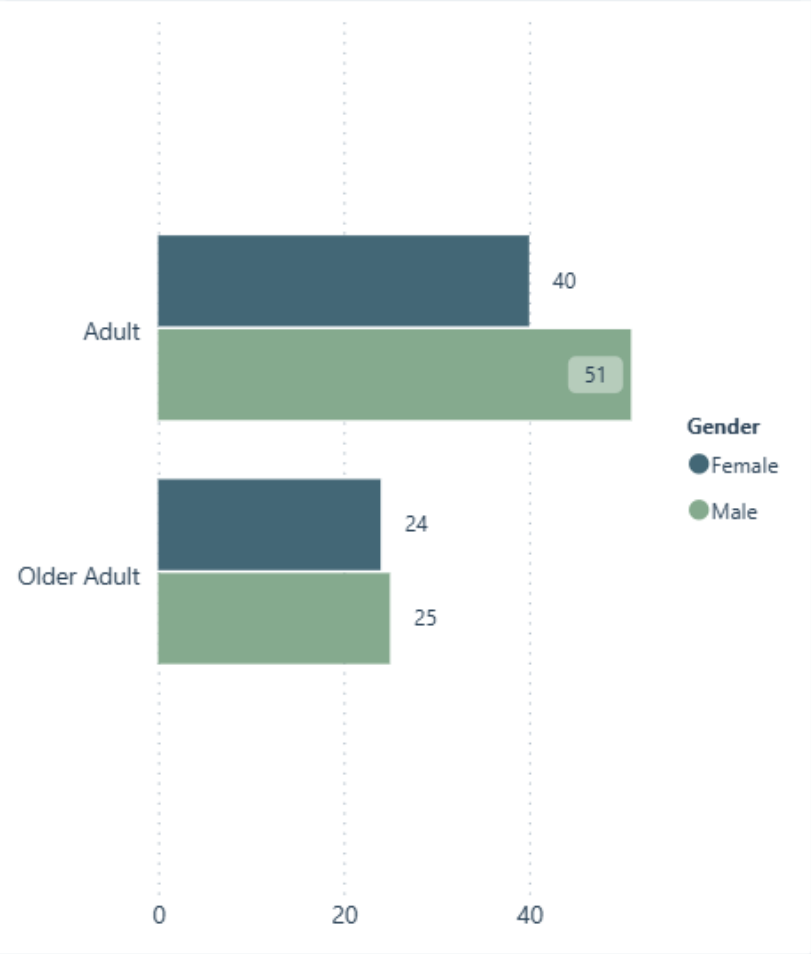


Deprivation By Ethnicity

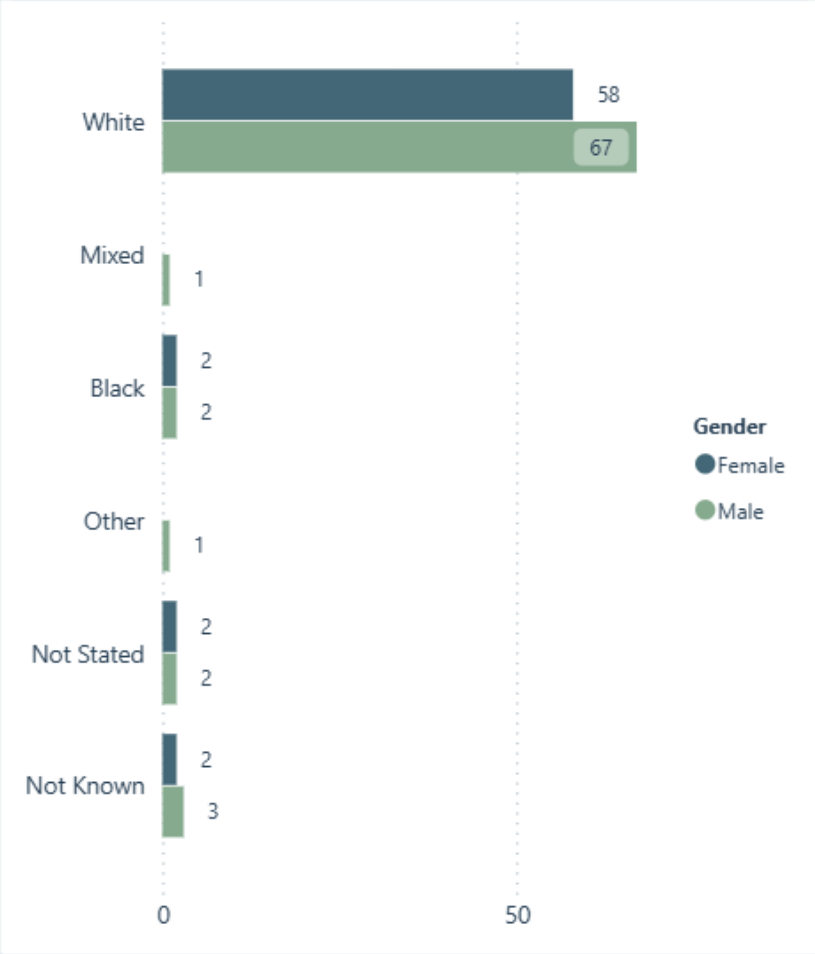


Indicator	Alt Ref	Metric	Female	Male
OP08c (N)		18 weeks RTT for consultant led Physical Health services	64	76
			45.71%	54.29%

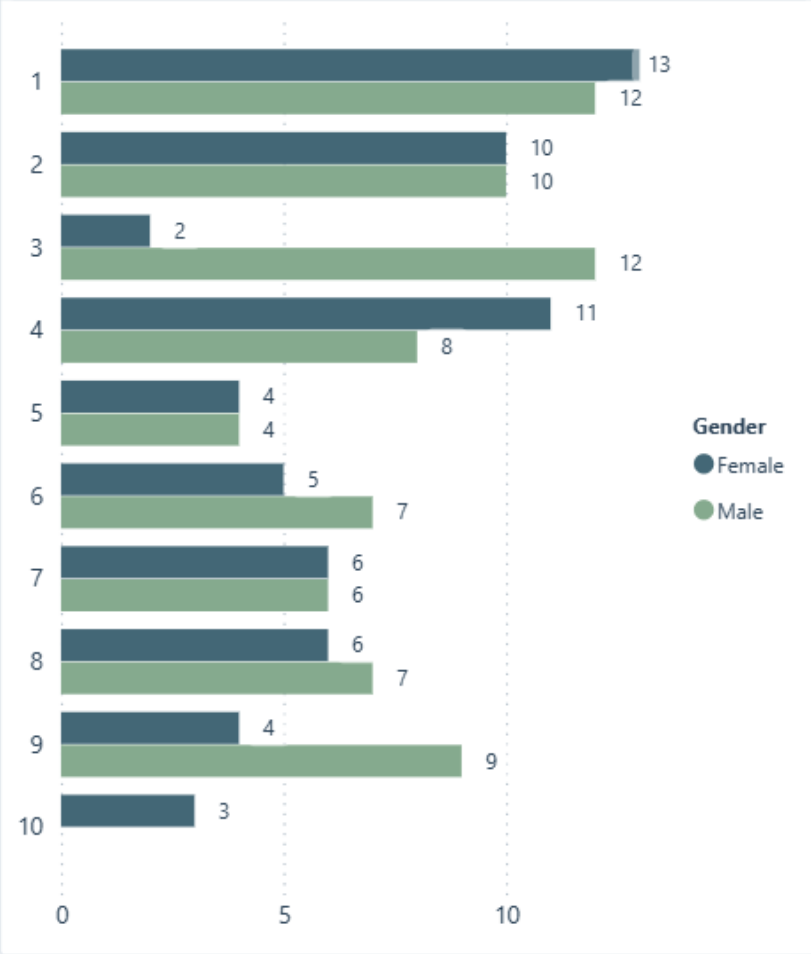
Gender By Age Group



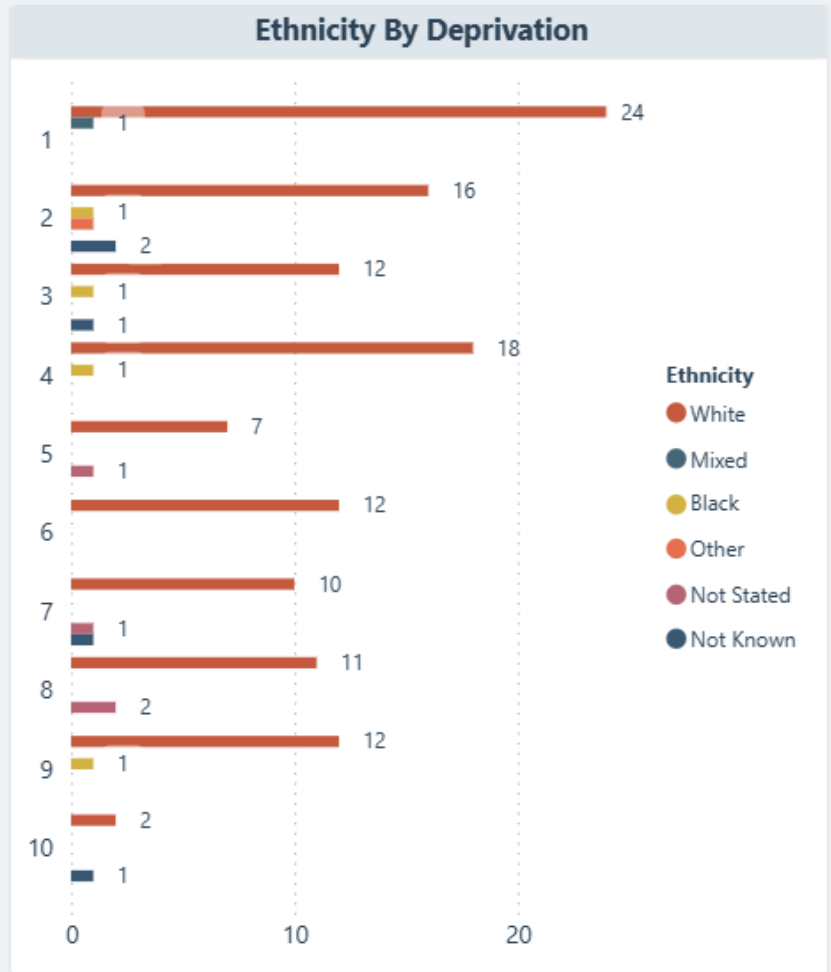
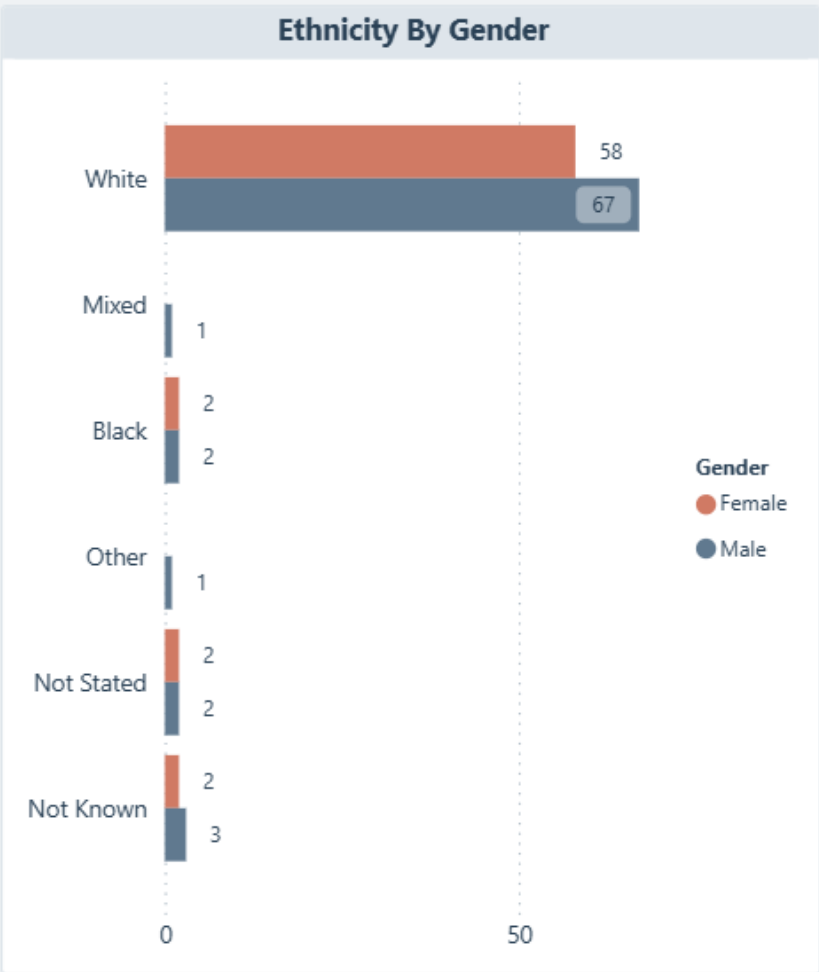
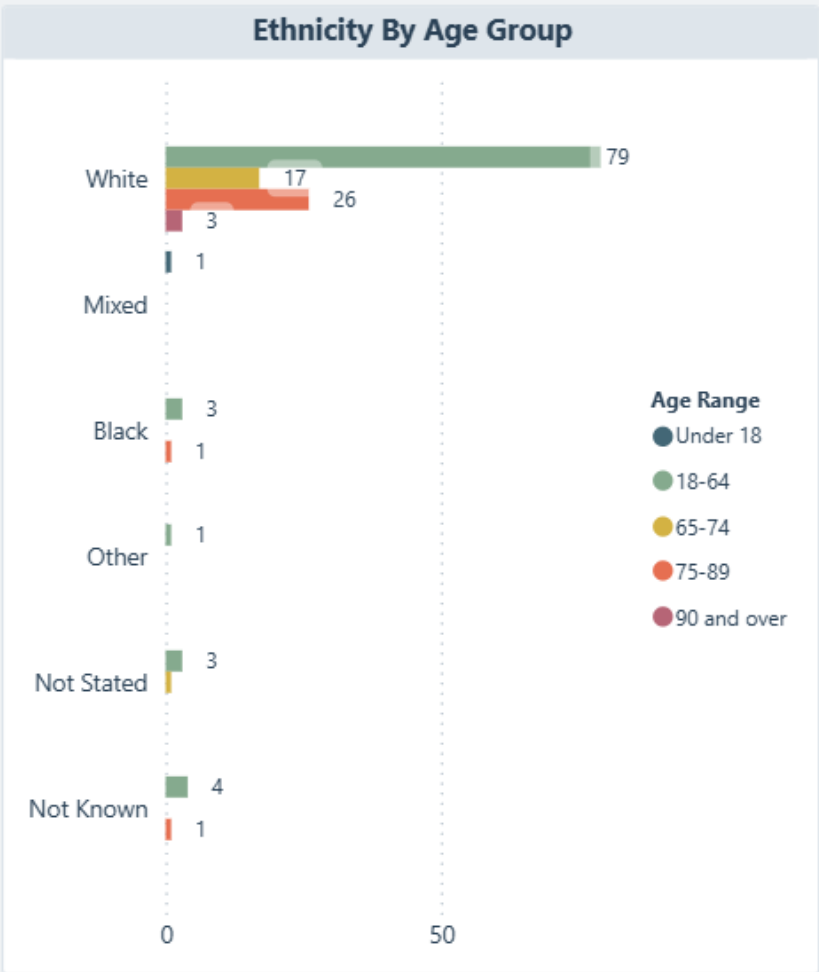
Gender By Ethnicity



Gender By Deprivation

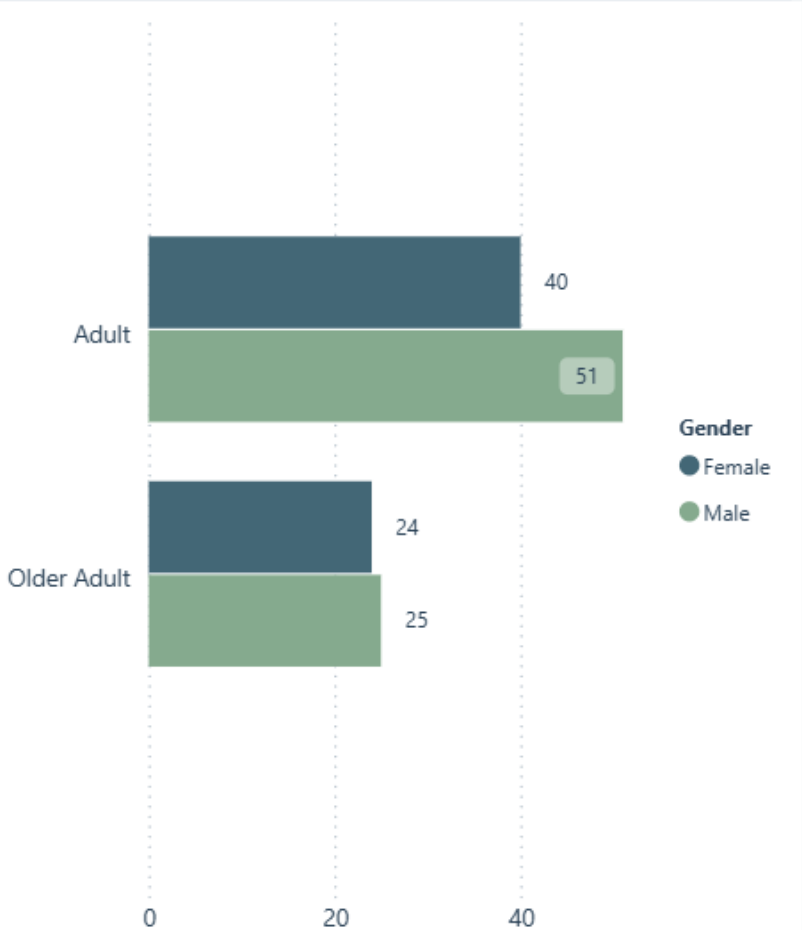


Indicator	Alt Ref	Metric	White	Mixed	Black	Other	Not Stated	Not Known
OP08c (N)		18 weeks RTT for consultant led Physical Health services	125	1	4	1	4	5
			89.29%	0.71%	2.86%	0.71%	2.86%	3.57%

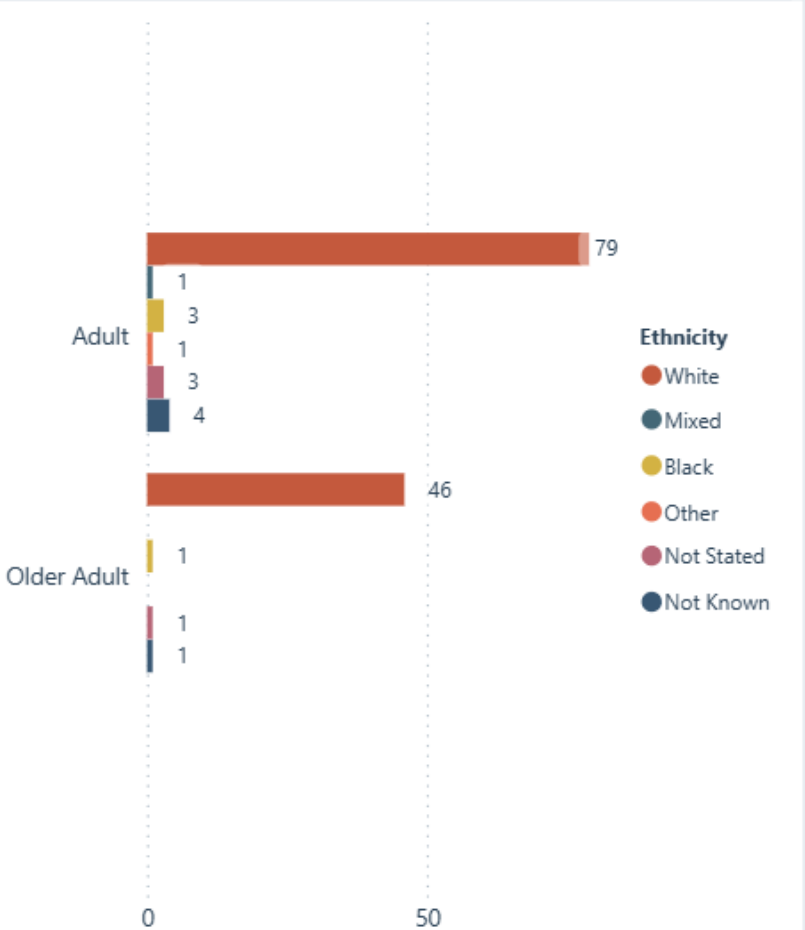


Indicator	Alt Ref	Metric	Adult	Older Adult
OP08c (N)		18 weeks RTT for consultant led Physical Health services	91	49
			65.00%	35.00%

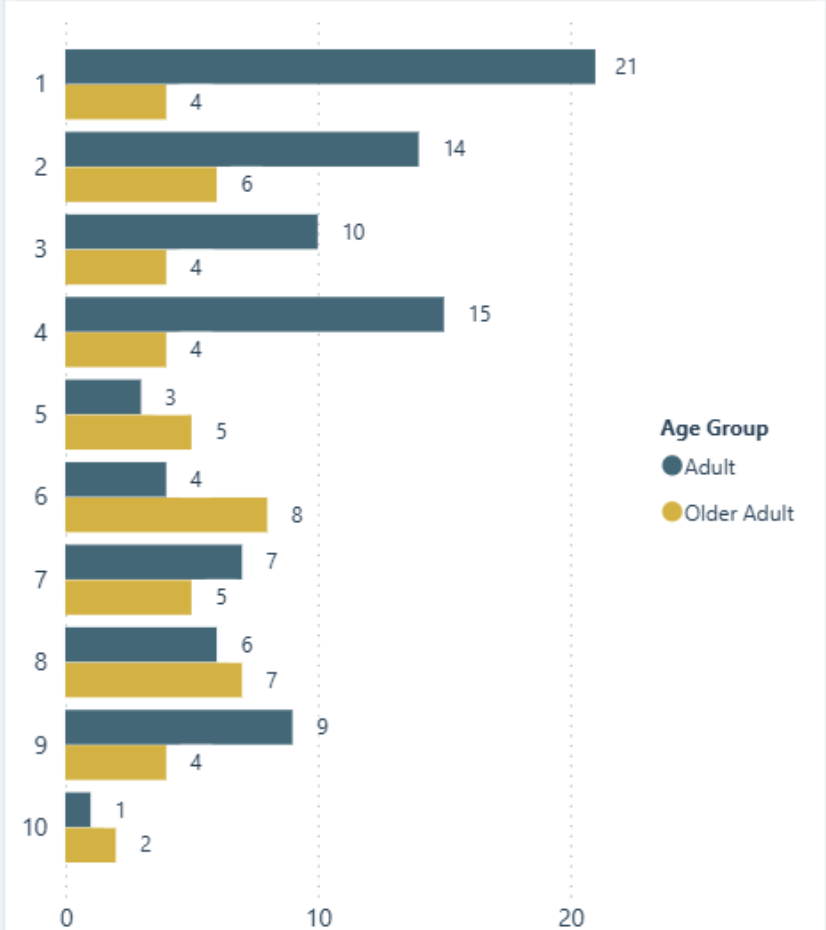
Age Group by Gender



Age Group By Ethnicity

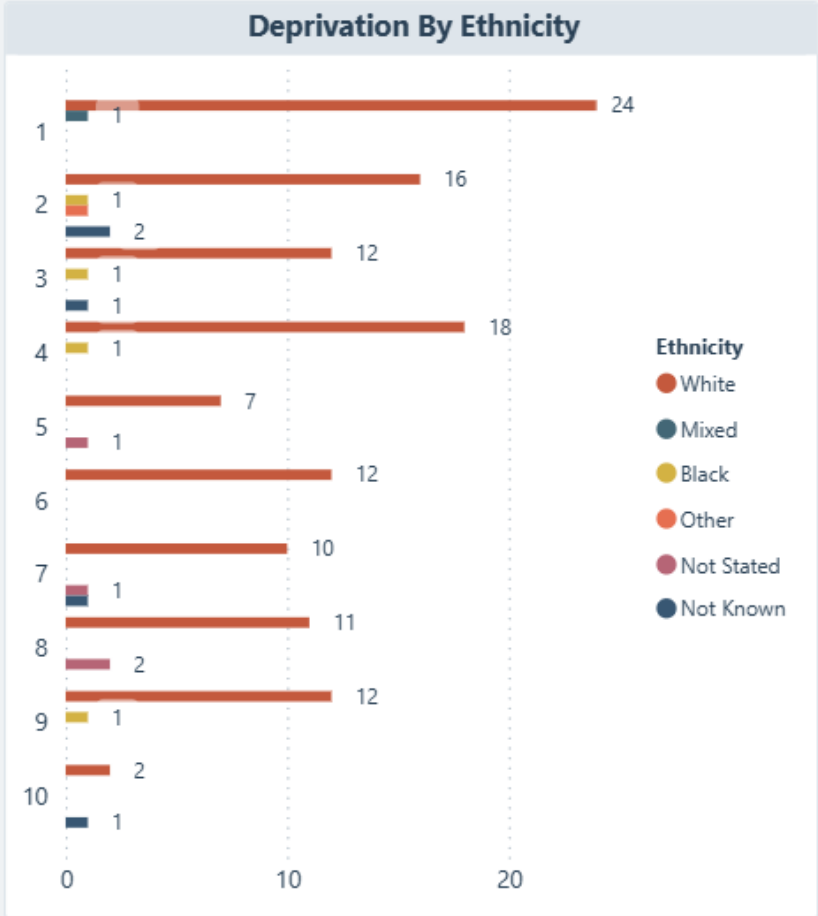
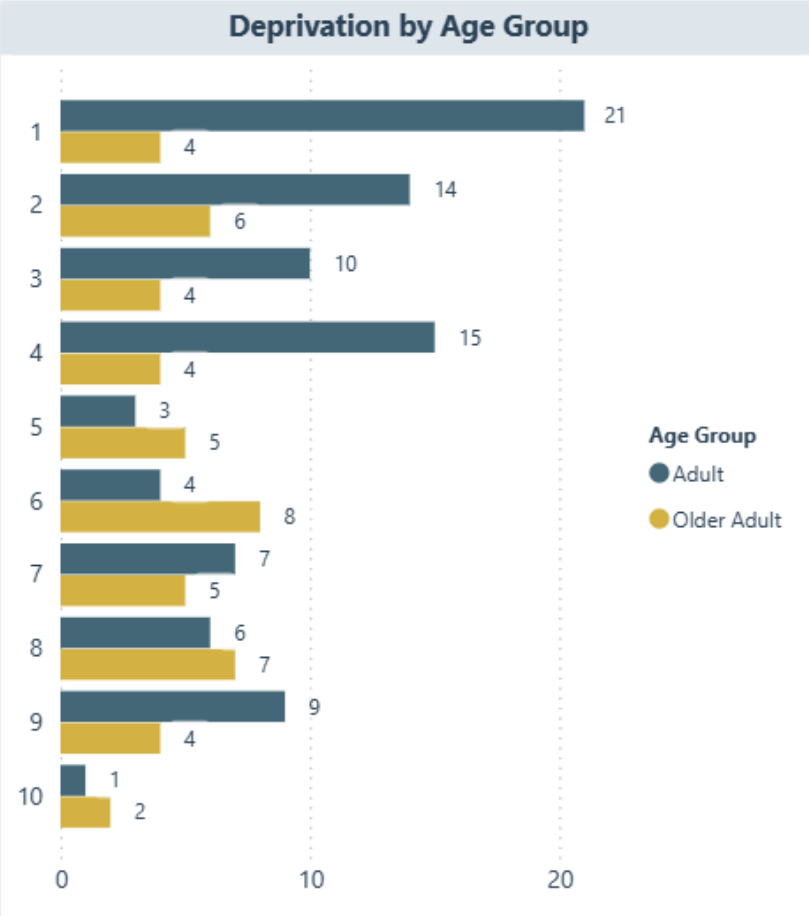
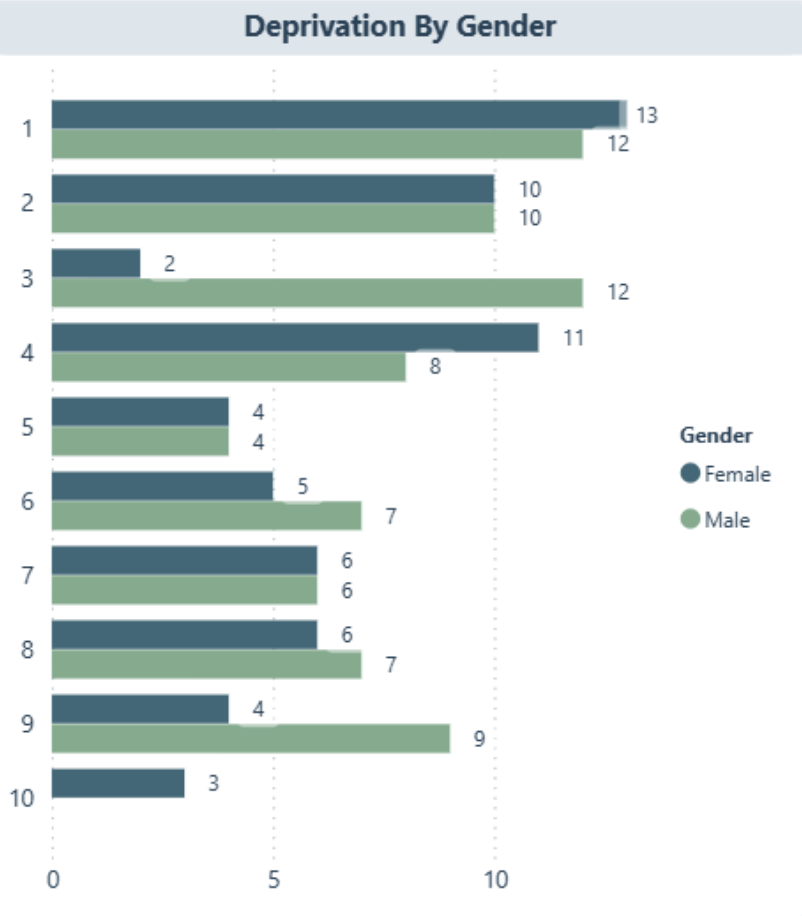


Age Group By Deprivation

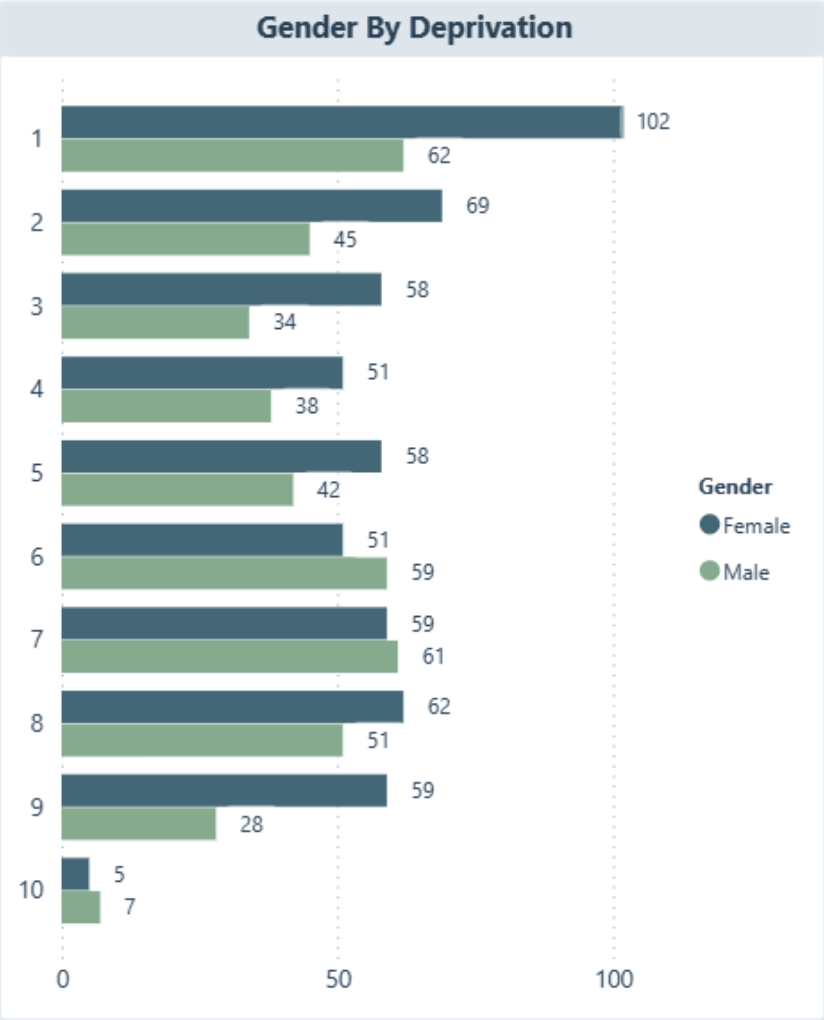
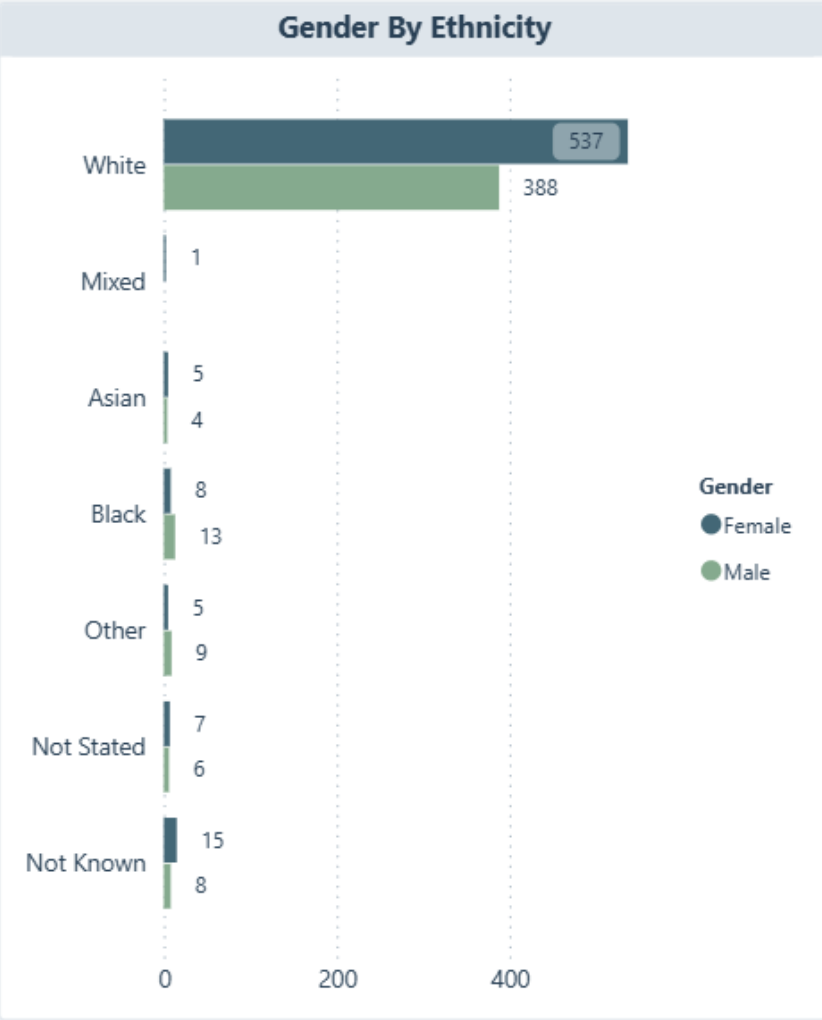
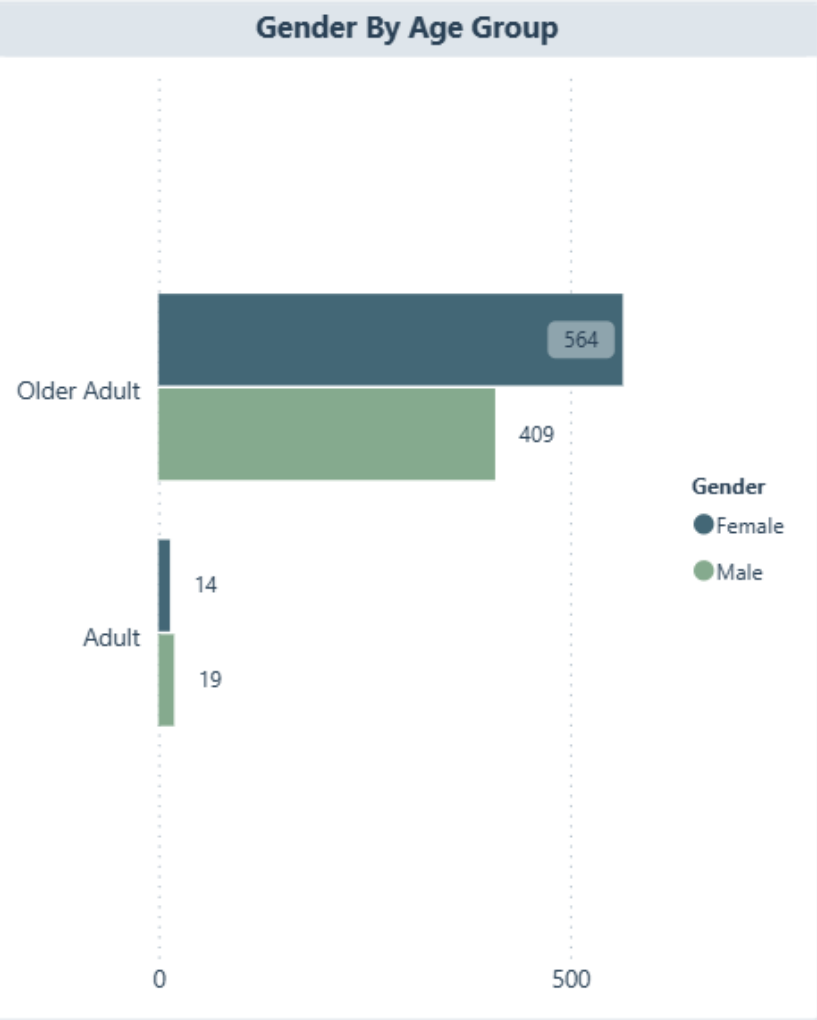


Indicator	Alt Ref	Metric
OP08c (N)		18 weeks RTT for consultant led Physical Health services

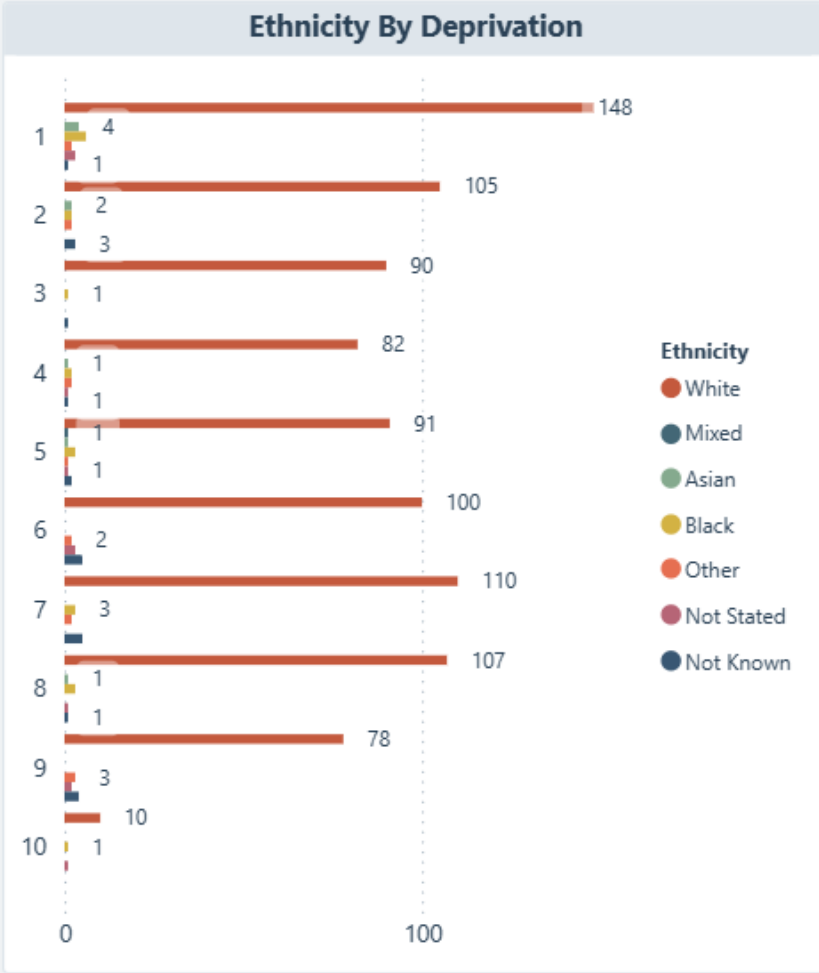
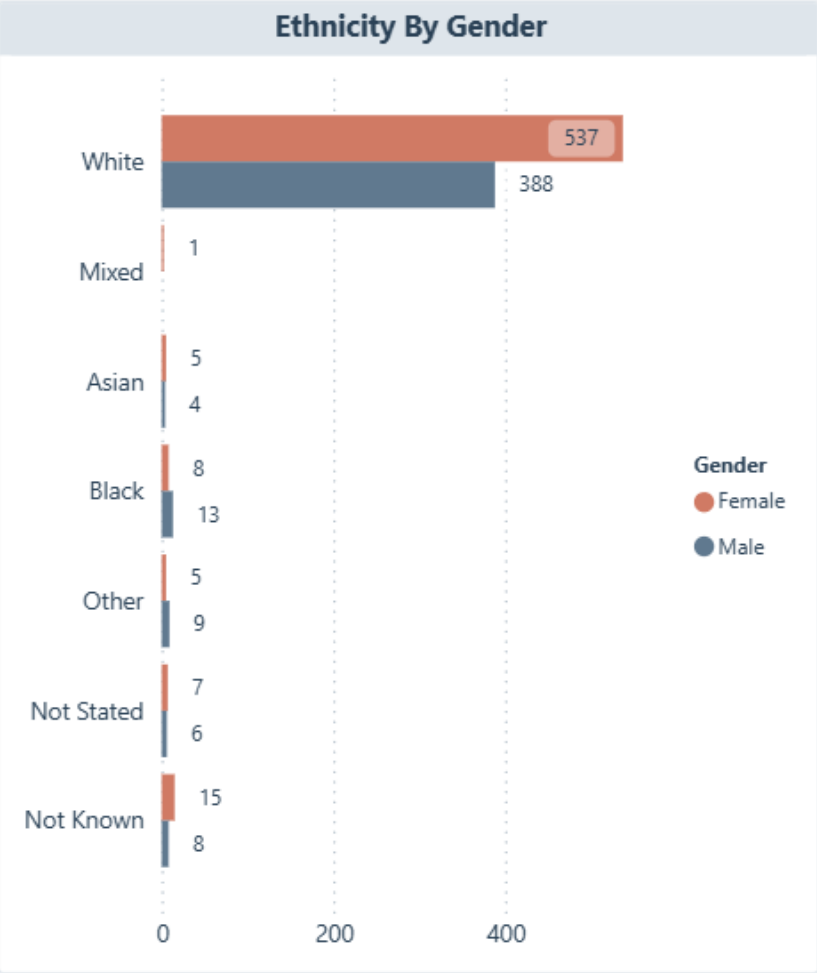
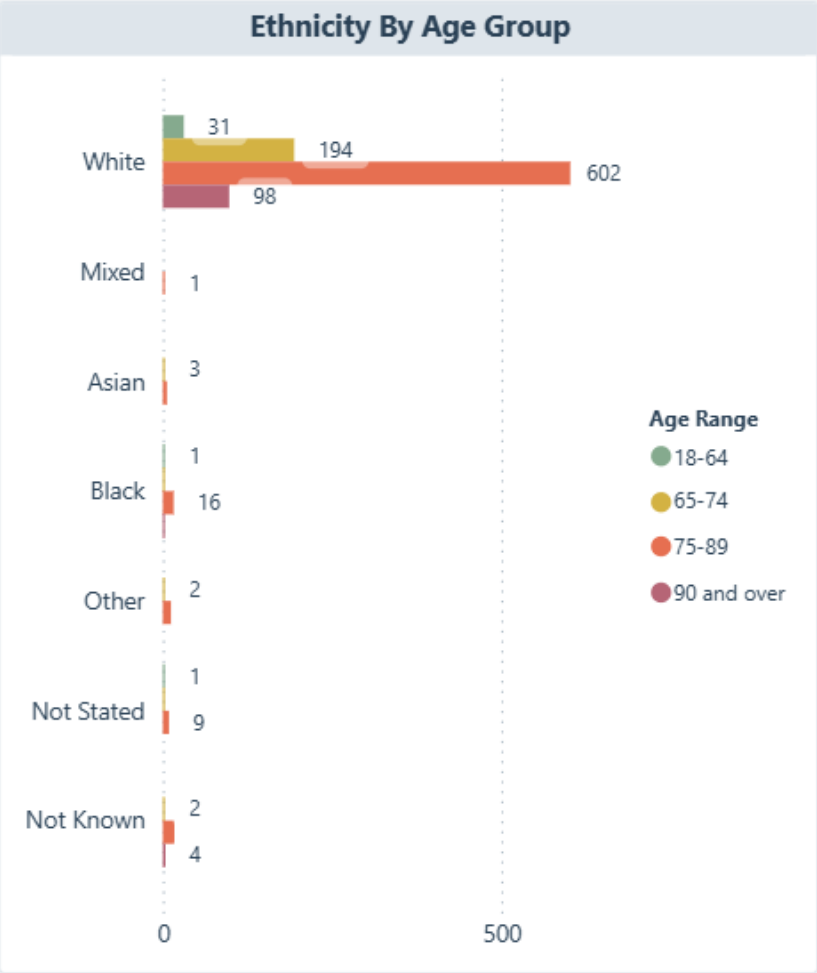
Not Recorded	1	2	3	4	5	6	7	8	9	10
1	25	20	14	19	8	12	12	13	13	3
0.71%	17.86%	14.29%	10.00%	13.57%	5.71%	8.57%	8.57%	9.29%	9.29%	2.14%



Indicator	Alt Ref	Metric	Female	Male
OP08d (N)		18 weeks RTT for consultant led Mental Health services	578	428
			57.46%	42.54%

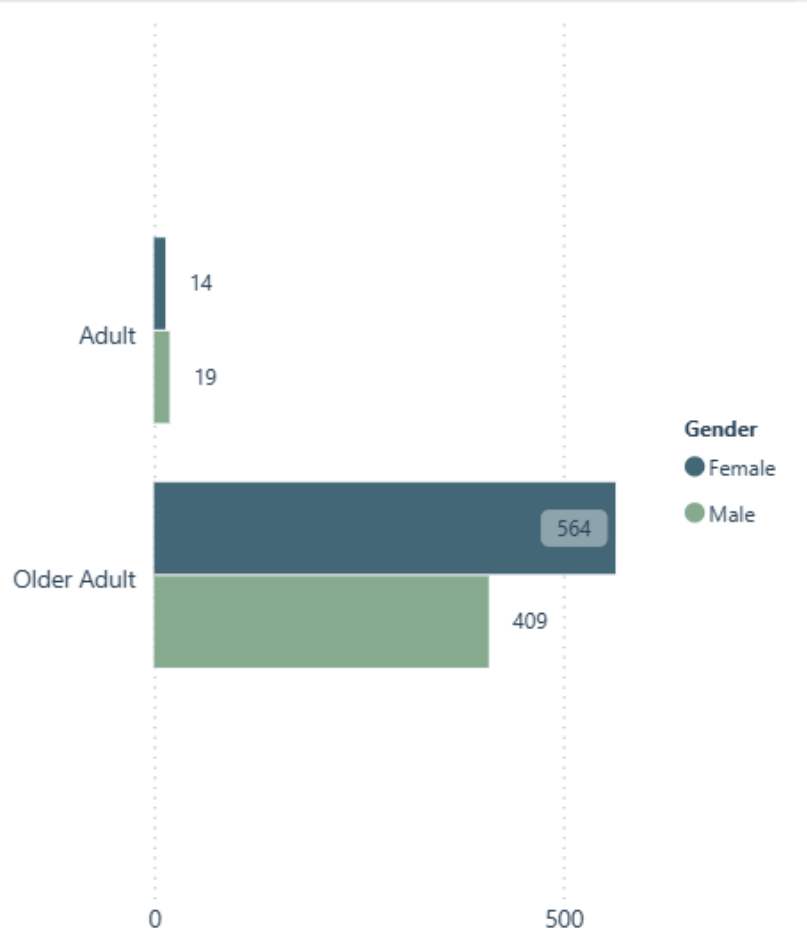


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP08d (N)		18 weeks RTT for consultant led Mental Health services	925	1	9	21	14	13	23
			91.95%	0.10%	0.89%	2.09%	1.39%	1.29%	2.29%

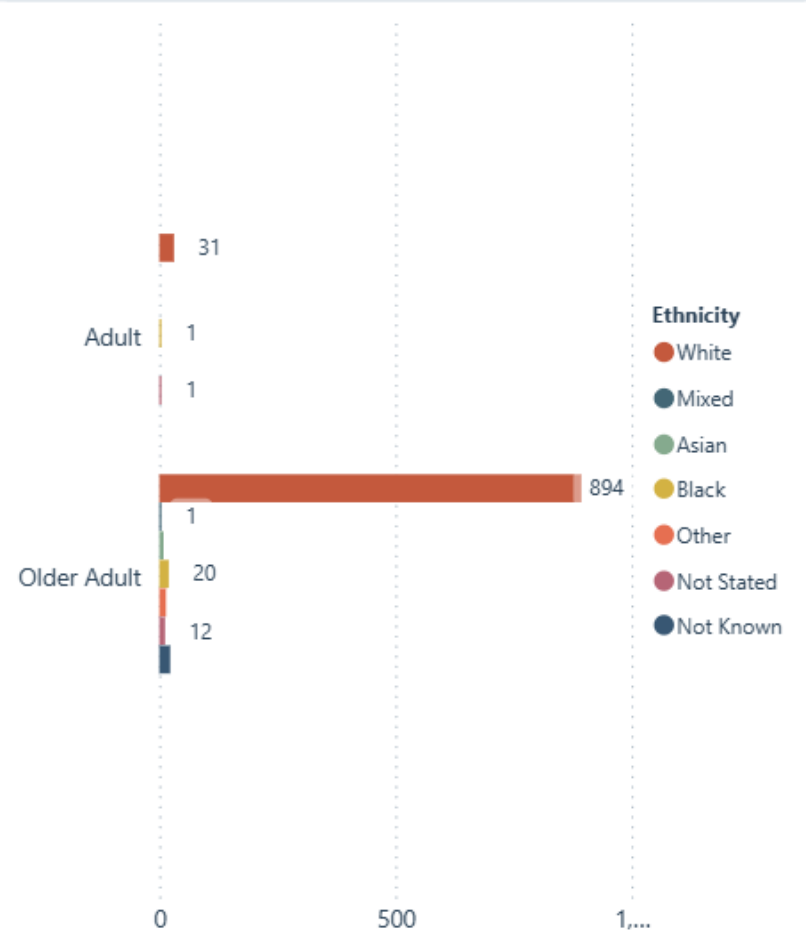


Indicator	Alt Ref	Metric	Adult	Older Adult
OP08d (N)		18 weeks RTT for consultant led Mental Health services	33	973
			3.28%	96.72%

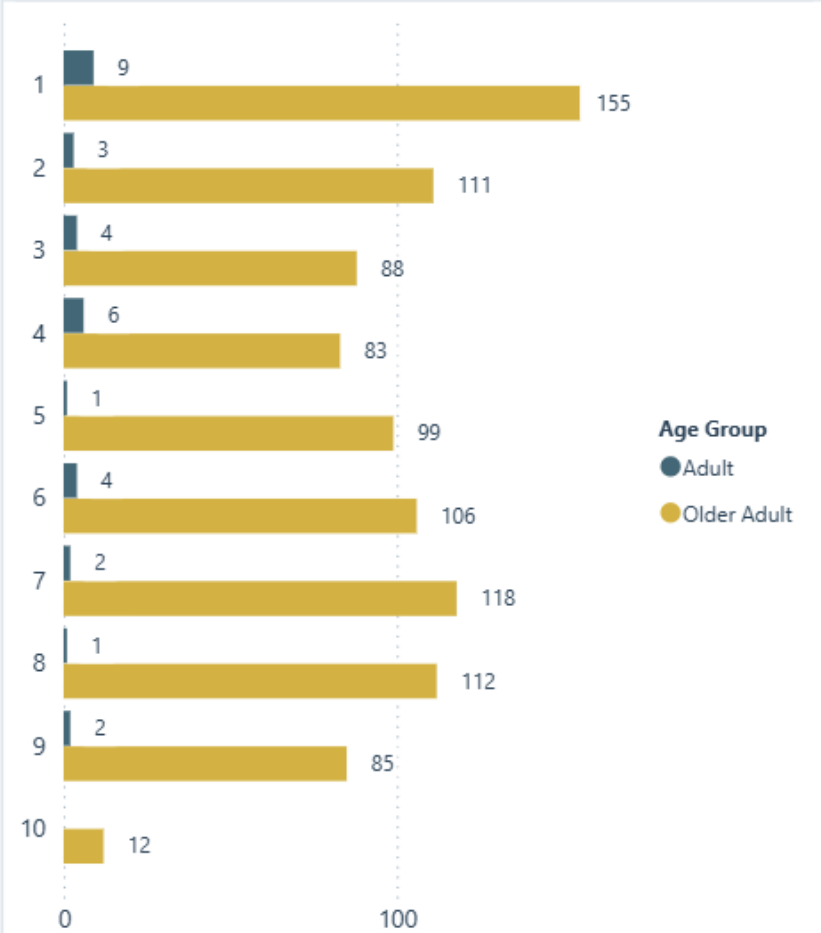
Age Group by Gender



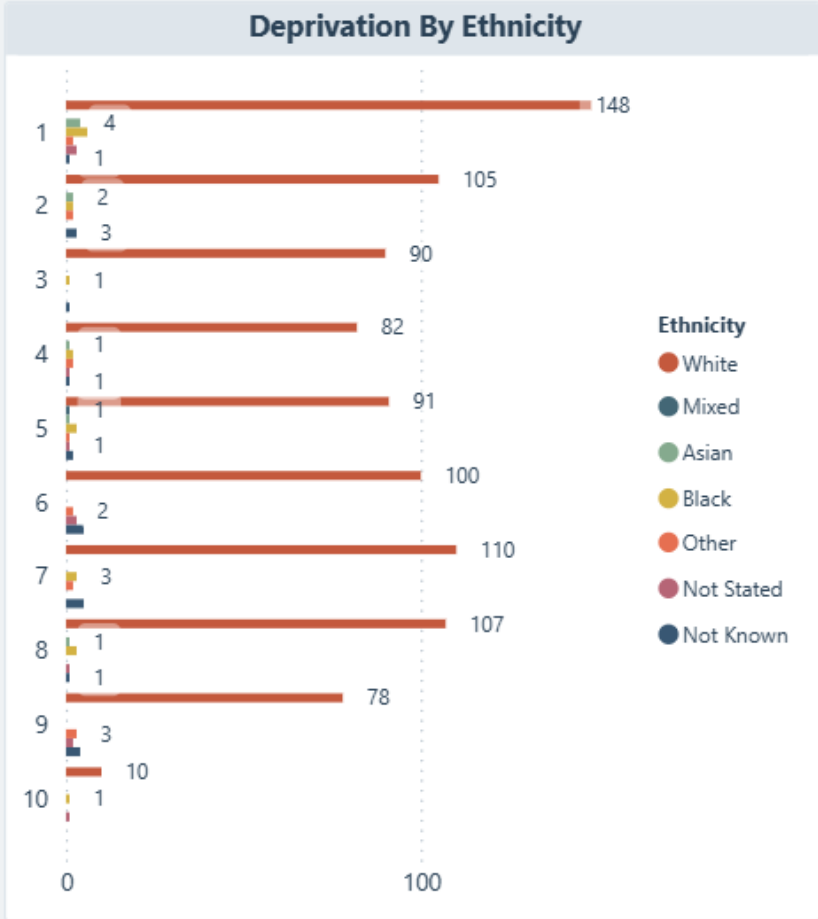
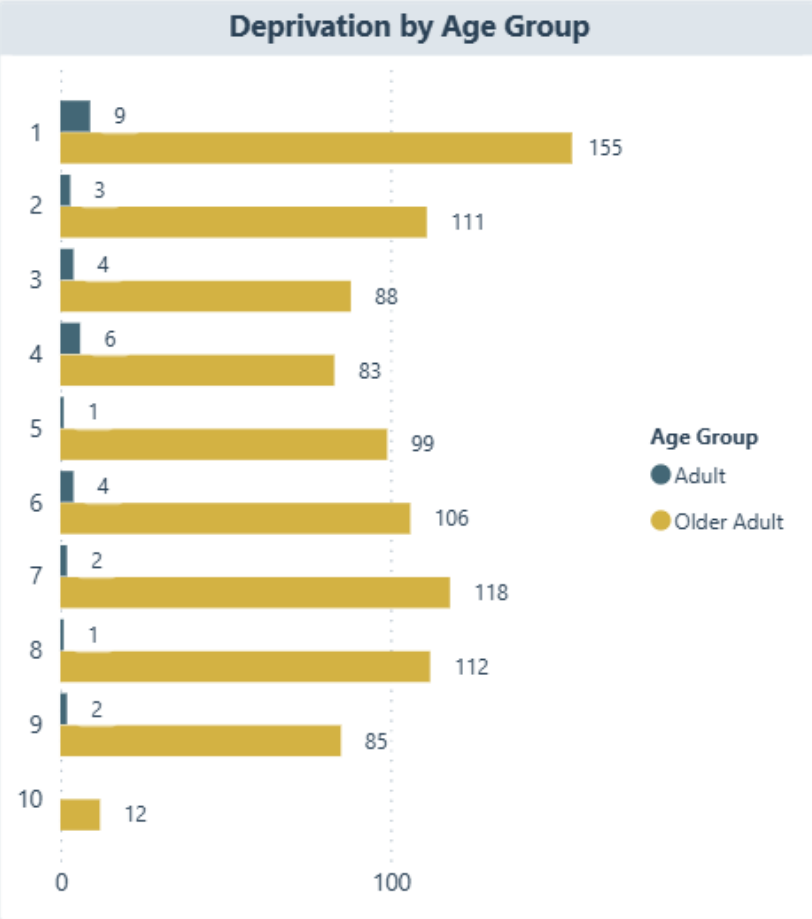
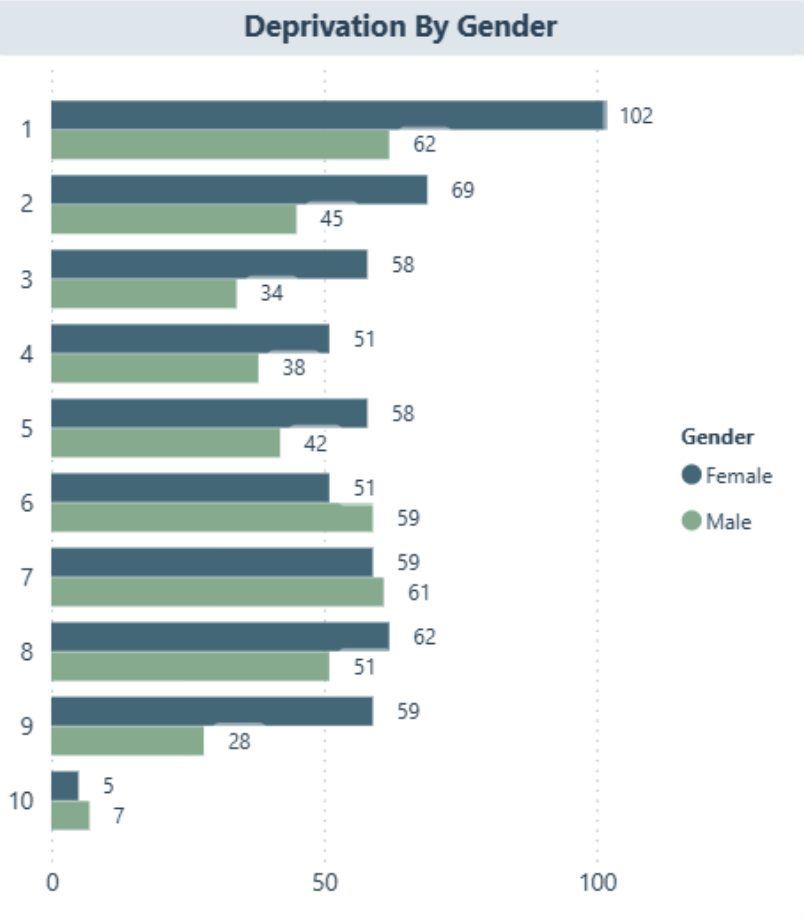
Age Group By Ethnicity



Age Group By Deprivation

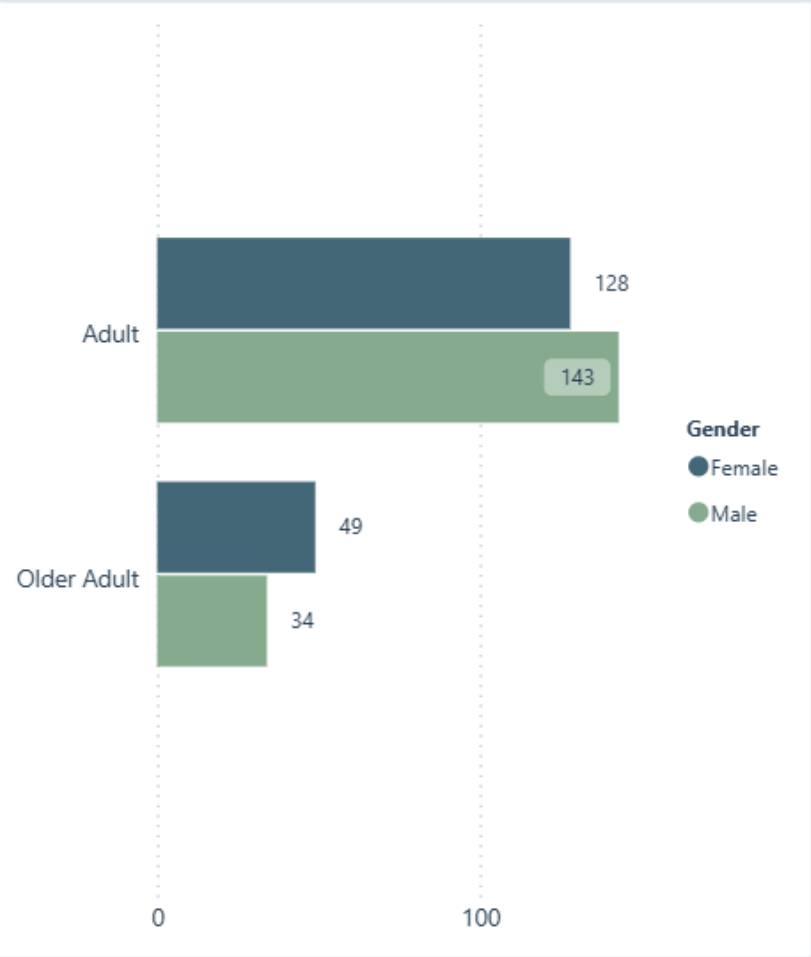


Indicator	Alt Ref	Metric									
OP08d (N)		18 weeks RTT for consultant led Mental Health services									
Not Recorded		1	2	3	4	5	6	7	8	9	10
5		164	114	92	89	100	110	120	113	87	12
0.50%		16.30%	11.33%	9.15%	8.85%	9.94%	10.93%	11.93%	11.23%	8.65%	1.19%

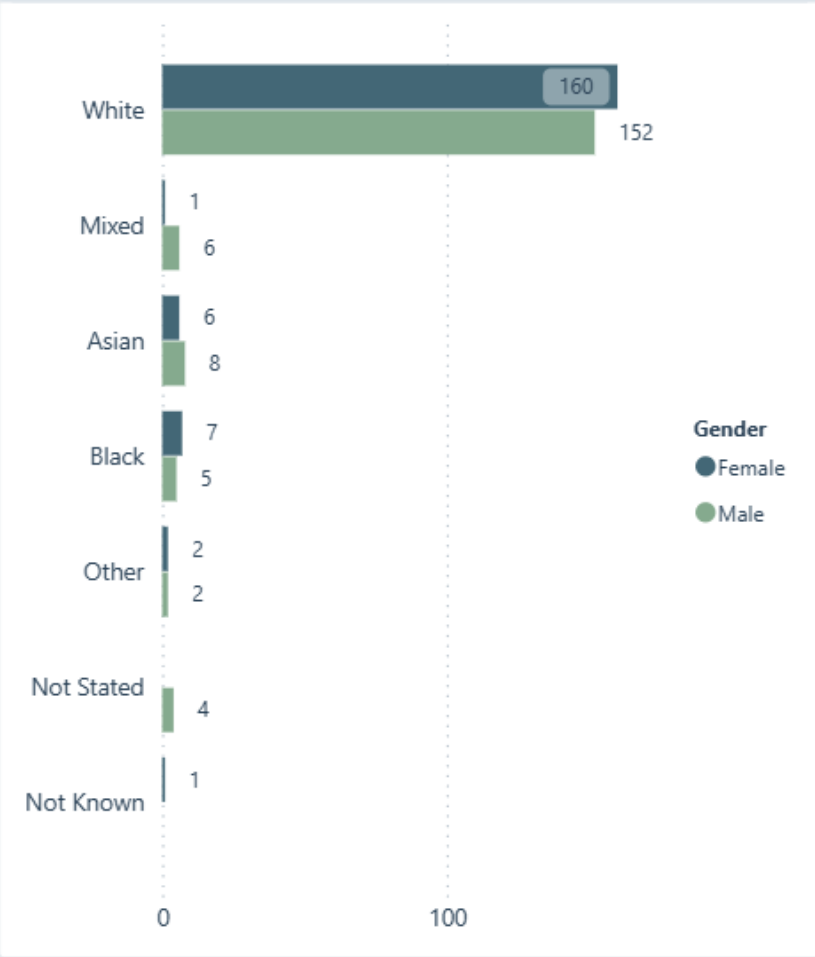


Indicator	Alt Ref	Metric	Female	Male
OP12 (N)		People discharged from MH inpatients followed up in 72 hrs	177	177
			50.00%	50.00%

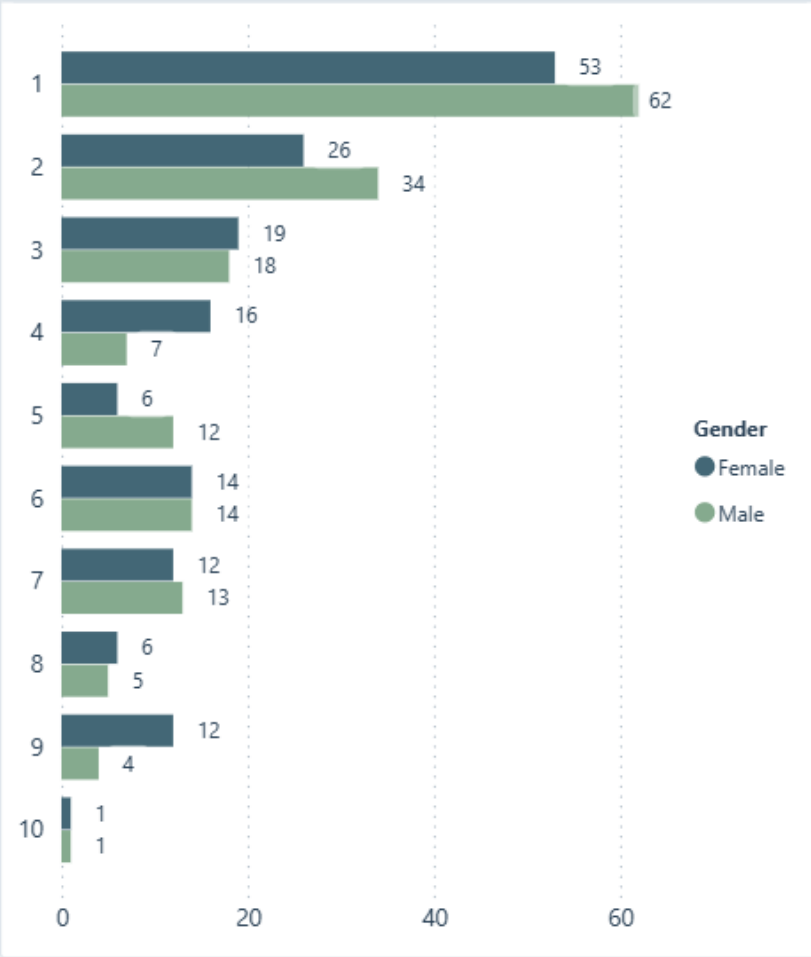
Gender By Age Group



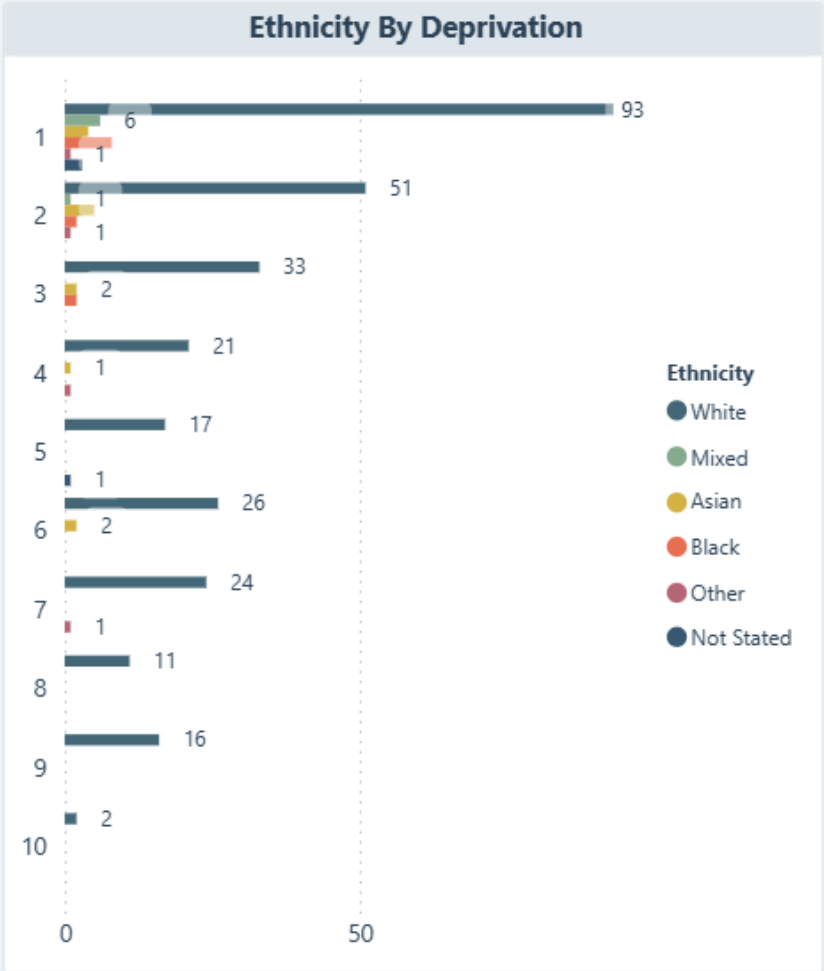
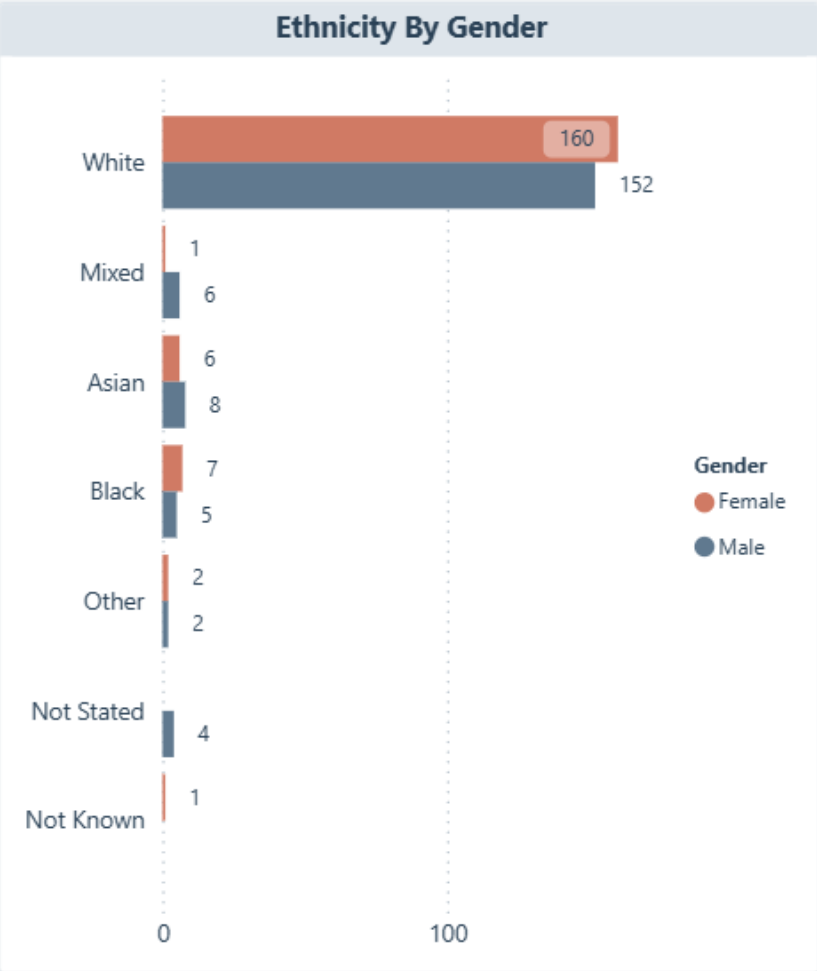
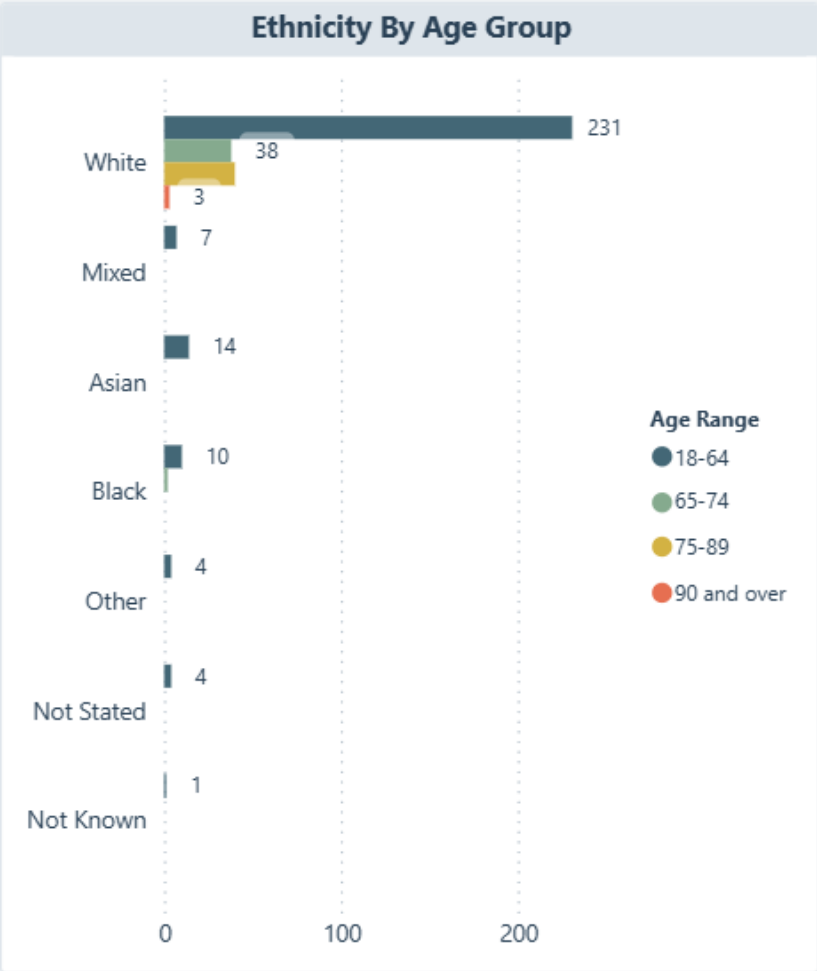
Gender By Ethnicity



Gender By Deprivation

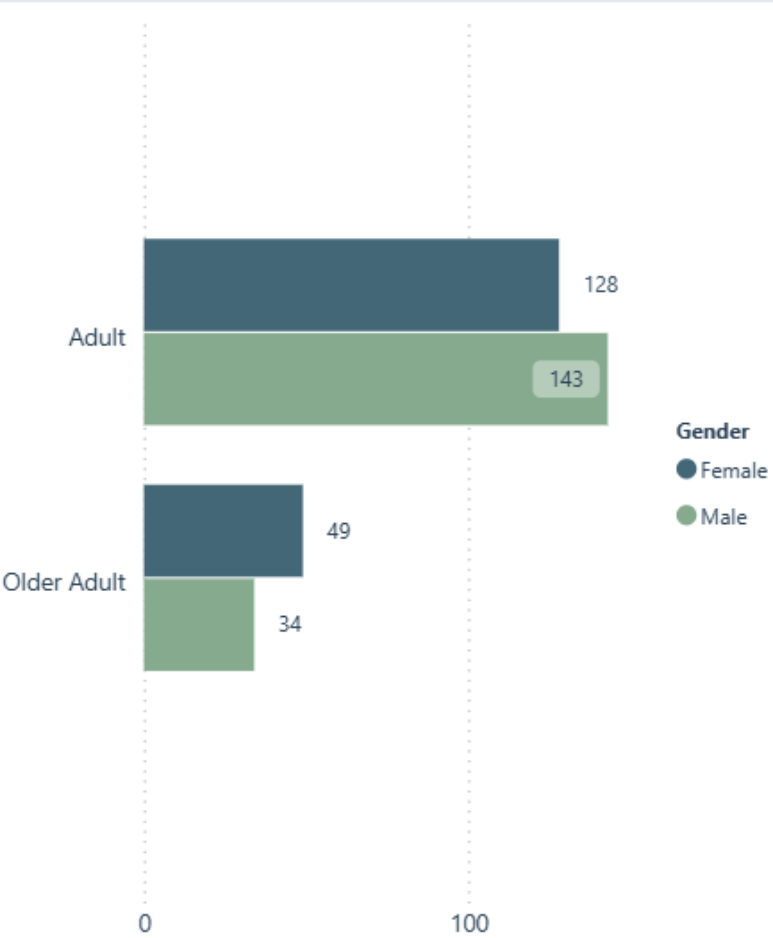


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP12 (N)		People discharged from MH inpatients followed up in 72 hrs	312	7	14	12	4	4	1
			88.14%	1.98%	3.95%	3.39%	1.13%	1.13%	0.28%

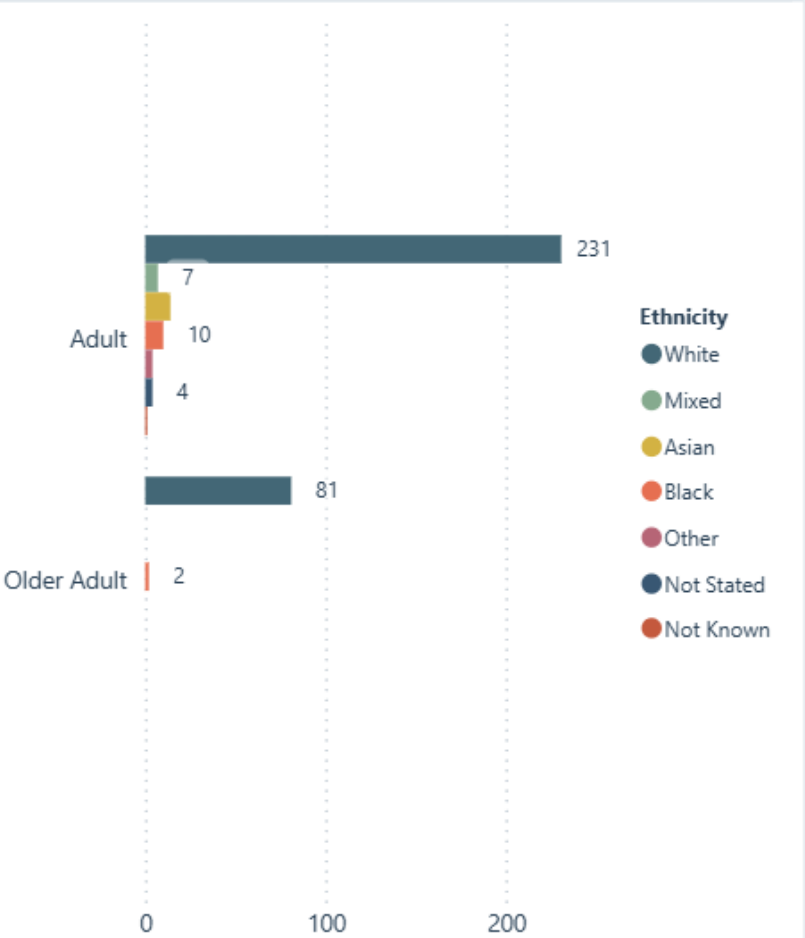


Indicator	Alt Ref	Metric	Adult	Older Adult
OP12 (N)		People discharged from MH inpatients followed up in 72 hrs	271	83
			76.55%	23.45%

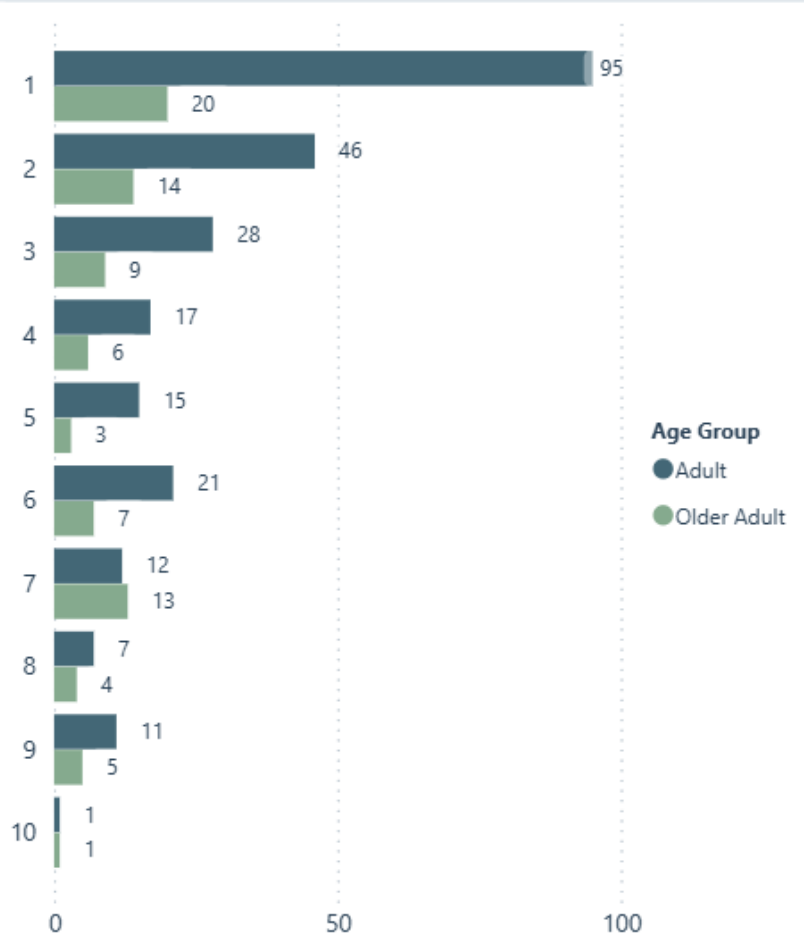
Age Group by Gender



Age Group By Ethnicity



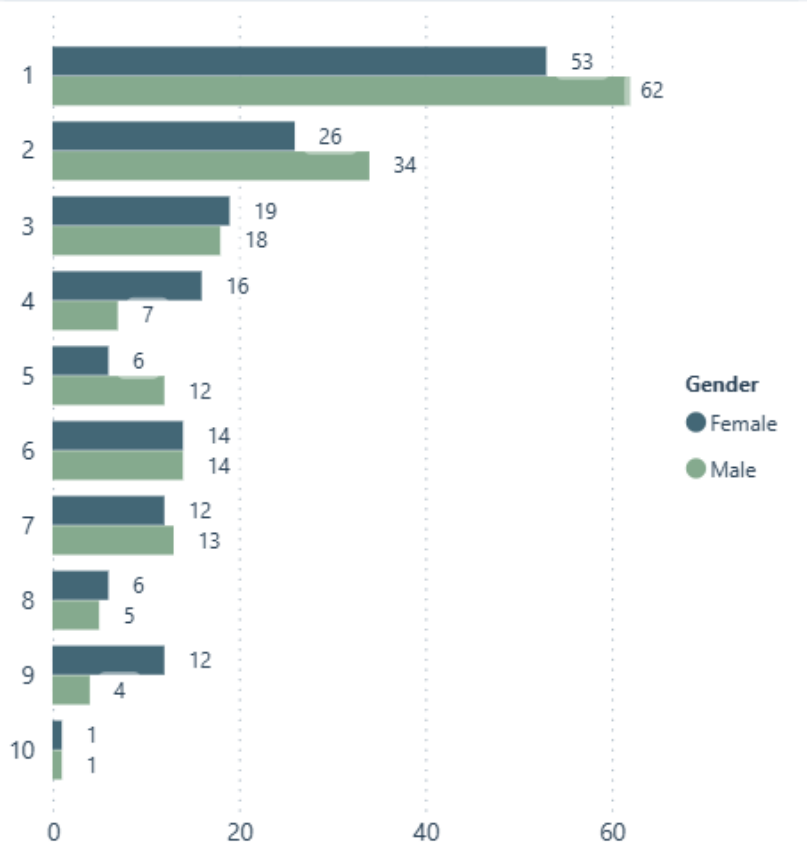
Age Group By Deprivation



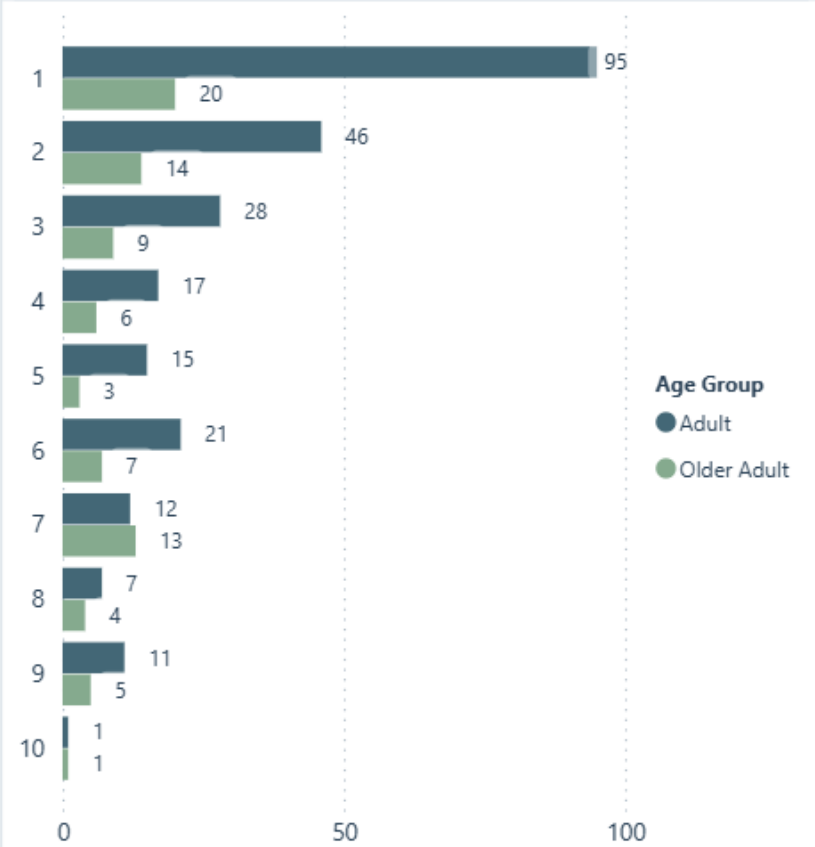
Indicator	Alt Ref	Metric
OP12 (N)		People discharged from MH inpatients followed up in 72 hrs

Not Recorded	1	2	3	4	5	6	7	8	9	10
19	115	60	37	23	18	28	25	11	16	2
5.37%	32.49%	16.95%	10.45%	6.50%	5.08%	7.91%	7.06%	3.11%	4.52%	0.56%

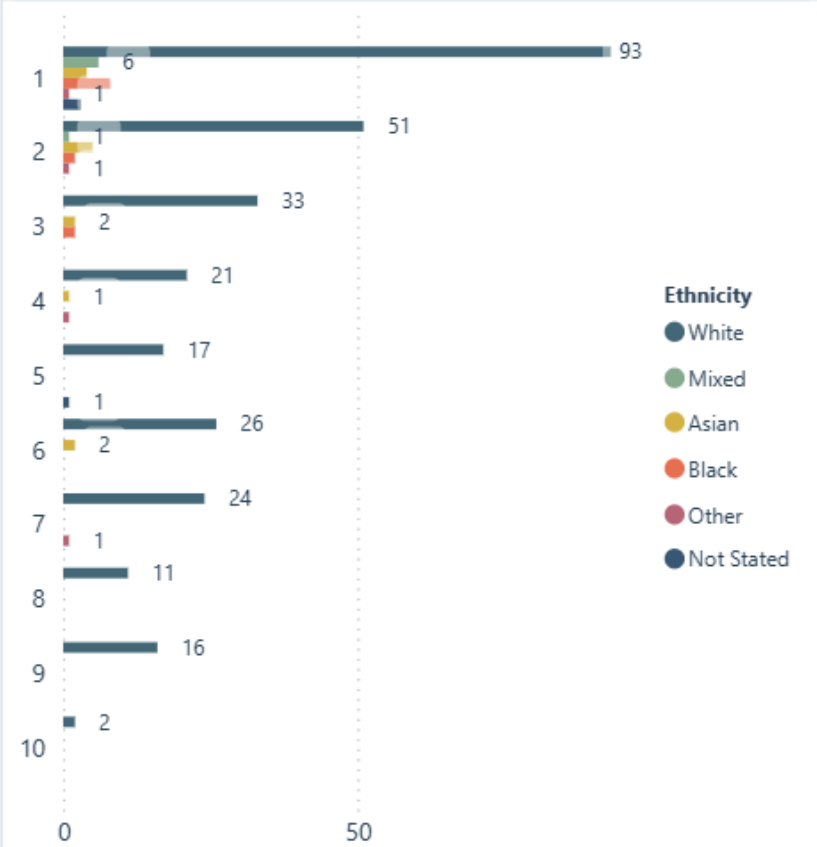
Deprivation By Gender



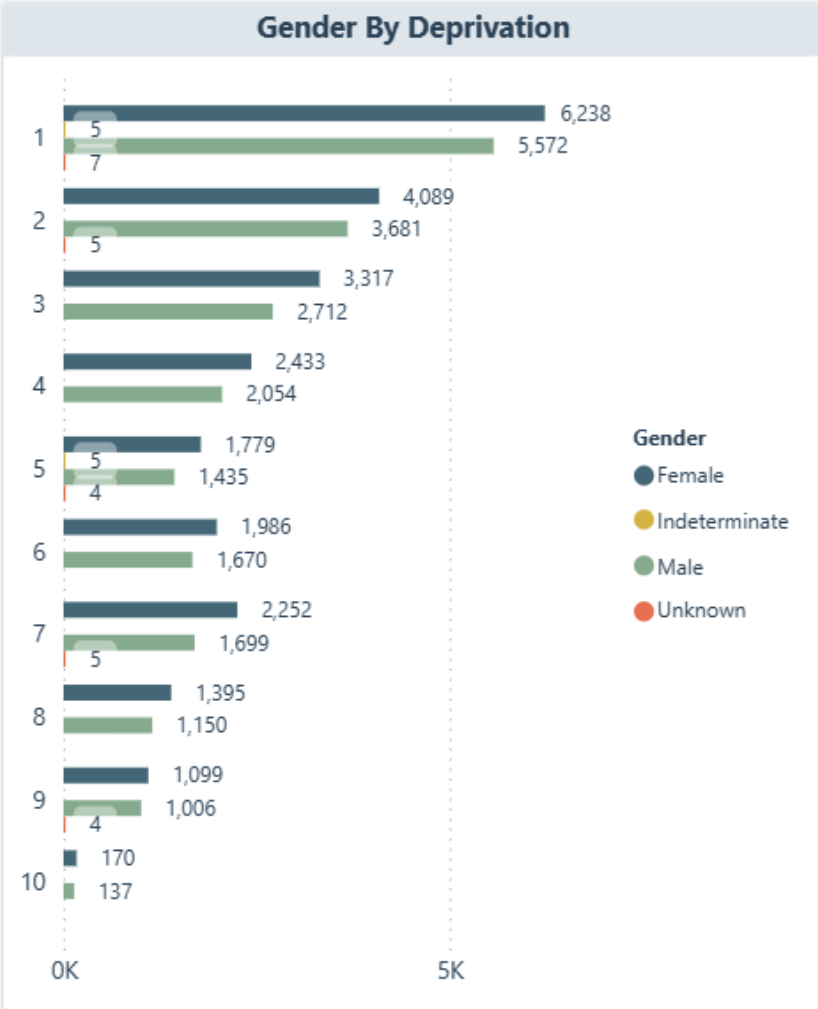
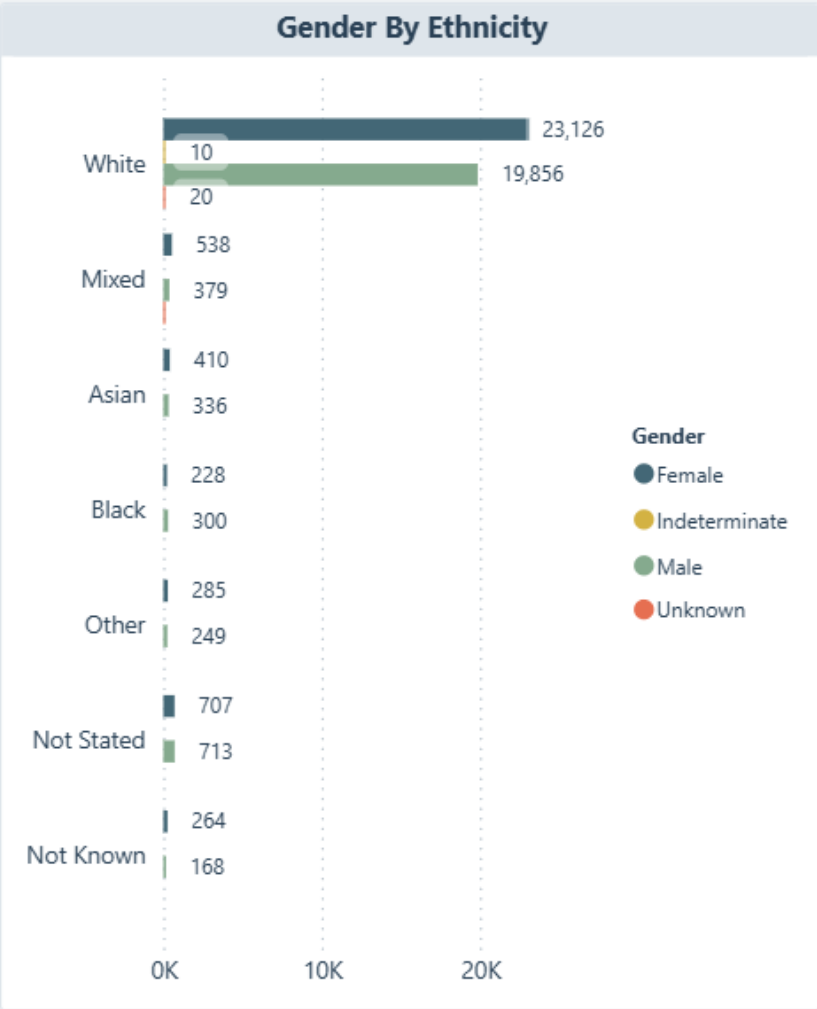
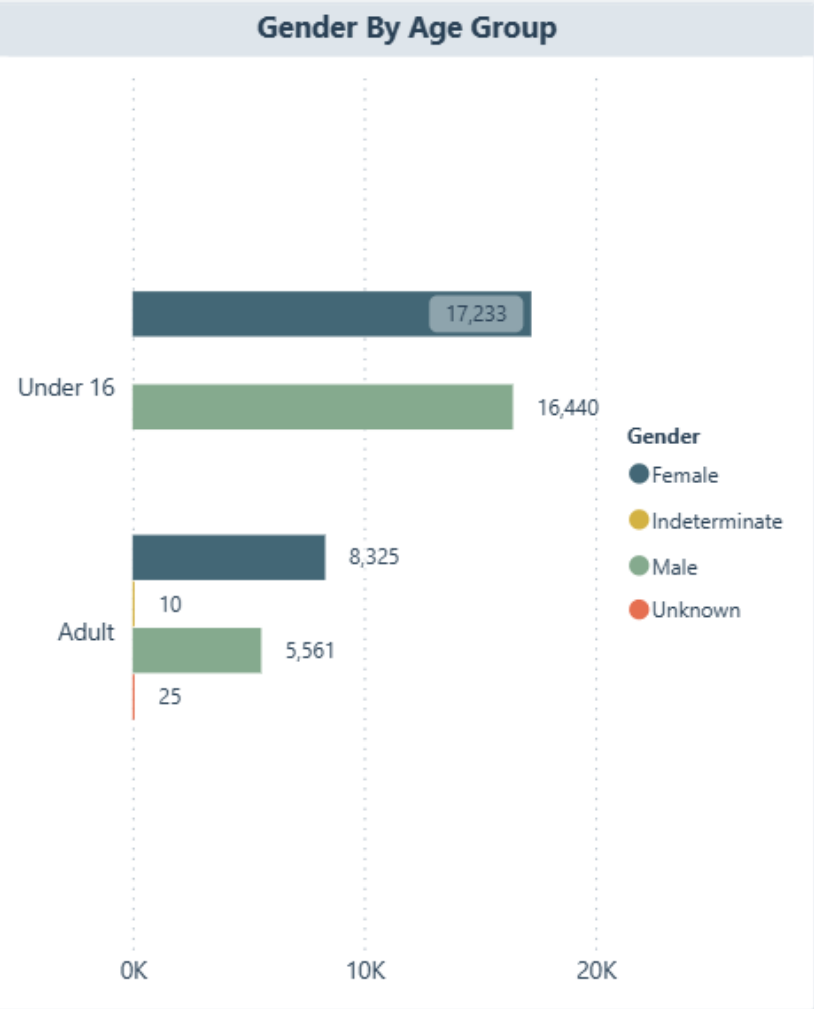
Deprivation by Age Group



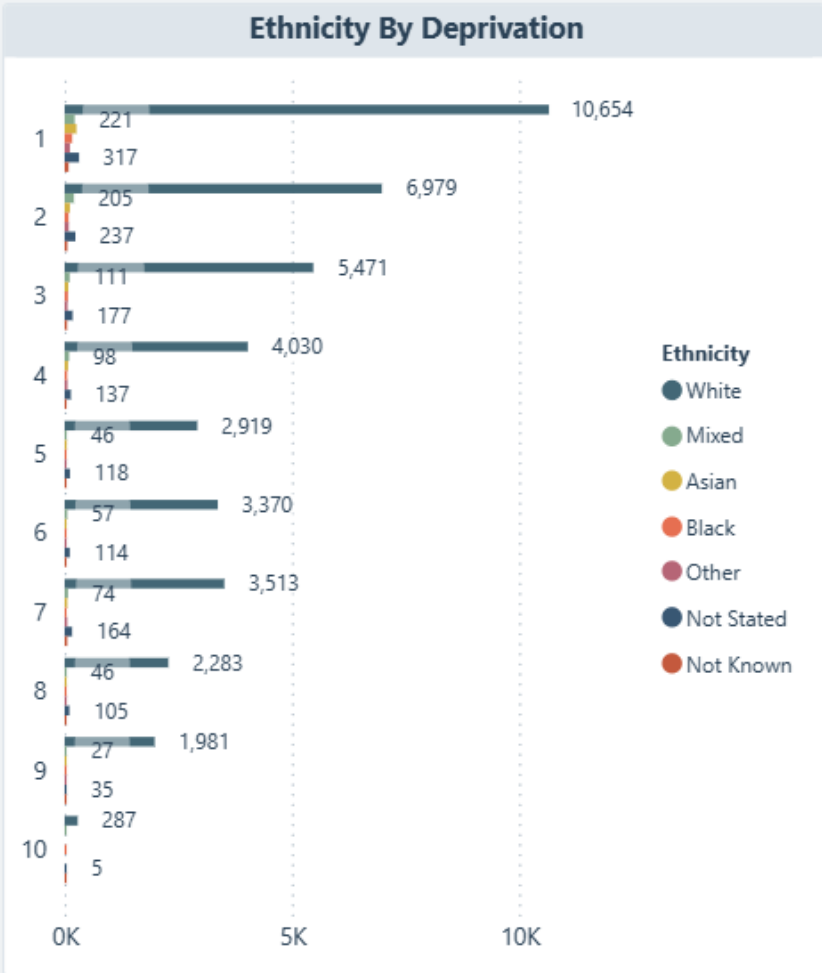
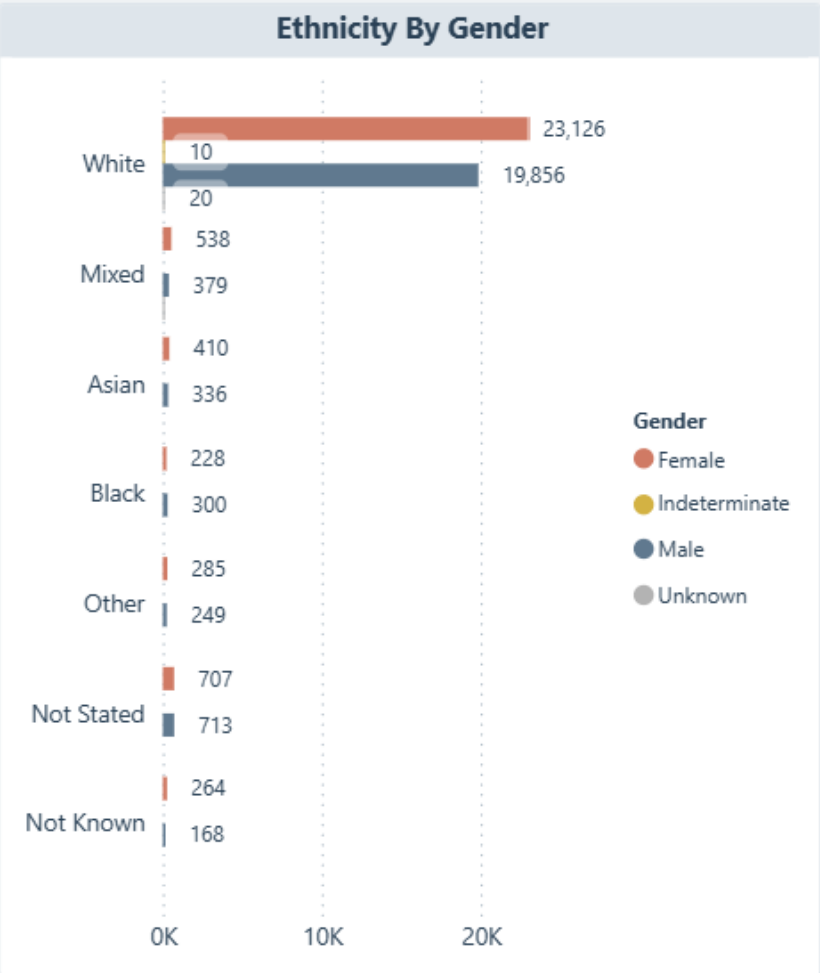
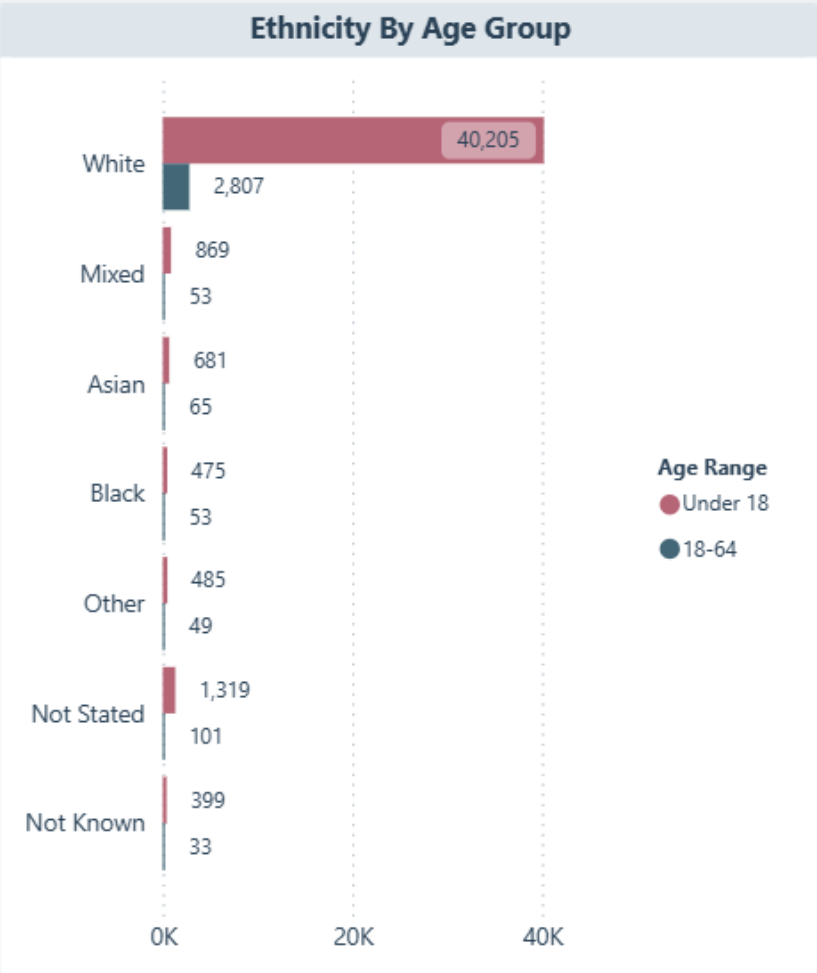
Deprivation By Ethnicity



Indicator	Alt Ref	Metric	Female	Indeterminate	Male	Unknown
OP13a (N)		People accessing CYP services with >= 1 contact	25,558	10	22,001	25
			53.70%	0.02%	46.23%	0.05%

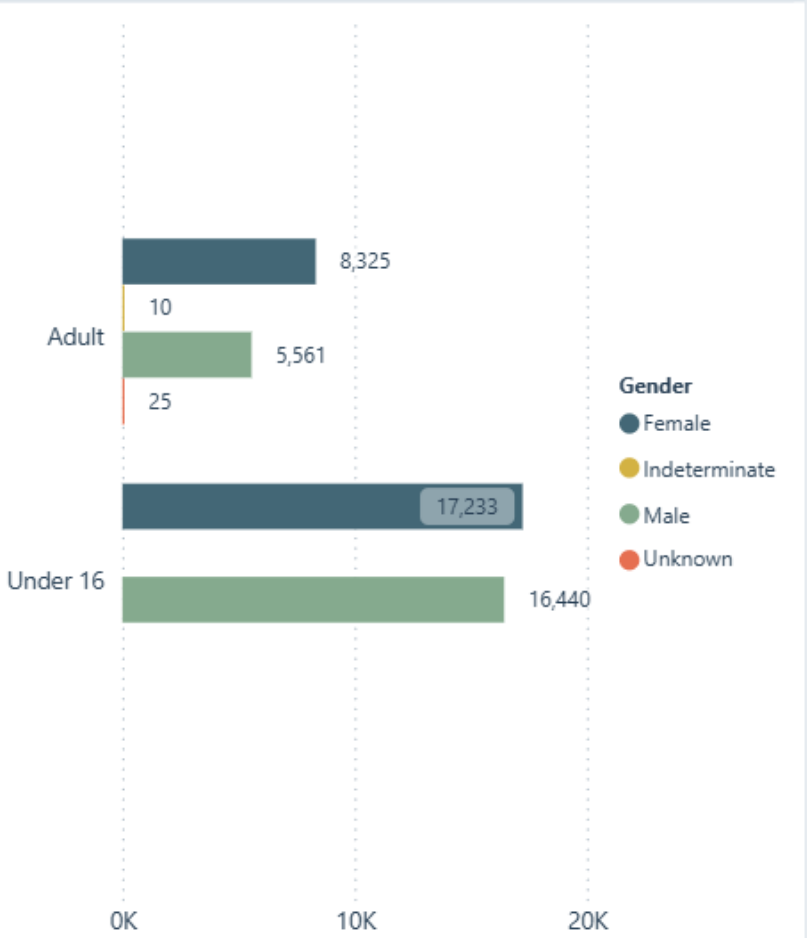


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP13a (N)		People accessing CYP services with >= 1 contact	43,012	922	746	528	534	1,420	432
			90.37%	1.94%	1.57%	1.11%	1.12%	2.98%	0.91%

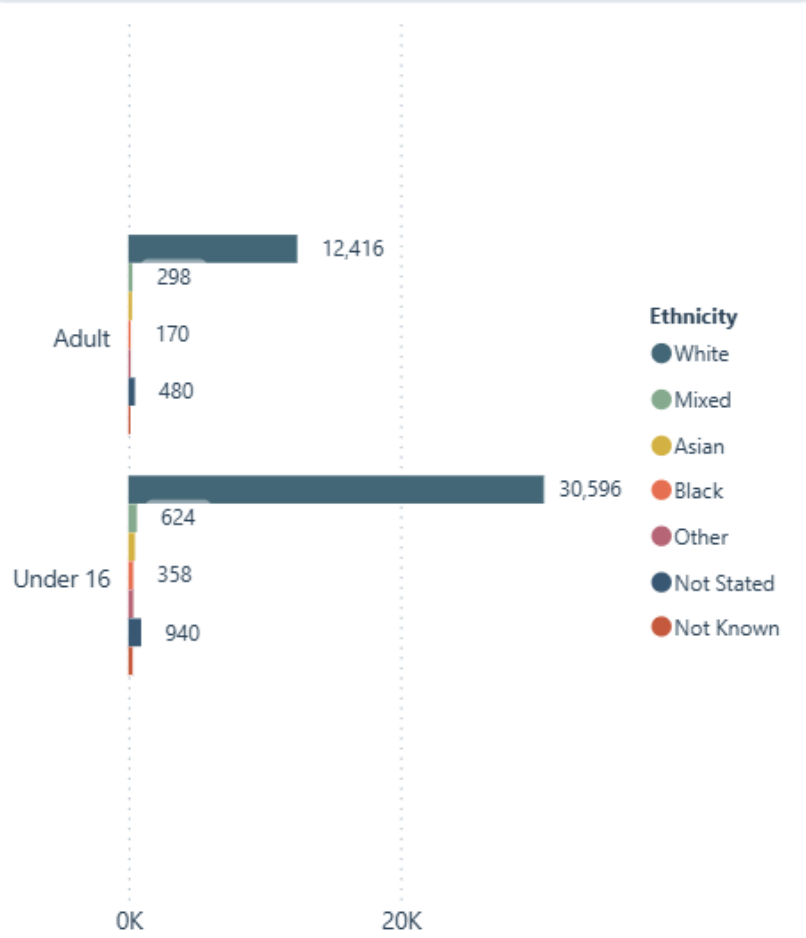


Indicator	Alt Ref	Metric	Adult	Under 16
OP13a (N)		People accessing CYP services with >= 1 contact	13,921	33,673
			29.25%	70.75%

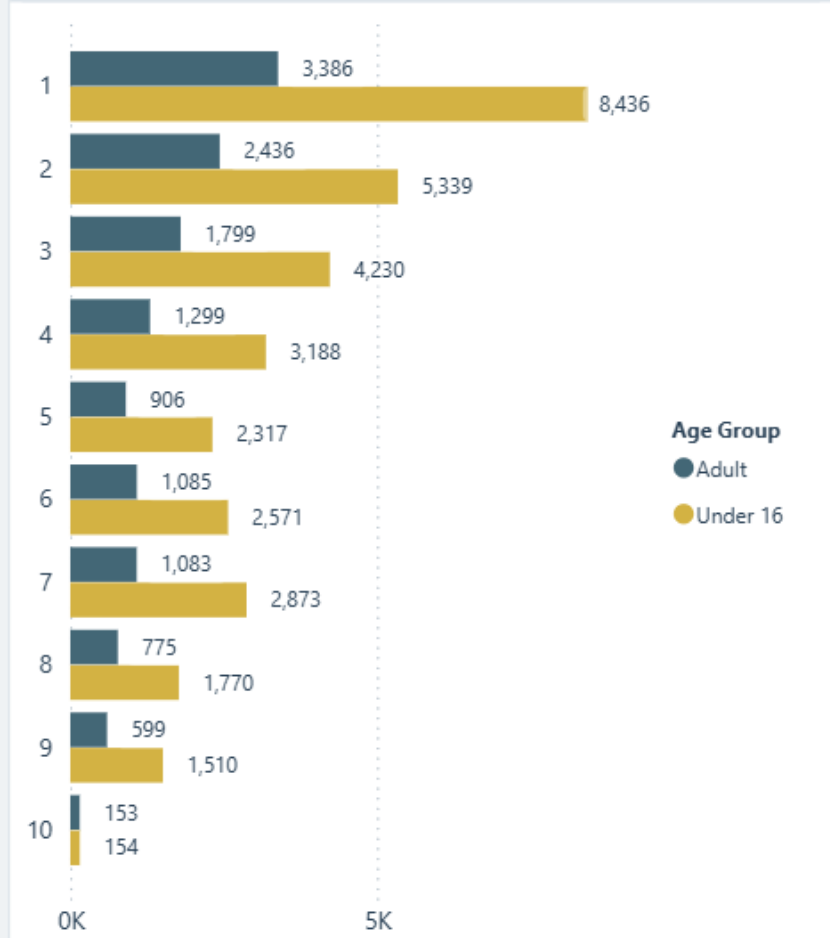
Age Group by Gender



Age Group By Ethnicity

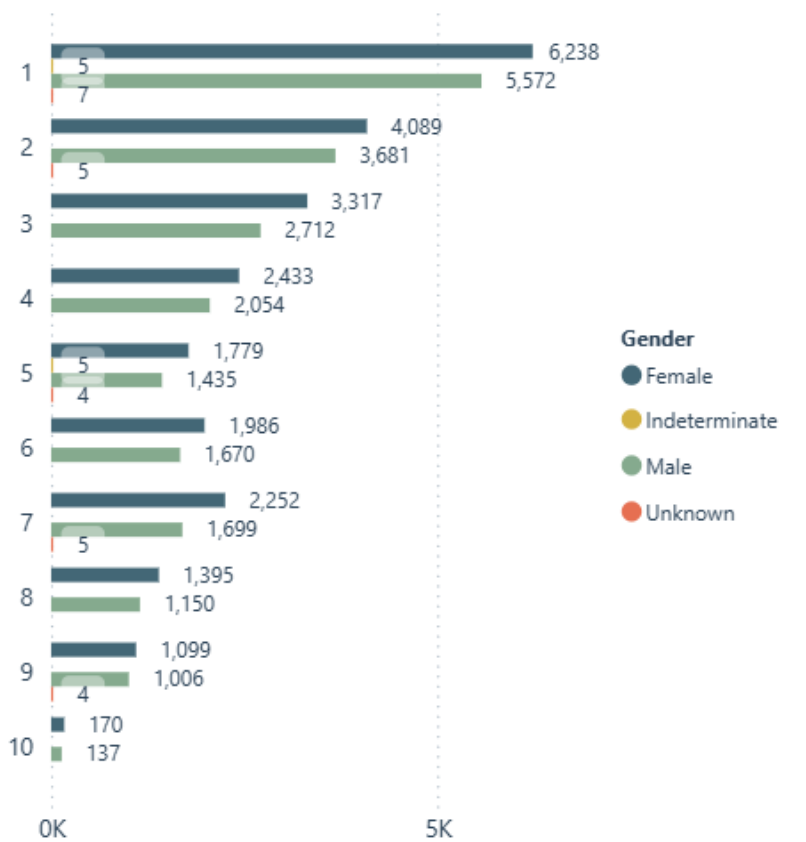


Age Group By Deprivation

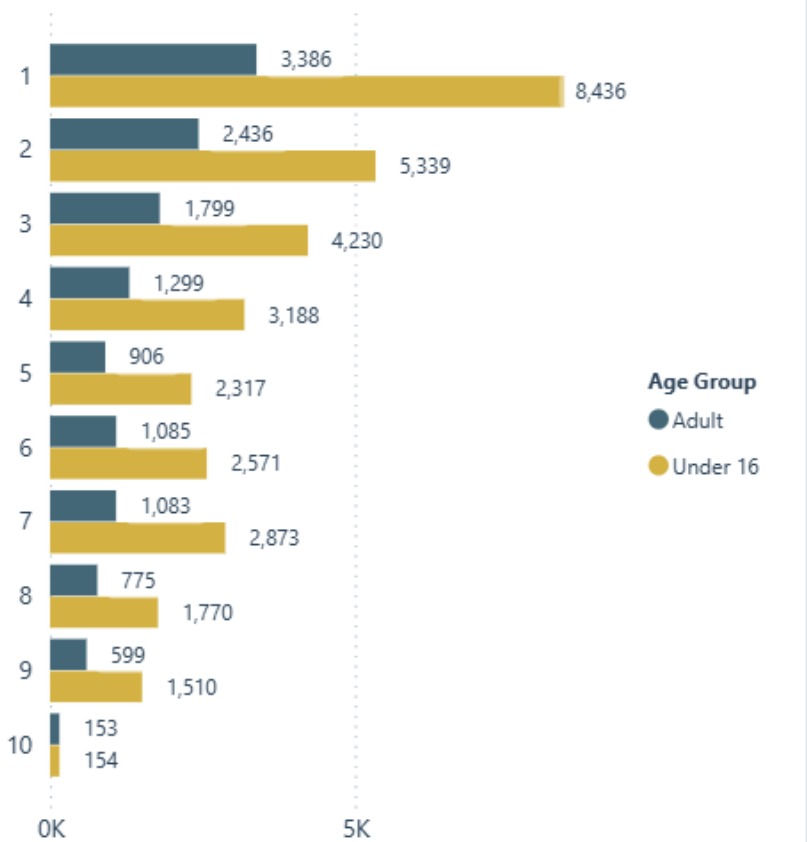


Indicator	Alt Ref	Metric									
OP13a (N)		People accessing CYP services with >= 1 contact									
	Not Recorded	1	2	3	4	5	6	7	8	9	10
	1,685	11,822	7,775	6,029	4,487	3,223	3,656	3,956	2,545	2,109	307
	3.54%	24.84%	16.34%	12.67%	9.43%	6.77%	7.68%	8.31%	5.35%	4.43%	0.65%

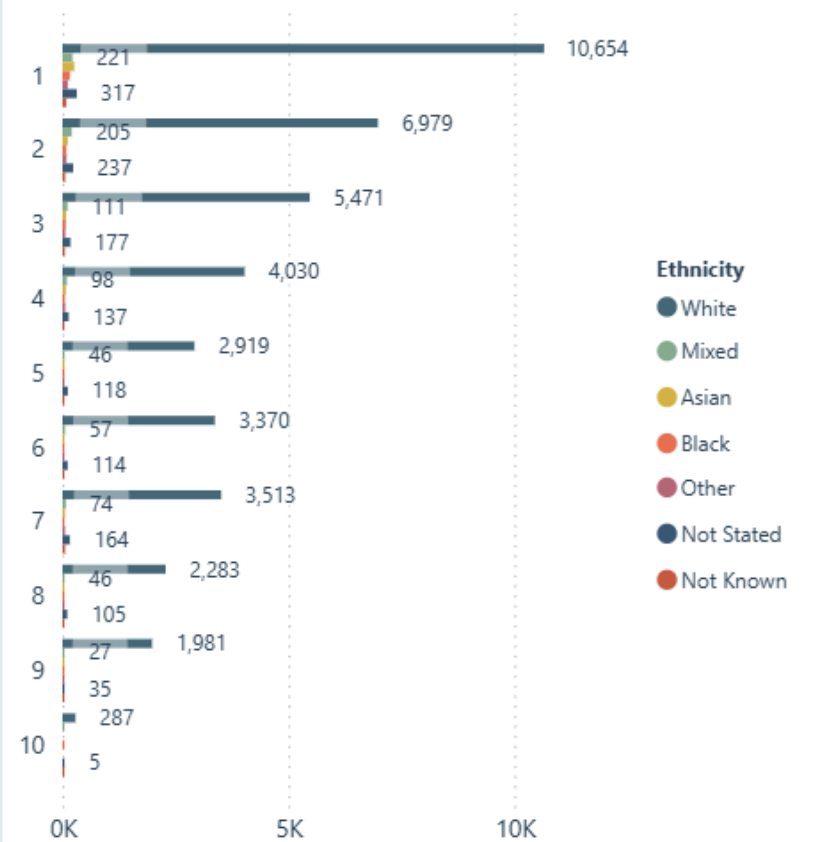
Deprivation By Gender



Deprivation by Age Group

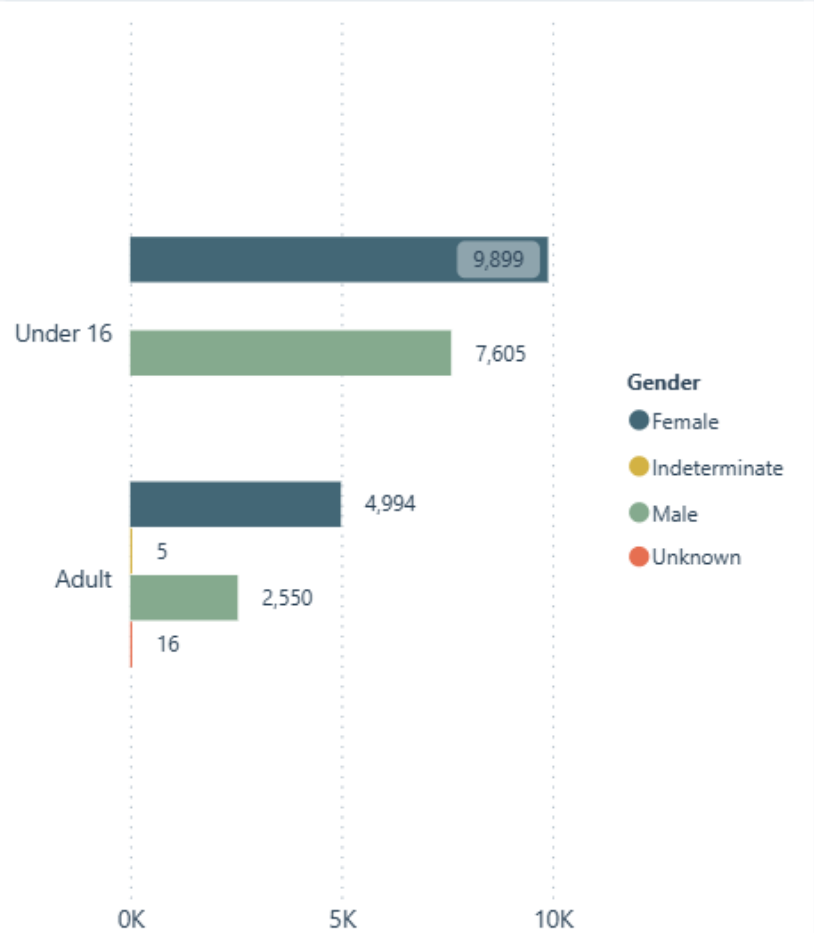


Deprivation By Ethnicity

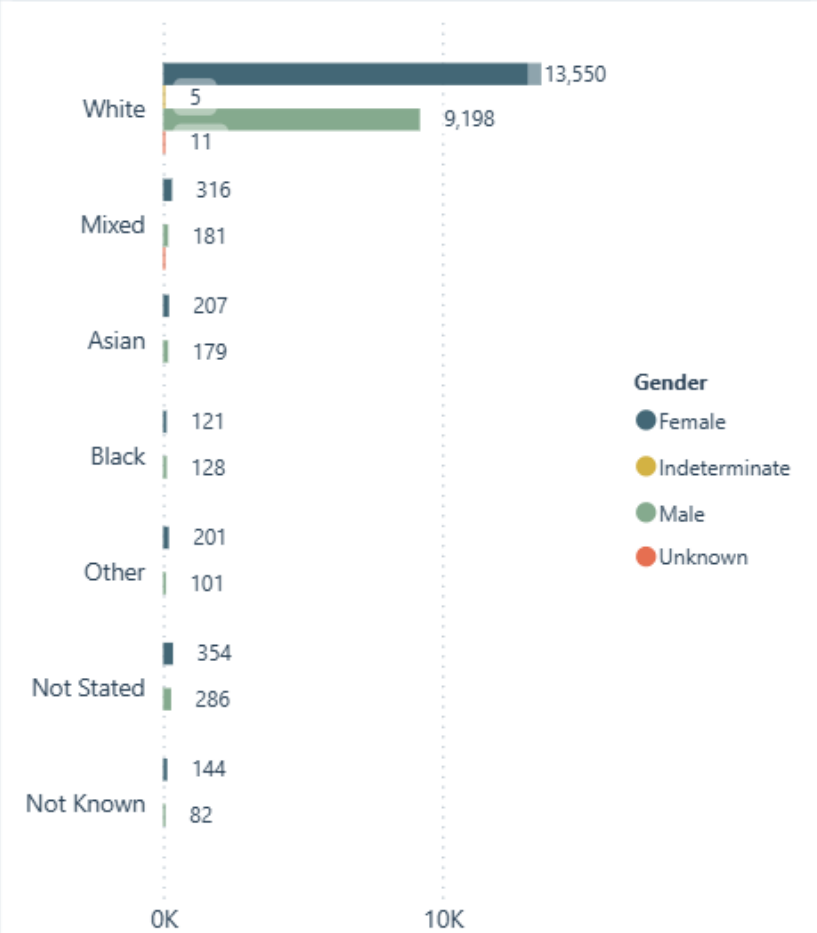


Indicator	Alt Ref	Metric	Female	Indeterminate	Male	Unknown
OP13b (N)		People accessing CYP services >= 2 contacts and paired score	14,893	5	10,155	16
			59.41%	0.02%	40.51%	0.06%

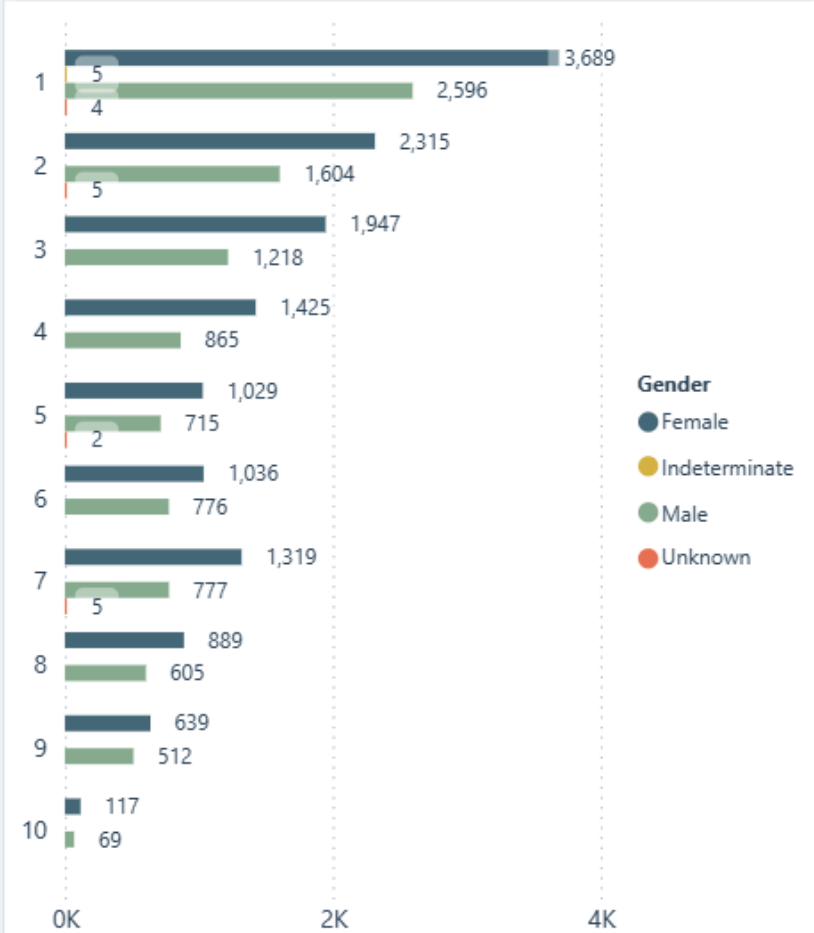
Gender By Age Group



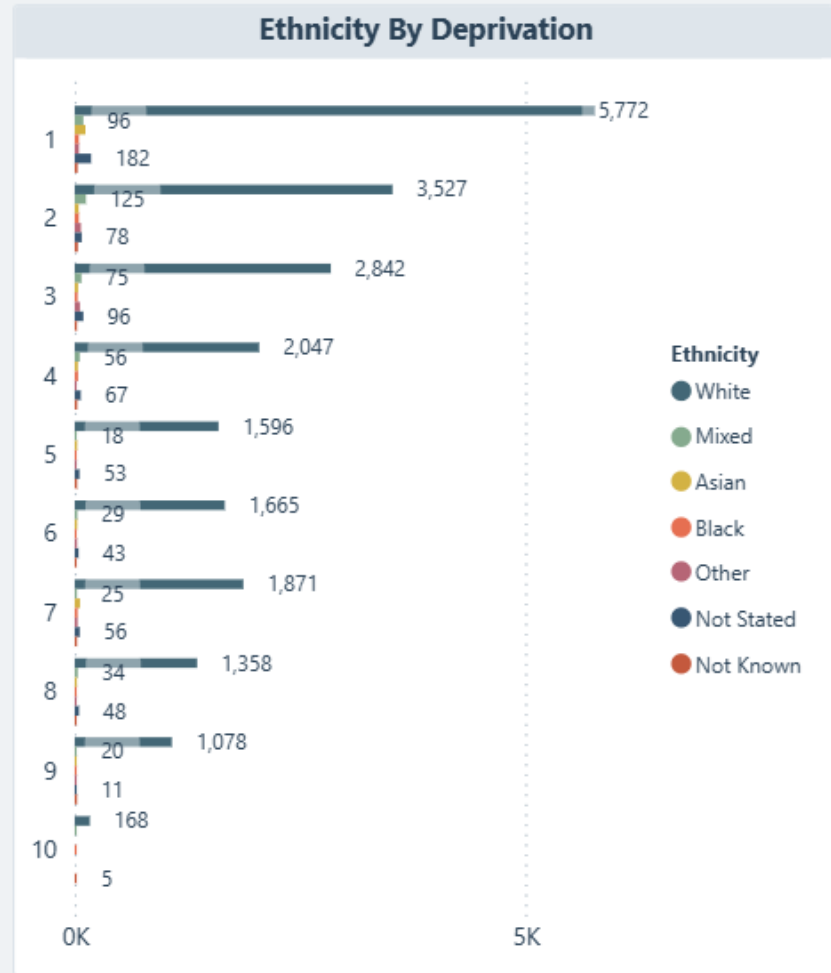
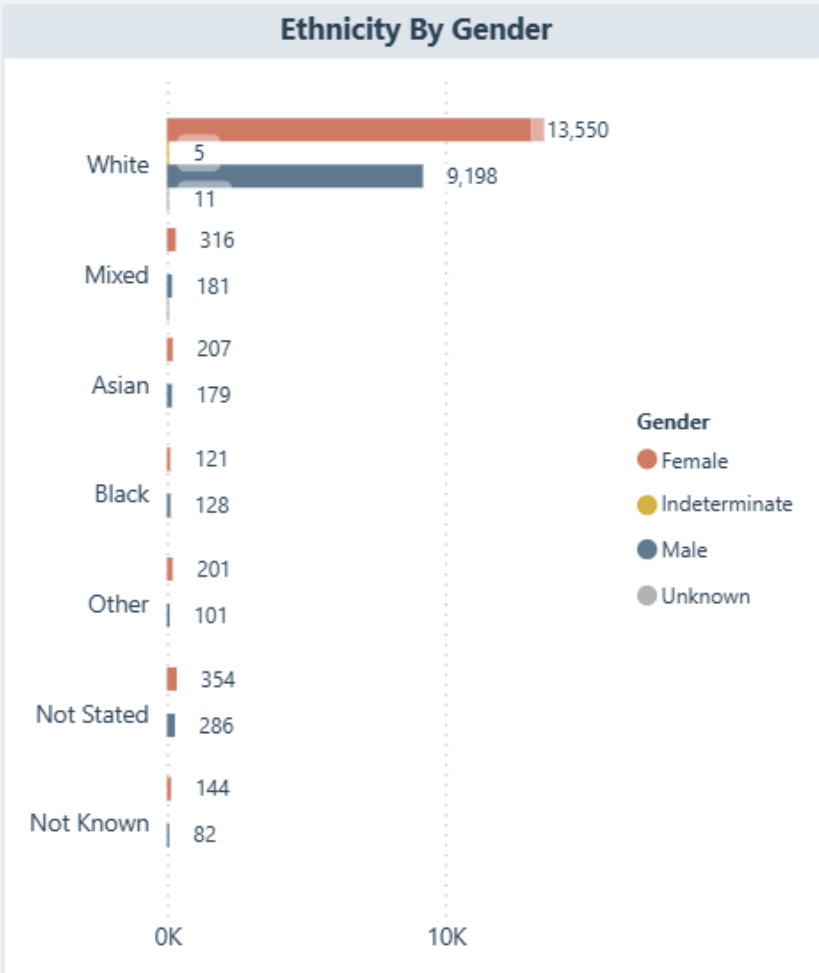
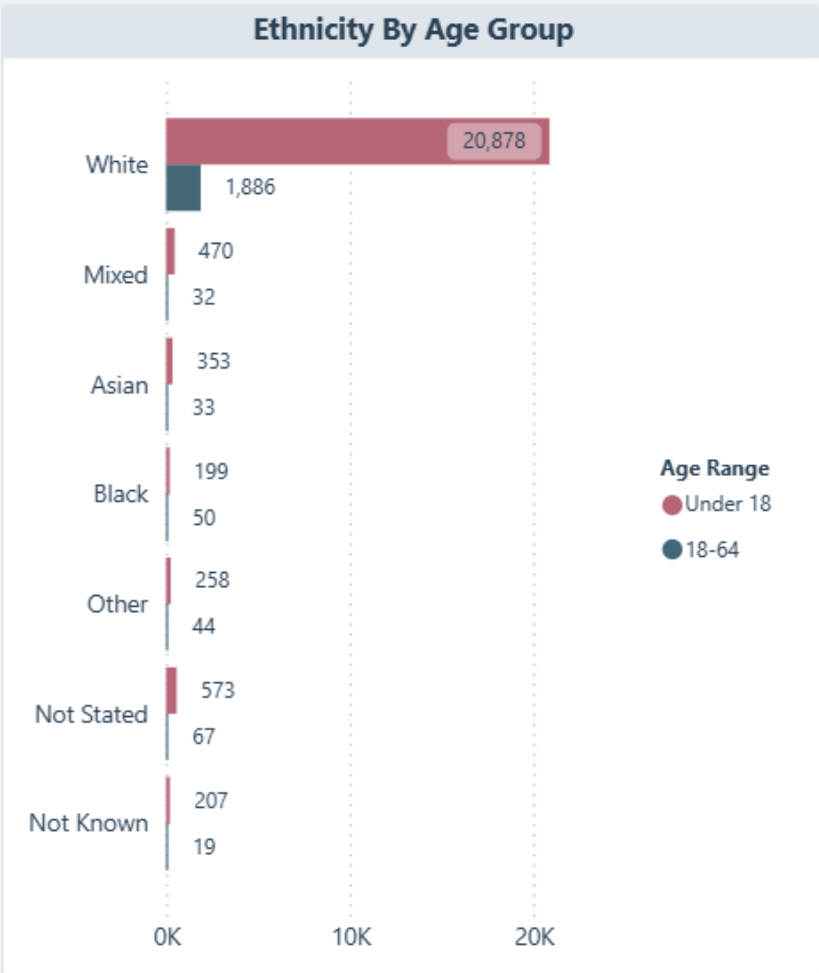
Gender By Ethnicity



Gender By Deprivation

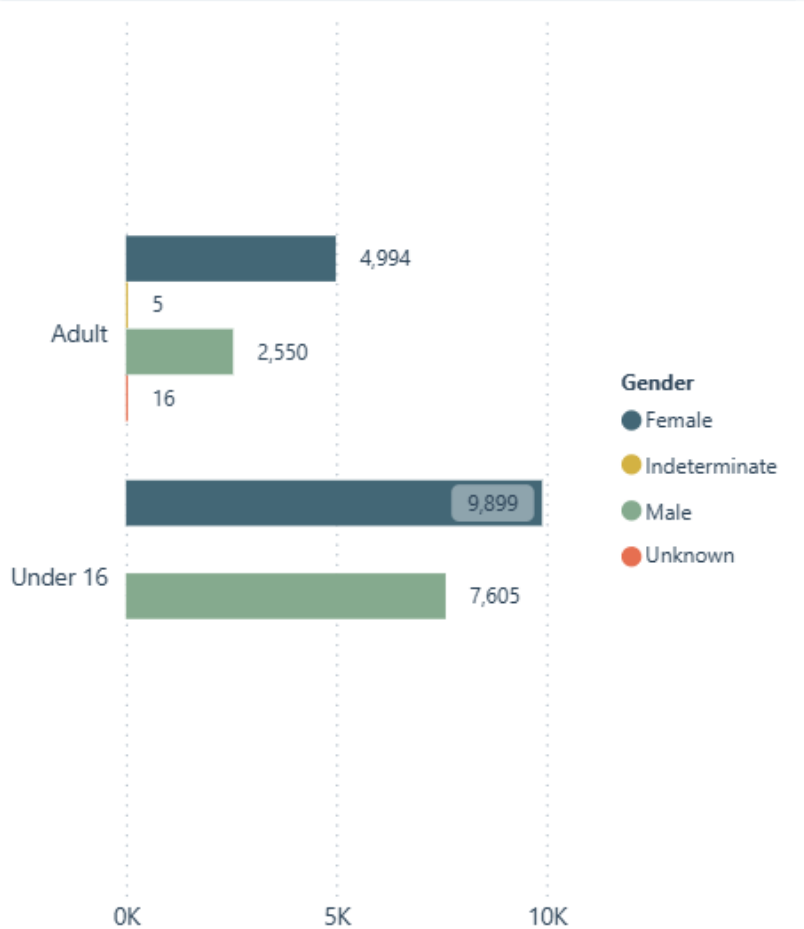


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP13b (N)		People accessing CYP services >= 2 contacts and paired score	22,764	502	386	249	302	640	226
			90.81%	2.00%	1.54%	0.99%	1.20%	2.55%	0.90%

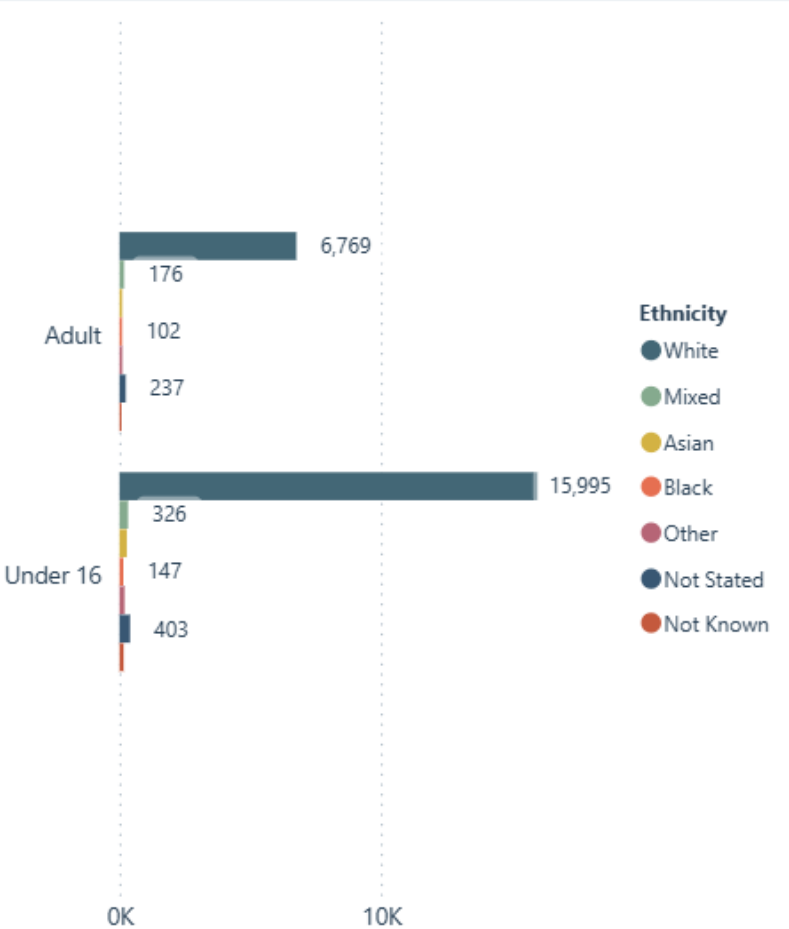


Indicator	Alt Ref	Metric	Adult	Under 16
OP13b (N)		People accessing CYP services >= 2 contacts and paired score	7,565	17,504
			30.18%	69.82%

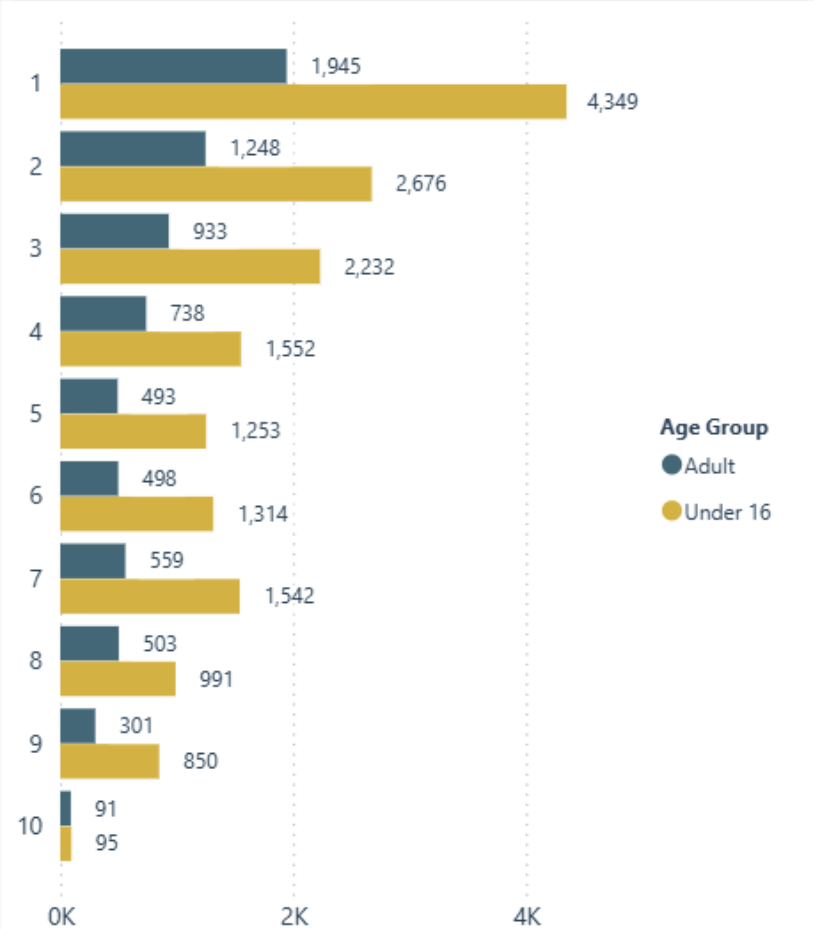
Age Group by Gender



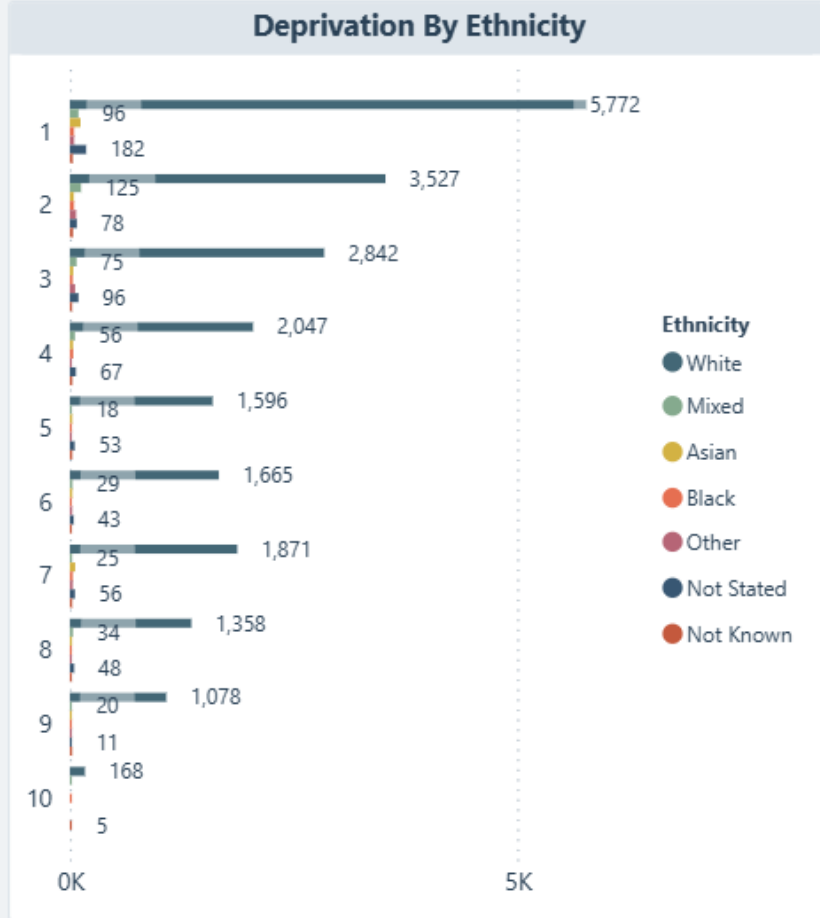
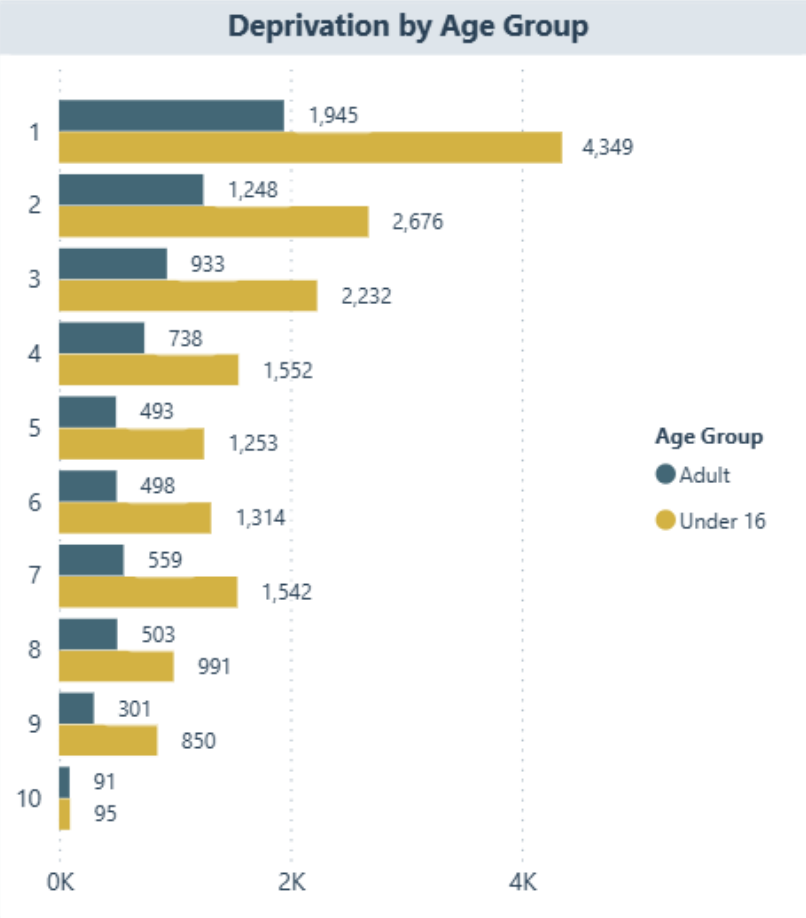
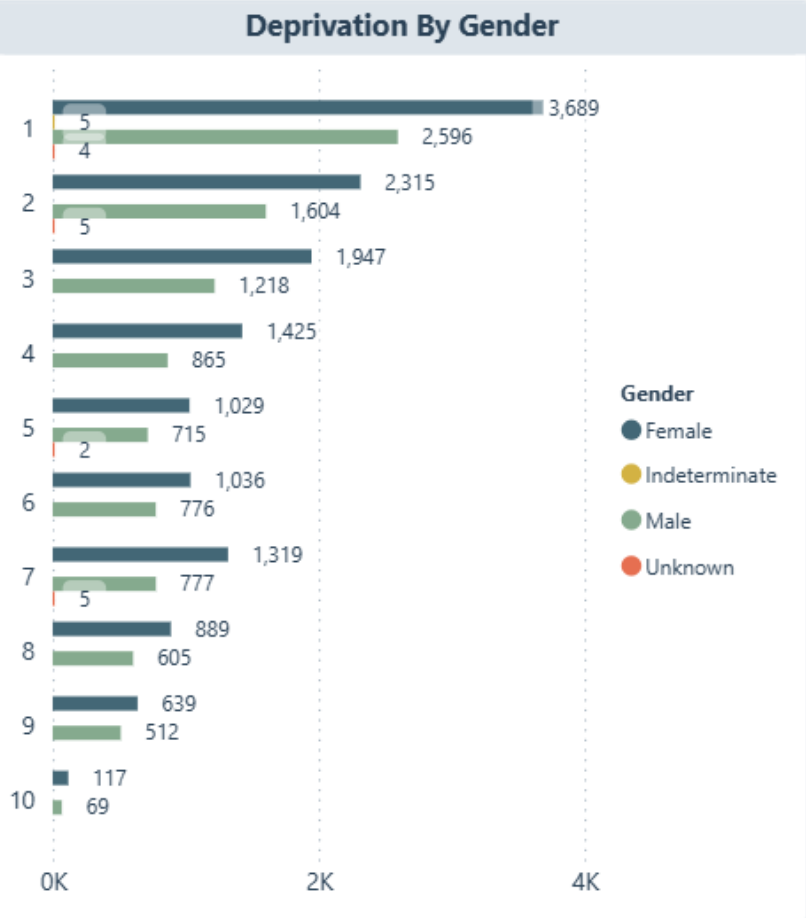
Age Group By Ethnicity



Age Group By Deprivation

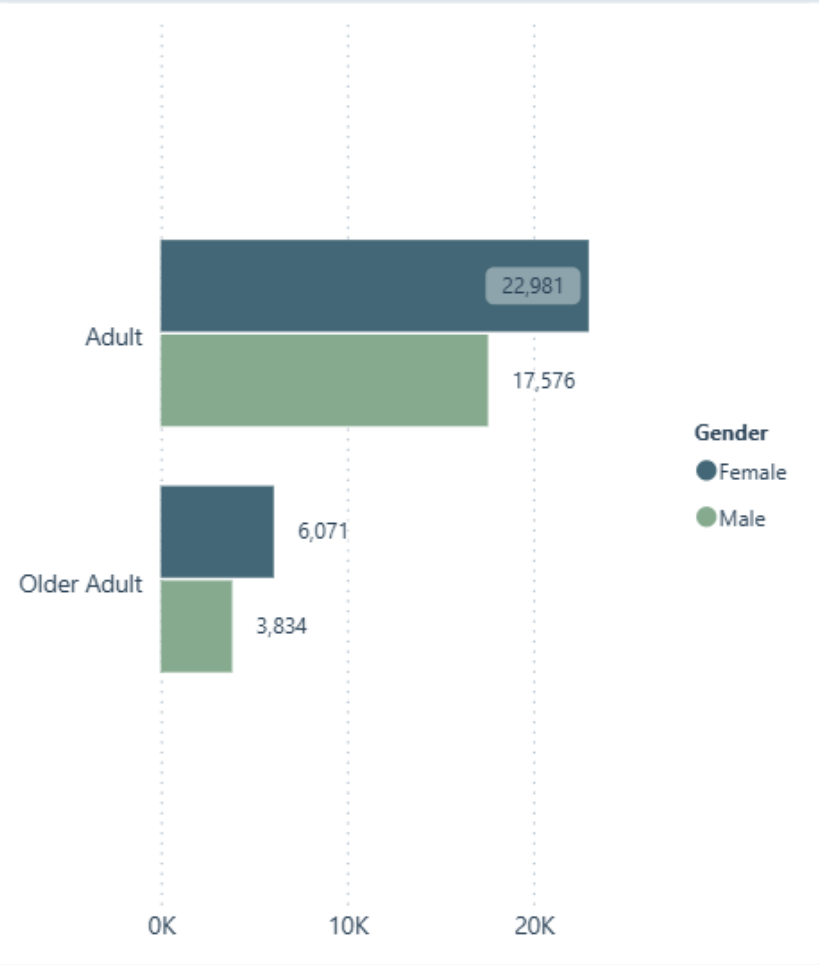


Indicator	Alt Ref	Metric									
OP13b (N)		People accessing CYP services >= 2 contacts and paired score									
	Not Recorded	1	2	3	4	5	6	7	8	9	10
	906	6,294	3,924	3,165	2,290	1,746	1,812	2,101	1,494	1,151	186
	3.61%	25.11%	15.65%	12.63%	9.13%	6.96%	7.23%	8.38%	5.96%	4.59%	0.74%

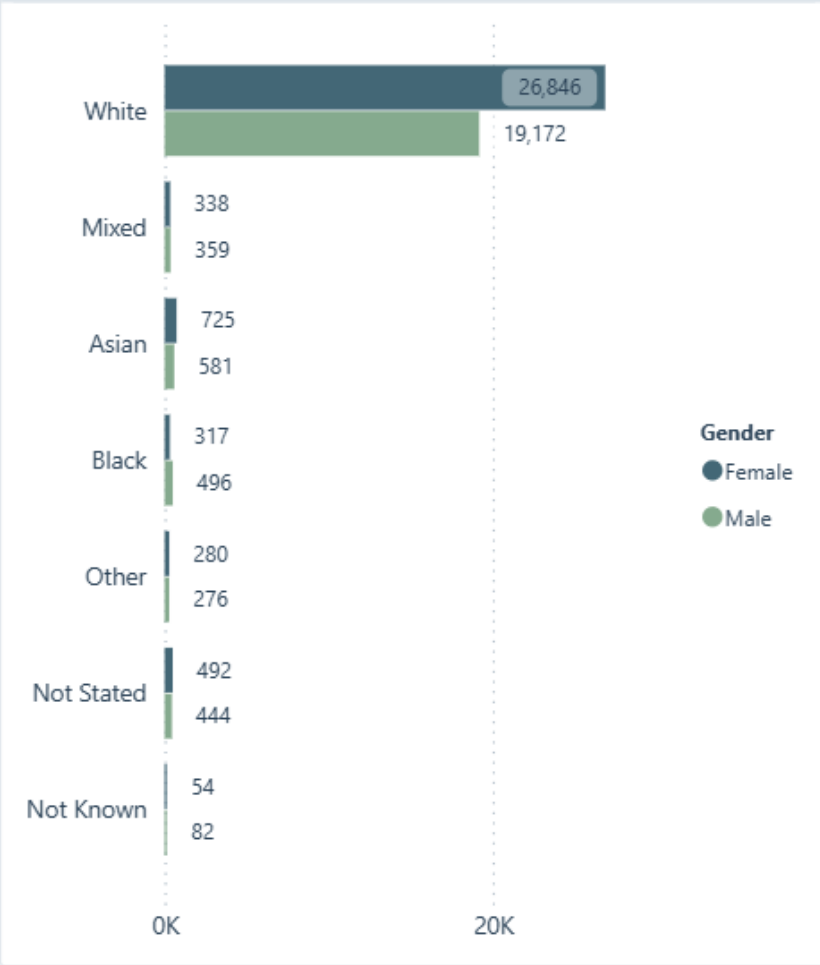


Indicator	Alt Ref	Metric	Female	Male
OP13d (L)		Adults accessing community mental health services (DW)	29,052	21,410
			57.57%	42.43%

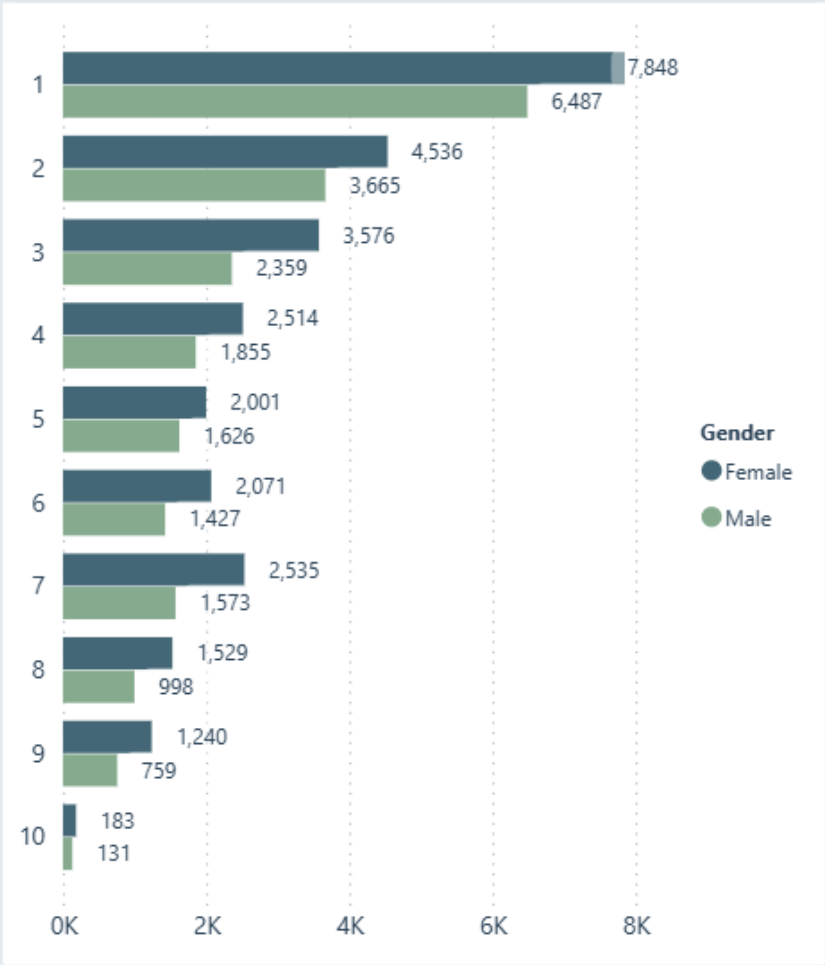
Gender By Age Group



Gender By Ethnicity

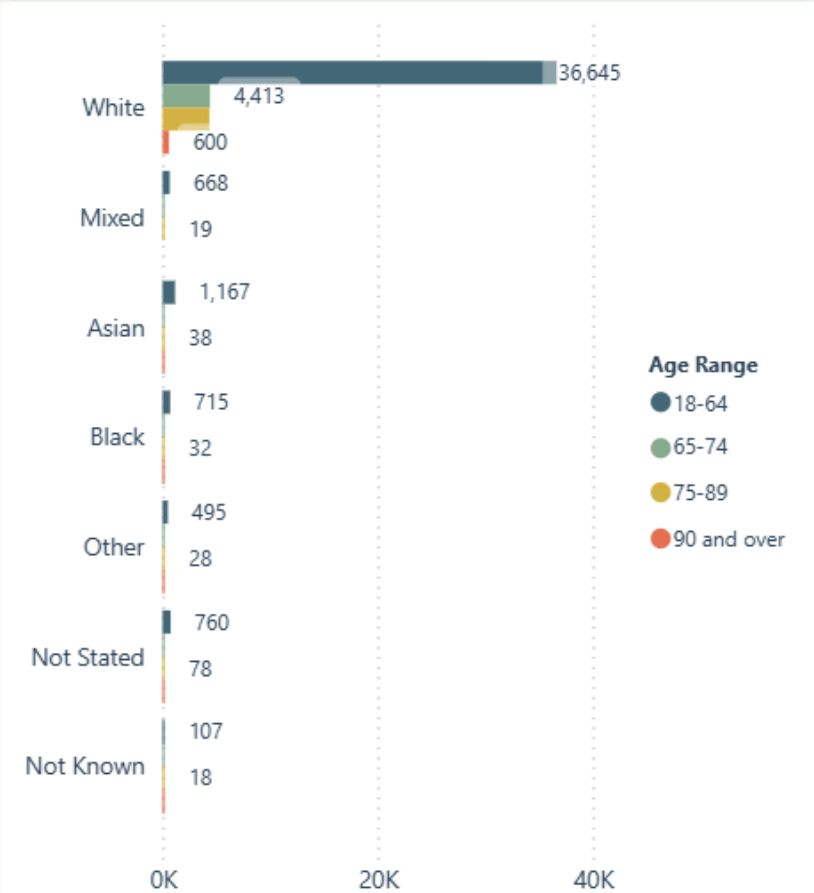


Gender By Deprivation

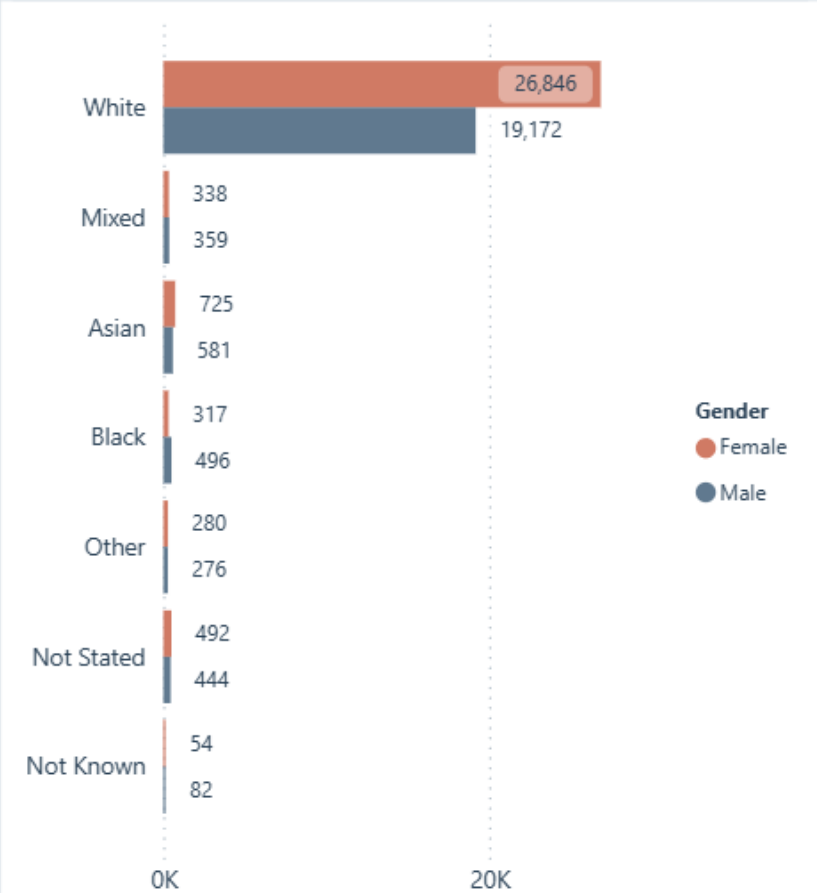


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP13d (L)		Adults accessing community mental health services (DW)	46,018	697	1,306	813	556	936	136
			91.19%	1.38%	2.59%	1.61%	1.10%	1.85%	0.27%

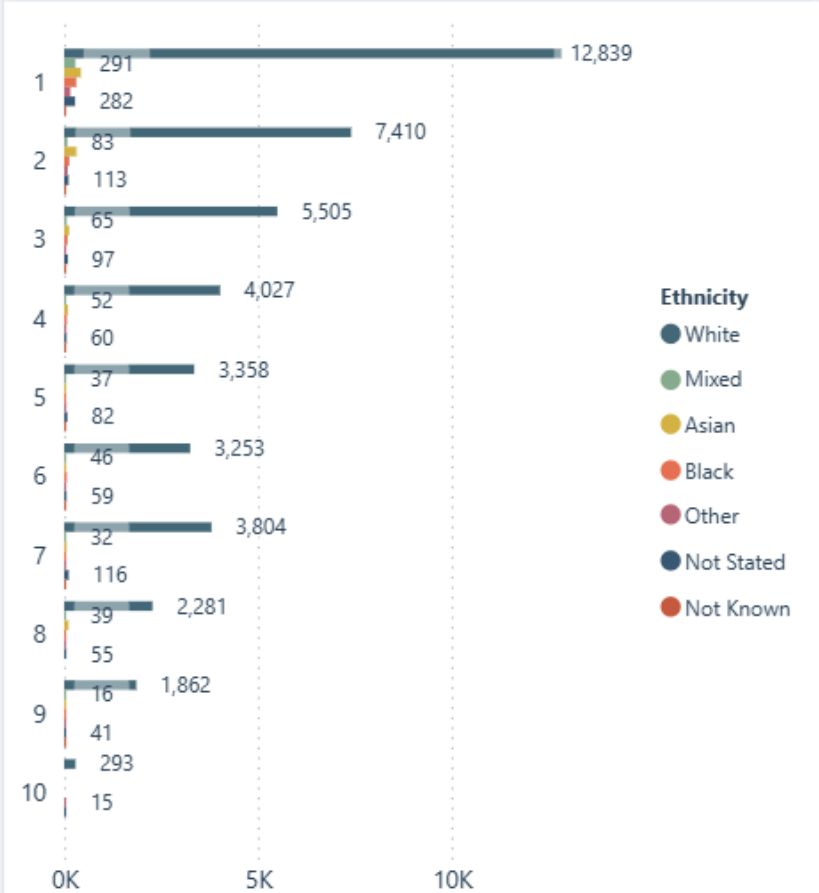
Ethnicity By Age Group



Ethnicity By Gender

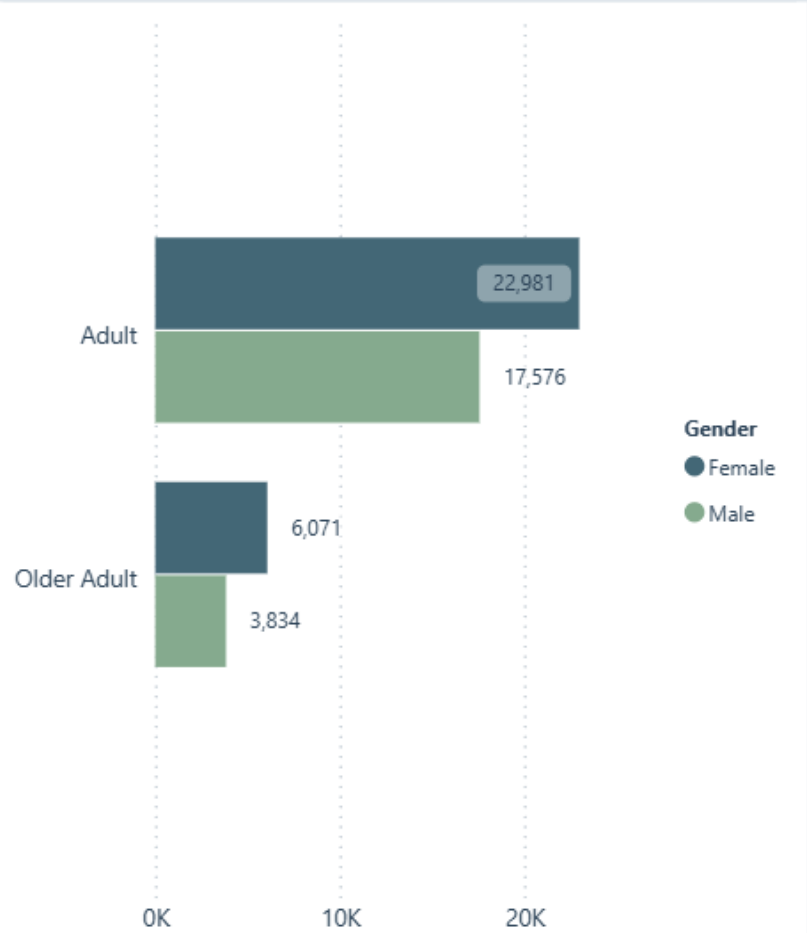


Ethnicity By Deprivation

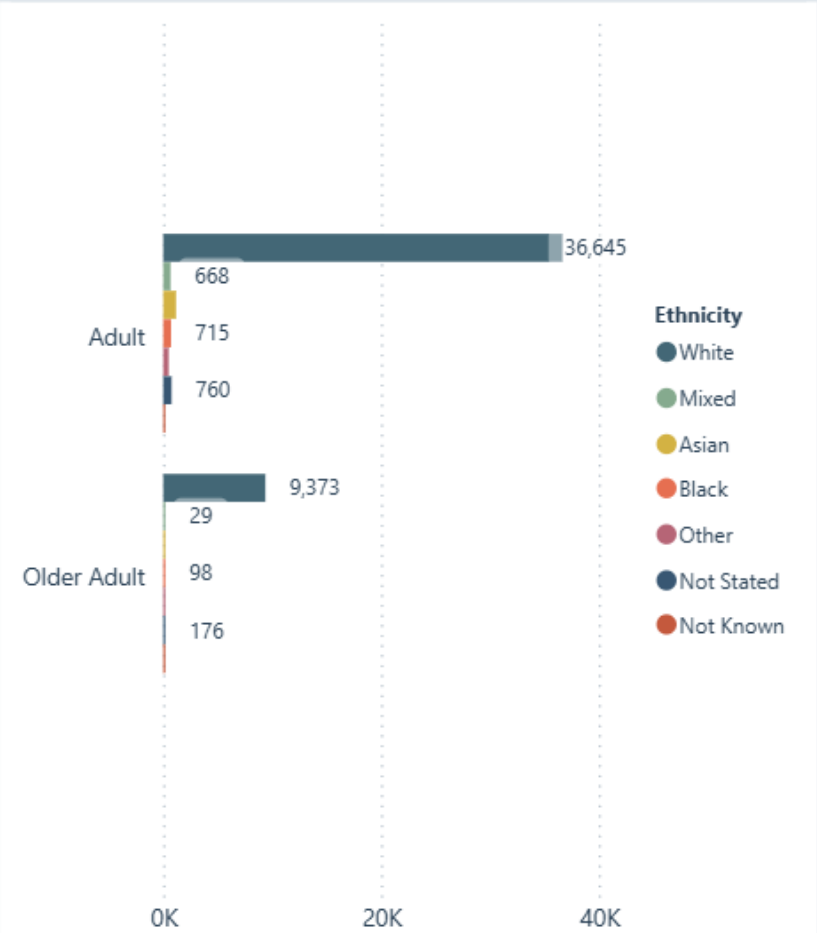


Indicator	Alt Ref	Metric	Adult	Older Adult
OP13d (L)		Adults accessing community mental health services (DW)	40,557	9,905
			80.37%	19.63%

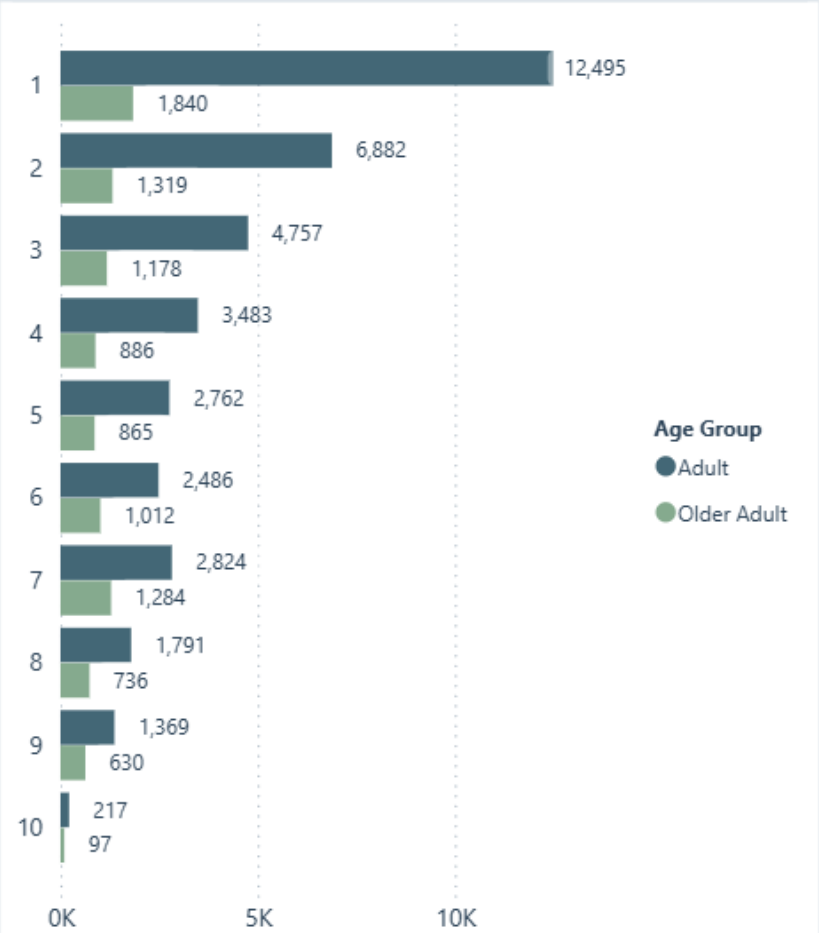
Age Group by Gender



Age Group By Ethnicity

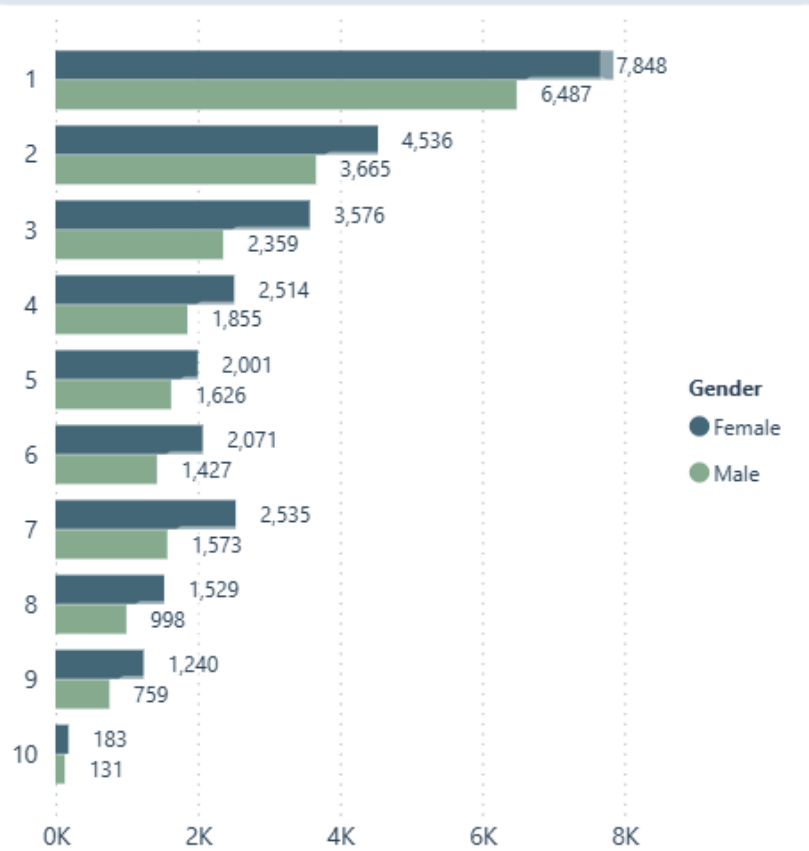


Age Group By Deprivation

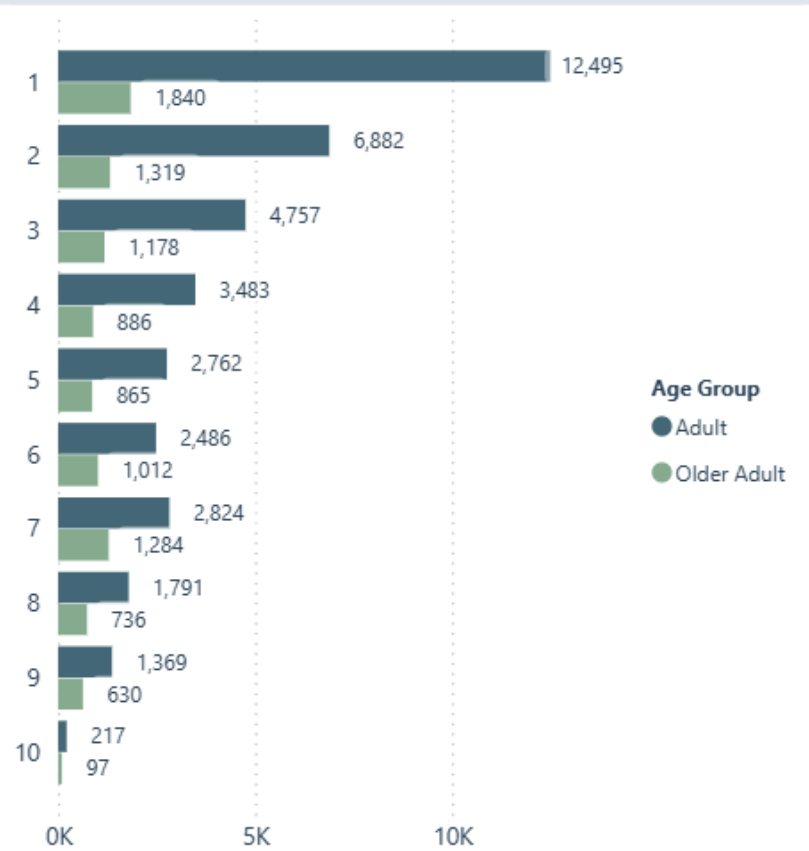


Indicator	Alt Ref	Metric									
OP13d (L)		Adults accessing community mental health services (DW)									
	Not Recorded	1	2	3	4	5	6	7	8	9	10
	1,549	14,335	8,201	5,935	4,369	3,627	3,498	4,108	2,527	1,999	314
	3.07%	28.41%	16.25%	11.76%	8.66%	7.19%	6.93%	8.14%	5.01%	3.96%	0.62%

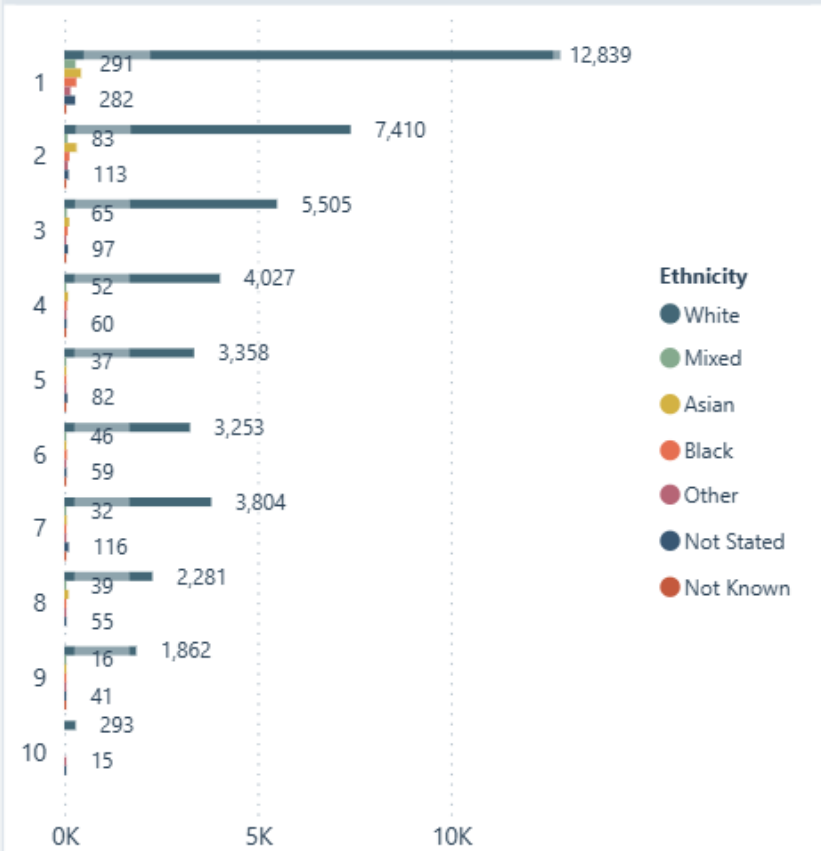
Deprivation By Gender



Deprivation by Age Group

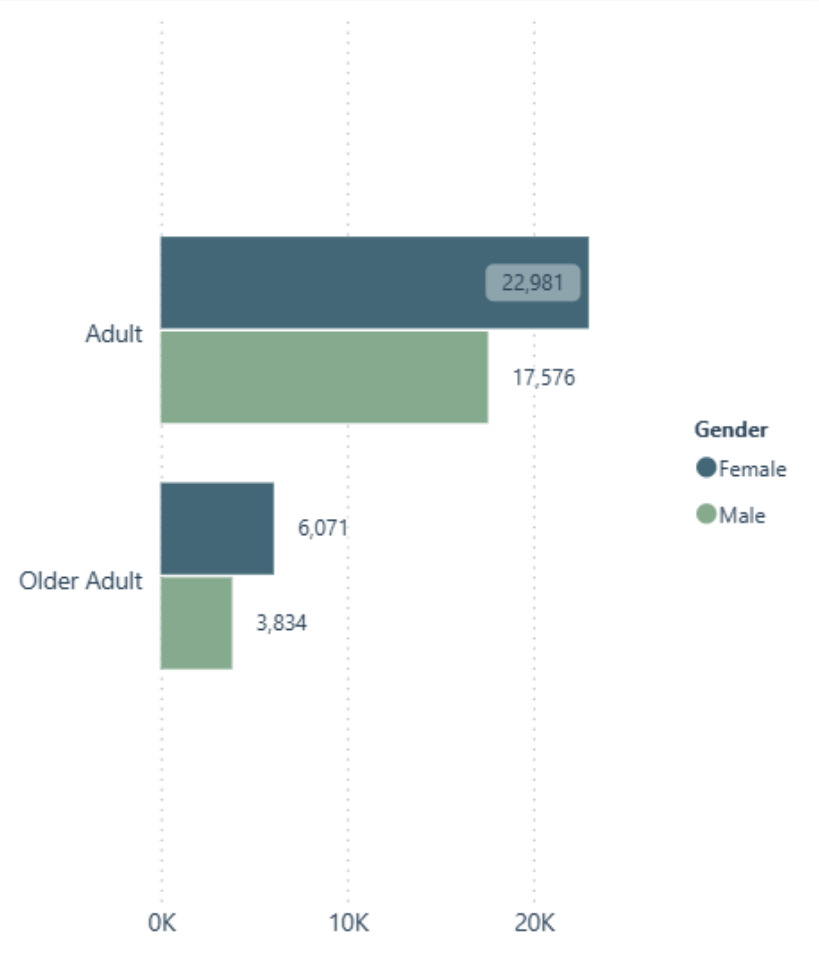


Deprivation By Ethnicity

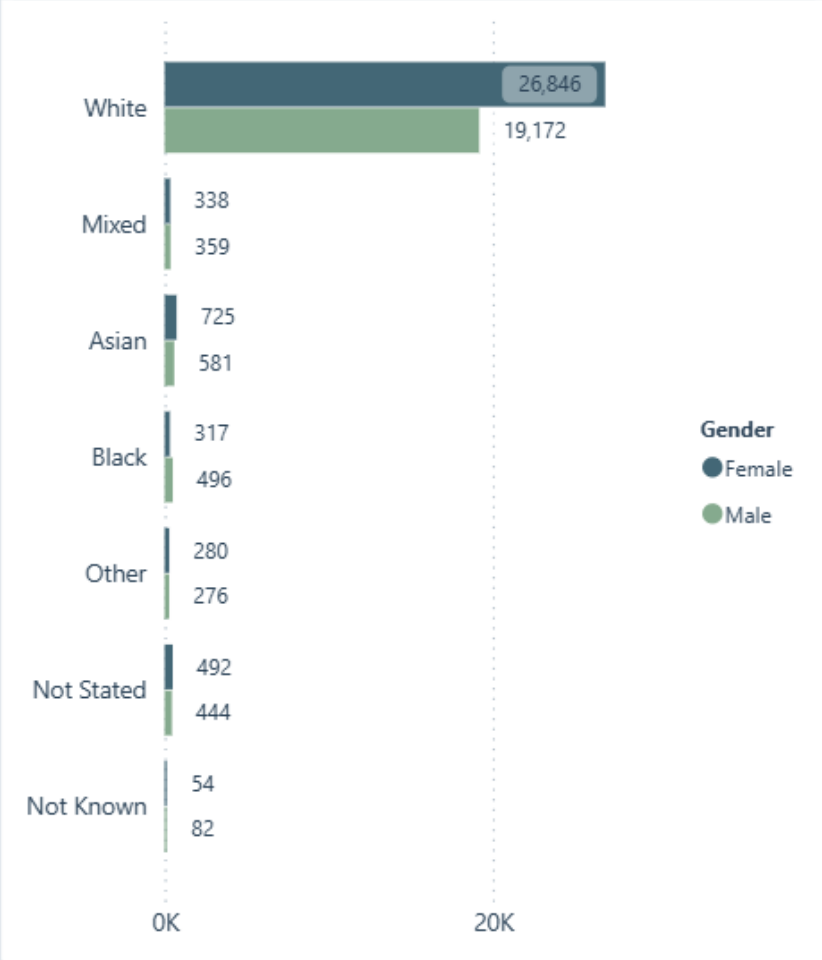


Indicator	Alt Ref	Metric	Female	Male
OP13e (N)		CMHT access rate (DW not MHSDS) (>=1 Contact)	29,052	21,410
			57.57%	42.43%

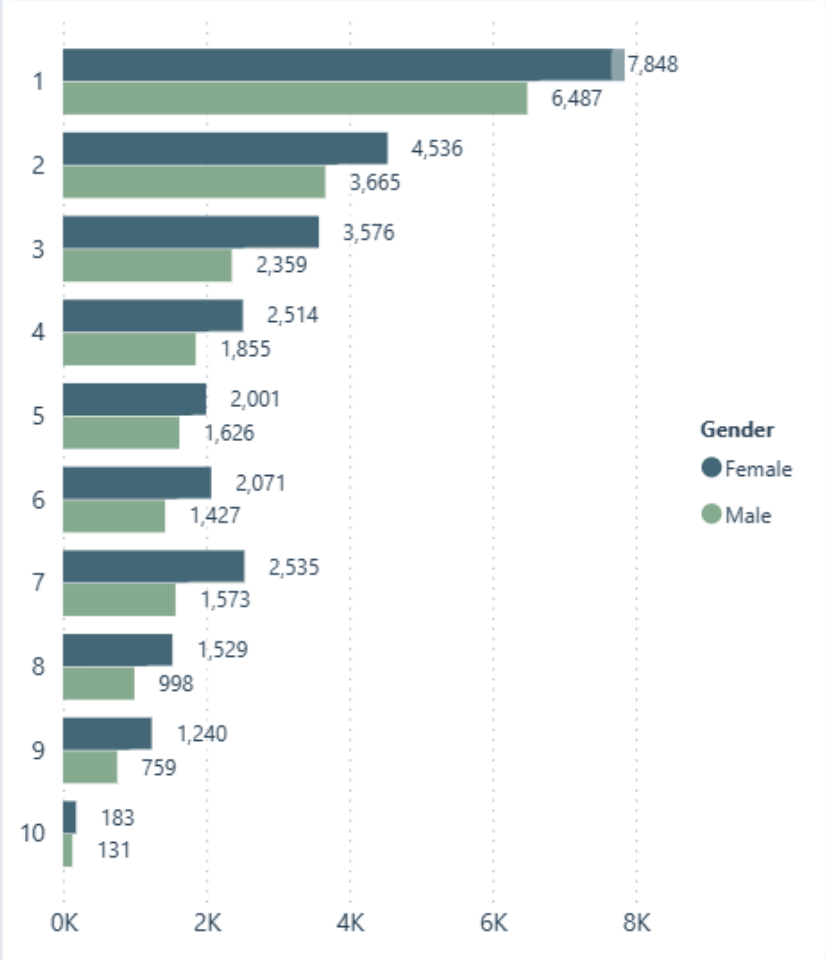
Gender By Age Group



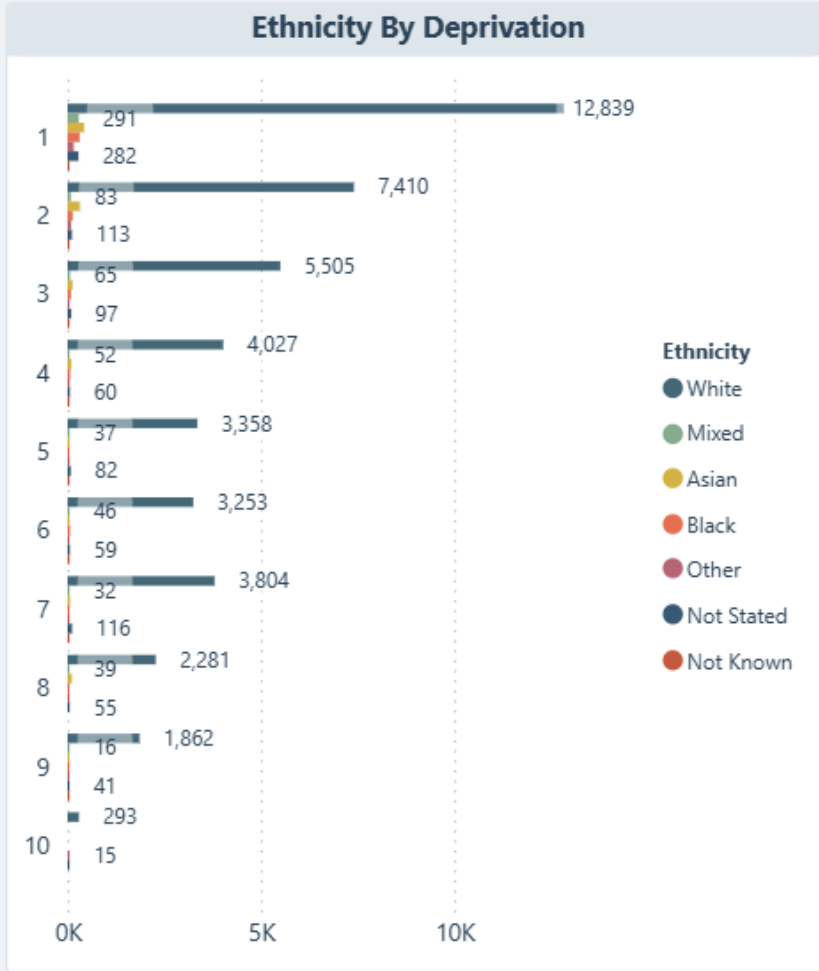
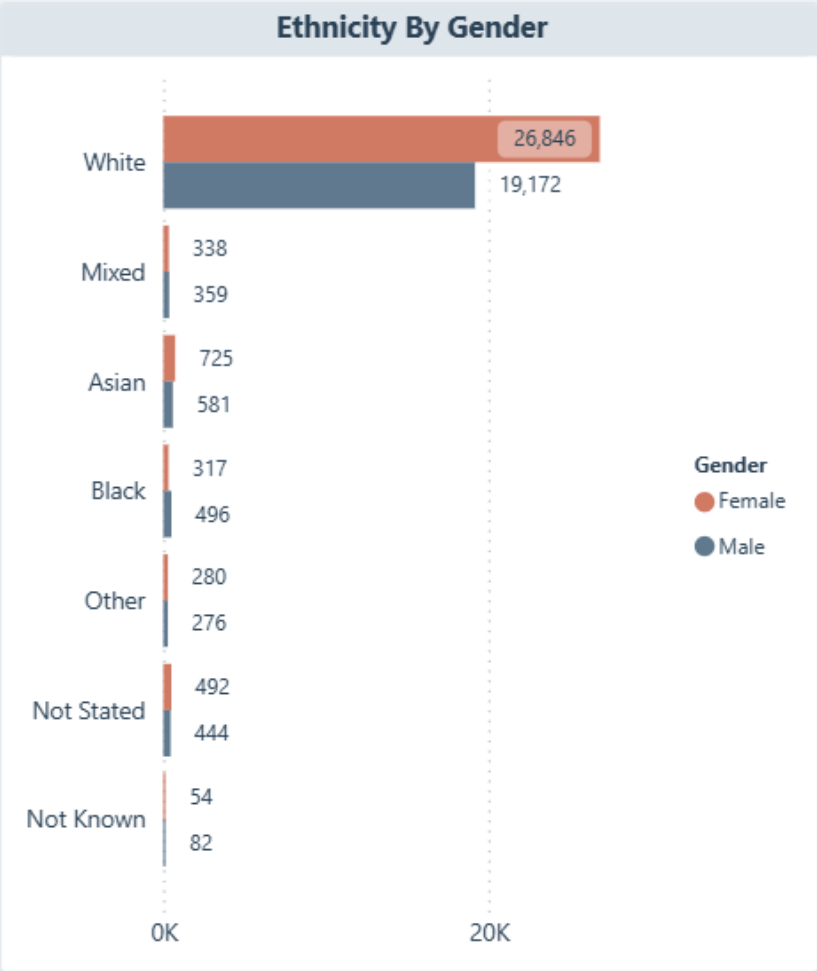
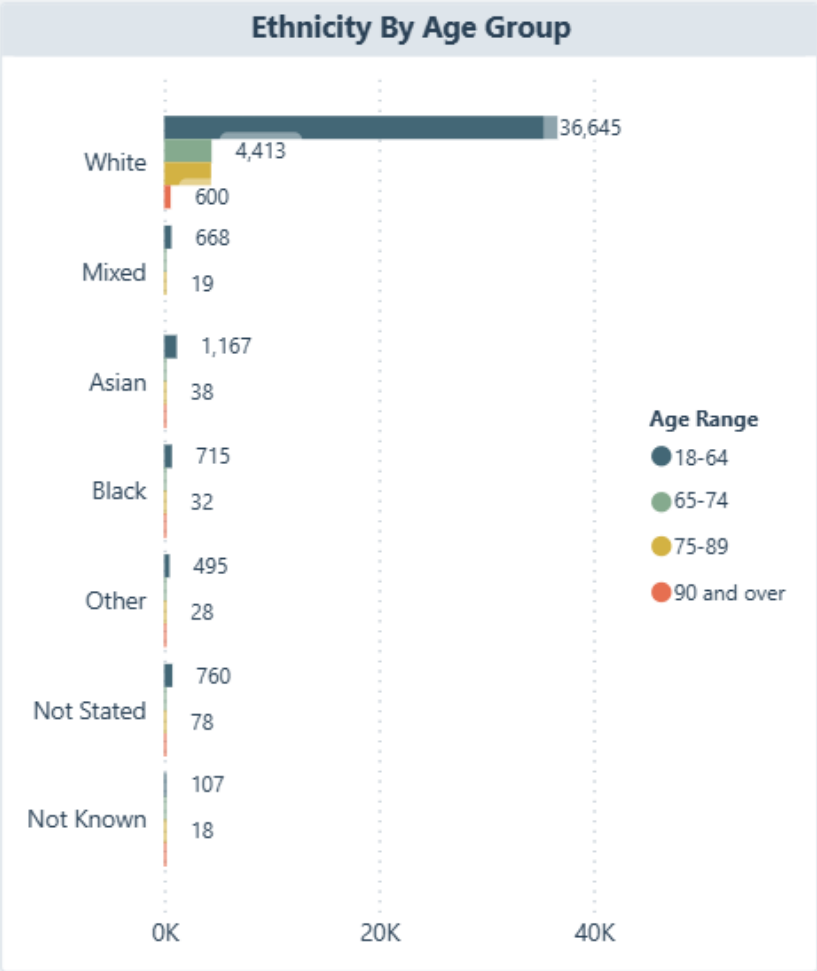
Gender By Ethnicity



Gender By Deprivation

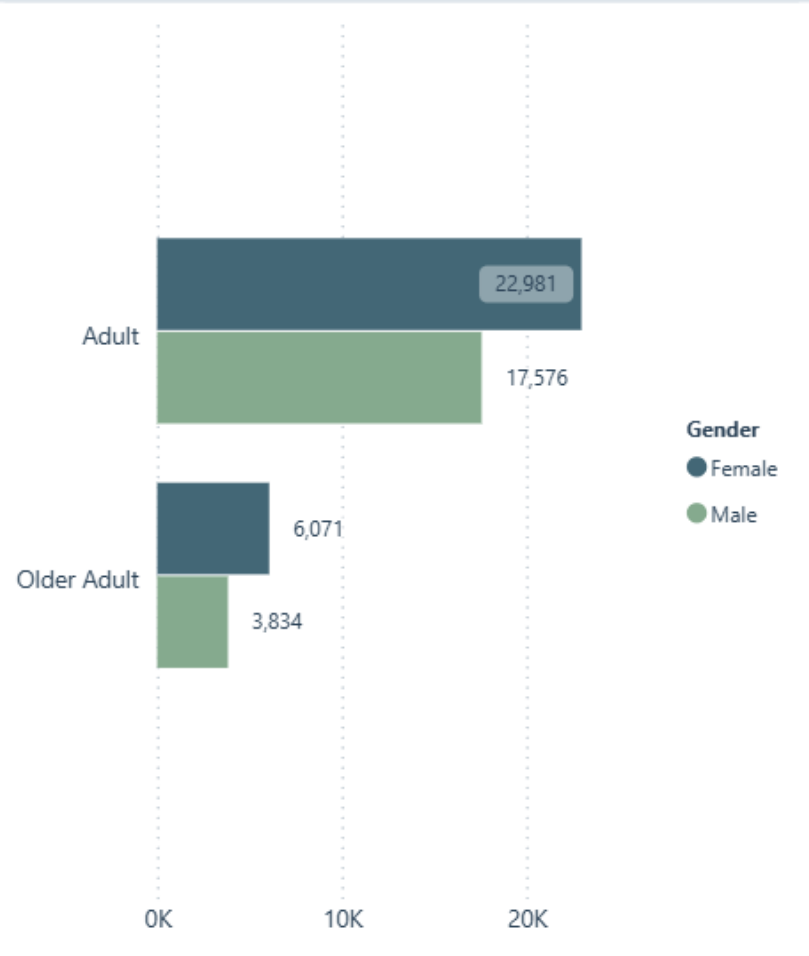


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP13e (N)		CMHT access rate (DW not MHSDS) (>=1 Contact)	46,018	697	1,306	813	556	936	136
			91.19%	1.38%	2.59%	1.61%	1.10%	1.85%	0.27%

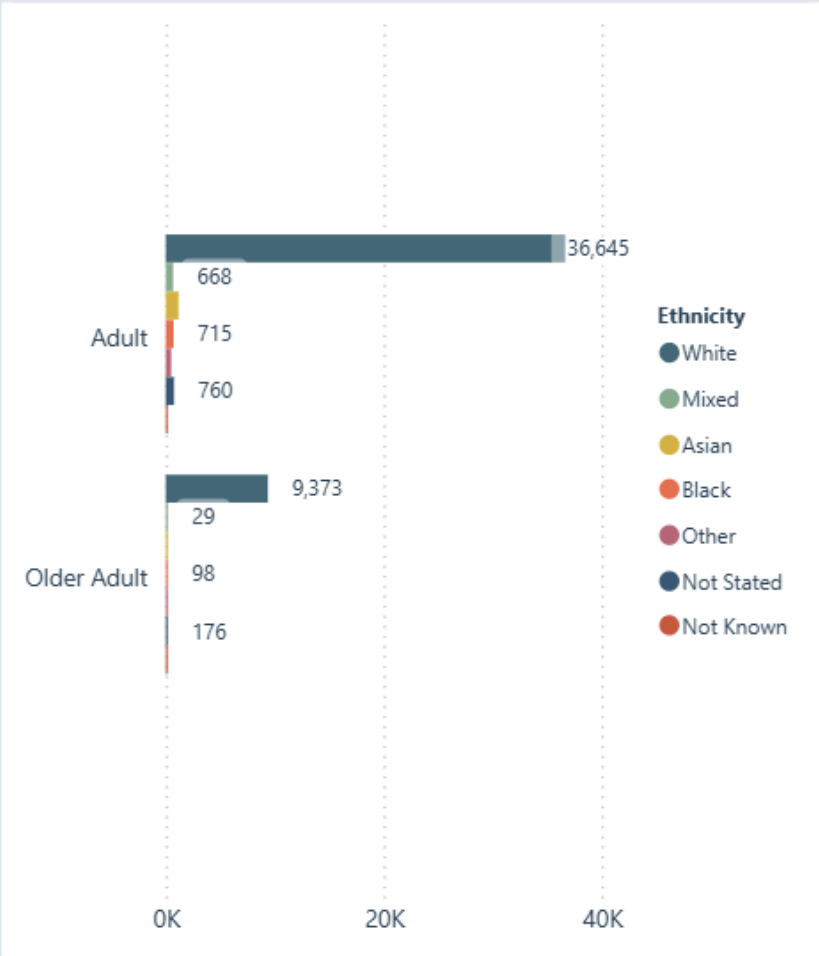


Indicator	Alt Ref	Metric	Adult	Older Adult
OP13e (N)		CMHT access rate (DW not MHSDS) (>=1 Contact)	40,557	9,905
			80.37%	19.63%

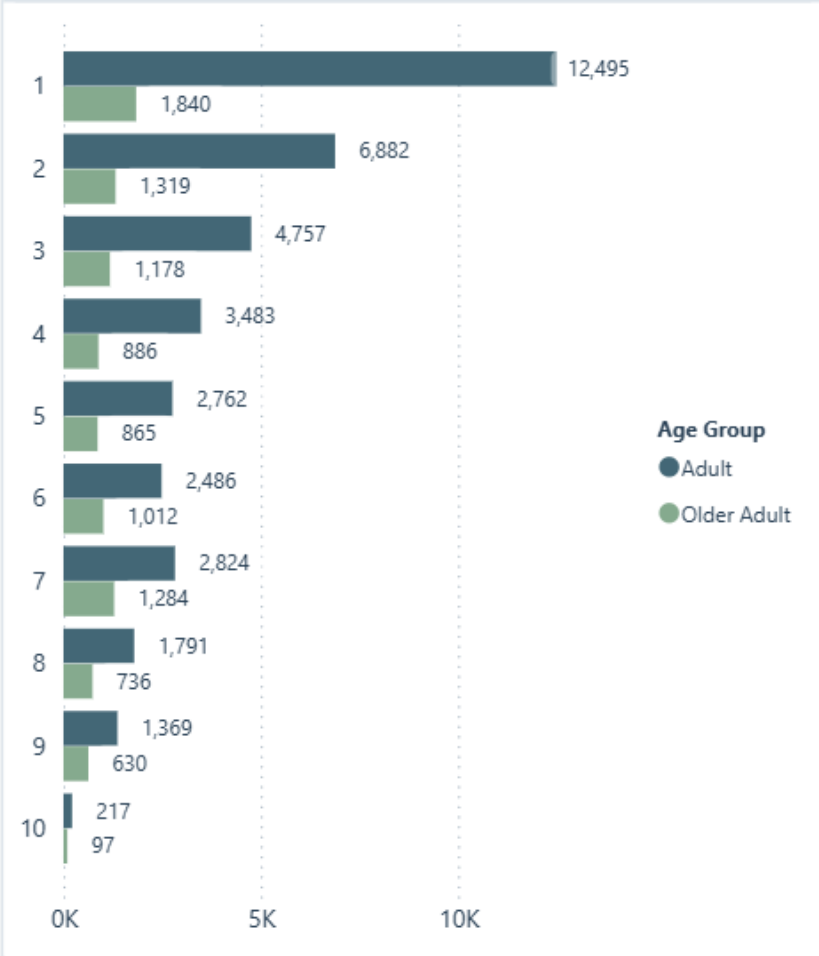
Age Group by Gender



Age Group By Ethnicity

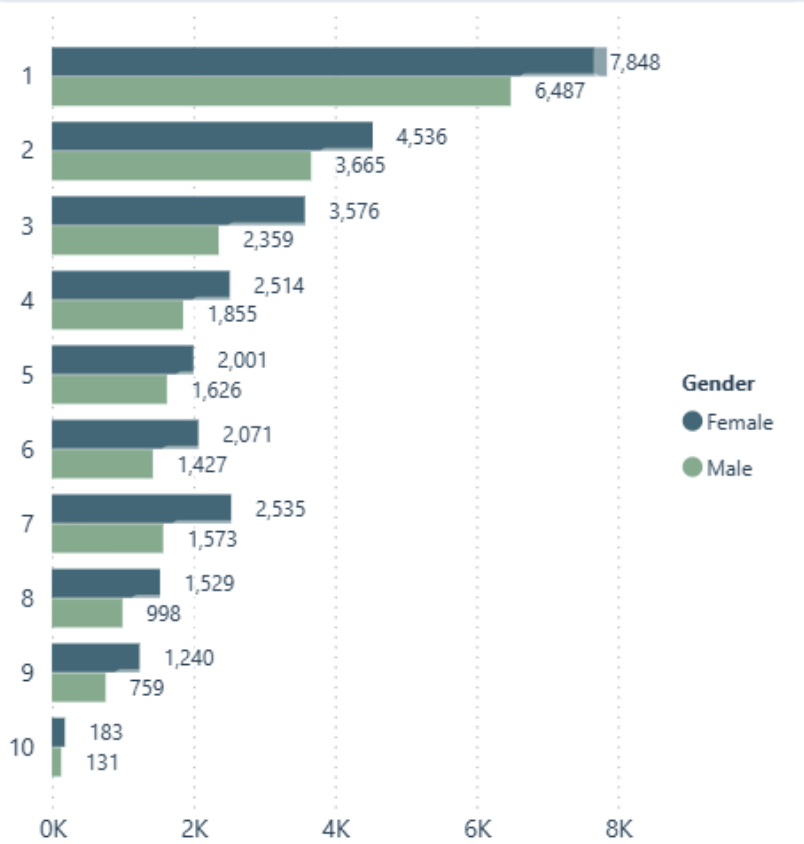


Age Group By Deprivation

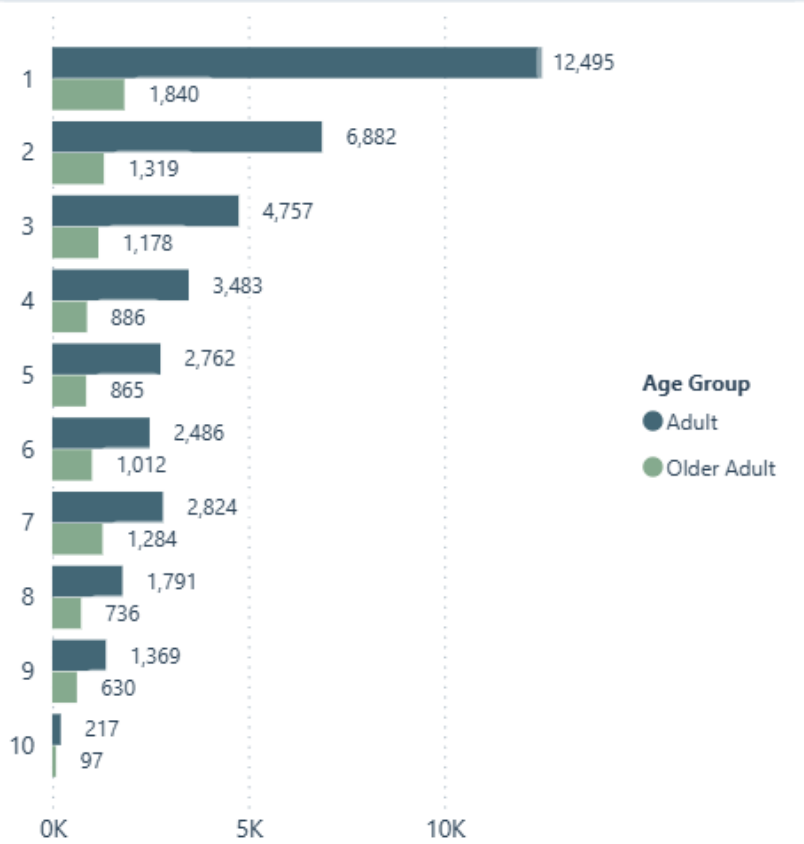


Indicator	Alt Ref	Metric									
OP13e (N)		CMHT access rate (DW not MHSDS) (>=1 Contact)									
Not Recorded		1	2	3	4	5	6	7	8	9	10
1,549		14,335	8,201	5,935	4,369	3,627	3,498	4,108	2,527	1,999	314
3.07%		28.41%	16.25%	11.76%	8.66%	7.19%	6.93%	8.14%	5.01%	3.96%	0.62%

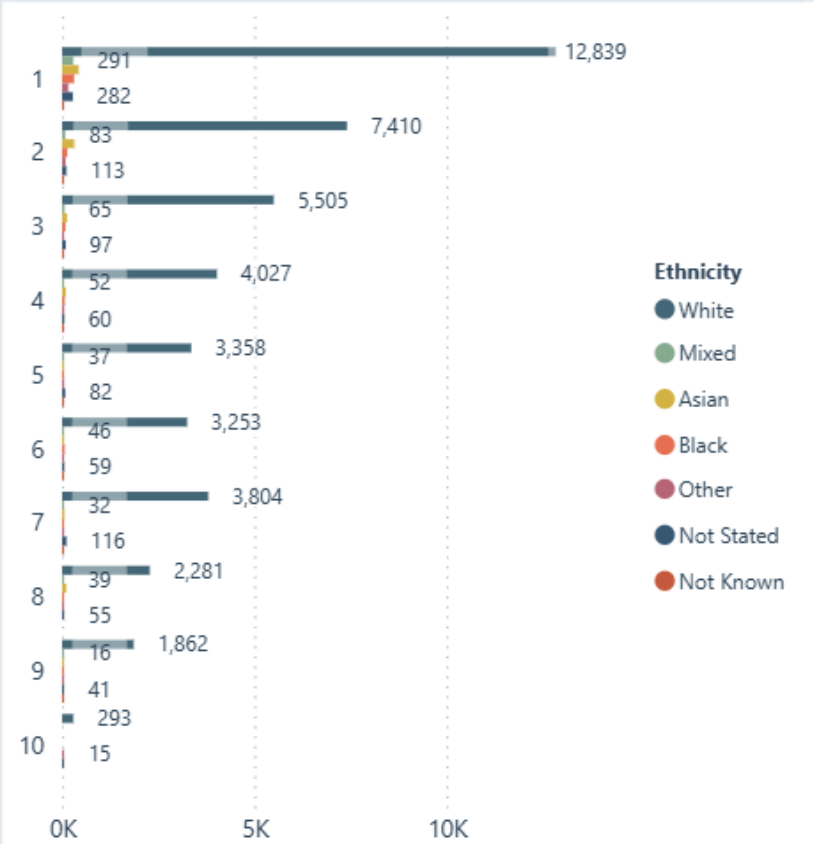
Deprivation By Gender



Deprivation by Age Group

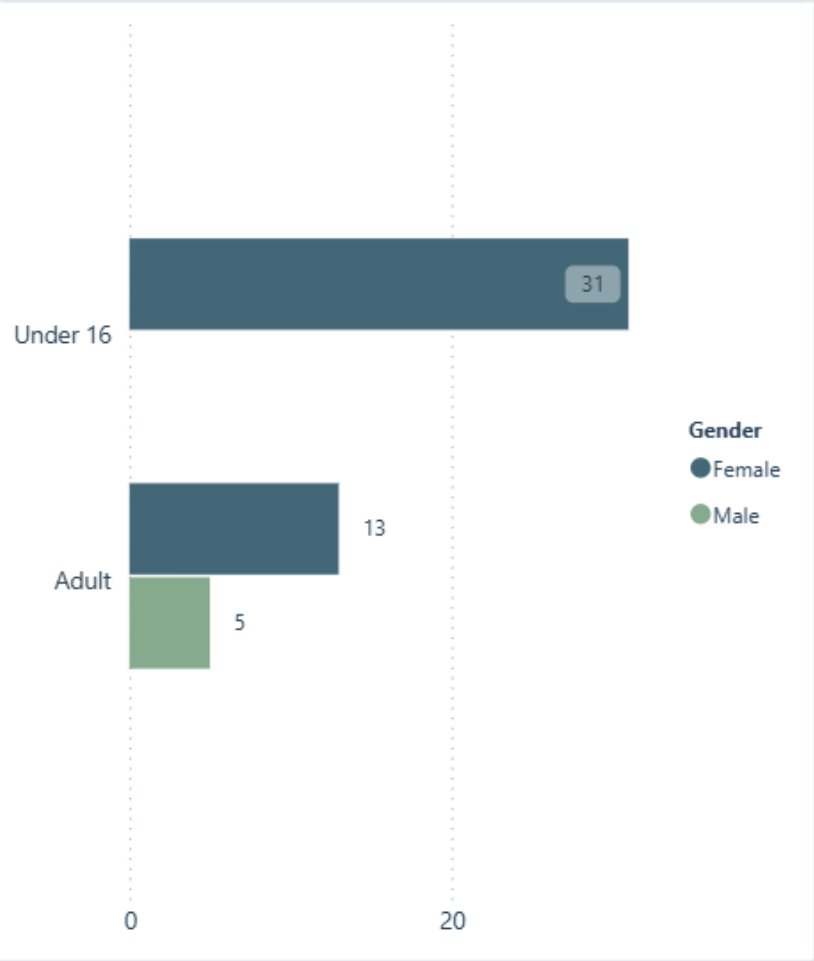


Deprivation By Ethnicity

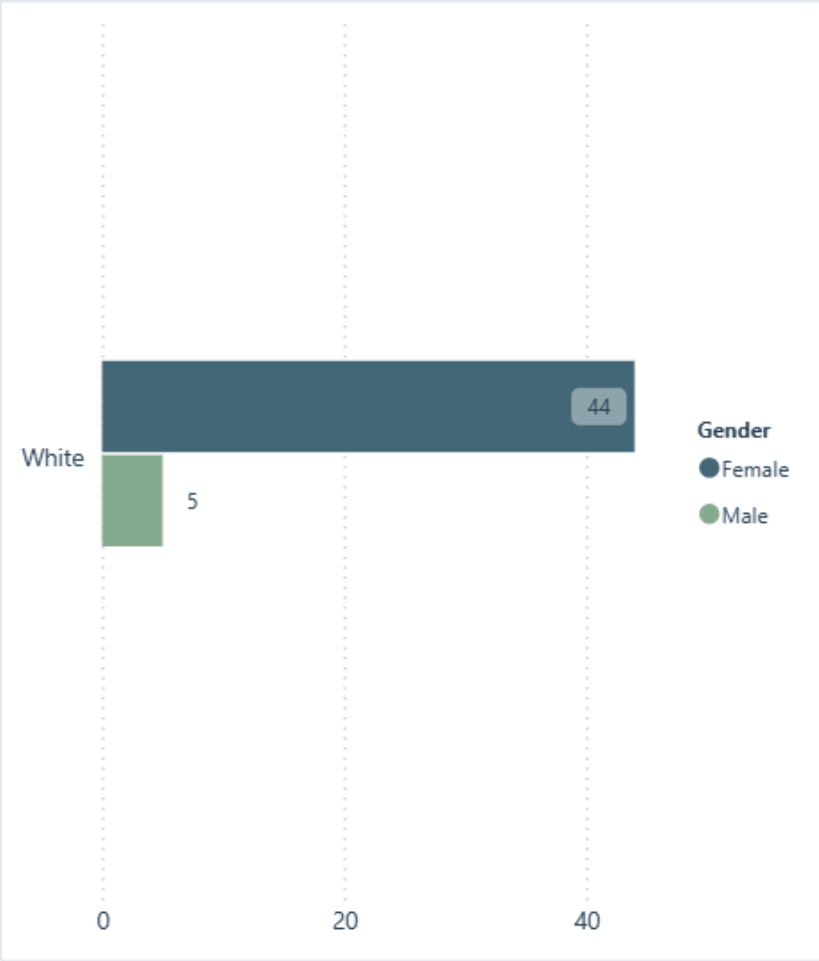


Indicator	Alt Ref	Metric	Female	Male
OP14 (N)		People (CYP) with routine eating disorders seen within 4 wks	44	5
			89.80%	10.20%

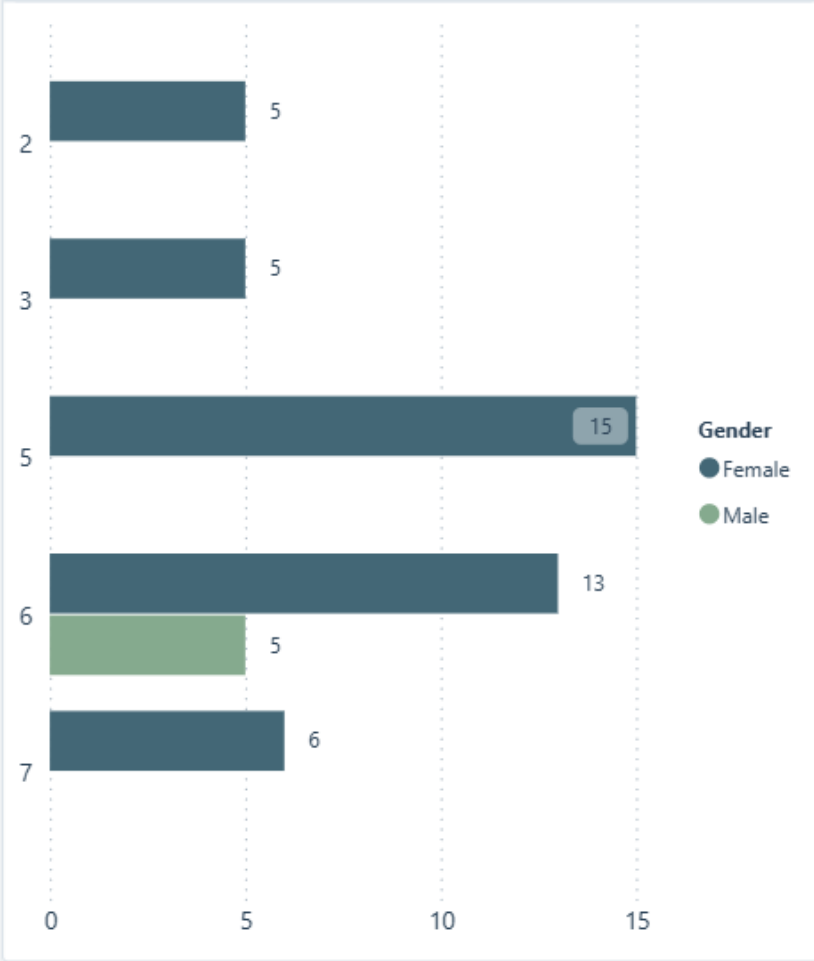
Gender By Age Group



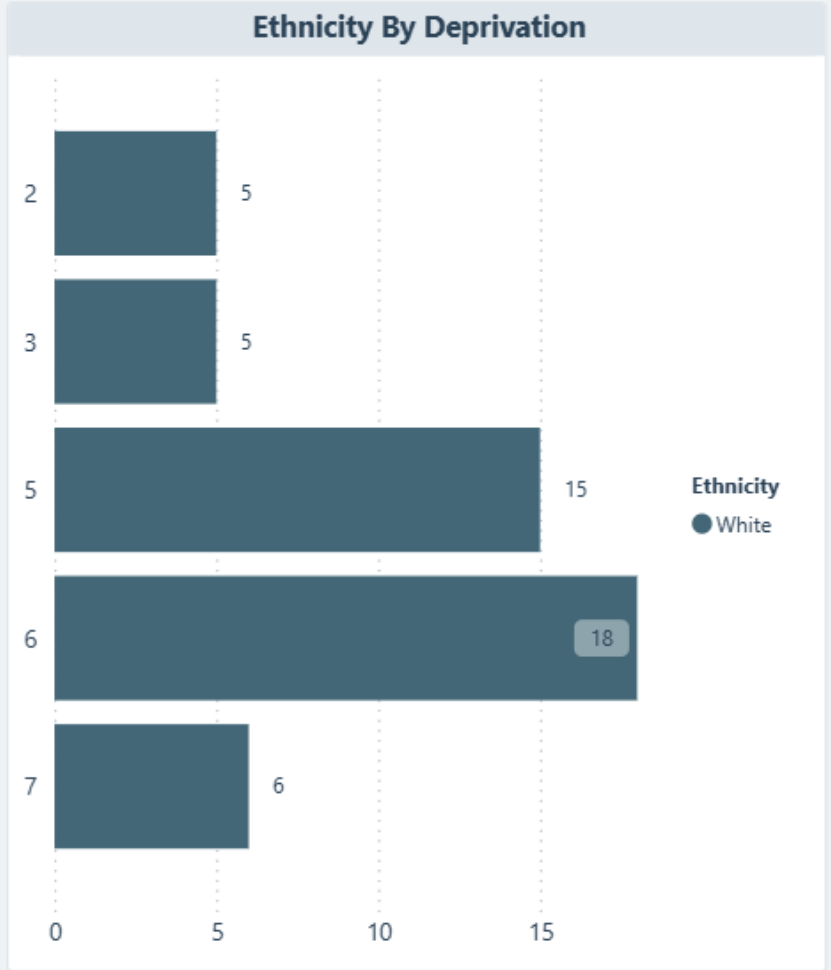
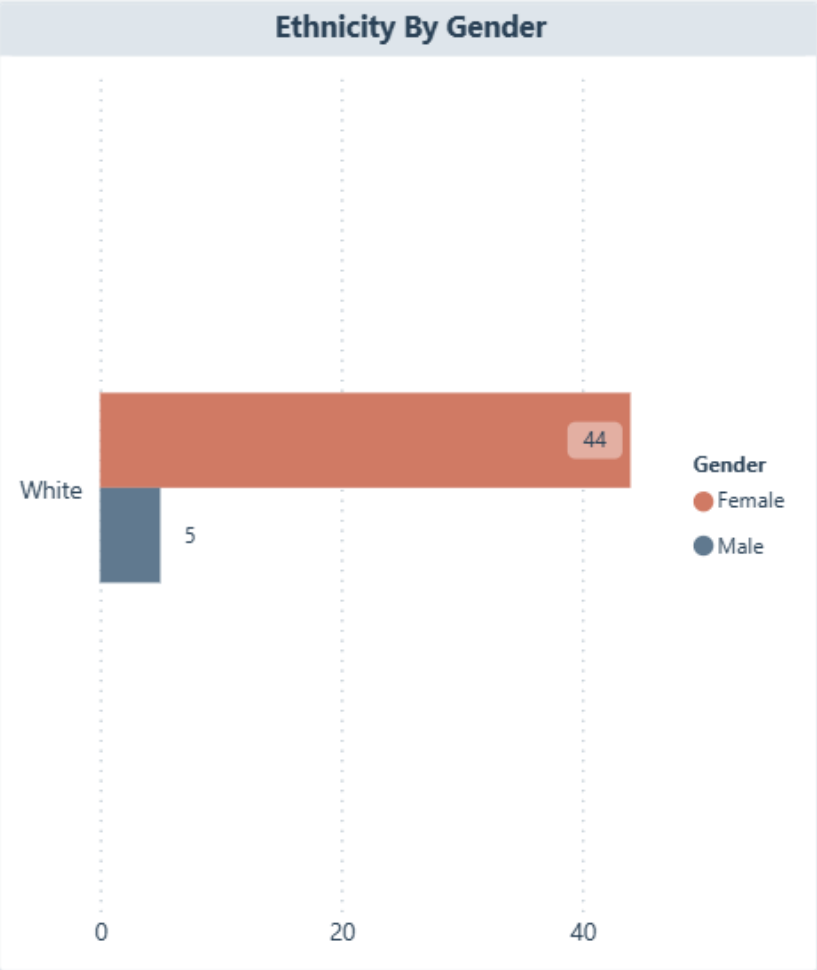
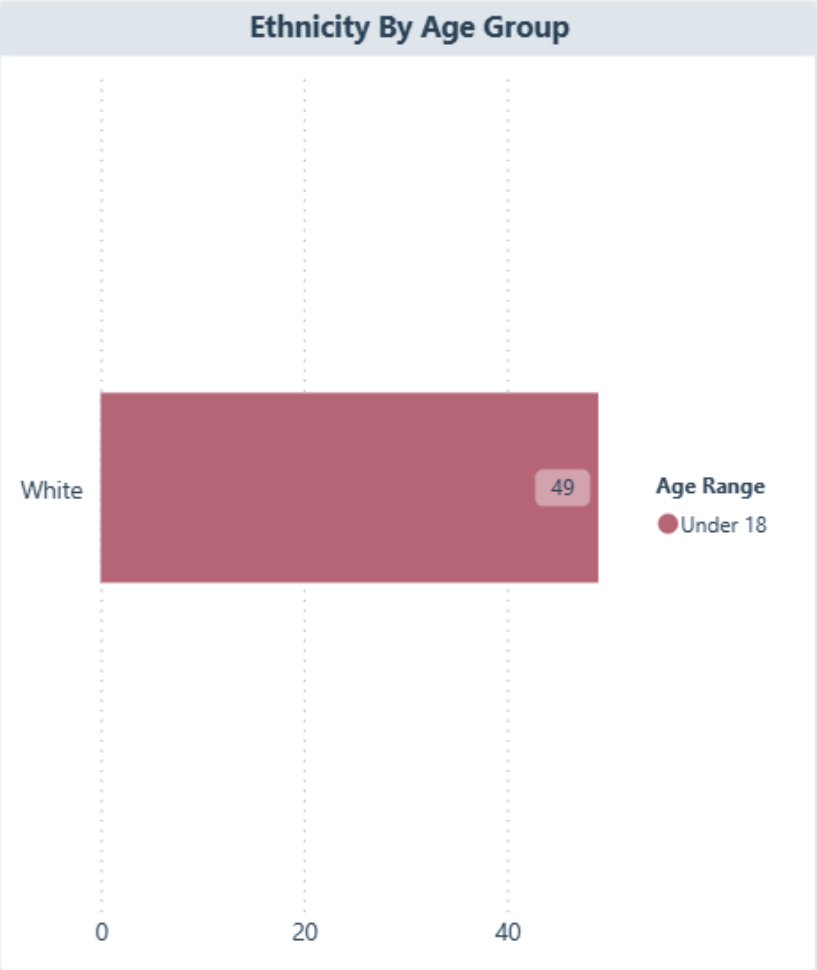
Gender By Ethnicity



Gender By Deprivation

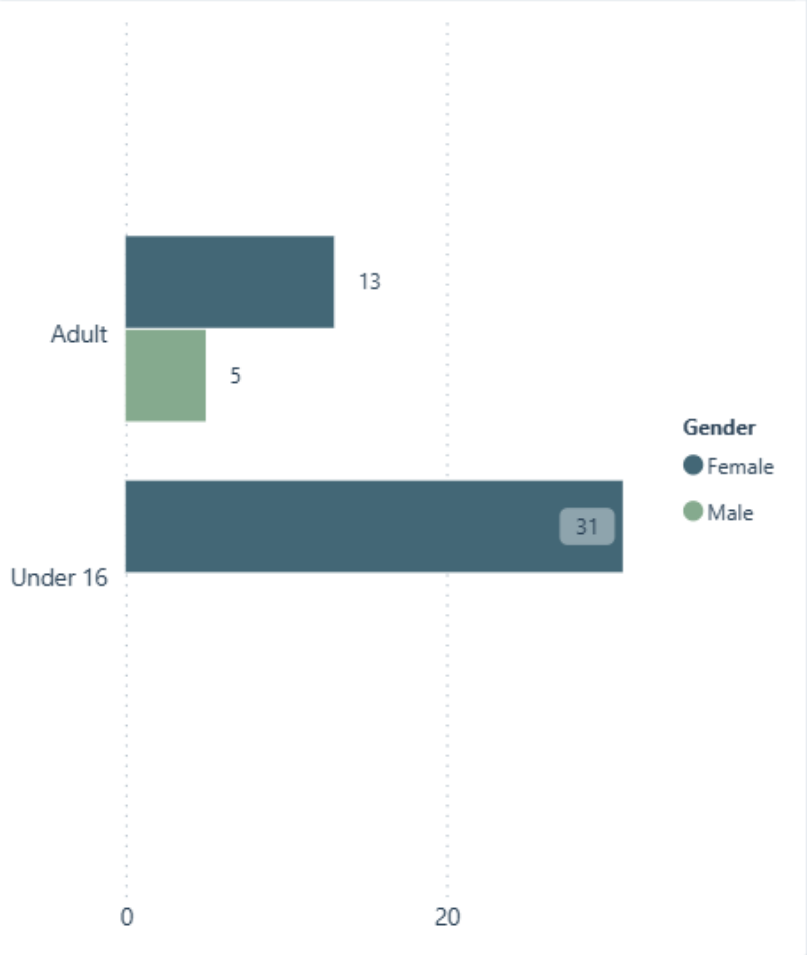


Indicator	Alt Ref	Metric	White
OP14 (N)		People (CYP) with routine eating disorders seen within 4 wks	49
			100.00%

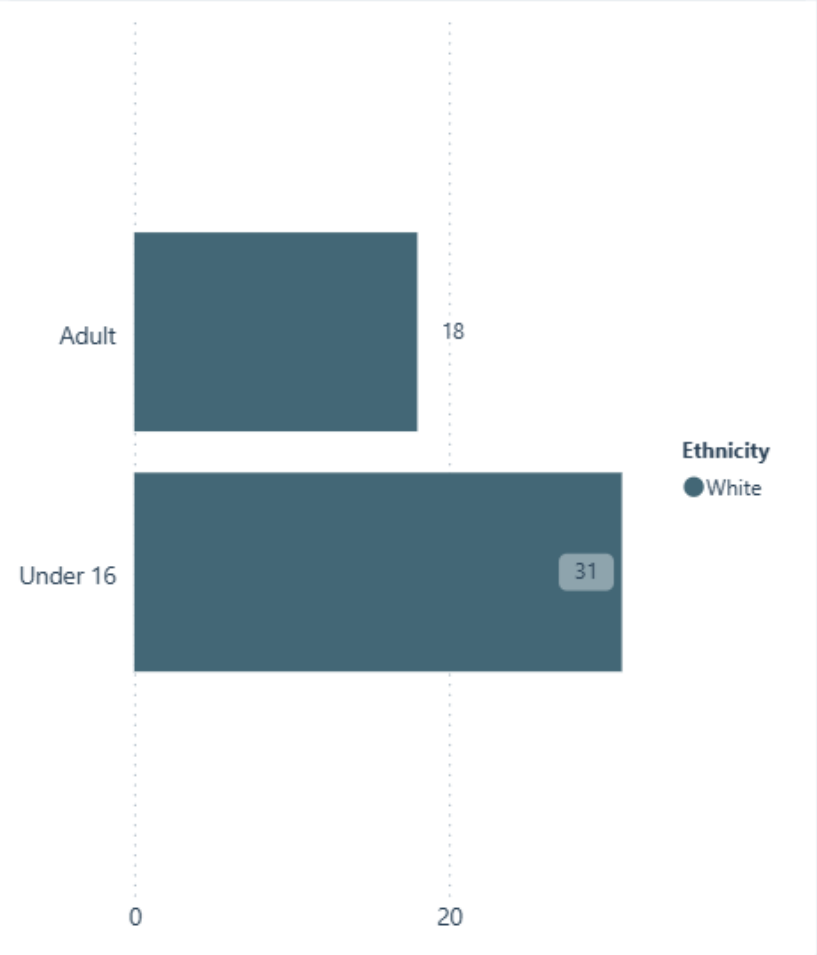


Indicator	Alt Ref	Metric	Adult	Under 16
OP14 (N)		People (CYP) with routine eating disorders seen within 4 wks	18	31
			36.73%	63.27%

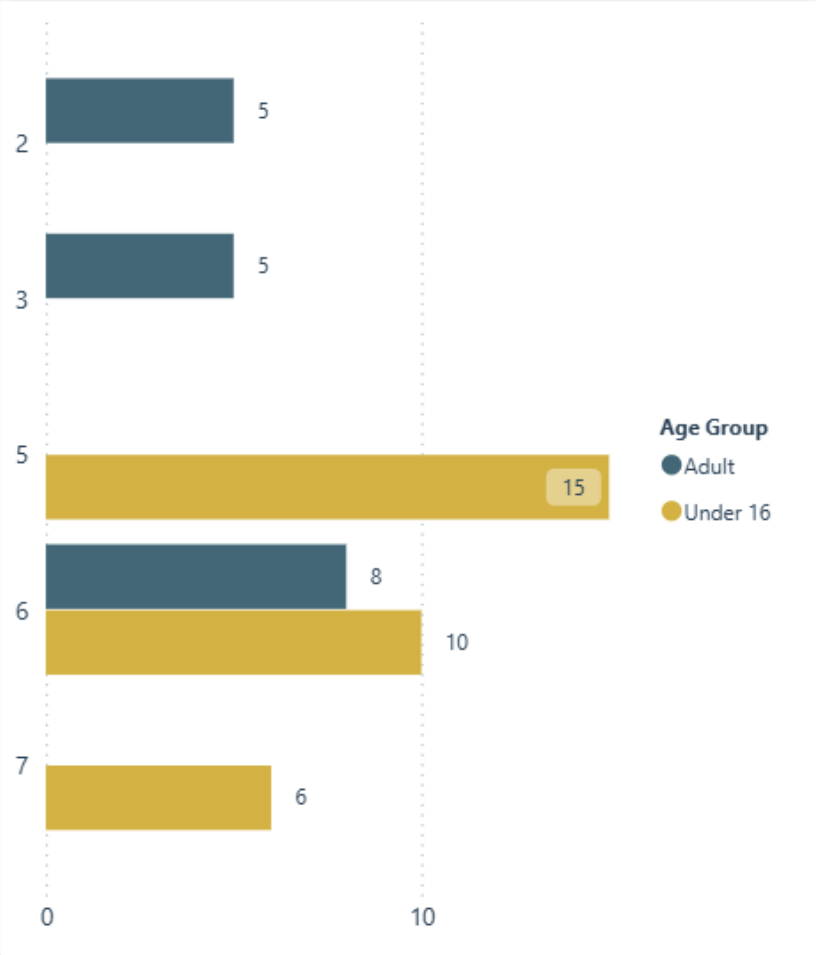
Age Group by Gender



Age Group By Ethnicity

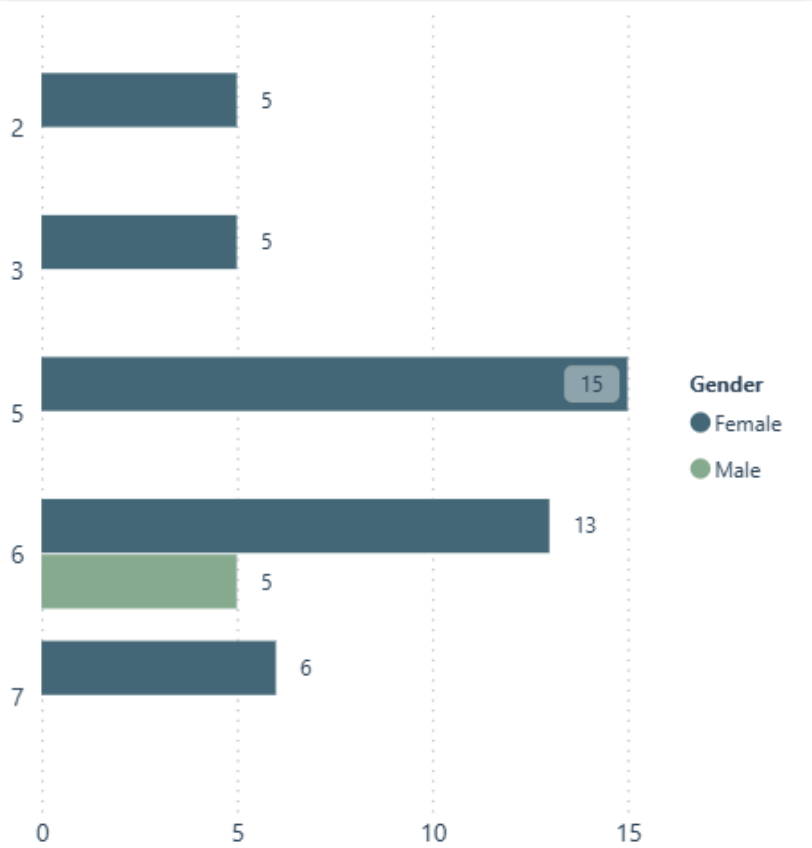


Age Group By Deprivation

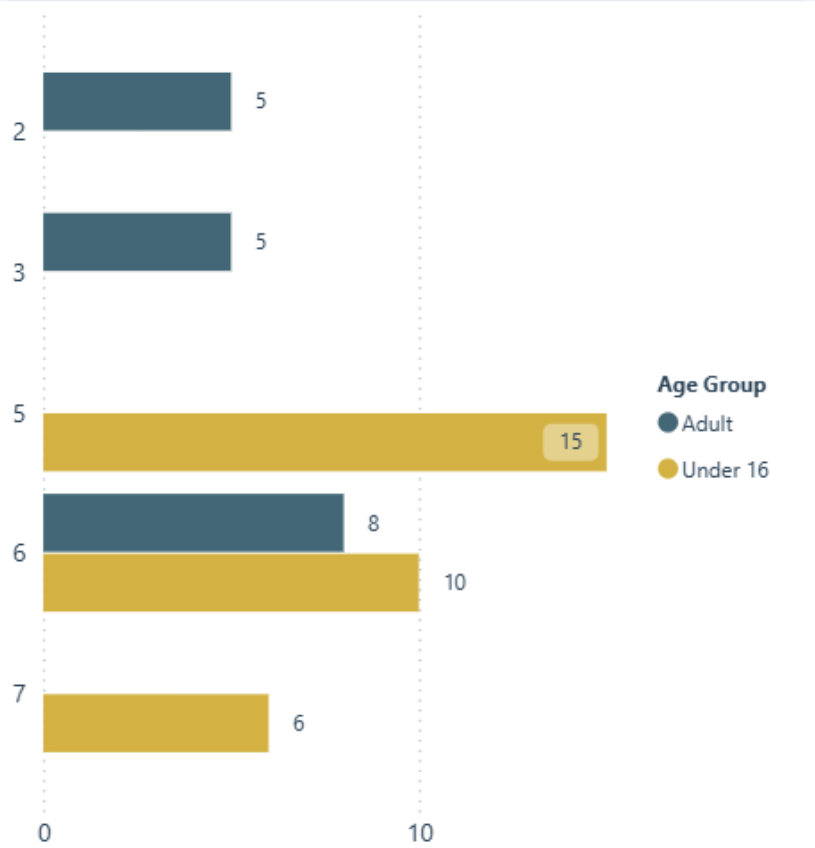


Indicator	Alt Ref	Metric				
OP14 (N)		People (CYP) with routine eating disorders seen within 4 wks				
	2	3	5	6	7	
	5	5	15	18	6	
	10.20%	10.20%	30.61%	36.73%	12.24%	

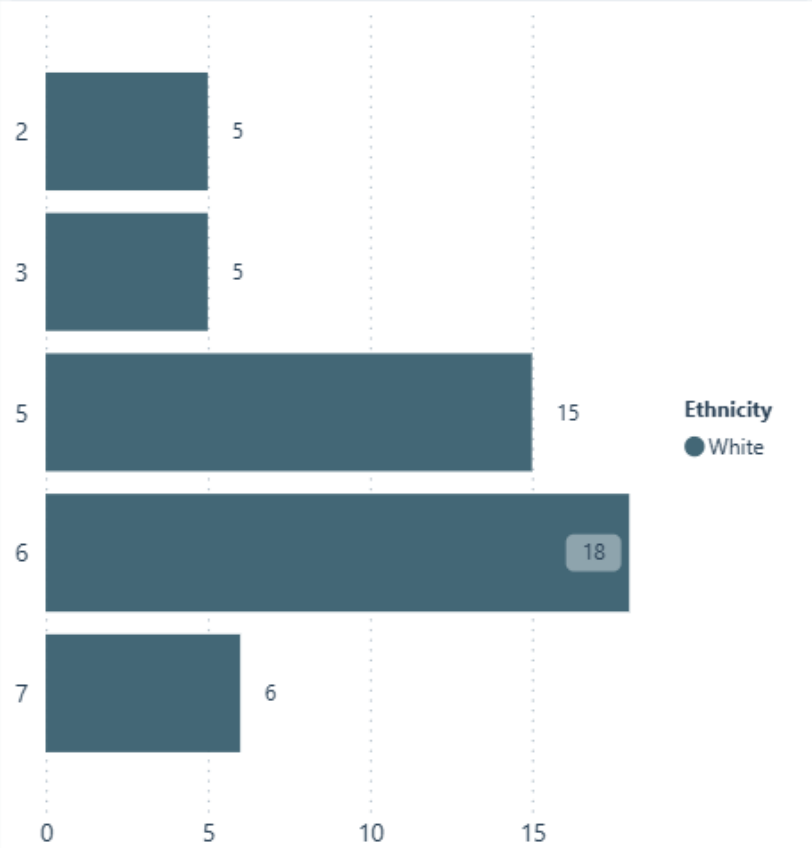
Deprivation By Gender



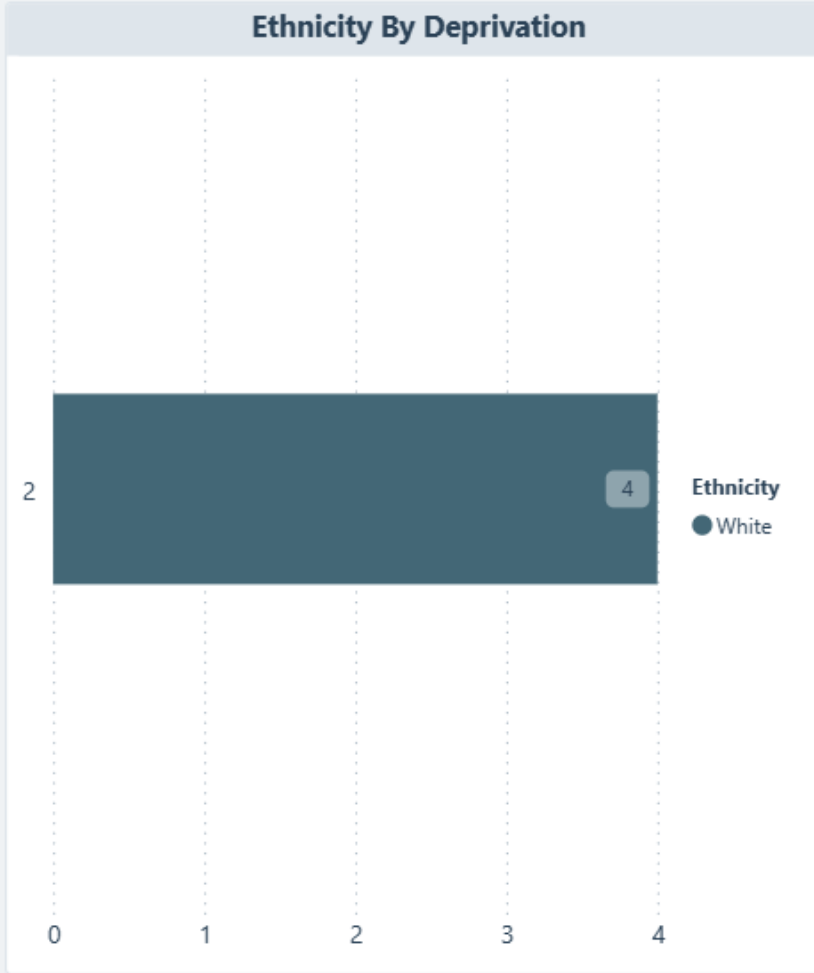
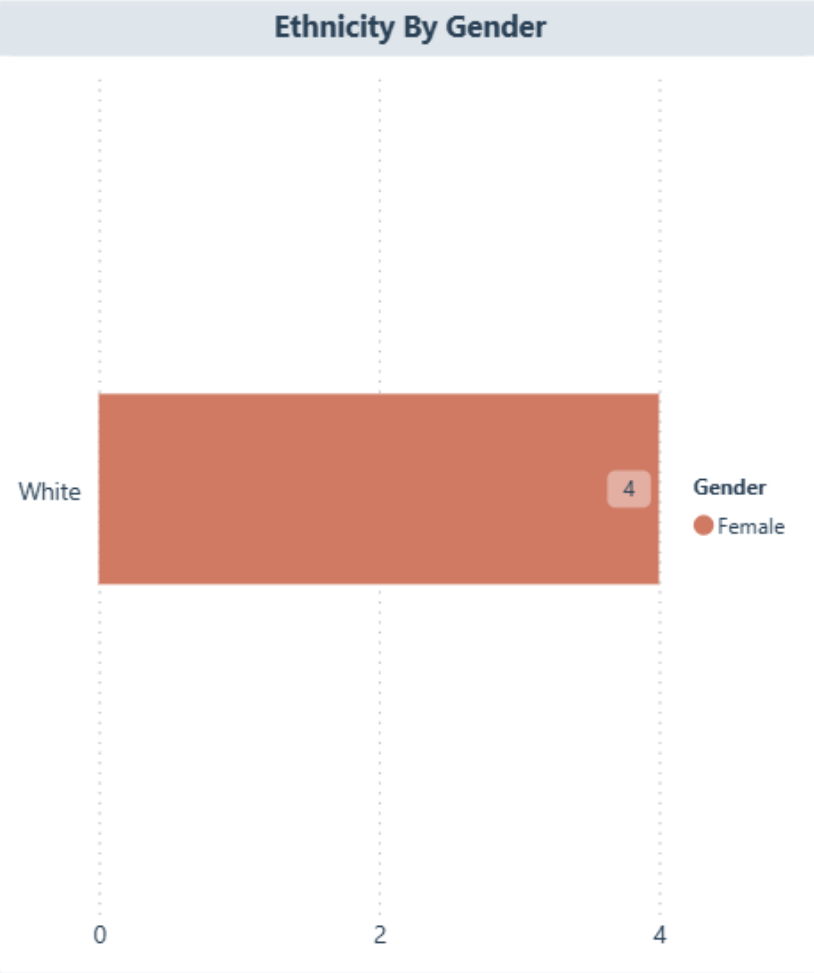
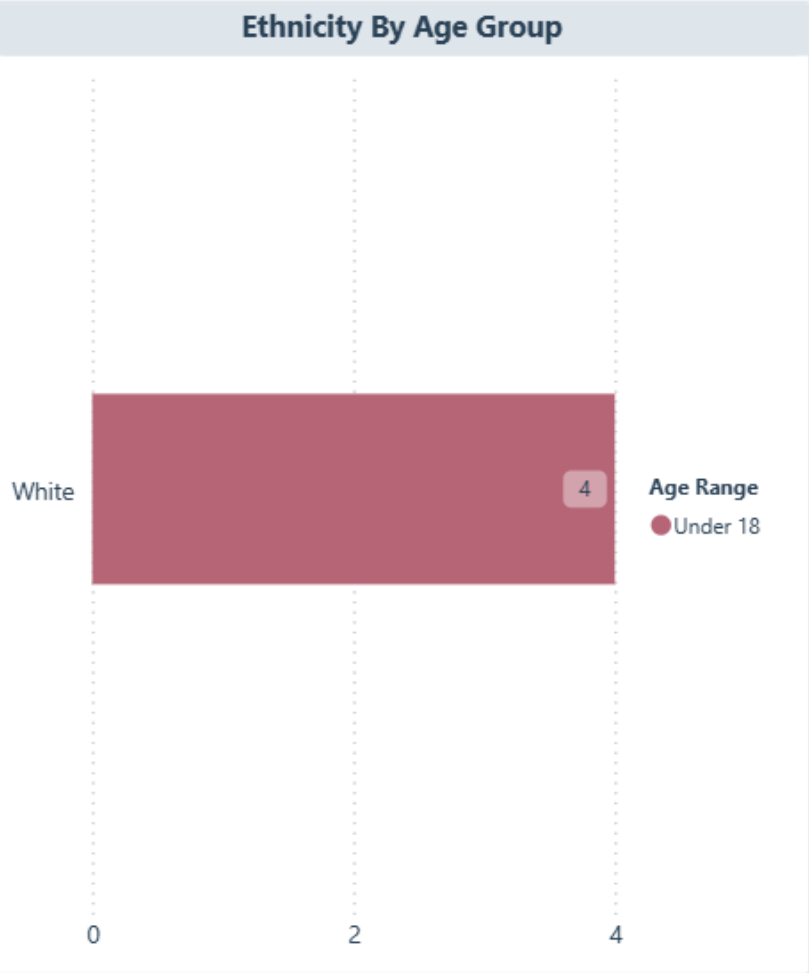
Deprivation by Age Group



Deprivation By Ethnicity



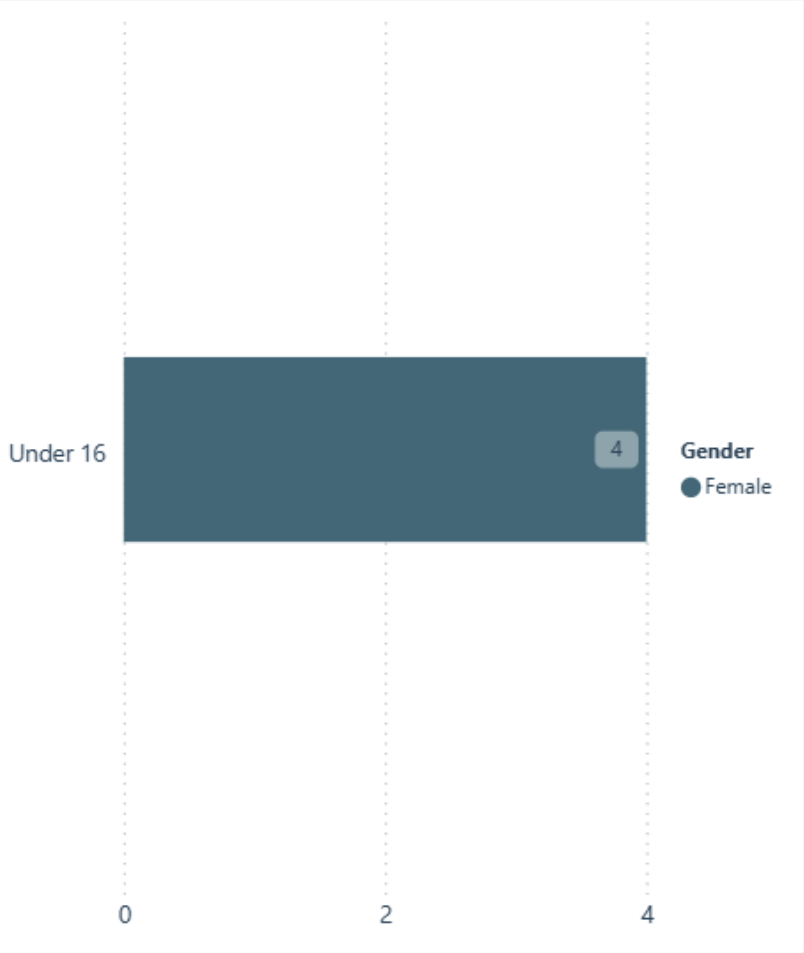
Indicator	Alt Ref	Metric	White
OP15 (N)		People (CYP) with urgent eating disorders seen within 1 wk	4
			100.00%



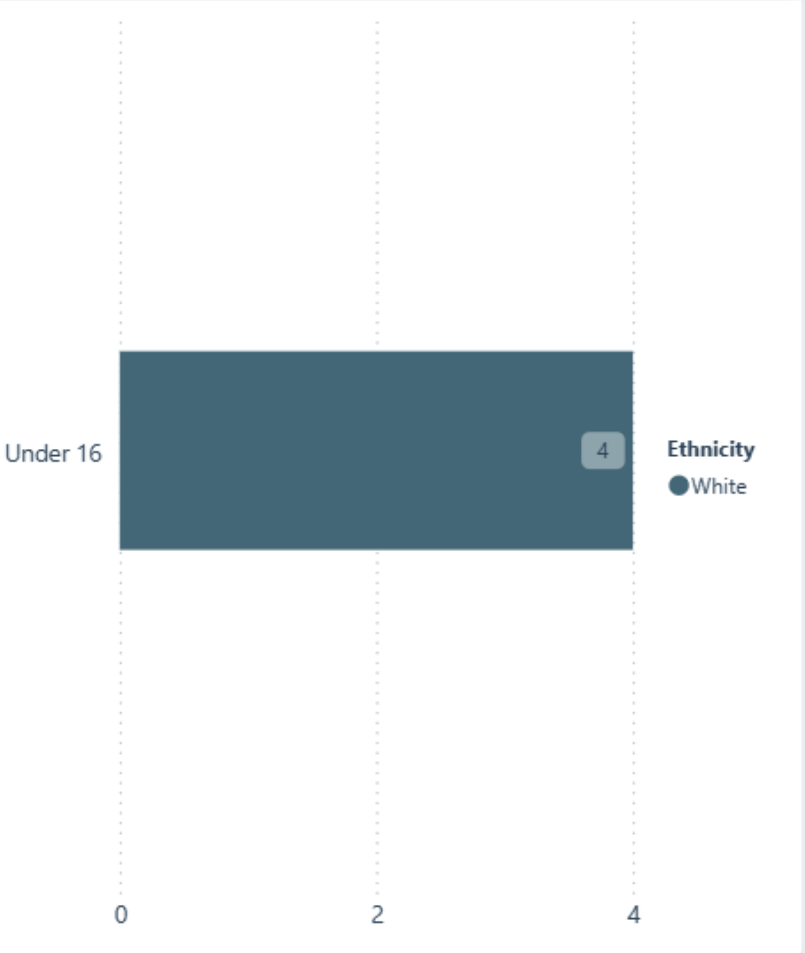
Indicator	Alt Ref	Metric	Under 16
OP15 (N)		People (CYP) with urgent eating disorders seen within 1 wk	4

100.00%

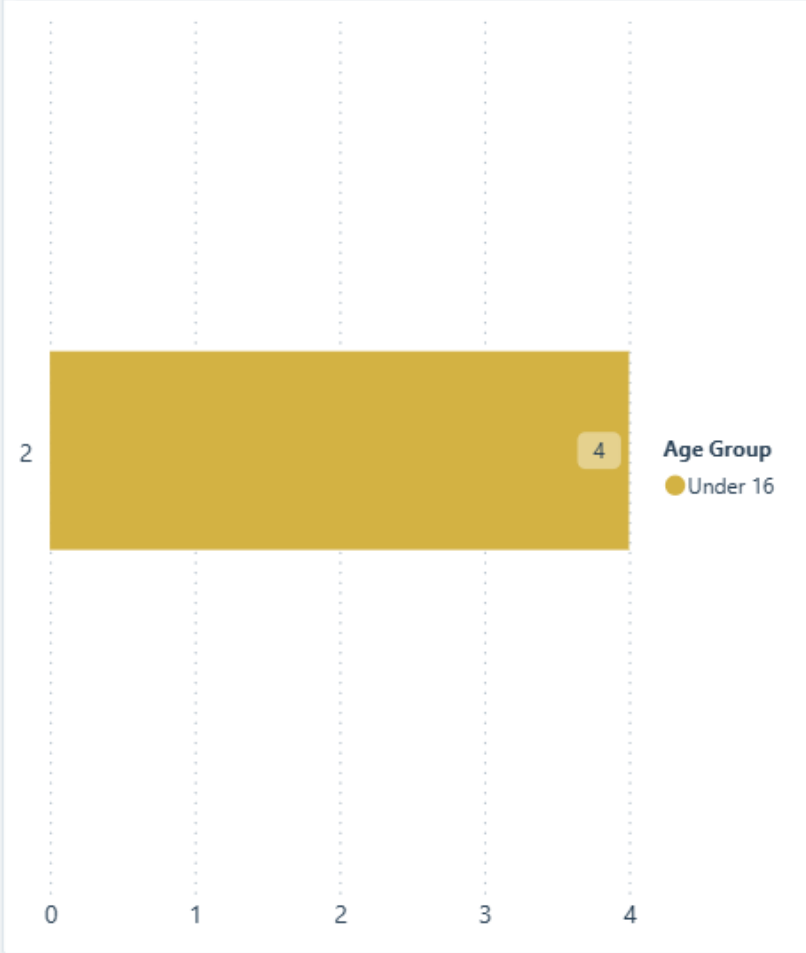
Age Group by Gender



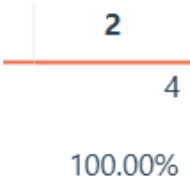
Age Group By Ethnicity



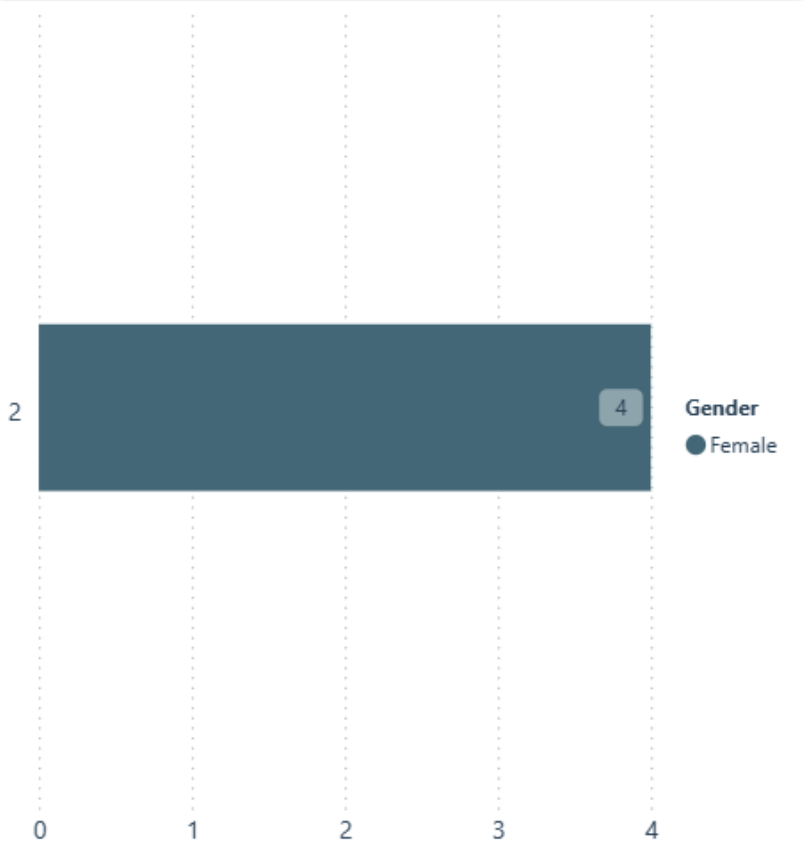
Age Group By Deprivation



Indicator	Alt Ref	Metric
OP15 (N)		People (CYP) with urgent eating disorders seen within 1 wk



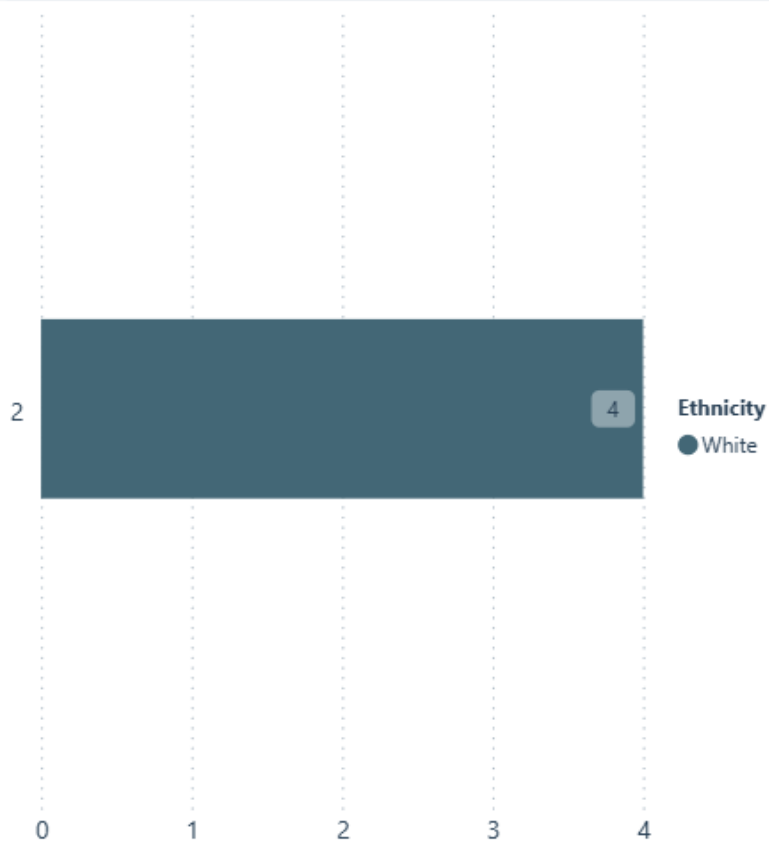
Deprivation By Gender



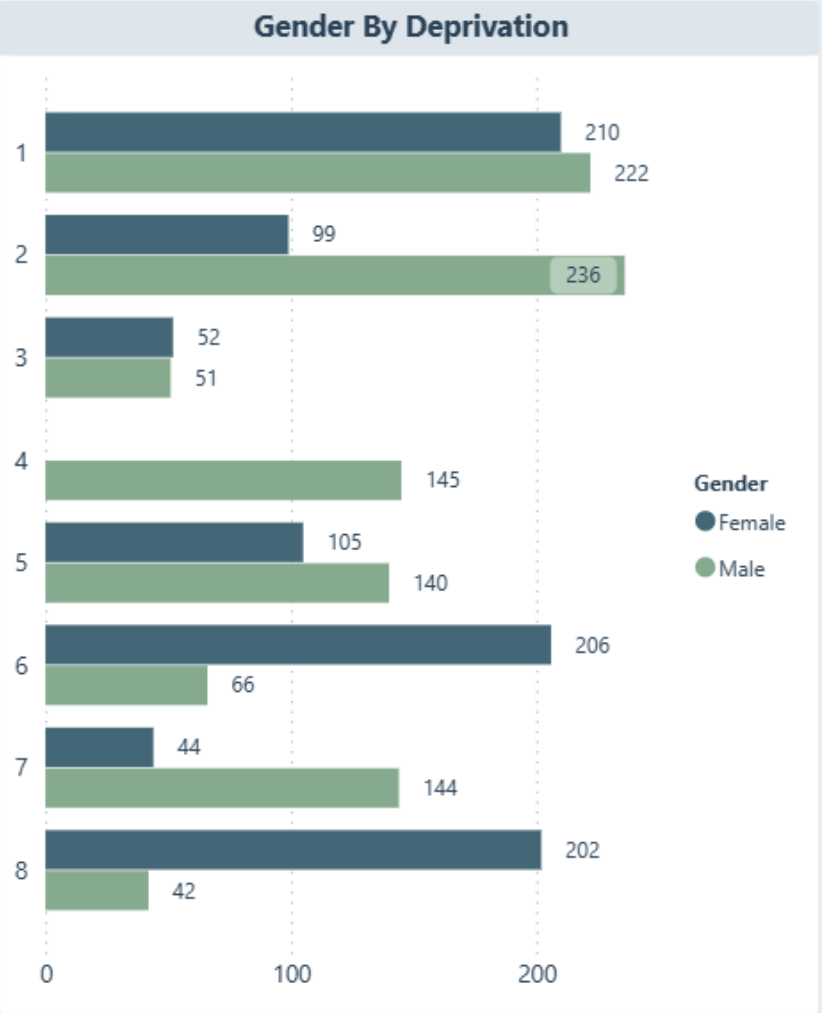
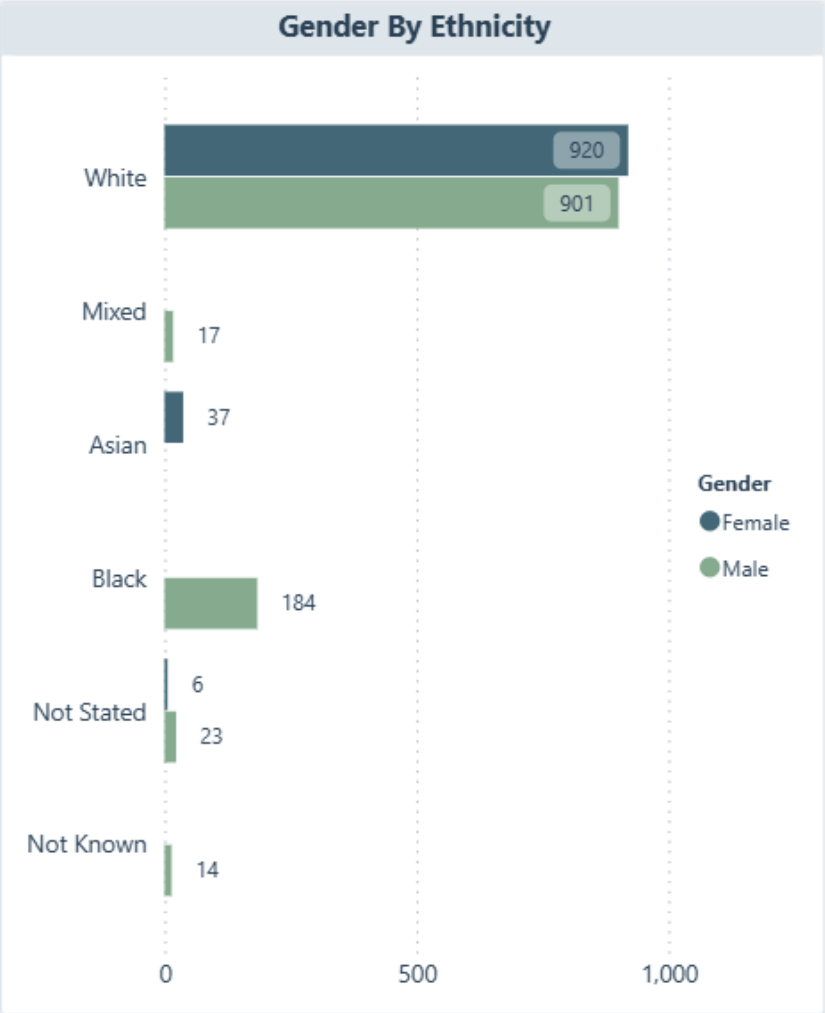
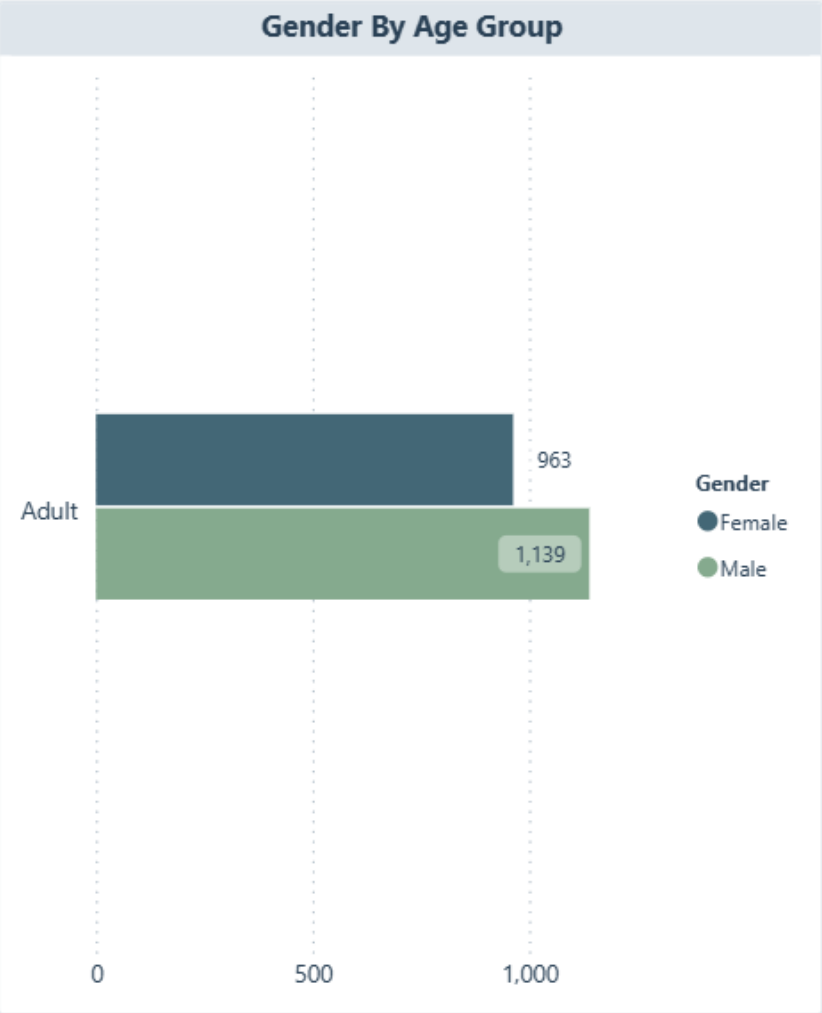
Deprivation by Age Group



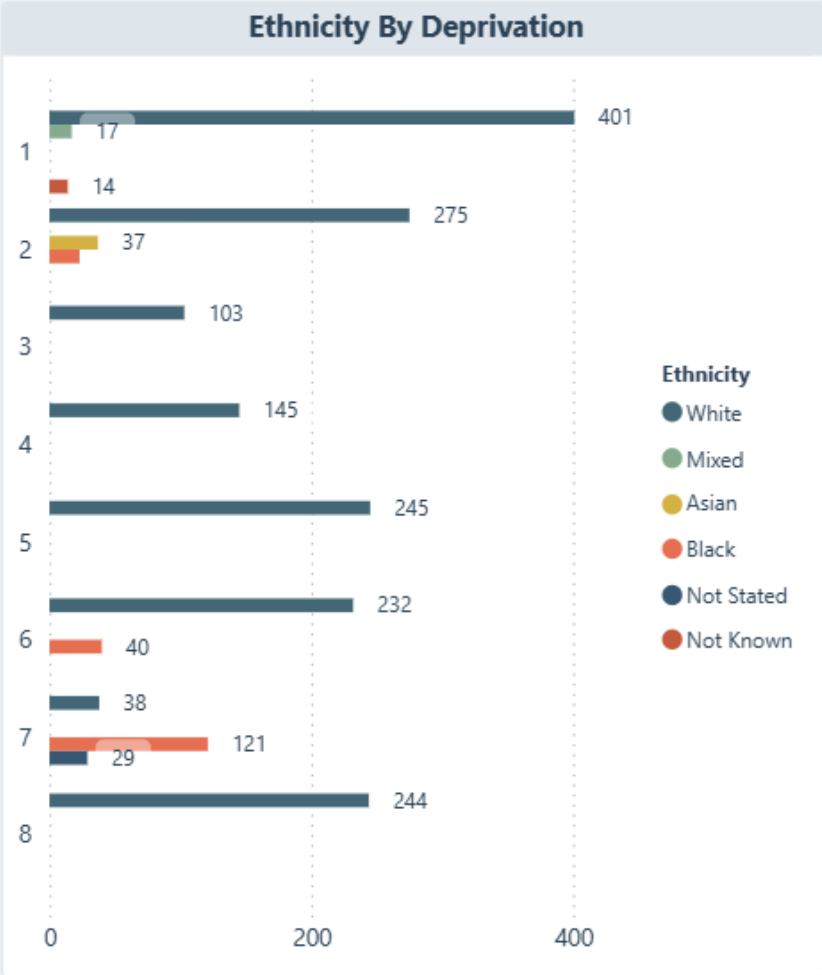
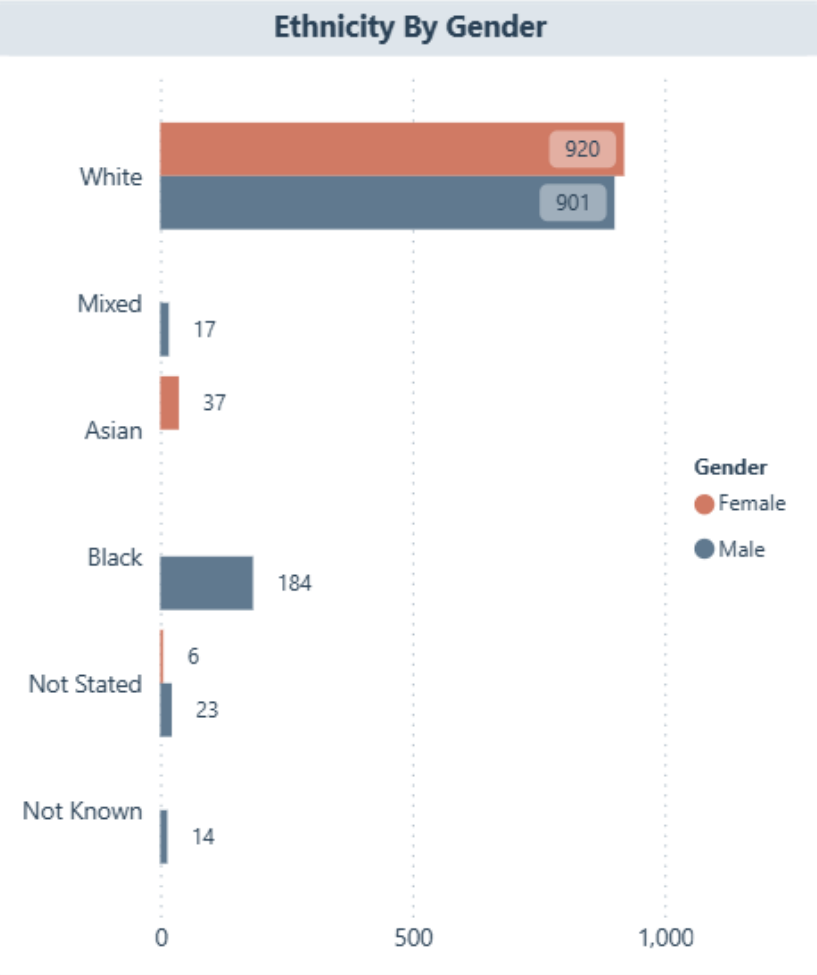
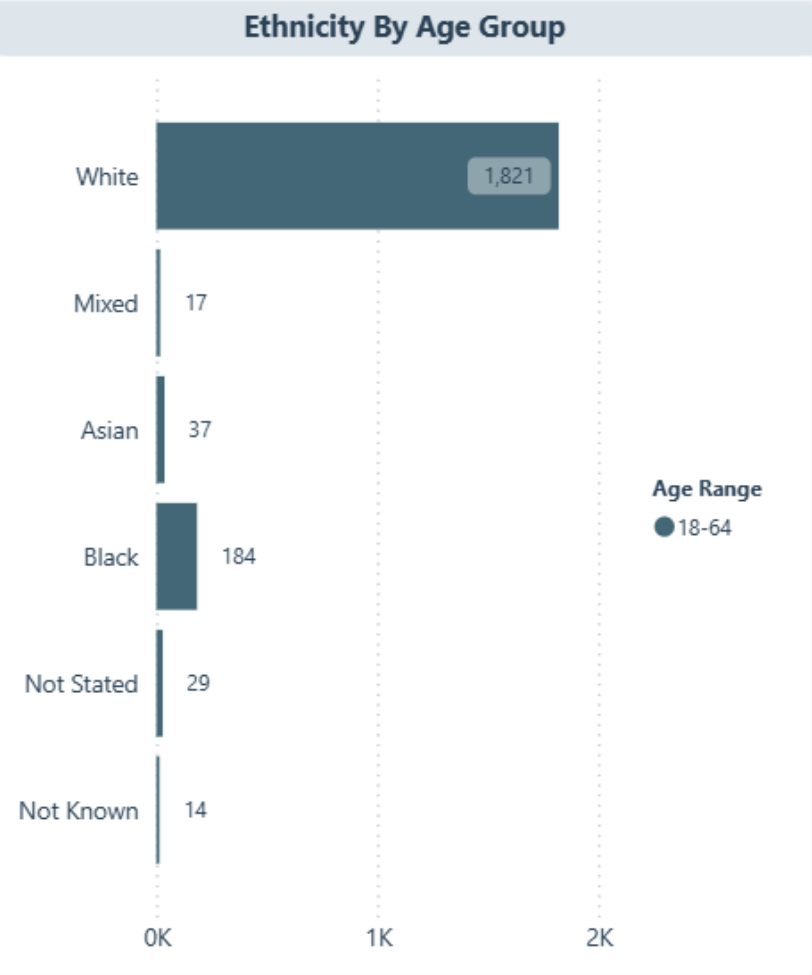
Deprivation By Ethnicity



Indicator	Alt Ref	Metric	Female	Male
OP17 (N)		Inappropriate out of area acute mental health bed days	963	1,139
			45.81%	54.19%

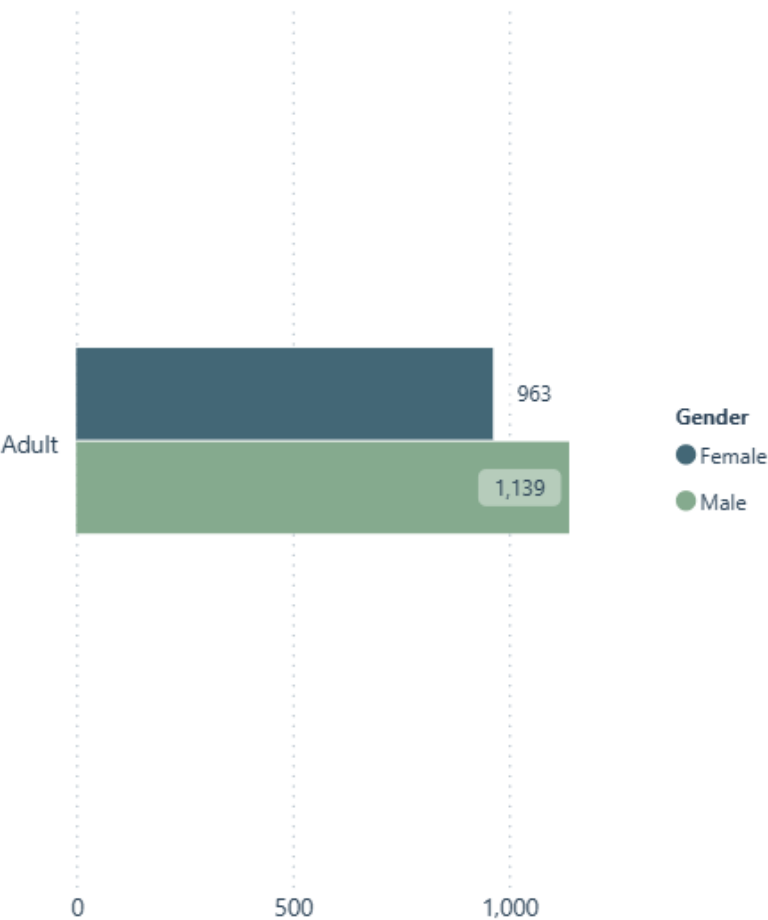


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Not Stated	Not Known
OP17 (N)		Inappropriate out of area acute mental health bed days	1,821	17	37	184	29	14
			86.63%	0.81%	1.76%	8.75%	1.38%	0.67%

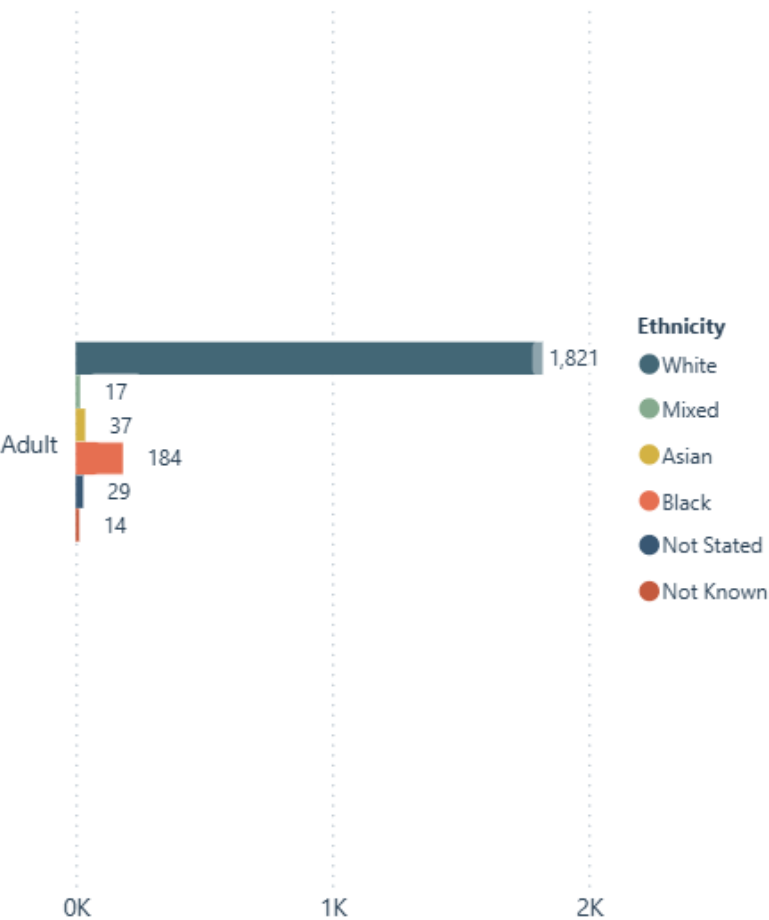


Indicator	Alt Ref	Metric	Adult
OP17 (N)		Inappropriate out of area acute mental health bed days	2,102
			100.00%

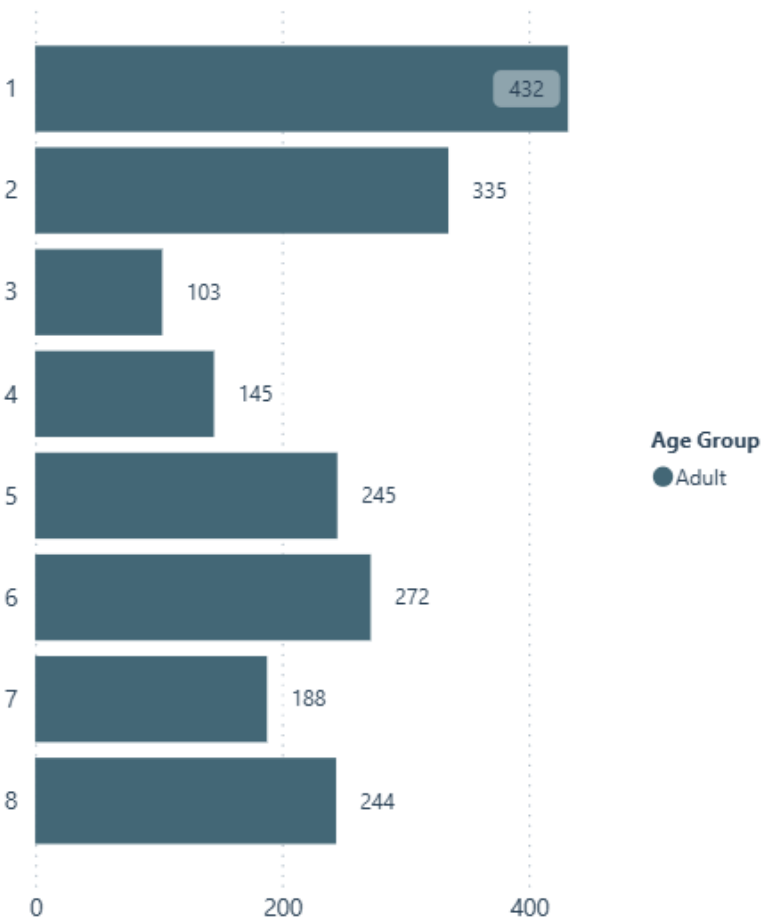
Age Group by Gender



Age Group By Ethnicity

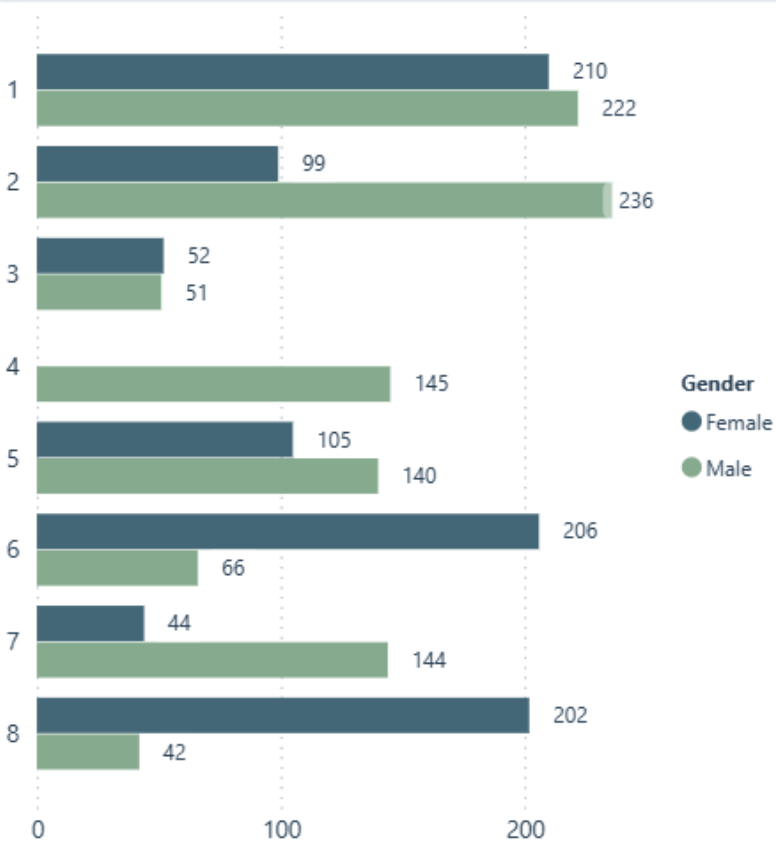


Age Group By Deprivation

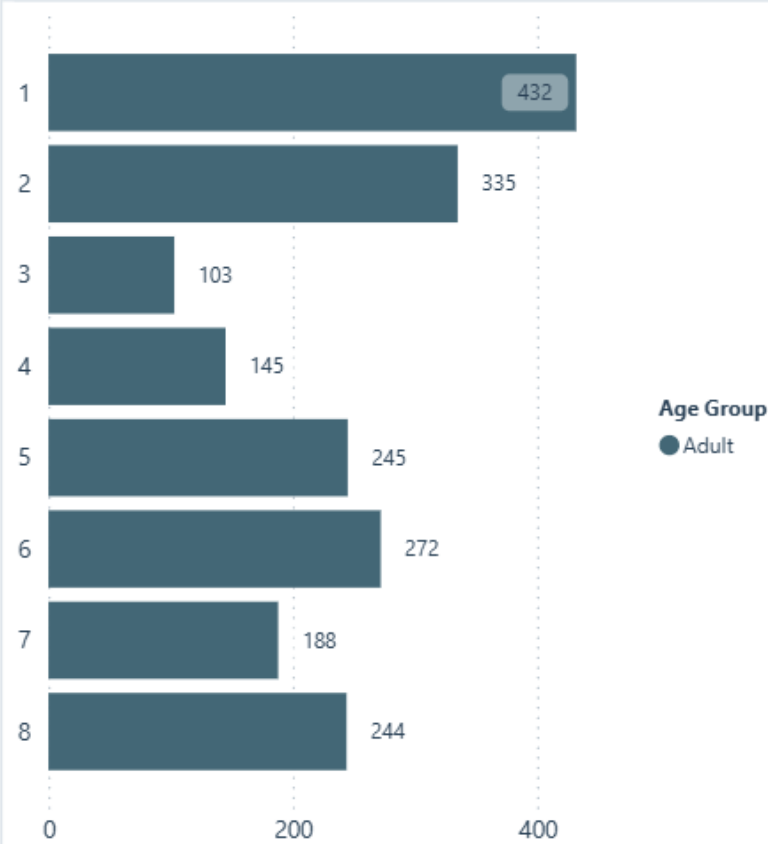


Indicator	Alt Ref	Metric								
OP17 (N)		Inappropriate out of area acute mental health bed days								
		Not Recorded	1	2	3	4	5	6	7	8
		138	432	335	103	145	245	272	188	244
		6.57%	20.55%	15.94%	4.90%	6.90%	11.66%	12.94%	8.94%	11.61%

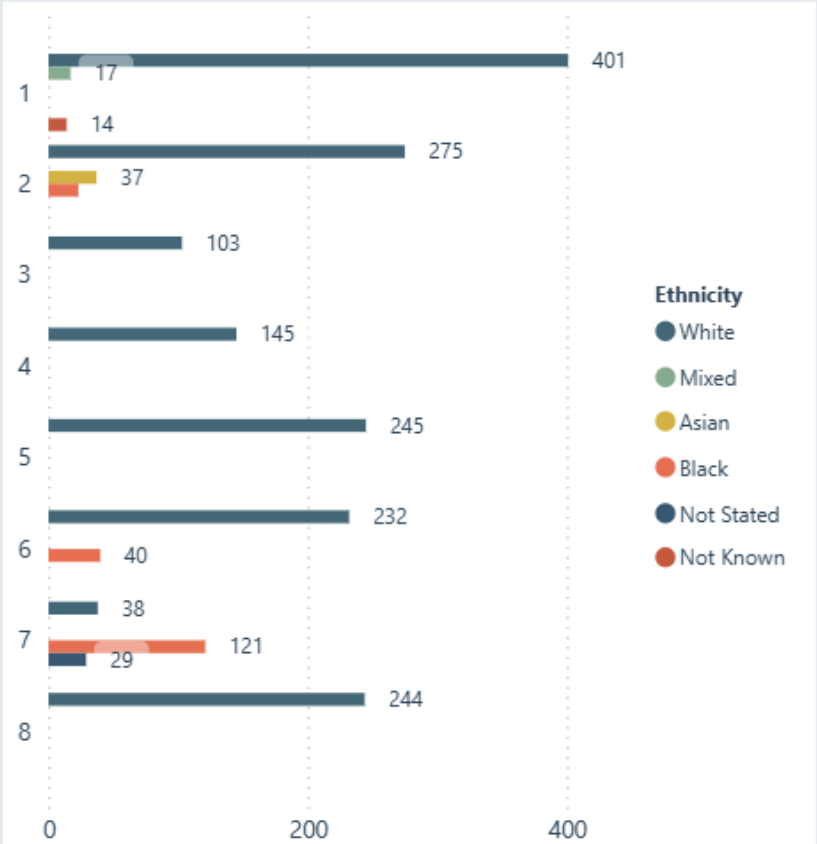
Deprivation By Gender



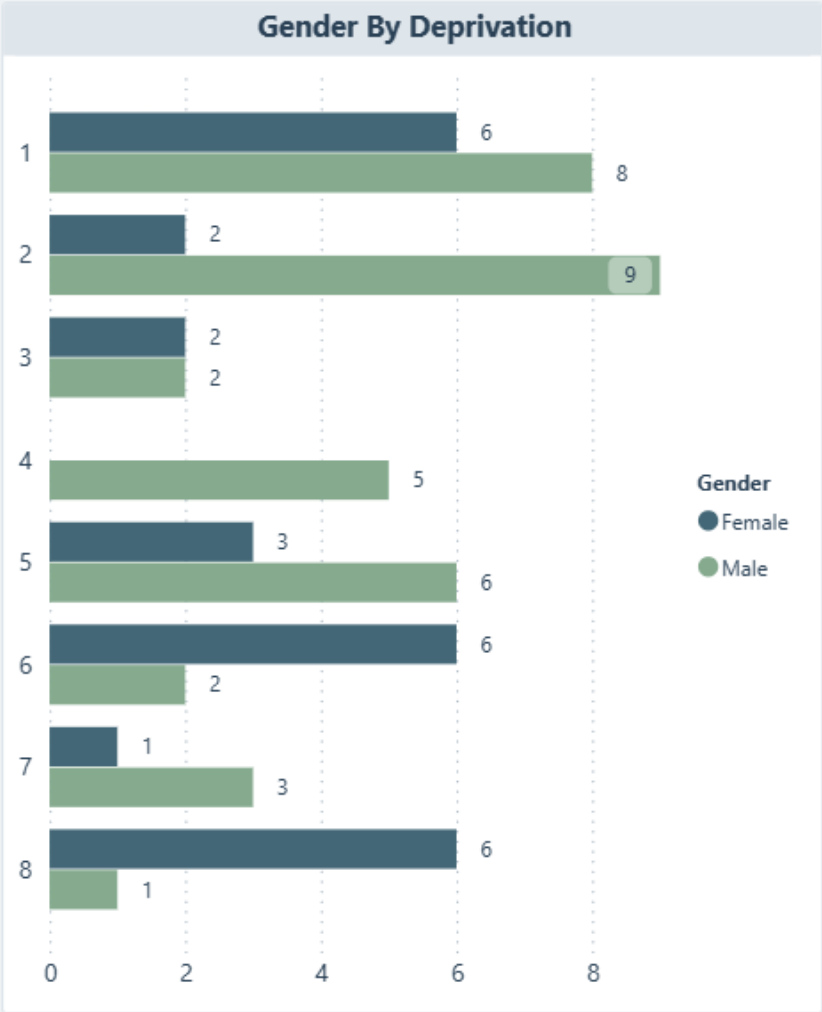
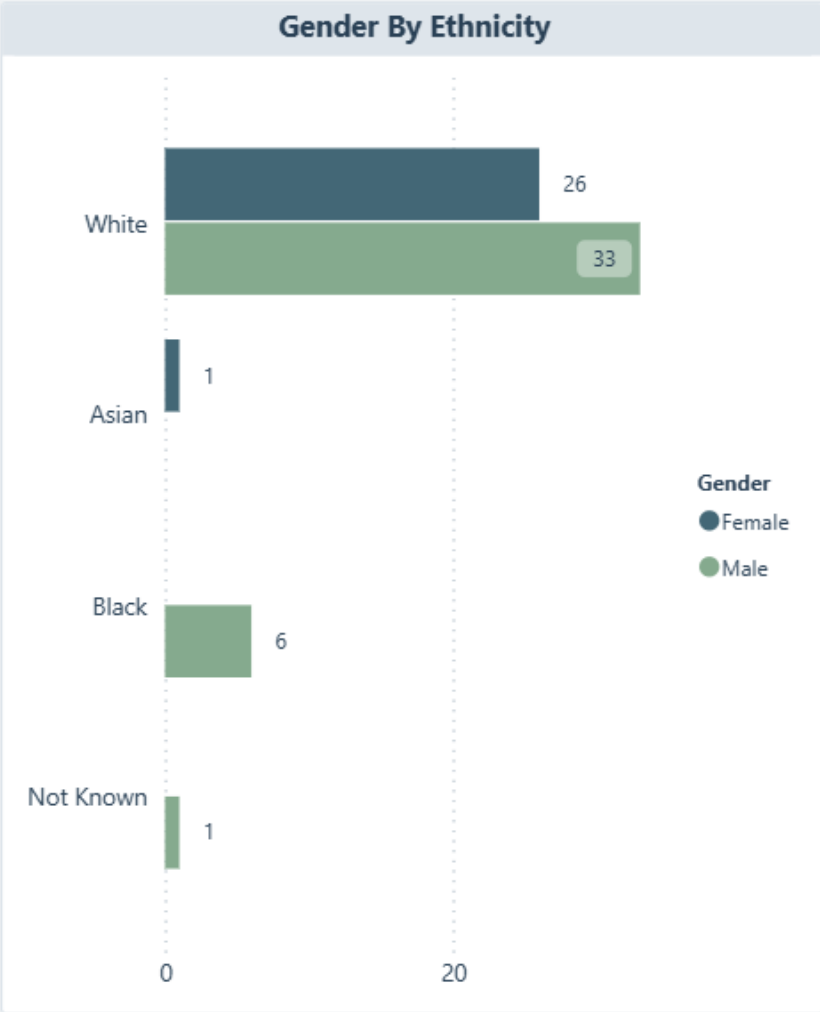
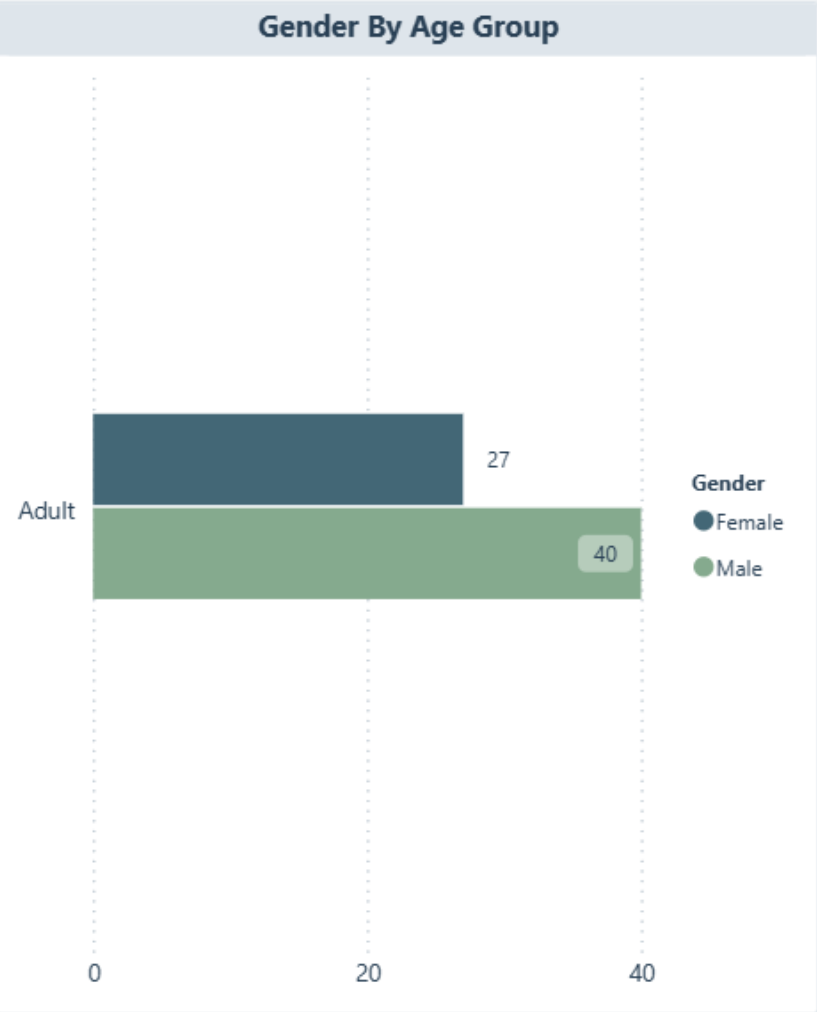
Deprivation by Age Group



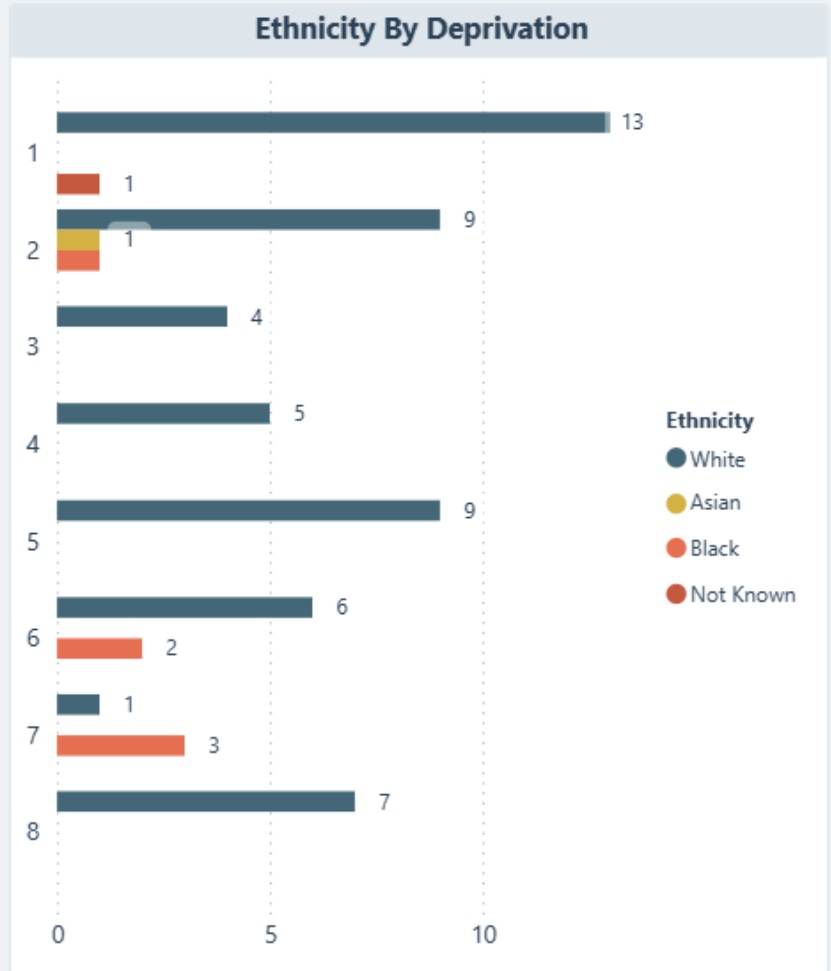
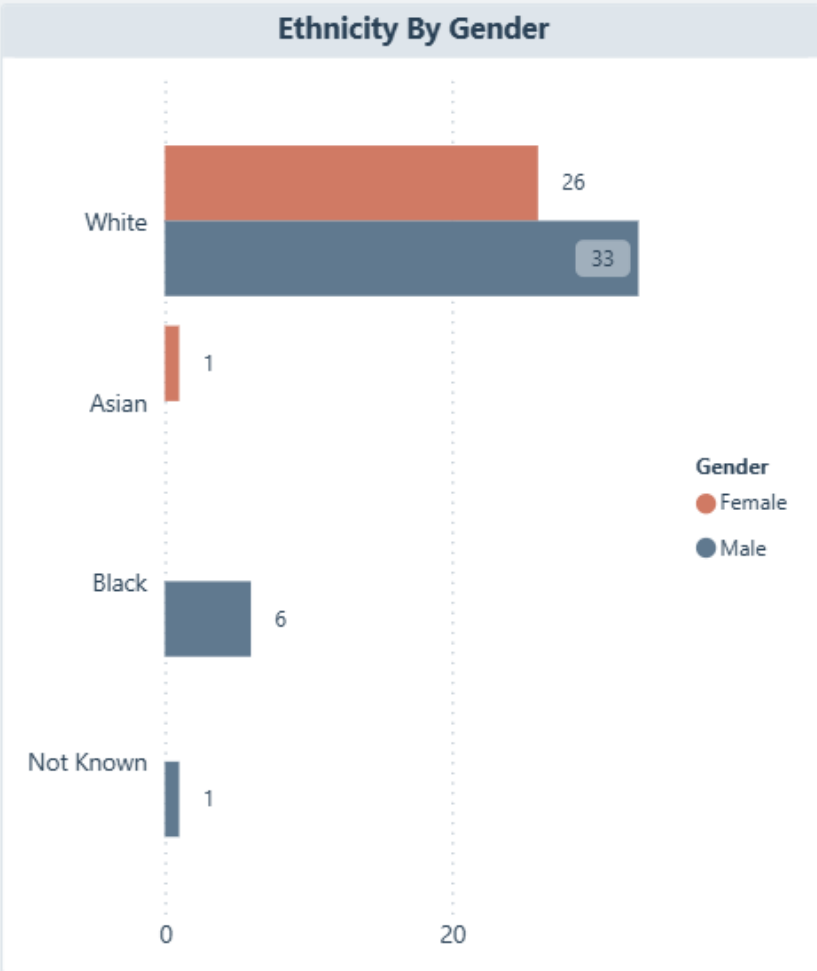
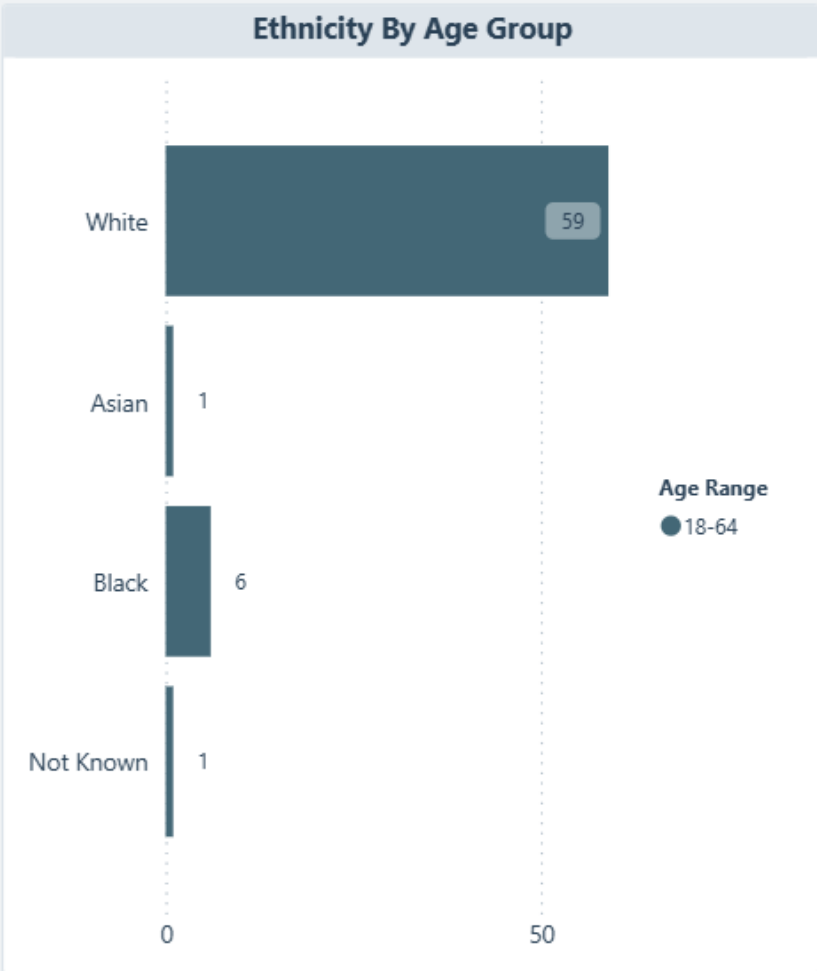
Deprivation By Ethnicity



Indicator	Alt Ref	Metric	Female	Male
OP17c (N)		The number of active inappropriate adult acute OAPs	27	40
			40.30%	59.70%

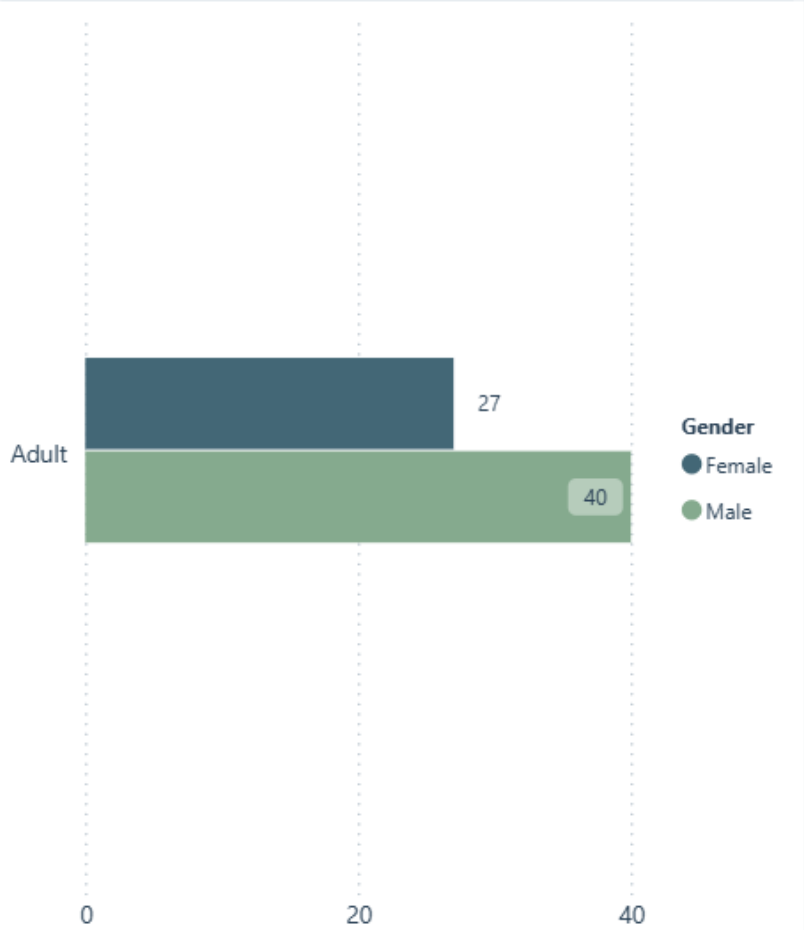


Indicator	Alt Ref	Metric	White	Asian	Black	Not Known
OP17c (N)		The number of active inappropriate adult acute OAPs	59	1	6	1
			88.06%	1.49%	8.96%	1.49%

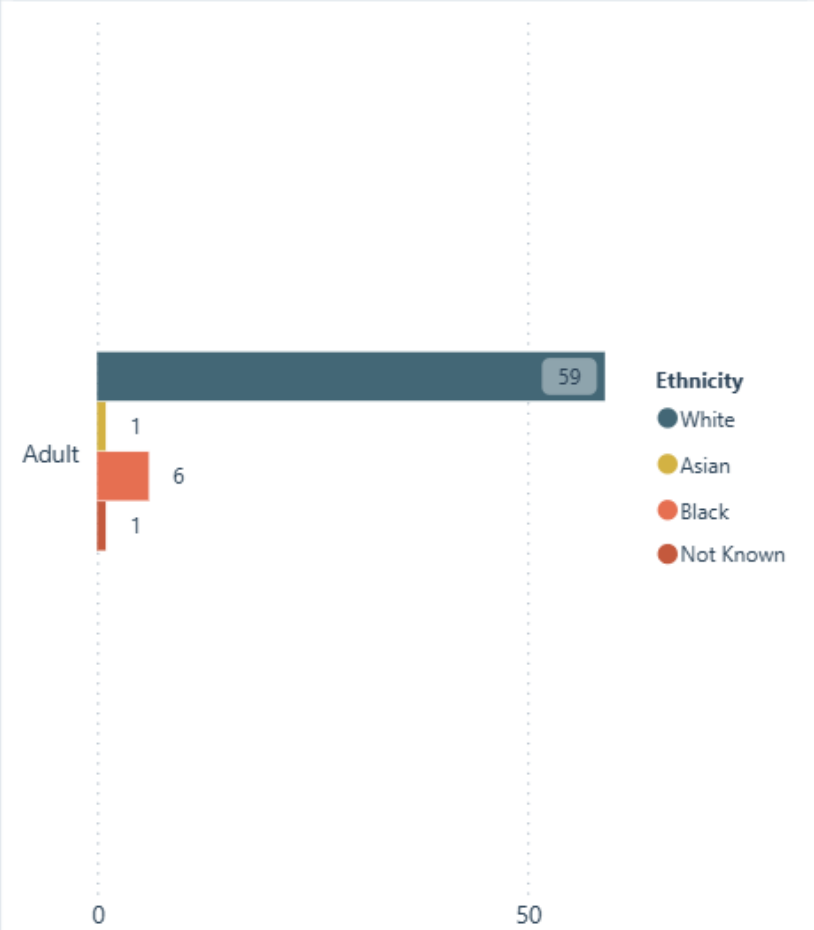


Indicator	Alt Ref	Metric	Adult
OP17c (N)		The number of active inappropriate adult acute OAPs	67
			100.00%

Age Group by Gender



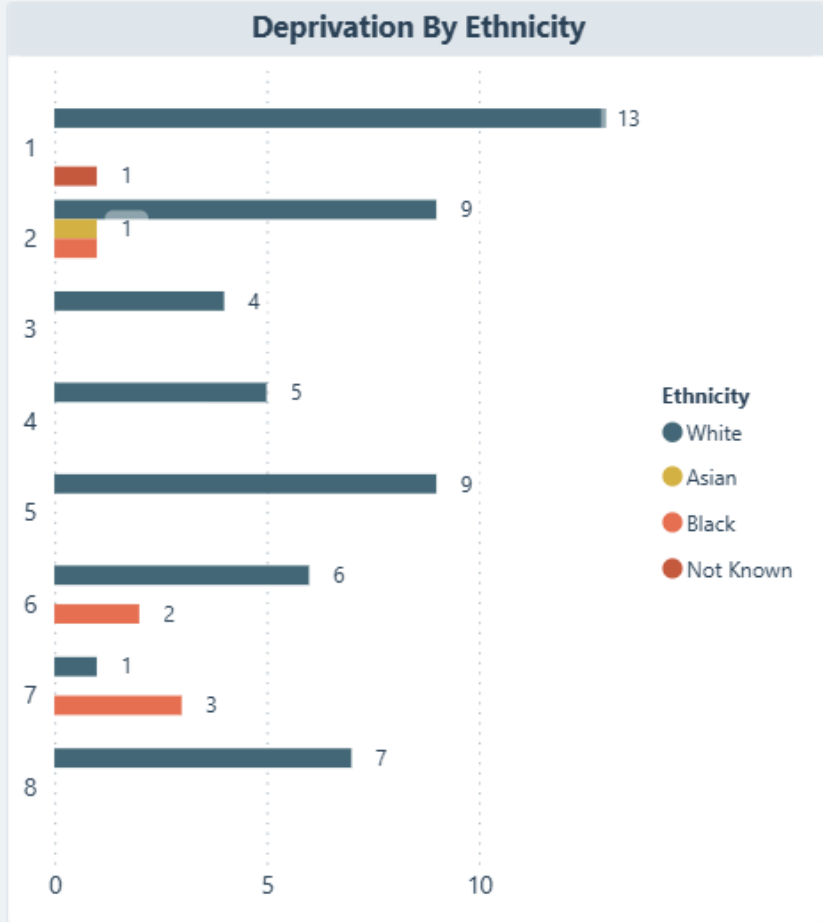
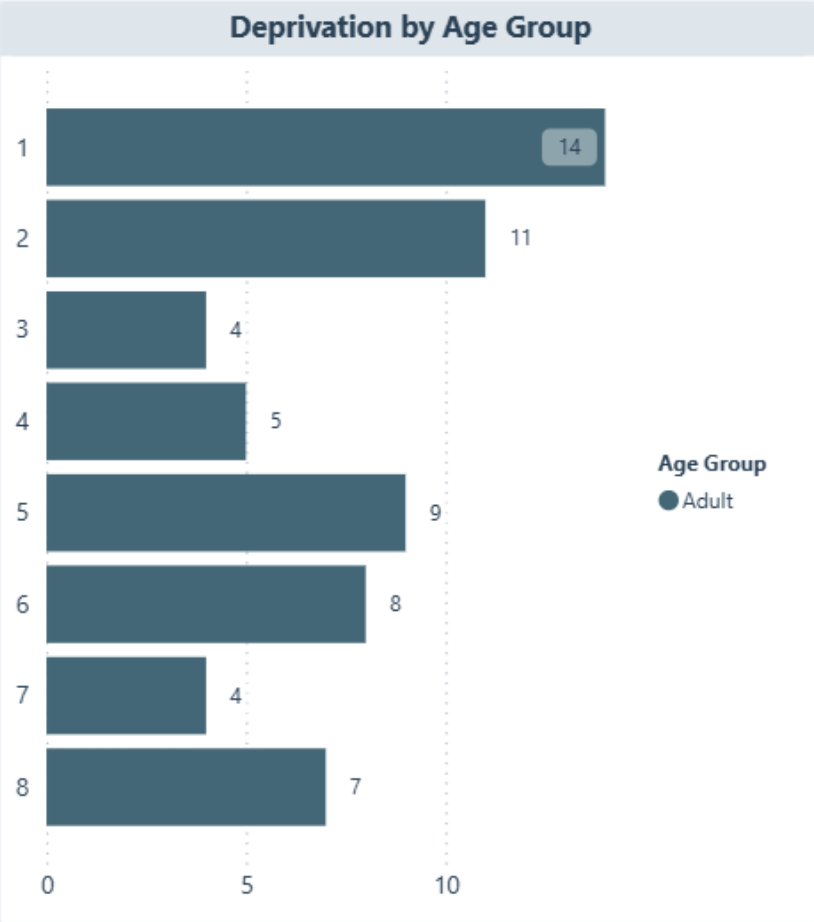
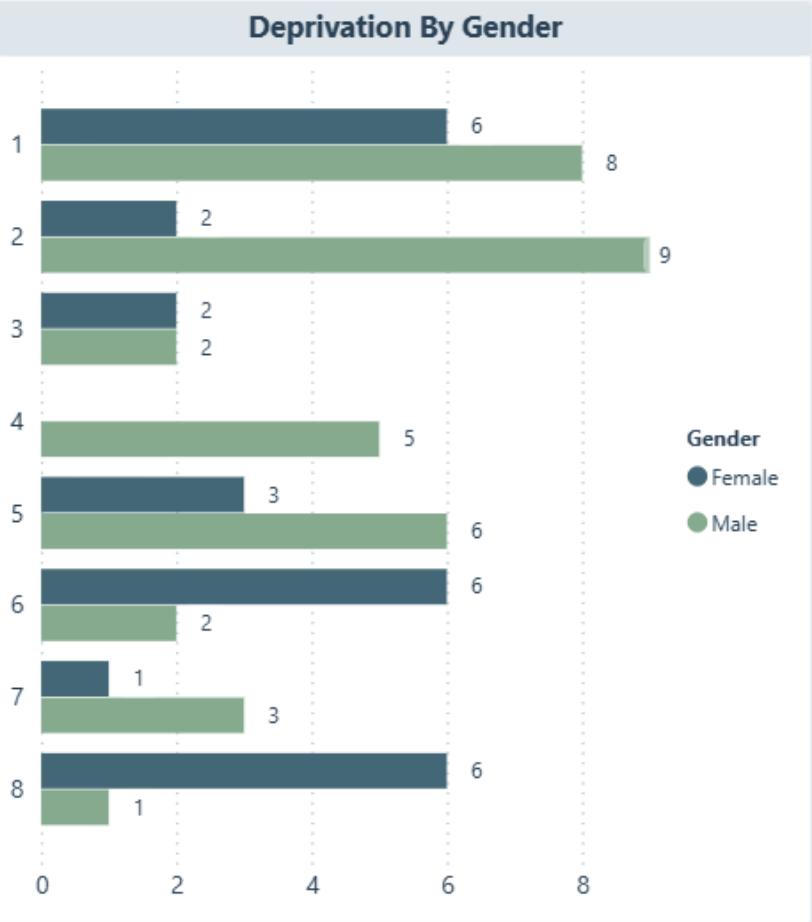
Age Group By Ethnicity



Age Group By Deprivation

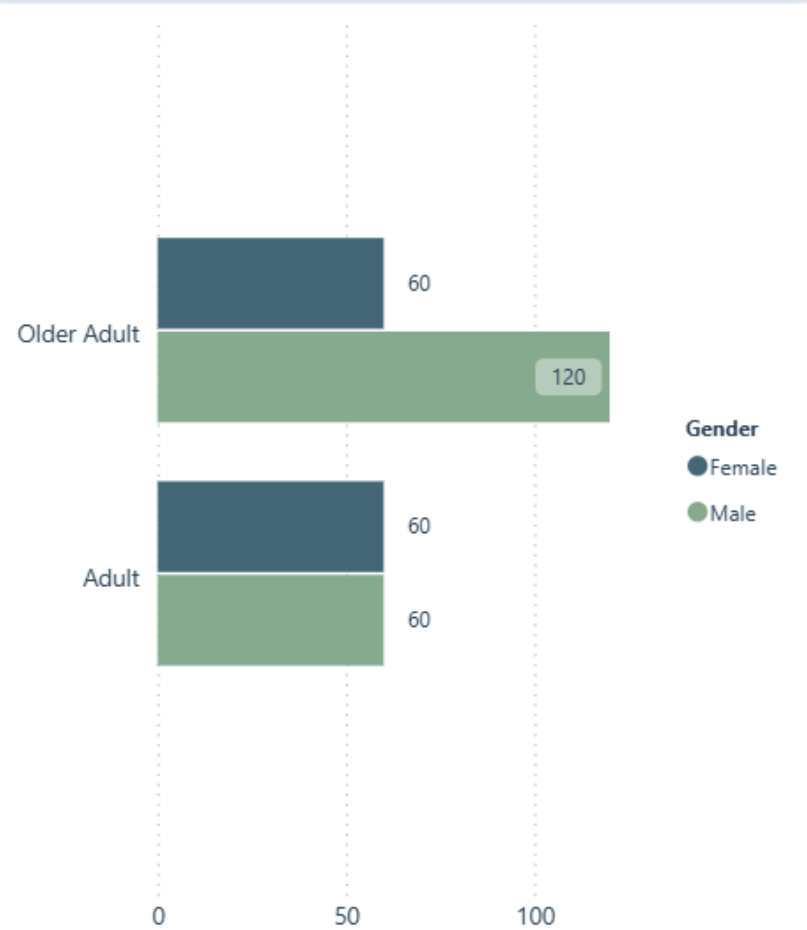


Indicator	Alt Ref	Metric							
OP17c (N)		The number of active inappropriate adult acute OAPs							
		Not Recorded	1	2	3	4	5	6	7
		5	14	11	4	5	9	8	4
		7.46%	20.90%	16.42%	5.97%	7.46%	13.43%	11.94%	5.97%

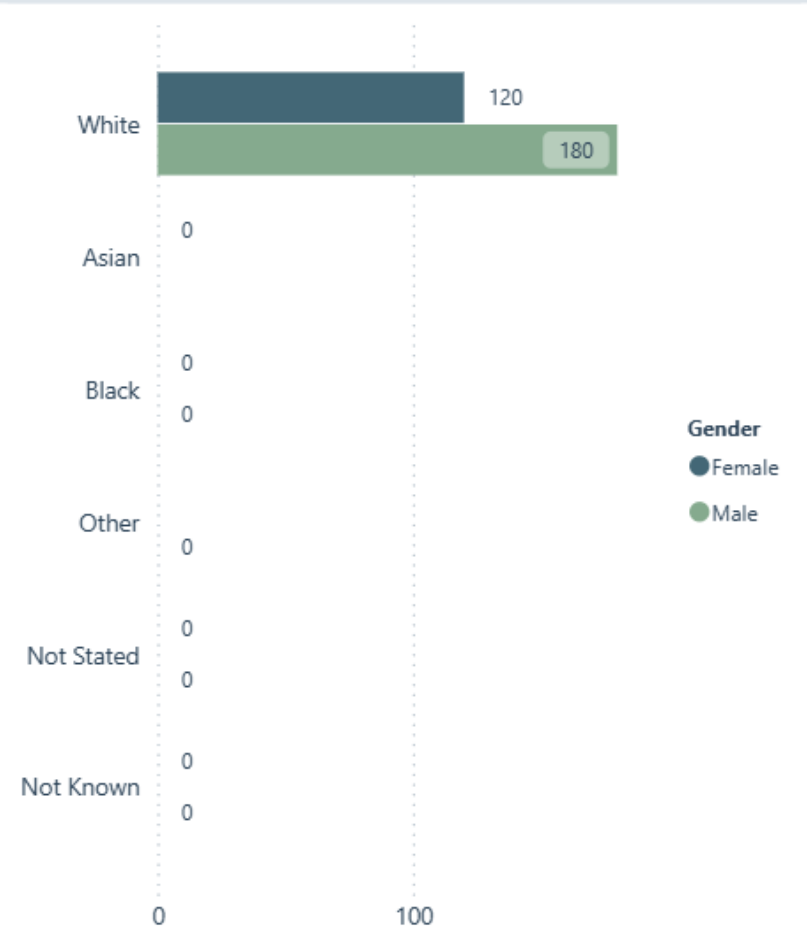


Indicator	Alt Ref	Metric	Female	Male
OP54a (L)		Virtual ward occupancy - on day 1	120	180
			41.67%	46.67%

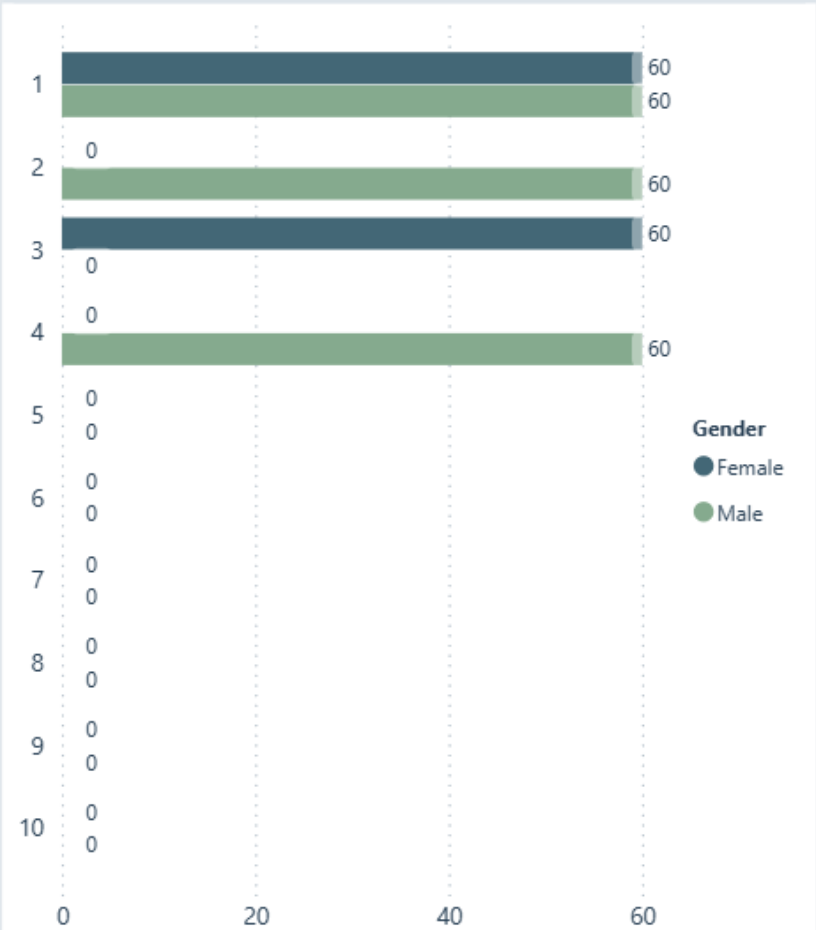
Gender By Age Group



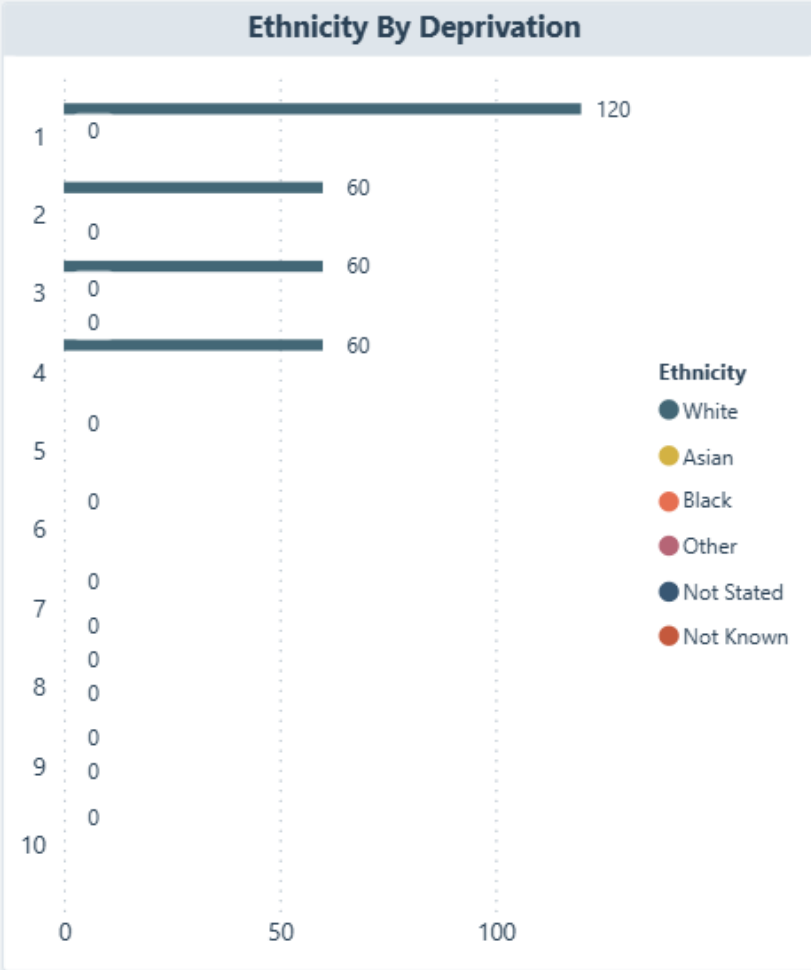
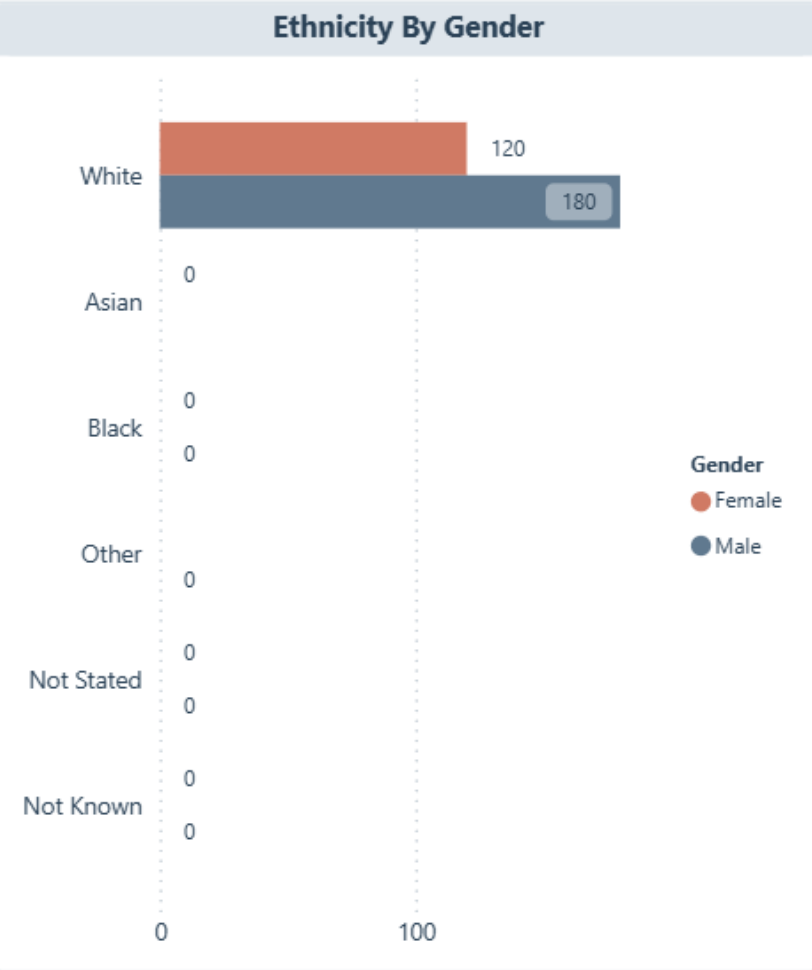
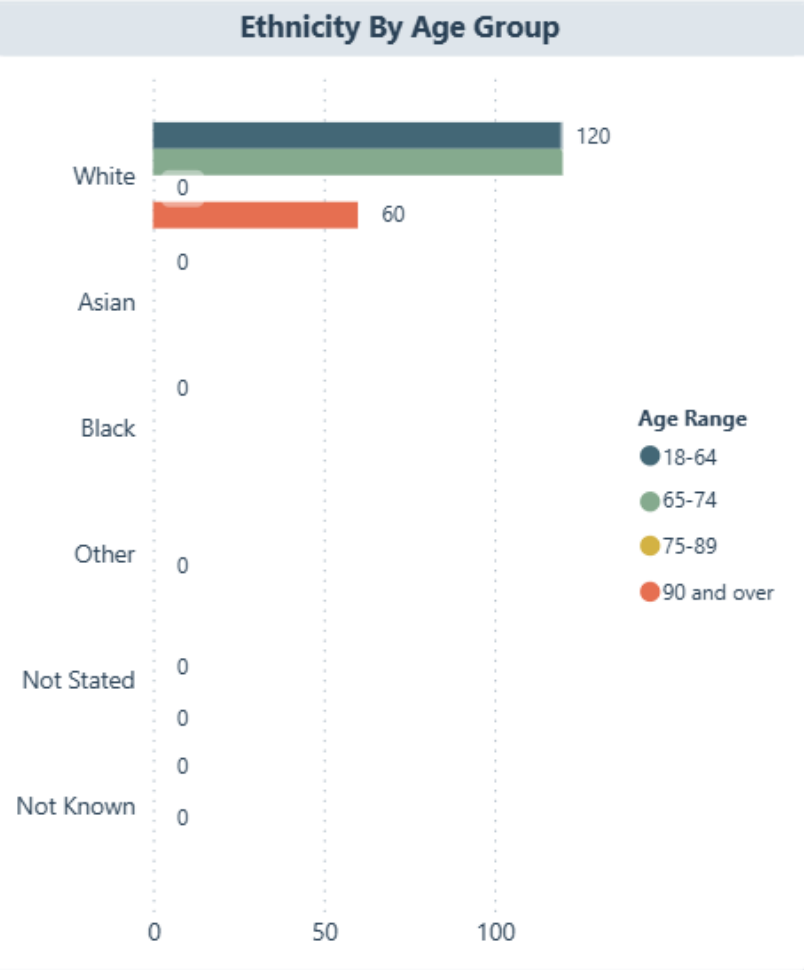
Gender By Ethnicity



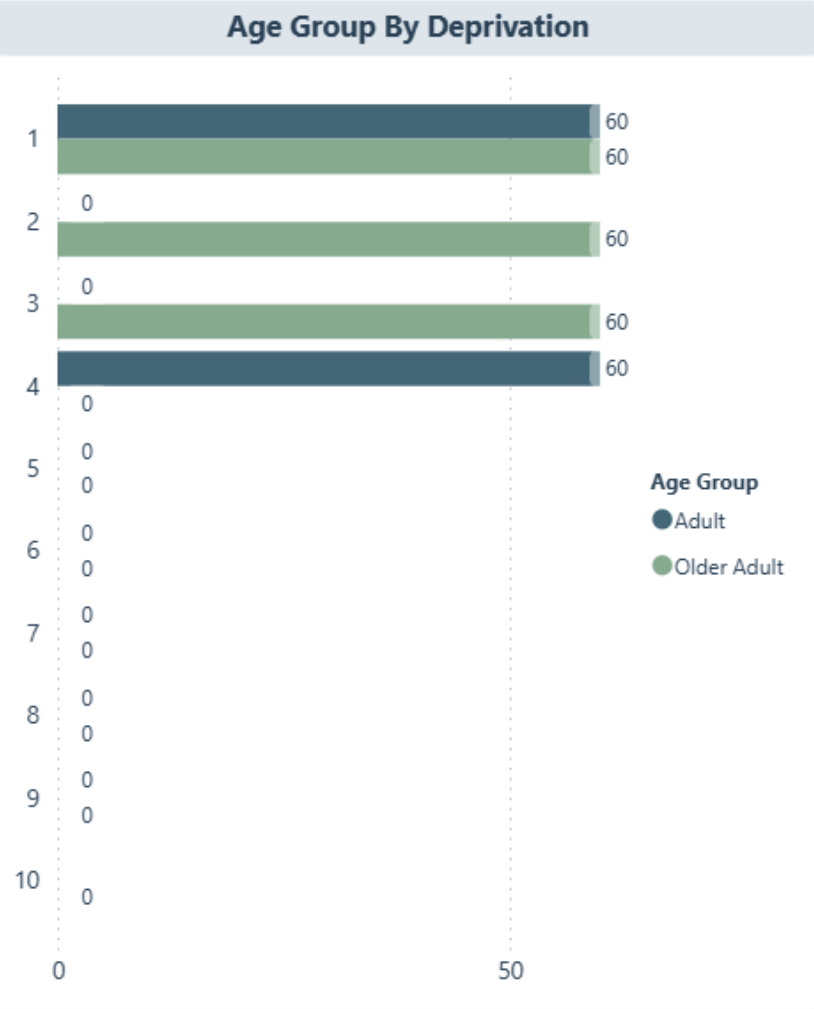
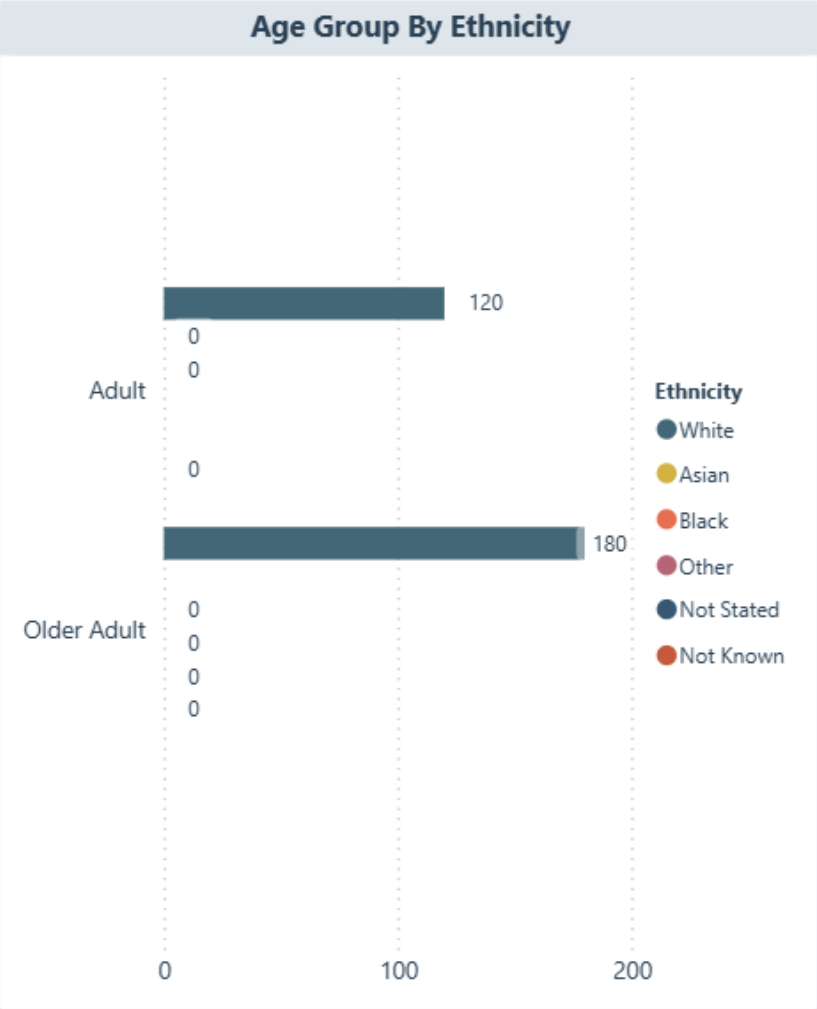
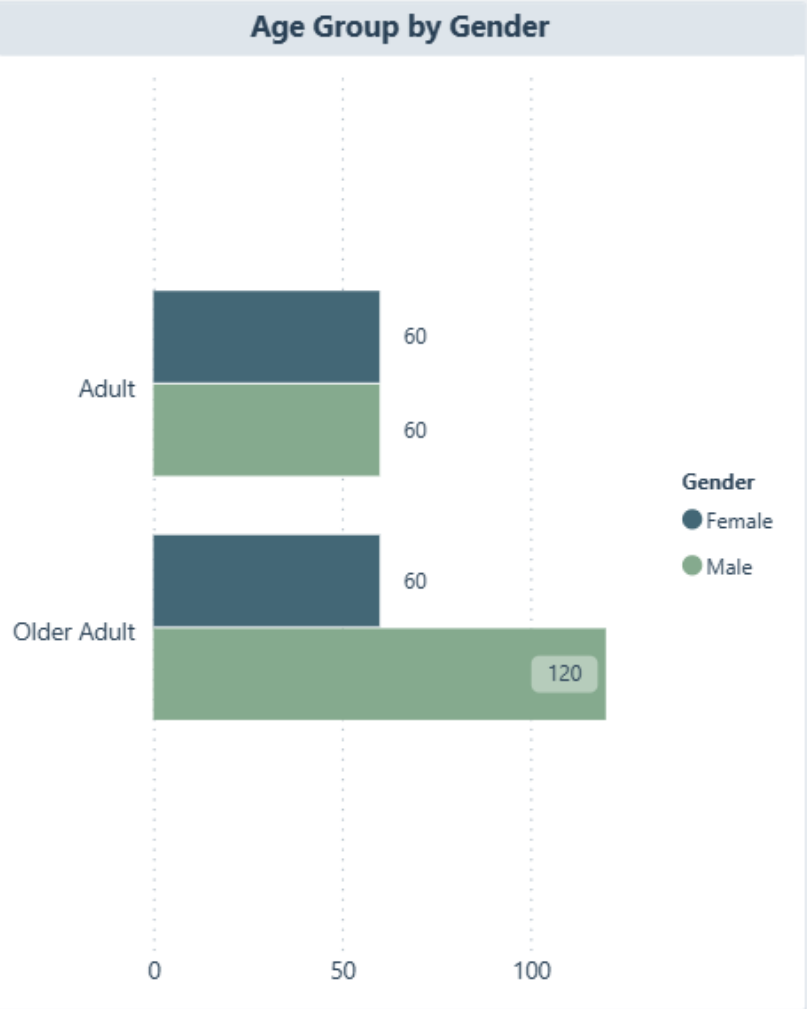
Gender By Deprivation



Indicator	Alt Ref	Metric	White	Asian	Black	Other	Not Stated	Not Known
OP54a (L)		Virtual ward occupancy - on day 1	300	0	0	0	0	0
			80.00%	0.33%	2.67%	0.67%	1.67%	3.00%

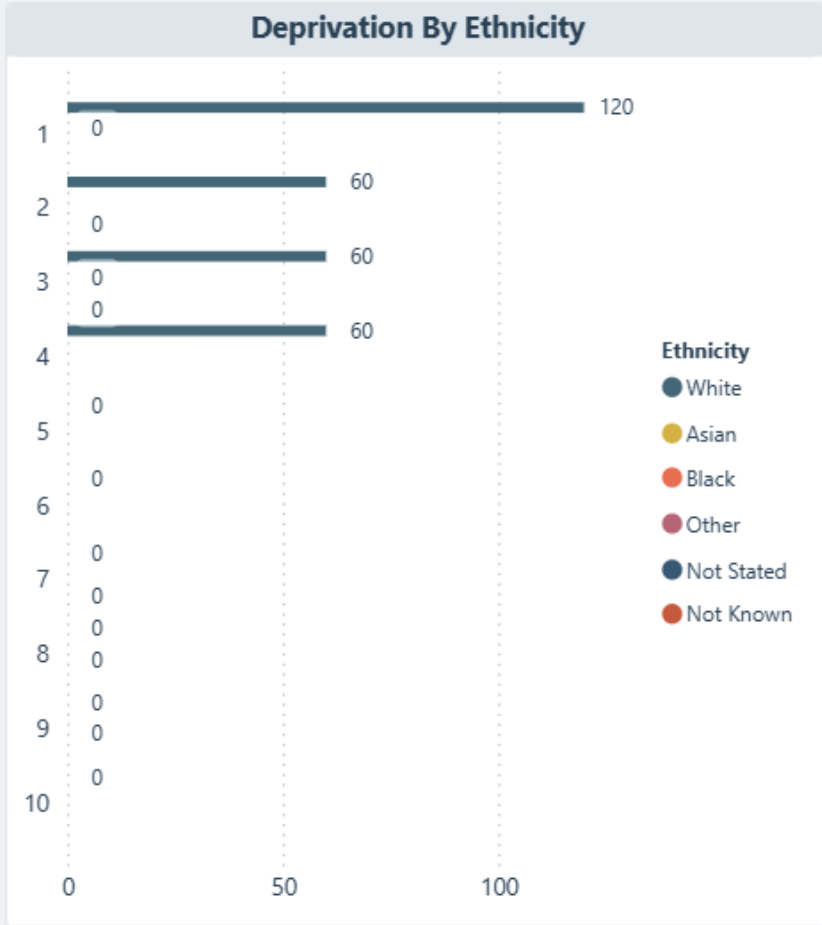
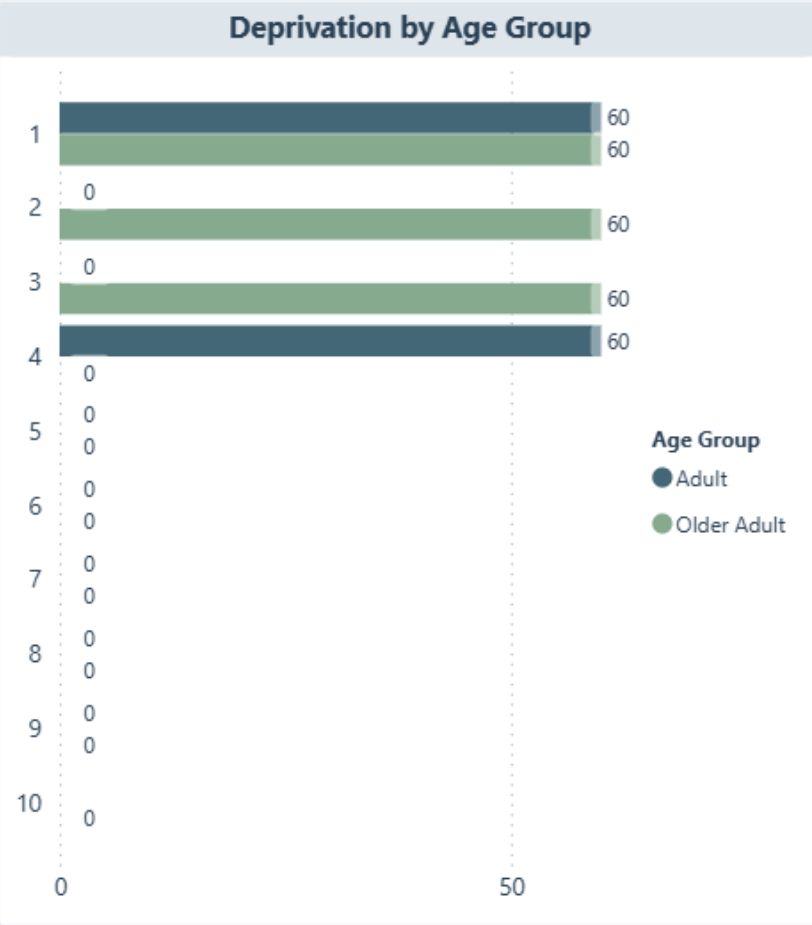
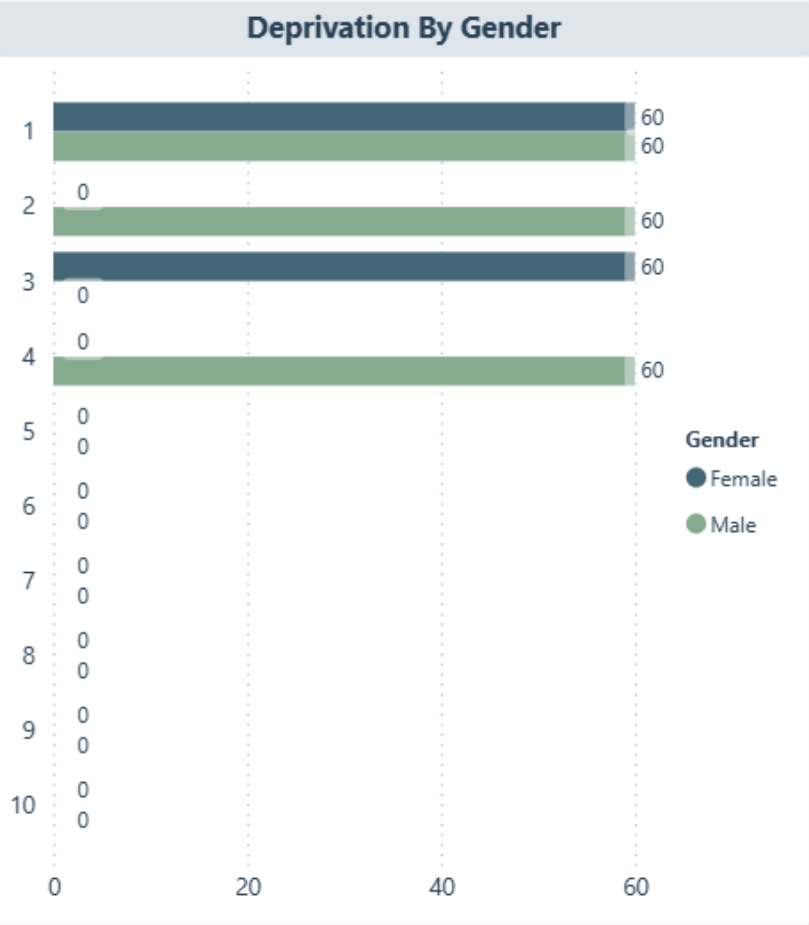


Indicator	Alt Ref	Metric	Adult	Older Adult
OP54a (L)		Virtual ward occupancy - on day 1	120	180
			18.00%	70.33%

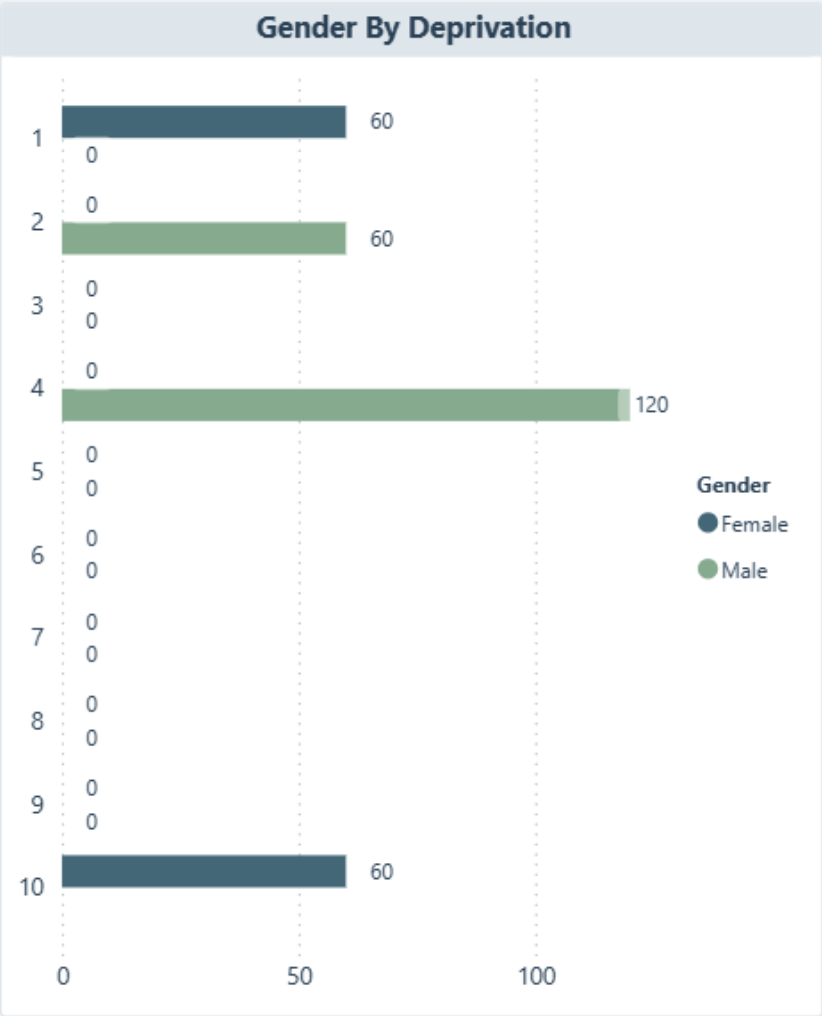
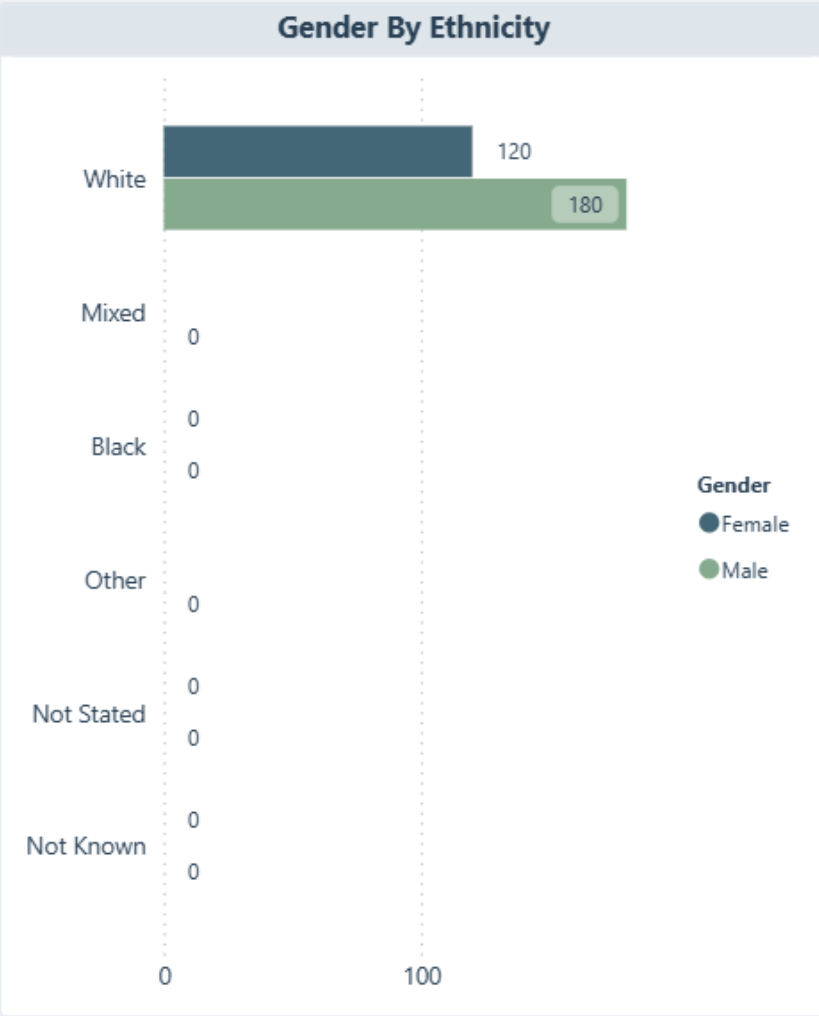
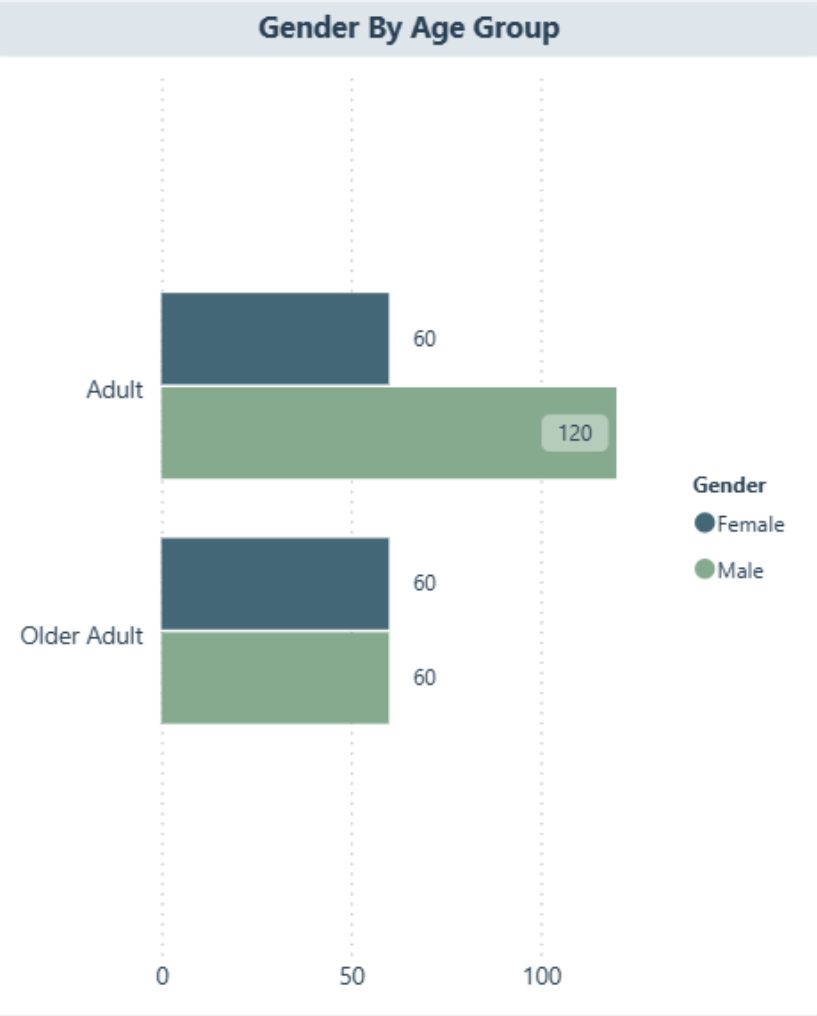


Indicator	Alt Ref	Metric
OP54a (L)		Virtual ward occupancy - on day 1

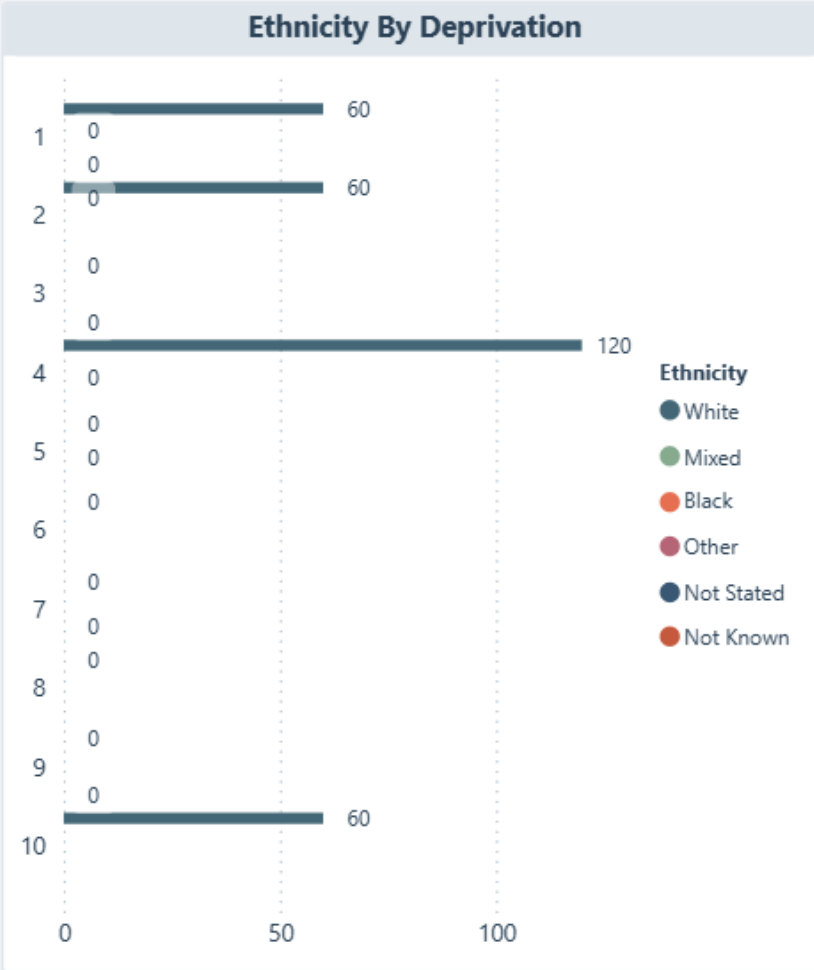
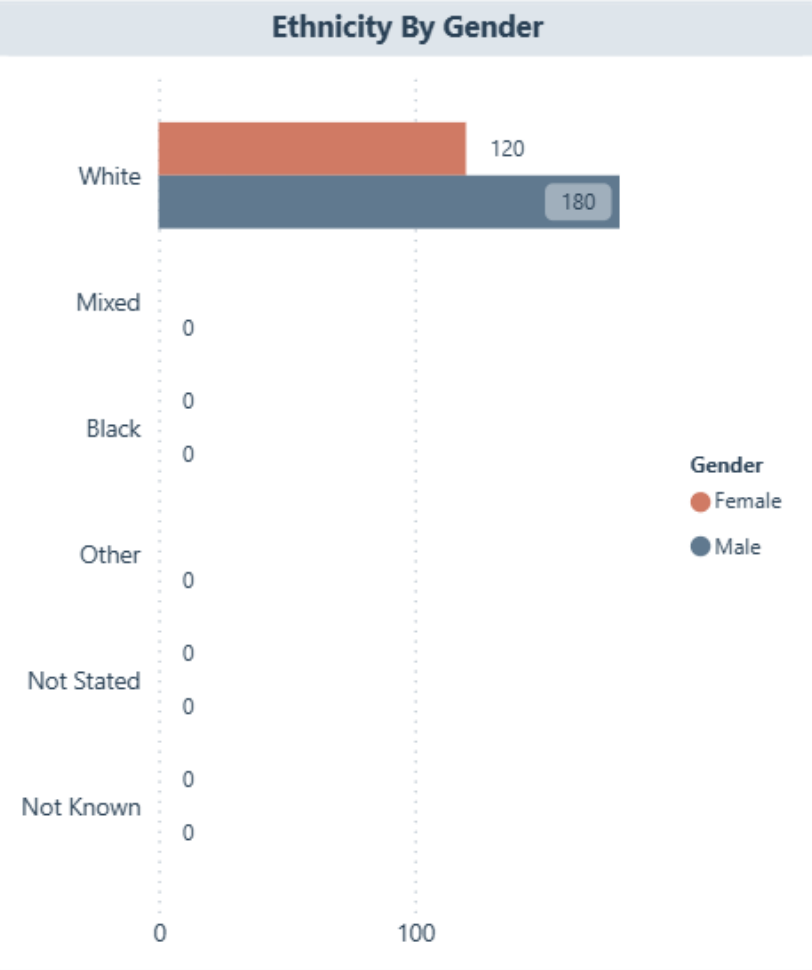
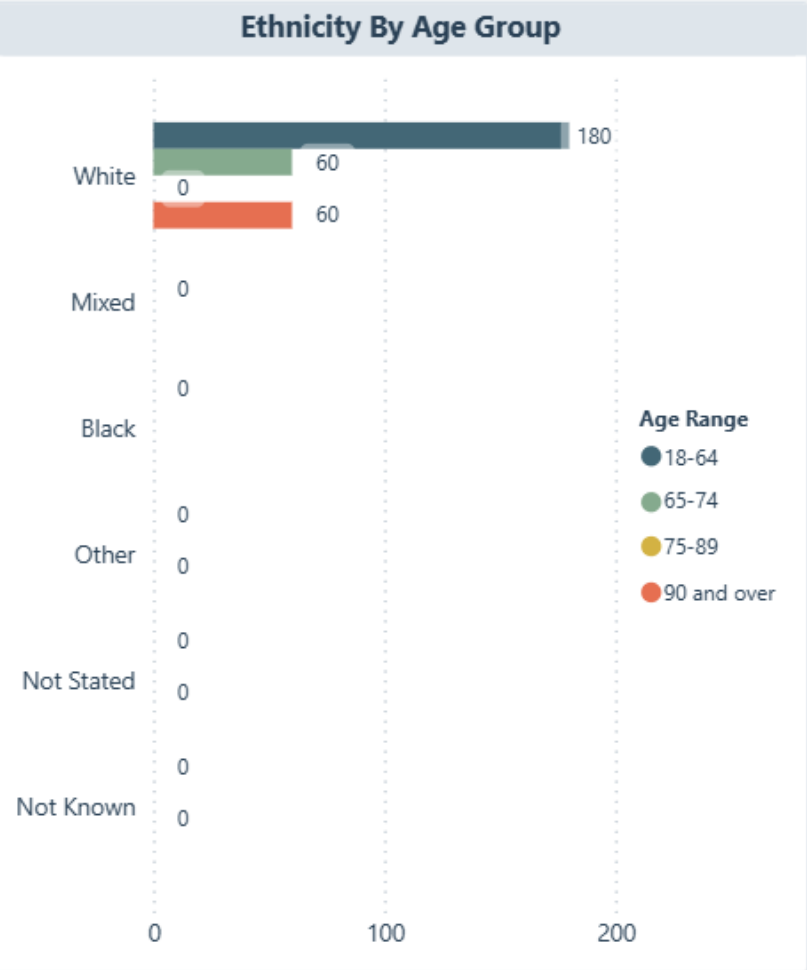
Not Recorded	1	2	3	4	5	6	7	8	9	10
0	120	60	60	60	0	0	0	0	0	0
1.00%	18.00%	14.00%	14.67%	8.67%	5.67%	8.67%	6.33%	5.33%	4.67%	1.33%



Indicator	Alt Ref	Metric	Female	Male
OP54b (L)		Virtual ward occupancy - on day 15	120	180
			38.67%	43.00%

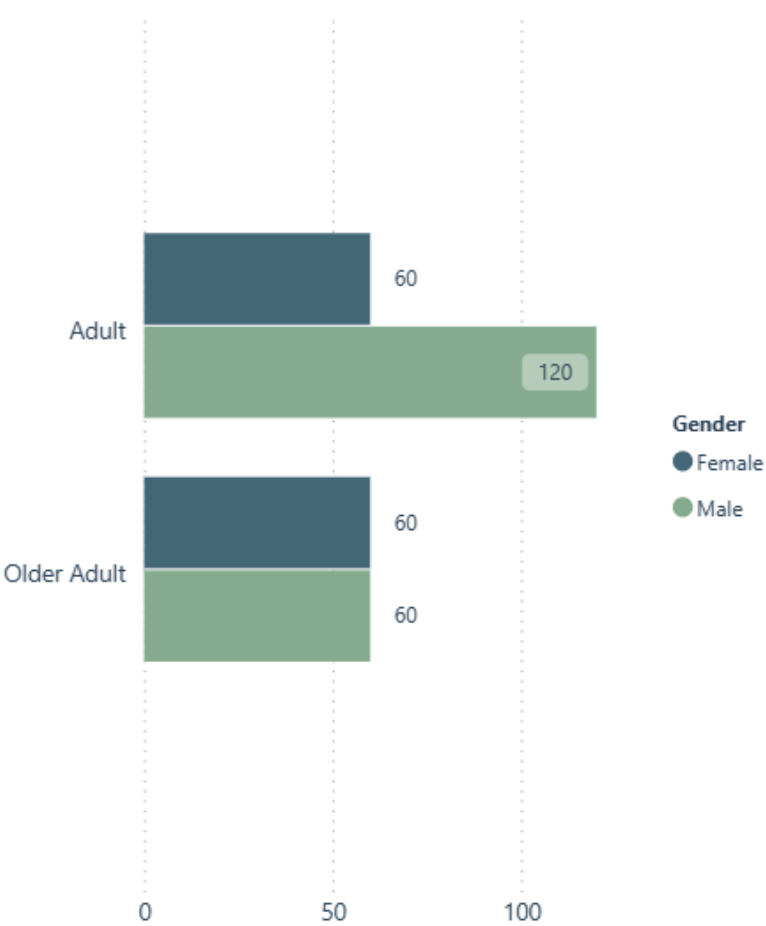


Indicator	Alt Ref	Metric	White	Mixed	Black	Other	Not Stated	Not Known
OP54b (L)		Virtual ward occupancy - on day 15	300	0	0	0	0	0
			73.67%	0.33%	1.67%	1.00%	0.67%	4.33%

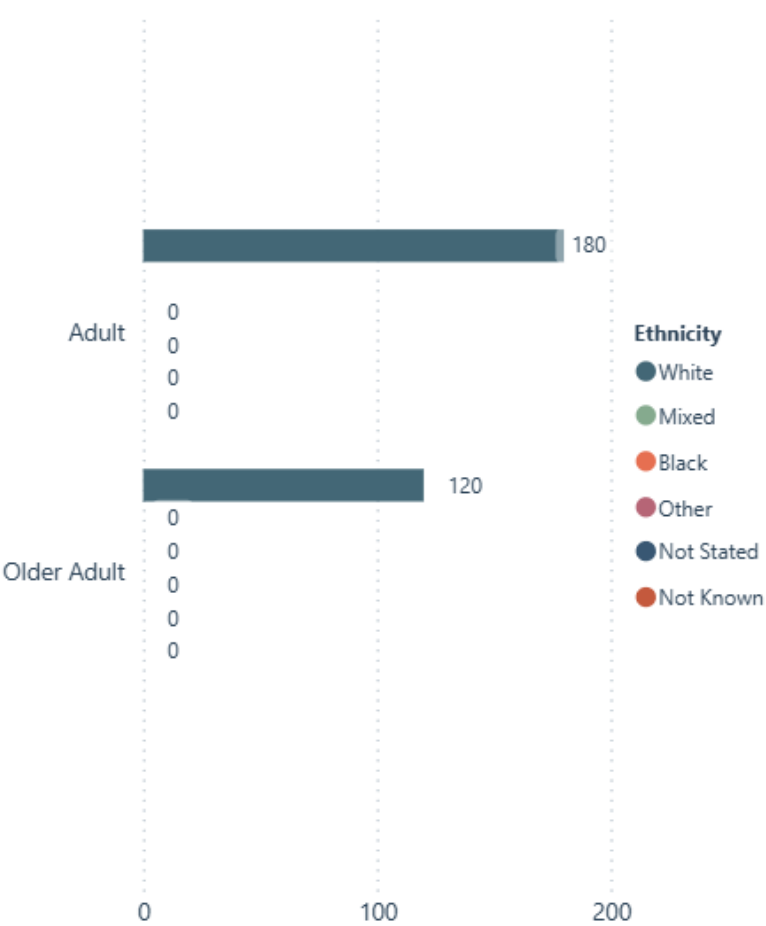


Indicator	Alt Ref	Metric	Adult	Older Adult
OP54b (L)		Virtual ward occupancy - on day 15	180	120
			17.33%	64.33%

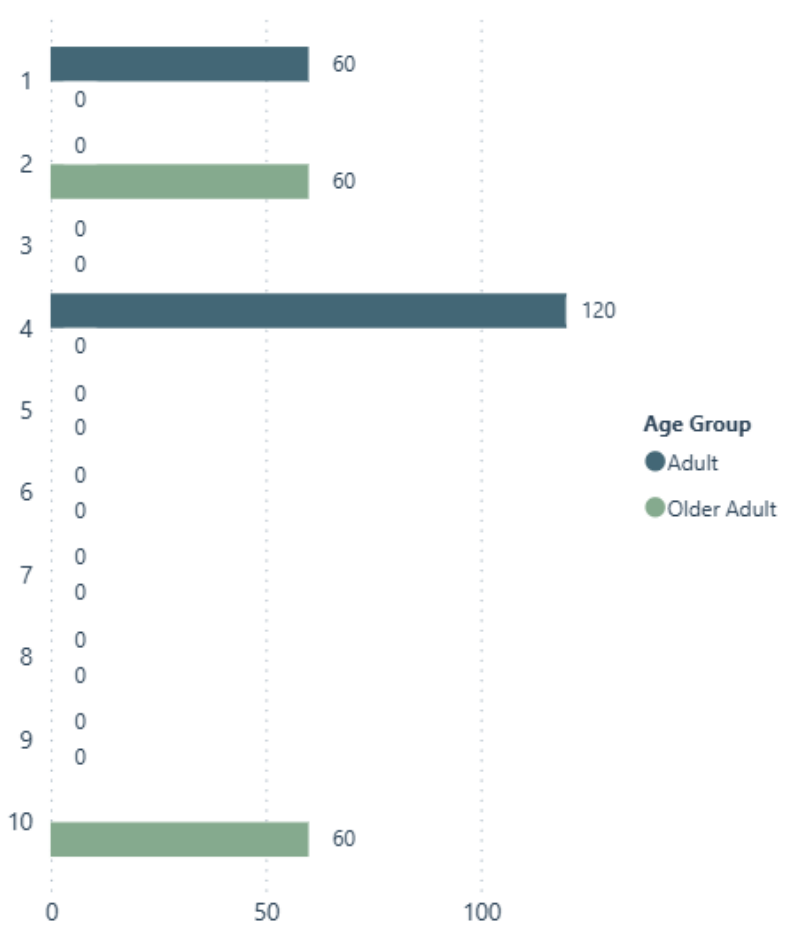
Age Group by Gender



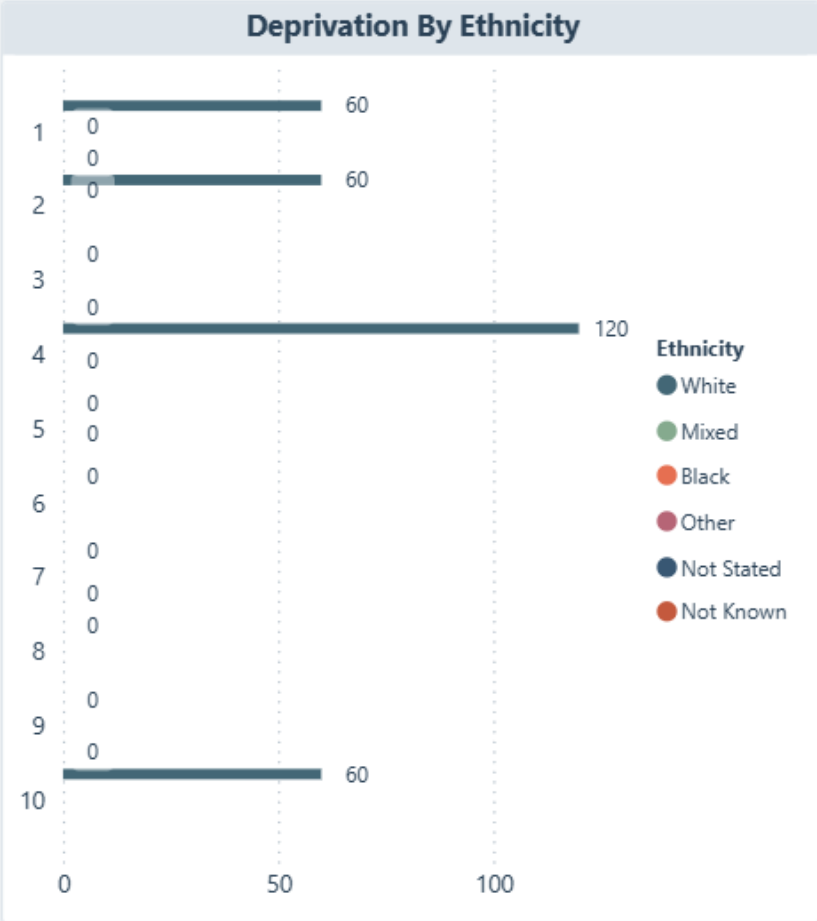
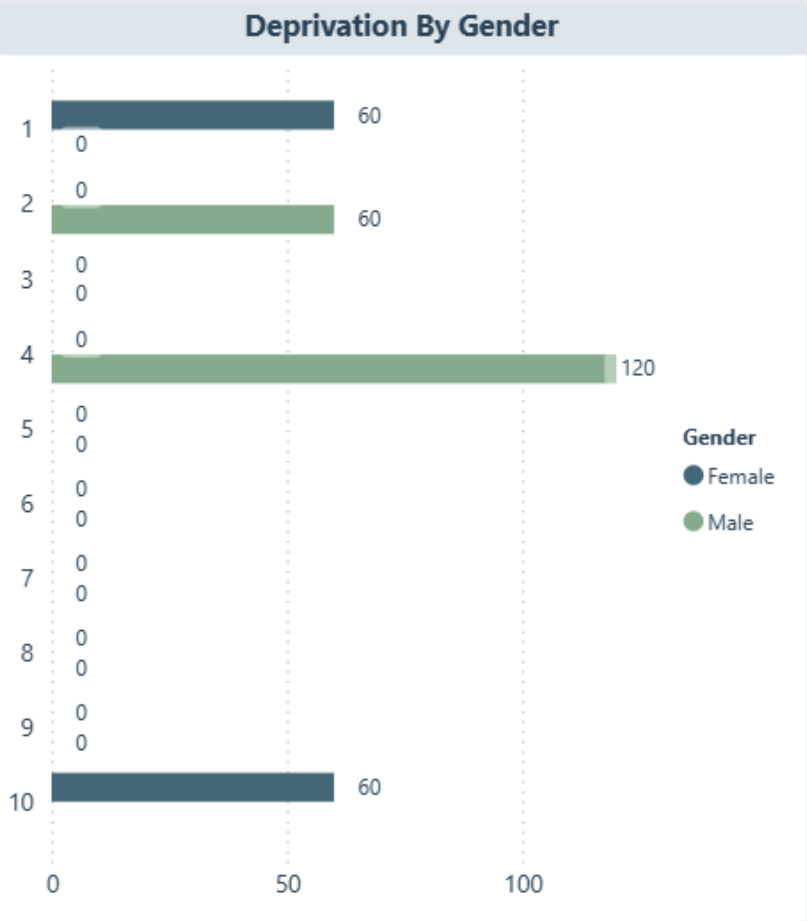
Age Group By Ethnicity



Age Group By Deprivation

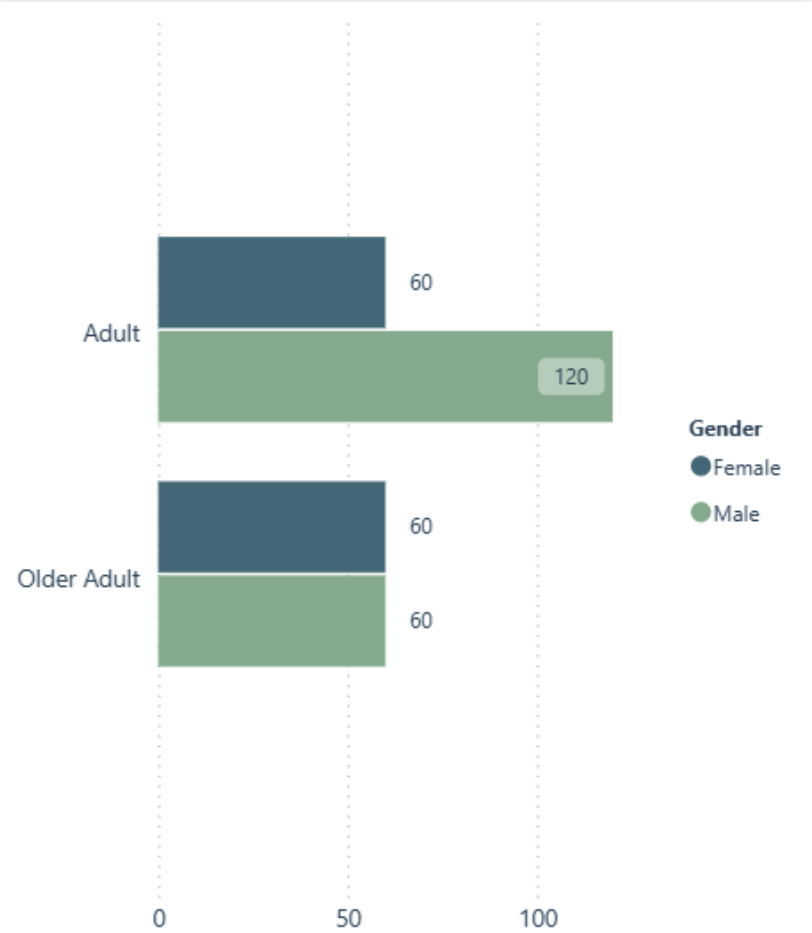


Indicator	Alt Ref	Metric									
OP54b (L)		Virtual ward occupancy - on day 15									
Not Recorded		1	2	3	4	5	6	7	8	9	10
0		60	60	0	120	0	0	0	0	0	60
1.00%		15.67%	13.00%	14.00%	9.00%	4.67%	7.00%	8.33%	3.67%	4.00%	1.33%

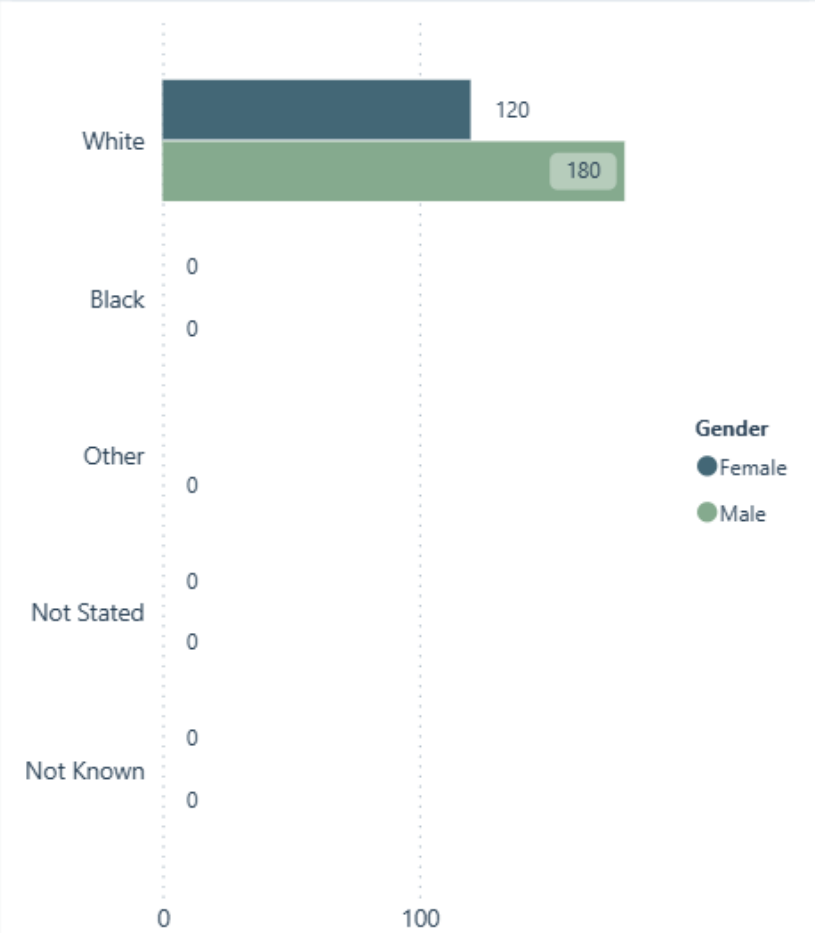


Indicator	Alt Ref	Metric	Female	Male
OP54c (L)		Virtual ward occupancy - on day 30	120	180
			36.67%	43.33%

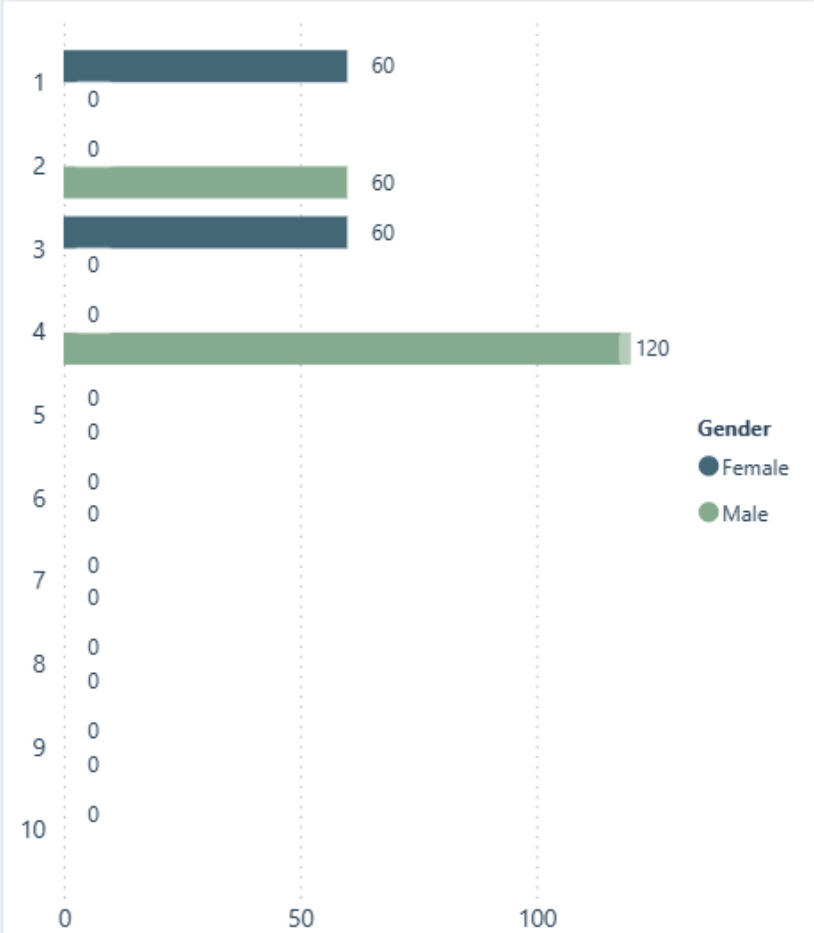
Gender By Age Group



Gender By Ethnicity

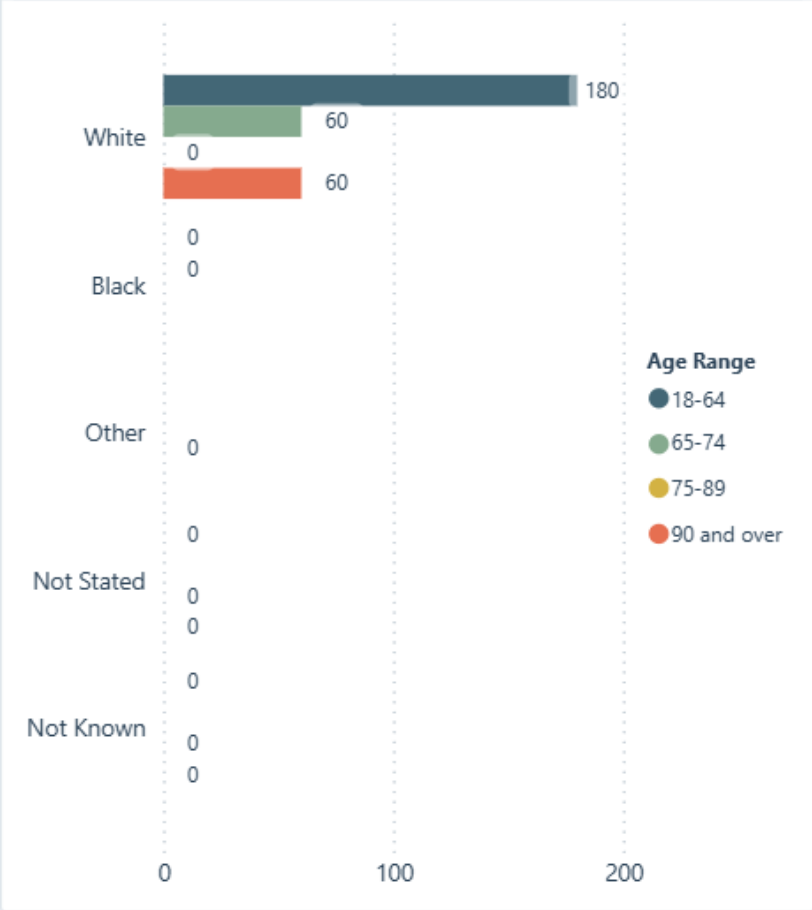


Gender By Deprivation

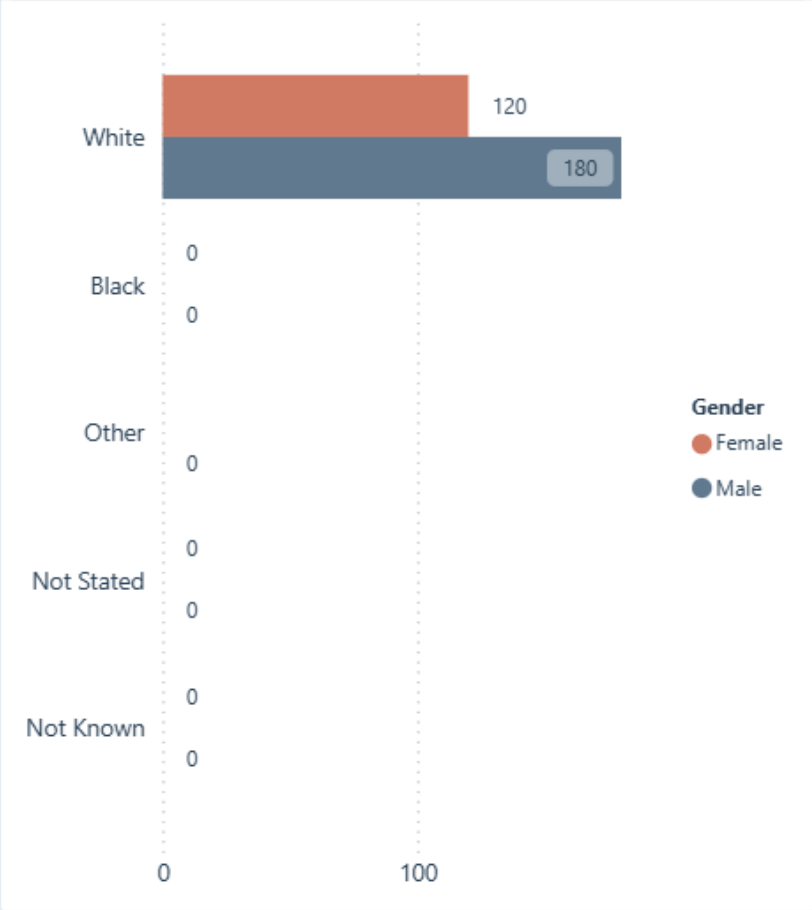


Indicator	Alt Ref	Metric	White	Black	Other	Not Stated	Not Known
OP54c (L)		Virtual ward occupancy - on day 30	300	0	0	0	0
			72.00%	2.00%	0.67%	1.67%	3.67%

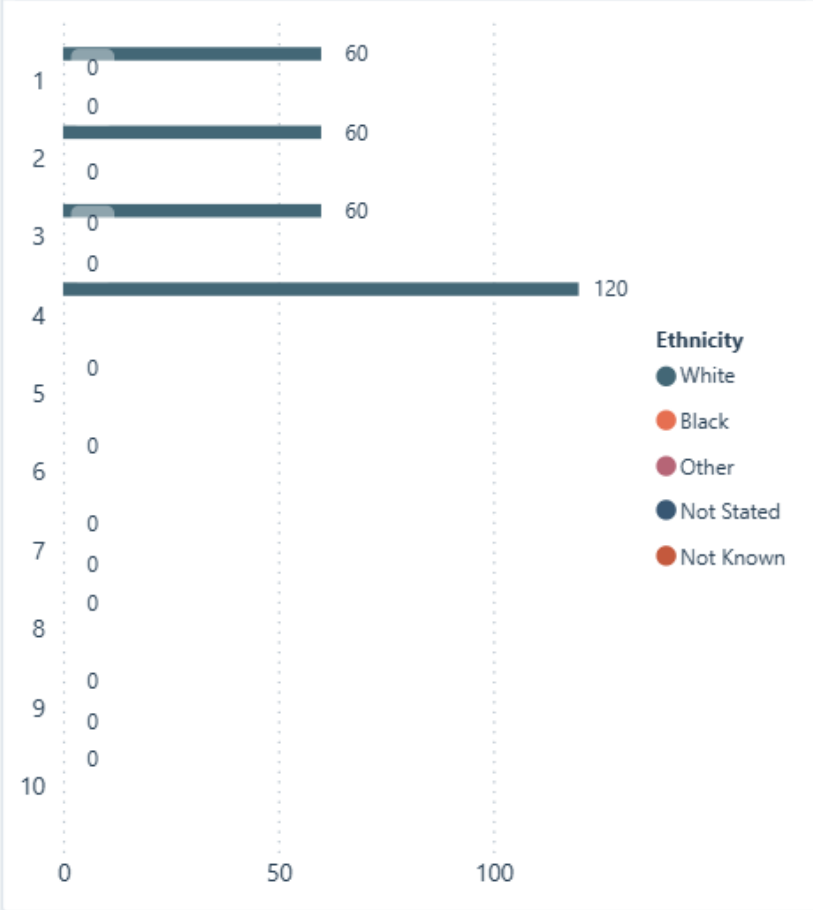
Ethnicity By Age Group



Ethnicity By Gender

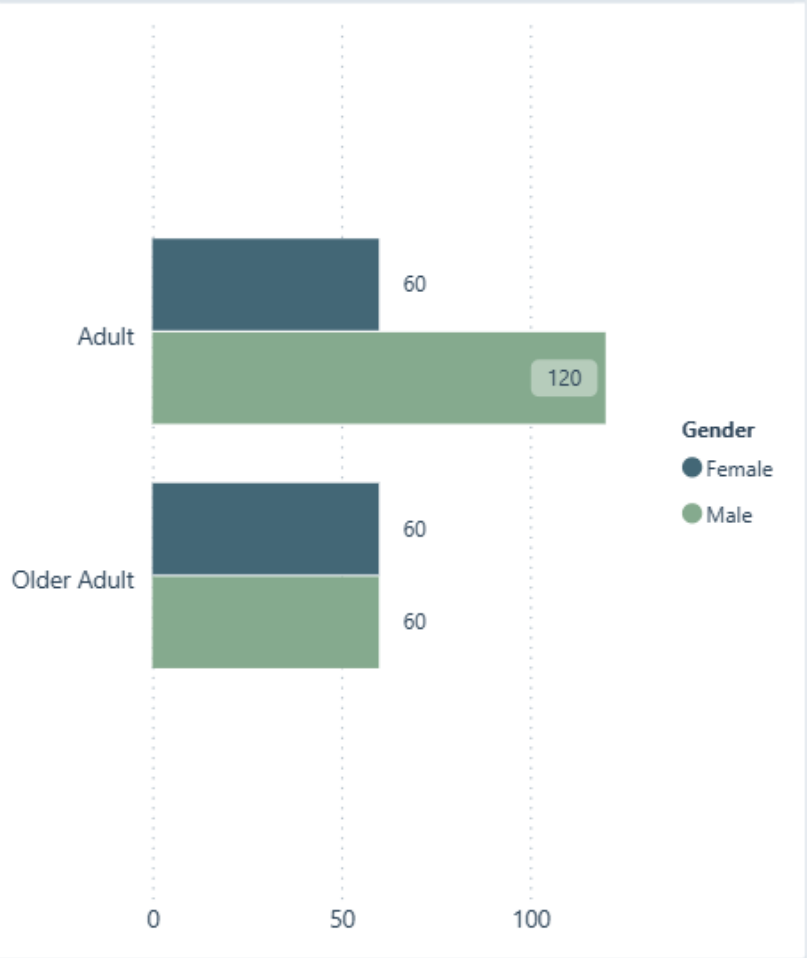


Ethnicity By Deprivation

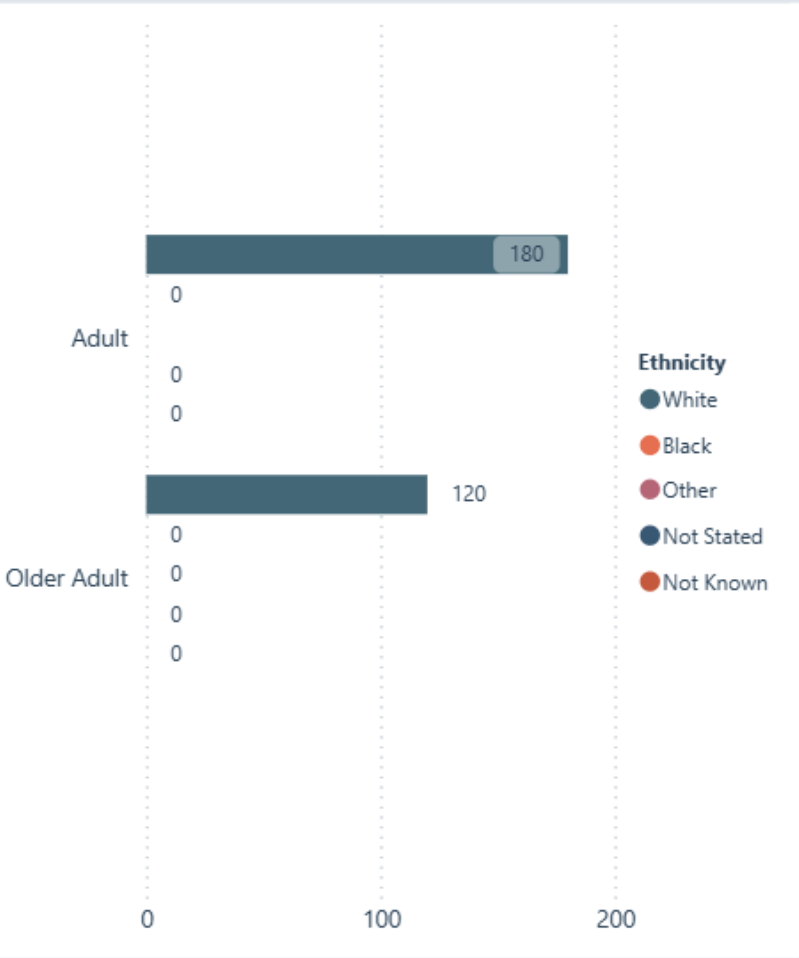


Indicator	Alt Ref	Metric	Adult	Older Adult
OP54c (L)		Virtual ward occupancy - on day 30	180	120
			16.67%	63.33%

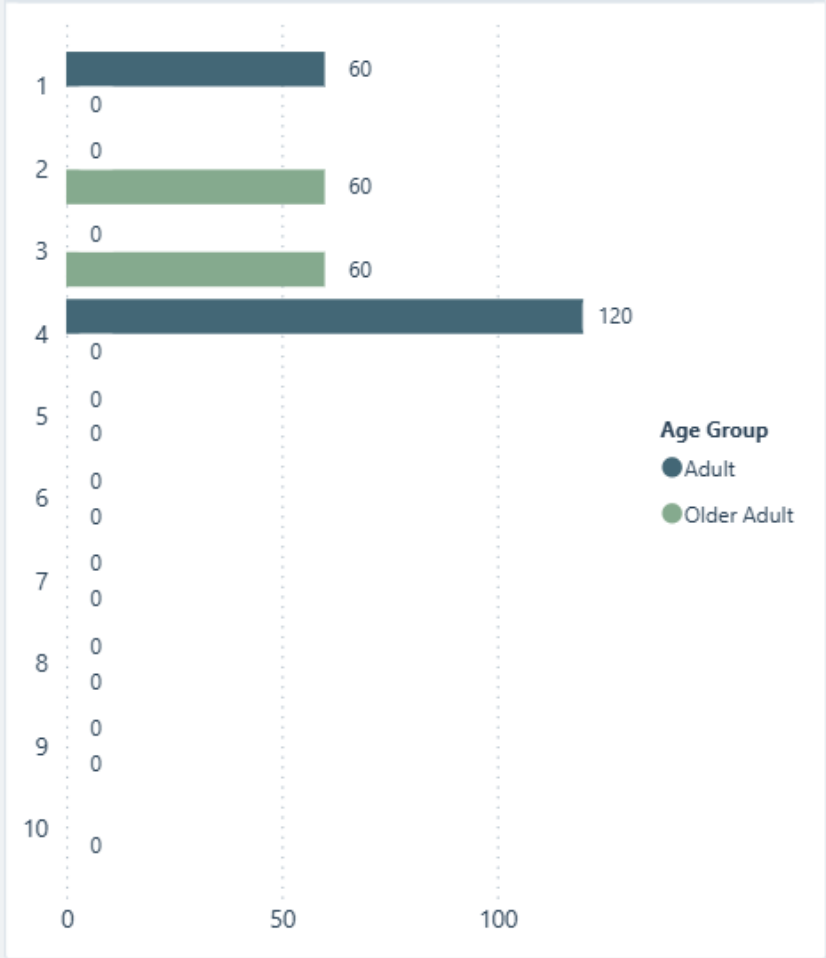
Age Group by Gender



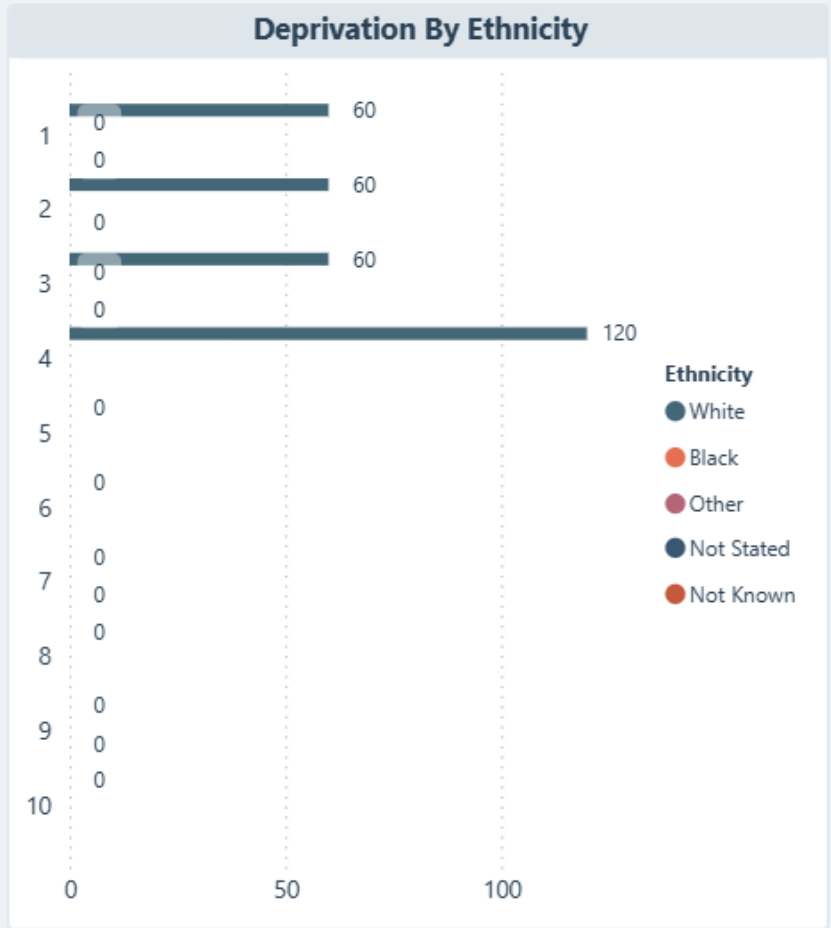
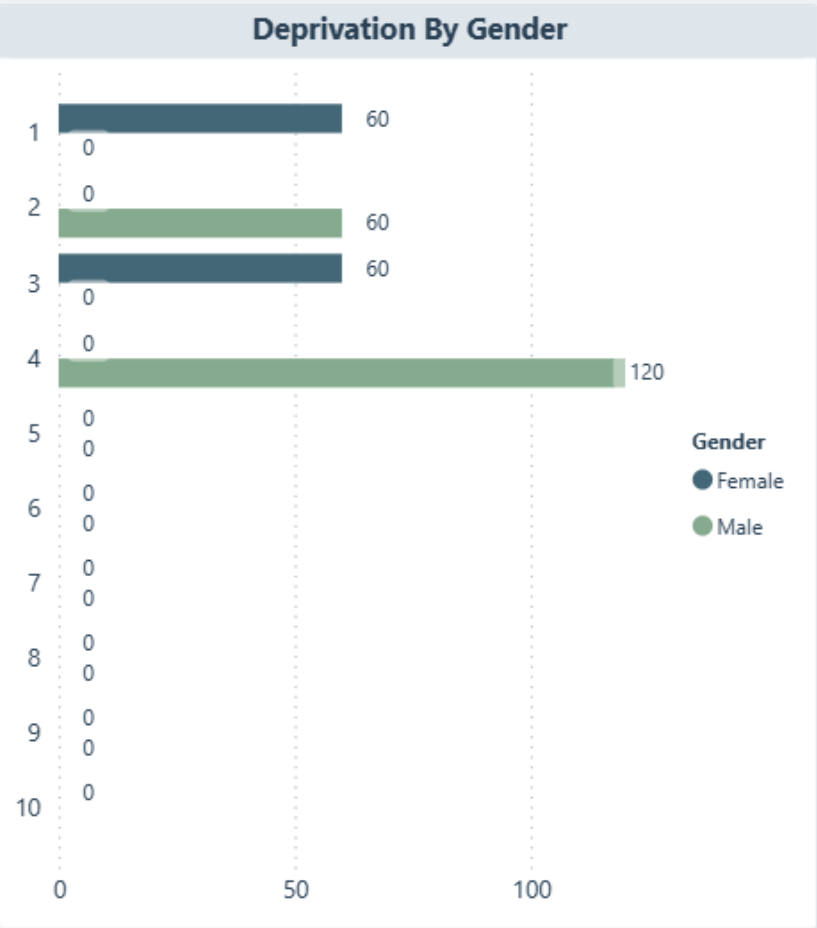
Age Group By Ethnicity



Age Group By Deprivation

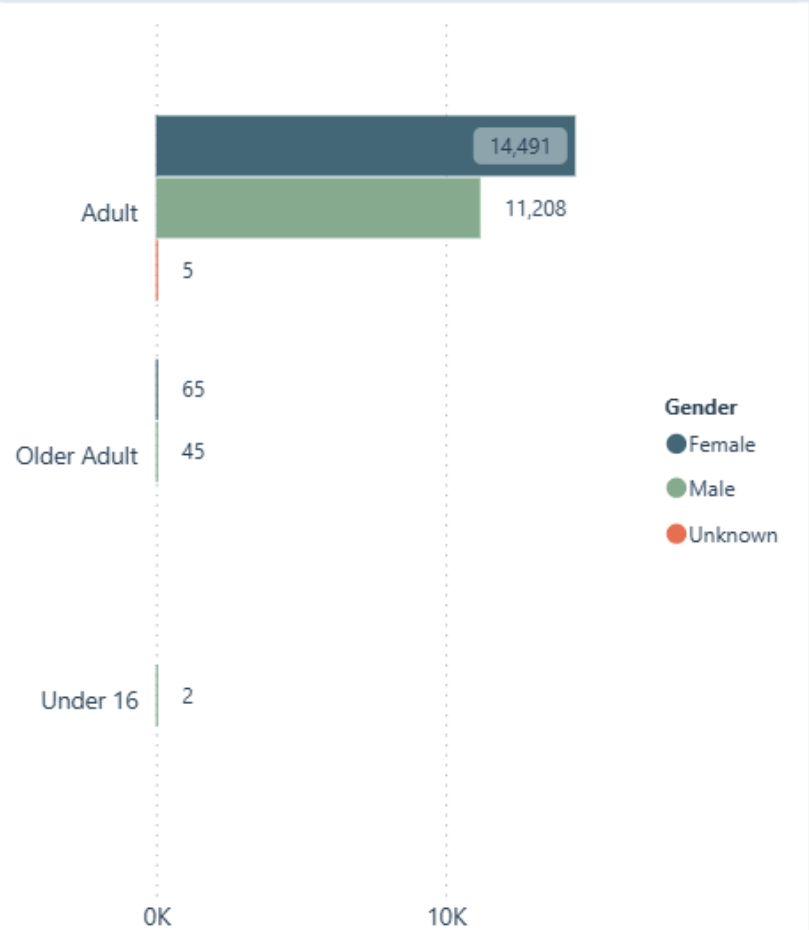


Indicator	Alt Ref	Metric									
OP54c (L)		Virtual ward occupancy - on day 30									
		1	2	3	4	5	6	7	8	9	10
		60	60	60	120	0	0	0	0	0	0
		15.33%	13.67%	12.33%	8.00%	4.67%	10.00%	6.00%	4.67%	4.33%	1.00%

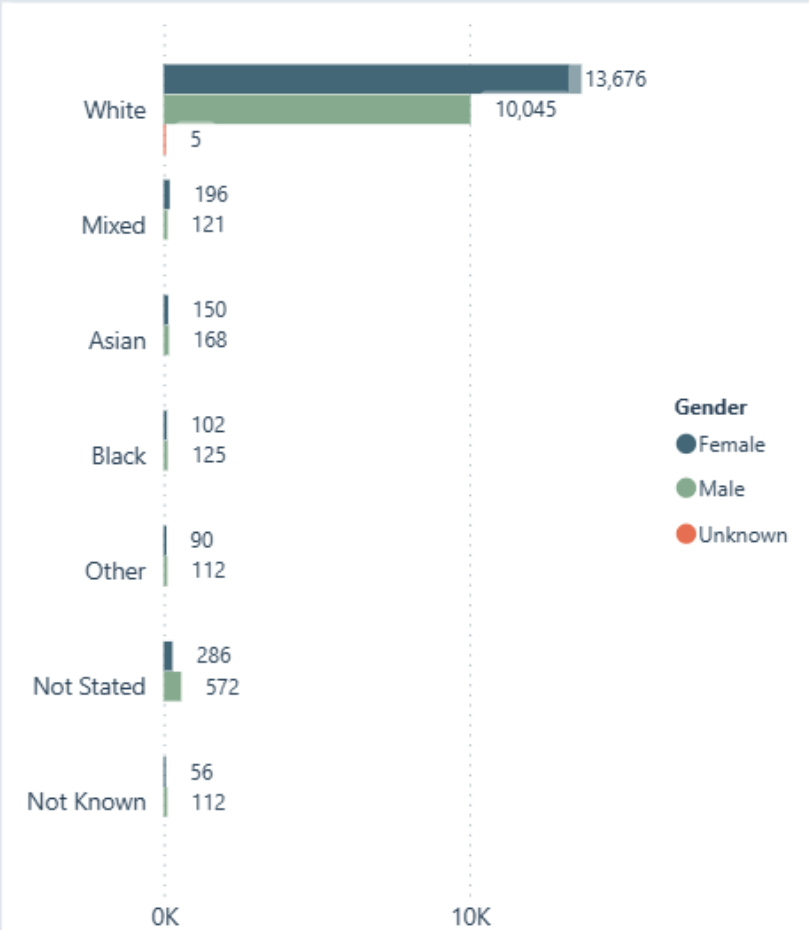


Indicator	Alt Ref	Metric	Female	Male	Unknown
OP59a (L)		Waiting List - Adult ADHD	14,556	11,255	5
			56.38%	43.60%	0.02%

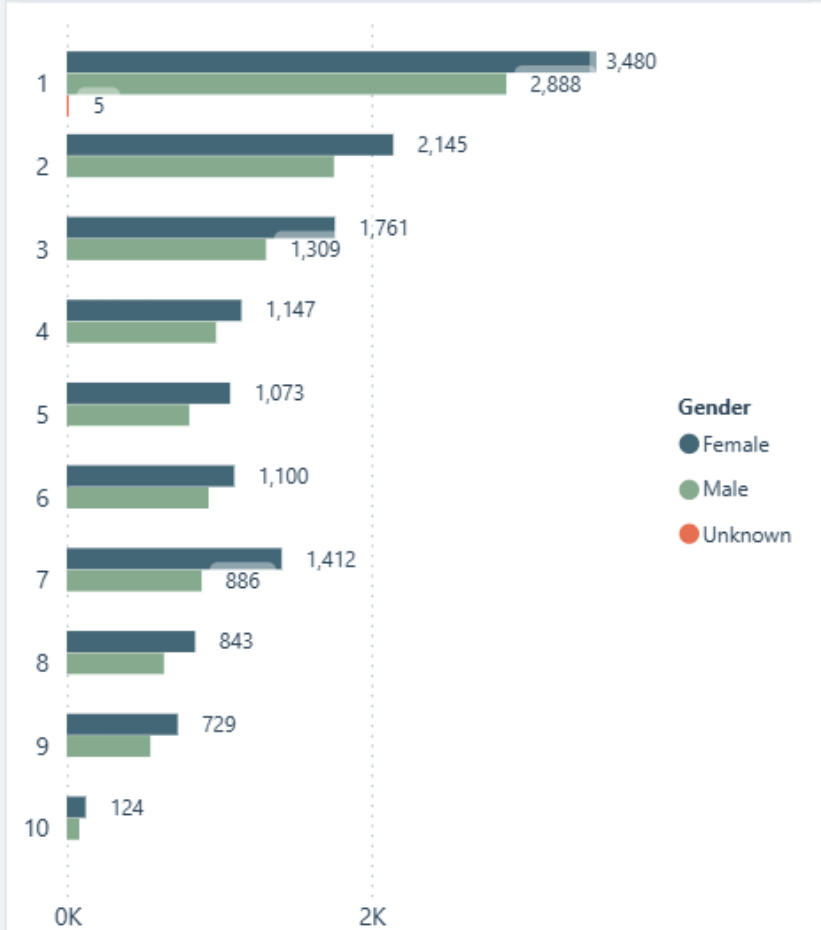
Gender By Age Group



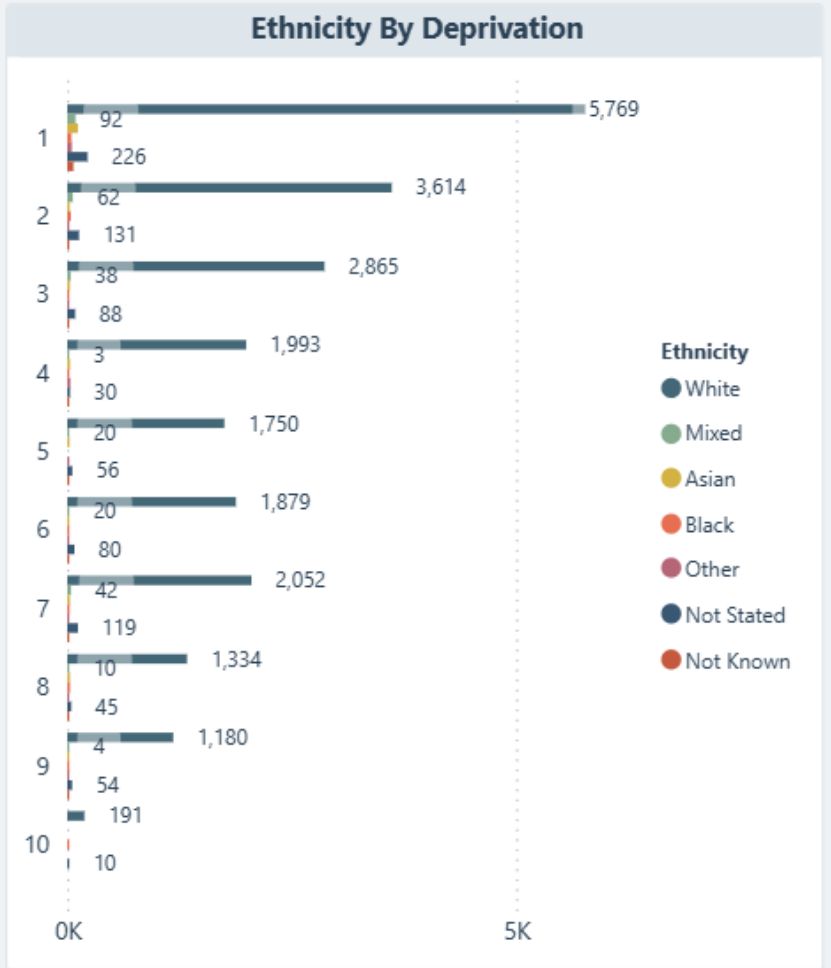
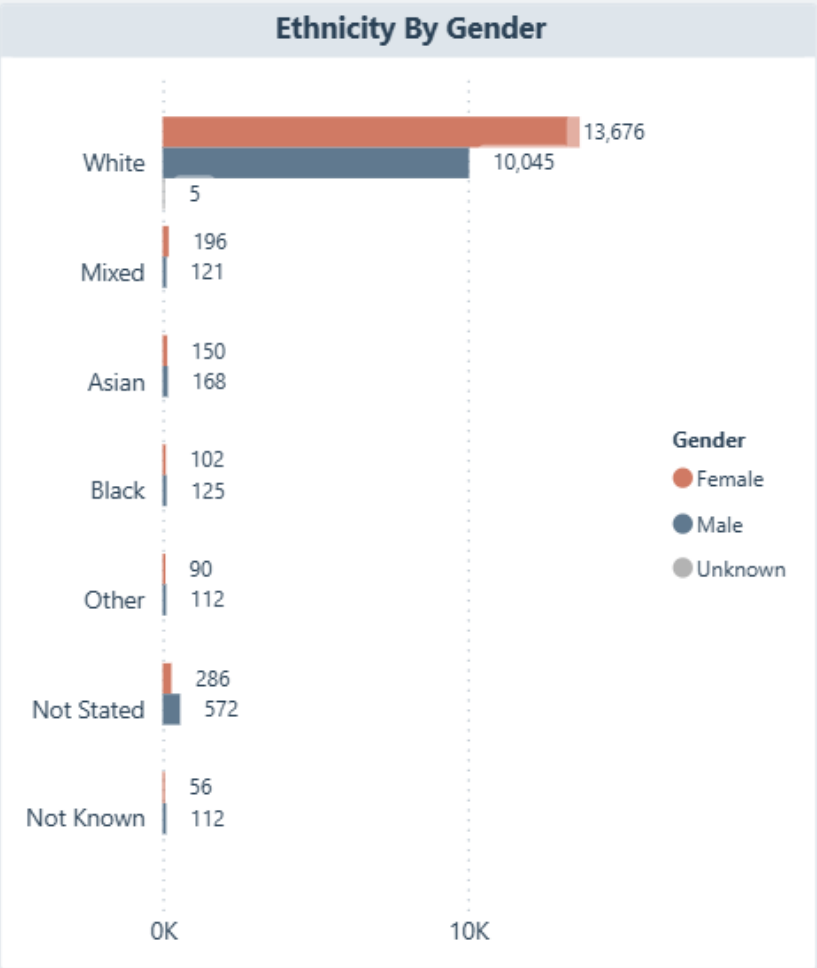
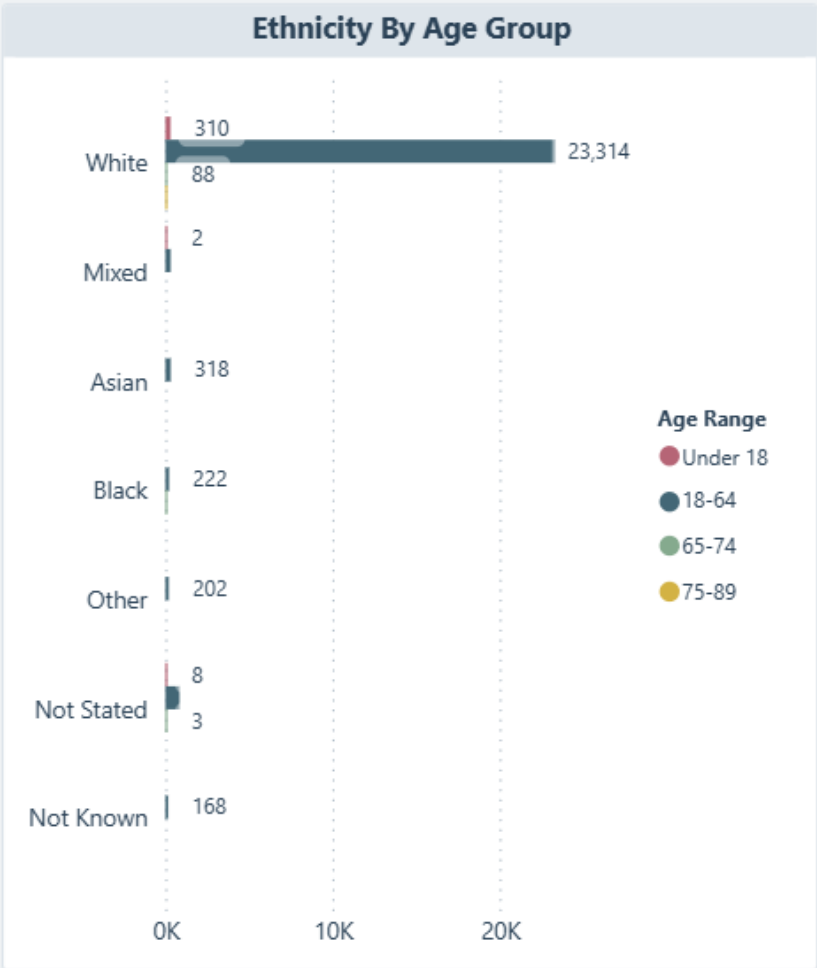
Gender By Ethnicity



Gender By Deprivation

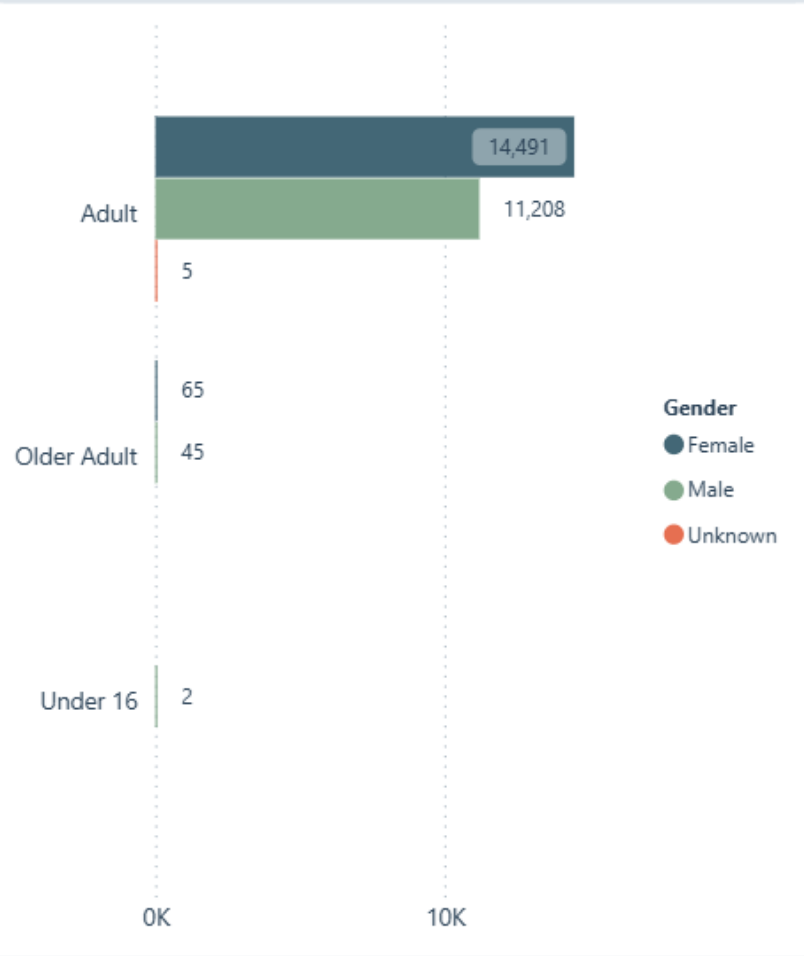


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP59a (L)		Waiting List - Adult ADHD	23,726	317	318	227	202	858	168
			91.90%	1.23%	1.23%	0.88%	0.78%	3.32%	0.65%

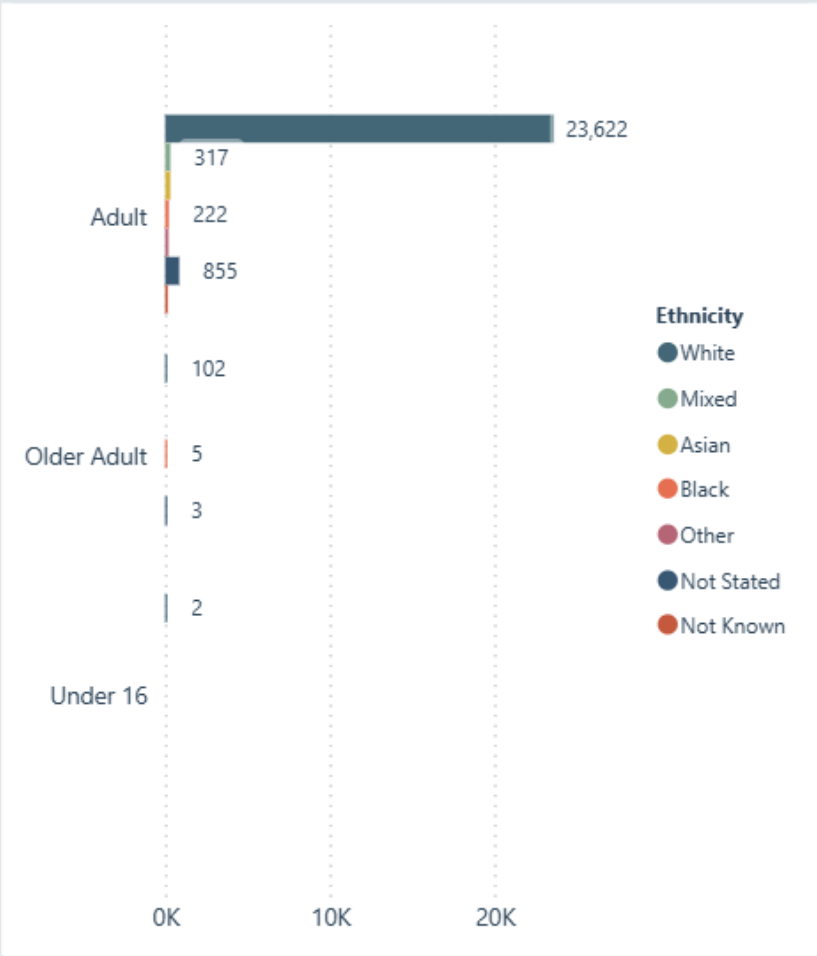


Indicator	Alt Ref	Metric	Adult	Older Adult	Under 16
OP59a (L)		Waiting List - Adult ADHD	25,704	110	2
			99.57%	0.43%	0.01%

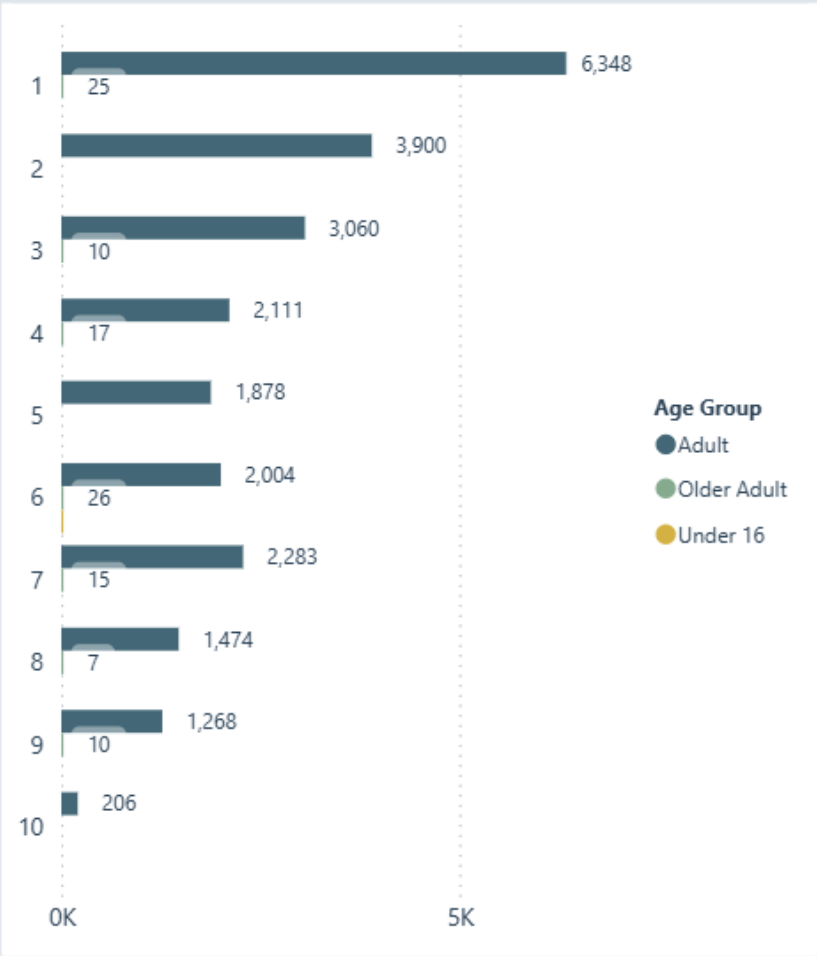
Age Group by Gender



Age Group By Ethnicity



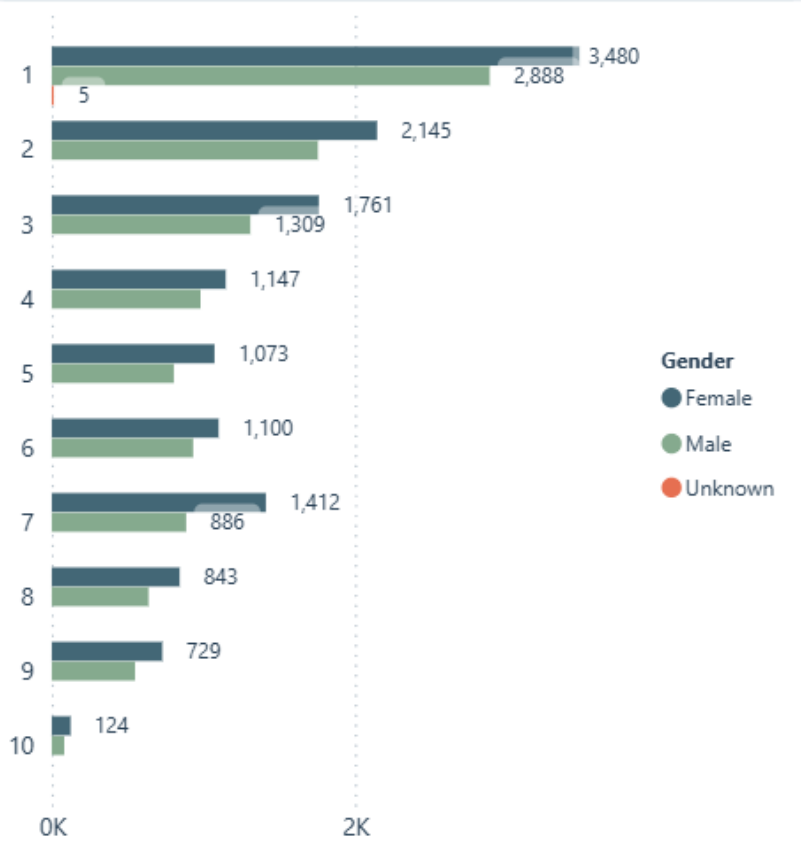
Age Group By Deprivation



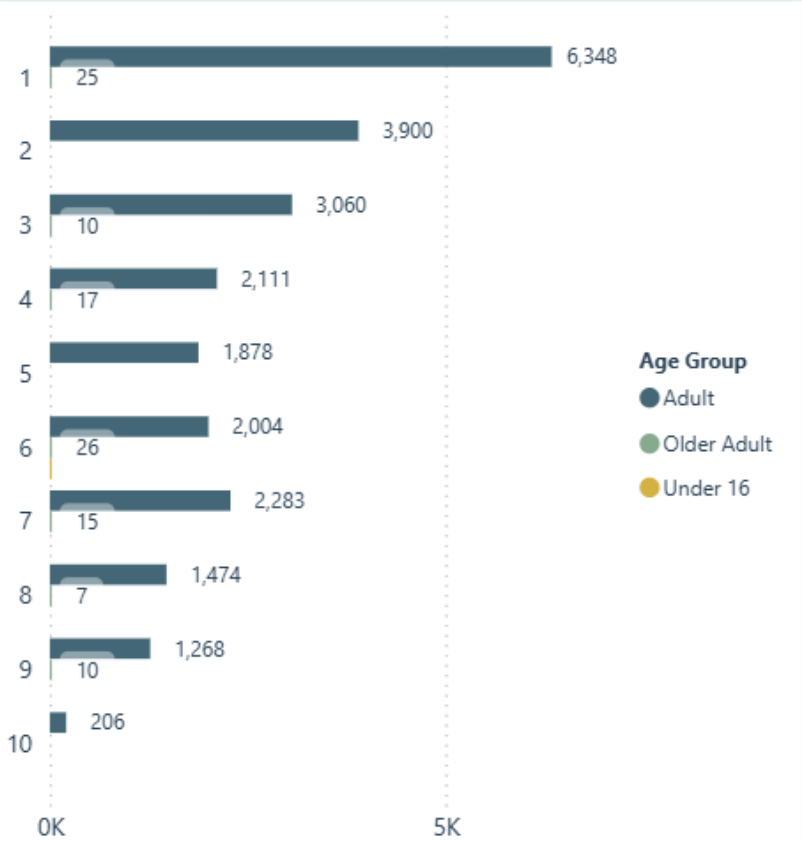
Indicator	Alt Ref	Metric
OP59a (L)		Waiting List - Adult ADHD

Not Recorded	1	2	3	4	5	6	7	8	9	10
1,172	6,373	3,900	3,070	2,128	1,878	2,032	2,298	1,481	1,278	206
4.54%	24.69%	15.11%	11.89%	8.24%	7.27%	7.87%	8.90%	5.74%	4.95%	0.80%

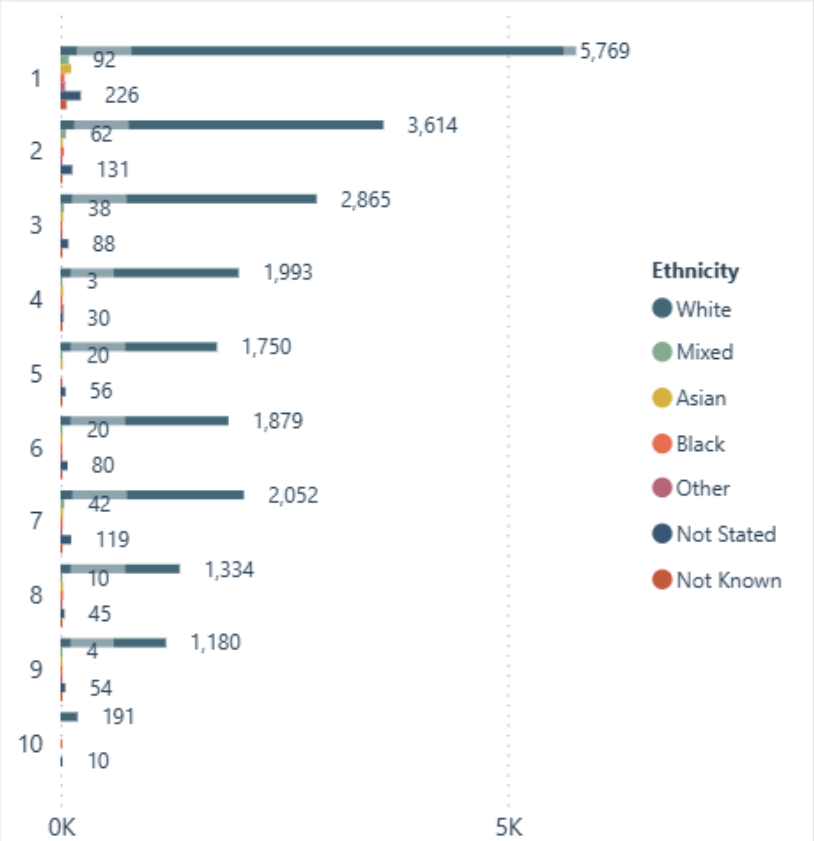
Deprivation By Gender



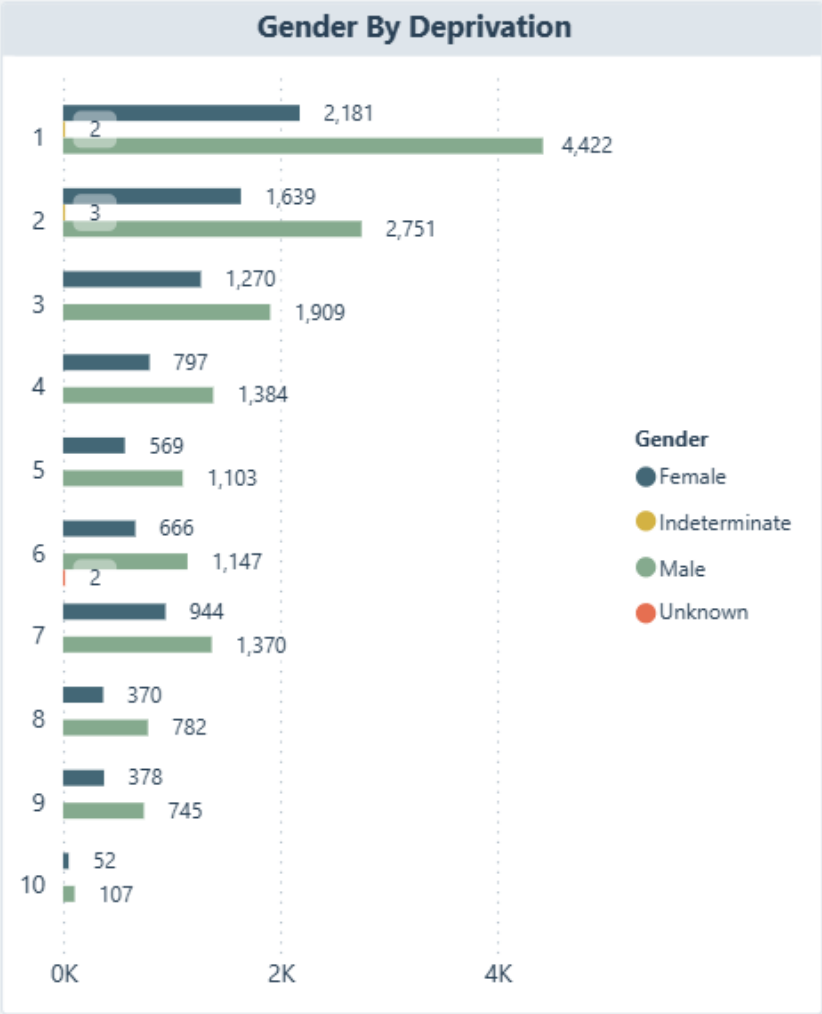
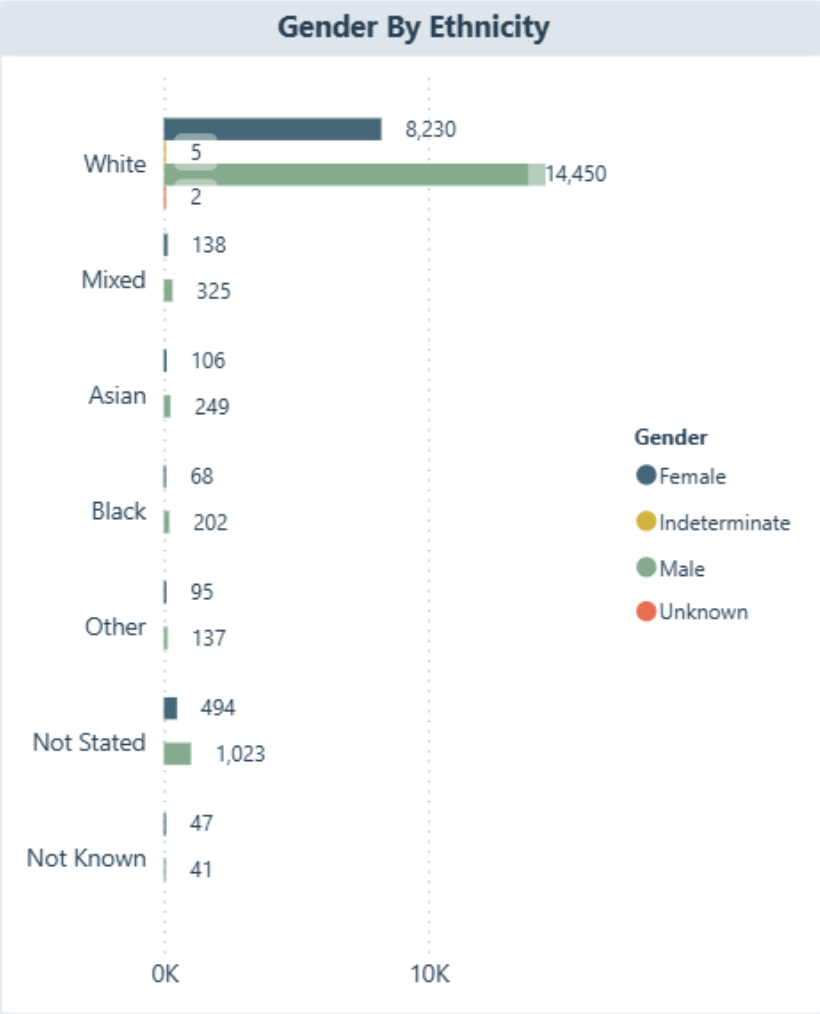
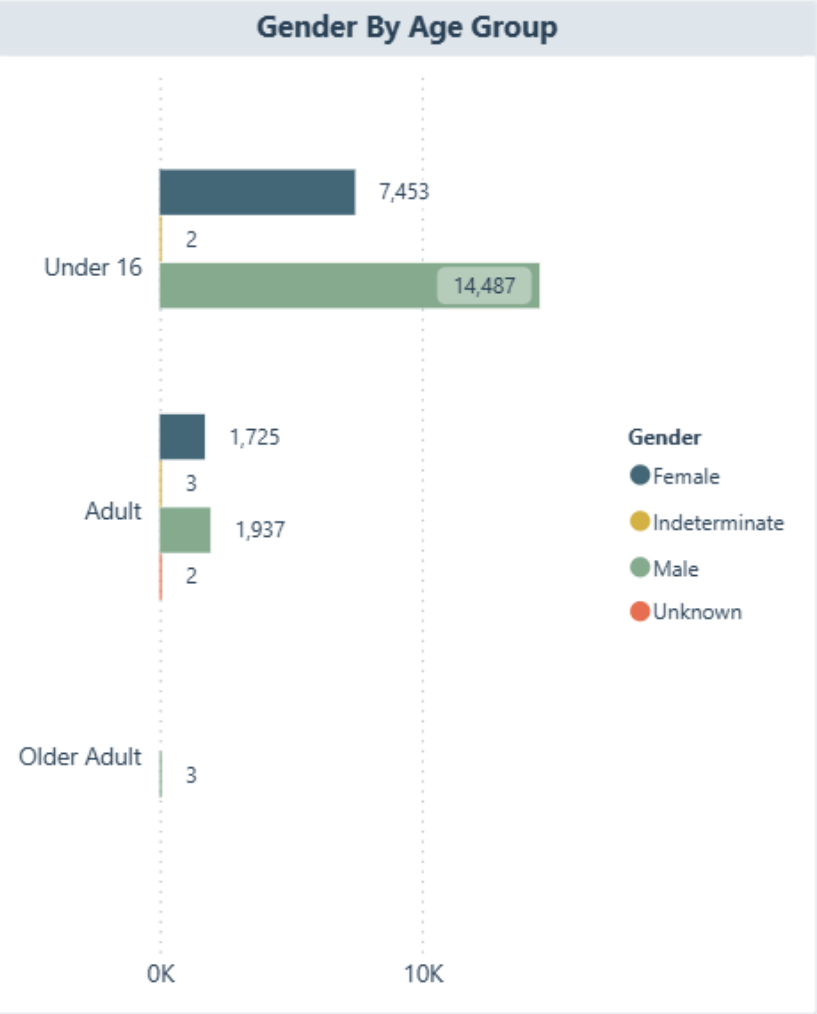
Deprivation by Age Group



Deprivation By Ethnicity

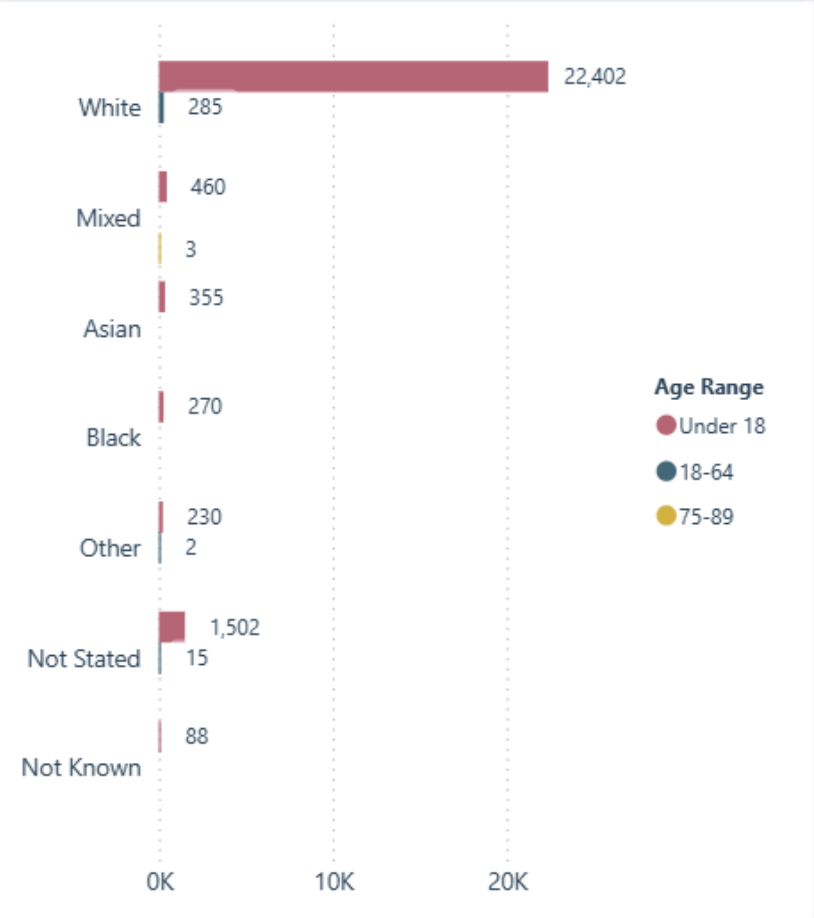


Indicator	Alt Ref	Metric	Female	Indeterminate	Male	Unknown
OP59b (L)		Waiting List - CYP Neurodevelopment	9,178	5	16,427	2
			35.83%	0.02%	64.14%	0.01%

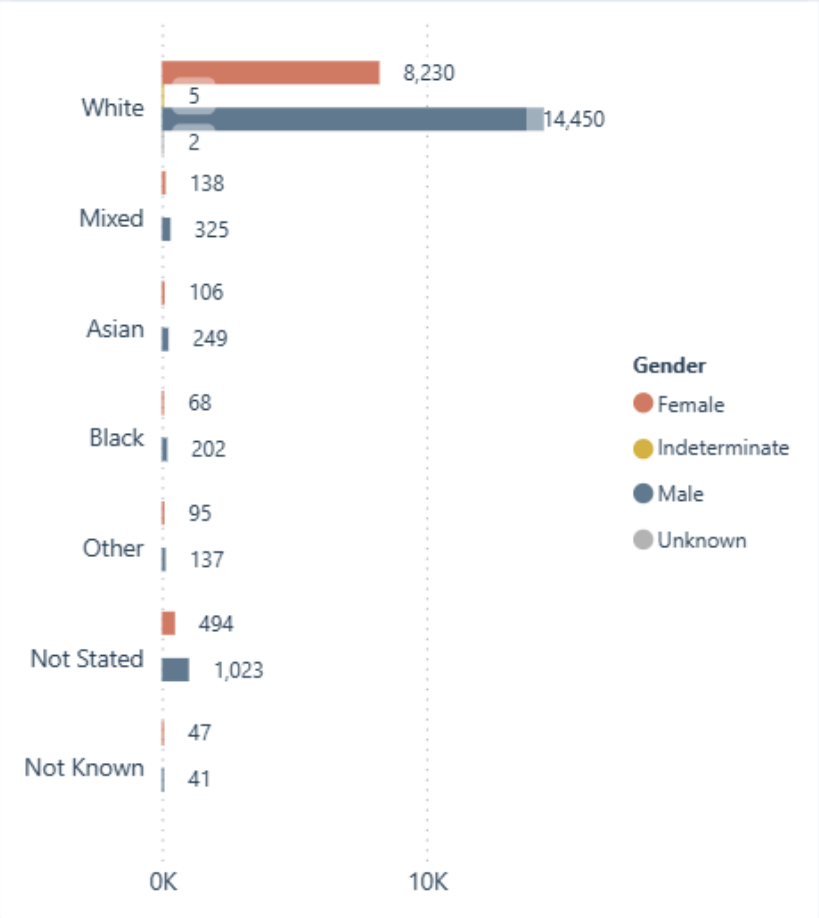


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP59b (L)		Waiting List - CYP Neurodevelopment	22,687	463	355	270	232	1,517	88
			88.58%	1.81%	1.39%	1.05%	0.91%	5.92%	0.34%

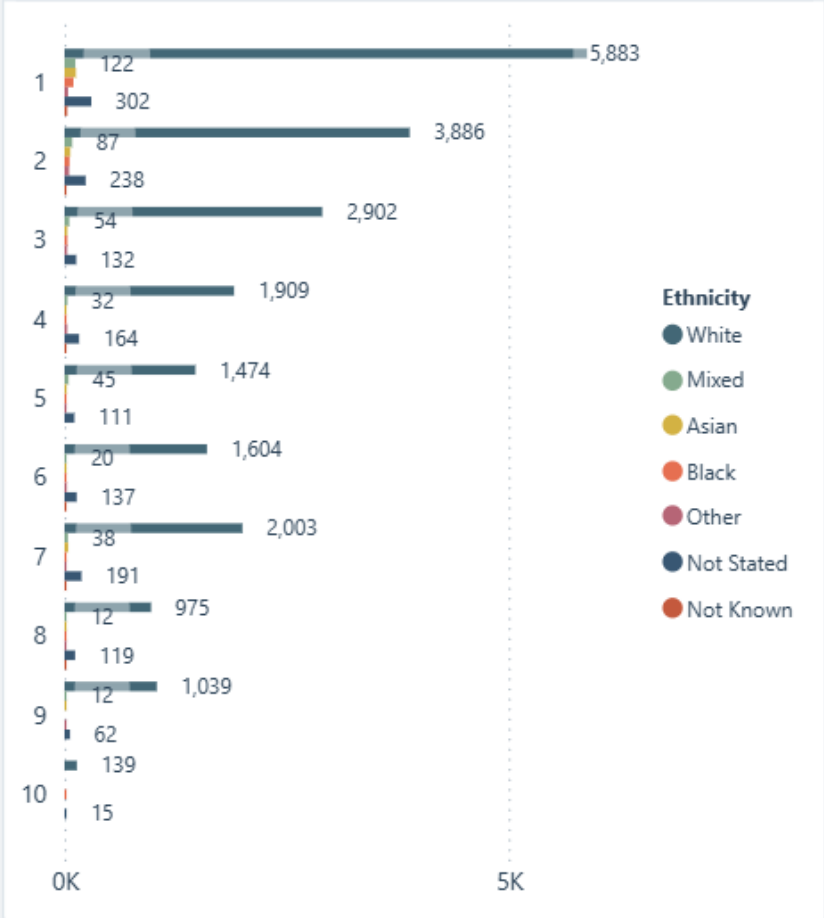
Ethnicity By Age Group



Ethnicity By Gender

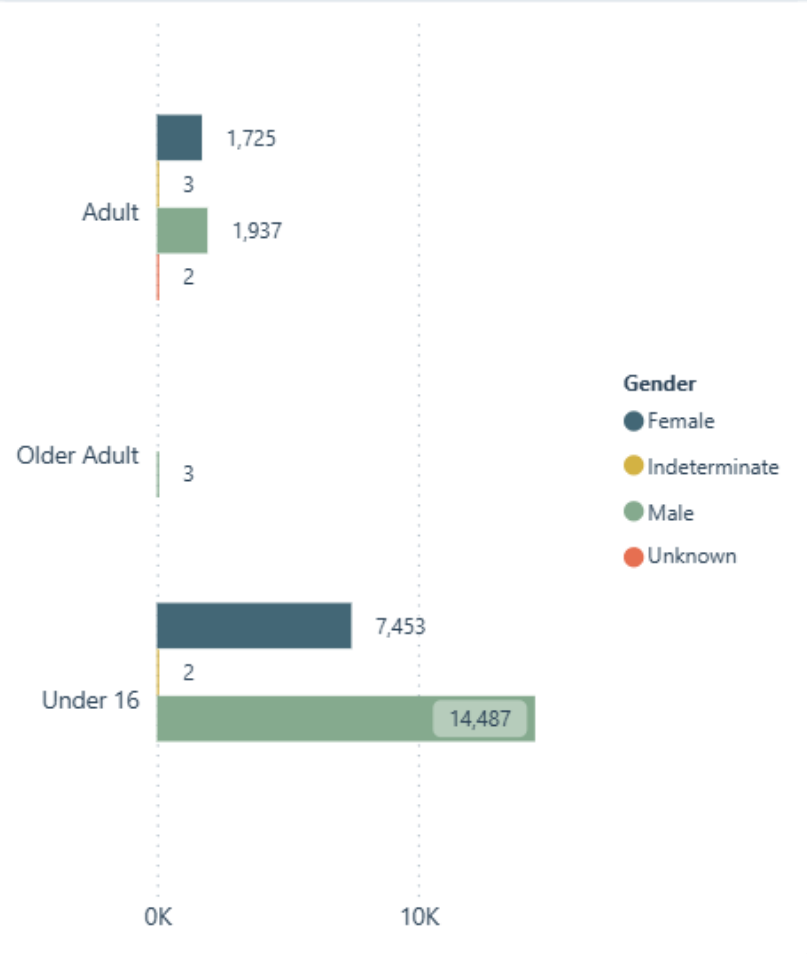


Ethnicity By Deprivation

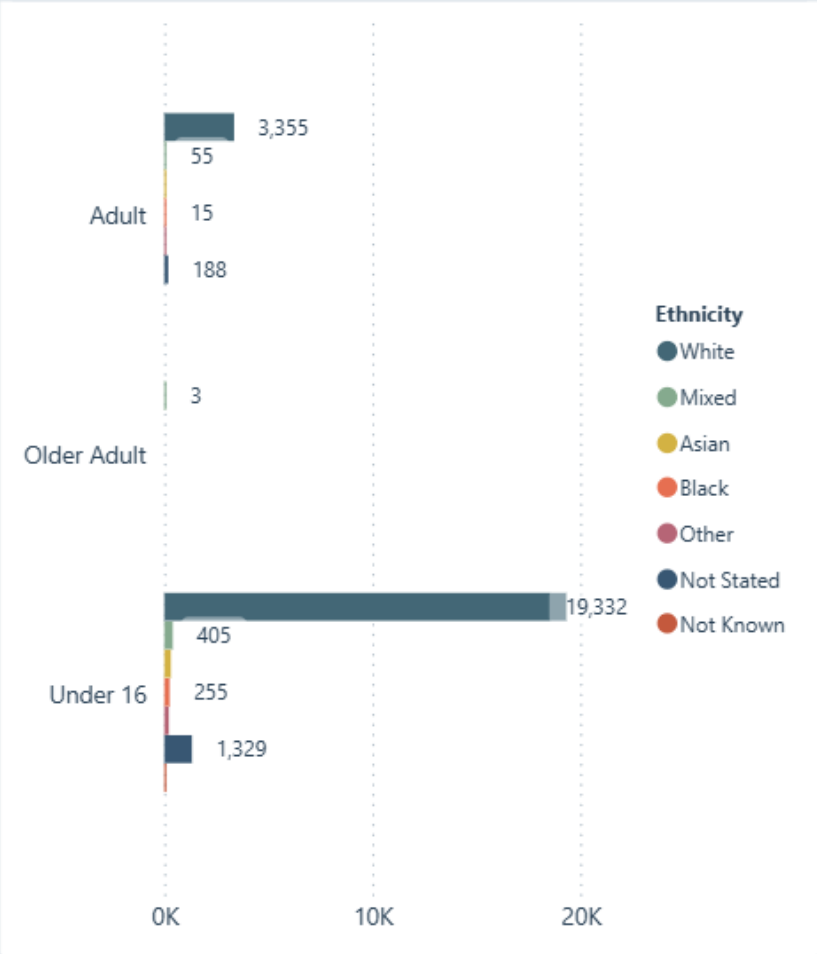


Indicator	Alt Ref	Metric	Adult	Older Adult	Under 16
OP59b (L)		Waiting List - CYP Neurodevelopment	3,667	3	21,942
			14.32%	0.01%	85.67%

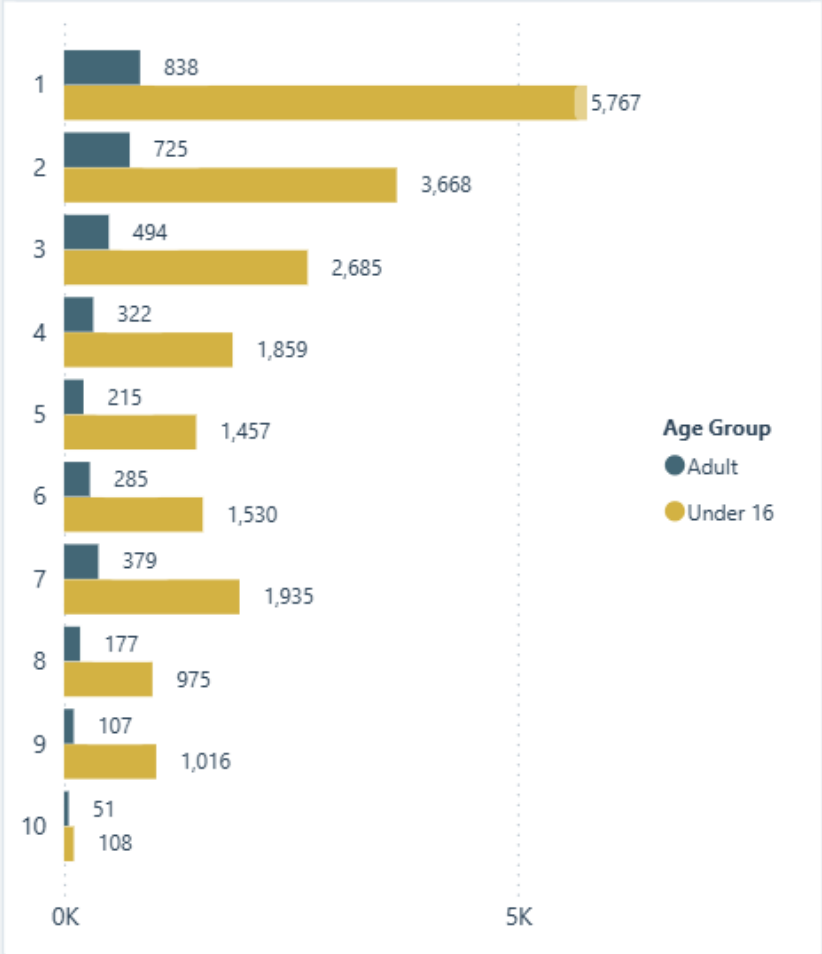
Age Group by Gender



Age Group By Ethnicity

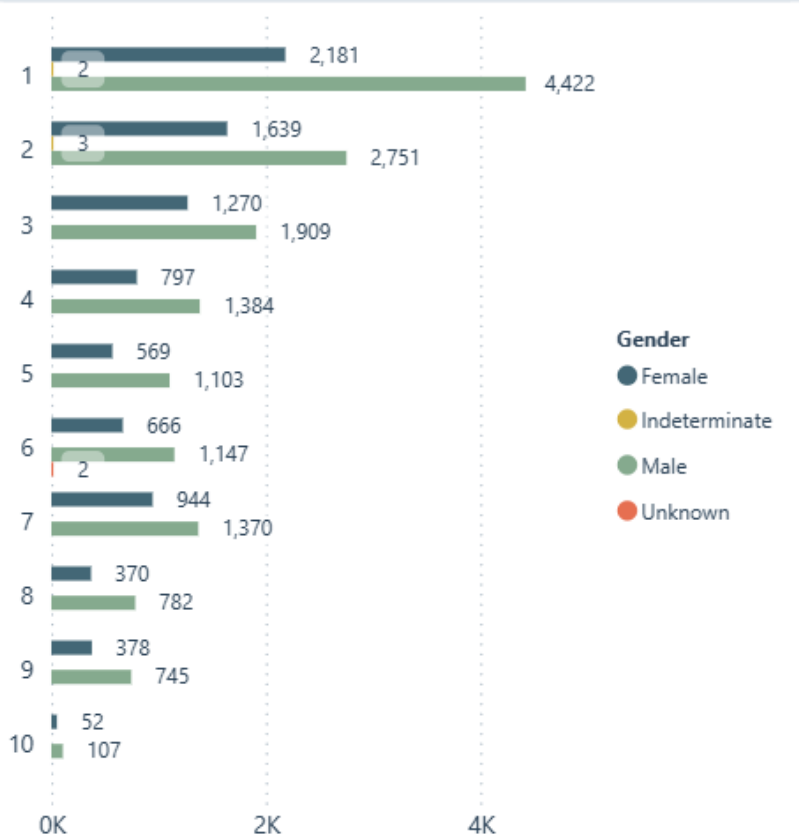


Age Group By Deprivation

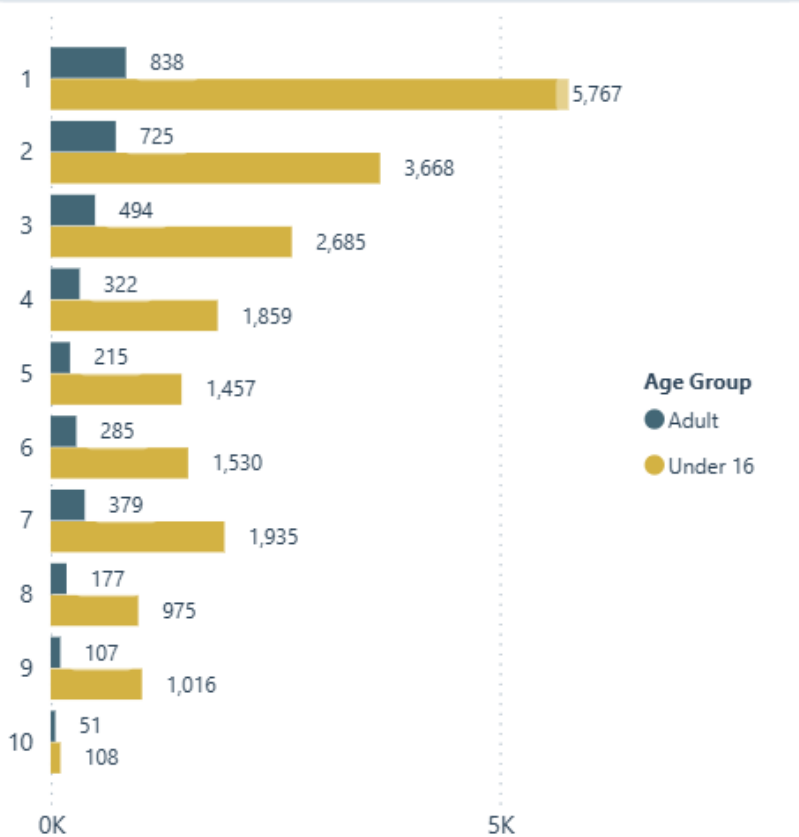


Indicator	Alt Ref	Metric									
OP59b (L)		Waiting List - CYP Neurodevelopment									
Not Recorded		1	2	3	4	5	6	7	8	9	10
1,019		6,605	4,393	3,179	2,181	1,672	1,815	2,314	1,152	1,123	159
3.98%		25.79%	17.15%	12.41%	8.52%	6.53%	7.09%	9.03%	4.50%	4.38%	0.62%

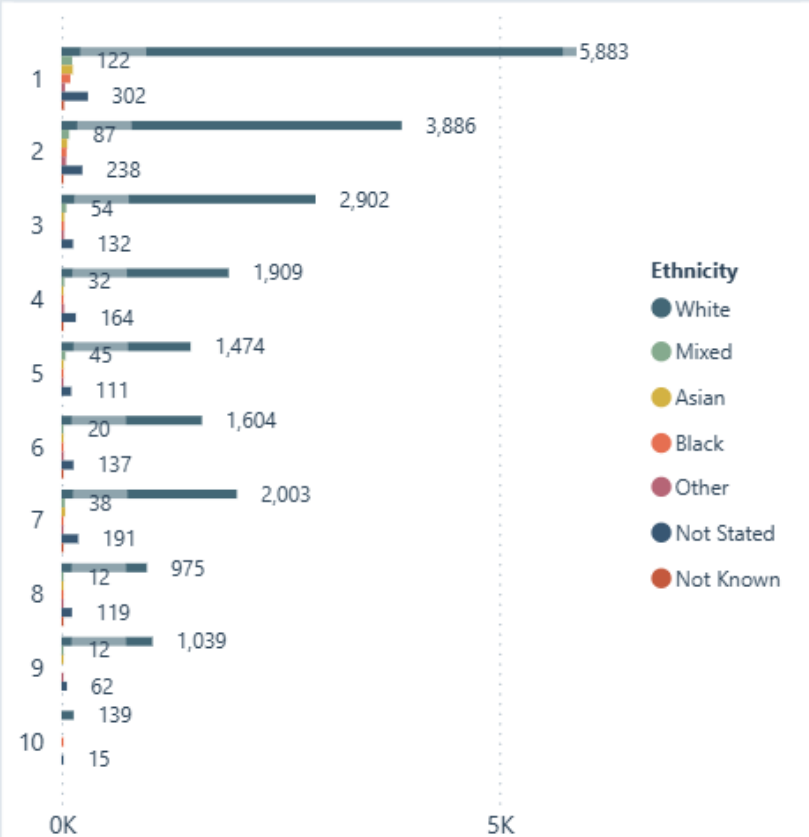
Deprivation By Gender



Deprivation by Age Group

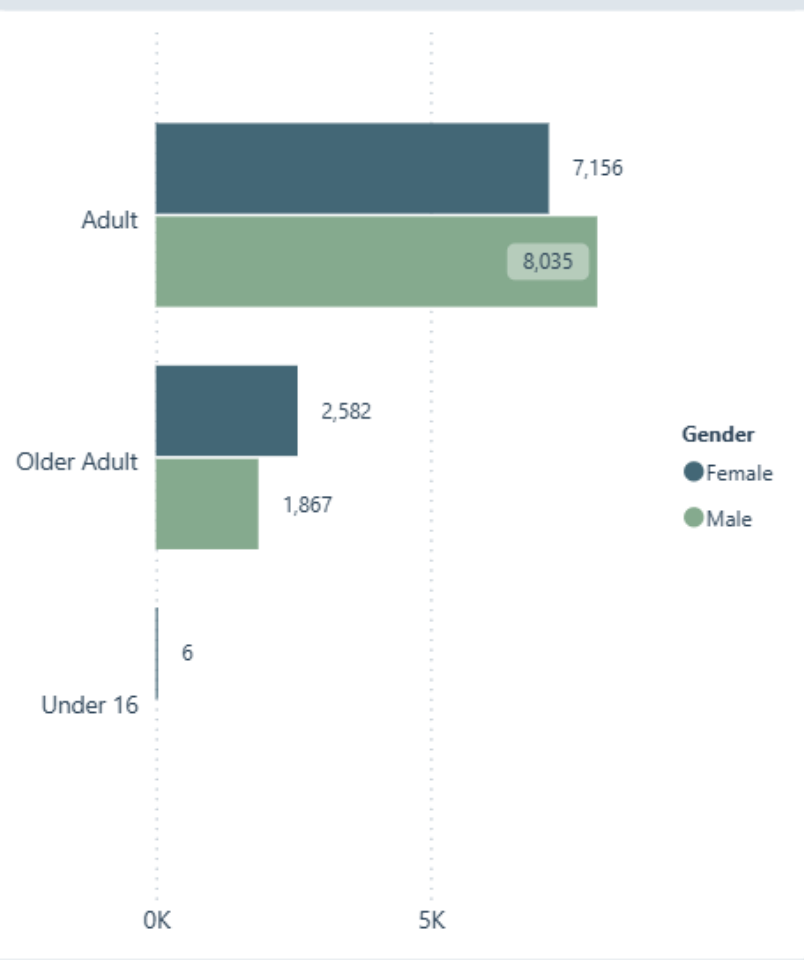


Deprivation By Ethnicity

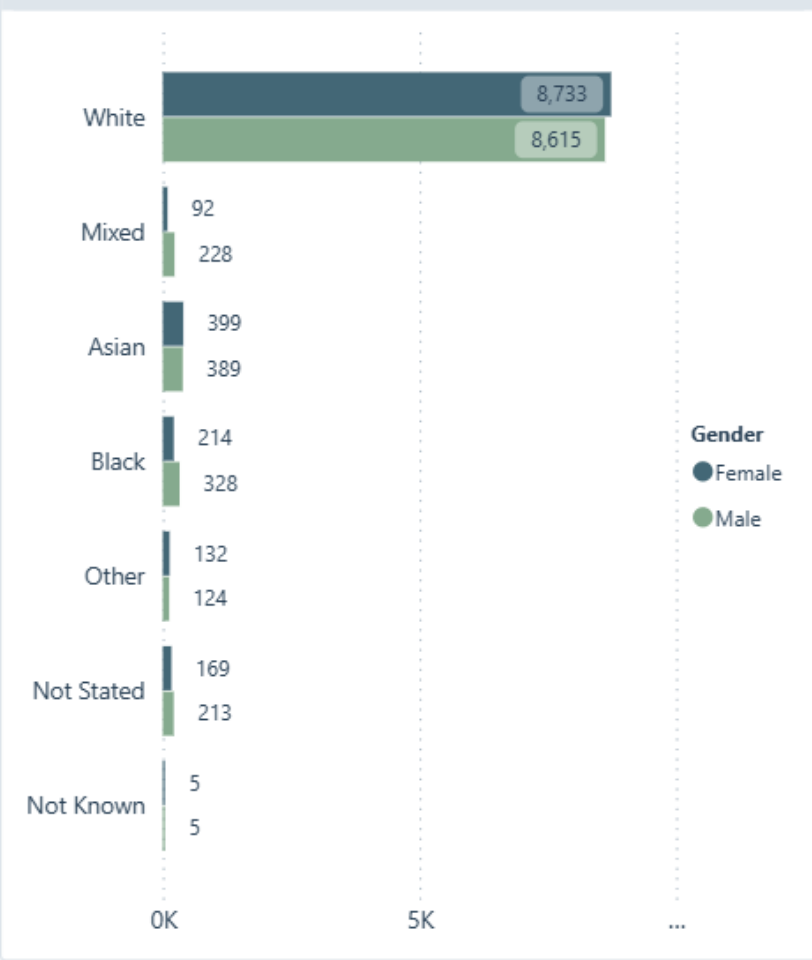


Indicator	Alt Ref	Metric	Female	Male
OP61b (L)		SMI Patients having full annual PH check (includes declines)	9,744	9,902
			49.60%	50.40%

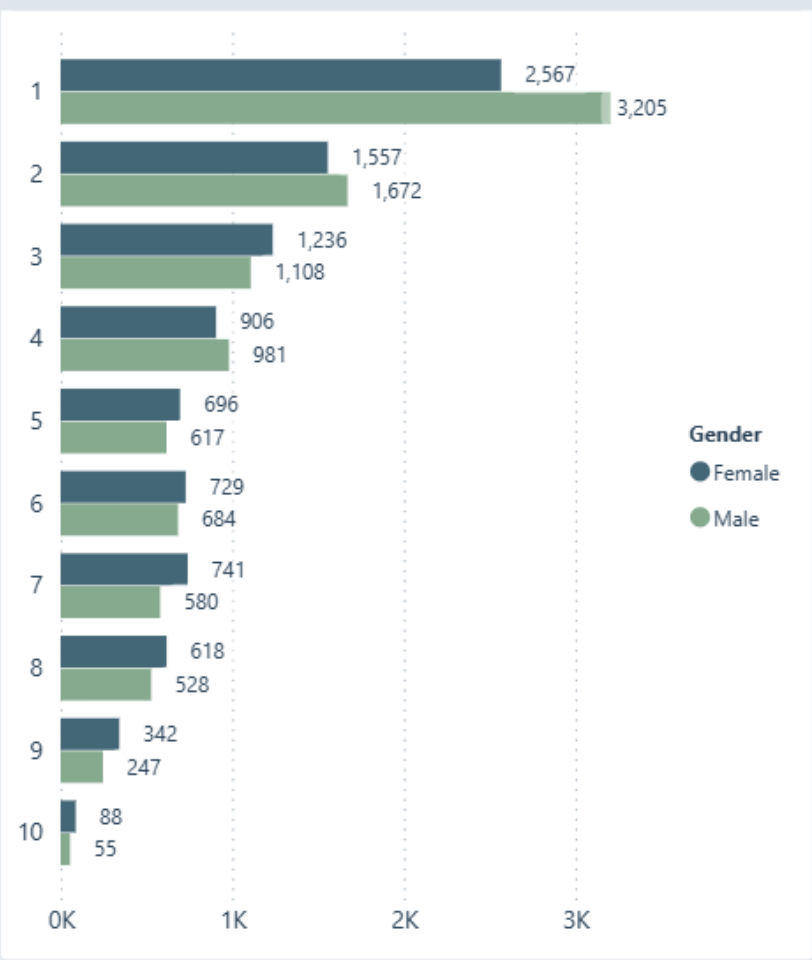
Gender By Age Group



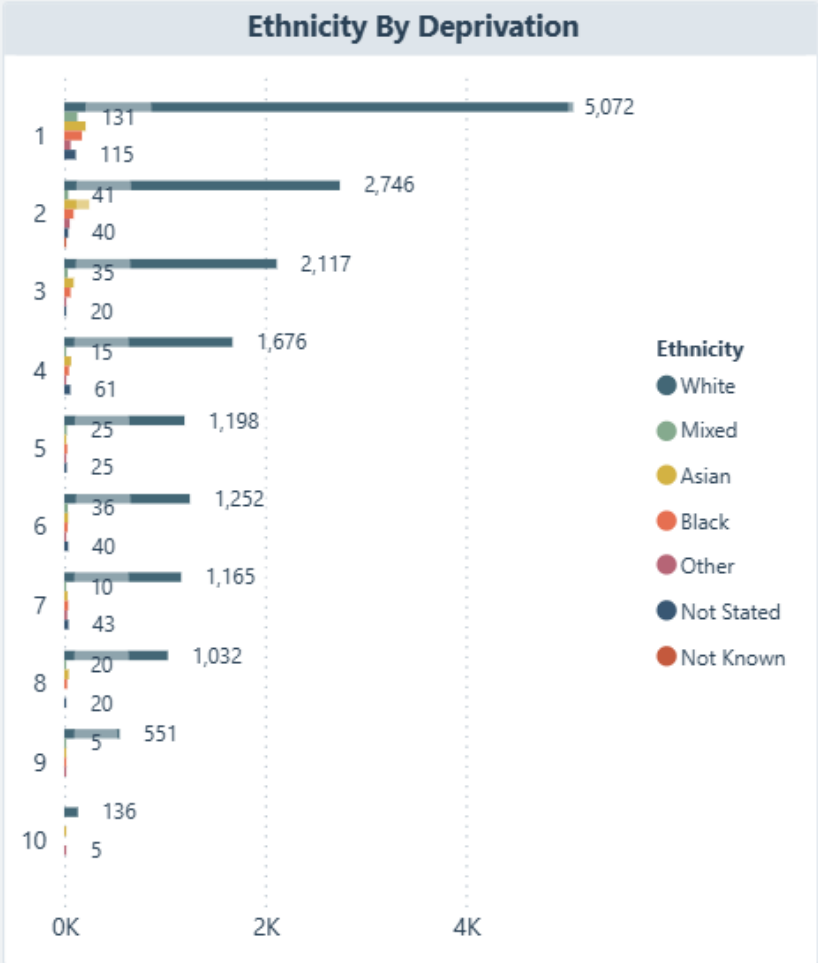
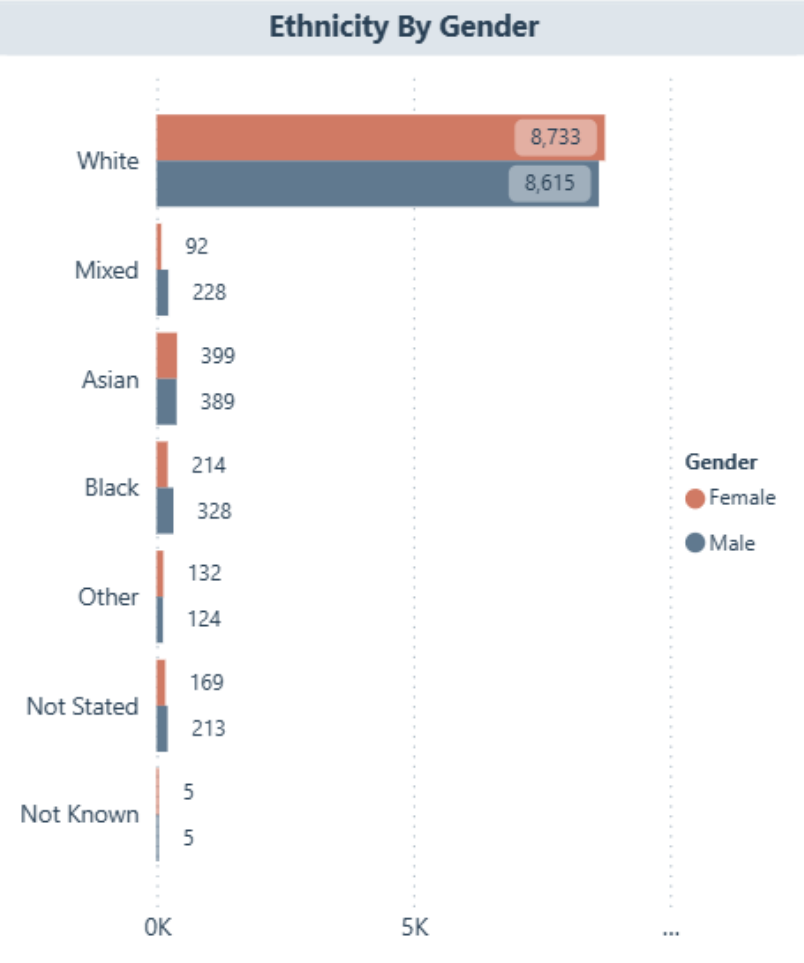
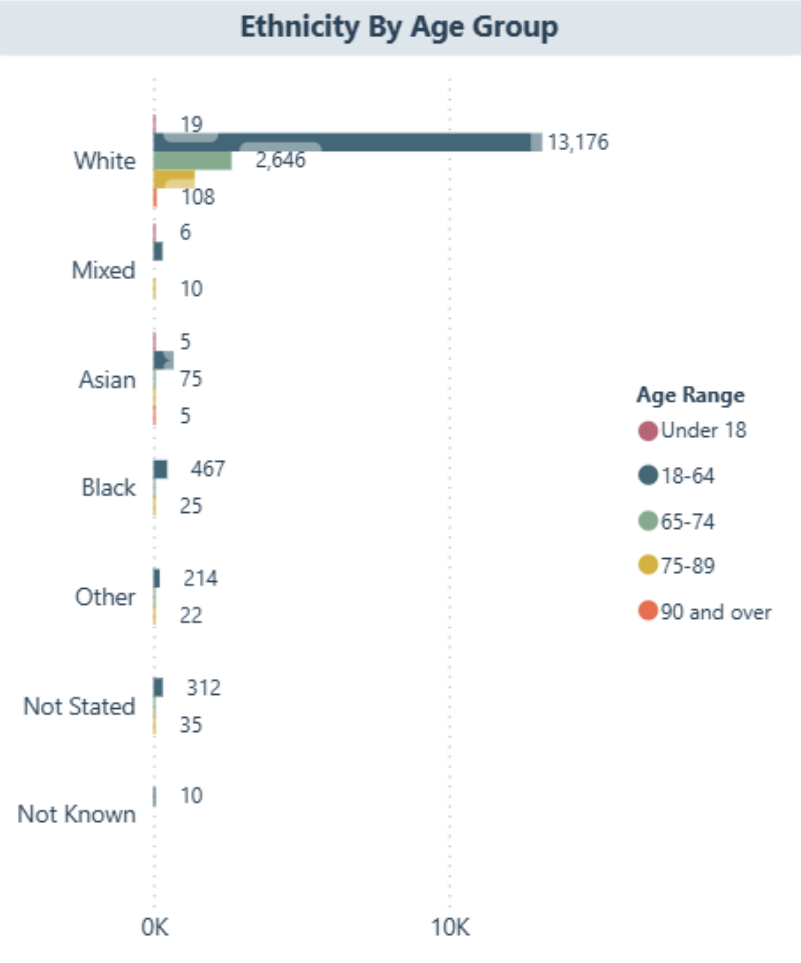
Gender By Ethnicity



Gender By Deprivation

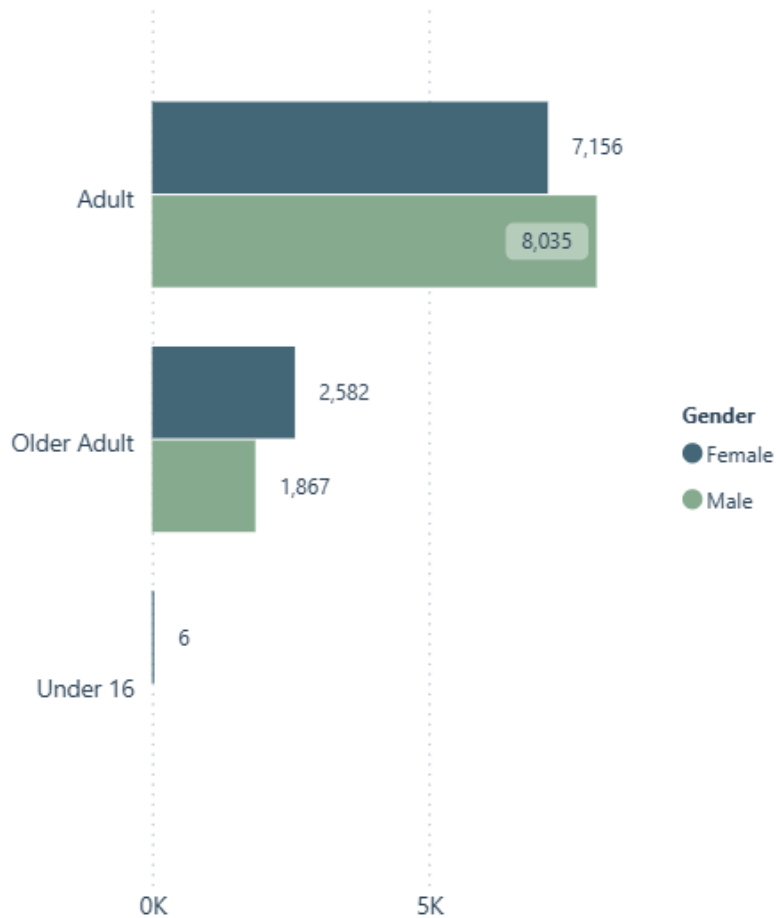


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP61b (L)		SMI Patients having full annual PH check (includes declines)	17,348	320	788	542	256	382	10
			88.30%	1.63%	4.01%	2.76%	1.30%	1.94%	0.05%

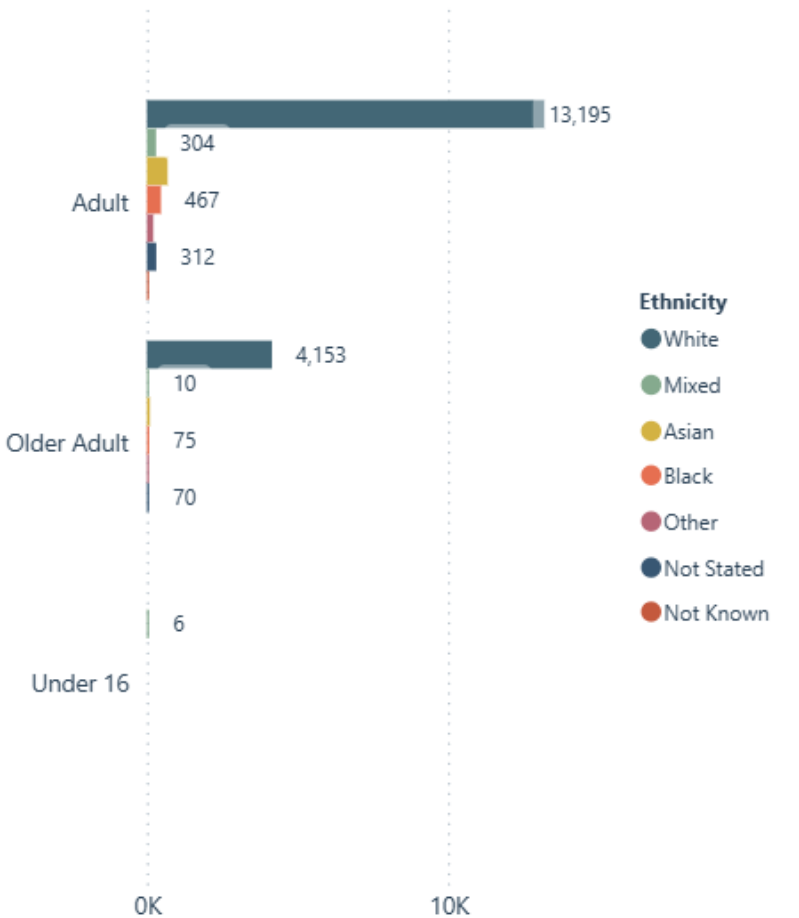


Indicator	Alt Ref	Metric	Adult	Older Adult	Under 16
OP61b (L)		SMI Patients having full annual PH check (includes declines)	15,191	4,449	6
			77.32%	22.65%	0.03%

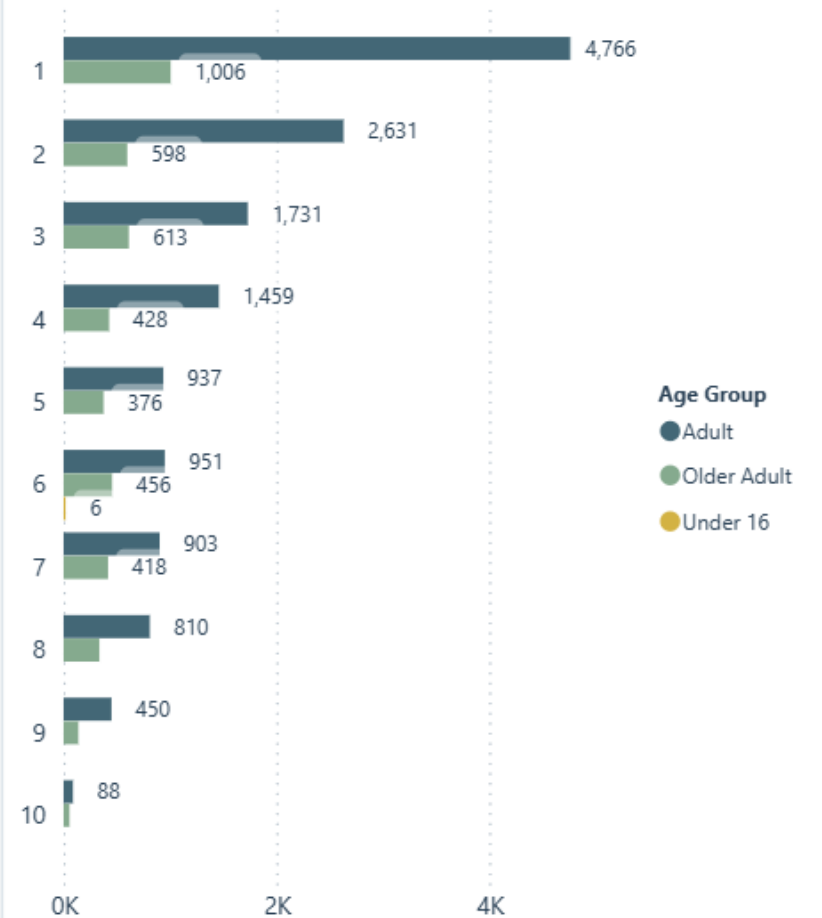
Age Group by Gender



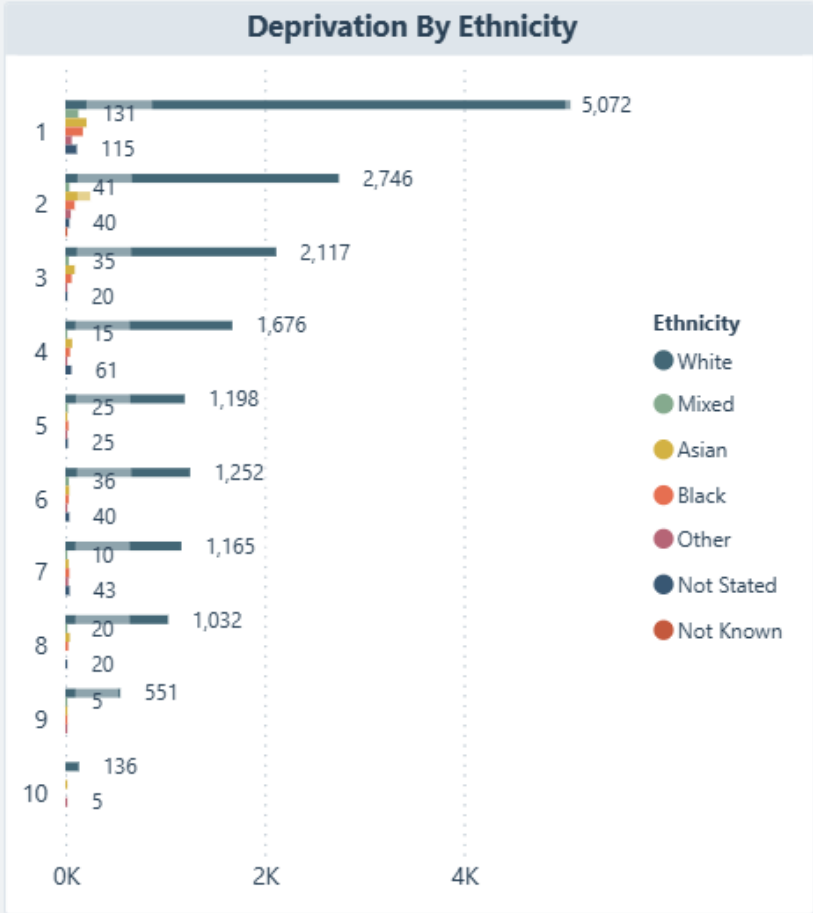
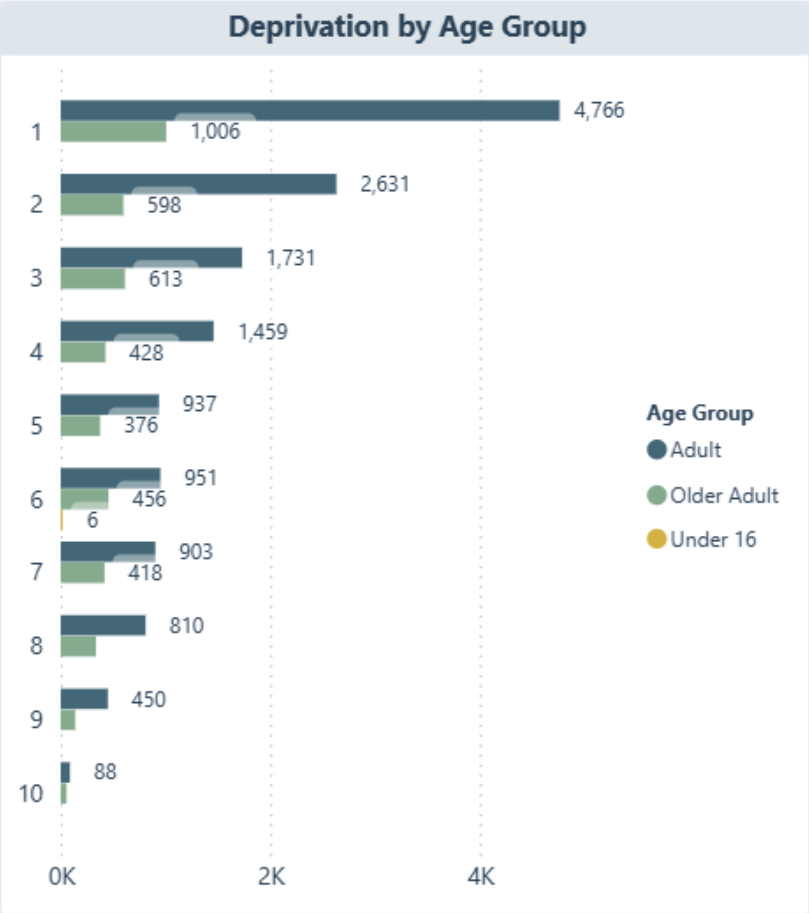
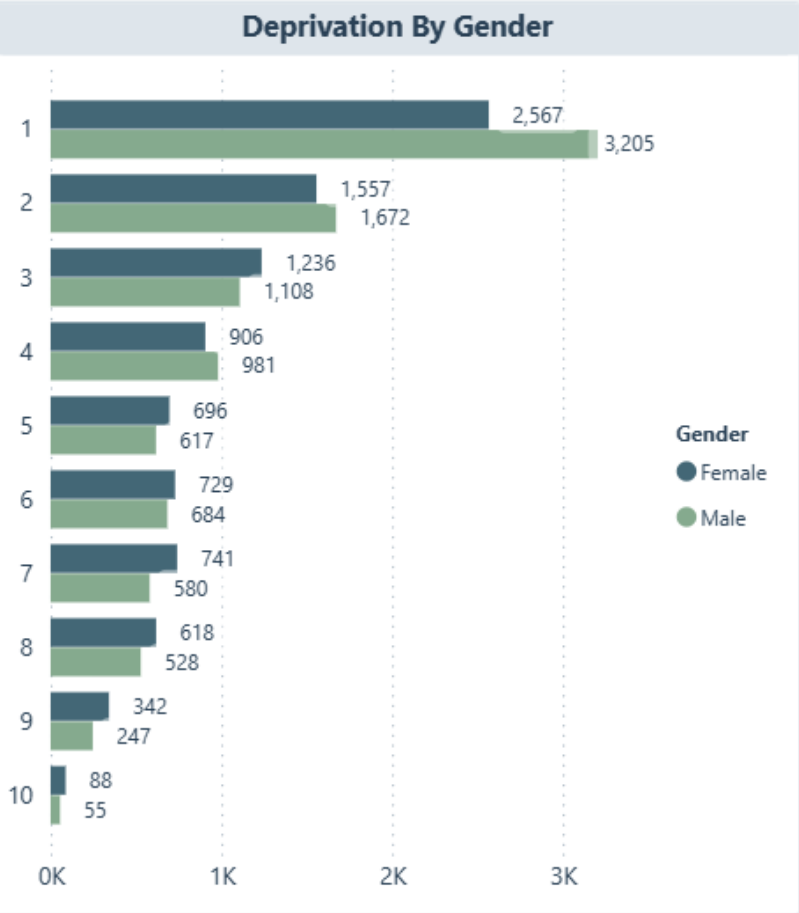
Age Group By Ethnicity



Age Group By Deprivation

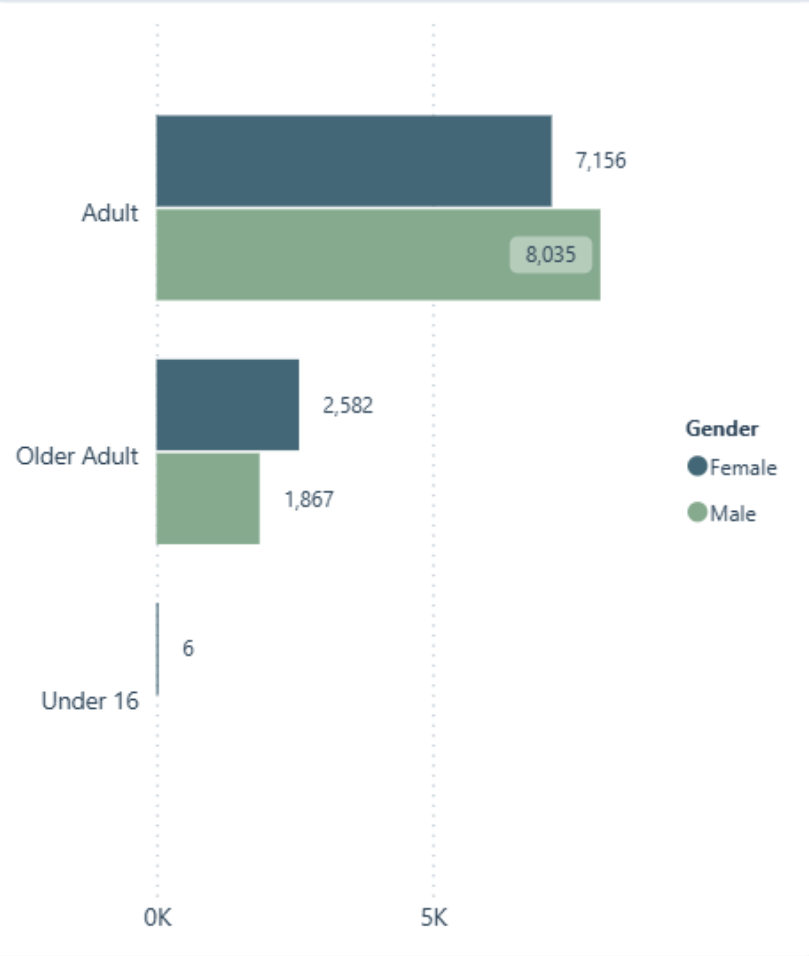


Indicator	Alt Ref	Metric									
OP61b (L)		SMI Patients having full annual PH check (includes declines)									
	Not Recorded	1	2	3	4	5	6	7	8	9	10
	489	5,772	3,229	2,344	1,887	1,313	1,413	1,321	1,146	589	143
	2.49%	29.38%	16.44%	11.93%	9.61%	6.68%	7.19%	6.72%	5.83%	3.00%	0.73%

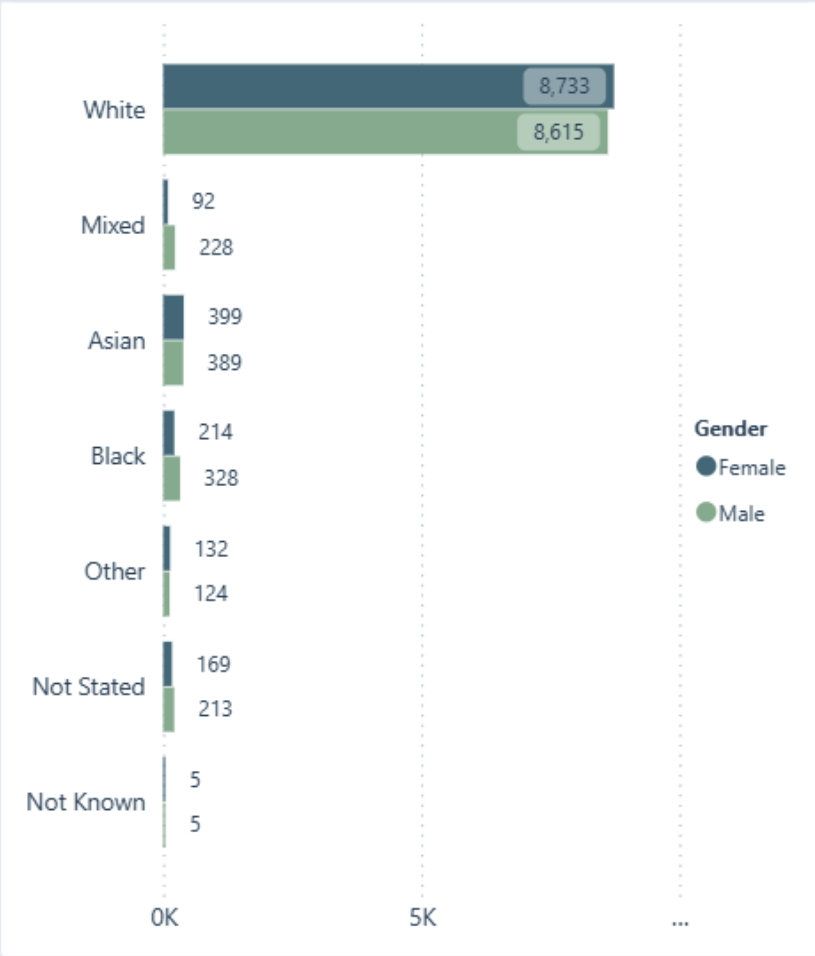


Indicator	Alt Ref	Metric	Female	Male
OP61c (N)		Patients with SMI having full annual physical health check	9,744	9,902
			49.60%	50.40%

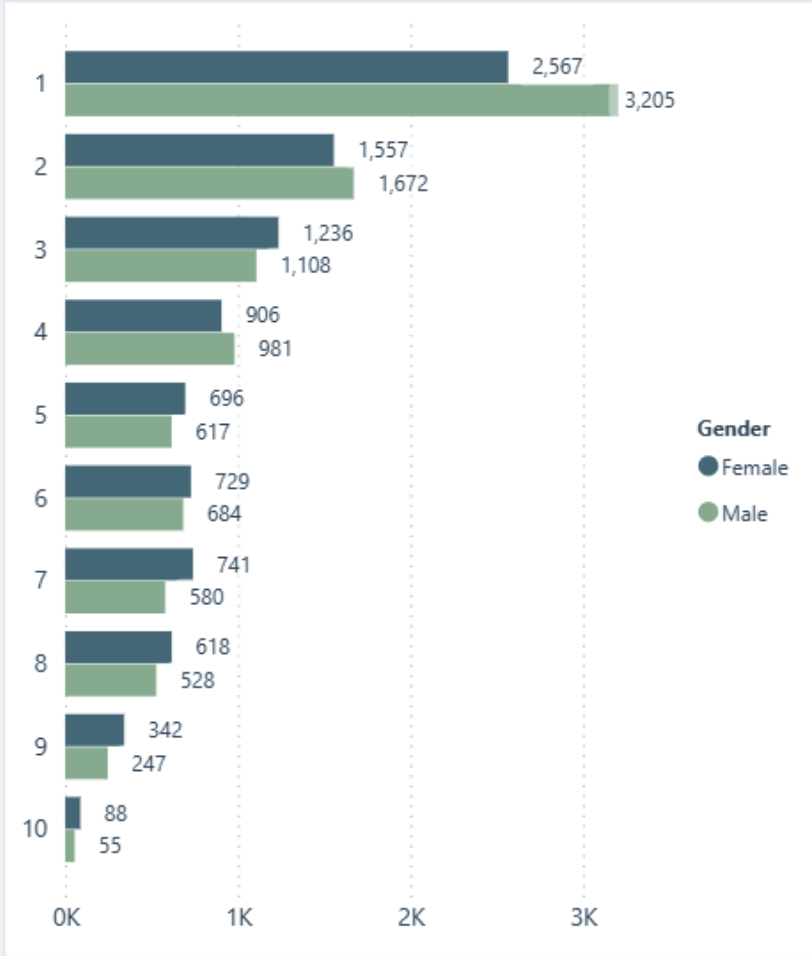
Gender By Age Group



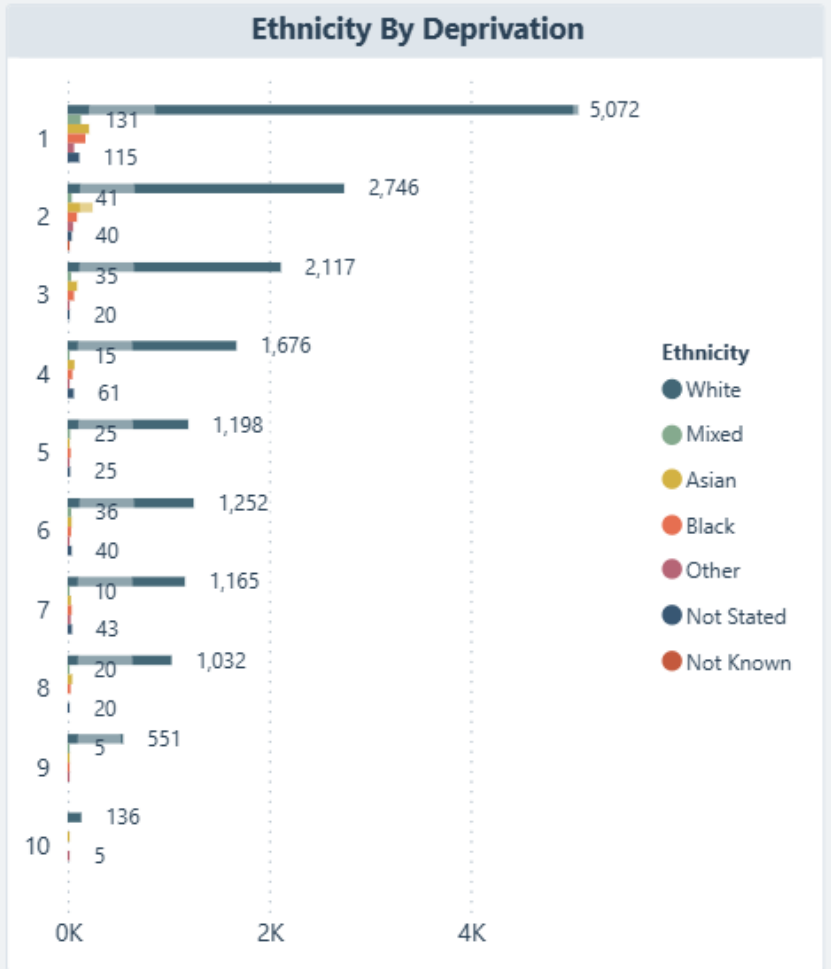
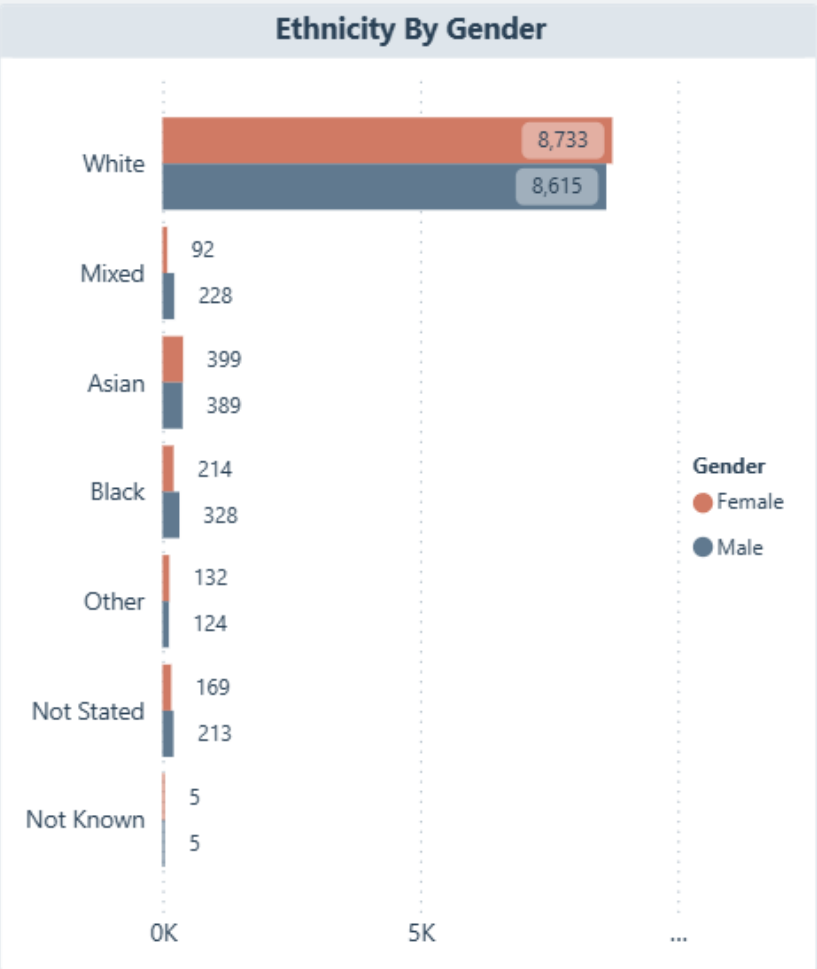
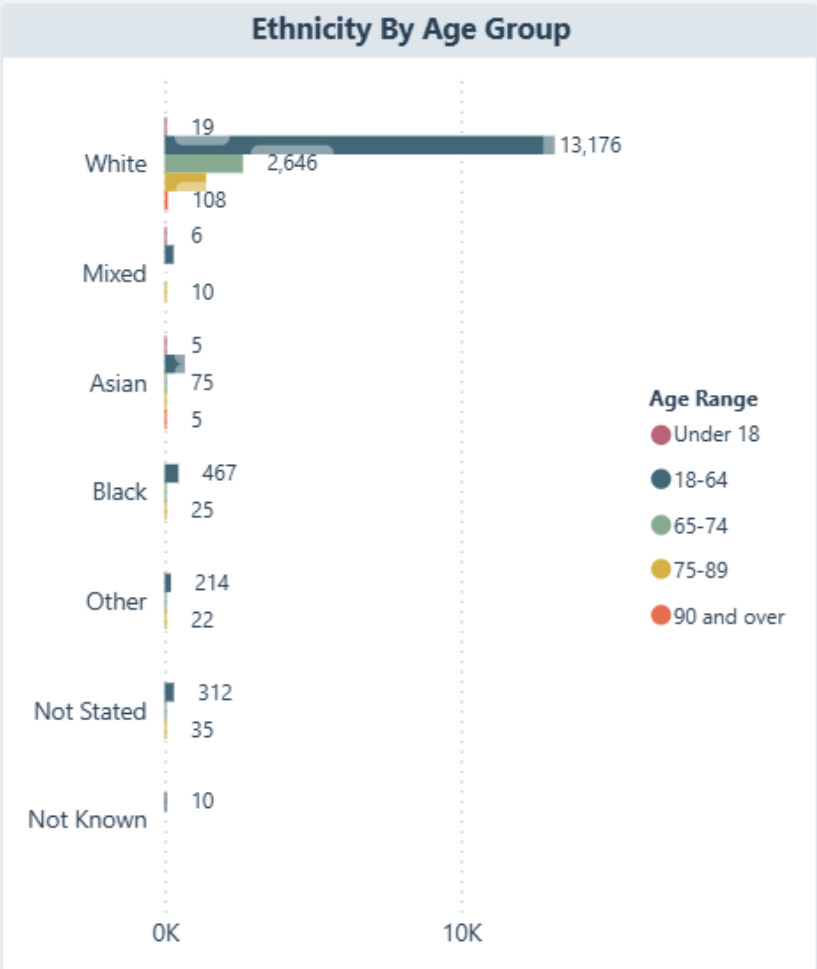
Gender By Ethnicity



Gender By Deprivation

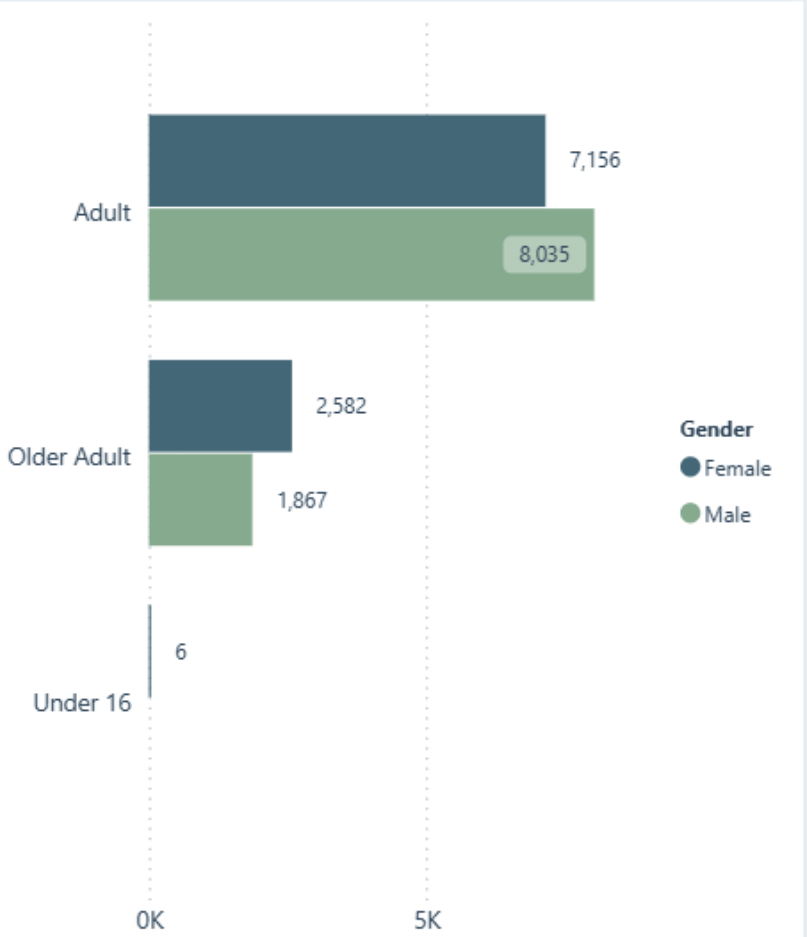


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP61c (N)		Patients with SMI having full annual physical health check	17,348	320	788	542	256	382	10
			88.30%	1.63%	4.01%	2.76%	1.30%	1.94%	0.05%

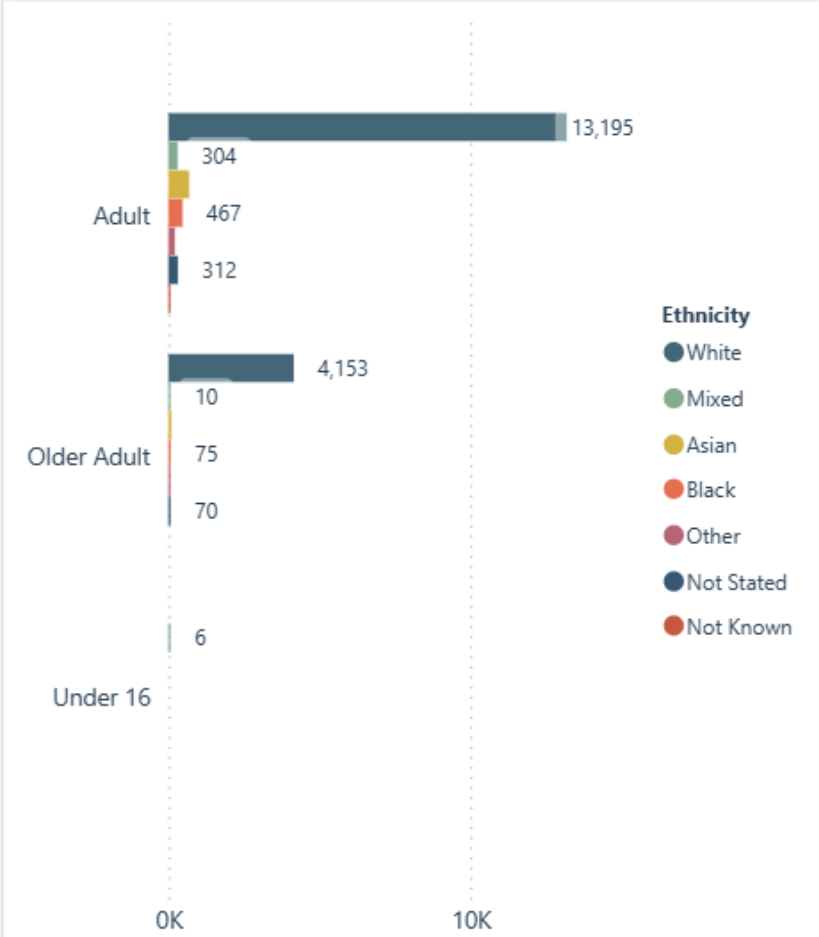


Indicator	Alt Ref	Metric	Adult	Older Adult	Under 16
OP61c (N)		Patients with SMI having full annual physical health check	15,191	4,449	6
			77.32%	22.65%	0.03%

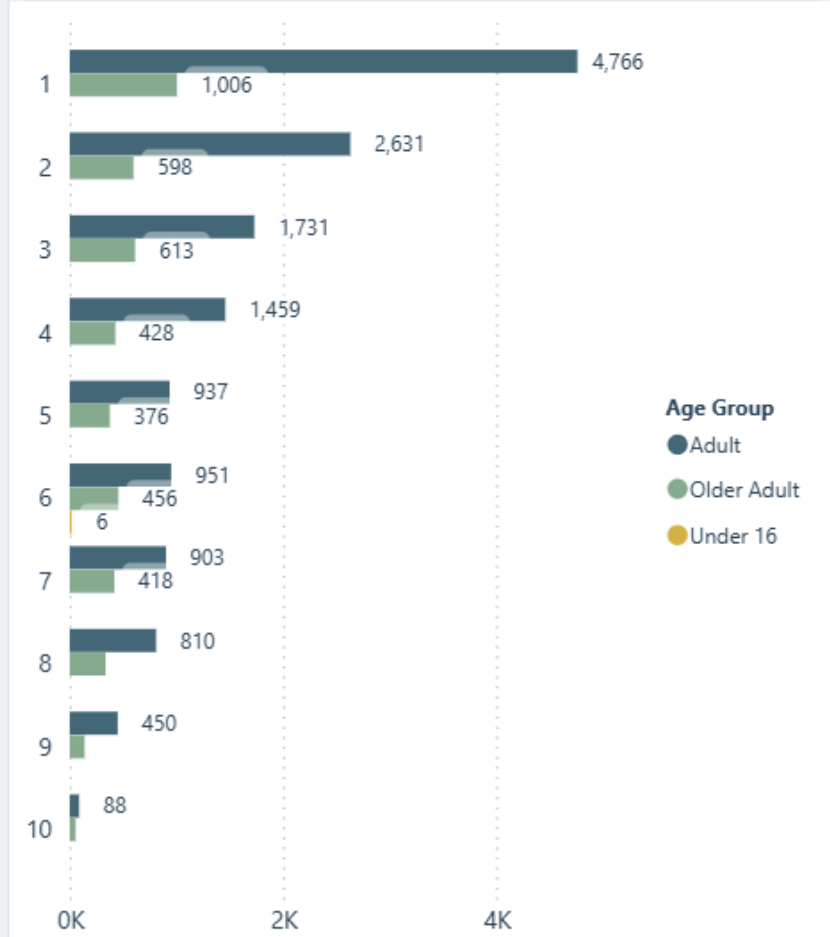
Age Group by Gender



Age Group By Ethnicity

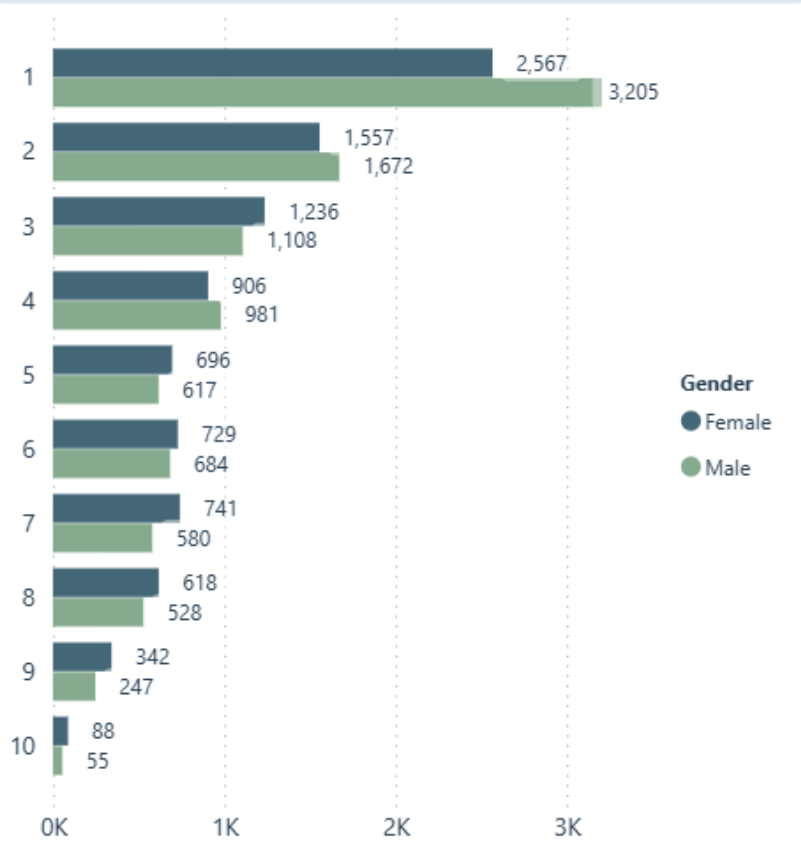


Age Group By Deprivation

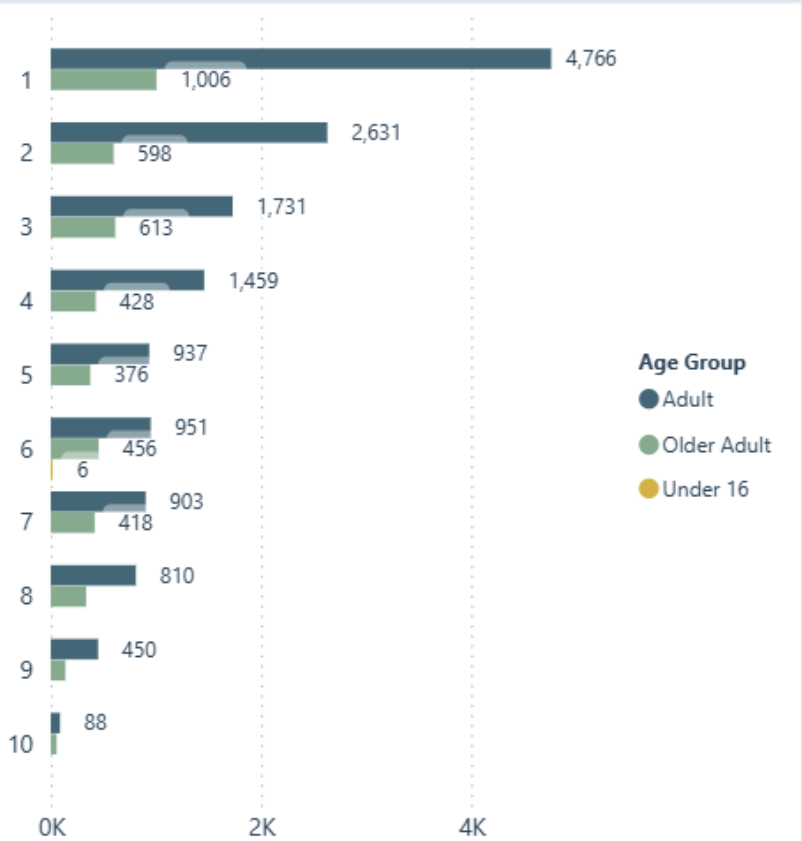


Indicator	Alt Ref	Metric									
OP61c (N)		Patients with SMI having full annual physical health check									
	Not Recorded	1	2	3	4	5	6	7	8	9	10
	489	5,772	3,229	2,344	1,887	1,313	1,413	1,321	1,146	589	143
	2.49%	29.38%	16.44%	11.93%	9.61%	6.68%	7.19%	6.72%	5.83%	3.00%	0.73%

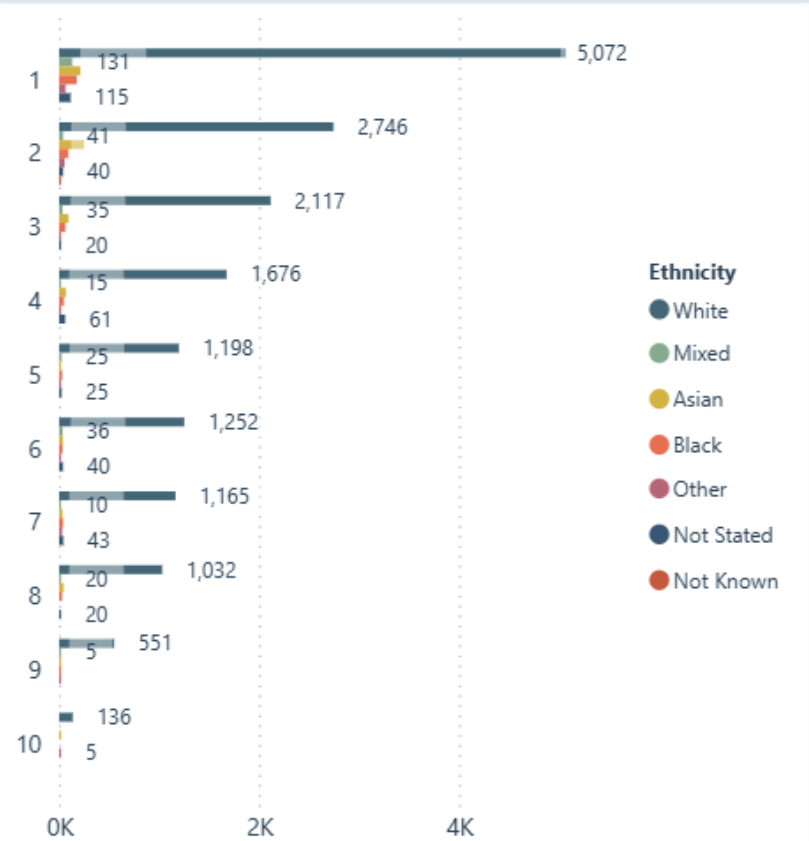
Deprivation By Gender



Deprivation by Age Group

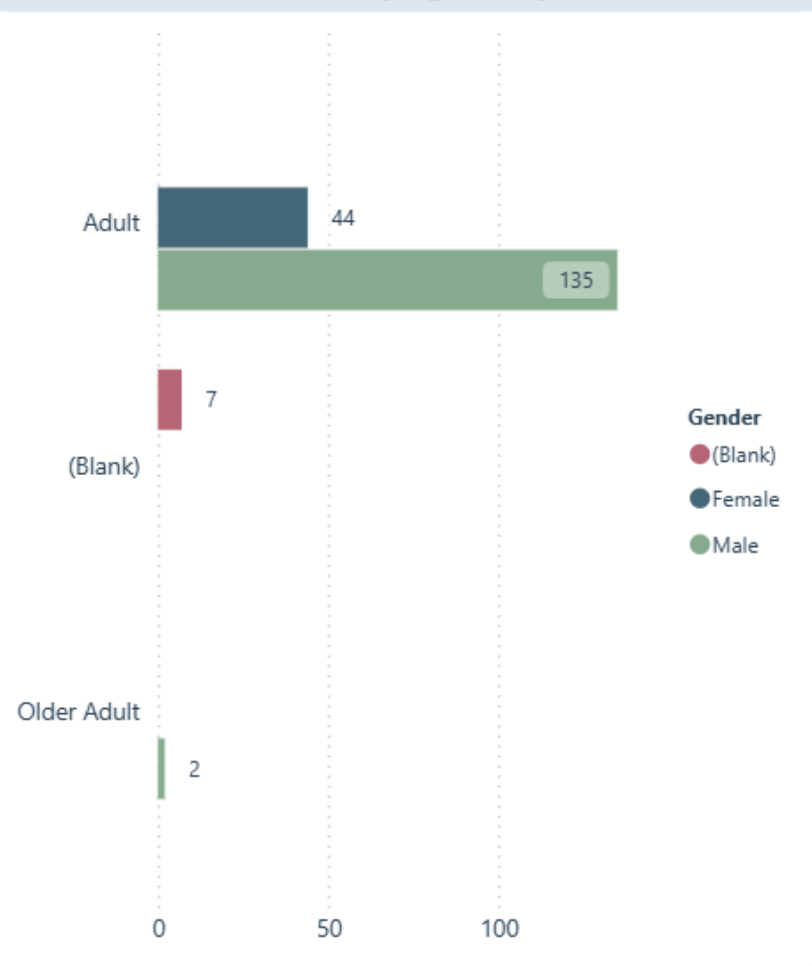


Deprivation By Ethnicity

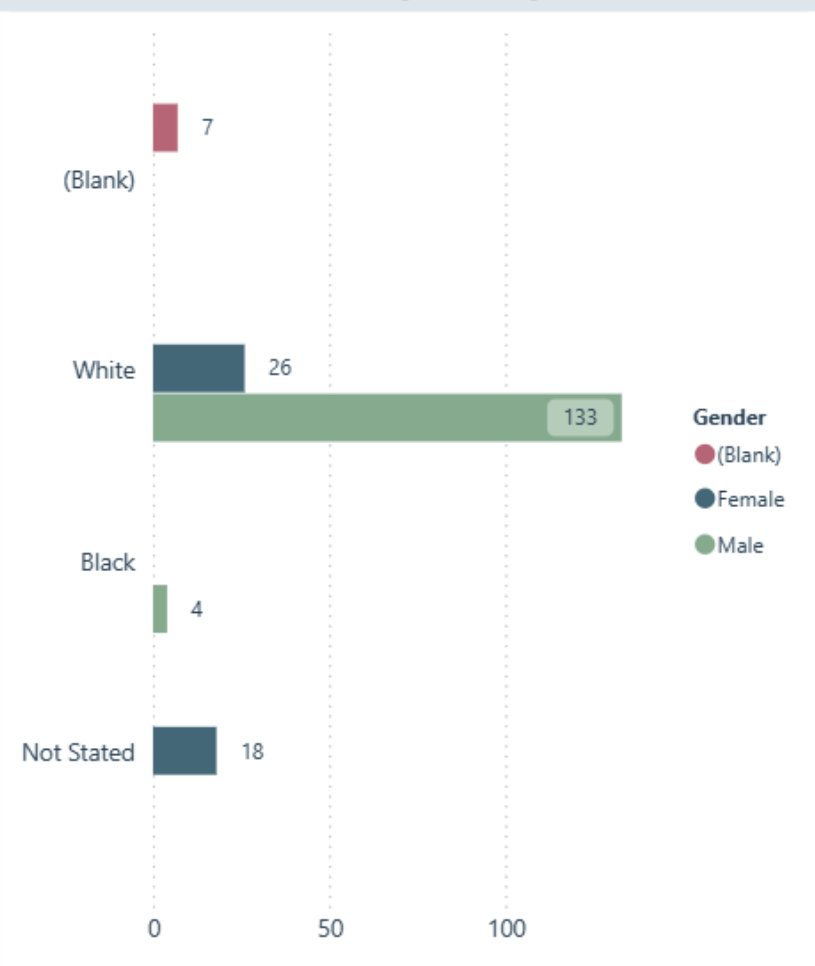


Indicator	Alt Ref	Metric		Female	Male
OP73a (L)		Section 136 Breaches – Occupancy hours lost to breaches	7	44	137
			3.72%	23.40%	72.87%

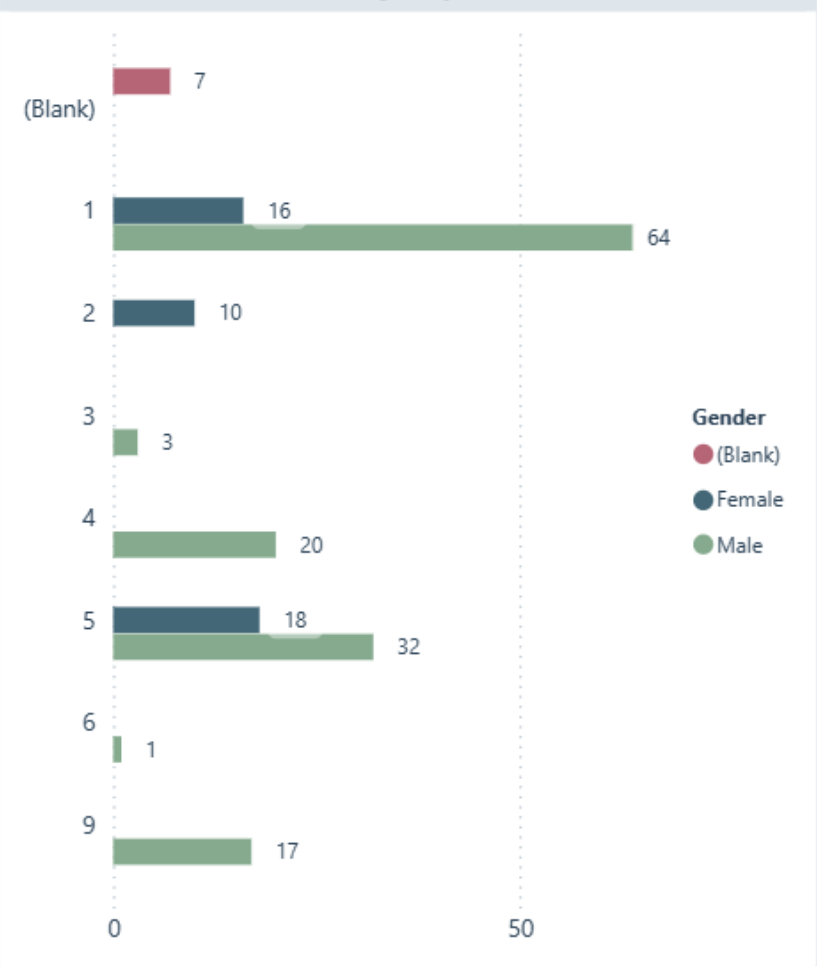
Gender By Age Group



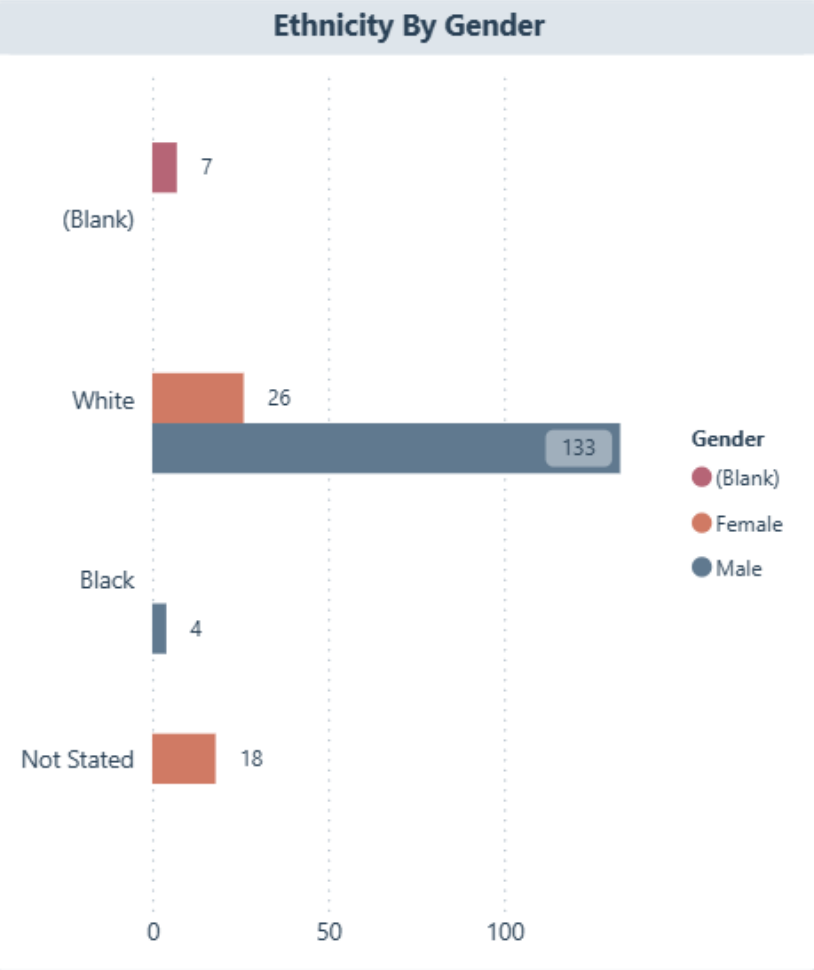
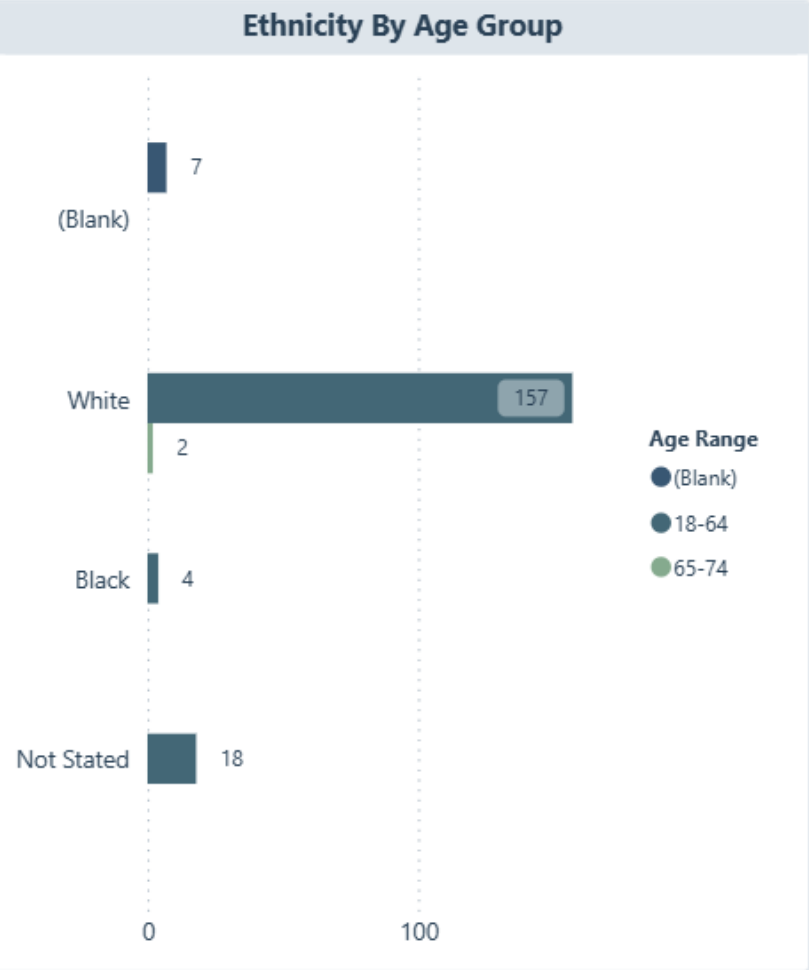
Gender By Ethnicity



Gender By Deprivation

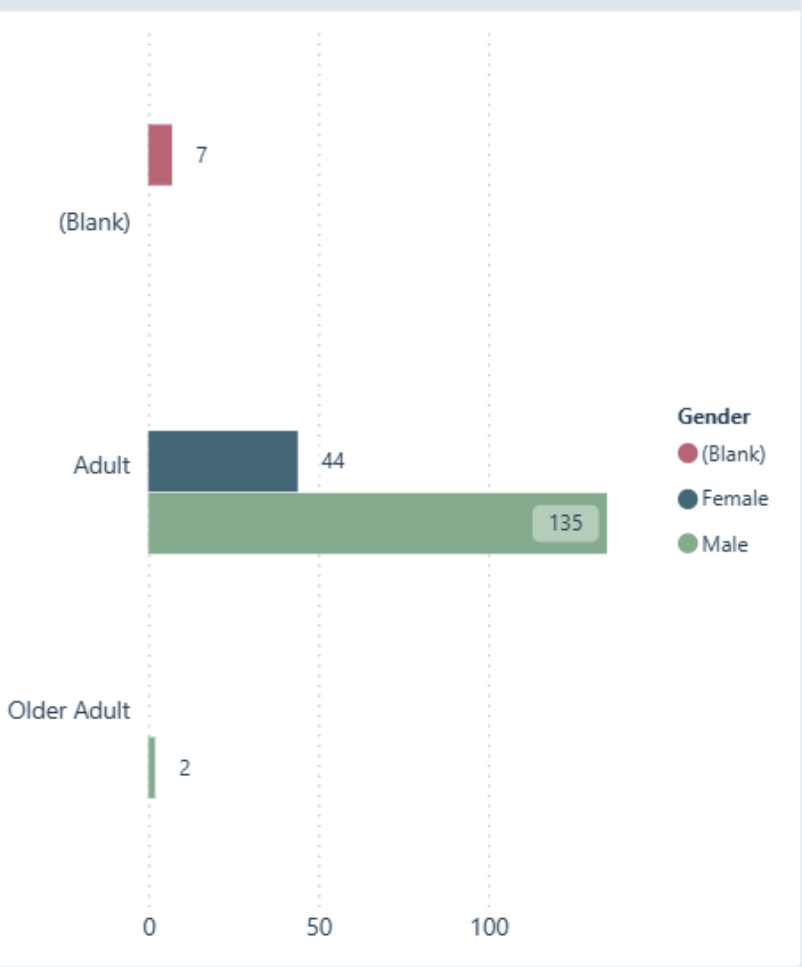


Indicator	Alt Ref	Metric		White	Black	Not Stated
OP73a (L)		Section 136 Breaches – Occupancy hours lost to breaches	7	159	4	18
			3.72%	84.57%	2.13%	9.57%

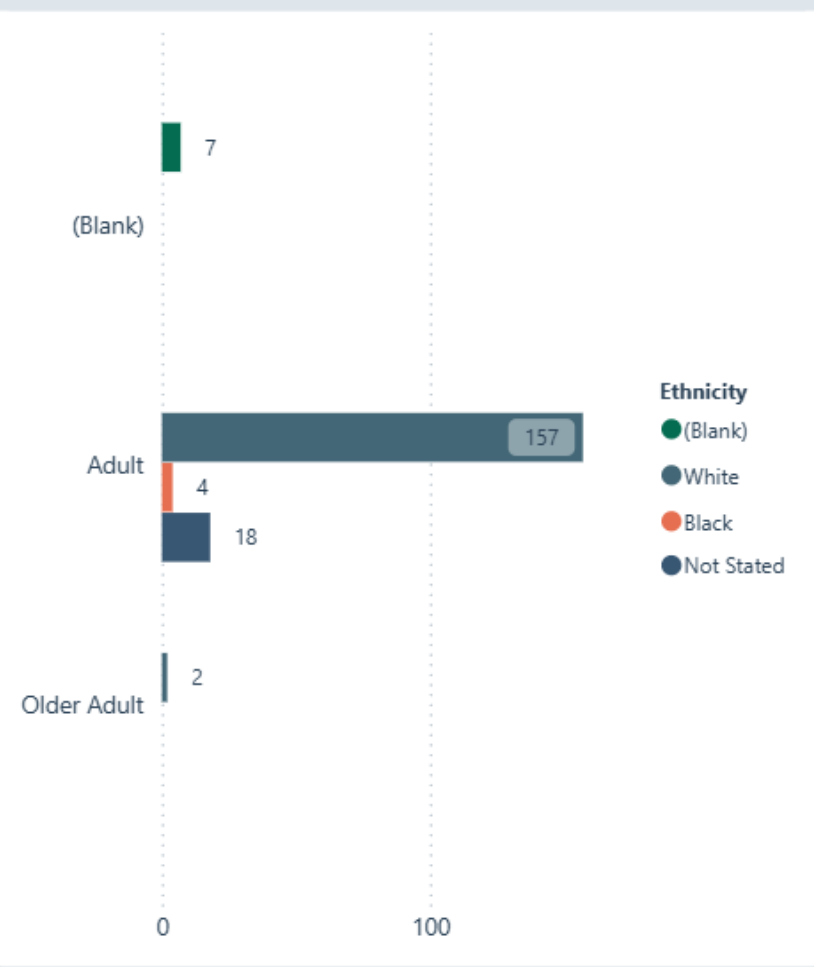


Indicator	Alt Ref	Metric		Adult	Older Adult
OP73a (L)		Section 136 Breaches – Occupancy hours lost to breaches	7	179	2
			3.72%	95.21%	1.06%

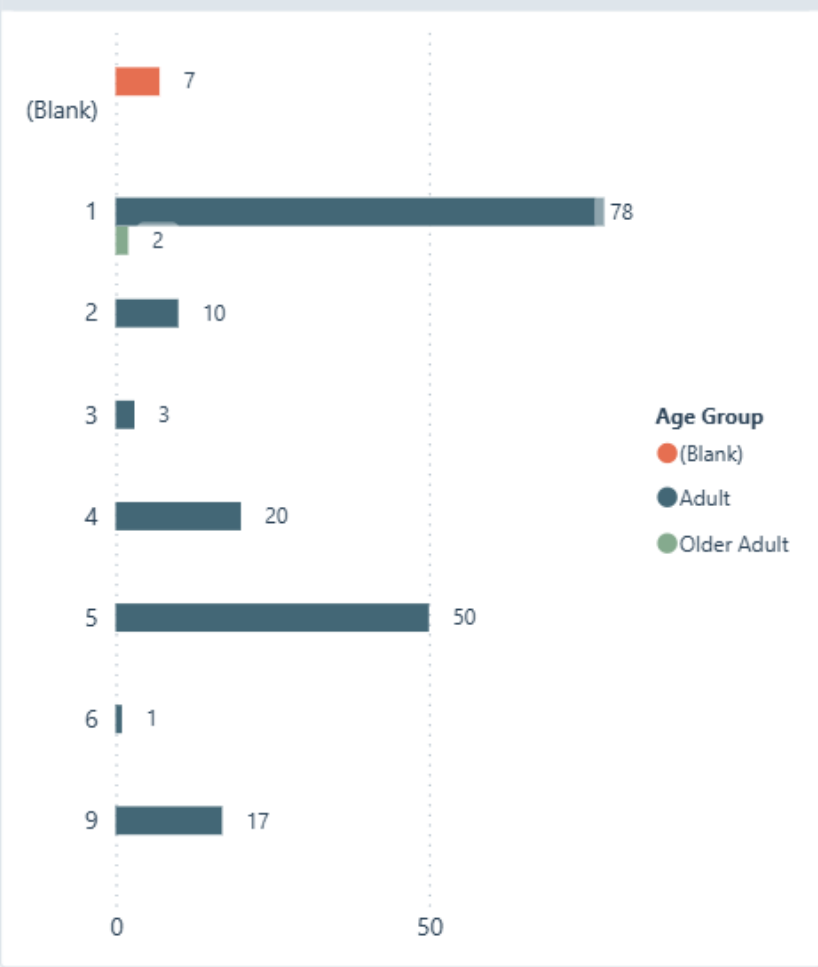
Age Group by Gender



Age Group By Ethnicity

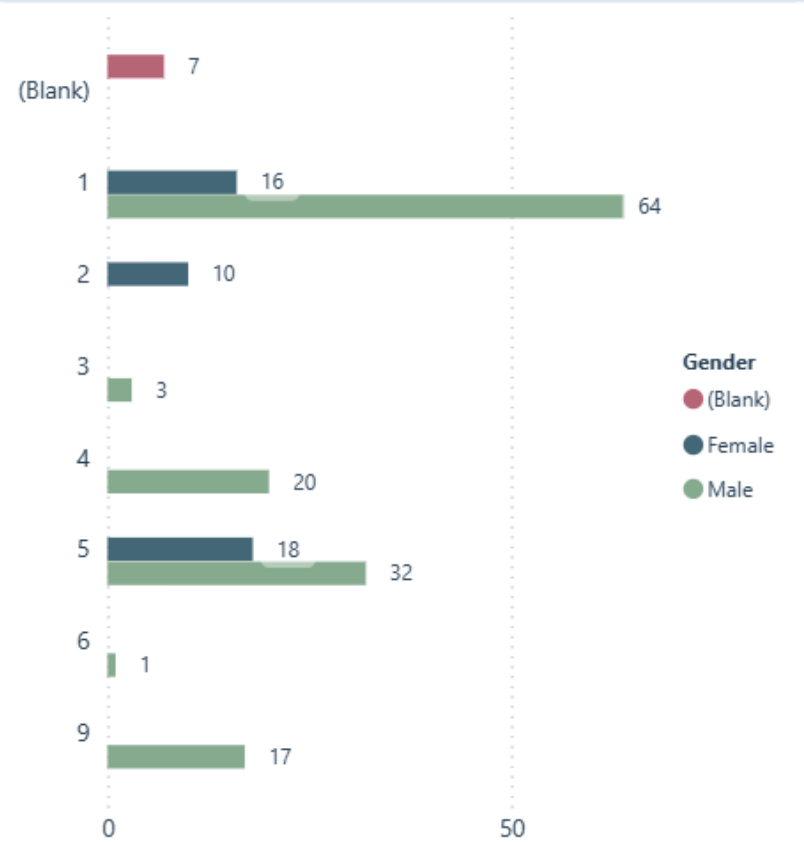


Age Group By Deprivation

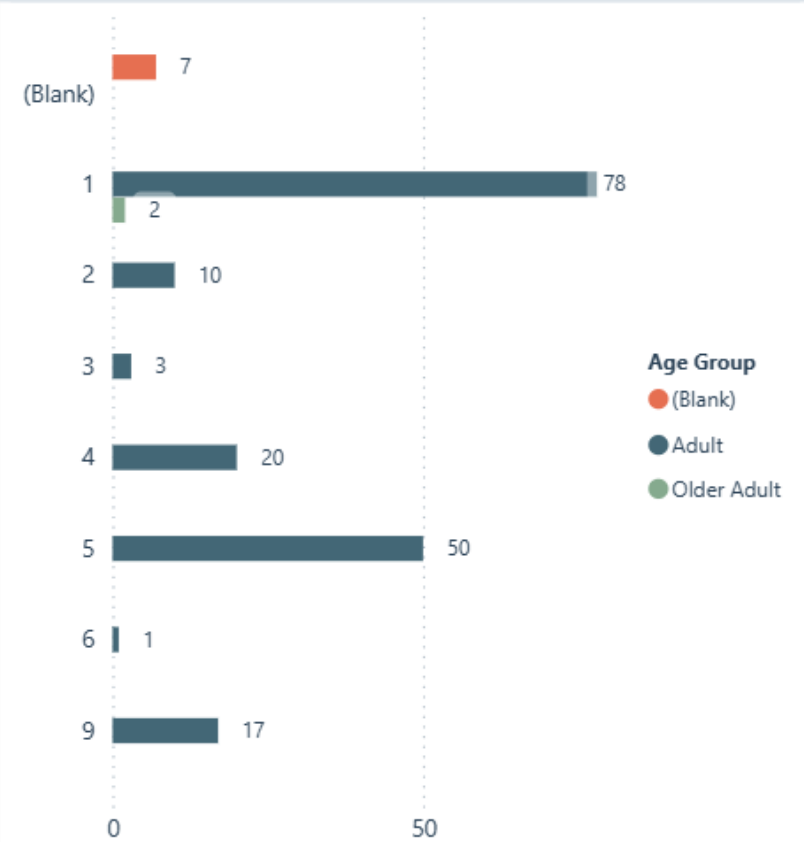


Indicator	Alt Ref	Metric							
OP73a (L)		Section 136 Breaches – Occupancy hours lost to breaches							
		1	2	3	4	5	6	9	
		7	80	10	3	20	50	1	17
		3.72%	42.55%	5.32%	1.60%	10.64%	26.60%	0.53%	9.04%

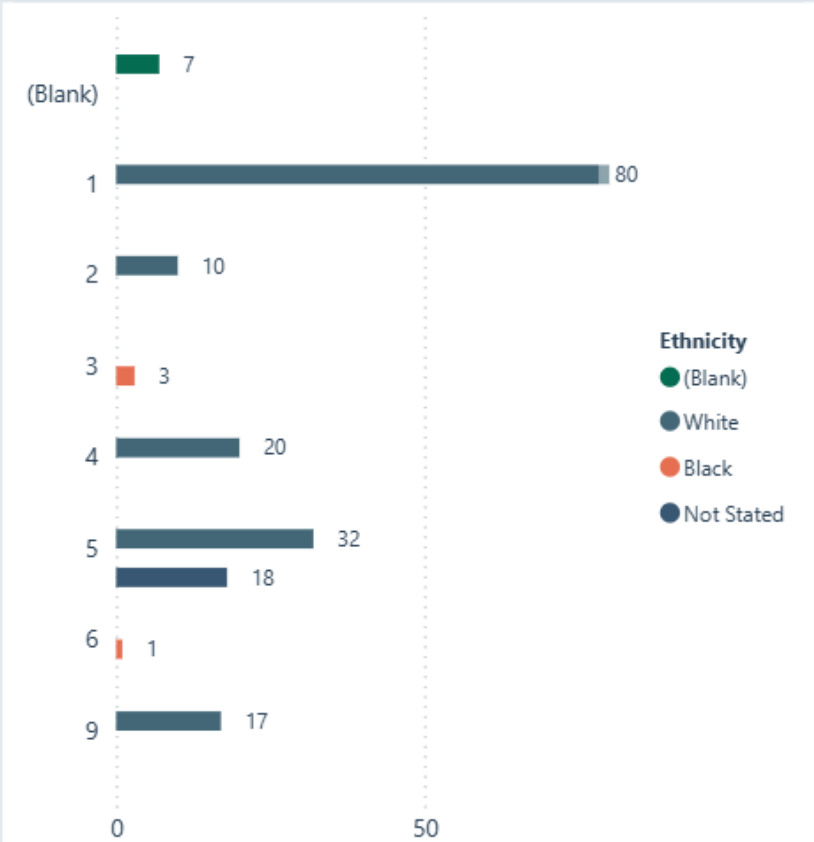
Deprivation By Gender



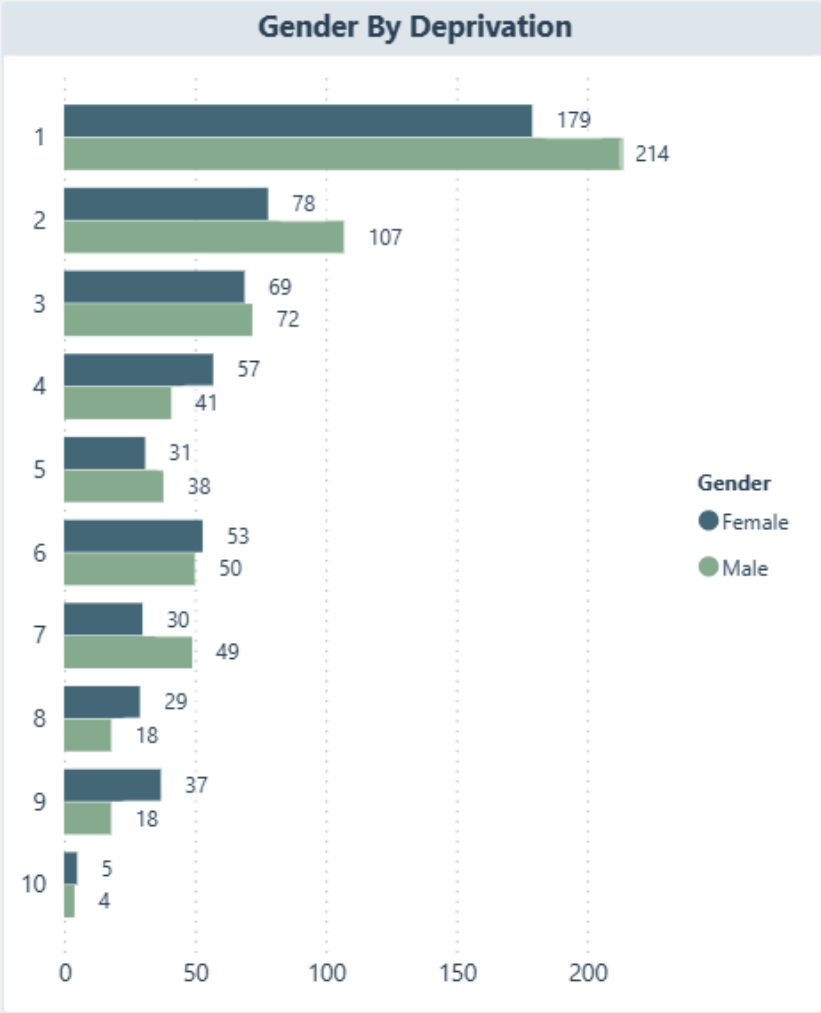
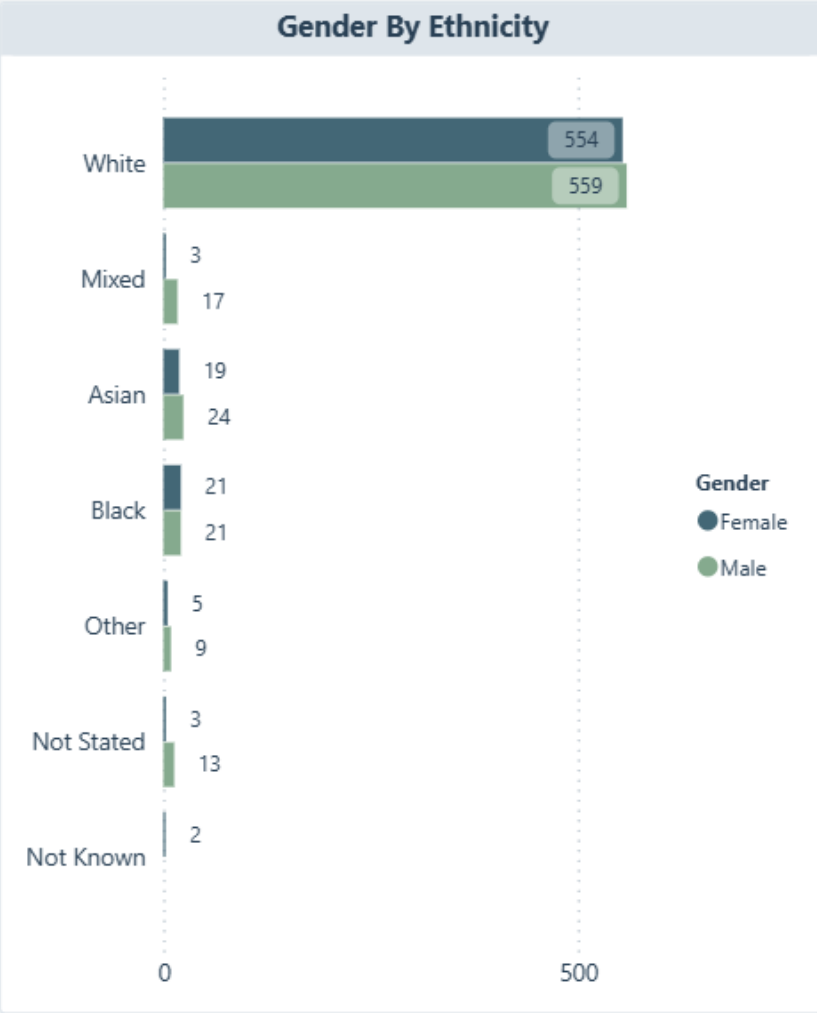
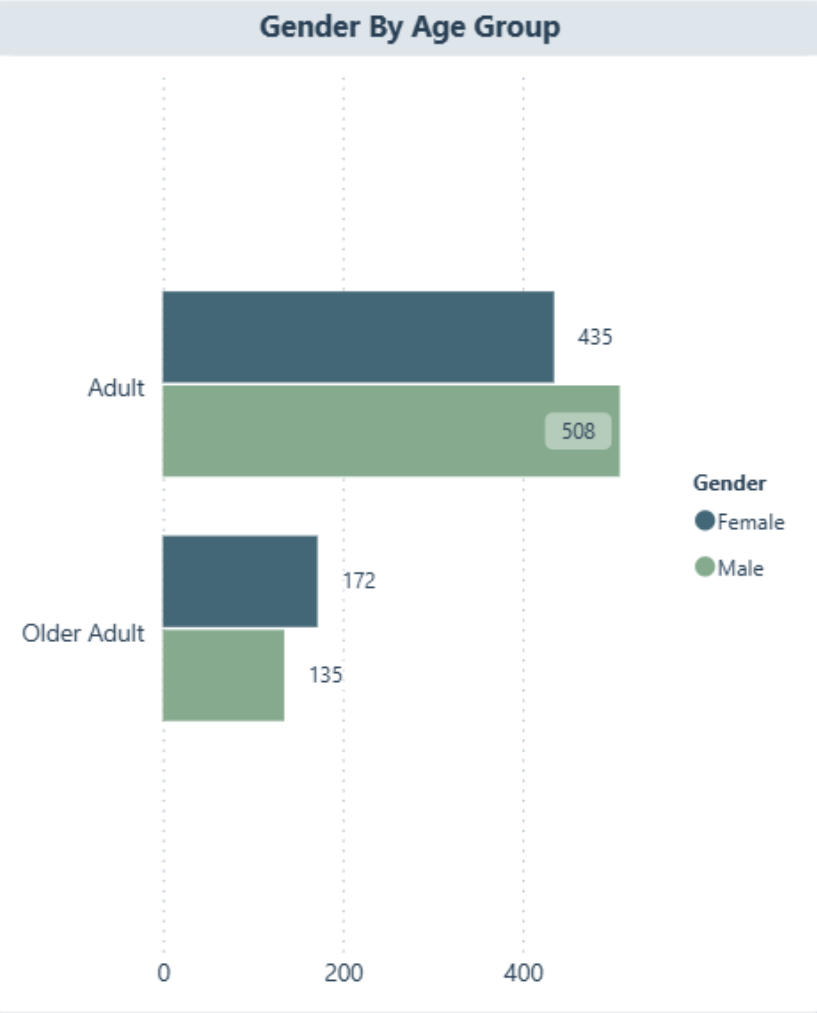
Deprivation by Age Group



Deprivation By Ethnicity

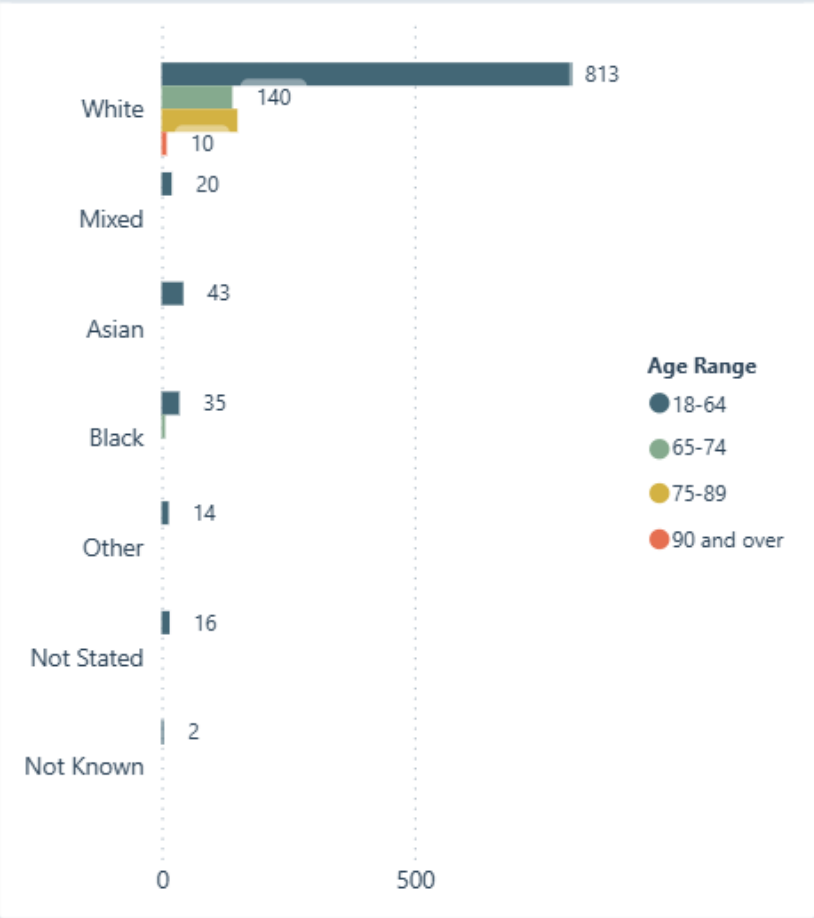


Indicator	Alt Ref	Metric	Female	Male
OP77a (L)		Average length of stay for adult acute beds	607	643
			48.56%	51.44%

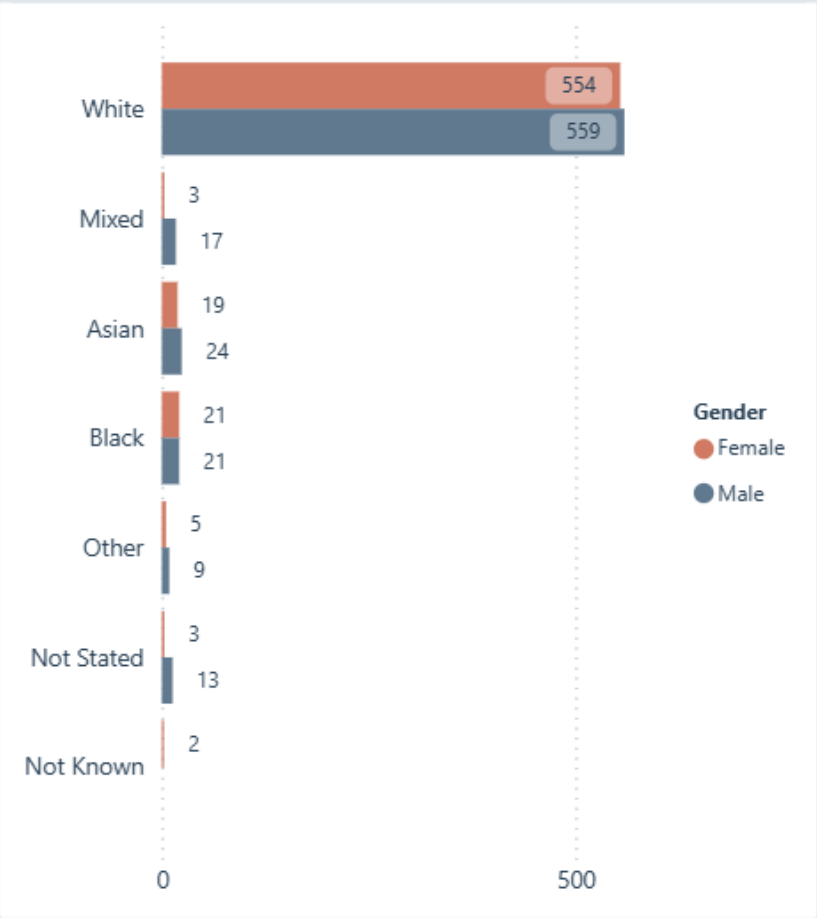


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP77a (L)		Average length of stay for adult acute beds	1,113	20	43	42	14	16	2
			89.04%	1.60%	3.44%	3.36%	1.12%	1.28%	0.16%

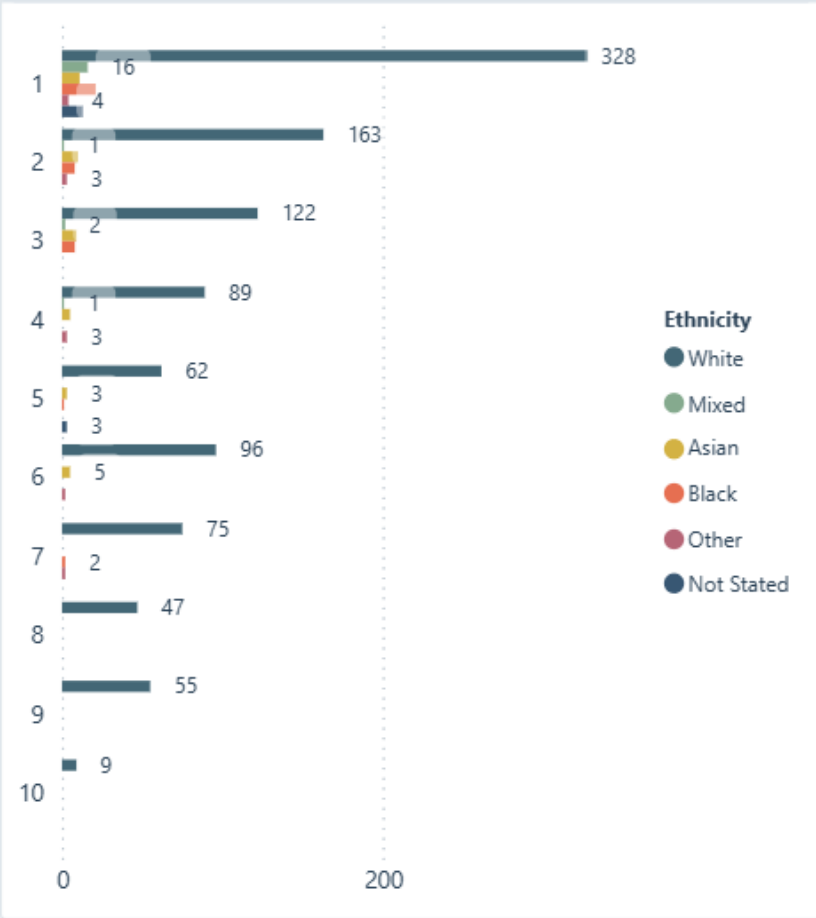
Ethnicity By Age Group



Ethnicity By Gender



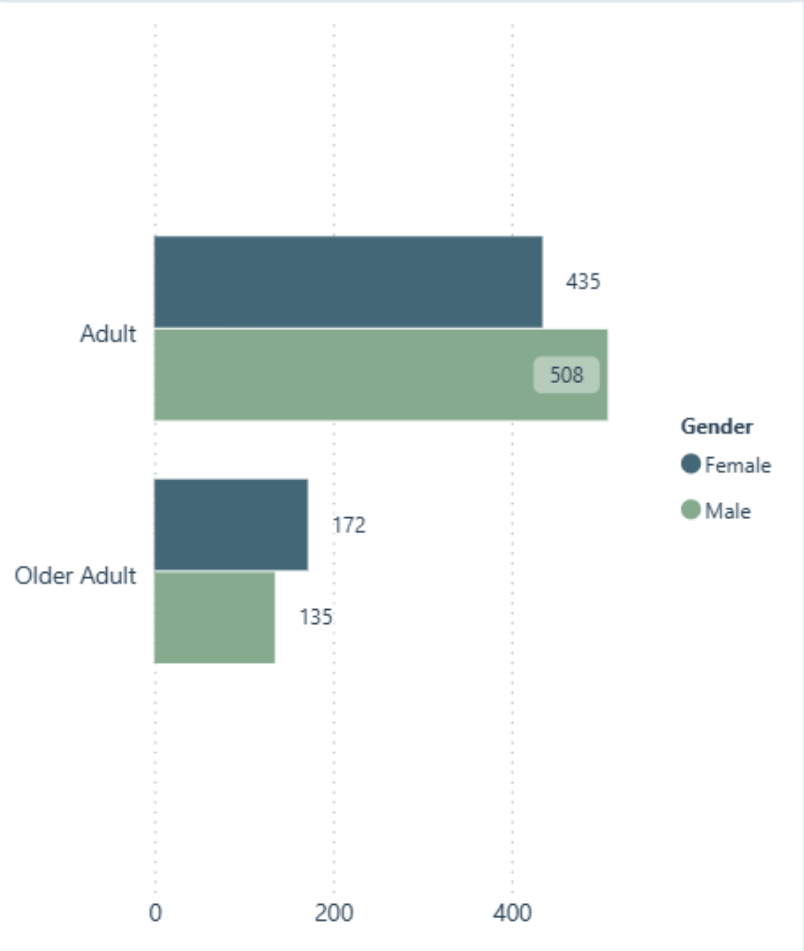
Ethnicity By Deprivation



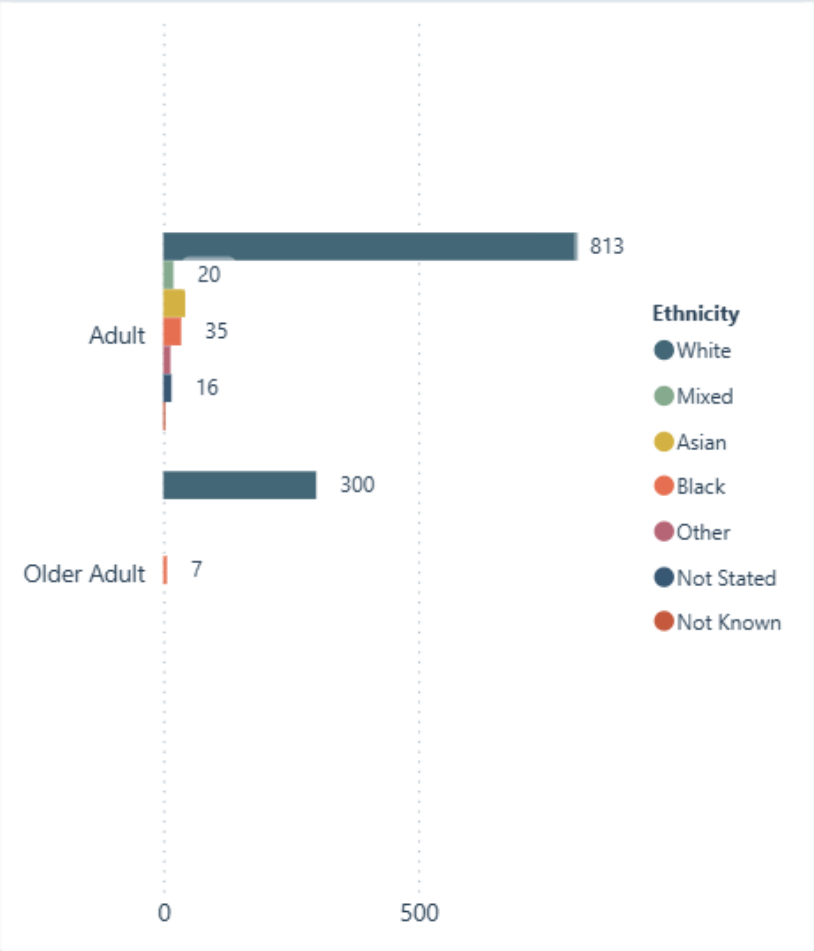


Indicator	Alt Ref	Metric	Adult	Older Adult
OP77a (L)		Average length of stay for adult acute beds	943	307
			75.44%	24.56%

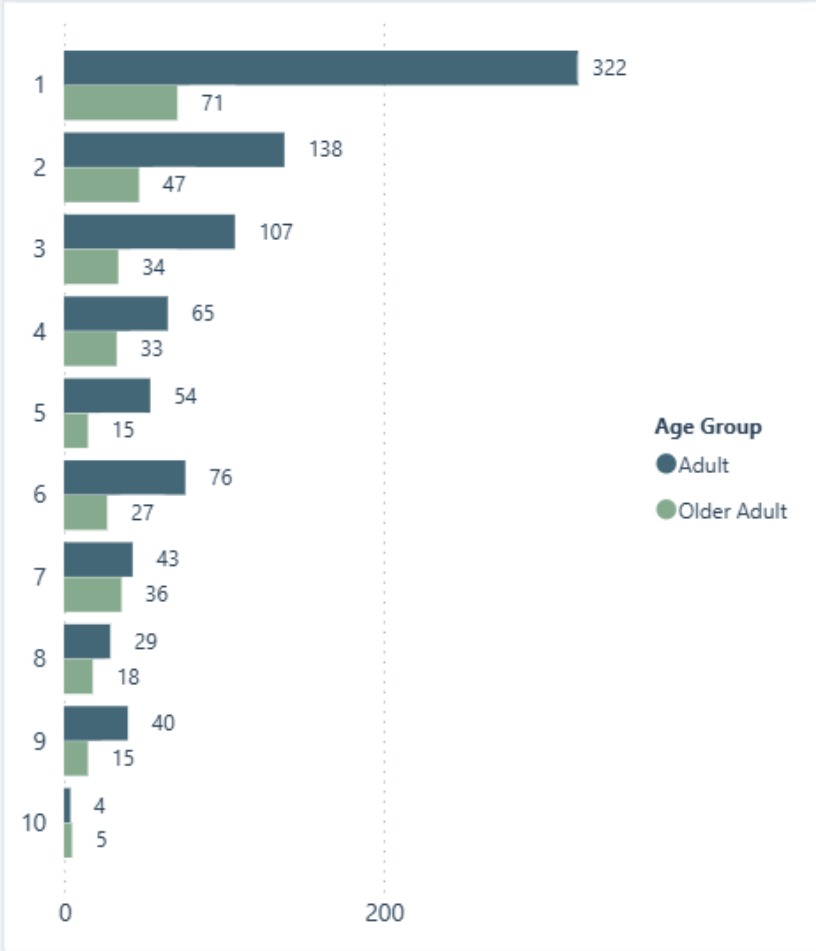
Age Group by Gender



Age Group By Ethnicity

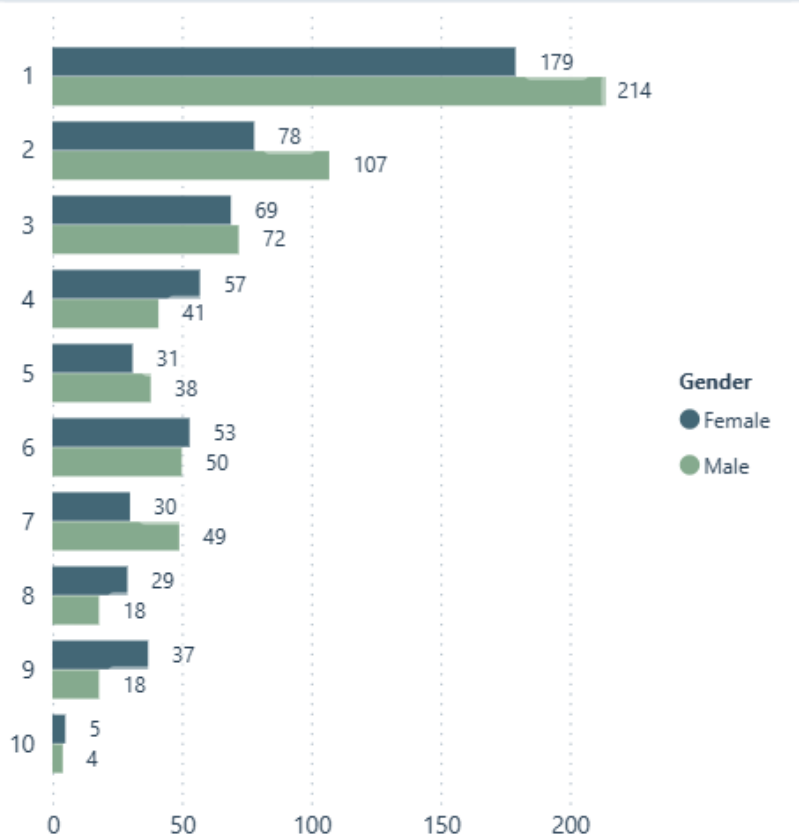


Age Group By Deprivation

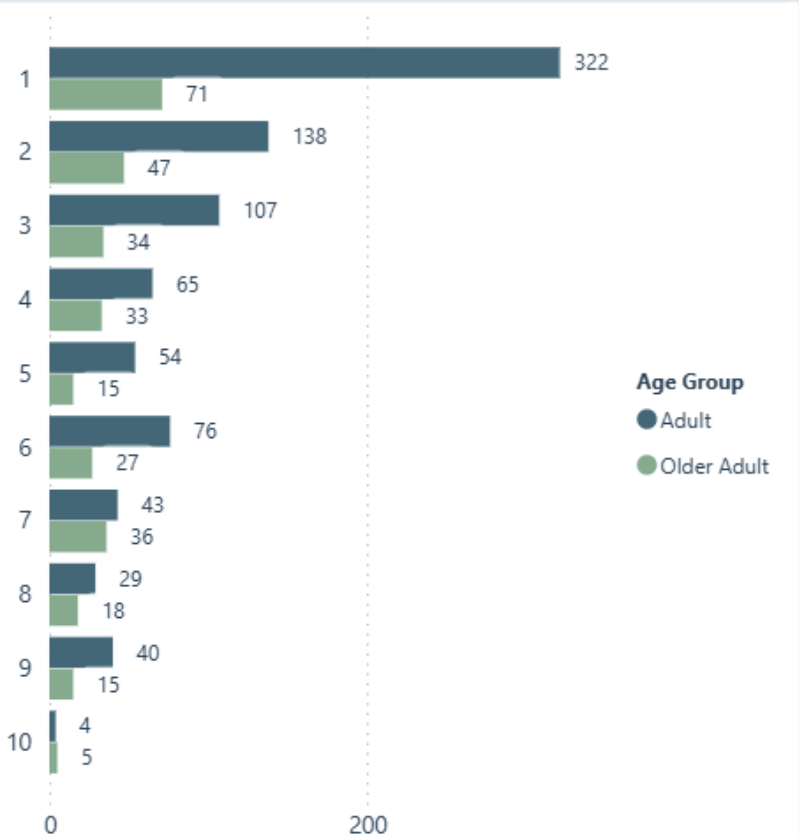


Indicator	Alt Ref	Metric									
OP77a (L)		Average length of stay for adult acute beds									
Not Recorded		1	2	3	4	5	6	7	8	9	10
71		393	185	141	98	69	103	79	47	55	9
5.68%		31.44%	14.80%	11.28%	7.84%	5.52%	8.24%	6.32%	3.76%	4.40%	0.72%

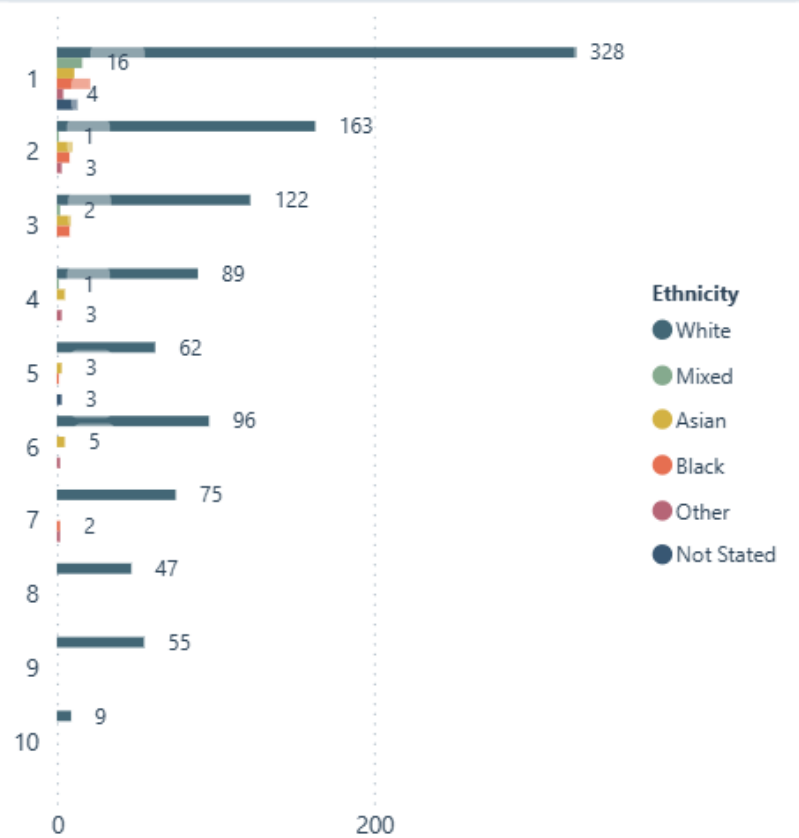
Deprivation By Gender



Deprivation by Age Group

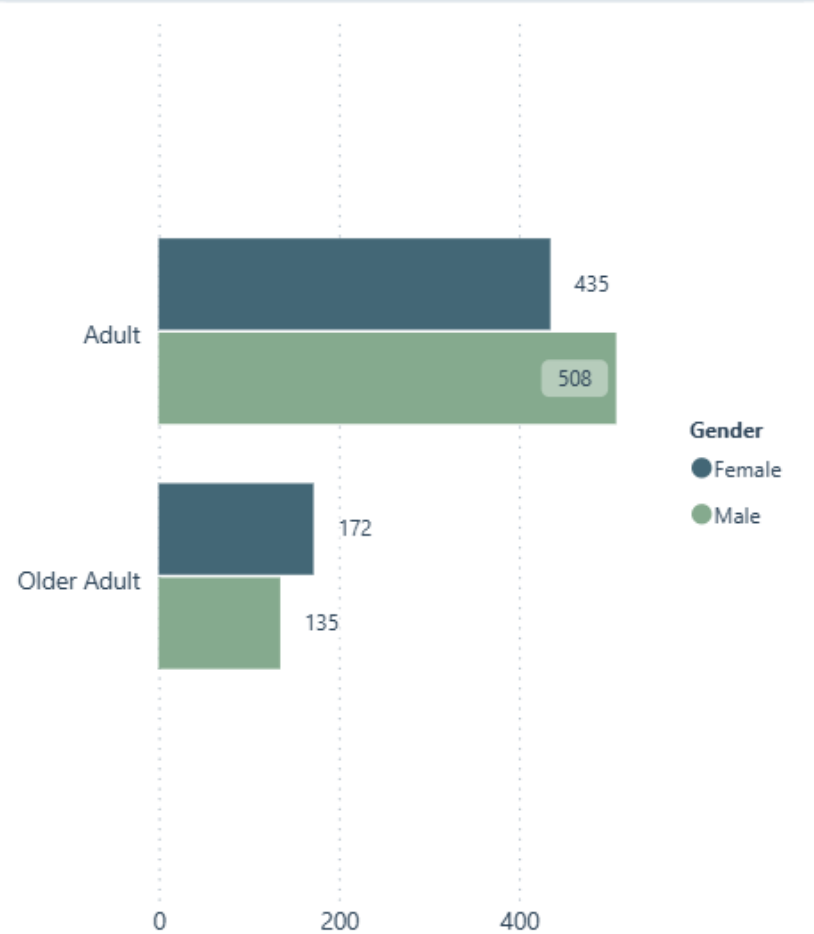


Deprivation By Ethnicity

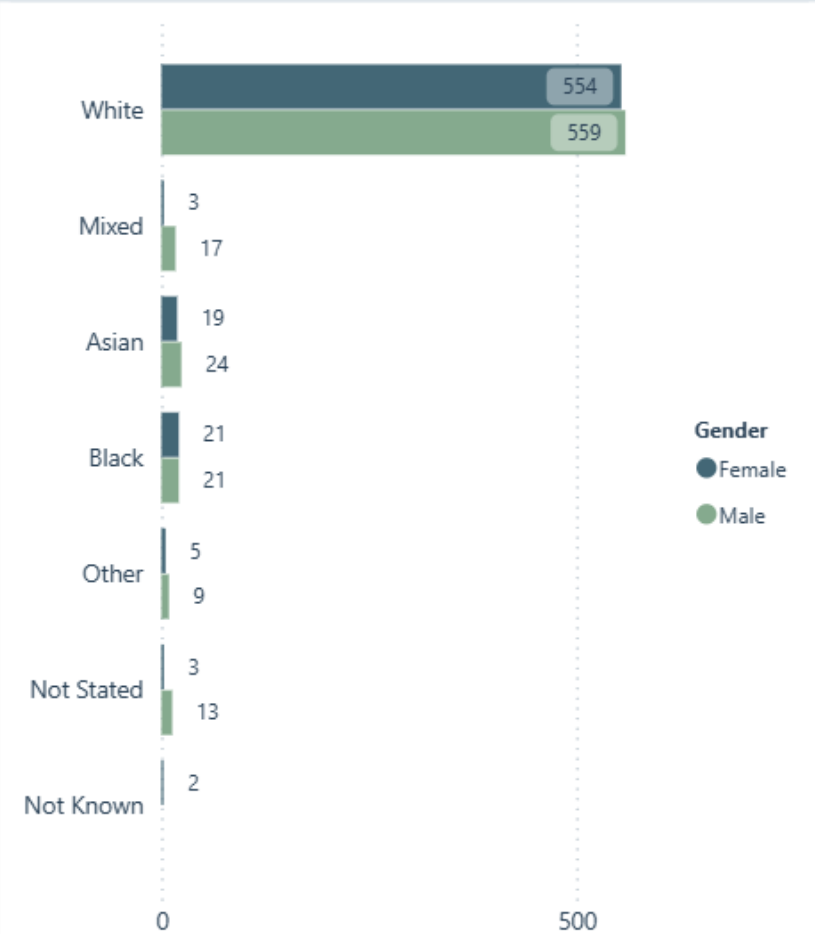


Indicator	Alt Ref	Metric	Female	Male
OP77b (L)		Median length of stay for adult acute beds	607	643
			48.56%	51.44%

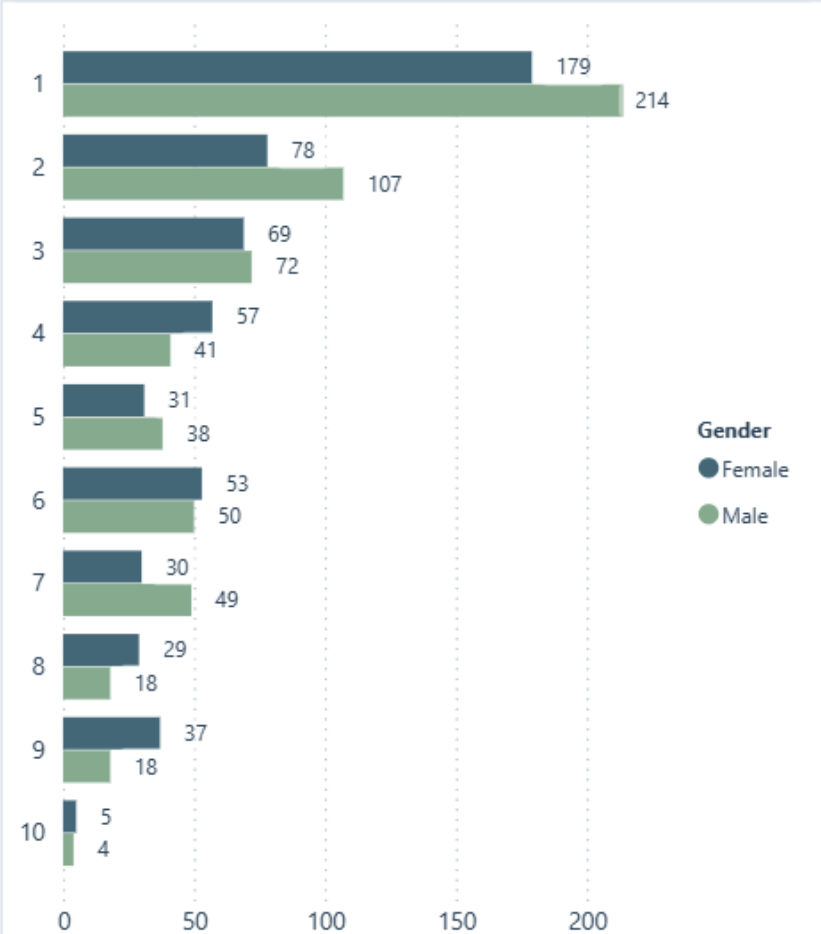
Gender By Age Group



Gender By Ethnicity

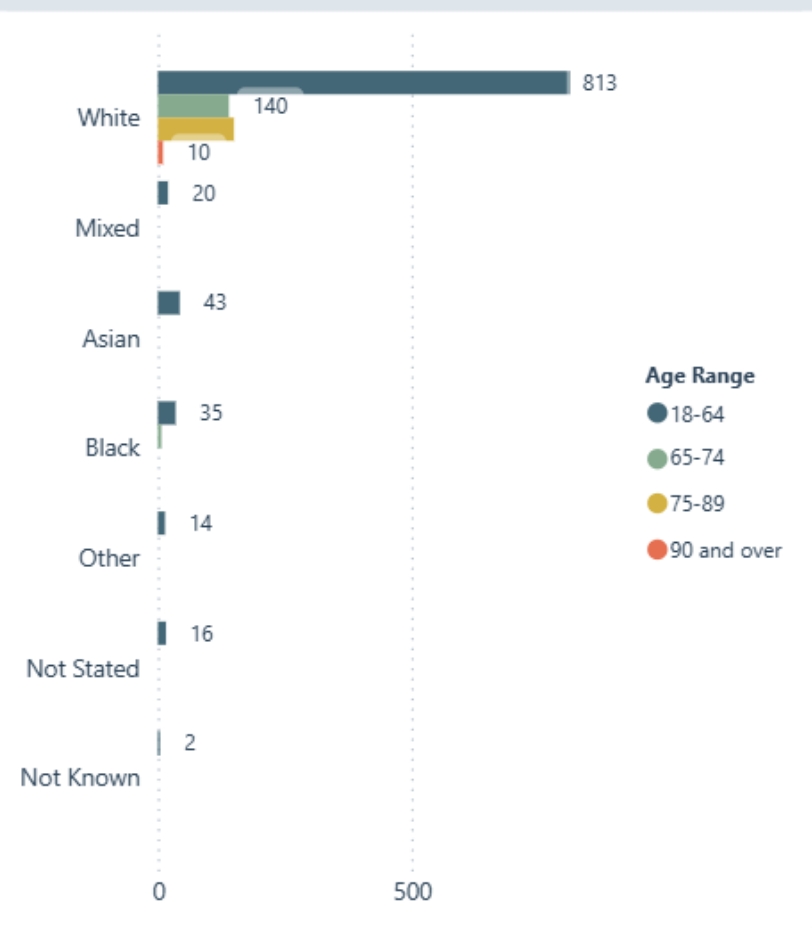


Gender By Deprivation

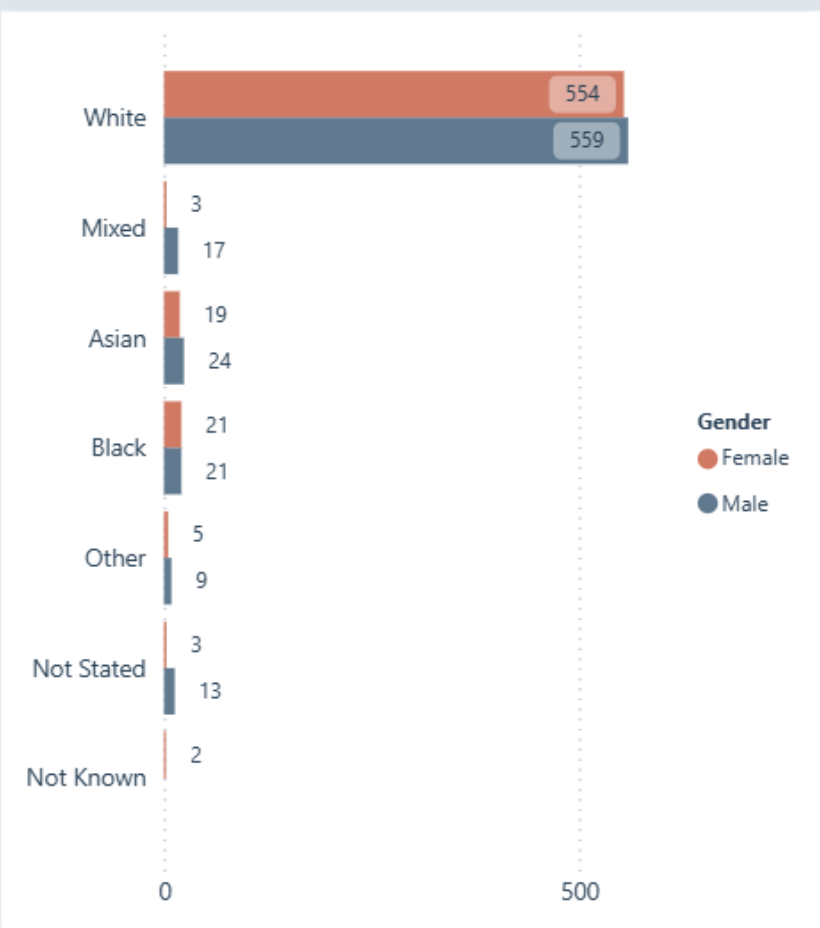


Indicator	Alt Ref	Metric	White	Mixed	Asian	Black	Other	Not Stated	Not Known
OP77b (L)		Median length of stay for adult acute beds	1,113	20	43	42	14	16	2
			89.04%	1.60%	3.44%	3.36%	1.12%	1.28%	0.16%

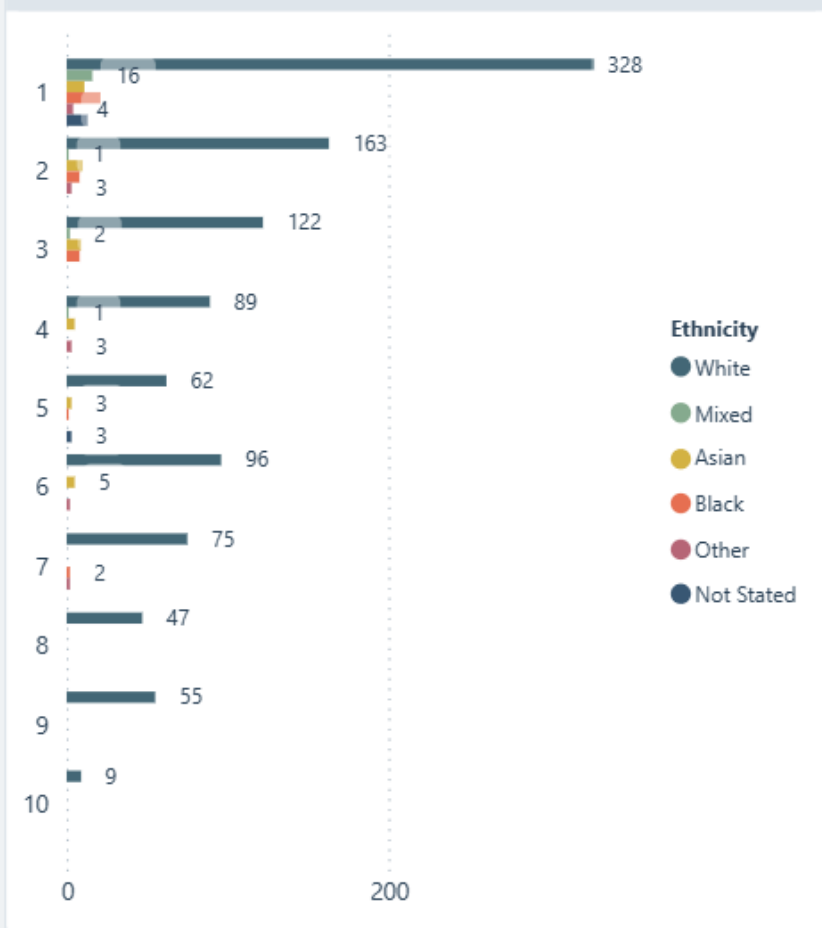
Ethnicity By Age Group



Ethnicity By Gender

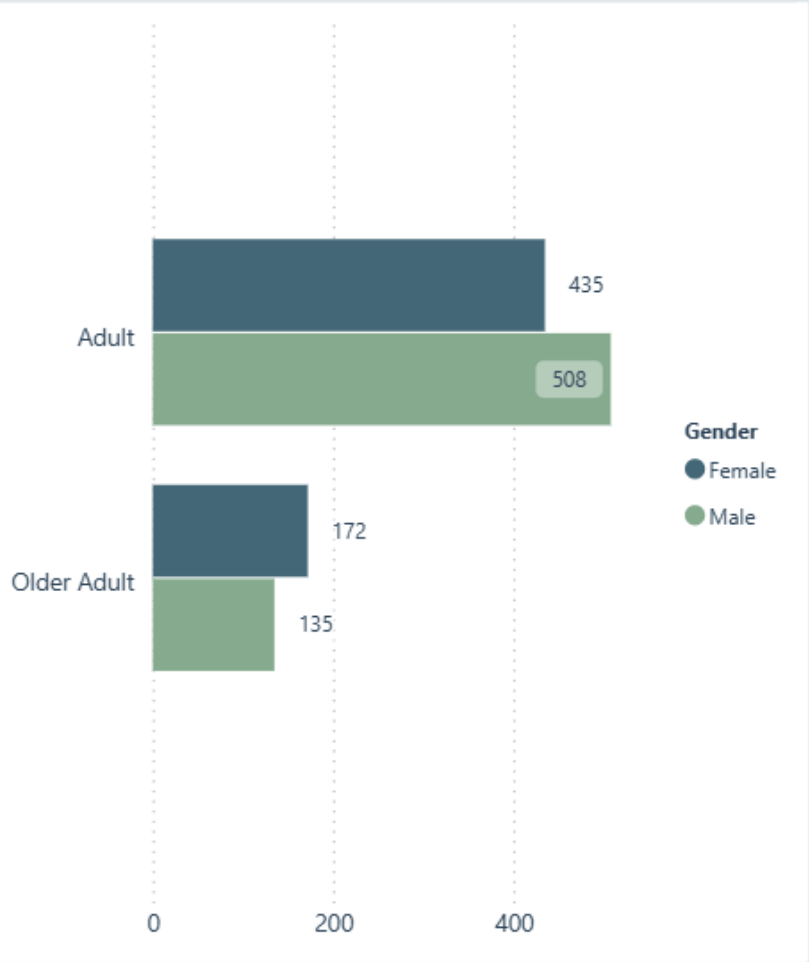


Ethnicity By Deprivation

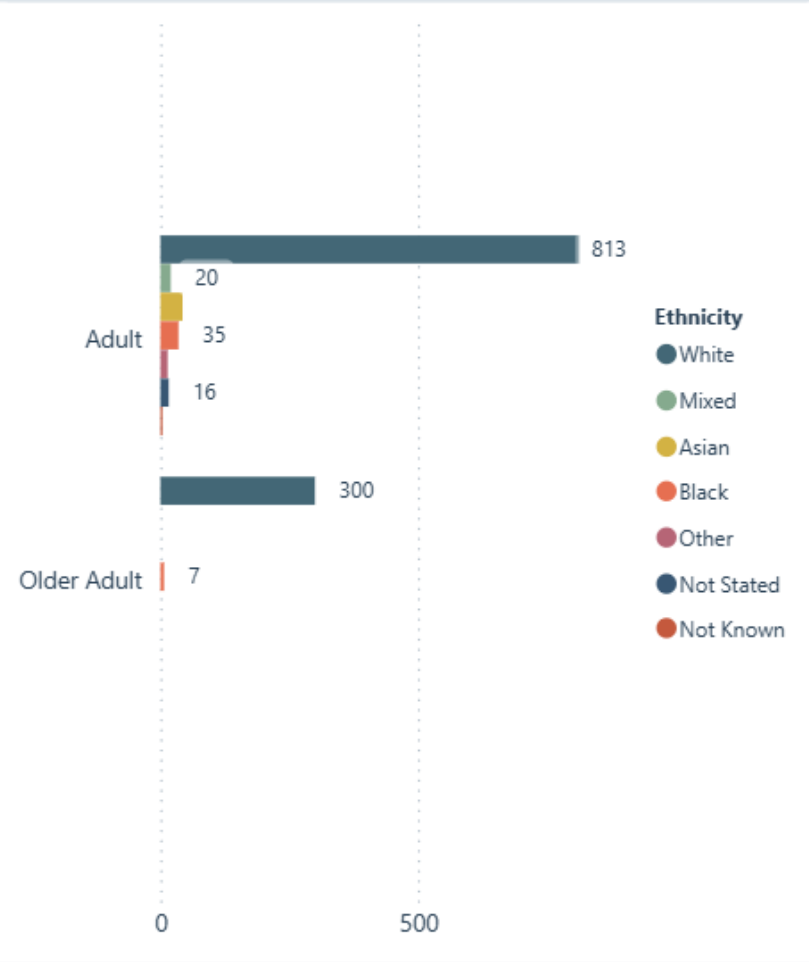


Indicator	Alt Ref	Metric	Adult	Older Adult
OP77b (L)		Median length of stay for adult acute beds	943	307
			75.44%	24.56%

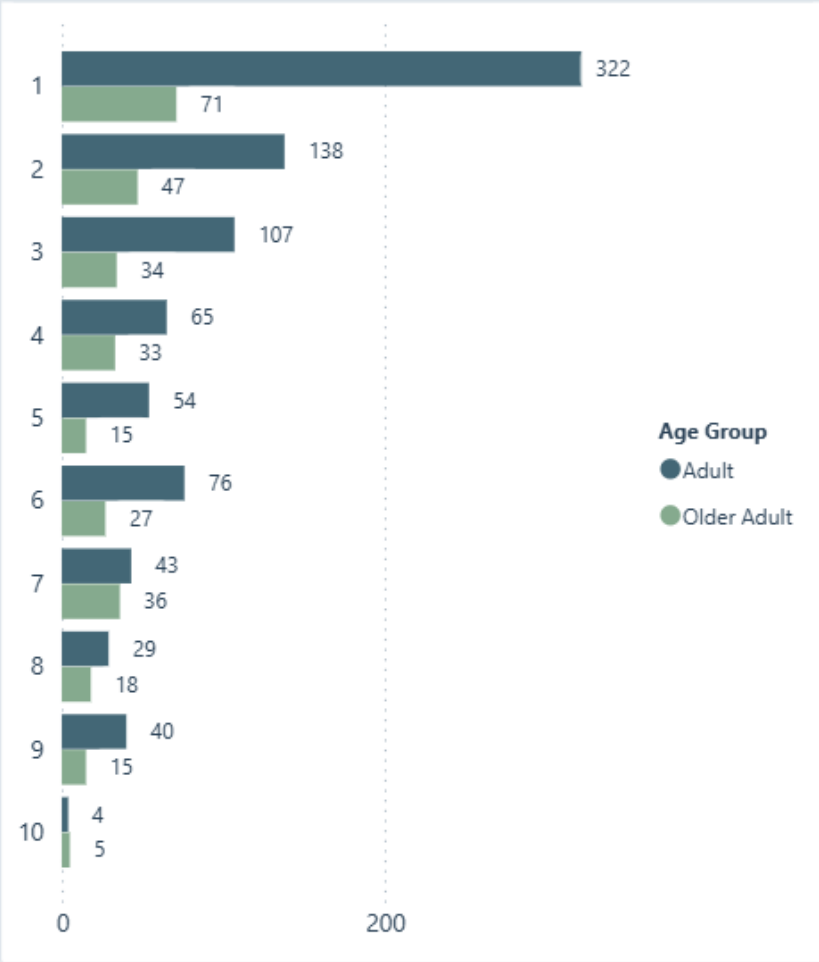
Age Group by Gender



Age Group By Ethnicity

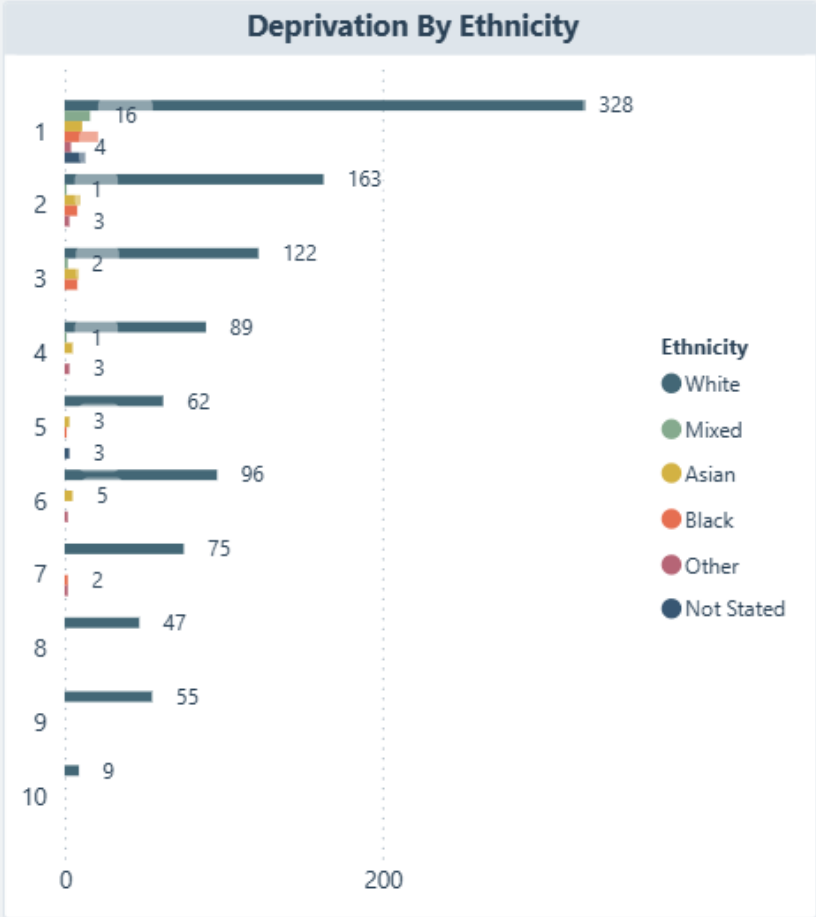
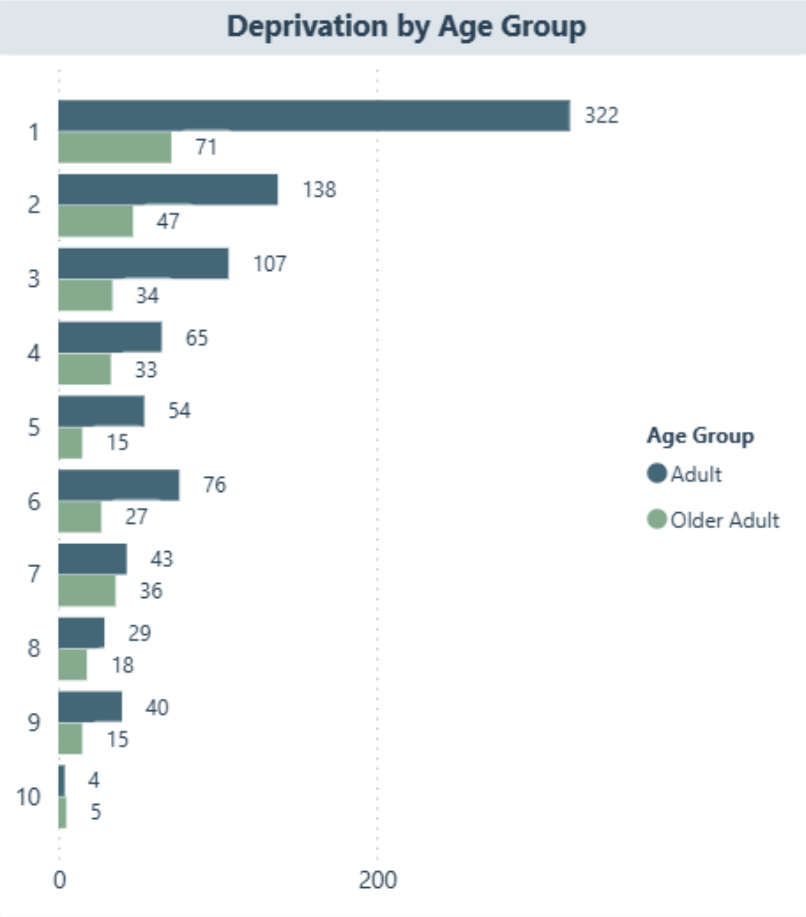
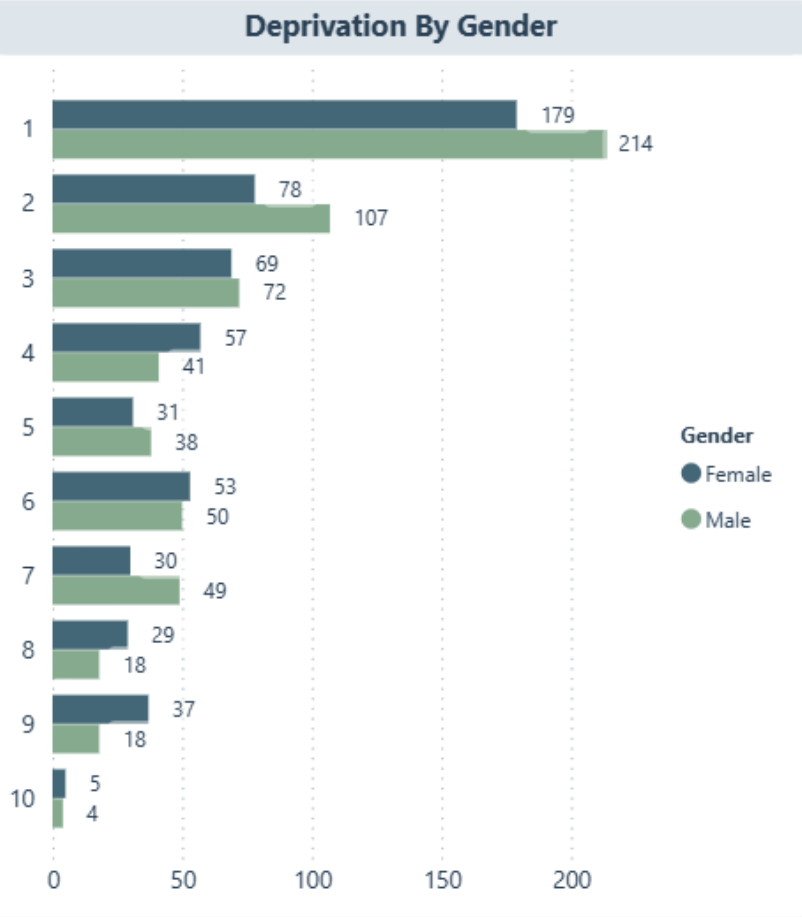


Age Group By Deprivation



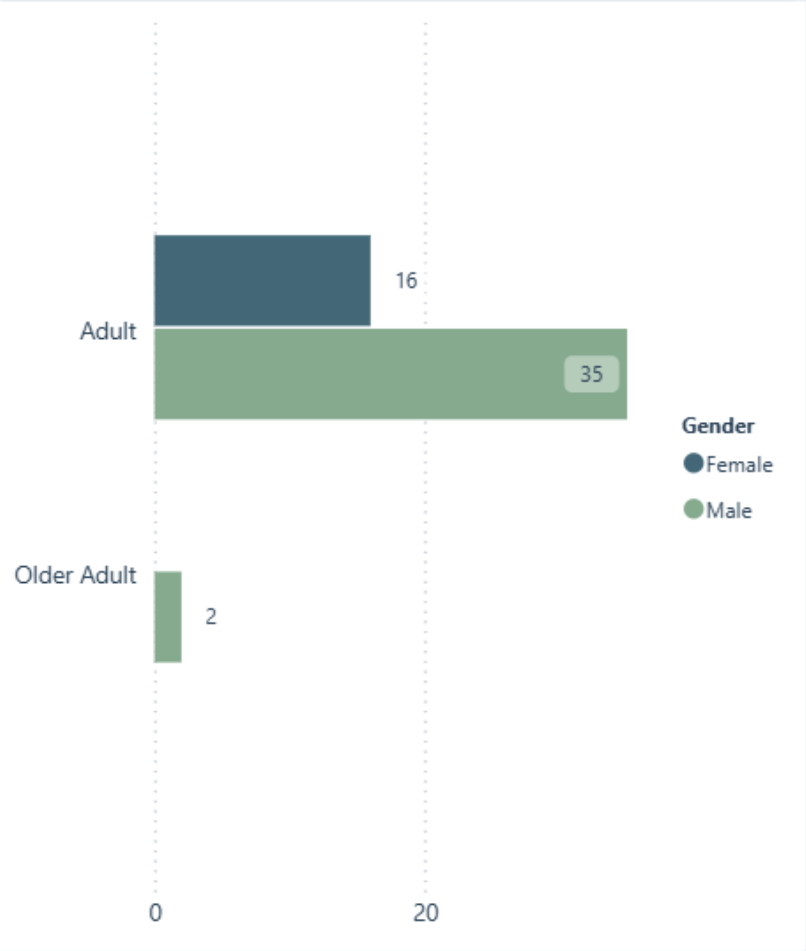
Indicator	Alt Ref	Metric
OP77b (L)		Median length of stay for adult acute beds

Not Recorded	1	2	3	4	5	6	7	8	9	10
71	393	185	141	98	69	103	79	47	55	9
5.68%	31.44%	14.80%	11.28%	7.84%	5.52%	8.24%	6.32%	3.76%	4.40%	0.72%

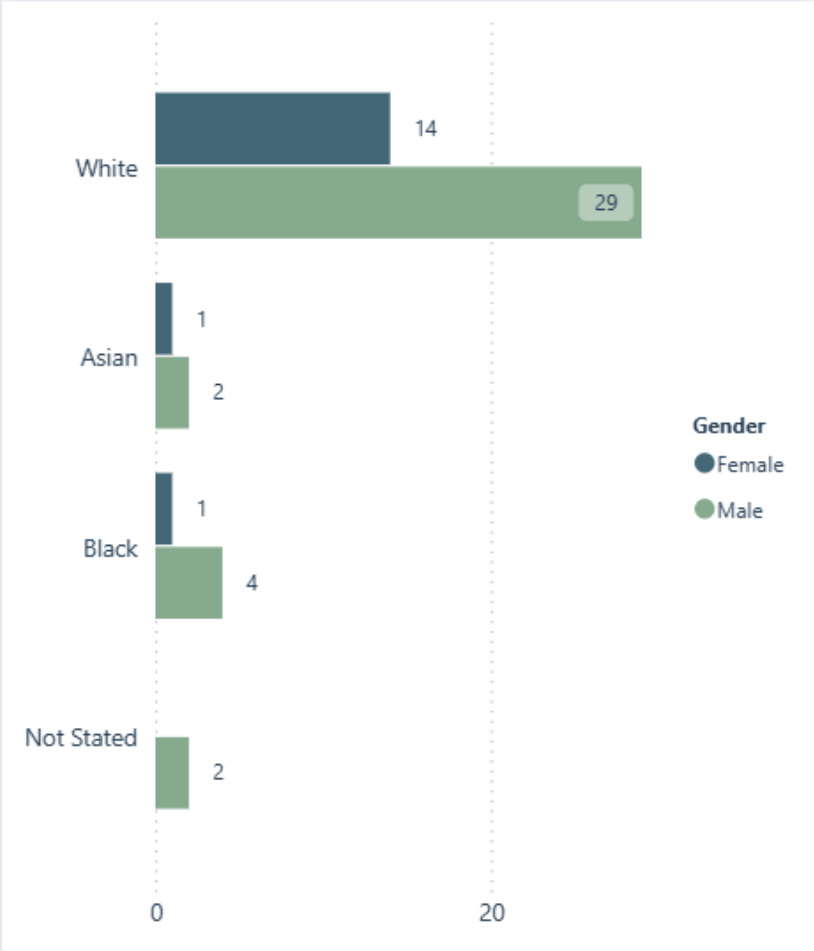


Indicator	Alt Ref	Metric	Female	Male
QS31 (L)		Episodes of Seclusion - Internal MDT within 5 hours	16	37
			30.19%	69.81%

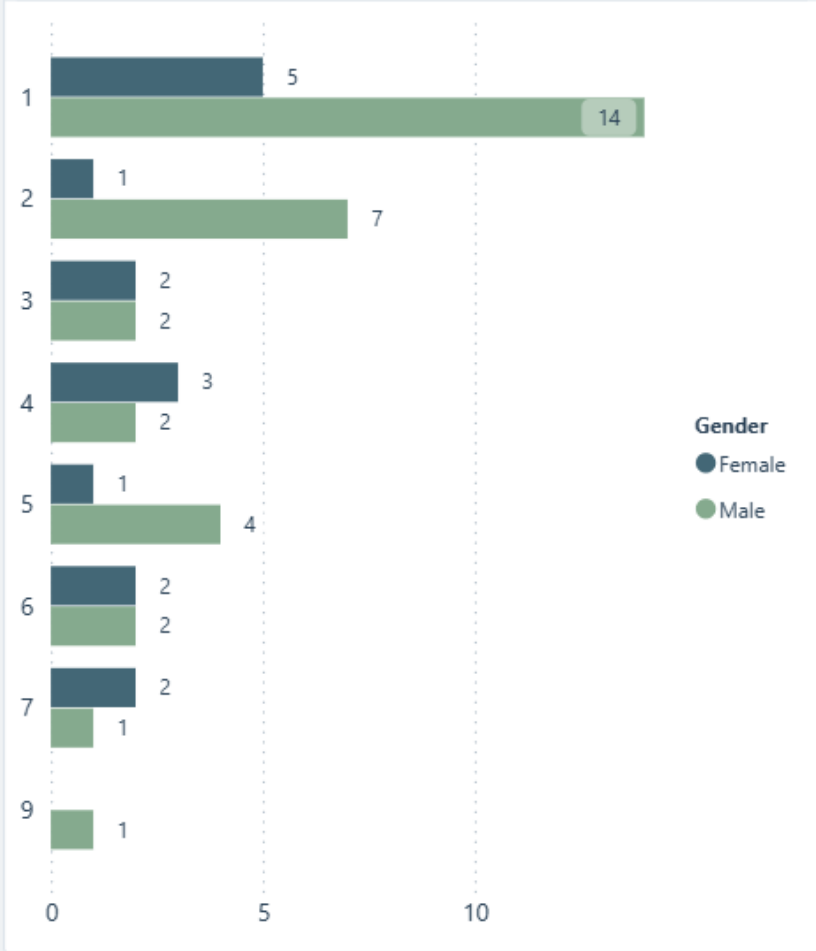
Gender By Age Group



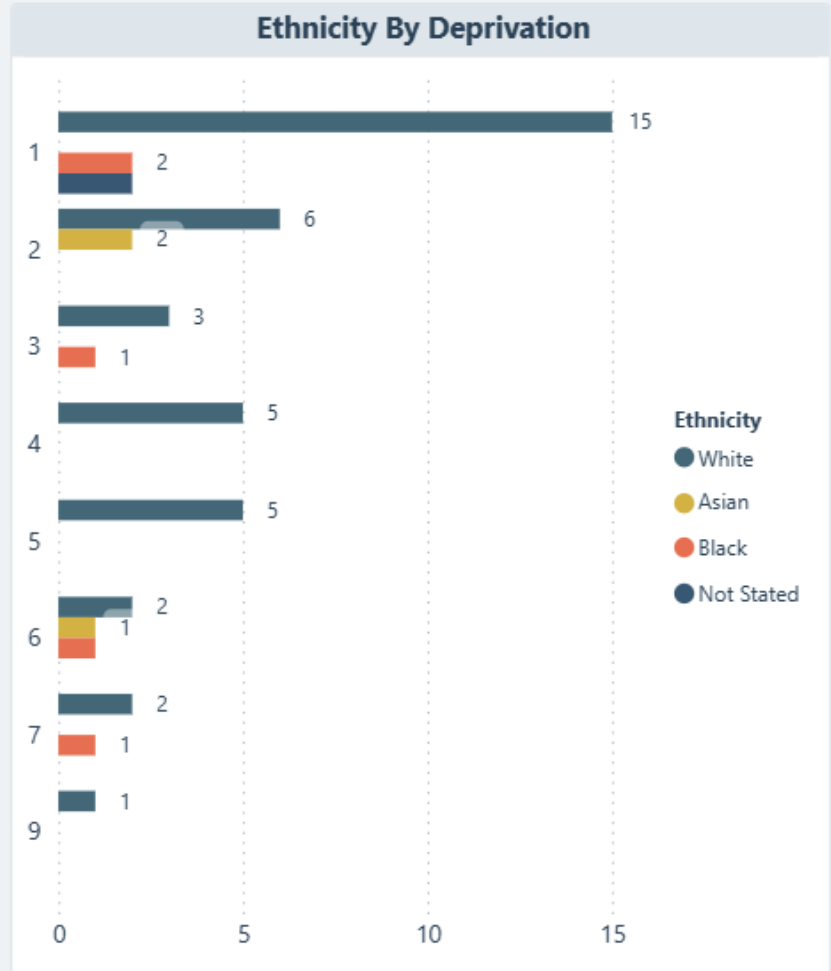
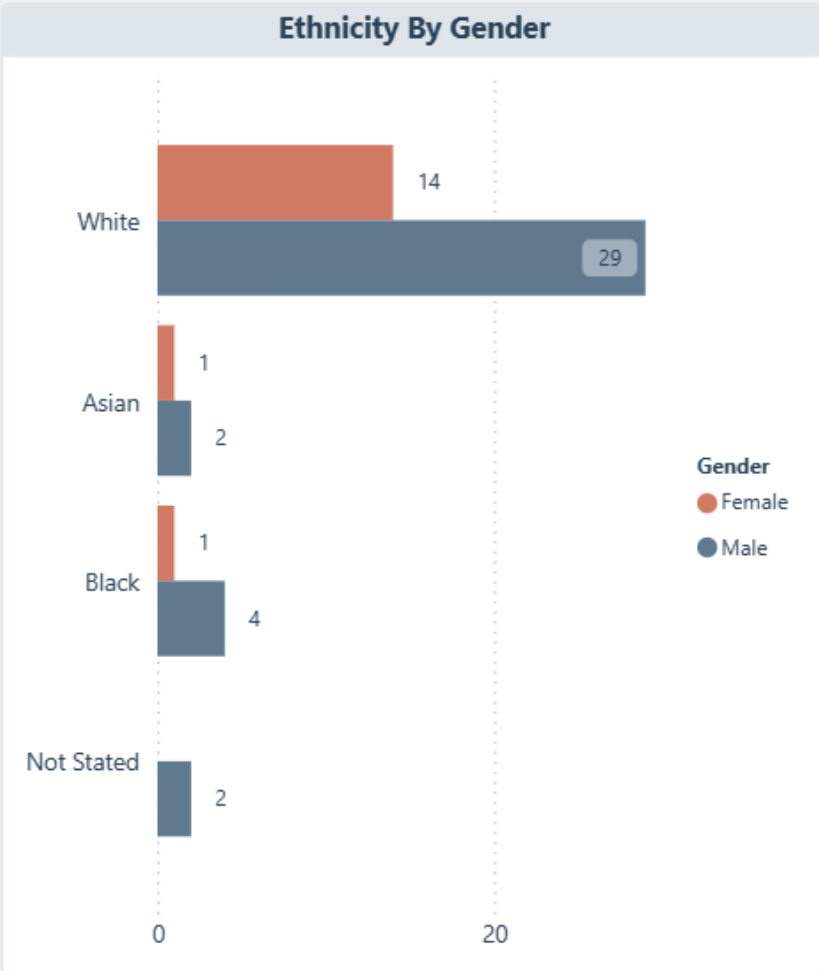
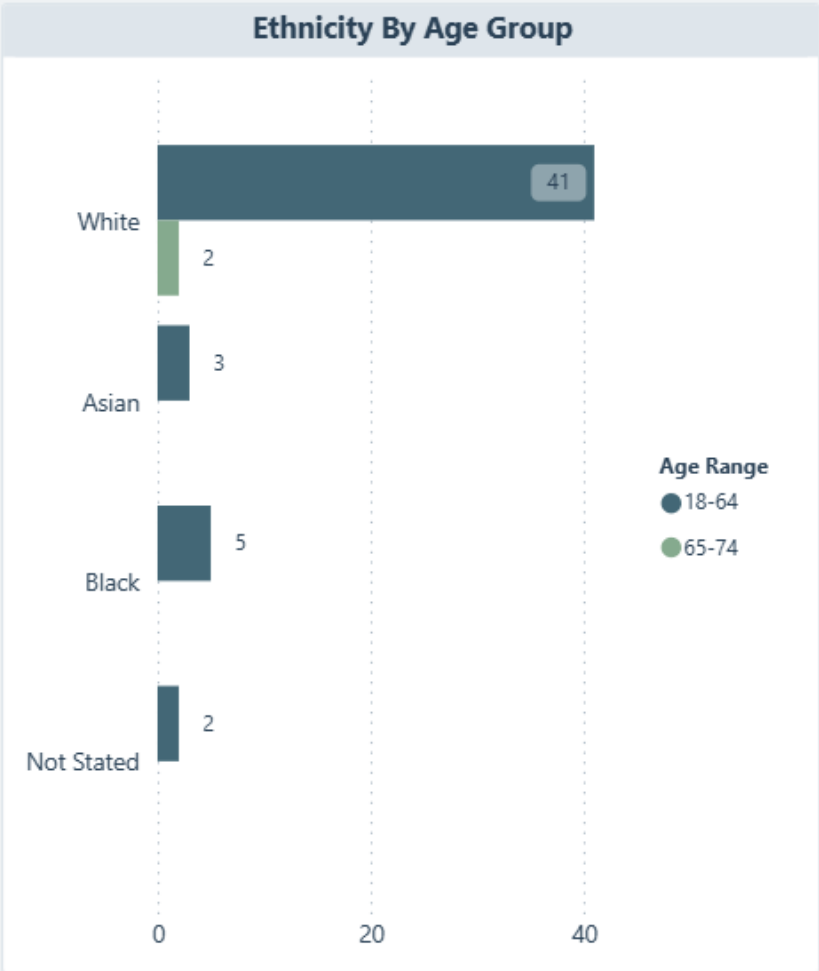
Gender By Ethnicity



Gender By Deprivation

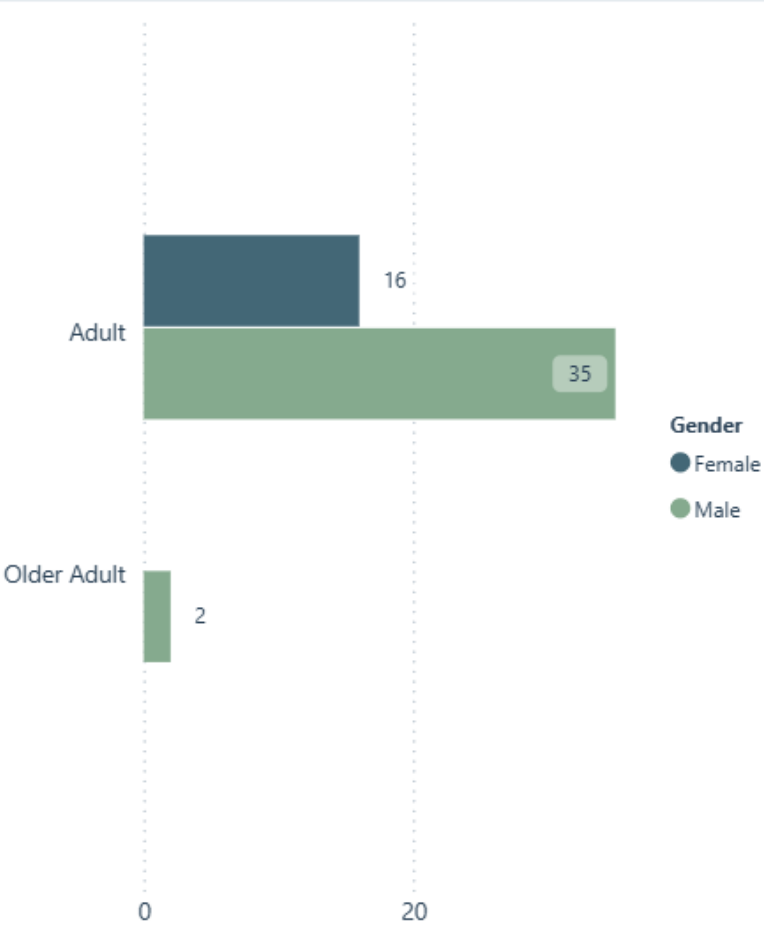


Indicator	Alt Ref	Metric	White	Asian	Black	Not Stated
QS31 (L)		Episodes of Seclusion - Internal MDT within 5 hours	43	3	5	2
			81.13%	5.66%	9.43%	3.77%

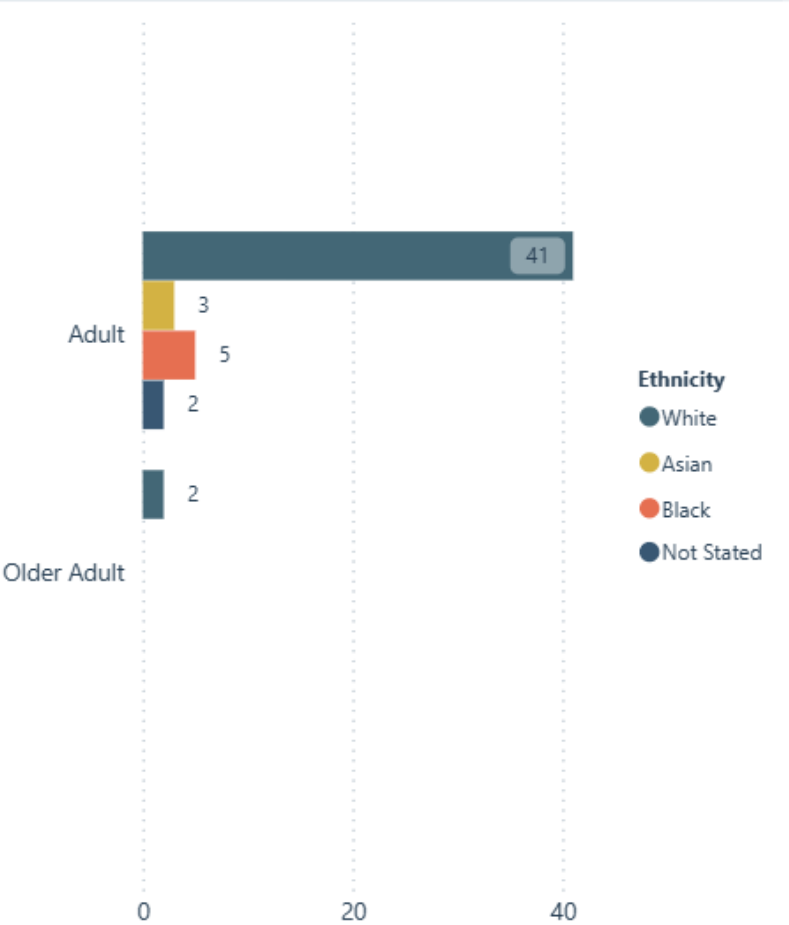


Indicator	Alt Ref	Metric	Adult	Older Adult
QS31 (L)		Episodes of Seclusion - Internal MDT within 5 hours	51	2
			96.23%	3.77%

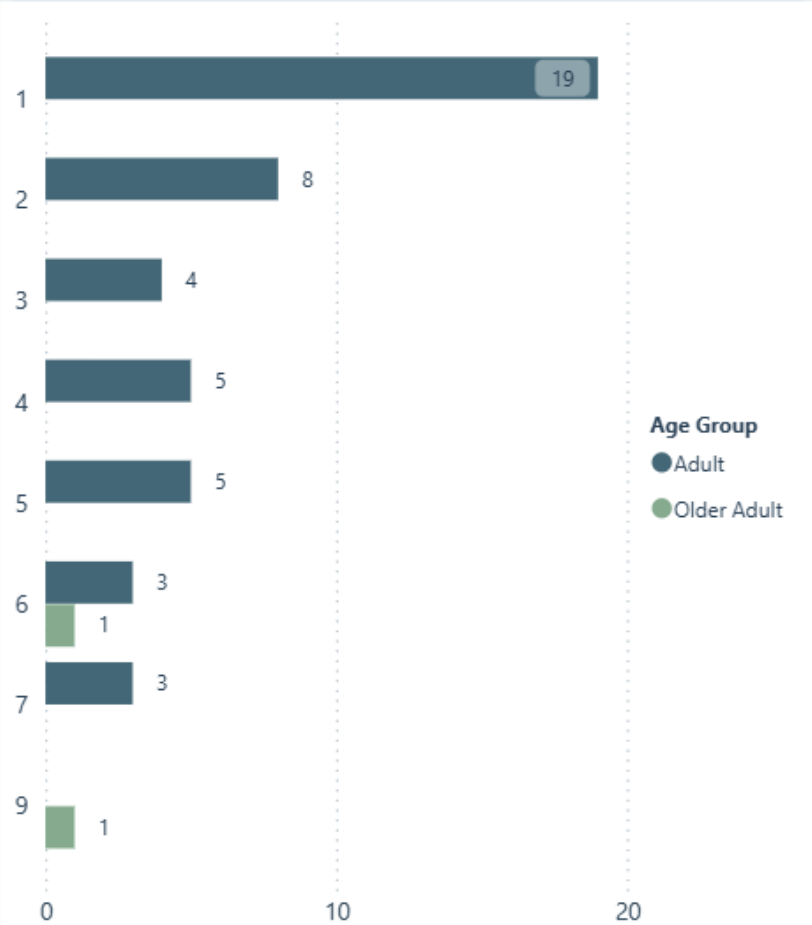
Age Group by Gender



Age Group By Ethnicity

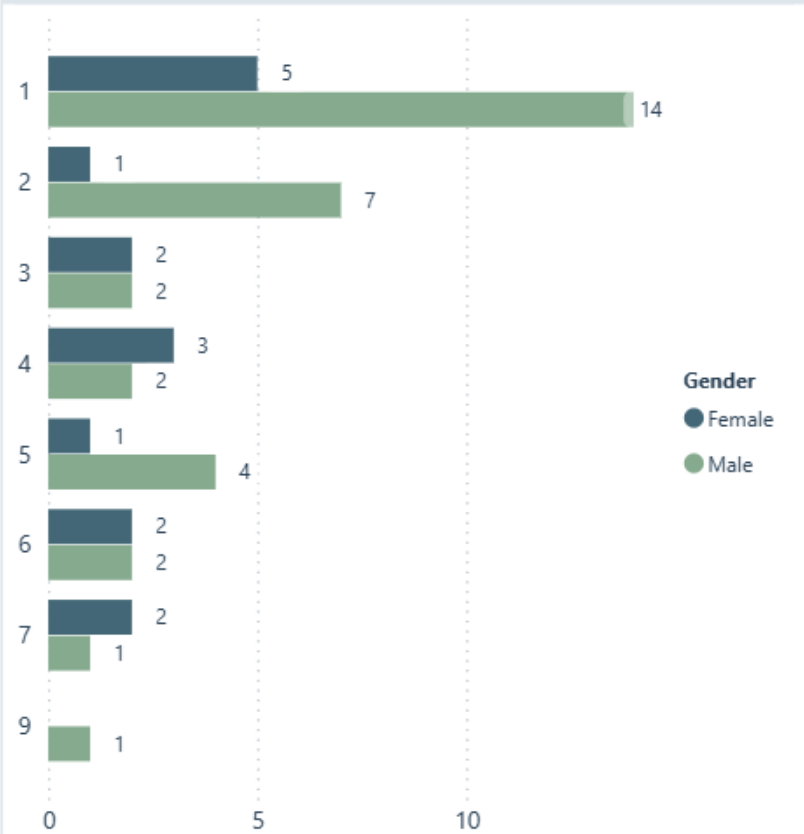


Age Group By Deprivation

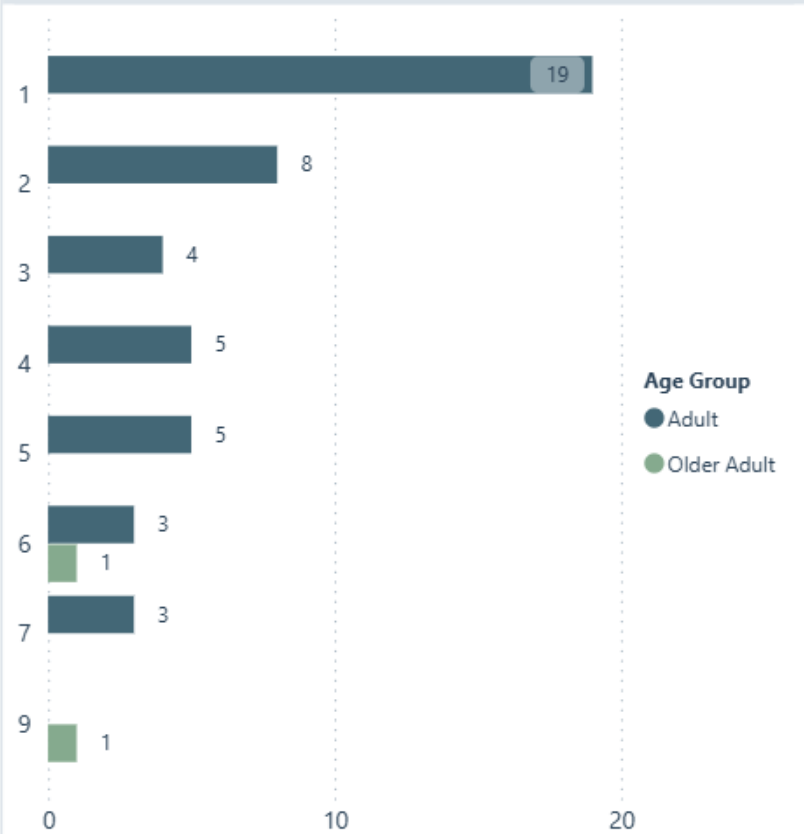


Indicator	Alt Ref	Metric								
QS31 (L)		Episodes of Seclusion - Internal MDT within 5 hours								
		Not Recorded	1	2	3	4	5	6	7	9
		4	19	8	4	5	5	4	3	1
		7.55%	35.85%	15.09%	7.55%	9.43%	9.43%	7.55%	5.66%	1.89%

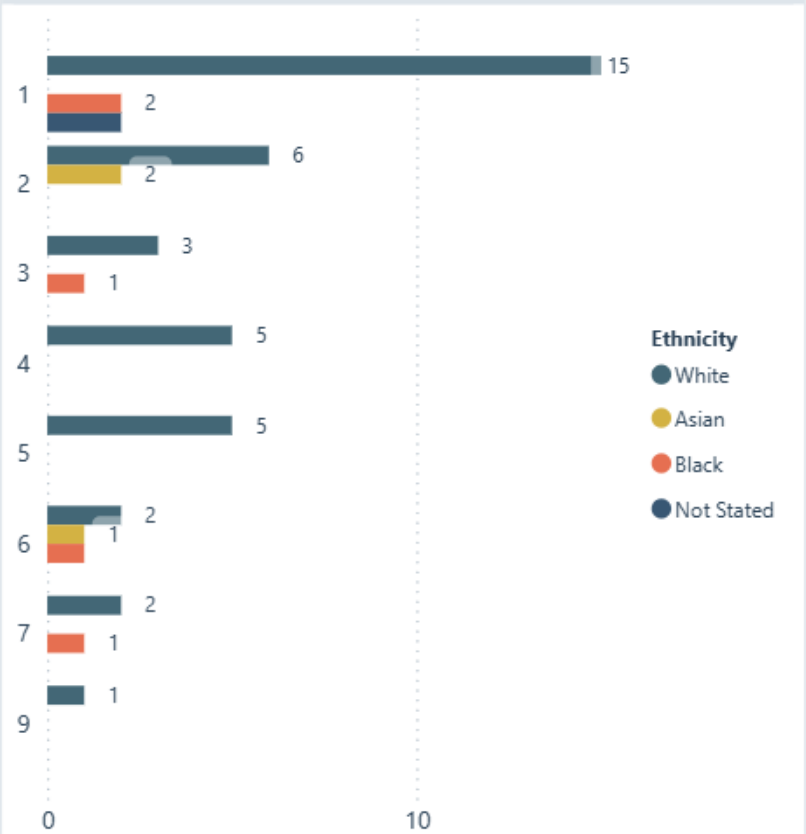
Deprivation By Gender



Deprivation by Age Group



Deprivation By Ethnicity



ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Committee Supporting Paper	Agenda Item	Agenda Pack B			
Sponsoring Executive	Kathryn Lavery, Chair					
Report Author	Various					
Meeting	Board of Directors	Date	25 September 2025			
Suggested discussion points (two or three issues for the meeting to focus on)						
The following report, received and discussed by the Quality Committee, is presented today to be noted by the Board of Directors:						
Mortality report – The Quality Committee were assured that the organisation is fully sighted on Learning from Deaths.						
Previous consideration (where has this paper previously been discussed – and what was the outcome?)						
Quality Committee held 17 September 2025						
Recommendation (delete options as appropriate and elaborate as required)						
The Board of Directors is asked to:						
NOTE and CONSIDER the appended report for information						
Alignment to strategic objectives (indicate those that the paper supports)						
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings					X	
Alignment to the plans: (indicate those that this paper supports)						
Quality and safety plan					X	
Trust Risk Register (indicate the risk references this matter relates to against the appropriate risk appetite)						
People risks	Capability and Performance	Low Tolerance	We accept only minimal risk that staff lack the skills, training, or supervision required to meet clinical or operational standards.			X
Strategic Delivery Risks (list which strategic delivery risks reference this matter relates to)						
System / Place impact (advise which ICB or place that this matter relates to)						
Equality Impact Assessment	Is this required?	Y	N	N	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	N	N	If 'Y' date completed	
Appendix (please list)						
Refer to Agenda Pack B						

Mortality Report May and June 2025

Mortality Report – PLFD

(Data focus May – June 2025)

1. Situation

The Chief Medical Officer for the Trust chairs the bimonthly Prevention of & Learning from Deaths Group, (PLFDG) previously the Mortality Surveillance Group (MSG).

A report is then provided to the Quality Committee (QC) and forms part of the Chief Medical Officers Quarterly report to the Board of Directors (Public).

2 Background

This report provides the Quality Committee with salient features and issues in relation to mortality surveillance management with a focus on data for May and June 2025

3 Assessment

3.1 Mortality Reporting and Management

During the months of May and June 2025 90 deaths were reported in the Trust.

Table 1- Status of deaths reported during May and June 2025

Outcome of review	Number
Reviewed by MOG and were closed as no problem in care was identified	78
Reviewed by MOG but require further information and have been returned to the author	4
Reviewed and requires a Structured Judgement Review (SJR)	0
Reviewed and required further discussion in a Learning from Patient Safety Event meeting.	7
Awaiting further information from the coroner on cause of death	1
Adverse outcome	0
Awaiting review by MOG	0
Total	90

Review of the Trusts Data by the Mortality Operational Group (MOG) for May 2025 identified that there were 37 deaths reported on the mortality system in total. The following key points can be noted

May 2025

33 deaths required the screening tool only
0 deaths required a Structured Judgement Review (SJR)
3 deaths were reported as one of the following - Patient Safety Incident Investigation, After Action Review, or MDT.
1 death was subject to an initial review by the Mortality Operational Group (MOG) and required further information to be able to reach a decision regarding the next steps
0 deaths are waiting on further information from the coroner, and / or requires a cause of death awaiting review by MOG
TOTAL 37

Review of data by MOG for June 2025 identified there were 53 deaths reported on the mortality system in total. The following key points can be noted.

June 2025

45 deaths required the screening tool only for the review of the deaths
0 deaths required an SJR
4 deaths were reported as a Patient Safety Incident
3 deaths were subject to an initial review by MOG and which required further information to be able to reach a decision regarding the next steps
1 death is waiting on further information from the coroner and / or requires a cause of death
0 deaths are awaiting further review by MOG
Total 53

3.2 Longitudinal graphical data:

Figures within the following graphs may differ from previously presented data because of delays in reporting, or, obtaining some information; therefore the graphs are dynamic and updated each month to ensure that data is captured

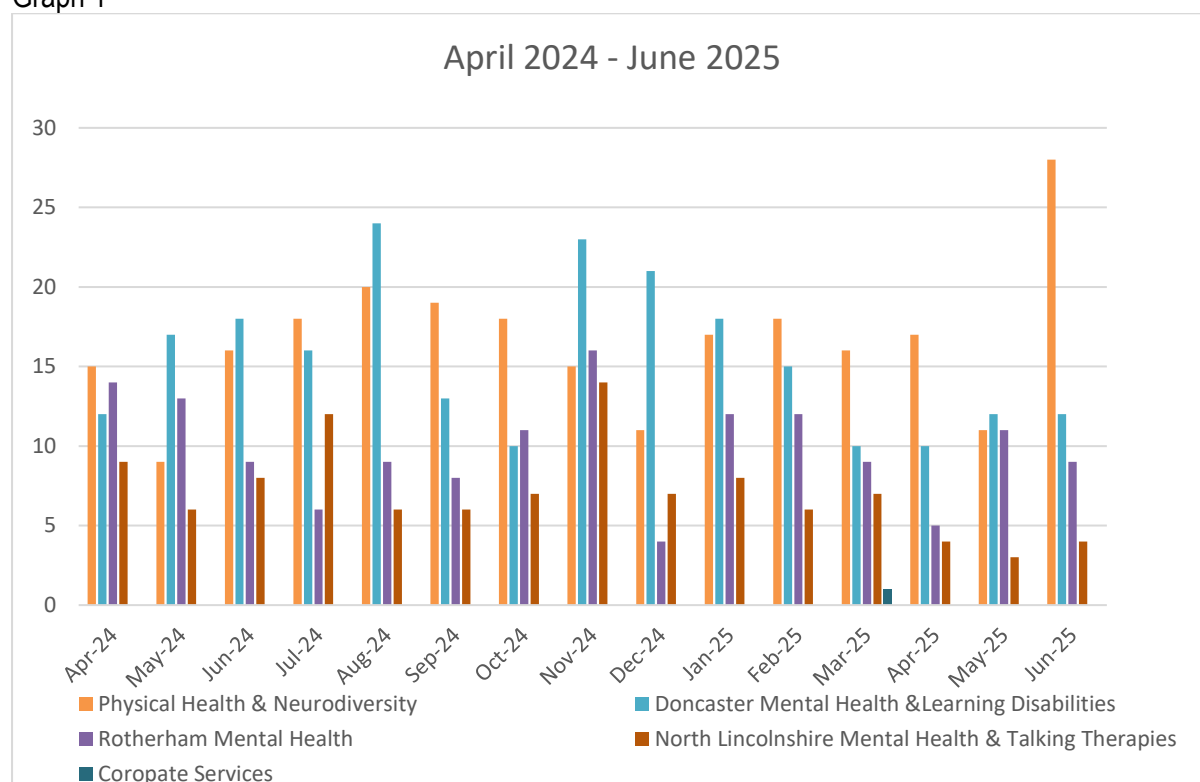
Deaths by Care Group from April 2024 – June 2025

Graph 1 -

This graph offers figures for all deaths reported by the five care groups within the Trust. from April 2024 – June 2025 .

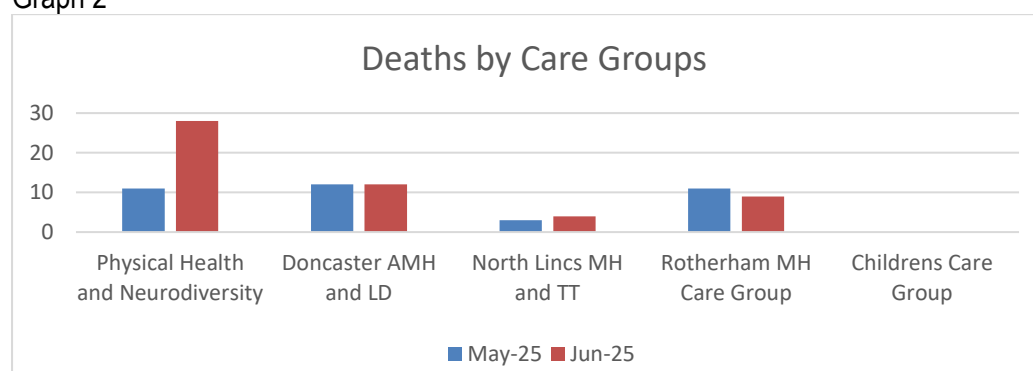
There was a significant increase in the deaths reported by St Johns Hospice from May 2025 – June 2025. On further review there were no adverse reasons reported or highlighted for the spike in numbers, and was sadly due to the nature of palliative care.

Graph 1



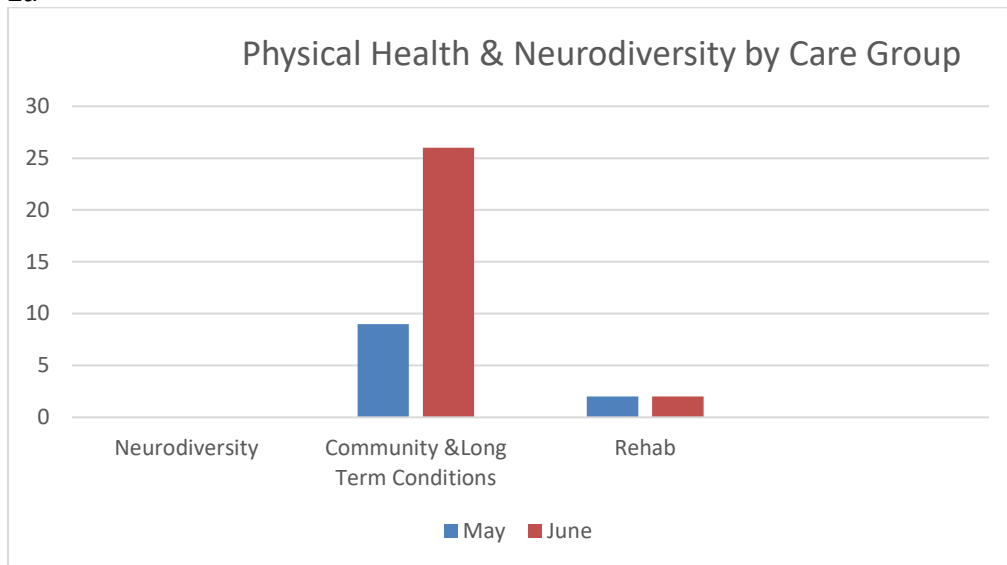
Deaths per Care Group May and June 2025

Graph 2



Graphs 2a – 2d Deaths per Care Group May and June 2025

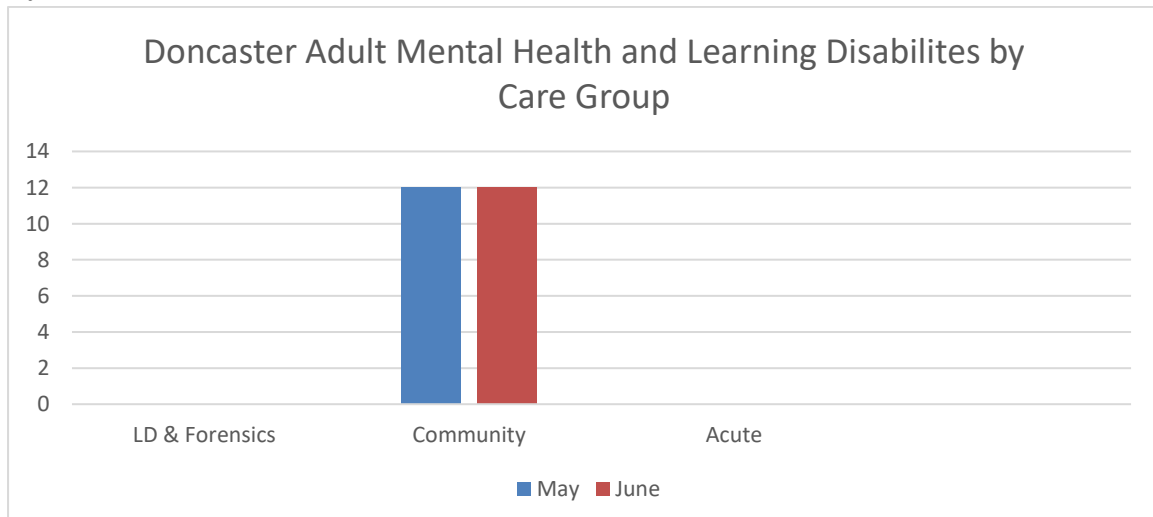
2a



Graph 2a shows that during May 2025 the Community and Long-Term conditions service recorded 23.1% of deaths and 66.7% in June – 35 deaths in total. The Rehab services recorded 5.1%, 4 in total for both the months of May and June 2025

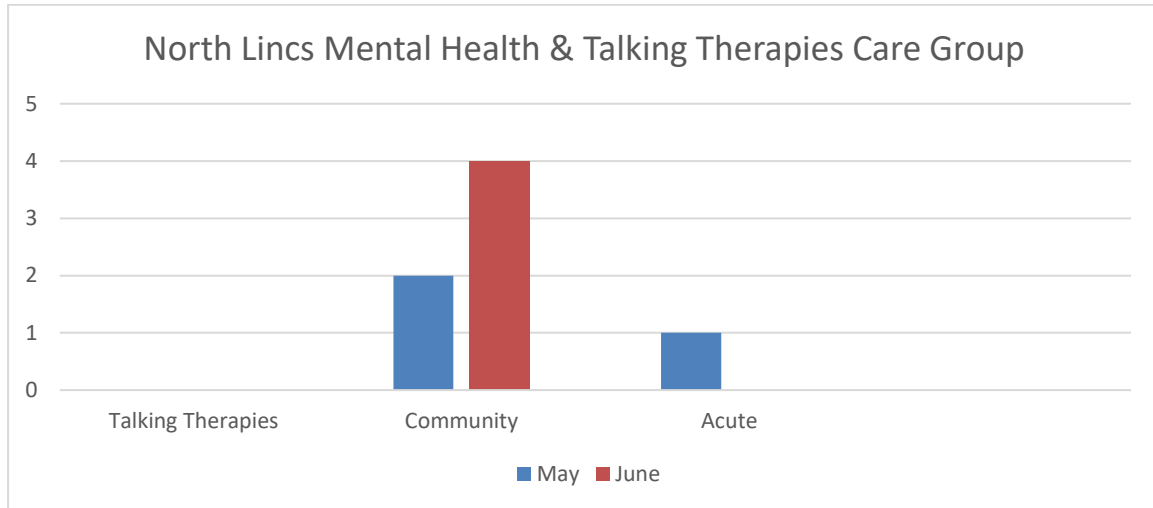
No deaths were reported from the neurodiversity services

2b



Graph 2b shows that all deaths reported by the Doncaster Adult Mental Health and Learning Disability services care group were recorded by the community health teams. No deaths were recorded during May and June 2025 for either the acute services or for the learning disability and forensic services in Doncaster

2c

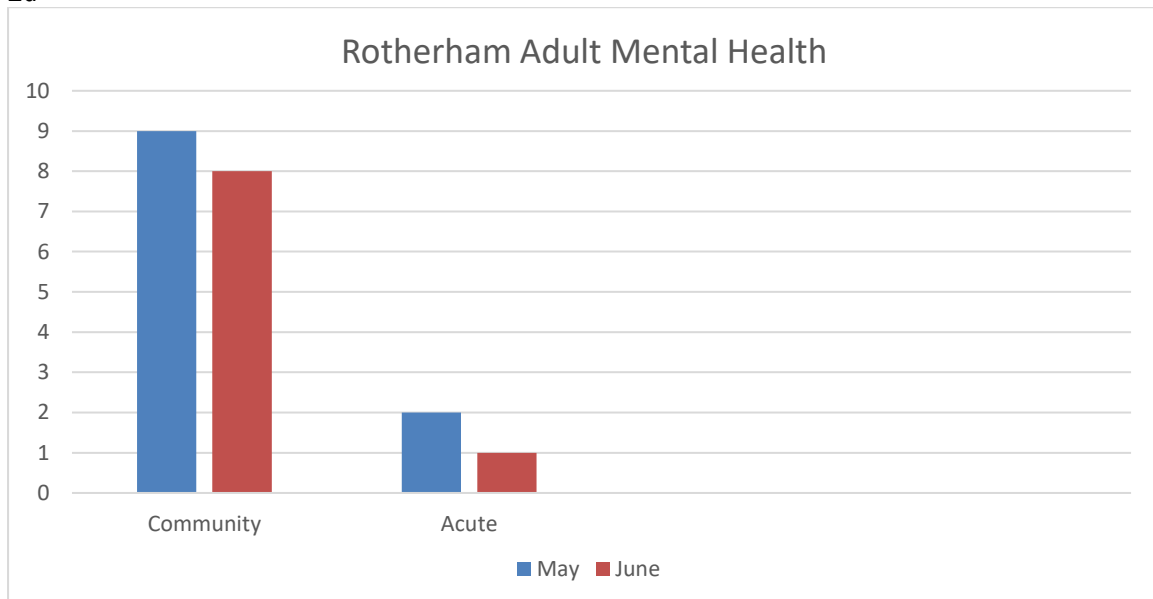


Graph 2c shows that 42 % of deaths reported by North Lincolnshire Mental Health Care Group in May were recorded by the mental health community teams and 57% during the month of June.

The Acute services reported one death, 1% during May 2025

No deaths were reported by the Talking Therapies during either of these months.

2d

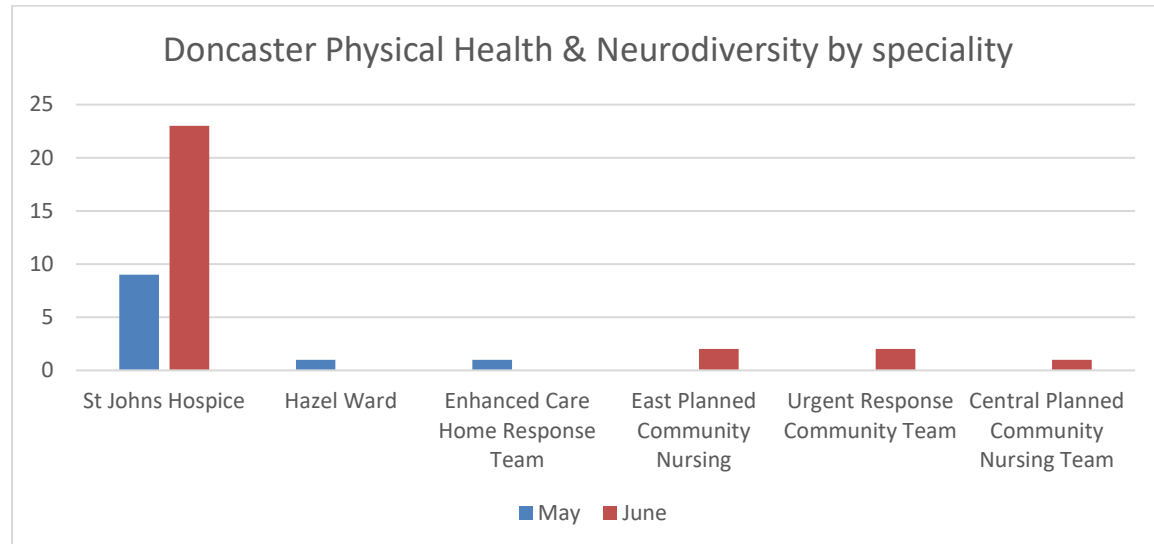


Graph 2d shows that during May 2025 81.8% of deaths reported were from the community teams and 18.2% recorded by the acute teams. During June 2025 88.8% were recorded by the community teams, and 11.2 % by the acute teams.

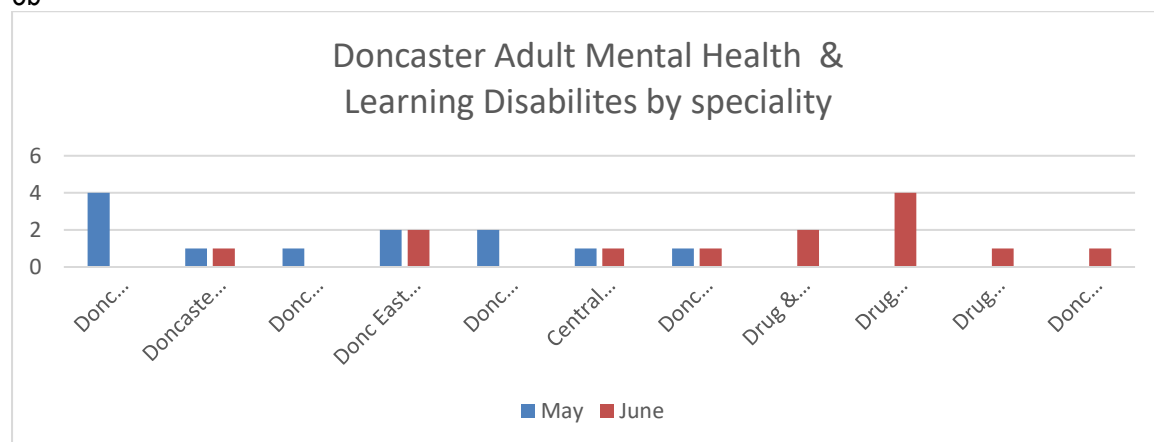
Deaths per Directorate May and June 2025

Graphs 3a – 3d show the number of deaths reported by specialities across the Trust for May and June 2025 . The graphs detail specific teams within the Trust who recorded deaths using the RADAR reporting system.

3a



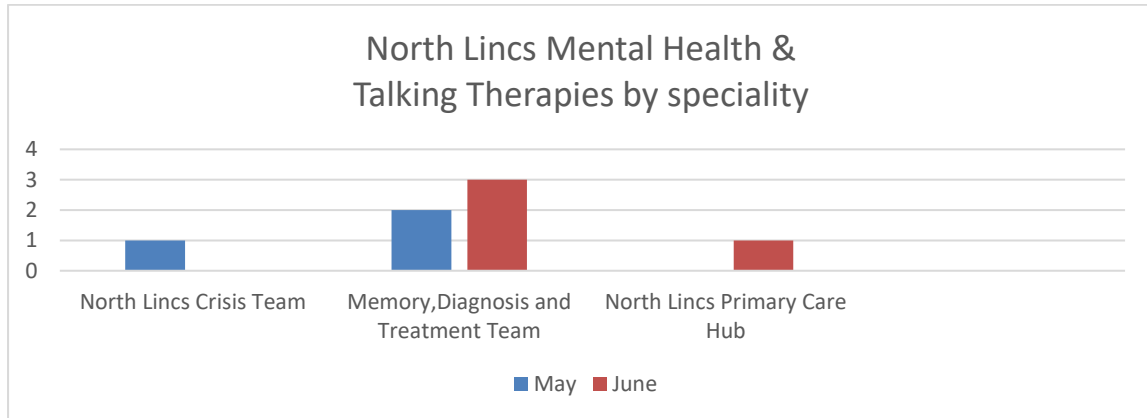
3b



The Drug and Alcohol services within the Doncaster Adult Mental Health care group have several speciality teams. During the months of May and June 2025, 14 deaths in total were reported from the following teams:

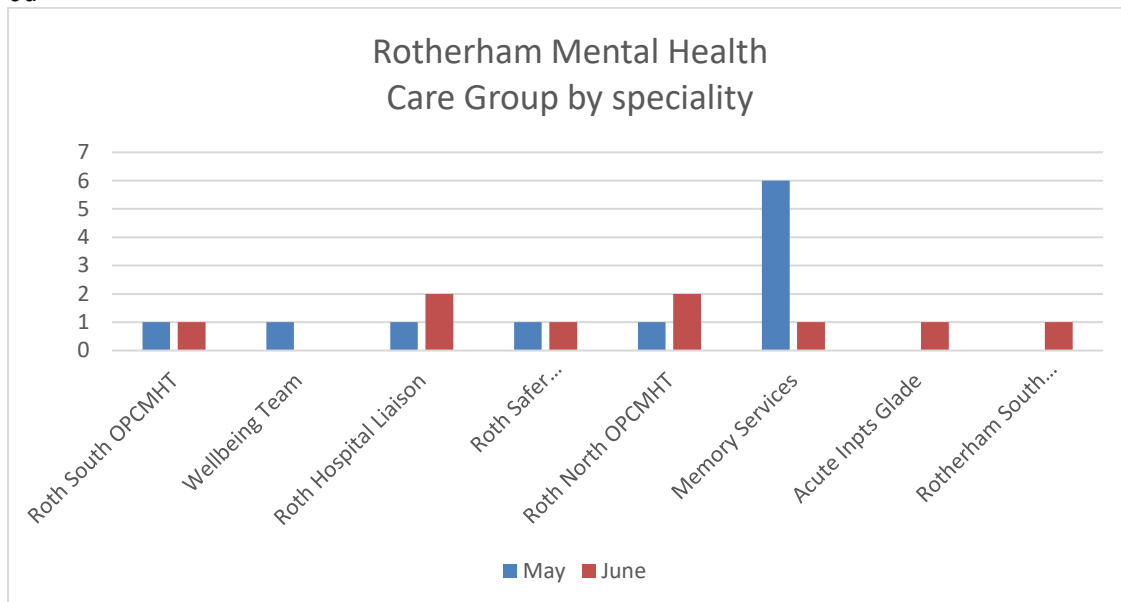
- Aspire 4 Parents - 4
- Drug & Alcohol Outreach Team -1
- Drug & Alcohol Groupwork Team - 2
- Drug & Alcohol Community Nursing Team -2
- Drug & Alcohol Community Team - 4
- Drug & Alcohol Criminal Justice Team -1

3c



Graph 3c Shows that 72% of deaths recorded by the North Lincolnshire Mental Health and Talking Therapies were from the Memory, Diagnosis and Treatment team.

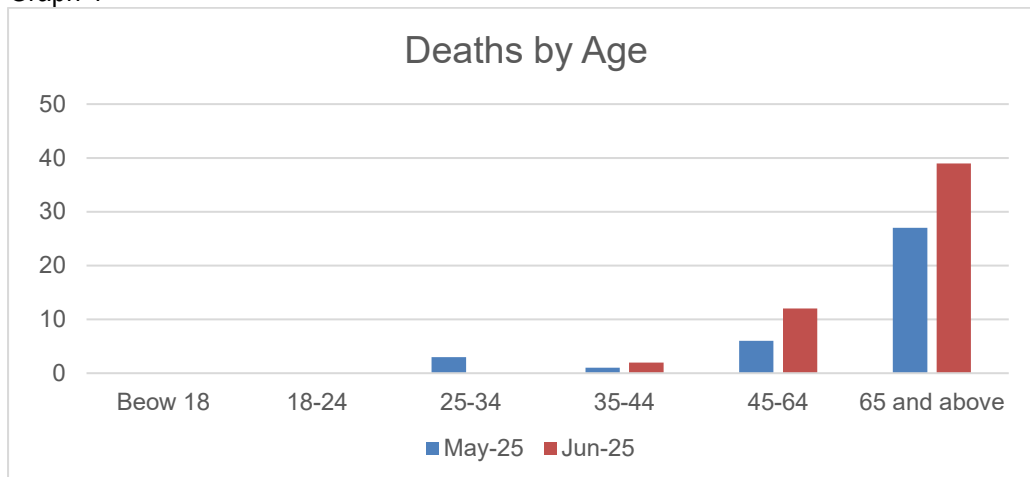
3d



Graph 3d Data shows that during May and June 2025, 7 deaths were reported from the Memory Services team compared to 1 being reported during earlier months of March and April 2025.

Deaths reported by Age: May – June 2025

Graph 4

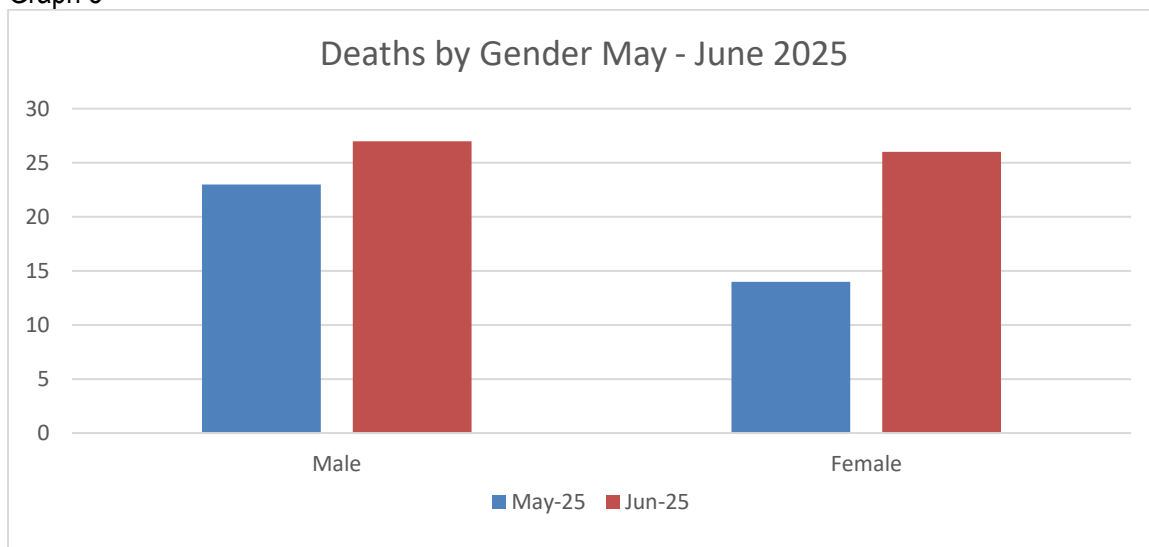


During May and June 2025 there had been 90 deaths reported.

Review showed that 73.4% were from 65 years of age and above group. 20% from the 45-64 age group, 3.4 % from the 35-44 age group and 3.4 % from the 25-34 age group.

Deaths by Gender

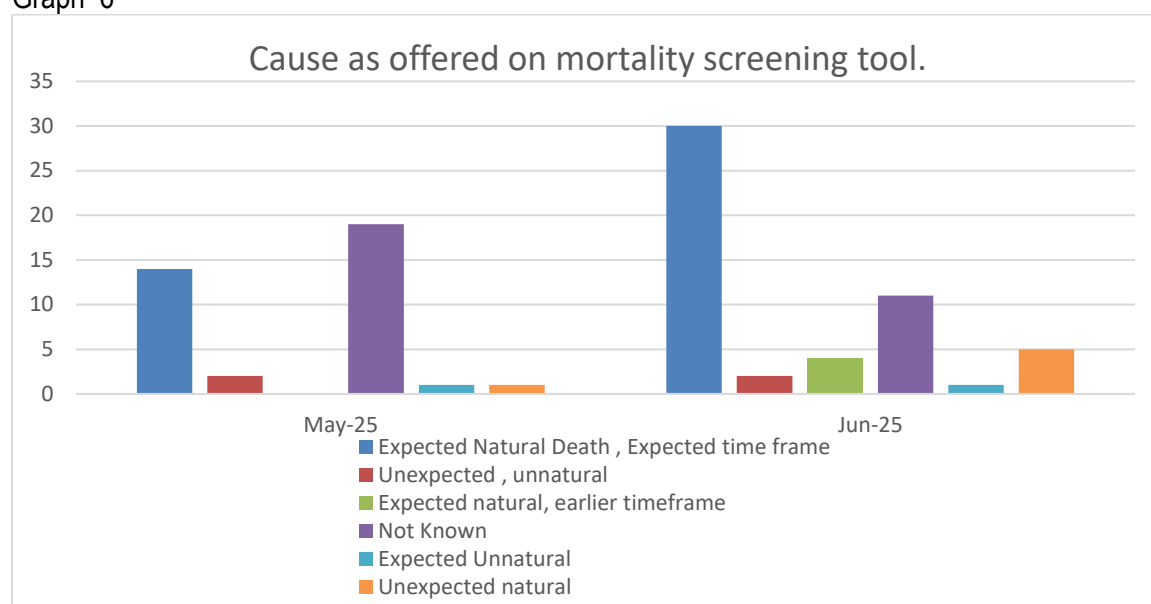
Graph 5



Graph 5 shows that male deaths were recorded at 55.5% and female deaths at 44.5 %. Most deaths for May and June were largely attributed to the 32 deaths which had occurred at the hospice.

Time frames offered by mortality screening tool

Graph 6



Graph 6 shows the type of death as recorded by the reporter. .

The 'Not Known' category can be due to a number of factors such as awaiting cause of death or awaiting further information.

3.3 Structured Judgement Review Process

All deaths recorded in the Trust are reviewed by the Mortality Operational Group (MOG). During the process, if there are any 'Red Flags' identified the incident is escalated for a Structured Judgement Review, or is discussed with the representative from the Patient Safety Team present at the MOG meeting.

The two structured judgement reviewers continue to work additional hours, when possible, to continue addressing the backlog of outstanding reports to complete.

There are approximately 58 reviews waiting to be completed (data up to end of June 2025). This figure may alter due to SJR's continuing to be added following each MOG review.

During May and June at MOG, 37 SJR's have been reviewed and closed.

Currently the two SJR reviewers complete all SJR's, however under the new PSIRF approach care groups will have a more active role in the completion of the reviews, thereby taking learning directly into account, along with the opportunity to share across teams and services.

Table 2 – The table below indicates the monthly reviews of each death reported during May and June 2025 on the Radar system.

Month	May	June
Total number of deaths reported	37	53
Total No of deaths reported by Care Group		
Donc AMH & LD	12	12
Physical Health and Neurodiversity	11	28
Rotherham AMH	11	9
North Lincs & Talking Therapies	3	4
Children's services	0	0
Corporate Services	0	0
Cause group		
Expected natural death	14	30
Expected natural death , earlier than expected timeframe	0	4
Expected unnatural death	1	1
Not known	19	11
Unexpected natural death	1	5
Unexpected Unnatural death	2	2
Gender		
Male	23	27
Female	14	26
Age Group		
<18	0	0
18- 24	0	0
25-34	3	0
35-44	1	2
45-64	6	12
>65	27	39
MOG data	May	June
Incident appraisal screening tool only	33	45
Await further information by MOG	1	3
SJR Inc for LeDer report	0	0
Escalated to Patient Safety Team	3	4
Await info from coroner re Cause of Death	0	1
Await review by MOG	0	0

3.4 LeDer reports & Structured Judgement Reviews

Current Trust policy states that for all deaths where it is known the deceased person had a learning disability the incident will automatically be escalated to an SJR. As well as an SJR, a LeDeR review will also automatically be completed.

The Learning from Lives and Deaths, LeDeR process reviews the care of individuals who have died and are known to have a learning disability or autism.

The aim is to review and to identify any areas for improvement with contributions from the family, GP and medical records.

The reviews are completed using a standardised review process, are not an investigation or part of the complaints process. They are also not restricted to the last episode of care prior to the persons death.

Where it is found to be necessary a focussed review may be commissioned .

The case is then reviewed by a governance panel who could identify areas for improvement, as well as recognising elements of good practice.

The reviews are not intended to hold individuals or organisations to account, but to look at systematic issues for improvements.

Integrated Care Boards, ICB's, are responsible for actions arising from reviews are implemented and that local providers are held accountable for the delivery necessary for the service improvements

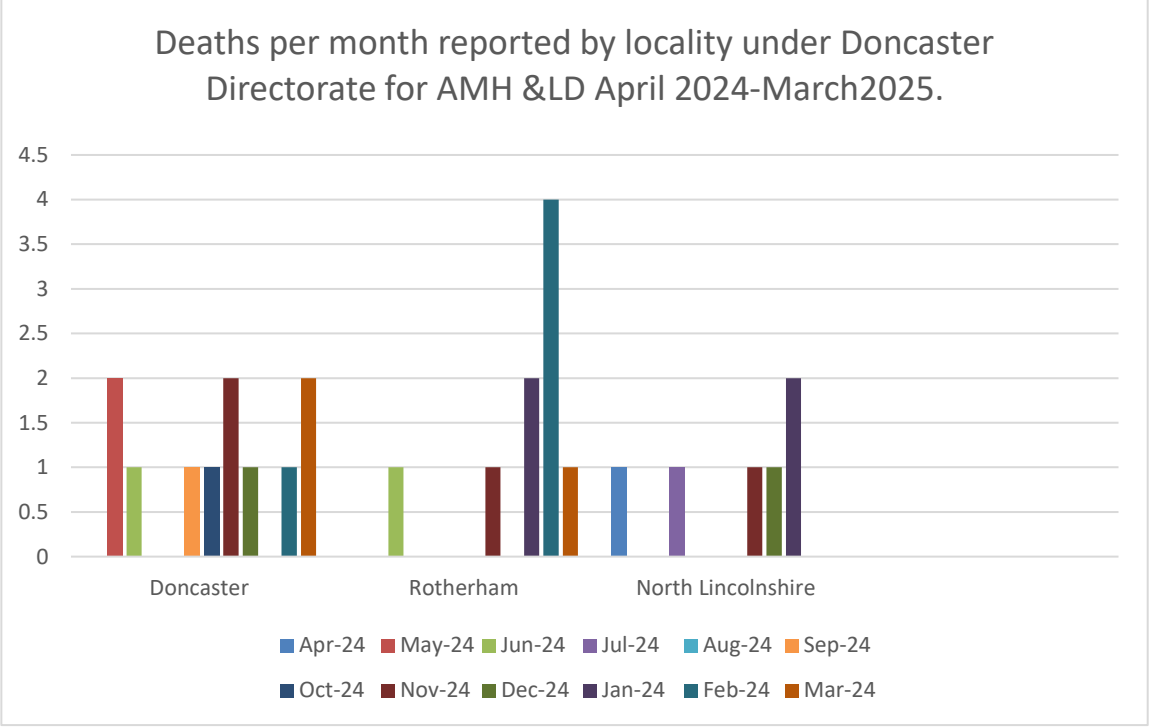
The LeDeR programme is essential to support the Learning from Future Deaths of people with a learning disability and / or autism with the aim to improving lives and support the reduction of preventable deaths .

The Trust has representation at all three localities for LeDeR reviews.

From April 2024 – March 2025 , 26 deaths were reported on the mortality system of people known to Trust services with a Learning Disability or autism as part of their diagnosis.

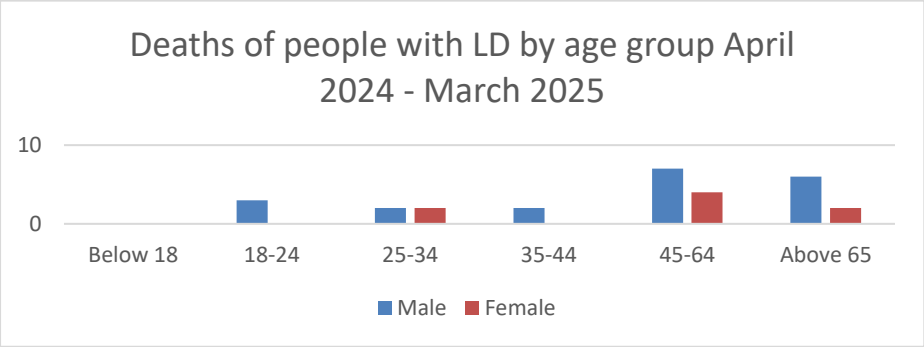
The area locality is detailed in graph 7a., with age range shown in graph 7b. and graph 7c indicating time frames relating to the deaths.

Graph 7a



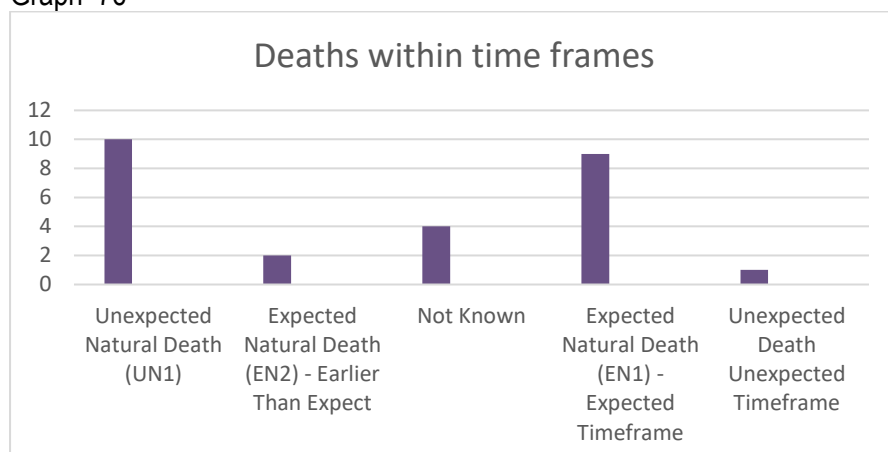
Of the 26 deaths , 77% were males and 23% female.

Graph 7b



Graph 7c details information of timeframes recorded.

Graph 7c



Over the past months, 11 LeDeR reviews have been received by the matron for the LD services. There is now in place an agreed local process and pathway within RDaSH along with the matron from the service attending MOG on a monthly basis.

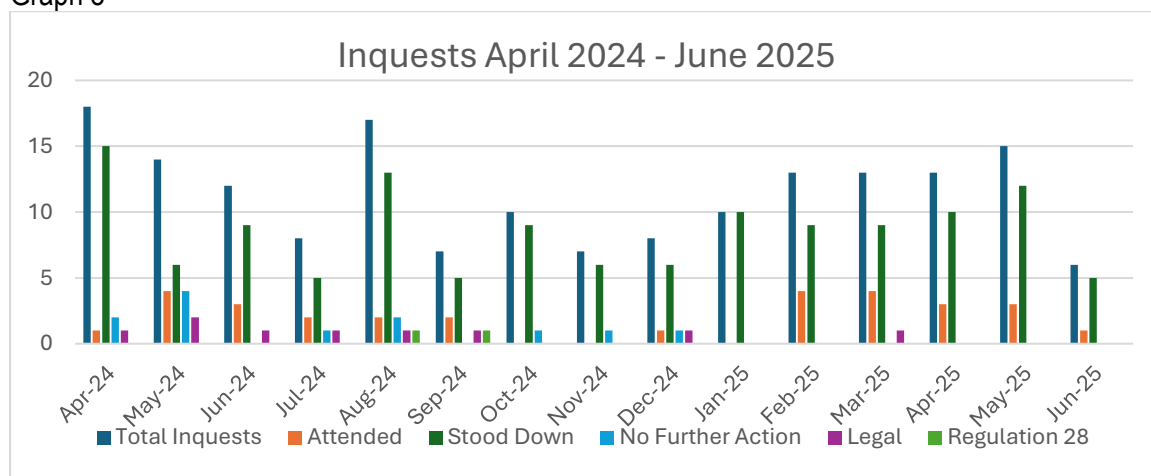
The SJR reviewers will continue to complete SJRs for LD services as per current policy and with input from the matron. This will support further learning and areas identified from the LeDeR reports with a particular focus on a seven minute briefing to be shared across the directorate and with the CQRG..

4 Learning from Deaths

4.1 Inquests from March 2025 – June 2025

Graph 8 This graph offers information for their numbers of inquests since April 2024 – June 2025 where the Coroners have made formal request to the Trust.

Graph 8



The graph details that during May and June 2025, the coroner stood down witnesses for the Trust in 81% of the scheduled inquests. instead reading ing the witness statements and reports under Rule 23 to court.

During May and June 2025 , the Structured Judgement Reviewers / Coroner & Mortality Support staff attended court on four occasions. No legal representation were in attendance for the Trust for those inquests.

Table 3 Court attendances May – June 2025

Outcome of the four inquests attended
1 Alcohol related death
2 Drug related death
1 Narrative conclusion offered by the coroner
Other attendances at Court during May – June 2025
1 Pre Inquest Hearing for an inquest scheduled in February 2026 for four days.

4.2.1 Prevention of Future Deaths , Regulation 28

The Trust were not issued with any Regulation 28 Prevention of Future Deaths during May – June 2025.

4.2.2 Role of the Coroner

The coroners court is a public court hearing where the coroner addresses the four questions of Who died, How did they die, When did they die and Where did they die?

An inquest is not a trial and does not assign blame or establish liability for the death.

Whilst it is often assumed by the public that the purpose of the coroners inquest is around the learning of Prevention of Future Death the coroners pivotal role is to find the facts of the death, particularly the cause of the death and the how

Should the coroner identify any areas for action to be taken by an organisation in preventing future deaths, then a Prevention of Future Deaths report (PFD) is written, also referred to as a Regulation 28 and where the recipient has 56 days in which to respond to address the actions taken.

The PFD reports are recommendations of actions that should be taken however do not offer particular specific detail of what these should be.

The coroner has no power or role in the monitoring, the overseeing or the enforcing of any of the organisational changes of suggestions from their reports.

All Prevention of Future Deaths reports issued by coroners are also sent to the Chief Coroner and where they are published on the judiciary website.

Recent concerns raised by local coroners during May and June 2025 are enclosed in **Appendix 1**

Samples of other Regulation 28, PFD concerns issued from coroners across England and Wales during the months of May and June 2025 can be found in **Appendix 2** of this report

Appendix 1

Recent Regulation 28 Report to Prevent Future Deaths, issued locally between May and June 2025.

Coroners Area	West Yorkshire (East)
Category	Hospital Death (Clinical Procedures and Medical Management) related deaths
Summery / issue date	Issued 13.06.2025 Narrative conclusion
Matters of concern	<p>(1) The inquest was told that it is possible for the outcomes of NHS 111 online assessments to be made accessible to Emergency Department clinicians, and that the decision whether or not to commission that accessibility in a particular hospital rests with the relevant Integrated Care Board.</p> <p>(2) The inquest was told that the West Yorkshire Integrated Care Board has not commissioned accessibility to NHS 111 online assessments for the Mid Yorkshire Teaching NHS Trust.</p> <p>(3) If the NHS online assessment completed by the deceased had been available to the relevant clinicians at Dewsbury District Hospital, her history of oral contraceptive use and the suspicion of a pulmonary embolism would have been visible to them.</p> <p>(4) The availability of NHS 111 online assessments to clinicians in Emergency Departments may assist in the obtaining of a full history and may act as a failsafe against inadequate history taking in Emergency Departments</p>
Coroners Area	South Yorkshire East
Category	Road Highways safety related deaths
Summery / issue date	Road Traffic Collison issued 02.06.2025
Matters of concern	The Forensic Collison Investigator advised that the aforementioned mound of earth creates a continuing hazard to motorway users and any vehicle which might have legitimate cause to veer to the central reservation and in doing so strikes the mound, even when travelling within

	the speed limit, would be subjected to the same effect on the vehicle (in that control of the vehicle would be lost) with potentially catastrophic effects. The continued presence of this hazard (the mound of earth on a tarmac construction) places road users at risk of death
Coroners Area	West Yorkshire East
Category	Child Death , Hospital Death (Clinical procedures and medical management) related deaths
Summery / issue date	03.06.2025 Child death
Matters of concern	<p>(1) The provision of maternity services across the Leeds Teaching Hospitals Trust (LTHT) continues to be split unequally between LGI and SJUH, with, for example, no on-site paediatric cover at SJUH. What was described by LTHT witnesses as the “isolation” of the SJUH site, particularly as it related to the limited nursing and medical support that can be called upon, was a recurrent theme in the inquest. The inquest was told that a long held ambition to bring LTHT’s maternity services under one roof had been recently frustrated by the announcement that the building of a new hospital for Leeds would not begin until 2030. Secretary of State for Health and Social Care to respond.</p> <p>(2) The evidence at the inquest disclosed an ambiguity as to whether the SJUH maternity unit, officially a “Level 1” centre, was operating outside the parameters of that classification. That ambiguity was demonstrated by a witness (whose evidence was admitted in writing under R23 due to her poor health) who described it as a “Level 2” unit, and by a witness in person who described it as a “Level 1 and a half” unit, which last classification does not exist. LTHT to respond.</p> <p>(3) The evidence disclosed concerns that guidelines for the performing of a LISA procedure are not standardised</p>

	<p>across the NHS, particularly with reference to the performing of a chest x-ray to exclude pneumothorax before commencing the procedure, and to the necessity of seeking consultant approval before undertaking the procedure. BAPM, RCPCH, RCUK and NN all to respond.</p> <p>(4) The evidence disclosed concerns whether national guidelines on the reversible causes of cardiac arrest (“the 4 H’s and 4 T’s”) were sufficient for the purposes of identifying and treating the potential causes of cardiac arrest in a newborn baby. BAPM, RCPCH, RCUK and NN all to respond.</p> <p>(5) The inquest heard oral evidence of amendments and updates to the LTHT risk register in the light of Baby B’s death. The purpose of including this issue as a matter of concern in this report is to give LTHT the opportunity to describe those amendments and updates in a detailed written response so that they may be fully understood. LTHT to respond.</p>
Coroners Area	West Yorkshire West
Category	Emergency services related deaths (2019 onwards) Police related deaths Mental Health related deaths
Summery / issue date	27.05.2025 Narraitve conclusion
Matters of concern	<p>In the course of the evidence, it became apparent the police had introduced Right Care Right Person in September 2023. RCRP is a police initiative arising out of a national agreement but to be implemented by individual police forces. Little or no consultation with other agencies had taken place prior to the implementation of RCRP in September 2023. Whilst I heard evidence that meetings with other agencies now do take place, the specifics of P’s case and the broader issues it raises have not been discussed nor is there any understanding/ agreement in place as to how such a situation would now be addressed. As much as the court was advised was that if a</p>

	<p>similar situation arose today, there may be a discussion between operational managers in the respective police and ambulance call centres, but that this would be reliant upon the matter being brought to the attention of those respective managers by the call taker. The evidence from the RCRP lead at the ambulance service indicated the scenario that arose with P was not an isolated example. As such there appears to be a lacuna in how emergency services will respond to such a situation when it was accepted this was a call expressing concern for P's welfare.</p>
Coroners Area	Easst Riding of Yorkshire and City of Kingston Upon Hull
Category	Community health care and emergency services related deaths
Summery / issue date	19.05.2025 Natural Causes
Matters of concern	<p>The GP medical history summary, populated by the GP that a patient is registered to, is not always accessible to a GP out of hours surgery. Evidence was given that there are various reasons for this, including the patient not providing consent for the exchange of this information. However, on some occasions, even when a patient has consented, the patient record systems utilised by the GP registered practice and the GP out of hours surgery, insofar as being different computer systems or for whatever other technological reason, prevented the exchange of information into the GP out of hours surgery. In this case, evidence was heard that the GP practice was using the EMIS system and that the urgent treatment centre (GP out of hours surgery) was using SystmOne. That fact caused the GP out of hours surgery to not be able to access Mr Spencer's GP medical summary. This situation generates a concern that, providing the patient has consented, key medical information may not be conveyed to the GP out of hours surgery which should be accessible to allow the appropriate exchange of medical information to inform what examinations should take place in an out of hours setting. This concern is particularly significant in circumstances where the patient does not say and/or present with the points in the medical history relevant to the GPs</p>

	determination about what further examinations should occur flowing from the medical history of the patient.
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Appendix 2 –

Localities across areas of England and Wales where a Regulation 28 PFD has been issued.

Coroners Area	Teesside and Hartlepool
Category	Suicide , Police related death. 1. Department of Health and Social Care 2. Chief Executive of Integrated Care Board (NHS North East and North Cumbria) 3. Chief Executive of Tees Esk and Wear Valley NHS Mental Health Foundation Trust
Summery / issue date	28.05.2025 Suicide.
Matters of concern	1) Current resources for safeguarding those with mental health illnesses whilst intoxicated may be placing people at risk. 2) I heard evidence that a person who was suicidal, suffering with mental health concerns and was intoxicated could not be adequately safeguarded until he was sufficiently sober to allow a mental health assessment.
Coroners Area	Gloustershire
Category	Gloucestershire Health and Care NHS Foundation Trust
Summery / issue date	26.06.2025 Suicide
Matters of concern	That staff capacity of the mental health crisis team of the Gloucestershire Health and Care NHS Foundation Trust will dictate whether a patient is assessed on the same day when their clinical needs demand they are. That the Trust will not make any enquiries as to additional resources when their local Crisis team has no capacity.
Coroners Area	Norfolk
Category	Alcohol Drug and Medication related death
Summery / issue date	24.06.2025 Alcohol Drug and Medication related death
Matters of concern	No clinical handover to receiving ward. No instructions passed on from the doctor re cardiac monitoring. Patients own medication found in her belongings which had been with her, after her death allowing her the opportunity to take another overdose.
Coroners Area	Cornwall and Isles of Silly

Category	Alcohol, drug and medication related deaths Suicide (from 2015) Mental Health related deaths
Summery / issue date	28.05.2025 Ministry for Housing Communities and Local Government
Matters of concern	1) The court heard that, as at January 2025, there were approximately 26,000 families registered on the Cornwall Homechoice Register which is the service for letting council and housing association homes to rent in Cornwall. The court also heard there may only be about 1,000 properties available to let annually. This has obvious implications for Cornwall Council's ability to provide accommodation for those who are homeless whether or not they present with priority needs. As matters of fact, it was established in evidence that there were long periods when Callum was homeless and further, that frustrations in relation to his housing situation contributed to his mental state at the time of his death.
Coroners Area	Manchester West
Category	Toxicity , Narrative conclusions
Summery / issue date	23.05.2025 Multiple inquests x 8
Matters of concern	<p>The MATTERS OF CONCERN are as follows: (brief summary of matters of concern)</p> <p>1. [REDACTED] is a reportable poison as well as a reportable explosives precursor within the terms, meaning and effect of Part 4 of Schedule 1A of the Poisons Act 1972 with the consequence that:</p> <p>a. The Poisons Act 1972 sets out the legal obligations in relation to the sale, purchase, and use of these chemicals for suppliers, professional users and members of the public.</p> <p>b. The published Guidance (commenced in 2014 and updated in August 2024) does not give specific guidance or suggested training to sellers, particularly [REDACTED] acquired by members of the public, particularly over 'online marketplaces' in circumstances of the purchase on a 'one off' basis for the means of self-harming.</p> <p>c. Whilst there is a legal duty on persons selling this substance to report "suspicious" transactions within 24 hours to the Home Office, the purchase of small quantities is being presumed to be connected to the many</p>

	<p>legitimate uses of the substance (such as food preservation, fertilizer etc) rather than in fact, being evaluated as a member of the public seeking purchase of modest quantities used as their chosen means by which to end life.</p> <p>d. The current Home Office guidance and supporting video, leaflet and posters do not reference [REDACTED] as a specific example of concern and focuses on the phenomenon of 'malicious' misuse and not deliberate misuse in the sense of suicide/self-harm.</p> <p>2. The police investigation into one UK based source of supply revealed in 247 cases separate supplies of 500 grams or less of [REDACTED] to customers in the UK and Europe, police established that 85 of these individuals who were traceable had either died as the consequence of self-ingestion of the substance, or had purchased it with a view to having the means to use this method to end their life in circumstances where:</p> <p>a. the vendors of the [REDACTED] were not aware of this potential misuse of the substance.</p> <p>b. the small quantities being purchased had been incorrectly evaluated to be an increase in individuals pursuing recreational home-curing/food preservations as a hobby, being an artefact of 'lockdown' living following the COVID national pandemic emergency.</p> <p>c. Vendors were unaware that their website/details were being distributed as part of internet information platforms designed to aid, abet, assist or promote suicide methods.</p> <p>d. From the specific example of 247 supplies in a 12-month period, police established that 45 purchasers were confirmed as deceased (these deaths were in relation to supplies to UK customers and purchasers from abroad) and only 15 purchases were confirmed to have taken place for legitimate purposes (meat curing etc.).</p> <p>3. The police investigation revealed the ability of members of the public to access a number of websites, primarily created in the USA, Canada and Mexico that promoted information as to how to access:</p> <p>a. Poisons that could bring about death</p>
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	<p>b. How, in what way and with other necessary preparations (in particular -antiemetic medications) the poisons should be administered.</p> <p>c. Sourcing such poisons/chemicals/medications in the UK and abroad.</p>
Coroners Area	Manchester South
Category	Hospital Death (Clinical Procedures and medical management) related deaths Mental Health related deaths
Summery / issue date	09.05.2025
Matters of concern	<p>1. The inquest heard evidence that the prolonged hospital stay and lack of progress in finding a suitable place in the community significantly contributed to her decline. She had been suitable for discharge from 20th May and there was no clear strategy to progress her discharge or for the two different trusts to work together to ensure a speedy and safe discharge.</p> <p>The evidence before the inquest indicated a lack of joined up working between the two trusts that meant that despite the clinical concerns about the impact of her prolonged hospital stay she remained in an acute setting</p> <p>2. The GMMH documentation was of a poor quality and did not capture key discussions/decisions including in relation to medication. As a consequence, trust staff were not fully sighted on earlier decisions and her needs.</p>