

Trust Board - 27th October 2020

Board Performance Report (Month 6)

Purpose of the Report

The Exec Team are recommended to receive the report and comment on the following:

- Performance against plan (RAG)

The Exec Team are asked to authorise the release of the report to FPC and QAC on the basis that comments made in relation to SPC and RAGs are accounted for prior to committee review.

Performance headlines – August 2020

Key:			
	The SPC measure has improved from previous month	NEW	The first assessment of a metric using SPC
	The SPC has not changed from previous month	R	Metric will be removed from future reports
	The SPC measure has deteriorated from previous month	C	Change in performance can be attributed to COVID-19

Key standards being consistently delivered and improving or maintaining performance

- C** Length of stay - Community Services
Normalised Workforce Turnover rate

Key standards being delivered but deteriorating

- C** 6-week wait for diagnostic procedures
Core Mandatory Training Compliance for Substantive Staff
Staff with a Completed Annual Appraisal

Key standards being delivered inconsistently

- Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral
- Inappropriate Out of Area bed days for Adult Mental Health services (inc progress beds)
- CAMHS Eating Disorder – four weeks - (complete pathway)
- Children and Young People’s Access – four weeks (incomplete pathway)
- Children and Young People’s Access – 13 weeks (incomplete pathway)
- Adult CMHT Access five day urgent (incomplete)
- C** Occupancy rate – mental health beds (excluding leave)
- C** Length of stay (excluding leave) from Bradgate acute wards (SPC due March 2020)
- Delayed transfer of care (DToC)
- Gatekeeping
- CPA 7 day
- C Diff
- STEIS action plans completed within timescales
- Agency Cost

Key standards not being delivered but improving

- Mental Health data submission - % clients in employment
- Data quality maturity index
- Vacancy rate
- Sickness Absence
- % of staff from a BME background
- % of staff who have undertaken clinical supervision within the last 3 months

Key standards not being delivered but deteriorating/ not improving

- Mental Health data submission - % clients in settled accommodation
- CAMHS ED one week (complete)
- C** Adult CMHT Access six week routine (incomplete)
- NEW** 52 Week Waits
- C** Occupancy rate – community beds (excluding leave)
- CPA 12 month
- Safe Staffing

Key standard we are unable to assess using SPC

- Patient experience of mental health services
- Readmissions with 28 days
- Patient safety incidents
- Patient safety incidents resulting in severe harm or death
- Serious incidents (no target)
- Quality indicators (no targets)
- Cardio-metabolic assessment and treatment for people with psychosis
- Admissions to adult facilities of patients under 16 years old

Performance headlines – from month 5 directorate reviews

Community Health Services (22 September)

Good progress on the planning and forecasting work for the priority services shared with FPC.
The winter plans including additional beds have been agreed with the system.
The focus is on staffing for the additional 23 step up beds and 36 surge beds.
The directorate will develop a short narrative of their winter plans including the additional bed capacity.
Ageing Well – scenario planning is underway to model expected performance with/without additional funds & and staff
Workforce risks to be added to the Trust risk register.
Development of a proposal for the Trust to have a greater focus on continence services.
The Waiting Time and Harm Review Group to consider the plans to address waiting time issues
and the oversight/management of long waits.

Adult Mental Health (24 September)

The positive position on Out of Area placements has been maintained.
There are significant issues with very long internal waits for some services.
A full set of recovery plans with forecast performance will be completed by 23 October.
This will cover CBT, Psycho Dynamic services and Therapeutic services for Personality Disorders.
Headlines of the improvement plans to be shared with the Finance and Performance Committee and NHSE/I meetings.
Waiting Time and Harm Reduction Group to review the plans including risk-based approach to prioritising service users.
The directorate to complete the development of a bed surge plan including the freed-up capacity at Bosworth
and the specification of the two Willows Wards as potential decant capacity.
The directorate to develop a short narrative of the winter plans in place including the role of the Urgent Care Hub,
Central Access Point and bed capacity.
The directorate will begin recruiting to the new posts funded by the Mental Health Investment Standard.
Strong progress in working up the longer-term service investment and improvement plans for Integrated Community
Mental Health services and the development of an Urgent and Emergency Care pathway

Learning Disabilities (28 September)

Concern over excessively long waits for some autism service users with some waiting over two years for
post-diagnostic support. 21 people are currently waiting over 52 weeks. The LD team will develop an improvement plan
and the Long Waits and Harm Reduction Group will review each of the 21 patients.
The Trust to measure and share the number of people with Autism on Adult Mental Health wards.
The directorate are finalising plans to reintroduce the short break service.
The directorate is finalising a proposal to the Exec Team including costs and mitigations for the recurrent costs and
permanent recruitment of staff for one team to support 14 to 25-year olds. The Trust needs to confirm if they are happy
to move at risk without recurrent funding from the system being confirmed.
Agreement to develop a dedicated LD section to the Board performance report and to include key system Transforming
Care performance information.
The directorate to complete the ICC scenario planning work and to share a narrative on the plans for LD services and
LD staff to manage a second wave of Covid and winter.
The LD directorate to complete a piece of work to consider a permanent solution to the increased costs on the Agnes Unit
linked to higher staffing numbers to manage issues of violence and aggression

FYPC (5 October)

Community Paediatrics – significant backlogs were inherited from the previous County service provider.
Referrals have reduced significantly. A paper will go to the DMT on 8 October and on to the CCG for sign off to confirm
the plan to reallocate resources to address the issues. The Community Paediatric plans will be considered by the
Waiting Time and Harm Group.
Audiology – agreed improvement plan is now in place. Extra Audiologists have now been employed.
Emergency Capital bid to be made to Trust capital group to support additional clinical space.
Business Case to address screening backlog using additional non recurrent posts to be developed by end of October.
Speech and Language Therapy – provisional recovery plan to be developed with forecast of staff, clinics, resources
and locations required. Provisional plan to be confirmed to the Trust Finance and Performance Committee.
Final plan with resource and support requests by mid-November.
CAMHS Neuro developmental – work continues with St Andrew's on external non-recurrent support resource.
CAMHS Eating Disorders – transformation plans to be developed through system group.
Continued focus by the directorate leadership team on Bosworth Ward with daily acuity checks, safeguarding meetings
and listening events. A full plan to stabilise the ward to be presented to the DMT in November.
Quality Forum to agree way forward with Langley Ward with formal confirmation that issues have been de-escalated.
New 8b post to be recruited to support the inpatient units and provide additional line management and oversight resource




RAG rating against improvement plans






A simple RAG rating is used to assess compliance to the recovery plan:

- **Red** – a target that is not being delivered
- **Amber** – a target that is not being delivered but has an approved recovery plan with trajectory that is being met or there is a query about delivery
- **Green** – a target that is being delivered



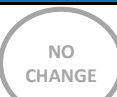








Statistical process control (SPC) ratings against performance

The Trust has introduced SPC icons to indicate assurance of whether the process is expected to consistently meet or fail the target; and if a process is in special cause or common cause variation.

Icon	Performance Description
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

Icon	Trend Description
	Special cause variation – cause for concern (indicator where high is a concern)
	Special cause variation – cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation – improvement (indicator where high is good)
	Special cause variation – improvement (indicator where low is good)

Useful icon combinations to understand performance:

Performance	Trend	Description
	 or 	Key standards are being consistently delivered and are improving/ maintaining performance
		Key standards are being delivered but are deteriorating
	Any trend icon	Key standards are being delivered inconsistently
		Key standards are not being delivered but are improving
	 or 	Key standards are not being delivered and are deteriorating/ not improving





1. Quality Account

The following standards form the measures for the 2020/21 Quality Account

Standard	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
	97.4%	96.6%	100.0%	100.0%	100.0%	100.0%			
								Key standards are being delivered inconsistently	
The percentage of patients on CPA (care programme approach) who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Data quality improvements have been made by way of regular reporting and reminder to staff responsible for follow-ups		
	98.3%	100.0%	94.3%	98.4%	96.3%	96.0%			
Awaiting national guidance on methodology for CPA 72hrs. This will be reflected in future reports.								Key standards are being delivered inconsistently	
The Trusts "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	2017/18	2018/19	2019/20					n/a	n/a
	7.4	6.4	7.1						
								Not applicable for SPC as reported infrequently	
The percentage of patients aged: (i) 0 to 15 and (ii) 16 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Age 0-15							n/a	n/a
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
	0.0%	25.0%	33.3%	0.0%	0.0%	100.0%			
Age 16 or over								SPC due October 2020	
	32.9%	31.0%	32.1%	32.5%	31.6%	29.8%			
The number and, where available rate of patient safety incidents reported within the Trust during the reporting period	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		n/a	n/a
	793	999	1018	984	948	1008			
	58.6%	62.8%	65.0%	64.4%	63.2%	65.3%			
								SPC due November 2020	

1. Quality Account

The following standards form the measures for the 2020/21 Quality Account

Standard	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
The number and percentage of such patient safety incidents that resulted in severe harm or death	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		n/a	n/a
	9	8	6	5	4	5		SPC due November 2020	
	1.1%	0.8%	0.6%	0.5%	0.4%	0.5%			
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Reducing service support to high risk psychosis. Prioritised: Depot and assessment, urgent clinical reviews. Routine work by telephone		
	80.0%	95.8%	95.8%	90.5%	88.2%	95.2%		Key standards are being consistently delivered inconsistently	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) Inpatient Wards b) EIP Services c) Community Mental Health Services (people on care programme approach)	<i>Reported Bi-annually</i>							n/a	n/a
	Inpatient Wards								
	Mar-20	Sep-20							
	60.0%	58.0%							
	EIP Services								
Mar-20	Sep-20								
93.0%	-								
Community Mental Health Services on CPA (arrears)									
Mar-20	Sep-20								
-	34.0%								
Admissions to adult facilities of patients under 16 years old	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		n/a	n/a
	0	0	0	0	0	0		SPC under development	
Inappropriate out-of-area placements for adult mental health services- (bed days)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	The Trust continues to meet the reduction trajectory.		
	15	0	0	0	0	0		Key standards are being consistently delivered inconsistently	

2. NHS Oversight

The following targets form part of the new NHS Oversight Framework.

Target	Trust Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral Target is >=56%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Reducing service support to High risk psychosis. Prioritised: Depot and assessment, urgent clinical reviews. Routine work by telephone			
	80.0%	95.8%	95.8%	90.5%	88.2%	95.2%				Key standards are being delivered inconsistently
Inappropriate Out of Area bed days for Adult Mental Health services Target is 0 by end March 2021	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	The Trust continues to meet the reduction trajectory.			
	Total Inappropriate OAPs bed days	15	0	0	0	0				0
	Total Inappropriate OAPs bed days (excl progress beds)	n/a	n/a	n/a	n/a	n/a				n/a
		R	V	T	C	A	Rv	Key standards are being delivered inconsistently		
Mental Health data submission to NHS Digital: % clients in employment Target is >=85%	2018/19 Q4	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	Improvements are expected to follow the SystmOne go live - date TBC as a result of COVID-19 pandemic			
	0%	2%	3%	4%	4%	3%				Key standards are not being delivered but are improving
Mental Health data submission to NHS Digital: % clients in settled accommodation Target is >=85%	2018/19 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	Improvements are expected to follow the SystmOne go live				
	37%	36%	37%	39%	39%				34%	Key standards are not being delivered and are deteriorating/ not improving
6-week wait for diagnostic procedures (incomplete) Target is >=99%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	In line with national COVID-19 guidance, this service has been suspended.			
	36.5%	20.7%	19.0%	18.0%	19.5%	23.6%				Key standards are being delivered but are deteriorating
	This data refers to the Audiology Service only									

3. Access - wait time standards

The following performance measures are key waiting time standards for the Trust:

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
CAMHS Eating Disorder – one week (complete pathway) Target is 95%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Due to COVID-19 response, high risk cases seen face to face. Routine appts completed by telephone		
	100.0%	100.0%	66.7%	100.0%	100.0%	33.3%			
	R	V	T	C	A	Rv			
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	As above. A funded interim improvement plan is on track to deliver the agreed trajectory.		
	100.0%	100.0%	83.3%	100.0%	100.0%	100.0%			
	R	V	T	C	A	Rv			
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Due to COVID-19 response, high Risk patients' Neurodevelopmental (ND) assessments temporarily reduced with priority for urgent ND assessments		
	72.7%	80.0%	100.0%	100.0%	100.0%	100.0%			
	R	V	T	C	A	Rv			
Children and Young People's Access – 13 weeks (incomplete pathway) Target is 92%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Due to COVID-19 response, high Risk patients' Neurodevelopmental (ND) assessments temporarily reduced with priority for urgent ND assessments		
	96.3%	100.0%	96.5%	100.0%	100.0%	100.0%			
	R	V	T	C	A	Rv			
Adult CMHT Access Five day urgent (incomplete pathway) Target is 95%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Service offered via telephone/video support. Priority will be given to high risk patients during COVID-19		
	23.8%	38.5%	18.2%	50.0%	100.0%	TBC			
	R	V	T	C	A	Rv			
<i>'n/a' denotes no patients waiting as at last day of the month. There were two referrals made to the service in December 2019</i>									
Adult CMHT Access Six weeks routine (incomplete pathway) Target is 95%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Service offered via telephone/video support. Priority will be given to high risk patients during COVID-19. Expected deterioration due to COVID-19		
	24.3%	27.9%	34.8%	39.8%	37.3%	36.7%			
	R	V	T	C	A	Rv			

4. 52 week waits

No patient should wait for more than 52 weeks from referral to the start of their treatment. From March 2020, the Trust will merge the existing Wait Times Group and the Harm Assurance Group to improve the governance and confidence of harm reviews for long waiting patients.

The following services have 52 week waits within their service:

Target							Longest wait (latest month)	RAG/ Comments on recovery plan position	SPC Flag	
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20			Assurance of Meeting Target	Trend
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Treatment (6 weeks)	118	139	122	122	133	TBC	TBC	Service offered via telephone/video support. Priority will be given to high risk patients during COVID-19. No reduction in the number of 52 week waits. Audit of each patient taking place.	NO	UP
									Key standards are not being delivered and are deteriorating/ not improving	
Liaison Psychiatry (13 weeks)	5	8	10	25	21	TBC	TBC	Service will be subsumed into new Core 24 service. This service has been decommissioned from 1st April 2020	NO	UP
	R	V	T	C	A	Rv			Key standards are not being delivered and are deteriorating/ not improving	
Cognitive Behavioural Therapy (13 weeks)	41	43	52	61	67	TBC	TBC	Due to COVID-19 response, ongoing telephone/video support available to existing patients. New referrals will be triaged via the CAP. Long term plan to review Psychological Services. Shorter term plan is a case by case review.	NO	UP
									Key standards are not being delivered and are deteriorating/ not improving	
Dynamic Psychotherapy (13 weeks)	47	62	59	62	67	TBC	TBC	Due to COVID-19 response, ongoing telephone/video support available to existing patients. New referrals will be triaged via the CAP. Long term plan to review Psychological Services. Shorter term plan is a case by case review.	NO	UP
									Key standards are not being delivered and are deteriorating/ not improving	
Personality Disorder (13 weeks)	65	89	70	90	100	TBC	TBC	Due to COVID-19 response, ongoing telephone/video support available to existing patients. New referrals will be triaged via the CAP. Long term plan to review Psychological Services. Shorter term plan is a case by case review.	NO	UP
									Key standards are not being delivered and are deteriorating/ not improving	
Medical/ Neuropsychology (18 weeks)	39	43	54	52	48	TBC	TBC	Recruitment to vacant posts have taken place. Recovery is expected but has yet to be delivered. No reduction or increase in March. Close performance management with UHL.	NO	UP
									Key standards are not being delivered and are deteriorating/ not improving	
CAMHS (13 weeks)	7	39	77	122	94	TBC	TBC	Due to COVID-19 response the service has prioritised high risk patients for assessment. Significant improvement being delivered in line with improvement plan.	NO	UP
									Key standards are not being delivered and are deteriorating/ not improving	

5. Patient Flow

The following measures are key indicators of patient flow:

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
Occupancy Rate - Mental Health Beds (excluding leave) Target is <=85%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Occupancy has decreased due to impact of COVID-19 with one ward used for isolation and focus on admissions using the mental health act		
	72.2%	76.9%	77.5%	78.0%	82.3%	80.6%			
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Fluctuating vacancy rates will be attributed to ward changes as a result of implementing social distancing as part of the COVID-19 response		
	54.9%	57.4%	50.8%	56.5%	62.2%	63.7%			
Average Length of stay (excluding leave) from acute Bradgate wards Target is <=33 days (national benchmark)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Fluctuating LoS will be attributed to changes in discharge protocol as a result of the COVID-19 response		
	44.5	46.6	32.8	24.2	26.3	28.2			
Average Length of stay Community hospitals National benchmark is 25 days.	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Fluctuating LoS will be attributed to changes in discharge protocol as a result of the COVID-19 response		
	16	14.5	15.6	14.2	14.8	16.9			
Delayed Transfers of Care Target is <=3.5% across LLR	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	The target is being met as a wider LLR system. NHS Digital has advised this national metric is being paused to release resources to support the COVID-19 response. We will continue to monitor locally		
	3.1%	1.5%	1.6%	2.2%	2.4%	2.3%			
Gatekeeping Target is >=95%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
	97.4%	96.6%	100.0%	100.0%	100.0%	100.0%			
Care Programme Approach – 7-day follow up (reported 1 month in arrears) Target is 95%	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Data quality improvements have been made by way of regular reporting and reminder to staff responsible for follow-ups		
	98.3%	100.0%	94.3%	98.4%	96.3%	96.0%			
Care Programme Approach 12-month standard Target is 95%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Data quality improvements have been made by way of regular reporting and reminder to staff responsible for reviews		
	89.3%	89.3%	88.7%	85.9%	87.1%	84.8%			

6. Quality and safety



Target	Trust Performance							RAG/ Comments on recovery plan position	SPC Flag		
									Assurance of Meeting Target	Trend	
C difficile Full year ceiling is 12.	YTD	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Trust is below ceiling year to date with 1 case(s) year to date	?	NO CHANGE	
	1	1	0	0	0	0	0				Key standards are being delivered inconsistently
Serious incidents	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		N/A	UP	Key standards are not improving	
	20	17	11	24	6	4					
STEIS - SI action plans implemented within timescales (in arrears) Target = 100%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Awaiting validated data to assess achievement of measure	?	DOWN	Key standards are being delivered inconsistently	
	14.3%	14.3%	25.0%	80.0%	50.0%	36.6%					
Safe staffing No. of wards not meeting >80% fill rate for RNs Target 0	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	This measure has been temporarily suspended during COVID-19 as staffing capacity is changing rapidly and continually to respond to the pandemic	NO	NO CHANGE	Key standards are not being delivered and are not improving SPC based on day shift	
	Day	n/a	n/a	n/a	7	6					5
	Night	n/a	n/a	n/a	4	3	2				
No. of episodes of seclusions >2hrs Target decreasing trend	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		N/A	DOWN	Key standard has no target; however performance is consistent	
	37	35	12	23	12	12					
No. of episodes of supine restraint Target decreasing trend	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		N/A	DOWN	Key standard has no target; however performance is consistent	
	14	7	15	9	22	21					
No. of episodes of side-line restraint Target decreasing trend	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		N/A	NO CHANGE	Key standard has no target; however performance is consistent	
	17	19	27	18	16	15					
No. of episodes of prone (unsupported) restraint Target decreasing trend	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		N/A	NO CHANGE	Key standard has no target; however performance is consistent	
	1	0	0	0	0	0					
No. of episodes of prone (supported) restraint Target decreasing trend	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20		N/A	NO CHANGE	Key standard has no target; however performance is consistent	
	4	17	11	1	7	8					
No. of Category 2 and 4 pressure ulcers developed or deteriorated in LPT care Target decreasing trend (RAG based on commissioner trajectory)	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	SPC graphs show the system is stable and within control limits. The variation is normal and predictable and is due to random or chance causes	N/A	NO CHANGE	Key standard has no target; however performance is consistent for category 2 and consistent for category 4	
	Category 2	94	63	100	97	70					87
	Category 4	2	8	3	9	4					5
No. of repeat falls Target decreasing trend	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20		N/A	NO CHANGE	Key standard has no target; however performance is consistent	
	58	54	76	47	44	33					

Additional quality measures

- The new Quality KPI improvements will be reviewed at the end of 2020/21 quarter two.

7. Data Quality

The following measures are key indicators of the quality of data completeness. These should be read alongside the Mental Health Services Data Standards (MHSDS) set out in section one of this report.

Target	Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
MH Data quality Maturity Index Target >=95%	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	The Trust is failing to deliver the 95% target. Improvement plan required.		
	92.0%	92.6%	92.3%	92.6%	92.3%	92.2%			
								Key standards are not being delivered but are improving	

8. Workforce/HR

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
Normalised Workforce Turnover rate (Rolling previous 12 months) Target is <=10%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	The Trust is below the ceiling set for turnover.		
	9.3%	9.4%	9.1%	9.0%	9.2%	8.9%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
	10.5%	11.5%	8.3%	7.9%	8.8%	9.3%		Key standards are not being delivered but are improving	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20			
	5.4%	5.6%	5.1%	4.5%	4.5%	4.3%		Key standards are not being delivered but are improving	
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20		n/a	n/a
	-	£727,410	£677,149	£593,502	£595,176	£585,200		SPC to be included once 13 data points have been provided	
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20		n/a	n/a
	-	5.6%	5.3%	5.0%	4.9%	4.7%		Not applicable for SPC as measuring cumulative data	
Agency Costs Target is <=£641,666 (NHSI national target)	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
	£757,082	£803,747	£774,912	£896,744	£989,742	£994,365		Key standards are being delivered inconsistently	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
	97.9%	97.8%	97.2%	90.0%	91.9%	92.8%		Key standards are being delivered but are deteriorating	
Staff with a Completed Annual Appraisal Target is >=80%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
	91.3%	87.5%	84.8%	83.3%	82.0%	82.4%		Key standards are being delivered but are deteriorating	
% of staff from a BME background Target is >= 22.5%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
	23.0%	22.9%	23.0%	23.2%	23.1%	22.9%		Key standards are not being delivered but are improving	
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20			
	67.4%	72.8%	84.2%	88.4%	86.2%	84.8%		Key standards are not being delivered but are improving	

Governance table

For Board and Board Committees:	FPC/QAC/Trust Board	
Paper sponsored by:	Danielle Cecchini - Director of Finance	
Paper authored by:	Prakash Patel - Acting Head of Information	
Date submitted:	12/10/2020	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Operational Executive Team/ Strategic Executive Board 16/10/20	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly report	
STEP up to GREAT strategic alignment*:	High Standards	
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	x
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	35 - Provides assurance of the improving quality and availability of data reporting to inform quality decision making
Is the decision required consistent with LPT's risk appetite:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:		