

## Public Trust Board - 22.12.20

### Board Performance Report (Month 8)

#### Purpose of the Report

For Information

#### Analysis of the issue

For month 8, a new process has been implemented, whereby time is built into the production timetable to enable service business managers to review the report and add narrative as relevant for their services. This should facilitate a more rounded discussion around performance at committees, and allow services to escalate areas of concern or good news stories.

DMH have reviewed their metrics and provided some really helpful feedback which has informed the month 8 report. FYPC and CHS were not able to review their reports due to conflicting work pressures.

Following the single EPR implementation, some issues have been identified with source data. The project team need time to undertake fixes that have been identified during pre and post migration testing. The fixes need to be tested, and the data anomalies need to be investigated to identify if they are due to technical processing or how the data is being entered onto SystemOne following go live. Adjustments and fixes made to the normal data processing in order to assimilate/consolidate the AMH S1 data may also affect CHS & FYPC data.

In order to ensure that the data can be corrected at source and in the correct month, (which ensures that future cumulative reporting is correct), it has been agreed that the data will not be frozen as normal this month. As such, the month 8 performance report is sent with caveats around the data reported. A blue RAG rating has been applied where data is not able to be RAG rated.

The SEPR Board had agreed a tiered approach to reporting deadlines post migration:

Tier 1 = Critical operational reports used for patient care and national reporting  
(November 2020)

Tier 2 = Commissioner reporting (January 2021)

Tier 3 = Service reporting (April 2021)

- The Tier 1 reports due to NHS England this month have been checked and will be submitted as normal.
- The Trust performance report falls under Tier 3, and as such is ahead of schedule, albeit with some caveats around some metrics.
- Commissioner reporting falls into tier 2, and commissioner colleagues have confirmed that a potential 3 month pause (although we expect it to be less than this) for performance reporting is acceptable.

## Proposals

The Board is asked to note that data has not been frozen this month, allowing for data issues to be corrected in the correct reporting month. The Board is asked to note the approach to commissioner reporting this month.

## Decision required

For Information.

## Governance table

<b>For Board and Board Committees:</b>	Trust Board	
<b>Paper sponsored by:</b>	Dani Cecchini, Director of Finance, Business & Estates	
<b>Paper authored by:</b>	Sharon Murphy, Deputy Director of Finance, Procurement & Information	
<b>Date submitted:</b>	18 <sup>th</sup> December 2020	
<b>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):</b>	Exec Team 18 <sup>th</sup> December 2020	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>	assured	
<b>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</b>	Standard month end report	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	x
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	x
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	x
	Trustwide Quality Improvement	x
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	20 - Performance management framework is not fit for purpose
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Yes	
<b>Equality considerations:</b>	None identified	

## **Trust Board - 22 December 2020**

### **Board Performance Report (Month 8)**

**Performance headlines – November 2020**

Key:			
	The SPC measure has improved from previous month	<b>NEW</b>	The first assessment of a metric using SPC
	The SPC has not changed from previous month	<b>R</b>	Metric will be removed from future reports
	The SPC measure has deteriorated from previous month	<b>C</b>	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** Average Length of stay (excluding leave) from Bradgate acute wards  
Delayed transfer of care (DTOC)  
Gatekeeping  
CPA 7 day  
C Diff  
STEIS action plans completed within timescales  
Agency Cost  
Admissions to adult facilities of patients under 16 years old  
Liaison Psychiatry over 52 weeks

**Key standards not being delivered but improving**

- Mental Health data submission - % clients in employment
- MH Data Quality Maturity Index
- Vacancy rate
- % of staff from a BME background
- % of staff who have undertaken clinical supervision within the last 3 months

Medical/ Neuropsychology over 52 weeks

**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)
- C** Occupancy rate – community beds (excluding leave)  
CPA 12 month  
Safe Staffing  
Sickness Absence  
Community Mental Health Teams and Outpatients – Treatment over 52 weeks  
Cognitive Behavioural Therapy over 52 weeks  
Dynamic Psychotherapy over 52 weeks  
Personality Disorder over 52 weeks  
CAMHS over 52 weeks

**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




## 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	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Drop in performance for November is due to data quality issues following the implementation of S1 and the usual data validation processes not being in place during the switchover.		
	100.0%	100.0%	100.0%	100.0%	98.5%	78.4%			
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	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20			
	94.3%	98.4%	96.3%	96.0%	95.9%	96.3%			
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					
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	<b>Age 0-15</b>							n/a	n/a
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			
	33.3%	0.0%	0.0%	100.0%	100.0%	0.0%			
<b>Age 16 or over</b>									SPC due January 2021
32.1%	32.5%	31.6%	29.8%	32.3%	35.7%				
The number and, where available rate of patient safety incidents reported within the Trust during the reporting period	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		n/a	n/a
	1014	966	910	947	1063	985			
	64.8%	63.9%	61.6%	62.3%	62.5%	59.8%			

## 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	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		n/a	n/a
	6	6	3	5	5	8		SPC due January 2021	
	0.6%	0.6%	0.3%	0.5%	0.5%	0.8%			
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			
	95.8%	90.5%	88.2%	95.2%	100.0%			Key standards are being delivered inconsistently	
	Unable to provide Nov-20 data as currently not available from SystmOne								
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
	<b>Inpatient Wards</b>							Not applicable for SPC as reported infrequently	
	Mar-20	Sep-20							
	60.0%	58.0%							
	<b>EIP Services</b>								
Mar-20	Sep-20								
93.0%	-								
<b>Community Mental Health Services on CPA (arrears)</b>									
Mar-20	Sep-20								
-	34.0%								
Admissions to adult facilities of patients under 16 years old	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-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)	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			
	0	0	0	0	0	0		Key standards are being 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%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	95.8%	90.5%	88.2%	95.2%	100.0%				
	Unable to provide Nov-20 data as currently not available from SystemOne														Key standards are being delivered inconsistently
Inappropriate Out of Area bed days for Adult Mental Health services  Target is 0 by end March 2021	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	0	0	0	0	0	0			
	Total Inappropriate OAPs bed days	n/a	n/a	n/a	n/a	n/a									n/a
	Total Inappropriate OAPs bed days (excl progress beds)	R	V	T	C	A									Rv
Mental Health data submission to NHS Digital: % clients in employment  Target is >=85%	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2%	3%	4%	4%	3%	3%			
	Improvements are expected to follow the SystemOne go live - S1 prompts data input of this field														Key standards are not being delivered but are improving
Mental Health data submission to NHS Digital: % clients in settled accommodation  Target is >=85%	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	36%	37%	39%	39%	34%	32%			
	Improvements are expected to follow the SystemOne go live - S1 prompts data input of this field														Key standards are not being delivered and are deteriorating/ not improving
6-week wait for diagnostic procedures (incomplete)  Target is >=99%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	19.0%	18.0%	19.5%	23.6%	23.3%	31.0%			
	This data refers to the Audiology Service only														Key standards are being delivered but are deteriorating



### 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%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Due to COVID-19 response, high risk cases seen face to face. Routine appts completed by telephone			
	66.7%	100.0%	100.0%	33.3%	100.0%	83.3%				
	R	V	T	C	A	Rv		Key standards are not being delivered and are not improving		
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	As above. A funded interim improvement plan is on track to deliver the agreed trajectory.			
	83.3%	100.0%	100.0%	100.0%	62.5%	66.7%				
	R	V	T	C	A	Rv		Key standards are being delivered inconsistently		
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Due to COVID-19 response, high Risk patients' Neurodevelopmental (ND) assessments temporarily reduced with priority for urgent ND assessments			
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
	R	V	T	C	A	Rv		Key standards are being delivered inconsistently		
Children and Young People's Access – 13 weeks (incomplete pathway) Target is 92%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Due to COVID-19 response, high Risk patients' Neurodevelopmental (ND) assessments temporarily reduced with priority for urgent ND assessments			
	96.5%	100.0%	100.0%	100.0%	100.0%	100.0%				
	R	V	T	C	A	Rv		Key standards are being delivered inconsistently		
Adult CMHT Access Five day urgent (incomplete pathway) Target is 95%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Numbers of 5 day urgent referrals are now very low following the introduction of CAP.			
	18.2%	50.0%	100.0%	n/a	n/a	n/a				
	R	V	T	C	A	Rv		Key standards are being delivered inconsistently		
	'n/a' denotes no patients waiting as at last day of the month.									
Adult CMHT Access Six weeks routine (incomplete pathway) Target is 95%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	November data cannot be accurately reported yet, as not all contacts have been input to S1 following the cut off date on RiO			
	34.8%	39.8%	37.3%	36.7%	46.0%					
	R	V	T	C	A	Rv		Key standards are not being delivered and are deteriorating / not improving		

#### 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	
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			Assurance of Meeting Target	Trend
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Post Access (6 weeks)	122	133	117	131	127	128	127 weeks	Step up to Great Mental Health programme will lead to revised patient pathways and swifter treatment offers being made available to patients.	<b>NO</b>	<b>UP</b>
									Key standards are not being delivered and are deteriorating/ not improving	
Liaison Psychiatry (13 weeks)	25	21	19	10	14	17	119 weeks	This service has been decommissioned from 1st April 2020.	<b>?</b>	<b>UP</b>
	<b>R</b>	<b>V</b>	<b>T</b>	<b>C</b>	<b>A</b>	<b>Rv</b>			Key standards are being delivered inconsistently	
Cognitive Behavioural Therapy (13 weeks)	61	67	57	54	63	53	109 weeks	Improvement plan and trajectory is in place - based on greater use of group treatment offers. Longer term psychological therapy treatment offer is being re-designed under SUTG-MH.	<b>NO</b>	<b>UP</b>
									Key standards are not being delivered and are deteriorating/ not improving	
Dynamic Psychotherapy (13 weeks)	62	67	73	72	65	69	125 weeks	Improvement plan and trajectory is in place - based on greater use of group treatment offers. Longer term psychological therapy treatment offer is being re-designed under SUTG-MH.	<b>NO</b>	<b>UP</b>
									Key standards are not being delivered and are deteriorating/ not improving	
Personality Disorder (13 weeks)	90	100	103	100	99	106	215 weeks	Improvement plan and trajectory is in place - based on greater use of group treatment offers. Longer term psychological therapy treatment offer is being re-designed under SUTG-MH.	<b>NO</b>	<b>NO CHANGE</b>
									Key standards are not being delivered and are deteriorating/ not improving	
Medical/ Neuropsychology (18 weeks)	52	48	42	23	16	11	77 weeks	Close performance management with UHL following investment from them into Neuro-psychology - trajectory is being met. Capacity and demand exercise underway in medical psychology.	<b>NO</b>	<b>DOWN</b>
									Key standards are not being delivered but are improving	
CAMHS (13 weeks)	122	94	119	113	126	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.	<b>NO</b>	<b>UP</b>
									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%	Jun-20 77.5%	Jul-20 78.0%	Aug-20 82.3%	Sep-20 80.6%	Oct-20 78.5%	Nov-20 85.5%	Occupancy has decreased due to impact of COVID-19 with one ward used for isolation and focus on admissions using the mental health act		
Nov-20 data doesn't include CAMHS as showing as 0 available beds							Key standards are being delivered inconsistently		
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Jun-20 50.8%	Jul-20 56.5%	Aug-20 62.2%	Sep-20 63.7%	Oct-20 67.3%	Nov-20 73.3%	Fluctuating vacancy rates will be attributed to ward changes as a result of implementing social distancing as part of the COVID-19 response		
							Key standards are not being delivered and are deteriorating/ not improving		
Average Length of stay (excluding leave) from acute Bradgate wards Target is <=33 days (national benchmark)	Jun-20 32.8	Jul-20 24.2	Aug-20 26.3	Sep-20 28.2	Oct-20 30.0	Nov-20 31.2			
							Key standards are being delivered inconsistently		
Average Length of stay Community hospitals National benchmark is 25 days.	Jun-20 15.6	Jul-20 14.2	Aug-20 14.8	Sep-20 16.9	Oct-20 16.1	Nov-20 15.6	Fluctuating LoS will be attributed to changes in discharge protocol as a result of the COVID-19 response		
							Key standards are being consistently delivered and are improving/ maintaining performance		
Delayed Transfers of Care Target is <=3.5% across LLR	Jun-20 1.6%	Jul-20 2.2%	Aug-20 2.4%	Sep-20 2.3%	Oct-20 2.5%	Nov-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		
Unable to provide Nov-20 data due to S1 migration issues							Key standards are being delivered inconsistently		
Gatekeeping Target is >=95%	Jun-20 100.0%	Jul-20 100.0%	Aug-20 100.0%	Sep-20 100.0%	Oct-20 98.5%	Nov-20 78.4%	Drop in performance for November is due to data quality issues following the implementation of S1 and the usual data validation processes not being in place during the switchover.		
							Key standards are being delivered inconsistently		
Care Programme Approach – 7-day follow up (reported 1 month in arrears) Target is 95%	May-20 94.3%	Jun-20 98.4%	Jul-20 96.3%	Aug-20 96.0%	Sep-20 95.9%	Oct-20 96.3%			
							Key standards are being delivered inconsistently		
Care Programme Approach 12-month standard Target is 95%	Jun-20 88.7%	Jul-20 85.9%	Aug-20 87.1%	Sep-20 84.8%	Oct-20 86.1%	Nov-20			
Unable to provide Nov-20 data due to S1 migration issues							Key standards are not being delivered and are deteriorating/ not improving		

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	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Trust is below ceiling year to date with 1 case(s) year to date	?	DOWN
	1	0	0	0	0	0	0			
Serious incidents	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		N/A	UP	
	11	24	6	4	10	7				Key standards are being delivered inconsistently
STEIS - SI action plans implemented within timescales (in arrears) Target = 100%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Awaiting validated data to assess achievement of measure	?	DOWN	
	25.0%	80.0%	50.0%	36.6%	28.6%	28.9%				Key standards are being delivered inconsistently
Safe staffing No. of wards not meeting >80% fill rate for RNs Target 0	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-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	
	Day	n/a	7	6	5	5				5
No. of episodes of seclusions >2hrs Target decreasing trend	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		N/A	DOWN	
	12	23	12	12	21	10				Key standard has no target; however performance is consistent
No. of episodes of supine restraint Target decreasing trend	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		N/A	NO CHANGE	
	15	9	22	21	12	8				Key standard has no target; however performance is consistent
No. of episodes of side-line restraint Target decreasing trend	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		N/A	NO CHANGE	
	27	18	16	15	23	15				Key standard has no target; however performance is consistent
No. of episodes of prone (unsupported) restraint Target decreasing trend	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		N/A	DOWN	
	0	0	0	0	0	0				Key standard has no target; however performance is consistent
No. of episodes of prone (supported) restraint Target decreasing trend	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		N/A	NO CHANGE	
	11	1	7	8	6	5				Key standard has no target; however performance is consistent
No. of Category 2 and 4 pressure ulcers developed or deteriorated in LPT care Target decreasing trend (RAG based on commissioner trajectory)	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-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	
	Category 2	100	97	70	84	86				101
No. of repeat falls Target decreasing trend	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20		N/A	NO CHANGE	
	76	47	44	33	65	58				Key standard has no target; however performance is consistent

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%	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	The Trust is failing to deliver the 95% target. Improvement plan required.		
	92.3%	92.6%	92.3%	92.2%	93.4%	93.2%			
								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%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	The Trust is below the ceiling set for turnover.		
	9.1%	9.0%	9.2%	8.9%	8.7%	8.7%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			
	8.3%	7.9%	8.8%	9.3%	8.9%	9.0%		Key standards are not being delivered but are improving	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20			
	5.1%	4.5%	4.5%	4.3%	4.7%	5.1%		Key standards are not being delivered and are deteriorating/ not improving	
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20		n/a	n/a
	£677,149	£593,502	£595,176	£585,200	£600,726	£670,612		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%	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20		n/a	n/a
	5.3%	5.0%	4.9%	4.7%	4.7%	4.8%		Not applicable for SPC as measuring cumulative data	
Agency Costs Target is <=£641,666 (NHSI national target)	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			
	£774,912	£896,744	£989,742	£994,365	£1,339,068	£1,302,482		Key standards are being delivered inconsistently	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			
	97.2%	90.0%	91.9%	92.8%	93.1%	93.3%		Key standards are being delivered but are deteriorating	
Staff with a Completed Annual Appraisal Target is >=80%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			
	84.8%	83.3%	82.0%	82.4%	83.6%	83.3%		Key standards are being delivered but are deteriorating	
% of staff from a BME background Target is >= 22.5%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			
	23.0%	23.2%	23.1%	22.9%	22.9%	23.1%		Key standards are not being delivered but are improving	
Staff flu vaccination rate (frontline healthcare workers) Target is >= 80%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		n/a	n/a
						48.8%			
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20			
	84.2%	88.4%	86.2%	84.8%	84.6%	85.4%		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:	Information Team	
Date submitted:	17/12/2020	
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 18/12/20	
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:		