Trust Board
02 March 2021

Board Performance Report (Month 10)

Highlighted Performance Movements - January 2021

Please note that all SPC charts have been updated and recalculated from April 2020 data.

Improved performance:

Metric	Performance - %	
Gatekeeping *Target is >=95%*	73.2%	Improved since implementation of S1
CAMHS Eating Disorder – one week (complete pathway) *Target is 95%*	100.0%	Reported 100%, last reporting period reported 66.7%

Deteriorating Performance:

Metric	Performance - %	
Delayed Transfers of Care *Target is <=3.5% across LLR*	4.5%	Significant deterioration reported 2.3% in Sep-20
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%	0.0%	Significant deterioration reported. There were 7 patients that were seen over the target hence 0% for January 21

Other areas to highlight:

Metric	Performance (No)	
No. of episodes of seclusions >2hrs *Target decreasing trend*	21	Increasing from 10 reported Nov-20
No. of episodes of supine restraint *Target decreasing trend*	25	Increased from 8 reported Nov-20
No. of episodes of side-line restraint *Target decreasing trend*	33	Increase from 15 reported Nov-20
No. of episodes of prone (unsupported) restraint *Target decreasing trend*	0	Decreased from 1 reported last month
No. of Category 2 pressure ulcers developed or deteriorated in LPT care *Target decreasing trend*	86	Increase from 76 reported last month
No. of repeat falls *Target decreasing trend*	43	Decrease from 61 reported last month

Performance headlines – January 2021

Key:			
(green)	The SPC measure has improved from previous month	NEW	The first assessment of a metric using SPC
(white)	The SPC has not changed from previous month	R	Metric will be removed from future reports
(red)	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** 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
- **C** Occupancy rate – community beds (excluding leave)

Key standards not being delivered but improving

- Mental Health data submission - % clients in employment (target updated to: no target set)
- 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 (target updated to: no target set)
- CAMHS ED one week (complete)
- **C** Adult CMHT Access six week routine (incomplete)
- 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
NO	The system is expected to consistently fail the target
YES	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation

Icon	Trend Description
UP	Special cause variation – cause for concern (indicator where high is a concern)
DOWN	Special cause variation – cause for concern (indicator where low is a concern)
NO CHANGE	Common cause variation
UP	Special cause variation – improvement (indicator where high is good)
DOWN	Special cause variation – improvement (indicator where low is good)

Useful icon combinations to understand performance:

Performance	Trend	Description
YES	UP/ DOWN or NO CHANGE	Key standards are being consistently delivered and are improving/ maintaining performance
YES	UP/ DOWN	Key standards are being delivered but are deteriorating
?	Any trend icon	Key standards are being delivered inconsistently
NO	UP/ DOWN	Key standards are not being delivered but are improving
NO	UP/ DOWN or NO CHANGE	Key standards are not being delivered and are deteriorating/ not improving

Hospital Acquired COVID Infection Reporting

A nosocomial infection is an infection that is acquired in a hospital or other health care facility. How likely each patient Covid-19 case is to be a nosocomial case is based on the duration of time between admission to a healthcare facility and positive specimen date;.

• **Hospital-Onset Probable Healthcare-Associated** – positive specimen date 8 -14 days after hospital admission.

• **Hospital-Onset Definite Healthcare-Associated** – positive specimen date 15 or more days after hospital admission.

Indicator	Trust Position											
	Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Sparkline
Total Admissions	**Total Admissions**	404	353	389	330	374	366	368	381	377	347	396	
	Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Sparkline
Covid Positive Prior to Admission	**Total Covid +ve Admissions**	18	49	31	11	5	4	2	28	41	44	66	
	Covid +ve Admission Rate	4.5%	13.9%	8.0%	3.3%	1.3%	1.1%	0.5%	7.3%	10.9%	12.7%	16.7%	
	No of Days	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Sparkline
Covid Positive Following Swab During Admission	**0-2**	1	4	2	2	0	0	0	2	5	4	5	
	3-7	2	9	9	1	1	0	1	0	7	12	20	
	8-14	1	8	9	2	0	0	0	0	1	15	9	
	15 and over	11	14	5	2	0	0	0	7	5	29	18	
	Hospital Acquired Rate *	3.0%	6.2%	3.6%	1.2%	0.0%	0.0%	0.0%	1.8%	1.6%	12.7%	6.8%	
	Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Sparkline
Overall Covid Positive Admissions Rate	**Total Covid +ve Admissions**	33	84	56	18	6	4	3	37	59	104	118	
	Average Covid +ve Admissions	8.2%	23.8%	14.4%	5.5%	1.6%	1.1%	0.8%	9.7%	15.6%	30.0%	29.8%	

• Community-Onset (CO) positive specimen date - <=2 days after hospital admission or hospital attendance.
• Hospital-Onset Indeterminate Healthcare Associated (HO.IHA) – positive specimen date 3-7 days after hospital admission.
• Hospital-Onset Probable Healthcare-Associated (HO.pHA) – positive specimen date 8 -14 days after hospital admission.
• Hospital-Onset Definite Healthcare-Associated (HO.dHA) – positive specimen date 15 or more days after hospital admission.
** - Includes the Hospital-Onset Probable Healthcare-Associated and Hospital-Onset Definite Healthcare-Associated categories.*

Current LPT data sources for nosocomial Covid-19

Daily Directorate Covid-19 Sit-rep reports

The template includes; number of confirmed Covid-19 patients diagnosed with Covid-19 between midnight to 23.59:59 on the day before against the date of the positive specimen in line with the above definitions. This information is submitted directly to the ICC and copied to the Trust Infection Prevention and Control team.

IPC team local access database

The IPC team have a local access database for clinical patient reviews that captures all patients with long term infections and more recently Covid-19.The data source is taken from the daily Directorate sit-reps, or though IPC referrals. Data is validated using SystmOne records and ilab to confirm results. The system is backed up daily.
The objective is to move to a utilising System1 functionality when it is available, with reporting through Qliksense. The Information and IPC teams are currently working up this system and process.

Internal reporting

On 19.1.21 it was agreed to add nosocomial Covid-19 reporting to the Board Performance Report against each onset description as both a Trust total, split by Directorate added as new indicators into next month's report and it will show data for the last 6 months. It has been agreed to use the IPC local access database system as the data source. It has been further agreed today for the IPC team to provide the ICC a weekly Trust wide update on every Monday for the preceding week nosocomial cases.

Actions to minimise nosocomial Covid-19 infection

On 9 June and 24 June 2020 all providers received letters from NHS England & Improvement outlining actions all Trusts should implement to minimise nosocomial Covid-19, four key themes;

- Inpatient testing – on admission & day three
- Staff testing – lateral flow testing and test and trace
- Staff risk assessment
- Outbreak management

A summary of actions the Trust is taking to tackle nosocomial infection;

- Implemented recommendations in line with all government IPC guidelines including the latest IPC guidance and key actions for IPC and testing
- Patient care management and admissions in line with – low, medium and high risk care pathways
- Level 1 & 2 mandatory IPC training including Donning and Doffing training
- FFP3 mask fit test training
- PPE adherence in line with the care pathways – weekly audits and daily in areas with increased incidences
- In-patient testing in line with Key actions for IPC and testing recommendations
- Implementation of staff lateral flow testing
- IPC Back to Basics campaign
- Cleaning and decontamination service specification review
- Outbreak management – toolkit and guidance, weekly Trust oversight meeting
- Outbreak Quality Improvement Action Plan
- Hand Hygiene and Bare Below the Elbow audits
- Health and Safety Covid-19 secure risk assessments
- Review of zoning and bed spacing
- Source isolating all new admission/transfers from UHL until the day seven patient Covid-19 test is negative
- Patient placement reviews to avoid new patients admitted being placed with patients who have been in hospital greater than 14 days

The weekly Trust wide outbreak meeting is attended by PHE and NHSE/I IPC leads. There have been no concerns to date escalated at the meeting in terms of our strategies and actions to minimise Covid-19 transmission. There is a Trust Outbreak quality improvement plan to ensure we are learning and sharing, one learning board has already been developed from lessons learnt and this will continue to be shared as an output from the meetings. We have also incorporated learning from NHFT and national webinars.

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	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Drop in performance for November and December is due to data quality issues following the implementation of S1 and the usual data validation processes not being in place during the switchover.	?	NO CHANGE
	100.0%	100.0%	98.5%	71.4%	73.2%	93.7%			
								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	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Drop in performance for November and December is due to data quality issues following the implementation of S1 and the usual data validation processes not being in place during the switchover.	?	NO CHANGE
	96.3%	96.0%	95.9%	96.3%	91.3%	92.7%			
	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
	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21			
	0.0%	100.0%	100.0%	0.0%	50.0%	0.0%			
	Age 16 or over								
	31.6%	29.8%	32.3%	35.7%	33.3%	32.1%			
								SPC due January 2021	
The number and, where available rate of patient safety incidents reported within the Trust during the reporting period	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		n/a	n/a
	911	952	1070	1006	978	1129			
	61.7%	62.6%	63.0%	60.4%	58.9%	59.0%			
								SPC due January 2021	

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	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		n/a	n/a
	4	5	4	8	7	8			
	0.4%	0.5%	0.4%	0.8%	0.7%	0.7%		*SPC due January 2021*	
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		?	UP
	88.2%	95.2%	100.0%	85.0%	91.7%	93.3%			
	Nov-Dec 20 data has been refreshed.							Key standards are being 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)	*Reported Bi-annually*							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)							*Not applicable for SPC as reported infrequently*	
	Mar-20	Sep-20							
	-	34.0%							
Admissions to adult facilities of patients under 16 years old	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		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)	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Actual performance figure for Dec is 0 days - inputting error.	?	NO CHANGE
	0	0	0	0	26	1			
								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	SPC Flag: Trend
Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral Target is >=56%	See table 1 below. *Nov-Dec 20 data has been refreshed*		?	UP Key standards are being delivered inconsistently
Inappropriate Out of Area bed days for Adult Mental Health services Target is 0 by end March 2021	See table 2 below.	Actual performance figure for Dec/ Jan is 0 days - inputting error.	?	NO CHANGE Key standards are being delivered inconsistently
Mental Health data submission to NHS Digital: % clients in employment No Target Set	See table 3 below.	Improvements are expected to follow the SystmOne go live - S1 prompts data input of this field	NO	UP Key standards are not being delivered but are improving
Mental Health data submission to NHS Digital: % clients in settled accommodation No Target Set	See table 4 below.	Improvements are expected to follow the SystmOne go live - S1 prompts data input of this field	NO	DOWN Key standards are not being delivered and are deteriorating/ not improving
6-week wait for diagnostic procedures (Complete) Target is >=99%	See table 5 below. This data refers to the Audiology Service only	In line with national COVID-19 guidance, this service was suspended. It was re-established in October but due to COVID restrictions can only work at 60% previous activity. To support this we have employed an additional audiologist and a successful capital bid for an additional clinical room. this financial year. The service is on track for the recovery trajectory	YES	DOWN Key standards are being delivered but are deteriorating

Table 1: Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral

Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
88.2%	95.2%	100.0%	85.0%	91.7%	93.3%

Table 2: Inappropriate Out of Area bed days for Adult Mental Health services

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Total Inappropriate OAPs bed days	0	0	0	0	26	1
Total Inappropriate OAPs bed days	n/a	n/a	n/a	n/a	n/a	n/a
	R	V	T	C	A	Rv

Table 3: Mental Health data submission to NHS Digital: % clients in employment

2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2
2%	3%	4%	4%	3%	3%

Table 4: Mental Health data submission to NHS Digital: % clients in settled accommodation

2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2
36%	37%	39%	39%	34%	32%

Table 5: 6-week wait for diagnostic procedures (Complete)

Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
19.5%	23.6%	23.3%	31.0%	28.4%	31.1%

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	SPC Flag: Trend
	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21			
CAMHS Eating Disorder – one week (complete pathway) Target is 95%	100.0%	33.3%	100.0%	83.3%	66.7%	100.0%	The Service has seen an increase in urgent referrals which is in line with the National Profile. These referals are prioritised and escalated to Commissioners. In addition there are a number of young people being supported in the community whilst waiting	NO	NO CHANGE
	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%	100.0%	100.0%	62.5%	66.7%	50.0%	0.0%	Routine referrals are being delayed due to the prioritisation of urgent cases. Additional funidng through the Mental Health standard is not expected to resolve the problem.	?	DOWN
	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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Resources are being diverted to deal with the urgent referrals.	?	UP
	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%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	The current KPI target is being met despite the waiting list growth. Prioritisation of resources is being discussed.	?	UP
	R	V	T	C	A	Rv		Key standards are being delivered inconsistently	
Adult CMHT Access Five day urgent (incomplete pathway) Target is 95%	100.0%	n/a	n/a	n/a	n/a	n/a	There is a reduction in referrals following the introduction of the Central Access Point (CAP).	?	NO CHANGE
	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%	37.3%	36.7%	46.0%				November to January data cannot be accurately reported yet, as not all contacts have been input to S1 following the cut off date on RiO.	NO	DOWN
	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	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Longest wait (latest month)	RAG/ Comments on recovery plan position	SPC Flag: Assurance of Meeting Target	SPC Flag: Trend
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Post Access (6 weeks)	117	131	127	128	123	151	147 weeks	Step up to Great Mental Health programme will lead to revised patient pathways and swifter treatment offers being made available to patients.	NO	NO CHANGE
									Key standards are not being delivered and are deteriorating/ not improving	
Liaison Psychiatry (13 weeks)	19	10	14	17	13	8	107 weeks	This service has been decommissioned from 1st April 2020.	?	UP
	R	V	T	C	A	Rv			Key standards are being delivered inconsistently	
Cognitive Behavioural Therapy (13 weeks)	57	54	63	53	52	56	97 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.	NO	NO CHANGE
									Key standards are not being delivered and are deteriorating/ not improving	
Dynamic Psychotherapy (13 weeks)	73	72	65	69	67	67	133 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.	NO	UP
									Key standards are not being delivered and are deteriorating/ not improving	
Personality Disorder (13 weeks)	103	100	99	106	105	107	306 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.	NO	UP
									Key standards are not being delivered and are deteriorating/ not improving	
Medical/ Neuropsychology (18 weeks)	42	23	16	11	11	6	81 weeks	Close performance management with UHL folowing investment from them into Neuro-psychology - trajectory is being met. Capacity and demand exercise underway in medical psychology.	NO	DOWN
									Key standards are not being delivered but are improving	
CAMHS (13 weeks)	119	113	126	131	139	TBC	TBC	The service continues to have approximately 100 children waiting over 1 year for treatment (predominantly neurodevelopment) as they clear the spike in demand profile. This is in line with the recovery trajectory as overall numbers decrease. Currently in	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	SPC Flag: Trend	SPC Flag
Occupancy Rate - Mental Health Beds (excluding leave) Target is <=85%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Occupancy levels are closely monitored and actions taken in line with the covid surge plans to ensure adequate capacity is available on a day to day basis.	?	NO CHANGE	Key standards are being delivered inconsistently
	82.3%	80.6%	78.5%	85.5%	67.2%	86.2%				
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	The Trust is below the local target rate of 93%, however there is engagement with commissioners to review the benefits of this target to support flow. Occupancy is one of a range of measures to support flow and 93% does not ordinarily work. The national level is 87% and this is still challenging due to the separation of red and green beds / IPC requirements.	?	DOWN	Key standards are being delivered inconsistently
	62.2%	63.7%	67.3%	73.3%	71.5%	77.3%				
Average Length of stay (excluding leave) from acute Bradgate wards Target is <=33 days (national benchmark)	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		?	DOWN	Key standards are being delivered inconsistently
	26.3	28.2	30.0	31.2	37.2	24.8				
Average Length of stay Community hospitals National benchmark is 25 days.	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Fluctuating LoS will be attributed to changes in discharge protocol as a result of the COVID-19 response	YES	DOWN	Key standards are being consistently delivered and are improving/ maintaining performance
	14.8	16.9	16.1	15.6	17.6	16.0				
Delayed Transfers of Care Target is <=3.5% across LLR	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	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	?	NO CHANGE	Key standards are being delivered inconsistently
	2.4%	2.3%	2.5%	3.5%	4.5%	4.5%				
	R	V	T	C	A	Rv				
	Nov-Dec 20 data has been refreshed.									
Gatekeeping Target is >=95%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	A drop in performance for November and December is due to data quality issues following the implementation of S1 and the usual data validation processes not being in place during the switchover.	?	NO CHANGE	Key standards are being delivered inconsistently
	100.0%	100.0%	98.5%	71.4%	73.2%	93.7%				
	R	V	T	C	A	Rv				
Care Programme Approach – 7-day follow up (reported 1 month in arrears) Target is 95%	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Drop in performance for November and December is due to data quality issues following the implementation of S1 and the usual data validation processes not being in place during the switchover.	?	NO CHANGE	Key standards are being delivered inconsistently
	96.3%	96.0%	95.9%	96.3%	91.3%	92.7%				
	R	V	T	C	A	Rv				
Care Programme Approach 12-month standard Target is 95%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Further work is required to validate the reported figures following the S1 migration	NO	DOWN	Key standards are not being delivered and are deteriorating/ not improving
	87.1%	84.8%	86.1%	69.5%	66.2%	61.7%				

6. Quality and Safety

Target	Trust Performance							RAG/ Comments on recovery plan position	SPC Flag: Assurance of Meeting Target	SPC Flag: Trend
C difficile Full year ceiling is 12.		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Trust is below ceiling year to date with case(s) year to date	?	DOWN
		0	0	0	0	0	0		Key standards are being delivered inconsistently	
Serious incidents		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		N/A	UP
		6	4	10	7	11	10		Key standards are being delivered inconsistently	
STEIS - SI action plans implemented within timescales (in arrears) Target = 100%		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Awaiting validated data to assess achievement of measure	?	DOWN
		50.0%	36.6%	28.6%	28.9%	33.3%	35.6%		Key standards are being delivered inconsistently	
Safe staffing No. of wards not meeting >80% fill rate for RNs Target 0		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	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	6	5	5	5	4	5		Key standards are not being delivered and are not improving *SPC based on day shift*	
	Night	3	2	0	1	0	0			
No. of episodes of seclusions >2hrs Target decreasing trend		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		N/A	NO CHANGE
		12	12	21	10	16	21		Key standard has no target; however performance is consistent	
No. of episodes of supine restraint Target decreasing trend		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		N/A	NO CHANGE
		22	21	12	8	15	25		Key standard has no target; however performance is consistent	
No. of episodes of side-line restraint Target decreasing trend		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		N/A	NO CHANGE
		16	15	23	15	19	33		Key standard has no target; however performance is consistent	
No. of episodes of prone (unsupported) restraint Target decreasing trend		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		N/A	NO CHANGE
		0	0	0	0	1	0		Key standard has no target; however performance is consistent	
No. of episodes of prone (supported) restraint Target decreasing trend		Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		N/A	NO CHANGE
		7	8	6	5	2	7		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)		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	The Directorate has some improvement targets set by CCGs and an improvement plan. 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.		
	Category 2	70	84	86	101	76	86		N/A	NO CHANGE
	Category 4	4	6	4	6	3	2		N/A	NO CHANGE
									Key standard has no target; however performance is consistent for category 2 and consistent for category 4	
No. of repeat falls Target decreasing trend		Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	General reduction in patient numbers over the Covid period will result in greater variance than has been seen historically. This is monitored via the Falls Steering Group including the impact on Harm.	N/A	NO CHANGE
		44	33	65	61	61	43		*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%	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	The Trust is failing to deliver the 95% target. Improvement plan required.	UP	UP
	92.3%	92.2%	93.4%	93.2%	93.5%	93.6%		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	SPC Flag: Trend	SPC Flag: Comment
Normalised Workforce Turnover rate (Rolling previous 12 months) Target is <=10%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	The Trust is below the ceiling set for turnover.	YES	DOWN	Key standards are being consistently delivered and are improving performance
	9.2%	8.9%	8.7%	8.7%	8.7%	8.4%				
Vacancy rate Target is <=7%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		NO	DOWN	Key standards are not being delivered but are improving
	8.8%	9.3%	8.9%	9.0%	10.0%	10.1%				
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		NO	NO CHANGE	Key standards are not being delivered and are deteriorating/ not improving
	4.5%	4.3%	4.7%	5.1%	5.4%	5.0%				
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		n/a	n/a	SPC to be included once 13 data points have been provided
	£595,176	£585,200	£600,726	£670,612	£711,902	£679,838				
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		n/a	n/a	Not applicable for SPC as measuring cumulative data
	4.9%	4.7%	4.7%	4.8%	4.9%	4.9%				
Agency Costs Target is <=£641,666 (NHSI national target)	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		?	UP	Key standards are being delivered inconsistently
	£989,742	£994,365	£1,339,068	£1,302,482	£1,193,443	£1,593,262				
Core Mandatory Training Compliance for substantive staff Target is >=85%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		YES	DOWN	Key standards are being delivered but are deteriorating
	91.9%	92.8%	93.1%	93.3%	93.2%	93.3%				
Staff with a Completed Annual Appraisal Target is >=80%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		YES	DOWN	Key standards are being delivered but are deteriorating
	82.0%	82.4%	83.6%	83.3%	86.2%	86.5%				
% of staff from a BME background Target is >= 22.5%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		NO	UP	Key standards are not being delivered but are improving
	23.1%	22.9%	22.9%	23.1%	23.2%	23.4%				
Staff flu vaccination rate (frontline healthcare workers) Target is >= 80%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		n/a	n/a	
				48.8%	59.7%	60.0%				
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21		NO	UP	Key standards are not being delivered but are improving
	86.2%	84.8%	84.6%	85.4%	82.1%	81.5%				

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:	12/02/2021	
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):		
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 **S**tandards	
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	x
	Single Patient **R**ecord	
	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:		