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Trust Board – 27.04.21

Board Performance Report and Metrics Review 2021-22

Purpose of the report

To provide the Board with the Board Performance Report for Month 12 and an overview of the revisions to the Performance Report metrics for 2021-22 following consultation with the Directorates.

Analysis of the issue

Moving forward into 2021-22, the review of metrics was undertaken with the Clinical Directorates and where possible, with those Corporate Directorates to ensure that they are still relevant, as well as ensuring that any new requirements underpinned by Directorate priorities are included in the revised report.

Proposals

All relevant national guidance has been appraised and the position reflected in the revised metrics alongside LLR System working where metrics were derived from Non-CCG contracts such as the Transforming Care Programme, in order that the Performance Report is all inclusive.

As previously outlined, it is intended that variation in performance should drive what is presented through the Report and is linked to the automation of the Performance Report using Qliksense.

There are still areas that have not been able to articulate a formal threshold/target but work remains ongoing to ensure that these can be defined and presented in the first of the revised Board Performance Reports for 2021-22.

Board Performance Report Revised Metrics

2020-21 Metric	Target where known	2021-22 Metric	Target where known	Rationale for inclusion/removal
Covid Hospital Acquired Infections				
Total Admissions: Total covid +ve admissions; Covid +ve admission rate		Total Admissions: Total covid +ve admissions; Covid +ve admission rate		No change to reporting requirements
Covid +ve prior to admission		Covid +ve prior to admission		No change to reporting

				requirements
Covid +ve following swab during admission		Covid +ve following swab during admission		No change to reporting requirements
Overall Covid +ve Admissions rates		Overall Covid +ve Admissions rates		No change to reporting requirements

2020-21 Metric	Target where known	2021-22 Metric	Target where known	Rationale for Inclusion/Removal
Quality Account				
CRHT Gatekeeping admissions	% of admissions to acute wards	CRHT Gatekeeping admissions	% of admissions to acute wards	No change to reporting requirement
CPA 7 day	% on CPA (awaiting national guidance on methodology for calculation	CPA 7 day	% on CPA (awaiting national guidance on methodology for calculation	No change to reporting requirement
Patient experience CMHT Indicator score	Annual figure	Patient experience CMHT Indicator score	Annual figure	No change to reporting requirement
Readmissions within 28 days	% aged (i) 0-16; (ii) 16 or over	Readmissions within 28 days	% aged (i) 0-16; (ii) 16 or over	No change to reporting requirement
No. and rate of patient safety incidents		No. and rate of patient safety incidents		No change to reporting requirement identified
No. and % patient safety incidents resulting in severe harm or death		No. and % patient safety incidents resulting in severe harm or death		No change to reporting requirement identified
EIP within 2 weeks of referral	1st episode of psychosis	EIP within 2 weeks of referral	1st episode of psychosis	No change to reporting requirement
% cardio-metabolic assessments	Delivered routinely (i) Inpatient	% cardio-metabolic assessments	Delivered routinely (i) Inpatient	No change to reporting requirement
Admissions to adult wards for U16's		Admissions to adult wards for U16's		No change to reporting requirement

2020-21 Metric	Target where	2021-22 Metric		Rationale for

	known			Inclusion or removal
NHS Oversight		**No publication for 2020-21 and therefore maintain 2019-20**		
EIP with Care Co-ordinator within 14 days	>=56%	EIP with Care Co-ordinator within 14 days	>=56%	No change to reporting requirement
Inappropriate OOA bed days Adult Mental Health	0 by Mar 21	**REMOVE**		DMH - Remove as this has been zero for 12 months
MHSDS - % in employment	Nil	Employment Support - Number with Individual Placement and Support in place	Number accessing IPS as a rolling total each quarter reported - no target performance	Slight amendment to target based on Activity and Performance Technical Definitions for Mental Health for 2021-22 document.
MHSDS - % in settled accommodation	Nil	MHSDS - % in settled accommodation	Nil	No change to reporting requirement
6 week wait for diagnostic procedures	>= 99%	6 week wait for diagnostic procedures	>= 99%	No change to reporting requirement

2020-21 Metric	**Target where known**	**2021-22 Metric**	**Target where known**	**Rationale for Inclusion or removal**
Access Wait Times				
CAMHS ED – 1 week (completed pathway)	95%	CAMHS ED – 1 week for Urgent	95%	Slight amendment to target based on Activity and Performance Technical Definitions for Mental Health for 2021-22 document.
CAMHS ED – 4 weeks	95%	CAMHS ED – 4 weeks		Slight amendment

(completed pathway)		for Routine	95%	to target based on Activity and Performance Technical Definitions for Mental Health for 2021-22 document.
CAMHS Access – 4 weeks (incomplete pathway)	92%	CAMHS Access – 4 weeks (incomplete pathway)	92%	No change to reporting requirement
CAMHS Access – 13 weeks (incomplete pathway)	92%	CAMHS Access – 13 weeks (incomplete pathway)	92%	No change to reporting requirement
Adult CMHT Access – 5 day urgent (incomplete pathway)	95%	**REMOVE**		DMH - Remove as no longer applicable now CAP in place
Adult CMHT Access – 6 weeks routine (incomplete pathway)	95%	Adult CMHT Access – 6 weeks routine (incomplete pathway)	95%	No change to reporting requirement

2020-21 Metric	Target where known	2021-22 Metric	Target where known	Rationale for Inclusion or removal
52-week wait		**This needs to be a fluid list based on current concern**		
CMHT and OPD – Post access 6 weeks		**REMOVE**		DMH: Remove as current reporting needs to replacing with referral to treatment methodology
Liaison Psych – 13 weeks		**REMOVE**		DMH: Remove as not applicable now re-designed Liaison Service in place
CBT – 13 Weeks		CBT – 13 Weeks		No change to reporting requirement
Dynamic Psych - 13 weeks		Dynamic Psych - 13 weeks		No change to reporting requirement
PD – 13 weeks		PD – 13 weeks		No change to

				reporting requirement
Medical/Neuropsych – 18 weeks		**REMOVE**		DMH: Remove as robust plan in place. Very small numbers remaining
CAMHS - 13 weeks		CAMHS - 13 weeks		No change to reporting requirement

2020-21 Metric	Target where known	2021-22 Metric	Target where known	Rationale for Inclusion or removal
Patient Flow				
Occupancy Rate – MH Beds (excluding leave)	<=85%	Occupancy Rate – MH Beds (excluding leave)	<=85%	No change to reporting requirement
Occupancy Rate - Community Beds	>= 93%	Occupancy Rate - Community Beds	>= 93%	No change to reporting requirement
ALoS (excluding leave) from acute beds at Bradgate	<= 33 days (national benchmark)	**REMOVE**		DMH: Remove as consistently under national mean since June 2020
ALoS – Community Beds	25 days (national benchmark)	ALoS – Community Beds	25 days (national benchmark)	No change to reporting requirement
DToC	<=3.5% (LLR)	DToC	<=3.5% (LLR)	No change to reporting requirement
Gatekeeping	>=95%	Gatekeeping	>=95%	No change to reporting requirement
CPA 7 Day	95%	CPA 7 Day	95%	No change to reporting requirement
CPA 12-month	95%	CPA 12-month	95%	No change to reporting requirement

2020-21 Metric	Target where known	2021-22 Metric	Target where known	Rationale for Inclusion or removal
Quality and Safety		**Taken from the Quality Account and Schedule for 2019-20. No guidance for 2021-22**		
C-Difficile	Full year 12	**REMOVE**		AD Nursing & Prof Practice:

				No cases of C-Diff for 12 months
Numbers of SI's		Numbers of SI's		More work required to make this a more meaningful metric
STEIS SI Action Plans	100%	STEIS SI Action Plans	100%	No change to reporting requirement
Safe Staffing: No. wards not meeting >80% fill rate of RNs	0	Safe Staffing: No. wards not meeting >80% fill rate of RNs	0	No change to reporting requirement
No. episodes of seclusion	Decreasing trend	No. episodes of seclusion	Decreasing trend	No change to reporting requirement
No. supine restraint	Decreasing trend	No. supine restraint	Decreasing trend	No change to reporting requirement
No. sideline restraint	Decreasing trend	No. sideline restraint	Decreasing trend	No change to reporting requirement
No. prone restraint (unsupported)	Decreasing trend	No. prone restraint (unsupported)	Decreasing trend	No change to reporting requirement
No. prone restraint (supported)	Decreasing trend	No. prone restraint (supported)	Decreasing trend	No change to reporting requirement
Category 2 & 4 pressure ulcers acquired	Decreasing trend (Commissioner Trajectory)	Category 2 & 4 pressure ulcers acquired	Decreasing trend (Commissioner Trajectory)	No change to reporting requirement
No. repeat falls	Decreasing trend	No. repeat falls	Decreasing trend	No change to reporting requirement

2020-21 Metric	Target where known	2021-22 Metric	Target where known	Rationale for Inclusion or removal
Data Quality				
MH Data Quality Maturity Index		MH DQMI	80%	Slight amendment to target based on Activity and Performance Technical Definitions for Mental Health

				for 2021-22 document.

2020-21 Metric	Target where known	2021-22 Metric	Target where known	Rationale for Inclusion or removal
Workforce Turnover (Rolling prev 12 months)	<=10%	Workforce Turnover (Rolling prev 12 months)	<=10%	No change to reporting requirement
Vacancy Rate	<=10%	Vacancy Rate	<=10%	No change to reporting requirement
HWB – Sickness Absence (1 month in arrears)	<=4.5%	HWB – Sickness Absence (1 month in arrears)	<=4.5%	No change to reporting requirement
HWB – Sickness Absence Costs (1 month in arrears)		HWB – Sickness Absence Costs (1 month in arrears)		No change to reporting requirement
HWB – Sickness Absence YTD (1 month in arrears)	<=4.5%	HWB – Sickness Absence YTD (1 month in arrears)	<=4.5%	No change to reporting requirement
Agency Costs	<=£641,666 (NHSI)	Agency Costs	<=£641,666 (NHSI)	No change to reporting requirement
Core Mandatory Training Compliance – substantive staff	>=85%	Core Mandatory Training Compliance – substantive staff	>=85%	No change to reporting requirement
Completed Appraisals	>=80%	Completed Appraisals	>=80%	No change to reporting requirement
% BME Staff	>=22.5%	% BME Staff	>=22.5%	No change to reporting requirement
Flu Vaccination rate (frontline)	>=80%	Flu Vaccination rate (frontline)	>=80%	No change to reporting requirement
Clinical Supervision within 3 months	>=85%	Clinical Supervision within 3 months	>=85%	No change to reporting requirement

New Metrics for 2021-22

New 2021-22 Metric	Target where known	Rationale for Inclusion
Access Wait Times		
CHS		
CINSS	95% compliance against the 20	CHS: Based on Priority

	working day target	Services. Further work to be completed to identify relevant and appropriate target
Continence	95% against the 20 working day target for a 1st assessment	CHS: Based on Priority Services. Further work to be completed to identify relevant and appropriate target
Urgent Community Response	80% compliance against a 2 hour response – target date October	CHS: Based on Priority Services. Further work to be completed to identify relevant and appropriate target

New 2021-22 Metric	Target where known	Rationale for Inclusion
Access Wait Times		
FYPC		
Learning Disabilities – Inpatients: • CYP • Adult	 =3 =36	FYPC: Focus on LD Inpatient Numbers
LD Annual Health Checks completed	75%	FYPC: Relating to Transforming Care Programme and key focus for the System
LeDeR Reviews completed within timeframe	100% compliance with Timeframe (awaiting confirmation of timeframe)	FYPC: Relating to Transforming Care Programme and key focus for the System
New 2021-22 Metric	**Target where known**	**Rationale for Inclusion**
Specialist Autism (Post Diagnostic): • Wait for Assessment • Wait for Treatment • No.s Referrals	 To be confirmed To be confirmed Numbers	FYPC: New Services and key focus
Aspergers: • Wait for Assessment • Wait for Treatment • No.s Referrals	 To be confirmed To be confirmed Numbers	FYPC: New Services and key focus
LD Psychology: • Wait for Assessment • Wait for Treatment • No.s Referrals	 To be confirmed To be confirmed Numbers	FYPC: New Services and key focus
LD Community: • Wait for Assessment	 To be confirmed	FYPC: New Services and key focus

	To be confirmed	
• Wait for Treatment • No.s Referrals	Numbers	

New 2021-22 Metric	Target where known	Rationale for Inclusion
CAMHS ED: Community • Wait for Assessment • Wait for Treatment Neurodevelopmental • Wait for Assessment • Wait for Treatment	 To be confirmed To be confirmed To be confirmed To be confirmed	FYPC: Key area of concern
CAMHS Crisis:	Confirming target	FYPC: AD: Key area of concern
All LD no's waiting over 52 weeks		FYPC: Key concern as a whole service
New 2021-22 Metric	**Target where known**	**Rationale for Inclusion**
Access Wait Times		
DMH		
Perinatal	No. women accessing service	DMH: National reporting plus Based on Activity and Performance Technical Definitions for Mental Health for 2021-22 document.
Memory Clinic – 18 wk Local RTT	95%	DMH: request to monitor plus Based on Activity and Performance Technical Definitions for Mental Health for 2021-22 document.
ADHD – 18 wk local RTT	95%	DMH: request to monitor
DMH/Urgent Care Access	Target to be determined	DMH: CAP and crisis response metrics to be determined/ added
Mental Health Liaison Service: • 1 hour response • 4 hour response • 24 hour response	No Threshold	DMH: To be added. System configuration required to enable reporting
CMHT's – No. patients with severe mental illness having 2+ contacts with Community Team (excluding email and	Numbers reported – no performance target	Based on Activity and Performance Technical Definitions for Mental Health for 2021-22 document.

SMS)		
Number of patients admitted with no previous contact with CMHT	% people admitted without any prior contact with a CMHT	Based on Activity and Performance Technical Definitions for Mental Health for 2021-22 document.
72 hour F/U after discharge	80%	Based on Activity and Performance Technical Definitions for Mental Health for 2021-22 document.

New 2021-22 Metric	Target where known/Comment	Rationale for Inclusion
Patient Flow		
Agnes Unit Occupancy Rate	%	FYPC: Overall monitoring

New 2021-22 Metric	Target where known/Comment	Rationale for Inclusion
Quality		
Safer Staffing – Care Hours per patient day	Average	AD Nursing & Prof Practice: Based on national reporting and ability to triangulate with Fill rate to give better quality picture
New 2021-22 Metric	**Target where known/Comment**	**Rationale for Inclusion**
Workforce		
Health and Wellbeing Activity	Number of staff contacting the hub in the reporting period	HR/OD: To provide overall picture of HWB Hub Offer

Decision required

For Information

Governance table

For Board and Board Committees:	Public Trust Board
Paper sponsored by:	Sharon Murphy, Interim Director of Finance and Performance
Paper authored by:	Sam Kirkland, Head of Data Privacy
Date submitted:	19.04.21
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
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not	None

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	One off	
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	20 - Performance management framework is not fit for purpose
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	None identified	