Leicestershire Partnership NHS
NHS Trust

Trust Board
27 April 2021

Board Performance Report (Month 12)

Highlighted Performance Movements - March 2021

Improved performance:

Metric	Performance - %	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) Inpatient Ward	96.0%	Improved over the year, Sep-20 - 58% and Mar-20 was 60%
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%	100.0%	Reported 100% for last 10 reporting months

Deteriorating Performance:

Metric	Performance - %	
CAMHS Eating Disorder – one week (complete pathway) Target is 95%	66.7%	Significant deterioration
Care Programme Approach 12-month standard Target is 95%	54.2%	Significant deterioration, Pre Oct-20 performance was around 80%

Other areas to highlight:

Metric	Performance (No)	
C difficile *Full year ceiling is 12*	0	Last 11 months have been 0 cases. 1 case year to date
No. of episodes of seclusions >2hrs *Target decreasing trend*	23	Decreased from 40 reported last month
No. of episodes of supine restraint *Target decreasing trend*	8	Decreased from 24 reported last month
No. of episodes of prone (unsupported) restraint *Target decreasing trend*	0	Decreased from 2 reported last month
No. of Category 2 pressure ulcers developed or deteriorated in LPT care *Target decreasing trend*	100	Increase from 79 reported last month
No. of repeat falls *Target decreasing trend*	65	Increase from 54 reported last month

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: Total Admissions — 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	Feb-21	Mar-21	Sparkline
Total Admissions	404	353	389	330	374	366	368	381	377	347	396	377	406	

Indicator: Covid Positive Prior to Admission

Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Sparkline
Total Covid +ve Admissions	18	49	31	11	5	4	2	28	41	44	66	31	11	
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%	8.2%	2.7%	

Indicator: Covid Positive Following Swab During Admission

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	Feb-21	Mar-21	Sparkline
0-2	1	4	2	2	0	0	0	2	5	4	5	4	0	
3-7	2	9	9	1	1	0	1	0	7	12	20	8	1	
8-14	1	8	9	2	0	0	0	0	1	15	9	5	2	
15 and over	11	14	5	2	0	0	0	7	5	29	18	35	9	
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%	10.6%	2.7%	

• 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.*

Indicator: Overall Covid Positive Admissions Rate

Month	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Sparkline
Total Covid +ve Admissions	33	84	56	18	6	4	3	37	59	104	118	83	23	
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%	22.0%	5.7%	

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

The Trust had a number of outbreaks of Covid-19 reported between December 2020 and February 2021 this has resulted in an increase in the number of patients with nosocomial Covid-19 infection. All outbreaks/nosocomial infections are managed, reported and investigated in line with national PHE /IPC guidance. A trust wide quality improvement approach has been applied to respond to outbreaks as they occur and lessons to be learned captured in the weekly Trust outbreak review meeting which includes CCG, NHSI/E and PHE colleagues in attendance. The Trust key contributory factors for nosocomial infection, mirrors that of the national trends:

- Staff factors;
  - o PPE staff fatigue
  - o Social distancing outside patient contact (rest areas, offices)
  - o Attending work with pre-symptomatic symptoms such as sore throats, feeling a little flu like
  - o Full engagement with lateral flow testing
  - o Asymptomatic transmission
  - o Car sharing
  - o Areas utilising high temporary staffing

- Patient factors;
  - o Pre-symptomatic transmission
  - o Asymptomatic transmission
  - o Risk taking behaviours
  - o Multiple close contacts
  - o Long term patients
  - o Poor compliance with precautions – social distancing
  - o Leave requirements
  - o Dormitories
  - o Smoking – sharing

Actions to minimise nosocomial Covid-19 infection

On 6 April 2021 all providers received letters from NHS England & Improvement outlining actions all Trusts should implement to minimise nosocomial Covid-19, key areas;

- Screening – on admission & day three, five -seven and day thirteen
- Vaccination and lateral flow testing
- Outbreak reporting and meetings
- Nosocomial cases - themes and trends
- HSE Summary report- review against the Covid-19 control measures

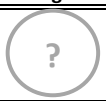
A summary of actions the Trust is taking to tackle nosocomial infection;

- 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 and Cleaning with Confidence
- 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. Anne Scott as DIPC has instigated an aggregated review of all Trust outbreaks and a thematic review of the Trust nosocomial cases.

1. Quality Account

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

<table>
<tr><th rowspan="2">Standard</th><th rowspan="2">Trust Performance</th><th rowspan="2">RAG/ Comments on recovery plan position</th><th colspan="2">SPC Flag</th></tr>
<tr><th>Assurance of Meeting Target</th><th>Trend</th></tr>
<tr><td rowspan="3">The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period</td><td><table><tr><td>Oct-20</td><td>Nov-20</td><td>Dec-20</td><td>Jan-21</td><td>Feb-21</td><td>Mar-21</td></tr><tr><td>98.5%</td><td>78.4%</td><td>73.2%</td><td>93.7%</td><td>81.0%</td><td>79.4%</td></tr></table></td><td rowspan="2">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. This is improving for current month but there are still process issues that are being addressed.</td><td>  </td><td>  </td></tr>
<tr><td colspan="2">Over the series of data points being measured, key standards are being delivered inconsistently</td></tr>
<tr><td rowspan="3">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</td><td><table><tr><td>Sep-20</td><td>Oct-20</td><td>Nov-20</td><td>Dec-20</td><td>Jan-21</td><td>Feb-21</td></tr><tr><td>95.9%</td><td>96.3%</td><td>91.3%</td><td>92.7%</td><td>83.5%</td><td>93.1%</td></tr></table></td><td rowspan="2">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. This is improving for current month but there are still process issues that are being addressed.</td><td>  </td><td>  </td></tr>
<tr><td colspan="2">Awaiting national guidance on methodology for CPA 72hrs. This will be reflected in future reports.
Over the series of data points being measured, key standards are being delivered inconsistently</td></tr>
<tr><td rowspan="2">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</td><td rowspan="2"><table><tr><td>2017/18</td><td>2018/19</td><td>2019/20</td><td>2020/21</td></tr><tr><td>7.4</td><td>6.4</td><td>7.1</td><td>6.9</td></tr></table></td><td rowspan="2"></td><td>n/a</td><td>n/a</td></tr>
<tr><td colspan="2">Not applicable for SPC as reported infrequently</td></tr>
<tr><td rowspan="3">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</td><td>Age 0-15<table><tr><td>Oct-20</td><td>Nov-20</td><td>Dec-20</td><td>Jan-21</td><td>Feb-21</td><td>Mar-21</td></tr><tr><td>100.0%</td><td>0.0%</td><td>50.0%</td><td>0.0%</td><td>66.7%</td><td>0.0%</td></tr></table>Age 16 or over<table><tr><td>32.3%</td><td>35.7%</td><td>33.3%</td><td>32.1%</td><td>32.5%</td><td>28.8%</td></tr></table></td><td rowspan="3"></td><td>n/a</td><td>n/a</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
<tr><td rowspan="3">The number and, where available rate of patient safety incidents reported within the Trust during the reporting period</td><td><table><tr><td>Oct-20</td><td>Nov-20</td><td>Dec-20</td><td>Jan-21</td><td>Feb-21</td><td>Mar-21</td></tr><tr><td>1058</td><td>987</td><td>946</td><td>1104</td><td>1013</td><td>995</td></tr><tr><td>62.2%</td><td>59.3%</td><td>57.0%</td><td>56.7%</td><td>58.7%</td><td>63.0%</td></tr></table></td><td rowspan="3"></td><td>n/a</td><td>n/a</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2"></td></tr>
</table>

1. Quality Account

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

<table>
<tr><th rowspan="2">Standard</th><th rowspan="2">Trust Performance</th><th rowspan="2">RAG/ Comments on recovery plan position</th><th colspan="2">SPC Flag</th></tr>
<tr><th>Assurance of Meeting Target</th><th>Trend</th></tr>
<tr><td>The number and percentage of such patient safety incidents that resulted in severe harm or death</td><td>
<table>
<tr><td>Oct-20</td><td>Nov-20</td><td>Dec-20</td><td>Jan-21</td><td>Feb-21</td><td>Mar-21</td></tr>
<tr><td>4</td><td>7</td><td>6</td><td>8</td><td>7</td><td>5</td></tr>
<tr><td>0.4%</td><td>0.7%</td><td>0.6%</td><td>0.7%</td><td>0.7%</td><td>0.5%</td></tr>
</table>
</td><td></td><td>n/a</td><td>n/a</td></tr>
<tr><td>Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral</td><td>
<table>
<tr><td>Oct-20</td><td>Nov-20</td><td>Dec-20</td><td>Jan-21</td><td>Feb-21</td><td>Mar-21</td></tr>
<tr><td>100.0%</td><td>85.0%</td><td>91.7%</td><td>93.3%</td><td>84.6%</td><td>89.5%</td></tr>
</table>
Nov-Dec 20 data has been refreshed.
</td><td></td><td>?</td><td>UP</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">Over the series of data points being measured, key standards are being delivered inconsistently</td></tr>
<tr><td>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)</td><td>
Reported Bi-annually
Inpatient Wards
<table>
<tr><td>Mar-20</td><td>Sep-20</td><td>Mar-21</td></tr>
<tr><td>60.0%</td><td>58.0%</td><td>96.0%</td></tr>
</table>
EIP Services
<table>
<tr><td>Mar-20</td><td>Sep-20</td><td>Mar-21</td></tr>
<tr><td>93.0%</td><td>-</td><td>97.0%</td></tr>
</table>
Community Mental Health Services on CPA (arrears)
<table>
<tr><td>Mar-20</td><td>Sep-20</td><td>Mar-21</td></tr>
<tr><td>-</td><td>34.0%</td><td>-</td></tr>
</table>
</td><td></td><td>n/a</td><td>n/a</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">Not applicable for SPC as reported infrequently</td></tr>
<tr><td>Admissions to adult facilities of patients under 16 years old</td><td>
<table>
<tr><td>Oct-20</td><td>Nov-20</td><td>Dec-20</td><td>Jan-21</td><td>Feb-21</td><td>Mar-21</td></tr>
<tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
</table>
</td><td></td><td>n/a</td><td>n/a</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">SPC under development</td></tr>
<tr><td>Inappropriate out-of-area placements for adult mental health services- (bed days)</td><td>
<table>
<tr><td>Oct-20</td><td>Nov-20</td><td>Dec-20</td><td>Jan-21</td><td>Feb-21</td><td>Mar-21</td></tr>
<tr><td>0</td><td>0</td><td>26</td><td>1</td><td>0</td><td>0</td></tr>
</table>
</td><td>Actual performance figure for Dec and Jan is 0 days - inputting error. Task & Finish Group being set up to review processes and reporting.</td><td>?</td><td>NO CHANGE</td></tr>
<tr><td></td><td></td><td></td><td colspan="2">Over the series of data points being measured, key standards are being delivered inconsistently</td></tr>
</table>

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%	Oct-20: 100.0%; Nov-20: 85.0%; Dec-20: 91.7%; Jan-21: 93.3%; Feb-21: 84.6%; Mar-21: 89.5% *Nov-Dec 20 data has been refreshed*		?	UP Over the series of data points being measured, key standards are being delivered inconsistently
Inappropriate Out of Area bed days for Adult Mental Health services Target is 0 by end March 2021	Oct-20 / Nov-20 / Dec-20 / Jan-21 / Feb-21 / Mar-21 Total Inappropriate OAPs bed days: 0 / 0 / 26 / 1 / 0 / 0 Total Inappropriate OAPs bed days: n/a / n/a / n/a / n/a / n/a / n/a	Actual performance figure for Dec/ Jan is 0 days - inputting error. Task & Finish Group being set up to review processes and reporting.	?	NO CHANGE Over the series of data points being measured, key standards are being delivered inconsistently
Mental Health data submission to NHS Digital: % clients in employment No Target Set	2019/20 Q2: 3%; 2019/20 Q3: 4%; 2019/20 Q4: 4%; 2020/21 Q1: 3%; 2020/21 Q2: 3%; 2020/21 Q3: 4%		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	2019/20 Q2: 37%; 2019/20 Q3: 39%; 2019/20 Q4: 39%; 2020/21 Q1: 34%; 2020/21 Q2: 32%; 2020/21 Q3: 43%		NO	UP Key standards are not being delivered but are improving
6-week wait for diagnostic procedures (Incomplete) Target is >=99%	Oct-20: 23.3%; Nov-20: 31.0%; Dec-20: 28.4%; Jan-21: 31.1%; Feb-21: 42.4%; Mar-21: 70.7% 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 and is expected to have completed the backlog by June 2021.	YES	DOWN 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%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	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 CHANGE
	100.0%	83.3%	66.7%	100.0%	100.0%	66.7%		Over the series of data points being measured, key standards are being delivered inconsistently	
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	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.	?	NO CHANGE
	62.5%	66.7%	50.0%	0.0%	0.0%	50.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Resources are being diverted to deal with the urgent referrals.	?	UP
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
Children and Young People's Access – 13 weeks (incomplete pathway) Target is 92%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	The current KPI is breaching due to the rising waiting list and is anticipated to deteriorate further over the next two months. The service has an action plan to retrieve the KPI standard and reduce the waiting list.	?	DOWN
	100.0%	100.0%	100.0%	100.0%	90.3%	78.2%		Over the series of data points being measured, key standards are being delivered inconsistently	
Adult CMHT Access Five day urgent (incomplete pathway) Target is 95%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21		?	UP
	n/a	n/a	n/a	n/a	n/a	100.0%		Over the series of data points being measured, 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%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Accuracy cannot be completely assured yet for November to March data, as there are still some outstanding contacts to be input to S1 following the cut off date on RiO.	NO	NO CHANGE
	46.0%				46.6%	59.2%		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	
									Assurance of Meeting Target	Trend
Adult General Psychiatry - Community Mental Health Teams and Outpatients – Post Access (6 weeks)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	143 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
	127	128	123	151	130	111			Key standards are not being delivered and are deteriorating/ not improving	
Liaison Psychiatry (13 weeks)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	115 weeks	This service has been decommissioned from 1st April 2020.	?	NO CHANGE
	14	17	13	8	5	4			Over the series of data points being measured, key standards are being delivered inconsistently	
Cognitive Behavioural Therapy (13 weeks)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	108 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
	63	53	52	56	54	58			Key standards are not being delivered and are deteriorating/ not improving	
Dynamic Psychotherapy (13 weeks)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	131 weeks	Improvement plan and trajectory is in place - requires review as expected impact not being seen from group offers. Longer term psychological therapy treatment offer is being re-designed under SUTG-MH.	NO	NO CHANGE
	65	69	67	67	59	46			Key standards are not being delivered and are deteriorating/ not improving	
Personality Disorder (13 weeks)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	237 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
	99	106	105	107	204	205			Key standards are not being delivered and are deteriorating/ not improving	
Medical/ Neuropsychology (18 weeks)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	58 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
	16	11	11	6	3	3			Key standards are not being delivered but are improving	
CAMHS (13 weeks)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	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 the process of establishing an updated trajectory forthe next 6-12 months. As of 6th Apr 2021; 80 on Neurodevelopmental and 59 for treatment - a downward movement on Feb.	NO	NO CHANGE
	126	131	139	168	175	139			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
Occupancy Rate - Mental Health Beds (excluding leave) Target is <=85%	Oct-20: 78.5%; Nov-20: 85.5%; Dec-20: 67.2%; Jan-21: 86.2%; Feb-21: 80.5%; Mar-21: 83.1%	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
			Over the series of data points being measured, key standards are being delivered inconsistently	
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Oct-20: 67.3%; Nov-20: 73.3%; Dec-20: 71.5%; Jan-21: 77.3%; Feb-21: 75.3%; Mar-21: 73.8%	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
			Over the series of data points being measured, key standards are being delivered inconsistently	
Average Length of stay (excluding leave) from acute Bradgate wards Target is <=33 days (national benchmark)	Oct-20: 30.0; Nov-20: 31.2; Dec-20: 37.2; Jan-21: 24.8; Feb-21: 35.4; Mar-21: 31.8		?	DOWN
			Over the series of data points being measured, key standards are being delivered inconsistently	
Average Length of stay Community hospitals National benchmark is 25 days.	Oct-20: 16.1; Nov-20: 15.6; Dec-20: 17.6; Jan-21: 16.0; Feb-21: 16.9; Mar-21: 17.6	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	
Delayed Transfers of Care Target is <=3.5% across LLR	Oct-20: 2.5%; Nov-20: 3.5%; Dec-20: 4.5%; Jan-21: 4.5%; Feb-21: 4.1%; Mar-21: 3.1% *Nov-Dec 20 data has been refreshed.*	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
			Over the series of data points being measured, key standards are being delivered inconsistently	
Gatekeeping Target is >=95%	Oct-20: 98.5%; Nov-20: 78.4%; Dec-20: 73.2%; Jan-21: 93.7%; Feb-21: 81.0%; Mar-21: 79.4%	Drop in performance for November to March is due to data quality issues following the implementation of S1 and changes to the inputting process for staff. Data validation processes continue to highlight individual errors and feed them back with relevant guidance. This is improving for current month but there are still process issues that are being addressed.	?	NO CHANGE
			Over the series of data points being measured, key standards are being delivered inconsistently	
Care Programme Approach – 7-day follow up (reported 1 month in arrears) Target is 95%	Sep-20: 95.9%; Oct-20: 96.3%; Nov-20: 91.3%; Dec-20: 92.7%; Jan-21: 83.5%; Feb-21: 93.1%	Drop in performance for November to March is due to data quality issues following the implementation of S1 and changes to the inputting process for staff. Data validation processes continue to highlight individual errors and feed them back with relevant guidance. This is improving for current month but there are still process issues that are being addressed.	?	NO CHANGE
			Over the series of data points being measured, key standards are being delivered inconsistently	
Care Programme Approach 12-month standard Target is 95%	Oct-20: 86.1%; Nov-20: 69.5%; Dec-20: 66.2%; Jan-21: 61.7%; Feb-21: 52.2%; Mar-21: 54.2%	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	

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.	Oct-20: 0; Nov-20: 0; Dec-20: 0; Jan-21: 0; Feb-21: 0; Mar-21: 0	Trust is below ceiling year to date with case(s) year to date	?	DOWN Over the series of data points being measured, key standards are being delivered inconsistently
Serious incidents	Oct-20: 10; Nov-20: 7; Dec-20: 11; Jan-21: 10; Feb-21: 5; Mar-21: 10		N/A	UP Over the series of data points being measured, key standards are being delivered inconsistently
STEIS - SI action plans implemented within timescales (in arrears) Target = 100%	Oct-20: 28.6%; Nov-20: 28.9%; Dec-20: 33.3%; Jan-21: 35.6%; Feb-21: 33.3%; Mar-21: 31.0%	Awaiting validated data to assess achievement of measure	?	DOWN Over the series of data points being measured, key standards are being delivered inconsistently
Safe staffing No. of wards not meeting >80% fill rate for RNs Target 0	Day: Oct-20: 5; Nov-20: 5; Dec-20: 4; Jan-21: 5; Feb-21: 5; Mar-21: 5 Night: Oct-20: 0; Nov-20: 1; Dec-20: 0; Jan-21: 0; Feb-21: 0; Mar-21: 0	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*
No. of episodes of seclusions >2hrs Target decreasing trend	Oct-20: 21; Nov-20: 10; Dec-20: 16; Jan-21: 21; Feb-21: 40; Mar-21: 23		N/A	NO CHANGE Key standard has no target; however performance is consistent
No. of episodes of supine restraint Target decreasing trend	Oct-20: 12; Nov-20: 8; Dec-20: 15; Jan-21: 25; Feb-21: 25; Mar-21: 8		N/A	NO CHANGE Key standard has no target; however performance is consistent
No. of episodes of side-line restraint Target decreasing trend	Oct-20: 23; Nov-20: 15; Dec-20: 19; Jan-21: 33; Feb-21: 15; Mar-21: 14		N/A	NO CHANGE Key standard has no target; however performance is consistent
No. of episodes of prone (unsupported) restraint Target decreasing trend	Oct-20: 0; Nov-20: 0; Dec-20: 1; Jan-21: 0; Feb-21: 2; Mar-21: 0		N/A	NO CHANGE Key standard has no target; however performance is consistent
No. of episodes of prone (supported) restraint Target decreasing trend	Oct-20: 6; Nov-20: 5; Dec-20: 2; Jan-21: 7; Feb-21: 2; Mar-21: 2		N/A	NO CHANGE 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)	Category 2: Sep-20: 86; Oct-20: 101; Nov-20: 76; Dec-20: 87; Jan-21: 79; Feb-21: 100 Category 4: Sep-20: 4; Oct-20: 6; Nov-20: 3; Dec-20: 2; Jan-21: 6; Feb-21: 5	Oversight of the pressure ulcer data occurs at the LPT Pressure Ulcer Quality Improvement Group. This group is responsible for the Pressure Ulcer Quality Improvement project and LifeQI is the tool being used to capture this work.	Category 2: N/A Category 4: N/A	Category 2: NO CHANGE Category 4: 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	Sep-20: 65; Oct-20: 61; Nov-20: 61; Dec-20: 43; Jan-21: 54; Feb-21: 65	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 *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
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		UP	UP
MH Data quality Maturity Index Target >=95%	93.4%	93.2%	93.5%	93.6%	90.6%	91.2%		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%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	The Trust is below the ceiling set for turnover.	YES	DOWN
	8.7%	8.7%	8.7%	8.4%	8.7%	8.4%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	The vacancy rate is below the Trust target.	NO	DOWN
	8.9%	9.0%	10.0%	10.1%	9.1%			Key standards are not being delivered but are improving	
	The Finance department are currently working on year end, therefore they will not be able to provide these figures until the accounts have been submitted on 27th April.								
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Sickness absence is currently higher then the Trust target, absences are being managed with support from HR.	NO	NO CHANGE
	4.7%	5.1%	5.4%	5.0%	5.1%			Key standards are not being delivered and are deteriorating/ not improving	
	Unable to provide figures for February 2021, this is due to a data upload error within ESR, this is being investigated by the system developers.								
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Sickness absence is currently higher then the Trust target, absences are being managed with support from HR.	n/a	n/a
	£600,726	£670,612	£711,902	£679,838	£675,994			SPC to be included once 13 data points have been provided	
	Unable to provide figures for February 2021, this is due to a data upload error within ESR, this is being investigated by the system developers.								
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Sickness absence is currently higher then the Trust target, absences are being managed with support from HR.	n/a	n/a
	4.7%	4.8%	4.9%	4.9%	4.9%			Not applicable for SPC as measuring cumulative data	
	Unable to provide figures for February 2021, this is due to a data upload error within ESR, this is being investigated by the system developers.								
Agency Costs Target is <=£641,666 (NHSI national target)	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21		?	UP
	£1,339,068	£1,302,482	£1,193,443	£1,593,262	£1,976,000			Over the series of data points being measured, key standards are being delivered inconsistently	
	The Finance department are currently working on year end, therefore they will not be able to provide these figures until the accounts have been submitted on 27th April.								
Core Mandatory Training Compliance for substantive staff Target is >=85%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	The Trust is meeting the target set for Core Mandatory Training.	YES	DOWN
	93.1%	93.3%	93.2%	93.3%	93.3%	93.4%		Key standards are being delivered but are deteriorating	
Staff with a Completed Annual Appraisal Target is >=80%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	The Trust is meeting the target set for Annual Appraisal	YES	DOWN
	83.6%	83.3%	86.2%	86.5%	86.4%	86.7%		Key standards are being delivered but are deteriorating	
% of staff from a BME background Target is >= 22.5%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	The Trust is meeting the target set.	NO	UP
	22.9%	23.1%	23.2%	23.4%	23.6%	23.7%		Key standards are not being delivered but are improving	
Staff flu vaccination rate (frontline healthcare workers) Target is >= 80%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	The flu vaccination period has now ended and the trust was unable to meet the 80% target.	n/a	n/a
		48.8%	59.7%	60.0%	n/a	n/a			
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	The Clinical supervision rate is currently below the target and is rag rated amber.	YES	DOWN
	84.6%	85.4%	82.1%	81.5%	80.4%	82.1%		Key standards are being delivered but are deteriorating	

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	Over the series of data points being measured, 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

Performance headlines – March 2021

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

CAMHS ED one week (complete)
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)
Mental Health data submission - % clients in settled accommodation (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

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

Governance table

For Board and Board Committees:	FPC/QAC/Trust Board	
Paper sponsored by:	Sharon Murphy - Interim Director of Finance and Performance	
Paper authored by:	Information Team	
Date submitted:	19/04/2021	
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:		