Leicestershire Partnership NHS
NHS Trust

Trust Board
31 August 2021

Board Performance Report
July 2021 (Month 4)

Highlighted Performance Movements - July 2021

Improved performance:

Metric	Performance - %	
Gatekeeping Target is >=95%	100.0%	100% performance for past 2 months
Delayed Transfers of Care Target is <=3.5% across LLR	1.9%	

Deteriorating Performance:

Metric	Performance	
Personality Disorder - 52 weeks	325	
Care Programme Approach – 7-day follow up Target is 95% (reported a month in arrears)	91.7%	

Other areas to highlight:

Metric	Performance (No)	
No. of episodes of seclusions >2hrs *Target decreasing trend*	16	Decreased from 28 reported last month
No. of episodes of supine restraint *Target decreasing trend*	6	Decreased from 9 reported last month
No. of episodes of prone (unsupported) restraint *Target decreasing trend*	0	Decreased from 1 reported last month

1. 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

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	Apr-21	May-21	Jun-21	Jul-21	Sparkline
Total Admissions	404	353	389	330	374	366	368	381	377	347	396	377	406	398	437	418	404	

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	Apr-21	May-21	Jun-21	Jul-21	Sparkline
Total Covid +ve Admissions	18	49	31	11	5	4	2	28	41	44	66	31	11	1	0	3	6	
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%	0.3%	0.0%	0.7%	1.5%	

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	Apr-21	May-21	Jun-21	Jul-21	Sparkline
0-2	1	4	2	2	0	0	0	2	5	4	5	4	0	0	0	0	0	
3-7	2	9	9	1	1	0	1	0	7	12	20	8	1	0	1	0	0	
8-14	1	8	9	2	0	0	0	0	1	15	9	5	2	0	0	0	0	
15 and over	11	14	5	2	0	0	0	7	5	29	18	35	9	1	0	0	0	
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%	0.3%	0.0%	0.0%	0.0%	

• 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	Apr-21	May-21	Jun-21	Jul-21	Sparkline
Total Covid +ve Admissions	33	84	56	18	6	4	3	37	59	104	118	83	23	2	1	3	6	
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%	0.5%	0.2%	0.7%	1.5%	

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

There was no cases reported for the month of July.

We continue to test, screen and triage all patients and use a risk assessment process. The pathways for patient admission have been updated to reflect the changes to a number of recent recommendations i.e. PPE useage. There are no red wards currently in use in the Trust, however a number of beds/areas have been identified in the directorates that meet the covid isolation requirements if patients test positive. An aggregated nosocomial/outbreak review of our cases from March 2020 until March 2021 for covid has been submitted in the Trust Board IPC 6 monthly report.

The campaign Hands, Face, Clean your space launched on the 15th July, to support the Trusts recovery plans and continue to promote the Infection prevention and control messages, these include:
- Dump the Junk
- How tidy is your cupboard
- Swap shop, can it be repurposed in another service if not needed (in line with mandatory requirements)
- Stock rotation, improving stock flow, expiry dates and stock levels.

Actions to minimise nosocomial Covid-19 infection

The weekly Trust wide outbreak meeting has been reinstated due to a staff outbreak involving 3 staff members, with a potential of an increase involved. The service is Mental Health Liasion Service, based at the Leicester Royal Infirmary. All staff are currently undergoing a PCR test.

2. Quality Account

The following standards form the measures for the 2020/21 Quality Account that being reported against in 2021/22 until the new metrics have been agreed.

<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>Feb-21</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td></tr><tr><td>81.0%</td><td>79.4%</td><td>93.2%</td><td>98.8%</td><td>100.0%</td><td>100.0%</td></tr></table></td><td rowspan="2"></td><td>?</td><td>NO CHANGE</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

(reported a month in arrears)</td><td><table><tr><td>Jan-21</td><td>Feb-21</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td></tr><tr><td>83.5%</td><td>93.1%</td><td>85.2%</td><td>94.3%</td><td>96.2%</td><td>91.7%</td></tr></table></td><td rowspan="2">There were a number of service users who could not be contacted for their 7 day follow up contact during June. Appropriate attempts were made by staff.</td><td>?</td><td>NO CHANGE</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="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><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>The majority of scores within Leicestershire Partnership NHS Trust’s results sit in the intermediate 60% of the Trusts surveyed by Quality Health, although there are also a number (over a third) that fall into the bottom 20% range, particularly with the Support and Wellbeing section.
However, there is a trend of positive change in many of the scores.
Many scores continue to show improvement and there are more scores in the intermediate range than bottom now. The score for overall rating of care has moved from the bottom to intermediate range.
Older adults continue to report more positively.</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="2">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><table><tr><td colspan="6">Age 0-15</td></tr><tr><td>Feb-21</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td></tr><tr><td>66.7%</td><td>0.0%</td><td>0.0%</td><td>66.7%</td><td>0.0%</td><td>0.0%</td></tr><tr><td colspan="6">Age 16 or over</td></tr><tr><td>32.5%</td><td>28.8%</td><td>31.7%</td><td>35.3%</td><td>32.8%</td><td>4.8%</td></tr></table></td><td></td><td>n/a</td><td>n/a</td></tr>
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</table>

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<tr><th>Assurance of Meeting Target</th><th>Trend</th></tr>
<tr><td>The number and, where available rate of patient safety incidents reported within the Trust during the reporting period</td><td><table><tr><td>Feb-21</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td></tr><tr><td>973</td><td>937</td><td>1093</td><td>1081</td><td>1155</td><td>1052</td></tr><tr><td>57.1%</td><td>58.5%</td><td>63.0%</td><td>62.3%</td><td>65.3%</td><td>62.4%</td></tr></table></td><td></td><td>n/a</td><td>n/a</td></tr>
<tr><td>The number and percentage of such patient safety incidents that resulted in severe harm or death</td><td><table><tr><td>Feb-21</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-21</td></tr><tr><td>6</td><td>3</td><td>3</td><td>1</td><td>9</td><td>5</td></tr><tr><td>0.6%</td><td>0.3%</td><td>0.3%</td><td>0.1%</td><td>0.8%</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
(reported a month in arrears)</td><td><table><tr><td>Jan-21</td><td>Feb-21</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td></tr><tr><td>93.3%</td><td>63.6%</td><td>84.0%</td><td>89.5%</td><td>79.2%</td><td>87.5%</td></tr></table></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>Comments on March 2021 results

To continue the work as has been achieved thus far. Staff should be commended on their excellent work in this area particularly in light of the impacts and implications of COVID.</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>Feb-21</td><td>Mar-21</td><td>Apr-21</td><td>May-21</td><td>Jun-21</td><td>Jul-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>
</table>

3. NHS Oversight

The following targets form part of the 2020/21 NHS Oversight Framework.

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral Target is >=60% *(reported a month in arrears)*	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		?	UP
	93.3%	63.6%	84.0%	89.5%	79.2%	87.5%		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 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4		NO	UP
	4%	4%	3%	3%	4%	4%		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 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4		NO	UP
	39%	39%	34%	32%	43%	45%		Key standards are not being delivered but are improving	
6-week wait for diagnostic procedures (Incomplete) Target is >=99% *(reported a month in arrears)*	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	In line with national COVID-19 guidance, this service was suspended. It was re-established in October and due to COVID restrictions can only work at 60% previous activity. To support this, additional audiologist capacity has been secured and a successful capital bid for an additional clinical room this financial year. The service is on track to deliver the recovery trajectory for the backlog of CYP.	YES	DOWN
	31.1%	42.4%	70.7%	72.0%	75.2%	68.6%		Key standards are being delivered but are deteriorating	

4(a). Access - Waiting Time Standards - DMH

The following performance measures (reported a month in arrears) are key waiting time standards for the Trust:

Target	Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Adult CMHT Access Six weeks routine Target is 95%		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Service has an improvement plan in place and additional capacity (weekend clinics and overtime) is supporting a reduction in waiting times. Significant improvement has been made over the last few months.	N/A	N/A
	Complete	53.5%	40.0%	58.6%	59.8%	69.6%	60.3%			
	Incomplete	n/a	46.6%	59.2%	66.0%	63.8%	58.1%		NO	NO CHANGE
									Key standards are not being delivered and are deteriorating/ not improving	
Memory Clinic (18 week Local RTT) Target is 95%		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Service has a robust improvement plan and trajectory in place, based on a PDSA approach streamlining the patient pathway and maximising clinical capacity. The incomplete waiting times compliance is improving consistently and the number of people waiting is falling in line with this. The service has had 2 WTEs on long term sick leave from May, which is impacting on progress.	N/A	N/A
	Complete	22.1%	13.5%	19.0%	25.9%	43.8%	25.5%			
	Incomplete	62.2%	62.1%	63.0%	64.8%	68.1%	68.5%		N/A	N/A
ADHD (18 week local RTT) Target is: Complete - 95% Incomplete - 92%		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Service has an improvement plan - some elements are dependent on increasing capacity to match the increase in demand. Recruitment to the specialist posts has been inconsistent. The service continues to work on a tender process, which will launch on 1st Sep.	N/A	N/A
	Complete	23.5%	22.7%	18.2%	25.0%	5.6%	18.2%			
	Incomplete	39.5%	38.0%	40.3%	37.3%	37.6%	39.9%		N/A	N/A

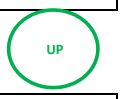
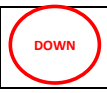
4(b). Access - Waiting Time Standards - CHS

The following performance measures (reported a month in arrears) are key waiting time standards for the Trust:

Target	Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
CINSS - 20 Working Days (Complete Pathway) Target is 95%	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Urgent compliance is consistently 100%. Trajectory and action plan in place to meet 95% by March 2022.	N/A	N/A
	59.3%	31.3%	32.2%	27.6%	36.6%	30.8%			
Continence (Complete Pathway) Target is 95%	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	March 2020: Service suspended to support COVID system pressures & staff redeployed to community nursing hubs. Improvement plan in place with trajectory to reduce the number of patients waiting.	N/A	N/A
	37.8%	32.6%	23.3%	13.6%	40.6%	33.7%			

4(c). Access - Waiting Time Standards - FYPC

The following performance measures (reported a month in arrears) are key waiting time standards for the Trust:

Target	Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
CAMHS Eating Disorder – one week (complete pathway) Target is 95%		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Urgent - The Service has seen a sustained increase in urgent referrals, which is consistent with the National profile. Referrals are prioritised and additional capacity has been agreed through the MHIS. An improvement plan and trajectory are in place, which has Executive oversight. In addition, a number of young people are being supported in the community whilst waiting.		
		100.0%	100.0%	66.7%	33.3%	0.0%	30.0%			
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Routine - routine referrals are being delayed due to the prioritisation of urgent cases. Additional capacity has been agreed through the MHIS and an improvement plan is in place, with Executive oversight.		
		0.0%	33.3%	50.0%	50.0%	33.3%	42.9%			
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Resources are being diverted to deal with the urgent referrals.		
		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%		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	The current KPI is breaching due to increasing demand. Additional capacity has been agreed through the MHIS and an action plan to retrieve the KPI standard by end of Q2 is in place. The service is currently ahead of trajectory		
		100.0%	90.3%	78.2%	69.3%	71.5%	74.8%			
Aspergers - 18 weeks (complete pathway)	Wait for Treatment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	The service is receiving an increase in referrals and this may start to impact on the target. This is being monitored at DMT and Silver meetings.	N/A	N/A
		92.3%	96.6%	93.9%	93.1%	97.9%	100.0%			
	No. of Referrals	28	45	56	42	68	30			
LD Community - 8 weeks (complete pathway)	Wait for Assessment	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		N/A	N/A
		95.2%	89.3%	93.6%	91.4%	87.5%	89.2%			
	No. of Referrals	76	117	135	97	112	126			

5. 52 week waits

No patient should wait for more than 52 weeks from referral to the start of their treatment.

The following services have 52 week waits within their service:

Target	Trust Performance						Longest wait (latest month)	RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Cognitive Behavioural Therapy	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	9 weeks	The CBT improvement plan remains effective in supporting the number of 52 week waiters to fall. The service has 2 new recruits, but they have been delayed in taking on caseloads because of a wait for the Trust induction.	NO	NO CHANGE
	54	58	50	45	38	47			Key standards are not being delivered and are deteriorating/ not improving	
Dynamic Psychotherapy	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	103 weeks	The number of 52 week waiters continues to fall, and is now below the planned trajectory. Group offers continue to support the improvement plan, alongside a re-design of the future service offer under SUTG-MH.	NO	DOWN
	59	46	43	23	20	19			Key standards are not being delivered but are improving	
Personality Disorder	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	206 weeks	Plans to re-design the psychological treatment offer for patients with a personality disorders continue to be developed. Pilot psychological skills groups are taking place - planning is underway to scale up the delivery of these groups, within locality teams from the autumn. The number of patients waiting for treatment is likely to rise, as the service works through the assessment waiting list of over 52 week waits.	NO	UP
	204	205	210	214	241	325			Key standards are not being delivered and are deteriorating/ not improving	
CAMHS	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	113 weeks	This waiting list includes CYP waiting for treatment and those waiting for Neurodevelopmental assessment. The service is currently dealing with a spike in demand relating to the Access improvement plan 12- 18 months ago. Once this is clear there are significantly less children waiting per week and there will be a more rapid recovery.	NO	UP
	175	205	257	250	219	218			Key standards are not being delivered and are deteriorating/ not improving	

6. Patient Flow

The following measures are key indicators of patient flow:

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
Occupancy Rate - Mental Health Beds (excluding leave) Target is <=85%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-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
	80.5%	83.1%	83.8%	79.0%	82.0%	77.7%		Over the series of data points being measured, key standards are being delivered inconsistently	
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-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
	75.3%	73.8%	76.0%	82.8%	81.1%	84.1%		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.	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Fluctuating LoS will be attributed to changes in discharge protocol as a result of the COVID-19 response	YES	NO CHANGE
	16.9	17.6	17.1	16.6	17.7	18.2		Key standards are being consistently delivered and are improving/ maintaining performance	
Delayed Transfers of Care Target is <=3.5% across LLR	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-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
	4.1%	3.1%	2.9%	2.7%	2.9%	1.9%		Over the series of data points being measured, key standards are being delivered inconsistently	
Gatekeeping Target is >=95%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		?	NO CHANGE
	81.0%	79.4%	93.2%	98.8%	100.0%	100.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
Care Programme Approach – 7-day follow up Target is 95% *(reported a month in arrears)*	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	There were a number of service users who could not be contacted for their 7 day follow up contact during June. Appropriate attempts were made by staff.	?	NO CHANGE
	83.5%	93.1%	85.2%	94.3%	96.2%	91.7%		Over the series of data points being measured, key standards are being delivered inconsistently	
72 hour Follow Up after discharge Target is 80% *(reported a month in arrears)*	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		N/A	N/A
	69.1%	78.8%	70.9%	80.4%	88.1%	87.6%			
Care Programme Approach 12-month standard Target is 95%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	A CPA review improvement plan is now in place. Performance deteriorated as reports were not available for a 5 month period during the SystmOne migration.	NO	DOWN
	52.2%	54.2%	64.9%	68.7%	67.8%	70.4%		Key standards are not being delivered and are deteriorating/ not improving	
Perinatal - Number and Percentage of women accessing service Target is 8.6%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Access for this indicator is defined as requiring a face to face or video consultation i.e. telephone contacts are excluded. Due to the pandemic, the service has been using telephone as a replacement for some face to face work. There are also some issues where the modality has not been recorded correctly. The service has an agreed trajectory for improvement in place.	N/A	N/A
	593	547	504	502	480	481		N/A	N/A
	4.7%	4.4%	4.0%	4.0%	3.8%	3.8%			

7. Quality and Safety

Target	Trust Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Serious incidents		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		N/A	NO CHANGE
		5	10	10	2	18	8		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%		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Awaiting validated data to assess achievement of measure	?	DOWN
		33.3%	31.0%	20.0%	14.3%	50.0%	66.5%		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		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	This measure has been temporarily suspended during COVID-19 as staffing capacity is changing rapidly and continually to respond to the pandemic	NO	UP
	Day	5	5	5	7	7	5		Key standards are not being delivered and are not improving *SPC based on day shift*	
	Night	0	0	0	0	1	1			
Care Hours per patient day		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		N/A	N/A
				12.4	12.3	12.3	12.5		Key standard has no target; however performance is consistent	
No. of episodes of seclusions >2hrs Target decreasing trend		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		N/A	NO CHANGE
		40	23	30	32	28	16		Key standard has no target; however performance is consistent	
No. of episodes of supine restraint Target decreasing trend		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		N/A	NO CHANGE
		25	8	4	4	9	6		Key standard has no target; however performance is consistent	
No. of episodes of side-line restraint Target decreasing trend		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		N/A	NO CHANGE
		2	14	27	29	29	16		Key standard has no target; however performance is consistent	
No. of episodes of prone (unsupported) restraint Target decreasing trend		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		N/A	NO CHANGE
		2	0	2	0	1	0		Key standard has no target; however performance is consistent	
No. of episodes of prone (supported) restraint Target decreasing trend		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		N/A	NO CHANGE
		2	2	5	5	5	3		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)		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	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.	N/A	NO CHANGE
	Category 2	79	100	120	105	103	98		N/A	NO CHANGE
	Category 4	6	5	3	5	7	3		*Key standard has no target; however performance is consistent for category 2 and consistent for category 4*	
No. of repeat falls Target decreasing trend		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	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
		54	65	53	43	46	64		*Key standard has no target; however performance is consistent*	
LD Annual Health Checks completed - YTD Target is 75%		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Year To date from 1 April 2021, 496 competed up to 14/07/21 (most recent data).	N/A	N/A
				106	255	430	496			
LeDeR Reviews completed within timeframe		Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	New LeDeR system is in place – further reporting to be developed.	N/A	N/A
		As at 26/07/21 - 16 awaiting alloation, 16 on hold and 19 in progress								

8. 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
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21		NO	UP
MH Data quality Maturity Index Target >=95%	90.6%	91.2%	91.2%	91.5%	91.3%	91.0%		Key standards are not being delivered but are improving	

9. 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%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	The Trust is below the ceiling set for turnover.	YES	DOWN
	8.7%	8.4%	8.5%	8.8%	9.1%	9.1%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		NO	UP
	9.1%	9.5%	10.8%	12.4%	12.2%	11.6%		Key standards are not being delivered and are deteriorating/ not improving	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		NO	DOWN
	5.1%	4.1%	3.5%	4.4%	4.6%	5.1%		Key standards are not being delivered but are improving	
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		n/a	n/a
	£675,994	£486,469	£477,073	£580,557	£639,392	£668,739			
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		n/a	n/a
	4.9%	4.9%	4.7%	4.4%	4.5%	4.7%		Not applicable for SPC as measuring cumulative data	
Agency Costs Target is <=£641,666 (NHSI national target)	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		?	UP
	£1,976,000	£2,635,595	£1,531,718	£1,556,256	£1,919,728	£1,775,099		Over the series of data points being measured, key standards are being delivered inconsistently	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	The Trust is meeting the target set for Core Mandatory Training.	YES	NO CHANGE
	93.3%	93.4%	94.0%	94.6%	94.2%	92.5%		Key standards are being consistently delivered and are improving/ maintaining performance	
Staff with a Completed Annual Appraisal Target is >=80%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	The Trust is meeting the target set for Annual Appraisal	YES	DOWN
	86.4%	86.7%	88.2%	89.5%	89.9%	85.2%		Key standards are being delivered but are deteriorating	
% of staff from a BME background Target is >= 22.5%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	The Trust is meeting the target set.	NO	UP
	23.6%	23.7%	23.8%	23.7%	23.7%	23.9%		Key standards are not being delivered but are improving	
Staff flu vaccination rate (frontline healthcare workers) Target is >= 80%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		n/a	n/a
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21		NO	DOWN
	80.4%	82.1%	85.6%	88.1%	85.4%	75.9%		Key standards are not being delivered and are deteriorating	
Health and Wellbeing Activity - Number of LLR staff contacting the hub in the reporting period (1 month in arrears)	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21		N/A	N/A
				135	148	240			

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 – July 2021

The SPC measure includes data up to the current reporting month for the indicator

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
Core Mandatory Training Compliance for Substantive Staff

Key standards being delivered but deteriorating

C 6-week wait for diagnostic procedures
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
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)
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
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
% of staff from a BME background
Sickness Absence
Dynamic Psychotherapy 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
Cognitive Behavioural Therapy over 52 weeks
Personality Disorder over 52 weeks
CAMHS over 52 weeks
Vacancy rate
% of staff who have undertaken clinical supervision within the last 3 months

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:	23/08/2021	
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:		