Leicestershire Partnership NHS
NHS Trust

Trust Board
29 March 2022

Board Performance Report
February 2022 (Month 11)

Highlighted Performance Movements - February 2022

Improved performance:

Metric	Performance	
72 hour Follow Up after discharge Target is 80% (reported a month in arrears)	86.0%	
CAMHS Eating Disorder – one week (complete pathway) Target is 95%	100.0%	

Deteriorating Performance:

Metric	Performance	
LD Community - 8 weeks (complete pathway)	49.3%	Reported 72.1% the previous month
Children and Young People's Access – 13 weeks (incomplete pathway) Target is 92%	90.0%	Reported 100% for past 5 months

Other areas to highlight:

Metric	Performance (No)	
Serious Incidents	7	Increased from 6 reported last month
No. of episodes of seclusions >2hrs *Target decreasing trend*	16	Decreased from19 reported last month
No. of episodes of prone (Supported) restraint	2	Decreased from 3 reported last month
No. of repeat falls *Target decreasing trend*	33	Decreased from 38 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

	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	

		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		Sparkline
Total Admissions		398	437	418	404	412	391	436	403	379	400	359		

Indicator: Covid Positive Prior to Admission

	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%	

		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		Sparkline
Total Covid +ve Admissions		1	0	3	6	20	12	13	12	17	30	4		
Covid +ve Admission Rate		0.3%	0.0%	0.7%	1.5%	4.9%	3.1%	3.0%	3.0%	4.5%	7.5%	1.1%		

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%	

No of Days		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Sparkline
0-2		0	0	0	0	1	1	2	1	3	4	6	
3-7		0	1	0	0	2	1	1	1	8	6	7	
8-14		0	0	0	0	1	0	3	1	7	6	2	
15 and over		1	0	0	0	2	2	11	0	38	43	11	
Hospital Acquired Rate *		0.3%	0.0%	0.0%	0.0%	0.7%	0.5%	3.2%	0.2%	11.9%	12.3%	3.6%	

- *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

	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%	

		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		Sparkline
Total Covid +ve Admissions		2	1	3	6	26	16	30	15	73	89	30		
Average Covid +ve Admissions		0.5%	0.2%	0.7%	1.5%	6.3%	4.1%	6.9%	3.7%	19.3%	22.3%	8.4%		

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 through 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 were thirteen nosocomial cases reported in February 2022. This is broken down into six at 8-14 days and forty at greater than 15 days. These have been managed as patient and staff Covid-19 outbreaks, identified in the following areas:

7-14 days

Swithland Ward - Loughborough Hospital

15+ days

Kirby ward - Bennion centre

Ward 2 - Coalville Hospital

Griffin ward - Herschel Prins

We continue to test, screen and triage all patients and use a risk assessment process. North ward continues to be the primary admissions ward for patients who are positive with Covid19.

Actions to minimise nosocomial Covid-19 infection

The weekly Trust wide outbreak meeting has been reinstated due to an increase in Covid-19 outbreaks to ensure lessons learnt and actions are widely shared.

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>Sep-21</td><td>Oct-21</td><td>Nov-21</td><td>Dec-21</td><td>Jan-22</td><td>Feb-22</td></tr><tr><td>100.0%</td><td>100.0%</td><td>97.2%</td><td>100.0%</td><td>100.0%</td><td>98.5%</td></tr></table></td><td rowspan="3"></td><td>?</td><td>UP</td></tr>
<tr><td colspan="2">Over the series of data points being measured, key standards are being delivered inconsistently</td></tr>
<tr><td></td></tr>
<tr><td rowspan="3">The Trusts “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period</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 rowspan="3">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></td></tr>
<tr><td rowspan="3">The percentage of inpatients discharged with a subsequent inpatient admission within 30 days</td><td>Age 0-15<table><tr><td>Sep-21</td><td>Oct-21</td><td>Nov-21</td><td>Dec-21</td><td>Jan-22</td><td>Feb-22</td></tr><tr><td>0.0%</td><td>0.0%</td><td>0.0%</td><td>0.0%</td><td>0.0%</td><td>0.0%</td></tr></table>Age 16 or over<table><tr><td>6.9%</td><td>6.2%</td><td>8.0%</td><td>4.5%</td><td>5.8%</td><td>3.7%</td></tr></table></td><td rowspan="3"></td><td>n/a</td><td>n/a</td></tr>
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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>Sep-21</td><td>Oct-21</td><td>Nov-21</td><td>Dec-21</td><td>Jan-22</td><td>Feb-22</td></tr>
<tr><td>949</td><td>922</td><td>1061</td><td>1187</td><td>1167</td><td>1098</td></tr>
<tr><td>59.2%</td><td>57.7%</td><td>59.3%</td><td>55.5%</td><td>53.8%</td><td>61.0%</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>Sep-21</td><td>Oct-21</td><td>Nov-21</td><td>Dec-21</td><td>Jan-22</td><td>Feb-22</td></tr>
<tr><td>7</td><td>7</td><td>11</td><td>10</td><td>8</td><td>13</td></tr>
<tr><td>0.7%</td><td>0.8%</td><td>1.0%</td><td>0.8%</td><td>0.7%</td><td>1.2%</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>Aug-21</td><td>Sep-21</td><td>Oct-21</td><td>Nov-21</td><td>Dec-21</td><td>Jan-22</td></tr>
<tr><td>72.4%</td><td>75.0%</td><td>66.7%</td><td>89.5%</td><td>90.9%</td><td>85.7%</td></tr>
</table>
</td><td></td><td>?</td><td>NO CHANGE</td></tr>
<tr><td colspan="3">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><td>Sep-21</td></tr>
<tr><td>60.0%</td><td>58.0%</td><td>96.0%</td><td>94.0%</td></tr>
</table>
EIP Services
<table>
<tr><td>Mar-20</td><td>Sep-20</td><td>Mar-21</td><td>Sep-21</td></tr>
<tr><td>93.0%</td><td>-</td><td>97.0%</td><td>-</td></tr>
</table>
Community Mental Health Services on CPA (arrears)
<table>
<tr><td>Mar-20</td><td>Sep-20</td><td>Mar-21</td><td>Sep-21</td></tr>
<tr><td>-</td><td>34.0%</td><td>-</td><td>54.0%</td></tr>
</table>
</td><td>Comments on September 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 colspan="3">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>Sep-21</td><td>Oct-21</td><td>Nov-21</td><td>Dec-21</td><td>Jan-22</td><td>Feb-22</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.

<table>
<tr><th rowspan="2">Target</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">Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral

Target is >=60%
(reported a month in arrears)</td><td>Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22</td><td rowspan="3"></td><td rowspan="2">?</td><td rowspan="2">NO CHANGE</td></tr>
<tr><td>72.4% | 75.0% | 66.7% | 89.5% | 90.9% | 85.7%</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">6-week wait for diagnostic procedures (Incomplete)

Target is >=99%

(reported a month in arrears)</td><td>Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22</td><td rowspan="3">In line with national COVID-19 guidance, this service was suspended. It was re-established in October 2020 but due to COVID restrictions can only work at 60% previous activity. We are continuing to support the additional audiologists with the COVID backlog finance until March 2022. The original recovery trajectory was to report a positive KPI in July/August 2021. There has however been a surge in referrals over the last few months and this is now expected March 2022. The position will then be sustainable if the COVID restrictions are lifted. If COVID restrictions remain we will need to maintain the current over staffed position to maintain KPI.</td><td rowspan="2">YES</td><td rowspan="2">DOWN</td></tr>
<tr><td>49.9% | 58.2% | 64.9% | 72.9% | 57.9% | 67.9%</td></tr>
<tr><td colspan="2">Key standards are being delivered but are deteriorating</td></tr>
</table>

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	
		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22		Assurance of Meeting Target	Trend
Adult CMHT Access Six weeks routine Target is 95%	Complete	66.7%	60.9%	68.4%	66.6%	71.7%	62.2%	Noted that there is a shortfall against trajectory. Actions to address this include: •Task and Finish Group which will explore supporting transition into primary care to be established. •Quality summit took place on 7th March, outputs are being developed into a quality improvement plan which will support waiting times improvement work. •Implementation of new assessment model. •Consultant desk top paper caseload review due to commence. •Develop a 'step up' community offer. •Develop training packages. •Workstream in place to review and re- design the workforce. •An estates group is planned to review needs of integrated ways of working and new offers and services. •Community Enhanced Rehab Team (CERT) which offers transitional support to service users leaving rehabilitation inpatient services.	N/A	N/A
	Incomplete	45.3%	56.6%	68.8%	73.5%	72.5%	72.1%		NO	UP
									Key standards are not being delivered but are improving	
Memory Clinic (18 week Local RTT) Target is 95%		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	•Referral rates now back to pre-covid levels. •Continuing to recruit to additional post. •Waiting times have deteriorated as the service suspended during the early stages of the pandemic – this led to a large backlog of cases. •There had been a detrimental impact of long-term sickness in the team. •Advice and guidance service for GPs has been set up using electronic messaging. •The service is working to maximise capacity. •Recommenced satellite clinics in two areas, and seeking to add a third location. •As part of SUTG to review the current memory service pathway with the team and agree what the future model will look like. •QI Work being undertaken including demand and capacity work, review of clinic capacity (estates) and pilot of OT post.		
	Complete	51.6%	49.1%	39.5%	51.4%	49.2%	30.8%		N/A	N/A
	Incomplete	69.7%	70.6%	77.1%	79.5%	79.7%	78.6%		N/A	N/A
ADHD (18 week local RTT) Target is: Complete - 95% Incomplete - 92%		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	•Significant impact due to COVID and increased numbers of referrals which is impacting on waiting times. •An ADHD workstream group has been set up with commissioners chaired by Head of Service. •A robust recovery plan is in place which is monitored via group and reports monthly to DMT. •Work packages include development of a new hub and spoke model with a more integrated approach and engagement work to work through the primary care and the integrated neighbourhood offer with the VCS. •The service specification has been updated to reflect the current service offer. •The post of ADHD Assistant Service Manager has been advertised. •An interim procurement exercise is due to take place with a plan to outsource part of the backlog of people waiting for assessment. •A refresh of the demand and capacity exercise is to be completed.		
	Complete	12.5%	15.4%	21.4%	18.5%	6.3%	14.3%		N/A	N/A
	Incomplete	34.3%	33.9%	31.4%	29.7%	29.8%	28.0%		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%	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Urgent compliance is consistently 100%. Waiting list reduced but not in line with trajectory. Increase in number of 1st assessments. Compliance remains static. Referrals reduced slightly. The longest waiter decreased.	N/A	N/A
	26.2%	20.7%	21.3%	20.9%	32.2%	32.3%			
Continence (Complete Pathway) Target is 95%	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Improvement plan in place to increase productivity and reduce the number of patients waiting. It is expected that compliance will decrease before it consistently increases, due to the increased ratio of patients seen who have already breached. Numbers on waiting list are reducing and number of 1st assessments are increasing.	N/A	N/A
	50.1%	46.0%	39.7%	46.1%	36.6%	41.2%			

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%		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	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	?	NO CHANGE
		100.0%	85.7%	77.8%	83.3%	100.0%	100.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	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. The current recovery trajectory has plateaued due to new posts not being filled. However, if these posts were recruited to we would expect to see a down turn in July/August of the backlog.	NO	DOWN
		30.0%	42.9%	20.0%	30.8%	25.0%	50.0%		Over the series of data points being measured, key standards are not being delivered and are deteriorating	
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	The service are now consistently meeting this target	?	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%		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	The KPI is now being met following a sustained effort by the team to get the waiting list into the ideal number range.	?	NO CHANGE
		100.0%	100.0%	100.0%	100.0%	100.0%	90.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
Aspergers - 18 weeks (complete pathway)	Wait for Treatment	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	The service is receiving an increase in referrals approximately 305 increase on 2019/20 figures this year and this is starting to impact on the target. This month 2 out of 32 patients were seen within 18 weeks. This is being monitored at DMT and Silver meetings.	N/A	N/A
		93.8%	100.0%	95.8%	97.1%	75.0%	6.5%			
	No. of Referrals	45	57	47	88	92	70			
LD Community - 8 weeks (complete pathway)	Wait for Assessment	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22		N/A	N/A
		88.3%	81.0%	79.2%	84.2%	72.1%	49.3%			
	No. of Referrals	97	143	104	93	78	3			

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	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	72 weeks	The CBT improvement plan remains effective in supporting the number of 52 week waiters to fall.	NO	DOWN
	27	23	17	24	23	16			Key standards are not being delivered but are improving	
Dynamic Psychotherapy	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	91 weeks	The number of 52 week waiters are 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
	13	14	21	21	24	24			Key standards are not being delivered but are improving	
Therapy Service for People with Personality Disorder - Treatment waiters over 52 weeks	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	235 weeks	The TSPPD Service is achieving against the agreed trajectory to reduce the number of patients waiting for assessment for over 52 weeks. Whilst the service is working towards development and input into pathfinder assessments, they are continuing to review the assessment approaches in the care pathway and at present are still running additional clinics for those service users not open to CMHT/OP.	NO	UP
	380	395	460	473	472	490			Key standards are not being delivered and are deteriorating/ not improving	
Therapy Service for People with Personality Disorder - assessment waits over 52 weeks (a month in arrears)	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	152 weeks	• Current focus is on providing training to the first cohort of staff across locality teams to begin providing psychological skills groups across locality teams. • Significant programme of recruitment taking place. • Treatment capacity will be increasing over the next 12 months. This will be reviewed against the waiting list to measure impact on reducing waiting list numbers and waiting times. • Assessments to be combined with CMHT assessment to give holistic view on appropriate treatment offers. This is still being developed as part of the post consultation implementation and the development of the Treatment and Recovery Teams. • Implementing a Quality Improvement approach.	N/A	N/A
	486	403	360	341	324	330				
CAMHS	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	104 weeks	As at 31st January 103 waiting over a year, 62 for treatment and 41 for neuro-developmental diagnosis. This is a sustained improvement position. Both lists are performing against the expected trajectory. Average wait for an ND assessment is 27 weeks down from a peak of 38 weeks	NO	NO CHANGE
	192	125	141	169	148	150			Key standards are not being delivered and are deteriorating/ not improving	
All LD - No's waiting over 52 weeks	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	77 weeks		N/A	N/A
	25	24	21	18	30	42				

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%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	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
	78.4%	81.6%	81.3%	85.4%	80.1%	83.8%		Over the series of data points being measured, key standards are being delivered inconsistently	
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	The Trust is below the local target rate of 93%. Work continues to identify the reasons for delayed discharges to LPT and now working collaboratively to ensure patients are not delayed going forwards. Extended criteria to admit patients awaiting packages of care with a start date (this may contribute to increased length of stay going forwards).	?	NO CHANGE
	86.3%	82.2%	85.1%	84.3%	82.7%	90.2%		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.	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	The Trust consistently is below the national benchmark of 25 days.	YES	NO CHANGE
	19.7	17.8	18.3	18.2	19.5	20.3		Key standards are being consistently delivered and are improving/ maintaining performance	
Delayed Transfers of Care Target is <=3.5% across LLR	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	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
	2.5%	3.1%	3.3%	3.8%	3.7%	4.9%		Over the series of data points being measured, key standards are being delivered inconsistently	
Gatekeeping Target is >=95%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		?	UP
	100.0%	100.0%	97.2%	100.0%	100.0%	98.5%		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)*	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22		N/A	N/A
	78.0%	82.6%	89.9%	86.1%	83.3%	86.0%			
Perinatal - Number and Percentage of women accessing service Target is 8.6%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Access for this indicator is defined as requiring a face to face or video consultation i.e. telephone contacts are excluded. The service has an agreed trajectory for improvement in place and are working through an action plan which is monitored at DMT.	N/A	N/A
	484	466	495	522	563	594			
	3.9%	3.7%	4.0%	4.2%	4.5%	4.8%		N/A	N/A

7. Quality and Safety

Target	Trust Performance						RAG/ Comments on recovery plan position	SPC Flag	
								Assurance of Meeting Target	Trend
Serious incidents	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		?	NO CHANGE
	1	5	8	5	6	7		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%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		?	DOWN
	25.0%	9.0%	0.0%	50.0%	40.0%	0.0%		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		Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	NO	NO CHANGE
	Day	6	4	3	7	7	4		
	Night	1	2	1	1	1	0	Key standards are not being delivered and are not improving *SPC based on day shift*	
Care Hours per patient day	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		N/A	N/A
	12.2	12.2	12.4	11.6	12.1	11.9		Key standard has no target; however performance is consistent	
No. of episodes of seclusions >2hrs Target decreasing trend	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		N/A	NO CHANGE
	24	8	7	9	19	16		Key standard has no target; however performance is consistent	
No. of episodes of prone (Supported) restraint Target decreasing trend	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		N/A	NO CHANGE
	5	2	2	1	3	2		Key standard has no target; however performance is consistent	
No. of episodes of prone (Unsupported) restraint Target decreasing trend	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		N/A	NO CHANGE
	0	2	1	0	0	0		Key standard has no target; however performance is consistent	
Total number of Restrictive Practices	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		N/A	N/A
	226	194	272	204	267	246			

No. of Category 2 and 4 pressure ulcers developed or deteriorated in LPT care Target decreasing trend (RAG based on commissioner trajectory)		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22		N/A	NO CHANGE
	Category 2	93	98	90	97	122	100		N/A	NO CHANGE
	Category 4	5	6	11	6	1	4		*Key standard has no target; however performance is consistent for category 2 and consistent for category 4*	
No. of repeat falls Target decreasing trend		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22		N/A	DOWN
		45	39	32	25	38	33		*Key standard has no target; however performance is consistent*	
LD Annual Health Checks completed - YTD Target is 70%		Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Year To date from 1 April 2021	N/A	N/A
		17.9%	27.5%	30.8%	39.4%	43.9%	62.0%			
LeDeR Reviews completed within timeframe		Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	New LeDeR system is in place – need to redefine.	N/A	N/A
	Allocated	16	13	12	12	28	23		N/A	N/A
	Awaiting Allocation	15	11	19	29	22	10		N/A	N/A
	On Hold	15	6	3	1	2	3			

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
MH Data quality Maturity Index Target >=95%	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21		?	UP
	92.6%	92.9%	93.0%	93.2%	90.2%	90.3%		Over the series of data points being measured, key standards are being delivered inconsistently	

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%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	The Trust is below the ceiling set for turnover.	YES	DOWN
	9.3%	9.5%	9.6%	9.4%	9.4%	9.2%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	The vacancy rate has been below average for most of the last 12 months. The rates increased significantly from April 2021 onwards. This is due to the creation of new posts from additional investment that have not yet been recruited to.	NO	UP
	11.3%	11.1%	10.5%	11.4%	11.1%	10.7%		Key standards are not being delivered and are deteriorating	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Sickness absence is currently higher than the Trust target, all absence is being appropriately managed within the services with support from HR.	NO	UP
	5.2%	5.1%	5.4%	5.8%	5.4%	5.9%		Key standards are not being delivered and are deteriorating	
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22		n/a	n/a
	£748,440	£709,372	£790,515	£848,444	£816,587	£877,250			
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Sickness absence is currently higher than the Trust target, all absence is being appropriately managed within the services with support from HR.	n/a	n/a
	5.0%	5.0%	5.1%	5.2%	5.2%	5.3%		Not applicable for SPC as measuring cumulative data	
Agency Costs Target is <=£641,666 (NHSI national target)	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	There is high use of agency staff throughout 2021, this has enabled us to ensure there is adequate supply of staff to services	NO	UP
	£2,040,719	£2,639,144	£2,086,944	£2,752,153	£2,751,823	£2,611,046		Key standards are not being delivered and are deteriorating/ not improving	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	The Trust is meeting the target set for Core Mandatory Training.	YES	NO CHANGE
	92.6%	92.9%	93.4%	93.9%	93.7%	90.0%		Key standards are being consistently delivered and are maintaining performance	
Staff with a Completed Annual Appraisal Target is >=80%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	There has been a decrease in rates over the last few months which could be a result of moving to a new system for recording appraisals and staff needing to get used to the new functionality. It could also be a result of increased annual leave, sickness absence and self-isolation.	YES	DOWN
	83.2%	78.2%	76.0%	75.0%	73.7%	72.5%		Key standards are being delivered but are deteriorating	
% of staff from a BME background Target is >= 22.5%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	The Trust is meeting the target set.	?	UP
	24.0%	24.0%	24.4%	24.7%	24.7%	24.8%		Over the series of data points being measured, key standards are being delivered inconsistently	
Staff flu vaccination rate (frontline healthcare workers) Target is >= 80%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22		n/a	n/a
		31.9%	46.3%	57.9%	59.6%	59.8%			
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	There has been a decrease in rates over the last few months which could be a result of moving to a new system for recording appraisals and staff needing to get used to the new functionality. It could also be a result of increased annual leave, sickness absence and self-isolation.	NO	DOWN
	75.7%	77.3%	78.6%	72.7%	71.3%	73.1%		Key standards are not being delivered and are deteriorating/ not improving	
Health and Wellbeing Activity - Number of LLR staff contacting the hub in the reporting period (1 month in arrears)	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22		N/A	N/A
	102	130	139	210	301	360			

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 – February 2022

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 – 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
C Diff
STEIS action plans completed within timescales
C Occupancy rate – community beds (excluding leave)
% of staff from a BME background
MH Data Quality Maturity Index

Key standards not being delivered but improving

Dynamic Psychotherapy over 52 weeks
Cognitive Behavioural Therapy over 52 weeks
Adult CMHT Access six week routine (incomplete)

Key standards not being delivered but deteriorating/ not improving

Safe Staffing
Personality Disorder over 52 weeks
CAMHS over 52 weeks
% of staff who have undertaken clinical supervision within the last 3 months
Sickness Absence
Agency Cost
Vacancy rate
Children and Young People's Access – four weeks (incomplete pathway)

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
Admissions to adult facilities of patients under 16 years old

Governance table

For Board and Board Committees:	Trust Board	
Paper sponsored by:	Sharon Murphy - Interim Director of Finance and Performance	
Paper authored by:	Information Team	
Date submitted:	21/03/2022	
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
	Reaching Out	
	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:		
False and misleading information (FOMI) considerations:		
Positive confirmation that the content does not risk the safety of patients or the public		
Equality considerations:		