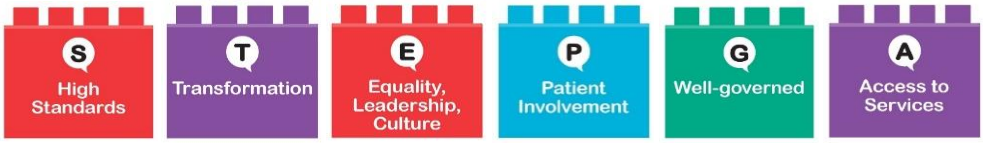
Leicestershire Partnership NHS
NHS Trust

Trust Board
26 July 2022

Board Performance Report
June 2022 (Month 3)

The metrics in this report relate to the following bricks in the Step Up to Great Strategy



Highlighted Performance Movements - June 2022

Improved performance:

Metric	Performance	
Gatekeeping Target is >=95%	100.0%	
Discharges followed up within 72hrs Target is >=80%	82.0%	

Deteriorating Performance:

Metric	Performance	
ADHD (18 week local RTT) Target is Complete - 95%	5.3%	
Aspergers - 18 weeks (complete pathway) Target is 95%	0.0%	

Other areas to highlight:

Metric	Performance (No)	
Serious Incidents	5	Increased from 3 reported last month
Total number of Category 4 pressure ulcers developed or deteriorated in LPT care	4	Increased from 2 reported last month
No. of episodes of prone (Supported) restraint	1	Increased from 2 reported last month
No. of repeat falls *Target decreasing trend*	32	Increased from 36 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.

Total Admissions

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Sparkline
Total Admissions	398	437	418	404	412	391	436	403	379	400	359	397	

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline
Total Admissions	360	383	380										

Covid Positive Prior to Admission

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Sparkline
Total Covid +ve Admissions	1	0	3	6	20	12	13	12	17	30	4	25	
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%	6.3%	

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline
Total Covid +ve Admissions	13	3	7										
Covid +ve Admission Rate	3.6%	0.8%	1.8%										

Covid Positive Following Swab During Admission

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	Mar-22	Sparkline
0-2	0	0	0	0	1	1	2	1	3	4	6	5	
3-7	0	1	0	0	2	1	1	1	8	6	7	9	
8-14	0	0	0	0	1	0	3	1	7	6	2	7	
15 and over	1	0	0	0	2	2	11	0	38	43	11	22	
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%	7.3%	

No of Days	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline
0-2	3	0	4										
3-7	17	2	9										
8-14	15	2	5										
15 and over	34	5	33										
Hospital Acquired Rate *	13.6%	1.8%	10.0%										

• 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.*

Overall Covid Positive Admissions Rate

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Sparkline
Total Covid +ve Admissions	2	1	3	6	26	16	30	15	73	89	30	68	
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%	17.1%	

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Sparkline
Total Covid +ve Admissions	82	12	58										
Average Covid +ve Admissions	22.8%	3.1%	15.3%										

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

The increase in nosocomial Covid-19 cases and admissions in June 2022 reflects the new wave of increased cases due to two new Omicron sub-variants which has nationally led to an increase in community transtion and subsequently nosocomial cases and outbreaks. Covid restrictions have lifted in social and health settings such as universal mask use, people are mixing more, which gives the virus more chances to spread. Local surveillance and data is used to shape actions and guidance in line with our local risk assessments and in conjunction with system partners

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 are being reported against in 2022/23 until the new metrics have been agreed.

Standard	Trust Performance	RAG/ Comments on recovery plan position	SPC Flag	
			Assurance of Meeting Target	Trend
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team (CRHT) acted as a gatekeeper during the reporting period Target is >=95%	Jan-22: 100.0%; Feb-22: 98.5%; Mar-22: 100.0%; Apr-22: 98.4%; May-22: 98.1%; Jun-22: 100.0%		?	UP Over the series of data points being measured, key standards are being delivered inconsistently
The Trusts "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period No Target	2017/18: 7.4; 2018/19: 6.4; 2019/20: 7.1; 2020/21: 6.9; 2021/22: 6.4	The majority of scores within Leicestershire Partnership NHS Trust sit in the bottom 20% of the Trusts surveyed by Quality Health. There are 7 scores in the intermediate 60% range and no scores in the top 20% range. Despite this, the Trust does perform fairly well on the score for service users knowing how to contact the person in charge of organising their care if they have a concern.	n/a	n/a *Not applicable for SPC as reported infrequently*
The percentage of inpatients discharged with a subsequent inpatient admission within 30 days No Target	**Age 0-15** Jan-22: 0.0%; Feb-22: 0.0%; Mar-22: 0.0%; Apr-22: 0.0%; May-22: 0.0%; Jun-22: 0.0% **Age 16 or over** Jan-22: 5.8%; Feb-22: 3.7%; Mar-22: 5.9%; Apr-22: 5.8%; May-22: 5.2%; Jun-22: 5.5%		n/a	n/a
The number and, where available rate of patient safety incidents reported within the Trust during the reporting period No Target	Jan-22: 1167, 53.5%; Feb-22: 1132, 60.7%; Mar-22: 1203, 54.0%; Apr-22: 1389, 58.0%; May-22: 1342, 63.6%; Jun-22: 1209, 60.5%		n/a	n/a
The number and percentage of such patient safety incidents that resulted in severe harm or death No Target	Jan-22: 8, 0.7%; Feb-22: 14, 1.2%; Mar-22: 9, 0.7%; Apr-22: 11, 0.8%; May-22: 9, 0.7%; Jun-22: 4, 0.3%		n/a	n/a
72 hour Follow Up after discharge Target is >=80% *Aligned with national published data* *(reported a quarter in arrears)*	Oct-21: 54.0%; Nov-21: 56.0%; Dec-21: 60.0%; Jan-22: 59.0%; Feb-22: 61.0%; Mar-22: 82.0%	• LPTs internal reports have been amended to reflect the national reporting which has resulted in a fall in performance. • Investigation of LPTs data indicates differences in reporting methodology and, therefore, a proportion of follow up contacts recorded in LPT will not flow into the MHSDS. • This does not mean that performance has dropped in terms of clinical interventions. • The has been corrected retrospectively and will be resubmitted to the MHSDS.	N/A	N/A

3. CQUINs

The following indicators form part of the 2022/2023 National CQUIN scheme. These will be reported in line with the national submission requirements

4. Mental Health Core Data Pack

The following indicators are LPT's performance as per the Mental Health Core Data Pack. The source for this data is nationally submitted data. Performance is published a quarter in arrears.

<table>
<tr><th>Target</th><th>Trust Performance</th><th>RAG/ Comments on recovery plan position (LPT)</th></tr>
<tr><td>(B1) Discharges followed up within 72hrs

Target is >=80%</td><td>
<table>
<tr><th></th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th></tr>
<tr><td>LLR</td><td>52.0%</td><td>57.0%</td><td>61.0%</td><td>64.0%</td><td>60.0%</td><td>82.0%</td></tr>
<tr><td>LPT</td><td>54.0%</td><td>56.0%</td><td>60.0%</td><td>59.0%</td><td>61.0%</td><td>82.0%</td></tr>
</table>
</td><td>• LPTs internal reports have been amended to reflect the national reporting which has resulted in a fall in performance.
• Investigation of LPTs data indicates differences in reporting methodology and, therefore, a proportion of follow up contacts recorded in LPT will not flow into the MHSDS.
• This does not mean that performance has dropped in terms of clinical interventions.
• The has been corrected retrospectively and will be resubmitted to the MHSDS.</td></tr>
<tr><td>(D1) Community Mental Health Access (2+ contacts)

No Target</td><td>
<table>
<tr><th></th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th></tr>
<tr><td>LLR</td><td>8545</td><td>9120</td><td>9520</td><td>9980</td><td>10440</td><td>10940</td></tr>
<tr><td>LPT</td><td>8450</td><td>9035</td><td>9475</td><td>9940</td><td>10410</td><td>10950</td></tr>
</table>
</td><td></td></tr>
<tr><td>(E1) CYP access (1+ contact)

LLR Target is 9531</td><td>
<table>
<tr><th></th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th></tr>
<tr><td>LLR</td><td>8505</td><td>8465</td><td>8480</td><td>10465</td><td>11055</td><td>11545</td></tr>
<tr><td>LPT</td><td>5680</td><td>5740</td><td>5710</td><td>5795</td><td>5860</td><td>5895</td></tr>
</table>
</td><td></td></tr>
<tr><td>(E4) CYP eating disorders waiting time - Routine

Target is >=95%

Rolling 12 months (quarterly)</td><td>
<table>
<tr><th></th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th></tr>
<tr><td>LLR</td><td></td><td>33.0%</td><td></td><td></td><td>31.4%</td><td></td></tr>
<tr><td>LPT</td><td></td><td>32.7%</td><td></td><td></td><td>31.4%</td><td></td></tr>
</table>
</td><td></td></tr>
<tr><td>(E5) CYP eating disorders waiting time - Urgent

Target is >=95%

Rolling 12 months (quarterly)</td><td>
<table>
<tr><th></th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th></tr>
<tr><td>LLR</td><td></td><td>64.2%</td><td></td><td></td><td>68.1%</td><td></td></tr>
<tr><td>LPT</td><td></td><td>64.2%</td><td></td><td></td><td>68.1%</td><td></td></tr>
</table>
</td><td></td></tr>
<tr><td>(G3) EIP waiting times - MHSDS

Target is >=60%</td><td>
<table>
<tr><th></th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th></tr>
<tr><td>LLR</td><td>65.6%</td><td>67.8%</td><td>79.5%</td><td>79.2%</td><td>74.0%</td><td>83.0%</td></tr>
<tr><td>LPT</td><td>65.2%</td><td>69.0%</td><td>77.8%</td><td>80.9%</td><td>76.0%</td><td>83.3%</td></tr>
</table>
</td><td></td></tr>
<tr><td>(I1) Individual Placement Support

LLR Target is 553</td><td>
<table>
<tr><th></th><th>Oct-21</th><th>Nov-21</th><th>Dec-21</th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th></tr>
<tr><td>LLR</td><td>190</td><td>210</td><td>220</td><td>245</td><td>265</td><td>290</td></tr>
<tr><td>LPT</td><td>190</td><td>210</td><td>220</td><td>245</td><td>265</td><td>290</td></tr>
</table>
</td><td>Significant recruitment has recently taken place which should improve compliance against targets going forward.</td></tr>
</table>

(K2) OOA bed days - inappropriate only No Target		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
	LLR	0	0	0	0	0	0	
	LPT	0	0	0	0	0	0	
(L1) Perinatal access - rolling 12 months No Target		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	As below.
	LLR	430	420	405	495	550	660	
	LPT	430	415	395	485	535	655	
(L2) Perinatal access - year to date LLR Target is 1085		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	•Demand and capacity completed, findings are currently being finalised. •Communication plan has been developed with the intention of increasing the portfolio of the service and, therefore, the nubmer of referrals. •Working closely with NHFT colleagues with the intent of sharing best practice with our buddy Trust. •Strengthening of the leadership team supporting the Perinatal Service via recruitment to supporting roles.
	LLR	380	420	460	520	580	640	
	LPT	345	345	455	515	570	635	
(N1) Data Quality - Consistency No Target		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
	LLR	100.0%	80.0%	80.0%	100.0%	100.0%	100.0%	
	LPT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
(N2) Data Quality - Coverage Target is >=85%		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
	LLR	66.7%	66.7%	71.4%	71.4%	71.4%	71.4%	
	LPT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
(N3) Data Quality - Outcomes Target is >=40%		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
	LLR	29.1%	28.5%	28.4%	28.2%	28.3%	27.8%	
	LPT	29.1%	28.6%	28.4%	28.3%	28.4%	28.0%	
(N4) Data Quality - DQMI score Target is >=80		Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	
	LLR	57.3	63.0	57.0	55.8	57.3	59.0	
	LPT	93.0	93.0	90.0	90.0	93.0	93.0	
(N5) Data Quality - SNOMED CT Target is >=85%		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
	LLR	74.3%	72.7%	74.5%	72.7%	73.2%	71.7%	
	LPT	75.9%	75.9%	75.7%	76.1%	76.0%	74.3%	

5. NHS Oversight

The following targets form part of the 2021/22 NHS Oversight Framework that are being reported against in 2022/23. We continue working with Commissioners to understand the metrics to be reported at system/organisational level.

Target	Trust Performance						RAG/ Comments on recovery plan position
2-hour urgent response activity Early Implementer Target is 70% *(Local data)*	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
				71.1%	73.9%	79.8%	
Daily discharges as % of patients who no longer meet the criteria to reside in hospital No Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
				15.3%	13.4%	16.4%	
Reliance on specialist inpatient care for adults with a learning disability and/or autism *(CCG data)* No Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
				30	29	31	
Reliance on specialist inpatient care for children with a learning disability and/or autism *(CCG data)* No Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
				4	4	5	
Regulator Ratings No Target	Overall CQC rating (provision of high quality care)		2021/2022	NHS SOF Segmentation Score		2022/2023	
			2			2	
	2 = requires improvement			*Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues*			
Potential under-reporting of patient safety incidents - Number of months in which patient safety incidents or events were reported to the NRLS No Target	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	April 2022 is the most recent data published						
National Patient Safety Alerts not completed by deadline No Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
				0	0	0	
	Reporting is at point in time and cannot be backdated.						
MRSA Infection Rate No Target *(local data)*	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
	0	0	0	0	0	0	

Clostridium difficile infection rate No Target *(local data)*	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
	1	3	1	0	2	0	
E.coli bloodstream infections No Target *(local data - month in arrears)*	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	
					3	TBC	
VTE Risk Assessment No Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
	Indicator is a placeholder as is not yet defined in the SOF Technical Guidance						
Percentage of people aged 65 and over who received a flu vaccination No Target *LLR data*	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	
	32.8%	63.6%	80.1%	83.1%	83.2%	83.5%	
	February 2022 is the most recent data published						
Proportions of patient activities with an ethnicity code No Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
	Indicator is a placeholder as is not yet defined in the SOF Technical Guidance						

6(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%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	•New assessment model is being trialled and will be rolled out across all CMHTs as workforce allows. This will link into system wide working including working in system partnership. •A new duty system which combines medic and professional duty rotas into one is being rolled out. 4 community teams have implemented this and it will continue to roll out to all community teams by end of June. The purpose of this is to increase capacity in the medical workforce and improve communication for patients. •Caseload reviewing the skill mix of each of the teams to ensure that each patient is seeing the most appropriate practitioner and that caseloads are aligned to the appropriate clinician	N/A	N/A
	Complete	71.7%	62.2%	61.6%	65.4%	63.4%	56.7%			
	Incomplete	72.5%	72.1%	71.1%	61.5%	55.8%	57.1%		NO	UP
									Key standards are not being delivered but are improving	
Memory Clinic (18 week Local RTT) Target is 95%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	•Attempts to recruit to nursing posts have so far been unsuccessful. The advert is now to be posted as a Mental Health Professional vacancy to broaden the options. •Looking at other posts within the service to support the future model, eg Advanced Clinical Practitioners. • 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	49.2%	30.8%	44.3%	43.3%	41.2%	39.7%		N/A	N/A
	Incomplete	79.7%	78.6%	72.7%	64.8%	62.9%	64.9%		N/A	N/A
ADHD (18 week local RTT) Target is: Complete - 95% Incomplete - 92%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	• A recovery plan has been developed with engagement through a time out day including clinicians and commissioners. •Band 4 recruitment currently taking place to support with Qb testing. The ADHD Assistant Service Manager has been appointed and commences in post 19th June 2022 •Series of monthly team workshops to be put in place to develop pathways, initially looking at assessment process and how this can be improved. • There is MHIS funding which will be used to deliver System wide ADHD support		
	Complete	6.3%	14.3%	7.1%	12.5%	38.9%	5.3%		N/A	N/A
	Incomplete	29.8%	28.0%	26.1%	21.9%	15.2%	9.5%		N/A	N/A
Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral Target is >=60%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		?	UP
		90.9%	85.7%	75.0%	94.1%	92.3%	88.5%			
									Over the series of data points being measured, key standards are being delivered inconsistently	

6(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%	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	•Urgent compliance consistently 100% •31.6% reduction in waiting list numbers over past 6 months. •Overall clock stops (new patients starting treatment) in last 6 months has increased. •Longest waiters at 28 & 29 weeks, but drops to 24 weeks after this. •Number of discharges in May-22 increased which helped with patient flow.	N/A	N/A
	32.2%	32.3%	21.1%	26.4%	22.8%	25.8%			
Continence (Complete Pathway) Target is 95%	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	•Numbers waiting decreased month on month since Dec 2021 (1940 to 1378) •50+ day waiters has decreased month on month since Dec 2021 (1286 to 755) •Complete compliance has increased from 36.6% in Dec 2021 to 48% in May 2022 •Incomplete compliance has increased from 24% in Dec 2021 to 39% in May 2022 •Clinical face to face DNA rate decreased to 14% from 2%	N/A	N/A
	36.6%	41.2%	47.6%	42.1%	39.8%	48.2%			

6(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%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-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. CYP are supported in the community whilst waiting through First Steps	?	NO CHANGE
		100.0%	100.0%	100.0%	83.3%	50.0%	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%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-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 being filled slower than anticipated. However, once new staff in post we expect the trajectory to recover.	NO	NO CHANGE
		25.0%	50.0%	30.0%	20.0%	25.0%	25.0%		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%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	The service are now consistently meeting this target	?	UP
		100.0%	100.0%	100.0%	100.0%	100.0%	93.8%		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%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	A recent spike in referrals is being addressed through additional clinics	?	DOWN
		100.0%	90.0%	86.3%	84.4%	90.3%	43.5%		Over the series of data points being measured, key standards are being delivered inconsistently	
Aspergers - 18 weeks (complete pathway) Target is 95%	Wait for Treatment	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Adult Autism Assessment Service – 0% - The service did not meet the measure, with all 18 patients seen outside the measure. The service has received record referrals with 847 referrals by the end of 2021/22. This would be an increase of 122% from the 2020/21 referral rate of 20/21 or 54% from the previous record of 549 referrals in 2019/20.	N/A	N/A
		75.0%	6.5%	30.0%	35.7%	0.0%	0.0%			
	No. of Referrals	92	70	67	78	60	95			
LD Community - 8 weeks (complete pathway) Target is 95%	Wait for Assessment	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	The service has implemented a new 'Access' pathway, which completes the initial core assessment for all pathways and then directing to the apprpriate pathway. The KPI's for this new process are being completed. The current data is illustrating the backlog of patients waiting prior to new Access pathway as the last few complete	N/A	N/A
		72.1%	49.3%	20.7%	16.7%	6.7%	65.7%			
	No. of Referrals	78	3	0	90	69	77			
6-week wait for diagnostic procedures (Incomplete) Target is >=99%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	In line with national COVID-19 guidance, this service was suspended. It was re-established in October 2020. We were able to address a significant amount of the backlog in 2021/22 with additional Headroom Investment. The service is struggling with staffing issues now with 2 staff going on maternity/adoption leave and we are in the process of recruiting cover. The service has reviewed their COVID IPC arrangements and are now offering close to pre-covid numbers per clinic. A new trajectory for the service has been completed and there is a slow recovery until August then with recruitment completed this rapidly increases from September with expected full recovery in December 2022	YES	DOWN
		57.9%	67.9%	79.0%	85.9%	74.1%	70.1%		Key standards are being delivered but are deteriorating	

7. 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	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	65 weeks	The CBT improvement plan remains effective in supporting the number of 52 week waiters to fall. Trajectories are being reset for 2022/23.	NO	DOWN
	23	16	10	9	14	18			Key standards are not being delivered but are improving	
Dynamic Psychotherapy	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	107 weeks	The number of 52 week waiters are below the planned trajectory. Long term, sustainable reduction in wait times to be delivered via Step Up to Great Mental Health transformation plan, integrating assessment and intervention within the locality Treatment and Recovery Teams. Trajectories are being reset for 2022/23.	NO	DOWN
	24	24	14	11	9	11			Key standards are not being delivered but are improving	
Therapy Service for People with Personality Disorder - Treatment waiters over 52 weeks	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	508 weeks	• Jan-April 2022 the service has commenced with training SCM groups. These groups have also trained SCM staff to begin the roll out of locality SCM-Decider programme. • Following recruitment of new staff and the development of the SCM decider programme, a significant number of service users being offered and completing treatment within locality teams over the next 12-18 months. • Implementing a QI approach to evaluate this implementation plan. • Trajectories are being reset for 2022/23. • The longest patient waiting is a processing error. The patient has been seen for assessment and treatment. Reporting methodology is currently being scoped.	NO	UP
	472	490	479	478	501	472			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)	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	190 weeks	• The TSPPD Service is achieving against the agreed trajectory to reduce the number of patients waiting for assessment for over 52 weeks. • As part of step-up-great the service continues to work to a position whereby all first assessments for planned treatment, which includes those going onto the TSPPD pathway, will be provided through the planned treatment and recovery teams as part of a pathfinder/consulter assessment process. This will serve as the initial assessment as part of an integrated planned community offer. • Trajectories are being reset for 2022/23.	N/A	N/A
	324	330	329	326	320	321				
CAMHS	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	93 weeks	As at 3rd June 125 waiting over a year, 121 for treatment and 4 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 25 weeks down from a peak of 38 weeks, this is a sustained gradual recovery	NO	NO CHANGE
	148	150	136	138	124	121			Key standards are not being delivered and are deteriorating/ not improving	
All LD - No's waiting over 52 weeks	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	93 weeks	The majority of these are with the Adult Autism Service. There are still a few not wishing to be seen due to increase vulnerabilities.	N/A	N/A
	30	42	55	58	75	83				

8. 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%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-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
	80.1%	83.8%	81.2%	74.8%	81.7%	85.4%		Over the series of data points being measured, key standards are being delivered inconsistently	
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	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
	82.7%	90.2%	87.9%	91.8%	93.5%	93.0%		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.	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	The Trust consistently is below the national benchmark of 25 days.	YES	UP
	19.5	20.3	21.1	21.1	25.2	23.2		Key standards are being delivered but are deteriorating	
Delayed Transfers of Care Target is <=3.5% across LLR	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-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
	3.7%	4.9%	5.1%	6.4%	4.6%	5.4%		Over the series of data points being measured, key standards are being delivered inconsistently	
Gatekeeping Target is >=95%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		?	UP
	100.0%	98.5%	100.0%	98.4%	98.1%	100.0%		Over the series of data points being measured, key standards are being delivered inconsistently	
Inpatient Admissions to LD and MH Wards with a Learning Disability *(Rolling 12 Month)* Target: Adult =36 CYP=3	**Adult**						The service are working through issues with the data.	N/A	N/A
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22			
	13	14	14	11					
	CYP								
	Work is ongoing to define and agree methodology. Back-dated information will be produced once information is signed off.								
Admissions to adult facilities of patients under 18 years old Target = 0	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		n/a	n/a
	0	0	0	0	0	0			

9. Quality and Safety

Target	Trust Performance							RAG/ Comments on recovery plan position	SPC Flag	
									Assurance of Meeting Target	Trend
Serious incidents		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		?	NO CHANGE
		6	7	6	1	3	5		Over the series of data points being measured, key standards are being delivered inconsistently	
	Indicator under review									
Safe staffing No. of wards not meeting >80% fill rate for RNs Target 0		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		NO	NO CHANGE
	Day	7	4	5	3	3	4			
	Night	1	0	0	0	0	1		Key standards are not being delivered and are not improving *SPC based on day shift*	
Care Hours per patient day No Target		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		N/A	N/A
		12.1	11.9	12.1	12.7	12.3	12.4		Key standard has no target; however performance is consistent	
No. of episodes of seclusions >2hrs Target decreasing trend		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		N/A	NO CHANGE
		19	16	10	19	20	13		Key standard has no target; however performance is consistent	
No. of episodes of prone (Supported) restraint Target decreasing trend		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		N/A	DOWN
		3	2	3	2	0	1		Key standard has no target; however performance is consistent	
No. of episodes of prone (Unsupported) restraint Target decreasing trend		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		N/A	NO CHANGE
		0	0	1	0	0	0		Key standard has no target; however performance is consistent	
Total number of Restrictive Practices (No target)		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		N/A	N/A
		267	246	353	317	315	190			

No. of Category 2 and 4 pressure ulcers developed or deteriorated in LPT care Target decreasing trend (RAG based on commissioner trajectory)		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		N/A	NO CHANGE
	Category 2	122	100	95	90	89	84			
	Category 4	1	4	2	6	2	4		N/A	NO CHANGE
									Key standard has no target; however performance is consistent for category 2 and consistent for category 4	
No. of repeat falls Target decreasing trend		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		N/A	DOWN
		38	33	37	31	36	32			
									Key standard has no target; however performance is consistent	
LD Annual Health Checks completed - YTD Target is 70%		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Year To date from 1 April 2022	N/A	N/A
		43.9%	62.0%	73.1%	2.5%	5.2%	11.9%			
LeDeR Reviews completed within timeframe (No Target)		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	New LeDeR system is in place – need to redefine.	N/A	N/A
	Allocated	28	23	18	37	36	28			
	Awaiting Allocation	22	10	9	7	4	3		N/A	N/A
	On Hold	2	3	1	0	0	0		N/A	N/A

10. 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%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		YES	NO CHANGE
	9.4%	9.2%	9.4%	9.6%	9.4%	9.4%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		NO	UP
	11.1%	10.7%	11.3%	12.3%	14.1%	14.3%		Key standards are not being delivered and are deteriorating	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		NO	NO CHANGE
	5.4%	5.9%	5.3%	4.7%	5.0%	4.7%		Key standards are not being delivered and are deteriorating	
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		n/a	n/a
	£816,587	£877,250	£686,317	£737,217	£745,360	£721,616			
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		n/a	n/a
	5.2%	5.3%	5.0%	5.2%	5.0%	4.8%		Not applicable for SPC as measuring cumulative data	
Agency Costs Target is <=£641,666 (NHSI national target)	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		NO	UP
	£2,751,823	£2,611,046	£3,816,160	£2,949,230	£2,711,773	£3,000,167		Key standards are not being delivered and are not improving	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		YES	NO CHANGE
	93.7%	90.0%	82.1%	87.8%	91.8%	93.3%		Key standards are being consistently delivered and are improving	
Staff with a Completed Annual Appraisal Target is >=80%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		YES	DOWN
	73.7%	72.5%	75.6%	76.8%	79.1%	80.3%		Key standards are being delivered but are deteriorating	
% of staff from a BME background Target is >= 22.5%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		?	UP
	24.7%	24.8%	24.8%	24.8%	24.9%	25.1%		Over the series of data points being measured, key standards are being delivered inconsistently	
Staff flu vaccination rate (frontline healthcare workers) Target is >= 80%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		n/a	n/a
	59.6%	59.8%	59.8%	n/a	n/a	n/a			
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22		NO	NO CHANGE
	71.3%	73.1%	72.1%	77.7%	81.4%	80.9%		Key standards are not being delivered and are deteriorating/ not improving	
Health and Wellbeing Activity - No of LLR staff contacting the hub in the reporting period (1 month in arrears)	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		N/A	N/A
	301	360	320	355	400	359			

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 – June 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

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
C Length of stay - Community Services

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
Sickness Absence
Agency Cost
Vacancy rate
Children and Young People's Access – four weeks (incomplete pathway)
% 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
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:	18/07/2022	
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:		