Leicestershire Partnership NHS
NHS Trust

Trust Board
27 September 2022

Board Performance Report
August 2022 (Month 5)

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

Highlighted Performance Movements - August 2022

Improved performance:

Metric	Performance	
Gatekeeping Target is >=95%	100.0%	
2-hour urgent response activity Early Implementer Target is 70% (Local data)	80.8%	

Deteriorating Performance:

Metric	Performance	
ADHD (18 week local RTT) Target is: Incomplete - 92%	0.5%	
Aspergers - 18 weeks (complete pathway) Target is 95%	0.0%	

Other areas to highlight:

Metric	Performance (No)	
Serious Incidents	8	Increased from 5 reported last month
Total number of Category 4 pressure ulcers developed or deteriorated in LPT care	3	Decreased from 6 reported last month
No. of episodes of prone (Supported) restraint	2	Increased from 0 reported last month
No. of repeat falls *Target decreasing trend*	36	Increased from 31 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	Trust Position												
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	398	422								
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	15	4								
	Covid +ve Admission Rate	3.6%	0.8%	1.8%	3.8%	0.9%								
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	15	5								
	3-7	17	2	9	13	4								
	8-14	15	2	5	10	2								
	15 and over	34	5	33	28	12								
	Hospital Acquired Rate *	13.6%	1.8%	10.0%	9.5%	3.3%								
	• 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	81	27								
	Average Covid +ve Admissions	22.8%	3.1%	15.3%	20.4%	6.4%								

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

August saw a significant reduction in nosocomial infections. Reviews of the these cases have been undertaken to ascertain causes and learning from these events. Initial findings consider a number of causes and potential impacts. These include; increased visiting to patients, step down of 'red' wards and patients admitted to all areas, reduced testing in line with national guidance, reduction in PPE useage.

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%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		?	UP
	100.0%	98.4%	98.1%	100.0%	100.0%	100.0%		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	2018/19	2019/20	2020/21	2021/22	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
		7.4	6.4	7.1	6.9	6.4		*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**							n/a	n/a
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22			
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
	Age 16 or over								
	5.9%	5.8%	5.2%	5.5%	5.2%	4.4%			
The number and, where available rate of patient safety incidents reported within the Trust during the reporting period No Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		n/a	n/a
	1203	1390	1347	1250	1214	1309			
	54.0%	58.0%	63.6%	60.1%	56.4%	67.5%			
The number and percentage of such patient safety incidents that resulted in severe harm or death No Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		n/a	n/a
	9	11	8	1	6	18			
	0.7%	0.8%	0.6%	0.1%	0.5%	1.4%			
72 hour Follow Up after discharge Target is >=80% *Aligned with national published data* *(reported a quarter in arrears)*	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22		N/A	N/A
	77.0%	80.0%	78.0%	82.0%	78.0%	75.0%			

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. The submission deadlines are as follows. Performance will be reported into the BPR thereafter.

Quarter 1 - 25 August 2022
Quarter 2 - 27 November 2022
Quarter 3 - 27 February 2023
Quarter 4 - 28 May 2023

CQUIN No	CQUIN	Target	Quarter 1	Quarter 2	Quarter 3	Quarter 4
CCG1	Staff flu vaccinations	Min- 70% Max- 90%				
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients	Min- 20% Max- 35%	25.0%			
CCG 10a	Routine Outcome monitoring in CYP and Perinatal MH services	Min- 10% Max- 40%	4.5%			
CCG 10b	Routine Outcome monitoring in CMHT (inc MHSOP)	Min- 10% Max- 40%	0.0%			
CCG 12	Biopsychosocial assessments in MH Liaison services	Min- 60% Max- 80%	95.0%			
CCG 13	Malnutrition Screening Achieving 70% screening in inpatient hospitals	Min=50% Max=70%	0.0%			
CCG 14	Assessment, diagnosis, and treatment of lower leg wounds Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment	Min=25% Max= 50%	0.0%			
CCG 15	Assessment and documentation of pressure ulcer risk Achieving 60% assessment in inpatient hospitals	Min=40% Max= 60%	70.0%			
PSS6	Delivery of formulation or review within six weeks of admission, as part of a dynamic assessment process for admissions within Tier 4 CYPMH settings	Min: 50% Max: 80%				
PSS7	Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings	Min: 65% Max: 80%	93.1%			

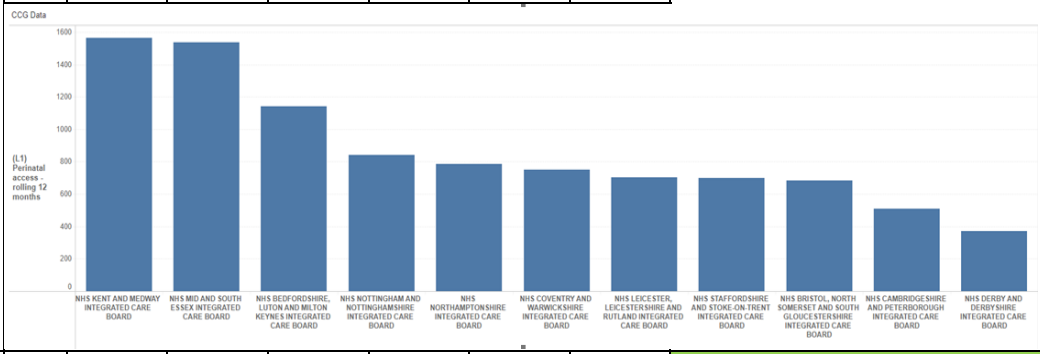
Commentary:

CCG1 - Reporting begins in quarter 3
CCG10a/b - Awaiting official MHSDS figures
PSS6 - Resubmission on 30/09/2022

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.

Target	Trust Performance							RAG/ Comments on recovery plan position (LPT)
(B1) Discharges followed up within 72hrs Target is >=80%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	
	LLR	77.0%	80.0%	75.0%	82.0%	75.0%	74.0%	
	LPT	77.0%	80.0%	78.0%	82.0%	78.0%	75.0%	
(D1) Community Mental Health Access (2+ contacts) No Target		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	
	LLR	9544	10004	10469	10969	10904	10973	
	LPT	9480	9945	10415	10950	10875	10920	
(E1) CYP access (1+ contact) LLR Target is 9853		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	This target has moved from 2 contacts over the financial year to a 1 contact over a rolling year. We are currently reporting above target level. We are continuing to work as a system to improve the health inequalities in specific poulation groups that have lower uptake of service provision.
	LLR	9645	10496	11077	11577	11133	11454	
	LPT	5710	5795	5860	5895	5925	5935	
(E4) CYP eating disorders waiting time - Routine Target is >=95% Rolling 12 months (quarterly)		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	The service has received significant additional MHIS investment and have successfully recruited key staff. This is starting to have an impact and they are currently over performing to the recovery trajectory.
	LLR			31.0%			29.0%	
	LPT			31.4%			29.0%	
(E5) CYP eating disorders waiting time - Urgent Target is >=95% Rolling 12 months (quarterly)		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	The service continue to prioritise the urgent referrals. Failure of the target is normally due to patient choice rather than a limitation of capacity.
	LLR			68.0%			85.0%	
	LPT			68.1%			84.5%	
(G3) EIP waiting times - MHSDS Target is >=60%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	
	LLR	75.0%	84.4%	77.6%	83.0%	83.3%	81.8%	
	LPT	77.8%	84.4%	79.2%	83.3%	83.0%	83.9%	
(I1) Individual Placement Support LLR Target is 127		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	•Significant recruitment has recently taken place which should improve compliance against targets going forward. •The service has initiated a comms plan which has resulted in an increase in referrals. •Recovery action plan in place which is reviewed regularly.
	LLR	220	245	265	290	125	176	
	LPT	220	245	265	290	125	170	

(K2) OOA bed days - inappropriate only No Target		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
	LLR	0	0	0	0	0	6
	LPT	0	0	0	0	0	5
(L1) Perinatal access - rolling 12 months No Target		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
	LLR	510	560	605	660	680	707
	LPT	505	555	600	655	675	700
							
(L2) Perinatal access - year to date LLR Target is 210		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
	LLR	460	520	580	640	175	286
	LPT	455	515	570	635	180	285
							• Robust recovery plan in place which is regularly reviewed and additional actions included as required. • The referral form has been updated and is now live on PRISM. This will also be placed on the website to allow for consistency and ensure that the form is readily available. • Service information on LPT website has been reviewed. The referral criteria has been updated and when this has been signed off via LPT governance routes will be uploaded onto the website. • Service information and branding for the service is in development. The LPT comms team are supporting with this.
(N1) Data Quality - Consistency No Target		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
	LLR	80.0%	100.0%	100.0%	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%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
	LLR	71.4%	71.4%	71.4%	71.4%	71.4%	66.7%
	LPT	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(N3) Data Quality - Outcomes Target is >=40%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
	LLR	28.4%	28.2%	28.3%	27.8%	21.9%	23.9%
	LPT	28.4%	28.3%	28.4%	28.0%	22.3%	24.1%
(N4) Data Quality - DQMI score Target is >=80		Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
	LLR	55.8	57.3	59.0	59.8	59.8	60.3
	LPT	90.0	93.0	93.0	93.0	94.0	95.0
(N5) Data Quality - SNOMED CT Target is >=85%		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
	LLR	89.3%	85.5%	86.9%	86.8%	82.8%	87.0%
	LPT	90.6%	89.7%	90.3%	90.0%	90.6%	91.0%

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)*	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		71.1%	73.9%	79.8%	77.0%	80.8%	
Daily discharges as % of patients who no longer meet the criteria to reside in hospital No Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		15.3%	13.4%	16.4%	18.9%	15.9%	
Reliance on specialist inpatient care for adults with a learning disability and/or autism *(CCG data)* No Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		30	29	31	29	29	
Reliance on specialist inpatient care for children with a learning disability and/or autism *(CCG data)* No Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		4	4	5	5	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	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	June 2022 is the most recent data published						
National Patient Safety Alerts not completed by deadline No Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		0	0	0	0	0	
	Reporting is at point in time and cannot be backdated.						
MRSA Infection Rate No Target *(local data)*	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
	0	0	0	0	0	0	

Clostridium difficile infection rate No Target *(local data)*	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
	1	0	2	0	0	0	
E.coli bloodstream infections No Target *(local data - month in arrears)*	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		3	0	1	0	0	
VTE Risk Assessment No Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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%	Complete	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	A Quality Summit took place on 9th September. Outcomes will be shared and actioned. •Quality improvement cycles on a new 'neighbourhood' assessment process and discharge process to use all assets (VCS, social care, social prescribing etc.). •Increasing workforce capacity in Neighbourhoods (improving flow in CMHTs) through additional investment. •Redesign of outpatient clinics to increase consistency and focus on improving flow across CMHTs and moving to a shared caseload across CMHTs. •Introduce alternative and skill mix roles for CMHT. •Quality improvement cycle on reducing administrative burden of clinical	N/A	N/A
		61.6%	65.4%	63.4%	56.7%	57.5%	53.2%			
	Incomplete	71.1%	61.5%	55.8%	57.1%	55.3%	50.6%		NO	UP
									Key standards are not being delivered but are improving	
Memory Clinic (18 week Local RTT) Target is 95%		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	•Developing a project plan for weekend clinics to increase capacity. •Recruited to two Band 6 Mental Health Practitioner posts. •Looking at other posts within the service to support the future model, eg Advanced Clinical Practitioners. Funding required to take this forward. DMT supportive of this. Progressing the recruitment of a qualified Advanced Clinical Practitioner. •Patients are waiting longer for an assessment due to the build-up of the waiting list from the suspension of the service due to the Covid -19 pandemic		
	Complete	44.3%	43.3%	41.2%	39.7%	31.6%	27.7%		N/A	N/A
	Incomplete	72.7%	64.8%	62.9%	64.9%	62.9%	63.2%		N/A	N/A
ADHD (18 week local RTT) Target is: Complete - 95% Incomplete - 92%		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	•The internal action plan is aligned to the systemwide ADHD transformation action plan. These are regularly updated and are live documents reviewed at the regular task and finish group. •Full service systemwide redesign to better meet the requirements of the community – to align with out-comes of consultation.		
	Complete	7.1%	12.5%	38.9%	5.3%	6.3%	11.1%		N/A	N/A
	Incomplete	26.1%	21.9%	15.2%	9.5%	1.6%	0.5%		N/A	N/A
Early Intervention in Psychosis with a Care Co-ordinator within 14 days of referral Target is >=60%		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22			
		75.0%	94.1%	92.3%	88.5%	85.0%	78.6%		?	UP
									Over the series of data points being measured, key standards are being delivered inconsistently	

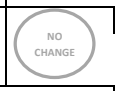
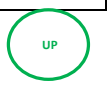
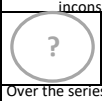
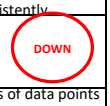
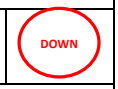
6(b). Access - Waiting Time Standards - CHS

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%	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	•Number of new patients seen in August increased by 118 from July. Although the waiting list has increased slightly, the waiting list is lower than the predicted trajectory. Longest waiter as of 25th August without an appointment booked is 21 weeks, with an appointment booked is 27 weeks. Discharges are continuing to increase month on month which helps with patient flow. First and follow up capacity has been reviewed and changes made. Further transformation opportunities are being considered. Trajectory with best, likely and worse case scenarios in place and monitored monthly.	N/A	N/A
	21.1%	26.4%	22.8%	25.8%	29.3%	28.5%			
Continence (Complete Pathway) Target is 95%	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Number of patients waiting has decreased to 1254. Waiting List continues to decrease due to transformation actions and effective waiting times management. Complete compliance remains static Referrals fluctuate each month, but they are on average higher than last financial year. Trajectory with best, likely and worse case scenarios in place and monitored monthly.	N/A	N/A
	47.6%	42.1%	39.8%	48.2%	50.1%	46.7%			

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%		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-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		 Over the series of data points being measured, key standards are being delivered inconsistently
		100.0%	83.3%	50.0%	100.0%	n/a	100.0%			
CAMHS Eating Disorder – four weeks (complete pathway) Target is 95%		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-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 is showing an increase in recovery over projection due to new posts being filled and the use of 'First Steps' to provide early preventative intervention.		 Over the series of data points being measured, key standards are not being delivered and are deteriorating
		30.0%	20.0%	25.0%	25.0%	62.5%	70.0%			
Children and Young People's Access – four weeks (incomplete pathway) Target is 92%		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	The service are now consistently meeting this target		 Over the series of data points being measured, key standards are being delivered inconsistently
		100.0%	100.0%	100.0%	93.8%	100.0%	96.4%			
Children and Young People's Access – 13 weeks (incomplete pathway) Target is 92%		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	A recent spike in referrals is being addressed through additional clinics		 Over the series of data points being measured, key standards are being delivered inconsistently
		86.3%	84.4%	90.3%	90.6%	90.9%	57.6%			
Aspergers - 18 weeks (complete pathway) Target is 95%	Wait for Treatment	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Adult Autism Assessment Team – 18 Week Referral to Treatment. The service did not meet the measure, with 30 out of 32 patients seen outside the measure. The service has received record referrals with 866 referrals by the end of 21/22. This would be an increase of 127% from the 20/21 referral rate of 20/21 or 57% from the previous record of 549 referrals in 2019/20. The current referral rates suggest 900+ referrals for 22/23	N/A	N/A
	No. of Referrals	30.0%	35.7%	0.0%	0.0%	0.0%	0.0%			
		67	78	60	95	71	95			
LD Community - 8 weeks (complete pathway) Target is 95%	Wait for Assessment	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	The LD Community Team are now following a new Access pathway, 38 out of 63 cases met the measure. There are now no patients waiting in RMT from the previous pathway	N/A	N/A
	No. of Referrals	20.7%	16.7%	6.7%	65.7%	64.5%	66.1%			
		0	90	69	77	77	77			
6-week wait for diagnostic procedures (Incomplete) Target is >=99%		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-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 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. As at 1st September there was 376 CYP 366 of these are waiting less than 90 days		 Key standards are being delivered but are deteriorating
		79.0%	85.9%	74.1%	70.1%	70.4%	62.0%			

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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	66 weeks	• The CBT improvement plan remains effective in supporting the number of 52 week waiters to fall. Trajectories are being reset with a review to reducing longest waiters for treatment to a maximum of 35 weeks. • Long term reduction in wait times to be delivered via the transformation plan, integrating assessment and intervention within the locality Treatment and Recovery Teams.	NO	DOWN
	10	9	14	18	22	13			Key standards are not being delivered but are improving	
Dynamic Psychotherapy	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	157 weeks	The number of 52 week waiters are below the planned trajectory. Long term, sustainable reduction in wait times to be delivered via the transformation plan, integrating assessment and intervention within the locality Treatment and Recovery Teams. Trajectories are being reset.	NO	DOWN
	14	11	9	11	14	13			Key standards are not being delivered but are improving	
Therapy Service for People with Personality Disorder - Treatment waiters over 52 weeks	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	328 weeks	• Face to face groups and evening groups are being offered alongside virtual groups. • Additional clinicians have been recruited to strengthen the SCM-Decider roll out and the provision of structured therapies as part of the ICS. A rolling programme of recruitment continues. • 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. This will be reviewed against the waiting list to measure impact on reducing waiting list numbers and waiting times. This is on target. • The treatment waiting times for TSPPD refer to period waiting for the current treatment offer. The longest patient waiting (517 weeks) has previously been seen for treatment. The second longest patient waiting 328 weeks has also been seen for treatment previously. This is a referral recording process issue that is being looked at within the Service.	NO	UP
	479	478	501	472	509	478			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)	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	198 weeks	• Currently exploring options around recording/reporting of referrals to strengthen reporting processes and illustrate flow through the TSPPD pathway. • TSPPD service users who are not open to CMHT or outpatient at the point of referral to TSPPD are being seen for an initial assessment by the TSPPD service after their referral is accepted. Tracked against a 13 week target. • Additional locality PTLs introduced, 8 extra PTLs a month. • In the context of the above, the TSPPD Service is achieving against the agreed trajectory to reduce the number of patients waiting for assessment for over 52 weeks. Trajectories are currently being reset.	N/A	N/A
	329	326	320	321	317	300				
CAMHS	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	104 weeks	The majority of these are waiting for treatment, there has been an expected spike in ND diagnostic through August - October but will then drop back to the recovery trajectory	NO	DOWN
	136	138	124	121	127	134			Key standards are not being delivered but are improving	
All LD - No's waiting over 52 weeks	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	119 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
	55	58	75	83	105	94				

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%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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
	81.2%	74.8%	81.7%	85.4%	85.4%	88.2%		Over the series of data points being measured, key standards are being delivered inconsistently	
Occupancy Rate - Community Beds (excluding leave) Target is >=93%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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).	?	UP
	87.9%	91.8%	93.5%	93.0%	92.3%	92.2%		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.	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	The Trust consistently is below the national benchmark of 25 days.	YES	UP
	21.1	21.1	25.2	23.2	20.7	21.6		Key standards are being delivered but are deteriorating	
Delayed Transfers of Care Target is <=3.5% across LLR	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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.	?	UP
	5.1%	6.4%	4.6%	5.4%	5.8%	4.8%		Over the series of data points being measured, key standards are being delivered inconsistently	
Gatekeeping Target is >=95%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		?	UP
	100.0%	98.4%	98.1%	100.0%	100.0%	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
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22			
	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	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		?	NO CHANGE
		6	1	3	5	5	8			
	Indicator under review								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		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		NO	NO CHANGE
	Day	5	3	3	4	8	5			
	Night	0	0	0	1	2	2			
									Key standards are not being delivered and are not improving *SPC based on day shift*	
Care Hours per patient day No Target		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		N/A	N/A
		12.1	12.7	12.3	12.4	11.1	11.2			
									Key standard has no target; however performance is consistent	
No. of episodes of seclusions >2hrs Target decreasing trend		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		N/A	NO CHANGE
		10	19	20	13	7	8			
									Key standard has no target; however performance is consistent	
No. of episodes of prone (Supported) restraint Target decreasing trend		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		N/A	DOWN
		3	2	0	1	0	2			
									Key standard has no target; however performance is consistent	
No. of episodes of prone (Unsupported) restraint Target decreasing trend		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		N/A	NO CHANGE
		1	0	0	0	0	0			
									Key standard has no target; however performance is consistent	
Total number of Restrictive Practices (No target)		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		N/A	N/A
		353	317	315	190	180	166			

No. of Category 2 and 4 pressure ulcers developed or deteriorated in LPT care Target decreasing trend (RAG based on commissioner trajectory)		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22		N/A	DOWN
	Category 2	95	90	89	84	81	66			
	Category 4	2	6	2	4	6	3		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		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22		N/A	DOWN
		37	31	36	32	31	36			
									Key standard has no target; however performance is consistent	
LD Annual Health Checks completed - YTD Target is 70%		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Year To date from 1 April 2022	N/A	N/A
		73.1%	2.5%	5.2%	11.9%	14.5%	20.9%			
LeDeR Reviews completed within timeframe (No Target)		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	New LeDeR system is in place – need to redefine.	N/A	N/A
	Allocated	18	37	36	28	25	17			
	Awaiting Allocation	9	7	4	3	2	11		N/A	N/A
	On Hold	1	0	0	0	0	2		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%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		YES	NO CHANGE
	9.4%	9.6%	9.4%	9.4%	9.7%	9.3%		Key standards are being consistently delivered and are improving performance	
Vacancy rate Target is <=7%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		NO	UP
	11.3%	12.3%	14.1%	14.3%	14.3%	15.5%		Key standards are not being delivered and are deteriorating	
Health and Well-being Sickness Absence (1 month in arrears) Target is <=4.5%	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22		NO	NO CHANGE
	5.3%	4.7%	5.0%	4.7%	5.1%	5.0%		Key standards are not being delivered and are deteriorating	
Health and Well-being Sickness Absence Costs (1 month in arrears) Target is TBC	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22		n/a	n/a
	£686,317	£737,217	£745,360	£721,616	£745,752	£805,372			
Health and Well-being Sickness Absence YTD (1 month in arrears) Target is <=4.5%	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22		n/a	n/a
	5.0%	5.2%	5.0%	4.8%	4.9%	5.1%		Not applicable for SPC as measuring cumulative data	
Agency Costs	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		NO	UP
	£3,816,160	£2,949,230	£2,711,773	£3,000,167	£2,893,923	£2,523,943		Key standards are not being delivered and are not improving	
Core Mandatory Training Compliance for substantive staff Target is >=85%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		YES	NO CHANGE
	82.1%	87.8%	91.8%	93.3%	93.2%	93.8%		Key standards are being consistently delivered and are improving	
Staff with a Completed Annual Appraisal Target is >=80%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		YES	UP
	75.6%	76.8%	79.1%	80.3%	81.3%	82.2%		Key standards are being consistently delivered and are improving/ maintaining performance	
% of staff from a BME background Target is >= 22.5%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		?	UP
	24.8%	24.8%	24.9%	25.1%	25.0%	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%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		n/a	n/a
	59.8%	n/a	n/a	n/a	n/a	n/a			
% of staff who have undertaken clinical supervision within the last 3 months Target is >=85%	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22		NO	NO CHANGE
	72.1%	77.7%	81.4%	80.9%	83.9%	77.9%		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)	Feb-22	Mar-22	Apr-22	2022-23 Q1			The data has been cleansed, the numbers are now specific to the Hub.	N/A	N/A
	320	355	400	275					

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 – August 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
Staff with a Completed Annual Appraisal

Key standards being delivered but deteriorating

C 6-week wait for diagnostic procedures
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
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)
CAMHS over 52 weeks

Key standards not being delivered but deteriorating/ not improving

Safe Staffing
Personality Disorder 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)
Admissions to adult facilities of patients under 18 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:	20/09/2022	
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:		