

INTEGRATED QUALITY & PERFORMANCE REPORT – February 2017 (January Data)

EXCEPTION REPORT FOR THE LEEDS CARE GROUP

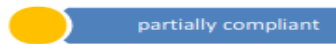
Exception Reporting

Strategic Goal 1 – People achieve their agreed goals for improving health and improving lives

Strategic Goal 2 – People experience safe care

Strategic Goal 3 – People have a positive experience of their care and support

This report shows the Trust's current compliance with national and local performance requirements which are aligned to the Trust's three Strategic Goals. Each performance requirement has been RAG rated to demonstrate compliance.



Exception Reporting

Ethnicity - Target 90% - January performance: 86%

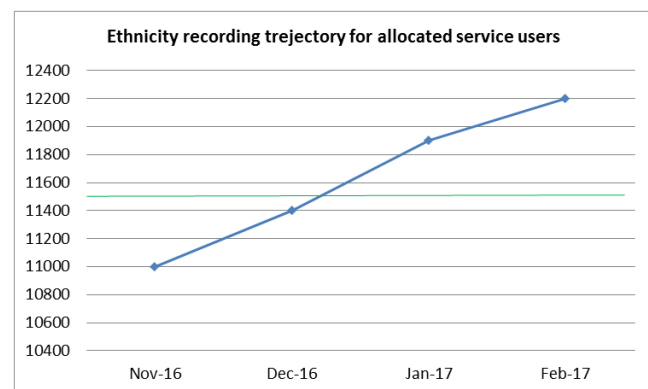
It is a national contract measure that 90% of service users have their ethnicity recorded. This is important to assist CCG's and Trusts plan and deliver services which meet the needs of all communities which they serve.

This is a national contract measure and is specified to be taken from the Mental Health Services Data Set (MHSDS) which includes all service users referred to LYPFT whether they have been seen or not. This creates an issue for any services with a waiting list as the service user will be included in the denominator when services have not been able to establish their ethnicity. It is clearly identified in national guidance that service users must be asked to give their ethnicity and this should not be assumed.

The current compliance reported through the MHSDS is 86% for all service users.

On average community mental health teams see around 55% of their service users on a monthly basis and around 93% at least every 6 months. It would therefore be reasonable to assume that in the next month CMHTs will see (and record ethnicity for) 55% of their service users or 320 people. Other services have average contact frequency which can be calculated and using this methodology it is to be expected that on average an additional 660 ethnicities should be recorded each month. Taking into account that around 4-6% of service users allocated to teams are awaiting initial contact and that activity rates in December are decreased the following trajectory for the next 3 months can be expected.

The care group is achieving 86% with significant work being undertaken to engage with underperforming teams. Individuals have been identified where their ethnicity has not been recorded and measures are being put in place to record this information and meet the target.



**Proportion of patients assigned to a cluster. Target 95% - January performance: 85.91%.
Reviewed within timescales. Target 80% - January performance: 66.86%**

There is currently a remedial action plan in place to address this underperformance which involves:

- Clinical support provided for management of expired and un-clustered patients.
- Providing regular and timely information to clinical staff and managers to allow appropriate actions to be taken to manage compliance issues
- Work with the Performance Team to manage data quality issues such as on hold referrals, duplication and incomplete MH Clustering Tools
- Provision of active caseload reports and cluster caseload analysis
- Working with the AD & CSM for Community and CMHT Clinical Leads to ensure effective Caseload Management
- New streamlined process for allocating service users to a cluster who are on medic only caseloads in order to improve completeness. This initiative has recently been agreed and will commence as soon as possible.
- The Rapid Improvement Event in October 2016 agreed 'effective clustering' test with Millfield House CMHT Team. Millfield House non-medic cluster caseload is currently at 100% of those who can be clustered. Cluster guidance has been developed as part of this work and circulated to in scope clinicians in November 2016
- The Rapid Improvement Event in October 2016 also agreed a work-stream to develop caseload management tool and patient tracking. The Caseload Management Tool being tested in ENE Locality during December 2016.
- CGI and Cluster tool for medics is now live. This tool is more user-friendly than the previous clustering tool. Plan to roll out to all in scope clinicians if test successful.'
- Work is ongoing with the CCG to make clustering more meaningful moving forwards with negotiations taking place to ensure smooth delivery.
- Discussions are also taking place to consider if there would be benefits of using 21 clustering groups or to use super-clustering.
- Currently, we are continuing with the current clustering tools and investigating whether HONOS is required to be reported next year.

**Bed occupancy rates for inpatient services (Leeds Contract)- target range 94% to 98%
January Performance- 93.7%**

This is a considerable achievement as in September 2016 the bed occupancy was over the 98% threshold. A Rapid Improvement Event identified actions to address the bed occupancy issue which also has a knock on effect to reducing Out of Area Placements. The work from the Rapid Improvement Event is continuing to maintain the lower bed occupancy and so keep Out of Area Placements to a minimum.

Timely access to a mental health assessment by the ALPs team in the LTHT Emergency Department (Leeds Contract)- target 90% within three hours. January performance 92.45%

This target has been met for two months running after not previously being met in year. The Associate Director would caution against optimism, however as work is still ongoing to understand the reasons for this. Previously the number of referrals to the service had meant that the target was not attained and so work is ongoing to better understand the current work flow.


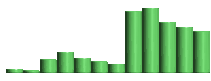

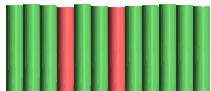

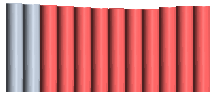
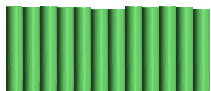



NHS Safety Thermometer Harm free Care



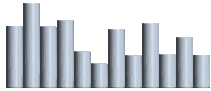
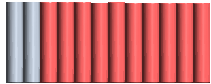
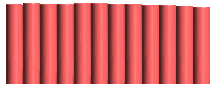
Currently we are only able to report on the Classic Safety Thermometer, which measures falls, pressure ulcers, urinary tract infections, as the Mental Health Safety Thermometer data collection site is undergoing an upgrade and results are not available. As soon as these become available they will be reported here.

Mark Gallacher
Head of Performance and Quality
February 2017

Fiona Coope
Business Support Manager
February 2017

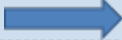
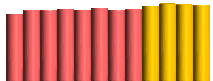
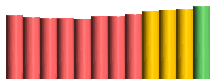
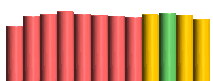
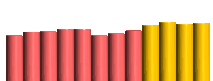
Strategic Goal 1 - People achieve their agreed goal for improving health and improving lives

	Jan 2016/2017	Target	Trend 
Delayed Transfers of Care (Previously reported to Monitor, not requested as part of the SOF)	2.7%	7.5%	
Admissions to inpatient services had access to crisis resolution / home treatment teams (Single Oversight Framework)	100.00%	95.00%	
Care Programme Approach Formal Reviews within 12 months (Previously reported to Monitor, not requested as part of the SOF)	95.66%	95.00%	
Data Completeness - Identifiers (Single Oversight Framework)	99.28%	97.00%	
Data Completeness - Ethnicity (NHS Standard Contract)	77.96%	90.00%	
Data Completeness - Inpatient Ethnicity	95.00%	90.00%	
Bed occupancy rates for inpatient services (Leeds Contract)	93.70%	94.00% to 98.00%	
Inpatient Length of Stay – Adult Mental Health Inpatient Units Adult Wards (Leeds Contract)	39.78		
Inpatient Length of Stay – Adult Mental Health Inpatient Units Older People's Wards (Leeds Contract)	85.90		


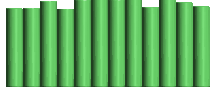



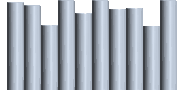
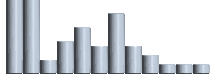
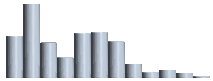
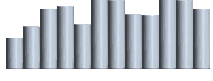
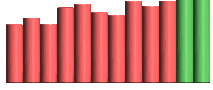
	Jan 2016/2017	Target	Trend 
Inpatient Length of Stay – Adult Mental Health Inpatient Units - <3 days or >90 (Leeds Contract)	15.00		
Emergency Readmissions within 28 Days - Adult Acute Mental Health Wards (Local)	5.40%		
Proportion of in scope patients assigned to a cluster (Leeds Contract)	86.01%	95.00%	
Proportion of in scope patients assigned to a cluster and reviewed within recommended timescales (Leeds Contract)	67.08%	90.00%	

Strategic Goal 2 - People experience safe care

	Jan 2016/2017	Target	Trend 
7 Day Follow Up (Single Oversight Framework)	97.09%	95.00%	
Healthcare Associated Infections – C.difficile	0	0	
Healthcare Associated Infections – MRSA	0	0	
Percentage of people with a Crisis Assessment Summary and formulation plan in place within 24 hours (Leeds Contract)	100.00%	95.00%	
Incidents reported within 48 hrs from incident identified as serious (Contract)		100.00%	
Admissions to adult facilities of patients who are under 16 years old (Single Oversight Framework)	0		
Never Events (National)	0	0	
Trigger to Board Events (Local)	0	0	
NHS Safety Thermometer Harm Free Care	98.33%	95.00%	

	Jan 2016/2017	Target	Trend 
Appraisals LYPFT	82.55%	85.00%	
Appraisals Leeds Care Group	86.40%	85.00%	
Appraisals Specialist and LD Care Group	79.50%	85.00%	
Appraisals Corporate Services	81.49%	85.00%	

Strategic Goal 3 - People have a positive experience of their care and support

	Jan 2016/2017	Target	Trend 
Data Completeness Indicator for Mental Health Outcomes for CPA Patients (Previously reported to Monitor, not requested as part of the SOF)	69.71%	50.00%	
Access to Healthcare for People with a Learning Disability (Previously reported to Monitor, not requested as part of the SOF)			
In Employment (Single Oversight Framework)	11.41%		
In Settled Accommodation (Single Oversight Framework)	63.62%		
Friends and Family Test Likely or Extremely Likely to Recommend	100.00%		
Out of Area placements (Leeds Contract)	2.00		
Out of Area placements by bed days (Leeds Contract)	9.00		
Timely access to MH assessment under S136 (Leeds Contract)	39.13%		
Timely access to a mental health assessment by the ALPs team in the LTHT Emergency Department (Leeds Contract)	92.45%	90.00%	

	Jan 2016/2017	Target	Trend 
Gender Identity Service Waiting List (NHS England)	855		
Gender Identity Service Average Waiting Time To First Offered Appointment (NHS England)	390.15		