

INTEGRATED QUALITY & PERFORMANCE REPORT – December 2016 (November data)

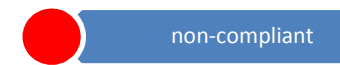
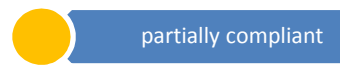
Exception Reporting

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

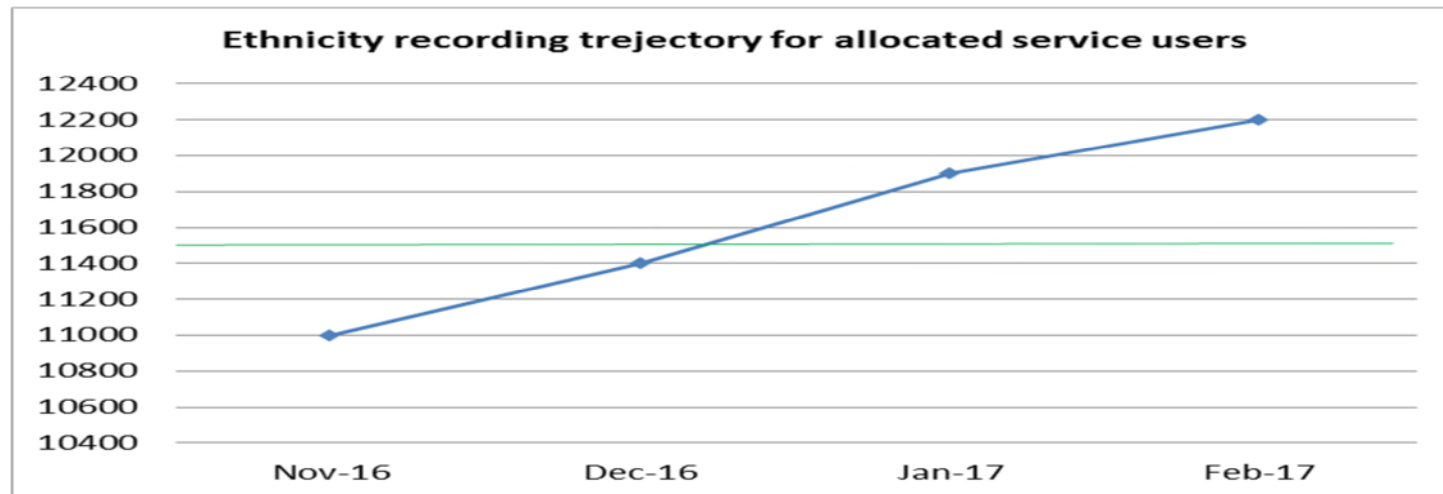
Ethnicity - Target 90% - November performance: 77%

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 74.38% for all service users. For service users with a current allocation on Paris this increases to 85.72%. To move the percentage of service users with an allocation to 90% an addition 563 service users will need their ethnicity recording.

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.



Proportion of patients assigned to a cluster. Target 95% - November performance: 86.41%.

Reviewed within timescales. Target 85% - November performance: 68.79%

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 now live. This tool is more user-friendly than previous clustering tool. Plan to roll out to all in scope clinicians if test successful.'

Appraisal Recording. Target 85% - November performance: 82.60%

The Trust is required to deliver a total of 85% successful Appraisals. This target has recently been reduced from 90% as agreed by the Executive Team, bringing the target more in line with other Mental Health Trusts.

Currently, 702 staff members have undertaken a successful Appraisal, which is a completion rate of 80%.

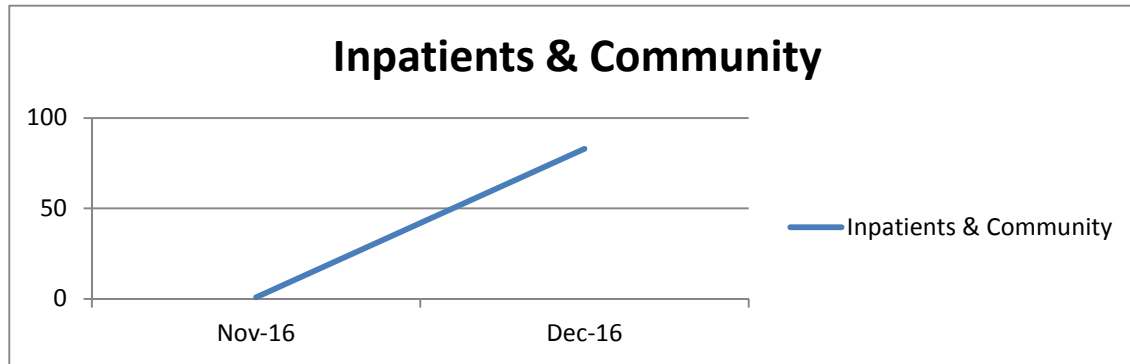
The outstanding 5% would equate to a total of 40 staff members. However, there will also be 43 staff whose Appraisal will expire within this time bringing the total number of Appraisals to be completed to 83 by the 31st December 2016.

The following trajectory demonstrates that between Inpatients and Community Services, both services will each deliver a further 42 Appraisals by the end of December 2016.

The total number of staff projected to have undertaken an Appraisal by the end of December 2016 will increase to 786 (of 878). This will provide the necessary increase to bring the delivery rate up from 80% to 85%.

Community Services plan to increase these rates initially within West ICS and for Senior Psychologists. Inpatients Services will target both

Asket and Becklin Ward 4. These areas will be the priority areas to ensure the target is met, with ongoing engagement across other services in the New Year to continue to increase the figures.



Fiona Coope,


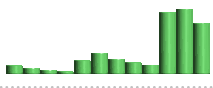
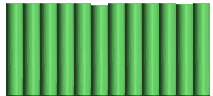
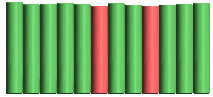

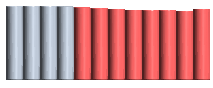
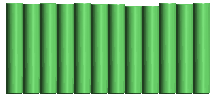
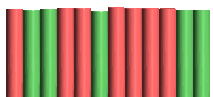


Business Support Manager,



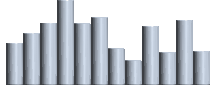
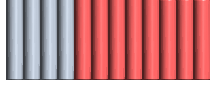

December 2016

Timely access to a mental health assessment by the ALPs team in the LTHT Emergency Department (Leeds Contract)

This target has increased from 82.98% in October to the current 88.98%.

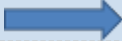
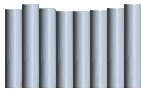
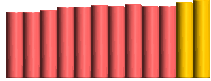
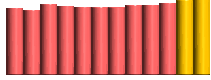

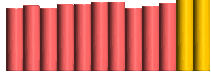
Strategic Goal 1 - People achieve their agreed goal for improving health and improving lives

	Nov 2016/2017	Target	Trend 
Delayed Transfers of Care (Previously reported to Monitor, not requested as part of the SOF)	3.3%	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)	97.58%	95.00%	
Data Completeness - Identifiers (Single Oversight Framework)	99.42%	97.00%	
Data Completeness - Ethnicity (NHS Standard Contract)	77.00%	90.00%	
Data Completeness - Inpatient Ethnicity	97.89%	90.00%	
Bed occupancy rates for inpatient services (Leeds Contract)	97.02%	94.00% to 98.00%	
Inpatient Length of Stay – Adult Mental Health Inpatient Units Adult Wards (Leeds Contract)	40.96		
Inpatient Length of Stay – Adult Mental Health Inpatient Units Older People's Wards (Leeds Contract)	95.68		


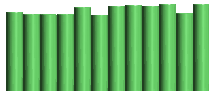



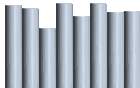
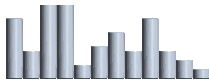
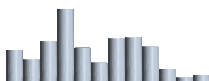
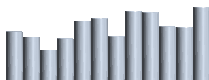
	Nov 2016/2017	Target	Trend 
Inpatient Length of Stay – Adult Mental Health Inpatient Units - <3 days or >90 (Leeds Contract)	16.00		
Emergency Readmissions within 28 Days - Adult Acute Mental Health Wards (Local)	5.50%		
Proportion of in scope patients assigned to a cluster (Leeds Contract)	86.35%	95.00%	
Proportion of in scope patients assigned to a cluster and reviewed within recommended timescales (Leeds Contract)	68.79%	85.00%	

Strategic Goal 2 - People experience safe care

	Nov 2016/2017	Target	Trend 
7 Day Follow Up (Single Oversight Framework)	98.24%	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)	98.39%	95.00%	
Incidents reported within 48 hrs from incident identified as serious (Contract)	100.00%	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	98.26%	95.00%	

	Nov 2016/2017	Target	Trend 
NHS MH Safety Thermometer Harm Free Care	91.25%		
Appraisals LYPFT	84.10%	85.00%	
Appraisals Leeds Care Group	82.60%	85.00%	
Appraisals Specialist and LD Care Group	86.34%	85.00%	
Appraisals Corporate Services	82.55%	85.00%	

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

	Nov 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)	76.95%	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)	11.60%		
In Settled Accommodation (Single Oversight Framework)	68.33%		
Friends and Family Test Likely or Extremely Likely to Recommend	91.67%		
Out of Area placements (Leeds Contract)	2.00		
Out of Area placements by bed days (Leeds Contract)	38.00		
Timely access to MH assessment under S136 (Leeds Contract)	48.08%		
Timely access to a mental health assessment by the ALPs team in the LTHT Emergency Department (Leeds Contract)	88.83%	90.00%	