ASSURANCE

Variation/Performance	(P)	(?)	(F)	( )
H~	**Excellent** — Celebrate and Learn • This metric is improving. • Your aim is high numbers, and you have some. • You are consistently achieving the target because the current range of performance is above the target.	**Good** — Celebrate and Understand • This metric is improving. • Your aim is high numbers, and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** — Celebrate but Act • This metric is improving. • Your aim is high numbers, and you have some. • HOWEVER, your target lies above the current process limits so we know that the target will not be achieved without change.	**Excellent** — Celebrate • This metric is improving. • Your aim is high numbers, and you have some. • There is currently no target set for this metric.
L~	**Excellent** — Celebrate and Learn • This metric is improving. • Your aim is low numbers, and you have some. • You are consistently achieving the target because the current range of performance is below the target.	**Good** — Celebrate and Understand • This metric is improving. • Your aim is low numbers, and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning** — Celebrate but Act • This metric is improving. • Your aim is low numbers, and you have some. • HOWEVER, your target lies below the current process limits so we know that the target will not be achieved without change.	**Excellent** — Celebrate • This metric is improving. • Your aim is low numbers, and you have some. • There is currently no target set for this metric.
~	**Good** — Celebrate and Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER, you are consistently achieving the target because the current range of performance exceeds the target.	**Average** — Investigate and Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concern** — Investigate and Act • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER, your target lies outside the current process limits and the target will not be achieved without change.	**Average** — Understand • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • There is currently no target set for this metric.
H~	**Concerning** — Investigate and Understand • This metric is deteriorating. • Your aim is low numbers, and you have some high numbers. • HOWEVER, you are consistently achieving the target because the current range of performance is below the target.	**Concerning** — Investigate and Act • This metric is deteriorating. • Your aim is low numbers, and you have some high numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning** — Investigate and Act • This metric is deteriorating. • Your aim is low numbers, and you have some high numbers. • Your target lies below the current process limits so we know that the target will not be achieved without change	**Concerning** — Investigate • This metric is deteriorating. • Your aim is low numbers, and you have some high numbers. • There is currently no target set for this metric.
L~	**Concerning** — Investigate and Understand • This metric is deteriorating. • Your aim is high numbers, and you have some low numbers. • HOWEVER, you are consistently achieving the target because the current range of performance is above the target.	**Concerning** — Investigate and Act • This metric is deteriorating. • Your aim is high numbers, and you have some low numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning** — Investigate and Act • This metric is deteriorating. • Your aim is high numbers, and you have some low numbers. • Your target lies above the current process limits so we know that the target will not be achieved without change	**Concerning** — Investigate • This metric is deteriorating. • Your aim is high numbers, and you have some low numbers. • There is currently no target set for this metric.

Safe - Patient Safety

Compliance in Level 1 and 2 Patient Safety Training

Number of overdue PSII actions
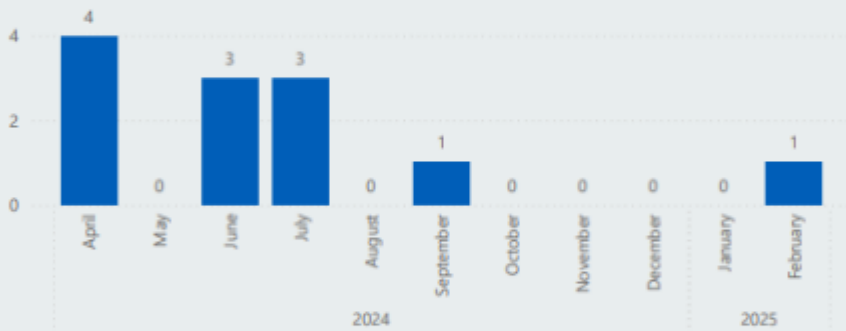
Number of Patient Safety Incident Investigations (PSII)

Safe - Patient Safety

Number of incidents by PSIRP priority - Pressure Ulcers

Month	April	May	June	July	Aug	Sept	Octo	Nov	Dec	Janu	Febr
Count	8	5	8	14	9	6	26	21	12	14	9

2024 — 2025

Number of incidents by PSIRP priority - Falls

Month	April	May	June	July	Aug	Sept	Octo	Nov	Dec	Janu	Febr
Count	1	5	12	3	4	6	10	20	14	14	6

2024 — 2025

Number of incidents by PSIRP priority - Deteriorating Patient

Month	April	May	June	July	Aug	Sept	Octo	Nov	Dec	Janu	Febr
Count	0	2	1	1	1	3	0	1	0	1	0

2024 — 2025

Number of incidents by PSIRP priority - Meatal Tear

Month	April	May	June	July	Aug	Sept	Octo	Nov	Dec	Janu	Febr
Count	3	2	0	0	0	4	2	0	0	1	3

2024 — 2025

Number of incidents by PSIRP priority - Clinical Triage in Neighbourhood Teams

Month	April	May	June	July	Au	Sep	Oct	No	De	Jan	Feb
Count	0	0	0	0	0	0	0	0	0	0	0

2024 — 2025

Safe - IPC

Attributed MRSA Bacteraemia - infection rate**

	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February
	0	1	0	0	0	0	1	0	0	0	1	0	0	0	3	0	0	0	0	0	0	0
			2023										2024									2025

Clostridium Difficule - infection rate**

	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			2023										2024									2025

Incidents of E.Coli, bacteraemia

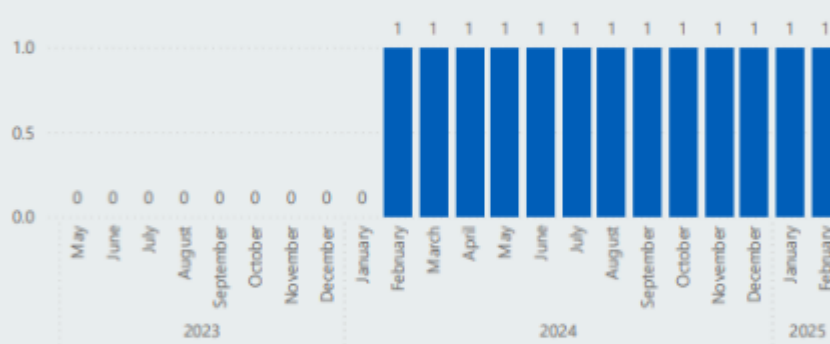|	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
				2023												2024										2025	

Safe - Other

Compliance with statutory Duty of Candour

CAS Alerts Outstanding**

Never Event Incidence**

Safe - DQMI

Data Quality Maturity Index (DQMI) - CSDS dataset score**
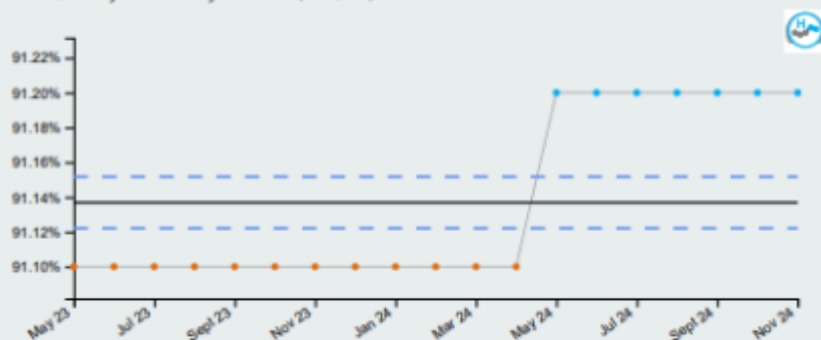
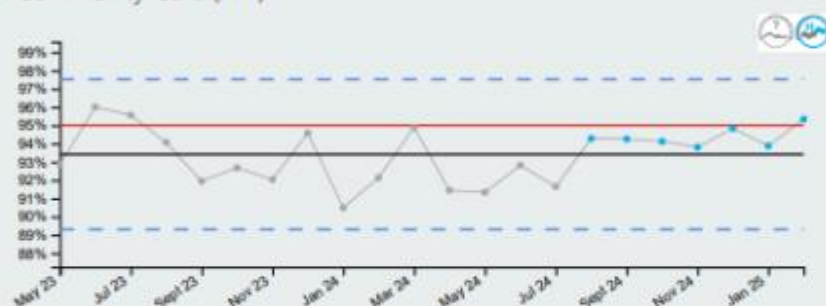## Data Quality Maturity Index (DQMI) - IAPT dataset score**
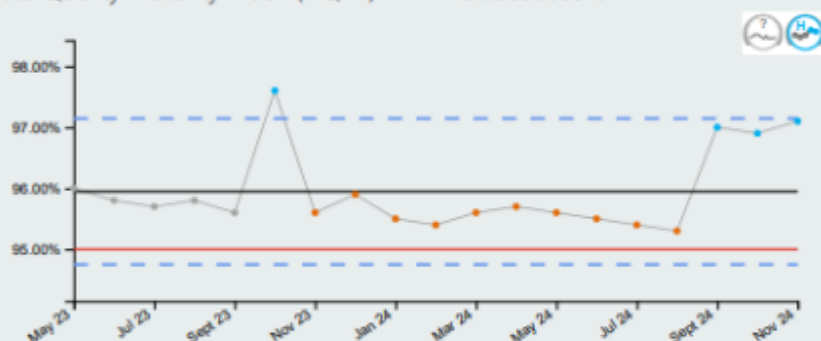
Data Quality Maturity Index (DQMI) - MHSDS dataset score**

Caring Domain

Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)
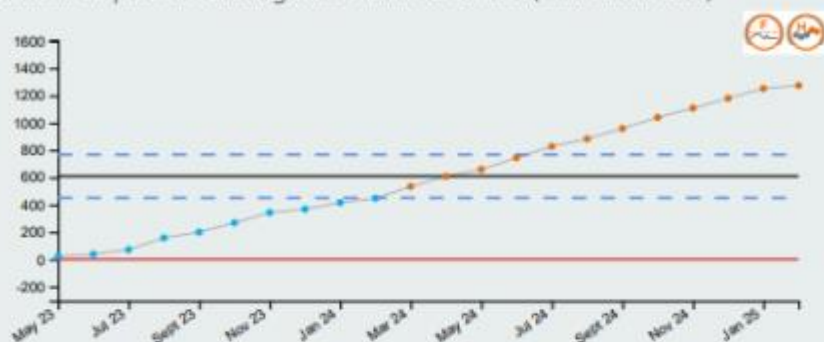

Total Number of Formal Complaints Received
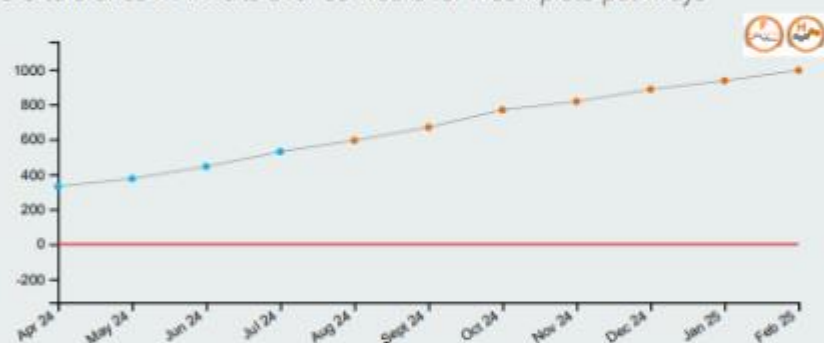

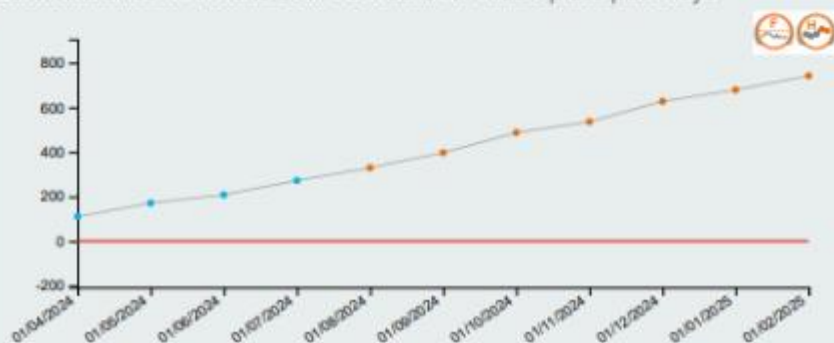Mixed Sex Accommodation Breaches

No breaches Reported

Responsive Domain

Number of patients waiting more than 52 Weeks (Consultant-Led)

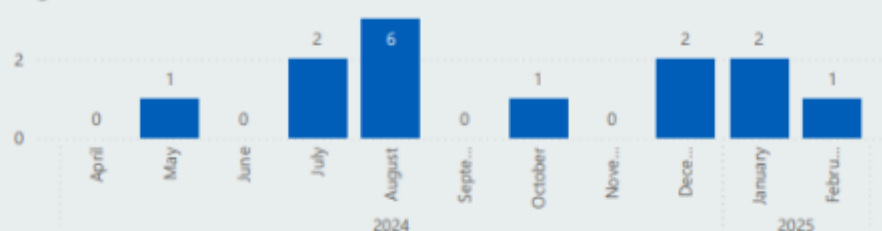## Zero tolerance RTT waits over 65 weeks for incomplete pathways

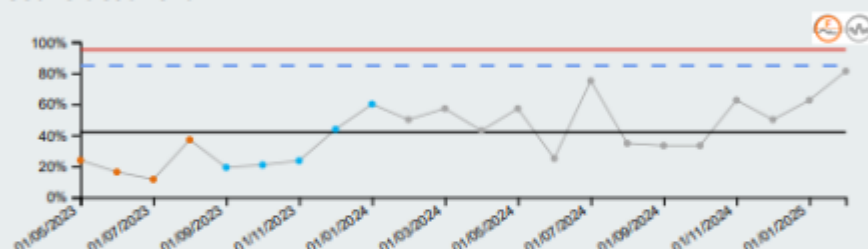## Zero tolerance RTT waits over 78 weeks for incomplete pathways

Responsive - CAMHS

NHS
Leeds Community Healthcare
NHS Trust

Number of CAMHS Eating Disorder patients breaching the 1-week standard for urgent care

| Month	Value
April	0
May	1
June	0
July	2
August	6
September	0
October	1
November	0
December	2
January	2
February	1

2024 / 2025

% CAMHS Eating Disorder patients currently waiting less than 4 weeks for routine treatment

Percentage of Children over 5 currently waiting more than 18 weeks for a Neurodevelopmental Assessment
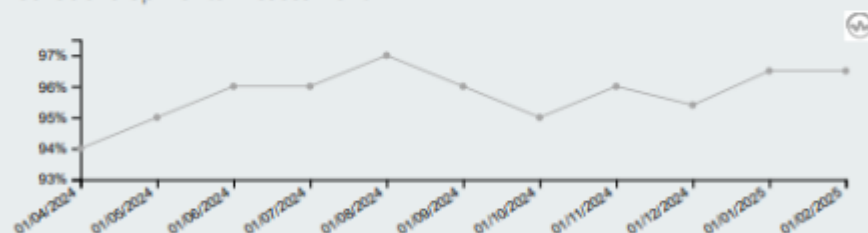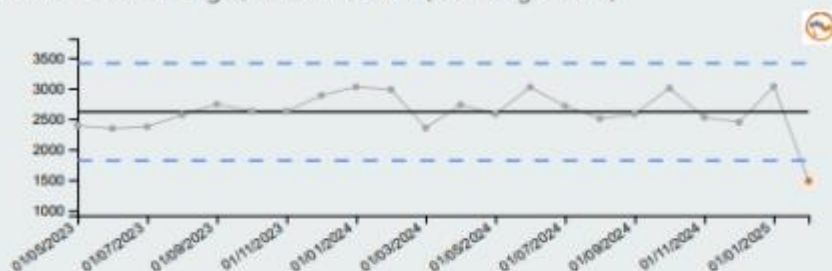
Number of children and young people accessing CAMHS - year to date
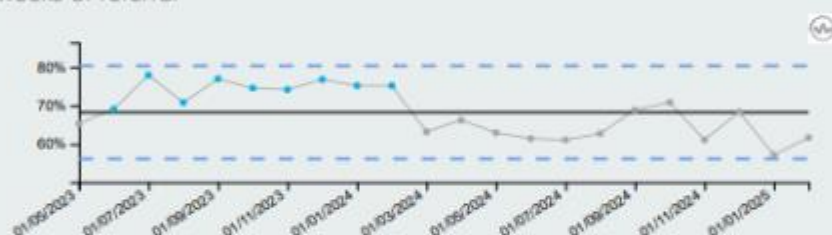
36
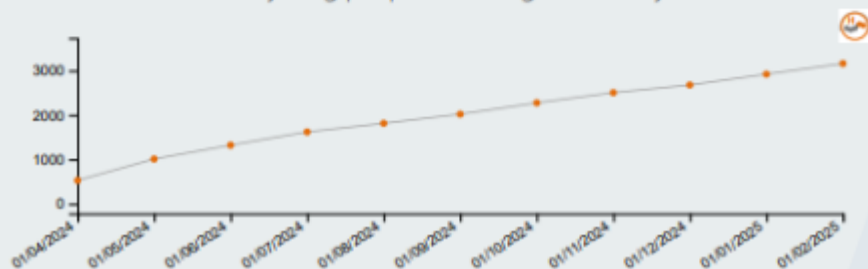
Responsive - LMWS

LMWS – Access Target; Local Measure (including PCMH)

IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral

IAPT - Percentage of people referred should begin treatment within 18 weeks of referral

IAPT - Percentage of people referred should begin treatment within 6 weeks of referral

Responsive - NTs

Neighbourhood Team Face to Face Contacts
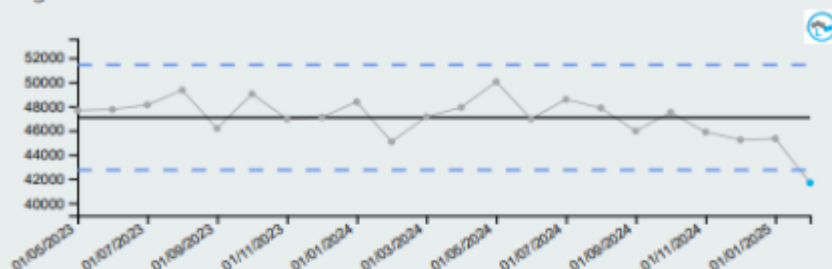
Neighbourhood Team Referrals (SystmOne only)

Neighbourhood Team Productivity (Contacts per Utilised WTE)
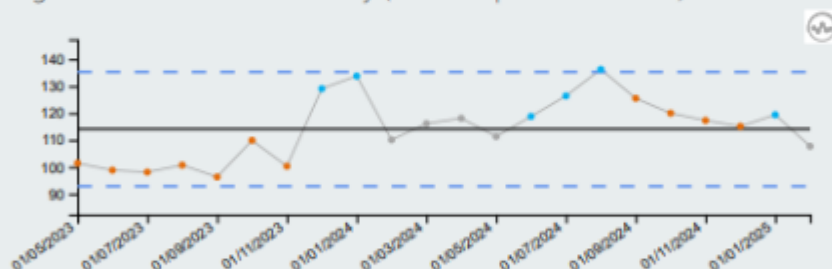
Available virtual ward capacity per 100k head of population

This chart is under development

Responsive - Other

Percentage of patient contacts where an ethnicity code is present in the record
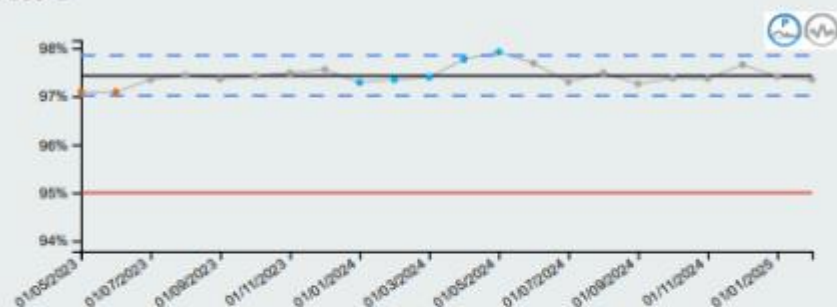
Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted

This chart is under development

Well Led - Workforce

Total sickness absence rate (Monthly) (%)

AfC Staff Appraisal Rate

Statutory and Mandatory Training Compliance

Well Led - Workforce

Starters / leavers net movement

Reduce the number of staff leaving the organisation within 12 months

Staff Turnover

Well Led - Workforce

Neighbourhood Team Percentage of Funded Posts Utilised
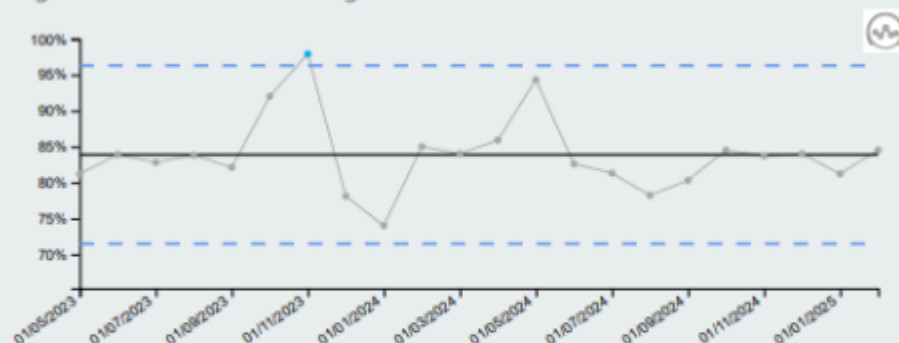
Neighbourhood Team Vacancies, Sickness & Maternity WTE

The overall percentage of staff who have identified as BME (including exec. board members)
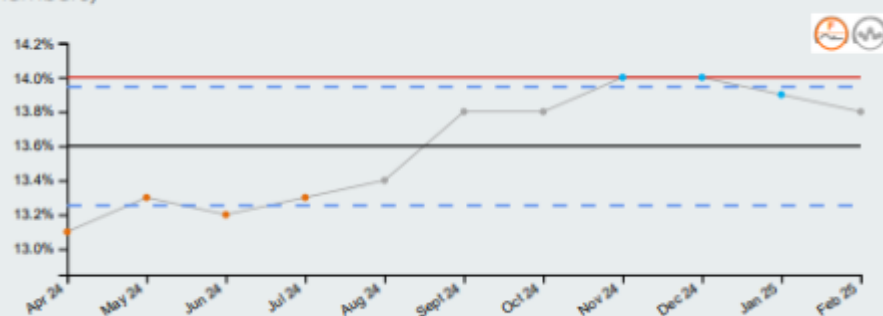
Well Led - Other

Leeds Community Healthcare
NHS

NHS
Leeds Community
Healthcare
NHS Trust

Percentage of Staff that would recommend LCH as a place of work (Staff FFT)

This chart is under development

Percentage of staff who are satisfied with the support they received from their immediate line manager

This chart is under development

'RIDDOR' incidents reported to Health and Safety Executive

	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January
2023	0	0	0	0	0	0	0	0	0	0	0	0	0								
2024														1	1	0	1	2	0	1	0
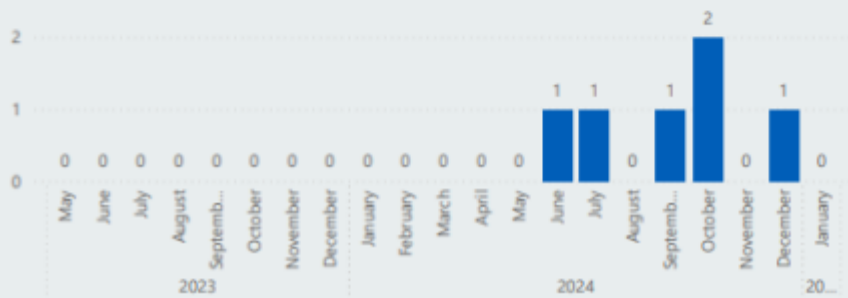
Appendix II – High level Indicator Development

Overview

This report gives a summary of the progress to-date and upcoming planned work to improve and develop the assurance given to the Board and Committees through the Performance Brief.

In 2024, plans were developed to use Statistical Process Control (SPC) methodologies as the analytical foundation for the Performance Brief, and eventually as the foundation for all Performance monitoring and management across the Trust.

High Level Indicator Development

Each year, the Board and Committees specify the High-Level Indicators (HLIs) to be selected for the Performance Brief to give assurance on key strategic and operational priorities. The table below gives a summary of the work underway to migrate to SPC approaches.

Domain	Measure	Short Name	Development Status	Development Timeline	Visual Type
Caring	Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	Positive Patient Feedback	Complete	N/A	SPC
Caring	Total Number of Formal Complaints Received	Number of complaints	Complete	N/A	SPC
Caring	Differences in the number of Patient Safety Incident Investigations (PSII) for patients living in IMD1 vs IMD2-10	PSII Equity	Under Development	TBC	SPC
Caring	Mixed Sex Accommodation Breaches**	MSA Breaches	Complete	N/A	Column Chart
Caring	Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 18 week standard	RTT 18 week equity	Complete	N/A	SPC
Caring	Difference in access to services for patients living in IMD1 vs IMD2-10 - Consultant led 52 week standard	RTT 52 week equity	Complete	N/A	SPC
Caring	Difference in access to services for patients living in IMD1 vs IMD2-10 - DM01 Services	DM01 Equity	Complete	N/A	SPC
Caring	Difference in access to services for patients living in IMD1 vs IMD2-10 - Non-Consultant 18 week standard	Non-RTT 18 week equity	Complete	N/A	SPC

Effective	Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	NICE implemented from 2019	Complete	N/A	Column Chart
Effective	Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	NICE implemented from 2020	Complete	N/A	Column Chart
Effective	NCAPOP audits: number started year to date versus number applicable to LCH	NCAPOP Audits	Complete	N/A	Column Chart
Effective	Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	Priority 2 Audits	Complete	N/A	Column Chart
Effective	Total number of audits completed in quarter	Total Audits completed	Complete	N/A	Column Chart
Responsive	Percentage of patients currently waiting under 18 weeks (Consultant-Led)	18-week waiting list target (RTT)	Complete	N/A	SPC
Responsive	Number of patients waiting more than 52 Weeks (Consultant-Led)	52 week waiting times (RTT)	Complete	N/A	SPC
Responsive	Zero tolerance RTT waits over 78 weeks for incomplete pathways	78 week waiting times (RTT)	Complete	N/A	SPC
Responsive	Zero tolerance RTT waits over 65 weeks for incomplete pathways	65 week waiting times (RTT)	Complete	N/A	SPC
Responsive	Number of children and young people accessing mental health services as a % of trajectory**	CAMHS Accessing Treatment	Complete	N/A	
Responsive	Available virtual ward capacity per 100k head of population	Virtual Ward capacity per 100k Population	Under Development	Mar-25	

Responsive	Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	Units of Dental Activity	Under Development	Mar-25	
Responsive	Number of CAMHS Eating Disorder patients breaching the 1-week standard for urgent care	Eating Disorders 1-week Urgent Target	Complete	N/A	Column Chart
Responsive	Percentage of Children over 5 currently waiting more than 18 weeks for a Neurodevelopmental Assessment	ND Waiting times (over 5s)	Complete	N/A	SPC
Responsive	Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	Diagnostic 6-week target (DM01)	Complete	N/A	SPC
Responsive	% Patients waiting under 18 weeks (non reportable)	18-week waiting list target (non-RTT)	Complete	N/A	SPC
Responsive	LMWS – Access Target; Local Measure (including PCMH)	LMWS Access	Complete	N/A	SPC
Responsive	IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	NHS Talking Therapies Screening within 2 weeks	Complete	N/A	SPC
Responsive	IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	NHS Talking Therapies 18 week treatment target	Complete	N/A	SPC
Responsive	IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	NHS Talking Therapies 6 weeks treatment target	Complete	N/A	SPC
Responsive	% CAMHS Eating Disorder patients currently waiting less than 4 weeks for routine treatment	Eating Disorders 4-week Routine Target	Complete	N/A	SPC
Responsive	Neighbourhood Team Face to Face Contacts	NT Contacts	Complete	N/A	SPC
Responsive	Community health services two-hour urgent response standard	UCR 2hour Performance	Complete	N/A	SPC

Responsive	Percentage of patient contacts where an ethnicity code is present in the record	Patient Ethnicity Recording	Complete	N/A	SPC
Responsive	Neighbourhood Team Referrals (SystmOne only)	NT Referrals	Complete	N/A	SPC
Responsive	Neighbourhood Team Productivity (Contacts per Utilised WTE)	NT Productivity	Complete	N/A	SPC
Safe	Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	Medicines Code Assurance Checks	Complete	N/A	Column Chart
Safe	Safer Staffing – Inpatient Services	Safer Staffing - Inpatients	Under Development	TBC	
Safe	Attributed MRSA Bacteraemia - infection rate**	MRSA Infections	Complete	N/A	Column Chart
Safe	Clostridium Difficule - infection rate**	cDiff Infections	Complete	N/A	Column Chart
Safe	Never Event Incidence**	Never Events	Complete	N/A	Column Chart
Safe	CAS Alerts Outstanding**	CAS Alerts Outstanding	Complete	N/A	Column Chart
Safe	Data Quality Maturity Index (DQMI) - CSDS dataset score**	DQMI - CSDS	Complete	N/A	SPC
Safe	Data Quality Maturity Index (DQMI) - IAPT dataset score**	DQMI - IAPT	Complete	N/A	SPC
Safe	Data Quality Maturity Index (DQMI) - MHSDS dataset score**	DQMI - MHSDS	Complete	N/A	SPC

Safe	Compliance in Level 1 and 2 Patient Safety Training	Patient Safety Training	Complete	N/A	SPC
Safe	Number of Patient Safety Incident Investigations (PSII)	Number of PSIIs	Complete	N/A	Column Chart
Safe	Number of overdue PSII actions	Overdue PSII Actions	Complete	N/A	Column Chart
Safe	Number of incidents by PSIRP priority - Pressure Ulcers	Presure Ulcers Incidents	Complete	N/A	Column Chart
Safe	Number of incidents by PSIRP priority - Falls	Fall Incidents	Complete	N/A	Column Chart
Safe	Number of incidents by PSIRP priority - Deteriorating Patient	Deteriorating Patient Incidents	Complete	N/A	Column Chart
Safe	Number of incidents by PSIRP priority - Meatal Tear	Meatal Tear Incidents	Complete	N/A	Column Chart
Safe	Number of incidents by PSIRP priority - Clinical Triage in Neighbourhood Teams	NT Clinical Triage Incidents	Complete	N/A	Column Chart
Safe	Compliance with statutory Duty of Candour	Duty of Candour	Complete	N/A	SPC
Safe	Incidents of E.Coli, bacteraemia**	E.Coli Infections	Complete	N/A	
Well-led	Staff turnover amongst staff from a minoritised ethnic group	BAME Staff Turnover	Under Development	TBC	SPC
Well-led	Reduce the number of "other not known" reasons for leaving	"Other Not Known" Leaving reasons	Under Development	TBC	SPC
Well-led	The overall percentage of staff who have identified as BME (including exec. board members)	BME Staff Proportion	Complete	N/A	SPC

Well-led	Proportion of staff in senior leadership roles (8a and above) filled by staff who have identified as BME	BME Proportion (8A+)	Under Development	TBC	
Well-led	Proportion of staff in senior leadership roles (8a and above) who are women	Female Proportion (8A+)	Under Development	TBC	
Well-led	Proportion of staff in senior leadership roles (8a and above) who have a disability	Disability Proportion (8A+)	Under Development	TBC	
Well-led	Proportion of staff in senior leadership roles (8a and above) who have identified as LGBTQIA+	LGBTQIA+ Proportion (8A+)	Under Development	TBC	
Well-led	Staff Turnover	Staff Turnover	Complete	N/A	SPC
Well-led	Reduce the number of staff leaving the organisation within 12 months	Leavers within 12 months	Complete	N/A	SPC
Well-led	Total sickness absence rate (Monthly) (%)	Sickness Absence	Complete	N/A	SPC
Well-led	AfC Staff Appraisal Rate	Appraisal Rate	Complete	N/A	SPC
Well-led	Statutory and Mandatory Training Compliance	Training Compliance	Complete	N/A	SPC
Well-led	Percentage of Staff that would recommend LCH as a place of work (Staff FFT)	Staff that would recommend LCH	Under Development	Mar-25	
Well-led	Percentage of staff who are satisfied with the support they received from their immediate line manager	Staff satisfied with line manager support	Under Development	Mar-25	
Well-led	'RIDDOR' incidents reported to Health and Safety Executive	RIDDOR incidents	Complete	N/A	Column Chart
Well-led	Total agency cap (£k)	Agency Spend (£k)	Complete	N/A	SPC
Well-led	Neighbourhood Team Vacancies, Sickness & Maternity WTE	NT Vacancies, Sickness & Maternity WTE	Complete	N/A	SPC

Well-led	Neighbourhood Team Percentage of Funded Posts Utilised	NT Staff funding utilised	Complete	N/A	SPC
Well-led	Starters / leavers net movement	Starters and Leaver Net Movement	Complete	N/A	SPC
Well-led	Percentage Spend on Temporary Staff	Agency Percentage	Complete	N/A	SPC