

Report to:	Board of Directors
Date of Meeting:	23 February 2012
Section:	Operational Performance
Report title:	Performance Report
Report written by:	Ann Hunt
Job title:	Director of Strategy, Performance & Information
Lead officer:	Ann Hunt
Board Action Required:	To receive
For Assurance (Yes or No):	Yes

Purpose of the Report

The attached report provides a dashboard of key performance indicators using a red rating to flag up areas where the Trust is under-performing and provides a position statement in respect of the action that is being taken to address the areas of underperformance.

In addition, a risk rating has also been added to each underperforming item. This report does include progress on CQUIN's but does not include quality targets and actions which are contained in a separate report.

The first iteration of the Balanced Scorecard/Dashboard report is attached at appendix one for comments and views about the content and presentation.

Key Issues, Options and Risks

Of the 98 indicators for this month there are nine off target.

1. Key Indicators

- Older Adult Liaison urgent waiting times, is off target this month at 75% against a target of 95% to be seen within 4 hrs. This represents one patient who was not seen within the target time. Sickness absence within the specialist team resulted in the protocols for urgent referral not being followed and these have now been strengthened across the whole community team.
- Adult acute average length of stay has improved slightly this month from 44.8 days in December to 41.8 days in January but is still over the target of 30 days. A key factor in this is a greater number of patients admitted with more complex needs who require longer treatment periods. Ongoing work is being conducted to ensure community teams work closer with Crisis and at an earlier stage as well as developing an effective transitional care pathway from adult acute wards to the new rehab beds at Discovery House.
- The percentage of coded finished consultant episodes has improved slightly from last month's figure of 93.7% to 94.3% against a target of 95%. The performance and information team is carrying out a piece of work to identify and correct data quality issues and update outstanding non coded FCEs. This together with more robust procedures will bring performance back on target.
- Mandatory Training: Mandatory training has improved slightly during the period to 86.33% compliance. However, non attendance at planned sessions remains an issue and is affecting the forecast outturn. Work continues with the services to improve attendance and follow up on non attendance at scheduled sessions.

- Psychology waiting times continue to be under the target of 95% to be seen within 18 weeks with their January percentage being 27.1%. The issue remains that the demand for Adult Psychology services significantly outweighs the capacity.
- Child and Family Primary waiting times in Lincolnshire are below the target of 95% of patients to be seen within 6 weeks at 84.2% in January. This was primarily due to an increase in referrals and non attendance/ patient cancellations. Work is underway to address this and the service expects to be on target by the end of March 2012.

Emerging Issues

- The monthly moving to recovery rates in both Lincolnshire and Chesterfield have dipped below the target figure of 50% (Chesterfield 27.3%; Lincolnshire 47.3%). Although this is a quarterly target the monthly rates will need to be closely managed to ensure that we achieve the quarterly target at the end of March 2012.

Executive Analysis

Overall, the Trust continues to perform well against the key performance indicators, but there has been an increase this month in the number that are off target. Where levels of performance are below target improvement plans are in place and are being closely monitored.

Recommendation (action required, by whom, by when)

The Board of Directors is asked to receive the report.

CQC Standards Impacted:	Relates to all
Financial Implications:	None
Equality Analysis:	N/A
Compliance Impact:	Failure to meet some or all of our key performance indicators may impact on our CQC registration and/or our monitor authorisation.

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Guidance Document Control - Version 1 – 17th August 2012*

BOARD OF DIRECTORS

Thursday, 23rd February 2012

PERFORMANCE MONITORING REPORT

January Activity

2011/12

Performance Indicators 2011/12 January 2012							
1.	PCT Contractual	Travel	Performance & Assurance	1.	PCT Contractual	Travel	Performance & Assurance
1.1	Reduction of emergency bed days/ unplanned re-admissions within 28 days - Adult	↑	4 3.3%	1.11	Specialist Services - Child & Family Services (Health) – Lincolnshire (Target 95% to be seen within 12 wks)	↓	4 96.3%
1.2	Reduction of emergency bed days/ unplanned re-admissions within 28 days - Older Adult	↔	4 0%	2.	Trust Specific Areas of Focus	Travel	Performance & Assurance
1.3	IAPT - Percentage of people moving to recovery – Lincolnshire	↓	2 47.3%	2.1	Average length of stay (Adult Acute) Target 30 days	↑	2 41.8days
1.4	IAPT - Percentage of people moving to recovery - Chesterfield	↓	2 27.3%	2.2	Clinical coding of finished consultant episodes (All inpatients)	↑	2 94.3%
1.5	Substance Misuse – Alcohol treatment (Target 90% seen within 6 weeks)	↓	4 93.8%	3.	Key Workforce Measures	Travel	Performance & Assurance
1.6	Substance Misuse – Adult Drug Treatment (Target 90% seen within 3 weeks)	↔	4 100%	3.1	Sickness rate	↑	4 4.98%
1.7	Drug users in effective treatment (green report) quarterly		Quarterly	3.2	Turnover	↓	4 11.18%
1.8	Prison		Priority targets to be agreed with commissioners	3.3	Ethnicity Unknown	↑	7.19%
1.9.1	Older Adult Intermediate Care Waiting Times – URGENT (working towards 95% seen within 4 hrs)	↑	4 100%	4.	Trust Specific Areas of Focus	Travel	Performance & Assurance
1.9.2	Older Adult Intermediate Care Waiting Times – ROUTINE (working towards 95% seen within 1 day)	↑	4 84.6%	4.1	Mental Health Act Activity – number of lapsed section 2's		Quarterly
1.10.1	Older Adult Liaison Service Waiting Times – URGENT (working towards 95% seen within 4 hrs)	↓	2 75%	5.	Mandatory Training	Travel	Performance & Assurance
1.10.2	Older Adult Liaison Service Waiting Times – ROUTINE (working towards 95% seen within 2 days)	↑	4 97.3%	5.1	% Compliance Face to Face (Target 95%)	↑	2 86.33%

Performance Indicators 2011/12 January 2012

6.	Access & Waiting Times	Travel	Performance & Assurance	7.	Monitor Indicators 2011/2012 (Monthly monitoring where possible but submitted quarterly)	Travel	Performance & Assurance
6.1	General Adult Services - Psychologist waits (Target 95% to be seen within 18 wks)	↓	2 27.1%	7.9	Information governance tool kit subset		Quarterly
6.2	All - Consultant Outpatient DNA's - NEW (% of DNA's - Target 10%)	↑	2 12.7%	7.10 Data completeness outcomes(Quarterly)			
6.3	All - Consultant Outpatient DNA's - FOLLOW UP (% of DNA's - Target 15%)	↓	2 15.7%	7.10.1	Employment status (Patients on CPA) Target 50%		Quarterly
7.	Monitor Indicators 2011/2012 (Monthly monitoring where possible but submitted quarterly)	Travel	Performance & Assurance	7.10.2	In settled accommodation (Patients on CPA) Target 50%		Quarterly
7.1	CPA patients receiving follow up contact within 7 days of discharge from hospital (threshold 95%) (Year to date position)	↔	4 96.3%	7.10.3	Honos assessment within the last 12 months Target 50%		Quarterly
7.2	CPA patients having a formal review within 12 months		Report under construction	7.11 Self certification against compliance with requirements regarding access to healthcare for people with a learning disability(Quarterly)			
7.3	Minimizing delayed transfers of care (no more than 7.5%)	↑	4 0.9%	7.11.1	Access to healthcare for people with a learning disability		Quarterly
7.4	Admissions to inpatient services have had access to crisis resolution home treatment teams (threshold 90%)	↔	4 93.7%	7.11.2	Best practice in mental health services for people with a learning disability (Annual data collection)		Quarterly
7.5	Meeting commitment to serve new Psychosis cases by early intervention teams (Target 82)		Awaiting data	7.11.3	Care Plans (annual data collection)	↔	Annual position predicted
7.6	Data completeness identifiers (99%): NHS no., DOB, Postcode, gender, GP code, commissioner code	↔	4 99.7%				
7.7	Combined - Referral to treatment waiting time - Non admitted (outpatients) Target - 95% to be seen within 18 wks		Quarterly				
7.8	Public membership (target 8000)		Quarterly				


Performance Indicators 2011/12 January 2012

8.	PCT Vital Signs 2011/2012 (Monthly monitoring where possible but submitted quarterly)	Travel	Performance & Assurance	8.	PCT Vital Signs 2011/2012 (Monthly monitoring where possible but submitted quarterly)	Travel	Performance & Assurance
8.1	MRSA number of infections (From Infection control report)		Quarterly	8.13	Median time waited for non admitted patients, completing an RTT pathway and for incomplete pathways (outpatients average actual wait)	↓	4 8.7 weeks
8.2	Reduce rates of clostridium difficile by 30% by 2011 (From Infection control report)		Quarterly	8.14	Substance Misuse – % of patients offered Hep B Target 90%	↔	4 99.6%
8.3	Achievement of NHSLA (CNST) level 2 during 2010/11 in accordance with national framework	↔	Annual position	8.15	Substance Misuse – % of patients offered Hep C Target 90%	↔	4 99.4%
8.4	Numbers receiving Assertive Outreach	↓	4 248	8.16	No. of hospital occupied bed days on adult psychiatric wards of patients under 16, on admission, under the care of a psychiatric specialist		Quarterly
8.5	AOT key fidelity measures (Annual review that teams meet PIG guidance)	↔	Annual position	8.17	No. of occupied bed days on Adult Psychiatric wards of patients aged 16 or 17 on admission		Quarterly
8.6	Numbers of patients receiving Crisis Resolution home treatment		Quarterly	8.18	Prison IDTS – % of patients offered Hep C Target 90%	Report to be constructed	
8.7	No. of assessments made by Crisis Resolution teams		Quarterly	8.19	Prison IDTS – % of patients offered Hep B Target 90%		
8.8	No. of Crisis Resolution home treatment episodes	↑	4 1642	8.20	CAST – Service users to receive the same or lower ongoing package of care (Target > 80%)		Quarterly
8.9	Crisis key fidelity measures (annual review that teams meet PIG guidance)	↔	Annual position	8.21	CAST – Average length of treatment (Target 80% in for under 2 months)		Quarterly
8.10	No. of new Early Intervention cases of psychosis served by EI teams		Awaiting data	8.22	CAST – Admissions to assessment and treatment (Target < 20% of referrals from CAST)		Quarterly
8.11	Total Early Intervention patients being treated by EI teams		Awaiting data	8.23	Specialist Services – Allied Health Professionals waiting times urgent (Target 100% within 2 weeks)	Future Performance Requirement	
8.12	Early Intervention key fidelity measures (Annual review that teams meet PIG guidance)	↔	Annual position	8.24	Specialist Services – Allied Health Professionals waiting times routine (Target 95% within 18 weeks)		

Performance Indicators 2011/12 January 2012

9.	LCC – Section 75 (ADULT)	Travel	Performance & Assurance	9.10	NE Lincs Contractual (C&F Grimsby)	Travel	Performance & Assurance
9.1	Social Care clients receiving self-directed support		LCC in process of developing report	9.10.1	Child & Family Services – Grimsby (Target 95% to be seen within 12 wks)	↑	4 96.8%
9.2	Timeliness of social care assessment (aged 18+)			9.10.2	Primary Waiting Times (Target 95% to be seen within 12 wks)	↔	4 100%
9.3	Timeliness of social care packages (aged 18+)			9.10.3	Looked After Children Waiting Times (LAC) Target 95% to be seen within 12 wks	↔	4 100%
9.4	Carer's receiving needs assessment or review and a specific carer's service, or advice and information			9.11	LCC – Section 75 (C&F Lincs)	Travel	Performance & Assurance
9.5	Adults in contact with secondary mental health services in settled accommodation on CPA (aged 18-64)			9.11.1	Primary Waiting Times (Target 95% to be seen within 6 wks)	↓	2 84.2%
9.6	Adults in contact with secondary mental health services in employment on CPA (aged 18-69)			9.11.2	Looked After Children Waiting Times (LAC) Target 95% to be seen within 4 wks	↓	2 55.5%
9.7	Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care			9.11.3	Lincolnshire Secure Unit Waiting Times (LSU) Target 95% to be seen within 10 working days	↔	4 100%
9.8	Clients receiving a review			9.11.4	Community Forensic Waiting Times – baseline yet to be established		
9.9	People supported to live independently through social services (all ages) per 100.000 population (aged 18-64)						

10. COUIN Performance Indicators 2011/12 January 2012 (monthly for monitoring but submitted quarterly)		Travel	Performance & Assurance
10.1	% of admissions for adults that have a delayed transfer of care (excluding social care) Target 1.5% a month	↑	4 0.9%
10.2	Access to services for patients with Learning Disabilities	↔	4
10.3	Median Adult LOS (18 and over) Target 53.8	↔	Awaiting data from EMQO
10.4	Access to services for Dementia patients	↔	4
10.5	% of patients aged 18-69 on CPA in settled accommodation Target 57.1%	↔	Awaiting data from EMQO
10.6	Implement a recognized recovery planning tool in Rehab inpatients	↔	4
10.7	Improved Physical Healthcare	↔	4
10.8	Service user defined CPA standards	↔	4
10.9	Improvement in information resources to young people through accreditation of "You're Welcome" status for CAMHS	↔	4
10.10	Feeling safe in Older Adult inpatient services	↔	4
10.11	Medication management and education	↔	4
10.12	Improvement in quality of discharge information for Adult inpatients aged 65 and over	↔	4
10.13	ITEP	↔	4
10.14	Alcohol outcome measure	↔	4
10.15	Essen Climate Evaluation scale	↔	4
10.16	HONOS	↔	4
10.17	System for forecasting LOS	↔	4
10.18	Involvement choice and responsibility	↔	4
10.19	Physical health check	↔	4
10.20	Recovery planning tool	↔	4

Performance		Overall direction of travel		Assurance (relates to achievement of target as specified)	
Performance is on target, the Trust is delivering the required performance and expects to meet the year-end position	↑	Performance has improved	1	No plan in place	
	↔	Performance maintained	2	Plan in place but progress insufficient to meet target	
	↓	Performance declined	3	Plan in place and progress satisfactory to meet target	
Performance is on or near the threshold and there is a risk that the target will be breached. This provides an early warning to ensure prevention of breaches	↑	Performance has improved	4	Meeting target - no plan required at this stage	
	↔	Performance maintained	5	Target achieved (Trust has already achieved the required level of performance)	
	↓	Performance declined			
Performance is not meeting target and suggests the Trust is unlikely to meet the required performance by year-end. Remedial action may be possible to improve performance, but is not in place. This is also applicable where a local or national target is not being met.	↑	Performance has improved			
	↔	Performance maintained			
	↓	Performance declined	Clinical data presented in this report has been taken from the Trust's clinical information systems. There are areas where data quality needs to be developed.		

Executive Overview and Summary of Key Indicators - Exception report

The Trust is required to report performance against 98 key performance indicators, 39 of which are reported monthly along with 20 CQUIN indicators. In addition there are 18 reported quarterly, 5 annually and 16 indicators not currently showing latest data on the dashboard. At 31st January 2012, there were 11 indicators out of 98 where performance was off target

1. PCT Contractual - 13 indicators in total – 1 off target

Indicator	Target	Forecast outturn	Trend/ Status	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12 Forecast	Mar 12 Forecast
1.10.1 Older Adult Liaison Service Waiting times - Urgent	Working towards 95% seen within 4 hrs	90.1%	↓	No pts removed from waiting list	100%	66.7%	100%	100%	100%	100%	100%	No pts removed from waiting list	75%	90.3%	90.1%
	<p>What is the Issue? In January there were staffing issues related to sickness which had to be covered by staff in the community teams, who were not fully aware of the performance targets. This breach in the performance target relates to one patient.</p> <p>What is being done about it?</p> <ol style="list-style-type: none"> Staff sickness is being managed – current staff off sick are expected to return to work within the next few weeks Service cover to be reviewed on a daily basis and staff requirements will be organised in response to current sickness Communicate to non-liaison staff the service targets and their importance <p>What will this achieve?</p> <ol style="list-style-type: none"> Maintaining appropriate staffing levels Ensuring targets are met <p>When will this be achieved? March 2012</p>													<p>Rating 3x4=12 Failure to achieve this target will impact on the Trusts contractual and financial arrangements.</p>	

Urgent	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual	No pts removed from waiting list	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	No pts removed from waiting list	75.0%

2. Trust Specific Areas of Focus – 2 indicators in total – 2 off target

Indicator	Target	Forecast outturn	Trend/ Status	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12 Forecast	Mar 12 Forecast
2.1 Average length of stay (Adult Acute) Target 30 days	30days	43.2%	↑	24	26	33.2	36.4	43.5	30.2	28.6	36.6	44.8	41.8	41.9%	43.2%
	<p>What is the Issue? Average length of stay has reduced slightly this month to 41.8 days from 44.8 days in December 11. The measure still remains above the target required and is due to all the acute wards discharging a number of patients who had been treatment resistant during their inpatient episodes. Based on the current ward population there are still a number of patients, who are presenting with complex mental health issues and will require longer episodes of treatment in an acute setting.</p> <ol style="list-style-type: none"> Levels of acuity on admission have increased requiring longer recovery time. Other issues include the access to rehabilitation beds and availability of suitable placements. <p>What is being done about it?</p> <ol style="list-style-type: none"> Community teams to work closer with Crisis at an earlier stage. Developing an effective transitional care pathway from adult acute wards to the new rehab beds at Discovery House. Reinforce the importance of discharge planning and effective aftercare arrangements <p>What will this achieve? Support relapse and assess for earlier admissions with shorter stays. The opening of Discovery House this year should improve the patient pathway. Better planning and appropriate aftercare arrangements will support more effective use of beds.</p> <p>When will this be achieved? It is expected that these measures will produce an improvement in length of stay by the end of March 2012..</p>													<p>Rating 3x3=9 Failure to achieve this target will impact on the Trusts contractual and financial arrangements.</p>	

Indicator	Target	Forecast outturn	Trend/ Status	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12 forecast	Mar 12 forecast
2.2 Clinical coding of finished consultant episodes	95%	96.8%	↑	87.8%	91.6%	88.9%	92.7%	90.5%	95%	94.3%	94.8%	93.7%	94.3%	96.1%	96.8%
	<p>What is the Issue?</p> <ol style="list-style-type: none"> The percentage of coded finished consultant episodes has risen slightly from last month's figure of 93.7% to 94.3% against a target of 95%. The outliers are the older adult service with 92.6% and CAMHS at 94%. Data Quality of FCEs Timeliness of the discharge summary reaching the clinical coder <p>What is being done about it?</p> <ol style="list-style-type: none"> Performance and Information Team is carrying out a data quality check of clinical coded entries year to date As part of this process, the team is also inputting identified co-morbidities and coding outstanding blank entries. Consolidated processes to provide consistency and improve information flow have been introduced. <p>What will this achieve? Improved clinical coding processes to achieve on target performance at an earlier stage within the reporting year.</p> <p>When will this be achieved? March 2012</p>													<p>Risk Rating 3x4=12 Failure to achieve this target will impact on the Trusts contractual and financial arrangements.</p>	

November

December

January

Division	Total coded	Total episodes	%	Division	Total coded	Total episodes	%	Division	Total coded	Total episodes	%
CAMHS	42	42	100%	CAMHS	42	44	95.5%	CAMHS	47	50	94%
adult	531	557	95.3%	adult	579	616	94%	adult	653	687	95.1%
older adult	255	275	92.7%	older adult	285	308	92.5%	older adult	325	351	92.6%
specialist	14	14	100%	specialist	15	15	100.0%	specialist	16	16	100%
Grand Total	842	888	94.8%	Grand Total	921	983	93.7%	Grand Total	1041	1104	94.3%

- 3. Key Workforce Measures – 3 indicators in total – none off target
- 4. Trust Specific Areas of Focus (Quarterly) – 1 indicator in total – none off target
- 5. Mandatory Training – 1 indicator in total which is off target

Indicator	Target	Forecast outturn	Trend/ Status	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12 Forecast	Mar 12 Forecast
														Forecast position calculated on current bookings	
5.1 % Compliance Face to Face	95%	90.64%	↑	85.64%	85.58%	85.78%	84.66%	83.62%	82.2%	83.27%	84.41%	85.89%	86.33%	88.91%	90.64%
	<p>What is the Issue?</p> <ol style="list-style-type: none"> Although compliance figures continue to rise steadily the non attendance of scheduled mandatory training sessions remains an issue The forecast figure does not include any training that may be completed via e-learning and therefore the forecast position may be lower than actual, as it is based on maximum attendance of face to face courses only up until the end of March 12 Based on available face to face courses left and due to low attendance on courses at the beginning of this year it is believed that the Trust will not hit the 95% compliance <p>What is being done about it?</p> <ol style="list-style-type: none"> DNA reports are being sent regularly to line managers to follow up on non attendance Staff are being contacted with e-learning links where it is possible for them to complete any mandatory training online The Director of Organisational Development will be taking a wider perspective of mandatory training in preparation for the next financial year. <p>What will this achieve? To achieve the forecast outturn for March 2012.</p> <p>When will this be achieved? March 2012</p>													<p>Risk Rating 3x4=12 There are no contractual penalties but there are compliance issues to Monitor governance requirements and financial and efficiency risks due to clinical down time.</p>	

6. **Access & Waiting Times: 3 indicators in total – 3 off target**

Indicator	Target	Forecast outturn	Trend/ Status	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12 Forecast	Mar 12 Forecast
	95% to be seen within 18 weeks	28.1%	↓	64.7%	41.7%	61%	43.6%	44.1%	49.1%	27.4%	44.7%	35.8%	27.1%	30.7%	28.1%
6.1 General Adult Services – Psychologist waits	<p>What is the Issue? The issue remains that the demand for Adult Psychology services continues to increase and significantly outweighs the capacity of the service.</p> <p>What is being done about it?</p> <ol style="list-style-type: none"> Staff to maintain high levels of productivity Ongoing work is happening with other services/teams The senior team will be developing a service referral form to be incorporated into the trust wide project on referral pathways Staff have been reconfigured in certain areas A plan to increase staffing by 0.8 wte is waiting to be approved <p>What will this achieve?</p> <ol style="list-style-type: none"> Maximise the available resources Reduce demand and minimise inappropriate demand Reducing the number of inappropriate referrals to the service Reduce waiting times in areas that have the highest waits Increase productivity <p>When will this be achieved? Given that the referrals to the service have increase year on year from the past 3 years, it is unlikely that the 18 week target can be achieved without a significant increase in capacity.</p>													<p>Risk Rating 3x4=12 Failure to achieve the 18 week wait will impact on the Trust's contractual arrangements with the PCT. However there are no contractual penalties at present, but there is a reputational risk with GPs.</p>	

	May 2011	June 2011	July 2011	August 2011	September 2011	October 2011	November 2011	December 2011	January 2012
Referrals	90	102	101	83	69	74	79	75	87
No. of patients seen	103	59	55	68	55	106	85	53	96
No. seen within 18 weeks	43	23	24	30	27	29	38	19	26
No. seen over 18 weeks	60	36	31	38	28	77	47	34	70
% seen within 18 weeks	41.7%	61%	43.6%	44.1%	49.1%	27.4%	44.7%	35.8%	27.1%

Indicator	Target	Forecast outturn	Trend/ Status	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12 forecast	Mar 12 forecast
	10%	13.7%	↑	15.4%	12.8%	15%	12.4%	14.7%	13.9%	16.5%	14.1%	16.9%	12.7%	13.8%	13.7%
6.2 Consultant outpatient DNA's NEW	<p>What is the Issue? The overall Trust position for percentage of failed visits to attend New Outpatient appointments has improved from 16.9% to 12.7% against a target of 10%. The key outlier remains Adult services.</p> <p>What is being done about it?</p> <ol style="list-style-type: none"> The text messaging pilot was extended until the end of December to enable the service to evaluate the effectiveness of this initiative. Deloitte's has been contracted to conduct an audit of outpatient clinic processes with special focus on DNA rates. This will include site visits to three clinic sites. They will visit two sites where DNA rates are high and one site where processes and DNA rates are better. Pilot to commence at PHC reviewing all systems and processes – this is on hold while the Deloitte's audit is taking place. <p>What will this achieve?</p> <ol style="list-style-type: none"> There is evidence from other Trusts that text messaging has a positive effect on DNA rates, which is borne out by this Trust's interim findings – these results will be looked into as part of the Deloitte's audit. The outpatient clinic audit will enable the Trust to amend processes to establish a consistent approach across all clinics The pilot will recommend how best to streamline outpatient clinics and will be informed by the outcome of the Deloitte's audit. <p>When will this be achieved?</p> <ol style="list-style-type: none"> The text messaging pilot will be analysed with results of efficacy in January 12 Deloitte's action plan by June 2012 which will inform the redesign of outpatient clinics 													<p>Risk Rating 3x3=9 Failure to achieve agreed DNA rates will impact on the Trust's contractual arrangements with the PCT. However there are no contractual penalties at present.</p>	

NEW	September 2011			October 2011			November 2011			December 2011			January 2012		
	Acute	LD	OA	Acute	LD	OA	Acute	LD	OA	Acute	LD	OA	Acute	LD	OA
Total number of NEW appointments booked	136	18	170	157	12	189	140	16	212	101	9	132	132	11	172
No. of NEW DNA's	33	0	12	39	0	20	36	0	16	31	0	10	32	1	7
% of NEW DNA's	24.3%	0%	7.1%	24.8%	0%	10.6%	25.7%	0%	7.5%	30.7%	0%	7.6%	24.2%	9.1%	4.1%
Total % of DNA's	13.9%			16.5%			14.1%			16.9%			12.7%		

Indicator	Target	Forecast outturn	Trend/ Status	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12 forecast	Mar 12 forecast
	15%	14.5%	↓	14.9%	14.5%	15%	13.2%	16.9%	14.8%	14.8%	13.7%	13.7%	15.7%	14.5%	14.5%
6.3 Consultant outpatient DNA's Follow up	<p>What is the Issue? This is the second time in 10 months that this indicator has been reported as off target at 15.7% against a target of 15%. However there are underlying issues of underperformance in relation to individual clinics similar to those identified for "new" DNA's.</p> <p>What is being done about it?</p> <ol style="list-style-type: none"> The text messaging pilot was extended until the end of December to enable the service to evaluate the effectiveness of this initiative. Deloitte's has been contracted to conduct an audit of outpatient clinic processes with special focus on DNA rates. This will include site visits to three clinic sites. They will visit two sites where DNA rates are high and one site where processes and DNA rates are better. <p>What will this achieve?</p> <ol style="list-style-type: none"> There is evidence from other Trusts that text messaging has a positive effect on DNA rates, which is borne out by this Trust's interim findings – these results will be looked into as part of the Deloitte's audit. The outpatient clinic audit will enable the Trust to amend processes to establish a consistent approach across all clinics <p>When will this be achieved? Deloitte's action plan by June 2012</p>													<p>Risk Rating 3x3=9 Failure to achieve agreed DNA rates will impact on the Trust's contractual arrangements with the PCT. However there are no contractual penalties at present.</p>	

	September 2011			October 2011			November 2011			December 2011			January 2012		
	Acute	LD	OA	Acute	LD	OA	Acute	LD	OA	Acute	LD	OA	Acute	LD	OA
Follow up															
Total number of follow up appointments booked	739	172	396	770	139	337	744	178	395	604	129	285	705	147	357
No. of follow up DNA's	134	14	46	133	10	42	126	15	39	111	4	24	132	7	51
% of follow up DNA's	18.1%	8.1%	11.6%	17.3%	7.2%	12.5%	16.9%	8.4%	9.9%	18.4%	3.1%	8.4%	18.7%	4.8%	14.3%
Total % of DNA's	14.8%			14.8%			13.7%			13.7%			15.7%		

- 7. Monitor indicators (Quarterly) - 15 indicators in total – none off target
- 8. PCT Vital Signs (quarterly) – 24 indicators in total – none off target
- 9. LCC Section 75 Adults – 9 indicators – not currently reporting
- 9.10. NE LINCS Contractual (C&F Grimsby) – 3 indicators in total – none off target
- 9.11. LCC Section 75 C&F – 4 indicators in total – 2 off target

Indicator	Target	Forecast outturn	Trend/ Status	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	
9.11.1 LCC – Section 75 (C&F Lincs) Primary Waiting Times	95% to be seen within 6 weeks		↓	Previously reported as a 12 week target						92.1%	87%	85.7%	84.2%	Unable to forecast due to no previous data		
	What is the Issue? This is the fourth month we are reporting against the new target of 95% of patients to be seen within 6 weeks. Performance has fallen from 85.7% to 84.2% this month. This is due to patients failing to attend or cancelling appointments. There is also an increase in referrals in the West Lindsey area due to schools now being on the pathway and the Louth team were also carrying a vacancy in staffing. What is being done about it? <ol style="list-style-type: none"> 1. Relevant teams are monitoring DNA's and patient cancellations 2. Gainsborough team are looking at capacity of staff to ensure they can meet demand 3. Louth team to look at capacity – they have now filled their vacancy What will this achieve? <ol style="list-style-type: none"> 1. Ensure effective use of resources When will this be achieved? March 2012										Rating 3x4=12 Failure to achieve the 6 week wait will impact on the Trust's contractual arrangements with the PCT. However there are no contractual penalties at present, but there is a reputational risk with GPs.					

	October 2011	November 2011	December 2011	January 2012
Referrals	44	45	31	45
No. of patients seen	38	54	42	38
No. seen within 6 weeks	35	47	36	32
No. seen over 6 weeks	24	7	6	6
% seen within 6 weeks	92.1%	87%	85.7%	84.2%

Indicator	Target	Forecast outturn	Trend/ Status	April 11	May 11	June 11	July 11	Aug 11	Sept 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	
9.11.2 LCC – Section 75 (C&F Lincs) Looked After Children Waiting Times	95% to be seen within 4 weeks		↓	Previously reported as a 12 week target						100%	100%	100%	55.5%	Unable to forecast due to no previous data		
	What is the Issue? All appointments were offered within the timescale of 4 weeks but were declined by either the social worker or carer. Another factor is the type of patients involved and the fact that there residential/carer status can change. What is being done about it? The service will continue to offer patients appointment within agreed timescale however patient choice affects their ability to meet the target in these cases. What will this achieve? When will this be achieved? April 2012										Rating 3x4=12 Failure to achieve the 6 week wait will impact on the Trust's contractual arrangements with the PCT. However there are no contractual penalties at present, but there is a reputational risk with GPs.					

	October 2011	November 2011	December 2011	January 2012
Referrals	12	11	10	14
No. of patients seen	13	9	10	9
No. seen within 4 weeks	13	9	10	5
No. seen over 4 weeks	0	0	0	4
% seen within 4 weeks	100%	100%	100%	55.5%

Risk Matrix

Grading Risk with existing Controls (Likelihood x Impact/Consequence)						
L i k e l i h o o d	Consequence					
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5	Extreme
1. Rare	1	2	3	4	5	High
2. Unlikely	2	4	6	8	10	Moderate
3. Possible	3	6	9	12	15	Low
4. Likely	4	8	12	16	20	
5. Almost Certain	5	10	15	20	25	