

REPORT

SUBJECT:	Performance Update – Quarter 1 (April – June 2018) 2018/19
TO:	Integration Joint Board
Lead Officer for Report:	Head of Planning, Performance and Quality Assurance
Author of Report:	Performance Manager
DATE:	27 August 2018

1. PURPOSE OF REPORT

1.1 This paper is coming to the Integration Joint Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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1.2 The purpose of the report is to provide an update to the Board on the areas for improvement which have been identified as part of the Chief Executive Quarterly Performance Review for the period 1 April to 30 June 2018 (Quarter 1).

2. ROUTE TO THE BOARD

2.1 This paper has been:

Prepared By: Performance Manager	Reviewed By: Head of Planning, Performance & Quality Assurance	Endorsed By:
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3. RECOMMENDATIONS

3.1 The Board is asked to note the contents of the report and its appendix.

4. BACKGROUND/SUMMARY OF KEY ISSUES

4.1 The Chief Officer has joint quarterly performance review meetings with the Chief Executive of NHS Lanarkshire and the Chief Executive of North Lanarkshire Council. These meetings are supported by a Chief Executive Performance Framework comprising a range of performance measures from across both health and social work systems, including relevant targets and trajectories.

4.2 Based on a traffic-light system there are areas for improvement identified within the performance framework each quarter for those that are flagged as Red or Amber. The performance review meetings are used as a means for jointly agreeing corrective actions.

5. AREAS FOR IMPROVEMENT

5.1 The areas for improvement and corrective actions are attached as Appendix 1

6. CONCLUSIONS

6.1 The areas for improvement identified in Appendix 1 are being progressed as a matter of priority, and progress updates will be reported at future meetings of the Board and the Performance, Finance & Audit Committee.

7. IMPLICATIONS

7.1 NATIONAL OUTCOMES

The Chief Executive Performance Review process is structured in a way to allow performance levels to be assessed against each of the 9 national outcomes.

7.2 ASSOCIATED MEASURE(S)

None

7.3 FINANCIAL

None

7.4 PEOPLE

None

7.5 INEQUALITIES

EQIA Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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8. BACKGROUND PAPERS

None

9. APPENDICES

Appendix One - Areas for Improvement (Quarter 1, April - June 2018)



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HEAD OF PLANNING, PERFORMANCE AND QUALITY ASSURANCE

Members seeking further information about any aspect of this report, please contact Graeme Cowan on telephone number 07946702861.

Appendix 1 – Areas for Improvement (Quarter 1, April - June 2018)

1.	Delayed Discharge & Unscheduled Care	Target 2018/19	2017/18 Q4	2018/19 Q1	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	Delayed Discharge (Number of occupied bed days)	25473 Q1 - 6,669 Q2 - 6,469 Q3 - 6,268 Q4 - 6,067	7,380	6,881	↑	↑	AMBER
	Number of Emergency Admissions	45,436 Q1 - 11,349 Q2 - 11,356 Q3 - 11,362 Q4 - 11369	11,585	Data available to May 2018 = 7179	↑	↑	
	Number of A&E Attendances	114,118 Q1 - 28,481 Q2 - 28,513 Q3 - 28,546 Q4 - 28,578	29,337	Data available to May 2018			RED
<p>Narrative & Corrective Action</p> <p>The number of occupied bed days due to delayed discharge in Quarter 1 has shown a 6.8% reduction on Quarter 4 of 2017/18, and an 8.4% reduction on the same quarter of last year. While performance for Quarter 1 was slightly below our anticipated trajectory, it was a clear improvement in performance and brings current performance much closer to our quarterly target. The number of bed days related to Home Support continued to reduce during quarter 1, in line with previous trends.</p> <p>There is a data lag in reporting quarterly unscheduled care data and as such full Quarter 1 figures are not currently available. However, figures for April and May 2018 suggest that Emergency Admissions have reduced – compared with the same time last year, the number of emergency admissions have decreased by 7%, bringing performance levels back within trajectory for the first two months of the financial year. The number of A&E attendances for April and May 2018 are 3% higher than the same period of last year, with current performance levels outwith our anticipated trajectory.</p> <p>On 22 August 2018, a whole-system seminar on unscheduled care took place with leaders from across the Health & Social Care Partnership and colleagues within the Acute Division. The seminar focused on issues relating to Frailty, Frequent A&E Attenders, and Front Door improvement activity with the aim of identifying issues which currently give rise to difficulties, creating a future vision and strategy for tackling the issue of unscheduled care across Lanarkshire.</p>							

2.	Reablement / Home Support	Target 2018/19	2017/18 Q4	2018/19 Q1	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Reablement - % Of New or Increased Home Support Packages Which Are Reablement</i>	70%	53.8%	59.3%	↑	↑	RED
	<i>Reablement - % Of People With No Home Support Service Required At End Of Process</i>	50%	43.4%	44.0%	↑	↑	RED
<p>Narrative & Corrective Action</p> <p>The number of people completing the reablement process in Q1 was 30% higher than the same quarter of last year, and 2% higher than last quarter. The overall number of people who are new to the Home Support service or having an increase in Home Support and are referred to and completing reablement, is increasing and has increased considerably since this time last year. Similarly, the overall number of people with no Home Support service required at the end of the reablement has increased since the same time last year, and continues to rise quarter-on-quarter.</p> <p>The Home Support Implementation Plan continues to focus management action on freeing up capacity within the in-house service in order to deliver these two key metrics. Locality teams are in the process of creating second and third reablement teams to deliver further capacity in line with the implementation plan.</p>							
3.	CAMHS	Target 2018/19	2017/18 Q4	2018/19 Q1	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Percentage of patients commencing treatment within 18 weeks of referral</i>	90%	71.0%	69.1%	↓	↓	RED
<p>Narrative and Corrective Action</p> <p>While the performance over Q1 has remained below target, the June figures for CAMHS highlight an improving picture, moving from 61% in April up to 79.4% in June, moving the service back towards trajectory.</p> <p>Management plans are being implemented to bring performance levels for the RTT target back to 90% by November 2018. Remedial actions include:</p> <ul style="list-style-type: none"> • Proactive vacancy management and recruitment to all vacancies within the service; • Introduction of Psychology of Positive Parenting Programme (PoPP) which will reduce referrals to the CAMHS waiting list; • Continued delivery of waiting list initiatives; • Implement the findings of the review of the neurodevelopmental pathway to streamline the journey of children coming via the GP to CAMHS/Paediatrics/AHPs, with the aim of improving patient experience, providing quicker diagnosis and shorter waiting times; 							

	<ul style="list-style-type: none"> • Exploration of potential skill mixing, including consideration of additional Nursing and AHP posts to improve capacity; • Conversion of a number of fixed-term posts within the service to permanent to improve workforce stability (complete); • Creation of two supernumary peripatetic posts to help the service fill gaps around maternity leave/vacancies as well as targeting hot spots 						
4.	Psychological Therapies	Target 2018/19	2017/18 Q4	2018/19 Q1	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Percentage of patients commencing treatment within 18 weeks of referral</i>	90%	79.0%	81.2%	↑	↓	RED
Narrative and Corrective Action							
<p>The Psychological Services performance has improved moving into the 2018/19 financial year, due to the return of a number of maternity leaves, though there has been a slight dip during the month of June to 83.4%:</p> <p>Remedial actions include:</p> <ul style="list-style-type: none"> • Rolling out improvement initiatives focusing on first appointment attendance, through the use of guided self-referrals and text-based appointment reminders. Tests of change have demonstrated improvement in first appointment attendance rates; • Ensuring group-based interventions are in place in every locality, including, Stress Control anxiety management, mindfulness, and other more focused groups to ensure patients receive the most appropriate intervention; • Proactive vacancy management and ensuring all teams provide waiting list initiative clinics. All vacancies within the service are currently in the recruitment process; • Conversion of a number of fixed-term posts within the service to permanent to improve workforce stability (complete); • Creation of two supernumary peripatetic posts to help the service fill gaps around maternity leave/vacancies as well as targeting hot spots 							
5.	MSK Physiotherapy	Target 2018/19	2017/18 Q4	2018/19 Q1	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>MSK Physiotherapy - 12wks</i>	90%	88.4%	86.4%	↓	↑	AMBER
Narrative & Corrective Action							
<p>The MSK physiotherapy performance remains under the 90% local target for patients being seen within the 12 weeks local target and stands at 86.4%, a slight drop in the Quarter 4 position of last year. The service continues to focus efforts on challenges around physiotherapist recruitment and retention, and issues with service demand and capacity.</p>							

	A number of initiatives have been introduced to try to best manage physiotherapy MSK patients including an acute low back pain drop in clinic in the South which will be rolled out to the North in 2018 and a back pain information and advice session in the North which will be rolled out to the South in 2018.						
6.	Smoking	Target 2017/18	2017/18 Q3	2017/18 Q4	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Sustain and embed successful smoking quits, at 12 weeks post quit, in 40% of SIMD areas **please note data lag**</i>	901	548	763	↓	↓	RED
Narrative & Corrective Action <p>In comparison with last year, there were 144 fewer 12 week quits in 2017/18 in North Lanarkshire. Overall, Lanarkshire's performance is the third highest of all health boards, behind Forth Valley and Greater Glasgow and Clyde and is also surpassing overall Scottish performance. Along with this, the 12 week quit rate for 2017/18 in the most deprived areas across Lanarkshire is 2% higher than the Scotland rate.</p>							
7.	Community Payback Orders	Target 2017/18	2017/18 Q4	2018/19 Q1	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Community Payback Orders - % Case Management Meeting Within 5 Working Days</i>	90%	83.0%	85.7%	↑	↓	AMBER
Narrative & Corrective Action <p>The percentage of case management meetings taking place within 5 working days of all new Community Payback Orders has improved from 83% in Quarter 4 of 2017/18 to 85.7% in Quarter 1 of 2018/19, marginally short of target. Four out of six locality teams have improved their performance levels in this timeframe, and corrective action will be addressed and identified with the other locality teams via locality performance reviews.</p>							