

REPORT

SUBJECT:	Performance Update – Quarter 2 (July - September 2018) 2018/19
TO:	Integration Joint Board
Lead Officer for Report:	Chief Accountable Officer
Author of Report:	Performance Manager
DATE:	22 January 2019

1. PURPOSE OF REPORT

1.1 This paper is coming to the 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 Committee on the areas for improvement which have been identified as part of the Chief Executive Quarterly Performance Review for the period 1 July to 30 September 2018 (Quarter 2).

2. ROUTE TO THE BOARD

2.1 This paper has been:

Prepared By: Performance Manager	Reviewed By:	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:

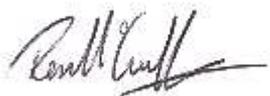
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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8. BACKGROUND PAPERS

None

9. APPENDICES

Appendix One - Areas for Improvement (Quarter 2, July – September 2018)



CHIEF ACCOUNTABLE OFFICER

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

Appendix 1 – Areas for Improvement (Quarter 2, July – September 2018)

1.	Breastfeeding	Target 2018/19	2017/18 Q4	2018/19 Q1*	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Breastfeeding - exclusive at 6-8 week review</i> <i>*Please note data lag</i> <i>**Provisional result – management information only</i>	23.5%	16.6%	16.4%**	↓	↑	RED
<p>Narrative & Corrective Action</p> <p>In the recent assessment of the Health Visiting Service, NHS Lanarkshire and North & South Health & Social Care Partnerships have met all of the criteria for continued UNICEF UK Baby Friendly accreditation. The report commends the staff for their work to maintain the standards established and it was clear to the assessment team that mothers receive a very high standard of care. Feedback from UNICEF highlighted that the work delivered by the Health Visitors was beyond excellent and have encouraged the organisation to go forward for Gold status. The Lanarkshire Breast Feeding Group are keen that UNICEF Gold status is achieved across the organisation and is a key agenda item for their next meeting.</p> <p>A paper detailing North Lanarkshire Council’s commitment to increase breast feeding rates was endorsed by the Councils Policy and Resources Committee on the 6th December. North Lanarkshire Council plan to embed supporting and enabling breast feeding within their day to day business. This includes supporting staff returning from maternity leave to continue to breast feed, building breast feeding into the education curriculum from nursery through to secondary school, ensuring all public facing NLC buildings are breast feeding friendly, inclusion within the education curriculum from nursery to high school as well as ensuring development of local community infrastructure including the £500 million community investment delivers breast feeding friendly environments throughout North Lanarkshire as standard practise.</p> <p>https://mars.northlanarkshire.gov.uk/egenda/images/att89501.pdf</p> <p>A presentation has been delivered to the North Lanarkshire Child Protection Committee linking breast feeding with Adverse Childhood Experiences (ACEs) and prevention with a view to gaining support from strategic partners to support and enable breast feeding.</p> <p>A development session has been held with Lanarkshire’s Chief Inspectors of Police focusing on the legal framework, supporting officers to continue to breast feed on return from maternity leave, supporting breast feeding mums in custody alongside their role in promoting breast feeding within the community. The Associate Nurse Director – Community and Primary Care and Infant Feeding Development Midwife will work with Police colleagues to develop and implement a plan for their area of responsibility.</p> <p>The standard and condition of Breast Feeding rooms throughout the NHS Lanarkshire estate vary. The Director of Planning and Performance has agreed to work identify a Breast Feeding lead to work with Representatives from Health Visiting, Midwifery and the Lanarkshire Breast Feeding Initiative to develop a specification for these facilities working with local managers thereafter to implement this. Contact is also being made with the lead for the new Monklands to ensure the environment is breast feeding friendly.</p>							

2.	Delayed Discharge	Target 2018/19	2018/19 Q1	2018/19 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Number of occupied bed days</i>	25,473 Q1 - 6,669 Q2 - 6,469 Q3 - 6,268 Q4 - 6,067	6,881	7,455	↓	↑	RED
<p>Narrative & Corrective Action</p> <p>The number of occupied bed days due to delayed discharge has increased in the most recent quarter by 8%, however, compared with the same quarter of last year the number of bed days is 5.6% fewer.</p> <p>We continue to deliver a range of actions designed to reduce occupied bed days due to delayed discharge:</p> <ul style="list-style-type: none"> • In North Lanarkshire, a rehab demonstration project commenced in Motherwell in September 2017, integrating physiotherapy and occupational therapy staff from acute services, Community Assessment and Rehabilitation Service and Locality teams (health and social work). The Motherwell demonstration has continued to show good results in waiting times and outcomes. This model was rolled out to the remaining five localities at the end of October 18. • The new model of Home Support has also been rolling out across each Locality, with additional reablement teams commencing in all six Localities. A key element of this model is the creation of rapid response, supporting the development of the discharge to assess approach and also unscheduled responses within the Localities to reduce admissions. • A whole-system working group is in place to commence the roll out of discharge to assess in North Lanarkshire. With the roll out of the integrated rehab and home support models, work is now underway to create trajectories for the roll out over the winter months across all six Localities. 							
3.	Unscheduled Care	Target 2018/19	2018/19 Q1	2018/19 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Number of A&E Attendances - NL Residents</i>	114,118 Q1 - 28,481 Q2 - 28,513 Q3 - 28,546 Q4 - 28,578	32,331	31,507	↑	↓	RED
<p>Narrative & Corrective Action</p>							

A half day conference took place in August with a range of stakeholders from across Acute Services, and the North and South Health & Social Care Partnerships focusing on three broad priorities for improving unscheduled care performance. A range of overarching actions were agreed against the three priorities:

Frailty

- Creation of a pan-Lanarkshire Frailty pathway that spans both acute and community
- Roll out of electronic Frailty Index in community and frailty screening in Emergency Departments
- Development of an early warning system from existing data sources
- Creation of Frailty Units on the 3 acute sites through reconfiguration of existing beds
- Development of a workforce plan and training needs analysis to ensure we have the correct multi-disciplinary skills across the system
- Roll out of integrated Locality teams, including rapid response, with close links to Frailty Units
- Creation of an Organisational Development programme to support the development of closer links between acute and community teams

Frequent Attenders

- Creation of a consistent and reliable method of identifying frequent attenders and those in high risk groups for attendance
- Development of workforce model that would provide a number of case managers/key workers to support the development of individualised plans for frequent attenders. This also needs to recognise the strong role of existing staff such as Paramedics and Link Workers
- Development of multi-disciplinary case management approaches spanning acute and community services
- Connection with Locality link workers and voluntary sector to ensure a wide range of Locality supports and services are available for identified individuals
- Develop the Crisis Response within community teams, including particularly Mental Health and Addictions services, closely linked with colleagues in Police Scotland and the Scottish Ambulance Service

Front Door

- Create a plan for the consistent roll out of the Rapid Emergency Assessment Care Team (REACT) model across all three sites, including capital works and new staffing models
- Undertake a detailed analysis of emergency department attendances across the three sites
- Expand and develop a pan-Lanarkshire Directory of Services for REACT
- Undertake a review of 'hot clinic' provision across three sites as part of the above exercise
- Complete the 'Reducing Reliance on ED' short life working group and create a consistent action plan for delivery across the system
- Explore developments around the acute/community interface
- Create a plan around enhancing community pathways around a number of key areas including IV antibiotics, Deep Vein Thrombosis (DVT), Respiratory and Heart Failure

4.	Mental Health Inpatient Bed Days (aged 65+)	Target 2018/19	2018/19 Q1	2018/19 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Mental Health Inpatient Activity – Bed Days</i>	<=2000	1974	2420	↓	↓	RED
Narrative & Corrective Action The last quarter saw an increase in occupied bed days. A number of factors have contributed to this. There have been a number of protracted lengths of stay due to the complexity/acuity of recent admissions. This has resulted in longer lengths of stay in some cases with a longer lead in to identification of appropriate placements/discharge.							
5.	Home Support / Reablement	Target 2018/19	2018/19 Q1	2018/19 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Number Of People Completing Reablement Process</i>	2000	480	942	↓	↑	AMBER
	<i>% Of New or Increased Home Support Packages Which Are Reablement</i>	70%	59.3%	60.2%	↑	↑	RED
	<i>% Of People With No Home Support Service Required At End Of Process</i>	50%	44.0%	41.0%	↓	↑	RED
Narrative & Corrective Action The number of people supported and completing the reablement process by the end of quarter was slightly below our anticipated trajectory of 1,000 people with 942 people supported. This figure is higher than the same period of last year and reflects the additional reablement capacity within local teams, while we recognise there is more to do in increasing this capacity. We have an ambitious target of ensuring 70% of new service users or those with an increased package of care are directed through our reablement teams. Performance for Q2 stood at 60.2% which is the third quarter in a row where the proportion has increased. Again, we recognise there is more to do and efforts are focused on ensuring we reach 70% by the end of the financial year. The percentage of people requiring no home support at the end of reablement dropped slightly in the most recent quarter, with a small increase in the percentage of people requiring a reduced level of support. Overall, 70% of people supported through reablement required a reduced level of support or no further support at all.							
6.	Child & Adolescent Mental Health Services (CAMHS)	Target 2018/19	2018/19 Q1	2018/19 Q2	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%	69.1%	66.7%	↓	↑	RED
Narrative and Corrective Action Management plans are being implemented to bring performance levels back to target. Remedial actions include: <ul style="list-style-type: none"> • Currently recruiting two supernumerary peripatetic posts (2WTE B8a) to help fill the gaps around maternity leave and vacancy management • Taking 3 additional Clinical Associate in Applied Psychology (CAAP) trainees (5 in total), commencing in February 2019 • Fixed term posts have now been converted to permanent and the workforce has started to stabilise, with only 3.5WTE vacancies at present • Waiting list clinics are continuing • Introduction of Psychology of Positive Parenting Programme (PoPP) which will reduce referrals to the CAMHS waiting list (reduced capacity in July/Aug due to school holidays) • Review of the neurodevelopmental pathway is advancing well. This will streamline the journey of children coming via the GP to CAMHS/Paediatrics/Children & Young People Speech & Language Therapy services, improving patient experience, providing quicker diagnosis and improving waiting times across the 3 services. A paper went to the Property Strategy Group to confirm accommodation for the new service 							
7.	Psychological Therapies	Target 2018/19	2018/19 Q1	2018/19 Q2	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%	81.2%	80.0%	↓	↓	RED
Narrative and Corrective Action Remedial actions include: <ul style="list-style-type: none"> • Three supernumerary peripatetic posts are being recruited (3WTE B8a) to help the service fill gaps around maternity leave and vacancy management (interviews took place this week – only able to fill 2wte from existing NHSL B7 postholders) • 5wte fixed term posts converted to permanent • Currently 5WTE vacancies, of which 4 WTE have recently been recruited to (3 months' notice period for posts) • Work is ongoing to ensure consistent delivery of group-based interventions across every Locality, including stress control, anxiety management, mindfulness and other more focused groups to ensure patients receive the most appropriate intervention • Waiting list clinics are being provided across all Locality areas • 5 of the 10 Locality teams and all specialty teams are now meeting the 90% standard, highlighting the recent progress made • 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 							
8.	MSK Physiotherapy	Target 2018/19	2018/19 Q1	2018/19 Q2	Performance Compared to	Performance Compared to	RAG Status

					Previous Quarter	Same Quarter Previous Year	
	<i>MSK Physiotherapy - 12wks</i>	90%	86.4%	78.5%	↓	↑	RED
Narrative & Corrective Action							
The following actions are being undertaken to bring the service back in line with trajectory:							
<ul style="list-style-type: none"> • All available staff capacity utilised for 1:1 clinics and group sessions. • Staff bank being recruited to • Any available funding from maternity leaves utilised for temporary staff appointments • Utilisation of clinic provided by Glasgow Caledonian University for NHS Lanarkshire patients with the possibility of this possibly being extended to 2 days cover • Administrative staff continue to fill all short notice appointments, manage offers and partial booking. • Administrative staff offer appointments at all available sites, not only those closest to the patient's home address • Short notice option utilised within Trakcare system • Acute low back pain drop in clinic continues in the South with start up dates arranged for Oct in the North offering early access to assessment and advice and helping to prevent additional to the routine waiting list • Back pain Information and Advice group session continues in the North, empowering patients with the skills required to begin to manage their own back pain. Roll out dates for the South are planned for autumn/ winter 2018. • Netcall reminder for both new and return appointments continues to keep Did Not Attend (DNA) rate below 10% • 1st contact practitioner posts in both North and South reduces demand from those GP practices to the core service • A monthly validation exercise helps ensure accuracy of the waiting list • Recruitment to vacant posts continues • Physiotherapy MSK deep dive and process mapping underway. 							
9.	SLT Paediatrics	Target 2018/19	2018/19 Q1	2018/19 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>SLT Paediatrics – 12 wks</i>	90%	84.5%	78.8%	↓	↓	RED
Narrative & Corrective Action							
Performance improved to 86% in October 2018 and the number of people waiting decreased from 155 in September 2018 to 103 in October 2018.							
Recovery Plan							
<ul style="list-style-type: none"> • Further progress has been made in recruitment with various current staff taking additional hours which means that 1.6 WTE posts have been filled without the need for a full recruitment process. 							

	<ul style="list-style-type: none"> Recent recruitment of 2 temporary staff who will commence in November Senior staff have met with staff from Trakcare to commence the clinic builds for Hamilton locality which will be our test site. 						
10.	Care Homes Length of Stay	Target 2018/19	2018/19 Q1	2018/19 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Care Home - Average Length of Stay</i>	865	846.5	960.4	↓	↓	RED
	Narrative & Corrective Action The average length of stay for care home discharges increased from Q1 to Q2, however, the cumulate total average length of stay for the year-to-date, remains below 900 days. Length of stay figures can be subject to fluctuation from quarter to quarter, however, over an annual period we would expect a slight decrease in the average length of stay and there is scope for this to be realised by year end.						
11.	Smoking	Target 2018/19	2017/18 Q4	2018/19 Q1	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>	1,287	355	230**	↓	↓	RED
	Narrative & Corrective Action Key points: <ol style="list-style-type: none"> Quarterly analysis over the last 5 years shows that the number of 12 week quits in Quarter 1 contribute to 22% on average of the whole year's successful quits. There has been a 2.9% reduction in our annual target set by Scottish Government (this takes account of no annual target for prison, given smoke-free prison estate commences 30th November 2018). There has been a 20% drop in quit attempts in the first six months of 2018/19. This is not unique to Lanarkshire as there have been significant falls across other Health Boards. It is likely that e-cigarettes are having more of an impact on how people are trying to quit smoking. Our services have more influence over the 12 week quit rate – i.e. converting a quit attempt to a successful 12 week quit. The 12 week quit rate in quarter 1 was 20% compared with 18% for quarter 1 last year. 						