

REPORT

SUBJECT:	Performance Update – Quarter 3 (October - December 2018) 2018/19
TO:	Integration Joint Board
Lead Officer for Report:	Chief Accountable Officer
Author of Report:	Performance Manager
DATE:	8 March 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 October to 31 December 2018 (Quarter 3).

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 3, October – December 2018)



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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 3, October – December 2018)

1.	Breastfeeding	Target 2018/19	2018/19 Q1	2018/19 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Breastfeeding - exclusive at 6-8 week review *Please note data lag</i>	23.5%	16.6%	19.7%*	↑	↑	RED
<p>Narrative & Corrective Action</p> <p>NHS Lanarkshire has had full UNICEF accreditation for many years. This together with a specialised breastfeeding support service and clinic, has improved practice, reducing attrition rates thereby increasing sustainment of breastfeeding.</p> <p>However there has been no real sustained improvement in initiation /attrition rates. It is important to note that when the profile of breastfeeding is high and practice is good rates improve. As an example the initiation rate was 57.7% in April 2017 following the UNICEF midwifery reaccreditation visit in March 2017 dropping to 47% in July 2017 when surveillance was reduced, a 10% drop.</p> <p>In making a positive shift towards improving breast feeding rates in Lanarkshire it is essential that the profile of breast feeding is increased and sustained at a high level. In addition a co-ordinated strategic approach is required which engages key stakeholders such as the NHS, Local Authority, local population, education and community leaders to start a different conversation about breastfeeding enabling this to become the first choice of feeding Lanarkshire’s babies.</p> <p>Maternity and Health Visiting services across Lanarkshire are currently accredited as a Baby Friendly service with UNICEF. At the recent Health Visitor reaccreditation UNICEF recommended that we progress to become accredited as a Gold Baby Friendly Service which focuses on achieving sustainability of standards. This award is designed as the next steps for those accredited services whose audit results are consistently showing that the Baby Friendly standards are largely being met.</p> <p>The work that requires to be undertaken to achieve the Gold Award acts as an incentive for services to properly embed the achieving sustainability standards, consolidating and protecting the work undertaken to date. The award recognises that the service is not only implementing the baby friendly standards but that we have the leadership, culture and systems to maintain this over the long term. We know that when we focus on Baby Friendly Standards our rates improve. By ensuring sustainability we ensure that future generations of babies, mothers and families will continue to experience baby friendly standards of care.</p> <p>The Scottish Government recently announced within its Programme for Government a renewed focus on normalising breastfeeding across Scotland. It has set NHS Boards and Partnerships a target reduction in attrition rates of 10 %. This target will be reflected in future objectives although ISD are currently unable to provide these figures for exclusive breastfeeding.</p> <p>Lanarkshire Breastfeeding Group has been established, providing strategic support to make breastfeeding the norm in Lanarkshire, enabling our babies to have the best possible start in life.</p> <p>Two projects have been funded through Programme for Government.</p> <ol style="list-style-type: none"> 1. To improve the quality and meaning of antenatal conversations 							

2. To achieve Neonatal Unit (NNU) breastfeeding accreditation through recruitment of an infant feeding advisor

In working towards achieving Baby friendly Gold award HSCP North is making significant progress.

A paper detailing North Lanarkshire Council’s commitment to increase breast feeding rates was endorsed by the Council’s 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 breastfeed, building breast feeding into the education curriculum from nursery through to secondary school, ensuring all public facing NLC buildings are breastfeeding 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.

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 within PSSD 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.

Quality improvement methodology is being utilised to focus tests of change to improve outcomes. Progress with tests of change are monitored by the MINSG who provide an update report to Child Health Commissioners group twice per year. Each midwifery inpatient, community and health visitor team are provided with reports monthly on performance against outcomes and are encouraged to develop tests which reflect their particular needs.

2.	Delayed Discharge	Target 2018/19	2018/19 Q2	2018/19 Q3	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	7,455	8,372	↓	↓	RED

Narrative & Corrective Action

The number of occupied bed days increased in Q3 and was greater than the same quarter of last year. The partnership is still committed to delivering priority change and improvement programmes around the roll out of integrated locality rehabilitation teams, the new model of home support with additional reablement capacity, and the roll out of discharge to assess.

A significant number of actions have been put in place to support performance during the winter period, including:

- Fortnightly coordinating group for North Lanarkshire in place from December to March, jointly chaired by the Head of Health and Head of Community Care
- New automated daily reporting of delayed discharges directly from Trakcare to all key staff to support the coordination of activity

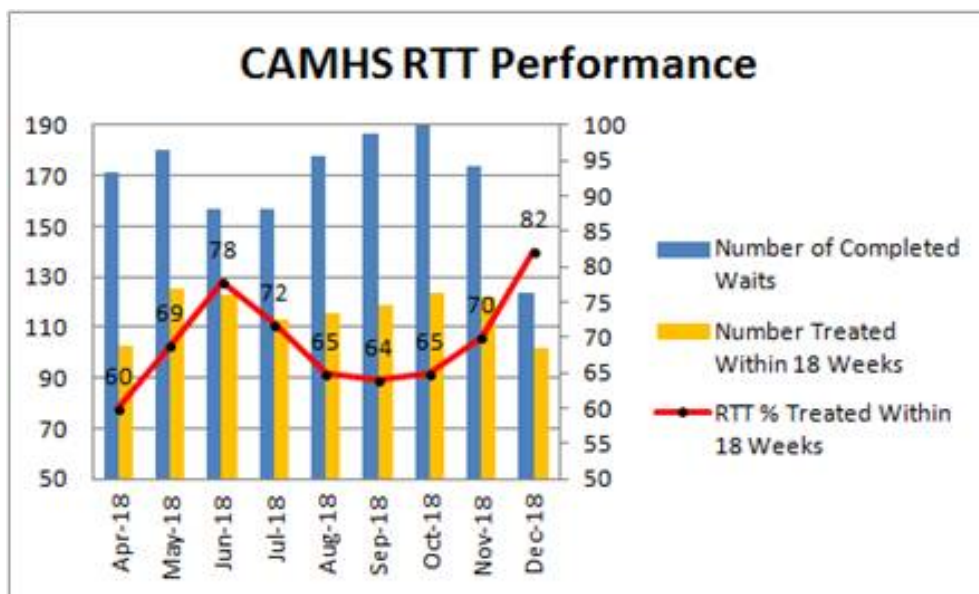
	<ul style="list-style-type: none"> • Additional resource to support management of delays in off-site facilities, creating additional step-down capacity for acute sites • Daily on-call rota across the management team for coordinating activity and participating in the whole system conference calls • Twice-weekly partnership conference calls to coordinate activity around complex cases • Additional hours across community nursing, paediatrics, physiotherapy, occupational therapy, dietetics, social work and home support teams • Additional capacity built into the Equipment Store from January until March to improve response times through peak demand 						
3.	Unscheduled Care	Target 2018/19	2018/19 Q2	2018/19 Q3	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	31,507	30,802	↑	↑	AMBER
Narrative & Corrective Action							
<p>The number of A&E attendances for Q3 showed a reduction on Q2 results and showed a very small reduction on the same period of last year. However, the number of attendances remains higher than our anticipated trajectory.</p> <p>The Unscheduled Care Improvement Board has agreed to report to the NHSL CMT and the partnerships' SLTs on a bimonthly basis. These reports will provide progress updates against the three priority workstreams of the Board – Frailty, Front Door decision making, Frequent Attenders. All priority workstreams are designed to reduce demand on Lanarkshire's Emergency Departments.</p>							
4.	Mental Health Inpatient (aged 65+)	Target 2018/19	2018/19 Q2	2018/19 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Mental Health Inpatient Activity – Admissions (over 65)</i>	<=30	33	35	↓	↓	RED
	<i>Mental Health Inpatient Activity – Length of Stay (over 65)</i>	<=70 days	73.3	87.2	↓	↓	RED
	<i>Mental Health Inpatient Activity – Bed Days (over 65)</i>	<=2000	2420	3051	↓	↓	RED
Narrative & Corrective Action							

	A range of improvement work is currently being identified to focus efforts in reducing the average length of stay within mental health beds. While these performance metrics can be disproportionately affected by a small number of patients with long stays, it is anticipated that through closer working between clinical staff and social work staff we can achieve quicker discharges.						
5.	Home Support / Reablement	Target 2018/19	2018/19 Q2	2018/19 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Number Of People Completing Reablement Process</i>	2000	942	1404	↑	↑	AMBER
	<i>% Of New or Increased Home Support Packages Which Are Reablement</i>	70%	60.2%	66.3%	↑	↑	AMBER
	<i>% Of People With No Home Support Service Required At End Of Process</i>	50%	41.0%	48.9%	↑	↑	AMBER
<p>Narrative & Corrective Action</p> <p>The number of people supported and completing the reablement process by the end of quarter 3 was below our anticipated trajectory of 1,500 people with 1,404 people supported. This figure is higher than the same period of last year and reflects the additional reablement capacity within local teams.</p> <p>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 for the percentage of new service users or those with an increased package of care directed through reablement stood at 66.3%, which is the fourth quarter in a row of continuous improvement. Again, we recognise there is more to do and efforts are focused on ensuring we reach 70% by the end of the financial year.</p> <p>The percentage of people requiring no home support at the end of reablement increased to 48.9% for the quarter, which is a significant improvement on previous quarters.</p>							
6.	Child & Adolescent Mental Health Services (CAMHS)	Target 2018/19	2018/19 Q2	2018/19 Q3	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%	66.7%	77.1%	↑	↑	RED
<p>Narrative and Corrective Action</p> <p>Activity to address the performance against the target remains a key focus of the CAMHS management team and the Health and Social Care Partnership Senior Leadership Team. An action plan has been agreed and is currently being implemented. The plan includes action in relation to:</p> <ul style="list-style-type: none"> Short term: Management actions that focus on most efficient use of current capacity to address the demand within the service, including recruitment and retention. 							

- Medium term: Review of CAMHS service provision (“deep dive”) to develop and implement options for change in the way specialist CAMHS is delivered in NHS Lanarkshire
- Longer term: Addressing the actions within the national Mental Health Strategy that are being led by the Children and Young People’s Mental Health Task Force.

Work is ongoing on a revised suite of statistics to help improve understanding of demand, capacity and progress. As well as completed waits it is important to review and acknowledge changes in referral rates, particularly urgent referrals.

The standard in LDP and monitored through performance management is the percentage of young people that complete their wait for treatment during the preceding month. The graph below illustrates how from July to September the numbers of young people treated in total rose more steeply than the number treated within 18 weeks with a resulting drop in performance against the standard as defined.



The steady progress in addressing the backlog of longer waits is being managed in the context of continued increases in referrals and particularly in urgent referrals that are being received.

7.	Psychological Therapies	Target 2018/19	2018/19 Q2	2018/19 Q3	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%	80%	78.8%	↓	↓	RED

<p>Narrative and Corrective Action</p> <p>Within Psychological Services, all specialist departments continue to meet the 90% target for the RTT standard. Challenges remain within the Psychological Therapies Teams, in relation to vacancy management and high rates of maternity leave, although the majority of the locality PTTs are now meeting the target. The EK, and Motherwell PTTs have the longest waits, but have both seen significant reductions in numbers waiting since October 2018. Key actions taken in Q3 of 2018 have seen a return to target for Psychological Services (90.1% in December 2018). There will be ongoing challenges in continuing to deliver against the standard in 2019 and, in particular, there are growing concerns over lack of appropriate clinical space to see patients in some localities. A review is being undertaken of the PTT Service Development Plan in February, with a view to identifying approaches to maximising the benefits of the matched-care model used across all localities.</p>							
8.	MSK Physiotherapy	Target 2018/19	2018/19 Q2	2018/19 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>MSK Physiotherapy - 12wks</i>	90%	78.5%	74.8%	↓	↓	RED
<p>Narrative & Corrective Action</p> <p>The greatest challenges within MSK Physiotherapy are:</p> <ul style="list-style-type: none"> • The longest waits have all had previous accepted appointments cancelled by patient • Recruitment and retention of rotational band 5 staff • Filling of temporary posts to backfill secondments • Level of vacancies and maternity leave <p>The following actions are being undertaken to bring the service back in line with trajectory:</p> <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 GCU for NHS Lanarkshire patients with the possibility of this 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 • 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 DNA below 10% • First 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 							

	<ul style="list-style-type: none"> Recruitment to vacant posts continues Physiotherapy MSK deep dive underway 						
9.	SLT Paediatrics	Target 2018/19	2018/19 Q2	2018/19 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>SLT Paediatrics – 12 wks</i>	90%	78.8%	80.7%	↑	↓	AMBER
<p>Narrative & Corrective Action</p> <p>The recovery plan for Speech & Language Therapy Children & Young People is currently being implemented focusing on the following areas of work:</p> <p>Additional hours</p> <ul style="list-style-type: none"> A recruitment programme in August offered a number of additional hours to existing staff, with 1.6wte of additional capacity identified. All of these hours are now in place within the service. Staff are being offered overtime hours one evening a week within Motherwell Health Centre to improve performance in this locality. <p>Recruitment</p> <ul style="list-style-type: none"> From August to December, 3wte posts were recruited to on a permanent basis and a further 2wte on a temporary basis, which has had a significant impact on service capacity. <p>Trakcare</p> <ul style="list-style-type: none"> One major issue for the service was the lack of an electronic system for managing clinics. It was formally agreed that the service could move onto the Trakcare system and the clinic builds are underway, commencing in Hamilton Locality as the first test area. 							
10.	Smoking	Target 2018/19	2018/19 Q1	2018/19 Q2	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	232	224 (456 cumulative)	↓	↓	RED
<p>Narrative & Corrective Action</p> <p>71% of the overall target for Quarters 1 and 2 (456 quits against a target of 644) was achieved, with 6 localities across Lanarkshire achieving less than 82% of their target.</p> <p>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 and where people are now trying to quit smoking.</p>							

What we have more control over is the 12 week quit rate – i.e. converting a quit attempt to a successful 12 week quit. The overall 12 week quit rate in quarters 1 & 2 was 20% (pharmacy 15% and non-pharmacy 31%) compared with 21% for the same period last year (pharmacy 16% and non-pharmacy 30%).