

# REPORT

<b>SUBJECT:</b>	Performance Update – Quarter 4 (January – March 2019) 2018/19
<b>TO:</b>	Integration Joint Board Performance, Finance & Audit Committee
<b>Lead Officer for Report:</b>	Head of Planning, Performance and Quality Assurance
<b>Author of Report:</b>	Performance Manager
<b>DATE:</b>	1 August 2019

## 1. PURPOSE OF REPORT

1.1 This paper is coming to the Committee:

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 January to 31 March 2019 (Quarter 4).

## 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 4, January – March 2019)



Chief 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 4, January – March 2019)

1.	<b>Breastfeeding</b>	<b>Target 2018/19</b>	<b>2018/19 Q1</b>	<b>2018/19 Q2</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>
	<i>Breastfeeding - exclusive at 6-8 week review</i>	23%	19.7%	20.0%	↑	↑	<b>AMBER</b>
	<p><b>Narrative &amp; Corrective Action</b></p> <p>The recent Breastfeeding summit demonstrated the partnership's commitment to protecting, promoting and supporting breastfeeding. At the event, almost 200 professionals and volunteers made a personal pledge to support breastfeeding. The event also highlighted how breastfeeding is being included as part of the curriculum from nursery through to secondary school, including breastfeeding awareness sessions to senior pupils.</p> <p>For the most recent quarter (Q2 18-19), North Lanarkshire's breastfeeding rate stood at 20% which continued the same breastfeeding rate from the previous quarter. While the rate remains below the Lanarkshire target rate of 23%, it is encouraging, given previous uptake rates, to demonstrate sustained uptake levels of 20%.</p>						
2.	<b>Cervical Screening</b>	<b>Target 2018/19</b>	<b>2018/19 Q3</b>	<b>2018/19 Q4</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>
	<i>Cervical Screening</i>	80%	77%	77%	↔	↔	<b>AMBER</b>
	<p><b>Narrative &amp; Corrective Action</b></p> <p>Health Improvement and CRUK continue to engage GP practices through GP cluster meetings, practice manager meetings and direct contact. Presentations have been developed utilising data available for Lanarkshire as a whole and for each locality. Work is ongoing to share this information with GP practices in partnership with CRUK who offer to assist GP practices with cervical screening quality improvement work.</p>						
3.	<b>27-30 month review</b>	<b>Target 2018/19</b>	<b>2018/19 Q1</b>	<b>2018/19 Q2</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>
	<i>27 - 30 month Child Health Surveillance - No Concerns</i>	85%	84%	82%	↔	↓	<b>AMBER</b>
	<p><b>Narrative &amp; Corrective Action</b></p> <p>A Pan Lanarkshire Universal Pathway Implementation Group is well established and meets monthly. This group not only focuses on implementation of the pathway but on improvement work associated with universal pathway and outcomes.</p>						

<p>The following contacts within the pathway have been implemented and local performance data shows the current percentage of children eligible who have received these visits (system updates weekly and for early visits with short breach criteria a delay of data input can affect performance):</p> <table border="0"> <tr> <td>Antenatal letter</td> <td></td> </tr> <tr> <td>10 – 14 days</td> <td>79%</td> </tr> <tr> <td>3-5 weeks (2 visits)</td> <td>89%</td> </tr> <tr> <td>6-8 weeks</td> <td>82%</td> </tr> <tr> <td>3-4 months (combined)</td> <td>80%</td> </tr> <tr> <td>13-15 months</td> <td>91%</td> </tr> <tr> <td>27-30 months</td> <td>92%</td> </tr> <tr> <td>4- 5 Years</td> <td>92%</td> </tr> </table> <p>The outstanding contacts we have still to implement are antenatal contact and 8 Month assessment. The 8 month assessment will be implemented in September 2019 and the antenatal contact in January 2020.</p>								Antenatal letter		10 – 14 days	79%	3-5 weeks (2 visits)	89%	6-8 weeks	82%	3-4 months (combined)	80%	13-15 months	91%	27-30 months	92%	4- 5 Years	92%
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<b>4.</b>	<b>Delayed Discharge</b>	<b>Target 2018/19</b>	<b>2018/19 Q3</b>	<b>2018/19 Q4</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>																
	Delayed Discharge <i>(Number of occupied bed days)</i>	25,473 Q1 - 6,669 Q2 - 6,469 Q3 - 6,268 Q4 - 6,067	8,372	7,272	↑	↑	<b>RED</b>																
<p><b>Narrative &amp; Corrective Action</b></p> <p>Demand for complex assessment remained high over the winter period, having the biggest impact on performance. While the number of bed days within the quarter was more than our anticipated trajectory, it was a reduction on the same period of last year and on the previous quarter.</p> <p>The partnership continues to support the Discharge to Assess initiative with over 50 people supported home so far. We anticipate seeing an overall impact on bed days in the long term.</p> <p>Following the review of the guardianship processes in North, there has been a gradual improvement in the number of long delays (over 100 bed days).</p>																							
<b>5.</b>	<b>A&amp;E Attendances</b>	<b>Target 2018/19</b>	<b>2018/19 Q3</b>	<b>2018/19 Q4</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>																

	<i>A&amp;E Attendances - NL Residents</i>	114,118 Q1 - 28,481 Q2 - 28,513 Q3 - 28,546 Q4 - 28,578	30,802	31,016	↓	↓	RED
<p><b>Narrative &amp; Corrective Action</b></p> <p>The Lanarkshire Unscheduled Care Improvement Board continues to oversee the implementation of a range of actions to address unscheduled care performance. The following actions are in place in relation to the 3 Fs action plan:</p> <p>Frailty Assessment</p> <ul style="list-style-type: none"> <li>• daily dynamic MDT board rounds in all wards, earlier in day discharges, EDD setting</li> <li>• enhance enablement at off site beds</li> <li>• enhance referrals to Rapid Response, ACT at front door</li> <li>• develop D2A in all acute care areas as part of Daily Dynamic Discharge planning</li> <li>• invest in IC bed utilisation</li> </ul> <p>Front door decision making</p> <ul style="list-style-type: none"> <li>• enhanced Triage and first assessment processes, such as REACT model.</li> <li>• ED escalation processes are in place, such as 3 T's triggers, thresholds and Targets.</li> <li>• Basic Building blocks for each ED reflects demand, dept arrival times and workforce</li> </ul> <p>Redirection opportunities for people who frequently attend the emergency department</p> <ul style="list-style-type: none"> <li>• Triage processes and training include re-direction procedures</li> <li>• Liaison with SAS reducing conveyance to ED</li> <li>• DBI with SAS, Police Scotland, OOH reducing conveyance to ED</li> <li>• Redirection outcome compliance with Trak recording</li> </ul>							
<b>6.</b>	<b>Reablement / Home Support</b>	<b>Target 2018/19</b>	<b>2018/19 Q3</b>	<b>2018/19 Q4</b>	<b>Performance Compared to Previous Quarter</b>	<b>Performance Compared to Same Quarter Previous Year</b>	<b>RAG Status</b>
	<i>Reablement - % Of New or Increased Home Support Packages Which Are Reablement</i>	70%	66.3%	67.0%	↑	↑	AMBER
	<i>Reablement - % Of People With No Home Support Service Required At End Of Process</i>	50%	48.9%	42.9%	↓	↓	RED
<b>Narrative &amp; Corrective Action</b>							

<p>The new model of Home Support continues to be implemented with all Localities expected to have 3 reablement teams in place by June 2019. In quarter 4, reablement teams were able to support a higher number of individuals (537) than in any other previous quarter since the inception of reablement teams. While this is in excess of the quarterly target, the annual target was missed by just under 3%.</p> <p>The percentage of new or increased packages which started in the reablement service stood at 67% for quarter 4, a very slight improvement on the previous quarter but just short of the anticipated 70% target. It should be noted that performance against this indicator has shown gradual quarter-on-quarter improvement since Q2 in 2017/18 when it stood at 49.7%.</p> <p>The next development in Home Support will be the roll out of dynamic scheduling, with the aim of creating a more efficient and quality-driven service, that is better able to meet the specific requirements of individuals.</p>							
<b>7.</b>	<b>CAMHS</b>	<b>Target 2018/19</b>	<b>2018/19 Q3</b>	<b>2018/19 Q4</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>
	<i>Percentage of patients commencing treatment within 18 weeks of referral</i>	90%	71.3%	76.6%	↑	↑	<b>RED</b>
<p><b>Narrative and Corrective Action</b></p> <p>RTT performance improved to 76.6% for quarter 4. In April 2019 the service was able to see more patients than in any month in the previous thirteen. A consequence of this is that the RTT performance fell to 64.5% as more of the longest wait patients are seen.</p> <p>An action plan has been developed as part of the Mental Health section of the Annual Operating Plan which sets out a range of actions being progressed in order to bring performance to the required standard by December 2020. The actions in place are designed to tackle issues and offer solutions in relation to accommodation, IT, demand and capacity planning, and prevention and early intervention activities.</p>							
<b>8.</b>	<b>Psychological Therapies</b>	<b>Target 2018/19</b>	<b>2018/19 Q3</b>	<b>2018/19 Q4</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>
	<i>Percentage of patients commencing treatment within 18 weeks of referral</i>	90%	78.8%	82.2%	↑	↑	<b>RED</b>
<p><b>Narrative and Corrective Action</b></p> <p>RTT performance improved to 82.2% for quarter 4, as efforts continue to recover the proportion of patients commencing treatment within 18 weeks closer to the 90% target. In April 2019, the percentage figure improved further to 84.2%.</p> <p>An action plan has been developed as part of the Mental Health section of the Annual Operating Plan which sets out a range of actions being progressed in order to bring performance to the required standard by December 2020. The actions in place are designed to tackle issues and offer</p>							

	solutions in relation to demand and capacity planning, additional low-intensity supports, development of online resources, and improved IT capability within the service.						
9.	<b>MSK Physiotherapy</b>	<b>Target 2018/19</b>	<b>2018/19 Q3</b>	<b>2018/19 Q4</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>
	<i>MSK Physiotherapy - 12wks</i>	90%	74.8%	74.3%	↓	↓	<b>RED</b>
	<b>Narrative &amp; Corrective Action</b> Waiting times performance remains a challenge in MSK Physiotherapy. A range of management actions are in place to address performance, reduce demand and increase capacity: <ul style="list-style-type: none"> <li>• Active recruitment to all vacancies</li> <li>• Business case developed for additional substantive band 5 posts above establishment</li> <li>• Discussions with GCU regarding Visas for Canadian students Attend Higher Education Institutions to promote NHSL</li> <li>• Social Media drive</li> <li>• Developing an infrastructure which encourages self-management by Lanarkshire residents. Including communication strategy.</li> <li>• Improve numbers of people redirected to self-management by the NHS24 Musculoskeletal helpline.</li> <li>• Developing a telephone triage pathway manned by experienced staff</li> <li>• Development of patient initiated booking for appointments</li> <li>• The development of a patient focused outcomes approach</li> <li>• Improved waiting list management</li> <li>• Improving individual practice in relation to ratio of new to return visits</li> <li>• Reduce DNA rates and short term cancellations by the service</li> <li>• Offering telehealth to all patients, specifically Attend Anywhere</li> </ul>						
10.	<b>Speech &amp; Language Therapy Paediatrics</b>	<b>Target 2018/19</b>	<b>2018/19 Q3</b>	<b>2018/19 Q4</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>
	<i>SLT Paediatrics – 12 wks</i>	90%	80.7%	69.4%	↓	↓	<b>RED</b>
	<b>Narrative &amp; Corrective Action</b> A range of management actions are in place to address performance, reduce demand and increase capacity: <ul style="list-style-type: none"> <li>• Overtime hours continue to be used to increase service capacity.</li> <li>• All vacant posts are under recruitment and the vacancy rate is 4.7% in the CYP service which is within the tolerance rate of 6%. Sickness absence and maternity leave are within tolerances.</li> </ul>						

	Trakcare went live in Hamilton on 6 May as planned and will run for 3 months in this area prior to roll out across the service. Reports from Trakcare will allow the Service to target further areas for improvement.						
<b>11.</b>	<b>Stop Smoking Service</b>	<b>Target 2018/19</b>	<b>2018/19 Q2</b>	<b>2018/19 Q3</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>
	<i>Sustain and embed successful smoking quits, at 12 weeks post quit, in 40% of SIMD areas **please note data lag**</i>	1,299	230 (462 cumulative)	210 (672 cumulative)	↓	↓	
<p><b>Narrative &amp; Corrective Action</b></p> <p>The service continues to manage challenging performance levels across all localities in meeting what is becoming an increasingly difficult target to achieve. Smoking prevalence rates are at an all-time low and e-cigarettes are becoming increasingly popular as a less harmful alternative to smoking tobacco.</p> <p>It has been agreed to conduct a ‘deep dive’ of the Lanarkshire-wide Stop Smoking Service to review the current operating model.</p> <p>A review, by Scottish Government, of the methodology used to calculate targets at board level is currently underway. It is anticipated that the results of this review are likely to lead to a reduction in the Lanarkshire smoking cessation LDP target for 2019/20. Further details of this will follow soon.</p>							
<b>12.</b>	<b>Adult Protection</b>	<b>Target 2018/19</b>	<b>2018/19 Q3</b>	<b>2018/19 Q4</b>	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	<b>RAG Status</b>
	<i>% Of Adult Protection Investigations Going To Initial Case Conference</i>	20%	16.0%	19.6%	↑	↓	<b>AMBER</b>
	<i>% of Adult Protection Referrals Which Did Not Go On To Investigation Or Other Service</i>	50%	57.0%	49.8%	↓	↓	<b>AMBER</b>
<p><b>Narrative &amp; Corrective Action</b></p> <p>Adult Support &amp; Protection referrals continue to decrease overall but there was a slight increase in referrals from Police Scotland from the previous quarter. All Localities report continued increase in ‘Adult Concern’ reports and some small scale scoping will take place later this year to review this process.</p> <p>The number of case conferences held has doubled over the same period last year. This is very positive as a key aim of adult protection legislation and frameworks is to bring multi agency partners together and to cooperate with each other in finding ways of meaningfully intervening to safeguard and protect adults at risk.</p>							



	The review of ASP procedures and consultation with Locality Social Work Managers, Senior Social Workers has offered an opportunity to improve our recording processes in relation to adult protection.
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