

REPORT

SUBJECT:	Performance Update – Quarter 2 (July – September 2020)
TO:	Integration Joint Board Performance, Finance & Audit Committee
Lead Officer for Report:	Head of Planning, Performance and Quality Assurance
Author of Report:	Performance Manager
DATE:	26 January 2021

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 Board on the areas for improvement which have been identified as part of the Quarterly Performance Review for the period 1 July 2020 to 30 September 2020 (Quarter 2). The report also provides additional information in relation to the impact of the wider COVID-19 response on our key areas of performance and the next steps for recovery.

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 2, July – September 2020)



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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 2, July – September 2020)

1.	Alcohol Brief Interventions (ABIs)	Target 2020/21	2020/21 Q1	2020/21 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Number of ABIs delivered (NHSL)</i>	5,499 (tbc with SG)	615	1730	↓	↓	
<p>Narrative & Corrective Action Due to demands in relation to responding to COVID-19, the number of interventions has fallen in both quarter 1 and quarter 2. The year end projection of meeting 70% of our target remains likely.</p>							
2.	Delayed Discharge	Target 2020/21	2020/21 Q1	2020/21 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Delayed Discharge bed days - all reasons</i>	34,992 Q1 - 8,191 Q2 - 8,881 Q3 - 9,373 Q4 - 8,548	6,207	9,541	↓	↑	
<p>Narrative & Corrective Action As expected there was a significant reduction in delayed discharge bed days for all delays from April – May 2020 (Figure 4). Delayed discharges increased June to August 2020 as admissions increased. However from September onwards performance has improved. There were 1793 fewer non-code 9 bed days April – November 2020 than target 15,313 against the target of 17,106.</p>							

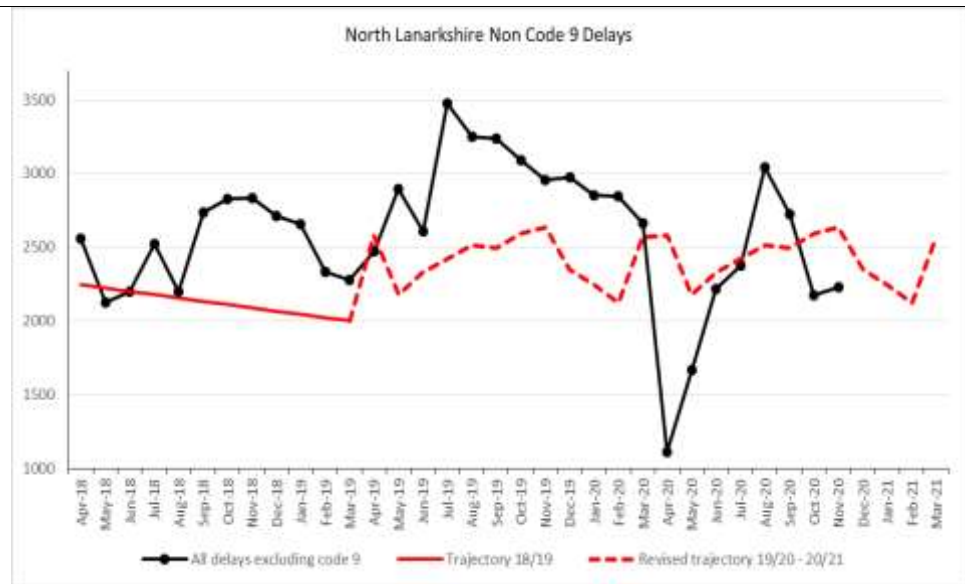


Figure 1 Non Code 9 Bed Days

The North partnership is currently rolling out the Planned Date of Discharge, in line with the model trialled in Hairmyres from the end of May 2020. A pan-Lanarkshire Project Board has been formed, along with individual site operational groups to drive the implementation forwards.

To support this, a daily partnership call is held to review all planned dates of discharge (alongside all other delayed discharge cases), to ensure all actions are progressing in line with the projected date. This has had a significant impact on how the system operates and creates a much quicker system of escalation to resolve any issues. A communication plan is now in place which aims to make sure staff have a shared message regarding PDD, and help patients and carers understand what to expect from their PDD journey.

In the main the success of the PDD approach involves developing relationships and teams, having an understanding of the roles of individuals, consistency of personnel attending daily ward MDT meetings and improving access to systems including Near Me. Some of which may be affected by changes as a result of the current increase in Covid admissions.

Overall, the daily discharge sheets are showing a continually increasing number of PDDs being set out over the 2 weeks ahead and plans are in place for the continued roll out across UHM and UHW.

3.	Reablement / Home Support	Target 2020/21	2020/21 Q1	2020/21 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Number Of People Completing Reablement Process</i>	2,000	363	690	↓	↓	
	<i>Percentage Of People With No or Reduced Home Support Service Required At End Of Process</i>	70%	67.2%	66.7%	↓	↓	
<p>Narrative & Corrective Action</p> <p>Challenges in relation to staffing levels, as a result of self isolation, staff absence, etc continued to affect the number of people completing the reablement process within the period July – September 2020. Despite the number of people completing reablement falling during quarter 2, the proportion of new referrals that started in reablement remained steady and on target at 78%.</p> <p>The proportion of reablement service users requiring no or a reduced level of support following their period of reablement stood at 67% for quarter 2, which is below target of 70%.</p>							
4.	Integrated Equipment & Adaptation Service	Target 2020/21	2020/21 Q1	2020/21 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Percentage of Deliveries Achieved Within 7 Working Days</i>	80%	65.1%	66.7%	↑	↓	
	<p>Narrative & Corrective Action</p> <p>Performance against timescale standards improved considerably in quarter 2 as staffing levels improved. The focus for the serviced continued to be on delayed discharge and admission prevention activities. The service also undertakes the management and distribution of PPE supplies, and in quarter 2 almost seven million items of PPE were delivered, all within 5 days or less of the request being made.</p>						
5.	CAMHS	Target 2020/21	2020/21 Q1	2020/21 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%	48.3%	62.1%	↑	↑	
	<p>Narrative and Corrective Action</p> <p>In response to the Pandemic, CAMHS centralised services across 3 hubs and introduced remote working to protect staffing levels and ensure availability of resource to meet demand. A pan Lanarkshire service advice line was introduced for young people, parents, carers and professionals with concerns about</p>						

young people to access for advice and signposting. The service developed an online resource bank of digital resources and links to other third sector service provision which was uploaded onto the NHSL website including a clinical guidance document for the remote prescription and monitoring of medication.

CAMHS also adopted the use of Near Me to assess and treat children where appropriate and practical. With respect to CAMHS, Near Me is not a universally appropriate platform for delivering treatment and care. A survey to evaluate staff experience of using Near Me was conducted and concluded in late 2020 and demonstrated largely overall positive feedback in line with the caveats mentioned above. A patient survey is currently being conducted with results due to be reported to Digital Solutions by end of March 2021.

As of January 2021, the service has successfully recruited to some posts. However, the service continues to face challenges with recruitment of staff, with particular reference to staff working in the Early Intervention Service due to a large number commencing further clinical training courses as of the autumn 2020. In addition, some vacancies are long standing due to a recognised national shortage of specialist staff across NHS Scotland.

In order to mitigate the on-going difficulties with recruitment and in line with the Scottish Government Task Force recommendations, some elements of CAMHS services are currently being reconfigured which will allow redeployment of additional resources into critical areas of the service for example Neurodevelopmental Pathway. Scoping of the creation of CAMHS nursing posts which will increase capacity to the CAMHS service is also in progress.

CAMHS have seen a significant increase in urgent presentations of children and young people experiencing high levels of distress due to COVID restrictions impacting on the service ability to see patients waiting for treatment. The service has also seen an increase in urgent presentations of existing cases due to higher levels of distress and mental illness which may have been exacerbated by the pausing of routine work to respond to wave 1 of the pandemic. The full effects of the second lockdown are yet to materialise however it is anticipated that there will be a further increase in urgent demand for CAMH services.

In December, within CAMHS, 83.33% of patients commenced psychological therapy within 18 weeks, compared with 71.43% in October.

6.	Psychological Therapies	Target 2019/20	2020/21 Q1	2020/21 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%	76.1%	63.4%	↓	↓	
<p>Narrative and Corrective Action</p> <p>Clinical activity, and clinical capacity has been significantly impacted by the Covid-19 pandemic. Psychological Services have been able to use NearMe and telephone consultations, along with a smaller number of face-to-face consultations, to recover from what amounted to an almost total shutdown of routine clinical activity.</p>							

A number of steps are being taken within teams to target the longest waits, and to support those localities with the highest referral rates. Referral criteria have been revised, and triage and assessment processes are also being reviewed.

Throughout the pandemic, Psychological Services departments and teams have maintained minimal physical office cover and worked remotely where possible, to minimise possible exposure to team members to ensure continuity of care. Inevitably this has impacted upon a number of usual activities e.g. peer-support networks; direct access to administrators and managers, and significant challenges too, e.g. working and organising childcare.

Covid-19 has exacerbated existing digital inequalities and it is essential to remember that some patients will lack the material requirements to use digital services. Like staff, patients are having to adapt to new ways of working. This may have material impacts (e.g. speed of progress through therapy) and psychological ones (e.g. exacerbating and complicating existing difficulties).

Despite the considerable demands on our staff and services, Psychological Services have entered into a period of innovation specifically targeted to achieve faster access to psychological therapies which refers to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. A Quality Improvement approach has been adopted, in order to ensure that the front line psychologists participate in leading and delivering change, from improving individual patient care to transforming services across complex health and care systems. The primary intention of the QI approach will be to bring about measurable improvement to the delivery of psychological therapies within NHS.

Waiting times for adult psychological therapies are recovering, but are not yet at pre-covid levels. Within Adult Psychological Services, 80.31% patients commenced psychological therapy within 18 weeks, compared with 68.23% in October.

7.	Waiting Times Performance – AHP and Community Services	Target 2019/20	2020/21 Q1	2020/21 Q2	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Consultant Outpatient WT - Adult Mental Health - 12wks (NORTH HOSTED)</i>	90%	39.5%	75.3%	↑	↑	
	<i>Consultant Outpatient WT - Older Adult Psychiatry - 12wks (NORTH HOSTED)</i>	90%	40.9%	64.4%	↑	↓	
	<i>Medical Paediatrics WT - 12 wks (NORTH HOSTED)</i>	90%	71.4%	85.3%	↑	↑	
	<i>MSK Podiatry - 12wks (NORTH HOSTED)</i>	90%	16.1%	32.5%	↑	↓	

<i>Podiatry - 12wks (NORTH HOSTED)</i>	90%	15.9%	31.3%	↑	↓	
<i>Podiatry - domiciliary visits - 12wks (NORTH HOSTED)</i>	90%	27.5%	38.3%	↑	↓	
<i>SLT - Paediatrics - 12wks (NORTH HOSTED)</i>	90%	6.0%	16.7%	↑	↓	
<i>SLT - Adult - 12wks (NORTH HOSTED)</i>	90%	50.3%	75.8%	↑	↓	
<i>Dietetics - 12wks (NORTH HOSTED)</i>	90%	55.4%	57.8%	↑	↓	

Narrative & Corrective Action

There are a number of factors which are affecting performance recover and the development meaningful trajectories:

- Demand for services is still uncertain. Usual referral sources are currently not all re-established, when this changes demand is likely to increase.
- All services are using telephone consultations and near me video consultations to some extent. Services will need some resource for face to face consultations. As accommodation is limited this may affect the numbers of people who can be seen face to face.
- As members of staff become familiar and confident with Near Me and telephone consultations the proportion of this type of consultation may increase which in turn affects activity and waiting times.
- Telephone and Near Me consultations may generate face to face appointments, again this will affect the numbers of people access services.

Given the current environment both Partnerships have agreed a recovery target of 50% for AHP services. Data for the Community Services, which are not achieving 50% performance target December 2020, are displayed in table below:

AHP and Community Services	December 2020 12 Week % Performance	Longest Wait in Weeks	Number of Patients Waiting Beyond the 12 Week Target
SLT CYP	26.0%	61	1174
Podiatry Service (excl. MSK)	34.4%	76	2096
Podiatry Domiciliary	40.0%	50	36

HSCP NL and SL HSCP have agreed and finalised the governance arrangements for AHP service performance recovery. This will allow services to share good practice in addition to providing assurances throughout systems regarding the provision of services for the residents of Lanarkshire.

Currently services are monitoring demand, capacity and overall performance to gain a better understanding of the levels of demand and capacity which they can expect. Capacity levels for Near Me and telephone consultations will be clearer and the availability of accommodation for face to face consultations will be agreed with localities.

Sections below provide details and narrative in relation to services/specialties who have not achieved 50% performance.

Speech & Language Therapy – Children & Young People

Performance deteriorated significantly from 60.4% in March to 4.1% in July 2020. During COVID-19 the service continued to see high risk patients initially and were set up with Near Me and remote access within 1 month. A member of staff from CYP service was mobilised to assist the ALD team this reduced capacity. Since then the service has steadily improved performance against 12 weeks, although performance deteriorated during December. The number of people waiting beyond 12 weeks increased from 965 during June to 1174 during December. There has been a deterioration in the longest wait which has increased to 61 weeks

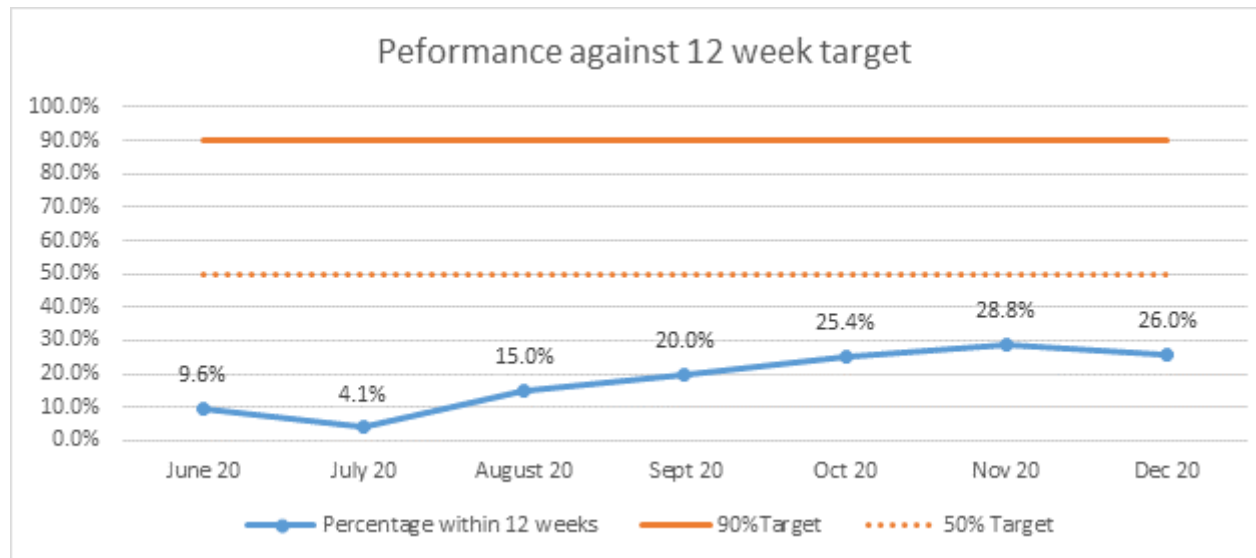


Figure 2 SLT C&YP Performance against 12 week target

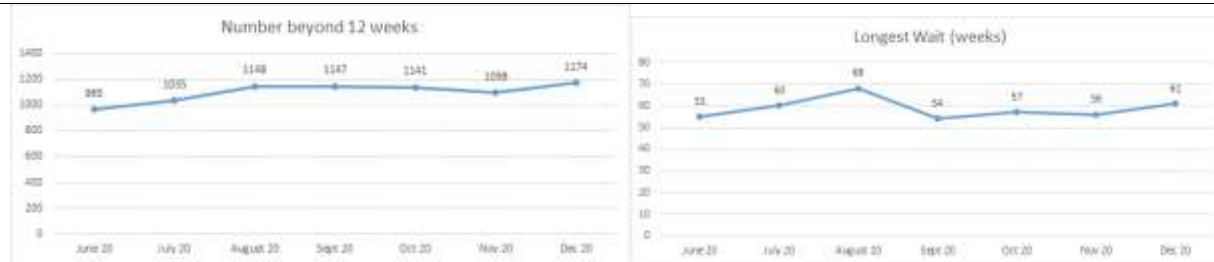


Figure 3 SLT CYP Waits beyond 12 weeks & longest wait

From September onwards, new routine referrals have been offered targeted consultation work at point of referral while on the waiting list. In the light of the second Covid wave the service has been given reassurance that it will not be stood down and staff will not be redeployed at this time.

Podiatry (excl. MSK)

December performance deteriorated slightly against November, with the longest wait increasing from 71 to 76 weeks and number of people waiting beyond 12 weeks increasing from 1961 to 2096.

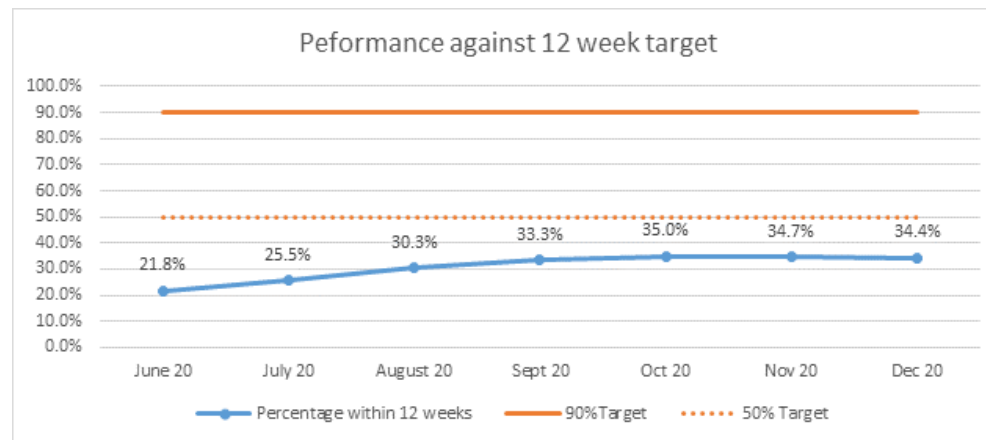


Figure 4 Podiatry MSK against 12 week target

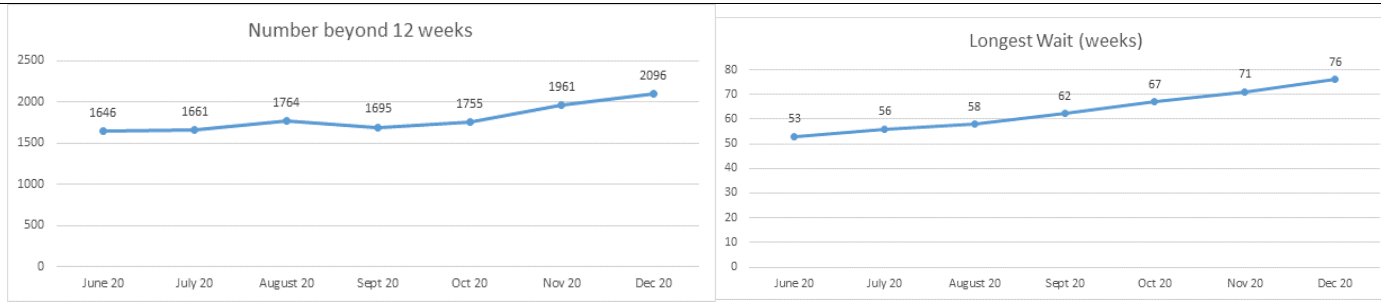


Figure 5 Podiatry Waits beyond 12 weeks & longest wait

All urgent patients (wound care, infected lesions, and extreme pain affecting mobility/quality of life) have been prioritised. Any routine are not being seen at this time. The service has remotely managed patients in care home settings via Near Me. In addition there has been annual leave/public holiday pressure in December. Waiting list validation process is complete. The service is in the process of cleansing the covid holding list and new patient list of patients who have opted-out. New service model agreed to support patients when the service can step up to full capacity.

Podiatry Domiciliary

Performance improved June to October however has since deteriorated from 54.9% to 40% during December. There are currently 36 people waiting beyond 12 weeks with the longest wait increasing by five weeks to 50 (Fig 15).

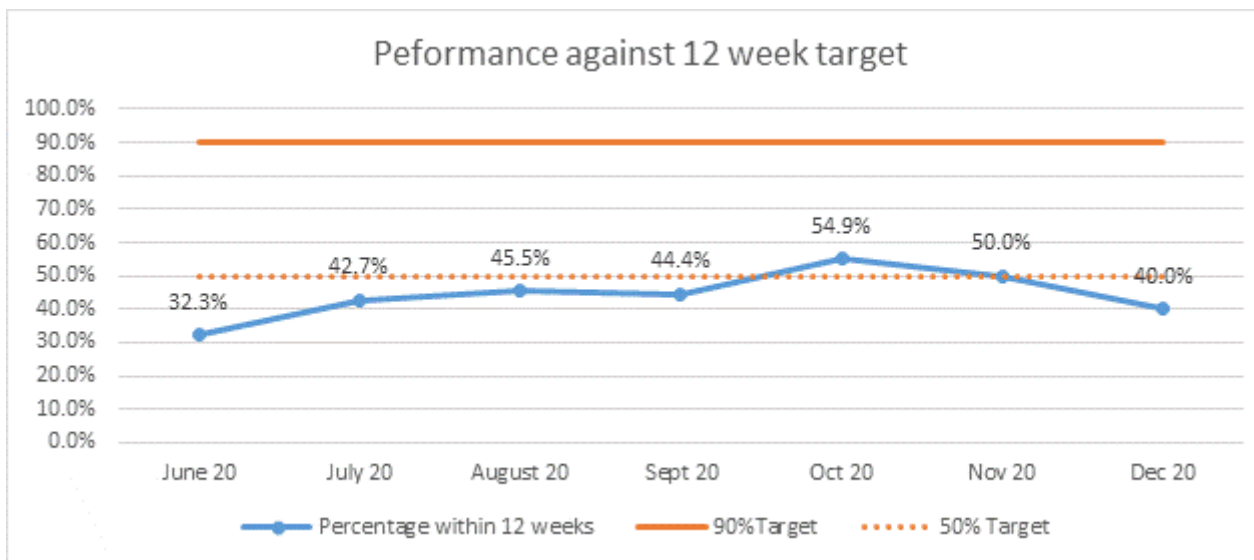


Figure 6 Podiatry Domiciliary performance against 12 week target

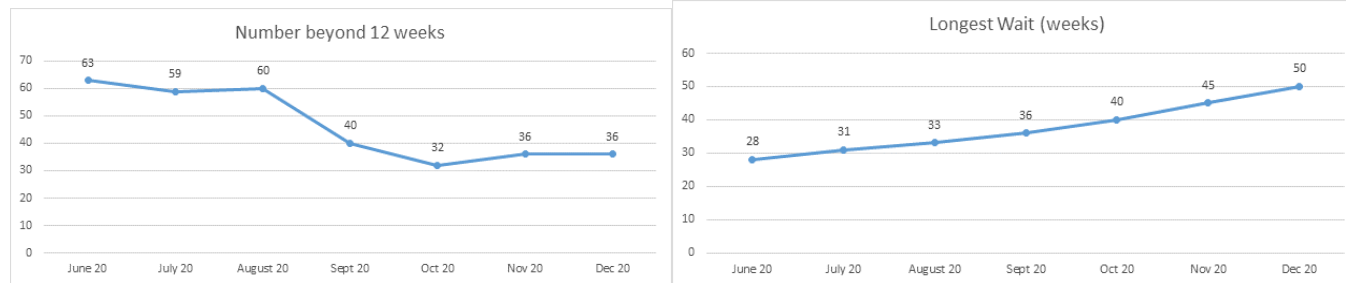


Figure 1 Podiatry Domiciliary beyond 12 weeks & longest wait

As with Podiatry (excl. MSK) all urgent patients (wound care, infected lesions, and extreme pain affecting mobility/quality of life) have been prioritised. Any routine are not being seen at this time. In addition there has been annual leave/public holiday pressure in December.