

REPORT

SUBJECT:	Performance Update – Quarter 3 (October – December 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:	3 May 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"/>
--------------	--------------------------	-----------------	--------------------------	---------	-------------------------------------

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 October 2020 to 31 December (Quarter 3). 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:
-------------------------------------	---	--------------

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"/>
-----	--------------------------	----	--------------------------	-----	-------------------------------------

8. BACKGROUND PAPERS

None

9. APPENDICES

Appendix One - Areas for Improvement (Quarter 3, October – December 2020)



.....
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 3, October - December 2020)

1.	Alcohol Brief Interventions (ABIs)	Target 2020/21	2020/21 Q2	2020/21 Q3	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)	1,730	3,054	↓	↓	
	<p>Narrative & Corrective Action Due to demands in relation to responding to COVID-19, the number of interventions has been lower throughout 2020/21 than previous years. We are currently projecting around 70% achievement of our year end target and are on track to achieve this.</p>						
2.	Breastfeeding	Target 2019/20	2019/20 Q4	2020/21 Q1	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Breastfeeding - exclusive at 6-8 week review</i>	23.5%	14.4%	14.9%	↓	↓	
	<p>Narrative & Corrective Action While there is a significant time lag in reporting breastfeeding rates, we would expect the challenges of the past year to have had an impact on breastfeeding rates locally but will not see evidence of this in the data until subsequent quarters.</p> <p>A key focus of improvement work in the past 18-24 months has been tackling the drop off rate in breastfeeding rates at the 6-8 week review. Recently published figures for 2019/20 indicate that the drop off rate in North Lanarkshire had dropped to 40.28% against a target of 48.1%. This is an excellent result, and while the overall impact of the pandemic on performance in this area remains unclear at this stage, it gives us a platform to refocus our efforts in continuing to support breastfeeding.</p>						
3.	Reablement / Home Support	Target 2020/21	2020/21 Q2	2020/21 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Number Of People Completing Reablement Process</i>	2,000	703	1,012	↓	↓	
	<i>Reablement - % Of New or Increased Home Support Packages Which Are Reablement</i>	70%	77.8%	68.1%	↓	↓	
<p>Quarter 3 saw some continuing challenges in relation to staffing levels, as a result of self isolation, staff absence, etc which affected the number of people completing the reablement process. However, in the recent months of January, February and March, the number of individuals starting reablement has increased and is close to pre-pandemic levels.</p>							

	The proportion of reablement service users requiring no or a reduced level of support following their period of reablement improved to 74.5% for quarter 3.						
4.	CAMHS	Target 2020/21	2020/21 Q2	2020/21 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%	62.1%	70.0%	↑	↑	
<p>Narrative and Corrective Action</p> <p>Remobilisation plans are now in place, with previously agreed areas of development continuing to progress within the current restricted environment. While some developments have had to be placed on hold, others such as IT developments for patient consultations and the use of self-help resources have managed to accelerate. Work continues in conjunction with the Scottish Government Mental Health Directorate to develop our local recovery plans.</p> <p>As at March 2021, performance is as follows:</p> <p>Within CAMHS, 58.04% of patients commenced psychological therapy within 18 weeks</p> <ul style="list-style-type: none"> 112 new patients commenced intervention: 65 within 18 weeks, and 47 over 18 weeks 							
5.	Psychological Therapies	Target 2019/20	2020/21 Q2	2020/21 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%	63.4%	73.7%	↓	↓	
<p>Narrative and Corrective Action</p> <p>Remobilisation plans are now in place, with previously agreed areas of development continuing to progress within the current restricted environment. While some developments have had to be placed on hold, others such as IT developments for patient consultations and the use of self-help resources have managed to accelerate. Work continues in conjunction with the Scottish Government Mental Health Directorate to develop our local recovery plans.</p> <p>As at March 2021, performance is as follows:</p> <p>Adult Psychological Services, 73.7% patients commenced psychological therapy within 18 weeks</p> <ul style="list-style-type: none"> 604 new patients commenced psychological therapy: 445 within 18 weeks, and 159 over 18 weeks The overall number of patients waiting continues to decrease month on month, from 2088 in December, to 1814 in March. 							

6.	Waiting Times Performance – AHP and Community Services	Target 2020/21	2020/21 Q2	2020/21 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>SLT - Paediatrics - 12wks (NORTH HOSTED)</i>	50%	16.7%	22.1%	↑	↓	

Narrative & Corrective Action

There are a number of factors which have affected performance recovery. All services are using telephone consultations and near me video consultations to some extent. Services will need some resource for face to face consultations. Some services have seen staff redeployed which has affected capacity and activity levels. Members of staff have become familiar with Near Me and telephone consultations the proportion of this type of consultation may increase which in turn affects activity and waiting times. Given the current environment HSCP NL have agreed a recovery target of 50% for AHP services. AHP Service performance is detailed in table 1.

Service	Compliance 50% Target March 2021	Longest wait in weeks	Waiting > 12 weeks
Podiatry Biomechanical MSK Service	55%	19	59
Speech & Language Therapy (Children and Young People)	29.0%	64	1100
Speech & Language Therapy (Adults)	98.2%	15	3
Podiatry Service (excl MSK)	37.3%	70	1835
Podiatry Service – Domiciliary Appts	96.4%	62	46
Dietetics	94.8%	65	132
Medical and Young People – Cons Led Service	99.6%	24	5
Community Claudication Service	82.2%	55	16

Table 1 AHP Waiting Times Performance

SLT CYP Overview

Performance prior to COVID-19 was at 62.7% and showed a deteriorating trajectory. Capacity has been affected by the suspension in outpatient appointments from early in the pandemic with some staff redeployed to cover staff wellbeing and it took time to develop the move to remote working.

A further 4.0 WTE SLT CYP staff were deployed to the vaccination programme for 3 weeks in February/March 2021.

Actions taken to improve performance include: increasing capacity through recruitment, reducing demand through increasing targeted offerings, spread of Trakcare to all SLT teams to improve metrics and support improvement.

