

REPORT
 Item: 8

SUBJECT:	Performance Update – Quarter 2 (January – March 2022)
TO:	Integration Joint Board Performance, Finance & Audit Committee
Lead Officer for Report:	Morag Dendy, Head of Planning, Performance and Quality Assurance
Author of Report:	Graeme Cowan Manager, Planning, Performance and Quality Assurance
DATE:	31 st August 2022

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 January to 31 March 2022 (Quarter 4).

2. ROUTE TO THE BOARD

2.1 This paper has been:

Prepared By: Manager, Planning, Performance and Quality Assurance	Reviewed By: Head of Planning, Performance & Quality Assurance	Endorsed By:
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3. RECOMMENDATIONS

3.1 The Committee 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 2021)



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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 4, January – March 2022)

1.	Delayed Discharge / Home Support / Reablement	Target 2021/22	2021/22 Q3	2021/22 Q4	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Delayed discharge bed days - standard delays</i>	23,725 Q1 - 5,915 Q2 - 5,980 Q3 - 5,980 Q4 - 5,850	6,381	7,124	ê	ê	
	<i>Reablement - Number Of People Completing Reablement Process</i>	2,000 (500 per quarter)	916	1170	ê	ê	
	<i>Reablement - % Of New or Increased Home Support Packages Which Are Reablement</i>	70%	67.7%	63.1%	ê	ê	
	<i>Reablement - % Of People With No or Reduced Home Support Service Required At End Of Process</i>	70%	53.2%	52.2%	ê	ê	
<p>Narrative & Corrective Action</p> <p>A wide range of activity is underway, both locally and nationally, to drive further improvement in performance in how we support timely discharges. These include:</p> <ul style="list-style-type: none"> • Whole system improvement work on the PDD process • Home Support recruitment – over 200 applicants in latest round, though important to note this could impact on independent sector capacity • Lanarkshire is a demonstrator site for Home First/Discharge without delay. • Rapid response, focused on supporting people at home, is having an impact • Expanding Hospital at Home service and considering expanding to under 65s • Additional CSWs are being recruited so that District Nursing Teams can enhance the care offering to those on both Home Support and District Nursing caseloads, freeing up further Home Support capacity to concentrate on other cases <p>Home Assessment Team (HAT) / Home First</p>							

The HAT team for HSCNL went live on 25 April 2022. During its soft launch phase HAT has demonstrated its potential to positively impact on the flow of the hospital team as its intervention has prevented admission into hospital as well as reducing hospital stays.

A plan is underway within UHW for accommodation to include the HAT team when working from UHW. The team will be based with the hospital social work team and discharge coordinators.

A full and comprehensive overview of patient user journeys show that, as a result of HAT input, a number of patients/service users have been turned around at the hospital front door preventing admission. This turn-around provides a positive outcome, whereby assessment can take place within a patient's/service user's own home environment, as opposed to an unfamiliar, busy, hospital environment.

Next tasks to be completed:

- Agree plan for scale-up of HAT and review timeline for roll-out of HAT
- Resolve issues regarding management of AHPs to enable recruitment to be progressed
- Ongoing training
- Evaluation of service to continue on a 3-monthly basis
- Technology to be explored further – twitter/yammer to be set up for whole team
- Admin support to be explored
- Permanent pharmacist to be discussed/explored
- Satellite stores for small stock of aids/adaptations to be set up for equipment (possible piggyback on IRT stores) and require OOH store. Current recommendation is Dalziel as OOH based in building.
- Access to TrakCare clinical portal
- Joined up working with South Lanarkshire HSCP
- Working rota as HAT develops and grows. At this time social work remain working a 5-day week Mon/Thurs 08:45 am to 16:45pm and Friday 08:45am to 16:15pm
- Leaflet to be complete with first HAT patient included (with patients' permission)
- Communications to be involved to ensure the public and others are aware of the team and their role

Reablement

Capacity within our reablement teams has been limited for a significant period of time during the pandemic, as resources have been prioritised to focus on operational pressures across the Home Support service. This has been particularly acute during periods of significant C-19 infection / isolation amongst staff over the past two years. However, efforts continue to re-establish capacity across all our reablement teams to ensure individuals are offered support to retain and regain their skills and confidence to live independently in their own homes.

A Home Support Programme Board was established in 2021 to oversee the redesign of the Home Support Service, and there is a dedicated workstream focusing on our Reablement and Intensive service.

Progress to date:

- Weekly meetings have been re-established across all teams.
- Daily handovers are also being re-established; however, accommodation continues to present difficulties within some teams.
- Teams have noted a decrease in referral activity since the introduction of the Enhanced District Nursing Service.

Next tasks to be completed:

- Review capacity/resources within reablement teams to ensure flow from Home Assessment Team to the reablement service.
- Review practice across localities and agree criteria and working model to ensure consistency across the service.
- The Reablement / Intensive Workstream will examine and review existing teams' practice across localities to agree the criteria and working model to ensure consistent practice.

2.	CAMHS	Target 2021/22	2021/22 Q3	2021/22 Q4	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%	69.5%	80.0%	é	é	

Narrative & Corrective Action

There has been an improvement in CAMHS performance since March 2020.

The waiting list validation exercise was completed, reducing the waiting list by 13% (n= 170). As of March, the waiting list was 1917.

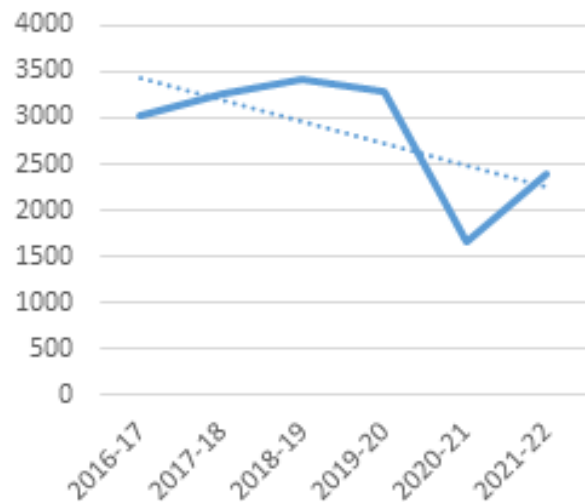
There continues to be an increased demand (urgent presentations) which impacts on capacity across the service. In addition to this, recruitment has been challenging and at times, slow to progress due to the NHS boards competing for the same pool of staff. There are particular posts which are harder to fill and the service are linking with HR to explore innovative ideas to attract staff to NHS Lanarkshire CAMHS.

There is ongoing work around Trakcare to improve the reporting systems within the service. The CAMHS Modernisation Board has been established and this will drive forward a number of workstreams aimed at improving the service.

<p>The new CAMHS facility in Udston Hospital opens to patients on w/b 20th June. The facility was co-designed with children and young people and we aim to take the learning from this to upgrade the existing NL facilities to create consistency across all sites. Work has commenced to update the CAMHS performance framework, with learning for other services. The framework will be expanded to pick up third sector provision (linked to the MH&WB funding ~£1m in each TSI); school counselling (~£800k per LA); DBI in schools; CAPA triage; RTT; and Demand, Capacity and Queue info.</p>							
3.	Psychological Therapies	Target 2021/22	2021/22 Q3	2021/22 Q4	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%	81.5%	85.5%	é	é	
<p>Narrative and Corrective Action</p> <p>The overarching performance across Adult Psychology services continues to improve.</p> <ul style="list-style-type: none"> • In adult Psychological Therapies teams (PTTs) the focus is on reconfiguring allocation of resources across PTT localities which has led to sustained improvement • The focus of the adult PTTs Action Plan consists of continued consideration of resource allocation across PTT localities, to ensure that those who have waited the longest are seen first. • There is evidence of greater homogeneity across localities in adult Psychological Therapies - Cross-locality working is managed and monitored on a weekly basis. Remote working has seen Adult PTTs routinely sharing patients across the whole of Lanarkshire. This chronological macro-management of those waiting, irrespective of locality, affords greater equity of access. • Routine use of Near Me video appointments, along with increasing availability of face to face appointments, is helping with throughput and reducing outliers across all Psychology services • Our new centrally managed digital group psychological intervention programme has led to an increased use of our digital group treatment and we will continue to support that mode of delivery throughout and wherever it is reasonable to do so. • Recent staff recruitment (1.5WTE) in Neuropsychology has improved our overarching 'longest wait' • An increasing range of online therapeutics (cCBT programs) is available for all adults in Lanarkshire, with ongoing promotion of these via liaison with local Communications and Health Promotion teams. Self-referrals and clinician referrals alike are processed within days – usually sooner – and so there is no waiting list to access them. Further novel online approaches are planned. • Continued support and use of Quality Improvement Methodology (QI) across all psychology services will form a significant part of our improvement plans. 							

4.	Waiting Times Performance – AHP and Community Services	Target 2021/22	2021/22 Q3	2021/22 Q4	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status									
<i>SLT - Paediatrics - 12wks (NORTH HOSTED)</i>		50%	33.7%	24.0%	ê	é										
<p>Narrative & Corrective Action</p> <p>The main issue is staffing capacity for recovery. We have had recovery funding and have recruited to this- we have also had staff leaving the service so unfortunately we are in a position where at the end of March 2022 we had fewer staff than in 2021.</p> <table border="1" data-bbox="212 603 1458 722"> <thead> <tr> <th data-bbox="212 603 622 643">SLT service</th> <th data-bbox="622 603 1039 643">March 2021</th> <th data-bbox="1039 603 1458 643">March 2022</th> </tr> </thead> <tbody> <tr> <td data-bbox="212 643 622 683">Establishment</td> <td data-bbox="622 643 1039 683" style="text-align: center;">127.06</td> <td data-bbox="1039 643 1458 683" style="text-align: center;">127.05</td> </tr> <tr> <td data-bbox="212 683 622 722">Current WTE</td> <td data-bbox="622 683 1039 722" style="text-align: center;">118.58</td> <td data-bbox="1039 683 1458 722" style="text-align: center;">112.42</td> </tr> </tbody> </table> <p>Action Plan</p> <ul data-bbox="257 802 2033 954" style="list-style-type: none"> • Skill mix posts to recruit to band 5 – we have just recruited 4 band 5 staff for adult service and 4 band 5 staff for CYP service who we expect to start by August 2022. • We continue to change our service model to a tiered approach (Universal/Targeted/Specialist) and note a downward trend in children requiring specialist input- illustrated below 								SLT service	March 2021	March 2022	Establishment	127.06	127.05	Current WTE	118.58	112.42
SLT service	March 2021	March 2022														
Establishment	127.06	127.05														
Current WTE	118.58	112.42														

Children requiring Specialist level SLT



- We have appointed a waiting list co-ordinator to optimise appointments
- We have regular supervision to look at case management and discharge/throughput
- We are looking at staff wellbeing, staff stress risk assessments and working with staff care on supporting staff.
- We now have an AHP Workforce group
- We are working with SLT leaders nationally on job planning
- We are working with the RCSLT Scotland Office to influence supply of SLTs/ HEI places longer term