

REPORT
 Item No: 9

SUBJECT:	Performance Update – Quarter 3 (October – December 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, Senior Manager, Strategy & Performance
DATE:	19 th April 2023

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 Quarterly Performance Review for the period 1 October to 31 December 2022 (Quarter 3).

2. ROUTE TO THE BOARD

2.1 This paper has been:

Prepared By: Senior Manager, Strategy & Performance	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 3, October – December 2022)



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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 3, October - December 2022)

1. Cervical Screening	Target 2022/23	2022/23 Q2	2022/23 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status														
<i>Cervical Screening Uptake</i>																				
80% 73.3% 72.9% ê ê																				
<p>Narrative & Corrective Action</p> <div data-bbox="210 453 1263 783" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Average Cervical Screening Uptake 2022</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <caption>Average Cervical Screening Uptake 2022</caption> <thead> <tr> <th>Area</th> <th>Average Uptake %</th> </tr> </thead> <tbody> <tr> <td>Airdrie</td> <td>70.5</td> </tr> <tr> <td>Bellshill</td> <td>71.8</td> </tr> <tr> <td>Coatbridge</td> <td>72.3</td> </tr> <tr> <td>Motherwell</td> <td>74</td> </tr> <tr> <td>North</td> <td>76.3</td> </tr> <tr> <td>Wishaw</td> <td>73.4</td> </tr> </tbody> </table> </div> <p>Data analysed from Milan for the time period 1st Jan 2022 to 31st Dec 2022</p> <ul style="list-style-type: none"> • Airdrie - no practices achieved the 80% uptake target. • Bellshill - no practices achieved the 80% uptake target. • Coatbridge - 1 practice achieved 80.1% uptake in Quarter 1. • Motherwell - 1 practice achieved above 80% uptake for the full year. 1 further practice achieved above 80% uptake in Quarter 1 and 2. • North - 2 practices achieved above 80% uptake for the full year. 1 further practice achieved above 80% in quarter 3. • Wishaw - no practices achieved the 80% uptake target <p>Work being carried out by health improvement and public health:</p> <ol style="list-style-type: none"> 1. Generic: Information Provision/Communications to the wider population to support awareness raising and informed choices such as National Cervical Cancer Awareness Prevention Week January 2023 & Cervical Cancer Screening Awareness Week June 2022. Delivery of training in partnership with all sectors (NHSL/Locality Level) to promote cancer 							Area	Average Uptake %	Airdrie	70.5	Bellshill	71.8	Coatbridge	72.3	Motherwell	74	North	76.3	Wishaw	73.4
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screening programmes, including messages around detecting cancer early and signs/symptoms (Breast, Bowel and Cervical programmes).

- 2. Population Specific:** Targeted work to increase screening awareness and uptake/reduce defaulting through awareness raising campaigns for cervical screening and HPV- Bellshill and Airdrie (the lowest uptake for cervical screening).

Women’s health events in December 2022 & February 2023 (targeted at 25-39 age group & mother & toddler group) delivered by Lanarkshire Health Improvement staff at Mossend Mosque. There was some misunderstanding about the HPV vaccine and the need for a smear in the future too. Cancer Screening Workshops carried out with Lanarkshire Carers BAME group Jan 22-May 22.

- 3. Programme Specific:** Targeted work to increase screening awareness and uptake/reduce defaulting by linking with specific populations in the community to raise awareness of screening programmes and increase rates in; areas of low uptake, SIMD 1&2: Jo’s Trust training circulated via localities.

Reported Barriers: Access to GP practice appointment times at a suitable time around caring responsibilities. Many practices do not offer evening appointments with the practice nurse. Some would prefer it to be like the Breast Screening programme in that it is a mobile unit, as in smaller villages they may know the practice nurse so this can add to the embarrassment that some report to feel going for smear.

Staff resource: Josephine Reilly, Public Health Quality Improvement Facilitator has an addition 1 day per week to support GP practices with quality improvement work to address cervical screening uptake. This will not fully cover the gap left by the CRUK programme but will help.

2. Immunisations	Target 2022/23	2022/23 Q2	2022/23 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
Immunisations – %s of 2 year olds	90%	95.6%	95.0%	ê	ê	
Immunisations – %s of 5 year olds		93.8%	92.7%	ê	ê	
Narrative & Corrective Action						
The uptake rates for both 2 year olds and 5 year olds has shown a consistent and small drop off over consecutive quarters. While uptake rates remain high, there is improvement work in place across all localities offering additional clinics at weekends.						

3.	Delayed Discharge / Home Support / Reablement	Target 2022/23	2022/23 Q2	2022/23 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Delayed discharge bed days - standard delays</i>	31,796 Q1 – 7184 Q2 – 8966 Q3 – 8166 Q4 – 7531	7,409	8,309	ê	ê	
	<i>Reablement - Number Of People Completing Reablement Process</i>	2,000 (500 per quarter)	678 (cumulative)	1049	é	é	
	<i>Reablement - % Of New or Increased Home Support Packages Which Are Reablement</i>	70%	60.6%	55.0%	ê	ê	
	<i>Reablement - % Of People With No or Reduced Home Support Service Required At End Of Process</i>	70%	50.2%	50.3%	é	ê	

Narrative & Corrective Action

One of the key aims of the Firebreak was to utilise multi-agency teams to review all inpatients on a daily basis, with the aim of improving the flow of the 95% of patients who don't need supported discharge, but also supporting earlier identification of the 5% who will require support.

Consequently, one of the anticipated outcomes of the firebreak was the identification of a significant number of referrals for Social Work/Social Care support, though it is hoped that once the backlog of newly identified patients is cleared, the more proactive identification of patients will help to reduce delays in future. Over the nine-day firebreak, 180 referrals for supported discharge were received in North Lanarkshire, with a further 81 in the three days running up to the start. To put this into context, during peak winter pressures in 2019/20, North Lanarkshire averaged 77 referrals per week for supported discharge, which was the highest rate in Scotland.

However, despite the spike in demand, the recently improved performance in delayed discharge has been maintained. At the start of the firebreak, there were 84 delays in the system, with 40 of these on the acute sites, and at 7th March, this has reduced to 70 delays, with 27 on the acute sites.

There remains a risk of short-term increases in delays due to the very high number of referrals for complex assessment (14 referrals in a single day for complex assessments on one site alone in the middle of the firebreak). While additional Social Work

capacity has been identified to support these cases through the assessment process, there is a risk that a number will become delays before complete.

Home Support

i) Waiting List position

All teams are currently working towards waiting lists being reduced with care permanently placed where it can, significant work has been completed in partnership with quality assurance regarding community capacity building with colleagues from the independent sector. Once we see the bulk of this work transfer over this should create much needed capacity within locality teams which will allow reablement teams to function and progress as normal. It is anticipated that most of this work will be completely transferred across by the end of April.

Once complete teams will have a clearer picture of capacity issues.

ii) Service Users awaiting a Home Support Service:

All teams have been undertaking significant work to reduce the number of service users waiting on support commencing, however despite best efforts the following number of people are awaiting a package of support:

Cumbernauld has the added difficulty of Glasgow Hospital Discharges and referral rates have increased significantly over the last few months. Teams continue to prioritise referrals; however, the focus has continued to be on supporting hospital discharge due to the ongoing pressures that hospital sites have in terms of capacity.

iii) Absence Issues

All Home Support Teams meet regularly with their respective ER advisor and a monthly meeting now takes place between Service Managers, Senior Manager Older Adults and the HR business Partners where monthly absence performance is reviewed within the respective locality teams.

There are several Home Support staff who are off long term due to a variety of serious health issues, however it is the short-term absence that is having the greatest impact across all teams.

The monthly meetings that are taking place ensures SDC's are progressing absence management and support in line with the services managing attendance policy.

iv) Recruitment

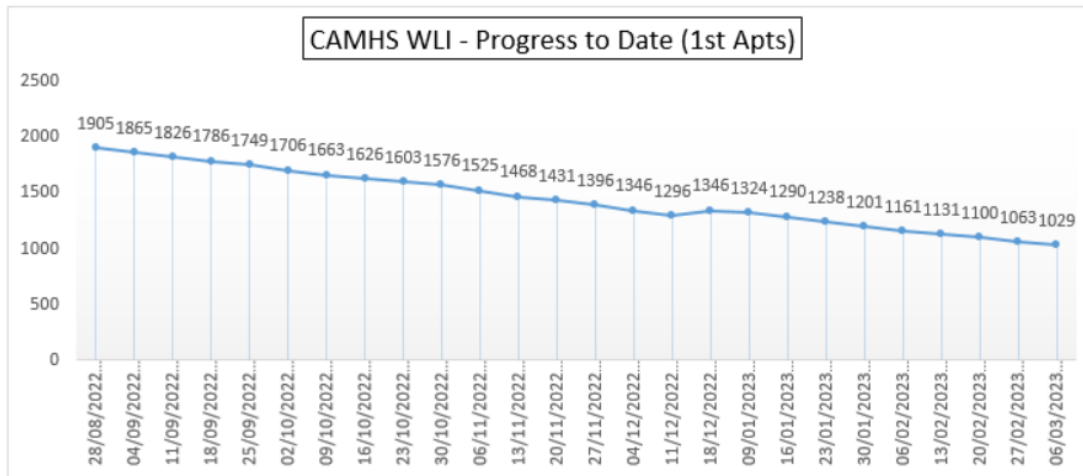
<p>Home Support Worker recruitment has continued with 21 awaiting start dates and a further 23 appointed this week following interview. The main concern for the service is the delay in advertisements going out for Support Officers and Service Delivery Coordinators which has been raised with HR.</p> <p>A focussed recruitment advert for Home Support Workers for Cumbernauld and Wishaw has been ran with the closing date of the 24.03.23. Given the pressures in both teams it is essential that capacity is created to meet the demands of community and hospital referrals while increasing reablement capacity to meet service demands.</p> <p>Reablement 354 people commenced with the reablement service during quarter 3, which is lower than the same quarter of last year (385), and lower than previous quarters of 2022/23. 374 people completed the reablement during quarter 2, which is higher than the same quarter of last year (223) and higher than previous quarters of 2022/23. This reflects the efforts to work with individuals who have not been able to progress through the reablement service for a variety of reasons, and identify more appropriate, long-term supports. This has also impacted the proportion of people who require no or reduced level of support at the end of the reablement process.</p>							
4.	Integrated Equipment & Adaptation Service	Target 2022/23	2022/23 Q2	2022/23 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>IEAS - % Deliveries Achieved Within 7 Working Days</i>	80%	75.1%	63.4%	ê	ê	
<p>Narrative & Corrective Action</p> <p>The service continues to prioritise work for supporting hospital discharges and admission prevention, which can often affect its ability to deliver other equipment requests within agreed timescales. The service has had significant challenges in relation to the recruitment of staff to vacancies across the entire service.</p>							
5.	CAMHS	Target 2022/23	2022/23 Q2	2022/23 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%	25.4%	19.1%	ê	ê	

Narrative & Corrective Action

The Waiting List Initiative continues with a steady downward trajectory in children and young people who are waiting to be seen (see figure 14 below). It is planned to continue in collaboration with implementation of Choice and Partnership approach (CAPA) and modelling indicates monthly incremental improvements in waiting times as a result.

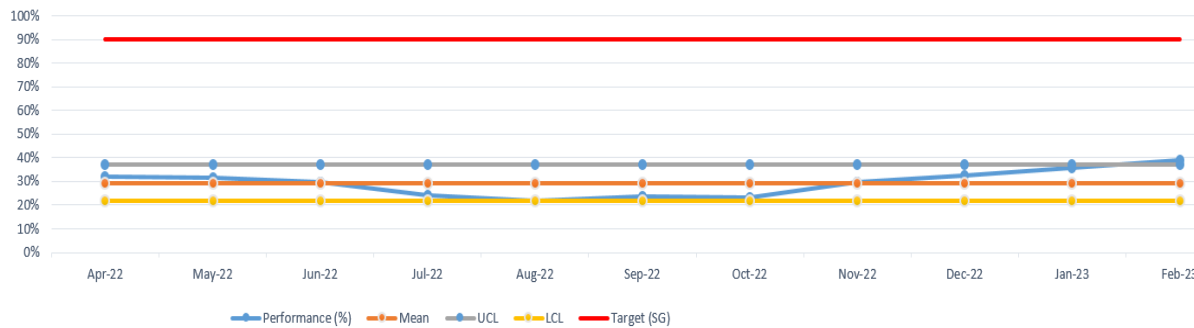
From 22nd August 2022 – 12th March 2023, the out of hours clinics have offered an additional 1379 appointments, with 1010 attendances, 358 not brought, 7 patients transferred and 144 patients meaningfully redirected to other more appropriate supports. The team have also been delivering a Centralised Duty approach. This has improved flexibility of response as well as reducing interruption to planned clinical activity.

The team are working closely with our Communications colleagues to promote the positive messaging around what is being delivered and plans to develop to meet future demand and need.



CAMHS Overall WL 6th March 2022

Performance for February shows 39.21% with 890 patients waiting over 18 weeks. Longest wait is 143 weeks.



Neurodevelopmental Service

Unfortunately the Neurodevelopmental waiting list was created before the service was fully staffed and this has resulted in the current performance.

A waiting list cleanse is currently being undertaken to ensure there is an accurate record of the children waiting. It is anticipated that effective use of Trakcare will allow better monitoring of demand and capacity within the service.

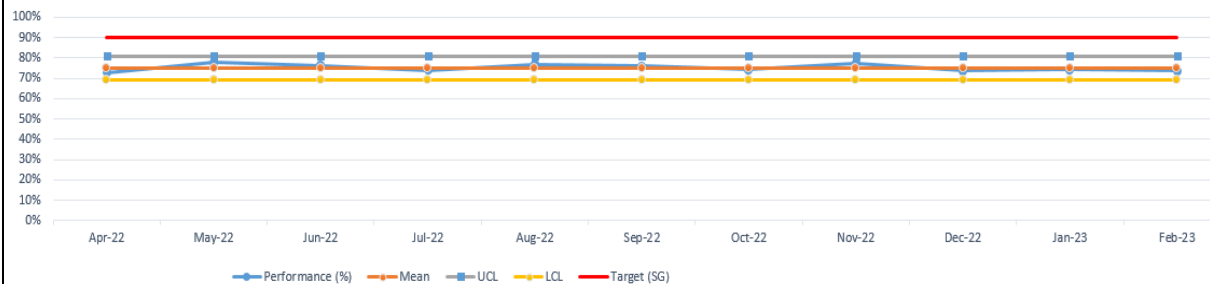
There has been a significant increase in staff over the past few months which has already had an impact on the longest waits. The service are also in the final stages of a commissioning process to secure neurodevelopmental assessments from an independent company, it is anticipated that this will have a positive impact on the longest waits.

Performance for February shows 17.8% with 5314 patients waiting over 18 weeks. Longest wait is 193 weeks.

6.	Psychological Therapies	Target 2022/23	2022/23 Q2	2022/23 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%	82.8%	85.1%	é	é	
Narrative and Corrective Action							
During February 85.21% of patients commenced psychological therapy within 18 weeks. Work continues to focus on sharing longest waits across localities in PTT to balance workloads, with a new “virtual locality” adult PTT now in place to focus on longest waits. The complexity of referrals in adult PTT is being noted – work is starting to investigate the increase in severity of							

presentation (and subsequent effect on functioning). The number of referrals has increased noticeably over time however many variables exist such as addition of cCBT Self-Referral data.

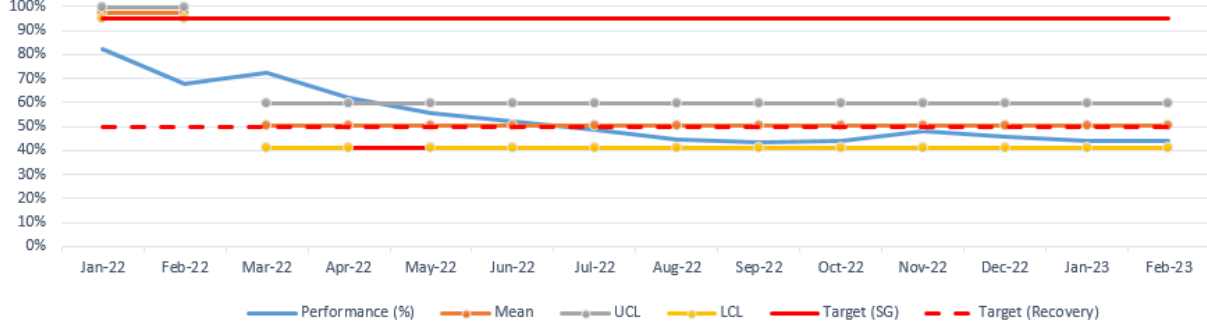
584 patients are waiting over 18 weeks and the longest wait is 49 weeks.



7. Adult Mental Health	Target 2022/23	2022/23 Q2	2022/23 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
<i>Consultant Outpatient WT - Adult Mental Health - 12wks (NHSL) (NORTH HOSTED)</i>	90%	68.8%	63.8%	ê	ê	
<i>Consultant Outpatient WT - Older Adult Psychiatry - 12wks (NHSL) (NORTH HOSTED)</i>	90%	91.1%	80.2%	ê	ê	

Narrative & Corrective Action

- Waiting times are discussed at every monthly senior medical staff meeting;
- Data collection methods are currently under review, as there had been issues with the collection methods not always having been consistent;
- There had been teams in the North struggling with lower numbers of nursing staff, who do also work within the memory clinics, and this may have resulted in knock-on effects on medical waiting times;
- Recruitment has occurred, including for an additional consultant psychiatrist who started in January 2023, and this will hopefully help with waiting times;
- Additional clinics have been arranged;
- Further medical staff recruitment is also planned, after changes in posts within the service which may also have affected the waiting times figures recently.

8.	Waiting Times Performance - Medical Children & Young People (Consultant Led)	Target 2022/23	2022/23 Q2	2022/23 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
	<i>Medical Paediatrics WT - 12 wks (NHSL) (NORTH HOSTED)</i>	90%	44.9%	46.4%	é	ê	
<p>Narrative & Corrective Action</p> <p>Acute Paediatrics were under significant clinical pressure in December 2022 and early January 2023. A pause in community paediatric clinics had to be implemented as clinical risk within the ward due to level of clinical acuity and gaps in rota.</p> <p>A Paediatric Consultant post was successfully recruited in March. This will provide additional capacity to support increase in delivery against target. The Paediatric Programme Board is in process of being re-established. It will be chaired by Dr Adam Daly and will focus on building a sustainable model for Paediatric services going forward and will include addressing the challenges around community paediatric waiting times.</p> <p>Performance for February shows 43.9% with 1056 children waiting over 12 weeks. Longest wait is 52 weeks.</p> 							
9.	Waiting Times Performance – AHP and Community Services	Target 2022/23	2022/23 Q2	2022/23 Q3	Performance Compared to	Performance Compared to	RAG Status

				Previous Quarter	Same Quarter Previous Year		
	<i>SLT - Paediatrics - 12wks (NORTH HOSTED)</i>	50%	20.0%	27.1%	é	ê	
<p>Narrative & Corrective Action</p> <p>Speech and Language therapy interventions have still to recover from impact on waiting times secondary to stand down of services during early stages of Covid 19. This has been compounded by sideways movement of experienced staff into other prioritised areas of work (Neurological Developmental Service).</p> <p>The management team and professional lead for SLT have been working together to address this challenging long standing position. The team have identified the need to progress Trakcare roll out to provide assurance on delivery of service across the system and assurance of standardised processes being followed by individuals and Teams.</p> <p>Only 1 area currently uses Trakcare. Service Improvement input and admin support will be key to facilitating delivery of this first step in our improvement plan.</p> <p>A Service Improvement group has been convened with support from a project manager and service improvement manager within Specialist Children's Health Service Unit. There will be workshops for wider stakeholder engagement (including a cross section of SLTs, eHealth, communications and information management). The first workshop is planned for May 2023.</p> <p>While some locality areas still have some accommodation challenges, group activity recommenced in August 2022, which will support an increase in capacity, while further review is underway to explore what other group supports could be initiated.</p> <p>A Data Protection Impact Assessment has now been signed off to support the introduction of Hanen More Than Words Groups, and work continues on the DPIA to support the use of Microsoft Teams as a mechanism for further online group activity.</p> <p>Staffing levels remain a challenge, with absences at over 5%, though special leave has reduced in recent months and recruitment remains an issue across Scotland.</p>							
10.	Waiting Times Performance – AHP and Community Services	Target 2022/23	2022/23 Q2	2022/23 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status

Occupational Therapy - Paediatric - 12wks (SOUTH HOSTED)	50%	35.3%	42.3%	é	ê	
<p>Narrative & Corrective Action</p> <p>An additional 4.0 WTE Children & Young People (CYP) Occupational Therapists transferred to the new NHSL Neurodisability Team in January 2023. All open caseloads have been transferred to remaining staff within the CYP OT team, impacting on the ability of staff to take new patients from the waiting list. Recruitment has been ongoing in this specialty for the last 4 months, but there is a national shortage of skilled CYP OT, and vacancies exist across the service.</p> <p>To help manage the volume of referrals the service has developed a wide range of universal and targeted video and educational resources to support parents and CYP at this time. A CYP OT helpline was also launched in early Feb 2023 to enhance early access to advice and guidance and manage the waiting list.</p> <p>Work has commenced to re-design the pathways between CYP OT, CAMHS & Neurodevelopmental services.</p>						
11. Stop Smoking Service	Target 2022/23	2022/23 Q1	2022/23 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.</i>	902	82	304	é	ê	
<p>Narrative & Corrective Action</p> <p>The service has a robust recovery plan in place, focusing on the challenges in getting referrals back up across acute services and improved performance in pharmacy.</p> <p>For the 6-month period (April 2022 to September 2022):</p> <ul style="list-style-type: none"> • We achieved 67% of our overall target (304 quits against a target of 451). • Community achieved 83% against target • Pharmacies achieved 54% against target • Our three acute sites (combined) achieved 96% against target • Pregnancy achieved 115% against target (30 quits) • Mental Health achieved 59% against target (5 quits) • No Localities achieved 100% or above GREEN 						

- Localities achieving 82% to 99% AMBER = CamGlen, Motherwell
- Localities achieving below 82% RED = Airdrie, Coatbridge, North, Bellshill, Wishaw, East Kilbride, Clydesdale, Hamilton

Ratios of 12 week quit success by service area – the table below shows the ratios in quarters 1 to 2 of clients by service area who set a quit date and were not smoking after 12 weeks:

Service area	Ratio
Community	1 in 2
Mental Health	1 in 3
Acute	2 in 3
Pregnancy	1 in 3
Pharmacy	1 in 4

Some other points to note for quarter 1 to 2:

1. Our annual target hasn't changed for 2022/23 (902 quits).
2. There has been a 30% decrease in quit attempts in Quarter 1 to 2 2022/23 compared with the same period last year. The pharmacy decreased by 38% and specialist decreased by 7%.
3. Following on from the point above even though there has been an overall decrease in quit attempts we have seen a 21% increase in quit attempts from Acute compared to the same period last year.
4. The overall 12 week quit rate for Quarter 1 to 2 2022/23 was 34% (pharmacy 24% and specialist 53%) compared with 33% for the same period last year (pharmacy 28% and specialist 49%).

12. Sickness Absence	Target 2022/23	2022/23 Q2	2022/23 Q3	Performance Compared to Previous Quarter	Performance Compared to Same Quarter Previous Year	RAG Status
<i>Sickness Absence (NHSL, North)</i>		6.47%	8.31%	ê	ê	
<i>Sickness Absence (NLC) - days lost per person</i>	11.32	5.15	8.56	ê	é	

Narrative & Corrective Action

All long term and short term sickness absence continues to be managed in accordance with the relevant policies across NHSL and NLC. A number of resources are remain in place to support staff who are experiencing sickness absence, including spiritual care, salus helpline and psychological support services.

In NLC, monthly meetings are taking place between Senior Managers, Service Managers, and HR Business Partners where monthly absence performance is reviewed within the respective teams.