

**LANARKSHIRE NHS BOARD
INTEGRATED CORPORATE PERFORMANCE REPORT – PUBLISHED DATA AT Q2, 2018/19**

**SUBJECT: EXCEPTIONS REPORT:
Extract of Red and Amber KPIs taken from ICPR dashboard on 31st October 2018**

KPI	R/A	Performance	Date of data	Target	Lead	Explanation	Governance Committee
Person Centred:							
18 RTT CAMHS	R	78.3%	Jun 18	90%	R McGuffie	<p>The service has experienced a challenging increase in referrals particularly during the period covering Q4 17/18 and Q1 18/19. In addition, there has been a 65% increase in urgent service referrals which has further impacted on capacity to deliver the waiting time standard.</p> <p>Management plans are being implemented to bring performance levels back to target by February 2019. Remedial actions include proactive vacancy management, recruiting additional CAAP trainees, continued delivery of waiting time clinics, introduction of Psychology of Positive Parenting Programme (PoPP)</p>	North IJB

						and review of the neurodevelopmental pathway. (GC for RMcG)	
A&E number of attendances	R	17,902	Aug 18	17,477	H Knox	Separate detailed reports on Waiting Times are submitted to PPRC / Board in respect of these topics.	Acute DMT and OMC
TTG	R	70.7%	Jun 18	100%			
Advance booking P Care	R	59%	May 18	90%	V de Souza	The biennial survey for 2017/18 was published in May 2018. While previous performance was 69.3%, demand for services has been steadily increasing at the same time as GP numbers have been falling. In seeking to manage demand, more practices have introduced same day triage requiring patients to phone up on the day they want an appointment. While this approach offers same day appointments for patients, there is limited scope for advance booking. This has also most likely contributed in the improvement in the 48 hour access standard which has moved from 'amber' into 'green'. (CC for VdeS)	South IJB
Paediatric S<	R	80.72%	Jul 18	90%	R McGuffie	Demand for Children & Young People SLT services has been steadily increasing, with 2017/18 showing a 9% increase from the previous year and a 75% increase over the last five years. Recruitment	North IJB

					<p>challenges and maternity leave have also reduced service capacity. There has been a marginal improvement against the 90% target, this is as a result of increased staffing levels. The following actions are being undertaken to bring the service back in line with trajectory:</p> <ul style="list-style-type: none"> • Staff bank sessions have been utilised and additional hours offered to staff to support the shortfall; • Families are being offered the first available local appointment as well as earlier appointments in neighbouring Localities and staff have been rotating to support the Localities affected; • Newly recruited staff commenced across the service during August and September 2018; • DNA pilot in Coatbridge evaluation to be rolled out across all teams; and • A full trajectory for returning the service to the waiting times target is being developed via the Capacity Planning and 	
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						Waiting Times group. (GC for RMcG)		
MSK Physio		R	84.02	Jul 18	90%	V de Souza	A Physiotherapy MSK 'Deep Dive' has been commissioned and is underway to review service processes and pathways, ensuring the most efficient use of a limited resource. This should be completed January 2019 and recommendations shared with the aim of bringing waiting times and performance into target. (CC for VdeS)	South IJB
Detect Early	Cancer	R	24.9%	Dec 17	29%	G Docherty / H Knox	<p>We did not meet the target of 29.9% by the due date of December 2015 (25.5% achieved at that point, 24.9% at December 2017).</p> <p>While the target has made a very positive contribution in driving down the proportion of non-staged cancers locally and nationally, the target as it is currently worded is unhelpful due to the problems with identifying progress. Our local focus around DCE and increasing stage 1 disease is on increasing (informed) participation in all cancer screening programmes, although cervical cancers are not include in the national DCE</p>	Cancer Management Team and the DCE Steering Group within Acute Division.

						target. (GD)	
18 RTT Psychology	A	82.4%	Jun 18	90%	R McGuffie	<p>The Psychological Therapies service has been impacted on by significant levels of maternity leave (over 10% of the funded establishment) and difficulty in recruiting to key posts.</p> <p>A service plan has been created for 2018/19, outlining the key actions and trajectories for returning to target by November 2018. Key actions include the recruitment of two peripatetic workers to cover gaps in service, the change of key posts from temporary to permanent status and a change in vacancy management arrangements to ensure better use of resource. (GC for RMcG)</p>	North IJB
MSK OT	A	83.33%	Jul 18	90%	V de Souza	This service has a very small workforce thus recent sickness and maternity absence has had a significant impact on performance. Local data shows that performance returned to 100% in September 2018. (CC for VdS)	South IJB
12w Outpatients	A	80.22%	Jun 18	95%	H Knox	Separate detailed reports on Waiting Times are submitted to PP&RC / Board in respect of these topics.	Acute OMC and DMT
18 RTT Acute	A	89.8%	Jun 18	90%			
A&E 4 hours	A	93.2%	Aug 18	95%			

A&E 12 hour compliance	A	99.9%	Aug 18	100%			
A&E 8 hour compliance	A	99.5%	Aug 18	100%			
Safe:							
SABs rate	R	0.37	Jun 18	0.24	I Barkby	<p>Performance against this target is reported and managed bi-monthly at the following Governance Groups:</p> <ul style="list-style-type: none"> • NHSL Infection Control Committee; • HQAIC; • NHSL Board via HAIRT Report. <p>The IP&C Monthly Performance Report (to Board, to each Acute hospital site team, and to H&SCPs) details performance in relation to LDP HAI Standards and Alert Organisms. It provides early warning of areas that may merit attention, allowing prompt action to be taken. (IB)</p>	NHSL ICC HQAIC NHS Board
Staff flu – Nursing	A	33.5% (w/c 5 Nov)	Mar 19	50%	G Docherty	Well-publicised programme of clinics both planned and reactive, to allow maximum flexibility for staff to attend. Agreed key role for management to encourage staff to attend and to facilitate	Immunisation Group, Winter Planning Group, CMT, and HQAIC.
Staff flu – Overall	A	35.2% (w/c 5 Nov)	Mar 19	51%	G Docherty		

						<p>time to do this. Frequent feedback on uptake is provided to staff, CMT, managers and units to allow further targeted encouragement.</p> <p>Ultimately it is a matter of personal choice for each staff member, and NHS Lanarkshire's performance is broadly in line with national averages.</p> <p>Currently encountering vaccine supply issues (poised to switch vaccine type).</p> <p>Local targets were refreshed in 2018/19 to set realistic, but achievable, goals for each of the 6 staff groups. Mid-season figures (left) are hard to interpret.</p> <p>RAG tolerances are being updated each year based on previous year's out-turn and the 2018/19 campaign has been promoted vigorously. March 2019 out-turn figures will inform 2019/20 local targets. (GD)</p>		
Effective:								
Workforce	-	R	2.2%	Aug 18	1%	J White	All HR indicators are reported	Staff Governance

Mat/Pat leave						to and discussed at the HR Forum and the Staff Governance Committee. The sickness Action Plan continues to be implemented.	HR Forum
Workforce-vacancies	R	8.4%	Aug 18	6%			
Stroke – Bundle	A	71.8%	Jun 18	80%	J Burns	Swallow screen remains challenging across the three sites and work with A&E departments continues in order to reduce variation in month to month performance.	HQAIC
Antibiotic prescribing rate	A	1.94	Jun 18	1.63	J Burns	<p>NHS Lanarkshire failed to achieve the level three national antibiotic indicator for primary care in 2018. The indicator is based on volume reduction of antibiotic items prescribed (volume of antibiotic items/1000pts/day) against a nationally agreed set baseline (currently 1.63) and is assessed annually using PRISMS data from Quarter 4 (January-March) period.</p> <p>However, the latest data for Q1 (April – June) 2018 is the lowest Q1 rate for 5 years adding to the sustained reduction in volume NHSL has achieved over the last 5 years.</p> <p>AMT antibiotic initiatives with local prescribers and other key stakeholders to drive further improvement continue.</p>	<p>AMC and LICC</p> <p>Part of NHS Board HAIRT Report.</p>

						(SMcC for JB)	
Prescribing costs	A	17,417	Jun 18	16,741	J Burns	<p>Under the oversight of the Prescribing Quality and Efficiency Programme Board (PQEPB) a range of actions is being taken forward to reduce cost per patient prescribing (CPP) in primary care. These actions are linked to a similar programme in secondary care. Taken together, the efficiencies that have been identified to date have resulted in a downward trajectory in CPP in primary care, with a levelling out more recently. However, the gap between NHS Lanarkshire and Scotland continues to narrow.</p> <p>As efficiency within GP practices has been less than anticipated, additional practice based pharmacy support has been recruited.</p>	Prescribing Quality & Efficiency Programme Board, PP&RC
Workforce – total vacancies / absence	A	7.3%	Aug 18	6%	J White	All HR indicators are reported to and discussed at the HR Forum and the Staff Governance Committee. The sickness Action Plan continues to be implemented.	Staff Governance HR Forum
Workforce - Sickness	A	5.9%	Aug 18	4%			
Workforce – other leave	A	1.3%	Aug 18	1%			
Financial Breakeven	A	1,678	Jul 18	1,824	L Ace	Full finance reports are submitted to each PP&RC and Board meeting.	PP&RC Board

