
To: Renfrewshire Integration Joint Board

On: 25 November 2016

Report by: Chief Officer

Subject: Renfrewshire HSCP Performance Management Report 2016/17

1. Summary

- 1.1 The Integration Joint Board (IJB) assumed full responsibility for delegated services on 1 April 2016. A performance framework is required to ensure we operate with informed, effective and efficient management of services and to provide a coherent picture of the outcomes achieved by the Health and Social Care Partnership (HSCP).
- 1.2 It was agreed that an update on performance would be presented at all IJB meetings. This is the first performance report for the financial year 2016/17 and covers the period April to September. The performance dashboard showing progress against the nine National Outcomes is attached (Appendix 1) along with the full Scorecard updating all performance measures (Appendix 2) and two exception reports (Appendix 3).
- 1.3 While this report is for the period April to September 2016, data is not yet available for all performance measures to September 2016. Information provided in the report is the most up to date available at this point.
- 1.4 The report provides an update on indicators from the Performance Scorecard 2016/17. There are 88 performance indicators of which 54 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or above target.
- 1.5 The dashboard at Appendix one shows that currently 30% of our performance measures have red status, 18% amber status and 52% green status.
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2. Recommendation

- 2.1 It is recommended that the Integration Joint Board (IJB):
- Notes the mid-year update on 2016/17 performance in the Scorecard presented in Appendix 2 (performance to 30.09.16). It should be noted that the indicators in the scorecard are reported at a number of frequencies and that information may not always be available at the end of a reporting period. Data provided in this report is the most up to date information available.

3. Performance Reporting 2016/17

3.1 Background

The Scorecard is structured on the nine National Outcomes. It includes measures from the Core Indicators' set, incorporating some high level outcome indicators drawn from the annual Health and Care Experience Survey. Feedback from our performance reporting during 2015/16 has been taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures.

3.2 Amendments from 2015/16 to 2016/17 Performance Reporting

Two indicators reported in 2015/16 are no longer included in the 2016/17 performance report.

- The first is the total number of weeks of respite care provided for all client groups under National Outcome 6. The Scottish Government ceased to gather respite information in 2015/16 due to the challenges in terms of collation and identification of respite. There is ongoing work at a national level to consider how the data is collated and guidance is expected during 2018. HSCPs have now been given the opportunity to put in place more meaningful local measures in the interim period. Renfrewshire HSCP is currently undertaking a scoping exercise on its respite data and intends to have a local indicator in place for 2017/18.
- The second is the % of GPs in Renfrewshire participating in the Medicines' Management Local Enhanced Service, which finished in March 2016. GP Practices are now being asked to sign up to prescribing initiatives in three areas; respiratory, diabetes and a practice specific area. Currently 76% of Practices have opted in to all three.

The sickness absence rate for Adult Social Work staff in the HSCP will now be included in the performance report from 1st April 2016. The rate is expressed as a number of work days lost per full time equivalent and is included under National Outcome 8 in Appendix 2.

3.3 Performance Improvements

Good progress has been made in reducing the number of acute bed days lost to delayed discharges for Adults with Incapacity. Status on this target has changed from red to green.

There has also been an increase in the % of approved applications for medical adaptations completed during the year. As performance has increased to 99%, this measure has changed from red to amber status.

100% of Health Care Support Worker staff have completed mandatory induction within the set deadline therefore this indicator has changed from red to green status.

The alcohol and drugs waiting times target for referral to treatment (% seen within 3 weeks) has steadily increased from 89.3% at March 2013 to a high of 99.8% at December 2015. At June 2016, 98.6% of patients were seen within 3 weeks of referral to treatment; well above the 91.5% target. An exception report detailing actions to maintain performance with this indicator is included at Appendix 3.

3.4 Performance Challenges

As well as positive areas of performance, there are also a number of areas that are more challenging. These include the Primary Care Mental Health Team referral to first appointment waiting times and the 18-week waiting times target from assessment to appointment in the Speech and Language Therapy Community Paediatric Service.

The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks has reduced from 88% at March 2016 to 73% at September 2016. Two full time staff commenced on 10th October 2016, filling posts that were vacant for several months during recruitment. This should have a positive impact on the waiting times which are monitored and reviewed by the Team Leader on a regular basis.

There has been an increase in the number of children waiting more than 18 weeks for Paediatric Speech and Language Therapy assessment to appointment. At September 2016, there were 157 children waiting more than 18 weeks. There are currently staffing issues within the service around long term sick leave, maternity leave and two vacancies.

Referrals to the service have remained constant at around 15 per week. 70.9% of referrals progress beyond triage and assessment to at least one treatment/return episode. Discussion with the Professional Lead has commenced to develop more defined clinical pathways to allow greater predictability in the patient journey. This will be a longer term service development and will progress in line with the proposed capacity model of SLT across NHSGGC.

The exception report on Paediatric Speech and Language Therapy Waiting Times in Appendix 3 gives more detail on trends, actions to address performance and timeline for improvement.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and

human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.

If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publicised on the Council's website.

- 8. **Health & Safety** – None
 - 9. **Procurement** – None
 - 10. **Risk** – None
 - 11. **Privacy Impact** – None
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Authors:

- Clare Walker, Planning and Performance Manager
- Gayle Fitzpatrick, Service Planning and Policy Development Manager









DASHBOARD: summary of Red, Amber and Green Measures as at September 2016
















The summary chart shows 34 measures for information only; there are no specific targets for these measures.

Of the 54 measures that have performance targets, 52% show green (on or above target); 18% show amber (within 10% variance of target); and 30% show red (more than 10% variance of target).

National outcome	Red	Amber	Green	Data Only	Total	Movement
National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer	0	3	4	1	8	No change
National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	3	1	7	8	19	One to to One to to Two to to
National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected	1	2	4	5	12	No change
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	5	3	6	2	16	One to to Two to to
National Outcome 5. Health and social care services contribute to reducing health inequalities	2	0	2	4	8	No change
National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being	1	0	0	3	4	No change
National Outcome 7. People who use health and social care services are safe from harm	0	0	2	2	4	No change
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do	4	1	1	3	9	One to to One to to One to to
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	0	0	2	6	8	No change
Total:	16	10	28	34	88	
Percentage %:	30%	18%	52%	-	100%	

Renfrewshire Integration Joint Board Scorecard 2016/17

PI Status		Direction of Travel	
	Alert		Improvement
	Warning		Deterioration
	OK		Same as previous reporting period
	Unknown		
	Data Only		

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer						
PI code & name	Latest 2016/17 Value	2015/16 Value	2014/15 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/01	Percentage of adults able to look after their health very well or quite well	94%	93%	94%	-	
Local Indicators						
HSCP/HI/AD/02	Reduce smoking in pregnancy	13.6%	15.5%	13.6%		
HSCP/HI/ANT/01	Breastfeeding exclusive for 6-8 weeks	21.8%	20.8%	21.8%		
HSCP/HI/LS/01	Increase in the number of people who assessed their health as good or very good	77%	Not measured for Quarters	80%		
HSCP/HI/LS/02	Increase the percentage of people participating in 30 mins of moderate physical activity 5 or more times a week	53%	Not measured for Quarters	32%		
HSCP/HI/LS/03	Reduce the percentage of adults who smoke	19%	Not measured for Quarters	23%		
HSCP/HI/LS/04	Reduce the percentage of adults that are overweight or obese	49%	Not measured for Quarters	55%		
HSCP/HI/MH/01	Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	53.4	Not measured for Quarters	57		

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National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.									
PI code & name	2014/15		2015/16		Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value	Value	Value			
National Indicators									
HSCP/CI/HCES/02	Percentage of adults supported at home who agree that they are supported to live as independently as possible	82%	81%	Not measured for Quarters	-	-	-	-	
HSCP/CI/HCES/19	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population	-	-	Not measured for Quarters	-	-	-	-	
Local Indicators									
CHP/CF/DD/01	Number of acute bed days lost to delayed discharges (inc AWI)	5,325	3,633	934	8,100				
CHP/CF/DD/02	Number of acute bed days lost to delayed discharges for Adults with Incapacity.	4,301	2,624	404	1,068				
HPBS14b1	Number of PSHG awarded to disabled tenants to adapt private homes	109	Data available Dec 2016	Not measured for Quarters	-		-		
HPCHARTER22	Percentage of approved applications for medical adaptations completed during the year	87.8%	96%	Not measured for Quarters	99%				
HPCHARTER23	The average time (in days) to complete medical adaptation applications	64	44	Not measured for Quarters	-		-		
HSCP/AS/ACP/02	Number of adults with an Anticipatory Care Plan	649	977	131	440				
HSCP/AS/DD/02	The number of delayed discharges over 2 weeks	0	0	0	0				
HSCP/AS/DEM/01	Number of patients registered with dementia	-	1,431	1,431	1,384				
HSCP/AS/DEM/02	People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support (female & male)	-	100%	100%	100%				
HSCP/AS/HC/01.1	Percentage of clients accessing out of hours home care services (65+)	86%	87%	89%	85%				
HSCP/AS/HC/02	Percentage of long term care clients receiving intensive home care (National Target: 30%)	28%	31%	30%	30%				

Renfrewshire Integration Joint Board Scorecard 2016/17

PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65 +	499	501	Not measured for Quarters	-	-	-	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	99%	98%	99%	-	-	-	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight	59%	64%	66%	-	-	-	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	21.37	20.71	Not measured for Quarters	-	-	-	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks (Social Work only)	13%	20%	36%	70%	70%	←	
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	387	297	388	350	350	→	











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National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.									
PI code & name	2014/15		2015/16		Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value	Value	Value			
National Indicators									
HSCP/CI/HCES/04 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	75%		76.6%		Not measured for Quarters		-	-	
HSCP/CI/HCES/05 Percentage of adults receiving any care or support who rate it as excellent or good	83%		Not measured for Quarters		Not measured for Quarters		-	-	
Local Indicators									
HSCP/AS/AE/01 A&E waits less than 4 hours	91.9%		88.6%		91.2%		95%		
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+).	46%		42.8%		42.9%		48.2%		
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+)	44.6%		43.0%		43.4%		45%		
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	100%		100%		100%		100%		
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-		161		62		-	-	
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	88% of Audit of 70		Not measured for Quarters		81% of Audit of 159		-	-	
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	-		1		13		-	-	
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	-		88%		73%		100%		
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	-		98%		96%		100%		
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	99.4%		99.8%		98.7%		90%		

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National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/07 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	82%	79.9%	Not measured for Quarters		-	-	
Local Indicators							
HSCP/AS/ANT/04 At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	89.2%	88.3%	87.9%	80%			
HSCP/AS/HA/03 Emergency admissions from care homes	508	477	117	480			
HSCP/AS/HA/04 Emergency bed days rate 65+	305	302	121	-		-	
HSCP/HI/ADS/01 Alcohol brief interventions	1,067	1,036	245	1,116			
HSCP/HI/ADS/06 Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	2.41%	Not measured for Quarters	Not measured for Quarters	1.86%			
HSCP/HI/ADS/07 Drug related hospital stays rate per 100,000	153.4	153.5	Not measured for Quarters	135			
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	98.5%	99.6%	98.6%	91.5%			
HSCP/HI/ANT/03 Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	4.5%	3.9%	Not measured for Quarters	5%			
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 1,000 population	10.1	9.5	9.3	8.9			
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.7%	6.8%	6.9%	6%			






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PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
HSCP/CS/AX/01 Uptake rate of 30-month assessment	87.7%	83%	76%		80%		
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	100%	100%	100%		100%		
HSCP/CS/SPL/02 Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment	12	82	157		0		
HSCP/HI/GP/01 Number of patients accessing GP services within 48 hours/advance booking	94%	Not measured for Quarters	Not measured for Quarters		95%		
HSCP/HI/GP/01 Percentage of patients able to book an appointment with a GP in advance	90.3%	Not measured for Quarters	Not measured for Quarters		90%		





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National Outcome 5. Health and social care services contribute to reducing health inequalities.							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/11 Premature mortality rate.	449.0	463.1	Not measured for Quarters		-	-	
Local Indicators							
HSCP/HI/AD/01 Smoking cessation - non smokers at the 3 month follow up in the 40% most deprived areas	170	254	-	-	171		
HSCP/HI/AD/03 Smoking in pregnancy (SIMD)	24.9%	23.9%	-	-	20%		
HSCP/HI/ANT/04 Breastfeeding at 6-8 weeks in most deprived areas	14.6%	12.0%	-	-	19.9%		
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services (bi annual-Sep & Mar)	-	1,997	397	-	-	-	
HSCP/HI/EOIA/03 Number of quality assured EQIAs carried out	-	1	2	-	-	-	
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	-	63	0	-	-	-	
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy (years) in the communities of Renfrewshire (Bishopton and Ferguslie).	14.8	Not measured for Quarters	Not measured for Quarters	Not measured for Quarters	15.3		

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National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.								
PI code & name	2014/15		2015/16		Latest 2016/17	Target	Direction of Travel	Status
	Value	Value	Value	Value				
National Indicators								
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role (National Survey)	42%	39%	Not measured for Quarters		-	-		
Local Indicators								
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	147	80	32	200				
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	81	56	22	-	-			
HSCP/AS/CO/01 Number of carers reporting that they feel supported in their caring role (Local Survey)	83.0%	79.0%	89.7%	-	-			

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National Outcome 7. People who use health and social care services are safe from harm.									
PI code & name	2014/15		2015/16		Latest 2016/17		Target	Direction of Travel	Status
	Value		Value		Value				
National Indicators									
HSCP/C1/HCES/09 Percentage of adults supported at home who agree they felt safe.	80%		84.1%		Not measured for Quarters		-	-	
HSCP/C1/SR/24 Suicide rate	24		21		Not measured for Quarters		-	-	
Local Indicators									
SOA13SW.06 Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	11.4%		6.4%		Not measured for Quarters		12%	↑	
SOA13SW.08 Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	2.7%		2%		Not measured for Quarters		6%	↑	

Renfrewshire Integration Joint Board Scorecard 2016/17

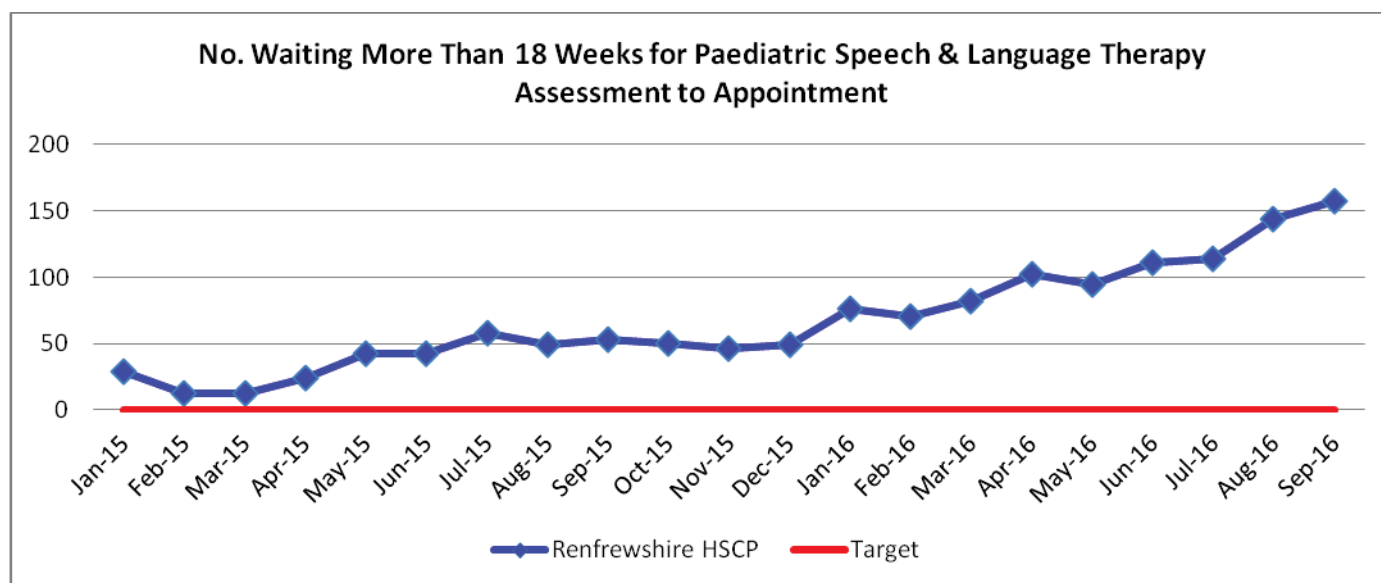
National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.							
PI code & name	2014/15	2015/16	Latest 2016/17		Target	Direction of Travel	Status
	Value	Value	Value	Value			
National Indicators							
HSCP/CI/HCES/10 Percentage of staff who say they would recommend their workplace as a good place to work.	80%	Not measured for Quarters	Not measured for Quarters	-	-	-	
Local Indicators							
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	1	1	Not measured for Quarters	-	-	-	
SWPERSOD07b No. of SW employees, in the MTIPD process, with a completed IDP	599	609	Not measured for Quarters	-	-	-	
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	-	61.2%	67.42%	80%	-		
HSCP/CS/H&S/02 Health sickness absence rate	6%	7%	5.06%	4%	↑		
HSCP/AS/SW/01 Absence and sickness rates for Social Work Adult Services Staff (work days lost per FTE)	-	3.68 days	4.29 days	2.36 days	↓		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	100%	33%	100%	100%	↑		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	67%	33%	75%	100%	↑		
HSCP/CORP/CMP/01 % of complaints within health responded to within 20 days	100%	100%	93%	100%	↓		

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National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.									
PI code & name	2014/15		2015/16		Latest 2016/17		Target	Direction of Travel	Status
	Value		Value		Value				
National Indicators									
HSCP/CI/HCES/14 Readmission to hospital within 28 days (65+)	2,432		2,449		Not measured for Quarters		-	-	
HSCP/CI/HCES/20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	-		Not measured for Quarters		Not measured for Quarters		-	-	
Local Indicators									
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£14.95		Data due from ISD late 2016		Not measured for Quarters		-	-	
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	1.86%		Data due from ISD late 2016		Not measured for Quarters		-	-	
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	£389		Data due from ISD late 2016		Not measured for Quarters		-	-	
HSCP/AC/PHA/01 Prescribing variance from budget	-		1.07% over budget		Not measured for Quarters		-	-	
HSCP/AC/PHA/02 Formulary compliance	-		79.1%		78.8%		78%	-	
HSCP/AC/PHA/03 Prescribing cost per weighted patient	-		£14.55		£15.64		£15.65		

Exceptions Report: Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment

Measure	Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment.
Current Performance	As at September 2016, 157 children were waiting more than 18 weeks for a paediatric Speech & Language appointment following assessment.
Lead	Mandy Ferguson, Head of Health & Social Care (West Renfrewshire)



Commentary

As at September 2016, there were 157 children waiting more than 18 weeks for an appointment following assessment, a 37.5% increase since July 2016. The current waiting standard is 18 weeks and the longest wait at September 2016 was 40 weeks. Current status remains red.

A comparison of data from September 2015 to September 2016 shows a steady increase from 53 children waiting at July 2015 to 157 at July 2016. Referrals to the service fluctuate from month to month and although the average is approximately 54 per month, some months referrals increase to between 70 and 80.

Resources

The team WTE (whole time equivalent) has decreased since April 2013 from 19.63 to 14.78 WTE (excluding admin). This reduction was due to historical underfunding of posts and the impact of the NHSGGC SLT review of 2011-2012 resulting in a subsequent realignment of SLT workforce resource allocation. Fixed term posts have not been renewed to bring the staffing resource within allocated service budget.

As of 25/10/16 there are three maternity leaves within the team and two new vacancies commencing - one held at redeployment and one fixed term post (preferred candidate identified). The impact of these vacancies on waiting times is significant as 'open' cases require reallocation before waiting list allocations as a clinical duty of care has been initiated.

There are currently 71 open cases to be reallocated, a reduction of 54 from the previous report.

Demand

Referrals to the service have remained relatively constant at around 15 referrals per week.

70.9% of referrals progress beyond triage and assessment to at least one treatment/return episode. GGC-wide EMIS data analysis suggests that a range of between 1 and 54 return appointments may be delivered to individual children depending on their clinical profile.

A review of data available is underway to allow for comparison with other areas and understand any changes in demand.

Actions to Improve Performance

Sickness Absence:

Staff member completing a phased return has returned to clinical casework.

Maternity Leaves:

Fixed term cover was agreed and a preferred candidate appointed before two maternity leaves were due to commence. The candidate required 3 months' notice and will start in November 2016.

Fixed term cover for the remaining maternity leave has been appointed to a permanent post and is due to leave. A 6-month fixed term post has now been agreed. No start date confirmed as yet.

Extra Sessions

Additional clinical sessions provided over contractual hours by SLT manager and staff employed elsewhere within NHSGGC.

Vacancies

Vacancies are being progressed by the Recruitment Department.

Clinical Pathways

Discussion with Professional Lead has commenced to develop more defined clinical pathways to allow greater predictability in patient journey. This will be a longer term service development and will progress in line with the proposed capacity model of SLT across NHSGGC.

Caseload Review

Team caseloads are high. SLT Professional Lead has advocated a notional caseload for NHSGGC that will be a significant challenge for Renfrewshire.

The Governance Strategy specifies a maximum caseload per registered practitioner of 30, with an upper tolerance of 35. Current average caseload per WTE in Renfrewshire is 42. The requirement to reduce caseloads is further impacting on the allocation of current open cases and assessments from the waiting list.

SLT Manager and Team Leads reviewed all open cases to ensure care continues to be effective, appropriate to need and that staff are supported to deliver this. Staff have been involved in discussions ensuring parents and carers are supported to manage care, universal supports are signposted when required, 'dosage' decisions are evidence based and care is impact driven.

Timeline For Improvement

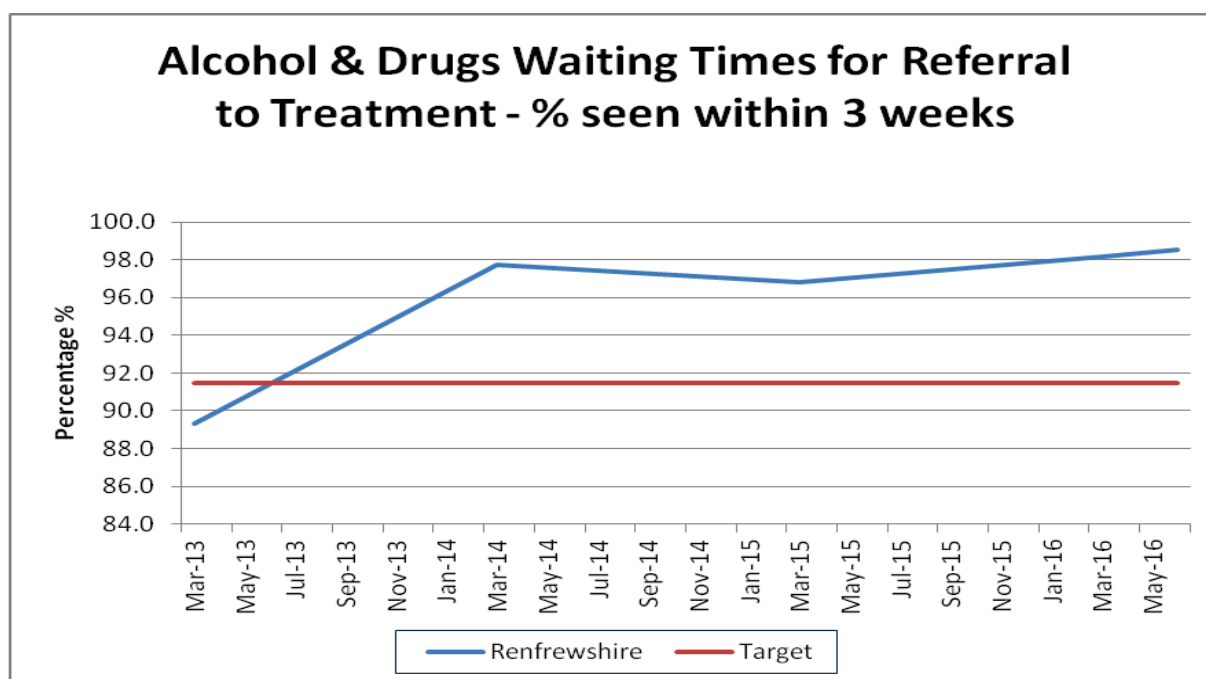
Due to the number of open cases requiring allocation, it is anticipated that waiting times will not improve in the short term.

An overall improvement in staffing is expected from September to December 2016, when new assessments can be allocated without increasing caseloads, workloads and compromising clinical efficacy and safety.

The impact of the Governance Strategy on caseload numbers will be monitored and guidance sought from professional lead on likely impact within Renfrewshire.

**Exceptions Report: Alcohol and drugs waiting times for referral to treatment.
% seen within 3 weeks**

Measure	Alcohol and drugs waiting times for referral to treatment. Percentage seen within 3 weeks
Current Performance	At June 2016, 98.6% of patients were being seen within 3 weeks of referral to treatment.
Lead	Katrina Phillips, Head of Mental Health, Addiction and Learning Disability Services



Commentary

Performance has seen a steady increase from 89.3% at March 2013 (amber status) to a high of 99.8% at December 2015.

At 98.6%, current performance remains green and although it has dropped slightly from the December figure of 99.8%, remains significantly higher than the 91.5% target.

Actions to Maintain Performance

The shift to providing recovery based services in Renfrewshire is continuing to have a positive impact on waiting times.

To maintain performance, drug and alcohol services will continue to deliver a number of initiatives which are aligned to the Quality Principles and are recovery and outcome focused.

These include completing outreach assessments for individuals who are vulnerable or have physical health needs that would prevent them from attending services as well as offering flexible appointments to individuals who require access to services in the evenings and at weekends.

Appendix 3

The provision of the Intake Team will also continue to prioritise new referrals where a full assessment will be carried out and treatment offered based on specific needs.

The ADP will continue to monitor waiting times on a quarterly basis, and offer training to maintain performance as required.