To: **Renfrewshire Integration Joint Board**

On: **24 June 2016**

Report by: **Chief Officer**

Subject: **Renfrewshire HSCP Performance Management Report 2015/16**

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 As reported to the previous IJB meeting, the Integration Scheme requires that existing measures and targets from the service plans of the parent organisations are drawn together in preparation for the development of a Performance Framework as outlined above. These include national measures such as the NHS HEAT (Health Improvement, Efficiency, Access and Treatment) targets and agreed Community Planning targets.

1.3 This report provides a final update on performance agreed at the Integration Joint Board on 18 September 2015. A summary of performance progress against the nine National Outcomes is included as Appendix 1. A quarter four update on the agreed performance Scorecard for 2015/16 is also included (Appendix 2). Taking into account feedback from IJB members at the 18 March meeting, performance Exception Reports are also included for all indicators that show red status at that time (Appendix 3).

1.4 This report also provides a proposed Performance Management Framework for 2016/17.

1.5 The Scottish Government guidance for Performance Management 2016/17 was published in April 2016. Following this, further development work has been undertaken with IJB members and HSCP senior managers to discuss and agree the mechanism for reviewing the HSCP's Performance Management Framework for 2016/17. A development session with the IJB was held on 12 May 2016. This provided an opportunity for IJB members to discuss and agree options for the 2016/17 Performance Management Framework to ensure it meets the needs of the Integration Joint Board.

2. Recommendations

2.1 The Board notes the quarter four update on the 2015/16 performance Scorecard presented in Appendix 2 (performance to 31.03.16). 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. Updates include all information available at that point.

2.2 The Board notes the 2016/17 Performance Management Framework as outlined in this report. This is informed by Scottish Government guidance published in March 2016 and the views of IJB members and HSCP managers from the development session on 12th May 2016.

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3. Performance Reporting 2015/16

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 Performance Improvements

Good progress has been made in the Care at Home Service during 2015/16. For the first time we have met the national target of 30% of long term care clients receiving intensive home care (10 hours plus). Care at Home services have focused on reviewing care packages to ensure the most vulnerable clients receive the appropriate level of service and care.

The average number of clients on the Occupational Therapy waiting list is 297 against a target of 350. This indicator has changed from amber to green status.

Good progress continues in smoking cessation services with 170 non smokers at the 3-month follow up in the 40% most deprived areas at December 2015. This is 32% above the target of 129.

At March 2016 there are no delayed discharges over 14 days and 99.6% of people were seen within three weeks from referral to treatment for alcohol and drug services.

385 Alcohol Brief Interventions (ABIs) were carried out in quarter 4 (January - March 2016). This was a substantial increase from previous quarters: Q1: 193; Q2: 223; Q3: 235. While we have not met the annual target of 1,116 ABIs, our performance in quarter 4 has changed the indicator status from red to amber.

3.3 **Performance Concerns**

As well as positive areas of performance, there are also a number of challenging areas, including sickness absence; and the 18-week waiting times target from assessment to appointment in the Speech and Language Therapy Community Paediatric Service. The Exception Reports give more detail on trends, actions to address performance and timeline for improvement where appropriate.

The sickness absence rate for health staff in the HSCP has increased to 7% at March 2016. The rate in Renfrewshire is above the NHSGGC average of 6.2%. Sickness absence will also be reported for Social Work staff in the 2016/17 performance reporting.

There was an increase in the number of referrals in February and March 2016 to the Speech and Language Service. In 2015/16 the monthly average for referrals was 56; this increased to 73 in February and 69 in March 2016. The impact of this as well as current staffing issues around long term sick leave, shows 82 people waited longer than the 18-week target from assessment to appointment in March 2016.

The exclusive breastfeeding rate at 6-8 weeks has dropped slightly to 20.8%. As performance is now below the 21.4% target, this indicator has changed from green to amber status.

The percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks has reduced from 97% in December 2015 to 88% at March 2016. This indicator has changed from amber to red status. We experienced high levels of long term sickness absence and were recruiting to vacancies during this period, which as well as a significant increase in referrals, impacted on our performance. We have implemented a weekly monitoring report to ensure we identify any challenges as soon as possible.

The percentage of Health Care Support Worker staff with mandatory induction completed within the deadline reduced from 100% at November 2015 to 50% at February 2016. This indicator has changed from green to red status. We work closely with colleagues in Learning and Education and Service Managers to improve performance against this indicator.

The indicator related to the number of carers' assessments completed by the service remains an area of concern. Although the number of completed assessments has risen by 15% between the 5-year period 2011/12 to 2015/16, the target has not been reached. The views and needs of carers are captured in the Standardised Shareable Assessment (SSA) and the Care Plan for the person they care for. Although carers are offered the assessment they often believe their needs are addressed via the SSA and decline a Carer's Assessment. We continue to work with partner agencies to publicise and increase the uptake of carers' assessments.

Further details are contained within the attached Scorecard (Appendix 2) and Exception Reports (Appendix 3).

4. Performance Reporting 2016/17

4.1 The Scottish Government published, 'Guidance for Performance Reporting' for HSCPs in April 2016. The guidance did not prescribe a set approach for ongoing performance management for Boards. It did give clear guidance about the production of Annual Performance Reports. The guidance highlighted that the performance of each HSCP would be judged against the 23 national core integration indicators by way of a benchmark for ministers. The guidance also indicated that performance and finances would require to be reported at locality level. The HSCP 2016/17 Annual Performance Report is due in July 2017.

4.2 The 2015/16 IJB Scorecard for Renfrewshire HSCP is structured on the nine National Outcomes and provides the basis for the development of the 2016/17 Performance Management Framework. The 2016/17 HSCP Performance Management Framework will include the 23 national core integration indicators, many of which nationally are still under development.

4.3 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 in 2016/17. Development work on the HSCP 2016/17 Performance Management Framework has been led by the Outcomes and Performance Management Integration Workstream and various stakeholders have been involved in the development of the performance framework over the last year. Reporting on a locality basis, informed by the emerging GP cluster work, is currently being developed. Following the signing of Information Sharing Protocols (ISPs), the process of joining health and social care data is taking place to produce joint performance indicators.

4.4 A development session was held with IJB members on 12 May 2016 to discuss the mechanism, format and frequency for reviewing the HSCP's Performance Management Framework for 2016/17. Current performance reporting arrangements and an overview of the various options around frequency and format of how future performance reporting was discussed. It is proposed that:

- A full performance report will be presented twice a year. The report will comprise a covering paper, a summary dashboard, a full score card and a number of exception reports;
- Exception reporting will complement the scorecard and will focus on both negative and positive performance indicators;
- In the twice yearly full report, an update will be provided on the performance of commissioned services;
- Additional exception reports will be taken to other IJB meetings to ensure that all significant areas are discussed over the year.

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 publised on the Council's website.

8. **Health & Safety –** None

9. **Procurement –** None

10. **Risk –** None

11. **Privacy Impact –** None

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DASHBOARD: summary of Red, Amber and Green Measures

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

Of the 55 measures that have performance targets, 60% show green (on or above target); 16% show amber (within 10% variance of target); and 24% 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	One to
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	0	8	8	19	One to One 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	One to
National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users	3	4	7	2	16	One 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	1	3	5	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	3	0	2	3	8	One to
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste	0	0	3	6	9	No change
Total:	**13**	**9**	**33**	**34**	**89**	
Percentage %:	**24%**	**16%**	**60%**	**-**	**100%**	

Renfrewshire Integration Joint Board Scorecard 2015/16

Appendix 2

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Direction of Travel	
	Improvement
	Deterioration
	Same as previous reporting period

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	2013/14 Value	2014/15 Value	Latest 2015/16 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%	-	Not measured for Quarters	-	-	
Local Indicators						
HSCP/HI/AD/02 Reduce smoking in pregnancy	14.3%	13.6%	15.5%	20%		
HSCP/HI/ANT/01 Breastfeeding exclusive for 6-8 weeks	19.3%	21.8%	20.8 %	21.4%		
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)	55.1	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	2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
	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	80%	-	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)	5,835	5,325	3,633	8,100		
CHP/CF/DD/02 Number of acute bed days lost to delayed discharges for Adults with Incapacity.	2,288	4,301	2,624	1,068		
HPBS14b1 Number of PSHG awarded to disabled tenants to adapt private homes	123	109	Not measured for Quarters	-	-	
HPCHARTER22 Percentage of approved applications for medical adaptations completed during the year	98.6%	87.8%	Not measured for Quarters	99%		
HPCHARTER23 The average time (in days) to complete medical adaptation applications	60.6	64	Not measured for Quarters	-	-	
HSCP/AS/ACP/02 Number of adults with an Anticipatory Care Plan	-	649	977	440		
HSCP/AS/DD/02 The number of delayed discharges over 2 weeks	-	0	0	0		
HSCP/AS/DEM/01 Number of patients registered with dementia	-	-	1,448	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%		
HSCP/AS/HC/01.1 Percentage of clients accessing out of hours home care services (65+)	84%	86%	87%	85%		
HSCP/AS/HC/02 Percentage of long term care clients receiving intensive home care (National Target – 30%)	27%	28%	31%	30%		

Renfrewshire Integration Joint Board Scorecard 2015/16

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PI code & name	2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/AS/HC/07 Total number of homecare hours provided as a rate per 1,000 population aged 65+	447	499	501	-	-	
HSCP/AS/HC/09 Percentage of homecare clients aged 65+ receiving personal care	99%	99%	98%	-	-	
HSCP/AS/HC/11 Percentage of homecare clients aged 65+ receiving a service during evening/overnight	55%	59%	64%	-	-	
HSCP/AS/HC/16 Total number of clients receiving telecare (75+) per 1,000 population	17.17	21.37	20.71	-	-	
HSCP/AS/OT/01 Percentage of clients on the OT waiting list allocated a worker within 4 weeks (Social Work only)	25%	13%	20%	70%		
HSCP/AS/OT/04 The average number of clients on the Occupational Therapy waiting list	351	387	297	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	2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
	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%	-	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	-	-	
Local Indicators						
HSCP/AS/AE/01 A&E waits less than 4 hours	82%	91.9%	88.6%	95%		
HSCP/AS/MORT/01 Percentage of deaths in acute hospitals (65+).	43.3%	46%	42.8%	48.2%		
HSCP/AS/MORT/02a Percentage of deaths in acute hospitals (75+) SIMD 1	41.6%	44.6%	43.0%	45%		
HSCP/CS/MH/01 Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	-	100%	100%	100%		
HSCP/EQ/EDT/02 Number of staff trained in Equality and Diversity Training	-	-	161	-	-	
HSCP/HI/SI/01 Number of routine sensitive inquiries carried out	-	88% of Audit of 70	Not measured for Quarters	-	-	
HSCP/HI/SI/02 Number of referrals made as a result of the routine sensitive inquiry being carried out	-	1	Not measured for Quarters	-	-	
HSCP/MH/PCMHT/03 Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks	-	-	88%	100%		
HSCP/MH/PCMHT/04 Percentage of patients referred to first treatment appointment offered within 9 weeks	-	-	98%	100%		
HSCP/MH/PT/01 Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	93.7%	99.4%	99.8%	90%		

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Appendix 2

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	2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
	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%	-	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	79.3%	89.2%	Dec 15: 88.3%	80%		
HSCP/AS/HA/03 Emergency admissions from care homes	539	508	477	480		
HSCP/AS/HA/04 Emergency bed days rate 65+	290	305	302	-	-	
HSCP/HI/ADS/01 Alcohol brief interventions	1,325	1,067	1,037	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	1.86		
HSCP/HI/ADS/07 Drug related hospital discharge rate per 100,000	-	140.9	Not measured for Quarters	130		
HSCP/HI/ADS/08 Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks	97.3%	98.5%	99.6%	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	-	Not measured for Quarters	5%		
SOA13CHP.04 Reduction in the rate of alcohol related hospital admissions per 100,000 population	10.5	10.1	9.5	8.9		
SOA13CHP.11 Reduce the percentage of babies with a low birth weight (<2500g)	6.9%	6.7%	6.8%	6%		

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PI code & name	2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
HSCP/CS/AX/01 Uptake rate of 30-month assessment	-	87.7%	83%	80%		
HSCP/CS/SPL/01 Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks	-	-	100%	100%		
HSCP/CS/SPL/02 Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment	4	12	82	0		
HSCP/HI/GP/01 Number of patients accessing GP services within 48 hours/advance booking	-	94%	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	90%		

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National Outcome 5. Health and social care services contribute to reducing health inequalities.						
PI code & name	2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/11 Premature mortality rate.	449.1	-	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	129		
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	14.2%	14.6%	12.0%	19.9%		
HSCP/HI/EQ/FI/04 Number of referrals to Financial Inclusion and Employability Services	-	-	1,997	-	-	
HSCP/HI/EQIA/03 Number of quality assured EQIAs carried out	-	-	1	-	-	
HSCP/HI/GBV/01 Number of staff trained in Gender Based Violence	-	-	63	-	-	
HSCP/HI/LE/01 Reduce the gap between minimum and maximum life expectancy (years) in the communities of Renfrewshire (Bishopton and Ferguslie).	16.4	14.8	Not measured for Quarters	15.3		

Renfrewshire Integration Joint Board Scorecard 2015/16

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	2013/14 Value	2014/15 Value	Latest 2015/16 Value	Target	Direction of Travel	Status
National Indicators						
HSCP/CI/HCES/08 Percentage of carers who feel supported to continue in their caring role (National Survey)	42%	-	Not measured for Quarters	-	-	
Local Indicators						
HSCP/AS/AS/19 Number of carers' assessments completed for adults (18+)	155	147	80	185		
HSCP/AS/AS/20 Number of carers' self assessments received for adults (18+)	104	81	56	-	-	
HSCP/AS/CO/01 Number of carers reporting that they feel supported in their caring role (Local Survey)	85.6%	83.0%	79.0%	-	-	
HSCP/AS/RC/18 Total number of weeks of respite care provided (all clients groups)	3,517	4,233.4	Not measured for Quarters	4,150		

Renfrewshire Integration Joint Board Scorecard 2015/16

National Outcome 7. People who use health and social care services are safe from harm.						
PI code & name	2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/09 Percentage of adults supported at home who agree they felt safe.	80%	-	Not measured for Quarters	-	-	
HSCP/CI/SR/24 Suicide rate	24	-	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	9.4%	11.4%	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	4.1%	2.7%	2%	6%		

Renfrewshire Integration Joint Board Scorecard 2015/16

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	2013/14 Value	2014/15 Value	Latest 2015/16 Value	Target	Direction of Travel	Status
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	-	-	
Local Indicators						
RSW/H&S/01 No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	3	1	1	-	-	
SWPERSOD07b No. of SW employees, in the MTIPD process, with a completed IDP	579	599	609	-	-	
HSCP/CS/H&S/01 % of health staff with completed eKSF/PDP	-	-	61.2%	80%		
HSCP/CS/H&S/02 Health sickness absence rate	-	-	7%	4%		
HSCP/CS/H&S/03 % of Health Care Support Worker staff with mandatory induction completed within the deadline	-	-	50%	100%		
HSCP/CS/H&S/04 % of Health Care Support Worker staff with standard induction completed within the deadline	-	-	100%	100%		
HSCP/CORP/CMP/01 % of complaints within health responded to within 20 days	-	-	100%	100%		

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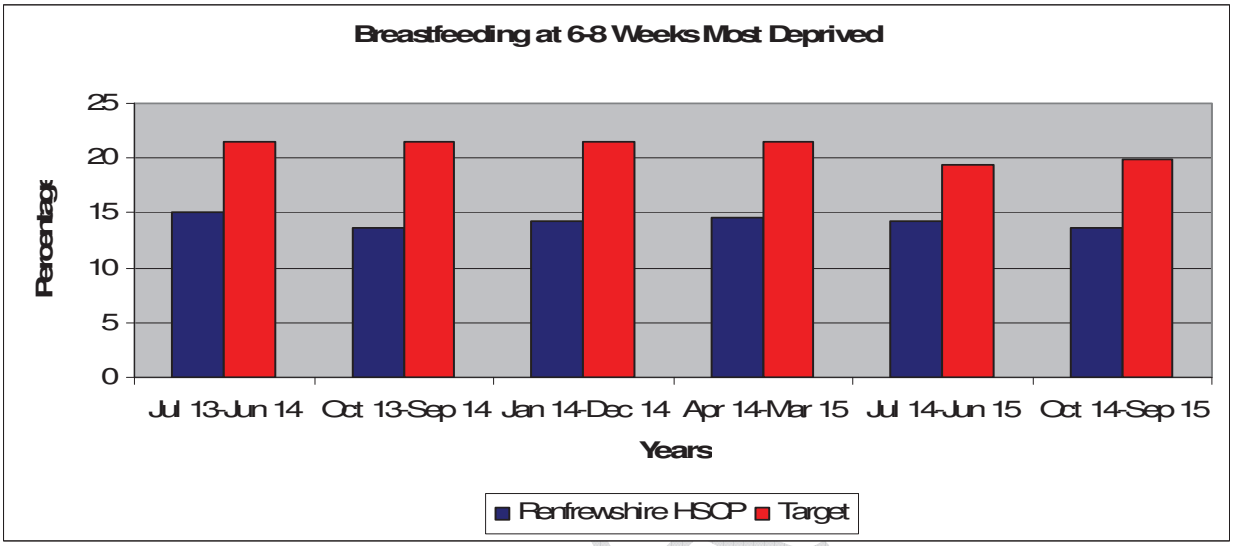
National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.						
PI code & name	2013/14	2014/15	Latest 2015/16	Target	Direction of Travel	Status
	Value	Value	Value			
National Indicators						
HSCP/CI/HCES/14 Readmission to hospital within 28 days.	-	-	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	-	-	
Local Indicators						
RSW/ILGB/SW1 Care at home costs per hour (65 and over)	£16.81	-	Not measured for Quarters	-	-	
RSW/ILGB/SW2 Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	1.3%	-	Not measured for Quarters	-	-	
RSW/ILGB/SW3 Net Residential Costs Per Week for Older Persons (over 65)	381.9	-	Not measured for Quarters	-	-	
HSCP/GP/MM/01 % of GPs participating in Medicines Management LES	-	-	100%	100%		
HSCP/AC/PHA/01 Prescribing variance from budget	-	-	1.07% over budget	-		
HSCP/AC/PHA/02 Formulary compliance	-	-	79.1%	78%		
HSCP/AC/PHA/03 Prescribing cost per weighted patient	-	-	£14.55	£15.65		

Appendix 3

Exceptions Report: Breastfeeding at 6-8 weeks in most deprived areas - Outcome 1

Measure	Breastfeeding at 6-8 weeks in most deprived areas.
Current Performance	As at September 2015, 13.6% of women in the 15% most deprived datazones exclusively breastfed their babies at 6-8 weeks against an annual target of 19.9%.
Lead	Fiona Mackay, Head of Strategic Planning and Health Improvement & Mandy Ferguson, Head of Health & Social Care Services West Renfrewshire



Commentary

As at September 2015, Renfrewshire data showed that 13.6% of women in the 15% most deprived datazones exclusively breast fed their babies at 6-8 weeks. This figure is 6.3% below the annual target of 19.9% and a further drop of 0.6% from the June 2015 figure of 14.2%. This further deterioration in performance means our current status remains red.

The percentage was the same at September 2014, although it did increase to 14.6% for the period April 2014-March 2015.

Renfrewshire's status has consistently shown red since July 2013 and this particular target remains challenging.

Actions to Address Performance

Infant Feeding Support Workers
Two Infant Feeding Support Workers take self-referrals as well as referrals from Midwives and Health Visitors across Renfrewshire. From March 2015- March 2016 688 referrals were received, of which 438 received a home visit, 81 could not be contacted and 168 declined a visit. The Infant Feeding Support Worker provides additional support with infant feeding in the form of home visits and telephone contacts.

UNICEF Baby Friendly Audit
Preparations are underway for the UNICEF Baby Friendly Audit in October 2016,

including staff training on the updated UNICEF standards. All health board premises will be inspected to ensure they are WHO Code compliant, which aims to support and protect breastfeeding in our community.

Breastfeeding Support
A weekly breastfeeding support group run by Children's Services staff, has been established in Northcroft Health Centre, Paisley. Additional support groups are run by the Breastfeeding Network in Ferguslie, Johnstone and Kilbarchan.

Public Acceptability of Breastfeeding

- 86% of Nurseries in Renfrewshire have received training and have been awarded the Breastfeeding Friendly Nursery Award.
- Breastfeeding Welcome Award has been delivered to staff from Town Halls in Renfrewshire, Xscape and Active Communities. In addition, two local cafés have received the Breastfeeding Welcome Award.
- Local research has been carried out. This aimed to gather data around the subject of breastfeeding and social media usage from a sample of residents of Linwood. The findings will be disseminated at a learning event and inform the piloting of breastfeeding messages on social media with the aim of promoting public acceptability of breastfeeding within areas of deprivation.
- The breastfeeding in Secondary Schools Pack has been used by one school in the last year and plans are in place to provide training on the use of the pack to staff in education.

Test of Change
Plan Do Study Act methodology has been used to explore a means of recruiting and talking to ante natal women from deprived areas, about preparation for parenthood and infant feeding choices.

Timeline For Improvement

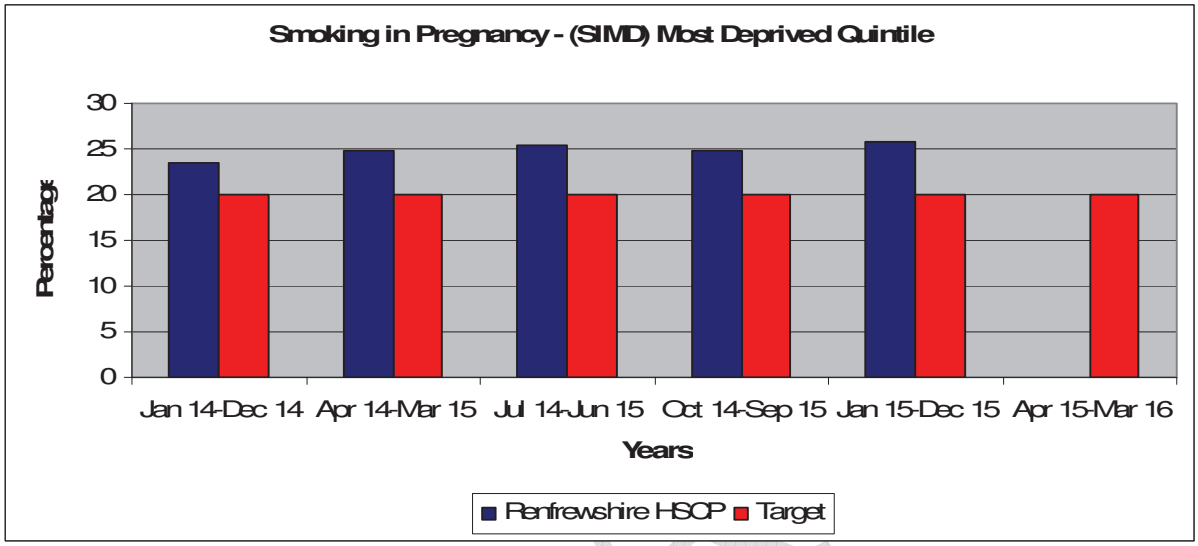
Referrals to the Infant Feeding Support Workers will continue to be monitored monthly to ensure numbers are maintained. The small test of change on antenatal parenthood preparation will be completed by October 2016. All Renfrewshire nurseries will have been offered Breastfeeding Welcome training by June 2016 and an additional 4 cafes and 3 Families First Teams will receive Breastfeeding Welcome training by September 2016.

The 19.9% target in deprived areas is extremely challenging considering the breastfeeding rate across Renfrewshire is currently 21.4%. We hope to achieve 15% by December 2016.

Appendix 3

Exceptions Report: Smoking in Pregnancy (SIMD) – Outcome 1

Measure	Smoking in Pregnancy (SIMD)
Current Performance	As at December 2015, 25.8% of women in the most deprived quintiles were smoking in pregnancy. Current performance is 29% higher than the target of 20%.
Lead	Fiona Mackay, Head of Strategic Planning and Health Improvement & Mandy Ferguson, Head of Health & Social Care Services West Renfrewshire



Commentary

As at December 2015, Renfrewshire data showed that 25.8% of women in the most deprived quintiles smoked during pregnancy. This figure is 29% higher than the annual target of of 20% and represents a 10.1% increase on the same period in 2014/15. This further deterioration in performance means our current status remains red.

Renfrewshire's status has consistently shown red since July 2013.

Actions to Address Performance

NHS GGC Smoking in Pregnancy Service

Smokefree Pregnancy Service is the specialist cessation service to support pregnant women. This is a board-wide service with specialist advisers based alongside ante-natal clinics across the board area. In Renfrewshire, the Royal Alexandra Hospital booking clinic on a Thursday is covered for a full day for booked appointments and drop in opportunities. All women should be Carbon Monoxide (CO) tested at their booking in appointment with any self reported smoker or woman with a CO reading of 4ppm or above automatically referred to the service. Attempts to contact all women referred are made by the specialist advisers who will then invite women to a face to face appointment. Support takes the form of face to face, phone and text with Nicotine Replacement Therapy for as long as required.

A recent report for the Tobacco Planning and Improvement Group examined all stages of the process for smoking pregnant women to identify areas for improvement. Re-referral into the service throughout pregnancy was an area identified as a priority in the coming year.

Family Nurse Partnership

Supporting young women to cut down or quit in pregnancy is a key priority within FNP particularly in light of further evidence of the neurotoxic effects on the developing fetal brain. In relation to deprivation the majority (84%) of our clients reside in SIMD areas 1 and 2.

In Renfrewshire we have 94 clients enrolled in the programme. We have completed pregnancy data for 90 clients and of these 48 (53%) reported smoking at some point during pregnancy (including before the client was aware of being pregnant).

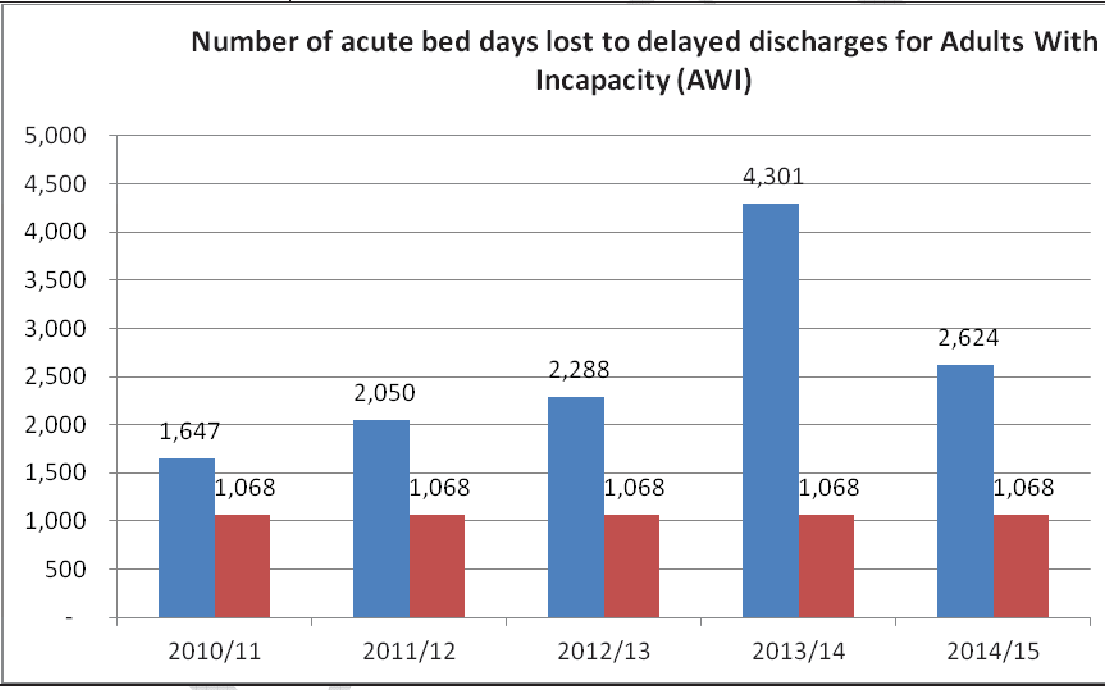
Timeline For Improvement

A challenging indicator, we hope that by December 2016 the Health Behaviour Change training with Smokefree Services will have helped reduce the figure from our current rate of 25.8% to the 2014 rate of 23.4%.

Appendix 3

Exceptions Report: Number of acute bed days lost to delayed discharges for Adults With Incapacity (AWI) – Outcome 2

Measure	Number of acute bed days lost to delayed discharges for Adults With Incapacity (AWI).
Current Performance	The number of acute bed days lost to Adults With Incapacity (AWI) has increased year on year from 2010 to 2014 and has consistently breached the target level, resulting in a red performance rating for the last five years.
Lead	Ian Beattie, Head of Health & Social Care Services, Paisley and Mandy Ferguson, Head of Health & Social Care Services, West Renfrewshire.



Commentary

The number of bed days lost to delays as result of Complex AWI cases has fallen significantly during 2015/16 due to significant work undertaken by both RAH SW Staff and the MHO Service to address and identify at an early stage individuals who are admitted to hospital and who may require powers under AWI to facilitate their discharge. Processes now in place have brought about a significant improvement in the past 12 months; in January 2015, 28 individuals were showing delayed discharges due to AWI compared with 7 currently.

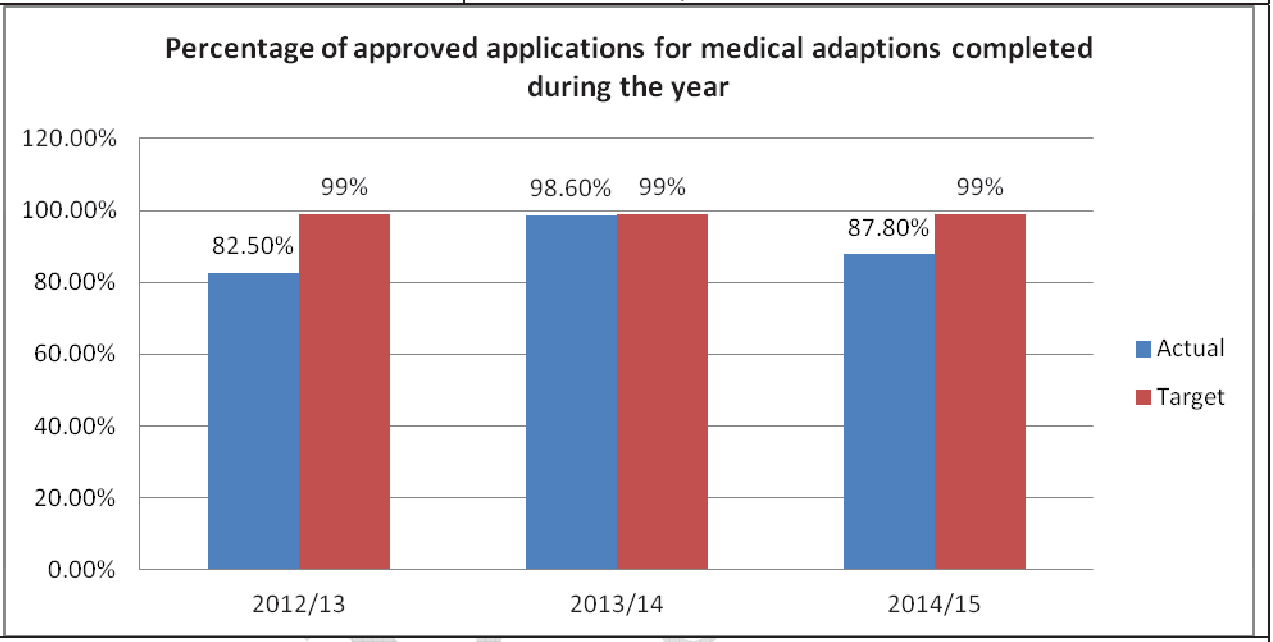
This target remains extremely challenging as the current legislation and legal processes underpinning it are detailed and time-consuming.

Actions to Address Performance
Improvement in the process of identifying individuals admitted to the RAH (and other hospital units) at an early stage where AWI may be required for discharge. Strengthening RAH SW Team and MHO Team in terms of staff resources. An MHO is now embedded within RAH SW Team. GGCHB-wide campaign to encourage and 'start the conversation' on Power of Attorney uptake by individuals. The aim in the longer term is to increase numbers with POA in order to aid and help facilitate early discharge without the need to await full guardianship.
Timeline for Improvement
The majority of lost bed days for AWI patients recorded on EDISON are for people who are actually placed in Darnley Court and are therefore not occupying an acute bed. Excluding the Darnley Court cohort from the 'lost days' count would move the performance toward the current target.

Appendix 3

Exceptions Report: Medical Adaptations – Outcome 2

Measure	Percentage of approved applications for medical adaptations completed during the year.
Current Performance	This performance indicator is reported on an annual basis. As at 2014/15, 87.8% of approved applications for medical applications were completed during the year.
Lead	Ian Beattie, Head of Health & Social Care Services, Paisley and Mandy Ferguson, Head of Health & Social Care Services, West Renfrewshire



Commentary

This is an annual indicator reported to the Scottish Housing Regulator as part of the Housing Service Annual Return on the Scottish Social Housing Charter. It is made up of the total number of approved applications on the list for medical adaptations that are completed as at the start of the reporting year plus any new approved application during the reporting year. This takes in council housing adaptations and also those under the Care and Repair Contract currently held by Bridgewater Housing Association.

The percentage of approved application for medical adaptations completed within the reporting year 2014/15 has gone down to 87.8%, however this remains above both the Scottish Housing Network and Scottish Housing Regulator averages.

Actions to Address Performance

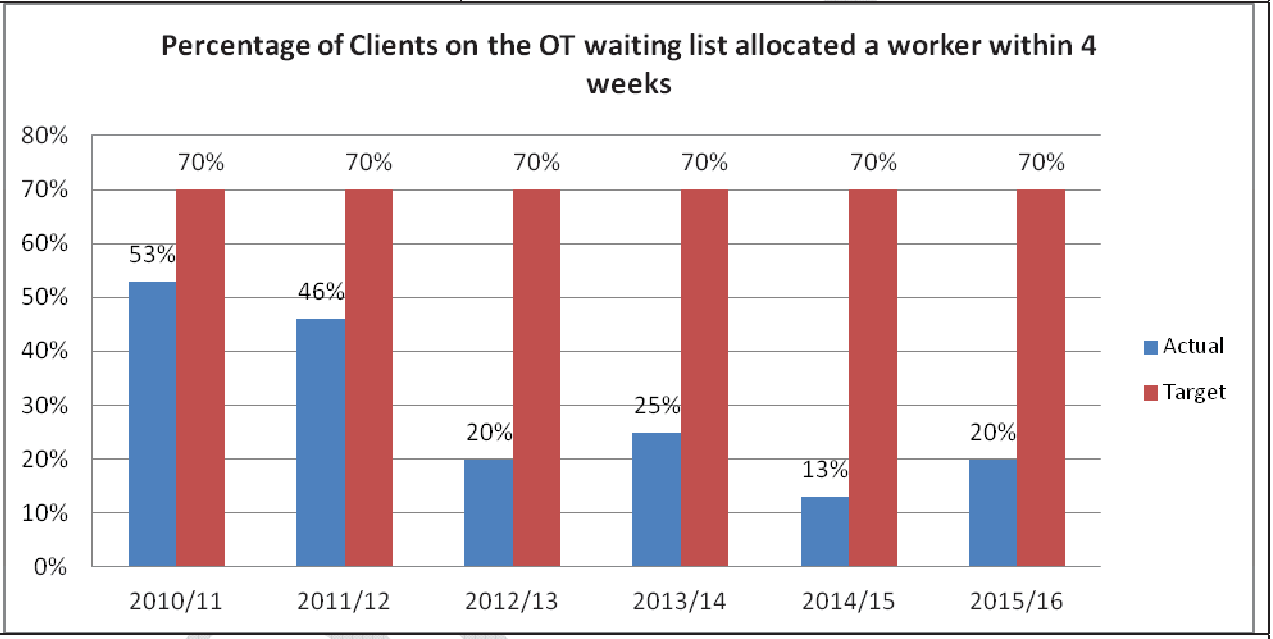
During 2014/15, Housing Services made a number of improvements to the reporting system which captures information on medical adaptations. It is anticipated that this will have a positive impact on the performance of this indicator for the period 2015/16. The figure for 2015/16 will be available mid-year. Early forecasting suggests that this indicator will be on or around target for this period.

The HSCP has identified demand pressures resulting in a growing waiting list for owner occupiers. The council budget allocated to medical adaptations for 2016/17 has therefore allocated additional resources (£400k) in an effort to address this emerging problem.
Timeline For Improvement Under Housing Services a contractual arrangement was entered into for the completion of adaptations. The HSCP will continue to monitor the rollout of this contract which will be up for review in 2017. It is forecast that the additional monies will allow increased resources to have a positive impact on performance within the next 12months.

Appendix 3

Exceptions Report: Occupational Therapy Waiting List – Outcome 2

Measure	Percentage of clients on the waiting list allocated a worker within 4 weeks. Social Work only target.
Current Performance	As at year end, 2015/16, 20% of clients on the waiting list were allocated a worker within 4 weeks. Current performance is lower than the target of 70%.
Lead	Ian Beattie, Head of Health & Social Care Services, Paisley and Mandy Ferguson, Head of Health & Social Care Services, West Renfrewshire.



Commentary

There has been an increase of around 50% in referrals to Adult Services over the past three years. Requests for OT assessments constitute a substantial element of these referrals, resulting in considerable additional demand on OT services. At Quarter 4 in 2014/15, adult services received 7,335 contacts compared with 5,531 in the first quarter of 2012/13.

Over this period the OT service has been reorganised within existing resources, resulting in improved working practice. Despite this, the upward trend in referral rates has continued. Increased productivity by OTs has a consequential impact on both equipment and adaptation budgets, and there has been particular pressure on waiting times for OT assessment.

Actions to Address Performance

- To address high levels of demand in particular areas, managers are now allocating OT work across the whole Renfrewshire area to ensure a more even distribution.

- OT duty systems are ensuring non complex cases are dealt with quickly and not added to the waiting list.
- Urgent cases will be seen as soon as possible and lower priority cases may wait longer.
- Work to be undertaken to increase collaboration and pathways between community based social care and health OTs. This may produce a benefit in the short term, although the impact of this change of practice on both services will require to be evaluated.

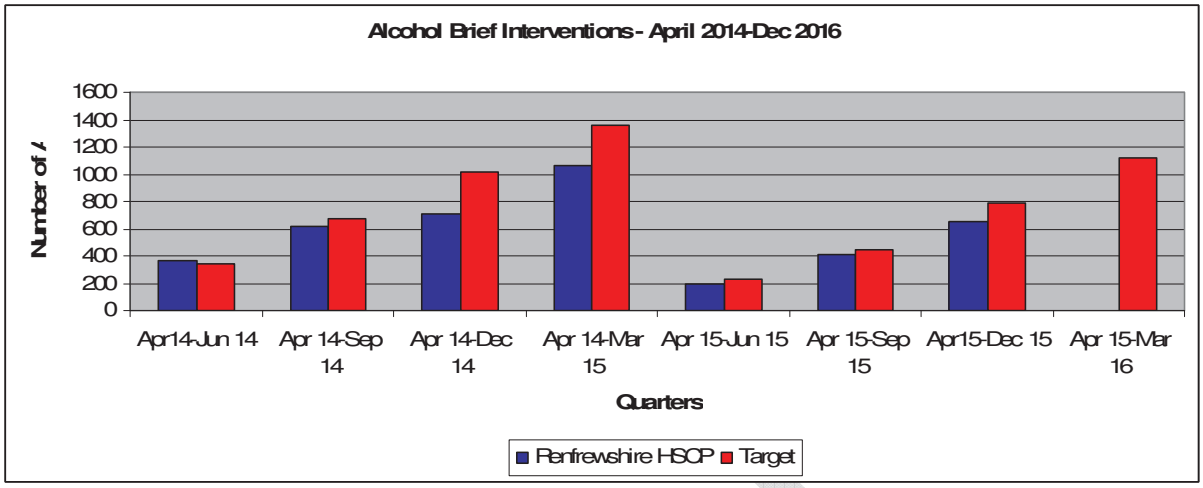
Timeline For Improvement

- Over the next 12 months overall performance and waiting times will be closely monitored.
- OTs are currently performing well and coping with additional demand and increased complexity of referrals. It will remain a challenge to allocate non critical cases within a 4-week period and consideration will be given to revising this target.

Appendix 3

Exceptions Report: Alcohol Brief Interventions – Outcome 4

Measure	Alcohol Brief Interventions
Current Performance	As at December 2015, 652 Alcohol Brief Interventions were carried out in Renfrewshire against a target of 783.
Lead	Fiona Mackay, Head of Strategic Planning and Health Improvement; Stephen McLaughlin, Clinical Director



Commentary

An Alcohol Brief Intervention (ABI) is a short, structured conversation between a healthcare or other relevant professional and their client, aimed at supporting the individual to reduce their alcohol consumption. It encourages people to look at their drinking pattern, then helps and supports them to look at ways of making that pattern less risky to their health.

ABIs are carried out mainly in a GP setting, however 20% of Renfrewshire's target can also be carried out in a wider setting such as Community Mental Health.

As at December 2015, 652 Alcohol Brief Interventions (ABIs) have been carried out in Renfrewshire, 16.7% lower than the target of 783. This is a further deterioration in performance and therefore our current status remains red.

The annual target for 2015/2016 is 1,116, therefore a further 464 ABIs would require to be undertaken between January-March 2016 in order to achieve the year end target.

The 2015/16 target was reduced from 2014/15, when 1,067 ABIs were carried out between April 2014 and March 2015, 21.5% lower than the target of 1,359.

Renfrewshire's status has consistently shown red since July 2014.

Actions to Address Performance

- NHSGGC has continued with the Local Enhanced Service (LES) whereby GPs opting in receive payment for delivery of ABIs. 80% of the delivery locally has to be delivered in a GP setting.

- We have targeted local GPs who have opted in as delivery continues to be low in most practices. We have recruited an Alcohol Brief Intervention worker to support delivery against the ABI HEAT standard.
- Ongoing investigation into 17c contracted practice data. It has been confirmed by colleagues at the Board team that our 17c practice no longer needs to record the data. In the previous year this equated to 173 ABIs.
- Ongoing visits to all GP Practice Managers to develop professional relationships. Currently invited to host Alcohol Awareness Health Points in both King Street and Tannahill Practices, two of the GP practices identified as requiring additional support.
- GP ABI Survey/Questionnaire posted to all LES GPs (investigation of issues around low recording of FAST (Fast Alcohol Screening Tool) and Alcohol Brief Interventions (ABIs) within the practices).
- Embedded FAST & ABI into Smoking Cessation Service groups and drop-ins, including capture on service paperwork.
- Continued work with Mental Health Services for routine collection of data from Clozapine & Depot clinics (wider settings).
- Continued training opportunities offered and delivered to identify wider settings. Staff to increase delivery in NHS and non NHS venues (Our Place Our Families, Active Communities, Social Prescribing Team, RAMH Staff etc.).
- Continued work with Social Prescribers based within GP Practices to develop systems of recording FAST and ABI and also encourage referrals to Smokefree Services.
- Development of resources for Alcohol Awareness Health Point.
- Development of a pilot in the Older Adult Mental Health Service to deliver FAST screening and brief interventions within a joint community team.

Timeline For Improvement

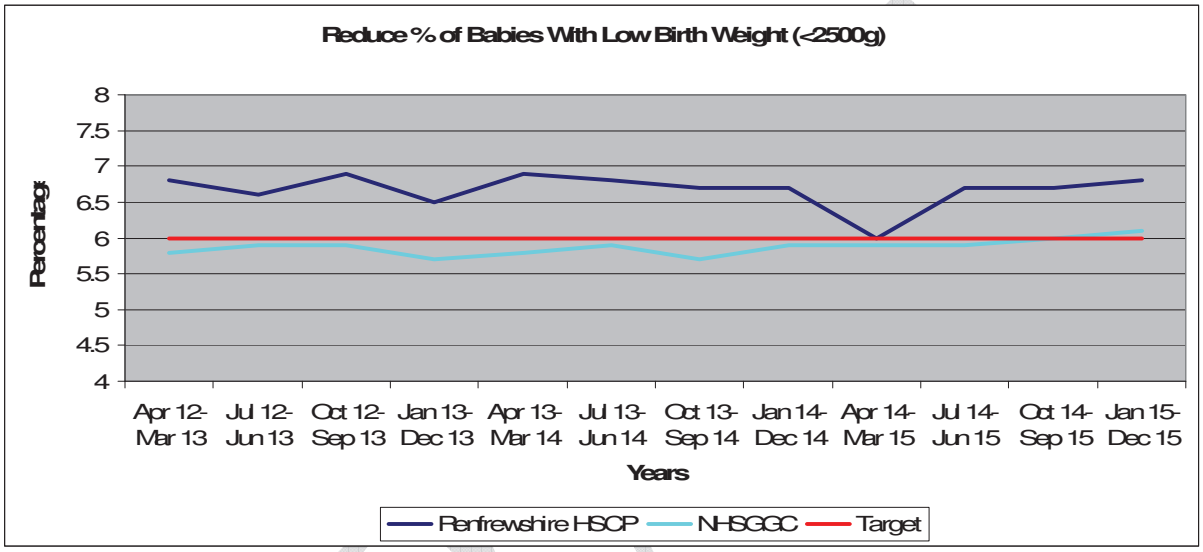
We hope to see an improvement in ABI delivery when compared with performance in 2014/15 as a result of the additional support from the Health Improvement Practitioner and the Clinical Director. The 17c contract will have a significant negative impact with regard to reaching the overall target (-173 ABIs).

Wider setting performance in 2014/2015 was 15 Alcohol Brief Interventions delivered. Final data for 2015/16 will be in excess of 110 ABIs in the wider setting.

Appendix 3

Exceptions Report: Reduce the Percentage of Babies with a Low Birth Weight (<2500g) – Outcome 4

Measure	Reduce the percentage of babies with a low birth weight (<2500g).
Current Performance	In 2014/15, 6.8% of babies in Renfrewshire were born weighing less than 2500g, 0.8% more than the annual target of 6%.
Lead	Fiona Mackay, Head of Strategic Planning and Health Improvement & Mandy Ferguson, Head of Health & Social Care Services West Renfrewshire



Commentary

At 6.8%, current performance for babies with a low birth weight remains higher than the annual 6% target. Data refers to all full term infants over 37 weeks' gestation. Current status remains red.

Renfrewshire's Family Nurse Partnership (FNP) has shown encouraging results on low birth weight. Of the 80 births currently registered, the low birth weight figure is 2.5% for babies within the service. The average weight for FNP babies is 3,278g. The project is no longer recruiting but work is ongoing to assess the successful elements for wider application.

Supporting women to stop smoking before or during pregnancy is a key priority for NHSGGC. One of the many benefits of stopping smoking is the baby is less likely to be born underweight. Babies of women who smoke are, on average, 200g (about 8oz) lighter than other babies, which can cause problems during and after labour.

Actions to Address Performance

- NHS GGC Smoking in Pregnancy service; all women have their CO measured at their booking appointment and are referred to the smoking in pregnancy service. One to one advice and support is then offered. Additionally local work has taken place to encourage uptake of smoking cessation services, in particular with young pregnant smokers. The FNP (Family Nurse Partnership) Family Nurses are trained to offer smoking cessation advice.

- Within Renfrewshire 88.2% of women are booked into antenatal care before 12 weeks gestation compared to 85.4% in NHSGGC as a whole. This allows access to high quality relationship based antenatal care with a strong focus on prevention, promotion of health, early intervention and support as early as possible in pregnancy. Posters, leaflets and cards promoting the service were updated by Health Scotland and are available from the Public Health Resource Directory (PHRD). These resources are available in several languages. Resources were circulated widely in March 2016 including small cards in all pharmacies.

- Women under 17 are at higher risk of having a low birth weight baby. The Nation Strategy for Pregnancy and Parenthood among young people has just been published. Locally we will identify a Partnership lead for this work and agree an action plan.

- Sensitive Routine Enquiry of Domestic Abuse is carried out in Maternity Services, as an experience of domestic abuse is a known cause of low birth weight. Routine enquiry aims to provide early identification and provision of support to women experiencing Domestic Abuse.

- A new leaflet called 'Alcohol affects you and your baby before, during and after pregnancy' was produced by NHS Greater Glasgow and Clyde in January 2016. It incorporates the slogan 'No Alcohol No Risk' and is available from the PHRD. This is to ensure consistent messages are given to women on Alcohol and Pregnancy.

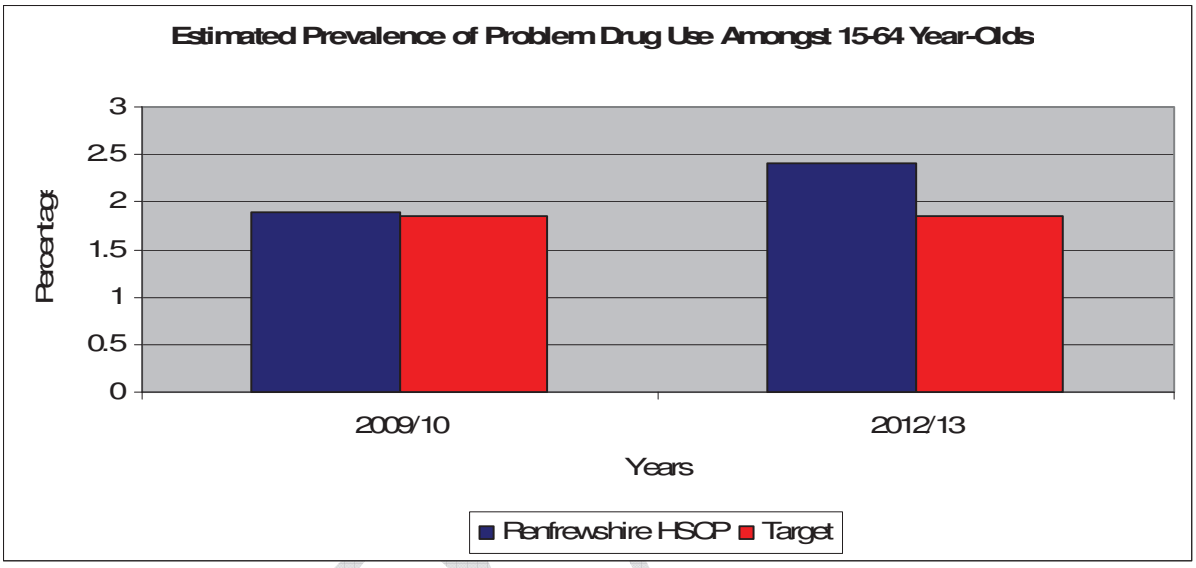
Timeline For Improvement

In line with the above actions, we would hope to see an improvement with this measure over 2016/17. 2015/16 data is expected in June 2016.

Appendix 3

Exceptions Report: Reduce the Estimated Prevalence of Problem Drug Use Amongst 15-64 Year-Olds – Outcome 4

Measure	Reduce the estimated prevalence of problem drug use amongst 15-64 year-olds.
Current Performance	As at 2013/14, the estimated prevalence of problem drug use amongst 15-64 year olds in Renfrewshire (percentage of total population age 15-64) was 2.41% against a target of 1.86%.
Lead	Katrina Phillips, Head of Mental Health and Addiction Services



Commentary

2009/2010: 1.9%
2012/2013: 2.4%
Target: 1.86%

ADP Area	% Change 2009/10-2012/13	Prevalence Rate 2012/13	Prevalence Rate 2009/10
Renfrewshire	**0.55%**	**2.41%**	**1.86%**
East Renfrewshire	-0.19%	1.47%	1.66%
East Dunbartonshire	-0.12%	0.58%	0.70%
Glasgow City	-0.65%	2.76%	3.41%
West Dunbartonshire	- 0.19%	2.50%	2.69%
Inverclyde	0.6%	3.20%	2.6%
Scotland	-0.03%	1.68%	1.71%

The reported prevalence rate of problem drug use in Renfrewshire was lower than expected in 2009/10 but is now in line with other ADPs within Greater Glasgow and Clyde in 2012/13.

Estimates suggest Renfrewshire has experienced the second highest increase across Greater Glasgow & Clyde. Renfrewshire is above the national average of 1.68%

Actions to Address Performance

Campaigns have been developed which aim to raise awareness around Cannabis and to prevent drug related deaths as part of Overdose Awareness.

Renfrewshire ADP has commissioned Addaction (third sector partner) to provide an intensive support service to families (with children under the age of 8) affected by drugs and alcohol in Renfrewshire. The service will be delivered over seven days on an outreach basis. It offers a range of evidence based interventions such as relapse prevention, impact of parental substance misuse, harm reduction, confidence and self-esteem building, and anxiety and anger management.

The young people's drug and alcohol service (RADAR) runs an early intervention programme for young people who have been referred to the service as a result of alcohol or drugs misuse. The programme aims to prevent future offending and drug using behaviour.

Access to drug services has improved significantly in Renfrewshire and current performance shows that all individuals (100%) are able to access treatment within three weeks from referral against a local target of 91.5%.

A review of the recovery landscape in Renfrewshire resulted in a number of recommendations for the ADP and partners, which included the establishment of a Recovery Development Worker. The post will be responsible for supporting, facilitating and monitoring initiatives which seek to support recovery from addiction. An Employment Specialist for Addictions has also been recruited to provide individualised placement and support for individuals accessing Addiction Services including those involved in the GP local enhanced service.

Timeline For Improvement

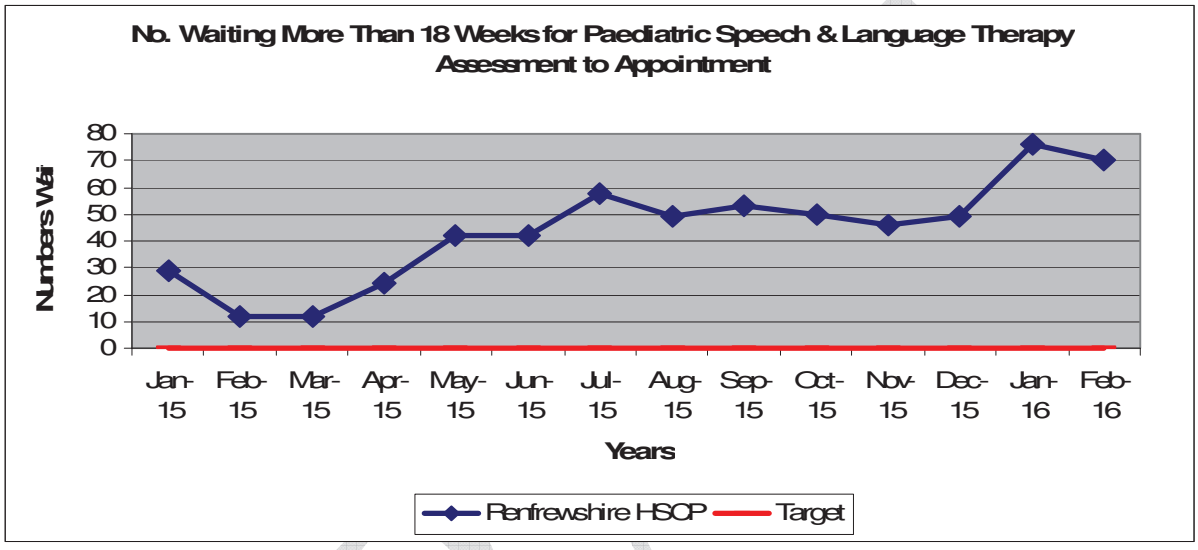
The ADP has systems in place to capture progress against intended outcomes as part of performance monitoring. Current performance shows that progress has been achieved across a number of dimensions including drug use. However, the recent announcement made by Scottish Government in relation to ADP funding may have a negative impact on performance in the future.

It is also widely acknowledged that there are strong and clear links between poverty, deprivation, mental health and wellbeing, health inequalities, crime and drug problems. Evidence shows that individuals are more at risk where there are low employment opportunities, poor personal resources and weak family and social networks. Addressing wider inequalities such as housing, income, education and health can play an important role in reducing drug misuse. Continuing prevention and early intervention initiatives coupled with areas for action detailed within the Tackling Poverty Strategy (2015-17), will hopefully have a positive impact in reducing the prevalence rate of problem drug use over the coming year.

Appendix 3

Exceptions Report: Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment – Outcome 4

Measure	Number waiting more than 18 weeks for paediatric Speech & Language Therapy assessment to appointment.
Current Performance	As at February 2016, 70 children were waiting more than 18 weeks for a paediatric Speech & Language appointment following assessment.
Lead	Mandy Ferguson, Head of Primary Care and Community Services West Renfrewshire



Commentary

As at February 2016, there were 70 children waiting more than 18 weeks for a paediatric Speech & Language appointment following assessment. The current waiting time standard is 18 weeks and the longest wait at February 2016 was 33 weeks. This is a slight improvement on the January 2016 figure of 76 but a further deterioration from the December 2015 figure of 49. Current status remains red.

A comparison of data from January 2015 to February 2016 shows a steady increase from 12 children waiting at February 2015 to 70 at February 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.

This target is proving challenging and has not been achieved since November 2013.

Actions to Address Performance

Additional Sessions: extra hours have been offered to staff with two practitioners agreeing to hold extra sessions on Wednesday evenings. This is expected to impact positively on waiting times for assessment, however may result in a backlog for treatment and may raise parental concern and anxiety.

Extended Fixed Term Contract: input requested from Finance to explore all staffing options within current budget, particularly with two further maternity leaves pending.

Capacity Management: Team Leads and SLT Manager to review all caseloads, support staff to safe discharge where appropriate and ensure all open cases are managed effectively within clinical guidelines.

Training: to early years and new pathway to ensure universal response for those children whose needs can best be met in this way.

Revised access to service: parents invited to opt-in to service before telephone or direct triage to reduce DNAs (Did Not Attends)

Overall, average caseloads have decreased which has allowed for improved discharge rates. However an increased trend has been seen in education referrals, which is currently being addressed with training for pre-school establishments and the introduction of a referral pathway mirroring that used by Health Visitors.

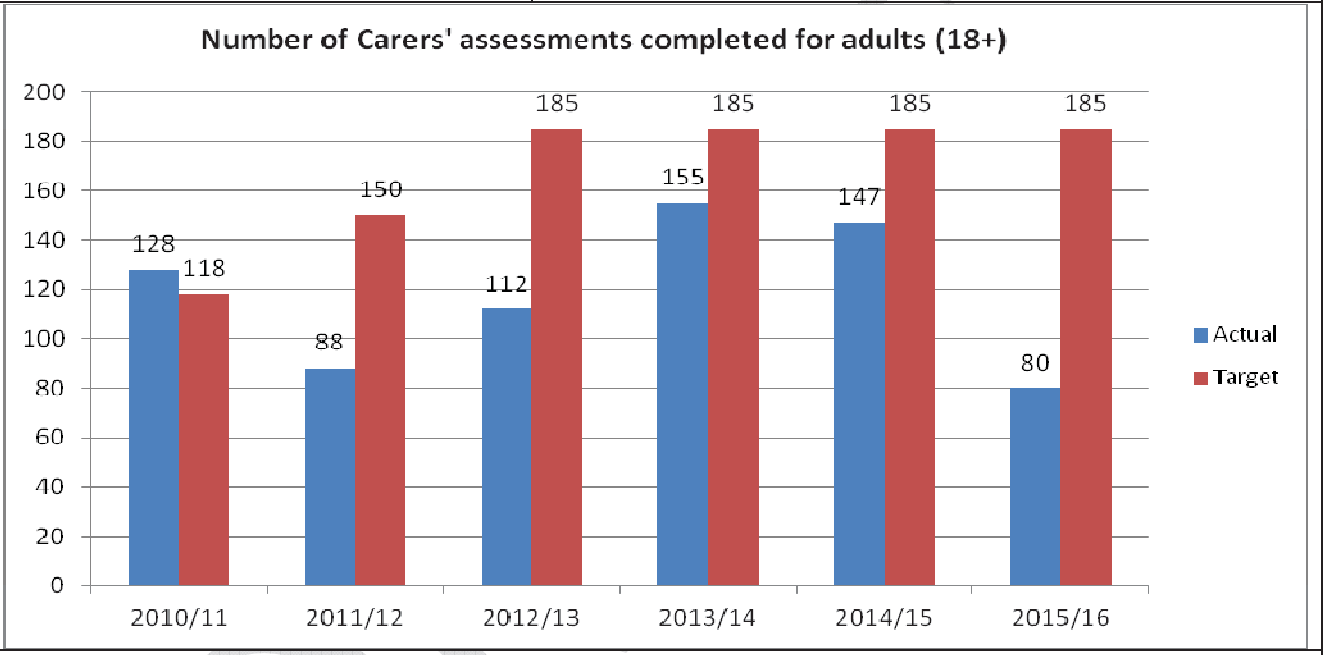
Timeline For Improvement

With the introduction of extra hours, improved capacity management, training to address inappropriate referrals and a review of staffing levels, we anticipate an improvement in waiting times by October 2016.

Appendix 3

Exceptions Report: Carers' Assessments – Outcome 6

Measure	Number of Carers' Assessments completed for adults (18+)
Current Performance	This performance indicator is measured on an annual basis. As at 13th April 2016 the preliminary end of year figure for 2015/2016 indicated that 79 carers' assessments were completed for Adults 18+. This is lower than the target of 185 and so is currently a red performance rating.
Lead	Ian Beattie, Head of Health & Social Care Services, Paisley and Mandy Ferguson, Head of Health & Social Care Services, West Renfrewshire



Commentary

Performance has fluctuated over the years and whilst there are some signs of improvement the target has not been met over the last 5 years.

This indicator is an output measure and is not a full reflection of the support carers receive. The views and needs of carers tend to be recorded within the Standardised Shareable Assessment (SSA) and the care plan that emerges to support the cared for person. Whilst assessors do offer carers an assessment, the carers often decline the offer as they believe their concerns have already been attended to. The Resource Indicator Tool (RIT), which supports Self-Directed Support (SDS) process, records detailed information about the carers input and factors this into the budget that is allocated.

Actions to Address Performance

We have worked with the Carers' Centre to introduce a new Adult Carer Support Worker service which is based at the Carers' Centre. The service provides a much more focused first contact for carers and ensures they have information on what services they can access,

including a carer assessment. We are also working on refreshing and publicising the Carer Self Assessment, which will be re-launched during Carers' Week in June.

Due to the narrow nature of this indicator, there will be a review of how data for this area is captured during 2016/17 to fully reflect the current performance of how we perform in relation to supporting carers in their caring role.

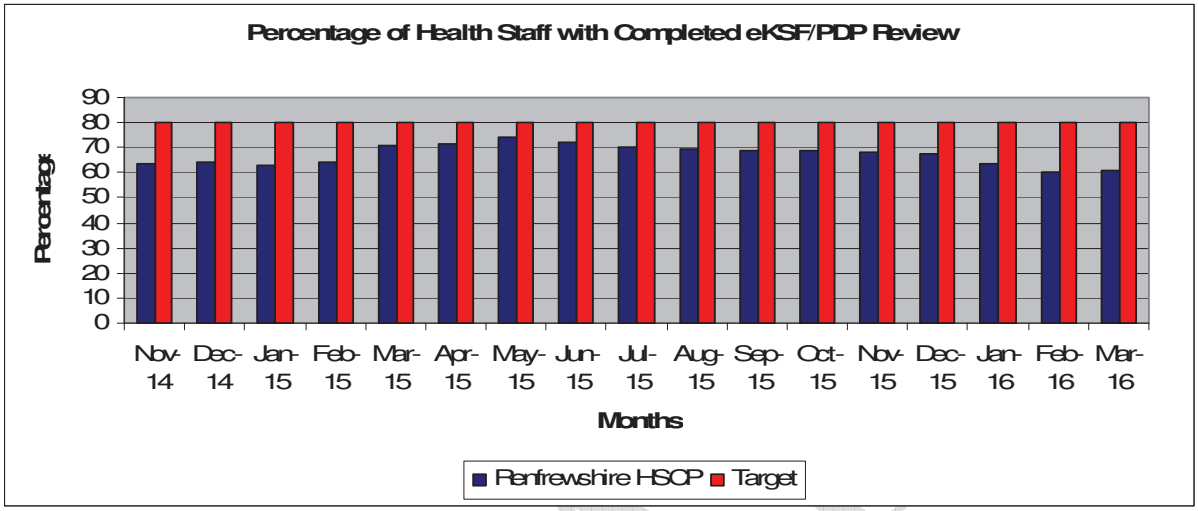
Timeline For Improvement

The importance of taking account of carers' views and supporting them in their role will continue throughout 2016/17, particularly with the new Carers' legislation passed in 2016. It is anticipated that performance in this area will improve during 2016/17 with the increased profile of carers and their caring role.

Appendix 3

Exceptions Report: Percentage of Health Staff with Completed eKSF/PDP Outcome 8

Measure	Percentage of health staff with completed eKSF/PDP (Knowledge Skills Framework/Personal Development Plan)
Current Performance	As at March 2016, 61.1% of Renfrewshire HSCP health staff have a completed eKSF/PDP against a target of 80%
Lead	Brian Greene, HR Manager



Commentary

As at March 2016, 61.1% of Renfrewshire HSCP health staff have a completed eKSF/PDP review against a target of 80%. This is a slight increase on the February figure of 60.5% but a decrease on the January 2016 figure of 63.3%.

By comparison, the March 2015 rate was 71%, which was almost 10% higher than the current 2016 figure. The highest eKSF/PDP rate in 2015/16 was 74.4% in May 2015.

Renfrewshire's status has consistently shown red in this area and this particular target remains one of our most challenging.

Actions to Address Performance

The e-KSF team issue regular monthly reports on KSF progress and compliance. These are analysed and the information used to track performance over a rolling 12-month period. This information is shared with the senior management team and individual service areas, for action.

As noted above, the current performance is below the compliance rate. To improve this, Renfrewshire HSCP is currently piloting a new system within the RES service that allows staff to forward plan reviews to reduce the instances where planned dates are missed or delayed. This approach balances the responsibility between the manager and employee to a certain extent, which fits with the overall aims of the Staff Governance standard.

The output of the pilot programme will be assessed and, if improvement is recorded, the same approach can be rolled out across other services.
In addition, there has been a recent targeted review of employees' eKSF non-compliance. Heads of Service are actively working on cases where employees appear to have been disengaged from KSF obligations based on the last recorded KSF review and Personal Development Plan.

Timeline For Improvement

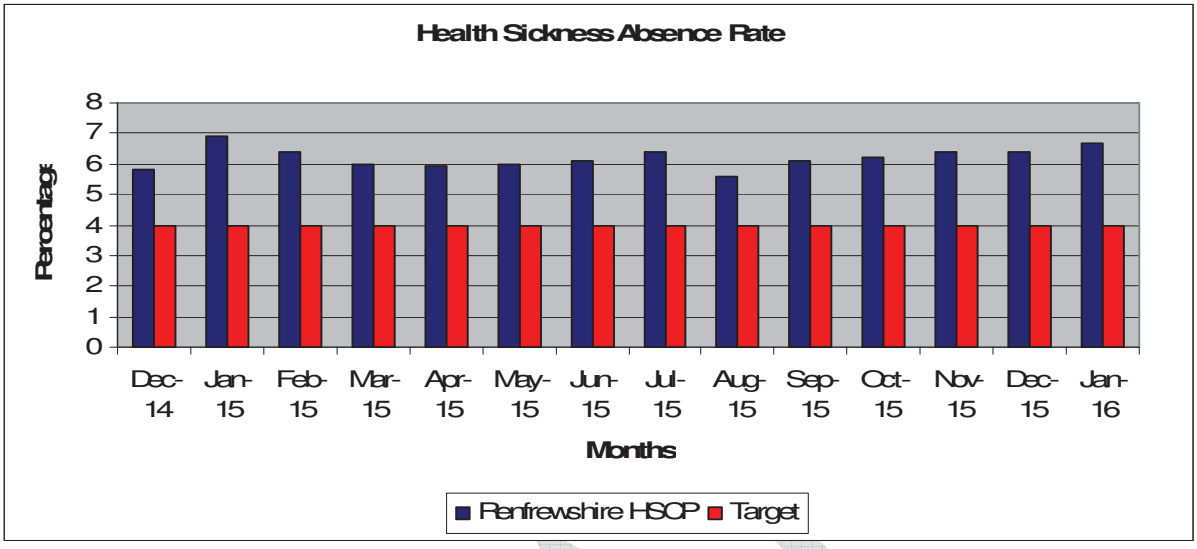
As the e-KSF review and PDP dates occur across the year, the new system may take a period of time before a significant improvement is made.

A number of reviews are planned for the period between January and March 2016, therefore it may take a full 12-month cycle to reach the compliance target of 80%. The aim is to reach the compliance target by the end of March 2017.

Appendix 3

Exceptions Report: Health Sickness Absence Rate – Outcome 8

Measure	Health sickness absence rate.
Current Performance	As at January 2016, Renfrewshire HSCP's health staff sickness absence rate is 6.7%.
Lead	Brian Greene, HR Manager



Commentary

As at January 2016, the sickness absence rate for Renfrewshire HSCP health staff is 6.7%, 2.7% above the 4% target.

This figure is made up of a short term sickness rate of 2.4% and a long term sickness rate of 4.3%. Overall, the figure is 0.3% higher than in December 2015 when the rate was 6.4%. This further deterioration in performance means our current status remains red.

Renfrewshire's status has consistently shown red and this particular target remains one of our most challenging.

Actions to Address Performance

There are a number of evidenced examples where long term absence has been reduced by successfully supporting employees to return to work. These include supportive measures such as phased return, adjustments to duties, or return to alternative posts. Where other options have been exhausted, there may be mutual agreement for the employee to leave their post as return is not possible or cannot be predicted within a reasonable timeframe. This successful approach will be continued.

There will be a focus on hot spots – by reviewing services regularly breaching 4% and contributing to HSCP failure to reach target.

There will also be a renewed focus on those reaching the absence trigger point of 4 or more absences. There are currently 59 Renfrewshire HSCP employees at this level at February 2016.

NHSGGC HR service is currently reviewing existing absence processes to ensure that a consistent approach is taken to managing absence, supporting employees and helping managers minimise and reduce levels of sickness absence.

A recent attendance management awareness development session was delivered by HR and Education and Learning to line managers and team leaders. This focused on dispelling myths and complex attendance management cases. The benefits of this learning and any residual gaps will be examined in a follow up review with the delegates.

Timeline For Improvement

Long term absence
Reduce from current 4.2.% to 3.9% by June 2016 and 3.5% by September 2016, 3.2% by December 2016 and 2.7% by March 2017.

Short Term
Reduce from 2.5% to 2.2 % by June 2016 and to 1.9 by September 2016, 1.5% by December 2016 and 1.3 % by March 2017.

This will be a challenging target of reductions but it is hoped that with the contribution, support and effort of all levels of management, employees, trade union stewards and HR, progress can be made in addressing long standing higher levels of absence.