HSCM Q4 PERFORMANCE ANALYSIS

Indicators not Achieving Target in Q4 (RED)

L14 Percentage of new dementia diagnoses who receive 1 year post-diagnostic support

(No update on this measure from Q3, below is the narrative as given in Q3)
Management figures (not yet officially published) show Moray at over 95% for this measure in 2017/18. This is a significant increase on 66.7% in 2016/17 and is higher than the Scottish Average and our neighbours in Aberdeenshire and Highland as well as other comparators (Stirling and Angus). Following publication of this data, more accurate comparison will be possible.

In 2016/17 there was a change in the management of the service from Alzheimers Scotland Post Diagnostic Support (PDS) Link Worker to the Community Mental Health Team who have two Support Workers undertaking PDS on a part time basis and Community Psychiatric Nurses provide services for those who require more complex follow up. Data regarding this service is now collected and monitored monthly. The raw numbers of those who have undergone PDS have risen from 29 in 2016 to 135 in 2018 (currently only calendar year figures are available) which show that the current system is able to provide support within the 12 months for more people.

L18 Number of Alcohol Brief Interventions being delivered *(includes ABIs in priority and wider settings where data can be aligned to HSCPs)*

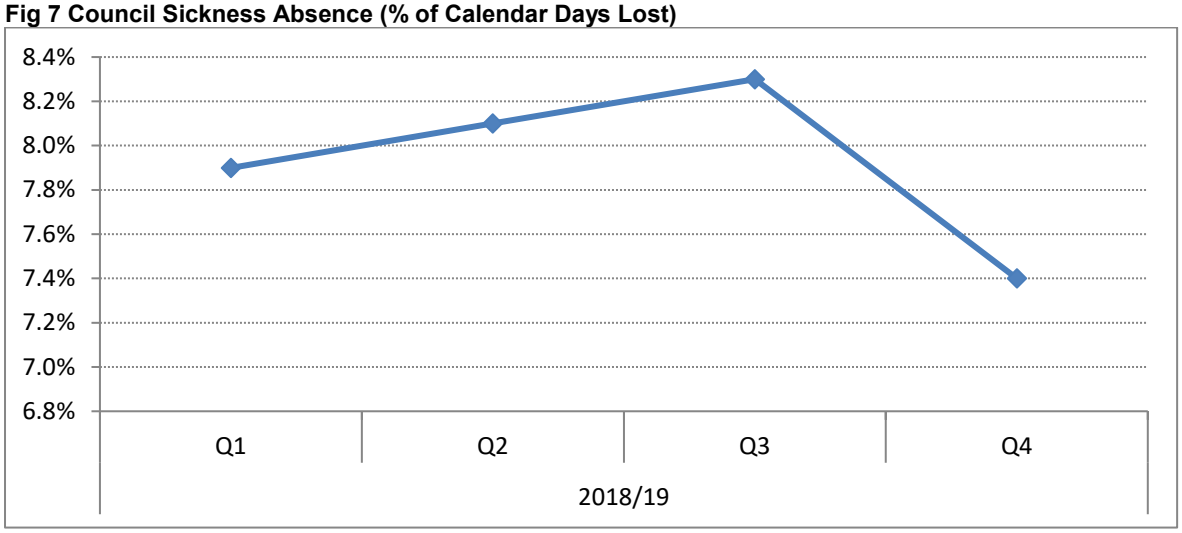
The target for Moray is a very ambitious target. It is, however, also noteworthy that there are some key settings where alcohol screening and brief interventions take place - for example in the emergency department of Dr Gray's Hospital. In DGH, implementation of alcohol screening has been led by the Emergency Department physicians. This has been done because it is in line with best practice recommended by the college of emergency medicine. They have implemented a local protocol and use "drink more than you think scratch cards" to screen for alcohol related attendances. They provide feedback and a leaflet based on the score. Technically this would count as a brief intervention, however these are not counted due to the substantial additional work that it would create and have no plans to put in place a counting scheme as it risks destabilising this clinical practice.

Nevertheless the performance is falling short of the target. In early 2019, a strategy for Alcohol screening and Alcohol brief intervention was taken to the Moray Alcohol and Drug Partnership (ADP) and approved for implementation (Refer to **APPENDIX 4**). The action plan is continues to be developed with ADP partners taking a lead role in implementation. Areas that are being developed include - antenatal settings, integration with self-management approaches (taking a holistic approach to self-management), justice settings etc. A more detailed action plan is being developed and worked up by the ADP and will support the LOIP priority on alcohol.

L21 Council Sickness Absence (% of Calendar Days Lost)

The percentage of days lost in the council contracted staff is recorded as 7.4% which is a reduction from Q3 but still above the council target of 5.9%.

Fig 7 Council Sickness Absence (% of Calendar Days Lost)



Absence management remains a standing item on the agenda of the monthly Provider Services management meeting, specific actions have already been undertaken by the internal homecare services management team which are starting to yield results.

- This has included a 100% staff retention rate at Woodview as the service has expanded to over 100 staff.
- Homecare has seen a reduction in long term sickness due to individuals now receiving 1:1 return to works, where originally telephone interviews were being used.
- Monitoring processes are in place across the whole of Provider Services, as part of a KPI system that has been developed and is focusing on WTE staff absence for each service, several of which have returned 0% absence rates for the last quarter.

Whilst the return to work interviews ensure consistency across the service and compliance with current policies; the process further supports staff to open up about issues that they may need support with and further is supporting teams that are relied on to fill the pressures that long term absence creates.

L41 Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral

Mental Health Services have identified three areas where improvements can be made and below are those areas and actions being undertaken:

Staff vacancies – the adult mental health psychology team have carried a 1.0 whole time equivalent (wte) clinical psychology vacancy since July 2018. Interviews for this post are taking place on 26 June 2019. Following interview, a 0.48 wte band 6 primary care psychological therapist has been appointed, awaiting confirmation of start date. This post is for 6 months due to availability of funding.

Referrals – referrals into primary care and secondary care are being reviewed and active management of waiting lists is taking place. Psychotherapy referrals

increased again in May 2019 but the team continues to meet the target for patients treated within 18 weeks due to active waiting list management.

Resource allocation – across adult and primary care teams there has been prioritisation of the longest waits rather than patients waiting to be seen in their geographical catchments.

Fig 8: Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral*
*The number of patients in this cohort is under 10 so cannot be shared publicly.