

Meeting of
PPRC
28th August 2019

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SUBJECT: South Lanarkshire H&SCP Performance/Access Report

1. PURPOSE

This paper is coming to the Performance, Planning and Resource Committee:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	X
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2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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Prepared following discussion and agreement with South Lanarkshire H&SCP Performance and Audit Committee.

3. SUMMARY OF KEY ISSUES

The purpose of this paper is to update Lanarkshire Health Board on performance against:

- A summary of current performance against the six key areas identified by the Ministerial Steering Group (MSG)
- The challenges which the HSCP is managing regarding this agenda.
- The Resources within HSCPs prioritised to address the challenges.
- AHP waiting times targets.

This report takes a new format in including the update against each of the 6 x MSG indicators as shown in Appendix 1 and not solely delayed discharges. Performance in relation to delayed discharge bed days, geriatric long stay, mental health and all unscheduled bed days continues to show an improving year on year improvement. This is in spite of small increases in A&E attendances and unplanned care admissions. The percentage of the last 6 months of life spend outwith a hospital setting is also increasing.

MSG Context

The Health and Social Care Delivery Plan and the work of the Ministerial Steering Group (MSG) in Health and Social Care have identified six key areas through which trends over time will be monitored, with a view to supporting improvement and learning within partnerships and across Scotland.

A key emphasis behind this work is realising the national ambition to shift the balance of care through strategic commissioning which shifts the focus from acute and residential settings to community based alternatives. This attached Appendix gives a short overview of the South Lanarkshire position with regards to the following areas:

- ◆ unplanned admissions
- ◆ occupied bed days for unscheduled care
- ◆ A&E performance
- ◆ delayed discharges
- ◆ end of life care
- ◆ the balance of spend across institutional and community services

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	X
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Monitoring of performance against the plans in place will provide valuable information to inform future planning cycles.

7. FINANCIAL IMPLICATIONS

Nil

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Risks are captured in Partnerships risks registers

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes.

No

11. CONSULTATION AND ENGAGEMENT

A range of partners have been involved in the development of the MSG indicators.

12. ACTIONS FOR BOARD

The Board is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

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Appendix 1

**South Lanarkshire HCSP
Health and Social Care Delivery Plan Measures**

1. Summary of the MSG indicators in South Lanarkshire for currently available data:

April - May 2019/20:

- ◆ A&E attendances **up** by **3%** against 2018/19
- ◆ emergency admissions **down** by **12%** against 2018/19*
- ◆ unscheduled bed days (Acute) **down** by **30%** against 2017/18*
- ◆ UC Bed days Acute/GLs/MH **down** by **31%** against 2018/19*

*(It should be noted that emergency admissions and unscheduled care bed days will increase as episodes of care are completed.)

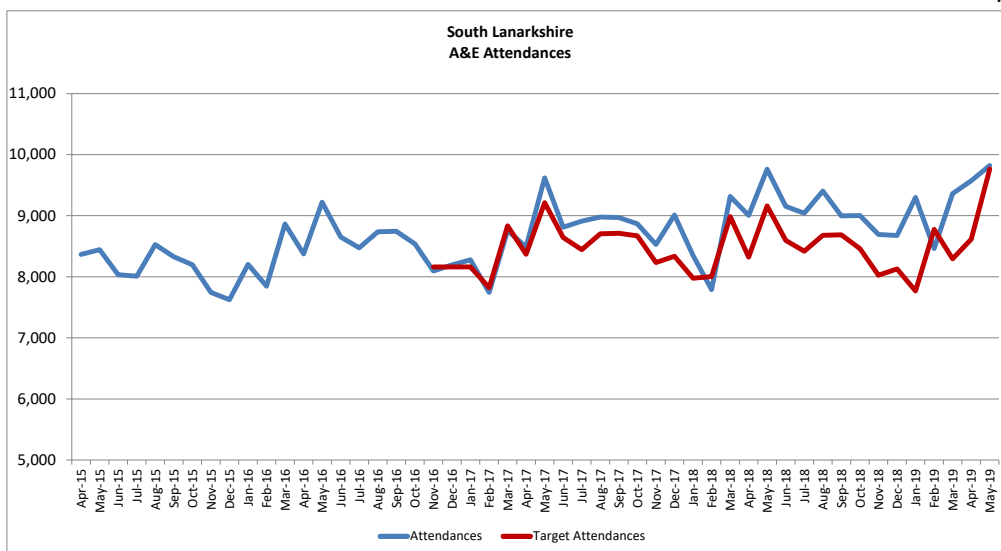
June 2019/20

- ◆ delayed discharge non-code nine bed days **up** by **12%** April – June against **2018/19**

	2018/19	2019/20	Increase/Decrease on 2018/19
A&E Attendances	18,767	19,393	626
Emergency Admissions *	6,750	5,933	-817
UC Bed days - Acute*	38,492	26,788	-11,704
UC Bed days - Acute/GLS/MH*	52,090	35,760	-16,330
Delayed Discharge Non-Code 9 bed days	8,032	9,002	970

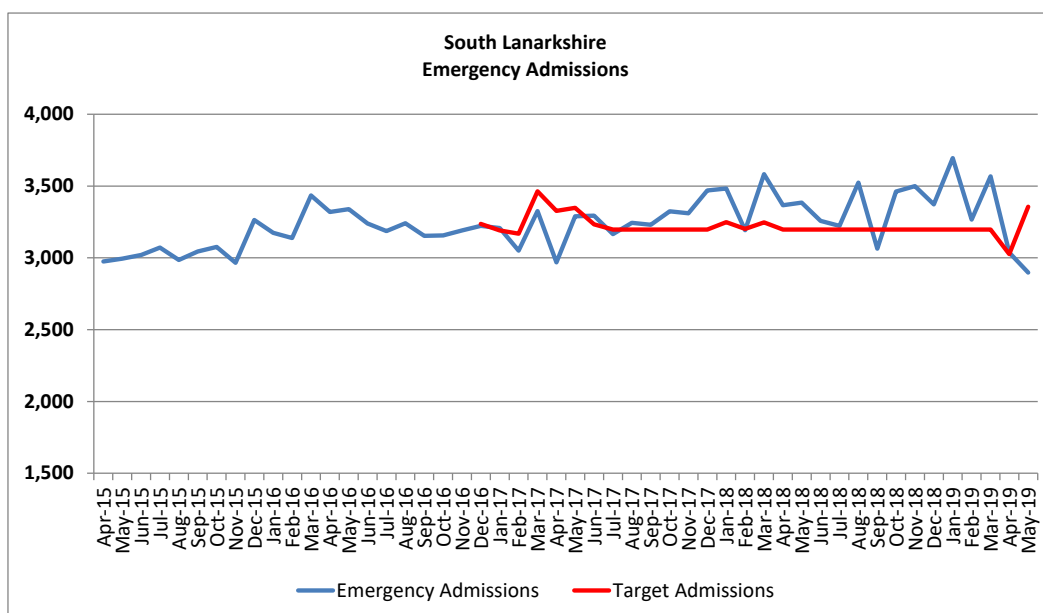
1.1. A&E Attendances

The following graphs show the performance against trajectory. This trajectory has been calculated assuming that A&E attendances will increase by 1.5% on 2017/18 levels. Attendances continue to be a challenge for the Partnership, April - May 2019 there were 1,013 additional attendances than anticipated, 19,393 against a target of 18,380.



1.2. Emergency Admissions

The graph below shows emergency admissions against the agreed trajectory. Performance deteriorated April to March 2019 with 449 fewer admissions than anticipated – 5,933, against a target of 6,382.

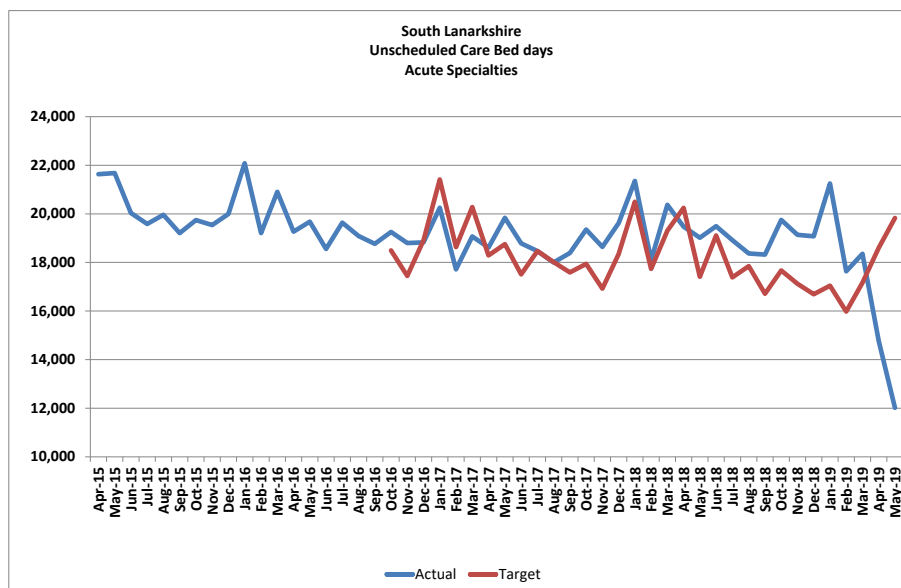


1.3. Unscheduled Bed Days

Unscheduled Care Bed Day trajectories for 2019/20 now include Acute, Geriatric Long Stay (GLS) and Mental Health (MH). For consistency the graph below tracks the month-on-month actual performance longitudinally against the trajectory agreed for unscheduled bed days – Acute specialities. With the second graph showing UC Bed days for Acute, GLS and MH. It should be noted that there is routinely a few months lag in terms of completed episodes of care and bed days for April to March **will** increase.

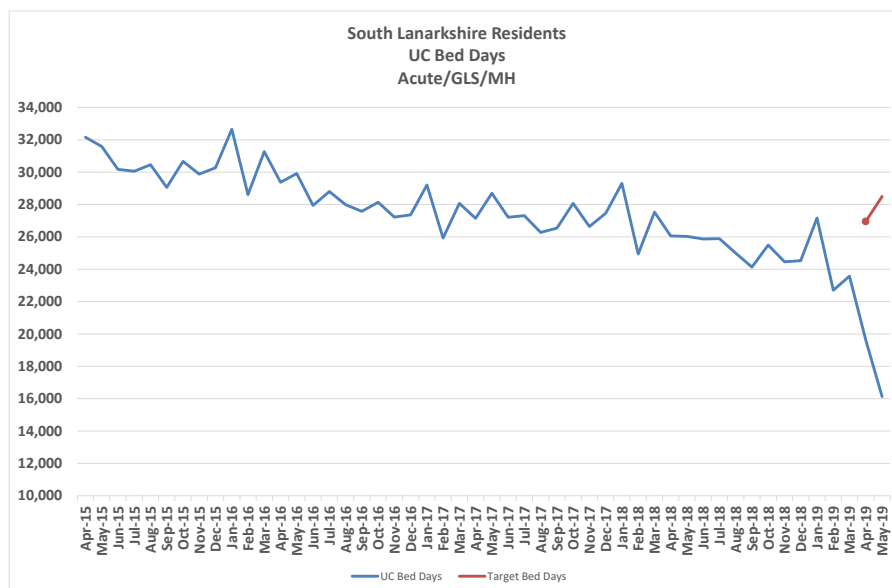
Unscheduled Bed Days – Acute.

April 2019 to May 2019 were 3,829 fewer bed days than anticipated, 14,771 against the target of 18,600. This will increase over the next quarter.



UC Bed Days – Acute , GLS, MH.

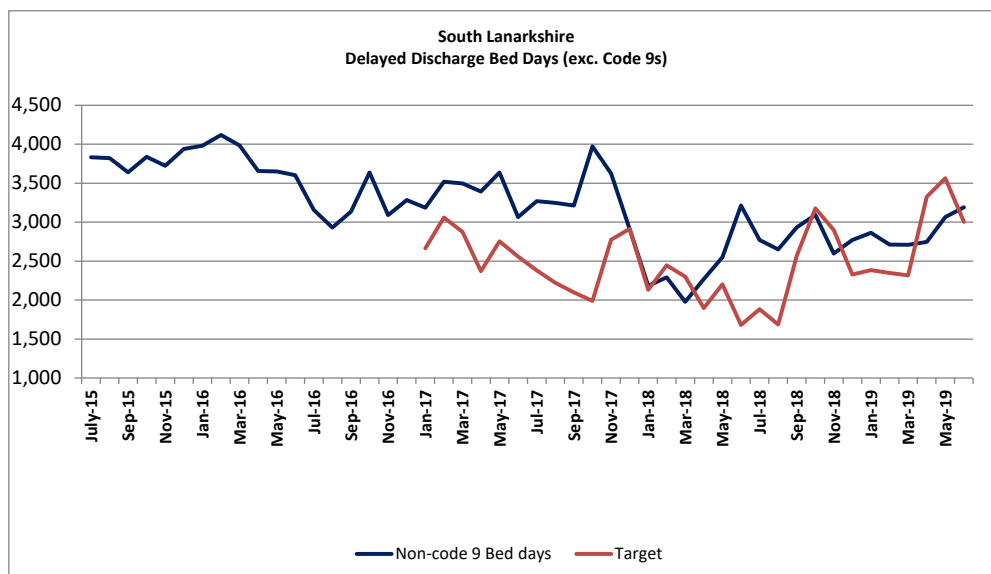
April 2019 to May 2019 were 19,695 fewer bed days than anticipated, 35,760 against the target of 55,455. This will increase over the next quarter.



1.4. Delayed Discharge Bed Days

A comparison of April to March 2018/19 against the previous year shows improved performance, with a 10% reduction in non-code 9 delayed discharge bed days. Performance has improved during April – June 2019 with 888 fewer bed days 9,002 against the target of 9,890.

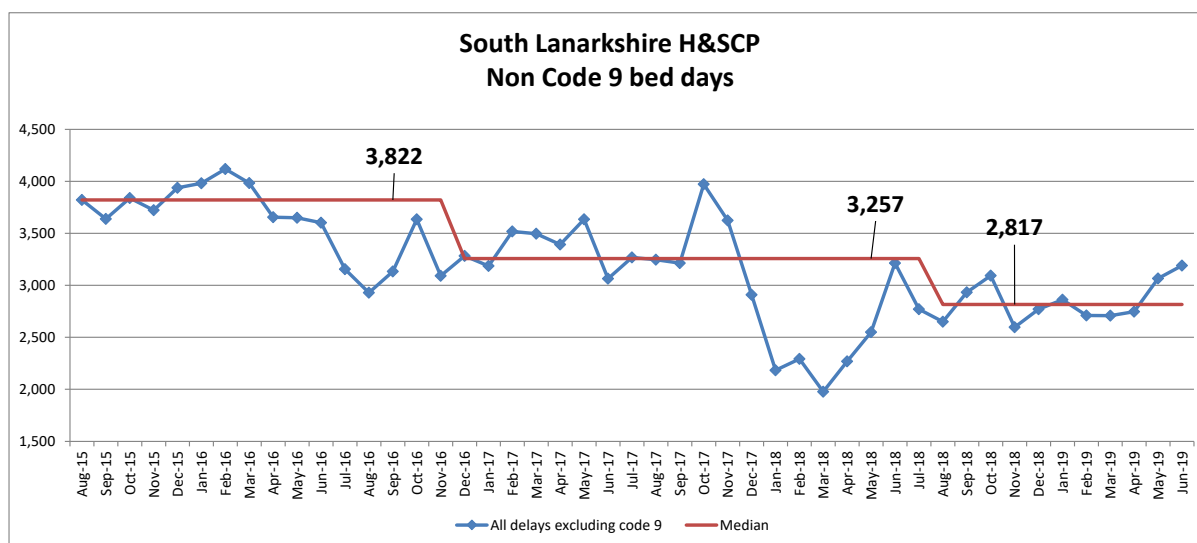
The graph below includes patients in offsite beds and takes into account progress in embedding improvements outlined in the delayed discharge improvement plan.



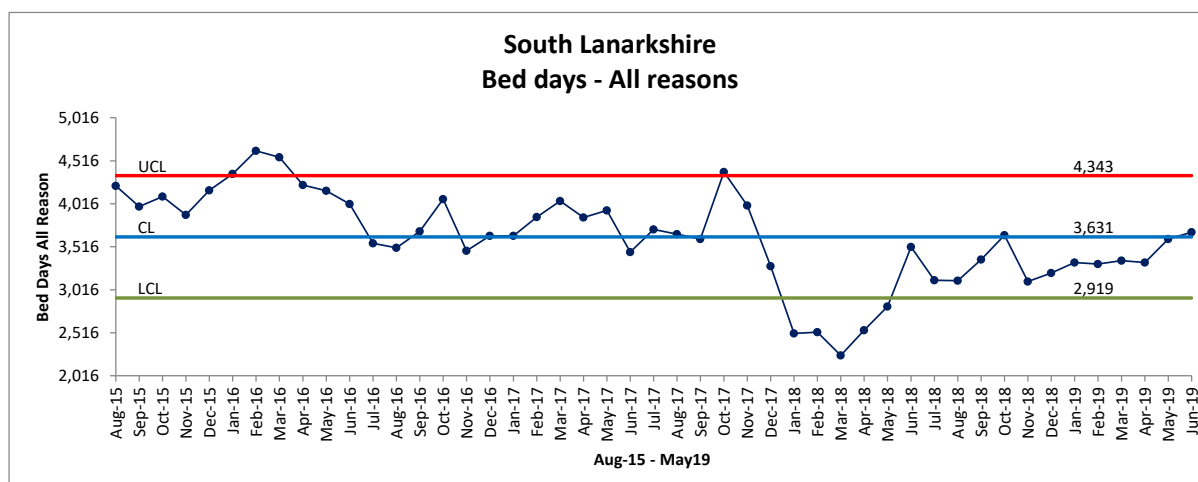
Delayed discharge bed days for the financial year 2018/19 showed an overall reduction for non-code 9 bed days of 10% when compared to the same period in the preceding year. This follows the continued year on year improvement during 2018/19 as highlighted in the table and graphs below. The first of the two graphs shows the reduction in median bed days from August 2015.

DD Non code 9	2018/19	2019/20	Negative = fewer than 2018/19
April	2,269	2746	477
May	2,550	3066	516
June	3,213	3190	-23

The following graph shows the reduction in median bed days over the previous years.



ISD published data shows that bed days during June 2019 for **all** delay reasons increased by 170 when compared to June 2018, comprising a slight decrease of 23 non code 9 bed days, with an increase of 193 Code 9 bed days.



There are significant pieces of work being undertaken in the undernoted areas – all of which are aimed at continuing to assist in reducing admissions and increasing flow through the hospital setting.

- a) An ongoing modernising of home care
- b) Revising model of intermediate care across inpatient, residential, day care and community facilities
- c) Redesigning the CCA pathway

In addition to the foregoing, there is a series of actions which continue to be taken to sustain the improved performance and to keep demand with the increasing flow of patients associated with the pattern of increased admissions and reduced unscheduled care beds.

These include:

- Daily conference calls with locality team meetings with Hairmyres and Wishaw Hospital Management Teams and Discharge Facilitators to review cases and lists which has contributed to a reduction in both homecare and CCA delays
- Weekly meetings at Hairmyres to review all delays over 14 days.
- Continued working on consistent pathway for all CCA patients, including information to relatives throughout inpatient stay, including closer collaborative working
- Increased ownership/familiarisation of process by all Senior Charge Nurses
- Addressing the number of patients not clinically ready for discharge at time of care package being available (typically within 48 hours)
- Increasing the number of am referrals
- Improved referrals over weekends and Wednesdays
- Maximising the use of an Estimated Date of Discharge. (This includes a 'step by step' approach being used to ensure technology is working to support embedding use of EDD and dynamic board rounds)

- Implementation of – and adherence to - the Choices Protocol with regards to care home placement. When first choice is unavailable interim placements have been put in place.
- Improved use of intermediate care approaches and beds across a number of settings
- Improved awareness of new recording systems and associated coding (following transfer of process from Edison to Trakcare)

1.5. Last Six Months of Life by Setting

Percentage of people who spend their last six months in a community setting has steadily increased over the previous three years. With a shift of resources from acute to community, it is expected that the numbers of people who spend the last six months in the community will increase. Initially the Partnership aims to achieve the average of their benchmarking group, within three years the aim is to achieve above average in line with North Lanarkshire.

The table below confirms the Partnership is increasing the proportion of South Lanarkshire residents who spend the last six months of life in the community. The percentage of people who spend the last six months of life in a large hospital has fallen since 2013/14 to 12.3% during 2017/18, slightly above the target of 12.2%. Fewer people spend their last six months in either hospitals or hospice/palliative care units.

	2013/2014	2014/2015	2015/2016	2016/2017p	2017/2018	2018/2019
Community	84.2%	84.4%	84.9%	86.9%	87.1%	87.0%
Community Target	84.2%	84.4%	84.9%	87.0%	86.6%	
Large Hospital	14.0%	14.3%	13.9%	12.3%	12.3%	11.7%
Large Hospital Target	14.0%	14.3%	13.9%	12.2%	12.2%	

1.6. Balance of Care

The percentage of people over 75 who are not thought to be in any other setting, or receiving any Home Care, has increased since 2015/16. South Lanarkshire is at the average level when measuring against their peer group. Given the increase in the 75+ age group, the 2015/16 percentage remains the target through to 2018/19.

	2013/2014	2014/2015	2015/2016	2016/2017p	2017/2018	2018/2019
Home (unsupported)	81.4%	82.2%	82.1%	82.5%	82.9%	
Home (unsupport) Target	81.0%	81.8%	81.7%	82.0%	82.0%	82.0%
Home Supported	9.6%	9.0%	9.0%	9.0%	8.9%	
Home Support Target	9.6%	9.0%	9.0%	9.0%	9.0%	9.0%

Balance of care improvements figures, shown above, were based on the over 75 population, generally those with the more complex needs. Currently the percentage of people over 75 who remain at home without support is above target by slightly below 1%.

2. PERFORMANCE AGAINST NATIONAL AND LOCAL AHP, SERVICES WAITING TIMES TARGETS/STANDARDS

The waiting times data contained in this report is provided by information services and is unvalidated/unpublished. This report is for the performance period from the 1st to 30th June 2019.

2.1. ALLIED HEALTH PROFESSIONS

Senior staff members in each of the individual AHP services triage all patients attending. (Triage is a method of determining the clinical priority of patient treatments based on the severity of their condition).

Patients with clinical conditions considered “urgent” or have “red flags” are seen within 24 to 48 hours of referral. Examples of these conditions would include, patients with Cauda Equina Syndrome, (a severe neurological condition causing loss of function of the lumbar plexus, within the spinal cord), or diabetic foot ulcers, etc.

2.2 AHP AND COMMUNITY SERVICES

The undernoted provides an overview of performance for AHP services hosted in SL H&SCP:

Service	Compliance	Target (Local/National)	Waiting >12 weeks	Hosted
Community Claudication Service	100.0%	Local 12 week	0	North/South
Physiotherapy MSK	68.4%	National 12 week	2473	South
Occupational Therapy MSK	100.0%	Local 12 week	0	South
Children and Young People Occupational Therapy	99.4%	Local 12 week	1	South
Occupational Therapy	100.0%	Local 12 week	0	South
Occupational Therapy- Neurology	100.0%	Local 12 week	0	South
Occupational Therapy - Rheumatology	95.6%	Local 12 week	5	South

Data for the AHP and Community Services who are the subject of a local or National waiting time target and who are not achieving performance targets June 2019, are displayed in table below: Where the target is outwith parameters, additional information can be found below.

AHP and Community Services	Waiting Times Target	June 2019 12 Week % Performance	Longest Wait in Weeks	Number of Patients Waiting Beyond the 12 Week Target	Localities / site with the longest wait
Physiotherapy MSK	Local Target 12 Weeks	68.4% (65.2%)	35 (32)	2473 (2802)	Motherwell (East Kilbride)

Source: Information Services. Unvalidated
Colour Code: Amber up to 5% off Target, Red more than 5% off Target
Figures in parenthesis equate to last month's performance

2.3 MSK Physiotherapy Performance Commentary

There has been a slight improvement in performance during June against May 2019.

There are a number of factors which have affected the Services ability to reduce waiting times further and these are detailed in the MSK Physiotherapy report commissioned by the Primary Care Waiting Times Group.

Physiotherapy MSK Vacancy Rate as of 1 July 2019

	Total
Band 2	2
Band 3	0.37
Band 5	7.1
Band 6	7.48
Total	16.95 wte

Performance Recovery Plan

- Recommendations proposed in the recent review of the Physiotherapy MSK Service have been brought together in an improvement plan. A SLWG is in place and meets to review progress on a monthly basis.
- Hub staff currently working to bring forward appointments for patients with longest waits.
- New 'Urgent' Patient SOP written and approved to reduce the number of DNAs and increase the number of routine appointments
- Offers made to x2 wte band 2 admin staff
- COR progressed for band 3 HCSW post
- Interviews planned for all band 5 vacancies on 29th July 2019
- HR redeployment process for band 6 Business Manager underway
- Two Band 6 offers made