

NHS Board Meeting
26 January 2022

Lanarkshire NHS Board
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SUBJECT: PERFORMANCE REPORT

1. PURPOSE

The purpose of this paper is to provide Board Members with

For approval	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	For Information	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been prepared by the Acute Division, and Health & Social Care Partnerships North and South.

3. SUMMARY OF KEY ISSUES

The main issues are captured in the reports that follow.

Acute Division

The Board continues to focus on the unscheduled care demands, and clinical prioritisation of cancer and clinically urgent patients using the national clinical prioritisation system. Unscheduled Care performance remains challenging and the number of patients attending the Emergency Departments has presented challenges also. In addition, the occupancy levels in the 3 acute sites has remained very high.

North Lanarkshire Health & Social Care Partnership

Following actions taken by H&SCP NL delayed discharge performance showed improvement during November 2021. Some AHP services have been affected by ongoing demand, capacity and resource issues. In particular, the significant issues relating to accommodation and staffing levels. This is impacting on their ability to show sustained improvement and recovery.

South Lanarkshire Health & Social Care Partnership

SL HSCP has continued the successful reduction in delayed discharges and associated bed days, although the months of September to November 2021 bed days are marginally above target. Work is ongoing in the appointment of additional staff and space to assist in the recovery of AHP waiting times.

In addition to routine performance the Joint Recovery group is co-ordinate a consistent approach to recovery and remobilisation across both H&SCPs.

Recovery may be influenced by current events regarding Omicron and the ability of services to fill posts associated with remobilisation plans.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" 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 checked="" 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 type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input 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

These are set in the report.

7. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Not applicable

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 checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Not Applicable.

11. CONSULTATION AND ENGAGEMENT

Not Applicable.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Accept the assurance provided	<input checked="" type="checkbox"/>	Note the information provided	<input type="checkbox"/>
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The Board is asked to note the content of this report.

13. FURTHER INFORMATION

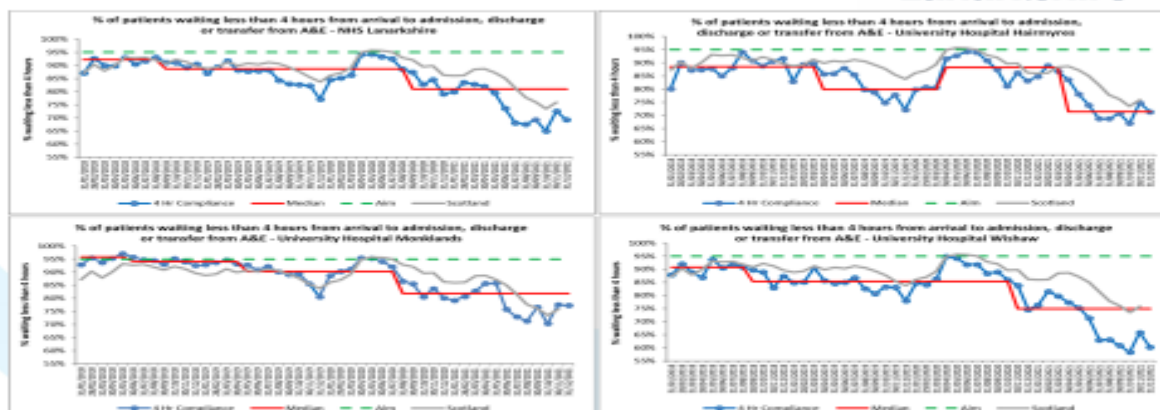
For further information about any aspect of this paper, please contact:

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Acute Division A&E Attendances



Data Interpretation: NB: Chart Rulings can only apply after the first 12 data points since the median was last recalculated

NHSL: Random variation.
 Hairmyres: Random variation. Median has been recalculated due to a sustained shift of 9-data points **below** the median
 Monklands: Random variation
 Wishaw: Random variation

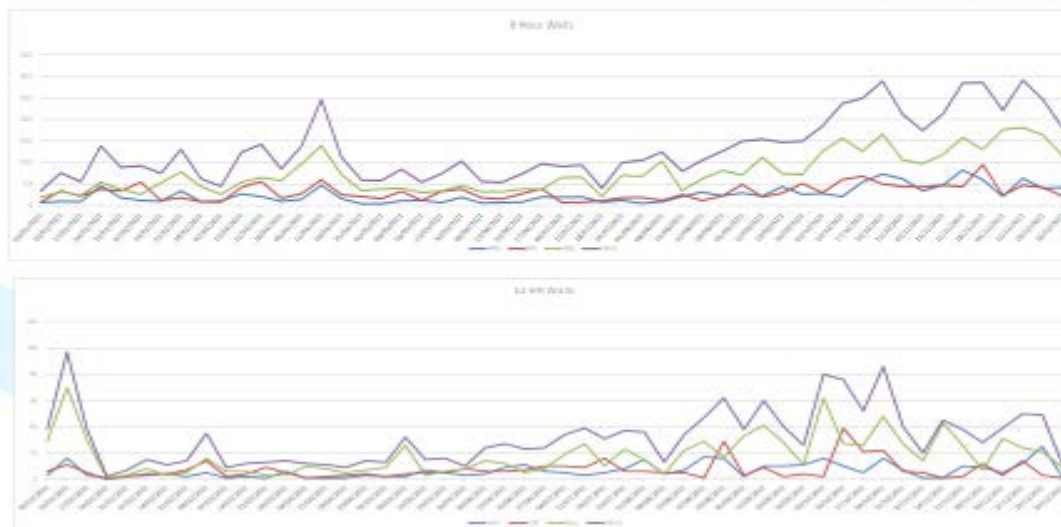
Acute Division A&E Performance Against the 4 hour Target



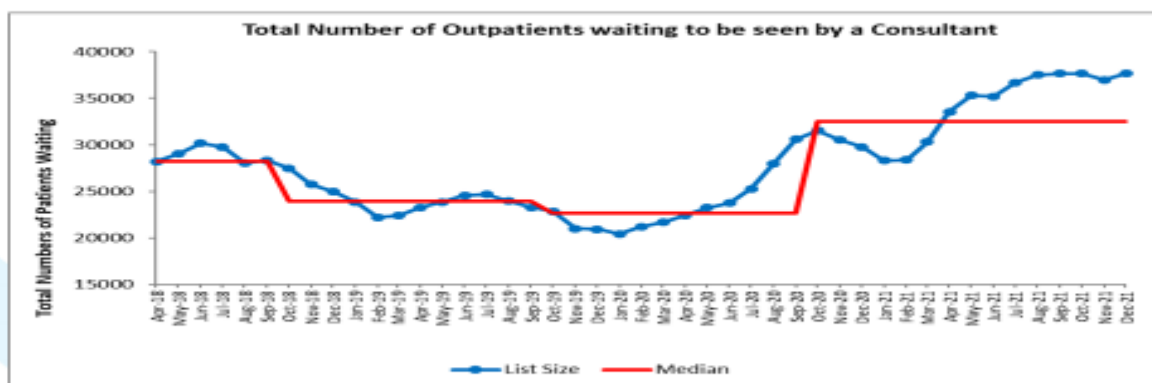
Data Interpretation: NB: Chart Rulings can only apply after the first 12 data points since the median was last recalculated

NHSL: Random Variation. A temporary median has been recalculated due to a 10-point shift **above** the median from March 2021.
 HM: Random Variation. A temporary median has been recalculated due to a 10-point shift **above** the median from March 2021.
 MK: Random Variation. A temporary median has been recalculated due to a 10-point shift **above** the median from March 2021.
 WG: Random Variation. A temporary median has been recalculated due to a 10-point shift **above** the median from March 2021.

8 & 12 Hour Breaches January 2021 – December 2021



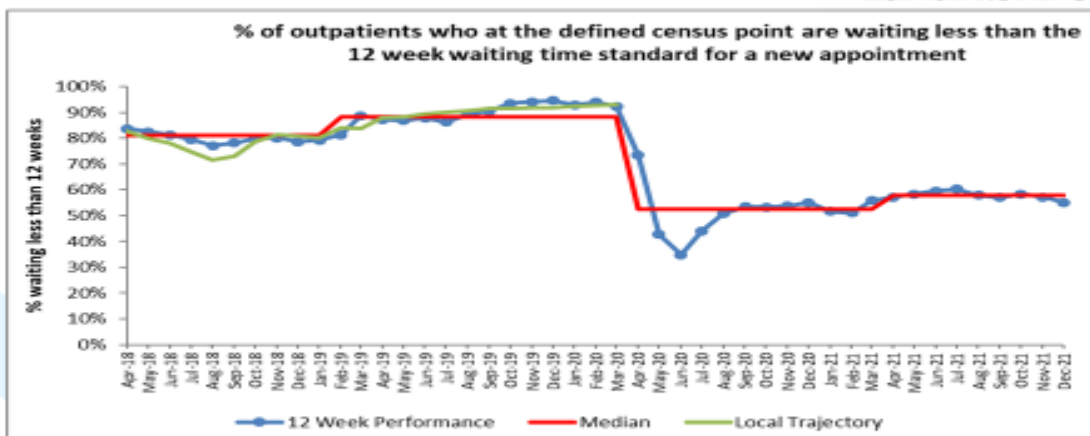
Outpatient Total Waiting List Size



Data Interpretation
 Random variation. The median has been re-calculated from October 2020.
 *New chart rulings can only be applied to data points collated after 12 data points (new baseline - circled) have been collated since the median was last recalculated.

Outpatient 12 Weeks

↑ Higher is Better



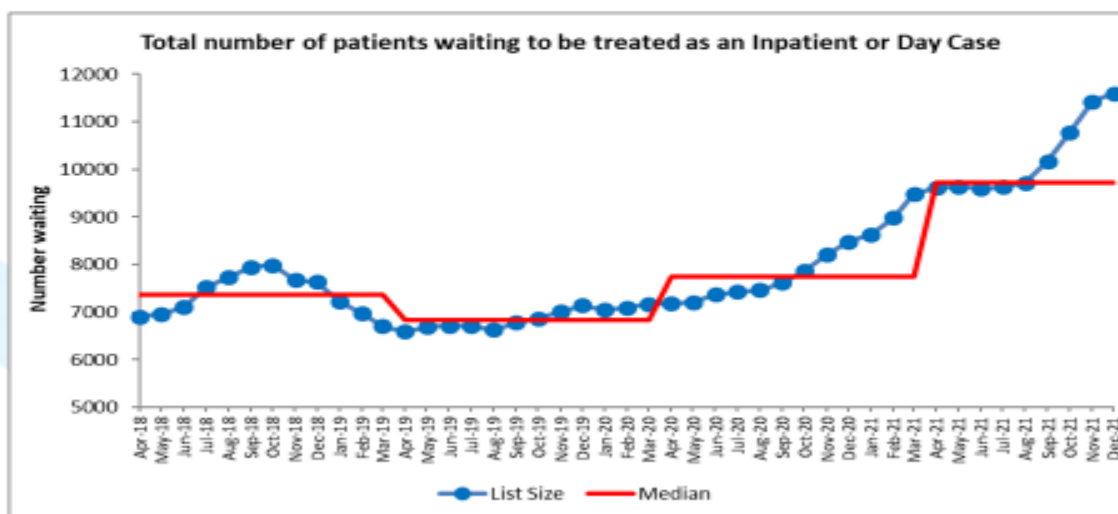
Data Interpretation

Random Variation.

Median has been recalculated after a sustained 9-point shift in the data above the previous median

Total Number of Patients waiting to be Treated: Inpatient or Day Case

↓ Lower is Better



% Patients Waiting Less than 12 Weeks



↑ Higher is Better



Data Interpretation:

Random Variation.

Waiting List Summary | TTG Clinical Priority



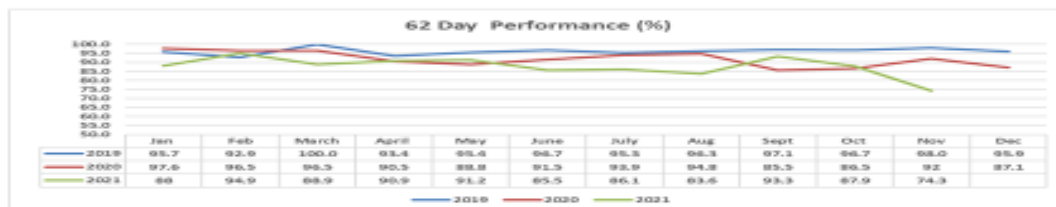
Patients Waiting (Ongoing waits) as at 31 December 2021

Category Group	0-4 weeks	5-12 weeks	13-26 weeks	27-52 weeks	>52 weeks	Grand Total	Grand Total %	% Patient waiting over Priority Cat
Still to be re-categorised	68	67	45	12	0	192	2%	N/A
TTG Cancer	90	56	13	5	0	164	1%	45%
TTG Urgent SoC	77	82	20	17	3	199	2%	61%
TTG Category 2 (within 4 weeks)	241	345	368	480	260	1694	15%	86%
TTG Category 3 (within 12 weeks)	388	1034	1260	1055	700	4437	38%	68%
TTG Category 4 (over 12 weeks)	252	731	896	1157	1878	4914	42%	80%
Grand Total	1116	2315	2602	2726	2841	11600		
Grand Total %	10%	20%	22%	24%	24%	100%		

Cancer Services



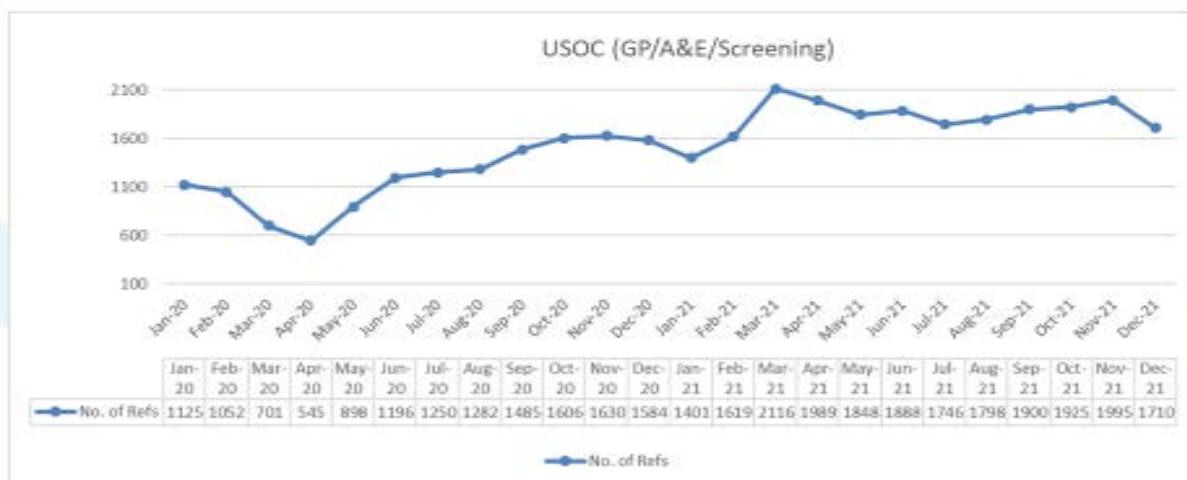
National Standard: 95% of all patients referred urgently with a suspicion of cancer will begin treatment within 62 days of receipt of referral. This target has not been achieved due to the impact of Covid-19.



National Standard: 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat. This target has been achieved.



Urgent Suspicion of Cancer Referrals January 2020-December 2021



North Lanarkshire Health and Social Care Partnership

Delayed Discharge Performance

April – November 2021/22 HSCP North Lanarkshire delayed discharge performance 17,273 standard bed days against a target of 15,860, 1,413 bed days beyond target (figure 1). July – September 2021 monthly delays were on average 550 above trajectory, October 2021 has seen this improving with just 26 bed days beyond target during November.

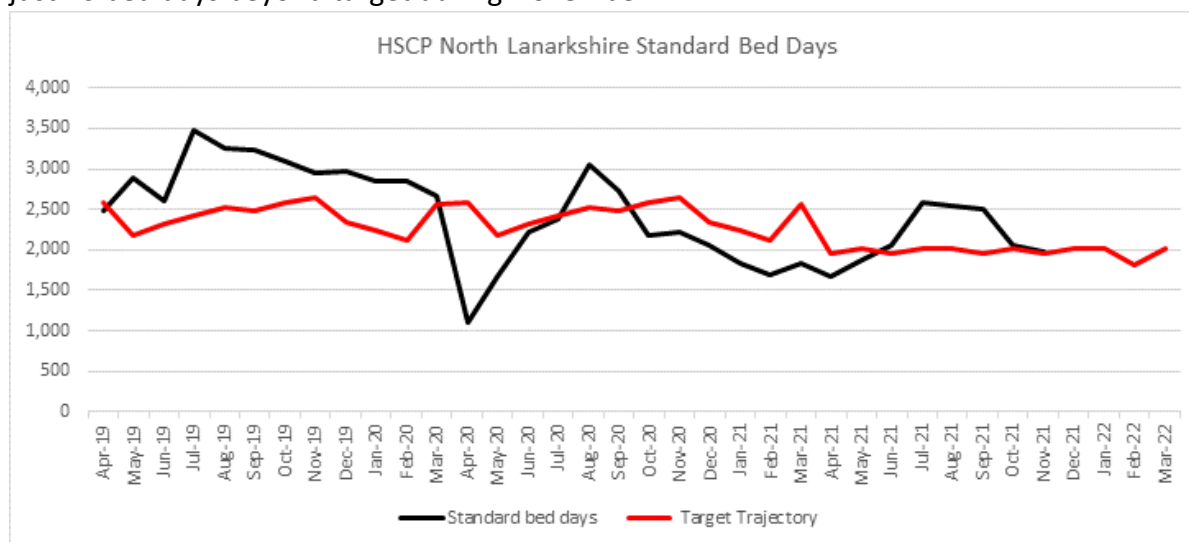


Figure 1 Delayed Discharge bed days performance

Delays could be linked to similar pressures affecting other areas of the system, including:

- Increased hospital activity
- Home support sickness absence, Covid isolation and vacancies (affecting all Localities but particularly Cumbernauld and Wishaw)
- Reduction of independent sector Home Support capacity
- Increased guardianship referrals
- Care Home closures due to Covid outbreaks and suspected outbreaks limiting discharge volumes.

A wide range of activity is ongoing, both locally and nationally, to try to resolve these issues:

- Whole system improvement work on the PDD process
- Home Support recruitment – over 200 applicants in latest round, though important to note this could impact on independent sector capacity
- Lanarkshire is a demonstrator site for Home First/Discharge without delay. Staff involved in the development of the Discharge without delay measurement plan
- Rapid response, focused on supporting people at home, is having an impact
- Expanding Hospital at Home service and considering expanding to under 65s
- Additional CSWs are being recruited so that District Nursing Teams can enhance the care offering to those on both Home Support and District Nursing caseloads, freeing up further Home Support capacity to concentrate on other cases
- Use of interim placements
- Redeployments of some staff groups to enhance Care at Home capacity, including use of some community nursing resource
- Participation in national Rapid Action Group for Care at Home.

AHP Waiting Times – H&SCP NL Hosted

The waiting times data contained in this report is provided by NHS Information Services and is unvalidated/unpublished. This report is for the performance period from the 1st to 31st December 2021.

The Capacity Planning and Waiting Times (CPWT) group is re-established and is supporting AHP Services with recovery and remobilisation. Historically the group has limited focus to specialties with a national profile which are outlined below.

CPWT is working towards including all AHP specialties in future reporting, however it should be noted that many specialties are relying on gathering and processing data using manual time consuming methods.

Through the CPWT, services have highlighted a number of factors which continue to affect service recovery.

- Social distancing continues to limit activity levels
- There remain significant challenges relating to capacity for essential face to face consultations which are impacting on some services ability to meet increasing demand. An example can be seen in the waiting times for Podiatry.
- Vacancy rates for some services are affecting recovery
- Staff redeployed has affected capacity and activity levels.

Given the current environment HSCP NL have agreed a recovery target of 50% for AHP services. AHP Service performance for ongoing waits is detailed in figure 2.

Speech and Language Therapy – Children and Young People (C&YP)), Podiatry (excl MSK) and Podiatry Domicilliary Appts have not met the 50% target.

Service	Performance against 50%	Target (Local/National)	Longest Wait in Weeks	Waiting >12 weeks
Podiatry Biomechanical MSK Service	75.1%	Local 12 week	35	181
Speech & Language Therapy Children and Young	34.8%	Local 12 week	62	1036
Speech & Language Therapy Adult	75.0%	Local 12 week	28	63
Podiatry Service (excl MSK)	27.6%	Local 12 week	101	2062
Podiatry Service - Domicilliary Appts	48.8%	Local 12 week	92	21
Dietetics	55.1%	Local 12 week	104	297
Medical Children and Young People - Cons Led	92.6%	National 12 week	71	70
Community Claudication Service	96.5%	Local 12 week	18	7

Figure 2 Performance against 50% target

Speech & Language Therapy Children and Young People

Performance Commentary

Performance prior to COVID-19 was at 62.7%. The service has previously described the SLT covid-19 journey – suspension in OP appointments; staff redeployed to staff wellbeing and immunisation teams; and a gradual move to remote working

Figure 3 illustrates performance over time for SLT C&YP. Pre Covid the Service was unable to achieve the 90% 12 week target, however performance deteriorated significantly from April 2020 dipping below the lower control limit. Performance is showing some improvement from August 2021. Current performance for December is 34.8% against the 12 week target.

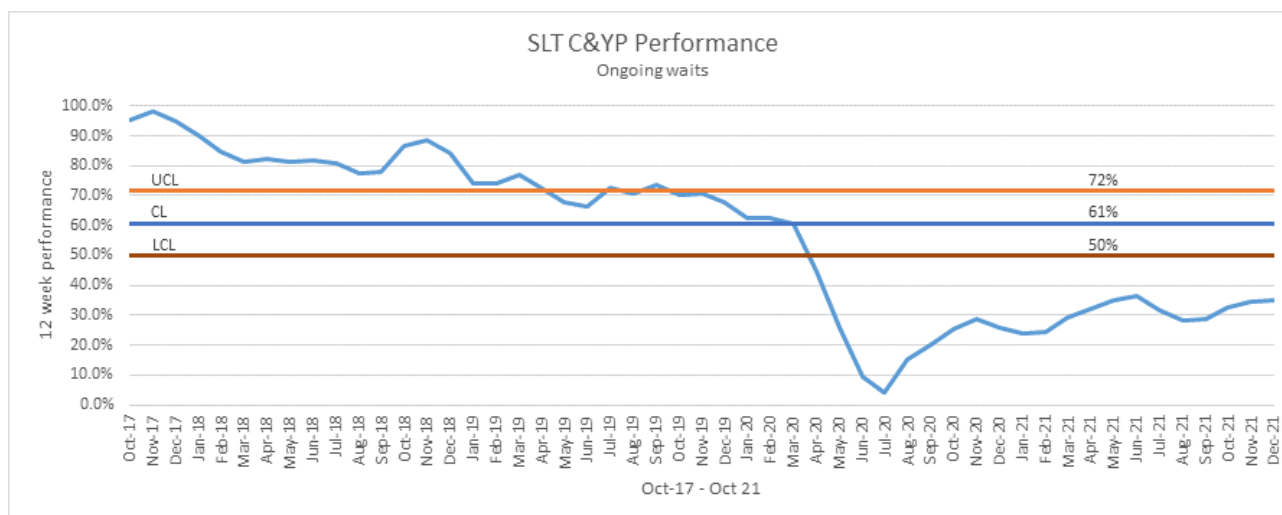


Figure 3: SLT C&YP performance

Performance Recovery Plan

There is a small improvement in percentage performance and a reduction in the longest wait- however demand has increased and the overall number of children waiting has also increased. The service is now progressing through further recruitment processes as many recruited to remobilisation posts were internal appointments.

The following provides an overview of current actions underway to address performance:

1. Increase capacity

With the exception of two Band 7 posts SLT have fully recruited to remobilisation posts. However, despite this activity, the overall service capacity has decreased due to staff retirements/leaving.

2. Demand

In December, 249 referrals were received for the Children and Young People's team, against an average of 197/month since April. This still sits within the expected levels.

3. Spread of Trakcare to all SLT teams

While this will not in itself decrease waits, it will allow better metrics around this as currently the performance graphs are only applicable to some parts of the service. Pre- 5 Complex needs team are now live on Trakcare, as is the Adult Learning Disability Team. Training was delivered during November for Airdrie locality and the service is completing change control forms for the team.

4. Potential Risks to Performance recovery

- Accommodation issues continue in several areas- Bellshill, Wishaw, Hairmyres, Cumbernauld, Motherwell – we are completing an AHP Accommodation template with the NHSL Planning Department
- Staff absence continues at high levels, with special leave reducing.
- Some group interventions are still not possible due to restrictions in face to face and also use of technology- some groups cannot be carried out using Near Me and work continues to get DPIA approval for the use of MS Teams.

Podiatry

Podiatry (excl. MSK)

Figure 4 shows performance against the 12 week target for Podiatry (excl MSK). Performance dipped sharply during April 2020 and remains well below 50%. Changes as a result of the Covid emergency have impacted the Service's ability to recover to pre Covid levels, mainly access to accommodation and social distancing restrictions.

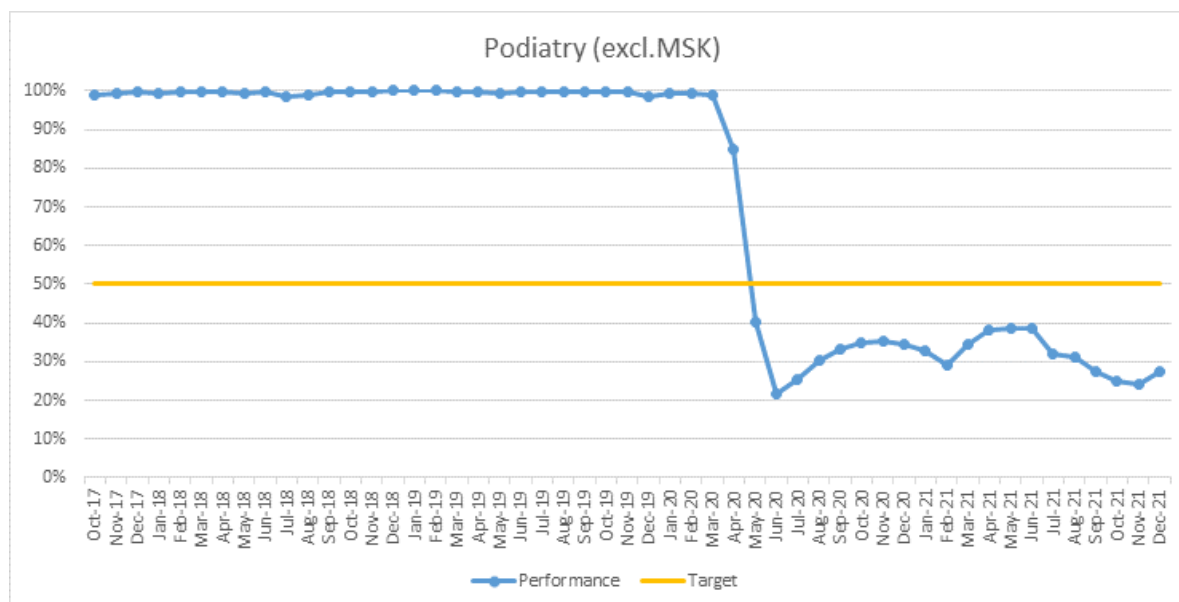


Figure 4 Podiatry (excl. MSK) performance against target

Performance Commentary

Performance reflects the continued challenges around access to clinical rooms due to social distancing requirements and increased fallow time. The service is only able to deliver mainstream services to wounds, infections and infected ingrown toenails. There is a recovery plan in place which is reliant on reclaiming some accommodation and recruiting staff with work ongoing. The service is actively recruiting an additional 8wte staffing to support recovery.

Recruitment process lengthy. Recruited x 0.4 WTE from 8WTE 12 month fixed term recovery posts. Re-advertised and plan to interview 3 candidates late January 2022. We are exploring the potential of recruiting B3 Podiatry students at GCU and QMU onto the Bank to support in some of the Diabetic Foot Screening referrals on the outpatient waiting list. There is a national shortage of podiatrists with the HEIs unable to produce sufficient numbers for the demands of the Scottish Health boards.

The patients remaining on the podiatry routine waiting list are for **low risk diabetic foot screening** only and have **no podiatry issues**. As a result of limited access to health centres and rooms previously used by podiatry due to physical distancing and foot fall restrictions, the majority of clinic appointments are used for patients with active foot ulceration or a podiatry issue such as a painful lesion.

Podiatry – Domiciliary

Prior to March 2020 the service achieved close to 100% performance, however this dipped significantly as the changes resulting from the Covid pandemic impacted on the services activity (Figure 5).

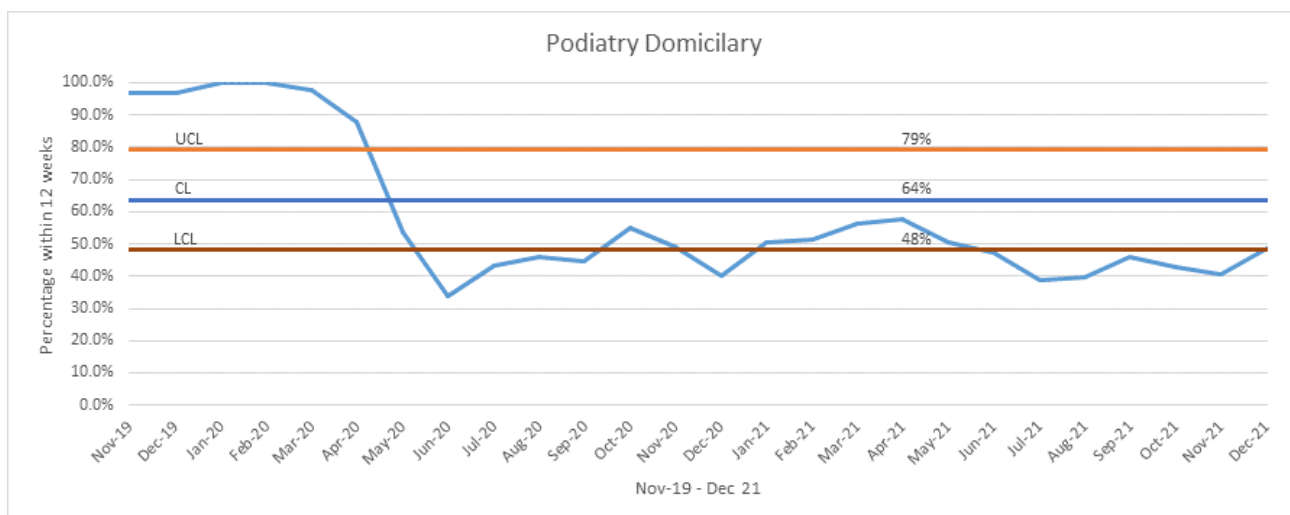


Figure 5 Podiatry Domiciliary Performance

Similar to the Podiatry (excl MSK) due to social distancing the numbers of people who can be seen in a session has reduced to 3 rather than 5 or 6. Therefore until this is relaxed it will take double the workforce to see these patients.

Staff recruitment is underway based on Remobilisation plans. However it will take several months to go through the recruiting process, so waiting times will only marginally improve until staff are in place. Podiatry has developed trajectories based on this additional resource.

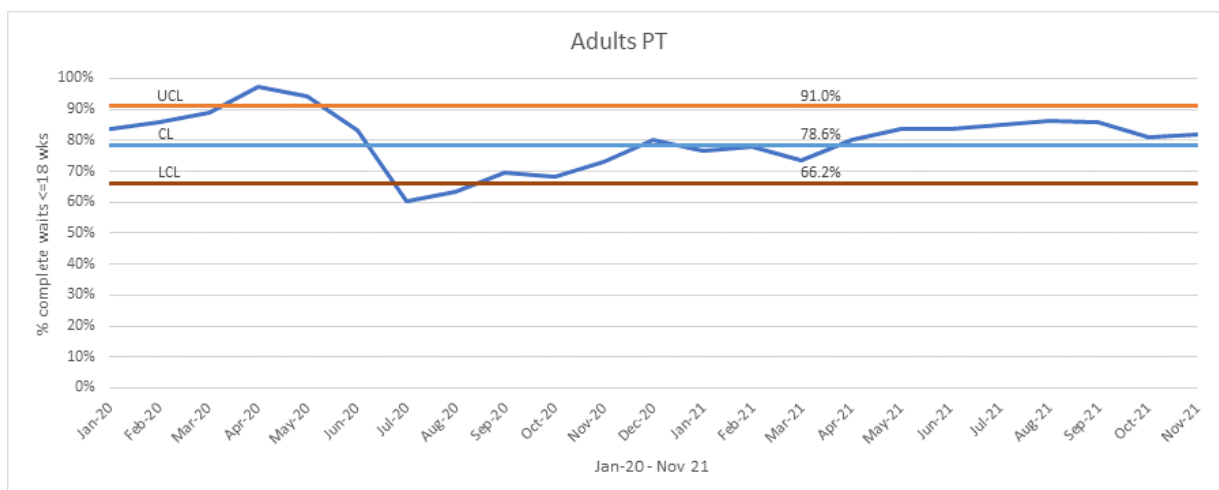
Psychological Therapies RTT

Adult Psychological Therapies RTT waiting times for **November 2021**. (Fig 5)

The national RTT Target is that 90% of patients commence psychological therapy within 18 weeks of referral.

- 81.84% of patients commenced psychological therapy within 18 weeks,
- The longest wait remains within the specialist Neuropsychology service, although with the successful recruitment of new psychologists, this has fallen from 86 weeks at the end of September to 57 weeks in November. It is anticipated that this will continue to fall towards the 18 week standard in 2022/2023.
- Waiting times across the 10 primary care Psychological Therapies Teams vary somewhat across localities due to referral patterns, consultation modality, and staffing issues:
 - Tier 2: 13 weeks (Bellshill) to 26 weeks (Airdrie)
 - Tier 3: 23 weeks (Wishaw) to 45 weeks (Camglen)

HEAT Summary	PT
No. of Patients Waiting (Overall)	2336
No. of Patients Waiting <= 18 weeks	1811
% Waiting <= 18 weeks (Overall)	77.53%
Longest Wait Overall (Weeks)	57
PT Team with longest wait	Neuropsychology
No. of Completed Waits	738
No. of Completed Waits <= 18 weeks	604
% Completed Waits <= 18 Weeks	81.84%



Following discussions with Scottish Government, it has been agreed that NHS Lanarkshire will henceforth only report adult psychological therapies waiting times. This is because CAMHS are currently unable to disaggregate psychological therapies from their overall data and, whilst the overall CAMHS data has been used as a proxy measure over the past several years, this is not accurate and only served to skew and distort the majority of psychological therapies waiting times data.

CAMHS report all treatment activity against the RTT, not psychological therapy separately (Fig 6)

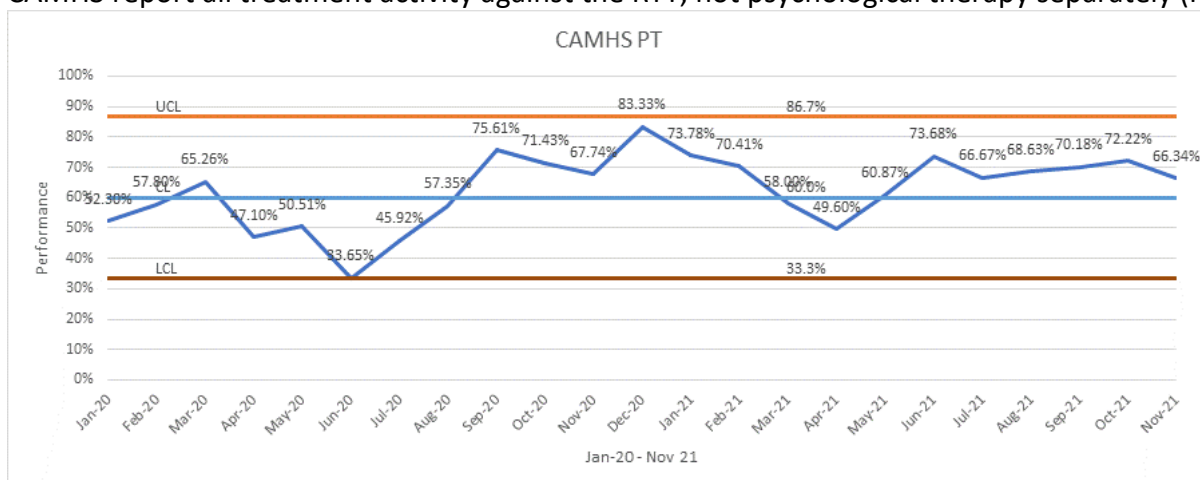


Figure 5 CAMHS PT

The CAMHS RTT showed 66.34% of patients commenced intervention within 18 weeks of referral in November 2021 (currently available data). Work is ongoing to roll out the new CAMHS service model, with a full update paper provided to the Population Health Committee in January 2022.

At present, there remains significant challenges around both high levels of urgent demand and staff capacity due to vacancies. However, recruitment is ongoing against the new service model, which has tried to expand the staffing groups within the service skill mix, with some early success and new staff coming into post in early 2022. New staff will support the roll out of the CAPA model and other wider developments around the Neurodevelopmental Pathway, Out of Hours, Liaison and Intensive services. A full update report on progress was presented to the January Population Health Committee.

South Lanarkshire Health and Social Care Partnership

1. Recovery and Remobilisation

SL H&SCP is experiencing significant issues with recovering services. In addition to ongoing accommodation issues for some services, there are significant numbers of patients who have not received routine screening for e.g. blood and other biometric monitoring associated with long term conditions. Similarly, there are significant waits for a range of AHP services including physiotherapy and occupational therapy; access to dental services and increased demand for community pharmacy services.

In turn, this has meant GPs are having to manage many patients than would normally be the case. This includes patients who would otherwise have been referred on to acute/other services and have their care managed accordingly. Due to lack of access/extended waiting times for these services, the patients have many more repeat visits due to the GP to seek support for their ongoing care. Additionally, the GPs do not have access to refer many patients they otherwise would have referred for direct access, e.g. for x rays.

Additional staff are being recruited as part of Remobilisation Plan (RMP4) and trajectories being developed to plan service waiting times to be able to return to pre-pandemic level. The ability of services to fill posts associated with remobilisation plans may be subject to change. An example of this is provided at 9 below.

Trajectories should be taken with a degree of caution at this stage and are heavily caveated as plans and performance trajectories originally set out are already being influenced by current events regarding Omicron and decisions to redeploy AHP staff back into acute services to cover nursing shortfalls.

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

2.1 Year on Year comparison April – Oct 2021/22 against 2020/21

- A&E attendances **up 27.5%***
- Emergency admission **up 13.7%***
- Unscheduled care bed days, Acute specialties **up 11.2%***
- Unscheduled Care (UC) Bed days Acute/Geriatric Long Stay (GLS)/Mental Health (MH) **up by 9.02% ***
- Delayed discharge non-code nine bed days **up by 22.0%**

*(It should be noted that comparison with last year is difficult given Covid impact on reducing attendances. Additionally, emergency admissions and unscheduled care bed days will increase as episodes of care are completed.)

2.2 Performance against targets

Figure 1 shows performance April – October 2021/22 for attendances, emergency admission and unscheduled care bed days. Data completeness for August 2021 is 99%. Delayed discharges performance is shown for most recently published data April – November 2021/22.

2021/22	Target	Performance	Variance	% variance
A&E Attendances	68,075	63,529	-4,546	-6.68%
Emergency Admissions	23,282	21,667	-1,615	-7.45%
UC Bed days - Acute	138,465	122,100	-16,365	-13.40%
UC Bed days - Acute/GLS/MH	182,308	155,436	-26,872	-17.29%
Delayed Discharge standard bed days	18,300	15,398	-2,902	-18.85%

Figure 6 Performance against targets

3 A&E Attendances

Figure 2 shows performance against trajectory April 2017 to October 2021, April – October 2021/22 there were 4,546 fewer attendances than expected, 63,529 against the target of 68,075.

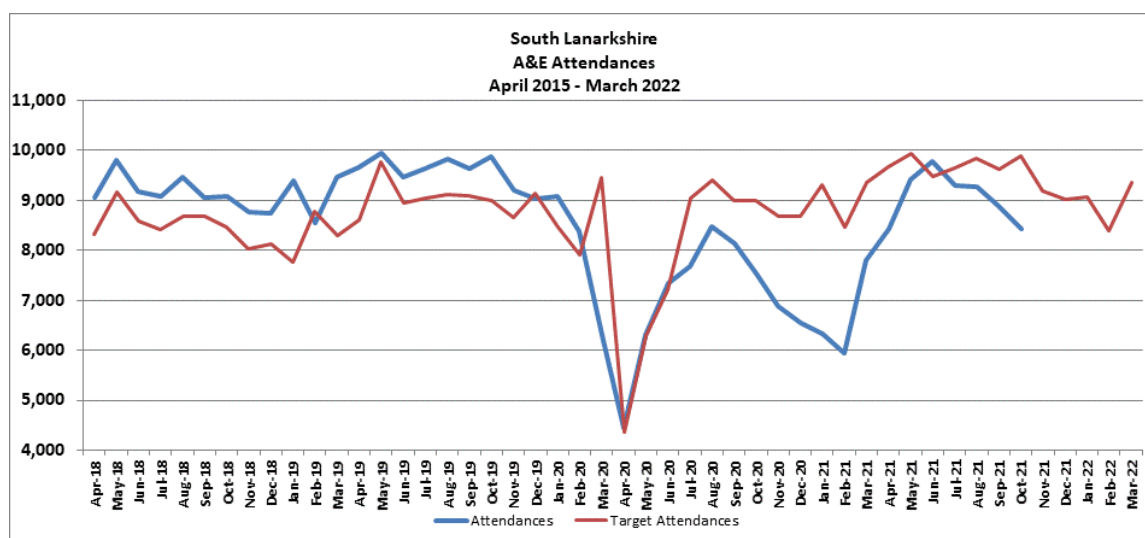


Figure 2 A&E Attendances

4 Emergency Admissions

Performance for emergency admissions for April - October 2021/22 (Figure 3) are below the expected level by 1,615 admissions, 21,667 against the target of 23,282.

Given the increase in A&E attendances from February 2021 the Partnership expected an increase in emergency admissions, trajectories for 2022 have taken this into account.

Admissions for this period **will** increase as episodes of care are completed, although unlikely to increase admissions beyond trajectory.

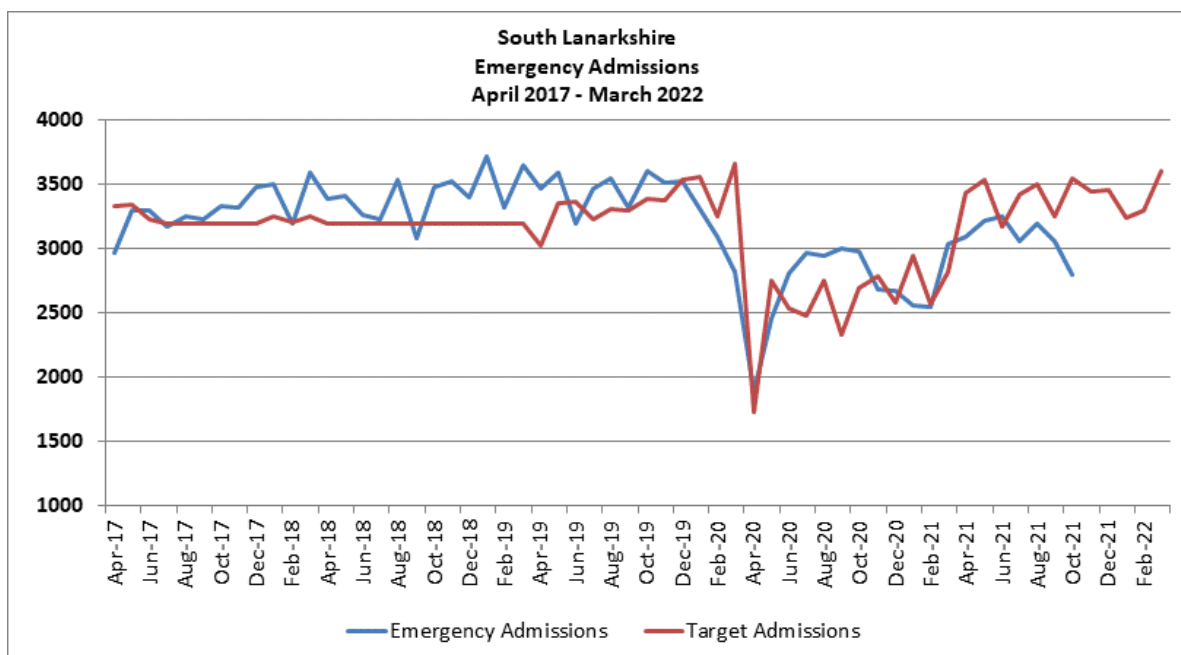


Figure 3 Emergency Admission against trajectories April 2017 to Oct 2021

5 Unscheduled Care Bed Days

Unscheduled Care Bed Day trajectories for 2021/22 include Acute, Geriatric Long Stay (GLS) and Mental Health (MH). For consistency the graph below (Figure 4) tracks the month-on-month performance longitudinally against the trajectory agreed for unscheduled bed days – Acute specialities. With the second graph (Figure 5) 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 therefore bed days for October 2021 **will** increase.

Unscheduled Bed Days – Acute.

April to Oct 2021/22 were 16,365 fewer bed days than anticipated, 122,100 against the target of 138,465 (Figure 4). This **will** increase over the next quarter.

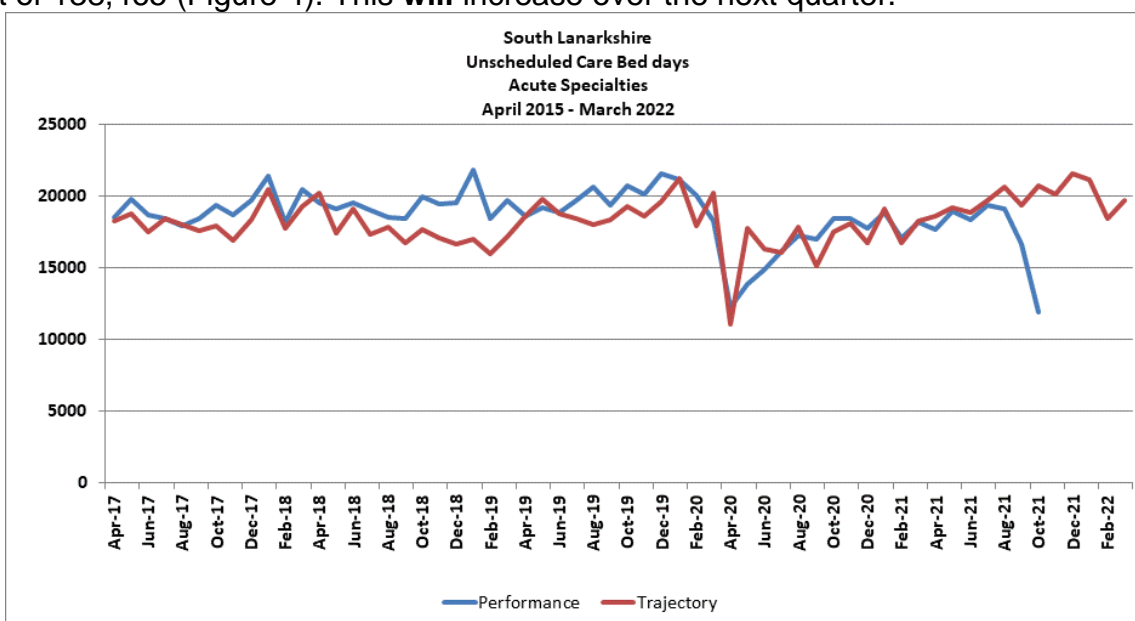


Figure 4 Unscheduled Bed Days - Acute Specialities

UC Bed Days – Acute, GLS, MH.

April - October 2021/22 there were 26,872 **fewer** bed days than anticipated, 155,436

against the target of 182,308 (Figure 5). This **will** increase over the next quarter.

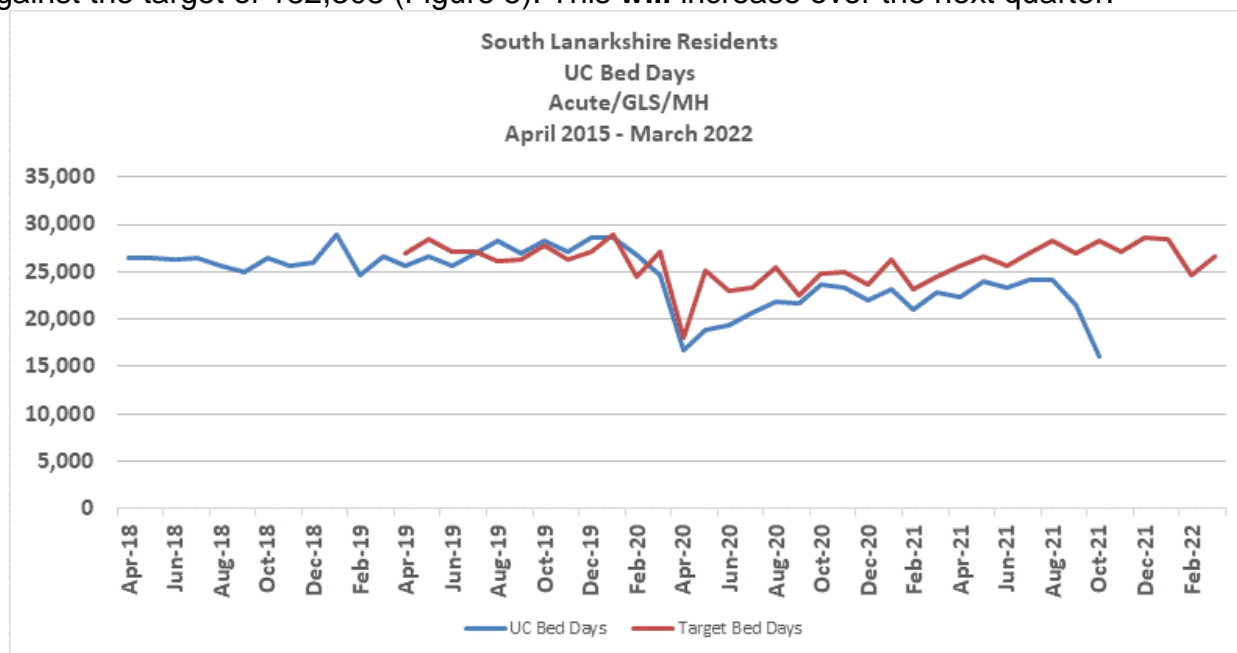


Figure 5 Unscheduled Care Bed Days - Acute/GLS/MH

6 Delayed Discharge Bed Days

April – Nov 2021/22

Delayed discharge data is available to November 2021/22. From April 2021 there has been an increase in standard delay bed days (Figure 6), despite this increase the Partnership is currently within target level, with 2,902 fewer standard bed days than anticipated, 15,398 against the target of 18,300. However delays for September, October and November were above the performance trajectory by a small margin. This increase can be linked to the significant increase in hospital activity and ongoing pressures in home care.

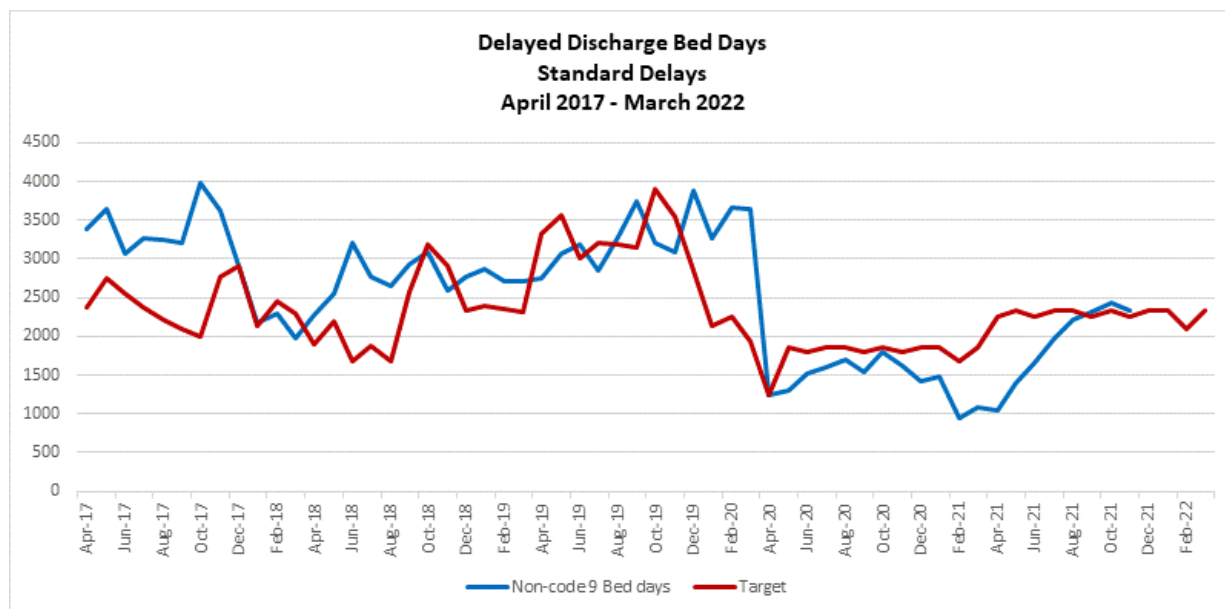


Figure 6 Delayed Discharge Bed Days - non-code 9

Figure 2, using unvalidated management information for SL residents delayed in NHSL hospitals, suggests standard delayed discharge bed days may continue to increase November/December. This is a similar pattern Scotland wide.

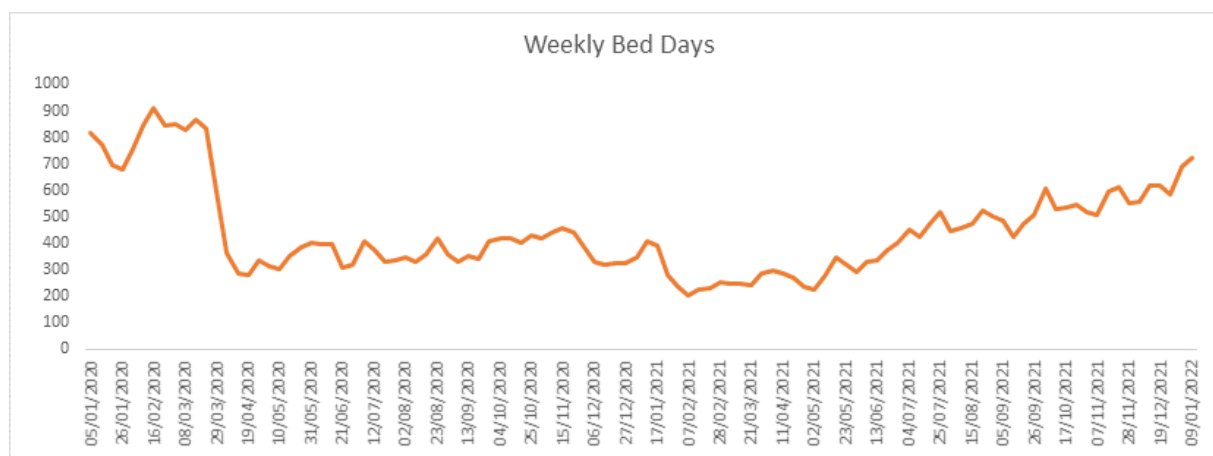


Figure 7 Weekly standard bed days (Management Information only)

The Scottish Government 'Discharge without Delay' approach was launched in October 2021. The aim of the approach is to improve pathways through hospital settings, reduce lengths of stay, reduce delays and build bed capacity. It will ensure patients are treated in their home where appropriate. NHSL is one of four pathfinder sites, with representatives from NHSL, SL H&SCP and NL H&SCP involved in the development and testing of the associated measurement plan.

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7 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. As the range of services in the community setting increases, it is expected that the numbers of people who spend the last six months in the community will similarly increase.

The table below (Fig 7) 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 8.1% during 2020/21, below the target of 10.0%. Fewer people spend their last six months in either hospitals or hospice/palliative care units. It should be noted that the data provided is management information. Data for 2020/21 is provisional.

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/20	2020/21P	2021/22
Community	84.8%	85.2%	85.3%	87.2%	87.6%	88.5%	88.2%	90.8%	
Community Target	84.2%	84.4%	84.9%	87.0%	86.6%	88.4%	87.1%	88.5%	88.5%
Large Hospital	11.8%	12.1%	12.1%	10.7%	10.2%	9.9%	10.3%	8.1%	
Large Hospital Target	12.4%	12.9%	12.4%	11.1%	10.7%	10.0%	10.0%	10.0%	10.0%

Figure 7 Percentage of last six months of life by setting

8 Balance of Care

Figure 8 shows 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, although reducing slightly 2019/20, this may change as data is provisional. Given the increase in the 75+ age group, the 2015/16 percentage remains the target through to 2019/20.

	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020 ^p	2020/21	2021/22
Home (unsupported)	81.6%	82.1%	82.2%	82.5%	83.5%	82.9%	83.3%		
Home (unsupported) Target	81.0%	81.8%	81.7%	82.0%	82.0%	82.0%	82.0%	83.0%	83.5%
Home Supported	9.6%	9.0%	9.0%	9.0%	9.0%	9.3%	9.1%		
Home Support Target	9.6%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.1%	9.1%

Figure 8 Balance of Care – 2019/20 data provisional

Balance of care improvement figures, shown above, were based on the over 75 population, generally those with the more complex needs.

It should be noted that this data is management information. This indicator is still under development nationally and may change in future reports. Data for 2019/20 is provisional.

9 AHP Waiting Times – South Hosted

The waiting times data contained in this section of the report is provided by NHSL Information Services and is unvalidated/unpublished. This report is for the performance period from the 1st to 31st December 2021.

Capacity Planning and Waiting Times (CPWT) group has been re-established, with the aim of supporting the full recovery of AHP services.

Historically the group has limited focus to specialties with a national profile which are outlined below. CPWT is working towards including all AHP specialties in future reporting.

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).

Given uncertainties relating to demand, capacity and service activity SL have agreed a recovery target of 50% for AHP services. Performance for waits for all services hosted by SL H&SCP is detailed in Figure 9 and shows all are now achieving the 50% target. Work is underway to produce recovery trajectories for each of the services linked to the success or otherwise of additional staffing recruitment to address same.

As above, trajectories should be taken with a degree of caveat as plans and performance trajectories originally set out may be influenced by current events regarding Omicron and the ability of services to fill posts associated with remobilisation plans.

Service	Performance against 50%	Target (Local/National)	Longest Wait in Weeks	Waiting >12 weeks	Hosted
Community Claudication Service	96.0%	Local 12 week	20	8	North/South
Physiotherapy MSK	62.0%	National 12 week	28	2778	South
Occupational Therapy MSK	100.0%	Local 12 week	5	0	South
Children and Young People Occupational Therapy	100.0%	Local 12 week	10	0	South
Occupational Therapy- Neurology	88.6%	Local 12 week	29	5	South
Occupational Therapy - Rheumatology	60.9%	Local 12 week	21	61	South

Figure 9 Percentage waits within 12 weeks

9.1 Physiotherapy MSK

Physiotherapy MSK performance details are shown in Figure 10 SPC graph. Pre pandemic average performance was roughly 70% with performance improving during March to 88% against the 90% target. Performance dropped significantly to the lowest performance during June 2020 as a result of the impact of the pandemic. This has recovered and is showing routine variation although not achieving target performance.

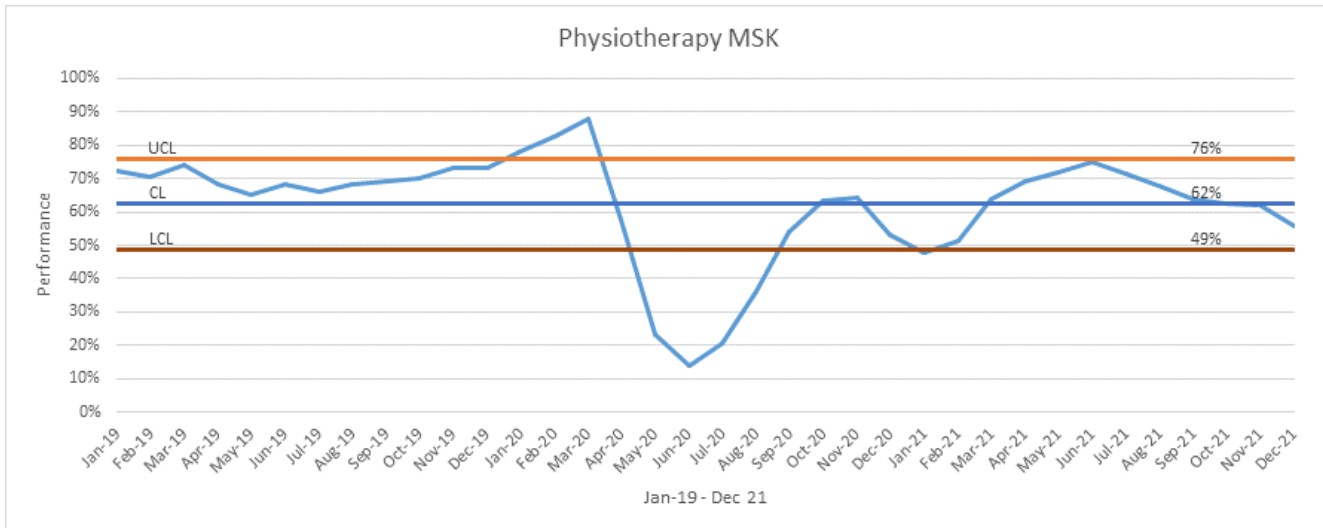


Figure 10 SPC Physio MSK Performance Jan 19 - Dec 21

Physio MSK remobilisation trajectories developed by the services are set out in figure 11.

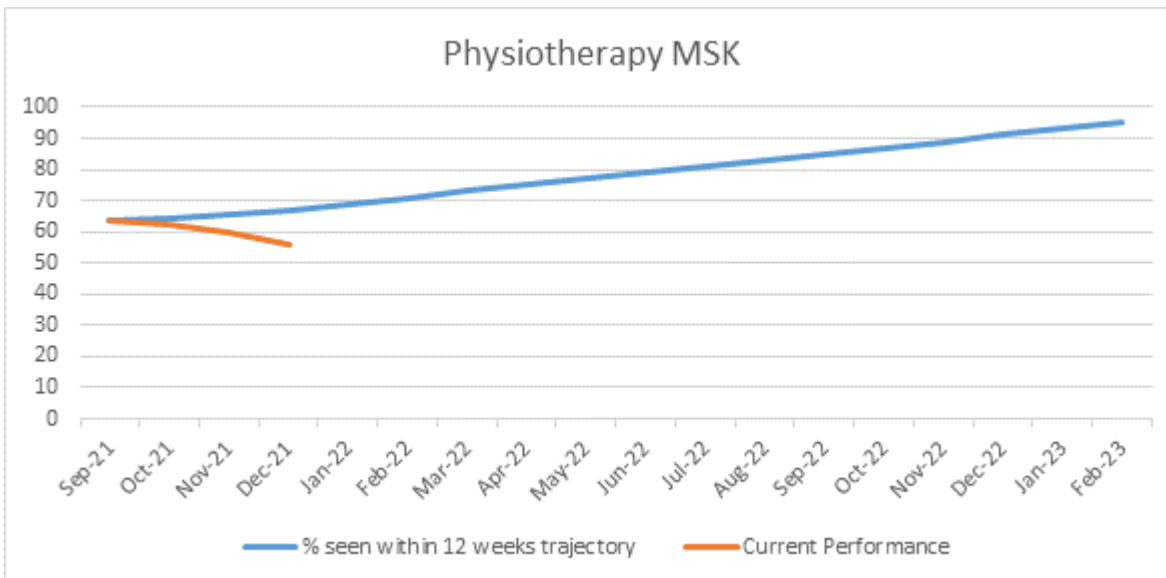


Figure 11 Physiotherapy Remobilisation Trajectory

Performance Update

Despite most of the mobilisation posts recruited to, there remain 5 of the appointed band 5s not yet in post, with 3 due to commence the end of January 2022 with no start date for the

remaining 2, awaiting visa applications.

There are significant band 5 and band 6 substantive vacancies however, which impact on the total capacity and activity.

The waiting list has slightly reduced and patients continue to receive an opt in letter with an SAE. If the patient fails to respond within 3 weeks a further opt in letter is sent prior to removal.

Appointed band 7 staff have begun an enhanced vetting process and future reports will update the efficacy of that in due course.

Strategic Command requested Physiotherapy assist within Critical Care, two volunteers per site starting 17th January with backfill from rotational MSK staff.

This will leave a caseload of approx. 600 return patients to be absorbed by the remaining MSK staff so will have an impact on MSK waiting times and list size.

9.2 Occupational Therapy

The Rheumatology Occupational Therapy service had recovered well from the pandemic, after being stepped down for 6 months in 2020. By April 2021 there were 97 patients on the waiting list with a longest wait of 59 days.

There are 3.6 WTE members of staff working in this small specialist OT team. However, since May 2021 there has been extensive long term absence within the team. The additional impact of vacancy and planned Band 5 OT rotation has resulted in re-allocation of all open cases to existing staff, and a temporary reduction in new patient assessments to support the management of open cases.

Figure 12 shows OT Rheumatology performance over time

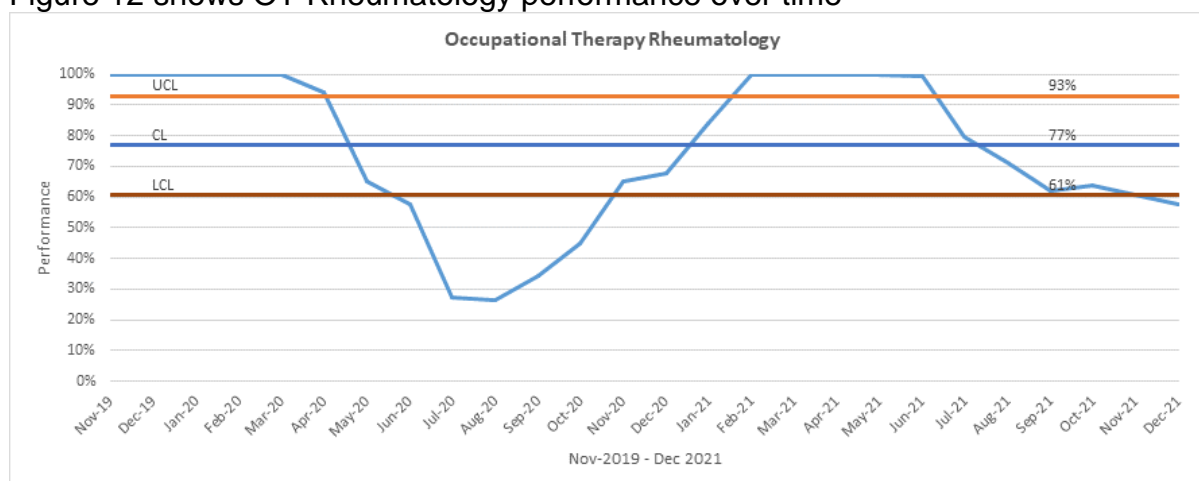


Figure 12 OT Rheumatology performance

Performance Recovery Plan

A Band 6 OT working in Hand Therapy has been undertaking additional hours to enhance Rheumatology capacity. (1 session per week agreed from end of October 2021-31st March 22).

Recruitment commenced to 0.8 WTE Band 6 specialist OT – Rheumatology. Interviews planned in January 2022.

Induction and training of a rotational Band 5 OT commenced Nov 2021. It is anticipated that this staff member will be working to full capacity from January 2022 onwards and should be with the team until the next rotation in August 2022.

New ways of working are being progressed to better balance the needs of the service with support for the staff member who has ongoing health needs.