

NHS Board Meeting

30th March 2022

Lanarkshire NHS Board

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**SUBJECT: SOUTH LANARKSHIRE HEALTH & SOCIAL CARE
PARTNERSHIP PERFORMANCE REPORT**

1. PURPOSE

The purpose of this paper is to provide Board Members with

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

This paper has been prepared by SL HSCP

3. SUMMARY OF KEY ISSUES

- Delayed discharges and associated bed days for standard delays remain below target from April – Jan 2021/22. It should be noted that performance has deteriorated for the months September to January 2021/22.
- 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 H&SCP Recovery group has been established to 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

Not Applicable.

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

13. FURTHER INFORMATION

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

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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 Allied Health Professional (AHP) services including physiotherapy and occupational therapy; access to dental General Anaesthetic (GA) sessions for children with special needs and increased demand for community pharmacy services.

In turn, this has meant GPs are having to manage many more 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 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 the Remobilisation Plan (RMP4) and trajectories have been created to allow service waiting times to be able to return to pre-pandemic level. It is challenging for services to fill posts associated with remobilisation and accordingly, plans may be subject to change. An example of this is provided at 9 below.

Trajectories should therefore 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/others into acute services/other areas to cover nursing shortfalls.

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

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

- A&E attendances **up 25.8%***
- Emergency admission **up 16.1%***
- Unscheduled care (UC) Bed days, Acute specialties **up 18.4%***
- Unscheduled Care (UC) Bed days Acute/Geriatric Long Stay (GLS)/Mental Health (MH) **up by 12.9% ***
- Delayed discharge non-code nine bed days **up by 42.1%***

*(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 – December 2021/22 for A&E attendances, emergency admission and unscheduled care bed days. Data completeness for

November 2021 is 99%. Delayed discharges performance is shown for most recently published data April – January 2021/22.

2021/22	Target	Performance	Variance	% variance
A&E Attendances	86,299	79,510	-6,789	-7.87%
Emergency Admissions	26,426	25,247	-1,179	-4.67%
UC Bed days - Acute	157,163	151,779	-5,384	-3.55%
UC Bed days - Acute/GLS/MH	231,021	211,443	-19,578	-9.26%
Delayed Discharge standard bed days	22,950	21,659	-1,291	-5.96%

Figure 1 Performance against targets

3 A&E Attendances

Figure 2 shows performance against trajectory April 2017 to December 2021, April – December 2021/22 there were 6,789 fewer attendances than expected, 79,510 against the target of 86,299.

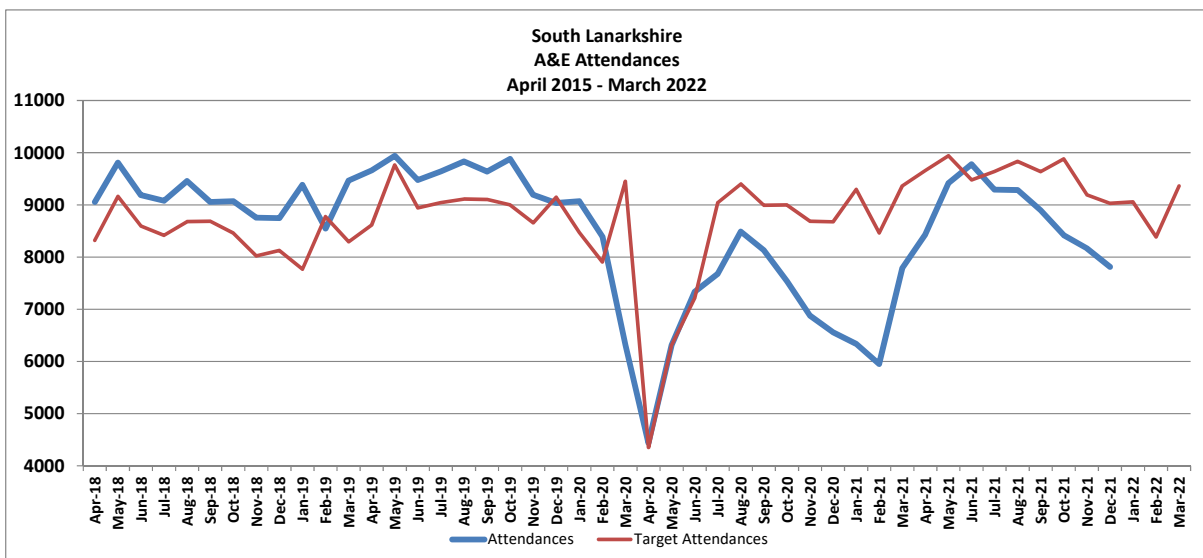


Figure 2 A&E Attendances

*Trajectories are based on previous year’s attendance figures.

4 Emergency Admissions

Performance for emergency admissions for April - December 2021/22 (Figure 3) are below the expected level by 1,179 admissions, 25,247 against the target of 26,426.

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.

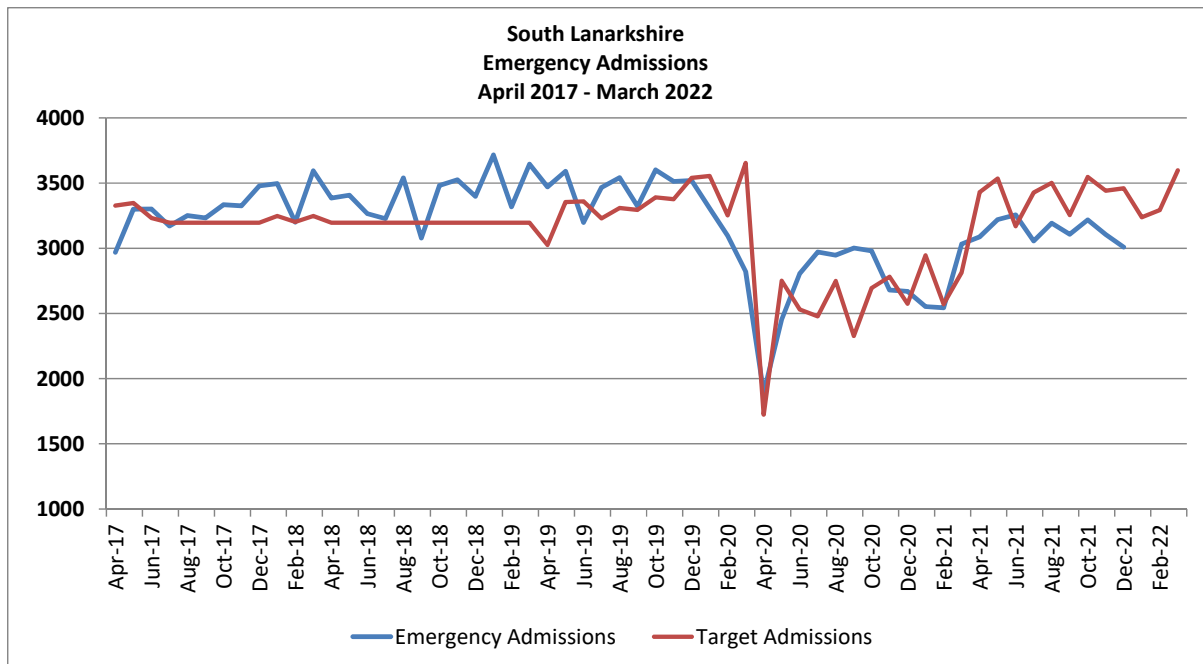


Figure 3 Emergency Admission against trajectories April 2017 to Dec 2021

5 Unscheduled Care Bed Days

Unscheduled Care (UC) 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 Dec 2021 **will** increase.

Unscheduled Bed Days – Acute.

April to Dec 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.

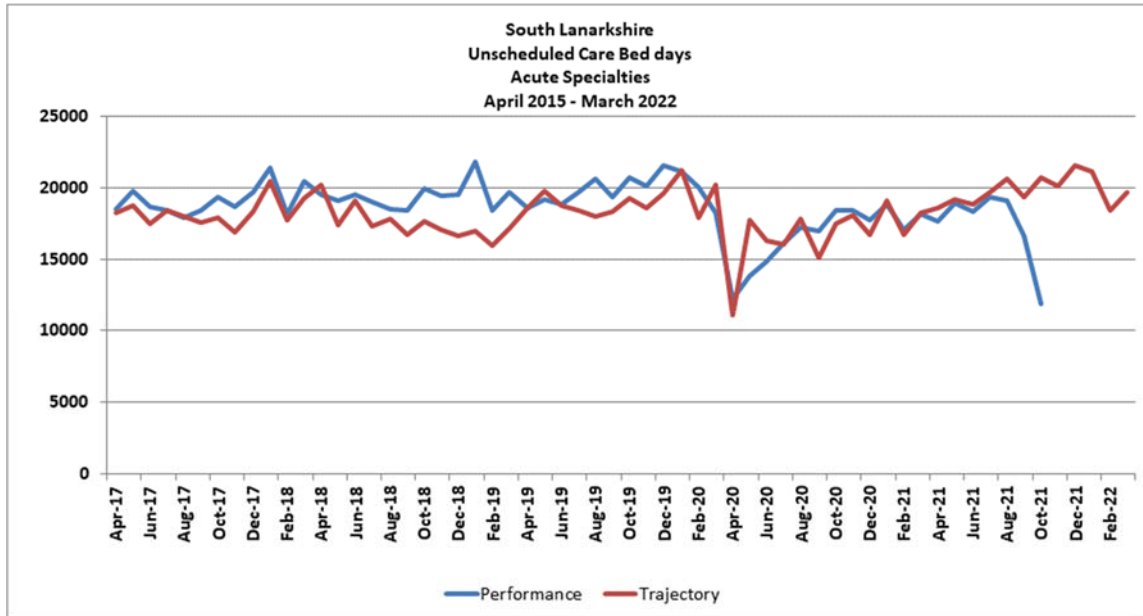


Figure 4 Unscheduled Bed Days - Acute Specialties

UC Bed Days – Acute, Geriatric Long Stay (GLS) Mental Health (MH)

April - Dec 2021/22 there were 19,578 **fewer** bed days than anticipated, 211,443 against the target of 231,021 (Figure 5). This **will** increase over the next quarter.

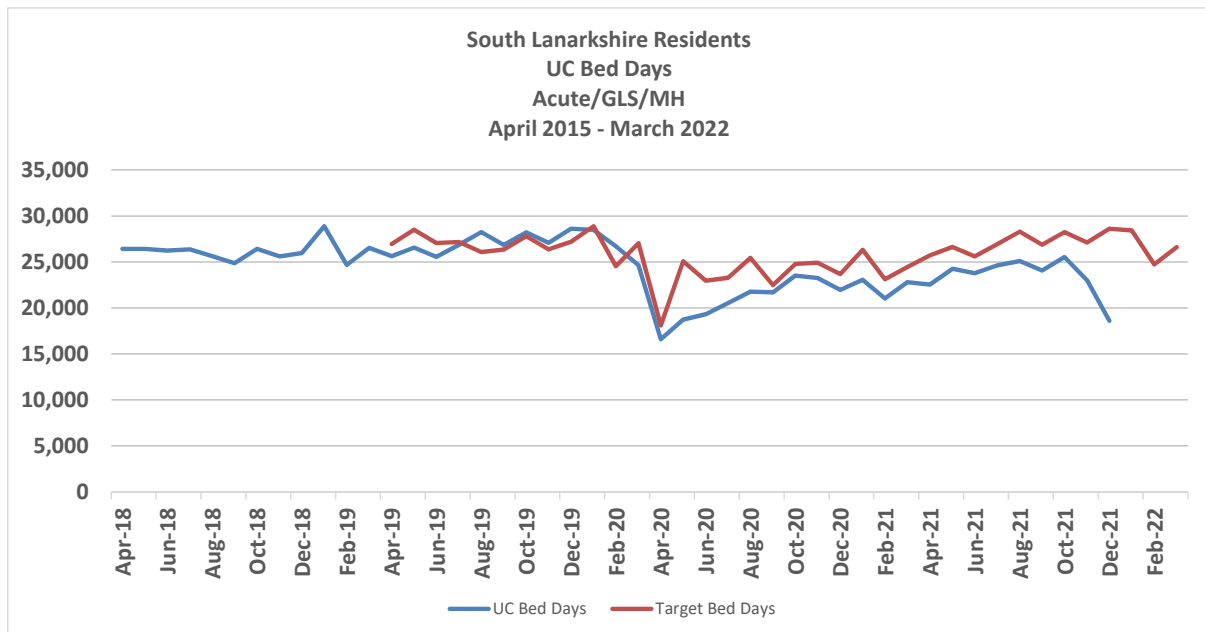


Figure 5 Unscheduled Care Bed Days - Acute/GLS/MH

6 Delayed Discharge Bed Days

April – Jan 2021/22

Delayed discharge data is available to January 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 through January were above the performance trajectory. This increase can be linked to the significant increase in hospital activity and ongoing Covid related pressures in home care/care homes.

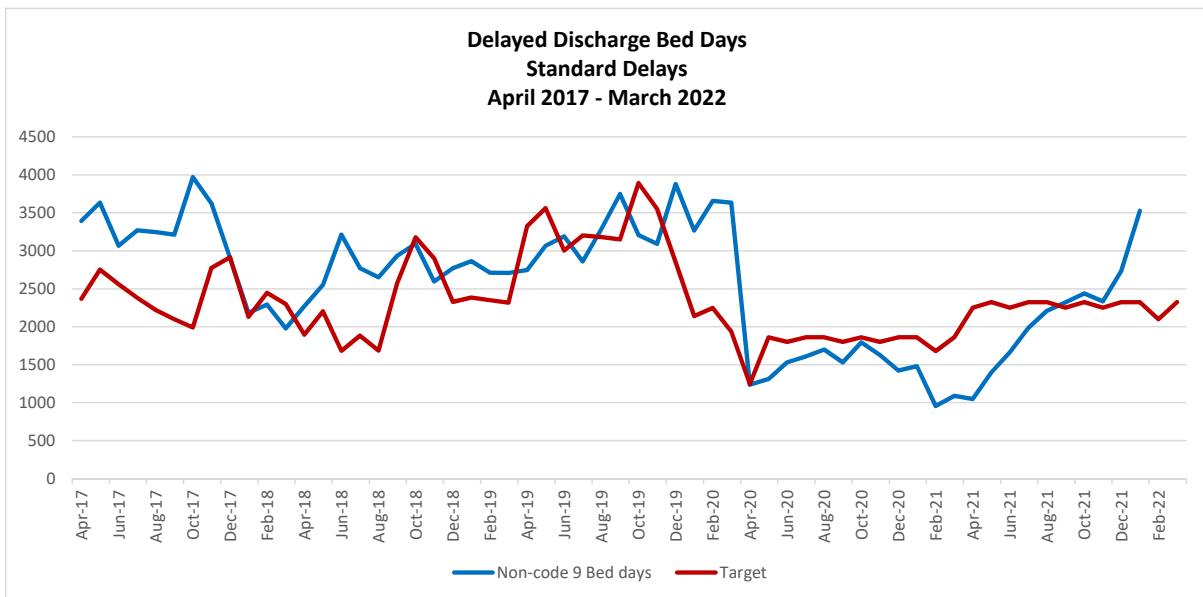


Figure 6 Delayed Discharge Bed Days - non-code 9

Figure 7, using un-validated management information for SL residents delayed in NHSL hospitals, it had suggested that standard delayed discharge bed days may stabilise and even reduce February/March. This is however now unlikely due to the further surge in Covid infection rates. This is a similar pattern Scotland wide.

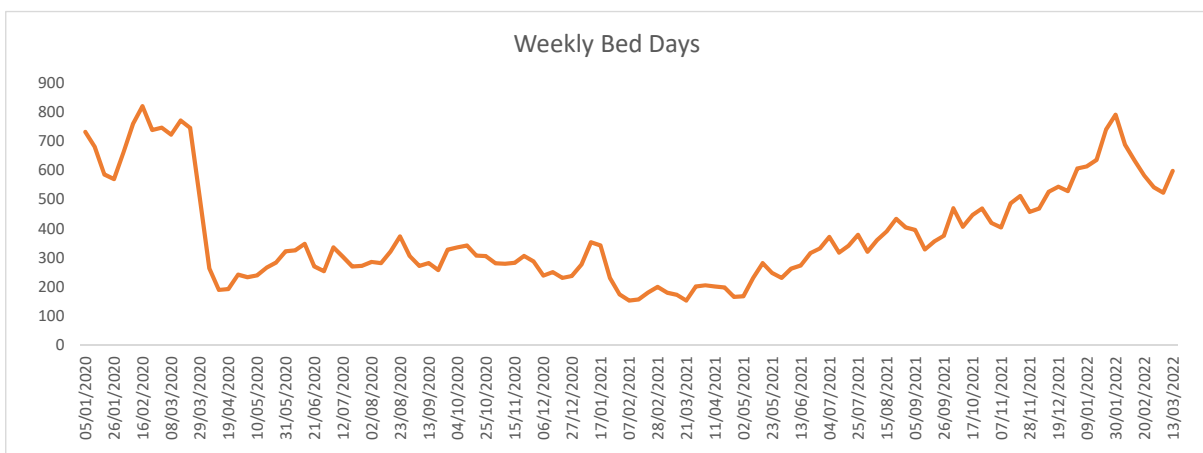


Figure 7 Weekly standard bed days (*Management Information only*)

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 own 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.

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 8) 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 8 Percentage of last six months of life by setting

8 Balance of Care

Figure 9 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	2019/2020P	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 9 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 Allied Health Professional (AHP) Waiting Times – SL 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 28th February 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 10 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
Community Claudication Service	85.6%	Local 12 week	19	27
Physiotherapy MSK	58.9%	National 12 week	35	2711
Occupational Therapy MSK	95.2%	Local 12 week	16	1
Children and Young People Occupational Therapy	95.9%	Local 12 week	13	8
Occupational Therapy- Neurology	90.7%	Local 12 week	42	4
Occupational Therapy - Rheumatology	82.1%	Local 12 week	26	22

Figure 10 Percentage waits within 12 weeks

9.1 Physiotherapy Musculoskeletal (MSK)

Physiotherapy MSK performance details are shown in Figure 11 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.

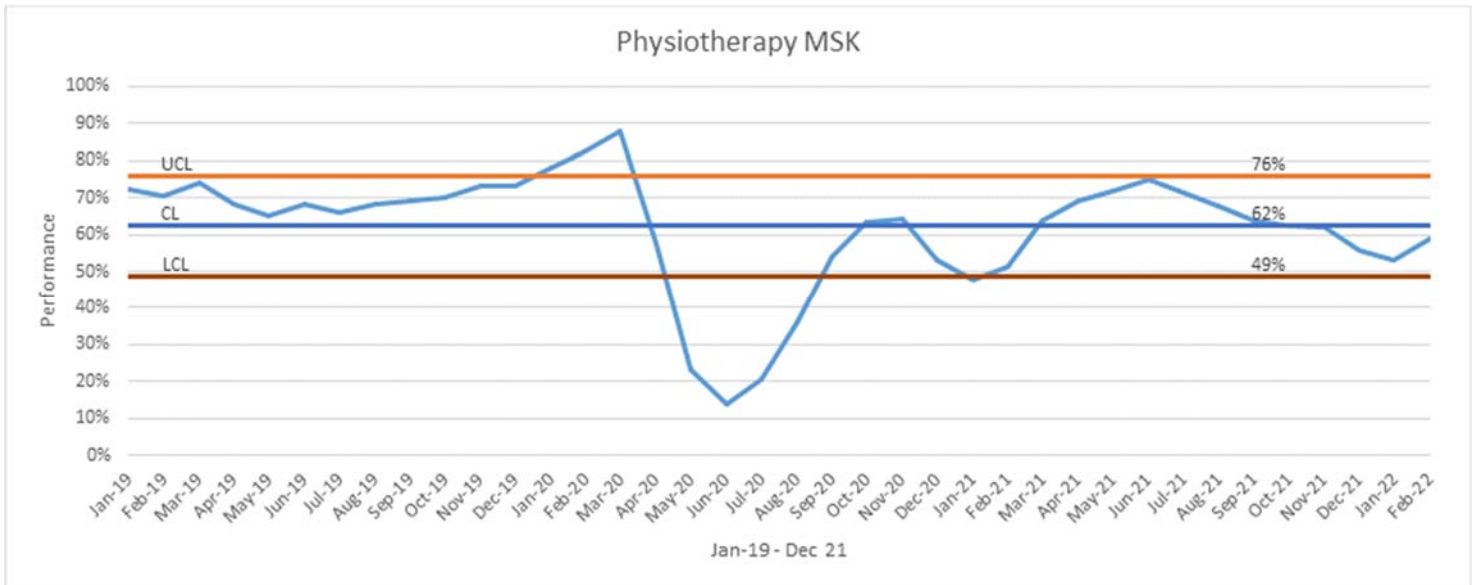


Figure 11 SPC Physio MSK Performance Jan 19 - Feb 21

Physio MSK remobilisation trajectories developed by the services are set out in figure 12.

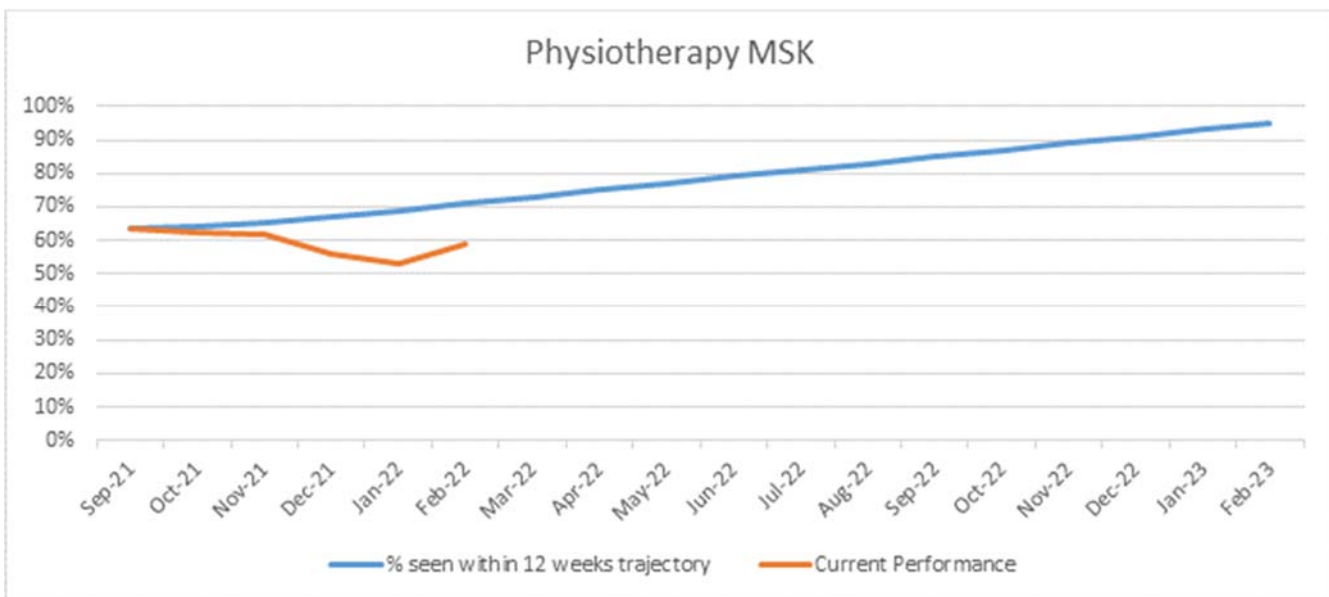


Figure 12 Physiotherapy Remobilisation Trajectory

Performance Update

Despite most of the mobilisation posts recruited to, there remain a few still to be appointed.

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 Stamp Addressed Envelope (SAE). If the patient fails to respond within 3 weeks a further opt in letter is sent prior to removal.

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

An example of the variability of the recovery trajectories can be demonstrated by the request from Strategic Command for Physiotherapy staff to assist within Critical Care and two volunteers per site were redeployed 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 (OT)

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.

Figure 13 shows OT Rheumatology performance over time

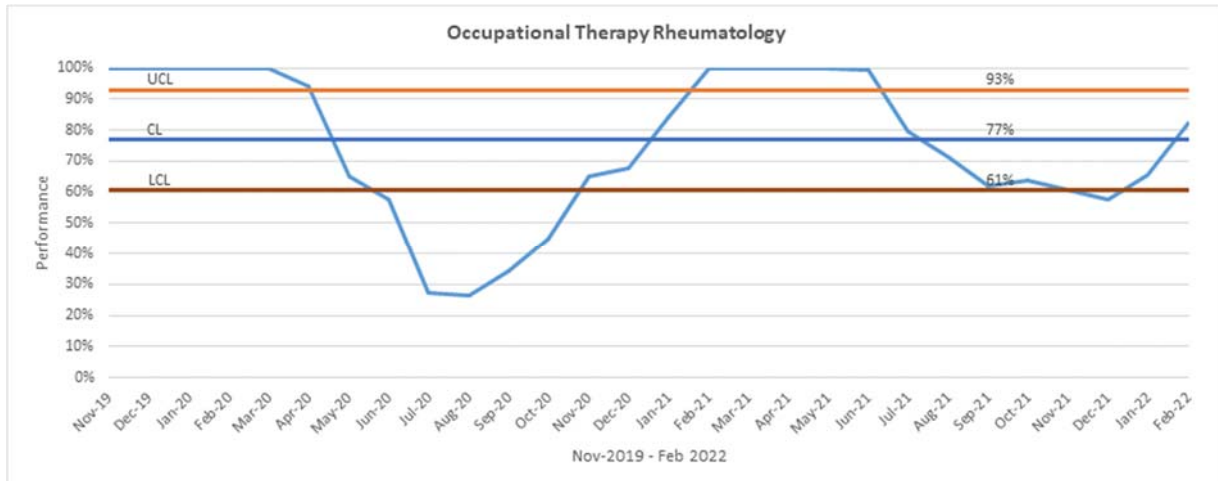


Figure 13 OT Rheumatology performance

Performance Recovery Plan

A Band 6 OT working in Hand Therapy has been undertaking additional hours to enhance Rheumatology capacity and a further 0.8 WTE Band 6 specialist OT and rotational Band 5 OT recruited thereafter.

As demonstrated in fig 13 above, these staff are now recovering performance back to nearer pre-pandemic levels, albeit this could again be impacted upon by increased secondary care clinics to recover OPD waiting times.