



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

Recently reported work associated with Discharge without Delay Programme and associated developments to support earlier discharge and potential admission avoidance are anticipated to assist in improving the Delayed Discharge performance.

Delayed discharge performance for the period April – March 2021/22 has deteriorated with bed days now beyond trajectory, bed days have steadily increased from September 2021 to February 2022, with monthly bed days above target levels.

Significantly high levels of absence across the care at home sector; infection, prevention and control closures of care homes to protect staff and patients therein and ongoing staffing difficulties across the wider health and social care sector have all impacted performance over recent months.

Work is ongoing in the appointment of additional staff and the identification of additional space to assist in the recovery of AHP waiting times. AHP services are struggling to recruit to remobilisation posts.

In addition to routine performance, the Joint Recovery group is co-ordinating a consistent approach to recovery and remobilisation across both H&SCPs. Recovery will be influenced by the ability of services to fill posts as well as any further waves of Covid infections. Full details are provided at paragraph 4 in the attached appendix.

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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SL H&SCP Access Report May 2022

1. Discharge Without Delay (DWD)

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. The aim is to 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.

DWD Programme Update

There is a whole system plan in place for DWD across Lanarkshire. Work is underway for a single dashboard to support the work and engagement with planning and performance to run regular reports.

The main priority areas are:

- to refresh Planned Date of Discharge (PDD)
- engagement with families & carers re discharge planning
- single version of data

Lanarkshire Wide Discharges

Discharges without delay continue to increase from 92.1% (4th April) to 94.7% (4th May), this equates to 1234 weekly discharges rising to 1311.

This trend is further demonstrated when we focus in on Discharges without delay >65s (of all over 65s) increasing from 86.4% (4th April) to 90.2% (4th May), rising from weekly discharges of 553 to 589.

It should be noted that we are seeing a steady improvement in terms of reduction in referrals for care – in January 2020 the pan Lanarkshire figure was 1042, this had reduced to 457 in March 2022. The aim is to eliminate all prescribed referrals for care by December 2022.

The current position for the period 4th April – 4th May 2022 is:

Referrals for Care (Lanarkshire Wide)	
Planned Referrals	167
Unplanned Referrals	182
Total	349

Delayed Discharge Performance

April – March 2021/22

April – March 2021/22 there were 251 standard delayed discharge bed days above trajectory 27,375 against the target of 27,375 (fig.1). The increase in standard bed days reflects the overall Scotland position.

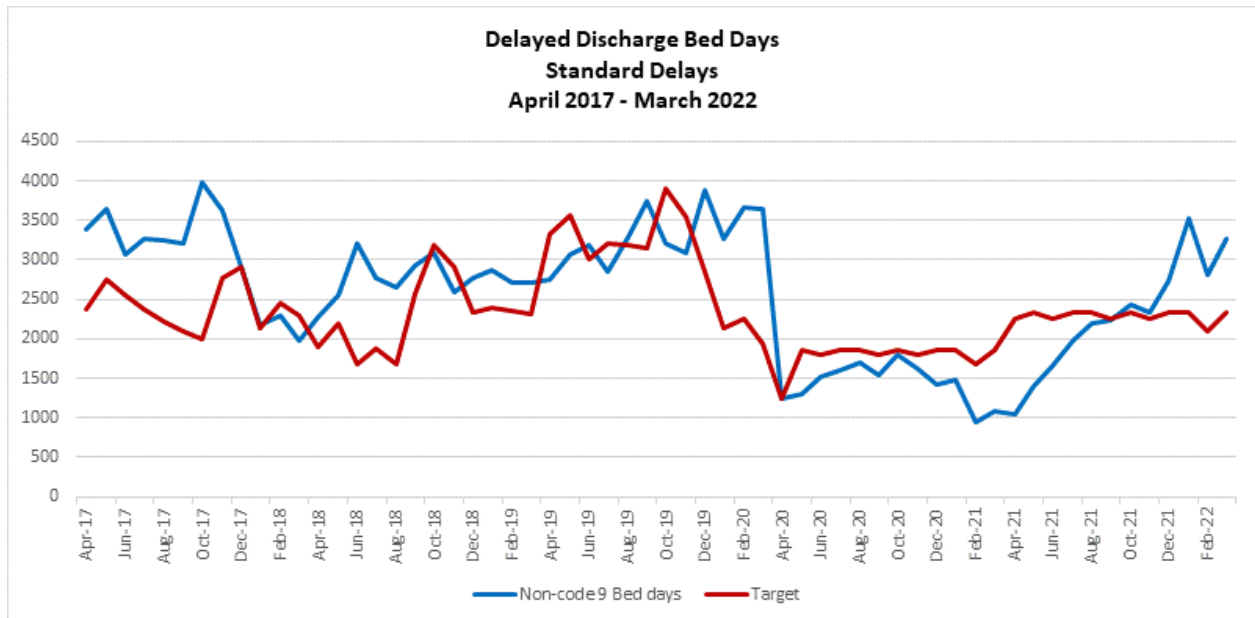


Figure 1 Delayed Discharge Performance (Standard Delays)

Factors affecting performance include:

Care Homes

- Regular Care Home closures as a result of outbreaks
- Lack of availability within Care Homes

Care at Home

- High absence levels across internal and external providers, with regular spikes caused by Covid
- Significant recruitment and retention issues across social care impacting significantly on capacity within Care at Home
- A reduction in hours available from external providers over the last 6 months equivalent to circa 3,500 hours per week
- Requests for packages considerably higher than average from acute settings, particularly Hairmyres
- Increased demand and unmet need from community services

April 2022 delayed discharge census data shows bed days continuing to increase to pre-Covid levels for South Lanarkshire residents treated in NHSL hospitals, the final figure will not be available until all boards have submitted data to PHS (Public Health Scotland). Figure 2 shows bed days for all delays using SPC graph. During January 2022 delay bed days showed special cause variation.

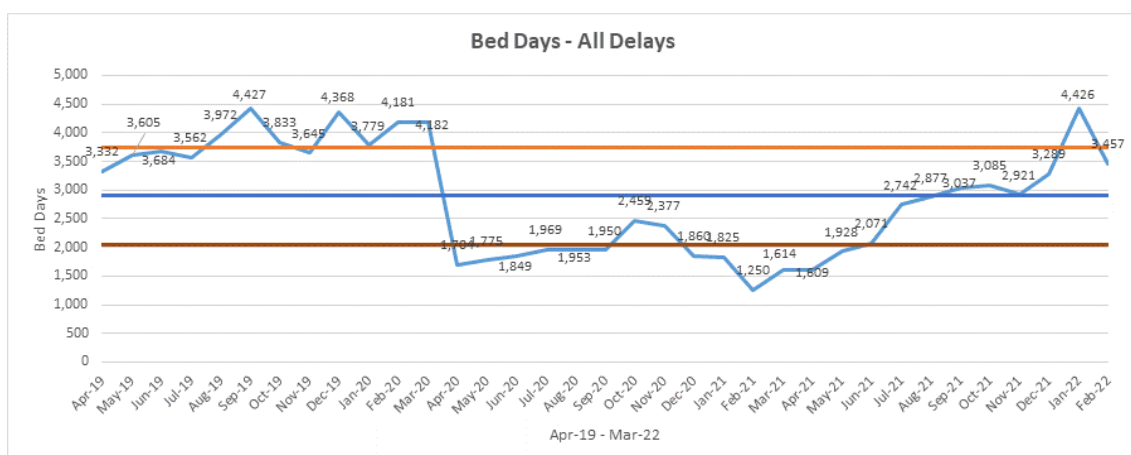


Figure 2 Bed Days - All delays

Management information shows referrals from Acute services (fig 3) increased from April 2021 but levelled off and are generally showing common cause variation, overall bed days have increased during the same period (fig 2).

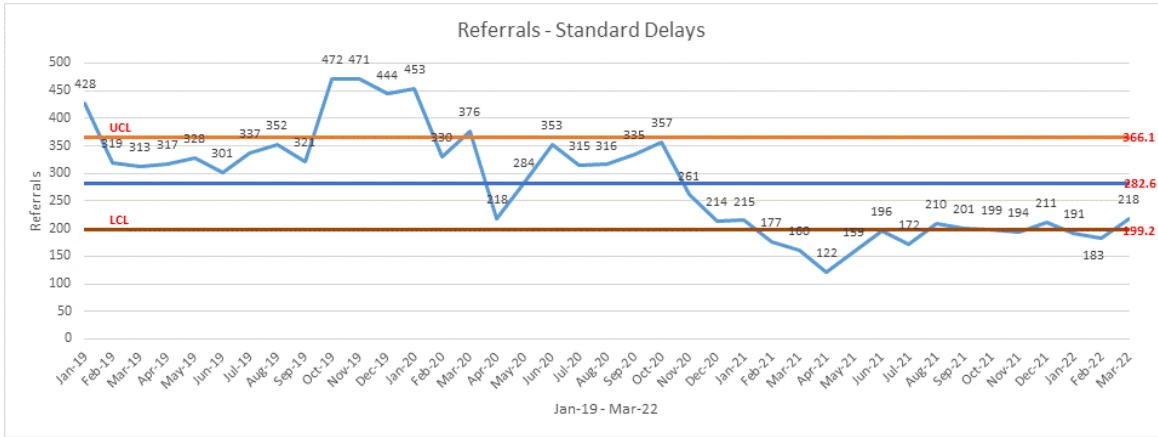


Figure 3 Management information - Referrals from Acute Services

2. AHP Waiting Times – South Hosted

The waiting times data contained in this section of the report is provided by NHS Information Services and is unvalidated/unpublished. This report is for the performance period from the 1st to 30th April 2022.

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 4 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.

Service	Performance against 50%	Target (Local/National)	Longest Wait in Weeks	Waiting >12 weeks
Community Claudication Service	100.0%	Local 12 week	10	0
Physiotherapy MSK	66.6%	National 12 week	35	2275
Occupational Therapy MSK	95.8%	Local 12 week	18	1
Children and Young People Occupational Therapy	80.9%	Local 12 week	21	58
Occupational Therapy- Neurology	86.5%	Local 12 week	15	5
Occupational Therapy - Rheumatology	97.5%	Local 12 week	18	5

Figure 4 Percentage waits within 12 weeks

3.1 Physiotherapy MSK

Physiotherapy MSK performance details for people waiting are shown in figure 5 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.

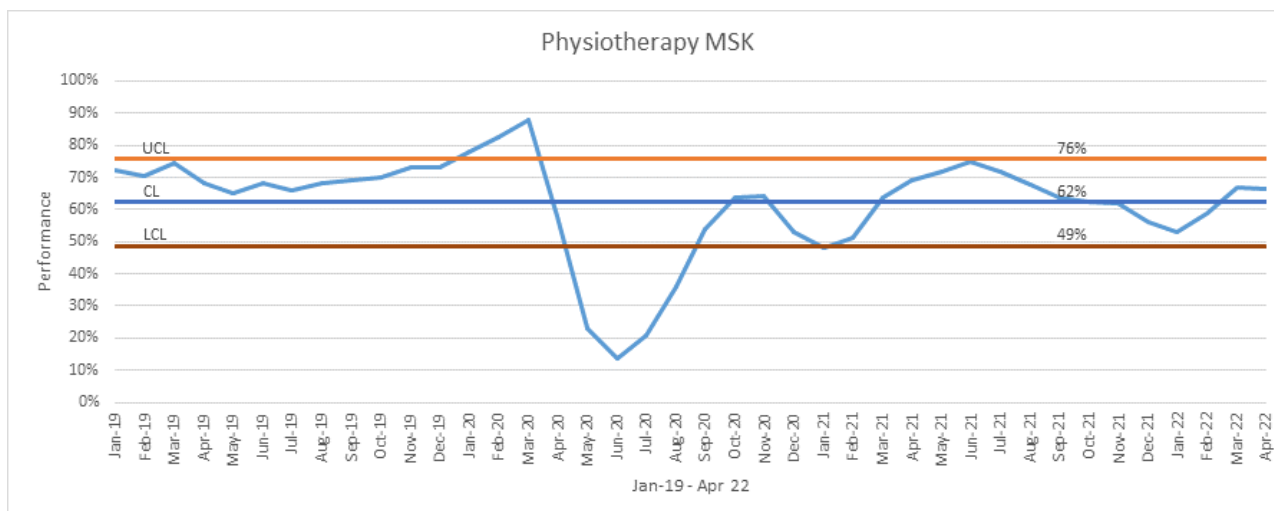


Figure 5 SPC Physio MSK Performance Jan 19 – Apr 22

Physio MSK remobilisation trajectories developed by the services are set out in figure 6. This shows the service achieving 90% of patients **seen** within 12 weeks by March 2023.

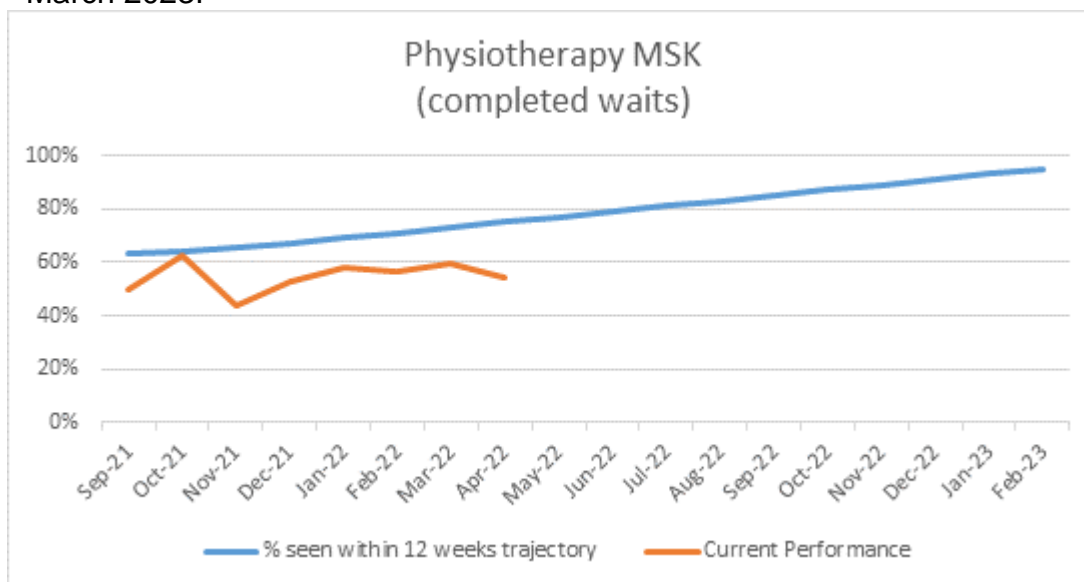


Figure 6 Physiotherapy Remobilisation Performance against Trajectory

Vacancies remain about 20wte, 22% of the workforce.

All mobilisation band 5 posts are filled, one mobilisation band 6 vacancy remains unfilled.

The service has five substantive band 5 vacancies and three substantive band 6 vacancies along with 4.5 rotational band 5 vacancies.

The total waiting has increased by 166, longest wait has decreased by 2 weeks. The service has been granted use of a medical short stay ward in UHW with clinics due to commence mid May. This will ease the pressure on the Wishaw site and allow Wishaw patients to be appointed nearer to home.

3.2 Occupational Therapy

Rheumatology

Despite still not being fully staffed the waiting list/times have greatly reduced as a result of measures put in place to date, resulting in an overall improvement in performance against the 90% target (Figure 7).

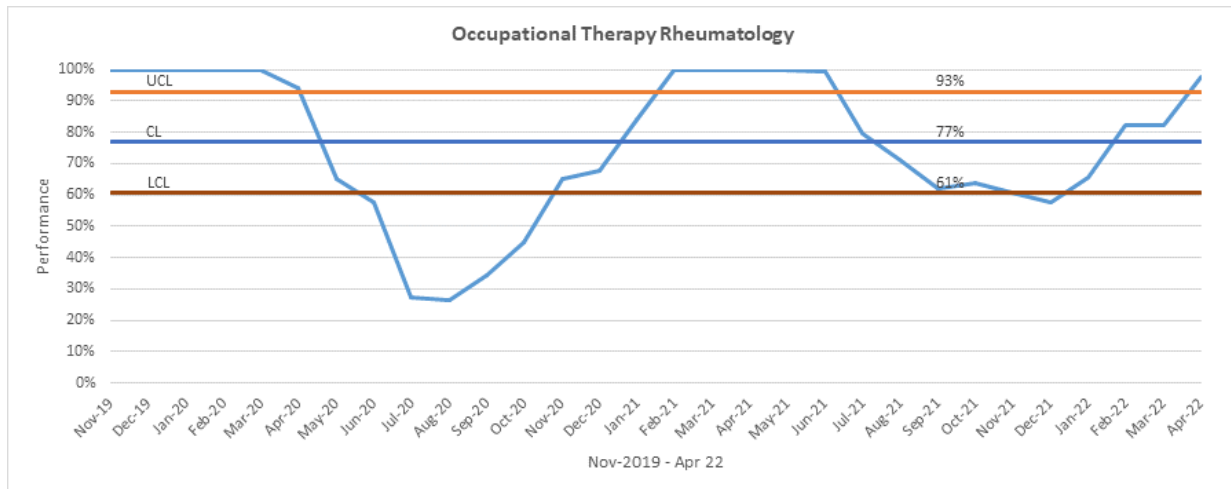


Figure 7 OT Rheumatology performance

4 Remobilisation and Recovery

Remobilisation trajectories have been agreed by SL. Performance against trajectory for SL specialties who submitted plans for remobilisation are detailed in figs 8 - 11.

Occupational Therapy Stroke Neuro Team

Performance against trajectory is detailed in Fig 8 and shows current performance is slightly behind trajectory.

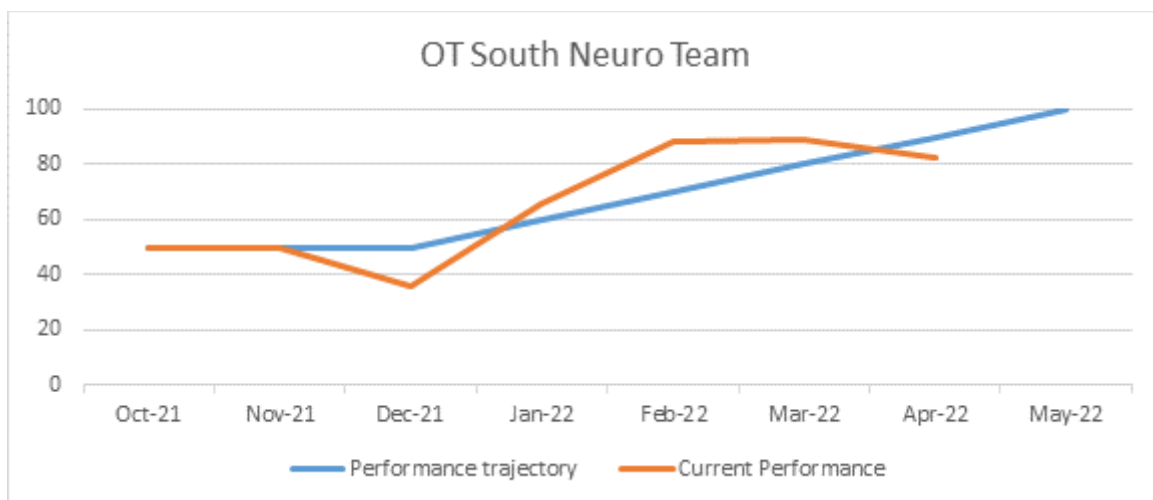


Figure 8 Stroke Neuro OT

Occupational Therapy North Community Rehab Team

Performance against trajectory is detailed in Fig 9 and shows the service performance is marginally below target level.

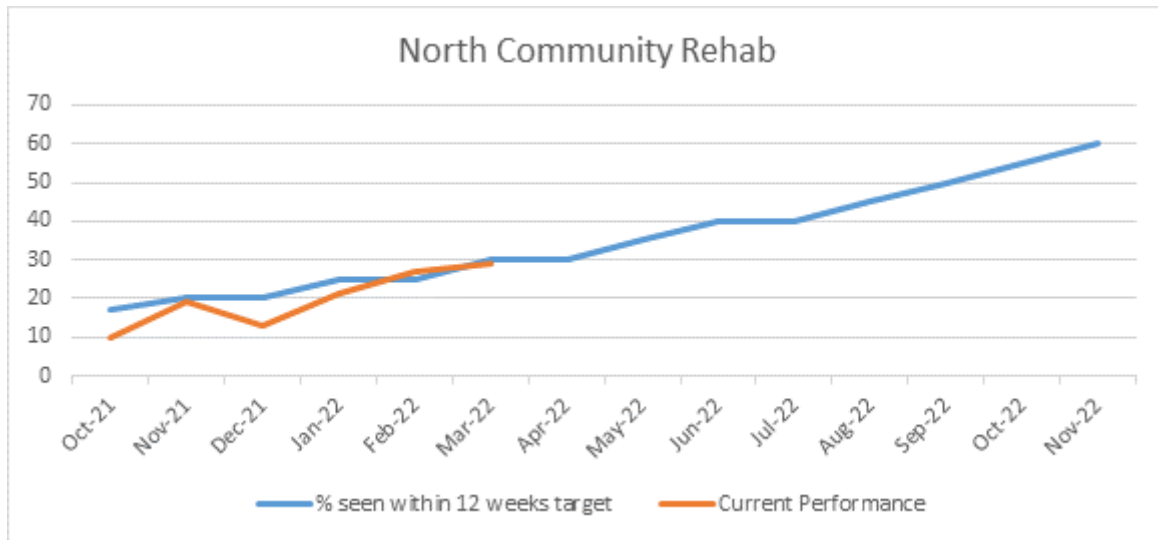


Figure 9 North Community Rehab Team

Occupational Therapy South Community Rehab Team

Performance against trajectory is detailed in Fig 10. The service is working to recover however is well below the agreed trajectory.

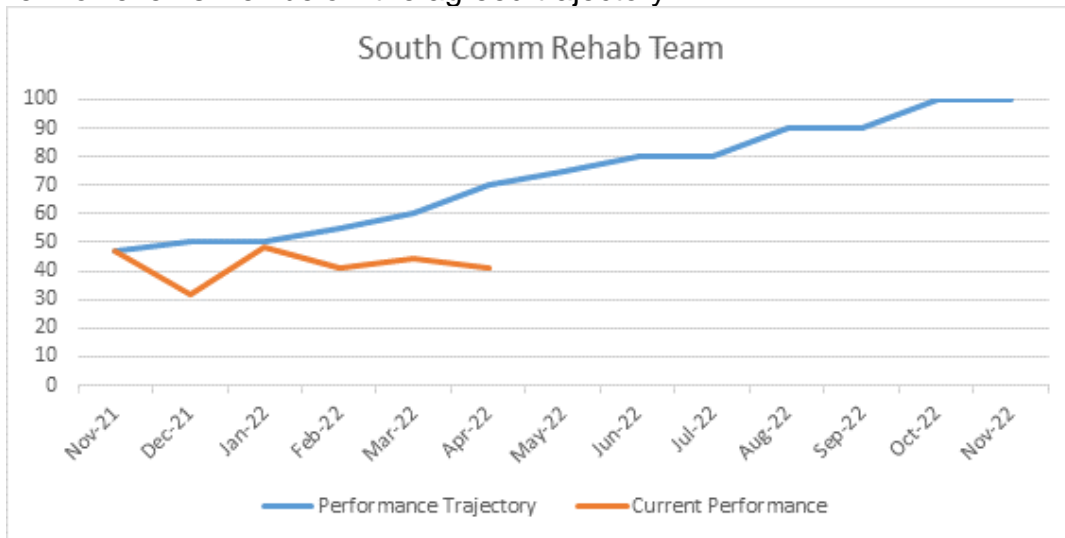


Figure 10 South Community Rehab Team

Acute Hand Injury OP Service

Waiting times now within 4 week RTT for this specialty, but backlog of elective hand programme has not been fully stepped up to date. Current performance is 96% against 100% target. Performance against trajectory detailed in figure 11.

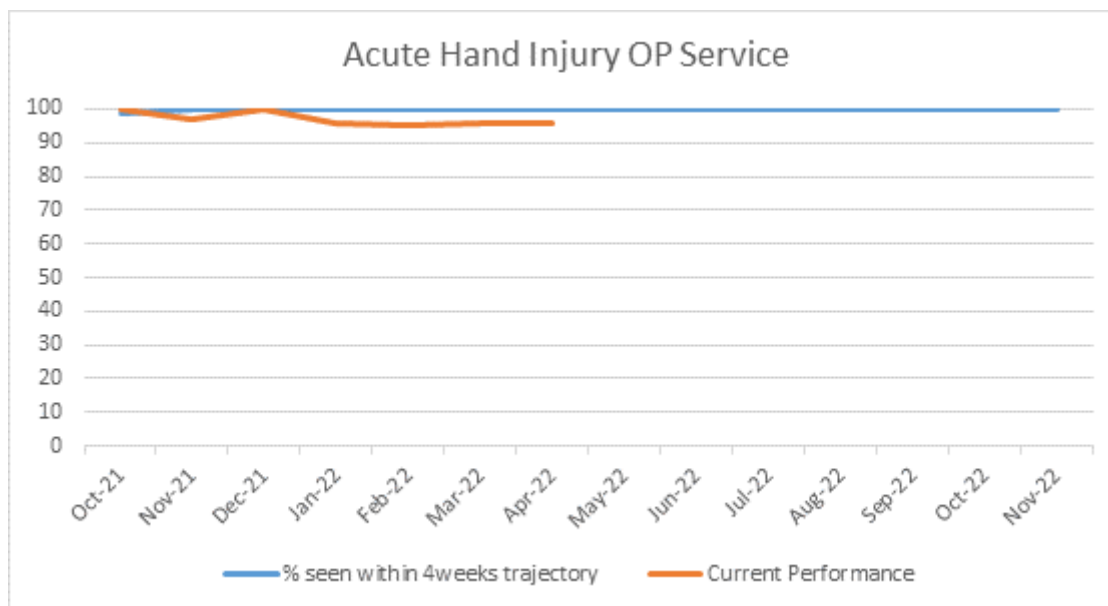


Figure 11 Acute Hand Injury OP Service

Services are at various stages of finalising and establishing performance trajectories associated with RMP4 proposals:

- Many services are experiencing difficulties recruiting staff.
- Performance data for some services is difficult to obtain pre-Covid while other specialties have manual data collection processes.
- Information Management are currently refreshing the existing performance report for AHP services to provide greater clarity regarding performance. This will support services currently on Trakcare.

Multiple Sclerosis (MS) Neuro

Successful recruitment of 1 wte member of staff. To bring the service back to pre-Covid position the member of staff will undertake 1200 annual reviews of people with a diagnosis with MS. Data collection beginning May 2022.

Palliative Care

Staff recruited and measures have been agreed – referral reviewed within agreed timescale and referral to review no longer than 6 weeks.

Physiotherapy

Physiotherapy Service has found recruitment to remobilisation posts extremely challenging.

- Physiotherapy Community Rehab

South	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22
Longest Wait in weeks	32	36	37	41	38	42
% breaching timescales	74%	78%	65%	73%	64%	80%

North	Nov 21	Dec 21	Jan 22	Feb 22	March 22	April 22
Longest Wait in weeks	39	21	30	20	15	18
% breaching timescales	74%	80%	60%	70%	76%	67%

The service has taken steps to reduce the impact by offering additional hours and increasing existing hours, where possible. Work is ongoing to support the recruitment of staff to service to recover service provision to pre-pandemic levels and address backlogs.

Performance indicators for Physiotherapy are detailed in Table 3 with trajectories under development.

Remobilisation	KPIs
Physiotherapy UroGyn Recovery	% seen within 12 week target, longest wait in weeks
Physiotherapy Capacity within Acute Services	% of patients or timed unit allocation seen by additional staffing
Physiotherapy Community Rehab Recovery	% breaching prioritisation timescales, longest wait in weeks
Physio care Home Liaison Service-reduce falls	No. of falls training sessions delivered % of suitable walking aid in use. Longest wait in weeks for falls reviews.
Physiotherapy Pulmonary Rehab recovery	Waiting list times (Longest wait in weeks)
Physiotherapy Respiratory Outpatient recovery	Waiting list times (Longest wait in weeks)
Physiotherapy Amputee Rehabilitation recovery	% seen within these waiting times: Urgent (within 2 weeks) Substantial (within 3 weeks) Low (within 8 weeks)

Table 1 KPIs Physiotherapy Specialties