



Meeting of East Renfrewshire Health and Social Care Partnership	Performance and Audit Committee
Held on	28 September 2016
Agenda Item	12
Title	NHSGGC Podiatry Service - 2015-16 Performance Report
<p>Summary</p> <p>The attached report gives an overview of the performance of the NHSGC wide Podiatry service 2015- 2016, hosted by Renfrewshire HSCP. As yet separate data and reporting for East Renfrewshire HSCP is unavailable from Trakcare. The report demonstrates good progress towards the 4 week waiting time target. The report also includes performance information on staffing matters that are overseen by Renfrewshire HSCP.</p>	
Presented by	Candy Millard, Head of Strategic Services
<p>Action Required</p> <p>Performance and Audit committee is asked to note and comment on the relevant sections of the attached report (Sections 1-3).</p>	

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NHSGG&C Podiatry Service

2015-16 Performance Report

FULL YEAR REPORT
April 2015 - March 2016

Circulation: Chief Officers
Heads of Health and Social Care
Podiatry Quadrant Managers
Podiatry Team Leaders

Prepared by:

David A Wylie
Podiatry Services Manager & Professional Lead

IMPORTANT REPORTING INFORMATION

During September 2014 – September 2015, the TrakCare patient information system was implemented across NHSGG&C podiatry service. This service improvement discontinued the manual practice of reporting referrals, activity and waiting times, however due to electronic reporting data not yet configured to reflect the HSCP structure, there are no waiting time, referral or activity data currently available by HSCPs. All data presented are by Quadrant and whole service only. Any queries about local HSCP performance should be directed to the local Podiatry Team Lead.

1 NEW REFERRALS**Number of new referrals**

During 2015-16, referral patterns remained relatively stable across the four quadrants (Table 1; Fig 4).

Table 1: NHSGG&C Podiatry service new referrals 2015-16

NEW REFERRALS												
Quadrant	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
West	543	712	755	747	730	598	676	608	499	650	742	664
East	756	760	865	1014	959	960	888	733	584	748	822	802
South	832	853	944	994	913	842	856	720	626	748	854	747
South Clyde	543	476	536	583	511	555	583	473	460	489	566	527
TOTAL	2674	2801	3100	3338	3113	2955	3003	2534	2169	2635	2984	2740
Average per Mth	669	700	775	835	778	739	751	634	542	659	746	685

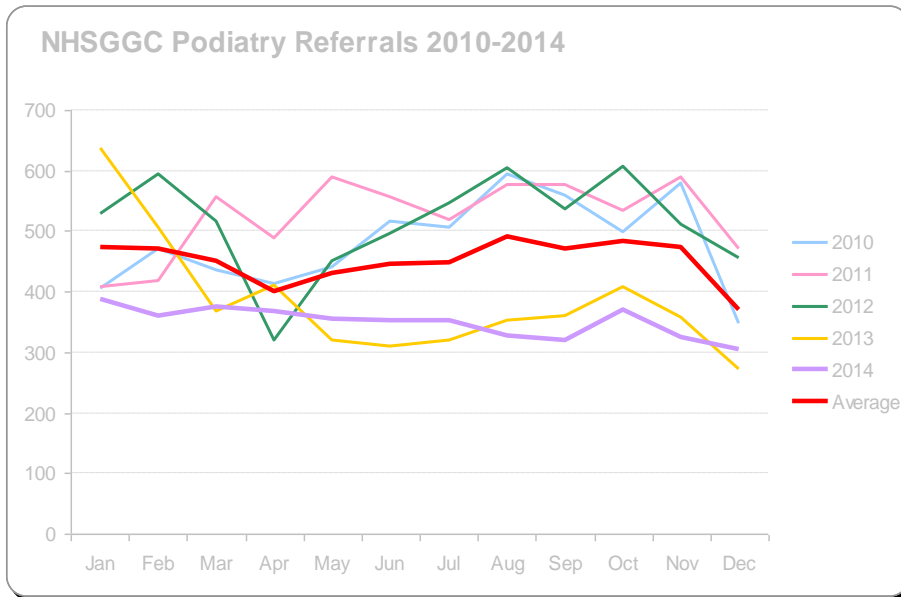


Fig 1 NHSGG&C Podiatry service: Referral trends 2010-14

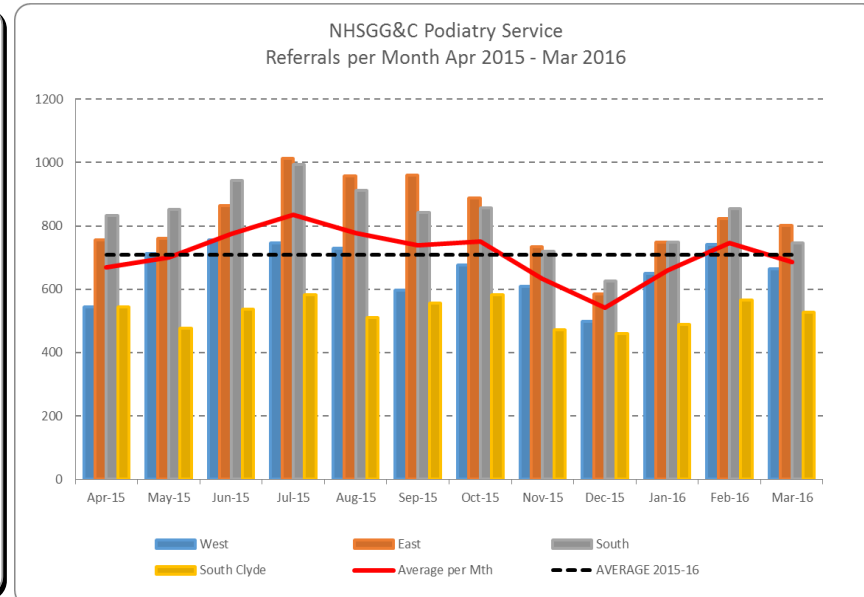


Fig 2 NHSGG&C Podiatry service: Referral trends 2015-16

The data presented in Fig 2 shows the volume of referrals remains fairly constant as can be seen from the thicker red line displaying average monthly referral figures.

Caseload Information

Caseload numbers (Fig 3)

The total number of patients active in HNSGGC Podiatry Community Caseloads is not yet fully able to be reported. The South Clyde Quadrant figures (yellow columns in Fig 3) are the most robust since they have been on TrakCare for over 1 year. As can be seen from Fig 3, the other three quadrants are bringing more patients onto active caseload as TrakCare is utilised fully in each quadrant. Looking at Clyde’s data, the caseload is fairly constant.

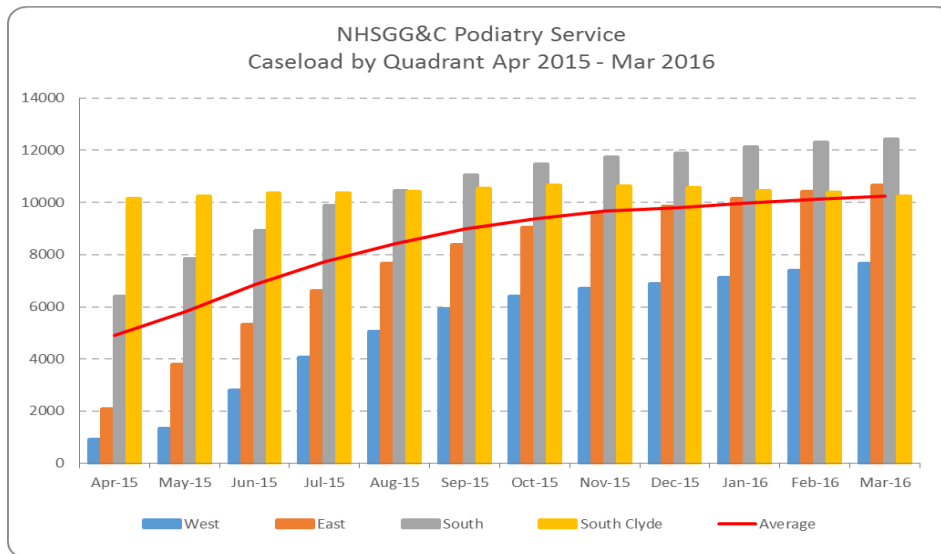


Fig 3 NHSGG&C Podiatry service: Caseloads by Quadrant

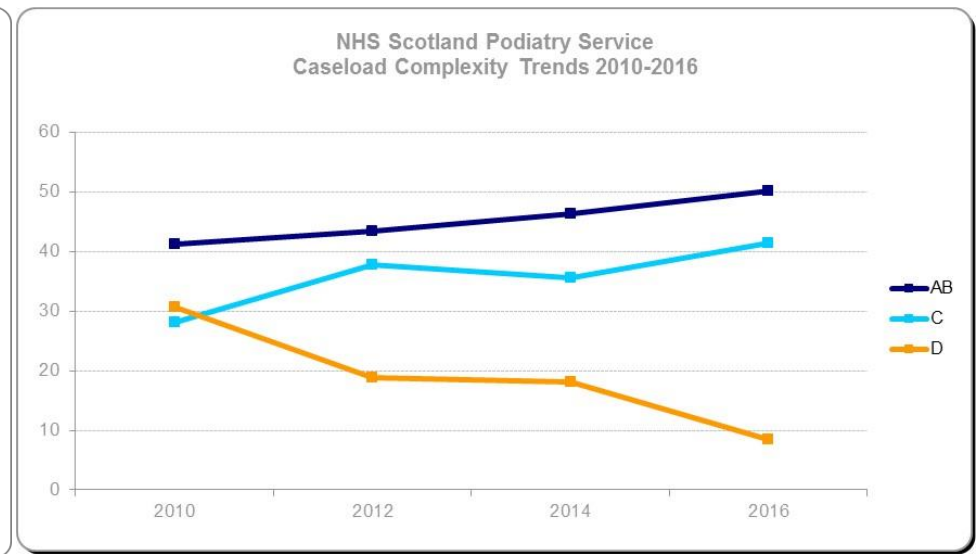


Fig 4 NHSGG&C Podiatry service: Relative caseload complexity 2010-16

Caseload Complexity (Fig 4)

There has been a significant change in the complexity of cases within the NHSGG&C podiatry caseload. There has been a reduction of around 24% in the number of people now attending podiatry for Personal Foot Care (classified within category ‘D’ in the graph below). The % of patients within the caseload requiring podiatry for maintenance of pain free ambulation (classified as ‘C’) has risen by 15%. Patients with more complex co-morbidities (Classification A) and significant podiatry need (Classification B) have risen by 8%. With a relatively static workforce, the ongoing redesign work in the NHSGG&C Podiatry service has effectively increased the appropriate utilisation of Podiatrists’ knowledge and skills by around 25% over the period 2010-16. This trend has been consolidated during 2015-16.

CASELOAD SUMMARY

Net Caseload Position: The net podiatry caseload is relatively stable, however the full caseload position for NHSGG&C podiatry service cannot yet been fully ascertained due to full year data from TrakCare not being available for all four quadrants.

2 OUTCOMES

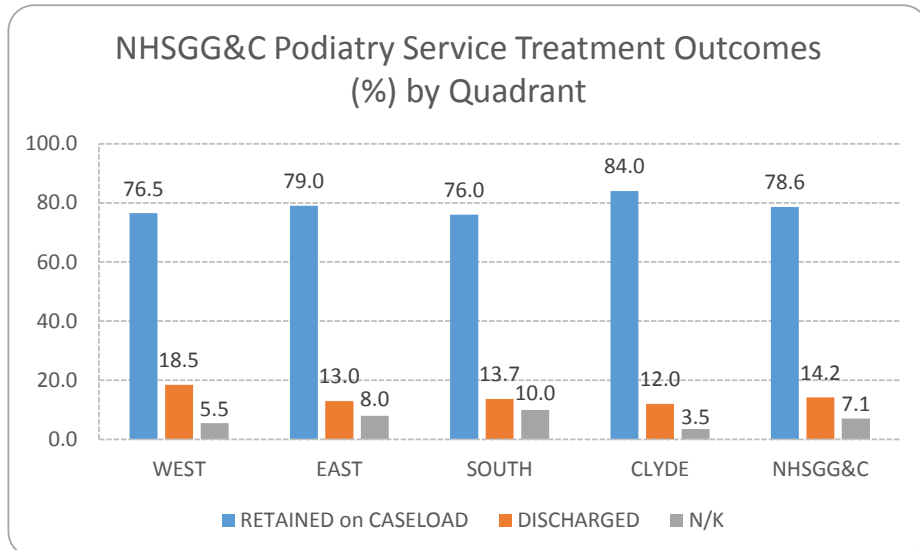


Fig 5 NHSGG&C Podiatry service: Treatment Outcomes by Quadrant

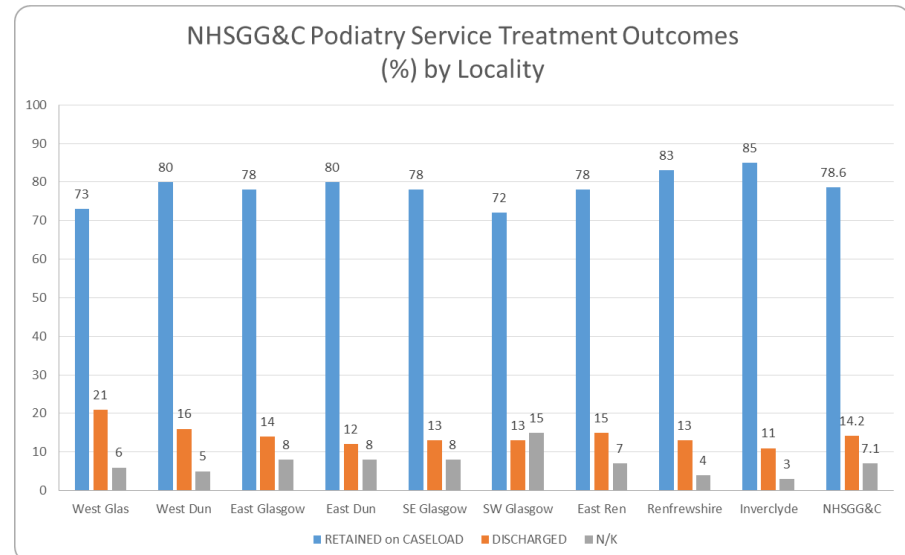


Fig 6 NHSGG&C Podiatry service: Treatment Outcomes by Locality

Discharges

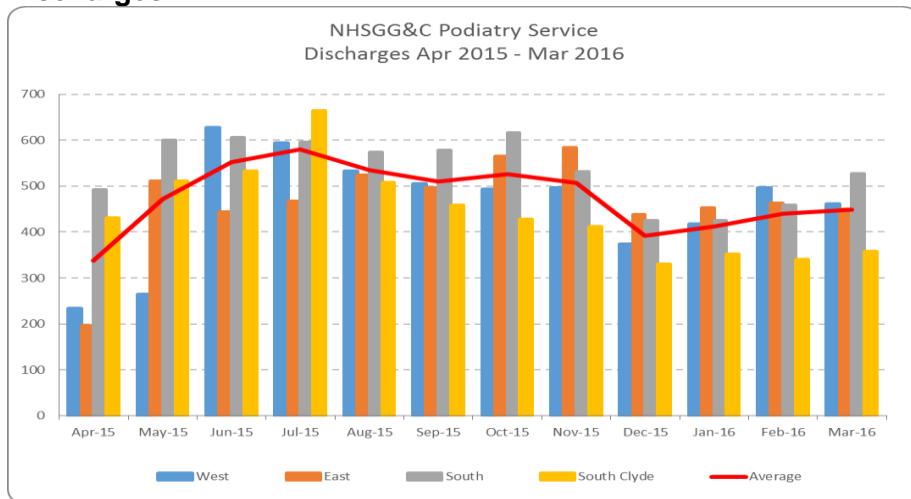


Fig 7 NHSGG&C Podiatry service: Discharges by Quadrant

ACTIVITY

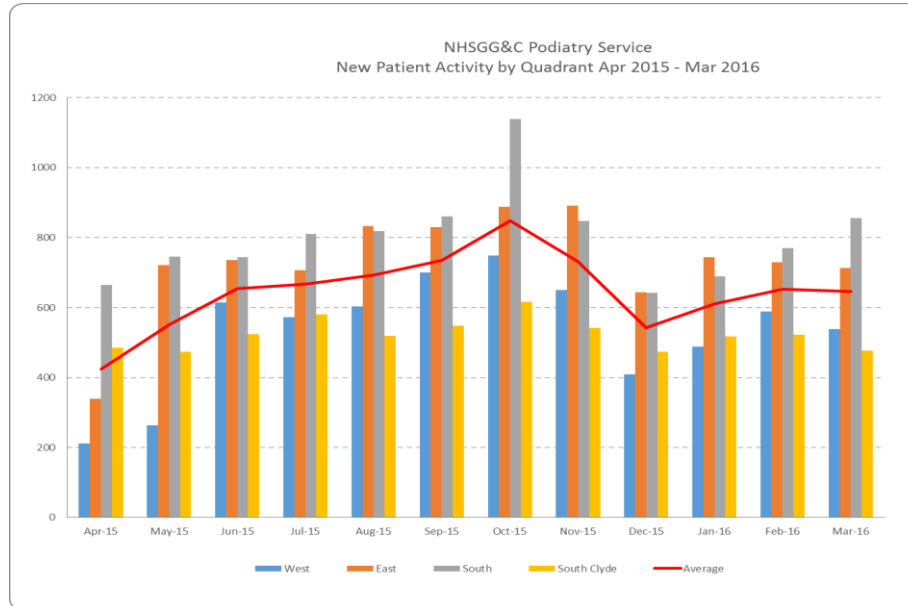


Fig 8 NHSGG&C Podiatry service: New Patient Activity by Quadrant

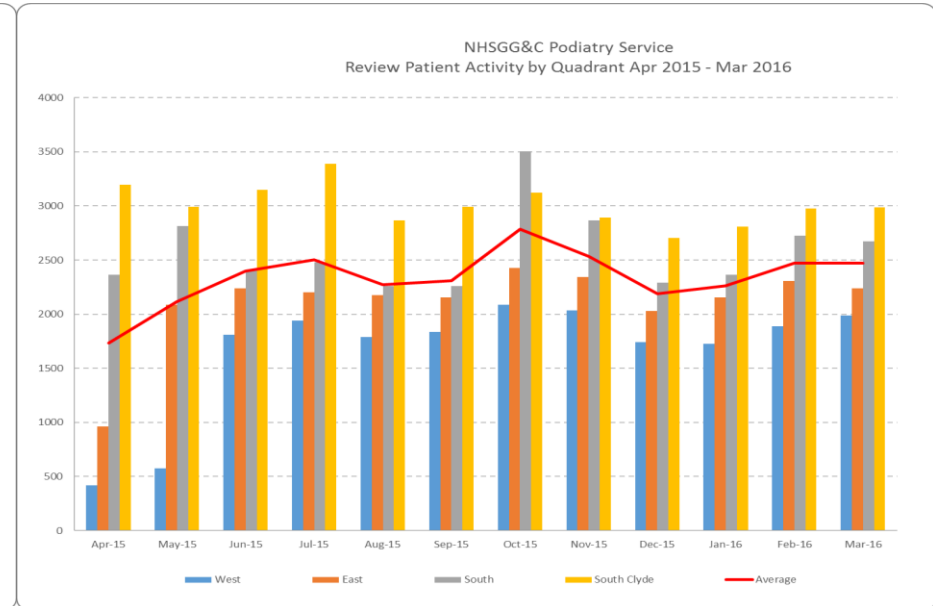


Fig 9 NHSGG&C Podiatry service: Review Patient Activity by Quadrant

NEW to RETURN RATIOS

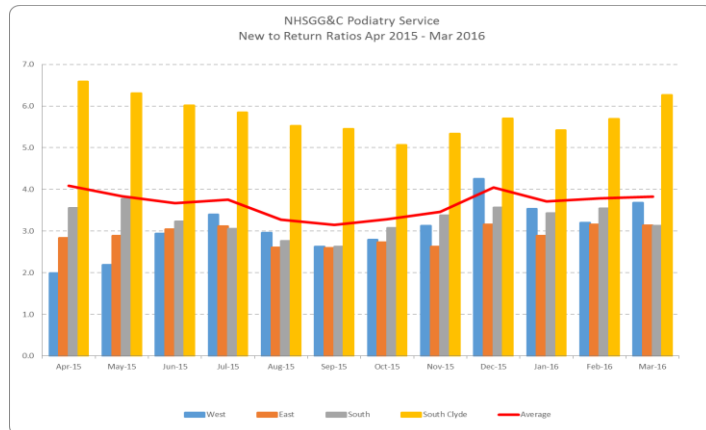


Fig 10 NHSGG&C Podiatry service: New to Return Ratios by Quadrant

3 MAXIMUM WAITING TIMES (weeks)

New patients' maximum waiting time for 1st appointment. (Maximum Waiting Time = 4wks)

In 2013, the service set a target that 90% of all new referrals wait less than 4 weeks by April 2016 in order to comply with the MSK 4 week target suggested by the Scottish Government. In order to ensure compliance with EQIA, ALL referrals into the service were moved to this target, rather than the narrow MSK cohort. Fig 11 shows the progress made against that target since the service was redesigned into a single system in 2012, with compliance achieved in February 2016. Fig 13 shows the average waiting time in weeks by quadrant during 2015-16.

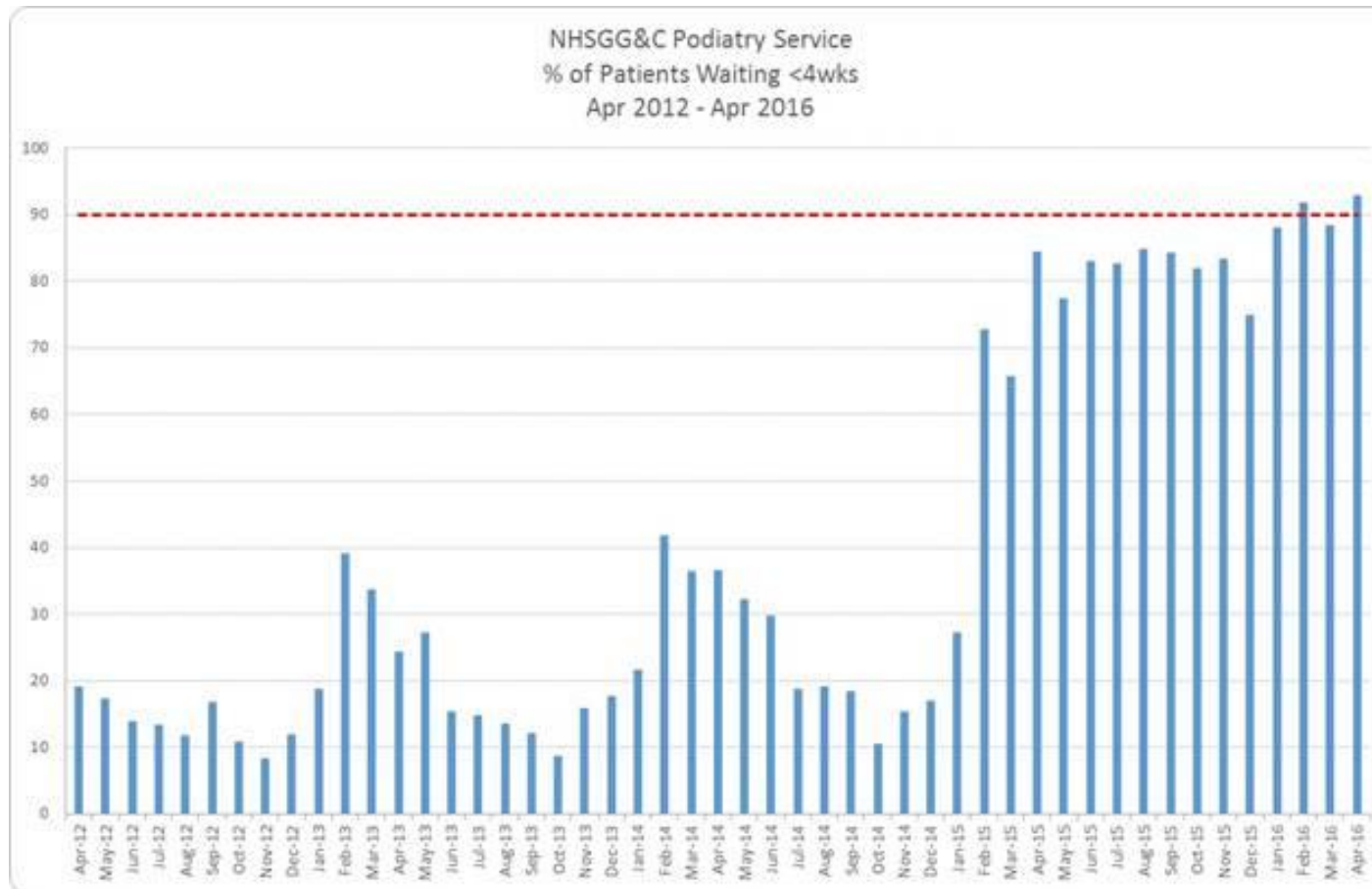


Fig 11 NHSGG&C Podiatry service: Waiting times for new referrals (% seen within 4 weeks) 2012-16

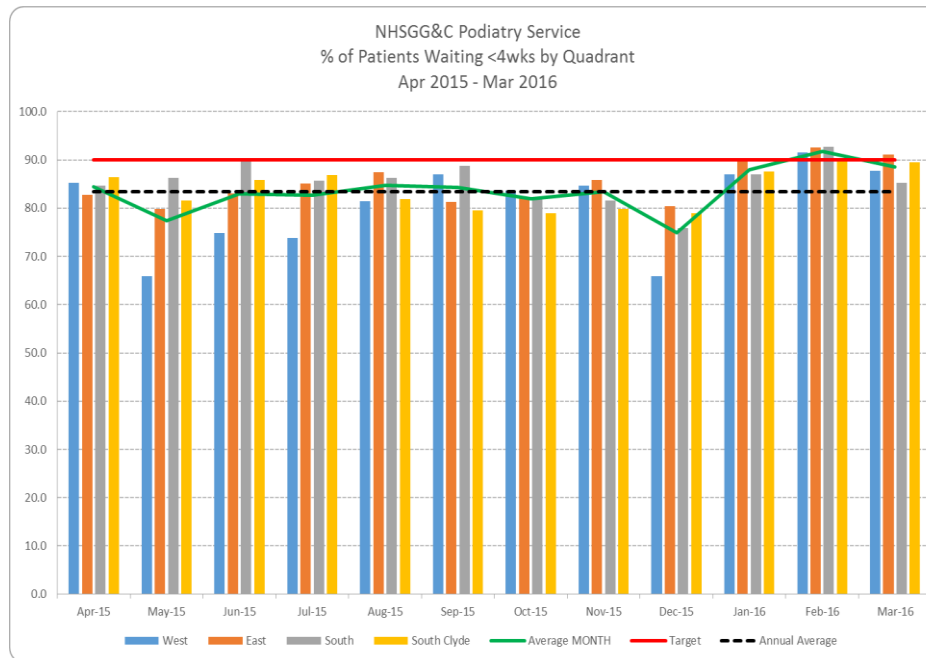


Fig 12 % of new referrals seen within 4 weeks by quadrant 2015-16

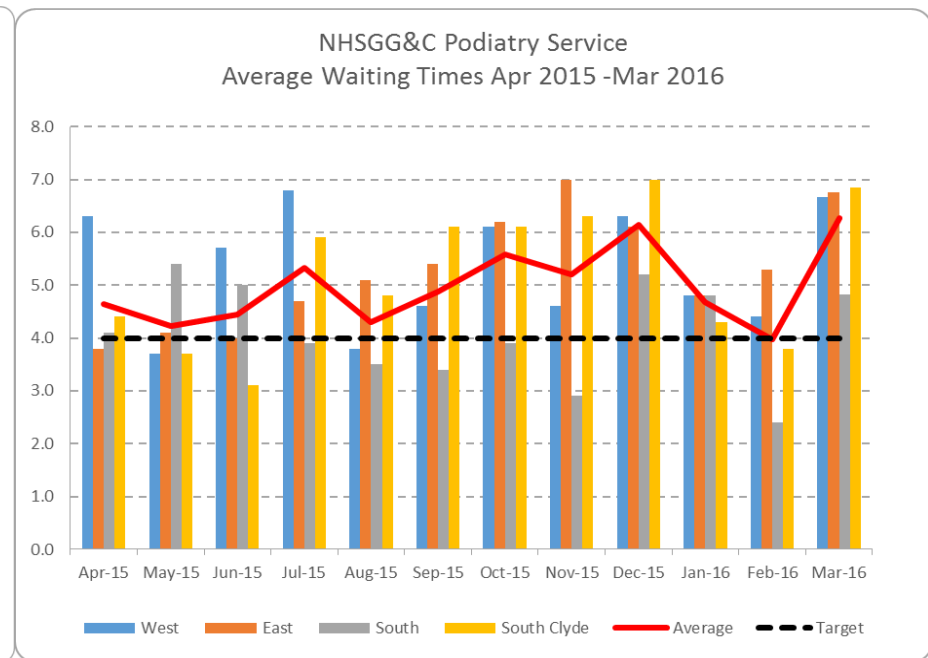


Fig 13 Average Waiting Times (in weeks) by Quadrant 2015-16

Emergency Referrals

All emergency referrals were seen within 48 working hours of referral. The urgent referral category has been subsumed within the 4 week target. All referrals classified as urgent were seen within 4 weeks

4 Week Waiting Time:

The service is on track to maintain the waiting time for a first appointment in Podiatry at 4 weeks from April 2016, in preparation for monitoring of the AHP MSK 4 week waiting time. Trends indicate that improved reporting and focus on waiting times continues to move the service across all areas towards this goal. Pressures created due to annual leave, maternity leave and long term sickness will require to be managed within local services via a more robust approach to phasing capacity to better match demand, and by proactive caseload management.

Impact of Referral Management Centre on Appointment Times routine appointments:

Over 2015-16, the NHSGG&C Podiatry Service saw an average of 83.5% of referrals within 4 weeks (Fig 12). This represents an improvement of around 64% from the same period in 2014-15. Seasonal variation requires to be factored into the 4 week implementation plan – particularly during July – October each year. Actual patient waiting times showed a downward trend across all Quadrants during 2015-16. An average of 89.4% of patients were seen within 4 weeks over Jan – Mar 2016. It is anticipated that all new referrals will be offered an appointment within 4 weeks by 1 April 2016, and this will be a KPI for the service during 2016-17.

DNA Rates:

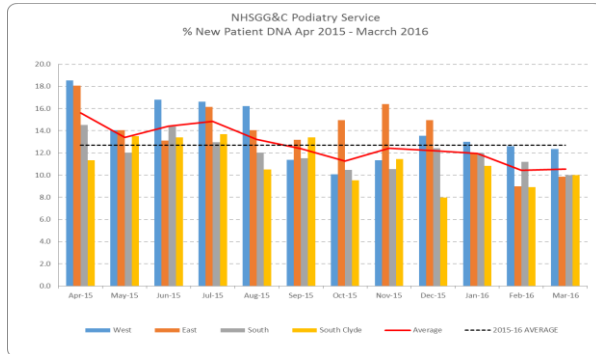


Fig 14 New Patient DNA % 2015 –16

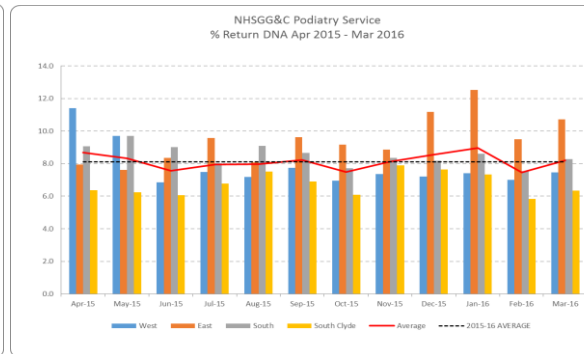


Fig 15 Review Patient DNA% 2015-16

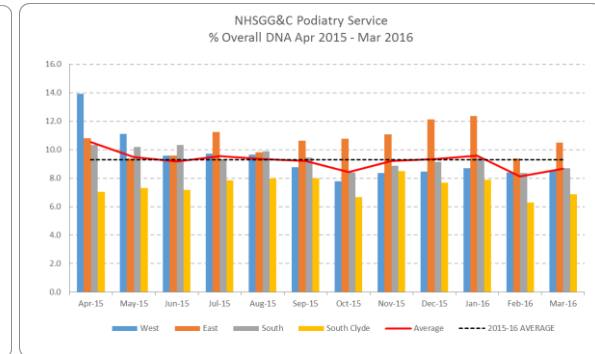


Fig 16 Overall DNA% 2015-16

During Q4 2015-16, did not attend (DNA) rates for new patients averaged 11% across the NHSGG&C podiatry service – a reduction of 3%.

The average DNA rate for return patients was 8.2% across all four Quadrants, a decrease of 2.8% compared with 2014-15.

The overall DNA rate for new and return patients combined was 8.8%, a reduction of 3.2% compared with 2014-15.

The introduction of the Referral Management Centre, and more accurate recording of outcomes has assisted in improving this figure.

Ongoing improvement work to address this problem continues across the service.

Opt-in appointments for Nail Surgery are being introduced, and it is anticipated that these figures may improve further following the potential introduction of NetCall facility, into the podiatry service during Q1 2016-17.

5 COMPLAINTS

Number of formal and informal complaints received by month

Formal

Quadrant	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
West	0	1	0	0	0	1	0	1	0	0	0	0
East	2	2	1	1	2	1	0	0	1	0	0	0
South	1	0	1	0	1	0	1	1	0	0	0	1
Clyde	1	0	1	1	0	1	0	2	0	0	0	0
Total	4	3	3	2	3	3	1	4	1	0	0	1

Informal

Quadrant	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
West	2	1	2	0	1	0	0	0	1	1	0	1
East	3	4	5	1	2	2	2	3	0	0	0	0
South	3	4	6	1	0	1	1	1	1	0	0	2
Clyde	2	2	3	0	1	2	0	1	1	2	1	0
Total	10	11	16	2	4	5	3	5	3	3	1	3

Complaints Management

All podiatry complaints during Q1-3 were completed within the 20 day response time.

Complaints Action Planning

As part of the ongoing service improvement and governance work within the Podiatry Service, each point within the action plan for all complaints is subject to ongoing audit to ensure that the issues raised by patients influence the priorities being addressed by the service, and where possible result in specific changes to service delivery. Where issues involve staff attitudes or behaviours these are included in individual staff members' PDP discussions to provide appropriate support and development.

All complaints with an action plan are now audited in order to ensure that service improvements and organisational learning are implemented at all levels across the service.

6 SICKNESS ABSENCE (NHSGG&C Target = 4%)

The average sickness absence for NHSGG&C Podiatry service during 2012-13 was 5.3%.
 The average sickness absence for NHSGG&C Podiatry service during 2013-14 was 5.04%.
 The average sickness absence for NHSGG&C Podiatry service during 2014-15 was 4.10%.
 The average sickness absence for NHSGG&C Podiatry service during 2015-16 (Fig 17) averaged 4.21%.

Sickness absence has maintained its improved level at 4.26% during 2015-16. Since moving to a single system service model in April 2012, sickness absence across the service has reduced by 1.1% (an improvement of 20.7%). This improvement is being maintained by consistent and robust application of the sickness absence policy across the service. Ongoing application of the Board's attendance at work policy is assisting managers in monitoring and managing long and short term sickness. These are reported in detail below.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Short Term	1.55	1.08	1.26	2.28	0.61	0.76	1.78	0.81	1.22	2.40	1.60	2.17
Long Term	2.59	2.59	2.81	3.16	3.14	2.90	2.37	3.13	3.86	3.48	2.06	1.51
Total	4.14	3.67	4.07	5.44	3.75	3.63	4.15	3.94	5.08	5.89	3.66	3.66

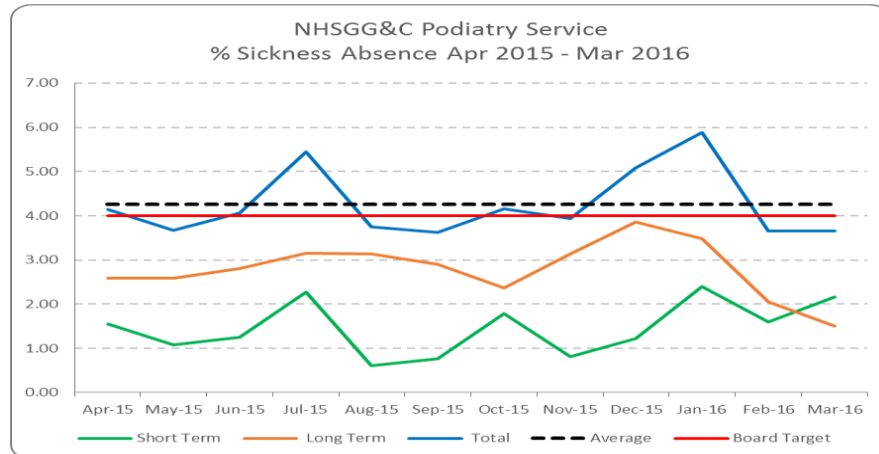


Fig 17 Long term and short term sickness absence 2015-16

7 MATERNITY LEAVE

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
West	0.4	0.6	0.6	0.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6
East	0	0	0	0	0	0	0	0	0	0	1	1
South	2.8	2.8	2.8	3.6	3.6	3.6	1.8	1.8	1.8	0	0	0
Clyde	2.4	2.4	2.4	2.4	1.8	1.8	1	1	0	0	0	0
Total WTE	5.6	5.8	5.8	6.6	7	7	4.4	4.4	3.4	1.6	2.6	2.6
% of WTE	3.6	3.7	3.7	4.2	4.4	4.4	2.59	2.59	2.16	1.01	1.64	1.66

Maternity leave is being managed within the four Quadrants as an in-year pressure. Where service provision is being adversely affected, and budget allows, additional hours are being offered to part time and bank staff.

8 STAFFING ESTABLISHMENT (wte)

Month	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
wte	156.59	157.15	157.15	157.15	158.95	157.95	157.85	157.76	157.69	158.71	158.81	156.48

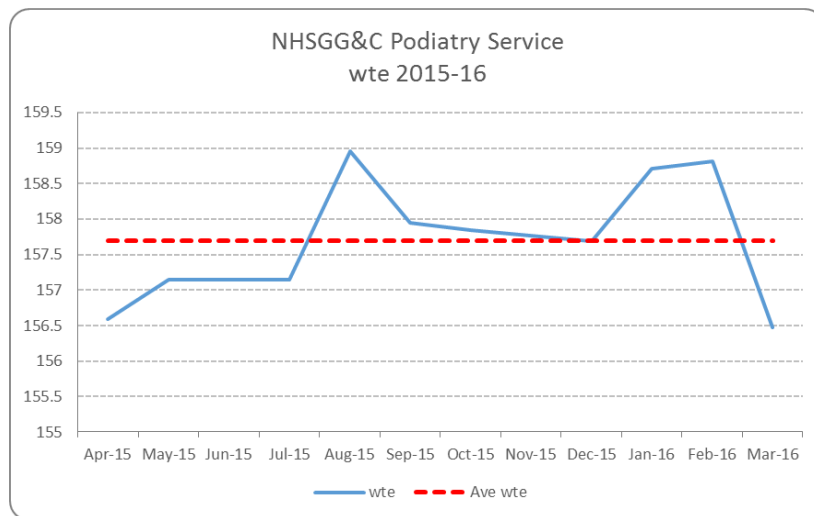


Fig 18 NHSGG&C Podiatry service wte 2015-16

Recruitment currently presents no problems for NHSGG&C Podiatry Service, and all vacancies are currently being filled in line with the workforce plan.

9 eKSF

During 2015-16, the NHSGG&C Podiatry Service achieved an overall compliance rate of 82.7% for annual reviews and 84.9% for PDPs (Fig 19 &20). This performance measure will continue to be reviewed monthly by the Podiatry Service Manager in conjunction with the Quadrant Managers and Team Leaders. In addition, improvement work on the quality of KSF reviews and PDPs is underway across the service.

QUADRANT	TOTAL (n)	REVIEW				PDP			
		YES		NO		YES		NO	
		n	%	n	%	n	%	n	%
WEST	38	31	81.6	7	18.4	26	68.4	12	31.6
EAST	47	43	91.5	4	8.5	46	97.9	1	2.1
SOUTH	48	40	83.3	8	16.7	43	89.6	5	10.4
CLYDE	47	36	76.6	11	23.4	38	80.9	9	19.1
MANAGEMENT	5	3	60.0	2	40.0	4	80.0	1	20.0
TOTAL	185	153	82.7	32	17.3	157	84.9	28	15.1

Fig 19 NHSGG&C Podiatry Service eKSP/PDP 31 March 2016

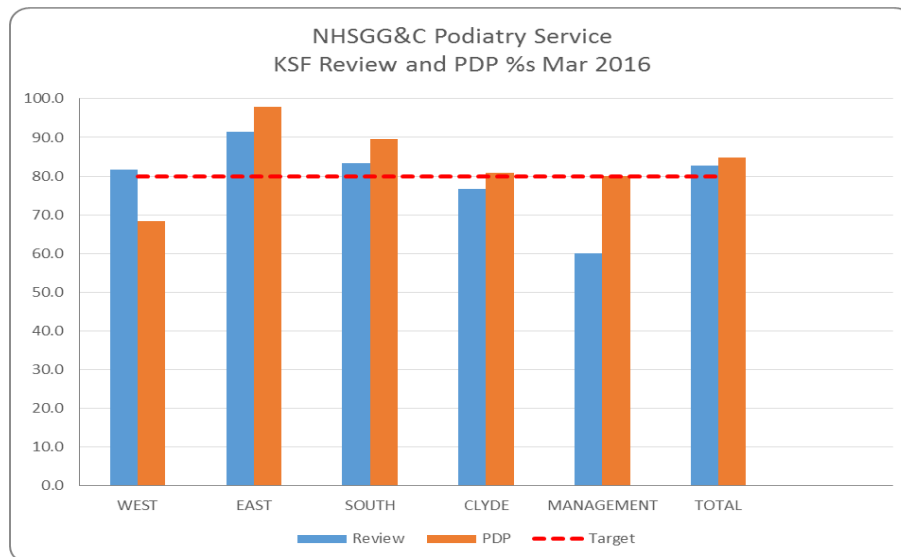


Fig 20 NHSGG&C Podiatry Service eKSP/PDP 31 March 2016

**APPENDIX 1
HSCP New Referrals Summary**

Not yet available from TrakCare

**APPENDIX 2
HSCP Discharges Summary**

Not yet available from TrakCare

**APPENDIX 3
HSCP Activity Summary**

Not yet available from TrakCare

**APPENDIX 4
HSCP Maximum Waiting Times Summary**

Not yet available from TrakCare