

Meeting of NHS Lanarkshire
Board

Lanarkshire NHS Board

Fallside Road
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DATE: 31 August 2022

www.nhslanarkshire.scot.nhs.uk

SUBJECT: SL HSCP Performance Monitoring & Access Report

1. PURPOSE

To advise the Board of performance relating to delayed discharges and AHP waiting times

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

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By SL H&SCP.

3. SUMMARY OF KEY ISSUES

3.1 Background

As highlighted in Appendix 1, published delayed discharge performance for the period to May 2022 continues to show performance to be below target, albeit there has been some recent improvement in local data.

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 all impacted performance over the months of April and May period shown in the report.

Recently reported work associated with 'Discharge without Delay' and associated developments to support earlier discharge and potential admission avoidance are anticipated to assist in improving this position.

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 all the 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 type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

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

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input 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 checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

None

7. FINANCIAL IMPLICATIONS

Staff are being recruited against agreed mobilisation plans.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There are significant waits for access to AHP and other services with the attendant distress to patients and the system impact of slowing down 'flow'. Further detail is provided in the appendix.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

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

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

None.

11. CONSULTATION AND ENGAGEMENT

None.

12. ACTIONS FOR THE BOARD

The Board is asked to:

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

13. FURTHER INFORMATION

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

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SL H&SCP Access Report August 2022

1. Delayed Discharge Performance

April 22 – May 22

April – May 22 there were 1,250 standard delayed discharge bed days more than trajectory(fig.1).

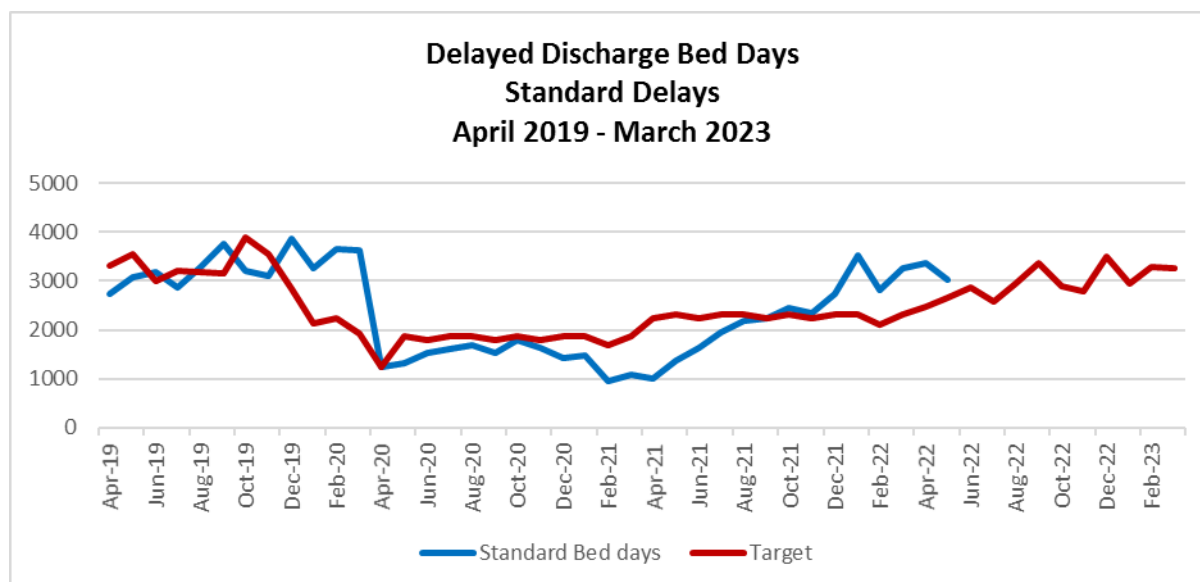


Figure 1 Delayed Discharge Performance (Standard Delays)

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

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.

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 to July 2022.

The 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 2 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	Hosted
Community Claudication Service	99.5%	Local 12 week	16	1	North/South
Physiotherapy MSK	69.8%	National 12 week	28	1982	South
Occupational Therapy MSK	93.8%	Local 12 week	31	1	South
Children and Young People Occupational Therapy	59.2%	Local 12 week	23	151	South
Occupational Therapy- Neurology	86.7%	Local 12 week	17	8	South
Occupational Therapy - Rheumatology	50.0%	Local 12 week	21	120	South

Figure 2 Percentage waits within 12 weeks

2.1 Physiotherapy MSK

Physiotherapy MSK performance details are shown in figure 3 below. 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. Additionally, good progress is being made in reducing overall numbers waiting.



Figure 3 Physio MSK Performance Nov 19 – Jul 22

2.2 Occupational Therapy

Children and Young People

Performance has dropped over recent months to 59.2% as more people are accessing the service and the position has also been adversely impacted upon by staff vacancies.

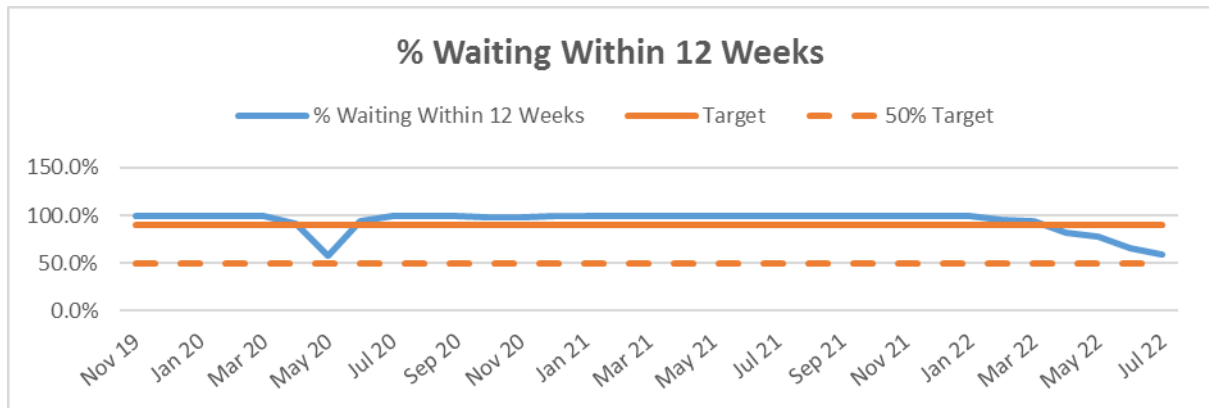


Figure 4 OT CYP Performance Nov 19 – Jul 22

Rheumatology

Despite still not being fully staffed the waiting list/times had reduced as a result of measures put in place to date. Unfortunately, as numbers coming through acute service clinics have increased, then so too has the waiting times and performance has dropped in the last few months.

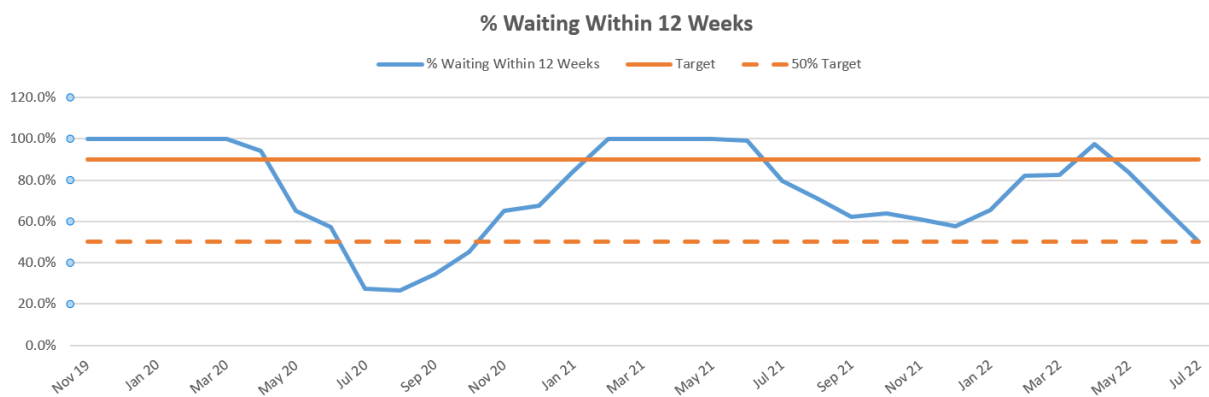


Figure 5 OT Rheumatology performance

Neurology

Whilst % of people being seen has been relatively steady over recent months, currently 86.7%, the numbers of people waiting has increased as more people are accessing services post covid.

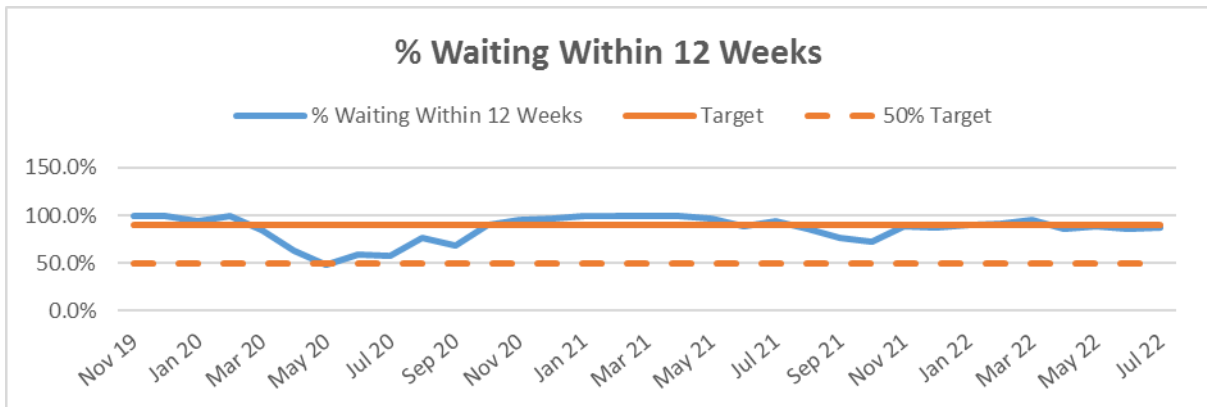


Figure 6 OT - Neurology Performance Nov 19 – Jul 22

3 Remobilisation and Recovery

Services are revising performance trajectories associated with RMP4 proposals and increased awareness of activity demand and staffing recruitment difficulties:

- 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.