

Meeting of NHS Lanarkshire  
Board

Lanarkshire NHS Board

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DATE: 26 October 2022

[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)

**SUBJECT: South Lanarkshire 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 South Lanarkshire H&SCP senior management team.

## 3. SUMMARY OF KEY ISSUES

### 3.1 Background

As highlighted in Appendix 1, published delayed discharge performance for the period to August 2022 continues to show performance to be below target, albeit there was some improvement in May and June.

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 adversely on performance over the 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. Recently produced data shows that between May and September, 94% of all patients from South Lanarkshire were discharged without delay.

Work is ongoing in the recovery of AHP waiting times. AHP services have similar recruitment difficulties in being able to recruit to all posts associated with the additional number of posts advertised nationwide in seeking to recover services to pre-covid levels.

The joint H&SCP waiting times and capacity planning group is co-ordinating a consistent approach to recovery and remobilisation across Lanarkshire.

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 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

Trajectories prepared for all respective services.

## 7. FINANCIAL IMPLICATIONS

Staff have been recruited against agreed mobilisation plans. As non-recurring funding runs out, then so the respective staff will be absorbed into mainstream budgets.

## 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

Craig Cunningham, Head of Commissioning and Performance, South Lanarkshire H&SCP.

## SL H&SCP Access Report October 2022

### 1. Delayed Discharge Performance

#### April 22 – August 22

April – August 22 there were 2,260 standard delayed discharge bed days more than trajectory(fig.1).

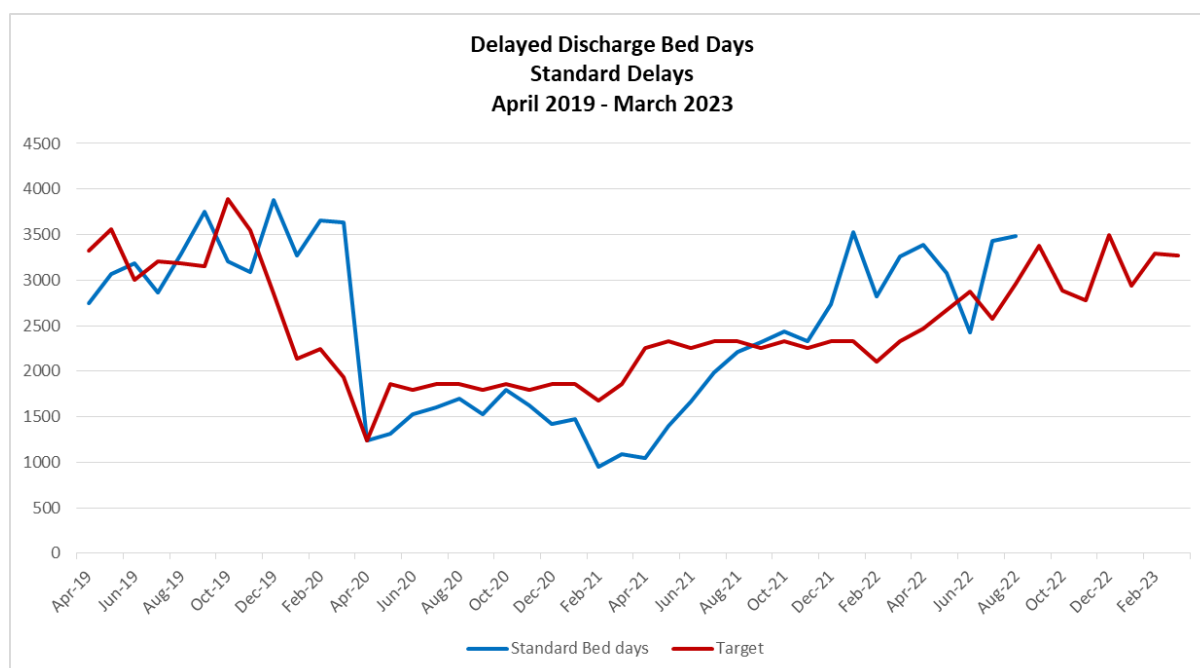


Figure 1 Delayed Discharge Performance (Standard Delays)

Factors affecting performance include:

#### Care Homes

- Regular Care Home closures as a result of outbreaks
- Significant recruitment and retention issues
- Lack of availability within Care Homes
  - Increased placement rate
  - Provider performance and sustainability (CI grades and moratoriums)
  - Interim beds consume LT capacity

#### Care at Home

- Significant recruitment and retention issues across social care in the context of record low unemployment rates and wage inflation in competitive market impacting significantly on capacity within Care at Home. New post have been created to add capacity and persistent and varied recruitment campaigns ongoing. EK a recruitment challenge.
- High absence levels across internal and external providers with regular spikes caused by Covid; contributory impact of long covid and extended NHS waiting times are resulting in staff having prolonged periods of absence waiting medical/surgical intervention.
- A reduction in hours available from external providers
- Requests for packages considerably higher than average from acute settings
- Late and frequent changes to PDD (discharge dates) by consultants/MDTs
- 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 NHSL Information Services and is unvalidated/ unpublished. This report is for the performance period to September 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 two of the OT services are not achieving the 50% target. Work is underway to produce recovery trajectories for each of the services.

Service	% Waiting Within 12 Weeks (recovery target 50%)	Waiting Over 12 Weeks	Longest Wait (Weeks)	Comment based on Statistical Process Control chart
Physiotherapy MSK	79.79%	1199	30	Performance continues to show an upwards trend and consistently outperforms the recovery target.
Occupational Therapy MSK	100.00%	0	3	Current Performance is expected to range from between 90% to 100% and therefore achieving the 95% standard is expected.
Occupational Therapy CYP	39.30%	256	28	Performance over recent months shows a downward trend with recent outlier points below the lower control limit. Please see detailed comment in section 2.1.
Occupational Therapy Neurology	70.30%	19	24	Current Performance is expected to range from between 78% to 100% and therefore achieving the 95% standard is expected. Sept 22 shows an outlier in performance below the lower control limit.
Occupational Therapy Rheumatology	42.50%	146	27	This process has not been re-baselined post Covid recovery as there have not been enough data points consistently in a reasonable range. The process looks to be heading into a downwards trend. Please see detailed comment in section 2.2.
Community Claudication	88.70%	31	25	Performance over recent months shows consistent achievement of the 95% target.

Figure 2 Percentage waits within 12 weeks

### 2.1 Occupational Therapy – Children and Young People

Performance over recent months shows a downward trend (see fig 3 below) with recent outlier points below the lower control limit, 39.3% in Sept, with 256 people waiting beyond target.

- Increase in demand has seen sustained referral rate increase of 23% on pre-pandemic levels.

- Increase in complexity and variety of clinical presentations resulting in limited ability to utilise universal and targeted service offerings that have previously been successful in managing numbers.
- Despite the development of Neurodevelopment (ND) and CAMHS OT posts, treatment and ongoing support for complex ND cases and wellbeing presentations remain with CYP OT. This also means significant challenges for staff to try to transfer duty of care to more specialist services. No additional funding made available to CYP OT to manage these cases.
- Continued staff shortages as a result of vacancies, turnover and maternity leave.

Occupational Therapy CYP - % Waiting within 12 weeks

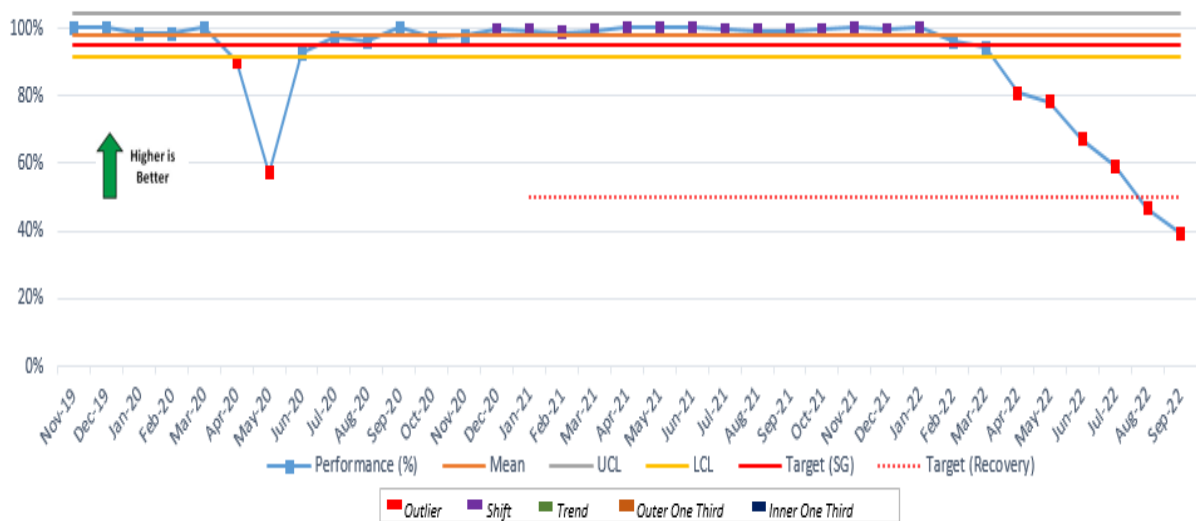


Figure 3 OT CYP Performance Nov 19 – Sep 22

## 2.2 Occupational Therapy – Rheumatology

Figure 4 below shows this process is statistically not in control and looks to be heading into a downwards trend, 42.5% in Sept with 146 people waiting.

- The service has not been fully staffed since inception and there have been a number staff on sick leave.
- Increase in number of consultant referrals due to an improved awareness of what the service can offer
- Work is ongoing to identify maximum skill mix and referral management in an attempt to support the increase in referrals.

OT Rheumatology - % waiting within 12 weeks

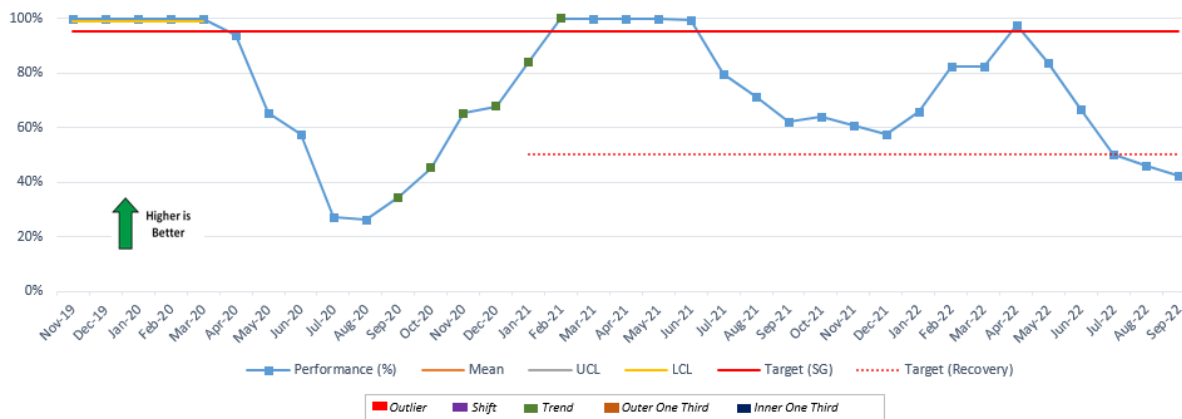


Figure 4 OT Rheumatology performance

### 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.