

Meeting of NHS Lanarkshire  
Board

Lanarkshire NHS Board

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DATE: 25 January 2023

[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 the six MSG targets 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 Delayed Discharges

As highlighted in Figure 1 of the Appendix, published delayed discharge performance for the period to November 2022 continues to show performance cumulatively having been below target, albeit there has been some improvement since September with the most recent months being close to trajectory.

Figure 2 shows how that improvement in performance has continued to reduce the rate of delayed discharges and as at 16 January, South Lanarkshire was performing ahead of the national average.

There continues to be above average levels of absence across the care at home sector; infection, prevention and control closures in care homes to protect staff and patients therein and ongoing staffing difficulties across the wider health and social care sector.

Recently reported work associated with 'Discharge without Delay' and associated developments to support earlier discharge and potential admission avoidance are anticipated to assist in bringing further improvements in this position. Recently produced data, Figure 3 in the Appendix shows at beginning of January, 95.84% of all patients from South Lanarkshire continue to be discharged without delay.

Figure 4 shows the number of patients where a Planned Date of Discharge (PDD) fell during December with Figure 5 showing December having two of the highest weeks for unplanned referrals since August. The PDD drop and unplanned referral increase place additional pressure on the teams in relation to their being able to plan discharge packages in advance of PDD.

A notable element of the Discharge without Delay programme is the application of the Home First approach. Part of the implementation of this approach by the SL HSCP has involved the establishment and ongoing extension of the local Home First programme. The programme has now been extended from East Kilbride to also include Cambuslang/Rutherglen.

### 3.2 Recovery of AHP Waiting Times

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 HSCP waiting times and capacity planning group is co-ordinating a consistent approach to recovery and remobilisation across Lanarkshire.

Recovery in terms of these areas of reported performance will also be affected by decisions taken to re-prioritise focus for certain groups of AHP staff as part of the response to the unprecedented pressures facing the system, particularly in respect of admission avoidance, “flow” through the acute sites, and timely discharge. Trajectories will be revised to reflect this.

Full details are provided in Figures 6 – 8 in the attached appendix.

### 3.3 Recovery of Physiotherapy MSK

Physiotherapy MSK greatly benefitted from employing additional staff on fixed term for a year within MSK before being redeployed into physiotherapy rotational posts. This increased our capacity and enabled the waiting list to reduce and despite receiving a significant increase in referrals in 2022, the longest booked wait remains approx. 28 weeks with the un-booked wait at 14 weeks.

The business manager and administrative staff continue with waiting list validation and patient focussed booking keeping the waiting list cleansed and appointments booked in turn.

## 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	ADP	<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

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SL HSCP Access Report January 2023

1. Delayed Discharge Performance

April 22 – November 22

April – November 22 there were 2,033 standard delayed discharge bed days more than trajectory (fig.1).

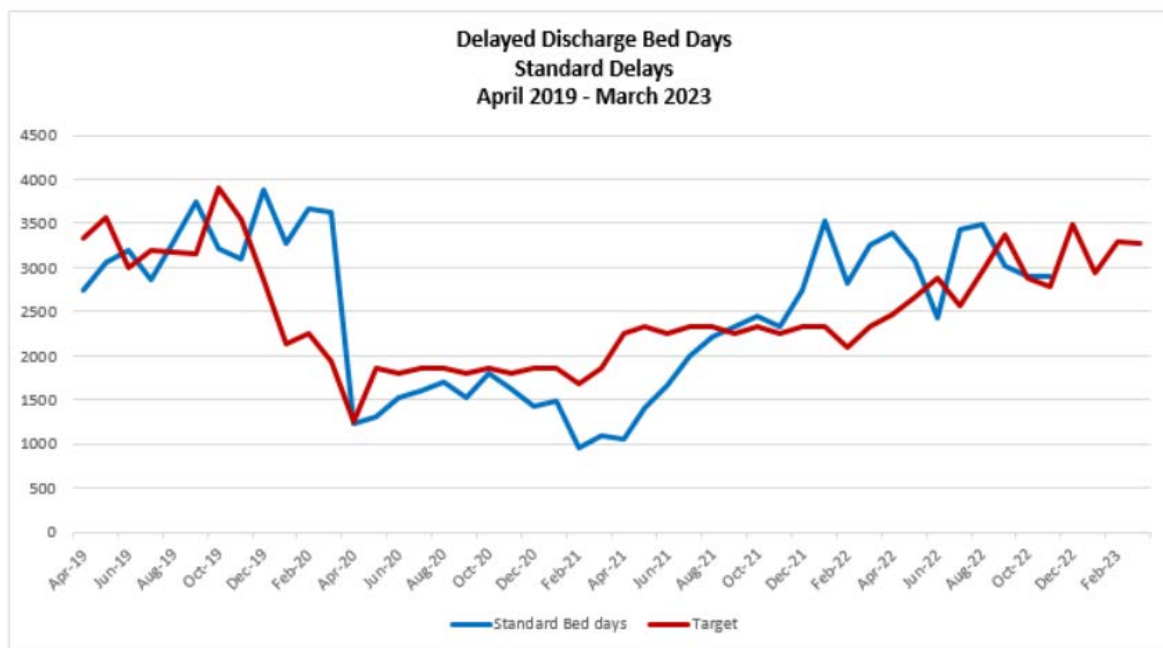


Figure 1 Delayed Discharge Performance (Standard Delays)

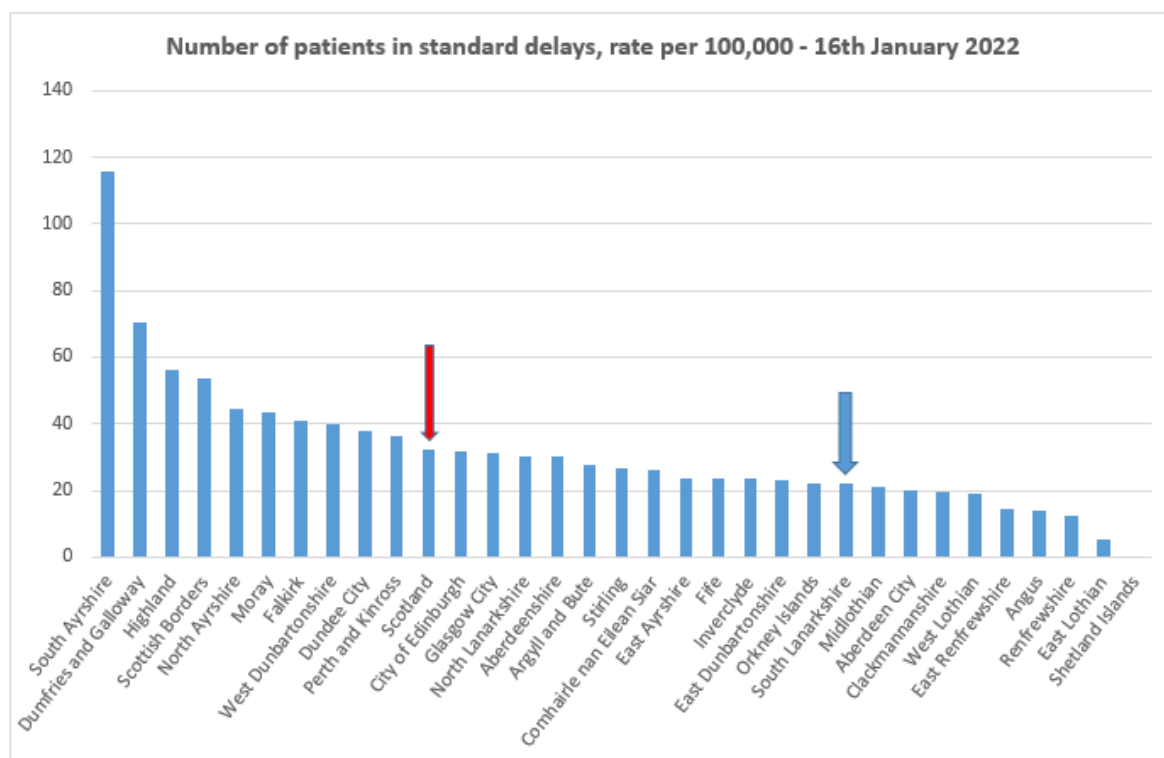


Figure 2 Patients in standard delay, rate per 100,000 for all HSCPs

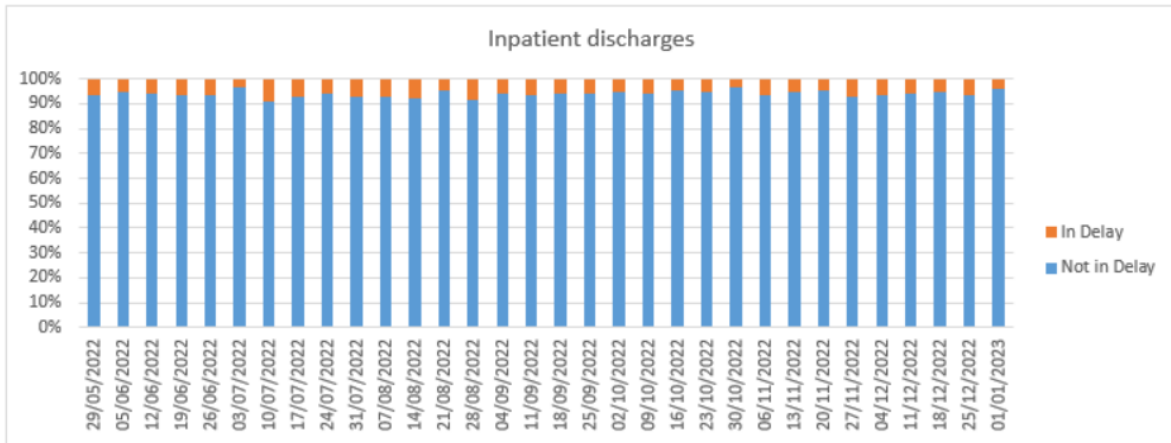


Figure 3 All inpatient discharges

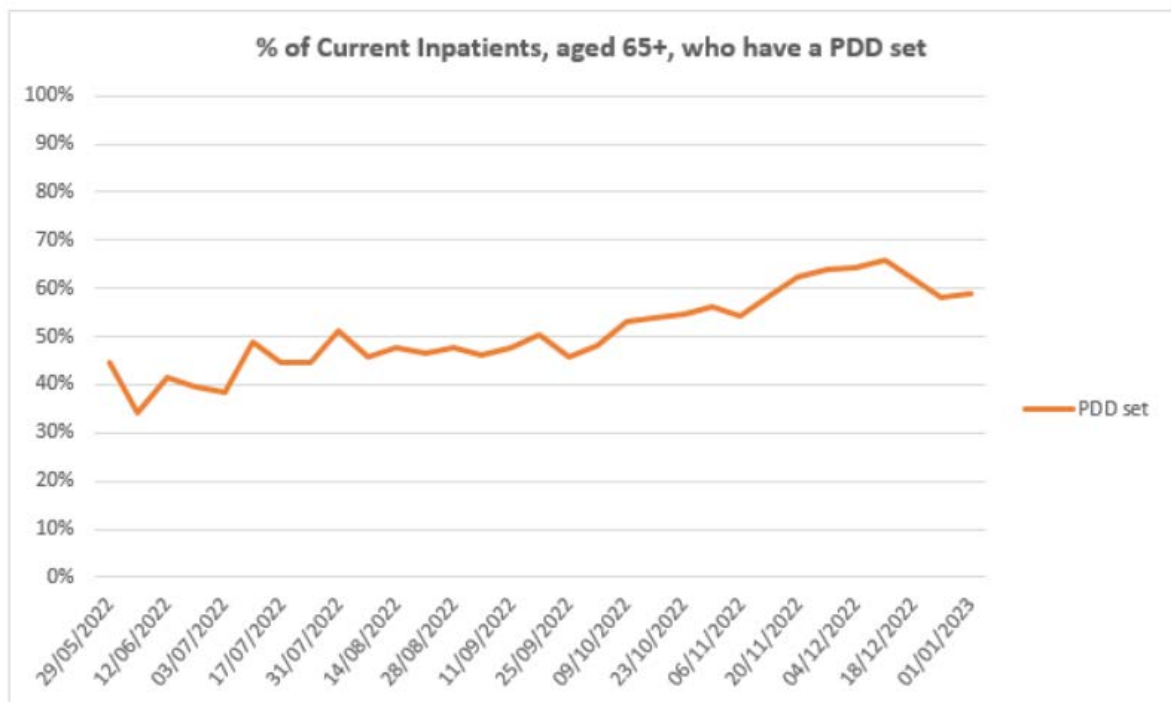


Figure 4 Current Inpatients (at time of census) with a Planned Date of Discharge

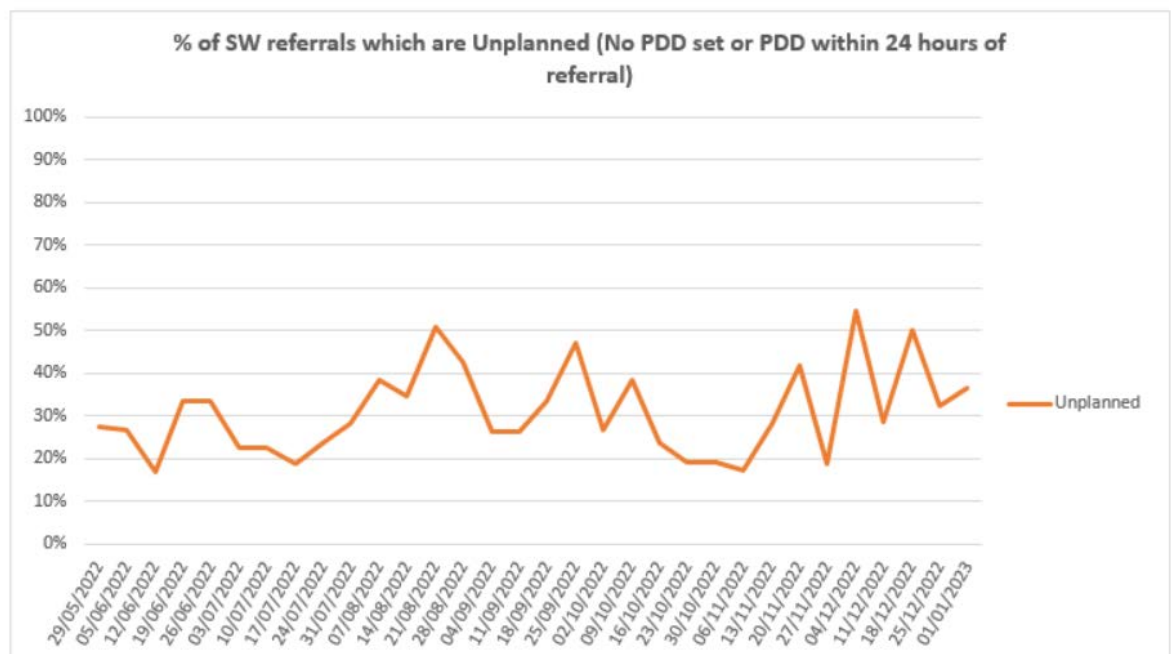


Figure 5 Current Inpatients (at time of census) with a SW referral that is unplanned

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 (Care Inspectorate grades and moratoriums)
  - Interim beds consume long term 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 posts have been created to add capacity and persistent and varied recruitment campaigns ongoing. East Kilbride presents a particular recruitment challenge.
- Continued above average 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 HSCP and NL HSCP involved in the development and testing of the associated measurement plan.

## **2. AHP Waiting Times – SL HSCP 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 December 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 in 2022/23. Performance for waits for all services hosted by SL HSCP is detailed in Figure 6. It shows three services are not achieving the 50% target, OT – Rheumatology, OT – Children & Young People and Public Dental Service.

Service	% Waiting Within 12 Weeks (recovery target 50%)	Waiting Over 12 Weeks	Longest Wait (Weeks)	Comment based on Statistical Process Control chart
Physiotherapy MSK	76.80%	1388	28	Performance shows a recent upwards trend although this has not continued into December.
Occupational Therapy MSK	100.00%	0	4	Current Performance is expected to range from between 90% to 100% and therefore achieving the 95% standard is expected.
Occupational Therapy CYP	46.70%	351	35	Performance over recent months shows a downward trend with recent outlier points below the lower control limit, performance in October and November showed improvement but has dipped again in December.
Occupational Therapy Neurology	86.70%	6	27	Current Performance is expected to range from between 78% to 100% and therefore achieving the 95% standard is expected. Sept and Oct 22 shows outliers in performance below the lower control limit but this recovered in Nov and has improved again in Dec.
Occupational Therapy Rheumatology	48.50%	103	36	Current performance ranges between 37% and 84% and therefore meeting the 95% target it unexpected. December performance shows improvement on previous months.
Public Dental Service (OP)	19.20%	865	99	N/A
Community Claudication	86.70%	33	33	Current Performance is expected to range from between 87% to 100% and therefore achieving the 95% standard is expected. Performance has dipped again in December.

Figure 6 Percentage waits within 12 weeks

## 2.1 Physiotherapy – MSK

Performance over recent months shows an upward trend (see figure 7 below) with the exception of December where there has been a slight drop to 76.8%. There are 1388 patients waiting over 12 weeks with a longest wait of 28 weeks.

Physiotherapy MSK greatly benefitted by employing x10 band 5s fixed term for a year within MSK before being redeployed into physiotherapy rotational posts. This increased our capacity and enabled the WL to reduce from 7543 to 6339 and despite receiving 32,000 referrals in 2022, the longest booked wait remains approx. 28 weeks with the un-booked wait at 14 weeks.

The business manager and administrative staff continue with waiting list validation and patient focussed booking keeping the WL cleansed and appointments booked in turn. The current MSK vacancy factor is 4.5wte, however, the 10 remobilisation band 5s have now all been absorbed, so capacity has reduced.

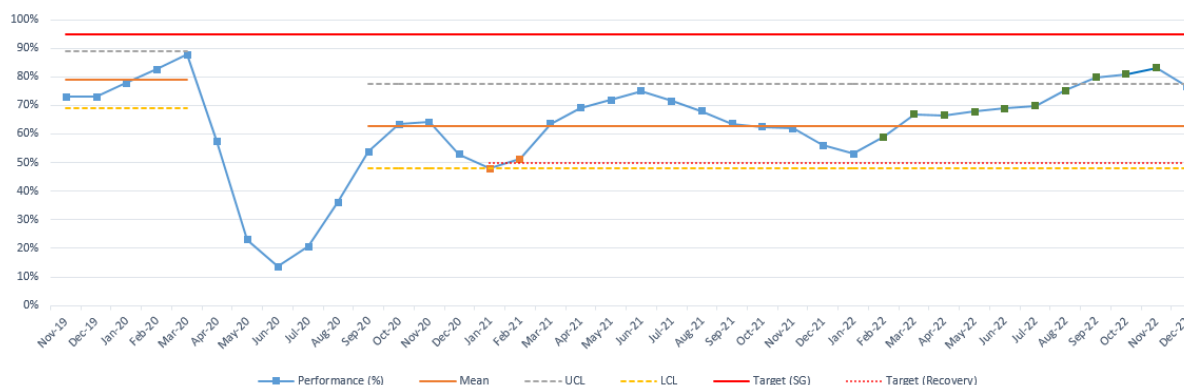


Figure 7 Physio MSK performance Nov 19 to Dec 22

## 2.2 Occupational Therapy – Children and Young People

Performance over recent months shows a downward trend (see fig 8 below) with recent outlier points below the lower control limit, performance in December shows a decrease on November, 46.7%, with 351 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 resources that have previously been successful in managing demand.
- New Lanarkshire developments in CAMHS and Neurodevelopmental services has resulted in the migration of a number of senior and experienced CYP OTs to these new services. All open caseloads of the staff transferring have been distributed across the CYP OT teams, reducing capacity to address new referrals.
- 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. Work is required to re-design existing pathways to maximise patient outcomes and experience, and make best use of available resources.
- Reduced staffing capacity continues as a result of vacancies, turnover and maternity leave.

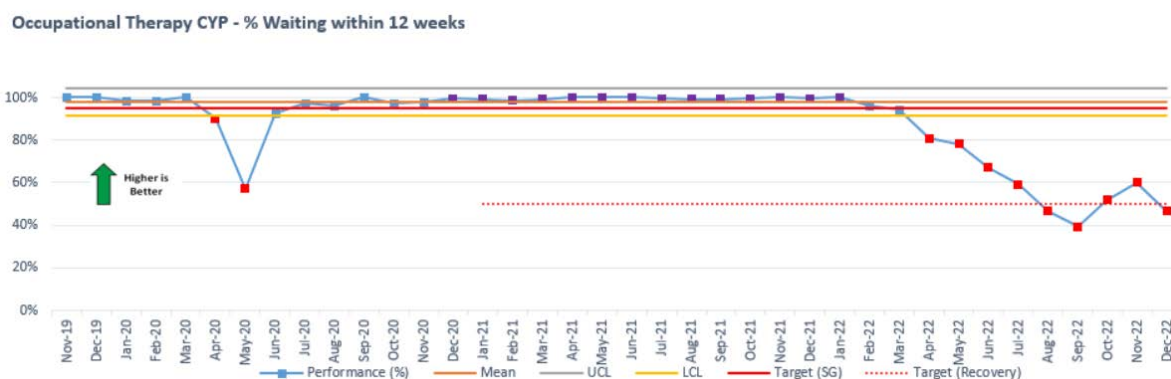


Figure 8 OT CYP Performance Nov 19 – Dec 22

## 2.3 Occupational Therapy – Rheumatology

Figure 9 below shows this process is statistically not in control and looked to be heading into a downwards trend, there was improvement in December to 48.5% with 103 people waiting over 12 weeks.

- The service has not been fully staffed since inception and there have been a number staff on long term absence.
- 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 improve referral management and triage processes in an attempt to support increased referral trends.
- Group fatigue management programmes have been redesigned and will recommence in Jan 2023.



OT Rheumatology - % waiting within 12 weeks

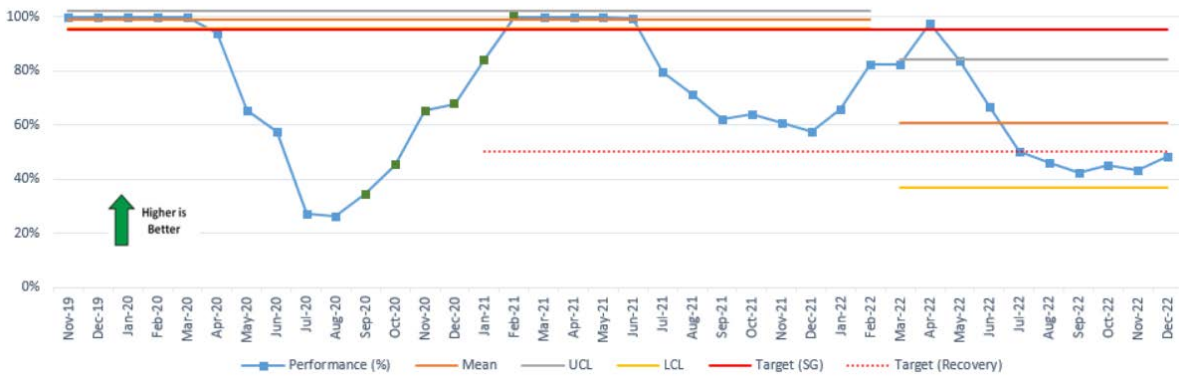


Figure 9 OT Rheumatology performance Nov 19 to Dec 22