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SUBJECT: HSCP NL Access Report

1. PURPOSE

To advise the Board:

- ◆ delayed discharge performance against trajectory
- ◆ AHP waiting times performance for those services hosted by HSCP NL
- ◆ highlight the ongoing effect of Covid safety restrictions on recovery and performance

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

This paper has been:

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

3. SUMMARY OF KEY ISSUES

H&SCP NL delayed discharge performance improved during June 2022. Unvalidated management Information indicates that this performance has been challenging during July and August 2022.

Some AHP services have been affected by ongoing demand, capacity and resource issues. Services have worked to recruit utilising Remobilisation Funding, although for many services recruitment is proving difficult as there is limited availability of AHPs Scotland wide, this is impacting on the ability of services to show sustained improvement and recovery.

4. STRATEGIC CONTEXT

This paper links to the following:

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

5. CONTRIBUTION TO QUALITY

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

Three Quality Ambitions:

Safe	<input type="checkbox"/>	Effective	<input type="checkbox"/>	Person Centred	<input 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 type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input 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 type="checkbox"/>
Best use is made of available resources. (Effective)	<input 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 waits for access to AHP and other services with the attendant distress to patients and the system impact of slowing down 'flow'. Recruitment against remobilisation plans has been affected by shortage of AHPs across Scotland.

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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1. Delayed Discharge Performance

April – June 2022/23 HSCP North Lanarkshire delayed discharge performance was 6,680 standard bed days against a target of 7,184, 504 bed days below target (figure 1). Performance improved during June, however management information indicates that delayed discharge performance has been a challenge during July and August.

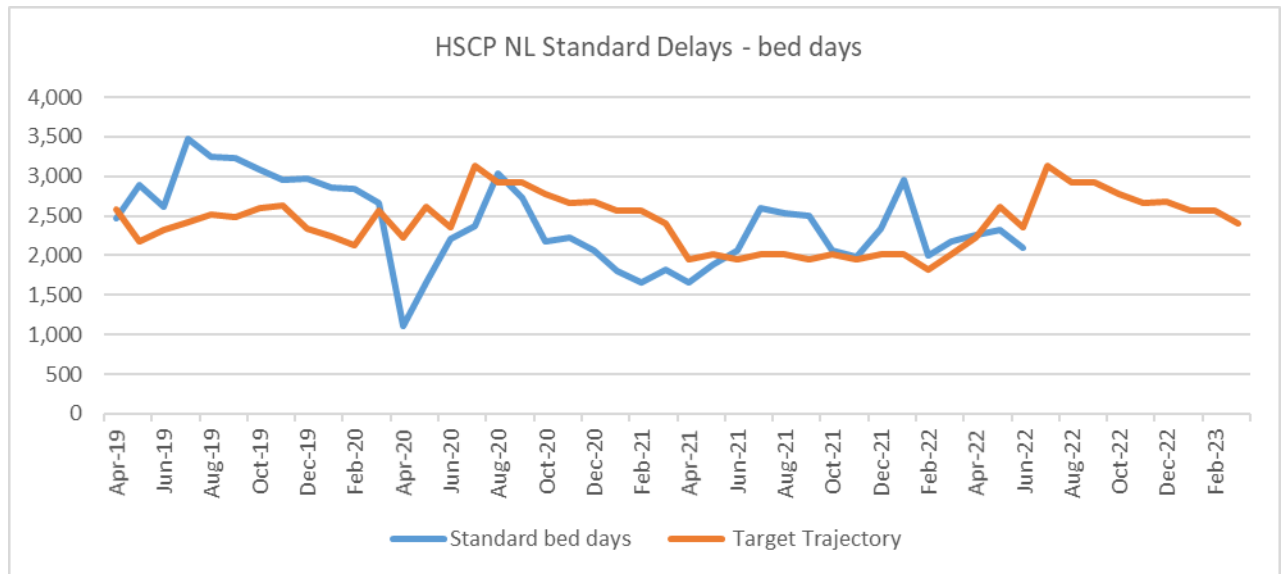


Figure 1 Delayed Discharge bed days performance

The figure 2 graph shows that bed days are within routine variation. This contrasts with the Scotland position where delayed discharge bed days for standard delays are at pre Covid levels with special cause variation September – June 2022 (fig. 3).

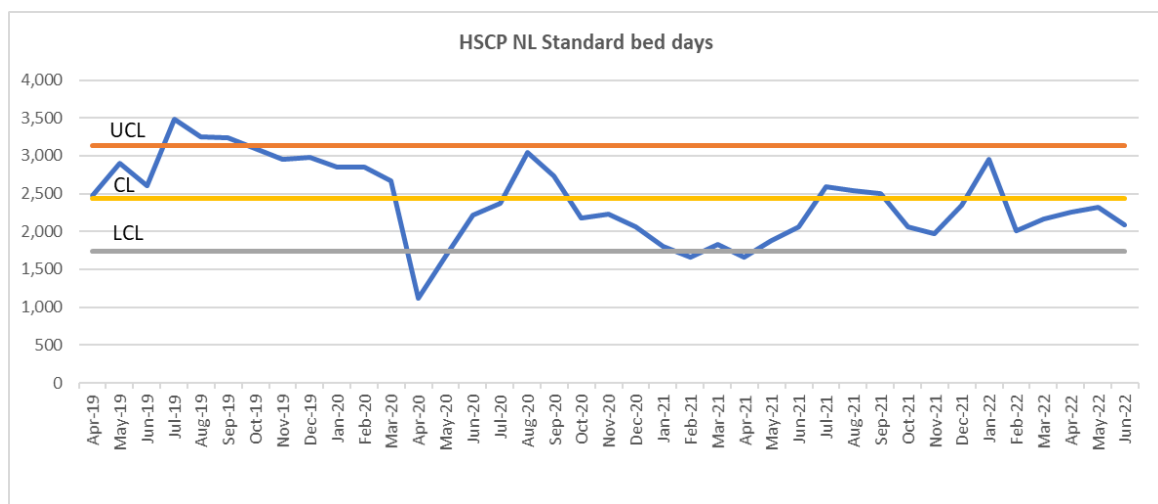


Figure 2 HSCP NL SPC Standard Bed Days

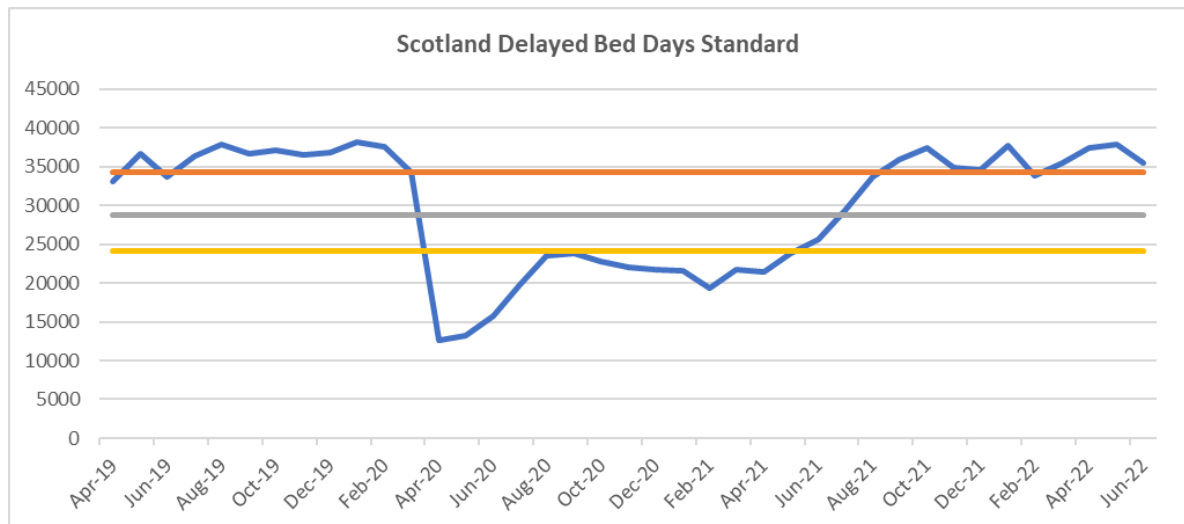


Figure 3 NHS Scotland Standard Delays bed days

Management information suggests that the decrease in bed days for North Lanarkshire residents is, in the main, due to a reduction in homecare delays and associated bed days.

A wide range of activity is underway, both locally and nationally, to drive further improvement in performance, these include:

- Whole system improvement work on the PDD process
- Home Support recruitment
- Lanarkshire is a demonstrator site for Home First/Discharge without delay. Staff involved in the development of the Discharge without delay measurement plan
- Rapid response, focused on supporting people at home, is having an impact. Home Assessment Teams are now up and running in Cumbernauld and Wishaw with over 80 cases now supported home. It is anticipated these teams will be up to full strength by Sep/Oct, when the roll out will expand to Airdrie and Motherwell Localities. Bellshill and Wishaw Localities will be the last to go live around Christmas.
- Expanding Hospital at Home service and considering expanding to under 65s
- Additional CSWs are being recruited so that District Nursing Teams can enhance the care offering to those on both Home Support and District Nursing caseloads, freeing up further Home Support capacity to concentrate on other cases
- Use of interim placements
- Participation in national Rapid Action Group for Care at Home.

2. AHP Waiting Times – H&SCP NL Hosted

Waiting times data contained in this report is provided by NHSL Information Services and is unvalidated/unpublished. This report is for the performance period from the 1st to 30 June 2022.

The Capacity Planning and Waiting Times (CPWT) group is supporting AHP Services with recovery and remobilisation. 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, however it should be noted that many specialties are relying on gathering and processing data using manual time consuming methods.

The remobilisation and recovery of services has been affected by a number of factors including:

- staff redeployment as a result of COVID pressures
- inability to recruit additional staff through remobilisation funding. There is a shortage of AHP staff Scotland wide as a result many services have been unable to recruit.
- services recruiting internally to remobilisation posts with limited increase in capacity.
- staff leaving NHSL/retiring

Given the current environment HSCP NL have agreed a recovery target of 50% for AHP services. AHP Service performance for ongoing waits is detailed in figure 4. Speech and Language Therapy – Children and Young People (C&YP) is now the only service where performance is below 50%.

Service	Performance against 50%	Target (Local/National)	Longest Wait in Weeks	Waiting > 12 weeks
Podiatry Biomechanical MSK Service	100.0%	Local 12 week	15	3
Speech & Language Therapy Children & Young People	27.1%	Local 12 week	61	1300
Speech & Language Therapy Adult	77.2%	Local 12 week	28	77
Podiatry Service (excl MSK)	98.0%	Local 12 week	80	59
Dietetics	72.1%	Local 12 week	129	234
Medical Children and Young People - Cons Led	55.4%	National 12 week	37	682
Community Claudication Service	100%	Local 12 week	12	1

Figure 4 Performance against 50% target

2.1 Speech & Language Therapy

Performance Commentary - Children and Young People

Performance prior to COVID-19 was at 62.7%. The service has previously described the SLT covid-19 journey – suspension in OP appointments; staff redeployed to staff wellbeing and immunisation teams; and a gradual move to remote working. Figure 5 illustrates performance over time for SLT C&YP.

Pre Covid the Service was unable to achieve the 90% 12 week target, however performance deteriorated significantly from April 2020 dipping below the lower control limit.

Performance for June 2022 was 27.1% against the 12 week target. There was an increase of 11 patients waiting over 12 weeks bringing the total waiting to 1300 but a reduction in the longest wait to 61 weeks.

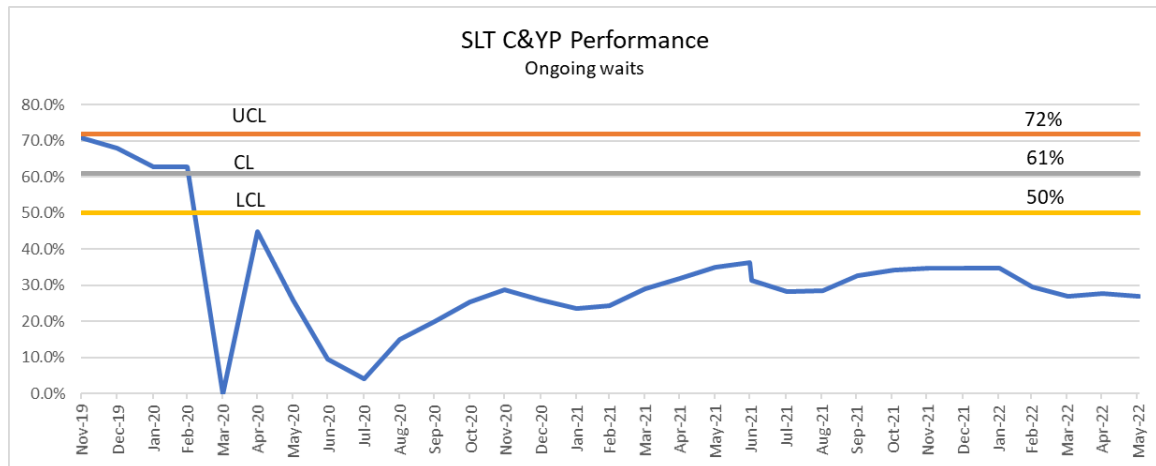


Figure 5: SLT C&YP performance

Performance Recovery Plan

Demand continues to increase and the overall number of children waiting has also increased. The service is now progressing through further recruitment processes as many recruited to remobilisation posts were internal appointments. The following provides an overview of current actions underway to address performance:

Capacity

The service has recruited to remobilisation posts. However, despite this activity, the overall service capacity has decreased due to staff retirements/leaving and internal appointments to remobilisation posts.

Spread of Trakcare to all SLT teams

While this will not in itself decrease waits, it will allow better metrics as currently the performance graphs are only applicable to some parts of the service. Areas of the service are still reliant on manual data collection and management.

The service continues to deliver a tiered approach (Universal/Targeted/Specialist) and have noted a downward trend in the number of children requiring specialist input.

Additional support resource is being coordinated to support the service in its recovery journey.

2.3 Psychological Therapies RTT

Adult Psychological Therapies RTT waiting times for **June 2022**. (Figs 6 & 7)

The national RTT Target is that 90% of patients commence psychological therapy within 18 weeks of referral.

- the waiting list has dropped noticeably and the number of patients starting treatment has risen significantly – largely relating to how cCBT cases are recorded, and how the “clock” is stopped
- **86.87%** of patients commenced psychological therapy within 18 weeks;
- The longest wait remains within the specialist Neuropsychology service, although with the successful recruitment of new psychologists, this has fallen from 86 weeks at the end of September to 45 weeks. It is anticipated that this will continue to fall towards the 18 week standard in 2022/2023.

HEAT Summary	PT
No. of Patients Waiting (Assessment)	1074
No. of Patients Waiting (Intervention)	798
No. of Patients Waiting (Overall)	1872
No. of Patients Waiting <= 18 weeks	1431
% Waiting <= 18 weeks (Overall)	76.44%
Longest Wait Overall (Weeks)	62
PT Team with longest wait	East Kilbride
No. of Completed Waits	891
No. of Completed Waits <= 18 weeks	774
% Completed Waits <= 18 Weeks	86.87%

Figure 6 Adult RTT waiting times for June 2022

2.4 CAMHS

The CAMHS RTT showed 61.82% of patients commenced intervention within 18 weeks of referral in May 2022.

There continues to be an increased demand (urgent presentations) which impacts on capacity across the service. In addition to this, recruitment has been challenging and at times, slow to progress due to the NHS boards competing for the same pool of staff. There are particular posts which are harder to fill and the service are linking with HR to explore innovative ideas to attract staff to NHS Lanarkshire CAMHS.

There is ongoing work around Takecare to improve the reporting systems within the service. The CAMHS Modernisation Board has been established and this will drive forward a number of workstreams aimed at improving the service.

A full update on CAMHS, including the service recovery action plans, will come to PPRC in September 2022. The CAMHS programme Board continues to coordinate all aspects of the service recovery, with representation from the Scottish Government.

An additional 59 posts have now been recruited from the 102 additional Recovery and Renewal Funded posts. Positively, our additional capacity has supported the

start of a range of 'out of hours' clinics to support the recovery of the CAMHS and Neurodevelopmental Service waiting lists. From week beginning 22nd August, there will be over 100 new patient appointments per week, which will have a significant impact on the current waiting list.

3. Remobilisation and Recovery

Services are at various stages of finalising and establishing performance trajectories associated with RMP4 (Remobilisation Plan 4) 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.

Podiatry

The service has managed recovery through putting in place the following actions:

- A new service model using Active Clinical Referral Triage (ACRT) to support some patients to self-care and see some patients remotely (telephone or Near me). Therefore, the service did not need to see all patients on the list face-to-face.
- Using existing workforce and offered additional hours and bank shifts at weekends. Although this is not sustainable long-term.
- Maximised student placements to increase service face-to-face capacity. I.e. 2 x students running 2 x full clinics with one of member of staff supervising.

Podiatry – Domiciliary

Prior to March 2020 the service achieved 100% performance, however this dipped significantly as the changes resulting from the Covid pandemic impacted on the services activity (Figure 9). In March 2022 the service recovered to the pre-COVID level of 100% which it continues to sustain.

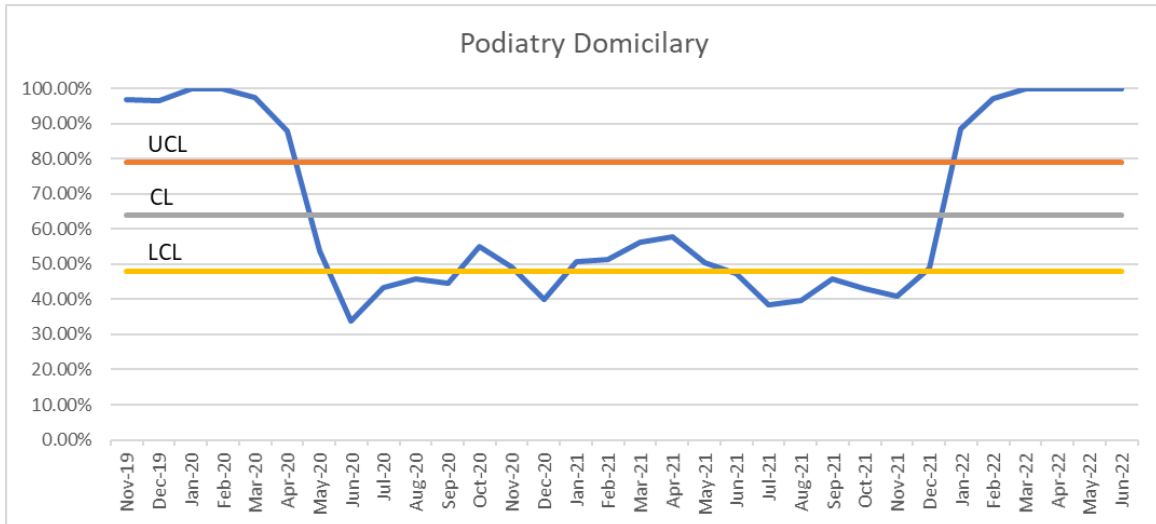


Figure 9 Podiatry Domiciliary Performance

Performance has improved significantly for all three Podiatry areas with all ahead of trajectories against the performance measure 90% of patients seen within 12 weeks. Figure 10 shows performance against trajectory for Podiatry Biomechanical MSK. The service is ahead of target with June 2022 performance of 95.1% against 90% target.

Podiatry Service (excluding MSK) has improved significantly from January 2022 with performance for June at 98% against the 90% target.

The Podiatry Service Domiciliary has recovered performance with 100% of patients seen within 12 weeks during June 2022, which has been a consistent trend since March 2022.

Speech & Language Therapy

SLT C&YP service performance deteriorated further against 90% during June 2022 (fig.13) in addition to being behind the trajectory set for remobilisation and recovery. Factors affecting recovery are described in section 2.1.

SLT Adult service performance is currently 77.2% against 90% during June 2022 which is behind the trajectory set for remobilisation and recovery. Factors affecting recovery are described in section 2.1.