Lanarkshire NHS Board
Fallside Road
Bothwell
G71 8BB 01698 855500



www.nhslanarkshire.scot.nhs.uk

SUBJECT: HSCP NL Access Report

1. PURPOSE

To advise the Committee:

- delayed discharge performance against trajectory
- ♦ AHP waiting times performance for those services hosted by HSCP NL

highlight tl performan	ne ongoing effect of Covid : ce	safety restrictions on re	ecovery and
For approval	For endorsement	To note	
2. ROUTE TO THE	COMMITTEE		
This paper has been:			
Prepared	Reviewed	Endorsed	
By H&SCP NI			

3. SUMMARY OF KEY ISSUES

H&SCP NL delayed discharge performance from April to September has increased above 2500 monthly bed days, however, remain 2037 bed days below trajectory.

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	ADP	Government policy	
Government directive	Statutory	AHF/local policy	
	requirement		
Urgent operational issue	Other		

5. CONTRIBUTION TO QUALITY

This	paper alig	ns to the	following	elements of	f safety and	quality im	provement:
	מיים ישקשק	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CICITICITES OF	Jaicty and	quality iii	provennent.

Three Qualit	y Ambitions:				
Safe		Effective		Person Centred	
Six Quality C	Outcomes:				
Everyone ha	as the best start in I	ife and is able to	live longer hea	althier lives; (Effective)	
People are	able to live well at	home or in the	community; (Pe	erson Centred)	
Everyone ha	as a positive experi	ence of healthc	are; (Person Ce	entred)	
Staff feel su	pported and engag	ged; (Effective)			
Healthcare	is safe for every pe	rson, every time	e; (Safe)		
Best use is r	made of available r	esources. (Effec	tive)		
None. 7. FINAL	NCIAL IMPLICATIO	NS			
Staff are beir	ng recruited agains	t agreed mobilis	ation plans.		
8. RISK	ASSESSMENT/MAI	NAGEMENT IME	PLICATIONS		
patients and		pact of slowing	g down 'flow	ne attendant distress to '. Recruitment against cross Scotland.	
9. FIT W	ITH BEST VALUE C	RITERIA			
This paper al	igns to the followir	ng best value cri	teria:		
Vision	and Ef	fective	Gov	vernance and	$\overline{\mathbf{X}}$

10. EQUALITY AND DIVERSITY / FAIRER SCOTLAND DUTY IMPACT ASSESSMENT

accountability

Equality

partnerships

Performance management

None.

leadership

Use of resources

Sustainability

11. CONSULTATION AND ENGAGEMENT

None.

12. ACTIONS FOR THE COMMITTEE

The Committee is asked to:

Approve	Endorse			Iden	tify		further	
				actio	ns			
Note	Accept	the	risk	Ask	for	а	further	
	identified			repo	rt			

13. FURTHER INFORMATION

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

Ross McGuffie, Chief Officer, Health & Social Care North Lanarkshire, Telephone: 01698 752591

1. Delayed Discharge Performance

April – September 2022/23 HSCP North Lanarkshire delayed discharge performance was 14,113 standard bed days against a target of 16,150, 2037 bed days below target (figure 1). Performance improved during June, however bed days have increased since July.

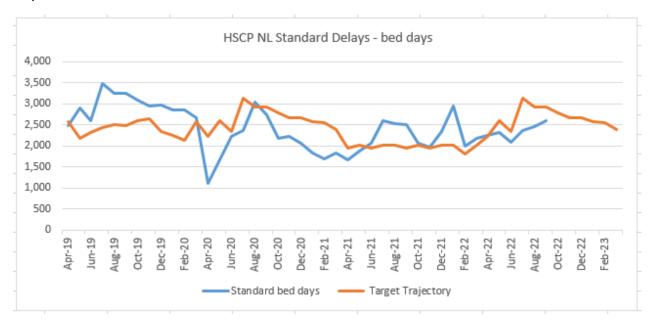


Figure 1 Delayed Discharge bed days performance

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).

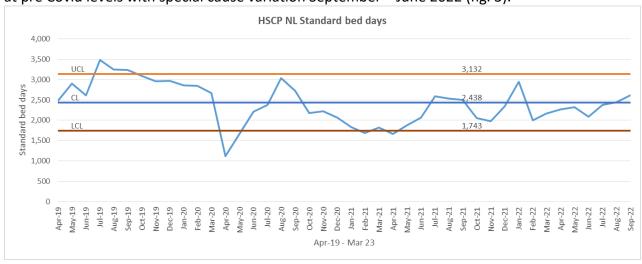


Figure 2 HSCP NL SPC Standard Bed Days

4

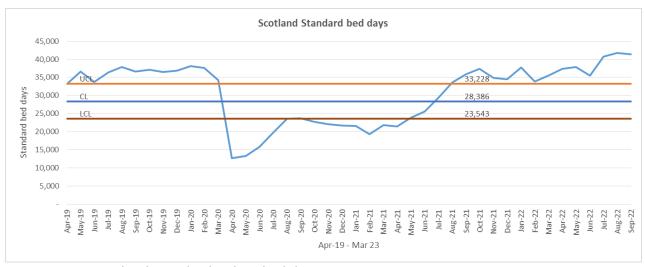
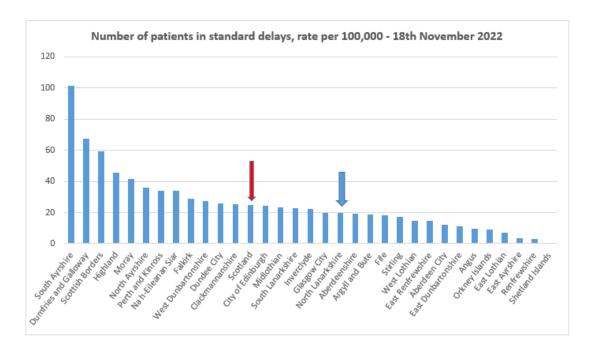
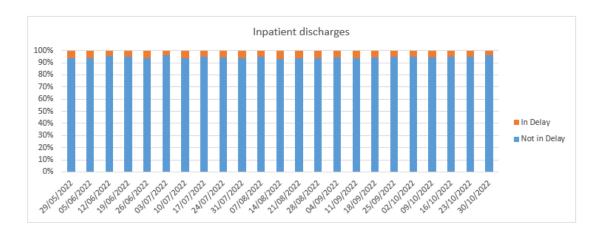


Figure 3 NHS Scotland Standard Delays bed days

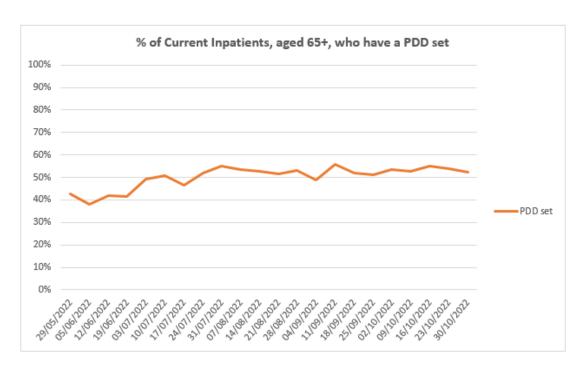
Performance at the last SG data release showed North below the Scottish average in terms of rates of delay.

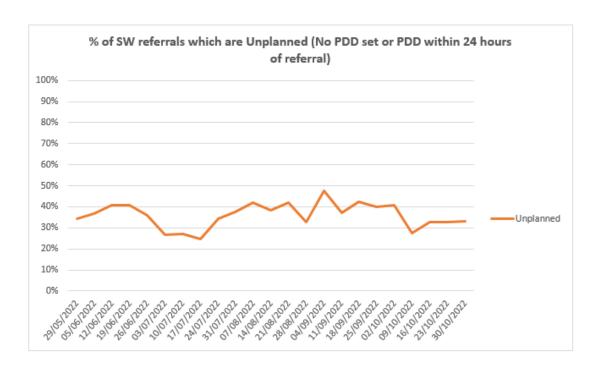


The number of patients discharged with no delay was above 95% by the end of October (target 98%).



Whole system work continues on the Discharge Without Delay process, with a joint session with the senior site and HSCP teams on 24th Nov to look at our next priorities for action ahead of Christmas. Current performance is as follows:





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.

Home Support contracted hours in-house have increased from 34,171 weekly hours in January 2022 to 35,628 weekly hours in the first week of August 2022 (headcount increased from 1271 to 1363). However, independent sector hours have fallen from around 14k weekly hours to only 11k hours over the same time period, highlighting the pressures faced, though it should be noted in recent months this has stabilised. We are also seeing some additional hours being picked up by SDS providers, which will hopefully continue in a positive direction, increasing overall capacity.

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

- **1.** Whole system improvement work on the PDD process, including development of PDD metrics for inclusion in future reports
- **2.** Home Support recruitment
- **3.** Lanarkshire is a demonstrator site for Home First/Discharge without delay. Staff involved in the development of the Discharge without delay measurement plan
- **4.** 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.
- 5. Expanding Hospital at Home service and considering expanding to under 65s

- **6.** 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
- **7.** Use of interim placements, particularly focused on those with longer-term housing delays
- 8. 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 31st October 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.

	% Waiting Within 12			
	Weeks (recovery	Waiting Over	Longest Wait	
Service	target 50%)	12 Weeks	(Weeks)	Comment based on Statistical Process Control chart
				Current Performance is expected to range from between 63% to
Podiatry Biomechanics MSK	96.20%	5	46	
Podiatry Diomechanics WSK	30.20%	5	40	100% and therefore achieving the 95% standard is expected.
				Current Performance is expected to range from between 22% to
Charab & Language Thorany				36% and therefore achieving the 95% standard or recovery target,
Speech & Language Therapy -	29.90%	4046		50%, is unexpected. A significant change is required to achieve
Children & Young People	29.90%	1246	68	these.
				Current Performance is expected to range from between 81% to
				100% and therefore achieving the 95% standard is expected. A
				downward shift in performance began in July 21 and has
				continued until the latest reporting point. Ther last 4 months
				are outlier months where performance has fallen below the
				lower control limit, however performance has been improving
				since July and in October has moved back within the expected
Speech & Language Therapy - Adult	86.90%	46	21	range.
		_		Current Performance is expected to range from between 89% to
Podiatry (exc MSK)	99.10%	6	18	100% and therefore achieving the 95% standard is expected.
D::	74.000/	400	404	Current Performance is expected to range from between 57% to
Dietetics	74.30%	438	101	66% and therefore achieving the 95% standard is unexpected.
				Performance over recent months shows a downward trend with
				recent outlier points below the lower control limit. This
Medical CYP (Cons Led)	44.20%	900	40	suggests that current performance is out of control.
				Performance over recent months shows consistent
				achievement of the 95% target. Performance has dipped in
				September and October but remains within the control
Community Claudication	87.10%	36	30	limits.

Figure 4 Performance against 50% target

2.1 Speech & Language Therapy

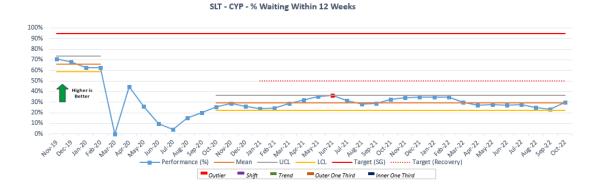
<u>Performance Commentary - Children and Young People</u>

Performance prior to COVID-19 was 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.

Pre-Covid the Service was unable to achieve the 90% 12 week target, partially linked to the roll out of the 12-15 month screening, which led to some double running for SLT. The first children who had gone through the 12-15 month assessment were reaching the 27-30 month assessment stage just before the pandemic hit, and the service expected to see a gradual improvement in demand profiles due to earlier intervention.

However, performance deteriorated significantly from April 2020 due to the impact of the pandemic, dipping below the lower control limit. The service is struggling to sustain improvement.

Performance for October improved slightly to 29.9% with 1246 children waiting over 12 weeks. Longest wait is 68 weeks



9

Figure 5: SLT C&YP performance

<u>Performance Recovery Plan</u>

A range of work is underway within the Children's Services team, learning from some of the progress made within other services (e.g. triage model introduced in Podiatry and group activity within Psychological Therapies).

While some Locality areas still have some accommodation challenges, group activity recommenced in August 2022, which will support an increase in capacity, while further review is underway to explore what other group supports could be initiated.

A Data Protection Impact Assessment has now been signed off to support the introduction of Hanen More Than Words Groups, and work continues on the DPIA to support the use of Microsoft Teams as a mechanism for further online group activity.

Staffing levels remain a challenge, with absences at over 5%, though special leave has reduced in recent months and recruitment remains an issue across Scotland.

2.3 Psychological Therapies RTT

Adult Psychological Therapies RTT waiting times for **September 2022**. (Figs 6) The national RTT Target is that 90% of patients commence psychological therapy within 18 weeks of referral.

- 82.77% of patients commenced psychological therapy within 18 weeks;
- The longest wait is within the EK Psychological Therapies team, with a current wait of 44 weeks.

HEAT Summary	PT
No. of Patients Waiting (Assessment)	1249
No. of Patients Waiting (Intervention)	836
No. of Patients Waiting (Overall)	2085
No. of Patients Waiting <= 18 weeks	1583
% Waiting <= 18 weeks (Overall)	75.92%
Longest Wait Overall (Weeks)	44
PT Team with longest wait	East Kilbride
No. of Completed Waits	801
No. of Completed Waits <= 18 weeks	663
% Completed Waits <= 18 Weeks	82.77%

Figure 6 Adult RTT waiting times for September 2022

2.4 CAMHS

The CAMHS RTT showed 19.58% of patients commenced intervention within 18 weeks of referral in October 2022. Although this is a reduction in RTT performance, this was anticipated as waiting list initiative clinics are now in place to reduce the longest waits from the waiting list.

As previously noted to the Board, successful recruitment of our new Nursing Teams has allowed us to create new waiting list initiative clinics. From 22nd August – 20th November, these out of hours clinics have seen 665 additional appointments offered, with 512 attendances, 153 DNAs, 5 patients transferred and 76 patients positively redirected to other more appropriate supports.

3. Remobilisation and Recovery

showing that **96.2%** were seen within 12 weeks.

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 MSK
Performance has now recovered to pre-pandemic levels with October 22 figures

■ Trend

Outer One Third

Inner One Third

Figure 9 Podiatry MSK Performance

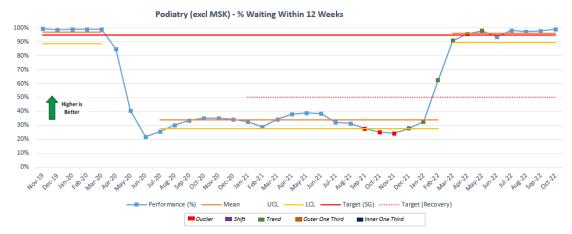


Figure 10 Podiatry Domiciliary Performance

Podiatry Service Domiciliary, 99.1% under 12 weeks (Figure 10).