

Meeting of Lanarkshire
NHS Board

Lanarkshire NHS Board
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DATE 30 March 2022

SUBJECT: HSCP NL Access Report

1. PURPOSE

To advise the NHS Board on:

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

Following a short period of improvement H&SCP NL delayed discharge performance deteriorated during December and January 2021.

Some AHP services have been affected by ongoing demand, capacity and resource issues. In particular, the significant issues relating to accommodation and staffing levels. This is impacting on their ability to show sustained improvement and recovery.

Some key highlights include:

- Recovery of Podiatry services continues, moving above the current 50% target again
- Children and Young People's SLT recovery remains slow, largely due to the continued challenges in recruitment making it difficult to increase overall capacity
- CAMHS and Psychological Therapies recruitment continues in line with the Recovery and Renewal Fund plans, though positive RTT performance improvements largely reflect increased urgent demand, with backlog waiting lists still lengthy

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input type="checkbox"/>	AOP	<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"/>	
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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 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 are 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	<input type="checkbox"/>

13. FURTHER INFORMATION

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

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1. Delayed Discharge Performance

April – January 2021/22 HSCP North Lanarkshire delayed discharge performance was 22,569 standard bed days against a target of 19,890, 2,679 bed days beyond target (figure 1). July – September 2021 monthly delays were on average 550 above trajectory, October – November 2021 saw improvement, however performance deteriorated during December and January.

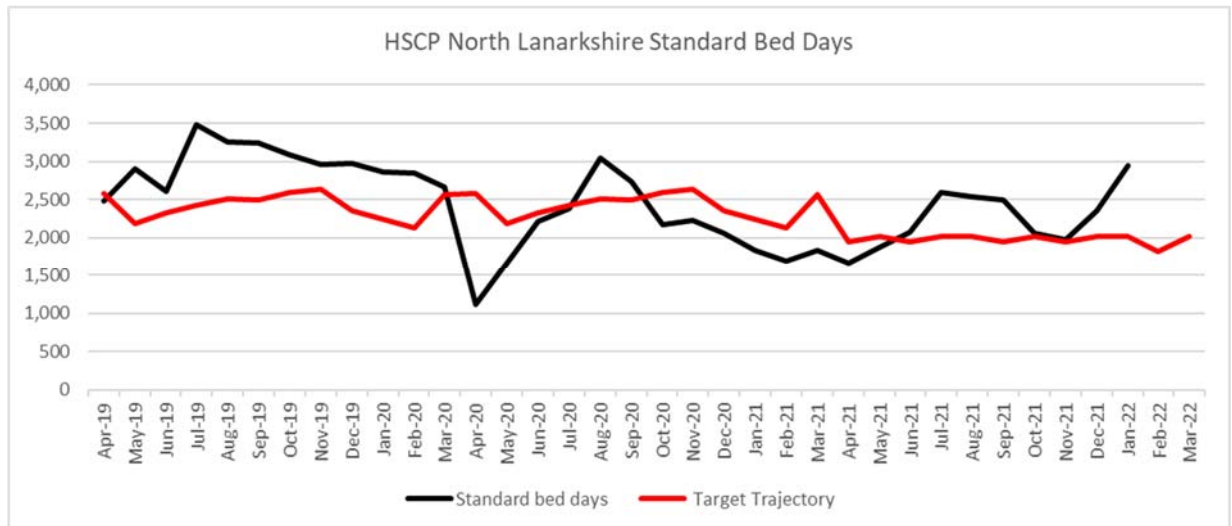


Figure 1 Delayed Discharge bed days performance

Although performance is above trajectory fig 2 graph shows bed days are within routine variation.

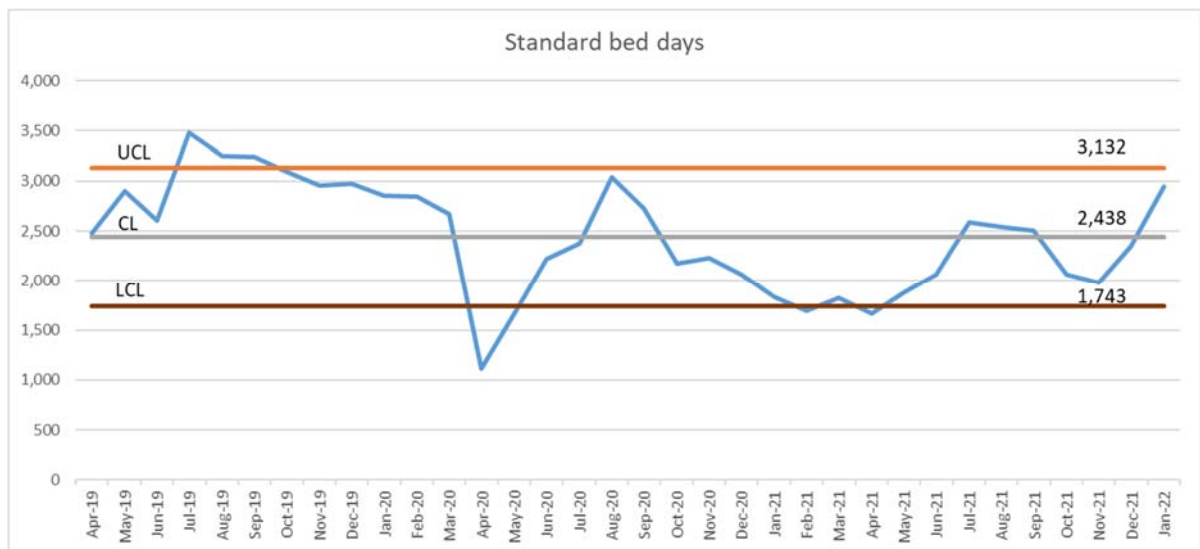


Figure 2 SPC Standard Bed Days

Delays could be linked to similar pressures affecting other areas of the system, including:

- Increased hospital activity
- Home support sickness absence, Covid isolation and vacancies (affecting all Localities but particularly Cumbernauld and Wishaw)

- Reduction of independent sector Home Support capacity
- Increased guardianship referrals
- Care Home closures due to Covid outbreaks and suspected outbreaks limiting discharge volumes.

A wide range of activity is underway, both locally and nationally, to try to resolve these issues:

- Whole system improvement work on the PDD process
- Home Support recruitment – over 200 applicants in latest round, though important to note this could impact on independent sector capacity
- 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
- 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
- Redeployments of some staff groups to enhance Care at Home capacity, including use of some community nursing resource
- 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 28 February 2022.

The Capacity Planning and Waiting Times (CPWT) group is re-established and 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.

Through the CPWT, services have highlighted a number of factors which continue to affect service recovery.

- Social distancing continues to limit activity levels
- There remain significant challenges relating to capacity for essential face to face consultations which are impacting on some services ability to meet increasing demand. An example can be seen in the waiting times for Podiatry.
- Vacancy rates for some services are affecting recovery
- Staff redeployed has affected capacity and activity levels.

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 2.

Speech and Language Therapy – Children and Young People (C&YP)) did not meet the 50% target. Since the last Board meeting, Podiatry services have continued to recover and are now beyond the 50% target.

Service	Performance against 50%	Target (Local/National)	Longest Wait in Weeks	Waiting > 12 weeks
Podiatry Biomechanical MSK Service	91.8%	Local 12 week	32	41
Speech & Language Therapy Children & Young People	31.8%	Local 12 week	66	1165
Speech & Language Therapy Adult	83.3%	Local 12 week	26	41
Podiatry (excl MSK)	62.5%	Local 12 week	89	361
Podiatry Service – Domiciliary Appts	97.1%	Local 12 week	12	1
Dietetics	61.9%	Local 12 week	111	208
Medical Children and Young People – Cons Led	68.0%	National 12 week	121	352
Community Claudication Service	85.6%	Local 12 week	19	27

Figure 3 Performance against 50% target

2.1 Speech & Language Therapy Children and Young People

Performance Commentary

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 3 illustrates performance over time for SLT C&YP. 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 we 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. Performance is showing some improvement from August 2021. Current performance for February is 31.8% against the 12 week target.

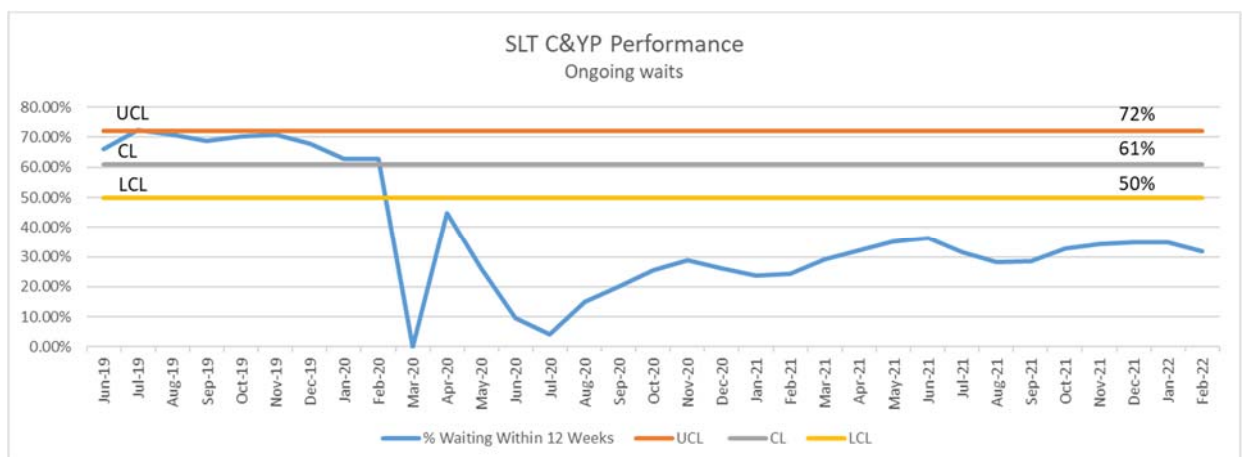


Figure 4: SLT C&YP performance

Performance Recovery Plan

There is a small drop in percentage performance and an increase in the longest wait with demand increasing 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:

Increase capacity

With the exception of two Band 7 posts SLT have fully recruited to remobilisation posts. However, despite this activity, the overall service capacity has decreased due to staff retirements/leaving. Recruitment continues to bring the service above the baseline funded establishment to support recovery.

Demand

In December, 249 referrals were received for the Children and Young People's team, against an average of 197/month since April, highlighting the continued demands being placed on the service.

Spread of Trakcare to all SLT teams

While this will not in itself decrease waits, it will allow better metrics around this as currently the performance graphs are only applicable to some parts of the service. Pre- 5 Complex needs team are now live on Trakcare, as is the Adult Learning Disability Team. Locality roll out commenced in November 2021 starting with Airdrie Locality, and roll out continues across the Locality teams utilising this learning.

Potential Risks to Performance recovery

- Accommodation issues continue in several areas- Bellshill, Wishaw, Hairmyres, Cumbernauld, Motherwell – we are participating in the AHP Accommodation planning process with the NHSL Planning Department
- Staff absence continues at high levels, though special leave is reducing.
- Some group interventions are still not possible due to restrictions in face to face and also use of technology- some groups cannot be carried out using Near Me and the DPIA has not yet been approved for MS Teams use.

Recovery trajectories for the SLT service are detailed in section 3 Remobilisation and Recovery.

2.3 Psychological Therapies RTT

Adult Psychological Therapies RTT waiting times for **January 2022**. (Figs 6 & 7)
The national RTT Target is that 90% of patients commence psychological therapy within 18 weeks of referral.

- 81.39% 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 2021 to 49 weeks in January 2022. It is anticipated that this will continue to fall towards the 18 week standard in 2022/2023.

HEAT Summary	PT
No. of Patients Waiting (Overall)	2226
No. of Patients Waiting <= 18 weeks	1671
% Waiting <= 18 weeks (Overall)	75.07%
Longest Wait Overall (Weeks)	49
PT Team with longest wait	Neuropsychology
No. of Completed Waits	779
No. of Completed Waits <= 18 weeks	634
% Completed Waits <= 18 Weeks	81.39%

Figure 5 Adult RTT waiting times for January 2022

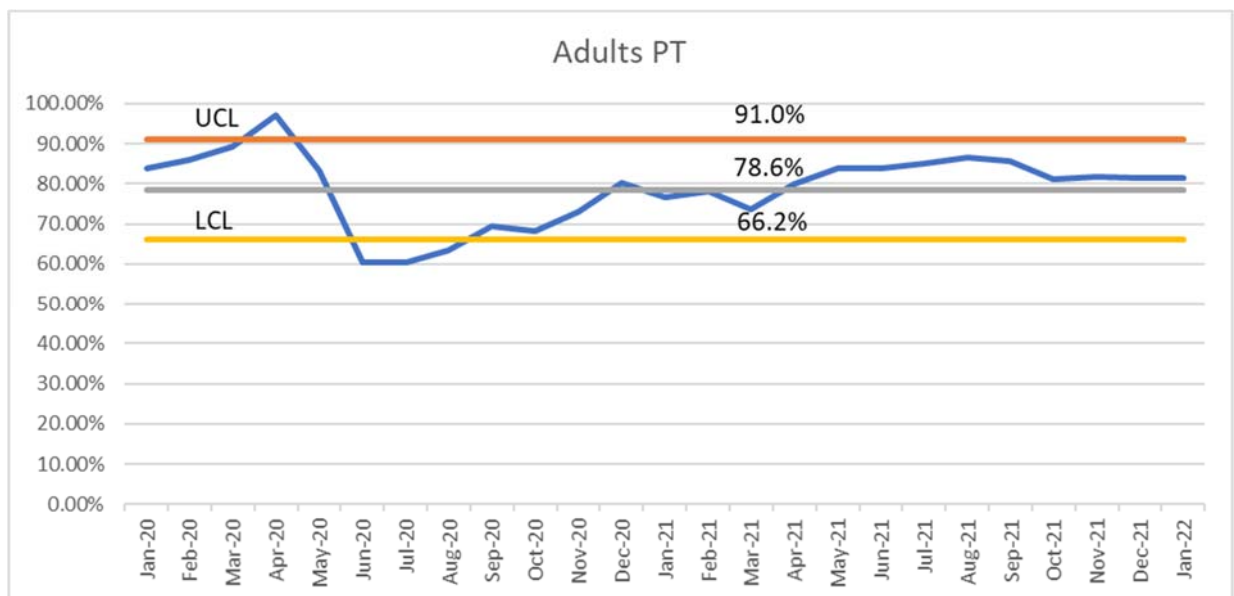


Figure 6 Psychological Therapies SPC

Following discussions with Scottish Government, it has been agreed that NHS Lanarkshire will henceforth only report adult psychological therapies waiting times. This is because CAMHS are currently unable to disaggregate psychological therapies from their overall data and, whilst the overall CAMHS data has been used as a proxy measure over the past several years, this is not accurate and only served to skew and distort the majority of psychological therapies waiting times data. CAMHS report all treatment activity against the RTT, not psychological therapy separately (Fig 8)

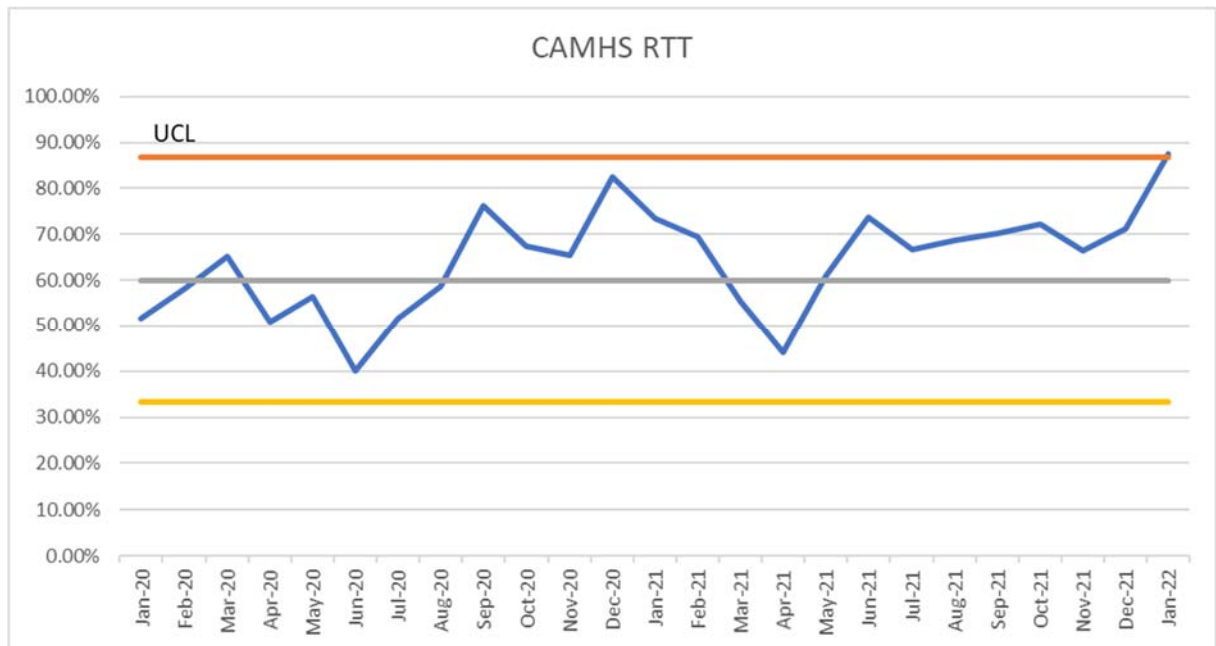


Figure 7 CAMHS PT

The CAMHS RTT showed 87.5% of patients commenced intervention within 18 weeks of referral in January 2022 (currently available data). It should, however, be noted that the RTT is artificially high due to the increased level of urgent referrals which are prioritised at the expense of the routine waiting list.

At present, there remains significant challenges around both high levels of urgent demand and staff capacity due to vacancies. However, recruitment is ongoing against the new service model, which has tried to expand the staffing groups within the service skill mix, with some early success and new staff coming into post in early 2022. Of the 96.1wte new posts identified, it is anticipated that 53wte will be in post by May 2022, with the recruitment exercise supported by 3 dedicated HR advisors. New staff will support the roll out of the CAPA model and other wider developments around the Neurodevelopmental Pathway, Out of Hours, Liaison and Intensive services. A separate CAMHS update paper is on the March NHS Board agenda.

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.

Continence Service

Target is to reduce the waiting list to 9 weeks. However, Continence staff have been redeployed to support wider community nursing and home support teams during the winter pressures and this has increased from 24 weeks in December 2021 to 30 weeks in January 2022. Recovery plans continue to be developed based on the full return of staff.

Osteoporosis Service

The initial service recovery target is to reduce the service waiting list to 30 weeks, which was 52 weeks during January 2022. This is a complex recovery process as staff have been redeployed at different points during the pandemic to support winter pressures and capacity is also limited by the ability to access DEXA scans. Additional capacity has been planned to support the recovery journey.

Podiatry

Podiatry performance measure: 90% of patients seen within 12 weeks.
Figures 9 -11 outline performance measures associated with remobilisation plans, which show continued improvements in performance supported by some increased access to clinical space as well as additional staff recruitment. Work is also underway to employ Podiatry students at B3 level on the NHS Staff Bank to increase service capacity and also support future employment success.

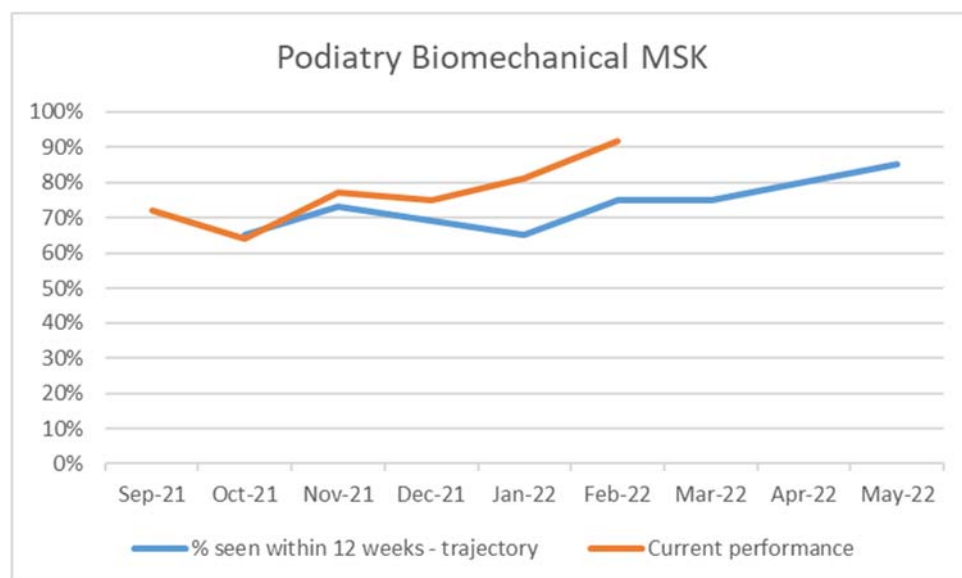


Figure 8 Podiatry Biomechanical MSK Performance against trajectory

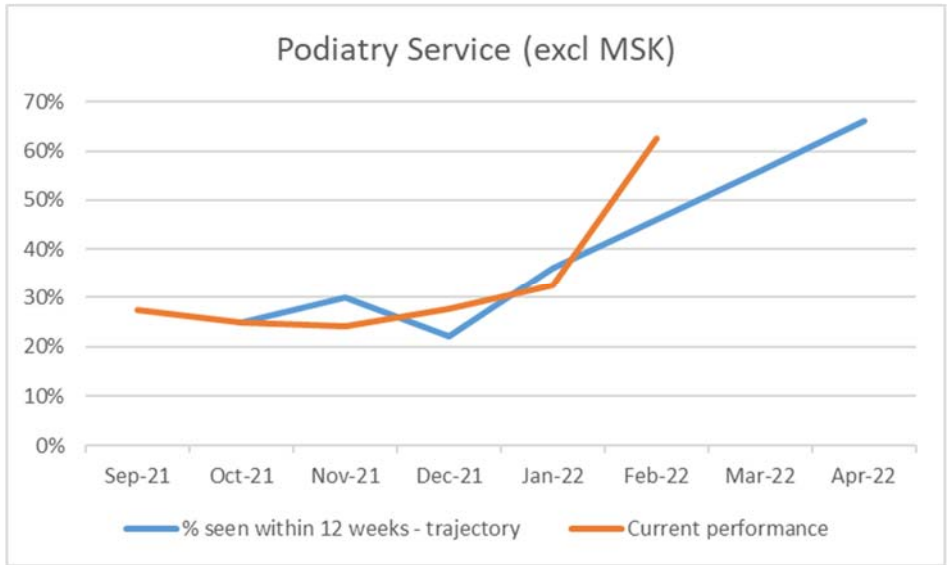


Figure 9 Podiatry (excl MSK) Performance against trajectory

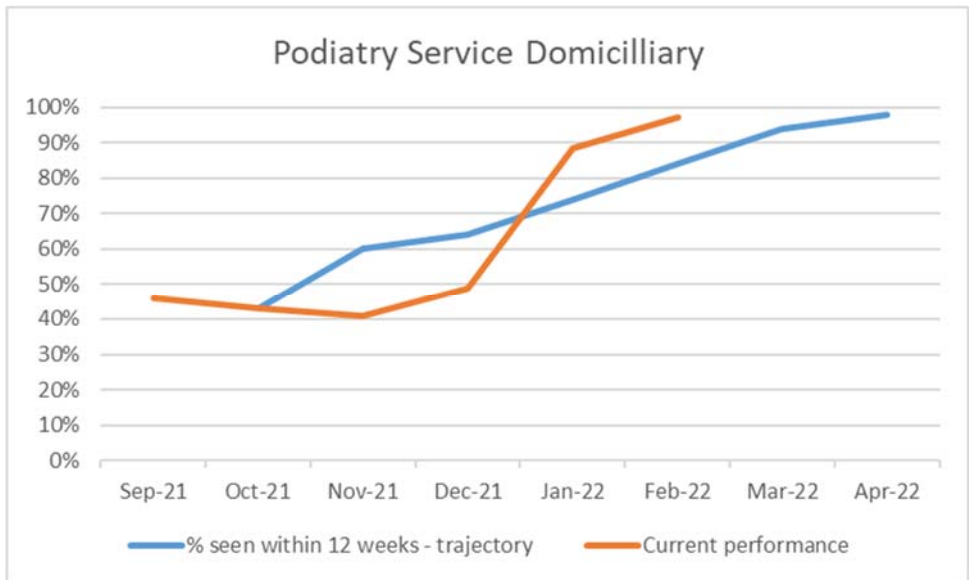


Figure 10 Podiatry Domicilliary performance against trajectory

Speech & Language Therapy

As noted above, performance in the Children and Young People service has been limited by the inability to create additional capacity through recruitment to date and with continued high demand, progress has been limited. All avenues are being explored to create additional service capacity to meet demand whilst clearing the significant backlog list created by the pandemic response. Meanwhile, the adult service continues on trajectory.

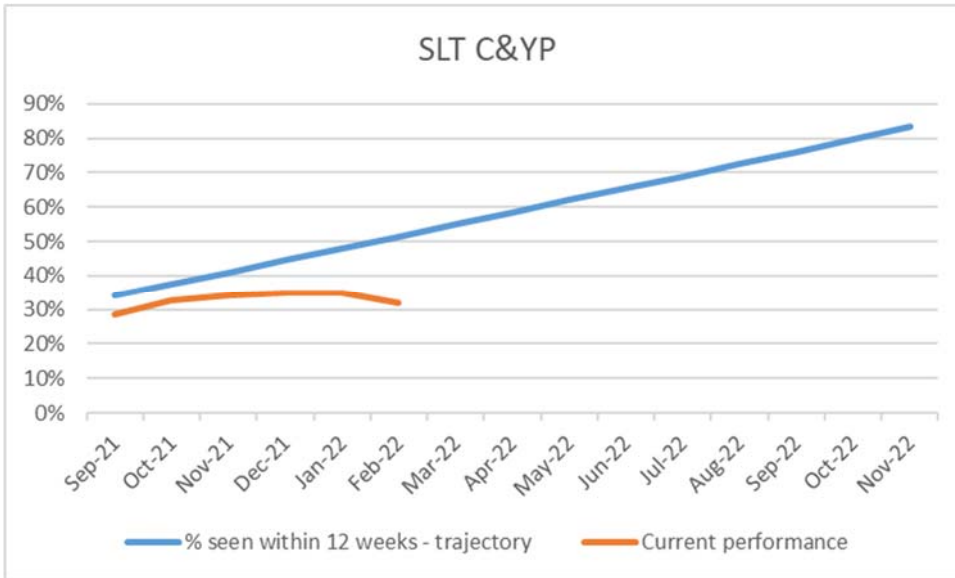


Figure 11 SLT C&YP performance against trajectory

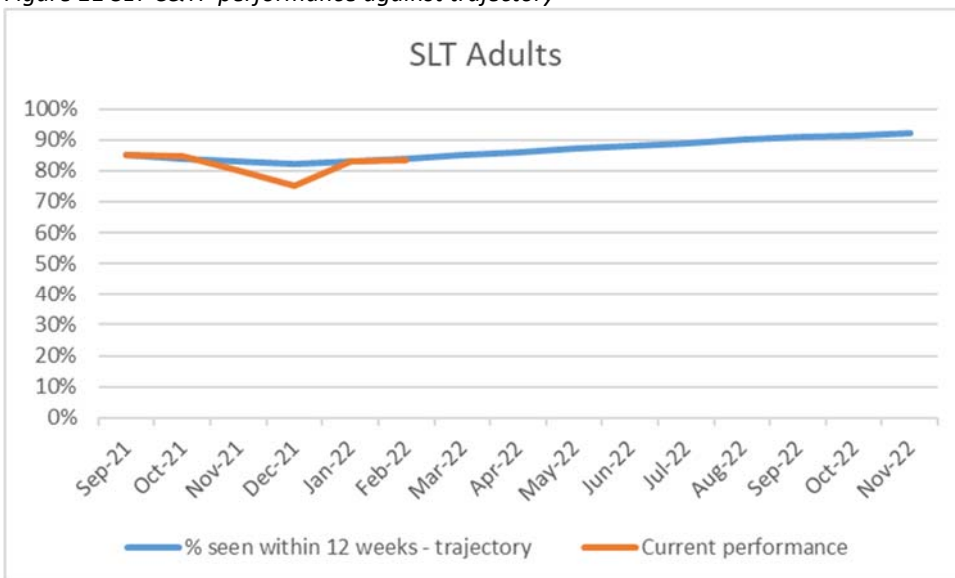


Figure 12 SLT Adults performance against trajectory

Work is ongoing to support the recruitment of staff to; District Nursing teams; School Nurses and treatment room services to recover service provision to pre-pandemic levels and/or address backlogs. In addition to ongoing recruitment, services are developing performance measures and trajectories.