

SUBJECT: HSCP NL PERFORMANCE REPORT

1. PURPOSE

- ◆ The purpose of this paper is to provide Board Members with delayed discharge performance against trajectory
- ◆ AHP waiting times performance for those services hosted by HSCP NL

For approval	<input type="checkbox"/>	For Assurance	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>
--------------	--------------------------	---------------	--------------------------	-----------------	-------------------------------------

2. ROUTE TO THE BOARD

This paper has been prepared by HSCP NL

3. SUMMARY OF KEY ISSUES

H&SCP NL delayed discharge performance improved during February 2022 this improvement was sustained during March 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, which 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 checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" 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"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

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 type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input 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

Not Applicable.

7. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Not Applicable.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Not Applicable.

11. CONSULTATION AND ENGAGEMENT

Not Applicable.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Accept the assurance provided	<input type="checkbox"/>	Note the information provided	<input checked="" type="checkbox"/>
---------	--------------------------	-------------------------------	--------------------------	-------------------------------	-------------------------------------

The Board is asked to note the content of the report

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 – March 2021/22 HSCP North Lanarkshire delayed discharge performance shows 26,744 standard bed days against a target of 23,725, 3,019 bed days beyond target (fig 1). Performance improved February 2022 with this improvement sustained during March.

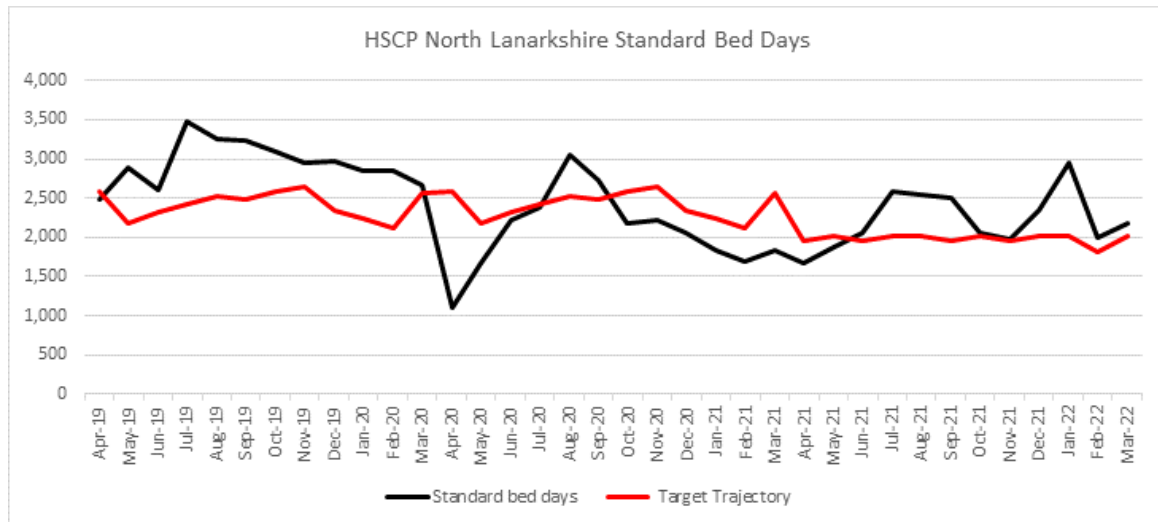


Figure 1 Delayed Discharge bed days performance

Although performance is above trajectory fig 2 graph shows 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.

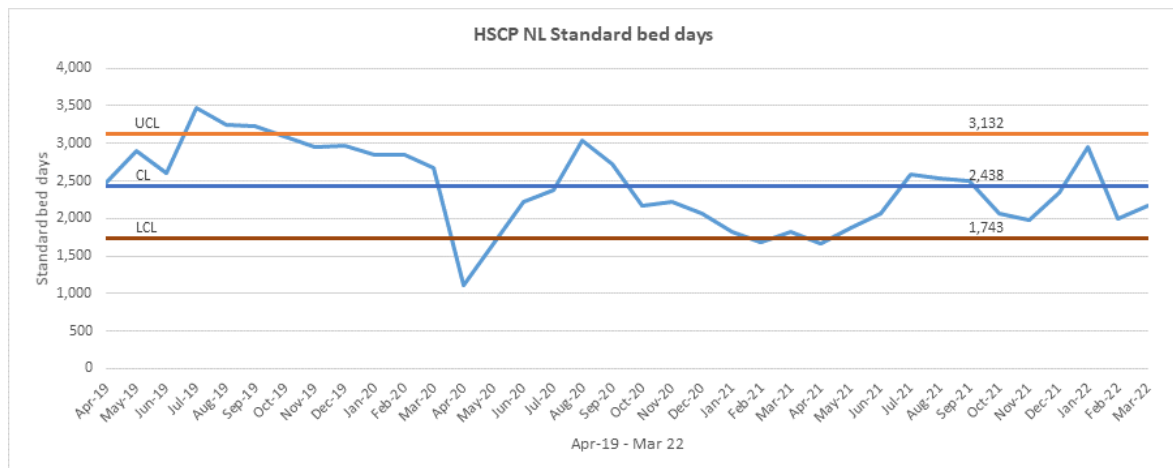


Fig 2 SPC - standard bed days 1

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 – 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 30th April 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 3. 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	95.8%	Local 12 week	32	22
Speech & Language Therapy Children and Young	26.9%	Local 12 week	67	1260
Speech & Language Therapy Adult	83.0%	Local 12 week	22	52
Podiatry Service (excl MSK)	95.6%	Local 12 week	125	35
Podiatry Service - Domicilliary Appts	100.0%	Local 12 week	10	0
Dietetics	69.3%	Local 12 week	120	206
Medical Children and Young People - Cons Led	61.7%	National 12 week	52	490
Community Claudication Service	100.0%	Local 12 week	10	0

Figure3 Performance against 50% target

2.1 Speech & Language Therapy

Performance Commentary - Children and Young People

Pre Covid the Service was unable to achieve the 90% 12 week target, however, demand was starting to plateau, which was anticipated following the roll out of the 12-15 month screening programme and the expectation was performance would gradually start to improve as the full impact of earlier intervention came to fruition. However, following the pandemic performance deteriorated significantly from April 2020.

Performance for April 2022 was 26.9% against the 12 week target with an increase in 36 children waiting over 12 weeks and a total of 1260 children waiting over 12 weeks. Longest wait is 67 weeks. The SPC graph in Figure 4 shows performance continuing to show special cause variation.

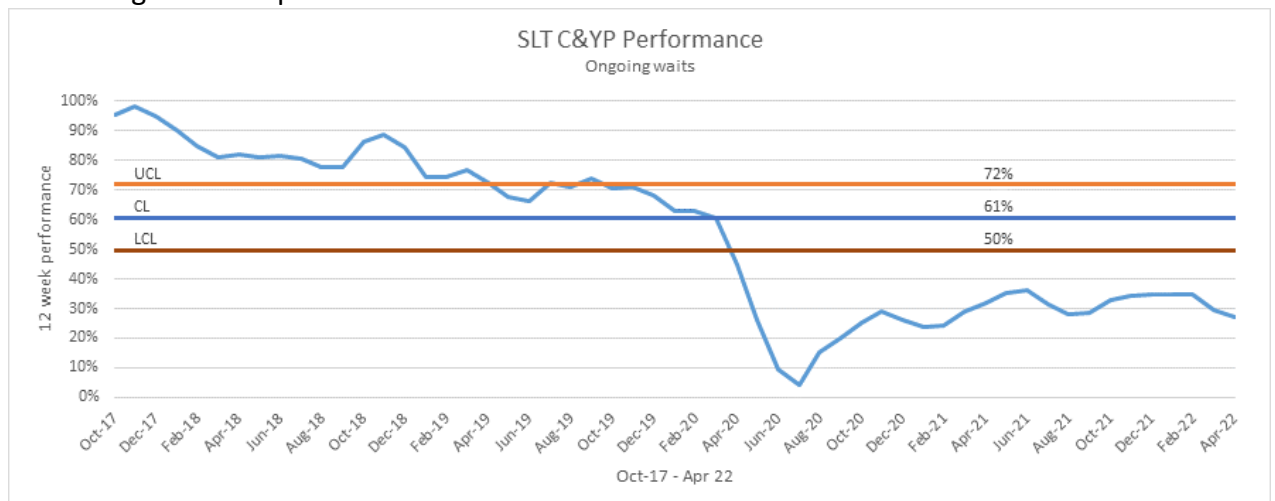


Figure 4: SLT C&YP performance

Performance Recovery Plan - Adult

Adult service performance pre Covid was above 90%. During April 2022 performance was 83%, a small deterioration on the previous month. There was a reduction of 7 weeks in the longest wait - however demand has increased and the overall number of people waiting has also increased to 52. The service is now progressing through

further recruitment processes as many recruited to remobilisation posts were internal appointments.

Capacity

All but two of the remobilisation posts have been recruited to. 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. Some areas of the service are still reliant on manual data collection and management.

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 **March 2022** (figs 5 &6).

- As at 31st March, 89.56% of patients commenced psychological therapy within 18 weeks (target is 90%)
- This is the best performance since 90.06% of patients commenced psychological therapy within 18 weeks as at 31st December 2018. It demonstrates how the service has implemented an effective recovery plan, and changes in working practices implemented through management of the Covid pandemic.
- The longest wait is Motherwell PTT, where a small number of outliers are being targeted.

LDP RTT Summary	PT
No. of Patients Waiting (Overall)	1960
No. of Patients Waiting <= 18 weeks	1453
% Waiting <= 18 weeks (Overall)	74.13%
Longest Wait Overall (Weeks)	49
PT Team with longest wait	Motherwell
No. of Completed Waits	1082
No. of Completed Waits <= 18 weeks	969
% Completed Waits <= 18 Weeks	89.56%

Figure 5 Adult RTT waiting times for February 2022

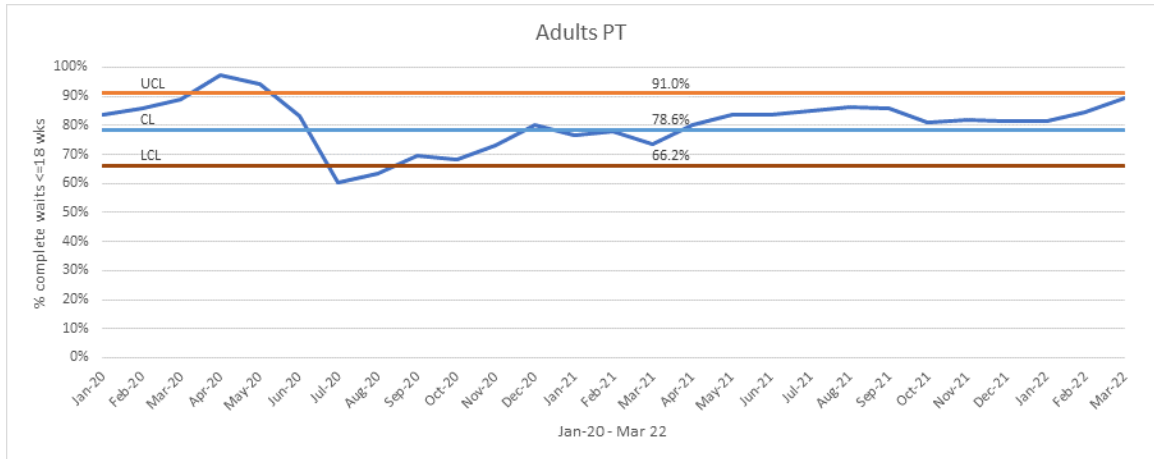


Figure 6 Psychological Therapies SPC

CAMHS report all treatment activity against the RTT, not psychological therapy separately (Fig 7)

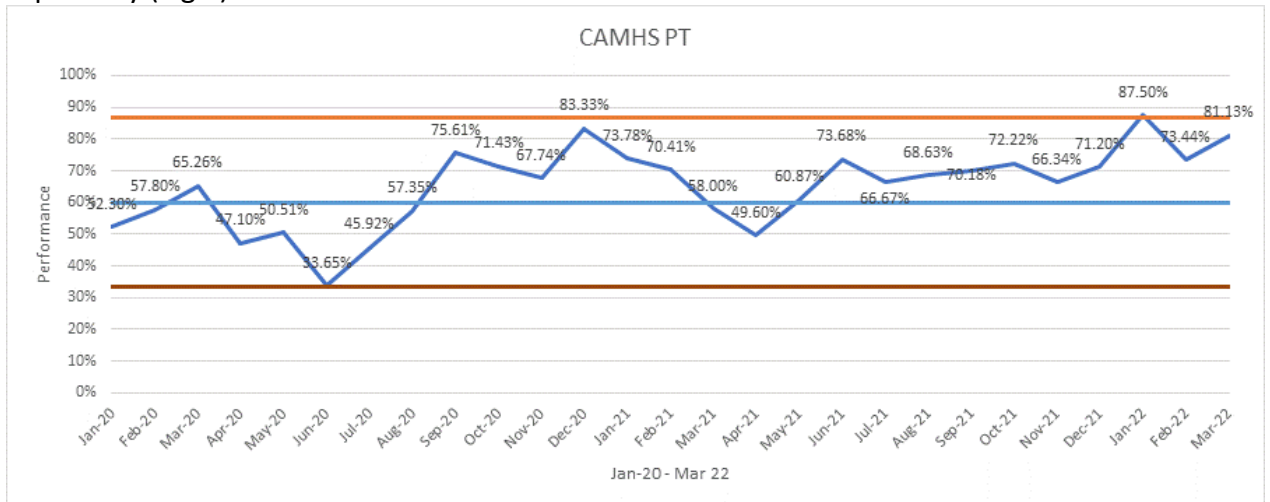


Figure 7 CAMHS PT

The CAMHS RTT showed 81.13% of patients commenced intervention within 18 weeks of referral in March 2022 (currently available data). Work is ongoing to roll out the new CAMHS service model, with a full update paper provided to the Population Health Committee in January 2022 and the NHS Lanarkshire Board in March 2022.

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. 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. Over half of the projected 100wte new posts from the Recovery and Renewal Fund will be in place by the end of May 2022, with extensive recruitment activity continuing.

2. 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

Continence service remobilisation aim is to reduce waiting list waits to 8 weeks, however waiting times have increased as staff were redeployed as a result of COVID pressures. The service has increased capacity through recruitment with 2 x Band 3 wte posts, however, the additional Band 5 post is out to advert for a second time.

Osteoporosis Service

The Osteoporosis service performance measure is to reduce the waiting list to 30 weeks. The position has deteriorated further due to staff redeployment for 8 weeks as a result of COVID pressures. The service has been unable to recruit to the Band 5 post which is now out to advert for a second time.

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.

Recruitment process has been lengthy. The service has now recruited 3.8 WTE from 8 WTE remobilisation posts. An advert closed mid-April and the service is hopeful of recruiting an additional 4wte from this cohort.

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 8). As at April 2022 the service has recovered to the pre-COVID level of 100%.

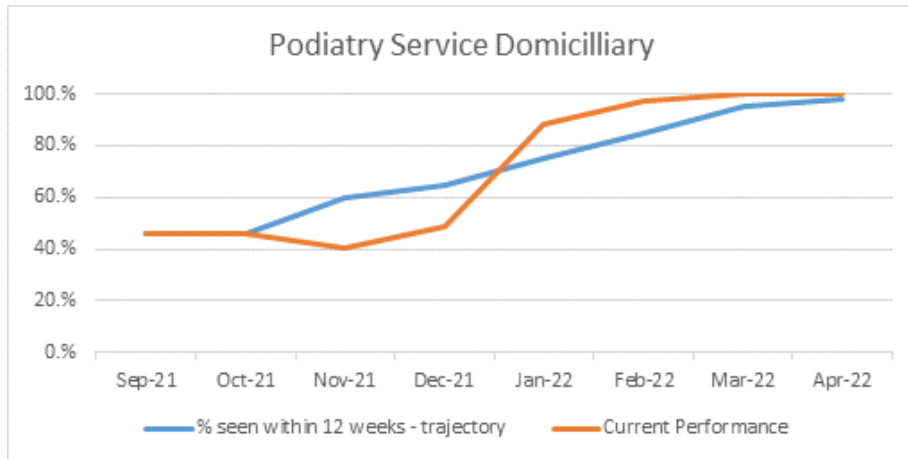


Figure 8 Podiatry Domiciliary Performance

Performance has improved significantly for all three Podiatry areas Figure 9 shows performance against trajectory for Podiatry Biomechanical MSK. The service is ahead of target with March 2022 performance of 94% against 90% target.

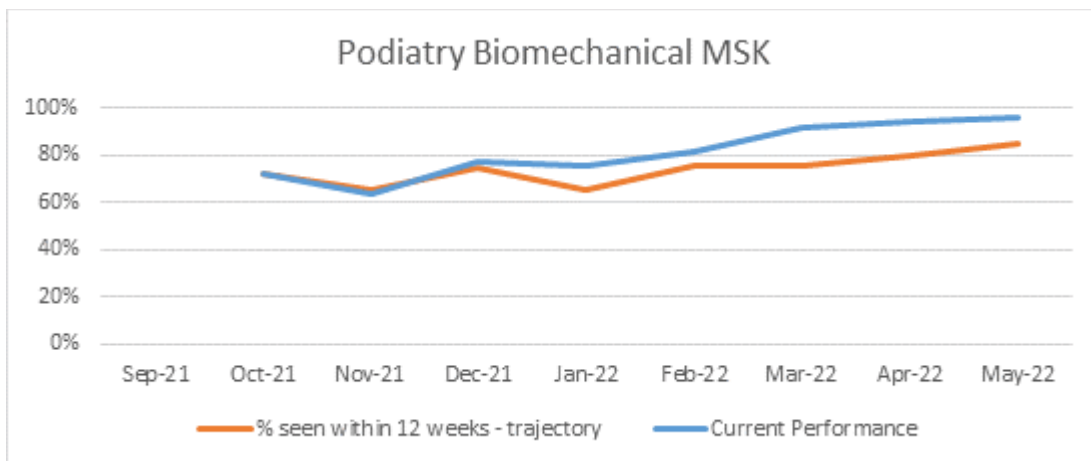


Figure 9 Podiatry Biomechanical MSK Performance against trajectory

Podiatry Service (excluding MSK) has improved significantly from January 2022 with performance for March at 90.8% against the 90% target (fig 10).

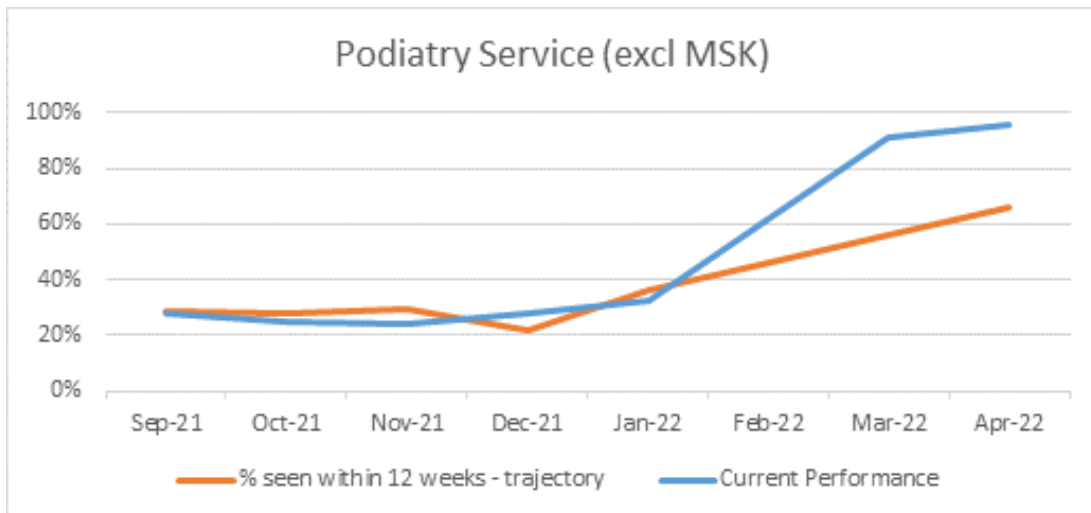


Figure 10 Podiatry (excl MSK) Performance against trajectory

Figure 11 shows the Podiatry Service Domiciliary has recovered performance with 100% of patients seen within 12 weeks during March and April 2022.

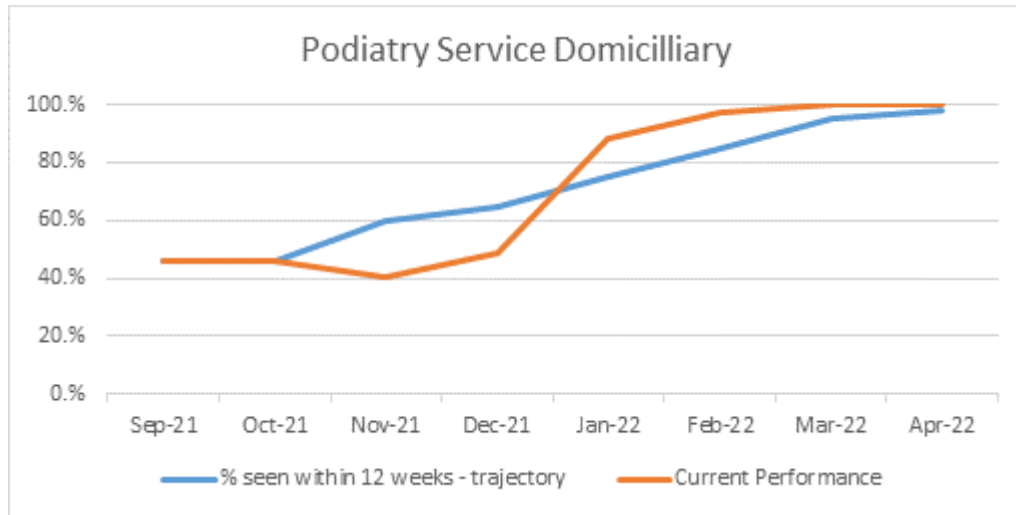


Figure 11 Podiatry Domiciliary performance against trajectory

Speech & Language Therapy

SLT C&YP service performance deteriorated further against 90% during April 2022 (fig.12) in addition to being behind the trajectory set for remobilisation and recovery. Factors affecting recovery are described in section 2.1.

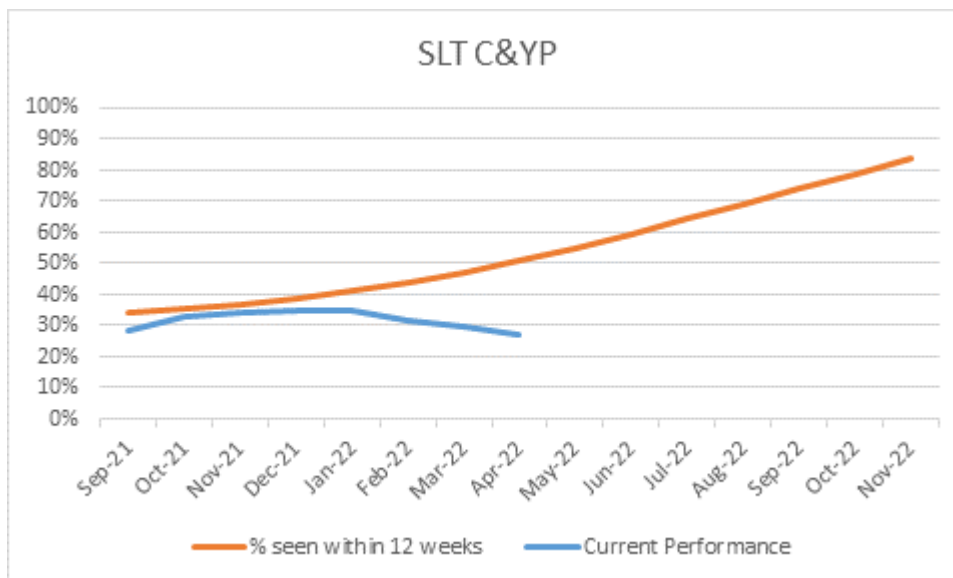


Figure 12 SLT C&YP performance against trajectory

SLT Adult service performance is currently 82.9% against 90% during April 2022 (fig.13) which is just below the trajectory of 86.7% set for remobilisation and recovery. Factors affecting recovery are described in section 2.1.

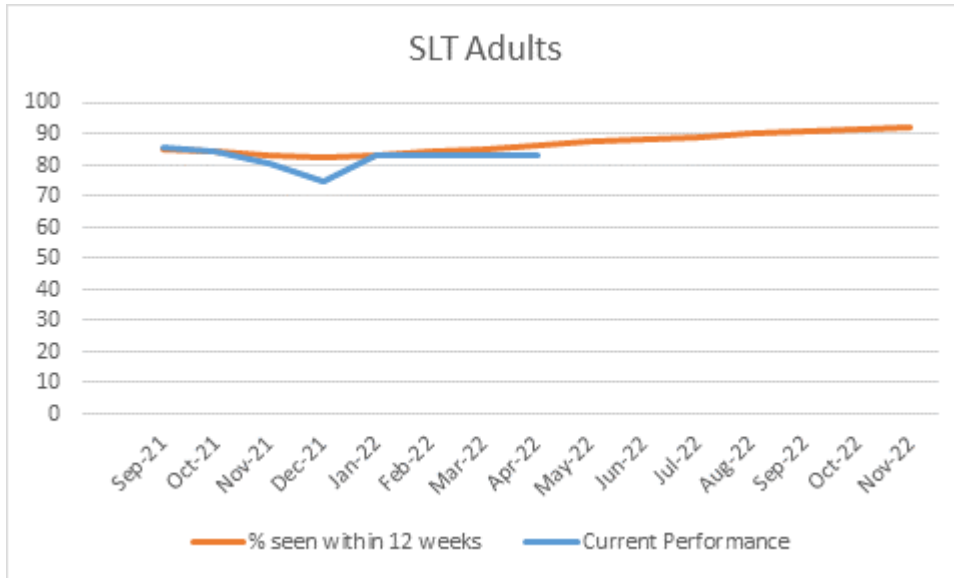


Figure 13 SLT Adults performance against trajectory

Performance Development

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, however this process has been affected by availability of staff and manual data processing and management.

3.