

Lanarkshire NHS Board
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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 from April to August has continued below 2500 monthly bed days, some 1730 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	<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"/>
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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 – August 2022/23 HSCP North Lanarkshire delayed discharge performance was 11,505 standard bed days against a target of 13,235. 1730 bed days below target (figure 1). Performance improved during June, however bed days increased in July and August though remain below trajectory.

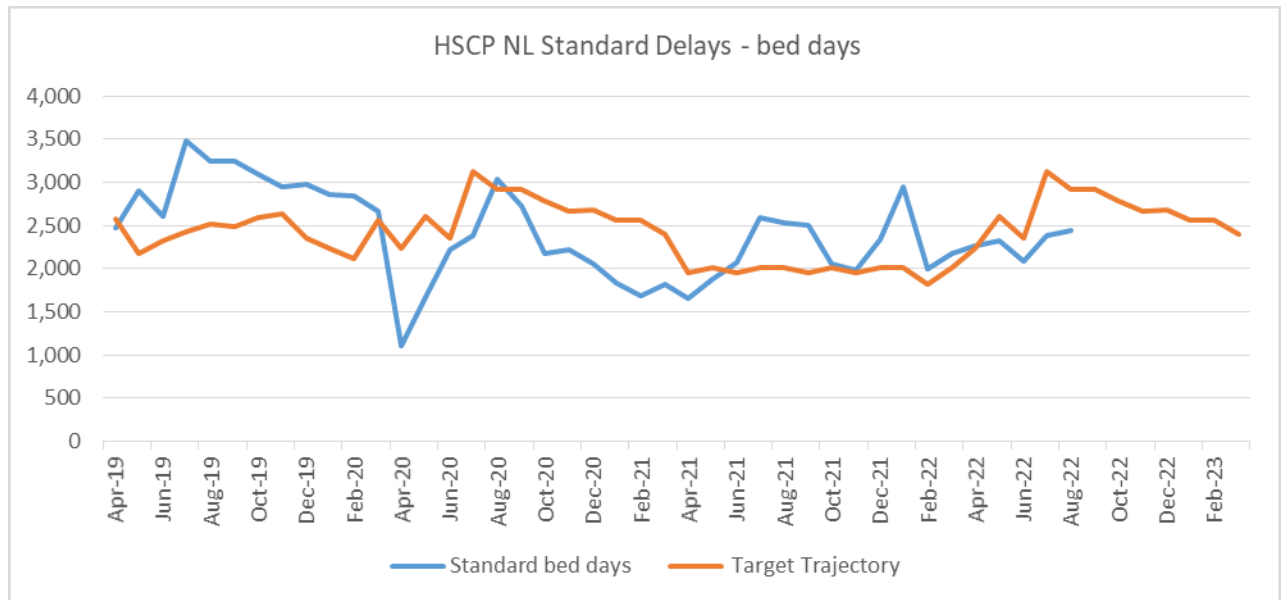


Figure 1 Delayed Discharge bed days performance

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 from August 21 (fig. 3).

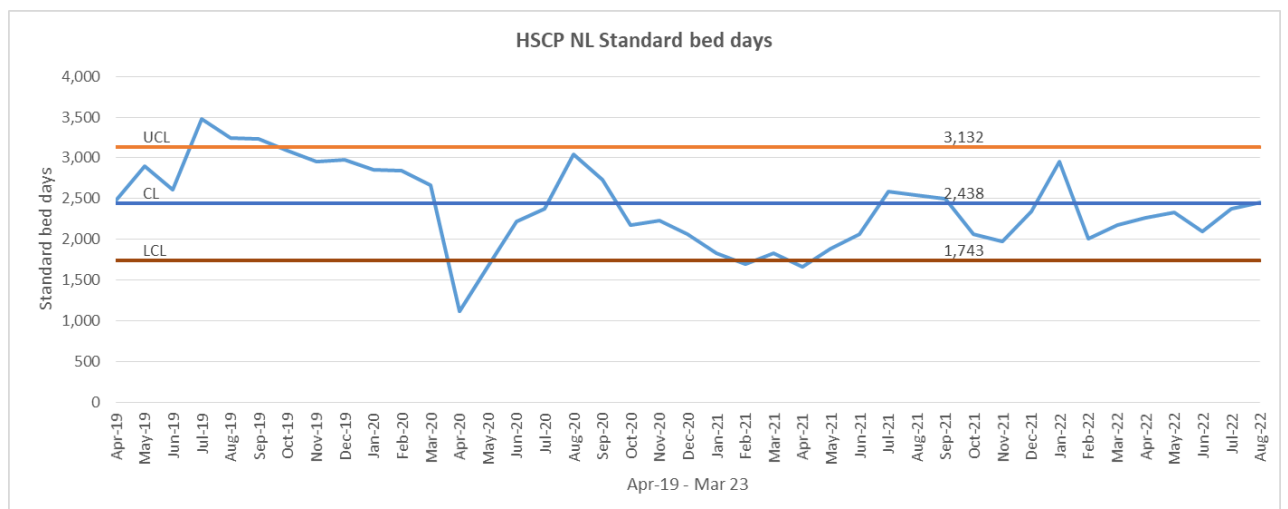


Figure 2 HSCP NL SPC Standard Bed Days

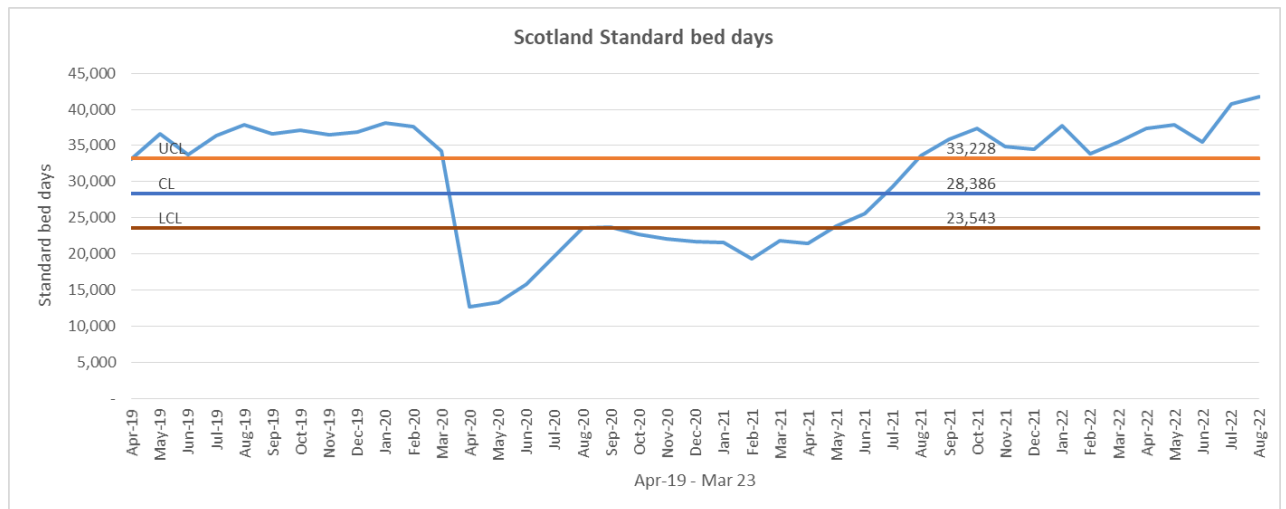


Figure 3 NHS Scotland Standard Delays bed days

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.

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:

- Whole system improvement work on the PDD process, including development of PDD metrics for inclusion in future reports
- 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, particularly focused on those with longer-term housing delays
- 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 September 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.

Service	% Waiting Within 12 Weeks (recovery target 50%)	Waiting Over 12 Weeks	Longest Wait (Weeks)	Comment based on Statistical Process Control chart
Podiatry Biomechanics MSK	90.50%	19	41	Current Performance is expected to range from between 63% to 100% and therefore achieving the 95% standard is expected.
Speech & Language Therapy - Children & Young People	23.50%	1299	68	Current Performance is expected to range from between 22% to 36% and therefore achieving the 95% standard or recovery target, 50%, is unexpected. A significant change is required to achieve these.
Speech & Language Therapy - Adult	78.20%	78	24	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. The last 4 months are outlier months where performance has fallen below the lower control limit, however performance has been improving since July.
Podiatry (exc MSK)	97.90%	19	38	Current Performance is expected to range from between 28% to 40% and therefore achieving the 95% standard is unexpected. Performance over recent months shows an upward trend with a recent outlier trend moving performance beyond target. Chart will be re-baselined if performance persists next month.
Dietetics	68.50%	540	136	Current Performance is expected to range from between 57% to 66% and therefore achieving the 95% standard is unexpected.
Medical CYP (Cons Led)	43.60%	903	41	Performance over recent months shows a downward trend with recent outlier points below the lower control limit. This suggests that current performance is out of control.
Community Claudication	88.70%	31	25	Performance over recent months shows consistent achievement of the 95% target.

Figure 4 Performance against 50% target

2.1 Speech & Language Therapy

Performance Commentary - Children and Young People

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 September is 23.5% with 1299 children waiting over 12 weeks. Longest wait is 68 weeks

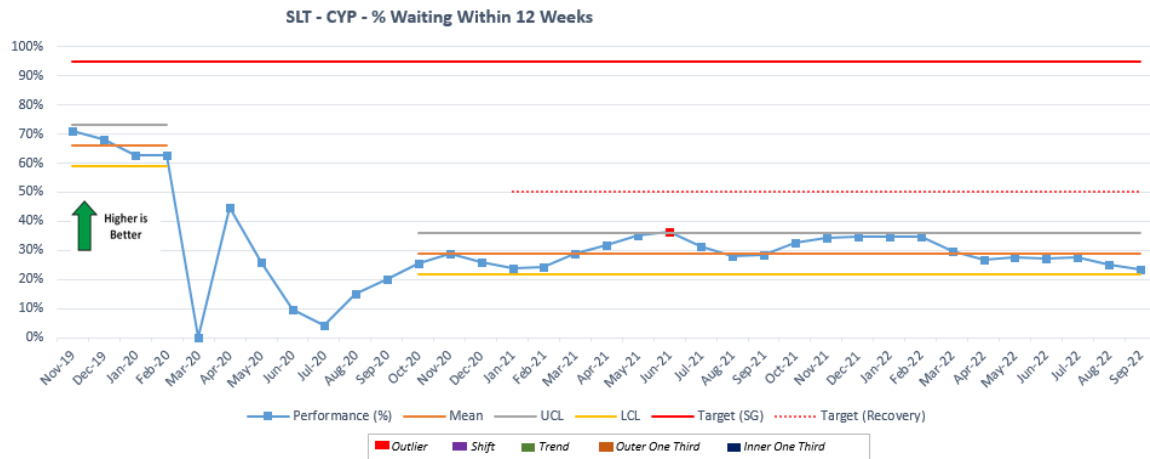


Figure 5: SLT C&YP performance

Performance Recovery Plan

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.

Work has also commenced with universities to explore the potential for joint honorary lecturer posts, which may provide an additional route for recruitment and has shown positive results in other service areas.

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 **August 2022**. (Figs 6)

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

- **85.32%** of patients commenced psychological therapy within 18 weeks;
- The longest wait is within the Motherwell Psychological Therapies team, with a current wait of 42 weeks.

HEAT Summary	PT
No. of Patients Waiting (Assessment)	1164
No. of Patients Waiting (Intervention)	824
No. of Patients Waiting (Overall)	1998
No. of Patients Waiting <= 18 weeks	1531
% Waiting <= 18 weeks (Overall)	77.01%
Longest Wait Overall (Weeks)	42
PT Team with longest wait	Motherwell
No. of Completed Waits	872
No. of Completed Waits <= 18 weeks	744
% Completed Waits <= 18 Weeks	85.32%

Figure 6 Adult RTT waiting times for July 2022

The service continues to proceed with its recovery plan, with additional group activity underway and continued staff recruitment seeing capacity gradually improving. The service still aims to meet the 90% standard by the end of the year.

2.4 CAMHS

The CAMHS RTT showed 25.35% of patients commenced intervention within 18 weeks of referral in September 2022. Although this is a reduction in the number of C&YP receiving treatment (18 week RTT) CAMHS waiting list for new patients (first assessments) is being actively reduced via a WLI clinic (see below for more info).

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.

The CAMHS programme Board continues to coordinate all aspects of the service recovery, with representation from the Scottish Government.

There is specific ongoing work around TrakCare 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, is included elsewhere in the agenda.

Positively, additional capacity has supported the start a Waiting List Initiative clinic (which is operating both in and out of hours of current service) to support the recovery of the CAMHS waiting list – for new appointments, meaning children and young people can be asked to attend for an initial assessment appointment more quickly. This clinic has already seen a reduction in the waiting list of approx. 20% and will continue to support the service recovery.

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 MSK

Current performance: **97.9% under 12 weeks** (Figure 9)

Performance Commentary

Implementation of a change in service model to widen the number of clinical staff at band 5 and band 6 who are able to deal with MSK presentations. Waiting times have increased as a result of the roll out and staff training.

The previous model was carried out by 3.9WTE band 7 advanced practitioners and therefore, not sustainable or stable.

Expect recovery to be complete by 31/10/22.

Performance Recovery Plan

- Planned learning and development sessions have resulted in a reduction in patient flow
- Learning and development sessions have been re-configured to maintain sufficient capacity
- New patient slots are set and non-flexible to protect the required capacity
- Projected to recover by 31/10/22

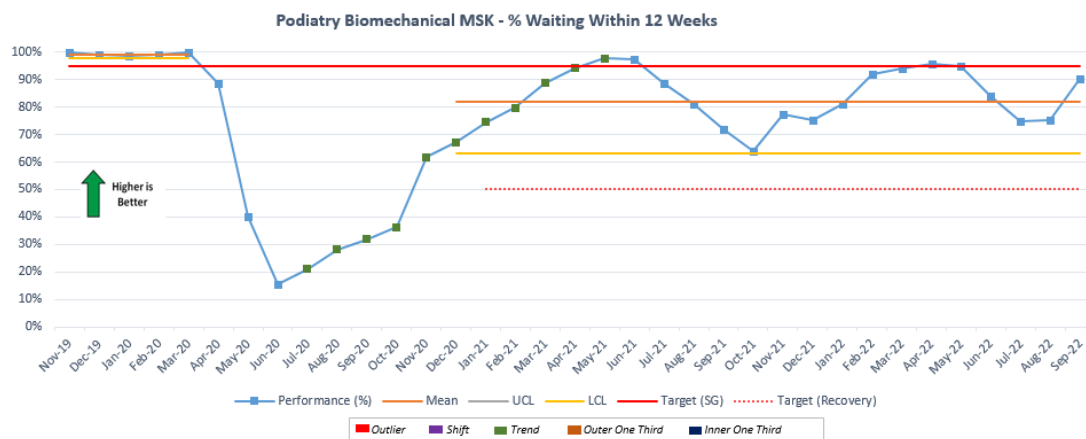


Figure 9 Podiatry MSK Performance

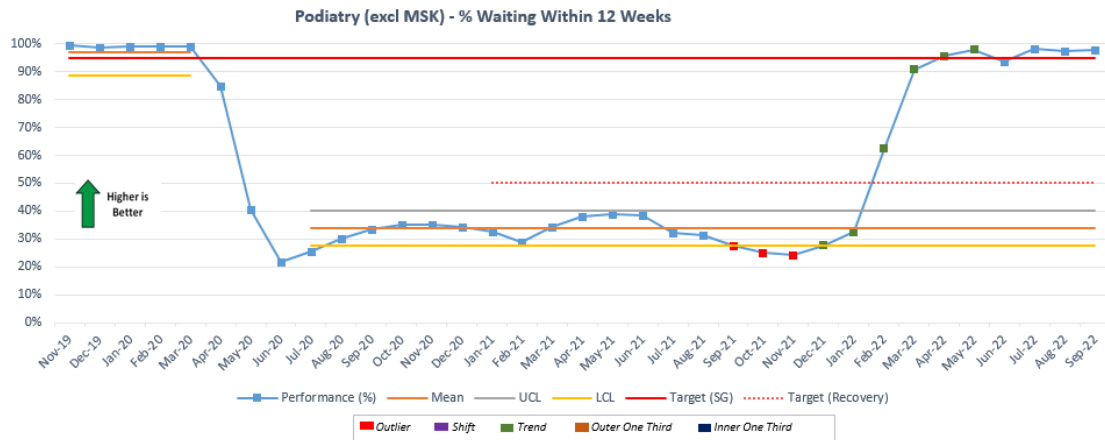


Figure 10 Podiatry (excl MSK) Performance

The Podiatry Service (excl MSK) has recovered performance with 97.9% of patients seen within 12 weeks during September 2022 (Figure 10).